

Los Angeles County MEDICAL EXAMINER-



CORONER (III)



2013







Gloria Molina Supervisor, First District Mark Ridley-Thomas Supervisor, Second District Zev Yaroslavsky Supervisor, Third District Don Knabe Supervisor, Fourth District Michael D. Antonovich Supervisor, Fifth District





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DEPARTMENT HEAD'S MESSAGE

This report contains statistical information from the Los Angeles County Department of Medical Examiner-Coroner for the year 2013, as well as selected statistics from the previous ten years.

Significant Events

During the year the following significant events occurred:

- Dr. Lakshmanan Sathyavagiswaran, Interim Director and Chief Medical Examiner-Coroner, retired. The Board of Supervisors appointed Dr. Mark Fajardo as the new Chief Medical Examiner-Coroner.
- The position of Director was deleted. A Chief Deputy Director position, reporting to the Chief Medical Examiner-Coroner, was created.
- The name of the Department was changed from Department of Coroner to Department of Medical Examiner-Coroner.

Legislation

AB 1488 (California Government Code 27491) The Coroner does not have jurisdiction in certain deaths attended by a registered nurse in a hospice.

SB1236 (California Business and Professions Code 802.5) The Coroner is required to report to the Physician Assistant Board a death that may be the result of a physician assistant's gross negligence or incompetence.

Los Angeles County Code 2.22.010 Change of Department name to Department of Medical Examiner-Coroner.

Presentations

Kaleuati MA, Kowal DK, Rogers C, Schmidt MT, Bir CA. Unusual suicides utilizing chain saws—case reports and literature review. Paper presented at annual meeting of American Academy of Forensic Sciences, Washington DC, February 2013.

Anderson D. Forensic Toxicology: The ever so fluid and dynamic discipline of forensic science. Paper presented at annual meeting of American Academy of Forensic Sciences, Washington DC, February 2013.





Presentations

Kaleuati M, Miller E. Forensic anthropology workshop. Training presented at California Association of Criminalists, Pasadena, California, May 2013.

Kaleuati M. Unusual ways to commit suicide—guns and chainsaws. Paper presented at California Association of Criminalists, Pasadena, California, May 2013.

Gibson D, Kaleuati M. Tool marks in biological tissues. Training presented at Los Angeles County Medical Examiner-Coroner, June 2013.

Kaleuati M, Cruz S, Tyson R. Ritual use of human remains: saints, sinners and skeletons in Los Angeles County. Paper presented at Seminar in the Forensic Sciences, San Diego Museum of Man, San Diego, California, September 2013.

Los Angeles County Medical Examiner-Coroner, Skeletal Recovery Workshop, Los Angeles, September 2013.

Pearring S. SWGTOX method validation workshop. Presented at Society of Forensic Toxicologists, Orlando, Florida, October 2013.

Pearring S. Measurement of uncertainty. Presented at Forensic Science Seminar, Los Angeles County Medical Examiner-Coroner, October 2013.

Publications

Rogers CB, Panchal A, Boyle N. A hazard of implantable defibrillators. Acad Forensic Pathol 2013 3(2):246-249.

Botello T, Noguchi T, Sathyavagiswaran L, Weinberger LE, Gross BH. Evolution of the psychological autopsy: fifty years of experience at the Los Angeles County Chief Medical Examiner-Coroner's Office. J Forensic Sci 2013 Jul;58(4):924-6.

Anderson C, Anderson D, Harre N, Wade N. Case study: two fatal case reports of acute yohimbine intoxication. J Anal Toxicol 2013 Oct 37(8):611-4.

Anderson D. SOFT Special Issue of the Journal of Analytical Toxicology. J Anal Toxicol. 2013 Oct;37(8):475.





Publications

Miller C, Pleitez O, Anderson D, Mertens-Maxham D, Wade N. Asenapine (Saphris®): GC-MS method validation and the postmortem distribution of a new atypical antipsychotic medication. J Anal Toxicol. 2013 Oct;37(8):559-64.

Mark Fajardo, M.D. Chief Medical Examiner-Coroner





Administrative Services Bureau

Sarah Ahonima, Administrative Deputy

The Administrative Services Bureau is responsible for all departmental financial operations, departmental budget preparation, fiscal reports, personnel, payroll, litigation, procurement, accounting, revenue collection, marketing, volunteer services, affirmative action, contracts and grants, internal control certification, workfare programs, facilities management, and other related functions.

FISCAL SERVICES

The Accounting section is responsible for all financial transactions performed by the Department of Medical Examiner-Coroner. All Auditor-Controller guidelines are followed as well as any departmental guidelines governing monetary issues. The section also monitors all departmental accounts, such as salary and benefits, overtime expenditures, services and supplies, and budget.

PROCUREMENT

Procurement is responsible for purchasing equipment, maintenance of buildings, contracts, budgetary support, monitoring of fixed assets, and inventory control.

HUMAN RESOURCES

Human Resources is responsible for personnel issues that are inherent in County government such as benefits, processing examinations, filling vacant positions, litigation, workers compensation, volunteer services, payroll, community support programs such as job fairs, and budgetary support.

MARKETING PROGRAM

"Skeletons in the Closet" has been operating since September 1993. Given the scarcity of resources at that time, revenue generation had to be considered to help offset monetary losses. "Skeletons in the Closet" features a complete line of quality souvenir items, such as beach towels, shirts, toe tags, and much more. The items are available to the public via website at LACORONER.COM or by calling (323) 343-0760.

CONTRACT PROGRAMS

The Department administers contracts and agreements for various functions, such as tissue collection, regional offices, satellite hospitals, histopathology, medical transcription, neuropathology and physician services. The staff monitors and studies Department operations in the continuing evaluation of the appropriateness of contracting for other functions.





