

New Mexico Office of the Medical Investigator

# Annual Report 2006



*"We die of the things we know nothing about." --Martin H. Fischer, 1879-1962*

*"The glory of medicine is that it is constantly moving forward, that there is always more to learn." --William J. Mayo, 1861-1939*

NM Office of the Medical Investigator  
MSC11 6030  
1 University of New Mexico  
Albuquerque, NM 87131-0001  
(505) 272-3053



**2006 Annual Report  
Office of the Medical Investigator  
State of New Mexico**

Ross E. Zumwalt, MD  
Chief Medical Investigator

Patricia J. McFeeley, MD  
Kurt Nolte, MD  
R. Ross Reichard, MD  
Assistant Chief Medical Investigators

Jeffery Nine, MD  
Rebecca Irvine, MD  
Ian Paul, MD  
Michelle Barry, MD  
Medical Investigators

**Board of Medical Investigations**

Paul B. Roth, M.D., Dean  
University of New Mexico/School of Medicine  
VP: Health Sciences Center  
Associate Vice President: Associate Dean Clinical Affairs  
Professor: Emergency Medicine Department

Michelle Lujan Grisham, Secretary  
New Mexico Department of Health

Faron Segotta, Chief  
New Mexico State Police

Rodney May  
State of New Mexico, Board of Thanatopractice

Benny Shendo, Jr., Secretary  
State of New Mexico Indian Affairs Department

Office of the Medical Investigator  
MSC 11 6030  
1 University of New Mexico  
Albuquerque, New Mexico 87131-0001  
Telephone: (505) 272-3053  
Fax: (505) 272-0727  
<http://omi.unm.edu>  
Email: [wdavis@salud.unm.edu](mailto:wdavis@salud.unm.edu)



# Office of the Medical Investigator (OMI) 2006 Annual Report

## Table of Contents

<b>Introduction.....</b>	<b>1</b>
Preparation of the Annual Report.....	1
<b>Overview – Office of the Medical Investigator – 2006 .....</b>	<b>1</b>
Reportable Deaths .....	2
Statutory Duty .....	2
Program Summary and Highlights for 2006.....	4
<i>Investigative Activity</i> .....	4
<i>Additional Investigation Facts</i> .....	4
<i>OMI Toxicology</i> .....	4
<i>“Doe” and/or missing person cases</i> .....	4
Training and Education .....	5
<i>Forensic Pathologist Fellowship Program</i> .....	5
<i>Certification Training</i> .....	5
<i>Death Investigation Training</i> .....	5
<i>Law Enforcement Education</i> .....	5
<i>Public Education</i> .....	6
<i>OMI Newsletter and website</i> .....	6
Grief Services Program.....	6
Organizational Chart – Office of the Medical Investigator.....	7
<b>Total Cases .....</b>	<b>8</b>
Figure 2 – Total Cases – 1997 – 2006.....	8
Figure 3 – Total Cases by Month – 2006 .....	9
Figure 4 – Total Cases by Day – 2006.....	9
Figure 5 – Total Cases by Race/Ethnicity – 2006 .....	10
Figure 6 – Total Cases by Age and Gender .....	10
Table 1 – Total Cases – Autopsy Status – 2006.....	11
Table 2 – Total Cases – Case Distribution – 2006 .....	11
<b>Cause and Manner of Death .....</b>	<b>12</b>
Figure 7 – Total Cases – Manner of Death – 2006 .....	12
Figure 8 – Total Cases – Manner of Death – Ten Year Summary 1997 – 2006.....	13
Table 3 – Total Cases – Manner of Death by Gender – 2006.....	13
Table 4 – Total Cases – Manner of Death by Race/Ethnicity – 2006 .....	13

Figure 9 – MAP – Deaths by County of Injury – 2006 .....	14
Table 5 – Total Cases – County of Injury – 2006.....	15
Figure 10 – MAP – Deaths by County of Residence – 2006 .....	16
Table 6 – Total Cases – County of Residence – 2006.....	17
Table 7– Total Cases – Manner of Death by Age – 2006 .....	18
Table 8 – Overview – Cause of Death – 2006 by Highest Value.....	19
<b>Cause of Death Summary.....</b>	<b>20</b>
<b>Overview – Manner of Death – Natural Deaths .....</b>	<b>20</b>
Figure 11 – Natural Deaths – 1997 – 2006.....	21
Figure 12 – Natural Deaths by Race/Ethnicity – 2006 .....	21
Figure 13 – Natural Deaths by Age and Gender – 2006 .....	22
Natural Deaths – Summary.....	22
<b>Overview – Manner of Death – Accidental Deaths .....</b>	<b>23</b>
Figure 14 – Accidental Deaths – 1997 – 2006.....	23
Figure 15 – Accidental Deaths by Race/Ethnicity – 2006 .....	23
Figure 16 – Accidental Deaths by Age and Gender – 2006.....	24
Table 9 – Accidental Deaths – Method – 2006.....	24
Table 10 – Accidental Deaths – County of Injury – 1997 - 2006.....	26
Table 11 – Accidental Deaths – County of Pronouncement - 1997 – 2006.....	27
Accidental Deaths – Summary.....	27
<b>Overview – Manner of Death – Suicide Deaths .....</b>	<b>28</b>
Figure 17 – Suicide Deaths – 1997 – 2006.....	28
Figure 18 – Suicide Deaths by Race/Ethnicity – 2006 .....	28
Figure 19 – Suicide Deaths by Age and Gender – 2006 .....	29
Figure 20 – Suicide Deaths by Month – 2006.....	29
Figure 21 – Suicide Deaths by Day of the Week – 2006 .....	29
Table 12 – Suicide Deaths by County of Injury - 1997 - 2006 .....	30
Table 13 – Suicide Deaths by County of Pronouncement – 1997 - 2006.....	31
Table 14 – Suicide Deaths – Method – 2006.....	32
Suicide Deaths – Summary.....	32
<b>Overview – Manner of Death – Homicide Deaths .....</b>	<b>33</b>
Figure 22 – Homicide Deaths – 1997 – 2006 .....	33
Figure 23 – Homicide Deaths by Race/Ethnicity – 2006 .....	33
Figure 24 – Homicide Deaths by Age and Gender – 2006 .....	34
Table 15 – Homicide Deaths – Method – 2006 .....	34
Table 16 – Homicide Deaths – County of Injury – 1997 - 2006 .....	35
Table 17 – Homicide Deaths – County of Pronouncement – 1997 - 2006.....	36

Homicide Deaths – Summary .....	37
Figure 25 - Percentage of violent death total for sex by age, New Mexico, 2005-2006.....	37
<b>Overview – Manner of Death – Undetermined Deaths .....</b>	<b>38</b>
Figure 26 – Undetermined Deaths – 1997 – 2006 .....	38
Figure 27 – Undetermined Deaths by Race/Ethnicity – 2006 .....	38
Figure 28 – Undetermined Deaths by Age and Gender – 2006 .....	39
Undetermined Deaths – Summary.....	39
<b>Deaths of Children (19 Years of Age and Younger).....</b>	<b>40</b>
Figure 29 – Children Deaths – 1997 – 2006.....	40
Figure 30 – Children – Deaths by Race/Ethnicity – 2006 .....	40
Figure 31 – Children – Deaths by Age and Gender – 2006.....	41
Figure 32 – Children – Total Cases – Manner of Death – 2006 .....	41
Table 18 – Children – Cause of Death – 2006 .....	42
<b>Overview – Children – Manner of Death – Natural Deaths .....</b>	<b>43</b>
Figure 33 – Children – Natural Deaths – 1997 – 2006 .....	43
Figure 34 – Children – Natural Deaths by Race/Ethnicity – 2006 .....	43
Figure 35 – Children – Natural Deaths by Age and Gender – 2006 .....	44
<b>Overview – Children – Manner of Death – Accidental Deaths .....</b>	<b>45</b>
Figure 36 – Children – Accidental Deaths – 1997 – 2006 .....	45
Figure 37 – Children – Accidental Deaths by Race/Ethnicity – 2006 .....	45
Figure 38 – Children – Accidental Deaths by Age and Gender – 2006 .....	46
Table 19 – Children – Accidental Deaths – Method – 2006 .....	46
Table 20 – Children – Accidental Deaths – Cause of Death – 2006 .....	47
<b>Overview – Children – Manner of Death – Suicide Deaths .....</b>	<b>48</b>
Figure 39 – Children – Suicide Deaths – 1997 – 2006 .....	48
Figure 40 – Children – Suicide Deaths by Race/Ethnicity – 2006 .....	48
Figure 41 – Children – Suicide Deaths by Age and Gender – 2006 .....	49
Figure 42 – Children – Suicide Deaths by Month – 2006 .....	49
Figure 43 – Children – Suicide Deaths by Day of the Week – 2006 .....	49
Table 21 – Children – Suicide Deaths – Method – 2006 .....	50
Table 22 – Children – Suicide Deaths – Cause of Death – 2006 .....	50
Suicide in Children – Summary .....	50
<b>Overview – Children – Manner of Death – Homicide Deaths .....</b>	<b>51</b>
Figure 44 – Children – Homicide Deaths – 1997 – 2006 .....	51
Figure 45 – Children – Homicide Deaths by Race/Ethnicity – 2006 .....	51
Figure 46 – Children – Homicide Deaths by Age and Gender – 2006 .....	52
Table 23 – Children – Homicide Deaths – Method – 2006 .....	52
Table 24 – Children – Homicide Deaths – Cause of Death – 2006 .....	52

Homicide Deaths of Children – Summary .....	53
<b>Overview – Children – Manner of Death – Undetermined Deaths .....</b>	<b>53</b>
<b>Deaths of Children in New Mexico – 2006 Summary .....</b>	<b>53</b>
<b>Overview – Children – SIDS Deaths</b>	
Figure 47 – Children – SIDS (Natural) Deaths – 1997 – 2006 .....	54
Figure 48 – Children – SIDS (Natural) Deaths by Race/Ethnicity .....	54
Figure 49 – Children – SIDS (Natural) Deaths by Age and Gender .....	55
<b>Overview – Ethanol Related Deaths .....</b>	<b>56</b>
Figure 50 – Ethanol Related Deaths – 1997 – 2006 .....	56
Figure 51 – Ethanol Related Deaths – Manner of Death – 2006 .....	56
Figure 52 – Ethanol Related Deaths by Race/Ethnicity – 2006 .....	57
Figure 53 – Ethanol Related Deaths by Age and Gender – 2006 .....	57
Table 25 – Ethanol Related Deaths – Accidental Deaths – Method – 2006 .....	58
Table 26 – Ethanol Related Deaths – Suicide Deaths – Method – 2006 .....	59
Table 27 – Ethanol Related Deaths – Homicide Deaths – Method – 2006 .....	59
Ethanol Related Deaths – Undetermined – 2006 .....	60
Ethanol Related Deaths – Summary .....	60
<b>Motor Vehicle Related Deaths (Ethanol Present in Decedent) .....</b>	<b>61</b>
Figure 54 – Motor Vehicle Deaths – 1997 – 2006 .....	61
Figure 55 – Motor Vehicle Deaths by Race/Ethnicity – 2006 .....	61
Figure 56 – Motor Vehicle Deaths by Age and Gender – 2006 .....	62
Table 28 – Motor Vehicle Related Deaths – Method – 2006 .....	62
Table 29 – Motor Vehicle Related Deaths – Seat Belt Use – 2006 .....	63
Table 30 – Motor Vehicle Related Deaths – Air Bag Use – 2006 .....	63
<b>Drug Caused Deaths .....</b>	<b>64</b>
Figure 57 – Drug Caused Deaths – 1997 – 2006 .....	64
Figure 58 – Drug Caused Deaths by Race/Ethnicity – 2006 .....	64
Figure 59 – Drug Caused Deaths by Age and Gender – 2006 .....	65
Drug Caused Deaths – Summary .....	65
Table 31 – Drug Caused Deaths – Counties of Injury and Pronouncement – 2006 .....	66
Table 32 – Drug/Physiologically Active Compounds Present in Decedent – 2006 .....	67
<b>Glossary .....</b>	<b>70</b>

## **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 5,031 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 Computer and Information Services Section of 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 and is located at the University of New Mexico Health Sciences Center in Albuquerque. OMI staff Sarah Lathrop, DVM, PH.D., Jill Leath and Michelle Gibson using Microsoft Office 2000 Professional prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies.

## **Overview – Office of the Medical Investigator – 2006**

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:**

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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:**

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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 (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 2006**

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### **Investigative Activity:**

In 2006, New Mexico had 5,031 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 5,031 deaths. Following these investigations, OMI retained jurisdiction of 2,976 deaths and relinquished jurisdiction of 1,411 deaths to private physicians. An additional 644 deaths were investigated as a consultation services resulting in a total caseload of 5,031 medicolegal investigations. A granular examination of the case distribution is presented in the section Overview – Total Cases – 2006 beginning on page 8.

### **Additional Investigation Facts:**

Deputy Medical Investigators throughout New Mexico

- Traveled 61,190.12 miles (one way) responding to 3,142 deaths

### **OMI Toxicology:**

- 2,154 OMI cases with toxicology requests
- 6,679 test requests
- 15,218 specimens collected for analysis

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

- 203 “Doe” cases, of which 22 were non-human or ancient remains
- 191 “Doe” cases identified (94.1%)
- 164 Forensic Anthropology examinations
- 75 Forensic Odontology examinations
- 3 Cases identified by DNA
- 12 “Doe” cases unidentified
- 53 Missing person reports

## **Training and Education**

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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 Pathologist 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, 15 individuals successfully completed the training and received certification as new Field Investigators. 55 current Field Investigators participated in training and were recertified. 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***

In 2006, a significant change was made in how Death Investigation Training was conducted by the OMI. Training was restructured to a single training session in Albuquerque. 139 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. 64 completed the Basic Death Investigation School and 75 attended OMI seminar. Participants were from Arizona, California, Colorado, Louisiana, Montana, Nebraska, Nevada, Oregon, Washington, and Wyoming as well as those from New Mexico such as personnel from the New Mexico Department of Public Safety, Bureau of Vital Statistics, 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 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. Approximately 800 individuals participated in the in-service training program in 2006 in many locations at various agencies throughout New Mexico.

Additionally, OMI staff provided tours and presentations to over 1,850 students from middle and high schools throughout New Mexico; the Central New Mexico Community College; and UNM medical and health programs.

## ***OMI Newsletter and website***

The OMI Newsletter is published quarterly and sent to OMI field and central office staff, funeral homes and hospice and home health care. 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 and its staff, operating procedures and services offered. Through the website, users can download forms needed for requesting OMI documents.

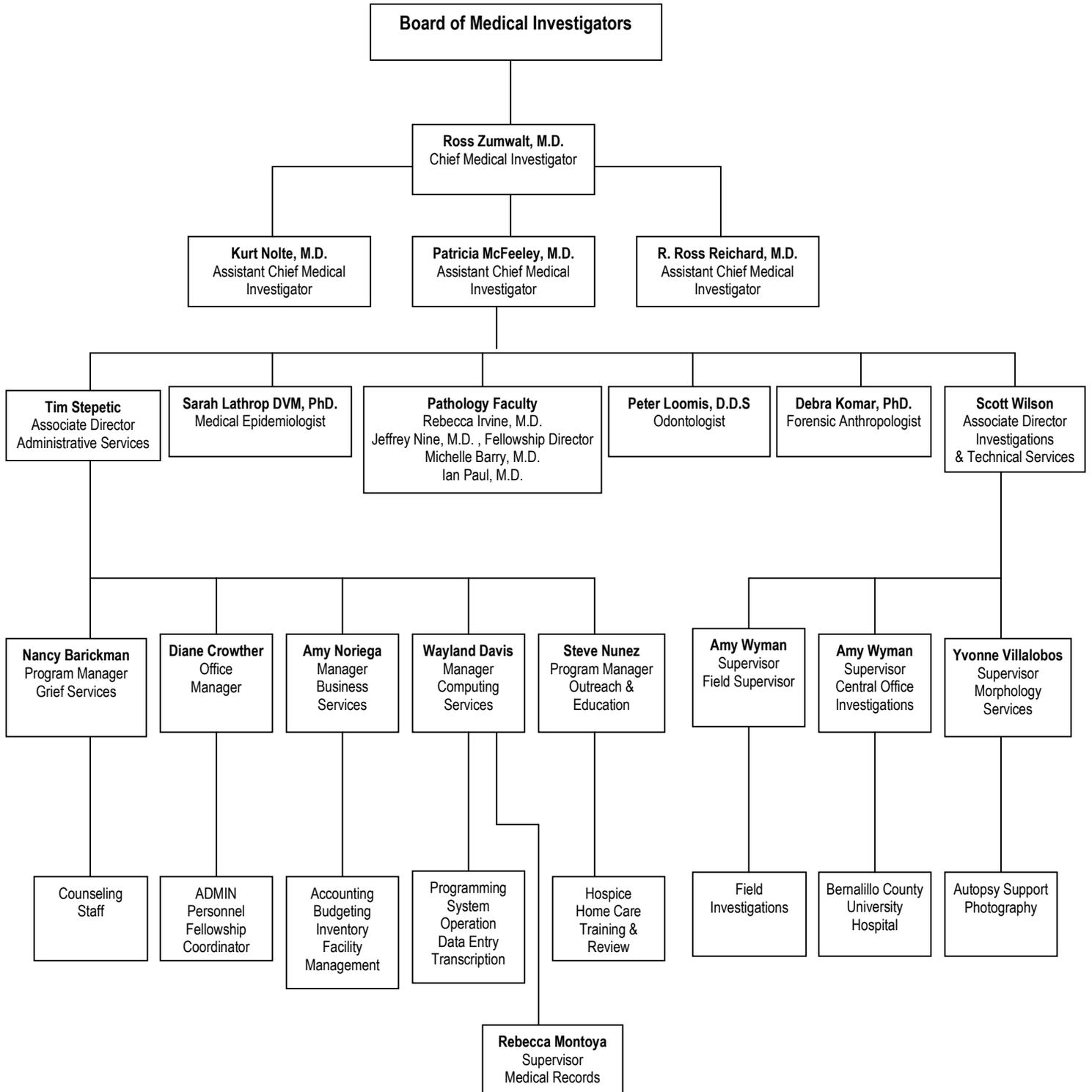
## **Grief Services Program**

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. 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. In 2006, the GSP provided:

- Intervention for 3,330 clients
- Facilitated 112 support groups
- Training for 450 professional associates

# Office of the Medical Investigator Organizational Chart as of December 2006

Figure 1



## Total Cases

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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 – Office of New Mexico Vital Records and Health Statistics, New Mexico Department of Health.

