



Los Angeles County  
Department of Coroner  
2004  
Annual Report





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**Yvonne Brathwaite Burke**

*Supervisor, Second District*

**Zev Yaroslavsky**

*Supervisor, Third District*

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*Supervisor, Fourth District*

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*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**

**T**his report contains statistical information from the Los Angeles County Department of Coroner for the year 2004, as well as selected statistics from the previous ten years.

#### *Significant Accomplishments*

- Worked with the Chief Administrative Office to acquire the newly renovated Old Hospital Administration Building for non-biohazardous Department functions.
- Obtained re-accreditation of the laboratory by the American Society of Crime Laboratory Directors.
- Obtained re-accreditation of the Department as a provider of continuing medical education.
- Received an award from the National Association of Counties for the special operations response team and infectious disease surveillance program.
- Worked with the California State Coroner's Association and Orange County Coroner to create an advanced training curriculum for Coroner's investigators.
- Developed an on-call investigator response program to provide efficient response to calls, reduce overtime, and offset staff shortages.
- Completed an internal review of the Department's residency program to meet accreditation requirements.

#### **Legislation**

During the year 2004, new laws affected the functions of the Department of Coroner.

*SB 1313 - Changes certain provisions of child abuse reporting laws. Employers of mandated reporters are strongly encouraged to provide training in child abuse reporting (various Penal Code sections).*

*SB1081 - A medical examiner or other physician may test a decedent for human immunodeficiency virus without consent if an autopsy is performed or body parts are donated (Health and Safety Code 120990(b)).*

*United States Code Title 18, Ch 228A, Section 3600A - Requires the government to preserve biological evidence secured during investigation or prosecution of a Federal offense if the defendant is under sentence of imprisonment. Provides criminal penalties for failure to do so.*

#### **Academic Activities**

##### **Publications:**

*CD Berkowitz, Cosleeping: benefits, risks and cautions. Advances in Pediatrics 2004;51:329-49.*

*GS Golden, Forensic odontology and elder abuse-a case study. Journal of the California Dental Association 2004 Apr;32(4):336-40.*

*GS Golden, Lessons learned from the WTC disaster: a first-person account. Journal of the California Dental Association 2004 Aug;32(8):675-80.*

*GL Vale, Identification by dental evidence: basics and beyond. Journal of the California Dental Association 2004 Aug;32(8):665-9, 671-2.*

*DT Anderson, "New Drugs: "Strattera-Analytical Information" Society of Forensic Toxicologists, Tox-Talk, March 2004.*

*DT Anderson, "New Drugs: "Duloxetine (Cymbalta®)" Society of Forensic Toxicologists, Tox-Talk, September 2004.*





### **Oral Presentations:**

*DJ Garber, I Golden, L Sathyavagiswaran, "Use of the Impact Baton or So-Called 'Rubber Bullet' as Less Lethal Force in Air vs. Water", American Academy of Forensic Sciences, Dallas, February 2004.*

*K Fritz, Case Report: The Use of Amitriptyline in Drug Facilitated Sexual Assault" at the Society of Forensic Toxicologists (SOFT) Washington DC, September 2004*

*S Kegler, "What's the Scoop on "Scoop"?: Case Studies Involving GHB" California Association of Toxicologists - Summer 2004 Meeting Pasadena, CA, June 2004*

*E Fu, Introduction to Criminalistics at Santa Ana Community College*

*E Fu, Introduction to Criminalistics at Harvey Mudd College*

*E Fu, Phencyclidine: "Dust, Dippers & Death", California Association of Toxicologists; Los Angeles, CA*

*M Sandberg, Recipient of the SOFT Young Scientist Meeting Award - August 2004*

*M Sandberg, "Where the Wild Things Are - Oleander and Other Weeds" - West Coast Seminar; North Hollywood CA, November 2004*

*M Sandberg, "Interpreting Post-Mortem Levels of Antihistamines", Society of Forensics Toxicologists; Washington DC, August 2004*

*M Sandberg, "Where the Wild Things Are - Oleander and Other Weeds", California Association of Toxicologists; Oakland, CA March 2004*

*M Sandberg, Instructor of a 40hr. Skeletal Recovery Workshop - San Diego, April 2004*

*D Anderson, "Living in Cloud of Volatiles", West Coast Seminar-LA County Coroner, North Hollywood, CA November, 2004*

*D Anderson, "It's Only Just Begun! A Postmortem Tissue Distribution of Strattera® or Atomoxetine in Two Fatalities", Society of Forensic Toxicologists, Washington DC, August/Sept., 2004*

*D Anderson, "Up, Up, ... and Away! Living in Cloud of Volatiles", California Association of Toxicologists, Pasadena, CA June, 2004*

*D Anderson, "Where the Wild Things Are: Oleander and Other Weeds", California Association of Toxicologists, Oakland, CA March, 2004*