MORTUARY BILLING PROGRAM

The Department bills the decedent's next of kin for transportation and handling costs associated with the decedent. This fee is collected pursuant to Section 27472 of the Government Code.

FORENSIC DATA INFORMATION SYSTEMS

The mission of Forensic Data Information systems is to enhance and support the Department's long-range goals, mission-critical business goals, and objectives through the administration, project management, and expansion of information technology-related applications and services, including, where appropriate, the delivery of services to agencies referred through appropriate 24/7 e-government technologies.

The FDIS is also responsible for network, database and application administration, preparation of statistics and general client support. The FDIS is responsible to ensure that the Department is in alignment with the County-wide strategic planning effort to conduct County business electronically and maintain compliance with the technological directives as stipulated by the County's Chief Information Officer. The FDIS manages the information technology efforts of subcontracts in the implementation and support of new technologies such as e-commerce content management and voice over internet protocol (VoIP).•



(I to r) Dr. Mark Fajardo, Dr. Thomas Noguchi





FORENSIC MEDICINE BUREAU

Chief, Christopher Rogers, M.D.

The Forensic Medicine Bureau's full-time permanent staff consists of board-certified forensic pathologists who are responsible for the professional medical investigation and determination of the cause and mode of each death handled by the Department. Our physicians are experts in the evaluation of sudden unexpected natural deaths and unnatural deaths such as deaths from firearms, sharp and blunt force trauma, etc. Physicians are frequently called to court to testify on cause of death, and their medical findings and interpretations, particularly in homicide cases. In addition, the division has consultants in forensic neuropathology, odontology, anthropology, anesthesiology, pediatrics, surgery, ophthalmologic pathology, cardiac pathology, emergency medicine, psychiatry, psychology and radiology to assist the deputy medical examiners in evaluating their cases.

MEDICAL EDUCATION

The Department is approved by the Institute for Medical Quality, a subsidiary of the California Medical Association as a provider of Continuing Medical Education activities.

HEALTH & SAFETY/RISK MANAGEMENT

The Department has implemented an aggressive health & safety committee and risk management program, which has significantly reduced work-related injuries.

ICAN

The Department participates in the interagency Council for Child Abuse and Neglect. This Department is the host of the monthly Child Death Review Committee of ICAN.

IDENTIFICATION OF UNIDENTIFIED BODIES (SB 90)

The Department participates in a State-mandated program to examine dental records and collect appropriate specimens for the identification of John and Jane Does.

MEDICAL EXAMINER-CORONER ALERT PROJECT

The Department of Coroner reports to the Consumer Product Safety Commission all deaths directly from unsafe consumer products.





RESIDENCY PROGRAM

The Medical Division of the Department of Coroner has an Accreditation Council for Graduate Medical Education —approved forensic pathology residency program designed to train deputy medical examiners and prepare them for board certification while performing medical investigations under appropriate supervision.

SCUBA PROGRAM

The Department staff participates in the Los Angeles County Interagency Scuba Committee to investigate and develop programs to prevent future scuba diving fatalities.

TISSUE HARVESTING/ORGAN TRANSPLANTATION

This program provides corneas and other tissues to all in need in our community through coordinated efforts with various tissue banks and hospitals. After family consent is obtained, our medical staff provides review of organ and tissue Procurement in Coroner's cases. In addition, the program makes tissues available to low-income and indigent patients at County hospitals at no cost to the patients or hospitals.

UNIVERSITY HOSPITAL PATHOLOGY RESIDENT TRAINING PROGRAM

We offer the opportunity for pathology residents from local university-affiliated hospital (USC, UCLA and others) to train in our office with costs paid by the hospitals. This program fosters positive relationships with the university hospitals' pathology department and improves the standard of practice of forensic medicine in general, as these pathology residents will be practicing in the community when they finish training.•



(I to r) Dr. Theodore Curphy, Dr. Thomas Noquchi, E. R. Thompson, R. J. Abernathy





FORENSIC LABORATORIES BUREAU

Chief, Joseph J. Muto, D-ABC, FTS-ABFT

The Forensic Science Laboratories Bureau is responsible for the identification, collection, preservation, and analysis of physical and medical evidence associated with Coroner's cases. Our mission is to conduct a comprehensive scientific investigation in to the cause and manner of any death within the Coroner's jurisdiction. This is accomplished through the chemical and instrumental analysis of physical and medical evidence.

Our goal is to provide our medical examiners, families of decedents, outside investigating agencies, and the judicial system with timely, accurate, and state-of-the art forensic analyses, and to provide expert interpretation of these analyses. The Forensic Laboratory is fully accredited by the prestigious American Society of Crime Laboratory Directors-Laboratory Accreditation Board, and our forensic blood alcohol testing program is licensed by the State of California.

CRIMINALISTICS

Our team of specially-trained forensic scientists is on call twenty-four hours a day to respond to crime scenes for the proper documentation, collection and preservation of physical evidence.

HISTOLOGY

This laboratory facilitates the preparation of gross tissue specimens for microscopic examination by the medical staff. This includes hematoxylin and eosin stains, special stains, and immunohistochemical stains. Through the microscopic examination of tissue, our forensic pathologists can determine the age and degree of injury, diagnose disease including cancers, evaluate cellular variation in tissue, and identify the presence of bacterial, medical disorders, and toxins such as asbestos.

TOXICOLOGY

Using state-of-the art equipment and methods, the toxicology laboratory conducts chemical and instrumental analysis on post-mortem specimens to determine the extent to which drugs may have contributed to death. The laboratory's experienced forensic toxicologists offer expert drug interpretation that assists the medical examiners in answering questions like what drug was taken? How much and when was the drug taken? Did the drug contribute to the cause and/or manner of death? Was the drug use consistent with therapeutic administration, or was it abuse? If the death is due to a drug overdose, was it intentional or accidental?