Figure 2 – Total Cases – 1997 - 2006

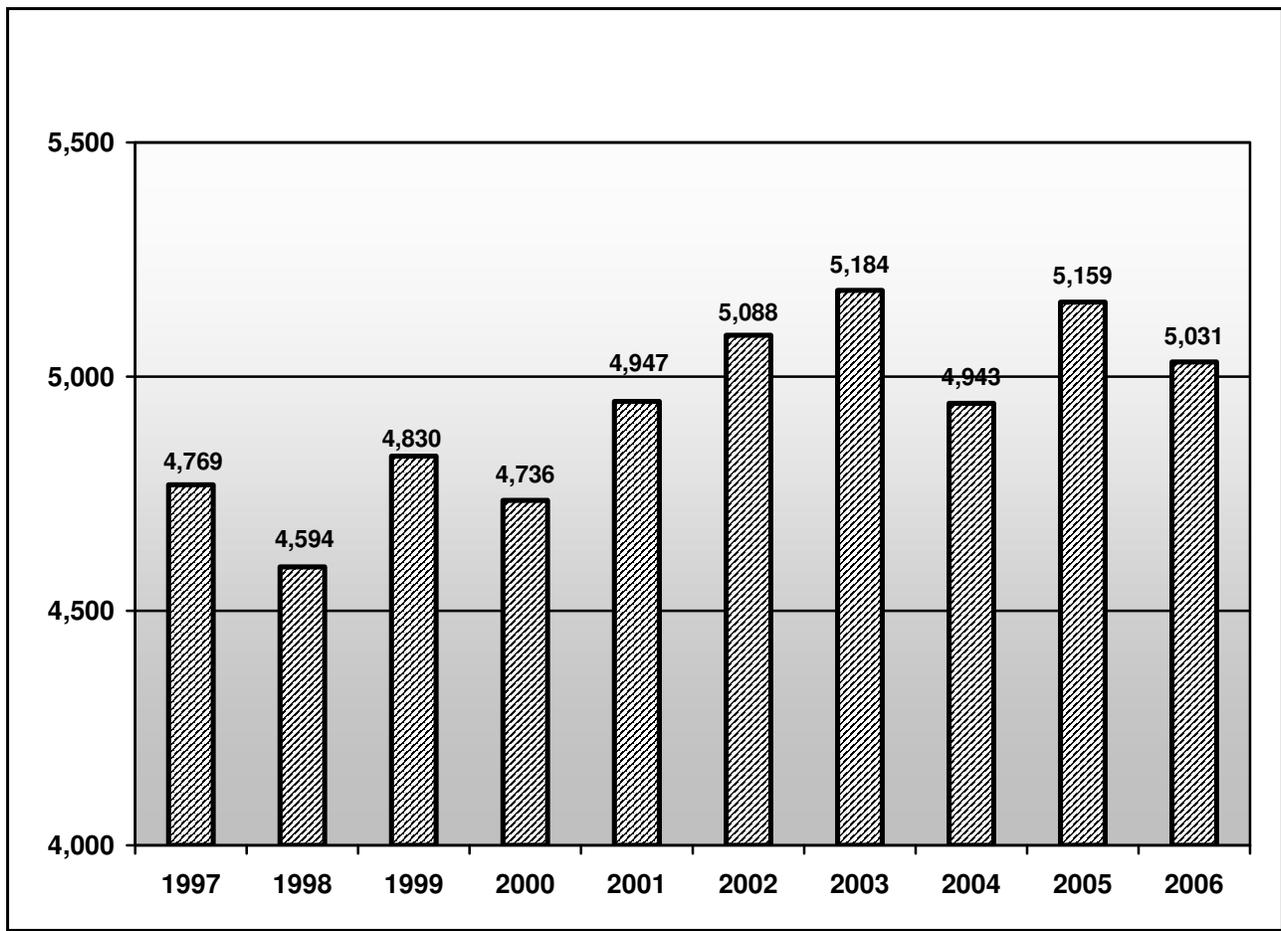


Figure 3 – Total Cases by Month – 2006

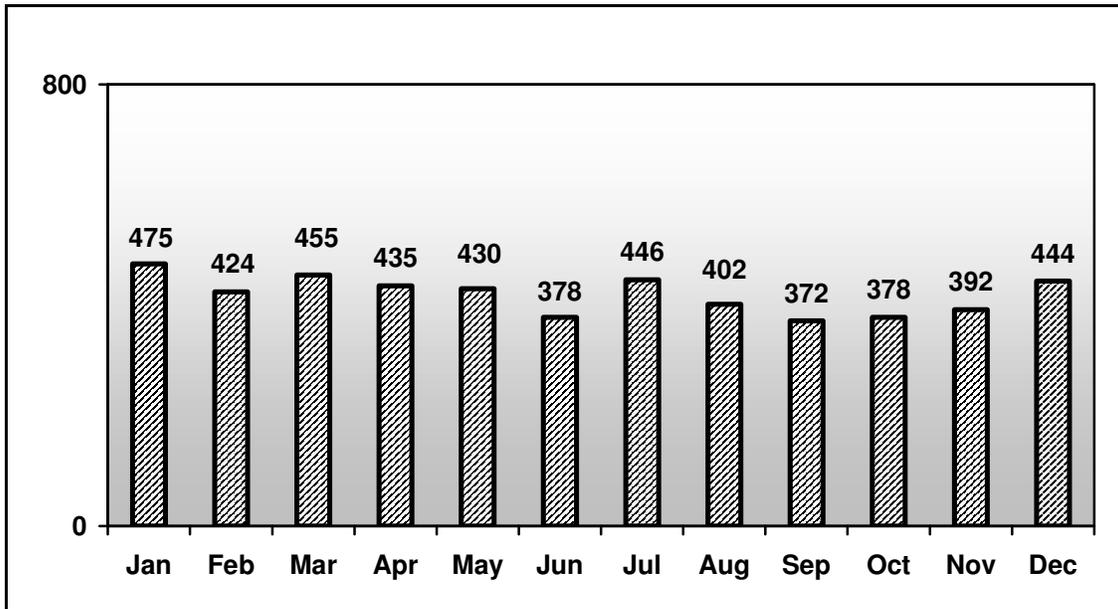


Figure 4 – Total Cases by Day – 2006

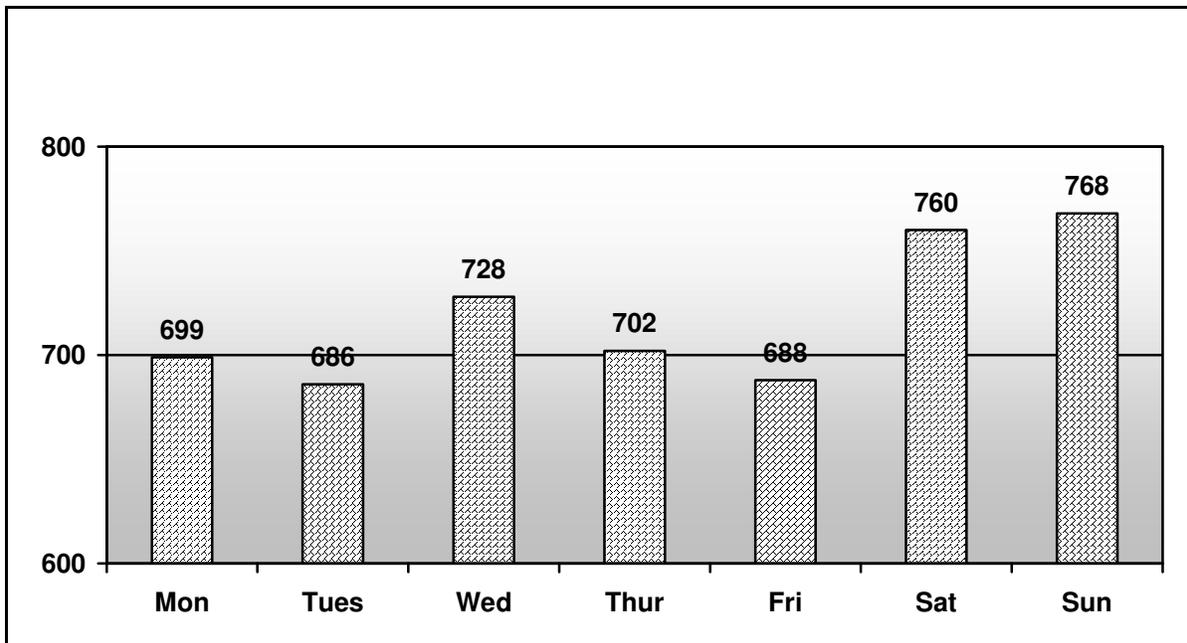


Figure 5 – Total Cases by Race/Ethnicity – 2006

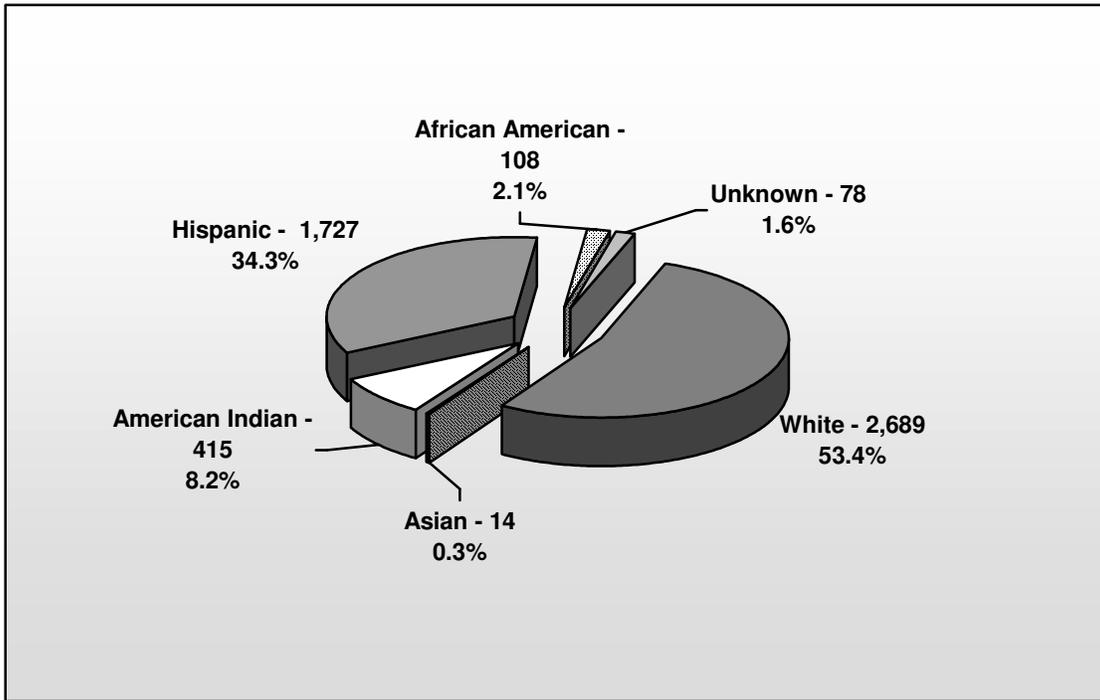
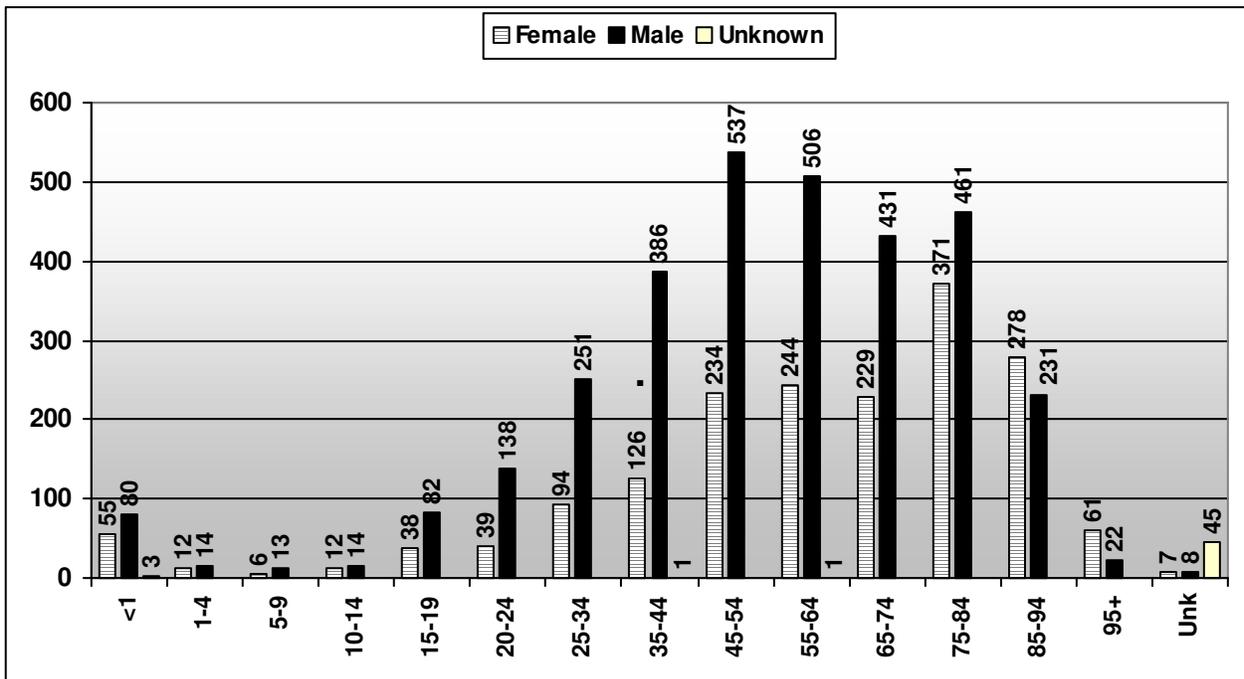


Figure 6 – Total Cases by Age and Gender – 2006



**Table 1 – Total Cases – Autopsy Status – 2006**

<b>Manner of Death</b>						
<b>Autopsy</b>	<b>Natural</b>	<b>Accident</b>	<b>Suicide</b>	<b>Homicide</b>	<b>Undetermined*</b>	<b>Total</b>
Yes	656	845	325	153	98	<b>2,077</b>
No	2,287	567	37	0	63	<b>2,954</b>
<b>Total</b>	<b>2,943</b>	<b>1,412</b>	<b>362</b>	<b>153</b>	<b>161</b>	<b>5,031</b>

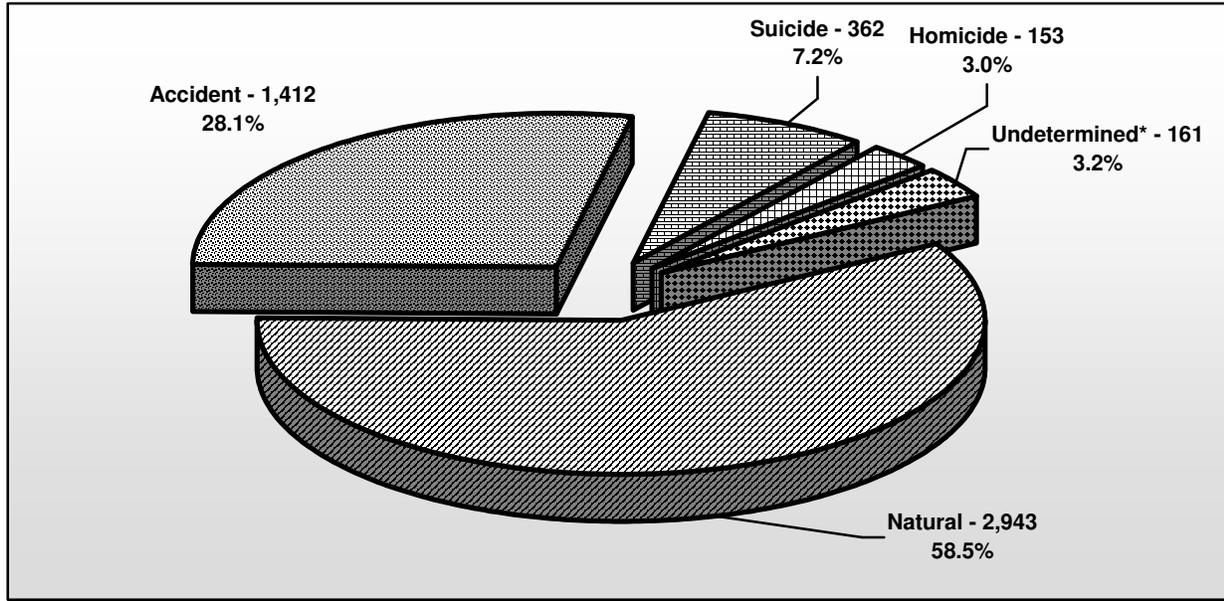
\* 91 Undetermined, 10 Pending, 58 Other, 2 Uncoded included in Undetermined

**Table 2 – Total Cases – Case Distribution – 2006**

<b>Type of Case</b>	<b>Manner of Death</b>	<b>Autopsy</b>		<b>Percent Autopsied</b>	<b>Total</b>
		<b>Yes</b>	<b>No</b>		
<b>Medical Investigator</b>	Natural	497	511	49.3%	1,008
	Accident	799	556	59.0%	1,355
	Suicide	319	33	90.6%	352
	Homicide	129	0	100%	129
	Undetermined	82	50	62.1%	132
	<b>Subtotal</b>		<b>1,826</b>	<b>1,150</b>	<b>61.4%</b>
<b>Terminated Jurisdiction</b>	Natural	0	1,411	0.0%	1,411
	Accident	0	0	0.0%	0
	Suicide	0	0	0.0%	0
	Homicide	0	0	0.0%	0
	Undetermined	0	0	0.0%	0
	<b>Subtotal</b>		<b>0</b>	<b>1,411</b>	<b>0.0%</b>
<b>Reported Deaths</b>		<b>1,826</b>	<b>2,561</b>	<b>41.6%</b>	<b>4,387</b>
<b>Consultation Cases</b>	Natural	159	365	30.3%	524
	Accident	46	11	80.7%	57
	Suicide	6	4	60.0%	10
	Homicide	24	0	100%	24
	Undetermined	16	13	55.2%	29
	<b>Subtotal</b>		<b>251</b>	<b>393</b>	<b>39.0%</b>
<b>Total</b>		<b>2,077</b>	<b>2,954</b>	<b>41.3%</b>	<b>5,031</b>

## Cause and Manner of Death

Figure 7 – Total Cases – Manner of Death – 2006



\* 91 Undetermined, 10 Pending, 58 Other, 2 Uncoded included in Undetermined

In 2006, OMI investigated 5,031 deaths, representing 35% of the estimated total deaths in New Mexico in 2006. Of the deaths investigated by OMI in 2006:

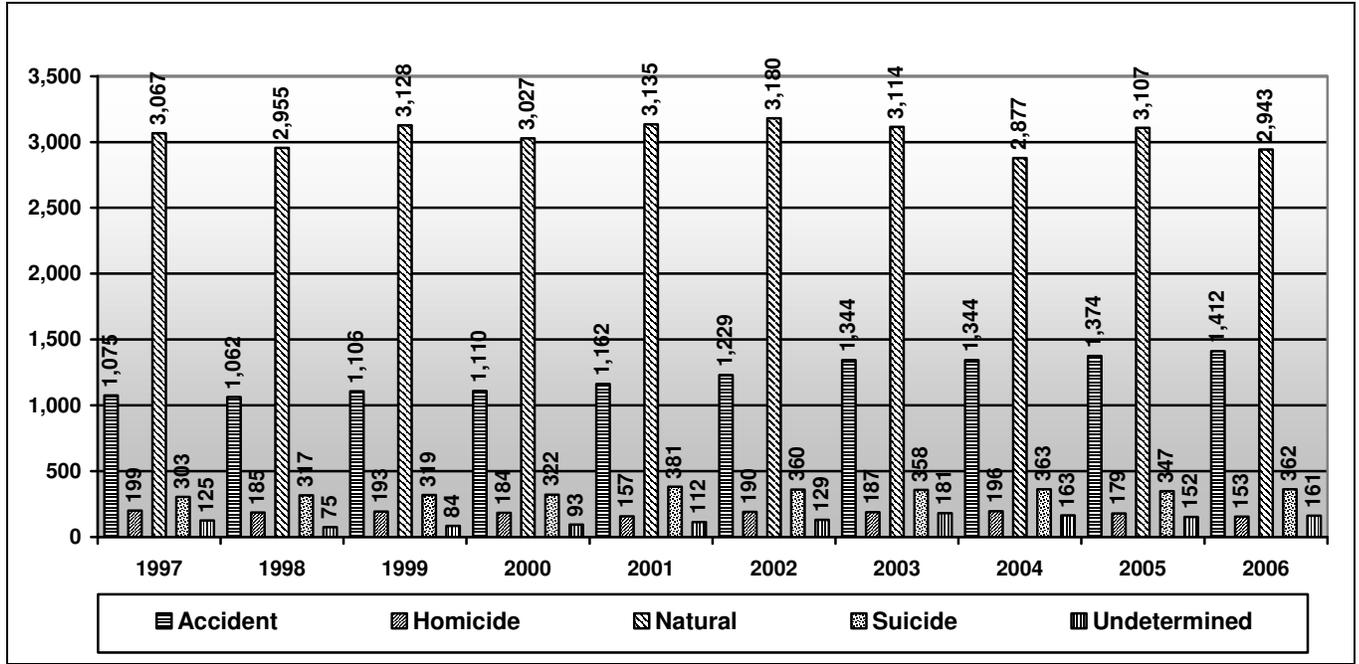
The total number of deaths investigated represents a 2.5% decrease from the 2005 total, and a 5.5% increase since 1997.

The highest total number of deaths occurred in January and the fewest in September. More deaths occurred on Sunday than any other day of the week and the fewest deaths occurred on Tuesday.

The ratio of male to female deaths, when gender was clearly determined, was 1.76. Decedents classified as non-Hispanic white represented 53.4% of the total, Hispanic 34.3%, American Indian 8.2%, African American 2.1% and Asian 0.3%. The racial-ethnic composition of New Mexico was listed in the 2000 census as: 45% non-Hispanic white, 42% Hispanic, 10% American Indian, 2% African American and 1% Asian.

Of all New Mexico counties, Bernalillo had the highest total number of deaths investigated (1,519). While natural deaths contributed the largest portion of OMI deaths investigated (58.5%), most natural deaths did not fall under the jurisdiction of OMI. Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

**Figure 8 - Total Cases – Manner of Death –Ten Year Summary  
1997 – 2006**



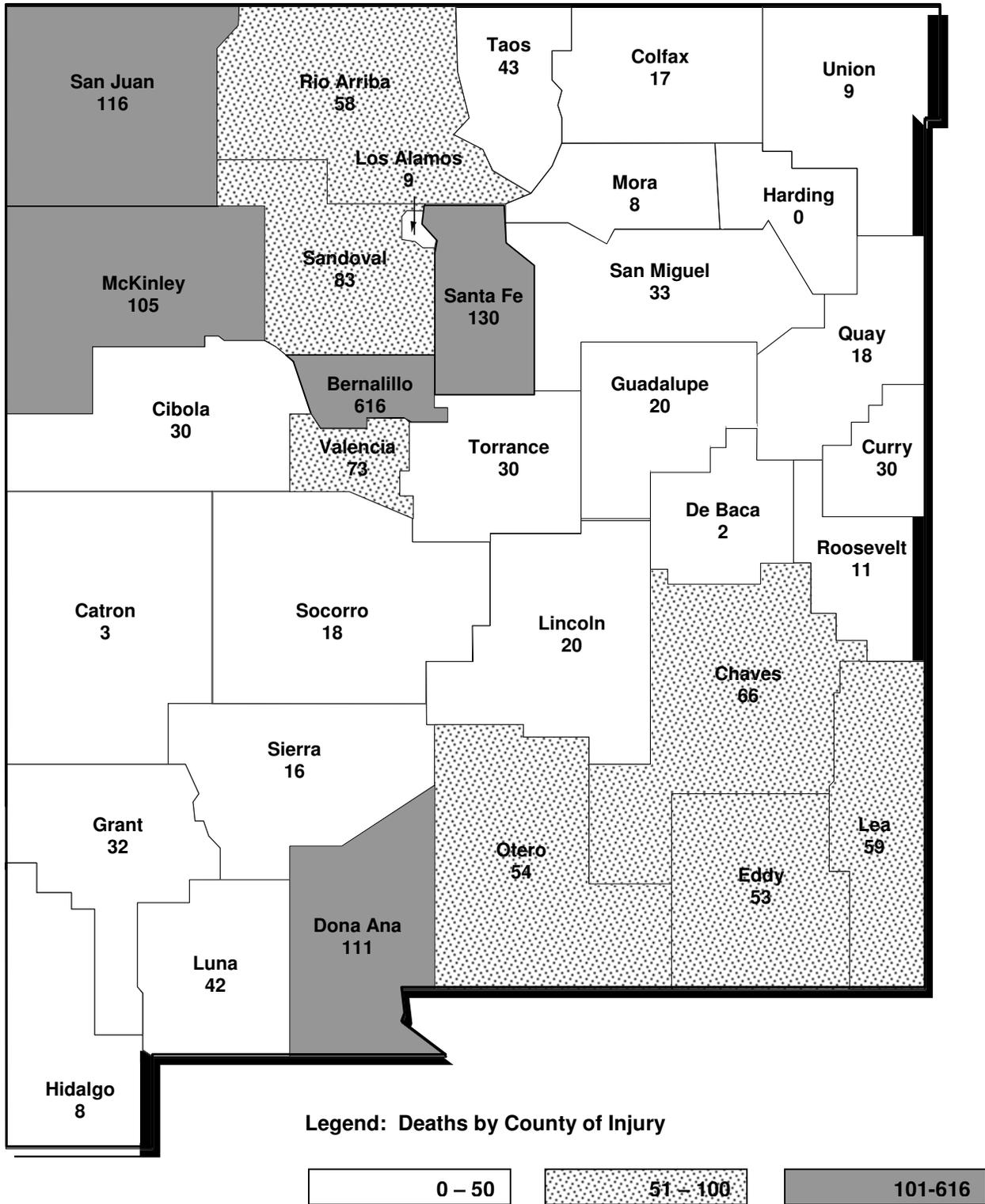
**Table 3 - Total Cases – Manner of Death by Gender – 2006**

Gender	Accident	Homicide	Natural	Suicide	Undetermined	Total
Female	531	31	1,133	73	38	1,806
Male	880	122	1,806	289	77	3,174
Unknown	1	0	4	0	46	51
<b>Total</b>	<b>1,412</b>	<b>153</b>	<b>2,943</b>	<b>362</b>	<b>161</b>	<b>5,031</b>

**Table 4 - Total Cases – Manner of Death by Race/Ethnicity – 2006**

Race/Ethnicity	Accident	Homicide	Natural	Suicide	Undetermined	Total
American Indian	173	27	157	31	27	415
Asian	2	1	10	1	0	14
Black	21	9	69	7	2	108
Hispanic	532	74	984	101	36	1,727
White	676	39	1,707	222	45	2,689
Unknown	8	3	16	0	51	78
<b>Total</b>	<b>1,412</b>	<b>153</b>	<b>2,943</b>	<b>362</b>	<b>161</b>	<b>5,031</b>

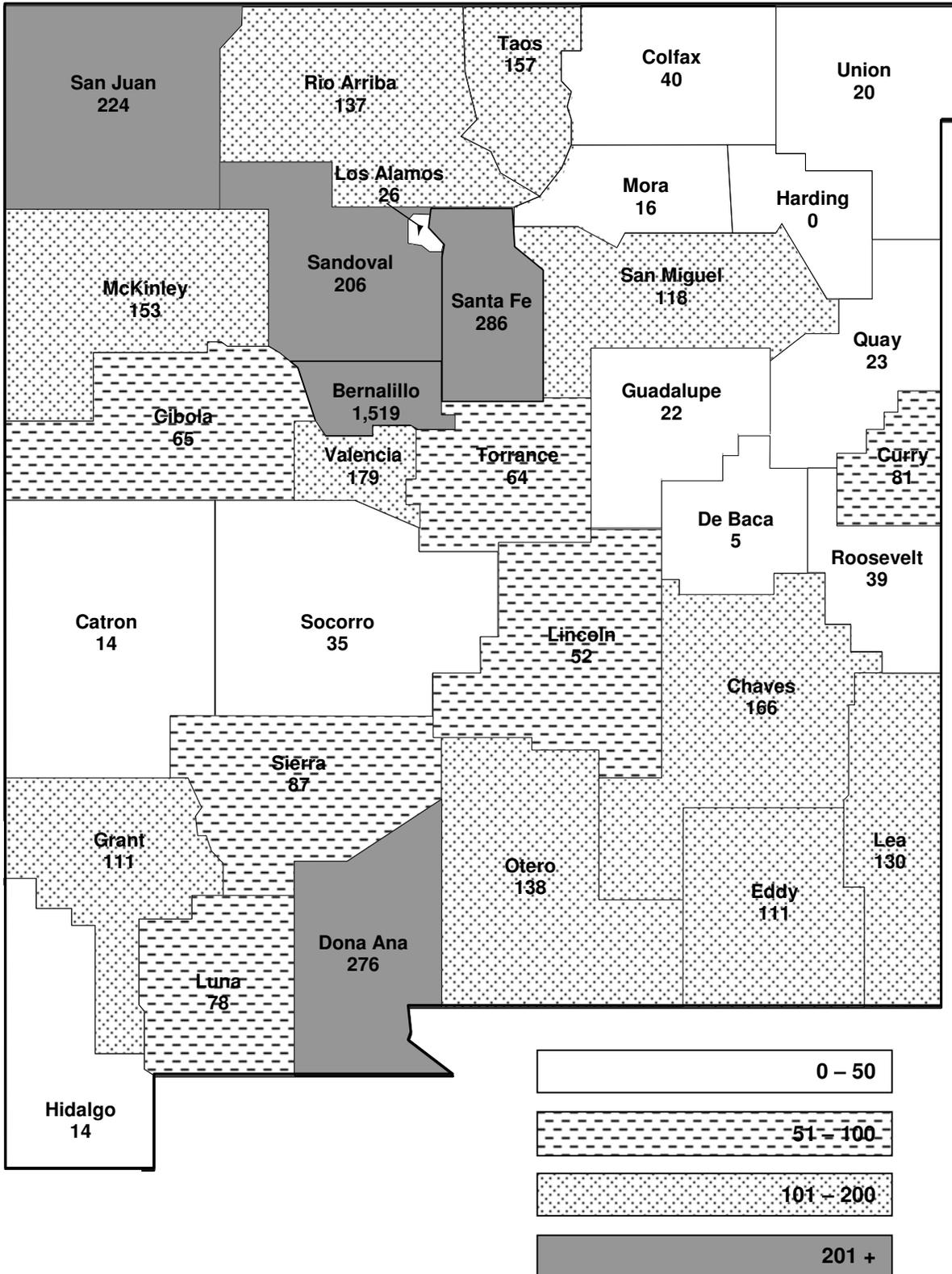
**Figure 9 - Deaths by County of Injury – 2006**  
Includes Accidents, Suicides, Homicides and Undetermined Deaths



**Table 5 – Total Cases – County of Injury – 2006**

<b>Manner of Death by County of Injury</b>					
<b>County of Injury</b>	<b>Accident</b>	<b>Homicide</b>	<b>Suicide</b>	<b>Undetermined</b>	<b>Total</b>
Bernalillo	430	50	111	25	<b>616</b>
Catron	2	0	1	0	<b>3</b>
Chaves	48	6	10	2	<b>66</b>
Cibola	22	2	5	1	<b>30</b>
Colfax	9	2	4	2	<b>17</b>
Curry	20	4	6	0	<b>30</b>
De Baca	1	0	1	0	<b>2</b>
Dona Ana	77	6	24	4	<b>111</b>
Eddy	39	3	10	1	<b>53</b>
Grant	19	3	9	1	<b>32</b>
Guadalupe	18	0	2	0	<b>20</b>
Harding	0	0	0	0	<b>0</b>
Hidalgo	7	0	0	1	<b>8</b>
Lea	38	6	12	3	<b>59</b>
Lincoln	15	1	2	2	<b>20</b>
Los Alamos	5	0	4	0	<b>9</b>
Luna	33	1	6	2	<b>42</b>
McKinley	77	7	16	5	<b>105</b>
Mora	5	1	2	0	<b>8</b>
Otero	35	4	13	2	<b>54</b>
Quay	16	0	2	0	<b>18</b>
Rio Arriba	49	2	5	2	<b>58</b>
Roosevelt	7	0	4	0	<b>11</b>
San Juan	80	10	25	1	<b>116</b>
San Miguel	23	1	8	1	<b>33</b>
Sandoval	60	3	16	4	<b>83</b>
Santa Fe	96	9	23	2	<b>130</b>
Sierra	9	2	5	0	<b>16</b>
Socorro	15	1	2	0	<b>18</b>
Taos	27	3	12	1	<b>43</b>
Torrance	21	1	7	1	<b>30</b>
Union	7	0	1	1	<b>9</b>
Valencia	52	6	11	4	<b>73</b>
Non-Resident/Unk	50	19	3	93	<b>165</b>
<b>Subtotals</b>	<b>1,412</b>	<b>153</b>	<b>362</b>	<b>161</b>	<b>2,088</b>
Natural Deaths	0	0	0	0	<b>2,943</b>
<b>Total</b>					<b>5,031</b>

Figure 10 – Deaths by County of Residence  
 All Manners of Death



**Table 6 – Total Cases – County of Residence – 2006**

County of Residence	Manner of Death by County of Residence					Total
	Natural	Accident	Homicide	Suicide	Undetermined	
Bernalillo	910	417	51	107	34	1,519
Catron	13	0	0	0	1	14
Chaves	103	45	6	10	2	166
Cibola	44	13	1	5	2	65
Colfax	29	5	2	3	1	40
Curry	54	17	4	6	0	81
De Baca	2	2	0	1	0	5
Dona Ana	177	64	5	24	6	276
Eddy	61	36	2	10	2	111
Grant	81	17	3	9	1	111
Guadalupe	12	8	0	2	0	22
Harding	0	0	0	0	0	0
Hidalgo	13	0	0	0	1	14
Lea	67	41	7	10	5	130
Lincoln	36	11	1	2	2	52
Los Alamos	16	6	0	4	0	26
Luna	53	18	2	5	0	78
McKinley	67	61	7	12	6	153
Mora	9	4	1	2	0	16
Otero	88	32	4	13	1	138
Quay	16	7	0	0	0	23
Rio Arriba	81	44	2	5	5	137
Roosevelt	29	6	0	4	0	39
San Juan	112	75	12	24	1	224
San Miguel	78	27	3	8	2	118
Sandoval	118	60	2	17	9	206
Santa Fe	158	92	7	24	5	286
Sierra	70	9	2	5	1	87
Socorro	17	14	2	2	0	35
Taos	117	24	3	11	2	157
Torrance	40	15	0	6	3	64
Union	12	6	0	1	1	20
Valencia	105	52	4	12	3	176
Out of State/Unknown	155	184	20	18	65	442
<b>Total</b>	<b>2,943</b>	<b>1,412</b>	<b>153</b>	<b>362</b>	<b>161</b>	<b>5,031</b>

**Table 7 - Total Cases – Manner of Death by Age 2006**  
Age at Death

Gender	Age	Natural	Accidents		Suicide	Homicide	Undetermined	Total
			MVA*	Non-MVA				
Female	<1	46	2	2	0	2	3	55
	1-4	6	3	2	0	1	0	12
	5-9	3	3	0	0	0	0	6
	10-14	3	6	1	2	0	0	12
	15-19	0	18	5	6	6	3	38
	20-24	6	20	3	5	4	1	39
	25-34	25	26	19	14	5	5	94
	35-44	52	18	42	9	3	2	126
	45-54	114	28	53	21	5	13	234
	55-64	192	15	22	12	1	2	244
	65-74	173	13	38	2	1	2	229
	75-84	281	11	75	2	2	0	371
	85-94	187	3	86	0	1	1	278
	95+	45	0	16	0	0	0	61
	Unknown	0	0	1	0	0	6	7
<b>Subtotals</b>		<b>1,133</b>	<b>166</b>	<b>365</b>	<b>73</b>	<b>31</b>	<b>38</b>	<b>1,806</b>
Male	<1	69	2	4	0	2	3	80
	1-4	4	2	5	0	2	1	14
	5-9	7	5	1	0	0	0	13
	10-14	4	5	1	1	3	0	14
	15-19	6	28	5	26	16	1	82
	20-24	10	48	26	31	19	4	138
	25-34	39	64	62	44	30	12	251
	35-44	112	69	112	50	26	18	387
	45-54	289	57	114	52	14	11	537
	55-64	357	32	60	38	5	15	507
	65-74	353	21	32	20	2	3	431
	75-84	371	13	57	16	0	4	461
	85-94	169	2	49	11	0	0	231
	95+	17	0	5	0	0	0	22
	Unknown	0	0	0	0	3	5	8
<b>Subtotals</b>		<b>1,807</b>	<b>348</b>	<b>533</b>	<b>289</b>	<b>122</b>	<b>77</b>	<b>3,176</b>
Unknown	No Age	3	0	0	0	0	46	49
<b>Total</b>		<b>2,943</b>	<b>514</b>	<b>898</b>	<b>362</b>	<b>153</b>	<b>161</b>	<b>5,031</b>

\* MVA = Motor Vehicle Accidents

**Table 8 – Overview – Cause of Death – 2006**  
by Highest Value

<b>Natural Deaths Cause of Death</b>	<b>Total Cases</b>	<b>Autopsy</b>	<b>Dictated External</b>	<b>Investigation Field Exam</b>
Heart disease	1,304	194	130	980
Carcinoma	280	29	5	246
Hypertension	187	78	17	92
Pneumonia	149	73	7	69
Chronic obstructive pulmonary disease (COPD)	139	5	8	126
Ethanolism	106	46	13	47
Cerebrovascular	105	19	3	83
Sepsis	100	42	4	54
Gastrointestinal hemorrhage	91	35	11	45
Renal failure	57	6	0	51
Alzheimer	56	2	2	52
Hepatic failure	49	14	2	33
Diabetes	48	14	3	31
Natural - Other	44	20	2	22
Intrauterine fetal death	36	14	0	22
Aneurysm	29	17	0	12
Prematurity	28	4	0	24
Emphysema	27	2	0	25
Emboli	27	13	0	14
Respiratory Distress Syndrome	26	6	0	20
Congenital defect	26	5	0	21
Obesity	20	9	3	8
Sudden Infant Death Syndrome (SIDS)	17	15	0	2
Spontaneous hemorrhage	16	6	1	9
Leukemia	15	1	0	14
Parkinson's disease	14	0	1	13
Epilepsy	14	10	2	2
Asthma	9	3	1	5
Pancreas	8	2	0	6
Pulmonary edema	8	4	0	4
Obstruction (Blockage)	8	5	0	3
Meningitis	5	4	0	1
Adverse reaction	4	2	1	1
Hodgkin's disease	4	0	0	4
Blood disorders	4	0	0	4
Multiple organ failure	3	0	0	3
Malnutrition	2	1	0	1
Arthritis	2	0	0	2
Plague	2	1	0	1
Acquired Immune Deficiency Syndrome (AIDS)	2	0	0	2
Maternal and fetal complications of birth	2	1	0	1
Chronic drug abuse	1	0	0	1
Presumably natural disease	1	0	0	1
Medical treatment	1	0	0	1
Gallbladder	1	0	0	1
Amyotrophic lateral sclerosis (ALS)	1	1	0	0
Dehydration	1	1	0	0
<b>Subtotal</b>	<b>3,079</b>	<b>704</b>	<b>216</b>	<b>2,159</b>

<b>Unnatural Deaths Cause of Death</b>	<b>Total Cases</b>	<b>Autopsy</b>	<b>Dictated External</b>	<b>Investigation/Field Examination</b>
Multiple injuries	580	252	117	211
Substance intoxication	398	391	5	2
Gunshot wound of	290	274	6	10
Head and neck injuries	227	108	65	54
Hanging	66	57	5	4
Asphyxia	51	46	2	3
Exposure	46	43	2	1
Stab wound	35	34	0	1
Drowning	30	28	1	1
Carbon monoxide intoxication	27	22	5	0
Narcotic abuse	20	20	0	0
Subdural hematoma	20	3	5	12
Thermal injuries (Burns)	16	11	4	1
Ethanol (alcohol) intoxication	12	12	0	0
Exsanguination	5	4	1	0
Unnatural - Other	4	3	0	1
Aspiration	4	1	0	3
Electrocution	2	2	0	0
Child abuse	2	2	0	0
<b>Subtotal</b>	<b>1,835</b>	<b>1,313</b>	<b>218</b>	<b>304</b>
<b>Undetermined Deaths</b>				
Skeletal/ancient/mummified remains	40	19	2	19
Undetermined after autopsy and/or toxicology	26	22	0	4
Non-human remains	21	0	0	21
Pending Toxicology, Histology, Neuro, Other	10	8	1	1
Consult Request Withdrawn	9	0	0	9
Undetermined - Other	5	3	0	2
Certification for record purposes only	4	3	0	1
Cremains	2	0	0	2
<b>Subtotal</b>	<b>117</b>	<b>55</b>	<b>3</b>	<b>59</b>
<b>Total</b>	<b>5,031</b>	<b>2,072</b>	<b>437</b>	<b>2,522</b>

## Cause of Death Summary

Five manners of death are used to classify deaths at OMI: natural, accident, homicide, suicide and undetermined. Deaths are further classified by the actual cause of death, as presented in the Causes of Death table, sorted by natural, unnatural, undetermined, and uncertifiable deaths are listed in descending order of occurrence in 2006. As this table lists death by cause, rather than manner, the total number of natural deaths in this table (3,079) is not the same as the total number of natural deaths by manner (2,943) in Table 1. In some cases, the manner of death may be accidental or suicide, but the cause itself may be classified as natural. In a very small percentage of the cases (31/5,031, 0.6%), neither the manner nor cause of death could be determined, even after extensive investigation, autopsy, and toxicological testing.

The remainder of the annual report will present information on specific manners of death (natural, accidental, homicide, suicide and undetermined) as well as certain categories of deaths investigated by OMI, including deaths of children, ethanol (alcohol) related deaths, and drug involved deaths. Ten-year summaries will be followed by presentations of the current cases by race/ethnicity, and age/gender, then a breakdown by method of death and county of residence.

## Overview – Manner of Death – Natural Deaths

Figure 11 – Natural Deaths – 1997 – 2006

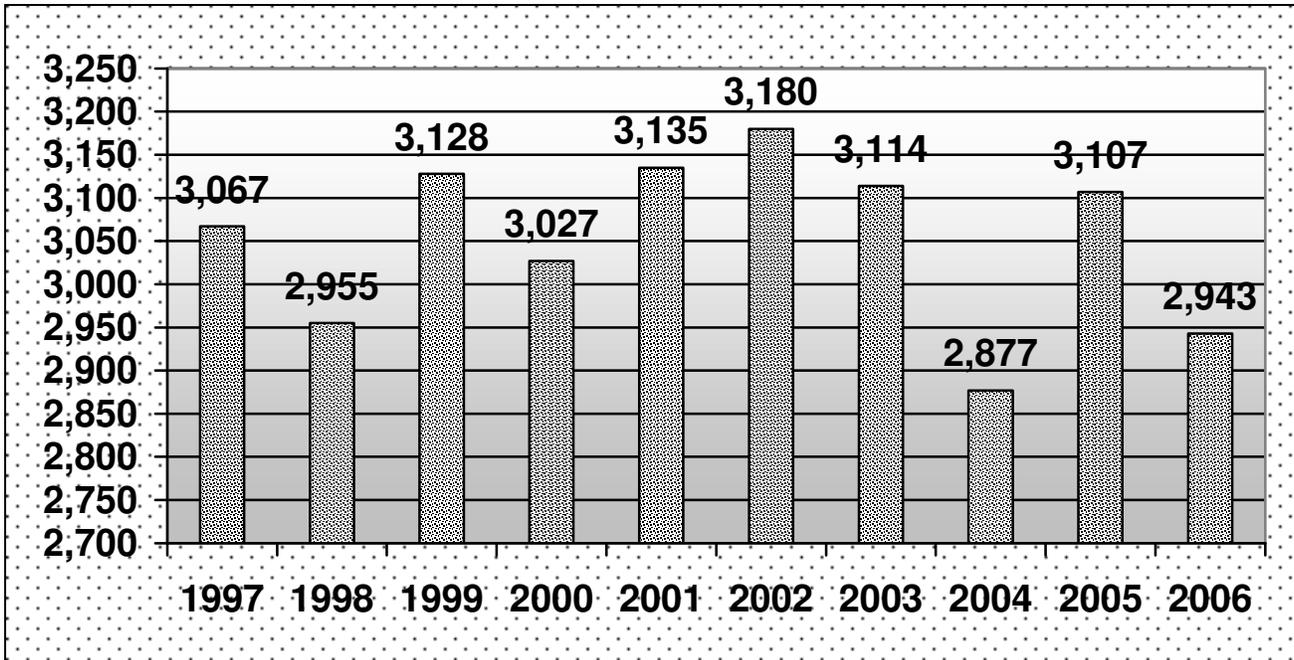


Figure 12 - Natural Deaths by Race/Ethnicity – 2006

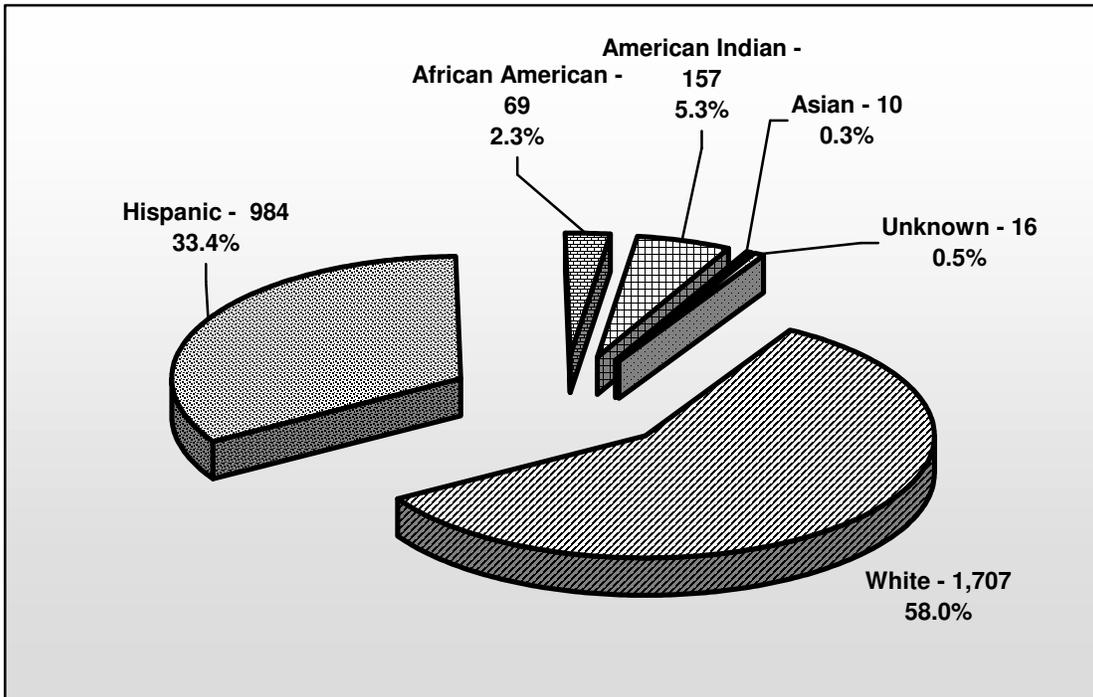
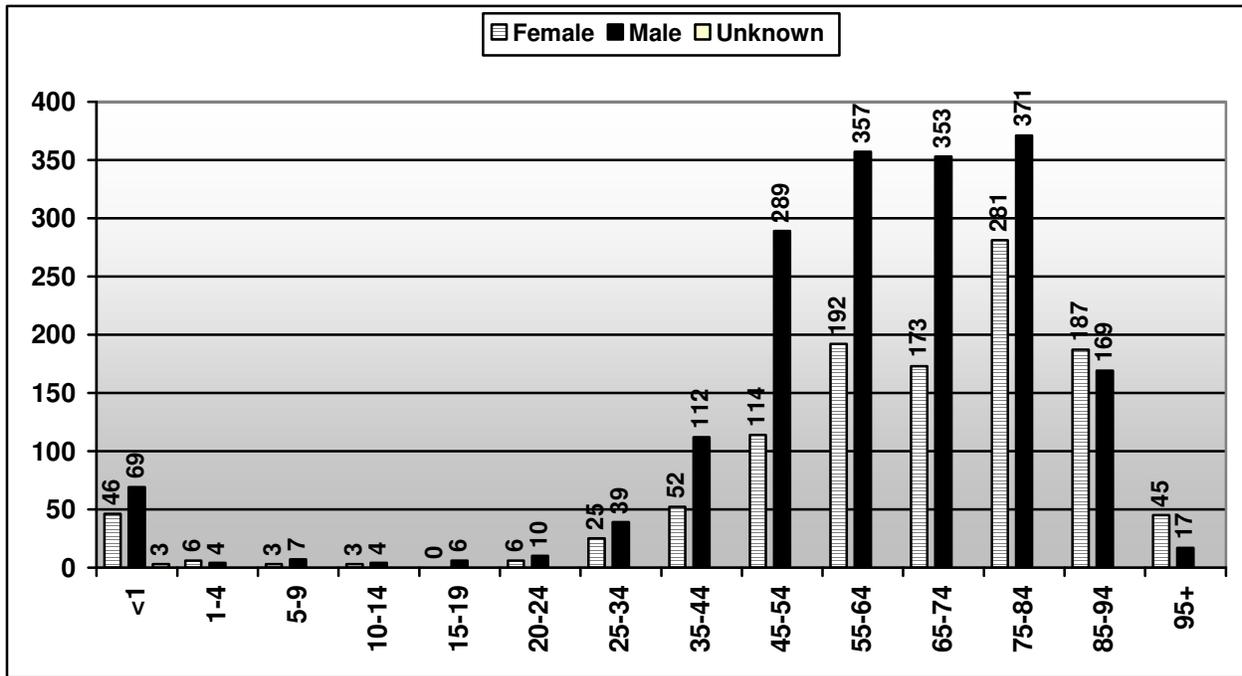


Figure 13 - Natural Deaths by Age and Gender – 2006



### 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 14 - Accidental Deaths – 1997 – 2006

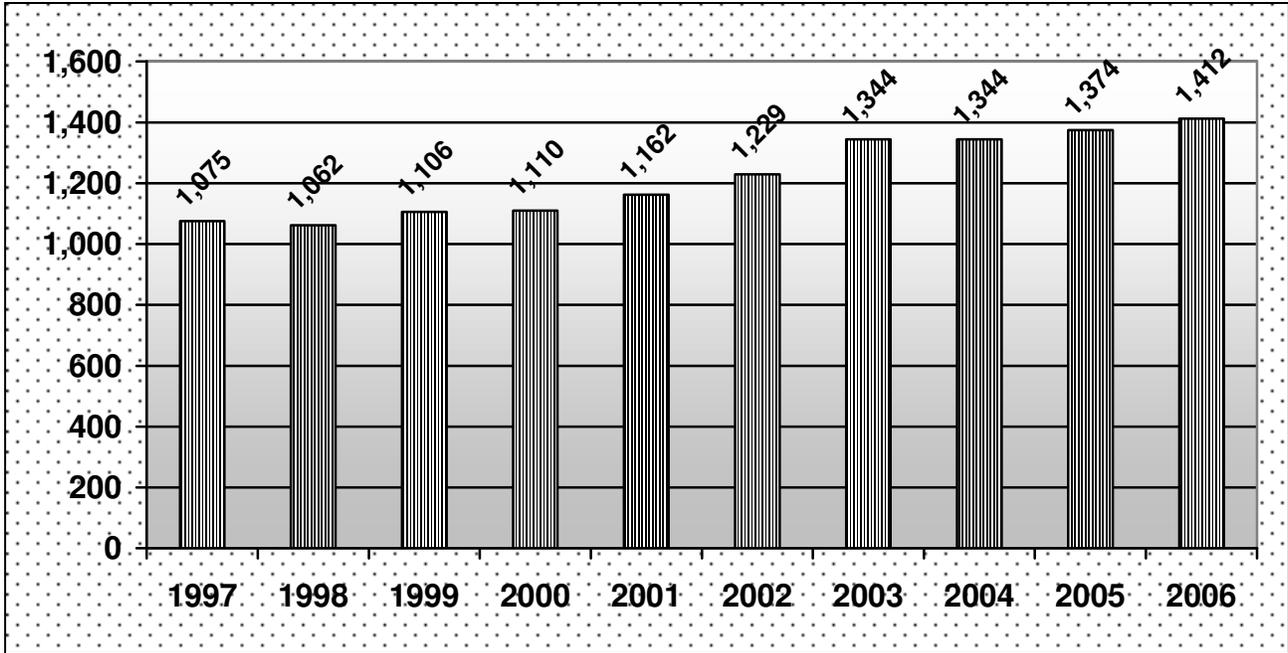


Figure 15 - Accidental Deaths by Race/Ethnicity – 2006

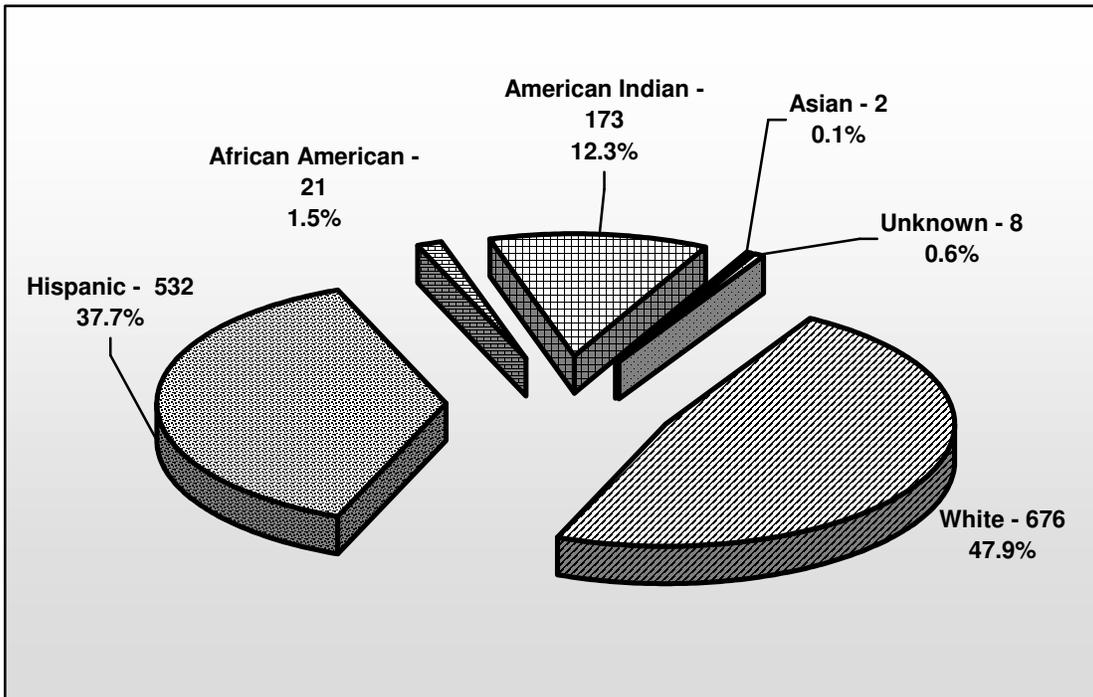


Figure 16 - Accidental Deaths by Age and Gender – 2006

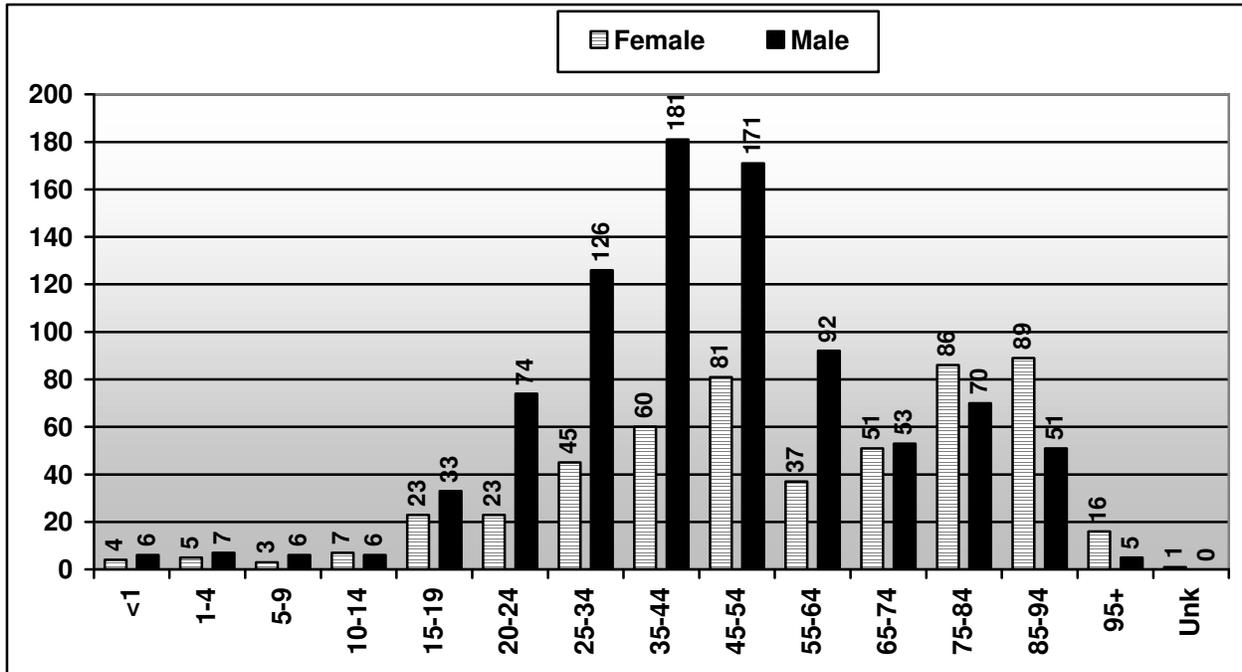


Table 9 - Accidental Deaths – Method – 2006

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Fall from standing height	290	22	77	191
Ingested and/or injected illicit drug(s)	214	208	4	2
Ingested and/or injected prescription medications	142	141	1	0
Driver of auto in collision	81	44	17	20
Driver of auto that left roadway	80	34	23	23
Pedestrian struck by motor vehicle	78	53	11	14
Passenger in auto that left roadway	61	33	20	8
Fall from height	60	23	13	24
Exposed to cold or heat	46	44	1	1
Passenger in auto in collision	39	22	11	6
Driver of pickup that left roadway	33	17	8	8
Driver of motorcycle	25	12	6	7
Passenger in pickup that left roadway	23	15	4	4
Drowned in (non-recreational water accidents)	22	19	1	2
Victim of fire	21	17	3	1

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Crushed/suffocated	18	17	1	0
Ingested alcohol	18	18	0	0
Driver of motorcycle in collision with motor vehicle	17	5	7	5
Driver of pickup in collision with motor vehicle	16	12	2	2
Choked	14	7	2	5
Accident-Other	11	7	2	2
Swimming (recreational and rescue attempts)	10	9	0	1
Struck by flying/falling	9	9	0	0
Passenger in truck that left roadway	8	8	0	0
Driver of truck that left roadway	6	6	0	0
Passenger in pickup in collision with motor vehicle	6	2	1	3
Driver of auto in collision with fixed object	5	2	0	3
Inhaled toxic agent, inhalation was accidental	5	2	3	0
Cyclist struck by motor vehicle	4	2	2	0
Driver of truck in collision	4	3	1	0
Pilot of aircraft that crashed	4	4	0	0
Accidental discharge of firearm	3	3	0	0
Bitten/mauled/stung/kicked by animal	3	1	0	2
Passenger who fell from moving motor vehicle	3	2	0	1
Received blow/collided with object	3	2	0	1
Contacted electrical current	2	2	0	0
Cut self with sharp instrument	2	2	0	0
Cyclist non-motor vehicle accident	2	1	1	0
Driver of motor vehicle, struck by train	2	2	0	0
Driver of pickup in collision with fixed object	3	2	0	1
Inhaled toxic agent (substance abuse)	2	2	0	0
Motor vehicle accident, etiology unknown	2	1	1	0
Non-collision motor vehicle accident	2	0	1	1
Passenger in auto in collision with fixed object	2	2	0	0
Passenger in pickup in collision with fixed object	2	1	0	1
Passenger on motorcycle	2	2	0	0
Accidental ligature strangulation	1	1	0	0
Farm or Industrial machinery accident	1	0	1	0
Fell/thrown from (riding animal, bull, horse, etc.)	1	0	1	0
Medical treatment	1	1	0	0
Passenger in truck in collision	1	1	0	0
Pedestrian struck by other non-motor vehicle	1	1	0	0
Poisoned	1	0	1	0
<b>Total</b>	<b>1,412</b>	<b>846</b>	<b>227</b>	<b>339</b>

**Table 10 - Accidental Deaths – County of Injury – 1997 – 2006**

County of Injury	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Bernalillo	278	311	294	285	318	359	406	403	389	430
Catron	2	4	4	7	5	3	6	2	7	2
Chaves	43	28	43	30	36	29	42	41	37	48
Cibola	23	19	24	37	16	19	27	25	41	22
Colfax	7	6	8	16	18	12	23	9	17	9
Curry	10	19	15	16	13	13	15	15	22	20
De Baca	4	2	4	1	2	5	3	1	3	1
Dona Ana	67	47	53	52	56	55	62	80	63	77
Eddy	21	38	19	29	22	27	31	33	39	39
Grant	18	17	13	17	9	18	23	25	17	19
Guadalupe	28	17	7	8	14	17	8	16	10	18
Harding	1	0	1	1	1	2	1	0	0	0
Hidalgo	10	9	5	7	9	10	2	6	14	7
Lea	15	16	23	21	24	20	29	21	30	38
Lincoln	18	21	13	11	21	31	14	14	14	15
Los Alamos	6	2	4	6	9	6	10	6	6	5
Luna	30	17	20	15	23	18	25	22	37	33
McKinley	67	66	65	78	57	71	73	99	80	77
Mora	6	2	8	7	4	4	5	8	7	5
Otero	25	12	20	25	24	25	31	28	30	35
Quay	24	8	20	13	13	18	26	14	10	16
Rio Arriba	50	44	67	57	37	54	46	57	48	49
Roosevelt	6	14	6	6	7	9	8	7	14	7
San Juan	56	70	56	61	76	85	79	76	72	80
San Miguel	17	30	16	20	19	26	30	33	25	23
Sandoval	28	29	37	34	39	33	42	47	52	61
Santa Fe	51	63	89	84	72	89	78	75	101	96
Sierra	15	12	16	12	13	15	16	12	12	9
Socorro	16	21	18	17	27	13	18	21	22	15
Taos	19	21	16	21	38	30	26	30	27	27
Torrance	12	9	17	16	19	12	20	19	18	21
Union	2	6	4	3	16	4	3	4	7	7
Valencia	42	32	41	39	35	34	45	38	41	52
Out of State/Unknown	58	50	60	58	70	63	71	57	62	49
<b>Totals</b>	<b>1,075</b>	<b>1,062</b>	<b>1,106</b>	<b>1,110</b>	<b>1,162</b>	<b>1,229</b>	<b>1,344</b>	<b>1,344</b>	<b>1,374</b>	<b>1,412</b>

**Table 11 - Accidental Deaths – County of Pronouncement – 1997 – 2006**

County of Pronouncement	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Bernalillo	373	393	385	388	415	442	505	503	476	550
Catron	2	4	4	7	4	2	6	2	7	1
Chaves	40	26	41	28	36	27	42	41	34	47
Cibola	18	17	20	27	11	20	20	14	34	12
Colfax	6	6	7	16	15	12	20	9	19	9
Curry	15	20	18	24	17	14	17	18	22	19
De Baca	5	1	4	0	1	5	3	0	2	1
Dona Ana	65	53	54	50	58	53	62	82	61	83
Eddy	19	36	20	27	24	28	30	32	39	39
Grant	15	17	11	18	14	13	24	24	19	18
Guadalupe	25	15	6	5	12	14	6	15	8	14
Harding	0	0	0	1	1	2	1	0	0	0
Hidalgo	9	8	5	7	10	9	2	6	10	7
Lea	16	17	22	21	24	20	29	21	31	40
Lincoln	15	20	12	10	19	23	12	13	13	16
Los Alamos	5	0	4	8	9	4	8	5	5	5
Luna	24	15	20	15	17	17	25	23	37	27
McKinley	59	55	59	60	50	65	73	83	69	67
Mora	3	2	6	5	2	1	4	8	4	3
Otero	22	11	16	24	20	25	30	28	30	33
Quay	19	8	17	12	10	17	24	13	10	16
Rio Arriba	50	40	57	49	30	54	40	53	39	42
Roosevelt	4	11	7	2	4	8	8	6	14	8
San Juan	61	75	61	68	90	89	78	87	79	82
San Miguel	19	27	13	17	18	24	26	26	22	21
Sandoval	21	24	24	21	21	27	24	28	40	33
Santa Fe	45	61	91	83	80	93	87	78	100	97
Sierra	11	7	13	11	13	13	14	9	11	6
Socorro	13	16	18	17	23	11	15	15	22	12
Taos	18	20	14	17	33	24	19	27	25	22
Torrance	11	9	11	13	16	9	9	12	14	17
Union	2	6	4	3	15	4	3	2	6	7
Valencia	31	19	31	23	19	21	34	29	32	37
Out of State/Unknown	34	23	31	33	31	39	44	32	40	21
<b>Totals</b>	<b>1,075</b>	<b>1,062</b>	<b>1,106</b>	<b>1,110</b>	<b>1,162</b>	<b>1,229</b>	<b>1,344</b>	<b>1,344</b>	<b>1,374</b>	<b>1,412</b>

## Accidental Deaths – Summary

Accidental deaths accounted for 28% of the deaths investigated by OMI in 2006, second only to natural deaths (58.5% of OMI-investigated deaths) as a manner of death. The highest number of accidental deaths was in males 35-44 years of age. Motor vehicle accidents were the most common cause of accidental deaths, with motor vehicles involved in 36.4% of all accidental deaths.

