



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 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 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 _____

1. 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:

First Name _____

Middle Name _____

Last Name _____

Suffix _____

3. WHAT WAS THE DECEDENT'S SEX? Male Female

4. WHAT WAS THE DECEDENT'S DATE OF BIRTH? (DOB)

Month _____ Day _____ Year _____

Age at time of death _____

5. WHAT WAS THE DECEDENT'S RACE (MARK ONLY ONE) American Indian Black or African American or Alaska Native Hispanic or Latino Anglo or White Other Asian or Pacific Islander Unknown

6. DATE/TIME OF CUSTODY (ARREST / INCARCERATION) OR INCIDENT:

Month _____ Day _____ Year _____

TIME: Hour _____ Min _____ AM PM

7. DATE/TIME OF DEATH:

Month _____ Day _____ Year _____

TIME: Hour _____ Min _____ AM PM

8. 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 not planned

9. WHAT WAS THE MANNER OF DEATH? (MARK ONLY ONE) Accidental Alcohol/Drug intoxication Homicide (includes Justifiable Homicide) Natural Suicide Could not be determined Pending autopsy results Other, specify _____

10. MEDICAL CAUSE OF DEATH:

11. HAD THE DECEDENT BEEN RECEIVING TREATMENT FOR THE MEDICAL CONDITION THAT CAUSED THE DEATH AFTER ADMISSION TO YOUR JAIL'S JURISDICTION? Yes Unknown No Not applicable

12. IF DEATH WAS AN ACCIDENT, HOMICIDE OR SUICIDE, WHO CAUSED THE DEATH? Law enforcement/correctional personnel Decedent Other civilian(s) Other detainee(s) Unknown person(s) caused the injury Not Applicable Unknown whether decedent sustained a fatal injury

13. IF A WEAPON CAUSED THE DEATH, WHAT TYPE OF WEAPON CAUSED THE DEATH? (MARK ALL THAT APPLY) Handgun Rifle/shotgun Firearm, unspecified Conducted energy device (e.g. Taser) Knife/edged instrument Baton/blunt instrument Other Weapon, specify: _____ Vehicle-involved death Not Applicable (weapon or vehicle did not cause death) Unknown

14. WAS THE CAUSE OF DEATH THE RESULT OF A PRE-EXISTING MEDICAL CONDITION OR DID THE DECEDENT DEVELOP THE CONDITION AFTER ADMISSION Pre-existing medical condition Deceased developed condition after admission Could not be determined Not applicable, cause of death was accidental injury, intoxication, suicide or homicide

15. IF DEATH WAS AN ACCIDENT, HOMICIDE OR SUICIDE, WHAT WAS THE MEANS OF DEATH?

- Firearm
- Baton / blunt instrument
- Knife / edged instrument
- Hanging, strangulation
- Drug overdose
- Vehicle accident
- Not applicable, cause of death was illness/natural cause.
- Unknown
- Other, specify _____

16. WHERE DID THE EVENT CAUSING THE DEATH OCCUR?

Street address _____
City _____
County _____ Zip _____

17. WHAT LOCATION CATEGORY BEST DESCRIBES WHERE THE EVENT CAUSING THE DEATH OCCURRED?

- Residence/Home
- Roadway/highway/street/sidewalk
- Law Enforcement Facility
- Parking lot/garage
- Business
- Field/woods/lake/waterway/beach
- Other, specify _____

18. WHAT TYPE OF CUSTODY/FACILITY WAS THE DECEDENT IN AT THE TIME OF DEATH:

- Pre-custodial use of force
- Municipal Jail
- Police Custody (pre-booking)
- Penitentiary
- County Jail
- 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/Infirmery
- 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 _____ AM PM

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: