



New Mexico Office of the Medical Investigator

# Annual Report 2012



*“Wherever the art of medicine is practiced there is also a love of humanity.” –Hippocrates*

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**2012 Annual Report  
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State of New Mexico**

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# Office of the Medical Investigator (OMI) 2012 Annual Report

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## **Introduction**

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The Office of the Medical Investigator (OMI) investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected or where a person is found dead and the cause of death is unknown. OMI performed services for a total of 5,304 deaths. A detailed breakout of the case distribution can be found in this report.

This report is presented in two sections. The first section of the report summarizes the activity of the OMI. The second presents data routinely collected by the OMI in a manner that answers questions related to mortality and public health from a medical examiner's perspective. The tables and figures included in the report are designed to be self-explanatory, and we hope you find them easy to read and understand. Definitions can be found in the Glossary and may provide assistance with the terminology encountered in the report. Readers with special interests, needs, or whose questions are not answered by this report may contact the OMI. Additionally, we encourage interested researchers to contact the Bureau of Vital Statistics for complete mortality statistics.

Comments or suggestions concerning the content, format or clarity of the report are always welcome.

## **Preparation of the Annual Report**

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The OMI data from which this report was compiled are maintained on a web-based database management system located at the New Mexico Scientific Laboratories in Albuquerque. OMI faculty Sarah Lathrop, DVM, Ph.D., Heather MacInnes, and Valerie Poland, using Microsoft Office 2010 Professional, prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies. Electronic copies of this report may be downloaded in .PDF format from the OMI website: <http://omi.unm.edu>.

## **Overview – Office of the Medical Investigator – 2012**

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The Office of the Medical Investigator (OMI) was created by the New Mexico State Legislature in 1972 and became operational in 1973. Replacing the county coroner system, the OMI was tasked<sup>1</sup> with investigating all reportable deaths occurring in New Mexico, to subsequently determine the cause and manner of death in such cases, and to provide formal death certification.

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<sup>1</sup> NMSA Statute 24-11-1, et seq., and 7-NMAC 3.2.8



## **Reportable Deaths:**

Those deaths to be reported to the OMI include all deaths occurring in New Mexico as outlined below regardless of where or when the initial injuring event occurred.

- Any death that occurs suddenly and unexpectedly, that is, when the person has not been under medical care for significant, heart, lung or other disease.
- Any death suspected to be due to violence, i.e., suicidal, accidental or homicidal injury, regardless of when or where the injury occurred.
- Any death suspected to be due to alcohol intoxication or the result of exposure to toxic agents.
- Any death of a resident housed in a county or state institution, regardless of where death occurs. This refers to any ward of the state or individual placed in such a facility by legal authorization.
- Any death of a person in the custody of law enforcement officers.
- Any death of a person in a nursing home or other private institution without recent medical attendance.
- Any death that occurs unexpectedly during, in association with, or as a result of diagnostic, therapeutic, surgical or anesthetic procedures.
- Any death alleged to have been caused by an act of malpractice.
- Any death suspected to be involved with the decedent's occupation.
- Any death unattended by physician.
- Any death due to neglect.
- Any stillbirth of 20 or more weeks' gestation unattended by a physician.
- Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks post delivery, even where the cause of death is unrelated to the pregnancy.
- Any death of an infant or child where the medical history has not established some pre-existing medical condition.
- Any death, which is possibly, directly or indirectly, attributable to environmental exposure, not otherwise specified.
- Any death suspected to be due to infectious or contagious disease wherein the diagnosis and extent of disease at the time of death are undetermined.
- Any death occurring under suspicious circumstances.
- Any death in which there is doubt as to whether or not it is a medical investigator's case should be reported.

## **Statutory Duty:**

The OMI Policy Manual, derived from statute, requires the OMI to perform the following duties in all cases of reportable deaths:

- Receive all reports of sudden, unexpected or unexplained deaths.
- Respond to all sudden, unexpected or unexplained deaths.
- In the absence of a physician, pronounce death.
- Take custody of the body and all articles on or near the body.
- Maintain the chain of custody of the body and all articles obtained there from.
- Conduct an investigation leading to the determination of the cause and manner of death.

- Obtain toxicology samples from the body when indicated, and arrange for necessary tests upon those samples that will aid in the determination of cause and manner of death; maintain the proper chain of custody and evidence on those samples; store those samples for an appropriate period of time.
- Certify the cause and manner of death and forward written certification to designated agencies.
- Properly dispose of human remains through release to family or designated and authorized entities.
- Provide accurate identification of all human remains when possible.
- Cooperate with authorized agencies having involvement with death investigation.
- Provide professional, objective testimony in state and local courts of law.
- Define procedures that establish fees for services and material provided by the Office of the Medical Investigator.
- Define procedures to reimburse all parties providing services to the Office of the Medical Investigator.
- Establish and maintain a disaster plan outlining the role of OMI staff.
- Maintain records of each official death investigation and provide reports to official agencies.

The above duties are exclusive of deaths that occur on tribal or federal land. The OMI provides consulting services for requesting agencies such as the Bureau of Indian Affairs (BIA), Federal Bureau of Investigation (FBI), Tribal Law Enforcement or neighboring state jurisdictions.

The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. A Board of Medical Investigations comprised of the Dean of the UNM School of Medicine, the Chief of the New Mexico State Police, the Secretary of Health and Environment Department, the Chairman of the New Mexico Thanatopractice and the Chairman of the New Mexico Indian Affairs Commission was established to oversee and develop policy. The Board appoints the Chief Medical Investigator, a physician licensed in New Mexico, trained in Pathology and Forensic Medicine, who has responsibility for operations.

The program operates out of the Central Office located in the UNM Health Sciences Center in Albuquerque, New Mexico. The Central Office directs all investigative activities statewide. Specially trained and certified Field Deputy Medical Investigators (FDMI) conduct field investigations. Every county in New Mexico has FDMI's who conduct investigations at the scene of death to collect information used to determine jurisdiction, possible cause and manner of death, and in the absence of a physician provide the pronouncement of death. The FDMI's contact the Central Office and present the results of each investigation to Central Office Deputy Medical Investigators who make the ultimate decisions regarding jurisdiction and the need for further medicolegal investigation. All autopsy services are conducted in the Central Office and are performed by forensic pathologists with the assistance of morphology services. The New Mexico State Laboratory provides the majority of toxicology services with some specialized tests sent to other laboratories. All documentation is archived by the Central Office and is available as provided for by public record statutes and regulations. Such a strongly defined and professionally staffed system provides investigative agencies, the medical community and the citizens of New Mexico with standardized death investigation protocols and a central repository for the information compiled during those medicolegal investigations. The centralization of these services has proven valuable in many areas of public concern including:

- Criminal investigations such as homicide or child abuse
- Protection of public health from environmental hazards and the spread of infectious disease
- Surveillance and reporting of deaths that may represent bioterrorist activities

- Medical and statistical research contributing to positive preventative measures (such as seat belt laws)
- Expert testimony in court cases
- Proper certification of death
- Services to families of the deceased persons (Grief Services Program)

## **Program Summary and Highlights for 2012**

### **Investigative Activity:**

In 2012, New Mexico had 5,304 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 5,304 deaths. Following these investigations, OMI retained jurisdiction of 2,670 deaths and relinquished jurisdiction of 1,506 deaths to private physicians. An additional 1,128 deaths were investigated as a consultation services resulting in a total caseload of 5,304 medicolegal investigations. A granular examination of the case distribution is presented in the section Overview – Total Cases – 2012 beginning on page 15.

### **“Doe” and/or missing person cases:**

Each year OMI receives 150-200 “Doe” cases, where remains are initially unidentified. 98% of these cases are successfully identified through OMI’s investigative efforts. Our staff identifies these cases through fingerprint analysis, postmortem forensic dental examinations (using dental records to help identify remains), and DNA analysis.

## **Training and Education**

At the OMI, the activity of training and education is an integral part of day-to-day operations. The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. The staff pathologists are faculty members with the School of Medicine and are expected to participate in training of medical students, residents and fellows, as well as conduct research activity to further advance the science of forensic medicine.

### **Forensic Pathology Fellowship Program**

The OMI Forensic Pathology Fellowship Program is considered one of the best in the country. The fellowship is a one-year, in-depth training program in the subspecialty of forensic pathology. Applicants must have completed an accredited pathology residency program. Four positions for this competitive program are available each year and are generally filled two to three years in advance.

## **Certification Training**

All OMI deputy medical investigators are required to become certified to perform a death investigation. The OMI provides this training for the deputy medical investigators throughout New Mexico and in the past year, 20 individuals successfully completed the training and received certification as new Field Investigators. 91 current Field Investigators participated in training and certification courses. Upon request, OMI will provide the certification training to other medical investigators, coroners and law enforcement agencies for adaptation to the needs of their local systems. (Ex. Native American police officers)

## **Death Investigation Training**

Death Investigation Training was conducted by the OMI as two training sessions in Albuquerque, in March and October. 66 representatives from the medical examiner, law enforcement and health care professions from throughout the nation participated in the training with a curriculum designed to present the most current facets of death investigations. Participants were from Arizona, Colorado, New York, Ohio, Texas, Washington, and of course, New Mexico. New Mexico personnel included representatives from the New Mexico Department of Public Safety, Albuquerque Police Department, EMS Academy, and through Career Fairs for Elementary, Middle and High Schools.

## **Law Enforcement Education**

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, the Bernalillo County Sheriff's Office Training Academy, APD Citizen's Police Academy and the Albuquerque Police Academy. In addition, specialized training is provided to individual police departments at their request.

## **Public Education**

OMI Staff conducts in-service training throughout the state for a wide variety of agencies. Examples of agencies include Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, state search and rescue groups and professional/advanced degree classes at New Mexico Universities.

## **OMI Newsletter and website**

The OMI Newsletter is published quarterly and sent to OMI field and central office staff. The newsletter conveys information regarding updates in legislation and/or investigation and personnel issues.

The OMI website at <http://omi.unm.edu> provides instant access to information concerning OMI, staff, operating procedures and services offered. Through the website, users can download forms needed for requesting OMI documents.

## **Grief Services Program**

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The Grief Services Program (GSP) was established in 1975. Initially, the program provided crisis intervention and education to families whose child died as a result of Sudden Infant Death Syndrome (SIDS). The program has continually expanded its mission and now provides its services to all New Mexico families following the sudden and unexpected death of a family member, emphasizing service to victims of crime. These services include: crisis intervention, psychotherapy, education, consultations, and referrals. Additionally, the GSP provides grief education and training throughout New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training.

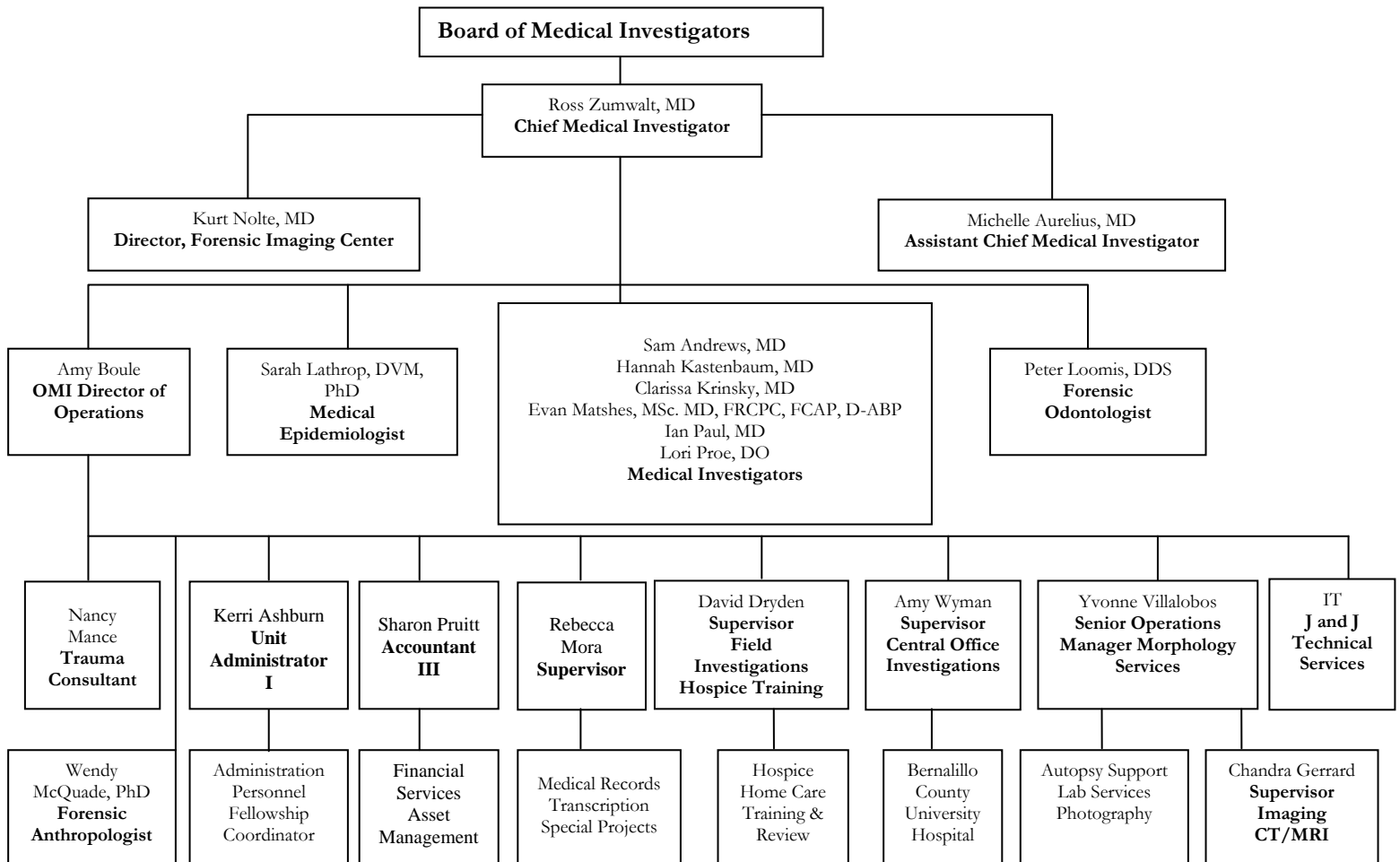
## **Donor Services**

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In 2012, OMI ensured that 100% of potential organ donors and their families were allowed to give the gift of life. OMI works closely with Donor Services to provide life-saving organs from transplantation, in New Mexico and across the country. Our thanks go to the families whose loved ones became an organ or tissue donor, providing an enhanced quality of life to hundreds of transplant recipients.

# Office of the Medical Investigator Organizational Chart as of December 2012

Figure 1



## Total Cases

The remainder of this report will present data routinely collected by the OMI in a manner that answers questions regarding mortality and public health. The tables and charts summarize data collected on every medicolegal investigation, including consultation cases that the OMI conducted for this reporting period. The data, a subset of total mortality figures, represent findings on cases that come to the attention of forensic pathology. Readers who need complete mortality figures are encouraged to contact the State Center for Health Statistics – Bureau of Vital Records and Health Statistics, New Mexico Department of Health.

Figure 2 – Total Cases 2003 - 2012

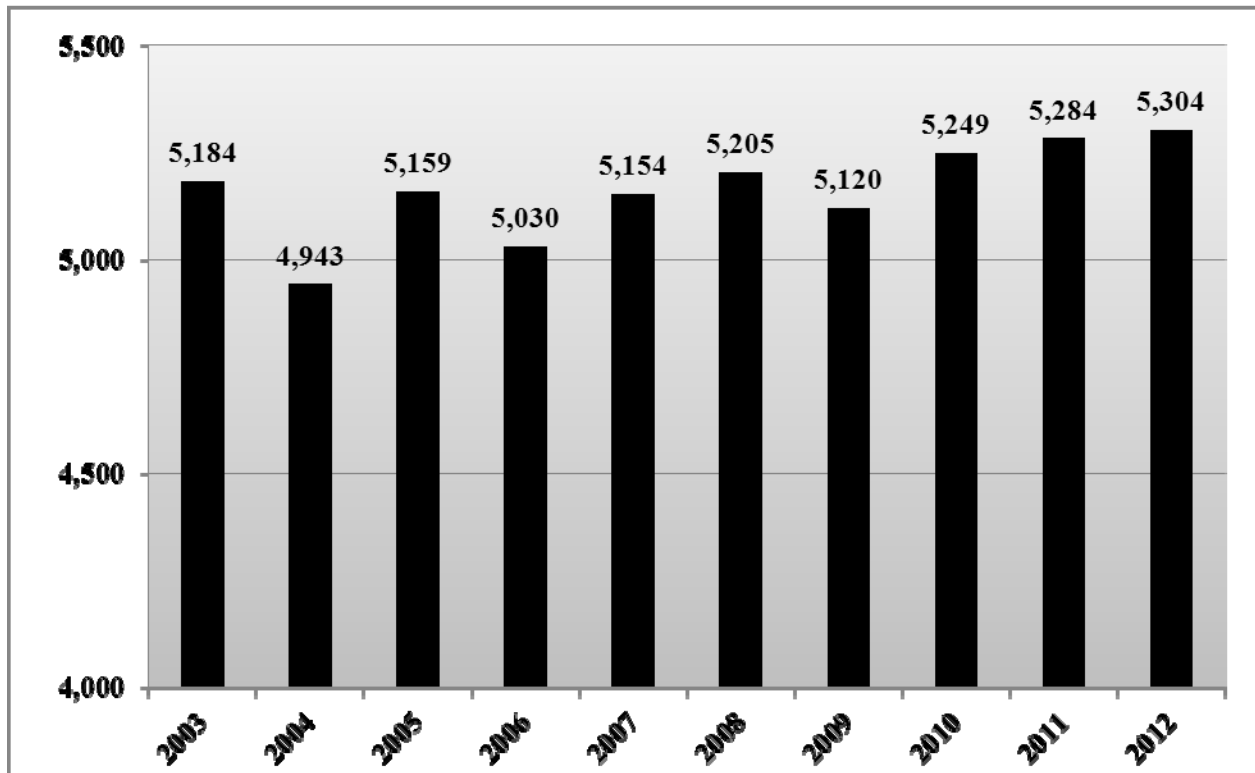


Figure 3 – Total Cases by Month – 2012

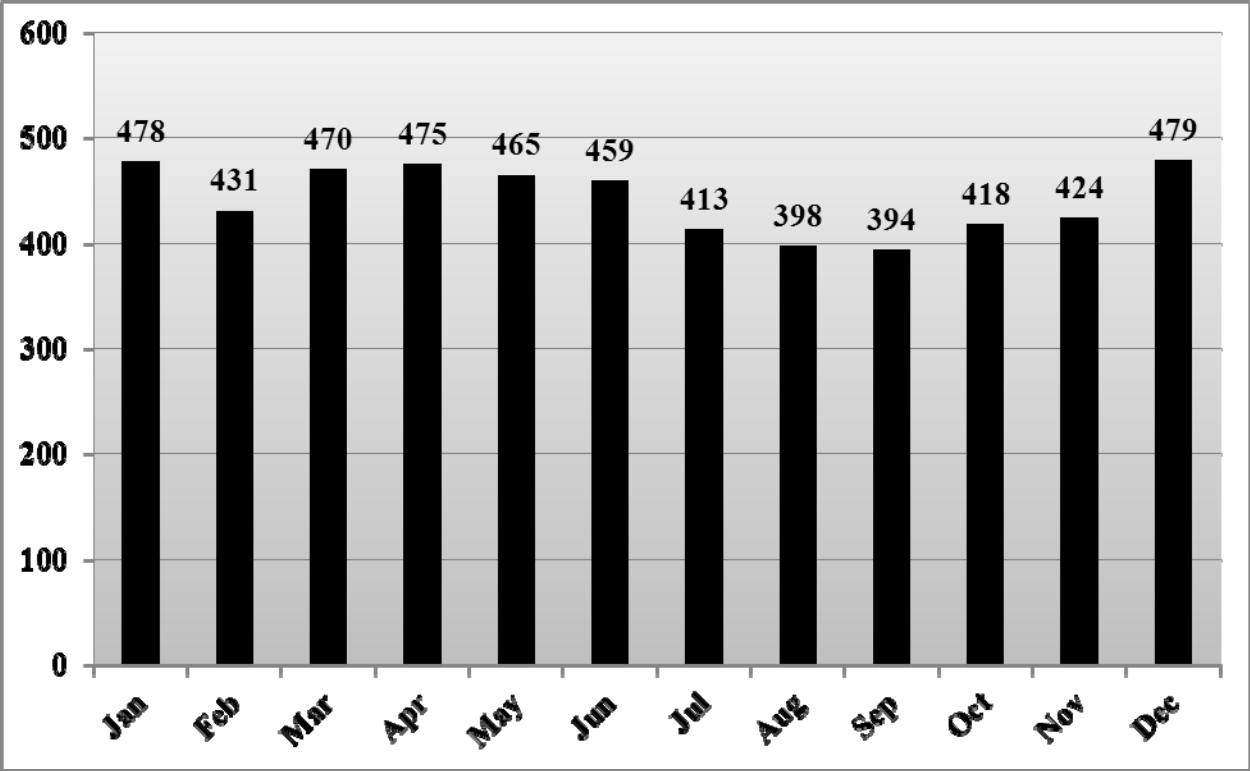
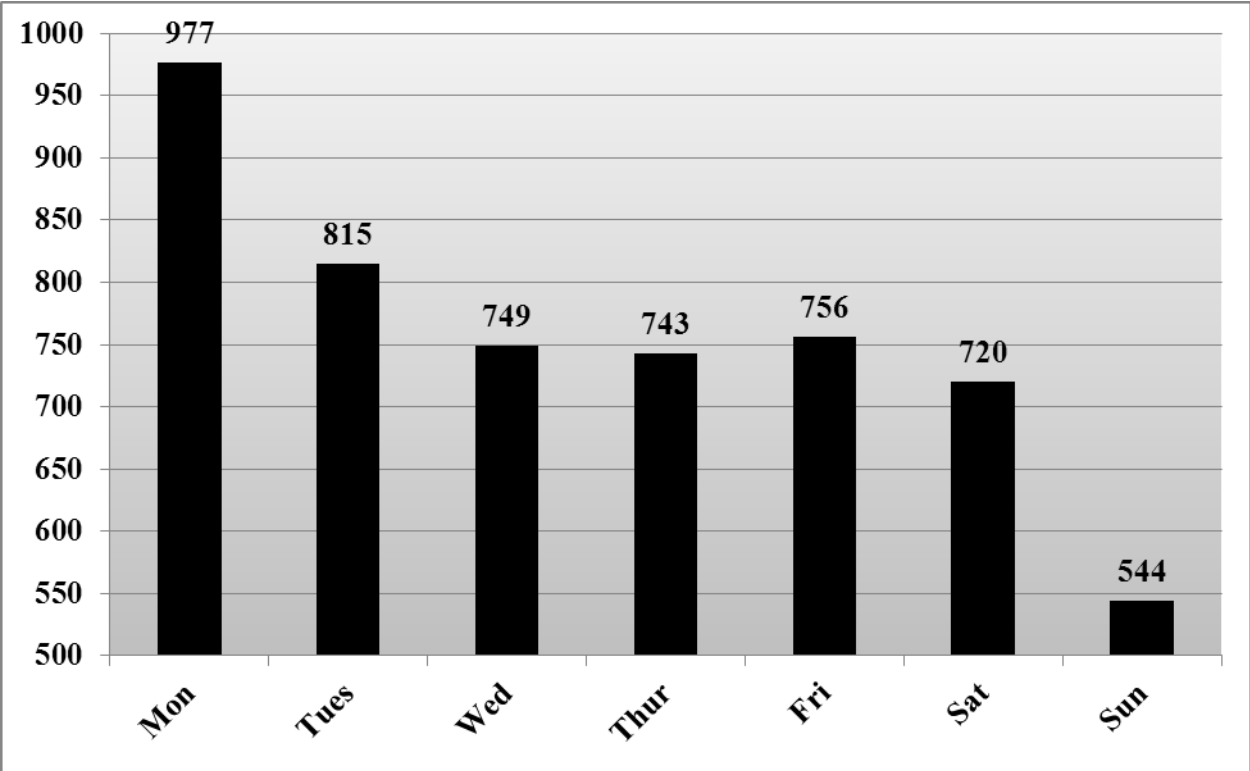
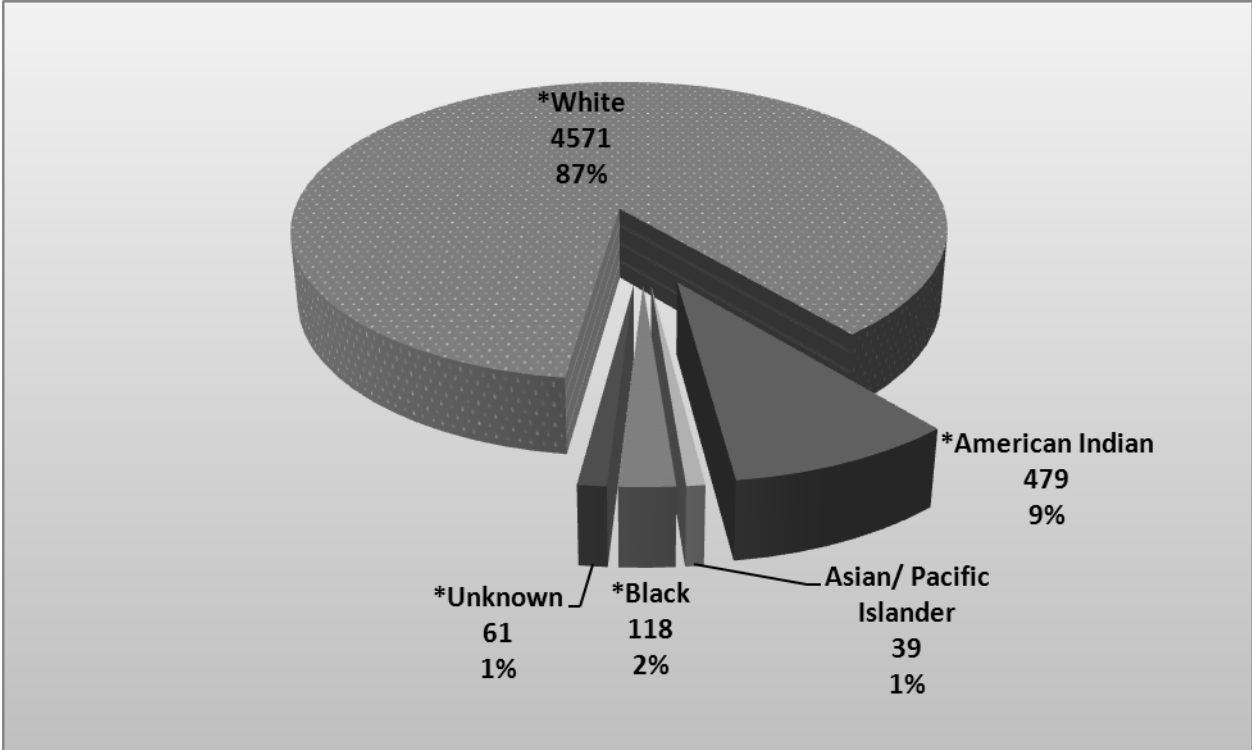


