KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 26-732-CJ | Version Type: | AMENDED |
| Report Date: | 9/16/2026 1:21 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Wise County Sheriff's Office | Agency Address: | 200 Rook Ramsey Dr. |
| Agency City: | Decatur | Agency State: | TX |
| Agency Zip: | 76234 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Cary |
| Director Middle Name: | | | |
| Director Last Name: | Mellema | | |
| Reporter Name: | Rex Hoskins | Reporter Email: | hoskins.rex@gmail.com |

## Decedent Information

### Identity of Deceased

First Name: Rhonda

Middle Name: Tucker

Last Name: Idlett

Suffix:

Date of Birth: 4/20/1965 Sex: Female

Race: Anglo or White

Age At Time Of Death: 61

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

Date/Time of Custody or Incident: 8/25/2026 11:24 PM

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

Death Date and Time: 8/28/2026 5:20 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 pending

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

Manner of Death: Pending autopsy results

## Medical Cause of Death:

Medical Cause of Death:

PENDING AUTOPSY

## 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: Unknown

# Location / Custody Information

## Where did the event causing the death occur?

200 Rook Ramsey

| | | | |
|---|---|---|---|
| Street Address: | Drive | City: | Decatur |
| County: | Wise | Zip: | 76234 |

### 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 - detox 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:

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:

Public Intoxication

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: 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?: | 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 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 August 27, 2026 at approximately 1741 hours jailers observed Rhonda Idelett to be unresponsive. A medical emergency was immediately called. Responding jail staff were unable to detect a pulse. An automatic external defibrillator (AED) was applied to Idelt's chest and rib area in accordance with device instructions. The AED advised that no shock was indicated and instructed staff to begin CPR. CPR was initiated. Four milligrams of Naloxone were administered. EMS arrived, accessed Idlett, advised jail staff that she had a faint pulse, and assumed medical care. Idlett was transported to the hospital. On August 28, 2026, Wise County jail was advised that Rhonda Idlett had died.