Los Angeles County

CORONER

2008

Annual Report

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

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 of 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 with the Department, subject to the general direction of the Chief Executive Officer.

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DEPARTMENT HEADS' MESSAGE

DEPARTMENT HEADS' MESSAGE

This report contains statistical information from the Los Angeles County Department of Coroner for the year 2008, as well as selected statistics from the previous ten years.

Significant Accomplishments

During this period, the Department had the following accomplishments:

- *Worked with the State of California to implement EDRS, a statewide death certificate registration program.*
- *Completed work on the Department's Business Continuity Plan*
- *Arranged rotations through the Department for pathologist's assistant students from Rosalind Franklin University*
- *Implemented daily quality assurance review of autopsy reports by the senior pathologists.*

Legislation

AB 1689: Restricts the circumstances where the Coroner may decline organ procurement for transplantation in Coroner's cases (Health & Safety Code Section 7151.20).

SB 1196: Changes existing law on Coroner's jurisdiction to require the Coroner to inquire into deaths where the decedent has not been attended by either a physician or a registered nurse who is a member of a hospice care interdisciplinary team in the 20 days before death. (Government Code Section 27491).

Publications

Toms C, Rogers C, Sathyavagiswaran L, Investigation of homicides interred in concrete—the Los Angeles experience. Journal of Forensic Sciences 53(1):203-207 (2008).

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Presentations

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Saint-Martin P, Rogers CB, Carpenter E, Fishbein MC, Sathyavagiswaran L. Subaortic aneurysm of the left ventricle complicating staphylococcal endocarditis. Presented at the American Academy of Forensic Sciences, Washington DC, February 2008.

Sathyavagiswaran L, Rogers CB, Hicks F, Boger D. Characteristics of suicidal gunshot wounds to the mouth in women. Presented at the American Academy of Forensic Sciences, Washington DC, February 2008.

Scheinin L, Weiss B, Hsu P, McGill D, Torres J, Intimate partner homicide/suicide and the role of firearms. Presented at World Conference on Injury Prevention and Safety Promotion, Merida Mexico, March 2008.

Scheinin L, Weiss B, Hsu P. Intimate partner homicide-suicide and "mercy" killings. Presented at World Conference on Injury Prevention and Safety Promotion, Merida Mexico, March 2008.

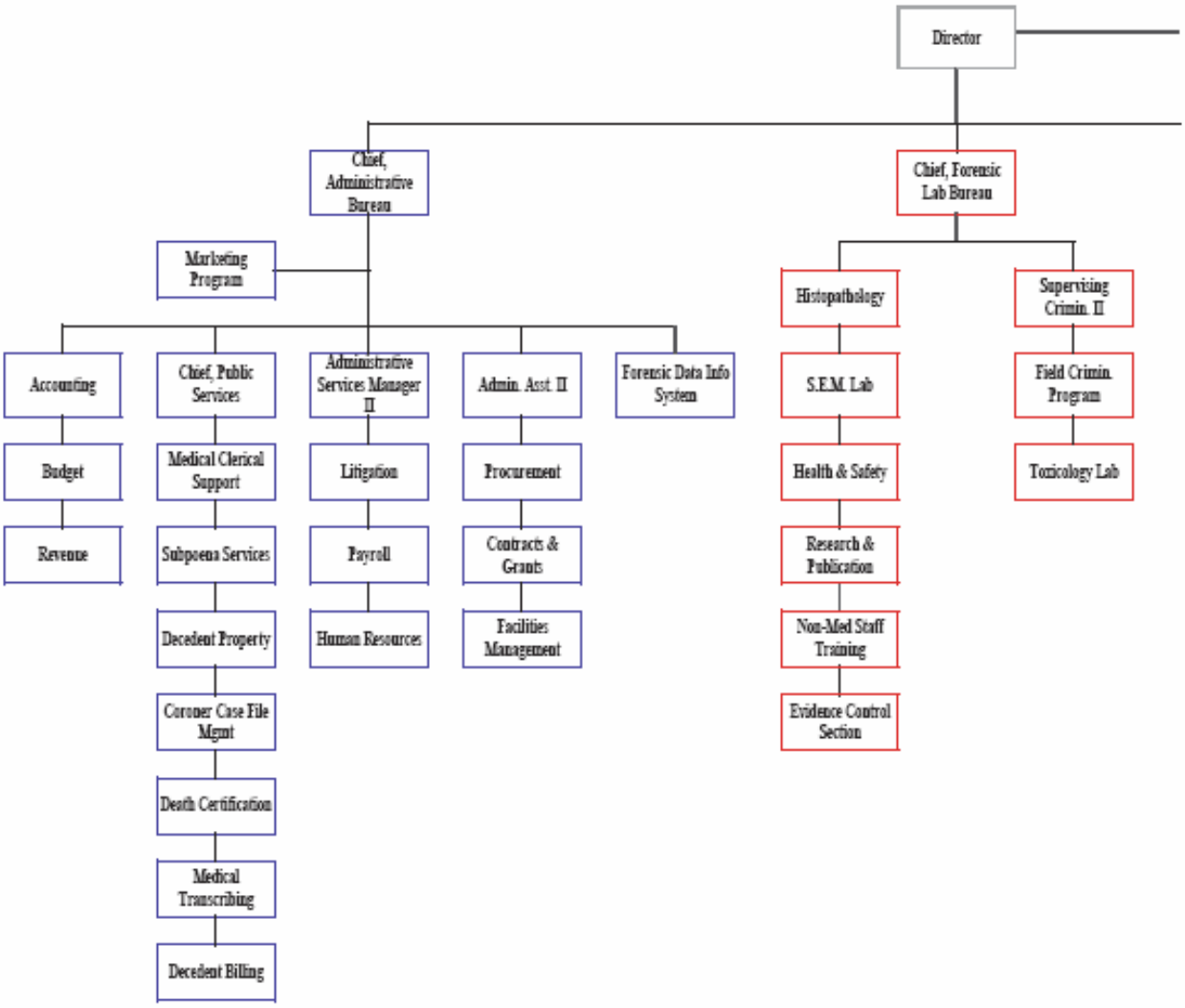
T. Woehrle, M Logan, C Rogers, L Sathyavagiswaran, "Year II Introduction to Clinical Medicine Student Autopsy Experience at LAC+USC Coroner's Office", Presented at Innovations in Medical Education Conference, Pasadena CA, March 8-9, 2008.

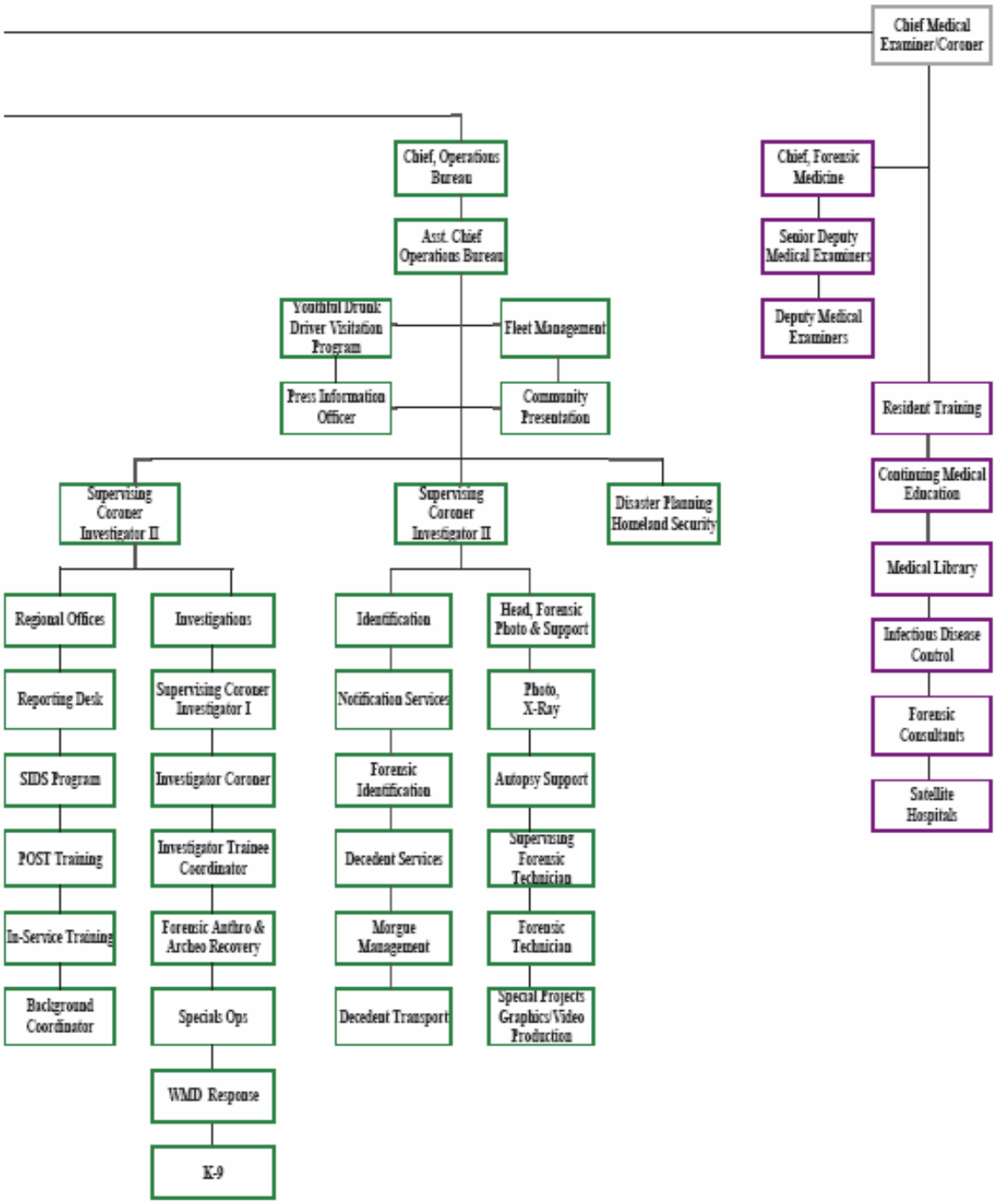
Rogers C. Business continuity planning in the medical examiner's office. Presented at the National Association of Medical Examiners, Louisville, Kentucky, September 2008.

Rogers C. Infection control in the autopsy room. Presented at the annual meeting of the American Association of Pathologists' Assistants, Long Beach CA, September 2008.

