



OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

FAX: 615-401-2532 EMAIL: OSCME.ROI@TN.GOV

Case Number: 17176

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Brown	Hal	David	White	45yr	Male
Residential Address		City	County	State	Zip	
302 South Douglas Avenue		Rockwood	Roane	TN	37854	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input type="checkbox"/> Violence or Trauma <input type="checkbox"/> Suddenly when in apparent health <input type="checkbox"/> Prisoner or person in state custody <input type="checkbox"/> On the job or related to employment <input type="checkbox"/> Threat to public health <input type="checkbox"/> Suspected abuse/neglect of extended care resident <input type="checkbox"/> Identity is unknown or unclear <input type="checkbox"/> Suspicious/unusual/unnatural manner <input checked="" type="checkbox"/> Found dead <input type="checkbox"/> Cremation request <input type="checkbox"/> Sudden unexpected death of infants/children (USE SUIDI/SUDC) <input type="checkbox"/> Jurisdiction Declined (Skip to Narrative Summary)						
IDENTIFICATION OF BODY						
Preliminary <input type="checkbox"/>	Viewing <input checked="" type="checkbox"/>	<input type="checkbox"/> Need Scientific Identification		Dentist:		
Positive <input checked="" type="checkbox"/>	Photograph <input type="checkbox"/>	Will need dental records, antemortem x-rays.		Dentist #:	()	
If by viewing, viewed by:						
Name:	Chancey Wilson		Relationship:	Daughter		Is decedent known to have fingerprints on file?
Address:	101 North Ridge, Rockwood, TN 37854		Phone #:	(865) 440-0898		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	10/11/1971		Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		
History of Domestic Violence:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Occupation: Type of Work	Handy Man Industry: Maintenance N/A <input type="checkbox"/>		
Body Temperature:	<input checked="" type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other:		Decomposition	<input type="checkbox"/> Early <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> None		
Rigor Mortis:	<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 '0' = Absent, '3' = Full		JAIL/POLICE CUSTODY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Blood/Froth:	<input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input type="checkbox"/> None <input type="checkbox"/> Color:		Livor Mortis:	<input type="checkbox"/> Absent <input type="checkbox"/> Blanchable <input checked="" type="checkbox"/> Fixed		
Other: (Dirt, water etc.):	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input checked="" type="checkbox"/> None		Livor Mortis:	<input type="checkbox"/> Anterior <input checked="" type="checkbox"/> Posterior		
INFORMATION ABOUT OCCURRENCE						
ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (House, Trailer, Apt, Farm, Roadway, Hospital, etc.)	
INJURY OR ONSET OF ILLNESS			(Where: Address) (By whom: Name & Phone Number)			
LAST KNOWN TO BE ALIVE	07/03/2017	2012	(Where: Address) 302 South Douglas Avenue, Rockwood, TN 37854 (By whom: Name & Phone Number) Chancey Wilson (via text)	Roane	House	
FOUND DEAD	07/08/2017	2152	(Where: Address) 302 South Douglas Avenue, Rockwood, TN 37854 (By whom: Name & Phone Number) Chancey Wilson	Roane	House	
POLICE NOTIFIED	07/08/2017	2153	POLICE AGENCY: Rockwood Police Dept.	INVESTIGATOR/PHONE NUMBER: Det. Dwayne Gray 865 354 3383		
EMS TRANSPORT TO E.R.		Arrive	HOSPITAL:	BLOOD, URINE obtained in Emergency Room <input type="checkbox"/> Yes <input type="checkbox"/> No (Obtain admission blood/urine & send with the body.)		
DEATH (PRONOUNCED)	07/08/2017	2245	(By Whom/Where: Name & Address) Thomas Boduch MD ME--on scene	TOXICOLOGY Ordered: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specimen site: (Do not draw toxicology if sending for autopsy.)		

