

Preface

This Annual Report is a collection of data describing the work of the employees of the Cobb County Medical Examiner's Office; although it reflects the work completed by our office in the prior year, what this report does not make evident is the dedication of the employees of this office. The staff of the Cobb County Medical Examiner's Office strives to serve Cobb County and provide its citizens with accurate and timely death investigation while showing compassion for family and friends of our patients. The employees who served in our office in the past year are:

Administrative Personnel Michael Gerhard, D-ABMDI, Operations Manager Becky Youngblood, Administrative Assistant

Death Investigators Temperance Hunton, MS, D-ABMDI Martin Jackson, D-ABMDI Mark Lathan, D-ABMDI Cara Rolfe, PhD, D-ABMDI Holly Rymer, D-ABMDI

Forensic Technicians Lisa Dean Jada Henderson

Medical Examiners Christopher Gulledge, MD, MS, Chief Medical Examiner Cassie Boggs, MD, Deputy Chief Medical Examiner

Without these individuals, Cobb County's Medical Examiner Office would not have been able to serve the County during 2016, and the needs of the citizens and agencies who depend on the Medical Examiner's Office would not have been met. For the dedication to your work and for regularly exceeding the expectations of your respective positions to meet the needs of the office, thank you.

A special thank you must be extended to Cara Rolfe, PhD who collated much of the data in this report by hand, and without her, this annual report would not have been possible.

The role of a Medical Examiner's Office is to determine the cause and manner of deaths that occur within their jurisdiction. Although this information is most often thought of as applying

to the individual whose death is being investigated, analysis of the entirety of the data collected and produced by the Medical Examiner's Office can also be of benefit to the community when it is used by the public health, public safety, and planning departments serving the community. This report is a compilation of the data for 2016 in hopes of such service. Thus "this is the place where death delights to help the living." –Giovanni Morgagni.

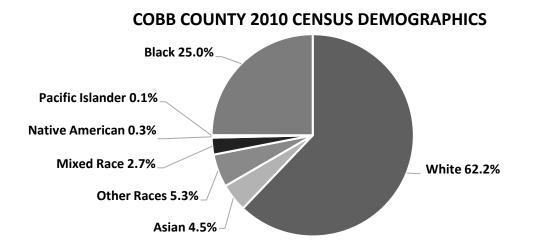
Cassie Boggs, MD Deputy Chief Medical Examiner

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INTRODUCTION

The Cobb County Medical Examiner's Office (CCME) serves Cobb County which covers an area of 345 square miles. Cobb County has an estimated population of 741,334 as of 2015. According to the 2010 census data, the demographics of the county were 62.2% White, 25.0% Black, 4.5% Asian, 0.3% Native American, 0.1% Pacific Islander, 5.3% other races, and 2.7% of mixed demographics. The 2010 census data also showed that 12.3% of the population of the county identified as Hispanic or Latino.



The Mission of the CCME is to provide Cobb County with accurate and timely medico-legal death investigations and quality postmortem examinations, where the causation of death occurred within the geographic boundaries of Cobb County and was the result of a homicide, suicide, accident, or death where the cause and manner are not apparent. The deaths that fall under the jurisdiction of the CCME are defined by § 45-16-24 (The Georgia Death Investigation Act) as deaths that occur:

(1) As a result of violence;

(2) By suicide or casualty;

(3) Suddenly when in apparent good health;

(4) When unattended by a physician;¹

(5) In any suspicious or unusual manner, with particular attention to those persons 16 years of age and under;

(6) After birth but before seven years of age if the death is unexpected or unexplained;

(7) As a result of an execution carried out pursuant to the imposition of the death penalty under Article 2 of Chapter 10 of Title 17;

¹ § 45-16-21. Definitions. "Unattended death," "died unattended," or "died unattended by a physician" means a death where a person dies of apparently natural causes and has no physician who can certify the death as being due to natural causes. If the suspected cause of death directly involves any trauma or complication of such trauma, the death must be reported to the coroner or county medical examiner.

(8) When an inmate of a state hospital or a state, county, or city penal institution; or(9) After having been admitted to a hospital in an unconscious state and without regaining consciousness within 24 hours of admission.

Although the deaths that fall under the jurisdiction of the CCME are defined by law, the extent of examination, if any, required for these deaths is at the discretion of the Medical Examiner.

The municipalities served by the office include Marietta, Kennesaw, Smyrna, Acworth, Powder Springs, and Austell. The CCME additionally covers two federal parks and the unincorporated areas of Cobb County. Deaths occurring within Cobb County fall under the jurisdiction of the CCME with some exceptions such as those deaths occurring on state property and are thus investigated by the Georgia Bureau of Investigation and military personnel who die on Dobbins Air Reserve Base and fall under the jurisdiction of the Armed Forces Medical Examiner System. Additionally, deaths that occur outside of Cobb County, but resulted from an injury that occurred within Cobb County, also fall under the CCME jurisdiction.

Upon the reporting of a death to the CCME, jurisdiction of the case is either declined or accepted. Cases are declined because the case belongs to another jurisdiction for investigation or the case need not have been reported to the CCME and a treating physician of the decedent should sign the death certificate. Cases accepted for jurisdiction by the CCME means that the death certificate will be signed by the Medical Examiner.

Depending upon the circumstances of the death, the Medical Examiner may sign the death certificate based upon the review of medical records, perform an external examination, or perform an autopsy which may be limited in the dissection depending upon the details of the case. To meet the mission of the CCME, the Medical Examiner makes determinations of cause and manner of death based on investigative information and any necessary examination of the deceased.

The findings of the Medical Examiner are available to the judicial system for criminal cases, law enforcement agencies for assistance in investigations, the health department for community health surveillance, local hospitals for quality control and education, family members of the deceased for understanding of medical history and cause of death, and the general public under the rules of the Open Records Act.

Operations

Deaths are reported to the CCME via Forensic Investigators who are responsible for assigning a sequential case number and collecting information about the death and the circumstances surrounding the death. Based on this information, and as needed in consultation with the Medical Examiner, the investigator establishes whether the case falls within the jurisdiction of the CCME, if any scene investigation is required, and, if necessary, transports the body to the

CCME facility. The Medical Examiner then determines the extent of examination that is required, the ancillary testing that will be needed to determine the cause and manner of death, and if further identification of the body is needed. After completion of the examination, the body is released as per the request of the legal next of kin. The written autopsy report is completed once all additional investigation and testing results are available.

The Medical Examiners for the CCME are physicians licensed to practice medicine in the state of Georgia and continue to meet the annual requirements for continuing medical education for maintenance of licensure. Additionally, the current Medical Examiners have completed training in anatomic pathology and clinical pathology as well as subspecialty training in forensic pathology. The current Medical Examiners are certified by the American Board of Pathology (ABP) in anatomic, clinical, and forensic pathology and continue to meet the annual requirements for maintenance of certification set forth by the ABP.

The investigative staff of the CCME have all been certified as diplomates of the American Board of Medicolegal Death Investigators (ABMDI), which is an organization that sets the guidelines for the training of Death Investigators in the United States. Each Investigator working at the CCME continues to meet the ongoing requirement for continuing education as set forth by the ABMDI.

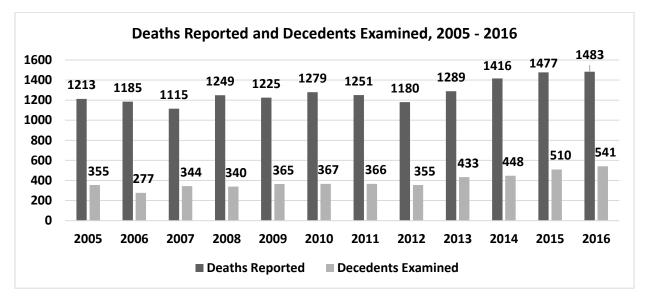
Data

The data within this report were compiled from the CCME database MEDEX and other documentation within our office to include tracking spreadsheets and, when necessary, the case files. Much of the data was hand collected and analyzed from more than one source within our office, and as such, discrepancies in the data are likely due to human error in the documentation and data entry processes. The CCME is currently in the process of establishing a new database for the office, and the database selected has the ability to compile the data for future annual reports using the database rather than depending on man-hours of office staff.

Data Trends

Given the lack of detailed annual reports on deaths in Cobb County in the recent years, analysis of trends in the data is limited at this time; however, as data continues to be collected and analyzed in future years, identification and analysis in trends will be possible and will be used to improve the health and safety of the citizens of Cobb County. If historical data is available concerning reportable aspects for deaths occurring in Cobb County, it is embedded within the body of the report.

ALL REPORTED DEATHS

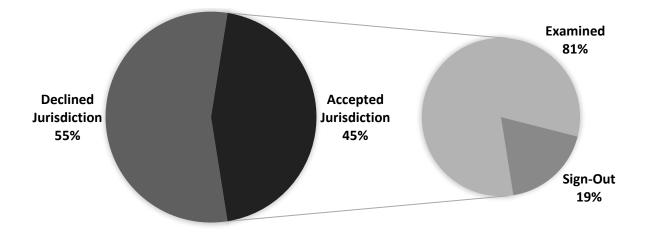


The number of deaths reported to the Medical Examiner's Office and the number of cases accepted for examination by a Medical Examiner have steadily increased since 2012. The number of accepted jurisdiction cases examined by a Medical Examiner increased by 13.8% from 2014 to 2015 and an additional 6% from 2015 to 2016.

Jurisdiction	Manner of Death	Frequency	Percent
	Accident	264	39.3%
	Homicide	25	3.7%
	Natural	265	39.5%
Assortad	Suicide	96	14.3%
Accepted	Undetermined	13	0.9%
	Pending	1	0.1%
	Not Applicable*	7	1.0%
	Total =	671	100%
Declined		812	55%
Accepted		671	45%
	Total	1483	100%

Total deaths reported by jurisdiction status and manner of death

* Six instances of biological material determined to be non-human and one cremains of a known individual.



Declined vs Accepted Jurisdiction with Examined vs Sign-Out

Investigation into the death determines if jurisdiction is initially accepted. However, acceptance of jurisdiction by the CCME solely means that a Medical Examiner will sign the death certificate. Acceptance of jurisdiction does not always necessitate a postmortem examination; sign-out cases are those which the Medical Examiner issues the death certificate without having examined the body. These cases include:

1) Deaths that occurred after hospitalization with documentation of injuries in accidental and suicidal manners of death where the treating physicians had determined the cause of death but could not sign the death certificate because the manner was not natural. In Georgia, a Medical Examiner must sign the death certificate per state law if the manner of death is not natural.

