

## Hillsborough County Medical Examiner Department Initial Case Summary Report

<b>Name</b>	<b>Jackson, Vincent</b>	<b>Case No.</b>	<b>21-01735 A</b>
Date Of Birth/Age	<b>14-JAN-1983, 38</b>	Agcy/Case No.	<b>Hillsborough County Sheriff's Office, 21-102336</b>
Race/Gender	<b>Black, Male</b>	Police Inv.	<b>Dep. Santos</b>
Address	<b>2216 EXMOOR ST S</b>	Police Det.	<b>Det. Davis</b>
City/State	<b>Tampa, Florida</b>	SSN	<b>[REDACTED]</b>
Zip/County	<b>33629-5911, Hillsborough County</b>	Employment	<b>Professional Football Player, NFL / Retired</b>

**Death**

Place of Death **Non-Hospital - Other Hotel/Motel**  
 Address **10240 Palm River Rd, #205**  
 City, State & Zip **Tampa, Florida, 33619**  
 Date/Time Death **15-FEB-2021 11:37**  
 Found

Next of Kin **Lindsey Jackson - Spouse - [REDACTED]**

Next of Kin **Sherry Jackson - Mother - [REDACTED]**

Terminal Event & Circumstances **Per Deputy Santos to FI Falcon on scene: 38/M. The dec'd was LKA on 02/11 by HCSO when they performed a wellbeing check on the dec'd. On the dates of 02/13 and 02/14 hotel staff entered the secured hotel room and located the dec'd seated on the couch, slouched over. They assumed he was sleeping and left the room. On the morning 02/15, hotel staff once again went into the secured room and were concerned when they found the dec'd in the same position. 911 was activated at 1137hrs. HCFR and HCSO responded to scene and confirmed DOS. A small laceration on the dec'd left great toe was noted with no other visible signs of injury.**

Medical History **None**

Social History **Married. Hx of alcohol use. Smokeless tobacco user. No known drug hx.**

Tobacco Use **N**

Preliminary Meds **None on scene**

Investigator Assigned **Falcon**

Investigator on Scene **Falcon**

Me Entering Cause of Death **Carolina McEnnan, MD, AP/CP, FP Deputy Chief Medical Examiner**

Date of Autopsy **16-FEB-2021**

ME Attending **Carolina McEnnan, MD, AP/CP, FP Deputy Chief Medical Examiner**

Manner of Death **Natural**

Cause of Death **Chronic Alcohol Use**

HILLSBOROUGH COUNTY, FLORIDA



MEDICAL EXAMINER DEPARTMENT  
11025 NORTH 46<sup>TH</sup> STREET  
TAMPA, FLORIDA 33617  
813-914-4500

Report of Diagnosis and Autopsy  
on

Vincent Jackson

File 21-01735

## OPINION

*Final Diagnosis:*

Chronic alcohol use  
Alcoholic cardiomyopathy  
Hepatic steatosis and fibrosis  
Esophageal varices  
Ascites  
Jaundice  
Remote pancreatitis  
Renal failure and hyponatremic dehydration  
Intoxication by ethyl alcohol  
Cardiovascular disease  
Arteriolosclerosis, mild  
Blunt impact to head  
Scalp hemorrhage  
Subdural hemorrhage, low volume  
Blunt impact to torso  
Skin contusions  
Muscular hemorrhage  
Blunt impact to extremities  
Skin contusions  
Subcutaneous hemorrhage  
Chronic traumatic encephalopathy (CTE) Stage II,  
anamnestic  
Cerebrovascular disease, anamnestic  
Arteriolosclerosis, mild

*Cause of Death:*

**Chronic Alcohol Use**

*Manner of Death:*

**Natural**



Carolina McEnnan, M.D.,  
Deputy Chief Medical Examiner

12-22-2021

Date Signed

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*Found:* 15 Feb 2021 at 1137 hrs  
*Age:* 38 years  
*Length and Weight:* 6'06", 247 pounds

*Autopsy:* 16 Feb 2021  
11025 North 46<sup>th</sup> St, Tampa  
*Performed by:* Carolina McEnnan, M.D.

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## DESCRIPTION OF AUTOPSY FINDINGS

Present for the autopsy is Det. Davis of the Hillsborough County Sheriff's Office.

### **EXTERNAL EXAMINATION:** 16 February 2021 at 0900 hours

The body is that of a well-developed and nourished, adult black man appearing the above-stated length and weight and appearing older than the reported age. Body Mass Index is 28.5 kg/m<sup>2</sup>. Body build is medium.

*Condition of the Body:* The body is cold to touch, with receding rigor mortis. The livor mortis is fixed, purple, extends over the posterior surfaces of the body, and rises to the left posterior axillary line. The body is not embalmed and has early stages of decomposition evidenced by skin slippage on the upper extremities and back.

