



**TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER**

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

MEDICAL EXAMINER REPORT

**DEVIN PATRICK KELLEY
GUADALUPE COUNTY, TEXS**

PA17-05087

The postmortem examination was performed by Vickie L. Willoughby, D.O., Deputy Medical Examiner, beginning at 8:30 a.m. on 11/6/2017, at the Travis County Medical Examiner Office, Austin, Texas, under the written authorization of Todd Friesenhahn, Justice of the Peace, Precinct 4, for Guadalupe County, Texas.

Other person(s) present: Texas Ranger Gary Phillips

DECLARATION

The death of DEVIN PATRICK KELLEY was investigated by the Travis County Medical Examiner's Office under the statutory authority of the Justice of the Peace jurisdiction.

I, Vickie L. Willoughby, D.O., 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.

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.

Should you have questions after review of this material, please feel free to contact me at the Travis County Medical Examiner's Office.

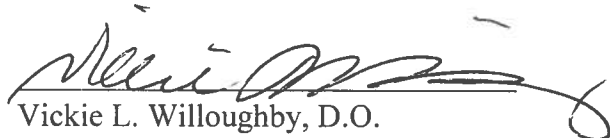
CAUSE OF DEATH STATEMENT

CAUSE OF DEATH

GUNSHOT WOUND OF HEAD

MANNER OF DEATH

SUICIDE


Vickie L. Willoughby, D.O.
Deputy Medical Examiner

12/30/2017
Date Signed

SUMMARY AND OPINION

According to reports, this 26-year-old man was found unresponsive within his motor vehicle on November 5, 2017. He was reportedly shot by other person(s) and had a suspected self-inflicted gunshot wound of the head.

Examination demonstrated an obese male (body mass index was 34.4 kg/m²). There were gunshot wounds of the head, the torso and left leg. There were multiple wounds consistent with pseudostippling upon the left arm consistent fragmentation of the projectile(s) and/or intermediary target(s) prior to hitting the skin. There were several small abrasions upon the lateral left chest and abdomen which could also represent 'pseudostippling'. There were abrasions of the chin and upper extremities; and a contusion of the anterior left lower leg.

The gunshot wound of the right side of the head had a partial muzzle imprint. The injuries associated with the gunshot wound involved the skull and brain. There was a small metallic fragment recovered from the head. The left lateral back had a tangential gunshot wound; the projectile injured the skin and muscles of the back and did not enter the chest cavity. There were few small metallic fragments and a possible plastic fragment recovered from the tissues. The left thigh had a gunshot wound. The projectile injured the skin and muscle of the thigh; few small metallic fragments were recovered from the leg.

The liver was enlarged (2425 grams) and fatty.

Please see separate toxicology report.

It is my opinion that the decedent died from gunshot wound of head. The gunshot wounds of the back and leg, and the pseudostippling wounds of the left arm and torso did not enter into the chest or abdominal cavity and did not appear to strike any major neurovascular structures. Therefore, the gunshot wound of the head is the fatal wound, and the manner of death is suicide.

EXAMINATION

EXTERNAL EXAMINATION:

The body is identified by tags and is that of an unembalmed, refrigerated, adult male who appears about the reported age of 26 years. The body weighs 240 pounds (108.7 kg), measures 70 inches (177.8 cm), and appears normally developed and well nourished. The body mass index is 34.4 kg/m². The body is cold to touch. Rigor mortis is present. Livor mortis is fixed posteriorly and focally fixed upon the abdomen and thighs anteriorly. The left side of the abdomen and the left thigh has skin slippage, and the right side of the abdomen has a focal area of dried yellow skin.

The scalp is partially covered by short to medium length brown hair. There was absence of hair upon the left temporal scalp. Facial hair is absent. The irides appear gray and the sclerae are white. There are no petechial hemorrhages of the conjunctivae. The ears, nose and mouth appear unremarkable. The oronasal passages are unobstructed. Upper and lower teeth are present. The neck is symmetric and the trachea is midline. The neck is free of injury.

