

**COUNTY OF SPOKANE, STATE OF WASHINGTON**



**MEDICAL EXAMINER  
2006 ANNUAL REPORT**

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# 2006 ANNUAL REPORT

## TABLE OF CONTENTS

Section 1: Overview .....	1
Mission Statement .....	1
Introduction .....	1
Foreword.....	1
Acknowledgment.....	2
Criteria for Reportable Deaths .....	2
Function of the Medical Examiner's Office .....	3
Spokane County Medical Examiner Cases in 2006 .....	3
Forensic Unit.....	3
Chaplaincy Program .....	3
Section 2: Total Cases.....	4
Total Cases for 2006.....	4
Total Cases by Gender and Manner of Death.....	5
Total Cases by Race and Manner of Death .....	6
Total Cases by Age Group and Manner of Death .....	6
Total Cases by Age Group and Gender .....	7
Section 3: Multi-Year Comparison .....	8
Manner Of Deaths Comparison .....	9
Homicidal Methods Comparison .....	11
Suicidal Methods Comparison .....	12
Vehicular Deaths Comparison .....	13
Accidental Deaths Comparison.....	14
Accidental Deaths Comparison.....	15
Natural Deaths Comparison.....	16
Undetermined Deaths Comparison.....	17
Section 4: Manner of Death .....	18
ACCIDENT.....	18
<i>Accidental Deaths by Month</i> .....	18
<i>Accident Mode by Gender</i> .....	19
<i>Accident Mode by Gender and Age Group</i> .....	20
HOMICIDE .....	21
<i>Homicide Deaths by Month</i> .....	21
<i>Homicide Deaths by Method, Gender, and Age Group</i> .....	22
<i>Homicide Deaths by Age Group</i> .....	22
<i>Homicide Deaths by Method</i> .....	23
NATURAL .....	24
<i>Natural Deaths by Month</i> .....	24
<i>Natural Deaths by Disease Process</i> .....	25
<i>Cause of Natural Deaths by Category</i> .....	26
<i>Natural Deaths by Disease Process and Gender</i> .....	26
<i>Natural Deaths by Gender and Age Group</i> .....	27

<i>Natural Deaths by Disease Process (Autopsied)</i> .....	28
<i>Natural Deaths Autopsied</i> .....	29
SUICIDE .....	30
<i>Suicide Deaths by Month</i> .....	30
<i>Suicide Method by Gender and Age Group</i> .....	31
VEHICULAR .....	32
<i>Vehicular Deaths by Month</i> .....	32
<i>Vehicular Deaths by Method, Gender, and Age Group</i> .....	33
<i>Traffic Fatalities and Use of Restraint</i> .....	33
UNDETERMINED .....	34
<i>Undetermined Deaths</i> .....	34
Glossary of Terms .....	35
Organizational Chart.....	37

## Section 1: Overview

### ***Mission Statement***

“A regional forensic medicine center striving for continued  
*excellence in providing scientific, compassionate, and  
professional services in the investigation of unexpected death.*”

### ***Introduction***

The Spokane County Medical Examiner’s Office has been in existence for eight full years. In April of 2004, the office received full accreditation from the National Association of Medical Examiners (NAME). Roughly 50 Medical Examiner/Coroner Offices in the United States are accredited. The office has been the recipient of 4 Federal Paul Coverdell Forensic Science Improvement grants, totaling approximately \$ 200,000.00. The office employees 2 forensic pathologists, an office manager, 4 full time investigators, 2 administrative staff and one autopsy room technician, as well as part time employees. For more information about the Medical Examiner’s Office, visit our web site at [www.spokanecounty.org/medexaminer](http://www.spokanecounty.org/medexaminer).

### ***Foreword***

Information presented in this annual report has been compiled on deaths that were reported to the Spokane County Medical Examiner’s Office in 2006. This summarized report presents data in a variety of formats with the objective of providing useful information to diverse groups in the community.

Referral Caseload: Currently the Spokane County Medical Examiner’s Office performs autopsies for 12 “outside” counties in Eastern Washington and the Idaho panhandle. In 2006 a total of 146 autopsies were performed for the following referral counties, Adams, Asotin, Benewah, Bonner, Boundary, Ferry, Kootenai, Lincoln, Nez Perce, Pend Orielle, Shoshone, and Stevens. This is a mutually beneficial arrangement. The surrounding counties can take advantage of forensic expertise and an excellent accredited forensic pathology facility. Spokane County receives payment from outside counties for these services, revenues for autopsies totaled \$226,300.00 in 2006.

#### ***OUTSIDE COUNTY AUTOPSIES***

<i>2006</i>	<i>146</i>
<i>2005</i>	<i>144</i>
<i>2004</i>	<i>168</i>
<i>2003</i>	<i>151</i>
<i>2002</i>	<i>145</i>
<i>2001</i>	<i>163</i>
<i>2000</i>	<i>132</i>
<i>1999</i>	<i>139</i>

### ***Acknowledgment...***

The Medical Examiner's Office wishes to express, once again, their sincere and deepest appreciation to Eileen Egeland, Analyst Programmer of the Spokane County Information Systems Department, for her assistance and support in the development of this statistical report.

### ***Criteria for Reportable Deaths***

1. Persons who die suddenly when in apparent good health and without medical attendance within 36 hours preceding death.
2. Circumstances that indicate death was caused in part or entirely by unnatural or unlawful means.
3. Suspicious circumstances.
4. Unknown or obscure causes.
5. Deaths caused by any injury whatsoever, whether the primary cause or contributing cause.
6. Contagious disease, with public health risk.
7. Unclaimed bodies or indigent decedents.
8. Premature and stillborn infants where suspicious circumstances exist.

### ***Function of the Medical Examiner's Office***

The Medical Examiner's Office serves the living by investigating deaths typically that are unnatural and / or unexpected. This task begins with careful investigation at the scene of death, supplemented when appropriate, by autopsy examination, toxicology and other testing. The Medical Examiner's Office helps the community by determining the cause and manner of death, recognizing and collecting evidence needed for adjudication, defining public health and product safety risks and providing compassionate services to families including notification of next of kin.

### ***Spokane County Medical Examiner Cases in 2006***

In 2006, there were 4,122 deaths in Spokane County (based on the latest census of 443,800, this represents 1% of the population). Of these deaths, 2,645 (64% of all deaths) were reported to the Medical Examiner by medical and law enforcement personnel. Based on analysis of the scene and circumstances of death, and the decedent's medical history, the Medical Examiner assumed jurisdiction in 557 (21%) of these reported deaths, or in 13.5% of all deaths in the county. These reporting figures and autopsy percentages are similar to other Medical Examiner jurisdictions nationally.

There were 2,088 deaths reported to the Medical Examiner in which jurisdiction was not assumed. The number of deaths reported to the Medical Examiner's Office was significantly greater than recorded during the years as a coroner's system (before January 1, 1999). The number has also steadily increased during the Medical Examiners years (1999 to present), reflecting efforts by the Medical Examiner's Office to educate reporting agencies and encourage appropriate reporting of deaths to the Medical Examiner. All nursing home and adult care facilities deaths are reported to the Medical Examiner's Office allowing for appropriate agency analysis. This progressive Spokane County Medical Examiner Policy has been adopted recently by other Medical Examiner systems around the state.

### ***Forensic Unit***

The Forensic Unit works in the Sherriff's department and provides crime scene documentation, fingerprint comparison and photo documentation. The Medical Examiner's office often partners with this group in the collection and preservation of evidence.

### ***Chaplaincy Program***

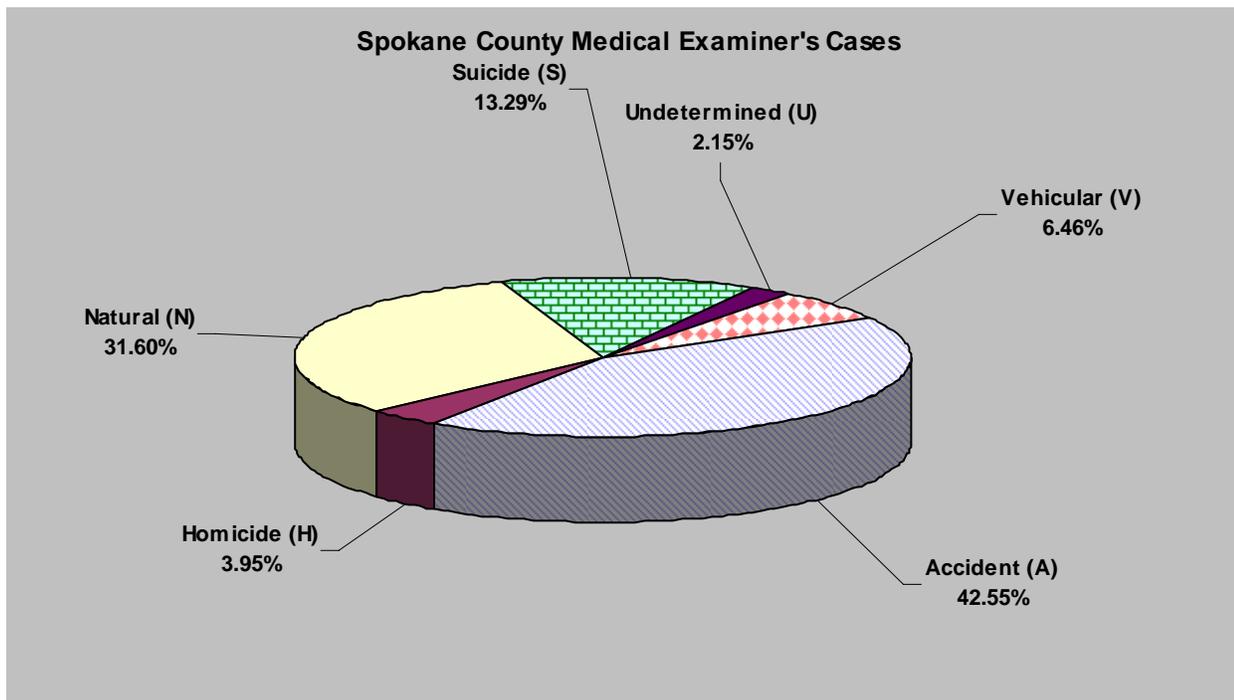
The Medical Examiner, by convention and practice in Spokane County, is responsible for identifying next-of-kin and for facilitating the locating and notifying next-of-kin. The Medical Examiner's Office is fortunate to have the assistance of the Chaplains from the Spokane Police Department and Spokane County Sheriff's Office in locating and notifying family members. The staff of the Medical Examiner's Office recognizes that the Chaplains have considerable experience and professional training to help in this difficult and emotional endeavor.

**Section 2: Total Cases**

**Total Cases for 2006**

Cases By Manner Of Death	Number Of Deaths	Percent Of Total
Accident (A)	237	42.55%
Homicide (H)	22	3.95%
Natural (N)	176	31.60%
Suicide (S)	74	13.29%
Undetermined (U)	12	2.15%
Vehicular (V)	36	6.46%

<b>Total Spokane County Population</b>	443,800
<b>Total Deaths in Spokane County</b>	4,122
<b>Total Deaths Reported to the Medical Examiner 2006</b>	2,645
<b>Total Non-Jurisdictional Cases</b>	2,088
<b>Total Spokane County Medical Examiner Cases</b>	557
<b>Total Spokane County Autopsies Performed</b>	423

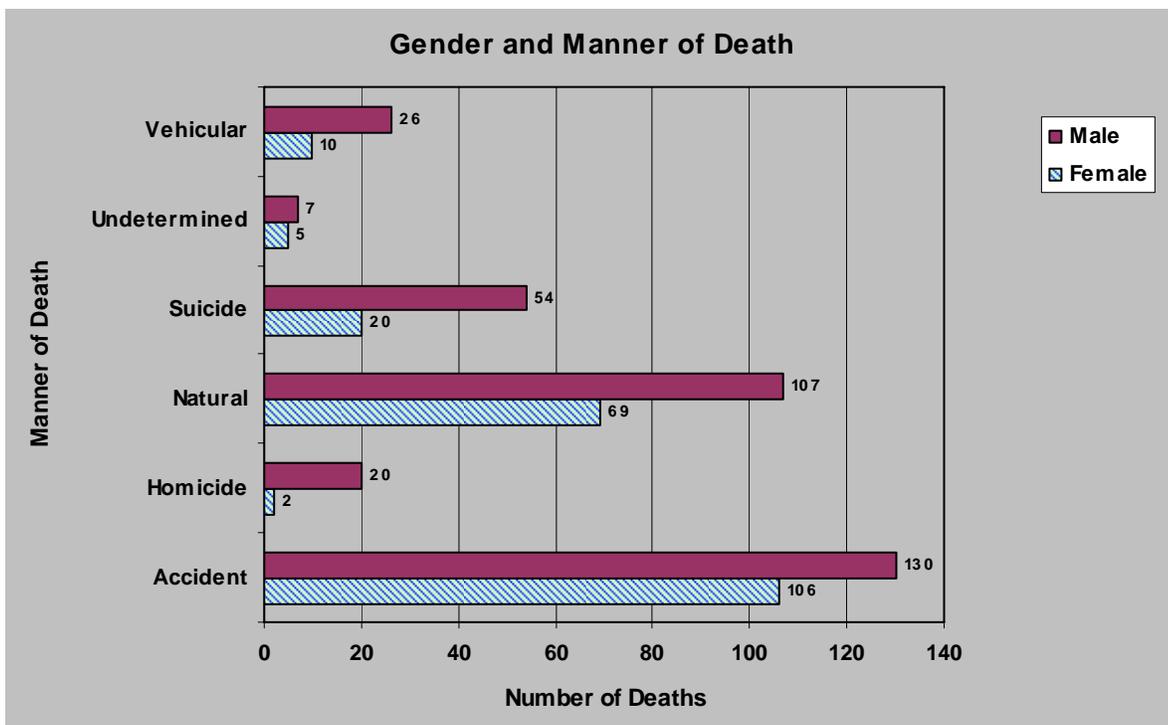


In addition to the 423 Spokane County autopsies, the Chief Medical Examiner and Deputy Medical Examiner performed 146 autopsies for neighboring referral counties.

