



# TRAVIS COUNTY MEDICAL EXAMINER



J. KEITH PINCKARD, MD, PhD  
D.A.B.P., F.A.B.M.F.  
CHIEF MEDICAL EXAMINER

## MEDICAL EXAMINER REPORT

JASON JOHN

ME23-01006

A postmortem examination was performed by Jennifer E. Dierksen, MD Deputy Medical Examiner, beginning at 0855 hours on February 14, 2023 at the Travis County Medical Examiner's Office, Austin, Texas.

Other persons present: None.

### DECLARATION

The death of JASON JOHN was investigated by the Travis County Medical Examiner's Office under the statutory authority of the Travis County Medical Examiner.

I, Jennifer E. Dierksen, MD, a board certified anatomic, clinical, and forensic pathologist licensed to practice medicine in the State of Texas, do declare that I personally performed or supervised the tasks described in this Medical Examiner Report. It is only after careful consideration of all the data available to me at the time this report was finalized that I attest to the diagnoses and opinions stated herein.

Numerous photographs were obtained along the course of the examination. I have personally reviewed those photographs and attest that they are representative of findings reported in this document.

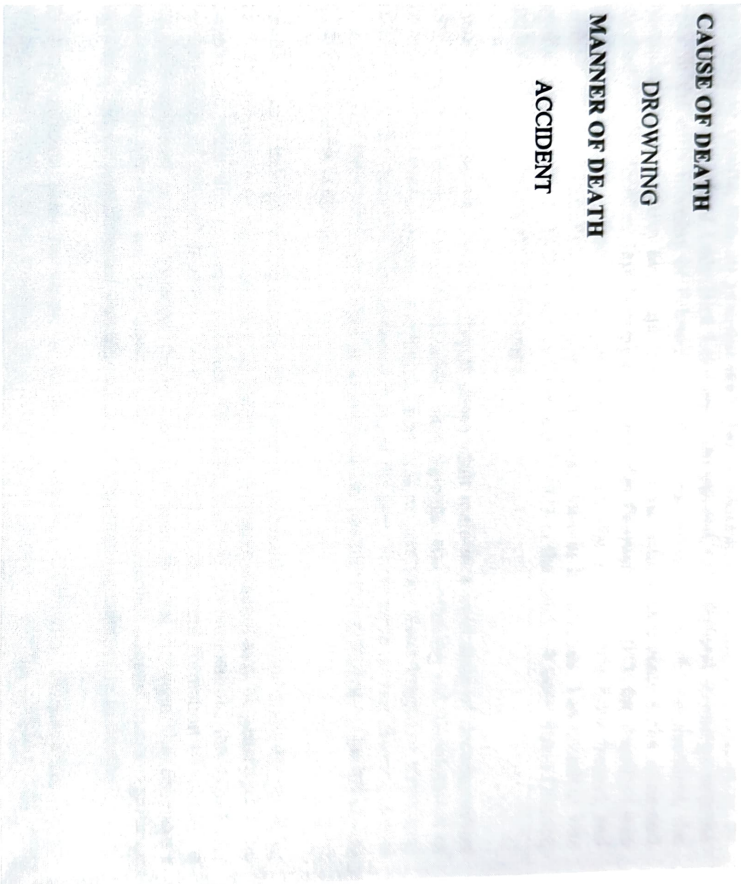
**CAUSE OF DEATH STATEMENT**

**CAUSE OF DEATH**

**DROWNING**

**MANNER OF DEATH**

**ACCIDENT**



  
JENNIFER E. DIERKSEN, MD  
Deputy Medical Examiner

5/13/23  
Date

## **SUMMARY AND OPINION**

According to reports, this 30 year-old man was witnessed by a transient bystander to be vomiting by the bank of Lady Bird Lake and then subsequently fall and submerge into the water in the early morning of February 5, 2023. After attempting to aid the decedent, the bystander went to a nearby hotel and contacted 911. Law enforcement came to the scene and searched for the decedent, but he was not found. On February 13, 2023, the decedent was found in the lake near where he was seen to submerge. The decedent was fully dressed, and personal property, including a wallet and cellphone, were in his pockets. The decedent was reportedly out with friends the night of February 5, 2023 at the nearby Rainey Street District, and he had consumed alcoholic beverages.

