KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 24-809-CJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 6/6/2024 2:04 PM | Status: | Submitted |

## Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Howard County Sheriff's Dept. | Agency Address: | 3613 West Hwy 80 |
| Agency City: | Big Spring | Agency State: | TX |
| Agency Zip: | 79720 | | |

## Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Stan |
| Director Middle Name: | A. | | |
| Director Last Name: | Parker | | |
| Reporter Name: | Stan Parker | Reporter Email: | stan.parker@howardcountytx.gov |

# Decedent Information

### Identity of Deceased

First Name: Steven

Middle Name: Glen

Last Name: Hildebrand

Suffix:

Date of Birth: 3/28/1968 Sex: Male

Race: Anglo or White

Age At Time Of Death: 55

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

Date/Time of Custody or Incident: 3/10/2024 10:15 AM

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

Death Date and Time: 3/10/2024 7:00 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: Alcohol/Drug Intoxication

## Medical Cause of Death:

Medical Cause of Death:

Acute Methamphetamine Intoxication

## 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?: 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?: 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: Drug overdose

# Location / Custody Information

## Where did the event causing the death occur?

| | | | |
|---|---|---|---|
| Street Address: | 3611 W HWY 80 | City: | Big Spring |
| County: | Howard | Zip: | 79720 |

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

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|---|---|
| Location Category: | Law Enforcement Facility |

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

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|---|---|
| Type of Custody: | County Jail |

## Specific type of custody/facility:

| Specific Type of Custody/Facility: |
|---|
| Jail - detox 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):

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|---|---|
| Entry Date Time: | 3/10/2024 10:15 AM |

## Where did the death occur?

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|---|---|
| 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?: 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:

Public Intoxication

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: 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): Yes

Make suicidal statements?: No

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Unknown

## 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:

Inmate Steven Hildebrand (DOB 3/28/68) was brought in @ approximately 10:25am on 3/10/24 for Public Intoxication. During intake detention officer's were unable to successfully get answers to the intake questionnaires from the inmate. The inmate was placed in Detox Cell 143 @ approximately 10:33am. During his time in the cell the inmate was seen on video and by officers moving about the cell. He was rolling around, grunting, slapping the floor, on his knees and on his feet at times throughout the duration of the shifts. At approximately 7:07PM during the round Officer Valentin Garcia looked in on the inmate and noticed that he was no longer moving. He called over Officer Raul Guerra to assist and confirm his observations. Officers then entered the cell and attempted to get the inmate to respond. The inmate was unresponsive to the officers at which time they notified chain and began CPR until EMS arrived on scene. Once it was determined he was deceased the scene was secured and Texas Rangers were notified and took over the investigation.