**Total Cases by Gender and Manner of Death**

**Gender and Manner Of Death**

Sex	A	H	N	S	U	V	Total	Percent
Female	106	2	69	20	5	10	212	38.13%
Male	130	20	107	54	7	26	344	61.87%
Total	236	22	176	74	12	36	556	



Predominance of male gender in all categories of death coming under the jurisdiction of the Medical Examiners Office reflects the experience of most death investigation systems.

**Total Cases by Race and Manner of Death**

**Race and Manner of Death**

Race	A	H	N	S	U	V	Total
Asian	1	0	0	1	0	0	2
Black	4	0	3	0	0	0	7
Caucasian	215	15	160	69	9	29	497
Hispanic	1	2	2	1	0	5	11
Native American	4	1	2	0	1	2	10
Other	2	1	3	0	0	0	6
Unknown	10	3	6	3	2	0	24
<b>Total</b>	<b>237</b>	<b>22</b>	<b>176</b>	<b>74</b>	<b>12</b>	<b>36</b>	<b>557</b>

These reflect the demographics of Spokane County, where the Caucasian race predominates statistically.

**Total Cases by Age Group and Manner of Death**

**Age and Manner of Death**

Age Group (Years)		A	H	N	S	U	V
0 to 9	19	5	2	9	0	1	2
10 to 19	14	6	2	0	4	0	2
20 to 29	59	27	4	6	16	1	5
30 to 39	46	19	4	8	5	5	5
40 to 49	104	42	7	30	19	2	4
50 to 59	112	30	2	59	12	1	8
60 to 69	50	17	1	20	10	0	2
70 to 79	53	20	0	26	4	1	2
80 to 89	60	43	0	11	2	0	4
90 to 99	38	27	0	7	2	0	2
100 to 109	1	1	0	0	0	0	0
<b>Total</b>	<b>556</b>	<b>237</b>	<b>22</b>	<b>176</b>	<b>74</b>	<b>11</b>	<b>36</b>

Accidental deaths predominate in almost all age groups, except the very young and the 50-79 group where natural deaths are more frequent.

**Total Cases by Age Group and Gender**

**Gender and Age Group**

Age Group (Years)		Female	Male	Unknown
0 to 9	19	10	9	0
10 to 19	14	3	11	0
20 to 29	59	20	39	0
30 to 39	46	19	27	0
40 to 49	104	36	68	0
50 to 59	112	29	83	0
60 to 69	50	21	29	0
70 to 79	53	19	34	0
80 to 89	60	29	31	0
90 to 99	38	27	11	0
100 to 109	1	0	1	0
<b>Total</b>	<b>556</b>	<b>213</b>	<b>343</b>	<b>0</b>

Males exceed females in each age group excluding 0 to 9 and 90 to 99. The predominance of females in the 90+ group likely reflects greater female longevity and fall propensity. The slight female predominance at 0 to 9 in 2006 is not typical in Spokane County or in the nation and may be a statistical aberration.

### Section 3: Multi-Year Comparison

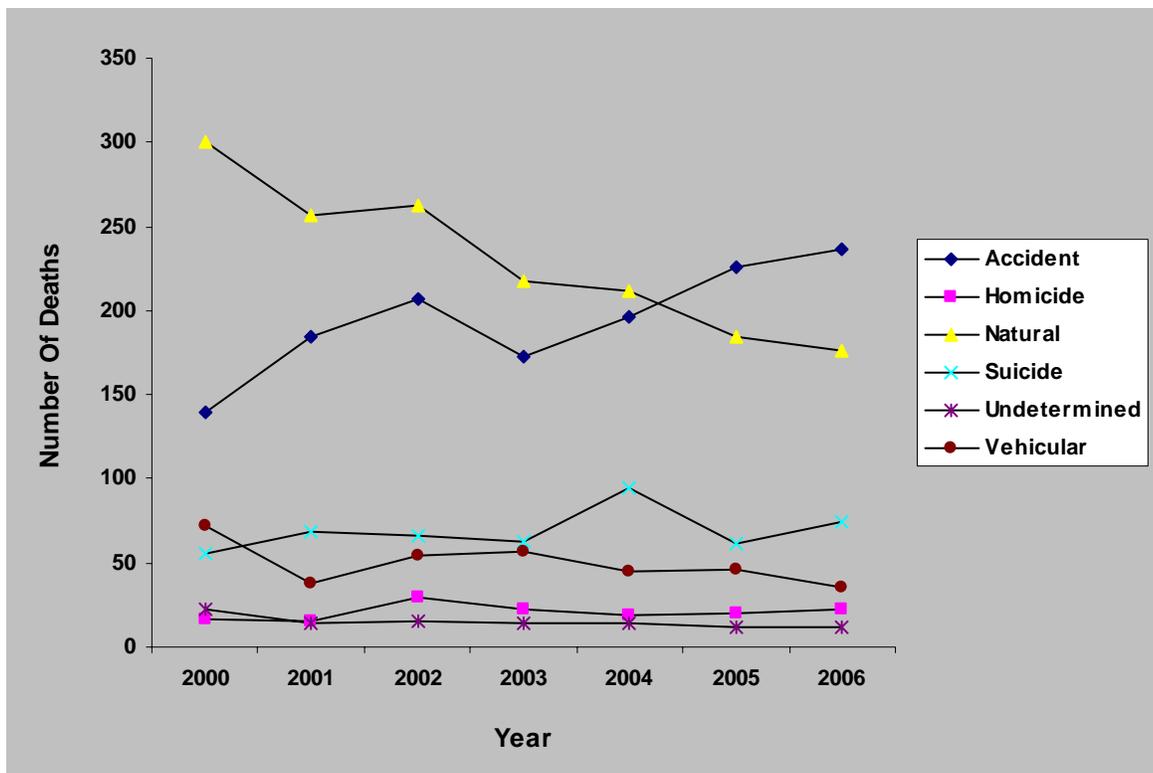
The Medical Examiner's Office replaced the coroner's system on January 1, 1999. From 1999 to present, the cases which have fallen under the jurisdiction of the Medical Examiner System have ranged from a low of 550 to a high of 633, with the number of autopsies performed consistently near 400.

As seen in the comparison chart on the following page, the Medical Examiner System has assumed jurisdiction in an increasing number of accident cases. This increase may be attributed to improved reporting techniques. Although comparing the Medical Examiner and the Coroner Systems through the years reveals that the number of deaths classified as homicide, suicide and undetermined have remained relatively constant, it is noted that accidents have increased in number and proportion, and fewer deaths are certified as natural.

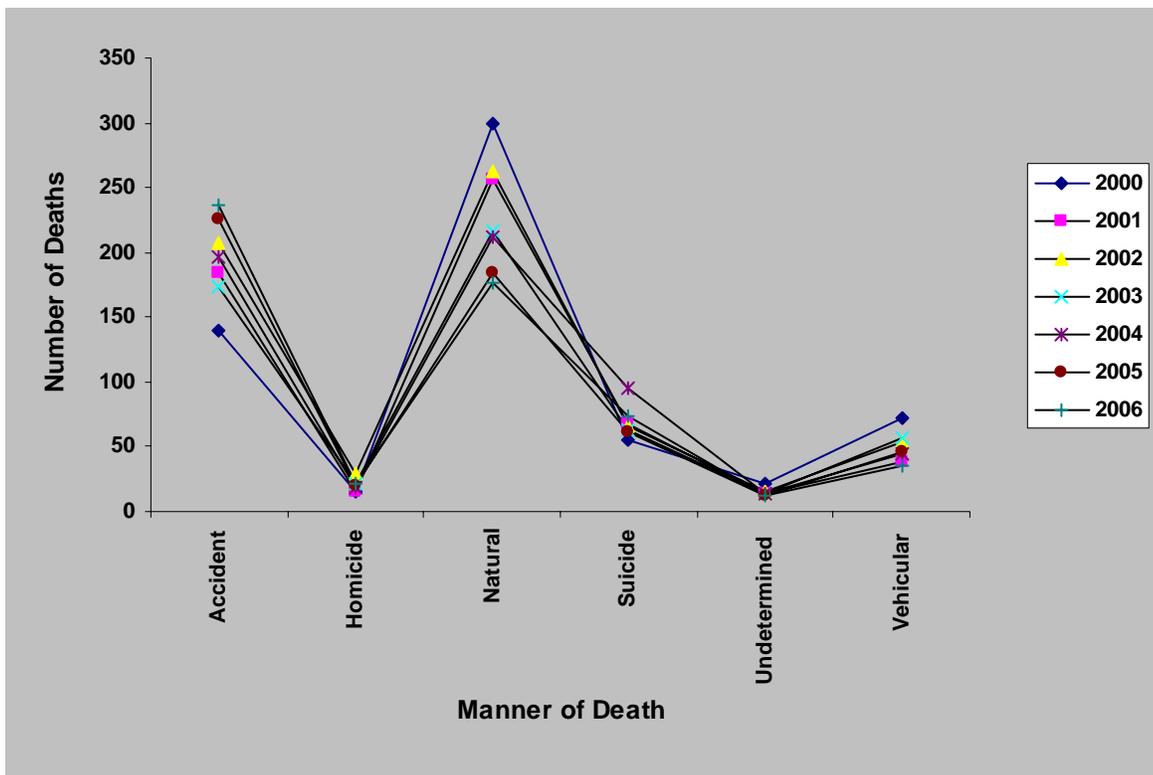
**Manner Of Deaths Comparison**

**Comparison of Manners of Death 2000 - 2006**

Manner of Death	2000	2001	2002	2003	2004	2005	2006
Accident	140	184	207	173	196	226	237
Homicide	16	15	29	22	19	20	22
Natural	300	256	262	217	212	184	176
Suicide	55	68	66	63	95	62	74
Undetermined	22	14	15	14	14	12	12
Vehicular	72	38	54	57	45	46	36
<b>Total</b>	<b>605</b>	<b>575</b>	<b>633</b>	<b>546</b>	<b>581</b>	<b>550</b>	<b>557</b>



Homicide may not mirror the Police Department reports of death, because the Medical Examiner certification of homicide is broader in some situations and more narrow in others. The Medical Examiner is using these classifications for the purposes of statistical analysis on death certificates.



### Comparison of Manners of Death as Percentage of Total Annual Medical Examiner's Cases 2000 - 2006

Manner of Death	2000	2001	2002	2003	2004	2005	2006
Accident	23.14%	32.00%	32.70%	31.68%	33.73%	41.09%	42.55%
Homicide	2.64%	2.61%	4.58%	4.03%	3.27%	3.64%	3.95%
Natural	49.59%	44.52%	41.39%	39.74%	36.49%	33.45%	31.60%
Suicide	9.09%	11.83%	10.43%	11.54%	16.35%	11.27%	13.29%
Undetermined	3.64%	2.43%	2.37%	2.56%	2.41%	2.18%	2.15%
Vehicular	11.90%	6.61%	8.53%	10.44%	7.75%	8.36%	6.46%

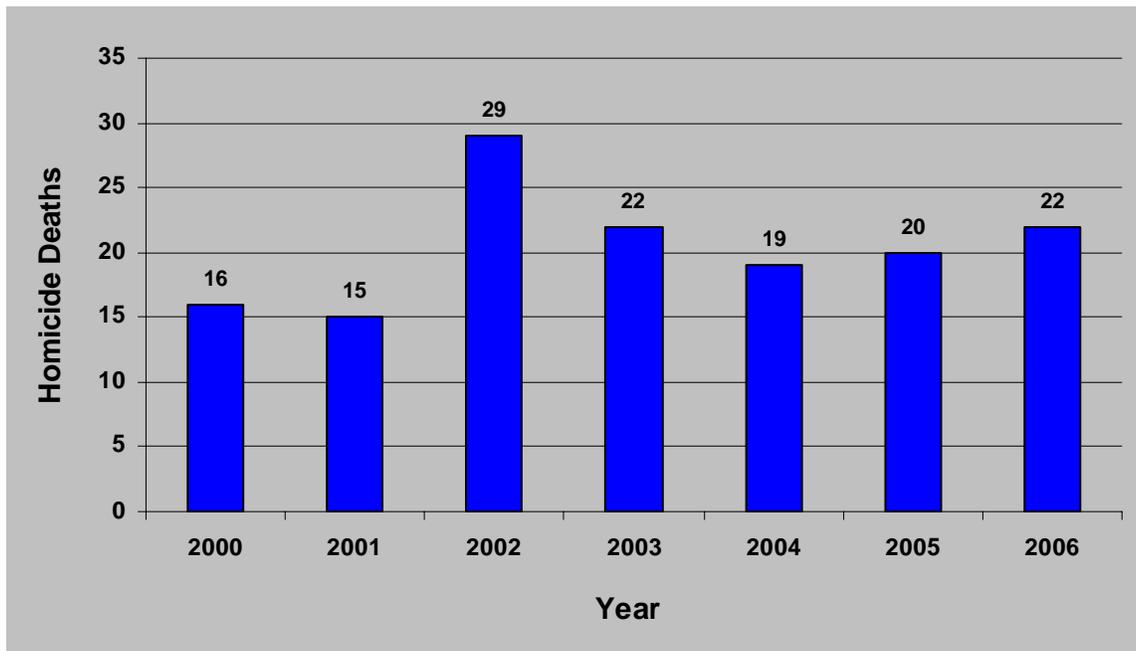
Ideally, a Medical Examiner System strives to keep the percentage of “undetermined” manner of death cases to less than five percent. This requires thorough investigation and autopsy. In the Spokane County Medical Examiner’s Office, every “undetermined” manner case is reviewed as part of the office Quality Assurance Program.

