



# CUSTODIAL DEATH REPORT

For reporting requirements and procedures, see Section 39.05 of the Penal Code, Article 49.18(b) (c) of the Code 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 30<sup>th</sup> 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 police 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

**File Online at** <https://oagtx.force.com/cdr/login>

or

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

**Date of Report:**

<b>1. Agency/Facility Information:</b>
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:

<b>2. Identity of Deceased:</b>
First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
<b>3. What was the decedent's sex?</b>
<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>4. What was the decedent's date of birth? (DOB)</b>
Month: _____ Day: _____ Year: _____
Age at time of death: _____
<b>5. What was the decedent's race (Mark only one)</b>
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Anglo or White
<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Other
<input type="checkbox"/> Unknown
<b>6. Date/Time of Custody (arrest / incarceration) or incident:</b>
Month: _____ Day: _____ Year: _____
Time: Hour: _____ Min: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>7. Date/Time of Death:</b>
Month: _____ Day: _____ Year: _____
Time: Hour: _____ Min: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<b>8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?</b>
<input type="checkbox"/> Yes, results are available
<input type="checkbox"/> Yes, results are pending
<input type="checkbox"/> No, evaluation not planned
<b>9. What was the manner of death? (Mark only one)</b>
<input type="checkbox"/> Accidental
<input type="checkbox"/> Alcohol/Drug intoxication
<input type="checkbox"/> Homicide (includes Justifiable Homicide)
<input type="checkbox"/> Natural
<input type="checkbox"/> Suicide
<input type="checkbox"/> Could not be determined
<input type="checkbox"/> Pending autopsy results
<input type="checkbox"/> Other, specify: _____
<b>10. Medical Cause of Death:</b>
<b>11. Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?</b>
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Unknown
<input type="checkbox"/> Not applicable
<b>12. If death was an accident, homicide or suicide, who caused the death?</b>
<input type="checkbox"/> Law enforcement/correctional personnel
<input type="checkbox"/> Decedent
<input type="checkbox"/> Other civilian(s)
<input type="checkbox"/> Other detainee(s)
<input type="checkbox"/> Unknown person(s) caused the injury
<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Unknown whether decedent sustained a fatal injury

<b>13. If a weapon caused the death, what type of weapon caused the death? (mark all that apply)</b>
<input type="checkbox"/> Handgun
<input type="checkbox"/> Rifle/shotgun
<input type="checkbox"/> Firearm, unspecified
<input type="checkbox"/> Conducted energy device (e.g. Taser)
<input type="checkbox"/> Knife/edged instrument
<input type="checkbox"/> Baton/blunt instrument
<input type="checkbox"/> Other Weapon, specify: _____
<input type="checkbox"/> Vehicle-involved death
<input type="checkbox"/> Not Applicable (weapon or vehicle did not cause death)
<input type="checkbox"/> Unknown
<b>14. Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission</b>
<input type="checkbox"/> Pre-existing medical condition
<input type="checkbox"/> Decedent developed condition after admission
<input type="checkbox"/> Could not be determined
<input type="checkbox"/> Not applicable, cause of death was accidental injury, intoxication, suicide or homicide
<b>15. If death was an accident, homicide or suicide, what was the means of death?</b>
<input type="checkbox"/> Firearm
<input type="checkbox"/> Baton / blunt instrument
<input type="checkbox"/> Knife / edged instrument
<input type="checkbox"/> Hanging, strangulation
<input type="checkbox"/> Drug overdose
<input type="checkbox"/> Vehicle accident
<input type="checkbox"/> Not applicable, cause of death was illness/natural cause.
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other – specify: _____
<b>16. Where did the event causing the death occur?</b>
Street address: _____
City: _____
County: _____ Zip: _____
<b>17. What location category best describes where the event causing the death occurred?</b>
<input type="checkbox"/> Residence/Home
<input type="checkbox"/> Law Enforcement Facility
<input type="checkbox"/> Business
<input type="checkbox"/> Roadway/highway/street/sidewalk
<input type="checkbox"/> Parking lot/garage
<input type="checkbox"/> Field/woods/lake/waterway/beach
<input type="checkbox"/> Other, specify _____
<b>18. What type of custody/facility was the Decedent in at the time of death:</b>
<input type="checkbox"/> Pre-custodial use of force
<input type="checkbox"/> Police Custody (pre-booking)
<input type="checkbox"/> County Jail
<input type="checkbox"/> Municipal Jail
<input type="checkbox"/> Penitentiary
<input type="checkbox"/> Private Facility

