



Los Angeles County
CORONER
2010
Annual Report





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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 Chief Executive Officer, 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 Chief Executive Officer.



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DEPARTMENT HEADS' MESSAGE

This report contains statistical information from the Los Angeles County Department of Coroner for the year 2010, as well as selected statistics from the previous ten years.

Significant Accomplishments

During the year the Department had the following significant accomplishments:

- *The Los Angeles County Auditor-Controller completed a management audit of the Coroner, and the Department is following up on the recommendations.*
- *The Department received a Federal Coverdell Grant for \$172,000 to institute bar coding of laboratory specimens.*
- *The Department received a Coverdell Grant through the State of California Emergency Management Assistance (CalEMA) for \$166,000 for the purchase and implementation of a new ELISA drug screening system as well as for continuing education for qualified scientific personnel.*
- *The Coroner contracted with Rosalind Franklin University in Chicago to serve as a forensic pathology training facility for pathologist's assistant students.*

Legislation

SB 5 (Code of Civil Procedure Section 130) The autopsy report and evidence from a homicide victim under the age of 18 is confidential under specific circumstances.

AB 275 (Penal Code Sections 14250-14251) The Coroner must collect DNA samples from all unidentified decedents and submit them to the California Department of Justice.

Presentations

E. Fu, "Introduction to Criminalistics", Guest Lecturer Santa Ana Community College, Santa Ana CA, February 2010.

M. Kaleuati, "Skeletal Trauma", California State University at Los Angeles ANTH 463 – Forensic Anthropology, Los Angeles CA, February 2010.

D. Kowal, "It's All about Evidence", Presentation to Los Angeles County District Attorney, Los Angeles CA, March 2010

D. Anderson, "Toxicology", Los Angeles County District Attorney Training, Los Angeles CA, March 2010.

M. Kaleuati, "Forensic Science and the Coroner's Criminalist", Grossmont College – GXX Chapter of LAE [American Criminal Justice Association], El Cajon CA, March 2010.

D. Anderson, "Celebrity Deaths in LaLa Land-The Importance of Forensic Toxicology", Mid-Atlantic Society of Toxicologists, Iselin NJ, May 2010.

M. Kaleuati, "Skeletal Recovery – A Team Approach", Skeletal Recovery Workshop, Los Angeles County Department of the Coroner, Los Angeles CA, June 2010.

M. Kaleuati, "Skeletal Trauma", Skeletal Recovery Workshop Los Angeles County Department of the Coroner, Los Angeles CA, June 2010.

M. Kaleuati, "Measurement/Advanced Measurements Workstations", Skeletal Recovery Workshop Los Angeles County Department of the Coroner, Los Angeles CA, June 2010.

D. Anderson, "Using Pharmacology in the Interpretation of Postmortem Cases", SOFT Continuing Education Workshop/NYSD of CJS, Albany NY, June 2010.



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D. Anderson, "Cross Reactivity", Getting the Most from ELISA: Tips and Tricks for the Professional Toxicologist Workshop, Society of Forensic Toxicologists, Richmond VA, October 2010.

J. Elbogen, D. Anderson, O. Pleitez, and J. Lintemoot, "Detection of Methamphetamine; But Do You Really Know Which One?", Society of Forensic Toxicologists, Richmond VA, October 2010.

L. Labay, F. Diamond, S. deQuintana, D. Anderson, "Chlordiazepoxide: A New Twist on an Old Drug", Society of Forensic Toxicologists, Richmond VA, October 2010.

M. Kaleuati, "Toolmark Analysis in Biological Tissue", Los Angeles County Department of Coroner West Coast Training Conference, Los Angeles CA, October 2010.

M. A. Kaleuati, D. Stolze and M. Munroe, "Evaluation of Decomposition Changes - The Los Angeles Experience", Los Angeles County Department of Coroner West Coast Training Conference, Los Angeles CA, October 2010.

V. Knez, J.K. Ribe, "Autoerotic Electrocution", National Association of Medical Examiners, Cleveland OH, October 2010.

C. Lwin, T.T. Noguchi, V. W. Weedn, K. Nolte, L. Sathyavagiswaran, "Study of NAME Activities and Efforts", National Association of Medical Examiners, Cleveland OH, October 2010.

L. Scheinin, D. Anderson, J.J. Muto, L. Sathyavagiswaran, "Unexpected Death in an Actress with Unanticipated Findings", National Association of Medical Examiners, Cleveland OH, October 2010.

S. H. Calmes, C. Rogers, L. Sathyavagiswaran, "What Can a Coroner's Office Tell us About a Community's Anesthesia Care?", American Society of Anesthesiologists, San Diego CA, October 2010.

M. Kaleuati, "Toolmark Analysis in Biological Tissue", Continuing Medical Education Forensic Science Seminar, Los Angeles County Department of Coroner, Los Angeles CA, December 2010.

Publications

D. Anderson, S. deQuintana, K. Valencia, "New Drug: Tapentadol (Nucynta®)". Society of Forensic Toxicologists, ToxTalk, 2010 Sept;34(3):22-3.

MK Egge, CD Berkowitz, C Toms, L Sathyavagiswaran, "The Choking Game: A Cause of Unintentional Strangulation", Pediatr Emerg Care 2010 Mar;26(3):206-8.



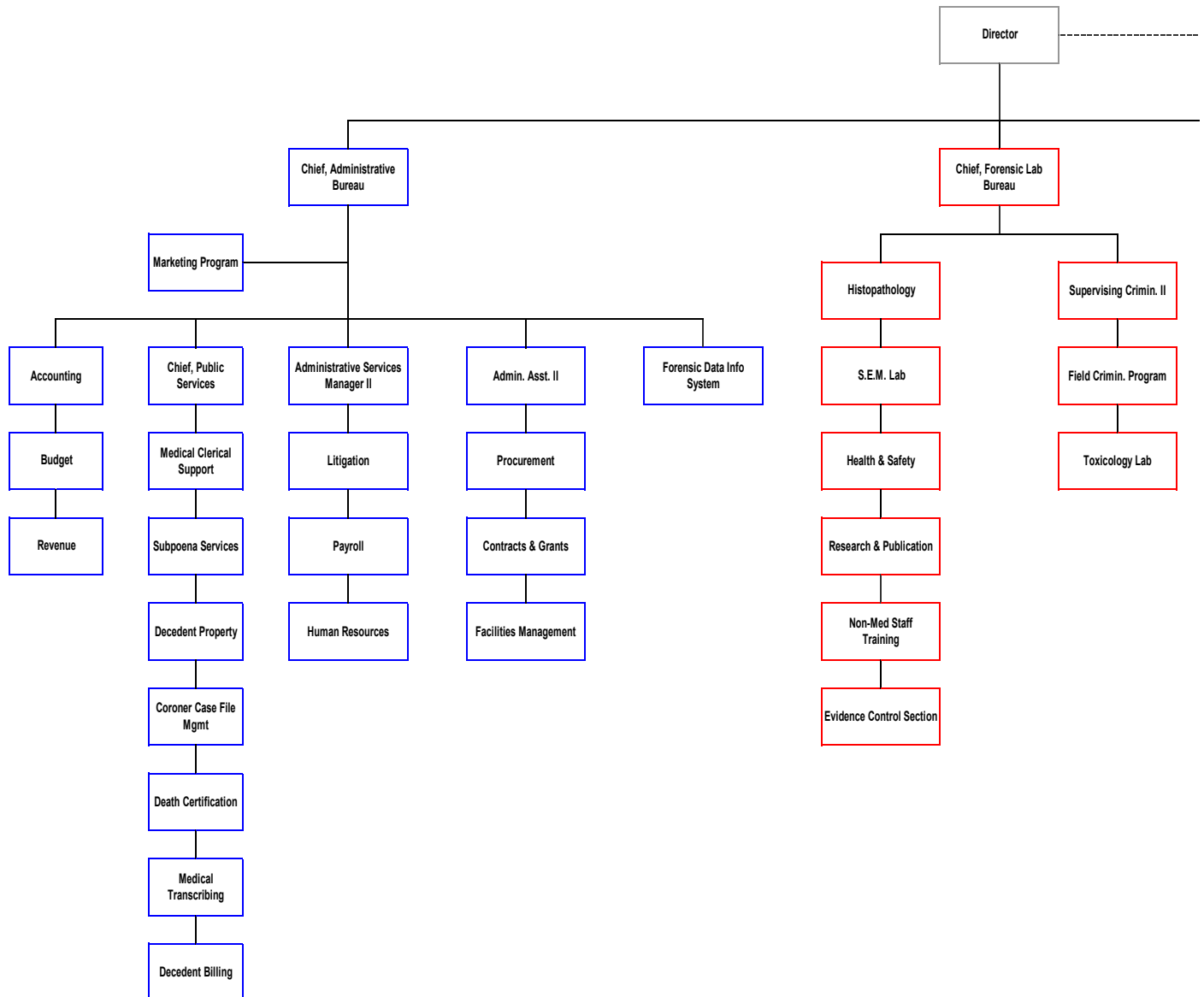
Anthony Hernandez
Director



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

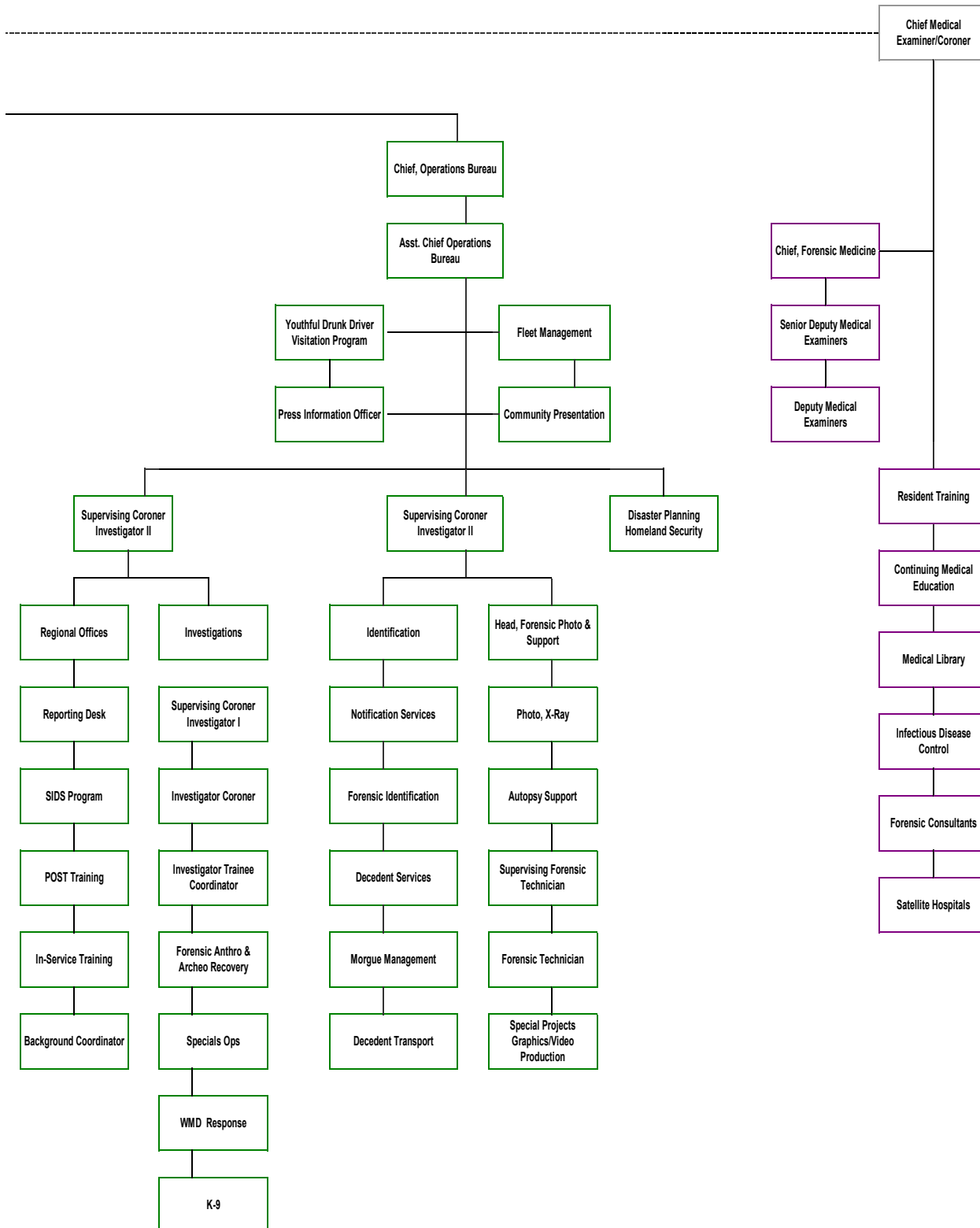


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Organizational Chart



ADMINISTRATIVE SERVICES 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, contracts 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 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. The gift shop 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 <http://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.