## Overview – Manner of Death – Suicide Deaths

Figure 17 - Suicide Deaths – 1997 – 2006

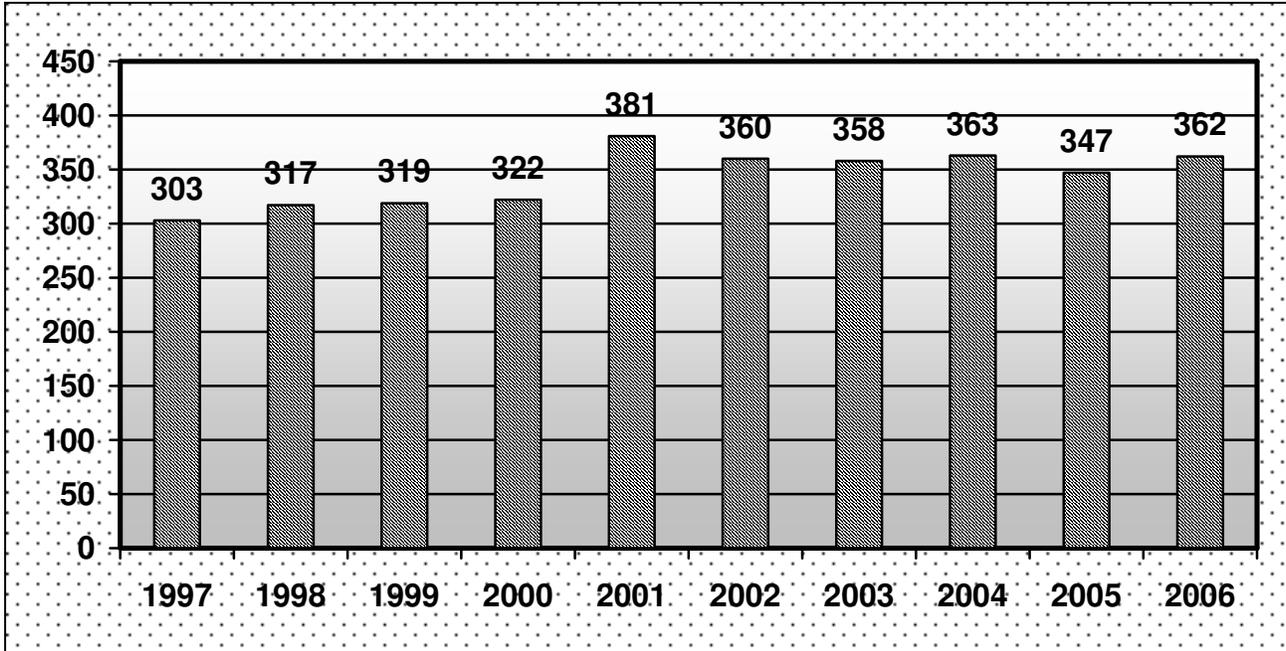


Figure 18 - Suicide Deaths by Race/Ethnicity – 2006

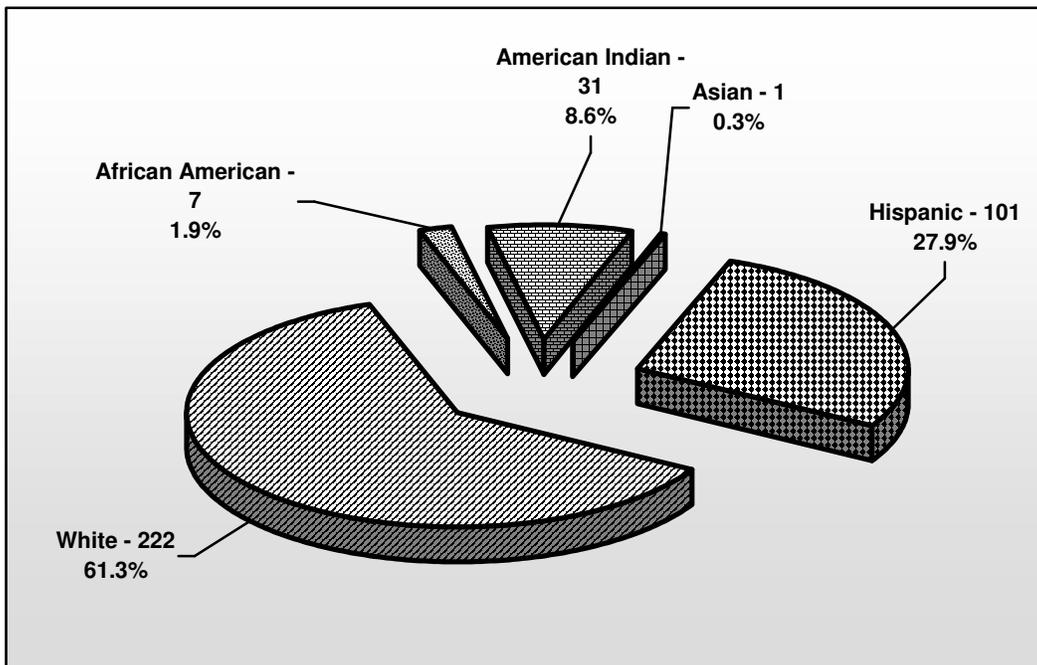


Figure 19 - Suicide Deaths by Age and Gender – 2006

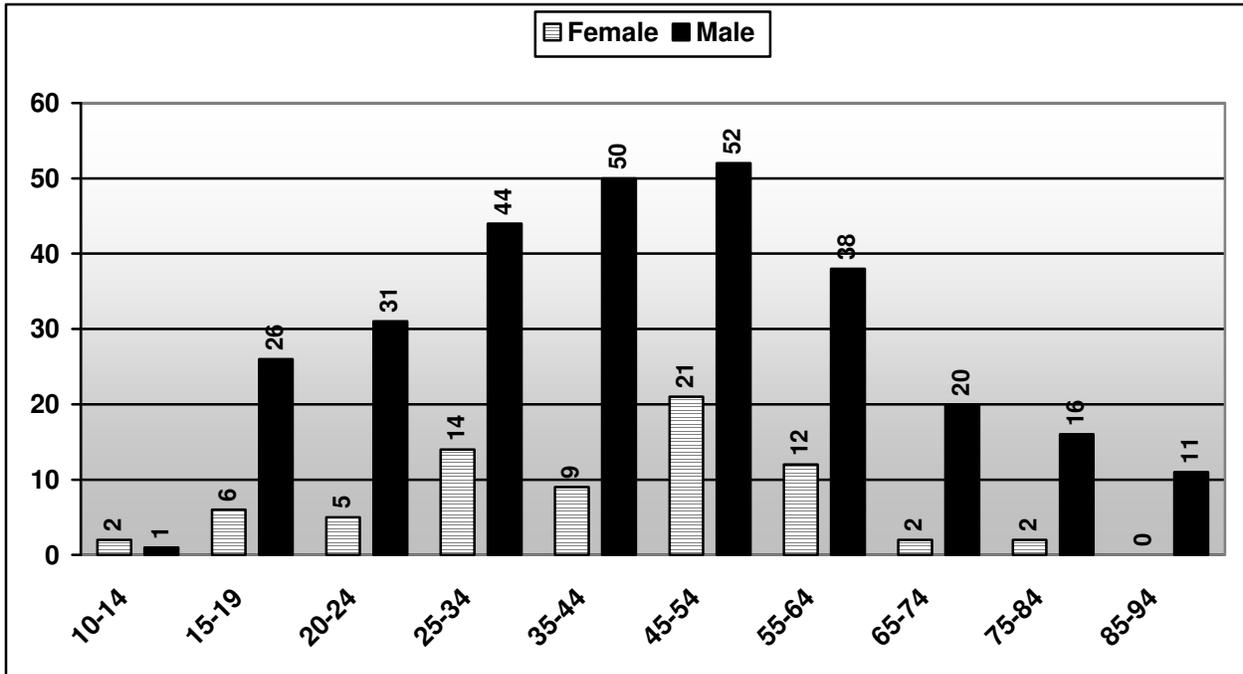


Figure 20 - Suicide Deaths by Month – 2006

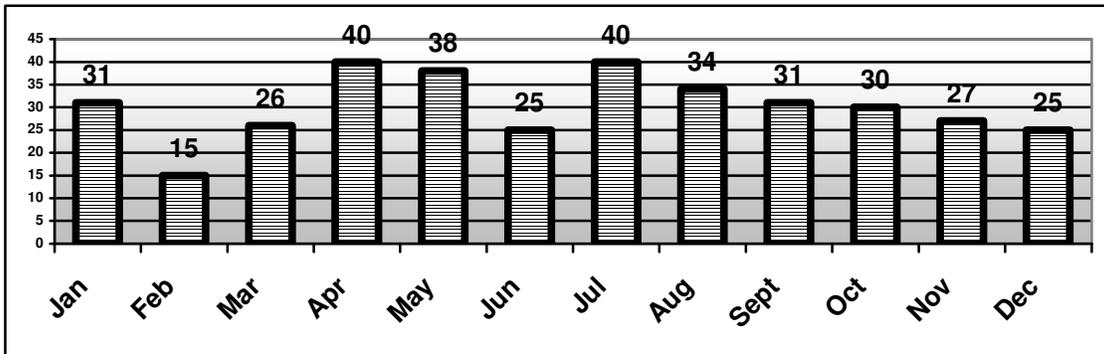
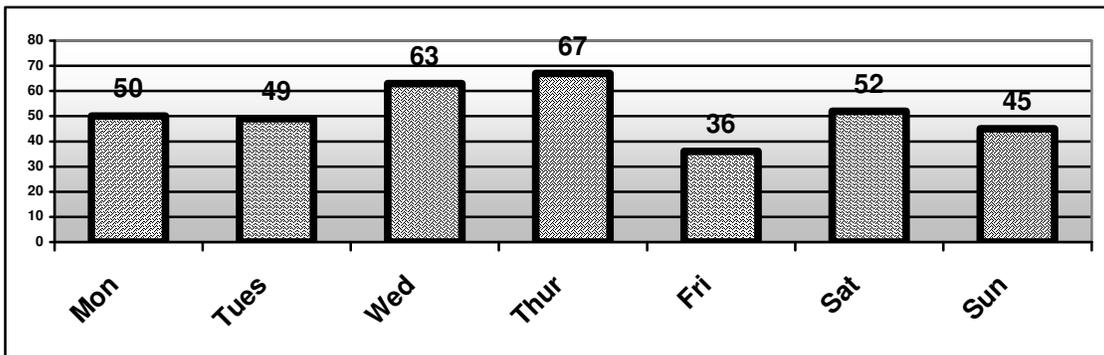


Figure 21 – Suicide Deaths by Day of the Week – 2006



**Table 12 – Suicide Deaths by County of Injury – 1997 - 2006**

County of Injury	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Bernalillo	87	101	96	98	124	112	107	102	99	111
Catron	2	1	1	1	1	2	1	3	0	1
Chaves	9	5	14	13	14	10	17	18	8	10
Cibola	7	5	1	1	8	4	5	3	2	5
Colfax	0	2	5	4	4	6	4	7	2	4
Curry	3	11	6	4	7	3	6	5	1	6
De Baca	2	0	1	1	2	2	0	0	1	1
Dona Ana	18	25	20	30	23	27	13	26	36	24
Eddy	12	8	8	7	5	13	9	9	13	10
Grant	9	5	9	5	4	7	9	6	10	9
Guadalupe	2	1	0	0	2	1	0	0	0	2
Harding	0	0	0	0	2	0	0	1	0	0
Hidalgo	0	1	2	1	2	1	0	0	1	0
Lea	5	6	8	7	9	7	11	9	8	12
Lincoln	6	9	11	7	6	10	3	7	6	2
Los Alamos	2	1	3	0	4	0	3	3	4	4
Luna	12	1	8	4	5	11	9	7	3	6
McKinley	12	14	15	12	15	9	16	19	13	16
Mora	2	1	0	2	4	1	4	0	0	2
Otero	6	4	9	13	13	13	14	15	13	13
Quay	0	1	4	2	5	0	3	1	3	2
Rio Arriba	14	10	10	9	11	11	12	9	10	5
Roosevelt	1	2	2	4	2	2	0	3	1	4
San Juan	13	17	15	20	19	19	19	14	20	25
San Miguel	5	5	5	6	13	8	11	9	6	8
Sandoval	10	16	11	15	14	15	7	13	13	16
Santa Fe	24	28	22	26	22	26	35	30	23	23
Sierra	10	6	7	7	5	6	4	4	7	5
Socorro	4	5	0	3	7	5	4	6	3	2
Taos	5	5	2	5	6	9	5	7	20	12
Torrance	6	3	3	4	6	5	3	4	2	7
Union	1	0	0	0	0	0	0	1	2	1
Valencia	9	10	12	6	10	11	11	17	10	11
Out of State/Unknown	5	8	9	5	7	4	13	5	7	3
<b>Totals</b>	<b>303</b>	<b>317</b>	<b>319</b>	<b>322</b>	<b>381</b>	<b>360</b>	<b>358</b>	<b>363</b>	<b>347</b>	<b>362</b>

**Table 13 – Suicide Deaths by County of Pronouncement – 1997 - 2006**

County of Pronouncement	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Bernalillo	92	114	106	107	129	120	119	107	104	119
Catron	2	1	1	1	1	2	1	3	0	1
Chaves	9	6	13	13	14	10	16	18	8	10
Cibola	7	5	1	1	8	3	4	2	3	4
Colfax	0	1	5	4	4	6	3	7	1	4
Curry	3	12	6	4	7	3	6	5	1	6
De Baca	2	0	1	1	2	2	0	0	1	1
Dona Ana	18	24	20	29	23	27	13	26	36	23
Eddy	13	7	8	7	5	13	9	9	13	10
Grant	9	5	9	5	4	6	9	6	8	9
Guadalupe	2	1	0	0	2	1	0	0	0	2
Harding	0	0	0	0	2	0	0	1	0	0
Hidalgo	0	1	2	1	2	1	0	0	1	0
Lea	5	6	8	7	9	7	11	8	8	12
Lincoln	6	8	12	7	6	10	3	7	7	2
Los Alamos	1	1	3	0	4	0	2	3	3	4
Luna	12	1	8	3	5	10	9	7	3	6
McKinley	12	14	15	12	13	9	14	19	12	16
Mora	2	2	0	2	4	1	4	0	0	2
Otero	5	2	6	13	12	13	14	15	12	13
Quay	0	1	4	2	5	0	3	1	3	2
Rio Arriba	14	9	7	9	10	10	11	9	10	4
Roosevelt	1	2	2	4	2	2	0	3	1	4
San Juan	13	17	15	21	20	20	19	14	20	25
San Miguel	5	5	5	5	12	7	10	9	6	8
Sandoval	10	13	11	12	12	15	6	12	11	16
Santa Fe	24	28	22	24	24	26	35	30	22	23
Sierra	9	4	7	6	5	6	4	4	7	5
Socorro	4	3	0	3	6	5	4	6	3	2
Taos	5	5	2	5	6	8	5	6	20	12
Torrance	6	3	3	4	6	5	2	4	2	6
Union	1	0	0	0	0	0	0	1	2	1
Valencia	7	9	9	6	10	7	9	16	9	7
Out of State/Unknown	4	7	8	4	7	5	13	5	10	3
<b>Totals</b>	<b>303</b>	<b>317</b>	<b>319</b>	<b>322</b>	<b>381</b>	<b>360</b>	<b>358</b>	<b>363</b>	<b>347</b>	<b>362</b>

**Table 14 - Suicide Deaths – Method – 2006**

Method	Total Cases	Autopsy	Dictated External	Investigator Field Exam
Shot self with firearm	199	183	6	10
Hanged self	69	58	5	6
Ingested or injected medication	49	46	1	2
Ingested, injected or inhaled non-prescription medication	9	8	1	0
Inhaled	7	6	1	0
Suffocated self	7	6	0	1
Suicide as pedestrian	5	4	0	1
Stabbed self	4	4	0	0
Suicide-Other	4	4	0	0
Jumped	3	2	0	1
Slashed	3	2	0	1
Driver of motor vehicle	2	2	0	0
Burned self	1	0	1	0
<b>Total</b>	<b>362</b>	<b>325</b>	<b>15</b>	<b>22</b>

## Suicide Deaths – Summary

New Mexico's suicide rate is consistently higher than the national average, comprising 2.5% of all deaths in New Mexico, compared to 1.3% of all deaths in the U.S. The rate in 2004 was 18.7 per 100,000 people, compared to a rate of 10.9 per 100,000 people in the rest of the U.S. (2004 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health). The rate continues to be high for 2006, with an estimate of 18.5 per 100,000 people.

Deaths from suicide in 2006 occurred most frequently among non-Hispanic whites (61.3%) and males (79.8%). More men between the ages of 45 and 54 years (14.4% of all suicides) committed suicide than other age group by gender. More people committed suicide on Thursday (67/362, 18.5%) than any other day of the week, whereas last year Sunday had the most suicides. More suicides occurred in April and July than any other month (40/362, 11%). The fewest occurred in February (15/362, 4.1%). The total number of suicides increased from 2005 (4.3%), and the number of firearm-related suicides increased 13%.

## Overview – Manner of Death – Homicide Deaths

Figure 22 - Homicide Deaths – 1997 – 2006

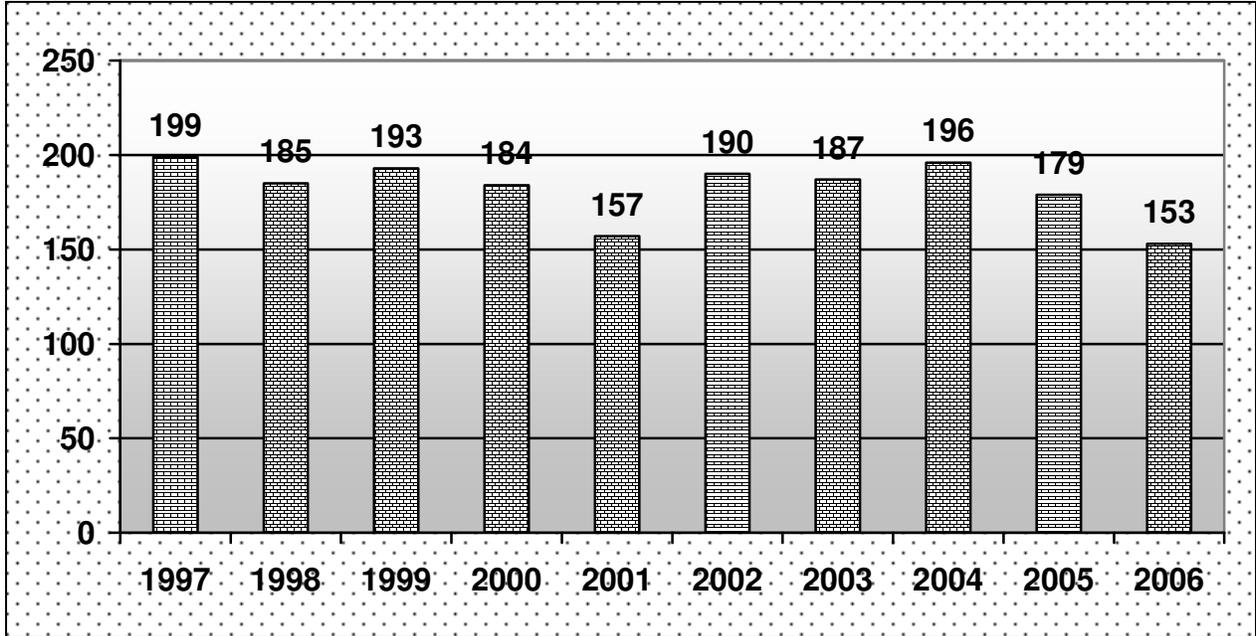


Figure 23 - Homicide Deaths by Race/Ethnicity – 2006

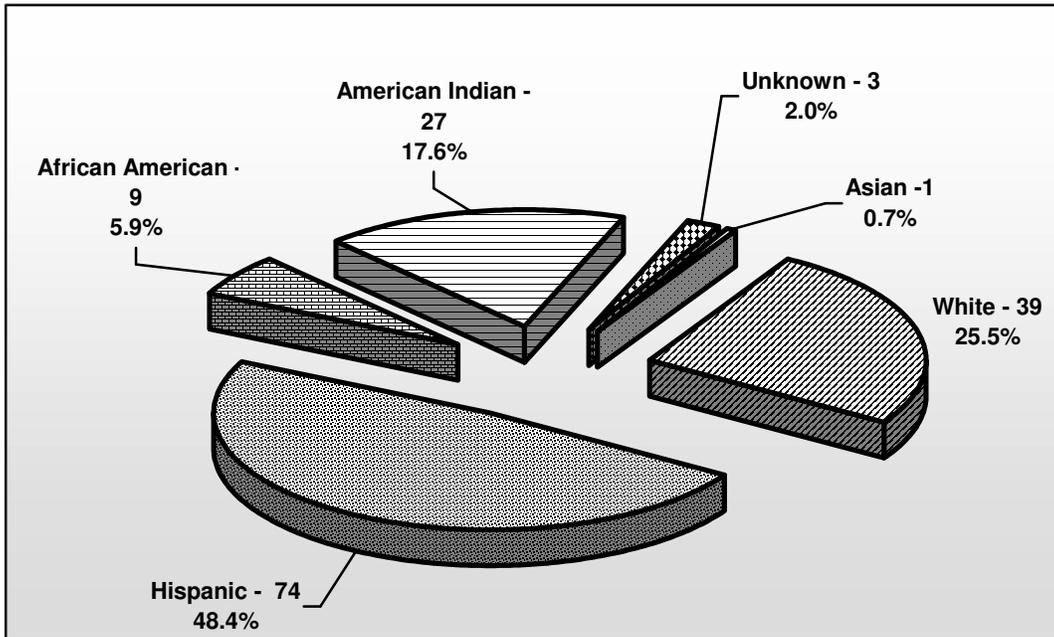


Figure 24 - Homicide Deaths by Age and Gender – 2006

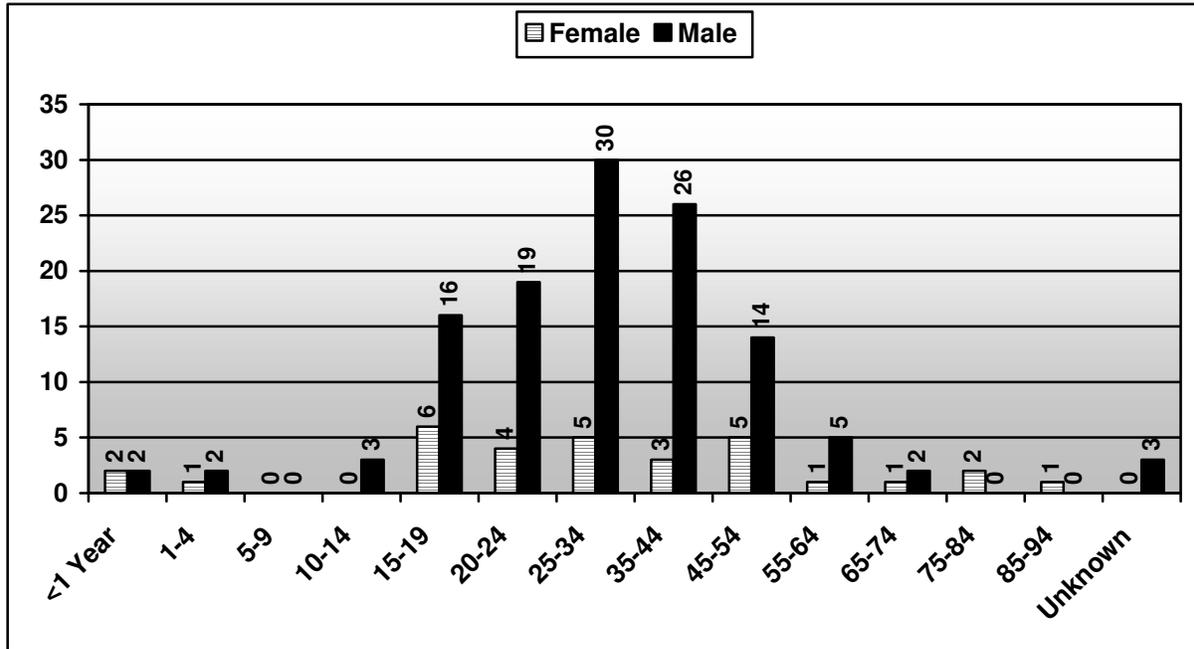


Table 15 - Homicide Deaths – Method – 2006

Method	Total Cases	Autopsy	Investigator Field Exam
Shot by assailant(s) with firearm	84	84	0
Stabbed by assailant(s)	29	29	0
Beaten by assailant(s)	23	23	0
Homicide-Other	9	9	0
Strangled by assailant(s)	4	4	0
Victim of intentionally set fire	1	1	0
Pedestrian homicide	1	1	0
Neglect/Starvation	1	1	0
<b>Total</b>	<b>153</b>	<b>153</b>	<b>0</b>

