



CUSTODIAL DEATH REPORT

For reporting requirements and procedures, see Section 39.05 of the Penal Code, Article 49.18 (b)(c) of The Code of Criminal Procedure and Article 501.055(b) of The Government Code.

Section 39.05 Failure to Report Death of Prisoner:

- (a) A person commits an offense if the person is required to conduct an investigation and file a report by Article 49.18, Code of Criminal Procedure, and the person fails to investigate the death, fails to file the report as required, or fails to include in a filed report facts known or discovered in the investigation.
- (b) A person commits an offense if the person is required by Section 501.055, Government Code, to:
 - (1) give notice of the death of an inmate and the person fails to give the notice; or
 - (2) conduct an investigation and file a report and the person:
 - (A) fails to conduct the investigation or file the report, or
 - (B) fails to include in the report facts known to the person or discovered by the person in the investigation.
- (c) An offense under this section is a Class B misdemeanor.

Article 49.18 (a) (b) (c) (d) . Death in Custody

- (a) If a person confined in a penal institution dies, the sheriff or other person in charge of the penal institution shall as soon as practicable inform the justice of the peace of the precinct where the penal institution is located of the death.
- (b) If a person dies while in the custody of a peace officer or as a result of a peace officer's use of force or if a person incarcerated in a jail, correctional facility, or state juvenile facility dies, the director of the law enforcement agency of which the officer is a member or of the facility in which the person was incarcerated shall investigate the death and file a written report of the cause of death with the attorney general no later than the 30th day after the date on which the person in custody or the incarcerated person died. The director shall make a good faith effort to obtain all facts relevant to the death and include those facts in the report. The attorney general shall make the report, with the exception of any portion of the report that the attorney general determines is privileged, available to any interested person.
- (c) Subsection (a) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice. Subsection (b) does not apply to a death that occurs in a facility operated by or under contract with the Texas Department of Criminal Justice if the death occurs under circumstances described by Section 501.055(b)(2), Government Code.
- (d) In this article:
 - (1) "Correctional facility" means a confinement facility or halfway house operated by or under contract with any division of the Texas Department of Criminal Justice.
 - (2) "In the custody of a peace officer" means:
 - (A) under arrest by a peace officer; or
 - (B) under the physical control or restraint of a peace officer.
 - (3) "State juvenile facility" means any facility or halfway house:
 - (A) operated by or under contract with the Texas Youth Commission; or
 - (B) described by Section 51.02 (13) or (14), Family Code.

Mail to: Office of the Attorney General
Criminal Law Enforcement Division
P.O. Box 12548
Austin, Texas 78711-2548
(512)463-2170

Date of Report: _____

Section I

I. Agency/Facility Information

Name of Agency/Facility: _____

Address: _____

City, Zip Code: _____

Telephone Number: _____

Signature of Director of Agency/Facility (Required): _____

Name of Person Filling out Form: _____

Email of Person Filling out Form: _____

2. **Identity of Deceased:** 9.

First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____

Race/Ethnic Group: ☐ African/American
☐ American Indian/Alaska Native ☐ Anglo ☐ Asian
☐ Hispanic ☐ Native Hawaiian/Pacific Islander
☐ Middle East ☐ Other - Specify: _____

Sex: ☐ Male ☐ Female

Date of Birth:

Month: _____ Day: _____ Year: _____
Age: _____

3. **Date/Time of Custody (arrest/incarceration):**

Month: _____ Day: _____ Year: _____
Time: Hour: _____ Min: _____ ☐ am ☐ pm

4. **Date/Time of Death:**

Month: _____ Day: _____ Year: _____
Time: Hour: _____ Min: _____ ☐ am ☐ pm

5. **Where did the event causing the death occur?**

Street address: _____
City: _____
County: _____

6. **Has a medical examiner or coroner conducted an evaluation to determine a cause of death?**

- ☐ Yes, results are available
☐ Yes, results are pending
☐ No, evaluation pending
☐ No, evaluation not planned

7. **Manner of death:**

- ☐ Accidental injury to self
☐ Accidental injury caused by others
☐ Alcohol/Drug intoxication
☐ Justifiable Homicide
☐ Other Homicide
☐ Suicide
☐ Natural Causes/Illness - Specify: _____
☐ Other - Specify: _____

8. **Medical Cause of Death:**

Was the cause of death the result of a pre-existing medical condition or did the deceased develop the condition after admission?

