

2015 ANNUAL REPORT



Office of the Larimer County Coroner Medical Examiner

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To the Citizens of Larimer County,

The information you will find in this annual report has been gathered from records held by the Larimer County Office of the Coroner/ Medical Examiner, Donor Alliance, and the State of Colorado Health Department. Our staff strives to serve Larimer County with integrity and professionalism. It is our wish to provide the public with the most up-to-date and complete information possible in a format that is accurate and easy to read. Many of the statistics, charts, and graphs will vary year-to-year, as trends are followed and new or different information is requested.

We hope these statistics will be of value to you. If you have any questions or need any further information, please feel free to contact us.

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MISSION STATEMENT AND FUNCTION OF THE MEDICAL EXAMINER'S OFFICE

MISSION STATEMENT

- To seek the truth;
- To combine forensic science and medicolegal death investigation to determine the cause and manner of death;
- To serve the community with professionalism and integrity.

The Office of the Coroner / Medical Examiner is a separate and independent law enforcement agency. It is a division of the Larimer County government and is funded through the Larimer County Commissioners by the citizens of Larimer County. The Medical Examiner's Office serves the residents of Larimer County by incorporating the fields of medicine and forensic science to investigate any sudden and unexpected death, or those deaths that occur under violent or suspicious circumstances. Colorado Revised Statutes mandate that the Office of the Coroner investigate any death where the cause of death is unknown, and when necessary to determine the cause of death, an autopsy can be ordered by the Coroner. Certain autopsies are mandated by Statute.

In early 2002, the Larimer County Medical Examiner's Office became the smallest county in the nation and the third county in Colorado to attain national accreditation as a Medical Examiner's Office through the National Association of Medical Examiners (NAME). This is a stringent accreditation of over 250 requirements, which include that the Office is run by a Forensic Pathologist/ Medical Examiner, and that at least one Investigator be certified through the American Board of Medicolegal Death Investigators. We have maintained NAME Accreditation continuously since 2002.

In November, 2014, James A. Wilkerson IV, MD was elected as Coroner of Larimer County after the retirement of Dr. Patrick C. Allen who served as Larimer County Coroner for 35 years. Dr. Wilkerson has over 25 years' experience as a Forensic Pathologist and is triple-board certified in Forensic, Anatomical, and Clinical Pathology. Forensic Pathology is the branch of medical science that is applied to the legal investigation of sudden, unexpected, violent, or suspicious deaths. Also in the Forensic Pathology partnership are Michael A. Burson, PhD, MD, Dawn Holmes, MD, and John D. Carver, MD, each of whom is also a Forensic Pathologist/ Medical Examiner, as well as Dr. Patrick Allen who will continue to serve part time as a Deputy Coroner/ Forensic Pathologist.

The Larimer County Coroner/Medical Examiner's staff includes a Chief Deputy Coroner/Chief Investigator and five Deputy Coroner/Investigators. All investigators are trained extensively in medicolegal death investigation through ongoing education. All investigators are Certified Death Investigators through the Colorado Coroners Association, and are encouraged to complete the National Death Investigator certification process through the American Board of Medicolegal Death Investigators. Completing our staff is the Administrative Office Manager.

Duties of the Medical Examiner's Office are dictated by Colorado Revised Statutes and the National Association of Medical Examiners (NAME), and include:

- To respond to the death scene, 24 hours a day, 7 days a week;
- To investigate the scene of death;
- To take all necessary steps needed to positively identify the decedent;

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- To determine the date and time of death;
- To collect, preserve, and process pertinent evidence at the scene;
- To photograph, document, and/or sketch the scene;
- To remove the body from the scene in a dignified manner;
- To interview witnesses, family members, physicians, employers, friends, neighbors, etc.;
- To compile and document information in unbiased, accurate, and complete reports;
- To assist at autopsy, which will determine Cause of Death;
- To notify next-of-kin;
- To process and compare fingerprints from weapons and other items;
- To provide information and assistance to families;
- To interact with other Law Enforcement, governmental, and health agencies, i.e. police/sheriff, fire, Emergency Medical Services, attorneys, OSHA, FBI, Consumer Product Safety Commission, DEA, school districts, hospitals, funeral homes, organ donation teams, etc.;
- To release information to public through press releases and/ or media interviews;
- To provide testimony at depositions and in court;
- To provide training and education in the field of Death Investigation to other law enforcement, health, and community service agencies.

