



# OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7<sup>th</sup> FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

FAX: 615-401-2535 EMAIL: OSCME.ROI@TN.GOV

Case Number: 17007

## Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Thomas	Malachai		White	14yr	Male
Residential Address		City	County	State	Zip	
214 Cates Road Lot #17		Rockwood	Roane	TN	37854	
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 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:	Thomas Boduch MD		Relationship:	Medical Examiner		Is decedent known to have fingerprints on file?
Address:	314 East Spring St., Kingston, TN 37763		Phone #:	(865) 376-1212		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	08/30/2002		Marital Status:	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input 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	Student		Industry: N/A <input type="checkbox"/>
Body Temperature:	<input type="checkbox"/> Cold <input checked="" 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 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 checked="" type="checkbox"/> Ears <input type="checkbox"/> Clothing <input type="checkbox"/> None <input type="checkbox"/> Color:		Livor Mortis:	<input type="checkbox"/> Absent <input checked="" type="checkbox"/> Blanchable		
Other: (Dirt, water etc.):	<input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input checked="" type="checkbox"/> Ears <input type="checkbox"/> None		Livor Mortis:	<input type="checkbox"/> Fixed <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	01/06/2017	1555	(Where: Address) 304 Molyneux, Rockwood, TN 37854 (By whom: Name & Phone Number) Numerous Bystanders	Roane	Roadway	
LAST KNOWN TO BE ALIVE	01/06/2017	1555	(Where: Address) 304 Molyneux, Rockwood, TN 37854 (By whom: Name & Phone Number) Numerous Bystanders	Roane	Roadway	
FOUND DEAD	01/06/2017	1555	(Where: Address) 304 Molyneux, Rockwood, TN 37854 (By whom: Name & Phone Number) Numerous Bystanders	Roane	Roadway	
POLICE NOTIFIED	01/06/2017	1555	POLICE AGENCY: Rockwood Police Department	INVESTIGATOR/PHONE NUMBER: Chief Danny Wright		
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)	01/06/2017	1641	(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 checked="" type="checkbox"/>	<b>MOTOR VEHICLE INVOLVED</b>	<input type="checkbox"/> Driver (If known) <input checked="" type="checkbox"/> Passenger (If known) <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	<input checked="" 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 checked="" 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"/>	<b>GUN</b>	<input type="checkbox"/> Rifle – Cal. <input type="checkbox"/> Handgun – Cal. <input type="checkbox"/> Shotgun – Cal. <input type="checkbox"/> Unknown Type	<input type="checkbox"/>	<b>OTHER INSTRUMENT:</b>	<input type="checkbox"/> Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Unknown	<input type="checkbox"/>	<b>SURGICALLY TREATED:</b>	<input type="checkbox"/> Yes: <input type="checkbox"/> No	<input type="checkbox"/>	<b>DRUG, POISON, CHEMICAL (Suspected)</b>	<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

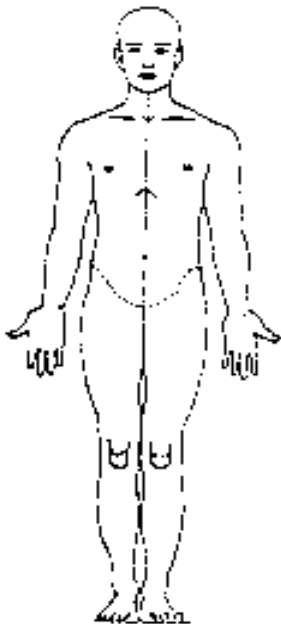
**MEDICAL HISTORY**

<b>CONDITION:</b> <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: <b>ADD and Asthma</b>	<b>FAMILY PHYSICIAN – DOCTOR:</b> Thomas Boduch MD <b>ADDRESS:</b> 314 East Spring St., Kingston, TN 37763 <b>PHONE #:</b> 865-376-1212 <b>MEDICATIONS (Please use attached Medication Log)</b>
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<b>NEXT OF KIN</b> Address and Phone #:	Heather Thomas (Mother), 214 Cates Road Lot #17, Rockwood, TN 37854 865 399 9373
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<b>FUNERAL HOME</b> Address and Phone #:	Evans Mortuary, 805 North Gateway, Rockwood, TN 37854 865 354 2600
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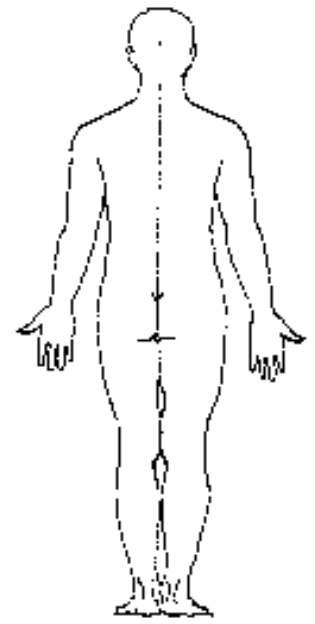
**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):**



Decedent was rear seat passenger of a car driven by Billy Wright that lost control and struck a tree at 304 Mullineux, Rockwood. Car was travelling eastbound. The vehicle spun around and caught fire. Numerous calls were made to 911 by residents living near the scene. Bystanders pulled decedent from vehicle. CPR attempted but was unsuccessful. Driver was killed instantly, pinned in wreckage and had to be extricated. Front seat passenger Amanda Curry was in critical condition, transported to UT, but died the next day. Another juvenile was in rear seat but survived and was also transported to UT.

Decedent was regular patient in my practice. MEDICATIONS: Adderall, Catapres, Singulair and Proventil HFA. Decedent transported to Roane Medical Center. Exam done, photos taken, toxicology obtained. Had palpable skull fracture and numerous abrasions.

Enroute 1610; 10-97 1641; 10-98 1945; 31 miles.



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

**CAUSE AND MANNER OF DEATH**

Presumed Cause of Death: <b>Multiple Trauma (instant) due to MVA</b>	Date: <b>01/06/2017</b>	<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: <b>Thomas Boduch MD</b>	Physician Responsible for Death Certificate: <b>Thomas Boduch MD</b>
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The accompanying body of Malachai Thomas 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: \_\_\_\_\_