KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16262CJ	Report Date:	6/22/2016 8:40 AM
Status:	Submitted		

Agency/Facility Information

Department ID:	869	Department Type:	SHERIFF
Agency Name:	Travis County Sheriff\'s Office	Agency Number:	TX2270000
Agency Phone:	5128549770	Agency Address:	P. O. Box 1748
Agency City:	Austin	Agency County:	Travis
Agency State:	TX	Agency Zip:	78767

Director Information

Director Salutation:

Sheriff

Director First Name:

Greg

Director Middle Name:

Director Last Name:

Hamilton

Reporter Name: Inocencio Flores Reporter Email: inocencio.flores@traviscountytx.gov

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1201 W. 38th St

City: Austin

County: Travis

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

Custody Type 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:

Entry Date Time N/A: ✓

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Jacklyne

Middle Name: Lee

Last Name: Hill

Suffix:

Date of Birth: 7/7/1980 Sex: Female

Ethnicity: African-American

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

Death Date and Time: 6/15/2016 1:15 PM

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

Date/Time of Custody or Incident:

5/24/2016 9:40 PM

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:

Inmate died in hospital after heart surgery

Death Reason:

Not applicable

Medical Cause of Death:

Medical Cause of Death:

Not yet fully determined.

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?:

Developed condition after admission

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:

Assault B/I FV Felony 3

Offense 2:

Traffic Offense

Offense 3:

Were the Charges::

Filed

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	Resist being handcuffed or arrested?:	No
Try to escape/flee from custody:	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:

Inmate was arrested and booked into jail on 05-24-16.

Inmate was sent to ER for elevated blood sugar on 06-05-16. She was treated in the ER and released back to custody.

Inmate was sent to ER for chest pain on 06-06-16 and admitted to a hospital.

A heart catheter was placed in the inmate on 06-09-16.

Inmated underwent bypass heart surgery on 06-13-16.

Inmate suffered a blood clot to the brain with an associated stroke on 06-14-16.

Courts were notified for a compassionate release on 06-14-16.

Inmate was released from custody on 06-14-16.

Inmate passed away in the hospital on 06-15-16 at 1:15 PM.

Jail Standards was notified of the aforementioned information on 06-16-16. Jail Standards required a Death in Custody report due to the fact that the inmate was unconscious at the time she was released from custody and she was unable to sign any release documents.