*Head and Face:* The scalp hair is black and gray, curly, and measures an estimated 10 centimeters in maximal length. Facial hair consists of a black-gray beard and mustache and measures an estimated 1.2 centimeters in maximal length.

*Eyes:* The irides are brown. The corneae are opaque. The conjunctivae are icteric and have no petechiae. The sclerae are icteric.

*Nose:* The external nares contain purged fluid. The nasal skeleton is palpably intact.

*Mouth:* The lips have postmortem drying artifact. The oral cavity has natural dentition in good repair and is lined by yellow mucus. The oral mucosa has no injuries, is icteric, and has intact frenula. There are no petechiae in the oral vestibule.

*Ears:* The external auditory canals are free of foreign material. The earlobes are not pierced.

*Neck:* The neck is symmetric and unremarkable with no palpable masses or external injuries.

*Chest:* The thorax is well-developed and symmetric. No palpable masses are in the axillary regions.

*Abdomen:* The abdomen is protuberant, soft, and has no palpable masses or external injuries.

*External Genitalia:* The external genitalia are those of an adult man, with no injuries. The testes are descended into the scrotal sac and are palpably unremarkable.

*Extremities:* The upper and lower extremities are symmetric, with no anatomic abnormalities. The fingernails are short and intact.

*Back:* The skin on the back has decompositional changes and is otherwise unremarkable. The anus has no abnormalities.

*Marks, Scars and Tattoos:*

The body has no identifying characteristic scars or tattoos.

### **BLUNT IMPACT WOUNDS-EXTERNAL AND INTERNAL:**

*Head:*

1. The left mastoid region has a 2 x 1 centimeter faint purple contusion. The scalp in the left occipital region has a 3 x 1.5 x 0.6 and a 1.8 x 1.5 x 0.2 centimeter hemorrhage. There are no skull fractures. The brain has a thin film of subdural hemorrhage in the convexity of the right cerebral hemisphere. There is no midline shift, herniations or contusions.

*Torso:*

1. The skin in the right pectoral region has an 8 x 6 centimeters green contusion. There are no muscular or subcutaneous tissue hemorrhages.
2. There is a 5.4 x 3.2 centimeter muscular hemorrhage in the left subcostal region laterally. The pleura and intercostal muscle of the 7<sup>th</sup> left intercostal space posterolaterally has a 6 x 4 x 0.2 centimeter hemorrhage. There are no rib fractures or pleura lacerations.

*Extremities:*

1. The medial aspect of the left knee has a 4 x 2 centimeter purple contusion. There is diffuse subcutaneous and muscular hemorrhages with no patella or femoral fractures.
2. The anterior and distal aspect of the left leg has a 3 x 2 centimeter purple contusion. There is subcutaneous and muscle hemorrhage of the distal aspect of the leg. There are no fractures. The dorsum of the left great toe has a 1 x 0.3 centimeter subcutaneous hemorrhage.

**INTERNAL EXAMINATION:** 16 February 2021 at 0920 hours

*Body Cavities:* The pleural cavities have no adhesions or abnormal collections of fluid. The abdominal cavity has a measured collection of 1.5 liters of serous fluid. The pneumothorax test reveals no pressurized gas. The visceral organs are mildly congested, in normal anatomic positions, and have no decomposition.

*Head:* The scalp is remarkable as previously described. The vault and the base of the skull have no fractures. There are no epidural or subarachnoid hemorrhages. The right convexity of the brain has a thin film of subdural hemorrhage measuring approximately 70 milliliters, extending from the right frontal lobe to the occipital lobe. The dura mater and falx cerebri are intact. The brain weighs 1,350 grams, has symmetric cerebral hemispheres and no herniations or midline shift. The external surfaces of the brain are unremarkable. The leptomeninges are thin and delicate with congested and slightly icteric arachnoid vessels. The cranial nerves are intact. The vessels forming the circle of Willis and coming off the circle of Willis at the base of the brain have a normal configuration, with no atherosclerosis or aneurysmal dilatations. The brain, pituitary gland and dura mater were sent for further evaluation after formalin fixation to Boston University.

*Neck:* The vertebral bodies, discs, and prevertebral fascia are unremarkable. The cervical spine, laryngeal cartilages, and hyoid bone have no fractures or other abnormalities. The cervical spinal column is stable on internal palpation. The strap muscles of the neck have no hemorrhages. The tongue is normal with no hemorrhages, bite marks, or other lesions. The pharynx, larynx, and trachea have yellow-tan mucosa with no masses or obstructions. They are lined with thin tan-yellow mucus.

*Cardiovascular:* The aorta and its major branches arise normally and follow the usual course. The descending aorta has no atherosclerosis. The orifices of the major aortic vascular branches are patent. The venae cavae and their major tributaries return to the heart in the usual distribution and are unremarkable, with no thrombosis. The great vessels and the chambers of the heart are markedly distended and filled with unclotted blood. The pulmonary trunk and arteries have no thromboemboli and have smooth intimal surfaces.

