KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-779-CJ	Version Type:	AMENDED
Report Date:	10/1/2025 8:23 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Williamson County Sheriff's Office	Agency Address:	508 S. Rock Street
Agency City:	Georgetown	Agency State:	TX
Agency Zip:	78626		

Director Information

Director Salutation:	Sheriff	Director First Name:	Matthew
Director Middle Name:			
Director Last Name:	Lindemann		
Reporter Name:	Jason Braeutigam	Reporter Email:	jason.braeutigam@wilco.org

Decedent Information

Identity of Deceased

First Name: Robert

Middle Name: Earl

Last Name: Hill

Suffix:

Date of Birth: 11/3/1971 Sex: Male

Race: Black or African American

Age At Time Of Death: 53

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

Date/Time of Custody or Incident: 9/11/2025 9:43 AM

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

Death Date and Time: 9/11/2025 10:52 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 are available

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Hypertensive and Atherosclerotic Cardiovascular Disease

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

Medical Treatment:	Unknown

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?:	Could not be determined

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:	306 w. 4th Street	City:	Georgetown
County:	Williamson	Zip:	78626

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 - day room/recreation area

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:	7/1/2025 3:52 PM

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:

Bond increase / Driving while Intoxicated 3rd or more.

Offense 2:

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?:	Unknown	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		Gain possession of officer's	

officer(s):	No	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 July 1, 2025, at 1552 Hrs., Mr. Robert Earl Hill was arrested by the Williamson County Sheriff's Office and booked into the Williamson County Jail for the following offense.
Bond Increase / Driving while Intoxicated 3rd or more.

On September 11, 2025, at approximately 0943 Hrs., Mr. Hill was engaged in physical exercise within the recreation area of the Williamson County Jail when he was observed by fellow inmates to collapse and fall to the floor. Williamson County jail medical officers promptly responded to Mr. Hill's location, where they found him unresponsive and immediately initiated Cardiopulmonary Resuscitation (CPR). Mr. Hill was alone when he collapsed, which was confirmed by Williamson County jail surveillance camera footage. EMS was requested and Mr. Hill was subsequently transported to Seton Williamson Hospital, 201 Seton Parkway, Round Rock, TX 78665, by Georgetown EMS. Upon arrival, the medical staff at Seton Williamson Hospital continued lifesaving efforts; however, these efforts were unsuccessful. Mr. Hill was pronounced deceased on September 11, 2025, at 1052 Hrs. by attending physicians.

Williamson County Pct. 2 Justice of the Peace, Angela Williams, was notified and ordered an autopsy. Hill County Forensics, located at 2334 Rockride Ln. Bldg. 1, Georgetown, TX 78626, was used for this examination and was performed by Dr. Danielle Armstrong on September 19, 2025, at 1053 Hrs.

The Texas Rangers were notified, and the Williamson County Sheriff's Office is aiding in their independent investigation.

Final autopsy results.
Cause of death: Hypertensive and Atherosclerotic Cardiovascular Disease
Manner of death: Natural