The investigative and medical staff seek to find answers to the questions which are important to the decedent's family, involved law enforcement agencies, insurance companies, the judicial system, Consumer Product Safety Commission, the Colorado Department of Health, and OSHA, to name a few. The pursuit of civil or criminal proceedings is in part determined by the ability of the Medical Examiner's Office to determine the cause and manner of death. This unique makeup of job responsibilities means the Medical Examiner's Office performs both a public service and a law enforcement role that requires the Medical Examiner to scrutinize every death within the jurisdiction to determine the events that led to that death.

The Medical Examiner's Office also functions as an advocate for families by working with them to insure they are notified of the death, relaying the medical information from autopsies, and placing families in touch with other agencies that will assist in the grieving process. Many cases brought to the Medical Examiner's office are dealt with in a routine manner because the identity of the decedent is known and next-of-kin can be readily contacted. However, there are occasional cases that are difficult to resolve. In these deaths, one or more pertinent pieces of information are missing or difficult to establish. Identification of the deceased may require locating dental records, fingerprints, or surgical records. The decedent may not have next-of-kin, or the next-of-kin may be far removed and difficult to locate. These cases may take more time, but the Medical Examiner's staff will pursue any and all leads to resolve these issues.

The postmortem examination (autopsy) on each decedent includes the preservation of evidence, body fluids, and tissue for microscopic examination, toxicological analyses, trace evidence analysis, and other tests deemed necessary. Photographs are taken at autopsy both externally and internally and have value both as evidence and additional documentation of cases.

The Medical Examiners and Investigators provide testimony at depositions and in court. The staff participates in meetings with police, physicians, and attorneys (Prosecution and Defense) in a variety of criminal and civil cases.

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Our office works closely with organ and tissue procurement teams in a cooperative effort to ensure that the decedent's wishes and those of their family are honored.

Death investigation requires frequent contact between our office and various media personnel. The staff is skilled in responding to media inquiries that occur daily.

Deaths which fall under the jurisdiction of the Coroner are defined by statute (CRS: 30-10-606) and include, but are not limited to, the following circumstances:

- All victims of external violence, unexplained cause, or deaths with suspicious circumstances (including all actual or suspected homicides, suicides, and accidents);
- Deaths where no physician is in attendance, or where, though in attendance, the physician is unable to certify the cause of death;
- Deaths from thermal, chemical, or radiation injury, or death from any injury sustained prior to hospital admission;
- Deaths from criminal abortion, including any situation where such abortion may have been self-induced;
- Deaths from a disease which may be hazardous or contagious or which may constitute a threat to the health of the general public;
- Deaths occurring while in the custody of law enforcement officials or while incarcerated in a public institution;
- When the death was sudden and happened to a person who was in good health;
- All "crib deaths" (Sudden Unexpected Infant Death Syndrome);
- All patients that die within 24 hours of admission to a hospital or nursing home facility.

Investigators must participate in ongoing continuing education, including:

- Death Investigation Seminars and Certification
- Medical and Forensic Seminars
- Accident Investigation
- Crime Scene Investigation
- Evidence Collection and Preservation
- Medical Training
- Interviewing and Dealing with Grief

The Medical Examiner's staff provides regular training and education to other law enforcement, health, and community service agencies concerning the roles and functions of this office. In 2015, our Medico-legal Investigators conducted numerous educational outreach training presentations to local agencies, schools, community service groups, and individuals, including but not limited to:

- AIMS Police Academy
- Berthoud Fire Dept. & Poudre Fire Authority
- CSU & Poudre School District Forensic Program
- Fort Collins Police Department
- Front Range Community College Med Prep & Criminal Justice Programs
- Larimer County & City of Fort Collins Victim's Advocates
- Larimer County Search and Rescue

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MEDICAL EXAMINER'S OFFICE**

- Pathways Hospice & Suicide Resource Center
- Prevent Alcohol & Risk-Related Trauma in Youth (PARTY) Program (30 +/- presentations throughout school year)
- Rocky Mountain High School
- UNC Forensics & Criminal Justice Program
- Various individual meetings with citizens throughout the community.