**Homicidal Methods Comparison**

**Comparison of Homicidal Methods 2000 - 2006**

Method Used	2000	2001	2002	2003	2004	2005	2006
Asphyxia	0	1	0	2	0	0	1
Blunt Impact	0	1	6	0	3	2	2
Child Abuse	2	1	2	3	1	2	2
Firearms	9	7	16	7	7	7	5
Homicidal Violence	3	2	1	5	3	4	2
Other	0	0	2	1	2	2	4
Stabbing	2	3	2	4	2	3	4
Strangulation	0	0	0	0	1	0	1
Unknown	0	0	0	0	0	0	1
<b>Total</b>	<b>16</b>	<b>15</b>	<b>29</b>	<b>22</b>	<b>19</b>	<b>20</b>	<b>22</b>

**Homicides 2000 - 2006**

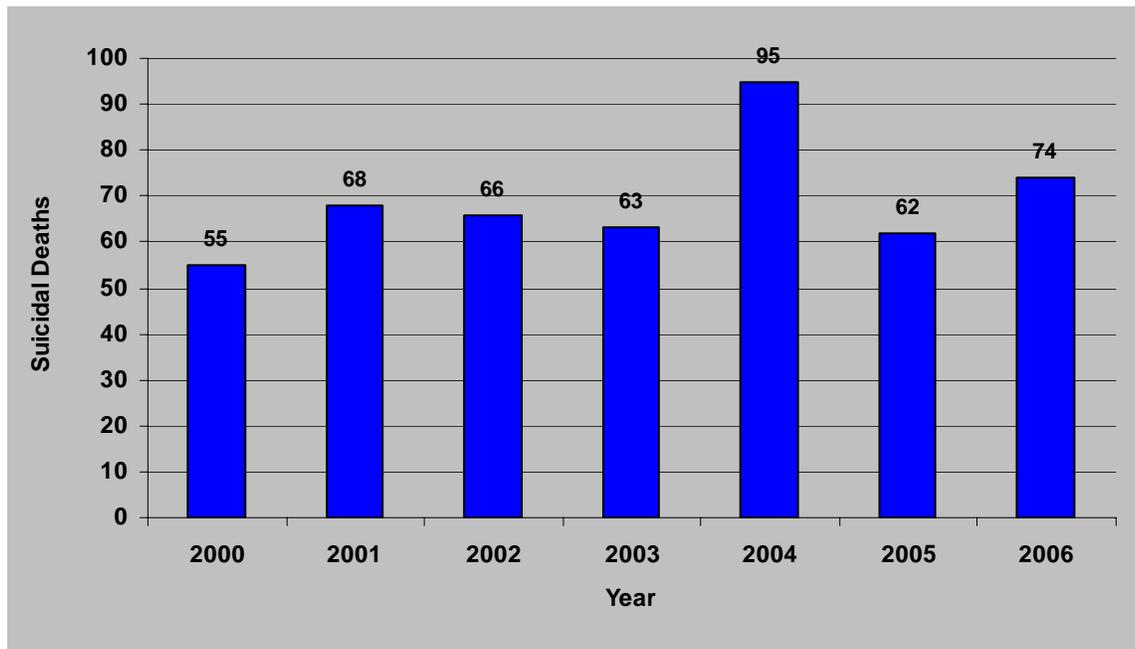


***Suicidal Methods Comparison***

**Comparison of Suicidal Methods 2000 - 2006**

Method Used	2000	2001	2002	2003	2004	2005	2006
Carbon Monoxide	6	4	3	4	3	5	4
Drowning	0	1	0	1	1	0	4
Drugs/Poisons	3	12	9	16	24	20	19
Firearms	33	37	41	24	50	21	37
Hanging	10	12	9	10	15	14	8
Jumping	1	1	0	6	0	0	1
Other	1	0	2	1	2	0	1
Plastic Bag	0	0	1	1	0	0	0
Stab/incised wound	1	1	1	0	0	2	0
<b>Total</b>	<b>55</b>	<b>68</b>	<b>66</b>	<b>63</b>	<b>95</b>	<b>62</b>	<b>74</b>

**Suicides 2000 - 2006**



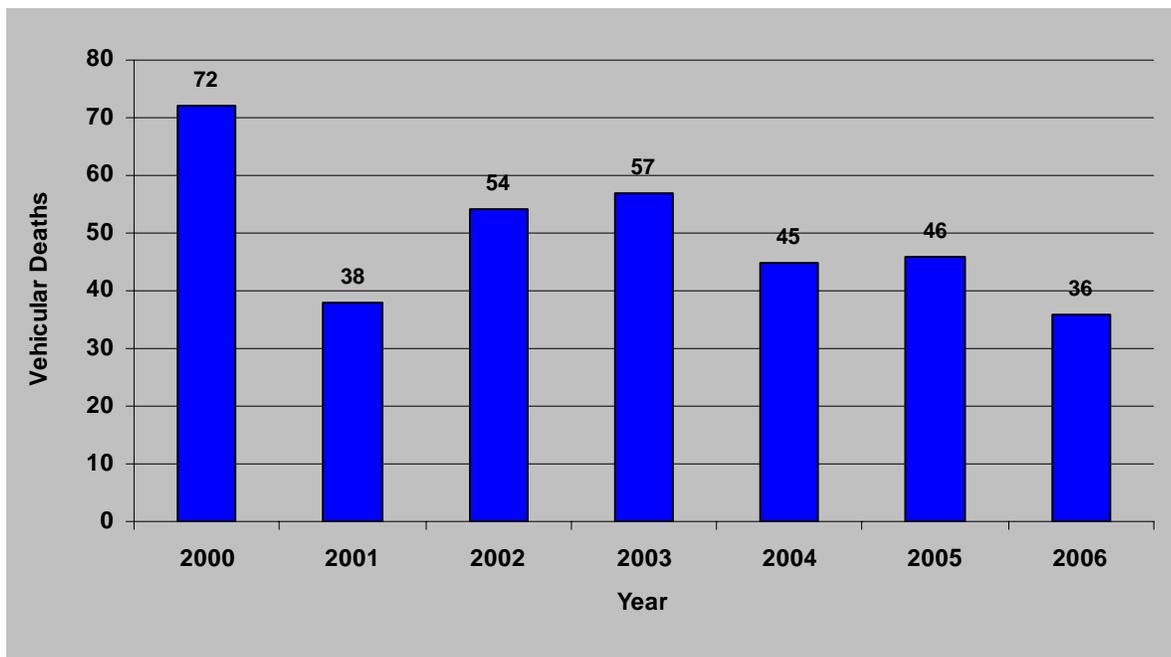
### ***Vehicular Deaths Comparison***

Vehicular-related fatalities are separated from other accidents because some community groups have special needs in examining vehicular-related deaths.

### **Comparison of Vehicular Deaths 2000 - 2006**

<b>Vehicle Circumstances</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Automobile Driver	37	20	26	23	20	17	18
Automobile Passenger	16	8	13	12	7	15	8
Bicyclist	1	0	0	2	0	3	2
Motorcycle Driver	3	0	4	11	10	5	6
Motorcycle Passenger	2	0	0	2	3	0	0
Other	2	2	2	1	0	0	1
Pedestrian	10	7	9	6	4	5	1
Unknown	1	1	0	0	1	1	0
<b>Total</b>	<b>72</b>	<b>38</b>	<b>54</b>	<b>57</b>	<b>45</b>	<b>46</b>	<b>36</b>

### **Vehicular Deaths 2000 - 2006**



**Accidental Deaths Comparison**

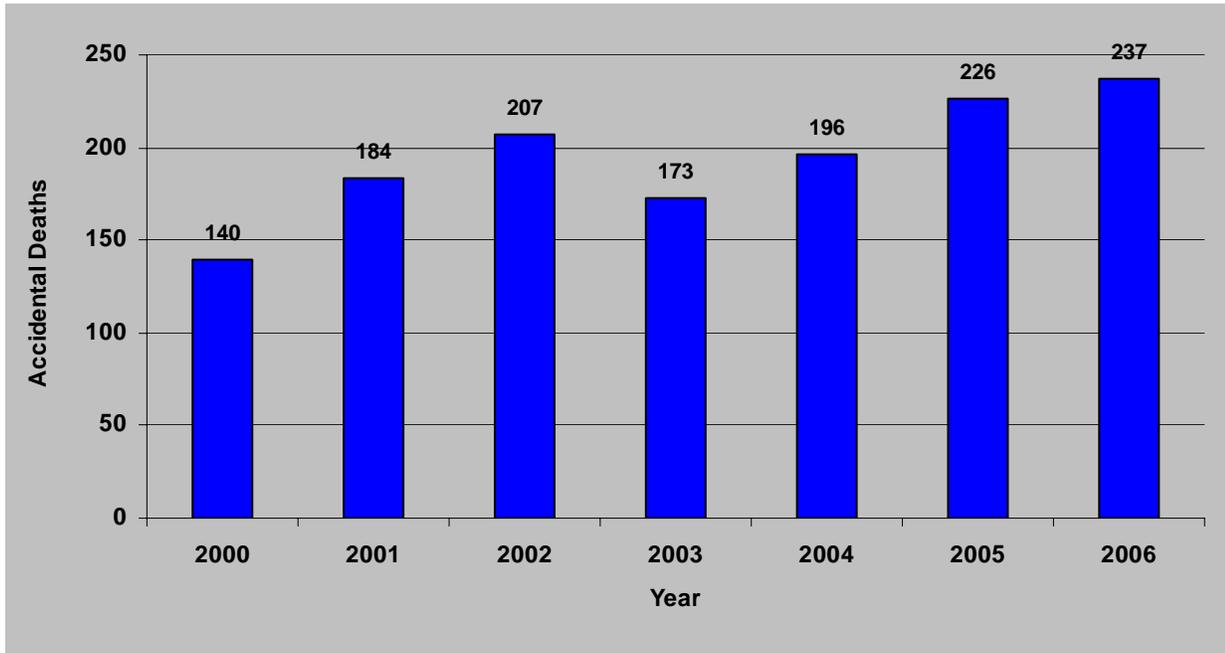
**Comparison of Accidental Deaths 2000 - 2006**

Accident Circumstances	2000	2001	2002	2003	2004	2005	2006
Aircraft	0	3	0	1	1	0	0
Alcohol Abuse	0	1	2	2	1	2	2
Anaphylaxis	0	1	0	0	0	0	0
Asphyxiation	4	5	9	3	4	7	8
Aspiration	1	4	0	0	0	3	3
Bicycle Fall	0	1	0	1	0	0	1
Boating	2	0	1	0	0	0	0
Choking	0	1	0	0	2	0	2
Dog Bite	0	1	0	0	1	0	0
Drowning	6	5	13	7	7	4	12
Drugs	30	45	49	56	70	48	47
Prescribed Drugs	0	0	0	0	0	35	50
Electrocution	0	1	0	1	1	0	1
Fall	80	98	114	85	93	102	97
Farm	0	0	0	1	0	0	0
Fire/burns	3	2	4	0	3	3	0
Firearms	0	0	0	0	0	0	1
Hyperthermia	1	2	0	0	0	0	2
Hypothermia	4	1	2	3	2	5	2
Industrial Accident	1	3	3	3	2	3	2
Motorcycle Driver (race track)	0	1	0	0	0	0	0
Other	8	7	6	7	6	13	4
Struck by Object	0	1	0	1	1	0	0
Surgical Procedure	0	1	2	1	1	1	0
Therapy Complication	0	0	2	1	1	0	3
<b>Total</b>	<b>140</b>	<b>184</b>	<b>207</b>	<b>173</b>	<b>196</b>	<b>226</b>	<b>237</b>

Drowning deaths increased (more than double drowning deaths in recent years) there was no obvious pattern or explanation for drowning deaths. The prescription-medicine related deaths continued to increase. The combination of prescription and illicit drugs increased from 83 in 2005 to 97 in 2006, with most of the increase due to prescription medications. Please see the following link to overdose data: [Overdose data 2006.pdf](#)

