



# Office of Hamilton County Medical Examiner Southeast Tennessee Regional Forensic Center

3202 Amnicola Hwy · Chattanooga TN 37406 · P 423-209-5700 · F 423-493-5176

## Demographic Information

<b>Case number:</b>	230812-84	<b>Address 1:</b>	2610 East 19th Street
<b>Death County:</b>	Hamilton	<b>Address 2:</b>	
<b>Last name:</b>	Heard	<b>City:</b>	Chattanooga
<b>First name:</b>	Roger	<b>State:</b>	Tennessee
<b>Middle name:</b>		<b>County:</b>	Hamilton
<b>Suffix:</b>		<b>Zip:</b>	37404
<b>Race:</b>	African American / Black	<b>Funeral name:</b>	Taylor Funeral Home
<b>Sex:</b>	Male	<b>Funeral phone:</b>	[REDACTED]
<b>Age:</b>	34 years 1 months 9 days		
<b>Date of birth:</b>	07/02/1989		

## Background Information

<b>Investigator notified:</b>	2023-08-11 23:00	<b>Date LKA:</b>	
<b>Notified by:</b>	Hope Steger RN Erlanger ER main	<b>Time LKA:</b>	
<b>Facility:</b>	Southeast TN RFC (Chattanooga)	<b>Found dead:</b>	
<b>Authorized by:</b>	Ronald Smith	<b>911 call received:</b>	2023-08-11 21:41
<b>ETA at Facility/FH:</b>	2023-08-12 08:20	<b>Date of death:</b>	08/11/2023 On
<b>Scene investigated ME:</b>	No	<b>Time of death:</b>	22:12
<b>Scene investigated by LE:</b>	Yes	<b>Pronounced:</b>	08/11/2023 22:12
<b>Officer:</b>	Special Agent Keith Herron	<b>Scene arrival:</b>	
<b>Agency:</b>	TBI	<b>Scene departure:</b>	
<b>Incident #:</b>	CH-5U-000032		

## Narrative Summary of Circumstances Surrounding Death

On Friday 08/11/2023 at 2300 hrs [REDACTED] of the ER at Erlanger Medical Center notified the on duty investigator for the Hamilton County Regional Forensic Center of the death of a 34 year old male who was transported by HCEMS Medic #12 while performing CPR. The decedent was admitted into the ER under the care of [REDACTED] who pronounced the decedent at 2212 hrs. Decedent had sustained multiple gunshot injuries after involvement in a law enforcement shooting incident at 1330 E. 3rd Street, Chattanooga, TN 37404, at approximately 2141 hrs. The decedent was transferred to the HCRFC for further examination. The law enforcement investigation is under the jurisdiction of the Tennessee Bureau of Investigation. HCRFC to complete decedent's death certificate.

## Cause and Manner of Death

**Cause of death:** Multiple gunshot wounds  
**Manner of death:** Homicide

I hereby declare that after receiving notice of death described herein, I conducted an investigation 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.

**MDI:** Ronald Smith

Signature of Medical Examiner:

A handwritten signature in black ink, appearing to read 'Steven C Cogswell', written in a cursive style.

**Steven C Cogswell, M.D.**

Date signed:09/07/2023