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Annual Report

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Knox County Regional Forensic Center

Mission Statement

The Knox County Regional Forensic Center seeks to:

- Provide accurate, timely, compassionate, and professional death investigative services for the citizens of Knox County and other counties it serves;
- Identify and develop an understanding of sudden, unexpected, and unnatural deaths then educate the public about those deaths;
- Assist law enforcement agencies with investigations;
- Consults for medical professionals and attorneys;
- Render unbiased opinions and testimony in court; and
- Extend research support for local and national medical, legal, academic, and law enforcement organizations.

History

The Knox County Medical Examiner's Office has been in existence since the early 1950s when it operated out of a small, one-room morgue in the basement of the former University of Tennessee Hospital. In 1998, the Regional Forensic Center (RFC) moved to a new ground floor facility as University of Tennessee Medical Center expanded. In 2014, Knox County, with financial support from the State of Tennessee, built an 18,000-square-foot facility on Sullins Street in Knoxville, Tennessee, and officially began service as the Knox County Regional Forensic Center.



Overview

The Knox County Regional Forensic Center is a department under the purview of the Knox County Mayor's Office. It serves as the Office for the Chief Medical Examiner for Knox and Anderson counties and provides autopsy and consultative services for 21 other counties in Middle and East Tennessee. The facility operates 24-hours a day, seven days a week, all year long; at least one autopsy technician is always at the facility, a Medical Examiner/Forensic Pathologist is always on duty or on-call, and a medicolegal death investigator is always available to respond to death scene investigations.

Legal Jurisdiction

There are three areas of the Tennessee Code that dictate how deaths and decedents are reported in the State of Tennessee.

Tennessee Code Annotated §38-7-104 – County Medical Examiner

A county medical examiner shall be appointed by the county mayor, subject to confirmation by the county legislative body, based on a recommendation from a convention of physicians

residents in the county. A county medical examiner shall be a physician who is either a graduate of an accredited medical school authorized to confer upon graduates the degree of doctor of medicine (M.D.) and who is duly licensed in Tennessee, or is a graduate of a recognized osteopathic college authorized to confer the degree of doctor of osteopathy (D.O.) and who is licensed to practice osteopathic medicine in Tennessee, and shall be elected from a list of a maximum of two (2) doctors of medicine or osteopathy nominated by convention of the physicians, medical or osteopathic, residents in the county, the convention to be called for this purpose by the county mayor.

Tennessee Code Annotated §38-7-104 – Medicolegal death investigators

A medical investigator shall be a licensed emergency medical technician (EMT), paramedic, registered nurse, physician's assistant or a person registered by or a diplomat of the American Board of Medicolegal death investigators and approved by the county medical examiner as qualified to serve as medical investigator...The county medical investigator may conduct investigations when a death is reported, as provided in §38-7-108, under the supervision of the county medical examiner. The county medical investigator may make pronouncements of death and may recommend to the county medical examiner that an autopsy be ordered. However, the county medical investigator shall not be empowered to sign a death certificate. The county medical examiner may delegate to the county medical investigator the authority to order an autopsy.

Tennessee Code Annotated §38-7-108 – Death under suspicious, unusual or unnatural circumstances

Any physician, undertaker, law enforcement officer, or other person having knowledge of the death of any person from violence or trauma of any type, suddenly when in apparent health, sudden unexpected death of infants and children, deaths of prisoners or persons in state custody, deaths on the job or related to employment, deaths believed to represent a threat to public health, deaths where neglect or abuse of extended care residents are suspected or confirmed, deaths where the identity of the person is unknown or unclear, deaths in any suspicious/unusual/unnatural manner, found dead, or where the body is to be cremated, shall immediately notify the county medical examiner or the district attorney general, the local police or the county sheriff, who in turn shall notify the county medical examiner.

Function

The Knox County Regional Forensic Center serves citizens by investigating deaths that are unnatural and/or unexpected and determining the cause and manner of death; recognizing and collecting evidence needed for adjudication; defining public health and product safety risks; and providing compassionate services to families.

Cause of death refers to a disease, injury, drug toxicity, or combination of factors that causes a physiological derangement severe enough to result in death.

Manner of death refers to the circumstances surrounding how a death occurred and has five possible classifications including natural, accidental, suicide, homicide, or undetermined.

These investigations begin with the careful review of the scene of death and are supplemented, when appropriate, by physical examination, autopsy, toxicologic testing, and other studies.

The Center is responsible for the investigation and certification of cause and manner of death of all sudden, unexpected, violent, suspicious, and/or unnatural deaths or deaths without medical attendance that occur inside its jurisdictional counties.

The Knox County RFC also provides autopsy and consultative services for similar deaths occurring in 21 additional Middle and East Tennessee counties at the written request of local authorities. Knox and Anderson Counties are the RFC jurisdiction; the 21 other counties are not.

National Missing and Unidentified Persons System (NamUs)

As part of Tennessee Code Annotated §38-6-1, Regional Forensic Centers are also charged with taking control of an unidentified body and coordinating efforts with law enforcement and NamUs to identify the decedent. The RFC serves as a regional resource for East Tennessee counties with a need to identify a decedent or assist in finding a missing person and partners with NamUs to work cases to identify missing and unidentified persons.

Opioid Information

Knox County Drug Related Death Task Force

The RFC partners with the Office of the District Attorney in the Sixth Judicial District, Knox County Government, Knoxville Police Department, Knox County Sheriff's Office, Drug Enforcement TBI, and the Appalachia High-Intensity Drug Trafficking Area as part of the Knox County Drug Overdose Task Force.

The force was formed to address the growing drug abuse issues and number of drug deaths in Knox County. The goals of the Task Force are:

- Identifying drug categories of interest, prosecutable street-level sources of illegal opiates and other drugs, and strategies to lower drug-related deaths, overdoses, and arrests;
- Developing best practices and a uniform data collection tool for local and regional use and a drug-related death data reference resource for medical and service professionals; and
- Creating a confidential and secure system (behind the Drug Related Death Task
 Force firewall) to collect law enforcement and medically sensitive information for
 quantification in order to analyze the information and data for use in redacted reports
 in collaboration with community partner agencies.

The RFC partners with the Drug Enforcement Agency (DEA) and participates in its DEA360 program and enhanced toxicology testing through collaboration with toxicology labs at the University of California, San Francisco; the focus of is coordinating education and community action for drug issues in Knox County locally and detection of novel substances flooding the illegal drug market regionally.

Drug Related Deaths

In late 2020, the Knox County Regional Forensic Center began a partnership with DEA Tox, the UCSF Mt. Zion Cancer Research lab dedicated to serving the DEA. Through this

partnership, it has been possible to detect and quantify drugs new to our region. This process has saved thousands of local taxpayer dollars by providing these services at no charge.

The RFC produces an annual Drug Related Death Report for Knox and Anderson counties, where Dr. Darinka Mileusnic-Polchan serves as Chief Medical Examiner. This report is inclusive of only jurisdictional counties because the RFC feels more able to perform a thorough investigation of these possible drug related deaths which ensures a greater confidence that the decedents were properly examined.

The Drug-Related Death Report provides data on the number of drug deaths, demographic details about decedents, the location of injury and/or death, and the drugs involved therein. It also provides an overview of emerging drug trends.

For a copy of the most recent report, visit the Knox County Regional Forensic Center website.

Community Involvement and Educational Activities

The RFC prides itself in regular interaction with the local community and tries to ensure staff is well integrated in service communities.

In 2022, the RFC completed the following community service activities:

- Hosted pathology residents from the University of Tennessee Graduate School of Medicine and forensic dentistry fellows from Lincoln Memorial University's College of Dental Medicine.
- Held numerous virtual and in person conferences with high school and college students interested in the field of forensic pathology and medicolegal death investigations.
- Spoke to Criminal Justice Classes at Anderson County High School.
- Presented on medicolegal death investigation at educational conferences for regional medical examiners, medicolegal death investigators, law enforcement, emergency response personnel, others involved in death investigation, and emergency medical services.
- Hosted conferences in conjunction with the National Forensics Academy that focus on providing training to law enforcement on death scene investigation, autopsy techniques, and fingerprinting decedents.
- Hosted new Knoxville Police Department recruits for a tour of the facility and lectures
 on medicolegal death investigation and forensic pathology topics.
- Served on the Knox County Child/Infant Fatality Death Review Team, the Anderson County Child/Infant Fatality Death Review Team, the Elder Abuse Coordinated Community Response Committee, the Metro Drug Coalition, and the Overdose Fatality Review Team. As well as consulting for the East Tennessee District's Child/Infant Fatality Death Review Teams and the State of Tennessee Medical Examiner Advisory Council, and other regional infant death review teams.
- Shared lectures about RFC operations and death investigation processes with groups that include Knox County Emergency Management Agency, funeral home director groups, and others.
- Participated on committees with multiple state and regional government and nongovernment agencies focused on emergency preparedness and community development.

