

MEDICAL EXAMINER DISTRICTS 5 & 24

Citrus, Hernando, Lake, Marion, Seminole and Sumter Counties

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AUTOPSY REPORT

NAME: Peters, Timothy

CASE NUMBER: 2022-0929

DATE OF DEATH: 04/16/2022 at 1945

AGE: 49 SEX: M RACE: W

COUNTY: Hernando

DATE AND TIME OF POSTMORTEM EXAMINATION: 04/17/2022 at 1100

POSTMORTEM FINDINGS / SUMMARY:

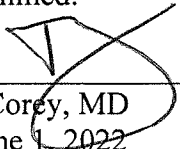
- 1) Anoxic encephalopathy following cardiorespiratory arrest in detention center with subsequent resuscitation and hospitalization.
- 2) Records review: clinical signs and symptoms of delirium tremens in hours preceding collapse.
- 3) Collapse during restraint with use of spit hood, with autopsy evidence of intraoral submucosal hemorrhage with laceration.
- 4) Hepatomegaly with steatosis, and microscopic evidence of cirrhosis.
- 5) Hospital blood toxicology:
 - A. Blood 11-hydroxy delta-9 THC concentration 1.4 ng/mL.
 - B. Blood delta-9 carboxy THC concentration 110 ng/mL.
 - C. Blood delta-9 THC concentration 3.7 ng/mL.
- 6) External contusions, abrasions, and lacerations.
- 7) Death in custody

CAUSE OF DEATH:

Despite complete autopsy expanded toxicology testing and vitreous electrolyte studies, the cause of death in this 49-year-old gentleman, Timothy Peters, remains undetermined.

MANNER OF DEATH:

Undetermined.



Tracey Corey, MD

Date: June 1, 2022

A postmortem examination is conducted on the body identified as Timothy Peters at the District 5 / 24 Medical Examiner's Office by Dr. Tracey Corey on April 17, 2022 beginning at 11:00 a.m.

EXTERIOR OF THE BODY

The body is received clad in a hospital gown. The body is accompanied by multiple tubes of blood from the hospital. The body is that of a normally developed, normally nourished, white male appearing around the given age of 49 years. The body has a measured height of 65" and a measured weight of 200 pounds. The scalp hair is brown admixed with gray. It is of normal texture. It displays some superior thinning. The scalp hair varies up to approximately 1" in length. Facial hair consists of a beard and moustache which are brown admixed with gray. The pupils appear unequal. The left pupil appears approximately 7 mm in diameter. The right pupil appears approximately 5 mm in diameter. They are viewed through slightly cloudy corneae. The sclerae and conjunctivae display yellow discoloration and conjunctival edema. Additionally, there is scleral hemorrhage present on the lateral and medial aspects of the left globe. Mucoïd material and medial hardware are present within the nose. Mucoïd material and medical hardware are present within the oral cavity. The natural anterior dentition appears to be in fair repair. The anterior intraoral mucosa displays trauma as described below. The jaw displays rigor mortis. The trachea is in the midline. The supraclavicular lymph nodes are not palpable. The symmetrical thorax demonstrates hypermobility and a slight concave deformity within the lower mid sternal region. The protuberant abdomen displays no discernible evidence of remote scar. The pubic hair consists of long, brown stubble. The penis is normal male. Both testes are visible within the scrotal sac. Examination and palpation of the extremities reveals no evidence of peripheral deformity, edema or fracture. Rigor mortis is well-formed within the major muscle groups. The body displays generalized mottling on the anterior surface, particularly involving the left groin region and left anterior thigh. Blanching lividity is present posteriorly except over pressure points.

EVIDENCE OF MEDICAL TREATMENT:

A nasogastric tube enters the nose. An endotracheal airway enters the oral cavity and is properly positioned. A cervical spine support collar encircles the neck. EKG pads are present over the upper extremities and torso. Vascular access lines enter the antecubital fossa bilaterally. A Foley catheter enters the urethra. An intraosseous line enters the anteromedial aspect of the right leg in the upper third. A blood pressure cuff encircles the right distal lower extremity. Hospital bands are present about the left wrist and left ankle. A gauze patch is present over the left thenar eminence. A fecal bag is present about the anus.