Anthony Hernandez
Director

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


Director
Chief, Administrative Bureau
Chief, Forensic Lab Bureau
Marketing Program
Accounting
Budget
Revenue
Chief, Public Services
Medical Clerical Support
Subpoena Services
Decedent Property
Coroner Case File Mgmt
Death Certification
Medical Transcribing
Decedent Billing
Administrative Services Manager II
Litigation
Payroll
Human Resources
Admin. Asst. II
Procurement
Contracts & Grants
Facilities Management
Forensic Data Info System
Histopathology
S.E.M. Lab
Health & Safety
Research & Publication
Non-Med Staff Training
Evidence Control Section
Supervising Crimin. II
Field Crimin. Program
Toxicology Lab


Chief Medical Examiner/Coroner
Chief, Operations Bureau
Asst. Chief Operations Bureau
Youthful Drunk Driver Visitation Program
Fleet Management
Press Information Officer
Community Presentation
Supervising Coroner Investigator II
Supervising Coroner Investigator II
Disaster Planning Homeland Security
Regional Offices
Reporting Desk
SIDS Program
POST Training
In-Service Training
Background Coordinator
Investigations
Supervising Coroner Investigator I
Investigator Coroner
Investigator Trainee Coordinator
Forensic Anthro & Archeo Recovery
Specials Ops
WMD Response
K-9
Identification
Notification Services
Forensic Identification
Decedent Services
Morgue Management
Decedent Transport
Head, Forensic Photo & Support
Photo, X-Ray
Autopsy Support
Supervising Forensic Technician
Forensic Technician
Special Projects Graphics/Video Production
Chief, Forensic Medicine
Senior Deputy Medical Examiners
Deputy Medical Examiners
Resident Training
Continuing Medical Education
Medical Library
Infectious Disease Control
Forensic Consultants
Satellite Hospitals

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 programs, 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. Given the scarcity of resources at that time, revenue generation had to be considered to help offset monetary losses. The intent was to use monies raised to offset some of the costs associated with the youthful Drunk Driver Visitation Program (YDDVP), as well as other Coroner needs. "Skeletons in the Closet" features a complete line of quality souvenir items, such as beach towels, shirts, toe tags, and much more. The items are available to the public via website at LACORONER.COM or by calling (323) 343-0760).

CONTRACT PROGRAMS

The Department administers contracts and agreements for various functions, such as tissue harvesting, regional offices, satellite hospitals, histopathology, transcribing and contract physicians. The staff monitors and studies Department operations in the continuing evaluation of the appropriateness of contracting for other functions.

MORTUARY BILLING PROGRAM

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

FORENSIC DATA INFORMATION SYSTEMS

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

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

Site of Construction of Current Office, 1972

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 (SB 90)

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

MEDICAL EXAMINER-CORONER ALERT PROJECT

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

RESIDENCY PROGRAM

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

SCUBA PROGRAM

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

TISSUE HARVESTING/ORGAN TRANSPLANTATION

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

UNIVERSITY HOSPITAL PATHOLOGY RESIDENT TRAINING PROGRAM

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

Hall of Justice—site of Coroner's Office, 1926-1972

FORENSIC LABORATORIES BUREAU

Chief, Joseph J. Muto

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

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

CRIMINALISTICS

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

HISTOLOGY

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

TOXICOLOGY

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

SCANNING ELECTRON MICROSCOPY LAB

Our SEM laboratory conducts gunshot residue (GSR) analyses and toll 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.•

Toxicology instruments, ca. 1974

OPERATIONS BUREAU

Chief, Craig Harvey, F-ABMDI

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

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

IDENTIFICATION OF UNIDENTIFIED BODIES (SB 90)

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

NURSING HOME DEATHS (SB90)

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

PEACE OFFICER STANDARS AND TRAINING (POST)

The California State Commission on Peace Officer Standards and Training (POST) establishes minimum standards for training requirements for peace officers. We comply with those standards in hiring and all advanced training that is offered through the Department of Coroner through the annual West Coast 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 under way to expand regional services to the eastern portion of Los Angeles County. Regional offices provide a more rapid Coroner's response to the scene of death, which results in rapid mitigation of traffic and other public conveyance obstructions.

YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)

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

DISASTER PREPAREDNESS AND RESPONSE

This program ensures appropriate Departmental response as one of the lead County agencies in major disasters and significant smaller incidents that involve multiple fatalities requiring successful operation of an Emergency Operations Center (EOC) and field command posts airports, planning and exercises and also through up-to-date manuals. A plan has been developed to form public-private emergency response partnerships with local funeral and cemetery directors for a mass fatality management response system. The Department maintains emergency communications equipment, which includes a command post trailer. County Wide Integrated System (CWIRS) radio communications, a mobile command post, and appropriate ancillary communications equipment. The Department also has eleven disaster cache trailers situated through the County. The Department has emergency 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 respect to Coroner's cases, and be the advocate for the deceased person. Due to the diverse case load in Los Angeles County, the Coroner's Investigator is in the important position of seeing every death that occurs under other than natural circumstances, and is often the first to identify serial deaths and consumer product safety issues.

SPECIAL OPERATIONS AND RESPONSE TEAM (SORT)

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

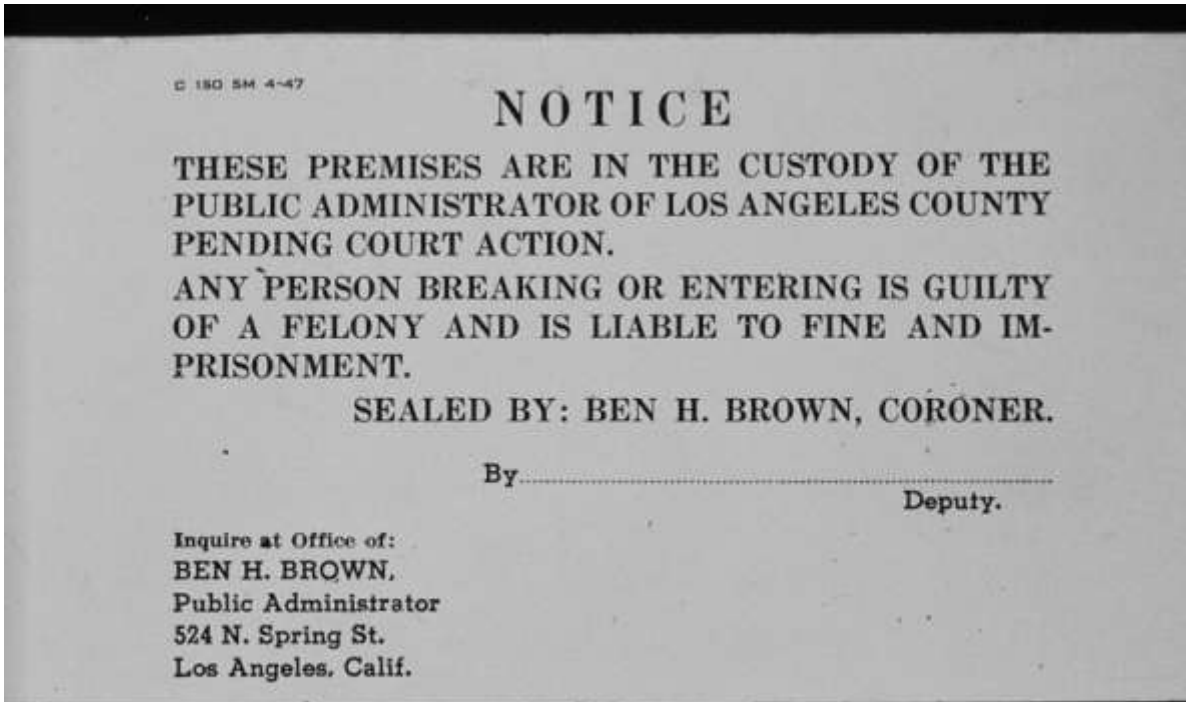
The SORT team has special purpose vehicles fully equipped to handle certain types of cases thoroughly and as rapidly as possible. The SORT team responds to cases requiring specialized recovery and scene processing techniques such as those required in aircraft crashes, buried bodies, scattered human remains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

FORENSIC SERVICES DIVISION

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

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

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



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NOTICE

THESE PREMISES ARE IN THE CUSTODY OF THE PUBLIC ADMINISTRATOR OF LOS ANGELES COUNTY PENDING COURT ACTION.

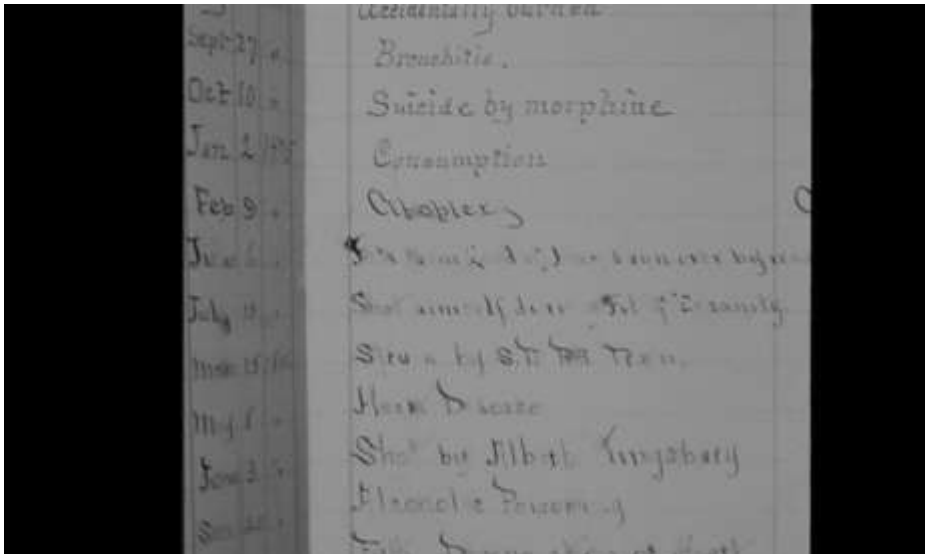
ANY PERSON BREAKING OR ENTERING IS GUILTY OF A FELONY AND IS LIABLE TO FINE AND IMPRISONMENT.

SEALED BY: BEN H. BROWN, CORONER.

By.....
Deputy.

Inquire at Office of:
BEN H. BROWN,
Public Administrator
524 N. Spring St.
Los Angeles, Calif.

