



12024-06298

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	DECEDENT: <u>Mica Miller</u>
	RESIDENCE: <u>2323 Margarita Dr Myrtle Beach SC Horry</u>
	AGE: <u>30</u> SEX: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown
	RACE: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input checked="" type="checkbox"/> White <input type="checkbox"/> Other
Date Received JUN 03 2024	HISPANIC ORIGIN: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Res <input type="checkbox"/> NR	

INFORMATION ABOUT OCCURRENCE				
	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	04/27/2024	1454	2819 Princess Ann Road	Robeson
DEATH	04/27/2024	1625	2819 Princess Ann Road	Robeson
VIEW OF BODY	04/27/2024	2013	<input checked="" type="checkbox"/> Scene of Death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral Home Morgue: <u>UNC Health Southeastern</u> <input type="checkbox"/> Not Viewed <small>Facility Name</small>	
ME NOTIFIED	04/27/2024	1830	LAW ENFORCEMENT AGENCY: <u>Robeson County Sheriff Dept N/A</u> <input type="checkbox"/>	
LAST KNOWN TO BE ALIVE	04/27/2024	1454	OFFICER: <u>Det Norris</u>	TELEPHONE: <u>(910)671-3170</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. Gunshot Wound of Head

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	<input checked="" type="checkbox"/> None
B. _____	<input type="checkbox"/> AL
DUE TO	<input type="checkbox"/> Dictated
C. _____	<input type="checkbox"/> COG
DUE TO	
D. _____	

CONTRIBUTING CONDITIONS PART II

MANNER OF DEATH:
 Natural Accident Homicide Suicide Undetermined

Reviewer: _____ Date: _____
Pathologist: WJA Date: 6/20/2024

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.

Jennifer Altman RN-ME
Signature of Medical Examiner
Jennifer Altman RN MSN
Print Name of Medical Examiner

5/15/24
Date
10648398
NC DAVE Number

Robeson
County of Appointment

MEDICAL HISTORY

Alcoholism Cancer Depression Diabetes Hypertension
 Ischemic Heart Disease Seizure Disorder Smoking Substance Abuse
 Other ^{Bipolar, suicide attempt} Physician No PCP 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 9mm Shotgun-Gauge _____ Unknown
 INSTRUMENT: Asphyxial Blunt Sharp Description _____
 TOXIC AGENT(S) SUSPECTED: Alcohol Others _____ Noted in Summary on Page 4
 DROWNING: Bath tub 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 shot self with handgun Unknown
 Type of place Lumber River State Park Specific location 2819 Princess Ann Road Lumberton NC

Examples-Activity: Running, lifting hay bales, sailing, 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 Lumber River State Park Specific location 2819 Princess Ann Road Lumberton 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

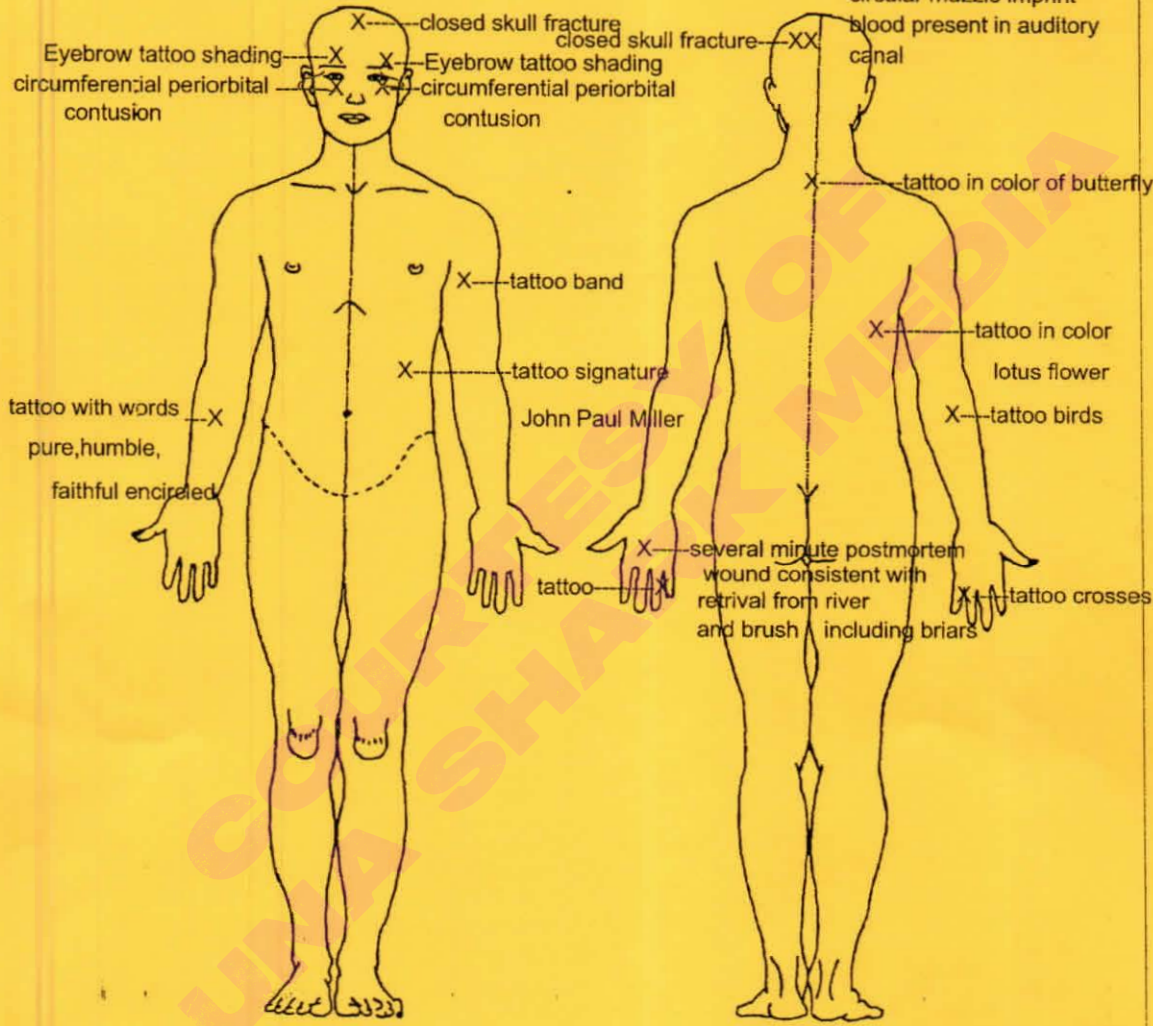
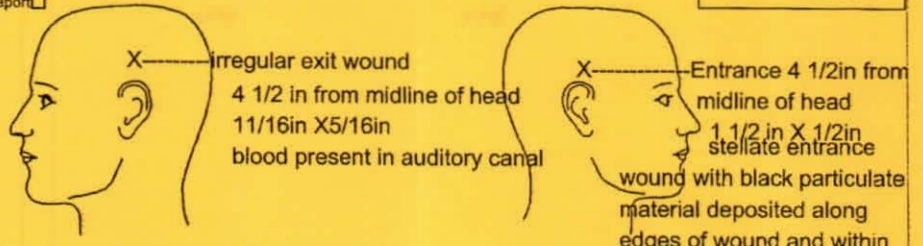
For Pathologist Only:
 None - autopsy done