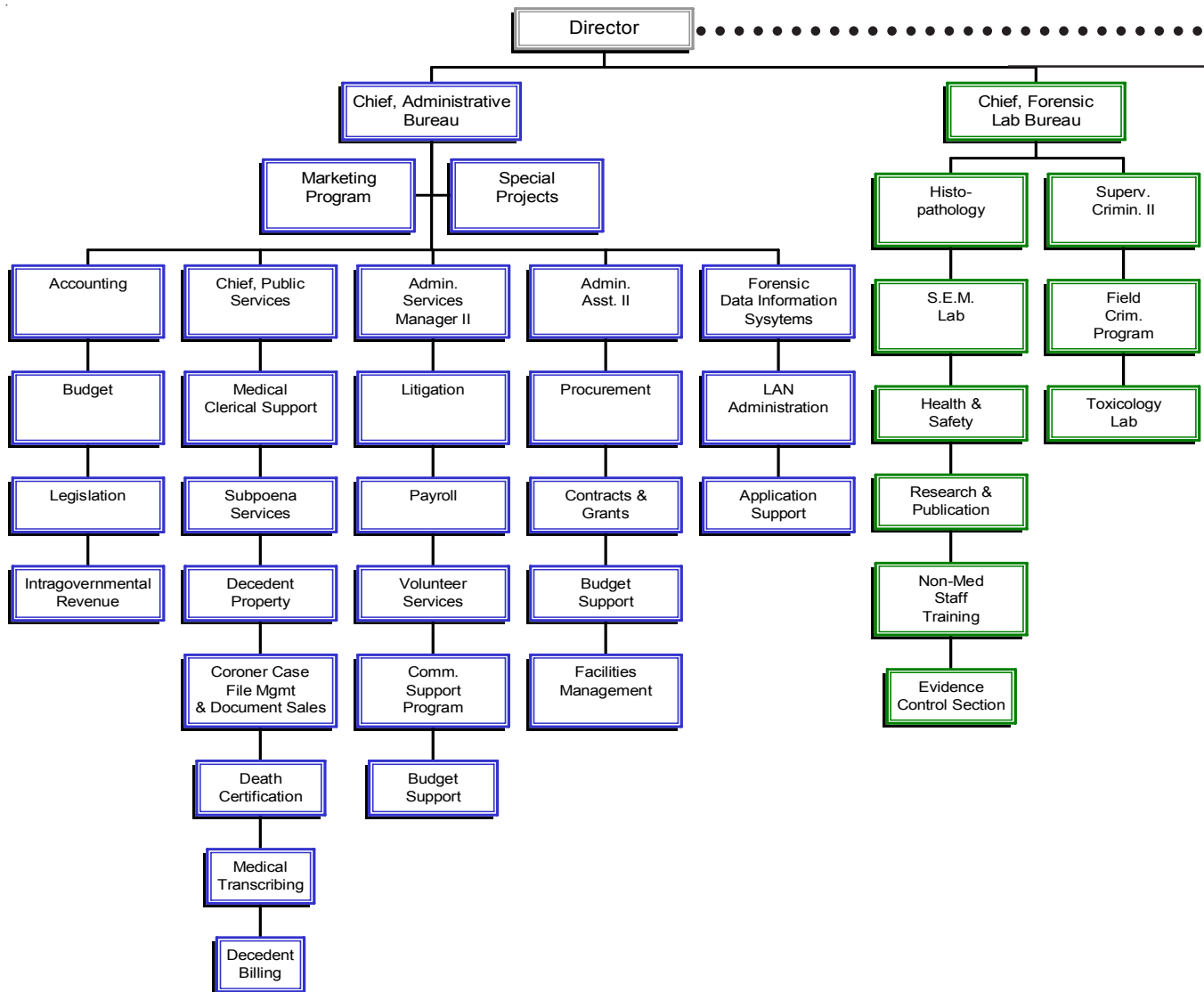
**Anthony Hernandez**  
Director

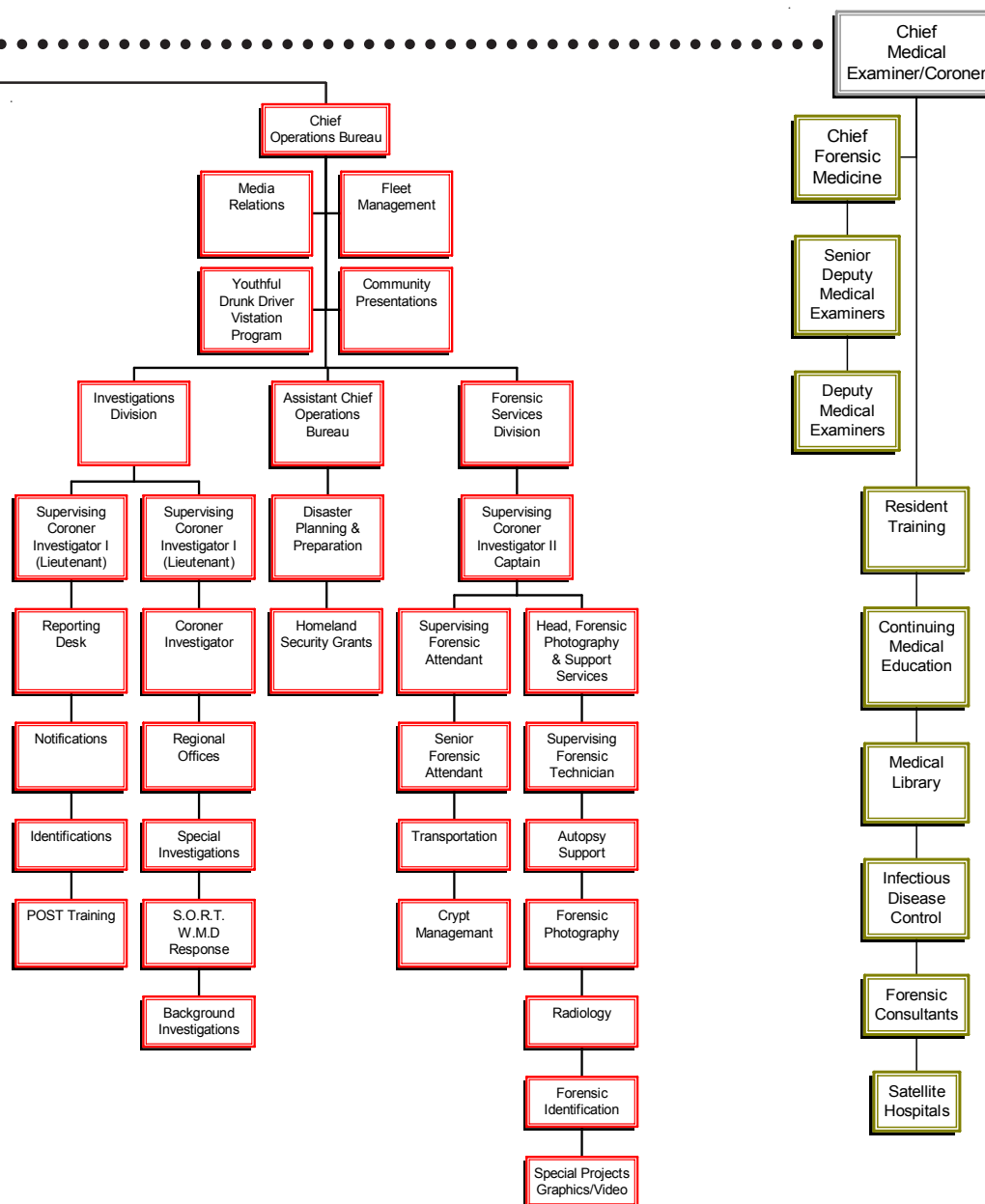


**Lakshmanan Sathyavagiswaran, M.D.**  
Chief Medical Examiner - Coroner



# Department







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.



*The Bureau is responsible for Fiscal Services, Procurement, Human Resources, Marketing, Contracts, Mortuary Billing, SIDS and Forensic Data Information Systems*

### 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 Web site 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 being 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 cost from the State for fulfilling SIDS protocol requirements.

### FORENSIC DATA INFORMATION SYSTEMS

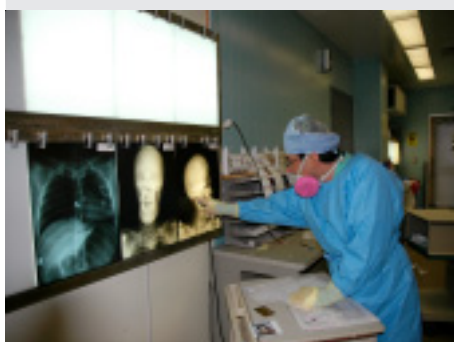
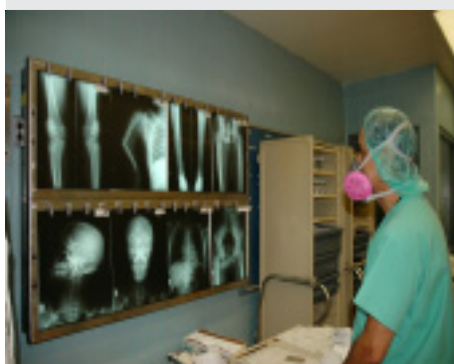
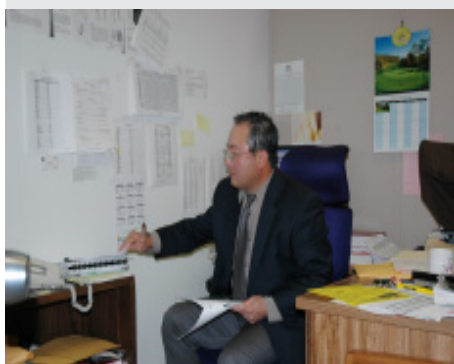
The mission of Forensic Data Information Systems is to enhance and support the Department’s long-range goals, mission critical business goals and objectives through the administration, project management, and expansion of information technology-related applications and services, including, where appropriate, 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). ■

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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, archeology, odontology, anthropology, anesthesiology, pediatrics, surgery, ophthalmologic 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 California Medical Association for 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 resulting 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.

## 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.

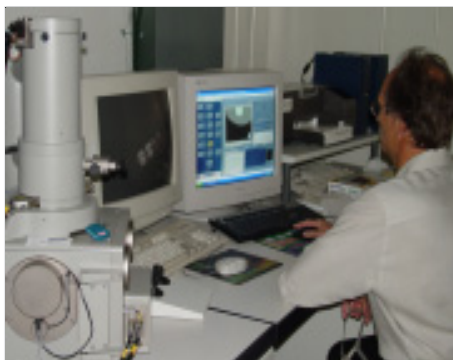
## UNIVERSITY HOSPITAL PATHOLOGY RESIDENT TRAINING PROGRAM

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. ■

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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, 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.



*The Forensic Laboratory is fully accredited by the prestigious American Society of Crime Laboratory Directors*



## 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 bacteria, medical disorders, and toxins such as asbestos.

## TOXICOLOGY

Using state of the art equipment and methods, the toxicology laboratory conducts chemical and instrumental analyses 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. ■



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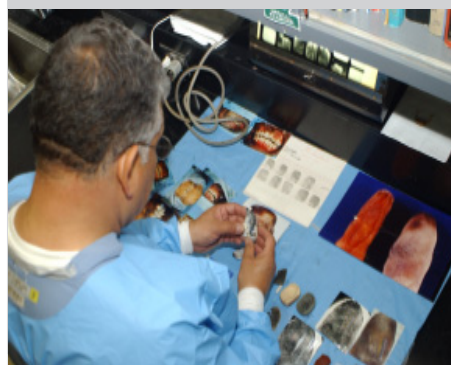


This bureau is responsible for the 24-hour day, 7-day week operations of many direct services provided by the department. The Bureau oversees Investigations, Forensic Photography and Support, and the



Forensic Services Division. In addition, the bureau is responsible for disaster and community services, 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.



*The Bureau oversees Investigations, Forensic Photography and Support, and the Forensic Services Division*



### 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 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 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 times per month and includes classes presented completely in Spanish.