Figure 4 – Total Cases by Day – 2012



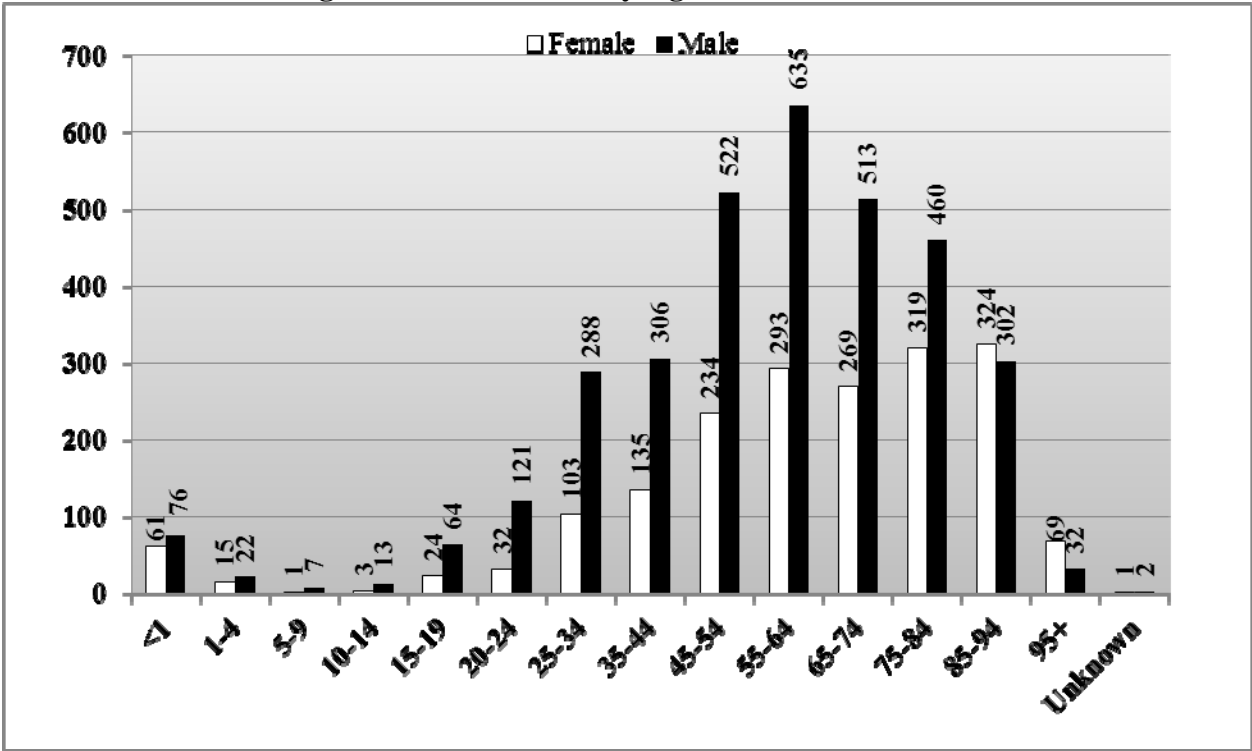


**Figure 5 – Total Cases by Race/Ethnicity – 2012**



\*White includes 1,647 Hispanic, \*American Indian Includes 9 Hispanic, \*Black includes 1 Hispanic, \*Unknown includes 23 Hispanic

**Figure 6 – Total Cases by Age and Gender – 2012**



\*22 with unknown gender, \*36 non-human remains

**Table 1 – Total Cases – Autopsy Status – 2012**

Autopsy	Manner of Death								Total
	Accident	Homicide	Natural	*Other	Pending	Suicide	Uncoded	Undetermined	
Yes	885	159	545	9	9	362	2	91	2,062
No	573	1	2,539	61	1	57	3	7	3,242
<b>Total</b>	<b>1,458</b>	<b>160</b>	<b>3,084</b>	<b>70</b>	<b>10</b>	<b>419</b>	<b>5</b>	<b>98</b>	<b>5,304</b>

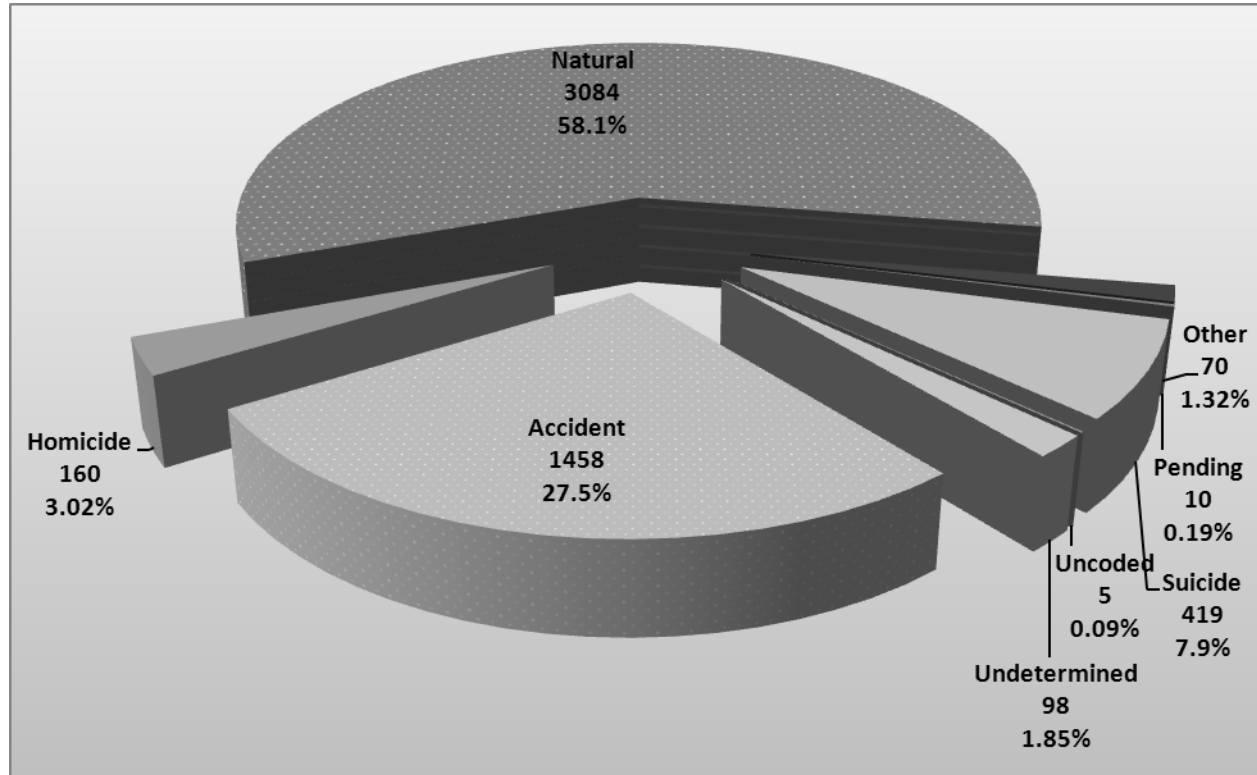
\*Other includes non-human and ancient remains

**Table 2 – Total Cases – Case Distribution - 2012**

Type of Case	Manner of Death	Autopsy		Percent Autopsied	Total
		Yes	No		
<b>Medical Investigator</b>	Accident	751	399	65.30%	1,150
	Homicide	119	0	100%	119
	Natural	384	499	43.49%	883
	Other	7	42	14.29%	49
	Pending	7	1	87.5%	8
	Suicide	332	49	87.14%	381
	Uncoded	1	2	33.3%	3
	Undetermined	74	3	96.10%	77
	<b>Subtotal</b>	<b>1,675</b>	<b>995</b>	<b>62.73%</b>	<b>2,670</b>
<b>Jurisdiction Terminated</b>	Accident	0	0	0%	0
	Homicide	0	0	0%	0
	Natural	0	1,506	0%	1,506
	Other	0	0	0%	0
	Pending	0	0	0%	0
	Suicide	0	0	0%	0
	Uncoded	0	0	0%	0
	Undetermined	0	0	0%	0
	<b>Subtotal</b>	<b>0</b>	<b>1,506</b>	<b>0%</b>	<b>1,506</b>
<b>Reported Deaths</b>		<b>1,675</b>	<b>2,501</b>	<b>40.1%</b>	<b>4,176</b>
<b>Consultation Cases</b>	Accident	134	174	43.51%	308
	Homicide	40	1	97.56%	41
	Natural	161	534	23.17%	695
	Other	2	19	9.52%	21
	Pending	2	0	100%	2
	Suicide	30	8	78.95%	38
	Uncoded	1	1	50%	2
	Undetermined	17	4	80.95%	21
	<b>Subtotal</b>	<b>387</b>	<b>741</b>	<b>34.31%</b>	<b>1,128</b>
<b>Total</b>		<b>2,062</b>	<b>3,242</b>	<b>38.9%</b>	<b>5,304</b>

## Cause and Manner of Death

Figure 7 – Total Cases – Manner of Death – 2012



\*Other includes non-human and ancient remains

In 2012, OMI investigated 5,304 deaths, representing approximately 35% of the estimated total deaths in New Mexico in 2012. Of the deaths investigated by OMI in 2012:

The total number of deaths investigated represents a 0.38% increase from the 2011 total, and a 31% increase since 2003.

The ratio of male to female deaths, when gender was clearly determined, was 1.79. Decedents classified as non-Hispanic white represented 56.5% of the total, Hispanic 31.3%, American Indian 8.6%, African American 2.2% and Asian 0.6%. The racial-ethnic composition of New Mexico was listed in the 2010 census as: 40% non-Hispanic white, 47% Hispanic, 10.1% American Indian, 2.5% African American and 1.6% Asian. (Source: <http://quickfacts.census.gov/qfd/states/35000.html>)

While natural deaths contributed the largest portion of OMI deaths investigated (58.1%), most natural deaths did not fall under the jurisdiction of the OMI. Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

**Table 3 – Total Cases – Manner of Death by Gender – 2012**

<b>Gender</b>	<b>Accident</b>	<b>Homicide</b>	<b>Natural</b>	<b>Other</b>	<b>Pending</b>	<b>Suicide</b>	<b>Uncoded</b>	<b>Undetermined</b>	<b>Total</b>
Female	524	30	1,179	10	3	101	1	35	1,883
Male	934	130	1,900	12	5	318	3	61	3,363
Non-human	0	0	0	36	0	0	0	0	36
Unknown	0	0	5	12	2	0	1	2	22
<b>Total</b>	<b>1,458</b>	<b>160</b>	<b>3,084</b>	<b>70</b>	<b>10</b>	<b>419</b>	<b>5</b>	<b>98</b>	<b>5,304</b>

**Table 4 – Total Cases – Manner of Death by Race/Ethnicity – 2012**

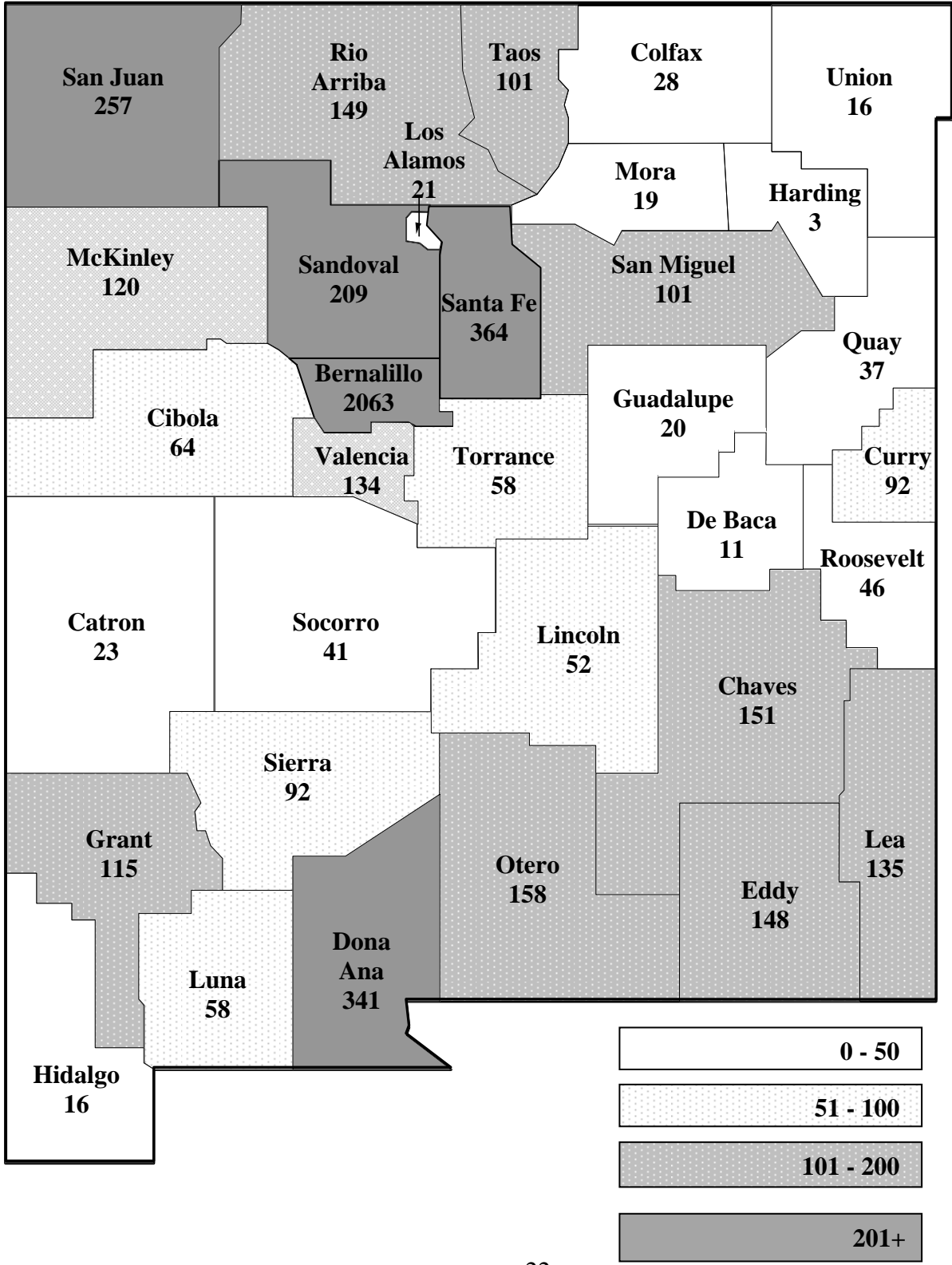
<b>Race/Ethnicity</b>	<b>Accident</b>	<b>Homicide</b>	<b>Natural</b>	<b>Other</b>	<b>Pending</b>	<b>Suicide</b>	<b>Uncoded</b>	<b>Undetermined</b>	<b>Total</b>
*American Indian	183	35	198	6	1	34	1	21	479
Asian/Pacific Islander	5	0	29	0	0	5	0	0	39
*Black	22	10	77	1	0	3	0	5	118
Non-human	0	0	0	36	0	0	0	0	36
*Unknown	11	1	26	12	2	3	1	5	61
*White	1,237	114	2,754	15	7	374	3	67	4,571
<b>Total</b>	<b>1,458</b>	<b>160</b>	<b>3,084</b>	<b>70</b>	<b>10</b>	<b>419</b>	<b>5</b>	<b>98</b>	<b>5,304</b>

\*American Indian includes 9 Hispanic, Black includes 1 Hispanic, Unknown includes 23 Hispanic, White includes 1,647 Hispanic

**Table 5 – Total Cases – Manner of Death by Age and Gender – 2012**  
**Age at Death**

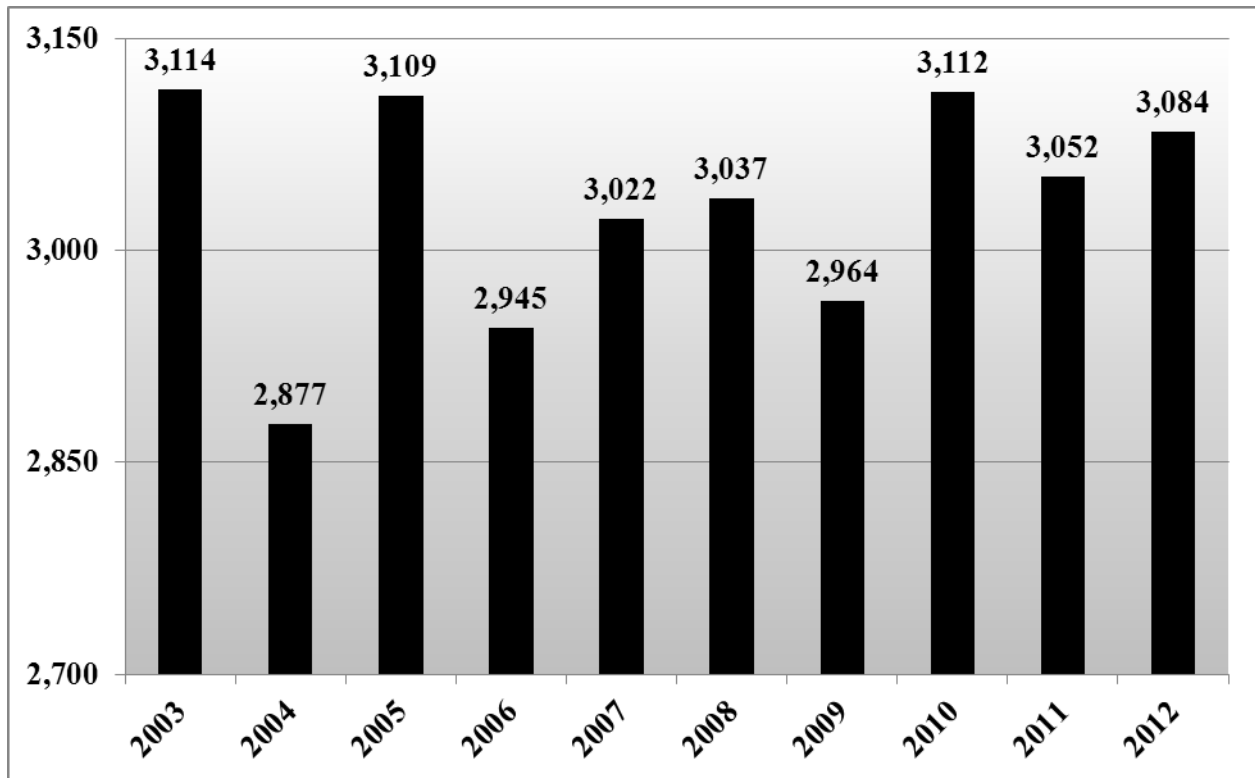
<b>Gender</b>	<b>Age</b>	<b>Natural</b>	<b>Accident</b>	<b>Suicide</b>	<b>Homicide</b>	<b>Undetermined</b>	<b>Other</b>	<b>Total</b>
<b>Female</b>	<1	49	5	0	0	4	3	61
	1-4	7	5	0	1	1	1	15
	5-9	0	1	0	0	0	0	1
	10-14	2	0	1	0	0	0	3
	15-19	2	11	7	3	1	0	24
	20-24	4	17	5	4	2	0	32
	25-34	30	51	7	10	4	1	103
	35-44	41	66	24	1	3	0	135
	45-54	106	88	25	5	8	2	234
	55-64	215	49	17	1	9	2	293
	65-74	223	33	7	3	1	1	268
	75-84	240	70	8	0	1	1	320
	85-94	219	101	0	2	1	1	324
	95+	41	27	0	0	0	1	69
	Unknown	0	0	0	0	0	1	1
<b>Subtotals</b>		<b>1,179</b>	<b>524</b>	<b>101</b>	<b>30</b>	<b>35</b>	<b>14</b>	<b>1,883</b>
<b>Male</b>	<1	53	12	0	1	9	1	76
	1-4	8	12	0	2	0	0	22
	5-9	3	3	0	1	0	0	7
	10-14	10	2	1	0	0	0	13
	15-19	2	28	21	10	0	3	64
	20-24	12	57	25	21	5	1	121
	25-34	46	135	55	35	14	3	288
	35-44	97	140	40	20	7	2	306
	45-54	239	175	68	27	11	2	522
	55-64	433	130	54	6	8	4	635
	65-74	410	69	27	4	3	0	513
	75-84	353	82	19	1	2	3	460
	85-94	215	77	6	2	1	1	302
	95+	19	12	1	0	0	0	32
	Unknown	0	0	1	0	1	0	2
<b>Subtotals</b>		<b>1,900</b>	<b>934</b>	<b>318</b>	<b>130</b>	<b>61</b>	<b>20</b>	<b>3,363</b>
<b>Unknown</b>	<1	5	0	0	0	0	2	7
	15-19	0	0	0	0	0	1	1
	Unknown	0	0	0	0	2	12	14
	Non-human	0	0	0	0	0	36	36
<b>Subtotals</b>		<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>51</b>	<b>58</b>
<b>Total</b>		<b>3,084</b>	<b>1,458</b>	<b>419</b>	<b>160</b>	<b>98</b>	<b>85</b>	<b>5,304</b>

