2014 ANNUAL REPORT

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Office of the Larimer County Coroner Medical Examiner

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OFFICE OF THE LARIMER COUNTY CORONER/
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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.

On a personal note, I have chosen to retire the end of 2014 and not seek re-election. In November 2014, you, the Larimer County citizens, elected my partner, James A. Wilkerson IV, MD as your new Larimer County Coroner. I can assure you that he will continue in my footsteps to provide professional, thorough Medicolegal Investigations while maintaining a fiscally conservative office. Thank you for all your support throughout the years and for your continued support of our Office and staff.

Patrick C. Allen, MD
Larimer County Coroner
Chief Medical Examiner

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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 2014, Patrick C. Allen, MD, the Larimer County Coroner/ Chief Medical Examiner, chose to retire after serving the citizens of Larimer County as elected Coroner for 35 years. Dr. Allen and his partner, James A. Wilkerson IV, MD, are both medical doctors who are trained and triple-board certified in Anatomical, Clinical, and Forensic Pathology. Forensic Pathology is the branch of medical science that is applied to the legal investigation of sudden, unexpected, violent, or suspicious deaths. In November 2014, Dr. Wilkerson was elected by the citizens of Larimer County to serve as Coroner, beginning in January 2015. Also in the Forensic Pathology partnership are Michael A. Burson, PhD, 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. Full time Investigators for Larimer County must also be P.O.S.T.-certified police officers. 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 include:

- To respond to the death scene, 24 hours a day, 7 days a week;
- To Investigate the scene of death;

MISSION STATEMENT and FUNCTION OF THE MEDICAL EXAMINER'S OFFICE

- To take all necessary steps needed to positively identify the decedent;
- 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.

MISSION STATEMENT and FUNCTION OF THE MEDICAL EXAMINER'S OFFICE

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.

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

Because Larimer County requires that all full-time Medico-legal Death Investigators be POST-Certified Peace Officers, investigators must also participate in ongoing law enforcement training, including:

- Firearms
- Advanced Driving Techniques
- Interviewing and Interrogation
- CCIC and NCIC training

MISSION STATEMENT and FUNCTION OF THE MEDICAL EXAMINER'S OFFICE

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 2014, 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
- College America
- Colorado Coroner's Association
- 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
- 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 and the Colorado State Coroner's Standards Training Board requirements for ongoing education.

EXPLANATION OF DATA

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 2014 calendar year. Many of the charts and graphs include data from the last 10 years, as needed to show trends. Our Office maintains archival data as far back as 1979, when Dr. Allen first assumed the office of Larimer County Coroner, as well as case summaries from the inception of the Office in 1881.

The geographic area served by the Larimer County Medical Examiner's Office includes 2,640 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 7th largest county in Colorado, based on population. The population of Larimer County is approximately 300,000 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 2014.

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.

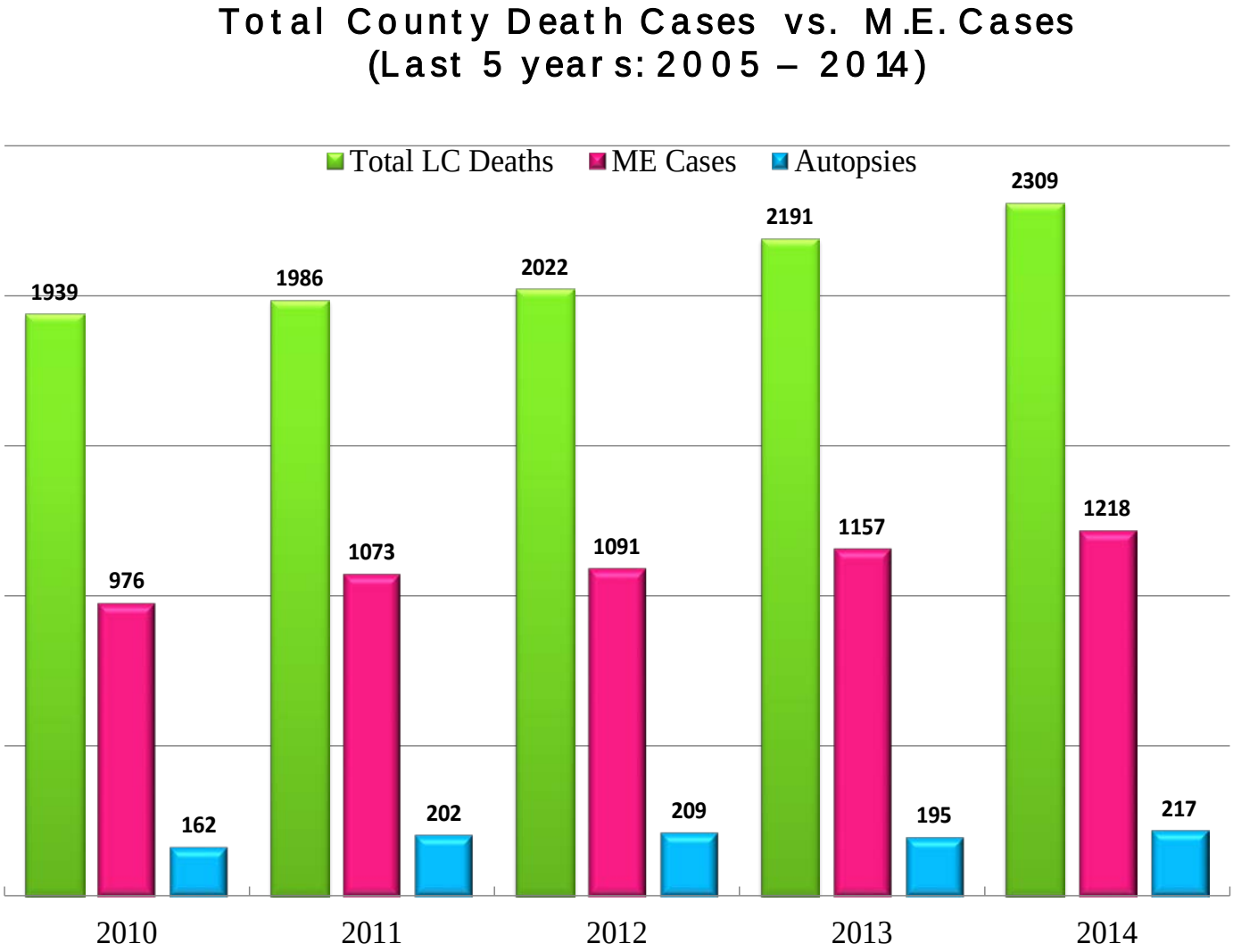
Abbreviations are used for modes of death throughout the various charts and graphs in this report. They are as follows:

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

TOTAL LARIMER COUNTY DEATHS VS. MEDICAL EXAMINER CASES IN 2014

In 2014, there were 2,309 deaths in Larimer County. The Medical Examiner's Office assumed jurisdiction in 1,218 (53%) of these cases. Larimer County Medicolegal Investigators review medical information and conduct necessary telephone interviews on all M.E. cases, and it was deemed necessary to respond to the death scene and conduct a thorough medicolegal scene investigation in 393 of the 1,218 cases. Out of these investigations, complete forensic autopsies were performed in 217 cases (17.8% of Coroner cases). In 1 case of the 1,001 cases not autopsied, toxicology studies only were deemed necessary. The remaining 1,000 cases not autopsied or tested were those in which the scene investigation, circumstances of death, medical documentation, interviews, social history, and/ or external examination of the body provided sufficient information for certifying the cause of death. Twenty-one (21) cases were transferred back to the originating jurisdiction.

Cases in which jurisdiction was not assumed by the Medical Examiner (1,091 deaths), were those individuals in nursing homes, facility Hospices, or hospital settings with a known fatal disease process and no evidence of extenuating circumstances, thus enabling the primary physician to certify the cause of death without Medical Examiner involvement. The accompanying tables, graphs, and figures summarize all cases where the Medical Examiner assumed jurisdiction.



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 2014, we investigated 990 Natural deaths.

SUICIDE: Death as a result of a purposeful action set in motion (explicit or implicit) to end one's life. In 2014, there were 83 deaths certified as Suicides, up nearly 25% from last year.

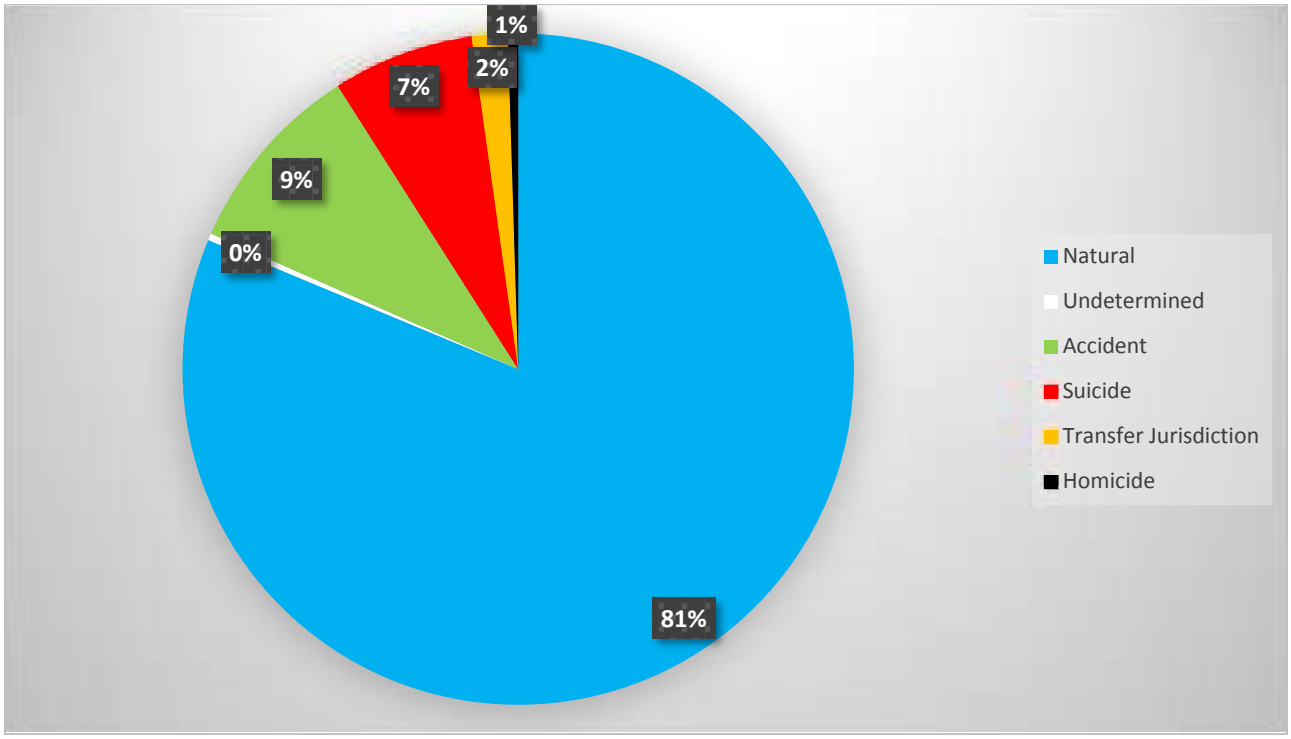
ACCIDENT: Death other than natural where there is no evidence of intent; i.e. an unintentional event or chain of events. This category includes most motor vehicle accidents, falls, drowning, accidental drug overdoses, drug reactions, etc. In 2014, we had 114 Accidents, 26 of which were motor vehicle 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 2014, there were 6 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 2014, we had 4 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 21 cases.