Served with the 17 county Knox/East Tennessee Healthcare Coalition that includes hospitals, emergency management agencies, public health agencies, and healthcare organizations to address emergency medical management and healthcare planning within the region by holding tabletop and full-scale emergency preparedness exercises and training opportunities as well as working to seek grant opportunities for funding of regional and organizational needs.

Community Care

Meeting with family members to review autopsy findings is one of the most important interactions Medical Examiners/ Pathologists preform as it is often a sensitive part of a family's grieving process. Staff is also available to consult with local physicians and hospitals, as needed, to discuss autopsy findings.

Coverage

In 2022, RFC staff provided services—including personally requested private autopsies—to its two jurisdictional counties (Knox and Anderson) and 21 non-jurisdictional counties that include: Blount, Bradley, Campbell, Claiborne, Cocke, Cumberland, Fentress, Grainger, Hamblen, Jefferson, Loudon, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sevier, and Union.

Jurisdictional counties (green on the map below) are those where Dr. Darinka Mileusnic-Polchan is the Chief Medical Examiner, and the RFC provides medicolegal death investigation. Non-jurisdictional counties (blue on the map below) are those where there is an appointed medical examiner—not Dr. Mileusnic-Polchan or one of the other RFC Deputy/Assistant Medical Examiners—who is a Tennessee-licensed physician responsible for conducting medicolegal investigative activities. These medical examiners may or may not also have medicolegal death investigators working for them in their respective counties.



It is important to note that many cases come to Knox County from non-jurisdictional counties because of the Level 1 and 2 Trauma Center and referral hospitals located in the community. When this happens, the Knox County RFC coordinates activities with the Medical Examiner from the county where the incident occurred due to their primary involvement in the incident investigation.

Staffing

There are 36 full-time staff at the Regional Forensic Center including the Chief Medical Examiner, the Deputy Chief Medical Examiner, four assistant medical examiners/forensic pathologists, the Chief Administrative Officer, two forensic clerks, a manager for the ten medicolegal death investigators, a manager for the ten autopsy technicians, three night

morgue attendants, a physicians administrative assistant, two administrative assistants, and a part-time forensic intern. A forensic anthropologist, forensic odontologist and two forensic pathologist locums are also contracted.

Medical Examiners/Forensic Pathologist

All five medical examiners/forensic pathologists and two locum forensic pathologist are board-certified by the American Board of Pathology in Anatomic, Clinical, and Forensic Pathology. They hold appointments as either Clinical Associate or Assistant Professors with the University of Tennessee and an affiliation with the board-certified Forensic Odontology group. They also assist with Lincoln Memorial University's Graduate School of Forensic Dentistry.

These staff members are responsible for the professional medicolegal death investigation and determining the cause and manner of death for cases handled at the RFC. They are experts in the evaluation of sudden unexpected natural deaths and unnatural deaths such as those caused by firearms, sharp and blunt force trauma, among others. They are frequently called to testify in court on cause of death and share their medical findings and interpretations, particularly in homicide cases. These individuals may consult neuropathologist, odontologist, anthropologist, toxicologist, and/or other disciplines to assist in their evaluations of cases.

Forensic Pathologists complete death certificates for cases in Knox and Anderson counties. At the request of the County Medical Examiners, they will also complete death certificates on certain cases sent to the RFC from other counties. When physicians in Knox and Anderson counties refuse to sign a Death Certificate for their patient or in unattended deaths, as defined by State Code, forensic pathologists will complete them, in order to ensure that the final act of patient/decedent care is completed to assist with all administrative needs in settling final affairs.

Medicolegal Death Investigators (MDI)

The medicolegal death investigators are required to become certified by the American Board of Medicolegal Death Investigators; eight of the local investigators are Diplomats with the organization and two are in the process of earning certification.

These staff members have an initial responsibility for accepting or declining jurisdiction for death cases reported to the RFC. If jurisdiction is accepted, MDIs are responsible for a variety of activities to guarantee the case is properly investigated and recorded in the electronic case management system.

Autopsy Technicians

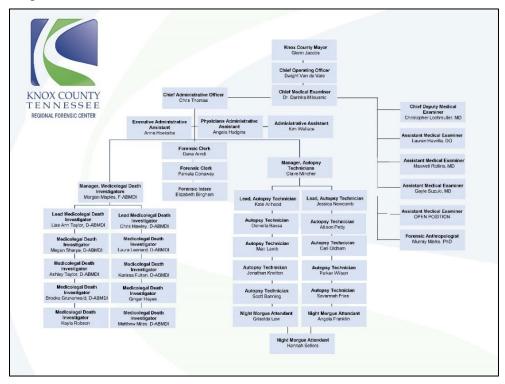
Autopsy Technicians are responsible for coordinating anthropology assignments, X-rays, lab testing, and other activities for the decedent, and receiving/releasing them from the RFC; assisting Forensic Pathologists in conducting autopsies and external examinations; assisting in finger printing and evidence processing for law enforcement; and working with funeral homes and families to transition the decedent for their final disposition.

Administration

Forensic Clerks and Administrative Assistants are responsible for coordinating Forensic Pathologists' schedules for depositions and court testimony, medical billing, tracking death

certifications, completing open records requests, assuring proper case closure, coordinating indigent internment, and other activities as assigned. They work with funeral homes, law enforcement, District Attorney's office, lawyers, families, media, and others to ensure requested information is provided in a timely manner. Forensic Clerks are also responsible for coordinating proper death certificate actions between the State of Tennessee Department of Vital Records, Funeral Homes, and the Regional Forensic Center.

The Center's organizational structure is as follows.



National Association of Medical Examiners Accreditation

The National Association of Medical Examiners (NAME) is the national professional organization of forensic pathologists, physician medical examiners, medicolegal death investigators, death investigation system administrators and consultants who perform the official duties of medicolegal death investigation of deaths of public interest in the United States.

Accreditation is a rigorous process that requires a lengthy inspection by an independent Medical Examiner appointed by the NAME and includes extensive requirements and more than 360 items covering diverse points of quality ranging from how specimens are labeled to the professional qualifications/certifications of staff members.

The Knox County Regional Forensic Center achieved the distinction of Accreditation by the National Association of Medical Examiners in May 2010 and has maintained accreditation since that date. The Center undergoes an annual review of accreditation standards and an onsite inspection every four years. Receiving full accreditation with no deficiencies in June 2019 marked 10 years of continuous accreditation for the RFC. The most recent on-site visit occurred in July 2020 and earned the RFC full accreditation. The next on-site visit will take place in 2024.

Below is a table outlining the essential NAME data collected in 2022. For clarification, "in jurisdiction" references Anderson and Knox counties; "non-jurisdiction" refers to the other 21 service/referral counties the RFC serves. A "full autopsy" is classified as a complete external and internal examination of a decedent. An "external examination" is one focusing on the exterior of the decedent and review of medical records with or without ancillary studies. A "limited examination" is one focused on a specific organ or region of the body, and includes external examination.

| Measure | 2022 | 2021 |
|--|--------|-------|
| Deaths in jurisdiction (all deaths including non-ME/C cases) | 10,067 | 9,830 |
| Deaths reported to the office | 8,068 | 8,416 |
| Deaths investigated (certified) | 8,068 | 8,416 |
| Scenes investigated by ME/C staff | 1,624 | 1,556 |
| Decedents brought to the facility | 2,707 | 2,851 |
| Inspections (external examinations) | 1,150 | 1,237 |
| Autopsies performed in jurisdiction | 622 | 654 |
| Autopsies performed outside jurisdiction | 829 | 863 |
| Hospital/Private Autopsies | 80 | 76 |
| Partial autopsies | 31 | 23 |
| Toxicology only | 2 | 0 |
| Microscopic studies | 1,052 | 1,048 |
| Formal neuropathologic studies | 10 | 21 |
| Formal cardiac pathologic studies | 1 | 0 |
| Deaths certified as homicide | 94 | 111 |
| Homicides autopsied | 93 | 110 |
| Death certified as suicide | 223 | 210 |
| Suicides autopsied | 131 | 136 |
| Non MVA-Accident deaths certified | 1,325 | 1,379 |
| Non MVA-Accident deaths autopsied | 786 | 841 |
| MVA Accidental deaths certified | 192 | 218 |
| MVA-Accidental deaths autopsied | 88 | 79 |
| Deaths certified as natural | 885 | 913 |
| Natural deaths autopsied | 404 | 393 |
| Deaths certified as undetermined or unclassified | 51 | 44 |
| Undetermined autopsied | 50 | 42 |
| Unidentified decedents | 3 | 2 |
| Unidentified decedents autopsied | 3 | 2 |
| Organ donations | 281 | 230 |
| Corneal and other tissue donations | 198 | 176 |

Note: Homicides not autopsied were remanded to other jurisdictions for autopsy.