**Figure 8 – Deaths by County of Pronouncement  
 All Manners of Death**

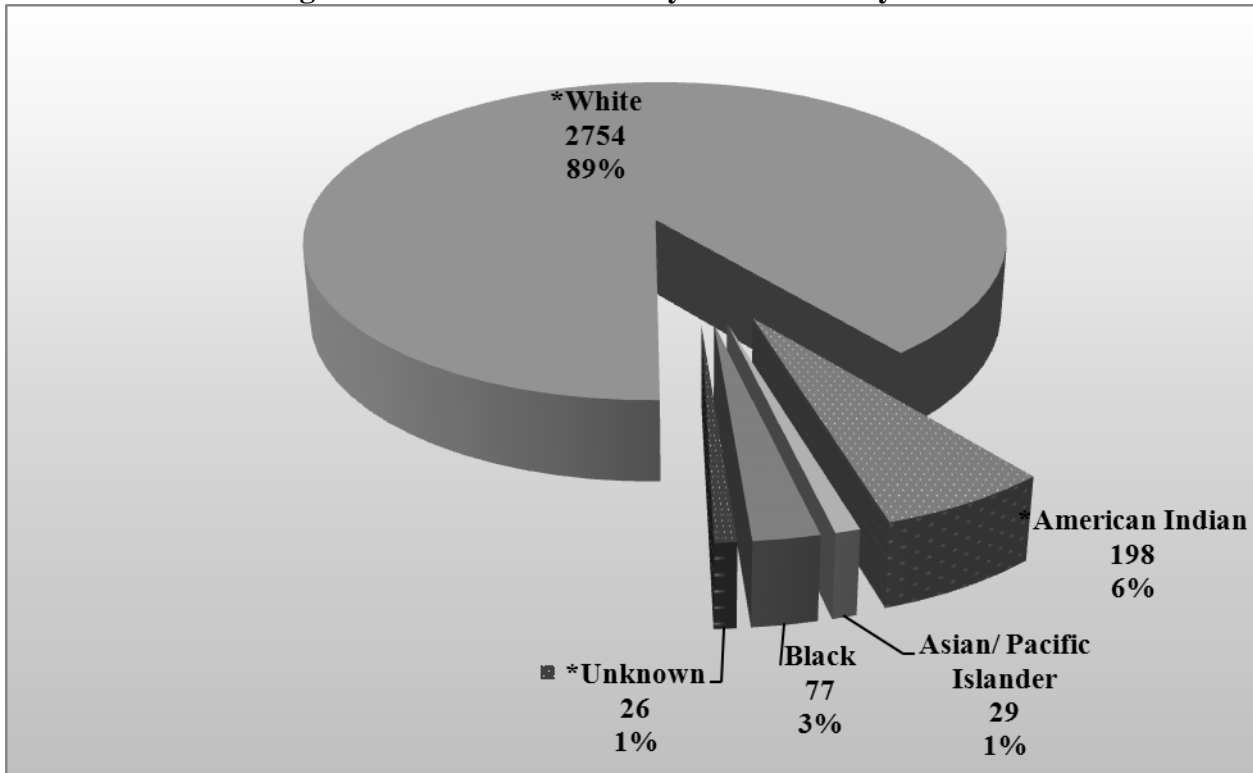


**Overview – Manner of Death – Natural Deaths**

**Figure 9 – Natural Deaths – 2003 – 2012**

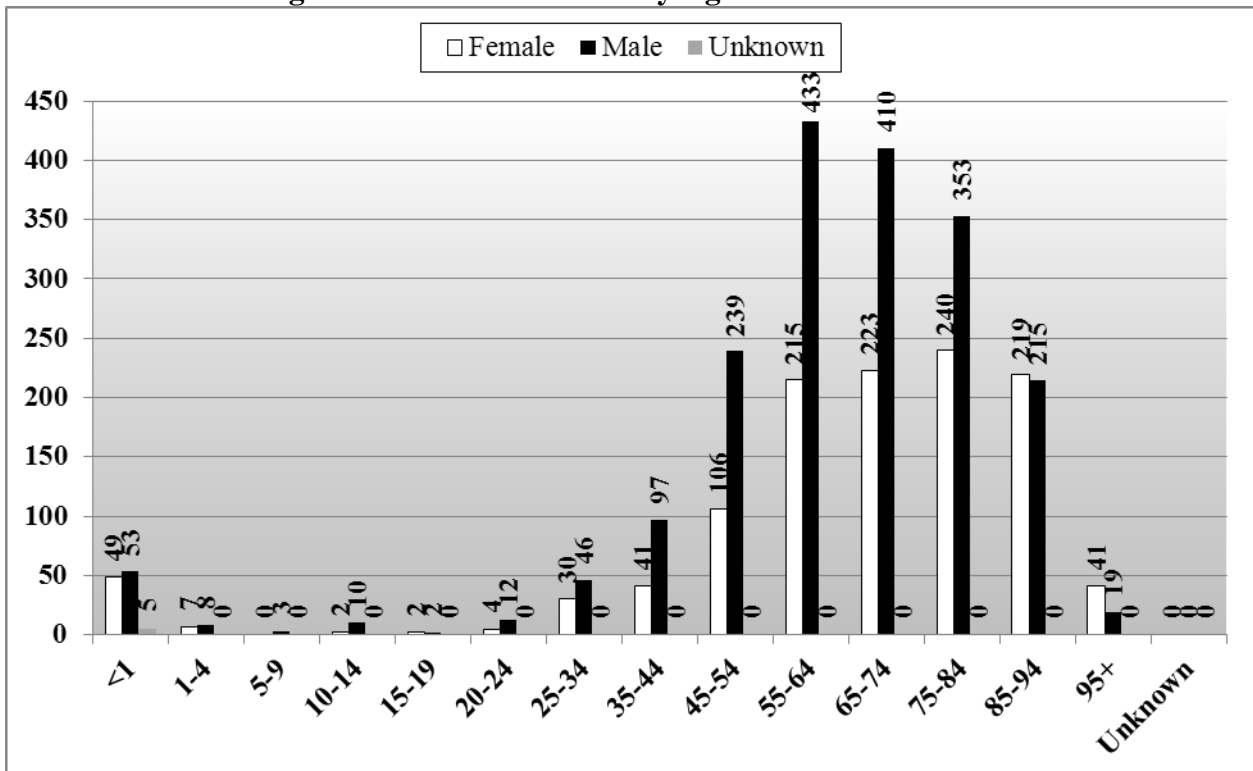


**Figure 10 – Natural Deaths by Race/Ethnicity – 2012**



\*White includes 929 Hispanic, \*American Indian includes 5 Hispanic, \*Unknown includes 16 Hispanic

**Figure 11 – Natural Deaths by Age and Gender – 2012**





## **Natural Deaths – Summary**

Deaths classified as a “natural” manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by OMI. However, most natural deaths that occur in New Mexico do not fall under the jurisdiction of OMI and are therefore not represented in this report. An excellent resource for all mortality statistics in the state is the publication “New Mexico Selected Health Statistics Annual Report,” published by the State Center for Health Statistics at the Office of New Mexico Vital Records & Health Statistics, Public Health Division, Department of Health, 1105 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110.

**Overview – Manner of Death – Accidental Deaths**

**Figure 12 – Accidental Deaths – 2003 – 2012**

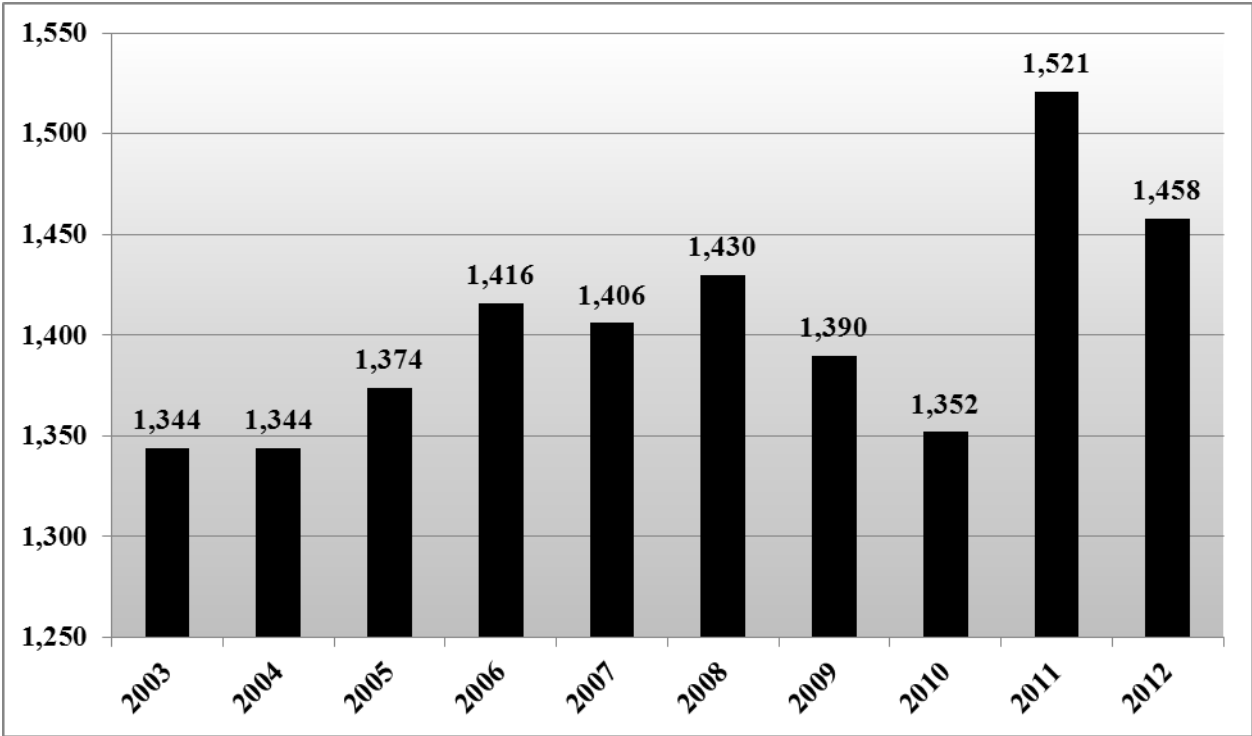
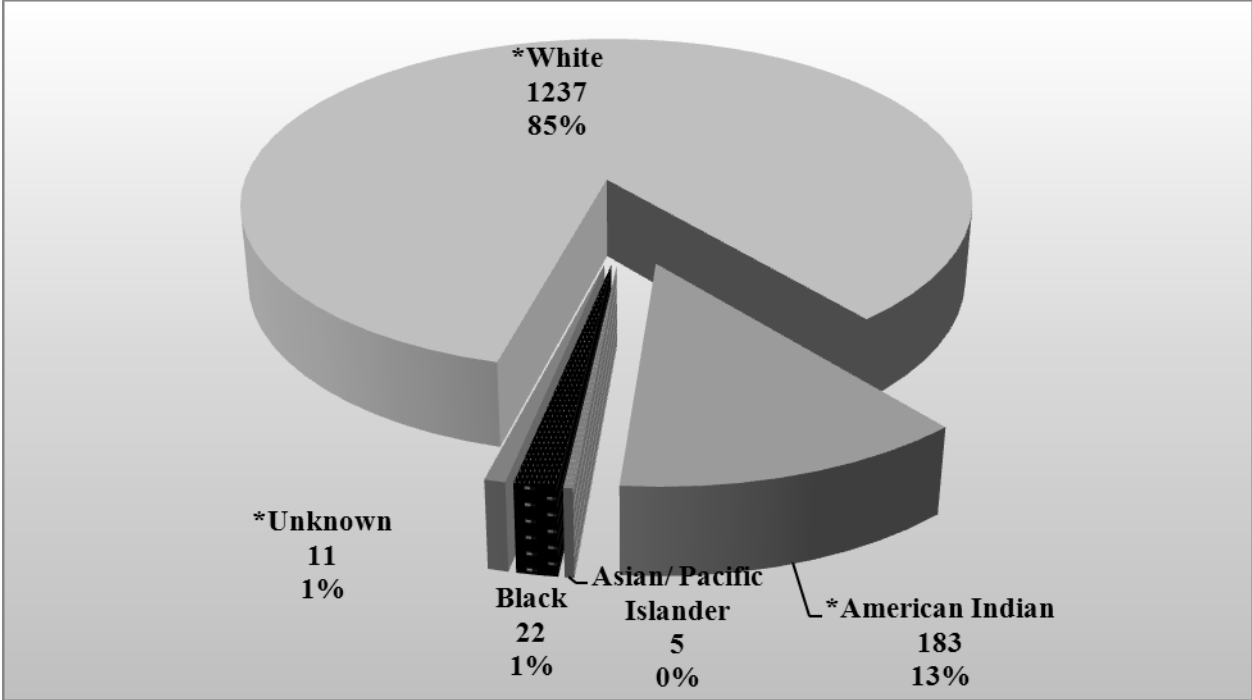
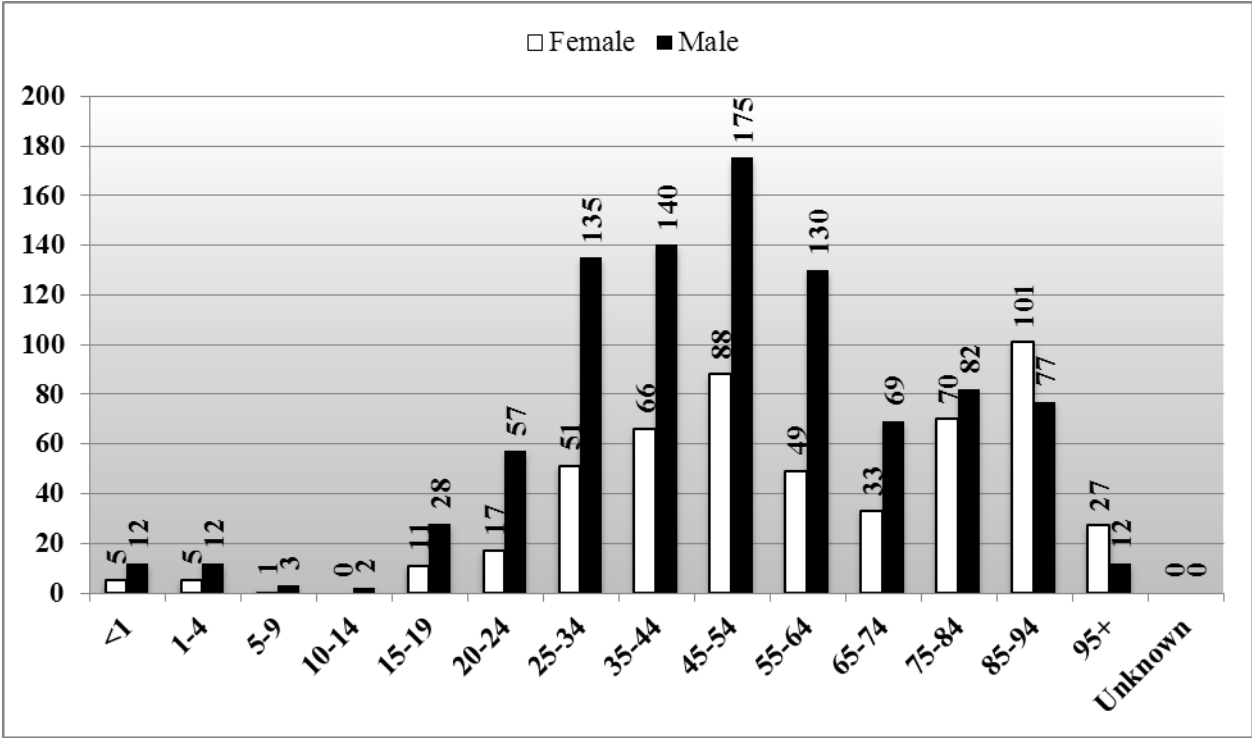


Figure 13 – Accidental Deaths by Race/Ethnicity – 2012



\*White includes 500 Hispanic, \*American Indian includes 2 Hispanic, \*Unknown includes 5 Hispanic

Figure 14 – Accidental Deaths by Age and Gender – 2012



**Table 6 – Accidental Deaths – Cause – 2012**

<b>Cause of Death</b>	<b>Total Cases</b>
Multiple injuries	510
Substance intoxication	372
Head and neck injuries	124
Cardiac arrhythmia	65
Narcotic abuse	39
Asphyxia	37
Exposure	36
Ethanol intoxication	35
Hypertension	32
Pneumonia	30
History of illness or injury	27
Thermal injuries	19
Drowning	19
Sepsis	19
Subdural hematoma	17
Emboli	9
Cerebrovascular	7
Chronic obstructive pulmonary disease	6
Obesity	6
Carbon monoxide intoxication	5
Carcinoma	5
Gastrointestinal hemorrhage	4
Hepatic failure	4
Spontaneous hemorrhage	4
Alzheimers	4
Renal failure	3
Ethanolism	3
Epilepsy	3
Aspiration	2
Electrocution	2
Fall from standing height	1
Accident	1
Gunshot wound	1
Respiratory Distress Syndrome	1
Other	6

**Table 7 – Accidental Deaths – County of Pronouncement – 2003 – 2012**

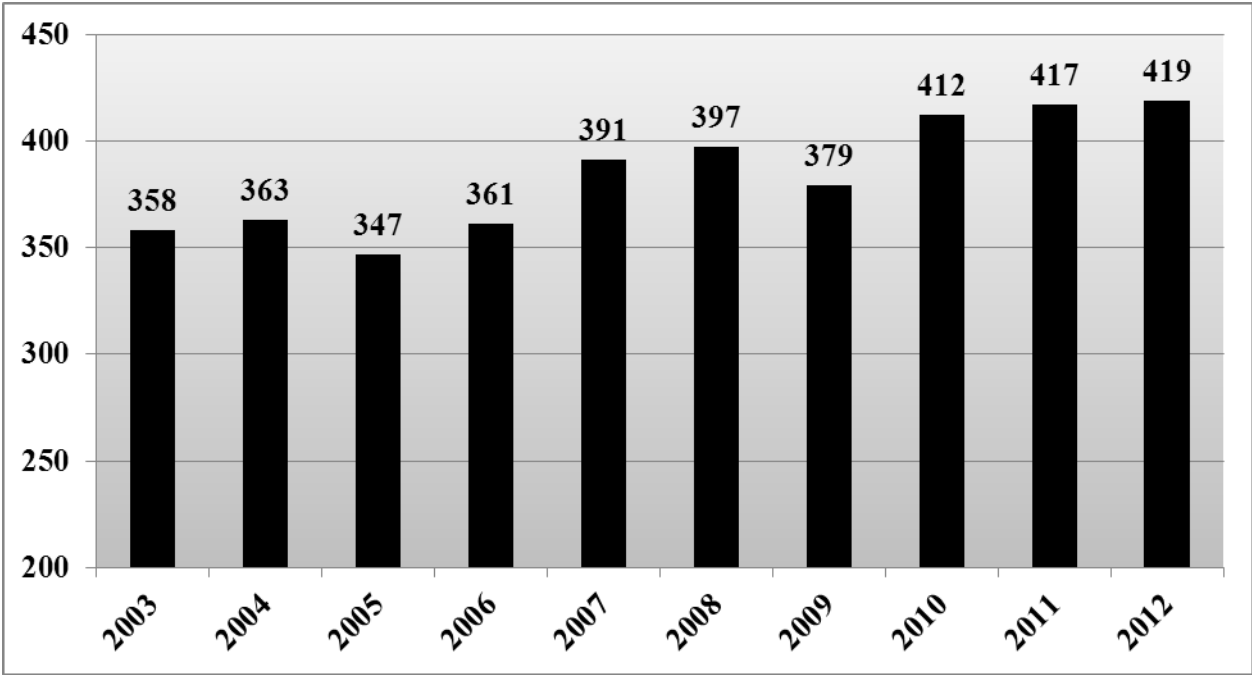
<b>County of Pronouncement</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Bernalillo</b>	505	503	476	552	512	572	549	532	573	523
<b>Catron</b>	6	2	7	1	3	3	0	1	5	5
<b>Chaves</b>	42	41	34	47	31	48	36	49	56	35
<b>Cibola</b>	20	14	34	12	24	20	18	19	20	12
<b>Colfax</b>	20	9	19	9	12	14	8	9	10	5
<b>Curry</b>	17	18	22	20	27	17	21	24	30	23
<b>De Baca</b>	3	0	2	1	3	2	2	0	3	2
<b>Dona Ana</b>	62	82	61	83	95	75	112	90	96	106
<b>Eddy</b>	30	32	39	39	37	40	34	43	38	41
<b>Grant</b>	24	24	19	18	19	29	19	12	18	21
<b>Guadalupe</b>	6	15	8	14	14	17	8	9	8	6
<b>Harding</b>	1	0	0	0	1	0	1	0	2	1
<b>Hidalgo</b>	2	6	10	7	11	5	4	6	8	5
<b>Lea</b>	29	21	31	40	37	35	18	32	33	34
<b>Lincoln</b>	12	13	13	16	21	5	18	11	15	14
<b>Los Alamos</b>	8	5	5	5	6	5	10	9	8	5
<b>Luna</b>	25	23	37	27	23	14	15	13	12	10
<b>McKinley</b>	73	83	69	67	60	51	58	41	43	53
<b>Mora</b>	4	8	4	3	5	4	1	4	6	8
<b>Otero</b>	30	28	30	33	20	25	33	37	33	41
<b>Quay</b>	24	13	10	16	11	15	4	18	7	11
<b>Rio Arriba</b>	40	53	39	42	52	41	43	35	55	55
<b>Roosevelt</b>	8	6	14	8	11	9	5	9	10	9
<b>San Juan</b>	78	87	79	82	99	79	67	68	92	88
<b>San Miguel</b>	26	26	22	22	24	31	23	25	30	30
<b>Sandoval</b>	24	28	40	33	30	47	58	48	59	62
<b>Santa Fe</b>	87	78	100	97	92	108	94	89	122	127
<b>Sierra</b>	14	9	11	6	11	13	20	19	22	17
<b>Socorro</b>	15	15	22	12	17	17	22	7	13	9
<b>Taos</b>	19	27	25	22	33	26	29	29	22	28
<b>Torrance</b>	9	12	14	17	15	14	14	8	16	13
<b>Union</b>	3	2	6	7	4	3	5	4	4	4
<b>Valencia</b>	34	29	32	37	34	27	24	29	15	29
<b>Out of State/Unknown</b>	44	32	40	21	12	19	17	23	37	26
<b>Totals</b>	<b>1,344</b>	<b>1,344</b>	<b>1,374</b>	<b>1,416</b>	<b>1,406</b>	<b>1,430</b>	<b>1,390</b>	<b>1,352</b>	<b>1,521</b>	<b>1,458</b>

## **Accidental Deaths – Summary**

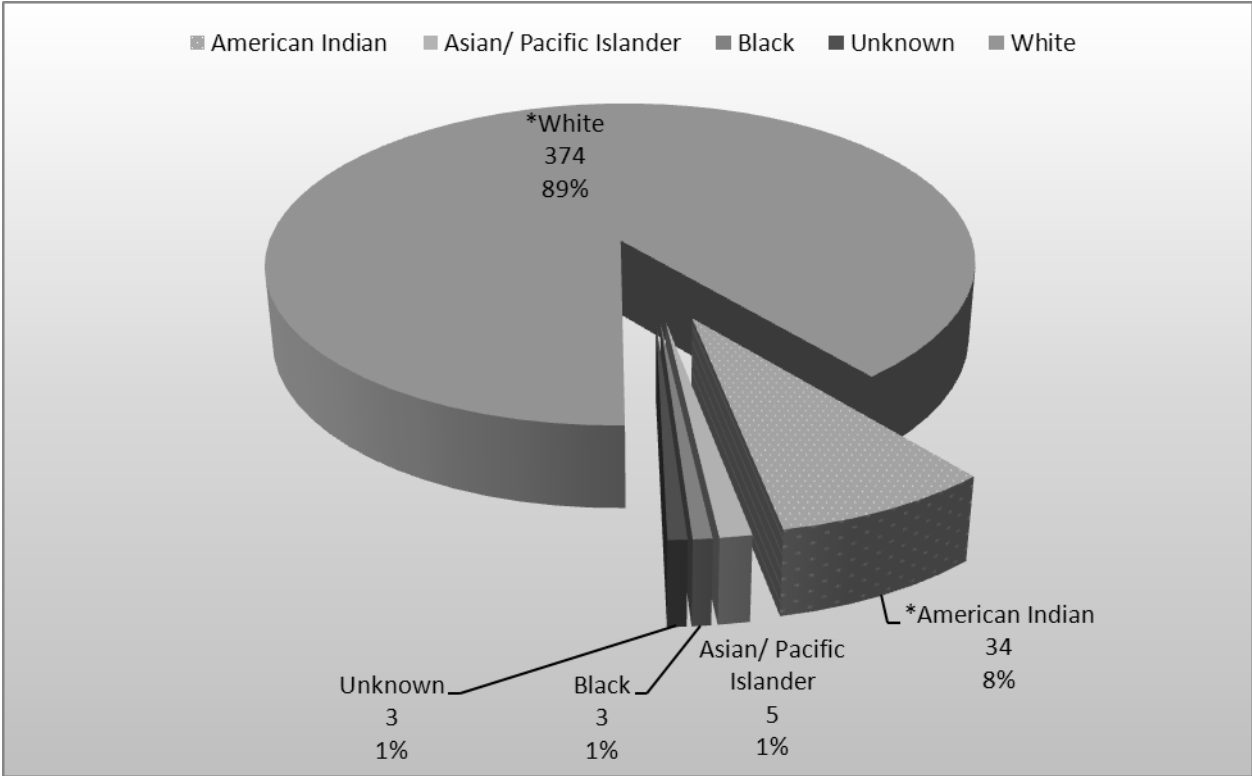
Accidental deaths accounted for 27.5% of the deaths investigated by OMI in 2012, second only to natural deaths (58.1% of OMI-investigated deaths) as a manner of death. The highest number of accidental deaths was in males 45-54 years of age