### DISASTER PREPARATION 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 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 Radio 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 Archeology 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 examination 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 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 LIVE-SCAN technology and place-

ment 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. ■







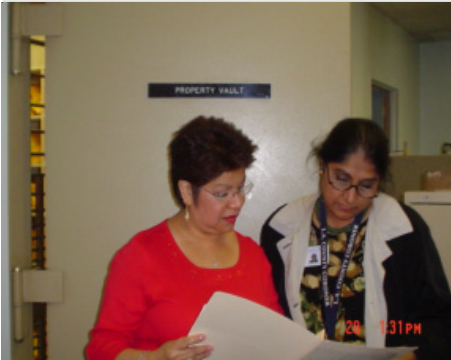
This division is responsible for Coroner case file management, revenue collection (document sales, decedent billing, etc.), and interaction with the public both telephonically and at the front lobby reception area. In addition to providing information and copies of autopsy reports, Public Ser-



vices 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. Ap-







proximately 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 an 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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## *Los Angeles County*



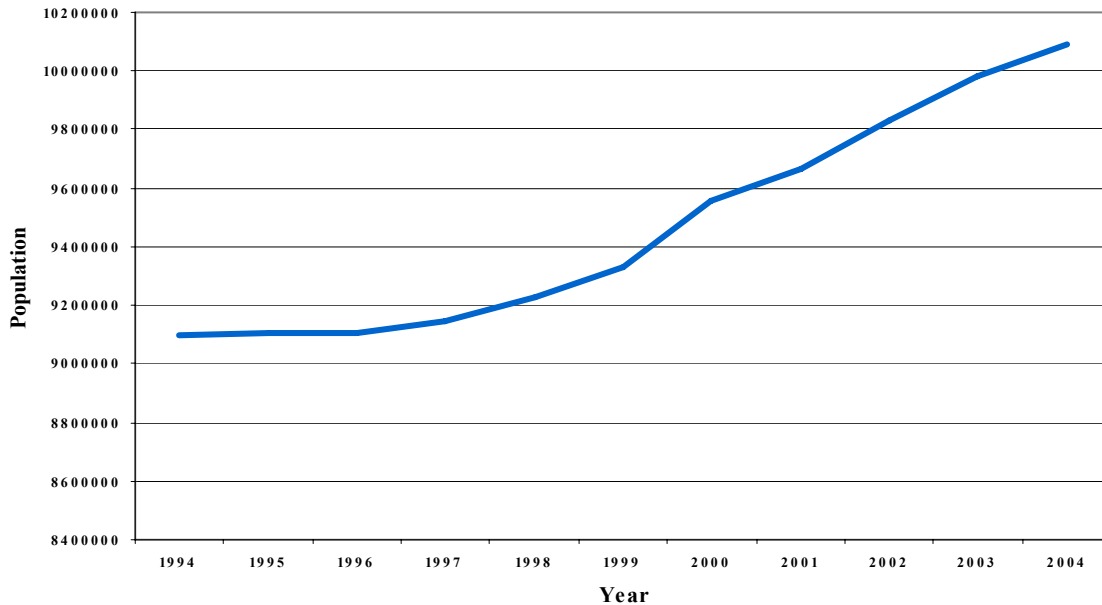
## *Death Statistics*



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### Population of Los Angeles County, 1994-2004



| <u>Year</u> | <u>Population</u> |
|-------------|-------------------|
| 1994        | 9,095,200         |
| 1995        | 9,103,900         |
| 1996        | 9,104,700         |
| 1997        | 9,147,100         |
| 1998        | 9,225,800         |
| 1999        | 9,330,110         |
| 2000        | 9,559,600         |
| 2001        | 9,731,000         |
| 2002        | 9,889,300         |
| 2003        | 9,979,361         |
| 2004        | 10,088,934        |

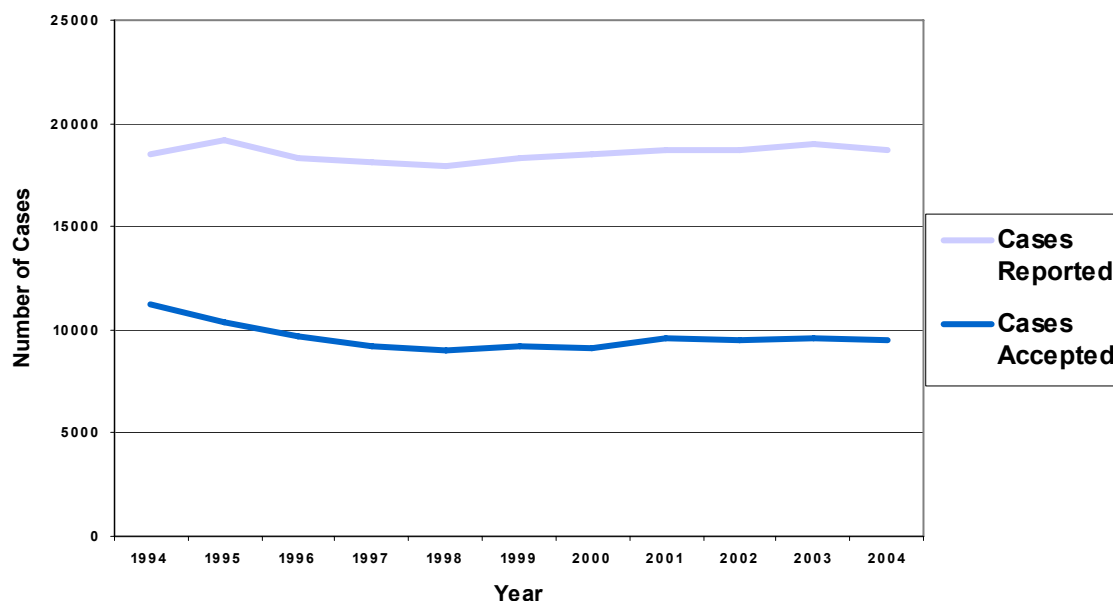
Sources:

State of California, Department of Finance. Population Estimates for Cities, Counties and State, 2001-2005. Sacramento CA, May 2005.

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, 1994-2004



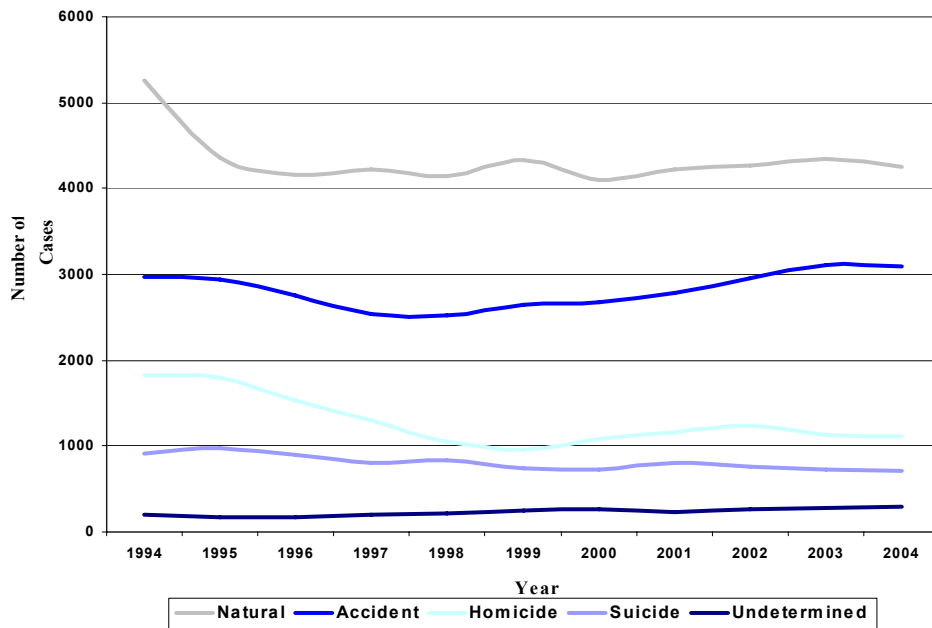
| <u>Year</u> | <u>Cases Reported</u> | <u>Cases Accepted</u> |
|-------------|-----------------------|-----------------------|
| 1994        | 18,550                | 11,213                |
| 1995        | 19,160                | 10,347                |
| 1996        | 18,295                | 9,656                 |
| 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        | 18,659                | 9,465                 |





## Final Mode of Coroner's Cases

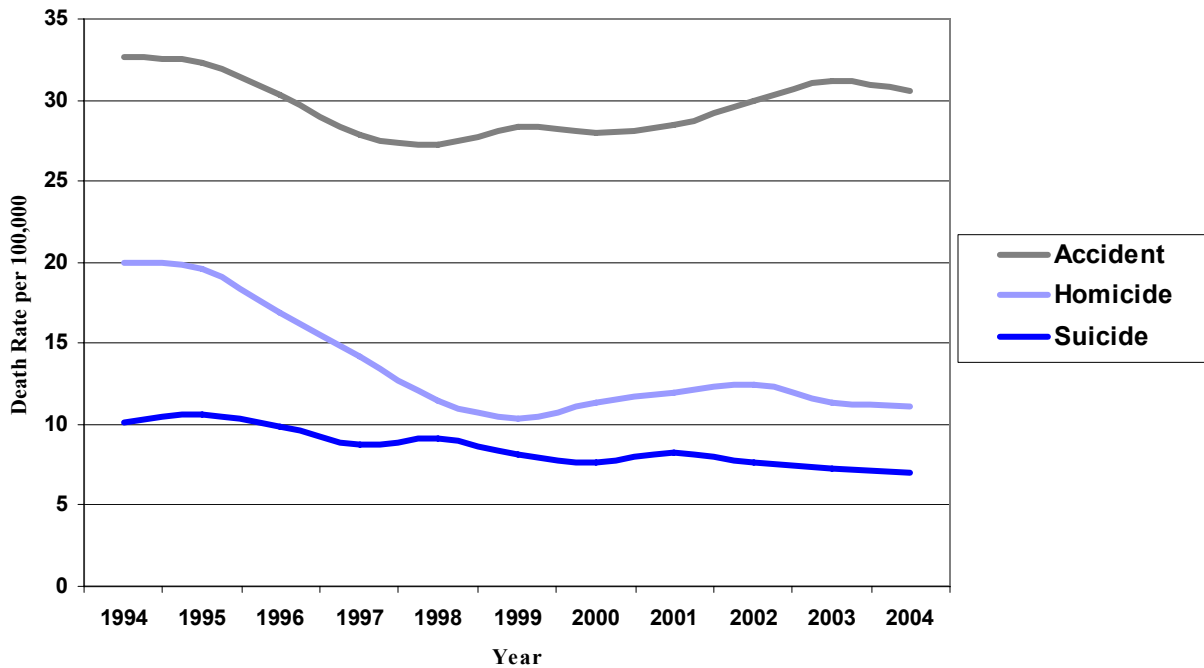
### Final Mode of Coroner's Cases, 1994-2004



| Year | Natural | Accident | Homicide | Suicide | Undetermined |
|------|---------|----------|----------|---------|--------------|
| 1994 | 5,265   | 2,964    | 1,818    | 916     | 196          |
| 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 | 4,256   | 3,090    | 1,121    | 709     | 289          |