The chest and back are normally formed. The abdomen is soft and obese. The genitalia are those of an adult male. The external genitalia and anus are without trauma or lesions. The distal anterior left thigh has two up to 2 cm faint yellow pigmented areas. The extremities show no edema, abnormal mobility or needle tracks.

IDENTIFYING MARKS AND SCARS:

There are tattoos around the left wrist, and on the posterior right lower leg and on the right upper back.

A faint scar is on the posterior left forearm.

There are several faint linear scars upon the thighs anteriorly.

The right knee has a scar.

EVIDENCE OF THERAPY:

None.

RADIOGRAPHS:

Radiograph of the head shows skull fractures and a small radiopaque material. Radiographs of the lateral left chest, the left upper arm and left thigh reveal several small radiopaque materials.

CLOTHING:

The body was received wearing a black vest, a black utility belt, a black shirt, black pants with a black belt, black underwear, black socks, and black boots. There were multiple defects of the left sleeve and left side of the shirt. The left pant leg and the left side of the underwear had defects corresponding to the gunshot wound of the leg.

EVIDENCE OF INJURY:

The body is described in the standard anatomic position.

GUNSHOT WOUNDS:

GUNSHOT WOUND OF HEAD:

ENTRANCE: Upon the right side of the head is a 1.5 x 1.3 cm ovoid wound which is centered approximately 12.5 cm below the top of the head and 4 cm above the right external auditory meatus. There is a 1.5 x 1.3 discontinuous ovoid abrasion with a central 0.3 cm circular abrasion between the 1 o'clock to 4 o'clock aspects of the wound. Approximately 0.3 cm from the edge at the 12 o'clock to 1 o'clock is a partial abrasion ring. There are multiple tears radiating from the 1 o'clock, 4 o'clock, 5 o'clock, 6 o'clock and 10 o'clock edge of the wound ranging from 0.3 cm to 2 cm. The tear at the 6 o'clock edge of the wound involves the crus (root) of the helix of the right ear and the top of the right ear is abraded. Mild soot is along the edges of the wound. Stippling is absent.

INJURIES: The wound track is hemorrhagic and disrupted. The projectile path is the right temporal scalp, the right temporal muscle, the right temporal bone, the right temporal lobe of the brain, the brainstem at the midbrain-pons junction, the left temporal lobe of the brain, the left parietal lobe of the brain, the dura, the left parietal bone, and the left temporal-parietal scalp. The bony defect of the right temporal bone has inward beveling, and the bony defect of the left parietal bone has external beveling.

Associated with the gunshot wound is mild subdural blood upon both hemispheres of the brain. There are diffuse subarachnoid hemorrhages at the base of the brain, and focal subarachnoid hemorrhage of the right parietal brain lobe convexity. The basal ganglia are disrupted. There are punctate hemorrhages of the medulla. There are multiple fractures of the calvarium and the base of the skull. Both upper and lower eyelids are contused. There is a mosaic pattern of blood aspiration upon the upper lobes of both lungs.

EXIT: Upon the left side of the head is a 2 x 1 cm irregular wound which is centered approximately 9 cm below the top of the head, and 7 cm above and 3 cm posterior to the left external auditory meatus. The edges of the wound neatly reapproximate. Associated with the exit wound are few small superficial skin tears at the 2 o'clock and 7 o'clock aspect of the wound.

PROJECTILE: A small metallic fragment is recovered from the brain.

DIRECTION: The direction of the projectile is right to left, upwards, and front to back.

TANGENTIAL WOUND OF THE POSTEROLATERAL LEFT BACK:

WOUND: The posterolateral left back has a 9 x 4 cm tangential wound which is centered approximately 42 cm below the top of the head and 21 cm to the left of the posterior midline. The wound has ragged edges in which the skin tags point laterally. There are several clothing fibers within the wound. There is no soot or muzzle abrasion. Associated with the wound are multiple abrasions predominantly along the 7 o'clock to 10 o'clock aspect ranging from 0.5 cm to 2 x 1 cm. There is purple surrounding the 12 o'clock to 6 o'clock (medial aspect) of the wound.