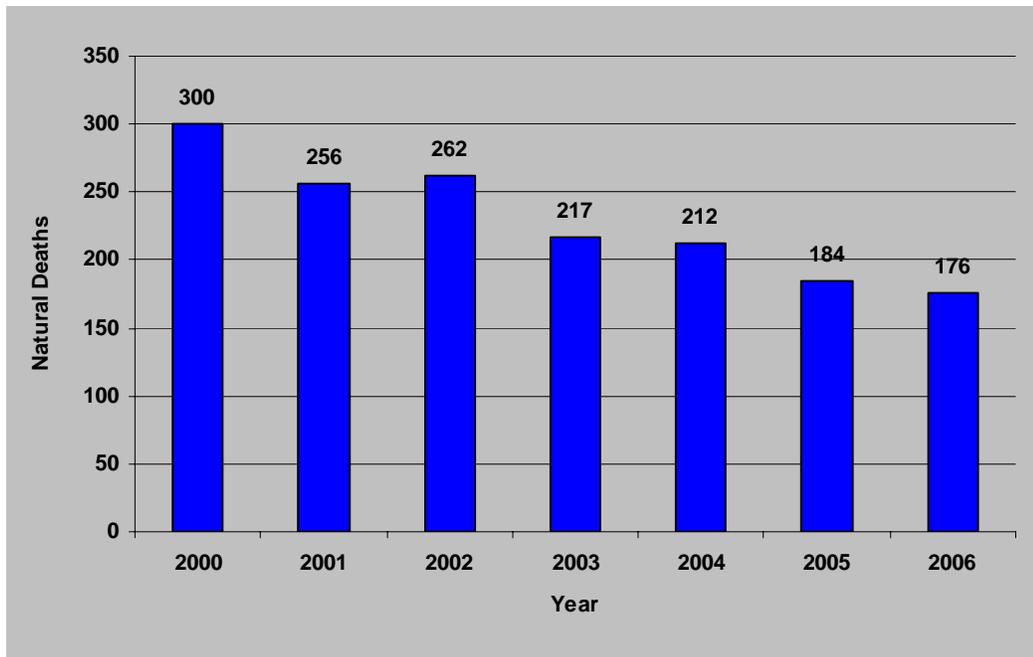
### Accidental Deaths Comparison

Accidental Deaths 2000 - 2006



## Natural Deaths Comparison

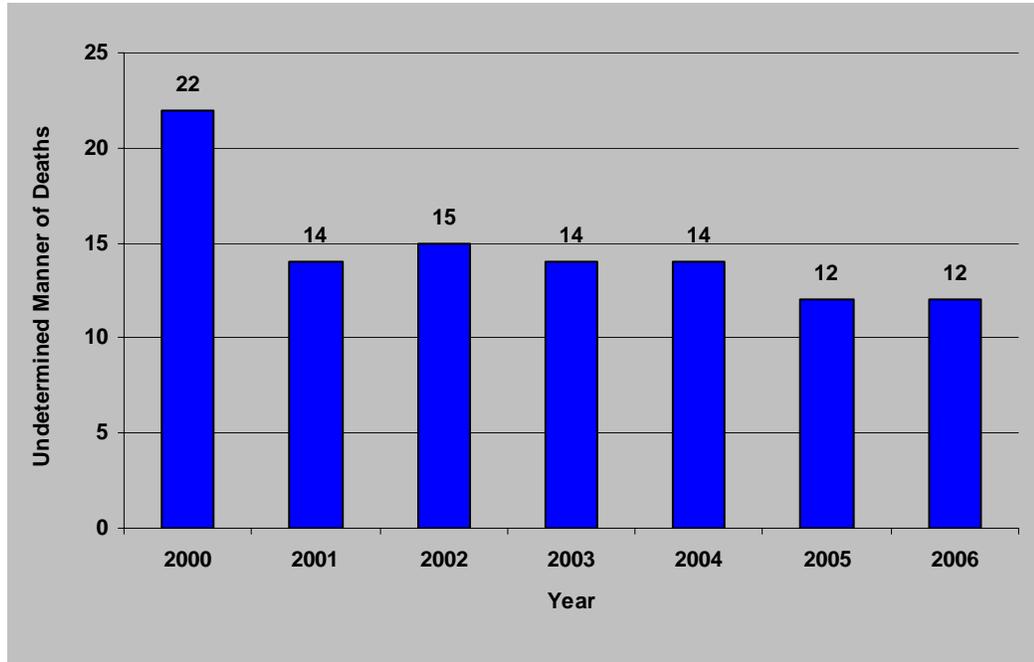
### Natural Deaths 2000 - 2006



The focus of the Medical Examiner's Office has shifted somewhat from the investigation of natural, but unexpected deaths to accidental deaths in the last six years. This shift is partly because of an increase in prescription drug deaths, considered "accidents" usually, and partly due to an increased reporting of falls in elderly citizens which sometimes result in death.

### *Undetermined Deaths Comparison*

#### Deaths of Undetermined Manner 2000 - 2006

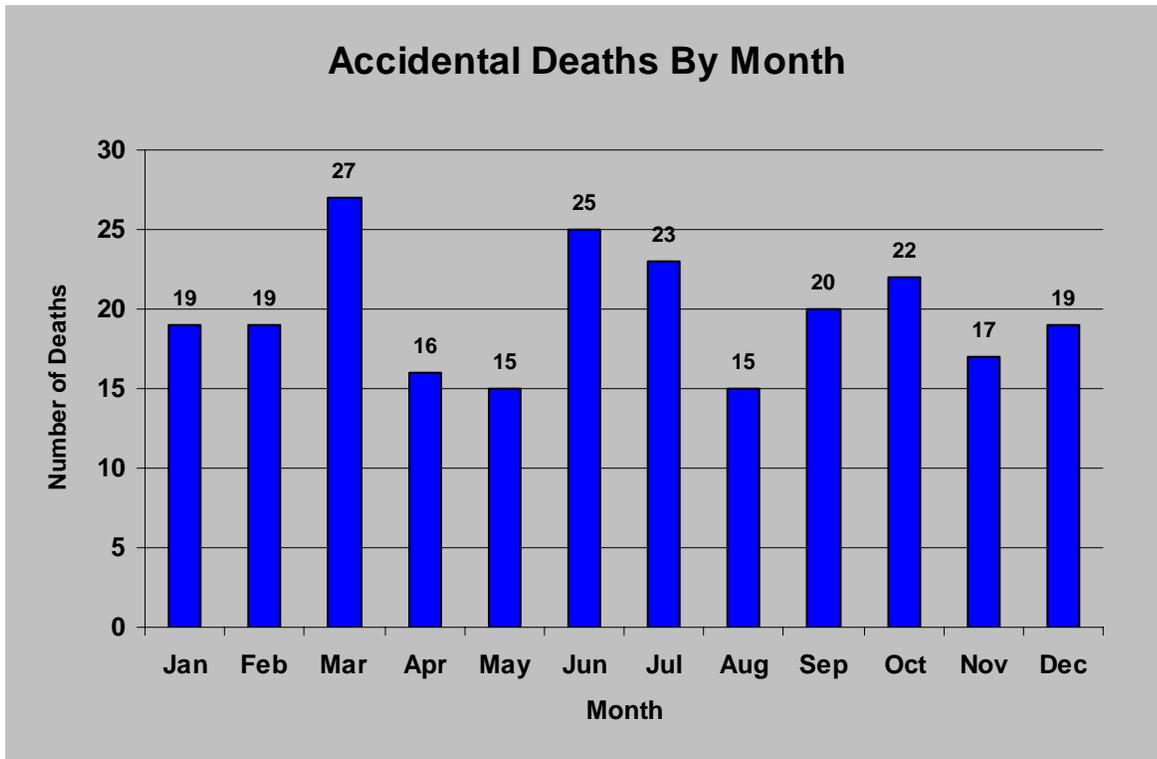


Ideally the Medical Examiner Systems use the undetermined manner of death category in less than five percent of cases. This reflects fullest utilization of available investigative and autopsy tools. In 2006, the undetermined classification was used in 2.15% of Spokane Medical Examiner cases.

Section 4: Manner of Death

**ACCIDENT**

*Accidental Deaths by Month*



*Accident Mode by Gender***Accident Mode By Gender**

<b>Accident Mode</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Alcohol Abuse	2	0	2
Asphyxiation	2	6	8
Aspiration	2	1	3
Bicycle Fall	1	0	1
Choking	1	1	2
Drowning	5	7	12
Drugs	17	30	47
Electrocution	0	1	1
Fall	50	47	97
Firearms	0	1	1
Hyperthermia	1	1	2
Hypothermia	0	2	2
Industrial Accident	0	2	2
Other	0	4	4
Prescribed Drugs	24	26	50
Therapy Complication	2	1	3
<b>Total</b>	<b>107</b>	<b>130</b>	<b>237</b>

*Accident Mode by Gender and Age Group*

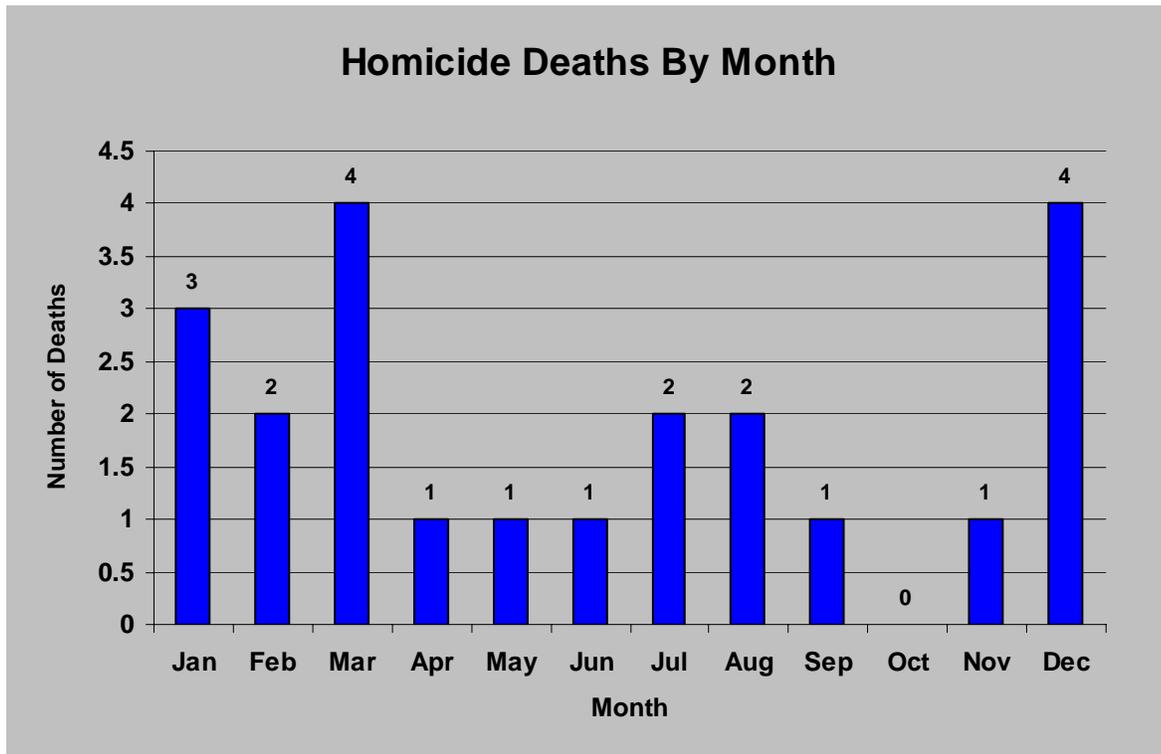
<b>Accident Mode, Gender and Age Group</b>														
<b>Accident Mode</b>	<b>Sex</b>	<b>&lt;1</b>	<b>1-9</b>	<b>10-19</b>	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70-79</b>	<b>80-89</b>	<b>90-99</b>	<b>&gt;=100</b>	<b>Total</b>
Alcohol Abuse	F	0	0	0	0	0	1	1	0	0	0	0	0	2
<b>Alcohol Abuse Total</b>														<b>2</b>
Asphyxiation	F	0	0	0	2	0	0	0	0	0	0	0	0	2
Asphyxiation	M	1	0	0	0	2	1	1	1	0	0	0	0	6
<b>Asphyxiation Total</b>														<b>8</b>
Aspiration	F	0	0	0	0	0	0	0	0	0	1	1	0	2
Aspiration	M	0	0	0	0	0	0	0	0	1	0	0	0	1
<b>Aspiration Total</b>														<b>3</b>
Bicycle Fall	U	0	0	0	0	0	0	0	1	0	0	0	0	1
<b>Bicycle Fall Total</b>														<b>1</b>
Choking	F	0	0	0	0	0	0	0	0	0	0	1	0	1
Choking	M	0	0	0	0	0	0	0	1	0	0	0	0	1
<b>Choking Total</b>														<b>2</b>
Drowning	F	0	2	0	1	0	0	1	1	0	0	0	0	5
Drowning	M	0	1	0	3	1	1	1	0	0	0	0	0	7
<b>Drowning Total</b>														<b>12</b>
Drugs	F	0	0	0	5	2	10	0	0	0	0	0	0	17
Drugs	M	0	0	3	5	1	12	7	2	0	0	0	0	30
<b>Drugs Total</b>														<b>47</b>
Electrocution	M	0	0	0	0	0	1	0	0	0	0	0	0	1
<b>Electrocution Total</b>														<b>1</b>
Fall	F	0	0	0	0	0	0	1	4	6	20	19	0	50
Fall	M	0	0	0	0	0	2	4	3	11	20	6	1	47
<b>Fall Total</b>														<b>97</b>
Firearms	M	0	0	0	1	0	0	0	0	0	0	0	0	1
<b>Firearms Total</b>														<b>1</b>
Hyperthermia	F	0	0	0	0	0	0	1	0	0	0	0	0	1
Hyperthermia	M	0	0	0	0	0	0	1	0	0	0	0	0	1
<b>Hyperthermia Total</b>														<b>2</b>
Hypothermia	M	0	0	0	0	0	0	1	0	0	1	0	0	2
<b>Hypothermia Total</b>														<b>2</b>
Industrial Accident	M	0	0	0	1	0	0	1	0	0	0	0	0	2
<b>Industrial Accident Total</b>														<b>2</b>
Other	M	0	1	0	1	0	0	0	1	0	1	0	0	4
<b>Other Total</b>														<b>4</b>
Prescribed Drugs	F	0	0	1	4	5	7	4	3	0	0	0	0	24
Prescribed Drugs	M	0	0	1	4	7	7	6	0	1	0	0	0	26
<b>Prescribed Drugs Total</b>														<b>50</b>
Therapy Complication	F	0	0	0	0	1	0	0	0	1	0	0	0	2
Therapy Complication	M	0	0	1	0	0	0	0	0	0	0	0	0	1
<b>Therapy Complication Total</b>														<b>3</b>
<b>GRAND TOTAL</b>		<b>1</b>	<b>4</b>	<b>6</b>	<b>27</b>	<b>19</b>	<b>42</b>	<b>30</b>	<b>17</b>	<b>20</b>	<b>43</b>	<b>27</b>	<b>1</b>	<b>237</b>

Falls that result in mortality are significantly correlated with increasing age. Illicit drug use peaks in middle age in the county, but prescription drug use is more evenly distributed between youth and middle age.