We have also been asked to train other Coroners and Deputy Coroners throughout the State of Colorado as part of the Colorado Coroner's Association.

EXPLANATION OF DATA

The Larimer County Coroner's Office was established in 1881 and records have been kept continuously since. The vast majority of information presented here has been compiled from deaths that fell under the jurisdiction of the Larimer County Coroner/ Medical Examiner during the 2015 calendar year. Many of the charts and graphs include data from the last 10 years, as needed to show trends.

The geographic area served by the Larimer County Medical Examiner's Office includes 2,634 square miles, which is located in the north central part of the state. Weld and Jackson Counties are to the east and west, respectively, with Boulder County on the south and the State of Wyoming on the north. Larimer is the 6th largest county in Colorado, based on population. The population of Larimer County is approximately 325,000 and includes the cities and towns of Estes Park, Berthoud, Loveland, Ft. Collins, and Wellington. Small communities such as Timnath, LaPorte, Bellvue, Drake, Glen Haven, Livermore and Red Feather Lakes are also within the boundaries of Larimer County. The county extends to the Continental Divide and includes much of Rocky Mountain National Park. Over 50% of Larimer County is publicly owned, most of which is land within Roosevelt National Forest and Rocky Mountain National Park. The County has two school districts; Poudre School District R-1 and the Thompson Valley School district RJ-2. Larimer County has nine (9) State highways, three (3) US highways, and one Interstate highway going through its boundaries.

The data in this report are summarized from individual cases under the jurisdiction of the Coroner/Medical Examiner and presented here in aggregate form. Long term death statistics were gathered from Coroner's statistics over the last 10 (or more) years. Current yearly information and statistics were gathered from deaths in 2015.

The "Undetermined" Manner of Death category includes deaths in which the manner could not clearly be determined, as in some drug overdoses where there is no clear evidence as to whether the injury occurred with intent or accidentally. Undetermined is also used for Sudden Unexpected Infant Death Syndrome (SUIDS), and in other cases, such as found skeletal remains, where no other clear manner of death can be determined.

It is the intention of the Larimer County Medical Examiner's Office to provide factual statistics and information for and requested by the citizens of Larimer County. Graphs and tables, which display information such as classification of death, drugs of abuse, death rates, and motor vehicle crash statistics have been selected as those most likely to assist other agencies and individuals seeking statistical information.

Abbreviations are used for modes of death throughout the various charts and graphs in this report. They are as follows:

- CO (carbon monoxide)
- GSW (gunshot wound)
- LS (ligature strangulation)
- MV (motor vehicle)
- MVC (motor vehicle crash)
- OD (overdose)

MANNER OF DEATH

The **Manner of Death** is a classification of the way in which the Cause of Death came about, whether by force of natural events, accidental means, self-inflicted wounds, or other external forces. Manner of Death is determined largely by means of the investigation. There are only five (5) manners of death, listed below.

NATURAL: Death caused *solely* by disease. If natural death is hastened by injury or any other non-natural event (ex: fall), the manner of death will not be considered natural. If the terminal disease process is *caused* by a non-natural event (ex: pneumonia due to long-term bed confinement as a result of a motor vehicle accident), the manner of death will not be considered natural. In 2015, we investigated 962 Natural deaths.

SUICIDE: Death as a result of a purposeful action set in motion (explicit or implicit) to end one's life. In 2015, there were 80 deaths certified as Suicides.