INJURIES: The wound is hemorrhagic and disrupted. The wound involved the skin and underlying musculature of the back. The projectile does not enter into the chest cavity.

PROJECTILE: Two small metallic fragments and a possible small plastic fragment are recovered from the wound.

DIRECTION: The direction of the projectile is front to back and left to right. There is no discernible upward or downward deviation.

GUNSHOT WOUND OF THE RIGHT THIGH:

ENTRANCE: The lateral left thigh has a 2 x 1.7 cm ovoid wound which is centered approximately 67 cm above the left heel. The wound has a 2 x 1.7 cm beveled abrasion along the 2 o'clock to 5 o'clock edge of the wound. There is an 8 x 7 cm faint purple contusion surrounding the wound. Below the 6 o'clock edge of the wound is a 0.2 cm laceration with surrounding abrasion. There are clothing fibers within the wound. There is no soot, stippling or muzzle abrasion.

INJURIES: The wound track is disrupted with mild hemorrhage. The projectile perforates the skin and penetrates the skeletal muscle of the thigh. No major neurovascular injury is present.

EXIT: There is no exit wound.

PROJECTILE: Multiple small metallic fragments are recovered from the wound path.

DIRECTION: The direction of the projectile is upwards and left to right. There is no discernible forward or backward deviation.

OTHER GUNSHOT-RELATED WOUNDS:

The left arm has multiple scattered superficial wounds ranging from 0.1 cm to 1.5 x 0.5 cm.

A wound of the left upper arm and a wound of the left forearm have associated trailing abrasions measuring 9 x 1 cm and 13 x 1 cm respectively. The wounds of the left arm are superficial, and either involves the skin or superficial adipose tissues. A small metallic fragment is recovered from the subcutaneous tissues of the left upper arm. The lateral left chest and the lateral left abdomen have few punctate abrasions measuring up to 0.2 cm.

BLUNT INJURIES:

The left side of the forehead has a 1.8 x 0.8 cm abrasion.

The right underside of the chin has a 5 x 1.5 cm area of faint red abrasions.

The left underside of the chin has a 3 x 2 cm dried yellow abrasion.

The right elbow has a 1.8 x 0.3 cm abrasion.

The posterior right second finger, at the middle phalanx, has a 0.3 x 0.1 cm abrasion.

The posterior right hand, at the fourth metacarpophalangeal joint, has a 0.1 cm abrasion.

The posterior left upper arm has a 5 x 3 cm faint blue contusion.

The medial left upper arm has a 4 x 3 cm faint blue contusion.

The distal posterior left upper arm has a 3 x 2 cm blue contusion and a 3.5 x 3 cm blue contusion.

The posterior left forearm has a 3.5 x 3 cm faint purple contusion.

The distal lateral left forearm has a 5 x 2 cm area of abrasions.

Below the left knee is a 1.5 x 1 cm faint pink contusion.

INTERNAL EXAMINATION:

Note: The following observations are limited to findings other than injuries, if described above.

CHEST / ABDOMINAL CAVITY:

Soft tissues of the thoracic and abdominal walls are well preserved. Both pleural cavities contain no fluid or adhesions. The parietal pleurae are intact. The lungs are well-expanded. The organs of the abdominal cavity have a normal arrangement. There is no fluid collection. The peritoneal cavity is without evidence of peritonitis. There are no adhesions.

NECK:

Anterior neck dissection reveals no hemorrhage in the strap muscles, thyroid gland or thyroid cartilage. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. There is no prevertebral fascial hemorrhage. The thymus is not identified.

HEAD AND CENTRAL NERVOUS SYSTEM:

Injuries to the head are described above. The brain weighs 1300 grams. There is no evidence of herniation. The leptomeninges are thin and transparent. Coronal sectioning demonstrates a uniformity of cortical gray thickness in the areas without injury. The ventricular system is without dilatation. Pons, medulla, cerebellum, and upper cervical spinal cord are normally formed.