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, 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, pulmonary 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 (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 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 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 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. ■





FORENSIC LABORATORIES BUREAU

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

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 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 those analyses. The Forensic Laboratory is fully accredited by the prestigious American Society of Crime Laboratory Directors-LAB, and our Forensic Blood Alcohol Testing Program is licensed by the State of California.

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.





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

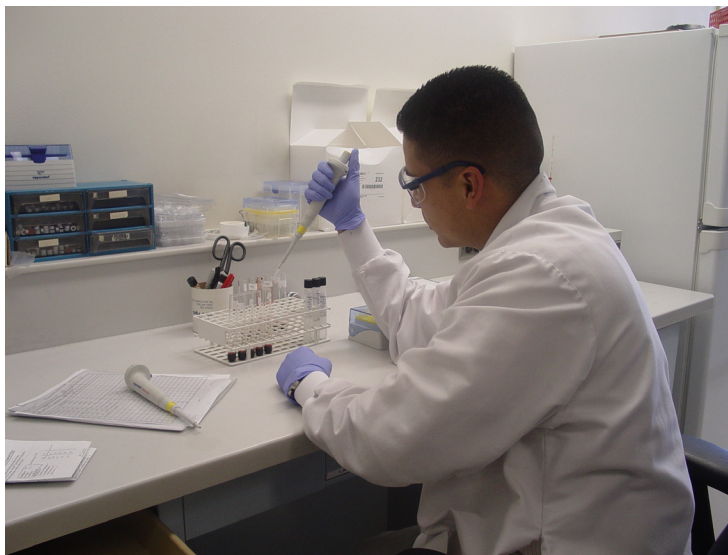
The laboratory facilitates the preparation of gross tissue specimens for microscopic examination by the medical staff. This includes hematoxylin and eosin stains, special stains, and immunohistochemical stains. Through the microscopic examination of tissue, our forensic pathologists can determine the 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.

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.

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 an abuse? If the death is due to a drug overdose, was it intentional or accidental? ■





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 the 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 cases, along with the preparation of investigative reports for use in the determination of cause and manner 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 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 they may be certified as natural deaths by a private physician, or must be handled as Coroner's cases.





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

The California State Commission on Peace Officer Standards and Training (P.O.S.T.) establishes the 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 the 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 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 to 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 throughout the County. The Department has emergency short-wave 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 with respect to Coroner's cases, and be the advocate for the deceased person. Due to the diverse caseload 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 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 the collection of both physical and medical evidence, fingerprinting of decedents using





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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. ■



Operations Bureau



PUBLIC SERVICES DIVISION

Chief, Silvia Gonzalez

This Division is responsible for Coroner case file management, revenue collection (document sales, transportation and handling billing, etc.), and interaction with the public both telephonically and at the 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, required for the decedent's admission into a foreign country after death.

TISSUE AND ORGAN COLLECTION FOR TRANSPLANTATION

These programs provide organs, corneas and other tissues to all in need in our community through coordinated efforts with organ/tissue procuring agencies, tissue banks and hospitals. After family consent is obtained, Coroner medical staff provides review of organ and tissue procurement in Coroner 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.

TRANSPORTATION AND HANDLING BILLING PROGRAM

The Department has transitioned from utilizing the services of the various mortuaries to bill for transportation and handling costs to directly billing the families at the time services are rendered. This has improved the collection rate, dramatically raising revenues.

RECORDS SECTION

Records Section is responsible for Coroner case file control, file retention, document sales, and transportation and handling 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 and handling billing for a one year period totals over \$1,200,000.00.

The Coroner is mandated by 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 electronic and hard copies to fill requests received from the public each year.

DEATH CERTIFICATION & MEDICAL SUPPORT SECTION

These sections are 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. These sections also provide 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 an in-house staff of one full-time employee 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 decedent 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. ■





Los Angeles County Death Statistics



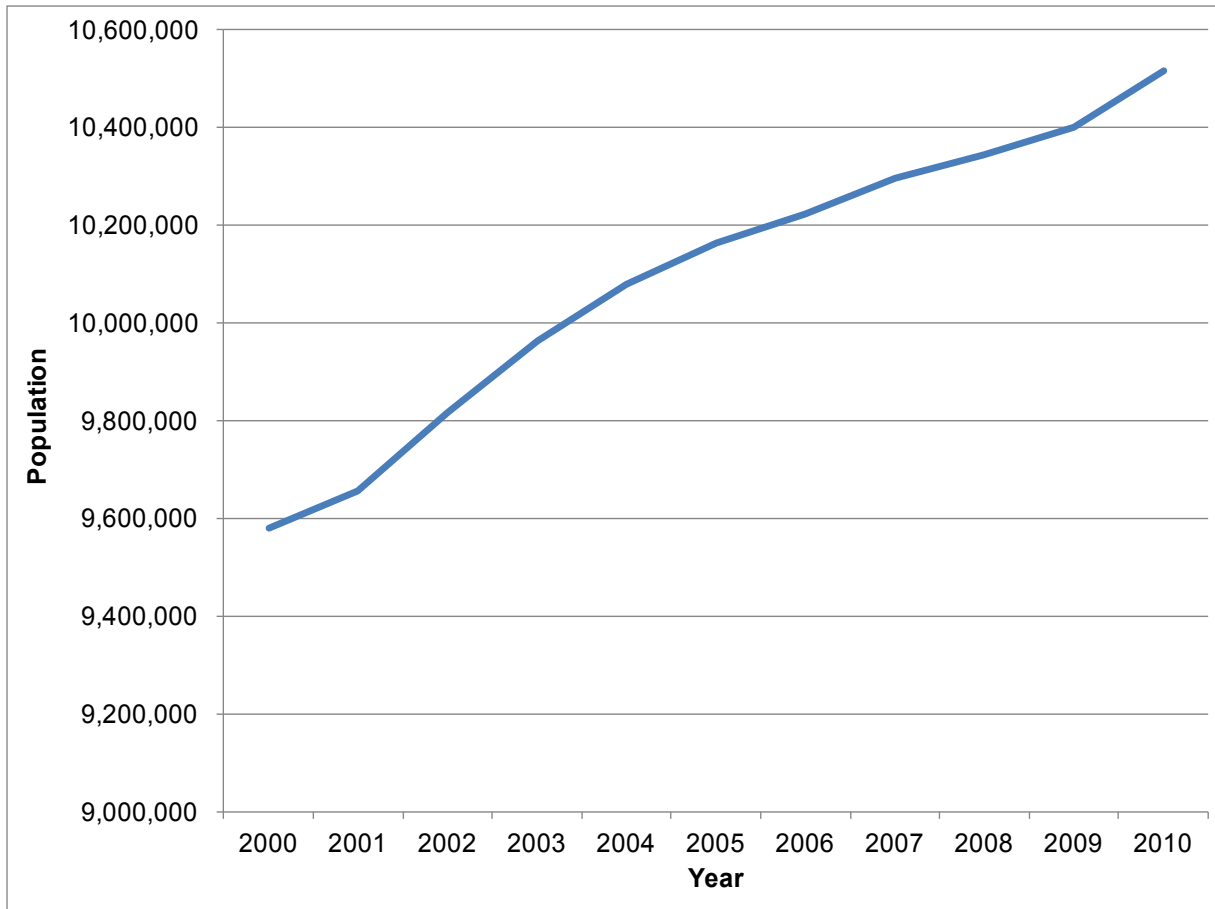


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Population of Los Angeles County, 2000-2010



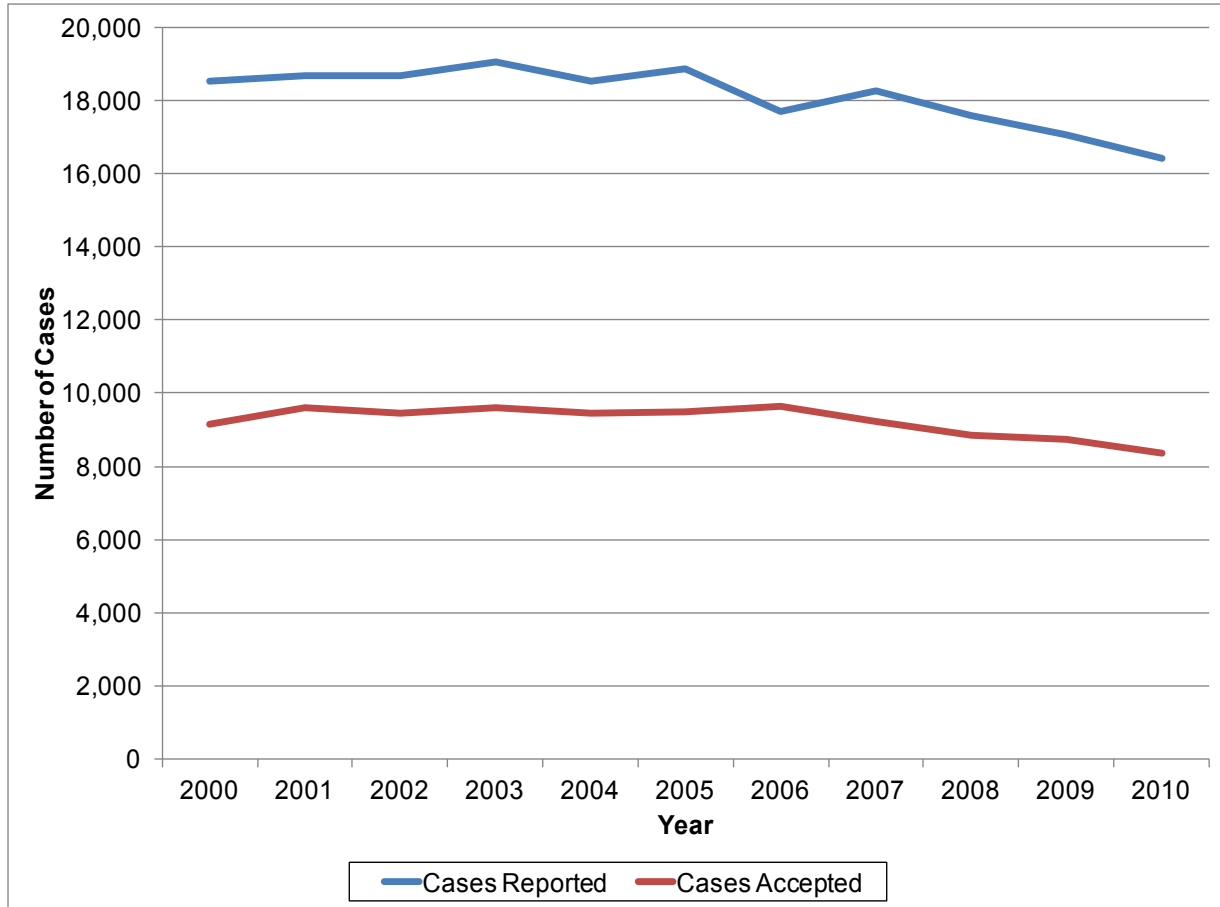
Population of Los Angeles County

<u>Year</u>	<u>Population</u>
2000	9,579,022
2001	9,656,730
2002	9,816,792
2003	9,961,407
2004	10,077,865
2005	10,163,097
2006	10,223,263
2007	10,294,280
2008	10,342,429
2009	10,399,410
2010	10,514,663

Sources: State of California, Department of Finance.



