Office of Chief Medical Examiner
Tarrant County Medical Examiner's District
Tarrant County, Texas
200 Feliks Gwozdz Place, Fort Worth, Texas 76104-4919
(817) 920-5700 FAX (817) 920-5713

AUTOPSY REPORT

CASE NO: 1911392

Name: SKAGGS, Tyler Wayne
Age: 27 years
Sex: Male
Race: White
Date and Time of Death: July 1, 2019 at 2:20 p.m. (found)
Place of Death: 1400 Plaza Place, Southlake, Texas 76092 (hotel room)
Autopsy Authorized By: Statue 49.25 of Texas Criminal Code

I, **Marc A. Krouse, M.D.**, hereby certify that I performed a complete autopsy on the body of **TYLER WAYNE SKAGGS** at the Tarrant County Medical Examiner's District Morgue in Fort Worth, Texas on the **2nd** day of **July 2019**, beginning at **11:10 a.m.** and upon investigation of the essential facts concerning the circumstances of the death and history of the case as known to me at this time, I am of the opinion that the findings, cause and manner of death are as follows:

FINDINGS:

I) Postmortem toxicology (blood levels from femoral vein source)
   A. Ethanol – blood 0.122 g/dL, vitreous 0.140 g/dL and urine 0.161 g/dL
   B. Fentanyl – blood 3.8 ng/mL, identified in urine; no norfentanyl metabolite detected
   C. Oxycodone – blood 38 ng/mL, identified in urine; blood positive for low level of metabolite oxymorphone
II) Terminal aspiration of gastric contents
III) Isolated epicardial and endocardial fibrosis and mild sclerosis of mitral and aortic valves
IV) Mild coronary atherosclerosis
V) Isolated inflammatory infiltrate in conduction system near the atrioventricular node; no evidence of overt myocarditis
VI) Mild nonspecific hepatic steatosis
VII) Visceral congestion with brain swelling
VIII) Cardiac genetic screen positive for variant of GTBX20, of unknown clinical significance
IX) Status post orthopedic surgery, left elbow (healed scar identified)
X) No trauma

1911392
Tyler Wayne Skaggs

CAUSE OF DEATH:	**MIXED ETHANOL, FENTANYL AND OXYCODONE INTOXICATION WITH TERMINAL ASPIRATION OF GASTRIC CONTENTS**

MANNER OF DEATH:	**ACCIDENT**

Comment: This case was reviewed by staff in conference.

Signature

Marc A. Krouse, M.D.
Deputy Chief Medical Examiner

Autopsy with toxicology is performed July 2, 2019 at 11:10 a.m.

GROSS ANATOMIC DESCRIPTION

I. CLOTHING AND PERSONAL EFFECTS: At the time of examination the body is clothed in black denim jeans, a black belt with white metal decorations and decorated white metal buckle, red boxer shorts, black socks and dark brown western boots.

II. THERAPEUTIC INTERVENTION: There is no medical intervention.

III. EXTERNAL BODY DESCRIPTION: The body is that of a normally developed, well-nourished and well-hydrated large build adult Caucasian male appearing near the given age of 27 years. The body length is 77 inches and the weight at examination is 226.8 pounds (196 cm, 102.9 kg). The body is well-preserved, unembalmed and is cool post-refrigeration. Rigor is beginning to fade. Lividity is developed over the anterior body surfaces with contact pallor on the left face, right chest, abdomen and anterior legs and volar forearms. Some 50% of lividity has shifted to the back subsequently and there are fine Tardieu spots around the periphery of contact pallor on the back.

The scalp is covered by short to medium length straight dark brown hair. The face is shaved. Body hair is male distribution.

The calvarium is symmetric and intact to palpation and the scalp is intact. The eyes are closed; the corneae are clouded. There is no conjunctival hemorrhage. The irides are brown and the pupils are 5 mm. Orbital soft tissues are unremarkable. Blood tinged mucus is found in the nares and greenish gastric debris is found in the oral cavity. The lips and oral mucosa are cyanotic. The dentition is natural and well maintained. The external ears are clear. The face, neck, larynx and hyoid are symmetric and intact. The trachea and larynx are midline.

The anterior chest is symmetric and intact. The abdomen is flat. There are tattoos on the right shoulder and arm demonstrated in accompanying photographs. The penis is circumcised and the testes are descended. The perineum and anal orifice are unremarkable. The back is symmetric and intact.

The extremities are symmetric, normally developed and are intact. The nails of the hands and feet are cyanotic and non-clubbed.

There are four faint blue contusions over the right tibia ranging from 1 cm diameter up to 3 x 2.5 cm. There is a healed 6 cm scar on the ulnar/volar left arm at the elbow and there is a nearby 1.5 x 1 cm irregular triangular scar.

There are no external signs of notable trauma or foul play.

IV. INTERNAL EXAMINATION

1. INTEGUMENT: The body is opened with Y-shaped thoracoabdominal and coronal scalp incision. The viscera are examined in situ and are removed and dissected.

2. SEROUS CAVITIES: The soft tissues of the anterior chest, neck and abdomen are congested and well-hydrated. There is no evidence of occult trauma. The serous cavity membranes are smooth. There is no hemorrhage or fluid accumulation within the major body cavities.

3. CARDIOVASCULAR SYSTEM: The aorta and major branches are intact. There are fine small streaky atheromatous deposits in the descending aorta. The vena cava and major branches are intact as are the pulmonary arteries and veins. The major vessels and heart contain fluid blood and rare postmortem thrombi.