**Overview – Manner of Death – Suicide Deaths**

**Figure 15 – Suicide Deaths – 2003 – 2012**



**Figure 16 – Suicide Deaths by Race/Ethnicity – 2012**



\*White includes 111 Hispanic, \*American Indian includes 1 Hispanic

**Figure 17 – Suicide Deaths by Age and Gender – 2012**

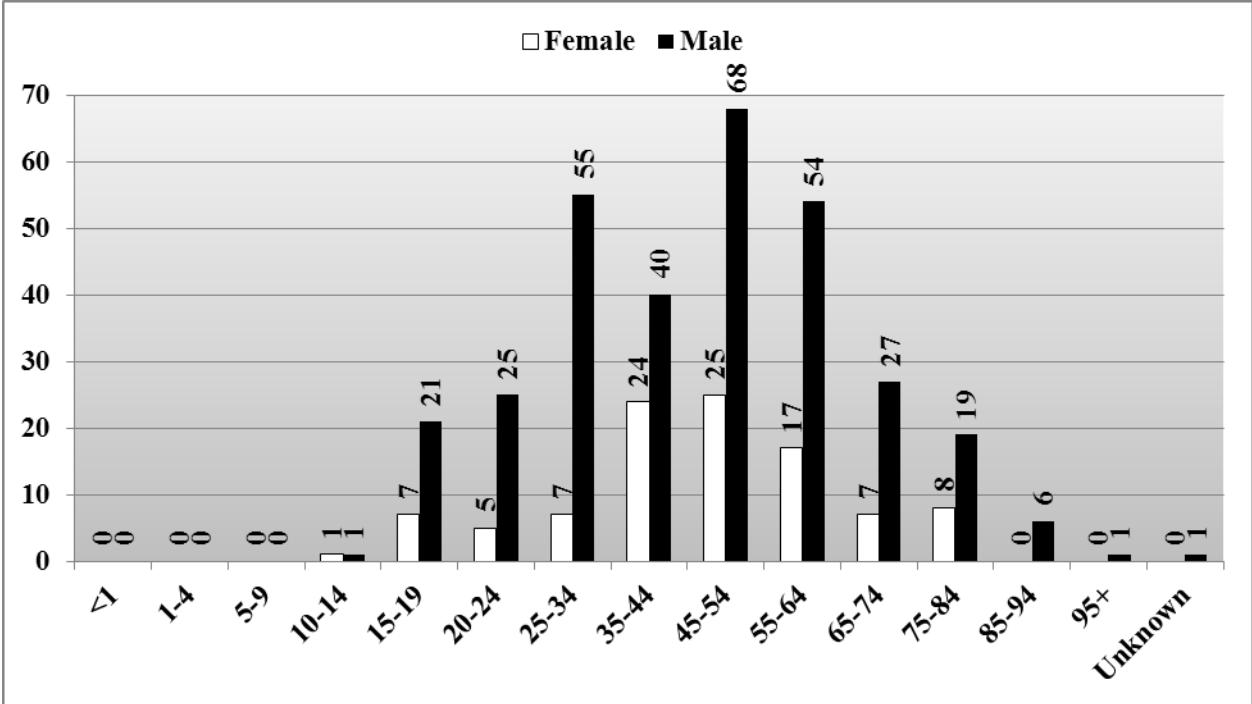




Figure 18 – Suicide Deaths by Month – 2012

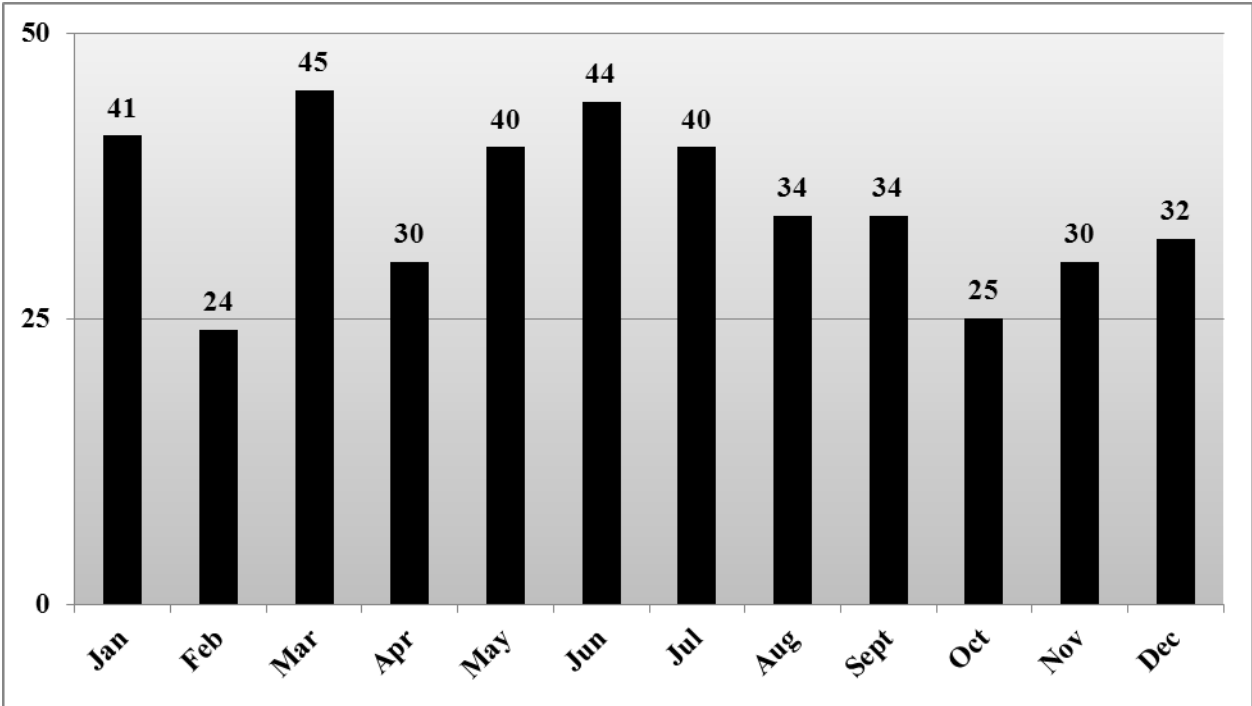
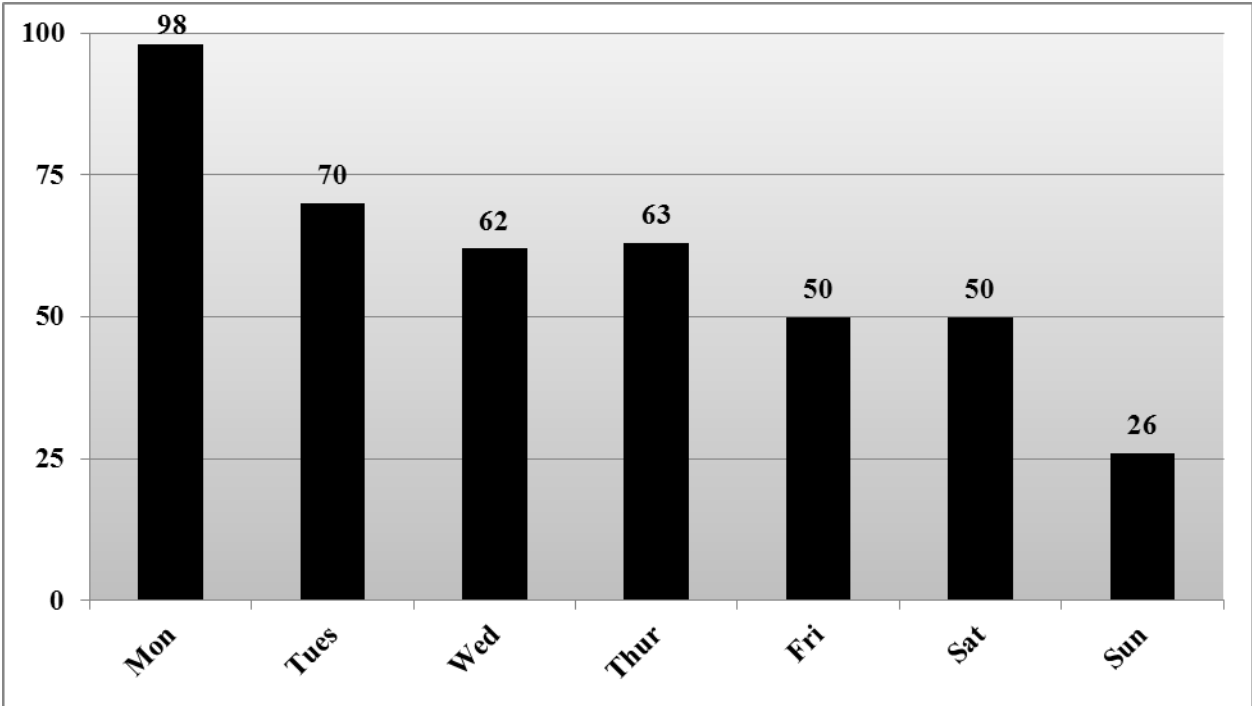


Figure 19 – Suicide Deaths by Day of the Week – 2012



**Table 8 – Suicide Deaths by County of Pronouncement – 2003 – 2012**

<b>County of Pronouncement</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Bernalillo</b>	119	107	104	118	131	134	142	127	137	146
<b>Catron</b>	1	3	0	1	3	2	2	2	1	8
<b>Chaves</b>	16	18	8	10	11	10	11	9	12	17
<b>Cibola</b>	4	2	3	4	7	6	9	4	5	6
<b>Colfax</b>	3	7	1	4	5	2	3	3	2	5
<b>Curry</b>	6	5	1	6	3	3	4	6	4	6
<b>De Baca</b>	0	0	1	1	1	0	0	2	0	1
<b>Dona Ana</b>	13	26	36	23	27	34	30	38	35	34
<b>Eddy</b>	9	9	13	10	10	9	11	12	9	14
<b>Grant</b>	9	6	8	9	5	12	9	14	7	9
<b>Guadalupe</b>	0	0	0	2	1	4	0	2	1	3
<b>Harding</b>	0	1	0	0	0	0	1	0	0	0
<b>Hidalgo</b>	0	0	1	0	3	3	2	0	2	0
<b>Lea</b>	11	8	8	12	8	7	5	14	8	9
<b>Lincoln</b>	3	7	7	2	7	5	3	2	3	6
<b>Los Alamos</b>	2	3	3	4	4	2	1	1	3	0
<b>Luna</b>	9	7	3	6	4	5	2	6	3	4
<b>McKinley</b>	14	19	12	16	9	7	12	5	16	10
<b>Mora</b>	4	0	0	2	1	1	2	3	2	1
<b>Otero</b>	14	15	12	13	16	16	15	20	20	11
<b>Quay</b>	3	1	3	2	2	2	1	5	0	2
<b>Rio Arriba</b>	11	9	10	4	15	9	9	6	10	12
<b>Roosevelt</b>	0	3	1	4	1	4	0	1	3	1
<b>San Juan</b>	19	14	20	25	19	24	23	36	21	22
<b>San Miguel</b>	10	9	6	8	6	7	3	7	6	5
<b>Sandoval</b>	6	12	11	16	20	20	18	25	30	21
<b>Santa Fe</b>	35	30	22	23	25	38	24	23	31	31
<b>Sierra</b>	4	4	7	5	2	2	4	2	7	2
<b>Socorro</b>	4	6	3	2	7	1	5	6	2	4
<b>Taos</b>	5	6	20	12	12	6	8	6	13	13
<b>Torrance</b>	2	4	2	6	6	4	6	9	3	3
<b>Union</b>	0	1	2	1	1	0	2	2	2	0
<b>Valencia</b>	9	16	9	7	16	15	9	8	14	8
<b>Out of State/Unknown</b>	13	5	10	3	2	3	3	6	5	5
<b>Totals</b>	<b>358</b>	<b>363</b>	<b>347</b>	<b>361</b>	<b>390</b>	<b>397</b>	<b>379</b>	<b>412</b>	<b>417</b>	<b>419</b>

**Table 9 – Suicide Deaths – Cause – 2012**

<b>Cause of Death</b>	<b>Total Cases</b>
Gunshot wound	223
Hanging	90
Substance intoxication	64
Multiple injuries	13
Asphyxia	9
Stab wound	8
Narcotic abuse	5
Carbon monoxide intoxication	4
Exsanguination	1
Head and neck injuries	1
Unnatural	1

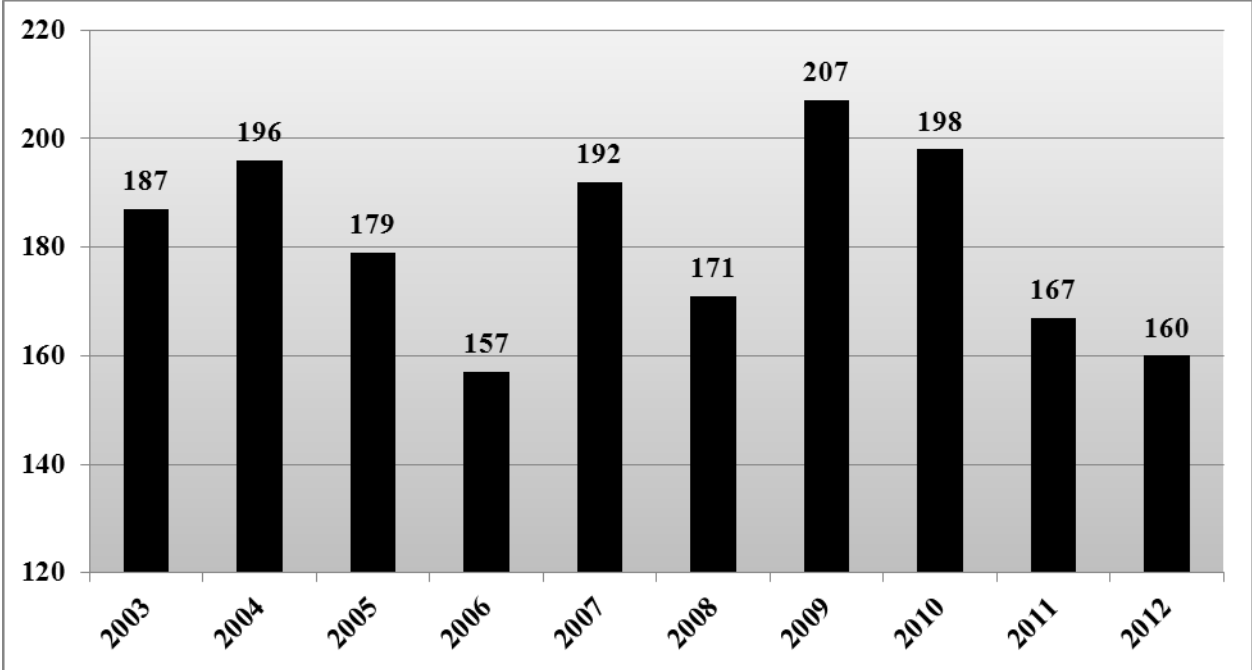
### **Suicide Deaths – Summary**

New Mexico's suicide rate is consistently higher than the national average, comprising 2.4% of all deaths in New Mexico, compared to 1.2% of all deaths in the U.S. The rate in 2011 (most recent data available) was 20.3 per 100,000 people, compared to a rate of 11.8 per 100,000 people in the rest of the U.S. (2011 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

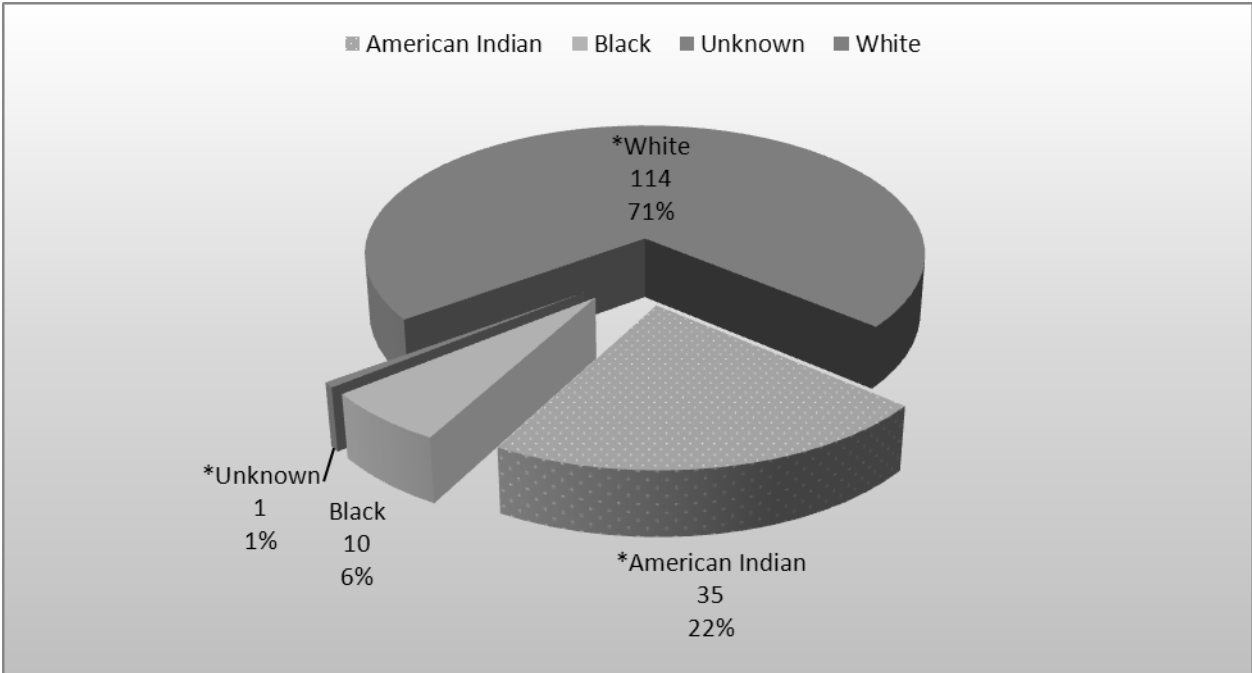
Deaths from suicide in 2012 occurred most frequently among non-Hispanic whites (62.8%) and males (75.9%). More men between the ages of 45 and 54 years (16.2% of all suicides) committed suicide than other age group by gender. More people committed suicide on Monday (23.4%) than any other day of the week. More suicides occurred in March than any other month (10.7%). The fewest occurred in February (5.72%). The total number of suicides increased from 417 in 2011 to 419 in 2012 (0.48% increase).

**Overview – Manner of Death – Homicide Deaths**

**Figure 20 – Homicide Deaths – 2003 – 2012**

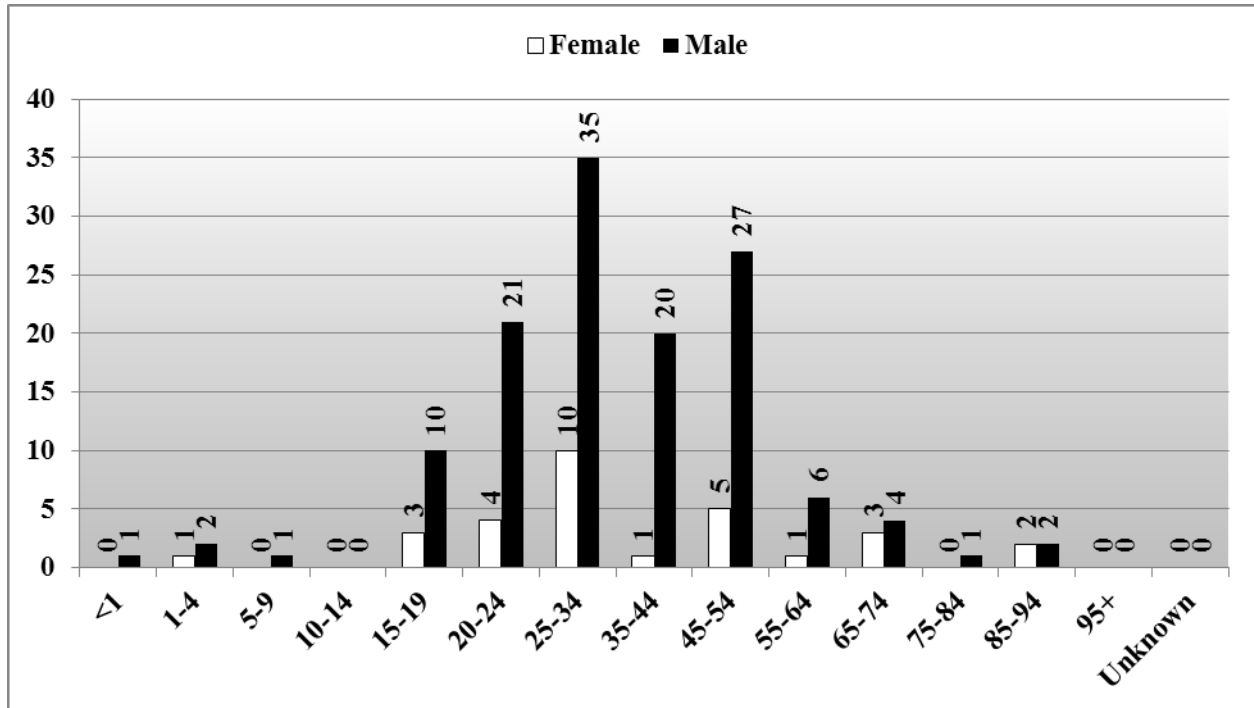


**Figure 21 – Homicide Deaths by Race/Ethnicity – 2012**



\*White includes 70 Hispanic, \*American Indian includes 1 Hispanic, \*Unknown includes 1 Hispanic

**Figure 22 – Homicide Deaths by Age and Gender – 2012**



**Table 10 – Homicide Deaths – Cause – 2012**

Cause of Death	Total
Gunshot wound	95
Stab wound	21
Multiple injuries	18
Head and neck injuries	14
Asphyxia	2
Sepsis	2
Unnatural	2
Cerebrovascular	1
Epilepsy	1
Exposure	1
Pneumonia	1
Spontaneous hemorrhage	1
Thermal injuries	1

