



12021 - 05442

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

21-5033

Case Number
APR 29 2021

Date Received

Res NR

DECEDENT: Andrew Brown Jr
First Middle Last Suffix

RESIDENCE: 427 Perry St Elizabeth City, NC Pasquotank
Number and Street City, State County

AGE: 42 SEX: Male Female Unknown

RACE: Asian Black Native American White Other

HISPANIC ORIGIN: Yes No Unknown

INFORMATION ABOUT OCCURRENCE				
	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	04/21/2021	0827	421 Perry St, Elizabeth City, NC	Pasquotank
DEATH	04/21/2021	0833	500 Roanoke Ave, Elizabeth City, NC	Pasquotank
VIEW OF BODY	04/21/2021	1220	<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 <small>Facility Name</small>	
ME NOTIFIED	04/21/2021	1023	LAW ENFORCEMENT AGENCY: <u>NC SBI</u>	
LAST KNOWN TO BE ALIVE	04/21/2021	0827	OFFICER: <u>Agent S. Stiles</u> TELEPHONE: _____	

AUTOPSY: None M.E. Authorized Non-M.E./Private-Facility Name: _____

BLOOD SAMPLE : Mailed by: ME after External Pathologist after Autopsy Reason not obtained: _____

IF CLINICAL ALCOHOL PERFORMED, RESULT: _____ Where: _____

PROBABLE CAUSE OF DEATH: Pending

- Penetrating Gunshot Wound of the Head
DUE TO _____
- _____
DUE TO _____
- _____
DUE TO _____
- _____
DUE TO _____

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

Natural Accident Homicide Suicide Pending

This Section "OCME REVIEW ONLY"

1. Penetrating gunshot wound of the head
DUE TO _____

2. _____
DUE TO _____

3. _____
DUE TO _____

4. Penetrating gunshot wound of the right upper arm
DUE TO _____

CONTRIBUTING CONDITIONS

MANNER OF DEATH: Natural Accident Homicide Suicide Undetermined

Reviewer: WBA Date: 06/09/2021

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

SDC
 None
 AL
 Dictated
 COG

AUTOPSY
WBA

SDC issued by Pr. Kelly WBA

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.

Walter A Meads, EMT-P
 Signature of Medical Examiner
 Walter A. Meads, EMT-P
 Print Name of Medical Examiner

4/25/2021
 Date

Pasquotank
 County of Appointment

MEDICAL HISTORY

- Alcoholism Cancer Depression Diabetes Hypertension
- Ischemic Heart Disease Seizure Disorder Smoking Substance Abuse
- Other Asthma Physician Unknown City _____

MEANS OF DEATH

- VEHICLE: Type of vehicle associated with this decedent:
 - ATV Bicycle Farm Equipment Moped Motorcycle Passenger Car
 - Pickup Truck Truck –more than 2 axle SUV Other _____
- Position: Driver Passenger Pedestrian Unknown
- Devices: Seat Restraints Air Bag Helmet Child Restraint None Unknown
- Number of Units Involved: _____
- GUN: Rifle-Caliber _____ Handgun-Caliber _____ Shotgun-Gauge _____ ■ Unknown
- INSTRUMENT: Asphyxial Blunt Sharp Description _____
- TOXIC AGENT(S) SUSPECTED: Alcohol Others _____ Noted in Summary on Page 4
- DROWNING: Bathtub Lake Ocean Pond Pool River Other _____
- Life Preserver: Yes No Unknown Able to swim: Yes No Unknown
- Activity _____
- FIRE: Suspected Cause: _____ Smoke Detector: Yes No Unknown
- FALL: From: Sitting Standing Other _____ Approximate Distance _____ (Feet)

ACTIVITY OF DECEDENT AND PREMISES

Work Related:

- 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 _____

*Activity on a job that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

Non-Work Related: (See Examples Below)

- FATAL INJURY OR ILLNESS: Activity Unknown, in a car Unknown
- Type of place House/Street Specific location Yard/Street

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

- DEATH: Type of place Street Specific location Sidewalk
- Death occurred while in custody: Yes ■ No Unknown
- If yes, was in: County Jail State Prison Federal Prison Police Presence
- Death occurred in State Operated Facility: Yes ■ No