SCANNING ELECTRON MICROSCOPY LAB

Our SEM laboratory conducts gunshot residue (GSR) analyses and tool mark evaluations. Using a scanning electron microscope equipped with an energy dispersive x-ray detector, GSR analysis is used to determine whether an individual may have fired a weapon. Our laboratory also performs GSR analyses for many law enforcement agencies throughout California.

Tool mark analysis involves the evaluation of trauma to biological material, especially bone and cartilage. This not only helps our pathologists understand the circumstances of a death, but also aids the law enforcement agency in their criminal investigation.

EVIDENCE CONTROL

Our evidence personnel are responsible for maintaining the integrity and chain of custody for all of the evidence collected from Coroner's cases. All of the physical evidence collected by Department investigators, criminalists, pathologists, forensic technicians, and forensic attendants is documented and maintained by the evidence control unit.•



Dedication of Remodeled Autopsy Room, 2013 (I to r)
Dr. Christopher Rogers, Dr. Lakshmanan Sathyavagiswaran,
Mark Johnson, Joe Muto, Ruben Pena





OPERATIONS BUREAU

Chief, Craig Harvey, F-ABMDI

This Bureau is responsible for the 24-hour-a-day, 7-day-a-week operations of many direct services provided by the Department. The Bureau oversees Investigations and Forensic Services Division. In addition, the Bureau is responsible for disaster planning, homeland security grants, fleet management, public information, and other ancillary programs such as regional offices and the Youthful Drunk Driver Visitation Program (YDDVP).

Coroner's Investigators are also responsible for testimony in court and depositions on Coroner's cases, along with preparation of investigative reports for use in the determination of cause and mode of death. Under State law, all Coroner's Investigators are sworn peace officers. The Coroner's Investigators must meet the same stringent hiring standards as any other California law enforcement agency. The Department of Medical Examiner-Coroner is a California Peace Officer Standards and Training (POST)-certified agency.

IDENTIFICATION OF UNIDENTIFIED BODIES (SB 90)

The Department participates in a State-mandated program to examine dental records of know missing persons to aid in the identification of John and Jane Does. In addition, more recent changes in the law have required that DNA specimens be collected from unidentified remains and sent to the State of California DNA lab in Richmond, California.

NURSING HOME DEATHS (SB90)

The Department participates in a State-mandated program to investigate certain nursing home deaths to determine whether they may be certified as natural deaths by a private physician, or must be handled as Coroner's cases.

PEACE OFFICER STANDARS AND TRAINING (POST)

The California State Commission on Peace Officer Standards and Training (POST) establishes minimum standards for training requirements for peace officers. We comply with those standards in hiring and all advanced training that is offered through the Department of Coroner through the annual West Coast Training Conference or other specialized training such as Skeletal and Buried Body Recovery.





REGIONALIZATION-SATELLITE OFFICES

Investigative capabilities have been extended to offices in the Antelope Valley, Santa Clarita Valley, and South Bay areas of Los Angeles County. Efforts are under way to expand regional services to the eastern portion of Los Angeles County. Regional offices provide a more rapid Coroner's response to the scene of death, which results in rapid mitigation of traffic and other public conveyance obstructions.

YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)

The Department of Medical Examiner-Coroner has presented the YDDVP program since 1989 as an alternative sentencing option that can be considered by a judicial officer. The program is designed to present to the participants the consequences of certain behavior in a manner that has an impact and is also educational. The program is currently offered up to 12 times per month and includes classes presented completely in Spanish.

DISASTER PREPAREDNESS AND RESPONSE

This program ensures appropriate Departmental response as one of the lead County agencies in major disasters and significant smaller incidents that involve multiple fatalities requiring successful operation of an Emergency Operations Center (EOC) and field command posts airports, planning and exercises and also through up-to-date manuals. A plan has been developed to form public-private emergency response partnerships with local funeral and cemetery directors for a mass fatality management response system. The Department maintains emergency communications equipment, which includes a command post trailer. County Wide Integrated System (CWIRS) radio communications, a mobile command post, and appropriate ancillary communications equipment. The Department also has eleven disaster cache trailers situated through the County. The Department has emergency shortwave radio communication ability as well.

INVESTIGATIONS

The Investigations Division responds to the scenes of death throughout Los Angeles County twenty-four hours a day, seven days a week. It is the responsibility of the Coroner's Investigator to function as the eyes and ears of the Deputy Medical Examiner, ensure that State law is followed respect to Coroner's cases, and be the advocate for the deceased person. Due to the diverse case load in Los Angeles County, the Coroner's Investigator is in the important position of seeing every death that occurs under other than natural circumstances, and is often the first to identify serial deaths and consumer product safety issues.





SPECIAL OPERATIONS AND RESPONSE TEAM (SORT)

The Department of Medical Examiner-Coroner has fielded a specialized response unit comprised of Coroner's Investigators, Coroner's Criminalists, and Coroner's consultants in anthropology and archaeology, and as needed, Forensic Attendants and Forensic Photographers.

The SORT team has special purpose vehicles fully equipped to handle certain types of cases thoroughly and as rapidly as possible. The SORT team responds to cases requiring specialized recovery and scene processing techniques such as those required in aircraft crashes, buried bodies, scattered human remains and fires, and also assists law enforcement agencies in general searches for scattered human remains or possible burial sites.

FORENSIC SERVICES DIVISION

This Division is responsible for providing direct support in the autopsy room to the deputy medical examiners. Staff duties include, but are not limited to, preparation of the bodies for medical examiners and autopsy, assisting the deputy medical examiners in the performance of the autopsy, preparation and gathering of toxicology specimens, x-ray and photography, and preparation of bodies for release to a mortuary.

