



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: 17181

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Knox	Edlund	Robert	David	White	57	Male
Residential Address		City	County	State	Zip	
270 North 100 West		Mendon	Cache	Utah	84325	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/> Need Scientific Identification		Dentist:		
Positive <input type="checkbox"/>	Photograph <input type="checkbox"/>	Will need dental records, antemortem x-rays.		Dentist #:	()	
If by viewing, viewed by:						
Name:	Jacob Edlund		Relationship:	Son		Is decedent known to have fingerprints on file?
Address:			Phone #:	()		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	01/29/1960		Marital Status:	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		
History of Domestic Violence:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation: Type of Work	Truck Driver Industry: Transportation N/A <input type="checkbox"/>		
Body Temperature:	<input 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 type="checkbox"/> None		
Rigor Mortis:	<input 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 type="checkbox"/> No		
Blood/Froth:	<input type="checkbox"/> Nose <input 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		
Other: (Dirt, water etc.):	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> None		Livor Mortis:	<input type="checkbox"/> Fixed <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior		
INFORMATION ABOUT OCCURRENCE						
ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES <small>(House, Trailer, Apt, Farm, Roadway, Hospital, etc.)</small>	
INJURY OR ONSET OF ILLNESS	07/13/2017	1417	(Where: Address) 1452 Lawnville Road, Kingston, TN 37763 (By whom: Name & Phone Number)	Roane	PILOT Truck Stop	
LAST KNOWN TO BE ALIVE			(Where: Address) (By whom: Name & Phone Number)			
FOUND DEAD			(Where: Address) (By whom: Name & Phone Number)			
POLICE NOTIFIED	07/13/2017	1417	POLICE AGENCY: THP		INVESTIGATOR/PHONE NUMBER: Trooper Evans 1172	
EMS TRANSPORT TO E.R.	07/13/2017	Arrive 1511	HOSPITAL: U. T. Hospital		BLOOD, URINE obtained in Emergency Room <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Obtain admission blood/urine & send with the body.)	
DEATH (PRONOUNCED)	07/13/17	1632	(By Whom/Where: Name & Address) Catherine McKnight MD @ UT		TOXICOLOGY Ordered: <input 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 checked="" type="checkbox"/>	MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver (If known) <input type="checkbox"/> Passenger (If known) <input type="checkbox"/> Pedestrian <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Lap Belt Used <input type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> Helmet <input type="checkbox"/> Other	<input type="checkbox"/> Hit-Run <input type="checkbox"/> Air Bag Deployed <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Passenger Car <input checked="" 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 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

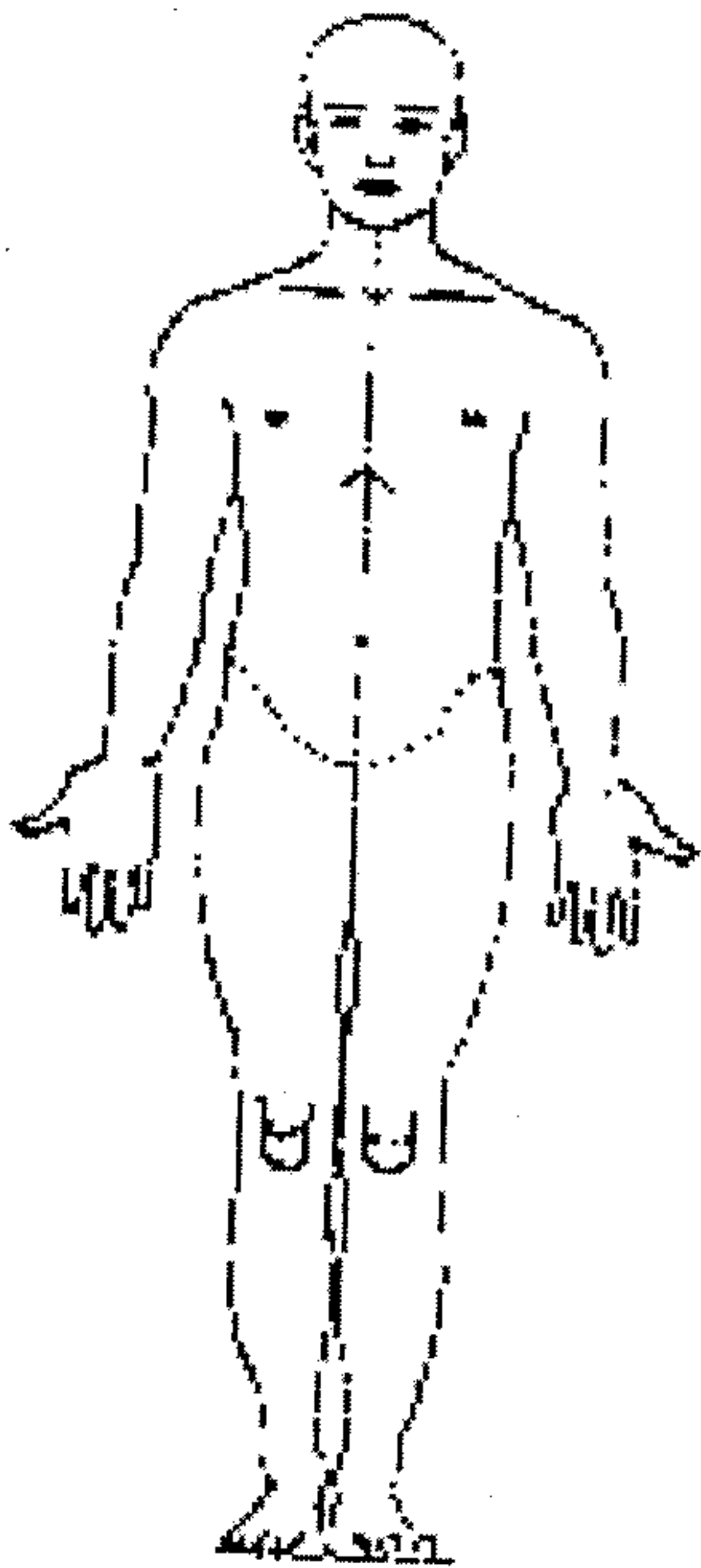
MEDICAL HISTORY

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 type="checkbox"/> Other:	FAMILY PHYSICIAN – DOCTOR: ADDRESS: PHONE #: MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN
Address and Phone #:

FUNERAL HOME
Address and Phone #:

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



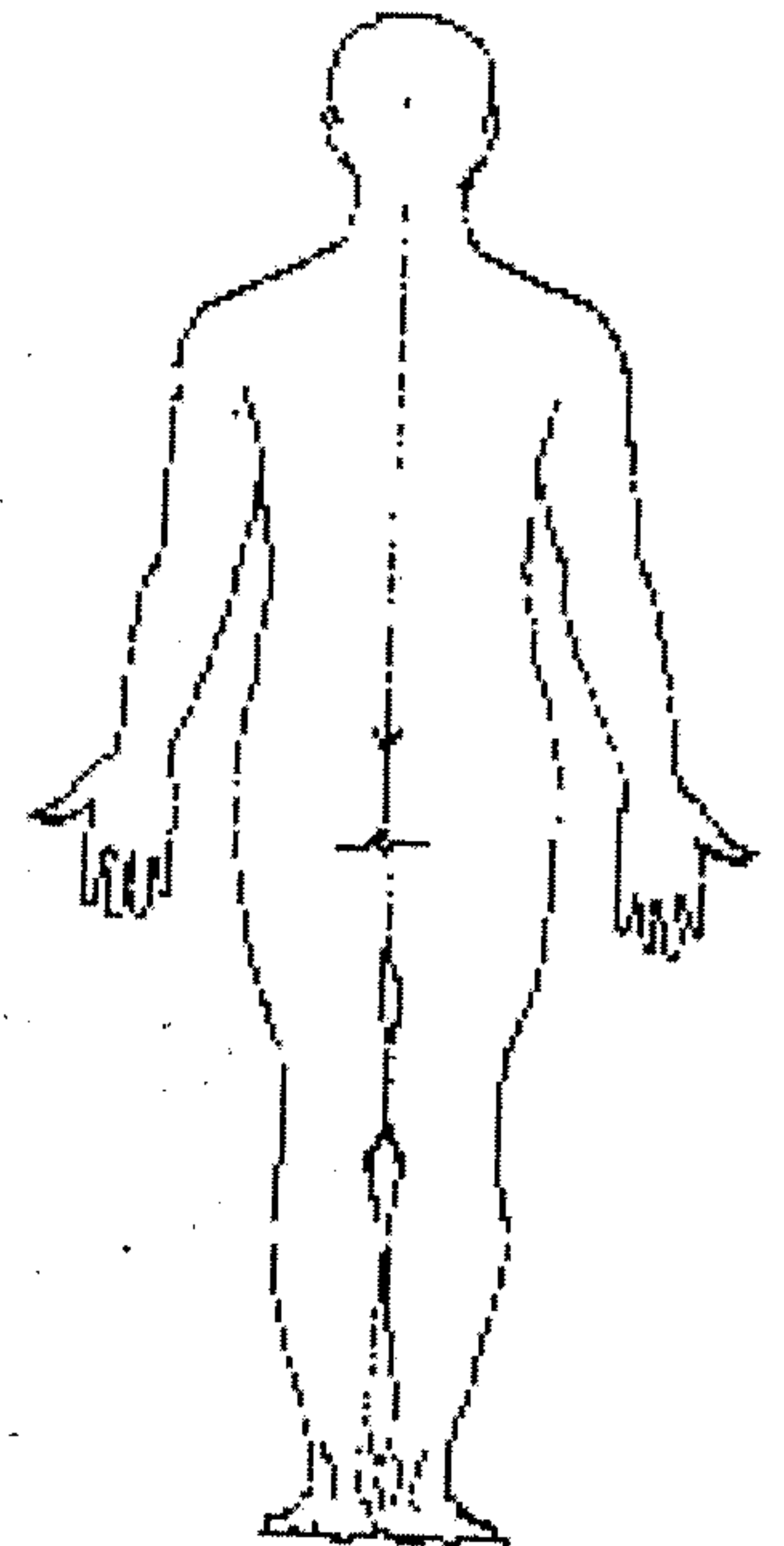
Decedent was traveling in a FEDEX semi with his son. They stopped at the PILOT Truck Stop, I-40 Exit 355, Kingston, TN.

Decedent had been driving. He and son stopped to change drivers and for a break. Decedent was cleaning the passenger's side windshield. As he was doing this, another tractor trailer exiting the facility crushed him against his vehicle.

EMS was contacted and arrived on scene. EMS attempted to transport decedent via LIFESTAR, but due to weather the helicopter could not fly. Decedent was transported by ground to U. T. Medical Center. He underwent emergency surgery but did not survive.

He resided in Utah. SSAN 313 72 8010. UT Driver's License T65834041.

I received call from Amanda from KCRFC. Case discussed with District Attorney, R. Johnson who concurs with autopsy order. THP Case 117026682.



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

CAUSE AND MANNER OF DEATH

Presumed Cause of Death: Crush Injury	Date: 07/13/2017	<input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input 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 M.D.	Physician Responsible for Death Certificate: Knox County Regional Forensic Center
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The accompanying body of Robert David Edlund 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: