

Los Angeles County

Department of Coroner



2005



Annual Report







Gloria Molina

Supervisor, First District

Yvonne Brathwaite Burke

Supervisor, Second District

Zev Yaroslavsky

Supervisor, Third District

Don Knabe

Supervisor, Fourth District

Michael D. Antonovich

Supervisor, Fifth District

On December 7, 1990, an ordinance approved by the County of Los Angeles Board of Supervisors created a Department of Coroner administered by a nonphysician director for all nonphysician operations, while retaining the Chief Medical Examiner-Coroner to set standards for the entire department and carry out statutorily mandated Coroner functions.

The ordinance placed the responsibility for all physician staff under the control the Chief Medical Examiner-Coroner, subject to the general direction of the Board of Supervisors, and the nonphysician director was given authority to manage/direct all nonphysician operations and staff within the department, subject to the general direction of the Board of Supervisors.





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DEPARTMENT HEADS' MESSAGE

This report contains statistical information from the Los Angeles County Department of Coroner for the year 2005, as well as selected statistics from the previous ten years.

Significant Accomplishments

- Received continued accreditation of the forensic pathology fellowship program until 2008
- Sponsored the meeting of the National Association of Medical Examiners at the Biltmore Millennium Hotel
- Completed Phase 2 of the Department's Business Continuity Plan
- Received recognition from the Board of Supervisors for participation in the MetroLink train disaster of January 26, 2005
- Worked with the California State Coroner's Association and Orange County Coroner to create a training curriculum for coroner investigators
- Developed an on-call investigator field response program

Legislation

During the year 2005, new laws affected the functions of the Department of Coroner:

AB 268 – Requires Coroners to report deaths due to an osteopathic physician's gross medical negligence or incompetence to the Osteopathic Medical Board of California (Business and Professions Code 802.5)

AB 299 – Permits child abuse reports to be made by fax or electronic transmission (Penal Code 11166)

SB 630 – Extends law which establishes criteria for the Coroner on organ procurement (Health & Safety Code 7151.20)

Academic Activities

Publications

DT Anderson, MR Sandberg. "Oleander case studies show dangers of eating wild things" Clinical & Forensic Toxicology News, 2005 March:6.

CD Berkowitz, "Recognizing and responding to domestic violence", Pediatric Annals 2005 May; 34(5):395-401.





DT Anderson "Case report: Two inhalant case studies", Tox-Talk 2005 May.

TT Noguchi, L Sathyavagiswaran, "The role of the forensic pathologist in quality assurance and safety of patient care", Medicine and Law 2005 Sep;24(3):535-47.

DT Anderson, "New Drugs: Ropivacaine or Naropin®", Tox Talk, 2005 September.

TT Noguchi, C Rogers, L Sathyavagiswaran, "Preparedness for terrorist attack in the United States—the role of forensic pathologists and medical examiners" Nippon Hoigaku Zasshi 2005 Oct; 59(2):141-8.

M Fischer, J. Bhatnagar, J. Guarner, S Reagan, JK Hacker, SH Van Meter, V Poukens, DB Whiteman, A Iton, M Cheung, DE Dassey, WJ Shieh, SR Zaki, "Fatal toxic shock syndrome associated with Clostridium sordellii after medical abortion", New England Journal of Medicine 2005 Dec 1;353(22):2352-60.

Oral Presentations

M Sandberg, "Antihistamines", Los Angeles County Coroner, Los Angeles, January 2005.

L Sathyavagiswaran, D Rieders, J Muto, "Defibrillator/Pacemaker Evaluation in the Los Angeles County Medical Examiner's Office", American Academy of Forensic Sciences, New Orleans, February 2005.

B Waters, "Forensic Science & the Role of the Coroner Criminalist", California State University Los Angeles, February 2005.

D Anderson, "New Drugs and Trends", California Association of Toxicologists, Sacramento, California, March 2005.

M Sandberg, "Excavation of Skeletal Remains", Skeletal Recovery Workshop, San Diego, California, May 2005.

D Kowal, "Gunshot Residue in the Law Enforcement Environment, Revisited" GSR Workshop, Wiesbaden, Germany, June 2005.

M Sandberg, "Sexual Assault Evidence Collection", Los Angeles County Sexual Assault Council, Los Angeles, June 2005.

M Sandberg, "Becoming a Forensic Scientist", LaSalle High School, Pasadena, California, July 2005.

D Anderson, "The Postmortem Blood Drug Screen: Analytical and Managerial Approaches Workshop", Society of Forensic Toxicologists, Nashville, Tennessee, October 2005.





DEPARTMENT HEADS' MESSAGE CONTINUED

J Lintemoot, "Donepezil: An Incidental Finding in Fifteen Postmortem Cases", Society of Forensic Toxicologists, Nashville, Tennessee, October 2005.

JM Andrews, E Carpenter, HH Itabashi, "Sudden Unexpected Death in an Amusement Park", National Association of Medical Examiners, Los Angeles, October 2005.

JM Carrillo, "Death Due to Wasp Sting", National Association of Medical Examiners, Los Angeles, October 2005.

R Djabourian, J Ribe, "Hiding in Plain Sight: At the Bottom of the Pool", National Association of Medical Examiners, Los Angeles, October 2005.

S Erlich, L Pena, M Kim, L Sathyavagiswaran, "Rabies Encephalitis: The Evolution of a Case", National Association of Medical Examiners, Los Angeles, October 2005.

S Erlich, P Ortiz-Colom, L Sathyavagiswaran, "Acute Wernicke's Encephalopathy and Sudden Unexpected Death: A Cross Country Odyssey", National Association of Medical Examiners, Los Angeles, October 2005.

E Fu, "PCP, Rap Music and Murder", National Association of Medical Examiners, Los Angeles, October 2005

JP Gutstadt, S Erlich, L Sathyavagiswaran, "Thrombotic Microangiopathy in a Patient with Anemia and History of Intravenous Drug Abuse", National Association of Medical Examiners, Los Angeles, October 2005.

JP Gutstadt, "Hemoglobinopathy in a 36-year-old Black Male", National Association of Medical Examiners, Los Angeles, October 2005.

LA Pena, MC Fishbein, CB Rogers, "Unusual Finding of Fatty Infiltration (Lipomatosis) in the Cardiac Atrial Septum: An Actress with Clinical Atrial Fibrillation", National Association of Medical Examiners, Los Angeles, October 2005.

C Rogers, TT Noguchi, L Sathyavagiswaran, "Medical Examiner-Coroner's Preparedness for Mass Disasters Including Terrorist Attack-Los Angeles Plan", National Association of Medical Examiners, Los Angeles, October 2005.

E Winter, B Shafer, M Sandberg, C Rogers, "Glendale Train Derailment", National Association of Medical Examiners, Los Angeles, October 2005.

E Fu, "Introduction to Criminalistics" Santa Ana Community College, Santa Ana, CA, October-May 2005.





E Fu, "PCP, Rap Music and Murder", California Association of Criminalists, Los Angeles, October 2005.

B Waters, "Biological Weapons of Mass Destruction", Los Angeles County Coroner Weapons of Mass Destruction Team, November 2005.



Anthony Hernandez *Director*

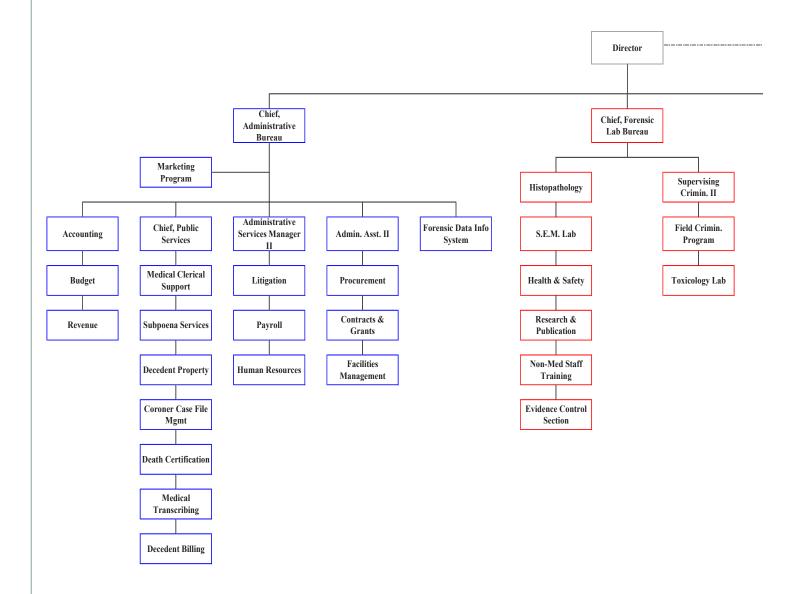


Lakshmanan Sathyavagiswaran, M.D. Chief Medical Examiner - Coroner



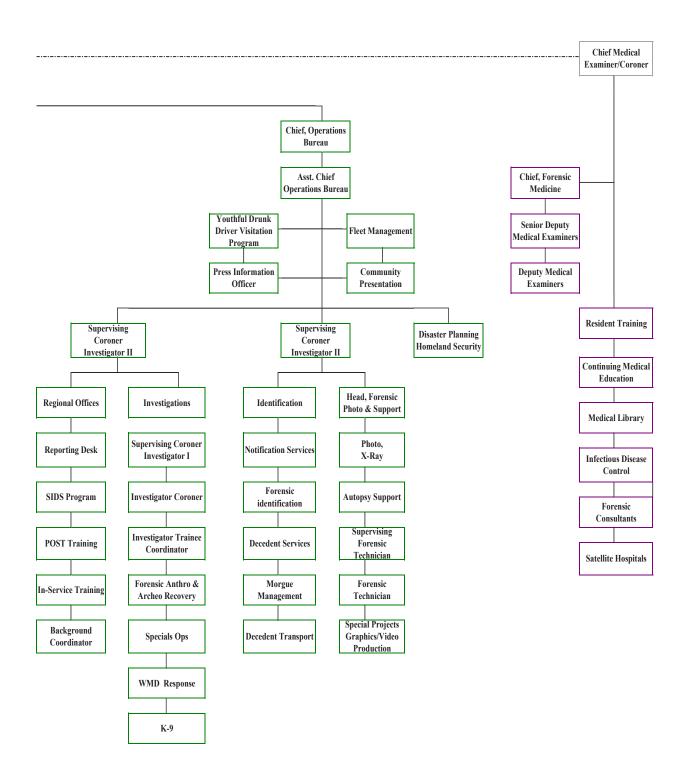


ORGANIZATIONAL CHART













ADMINISTRATIVE BUREAU

Chief, Sarah Ahonima

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, contract and grants, internal control certification, workfare program, facilities management, and other related functions.





FISCAL SERVICES

The accounting section is responsible for all financial transactions performed by the Department of 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 which are inherent to 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. The intent was to use monies raised to offset some of the costs associated with the Youthful Drunk Driver Visitation Program (YDDVP),





as well as other Coroner needs. "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 harvesting, regional offices, satellite hospitals, histopathology, transcribing and contract physicians.

The staff monitors and studies Department operations in the continuing evaluation of the appropriateness of contracting for other functions.

MORTUARY BILLING PROGRAM

The Department now utilizes the services of the various mortuaries to bill for transportation and storage costs at the time services are billed to the families. This has improved the collection rate, dramatically raising revenues.



SIDS PROGRAM (SB90)

The Department participates in the Sudden Infant
Death Syndrome (SIDS) Interagency Council, and
actively recovers costs from the State for fulfilling
SIDS protocol requirements.

