



12009-10830

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

TC

OCME USE ONLY

09-10660

Case number

DEC 01 2009

Date received

Res NR

DECEDENT: Shariya Davis

First Middle Last Suffix

RESIDENCE: [REDACTED] Fayetteville, NC Amberlat

Number and Street City, State County

AGE: 5 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	11/10/2009 - 11/16/2009	unknown	unknown	unknown
DEATH / FOUND	11/16/2009	1400	100 ft. off of a wooded road, southeast of Sanford	Lee
VIEW OF BODY	11/17/2009	0900	<input type="checkbox"/> Scene of death <input type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input checked="" type="checkbox"/> Other <u>NC OCME</u> <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	11/16/2009	1534	LAW ENFORCEMENT AGENCY: <u>Fayetteville PD</u> OFFICER: <u>Bowman</u> TELEPHONE: <u>910 391 0119</u>	
LAST KNOWN TO BE ALIVE	11/10/2009	unknown / 0611	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: NC OCME

BLOOD SAMPLE: Mailed Obtained by pathologist Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: Pending

1. _____
DUE TO
2. _____
DUE TO
3. _____
DUE TO
4. _____
DUE TO

OCME REVIEW

1. Asphyxiation
DUE TO

2. _____
DUE TO

3. _____
DUE TO

4. _____
DUE TO

CONTRIBUTING CONDITIONS

Natural Accident Homicide Suicide Undetermined

Reviewer: [Signature] Date: 11/12/10

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

SDC

None

AL

Dictated

COG

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
GORDON MD

11/30/2009 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, 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 Abducted and taken to a hotel, Type of place Hotel, Specific location Sanford, NC

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 unknown, Specific location unknown, FUND: Woods Southeast of Sanford

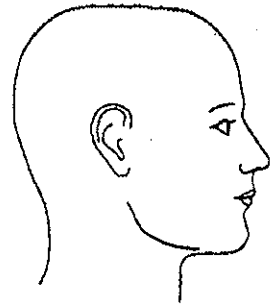
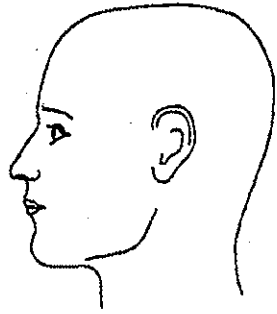
Examples: Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc. Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc. Specific 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