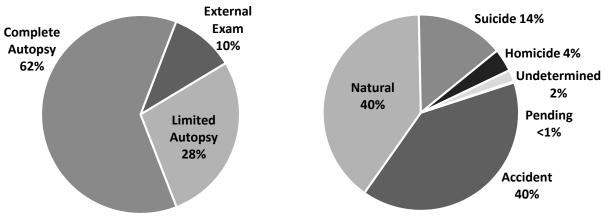
2) Non-natural deaths that were not reported to the CCME at the time of death and the remains were no longer available for examination. These deaths are most often detected by the Office of Vital Records who notifies the CCME to initiate a death investigation.
3) Natural deaths where an attending physician existed and was known at the time of death, and the death does not fall under the jurisdiction of the CCME, but upon notification to the physician of the death, the physician refuses to sign the death certificate. As a service to the family, in these cases, the CCME will subpoen required medical records and issue a death certificate.

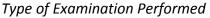
ALL ACCEPTED JURISDICTION DEATHS

Monnor of Dooth	Procedure Performed									
Manner of Death	Autopsy	Sign-Out	Total							
Accident	137	37 50 12 65		264						
Homicide	25	-	-	-	25					
Natural	143	28	39	55	265					
Suicide	16	72	6	2	96					
Undetermined	13	-	-	-	13					
Pending	-	-	-	1	1					
Total	334	150	57	123	664					

Accepted jurisdiction cases by manner of death and procedure performed

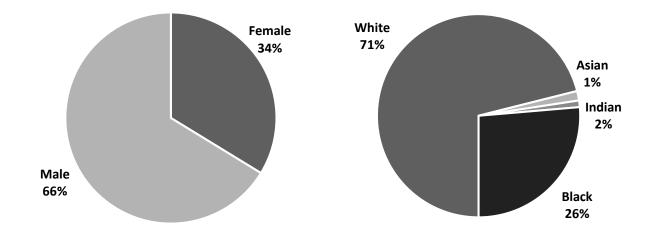
Of the 664 cases of accepted jurisdiction, 123 deaths were handled as sign-outs, and therefore, the body was released without examination. 547 cases were examined by a Medical Examiner at the CCME office. Six of the reported deaths were not human but were animal bones. The result of this is 541 human deaths examined.

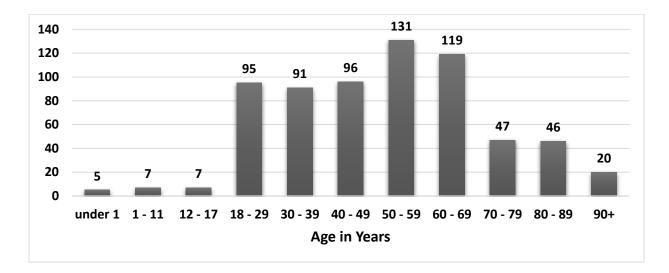




Accepted Jurisdiction Cases by Manner

The extent of the examination that is required for a particular case is determined by the Medical Examiner based upon the information known, and sometimes unknown, about the case at the time of the examination. In certain types of cases, such as homicides, even if the cause and manner of death are known at the time of autopsy, due to the needs of the community and the judicial system, a complete autopsy is performed. When possible, the Medical Examiner will honor family wishes about the extent of the examination performed within the bounds of the Georgia Death Investigation Act and best practices within the field of forensic pathology.





Sex, Race and Age of all Accepted Jurisdiction Decedents

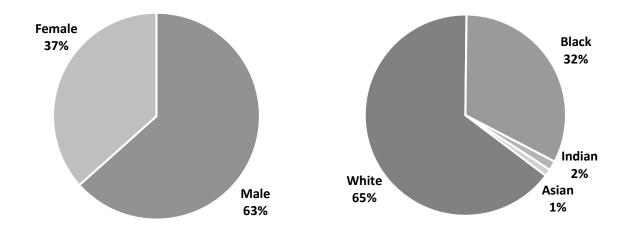
• Our database has no consistent method for tracking ethnicity of a decedent; therefore, only race can be reported.

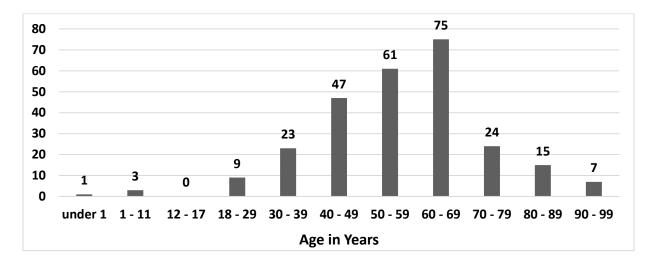
DEATHS BY MANNER

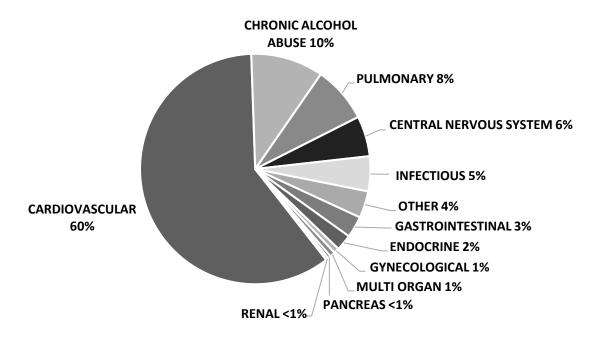
NATURAL

Accepted jurisdiction cases of natural deaths by major organ system / cause of death

CARDIOVASCULAR (159)	
Ischemic	101
Hypertensive	43
Aortic	7
Other	8
CHRONIC ALCOHOL ABUSE	27
PULMONARY (21)	
Pulmonary Thromboemboli	15
Chronic Obstructive Pulmonary Disease	4
Adenocarcinoma	1
Other	1
CENTRAL NERVOUS SYSTEM (15)	
Hemorrhagic Stroke	6
Seizure Disorder	5
Ruptured Cerebral Aneurysm	2
Multiple Sclerosis	1
Neurofibromatosis	1
INFECTIOUS (13)	
Pneumonia	8
Other	5
GASTROINTESTINAL	8
ENDOCRINE includes Diabetes Mellitus	6
GYNECOLOGICAL	2
PANCREAS	1
RENAL	1
MULTI ORGAN includes Metastatic Cancer	2
OTHER	10







