



12009-03861

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

09-4418  
Case number  
APR 28 2009

Date received  
 Res  NR

DECEDENT: Brandon S Coker  
First Middle Last Suffix

RESIDENCE: 135 Southern Ave Henderson NC Vance  
Number and Street City, State County

AGE: 26 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	4/25/09	2200	899 Nutbush Road	Vance
DEATH	4/25/09	2215	899 Nutbush Rd Henderson N.C.	Vance
VIEW OF BODY	4/25/09	2250	<input checked="" type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other _____ <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	4/25/09	2225	LAW ENFORCEMENT AGENCY: <u>N.S. Hwy patrol</u>	
LAST KNOWN TO BE ALIVE	4/25/09	2200	OFFICER: <u>Sgt Bullock / Akiem</u> TELEPHONE: <u>438-8101</u> Death occurred while in custody: <input type="checkbox"/> Yes <input 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

- Motor Vehicle Accident  
DUE TO \_\_\_\_\_
- \_\_\_\_\_  
DUE TO \_\_\_\_\_
- \_\_\_\_\_  
DUE TO \_\_\_\_\_
- \_\_\_\_\_  
DUE TO \_\_\_\_\_

**OCME REVIEW**

1. Blunt traumatic injuries of the neck, chest, and extremities due to  
DUE TO \_\_\_\_\_

2. Single vehicle motor vehicle crash  
DUE TO \_\_\_\_\_

3. \_\_\_\_\_  
DUE TO \_\_\_\_\_

4. \_\_\_\_\_  
DUE TO \_\_\_\_\_

CONTRIBUTING CONDITIONS

Natural  Accident  Homicide  Suicide  Undetermined

Reviewer: al Date: 5/12/09

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

- SDC
- None  
 AL  
 Dictated  
 COG

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

Natural  Accident  Homicide  Suicide  Pending

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.

DHHS 1114 (Revised 10/00)  
Medical Examiner (Review 10/02)

James O. Goodwin MD Signature of Medical Examiner  
4-25-09 Date  
Vance 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, Motorcycle, Bicycle, Farm vehicle, ATV, Moped, Other Sheriff's Deputy Car, Position: Driver, Passenger, Pedestrian, Unknown, Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown, Number of vehicles involved, GUN: Rifle, Handgun, Shotgun, Other, INSTRUMENT: Blunt, Sharp, Description, TOXIC AGENT(S) SUSPECTED: Alcohol, Others, DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other, Life preserver, Able to swim, Activity, FIRE: Suspected cause, Smoke detector, FALL: From, Approximate distance

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY OR ILLNESS: Activity Driving Sheriff's deputy vehicle, Type of place Rural Road, Specific location Car hit roadside tree

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 Vance Co Sheriff's Office, Type of business or industry Law enforcement, Decedent's occupation Deputy Sheriff, DEATH: Type of place Rural Road, Specific location Roadside (tree)

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: 5'11" inches, Estimate, WEIGHT: 200 pounds, Estimate, BODY TEMPERATURE: Warm, Cool, Cold, HAIR: Color Br, Beard, Mustache, EYES: Color blue, Abnormalities, TEETH: Upper, Lower, Natural, Dentures, Abnormalities, CLOTHING: Uniform, Not clothed, VALUABLES: No valuables

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 *Sheriff's Deputy Car*
- Position:  Driver     Passenger     Pedestrian     Unknown
- Devices:  Seat restraints     Air bag     Helmet     Child restraint     None     Unknown
- Number of vehicles involved \_\_\_\_\_
- GUN:     Rifle--Caliber \_\_\_\_\_     Handgun--Caliber \_\_\_\_\_     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 Sheriff's deputy vehicle*
- Type of place *Rural Road*    Specific location *Can hit roadside tree*
- 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 *Vance Co Sheriff's Office*
- Type of business or industry *Law enforcement*    Decedent's occupation *Deputy Sheriff*
- DEATH:    Type of place *Rural road*    Specific location *Roadside (tree)*

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.

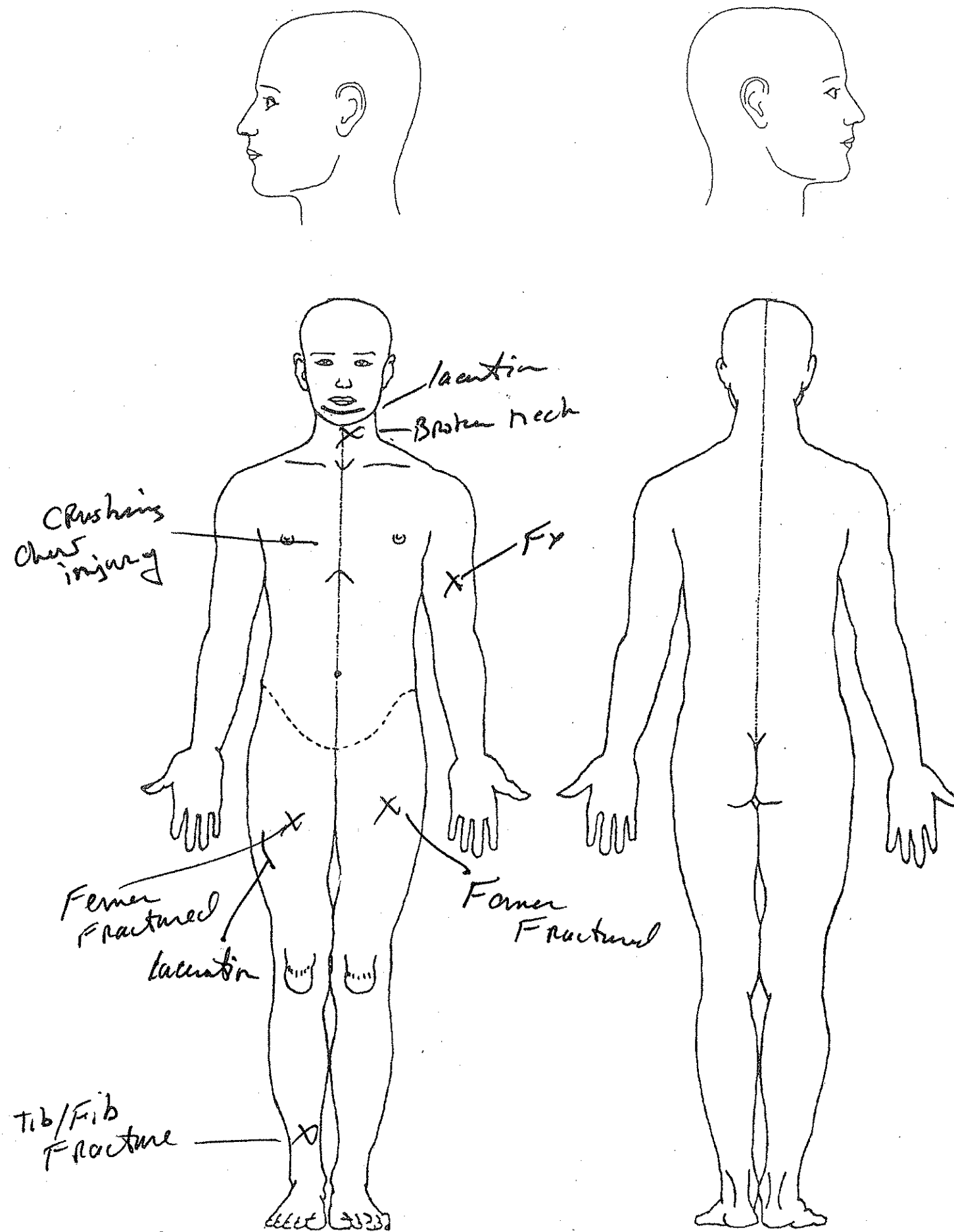
Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc.

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:    *5'11"* inches     Estimate    WEIGHT:    *200* pounds     Estimate
- BODY TEMPERATURE:     Warm     Cool     Cold    HAIR: Color *Br.*     Beard     Mustache
- EYES: Color *blue*    Abnormalities \_\_\_\_\_
- TEETH: Upper     Natural     Dentures     Abnormalities \_\_\_\_\_
- Lower     Natural     Dentures     Abnormalities \_\_\_\_\_
- CLOTHING: *Uniform*     Not clothed
- VALUABLES: \_\_\_\_\_     No valuables

BODY DIAGRAMS



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

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

26 year old deputy sheriff for Vance County was on duty traveling at a high rate of speed  $\pm$  lights on (no siren). He apparently ran off Rt side of Rd & overcorrected & ran off left side of road striking a tree broadside in the Drivers side of the car and it twisted car around pointing in the opposite direction. The tree was imbedded in the middle of the car. It took about 1 hour to cut him free. He was dead at the scene of the accident.

(Blood & vitreous sent)

James D. Hodson MD

4/25/09