KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-367-CJ	Version Type:	ORIGINAL VERSION
Report Date:	5/13/2025 3:49 PM	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:	Dawn Miller	Reporter Email:	d.miller@wallercounty.us

Decedent Information

Identity of Deceased

First Name: Eric

Middle Name: Genell

Last Name: Hubbard

Suffix:

Date of Birth: 1/30/1966

Sex: Male

Race: Black or African American

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: 2/11/2025 4:55 PM

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

Death Date and Time: 5/11/2025 12:37 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Medical History of Hypertension & HIV positive

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

Medical Treatment:	Yes

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:	2/11/2025 4:55 PM

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?: 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:

POSS CS PG 1 >1G<4G

Offense 2:

POSS CS PG 1 >1G<4G

Offense 3:

POSS CS PG 1 >1G<4G

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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	Exhibit any medical problems?:	Yes

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 May 11, 2025, at approximately 1237 hours, staff conducting face-to-face observation rounds attempted to get a response from Inmate Hubbard in MS4. When Inmate Hubbard did not respond to staff knocking on the door, staff requested the door to MS4 to be opened by Main Control. Staff attempted to speak with Inmate Hubbard and did not get a response. At this time, staff entered MS4 and attempted to get a pulse. When no pulse was located, staff began CPR, and another staff member obtained an AED. The AED pads were placed on Inmate Hubbard with no shock advised. EMS was contacted at 1237 hours and arrived on scene at 1240 hours and pronounced him deceased at 1249 hours by EMS Supervisor. All Waller County Command Staff were notified, along with the Texas Rangers to conduct an investigation. Waller County Justice of the Peace 1, Judge Karisch arrived on scene and ordered Inmate Hubbard's body to be sent to Fort Bend Medical Examiner's Office for an autopsy. Autopsy results are pending at this time.