MANNERS OF DEATH – 2014



2014 YEAR - END STATISTICAL OVERVIEW

The Larimer County Medical Examiner's Office investigated a total of 1,218 deaths during 2014. Of these, 990 were Naturals, 114 were Accidents, 83 were Suicides, 6 were Homicides, 21 were transferred back to the County of origin, and 4 were classified as Undetermined. Of the 1,218 deaths, our 6 Medicolegal Investigators responded to and conducted complete medicolegal investigations into 381 death scenes. The cases where a response was not necessary were 837 Hospice, hospital, or nursing home deaths from Natural causes that had no suspicious or unusual circumstances and 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: 114 total — **76 autopsied**

- 32 - Drug Overdose (OD)
- 38 - Falls
- 26 - Motor Vehicle Crash (MVC)
- 1 – Hyper/hypothermia
- 8 - Drowning
- 4 – Asphyxia (mechanical, positional, huffing, or auto-erotic)
- 2 – Lightning Strike
- 1 – Remote rodeo accident
- 2 - Fire/ thermal

Suicides: 83 total — **80 autopsied**
+ 1 Toxicology only

- 39 - Gun Shot Wound (GSW)
- 19 - Drug Overdose (OD)
- 16 - Ligature Strangulation (LS)
- 1 – Carbon Monoxide (CO)
- 4 – Asphyxia/Suffocation
- 1 – Motor Vehicle v. Pedestrian
- 2 – Jumped from height
- 1 – Train vs. pedestrian

Homicides: 6 total — **6 autopsied**

- 4 - Gun Shot Wound (GSW)
- 1 – Blunt force (beating/ strangulation)
- 1 – Stabbing + blunt force

Undetermined: 4 total — **3 autopsied**

- 1 – Blunt force injury (accident vs. homicide)
- 1 – Positional asphyxia (accident vs. homicide)
- 1 – Subdural of unknown etiology
- 1 – Skeletal remains

Transfer of Jurisdiction: 21 total

Naturals: 990 total — **52 autopsied**
+ 1 Toxicology only

Total Forensic Autopsies Performed: 217 + 2 Toxicology studies only

SUICIDE

STATISTICS

2014 Suicide Information

Suicide is death caused by intentional, self-inflicted injuries. In Larimer County during 2014 there were eighty-three (83) deaths by suicide. Death by Suicide comprised 6.8% of our investigated cases and 3.6% of all Larimer County deaths. Suicides increased 25% (21 cases) from last year.

Age

Average Age	46
Juvenile (<18)	2
Adult	81
Oldest:	90
Youngest:	13

Gender

Female	23
Male	60

Race

Black	1
Hispanic	5
White	76
Other	1

Monthly Breakdown

Jan	6
Feb	5
Mar	6
Apr	9
May	7
Jun	8
July	7
Aug	7
Sept	10
Oct	4
Nov	3
Dec	11
	83

Mode of Suicide

Gun Shot Wound (GSW)	39
Drug Overdose (OD)	19
Ligature Strangulation (LS)	16
Carbon Monoxide (CO)	1
Asphyxia/ Suffocation	4
Train v. pedestrian	1
Motor Vehicle v. pedestrian	1
Jumped from height	2

Mental Health/ Suicide Notes

Left note or other message: 39/83 (47%)

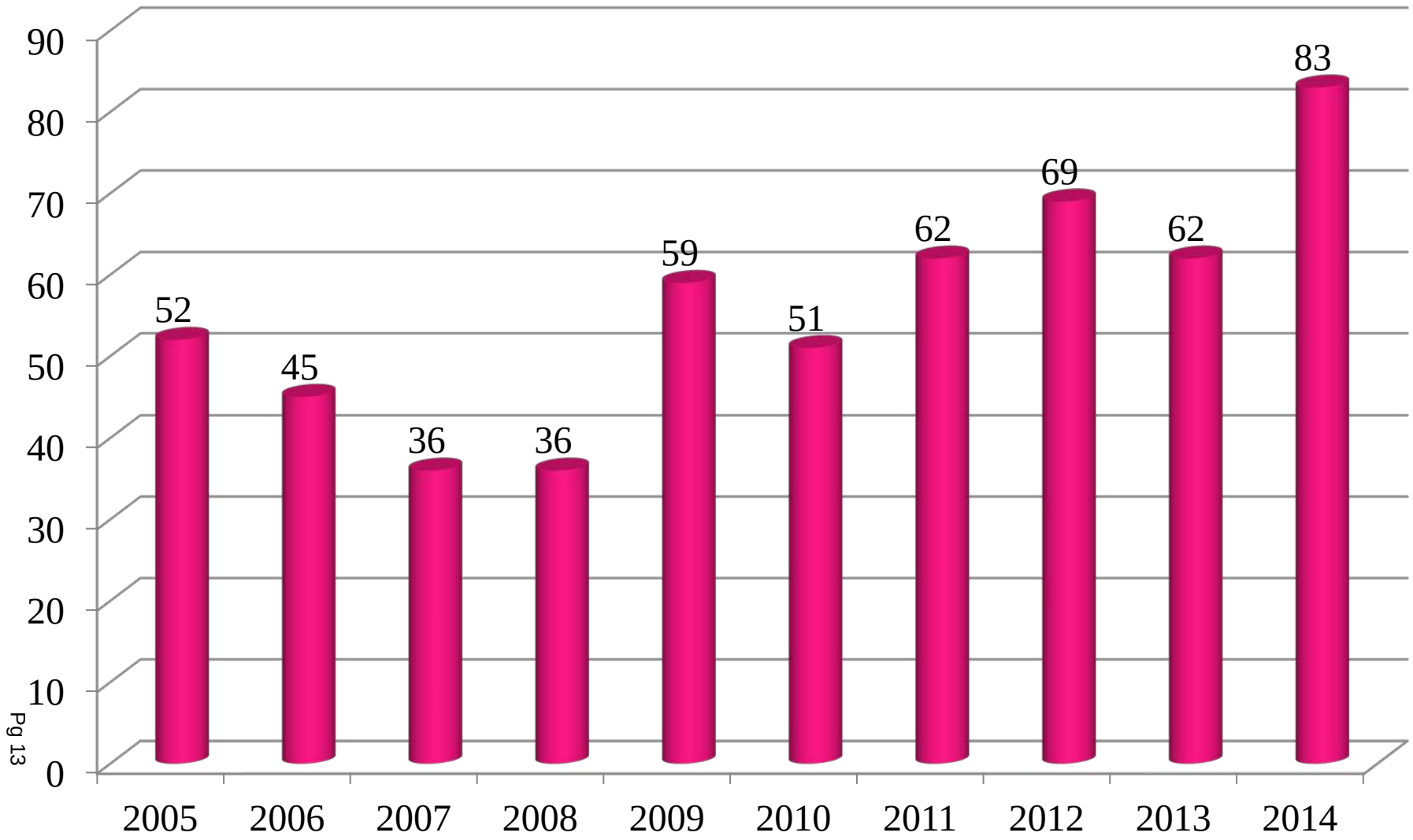
Prior ideation or attempts: 51/83 (61%)

Active mental health treatment: 23/83 (28%)

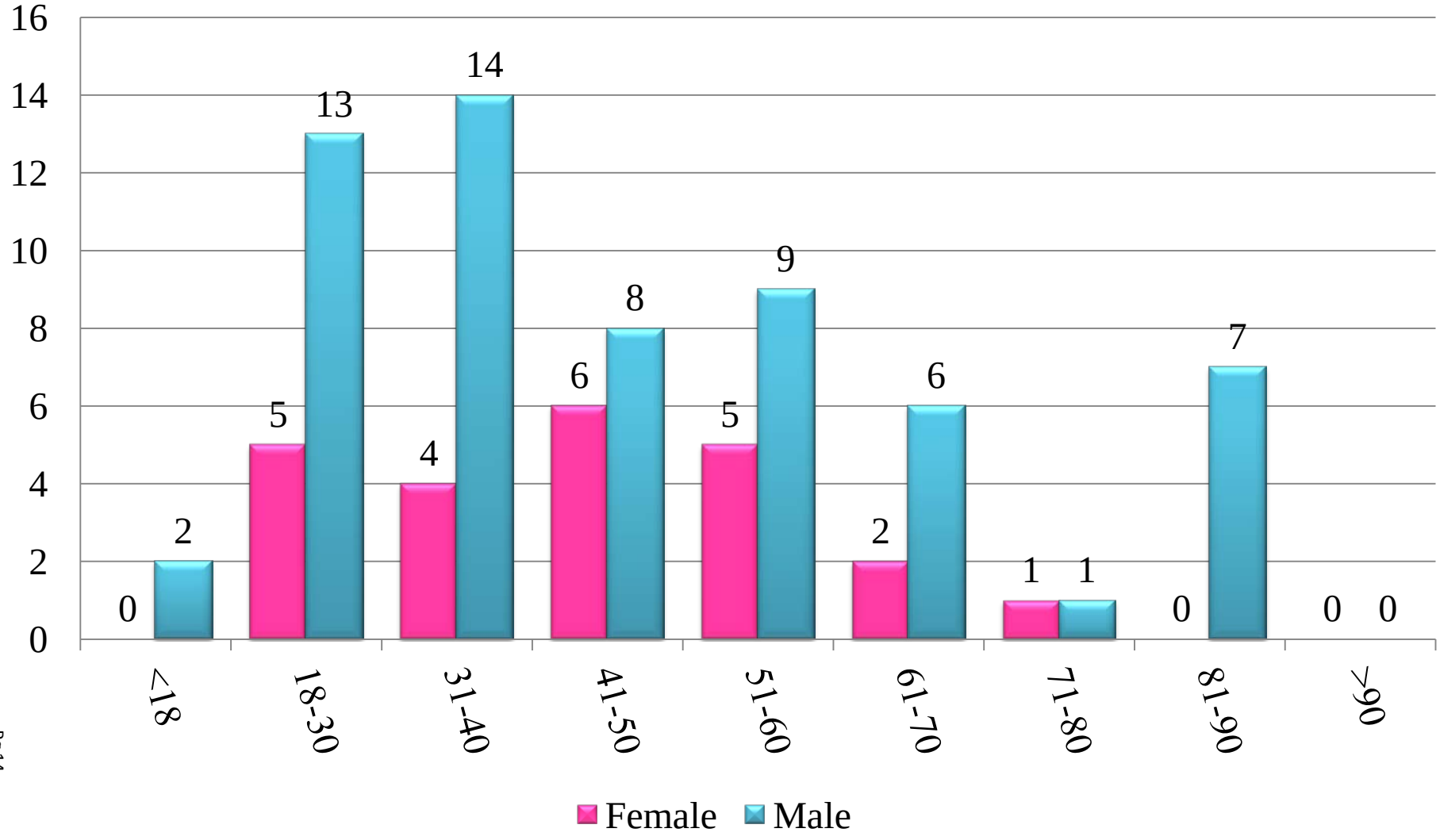
Alcohol and/ or Drugs Present

61/83 (73.5%)