MEANS OF DEATH (Agency or Object) – IF OTHER THAN NATURAL

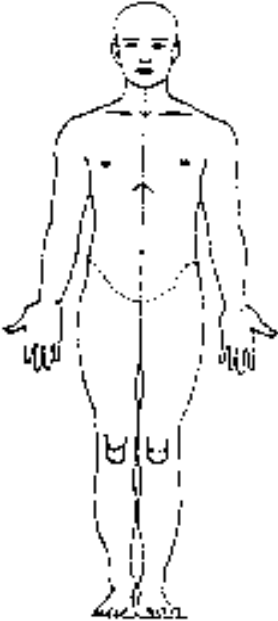
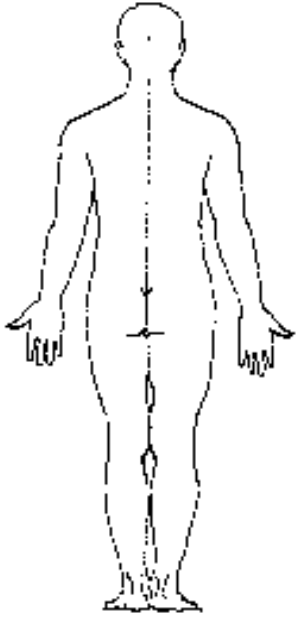
<input type="checkbox"/>	MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver (If known) <input type="checkbox"/> Passenger (If known) <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	<input type="checkbox"/> Lap Belt Used <input type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> Helmet <input type="checkbox"/> Child Restraint	<input type="checkbox"/> Hit-Run <input type="checkbox"/> Air Bag Deployed <input type="checkbox"/> Other	<input type="checkbox"/> Passenger Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle	<input type="checkbox"/> Farm Vehicle <input type="checkbox"/> Train <input type="checkbox"/> ATV <input type="checkbox"/> Other:						
<input type="checkbox"/>	GUN	<input type="checkbox"/> Rifle – Cal. <input type="checkbox"/> Handgun – Cal. <input type="checkbox"/> Shotgun – Cal. <input type="checkbox"/> Unknown Type	<input type="checkbox"/>	OTHER INSTRUMENT:	<input type="checkbox"/> Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Unknown	<input type="checkbox"/>	SURGICALLY TREATED:	<input type="checkbox"/> Yes: <input checked="" type="checkbox"/> No	<input type="checkbox"/>	DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol <input type="checkbox"/> Other Drug, Poison, or Chemical: <input type="checkbox"/> Unknown	<input type="checkbox"/> Ingested <input type="checkbox"/> Injected <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Unknown

MEDICAL HISTORY

CONDITION: <input type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Lung Disease <input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Recent Fall/Injury <input checked="" type="checkbox"/> Other: Adrenal Insufficiency	FAMILY PHYSICIAN – DOCTOR: None ADDRESS: PHONE #: MEDICATIONS (Please use attached Medication Log)
--	---

NEXT OF KIN Address and Phone #:	<h2 style="margin:0;">Chancey Wilson 865-440-0898</h2>
FUNERAL HOME Address and Phone #:	Stetzer-Bales Funeral Home, 146 E. Main St., Morristown, TN 37814 423 586 5451

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):

	<p><u>Decedent was a survivalist who lived without power or water for the last 1.5 years. He regularly interacted with his children Chancey Wilson and Kaleb Grant (865-840-9270). He worked doing odd jobs for Greg and. Angie (last name unknown) 865-936-5282.</u></p> <p><u>Daughter Chancey Wilson heard from him via text on 7/3/17. He planned to be with them on July 4 but did not show up. No one had heard from him for since 7/3. The family went to check on him. Residence was locked. They gained</u></p>	
--	--	--

Body Viewed by Medical Examiner or Medicolegal Death Investigator: Yes No

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: <h2 style="margin:0;">Pending</h2>	Date: <h2 style="margin:0;">07/08/2017</h2>	<input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> PENDING
--	--	---

I hereby declare that after receiving notice of death described herein, I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-7-109 Tennessee Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Medical Examiner/Investigator: Roane County ME, Thomas Boduch MD	Physician Responsible for Death Certificate: Thomas Boduch MD
--	---

The accompanying body of Hal Brown is the subject of an investigation by the medical examiner. In accordance with Tennessee Code Annotated 38-7-106, I am ordering an autopsy upon the body.

Order for Autopsy: Yes No

Was served to the next of kin on 07/08/2017 at 2300

Was unable to locate the next of kin by a diligent search and inquiry.

Authorizing Signature of Medical Examiner or Delegated Investigator: _____

Report of Medicolegal Death Investigation

CONTINUATION OF NARRATIVE SUMMARY

entry by climbing on a porch roof and breaking a window. Fire Dept. subsequently gained entry through front door.

Decedent lying on the floor near his bed. Residence had tools books and garbage piled waist high in kitchen.

A former female friend Tonya Delacruz 865-399-4335 arrived and stated that decedent had history of adrenal insufficiency. He was supposed to be taking Prednisone but had not seen a doctor in several years. Tonya spoke with him last week. He did have some depression--he was about to lose his house for taxes. Decedent said he was not taking prednisone and felt the best he had in years.

SSAN: 410-53-1999. Enroute 2204; 10-97 2238; 10-98 0015; 38 miles.