Regional Forensic Center Cases in 2022

Based on the latest United States Census Bureau data, the approximate combined population of Knox and Anderson counties is 570,713. According to the reported provisional 2022 data from Tennessee Vital Statistics, 10,067 deaths occurred in the two counties, or 1.76% of the population; 7,130 (70.82%), were reported to the Medical Examiner.

Analysis of the circumstances and scenes of these reported deaths and the medical history of the decedents, shows the Regional Forensic Center performed autopsies on 1,775 of these reported deaths, which is 24.90% of all deaths within the RFC jurisdiction.

Referrals

Every referral requires a preliminary screening by the RFC medicolegal death investigators to determine if the case falls within the jurisdiction of the Medical Examiner. The jurisdiction of some deaths reported to the Medical Examiner were released to another county.

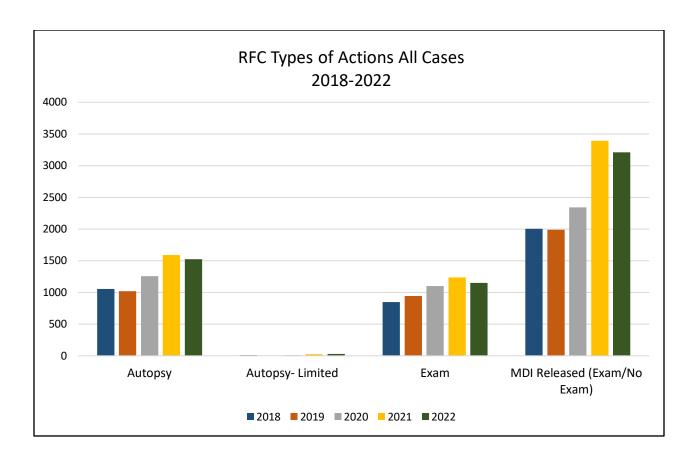
Data

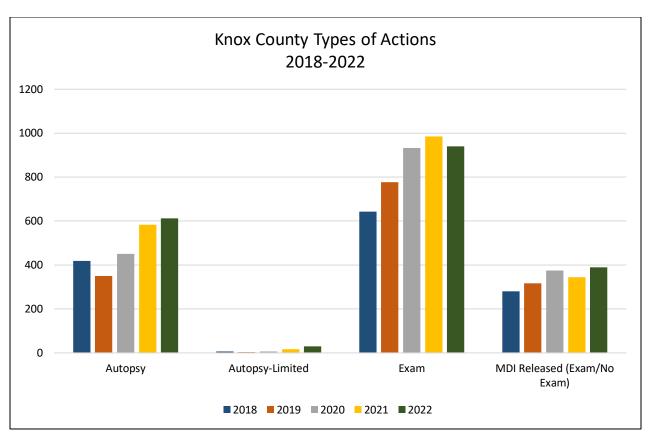
The graphics that follow will illustrate the number of procedures completed at the Regional Forensic Center. The data contained in the charts that follow represents a mix of jurisdictional and non-jurisdictional cases where Knox County provided autopsy or consulting services or completed work prior to a decedent being cremated. Note that a case can have more than one activity depicted in the charts.

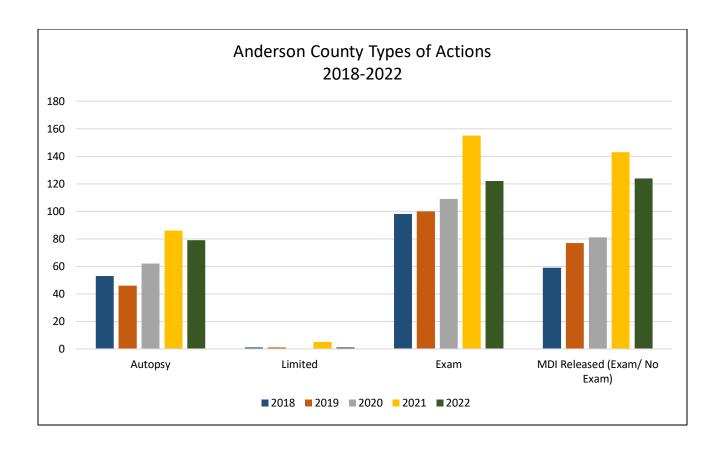
Number and Type of Actions Completed by the RFC Over 5 Years

These charts depict the amount and types of some of the activities handled by the RFC over a 5-year period.

| Types of Activities | | | | | | | |
|-----------------------------|-------|-------|-------|-------|-------|--|--|
| 2018 2019 2020 2021 2022 | | | | | | | |
| Autopsy | 1,054 | 1,019 | 1,258 | 1,584 | 1,524 | | |
| Autopsy - Limited | 8 | 5 | 9 | 23 | 31 | | |
| Exam | 850 | 943 | 1,102 | 1,237 | 1,150 | | |
| Toxicology Only | 3 | 2 | 0 | 0 | 2 | | |
| MDI Released (Exam/No Exam) | 2,003 | 1,987 | 2,344 | 3,391 | 3,208 | | |
| Total | 3,918 | 3,956 | 4,713 | 6,235 | 5,915 | | |





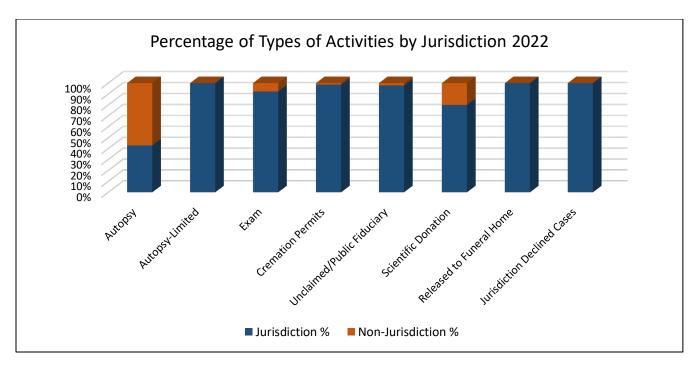


Deaths Reported to the RFC

The following depict the amount/percentage and types of cases handled by the RFC in 2022 and denote how each case was jurisdictionally classified.

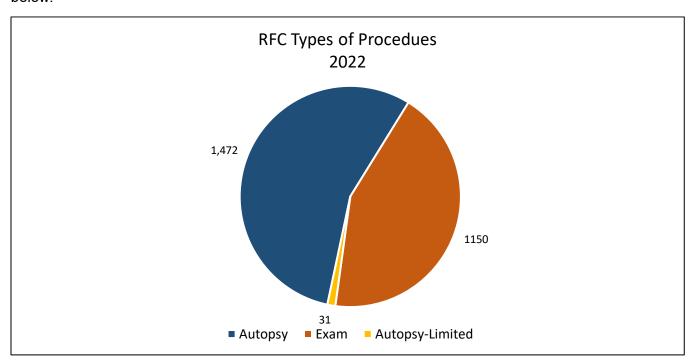
| Types of Activities | Jurisdiction | Non-Jurisdiction | Other | Total |
|-----------------------------|--------------|------------------|-------|--------|
| Autopsy-Full | 625 | 830 | 0 | 1,455 |
| Autopsy - Limited | 21 | 0 | 0 | 21 |
| Exam | 1,061 | 88 | 0 | 1,149 |
| Hospital/Private Autopsy | 0 | 0 | 80 | 80 |
| Cremation Permits | 4,856 | 66 | 0 | 4,922 |
| Unclaimed/Public Fiduciary | 46 | 1 | 0 | 47 |
| Scientific Donation | 16 | 4 | 0 | 20 |
| Release to funeral homes* | 458 | 0 | 0 | 458 |
| Jurisdiction Declined cases | 2,749 | 1 | 0 | 2,750 |
| Total | 9,833 | 990 | 80 | 10,903 |

^{*}After an examination by an MDI at the scene

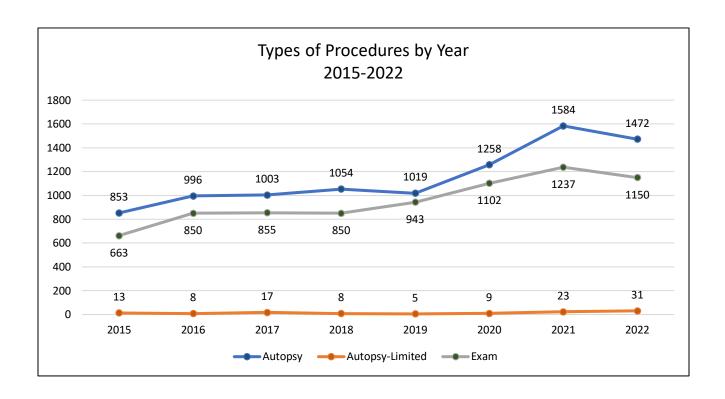


Exam Types

The types of procedures completed by RFC Medical Examiners/Pathologists in 2022 are depicted below.



