A-11.1 Attachment B
Reviewed: 10/2021

DEATHS IN CUSTODY
STATE PRISON INMATE
DEATH REPORT FOR BUREAU OF JUSTICE STATISTICS

FORM COMPLETED BY:

Name		**Title**	
Official Address		**Telephone**	
City		**Fax**	
State	**Zip**	**E-mail**	

1. **What was the inmate's name:**

Last	First	MI

2. **TDCJ #**

3. **On what date did the inmate die?**

Month	Date	Year

4. **Where did the inmate die?**

- ☐ In a general housing unit in the facility or on prison grounds
- ☐ In a segregation unit
- ☐ In a special medical unit/infirmary within your facility
- ☐ In a special mental health services unit within your facility
- ☐ In a medical center outside your facility
- ☐ In a mental health center outside your facility
- ☐ While in transit
- ☐ Elsewhere — Please specify:

5. **Where did the incident (e.g., accident, suicide or homicide take place?**

- ☐ NOT APPLICABLE – Cause of death was illness, intoxication or AIDS related
- ☐ In the prison facility or on the prison grounds
  - ☐ In the inmate's cell/room
  - ☐ In a temporary holding area/lockup
  - ☐ In a common area within the facility (e.g., yard, library , cafeteria
  - ☐ In a special medical unit/infirmary
  - ☐ In a special mental health services unit
  - ☐ In a segregation unit
  - ☐ On death row, special unit awaiting capital punishment
  - ☐ Elsewhere within the prison facility — *Please specify:*
- ☐ Outside the prison facility (e.g., while on work release or on work detail)
- ☐ Elsewhere — *Please specify:*

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6. When did the incident (e.g., accident, suicide or homicide) causing the inmate's death occur?

- ☐ **NOT APPLICABLE – Cause of death was illness, intoxication or AIDS related**
- ☐ **Morning (6 am to Noon)**
- ☐ **Afternoon (Noon to 6 pm)**
- ☐ **Evening (6 pm to Midnight)**
- ☐ **Overnight (Midnight to 6 am)**

7. Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam) available to establish an official cause of death?

- ☐ **Autopsy pending**
- ☐ **No evaluation is planned**

8. **Based on available information, what was the cause of death?**

(Select categorical cause in box on left and specify actual cause of death in box on right.)

☐	**Illness-Exclude AIDS-related deaths *[Specify]***	
☐	**Acquired Immune Deficiency Syndrome (AIDS)**	
☐	**Accidental alcohol/drug intoxication *[Specify]***	
☐	**Accidental injury to self *[Describe]***	
☐	**Accidental injury by other (e.g., vehicular accidents during transport) *[Describe]***	
☐	**Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) *[Describe]***	
☐	**Homicide [Describe]**	
☐	**Other cause(s) *[Specify]***	

9. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition".

- ☐ **NOT APPLICABLE – Cause of death was accidental injury, intoxication, suicide or homicide**
- ☐ **Pre-existing medical condition**
- ☐ **Deceased developed condition after admission**
- ☐ **Could not be determined**

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- ☐ **Yes**
- ☐ **No**

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☐ **Don't know**

11. Excluding emergency care provided at the time of death, did the deceased receive any of the following medical services for the medical condition after admission to your facility?

☐	**NOT APPLICABLE – Cause of death was accidental injury, intoxication, suicide or homicide**

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff	☐	☐	☐
b. Diagnostic tests (e.g., X-rays, MRI)	☐	☐	☐
c. Medications	☐	☐	☐
d. Treatment/care other than medications	☐	☐	☐
e. Surgery	☐	☐	☐
f. Confinement in a special medical unit	☐	☐	☐

Please add any additional notes regarding this death here:

Signature **Title** **Date**