



12016-08901

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	
16-8493	
Case Number	
AUG 24 2016	
Date Received	
<input type="checkbox"/> Res	<input type="checkbox"/> NR

DECEDENT: Jordyn Ann Dumont
First Middle Last Suffix
 RESIDENCE: 1904 Bess Town Road Bessemer City, NC Gaston
Number and Street City, State County
 AGE: 3 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	08-15-2016	UNKNOWN	1904 Bess Town Road Bessemer City	Gaston
DEATH	08-16-2016	1010	1924 Bess Town Road Bessemer City	Gaston
VIEW OF BODY	08-16-2016	1210	<input checked="" type="checkbox"/> Scene of Death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home <input checked="" type="checkbox"/> Morgue <u>Mecklenburg Medical Examiner's Office</u> <input type="checkbox"/> Not Viewed <small>Facility Name</small>	
ME NOTIFIED	08-16-2016	1114		
LAST KNOWN TO BE ALIVE	08-15-2016	UNKNOWN	LAW ENFORCEMENT AGENCY: <u>Gaston County Police Department</u> OFFICER: <u>Brian Dalton</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

1. Blunt force abdominal injuries

DUE TO

2. Assault

DUE TO

3. _____

DUE TO

4. _____

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

☐ Natural ☐ Accident ☒ Homicide ☐ Suicide ☐ Pending

This Section "OCME REVIEW ONLY"		SDC
1. _____	DUE TO	<input checked="" type="radio"/> None
2. _____	DUE TO	<input type="radio"/> AL
3. _____	DUE TO	<input type="radio"/> Dictated
4. _____	DUE TO	<input type="radio"/> COG
CONTRIBUTING CONDITIONS		AUTOPSY J.R. 10/31/16
MANNER OF DEATH:		
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		
Reviewer: <u>[Signature]</u>	Date: <u>10/31/16</u>	
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.

Carol V. Pinkard
 Signature of Medical Examiner
 Carol V Pinkard
 Print Name of Medical Examiner

8/16/2016

Date

Gaston

County of Appointment

MEDICAL HISTORY

- ☐ Alcoholism ☐ Cancer ☐ Depression ☐ Diabetes ☐ Hypertension
☐ Ischemic Heart Disease ☐ Seizure Disorder ☐ Smoking ☐ Substance Abuse
☐ Other _____ 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: _____
☐ 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
Type of place House _____ Specific location Unknown _____

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 Found in woods _____ Specific location shallow grave _____
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

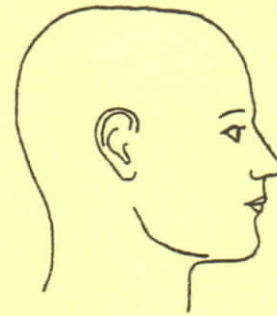
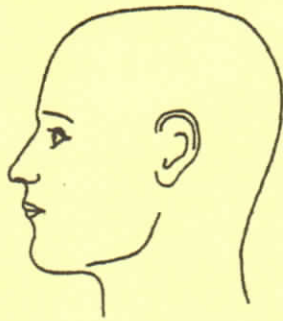
For Pathologists Only:
Refer to Autopsy Report ☒

- CONDITION: ☒ Intact ☐ Decomposed ☐ Fragmented ☐ Skeletonized
☐ Embalmed ☐ Charred ☐ Prolonged immersion
RIGOR: ☒ None ☐ 1+ ☐ 2+ ☐ 3+
LIVOR: ☐ None ☐ Anterior ☒ Posterior ☐ Lateral Color: _____
LENGTH: _____ ☐ Estimate WEIGHT: _____ ☐ Estimate
BODY TEMPERATURE: ☐ Warm ☒ Cool ☐ Cold HAIR: Color Brown/blond ☐ Facial _____
EYES: Color _____ Abnormalities _____
TEETH: LOWER: ☒ Natural ☐ Dentures ☐ None UPPER: ☒ Natural ☐ Dentures ☐ None
PHOTOGRAPHS: ☒ Yes ☐ No RADIOGRAPHS: ☐ Yes ☐ No
CLOTHING: white long sleeve shirt (Best Big Sister), jean shorts, panties, socks ☐ Not Clothed