Coroner's Seal, 1947



Coroner's Register, 1895

PUBLIC SERVICES DIVISION

Chief, Silvia Gonzalez

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

RECORDS SECTION

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

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

DEATH CERTIFICATION & MEDICAL/CLERICAL SECTION

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

MEDICAL TRANSCRIBING SECTION

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

PERSONAL PROPERTY SECTION

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

SUBPOENA CONTROL

Approximately 4,000 subpoenas are received and processed by the Public Services Division Subpoena Control Section I 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.•

Lobby, Hall of Justice

Los Angeles County

Death Statistics

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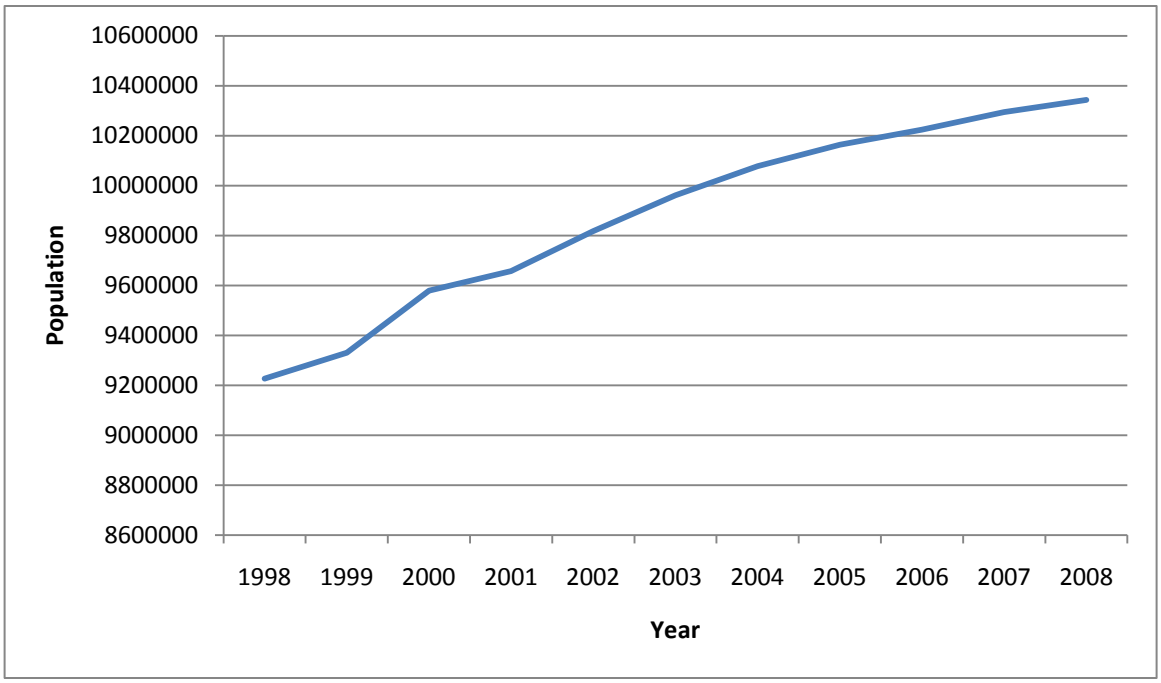
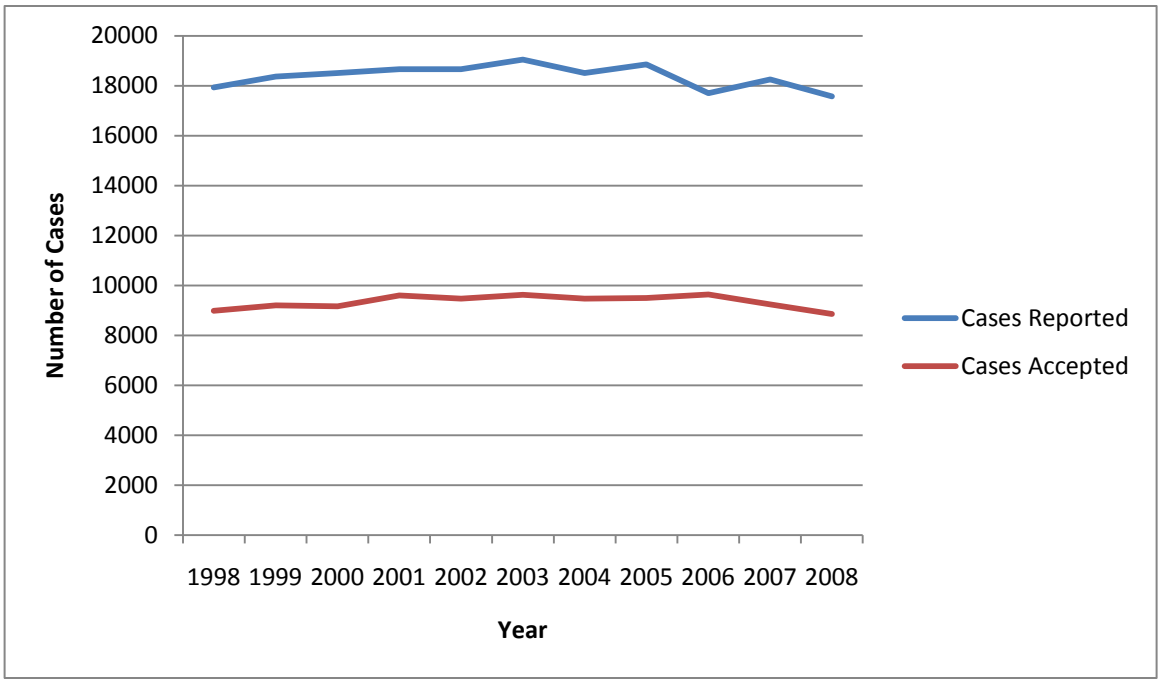
Population of Los Angeles County, 1998-2008



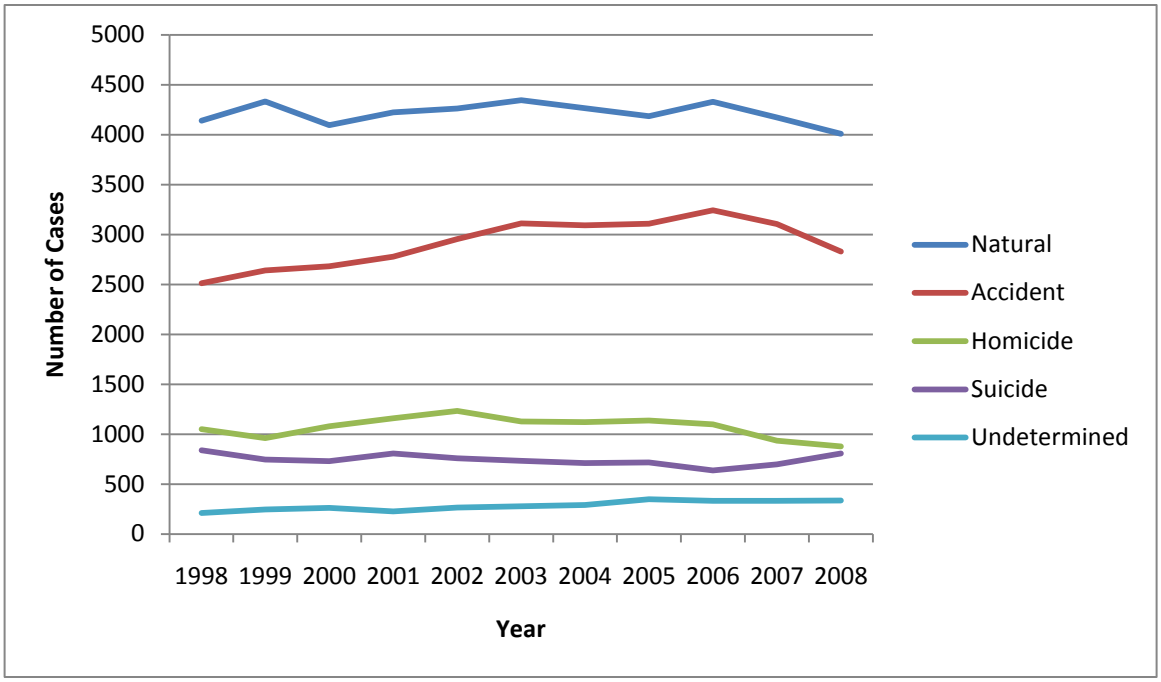
Year	Population
1998	9,225,800
1999	9,330,110
2000	9,579,022
2001	9,656,730
2002	9,816,792
2003	9,961,407
2004	10,077,865
2005	10,163,097
2006	10,223,263
2007	10,294,280
2008	10,342,429

Number of Reported and Accepted Cases per Year, 1998-2008



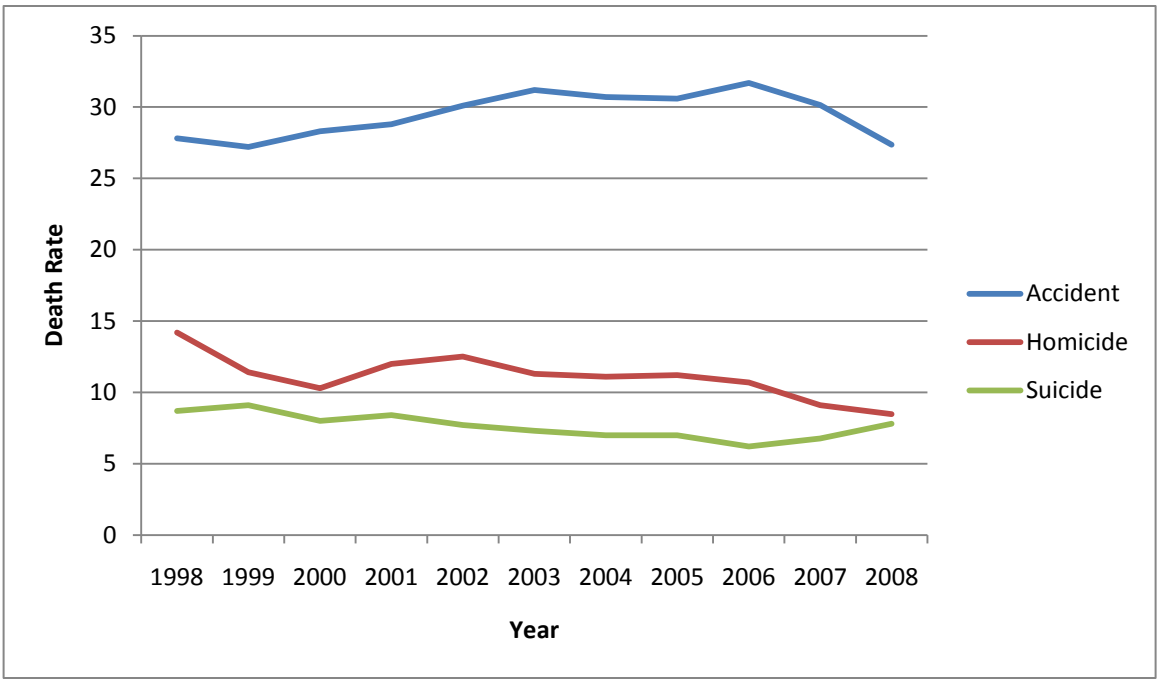
Year	Cases Reported	Cases Accepted
1998	17,924	8,981
1999	18,362	9,197
2000	18,512	9,156
2001	18,665	9,470
2002	18,665	9,591
2003	19,039	9,620
2004	18,509	9,465
2005	18,854	9,494
2006	17,704	9,637
2007	18,254	9,237
2008	17,572	8,854