EVIDENCE OF INJURY:

Examination of the head: The left forehead at the hairline demonstrates a 1/2" x 1/2" area of discontinuous superficial abrasions with red bases. The left aspect of the forehead

superior to the left eyebrow demonstrates a 1/2" x 1/2" area of superficial abrasions with red bases. The right aspect of the forehead just to the right of the midline demonstrates a 3/16" x 1/2" area of discontinuous superficial abrasions. The right lateral aspect of the forehead progressing into the hair bearing scalp demonstrates a 2" x up to 1/2" area of discontinuous superficial abrasions with red bases. The right preauricular region demonstrates a 3/4" (horizontal) x 1/2" (vertical) superficial abrasion with a red base. The right cheek demonstrates a horizontally oriented, 1-1/2" x 1" area of discontinuous blunt force injuries including blue contusions and overlying punctate superficial abrasions which appear to be distributed in a semi-circular or crescentic pattern. The anterior surface of the nose demonstrates small superficial abrasions with orange/red bases which range up to 3/16" in individual greatest dimension. There is a prominent left periorbital ecchymosis with swelling, particularly of the medial aspect of the upper lid. This periorbital ecchymosis on the left blends into an area of purple contusion along the left cheek which progresses into the preauricular region. This area of contusion measures 3" horizontally x up to 1-3/4" vertically. Lateral to the lateral canthus of the left eye, there is a 1-1/4" (horizontal) x 1" (vertical) area of discontinuous superficial abrasions with red bases. The lateral superior orbital rim on the left demonstrates a curvilinear 3/4" x 1/16" superficial abrasion with a dark red base. The left lateral periorbital rim demonstrates a glued, healing, 3/4" curvilinear laceration progressing along the orbital rim. The submental space in the midline located 3/4" inferior to the point of the chin displays a horizontally oriented, sutured 1" laceration. There is generalized purple discoloration of the neck along the lateral aspect. This has indistinct margins.

Examination of the oral cavity: The right aspect of the lower lip displays a 1" (horizontal) x 3/4" (vertical) area of submucosal hemorrhage. Beginning at the midline of the lower lip, and progressing to the left, the entirety of the lower lip at the junction with the gingiva displays a 2" (horizontal) x up to 1-1/4" (vertical) area of submucosal hemorrhage. The junction of the mucosa with the external aspect of the lower lip, along the lateral aspect displays a 5/16" (horizontal) x 3/16" (vertical) area of abrasion. The right corner of the mouth displays a 3/8" (horizontal) x 1/8" (vertical) area of red to blue submucosal hemorrhage. The lateral aspect of the intraoral mucosa of the upper lip displays a 3/4" x 1/2" complex laceration. This is diffusely surrounded by red/purple contusion. This contusion progresses posteriorly along the entirety of the left cheek. This area of submucosal hemorrhage measures 1-1/4" in length.

Examination of the anterior torso: The superior mid sternal region demonstrates a 4" (horizontal) x 2" (vertical) area of faint discontinuous red/purple discoloration with indistinct margins. The right anterolateral abdomen in the anterior axillary line immediately inferior to the costal margin demonstrates a 1" x 1" red contusion. The left epigastric region at the costal margin demonstrates a faint 2" (horizontal) x 1" (vertical) area of discontinuous red discoloration with indistinct margins.

Examination of the upper extremities: The superior aspect of the right shoulder demonstrates a 1-1/2" (coronal) x 1" (sagittal) area of superficial abrasion with a dark red base. The left wrist demonstrates multiple overlapping pattern injuries consisting of multiple linear superficial abrasions and red contusions which are parallel. The lateral



aspect of the left wrist within this area demonstrates a broader based, 1" x 3/16" superficial abrasion with a dark red base. The dorsal surface of the right hand displays scattered superficial abrasions with red bases which are randomly distributed and range up to 3/16" in individual greatest dimension. There is generalized purple discoloration of the proximal portions of the dorsal surfaces of the right index and middle fingers involving a 2" x up to 1-3/4" area. The dorsal surface of the metacarpophalangeal joint of the right thumb demonstrates a 1-1/2" x 1" area of purple discoloration. The anterior surface of the left arm in the middle third demonstrates a 2" (vertical) x up to 3" (horizontal) area of red/purple contusion. Superior and inferior to this are linear marks consistent with a blood pressure cuff. The antecubital fossa on the left demonstrates a 3-1/2" (vertical) x up to 3" (horizontal) area of discontinuous red to purple contusions. This is in an area of multiple needle puncture sites as well. The left wrist displays multiple parallel linear superficial abrasions and purple/red contusions, some of which are overlapping. These are circumferential but individually discontinuous. They involve a 1-3/4" (vertical) area. The individual abrasions range up to 5/8" in individual greatest dimension.

