

**OFFICE OF THE MEDICAL EXAMINER
DISTRICT NINE
2350 E. Michigan Street
Orlando, Florida 32806-4939**

REPORT OF AUTOPSY

DECEDENT: ROBERT SAGET

CASE NUMBER: ME 2022-000064

MANNER OF DEATH: Accident

IDENTIFIED BY: Photo ID

AGE: 65 years

SEX: Male

RACE: White

DATE OF DEATH: January 9, 2022

DATE/TIME OF AUTOPSY: January 10, 2022 @ 9:15 a.m.


PERFORMED BY: Joshua D. Stephany, MD, Chief Medical Examiner

CAUSE OF DEATH: Blunt head trauma

AUTOPSY FINDINGS

- I. Blunt force injuries of the head:
- A. Abrasion of the posterior scalp
 - B. Subgaleal hemorrhage underlying the abrasion of the posterior scalp
 - C. Linear fracture of the base of the skull involving the right occipital bone and right temporal bone
 - D. Comminuted fractures of the roofs of the orbits involving the bilateral frontal bone
 - E. Bilateral partial periorbital ecchymoses
 - F. Subdural hematoma (right greater than left)
 - G. Subarachnoid hemorrhage
 - H. Contrecoup contusions involving the bilateral frontal lobes and bilateral temporal lobes

continued...

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Findings continued ...

- II. Cardiovascular system:
 - A. Cardiomegaly (600 grams)
 - B. Focally, severe left anterior descending coronary artery atherosclerosis
 - C. Aortic atherosclerosis

- III. Respiratory system:
 - A. COVID-19 positive
 - B. No evidence of acute or chronic inflammation by microscopy

TOXICOLOGY ANALYSIS: See laboratory report.

CONCLUSION: In consideration of the circumstances surrounding the death, and after examination of the body, toxicology analysis, microscopic analysis, respiratory pathogen panel testing, bilateral lung cultures, and postmortem CT, it is my opinion that the death of Robert Saget, a 65-year-old white male found unresponsive in a hotel room, is the result of blunt head trauma.

It is most probable that the decedent suffered an unwitnessed fall backwards and struck the posterior aspect of his head.

The manner of death is accident.

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The autopsy of the body of Robert Saget is performed pursuant to Florida Statute 406.11 by Joshua D. Stephany, MD, Chief Medical Examiner, District Nine at the Orange County Medical Examiner facility, Orlando, Florida on January 10, 2022 at 9:15 a.m.

IDENTIFICATION: The body of Robert Saget is identified via comparison of decedent to the photograph associated with his California Driver License. The identification is made by Cpl. Brian Meadows, of the Orange County Sheriff's Office, on January 9, 2022, at the scene.

CLOTHING AND VALUABLES: At the time of examination, the decedent is not dressed. A white metal ring is on the 4th digit of the left hand.

GENERAL STATEMENT: The body is that of a well-developed, well-nourished, 78 inch, 228 pound, adult white male, consistent with the reported age of 65 years.

EXTERNAL EXAMINATION

The scalp is covered by up to 9 cm long, brown hair. The irides are brown and the sclerae are white. The conjunctivae have no petechiae. The external nose has no trauma and the nasal septum is intact. The frenula are intact and the oral mucosa has no trauma. The teeth are natural and in adequate condition. The neck is unremarkable.

The torso has no injuries, congenital deformities, scars, or tattoos. The external genitalia are those of an adult male. The testes are in the scrotum. The anus is unremarkable.

The extremities have no injuries, congenital deformities, scars, or tattoos.

EVIDENCE OF INJURY

BLUNT FORCE INJURIES OF THE HEAD:

The lateral right eye has adjacent focal purple ecchymosis. The medial left eye has adjacent focal purple ecchymosis. A 2.5 x 3.5 cm abrasion is on the posterior scalp, centered 2 inches below the top of the head and 1/2 inch right of the posterior midline. Underlying the abrasion is focal subgaleal hemorrhage. The base of the posterior cranial vault has a linear fracture involving the right occipital bone and right temporal bone. The roofs of both orbits involving the bilateral frontal bone have focal

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comminuted fractures. Approximately 100 ml of liquid and partially clotted subdural blood is around the cerebral convexities and cerebellum (right greater than left). There is focal subarachnoid hemorrhage over the posterior aspect of the cerebellum. The cerebral hemispheres have multifocal subarachnoid hemorrhage. The bilateral cerebral hemispheres have multifocal contrecoup contusions involving both frontal lobes and temporal lobes.