Suicide Totals - Last 10 Years 2005 - 2014

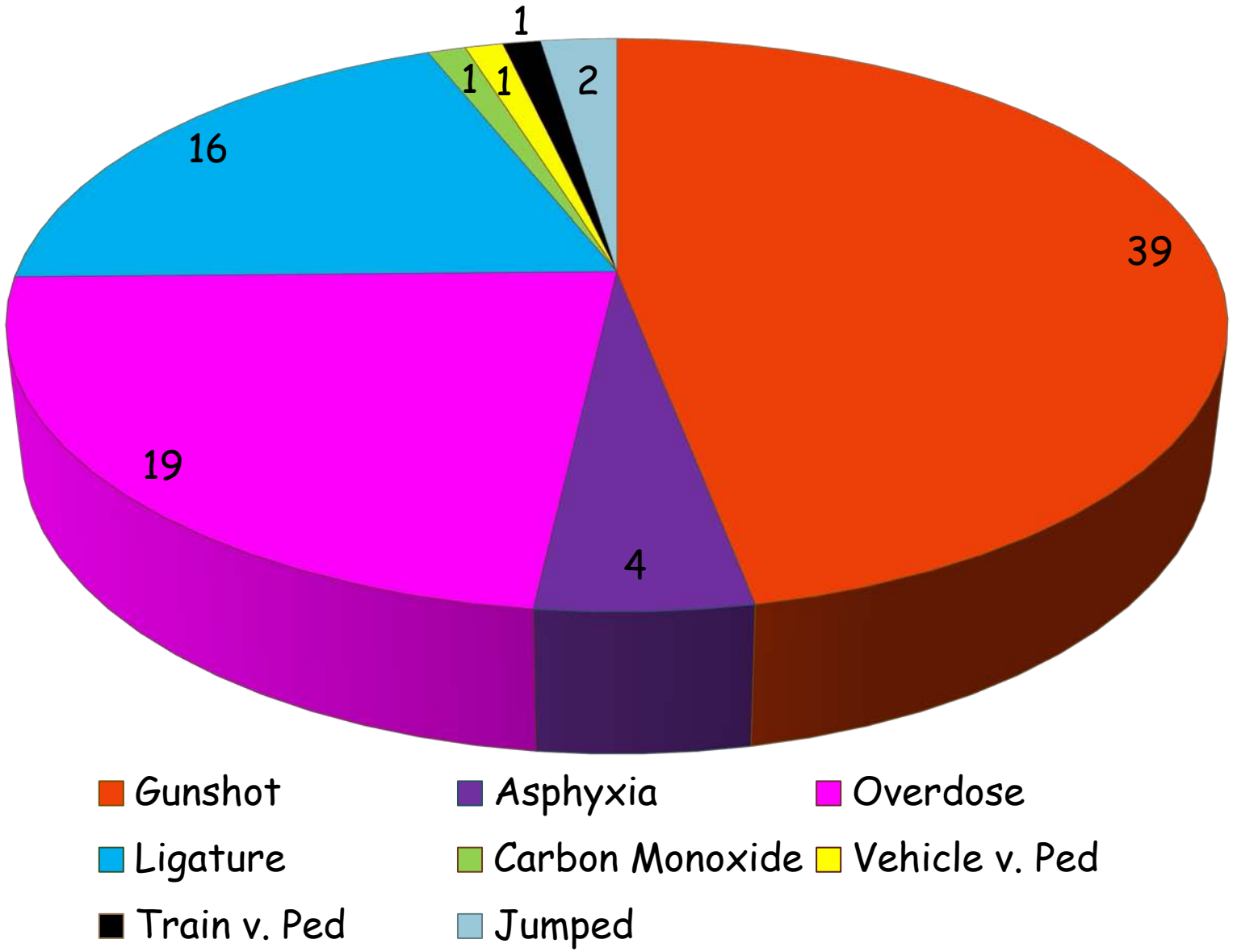


2014 Suicides by Age and Gender Distribution



2014 Suicides

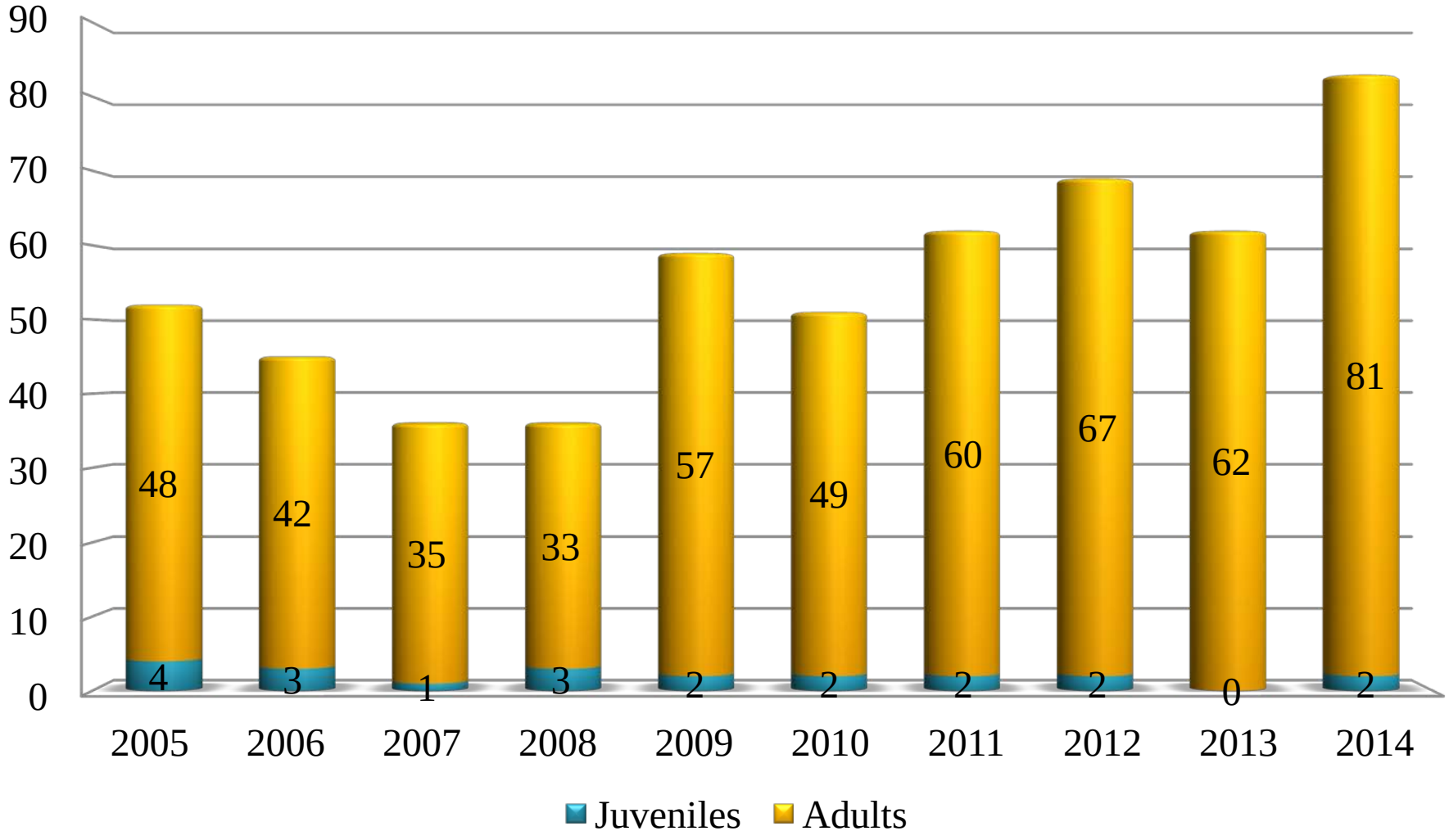
Distribution by Mechanism



Juvenile (<18) vs. Adult Suicides

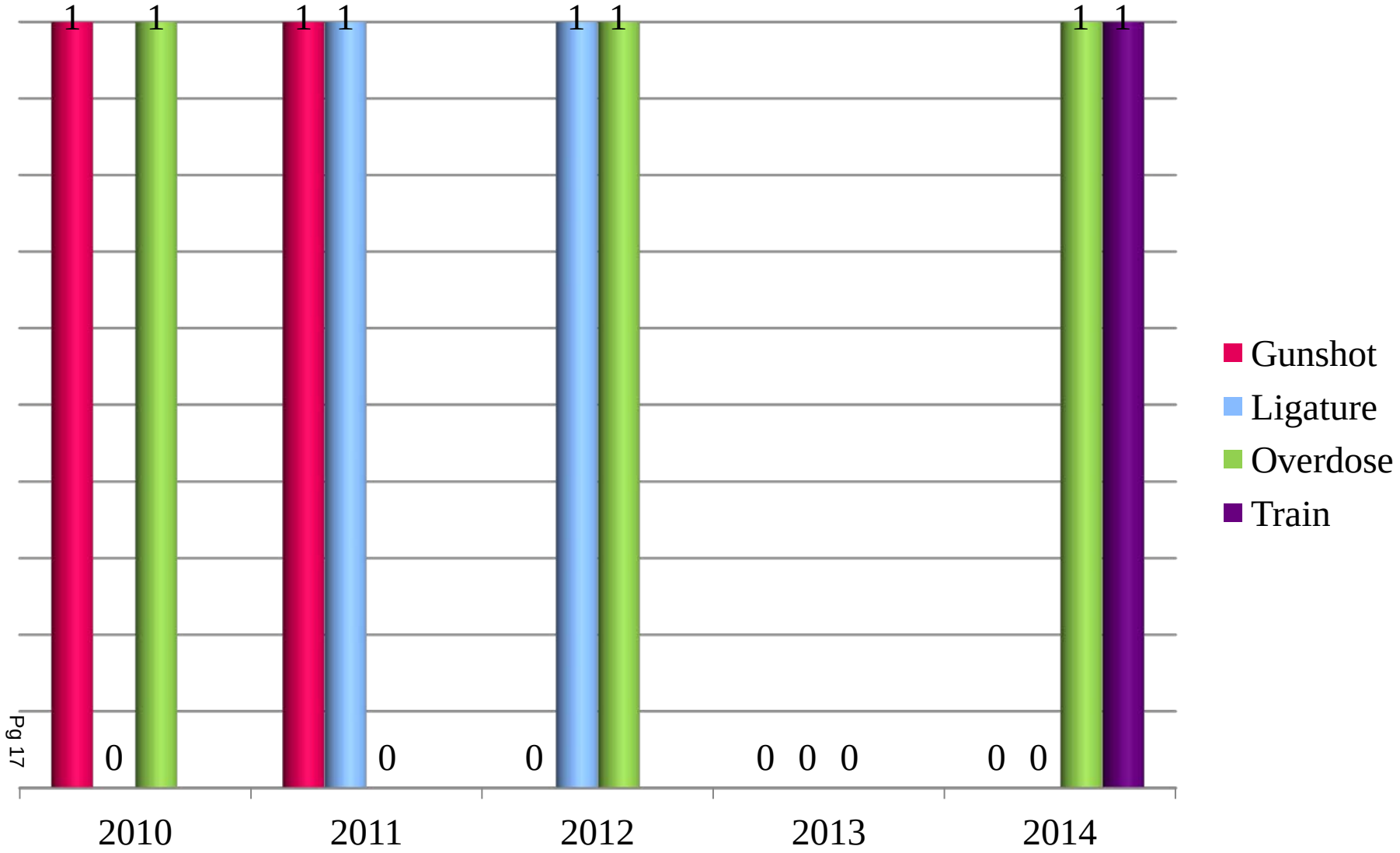
10 Years

2005 - 2014

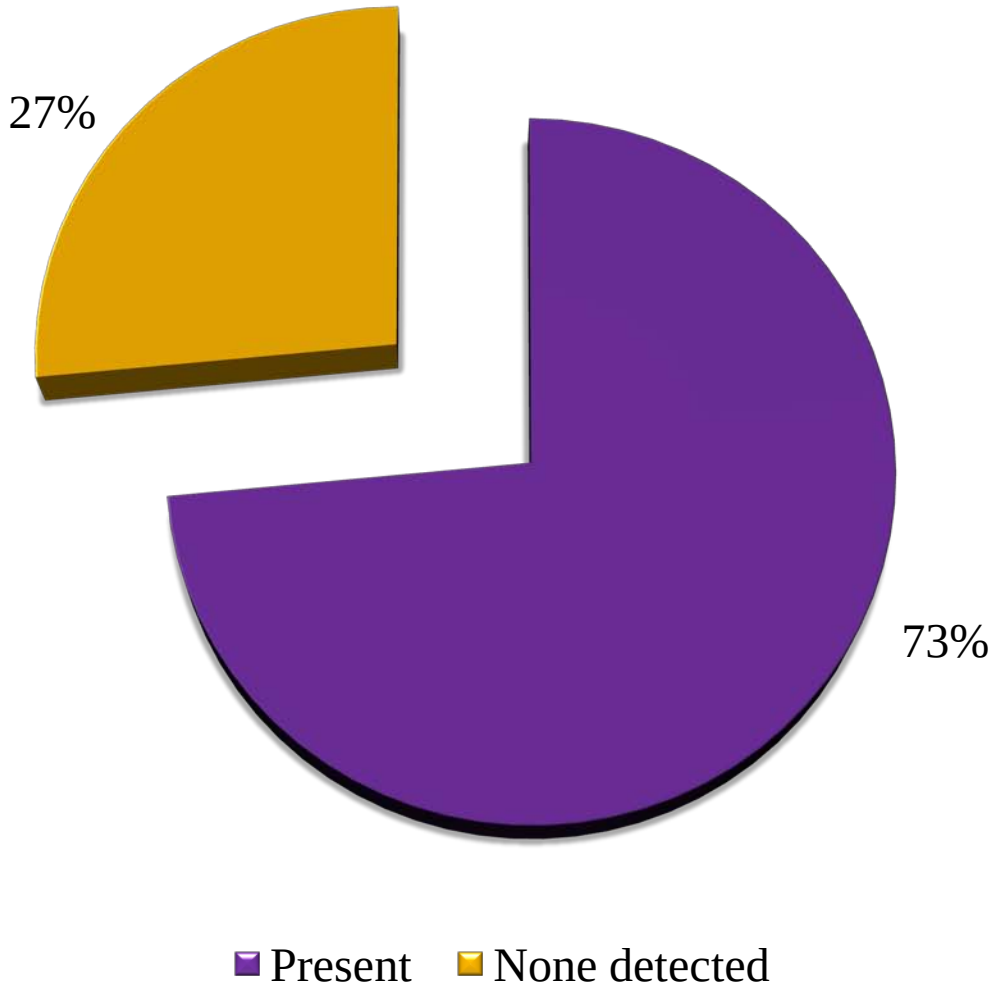


Mechanism of Juvenile Suicides

5 Years - 2010 thru 2014



Alcohol and/or Drug-Related Suicides
2014



DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2014

TOTAL: 61 out of 83 (73.5%)

#	GENDER	AGE	MODE	ALCOHOL	PRIMARY DRUG ASSOCIATED W/ DEATH
1	Male	23	LS	0.102	Cocaine, Ecstasy
2	Male	30	GSW	0.208	
3	Male	38	LS		Inhalants (paint)
4	Male	27	LS	0.241	
5	Male	36	OD	0.124	Morphine, Benzos
6	Male	29	GSW		
7	Male	23	GSW	0.150	
8	Male	34	GSW	0.004	Fentanyl
9	Male	69	GSW		
10	Female	60	OD		OTC
11	Female	65	OD		Oxycodone, Ambien
12	Female	58	OD	0.148	Lamictal
13	Male	49	Jumped	0.079	Cocaine
14	Female	50	GSW	0.214	
15	Male	30	GSW	0.256	Opiates, antidepressants
16	Male	35	Asphyxia		
17	Female	60	GSW	0.358	
18	Male	34	OD		Oxycodone, Fentanyl
19	Male	62	Asphyxia	0.081	
20	Male	54	GSW	0.159	Benzos
21	Female	22	GSW		
22	Male	22	GSW	0.201	
23	Male	43	LS		Hydrocodone
24	Female	26	OD		Oxycodone, Hydrocodone
25	Male	47	GSW		
26	Male	18	GSW		
27	Male	57	OD		Oxycodone
28	Male	47	CO	0.039	Marijuana
29	Male	32	GSW		
30	Female	34	LS		Benzos
31	Male	83	GSW		
32	Male	83	GSW		
33	Male	90	GSW		
34	Male	63	OD		Oxycontin, Benzos
35	Female	25	MV vs. Ped	0.002	Methamphetimine
36	Female	42	LS		
37	Male	39	GSW	0.243	
38	Female	40	OD	0.090	Hydrocodone, Benzos