Examination of the lower extremities: The anterior surface of the left knee displays a 4" (vertical) x 5" (horizontal) area of discontinuous blunt force injuries which consist mainly of superficial abrasions with dark red bases but also include surrounding red/purple contusion. The anterior surface of the left leg in the distal third displays a 2" x 2" area of red/purple contusion with an overlying punctate 3/4" superficial abrasion. The left medial malleolus demonstrates a 2" (horizontal) x 1-3/4" (vertical) area of blunt force injuries that consist of superficial abrasion with surrounding red/brown contusions. The anterior surface of the right knee displays a 3-3/4" (vertical) x 5" (horizontal) area of discontinuous blunt force injuries which mainly consist of superficial abrasions with dark red bases but also include surrounding red/purple contusions. The anterolateral surface of the right leg in the upper third displays a horizontally oriented, 3" x less than 1/16" superficial abrasion with a red base. The anterior and lateral aspects of the right leg in the distal third display a 2-3/4" (vertical) x up to 4" (horizontal) area of blunt force injury which include pattern injuries which are linear, sometimes parallel, and sometimes overlapping. Within in this area of injury there is also generalized red/purple contusion.

INTERIOR OF THE BODY:

A "Y" incision is carried through a midline panniculus measuring up to 5 cm through thin, reddish musculature into an abdominal cavity lined with dusky serosal surfaces. The abdomen contains 800 mL of thin, red, cloudy fluid. Anteriorly the liver edge is blunted. The diaphragm is intact.

The mediastinum is in the midline. The lungs demonstrate mild atelectasis bilaterally. There is 200 mL of thin, straw-colored fluid present in each pleural space. The pericardial sac is opened and noted to contain less than 20 mL of thin, straw-colored fluid.



CARDIOVASCULAR:

The heart is mildly enlarged and weighs 440 grams. The epicardial surface demonstrates the usual amount of glistening, yellow adipose tissue. The cardiac chambers display mild pan chamber dilatation. The left ventricle measures 1.4 cm in thickness. The right ventricle measures 0.4 cm in thickness. The interventricular septum measures 1.5 cm in thickness. The papillary muscles and projecting myocardial muscle bundles are of normal prominence. The mural and valvular endocardia are generally smooth and glistening. The valves display no abnormalities. The coronary ostia are in their usual location and give rise to normally distributed, patent coronary arteries. Occlusive lesions of the coronary arteries are not identified. Serial sectioning of the firm, brown myocardium discloses no discrete areas of scar or acute hemorrhage.

The systemic aorta is of normal caliber and elasticity. The intimal surface is glistening and smooth. The branches of the aorta appear normal.

RESPIRATORY:

The lungs are of the usual lobation and weigh 850 and 690 grams, right and left respectively. Moderate amounts of subpleural anthracotic pigment are present within all lobes. The pleural surfaces are generally smooth and glistening. Dissection of the bronchial tree discloses the normal tan epithelium. The bronchial tree contains a moderate amount of frothy secretions. The pulmonary vasculature is of normal distribution and dimension. The lining intima is glistening and smooth. It contains no ante mortem thrombi. Serial sectioning of the pulmonary parenchyma discloses distortion of the usual fine, lacy pulmonary architecture by congestion. No focus of consolidation, calcification or friability formation is demonstrated. The hilar lymph nodes are unremarkable.

LIVER AND GALLBLADDER:

The hepatic capsule is intact. It is somewhat dull. The liver edge is blunted. The liver is enlarged and weighs 2120 grams. On section it is composed of yellow/brown homogenous, faintly nodular substance throughout, without focal abnormal markings.

The serosal surface of the gallbladder is intact. The mucosal surface of the gallbladder is dark green. The gallbladder contains greater than 40 ml of dark green, thick, tenacious bile. Stone is not demonstrated.

PANCREAS:

The pancreas is in its usual location and on section is composed of normally lobulated, yellow/tan, soft substance. No focus of calcification is demonstrated.



ADRENALS:

The adrenal glands are in their usual location and are of normal size and shape. On section, they are composed of smooth, yellow outer cortical rims which overlies zones of deeper brown cortical and gray medullary substances.