INTERNAL EXAMINATION

The pleural cavities, pericardial sac, and peritoneal cavity have no excess fluid or adhesions.

CARDIOVASCULAR SYSTEM: The heart is 600 grams and has a normal distribution of epicardial fat. The proximal left anterior descending coronary artery has focally, severe atherosclerosis and eccentric narrowing of the lumen up to 95 percent. The left circumflex and right coronary arteries have minimal atherosclerosis and are patent. The right coronary artery is dominant. The myocardium is dark red, firm, and has no scars. The left ventricle is 1 cm thick and 6 cm in internal diameter. The right ventricle is 0.3 cm thick and 7 cm in internal diameter. The tricuspid, pulmonary, mitral, and aortic valves are thin, pliable, and have no vegetations. The aorta has focal calcified atherosclerotic plaques along its length.

RESPIRATORY SYSTEM: The right lung is 900 grams and the left lung is 870 grams. The pleural surfaces are tan-pink to dark red, smooth, and glistening. The lung parenchyma is tan-pink to dark red, soft, and focally congested. The larynx and trachea are patent and have tan, intact mucosa. The pulmonary vessels are patent.

HEPATOBIILIARY SYSTEM: The liver is 2200 grams and has a smooth, tan-brown, and intact capsule. The parenchyma is tan-brown and firm. The gallbladder contains approximately 10 ml of dark green, viscous bile and no choleliths. The gallbladder mucosa is dark green and velvety.

RETICULOENDOTHELIAL SYSTEM: The spleen is 200 grams and has a purple, finely wrinkled, and intact capsule. The parenchyma is dark red and soft. The cervical, mediastinal, and abdominal lymph nodes are not enlarged.

GASTROINTESTINAL TRACT: The tongue has no bite marks or hemorrhage. The esophagus is lined by tan, intact mucosa. The serosa of the stomach is tan-gray and glistening. The stomach is empty. The gastric mucosa is tan, has unremarkable

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rugul folds, and is intact. The external surfaces of the intestines are tan-gray and have no palpable masses. The vermiform appendix is not identified.

GENITOURINARY SYSTEM: The right kidney is 250 grams and the left kidney is 220 grams. The capsules are adhered to dark red, smooth cortical surfaces. The parenchyma is dark red and has well-defined corticomedullary demarcation. Both kidneys have minimal fatty infiltration at the hilum. The ureters have a normal course and caliber. The urinary bladder contains approximately 40 ml of clear yellow urine and has a tan, trabeculated, and intact mucosa. The prostate gland is tan, firm, and not enlarged. The testes have tan parenchyma.

ENDOCRINE SYSTEM: The adrenal glands have well-demarcated, thin, golden yellow cortices, and gray medullae. The pancreas is tan and lobular. The thyroid gland is dark red, uniform, and not enlarged.

NECK: The anterior muscles and surrounding soft tissue of the neck have no hemorrhage. The hyoid bone and thyroid cartilage are intact.

HEAD: Injuries to the head are previously described. The brain is 1460 grams. Epidural hemorrhage is absent. The leptomeninges are thin, transparent and have no exudate. The vessels at the base of the brain are normally formed and are patent. The uninjured portions of the cerebral hemispheres are symmetric and the gyri and sulci are otherwise unremarkable. Coronal sections of the cerebrum and transverse sections of the cerebellum and brainstem reveal no neoplasm or necrosis.

MICROSCOPIC EXAMINATION

HEART: Three sections of the heart show no significant histopathologic changes.

CORONARY ARTERY: One section of the left anterior descending coronary artery shows focally, severe atherosclerosis up to 95 percent.

LUNGS: Ten sections of the lungs show intravascular congestion with no acute or chronic inflammation present.

LIVER: One section of the liver shows no significant histopathologic changes.

KIDNEYS: One section of each kidney shows no significant histopathologic changes.

