



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
F25-04860
Case Number
04/02/2025
Date Received
☐ Res ☐ NR

DECEDENT: Johnnie Jacobs
First Middle Last Suffix
RESIDENCE: 3939 Hwy 41 S Fairmont, NC 28340 Robeson
Number and Street City, State County
AGE: 56 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	03/14/2025	19:30	Iona Church Rd. & E. Raynham Rd, Fairmont, NC	Robeson
DEATH	03/14/2025	19:50	Iona Church Rd. & E. Raynham Rd, Fairmont, NC	Robeson
VIEW OF BODY	03/14/2025	20:35	<input checked="" type="checkbox"/> Scene of Death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home Morgue <input type="checkbox"/> Not Viewed Facility Name	
ME NOTIFIED	3/14/2025	19:59	LAW ENFORCEMENT AGENCY: <u>NC Highway Patrol</u> N/A <input type="checkbox"/>	
LAST KNOWN TO BE ALIVE	3/14/2025	19:30	OFFICER: <u>Gus Hunt</u> TELEPHONE: <u>1-800-334-7411</u>	

AUTOPSY: ☒ None ☐ M.E. Authorized ☐ DA Authorized DbD ☐ 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 PART I:

☐ Pending

A. Multiple Blunt Force Injuries

DUE TO

B. _____

DUE TO

C. _____

DUE TO

D. _____

CONTRIBUTING CONDITIONS PART II:

☐ Natural ☒ Accident ☐ Homicide ☐ Suicide ☐ Pending

This Section "OCME REVIEW ONLY"

A. _____ **SDC**
DUE TO ☒ None
B. _____ ☐ AL
DUE TO ☐ Dictated
C. _____ ☐ COG
DUE TO ☐ COG
D. _____

CONTRIBUTING CONDITIONS PART II

MANNER OF DEATH:
☒ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Undetermined

Reviewer: Trish Fore, BS, NCME, D-ABMDI Date: 04/14/2025
Pathologist: _____ Date: _____

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.

Jonathan Prather Digitally signed by Jonathan Prather
Date: 2025.04.02 13:40:45 -04'00'
Signature of Medical Examiner
Jonathan Prather
Print Name of Medical Examiner

4/2/2025
Date
10871923
NC DAVE Number

Robeson
County of Appointment

MEDICAL HISTORY

☐ Alcoholism ☐ Cancer ☐ Depression ☐ Diabetes ☐ Hypertension
☐ Ischemic Heart Disease ☐ Seizure Disorder ☐ Smoking ☐ Substance Abuse
☒ Other **COPD** Physician _____ 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: 2
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 Motor Vehicle Crash ☐ Unknown
 Type of place Highway Specific location Iona Church Rd. & E. Raynham Rd, Fairmont, NC

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 Highway Specific location Iona Church Rd. & E. Raynham Rd, Fairmont, NC
 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 ☐

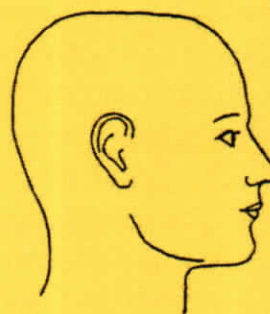
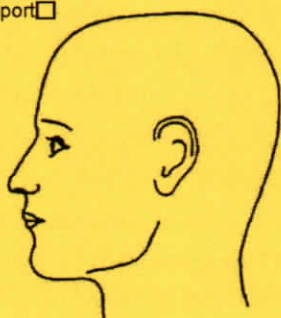
CONDITION: ☒ Intact ☐ Decomposed ☐ Fragmented ☐ Skeletonized
☐ Embalmed ☐ Charred ☐ Prolonged immersion
RIGOR: ☒ None ☐ 1+ ☐ 2+ ☐ 3+
LIVOR: ☐ None ☒ Anterior ☐ Posterior ☐ Lateral Color: Red Fixed ☐ Non-Fixed ☒
 Length: 6' ☒ Estimate WEIGHT: 200lbs ☒ Estimate
 Algor: Warm ☒ Cool ☐ Cold ☐ HAIR: Color Grey ☒ Facial grey
 EYES: Color brown Abnormalities _____
 TEETH: LOWER: ☒ Natural ☐ Dentures ☐ None UPPER: ☒ Natural ☐ Dentures ☐ None
 PHOTOGRAPHS: ☒ Yes ☐ No RADIOGRAPHS: ☐ Yes ☒ No
 CLOTHING: 1 brown t shirt, 1 pair grey boxers; 1 pair blue jeans, 1 black belt wit metal buckle silver in color ☐ Not Clothed
1 pair black socks
 VALUABLES: 1 metal necklace (gold in color) ☐ No Valuables