39	Female	73	OD		Hydrocodone, antidepressants

DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2014

TOTAL: 61 out of 83 (73.5%)

40	Male	36	Asphyxia	0.099	Helium
41	Male	44	GSW		
42	Male	25	GSW		Hydrocodone, Marijuana
43	Male	52	GSW		Benzos
44	Male	60	GSW		Marijuana
45	Male	36	GSW	0.275	
46	Female	30	OD	0.174	Benzos, OTC
47	Male	73	GSW		Benzos
48	Male	59	GSW		Benzos
49	Male	22	LS	0.364	
50	Female	46	GSW		
51	Male	17	OD		Tramadol
52	Male	67	GSW		
53	Male	13	Train vs. Ped		
54	Male	58	GSW	0.258	
55	Male	83	GSW		
56	Male	54	GSW	0.023	
57	Male	37	OD	0.003	Bupropion
58	Male	27	GSW		
59	Female	35	LS	0.148	Ambien, Venlafaxine
60	Male	33	Jumped		Cocaine
61	Male	33	OD	0.017	Benzos
62	Female	48	GSW	0.262	Benzos
63	Male	28	LS	0.185	Marijuana
64	Male	44	OD		Methamphetamine, heroin
65	Female	29	OD		Benzos, Methadone
66	Male	28	Asphyxia		Helium, Marijuana
67	Male	83	GSW		
68	Male	61	LS	0.145	Hydrocodone
69	Male	47	LS		Marijuana
70	Female	32	LS	0.031	
71	Male	49	LS	0.282	Benzos, antidepressants
72	Male	36	GSW	0.006	Oxycodone, marijuana
73	Male	55	LS		
74	Male	60	GSW		Marijuana
75	Female	51	LS		Methamphetamine, Oxycodone
76	Male	86	GSW		
77	Male	65	GSW	0.100	
78	Female	68	OD		Trazodone, Morphine
79	Female	51	GSW	0.124	

DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2014

TOTAL: 61 out of 83 (73.5%)

80	Male	38	OD		Fentanyl
81	Female	49	LS		
82	Male	82	GSW		
83	Female	45	OD	0.334	Hydrocodone

Abbreviations used:

CO = Carbon Monoxide
GSW = Gunshot wound
LS = Ligature strangulation (hanging)
OD = Overdose
MV = Motor vehicle
Ped = Pedestrian
OTC = Over the counter (non-Rx)