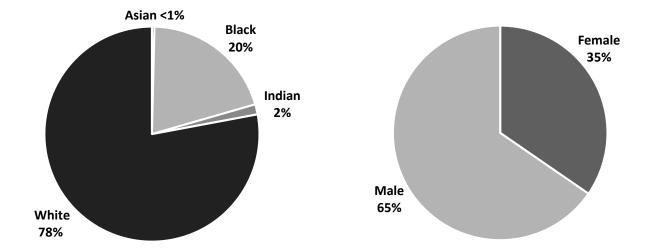
Natural Deaths by Sex, Race, Age and Cause of Death

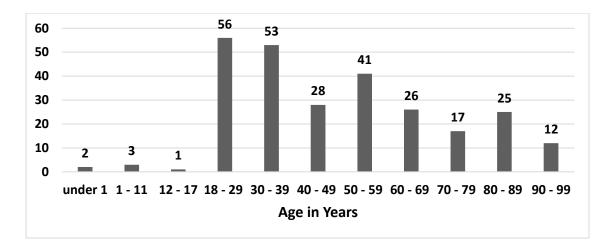
- In keeping with national trends, the organ system most commonly causing death in Cobb County is the cardiovascular system with ischemic cardiovascular disease processes being the most common.
- Chronic ethanol abuse results in pathological changes in multiple organs including the liver and heart. Deaths due to chronic ethanolism can be the direct result of cardiomyopathy caused by the myocardial toxic effects of ethanol, gastrointestinal hemorrhage, or liver failure resulting in encephalopathy or body cavity effusions. Chronic ethanol abuse deaths are considered separately from acute alcohol intoxication deaths, which are considered drug related and accidental in manner.

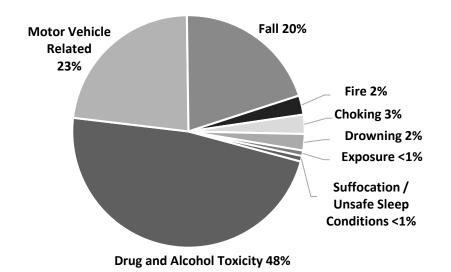
ACCIDENT

			A	sphyx	cia	ohol				Mot Vehi			
		Autoerotic	Choking	Drowning	Suffocation / Unsafe Sleep Conditions	Drug and Alcohol Toxicity	Fall	Fire	Exposure	Blunt Force	Fire	Total	
SEX	Female	-	3	-	1	44	25	3	1	15	-	92	
SE	Male	1	4	6	1	82	28	4	1	43	2	172	
		<u> </u>									-		
	Asian	-	1	-	-	-	-	-	-	-	-	1	
RACE	Black	-	1	4	-	18	5	1	1	22	1	53	
RA	Indian	-	-	1	-	-	2	-	-	1	-	4	
	White	1	5	1	2	108	46	6	1	35	1	206	
	under 1	-	-	-	2	-	-	-	-	-	-	2	
	1 - 11	-	1	1	-	-	-	-	-	1	-	3	
	12 - 17	-	-	-	-	-	-	-	1	1	-	1	
	18 - 29	-	-	4	-	32	-	-	1	19	1	56	
	30 - 39	1	-	1	-	43	1	-	1	6	1	53	
AGE	40 - 49	-	-	-	-	14	5	-	-	9	-	28	
¥	50 - 59	-	1	-	-	24	3	2	1	10	-	41	
	60 - 69	-	1	-	-	13	4	3	-	5	-	26	
	70 - 79	-	1	-	-	-	10	2	-	4	-	17	
	80 - 89	-	2	-	-	-	19	-	1	3	-	25	
	90 - 99	-	1	-	-	-	11	-	-	-	-	12	
	Total	1	7	6	2	126	53	7	2	58	2	264	

Accepted jurisdiction cases of accidental deaths by sex, race, age and cause of death







Accidental Deaths by Sex, Race, Age and Cause of Death

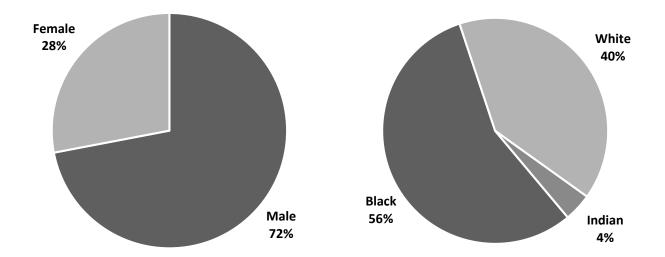
- In Cobb County, accidental drug related deaths are twice as common as motor vehicle related deaths in 2016.
- The 18-29 year age bracket has the highest number of motor vehicle related deaths.
- The 30-39 year age bracket has the highest number of drug and alcohol related deaths.
- Males are nearly twice as likely as females to die of an accidental manner of death.

