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

Reporter Name: Ashley Gutierrez
Reporter 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

Make suicidal statements?: Unknown

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Unknown
At any time during the incident and/or entry into the law enforcement facility, did the decedent:

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barricade self or initiate standoff?</td>
<td>No</td>
</tr>
<tr>
<td>Physically attempt/assault officer(s)</td>
<td>No</td>
</tr>
<tr>
<td>Verbally threaten other(s) including law</td>
<td>No</td>
</tr>
<tr>
<td>Attempt gain possession officer's weapon</td>
<td>No</td>
</tr>
<tr>
<td>Resist being handcuffed or arrested?</td>
<td>No</td>
</tr>
<tr>
<td>Gain possession of officer's weapon</td>
<td>No</td>
</tr>
<tr>
<td>Escape or attempt to escape/flee custody</td>
<td>No</td>
</tr>
</tbody>
</table>

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.