**HOMICIDE**

In 2006 the recorded 22 homicides represents an increase by 2 from the previous year. Firearms accounted for the single largest method of homicide. Firearms also accounted for the largest number of deaths by suicide. The most frequent age group of homicide victims in 2006 was 40-49 years.

**Homicide Deaths by Month**



*Homicide Deaths by Method, Gender, and Age Group*

**Homicide Mode, Gender and Age Group**

Homicide Method	Sex	<1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	>=100	Total
Asphyxia	F	0	0	0	0	0	1	0	0	0	0	0	0	1
<b>Asphyxia Total</b>														<b>1</b>
Blunt Impact	M	0	0	0	0	0	1	1	0	0	0	0	0	2
<b>Blunt Impact Total</b>														<b>2</b>
Child Abuse	M	0	2	0	0	0	0	0	0	0	0	0	0	2
<b>Child Abuse Total</b>														<b>2</b>
Firearms	M	0	0	0	2	1	2	0	0	0	0	0	0	5
<b>Firearms Total</b>														<b>5</b>
Homicidal Violence	F	0	0	1	0	0	0	0	0	0	0	0	0	1
Homicidal Violence	M	0	0	0	1	0	0	0	0	0	0	0	0	1
<b>Homicidal Violence Total</b>														<b>2</b>
Other	M	0	0	0	0	2	1	1	0	0	0	0	0	4
<b>Other Total</b>														<b>4</b>
Stabbing	M	0	0	0	1	1	1	0	1	0	0	0	0	4
<b>Stabbing Total</b>														<b>4</b>
Strangulation	M	0	0	0	0	0	1	0	0	0	0	0	0	1
<b>Strangulation Total</b>														<b>1</b>
Unknown	M	0	0	1	0	0	0	0	0	0	0	0	0	1
<b>Unknown Total</b>														<b>1</b>
<b>Grand Total</b>														<b>22</b>

*Homicide Deaths by Age Group*



**Homicide Deaths by Method**

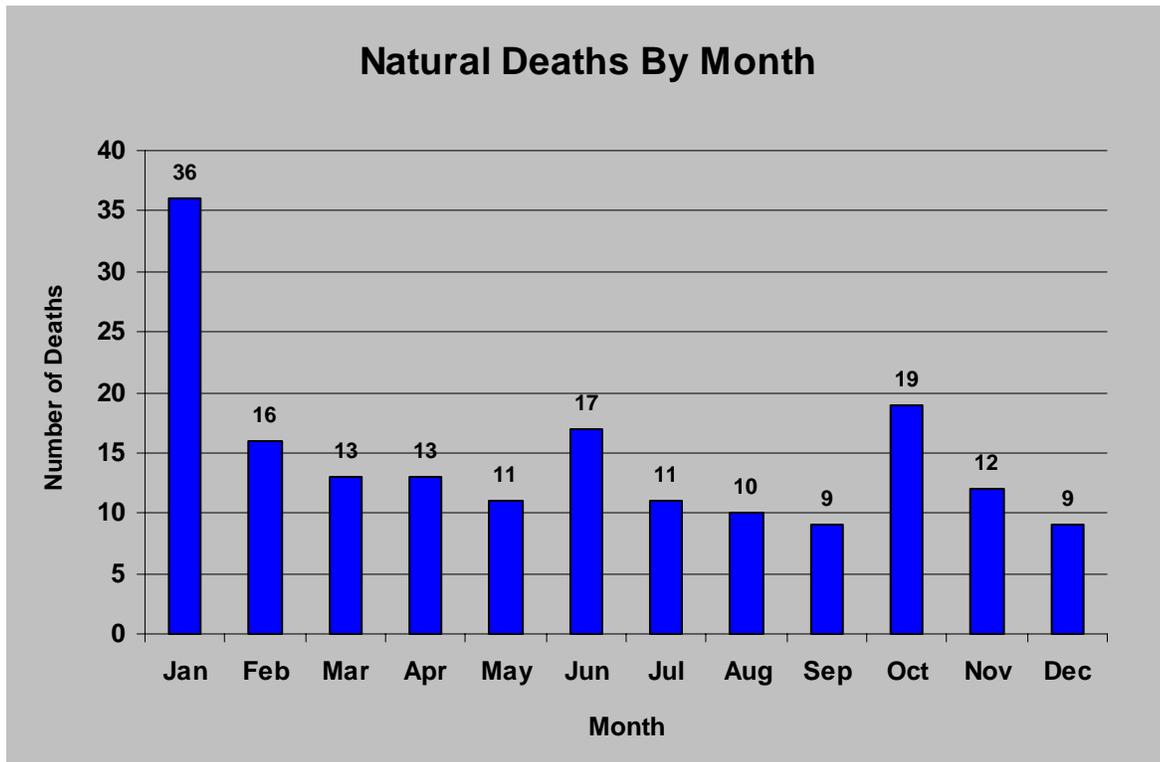


This graph is subject to limitations based on the small total number of decedents represented in the graph.

**NATURAL**

Typically, the Medical Examiner’s Office assumes jurisdiction in cases of natural death when the death occurs in a young age group without medical history and is therefore unexpected.

**Natural Deaths by Month**



**Natural Deaths by Disease Process**

**Natural Deaths by Disease Process**

AA= Alcohol Abuse                    O= Other  
 C= Cardiovascular                R= Respiratory  
     Central Nervous  
 CNV= System                        S= Seizure Disorder  
 M= Malignancy                    U= Undetermined  
 OF= Organ Failure

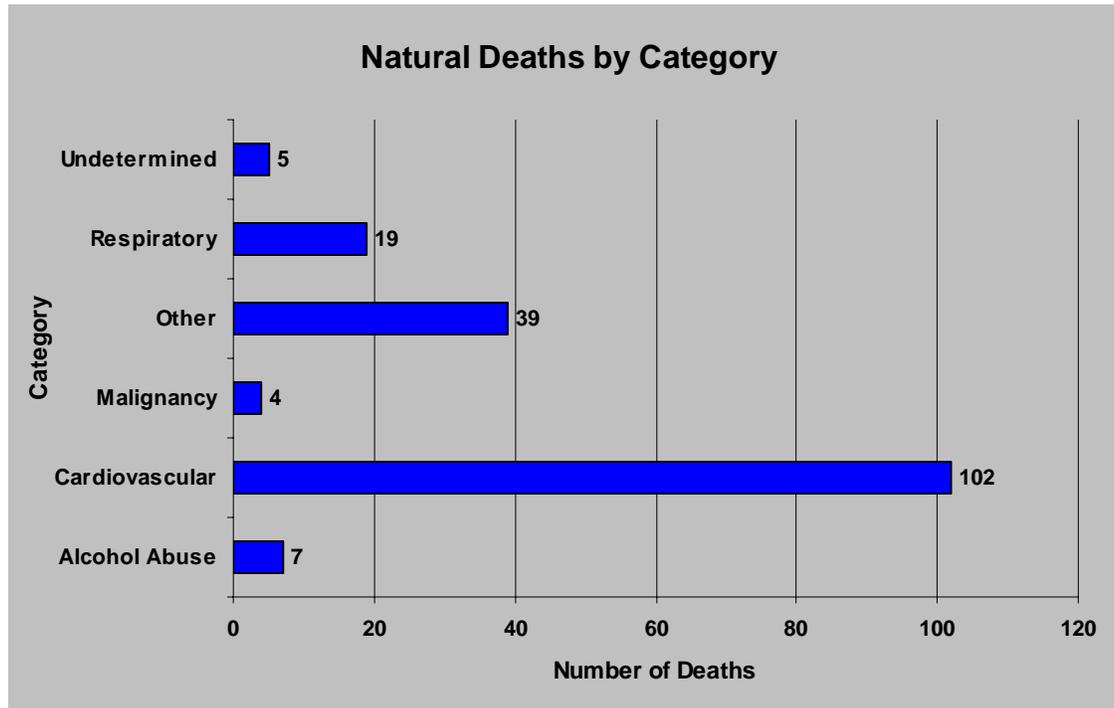
**( Total # of Natural Deaths including those not examined by full autopsy. )**

	AA	C	M	O	R	U	TOTAL
Acute Myocardial Infarct		1					1
Arrhythmia		2					2
Asthma					3		3
Atherosclerotic Cardiovascular Disease		72					72
Cardiac Dysrhythmia		3					3
Cardiac Tamponade		2					2
Cardiomyopathy		8					8
Cerebral Hemorrhage				4			4
Chronic Alcoholism	5						5
Chronic obstructive pulmonary disease					6		6
Cirrhosis of the Liver	2						2
Congenital Abnormality				4			4
Congestive heart failure		1					1
Diabetes Mellitus				6			6
Dissecting Aneurysm		1					1
Gastrointestinal Bleed				2			2
Hemopericardium		1					1
Hypertensive heart disease		6					6
Lung Cancer			4				4
Myocardial Infarction		2					2
Other		1		12	2		15
Pericarditis		1					1
Peritonitis				2			2
Pneumonia					3		3
Pulmonary embolism					5		5
Seizure Disorder				4			4
SIDS				2			2
Subarachnoid Hemorrhage				3			3
undetermined						5	5
Valvular Heart Disease		1					1
<b>Total</b>	<b>7</b>	<b>102</b>	<b>4</b>	<b>39</b>	<b>19</b>	<b>5</b>	<b>176</b>

### Natural Deaths by Category

The high proportion of deaths related to the cardiovascular system is typical of national statistics defining the categories of natural deaths.

#### *Cause of Natural Deaths by Category*



#### *Natural Deaths by Disease Process and Gender*

##### Disease Process By Gender

Disease Process	Female	Male	Unknown	Total
Alcohol Abuse	0	7	0	7
Cardiovascular	32	70	0	102
Malignancy	2	2	0	4
Other	21	18	0	39
Respiratory	13	6	0	19
Undetermined	1	4	0	5
<b>Total</b>	<b>69</b>	<b>107</b>	<b>0</b>	<b>176</b>

