KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-318-C	Version Type:	AMENDED
Report Date:	4/25/2025 2:48 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Wheeler County Sheriff's Dept.	Agency Address:	PO BOX 88
Agency City:	Wheeler	Agency State:	TX
Agency Zip:	79096		

Director Information

Director Salutation:	Sheriff	Director First Name:	TIM
Director Middle Name:			
Director Last Name:	REEVES		
Reporter Name:	TIM REEVES	Reporter Email:	tim.reeves@co.wheeler.tx.us

Decedent Information

Identity of Deceased

First Name: Chris

Middle Name:

Last Name: Mendoza

Suffix:

Date of Birth: 1/11/1979 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 46

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

Date/Time of Custody or Incident: 4/24/2025 7:25 PM

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

Death Date and Time: 4/24/2025 9:08 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: No

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: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address:	Hwy 152 approximately 1/4 Mile West of County Road 22	City:	Wheeler
County:	Wheeler	Zip:	79096

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: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Hospital/Infirmary

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?: No

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:

Evading Arrest or Detention with a Vehicle.

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:

Traffic Stop

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?:	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?:	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:	Yes
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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On 04/24/2025 at approximately 1925 hours, Wheeler County Deputy initiated a traffic stop on Hwy 83 North of Wheeler TX. Deputy Made contact with female driver, female driver exited the vehicle for enforcement action at that time. Female driver then ran and got into the passenger side of the vehicle. Male passenger then climbed into the driver's seat and took off at a high rate of speed South on Hwy 83. Deputy pursued the vehicle at speeds in excess of 100 MPH. The male driver turned East on Hwy 152, Deputy pursued the vehicle approximately 7 more miles east on Hwy 152 coming to a stop at Hwy 152 approximately 1/4 of a mile west of County Rd 22. A felony stop was conducted, female passenger exited immediately and followed commands. Male driver was uncompliant for a short period of time. Driver refused to show his hands and exit the vehicle. Male driver then came out and was taken into custody. Driver was then escorted to patrol vehicle and made a statement to Deputy he ingested narcotics. Male driver was transported to Parkview Hospital in Wheeler TX. Male driver walked into the hospital on his own accord. Male driver was talking to medical staff; shortly thereafter medical staff began life saving measures. The male driver was pronounced deceased a short time later.