Autopsy demonstrated a well-developed obese adult male in a mild state of decomposition with changes including skin discoloration, skin slippage, and softening and discoloration of the soft tissues, internal organs, and brain. There was maceration (water-logged or wrinkling) of the skin at the palms of the hands and soles of the feet. There were no significant external or internal traumatic findings found at autopsy or on postmortem radiology. The brain was mildly edematous (swollen).

Postmortem toxicology testing demonstrated ethanol (alcohol) in the blood and vitreous fluid; no illicit substances or medications were detected. Although ethanol may be generated in the postmortem state due to decomposition, the mild level of decomposition, the significant concentration of ethanol detected in the vitreous fluid (postmortem formation of ethanol is typically minimal in the vitreous fluid), and the short interval between the decedent's drowning and when he was last known to be consuming alcohol suggest that a significant amount of the ethanol detected was the result of antemortem ingestion prior to death.

It is my opinion that the cause of death is drowning. Following investigation by law enforcement, there was no evidence of assault or harm caused by another person nor of intent for self-harm. As such the manner of death is best classified as accident.

**EXTERNAL EXAMINATION**

<b>Body length (inches, cm):</b>	67 170.2
<b>Body weight (pounds, kg):</b>	193 87.4
<b>Body mass index (kg/m<sup>2</sup>):</b>	30.2
<b>Development:</b>	Well-developed
<b>Stature:</b>	Obese
<b>Age:</b>	Appears to be stated age
<b>Anasarca:</b>	Not present
<b>Edema localized:</b>	Not present
<b>Evidence of dehydration:</b>	Not present
<b>Skin:</b>	See Postmortem Changes; maceration of the palms and soles
<b>Scalp hair length:</b>	Short
<b>Scalp hair color:</b>	Black
<b>Eyes:</b>	Both eyes present
<b>Irides:</b>	Brown
<b>Corneas:</b>	Clouded
<b>Sclera/bulbar conjunctivae:</b>	White
<b>Palpebral conjunctivae:</b>	Translucent
<b>Facial petechiae:</b>	Not present
<b>Nose:</b>	Normally formed
<b>Ears:</b>	Normally formed
<b>Lips:</b>	Normally formed
<b>Facial hair:</b>	Mustache and beard
<b>Facial hair color:</b>	Black
<b>Maxillary dentition:</b>	Natural
<b>Mandibular dentition:</b>	Natural
<b>Condition of dentition:</b>	Good
<b>Neck:</b>	Unremarkable
<b>Trachea midline:</b>	Yes
<b>Chest development:</b>	Normal
<b>Chest symmetrical:</b>	Yes

<b>Chest diameter:</b>	Appropriate
<b>Abdomen:</b>	Distended
<b>Anus:</b>	Unremarkable
<b>Back:</b>	Unremarkable
<b>Spine:</b>	Unremarkable
<b>External genitalia:</b>	Male
<b>Breast development:</b>	None
<b>Breast masses:</b>	None
<b>Right hand digits complete:</b>	None
<b>Left hand digits complete:</b>	Yes
<b>Right foot digits complete:</b>	Yes
<b>Left foot digits complete:</b>	Yes
<b>Extremities:</b>	Yes
<b>Muscle group atrophy:</b>	Well-developed and symmetrical
<b>Senile purpura:</b>	Not present
<b>Pitting edema:</b>	Not present
<b>Tattoos:</b>	None identified
<b>Cosmetic piercing:</b>	None identified
<b>Scars:</b>	None identified
<b>Other:</b>	None identified

The decedent is clothed in a multi-colored jacket, green shirt, black pants, blue underwear, black socks, and black shoes.

## POSTMORTEM CHANGES

<b>Body temperature:</b>	Cool subsequent to refrigeration
<b>Rigor mortis:</b>	Absent
<b>Livor mortis – color:</b>	Purple
<b>Livor mortis – fixation:</b>	Fully fixed
<b>Livor mortis – position:</b>	Posterior
<b>State of preservation:</b>	Mild decomposition – green-red skin discoloration, focal skin slippage; focal red discoloration of the sclerae focal vascular marbling; abdominal distention due to putrefactive gas; softening and discoloration of the soft tissues, internal organs, and brain; only decompositional fluid in the pleural cavities

**Funerary Preparation(s):**

None

**Organ/tissue procurement:**

None

**MEDICAL INTERVENTION**

<b>Evidence of medical intervention:</b>	None
<b>Injuries related to resuscitative attempts:</b>	None

## EVIDENCE OF INJURIES

No significant external or internal injuries.