GENITOURINARY:

The kidneys are of similar size and shape. The right kidney weighs 180 grams. The left kidney weighs 190 grams. The capsules are removed with ease to reveal finely granular, slightly pale renal surfaces. Bisection of the renal parenchyma discloses the usual relations of cortex to medulla. The calyceal systems demonstrate a renal calculus on the right. The ureters are intact throughout their course.

The serosal surface of the bladder is intact. The mucosal surface of the bladder is light tan and trabeculated. There are purple submucosal hemorrhages along the posterior wall of the bladder superior to the trigone. Openings of the ureters into the bladder appear normal. The bladder contains no free urine.

The prostate gland is of normal size and shape. On section, it is composed of white/tan rubbery soft substance without focal abnormal markings.

SPLEEN:

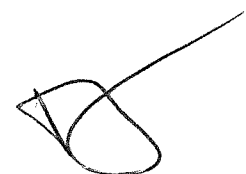
The splenic capsule is intact, smooth and shiny. The spleen weighs 200 grams. The parenchyma is soft. The white pulp is indistinct. Serial sectioning of the splenic parenchyma discloses the usual follicular and trabecular markings. Focal abnormal markings are not identified.

ALIMENTARY:

The smooth-walled esophagus is intact, of usual thickness and gray. Its mucosa is present in normal longitudinal folds. The cardioesophageal junction is easily identified. The gastric wall is intact and of usual thickness. No abnormality of its serosal surface is demonstrated. The gastric mucosa is present in its normal rugal pattern. The stomach contains 200 mL of thick, maroon fluid. The pylorus and duodenum display no abnormality. The small and large intestines display generalized dusky discoloration and friability, to the point that they literally tear upon manipulation and dissection. The vermiform appendix is identified.

MUSCULOSKELETAL:

Examination and palpation of the spine, ribs, shoulder girdle and pelvis fails to reveal fracture. There is intercostal muscular hemorrhage along the lateral aspects of right ribs 4 and 5.



NECK:

There is no soft tissue hemorrhage within the neck. The hyoid bone and thyroid cartilages are intact. The larynx and trachea are of average caliber and are patent. They are lined with smooth, pale tan epithelium. The vocal cords display no abnormality.

The tongue displays no abnormality.

The thyroid gland demonstrates no abnormality.

HEAD:

Reflection of the scalp reveals no evidence of soft tissue hemorrhage. The calvarium is intact. The dura is of slightly increased tensesness. Subdural and subarachnoid hemorrhage are not present. The leptomeninges are glistening and transparent. There is generalized widening and flattening of the gyri with narrowing of the sulci over the convexities. The brain weighs 1680 grams.

Examination of the base of the brain reveals the arteries to be of normal distribution and dimension. They are smooth-walled, collapsed and transparent. Again, there is generalized widening and flattening of the gyri with narrowing of the sulci of the cerebrum. There is prominence of the cerebellar tonsils.

Examination and serial sectioning of the cerebrum at approximate levels of 2 cm reveals generalized dusky discoloration and the usual relations of gray and white matter. The ventricular system appears somewhat compressed. It is otherwise unremarkable. Intraparenchymal lesions are not identified.

Examination and serial sectioning of the cerebellum, pons and medulla oblongata reveals softening and slightly dusky discoloration of these structures. They are otherwise unremarkable.

Examination of the base of the skull, after removal of the brain and dura, fails to reveal fracture.

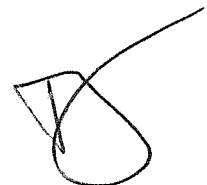
ADDITIONAL PROCEDURES:

A posterior soft tissue dissection is conducted. This reveals a small 1.5" x 2" area of minimal hemorrhage in the soft tissue immediately lateral to the right scapula.

MICROSCOPY:

Heart: scattered interstitial fibrosis.

Liver: Bridging fibrosis with regenerative nodules. Massive steatosis.



NAME: Peters, Timothy

CASE NUMBER: 2022-0929

Lung: Scattered rare intraalveolar corpora amylacea.

Kidney: Postmortem autolysis

Brain: no evidence of inflammation or hemorrhage.

A handwritten signature or set of initials, possibly 'P.T.', written in black ink. The signature is stylized and somewhat cursive, with a long horizontal stroke extending to the right.