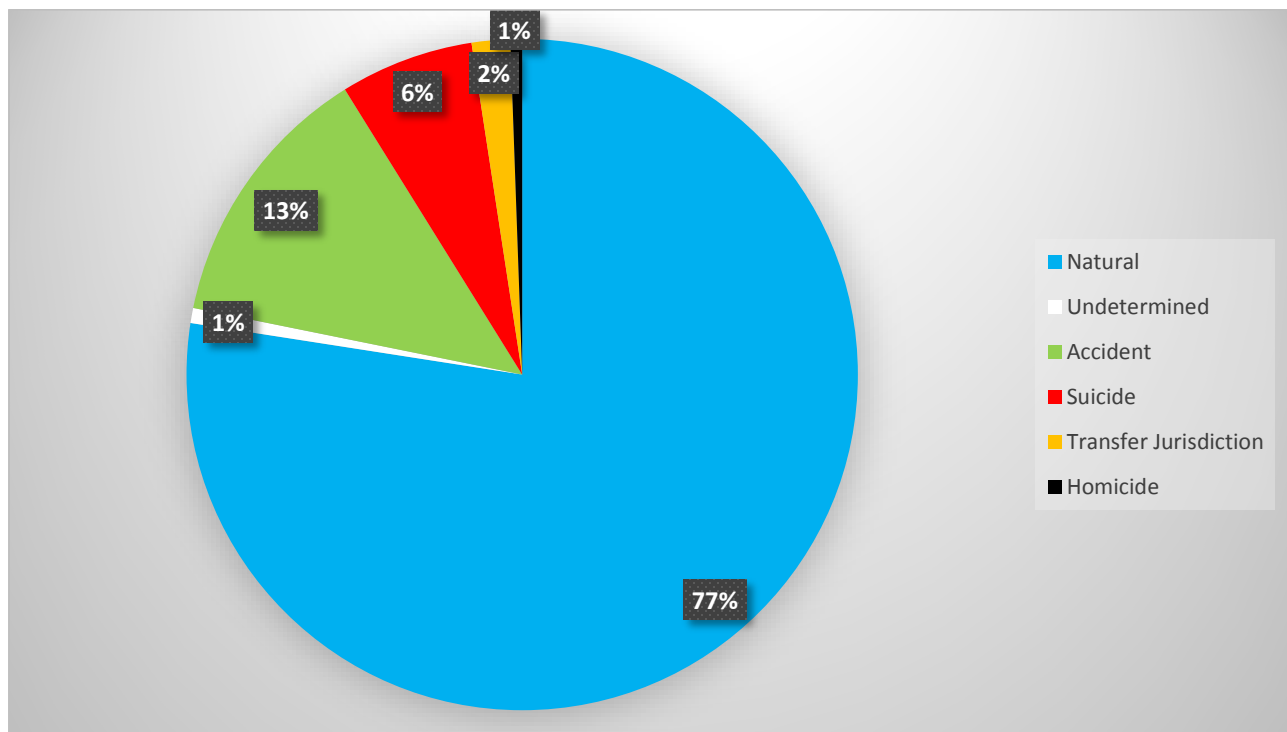
ACCIDENT: Death other than natural where there is no evidence of intent; i.e. an unintentional event or chain of events. This category includes most motor vehicle accidents, falls, drowning, accidental drug overdoses, drug reactions, etc. In 2015, we had 161 Accidents, 39 of which were motor vehicle fatalities.

HOMICIDE: Death resulting from injuries intentionally inflicted by another person (explicit or implicit), or inflicted on another by one's grossly reckless behavior (does not include vehicular homicide). In 2015, there were 7 Homicides in Larimer County.

UNDETERMINED: Manner assigned when there is insufficient evidence, or conflicting/ equivocal information (especially about intent), to assign a specific manner. In 2015, we had 9 deaths where Manner could not be accurately determined. These are listed as Undetermined.

TRANSFERS: We transferred jurisdiction back to the originating County where the injury occurred in 23 cases.