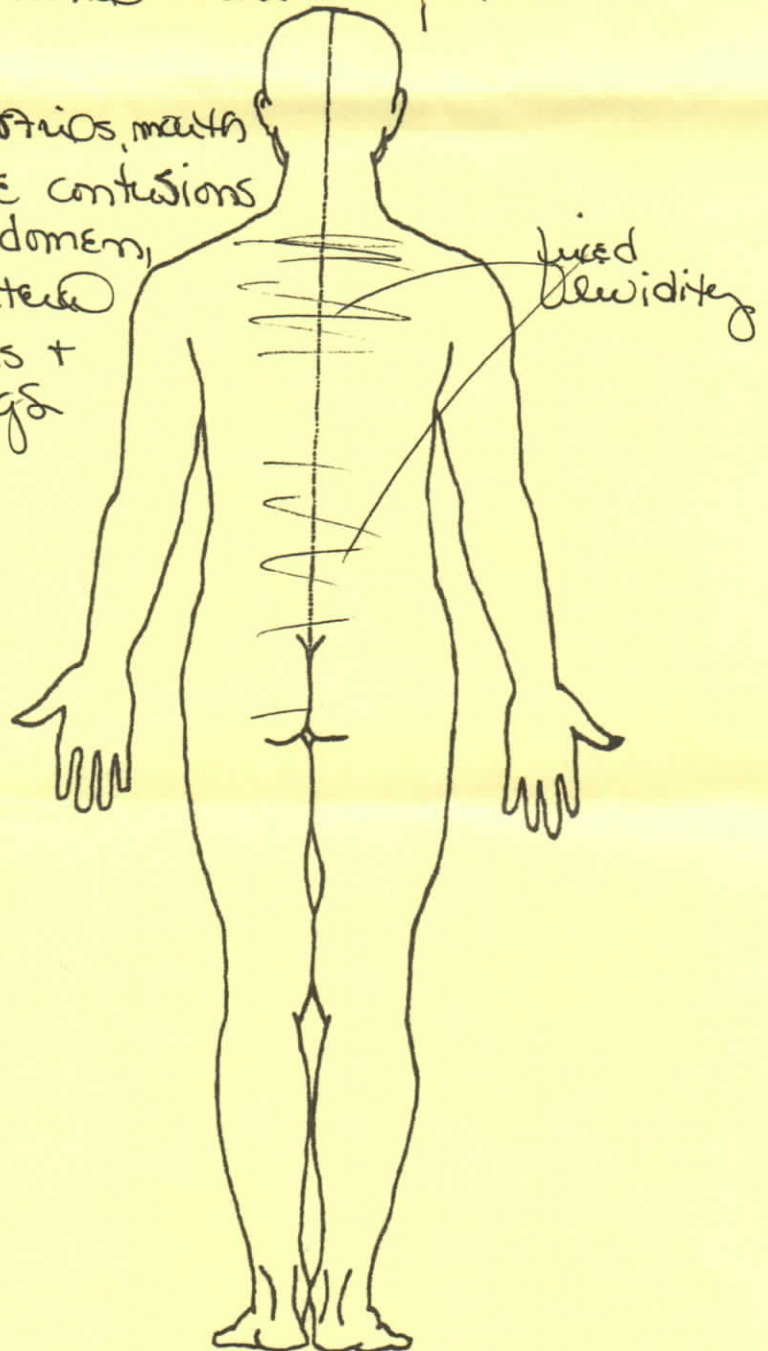
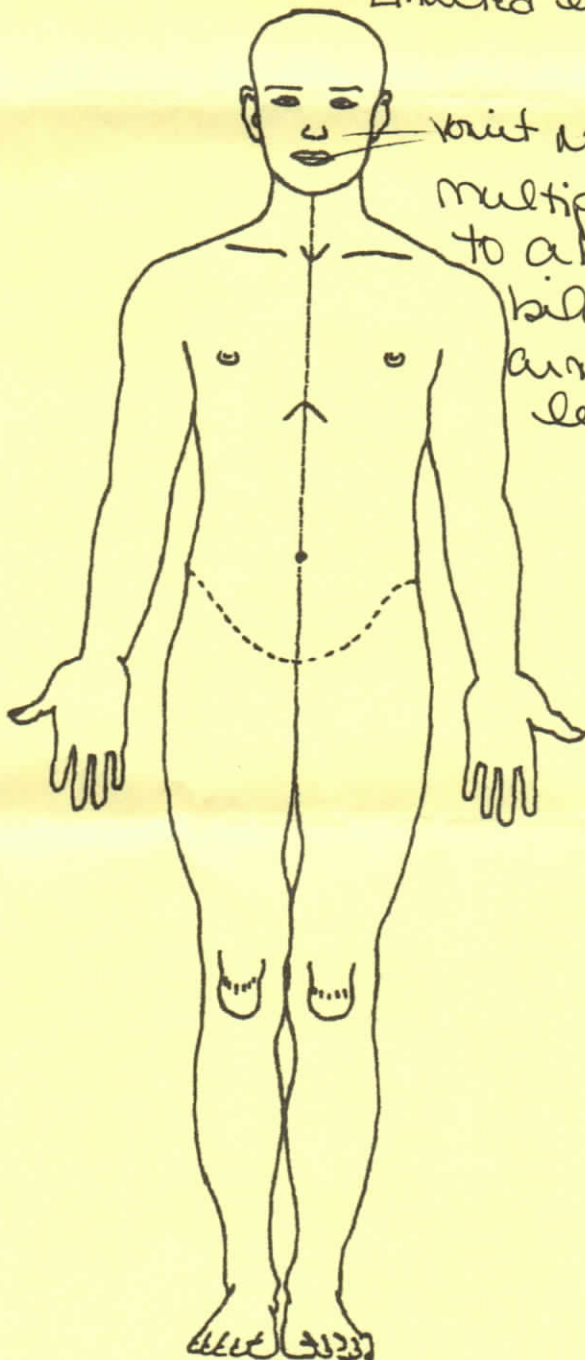
- VALUABLES: _____ ☒ No Valuables

BODY DIAGRAMS

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



Limited external exam autopsied



MEDICAL EXAMINER PRELIMINARY SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH*

This is a 3 year old white female who was reported to have been found by Gaston County police on August 16, 2016 at approximately 10:10 a.m. which will be the pronounced time of death. The decedent was found wrapped in a fitted black sheet and she was found lying on her right side in a hole beneath several broken tree limbs and dry leaves. The tree limbs and dry leaves were removed by FBI agents. Two folded trace sheets were placed inside the bottom of a new body bag which was placed near the deceased. Jordyn was placed gently on top of the trace sheets and the fitted black sheet was removed and collected at the scene. The deceased was fully clothed in a long sleeve white shirt with the words "Best Big Sister," blue jean shorts, panties and socks. The decedent had multiple contusions to the abdomen, bilateral arms and legs. Vomit was noted in the mouth and nose of the deceased. Jordyn was reported missing by her caregiver on August 15, 2016 at 1539. The caregiver, William McCullen, was reported to be the boyfriend of the decedent's mother. The body bag was tagged with the name of the deceased and it was sealed with a green seal number 5102631 at the scene. The decedent was transported to the Mecklenburg Medical Examiner's Office by Lockee Lightner of Lockwal Transport for an autopsy.

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