The heart weighs 493 grams. There are large epicardial plaques over the anterior surface of the right atrium and septum and smaller one over the posterior left atrium. The coronary arteries arise normally and follow the course. Small atheromas produce some 25-30% occlusion of the left anterior descending coronary artery. A microscopic section is notable for a hypertrophic plaque with an isolated area of plaque necrosis. There is no plaque, hemorrhage or thrombosis. Posterior circulation is left dominant. The myocardium is grossly unremarkable. Multiple representative microscopic sections of the anterior and posterior left ventricle, anterior right ventricle, mid septum and upper septum are examined. There are isolated hypertrophied myocytes. There are three small subendocardial papillary muscle intramyocardial arteries with fibromuscular dysplasia. The surrounding myocardium is unremarkable. Sections of the upper septum contain atrioventricular conduction system components. There is fat infiltrate and a His bundle in one section. There is mixed perivascular inflammatory response of predominantly mononuclear cells of some admixed neutrophils in the region of the atrioventricular node. The surrounding myocardial cells are

unremarkable. The endocardium is smooth. There is endocardial fibrosis in the aortic outflow tract. The valves of the heart are normally formed; the aortic valve is composed of an unremarkable three cusps and is somewhat thickened and slightly nodular. There is slight thickening of mitral valve leaflets and chorda tendineae as well.

4. RESPIRATORY SYSTEM: The larynx and hyoid are intact. The hyoid is fused. Laryngeal cartilages are partially mineralized. Gastric debris is found in central and peripheral airways. The right lung weighs 964 grams and the left 876 grams. There is pulmonary congestion with no notable gross pathology other than aspirated gastric debris most notably in the lower lobes of each lung. Representative microscopic sections of the lungs are notable only for vascular congestion and slight anthracosis. Isolated remnants of gastric debris are found in the poorly preserved airways. The mucosa is completely sloughed in all sections examined. The airway epithelial cells are completely sloughed in all sections examined.

5. GASTROINTESTINAL SYSTEM: The pharynx and esophagus are intact and are filled with gastric material. The stomach is intact and contains some 700 grams of partially digested masticated food particles. A microscopic section is notable only for postmortem mucosal autolysis. The duodenum, small bowel, appendix, colon and mesentery are intact and unremarkable.

The liver is intact and weighs 2066 grams. The hepatic parenchyma is congested. Microscopic sections of the right and left lobes of the liver are notable for microvascular steatosis affecting some 25-30% of the hepatocytes in the sections examined. Hepatic architecture is preserved. The gallbladder is intact and contains less than 2 mL of bile. Hepatic hilar structures are intact.

The pancreas weighs 111 grams. The gland is autolyzed, tan and normally lobulated. A microscopic section is notable only for postmortem autolysis.

6. GENITOURINARY SYSTEM: The renal cortical surfaces are smooth. The right kidney weighs 196 grams and the left 182 grams. The cortices and medullae are congested. Microscopic sections of each kidney are unremarkable. The renal hilar structures, ureters and bladder are intact. The bladder contains some 500 mL of pale clear urine. A microscopic section is unremarkable. The prostate is unremarkable by gross and microscopic examination.

7. HEMATOPOIETIC SYSTEM: Lymph nodes of the body are unremarkable where identified and a section of the thoracic lymph node is notable only for anthracosis. The thymus weights 29 grams and is involuted, fatty infiltrated and unremarkable for age. The spleen is intact, weighs 230 grams and is unremarkable except for autolysis by gross and microscopic examination.

8. ENDOCRINE SYSTEM: The pituitary is grossly unremarkable. The thyroid, gland is unremarkable by gross examination; a microscopic section is notable only for an isolated lymphoid infiltrate without alteration of the surrounding follicular epithelium. The adrenal glands are unremarkable by gross and microscopic examination.

9. CRANIAL CAVITY AND CENTRAL NERVOUS SYSTEM: Subgaleal soft tissues are unremarkable. There is no evidence of occult head trauma. The calvarium and base of the skull are intact. The cerebrospinal fluid is clear and the meninges are congested. The arteries over the base of the brain, dural sinuses and cranial nerves are unremarkable.

The brain weighs 1508 grams. There is slight brain swelling without evidence of herniation. The gray and white matter of the brain are grossly unremarkable; there is slight lavender hued lividity of grey matter. Microscopic sections of the cerebral cortex to include frontal and occipital lobes, amygdala, mesencephalon, pons, cerebellum and medullae are examined. There is no histopathology of note. There is artifact with delayed fixation. The ventricular system is patent and contains clear cerebrospinal fluid. The upper cervical spinal cord is unremarkable. The atlantooccipital joint is intact.

SPECIMENS AND EVIDENCE COLLECTED

1. Subclavian blood 6 mL, femoral venous blood 6 mL in each of 2 fluoride vacutainers, urine 6 mL and vitreous humor 5 mL for toxicology
2. Samples of viscera in fixative with sections for microscopic examination
3. Blood card
4. Heart in formalin for further examination
5. Nasopharyngeal swab
6. EDT and vacutainer for cardiac genetic screen
7. EDTA tiger top vacutainers for storage
8. 35 photographs

1911392
Tyler Wayne Skaggs

Disclosure: Specimens retained for toxicology will be discarded in four years.

EDC: 10/2/2019
Dictated: 07/02/2019
Transcribed: 07/19/2019
Completed: 8/28/2019
MAK:trn