



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://www.texasattorneygeneral.gov/criminal/custodial/reporter_login.php

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?
<input type="checkbox"/> Male <input type="checkbox"/> 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)
<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
6. Date/Time of Custody (arrest / incarceration):
Month: _____ Day: _____ Year: _____
Time: Hour: _____ Min: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
7. Date/Time of Death:
Month: _____ Day: _____ Year: _____
Time: Hour: _____ Min: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
8. Has a medical examiner or coroner conducted an evaluation to determine a cause of death?
<input type="checkbox"/> Yes, results are available
<input type="checkbox"/> Yes, results are pending
<input type="checkbox"/> No, evaluation not planned
9. What was the manner of death? (Mark only one)
<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: _____
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?
<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Unknown
<input type="checkbox"/> Not applicable
12. If death was an accident, homicide or suicide, who caused the death?
<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

13. If a weapon caused the death, what type of weapon caused the death? (mark all that apply)
<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
14. Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission
<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
15. If death was an accident, homicide or suicide, what was the means of death?
<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: _____
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?
<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 _____
18. What type of custody/facility was the Decedent in at the time of death:
<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: _____

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:

Large empty rectangular box for attaching a summary of how the death occurred.