Number of Reported and Accepted Cases per Year, 2000-2010

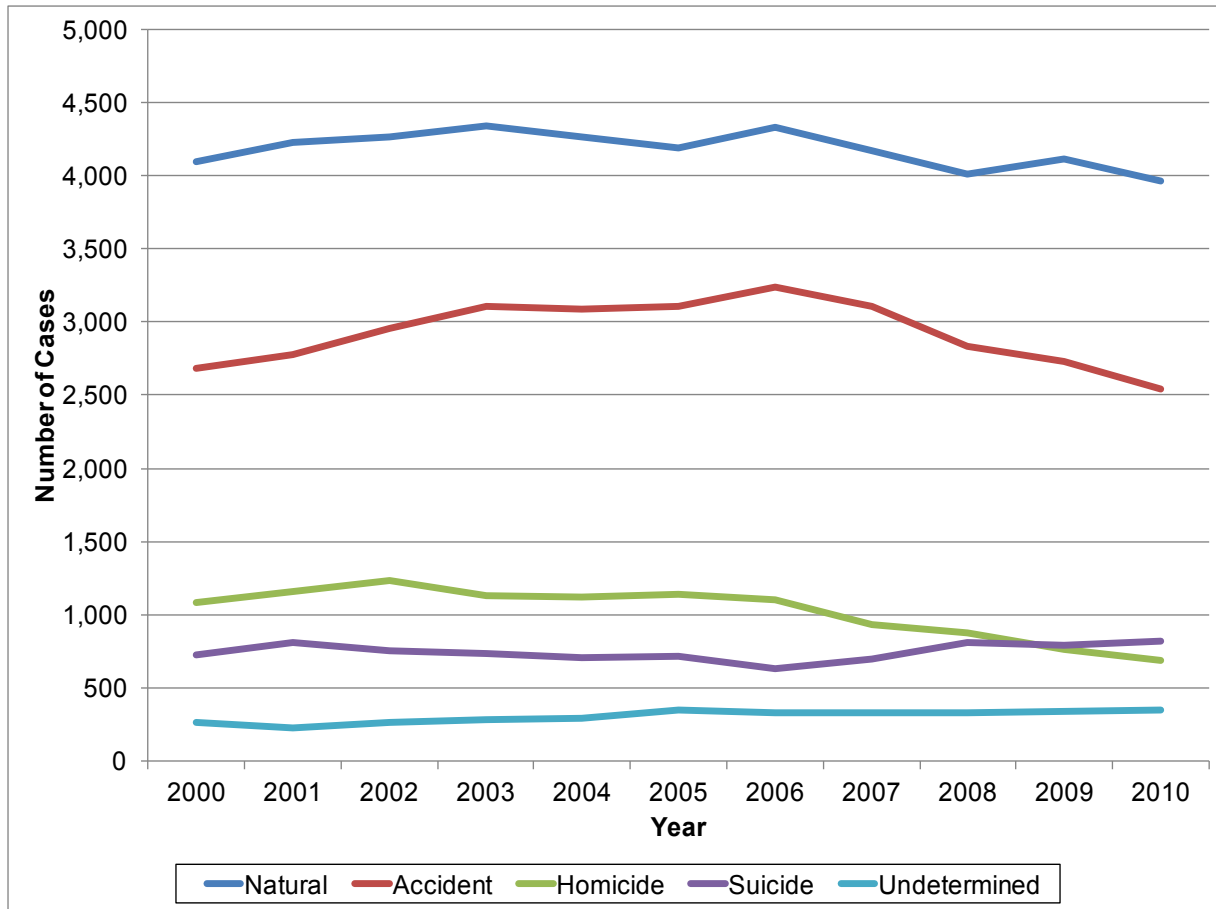


<u>Year</u>	<u>Cases Reported</u>	<u>Cases Accepted</u>
2000	18,512	9,156
2001	18,665	9,591
2002	18,665	9,470
2003	19,039	9,620
2004	18,509	9,465
2005	18,854	9,494
2006	17,704	9,637
2007	18,254	9,237
2008	17,572	8,854
2009	17,053	8,734
2010	16,434	8,371



Final Mode of Coroner's Cases, 2000-2010

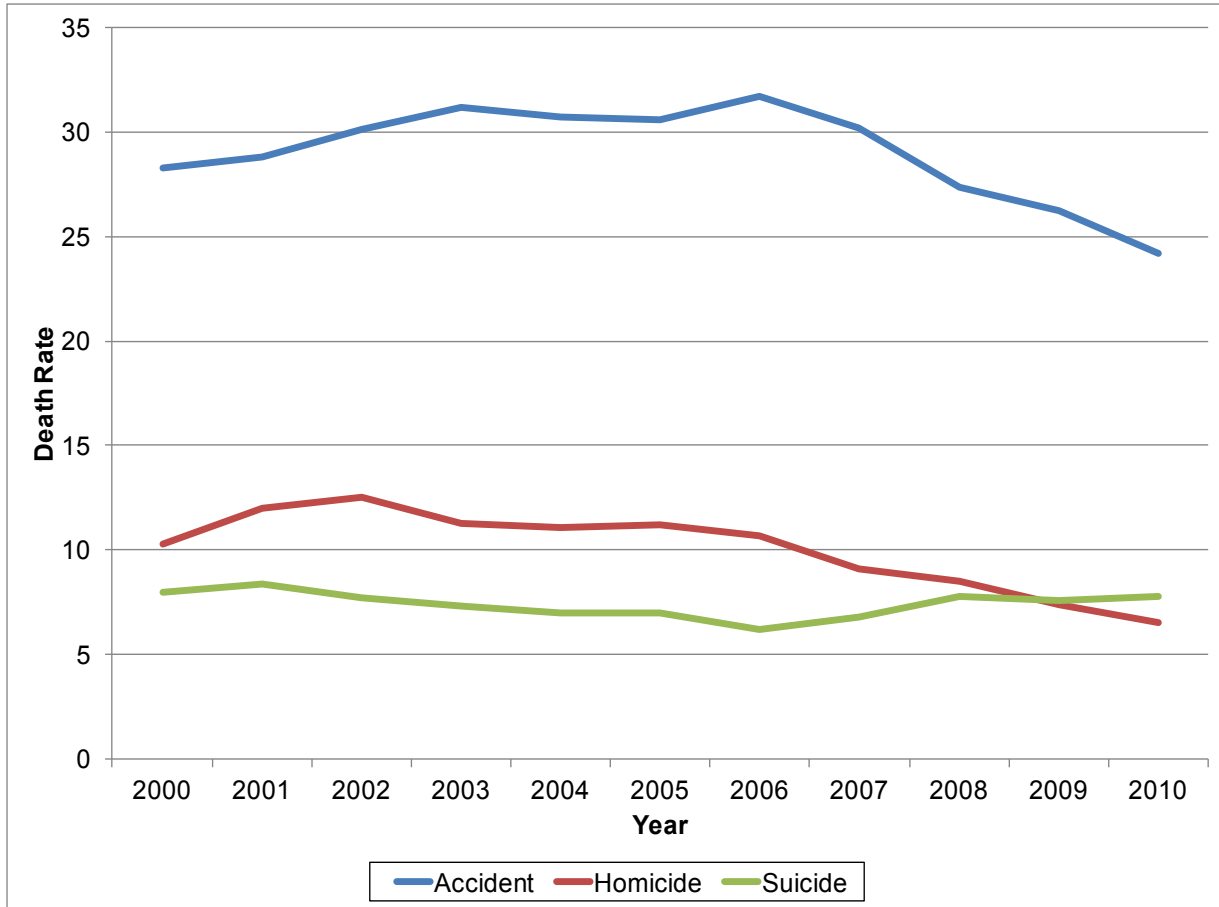
Final Mode of Coroner's Cases



<u>Year</u>	<u>Natural</u>	<u>Accident</u>	<u>Homicide</u>	<u>Suicide</u>	<u>Undetermined</u>
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
2006	4,330	3,243	1,098	635	331
2007	4,170	3,104	936	696	331
2008	4,007	2,830	876	807	334
2009	4,115	2,728	765	791	335
2010	3,968	2,544	689	818	352



Death Rates per 100,000 Population, 2000-2010

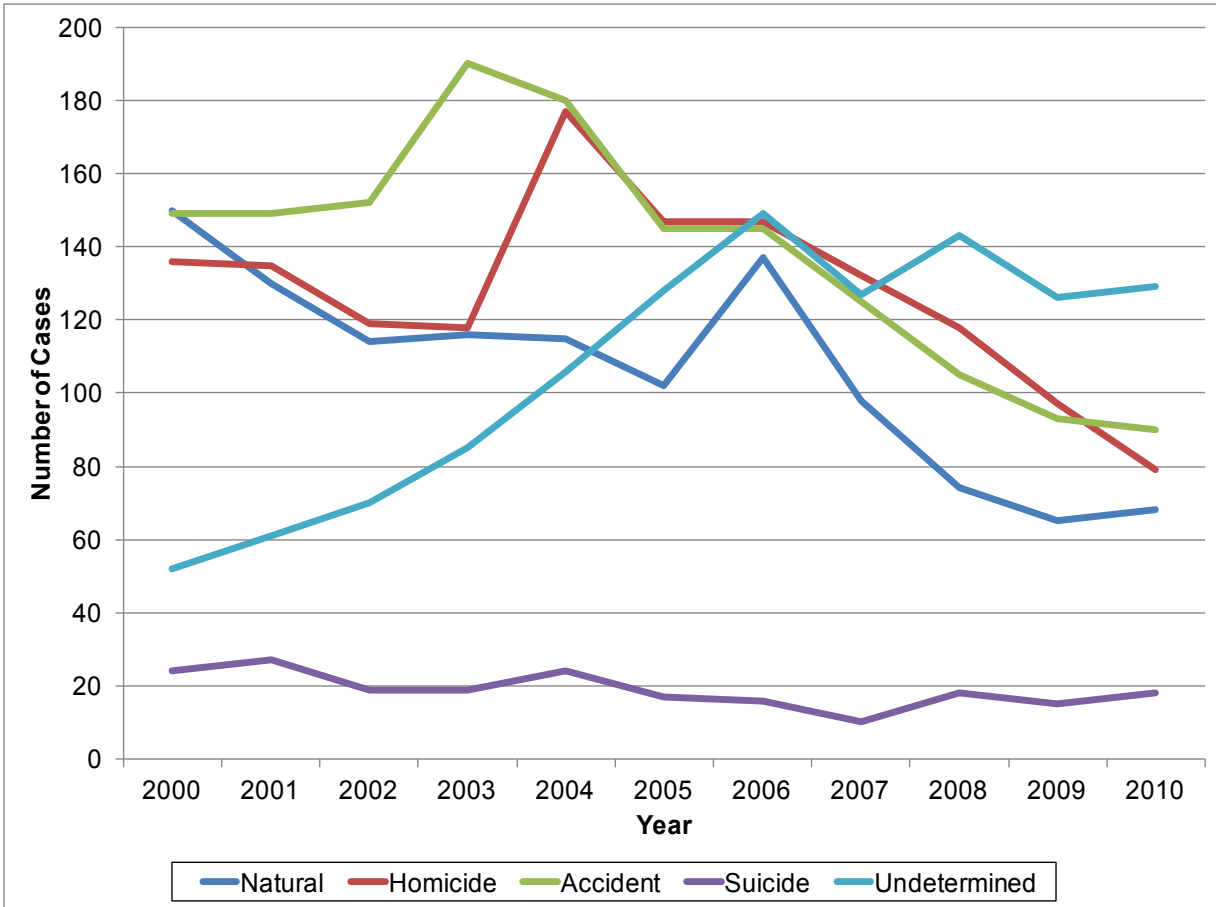


<u>Year</u>	<u>Accident</u>	<u>Homicide</u>	<u>Suicide</u>
2000	28.3	10.3	8.0
2001	28.8	12.0	8.4
2002	30.1	12.5	7.7
2003	31.2	11.3	7.3
2004	30.7	11.1	7.0
2005	30.6	11.2	7.0
2006	31.7	10.7	6.2
2007	30.2	9.1	6.8
2008	27.4	8.5	7.8
2009	26.2	7.4	7.6
2010	24.2	6.6	7.8

Death Rates per 100,000 Population



Modes for Child Death (Ages Under 18), 2000-2010



Modes for Child Death

Year	Natural	Homicide	Accident	Suicide	Undetermined
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
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



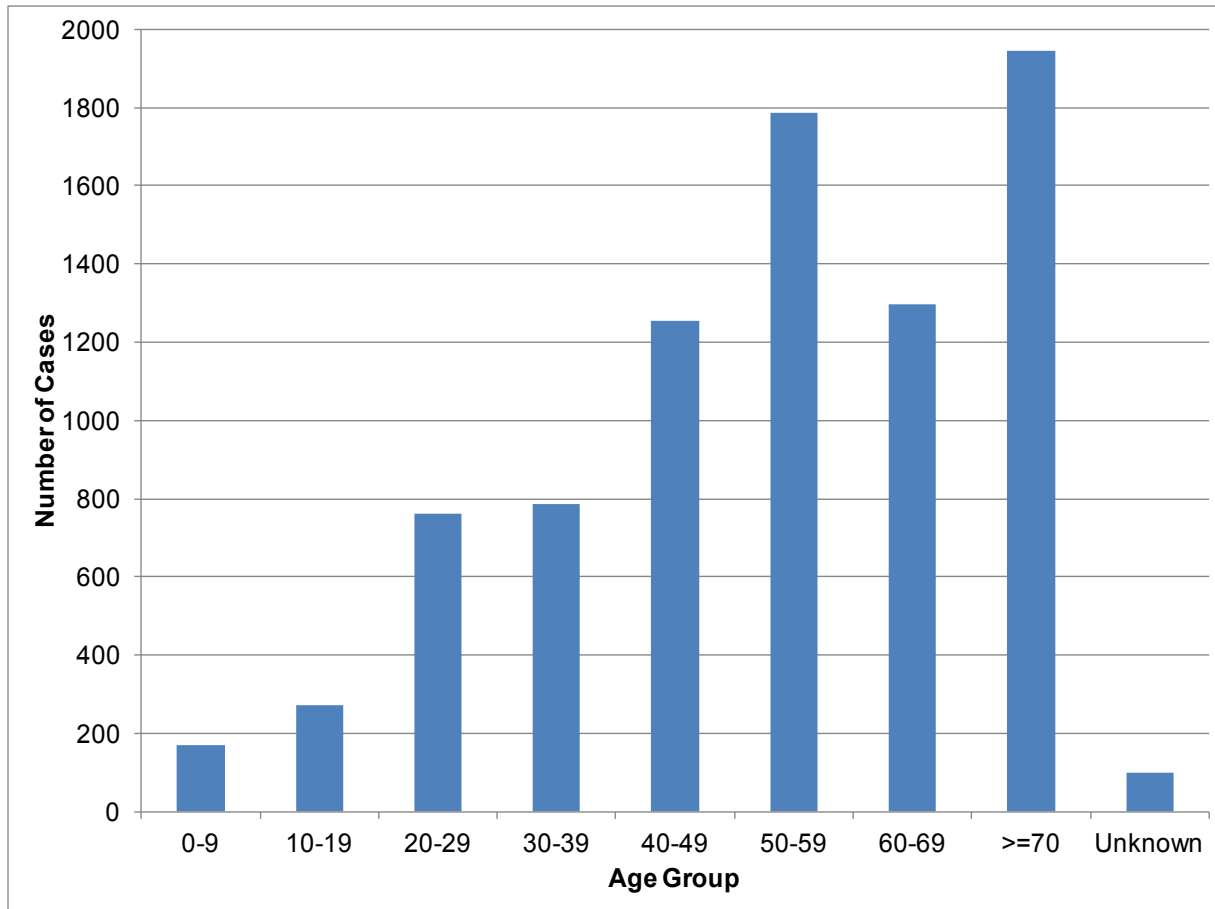
Statistics Required by National Association of Medical Examiners, 2010

