KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1601-CJ	Version Type:	ORIGINAL VERSION
Report Date:	12/1/2023 10:35 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Waller County Sheriff's Dept.	Agency Address:	100 Sheriff R Glenn Smith Dr
Agency City:	Hempstead	Agency State:	TX
Agency Zip:	77445		

Director Information

Director Salutation:	Sheriff	Director First Name:	Troy
Director Middle Name:			
Director Last Name:	Guidry		
Reporter Name:	Troy Guidry	Reporter Email:	t.guidry@wallercounty.us

Decedent Information

Identity of Deceased

First Name: Calvin

Middle Name: Louis

Last Name: Green

Suffix:

Date of Birth: 4/13/1963

Sex: Male

Race: Black or African American

Age At Time Of Death: 60

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

Date/Time of Custody or Incident: 11/26/2023 2:23 AM

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

Death Date and Time: 11/27/2023 3:05 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: Natural

Medical Cause of Death:

Medical Cause of Death:

History of Triple bypass surgery, High Blood Pressure, Type 1 Diabetes

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?: 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?: 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?: Pre-existing medical condition

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

Means of Death: Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address:	300 Sheriff R Glenn Smith	City:	Hempstead
County:	Waller	Zip:	77445

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 - single 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:	11/26/2023 2:23 AM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

General Information

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

Other Agencies Respond?: No

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:

Unlawfully Carrying Weapon

Offense 2:

False Drug Test Falsification Device

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: Alcohol / drug 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 November 27, 2023 at approximately 0200 hours staff conducting face to face observation round attempted to get a response out of subject housing in N2. When subject would not respond to the banging on the cell door, staff requested N2 door open and attempted to get a response by speaking with subject. When subject did not response to verbal direction, staff shook subject and no response. A staff member contacted dispatch to advise to have EMS and patrol deputies enroute. At approximately 0204 hours staff began CPR chest compression until EMS arrived at 0207 hours. Once EMS arrived EMS working subject and loaded to transport to Memorial Hermann. Subject was pronounced deceased at Memorial Hermann Hospital. All command staff was notified along with Texas Rangers to conduct an investigation and subject’s body sent for an autopsy, results are pending at this time.