MANNERS OF DEATH – 2015



2015 YEAR - END STATISTICAL OVERVIEW

The Larimer County Medical Examiner's Office investigated a total of 1,242 deaths during 2015. Of these, 962 were Naturals, 161 were Accidents, 80 were Suicides, 7 were Homicides, 23 were transferred back to the County of origin, and 9 were classified as Undetermined. Of the 1,242 deaths, our 6 Medicolegal Investigators responded to and conducted complete medicolegal investigations into 428 death scenes. The remaining 814 cases where a response was not deemed necessary were home Hospice or hospital deaths falling under Coroner Statutes, but determined to be death solely from Natural causes that had no suspicious or unusual circumstances. These deaths were investigated via telephone and medical record review.

Not every accident or suicide is necessary to autopsy. This usually occurs when the person has been a patient in a hospital or nursing home and there is adequate medical history and a documented diagnosis which can eliminate the need for an autopsy. However, a complete medicolegal investigation is still done.

Accidents: 161 total 95 autopsied; 3 Toxicology only

- 43 - Drug Overdose (OD)
- 61 - Falls
- 39 - Motor Vehicle Crash (MVC)
 - 1 - Electrocutation
 - 5 - Drowning
 - 6 - Asphyxia (mechanical, positional, huffing, or auto-erotic)
 - 1 - Anaphylaxis (allergic reaction)
 - 2 - Choked on food/ foreign object
 - 2 - Hypo/ hyperthermia
 - 1 - Train vs. pedestrian

Suicides: 80 total 77 autopsied; 1 Toxicology only

- 45 - Gun Shot Wound (GSW)
- 9 - Drug Overdose (OD)
- 18 - Ligature Strangulation (LS)
 - 1 - Carbon Monoxide (CO)
 - 2 - Asphyxia/Suffocation
 - 1 - Cutting/ stabbing
 - 3 - Jumped from height
 - 1 - Train vs. pedestrian

Homicides: 7 total 7 autopsied

- 7 - Gun Shot Wound (GSW)

Undetermined: 9 total 8 autopsied; 1-human bone

- 1 - Blunt force injury (accident vs. homicide)
- 1 - Overdose vs. Natural
- 3 - Overdose (Accident vs. Suicide)
- 1 - Ligature (Accident vs. Suicide)
- 1 - Gunshot (Suicide vs. Homicide)
- 1 - Nothing found at autopsy
- 1 - Human bone

Transfer of Jurisdiction: 23 total

Naturals: 962 total 51 autopsied; 9 Toxicology only

Total Forensic Autopsies Performed: 238 + 13 Toxicology-Only studies

SUICIDE

STATISTICS

2015 Suicide Information

Suicide is death caused by intentional, self-inflicted injuries. In Larimer County during 2015 there were eighty (80) deaths by suicide. Death by Suicide comprised 6.4% of our investigated cases and 3.2% of all Larimer County deaths.

Age

Average Age	45
Juvenile (<18)	4
Adult	76
Oldest:	88
Youngest:	11

Alcohol and/ or Drugs Present

53/80 (66%)

Gender

Female	18
Male	62

Race

Black	0
Hispanic	4
White	76
Other	0

Mode of Suicide

Gun Shot Wound (GSW)	45
Drug Overdose (OD)	9
Ligature Strangulation (LS)	18
Carbon Monoxide (CO)	1
Asphyxia/ Suffocation	2
Train v. pedestrian	1
Cutting/stabbing	1
<u>Jumped from height</u>	<u>3</u>
	80

Mental Health/ Suicide Notes

Left note or other message:	42/80
	(52%)
Prior ideation or attempts:	51/80
	(64%)
Active mental health treatment:	23/80
	(29%)