| Procedure Type by Jurisdiction | | | | | | | | |
|--|-------|-----|-----|-------|--|--|--|--|
| Procedure Knox Anderson Non-Jurisdiction Total | | | | | | | | |
| Autopsy-Full | 563 | 79 | 830 | 1,472 | | | | |
| Autopsy – Limited | 30 | 1 | 0 | 31 | | | | |
| Exam | 940 | 122 | 88 | 1,150 | | | | |
| Total | 1,533 | 202 | 918 | 2,653 | | | | |



Manner of Death Classification for Reported Cases

The charts that follow illistrates how the RFC classified Manner of Death for cases in 2022.

| RFC Manner of Death All Cases 2018 – 2022 | | | | | | | |
|---|-------|-------|-------|-------|-------|--|--|
| Manner of Death | 2018 | 2019 | 2020 | 2021 | 2022 | | |
| Accident MVA | 164 | 167 | 180 | 218 | 192 | | |
| Accident - Non MVA | 757 | 800 | 1,045 | 1,379 | 1,324 | | |
| Suicide | 189 | 200 | 203 | 210 | 223 | | |
| Homicide | 65 | 73 | 97 | 111 | 94 | | |
| Natural | 760 | 751 | 833 | 913 | 886 | | |
| Undetermined | 45 | 44 | 44 | 47 | 51 | | |
| Total | 1,981 | 2,035 | 2,402 | 2,878 | 2,770 | | |

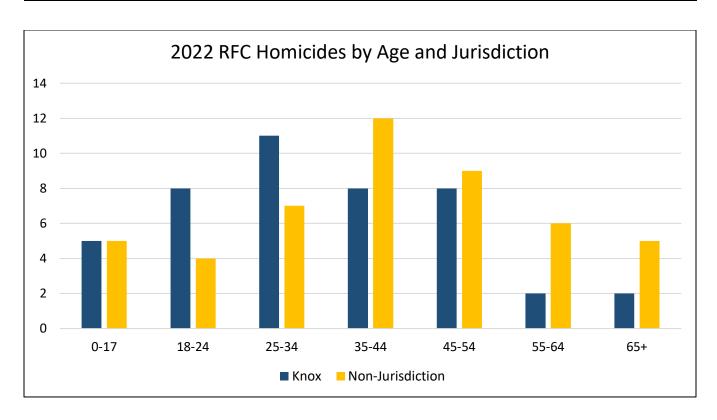
| 2022 Manner of Death Summary for All Counties by Jurisdiction | | | | | | |
|---|-------|----------|------------------|-------|--|--|
| Manner of Death | Knox | Anderson | Non-Jurisdiction | Total | | |
| Accident MVA | 98 | 18 | 76 | 192 | | |
| Accident - Non MVA | 782 | 84 | 458 | 1,324 | | |
| Suicide | 114 | 18 | 91 | 223 | | |
| Homicide | 44 | 2 | 48 | 94 | | |
| Natural | 585 | 96 | 205 | 886 | | |
| Undetermined | 15 | 2 | 34 | 51 | | |
| Total | 1,638 | 220 | 912 | 2,770 | | |

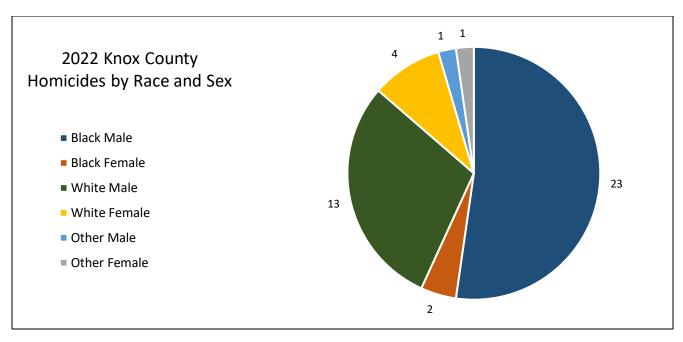
Homicides

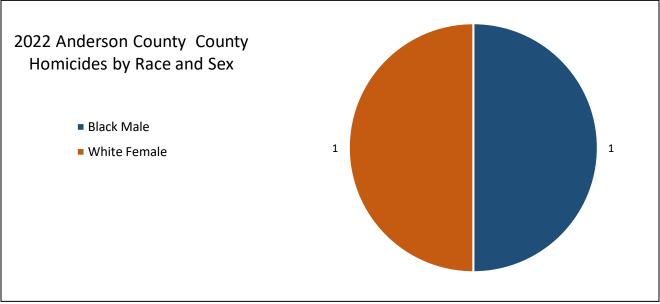
Homicides in 2022 I Knox County decreased by 17% from 2021. Anderson County increased 200% in homicides.

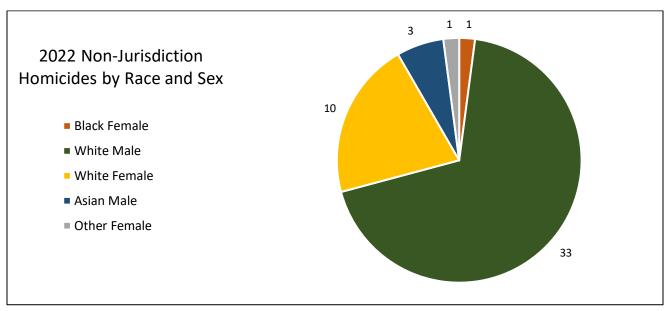
| RFC Homicides Jurisdiction and Non-Jurisdiction 2018 – 2022 | | | | | | | |
|---|-----------------------|----|----|----|----|--|--|
| 2018 2019 2020 2021 2022 | | | | | | | |
| Knox | 34 | 29 | 50 | 53 | 44 | | |
| Anderson | 3 | 2 | 3 | 0 | 2 | | |
| Non-Jurisdiction | 30 | 42 | 44 | 58 | 48 | | |
| Total | Total 67 73 97 111 94 | | | | | | |

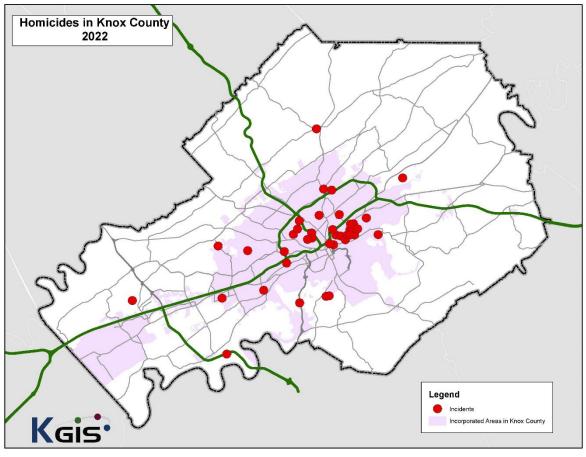
| 2022 Homicides by Cause and Jurisdiction | | | | | | |
|--|------|----------|------------------|-------|--|--|
| Cause of Death | Knox | Anderson | Non-Jurisdiction | Total | | |
| Asphyxia | 1 | 0 | 0 | 1 | | |
| Blunt Force | 3 | 0 | 7 | 10 | | |
| Firearm | 37 | 2 | 35 | 74 | | |
| Sharp Force | 2 | 0 | 4 | 6 | | |
| MVC | 0 | 0 | 2 | 2 | | |
| Fall | 1 | 0 | 0 | 21 | | |
| Total | 44 | 2 | 48 | 94 | | |