## IMAGING/RADIOLOGY

A postmortem computed tomography (CT) scan has been performed. Findings of forensic significance include:

1. Decompositional changes
2. No fractures or other acute traumatic findings

## INTERNAL EXAMINATION

### BODY CAVITIES

Chest cavities examined: Yes  
Abdominal cavity examined: Yes  
See Evidence of Injuries: No  
See Medical Intervention: No  
See Postmortem Changes: Yes  
Serosal surfaces: Smooth and glistening; hernia mesh at lower abdomen  
Body cavity adhesions: None present  
Fluid accumulation present: See Postmortem Changes

### HEAD

Brain examined: Yes  
See Evidence of Injuries: No  
See Medical Intervention: No  
See Postmortem Changes: Yes  
Brain weight fresh (g): 1320  
Reflected scalp and temporalis muscles: See Postmortem Changes  
Facial skeleton: No palpable fractures  
Calvarium: No fractures  
Skull base: No fractures  
Dura mater: Unremarkable and without masses  
Dural venous sinuses: Patent  
Leptomeninges: Thin and transparent  
Epidural hemorrhages/hematomas: Absent  
Subdural hemorrhages/hematomas: Absent  
Subarachnoid hemorrhages: Absent  
Cerebral hemispheres: Symmetrical  
Gyral and sulcal patterns: Unremarkable  
Gyral convolutions and sulci: Mild widening and flattening of gyri and narrowing of sulci  
Ulnar processes: Cannot be assessed  
Cerebellar tonsils: Cannot be assessed

<b>Cranial nerves:</b>	Unremarkable except for postmortem softening
<b>Basilar arterial vasculature:</b>	Unremarkable
<b>Cerebral cortex:</b>	Unremarkable except for postmortem softening
<b>White matter:</b>	Unremarkable except for postmortem softening
<b>Corpus Callosum:</b>	Unremarkable except for postmortem softening
<b>Deep gray matter structures:</b>	Unremarkable except for postmortem softening
<b>Brainstem:</b>	Unremarkable except for postmortem softening
<b>Cerebellum:</b>	Unremarkable except for postmortem softening
<b>Other comments:</b>	

#### Spinal Cord

<b>Spinal cord examined:</b>	No
<b>Spinal dura:</b>	Not examined
<b>Spinal cord:</b>	Not examined
<b>Other comments:</b>	None

#### Middle Ears

<b>Middle ears examined:</b>	No
<b>Tympanic membranes:</b>	Not examined
<b>Contents of ear canals:</b>	Not examined
<b>Other comments:</b>	None

#### NECK

<b>Neck examined:</b>	Yes
<b>See Evidence of Injuries:</b>	No
<b>See Medical Intervention:</b>	No
<b>See Postmortem Changes:</b>	Yes
<b>Subcutaneous soft tissues:</b>	See Postmortem Changes
<b>Strap muscles:</b>	Unremarkable
<b>Jugular veins:</b>	Unremarkable
<b>Carotid arteries:</b>	Unremarkable
<b>Tongue:</b>	Unremarkable
<b>Epiglottis:</b>	Unremarkable
<b>Hyoid bone:</b>	Unremarkable
<b>Larynx:</b>	Unremarkable
<b>Palatine tonsils:</b>	Not examined
<b>Other comments:</b>	None

CARDIOVASCULAR SYSTEM

**Heart examined:** Yes  
**See Evidence of Injuries:** No  
**See Medical Intervention:** No  
**See Postmortem Changes:** Yes