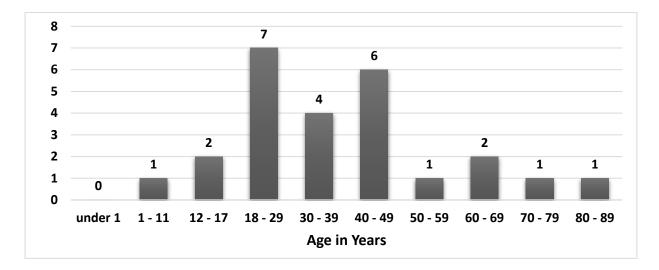
HOMICIDE

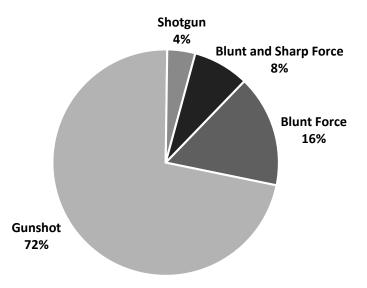
A complete autopsy is performed on all homicides occurring within the Cobb County jurisdiction, and all homicides, by definition, will have jurisdiction accepted by the Medical Examiner's Office.

Accepted jurisdiction cases of homicides by sex, race, age and cause of death

		Gunshot Wound	Shotgun Wound	Blunt Force Injury	Blunt and Sharp Force	Total
SEX	Female	4	-	1	2	7
SE	Male	14	1	3	-	18
	Asian	-	-	-	-	-
RACE	Black	12	1	-	1	14
RA	Indian	1	-	-	-	1
	White	5	-	4	1	10
	under 1	-	-	-	-	-
	1 - 11	-	-	1	-	1
	12 - 17	1	-	-	1	2
	18 - 29	7	-	-	-	7
AGE	30 - 39	4	-	-	-	4
	40 - 49	5	1	-	-	6
	50 - 59	-	-	1	-	1
	60 - 69	1	-	-	1	2
	70 - 79	-	-	1	-	1
	80 - 89	-	-	1	-	1
	Total	18	1	4	2	25

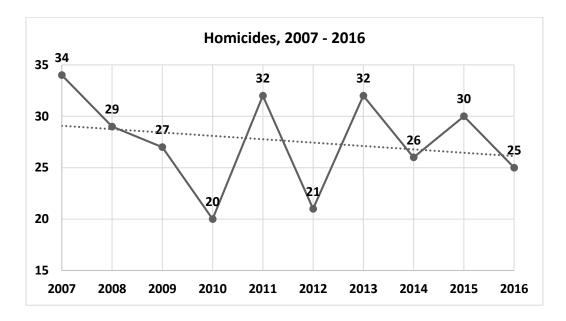




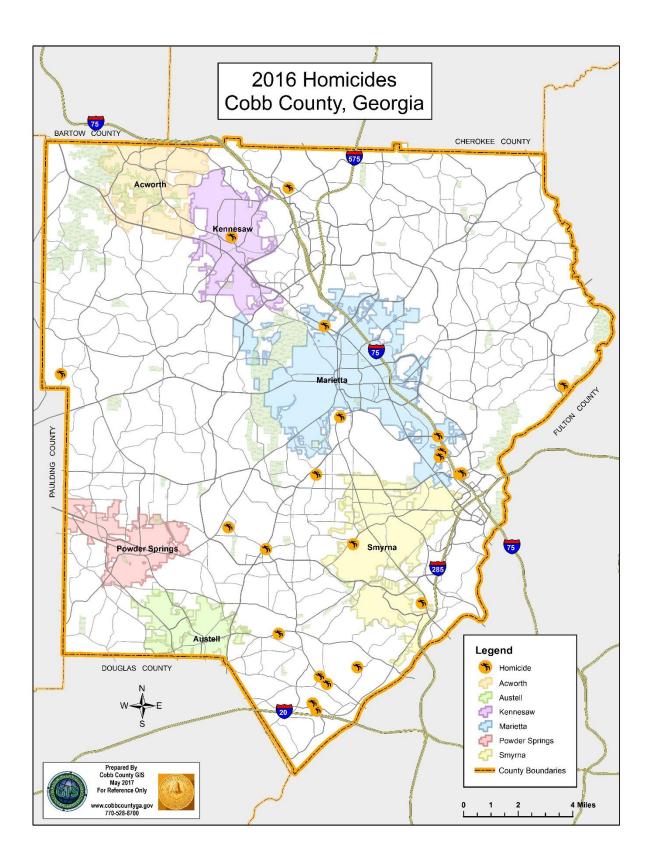


Homicides by Sex, Race, Age and Cause of Death

- Firearms (handguns and shotguns) were involved in 76% of homicides.
- 72% of homicide victims were males.
- Three children, two 14 year old females and one 4 year old male, were victims of homicide.



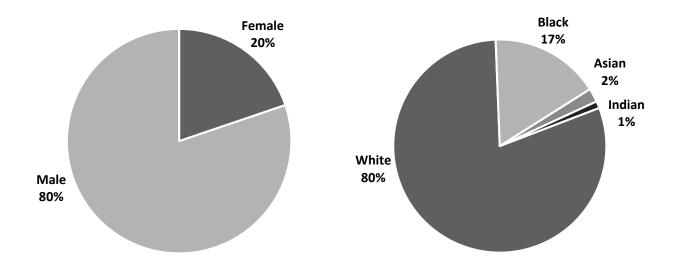
• There has been no significant fluctuation in the number of homicides in Cobb County over the last ten years.

