



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 26-454-UF

Version Type: ORIGINAL
VERSION

Report Date: 6/8/2026 3:27 PM

Status: Submitted

Agency/Facility Information

Agency Name: Harris County
Constable Precinct
4

Agency Address: 6831 Cypresswood
Dr.

Agency City: Spring

Agency State: TX

Agency Zip: 77379

Director Information

Director Salutation: Constable

Director First Name: Mark

Director Middle Name:

Director Last Name: Herman

Reporter Name: Toby Hecker

Reporter Email: john.hecker@cd4.hctx.net

Decedent Information

Identity of Deceased

First Name: Ruben

Middle Name:

Last Name: Tellez

Suffix:

Date of Birth: 10/16/1987

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 38

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

Date/Time of Custody or
Incident: 6/6/2026 2:53 AM

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

Death Date and Time: 6/6/2026 5:58 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Yes, results
Evaluation?: pending

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

Manner of Death: Suicide

Medical Cause of Death:

Medical Cause of Death:

Will be completed if an autopsy is completed and results are available. Subject jumped from overpass and died from his injuries.

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?: Decedent

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: Other, specify

Means of Death Other: Jumped from an overpass onto the freeway below.

Location / Custody Information

Where did the event causing the death occur?

Street Address: 6842 N Sam
Houston Tollway
West

City: Houston

County: Harris

Zip: 77064

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

Location Category: Roadway/highway/street/sidewalk

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

Type of Custody: Pre-Custodial Use
of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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:

Entry Date Time N/A: ☒

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:

None. Would have been taken to hospital for mental evaluation.

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: Other, specify

Type of Offense, Other:

There were no criminal charges to be filed at the time of death.

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?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Attempted to injure law enforcement personnel

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs):	Unknown	Make suicidal statements?:	Yes
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?:	N/A
Physically attempt/assault officer(s):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Yes	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:

Deputies responded to the 6800 block of North Sam Houston Parkway West regarding a report of an unidentified suicidal male sitting on the edge of a wall overlooking an overpass.

Upon arrival, deputies located the male and attempted to communicate with him for approximately 30 minutes in an effort to persuade him to move to a safer location. Despite these efforts, deputies were unable to establish effective communication with the individual.

Believing the male was in imminent danger of taking his own life, deputies attempted to secure him physically. The male immediately resisted by pulling away and striking at deputies with his hands and feet as they attempted to prevent him from harming himself.

The male ultimately broke free from the deputies' grasp and fell over the edge of the overpass onto the roadway below.

Emergency medical personnel responded to the scene, and the male was transported to a local hospital for treatment. Despite medical intervention, he later succumbed to his injuries.