### Death Rates per 100,000 Population, 1994-2004

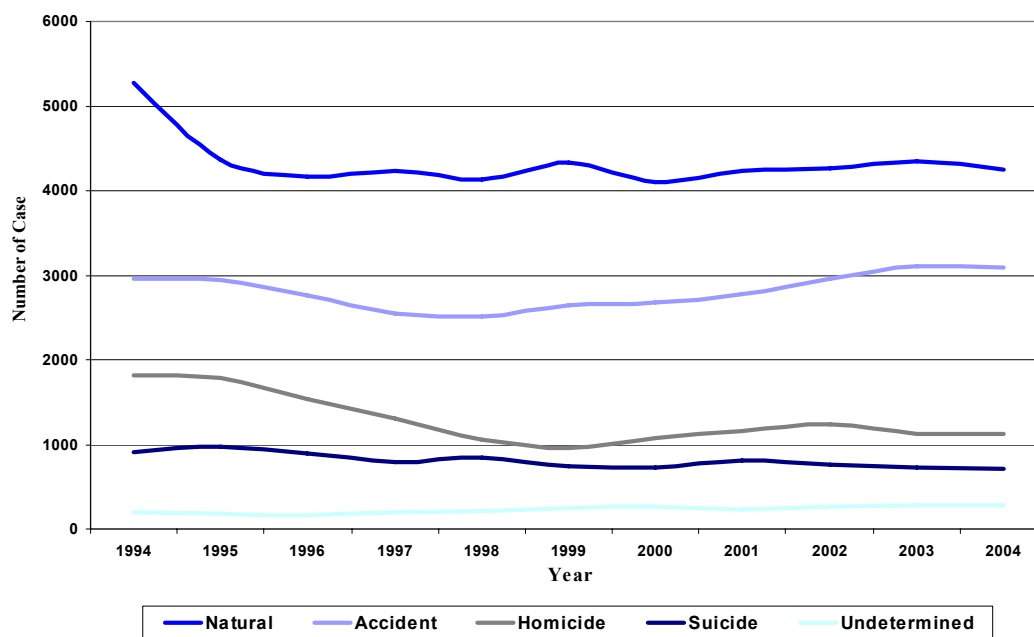


| <u>Year</u> | <u>Accident</u> | <u>Homicide</u> | <u>Suicide</u> |
|-------------|-----------------|-----------------|----------------|
| 1994        | 32.6            | 20.0            | 10.1           |
| 1995        | 32.3            | 19.6            | 10.6           |
| 1996        | 30.3            | 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        | 29.9            | 12.5            | 7.7            |
| 2003        | 31.2            | 11.3            | 7.3            |
| 2004        | 30.6            | 11.1            | 7.0            |



## Modes for Child Death

### Modes for Child Death (Ages Under 18), 1994-2004



| <u>Year</u> | <u>Natural</u> | <u>Homicide</u> | <u>Accident</u> | <u>Suicide</u> | <u>Undetermined</u> |
|-------------|----------------|-----------------|-----------------|----------------|---------------------|
| 1994        | 257            | 246             | 261             | 31             | 34                  |
| 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                 |



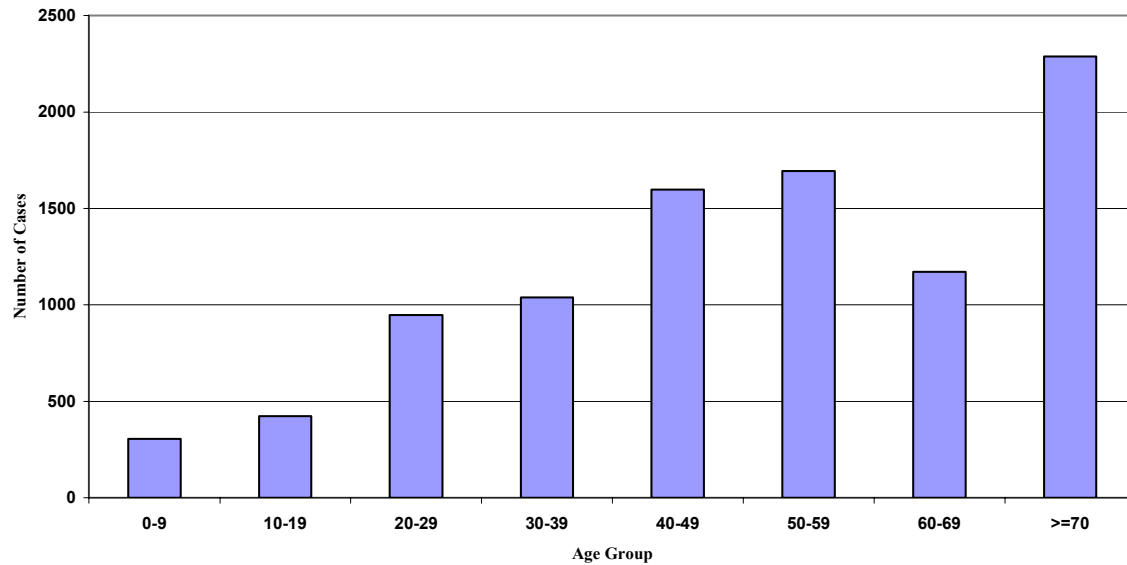
### Statistics Required by National Association of Medical Examiners, 2004

|   |        |
|---|--------|
| Number of deaths reported:                | 18,659 |
| Number of cases accepted:                 | 9,465  |
| Number of cases by manner of death:       |        |
| Accident:                                 | 3,090  |
| Homicide:                                 | 1,121  |
| Natural:                                  | 4,256  |
| Suicide:                                  | 709    |
| Undetermined:                             | 289    |
| Scene visits:                             | 3,283  |
| Number of bodies transported:             | 7,196  |
| External examinations:                    |        |
| By physician:                             | 2,366  |
| By investigator:                          | 2,319  |
| Partial autopsies:                        | 600    |
| Complete autopsies:                       | 4,180  |
| Hospital autopsies under ME jurisdiction: | 2      |
| Cases where toxicology was performed:     | 5,484  |
| Bodies unidentified after examination:    | 11     |
| Organ and tissue donations:               |        |
| Total transplanted organs:                | 106    |
| Total tissues donated:                    | 406    |
| Unclaimed bodies:                         | 593    |
| Exhumations:                              | 1      |

\*National Association of Medical Examiners



### Number of Coroner's Cases by Age, 2004

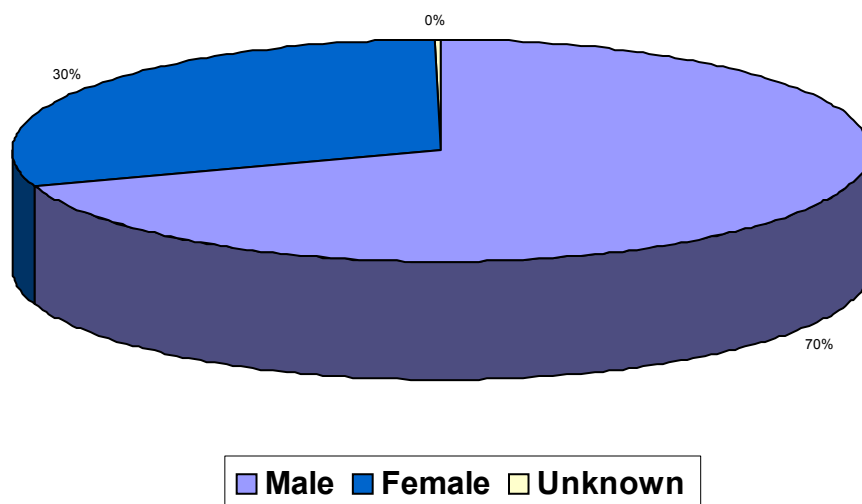


| <u>Age</u>   | <u>Number of Cases</u> |
|--------------|------------------------|
| 0-9          | 305                    |
| 10-19        | 424                    |
| 20-29        | 947                    |
| 30-39        | 1,038                  |
| 40-49        | 1,597                  |
| 50-59        | 1,695                  |
| 60-69        | 1,171                  |
| >=70         | 2,288                  |
| <b>Total</b> | <b>9,465</b>           |