**19. Specific Type of Custody/Facility:**

- ☐ Custody of Law Enforcement Personnel during/fleeing arrest
- ☐ Custody of Law Enforcement Personnel subsequent to arrest
- ☐ TDCJ. -Specify 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 - specify: \_\_\_\_\_
- ☐ Texas Juvenile Justice Department – Facility/Detention Center - specify: \_\_\_\_\_
- ☐ N/A

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

- ☐ Not applicable
- Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
- Time: Hour: \_\_\_\_\_ Min: \_\_\_\_\_ a.m. p.m.

**21. Where did the death occur? (Mark only one)**

- ☐ Scene of incident
- ☐ En route to booking center/police lockup
- ☐ Dead on arrival at medical facility
- ☐ Medical facility
- ☐ Law enforcement facility/booking center
- ☐ Elsewhere, specify: \_\_\_\_\_

**22. Did any other law enforcement agencies respond to calls for service related to this incident?**

- ☐ Yes ☐ No

**23. What were the most serious offense(s) with which the decedent was (or would have been) charged with at the time of death?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Were the charges:**

- ☐ Filed
- ☐ Convicted
- ☐ A probation/parole violation
- ☐ Not filed at time of death

**What were the types of charges or reason for contact?**

- ☐ Violent Crime Against Persons
- ☐ Crimes Against Child(ren)
- ☐ Crime Against Property
- ☐ Alcohol / Drug Offense
- ☐ Medical / Mental Health Assistance Call
- ☐ Other – specify: \_\_\_\_\_

**24. At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?**

- ☐ Yes, mark all that apply:
- ☐ Displayed firearm without discharge
- ☐ Discharged firearm
- ☐ Displayed other weapon, specify weapon displayed: \_\_\_\_\_
- ☐ Used other weapon, specify weapon used: \_\_\_\_\_
- ☐ Used vehicle as weapon
- ☐ No
- ☐ Unknown

**25. At any time during the incident and/or entry into the law enforcement facility, did the decedent attempt to injure others?**

- ☐ Yes, mark all that apply:
- ☐ Killed law enforcement personnel
- ☐ Injured law enforcement personnel
- ☐ Attempted to injure law enforcement personnel
- ☐ Killed civilian(s) or other inmate(s)
- ☐ Injured civilian(s) or other inmate(s)
- ☐ Attempted to injure civilian(s) or other inmate(s)
- ☐ No
- ☐ Unknown

**26. At any time during the incident and/or entry into the law enforcement facility, did the decedent:**

Appear intoxicated (either alcohol or drugs)?

- ☐ Yes ☐ No ☐ Unknown

Make suicidal statements?

- ☐ Yes ☐ No ☐ Unknown

Exhibit any mental health problems?

- ☐ Yes ☐ No ☐ Unknown

Exhibit any medical problems?

- ☐ Yes ☐ No ☐ Unknown

☐ None of the above

**27. At any time during the incident and/or entry into the law enforcement facility, did the decedent:**

Barricade self or initiate standoff?

- ☐ Yes ☐ No ☐ Unknown

Verbally threaten other(s) (including law enforcement personnel)?

- ☐ Yes ☐ No ☐ Unknown

Resist being handcuffed or arrested?

- ☐ Yes ☐ No ☐ Unknown

Escape or attempt to escape/flee from custody?

- ☐ Yes ☐ No ☐ Unknown

Physically assault or attempt to assault officer(s)?

- ☐ Yes ☐ No ☐ Unknown

Attempt to gain possession of officer's weapon?

- ☐ Yes ☐ No ☐ Unknown

Gain possession of officer's weapon?

- ☐ Yes ☐ No ☐ Unknown

☐ None of the above

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

☐ Yes ☐ No

If yes, mark which restraint devices were used:

☐ Handcuffs

☐ Leg Shackles

☐ Other device – specify: \_\_\_\_\_

**29. Attach a summary of how the death occurred:**