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 subcontractors in the implementation and support of new technologies such as e-commerce content management and voice over internet protocol

(VoIP). ■





FORENSIC MEDICINE BUREAU

Chief, Dr. Christopher Rogers

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, archaeology, odontology, anthropology, anesthesiology, pediatrics, surgery, opthalmologic pathology, pulmonary pathology, pediatric forensic pathology, cardiac pathology, emergency room 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 (SB90)

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 cerification 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

SIDS PROGRAM (SB90)

The Department participates in the Sudden Infant

Death Syndrome (SIDS) Interagency Council, and
actively recovers cost from the state for fulfilling SIDS
protocol requirements.

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 tissue 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 hospitals (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 departments, 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.









FORENSIC LABORATORIES BUREAU

Chief, Joseph J. Muto

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 into the cause and manner of any death within the Corner'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 those analyses. The Forensic Laboratory is fully accredited by the prestigious American Society of Crime Laboratory Directors, 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

The 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 bacteria, 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 that drugs may have contributed to the cause and manner of death. The laboratory's experienced forensic toxicologists offer expert drug interpretation,





which 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 an 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, as to the type of instrument that might have produced the trauma. 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.



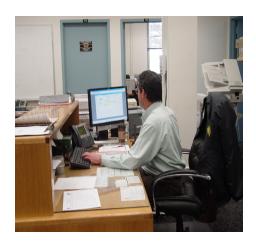


OPERATIONS BUREAU

Chief, Craig Harvey, F-ABMDI

This bureau is responsible for the 24-hour day, 7-day week operations of many direct services provided by the Department. The bureau oversees Investigations, Forensic Photography and Support, and the 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 Investigators are also responsible for testimony in court and deposition on Coroner cases along with preparation of investigative reports for use in the determination of cause and mode of death. Under state law, all Coroner Investigators are sworn peace officers. The Coroner Investigator must meet the same stringent hiring standards as any other California law enforcement agency. The Department of Coroner is a California Peace Officer Standards and Training (P.O.S.T.) certified agency.



IDENTIFICATION OF UNIDENTIFIED BODIES (SB90)

The Department participates in a state-mandated program to examine dental records of known 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 a death may be certified as natural by a private physician or handled as a Coroner's case.

PEACE OFFICER STANDARDS AND TRAINING (P.O.S.T.)

The California State Commission on Peace Officer Standards and Training (P.O.S.T.) 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 Seminar 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 underway 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 Coroner has presented the YDDVP program since 1989 as an alternative sentence 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 or more times per month and includes classes presented completely in Spanish.

DISASTER PREPAREDNESS AND RESPONSE

The program ensures appropriate departmental response as one of the eight lead county agencies to major disasters and significant smaller incidents that involve multiple fatalities requiring successful operation of an Emergency Operation Center (EOC) and field command posts. These efforts may include coordinated activity with major airports, homeland defense agencies, law enforcement, the State Office of Emergency Services and mutual aid from Coroners throughout the state. The program provides planning support through participation in emergency planning and exercises and also through up-to-date manuals. A plan has been developed to form public/private emergency response partnership with local funeral





OPERATIONS BUREAU

Chief, Craig Harvey







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 throughout
the County. The Department has emergency
short-wave radio communications ability as well.

INVESTIGATIONS

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

SPECIAL OPERATIONS AND RESPONSE TEAM (SORT)

The Department of Coroner has fielded a





specialized response unit comprised of Coroner

Investigators, Coroner Criminalists and Coroner

Consultants in Anthropology and Archaeology and as needed, Forensic Attendants and Forensic Technician

Photographers.

The S.O.R.T. team has special purpose vehicles fully equipped to handle certain types of cases thoroughly and as rapidly as possible. The S.O.R.T. 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 PHOTOGRAPHY & SUPPORT 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.

FORENSIC SERVICES DIVISION

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 include obtaining the height and weight of bodies, the collection, documentation, and safekeeping of personal effects, and 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 are responsible for the accountability of all human remains and specimens stored in the crypt areas.





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 a 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, 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 reports. Revenue generated from documents, microscopic slides, photograph sales and transportation billing for a one year period totals over \$1,200,000.00.

The Coroner is mandated by Government Code to retain all files permanently; consequently the department maintains 100+ years of records which are accessed on a regular basis at the request of the public. Approximately 16,000 pages are copied from compact disc, 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 contract is utilized for routine transcription and in-house staff of three full-time employees is employed to handle 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, district attorney, 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.













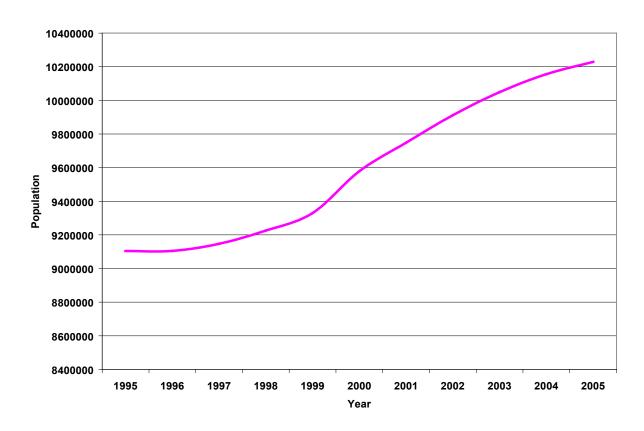
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Population of Los Angeles County, 1995-2005



<u>Year</u>	Population
1995	9,103,900
1996	9,104,700
1997	9,147,100
1998	9,225,800
1999	9,330,110
2000	9,579,022
2001	9,748,152
2002	9,912,154
2003	10,049,244
2004	10,155,810
2005	10,229,226

Sources: State of California, Department of Finance. Total Population of California Counties as of July 1.