**Table 11 – Homicide Deaths – County of Pronouncement – 2003 – 2012**

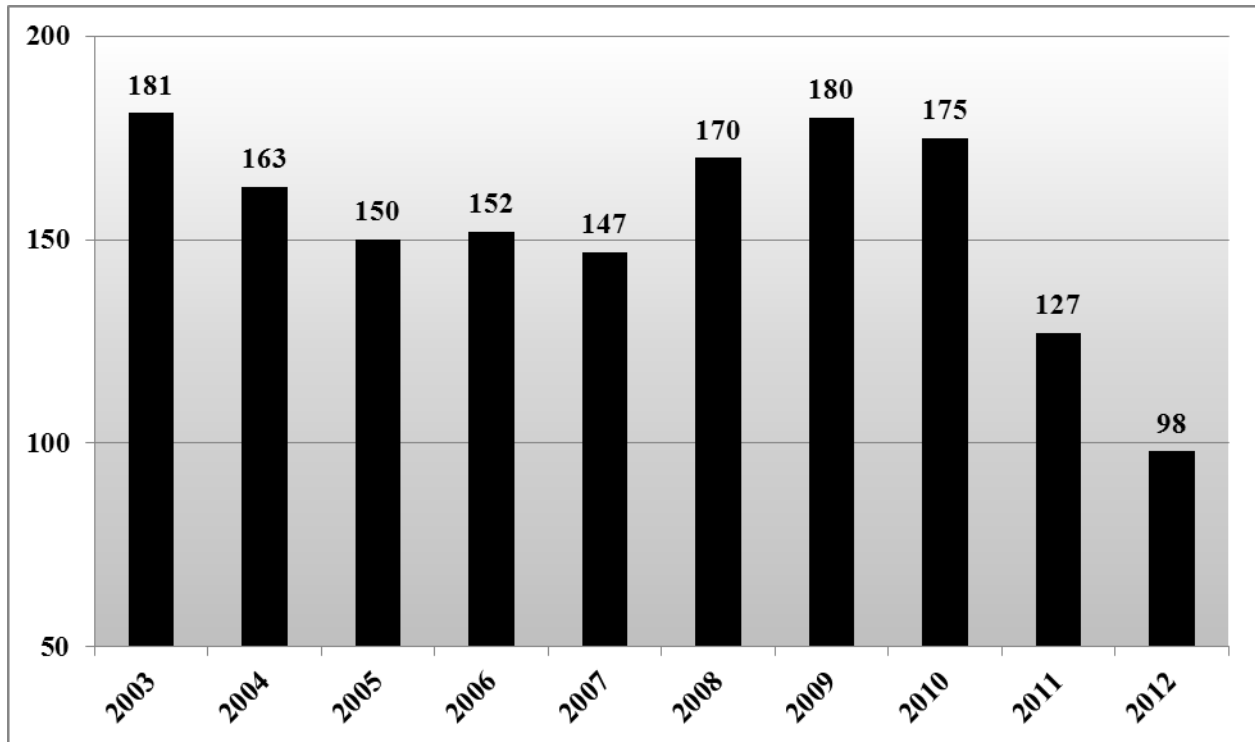
<b>County of Pronouncement</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Bernalillo</b>	72	74	73	62	70	61	81	74	50	56
<b>Catron</b>	1	0	0	0	0	0	0	0	0	0
<b>Chaves</b>	6	9	14	5	9	8	10	6	6	10
<b>Cibola</b>	3	1	1	2	1	0	3	5	3	4
<b>Colfax</b>	3	0	0	2	2	0	1	1	0	1
<b>Curry</b>	5	11	3	3	2	3	4	2	3	3
<b>De Baca</b>	0	1	1	0	0	0	0	0	0	0
<b>Dona Ana</b>	5	6	7	6	10	9	9	13	6	7
<b>Eddy</b>	4	4	3	0	3	2	6	3	3	7
<b>Grant</b>	3	1	1	2	3	2	1	1	4	1
<b>Guadalupe</b>	2	0	0	0	2	0	0	2	0	0
<b>Harding</b>	0	1	0	0	0	0	0	0	0	0
<b>Hidalgo</b>	0	1	0	0	0	0	0	0	1	0
<b>Lea</b>	7	5	6	6	6	4	8	10	10	4
<b>Lincoln</b>	0	6	1	1	1	1	1	0	3	1
<b>Los Alamos</b>	0	1	0	0	0	1	0	0	0	0
<b>Luna</b>	3	2	1	2	4	4	2	1	1	0
<b>McKinley</b>	7	6	5	6	8	7	10	8	9	11
<b>Mora</b>	0	0	0	0	0	0	2	0	0	0
<b>Otero</b>	4	8	0	3	3	4	5	4	3	0
<b>Quay</b>	0	1	0	0	4	1	0	1	4	3
<b>Rio Arriba</b>	8	7	8	2	5	0	4	8	8	9
<b>Roosevelt</b>	0	2	3	0	1	5	1	1	1	0
<b>San Juan</b>	9	7	13	15	20	0	10	11	11	11
<b>San Miguel</b>	7	2	3	1	6	11	5	2	4	0
<b>Sandoval</b>	5	7	4	4	3	2	11	3	5	3
<b>Santa Fe</b>	5	7	4	9	5	7	8	12	12	11
<b>Sierra</b>	0	1	2	1	1	10	0	1	0	1
<b>Socorro</b>	2	1	1	1	1	0	2	0	0	1
<b>Taos</b>	7	5	2	3	2	2	1	6	2	2
<b>Torrance</b>	1	0	2	1	2	1	0	2	0	0
<b>Union</b>	1	1	0	0	0	2	0	0	0	0
<b>Valencia</b>	5	7	6	4	4	0	4	1	6	4
<b>Out of State/Unknown</b>	12	11	15	15	13	9	18	20	12	10
<b>Totals</b>	<b>187</b>	<b>196</b>	<b>179</b>	<b>156</b>	<b>191</b>	<b>156</b>	<b>207</b>	<b>198</b>	<b>167</b>	<b>160</b>

## **Homicide Deaths – Summary**

Homicides decreased by 4.19% from 2011 to 2012. Homicide victims were most frequently male (81.3%) and Hispanic (45%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 8.0 per 100,000 in 2011 compared to a national rate of 6.1 per 100,000 (2011 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

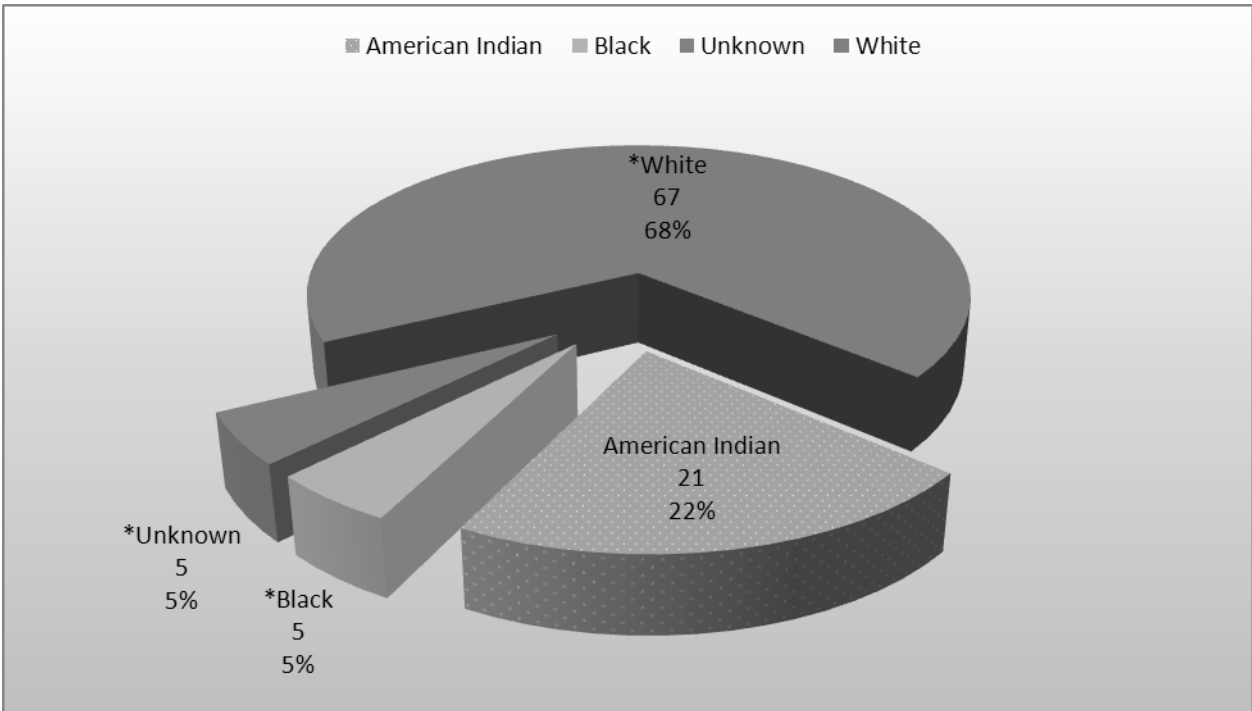
**Overview – Manner of Death – Undetermined Deaths**

**Figure 23 – Undetermined Deaths – 2003 – 2012**



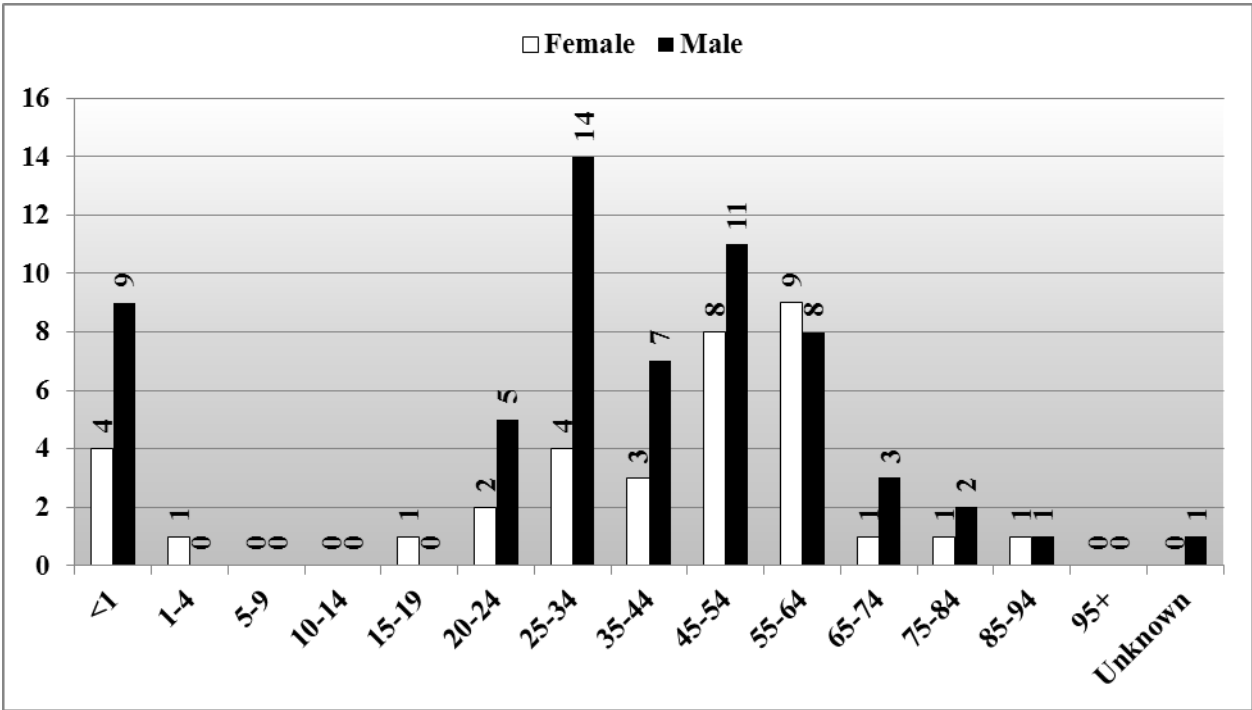


**Figure 24 – Undetermined Deaths by Race/Ethnicity – 2012**



\*White includes 27 Hispanic, \*Black includes 1 Hispanic, \*Unknown includes 1 Hispanic

**Figure 25 – Undetermined Deaths by Age and Gender – 2012**



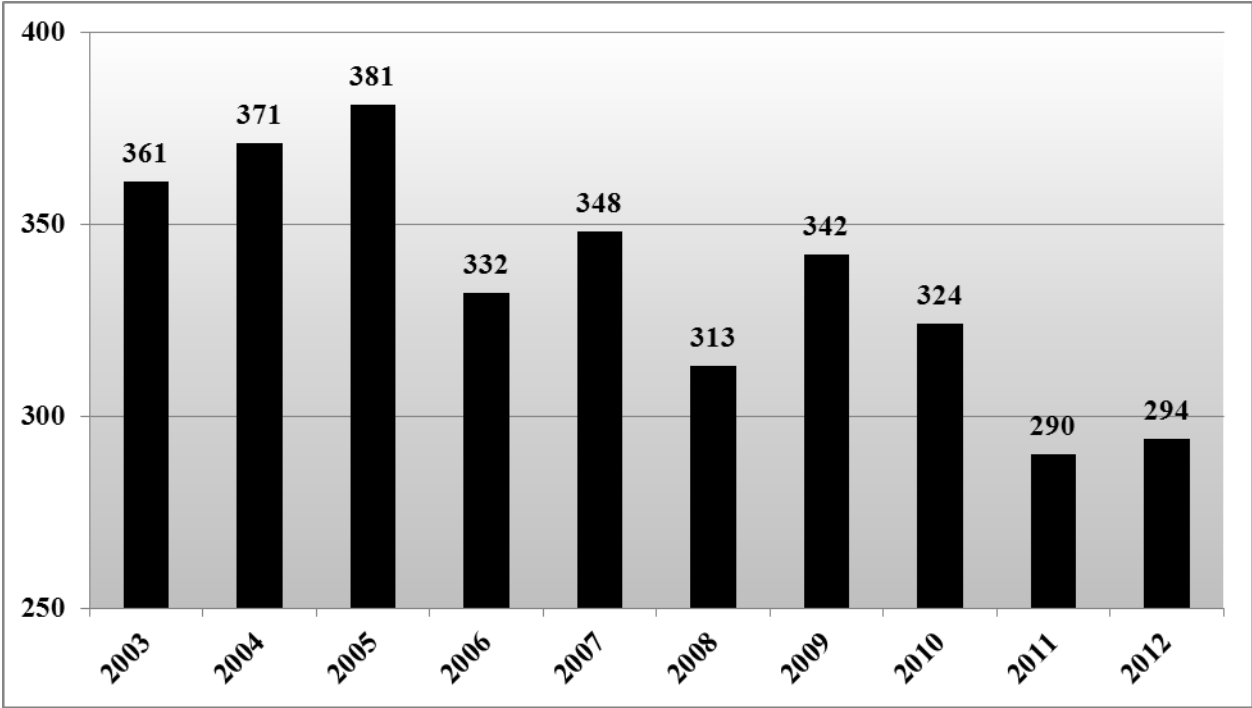
\*There were 2 decedents with unknown age and gender

## **Undetermined Deaths – Summary**

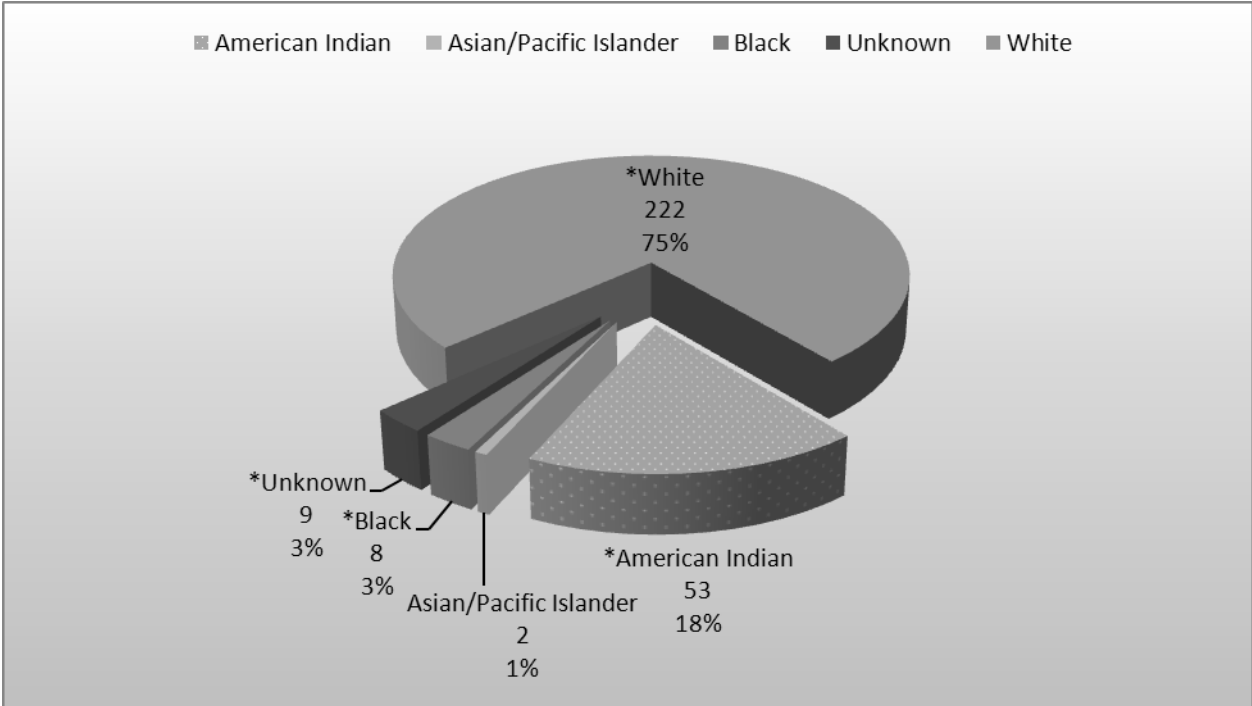
All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by OMI. In a very small percentage of cases (between 0.4% and 0.9% most years) neither the manner nor cause of death can be determined, even with a complete autopsy, scene investigation, and laboratory testing. In other cases only skeletal or mummified remains were found, or a request for an autopsy was withdrawn.

**Deaths of Children (19 years of age and younger)**

**Figure 26 – Children – Deaths – 2003 - 2012**



**Figure 27 – Children – Deaths by Race/Ethnicity – 2012**

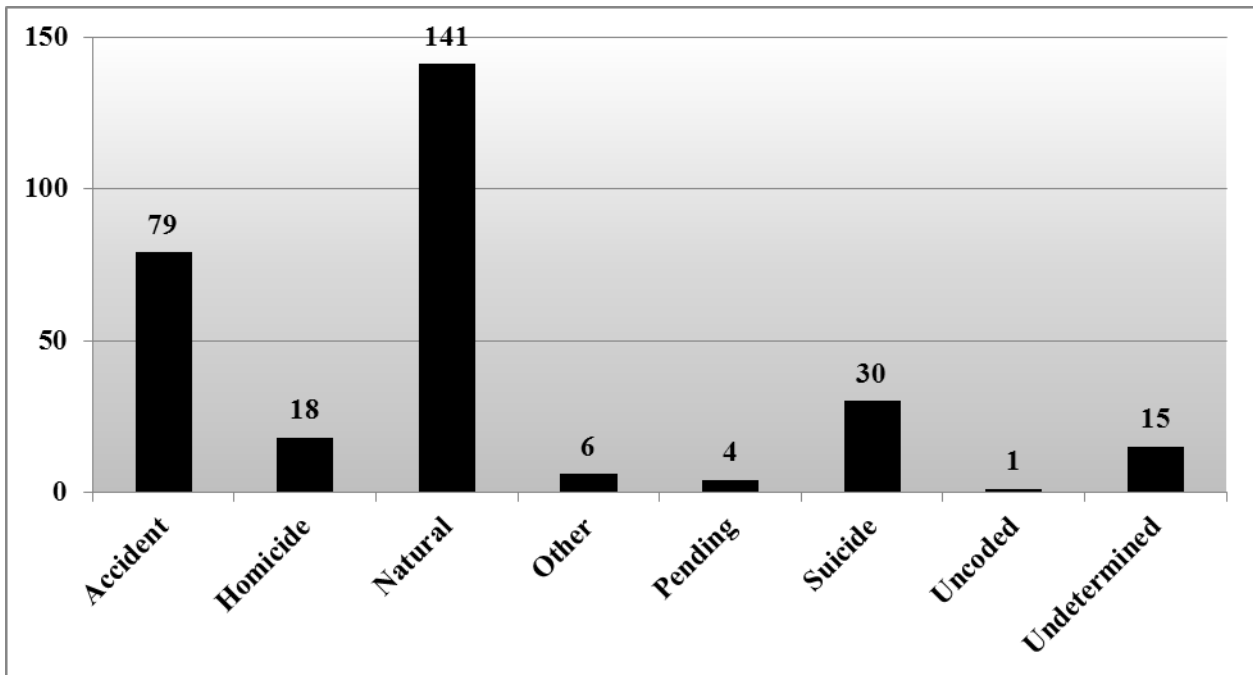


\*White includes 131 Hispanic, \*American Indian includes 2 Hispanic, \*Black includes 1 Hispanic, \*Unknown includes 2 Hispanic

Figure 28 – Children – Deaths by Age and Gender – 2012



Figure 29 – Children – Total Cases – Manner of Death – 2012



## Overview – Children – Manner of Death – Natural Deaths

Figure 30 – Children – Natural Deaths – 2003 – 2012

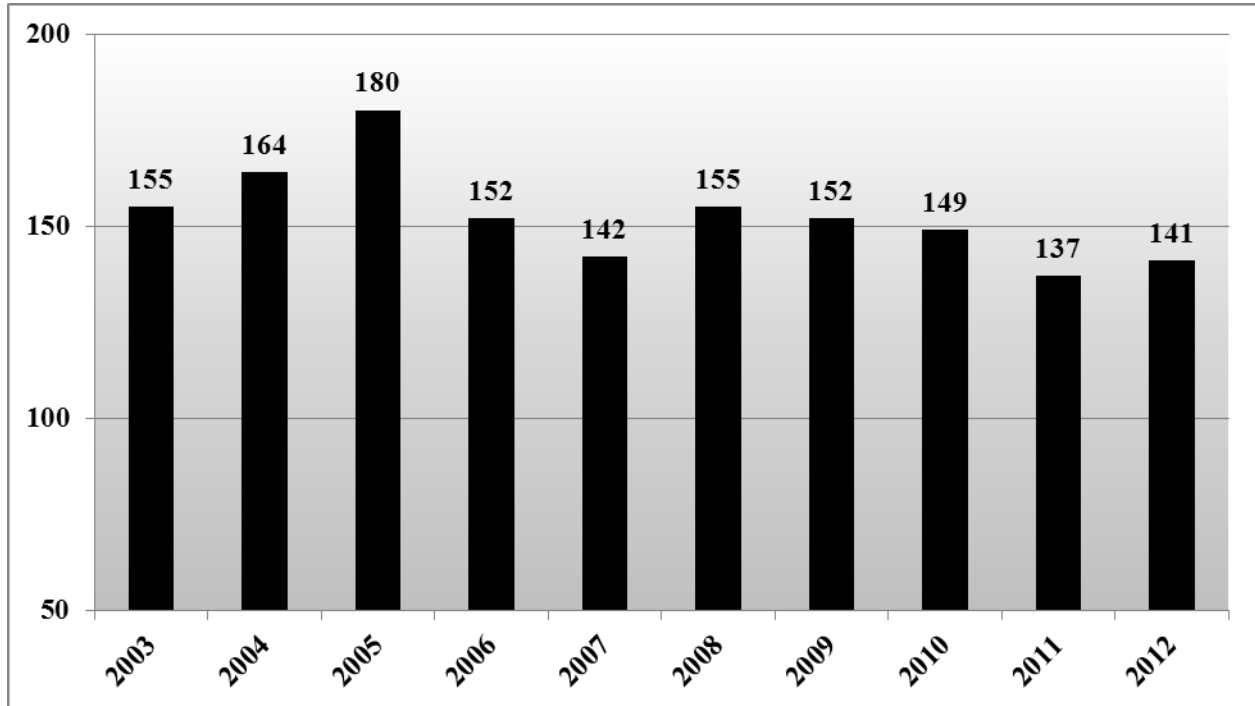
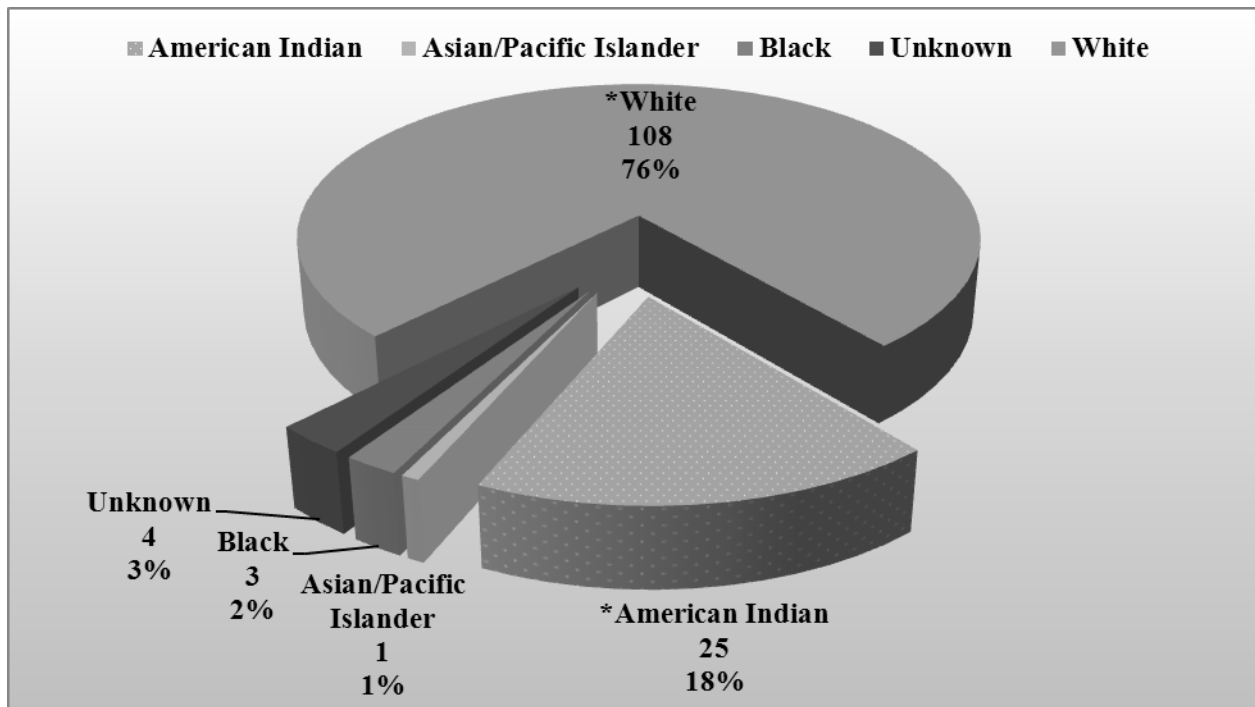
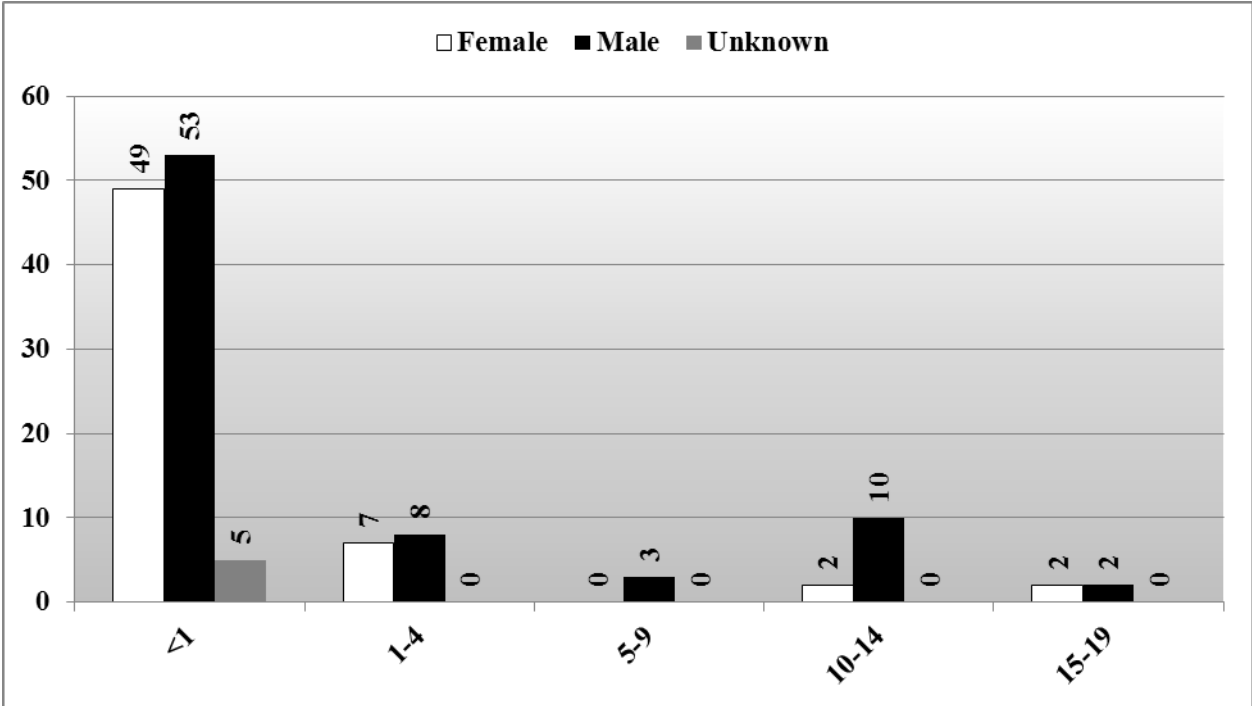


