CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-1535-P
Report Date: 1/18/2022 9:49 AM
Version Type: AMENDED
Status: Submitted

Agency/Facility Information

Agency Name: TDCJ/Office of the Inspector General
Agency City: Huntsville
Agency Zip: 77320
Agency Address: 1012 Veterans Memorial Parkway
Agency State: TX

Director Information

Director Salutation: Director
Director First Name: Cris
Director Middle Name: 
Director Last Name: Love

Report Name: Ashley Gutierrez
Report Email: oig_custodial_death_reports@tdcj.texas.gov

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:

<table>
<thead>
<tr>
<th>Medical Cause of Death:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke and soot inhalation</td>
</tr>
</tbody>
</table>

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

<table>
<thead>
<tr>
<th>Medical Treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

If death was an accident, homicide or suicide, who caused the death?

<table>
<thead>
<tr>
<th>Who caused the death?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown person(s) caused the injury</td>
</tr>
</tbody>
</table>

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

<table>
<thead>
<tr>
<th>Type of weapon that caused death?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

<table>
<thead>
<tr>
<th>Pre existing medical condition?:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide</td>
</tr>
</tbody>
</table>

If death was an accident, homicide or suicide, what was the means of death?

<table>
<thead>
<tr>
<th>Means of Death:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

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

Exhibit any mental health problems?: Unknown

Make suicidal statements?: Unknown

Exhibit any medical problems?: Unknown

Exhibit any mental health problems?: Unknown
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.