Final Mode of Coroner's Cases, 1998-2008



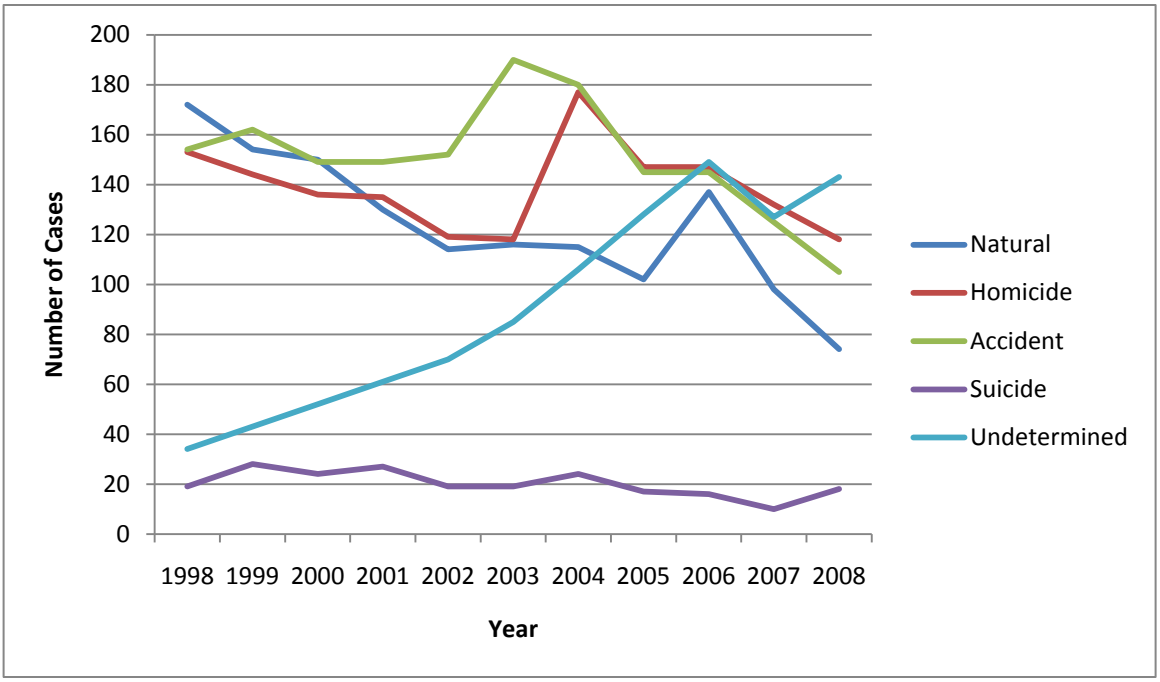
Year	Natural	Accident	Homicide	Suicide	Undetermined
1998	4,139	2,513	1,050	838	210
1999	4,331	2,641	960	744	247
2000	4,094	2,681	1,078	729	263
2001	4,224	2,777	1,159	807	226
2002	4,261	2,955	1,232	757	265
2003	4,344	3,110	1,127	732	279
2004	4,265	3,090	1,121	709	289
2005	4,186	3,106	1,137	716	349
2006	4,330	3,243	1,098	635	331
2007	4,170	3,104	936	696	331
2008	4,007	2,830	876	807	334

Death Rates per 100,000 Population, 1998-2008



Year	Accident	Homicide	Suicide
1998	27.8	14.2	8.7
1999	27.2	11.4	9.1
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

Modes for Child Death (Ages under 18), 1998-2008

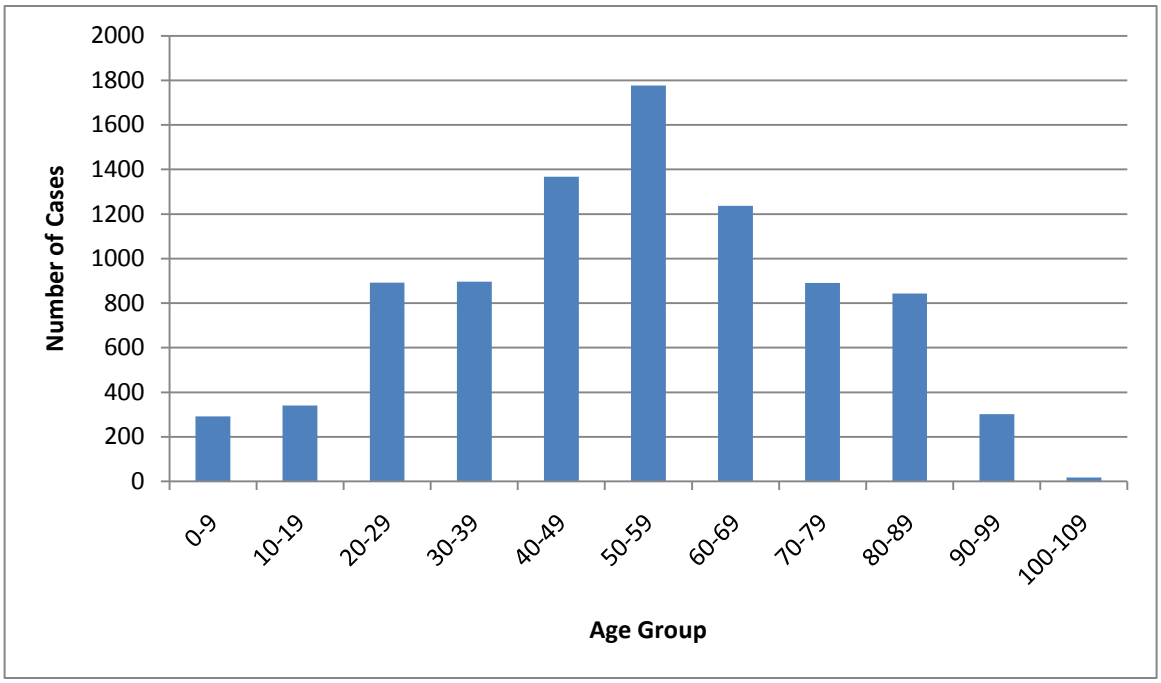


Year	Natural	Homicide	Accident	Suicide	Undetermined
1998	172	153	154	19	34
1999	154	144	162	28	43
2000	150	136	149	24	52
2001	130	135	149	27	61
2002	114	119	152	19	70
2003	116	118	190	19	85
2004	115	177	180	24	106
2005	102	147	145	17	128
2006	137	147	145	16	149
2007	98	132	125	10	127
2008	74	118	105	18	143

Statistics Required by National Association of Medical Examiners, 2008

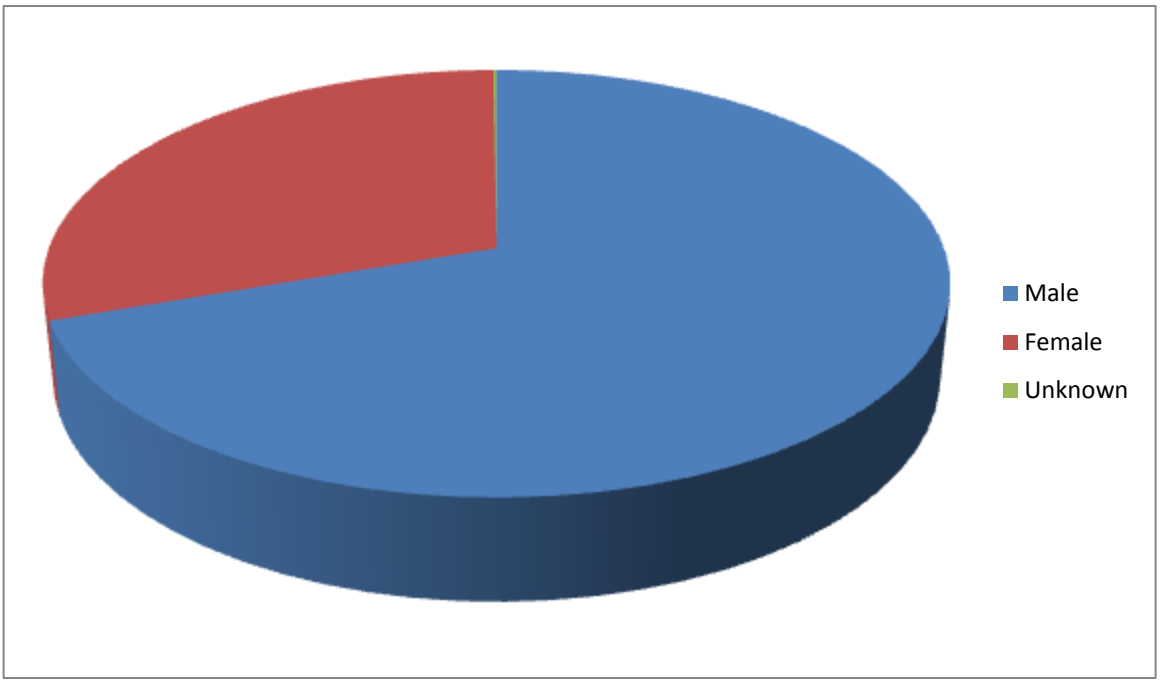
Number of deaths reported:	17,572
Number of cases accepted:	8,854
Number of cases by manner of death:	
Accident:	2,830
Homicide:	876
Natural:	4,007
Suicide:	807
Undetermined:	334
Scene visits:	3,455
Number of bodies transported:	6,390
External examinations:	
By physician:	1,978
By investigator:	2,459
Partial autopsies:	301
Complete autopsies:	4,116
Hospital autopsies under ME jurisdiction:	3
Cases where toxicology was performed:	5,266
Bodies unidentified after examination:	25
Organ and tissue donations:	
Total transplanted organs:	386
Total tissues donated:	420
Unclaimed bodies:	797
Exhumations:	1

Number of Coroner's Cases by Age, 2008



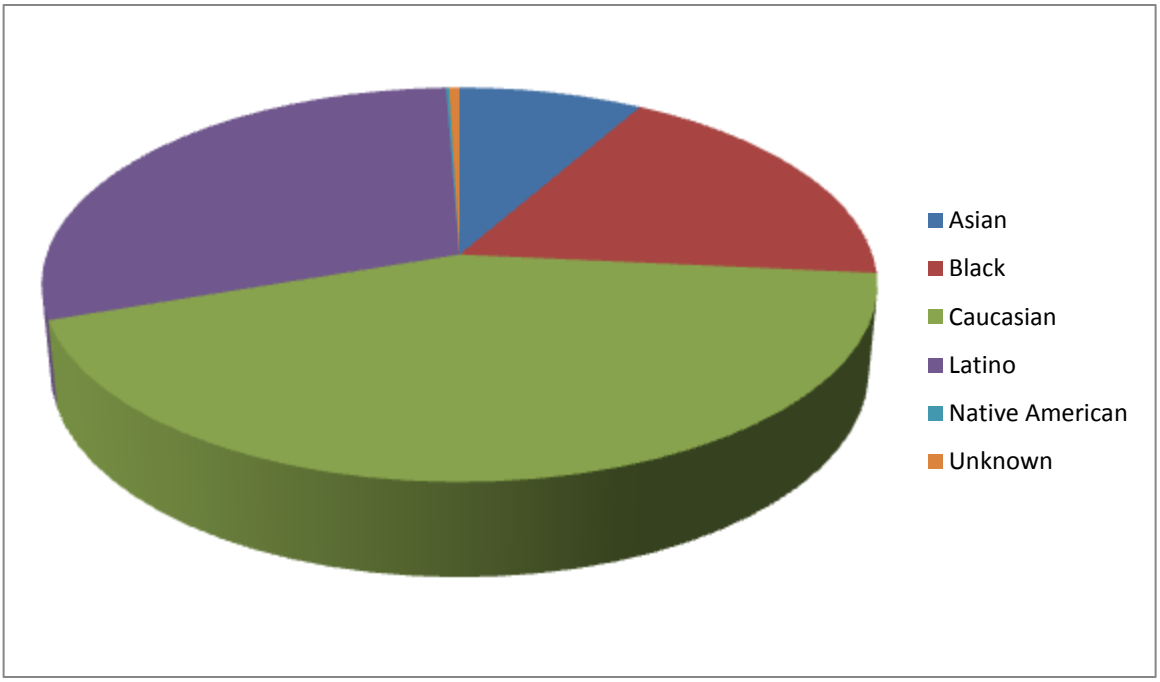
Age	Number of Cases
0-9	292
10-19	341
20-29	892
30-39	896
40-49	1,368
50-59	1,776
60-69	1,236
70-79	890
80-89	843
90-99	302
100-109	18