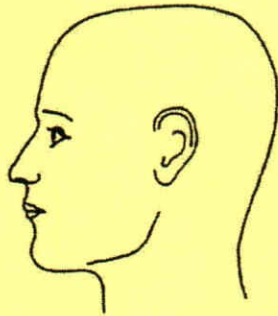
DESCRIPTION OF BODY

For Pathologists Only:
Refer to Autopsy Report

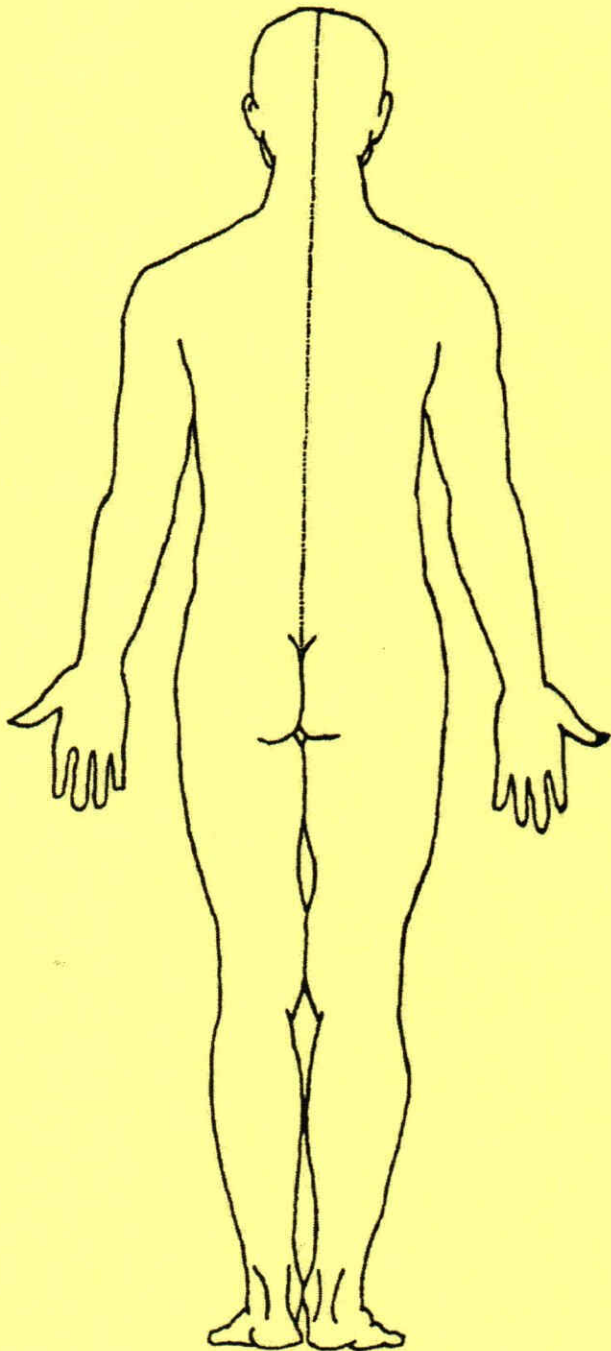
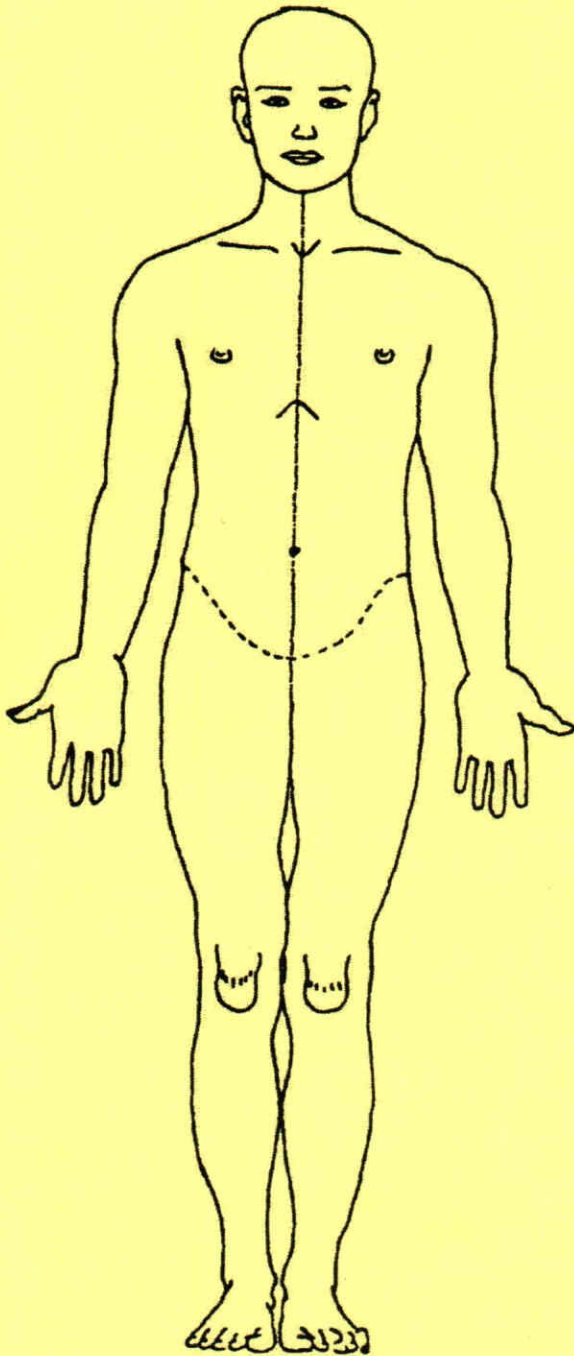
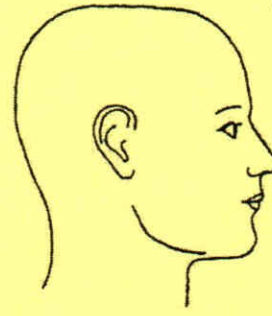
- CONDITION: ■ Intact Decomposed Fragmented Skeletonized
- Embalmed Charred Prolonged immersion
- RIGOR: ■ None 1+ 2+ 3+
- LIVOR: ■ None Anterior Posterior Lateral Color: _____
- LENGTH: 70 ■ Estimate WEIGHT: 220 ■ Estimate
- BODY TEMPERATURE: Warm ■ Cool Cold HAIR: Color Black ■ Facial Black
- EYES: Color _____ Abnormalities _____
- TEETH: LOWER: ■ Natural Dentures None UPPER: ■ Natural Dentures None
- PHOTOGRAPHS: ■ Yes No RADIOGRAPHS: Yes ■ No
- CLOTHING: Red shirt (cut), red boxers, blue shorts, light black jeans, no shoes Not Clothed
- VALUABLES: Lighter, money, albuteral inhaler (inventoried by NCSBI) No Valuables