The Division is also home to the Forensic Fingerprint Identification Unit that is responsible for post-mortem dental x-rays and specialized fingerprint processing to aid in the identification of Jane, John, and Undetermined Does. Personnel who have been specially trained also fulfill specialized audio-visual and graphic production requirements for the entire Department as well as the courts. Personnel assigned to this unit are responsible for the transportation, processing, storage, and release of bodies that are under the jurisdiction of the Coroner. Bodies may be recovered from any death scene, in almost any environment imaginable, including those in public view, private homes, and hospitals. Decedent processing includes obtaining the height and weight of bodies, the collection, documentation, and safekeeping of personal effects, and to the collection of both physical and medical evidence, fingerprinting of decedents using LIVE-SCAN technology and placement of identification tags on the body. Bodies are maintained in refrigerated crypts while awaiting examination and release to mortuaries or for County cremation.

The Decedent Services Unit is responsible for crypt management of human remains prior to release for photography, x-ray and autopsy. Additionally, staff members are accountable for all human remains and specimens stored in the crypt areas. •







Coroner's staff, 1952



New crypt, 2013





PUBLIC SERVICES DIVISION

Chief, Silvia Gonzalez

This Division is responsible for Coroner case file management, revenue collection (document sales, decedent billing, etc.), and interaction with the public both telephonically and at the front lobby reception area. In addition to providing information and copies of autopsy reports, Public Services staff offers many services to the public. These services include preparation of "Proof of Death" letters to verify that a death is being investigated by the Coroner, and "Port of Entry" letters to confirm that at decedent had no communicable disease, necessary for the decedent's admission into a foreign country after death.

RECORDS SECTION

Records Section is responsible for Coroner case file control, file retention, document sales, and transportation billing. The Section handles over 2,500 telephone inquiries per month from the public and other agencies requesting information and Coroner's reports. Revenue generated from documents, microscopic slides, photograph sales and transportation billing for a one year period totals over \$1,200,000.

The Coroner is mandated by the California Government Code to retain all files permanently; consequently the Department maintains 100+ years of records that are accessed on a regular basis at the request of the public. Approximately 16,000 pages are copied from compact disk, optical disk and microfilm to fill requests received from the public each year.

DEATH CERTIFICATION & MEDICAL/CLERICAL SECTION

The Section is responsible for the completion and daily issuance of the death certificates to mortuaries, and preparation of amendments stating the final cause of death. Medical/Clerical Section is responsible for reporting SIDS (Sudden Infant Death Syndrome) cases to the State and local health agencies for follow-up by those agencies. This section also provides secretarial and clerical support to the Deputy Medical Examiners.

MEDICAL TRANSCRIBING SECTION

This section is responsible for the transcription of the autopsy report protocols, microscopic slide reports, neuropathology reports, etc. An outside contractor is utilized for routine transcription, and an in-house staff of three full-time employees handles rush, high-priority, and sensitive cases. In a one-year period, over 2,000 cases are transcribed by request of the law enforcement agencies, the families, hospitals, and other outside agencies.





PERSONAL PROPERTY SECTION

Personal property of all decedents is brought to the Personal Property Section and safeguarded in a vault until release to the decedent's next of kin. The Department has three Personal Property Custodians who are responsible to receive and inventory the personal effects, contact the next of kin, and arrange for delivery of the personal effects to the decedent's family. The Office of the Public Administrator is consulted when next of kin resides out of State or is unknown. The Custodians are also responsible for disposal of all unclaimed personal effects.

SUBPOENA CONTROL

Approximately 4,000 subpoenas are received and processed by the Public Services Division Subpoena Control Section in a one-year period. This unit is responsible for the scheduling of all Deputy medical Examiners for court appearances, depositions and appointments with law enforcement, Deputy District Attorneys, Public Defender staff, and members of the public. The revenue generated by civil witness fees and collected by this section totals approximately \$55,000 per year. •



Coroner's Lunch Room, circa 1960

Los Angeles County

Death Statistics





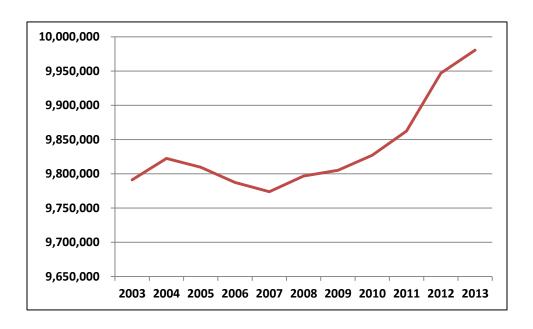
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Population of Los Angeles County, 2003-2013

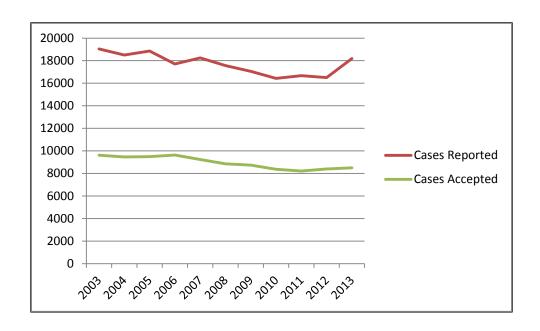


Year	Population
2003	9,791,022
2004	9,822,508
2005	9,809,557
2006	9,787,327
2007	9,773,894
2008	9,796,812
2009	9,805,233
2010	9,827,070
2011	9,862,431
2012	9,946,947
2013	9,980,432