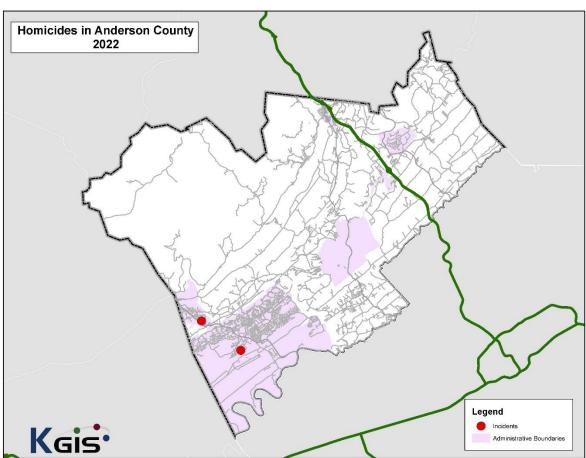












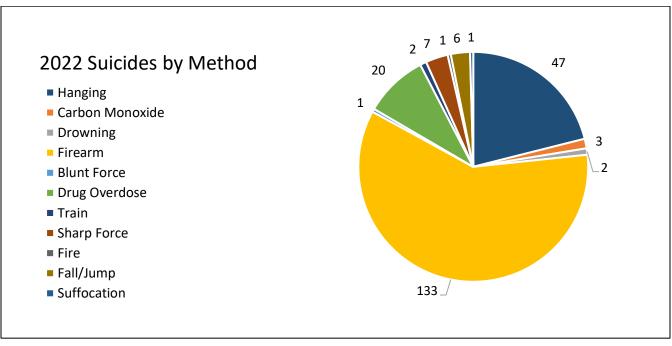
Suicides

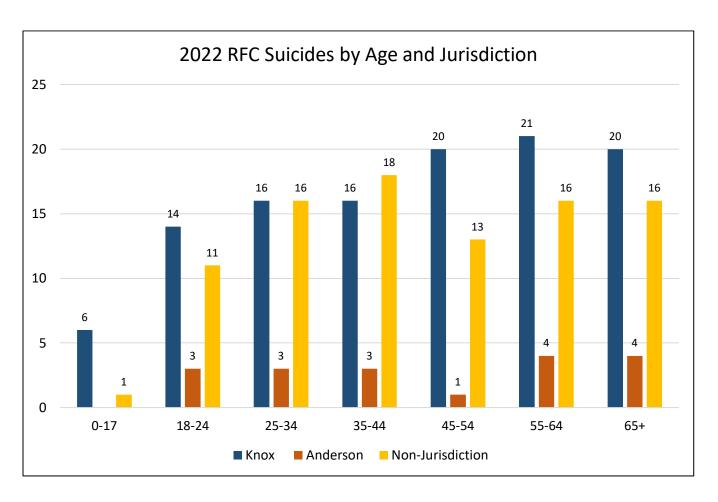
In Knox County suicides increased by 30% in 2022. Suicides in Anderson County decreased by 5%.

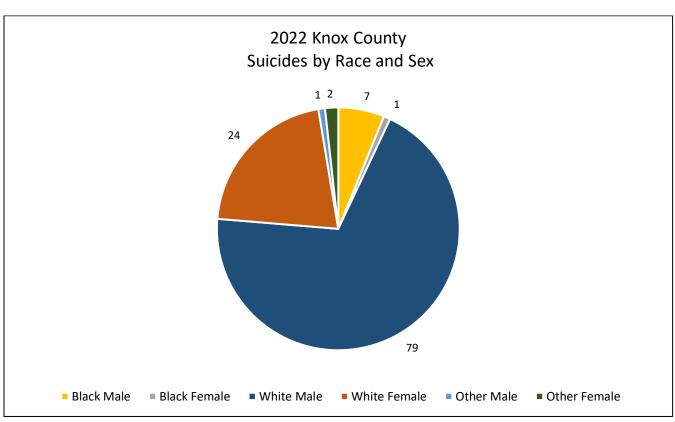
| RFC Suicides Jurisdiction and Non-Jurisdiction 2018 – 2022 | | | | | | | | |
|--|--------------------------|-----|-----|-----|-----|--|--|--|
| | 2018 2019 2020 2021 2022 | | | | | | | |
| Knox | 95 | 83 | 95 | 88 | 114 | | | |
| Anderson | 14 | 24 | 11 | 19 | 18 | | | |
| Non- Jurisdiction* | 80 | 93 | 97 | 103 | 91 | | | |
| Total | 189 | 200 | 203 | 210 | 223 | | | |

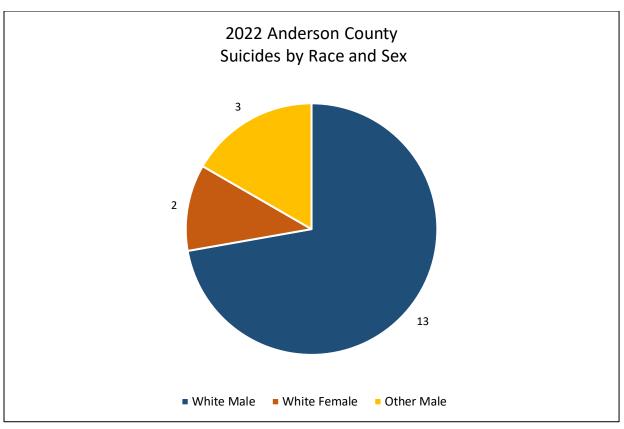
^{*} This data is not reflective of all suicides in non-jurisdiction areas, only those that were sent for autopsy.

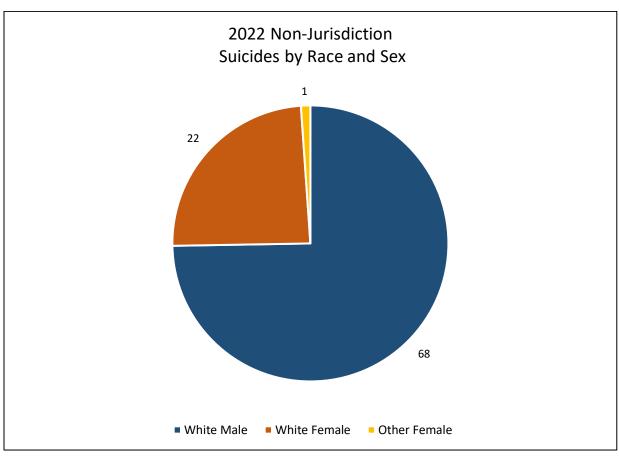
| 2022 Suicides by Cause and Jurisdiction | | | | | | | |
|---|------|----------|------------------|-------|--|--|--|
| Cause of Death | Knox | Anderson | Non-Jurisdiction | Total | | | |
| Blunt Force | 0 | 1 | 0 | 1 | | | |
| Carbon Monoxide | 0 | 1 | 2 | 3 | | | |
| Drowning | 1 | 1 | 0 | 2 | | | |
| Fall/Jump | 3 | 0 | 3 | 6 | | | |
| Fire | 0 | 0 | 1 | 1 | | | |
| Firearm | 78 | 8 | 47 | 133 | | | |
| Hanging | 17 | 5 | 25 | 47 | | | |
| Drug Overdose | 10 | 2 | 8 | 20 | | | |
| Sharp Force | 4 | 0 | 3 | 7 | | | |
| Suffocation | 0 | 0 | 1 | 1 | | | |
| Train | 1 | 0 | 1 | 2 | | | |
| Total | 114 | 18 | 91 | 223 | | | |











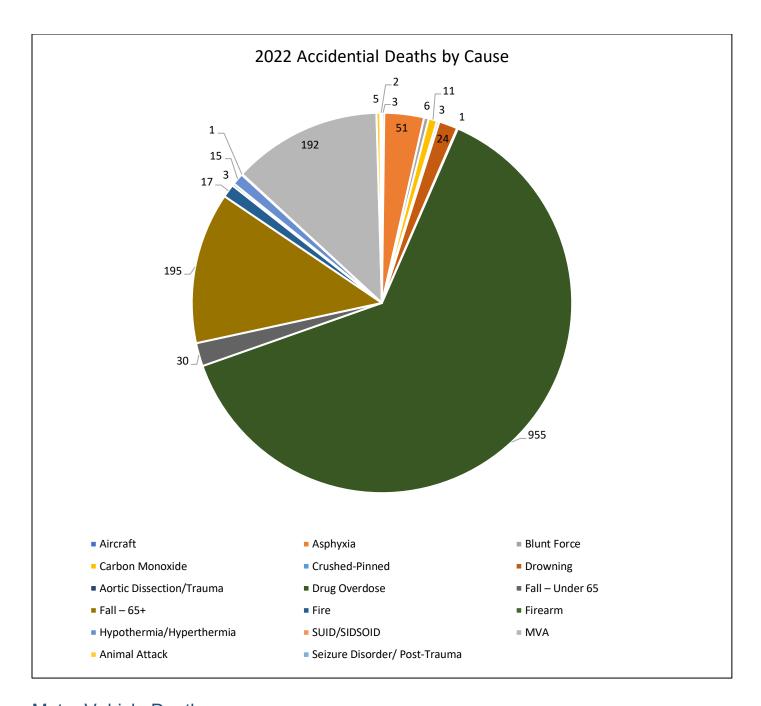
Accidental Deaths

Accidental deaths in Knox County decreased 2% in 2022. Anderson County accidental deaths decreased by 25%..

| RFC Accidental Deaths Jurisdiction and Non-Jurisdiction 2018 – 2022 | | | | | |
|---|-----|-----|-------|-------|-------|
| 2018 2019 2020 2021 2022 | | | | | |
| Knox | 506 | 597 | 706 | 897 | 880 |
| Anderson | 57 | 60 | 74 | 136 | 102 |
| Non-Jurisdiction* | 354 | 309 | 436 | 564 | 534 |
| Total | 917 | 966 | 1,216 | 1,597 | 1,516 |

