



12009-07830

SS

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY
09-7969
Case number
SEP 01 2009
Date received
<input type="checkbox"/> Res <input type="checkbox"/> NR

DECEDENT: Courtland Benjamin SMITH
First Middle Last Suffix

RESIDENCE: 26 S. Cheska Ln, Houston, TX HARRIS
Number and Street City, State County

AGE: 21 SEX: Male Female Unknown

RACE: Black Native American Oriental White Unknown

HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	8/23/09	4:55 AM	EXIT 108 I-85 ARCHDALE, NC	Randolph
DEATH	8/23/09	5:03 AM	High Point Reg. Hosp. ER	Guilford
VIEW OF BODY	8/23/09	2:00 PM	<input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	8/23/09	6:00 AM	LAW ENFORCEMENT AGENCY: <u>ARCHDALE P.D.</u> OFFICER: <u>J.P. FLINCHUM</u> TELEPHONE: _____	
LAST KNOWN TO BE ALIVE	8/23/09	5:20 AM	Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: None M.E. Authorized Non-M.E. Autopsy facility: _____

BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

- GSW to ABD/CHEST
DUE TO
- ASSAULT
DUE TO
- _____
DUE TO
- _____
DUE TO

alcohol, depression

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

Natural Accident Homicide Suicide Pending

OCME REVIEW		SDC
1. <u>multiple gunshot wounds</u> DUE TO		<input checked="" type="checkbox"/> None <input type="checkbox"/> AL <input type="checkbox"/> Dictated <input type="checkbox"/> COG
2. _____ DUE TO		
3. _____ DUE TO		
4. _____ DUE TO		
CONTRIBUTING CONDITIONS		
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		
Reviewer: <u>SSS</u>	Date: <u>10/13/09</u>	
Information in this block supersedes that contained in space at left.		

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.

Gordon B. Arnold MD Guilford Rand/Guilford
 Signature of Medical Examiner ME Date County of Appointment M.E. Number

MEDICAL HISTORY

Alcoholism, Diabetes, IV drug abuse, Ischemic heart disease, Smoking, Seizure disorder, Cancer, Hypertension, Depression, HIV/AIDS, Other, Attending Physician, City

MEANS OF DEATH

VEHICLE: Type of vehicle associated with this decedent: Passenger car, Pickup truck, Truck--more than 2 axles, Motorcycle, Bicycle, Farm vehicle, ATV, Moped, Other, Position: Driver, Passenger, Pedestrian, Unknown, Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown, Number of vehicles involved

GUN: Rifle--Caliber, Handgun--Caliber 357 Police, Shotgun--Gauge, Other, Unknown

INSTRUMENT: Blunt, Sharp, Description:

TOXIC AGENT(S) SUSPECTED: Alcohol, Others

DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other

Life preserver: Yes, No, Unknown, Able to swim: Yes, No, Unknown

Activity

FIRE: Suspected cause, Smoke detector: Yes, No, Unknown

FALL: From, to, Approximate distance, feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity driving recklessly on Interstate, Type of place street, Specific location

Fatal injury or illness occurred on a job: Yes, No, Unknown

If yes, was employment: Primary job, Secondary, Volunteer work, Unknown

Name of this employing firm or agency

Type of business or industry, Decedent's occupation student

DEATH: Type of place home, Specific location ER

Examples:

Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc.

Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.

Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc.