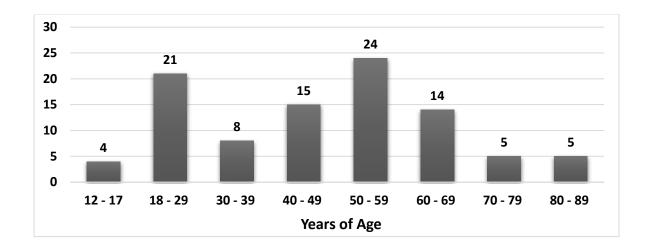


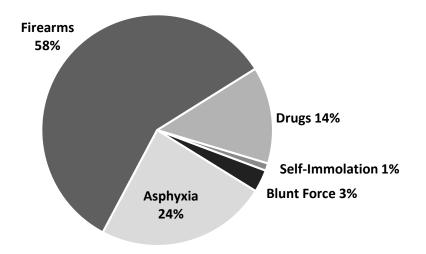
<u>SUICIDE</u>

Accepted jurisdiction cases of suicides by sex, race, age and cause of death

			Asp	hyxia		Firea	arm				
		Helium	Nitrogen	Plastic Bag	Hanging	Gunshot Wound	Shotgun Wound	Drug Toxicity	Blunt Force Trauma	Self- Immolation	Total
SEX	Female	-	1	-	3	8	-	7	-	-	19
SE	Male	1	-	1	17	44	4	6	3	1	77
	Asian	-	-	-	1	-	-	1	-	-	2
RACE	Black	-	-	-	3	11	-	1	1	-	16
RA	Indian	-	-	-	-	1	-	-	-	-	1
	White	1	1	1	16	40	4	11	2	1	77
	12 - 17	-	-	-	2	-	1	1	-	-	4
	18 - 29	-	-	-	5	13	-	2	1	-	21
	30 - 39	-	-	-	4	2	1	-	1	-	8
AGE	40 - 49	-	1	-	4	4	1	4	1	-	15
AC	50 - 59	-	-	-	3	16	1	4	-	-	24
	60 - 69	1	-	-	1	10	-	1	-	1	14
	70 - 79	-	-	-	-	4	-	1	-	-	5
	80 - 89	-	-	1	1	3	-	-	-	-	5
	Total	1	1	1	20	52	4	13	3	1	96







Suicides by Sex, Race, Age and Cause of Death

- Firearms were the most common method of suicide.
- 80% of suicide victims were male.
- The mean age of victims of suicide was 47 years old.
- The mean age for hanging was 39 years old; for drug toxicity, 46 years old; for gunshot/shotgun, 50 years old.
- The age bracket with the greatest number of suicides was the 50-59 years bracket whereas the lowest number of suicides occurred within the 12-17 year bracket (the youngest suicide victim was 15 years old).

UNDETERMINED

Of the 664 human deaths certified by the CCME, 13 were certified as having an undetermined manner. An undetermined manner means that at the end of the investigation and examination, the known circumstances of the case could be explained by more than one manner or not enough information is known to determine a manner.

Two of the undetermined deaths in Cobb County in 2016 were in infants under 1 year of age and are discussed below in *Special Populations*.

Of the other 11 cases:

- Two cases had circumstances that precluded the determination of manner of death between accident and suicide.
- Two cases had prolonged hospitalizations with life-support measures after the terminal event and thus the cause of the terminal event could not be determined.
- Seven cases had medical histories that required testing for confirmation of the most likely cause of death (drug abuse being the most common), but due to the state of decomposition of the body, the required testing could not be performed.

The above cases were assigned an undetermined *manner of death* and are different from cases where the *cause of death* is certified as undetermined. Cases in which the cause of death is undetermined can be certified as any manner of death. In cases where the cause of death is undetermined, no evidence of an injury or disease process could be found at autopsy usually because such cases are caused by a physiological derangement or because advanced decomposition had developed.

• Three cases were ruled undetermined cause of death with a manner of natural.

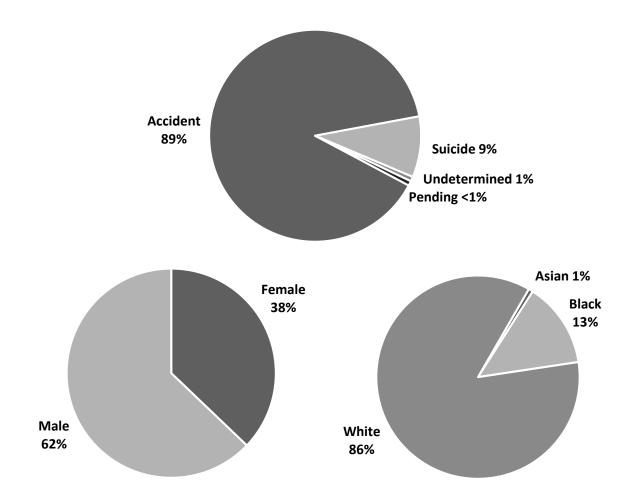
SPECIAL POPULATIONS

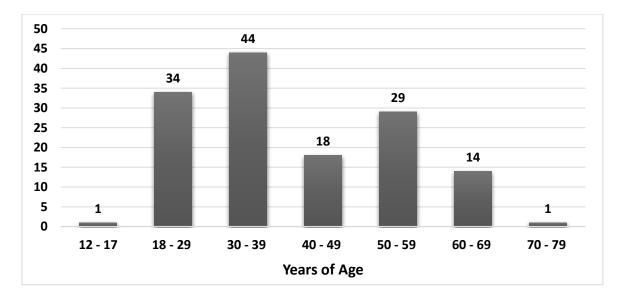
DRUG RELATED DEATHS

141 decedents died of a drug and/or alcohol related death. The table below is a tallied list of all of the drugs or drug classes involved; the table does not sum to 141 because in many deaths multiple drugs are present and contribute to the death. In addition to prescription and illicit drugs, ethanol is also often present in drug related death, and depending on the drug class, can contribute to the death or occasionally may be the sole cause of death.