Number of deaths reported:	16,434
Number of cases accepted:	8,371
Number of cases by manner of death:	
Accident:	2,544
Homicide:	689
Natural:	3,968
Suicide:	818
Undetermined:	352
Scene visits:	3,342
Number of bodies transported:	5,696
External examinations:	
By physician:	2,029
By investigator:	2,265
Partial autopsies:	212
Complete autopsies:	3,865
Hospital autopsies under ME jurisdiction:	3
Cases where toxicology was performed:	4,533
Bodies unidentified after examination:	589
Organ and tissue donations:	
Total organ donors:	108
Total tissue donors:	597
Unclaimed bodies:	11
Exhumations:	1

Statistics Required by NAME*



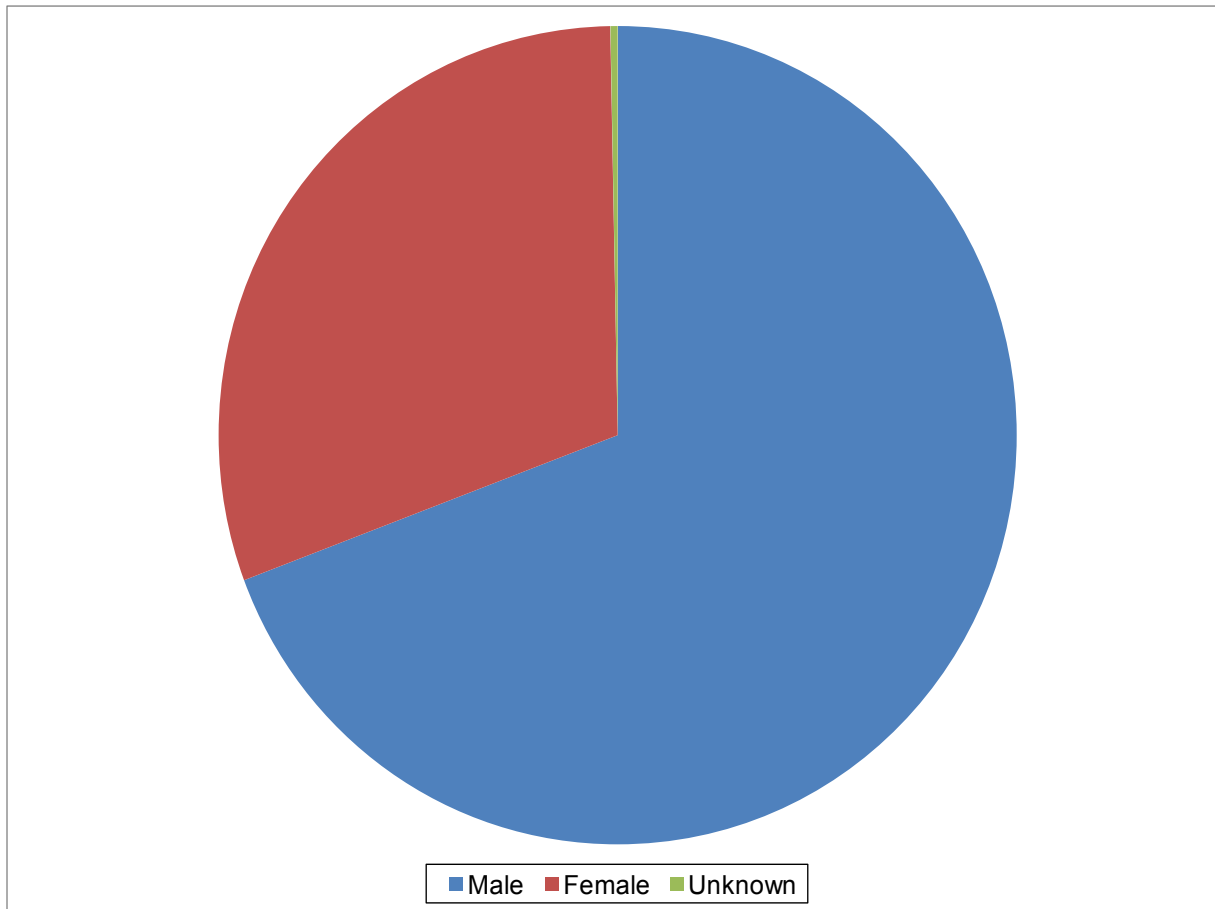
Number of Coroner's Cases by Age, 2010



<u>Age</u>	<u>Number of Cases</u>
0-9	170
10-19	271
20-29	760
30-39	785
40-49	1,256
50-59	1,785
60-69	1,298
>=70	1,946
Unknown	100



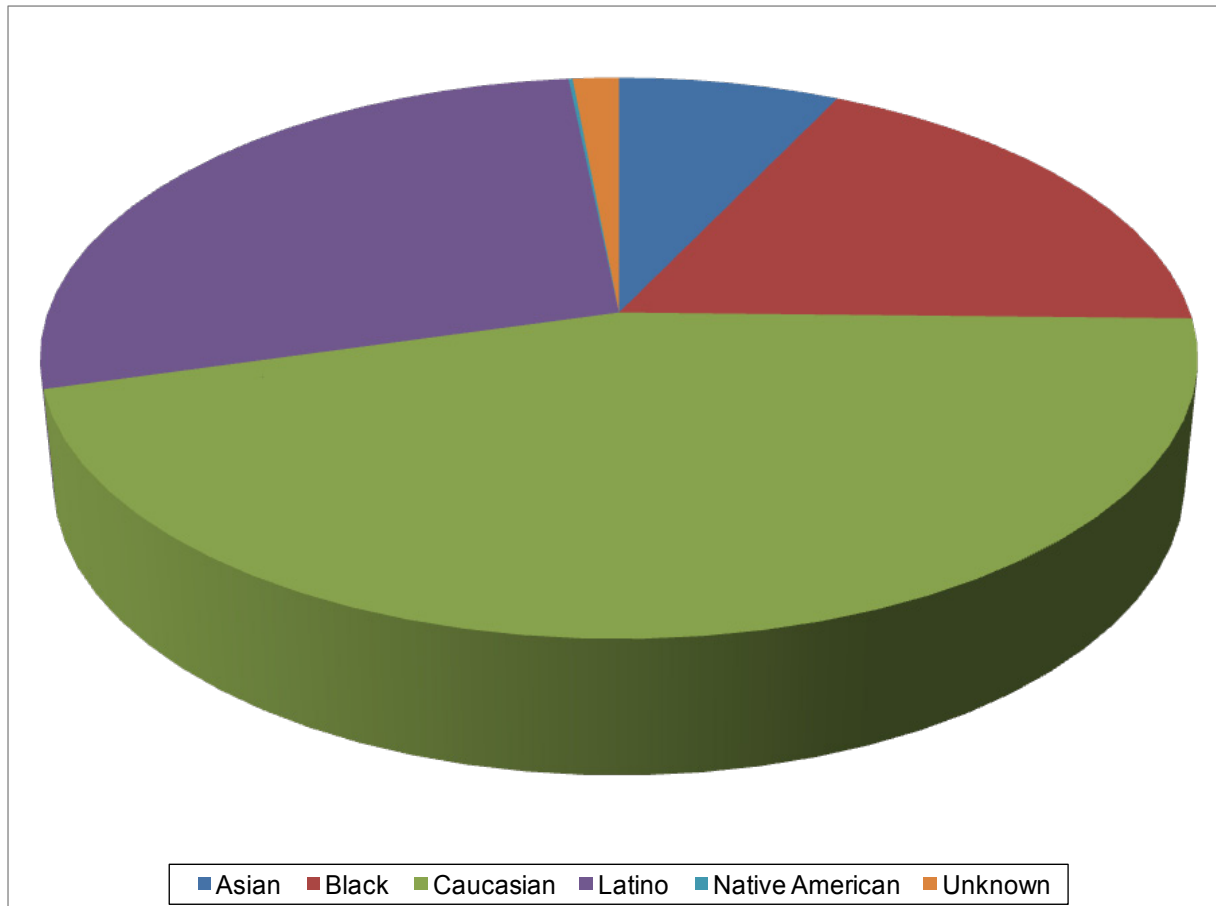
Coroner's Cases by Gender, 2010



<u>Gender</u>	<u>Number of Cases</u>
Male	5,796
Female	2,551
Unknown	24



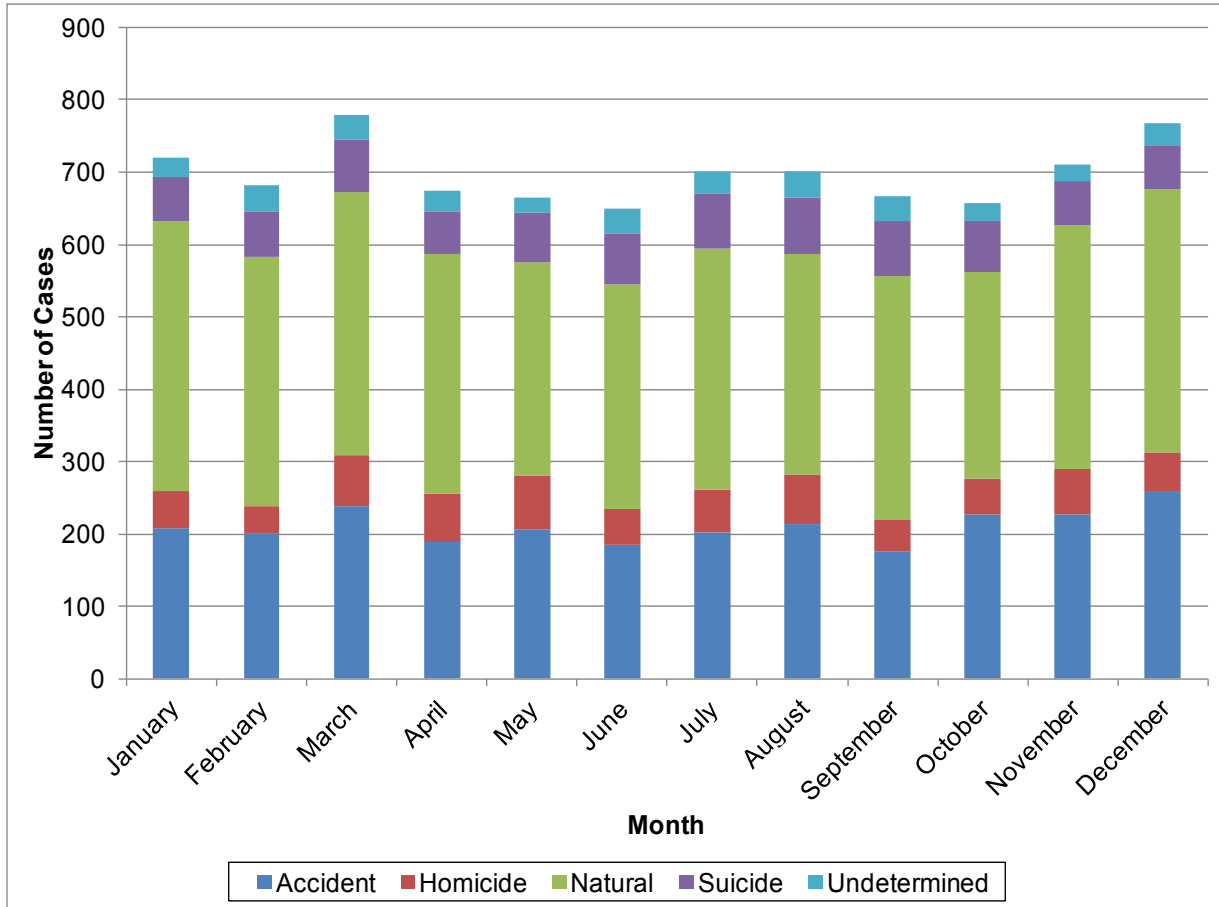
Coroner's Cases by Race, 2010



<u>Race</u>	<u>Number of Cases</u>
Asian	605
Black	1,516
Caucasian	3,795
Latino	2,318
Native American	11
Unknown	126