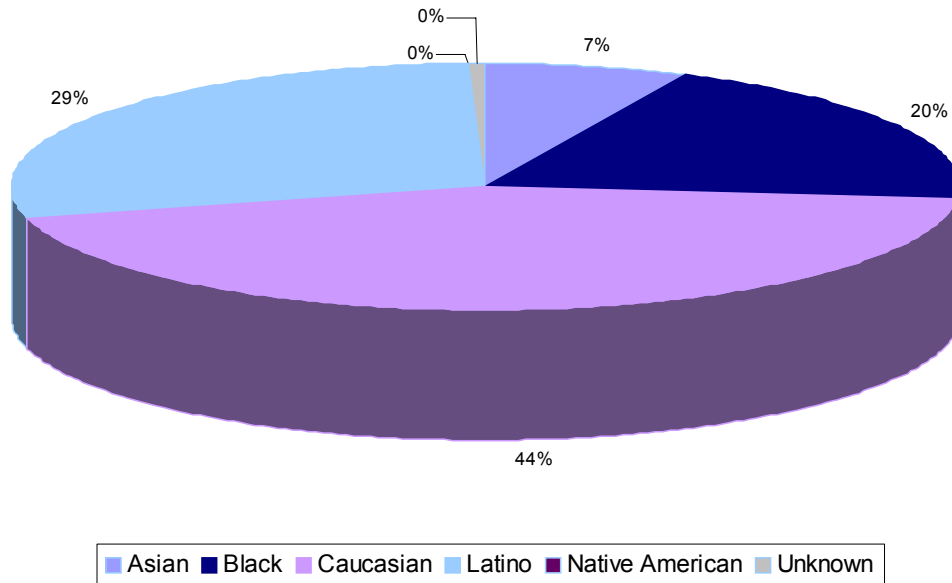
### Coroner's Cases by Gender, 2004



| <u>Gender</u> | <u>Number of Cases</u> |
|---------------|------------------------|
| Male          | 6,470                  |
| Female        | 2,970                  |
| Unknown       | 25                     |
| <b>Total</b>  | <b>9,465</b>           |



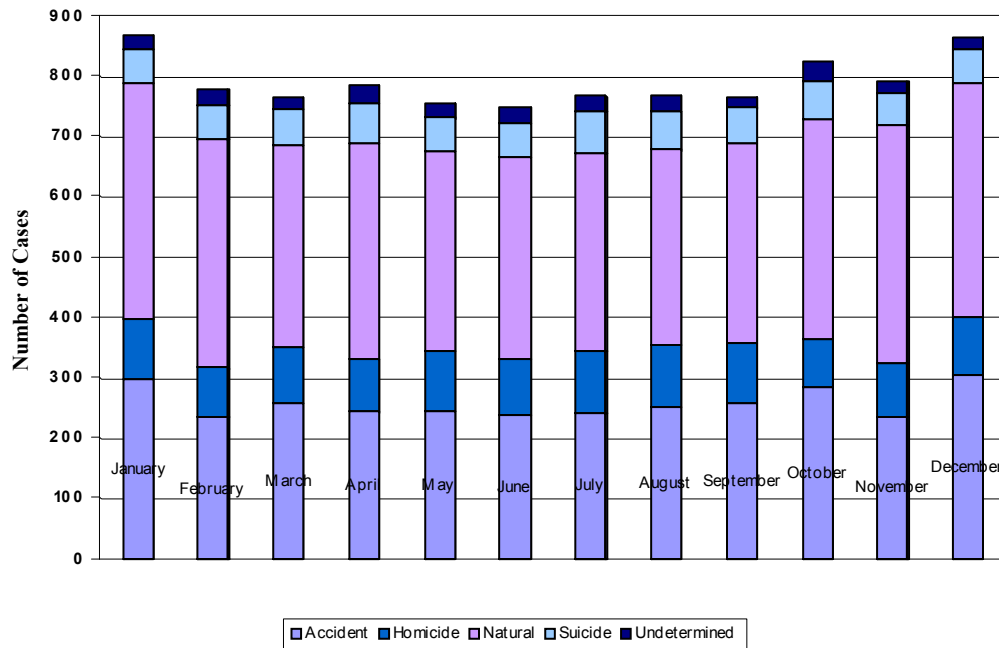
**Coroner's Cases by Race, 2004**



| <u>Race</u>     | <u>Number of Cases</u> |
|-----------------|------------------------|
| Asian           | 654                    |
| Black           | 1,873                  |
| Caucasian       | 4,170                  |
| Latino          | 2,704                  |
| Native American | 17                     |
| Unknown         | 47                     |
| <b>Total</b>    | <b>9,465</b>           |



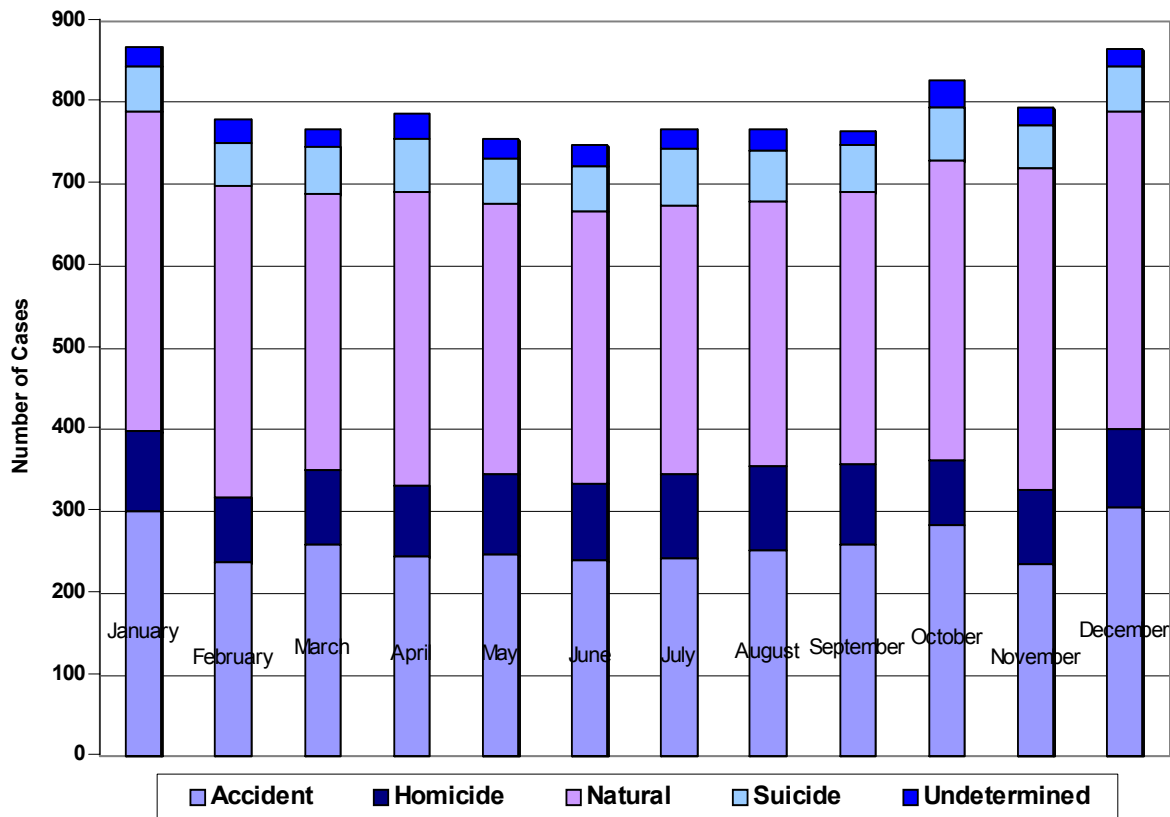
### Mode of Death by Month, 2004



| <u>Month</u> | <u>Accident</u> | <u>Homicide</u> | <u>Natural</u> | <u>Suicide</u> | <u>Undetermined</u> | <u>Total</u> |
|--------------|-----------------|-----------------|----------------|----------------|---------------------|--------------|
| January      | 299             | 97              | 392            | 55             | 23                  | 866          |
| February     | 236             | 80              | 380            | 54             | 27                  | 777          |
| March        | 258             | 92              | 336            | 59             | 20                  | 765          |
| April        | 243             | 87              | 359            | 65             | 30                  | 784          |
| May          | 245             | 99              | 330            | 56             | 23                  | 753          |
| June         | 238             | 94              | 333            | 56             | 25                  | 746          |
| July         | 241             | 103             | 328            | 70             | 24                  | 766          |
| August       | 252             | 103             | 322            | 63             | 26                  | 766          |
| September    | 258             | 99              | 331            | 58             | 17                  | 763          |
| October      | 283             | 79              | 365            | 65             | 33                  | 825          |
| November     | 234             | 91              | 393            | 53             | 20                  | 791          |
| December     | 303             | 97              | 387            | 55             | 21                  | 863          |
| <b>Total</b> | <b>3,090</b>    | <b>1,121</b>    | <b>4,256</b>   | <b>709</b>     | <b>289</b>          | <b>9,465</b> |