*Natural Deaths by Gender and Age Group*

**Natural Death Gender and Age Group**

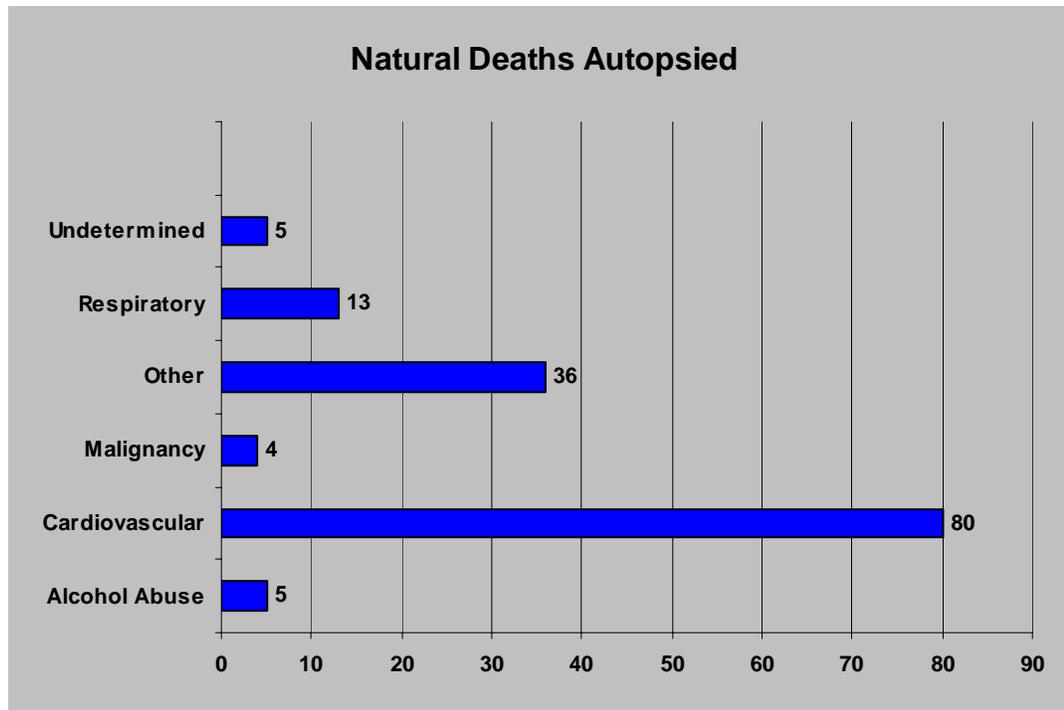
<b>Disease Process</b>	<b>Sex</b>	<b>&lt;1</b>	<b>1-9</b>	<b>10-19</b>	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70-79</b>	<b>80-89</b>	<b>90-99</b>	<b>&gt;=100</b>	<b>Total</b>
Alcohol Abuse	M	0	0	0	0	0	3	3	1	0	0	0	0	7
<b>Alcohol Abuse Total</b>														<b>7</b>
Cardiovascular	F	1	0	0	0	2	4	9	4	6	6	0	0	32
Cardiovascular	M	0	0	0	1	2	11	33	8	11	3	1	0	70
<b>Cardiovascular Total</b>														<b>102</b>
Malignancy	F	0	0	0	0	0	0	2	0	0	0	0	0	2
Malignancy	M	0	0	0	0	0	0	1	0	1	0	0	0	2
<b>Malignancy Total</b>														<b>4</b>
Other	F	2	2	0	4	1	2	2	2	2	0	4	0	21
Other	M	2	0	0	0	0	6	4	3	2	1	0	0	18
<b>Other Total</b>														<b>39</b>
Respiratory	F	1	0	0	1	1	2	3	2	2	0	1	0	13
Respiratory	M	1	0	0	0	1	2	1	0	0	0	1	0	6
<b>Respiratory Total</b>														<b>19</b>
Undetermined	F	0	0	0	0	1	0	0	0	0	0	0	0	1
Undetermined	M	0	0	0	0	0	0	1	0	2	1	0	0	4
<b>Undetermined Total</b>														<b>5</b>
<b>Total Natural Deaths</b>		<b>7</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>8</b>	<b>30</b>	<b>59</b>	<b>20</b>	<b>26</b>	<b>11</b>	<b>7</b>	<b>0</b>	<b>176</b>

*Natural Deaths by Disease Process (Autopsied)*

**Disease Process in Autopsied Deaths**

AA= Alcohol Abuse                      OF= Organ Failure  
 C= Cardiovascular                      O= Other  
     Central Nervous  
 CNV= System                              R= Respiratory  
 M= Malignancy                          SD= Seizure Disorder  
     U= Undetermined

	AA	C	M	O	R	U	TOTAL
Acute Myocardial Infarct	0	1	0	0	0	0	1
Arrhythmia	0	2	0	0	0	0	2
Asthma	0	0	0	0	1	0	1
Atherosclerotic Cardiovascular Disease	0	53	0	0	0	0	53
Cardiac Dysrhythmia	0	2	0	0	0	0	2
Cardiac Tamponade	0	2	0	0	0	0	2
Cardiomyopathy	0	8	0	0	0	0	8
Cerebral Hemorrhage	0	0	0	4	0	0	4
Chronic Alcoholism	4	0	0	0	0	0	4
Chronic obstructive pulmonary disease	0	0	0	0	4	0	4
Cirrhosis of the Liver	1	0	0	0	0	0	1
Congenital Abnormality	0	0	0	4	0	0	4
Diabetes Mellitus	0	0	0	6	0	0	6
Dissecting Aneurysm	0	1	0	0	0	0	1
Gastrointestinal Bleed	0	0	0	2	0	0	2
Hemopericardium	0	1	0	0	0	0	1
Hypertensive heart disease	0	6	0	0	0	0	6
Lung Cancer	0	0	4	0	0	0	4
Myocardial Infarction	0	1	0	0	0	0	1
Other	0	1	0	9	1	0	11
Pericarditis	0	1	0	0	0	0	1
Peritonitis	0	0	0	2	0	0	2
Pneumonia	0	0	0	0	3	0	3
Pulmonary embolism	0	0	0	0	4	0	4
Seizure Disorder	0	0	0	4	0	0	4
SIDS	0	0	0	2	0	0	2
Subarachnoid Hemorrhage	0	0	0	3	0	0	3
undetermined	0	0	0	0	0	5	5
Valvular Heart Disease	0	1	0	0	0	0	1
<b>Total</b>	<b>5</b>	<b>80</b>	<b>4</b>	<b>36</b>	<b>13</b>	<b>5</b>	<b>143</b>

***Natural Deaths Autopsied***

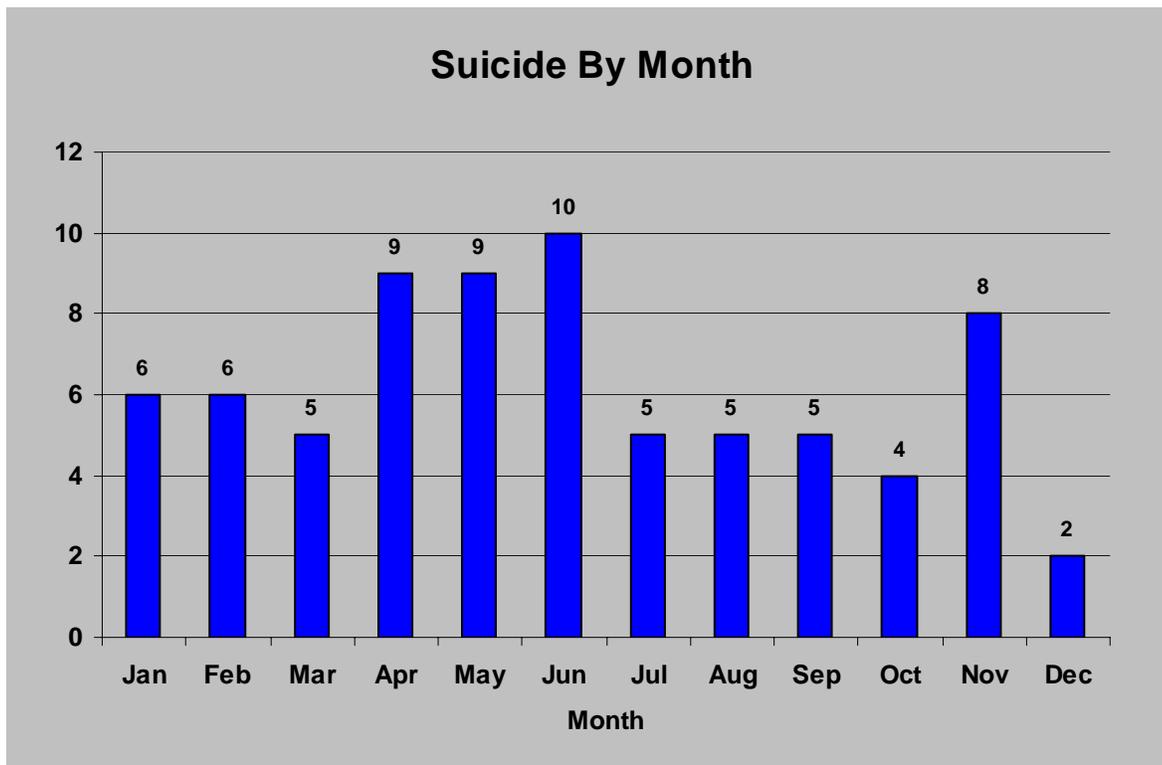
The numbers of cardiovascular deaths reflect the fact that the first symptom of significant heart disease is often a fatal heart attack. The natural manners of death with “undetermined” cause, are deaths in which the scene investigation was highly suggestive of a natural death. However complete autopsies, including microscopic examination of biopsies and toxicology testing did not show cause of death. Some of these deaths might be a result of “chemical” failures of systems at a submicroscopic level. No toxicology laboratory can detect all poisons, and unidentified toxins could have caused some of these deaths.

**SUICIDE**

Suicides are those deaths caused by intentional, self-inflicted injuries. In Spokane County there were (74) suicides in 2006, up (12) from 2005.

The highest concentration (40/70) of all suicides fell within the 20-49 age groups. However, looking at suicides in persons (50) years and older, in 2006 these age groups represented 38% (28/74) of all suicides occurring in Spokane County. Nationally, suicide deaths in older Americans are associated statistically with illness and declining health.

***Suicide Deaths by Month***



*Suicide Method by Gender and Age Group*

**Suicide Method Gender and Age Group**

Suicide Method	Sex	<1	1-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	>=100	Total
Carbon Monoxide	F	0	0	0	0	0	0	0	2	0	0	0	0	2
Carbon Monoxide	M	0	0	0	2	0	0	0	0	0	0	0	0	2
<b>Carbon Monoxide Total</b>														
Drowning	F	0	0	0	1	0	0	0	0	0	0	0	0	1
Drowning	M	0	0	1	0	1	1	0	0	0	0	0	0	3
<b>Drowning Total</b>														
Drugs/Poisons	F	0	0	0	2	1	7	2	0	0	0	0	0	12
Drugs/Poisons	M	0	0	0	1	0	4	2	0	0	0	0	0	7
<b>Drugs/Poisons Total</b>														
Firearms	F	0	0	0	0	1	0	1	1	0	0	0	0	3
Firearms	M	0	0	1	7	0	7	5	6	4	2	0	0	32
<b>Firearms Total</b>														
Hanging	F	0	0	1	0	0	0	1	0	0	0	0	0	2
Hanging	M	0	0	1	2	2	0	0	1	0	0	0	0	6
<b>Hanging Total</b>														
Jumping	M	0	0	0	1	0	0	0	0	0	0	0	0	1
<b>Jumping Total</b>														
Other	M	0	0	0	0	0	0	1	0	0	0	0	0	1
<b>Other Total</b>														
<b>Grand Total</b>		<b>0</b>	<b>0</b>	<b>4</b>	<b>16</b>	<b>5</b>	<b>19</b>	<b>12</b>	<b>10</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>72</b>

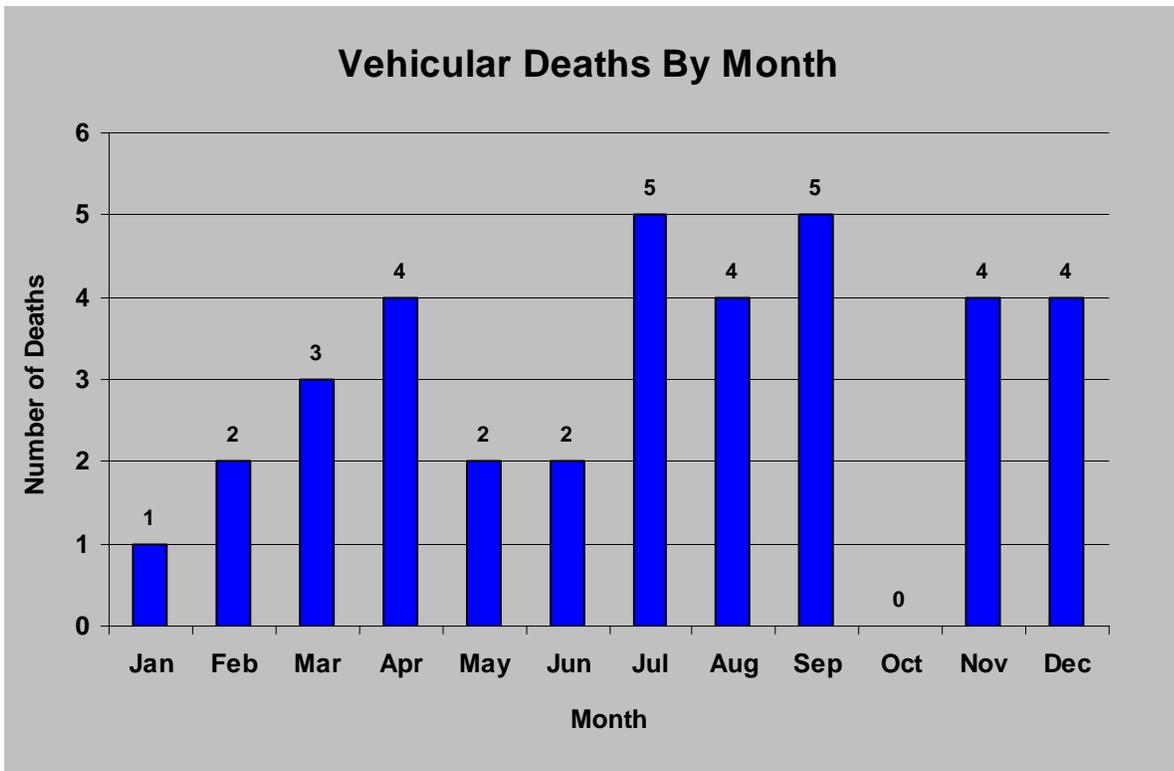
As has been the case in many Medical Examiner years, gunshot wounds remain the most frequent suicide method partly because of the inherent lethality of firearm injuries. Gunshot wounds are followed by intentional overdoses, then suicidal hangings.

**VEHICULAR**

During the calendar year of 2006, the Medical Examiner’s Office participated in the investigation of (36) deaths categorized as vehicular. This represents more than a 22% decrease over 2005.