Mode of Death by Month, 2010

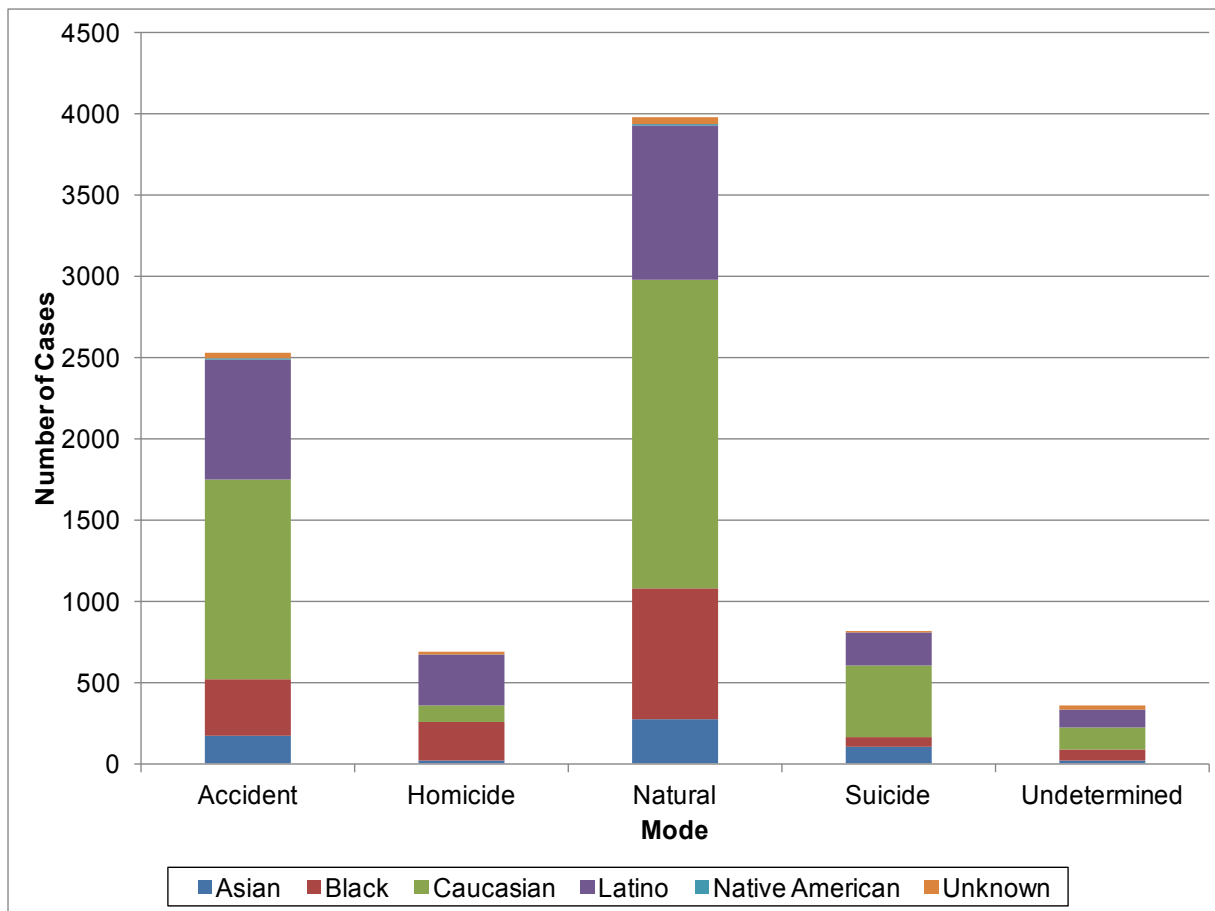


Mode of Death by Month

Month	Accident	Homicide	Natural	Suicide	Undetermined	Total
January	207	52	373	62	26	720
February	201	37	345	62	36	681
March	238	70	365	72	33	778
April	188	68	330	60	28	674
May	206	74	296	67	21	664
June	185	49	311	70	35	650
July	202	60	333	75	30	700
August	214	68	304	79	36	701
September	176	44	336	77	34	667
October	226	50	286	71	25	658
November	227	62	337	62	22	710
December	259	54	363	61	31	768



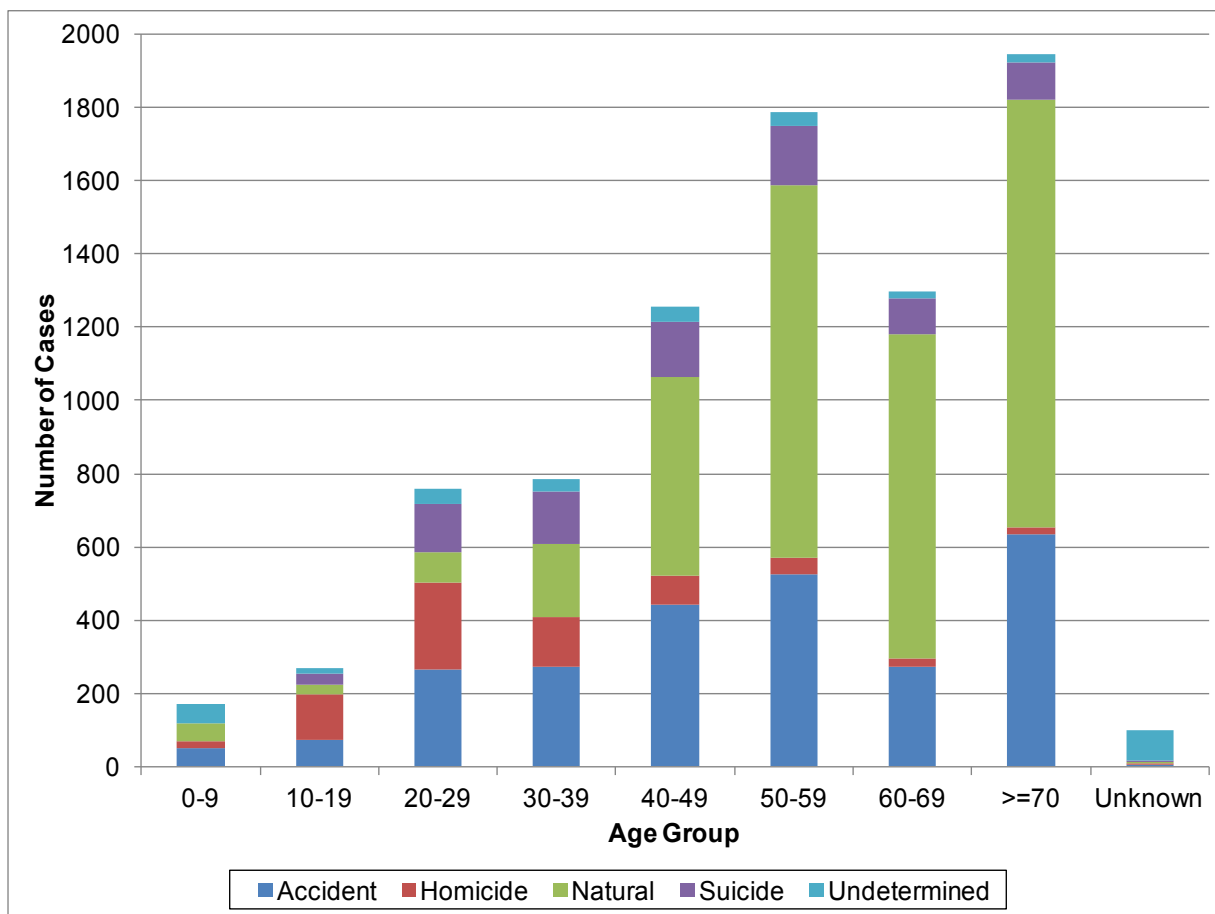
Racial Distribution for Each Mode, 2010



	Accident	Homicide	Natural	Suicide	Undetermined	Total
Asian	176	25	277	107	20	605
Black	348	235	807	55	71	1,516
Caucasian	1,226	100	1,895	443	131	3,795
Latino	741	315	947	206	109	2,318
Native American	4	0	7	0	0	11
Unknown	34	13	46	7	26	126



Mode Distribution for Each Age Group, 2010



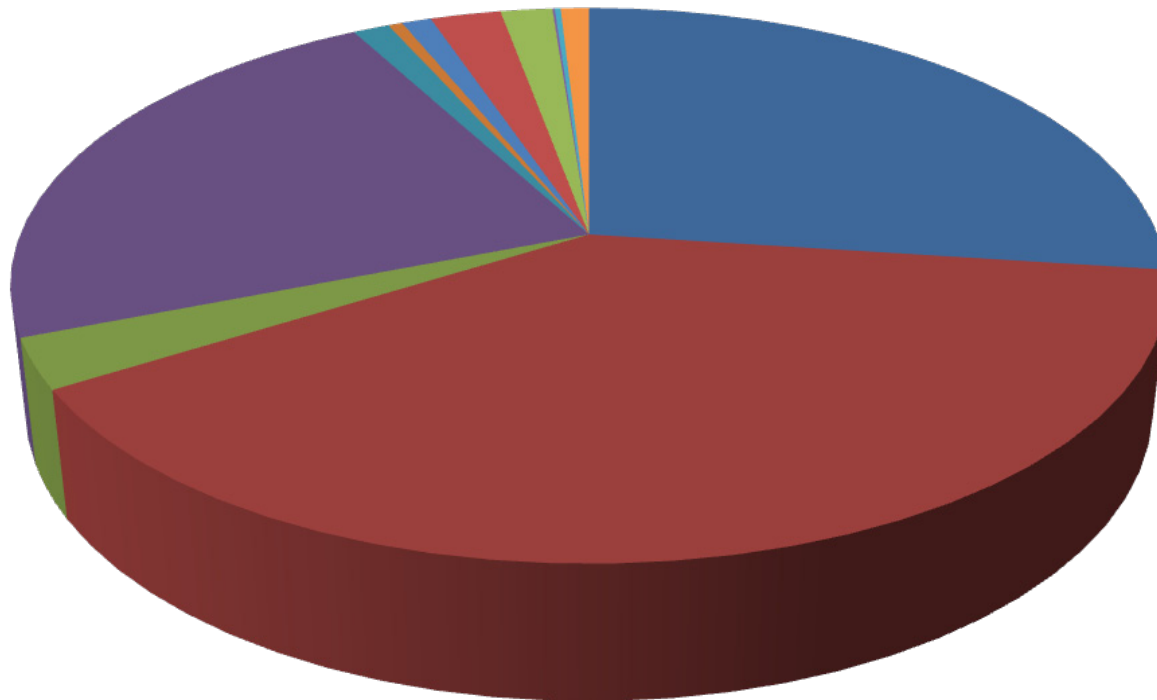
Mode Distribution for Each Age Group

	<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>	<u>Unknown</u>
Accident	49	75	267	273	441	525	274	636	4
Homicide	21	124	236	135	82	45	22	17	7
Natural	48	24	83	200	539	1,018	885	1,167	4
Suicide	0	33	131	142	152	161	96	101	2
Undetermined	52	15	43	35	42	36	21	25	83



Accidental Deaths, 2010

Accidental Deaths



■ Transport accident	■ Drugs and alcohol	■ Therapeutic misadventure
■ Fall	■ Fire/Burns	■ Hyperthermia/Hypothermia
■ Asbestosis/Silicosis	■ Drowning	■ Choking and Suffocation
■ Firearms	■ Electrocutation	■ Other

Type of Accident

Number of Cases

Transport Accident	688
Drugs and Alcohol	997
Therapeutic Misadventure	74
Fall	582
Fire/Burns	31
Hyperthermia/Hypothermia	12
Asbestosis/Silicosis	25
Drowning	60
Choking and Suffocation	44
Firearms	2
Electrocutation	5
Other	24
Total	2,544



Transportation Accidents, 2010

Pedestrians

Collision with car, pick-up truck or van	215
Collision with pedal cycle or motorcycle	2
Collision with heavy transport vehicle or bus	10
Collision with railway train or railway vehicle	8
Other and unspecified transport accidents	15
Total pedestrians	250

Pedal Cyclists

Collision with car, pick-up truck or van	20
Collision with heavy transport vehicle or bus	3
Fall from pedal cycle	4
Collision with train	1
Collision with fixed object	2
Other and unspecified transport accidents	1
Total pedal cyclists	31