- ☐ Pre-existing medical condition
☐ Developed condition after admission
☐ Not applicable; cause of death was accidental injury, intoxication, suicide or homicide
☐ Don't know

10. **Had the deceased been receiving treatment for the medical condition after admission to your jail's jurisdiction?**

- ☐ Not applicable
☐ No
☐ Yes - If yes, describe below (include only treatment and medication related to the medical condition that caused the deceased's death. Exclude emergency care provided at time of death):

11. **What type of custody/facility was the offender in/at prior to the time of death?**

- ☐ Police Custody (pre-booking)
☐ Penitentiary
☐ Municipal Jail
☐ County Jail

12. **Specific type of custody/facility:**

- ☐ Custody of Peace Officer during/fleeing arrest
☐ Custody of Peace Officer subsequent to arrest
☐ TDCJ-ID (Unit) _____
☐ Jail - single cell
☐ Jail - detox cell
☐ Jail - multiple occupancy cell
☐ Jail - holding cell
☐ Jail - day room/recreation area
☐ Correctional/Rehabilitation Facility
☐ Hospital/Infirmary
☐ Halfway House/Restitution Center
☐ Non-law enforcement detox facility
Name: _____
☐ TYC - Facility: _____
☐ TJPC Detention Center: _____

13. **What were the most serious offense(s) with which the deceased was (or would have been) charged with at the time of death (REQUIRED):**

1. _____
2. _____
3. _____

- ☐ Filed
- ☐ Convicted
- ☐ Probation/Parole
- ☐ Not filed at time of death

Type of Charges:

- ☐ Violent crime against persons
- ☐ Child abuse
- ☐ Serious crime against property
- ☐ Alcohol/drug offense
- ☐ Other-specify: _____

14. **Did the deceased die from a medical condition or from injuries sustained at the crime/arrest scene?**

- ☐ Medical condition only
- ☐ Injuries only
- ☐ Both medical condition and injuries
- ☐ Don't know
- ☐ Not applicable

15. **If injured at the crime/arrest scene, how were these injuries sustained?**

- ☐ Inflicted by law enforcement officers
- ☐ Inflicted by others at crime/arrest scene
- ☐ Self-inflicted - accidental
- ☐ Self-inflicted - suicide
- ☐ Unknown
- ☐ Not applicable

16. **Was the deceased under restraint in the time leading up to the death or the events causing the death?**

- ☐ No
- ☐ Yes

If yes, mark which restraint devices were used:

- ☐ Handcuffs
- ☐ Leg shackles
- ☐ Other device - specify: _____

17. **What type of weapon(s) caused the death? (Mark ALL that apply)**

- ☐ Handgun
- ☐ Rifle/Shotgun
- ☐ Nightstick or baton
- ☐ Stun gun or tazer
- ☐ Other - specify: _____
- ☐ Not applicable

18. **At any time during the arrest/incident did the deceased: (Mark ALL that apply)**

- ☐ Appear intoxicated (either alcohol or drugs)?
- ☐ Threaten the officer(s) involved?
- ☐ Resist being handcuffed or arrested?
- ☐ Try to escape/flee from custody?
- ☐ Grab, hit or fight with the officer(s) involved?
- ☐ Use a weapon to threaten or assault the officer(s)?
- Specify: _____
- ☐ Other - specify: _____
- ☐ Not applicable

19. **Where did the deceased die?**

- ☐ At law enforcement facility
- ☐ At the crime/arrest scene
- ☐ At medical facility
- ☐ En route to medical facility
- ☐ En route to booking center/police lockup
- ☐ Elsewhere - Specify: _____

20. **What was the time and date of the deceased's entry into the law enforcement facility where the death occurred?**

- ☐ N/A
- Month: _____ Day: _____ Year: _____
- Time: Hour: _____ Min: _____ ☐ am ☐ pm

21. **At the time of entry into the facility did the deceased: (Mark ALL that apply)**

- ☐ Appear intoxicated (either alcohol or drugs)?
- ☐ Exhibit any mental health problems?
- ☐ Exhibit any medical problems?
- ☐ Not applicable

22. **If death was an accident or homicide, who caused the death?**

- ☐ Deceased
- ☐ Other detainees
- ☐ Law enforcement/correctional staff
- ☐ Other persons - specify: _____
- ☐ Don't know
- ☐ Not applicable; cause of death was suicide, intoxication or illness/natural causes

23. **If death was an accident, homicide or suicide, what was the means of death?**

- ☐ Firearm
- ☐ Blunt instrument
- ☐ Knife, cutting instrument
- ☐ Hanging, strangulation
- ☐ Drug overdose
- ☐ Other - specify: _____
- ☐ Don't know
- ☐ Not applicable; cause of death was intoxication or illness/natural causes

24. **ATTACH A SUMMARY OF HOW THE DEATH OCCURRED:**