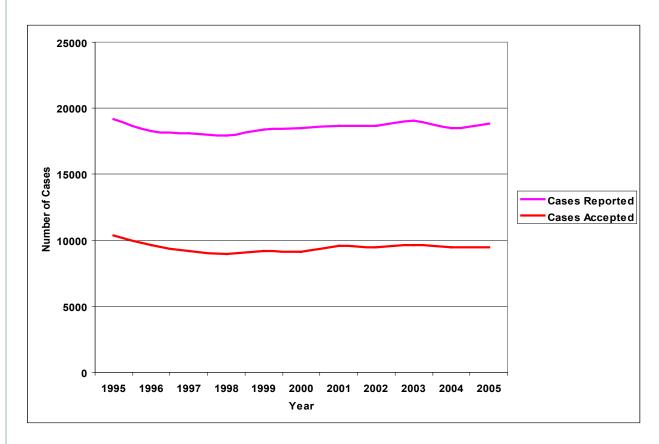
Sacramento CA, January 2007

State of California, Department of Finance. Revised Historical City, County and State Population Estimates, 1991-2000, with 1990 and 2000 Census Counts. Sacramento CA, March 2002





Number of Reported and Accepted Cases per Year, 1995-2005

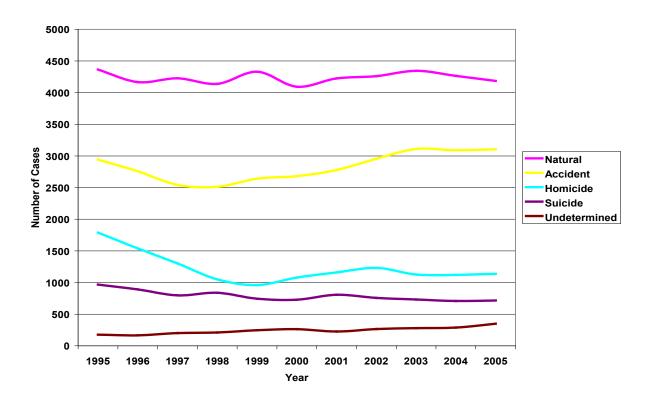


Year	Cases Reported	Cases Accepted
1995	19,160	10,347
1996	18,295	9,656
1997	18,113	9,202
1998	17,924	8,981
1999	18,362	9,197
2000	18,512	9,156
2001	18,665	9,591
2002	18,665	9,470
2003	19,039	9,620
2004	18,509	9,465
2005	18,854	9,494





Final Mode of Coroner's Cases, 1995-2005

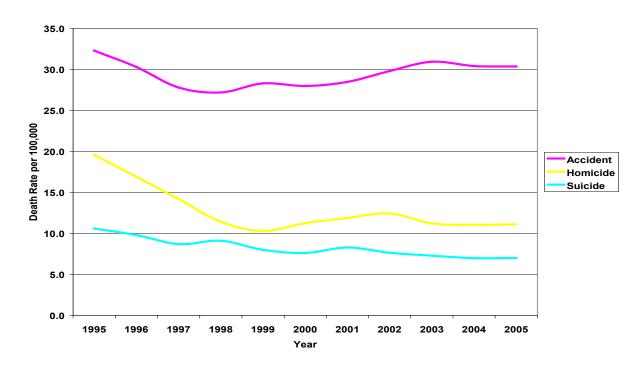


<u>Year</u>	<u>Natural</u>	Accident	Homicide	Suicide	Undetermined
1995	4,365	2,942	1,788	968	177
1996	4,166	2,757	1,538	891	165
1997	4,226	2,542	1,301	798	201
1998	4,139	2,513	1,050	838	210
1999	4,331	2,641	960	744	247
2000	4,094	2,681	1,078	729	263
2001	4,224	2,777	1,159	807	226
2002	4,261	2,955	1,232	757	265
2003	4,344	3,110	1,127	732	279
2004	4,265	3,090	1,121	709	289
2005	4,186	3,106	1,137	716	349





Death Rates per 100,000 Population, 1995-2005

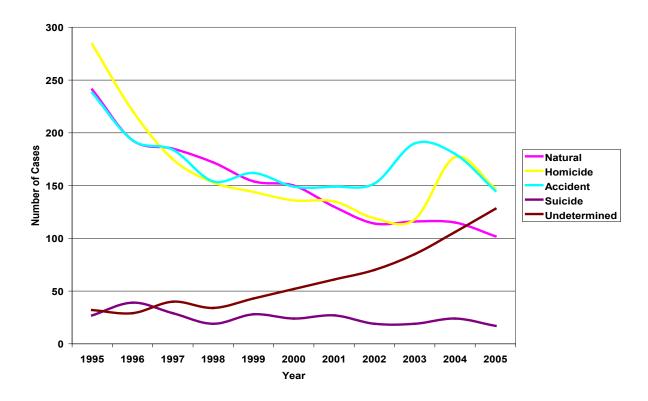


<u>Year</u>	Accident	Homicide	<u>Suicide</u>
1995	32.3	19.6	10.6
1996	30.3	16.9	9.8
1997	27.8	14.2	8.7
1998	27.2	11.4	9.1
1999	28.3	10.3	8.0
2000	28.0	11.3	7.6
2001	28.5	11.9	8.3
2002	29.8	12.4	7.6
2003	30.9	11.2	7.3
2004	30.4	11.0	7.0
2005	30.4	11.1	7.0





Modes for Child Death (Ages Under 18), 1995-2005



<u>Year</u>	<u>Natural</u>	Homicide	Accident	Suicide	Undetermined
1995	241	284	238	27	32
1996	193	221	193	39	29
1997	185	175	184	29	40
1998	172	153	154	19	34
1999	154	144	162	28	43
2000	150	136	149	24	52
2001	130	135	149	27	61
2002	114	119	152	19	70
2003	116	118	190	19	85
2004	115	177	180	24	106
2005	102	147	145	17	128