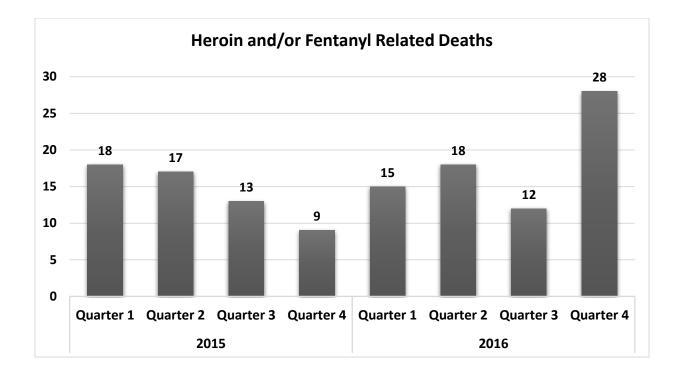
Drugs related to the cause of death

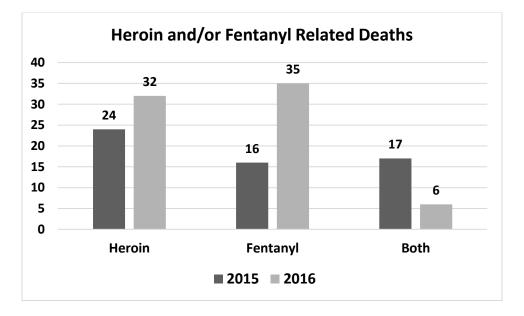
DRUG or DRUG CLASSES	#
Alprazolam	25
Cocaine	19
Ethanol	24
Fentanyl (acetyl fentanyl, furanyl fentanyl, ortho-fluorofentanyl, U-47700)	41
Heroin	38
Methamphetamine / Amphetamine	22
Morphine	10
Oxycodone	20
Hydrocodone	9
OTHER OPIOIDS (hydromorphone, methadone, meperidine)	10
OTHER BENZODIAZEPINES (lorazepam, nordiazepam, temazepam)	3
OTHER NARCOTICS (buprenorphine, tramadol)	5
NON-NARCOTIC PAIN MEDICATION / SEDATIVES (gabapentin, zolpidem)	4
ANTIDEPRESSANTS (amitryptyline, citalopram, impramine, mirtazapine, nortryptyline, paroxetine, sertraline, trazodone, venlafaxine)	17
OVER THE COUNTER MEDICATIONS (acetaminophen, dextromethorphan, diphenhydramine)	6
ANTINAUSEA (ondansetron, promethazine, trimethobenzamide)	3
MUSCLE RELAXERS (carisoprodol, cyclobenzaprine)	3
ANTI-PSYCHOTICS (olanzapine)	1
OTHER (1-1 Difluoroethane, valproic acid)	6





Drug Related Deaths by Manner, Sex, Race and Age





- During the end of 2014 and the beginning of 2015 there was an increase in deaths caused by heroin and fentanyl. This trend was in parallel with deaths throughout many regions of the state and country. However, as demonstrated in the above graph, the number of these deaths decreased at the end of 2015 only to increase again in 2016.
- The fourth quarter of 2016 saw the highest number of heroin/fentanyl deaths in Cobb County to date.

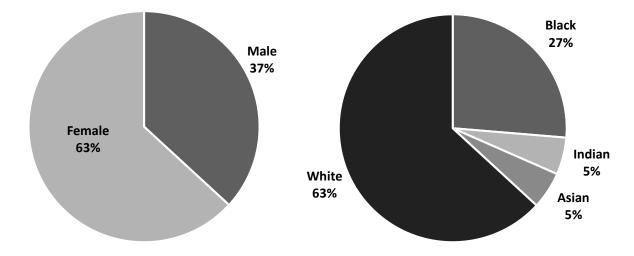
- The number of deaths related to heroin and fentanyl in Cobb County was at a record high in 2016. Over 50% of the drug-related deaths across all manners of death in Cobb County in 2016 involved heroin, fentanyl, or both, which is a 22% increase over the number of such deaths in 2015. Of the accidental drug related deaths, heroin and fentanyl deaths accounted for 58%.
 - Postmortem toxicology testing cannot always confirm the use of heroin, so some heroin deaths were certified as morphine deaths (morphine is the primary blood metabolite of heroin and lethal at high concentrations in its own right). For this reason, morphine deaths are included in the bar graph if history of use and scene investigation supported the use of illicit drug use.
- Certain drugs, such as cocaine, heroin, and methamphetamine, are by definition illicit; however, diversion of drugs such as oxycodone and alprazolam allows persons to obtain these prescription medications via illicit means. Whether a person whose death is caused by prescribed or diverted sources of these drugs often cannot be determined. Fentanyl has the added complication that sophisticated clandestine laboratories are capable of manufacturing it, so fentanyl deaths can be related to prescribed sources, diverted prescription sources, or illicit production.

CHILDREN (defined as 17 years and younger)

All children and infant deaths occurring in Georgia are required to be reported to the local Medical Examiner or Coroner according to the Georgia Death Investigation Act. Although all deaths in children must be reported to the CCME, not all of the deaths in this population require an examination. Certain fetal demise cases may fall under the jurisdiction of the Medical Examiner depending on the circumstances of the case, but these are the exception rather than the rule for such deaths. Additionally, deaths in children due to documented complications of prematurity and diagnosed terminal diseases such as childhood cancers would not require a medical-legal investigation nor acceptance of jurisdiction by the Medical Examiner.