**Heart**

**Heart weight fresh (g):** 380

**Right coronary ostium position:** Normal

**Left coronary ostium position:** Normal

**Supply of the posterior myocardium:** Right coronary artery

**Coronary artery stenosis:** Right coronary ostium ~ <10%  
Right coronary artery ~ <10%  
Right coronary artery ~ <10%  
Left coronary ostium ~ <10%  
Left mainstem coronary artery ~ <10%  
Left anterior descending coronary artery ~ <10%  
Left circumflex coronary artery ~ <10%

**Cardiac chambers:** Unremarkable

**Tricuspid valve:** Unremarkable

**Pulmonic valve:** Unremarkable

**Mitral valve:** Unremarkable

**Aortic valve:** Unremarkable

**Right ventricular myocardium:** No fibrosis, erythema, pathologic infiltration of adipose tissue or areas of accentuated softening or induration

**Left ventricular myocardium:** No fibrosis, erythema, or areas of accentuated softening or induration

**Atrial septum:** Unremarkable

**Ventricular septum:** Unremarkable

**Right ventricle free wall thickness (cm):** 0.3

**Left ventricle free wall thickness (cm):** 1.5

**Interventricular septal thickness (cm):** 1.3

**Other comments:** None

**Aorta**

**Aorta and major tributaries examined:** Yes  
**Orifices of the major vascular branches:** Patent  
**Coarctation:** Not present  
**Vascular dissection:** Not present  
**Aneurysm formation:** Not present  
**Aortic atherosclerosis:** Mild atherosclerotic plaque  
**Other aortic pathology:** Not present  
**Other comments:** None

**Vena Cava**

**Great vessels examined:** Yes  
**Vena cava and major tributaries:** Patent

**RESPIRATORY SYSTEM**

**Lungs examined:** Yes  
**See Evidence of Injuries:** No  
**See Medical Intervention:** No  
**See Postmortem Changes:** Yes

**Right lung weight (g):** 260  
**Left lung weight (g):** 340

**Upper and lower airways:** Unobstructed and the mucosal surfaces are smooth and yellow-tan  
**Pulmonary parenchyma color:** Dark red-purple  
**Pulmonary congestion and edema:** Slight amounts of blood and frothy fluid  
**Carbonaceous pigment:** Not present  
**Emphysematous changes:** Not present  
**Pulmonary trunk:** Free of thromboemboli  
**Pulmonary artery atherosclerosis:** None  
**Other comments:** None

**HEPATOBIILIARY SYSTEM**

Liver examined: Yes  
See Evidence of Injuries: No  
See Medical Intervention: No  
See Postmortem Changes: Yes  
Liver weight (g): 1760  
Bile volume (mL): 10  
Hepatic parenchyma (color): Red-brown  
Hepatic parenchyma (texture): Unremarkable  
Hepatic vasculature: Unremarkable and free of thrombus  
Gallbladder: Unremarkable  
Gallstones: No  
Biliary tree: Unremarkable  
Other comments: None

**GASTROINTESTINAL SYSTEM**

Alimentary tract examined: Yes  
See Evidence of Injuries: No  
See Medical Intervention: No  
See Postmortem Changes: Yes  
Stomach contents volume (mL): ~50  
Stomach contents description: Brown partially digested food fragments  
Appendix: Unremarkable

**Esophagus**

Course: Normal course without fistulae  
Mucosa: Gray-white, smooth and without lesions  
Other comments: None

**Stomach**

Mucosa: Autolyzed  
Pylorus: Patent and without muscular hypertrophy  
Other comments: None

**Small Intestine**

**Luminal contents:** Partially digested food

**Mucosa:** Duodenal mucosa unremarkable; remaining bowel mucosa not examined

**Caliber and continuity:** Appropriate caliber without interruption of luminal continuity

**Other comments:** None

**Colon**

**Luminal contents:** Formed stool

**Mucosa:** Rectal mucosa unremarkable; remaining colonic mucosa not examined

**Caliber and continuity:** Appropriate caliber without interruption of luminal continuity

**Other comments:** None

**Pancreas**

**Form:** Normal tan, lobulated appearance with some autolysis

**Other comments:** None

**GENITOURINARY SYSTEM**

**Genitourinary system examined:** Yes

**See Evidence of Injuries:** No

**See Medical Intervention:** No

**See Postmortem Changes:** Yes

**Kidneys**

**Right kidney weight (g):** 140

**Left kidney weight (g):** 140

**Kidney capsules:** Thin, semitransparent

**Cortical surfaces:** Smooth

**Cortices:** Normal thickness and well demarcated from the medullary pyramids

**Calyces, pelvis, and ureters:** Non-dilated and free of stones and masses

**Other comments:** None

**Urinary bladder**

Urine volume (mL): 2  
Urine description: Cloudy  
Urinary bladder mucosa: Gray-tan and smooth  
Other comments: None