Motorcycle Riders

Collision with motorcycle	2
Collision with car, pick-up truck or van	40
Collision with heavy transport vehicle or bus	7
Collision with fixed or stationary objects	25
Non-collision accident (fell or thrown)	8
Other and unspecified transport accidents	3
Total motorcycle riders	85

Car Occupants

Collision with motorcycle	1
Collision with car, pick-up truck or van	128
Collision with heavy transport vehicle or bus	14
Collision with railway train or railway vehicle	2
Collision with fixed or stationary objects	125
Non-collision accident (fell or thrown)	29
Other and unspecified transport accidents	2
Total car occupants	301

Other Transport Accidents

Occupant of pick-up truck or van	2
Occupant of heavy transport vehicle	3
Occupant of bus	2
Special construction vehicle	3
Off-road vehicle	1
Aircraft	6
Other and unspecified transport accidents	4
Total other transport accidents	<u>21</u>

Total transport accidents **688**



Accidental Falls, 2010

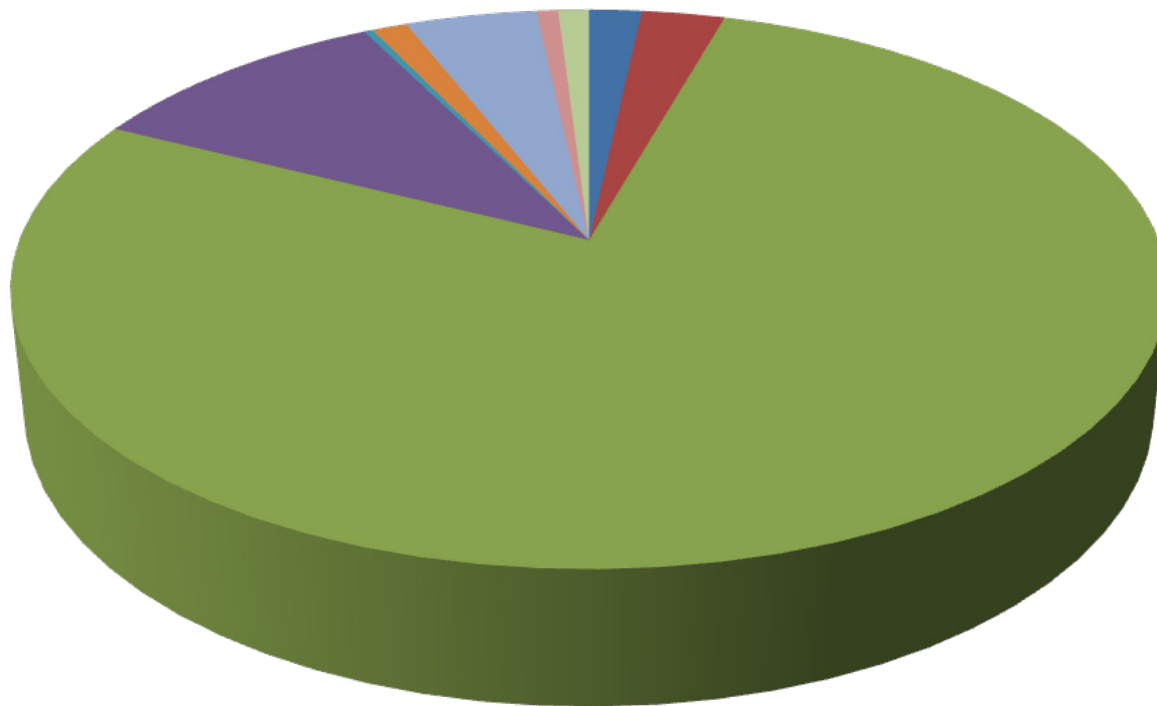
Fall on same level from slipping, tripping and stumbling	446
Fall while being carried or supported by other persons	1
Fall involving wheelchair	10
Fall involving bed	25
Fall involving chair	8
Fall involving other furniture	4
Fall on or from stairs and steps	26
Fall on or from ladder	14
Fall from, out of or through building or structure	24
Fall from tree	2
Diving into water causing injury other than drowning	3
Other fall from one level to another	11
Other fall on same level	3
Other and unspecified falls	5
Total accidental falls	582

Accidental Falls



Homicidal Deaths, 2010

Homicidal Deaths



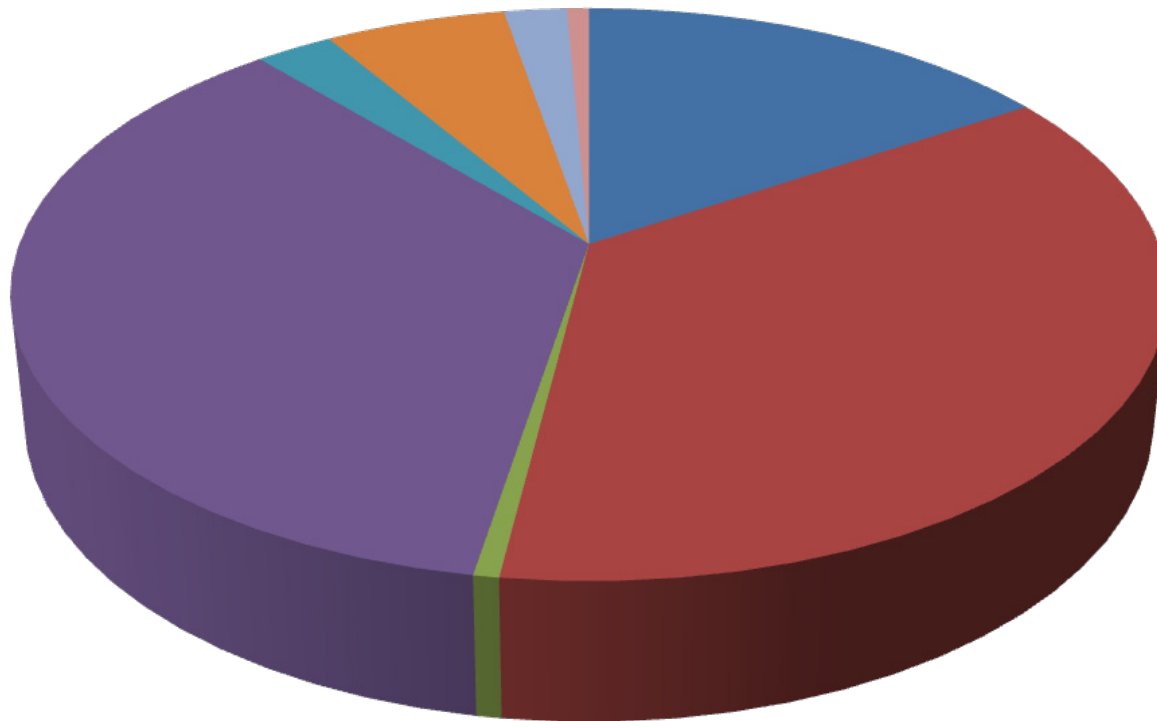
■ Blunt trauma	■ Strangulation/suffocation	■ Firearms
■ Sharp force trauma	■ Poisoning	■ Crashing motor vehicle
■ Bodily force	■ Neglect/abandonment	■ Other

<u>Method of Homicide</u>	<u>Number of Cases</u>
Blunt trauma	12
Strangulation/suffocation	19
Firearms	536
Sharp force trauma	70
Poisoning	2
Crashing motor vehicle	8
Bodily force	30
Neglect/abandonment	5
Other	7
Total Homicides	689



Suicidal Deaths, 2010

Suicidal Deaths

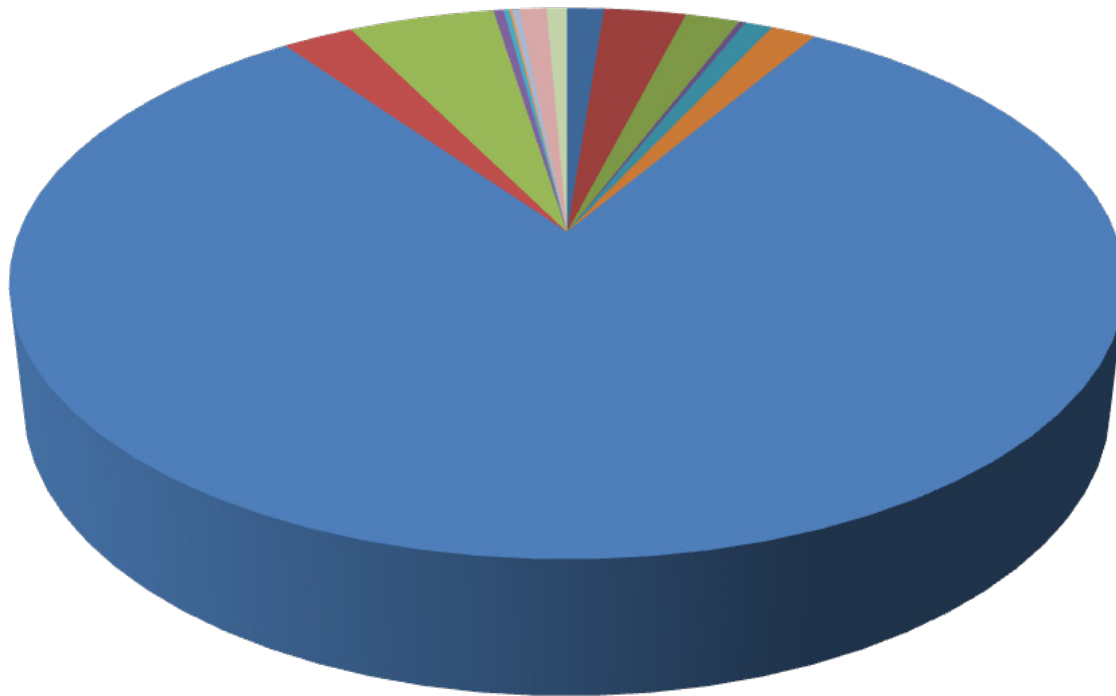


■ Overdose	■ Hanging	■ Drowning
■ Firearms	■ Sharp Force Trauma	■ Jumping From Height
■ Jumping in Front of Moving Object	■ Self-immolation	

<u>Method of Suicide</u>	<u>Number of Cases</u>
Overdose	130
Hanging	296
Drowning	5
Firearms	294
Sharp Force Trauma	21
Jumping From Height	49
Jumping in Front of Moving Object	17
Self-immolation	6
Total Suicides	818



Natural Deaths, 2010



■ Infectious and Parasitic	■ Neoplasms	■ Endocrine/Metabolic/Nutritional
■ Blood/Blood-Forming Organs	■ Psychiatric Conditions	■ Nervous System
■ Circulatory System	■ Respiratory System	■ Gastrointestinal System
■ Genitourinary System	■ Conditions of Pregnancy/Childbirth	■ Skin and Subcutaneous Tissue
■ Musculoskeletal System	■ Congenital Anomalies	■ Perinatal Conditions

<u>Category</u>	<u>Number of Cases</u>
Infectious and Parasitic	51
Neoplasms	113
Endocrine/Metabolic/Nutritional	75
Blood/Blood-Forming Organs	9
Psychiatric Conditions	38
Nervous System	62
Circulatory System	3,220
Respiratory System	98
Gastrointestinal System	201
Genitourinary System	14
Conditions of Pregnancy/Childbirth	8
Skin and Subcutaneous Tissue	3
Musculoskeletal System	10
Congenital Anomalies	38
Perinatal Conditions	28
Total Natural Deaths	3,968



Circulatory System Disease among Natural Deaths, 2010

<u>Condition</u>	<u>Number of Cases</u>
Aneurysms	
Cerebral	24
Aortic	40
Other	1
Arteriosclerotic disease	2,492
Cardiomyopathy	
Alcoholic	6
Dilated	44
Hypertrophic	117
Idiopathic	57
Right ventricular dysplasia	6
Cerebral hemorrhage/infarction	104
Endocarditis	6
Hypertensive disease	242
Myocarditis	11
Pericarditis	2
Pulmonary hypertension	3
Thrombosis/embolism	48
Valvular disease	
Aortic valve disease	3
Mitral valve disease	8
Rheumatic disease	1
Other	5
Total	3,220



Nervous System Disease among Natural Deaths, 2010

<u>Cause of Death</u>	<u>Number of Cases</u>
Alzheimer Disease	3
Cerebral/epidural abscess	3
Cerebral palsy	6
Epilepsy	37
Huntington Disease	1
Meningitis	4
Multiple sclerosis	1
Muscular dystrophy	2
Parkinson Disease	2
Peripheral neuropathy	1
Progressive supranuclear palsy	1
Sleep apnea	1
Total	62



Infectious Diseases among Natural Deaths, 2010

Cause of Death

Number of Cases

Bacterial infections:

<i>Clostridium difficile</i>	1
<i>Mycobacterium tuberculosis</i>	4
<i>Neisseria meningitidis</i>	1
<i>Streptococcus</i>	3
<i>Staphylococcus</i>	4
Scarlet fever	1
Unspecified bacteria	1

