Forensic Pathology
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December 19, 2022

Jared T. Williams
District Attorney
Augusta Judicial Circuit
735 James Brown Boulevard
Suite 2400
Augusta, Georgia 30901

Dear Mr. Williams:

In follow up to our telephone call from Thursday, December 8, 2022, at your request, I reviewed the Georgia Bureau of Investigation's autopsy report for Jermaine M. Jones (DOFS Case #: 2021-1033612). The autopsy report indicated that Mr. Jones died as a result of the delayed complications of blunt force head trauma due to a ground level fall following a shock from an electroconductive device. As the death was deemed to be the result of the actions of another, the manner of death was certified as "homicide." Based upon the autopsy report, I concur with the reasoning of the Medical Examiners who performed this examination and have no dispute with their reasoning.

In my discussion with you on December 8th, you indicated that at the time Mr. Jones received the shock from the electroconductive device, he was tackled by another individual. It is possible that in the course of being forcibly knocked to the ground while being shocked, the subject may have received additional blows to the head. Based upon the review of the Medical Examiner's autopsy report, this incident occurred on October 11, 2021, and Mr. Jones was pronounced dead on October 18, 2021. In the intervening week, based on the autopsy report, Mr. Jones had at least two (2) surgeries on his head. Based upon the prolonged hospitalization with the intervening surgical intervention, it would be my opinion that the Medical Examiner conducting the examination would not be able to determine whether the head injuries resulted from a fall caused by the electroconductive device, inflicted blows to the head, the head striking the ground as a result of the subject being forcibly tackled and driven to the ground, or as a combination of any of the foregoing. Surgical intervention would result in bleeding within the scalp, producing artifacts that would make it difficult, if not impossible, to determine precise impact sites within the scalp. Furthermore, based upon the reported information and the Medical Examiner's review, the manner of death had already been established to be a "homicide." Further evaluation as to how the head trauma occurred

would likely be dependent upon additional investigation and would not be determined based upon the autopsy findings because of the introduction of artifacts caused by the surgical intervention.

Of note, an individual falling from a standing height, without being forcibly driven to the ground, can result in head trauma sufficient enough to cause death.

You also mentioned that there was a concern that Mr. Jones was initially lucid but became increasingly altered and/or combative prior to being seen at the hospital. This deterioration in the subject's level of consciousness is consistent with blunt force head trauma. When the brain is injured, it is common for the brain to the swell. It is also common for bleeding to occur in or around the brain. In this case, there was reported bleeding around the subject's brain as well as within the brain. There were no reported skull fractures. The bleeding that occurred outside of the brain was described as being an epidural hemorrhage on the left side and a large subdural hemorrhage on the right side. (Of note, the location of the epidural and subdural hemorrhages in this case do not have implications as to how many impacts to the head were received or where on the head the blow/blows landed.) The brain is covered by a thick membrane (the dura). Bleeding that occurs beneath the dura is referred to as "subdural" bleeding. Bleeding that occurs between the dura and the skull is referred to as "epidural" hemorrhage. These types of bleeding within the skull produce increased pressure upon the brain. As bleeding accumulates within the skull, this change results in increased fluid/blood within the head, putting pressure on the brain. Additionally, as the injured brain swells, there is increased pressure inside the head, forcing the brain to be squeezed against the small opening at the base of the skull (the foramen magnum). This pressure on the brain is referred to as "herniation." The brain attempts to relieve the pressure by forcing itself through this opening, and this herniation of the brain downward into the skull produces pressure on vital structures at the base of the brain in the area of the brainstem, interfering with consciousness and the ability to maintain respiration and the heart rate.

Thank you for asking me to review this case. If I can be of any additional service, please do not hesitate to ask.

Sincerely,

MD

Carol A. Terry, M.D.
Chief Medical Examiner
Gwinnett County