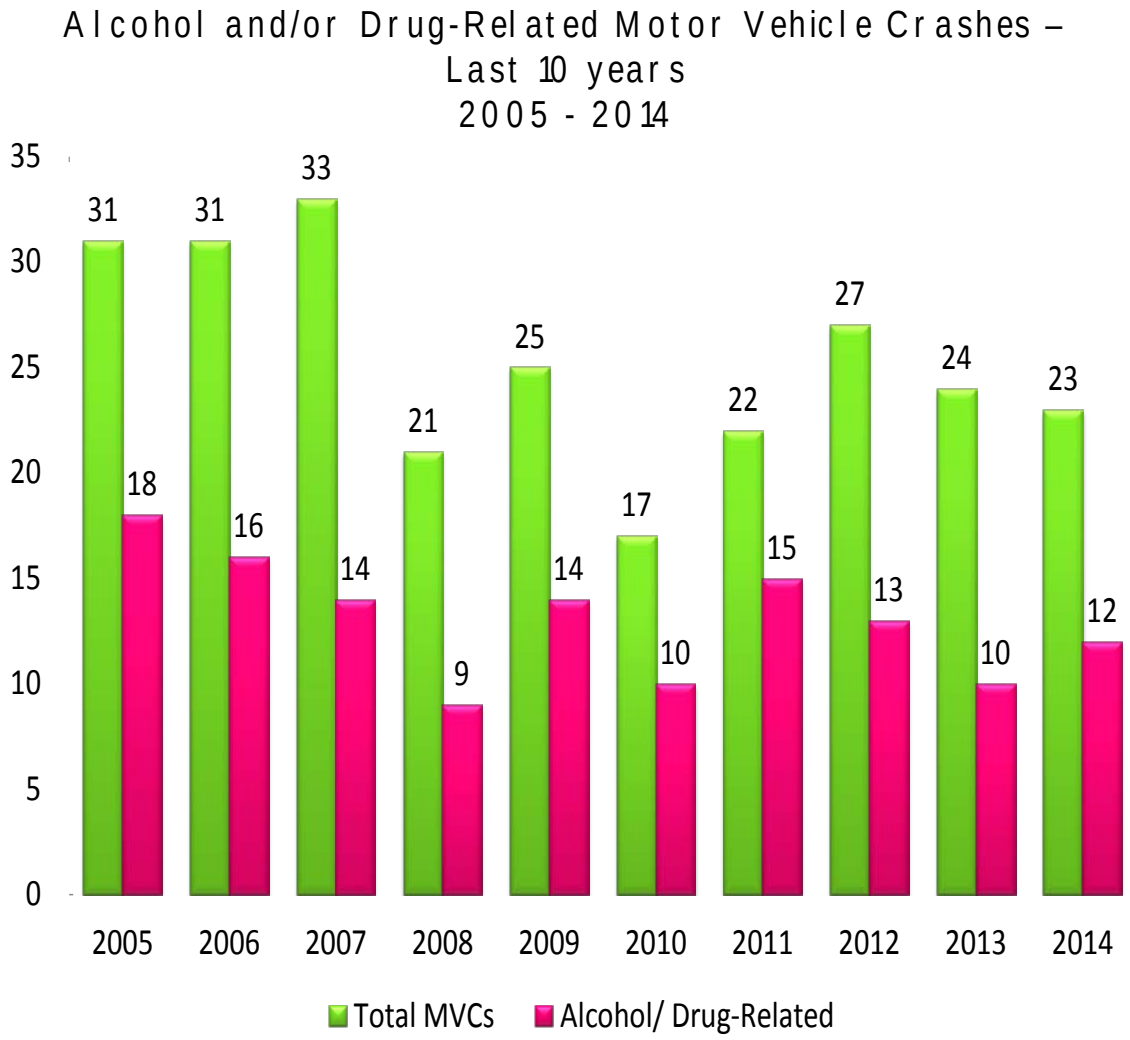
ACCIDENT

STATISTICS

2014 Accident Statistics

Accidental deaths are deaths 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 crashes (MVC), falls, drowning, accidental drug overdoses (OD), choking, etc. During 2014, one hundred fourteen (114) deaths were certified as accidents.

Twenty-six (26) of these deaths were from 23 motor vehicle (or traffic) crashes (MVCs). Our statistical information will deal first with the MVCs. The other 88 accidental deaths will be discussed on page 26.



In 2014, there were 26 motor vehicle ***fatalities*** in 23 ***crashes***.
Out of the 23 crashes, 12 drivers of involved vehicles (52%) were considered to be under the influence of alcohol and/or drugs.

Motor Vehicle Crash Fatalities (26)

Age

Average Age:	47
Juveniles (<18):	2
Adults:	24
Youngest:	4
Oldest:	89

Decedent's Position in Vehicle

Driver:	15
Passenger:	10
Bicyclist:	1

Safety Measures by Decedents

Seatbelt used:	11
Seatbelt ***NOT*** used:	7
Seatbelt use could not be determined:	3
N/A: ATV, scooter, or motorcycle:	4
N/A: Pedestrians/ bicyclists hit:	1

Weather Related/ Adverse Road Conditions

Wet Roads:	1
Icy Roads:	1

Time of Day (23 crashes):

00:01 - 06:00:	2
06:01 - 12:00:	3
12:01 - 18:00:	10
18:01 - 00:00:	8

Number of vehicles involved (23 crashes):

One vehicle only:	9
Two or more vehicles:	13
Bicycle vs. vehicle:	1

DRUG & ALCOHOL-RELATED MOTOR VEHICLE CRASHES (MVC'S) 2014

#	Gender	Age	Number of Vehicles involved	Driver of *ANY* involved Vehicle: + for Alcohol (above legal limit) and/ or Drugs
1	Male	46	2	YES
2	Male	17	2	NO
3	Male	29	2	NO
4	Female	25	1	YES
5	Male	28	2	YES
6	Male	55	2	NO
7	Male	45	1	YES
8	Male	32	1	(same crash as above)
9	Male	24	1	YES
10	Male	57	1	YES
11	Male	47	1	YES
12	Male	89	1	NO
13	Female	80	1	(same crash as above)
14	Female	61	2	NO
15	Female	74	1	NO
16	Female	70	2	NO
17	Male	59	1	YES
18	Male	30	1	YES
19	Female	74	2	NO
20	Female	76	2	NO
21	Male	34	3	NO
22	Male	41	1	YES
23	Male	4	2	NO
24	Male	78	2	YES
25	Male	26	2	YES
26	Male	39	2	(same crash as above)

Of the 23 TOTAL Motor Vehicle Crashes, 12 involved drivers (52%), tested positive for alcohol and/or drugs

2014 Accidents
(Excluding Motor Vehicle Crashes)

In 2014, Larimer County had 88 accidental deaths that were not traffic-related. They are classified as follows:

- Drug Overdose (OD) - 32
- Falls - 38
- Hyper/ hypothermia - 1
- Drowning - 8
- Asphyxia (includes mechanical, positional, huffing, or auto-erotic) - 4
- Lightning Strike - 2
- Remote Rodeo Accident - 1
- Fire/ Thermal - 2

Age:

Average Age: 59
Adults: 85
Juveniles: 3

Alcohol and/or drugs found in system: 42/88 (48%)

HOMICIDE

AND

GUN-RELATED

STATISTICS

2014 HOMICIDE INFORMATION

Homicide is a death that results from injuries intentionally inflicted by another person (explicit or implicit), or inflicted on another by one's grossly reckless behavior. Vehicular homicides are *NOT* included in this category, as these deaths do not show intent to kill and are hence counted in the Motor Vehicle Crash statistics.

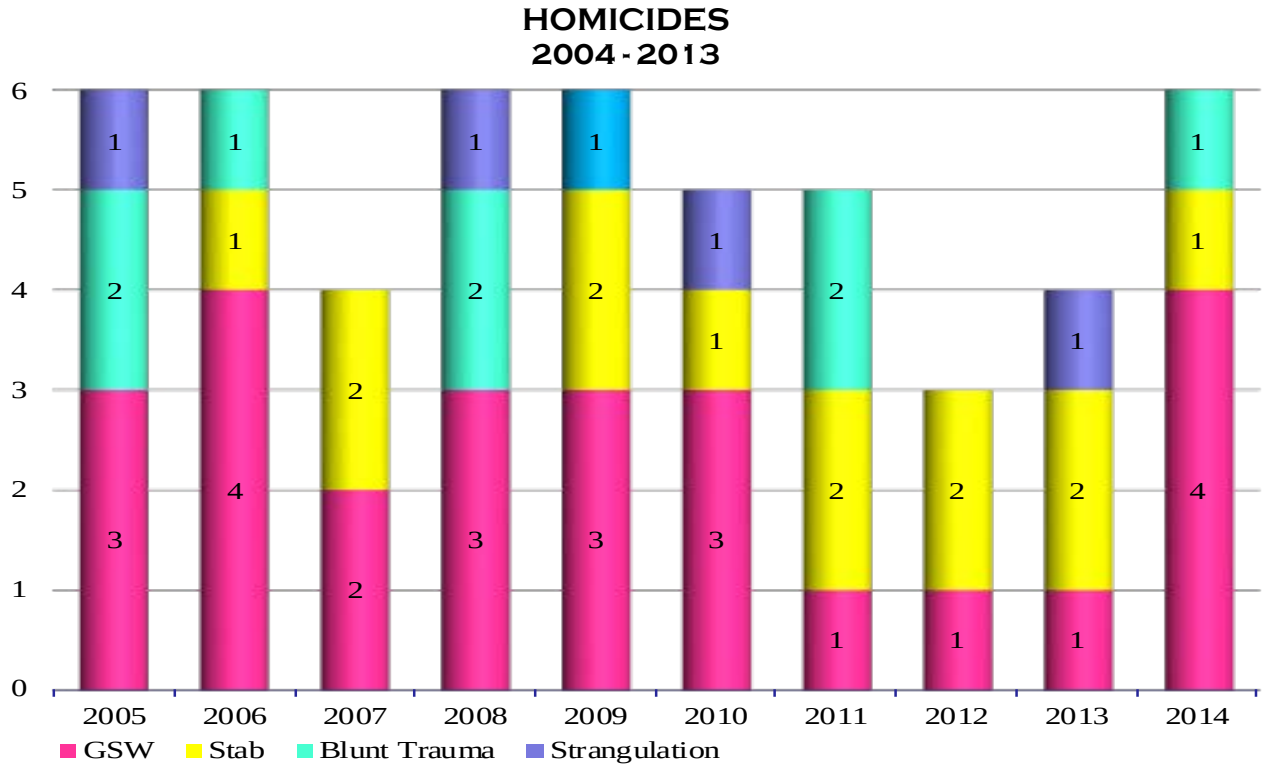
In 2014, there were 6 homicide victims in Larimer County. Four (4) were a result of gunshot wounds, one (1) was from blunt force (beating), and one (1) was due to stabbing with blunt force and strangulation.

Age
Average Age: 31
Adult: 4
Juvenile: 0

Race
White: 5
Hispanic: 1

Gender:
Male: 4
Female: 2

Alcohol/ Drug-Related **
For this statistic, we do not report the decedent's toxicology, as we do not want any positive results to imply fault on the part of the victim. The perpetrator is presumed innocent until proven guilty and is HIPAA-protected.