JDS/st



Steward Reference Laboratory
6800 Spyglass Court
Melbourne, Florida 32940

Shondell Bouie, M.D., Laboratory Director

Patient: **SAGET, ROBERT**
Client Patient ID: **9-22-064**
Physician: Stephany, Joshua MD

Age: 65 Sex: M
Account #: FT0000249177
Client: Dist 9 Medical Examiner

TOXICOLOGY

Specimen Collected: 01/11/22

Lab Order No: 0111:T00009R

Reg Date: 01/11/22

Test Name	Result	Units	Cutoff/ Reporting Limits
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VOLATILE PANEL-VOLP

SPECIMEN TYPE	PERIPHERAL BLOOD		
ETHANOL	NONE DETECTED	g/dL	0.010
ACETONE	NONE DETECTED	mg/dL	7.5
METHANOL	NONE DETECTED	mg/dL	15.0
ISOPROPANOL	NONE DETECTED	mg/dL	15.0

Analysis by Gas Chromatography (GC) Headspace Injection

BLOOD DRUG SCREEN-BDSME

SPECIMEN TYPE	HEART BLOOD
GC/MS	
CAFFEINE	
LC/MS/MS	
TRAZODONE, TRAZODONE METABOLITE, 7-AMINOCLONAZEPAM, LOPERAMIDE, CAFFEINE, CAFFEINE METABOLITE	

BLOOD IMMUNOASSAY SCREEN

SPECIMEN TYPE	PERIPHERAL BLOOD		
AMPHETAMINES	NEGATIVE	mg/L	0.100
BARBITURATES	NEGATIVE	mg/L	0.100
BENZODIAZEPINES	NEGATIVE	mg/L	0.050
BUPRENORPHINE	NEGATIVE	mg/L	0.001
CANNABINOIDS	NEGATIVE	mg/L	0.050
COCAINE METABOLITE	NEGATIVE	mg/L	0.100
FENTANYL	NEGATIVE	mg/L	0.001
OPIATES			

Screening result suggests the need for further testing.

CLONAZEPAM AND METABOLITE - CLNMS

SPECIMEN TYPE	PERIPHERAL BLOOD
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Toxicology Report

SAGET, ROBERT

Printed: 02/07/22 1536



Steward Reference Laboratory
6800 Spyglass Court
Melbourne, Florida 32940
Shondell Bouie, M.D., Laboratory Director

Patient: **SAGET, ROBERT**
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Physician: Stephany, Joshua MD

Age: 65 Sex: M
Account #: FT0000249177
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TOXICOLOGY

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Reg Date: 01/11/22

Test Name	Result	Units	Cutoff/ Reporting Limits
CLONAZEPAM	3.7	ng/mL	2.0
Therapeutic range:			
10 - 75 ng/mL.			
Toxic:			
Greater than 100 ng/mL.			
7-AMINO CLONAZEPAM	99	ng/mL	2.0
Plasma concentrations following chronic therapy with 6 mg/day of Clonazepam:			
20 - 140 ng/mL.			
Testing performed by NMS Labs, 200 Welsh Road, Horsham, PA 19044			

FREE OPIATES PANEL-OPPF

SPECIMEN TYPE	PERIPHERAL BLOOD		
CODEINE	NONE DETECTED	mg/L	0.010
MORPHINE	NONE DETECTED	mg/L	0.010
HYDROCODONE	NONE DETECTED	mg/L	0.010
6-MONOACETYLMORPHINE	NONE DETECTED	mg/L	0.005
HYDROMORPHONE	NONE DETECTED	mg/L	0.005
OXYCODONE	NONE DETECTED	mg/L	0.010
OXYMORPHONE	NONE DETECTED	mg/L	0.005

Analysis by GC/MS

LOPERAMIDE-LOPNM

SPECIMEN TYPE	PERIPHERAL BLOOD		
LOPERAMIDE	NONE DETECTED	ng/mL	10
Elevated reporting limit, reporting limit is 10.0 ng/mL			
Loperamide is an oral anti-diarrhea medication that is available as OTC products in tablets and capsules of 2 mg and liquids containing 1 mg/5 mL or by a prescription. The common regimen for adults is a 4 mg loading dose, followed by 2 mg after every episode of diarrhea. The recommended maximum dose is 8 mg of an OTC product and 16 mg by prescription.			
Approximately 40% of the drug is absorbed into the			

Toxicology Report

SAGET, ROBERT

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7/11/22



Steward Reference Laboratory
6800 Spyglass Court
Melbourne, Florida 32940
Shondell Bouie, M.D., Laboratory Director

Patient: **SAGET, ROBERT**
Client Patient ID: **9-22-064**
Physician: Stephany, Joshua MD

Age: 65 Sex: M
Account #: FT0000249177
Client: Dist 9 Medical Examiner

TOXICOLOGY

Specimen Collected: 01/11/22 Lab Order No: 0111:T00009R Reg Date: 01/11/22

Test Name	Result	Units	Cutoff/ Reporting Limits
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bloodstream after oral administration. The drug is metabolized to inactive products (including desmethyloperamide) that are eliminated through both the urine and the feces. The mean elimination half-life of looperamide is approximately 11 hours.