Number of Reported and Accepted Cases per Year, 2003-2013

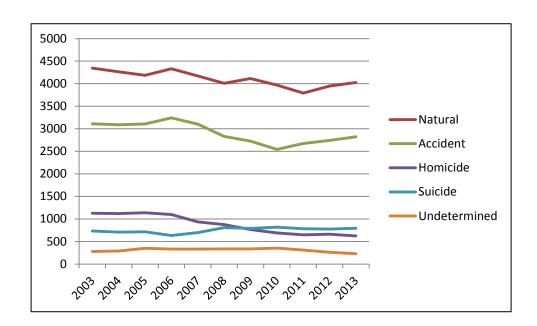


Year	Cases Reported	Cases Accepted
2003	19039	9620
2004	18509	9465
2005	18854	9494
2006	17704	9637
2007	18254	9237
2008	17572	8854
2009	17053	8734
2010	16434	8371
2011	16668	8207
2012	16508	8390
2013	18187	8495





Final Manner of Coroner's Cases, 2003-2013

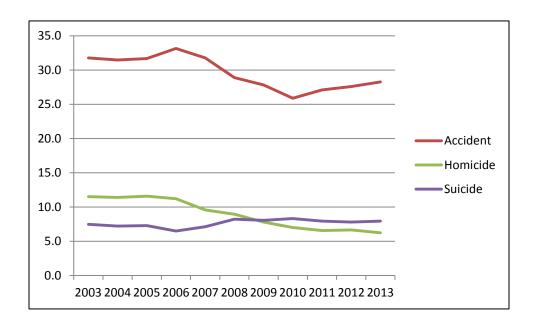


Year	Natural	Accident	Homicide	Suicide	Undetermined
2003	4344	3110	1127	732	279
2004	4265	3090	1121	709	289
2005	4186	3106	1137	716	349
2006	4330	3243	1098	635	331
2007	4170	3104	936	696	331
2008	4007	2830	876	807	334
2009	4115	2728	765	791	335
2010	3968	2544	689	818	352
2011	3793	2673	647	784	310
2012	3947	2743	662	776	262
2013	4027	2823	624	793	228





Death Rates per 100,000 Population, 2003-2013

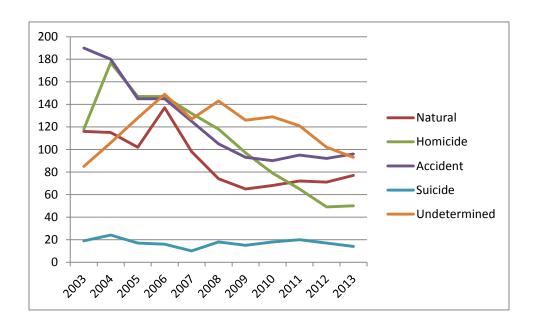


Year	Accident	Homicide	Suicide
2003	31.8	11.5	7.5
2004	31.5	11.4	7.2
2005	31.7	11.6	7.3
2006	33.1	11.2	6.5
2007	31.8	9.6	7.1
2008	28.9	8.9	8.2
2009	27.8	7.8	8.1
2010	25.9	7.0	8.3
2011	27.1	6.6	7.9
2012	27.6	6.7	7.8
2013	28.3	6.3	7.9





Manner for Child Deaths (Ages under 18), 2003-2013



Year	Natural	Homicide	Accident	Suicide	Undetermined
2003	116	118	190	19	85
2004	115	177	180	24	106
2005	102	147	145	17	128
2006	137	147	145	16	149
2007	98	132	125	10	127
2008	74	118	105	18	143
2009	65	97	93	15	126
2010	68	79	90	18	129
2011	72	65	95	20	121
2012	71	49	92	17	102
2013	77	50	96	14	93





Statistics Required by National Association of Medical Examiners, 2013

Number of deaths reported: 18,187

Number of cases accepted: 8495

Number of cases by manner of death:

Accident: 2821

Homicide: 624

Natural: 4029

Suicide: 793

Undetermined: 228

Scene visits: 3644

Number of bodies transported: 6217

External examinations:

By physician: 2242

By investigator: 2266

Partial autopsies: 212

Complete autopsies: 3775

Hospital autopsies under ME jurisdiction: 0

Cases where toxicology was performed: 4546

Bodies unidentified after examination: 10

Organ and tissue donations:

Total organ donors: 140

Total tissue donors: 376

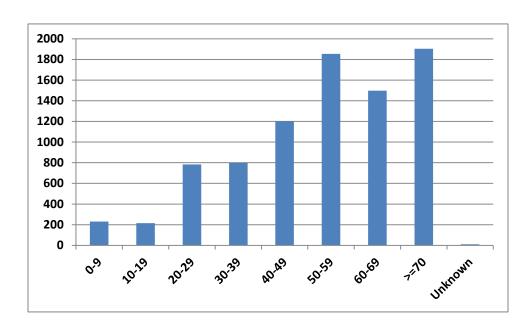
Unclaimed bodies: 546

Exhumations: 0





Number of Coroner's Cases by Age, 2013

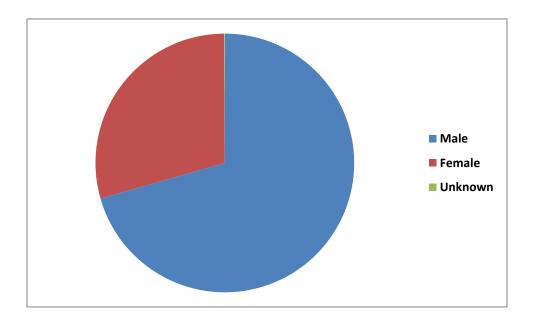


Age 0-9	Number of Cases 231
10-19	215
20-29	784
30-39	799
40-49	1201
50-59	1854
60-69	1498
>=70	1903
Unknown	10