The heart has a globoid appearance and weighs 420 grams. The epicardial surface is smooth and glistening. The coronary arteries arise normally, have patent orifices, and follow a right-dominant distribution. They are of normal caliber and have no atherosclerosis.

The valves are normally formed, thin, pliable, and free of vegetations and degenerative changes. The chordae tendineae are unremarkable. The valvular rings, leaflets and cusps are normal. The atrial and ventricular septa are intact. The foramen ovale is closed.

The chambers of the heart are dilated with the left ventricle maximum luminal diameter measuring 5.8 centimeters and the right ventricle extending to the heart apex. The thickness of the myocardium measures 1.4 centimeters in the left ventricular wall, 1.1 centimeters in the interventricular septum, and 0.5 centimeters in the right ventricular wall. The myocardial cut surfaces are firm, dark red-brown, and have no lesions.

*Pulmonary:* The right lung weighs 720 grams; the left weighs 700 grams. The pleural surfaces are smooth, glistening, and unremarkable. The upper and lower airways are unobstructed; the mucosal surfaces are yellow-tan with no petechiae and are lined by tan mucus. The parenchymal cut surfaces are dark red-purple and congested in the posterior dependent portions predominantly on the left side and pale pink and crepitant in the anterior portions. They have no discrete lesions or areas of consolidation. The peripheral pulmonary arteries have smooth intimal surfaces and have no thromboemboli or atherosclerosis.

*Liver, Gallbladder and Pancreas:* The liver weighs 1,950 grams and has a slightly fibrotic capsule. The inferior margins are not blunted. The cut surfaces are greasy and yellow, with no lesions, masses or contusions.

The gallbladder contains a measured 35 milliliters of green-brown bile and has no calculi. Its mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent. The pancreas weighs 170 grams, has autolytic parenchyma, dilated ducts and no fibrosis, masses, or calcifications. There are peripancreatic yellow speckles (Comment: Indicative of remote pancreatitis).

*Spleen and Lymphatic:* The spleen weighs 150 grams and has a smooth, intact capsule with dark maroon, moderately firm parenchyma. The splenic white pulp is grossly indiscernible. The lymph nodes are not enlarged and have unremarkable cut surfaces.

The vertebral marrow is brown-red, homogeneous, moist, and ample. The thymus gland is fat replaced.

*Genitourinary:* The right and left kidneys weigh 150 grams and 160 grams, respectively. There is no increase of hilar adipose tissue. The capsules are smooth, thin and strip with ease. The cortical surfaces are dark red and smooth. The cortices are well delineated from the underlying medullary pyramids, are congested, and have no lesions.

The calyces, pelves, and ureters are not dilated and have unremarkable tan-white mucosa. The urinary bladder contains a measured 5 milliliters of clear yellow urine. Its mucosa is white-tan and wrinkled with no lesions. The urethra is unremarkable.

The prostate gland has normal size, and monomorphic cut surfaces. The seminal vesicles and spermatic cords are unremarkable. The testes have unremarkable stringy tan parenchyma, with no hemorrhages or other abnormalities.

*Endocrine:* The pituitary gland is of normal size. The adrenal glands are autolyzed and lose structural integrity when handled. The thyroid gland is normal in size, congested, and has uniform, red-brown monomorphic cut surfaces, with no lesions. It weighs 20 grams.

*Digestive:* The esophagus is lined by smooth, gray-white mucosa with no masses or lesions. There is venous ectasia of the distal third (esophageal varices) with no hemorrhages. The gastroesophageal junction has a few superficial erosions and no perforations. The gastric mucosa is autolyzed and has predominantly flattened rugal folds. The stomach lumen contains approximately 2 milliliters of tan fluid. The duodenum has no lesions. The small and large bowels are unremarkable. The colon contains formed stool. The vermiform appendix is unremarkable.

*Musculoskeletal:* The clavicles, sternum, spine, ribs, and pelvis have no recent fractures or degenerative changes. The musculature is dark red, normally developed and is remarkable as previously described.

## NEUROPATHOLOGIC EVALUATION

The brain, pituitary gland and dura mater were examined by Dr. McKee, neuropathologist at the Chronic Traumatic Encephalopathy Center in Boston University. Please refer to their report (appended).

## **MICROSCOPIC DESCRIPTION**

*Heart, Left ventricle:* Autolysis. Vascular congestion. Rare nuclear features of myocyte hypertrophy. Mild arteriolosclerosis. No inflammation or infarction.

*Liver:* Autolysis. Macro-vacuolar steatosis affecting most hepatocytes; degree not assessable due to putrefactive decomposition. Peri-portal fibrosis degree not assessable due to putrefactive decomposition. Postmortem bacterial overgrowth.