**Male**

Testicle location: Scrotal  
Testicle size: Not removed  
Testicle consistency: Not removed  
Prostate gland size: Unremarkable  
Prostate gland consistency: Homogeneous  
Other comments: None

**RETICULOENDOTHELIAL SYSTEM**

Reticuloendothelial system examined: Yes  
See Evidence of Injuries: No  
See Medical Intervention: No  
See Postmortem Changes: No

**Spleen**

Spleen weight (g): 140  
Spleen parenchyma: Moderately firm  
Spleen capsule: Intact

**Bone Marrow**

Color: Red-brown, homogeneous, and ample  
Other comments: None

**Lymph nodes**

Regional adenopathy: No adenopathy  
Other comments: None

**Thymus**

Thymus weight (g): Not applicable  
Parenchyma: Absent  
Other comments: None



**ENDOCRINE SYSTEM**

**Endocrine system examined:**  
**See Evidence of Injuries:**  
**See Medical Intervention:**  
**See Postmortem Changes:**

Yes  
No  
No  
No

**Pituitary gland**

**Size:**  
**Other comments:**

Not examined  
None

**Thyroid gland**

**Thyroid gland position:**  
**Thyroid gland size:**  
**Thyroid gland parenchyma:**  
**Other comments:**

Normal  
Normal  
Normal  
None

**Adrenal glands**

**Adrenal gland size:**  
**Adrenal gland parenchyma:**  
**Other comments:**

Normal  
Yellow cortices and gray medullae with the expected  
corticomedullary ratio  
None

**MUSCULOSKELETAL SYSTEM**

**Musculoskeletal system examined:**  
**See Evidence of Injuries:**  
**See Medical Intervention:**  
**See Postmortem Changes:**  
**Bony framework:**  
**Supporting musculature:**  
**Subcutaneous soft tissues:**

Yes  
No  
No  
Yes  
Unremarkable  
Unremarkable  
See Postmortem Changes

**MICROSCOPY**

Not performed.

Item	Quantity	Material	Notes
1	1	...	Not performed
2	1	...	Not performed
3	1	...	Not performed
4	1	...	Not performed
5	1	...	Not performed
6	1	...	Not performed
7	1	...	Not performed
8	1	...	Not performed
9	1	...	Not performed
10	1	...	Not performed
11	1	...	Not performed
12	1	...	Not performed
13	1	...	Not performed
14	1	...	Not performed
15	1	...	Not performed
16	1	...	Not performed
17	1	...	Not performed
18	1	...	Not performed
19	1	...	Not performed
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27	1	...	Not performed
28	1	...	Not performed
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30	1	...	Not performed
31	1	...	Not performed
32	1	...	Not performed
33	1	...	Not performed
34	1	...	Not performed
35	1	...	Not performed
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37	1	...	Not performed
38	1	...	Not performed
39	1	...	Not performed
40	1	...	Not performed
41	1	...	Not performed
42	1	...	Not performed
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88	1	...	Not performed
89	1	...	Not performed
90	1	...	Not performed
91	1	...	Not performed
92	1	...	Not performed
93	1	...	Not performed
94	1	...	Not performed
95	1	...	Not performed
96	1	...	Not performed
97	1	...	Not performed
98	1	...	Not performed
99	1	...	Not performed
100	1	...	Not performed