GUN-RELATED DEATHS IN LARIMER COUNTY
LAST 5 YEARS
(JUVENILE: < 18)

2014

Total County Deaths:	2309	
Total Gun Deaths:	43	(1.86% of all deaths)
Suicides:	39	(39 adults)
Accidents:	0	
Homicides:	4	(4 adults)
Undetermined:	0	

2013

Total County Deaths:	2191	
Total Gun Deaths:	28	(1.27% of all deaths)
Suicides:	27	(27 adults)
Accidents:	0	
Homicides:	1	(1 adult)
Undetermined:	0	

2012

Total County Deaths:	2022	
Total Gun Deaths:	38	(1.9% of all deaths)
Suicides:	37	(37 adults)
Accidents:	0	
Homicides:	1	(1 adult)
Undetermined:	0	

2011

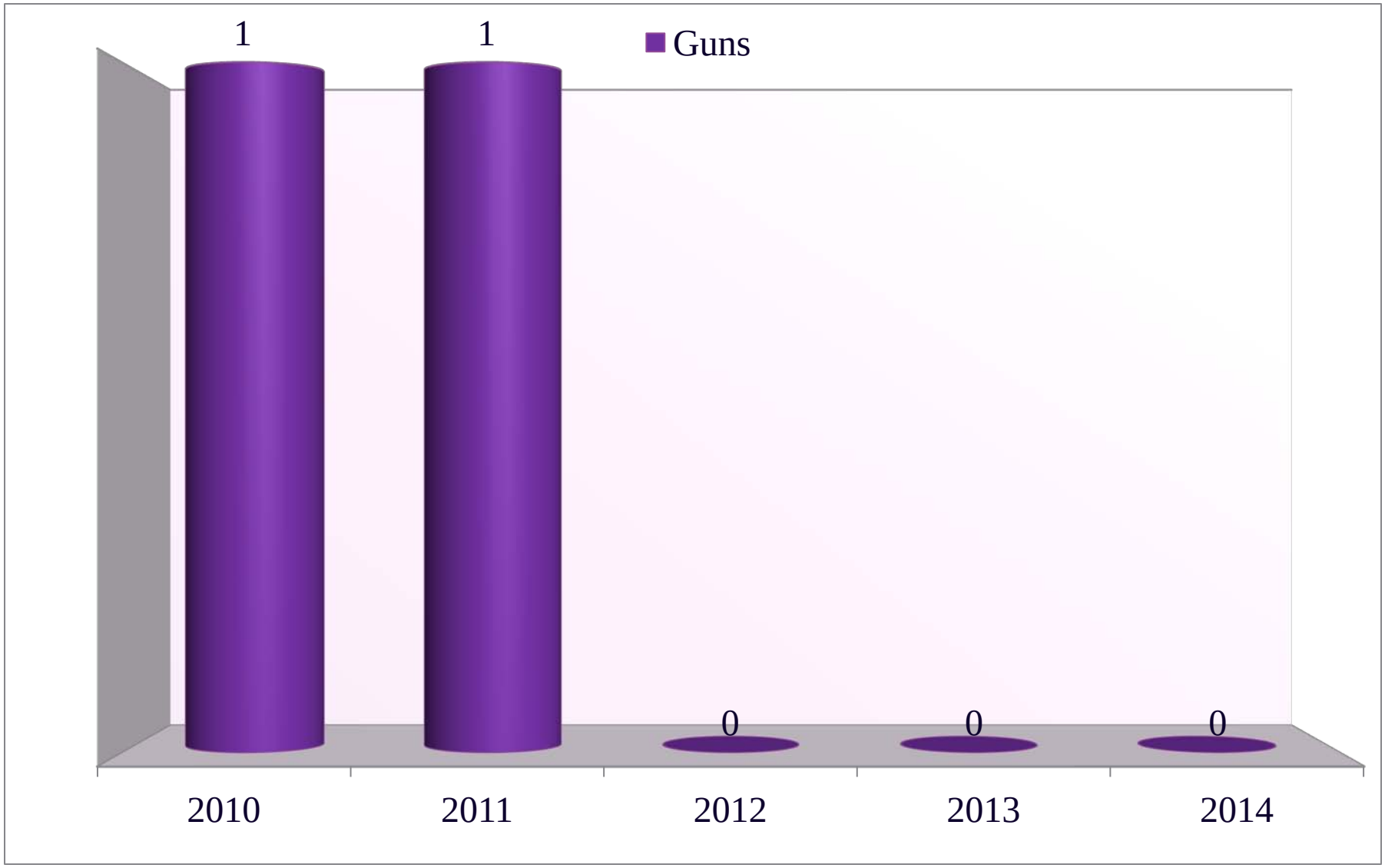
Total County Deaths:	1986	
Total Gun Deaths:	32	(1.6% of all deaths)
Suicides:	31	(30 adults, 1 juvenile)
Accidents:	0	
Homicides:	1	(1 adult)
Undetermined:	0	

2010

Total County Deaths:	1939	
Total Gun Deaths:	31	(1.6 % of all deaths)
Suicides:	28	(27 adults, 1 juvenile)
Accidents:	0	
Homicides:	3	(3 adults)
Undetermined:	0	

JUVENILE (<18) DEATHS FROM GUNS

2010 – 2014



GUNS IN THE HANDS OF JUVENILES

(JUVENILE: < 18)

Statistics below are to show deaths occurring at the hands of a juvenile with a gun during the last 10 years. They include suicides, accidental shootings resulting in death, and homicides *perpetrated* by a juvenile. They DO NOT include juveniles who are *victims* of a homicide.

2014

Suicides	0
Accidents	0
Homicides by Juveniles	0

2013

Suicides	0
Accidents	0
Homicides by Juveniles	0

2012

Suicides	0
Accidents	0
Homicides by Juveniles	0

2011

Suicides	1
Accidents	0
Homicides by Juveniles	0

2010

Suicides	1
Accidents	0
Homicides by Juveniles	0

2009

Suicides	1
Accidents	0
Homicides by Juveniles	0

2008

Suicides	1
Accidents	0
Homicides by Juveniles	0

2007

Suicides	1
Accidents	0
Homicides by Juveniles	0

2006

Suicides	1
Accidents	0
Homicides by Juveniles	0

2005

Suicides	2
Accidents	0
Homicides by Juveniles	0

Drugs of Abuse

and

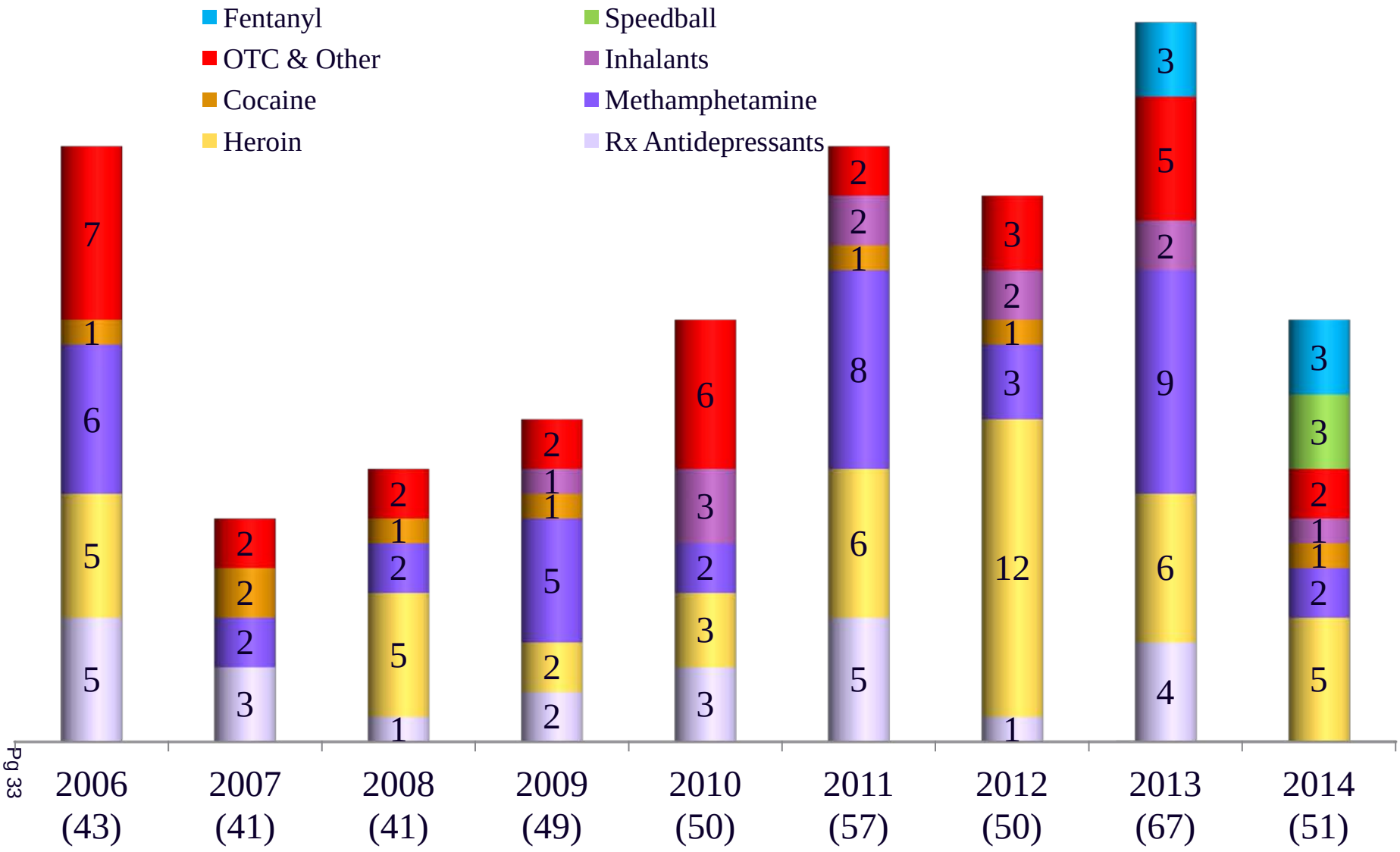
Overdose

Statistics

Drugs of Abuse in Overdose Deaths

2006 – 2014

Most overdose deaths are the result of a combination of prescriptions, over-the-counter meds, alcohol, and/ or illicit drugs. We have chosen the PRIMARY drug of abuse in each death, so that only one drug is shown for each death.



DRUGS OF ABUSE USED IN OVERDOSE DEATHS
2014
(Total 51)

** Note: Helium is not considered a drug and hence Helium deaths not included in this chart. We had 2 Helium suicides in 2014, included in the suicide statistics. Inhalants such as paint and Dust-off are included here.

Accidents (32)	Age	Sex	Alcohol	Drug #1	Drug #2
1	29	FE		Oxycodone	Morphine
2	20	M		Heroin	
3	58	M		Methamphetamine	Inhalants
4	43	FE		Oxycodone	
5	47	FE	0.148	Methamphetamine	
6	65	M		Methadone	Benzos
7	29	M	0.022	Oxymorphone	
8	47	M		Oxycodone	Morphine
9	56	FE		Oxycodone	
10	35	M		Morphine	
11	35	M		Oxycodone	Benzos
12	19	M		Methadone	Oxycodone
13	40	FE		Inhalants	
14	45	FE		Benzos	
15	45	M		Methadone	
16	42	M	0.003	Methadone	
17	30	M	0.113	Heroin	
18	37	M	0.220	Methamphetamine	Heroin
19	35	M		Methadone	
20	22	M	0.268	Fentanyl	
21	30	M	0.059	Cocaine	
22	22	M	0.020	Methadone	
23	46	FE		Oxycodone	Benzos
24	43	M		Methamphetamine	Fentanyl
25	28	M		Heroin	
26	31	M		Oxycodone	Benzos
27	25	M		Heroine	Cocaine
28	52	FE		Morphine	
29	58	M	0.083	Heroin	
30	32	M		Heroin	
31	38	M	0.004	Oxycodone	Cocaine
32	59	M		Oxycodone	Benzos

DRUGS OF ABUSE USED IN OVERDOSE DEATHS
2014
(Total 51)

** Note: Helium is not considered a drug and hence Helium deaths not included in this chart. We had 2 Helium suicides in 2014, included in the suicide statistics. Inhalants such as paint and Dust-off are included here.