BODY DIAGRAMS

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



To Greenville for Autopsy



Indicate nature, location and measurements of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams
(Not to Scale)

MEDICAL EXAMINER PRELIMINARY SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH*

- Received call from Pasquotank 911. They asked that I call Inv. J. Wheelbarger with the Pasquotank County Sheriff's Office in reference to an officer involved shooting.
- Spoke to Sheriff's Office Investigator. He reports officer involved shooting. Resuscitation to include CPR and first aid was provided at the scene. Decedent succumbed to his injuries at 0833. NCSBI is just arriving to the scene. NCSBI needed a little time to process the scene before I responded. I assumed jurisdiction of the decedent and responded to the scene.
- I arrived to the scene at approximately 1130. Sheriff's Office Investigator reports deputies were attempting to execute a search warrant at 421 Perry St. The decedent got into a car, tire tracks can be seen in the yard head towards Roanoke Ave. Officers fired multiple shots from an area near the residence of 421 Perry St. Car wrecked head on with a tree in front of 500 Roanoke Ave.
- Based on 911 notes, at 0827, 911 Center dispatched an ambulance for a victim that had been shot, at 0828 CPR was in progress. Unknown other details of the incident.
- Spoke with NCSBI Agent at the scene. Decedent and vehicle are on private property at 500 Roanoke Ave. Decedent was located outside of the car, partially on the sidewalk, partially on grass. There is blood around decedent. Decedent was covered with a white sheet. There is a tent that has been placed over the vehicle and the decedent. The home owner is enroute to the residence. Once the home owner arrives and gives NCSBI consent, we can proceed with accessing the decedent. Consent was obtained.
- There is evidence of first aid being provided. A medical bag, bandages (some have been opened), a tourniquet and a bag valve mask are near the decedent.
- Vehicle has multiple gunshot holes to the back glass, trunk and on the passenger side rear door and windshield.
- NCSBI measured and diagrammed the scene to include the location of the decedent.
- Sheet removed at approximately 1225. Quick external exam includes--
Decedent is a 42 year old black male. Appears of normal development for age. Multiple tattoos. Head with short black hair, facial hair. Small amount of blood coming from right side of mouth. Neck is normal, trachea appears midline. Chest is normal. Abdomen with no palpable masses noted. Pelvis is stable. Legs with each foot having 5 toes. Arms with each hand having 5 fingers. Back with the beginning stages of livor.
Injuries include: GSW found to the lower portion of the back of the head, brain mater present, GSW to the right upper arm, blood covering right arm, small wound to the right upper leg.
NCSBI inventoried pockets, but asked that items be left in pockets and be removed during autopsy.
- Decedent placed in post mortuary bag. Bag sealed with ME Lock- 0028588.
- Twiford Funeral Home will transport. Decedent will be transported directly to Greenville, ECU Brody School of Medicine for storage. NCSBI aware.
- ECU Brody School of Medicine contacted. Case discussed and case accepted for autopsy.
- Spoke with family (Eldest Son and Aunt). They are aware death. They were advised of direct transport to Greenville for autopsy. Family was given number for Vidant Decedent Care.
- Based on scene findings, external exam and consultation with ECU, it is my opinion the manner and cause of death will be listed as Homicide; Penetrating Gunshot Wound of the Head.

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