BODY DIAGRAMS

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

See supplemental examination report ☐

See autopsy report ☐



Abrasions covering face and top of head

abrasions on chest and abdomen

deformity to extremity

multiple abrasion covering top portion of back

bruising 6" diameter

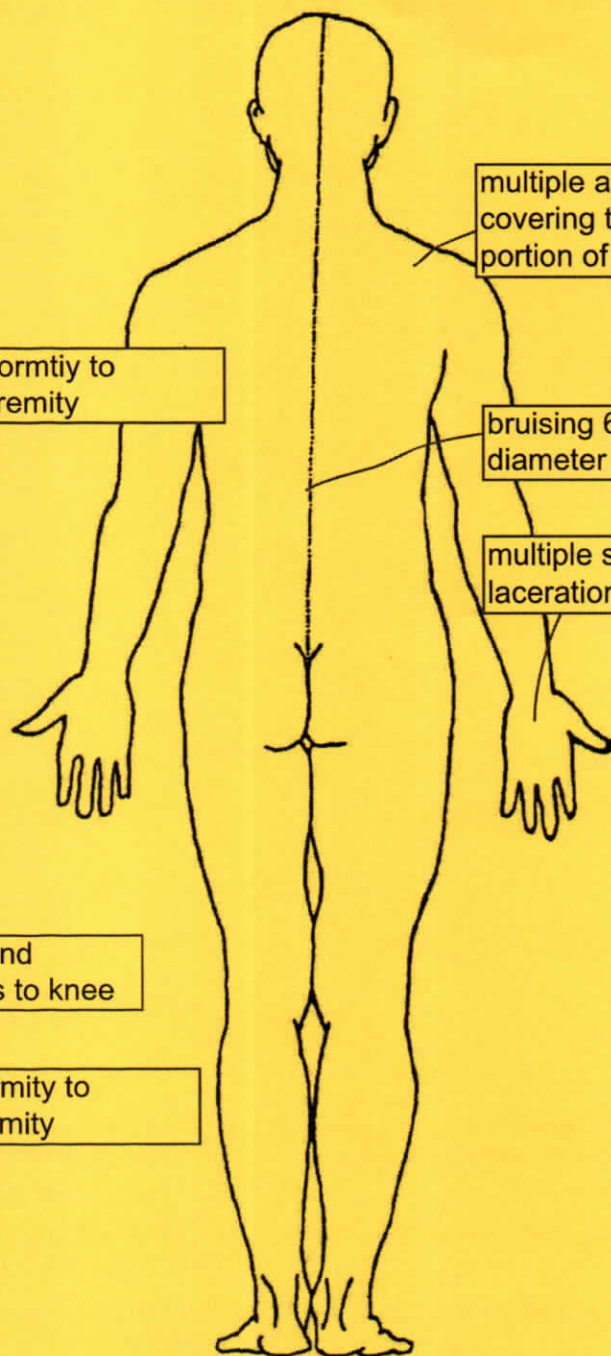
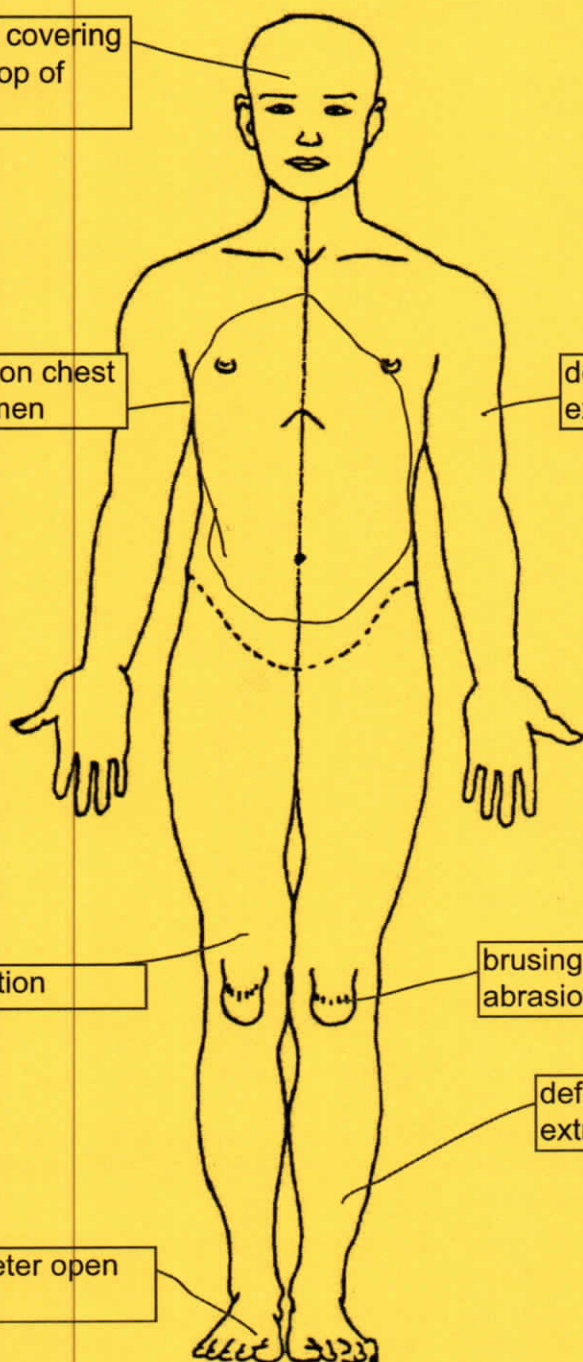
multiple superficial lacerations to hand

3" laceration

bruising and abrasions to knee

deformity to extremity

2" diameter open wound



MEDICAL EXAMINER PRELIMINARY SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH*

Decedent is a 56 year old native American male found deceased on side of roadway by passing motorist. Decedent was identified by law enforcement on scene and family at the hospital. Decedent was unrestrained driver of pickup truck that was traveling Iona Church Rd. when a passenger car traveling on W Raynham Rd. ran the stop sign striking the passenger side of the decedent truck causing the decedent to be ejected from the vehicle approximately 25 foot and landing in prone position. 911 was called and when paramedics arrived the pronounced decedent dead on scene and no resuscitative measures where initiated. The crash happened on a rural road with no street lights and no obstructions noted or road work. Decedent had no suicidal ideations or attempts and no drug or alcohol history noted and none on scene. Regional Autopsy Center contacted with case information and case accepted as local external by local medical examiner.

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 the Medical Examiner's examination.

PREPARATION: The investigating Medical Examiner completes all appropriate information and signs the certification statement on the front of the form.

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.

Electronic Investigation Report can be emailed to ocme.eir@dhhs.nc.gov . You do not need to send via postal mail.