Suicides (19)	Age	Sex	Alcohol	Drug #1	Drug #2
1	36	M	0.124	Morphine	Benzos
2	60	FE		Tylenol	
3	65	FE		Oxycodone	Ambien
4	58	FE	0.148	Lamictal	
5	34	M		Oxycodone	Fentanyl
6	26	FE		Oxycodone	
7	57	M		Oxycodone	
8	63	M		Oxycodone	Benzos
9	40	FE	0.090	Hydrocodone	Benzos
10	73	FE		Hydrocodone	Antidepressants
11	30	FE	0.174	Benzos	Diphenhydramine
12	17	M		Tramadol	
13	37	M	0.003	Bupropion	
14	33	M	0.017	Benzos	
15	44	M		Heroin	Methamphetamine
16	29	FE		Methadone	Benzos
17	68	FE		Morphine	Trazodone
18	38	M		Fentanyl	
19	45	FE	0.334	Hydrocodone	

Child Deaths and SUIDS

(Sudden Unexpected Infant Death Syndrome)

CHILD DEATHS BY AGE, MANNER, AND MODE
(Last 5 years)

2014 (17 total)	Natural	Accident	Suicide	Homicide	SUIDS & Other Undetermined
Full term live birth < 1 mo	1				
1 mo < 1 yr	2	2- Overlay			
1 yr < 4 yrs	2				1 –Overlay 1 –Blunt trauma (acc v. homicide)
4 yrs < 9 yrs	1	1 - MVC			
9 yrs < 14 yrs	1		1-Train v. Ped.		
14 yrs < 18 yrs	1	1-MVC 1-Drowning	1-OD		
TOTALS	8	5	2		2
2013 (9 total)	**Natural**	**Accident**	**Suicide**	**Homicide**	**SUIDS & Other Undetermined**
Full term live birth < 1 mo	1				
1 mo < 1 yr	1				
1 yr < 4 yrs	2	1 – MV vs. Pedestrian			
4 yrs < 9 yrs	1				
9 yrs < 14 yrs	1				
14 yrs < 18 yrs		1 – Drowning 1 - MVC			
TOTALS	6	3	0	0	0
2012 (16 total)	**Natural**	**Accident**	**Suicide**	**Homicide**	**SUIDS & Other Undetermined**
Full term live birth < 1 mo	7				
1 mo < 1 yr		3 – positional asphyxia/ overlay			
1 yr < 4 yrs	1				
4 yrs < 9 yrs	1				
9 yrs < 14 yrs		1 - electrocution			
14 yrs < 18 yrs			1 – LS 1 - OD		1 (GSW: suicide vs. homicide)
TOTALS	9	4	2	0	1

CHILD DEATHS BY AGE, MANNER, AND MODE
(Last 5 years)

2011 (10 total)	**Natural**	**Accident**	**Suicide**	**Homicide**	**SUIDS & Other Undetermined**
Full term live birth < 1 mo	1				
1 mo < 1 yr					1
1 yr < 4 yrs	1				
4 yrs < 9 yrs					
9 yrs < 14 yrs					
14 yrs < 18 yrs	4		1-GSW 1-LS		1-OD (suicide vs. accident)
TOTALS	**6**		**2**		**2**
2010 (12 total)	**Natural**	**Accident**	**Suicide**	**Homicide**	**SUIDS & Other Undetermined**
Full term live birth < 1 mo	4				
1 mo < 1 yr	2				
1 yr < 4 yrs					
4 yrs < 9 yrs	1				
9 yrs < 14 yrs					
14 yrs < 18 yrs	2		1-OD 1-GSW		1
TOTALS	**9**	**0**	**2**	**0**	**1**

- Unidentified Remains
- Public Administrator Cases & Exhumations
- Organ and Tissue Donations
- Budget
- Organizational Chart

UNIDENTIFIED REMAINS

The Larimer County Medical Examiner's Office currently has four (4) deceased individuals who remain unidentified. These individuals are described below.

1) Unidentified Hispanic Male: Date of Death: 09/16/94

Height: 5'10"
Approximate Age: 25-35 Weight: 140 lbs.
Hair: Black, wavy, medium length Eye Color: Brown
Scars/ Tattoos: Well-healed, old traumatic scars on right lower back and right back hip.
Clothing: Blue nylon windbreaker with logo "ATA Services, Mile High Stadium"; gray/ white plaid shirt; red long-sleeved sweatshirt; khaki trousers; black/ white canvas and vinyl athletic shoes. A religious pamphlet was found in a pocket from the Jeremiah Baptist Church, Denver.
Dental: Two silver caps on upper front incisors

This Hispanic male was apparently living a transient lifestyle. He was found deceased in the boxcar of a train in a railroad yard in north Ft. Collins. He had sustained massive blunt force injuries to the head, consistent with being caught in the slamming door of the boxcar of an abruptly stopping train. The manner of death appears to be accidental. The train in which he was found arrived in Denver from New Mexico on 09/15/94 and was forwarded on to Ft. Collins at 02:00, 09/16/94.

2) Unidentified Caucasian Female Infant: Date of Death: 08/22/96

Approximate Age: Full-term live birth, neo-natal infant
Hair: Dark brown, wavy

This live birth, full-term infant female was found in shallow water of Horsetooth Reservoir, wrapped in a garbage bag with several rocks to weigh it down. There is no natural disease process found that could have contributed to the death and autopsy findings are consistent with suffocation. The manner of death appears to be homicide.

3) Unidentified Caucasian Male: Date of Death: Approximately 07/06/97

Height: 5'11"
Approximate Age: 20-30
Weight: 150 – 170 lbs.
Hair: Sandy Brown, long, wavy; receding hairline; chin beard or goatee
Eye Color: Unknown
Teeth: Beautiful, straight, white, no fillings; All 4 wisdom teeth present; slight gap between top front incisors.
Scars/ Tattoos: Small, circular tattoo on left thumb with the letters: P.I.L; both ears pierced one time; well-manicured fingernails.
Clothing: Black tee shirt with bright pink motorcross logo "Sprucewood Express"; long-sleeved striped shirt; Rustler brand blue jeans; black leather work boots.

This man was found deceased in north Fort Collins in the sleeper cab of an abandoned semi tractor-trailer. He was probably living a recently transient lifestyle. There is no evidence of trauma or foul play. There is no natural disease process apparent at autopsy. The manner of death is undetermined.

4) Unidentified African American Female **Date of Death: 07/11/11**

This middle-aged African American female checked in to a local motel on 06/27/11 and arrived there by taxi. She paid for a room in cash through 07/11/11. It was later found that she had stayed at other local motels in the area, always taking a taxi, paying in cash, and giving false and different names. She told the Motel 9 that her name was Sandra Nelson, of 5203 Bosa Ave., Park City, UT. This was later found to be a non-existent address and false name. She also stated that she was originally from Los Angeles and was looking for a house in this area. On 07/11/11, she did not show up for breakfast as had been her custom. Since it was her last paid day, staff assumed she had checked out. They entered her room with a master key and found her deceased on the bed with pills at her feet and a bright blue, granular purging coming from her nose and mouth. There was no suicide note but autopsy results showed a massive overdose of multiple medications. All attempts to identify the decedent have failed.

Height: 5'06"

Age: Approximately 60 (55 – 70)

Weight: 211 lbs.

Hair: Gray/ black with more white around forehead/ face; curly

Eyes: Brown

Teeth: Natural w/ partial upper denture

Scars: round scar beneath chin; scar on lower abdomen (possible past C-section)

Clothing: Black paisley patterned blouse; black pants

Jewelry: White metal chain necklace; white metal earrings; white metal wristwatch

If you have any information concerning any of the above individuals, please contact the Larimer County Medical Examiner's Office at 970-619-4517. You can remain anonymous.
You can also e-mail our web site at: www.larimer.org/coroner

PUBLIC ADMINISTRATOR CASES
(No Next-of-Kin found at time of release)

We are publishing this list in an effort to help families find their loved ones, if possible. If anyone has any information regarding next-of-kin on any of the above-listed, please contact our Office at 970-619-4517 or email to larimercoroner@larimer.org. You may remain anonymous.

2002	Date of Death	LCCO #	Funeral Home
FRANK, Betty M.	02/01/2002	02C-085	Allnutt- FTC
VOLLINTINE, Thomas	04/05/2002	02C-167	Goes
2004			
SMITH, James	07/01/2004	04C-368	Bohlender
2005			
PURINS, Maris	01/27/2005	05C-054	Allnutt- FTC
2006			
MCCLENNY, Andrew "Jack"	01/07/2006	06C-021	Allnutt- FTC
EMANUELE, Frank	04/02/2006	06C-172	Resthaven
2008			
TOWNES, Sterling	10/03/2008	08C-676	Kibbey-Fishburn
ELLSWORTH, Shawk S.	11/20/2008	08C-814	Goes
JOHNSON, Clarence	12/14/2008	08C-868	Allnutt- FTC
2009			
ADERHOLD, Jeffrey	05/01/2009	09C-323	Bohlender
YODER, Karl	09/27/2009	09C-678	Viegut
DORSEY, Robert	12/14/2009	09C-879	Vessey
2010			
JOHNSON, Mark A.	01/06/2010	10C-011	Allnutt- FTC
LYNN, Vernon	04/02/2010	10C-243	Goes
EVANS, William	05/15/2010	10C-352	Goes
REED, Jeremy R.	06/12/2010	10C-431	Viegut
DEBOOY, Kurt	07/18/2010	10C-522	Vessey
QUINTANA, Mary	11/05/2010	10C-835	Allnutt-Lvld
2011			
BETTS, Charles	01/06/2011	11C-018	Viegut
Un-ID'd Black female	07/11/2011	11C-558	Bohlender

PUBLIC ADMINISTRATOR CASES
(No Next-of-Kin found at time of release)

DAVIS, Herbert	09/12/2011	11C-748	Viegut
2012			
MILLER, Randy K.	01/29/2012	12C-097	Allnutt- FTC
MULLANEY, John F.	03/08/2012	12C-214	Bohlender
ALBECK, Joel A.	07/13/2012	12C-582	Goes
FROST, Jack	09/26/2012	12C-786	Allnutt- FTC
JACKSON, Duane	09/20/2012	12C-786	Allnutt- FTC
EASTBURN, Carl B.	09/27/2012	12C- 792	Kibbey-Fishburn
GRAY, Cheryl "Montana"	11/27/2012	12C-951	Viegut
2013			
STOKES, Stephanie	01/31/2013	13C-109	Viegut
THOMPSON, James	03/02/2013	13C-212	Bohlender
TROUT, Gary	11/22/2013	13C-1053	Allnutt-Lvld
2014			
PALMER, Terry (aka: Terry VLICK)	05/23/2014	14C-452	Bohlender

EXHUMATIONS

NAME	Date of Death	LCCO#	Date of Exhumation
HETTRICK, Peggy L.	02/11/1987	87C-049	05/14/1998
DECKER, Donald J.	07/06/2008	08C-459	03/15/2011

Organ and Tissue Donation Statistics

There are five (5) hospitals within the borders of Larimer County: Poudre Valley Hospital in Ft. Collins, McKee Medical Center in Loveland, Estes Park Medical Center in Estes Park, Medical Center of the Rockies on I-25 at the Loveland exit, and Northern Colorado Rehabilitation Hospital between Loveland and Greeley. Nearly all organ and tissue donation referrals take place in the hospital setting. It is the policy of the Larimer County Medical Examiner's Office to facilitate organ and tissue donation in as many cases as possible without compromising the integrity of the investigation.

