



12008-02818

1508-1036

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
08-2389
Case number
MAR 11 2008
Date received
<input type="checkbox"/> Res <input type="checkbox"/> NR

DECEDENT: Eve Carson  
First Middle Last Suffix

RESIDENCE: \_\_\_\_\_  
Number and Street City, State County

AGE: 22 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				
DEATH	3/5/08	05:00	Hillcrest Rd. & Hillcrest Cr.	Orange
VIEW OF BODY	3/5/08	9:30	<input type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input checked="" type="checkbox"/> Other <u>OCME</u> <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	3/5/08	7:01	LAW ENFORCEMENT AGENCY: _____ OFFICER: _____ TELEPHONE: _____	
LAST KNOWN TO BE ALIVE			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: OCME

BLOOD SAMPLE:  Mailed  Obtained by pathologist  Reason not obtained: \_\_\_\_\_

IF CLINICAL ALCOHOL DONE, RESULT: \_\_\_\_\_ By whom: \_\_\_\_\_

PROBABLE CAUSE OF DEATH:  Pending

- Multiple gunshot wounds  
DUE TO \_\_\_\_\_
- \_\_\_\_\_  
DUE TO \_\_\_\_\_
- \_\_\_\_\_  
DUE TO \_\_\_\_\_
- \_\_\_\_\_  
DUE TO \_\_\_\_\_

OCME REVIEW		SDC
1. _____ DUE TO _____		<input checked="" type="checkbox"/> None
2. _____ DUE TO _____		<input type="checkbox"/> AL
3. _____ DUE TO _____		<input type="checkbox"/> Dictated
4. _____ DUE TO _____		<input type="checkbox"/> COG
CONTRIBUTING CONDITIONS <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		
Reviewer: <u>[Signature]</u> Date: <u>7 May 08</u>		
Information in this block supersedes that contained in space at left.		

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.

[Signature]  
Signature of Medical Examiner  
STEVEN DUBNER

3/5/08 Orange \_\_\_\_\_  
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 \_\_\_\_\_     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

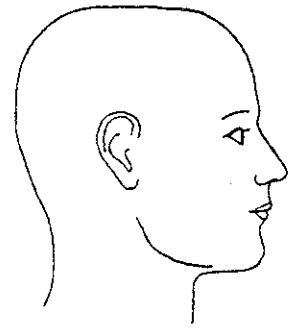
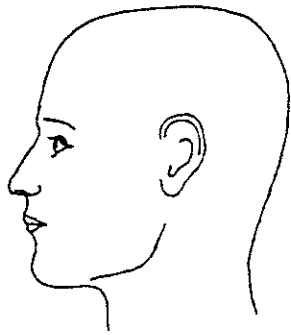
**ACTIVITY OF DECEDENT AND PREMISES**

- FATAL INJURY OR ILLNESS:**      Activity \_\_\_\_\_  
 Type of place Road      Specific location Hillcrest Rd. & Hillcrest Cr
- 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 \_\_\_\_\_
- DEATH:**      Type of place Road      Specific location As Above
- 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.