CARDIOVASCULAR SYSTEM:

The aorta is unremarkable. No aneurysm is present. Within the pericardial sac there is a minimal amount of serous fluid. The heart weighs 360 grams. The coronary ostia are widely patent. The right coronary artery is the dominant vessel. There are no significant atheromatous plaques of the major branches of the coronary arteries. The valves appear unremarkable. Circumference of the valve rings are: tricuspid valve – 10.8 cm; pulmonic valve - 7 cm; mitral valve – 10.2 cm; aortic valve – 6.5 cm. The right ventricle is up to 0.3 cm thick, and the left ventricle is up to 1.2 cm thick. There are no lesions of the myocardium. There are no septal defects.

RESPIRATORY SYSTEM:

Bloody fluid is within the trachea. The mucosa is tan and intact. The left lung weighs 350 grams. The right lung weighs 525 grams. The visceral pleurae are smooth and intact. The parenchyma has dependent congestion, and is without evidence of infection or tumors. The pulmonary vasculature is without thromboembolism.

HEPATOBIILIARY SYSTEM:

The liver weighs 2425 grams, and is brown-yellow. The capsule is intact. The cut surface is smooth, and the parenchyma is soft. The gallbladder is present. The wall is thin and pliable. It contains approximately 5 ml of bile, and no calculi.

LYMPHORETICULAR SYSTEM:

The spleen weighs 250 grams. The capsule is intact. The parenchyma is dark red and soft. Lymph nodes throughout the body are small and inconspicuous.

GASTROINTESTINAL SYSTEM:

The tongue shows no trauma. The esophagus is intact throughout. The stomach contains approximately 50 ml of light brown fluid and rare indiscernible particles of food, and no portions of tablets or capsules. The mucosa is intact. The *in situ* and external examination of the small intestine and colon are without abnormalities. The appendix is unremarkable. The pancreas occupies a normal position. The parenchyma is lobular and firm.

URINARY SYSTEM:

The left kidney weighs 150 grams. The right kidney weighs 120 grams. The kidneys are normally situated and the capsules strip easily, revealing a surface that is smooth. The corticomedullary demarcation is preserved. The pyramids are not remarkable. The ureters are without obstruction and are unremarkable. The urinary bladder is lined with tan mucosa and contains approximately 50 ml of yellow urine.

GENITAL SYSTEM:

The prostate is without enlargement or nodularity. Both testes are in the scrotum. There are mild left paratesticular adhesions. There is no hemorrhage or masses of the testes.

ENDOCRINE SYSTEM:

The thyroid gland is red-tan without nodules or cysts. The parathyroid glands are not identified. The adrenal glands are unremarkable. The pituitary gland is not identified.

MUSCULOSKELETAL SYSTEM:

No structural abnormalities of the bony framework or muscles are present.

MICROSCOPY

One cassette is submitted:

A. Right side of the head (Entrance gunshot wound)

*Unless otherwise indicated, sections are stained only with hematoxylin and eosin (H&E).

RIGHT SIDE OF THE HEAD: Skin, skeletal muscle and fibroadipose tissues with hemorrhage. There are several foci of black granular materials and few ovoid translucent materials.

PROCEDURAL NOTES

APPROACH TO AUTOPSY DISSECTION

Rokitansky evisceration:	No
Virchow evisceration:	Yes
Modified evisceration:	No
Pericranial membrane removal:	No
Anterior neck dissection:	Yes
Posterior neck dissection:	No
Facial dissection:	No
Vertebral artery dissection (in situ):	No
Cervical spine removal:	No
Layered anterior trunk dissection:	No
Anterolateral rib arc dissection:	No
Back dissection:	No
Posterior rib arc dissection:	No
Extremity soft tissue dissection:	No
Eye enucleation:	No
Inner middle ear evaluation:	No
Maxilla or mandible resection:	No
Spinal cord removal (anterior):	No
Spinal cord removal (posterior):	No
Other dissection(s):	Left leg, left arm

