



REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
 19-13219
 Case Number
DEC 30 2019
 Date Received
 Res NR

DECEDENT: George Jones
First Middle Last Suffix
 RESIDENCE: 18 Olive St. Suite 801 Asheville NC Buncombe
Number and Street City, State County
 AGE: 85 SEX: Male Female Unknown
 RACE: Asian Black Native American White Other
 HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE				
	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	12/25/2019	0155	Interstate I-26 Marker 24	Buncombe
DEATH	12/25/2019	0156	Interstate I-26 marker 24	Buncombe
VIEW OF BODY	12/26/2019	2200	<input type="checkbox"/> Scene of Death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home <input checked="" type="checkbox"/> Morgue <u>Mission Hospital</u> <input type="checkbox"/> Not Viewed <small>Facility Name</small>	
ME NOTIFIED	12/25/2019	0420	LAW ENFORCEMENT AGENCY: <u>Woodfin police department</u>	
LAST KNOWN TO BE ALIVE	12/25/2019	0155	OFFICER: <u>Sgt. Ammons</u>	TELEPHONE: <u>828-253-4889</u>

AUTOPSY: None M.E. Authorized Non-M.E./Private-Facility Name: _____
 BLOOD SAMPLE : Mailed by: ME after External Pathologist after Autopsy Reason not obtained: _____
 IF CLINICAL ALCOHOL PERFORMED, RESULT: _____ Where: _____

PROBABLE CAUSE OF DEATH: Pending

- Multiple blunt force injuries
DUE TO _____
- _____
DUE TO _____
- _____
DUE TO _____
- _____
DUE TO _____

CONTRIBUTING CONDITIONS
 MANNER OF DEATH:
 Natural Accident Homicide Suicide Pending

This Section "OCME REVIEW ONLY"		SDC
1. _____ DUE TO _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> AL <input type="checkbox"/> Dictated <input type="checkbox"/> COG	
2. _____ DUE TO _____		
3. _____ DUE TO _____		
4. _____ DUE TO _____		
CONTRIBUTING CONDITIONS		
MANNER OF DEATH: Natural Accident Homicide Suicide Undetermined		
Reviewer: <u>[Signature]</u>	Date: <u>1/24/2020</u>	
<i>Information in this block supersedes that contained in space at left.</i>		

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Melissa A. Shirley
 Signature of Medical Examiner
 Melissa A. Shirley RN-ME
 Print Name of Medical Examiner

12/28/2019
 Date

Buncombe
 County of Appointment

MEDICAL HISTORY

Alcoholism Cancer Depression Diabetes Hypertension
 Ischemic Heart Disease Seizure Disorder Smoking Substance Abuse
 Other ESRD Physician Dr Clements City Asheville

MEANS OF DEATH

VEHICLE: Type of vehicle associated with this decedent:
 ATV Bicycle Farm Equipment Moped Motorcycle Passenger Car
 Pickup Truck Truck—more than 2 axle SUV Other _____
Position: Driver Passenger Pedestrian Unknown
Devices: Seat Restraints Air Bag Helmet Child Restraint None Unknown
Number of Units Involved: 2

GUN: Rifle-Caliber _____ Handgun-Caliber _____ Shotgun-Gauge _____ Unknown
 INSTRUMENT: Asphyxial Blunt Sharp Description _____
 TOXIC AGENT(S) SUSPECTED: Alcohol Others _____ Noted in Summary on Page 4
 DROWNING: Bath tub Lake Ocean Pond Pool River Other _____
 Life Preserver: Yes No Unknown Able to swim: Yes No Unknown
 Activity _____
 FIRE: Suspected Cause: _____ Smoke Detector: Yes No Unknown
 FALL: From: Sitting Standing Other _____ Approximate Distance _____ (Feet)

ACTIVITY OF DECEDENT AND PREMISES

Work Related:

Fatal Injury or Illness Occurred on a Job*: Yes No Unknown
 If Yes, was employment: Primary Job Secondary Volunteer Work Unknown
 Name of this employing firm or agency _____
 Type of business or industry _____ Decedent's occupation _____

*Activity on a job that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

Non-Work Related: (See Examples Below)

FATAL INJURY OR ILLNESS: Activity _____ Unknown
 Type of place Roadway Specific location interstate I-26 marker 24

Examples-Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fight, etc.

Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.

Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, etc.