## PROCEDURAL NOTES

### APPROACH TO AUTOPSY DISSECTION

Rokltansky evisceration:	Not performed
Virchow evisceration:	Performed
Modified evisceration:	Not performed
Perforianal membrane removal:	Not performed
Anterior neck dissection:	Not performed
Posterior neck dissection:	Not performed
Facial dissection:	Not performed
Vertebral artery dissection (in situ):	Not performed
Cervical spine removal:	Not performed
Layered anterior trunk dissection:	Not performed
Anterolateral rib arc dissection:	Not performed
Back dissection:	Not performed
Posterior rib arc dissection:	Not performed
Extremity soft tissue dissection:	Not performed
Eye enucleation:	Not performed
Inner middle ear evaluation:	Not performed
Maxilla or mandible resection:	Not performed
Spinal cord removal (anterior):	Not performed
Spinal cord removal (posterior):	Not performed
Other dissection(s):	Not performed

## QUALITY ASSURANCE REVIEW

### ITEMS REVIEWED

	YES	NO	N/A
Death investigation report	✓		
Photographs	✓		
Microscopic slides			✓
Toxicology report	✓		
Postmortem Radiology	✓		
Other (specify)			
<i>LE reports</i>	✓		

### TECHNICAL AUDIT

	YES	NO	N/A
Are the descriptions of clothing and identifying marks and scars appropriate for the complexity of the case?	✓		
Is the external description appropriately case specific?	✓		
Are the descriptions of injury, if present, appropriate for the complexity of the case?	✓		
Are the descriptions of natural disease, if present, organized in a logical and understandable sequence?	✓		
Is the text clear and understandable without significant typographical and/or grammatical errors?	✓		
Is the opinion reasonable, logical and complete?	✓		
Is the opinion readily understandable by the nonmedical reader?	✓		
Was appropriate ancillary testing performed?	✓		
Is the cause of death reasonable?	✓		
Is the manner of death reasonable?	✓		

  
 LAUREN A. EDELMAN, MD  
 Deputy Chief Medical Examiner

Date 5.19.2023



## TRAVIS COUNTY MEDICAL EXAMINER

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**J. KETH PINCKARD, MD, PhD**  
D-ABP, F-ABMDI  
CHIEF MEDICAL EXAMINER

### Toxicology Report

Case #: **ME 23-01006**

Name: John, Jason

Pathologist: Dr. Jennifer Dierksen

Date Completed: 04/14/2023

Assay/Specimen	Substance	Result	Units	Method
<b>ETHANOL/VOLATILES</b>				
Blood, femoral	Ethanol	0.21	% w/v	Headspace GC/FLD
Vitreous	Ethanol	0.16	% w/v	Headspace GC/FLD
<b>IMMUNOASSAY</b>				
Blood, femoral	Cannabinoid	ND		ELISA
<b>MISCELLANEOUS</b>				
Blood, femoral	Gamma-hydroxybutyric acid (GHB)	ND		GC/MS
<b>STANDARD PANEL</b>				
Blood, femoral		ND		LC/OTOF
Urine		ND		LC/OTOF
<b>SYNTHETIC CANNABINOIDS</b>				
Blood, femoral		UFA		LC/MS/MS
ND = None Detected	UFA = Unsuitable for Analysis			

**Comment:** Additional testing (Synthetic Cannabinoids) reported 5-11-2023.

All cases, unless otherwise stated, are screened by Enzyme-Linked Immunosorbent Assay (ELISA) for the following compound classes: Amphetamines, Barbiturates, Benzodiazepines, Cocaine Metabolite, Fentanyl, Opiates, Oxycodone/Oxymorphone, and Cannabinoid. ELISA is considered a presumptive test. Results are confirmed prior to reporting specific substance(s). Because a presumptive positive result for Cannabinoid is confirmed only in select cases, the ELISA result for Cannabinoid is included on the report for informative purposes, whether confirmed or not.

The Standard Panel consists, at a minimum, of analysis by Liquid Chromatography/Quadrupole Time of Flight-Mass Spectrometry (LC/OTOF-MS) for the following compound classes: Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, Central Nervous System Stimulants, Cocaine, Hallucinogens, Sedatives, Muscle Relaxants, Nonsteroidal Anti-inflammatory Agents, Opiates, and Opioids. Over 250 substances encompassing primarily over-the-counter, prescription, and illicit substances are screened. Not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. The detection of any specific analyte is concentration dependent. Positive results are listed with the corresponding method of confirmation. Depending on the circumstances of the case, not all detected substances are reported.

Chief/Deputy Chief Toxicologist

Medical Examiner