Monthly Breakdown

Jan	5
Feb	4
Mar	8
Apr	8
May	7
Jun	7
July	8
Aug	8
Sept	7
Oct	9
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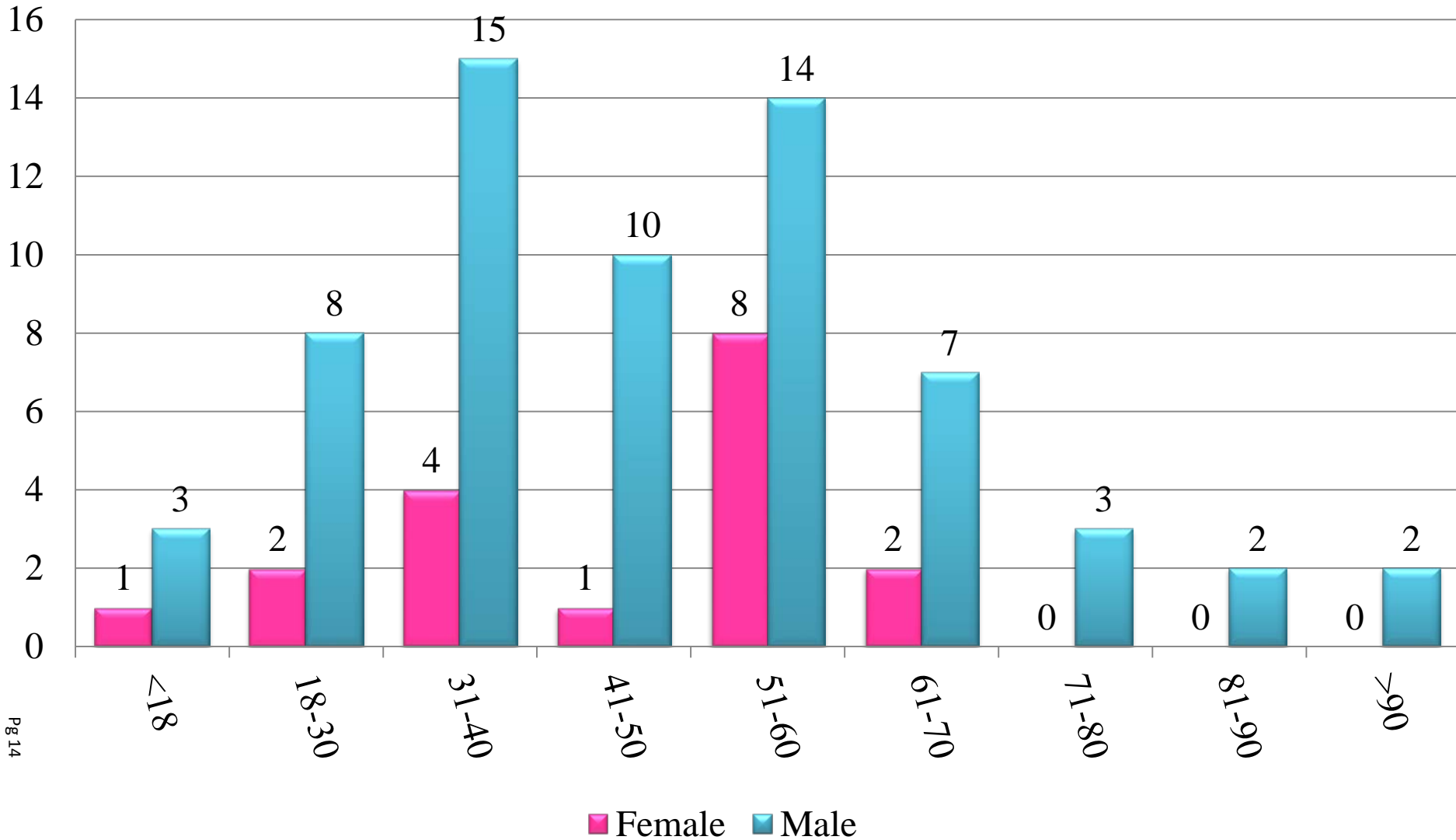
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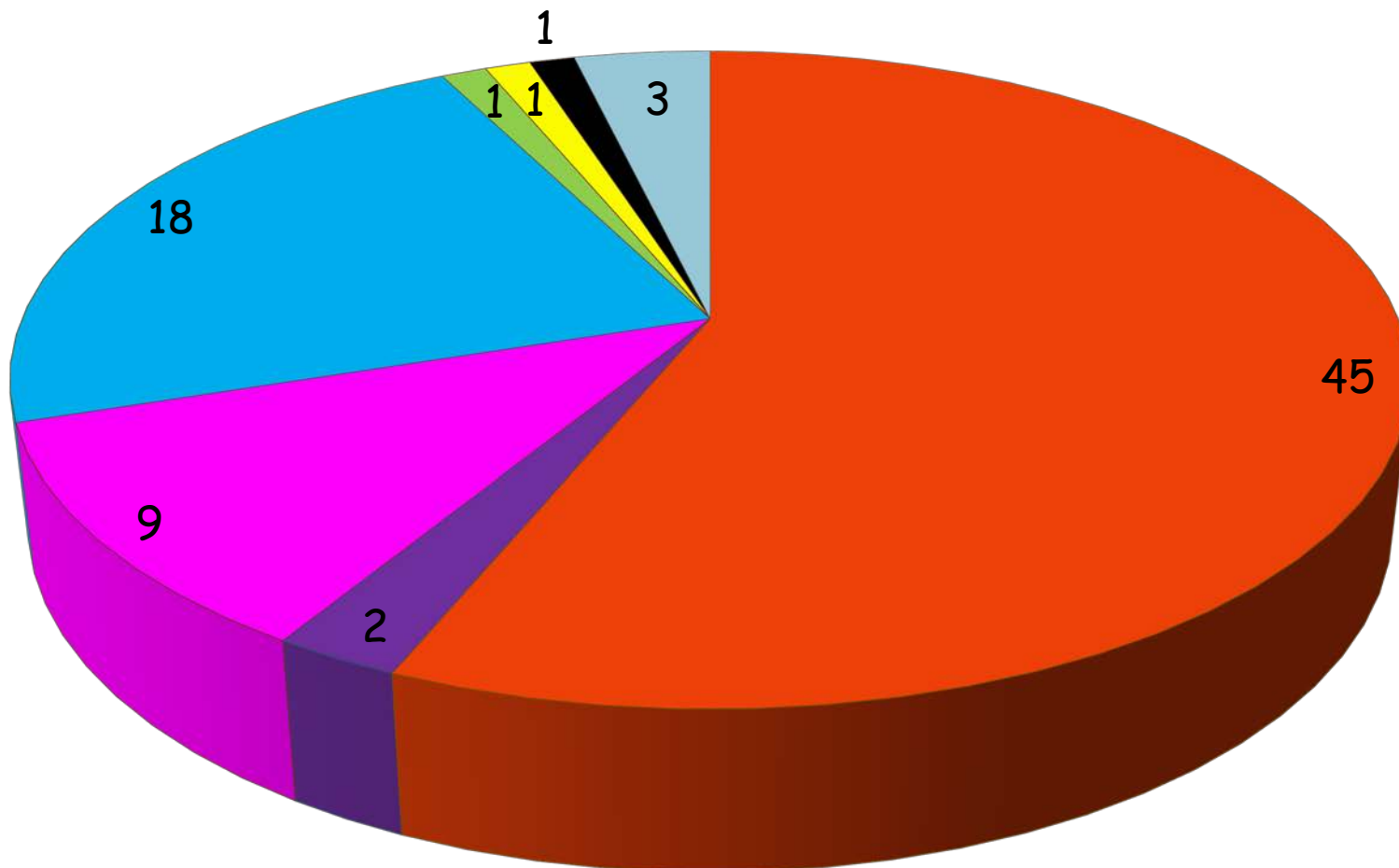
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2015 Suicides by Age and Gender Distribution



2015 Suicides Distribution by Mechanism



- Gunshot
- Ligature
- Train v. Ped
- Asphyxia
- Carbon Monoxide
- Jumped
- Overdose
- Cut/Stab

Juvenile (<18) vs. Adult Suicides 10 Years: 2006 - 2015

