



12015-07247

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

OCME USE ONLY

15-7355

DECEDENT: Jason Paul Corbett

First Middle Last Suffix

RESIDENCE: 160 Panther Creek Ct. Winston-Salem, NC Davidson

Number and Street City, State County

Case Number

AUG 05 2015

Date Received

☐ Res ☐ NRAGE: 39SEX: ☒ Male ☐ Female ☐ UnknownRACE: ☐ Asian ☐ Black ☐ Native American ☒ White ☐ OtherHISPANIC ORIGIN: ☐ Yes ☐ No ☐ Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	8-2-15		160 Panther Creek Ct. WS	Davidson
DEATH	8-2-15	03:24	160 Panther Creek Ct. WS	Davidson
VIEW OF BODY	8-2-15	05:35	<input checked="" type="checkbox"/> Scene of Death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home <input type="checkbox"/> Morgue _____ <input type="checkbox"/> Not Viewed	
ME NOTIFIED	8-2-15	03:30	Facility Name _____	
LAST KNOWN TO BE ALIVE	8-2-15		LAW ENFORCEMENT AGENCY: <u>Davidson Co Sheriff's office</u> OFFICER: <u>Det. B. Smith</u> TELEPHONE: <u>336-242-2105</u>	

AUTOPSY: ☐ None ☒ M.E. Authorized ☐ Non-M.E./Private-Facility Name: _____RI ~~DO NOT SAMPLE~~ Mailer ☐ ME after External ☒ Pathologist after Autopsy ☐ Reason not obtained: _____

IF CLINICAL ALCOHOL PERFORMED, RESULT: _____ Where: _____

PROBABLE CAUSE OF DEATH: ☒ Pending

1. _____

DUE TO

2. _____

DUE TO

3. _____

DUE TO

4. _____

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Pending

This Section "OCME REVIEW ONLY"

1. Blunt force head trauma - Unk

DUE TO

2. _____

DUE TO

3. _____

DUE TO

4. _____

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ UndeterminedReviewer: an Date: 8/26/15

Information in this block supersedes that contained in space at left.

SDC

☐ None☐ AL☐ Dictated☒ COC

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.