**Table 16 - Homicide Deaths – County of Injury – 1997 - 2006**

County of Injury	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Bernalillo	61	59	71	55	46	66	64	62	69	50
Catron	3	1	1	0	0	2	1	0	0	0
Chaves	14	5	8	14	6	9	6	8	15	6
Cibola	2	2	3	1	6	2	4	2	1	2
Colfax	0	1	0	0	0	2	3	0	0	2
Curry	3	3	4	2	5	5	5	11	4	4
De Baca	0	0	0	0	0	0	0	1	1	0
Dona Ana	10	15	14	11	9	9	6	9	8	6
Eddy	5	3	6	9	2	6	4	5	3	3
Grant	3	4	2	2	2	2	3	1	1	3
Guadalupe	2	2	2	0	0	0	2	0	0	0
Harding	0	0	0	0	0	0	0	1	0	0
Hidalgo	0	0	1	0	0	0	0	1	0	0
Lea	8	5	9	7	6	5	7	6	7	6
Lincoln	3	1	2	1	1	1	0	5	2	1
Los Alamos	1	0	0	0	0	0	0	1	0	0
Luna	5	2	3	2	0	5	3	4	0	1
McKinley	9	11	6	4	14	11	8	7	7	7
Mora	1	0	0	0	0	1	0	0	0	1
Otero	3	3	3	4	1	4	5	9	0	4
Quay	0	1	2	1	0	0	0	1	0	0
Rio Arriba	4	10	6	5	4	4	8	8	8	2
Roosevelt	0	1	1	0	1	1	0	2	3	0
San Juan	9	13	7	7	8	6	8	7	11	10
San Miguel	6	4	2	11	3	6	7	2	4	1
Sandoval	4	5	6	8	3	6	5	8	4	3
Santa Fe	10	11	11	12	9	6	5	6	4	9
Sierra	1	3	0	1	7	1	1	1	3	2
Socorro	2	1	0	1	2	2	3	1	1	1
Taos	1	3	5	4	0	4	7	6	2	3
Torrance	0	2	1	1	1	1	2	0	2	1
Union	0	0	0	0	0	0	2	1	0	0
Valencia	5	5	5	10	5	3	4	12	8	6
Out of State/Unknown	24	9	12	11	16	20	14	8	11	19
<b>Totals</b>	<b>199</b>	<b>185</b>	<b>193</b>	<b>184</b>	<b>157</b>	<b>190</b>	<b>187</b>	<b>196</b>	<b>179</b>	<b>153</b>

**Table 17 - Homicide Deaths – County of Pronouncement – 1997 - 2006**

County of Pronouncement	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Bernalillo	72	69	80	70	55	72	72	74	73	61
Catron	3	1	1	0	0	1	1	0	0	0
Chaves	13	4	8	13	4	9	6	9	14	5
Cibola	1	1	3	0	8	2	3	1	1	2
Colfax	0	1	0	0	0	2	3	0	0	2
Curry	3	3	4	2	6	6	5	11	3	3
De Baca	0	0	0	0	0	0	0	1	1	0
Dona Ana	9	17	13	11	7	7	5	6	7	6
Eddy	3	2	6	10	2	6	4	4	3	0
Grant	3	5	3	2	2	2	3	1	1	2
Guadalupe	2	2	2	0	0	0	2	0	0	0
Harding	0	0	0	0	0	0	0	1	0	0
Hidalgo	0	0	1	0	0	0	0	1	0	0
Lea	8	5	9	7	5	4	7	5	6	6
Lincoln	3	1	2	1	1	3	0	6	1	1
Los Alamos	1	0	0	0	1	0	0	1	0	0
Luna	7	2	3	2	1	6	3	2	1	2
McKinley	10	11	6	3	10	11	7	6	5	6
Mora	0	0	0	0	0	1	0	0	0	0
Otero	2	3	2	3	1	3	4	8	0	3
Quay	0	1	1	1	0	0	0	1	0	0
Rio Arriba	4	11	6	4	4	4	8	7	8	2
Roosevelt	0	0	1	0	0	0	0	2	3	0
San Juan	11	12	7	9	9	7	9	7	13	14
San Miguel	5	3	2	8	1	6	7	2	3	1
Sandoval	3	4	5	7	2	4	5	7	4	3
Santa Fe	12	10	11	12	8	5	5	7	4	9
Sierra	0	3	0	1	7	1	0	1	2	1
Socorro	2	1	0	1	2	1	2	1	1	1
Taos	1	2	5	4	0	4	7	5	2	3
Torrance	0	2	2	0	1	1	1	0	2	1
Union	0	0	0	0	0	0	1	1	0	0
Valencia	3	4	4	8	7	3	5	7	6	4
Out of State/Unknown	18	5	6	5	13	19	12	11	15	15
<b>Totals</b>	<b>199</b>	<b>185</b>	<b>193</b>	<b>184</b>	<b>157</b>	<b>190</b>	<b>187</b>	<b>196</b>	<b>179</b>	<b>153</b>

## Homicide Deaths – Summary

Homicides decreased by 14.5% from 2005 to 2006. Homicide victims were most frequently male (79.7%) and Hispanic (48.4%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 8.6 per 100,000 in 2004 compared to a national rate of 6.1 per 100,000 (2004 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health). Firearms were frequently involved in homicides, totaling 54.9% of all homicides.

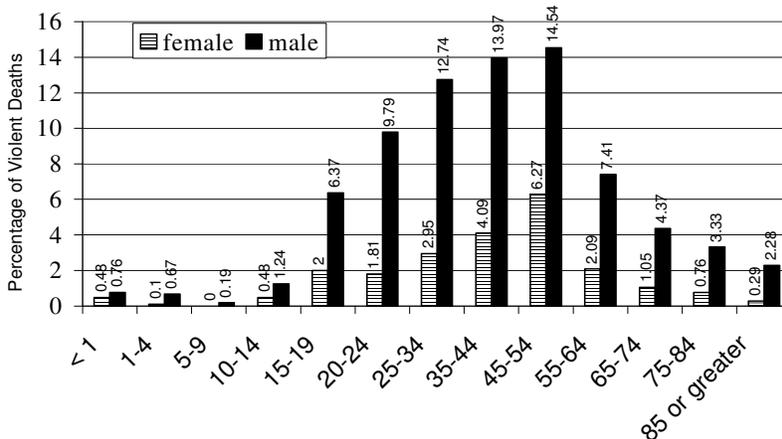
## New Mexico Violent Death<sup>†</sup> Reporting System (NM-VDRS) Update

New Mexico is one of 17 states currently participating in the National Violent Death Reporting System in cooperation with the Centers for Disease Control and Prevention. The primary purpose of this surveillance system is to increase the understanding of circumstances that contribute to violent deaths to encourage development and implementation of more effective prevention strategies.

The Office of the Medical Investigator has been part of NM-VDRS since its inception in 2004, working closely with the New Mexico Department of Health. Data collection began on January 1, 2005. NM-VDRS personnel at OMI combine data from numerous sources including medical examiner records, police reports, death certificates, the state crime lab, and child fatality review records. For each violent death incident, information is abstracted on all victims, suspects, circumstances, relationships, and weapons. Collecting information from numerous sources allows for more certainty in the identification of deaths due to violence, as well as more reliability and completeness in the information collected.

In 2005 and 2006, 1054 violent deaths were recorded in New Mexico. The state’s overall violent death rate is one of the highest in the nation. Males accounted for 78% of the violent deaths and Non-Hispanic Whites, 49%. Both of these groups had higher than expected rates of violent death. The table below shows the percentage of the total violent deaths for each sex by age group (e.g., 14% of all the violent deaths were males 35-44 years of age).

**Figure 25. Percentage of violent death total for sex by age, New Mexico, 2005-2006**



Note: N=1054  
Source: NM-VDRS,  
2005-2006 data

<sup>†</sup>Incidents of violent death include suicides, homicides, legal intervention deaths, deaths having undetermined intent, unintentional deaths due to firearms, and terrorism-related deaths.

## Overview – Manner of Death – Undetermined Deaths

Figure 26 - Undetermined Deaths – 1997 – 2006

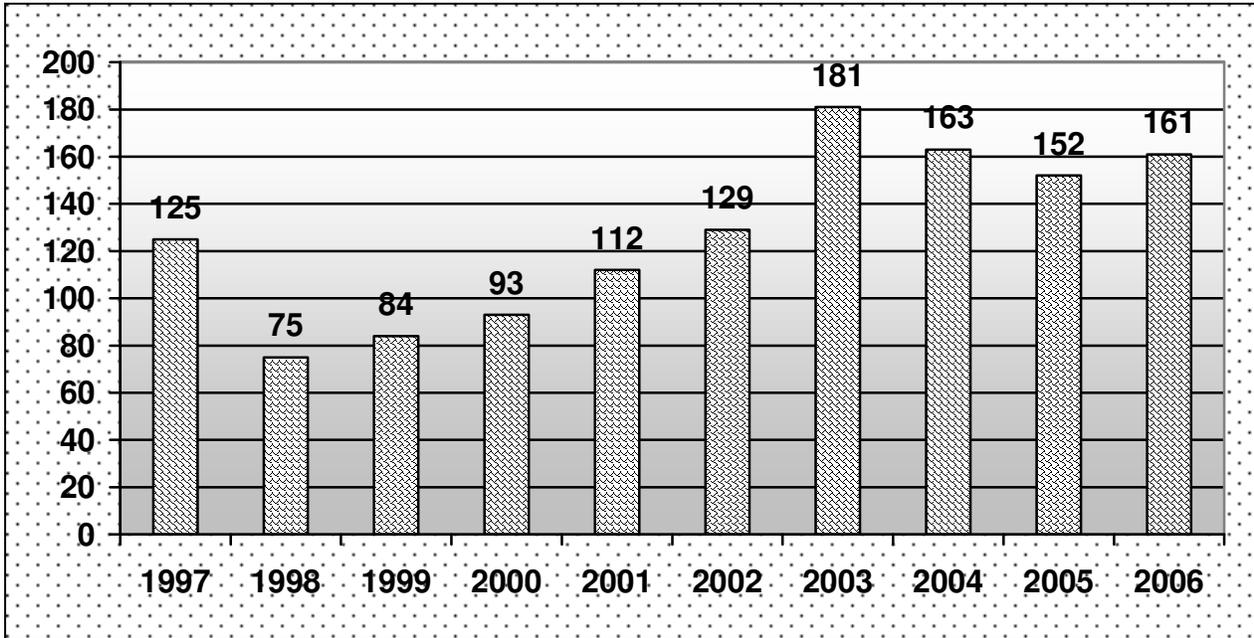


Figure 27 - Undetermined Deaths by Race/Ethnicity – 2006

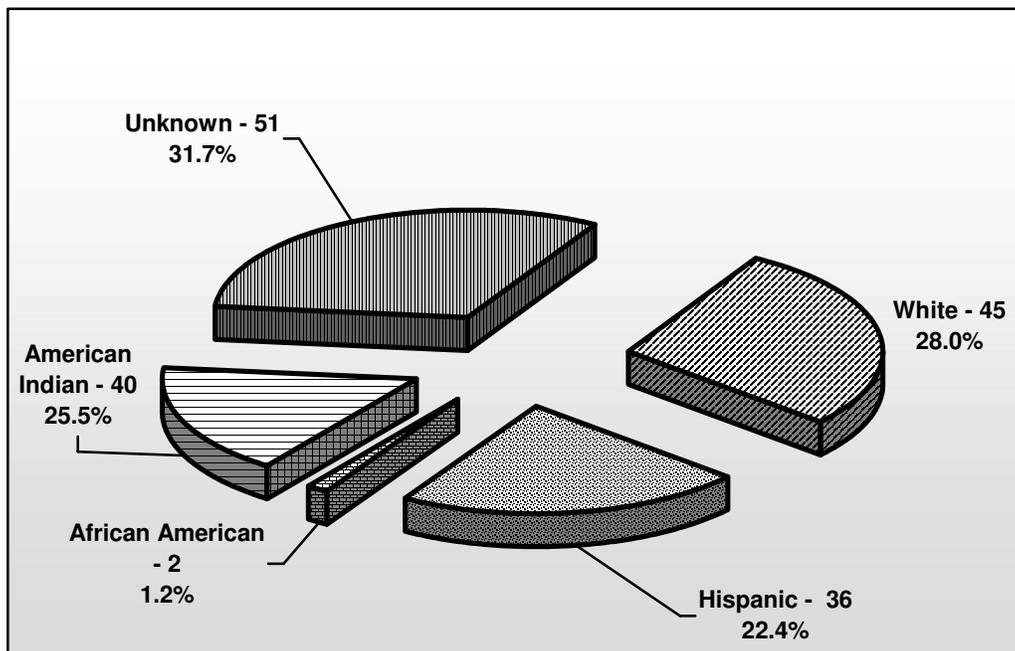
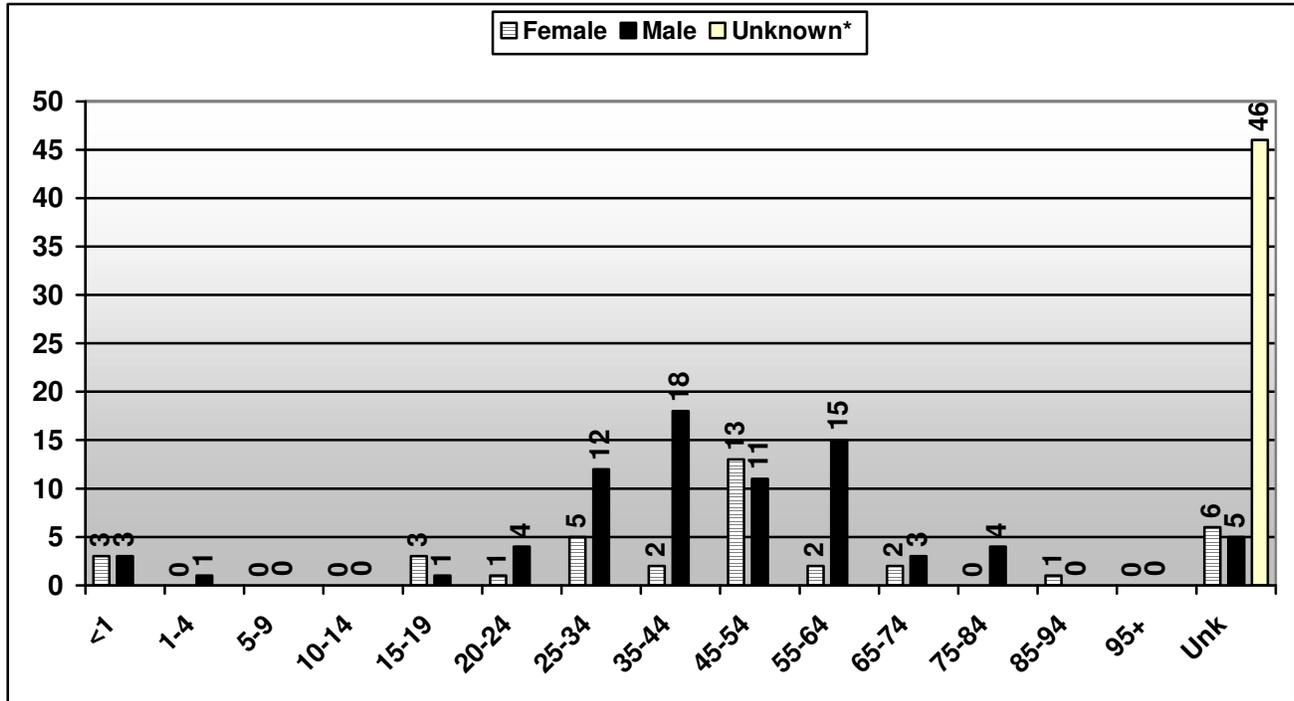


Figure 28 - Undetermined Deaths by Age and Gender – 2006



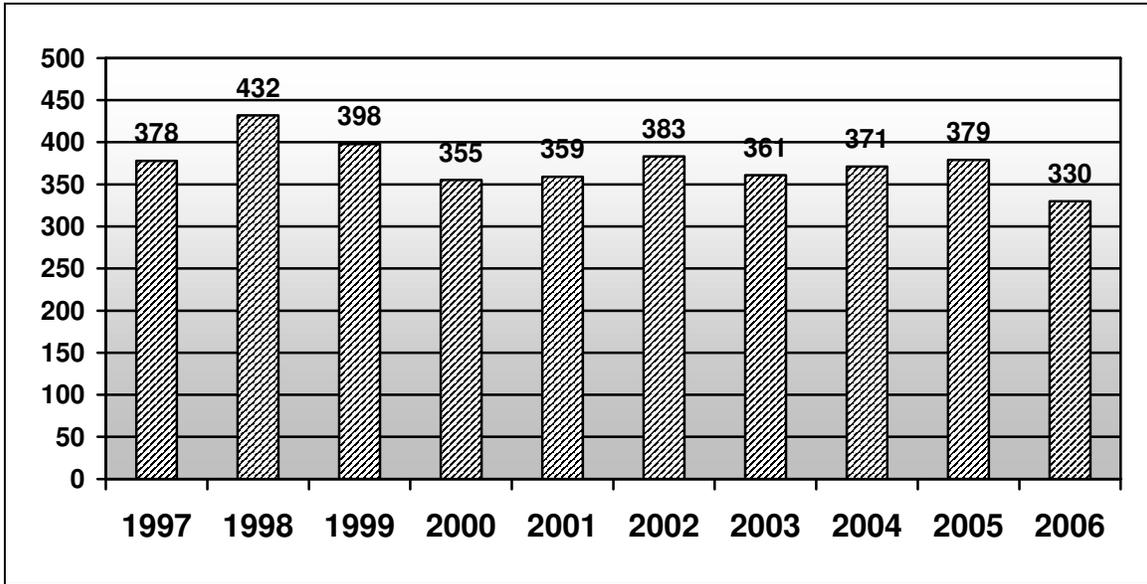
\* Gender and/or Age unknown

## 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 (0.9% in 2004, 0.4% in 2005, 0.6% in 2006) 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 29 – Children\* – Deaths – 1997 – 2006



\* 19 Years old and younger.

Figure 30 – Children - Deaths by Race/Ethnicity – 2006

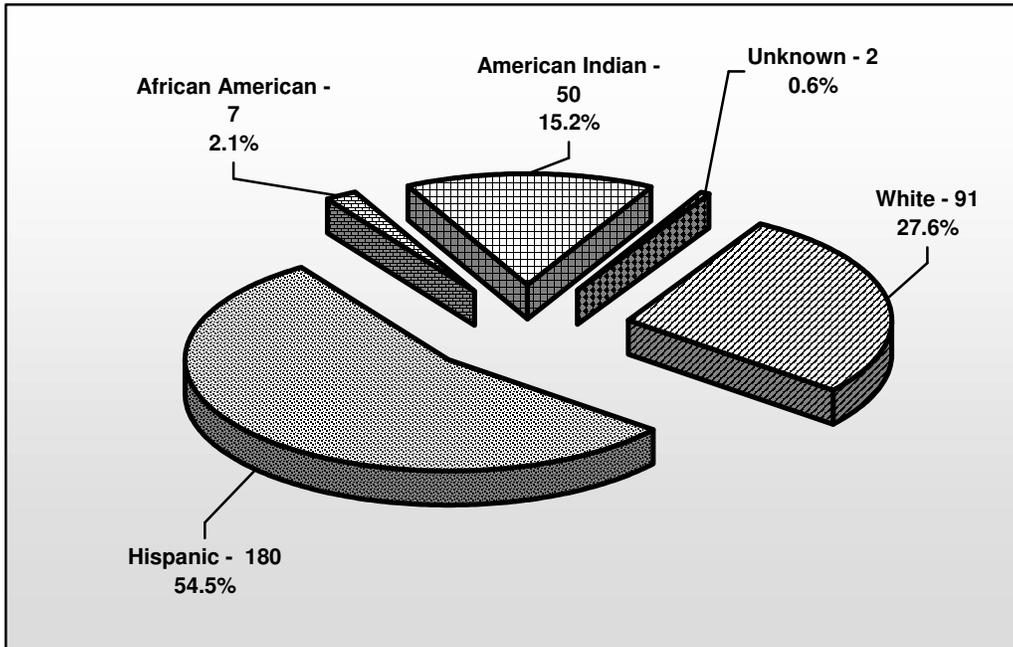
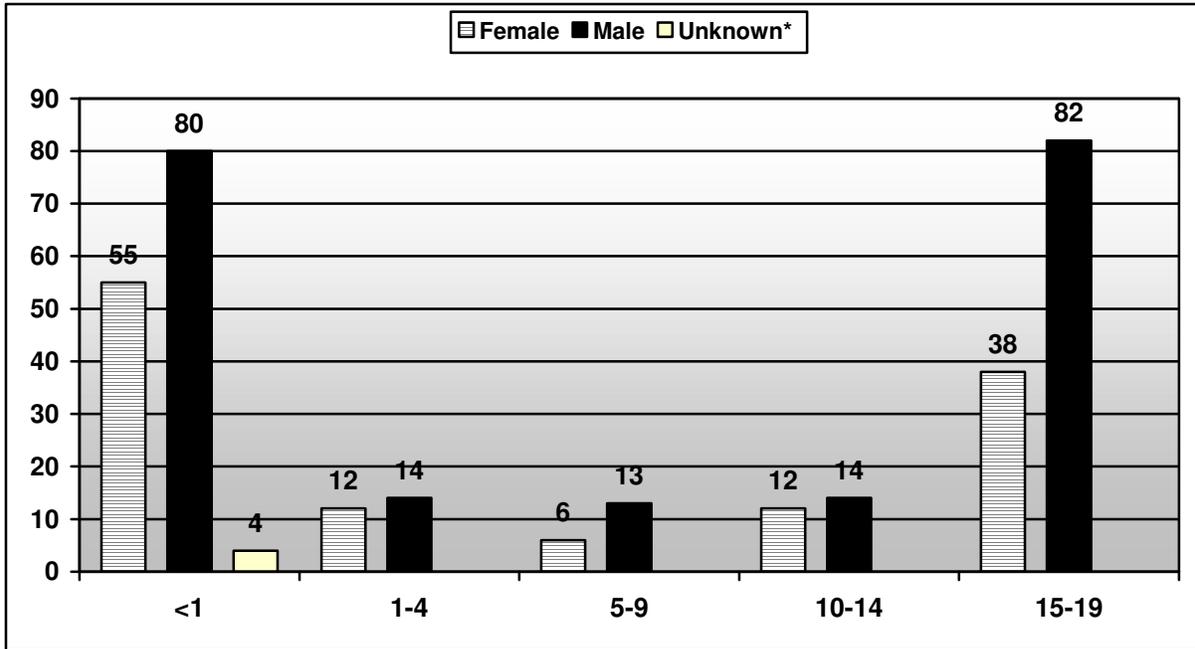
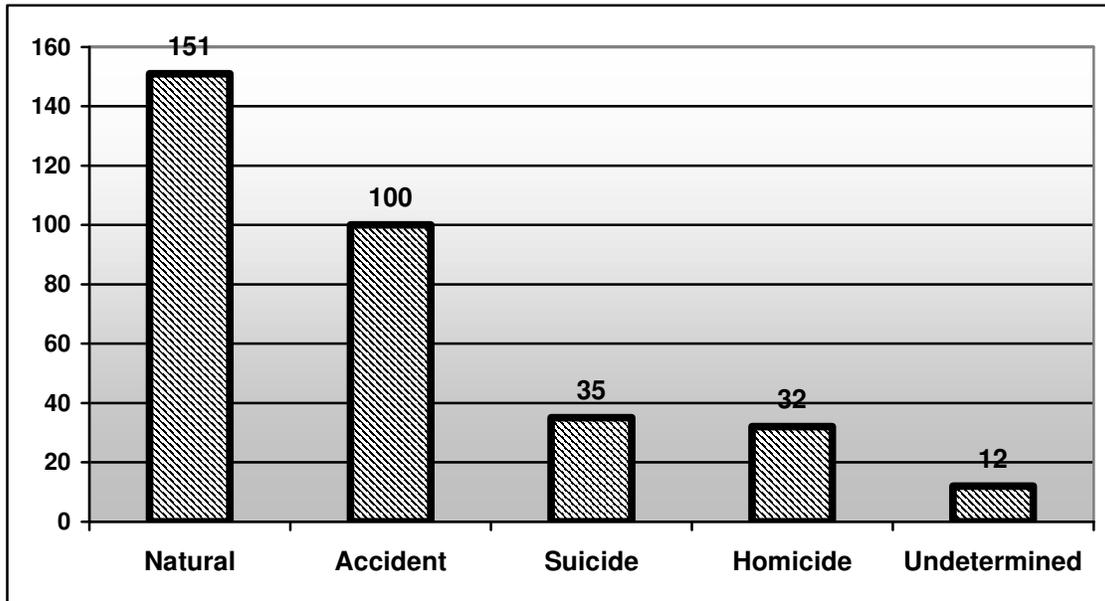


Figure 31 – Children – Deaths by Age and Gender – 2006



\* Gender unknown

Figure 32 – Children – Total Cases - Manner of Death – 2006

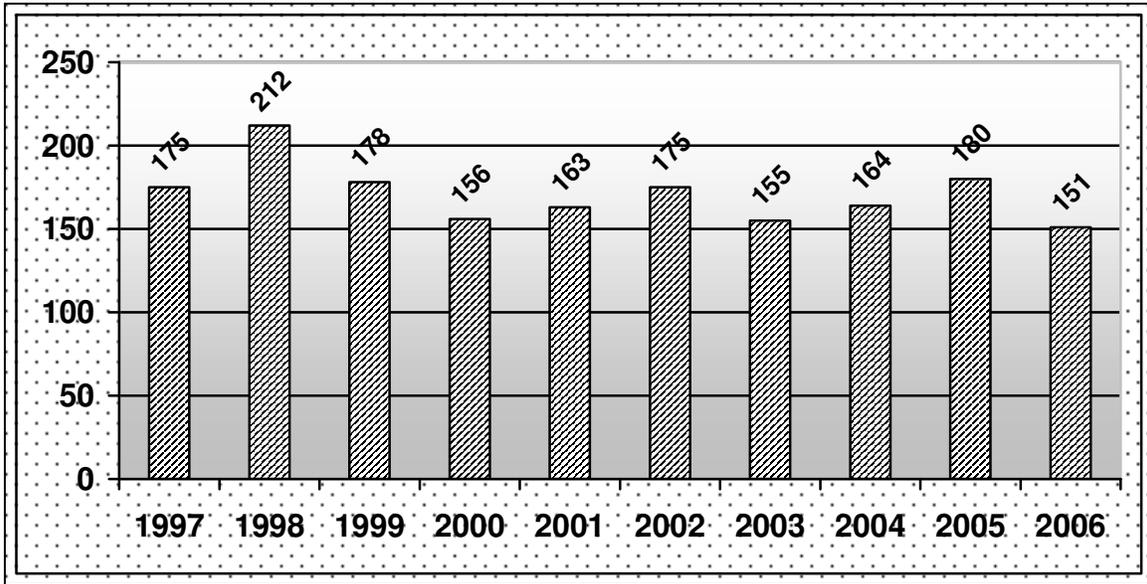


**Table 18 – Children – Cause of Death – 2006**

	<b>Total Cases</b>	<b>Autopsy</b>	<b>Dictated External</b>	<b>Investigator Field Exam</b>
<b>Natural Deaths</b>				
Intrauterine fetal death	36	14	0	22
Prematurity	28	4	0	24
Congenital defect	21	4	0	17
Sudden Infant Death Syndrome	16	15	0	1
Natural-specify	12	4	0	8
Pneumonia	9	9	0	0
Sepsis	6	4	0	2
Cerebrovascular	6	3	0	3
Carcinoma	4	2	0	2
Arteriosclerotic cardiovascular disease	3	1	0	2
Respiratory Distress Syndrome	2	0	0	2
Meningitis	1	1	0	0
Asthma	1	0	0	1
Diabetes	1	1	0	0
Epilepsy	1	1	0	0
Aneurysm	1	1	0	0
Maternal and fetal complications of birth	1	0	0	1
Presumably natural disease	1	0	0	1
Pulmonary edema	1	1	0	0
Spontaneous hemorrhage	1	0	0	1
Leukemia	1	0	0	1
<b>Subtotal</b>	<b>153</b>	<b>65</b>	<b>0</b>	<b>88</b>
<b>Unnatural Deaths</b>				
Multiple injuries	50	38	8	4
Head and neck injuries	34	22	7	5
Gunshot wound	33	33	0	0
Hanging	15	14	0	1
Asphyxia	8	7	0	1
Substance intoxication	7	7	0	0
Stab wound	7	7	0	0
Drowning	7	6	0	1
Exposure	2	2	0	0
Child abuse	2	2	0	0
Subdural hematoma	1	0	1	0
Carbon monoxide intoxication	1	1	0	0
<b>Subtotal</b>	<b>167</b>	<b>139</b>	<b>16</b>	<b>12</b>
<b>Undetermined</b>				
Undetermined after autopsy and/or toxicology	5	5	0	0
For certification purposes only	2	1	0	1
Pending Toxicology, Histology	2	2	0	0
Consult Request Withdrawn	1	0	0	1
<b>Subtotal</b>	<b>10</b>	<b>8</b>	<b>0</b>	<b>2</b>
<b>Total</b>	<b>330</b>	<b>212</b>	<b>16</b>	<b>102</b>

