Testimony in support of HB 3090, the Reporting of Deaths in Custody Act to the House Judiciary Committee of the 101st Illinois General Assembly, March 26, 2019.

I. Summary of the John Howard Association (JHA): For over 100 years, JHA has served the people of the State of Illinois by providing crucial independent citizen oversight of the correctional policies and practices employed in our state.

II. Purpose of Reporting of Deaths in Custody Act:

If passed into law, this bill will establish a centralized, comprehensive State-wide reporting system for the timely, accurate collection of data from all law enforcement, detention and correctional entities (municipal, county and state) on arrest-related deaths and deaths in custody (including public reporting on the identity of and number of people who died; demographic data on the deceased including age, race, gender; the location of the death; the identity of the detaining or arresting agency; the basic cause, manner and circumstances surrounding their death; and results of any internal investigations, autopsies, disciplinary actions, referrals to law enforcement agencies for investigation or referrals for prosecution undertaken in relation to a reported death) and mandates that this data be made available to the public on-line.

III. Why the Reporting of Deaths in Custody Act is needed:

A transparent government benefits the public. I would go so far as to say that transparency, especially concerning matters of life and death, is an essential component to a robust and functional democracy. As Patrick Henry, one of the founding fathers of our nation observed, “The liberties of a people never were, nor ever will be, secure when the transactions of their rulers may be concealed from them.”

The public has a right to know how many people die while in the custody of law enforcement, and the manner in which these deaths occurred.

If enacted into law, the Death in Custody Reporting Act will ensure that Illinois’ public and policy makers have the information they need to identify conditions, practices, policies and variables that lead to unnecessary and unacceptable risks of people dying in custody and during arrest. This crucial information will foster accountability, and enable key stakeholders in the criminal justice system to improve policies and practices in a timely manner.
The information that will be collected pursuant to the Illinois Reporting of Deaths in Custody Act must be collected and reported to Attorney General of the United States after the federal Death in Custody Reporting Act of 2013 is implemented in 2020. Failure to comply with the federal statute will result in an up to ten-percent reduction in federal funds provided to Illinois for law enforcement purposes by the federal government under the Omnibus Crime Control and Safe Streets Act of 1968.

By passing HB 3090, this legislature will ensure that our state is ready to be in compliance with federal law by mandating the creation of a form law enforcement entities throughout Illinois can use to collect the information listed in the federal statute and by designating an Agency to serve as the repository of this form, thereby reducing the risk of losing federal funding that our state and local law enforcement agencies rely upon in part to further the goal of maintaining public safety.

IV. The Reporting of Deaths in Custody Act will not jeopardize the integrity of official investigations.

The information that will be reported pursuant to this Act is summary, baseline information similar to what is reported by news media regarding a death that occurs outside of prisons and jails. This reporting is wholly separate from a formal investigation.

To the best of my knowledge, the Texas Death in Custody statute and the Custodial Deaths Report database on the Texas Office of the Attorney General website has not hindered an official investigation. HB 3090 is in large part based on the Texas model.

It would be contrary to the mission of JHA to stymie investigations concerning deaths of prisoners, detainees, and arrestees. JHA is for increased transparency, accountability, and systemic changes to the criminal justice system that result in improved outcomes. JHA would never support a policy if we believed it to be detrimental to law enforcement’s ability to conduct a thorough, quality investigation into the death of a person while in the custody of law enforcement, as this would lead to less accountability and, to put it mildly, undesirable outcomes.

Respectfully submitted,

Phillip Whittington  
Corrections Policy Analyst  
John Howard Association of Illinois  
70 East Lake Street, Suite 410  
Chicago, IL 60601  
312.317.4241  
pwhit@thejha.org
Appendix to Testimony:

- Custodial Death Report form; Source: Office of the Attorney General of Texas [pages 5 through 9]
- Report of Extraordinary or Unusual Occurrences; Source: IDOC’s Jail and Detentions Standards Unit [pages 11 and 12]
- Three Custodial Death Reports taken from the Custodial Death Report database maintained by the Office of Attorney General of Texas [pages 13 through 30]
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 the 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;
(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) As 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 peace 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://oagb.force.com/cdr/login
OR Mail to: Office of the Attorney General, Criminal Investigations Division, P.O. Box 12040, Austin, TX 78711-2040, (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

Form revised 05/17, replaces form 05/06
### Identity of Deceased:

- **First Name:** 
- **Middle Name:** 
- **Last Name:** 
- **Suffix:** 

### Sex of Deceased:

- [ ] Male  
- [ ] Female

### Date of Birth (DOB):

- **Month:** 
- **Day:** 
- **Year:**  

### Race (Mark Only One):

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Unknown

### Date/Time of Custody (Arrest / Incarceration) or Incident:

- **Month:** 
- **Day:** 
- **Year:**  
- **Time:** Hour: __ Min: __ AM / PM

### Date/Time of Death:

- **Month:** 
- **Day:** 
- **Year:**  
- **Time:** Hour: __ Min: __ AM / PM

### Evaluated to Determine a Cause of Death?

- [ ] Yes, results are available
- [ ] Yes, results are pending
- [ ] No, evaluation not planned

### 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

### Medical Cause of Death:

---

Form revised 05/17, replaces form 03/06
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 illnesses/natural cause.
- Unknown
- Other, specify ____________________________

16. WHERE DID THE EVENT CAUSING THE DEATH OCCUR?
- Street address ____________________________
- City ____________________________ Zip ____________
- County ____________________________

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 DECEDED IN AT THE TIME OF DEATH?
- Pre-custodial use of force
- Police Custody (pre-booking)
- County Jail
- Private facility

19. SPECIFIC TYPE OF CUSTODY/FACILITY:
- Custody of Law Enforcement Personnel during/fling 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/Rehabilitation 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 DECEDED’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/bookout 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 DECEDED WAS (OR WOULD HAVE BEEN) CHARGED WITH AT THE TIME OF DEATH?
- ______________
- ______________
- ______________

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:
ILLINOIS DEPARTMENT OF CORRECTIONS

Report of Extraordinary or Unusual Occurrences

Report all extraordinary or unusual occurrences involving detainees in writing within three business days to the Office of Jail & Detention Standards. When a delay in the written report is unavoidable, make the report by telephone and submit the written report as soon as possible to:

Office of Jail & Detention Standards
1361 Concordia Court, P. O. Box 19277
Springfield, Illinois 62794-9277
Telephone: (217) 558-2200, ext. 4212
Fax: (217) 558-4004

Check one: ☒ County  ☐ Municipal (except Chicago)
☐ Chicago Police Department, include
R.D. Number: ______________________________

Facility Name: ______________________________ Telephone #: ______________________________

Address: __________________________________________ Street ______________________________
City __________________ State __________ Zip Code __________________

Date of Occurrence: ______________________________ Time of Occurrence: __________________
☐ a.m. ☐ p.m.

Type of Occurrence: ☐ Suicide (method) ☐ Suicide Attempt (method)
☐ Homicide ☐ Homicide Attempt ☐ Escape ☐ Escape Attempt ☐ Fire ☐ Serious Injury
☐ Battery ☐ Riot or Rebellion ☐ Sex Offense ☐ Assault on Staff ☐ Assault among Detainees
☐ Fighting among Detainees ☐ Restraints Used ☐ OC Spray Used ☐ Other (specify): __________________

Detainees Involved

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<th>Name</th>
<th>Date of Birth</th>
<th>Date Confirmed</th>
<th>Arresting Charge</th>
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Any injuries?  ☐ No  ☐ Yes, (briefly describe): __________________

Any resulting death?  ☐ No  ☐ Yes, attach coroner’s report or forward upon completion and explain below:

Name of deceased: __________________

Specific cause of death: __________________

Date & time of death: __________________

Was deceased on suicide watch at or immediately before time of death?  ☐ Yes  ☐ No

Reported by: __________________

Was deceased examined by a physician?  ☐ No  ☐ Yes, on: __________________

Did deceased display signs of illness?  ☐ No  ☐ Yes, describe: __________________
Detainees Interviewed

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<th>Date Confined</th>
<th>Arresting Charge</th>
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Officials Interviewed

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Principal cause of occurrence:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Summary of specific details of occurrence (include date and time):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Recommendations to prevent future occurrences:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Print Reporting Officer’s Name

Print Shift Commander’s Name

Note: Use of this form is required; please do not alter format. Where available, this form may be completed and submitted on-line as directed by the Office of Jail and Detention Standards.

The Illinois Department of Corrections is requesting disclosure of information necessary to accomplish the statutory purpose as outlined in 730 ILCS 5/5-11-2. Disclosure of information is MANDATORY. Failure to provide the information could result in a court order requiring compliance with 55 B. Ann. Code 701, 702, or 729.
Agency Information

CDR Number: 19-248-C
Report Date: 3/14/2019 2:38 PM

Version Type: ORIGINAL
Status: Submitted

Agency/Facility Information

Agency Name: Bonham Police Dept.
Agency City: Bonham
Agency Zip: 75418
Agency Address: 301 East 5th St.
Agency State: TX

Director Information

Director Salutation: Chief
Director First Name: Mike
Director Last Name: Bankston

Director Middle Name:

Reporter Name: Wendell Bockman
Reporter Email: wendell.bockman@bonhampd.com

Decedent Information
Identity of Deceased

First Name: Mark
Middle Name: Royal
Last Name: Gilliam

Date of Birth: 11/14/1955  Sex: Male
Race: Anglo or White
Age At Time Of Death: 63

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):
Date/Time of Custody or Incident: 2/23/2019 8:20 PM

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):
Death Date and Time: 3/11/2019 3:16 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?
Medical Examiner/Coroner Evaluation?: Yes, results pending

What was the manner of death? (select only one)
Manner of Death Description:
Gun shot

Medical Cause of Death:
Pending autopsy results.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Not Applicable

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Not applicable

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

Type of weapon that caused death?: Handgun

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?: Could not be determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Firearm

Location / Custody Information
Where did the event causing the death occur?

Street Address: 522 Cadillac Drive
County: Fannin
City: Bonham
Zip: 75418

What location category best describes where the event causing the death occurred?

Location Category: Residence/Home

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Police Custody
(pre-bookling)

Specific type of custody/facility:

Specific Type of Custody/Facility:
Hospital/Infirmary

What was the time and date of the deceased’s entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time:

Entry Date Time N/A: ✓

Where did the death occur?

Death Location: Medical facility

General Information
Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: Yes

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

Offense 1:
Erading Arrest or Detention with a Vehicle

Offense 2:

Offense 3:

Were the Charges: Not filed at time of death

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Other, specify

Type of Offense, Other:

Vehicle stop resulting in a pursuit.

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

Decedent display/use of weapons: No

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

Attempt to Injure Others?: No

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

Appear intoxicated (alcohol or...
Exhibit any mental health problems?: No
Exhibit any medical problems?: No

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

- Barricade self or initiate standoff?: No
- Physically attempt/assault officer(s): No
- Verbally threaten other(s) including law: No
- Attempt gain possession officer’s weapon: No
- Resist being handcuffed or arrested?: Yes
- Gain possession of officer’s weapon: No
- Escape or attempt to escape/flee custody: Yes

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

Under Restraint: No

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On Saturday, 02-23-2019, a Bonham Police Officer attempted to initiate a traffic stop on a vehicle driven by Mark Gilliam, a 63 year old white male. Gilliam refused to stop for the officer and a vehicle pursuit ensued, terminating at Gilliam’s residence. Body worn camera video showed two Bonham Police Officers giving repeated verbal commands to Gilliam to raise his hands. The video showed Gilliam to take an aggressive stance toward the officers, refused their verbal commands and to quickly lower his right hand toward a coat pocket, which caused one of the officers to discharge their handgun, striking Gilliam twice in the upper torso. Gilliam was transported to a hospital in Plano, Texas where he eventually died on 03-11-2019. At the request of the Bonham Police Chief, the Texas Rangers initiated an Officer Involved Shooting investigation, documented in Texas Ranger Investigation File 2019-TRB-50038017. An autopsy was performed on Gilliam by the Collin County Medical Examiner’s Office on 03-11-2019. The final report is pending.
KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA16543P
Status: Submitted

Report Date: 11/30/2016 11:16 AM

Agency/Facility Information

Department ID: 848
Agency Name: Texas Department Of Criminal Justice
Agency Phone: 9364375116
Agency City: Huntsville
Agency State: TX

Department Type: STAGENCY
Agency Number: TX236065C
Agency Address: 2503 Lake Road, Suite 5
Agency County: Walker
Agency Zip: 77340

Director Information

Director Salutation: Mr.
Director-First Name: Brad
Director Middle Name:
Director Last Name: Livingston
Location / Custody Information

Where did the event causing the death occur?

