



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 0 1 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	NC SSI
M.E. NOTIFIED	8/23/09	6:00 AM	LAW ENFORCEMENT AGENCY: ARCHDALE P.D. OFFICER: J.R. FINCHAM 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

- GSTO to ABD/CHST
DUE TO
 - Assault
DUE TO
 - _____
DUE TO
 - _____
DUE TO
- alcohol, depression

OCME REVIEW		SDC
1. <u>multiple gunshot wounds</u> 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
<p>CONTRIBUTING CONDITIONS</p> <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> <i>Information in this block supersedes that contained in space at left.</i>		

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)

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

MEDICAL HISTORY

* NO prior history of depression or alcoholism

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

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent: Passenger car, Pickup truck, Truck, Motorcycle, Bicycle, Farm vehicle, ATV, Moped, Other. Position: Driver, Passenger, Pedestrian, Unknown. Devices: Seat restraints, Air bag, Helmet, Child restraint, None, Unknown. GUN: Rifle, Handgun, Shotgun, Other. INSTRUMENT: Blunt, Sharp. TOXIC AGENT(S) SUSPECTED: Alcohol, Others. DROWNING: Pond, Lake or river, Ocean, Pool, Bathtub, Other. FIRE: Suspected cause, Smoke detector. FALL: From, to, Approximate distance.

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

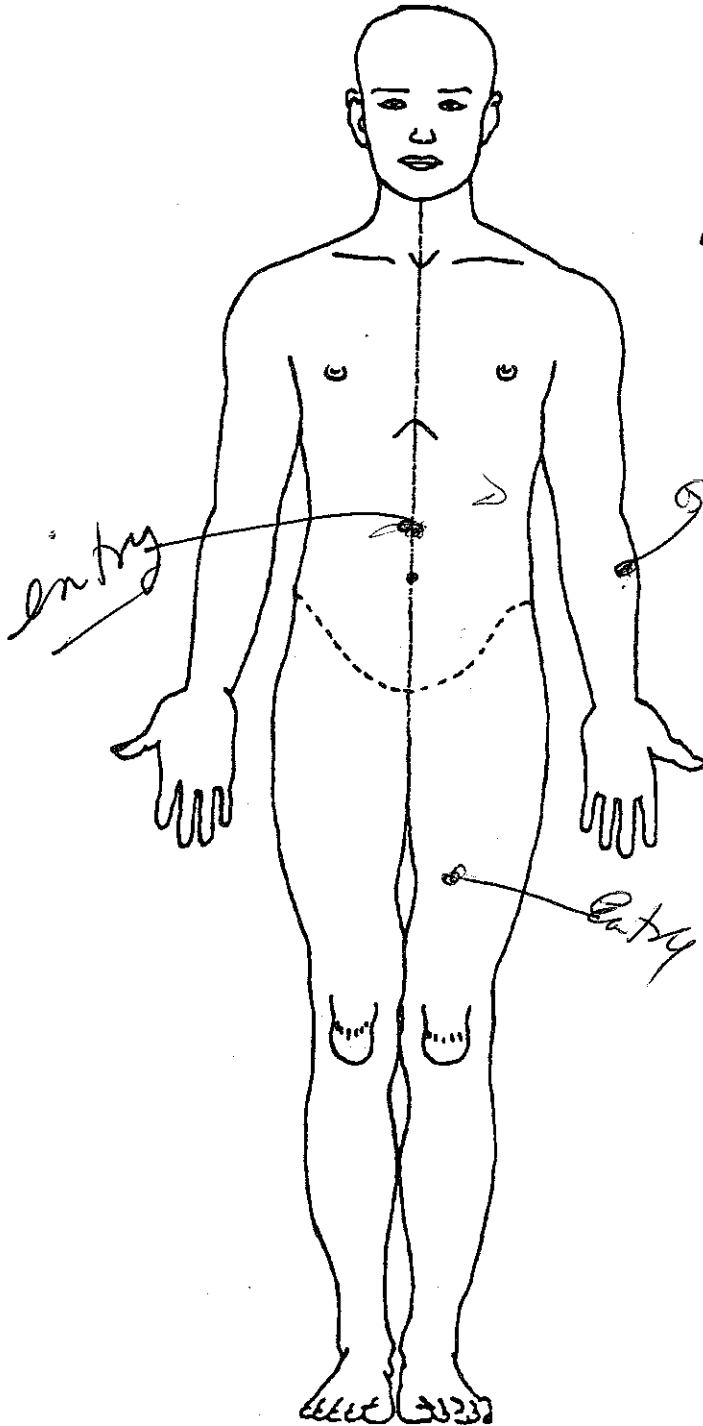
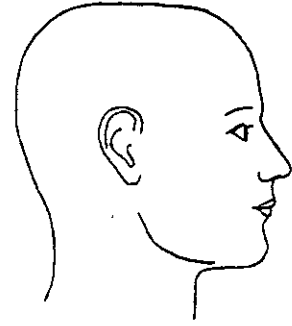
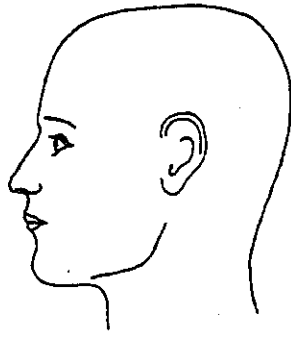
DEATH: Type of place Home, Specific location ER