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

**Figure 33 – Children – Natural Deaths – 1997 – 2006**



**Figure 34 – Children – Natural Deaths by Race/Ethnicity – 2006**

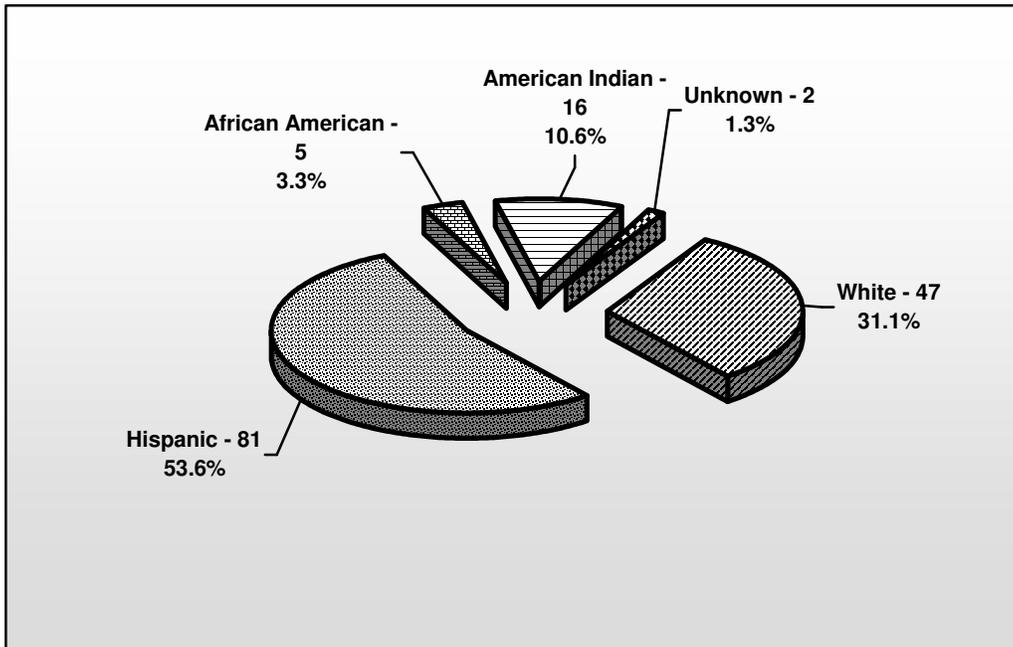
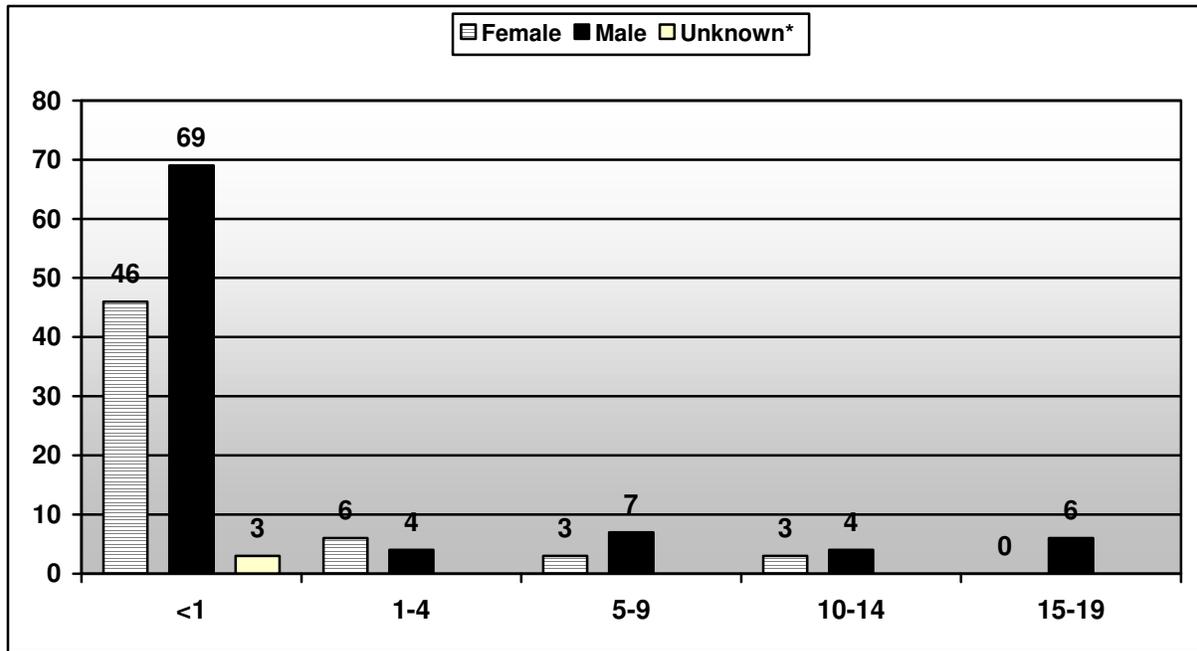


Figure 35 – Children – Natural Deaths by Age and Gender – 2006



\*Unknown Gender

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

Figure 36 – Children – Accidental Deaths – 1997 – 2006

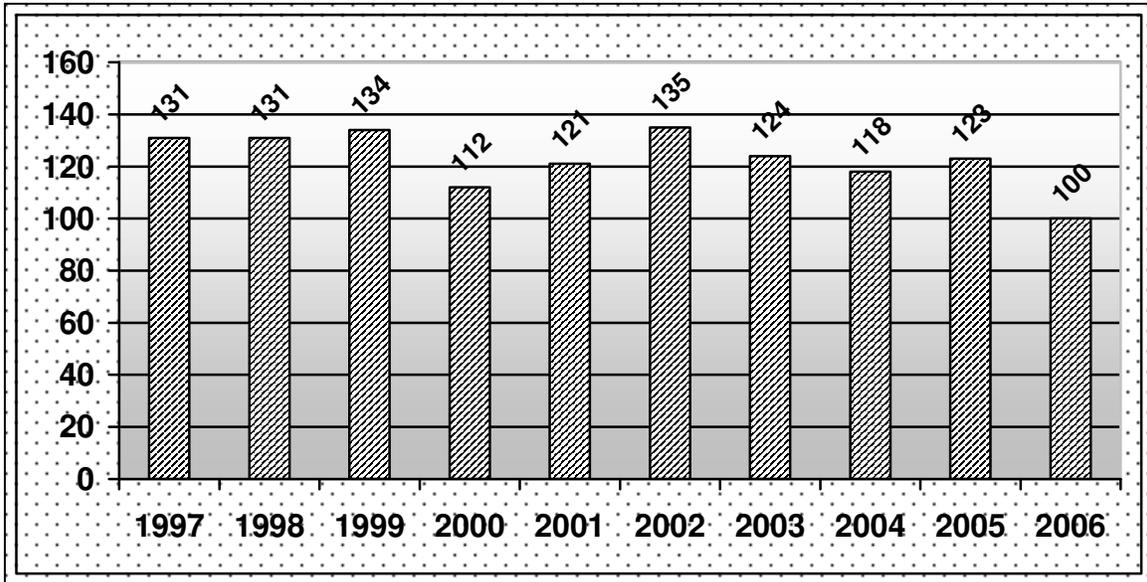
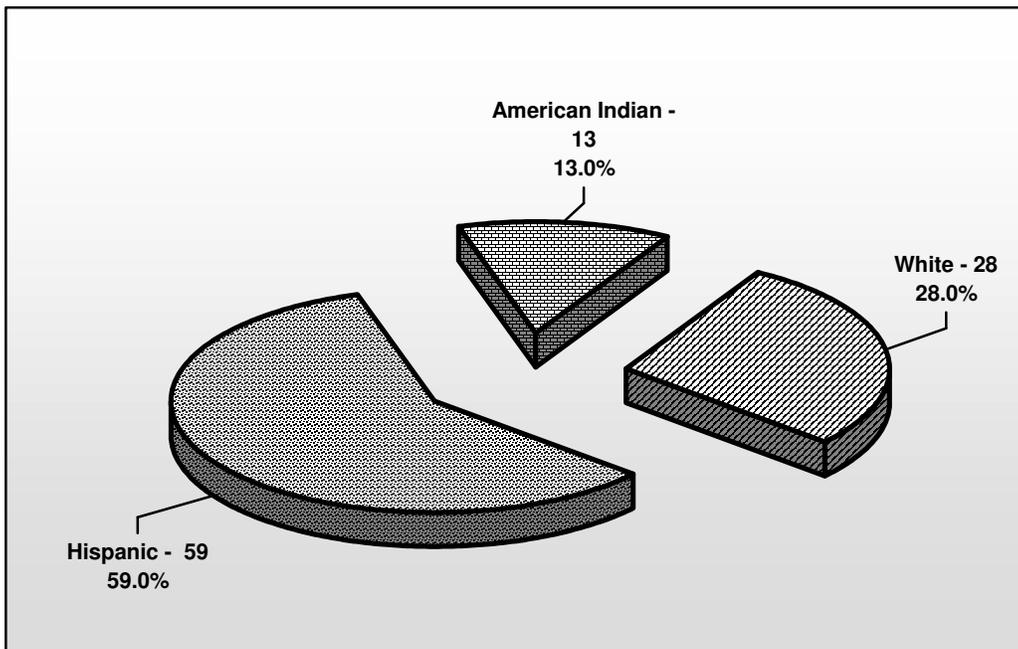
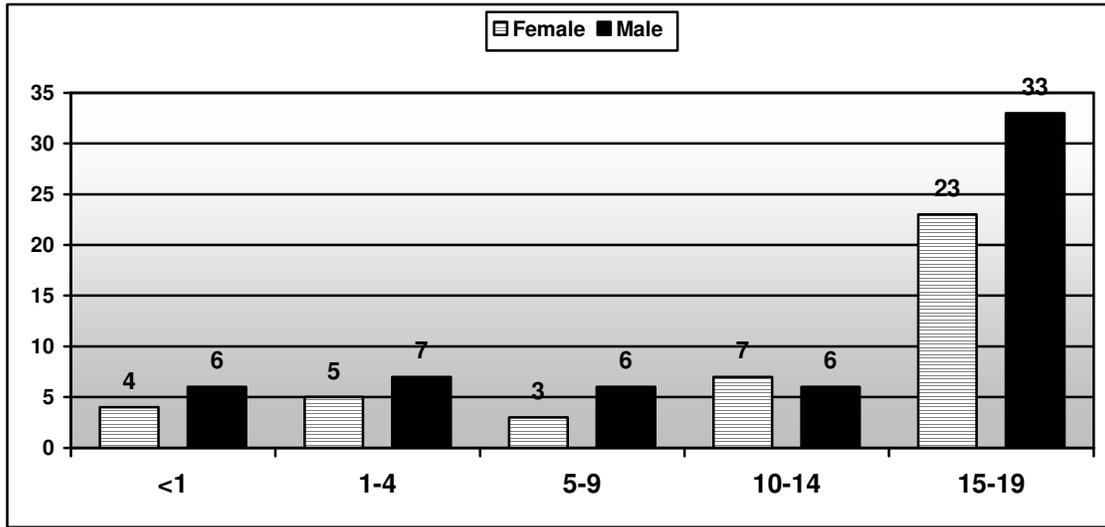


Figure 37 – Children – Accidental Deaths by Race/Ethnicity – 2006



**Figure 38 – Children – Accidental Deaths by Age – 2006**



**Table 19 – Children – Accidental Deaths – Method -- 2006  
by Highest Value**

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Passenger in auto that left roadway	23	15	7	1
Passenger in auto collision	11	8	3	0
Driver of auto that left roadway	8	5	3	0
Pedestrian struck by motor vehicle	7	7	0	0
Driver of pickup that left roadway	6	5	0	1
Ingested and/or injected prescription medications	5	5	0	0
Crushed/suffocated	5	5	0	0
Driver of auto in collision	4	4	0	0
Drowned in non-recreational water accidents	4	3	0	1
Passenger in truck that left roadway	3	3	0	0
Passenger in pickup in collision with motor vehicle	3	0	0	3
Drowned swimming (recreational and rescue attempts)	3	3	0	0
Ingested and/or injected illicit drug(s)	2	2	0	0
Passenger in pickup that left roadway	2	0	1	1
Exposed to cold, heat	2	2	0	0
Victim of fire	1	1	0	0
Non-collision motor vehicle accident	1	0	0	1
Fell/thrown from riding animal	1	0	1	0
Fall from height	1	1	0	0
Passenger in auto in collision with fixed object	1	1	0	0
Passenger who fell from moving motor vehicle	1	0	0	1
Driver of pickup in collision motor vehicle	1	1	0	0
Driver of motorcycle in collision with motor vehicle	1	1	0	0
Struck by flying/falling object	1	1	0	0
Cyclist struck by motor vehicle	1	1	0	0
Cut self	1	1	0	0
Motor vehicle accident, etiology unknown	1	0	1	0
<b>Total</b>	<b>100</b>	<b>75</b>	<b>16</b>	<b>9</b>

**Table 20 – Children – Accidental Deaths – Cause of Death -- 2006**

<b>Cause of Death</b>	<b>Total Cases</b>
Multiple injuries	43
Head and neck injuries	30
Substance intoxication	7
Drowning	7
Asphyxia	6
Exposure	2
Subdural hematoma	1
Stab wound	1
Intrauterine fetal death	1
Cerebrovascular	1
Carbon monoxide intoxication	1
<b>Total</b>	<b>100</b>

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

Figure 39 – Children – Suicide Deaths – 1997 – 2006

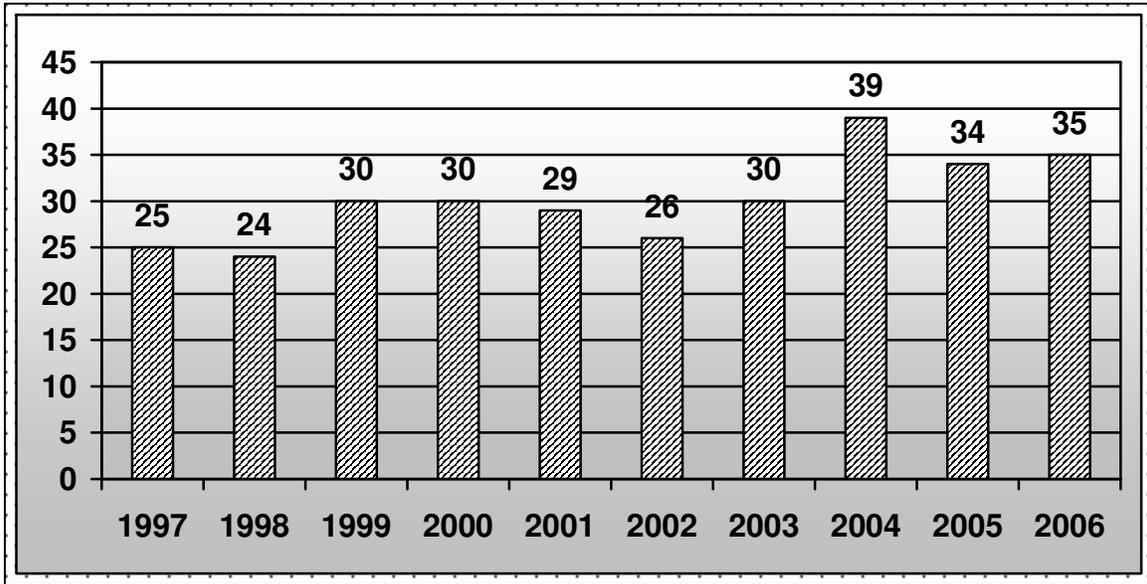


Figure 40 – Children – Suicide Deaths by Race/Ethnicity – 2006

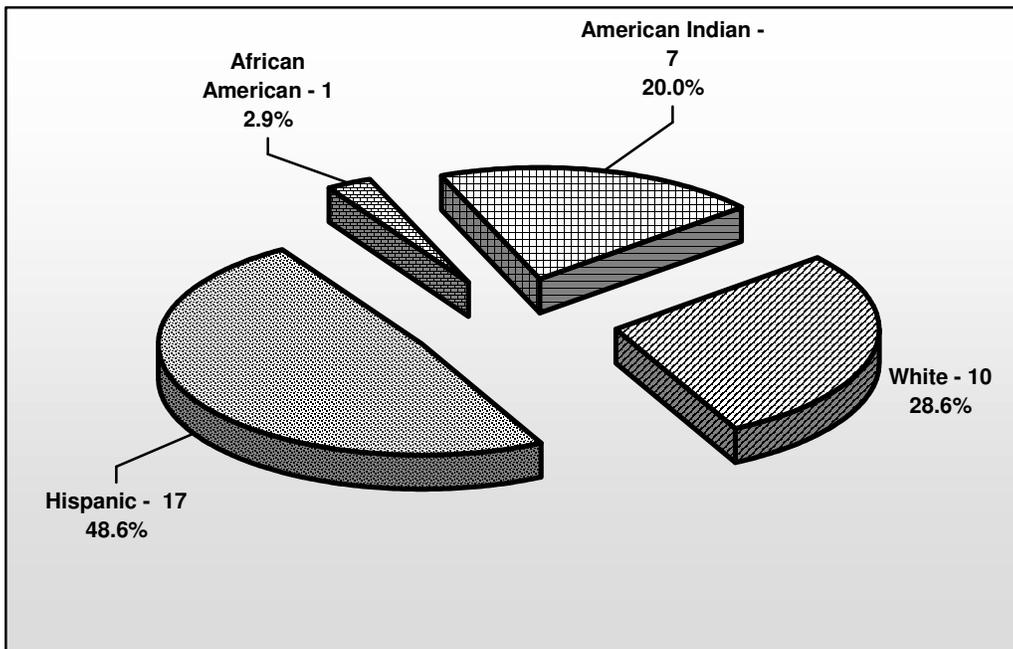


Figure 41 – Children – Suicide Deaths by Age and Gender – 2006

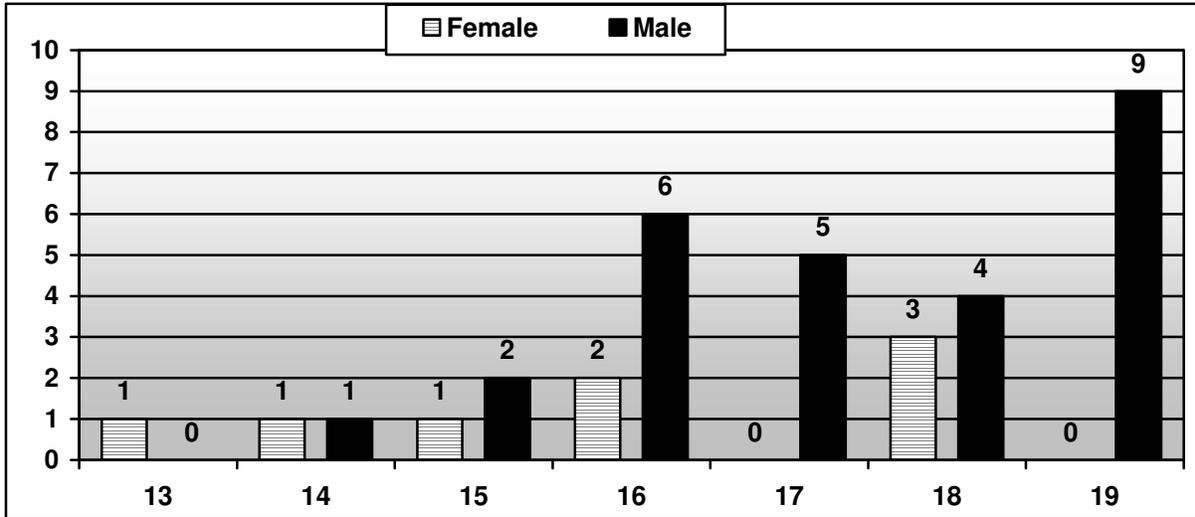


Figure 42 – Children – Suicide Deaths by Month – 2006

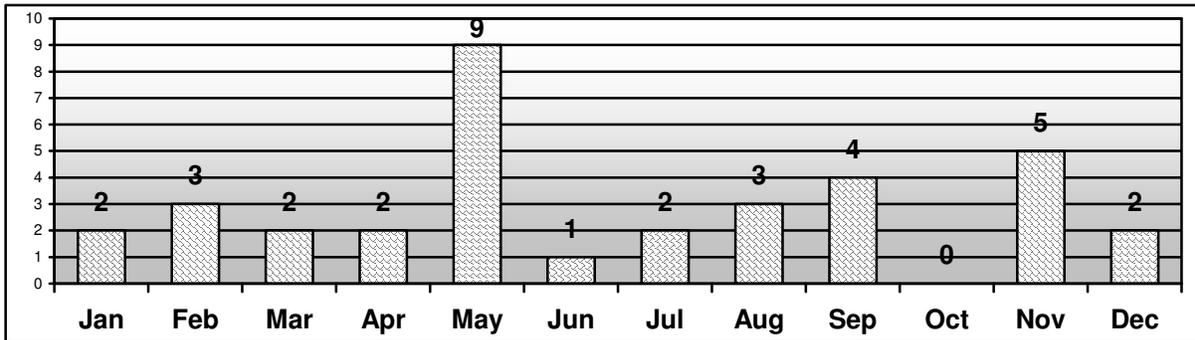
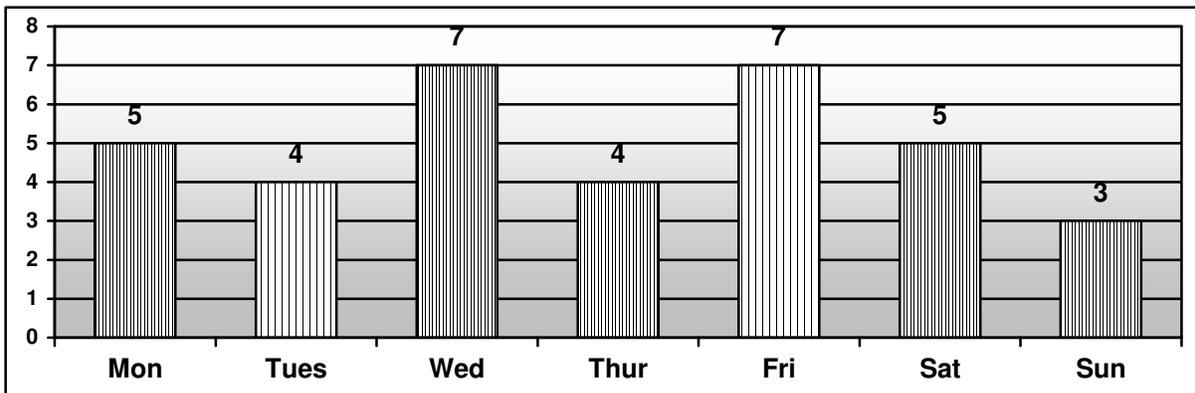


Figure 43 – Children – Suicide Deaths by Day of the Week – 2006



**Table 21 – Children – Suicide Deaths – Method -- 2006**

<b>Method</b>	<b>Total Cases</b>	<b>Autopsy</b>	<b>Dictated External</b>
Shot self with firearm	17	17	0
Hanged self	16	14	2
Jumped from a height	2	1	1
<b>Total</b>	<b>35</b>	<b>32</b>	<b>3</b>

**Table 22 – Children – Suicide Deaths – Cause of Death -- 2006**

<b>Cause</b>	<b>Total Cases</b>
Gunshot wound	17
Hanging	15
Multiple injuries	1
Head and neck injuries	1
Asphyxia	1
<b>Total</b>	<b>35</b>

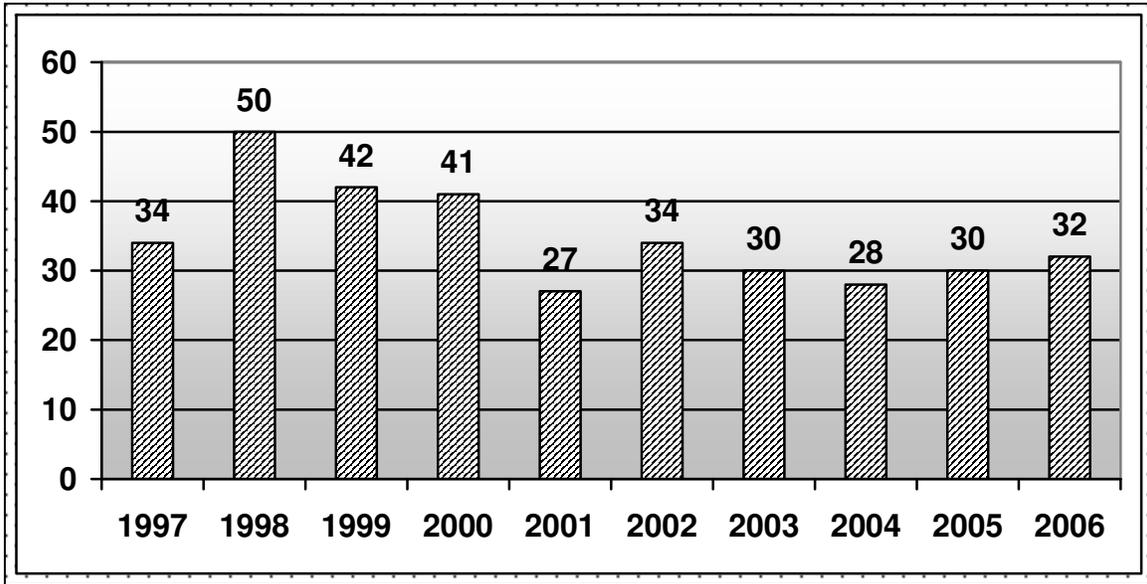
### **Suicide in Children – Summary**

Please note that this year’s annual report defines “children” as ages 19 and younger, rather than 18 and younger as done in previous years. This was done to match other agencies’ age breakdowns and allow for comparisons with other states. The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger, but if reading a copy of a previous year’s report, the 10-year summaries will only include children 18 years of age and younger.

