### Agency Information

<table>
<thead>
<tr>
<th>CDR Number</th>
<th>21-1535-P</th>
<th>Version Type</th>
<th>AMENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Date</td>
<td>1/18/2022 9:49 AM</td>
<td>Status</td>
<td>Submitted</td>
</tr>
</tbody>
</table>

### Agency/Facility Information

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>TDCJ/Office of the Inspector General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Address</td>
<td>1012 Veterans Memorial Parkway</td>
</tr>
<tr>
<td>Agency City</td>
<td>Huntsville</td>
</tr>
<tr>
<td>Agency State</td>
<td>TX</td>
</tr>
<tr>
<td>Agency Zip</td>
<td>77320</td>
</tr>
</tbody>
</table>

### Director Information

<table>
<thead>
<tr>
<th>Director Salutation</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director First Name</td>
<td>Cris</td>
</tr>
<tr>
<td>Director Last Name</td>
<td>Love</td>
</tr>
</tbody>
</table>

### Reporter Information

<table>
<thead>
<tr>
<th>Reporter Name</th>
<th>Ashley Gutierrez</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporter Email</td>
<td><a href="mailto:oig_custodial_death_reports@tdcj.texas.gov">oig_custodial_death_reports@tdcj.texas.gov</a></td>
</tr>
</tbody>
</table>

### Decedent Information
Identity of Deceased

First Name: Jacinto
Middle Name: Perez
Last Name: Delagarza
Suffix: Jr
Date of Birth: 3/17/1995
Sex: Male
Race: Hispanic or Latino
Age At Time Of Death: 26

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

Date/Time of Custody or Incident: 4/24/2019 12:00 AM

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

Death Date and Time: 11/12/2021 11:00 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: Accidental
Medical Cause of Death:

Smoke and soot inhalation

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?: Unknown person(s) caused the injury

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: Unknown

Location / Custody Information
Where did the event causing the death occur?

Street Address: 777 FM 3497
City: Woodville
County: Tyler
Zip: 75979

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: Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility:

TDCJ, specify

TDCJ - Specify Unit:

Gib Lewis unit

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: 6/18/2021 12:00 AM

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: Aggravated assault with a deadly weapon

Offense 2:

Offense 3:

Were the Charges: Convicted

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Violent Crime Against Persons

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): Unknown Make suicidal statements?: Unknown

Exhibit any mental health problems?: Unknown Exhibit any medical problems?: Unknown

Custodial Death Report :: Page 5 of 6
At any time during the incident and/or entry into the law enforcement facility, did the decedent:

- Barricade self or initiate standoff?: No
- Physically attempt/assault officer(s): No
- Verbally threaten other(s) including law: No
- Attempt gain possession officer’s weapon: No
- Resist being handcuffed or arrested?: No
- Gain possession of officer’s weapon: No
- Escape or attempt to escape/flee custody: 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:

The deceased started a fire inside of his assigned cell. He was later found deceased inside the cell.