Statistics Required by National Association of Medical Examiners, 2005

Number of deaths reported:	18,854
Number of cases accepted:	9,494
Number of cases by manner of death:	3,106 1,137 4,186 716 349
Scene visits:	3,363
Number of bodies transported:	6,903
External examinations:	
By physician: By investigator:	2,538 2,197
Partial autopsies:	668
Complete autopsies:	4,126
Hospital autopsies under ME jurisdiction:	8
Cases where toxicology was performed:	5,453
Bodies unidentified after examination:	18
Organ and tissue donations:	
Total transplanted organs: Total tissues donated:	433 809
Unclaimed bodies:	480
Exhumations:	2

* National Association of Medical Examiners

Statistics Required by NAME

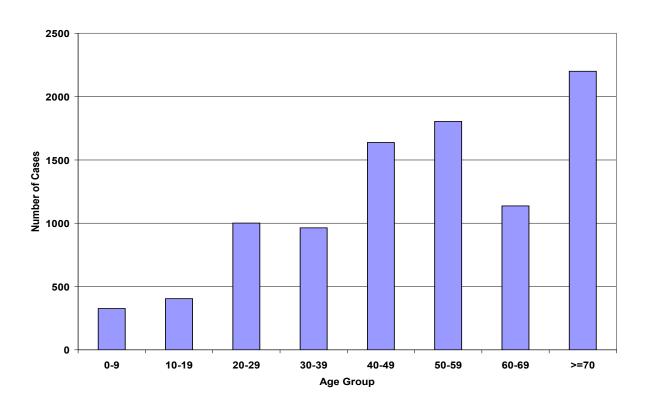


Number of Coroner's Cases by Age, 2005

Los Angeles County Coroner

2005 Annual Report



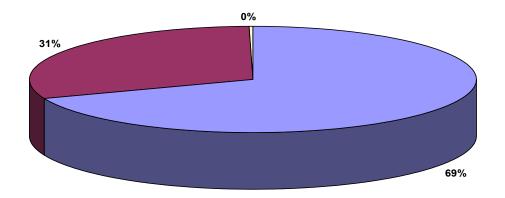


<u>Age</u>	Number of Cases
0-9	326
10-19	404
20-29	1,001
30-39	964
40-49	1,638
50-59	1,804
60-69	1,137
>=70	2,200
Unknown	20
Total	9,494





Coroner's Cases by Gender, 2005



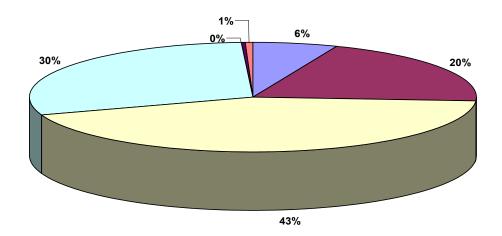
■ Male ■ Female □ Unknown

Gender	Number of Cases
Male	6,567
Female	2,898
Unknown	29
Total	9,494





Number of Coroner's Cases by Race, 2005



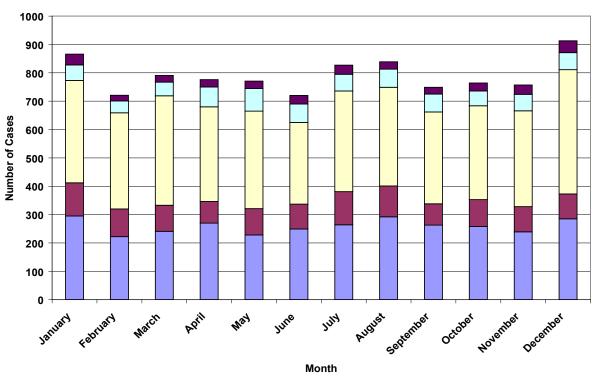
■ Asian ■ Black □ Caucasian □ Latino ■ Native American ■ Unknown

Race	Number of Cases
Asian	587
Black	1,903
Caucasian	4,118
Latino	2,806
Native American	21
Unknown	59
Total	9,494





Mode of Death by Month, 2005



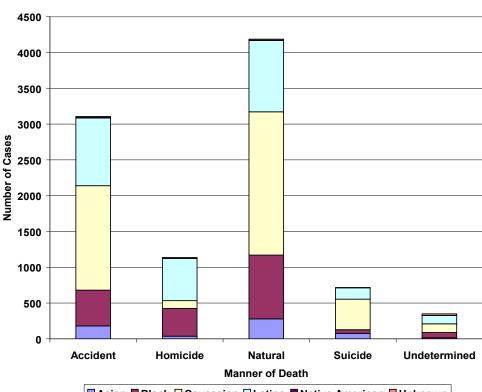
□ Accident ■ Homicide □ Natural □ Suicide ■ Undetermined

Month	Accident	Homicide	<u>Natural</u>	<u>Suicide</u>	<u>Undetermined</u>	<u>Total</u>
January	295	117	361	55	38	866
February	22	98	339	42	20	721
March	241	92	386	48	24	791
April	270	76	334	70	26	776
May	228	93	344	80	26	771
June	249	88	288	65	30	720
July	264	117	355	59	32	827
August	292	109	348	64	26	839
September	263	75	324	63	24	749
October	258	95	331	52	28	764
November	239	89	338	58	33	757
December	285	88	438	60	42	913
Total	3,106	1,137	4,186	716	349	9,494





Racial Distribution for Each Mode, 2005



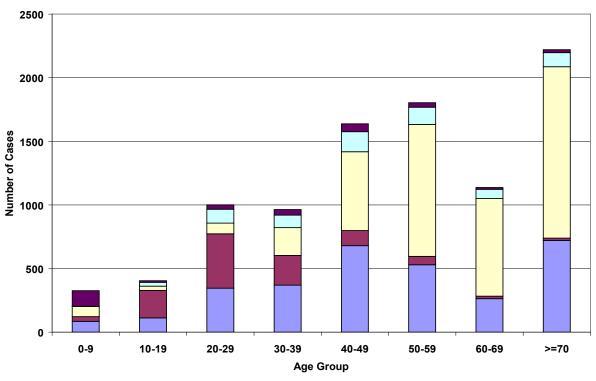
■ Asian ■ Black □ Caucasian □ Latino ■ Native American ■ Unknown

