KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-558-CJ	Version Type:	ORIGINAL VERSION
Report Date:	7/24/2026 8:46 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:	Dawn Miller	Reporter Email:	d.miller@wallercounty.us

Decedent Information

Identity of Deceased

First Name: Michelle

Middle Name: C

Last Name: Lindgren

Suffix:

Date of Birth: 2/2/1969 Sex: Female

Race: Anglo or White

Age At Time Of Death: 57

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

Date/Time of Custody or Incident: 3/25/2026 2:15 PM

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

Death Date and Time: 7/24/2026 2:06 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: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Medical History - Hyperthyroid, Mental Health - Schizoaffective disorder, Bipolar, MRE Manic with Psychotic features

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?:	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:	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:	3/30/2026 2:36 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:

Harassment PC 42.07

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: Other, specify

Type of Offense, Other:

Harassment of Judges, Dispatch, Court Clerks, Law Enforcement officials

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?:	Yes	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?:	Yes	Resist being handcuffed or arrested?:	Yes
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 July 24, 2026, at approximately 0122 hours, staff conducting face-to-face observation rounds attempted to get a response from Inmate Lindgren in FS5. When Inmate Lindgren did not respond to staff knocking on the door several times and when staff called her by name, staff requested that Main Control open the door to FS5. Once the door was opened, staff attempted to call her by name with no response. Staff then reached down and shook Inmate Lindgren to wake her up, and this attempt did not work. Staff then attempted to check for a pulse but could not confirm one. At this time, Staff contacted the supervisor via radio to come to FS5. At approximately 0125 hours, additional staff arrived in FS5 and checked again for a pulse with no success. At 0125 hours, EMS was contacted, and at approximately 0127 hours, an AED was applied to Inmate Lindgren. At approximately 0132 hours, AED advised no shock and to start chest compression. Staff continued chest compression until EMS arrived at 0135 hours and took over inmate care. At approximately 0206 hours, EMS Supervisor 201 pronounced Inmate Lindgren deceased. All Waller County Command Staff were notified, along with Texas Rangers and Justice of Peace 1, Judge. Judge and Texas Ranger arrived on scene and ordered Inmate Lindgren's body to be sent to the Fort Bend Medical Examiner's Office for an Autopsy. Autopsy results are pending at this time.