OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL
710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243
HEALTH.OSCME@TN.GOV
Case Number: 17037

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION

County of Death	Last Name	First Name	Middle	Race	Age	Sex
Knox	Brown	Josh		White	35	Male

Residential Address	City	County	State	Zip
1680 Old Harriman Highway	Oliver Spring	Roane	TN	37840

INDICATION FOR MEDICAL EXAMINER INVESTIGATION

Type of Death: ☒ Violence or Trauma ☐ Suddenly when in apparent health ☐ Prisoner or person in state custody
☐ On the job or related to employment ☐ Threat to public health ☐ Suspected abuse/neglect of extended care resident
☐ Identity is unknown or unclear ☐ Suspicious/unusual/unnatural manner ☐ Found dead ☐ Cremation request
☐ Sudden unexpected death of infants/children (USE SUIDI/SUDC) ☐Jurisdiction Declined (Skip to Narrative Summary)

IDENTIFICATION OF BODY

Preliminary ☐	Viewing ☒	☐ Need Scientific Identification Will need dental records, antemortem x-rays.	Dentist:	
Positive ☐	Photograph ☐		Dentist #:	( )

If by viewing, viewed by:

Name:	Vince Brown	Relationship: Father	Is decedent known to have fingerprints on file?
Address:		Phone #: (865) 207-3719	☒Yes ☐No

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

Date of Birth: 07/02/1981 | Marital Status: ☐Single ☒Married ☐Divorced ☐Widowed ☐Unknown

History of Domestic Violence: ☒Yes ☐No | Occupation: Type of Work Disabled Industry: N/A☐

Body Temperature: ☐Cold ☐Warm ☐Refrigerated ☐Other: | Decomposition ☐ Early ☐Advanced ☐None

Rigor Mortis: ☐ 0 ☐ 1 ☐ 2 ☐ 3 | '0' = Absent, '3' = Full | JAIL/POLICE CUSTODY ☐Yes ☒No

Livor Mortis: ☐ Absent ☐ Blanchable ☐ Fixed ☐ Anterior ☐ Posterior

Blood/Froth: ☐Nose ☐Mouth ☐Ears ☐Clothing ☐ None ☐Color:

Other: (Dirt, water etc.): ☐Nose ☐Mouth ☐Ears ☐ None

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	02/09/2017	1921	(Where: Address) 1680 Old Harriman Highway, Oliver Springs, TN 37840 (By whom: Name & Phone Number) Dorothy Jean Ervin	Roane	House
FOUND DEAD			(Where: Address) (By whom: Name & Phone Number)		
POLICE NOTIFIED	02/09/2017	1923	POLICE AGENCY: Roane County Sheriff's Office	INVESTIGATOR/PHONE NUMBER: Det. John Mayes 865-376-5582	
EMS TRANSPORT TO E.R.	02/09/2017	Arrive	HOSPITAL: U.T. Medical Center via Anderson EMS and LIFESTAR	BLOOD, URINE obtained in Emergency Room ☐Yes ☐No (**Obtain admission blood/urine & send with the body.**)	
DEATH (PRONOUNCED)	02/09/2017	2111	(By Whom/Where: Name & Address) Bethany Sappington MD, UT ER Resident	TOXICOLOGY Ordered: ☐No ☐Yes, specimen site: **(Do not draw toxicology if sending for autopsy.)**	

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

☐	MOTOR VEHICLE INVOLVED	☐Driver (If known) ☐Passenger (If known) ☐Pedestrian ☐Other	☐Lap Belt Used ☐Shoulder Belt Used ☐Helmet ☐Other	☐Hit-Run ☐Air Bag Deployed ☐Other	☐Passenger Car ☐Truck ☐Motorcycle ☐Bicycle	☐Farm Vehicle ☐Train ☐ATV ☐Other:

☒	GUN ☐Rifle – Cal. ☒Handgun – Cal. .45 ☐Shotgun – Cal. ☐Unknown Type	☐	OTHER INSTRUMENT: ☐Blunt ☐Sharp ☐Unknown	SURGICALLY TREATED: ☐ Yes: ☐ No	☐	DRUG, POISON, CHEMICAL (Suspected)	☐Alcohol ☐Other Drug, Poison, or Chemical: ____ ☐Unknown	☐ Ingested ☐ Injected ☐ Inhaled ☐ Topical ☐ Unknown

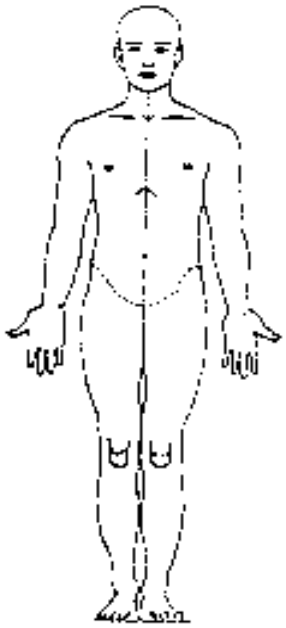
MEDICAL HISTORY

CONDITION:
☒Alcoholism ☐Fractures
☐Cancer ☐Heart Disease
☐Diabetes ☐Seizure
☐Drug Abuse ☐Recent Fall/Injury
☐Lung Disease ☒Other: Drug Abuse

FAMILY PHYSICIAN –
DOCTOR:
ADDRESS:
PHONE #:
MEDICATIONS (Please use attached Medication Log)

NEXT OF KIN Address and Phone #:	Vince Brown (Father) 865 207 3719
FUNERAL HOME Address and Phone #:	Sharp Funeral Home, 209 Roane Street, Oliver Springs, TN 37840 865-435-7261.

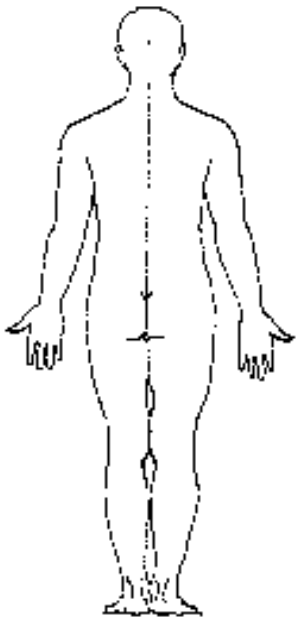
NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):



SEE AUTOPSY ORDER FOR DETAILS.

Next of Kin, Vince Brown (Father) notified of impending autopsy by Det. John Mayes via phone @ 2242.
106, K9-1 and 113 on scene.

Enroute 2005, 10-97 2028; 10-98 2240; 34 miles.



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

CAUSE AND MANNER OF DEATH

Presumed Cause of Death:	Date:	☐ NATURAL ☐ HOMICIDE ☐ ACCIDENT ☐ SUICIDE ☐ UNDETERMINED ☒PENDING
Gunshot Wound to Head	02/09/2017	

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:	Physician Responsible for Death Certificate:
Thomas Boduch M.D.	

The accompanying body of Josh 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 02/09/2017 at 2242

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

Authorizing Signature of Medical Examiner or Delegated Investigator: _____