CONDITION: Intact Decomposed Fragmented Skeletonized
 Embalmed Charred Prolonged Immersion
 RIGOR: None 1+ 2+ 3+
 LIVOR: None Anterior Posterior Lateral Color: pink Fixed Non-Fixed
 Length: 5'5 Estimate WEIGHT: 140 pounds Estimate
 Algor: Warm Cool Cold HAIR: Color Brown Facial _____
 EYES: Color Brown Abnormalities _____
 TEETH: LOWER: Natural Dentures None UPPER: Natural Dentures None
 PHOTOGRAPHS: Yes No RADIOGRAPHS: Yes No
 CLOTHING: (1) long sleeve black shirt (1) black pants (1) black belt (1) green bra (1) pair black shoes (1) pair grey underwear Not Clothed
(1) pair black socks
 VALUABLES: (1) yellow color necklace with clear stone (1) metallic ring with clear stone (1) black watch (1) black bracelet No Valuables
(1) pair of bird earrings

BODY DIAGRAMS

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

See supplemental examination report
 See autopsy report



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*

Decedent: 30-year-old female who was visually identified by law enforcement through photo ID. According to decedent family they had tried to call and text decedent on 4-27-24 without success. Decedent was last known alive visually by surveillance camera gas station at 4135 South Highway 41 in Mullins South Carolina @ 1333 and verbally per conversation with 911 dispatcher at 1454 in which decedent asked if the dispatcher could see her location. Decedent voiced to 911 dispatcher that she was about to kill herself and wanted her family to be able to find her. 911 dispatcher confirmed phone number of decedent and location as Lumber River State Park. Law enforcement was notified and began searching for decedent at Lumber River State Park. At 1520 decedent's phone was pinged and at 1533 law enforcement had drone dispatched to area. 1542 Verizon phone carrier was notified for location verification. At 1542 decedent's car was identified at Lumber River State park in parking lot secured. Law enforcement found in vehicle a 9mm sig sauer hard gun case and receipt showing weapon was purchased at Dick's Pawn Shop at Myrtle Beach on 4/27/2024 @ 1232. Law enforcement also confirmed the weapon was purchased with decedent's debit card. At 1623 law enforcement was alerted by kayaker a body was found in river. Law enforcement was also given a black bag with ID and money that was found on bank of river by a person at river. Law enforcement recoverec 2 spent casing and one live round on bank of river. Regional pathologist was called to scene for assistance. Decedent was found prone submerged in river beside tree limbs about 100 feet from casings. No signs of physical struggle at location of casing. Decedent was removed from water by law enforcement in a boat and brought to bank of river. Bank of river was muddy and had heavy brush with briars. Decedent had dirt and debris on her hands and clothing. At 1911 a 9mm sig sauer pistol was removed from river approximately 5 feet from bank using a magnet and serial number on gun matched the gun case found in decedent's car. Medical records documented decedent was hospitalized on 11/29/2022 until 12/5/2022 on suicidal precautions for bipolar I, recurrent manic episode, tetrahydrocannabinol dependence, and dependent personality disorder. The decedent was hospitalized from 2/7/2024 until 2/12/2024 secondary to Emergency Protective Custody by her therapist. Medical records stated two prior mental health hospitalizations and a previous suicide attempt with firearm. Records on 2/7/2024 also state delta 8 gummy consumption and increased paranoia with bizarre behavior. Decedent family did confirm her previous suicide attempt by firearm. On April 4'24/2024 decedent records stated she was seen and given prescription for Hydroxyzine 25mg for anxiety. Regional pathologist assisted and examined the decedent; exam was consistent with the reported incident. Upon further consultation with the Office of the Chief Medical Examiner and law enforcement, there was no concern for foul play and an autopsy was not warranted.

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.