



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: 17022

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Cruze	Deandra	Nicole	White	30yr	Female
Residential Address		City	County	State	Zip	
205 4th Street		Kingston	Roane	TN	37763	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input type="checkbox"/> Violence or Trauma <input checked="" 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:	Kenneth Adcox		Relationship:	Friend		Is decedent known to have fingerprints on file?
Address:	205 4th Street, Kingston Apt. A, TN 37763		Phone #:	(865) 399-0868		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	09/27/1986		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Occupation: Type of Work	Industry: N/A <input checked="" 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 type="checkbox"/> Advanced <input checked="" type="checkbox"/> None		
Rigor Mortis:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" 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 type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input checked="" type="checkbox"/> None <input type="checkbox"/> Color:		Livor Mortis:	<input type="checkbox"/> Absent <input checked="" 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 <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	01/31/2017	0300	(Where: Address) 205 4th Street, Kingston Apt. A, TN 37763 (By whom: Name & Phone Number) Kenneth Adcox	Roane	Apartment	
FOUND DEAD	01/31/2017	0824	(Where: Address) 205 4th Street, Kingston Apt. A, TN 37763 (By whom: Name & Phone Number) Kenneth Adcox	Roane	Apartment	
POLICE NOTIFIED	01/31/2017	0824	POLICE AGENCY: Kingston Police Dept.		INVESTIGATOR/PHONE NUMBER: Det. Kelly Jackson 865-376-8798	
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)	01/31/2017	0841	(By Whom/Where: Name & Address) Thomas Boduch MD ME--on scene		TOXICOLOGY Ordered: <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/>	DRUG, POISON, CHEMICAL (Suspected)	<input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Other Drug, Poison, or Chemical: <small>Klonopin</small> <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Ingested <input type="checkbox"/> Injected <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Unknown

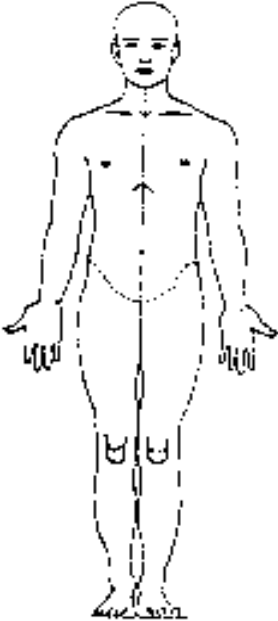
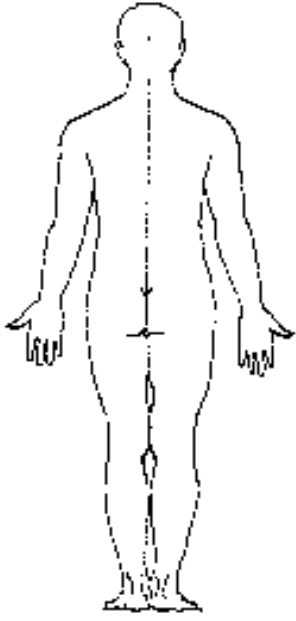
MEDICAL HISTORY

CONDITION: <input checked="" 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: Depression, Anorexia	FAMILY PHYSICIAN – DOCTOR: NONE ADDRESS: PHONE #: MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN Address and Phone #:	Andrew Cruze (Father) 865-890-9287
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FUNERAL HOME Address and Phone #:	Memorial Funeral Home, 610 S. Washington, Maryville, TN 37804 865-983-2050
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NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):

	<p><u>Decedent was living with boyfriend and her 2 year old son in a Maryville MOTEL 6. Boyfriend was arrested and incarcerated in Blount County jail on 1/26--she and her son have been staying with Kenneth Adcox in Kingston. Per Adcox, she did not feel well last night. All 3 went to bed around 2230. Around 0300, son was restless--decedent slept on floor. Adcox found her dead around 0830. Decedent lying on floor with a thick blanket over her. No signs of struggle or defensive wounds. No petechiae. Neck supple but lower body in rigor. SSAN 415 49 9252. TDL 106754331.</u></p> <p><u>Decedent was going to Peninsula. She was an alcoholic with history of depression and previous overdose attempt. No regular PCP. MEDICATIONS: Klonopin.</u></p> <p><u>Core temperature 97.8; room temperature 61.8 @ 0850. Enroute 0838; 10-97 0840; 10-98 0900. KPD case 1701310002. Blood drawn from Right Sub-clavian @ 0853.</u></p>	
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Body Viewed by Medical Examiner or Medicolegal Death Investigator: Yes No

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: Possible Overdose--Toxicology Pending	Date: 01/31/2017	<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
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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: Thomas Boduch MD	Physician Responsible for Death Certificate: Thomas Boduch MD
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The accompanying body of Deandra Cruze 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 _____ at _____

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

Authorizing Signature of Medical Examiner or Delegated Investigator: _____