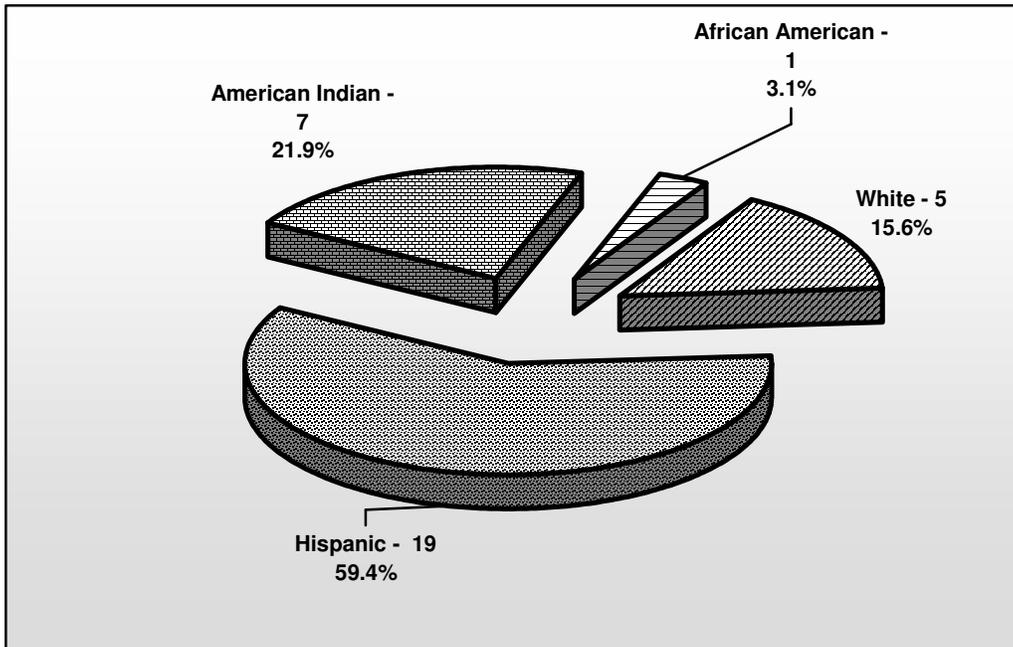
There were 35 suicides in children in 2006, compared to 34 in 2005, a 2.9% increase. Suicide deaths were more common among young males (77%) than females (23%), and Hispanics represented the majority of youth suicides (48.6%). Self-inflicted gunshot wounds were the most common method of suicide in children, followed by hanging. More suicides were committed by youth during May when compared with other months, and Wednesday and Friday were the days of the week on which more children committed suicide than any other.

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

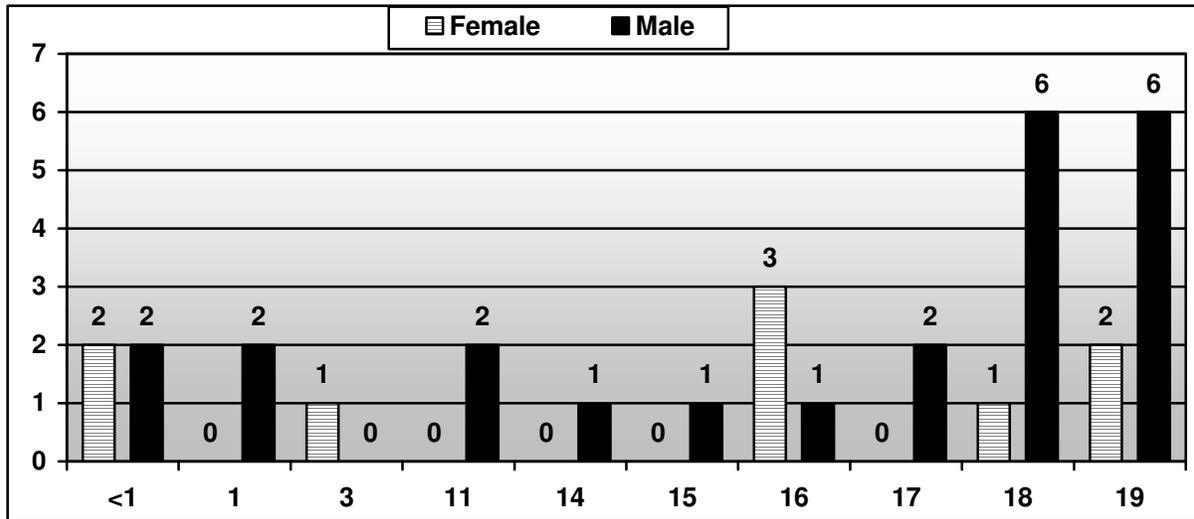
**Figure 44 – Children – Homicide Deaths – 1997 – 2006**



**Figure 45 – Children – Homicide Deaths by Race/Ethnicity – 2006**



**Figure 46 – Children – Homicide Deaths by Age and Gender – 2006**



**Table 23 – Children – Homicide Deaths – Method – 2006**

Method	Total Cases	Autopsy	Dictated External	Investigator Field Exam
Shot by assailant(s) with firearm	16	16	0	0
Homicide-other	6	6	0	0
Stabbed by assailant(s)	6	6	0	0
Strangled by assailant(s)	1	1	0	0
Pedestrian homicide	1	1	0	0
Beaten by assailant(s)	1	1	0	0
Neglect/Starvation`	1	1	0	0
<b>Total</b>	<b>32</b>	<b>32</b>	<b>0</b>	<b>0</b>

**Table 24 – Children – Homicide Deaths – Cause of Death – 2006**

Cause of Death	Total Cases
Gunshot wound	16
Stab wound	6
Multiple injuries	5
Head and neck injuries	2
Child abuse	2
Asphyxia	1
<b>Total</b>	<b>32</b>

## **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, now includes anyone aged 19 years or younger. Childhood homicides increased by 6.7% from 2005. Murdered children tended to be male (72%), Hispanic (59%) and killed by a firearm (50%). The majority of childhood murder victims (78%) were between the ages of 11 and 19, but 22% of homicide victims were under the age of five.

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

During 2006, ten deaths of people 19 years old or younger were classified as Undetermined Deaths. Included in this number were 5 where the manner of death was not determined, 2 were certification purposes only, 2 were waiting for toxicology and/or histology results and 1 where the consult request was withdrawn.

## **Deaths of Children in New Mexico – 2006 Summary**

The 330 deaths of people aged 19 and younger represented 6.6% of all deaths investigated by OMI in 2006. Male decedents comprised 61.5% of the total deaths in children. The most common manner of death among children was natural, contributing 45.8% of the total. Motor vehicle accidents were the most common method of accidental deaths in children, causing 74% of all accidental deaths. Firearms played a role in 17 suicides (48.6%) and 16 homicides (50%), 18% 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 Infant Death Syndrome (SIDS), 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.

## Overview – Children – SIDS Deaths

Figure 47 – Children – SIDS (Natural) Deaths – 1997 – 2006

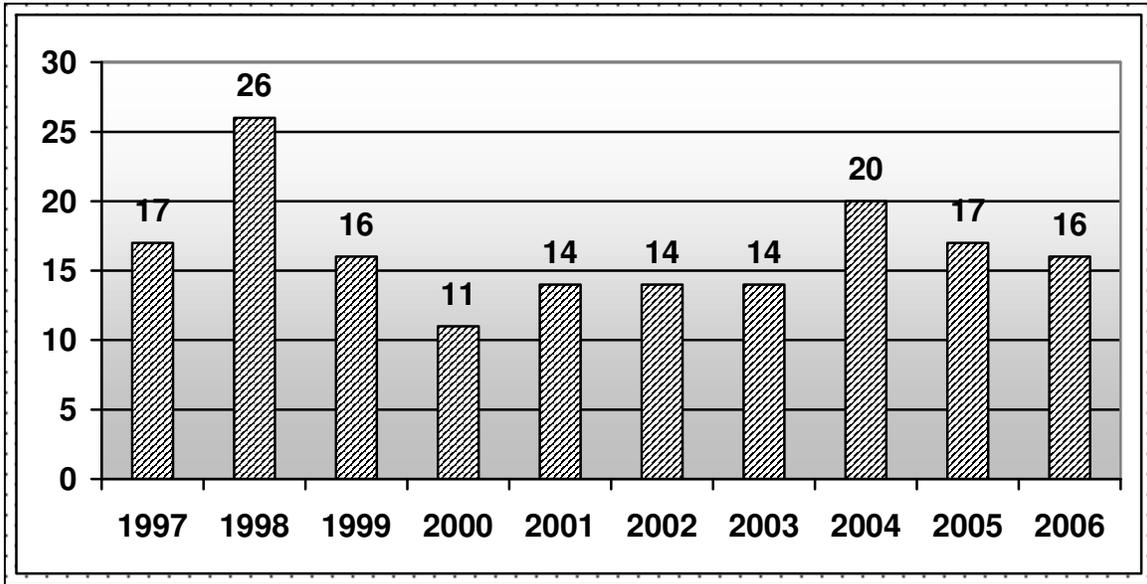


Figure 48 – Children – SIDS (Natural) Deaths by Race/Ethnicity – 2006

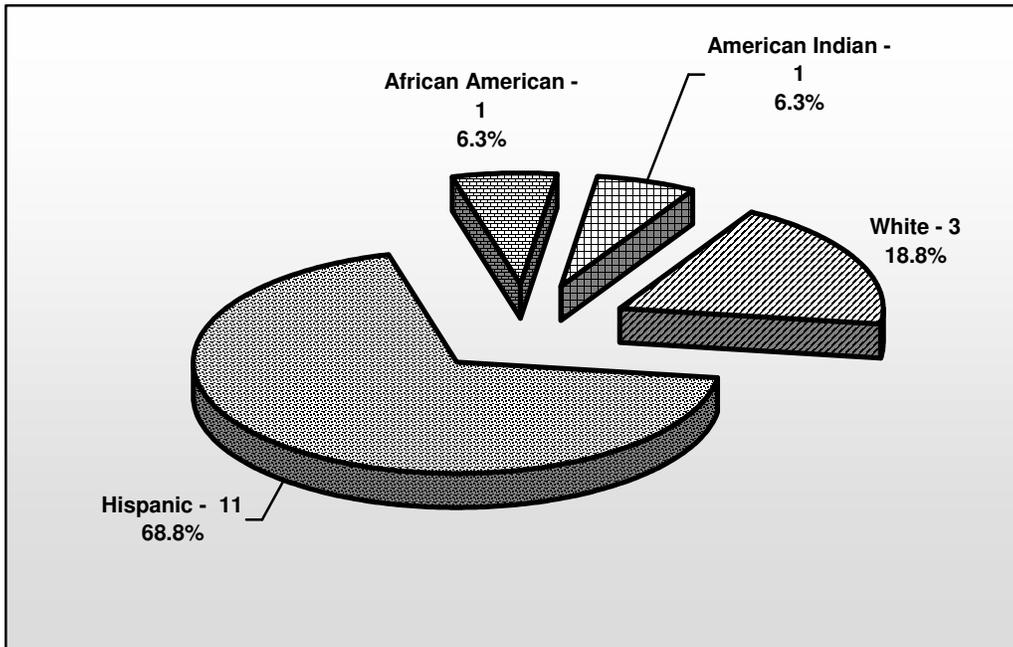
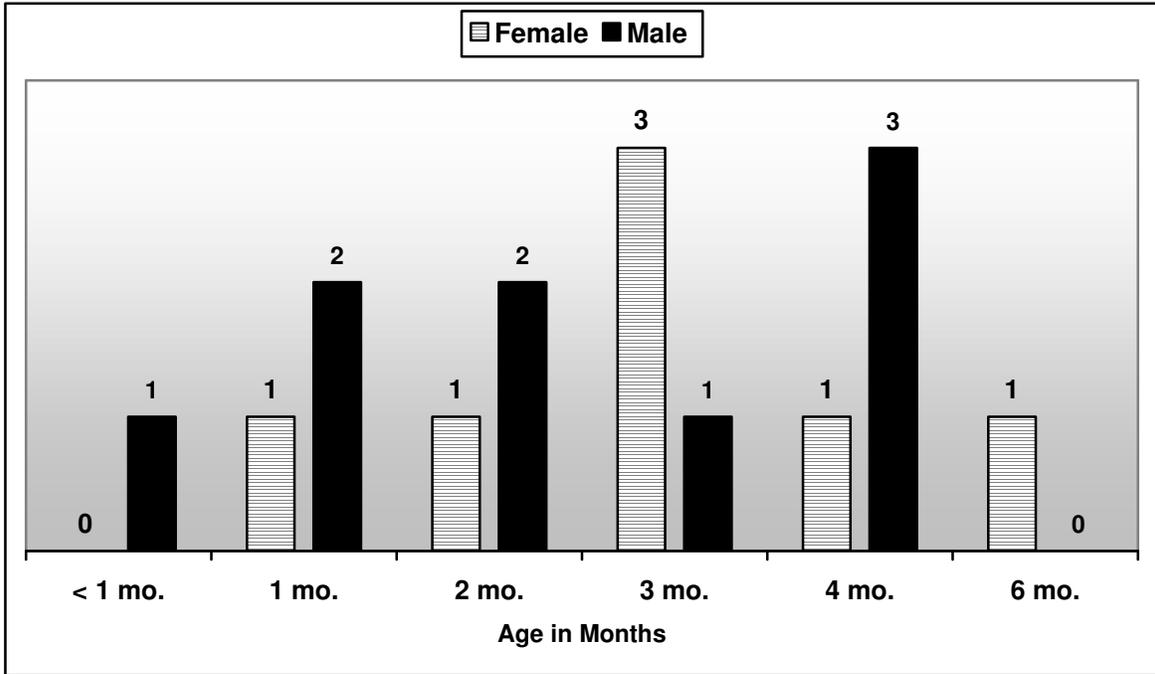


Figure 49 – Children – SIDS (Natural) Deaths by Age – 2006



## Overview – Ethanol Related Deaths

Figure 50 – Ethanol Related Deaths – 1997 – 2006  
Ethanol Present in Decedent (> 0.005%)

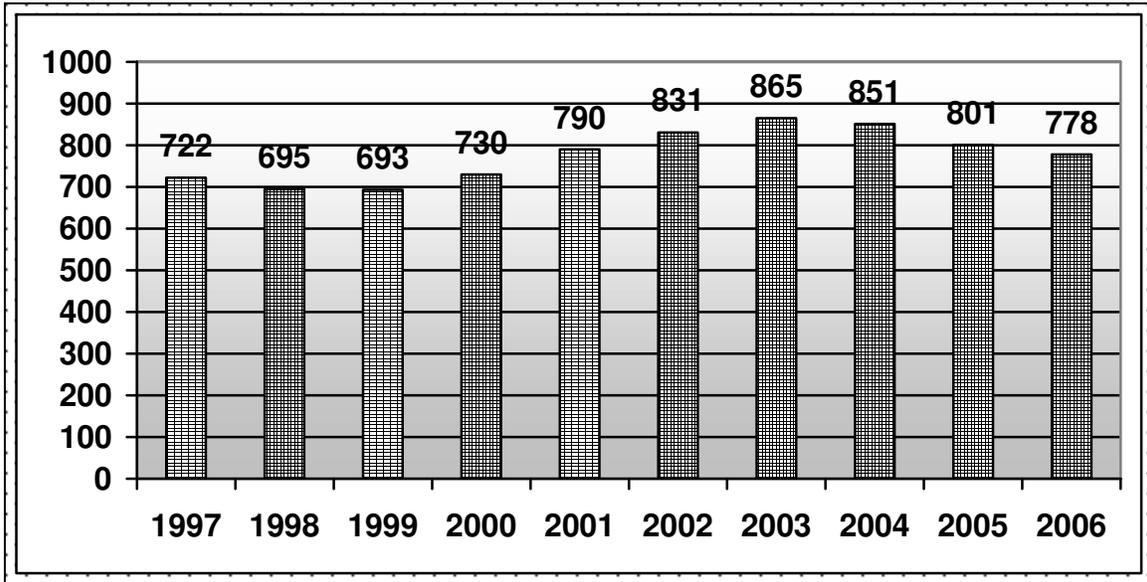
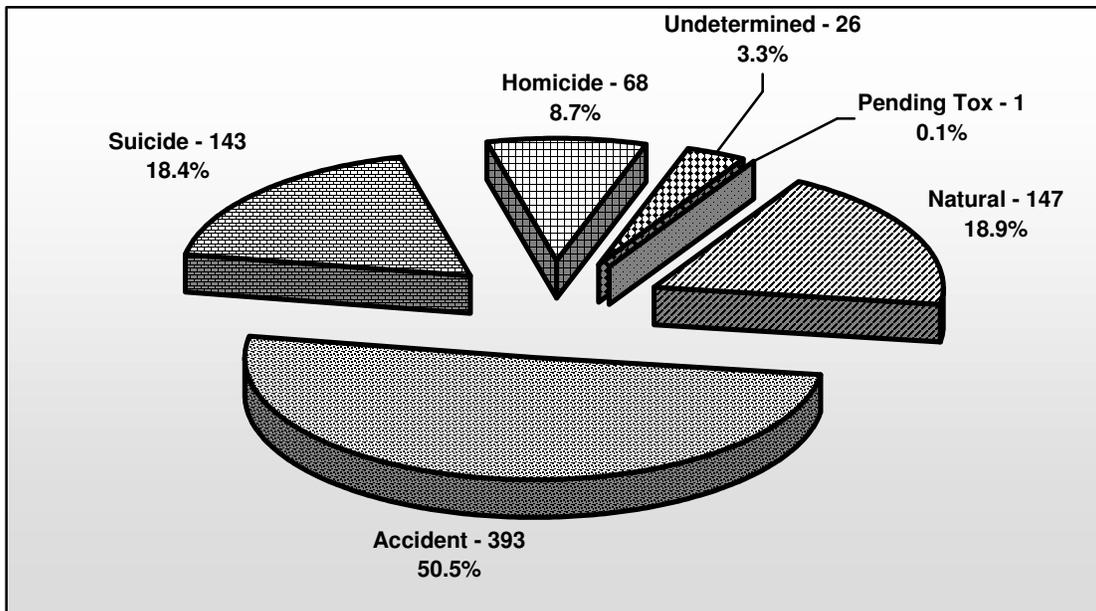
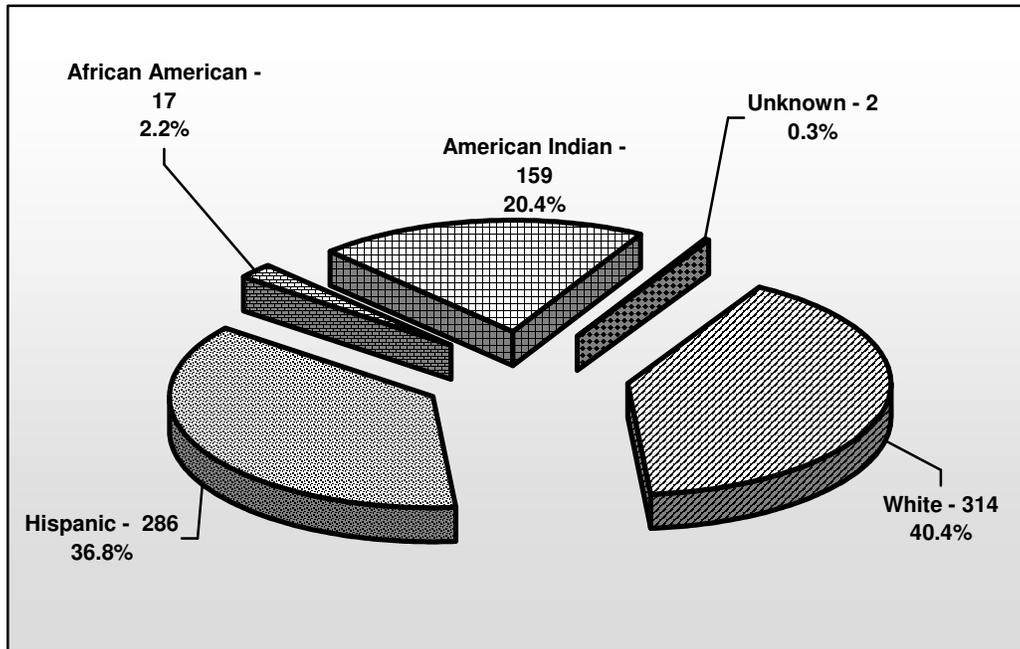


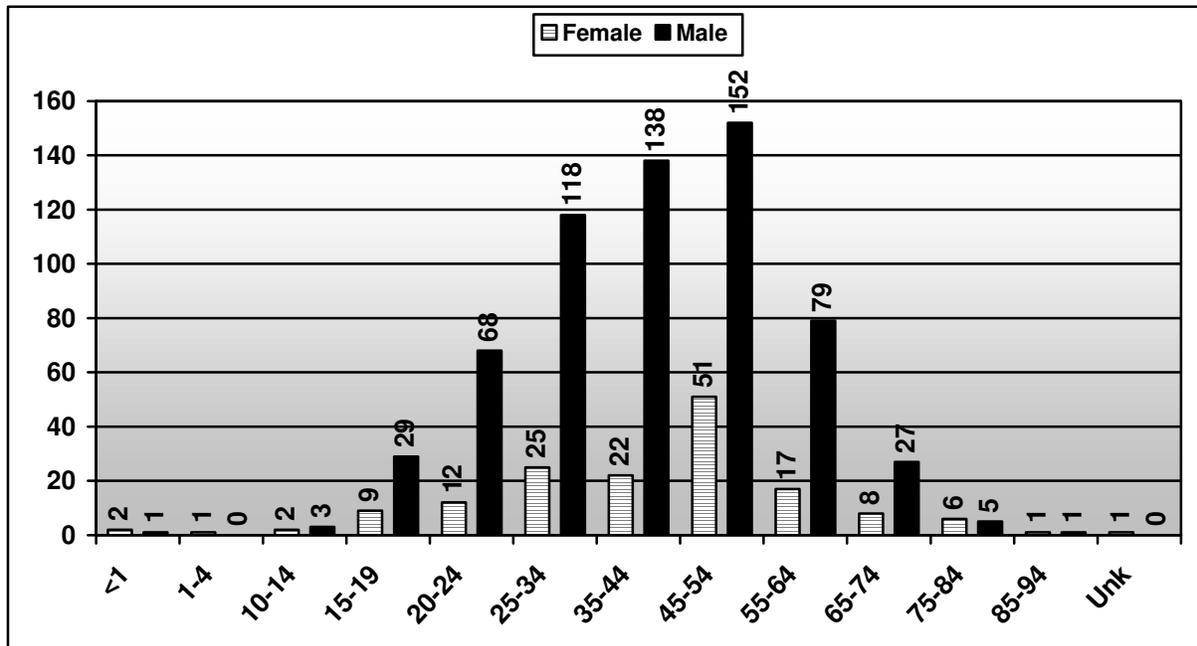
Figure 51 – Ethanol Related Deaths – Manner of Death -- 2006  
Ethanol Present in Decedent (> 0.005%)



**Figure 52 – Ethanol Related Deaths by Race/Ethnicity – 2006**  
Ethanol Present in Decedent (> 0.005%)



**Figure 53 – Ethanol Related Deaths by Age and Gender – 2006**  
Ethanol Present in Decedent (> 0.005%)



**Table 25 – Ethanol Related Deaths – Accidental Deaths – Method – 2006  
Ethanol Present in Decedent**

<b>Circumstances</b>	<b>Total Cases</b>	<b>Presence of Ethanol &gt; 0.005%</b>		
		<b>Yes</b>	<b>No</b>	<b>Not Tested</b>
Fall from standing height	290	2	17	269
Ingested and/or injected illicit drug(s)	214	76	132	6
Ingested and/or injected prescription medications	142	35	104	3
Driver of auto in collision with motor vehicle	81	17	52	12
Driver of auto that left roadway	80	32	40	8
Pedestrian struck by motor vehicle	78	37	26	15
Passenger in auto that left roadway	61	17	28	16
Fall from height	60	8	15	37
Exposed to cold or heat	46	31	10	5
Passenger in auto in collision with motor vehicle	39	10	15	14
Driver of pickup that left roadway	33	19	12	2
Driver of motorcycle	25	14	11	0
Passenger in pickup that left roadway	23	13	8	2
Drowned in non-recreational water accidents	22	11	7	4
Victim of fire	21	5	10	6
Crushed/suffocated	18	3	11	4
Ingested alcohol	18	18	0	0
Driver of motorcycle in collision with motor vehicle	17	6	11	0
Driver of pickup in collision with motor vehicle	16	4	12	0
Choked on item	14	2	4	8
Accident-Other	11	5	0	6
Drowned swimming (recreational and rescue attempts)	10	2	6	2
Struck by flying/falling moving object	9	2	7	0
Passenger in truck that left roadway	8	2	6	0
Driver of truck that left roadway	6	2	4	0
Passenger in pickup in collision with motor vehicle	6	2	0	4
Driver of auto in collision with fixed object	5	3	2	0
Inhaled toxic agent (Substances inhaled accidentally)	5	2	3	0
Cyclist struck by motor vehicle	4	1	1	2
Pilot of aircraft that crashed	4	1	3	0
Driver of truck in collision with motor vehicle	4	0	3	1
Received blow/collided with something	3	0	2	1
Accidental discharge of firearm	3	0	3	0
Passenger who fell from moving motor vehicle	3	2	1	0
Driver of pickup in collision with fixed object	3	1	1	1
Bitten/mauled/stung/kicked by animal	3	0	1	2
Cut self	2	1	1	0
Cyclist (non motor vehicle)	2	1	0	1
Non-collision motor vehicle accident	2	0	2	0
Driver of motor vehicle struck by train	2	0	2	0
Passenger on motorcycle	2	1	1	0
Passenger in pickup in collision with fixed object	2	1	0	1
Passenger in auto in collision with other fixed object	2	1	1	0
Inhaled toxic agent (Substance abused)	2	1	0	1
Contacted electrical current	2	0	2	0
Motor vehicle accident, etiology unknown	2	0	1	1
Accidental ligature strangulation	1	1	0	0
Fell/thrown from riding animal	1	0	0	1

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Medical treatment	1	0	1	0
Passenger in truck in collision with motor vehicle	1	0	1	0
Pedestrian struck by other non-motor vehicle	1	1	0	0
Poisoned	1	0	0	1
Farm or Industrial machinery accident	1	0	1	0
<b>Totals</b>	<b>1,412</b>	<b>393</b>	<b>581</b>	<b>436</b>

**Table 26 – Ethanol Related Deaths – Suicide Deaths – Method – 2006  
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Shot self with firearm	199	76	114	9
Hanged self	69	34	32	3
Ingested or injected medication	49	18	28	3
Ingested, injected or inhaled non-prescription medication	9	2	6	1
Suffocated self	7	3	3	1
Inhaled	7	4	2	1
Suicide as pedestrian	5	1	4	0
Suicide-Other	4	3	1	0
Stabbed self	4	0	3	1
Slashed	3	0	3	0
Jumped from height	3	1	2	0
Driver of motor vehicle	2	1	1	0
Burned self	1	0	0	1
<b>Totals</b>	<b>362</b>	<b>143</b>	<b>199</b>	<b>20</b>

**Table 27 – Ethanol Related Deaths – Homicide Deaths – Method – 2006  
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Shot by assailant(s) with firearm	84	28	49	7
Stabbed by assailant(s)	29	19	9	1
Beaten by assailant(s)	23	18	4	1
Homicide-Other	9	1	7	1
Strangled by assailant(s)	4	0	4	0
Victim of intentionally set fire	1	0	1	0
Pedestrian homicide	1	0	0	0
Neglect/Starvation	1	1	0	0
Assaulted	1	0	0	1
<b>Totals</b>	<b>153</b>	<b>67</b>	<b>74</b>	<b>11</b>

## **Ethanol Related Deaths – Undetermined – 2006**

There were 26 Undetermined Deaths where Ethanol was present in the decedent in amounts greater than 0.005%.

## **Ethanol Related Deaths – Summary – 2006**

There were 778 alcohol (ethanol) related deaths investigated by OMI in 2006, 15.5% of the total but a 2.9% decrease from 2005. Alcohol was most frequently related to accidental deaths (50.5% of all alcohol-related deaths) but was found in people dying from all manners of death. Alcohol was present in 39.5% of all suicide fatalities and 44.4% of all homicide victims. The most alcohol related deaths were seen in males ranging in age from 45 to 54 years.

