

Office of Hamilton County  
 Medical Examiner

3202 AMNICOLA HIGHWAY • CHATTANOOGA, TN 37406  
 OFFICE: 423-493-5175 • FAX: 423-493-5176

C # C14-1081  
 A # ME14-173  
 I # RS14-452

REPORT OF INVESTIGATION BY COUNTY MEDICAL EXAMINER

DECEDENT Kenneth Hine Johnson  
First Name Middle Name Last Name

HOME ADDRESS 2015 Windsor Street Chattanooga TN 37406  
Number and Street City or County State Zip

RACE: B SEX: M AGE: 59 DOB: 07/07/1955 DATE OF DEATH: 11/11/2014

TYPE OF DEATH: Violent  Casualty  Suicide  Suddenly when in apparent health  Found Dead   
(Check one only) In prison  Suspicious, unusual or unnatural  Cremation

Comment Decedent was beaten

If Motor Vehicle Accident Check One: Driver  Passenger  Pedestrian  Unknown

Notification by Sgt. Shaw Investigating Agency HCME

Address CPD

DESCRIPTION OF BODY: Clothed  Unclothed  Partly Clothed  Circumcised Yes  No

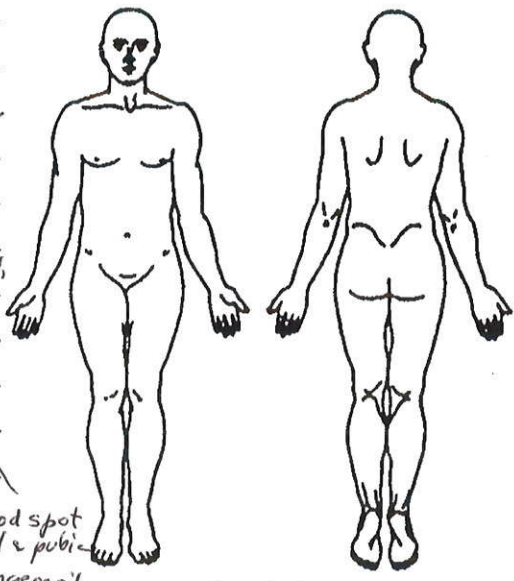
Eyes brown Hair shaved Mustache black & gray Beard black & gray

Weight 164.0 Length 67.5 Body Temp. cool Date and Time 11-11-14 at 2:20pm (ext.)  
Pounds Inches

Rigor: Yes  No  Lysed  Livor Color purple, post Fixed  Non-Fixed

Marks and Wounds \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

see chart B, G, K, U, FF, X



BODY EXAMINATION BY: JKM, JC, KM

TOXICOLOGY  No  Yes Blood to AIT Lab.

PROBABLE CAUSE OF DEATH  <u>Blunt force injuries of head</u>	MANNER OF DEATH (Check one only)		DISPOSITION OF CASE 1. Not a medical examiner case <input type="checkbox"/> 2. Autopsy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pathologist <u>JKM</u>
	Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/>	Natural <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/>	

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 38-7-101 through 38-7-116 Tennessee Code Annotated; and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

11-13-14 HAMILTON James K. Metcalfe, M.D.  
Date County of Appointment Signature of County Medical Examiner

John P. Franklin  
FUNERAL HOME

Steven C. Cogswell, M.D.  
Signature of County Medical Examiner

**PERSONAL HISTORY:** Suicide attempts  Suicide threats  Hobbies, aptitude and skills with firearms, chemicals, etc.   
 Domestic, premarital or marital conflicts  Financial or business reverses  Social or religious conflicts  Legal difficulties   
 Criminal record  Unemployment  Fear of disease  Other (specify) N/A

**CONDUCT BEFORE DEATH:** Efforts to prevent help  Efforts to obtain help  Suicide attempt: Admitted  Denied   
 Refusal to talk  Written declaration of intended suicide  Accusations against others  Other (specify) N/A

	LAST SEEN ALIVE	INJURY OR ILLNESS	DEATH	DISCOVERY	MEDICAL EXAMINER OFFICE NOTIFIED	VIEW OF BODY
DATE				11/11/2014	11/11/2014	
TIME				0751	0810	

	LOCATION / ADDRESS	TYPE OF PREMISES (HOSPITAL, HOTEL, HIGHWAY, ETC.)
INJURY OR ONSET OF ILLNESS	2200 Blackford Street Chattanooga, TN	Road side (ditch)
DEATH	2200 Blackford Street Chattanooga, TN	Road side (ditch)
VIEWING OF BODY BY MEDICAL EXAMINER		

MEDICAL ATTENTION AND HOSPITAL OR INSTITUTIONAL CARE	
NAME OF PHYSICIAN OR INSTITUTION	ADDRESS
<sup>SG</sup> Unknown Unknown	

MEDICAL HISTORY: Unknown

CIRCUMSTANCES OF DEATH		
	NAME	ADDRESS
FOUND DEAD BY	CPD	CPD 14-109404
LAST SEEN ALIVE BY		
WITNESS TO INJURY OR ILLNESS AND DEATH	Detective Fuller	CPD 14-109404
BODY TRANSPORTED BY	M6	HCEMS 14-025403

**NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH:**  
 This office was notified by Sgt. Shaw of the CPD major crimes unit regarding the discovery of a male party found dead laying in a ditch. He was transported to the medical examiner office for further examination.

Ronald Smith   
 MEDICAL INVESTIGATOR