KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-217-CJ	Version Type:	AMENDED
Report Date:	3/18/2026 12:13 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Bexar County Sheriff's Office	Agency Address:	200 N. Comal
Agency City:	San Antonio	Agency State:	TX
Agency Zip:	78207		

Director Information

Director Salutation:	Sheriff	Director First Name:	Javier
Director Middle Name:			
Director Last Name:	Salazar		
Reporter Name:	Angelina Castillo	Reporter Email:	angelina.castillo@bexar.org

Decedent Information

Identity of Deceased

First Name: Tammy

Middle Name:

Last Name: Hovland

Suffix:

Date of Birth: 4/1/1966 Sex: Female

Race: Anglo or White

Age At Time Of Death: 59

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

Date/Time of Custody or Incident: 2/6/2026 11:19 AM

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

Death Date and Time: 2/27/2026 6:09 PM

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 are available

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

Manner of Death: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

Blunt Force and Strangulation injuries

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

Medical Treatment: No

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

Who caused the death?: Other detainee(s)

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?: Unknown

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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death: Other, specify

Means of Death Other: Blunt Force and Strangulation injuries

Location / Custody Information

Where did the event causing the death occur?

Street Address:	200 N. COMAL	City:	San Antonio
County:	Bexar	Zip:	78207

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

Location Category:	Law Enforcement Facility

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

Type of Custody:	County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:
Jail - multiple occupancy cell

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:	2/6/2026 11:19 AM

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:

Fail to Identify giving false/ fictitious

Offense 2:

Criminal Trespass

Offense 3:

Were the Charges:: Filed

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

Type of Offense:

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 drugs): No

Make suicidal statements?: No

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

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 February 7, 2026, at approximately 1900 hours, a Code One “medical emergency” was initiated for Inmate Tammy Hovland SID # 1202885, who was found in her assigned cell on the floor.

Upon arrival it was upgrade to Code One Blue. Life-saving measures were performed. Medical staff requested FIRE/EMS. Dispatch was contacted.

At approximately 1918 hours, the San Antonio Fire Department arrived at the facility and assumed care. SAFD subsequently transported Inmate Hovland to the University Hospital Emergency Room at approximately 1935 hours.

Inmate Hovland was released from the custody of the Bexar County Sheriff’s Office on February 8, 2026. However, she remained hospitalized in University Hospital. Inmate Hovland succumbed to her injuries and was pronounced deceased at 1809 hours on February 27, 2026, by medical staff at University Hospital.

The Texas Rangers was notified of the original incident occurring on February 7, 2026, and arrived on scene to begin the outside investigation. The Texas Rangers investigation remains ongoing.