Coroner's Cases by Gender, 2008



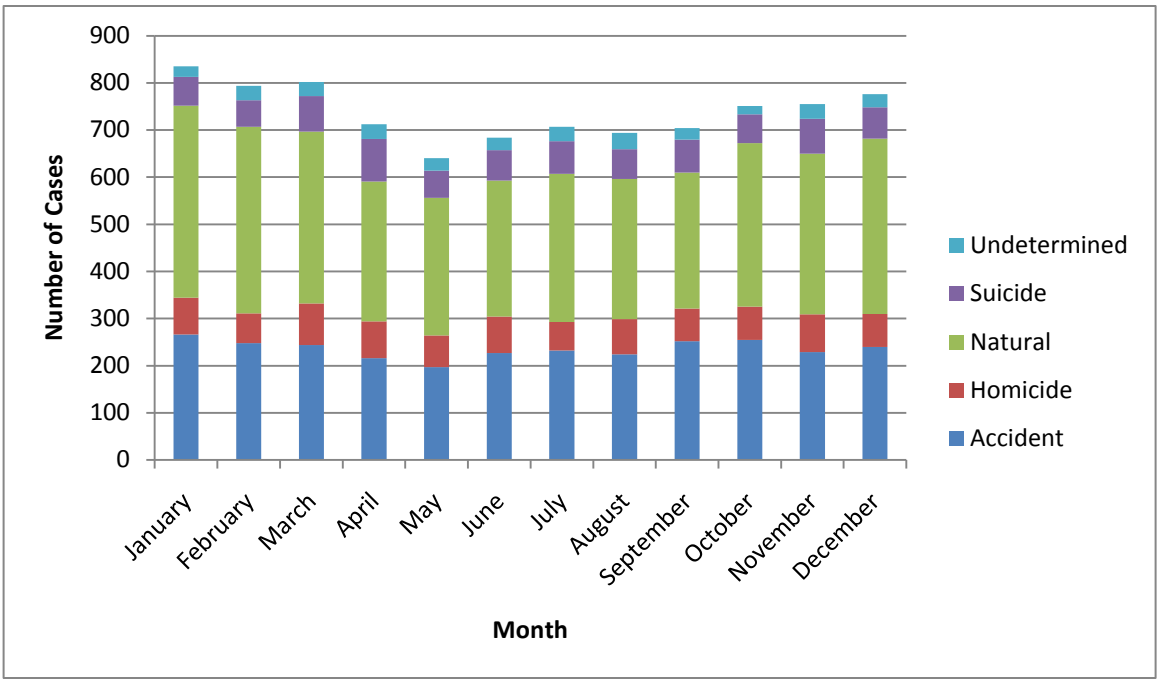
Gender	Number of Cases
Male	6166
Female	2676
Unknown	12

Coroner's Cases by Race, 2008



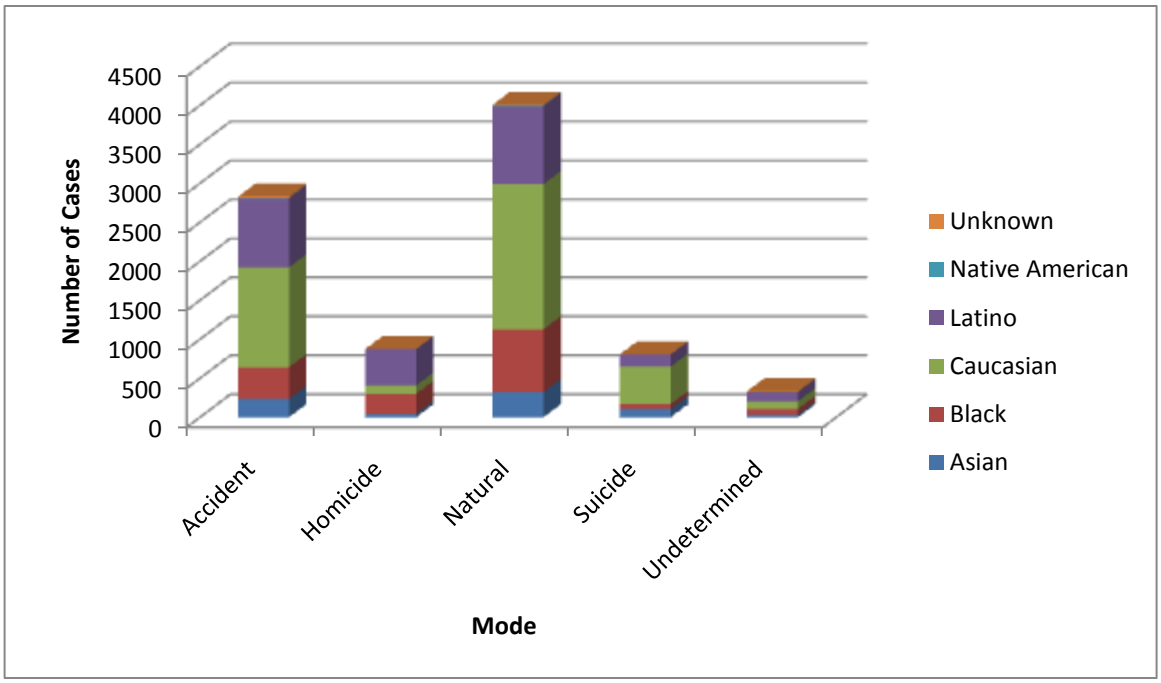
Race	Number of Cases
Asian	731
Black	1,616
Caucasian	3,828
Latino	2,625
Native American	13
Unknown	41

Mode of Death by Month, 2008



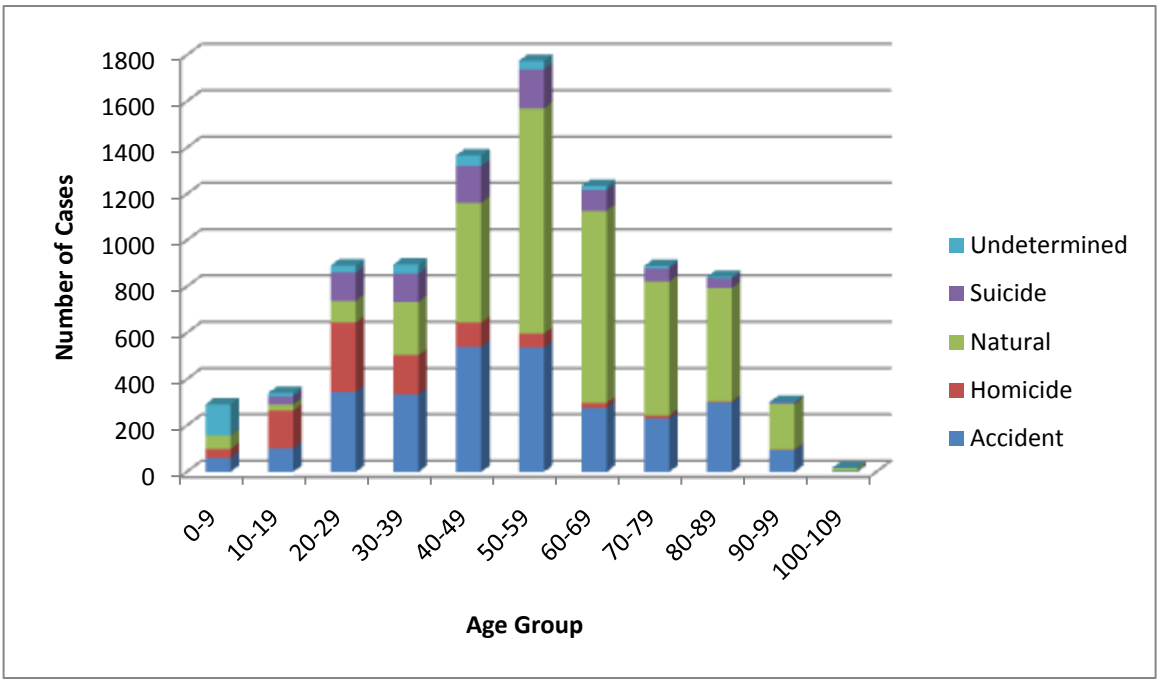
Month	Accident	Homicide	Natural	Suicide	Undetermined	Total
January	266	78	408	61	22	835
February	248	63	396	56	31	794
March	244	88	365	75	30	802
April	216	78	297	90	31	712
May	197	67	292	58	26	640
June	227	77	289	64	27	684
July	232	61	314	69	31	707
August	224	75	297	63	35	694
September	252	69	289	70	24	704
October	255	70	347	61	18	751
November	229	80	341	74	31	755
December	240	70	372	66	28	776

Racial Distribution for Each Mode, 2008



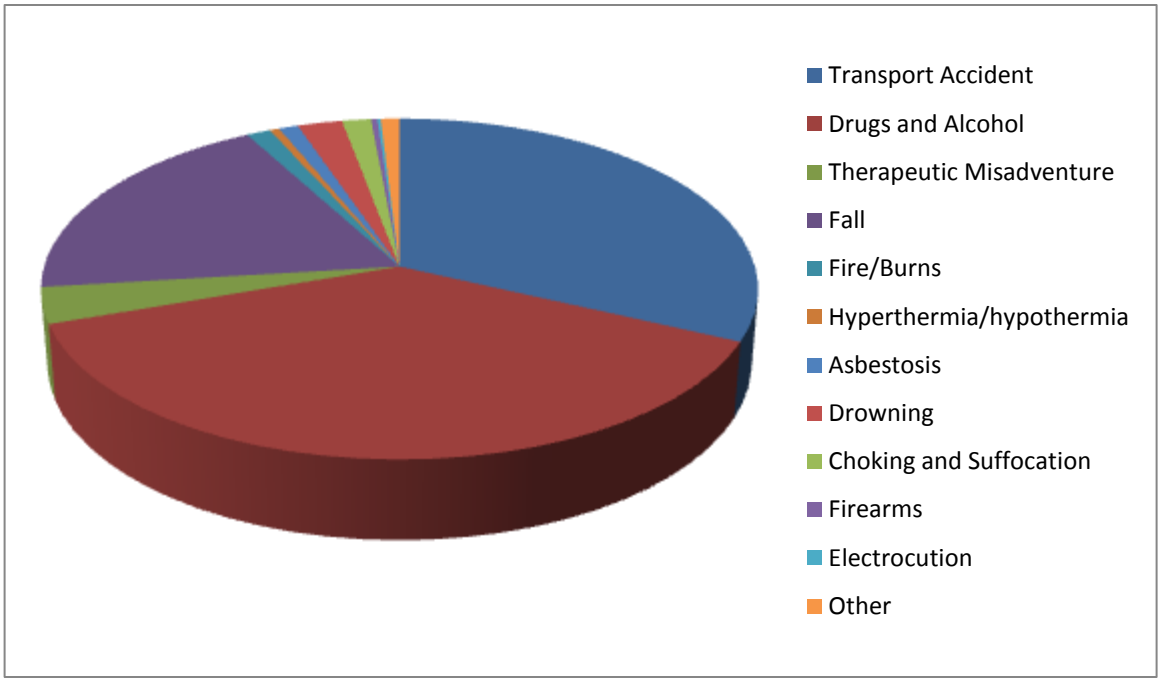
	Accident	Homicide	Natural	Suicide	Undetermined	Total
Asian	234	41	322	105	29	731
Black	408	260	806	64	78	1616
Caucasian	1280	107	1862	481	98	3828
Latino	885	466	999	155	120	2625
Native American	5	0	8	0	0	13
Unknown	18	2	10	2	9	41