*Lung:* Vascular congestion. A few small deposits of anthracotic pigment in bronchovascular interstitium. Most alveoli contain extravasated erythrocytes and rare macrophages. Patchy atelectasis with foci of early autolysis.

### **Slide Key:**

1. Heart, Lung, Liver

— End of Autopsy Report; Toxicology Report is Appended —

## Hillsborough County Medical Examiner Department Toxicology Report

Decedent's Last Name	First	Case Number	Date Autopsy
Jackson	Vincent	21-01735	16-FEB-2021

### Medical Examiner Entering Cause of Death

Carolina McEnnan, MD, AP/CP, FP Deputy Chief Medical Examiner

### Attending Medical Examiner

Carolina McEnnan, MD, AP/CP, FP Deputy Chief Medical Examiner

The following toxicology procedures were performed | 21-01735 A | Jackson, Vincent:

Procedure	Specimen Type	Date/Time Collected (Antemortem only)
Volatiles by Headspace GC	Subdural Clot	
Volatiles by Headspace GC	Ocular Fluid	
Volatiles by Headspace GC	Peripheral Blood	
ELISA for Drugs of Abuse	Subdural Clot	
Comprehensive Drug Screen by GCMS	Subdural Clot	

The following substances were detected and confirmed | 21-01735 A | Jackson, Vincent:

Substance	Concentration	Specimen Type
Ethanol	0.29 g/dL	Subdural Clot
Ethanol	0.32 g/dL	Ocular Fluid
Ethanol	0.28 g/dL	Peripheral Blood

The following substances were identified by matching mass spectral libraries, however, no further testing was conducted | 21-01735 A | Jackson, Vincent:

None

 3.5.2021

**Dina Swanson, MS, D-ABFT, Assistant Chief Forensic Toxicologist**  
05-MAR-2021

**The following substances are included in the laboratory's typical scope of analysis | 21-01735 A | Jackson, Vincent:**

6-Acetylmorphine	Codeine	MDMA	Oxazepam
7-Aminoflunitrazepam	Cotinine	MDPV	Oxycodone
11-Carboxy-THC	Cyclobenzaprine	Meclizine	Oxymorphone
11-Hydroxy-THC	Desipramine	Meperidine	Paroxetine
Acetaminophen	Dextromethorphan	Mephedrone	Pentazocine
Acetone	Diazepam	Mepivacaine	Pentobarbital
Alprazolam	Dicyclomine	Meprobamate	Phencyclidine
Amitriptyline	Diltiazem	Methadone	Phenobarbital
Amobarbital	Diphenhydramine	Methamphetamine	Primidone
Amphetamine	Doxepin	Methanol	Procaine
Benzotropine	Doxylamine	Methedrone	Promethazine
Butabarbital	Ethanol	Methylone	Propoxyphene
Butalbital	Etomidate	Midazolam	Quetiapine
Bupropion	Fentanyl	Mirtazapine	Salicylates
Caffeine	Fluoxetine	Morphine	Secobarbital
Carisoprodol	Fluvoxamine	Norcitalopram	Sertraline
Chlordiazepoxide	Hydrocodone	Nordiazepam	Strychnine
Chlorpheniramine	Hydromorphone	Nordoxepin	Temazepam
Chlorpromazine	Imipramine	Norfluoxetine	THC
Citalopram	Isopropanol	Norketamine	Thioridazine
Clomipramine	Ketamine	Normeperidine	Tramadol
Clonazepam	Levamisole	Norpropoxyphene	Trazodone
Clonidine	Lidocaine	Nortriptyline	Triazolam
Clozapine	Lorazepam	Norvenlafaxine	Trimipramine
Cocaethylene	Loxapine	Olanzapine	Venlafaxine
Cocaine/Benzoylcegonine	MDA	Orphenadrine	Verapamil
			Zolpidem

**Key to Abbreviations | 21-01735 A | Jackson, Vincent:**

CO	Co-Oximetry
ELISA	Enzyme-linked immunosorbant assay
FPIA	Fluorescence polarization immunoassay
GC	Gas chromatography
GCMS	Gas chromatography mass spectrometry
GHB	Gamma-Hydroxybutyric Acid
HPLC	High performance liquid chromatography
ICP	Inductively Coupled Plasma
LCMS	Liquid chromatography mass spectrometry
LC-MS/MS	Liquid chromatography-tandem mass spectrometry
LSD	Lysergic Acid Diethylamide
MDA	3,4-Methylenedioxyamphetamine
MDMA	3,4-Methylenedioxymethamphetamine
MDPV	3,4-Methylenedioxypropylvalerone
PCP	Phencyclidine
PdCl2	Palladium chloride microdiffusion
SP	Spectrophotometry
THC	Tetrahydrocannabinol
CLIA	Chemiluminescence immunoassay