	A • 1 4	** • • • •	NI 4 I	0 • • • •	TT 14 . 1	TF 4 1
	Accident	<u>Homicide</u>	<u>Natural</u>	<u>Suicide</u>	<u>Undetermined</u>	<u>Total</u>
Asian	181	37	278	76	15	587
Black	500	387	892	51	73	1,903
Caucasian	1,458	110	2,002	427	121	4,118
Latino	946	589	995	158	118	2,806
Native American	13	0	5	3	0	21
Unknown	8	14	14	1	22	59
Total	3,106	1,137	4,186	716	349	9,494





Mode Distribution for Each Age Group, 2005



■ Accident ■ Homicide □ Natural □ Suicide ■ Undetermined

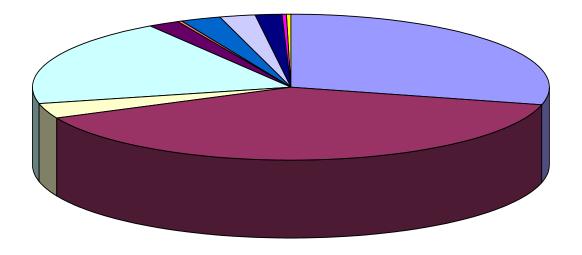
Age	<u>0-9</u>	<u>10-19</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-69</u>	<u>>=70</u>	Total
Accident	85	112	346	370	680	530	263	720	3,106
Homicide	37	216	427	233	119	66	20	19	1,137
Natural	79	33	84	219	619	1,037	767	1,348	4,186
Suicide	2	31	109	98	158	135	73	110	716
Undetermined	123	12	35	44	62	36	14	23	349
Total	326	404	1,001	964	1,638	1,804	1,137	2,220	9,494

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Accidental Deaths, 2005



☐ Transport Accident	■ Drugs and Alcohol	☐ Therapeutic Misadventure
□Fall	Fire	■ Hyperthermia/Hypothermia
■ Environmental Factors	□ Drowning	■ Choking and Suffocation
□ Firearms	Electrocution	

Type of Accident	Number of Cases
Transport Accident	893
Drugs and Alcohol	1,224
Therapeutic Misadventure	98
Fall	604
Fire	59
Hyperthermia/Hypothermia	14
Environmental Factors	79
Drowning	66
Choking and Suffocation	53
Firearms	6
Electrocution	10
Total	3,106





Transportation Accidents, 2005

Law and Science Serving the Community

D. J4-2	
Pedestrians	222
Collision with car, pick-up truck, or van	223
Collision with pedal cycle or motorcycle	2
Collision with heavy transport vehicle or bus	26
Collision with railway train or railway vehicle	11
Other and unspecified transport accidents	5
Total pedestrians	267
Pedal Cyclists	
Collision with car, pick-up truck, or van	23
Collision with heavy transport vehicle or bus	4
Collision with fixed or stationary objects	1
Fall from pedal cycle	3
Total pedal cyclists	31
Motorcycle Riders	
Collision with motorcycle	1
Collision with car, pick-up truck, or van	57
Collision with heavy transport vehicle or bus	5
Collision with fixed or stationary objects	24
Non-collision accident (fell or thrown)	6
Other and unspecified transport accidents	2
Total motorcycle riders	95
Car Occupants)3
Collision with pedestrian	1
Collision with motorcycle	3
Collision with car, pick-up truck, or van	185
Collision with heavy transport vehicle or bus	26
Collision with railway train or railway vehicle	1
Collision with fixed or stationary objects	162
	67
Non-collision accident (fell or thrown)	7
Other and unspecified transport accidents	452
Total car occupants	452
Occupant of Pick-up Truck or Van	1
Collision with automobile	1
Collision with heavy transport vehicle or bus	3
Collision with fixed or stationary objects	4
Non-collision accident (fell or thrown)	8
Other and unspecified transport accidents	2
Total pick-up truck and van occupants	18
Other Transport Accidents	2
Occupant of heavy transport vehicle	3
Fall from horse	2
Specialized industrial vehicle (forklift)	3
Off-road vehicle	3 2 3 2 9
Aircraft	
Other and unspecified transport accidents	11
Total other transport accidents	30
Total Transport Accidents	893





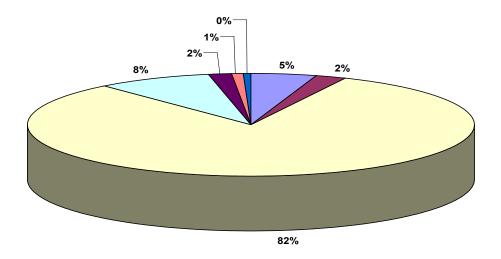
Accidental Falls, 2005

Fall on same level involving ice and snow	2
Fall on same level from slipping, tripping and stumbling	465
Fall involving skateboard	1
Fall while being carried or supported by other persons	3
Fall involving wheelchair	11
Fall involving bed	21
Fall involving chair	7
Fall involving other furniture	2
Fall involving playground equipment	1
Fall on or from stairs and steps	27
Fall on and from ladder	17
Fall from, out of or through building or structure	23
Fall from tree	3
Fall from cliff	5
Diving into water causing injury other than drowning	3
Other fall from one level to another	7
Other fall on same level	3
Unspecified fall	3
Total falls	604