Figure 31 – Children – Natural Deaths by Race/Ethnicity – 2012



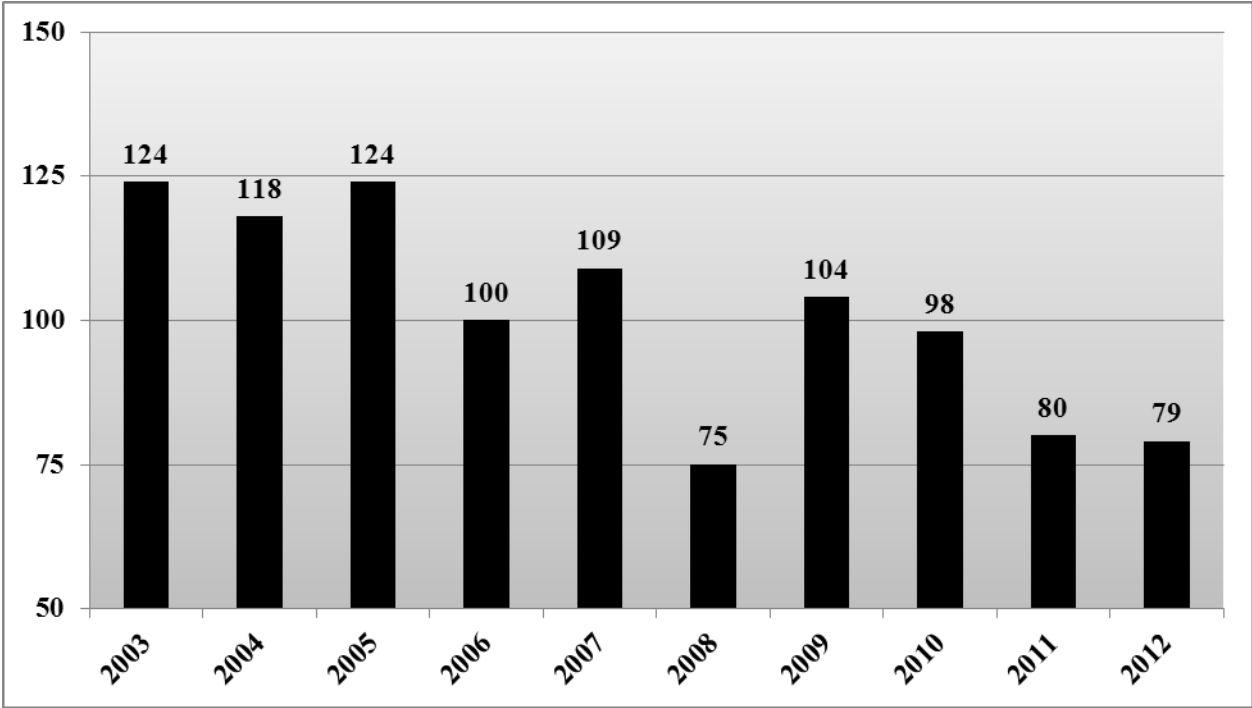
\*White includes 62 Hispanic, \*American Indian includes 1 Hispanic

Figure 32 – Children – Natural Deaths by Age and Gender – 2012

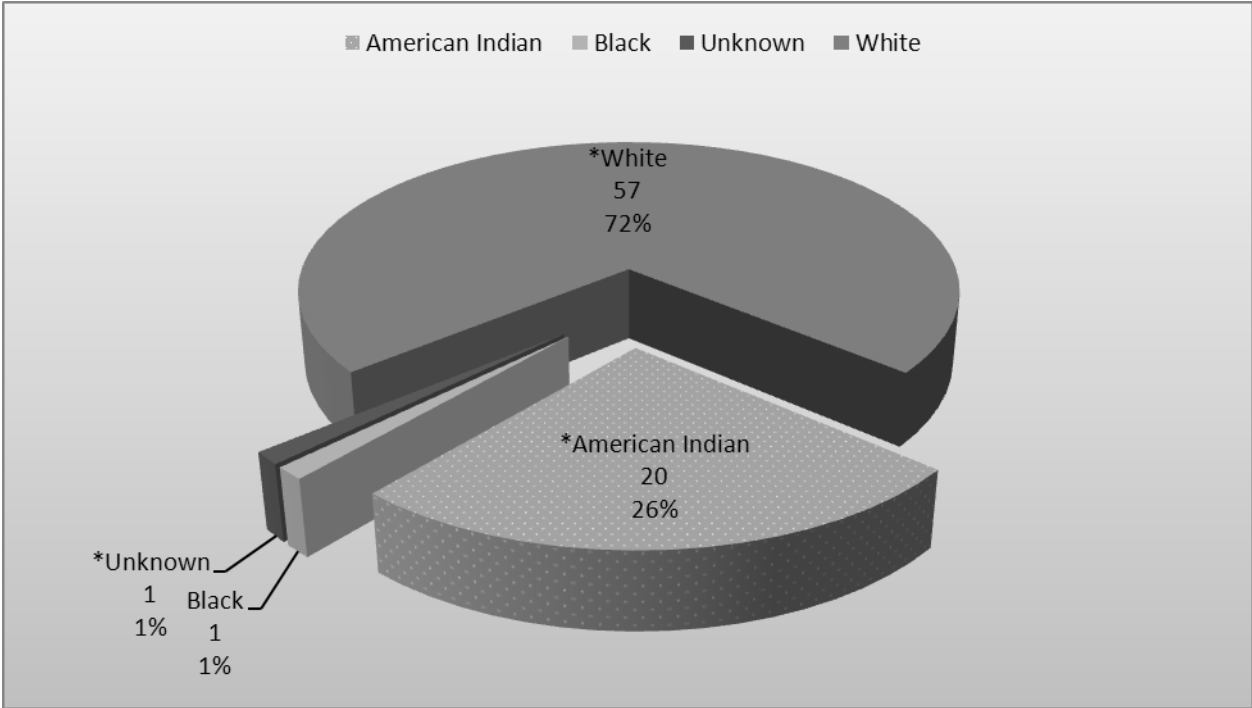


**Overview – Children – Manner of Death – Accidental Deaths**

**Figure 33 – Children – Accidental Deaths – 2003 – 2012**

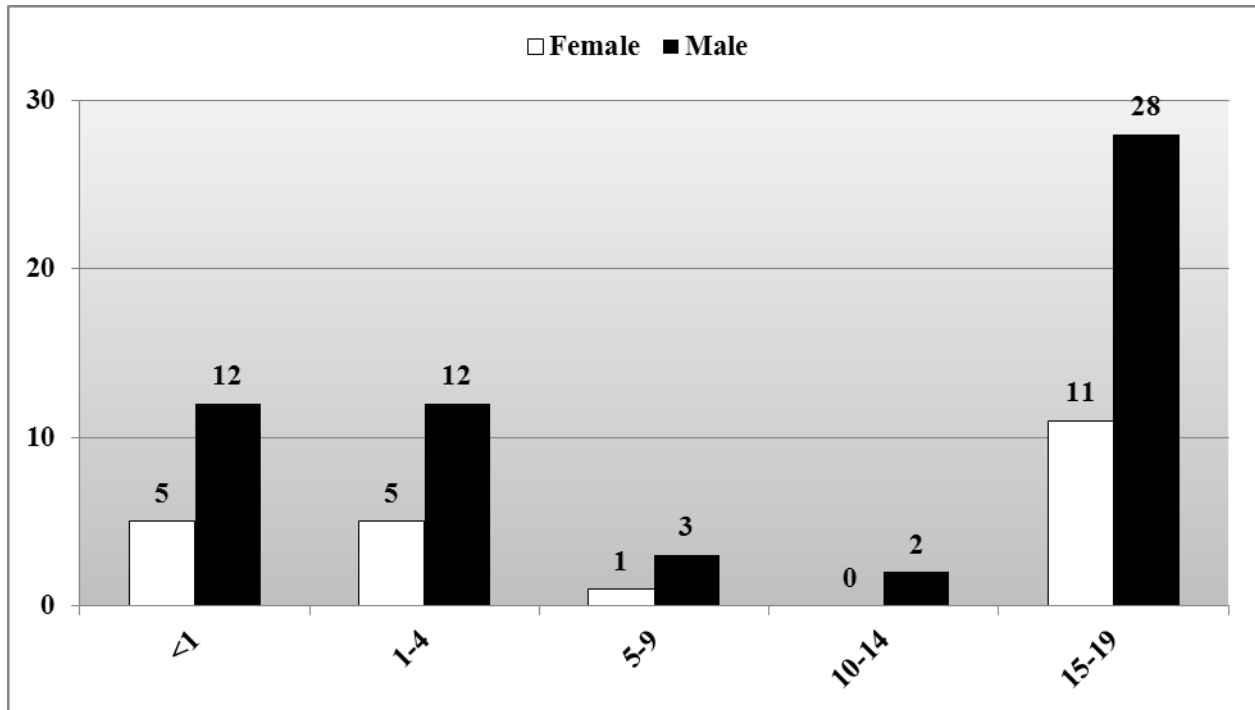


**Figure 34 – Children – Accidental Deaths by Race/Ethnicity – 2012**



\*White includes 30 Hispanic, \*American Indian includes 1 Hispanic, \*Unknown includes 1 Hispanic

**Figure 35 – Children – Accidental Deaths by Age and Gender – 2012**



**Table 12 – Children – Accidental Deaths – Cause – 2012**

Cause of death	Cases
Blunt force injuries	44
Asphyxia	10
Drowning	5
Drug intoxication	5
Suffocation	5
Other	3
Acute alcohol intoxication	2
Dog bites	2
Hyperthermia	1



## Overview – Children – Manner of Death – Suicide Deaths

Figure 36 – Children – Suicide Deaths – 2003 – 2012

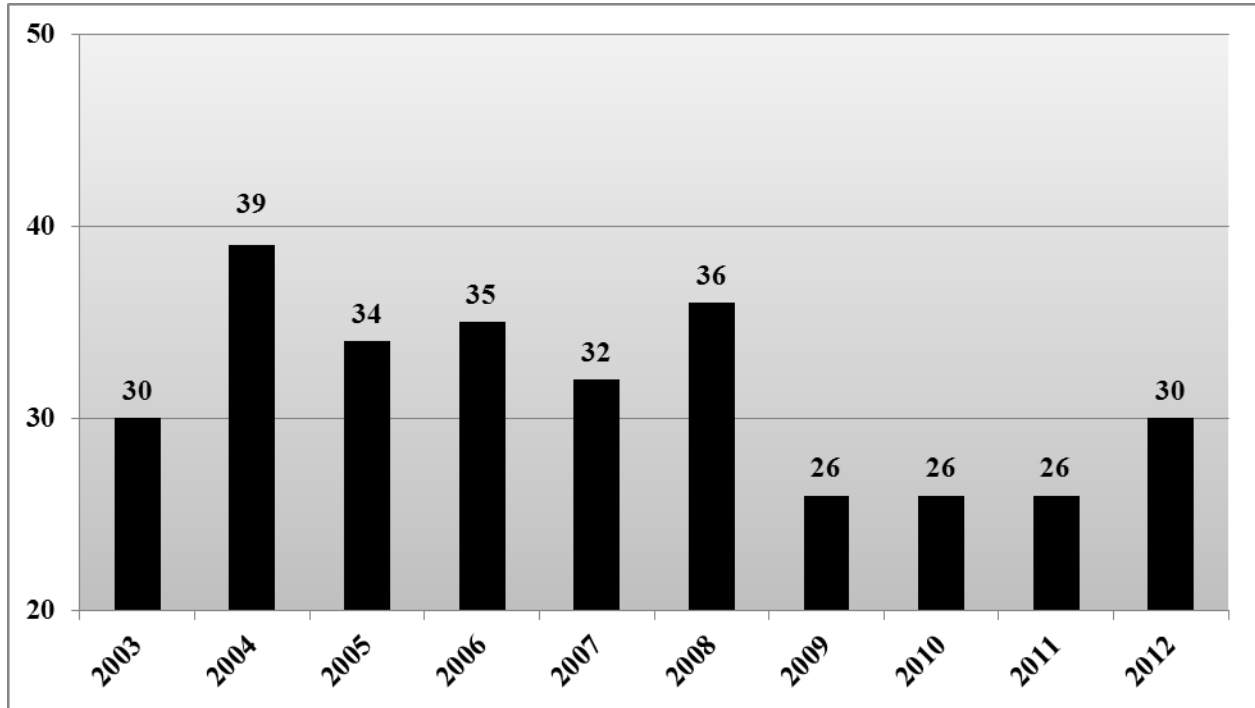
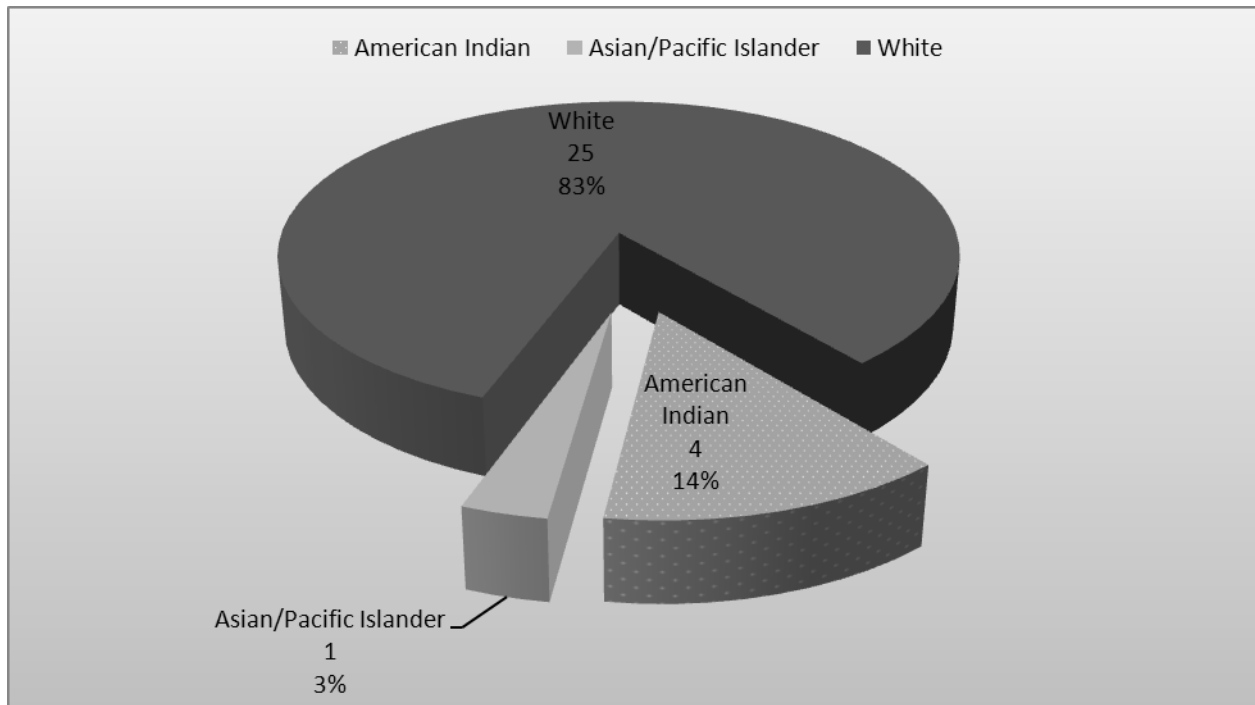


Figure 37 – Children – Suicide Deaths by Race/Ethnicity – 2012



\*White includes 14 Hispanic

Figure 38 – Children – Suicide Deaths by Age and Gender – 2012

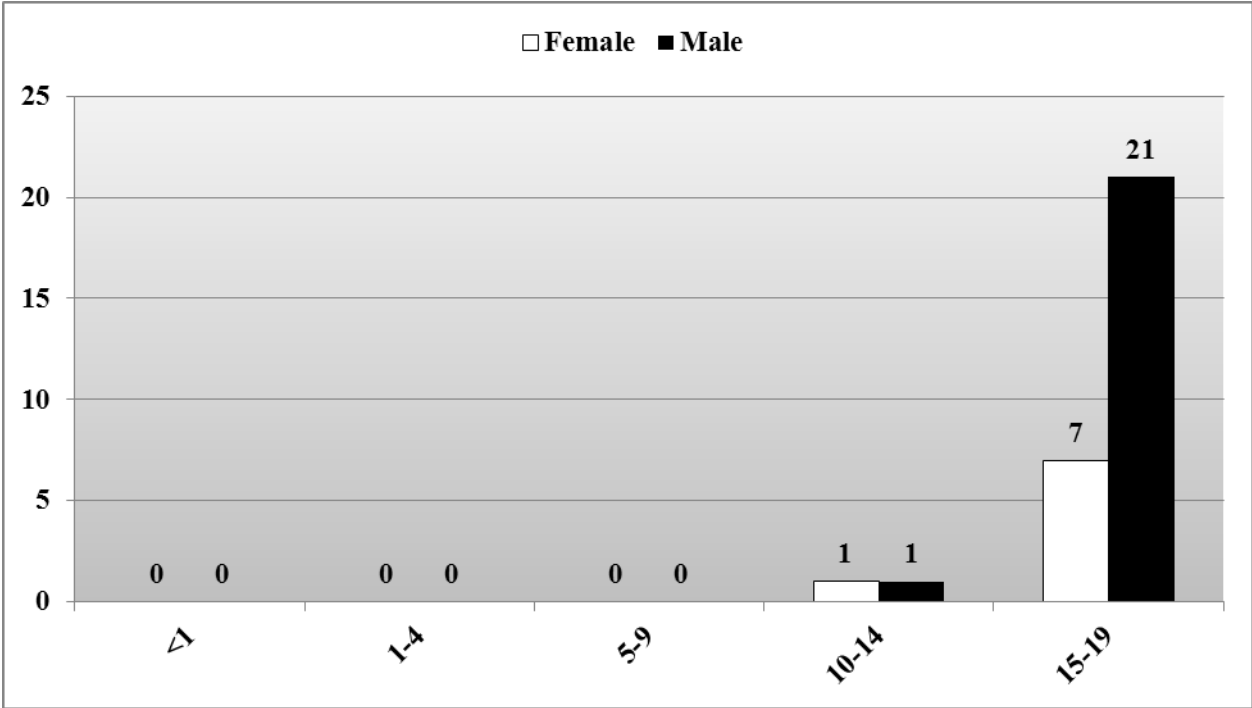
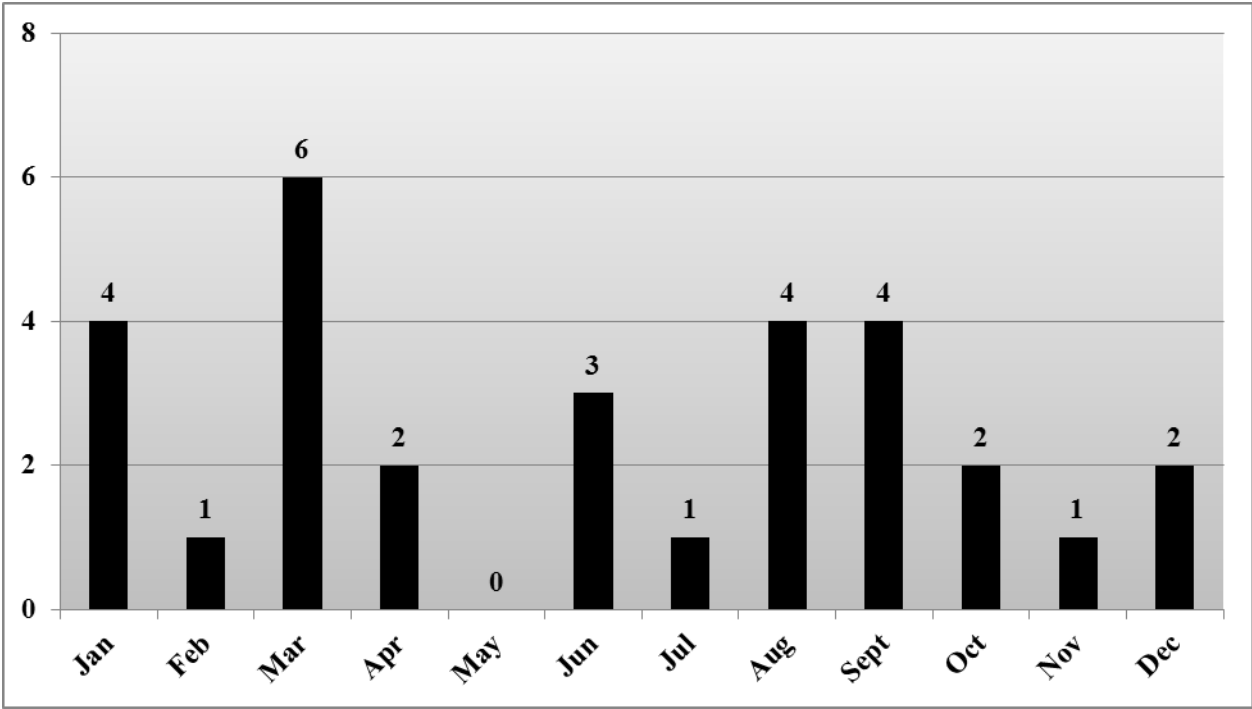
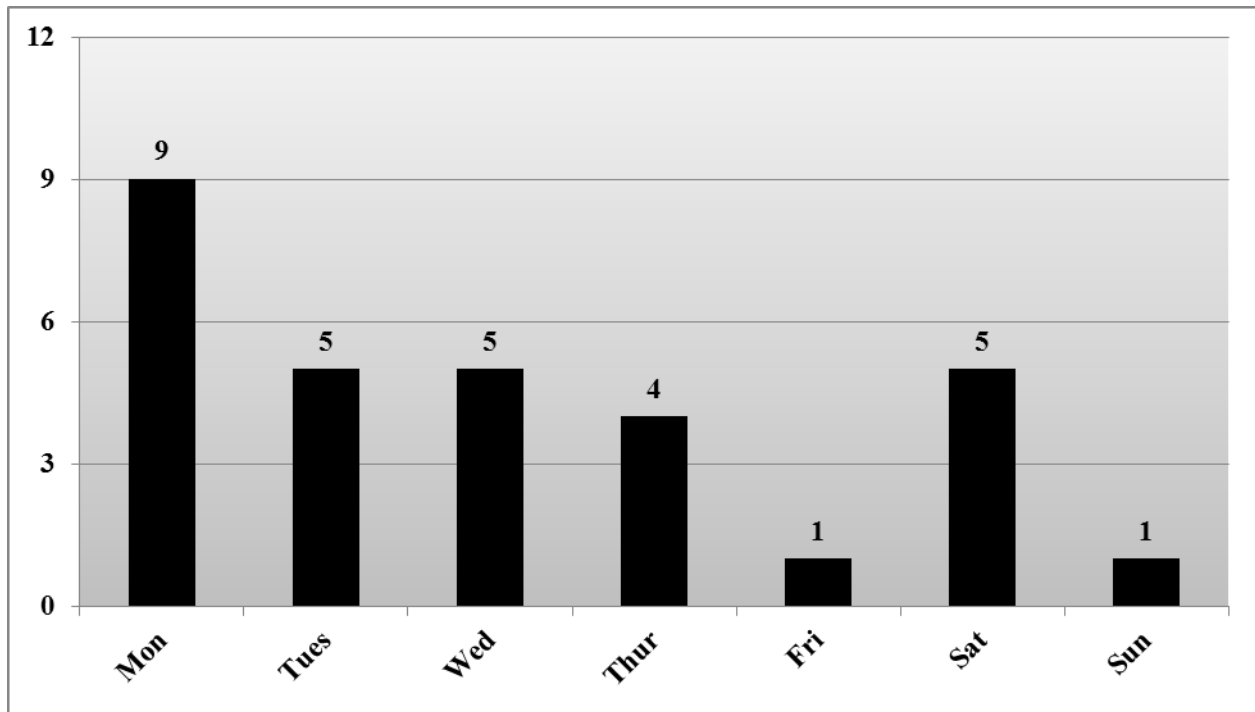