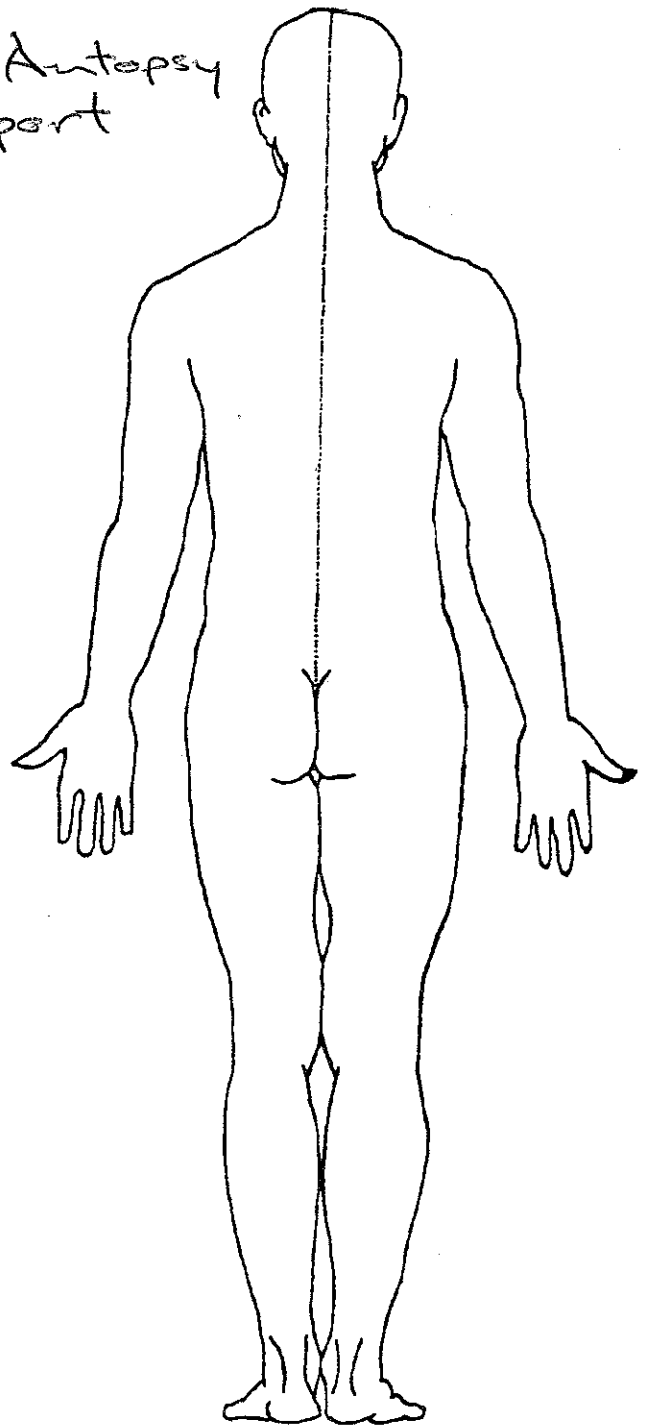
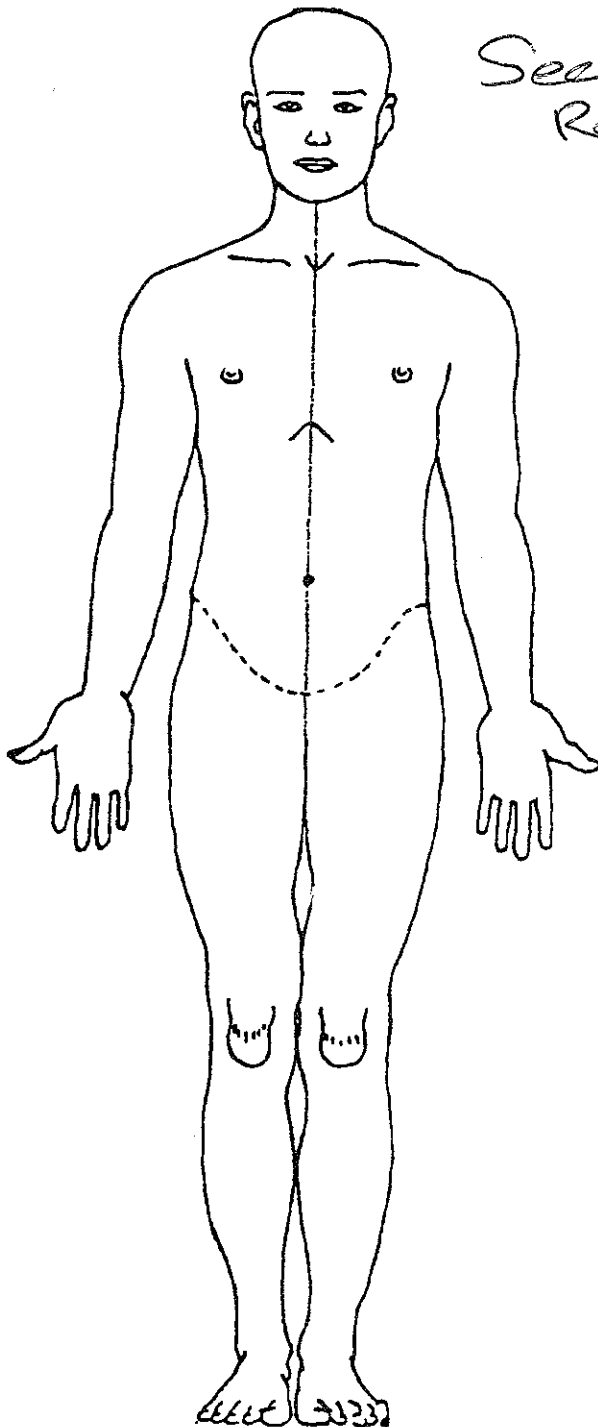
**DESCRIPTION OF BODY**

- CONDITION:**       Intact       Decomposition       Skeletonized      *See Autopsy Report*  
 Embalmed       Charred       Prolonged immersion       Exhumed
- RIGOR:**       None     1+     2+     3+      **LIVOR:**       None     Anterior     Posterior     Lateral
- HEIGHT:**      \_\_\_\_\_ inches     Estimate      **WEIGHT:**      \_\_\_\_\_ pounds     Estimate
- BODY TEMPERATURE:**     Warm     Cool     Cold      **HAIR:** Color \_\_\_\_\_     Beard     Mustache
- EYES:** Color \_\_\_\_\_      Abnormalities \_\_\_\_\_
- TEETH:** Upper     Natural     Dentures     Abnormalities \_\_\_\_\_  
 Lower     Natural     Dentures     Abnormalities \_\_\_\_\_
- CLOTHING:** \_\_\_\_\_       Not clothed
- VALUABLES:** \_\_\_\_\_       No valuables

BODY DIAGRAMS



See Autopsy  
Report



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

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

The decedent was shot multiple times and found at the intersection of Hillcrest Rd.

& Hillcrest Cr. She was found lying on her back, tilted onto her (L) hip, and her (R) arm was bent behind her head.

**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.