

## NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF THE CHIEF MEDICAL EXAMINER Raleigh, North Carolina 27699-3025

## REPORT OF INVESTIGATION BY MEDICAL EXAMINER

$\Omega_A$	OCME USE ONLY	DECEDENT:_	Jase	n Paul Middle	Corbett			
V	19-1399	RESIDENCE:	160 Pan	ther Grand	Last Winston	Suffix Follow NC	Davidso.	
	Case Number AUG 0 5 2015		NL	2-12-76	City, State	County		
	Date Received				□ Female □ Unknov			
	□ Res □ NR				American Mulite	□ Other		
	HISPANIC ORIGIN:   Yes   Unknown							
	INFORMATION ABOUT OCCURRENCE							
	ONSET OF INJURY	DATE	TIME	ADDRESS	OR FACILITY	COUNT	/	
	OR ILLNESS	8-2-15		160 Panther	Creek ct. Ws	Davidson		
	DEATH	8-2-15	03:24	160 Parther C	Creek ct. Ws	Davidson		
	VIEW OF BODY	8-2-15	05:35		h 🗆 Hospital	□ Funeral Ho		
	ME NOTIFIED	82-15	03:30	□ Morgue	Facility Name	□ Not Vi∈	x.	
	LAST KNOWN TO BE ALIVE	8-2-15			NT AGENCY: <u>Davidson</u> - Sonith TELEPHO			
	BI DOD SAMPI. F. Mail				syllikeason not'obtainėd:_ Where:			
	PROBABLE CAUSE							
		OF BEATTI.	per ending	11113 3	section "OCME REVIEW to head froum	ONLY"	SDC None	
	1			DUE TO			□ AL	
	2			2			☐ Dictated	
<b>∂</b> ."	DUE TO			3.			g coe 4	
DUE TO			4					
4		····						
			CONTRIBUTING MANNER C					
CONTRIBUTING				□ Accident ☑ Homici	de 🗆 Suicide 🗆 Undete			
	OF DEATH: □ Accident	de 🗆 Pondina	Reviewer:	<i>JN</i>	Date:			
	•	3-50			edes that contained in space			
I hereby certify the the N.C. General	at after receiving notice of the death described Statues and the information contained herein	herein I took charge of t regarding such death is t	he body and made inquirue and correct to the b	iries regarding the cause of dea est of my knowledge and belief.	th in accordance with Article 16 of Cha	apter 130A of		
	OFF		8	-3-15	Davidson			
	Signature of Medical Exar	niner		Date	County of Appoint	tment		
	Larry James					*		

MAN TO SERVICE STATE OF THE SE	MEDICAL HISTORY	(
□ Alco	pholism   Cancer   Depression	☐ Diabetes ☐ Hypertension
□ Isch	emic Heart Disease ☐ Seizure Disorder ☐ Sn	noking   Substance Abuse
Other	Physician	City
	MEANS OF DEATH	
VEHICLE:	Type of vehicle associated with this decedent:  ☐ ATV ☐ Bicycle ☐ Farm Equipment ☐ Mc ☐ Pickup Truck ☐ Truck -more than 2 axle	
	Position: ☐ Driver ☐ Passenger ☐ Ped Devices: ☐ Seat Restraints ☐ Air Bag ☐ Helm	estrian □ Unknown et □Child Restraint □None □Unknown
	Number of Units Involved: □ Handgun-Caliber □ Handgun-Ca	
₫ INSTRUME	NT: 🗆 Asphyxial 🔏 Blunt 🗆 Sharp 🛮 Descrip	tion ball bat, land scaping s
	ENT(S) SUSPECTED:   Alcohol   Others	
	G: □ Bathtub □ Lake □ Ocean □ Pond □ Po Life Preserver: □ Yes □ No □ Unknown Ab	
	ActivitySuspected Cause:Sm	
] FIRE:		73
∃ FALL:	From: ☐ Sitting ☐ Standing ☐ Other	Approximate Distance(Feet)
	ACTIVITY OF DECEDENT AND	PREMISES
Vork Related	l:	
atal Injury or	Illness Occurred on a Job*: ☐ Yes 🔀 No	□ Unknown
Yes, was en	nployment: ☐ Primary Job ☐ Secondary ☐ \	/olunteer Work ☐ Unknown
	employing firm or agency	
ype of busine Antivity on Aughathat volunteer or charity	ess or industryDec Lis, in nome, ng peretipa reaerdless of ene of decedent i. niculatina jarmina j y work.	cedent's occupation occupation
Non-Work F	Related: (See Examples Below)	
FATAL INJU	JRY OR ILLNESS: Activity	≯ Unknown
Type of place	e House Specific location	Bedroom
т туре от расе! т	Running, lifting hay bales, ealing, typing letter, driving commercial truck, wase, apariment, trailer, school, jail. bar or tavern, hotel, restaurant, store: Bathroom, assembly line, kitchen, front yard, office, parking lot, emerge	e, street, hospital, farm, highway, factory, etc
DEATH:	Type of place House S	pecific location Redroom
	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 B	For Pathologists Only  Refer to Autopsy Report
CONDITIO	N: Decomposed  ☐ Embalmed ☐ Charred ☐ Prolonge	☐ Fragmented ☐ Skeletonized
RIGOR:	✓ None □ 1+ □ 2+ □ 3+	Sta Immorbion
	☐ None ☐ Anterior 🏂 Posterior ☐ Lateral	Color: Puple
		WEIGHT: 225 ACEstimate
BODY TEM	IPERATURE: □ Warm Cool □ Cold HAIR:	Color Black A Facial Black
EYES: Col	lor ☐ Abnormalities	
TEETH:	LOWER: None None	UPPER: Matural ☐ Dentures ☐ None RADIOGRAPHS: ☐ Yes ☐ No
	0	
VALUABLE:	s: welling bead on (4) head	No Valuable

A= Abrasion G= Gunshot B= Burn L= Laceration C= Contusion S= Stab **BODY DIAGRAMS** Avulsion Avulsion

Legend:

Arrival @ scene of single family residence. Ems, FD and SD on scene. EMS al SD advised they were collect reference cardiac arrest assault. Ems advised they arrived to find a female (wife of decedant) a another male doing CPR on the decedant which was located on the floor of the master bedroom. They a sous on live constitution and the with and attende were removed from the room. EM removed the decedent from and placed him into the EMS unit where Essel on the rhythm injuries - they discontinual resuscitation. According to Ems 50 officer - they were told that the father of decedants distutbance and went into bedroom to observe the decedent apperently choking the wife. The father began fighting with the decedent and Struck him in the head numerous times with a bat and a ruck. The bedroom had a large amount of blood on the floor, spotter and furniture. Pieces of Hisne and scelp were visib decedant had a areas of avulcin witible under the right eye and on the back 1 be por conference for - potoros holong : and - 1 x money from Estry of Tretcher aid into body bog. Raleit OCME contacted and approved transport for for Munday 8:3-15, Body was localed into DEEMS MG al transported Long morane for storage until

PURPOSE: To document the findings of a Medical Examiner investigation. This is not an autonous 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