		Accident	Homicide	Natural	Suicide	Undetermined	Total		
SEX	Male	4	1	-	2	-	7		
SE	Female	2	2	4	2	2	12		
	Asian	-	-	-	1	-	1		
RACE	Black	-	1	3	-	1	5		
RA	Indian	1	-	-	-	-	1		
	White	5	2	1	3	1	12		
	under 1 year	2	2	2	-	1	-	2	5
AGE	1 - 11 years	3	3	3	-	-	9		
	12 - 17 years	1	-	-	4	-	5		
	Total	6	3	4	4	2	19		

Accepted jurisdiction cases of children by sex, race, age and manner



Child (17 years and younger) Deaths by Sex and Race

No manner of death was preponderant within the ≤ 17 age population. However, all cases with an undetermined manner of death in the 17 and younger population were less than 1 year of age.

<u>1 -17 YEARS OLD</u>

Accepted jurisdiction cases of children aged 1 -	- 17 by sex, race, manner and cause of death
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							N	IANNER						
		ļ	Accident		F	lomicide	е	Na	Natural			Suicid	Total	
	CAUSE OF DEATH	Choking	Blunt Force Injuries (Motor Vehicle)	Drowning	Blunt Force Injuries	Blunt and Sharp Force Injuries	Gunshot Wound	Complications of Prematurity	Intussusception	Undetermined	Asphyxia (Hanging)	Dug Toxicity	Shotgun Wound	
SEX	Female	-	1	-	-	1	1	1	1	1	1	1	-	8
SE	Male	1	1	1	1	-	-	-	-	-	1	-	1	6
	Asian	-	-	-	-	-	1	-	-	-	-	1	-	1
RACE	Black	-	-	-	-	-	1	1	1	-	1	-	-	4
RA	Indian	-	1	-	-	-	-	-	-	-	-	-	-	1
	White	1	1	1	1	1	1	-	-	1	1	-	1	8
	Total	1	2	1	1	1	1	1	1	1	2	1	1	14

Comment:

• No cause of death was most common within the 1-17 year population.

INFANTS (defined as less than 1 year of age)

The use of the different terms of Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID) is intentional as these terms are not synonymous. SIDS deaths meet specific criteria which rule out the risk of an asphyxial component of the death; whereas SUID deaths have a risk of an asphyxial component found during investigation or examination that could have contributed to the death. An infant found dead or near death in an unsafe sleeping environment, which includes bed-sharing with an adult or inappropriate bedding, would not meet the criteria for SIDS and, as such, would be classified as SUID. In following these criteria, deaths which show physical evidence of asphyxia are certified with a cause of death based on the findings of the case, and the manner of death is determined by the details of the circumstances of the death.

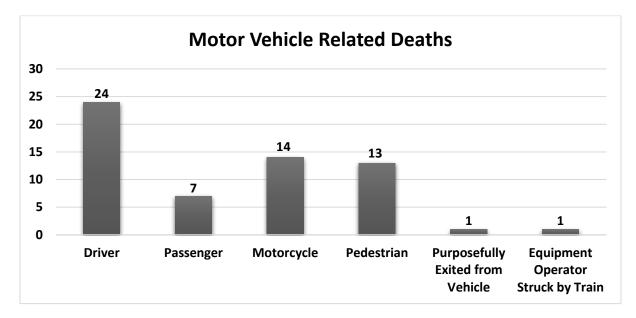
	MANNER						
		Undetermined		Accident		Natural	Total
	CAUSE OF DEATH	Sudden Unexplained Infant Death (unsafe sleep environment)	Undetermined (possible unsafe sleep conditions)	Probable Overlying	Suffocation	Acute Chorioamnionitis with Pneumonia	
SEX	Female	1	1	1	-	1	4
	Male	-	-	-	1	-	1
RACE	Black	-	1	-	-	1	2
	White	1	-	1	1	-	3
	Total	1	1	1	1	1	5

Accepted jurisdiction cases of infants by sex, race, manner and cause of death

Comments:

 The most common manner of death for infants (defined as <1 year of age) is "undetermined". This classification of infant deaths is in following with national trends and recommendations due to the nature of infant deaths. In the infant population, the risk of an accidental asphyxial component (such as in overlay or inappropriate bedding) contributing to the death is great enough that it is the national standard to certify such deaths as an undetermined manner unless a definitive cause of death is found.

MOTOR VEHICLE RELATED DEATHS



Comments:

- There were a total of 60 motor vehicle related deaths including pedestrians struck by a motor vehicle.
- Of the 13 pedestrians struck, 12 were accidental deaths and one was ruled a homicide. The homicide was ruled in this manner because there was demonstrated intent to strike the pedestrian.

Alcohol-Related Motor Vehicle Accidents:

- Whether alcohol was involved is known in 59 of the 60 motor vehicle related deaths. One case was a delayed death of a single vehicle accident in which toxicology was not performed on arrival to the hospital and blood was not available for testing at the time of reporting of the death.
- Of the 59 known cases, alcohol was involved in 21 of the accidents.
- 4 (of 13) pedestrians tested above the legal limit for alcohol.
- 10 (of 24) deceased drivers of motor vehicles tested above the legal limit for alcohol.
- 2 deceased drivers were struck by drivers (not deceased) that were cited for alcohol intoxication.
- 3 (of 14) motorcycle operators tested above the legal limit for alcohol.
- No motorcycle operators were struck by anyone that was cited for alcohol intoxication.
- 2 (of 7) deceased passengers were in cars in which the driver (not deceased) was cited for alcohol intoxication.