Homicidal Deaths, 2005



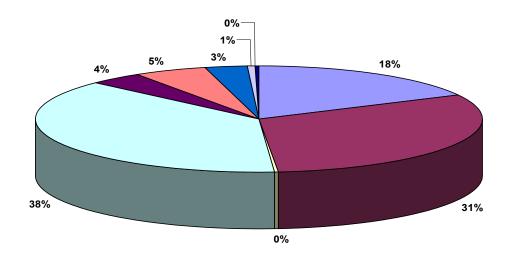
■ Blunt Trauma	■ Strangulation/Suffocation	on □Firearms	☐ Sharp Force Trauma
■ Child/Elder Abuse	■ Arson	Other	

Method of Homicide	Number of Cases
Blunt trauma	53
Strangulation/suffocation	25
Firearms	929
Sharp force trauma	96
Child/Elder abuse	18
Arson	11
Other	5
Total	1,137





Suicidal Deaths, 2005



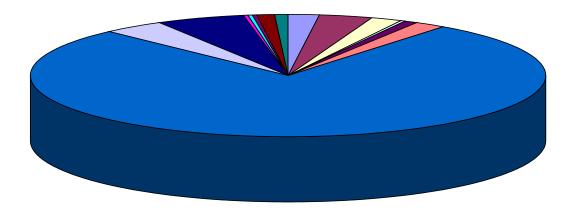
Overdose	■Hanging	☐ Drowning
□Firearms	■ Sharp Force Trauma	■Jumping From Height
■ Motor Vehicle	□ Self-Immolation	Other

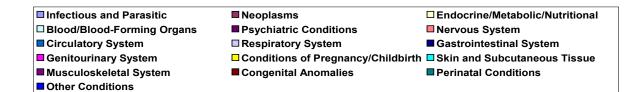
Method of Suicide	Number of Cases
Overdose	126
Hanging	223
Drowning	2
Firearms	271
Sharp Force Trauma	28
Jumping From Height	39
Motor Vehicle	21
Self-immolation	4
Other	2
Total	716





Natural Deaths, 2005





Infectious and Parasitic	82
Neoplasms	140
Endocrine/Metabolic/Nutritional	78
Blood/Blood-Forming Organs	9
Psychiatric Conditions	39
Nervous System	79
Circulatory System	3,246
Respiratory System	167
Gastrointestinal System	228
Genitourinary System	12
Conditions of Pregnancy/Childbirth	7
Skin and Subcutaneous Tissue	3
Musculoskeletal System	16
Congenital Anomalies	45
Perinatal Conditions	32
Other Conditions	3
Total	4,186





Circulatory System Disease Among Natural Deaths, 2005

Aneurysms	
Cerebral	25
Aortic	44
Splenic Artery	1
Arteriosclerotic Disease	2,709
Cardiomyopathy	
Dilated	42
Hypertrophic	127
Idiopathic	52
Right Ventricular Dysplasia	13
Cerebral Hemorrhage/Infarction	64
Endocarditis	9
Hypertensive Disease	86
Myocarditis	13
Pulmonary Hypertension	4
Thrombosis/Embolism	42
Valvular Disease	
Aortic Valve Disease	3
Mitral Valve Disease	7
Rheumatic Heart Disease	3
Wolff-Parkinson-White Syndrome	1
Rectal Varices	1
Total	3,246





Nervous System Disease Among Natural Deaths, 2005

Cause of Death	Number of Cases
Alzheimer Disease	4
Amyotrophic Lateral Sclerosis	1
Cerebral Palsy	3
Epilepsy	39
Guillain-Barré Syndrome	2
Hydrocephalus	1
Huntington Disease	3
Meningitis	10
Multiple Sclerosis	4
Multiple System Atrophy	2
Muscular Dystrophy	2
Myasthenia Gravis	1
Neurodegenerative Disease, NOS	1
Parkinson Disease	2
Pick Disease	1
Pseudotumor Cerebri	1
Riley-Day Syndrome	1
Wernicke Encephalopathy	<u>1</u>
Total	79





Infectious Diseases Among Natural Deaths, 2005

Cause of Death	Number of Cases
Bacterial infections:	
Streptococcus	3
Staphylococcus	2
Mycobacterium Tuberculosis	2
Mycobacterium Avium-Intracellulare	1
Shigella Sonnei	1
Clostridium Difficile	1
Clostridium Botulinum	1
Scarlet Fever	1
Legionella	1
Unspecified bacterial infections	8
Creutzfeldt-Jakob Disease	1
Viral infections:	
Human Immunodeficiency Virus	38
Hepatitis B	1
Hepatitis C	16
Viral Meningitis	1
Hantavirus	1
Unspecified Viral Infections	1
Other Infections:	
Coccidioides	1
Cysticercosis	<u>1</u>
Total	82





Neoplasms Among Natural Deaths, 2005

Primary Site	Number of Cases
Bladder	2
Brain	4
Breast	11
Cervix	4
Colon	16
Esophagus	5
Gastrointestinal, NOS	1
Heart	1
Larynx	2
Leukemia	3
Liver	9
Lung	20
Lymphona	6
Mediastinum	2
Melanoma	2
Mesothelioma	5
Nasopharynx	4
Oral cavity	1
Ovary	4
Pancreas	8
Prostate	6
Rectum	1
Retroperitoneum	1
Scrotum	1
Skin	1
Stomach	6
Testis	2
Thymus	2
Thyroid	1
Uterus	3
Metastatic/Unknown Primary Site	<u>6</u>
Total	140













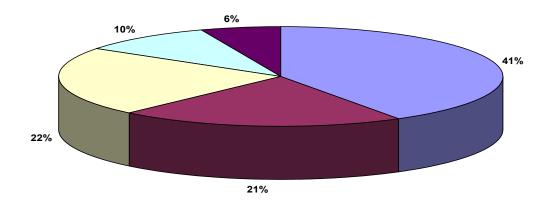
Index of Toxicology Statistics

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Heroin Detected by Mode Phencyclidine Detected by Mode	50
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Alcohol Detected by Mode Alcohol Detected by Year.	52