DEATH: Type of place Roadway Specific location Interstate 26 marker 24
 Death occurred while in custody: Yes No Unknown
 If yes, was in: County Jail State Prison Federal Prison Police Presence
 Death occurred in State Operated Facility: Yes No

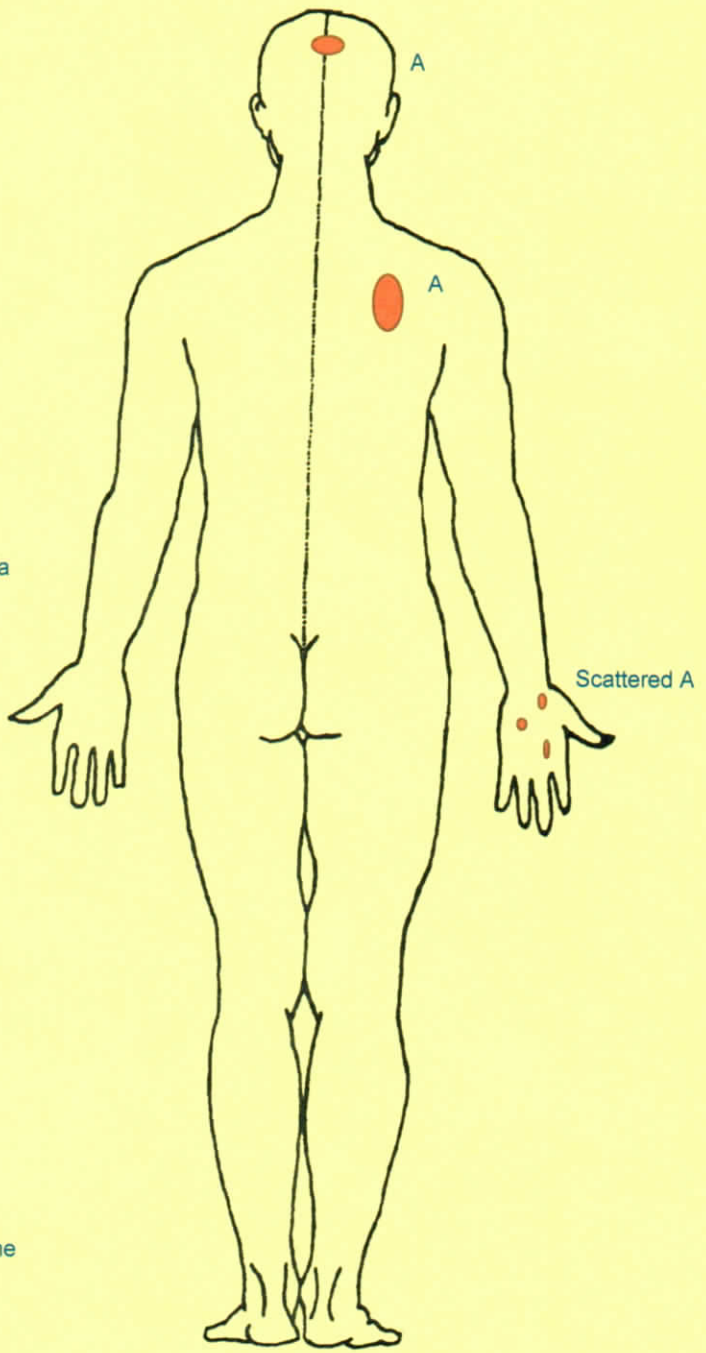
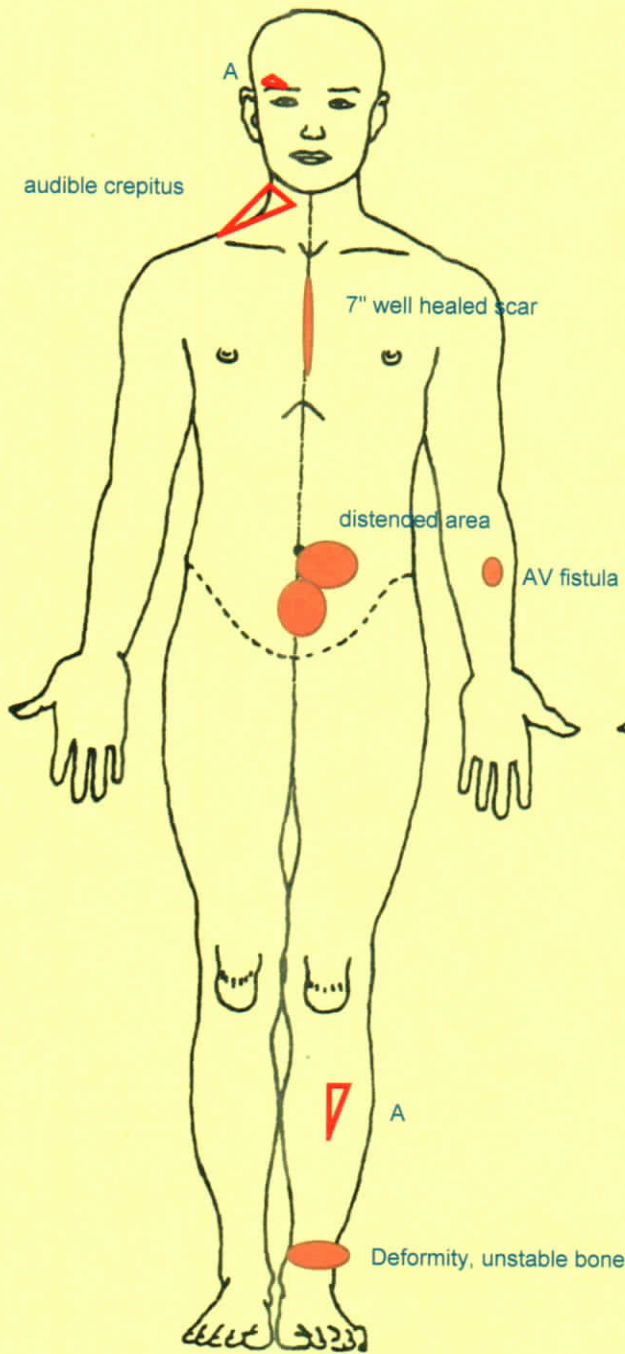
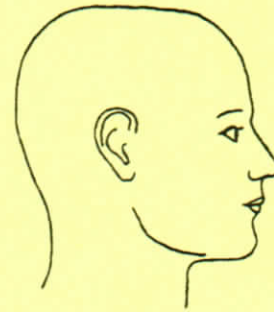
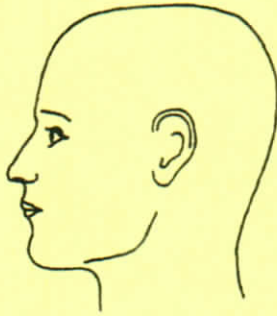
DESCRIPTION OF BODY