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. TEETH: Upper, Lower, Natural, Dentures, Abnormalities. CLOTHING: shirt, jeans, Tennis shoes, Not clothed. VALUABLES: No valuables

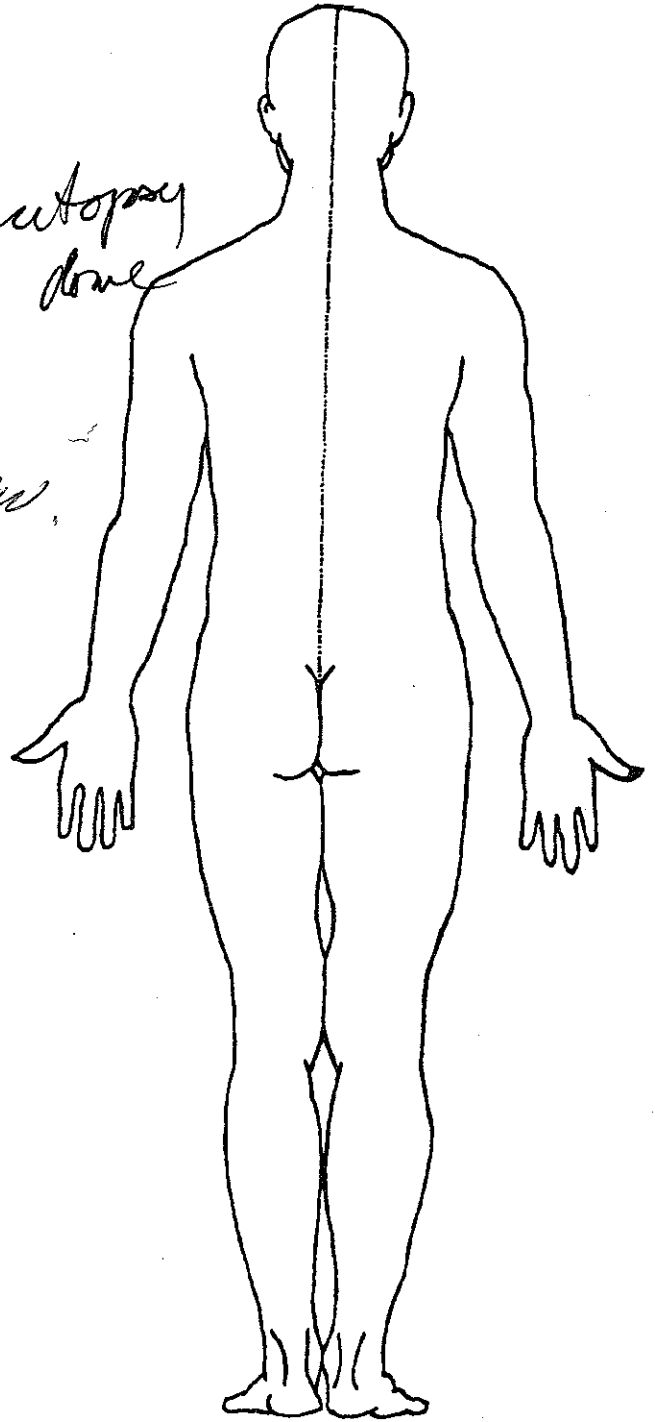
BODY DIAGRAMS



autopsy done

BSW

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~~ ~~idea~~ ^{*}. He
 was alone + drove his 2004 Toyota very fast down I-85
 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 in abd/chest
 + dropped down. He was taken to HPRH ER.
 where further IV's + CPR were done to no
 avail

^{*} He had called 911 indicating that he had a 9mm gun and
 was considering suicide ^{only} while he was driving. There is
 no evidence that prior to this he had expressed suicidal
 thoughts or intent. ^{Jo}
^{2/2/13}

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.