^{*} This data is not reflective of all accidental deaths in non-jurisdiction areas, only those that were sent for autopsy.

| 2022 / | 2022 Accidental Deaths by Cause and Jurisdiction | | | | | | |
|---------------------------------|--|----------|----------------------|-------|--|--|--|
| Cause of Death | Knox | Anderson | Non- Jurisdiction | Total | | | |
| Aircraft | 0 | 0 | 3 | 3 | | | |
| Aortic Dissection- Traumatic | 1 | 0 | 0 | 1 | | | |
| Asphyxia | 20 | 6 | 26 | 52 | | | |
| Blunt Force | 4 | 0 | 2 | 6 | | | |
| Carbon Monoxide | 0 | 2 | 9 | 11 | | | |
| Crushed-Pinned | 2 | 0 | 1 | 3 | | | |
| Drowning | 7 | 0 | 17 | 24 | | | |
| Drug Overdose | 530 | 62 | 36 | 957 | | | |
| Fall – Under 65 | 23 | 1 | 6 | 30 | | | |
| Fall – 65+ | 179 | 10 | 7 | 196 | | | |
| Fire | 7 | 1 | 9 | 17 | | | |
| Firearm | 0 | 0 | 3 | 3 | | | |
| Hypothermia/Hyperthermia | 8 | 1 | 5 | 14 | | | |
| MVA | 99 | 18 | 75 | 192 | | | |
| Animal | 0 | 1 | 4 | 5 | | | |
| Seizure Disorder-Post Trauma | 1 | 0 | 0 | 1 | | | |
| SIDSOID | 0 | 0 | 1 | 1 | | | |
| Total | 881 | 102 | 533 | 1,516 | | | |



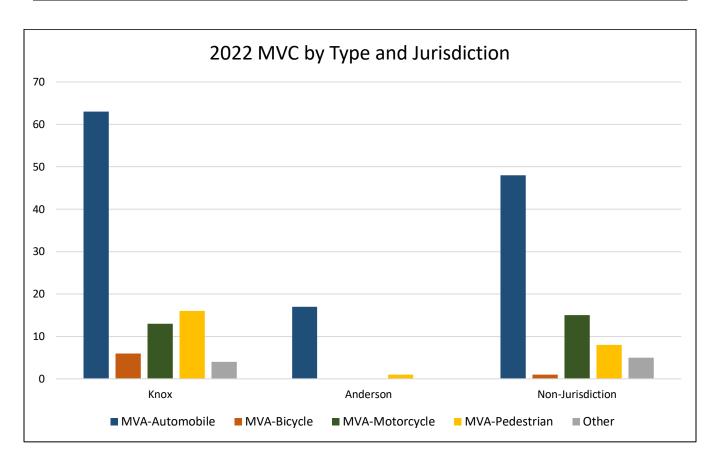
Motor Vehicle Deaths

Motor vehicle deaths decreased in Knox County by 22% in 2022. In Anderson County motor vehicle deaths increased by 6%.

| RFC Motor Vehicle Deaths Jurisdiction and Non-Jurisdiction 2018 – 2022 | | | | | | |
|--|------|------|------|------|------|--|
| | 2018 | 2019 | 2020 | 2021 | 2022 | |
| Knox | 121 | 104 | 99 | 129 | 100 | |
| Anderson | 7 | 10 | 13 | 17 | 18 | |
| Non-Jurisdiction* | 36 | 53 | 71 | 72 | 77 | |
| Total | 164 | 167 | 183 | 218 | 195 | |

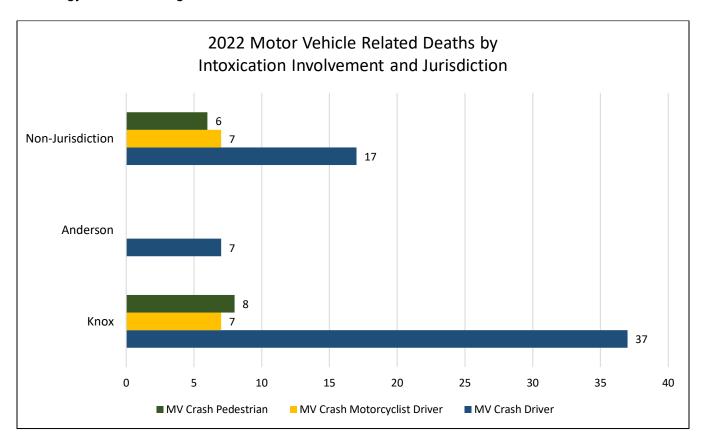
^{*} This data is not reflective of all accidental deaths in non-jurisdiction areas, only those that were sent for autopsy.

| 2022 Motor Vehicle Related Deaths by Decedent Location and Jurisdiction | | | | | | |
|---|------|----------|----------------------|-------|--|--|
| | Knox | Anderson | Non- Jurisdiction | Total | | |
| MCV-Driver | 54 | 12 | 31 | 97 | | |
| MVC-Occupant | 9 | 5 | 17 | 31 | | |
| MVC-Motorcyclist Driver | 13 | 0 | 11 | 24 | | |
| MVC-Motorcyclist Rider | 0 | 0 | 4 | 4 | | |
| MVC-ATV/Offroad | 4 | 0 | 5 | 9 | | |
| MVC-Bicyclist | 6 | 0 | 1 | 7 | | |
| MVC-Pedestrian | 14 | 1 | 8 | 23 | | |
| Total | 100 | 18 | 77 | 195 | | |

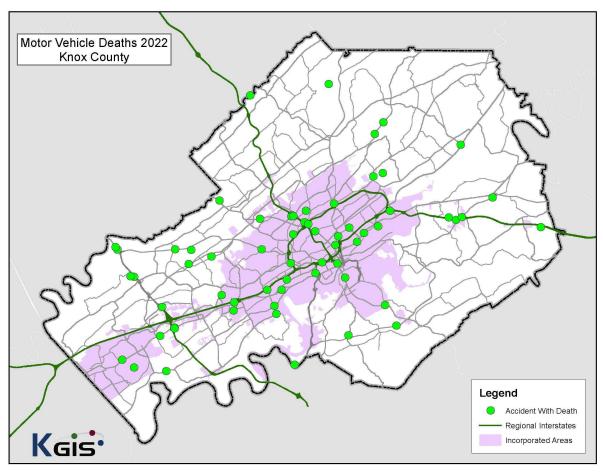


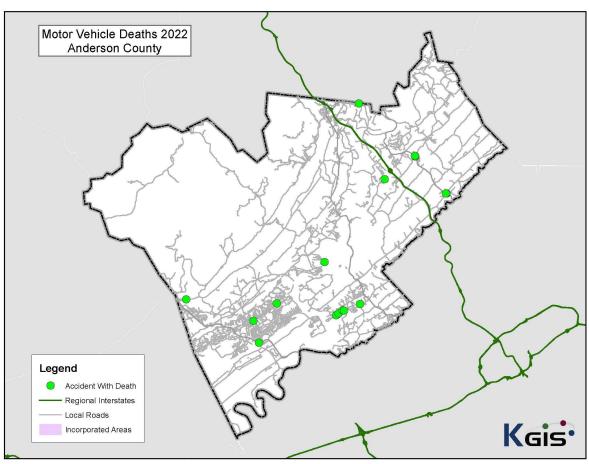
| 2022 Motor Vehicle Deaths by Manner of Death and Jurisdiction | | | | | | |
|---|------|-------|----|-----|--|--|
| Manner of Death | Knox | Total | | | | |
| Accident | 99 | 18 | 75 | 192 | | |
| Homicide | 0 | 0 | 2 | 2 | | |
| Total | 99 | 18 | 77 | 194 | | |

The graphs below show the motor vehicle related deaths where the operator or pedestrian had positive toxicology results for drugs, alcohol, or both.



| 2022 Percentage of Motor Vehicle Deaths Involving Intoxication by Decedent Location and Jurisdiction | | | | | | |
|---|-----|-----|-----|--|--|--|
| Decedent Location Knox Anderson Non-Jurisdiction | | | | | | |
| MV Crash- Driver | 70% | 58% | 54% | | | |
| MV Crash-Motorcyclist Driver | 54% | N/A | 64% | | | |
| MV Crash-Pedestrian | 57% | 0% | 67% | | | |





Undetermined Manner of Death

Deaths labeled undetermined are when the forensic pathologist is unable to determine a specific manner of death, this can be caused by number of circumstances.

| RFC Undetermined Manner of Deaths Jurisdiction and Non-Jurisdiction 2018-2022 | | | | | |
|---|------|------|------|------|------|
| | 2018 | 2019 | 2020 | 2021 | 2022 |
| Knox | 23 | 14 | 15 | 20 | 15 |
| Anderson | 3 | 1 | 4 | 3 | 2 |
| Non-Jurisdiction | 19 | 30 | 25 | 24 | 34 |
| Total | 45 | 45 | 44 | 47 | 51 |