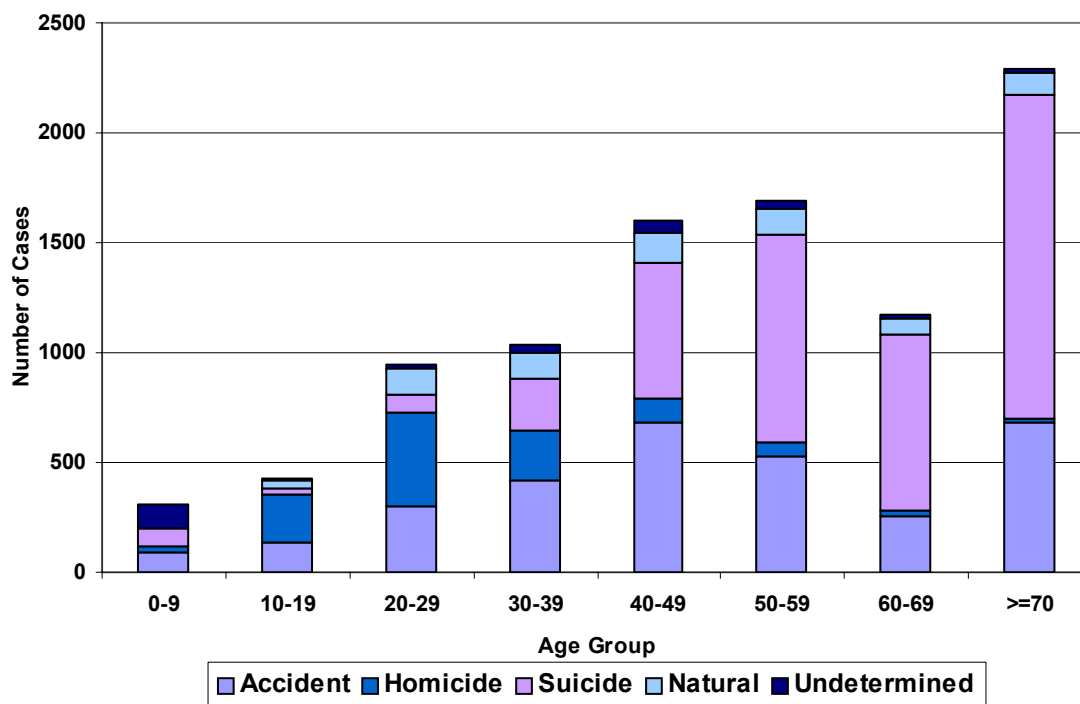
#### Racial Distribution for Each Mode, 2004



|                 | <u>Accident</u> | <u>Homicide</u> | <u>Natural</u> | <u>Suicide</u> | <u>Undetermined</u> | <u>Total</u> |
|-----------------|-----------------|-----------------|----------------|----------------|---------------------|--------------|
| Asian           | 201             | 42              | 307            | 85             | 19                  | <b>654</b>   |
| Black           | 488             | 400             | 860            | 42             | 83                  | <b>1,873</b> |
| Caucasian       | 1,484           | 101             | 2,098          | 394            | 93                  | <b>4,170</b> |
| Latino          | 899             | 572             | 972            | 181            | 80                  | <b>2,704</b> |
| Native American | 8               | 2               | 4              | 2              | 1                   | <b>17</b>    |
| Unknown         | 10              | 4               | 15             | 5              | 13                  | <b>47</b>    |
| <b>Total</b>    | <b>3,090</b>    | <b>1,121</b>    | <b>4,256</b>   | <b>709</b>     | <b>289</b>          | <b>9,465</b> |



### Mode Distribution for Each Age Group, 2004

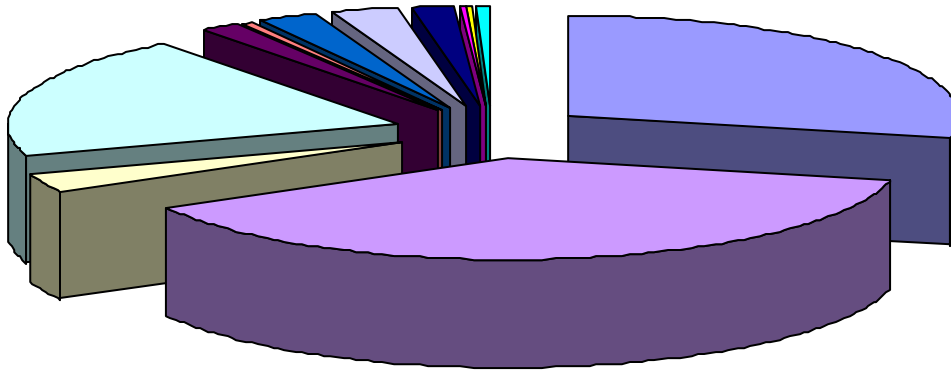


| Age          | 0-9 | 10-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | >=70  | Total |
|--------------|-----|-------|-------|-------|-------|-------|-------|-------|-------|
| Accident     | 87  | 137   | 301   | 416   | 680   | 527   | 258   | 684   | 3,090 |
| Homicide     | 31  | 214   | 425   | 231   | 112   | 66    | 23    | 19    | 1,121 |
| Suicide      | 0   | 34    | 117   | 119   | 141   | 119   | 76    | 103   | 709   |
| Natural      | 86  | 34    | 80    | 231   | 613   | 945   | 800   | 1,467 | 4,256 |
| Undetermined | 101 | 5     | 24    | 41    | 51    | 38    | 14    | 15    | 289   |
| Total        | 305 | 424   | 947   | 1,038 | 1,597 | 1,695 | 1,171 | 2,288 | 9,465 |

Mode Distribution for Each Age Group



### Accidental Deaths, 2004



|                         |                          |                          |          |
|-------------------------|--------------------------|--------------------------|----------|
| Transport Accident      | Drugs and Alcohol        | Therapeutic Misadventure | Fall     |
| Fire                    | Hyperthermia/hypothermia | Environmental Factors    | Drowning |
| Choking and Suffocation | Firearms                 | Electrocution            | Other    |

| <u>Type of Accident</u>  | <u>Number of Cases</u> |
|--------------------------|------------------------|
| Transport Accident       | 875                    |
| Drugs and Alcohol        | 1,191                  |
| Therapeutic Misadventure | 95                     |
| Fall                     | 610                    |
| Fire                     | 55                     |
| Hyperthermia/hypothermia | 15                     |
| Environmental Factors    | 81                     |
| Drowning                 | 83                     |
| Choking and Suffocation  | 53                     |
| Firearms                 | 4                      |
| Electrocution            | 11                     |
| Other                    | 17                     |
| <b>Total</b>             | <b>3,090</b>           |





### **Pedestrians**

|   |          |
|---|----------|
| Collision with car, pick-up truck or van        | 201      |
| Collision with heavy transport vehicle or bus   | 11       |
| Collision with railway train or railway vehicle | 9        |
| Other and unspecified transport accidents       | <u>3</u> |
| Total pedestrians                               | 224      |

### **Pedal Cyclists**

|   |          |
|---|----------|
| Collision with car, pick-up truck or van      | 24       |
| Collision with heavy transport vehicle or bus | 1        |
| Collision with fixed or stationary objects    | 0        |
| Fall from pedal cycle                         | 2        |
| Other and unspecified transport accidents     | <u>2</u> |
| Total pedal cyclists                          | 29       |

### **Motorcycle Riders**

|   |          |
|---|----------|
| Collision with car, pick-up truck or van      | 69       |
| Collision with heavy transport vehicle or bus | 4        |
| Collision with fixed or stationary object     | 18       |
| Non-collision accident (fell or thrown)       | 18       |
| Other and unspecified transport accidents     | <u>1</u> |
| Total motorcycle riders                       | 110      |

### **Car Occupants**

|   |          |
|---|----------|
| Collision with car, pick-up truck or van        | 227      |
| Collision with heavy transport vehicle or bus   | 11       |
| Collision with railway train or railway vehicle | 3        |
| Collision with fixed or stationary object       | 148      |
| Non-collision accident (fell or thrown)         | 50       |
| Other and unspecified transport accidents       | <u>7</u> |
| Total car occupants                             | 446      |

### **Occupant of Pick-up Truck or Van**

|   |          |
|---|----------|
| Collision with automobile                     | 9        |
| Collision with heavy transport vehicle or bus | 1        |
| Collision with fixed object                   | 1        |
| Non-collision accident (fell or thrown)       | 2        |
| Other and unspecified transport accidents     | <u>3</u> |
| Total pick-up truck and van occupants         | 15       |