Viral infections:

<i>Herpes zoster</i>	1
Hepatitis C	14
Human immunodeficiency virus	17
Viral gastroenteritis	1
Viral meningoencephalitis	1

Fungal infections:

<i>Coccidioides</i>	1
<i>Cryptococcus</i>	1

Total

51



Neoplasms among Natural Deaths, 2010

<u>Primary Site</u>	<u>Number of Cases</u>
Adrenal	2
Bladder	1
Brain	5
Breast	9
Cervix	3
Colon	9
Esophagus	5
Larynx	1
Leukemia	1
Liver	5
Lung	21
Lymphoma	8
Meninges	1
Mesothelioma	7
Myeloma	3
Oropharynx	3
Ovary	1
Pancreas	5
Pituitary	1
Prostate	3
Sarcoma	3
Skin	2
Stomach	4
Uterus	4
Metastatic/unknown primary site	6
Total	113



Los Angeles County Toxicology Statistics

Toxicology Statistics

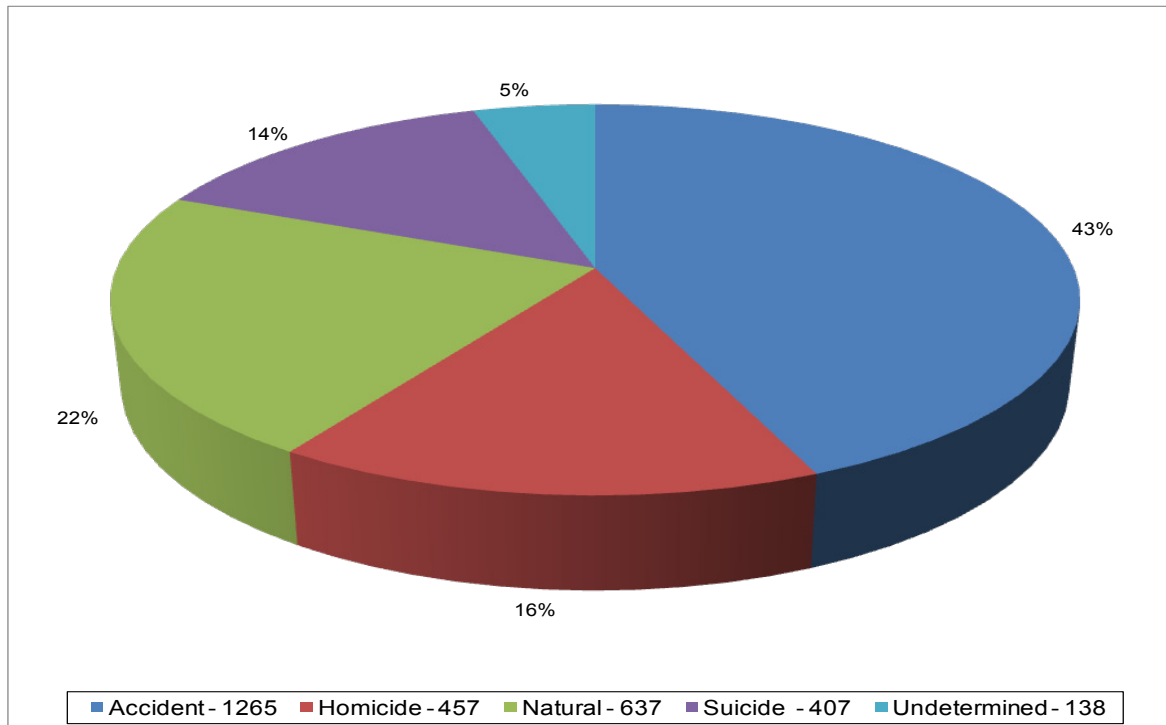


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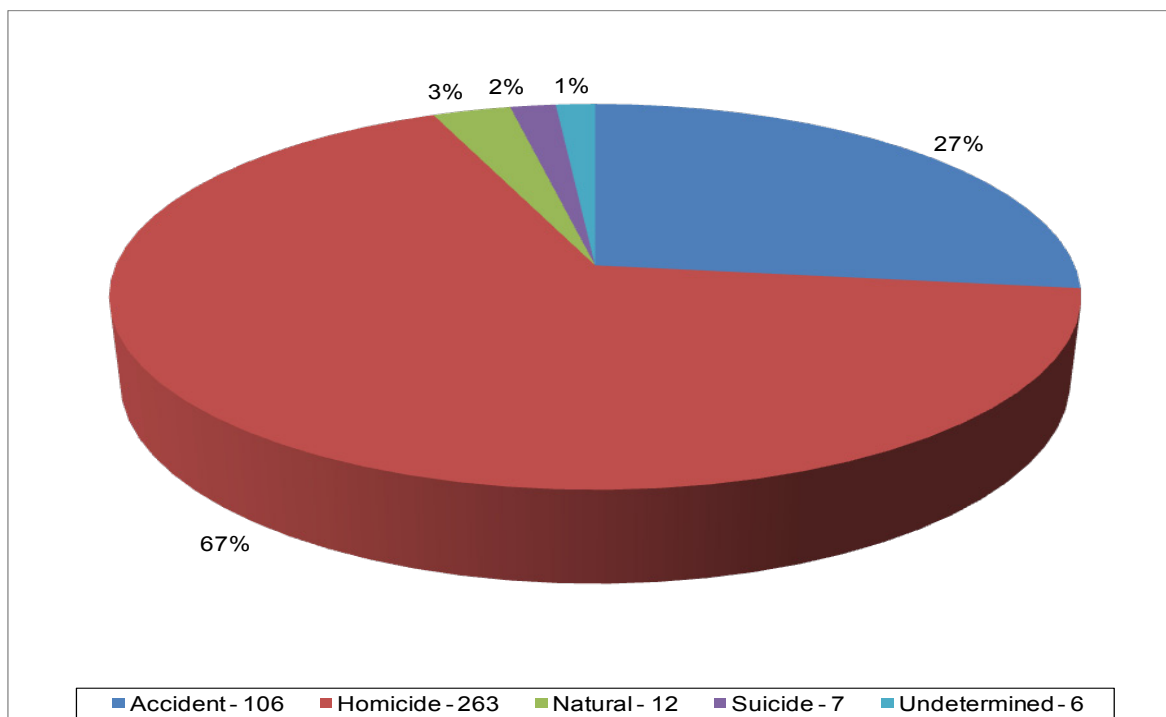
Cases with Drugs Detected by Mode.....	46
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2010 Number of Cases with Drugs Detected by Mode
Total Cases of 2,904