In some cases, when the manner of death is undetermined, a pathologist is still able to determine the cause of death for a decedent. In these cases, there is a clear cause of death, but whether the death was intentional or unintentional cannot be determined.

| RFC Undetermined Manner of Deaths by Cause of Death | | | | | | |
|---|------|----------|------------------|-------|--|--|
| Cause of Death | Knox | Anderson | Non-Jurisdiction | Total | | |
| Asphyxia | 0 | 0 | 1 | 1 | | |
| Blunt Force | 1 | 0 | 1 | 2 | | |
| Carbon Monoxide | 0 | 0 | 1 | 1 | | |
| Cardiac | 0 | 0 | 1 | 1 | | |
| Drowning | 0 | 0 | 3 | 3 | | |
| Drug Overdose | 3 | 1 | 0 | 4 | | |
| Fire | 0 | 0 | 6 | 6 | | |
| Firearm | 0 | 0 | 2 | 2 | | |
| SUID/SIDSOID | 0 | 0 | 3 | 3 | | |
| Undetermined | 11 | 1 | 16 | 28 | | |
| Total | 15 | 2 | 34 | 51 | | |
| | | | | | | |

Natural Deaths

Natural deaths that were certified by an RFC forensic pathologist fell by 4% in Knox County in 2022. In Anderson County, natural deaths rose by 2%. This data is only reflective of deaths examined by the forensic center and is not reflective of all natural deaths in or outside of our jurisdiction.

| RFC Natural Deaths Jurisdiction and Non-Jurisdiction 2018 – 2022 | | | | | | |
|--|-----|-----|-----|-----|-----|--|
| 2018 2019 2020 2021 2022 | | | | | | |
| Knox | 470 | 496 | 595 | 611 | 585 | |
| Anderson | 88 | 74 | 88 | 94 | 96 | |
| Non-Jurisdiction | 198 | 174 | 153 | 208 | 205 | |
| Total | 756 | 744 | 836 | 913 | 886 | |

| 2022 Natural Deaths by Cause of Death | | | | | | |
|---------------------------------------|------|----------|------------------|-------|--|--|
| Cause of Death | Knox | Anderson | Non-Jurisdiction | Total | | |
| Anaphylaxis | 1 | 0 | 1 | 2 | | |
| Aneurysm | 0 | 0 | 1 | 1 | | |
| Aorta Dissection | 2 | 1 | 2 | 5 | | |
| Autoimmune Disease | 1 | 0 | 0 | 1 | | |
| Cardiac | 355 | 66 | 115 | 536 | | |
| Chronic Alcoholism | 50 | 3 | 12 | 65 | | |
| Cirrhosis | 4 | 2 | 2 | 8 | | |
| Dementia/Alzheimer's | 4 | 0 | 1 | 5 | | |
| Diabetes | 20 | 4 | 9 | 33 | | |
| Drug Death-Chronic Abuse | 7 | 0 | 2 | 9 | | |
| Gastrointestinal | 9 | 2 | 4 | 15 | | |
| Genetic | 0 | 1 | 1 | 2 | | |
| Hematologic Disorder | 7 | 0 | 0 | 7 | | |
| Hepatic/Liver Failure | 1 | 0 | 1 | 2 | | |
| Infection | 18 | 3 | 14 | 35 | | |
| Infection-COVID-19 | 15 | 0 | 1 | 16 | | |
| Infection-HIV-AIDS | 1 | 0 | 0 | 1 | | |
| Multi System Disease | 0 | 1 | 1 | 2 | | |
| Neoplasm | 24 | 3 | 1 | 28 | | |
| Nervous System | 15 | 2 | 5 | 22 | | |
| Nonspecific Natural | 7 | 1 | 4 | 12 | | |
| Obesity | 3 | 0 | 4 | 7 | | |
| Pancreatitis | 3 | 1 | 0 | 4 | | |
| Prematurity | 7 | 0 | 0 | 7 | | |
| Pulmonary | 22 | 4 | 7 | 33 | | |
| Renal Disease | 4 | 1 | 0 | 5 | | |
| Seizure Disorder-Idiopathic | 1 | 1 | 7 | 9 | | |
| Stillbirth | 2 | 0 | 0 | 2 | | |
| Thromboembolism | 1 | 0 | 8 | 9 | | |
| Treatment Complication | 1 | 0 | 1 | 2 | | |
| Total | 585 | 96 | 205 | 886 | | |

Note: These numbers only reflect natural deaths that were certified by an RFC forensic pathologist.

Infant Deaths

The charts below depict the Knox, Anderson, and Non-Jurisdictional counties' infant deaths in 2022. An infant death is a death that occurs from live birth to one year in age.

| 2022 Jurisdiction and Non-Jurisdiction Infant Deaths by Procedure | | | | | |
|---|---------|------|---------------------|-------|--|
| Reported | Autopsy | Exam | Released-No Exam | Total | |
| Knox | 25 | 2 | 80 | 107 | |
| Anderson | 2 | 0 | 4 | 6 | |
| Non-Jurisdiction | 34 | 0 | 1 | 35 | |
| Total | 61 | 2 | 85 | 148 | |

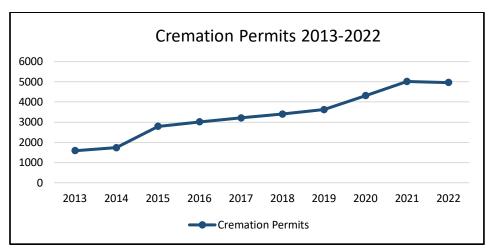
| 2022 Infant Deaths by Manner of Death | | | | | | |
|---|----|---|----|----|----|--|
| Manner Accident Homicide Natural Undetermined Total | | | | | | |
| Knox | 11 | 1 | 8 | 4 | 24 | |
| Anderson | 2 | 0 | 0 | 0 | 2 | |
| Non-Jurisdiction | 17 | 2 | 7 | 7 | 33 | |
| Total | 30 | 3 | 15 | 11 | 59 | |

| 2022 Infant Deaths by Cause of Death | | | | | | |
|--------------------------------------|------|----------|------------------|-------|--|--|
| Cause | Knox | Anderson | Non-Jurisdiction | Total | | |
| Asphyxia | 10 | 2 | 16 | 28 | | |
| Blunt Force | 1 | 0 | 2 | 3 | | |
| Cardiac | 0 | 0 | 2 | 2 | | |
| Genetic | 0 | 0 | 1 | 1 | | |
| Infection | 1 | 0 | 2 | 3 | | |
| MVC | 3 | 0 | 0 | 3 | | |
| Nervous System | 0 | 0 | 1 | 1 | | |
| Nonspecific Natural | 0 | 0 | 1 | 1 | | |
| Prematurity | 6 | 0 | 0 | 6 | | |
| Seizure | 0 | 0 | 1 | 1 | | |
| SUID/SIDSOID | 0 | 0 | 4 | 4 | | |
| Still Birth | 2 | 0 | 1 | 3 | | |
| Undetermined/Other | 4 | 0 | 3 | 7 | | |
| Total | 27 | 2 | 34 | 63 | | |

Cremation Authorizations in 2022

The Medical Examiner has statutory responsibility to review and sign cremation authorizations prior to a decedent being cremated, which includes the review of the cremation authorization forms, sometimes medical records, and death certificates of each decedent by a Medical Examiner.

In 2022, RFC Medical Examiners authorized 4,964 cremations. The following chart depicts the 10-year history of cremation authorizations completed.

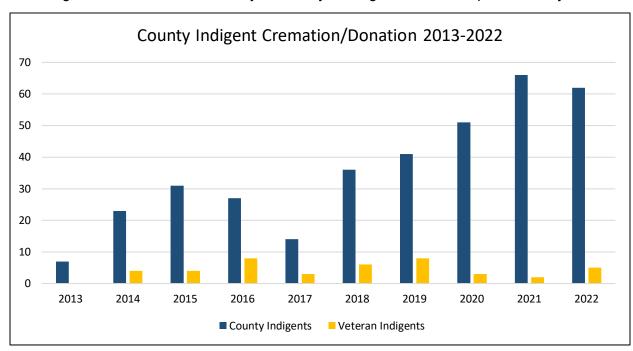


Indigent Cremation/Donation

When a decedent from the Medical Examiner's jurisdiction goes unclaimed, the decedent is declared indigent. In these circumstances, the RFC will either cremate and inter the unclaimed decedent in Knox County's mausoleum or authorize the scientific donation of the decedent (this is done only for Medical Examiner's cases). All unidentified individuals are defleshed and permanently retained until identified.