### **Other Transport Accidents**

|   |           |
|---|-----------|
| Occupant of heavy transport vehicle       | 19        |
| Fall from horse                           | 4         |
| Train derailment                          | 0         |
| Specialized industrial vehicle (forklift) | 1         |
| Off-road vehicle                          | 4         |
| Water craft                               | 0         |
| Aircraft                                  | 10        |
| Other and unspecified transport accidents | <u>12</u> |
| Total other transport accidents           | 50        |

### **Total Transport Accidents**

**875**

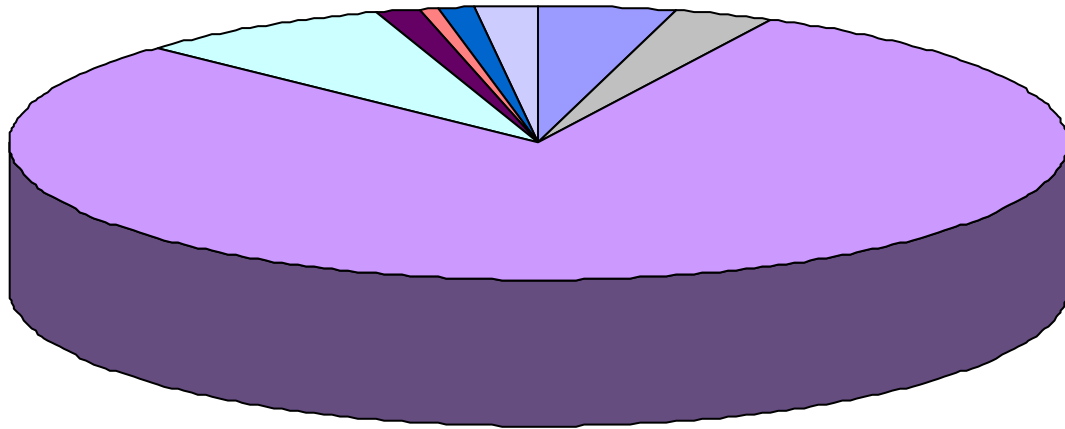


### Accidental Falls, 2004

|  |            |
|--|------------|
| Fall on same level from slipping, tripping and stumbling | 468        |
| Fall involving wheelchair                                | 6          |
| Fall involving bed                                       | 13         |
| Fall involving chair                                     | 8          |
| Fall involving playground equipment                      | 1          |
| Fall on and from stairs and steps                        | 48         |
| Fall on and from ladder                                  | 10         |
| Fall from scaffolding                                    | 1          |
| Fall from, out of or through building or structure       | 31         |
| Fall from tree   | 1          |
| Diving into water causing injury other than drowning     | 2          |
| Other fall from one level to another                     | 17         |
| Other fall on same level                                 | <u>4</u>   |
| <b>Total falls</b>                                       | <b>610</b> |



### Homicidal Deaths, 2004

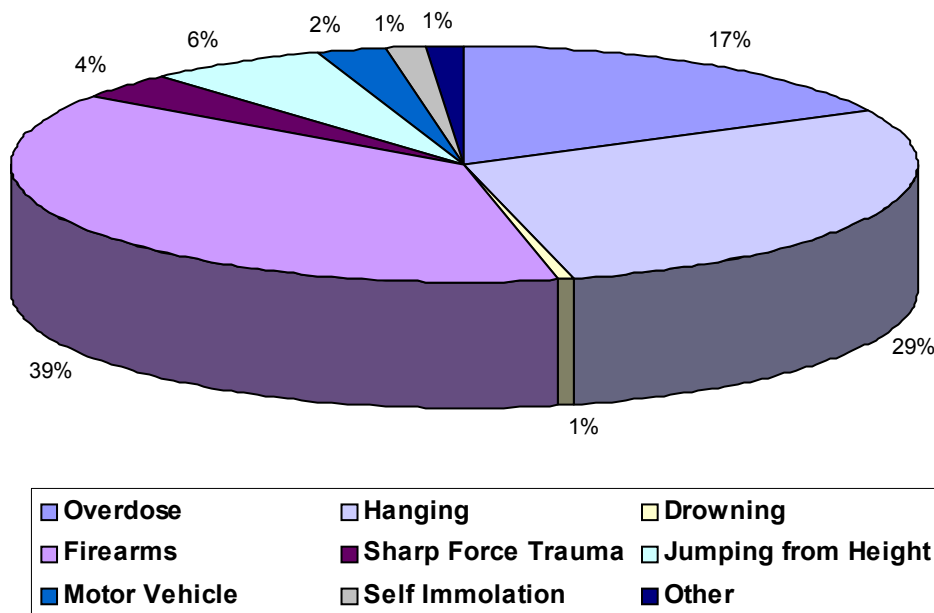


Blunt Trauma      Strangulation/Suffocation      Firearms  
Child Abuse      Arson      Assault by Bodily Force

| <u>Method of Homicide</u> | <u>Number of Cases</u> |
|---------------------------|------------------------|
| Blunt Trauma              | 48                     |
| Strangulation/Suffocation | 34                     |
| Firearms                  | 895                    |
| Sharp Force Trauma        | 88                     |
| Child Abuse               | 17                     |
| Arson                     | 5                      |
| Assault by Bodily Force   | 13                     |
| Other                     | 21                     |
| <b>Total</b>              | <b>1,121</b>           |



### Suicidal Deaths, 2004



#### Method of Suicide

#### Number of Cases

|                     |     |
|---------------------|-----|
| Overdose            | 124 |
| Hanging             | 202 |
| Drowning            | 4   |
| Firearms            | 270 |
| Sharp Force Trauma  | 27  |
| Jumping from Height | 45  |
| Self Immolation     | 17  |
| Motor Vehicle       | 10  |
| Other               | 10  |

#### **Total**

**709**



# *Toxicology*



# *Statistics*



## Index of Toxicology Statistics

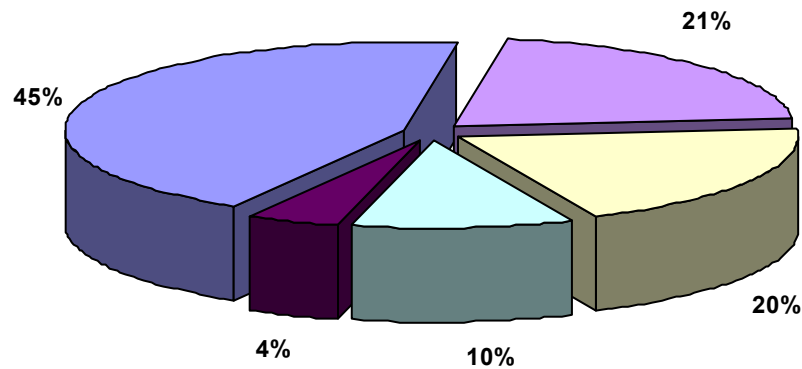
| Topic                             | Page |
|-----------------------------------|------|
| Cases with Drugs Detected by Mode |      |
| Alcohol Detected by Mode          | 41   |
| Cocaine Detected by Mode          |      |
| Methamphetamine Detected by Mode  | 42   |
| Heroin Detected by Mode           |      |
| Phencyclidine Detected by Mode    | 43   |
| Club Drug by Mode                 |      |
| Prescription Drug Categories      | 44   |





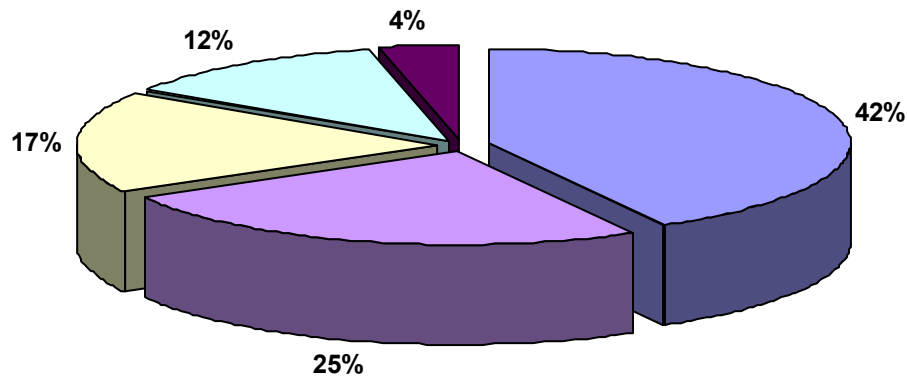
### 2004 Number of Cases with Drugs Detected by Mode Total Cases of 3,642

■ Accident - 1609 ■ Homicide - 772 ■ Natural - 716 ■ Suicide - 382 ■ Undertermined - 163