The deaths were fairly evenly distributed throughout the four seasons. In vehicle collisions there were 26 deaths, 18 drivers and 8 passengers. Where the restraint status was known, less than half of these decedents were restrained. Two bicyclists, 6 motorcycle drivers and one pedestrian died.

***Vehicular Deaths by Month***



*Vehicular Deaths by Method, Gender, and Age Group*

**Vehicular Method Gender and Age Group**

<b>Vehicular Method</b>	<b>Sex</b>	<b>&lt;1</b>	<b>1-9</b>	<b>10-19</b>	<b>20-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70-79</b>	<b>80-89</b>	<b>90-99</b>	<b>&gt;=100</b>	<b>Total</b>
Automobile Driver	F	0	0	0	0	0	0	1	1	0	2	0	0	4
Automobile Driver	M	0	0	0	2	1	2	5	1	0	2	1	0	14
<b>Automobile Driver Total</b>														<b>18</b>
Automobile Passenger	F	2	0	0	0	1	1	0	0	1	0	1	0	6
Automobile Passenger	M	0	0	1	0	0	0	1	0	0	0	0	0	2
<b>Automobile Passenger Total</b>														<b>8</b>
Bicyclist	M	0	0	0	1	0	1	0	0	0	0	0	0	2
<b>Bicyclist Total</b>														<b>2</b>
Motorcycle Driver	M	0	0	1	2	2	0	0	0	1	0	0	0	6
<b>Motorcycle Driver Total</b>														<b>6</b>
Other	M	0	0	0	0	0	0	1	0	0	0	0	0	1
<b>Other Total</b>														<b>1</b>
Pedestrian	M	0	0	0	0	1	0	0	0	0	0	0	0	1
<b>Pedestrian Total</b>														<b>1</b>
<b>TOTAL VEHICULAR DEATHS</b>														<b>36</b>

*Traffic Fatalities and Use of Restraint*

**Traffic Fatalities and Use of Restraint**

<b>Circumstances</b>	<b>Restrained</b>	<b>Unrestrained</b>	<b>Unknown</b>	<b>Total</b>
Automobile Driver	4	7	7	18
Automobile Passenger	2	4	2	8
<b>Total</b>	<b>6</b>	<b>11</b>	<b>9</b>	<b>26</b>

**UNDETERMINED**

“Undetermined” manner is used to designate that a death does not exactly fit the categories natural, suicide, homicide, accident, or overlaps between two categories. An example is a death due to medication overdose. In some such deaths the determinations between accident and suicide cannot be made as the decedent’s intent is not clear. Information concerning the circumstances may be lacking because of the absence of background information, or because of a delay between death and discovery of the body. If an extensive investigation and autopsy cannot clarify the circumstances, the death is placed in this category. There were (12) undetermined deaths in Spokane County in 2006.

Although the cause of death was established in more than half of these deaths, the manner still could not be established. Again, the reason for undetermined manner is lack of information or conflicting information.

**Undetermined Deaths**

**Manner-Undetermined Deaths 2006**

Number	Cause of Death	Month	Sex	Age	Race
1	undetermined after comp autopsy	Jan	M	58	Caucasian
2	cerebral edema & herniation; gsw head	Jan	M	49	Caucasian
3	undetermined after complete autopsy	Jan	M	32	Caucasian
4	cerebral edema & herniation; gsw head	Feb	F	72	Caucasian
5	exsanguination; crush force trunk	Mar	M	26	Caucasian
6	comp ischemic encephalopathy	Mar	F	36	Unknown
7	undetermined	May	M	1 mos	Caucasian
8	undetermined after complete autopsy	Jun	M	UNK	Caucasian
9	acute ethanol intox	Sep	F	45	Caucasian
10	liver necrosis, unknown toxin	Dec	F	39	Unknown
11	acute intoxication; combined effects of morphine, hydromorphone, cyclobenzaprine, diphenhydramine, and mirtazapine	Dec	F	36	Native American
12	undertermined	Dec	M	35	Caucasian

In general, in the gunshot wounds and overdose deaths listed above, it could not be determined if the decedent had suicidal intent.

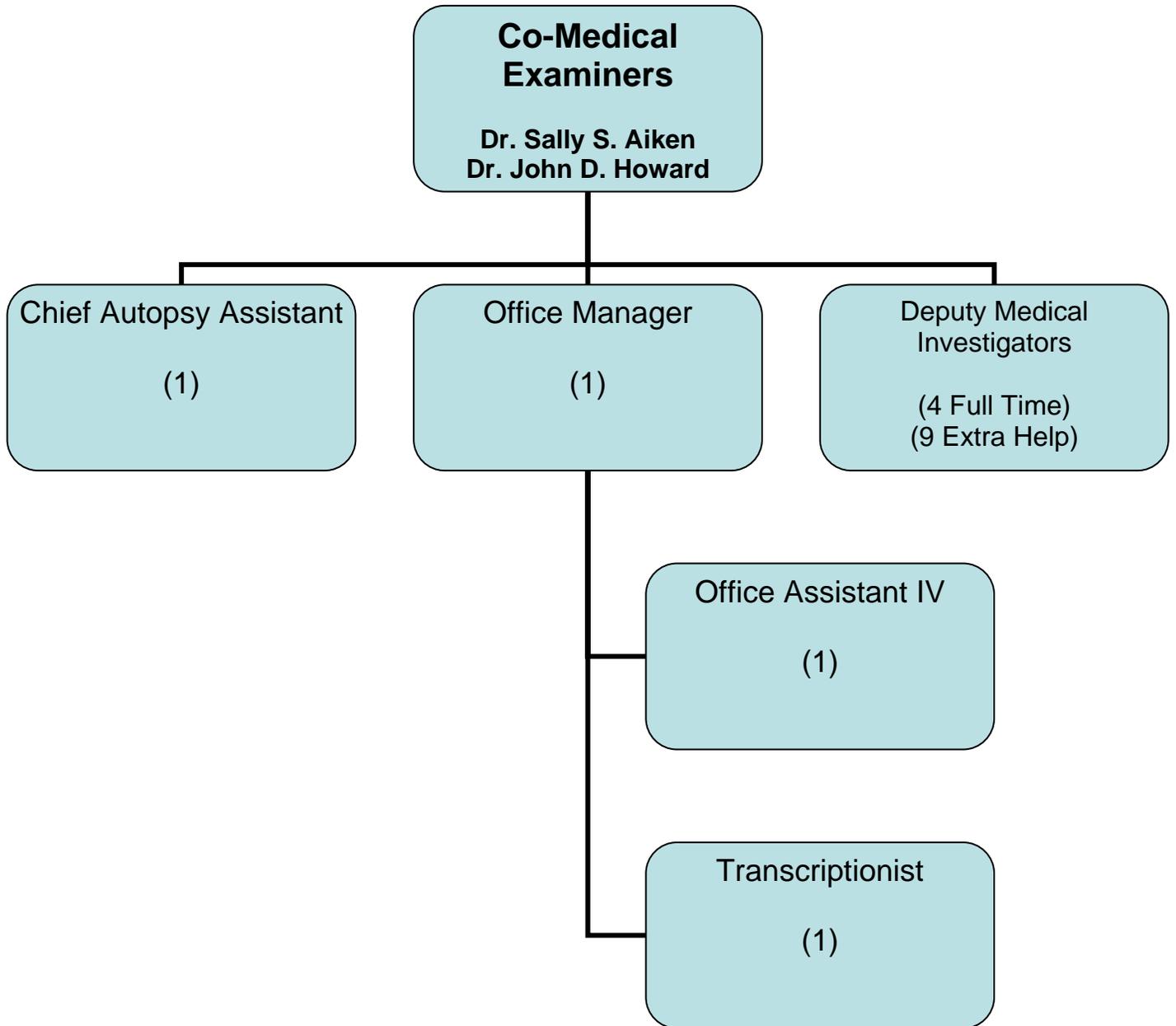
## Glossary of Terms

<b>Blood Alcohol Level</b>	The concentration of ethanol (alcohol) found in blood following ingestion. Measured in grams per 100 ml of blood or grams % In the State of Washington, 0.08 grams % is considered the legally intoxicated concentration while driving.
<b>Prescription Drug</b>	Therapeutic drug or Medicine: A substance, other than food, used in the prevention, diagnosis, alleviation, treatment, or cure of disease. Illicit drug: A drug used non-medically for personal stimulation/depression/euphoria, use or abuse.
<b>Drug Caused Death</b>	Death directly caused by a drug or drugs in combination with each other or with alcohol, including psychiatric drugs or therapeutic drugs for conditions such as asthma or epilepsy
<b>Jurisdiction</b>	The jurisdiction of the Medical Examiner's Office extends to all reportable deaths occurring within the boundaries of Spokane County, whether or not the incident leading to the death (such as an accident) occurred within the county. Also included are people who are transferred to Spokane area hospitals from surrounding Counties/States, who then expire in Spokane.
<b>Manner</b>	A statistical classification of the way in which the cause of death came about (accident, homicide, suicide, natural, or undetermined).
<b>Manner: Accident</b>	Death other than natural, where there is no evidence of intent, i.e., unintentional. In this report, vehicle accidents are identified separately.
<b>Manner: Homicide</b>	Death due to the acts of another.
<b>Manner: Natural</b>	Death caused solely by organic disease. If natural death is hastened by injury (such as a fall), the manner of death will not be considered natural.
<b>Manner: Suicide</b>	Death as a result of a purposeful action, with intent (explicit or implicit) to end one's life.
<b>Manner: Traffic</b>	Unintentional deaths of drivers (automobile, bicycle or motorcycle), passengers, and pedestrians involving motor vehicles on public roadways. By convention, and at the direction of state vital records, accidents involving motor vehicles on private property (such as driveways) are not included in this category.
<b>Manner: Undetermined</b>	Manner assigned when there is insufficient evidence or information to assign to accident, homicide, suicide, or natural categories, or when two plausible manners are equally likely.

<b>Opiate</b>	A broad class of drugs including morphine, heroin, and synthetic medicine such as methadone.
<b>Poison</b>	Any substance, either taken internally or applied externally, that is injurious to health or dangerous to life.
<b>Fetal Death/Perinatal</b>	Category of deaths that occur within the uterus (fetal) or shortly before, during, or shortly after birth (perinatal).
<b>Race</b>	The racial categories used in this report are: Caucasian, African American, Native American, Asian, Hispanic, and Other.

Organizational Chart

Spokane County  
Medical Examiner's Office



Overdose Data 2006

M/F	Age	Accident	Suicide	Undetermined	Cause of Death	Toxicology results
Male	46	X			Acute intoxication due to the combined effects of Amitriptyline, Hydrocodone, and Methadone.	amitriptyline, hydrocodone, and methadone.
Male	60	X			Cocaine intoxication, Coronary atherosclerosis may have contributed	Cocaine
Male	53		X		acute intoxication due to the combined effects of ethanol, oxycodone, cocaine, cocaethylene, mirtazapine, chlorpheniramine, and benzodiazepine	ethanol, oxycodone, cocaine, cocaethylene, mirtazapine, chlorpheniramine, and benzodiazepine
Male	31	X			Combined Methadone on Methamphetamine intoxication.	methadone and methamphetamine
Male	52	X			Acute Cocaine intoxication, bronchial Asthma and Hypertension may have contributed.	Cocaine
Male	43	X			Acute intoxication due to the combined effects of Ethanol, Carisoprodol, Meprobamate, and Morphine.	ethanol, carisoprodol, meprobamate and morphine
Female	41			X	Multisystem organ failure due to submassive necrosis of the liver resulting from acetaminophen intoxication. Opiate ( methadone and hydrocodone) may have contributed.	acetaminophen methadone and hydrocodone
Female	41	X			Acute intoxication due to the combined effects of cocaine, opiate, amitriptyline, nortriptyline, and citalopram.	cocaine, opiate, amitriptyline, nortriptyline, and citalopram.
Female	42	X			acute intoxication due to the combined effects of morphine, amitriptyline, nortriptyline, and diphenhydramine.	morphine, bupropion, amitriptyline, nortriptyline, (amitriptyline metabolite), and diphenhydramine.
Female	26	X			acute intoxication due to the combined effects of cocaine, methamphetamine, benzodiazepine, methadone, trazodone, and citalopram	cocaine, methamphetamine, benzodiazepine, methadone, trazodone, and citalopram
Female	29	X			acute intoxication due to the combined effects of methadone, cocaine, and benzodiazepines.	cocaine, benzodiazepines and methadone
Female	41	X			methadone intoxication	methadone
Female	61	X			combined drug intoxication (methadone, cyclobenzaprine, and alprazolam)	methadone, cyclobenzaprine, alprazolam
Female	48	X			Acute intoxication due to the combined effects of methadone, cocaine, citalopram, alprazolam, and mirtazapine.	methadone, cocaine, citalopram, alprazolam, and mirtazapine.
Male	42	X			attributed to atherosclerotic coronary vascular disease with previous stent placement in the coronary artery. Cocaine contributed, accident.	cocaine
Male	63	X			cocaine intoxication	cocaine
Male	46	X			combined methadone and ethanol intoxication	methadone and ethanol
Female	23	X			anoxic encephalopathy status post cardiopulmonary arrest due to cocaine and methamphetamine intoxication.	cocaine and methamphetamine
Male	28	X			combined drug intoxication (oxycodone, hydrocodone, meprobamate, promethazine, diphenhydramine).	oxycodone, hydrocodone, meprobamate, promethazine, diphenhydramine