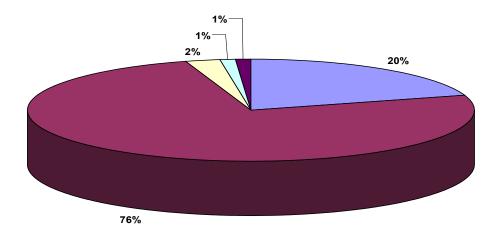


2005 Number of Cases with Drugs Detected by Mode Total Cases of 3,982



□ Accident - 1632 ■ Homicide - 837 □ Natural - 889 □ Suicide - 388 ■ Undetermined - 236

2005 Marijuana Detected by Mode Total Cases of 566

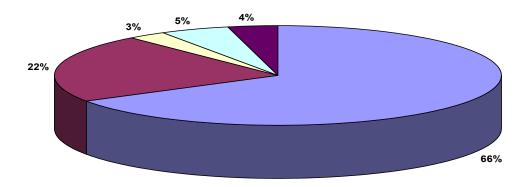


Accident - 114 ■ Homicide - 426 ■ Natural - 13 ■ Suicide - 7 ■ Undetermined - 6



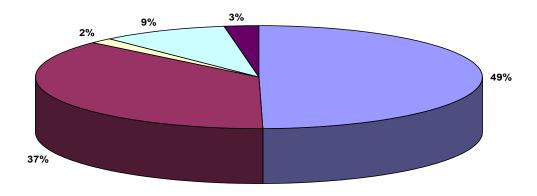


2005 Cocaine Detected by Mode Total Cases of 760



■ Accident - 506 ■ Homicide - 169 ■ Natural - 22 ■ Suicide - 36 ■ Undetermined - 27

2005 Methamphetamine Detected by Mode Total Cases of 607

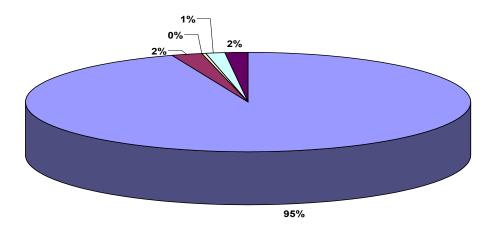


□ Accident - 301 ■ Homicide - 225 □ Natural - 10 □ Suicide - 55 ■ Undetermined - 16



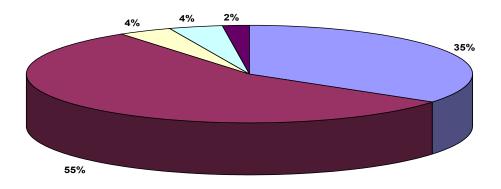


2005 Heroin Detected by Mode Total Cases of 239



■ Accident - 226 ■ Homicide - 5 ■ Natural - 1 □ Suicide - 3 ■ Undetermined - 4

2005 Phencyclidine Detected by Mode Total Cases of 52

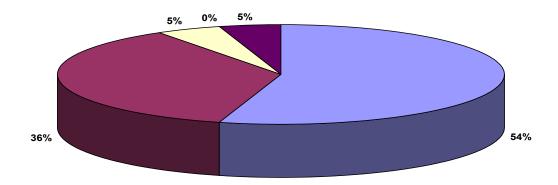


■ Accident - 18 ■ Homicide - 29 ■ Natural - 2 ■ Suicide - 2 ■ Undetermined - 1



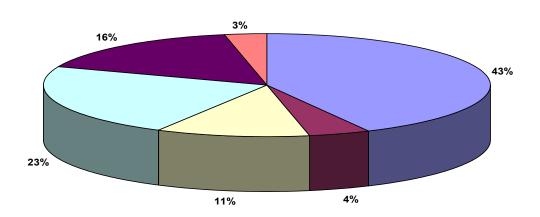


2005 Club Drug by Mode Total Cases of 22



□ Accident - 12 ■ Homicide - 8 □ Natural - 1 □ Suicide - 0 ■ Undetermined - 1

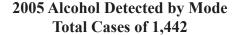
2005 Drugs by Classification Total Cases of 4,021

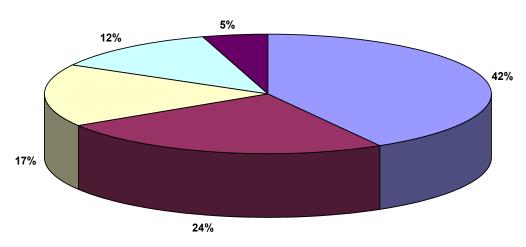


■ Narc Analgesic - 1705 ■ Antipsychotic - 179 □ Antihistamines - 449 □ Antidepressants - 921 ■ Sedative Hypnotics - 641 ■ Muscle Relaxants - 126



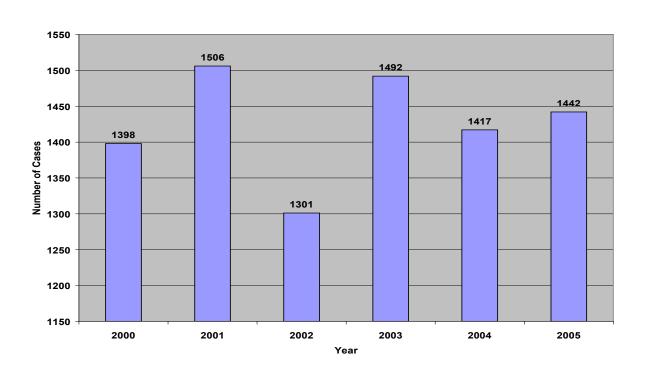






■ Accident - 599 ■ Homicide - 353 ■ Natural - 244 ■ Suicide - 178 ■ Undetermined - 68

2000 - 2005 Alcohol Detected by Year







Acknowledgements

This document was created in-house by Marianne Oliva M.B.A. Photography for the report was provided by Dr. Christopher Rogers, Mark Johnson, and Marianne Oliva. The Project Coordinator was Sarah Ahonima, Chief of Administration Bureau.