Figure 39 – Children – Suicide Deaths by Month – 2012



**Figure 40 – Children – Suicide Deaths by Day of the Week – 2012**



**Table 13 – Children Suicide Deaths – Cause – 2012**

<u>Cause of death</u>	<u>Total Cases</u>
Hanging	18
Gunshot wound	12

### **Suicide in Children – Summary**

The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger. There were 30 suicides in children in 2012. Suicide deaths were more common among young males (73.3%) than females (26.7%). Hanging was the most common method of suicide in children. More suicides were committed by youth during March when compared with other months, and Monday was the most common day for youth suicides.

## Overview – Children – Manner of Death – Homicide Deaths

Figure 41 – Children – Homicide Deaths – 2003 – 2012

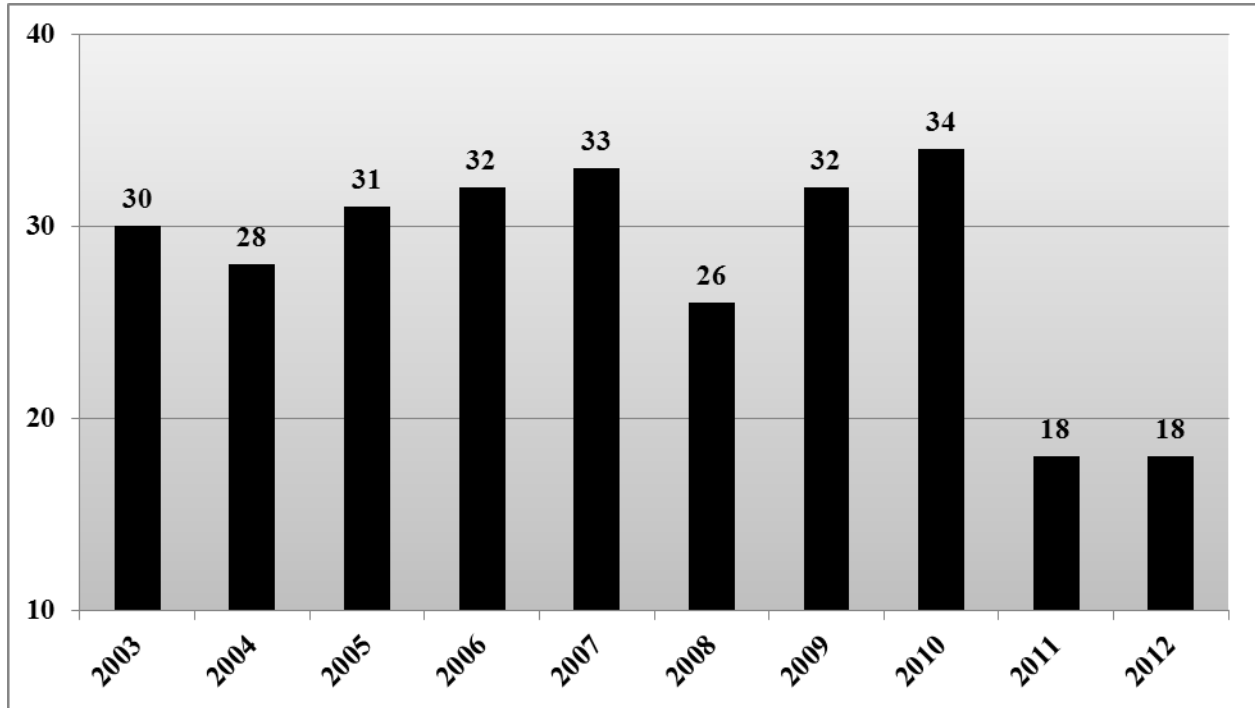
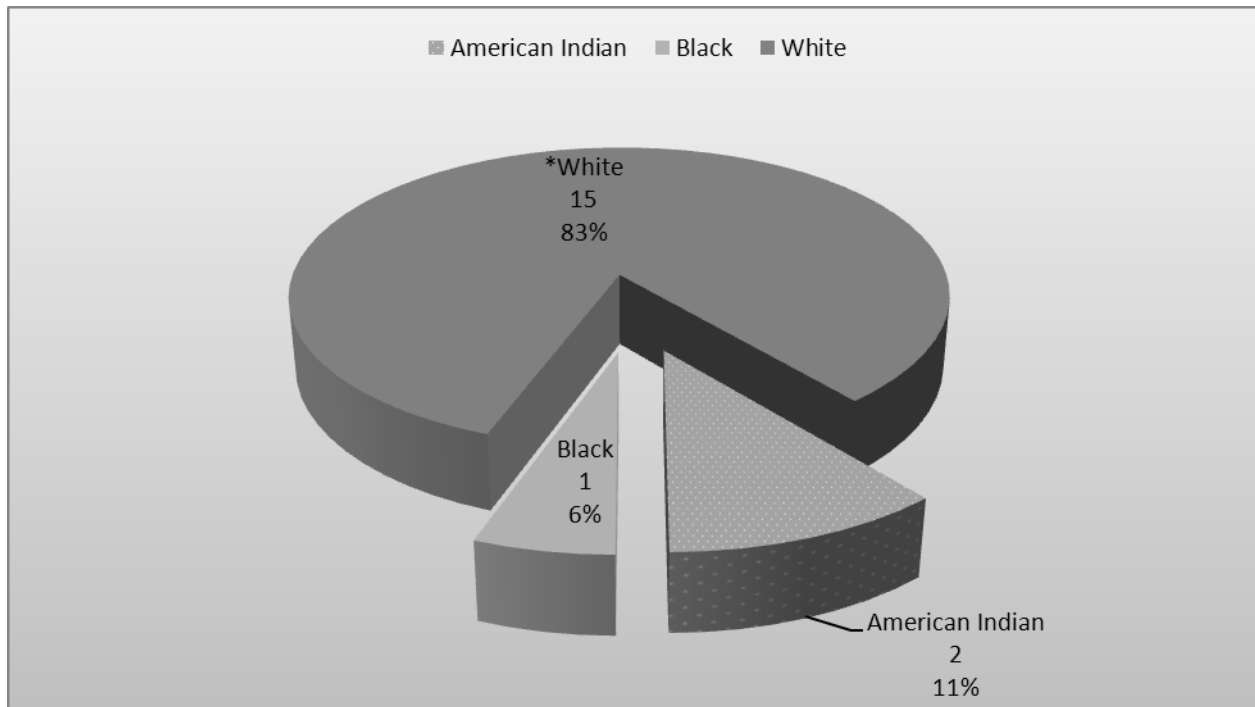
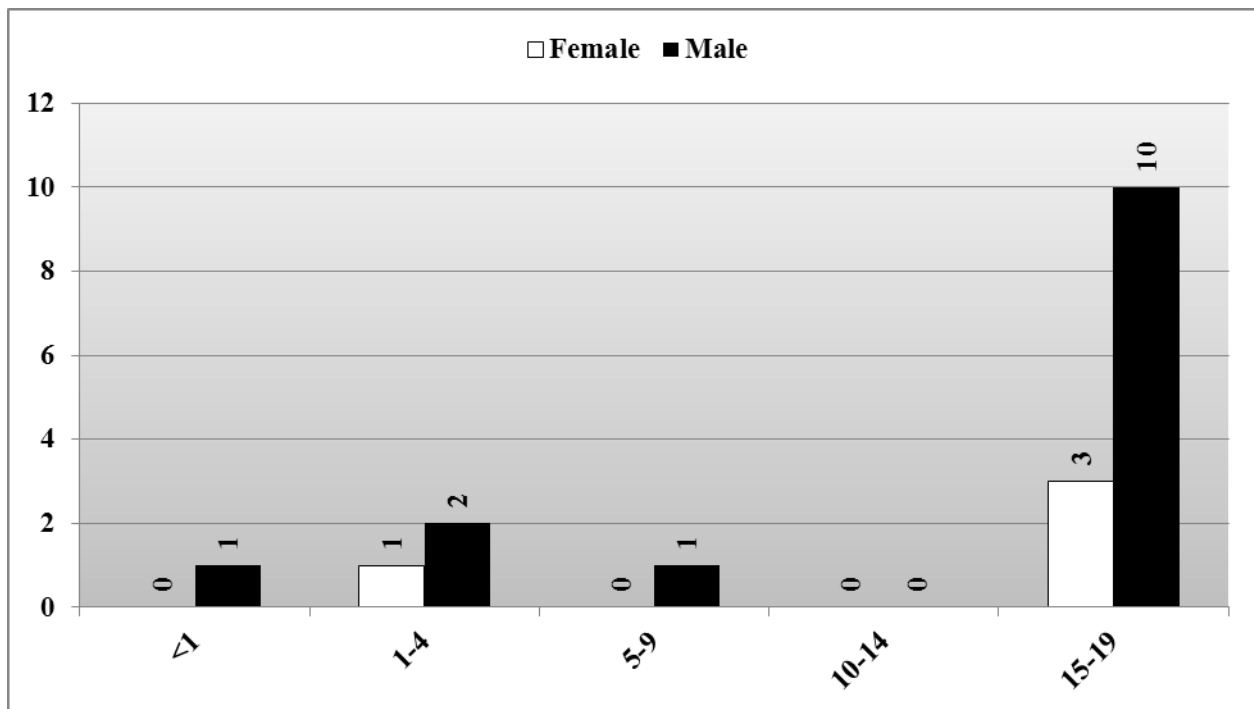


Figure 42 – Children – Homicide Deaths by Race/Ethnicity – 2012



\*White includes 11 Hispanic

**Figure 43 – Children – Homicide Deaths by Age and Gender – 2012**



**Table 14 – Children – Homicide Deaths – Cause – 2012**

<u>Cause of death</u>	<u>Total Cases</u>
Gunshot wounds	10
Blunt force injuries	6
Stab wounds	2

### **Homicide Deaths of Children – Summary**

As with the suicides, the total number of childhood homicides, both for this year’s cases and in the 10-year summaries, includes anyone aged 19 years or younger. The total number of childhood homicides remained the same from 2011 to 2012. Homicide deaths among children tended to be male (77.8%), Hispanic (61.1%) and killed by a firearm (55.6%). The majority of childhood homicide victims (72.2%) were between the ages of 15 and 19.

## **Overview – Children – Manner of Death – Undetermined Deaths**

During 2012, 15 people 19 years old or younger were classified as undetermined manner of death.

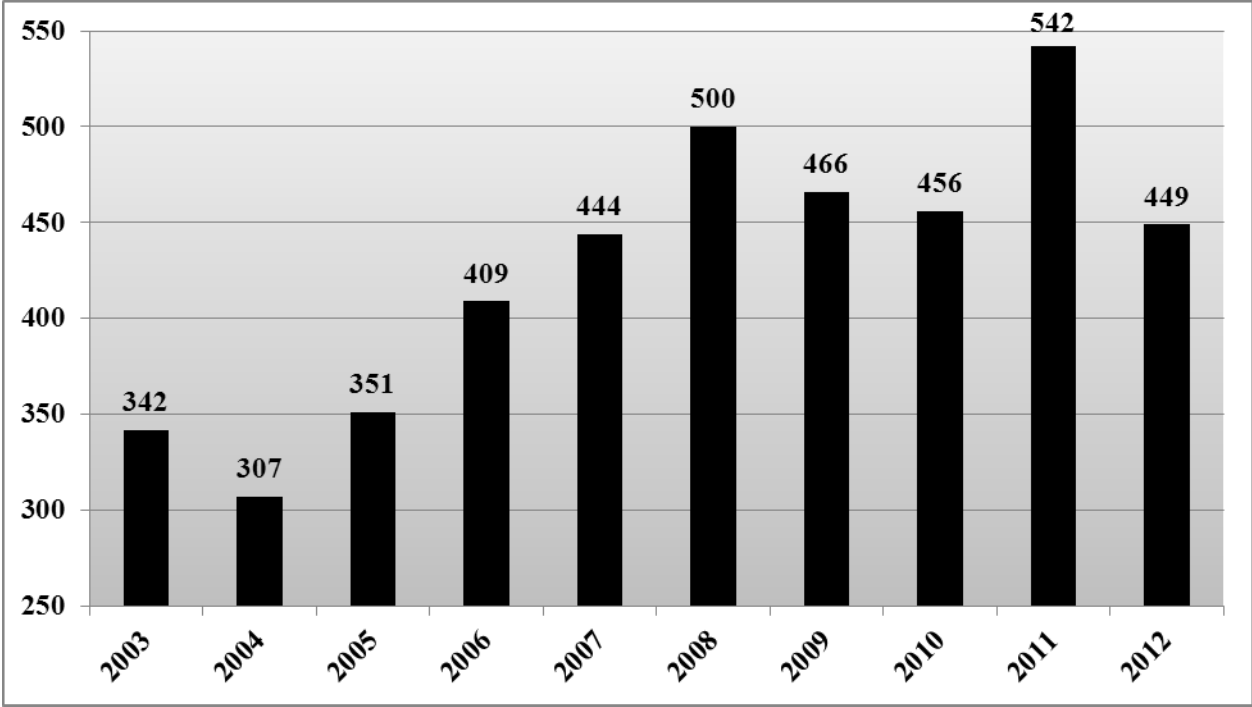
### **Deaths of Children in New Mexico – Summary**

The 294 deaths of people aged 19 and younger represented 5.54% of all deaths investigated by the OMI in 2012. Male decedents comprised 61.9% of the total deaths in children. The most common manner of death among children was natural, contributing 47.96% of the total. Firearms played a role in 12 suicides (40% of total child suicides) and 10 homicides (55.6% of child homicides), 45.8% of all unnatural deaths in children.

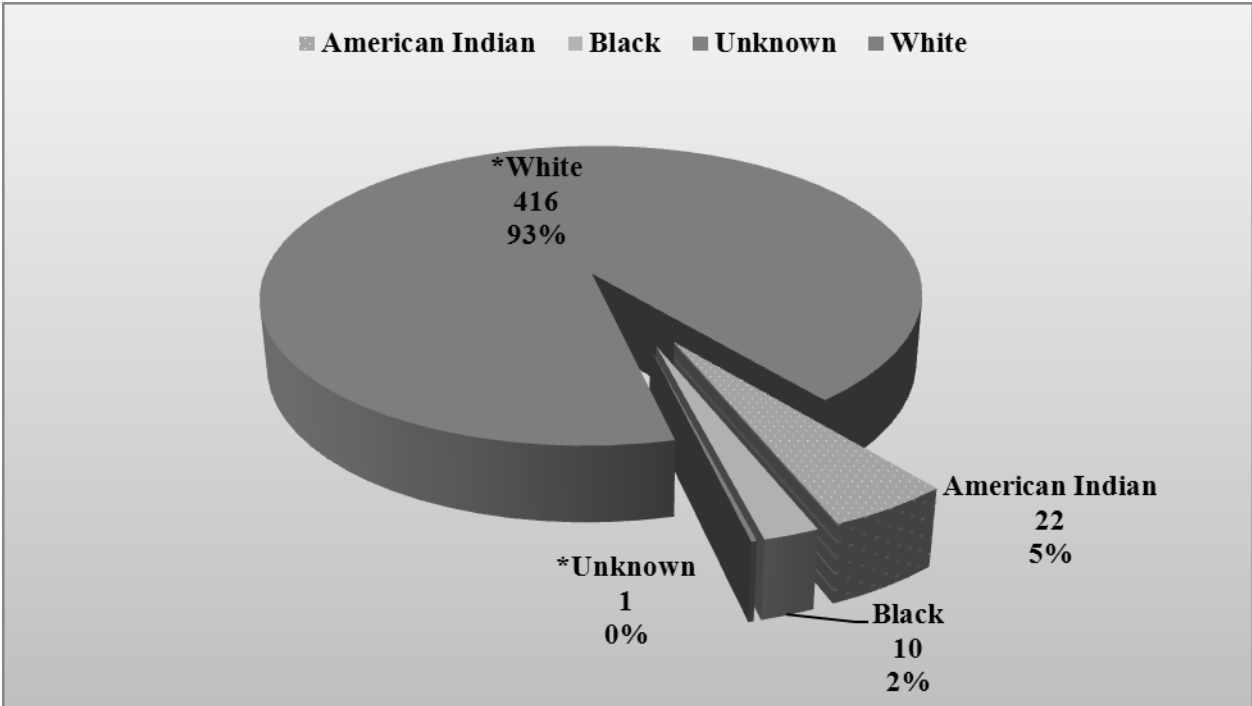
An excellent resource for additional information about the deaths of children in New Mexico, their circumstances, risk factors, and opportunities for prevention is the Annual Report of the New Mexico Child Fatality Review (NMCFR), published by the New Mexico Department of Health Public Health Division, Maternal and Child Health Epidemiology Program. NMCFR consists of volunteers from many state and local agencies organized into six panels: Homicide, Suicide, Transportation, Sudden Unexplained Infant Death Syndrome (SUID), Unintentional Injury, and Child Abuse and Neglect. The experts on these panels review the circumstances of childhood deaths in order to identify risk factors and develop prevention strategies, and their findings are presented in their annual report

**Drug Caused Deaths**

**Figure 44 – Drug Caused Deaths – 2003 – 2012**

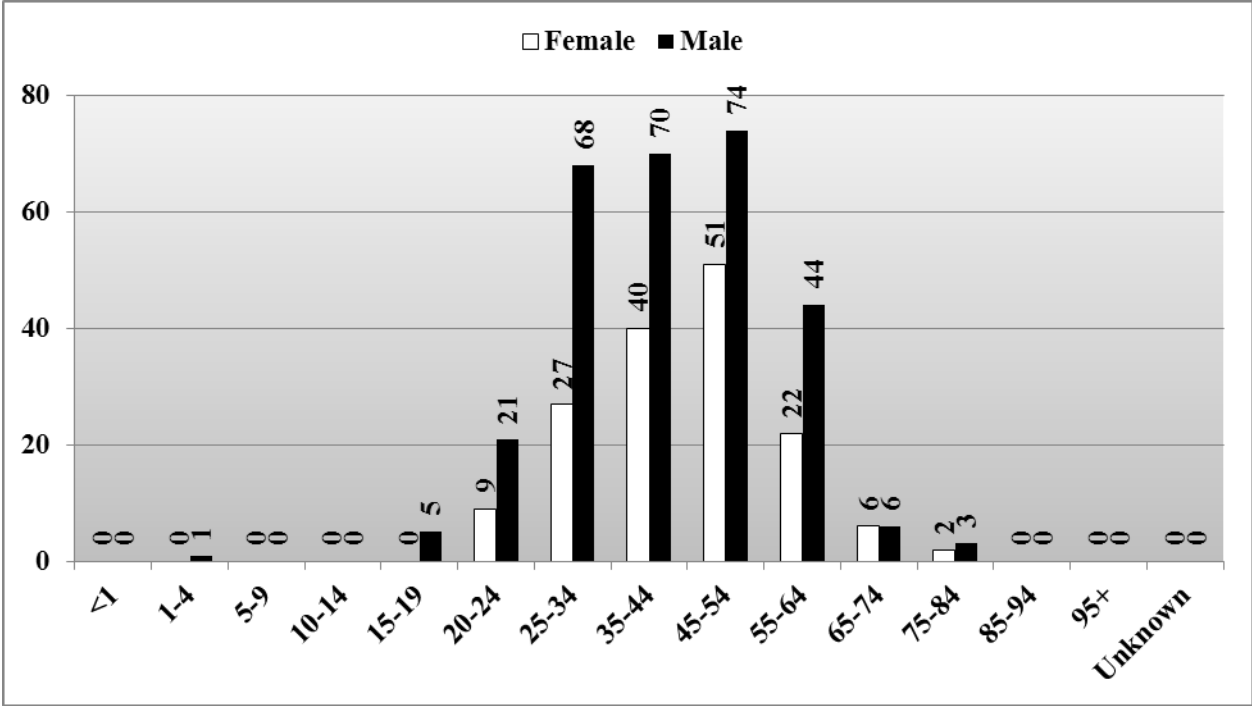


**Figure 45 – Drug Caused Deaths by Race/Ethnicity – 2012**



\*White includes 197 Hispanic, \*Unknown includes 1 Hispanic

**Figure 46 – Drug Caused Deaths by Age and Gender – 2012**





**Table 15 – Drug Caused Deaths – County of Pronouncement – 2012**

<b>County of Pronouncement</b>	<b>Total</b>
Bernalillo	191
Catron	1
Chaves	10
Cibola	1
Colfax	0
Curry	3
De Baca	0
Dona Ana	38
Eddy	9
Grant	4
Guadalupe	0
Harding	0
Hidalgo	0
Lea	3
Lincoln	6
Los Alamos	1
Luna	3
McKinley	5
Mora	2
Otero	11
Quay	3
Rio Arriba	23
Roosevelt	7
San Juan	22
San Miguel	11
Sandoval	21
Santa Fe	42
Sierra	5
Socorro	4
Taos	10
Torrance	3
Union	0
Valencia	9
Out of State/Unknown	1
<b>Totals</b>	<b>449</b>

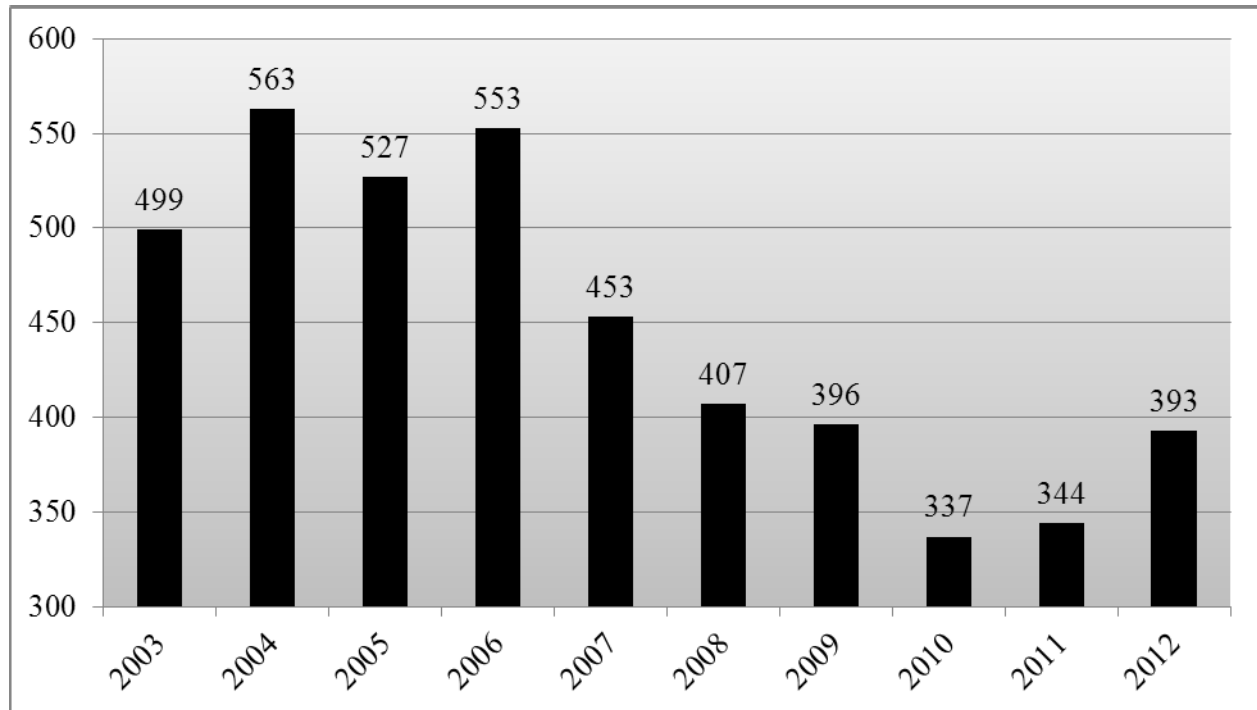
## **Drug Caused Deaths – Summary**

Drug overdose deaths continue to be a problem in New Mexico. A wide variety of drugs, both illegal and prescription, contributed to the 449 drug-caused deaths. Many decedents had more than one drug present at the time of death. The most drug-caused deaths being seen in males ages 45-54 years. The OMI designation of ‘drug-caused deaths’ includes both intentional (suicide, homicide) and unintentional (accidental) drug overdoses.