QUALITY ASSURANCE REVIEW

ITEMS REVIEWED

	YES	NO	N/A
Death investigation report	✓		
Photographs	✓		
Microscopic slides	✓		
Toxicology report	✓		
Other (specify)			

TECHNICAL AUDIT

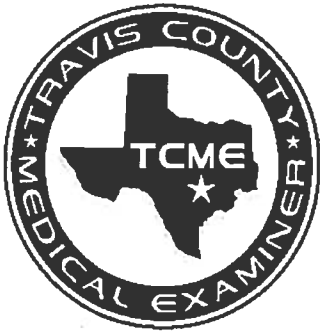
	YES	NO	N/A
Is the report independently reviewable?	✓		
Are the descriptions of identifying marks and scars appropriate for the complexity of the case?	✓		
Is the external description (without injuries) appropriately case specific?	✓		
Are the descriptions of injury, if present, appropriate for the complexity of the case, and consistent with diagrams and photographs?	✓		
Are the descriptions of injury, if present, organized in a logical and understandable sequence?	✓		
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 logical and complete?	✓		
Is the opinion readily understandable by the nonmedical reader?	✓		
Are all the significant issues addressed in the opinion?	✓		
Was the appropriate ancillary testing performed?	✓		
Are the opinions reasonable?	✓		
Is the cause of death reasonable?	✓		
Is the manner of death reasonable?	✓		
Was the report completed in a timely fashion?	✓		



Satish Chundru, D.O.
 Deputy Chief Medical Examiner

1/2/18

Date Signed



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CHIEF MEDICAL EXAMINER

Toxicology Report

PA 17-05087

Kelley, Devin Patrick

Pathologist : Dr. Vickie Willoughby

Date Completed : 12/21/2017

<u>Assay/Specimen</u>	<u>Substance</u>	<u>Result</u>	<u>Units</u>	<u>Method</u>
ACID/NEUTRAL DRUGS				
Blood, femoral	Ibuprofen	Detected		GC/MS
Blood, femoral	Butalbital	<3.0	mg/L	GC/MS
ALKALINE DRUGS				
Blood, femoral	Cyclobenzaprine	0.011	mg/L	LC/MS/MS
BENZODIAZEPINES				
Blood, femoral	Alprazolam	<0.020	mg/L	LC/MS/MS
Blood, femoral	Clonazepam	<0.020	mg/L	LC/MS/MS
Blood, femoral	7-Aminoclonazepam	0.088	mg/L	LC/MS/MS
CANNABINOIDS				
Blood, femoral	Tetrahydrocannabinol	3.7	ng/mL	LC/MS/MS
Blood, femoral	9-Carboxy-THC	<2.0	ng/mL	LC/MS/MS
Urine	9-Carboxy-THC	Detected		GC/MS
ETHANOL/VOLATILES				
Blood, femoral		ND		Headspace GC/FID
IMMUNOASSAY				
Blood, femoral	Amphetamine	ND		ELISA
Blood, femoral	Barbiturate	Detected		ELISA
Blood, femoral	Benzodiazepine	Indicated		ELISA
Blood, femoral	Cocaine Metabolite	ND		ELISA
Blood, femoral	Fentanyl	ND		ELISA
Blood, femoral	Opiate	ND		ELISA
Blood, femoral	Oxycodone	ND		ELISA
Blood, femoral	Cannabinoid	Indicated		ELISA
NOVEL PSYCHOACTIVE SUBSTANCES				
Blood, femoral		ND		LC/MS/MS
OPIOID PANEL				
Blood, femoral		ND		LC/MS/MS
SYNTHETIC CANNABINOIDS				
Blood, femoral		ND		LC/MS/MS

ND = None Detected UFA = Unsuitable for Analysis

Comment:

Brad J. Hall, Ph.D., F-ABFT, Chief Forensic Toxicologist

Medical Examiner
12/21/17