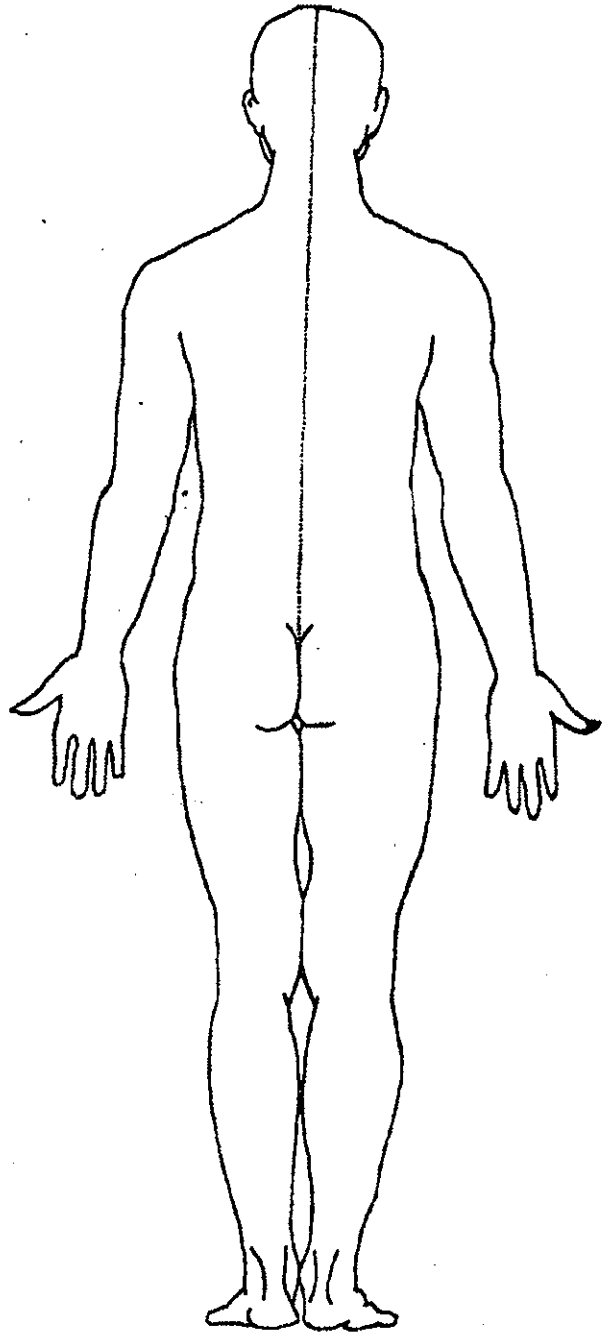
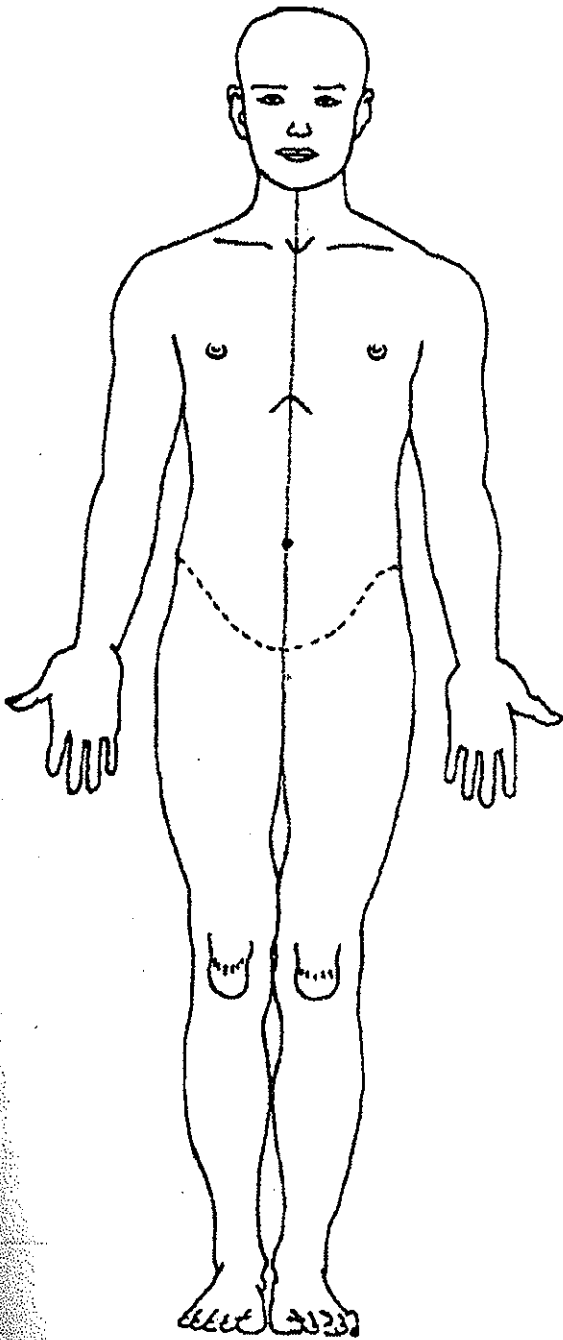
See B09-5038

CONDITION: Intact, Decomposition, Skeletonized, 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, Lower, Natural, Dentures, Abnormalities, CLOTHING: Not clothed, VALUABLES: No valuables

BODY DIAGRAMS



see
BO9-5038



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 is a 5-year-old black female who was discovered in the woods southeast of Sanford, NC on 11/6/2009; she did not have any obvious signs of external trauma on preliminary examination. She was reported missing by her mother on 11/10/2009, and was seen on a hotel surveillance camera being taken into a room around 0611 hours by Mario McNeill. She was not seen again until her body was discovered by law enforcement.

The mother has been arrested and charged with human trafficking, felony child abuse, prostitution, and several other felonies. She reportedly owed money to McNeill and offered the daughter in exchange for forgiveness of her debt.

The cause of death awaits autopsy at NC OCMF.

Cliff Gordon MD

11/30/09

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.