Reported therapeutic concentrations in blood or plasma are usually up to 3 ng/mL. Adverse effects of looperamide after therapeutic doses may include dizziness, drowsiness, dry mouth and constipation.

DESMETHYLOPERAMIDE	NONE DETECTED	ng/mL	10
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Elevated reporting limit, reporting limit is 10.0 ng/mL
Desmethyloperamide is an inactive metabolite of looperamide.
Plasma concentrations following therapeutic looperamide dosing are usually under 20 ng desmethyloperamide/mL.
Postmortem blood concentration in one fatality was reported at 380 ng desmethyloperamide/mL.
Testing performed by NMS Labs, 3701 Welsh Road, Willow Grove, PA 19090-0437

TRAZODONE-TRNMS

SPECIMEN TYPE	PERIPHERAL BLOOD		
TRAZODONE	0.24	mcg/mL	0.050

Steady-state plasma concentrations following daily oral doses of 300 mg immediate release trazodone ranged from 0.8 +/- 0.3 mcg/mL at trough to 3.1 +/- 0.8 mcg/mL at peak. The blood to plasma ratio is approximately 0.6.

mCPP	NONE DETECTED	mcg/mL	0.050
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Synonym(s): 1-(3-Chlorophenyl)Piperazine; Nefazodone metabolite; Trazodone metabolite

Peak steady-state concentrations of mCPP in plasma averaged 0.03 mcg/mL at approximately 8 hours post dose following 300 mg normal release trazodone for 7 days and 0.03 +/- 0.01 mcg/mL following 200 mg nefazodone for 8 days.
The blood to plasma ratio is unknown.

Testing performed by NMS Labs, 200 Welsh Road, Horsham, PA

Toxicology Report

SAGET, ROBERT

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Steward Reference Laboratory
6800 Spyglass Court
Melbourne, Florida 32940

Shondell Bouie, M.D., Laboratory Director

Patient: **SAGET, ROBERT**
Client Patient ID: **9-22-064**
Physician: Stephany, Joshua MD

Age: 65 Sex: M
Account #: FT0000249177
Client: Dist 9 Medical Examiner

TOXICOLOGY

Specimen Collected: 01/11/22

Lab Order No: 0111:T00009R

Reg Date: 01/11/22

Test Name	Result	Units	Cutoff/ Reporting Limits
19044-2208			

Specimens were intact upon receipt. Chain of custody, specimen security and integrity has been maintained. Testing has been performed as requested.

Reviewed by: Shondell Bouie

Date 2/7/22

FINAL REPORT - THIS COMPLETES REPORTING ON THIS CASE

Toxicology Report

SAGET, ROBERT

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Autopsyfiles.org - Bob Saget Autopsy Report
6800 Spyglass Ct. Melbourne, FL 32909
Bouie, Shondell M.D. - Medical Laboratory Director
Laboratory Specimen Report

PATIENT: SAGET, ROBERT	ACCT: FT0000249177	LOC: ME9T.FT	U: CT00019050
	AGE/SX: 65/M	ROOM:	REG: 01/11/22
REG DR: Stephany, Joshua MD	DOB:	BED:	DIS:
	STATUS: DEP REF	TLOC:	

SPEC #: 22:M0004759R	COLL: 01/11/22-UNK	STATUS: COMP	REQ #: 04742467
	RECD: 01/11/22-1324	SUBM DR: Stephany, Joshua MD	
SOURCE: Autopsy	ENTR: 01/11/22-1324	OTHR DR:	
SPDESC:			
ORDERED: Wnd Deep CUL/GS			
COMMENTS: 9-22-064 RIGHT LUNG			

Procedure	Result	Site
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Gram Stain Final

Many Epithelial cells seen
Moderate WBC'S seen
Many gram positive cocci
Many gram variable rods

Wound Culture Deep Final
Organism 1

Normal respiratory flora
Moderate growth

Anaerobic Culture Final

No anaerobes isolated to date.
No anaerobes isolated.

