

**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/infirmarary 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 <span style="border: 1px solid black; padding: 2px;">Please specify:</span>

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

	<b>NOT APPLICABLE – Cause of death was illness, intoxication or AIDS related</b>
	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/infirmarary
	In a special mental health services unit
	In a segregation unit
	On death row, special unit awaiting capital punishment
	Elsewhere within the prison facility <span style="border: 1px solid black; padding: 2px;">Please specify:</span>
	Outside the prison facility (e.g., while on work release or on work detail)
	Elsewhere <span style="border: 1px solid black; padding: 2px;">Please specify:</span>

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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.)

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

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 any 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
- Don’t know