Signature of Medical Examiner

Larry James

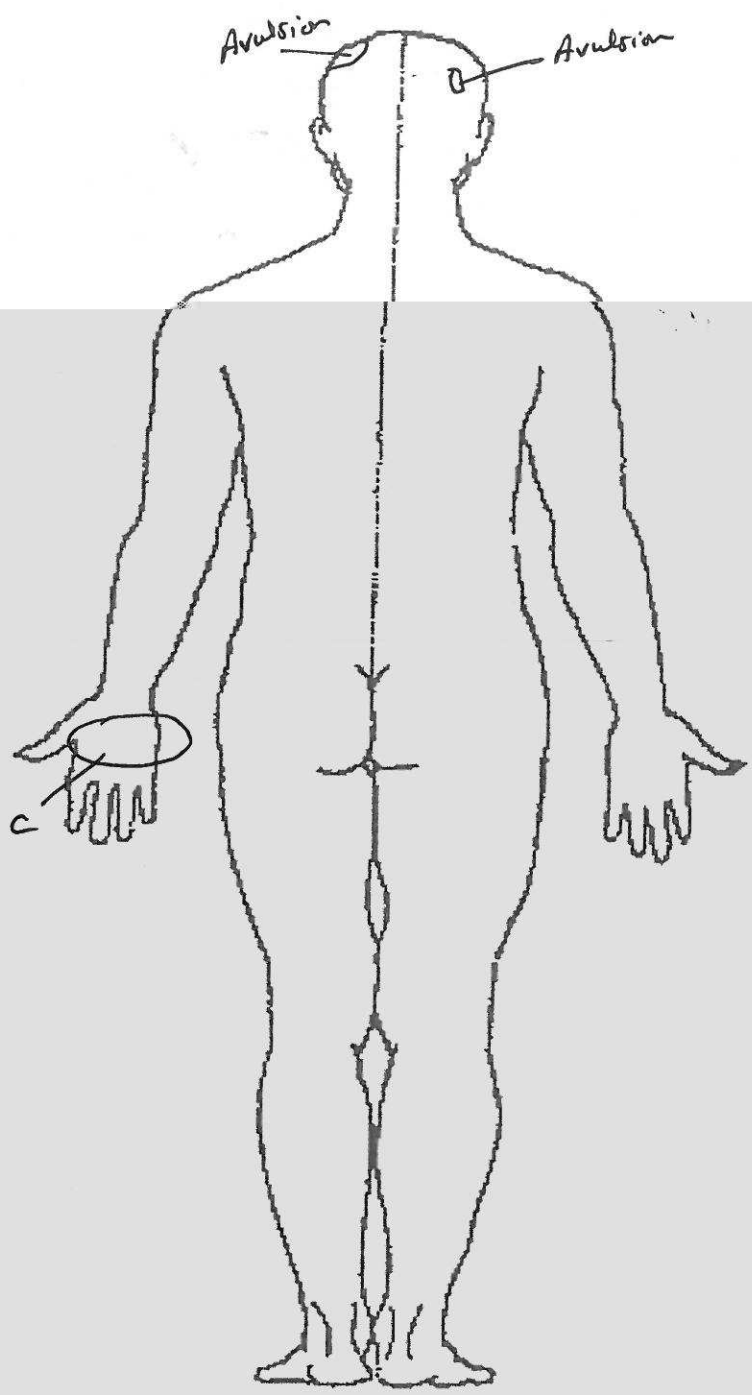
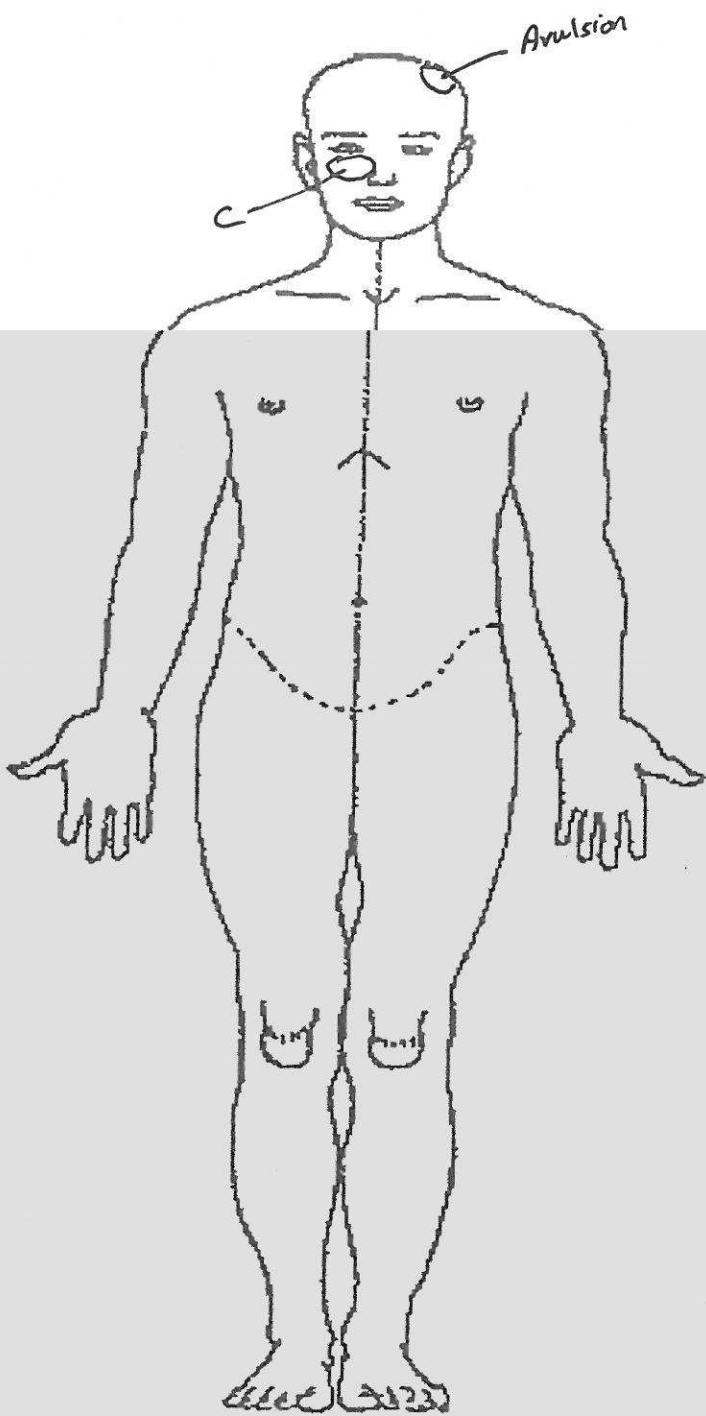
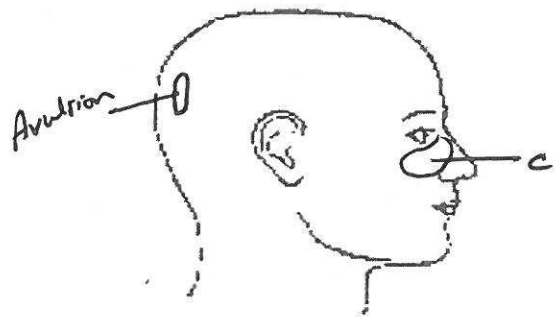
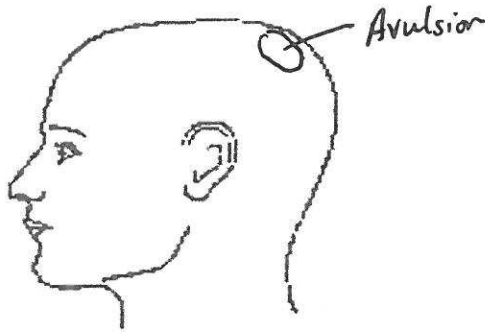
8-3-15

Date

Davidson
County of Appointment

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

BODY DIAGRAMS



MEDICAL EXAMINER PRELIMINARY SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH*

Arrived @ scene of single family residence. EMS, FD and SD on scene. EMS and SD advised they were called reference cardiac arrest due to an assault. EMS advised they arrived to find a female (wife of decedent) and another male doing CPR on the decedent which was located on the floor of the master bedroom. Then a ~~assault~~ ~~resuscitation~~ and the wife and other male were removed from the room. EMS removed the decedent from the residence and placed him into the EMS unit where began on the rhythm of asystole and his visible injuries - they discontinued resuscitation. According to EMS and SD officers - they were told that the father of decedent's wife heard a disturbance and went into bedroom to observe the decedent apparently choking the wife. The father began fighting with the decedent and apparently struck him in the head numerous times with a bat and a landscape type rock. The bedroom had a large amount of blood on the floor, spatter on the walls and furniture. Pieces of tissue and scalp were visible on the floor. The decedent had 2 areas of swelling visible on his head and contusions visible under the right eye and on the back of the left hand. Upon completion of ~~procedures~~ ~~body~~ was removed from EMS's stretcher and placed into body bag. Raleigh OCME contacted and approved transport for autopsy for Monday 8.3.15. Body was loaded into DCEMS MG and transported to UNC morgue for storage until Monday.

off

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