Overdose Data 2006

Male	24	X			acute intoxication due to the combined effects of cocaine, benzodiazepines, and opiate.	cocaine, benzodiazepines, and opiate.
Female	46	X			attributed to the respiratory depressant effects of combined drug intoxication (methadone, alprazolam, diphenhydramine, promethazine)	methadone, alprazolam, diphenhydramine, promethazine
Female	22	X			acute methadone intoxication	methadone
Male	46		X		probable quetiapine intoxication	quetiapine
Female	47		X		acute intoxication due to the combined effects of quetiapine and diphenhydramine	quetiapine, and diphenhydramine
Male	17	X			acute methadone intoxication	methadone
Male	16	X			combined intoxication of methadone and diphenhydramine	methadone and diphenhydramine
Male	53	X			(D.C. signed based on records, no autopsy) Hypoxic encephalopathy (respiratory. arrest, glucose of 18, hx diabetes and end state renal disease noted in records). Cocaine contributory	Cocaine
Female	44	X			multisystem organ failure due status post pulmonary arrest due to combined oxycodone and lorazepam intoxication	oxycodone and lorazepam
Male	23				combined methadone and alprazolam intoxication	methadone and alprazolam
Male	46		X		attributed to multiple organ failure (neurologic, respiratory, renal) due to hypoxia from prolonged respiratory depression due to methadone intoxication	methadone
Male	48	X			combined drug (cocaine, opiates, diazepam, and promethazine) intoxication.	cocaine and cocaine metabolites (benzoylecgonine, ecgoninemethylester). Methadone, oxycodone, codeine, diazepam and promethazine
Female	36	X			cerebral edema and herniation due to anoxic encephalopathy, status post cardiopulmonary arrest due to combined drug intoxication.	methadone, methamphetamine, diphenhydramine, meprobamate
Female	43		X		attributed to hypoxic encephalopathy due to aspiration pneumonia with respiratory arrest due to acute intoxication due to the combined effects of venlafaxine and morphine	venlafaxine and morphine
Male	49	X			combined morphine and hydrocodone intoxication	morphine and hydrocodone
Male	53	X			probable cardiac dysrhythmia due to acute intoxication due to the combined effects of cyclobenzaprine and hydrocodone.	cyclobenzaprine and hydrocodone
Female	34	X			acute intoxication due to the combined effects of methadone and normeperidine	methadone and normeperidine
Male	22	X			anoxic encephalopathy status / post cardiopulmonary arrest due to combined methadone and cocaine intoxication	methadone and cocaine
Male	17	X			acute opiate intoxication.	opiate (source of opiate unclear)
Male	49	X			acute intoxication due to the combined effects of methamphetamine and methadone	methamphetamine and methadone

Overdose Data 2006

Male	52	X			combined drug, methadone and benzodiazepine intoxication	methadone and benzodiazepine
Female	47	X			hypoxic encephalopathy status / post cardiopulmonary arrest due to combined drug (opiates and benzodiazepines) intoxication	benzodiazepines metabolites, oxycodone, hydrocodone, hydromorphone
Female	43	X			combined drug intoxication	methadone, methamphetamine, cocaine
Female	53	X			acute intoxication due to the combined effects of ethanol, propoxyphene, desipramine, lorazepam, and citalopram	ethanol, propoxyphene, desipramine, citalopram, and lorazepam
Male	41	X			acute intoxication due to the combined effects of methadone, alprazolam, benzodiazepine, and diphenhydramine	methadone, alprazolam, benzodiazepine, and diphenhydramine
Male	21	X			acute intoxication due to the combined effects of methadone and cocaine	methadone and cocaine
Female	30	X			acute intoxication due to the combined effects of ethanol, dihydrocodeine, methadone, and multiple other medications	ethanol, hydrocodone methadone, diphenhydramine, codeine, hydromorphone, dihydrocodeine, and cyclobenzaprine
Male	70	X			acute methadone intoxication	methadone
Male	40	X			combined drug (oxycodone, diphenhydramine, propoxyphene, dextromethorphan) and ethanol intoxication	oxycodone, diphenhydramine, dextromethorphan, and propoxyphene, and ethanol
Male	50	X			attributed to volume depletion and sertraline intoxication. Hypertensive / cocaine related cardiomyopathy and possible rebound hypertension due to non-use of antihypertensives contributed to death	sertraline
Female	45	X			hypoxic encephalopathy due to cardiopulmonary arrest due to acute intoxication due to the combined effects of methadone, cocaine, citalopram, and diphenhydramine	methadone, diphenhydramine, citalopram, and cocaine
Female	55	X			acute intoxication due to the combined effects of morphine, doxepin, and temazepam	morphine, doxepin, and temazepam
Female	46		X		acute intoxication due to the combined effects of hydrocodone, alprazolam, zolpidem, quetiapine, and promethazine	hydrocodone, alprazolam, zolpidem, quetiapine, and promethazine
Female	33	X			acute intoxication due to the combined effects of methadone, venlafaxine, mirtazapine, and meprobamate	methadone, morphine, venlafaxine, mirtazapine, and meprobamate
Male	49	X			acute intoxication due to the combined effects of heroin and ethanol	heroin and ethanol
Female	56	X			acute intoxication due to the combined effects of quetiapine, ethanol, and amitriptyline	quetiapine, ethanol, and amitriptyline
Male	50	X			attributed to severe atherosclerotic coronary vascular disease. Methamphetamine intoxication contributed to death by way of it's known vasoconstrictive effects.	methamphetamine

Overdose Data 2006

Male	46	X			attributed to severe atherosclerotic coronary vascular disease with remote myocardial infarct. Occlusion of the right coronary artery was found at autopsy. Methamphetamine intoxication contributed to death by way of the known catecholamine - like effects of methamphetamine and it's constrictive effects on blood vessels including coronary arteries.	methamphetamine
Female	29		X		acute intoxication due to the combined effects of propoxyphene, diphenhydramine, diazepam, lamotrigine, and topiramate	propoxyphene, diphenhydramine, diazepam, lamotrigine, and topiramate
Male	52	X			severe atherosclerotic coronary vascular disease. Dilated cardiomyopathy and acute cocaine intoxication contributed to death. Cocaine is known to cause constriction of blood vessels including coronary arteries. It has also been associated with enlargement of the heart and accelerated development of atherosclerosis.	cocaine
Male	41	X			acute intoxication due to the combined effects of methamphetamine, methadone, benzodiazepines, and lamotrigine	methamphetamine, methadone, benzodiazepines, and lamotrigine
Female	26	X			bronchopneumonia due to acute methamphetamine intoxication. Hyperthermia cannot be excluded as contributing to death.	methamphetamine
Male	58	X			combined methadone and chlorpheniramine intoxication	methadone and chlorpheniramine
Male	50	X			due to the combined effects of ethanol, propoxyphene, methadone, cyclobenzaprine, and hydrocodone	ethanol, propoxyphene, methadone, cyclobenzaprine, hydrocodone
Male	37	X			acute intoxication due to the combined effects of methadone, ethanol, and diphenhydramine	methadone, ethanol, and diphenhydramine
Female	47	X			combined drug (methadone, temazepam, and meprobamate) intoxication	methadone, temazepam, and meprobamate
Male	53		X		attributed to salicylate intoxication	salicylates
Female	53	X			acute intoxication due to the combined effects of methadone, fentanyl, and midazolam. Probable sepsis, unknown etiology, contributed to death.	methadone , fentanyl, and midazolam
Female	24	X			morphine intoxication	morphine
Female	45		X		attributed to combined drug ( propoxyphene, cyclobenzaprine) and ethanol intoxication	propoxyphene, ethanol, cyclobenzaprine
Female	49	X			acute oxycodone intoxication	oxycodone
Female	39	X			acute intoxication due to the combined effects of methadone and clonazepam	methadone and clonazepam
Male	41	X			attributed to methamphetamine intoxication	methamphetamine
Male		X			combined morphine and hydromorphone intoxication	morphine and hydromorphone
Male	34	X			hypoxic encephalopathy due to cardiopulmonary arrest due to acute methadone intoxication	methadone

Overdose Data 2006

					attributed to probable cardiac dysrhythmia due to acute quetiapine intoxication. (Decedent expired suddenly, without any undue drowsiness, and presuming that the witness statements are true, it is likely that the decedent had a cardiac dysrhythmia)	quetiapine
Male	27	X				
Male	52	X			acute methadone intoxication	methadone
Female	56	X			acute intoxication due to the combined effects of methadone and mirtazapine	methadone and mirtazapine
Female	44	X			acute methadone intoxication	methadone
Female	16		X		acute intoxication due to the combined effects of morphine, butalbital, and benzodiazepines	morphine, butalbital, and benzodiazepines
Male	48	X			acute methadone intoxication	methadone
Male	35	X			acute intoxication due to the combined effects of ethanol and methadone	methadone and ethanol
Female	35		X		attributed to combined drug (amitriptyline, morphine, diphenhydramine) and ethanol intoxication	amitriptyline, morphine, diphenhydramine, and ethanol
Male	48	X			oxycodone intoxication	oxycodone
Male	22	X			combined drug (methadone, diphenhydramine, and doxylamine) intoxication	methadone, diphenhydramine, and doxylamine
Male	29	X			attributed to aspiration pneumonia due to acute intoxication due to the combined effects of benzodiazepines, cocaine, and opiate	benzodiazepines. Cocaine, and opiate
Male	26	X			acute intoxication due to the combined effects of morphine, hydrocodone, diphenhydramine, and multiple other medications	morphine, hydrocodone, diphenhydramine and multiple other medications. (blood drug screen shows morphine, hydrocodone, diphenhydramine, alprazolam, fluoxetine, nor fluoxetine, olanzapine, carisoprodol, and meprobamate) (urine drug screen shows opiate, benzodiazepine, cannabinoids and acetaminophen)
Male	36	X			acute intoxication due to the combined effects of ethanol, methamphetamine, cyclobenzaprine, and venlafaxine	ethanol, cyclobenzaprine, methamphetamine, and venlafaxine
Female	50	X			attributed to combined methadone, diphenhydramine, lorazepam, and temazepam intoxication. The autopsy also demonstrates focally severe atherosclerotic coronary artery disease that is probably a contributing factor.	methadone, diphenhydramine, lorazepam, and temazepam
Male	36	X			combined methadone and diazepam intoxication	methadone and diazepam
Male	47	X			methamphetamine intoxication. Coronary atherosclerosis may have been a contributing factor.	methamphetamine
Female	49	X			attributed to hypoxic encephalopathy due to cardiopulmonary arrest due to acute intoxication due to the combined effects of gabapentin, benzodiazepine, meperidine and morphine	gabapentin, benzodiazepines, meperidine, and morphine
Female	62		X		diltiazem intoxication	diltiazem
Male	34	X			acute methadone intoxication	methadone
Male	57		X		attributed to valproic acid intoxication	valproic acid

Overdose Data 2006

Female	28	X			combined drug (fentanyl, morphine, diazepam, hydrocodone, cyclobenzaprine, hydroxyzine) intoxication	fentanyl, morphine, diazepam, hydrocodone, cyclobenzaprine, hydroxyzine
Male	52	X			methadone intoxication	methadone
Female	18		X		acute intoxication due to the combined effects of zolpidem, oxycodone, and hydrocodone	zolpidem, oxycodone, and hydrocodone
Male	54	X			acute methadone intoxication	methadone
Male	34	X			acute methadone intoxication. Focal, severe, coronary atherosclerosis may have been a contributing factor.	methadone
Female	35	X			hypoxic encephalopathy due to respiratory arrest, due to dilated cardiomyopathy with heart failure, due to chronic cocaine use and morbid obesity	cocaine
Female	43	X			hydrocodone intoxication. Chronic alcoholism is a contributing factor.	hydrocodone
Male	42	X			methadone intoxication	methadone
Female	46	X			combined methadone and cocaine intoxication	methadone and cocaine
Male	27	X			lobar pneumonia of lower lobe of right lung due to acute intoxication due to the combined effects of codeine, hydrocodone, meprobamate, amitriptyline, and sertraline.	codeine, hydrocodone, meprobamate, amitriptyline, and sertraline
Male	47	X			attributed to cocaine intoxication	cocaine, cocaine metabolites, benzoylecgonine, and ecgoninemethylester
Female	26		X		submassive necrosis of liver due to unknown toxin	unknown toxin
Female	39	X			combined drug ( cocaine, morphine, meprobamate, hydromophone) intoxication	cocaine, morphine, meprobamate, and hydromorphone
Female	37			X	acute intoxication due to the combined effect of morphine, hydromorphone, cyclobenzaprine, and mirtazapine	morphine, hydromorphone, cyclobenzaprine, diphenhydramine, and mirtazapine
Female	36	X			acute intoxication due to the combined effects of ethanol, doxepin, flurazepam, and meprobamate	ethanol, doxepin, flurazepam, and meprobamate
Male	66					
Male	35	X			combined drug (methamphetamine, hydromorphone, hydroxyzine). Cardiomegaly and morbid obesity may have been contributing factors.	methamphetamine, hydromorphone, hydroxyzine
Female	42		X		acute intoxication due to the combined effects os amitriptyline, methadone, oxycodone, and venlafaxine.	amitriptyline, methadone, oxycodone, and venlafaxine