Coroner's Cases by Gender, 2013

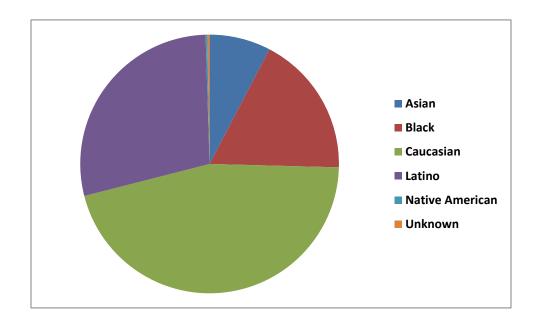


<u>Gender</u>	Number of Cases
Male	5995
Female	2493
Unknown	7





Coroner's Cases by Race, 2013

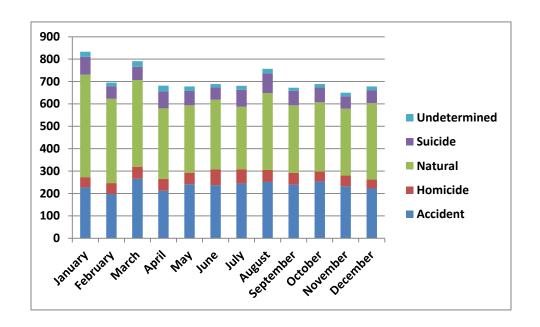


<u>Race</u>	Number of Cases
Asian	651
Black	1508
Caucasian	3874
Latino	2420
Native American	19
Unknown	23





Manner of Death by Month, 2013

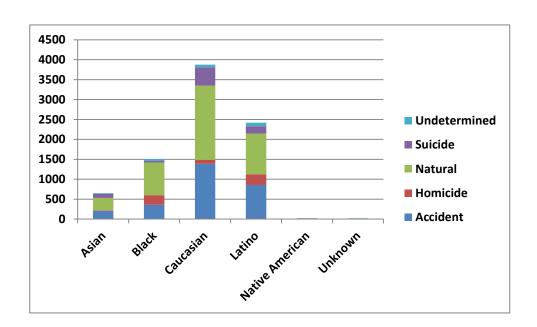


<u>Month</u>	<u>Accident</u>	<u>Homicide</u>	<u>Natural</u>	<u>Suicide</u>	<u>Undetermined</u>
January	227	46	458	79	23
February	198	48	377	55	17
March	266	53	388	59	25
April	212	53	315	75	27
May	241	52	301	64	20
June	237	70	312	55	15
July	245	62	280	76	18
August	251	54	344	88	20
September	239	53	302	65	13
October	253	45	309	66	16
November	232	48	299	55	16
December	222	40	342	56	18





Racial Distribution for Each Manner, 2013

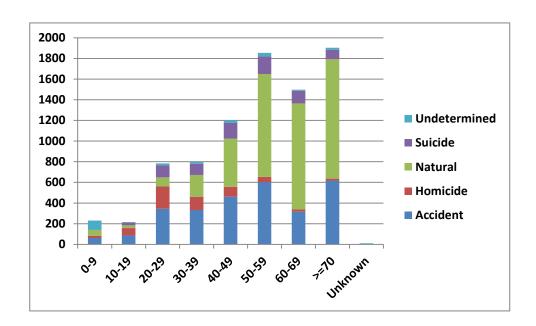


	<u>Accident</u>	<u>Homicide</u>	<u>Natural</u>	<u>Suicide</u>	<u>Undetermined</u>
Asian	207	14	312	102	16
Black	358	243	818	48	41
Caucasian	1388	99	1862	459	66
Latino	858	267	1021	182	92
Native American	6	0	10	2	1
Unknown	6	1	4	0	12





Manner Distribution for Each Age Group, 2013

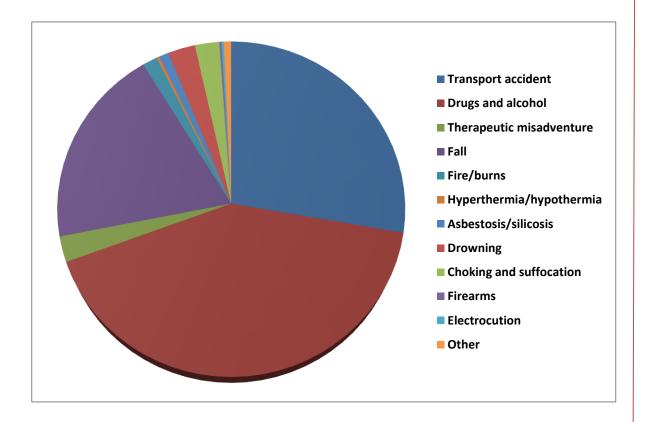


	<u>0-9</u>	<u> 10-19</u>	<u> 20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-69</u>	>=70	<u>Unknown</u>
Accident	62	86	345	332	462	602	316	618	0
Homicide	21	71	215	129	96	52	22	18	0
Natural	57	27	89	211	465	995	1027	1155	1
Suicide	1	28	117	109	153	171	121	93	0
Undetermined	90	3	18	18	25	33	12	20	9





Accidental Deaths, 2013



Transport accident	784
Drugs and alcohol	1175
Therapeutic misadventure	70
Fall	548
Fire/burns	40
Hyperthermia/hypothermia	8
Asbestosis/silicosis	26
Drowning	74
Choking and suffocation	66
Firearms	6
Electrocution	6
Other	20
Total	2823