For Pathologists Only:
Refer to Autopsy Report

CONDITION: Intact Decomposed Fragmented Skeletonized
 Embalmed Charred Prolonged immersion
RIGOR: None 1+ 2+ 3+
LIVOR: None Anterior Posterior Lateral Color: Pink
LENGTH: 74" Estimate **WEIGHT:** 185 lbs. Estimate
BODY TEMPERATURE: Warm Cool Cold **HAIR:** Color: Gray Facial Beard
EYES: Color: Brown Abnormalities _____
TEETH: LOWER: Natural Dentures None UPPER: Natural Dentures None
PHOTOGRAPHS: Yes No **RADIOGRAPHS:** Yes No
CLOTHING: Green T-shirt, plaid long sleeve shirt, blue plaid jacket, Plaid PJ bottoms, Tan slacks Not Clothed
1 brown shoe(R) 1 white sock (R), tan hat
VALUABLES: 98 cents, green lighter, pocket knife. No Valuables

BODY DIAGRAMS

Legend:	
A= Abrasion	G= Gunshot
B= Burn	L= Laceration
C= Contusion	S= Stab



Indicate nature, location and measurements of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams
(Not to Scale)

MEDICAL EXAMINER PRELIMINARY SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH*

At approximately 0130 on 12/25/2019 the decedent's truck was at a stand still partially off the roadway, with the car lights off. This was on interstate I-26 between marker 23 and 24 in Woodfin NC. A second vehicle hit the back of the the decedent's truck at at least 65MPH, braking the decedent's truck axle and peeling back the driver's door of his truck. Law enforcement has yet to determine if the decedent was sitting in the driver's seat, or out of the vehicle at the time of the crash. He was found approximately 15 feet in front of the truck in the roadway. EMS responded and declared the decedent expired at 0156.

There is some question of advancing dementia. In May of 2019 he was reported missing by his stepson/roommate. He was found two days later in eastern TN by police sitting in his truck on the side of the road. He was taken to a local hospital for evaluation and thought he was still in Asheville NC.

on 12/07/2019 he went to the emergency department at Mission hospital for a complaint of a hernia that he had gone to the emergency room on two other occasions for in 2019 but couldn't seem to remember the prior visits. In medical notes from this visit there seems to be concern about him being able to sign surgical consent forms for a hernia surgery.

The decedent has the following medical history: End stage renal disease (on dialysis), anemia, diabetes and hypertension.

His stepson, who was also his roommate, died in October leaving the decedent with no family support in the area.

PURPOSE: To document the findings of a Medical Examiner investigation. *This is not an autopsy report. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a); within fourteen (14) days of Medical Examiner's examination.

PREPARATION: The investigating Medical Examiner completes all appropriate information, and signs the certification statement on the front of the form.

DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, 3025 Mail Service Center, Raleigh, NC 27699-3025

DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.

COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Raleigh, NC 27699-3025