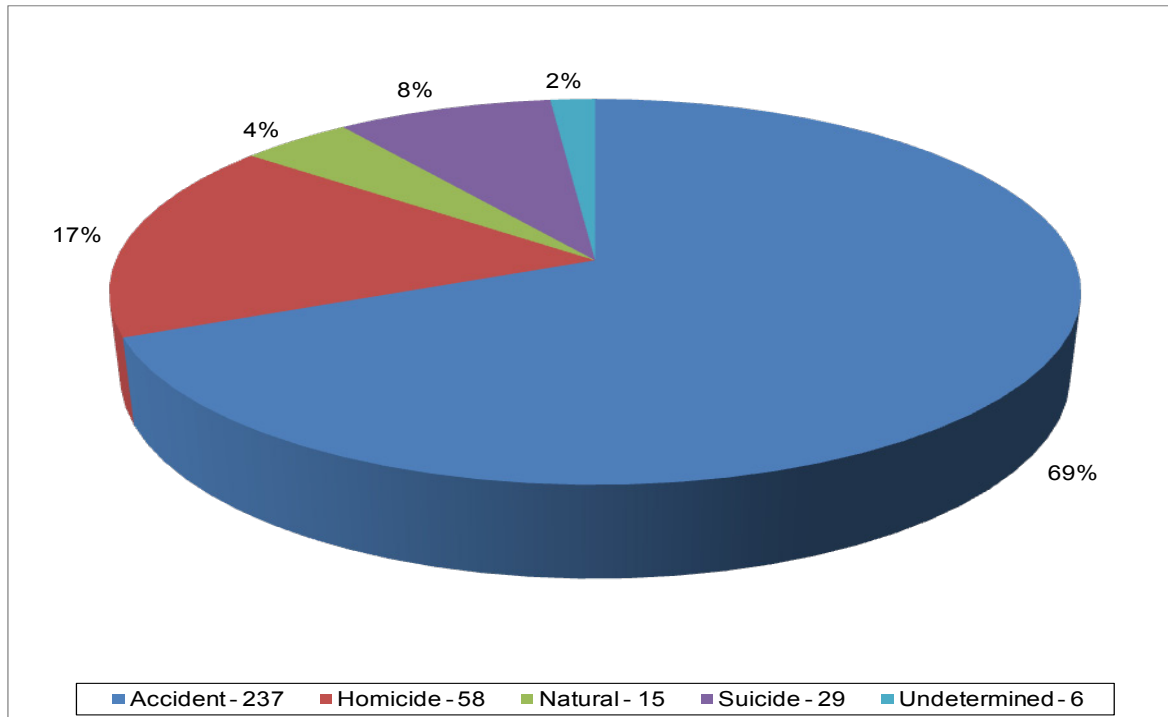


2010 Marijuana Detected by Mode
Total Cases of 394

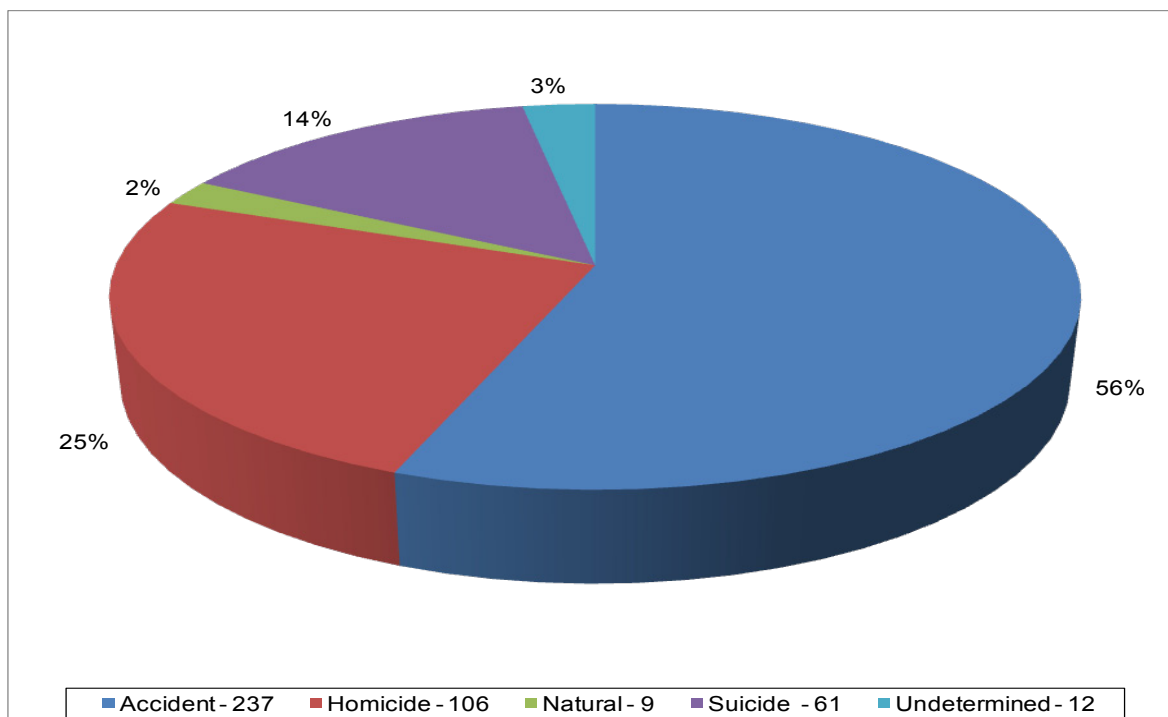




2010 Cocaine Detected by Mode
Total Cases of 345

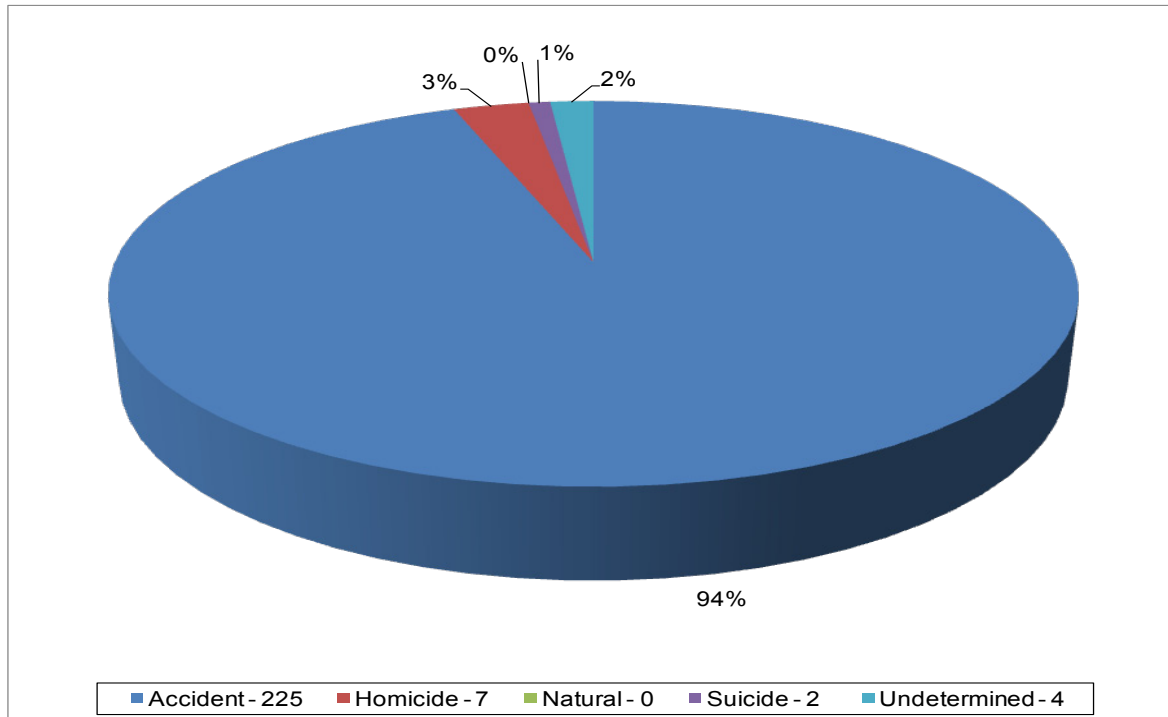


2010 Methamphetamine Detected by Mode
Total Cases of 425

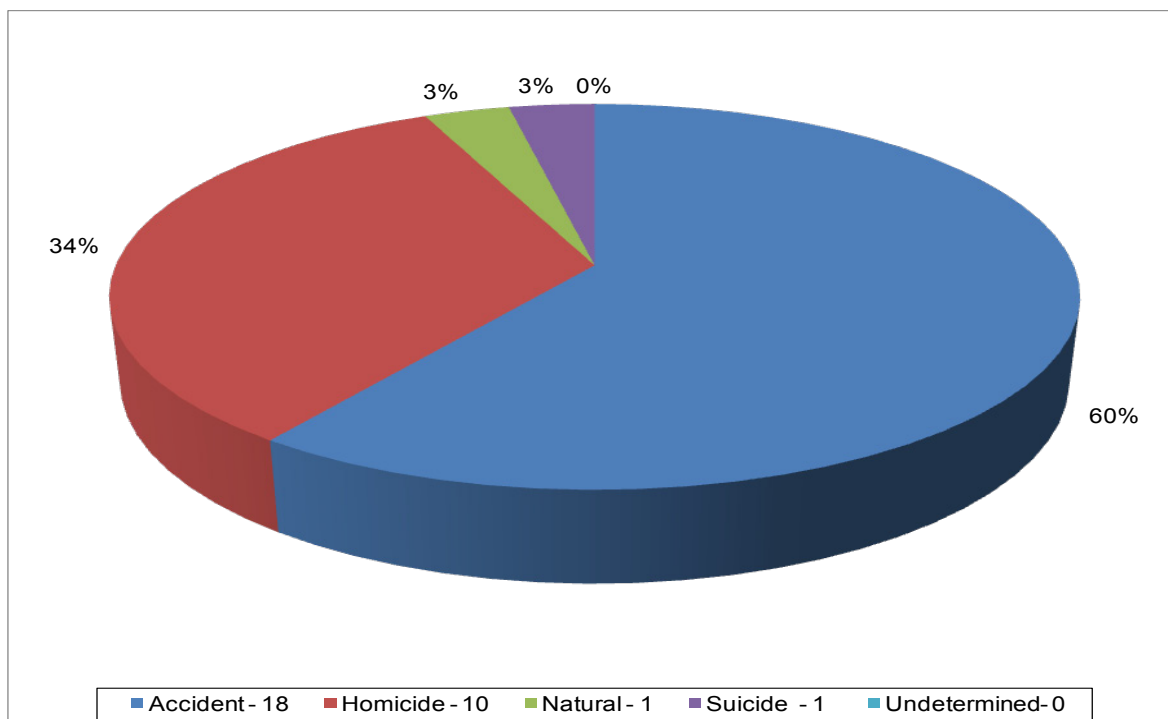




2010 Heroin Detected by Mode
Total Cases of 238

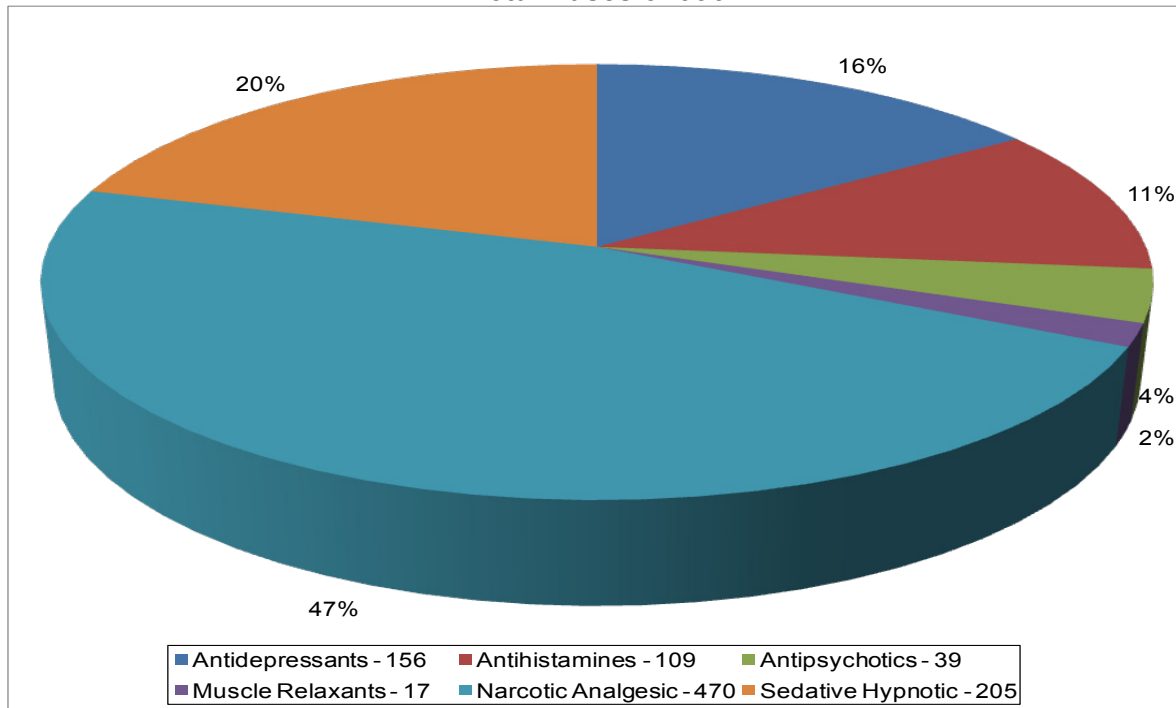


2010 Phencyclidine Detected by Mode
Total Cases of 30



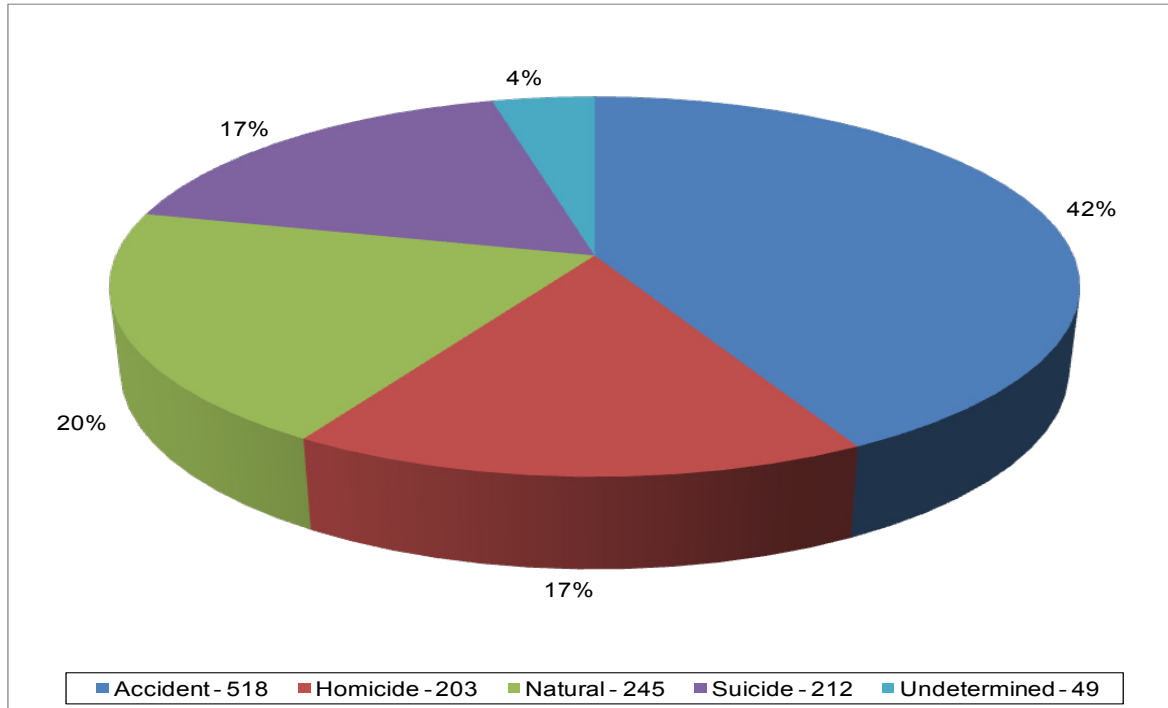


2010 Drugs by Classification
Total Cases of 996

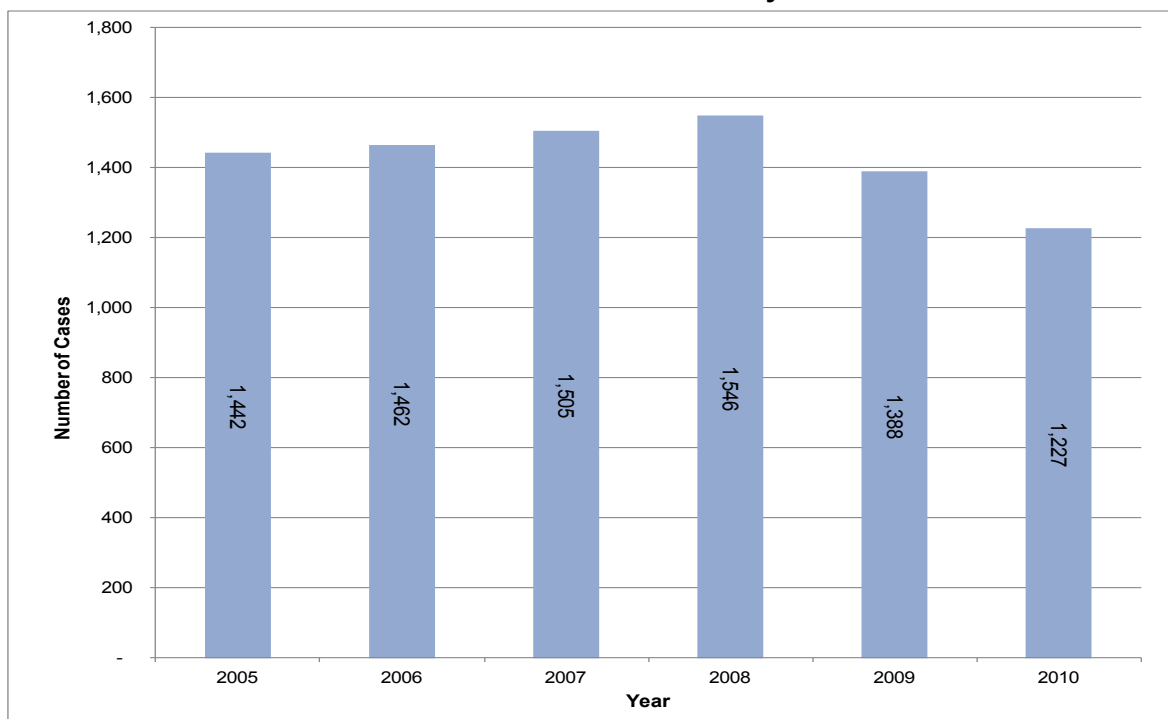




2010 Alcohol Detected by Mode
Total Cases of 1,227



2005 - 2010 Alcohol Detected by Year





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

Acknowledgements