Transportation Accidents 2013

	Total transport accidents	1	784	
	Total other transport accidents		52	
	Other and unspecified transport accidents 12			
	Aircraft 9			
	Fall from horse	3		
	Special construction vehicle	2		
	Off-road vehicle	4		
	Occupant of bus	3		
	Occupant of heavy transport vehicle	6		
Other Transport Accidents	Occupant of pick-up truck or van	13		
	Total car occupants		297	
	Other and unspecified transport accidents			
	Non-collision accident (fell or thrown)	33		
	Collision with fixed or stationary objects	108		
	Collision with railway train or railway vehicle	1		
	Collision with heavy transport vehicle or bus	17		
Car Occupants	Collision with car, pick-up truck or van	133		
	Total motorcycle riders	·	126	
	Other and unspecified transport accidents	6		
	Non-collision accident (fell or thrown)	15		
	Collision with fixed or stationary objects	32		
	Collision with heavy transport vehicle or bus	5		
Wotorcycle Macr3	Collision with car, pick-up truck or van	65		
Motorcycle Riders	Collision with pedestrian or motorcycle	3		
	Total pedal cyclists		45	
	Total pedal cyclists] 3	49	
	Collision with fixed or stationary objects Collision with railway train or railway vehicle	3		
	Fall from pedal cycle	4		
	Collision with heavy transport vehicle or bus	5		
	Collision with car, pick-up truck or van	31		
Pedal Cyclists	Collision with bicycle	2		
	Total pedestrians		260	
	Other and unspecified transport accidents	4		
	Collision with railway train or railway vehicle	9		
	Collision with heavy transport vehicle or bus	14		
	Collision with pedal cycle or motorcycle	2		





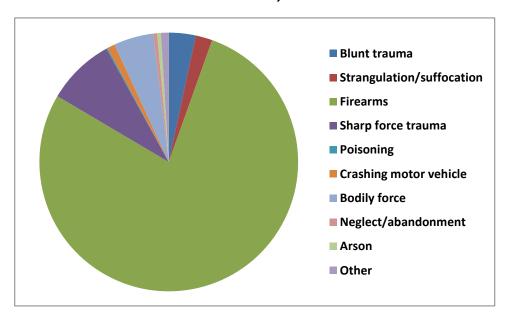
Accidental Falls, 2013

Fall on same level from slipping, tripping and stumbling	401
Fall involving skateboard	2
Fall while being carried or supported by other persons	4
Fall involving wheelchair	8
Fall involving bed	28
Fall involving chair	8
Fall involving playground equipment	1
Fall on or from stairs and steps	37
Fall on or from ladder	15
Fall from scaffolding	1
Fall from, out of or through building or structure	25
Fall from tree	3
Fall from cliff	3
Diving into water causing injury other than drowning	5
Other fall from one level to another	5
Other fall on same level	1
Other and unspecified falls	1
Total accidental falls	548



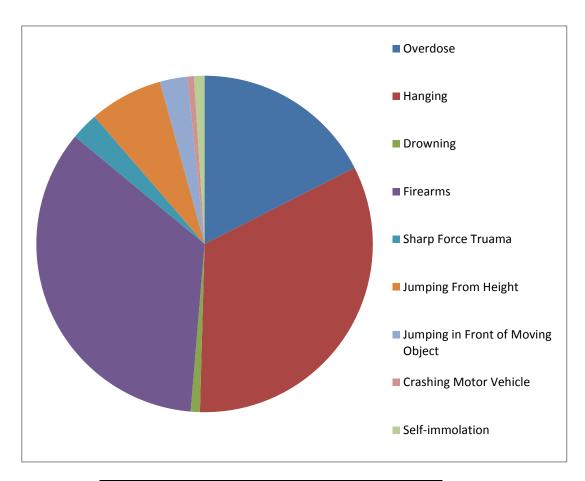


Homicidal Deaths, 2013





Suicidal Deaths, 2013

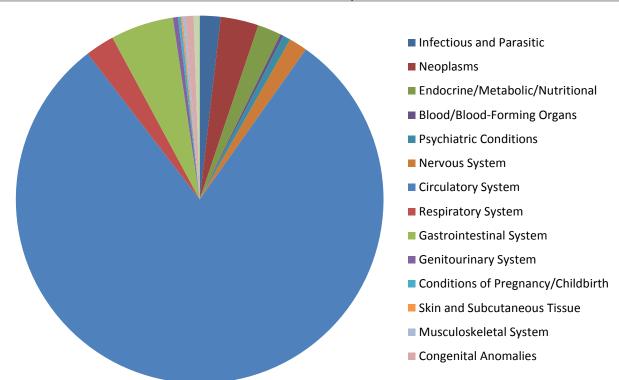


Overdose	139
Hanging	261
Drowning	7
Firearms	275
Sharp Force Trauma	21
Jumping From Height	56
Jumping in Front of Moving Object	21
Self-immolation	8
Crashing motor vehicle	5
Total suicides	793









Infectious and Parasitic	74
Neoplasms	134
Blood/Blood-Forming Organs	11
Endocrine and Nutritional Conditions	84
Psychiatric Conditions	27
Nervous System	65
Circulatory System	3212
Respiratory System	103
Gastrointestinal System	223
Genitourinary System	18
Conditions of Pregnancy/Childbirth	10
Skin and Subcutaneous Tissue	6
Musculoskeletal System	10
Congenital Anomalies	29
Perinatal Conditions	21
Total	4027





Circulatory System Disease among Natural Deaths, 2013

Aneurysms	Cerebral	28
	Aortic	41
	Other	2
Arteriosclerotic disease		2390
Cardiomyopathy	Alcoholic	1
	Dilated	22
	Hypertrophic	72
	Idiopathic	58
	Right ventricular	1
	Restrictive	1
Cerebral hemorrhage/infai	rction	73
Endocarditis		3
Hypertensive disease		411
Myocarditis		12
Pericarditis		3
Pulmonary hypertension		2
Thrombosis/embolism		55
Valvular disease	Aortic valve disease	6
	Mitral valve disease	5
	Rheumatic disease	1
	Unspecified	5
Ruptured esophageal varices		7
Arrhythmia		2
Other		11
Total		3212