** END OF REPORT **

st Autopsyfiles.org - Bob Saget Autopsy Report
6800 Spyglass Ct. Melbourne, FL 32910
Bouie, Shondell M.D. - Medical Laboratory Director
Laboratory Specimen Report

PATIENT: SAGET, ROBERT	ACCT: FT0000249177	LOC: ME9T.FT	U: CT00019050
REG DR: Stephany, Joshua MD	AGE/SX: 65/M	ROOM:	REG: 01/11/22
	DOB:	BED:	DIS:
	STATUS: DEP REF	TLOC:	

SPEC #: 22:M0004760R	COLL: 01/11/22-UNK	STATUS: COMP	REQ #: 04742468
SOURCE: Autopsy	RECD: 01/11/22-1325	SUBM DR: Stephany, Joshua MD	
SPDESC:	ENTR: 01/11/22-1325	OTHR DR:	
ORDERED: Wnd Deep CUL/GS			
COMMENTS: 9-22-064 LEFT LUNG			

Procedure	Result	Site
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Gram Stain Final

Moderate Epithelial cells seen
Many WBC'S seen
Many gram positive cocci
Moderate gram variable rods

Wound Culture Deep Final
Organism 1

Normal respiratory flora
Moderate growth

Anaerobic Culture Final

No anaerobes isolated to date.
No anaerobes isolated.

2/1/22

** END OF REPORT **

ste Autopsyfiles.org Bob Saget Autopsy Report
 6800 Spyglass Ct. Melbourne, FL 32940
 Bouie, Shondell M.D. - Medical Laboratory Director
 Laboratory Specimen Report

PATIENT: SAGET, ROBERT REG DR: Stephany, Joshua MD	ACCT: FT0000249177 AGE/SX: 65/M DOB: STATUS: DEP REF	LOC: ME9T.FT ROOM: BED: TLOC:	U: CT00019050 REG: 01/11/22 DIS:
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SPEC : 0111:S00089R	COLL: 01/11/22-UNK RECD: 01/11/22-1323	STATUS: COMP SUBM DR: Stephany, Joshua MD	REQ : 04742463
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ENTERED: 01/11/22-1323 ORDERED: 2019-nCoV COMMENTS: 9-22-064	OTHR DR:
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Test	Result	Flag	Reference	Site
SARS-CoV-2	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Positive </div> <p>Positive results are indicative of presence of SARS-COV-2 RNA in a sample tested at a local laboratory. Consideration may be given to confirming with an alternate authorized test. Clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses.</p> <p>Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.</p> <p>Indeterminate results may be due to specimen-associated inhibition. Recollecting the specimen is recommended unless otherwise indicated by the physician.</p> <p>The BD SARS-CoV-2 Reagents for BD MAX™ System is a real-time RT-PCR test intended for the qualitative detection of nucleic acid from the 2019-nCoV. The BD SARS-CoV-2 Reagents for BD MAX System is for use only under Emergency Use Authorization (EUA) in U.S. laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a.</p> <p>Testing Performed at: Steward Reference Laboratory, 6800 Spyglass Ct. Melbourne, FL 32940 Shondell Bouie M.D. Medical Director</p>			

A 7/6/22

** END OF REPORT **

ste Autopsyfiles.org - Bob Saget Autopsy Report
 6800 Spyglass Ct. Melbourne, FL 32946
 Bouie, Shondell M.D. - Medical Laboratory Director
 Laboratory Specimen Report

PATIENT: SAGET, ROBERT **ACCT:** FT0000249177 **LOC:** ME9T.FT **U:** CT00019050
REG DR: Stephany, Joshua MD **AGE/SX:** 65/M **ROOM:** **REG:** 01/11/22
DOB: **BED:** **DIS:**
STATUS: DEP REF **TLOC:**

SPEC : 0111:C01717R **COLL:** 01/11/22-UNK **STATUS:** COMP **REQ :** 04742465
RECD: 01/11/22-1324 **SUBM DR:** Stephany, Joshua MD
ENTERED: 01/11/22-1324 **OTHR DR:**
ORDERED: Resp Path Panel
COMMENTS: 9-22-064

Test	Result	Flag	Reference	Site
Adenovirus	Negative		Negative	
Coronavirus 229	Negative		Negative	
Cononavirus HKU	Negative		Negative	
Coronavirus NL6	Negative		Negative	
Coronavir OC43	Negative		Negative	
SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-CoV-2): POSITIVE				
Human Metapneum	Negative		Negative	
Human R/E virus	Negative		Negative	
Influenza A	Negative		Negative	
Influenza B	Negative		Negative	
Parainfluenza 1	Negative		Negative	
Parainfluenza 2	Negative		Negative	
Parainfluenza 3	Negative		Negative	
Parainfluenza 4	Negative		Negative	
Respiratory Syn	Negative		Negative	
Bordetella Pert	Negative		Negative	
Chlamydophila p	Negative		Negative	
Mycoplasma pneu	Negative		Negative	

9/26/22

** END OF REPORT **