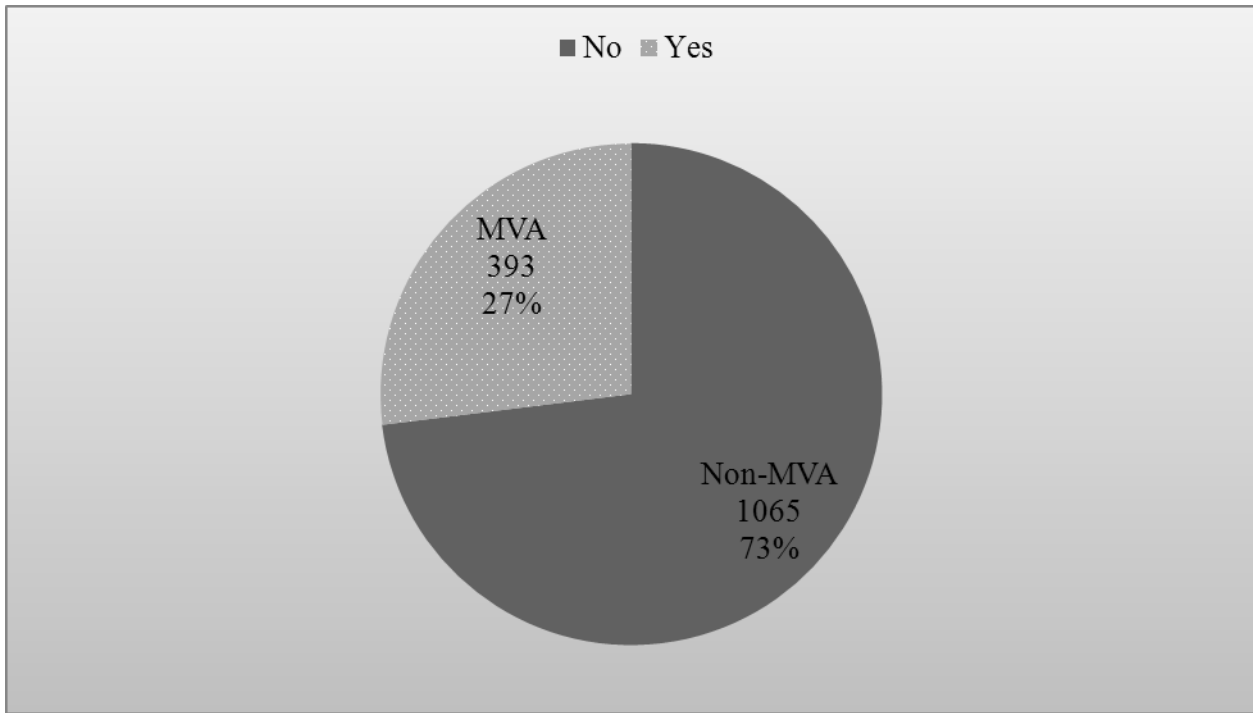
Additional information regarding unintentional drug overdose deaths in New Mexico is available annually in the newsletter *New Mexico Epidemiology*, published by the New Mexico Department of Health. An issue containing detailed information on unintentional drug overdose deaths will be available from NMDOH this fall.

## Motor Vehicle-Associated Deaths

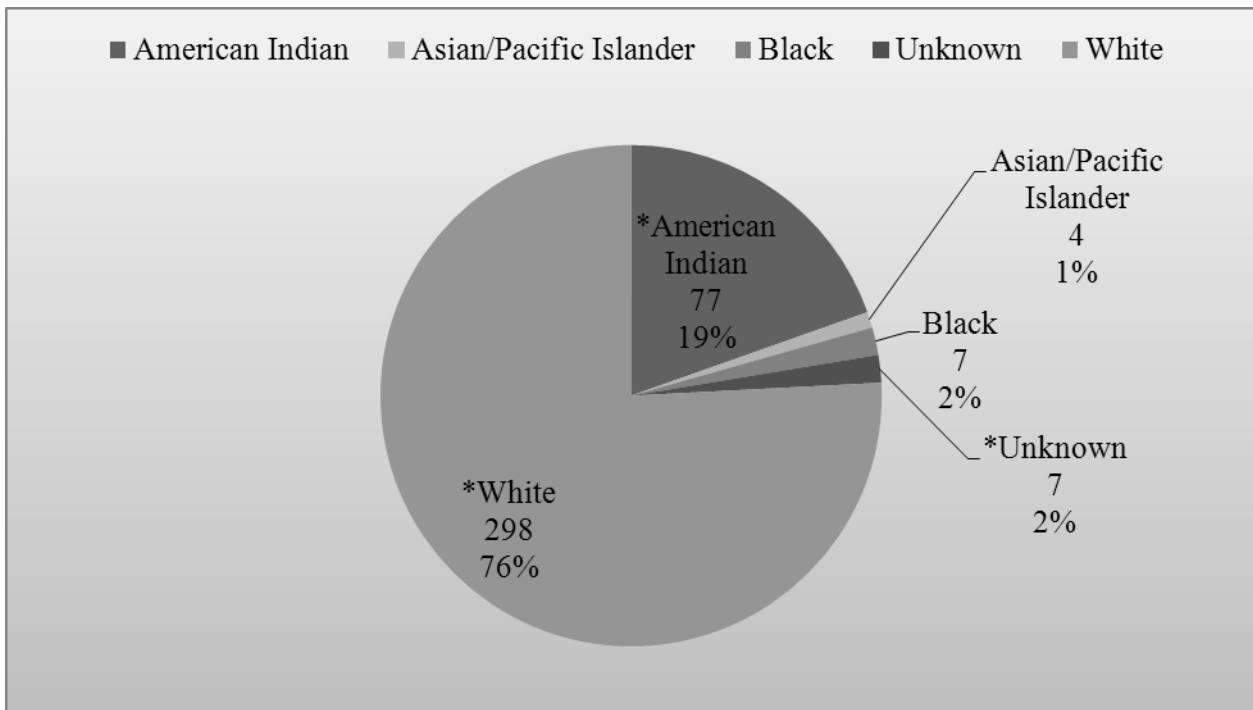
Figure 47 – Motor Vehicle-Associated Deaths – 2003 - 2012



**Figure 48 – Motor Vehicle Accidents vs. Non-Motor Vehicle Accidents - 2012**

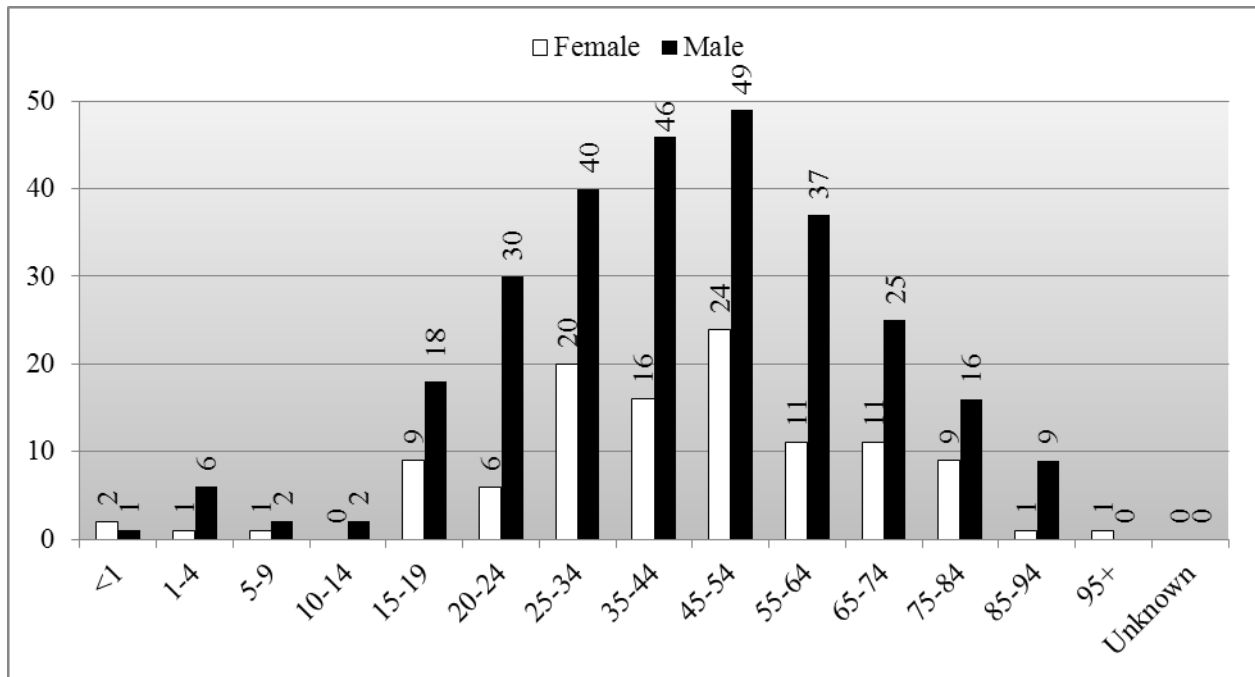


**Figure 49 – Motor Vehicle-Associated Deaths by Race/Ethnicity – 2012**

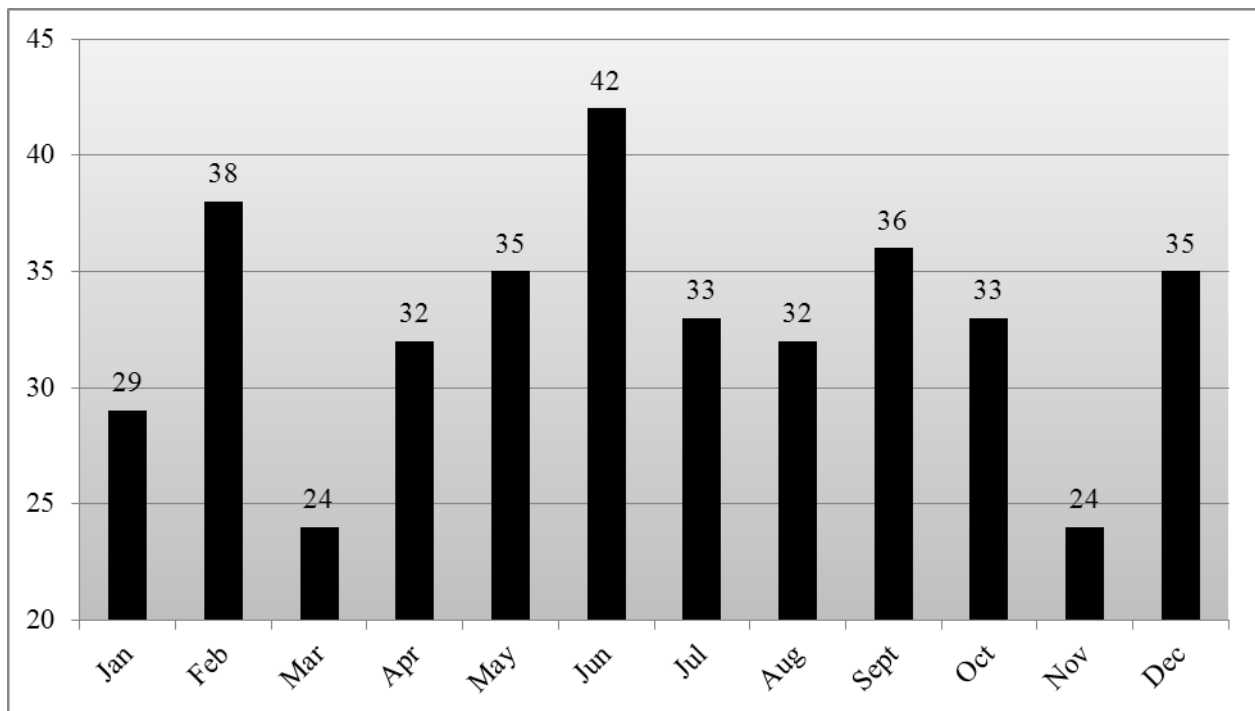


\*American Indian includes 1 Hispanic, \*Unknown includes 3 Hispanic, \*White includes 141 Hispanic

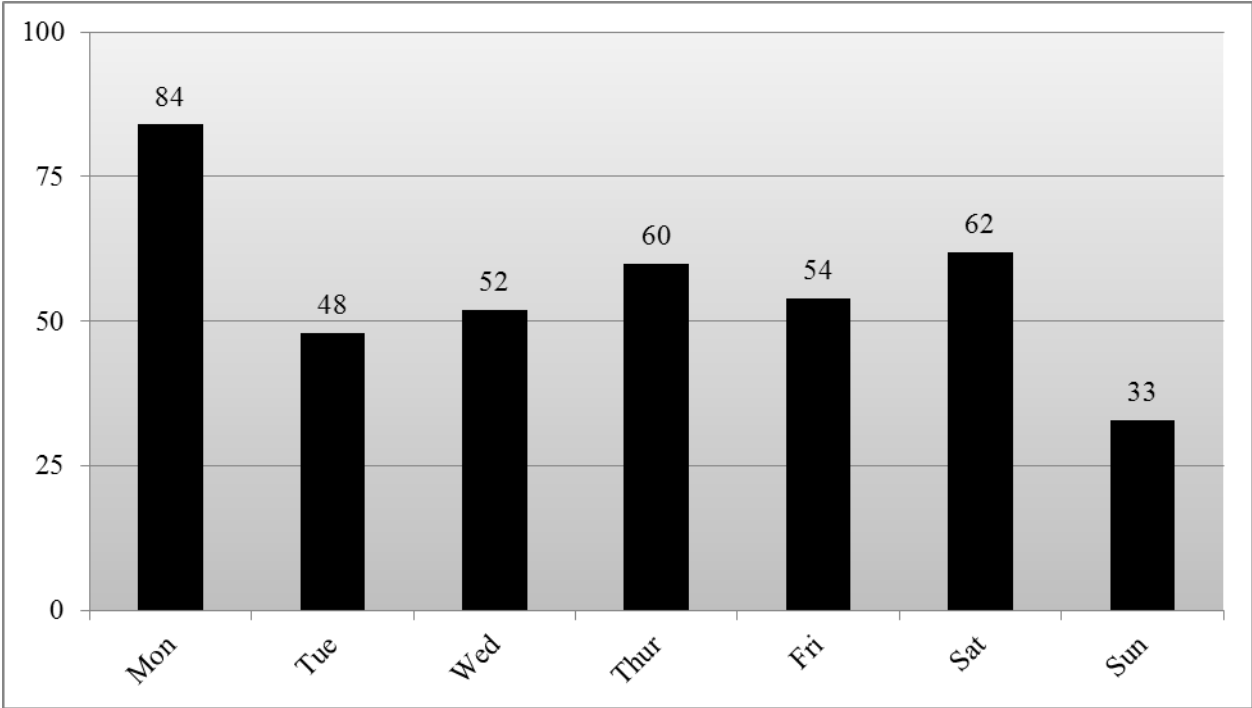
**Figure 50 – Motor Vehicle-Associated Deaths by Age and Gender – 2012**



**Figure 51 – Motor Vehicle-Associated Deaths by Month – 2012**



**Figure 52 – Motor Vehicle-Associated Deaths by Day of the Week – 2012**



**Table 16 – Motor Vehicle-Associated Deaths by County of Injury – 2012**

<b>County Of Injury</b>	<b>Total</b>
<b>Bernalillo</b>	81
<b>Catron</b>	2
<b>Chaves</b>	10
<b>Cibola</b>	7
<b>Colfax</b>	4
<b>Curry</b>	5
<b>De Baca</b>	2
<b>Dona Ana</b>	16
<b>Eddy</b>	13
<b>Grant</b>	5
<b>Guadalupe</b>	9
<b>Harding</b>	1
<b>Hidalgo</b>	3
<b>Lea</b>	17
<b>Lincoln</b>	2
<b>Los Alamos</b>	0
<b>Luna</b>	4
<b>McKinley</b>	29
<b>Mora</b>	5
<b>Otero</b>	14
<b>Quay</b>	7
<b>Rio Arriba</b>	18
<b>Roosevelt</b>	1
<b>San Juan</b>	29
<b>San Miguel</b>	11
<b>Sandoval</b>	16
<b>Santa Fe</b>	20
<b>Sierra</b>	5
<b>Socorro</b>	5
<b>Taos</b>	12
<b>Torrance</b>	11
<b>Union</b>	2
<b>Valencia</b>	10
<b>Out of State/Other</b>	17
<b>Totals</b>	393

**Table 17 – Motor Vehicle-Associated Deaths by County of Pronouncement – 2012**

<b>County of Pronouncement</b>	<b>Total</b>
Bernalillo	99
Catron	2
Chaves	9
Cibola	6
Colfax	2
Curry	7
De Baca	2
Dona Ana	17
Eddy	13
Grant	6
Guadalupe	6
Harding	1
Hidalgo	3
Lea	17
Lincoln	3
Los Alamos	1
Luna	4
McKinley	24
Mora	5
Otero	13
Quay	7
Rio Arriba	15
Roosevelt	1
San Juan	30
San Miguel	9
Sandoval	16
Santa Fe	27
Sierra	4
Socorro	4
Taos	7
Torrance	10
Union	2
Valencia	10
Out of State/Other	11
<b>Totals</b>	<b>393</b>



## **Motor Vehicle-Associated Deaths – Summary**

In 2012, OMI investigated 393 motor-vehicle associated deaths, a 14.2% increase from 2011, and 27% of all accidental deaths investigated by OMI in 2012. Included in this classification are deaths of drivers and passengers of cars, trucks and motorcycles, as well as deaths occurring when a motor vehicle struck a pedestrian or a bicyclist. American Indian decedents were over-represented, with 19% of motor-vehicle accidental deaths. Males ages 45-54 years had the highest number (12.5%) of motor vehicle-associated accidental deaths. June saw the highest number of motor vehicle deaths (10.7%), while March and November had the lowest numbers (6.1%). More motor vehicle deaths occurred on a Monday (21.4%) than any other day of the week.

## Glossary

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**Accident** – The *manner of death* used when, in other than *natural deaths*, there is no evidence of intent.

**Autopsy** – A detailed postmortem external and internal examination of a body to determine cause of death.

**Cause of Death** – The agent of effect that results in a physiological derangement or biochemical disturbance that is incompatible with life. The results of postmortem examination, including autopsy and toxicological findings, combined with information about the medical history of the decedent serves to establish the cause of death. The cause of death can result from different circumstances and manner of death. For example, the same cause of death, drowning, can result from the accidental immersion of a child in a swimming pool or from the homicidal immersion of a child in a bathtub.

**Children** – Individuals 19 years of age or younger. (Normally this is 18 years of age or younger, but to keep with industry standard age divisions, 19 year-olds are included in our tables.)

**Circumstances of Death** – The situation, setting, or condition present at the time of injury or death.

**Consultation** – Autopsies paid for by families, hospitals or investigating agencies, such as the Federal Bureau of Investigations (FBI); these autopsies are not under OMI jurisdiction and are done by request and payment.

**County of Injury** – The county where the injury leading to death occurred. Data were not available for all cases for County of Injury for 2012.

**County of Pronouncement** – The county where the decedent was pronounced dead.

**County of Residence** – The county where the decedent resided. If not a legal resident of New Mexico, the decedent is listed as “out of state.” A single case may have all three county definitions applied. For example, a decedent may be a resident of Rio Arriba county and be injured in an automobile accident in San Juan county (County of Injury) where, upon transfer to a hospital in Albuquerque, be pronounced in Bernalillo county.

**Deputy Medical Investigator** – An investigator, not necessarily a physician, appointed by the *State Medical Investigator* to assist in the investigation of deaths in the *jurisdiction* of the OMI. There is at least one deputy medical investigator in each county in New Mexico.

**Dictated External** – A detailed postmortem external examination of a body, conducted when a full autopsy is determined to not be required.

**Drug Caused Death** – A death caused by a drug or combination of drugs. Deaths caused by *ethanol*, poisons and volatile substances are excluded.

**Ethanol** – An alcohol, which is the principal intoxicant in liquor, beer and wine. A person with an alcohol concentration in blood of 0.08 grams percent (0.08g%) is legally intoxicated in New Mexico.

**Ethanol Present** – Deaths in which toxicological tests reveal a reportable level of *ethanol* (0.005% or greater) at the time of death.

**Homicide** – The *manner of death* in which death results from the intentional harm of one person by another.

**Jurisdiction** – The extent of the Office of the Medical Investigator’s authority over deaths. The OMI authority covers reportable deaths that occur in New Mexico, except for those occurring on federal reservations (American Indian and military) and in hospitals. New Mexico Statute 24-11-5NMSA 1978 and descriptions in the OMI policy manual define reportable deaths. The OMI may be invited to consult or investigate cases over which it has no jurisdiction.

**Investigation/Field Examination** – An investigation and external examination conducted at the scene to determine cause of death, with no autopsy conducted but under OMI jurisdiction.

**Manner of Death** – The general category of the condition, circumstances or event, which causes the death. The categories are *natural, accident, homicide, suicide and undetermined*.

**Natural** – The *manner of death* used when solely a disease causes death. If death is hastened by an injury, the *manner of death* is not considered natural.

**Office of the Medical Investigator** – The state agency in New Mexico that is responsible for the investigation of sudden, violent or untimely deaths. The Office of the Medical Investigator was created by legislation in 1973 to replace the county coroner system (see also, *Deputy Medical Investigator*).

**Pending** – The *cause of death* and *manner of death* are to be determined pending further investigation and/or toxicological, histological and/or neuropathological testing at the time of publication.

**State Medical Investigator** – The head of the *Office of the Medical Investigator*. The State Medical Investigator must be a licensed physician licensed in New Mexico and may appoint Assistant Medical investigators, who must be physicians and *Deputy Medical Investigators*.

**Uncoded** – Cases that have not been resolved due to miscellaneous circumstances and need further investigation, analysis, or research before a manner of death or pending status can be assigned.

**Undetermined** – The *manner of death* for deaths in which there is insufficient information to assign another manner.