## Motor Vehicle Related Deaths

Figure 54 – Motor Vehicle Deaths – 1997– 2006  
Ethanol Present in Decedent (> 0.005%)

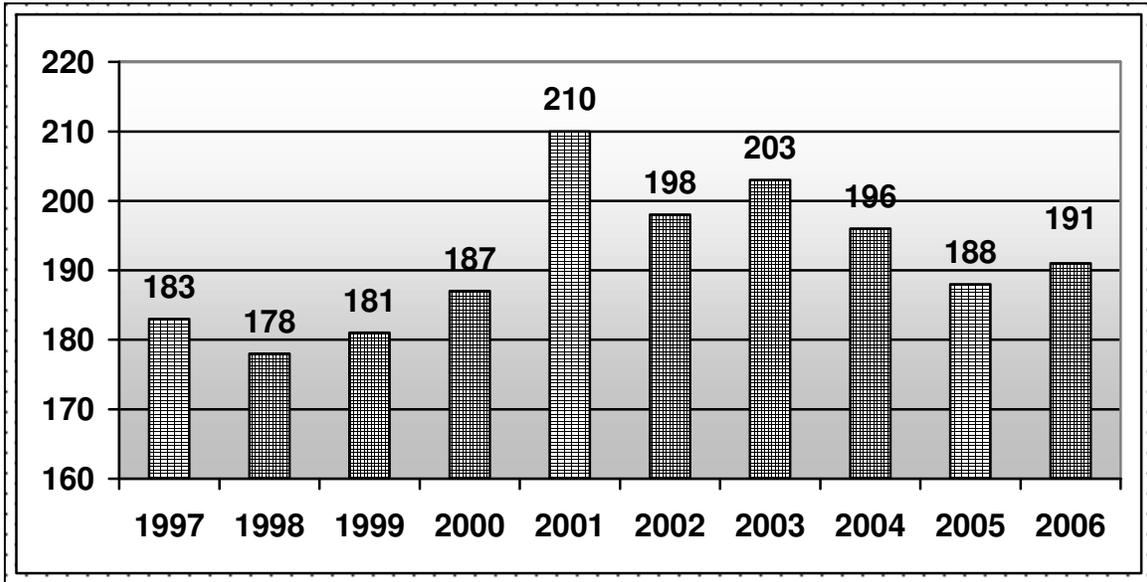
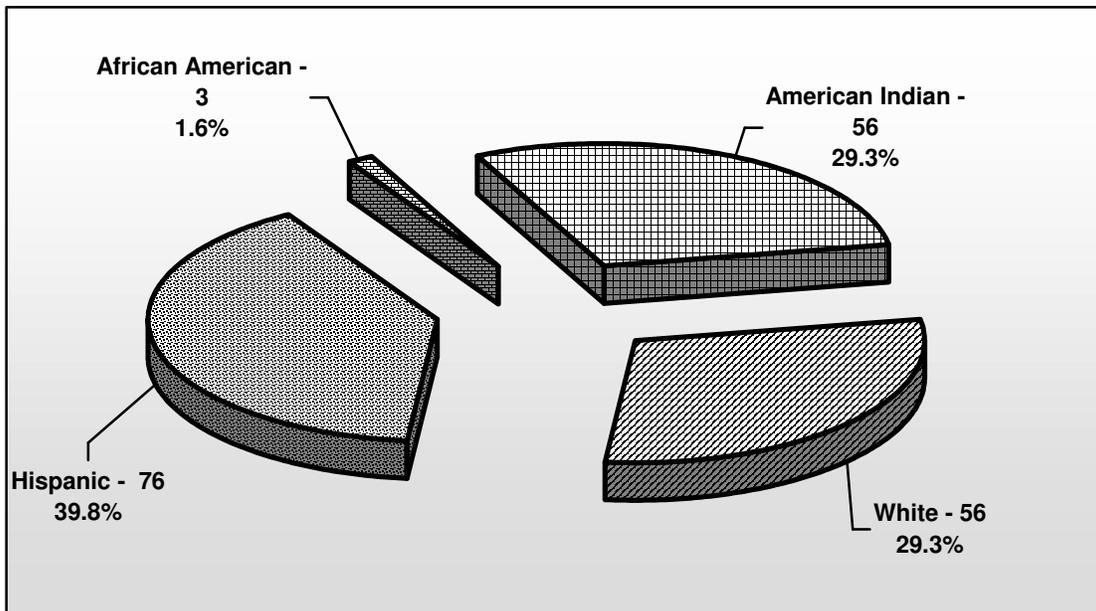
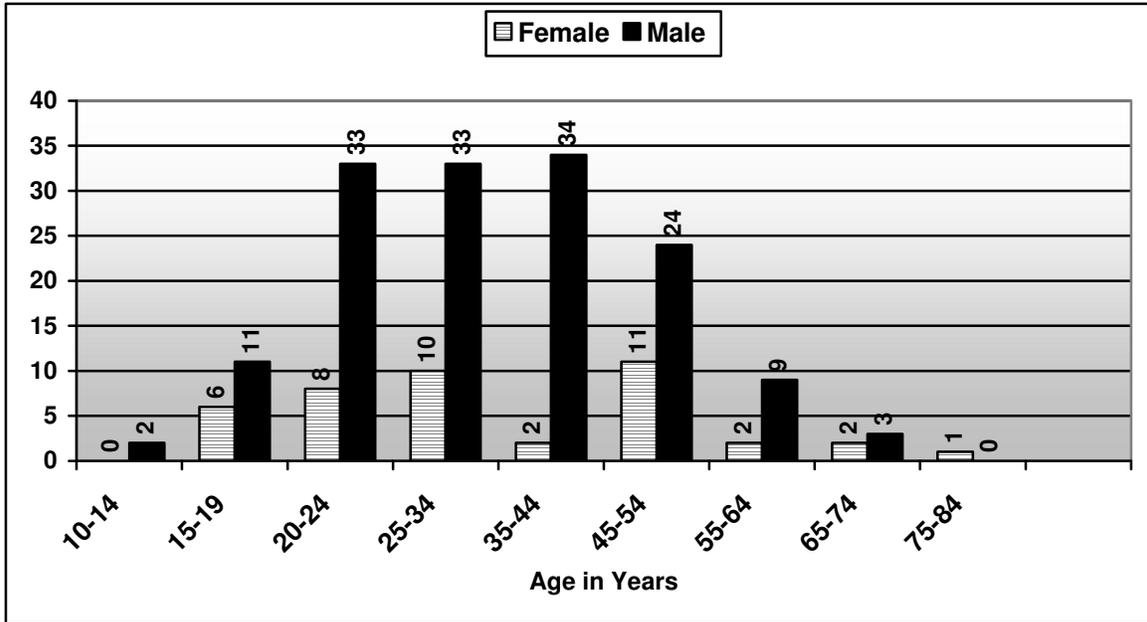


Figure 55 – Motor Vehicle Deaths by Race/Ethnicity – 2006  
Ethanol Present in Decedent (> 0.005%)



**Figure 56 – Motor Vehicle Deaths by Age and Gender – 2006  
Ethanol Present in Decedent (> 0.005%)**



**Table 28 – Motor Vehicle Related Deaths – Method 2006  
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Driver	282	97	159	26
Passenger	147	45	64	38
Pedestrian	81	37	30	14
Occupant	13	9	2	2
Cyclist	5	2	1	2
Pilot	3	1	2	0
Skateboarder	1	0	1	
Unknown	1	0	0	1
<b>Totals</b>	<b>533</b>	<b>191</b>	<b>259</b>	<b>83</b>

**Table 29 – Motor Vehicle Related Deaths – Seat Belt Use  
Ethanol Present in Decedent**

	Ethanol >0.005%	Seat Belt Use			Total
		Belt Used	Belt Not Used	Unknown	
Motor Vehicle Driver	Yes	27	37	13	77
	No	61	46	26	133
	Not Tested	6	6	13	25
	<b>Subtotal</b>	<b>94</b>	<b>89</b>	<b>52</b>	<b>235</b>
Motor Vehicle Passenger	Yes	5	29	10	44
	No	20	28	15	63
	Not Tested	9	21	8	38
	<b>Subtotal</b>	<b>34</b>	<b>78</b>	<b>33</b>	<b>145</b>
Motor Vehicle Occupant*	Yes	0	7	2	9
	No	1	0	1	2
	Not Tested	0	1	0	1
	<b>Subtotal</b>	<b>1</b>	<b>8</b>	<b>3</b>	<b>12</b>
<b>Totals</b>		<b>129</b>	<b>175</b>	<b>88</b>	<b>392</b>

\*Occupant means the person was either the driver or a passenger, but wasn't confirmed.

**Table 30 – Motor Vehicle Related Deaths – Air Bag Use  
Ethanol Present in Decedent**

	Ethanol >0.005%	Air Bag Use			Total
		Inflated	Not Inflated	Not Installed	
Motor Vehicle Driver	Yes	17	12	7	41
	No	34	17	8	74
	Not Tested	2	1	2	20
	<b>Subtotal</b>	<b>53</b>	<b>30</b>	<b>17</b>	<b>135</b>
Motor Vehicle Passenger	Yes	8	5	2	29
	No	12	8	1	42
	Not Tested	4	4	2	28
	<b>Subtotal</b>	<b>24</b>	<b>17</b>	<b>5</b>	<b>99</b>
Motor Vehicle Occupant*	Yes	2	1	3	3
	No	0	0	0	2
	Not Tested	0	1	0	0
	<b>Subtotal</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>5</b>
<b>Totals</b>		<b>79</b>	<b>49</b>	<b>25</b>	<b>239</b>

\*Occupant means the person was either the driver or a passenger, but wasn't confirmed.

## Drug Caused Deaths

Figure 57 – Drug Caused Deaths – 1997 – 2006

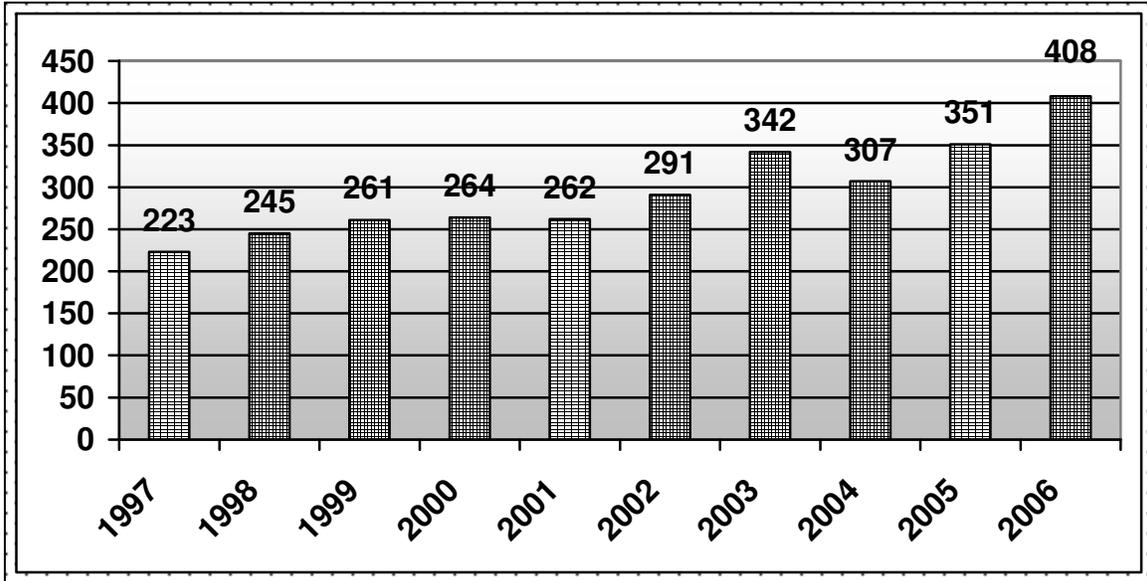


Figure 58 – Drug Caused Deaths by Race/Ethnicity – 2006

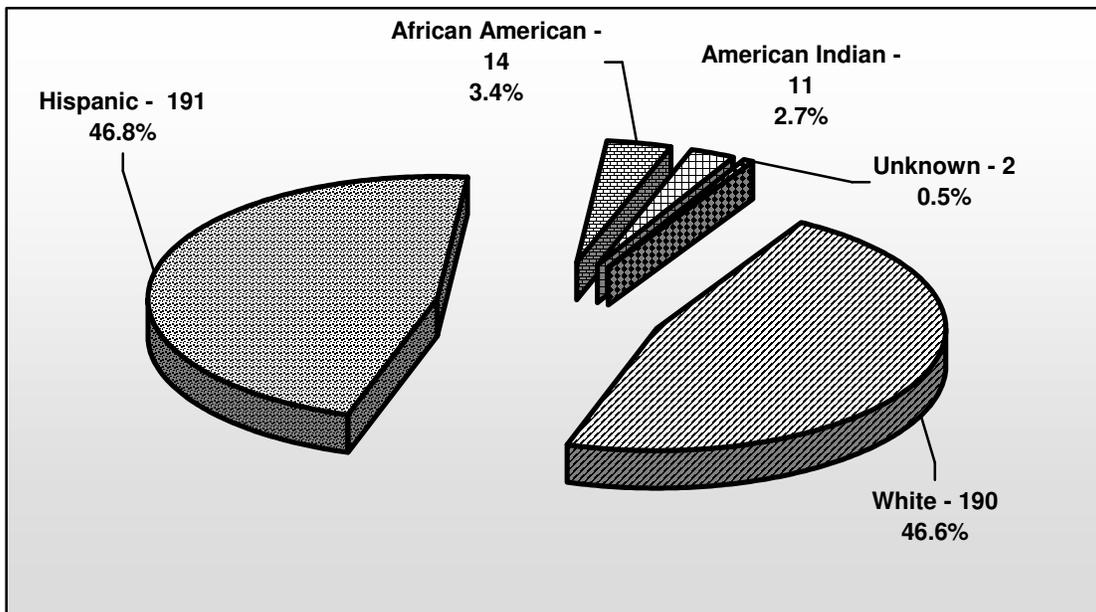
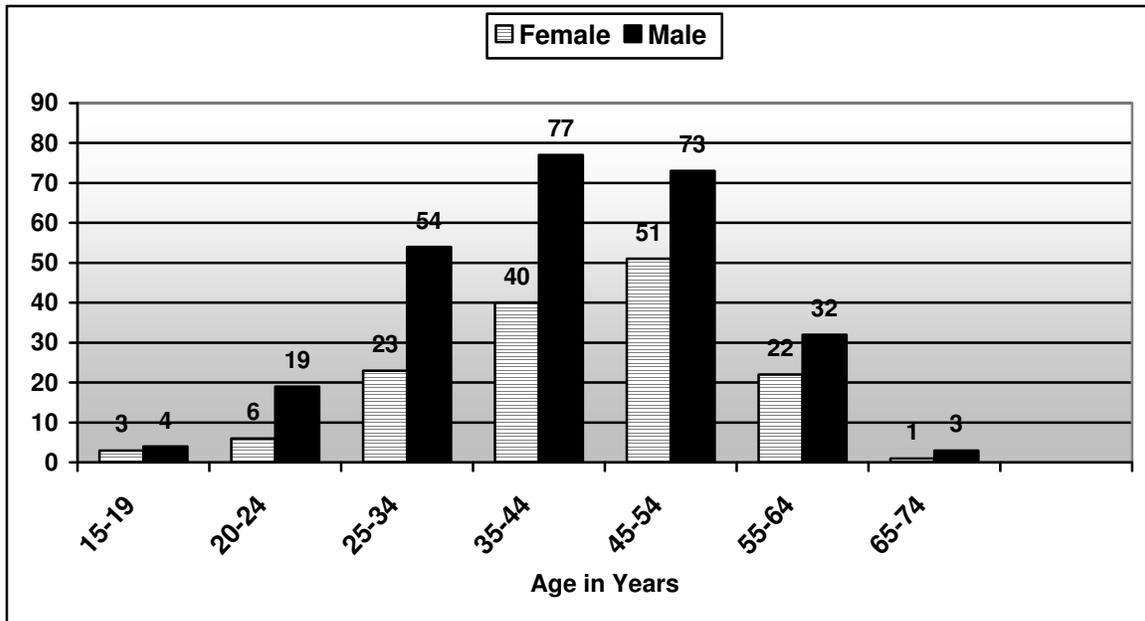


Figure 59 – Drug Caused Deaths by Age and Gender – 2006



## Drug Caused Deaths – Summary – 2006

Drug overdose deaths continue to be a problem in New Mexico, with a 16% increase in drug-caused deaths in 2006. A wide variety of drugs, both illegal and prescription, contributed to the 408 drug-caused deaths, with the most commonly involved being narcotics, with 745 isolations of a narcotic substance. Many decedents had more than one drug present at the time of death. Young males were most at risk, as with other types of OMI-investigated deaths, with the most drug-caused deaths being seen in males ages 35-44 years. The OMI designation of ‘drug-caused deaths’ includes both intentional (suicide, homicide) and unintentional (accidental) drug overdoses. The total number may increase as additional toxicology results become available.

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.

**Table 31 – Drug Caused Deaths – Counties of Injury and Pronouncement– 2006**

<b>County</b>	<b>County of Injury</b>	<b>County of Pronouncement</b>
Bernalillo	186	192
Catron	0	0
Chaves	18	18
Cibola	4	4
Colfax	3	3
Curry	3	3
De Baca	0	0
Dona Ana	25	25
Eddy	13	13
Grant	5	5
Guadalupe	4	3
Harding	0	0
Hidalgo	0	0
Lea	6	6
Lincoln	6	6
Los Alamos	1	0
Luna	5	4
McKinley	3	3
Mora	0	0
Otero	12	13
Quay	2	2
Rio Arriba	19	19
Roosevelt	1	1
San Juan	13	13
San Miguel	6	6
Sandoval	12	11
Santa Fe	22	23
Sierra	0	0
Socorro	3	3
Taos	6	6
Torrance	7	7
Union	1	1
Valencia	20	18
Out of State/Unknown	2	0
<b>Totals</b>	<b>408</b>	<b>408</b>

**Table 32 – Drug/Physiologically Active Compounds Present in Decedent**

Category of Drug / Compound	Drug / Compound	Total
<b>ALCOHOL</b>	ETHANOL	234
	2-PROPANOL (ISOPROPYL)	4
	ACETONE	4
	1-PROPANOL (N-PROPANOL)	1
<b>Total</b>		<b>243</b>
<b>ANALGESIC</b>	ACETAMINOPHEN (Tylenol)	83
	IBUPROFEN (Motrin)	26
	SALICYLATE (Aspirin,Empirin)	6
	NAPROXEN (Naprosyn)	6
	TRAMADOL (Ultram)	2
	DEXTROMETHORPHAN	2
	Methorphan	2
	N-Desmethyltramadol	1
	O-Desmethyltramadol	1
	Levorphanol/Dextrorphan	1
	Sumatriptan	1
<b>Total</b>		<b>131</b>
<b>ANTI-ARRHYTHMIC/ANTI-HYPER</b>	DILTIAZEM (Cardizem)	4
	VERAPAMIL (Calan)	3
	Amlodipine	2
	ATENOLOL (Tenormin)	2
	PROPANOLOL (Inderal)	1
	LIDOCAINE	1
	PAPAVERINE (Pavabid)	1
<b>Total</b>		<b>14</b>
<b>ANTICONVULSANT</b>	Gabapentin breakdown product	10
	GABAPENTIN	10
	VALPROIC ACID (Depakote)	8
	LAMICTAL (Lamotrigine)	5
	OXCARBAZAPINE (10-HYDROXYCARBAZEPINE)	4
	DIPHENYLHYDANTOIN (Dilantin, Phenytoin)	4
	ZONISAMIDE (ZONERGRAN)	3
	CARBAMAZEPINE (Tegretol)	3
	Topiramate (topamax)	1
	Carbamazepine-10,11 Epoxide	1
<b>Total</b>		<b>49</b>
<b>ANTI-DEPRESSANT</b>	AMITRIPTYLINE (Elavil)	24
	Nortriptyline (Amitriptyline Metabolite)	21
	VENLAFAXINE (Effexor)	20
	CITALOPRAM	18
	SERTRALINE (Zoloft)	11
	TRICYCLICS	11
	PAROXETINE (Paxil)	9
	TRAZODONE (Desyrel)	9
	BUPROPION (Wellbutrin)	7
	MIRTAZAPINE(Remeron)	7
	Olanzapine	6
	O-Desmethylvenlafaxine (Venlafaxine Metabolite)	6
	Threoamino/Erythroamino Bupropion	6
	Desmethylsertraline (Sertraline Metabolite)	4
	DOXEPIN (Adapin, Sinequan)	4
	Escitalopram	3
	RISPERIDONE + 9-HYDROXYRISPERIDONE	2
	IMIPRAMINE (Tofranil)	2
	CLOMIPRAMINE (Anafranil)	2
	Desipramine (Imipramine Metabolite)	2
	Bupropion Metabolite	2

Category of Drug / Compound	Drug / Compound	Total
	NORTRIPTYLINE (Aventyl, Pamelor)	1
	Hydroxybupropion	1
	DESMETHYLDOXEPIN	1
	Desmethylclomipramine (Clomipramine Metabolite)	1
	AMOXAPINE (Ascendin)	1
	Amoxapine metabolite	1
	Nordoxepin (Doxepin Metabolite)	1
<b>Total</b>		<b>183</b>
<b>BARBITURATE</b>	PHENOBARBITAL	5
	BUTALBITAL (Fiorinal)	3
	BARBITURATES	3
	SECOBARBITAL (Seconal, Tuinal)	1
<b>Total</b>		<b>12</b>
<b>CANNABINOID</b>	Delta-9-carboxy-tetrahydrocannabinol (Delta-9-carb)	8
	Delta-9-tetrahydrocannabinol (Delta-9-THC)	6
<b>Total</b>		<b>14</b>
<b>MAJOR TRANQUILIZER</b>	7-AMINO CLONAZEPAM	20
	CLONAZEPAM (Clonopin)	9
	PROMETHAZINE (Phenergan)	8
	HYDROXYZINE (Vistaril)	7
	TRIAZOLAN (Halcion)	1
<b>Total</b>		<b>45</b>
<b>METAL</b>	SELENIUM	1
	BARIUM	1
	LEAD	1
	MERCURY	1
<b>Total</b>		<b>4</b>
<b>MINOR TRANQUILIZER</b>	Nordiazepam (Diazepam Metabolite)	85
	DIAZEPAM (Valium)	73
	BENZODIAZEPINES	52
	ALPRAZOLAM (Xanax)	37
	QUETIAPINE (SEROQUEL)	30
	CARISOPRODOL (Soma)	21
	TEMAZEPAM (Restoril)	15
	MEPROBAMATE (Miltown)	13
	DIPHENHYDRAMINE (Benadryl, Sominex)	13
	CHLORDIAZEPOXIDE (Librium)	12
	Meprobamate (Carisoprodol Metabolite)	11
	FLUOXETINE (Prozac)	10
	LORAZEPAM (Ativan)	9
	Nordiazepam (Chlordiazepoxide Metabolite)	8
	Norfluoxetine (Fluoxetine metabolite)	6
	OXAZEPAM (Serax)	6
	METHOCARBAMOL (Robaxin)	3
	Zaleplon	2
	9-HYDROXYRISPERIDONE (Risperidone Metabolite)	2
	ZOLPIDEM TARTRATE (Ambien)	2
	CELECOXIB (celebrex)	2
	RISPERIDONE (Risperdal)	1
	FLURAZEPAM (Dalmane)	1
	Quetiapine metabolite	1
	BUSPIRONE	1
	Oxazepam (Diazepam Metabolite)	1
	Nordiazepam (Chlorazepate Metabolite)	1
	Desalkylflurazepam (Flurazepam Metabolite)	1
	Diphenhydramine metabolite	1
	DOXYLAMINE (Unisom)	1
	Hydroxyethylflurazepam (Flurazepam Metabolite)	1

Category of Drug / Compound	Drug / Compound	Total
	BACLOFEN(lioresal)	1
<b>Total</b>		<b>423</b>
<b>NARCOTIC</b>	MORPHINE	174
	OPIATES	129
	OXYCODONE (Percodan, Percocet)	91
	METHADONE	88
	HYDROCODONE (Hyphen, Hycodaphen, Tussionex)	43
	EDDP (Methadone Metabolite)	42
	PROPOXYPHENE (Darvon, Darvocet)	32
	CODEINE	32
	6-Monoacetylmorphine (Heroin metabolite)	30
	FENTANYL (Sublimaze)	29
	Norpropoxyphene (Propoxyphene Metabolite)	24
	DIHYDROCODEINE	13
	Oxymorphone	11
	MEPERIDINE (Demerol)	2
	HYDROMORPHONE (Dilaudid)	2
	Noroxycodone	1
	Propoxyphene + Norpropoxyphene	1
	Levorphanol/Dextrorphan	1
<b>Total</b>		<b>745</b>
<b>POISON</b>	Cotinine (Nicotine metabolite)	26
<b>SEDATIVE</b>	CYCLOBENZOPRINE (Flexeril)	6
	PHENIRAMINE (Naph Con-A Ophthalmic Solution)	1
	Hydroxyzine metabolite	1
	Norhydroxyzine	1
<b>Total</b>		<b>9</b>
<b>STIMULANT</b>	Benzoylcegonine (Cocaine Metabolite)	137
	COCAINE	73
	Cocaine Metabolite	54
	METHAMPHETAMINE	39
	AMPHETAMINE	34
	Cocaethylene (Cocaine Metabolite)	22
	CAFFEINE	16
	Ecgonine Methyl Ester (Cocaine Metabolite)	15
	NICOTINE	13
	Ephedrine/Pseudoephedrine	5
	CHLORPHENIRAMINE	4
	GUIFENESIN	2
	Methylecgonine	2
	ANHYDROECGONINE METHYL ESTER	1
	Ethylecgonine	1
	Norcocaine (Cocaine Metabolite)	1
	PSEUDOEPHEDRINE	1
<b>Total</b>		<b>420</b>
<b>VOLATILE ORGANIC</b>	ACETALDEHYDE	2
	METHYL ETHYL KETONE	1
	Iso-amyl Alcohol	1
<b>Total</b>		<b>4</b>
<b>Grand Total All Drugs and Compounds</b>		<b>2,322</b>

## 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.

**County of Injury** – The county where the injury leading to death occurred.

**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.

**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 Veteran’s Administration 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.

**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*.

**Method of Death** – The *method of death* describes the physical means leading to a cause of death. For example, the *cause of death* in a case is *Asphyxia*, but an *accidental hanging* brought on the asphyxia and would be the *method of death*.

**Motor Vehicle Accident Related Deaths** – An accidental death involving a motor vehicle. Motor vehicles include automobiles, vans, motorcycles, trucks and all terrain vehicles. Excluded are bicycles, tricycles, aircraft and trains. The decedent is usually a driver of, a passenger in, or a pedestrian struck by a motor vehicle. The death of a bicyclist struck by a motor vehicle is considered to be a motor vehicle accident related death.

**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.

**Non-Motor Vehicle Accident** – An *accidental death* that does not involve a motor vehicle.

**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*).

**Opiate** – A class of drugs, including morphine, codeine and heroin derived from the opium poppy plant (*Papaver somniferum*).

**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.

**Place of Injury** – The type of place where the injury leading to a death occurred. In this report, six categories are used:

**Residence** – Includes areas in and around dwellings, but excludes long-term care facilities and institutions.

**Roadway, Railroad or Airport** – Includes all public areas designed for motorized or powered transportation.

**Body of Water** – Included naturally occurring and manmade bodies of water such as lakes, rivers, ocean, streams, swimming pools; but excludes small containers holding water, such as bathtubs, pails and toilets.

**Building/Developed Area** – Includes areas in and around non-residential buildings or structures, and developed outdoor areas such as city parks, golf courses, ski areas, but excludes undeveloped outdoor areas such as forests or fields.

**Undeveloped Land** – Includes undeveloped outdoor areas such as farm fields, forests, rural or natural land or outdoor areas under construction.

**Unknown** – Insufficient information is available to classify the place of injury into one of the above categories.

**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*.

**Stimulant** – A class of drugs, including cocaine and oral and injectable amphetamines, whose principal action is the stimulation of the central nervous system. Cocaine is an alkaloid derived from the leaves of *Erythroxylon coca*, a shrub which grows in the Andes Mountains 1000 to 3000 meters (3000 – 9000 feet) above sea level, and can be taken orally, intravenously or by inhalation.

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