Nervous System Disease among Natural Diseases, 2013

Alzheimer Disease	7
Cerebral palsy	1
Epilepsy	45
Huntington Disease	1
Meningitis/encephalitis	6
Muscular dystrophy	4
Spinal abscess	1
Total	65





Infectious Disease among Natural Deaths, 2013

Bacterial infections	Clostridium difficile	1
	Mycobacterium tuberculosis	6
	Neisseria meningitidis	4
	Streptococcus	6
	Staphylococcus	4
	Pasturella multocida	1
	E. coli	1
	Unspecified bacteria	2
Viral infections	Hepatitis B	2
	Hepatitis C	16
	Human immunodeficiency virus	22
	Viral gastroenteritis	2
	Mononucleosis	1
	Polio	1
Fungal infections	Candida	1
_	Aspergillus	2
	Mucor	1
Parasitic infection	Cysticercosis	1
Total	•	74





Neoplasms among Natural Deaths, 2013

Head and neck	4
Larynx	4
Esophagus	2
Stomach	4
Colon	6
Rectum	2
Liver	6
Pancreas	5
Gastrointestinal tract	1
Lung	20
Mesothelioma	31
Breast	5
Cervix	2
Uterus	2
Ovary	3
Prostate	4
Testis	1
Kidney	3
Brain	3
Unknown primary site	6
Lymphoma	5
Leukemia	9
Meningioma	3
Cerebral epidermal cyst	1
Pituitary adenoma	1
Myelodysplastic syndrome	1
Total	134

Los Angeles County

Toxicology Statistics





Table of Contents for Toxicology Statistics

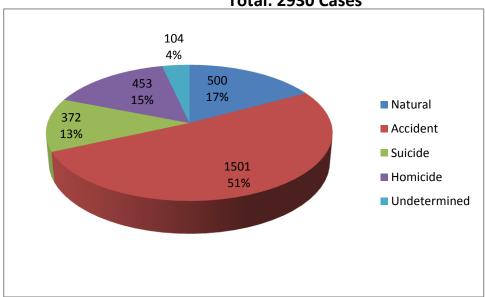
Cases with Drugs Detected by Manner	. 45
Alcohol Detected by Manner	. 45
Marijuana Detected by Manner	. 46
Cocaine Detected by Manner	. 46
Methamphetamine Detected by Manner	. 47
Heroin Detected by Manner	. 47
Phencyclidine Detected by Manner	. 48

Toxicology Statistics

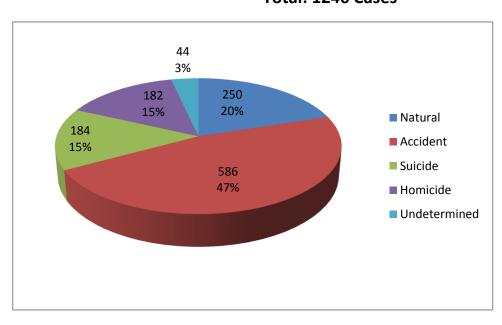
Los Angeles County Department of Medical Examiner-Coroner Annual Report



2013 All Cases with Drugs Detected by Manner Total: 2930 Cases



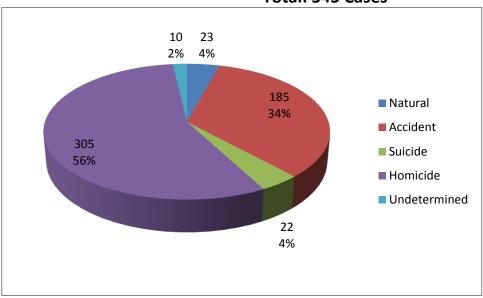
2013 Alcohol Detected by Manner Total: 1246 Cases



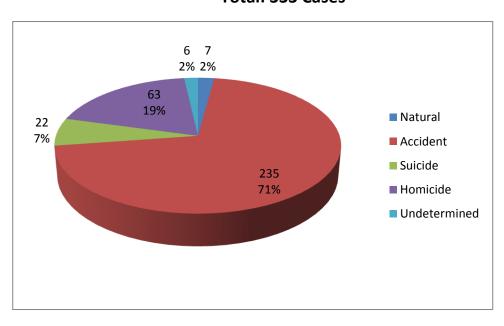




2013 Marijuana Detected by Manner Total: 545 Cases



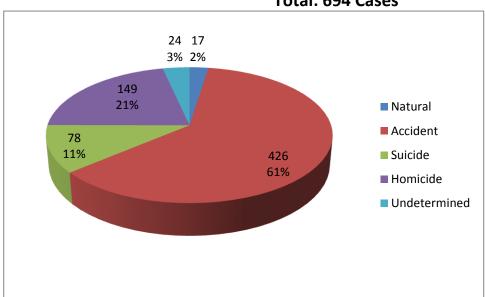
2013 Cocaine Detected by Manner Total: 333 Cases



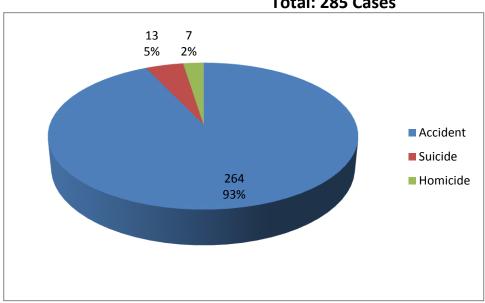




2013 Methamphetamine Detected by Manner Total: 694 Cases



2013 Heroin Detected by Manner Total: 285 Cases







2013 Phencyclidine Detected by Manner Total: 32 Cases