On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

CONDITION: Intact, Decomposition, Skeletonized, Embalmed, Charred, Prolonged immersion, Exhumed

RIGOR: None, 1+, 2+, 3+, LIVOR: None, Anterior, Posterior, Lateral

HEIGHT: 6 inches, Estimate, WEIGHT: 185 pounds, Estimate

BODY TEMPERATURE: Warm, Cool, Cold, HAIR: Color Br, Beard, Mustache

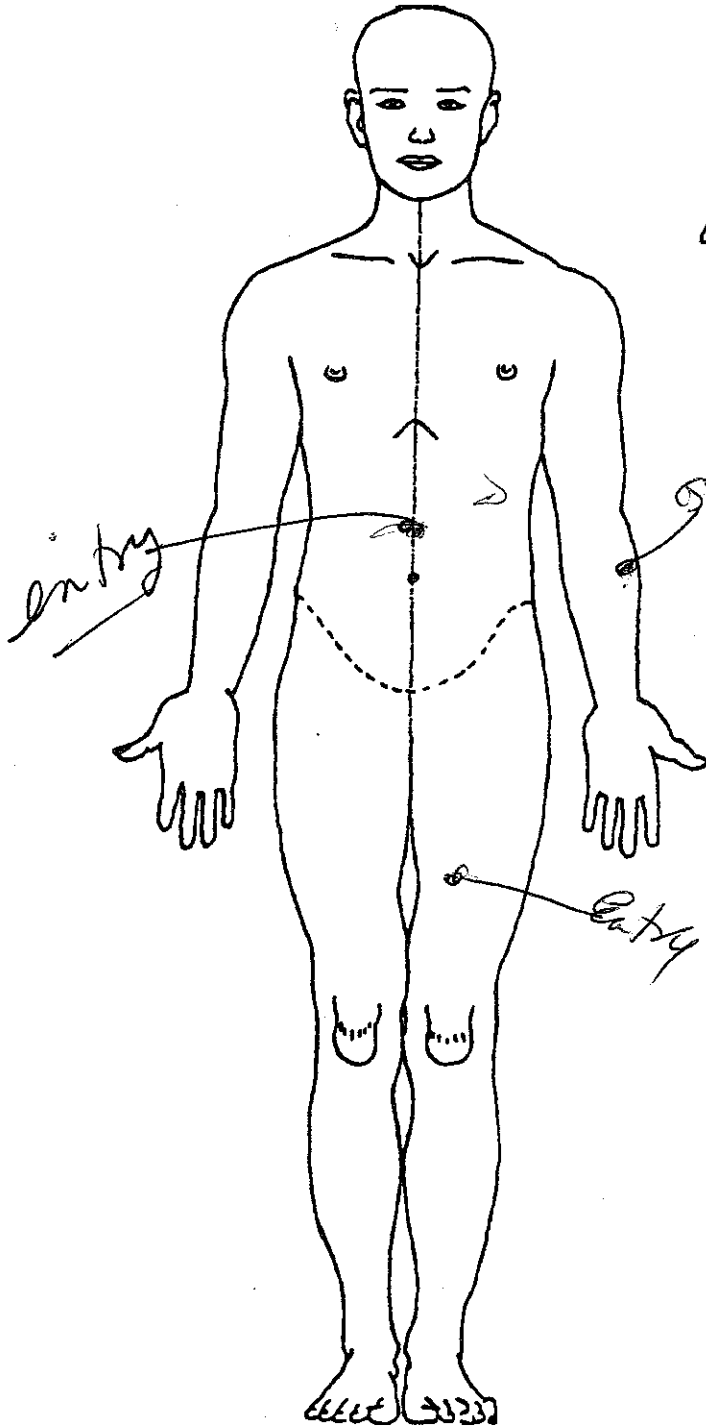
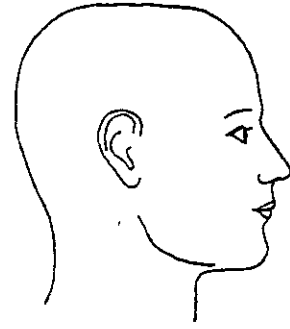
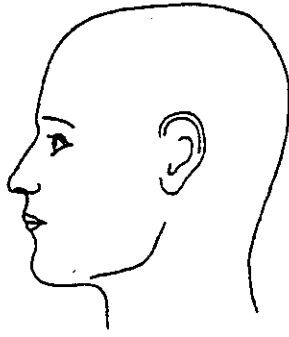
EYES: Color Br, Abnormalities 0

TEETH: Upper, Lower, Natural, Dentures, Abnormalities

CLOTHING: shirt, jeans, Tennis shoes, Not clothed

VALUABLES: No valuables

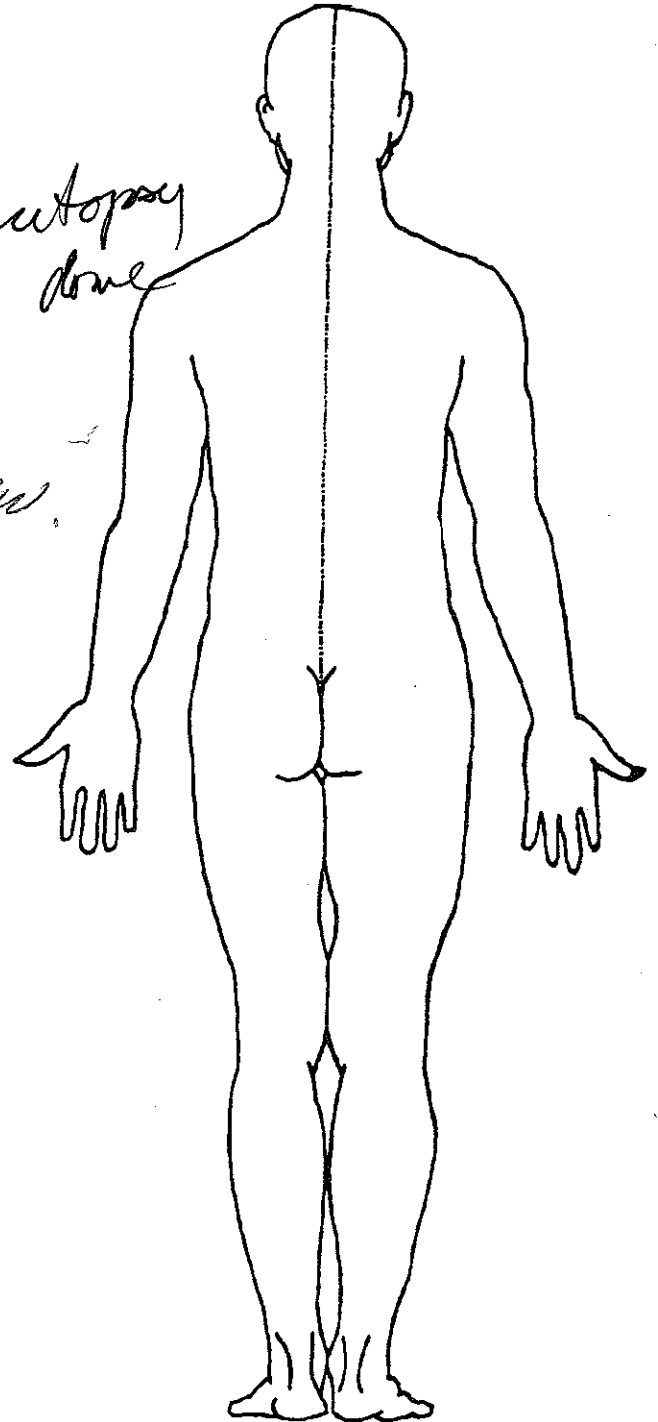
BODY DIAGRAMS



autopsy done

SSW

Entry



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

Young student had commented to friends on D.O.D. + before about possible suicidal ideas. He was alone + drove his 2004 Toyota very fast down I 25 in the early AM hours. A roadblock was set up several miles down the Rd. When he approached several police cars pursued him + finally brought him to a stop. He got out of the car + made a suggestive move toward his pocket which the police interpreted as a move to get a gun. They then fired on him + he was hit on abd/chest + dropped down. He was taken to HPRH ER. where further IV's + CPR were done. To no avail

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).

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, Chapel Hill, NC 27599-7580.

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, Chapel Hill, NC 27599-7580.