Mode Distribution for Each Age Group, 2008



Age Group	Accident	Homicide	Natural	Suicide	Undetermined
0-9	61	38	58	1	134
10-19	102	163	27	35	14
20-29	346	299	94	123	30
30-39	334	171	230	123	38
40-49	541	104	518	158	47
50-59	538	60	972	169	37
60-69	276	22	830	91	17
70-79	231	13	578	58	10
80-89	301	4	490	42	6
90-99	95	2	197	7	1
100-109	5	0	13	0	0

Accidental Deaths, 2008



Type of Accident	Number of Cases
Transport Accident	905
Drugs and Alcohol	1066
Therapeutic Misadventure	97
Fall	537
Fire/Burns	35
Hyperthermia/hypothermia	14
Asbestosis	28
Drowning	65
Choking and Suffocation	42
Firearms	9
Electrocution	5
Other	27
Total	**2830**

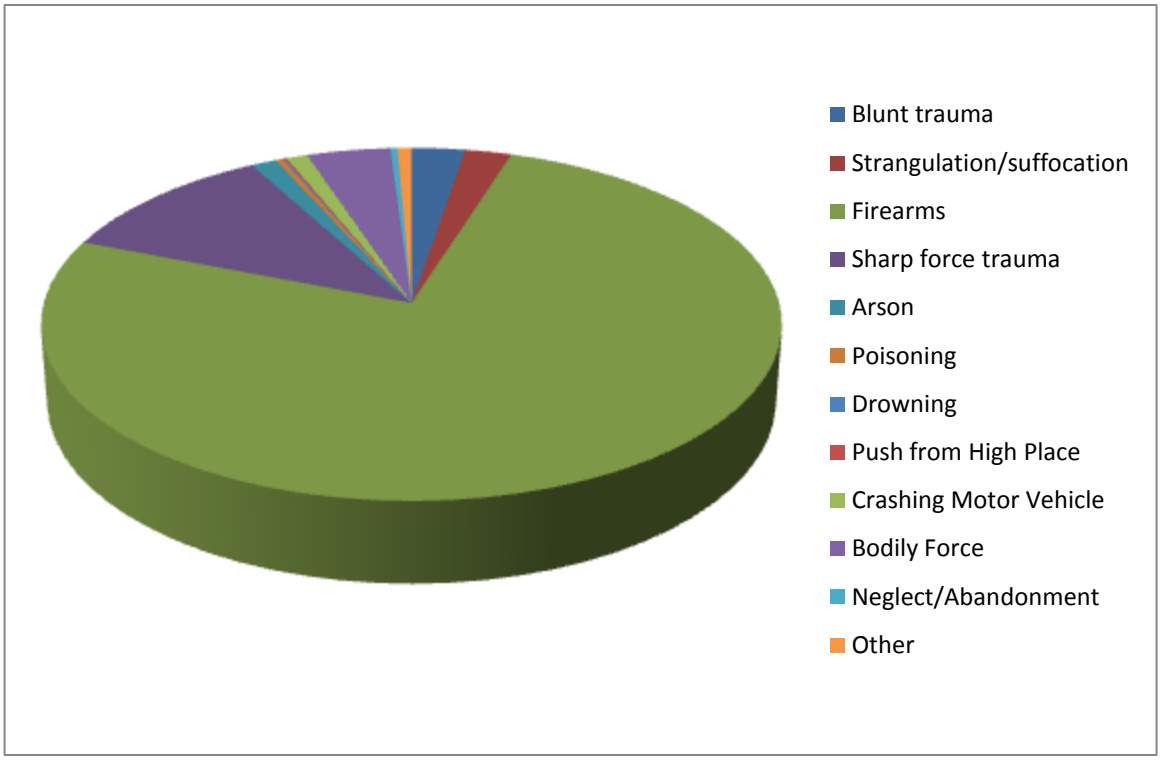
Transportation Accidents, 2008

Pedestrians		
	Collision with car, pick-up truck, or van	239
	Collision with pedal cycle or motorcycle	3
	Collision with heavy transport vehicle or bus	16
	Collision with railway train or railway vehicle	5
	Other and unspecified transport accidents	6
	Total pedestrians	**269**
Pedal Cyclists		
	Collision with motorcycle	1
	Collision with car, pick-up truck, or van	25
	Collision with heavy transport vehicle or bus	6
	Collision with fixed or stationary objects	1
	Fall from pedal cycle	9
	Total pedal cyclists	**42**
Motorcycle Riders		
	Collision with motorcycle	4
	Collision with car, pick-up truck, or van	63
	Collision with heavy transport vehicle or bus	15
	Collision with fixed or stationary objects	40
	Non-collision accident (fell or thrown)	8
	Other and unspecified transport accidents	3
	Total motorcycle riders	**133**
Car Occupants		
	Collision with motorcycle	1
	Collision with car, pick-up truck, or van	170
	Collision with heavy transport vehicle or bus	19
	Collision with railway train or railway vehicle	1
	Collision with fixed or stationary objects	136
	Non-collision accident (fell or thrown)	48
	Other and unspecified transport accidents	6
	Total car occupants	**381**
Other Transport Accidents		
	Occupant of pick-up truck or van	16
	Occupant of heavy transport vehicle	7
	Occupant of bus	1
	Fall from horse	1
	Collision between trains	25
	Off-road vehicle	1
	Watercraft	3
	Aircraft	13
	Other and unspecified transport accidents	13
	Total other transport accidents	80
Total Transport Accidents		**905**

Accidental Falls, 2008

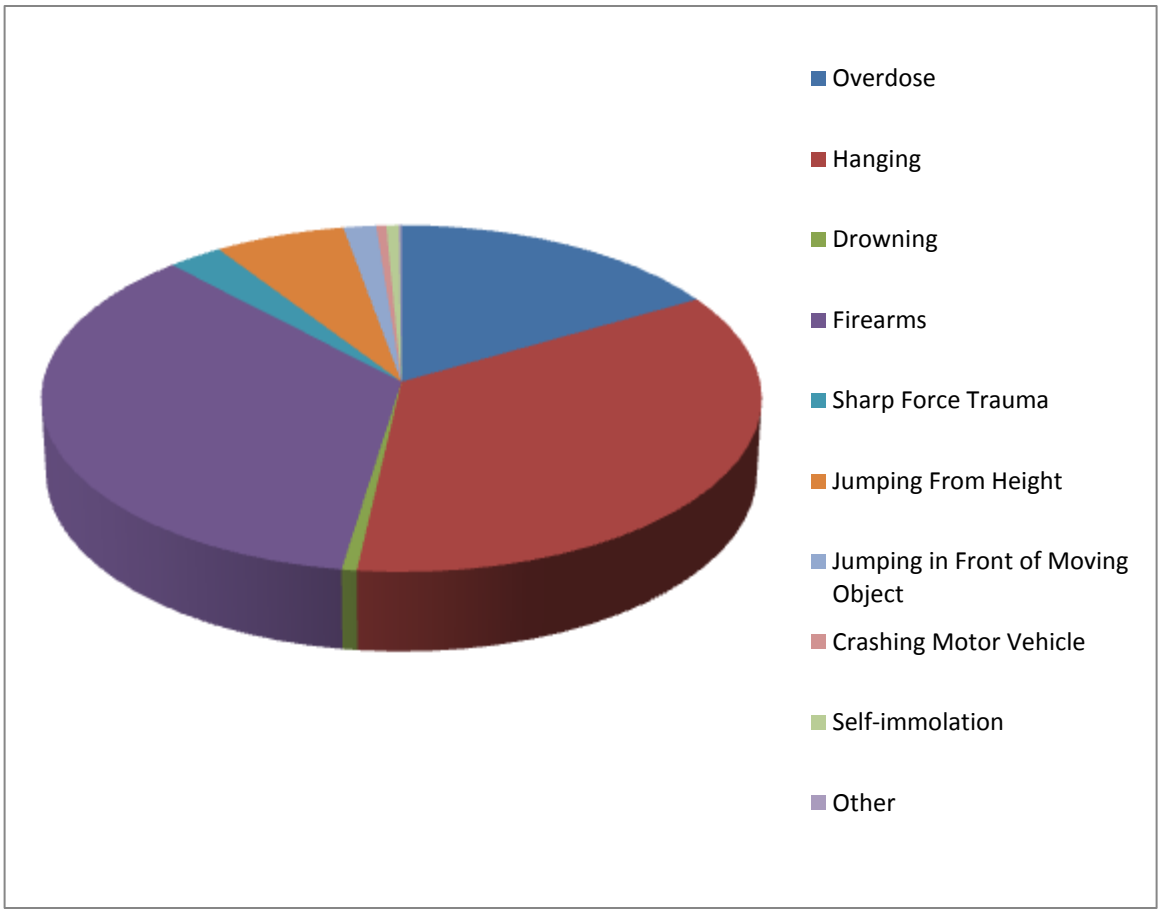
Fall involving ice or snow	1
Fall on same level from slipping, tripping and stumbling	405
Fall involving skateboard or snowboard	2
Fall involving wheelchair	9
Fall involving bed	24
Fall involving chair	9
Fall involving other furniture	1
Fall on or from stairs and steps	32
Fall on and from ladder	9
Fall from, out of or through building or structure	21
Fall from tree	4
Fall from cliff	2
Diving into water causing injury other than drowning	4
Other fall from one level to another	12
Other fall on same level	2
Total Accidental Falls	**537**