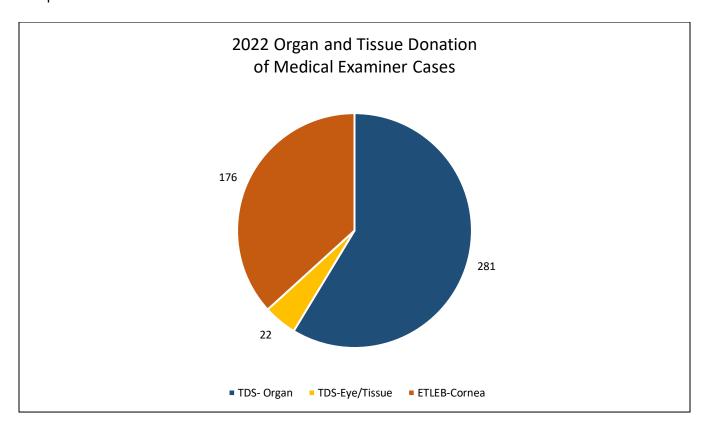
Before moving forward with indigent cremation and internment, the RFC also completes a check for veteran's status. If the individual is determined to have veteran's status, the RFC works with the local Homeless Veteran's Burial Program to provide a proper military burial.

The following chart demonstrates the 10-year history of indigent cremations processed by the RFC.



Organ and Tissue Donations

The Knox County RFC has statutory responsibility to review accepted jurisdiction cases for tissue and organ donation prior to donation; it must also coordinate with organ and tissue donation groups within the medical examiner's jurisdiction. The chart below includes data provided by Tennessee Donor Services and East Tennessee Lion's Eye Bank and depicts the number of tissue and organ donations completed in 2022.



Staff-Specific Data

Forensic Pathologists

The tables below illustrate the average case completion time by each physician in 2022 as well as case completion rate by days, number of cases, and percentage of complete cases.

| 2022 | # of Cases | % |
|--------------------------|------------|--------|
| Incomplete | 0 | 0% |
| Cases Over 90 Days | 558 | 20.62% |
| Cases Over 60 Days | 576 | 21.30% |
| Cases Between 30-60 Days | 855 | 61% |
| Cases Under 30 Days | 716 | 26.47% |
| Total | 2,705 | 100% |

| Pathologist Activities Preformed | | | | | | | | |
|----------------------------------|-------|-----------|----------|---------|-------------------|----------|-------------------|--------|
| Pathologist | Exams | Autopsies | Hospital | Limited | Declined Cases | Releases | Cremation Permits | Total |
| Dr. Danielsen* | 83 | 96 | 5 | 4 | 213 | 37 | 241 | 679 |
| Dr. Havrilla | 189 | 211 | 7 | 7 | 403 | 58 | 509 | 1,384 |
| Dr. Hawes** | 36 | 96 | 1 | 0 | 132 | 15 | 57 | 337 |
| Dr. Lochmuller | 224 | 277 | 11 | 1 | 462 | 73 | 866 | 1,914 |
| Dr. Mileusnic | 144 | 171 | 5 | 6 | 416 | 77 | 1,458 | 2,277 |
| Dr. Oliver** | 40 | 74 | 0 | 0 | 121 | 26 | 25 | 284 |
| Dr. Rollins | 229 | 279 | 11 | 5 | 493 | 74 | 545 | 1,634 |
| Dr. Suzuki | 205 | 270 | 12 | 8 | 510 | 100 | 1,263 | 2,368 |
| Total | 1,150 | 1,472 | 52 | 31 | 2,750 | 458 | 4,964 | 10,877 |

^{*}Left the RFC in May 2022

^{**}Locum Tenant Pathologist

| Pathologist Average Turn Around Time in Days | | | | | | |
|--|-------|-----------|----------|---------|---------|--|
| 2022 | | | | | | |
| Pathologist | Exams | Autopsies | Hospital | Limited | Average | |
| Dr. Danielsen* | 23 | 39 | 46 | 28 | 42 | |
| Dr. Havrilla | 19 | 103 | 99 | 38 | 63 | |
| Dr. Hawes** | 27 | 61 | 78 | N/A | 52 | |
| Dr. Lochmuller | 43 | 78 | 108 | 222 | 64 | |
| Dr. Mileusnic | 33 | 201 | 77 | 51 | 122 | |
| Dr. Oliver** | 44 | 39 | N/A | N/A | 54 | |
| Dr. Rollins | 49 | 91 | 91 | 48 | 73 | |
| Dr. Suzuki | 27 | 41 | 45 | 22 | 35 | |
| Average | 34 | 87 | 79 | 43 | 64 | |

*Left the RFC in May 2022 **Locum Tenant Pathologist

| Pathologist | Autopsy Equivalent |
|------------------------------------|--------------------|
| Dr. Danielsen* | 124 |
| Dr. Havrilla | 269 |
| Dr. Hawes ** | 106 |
| Dr. Lochmuller | 345 |
| Dr. Mileusnic | 215 |
| Dr. Oliver ** | 84 |
| Dr. Rollins | 348 |
| Dr. Suzuki | 337 |
| Total | 1,827 |
| Average Equivalent per Pathologist | 305 |

^{*} Left the RFC in May 2022 **Locum Tenant Pathologist

Medicolegal Death Investigations (MDI)

The charts below depict the types of actions completed by MDIs in 2022.

| Case by Disposition Category in 2022 | | | | | | |
|---------------------------------------|--------------------------------------|--|--------------------------|--------------------------------|--------------------------------|-------|
| Case Administration - Investigator | Jurisdiction Declined- Autopsy | Jurisdiction Declined - No Autopsy | Cremation Permit Only | Released to Funeral Home | Sent to Autopsy Facility | Total |
| Morgan Maples (Manager) | 4 | 111 | 7 | 2 | 74 | 198 |
| Christine Hawley | 9 | 194 | 23 | 59 | 229 | 514 |
| Megan Sharpe | 12 | 285 | 39 | 69 | 363 | 728 |
| Karissa Fulton | 5 | 364 | 84 | 45 | 265 | 763 |
| Lisa Taylor | 14 | 321 | 188 | 74 | 323 | 920 |
| Corey Coppola * | 6 | 297 | 4 | 18 | 231 | 556 |
| Heather Cooke * | 12 | 259 | 11 | 45 | 312 | 639 |
| Laura Leonard | 9 | 400 | 44 | 35 | 328 | 816 |
| Brooke Grunenwald | 2 | 218 | 5 | 43 | 166 | 434 |
| Ashley Taylor | 6 | 301 | 51 | 68 | 268 | 694 |
| Other | 0 | 0 | 1,697 | 0 | 108 | 1,805 |
| Total by Disposition | 80 | 2,750 | 2,153 | 458 | 2,627 | 8,068 |

^{*}Left the RFC in October and November 2022

| 2022 On-Scene Investigator Visits | | | | |
|-----------------------------------|--------|--|--|--|
| Investigator | Number | | | |
| Morgan Maples (Manager) | 16 | | | |
| Christine Hawley | 165 | | | |
| Megan Sharpe | 241 | | | |
| Karissa Fulton | 157 | | | |
| Lisa Taylor | 221 | | | |
| Corey Coppola * | 116 | | | |
| Heather Cooke * | 209 | | | |
| Brooke Grunenwald | 131 | | | |
| Laura Leonard | 166 | | | |
| Ashley Taylor | 202 | | | |
| Total | 1,624 | | | |

^{*} Left the RFC in October and November 2022

Autopsy Technicians

The chart below reports the types of actions completed by the Autopsy Technicians and how quickly autopsy or external examinations were completed once the decedent arrived at the RFC—which impacts how quickly the RFC can release the decedent to a funeral home for final disposition.

| 2022 Days and Percentage of Cases Where an Autopsy/Exam was Performed from Time of Arrival at RFC | | | | |
|---|-------|--------|--|--|
| Within 48 Hours | 2,678 | 99.14% | | |
| Within 72 Hours | 2,696 | 99.81% | | |
| Over 72 Hours | 4 | .01% | | |
| Total | 2,705 | | | |

Histology was ordered on a total of 1,052 cases, X-Rays were taken on a total of 1,507 decedents, and 383 test were ordered through LabCorp in 2022.

The chart that follows shows how many toxicology tests were performed at the Regional Forensic Center and where they were sent for testing.

| 2022 Toxicology Locations | | | | |
|---------------------------|--------|------|--|--|
| Location Sent | Number | % | | |
| NMS | 2,220 | 92% | | |
| DEA Tox | 82 | 3% | | |
| St. Louis University | 90 | 3% | | |
| Total | 2,391 | 100% | | |

^{*}Toxicology can be sent to multiple testing facilities for one case.

Special thanks to Executive Administrative Assistant Anna Hoekstra for the creation of this report.