Street Address: 809 Harborside Drive
City: Galveston
County: Galveston

What type of custody/facility was the Decedent in at the time of death:

Type of Custody:
Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility:
TDCJ
Custody Type Facility:
Hospital Galveston

What was the time and date of the deceased's entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time: 5/27/2015 12:00 AM

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:
Decedent Information

Identity of Deceased

First Name: Calvin

Middle Name:

Last Name: Burgess

Suffix:

Date of Birth: 1/4/1983

Sex: Male

Ethnicity: African-American

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

Death Date and Time: 11/15/2016 12:20 AM

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

Date/Time of Custody or Incident:

5/27/2015 12:00 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation:
No, evaluation not planned

What was the manner of death? (select only one)

Manner of Death:

Natural Causes/Illness

Manner of Death Description:

Cardiopulmonary Arrest due to Hemorrhagic Shock

Death Reason:

Don't know

Medical Cause of Death:

Medical Cause of Death:

Cardiopulmonary Arrest due to Hemorrhagic Shock

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:

Not Applicable

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Cause Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

Not Applicable

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?:

Don't know

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:

Not applicable; cause of death was intoxication or illness/natural causes

General Information

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

Offense 1:
Possession of Controlled Substance

Offense 2:

Offense 3:

Were the Charges:

Convicted

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By:  Injured by NA
At any time during the incident and/or entry into the law enforcement facility, did the decedent:

- Appear intoxicated (alcohol or drugs)?: No
- Exhibit any mental health problems?:
- Exhibit any medical problems?:

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

- Threaten the officer(s) involved?: No
- Try to escape/flee from custody?: No
- Resist being handcuffed or arrested?: No
- Grab, hit or fight with the officer(s)?: No

Other Behavior:

Specify Other Behavior:

Use weapon threaten/assault officer(s): 0

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

Under Restraint:

No

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On November 12, 2016, Offender Burgess was admitted to hospital for treatment. Offender Burgess’ condition deteriorated and he was pronounced deceased by medical staff on November 10, 2016, at the hospital.
CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA16325P
Status: Submitted
Report Date: 7/27/2016 5:49 PM

Agency/Facility Information

Department ID: 848
Department Type: STAGENCY
Agency Name: Texas Department Of Criminal Justice
Agency Number: TX236065C
Agency Phone: 9304375116
Agency Address: 2503 Lake Road, Suite S
Agency City: Huntsville
Agency County: Walker
Agency State: TX
Agency Zip: 77340

Director Information

Director Salutation: Mr.
Director First Name: Brad
Director Middle Name: 
Director Last Name: Livingston

Reporter Name: Analou Sievers
Reporter Email: Analou.Sievers@tdcj.texas.gov
Location / Custody Information

Where did the event causing the death occur?

Street Address: 264 FM 3478                      City: Huntsville
County: Walker

What type of custody/facility was the Decedent in at the time of death:

Type of Custody:
Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility:
TDCJ
Custody Type Facility:
Estelle Unit Regional Medical Facility

What was the time and date of the deceased’s entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time: 11/21/2001 12:00 AM

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:
Decedent Information

Identity of Deceased

First Name: Tommy
Middle Name: Rowe
Last Name: Gibbens
Suffix: 
Date of Birth: 10/11/1949  
Sex: Male 
Ethnicity: Anglo

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

    Death Date and Time: 7/24/2016 6:05 PM

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

    Date/Time of Custody or Incident: 11/21/2001 12:00 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation pending
What was the manner of death? (select only one)

Manner of Death:

Natural Causes/illness

Manner of Death Description:

Respiratory Failure

Death Reason:

Medical condition only (e.g. heart attack)

Medical Cause of Death:

Respiratory Failure

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:

Not Applicable

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

Not Applicable

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?:

Don't know
If death was an accident, homicide or suicide, what was the means of death?

Means of Death:
Not applicable; cause of death was intoxication or illness/natural causes

General Information

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

Offense 1:
Aggravated Sexual Assault of a Child - under 14 years old

Offense 2:

Offense 3:

Were the Charges:
Convicted

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

At any time during the incident and/or entry into the law enforcement facility, did the decedent:
drugs): No

Exhibit any medical problems?:

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

Threaten the officer(s) involved: No
Try to escape/ flee from custody: No

Resist being handcuffed or arrested?: No
Grab, hit or fight with the officer(s): No

Other Behavior:

☐

Specify Other Behavior:

Use weapon threaten/ assault officer(s): 0

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

Under Restraint:

No

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Offender Gibbens was classified as chronic care offender due to his needs for continual care of his medical conditions at the unit's medical facility. On July 17, 2016, Offender Gibbens was found to be unresponsive and he was transported to the hospital. Offender Gibbens was admitted and was listed as in critical condition. On July 24, 2016, Offender Gibbens was pronounced deceased by medical staff at the hospital.