Homicidal Deaths, 2008



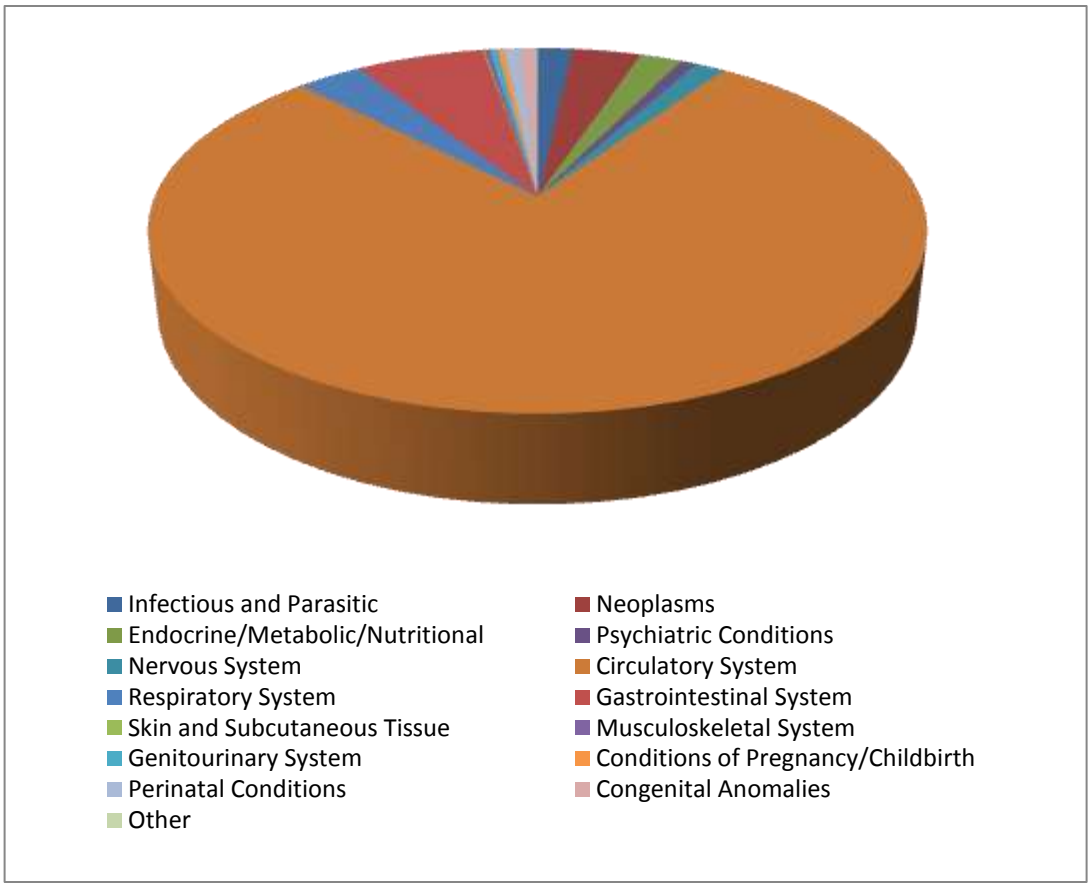
Method of Homicide	Number of cases
Blunt trauma	23
Strangulation/suffocation	20
Firearms	666
Sharp force trauma	97
Arson	11
Poisoning	1
Drowning	1
Pushing from high place	1
Crashing motor vehicle	9
Bodily force	36
Neglect/abandonment	3
Other	6
Total homicides	**876**

Suicidal Deaths, 2008



Method of Suicide	Number of Cases
Overdose	134
Hanging	284
Drowning	5
Firearms	287
Sharp Force Trauma	22
Jumping From Height	52
Jumping in Front of Moving Object	13
Crashing Motor Vehicle	4
Self-immolation	5
Other	1
Total Suicides	**807**

Natural Deaths, 2008



Category	Number of Cases
Infectious and Parasitic	70
Neoplasms	137
Endocrine/Metabolic/Nutritional	83
Psychiatric Conditions	32
Nervous System	59
Circulatory System	3130
Respiratory system	130
Gastrointestinal System	257
Skin and Subcutaneous Tissue	3
Musculoskeletal System	11
Genitourinary System	15
Conditions of Pregnancy/Childbirth	14
Perinatal Conditions	31
Congenital Anomalies	33
Other Conditions	2
Total Natural Deaths	**4007**

Circulatory System Disease among Natural Deaths, 2008

Condition	Number of Cases
Aneurysms	
Cerebral	23
Aortic	37
Other arteries	2
Arteriosclerotic disease	2464
Rupture of cerebral artery	1
Cardiomyopathy	
Alcoholic	5
Dilated	44
Hypertrophic	108
Idiopathic	53
Right ventricular dysplasia	2
Cerebral hemorrhage/infarction	89
Endocarditis	7
Hypertensive disease	214
Myocarditis	9
Pericarditis	2
Pulmonary hypertension	3
Rheumatic heart disease	1
Thrombosis/embolism	46
Valvular disease	
Aortic valve disease	3
Mitral valve disease	5
Cardiac arrest/heart failure	12
Total	**3130**

Nervous System Disease among Natural Deaths, 2008

Cause of Death	Number of Cases
Alzheimer Disease	3
Amyotrophic lateral sclerosis	2
Cerebral/epidural abscess	3
Cerebral palsy	9
Epilepsy	25
Guillain-Barré Syndrome	1
Meningitis	7
Multiple sclerosis	2
Muscular dystrophy	2
Parkinson Disease	1
Sleep apnea	2
Spastic tetraplegia	1
Transverse myelitis	1
Total	**59**

Infectious Diseases among Natural Deaths, 2008

Cause of Death		Number of Cases
Bacterial infections:	*Clostridium difficile*	1
	Mycobacterium tuberculosis	3
	Neisseria meningitides	1
	Streptococcus	2
	Staphylococcus	1
	Klebsiella	1
	Shewanella algae/putrefaciens	1
	Unspecified bacteria	2
Viral infections:	Hepatitis C	11
	Human immunodeficiency virus	39
	Unspecified virus	2
Fungal infections:	*Coccidioides*	3
	Cryptococcus	1
	Mucor	1
Other infections:	Cysticercosis	1
Total		**70**

Neoplasms among Natural Deaths, 2008

Primary Site	Number of Cases
Anus	1
Bladder	1
Bone	1
Brain	3
Breast	7
Cervix	1
Colon	9
Esophagus	1
Gallbladder	1
Hemangioma	1
Kaposi Sarcoma	1
Kidney	2
Larynx	1
Leukemia	5
Lipoma	2
Liver	9
Lung	27
Lymphoma	2
Meninges	1
Mesothelioma	10
Myeloma	2
Nasopharynx	1
Oral cavity	5
Ovary	7
Pancreas	2
Pleural hamartoma	1
Prostate	7
Rectum	1
Retroperitoneum	4
Skin	1
Soft tissue	2
Stomach	7
Thymus	2
Uterus	5
Metastatic/unknown primary site	8
Total	**137**

Los Angeles County

Toxicology Statistics

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Drugs Detected by Mode 46

Marijuana Detected by Mode 46

Cocaine (Benzoylecgonine) Detected by Mode 47

Methamphetamine Detected by Mode 47

Heroin (6-monoacetylmorphine) Detected by Mode 48

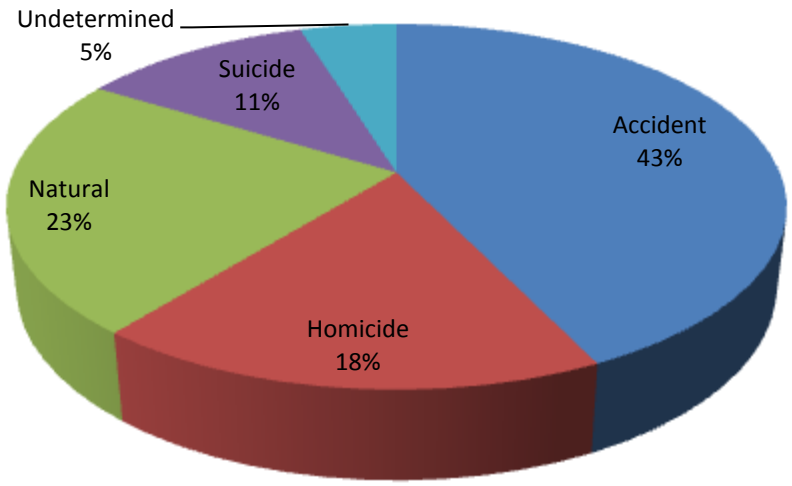
Phencyclidine Detected by Mode 48

Drugs by Classification 49

Alcohol Detected by Mode 50

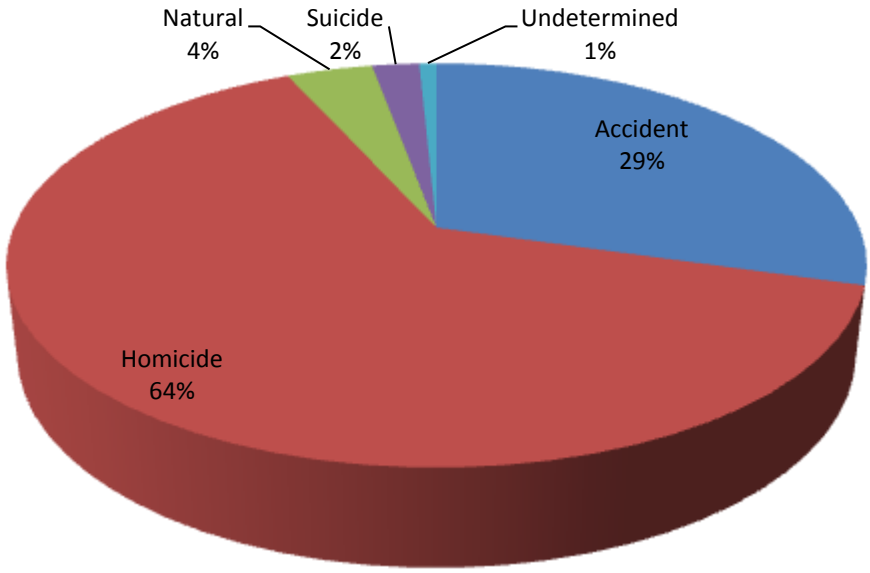
Alcohol Detected by Year 50

2008 Number of Cases with Drugs Detected by Mode
Total Cases of 3,329



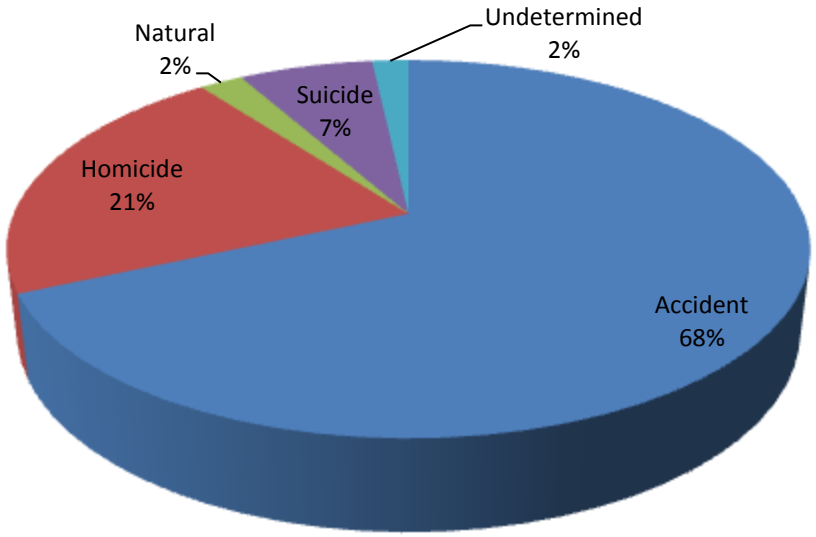
Accident – 1513 **Homicide - 524** **Natural - 796** **Suicide - 421** **Undetermined – 171**