When referrals are made to harvesting banks, this does not mean that donation automatically takes place. Donations may not occur due to a variety of reasons: Families may not wish to donate; Organ and Tissue Banks may rule out the donation due to the age of the donator or a disease process; and on rare occasions our Office may refuse to allow donation to occur or may place certain restrictions on a donation for investigative or legal reasons. This is usually in cases of homicide or suspected homicide, or infant deaths where organ and/ or tissue retrieval could interfere with autopsy findings and compromise a criminal investigation.

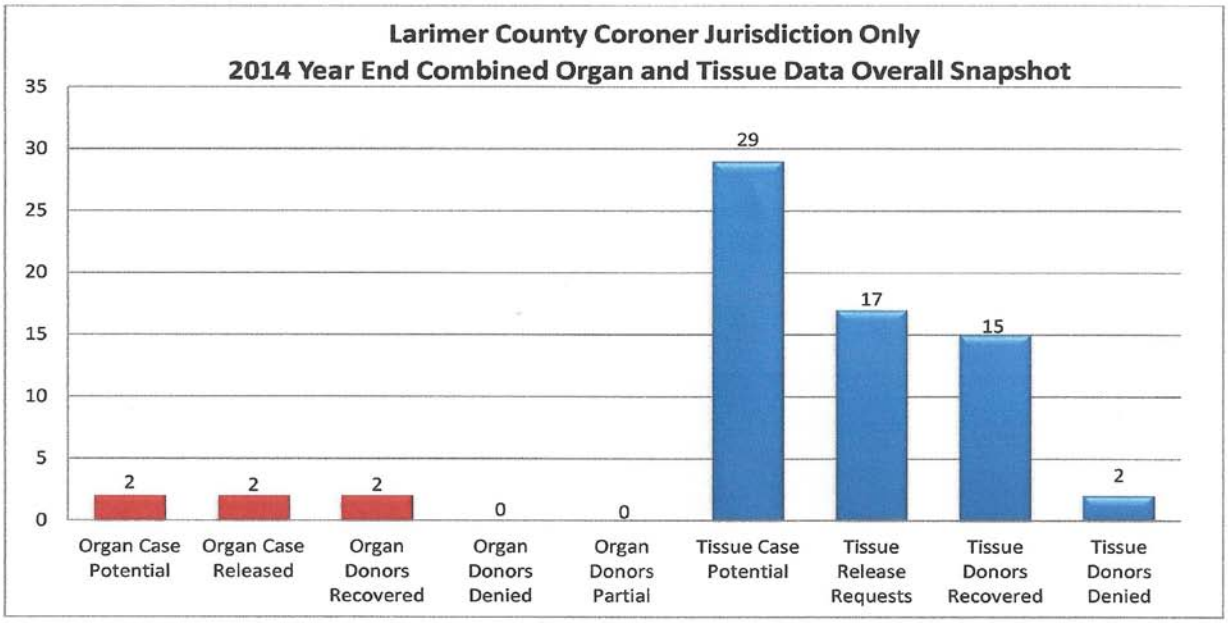
Since not all deaths fall under the Medical Examiner's jurisdiction, our Office is not involved with all donation requests. Therefore, the statistics on the following page have been compiled by the Colorado Donor Alliance Organization.

Larimer County Coroner 2014 Year End Organ and Tissue Donation Data

2014 Year End Combined Organ and Tissue Donation Data
Larimer County Coroner Jurisdiction Only – Overall Snapshot
(includes all cases with Larimer County Coroner Jurisdiction)

Organ Data	
Larimer County Coroner Breakout	
Total number of **potential** organ cases with Larimer County Coroner jurisdiction	2
Total number of organ **donor** cases recovered with Larimer County Coroner jurisdiction (out of 2)	2
Total number of organ donors **denied** with Larimer County Coroner jurisdiction	0
Total number of organ donors with **partial organs denied** with Larimer County Coroner jurisdiction	0
Tissue Data	
Larimer County Coroner Breakout	
Total number of tissue **potential** cases with Larimer County Coroner jurisdiction	29
Total number of tissue **release requests** with Larimer County Coroner jurisdiction (out of 29)	17
Total number of tissue **donor** cases with Larimer County Coroner jurisdiction (out of 17)	15
Total number of tissue cases **denied** by coroner with Larimer County Coroner jurisdiction (*breakout as follows)	2
Total number of tissue coroner rule-outs with Larimer County Coroner jurisdiction	0
Total number of tissue post autopsy time constraints with Larimer County Coroner jurisdiction	2
Total number of tissue time constraints (facility access) with Larimer County Coroner jurisdiction	0

(Larimer County Hospitals and Transfer of Jurisdiction IN)



Organ: Organ conversion: 100% ↑ Larimer organ case release: 100% ↑
Organ denies: 0% ↓ Organ partial denies: 0

Tissue: Tissue conversion: 52% ↑ Larimer tissue case release: 88% ↑
Tissue denies: 12% ↓

THE BUDGET

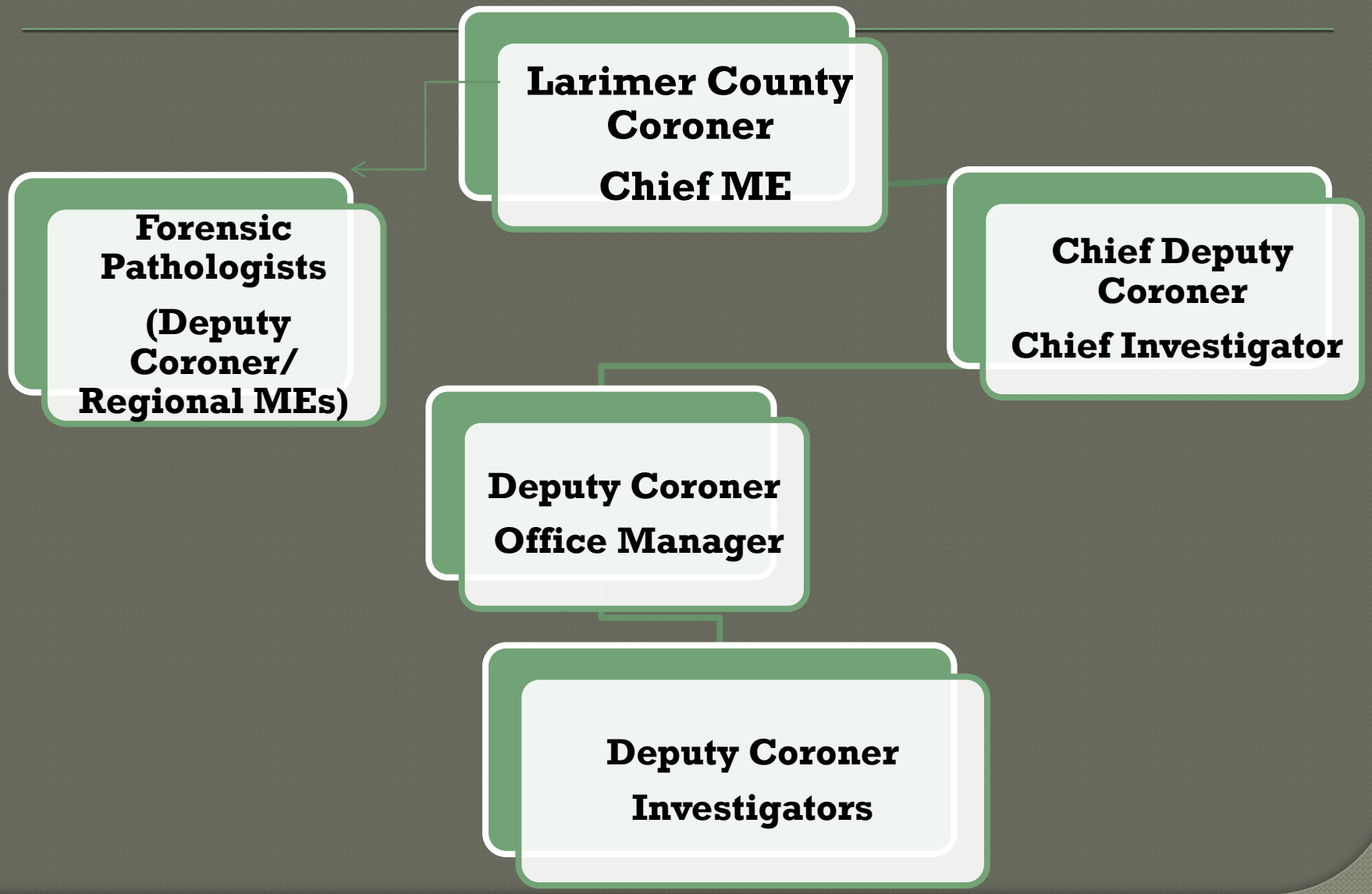
The Larimer County Coroner/ Medical Examiner's Office duties are mandated by Colorado Statute and the office is funded through the Larimer County Commissioners by the citizens of Larimer County. Since Dr. Allen took office in 1979, he has never taken a salary to be Coroner, but has only charged the citizens a "fee for service", meaning that the County only has to pay for Pathology services. The newly-elected Coroner is following this practice, saving the citizens approximately $100,000 per year.

Staff salaries are set by the County and salaries follow the standard merit and yearly cost-of-living raises that are the same across all County departments. Since the Medicolegal Investigators are considered law enforcement, the salaries coincide with other law enforcement salaries.

The largest increase to our budget in recent years has been due to the rise in overdose cases and the subsequent need for more extensive Toxicology testing. Recent legislation has also mandated "double-testing" of positive results in all motor vehicle deaths, further straining budgets across the State.

All County budgets are Public Record and can be accessed on the County website, www.larimer.org

Below are the results of a 10-County Survey of Coroner and Medical Examiner Offices in Colorado.

2014	Coroner Or Medical Examiner	Budget	Full-Time Employees	Number of Autopsies	Percent of Deaths Reported to the Coroner Requiring Autopsy
Adams	C	$1,777,000	13	452	14.8%
Arapahoe	ME	$1,564,000	12	447	94%
Boulder	C	$923,000	10	244	14%
Douglas	C	$1,076,000	8	135	25.2%
El Paso	ME	$2,041,000	21	1,075	30%
Jefferson	C	$1,759,000	12	282	26%
Larimer	ME	$968,661	6.5	217	17.8%
Mesa	ME	$451,000	3	143	9%
Pueblo	C	$604,000	8	Not Avail	Not Avail
Weld	C	$843,000	6.5	168	15%

Larimer County Medical Examiner's Office Organizational Structure