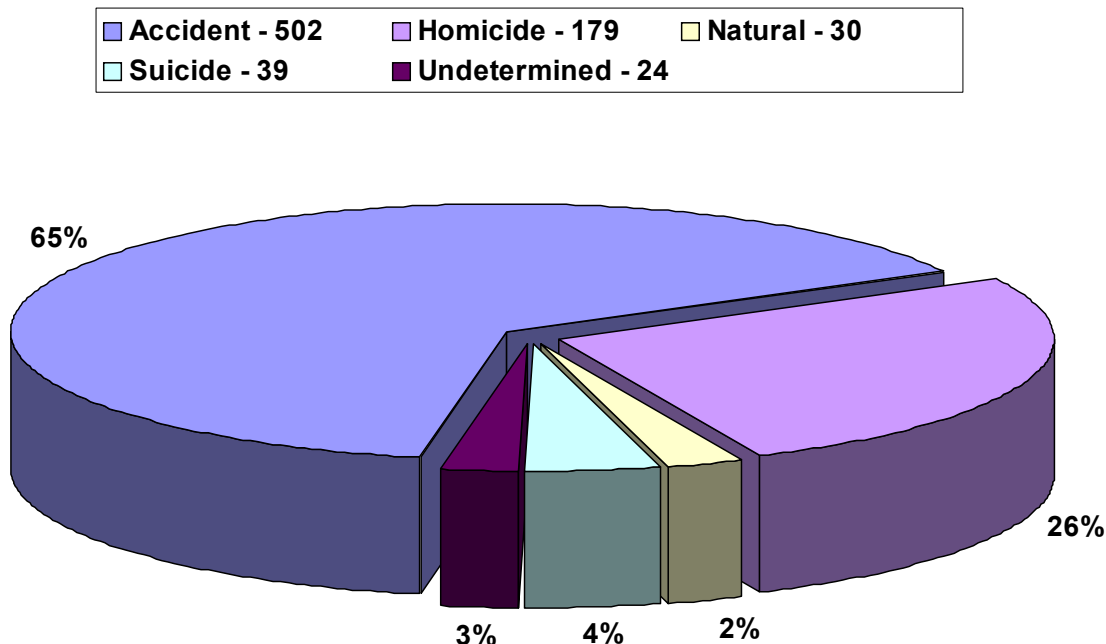
### 2004 Alcohol Detected by Mode Total Cases of 1,417

■ Accident - 593 ■ Homicide - 352 ■ Natural - 246 ■ Suicide - 174 ■ Undetermined - 52

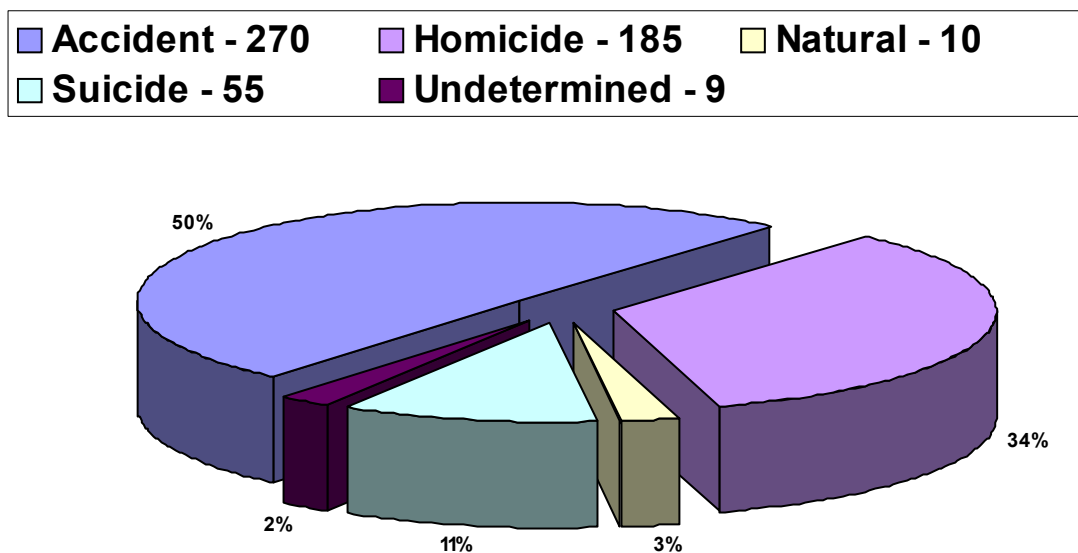




#### 2004 Cocaine Detected by Mode Total Cases of 774



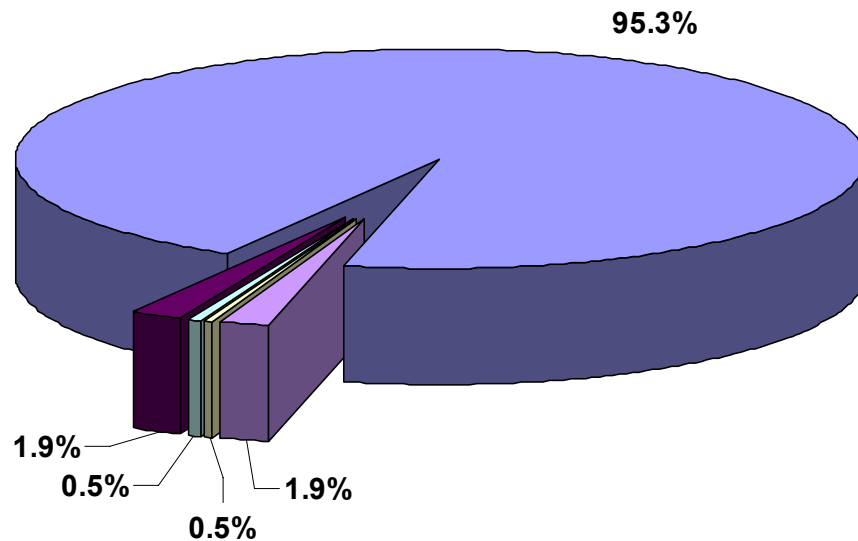
#### 2004 Methamphetamine Detected by Mode Total Cases of 529





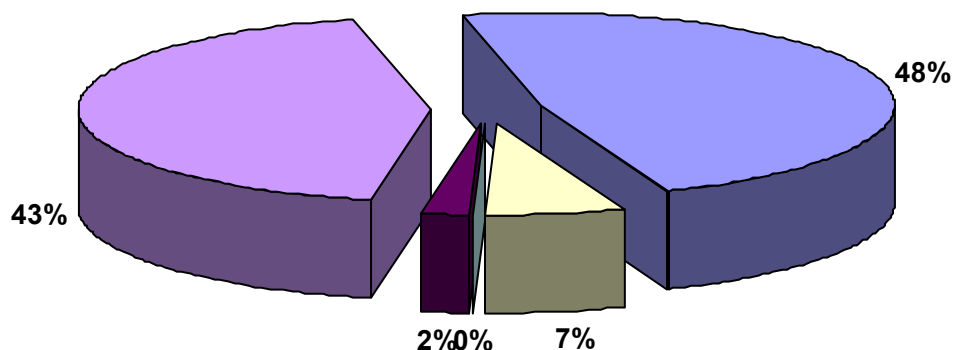
### 2004 Heroin Detected by Mode Total Cases of 282

|                |                  |             |
|----------------|------------------|-------------|
| Accident - 265 | Homicide - 7     | Natural - 2 |
| Suicide - 5    | Undetermined - 3 |             |



### 2004 Phencyclidine Detected by Mode Total Cases of 46

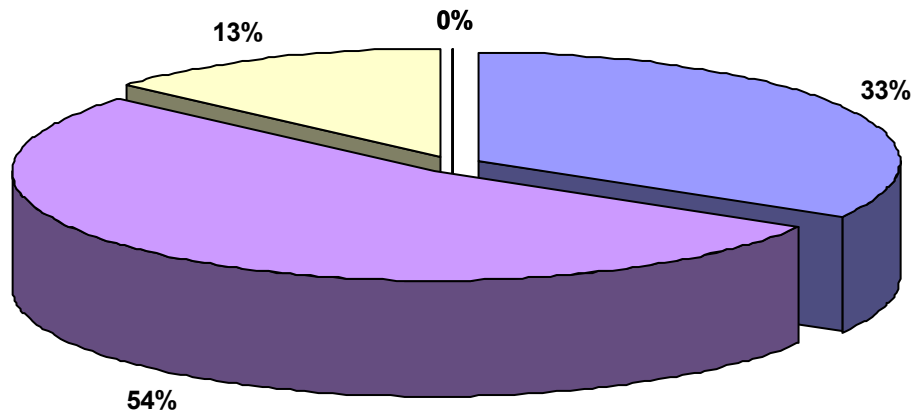
|               |                  |             |
|---------------|------------------|-------------|
| Accident - 20 | Homicide - 22    | Natural - 3 |
| Suicide - 0   | Undetermined - 1 |             |





#### 2004 Club Drug by Mode Total Cases of 15

|                |                    |               |
|----------------|--------------------|---------------|
| ■ Accident - 5 | ■ Homicide - 8     | ■ Natural - 2 |
| ■ Suicide - 0  | ■ Undetermined - 0 |               |



#### 2004 Prescription Drug Categories Total Cases of 2,350

|                         |                             |
|-------------------------|-----------------------------|
| ■ Muscle Relaxants - 83 | ■ Sedative Hypnotics - 387  |
| ■ Antidepressants - 439 | ■ Antihistamines - 344      |
| ■ Antipsychotics - 143  | ■ Narcotic Analgesics - 954 |