2008 Marijuana Detected by Mode
Total Cases of 518



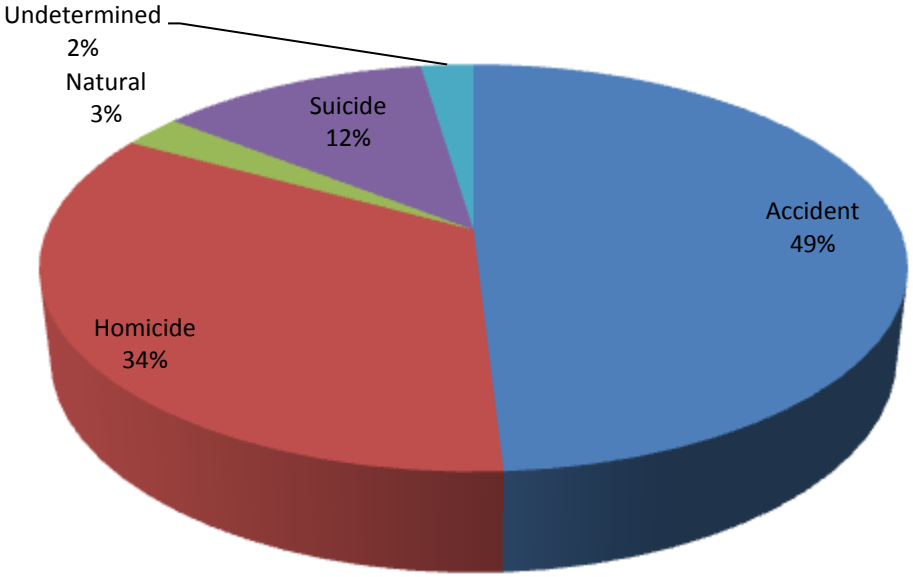
Accident - 153 **Homicide -330** **Natural - 20** **Suicide - 11** **Undetermined - 4**

2008 Cocaine (Benzoylecgonine) Detected by Mode
Total Cases of 572



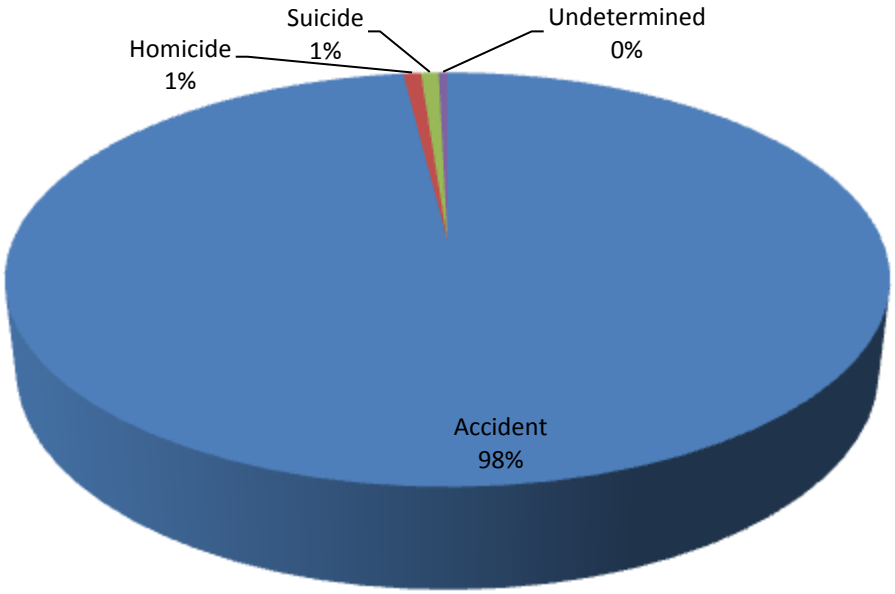
Accident – 391 Homicide – 122 Natural – 12 Suicide – 37 Undetermined - 10

2008 Methamphetamine Detected by Mode
Total Cases of 383



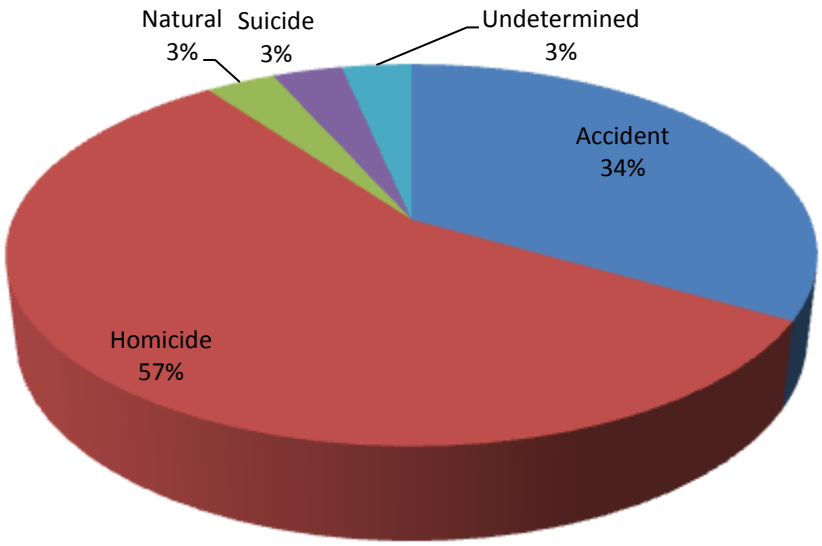
Accident – 188 Homicide – 130 Natural – 10 Suicide – 46 Undetermined - 9

2008 Heroin (6-monoacetyl morphine) Detected by Mode
Total Cases of 259



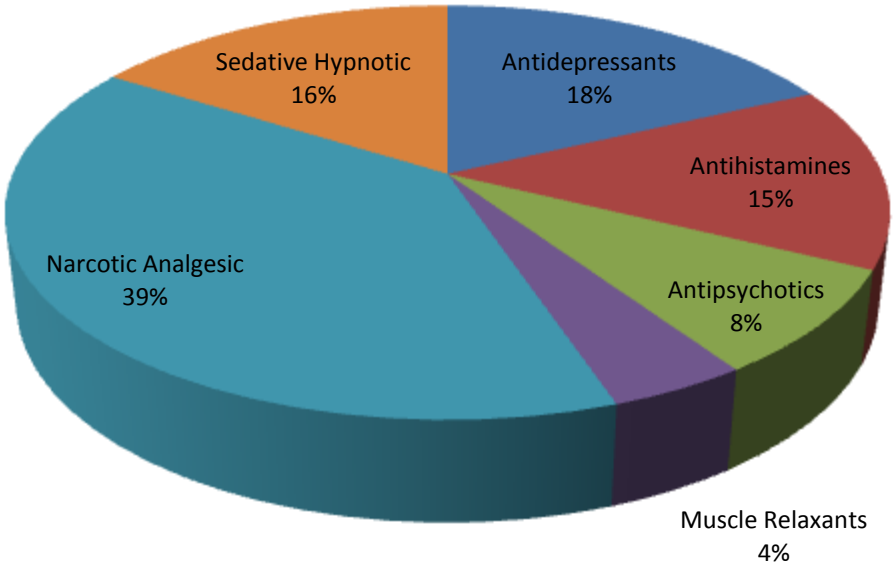
Accident – 254 Homicide –2 Suicide – 2 Undetermined - 1

2008 Phencyclidine Detected by Mode
Total Cases of 30



Accident – 10 Homicide – 17 Natural –1 Suicide – 1 Undetermined - 1

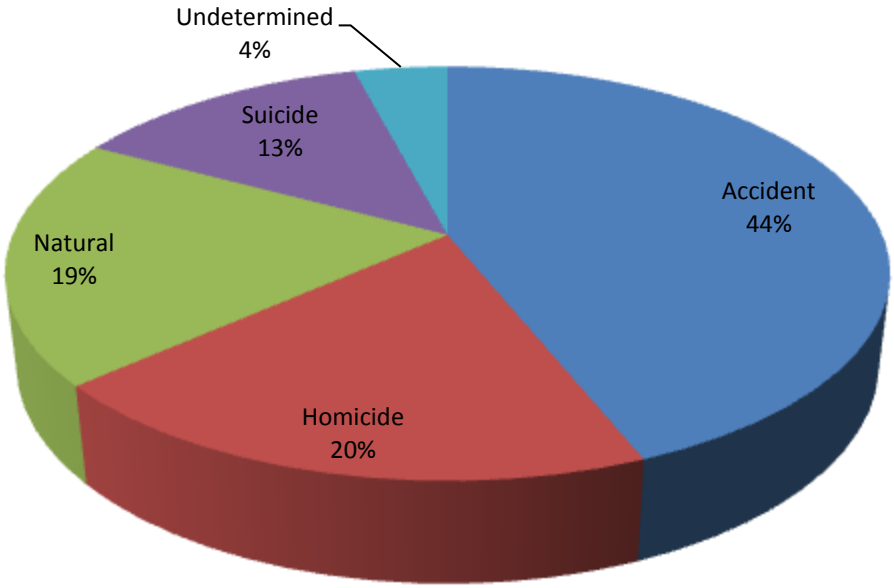
2008 Drugs by Classification
Total Cases of 2470



Antidepressants – 426 Antihistamines – 358 Antipsychotics – 205

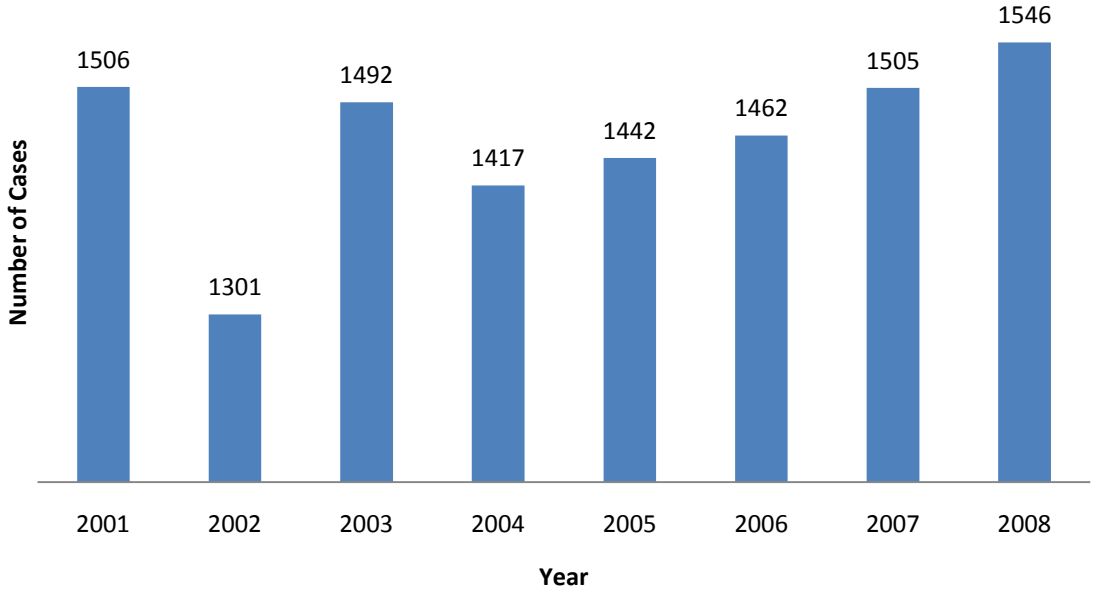
Muscle Relaxants – 107 Narcotic Analgesic – 974 Sedative Hypnotic - 400

2008 Alcohol Detected by Mode
Total Cases of 1546



Accident – 679 Homicide – 302 Natural – 300 Suicide – 202 Undetermined – 63

2001-2008 Alcohol Detected by Year



Acknowledgements

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