

New Mexico Office of the Medical Investigator

Annual Report 2007



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

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**2007 Annual Report
Office of the Medical Investigator
State of New Mexico**

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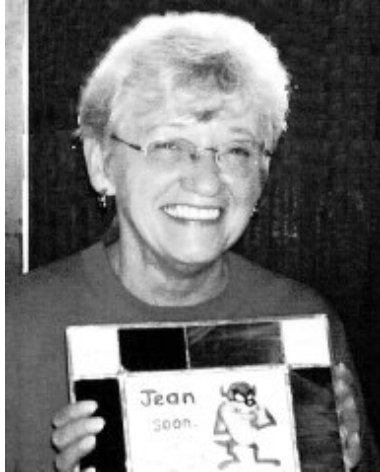
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In memory of Jean Durka



Jean Durka, retired Manager of Computing Services for OMI passed away March 6, 2008. Although she continued working with special projects, Jean officially retired from UNM in 2005 after spending seven years with OMI. Prior to coming to OMI, Jean worked for the College of Engineering for 20 years at the New Mexico Engineering Research Institute. Jean successfully guided us through the Y2K transition and began our very progressive advances into new technologies to modernize the autopsy and case reporting processes.

Her bright smile, sense of humor and diligent dedication will be missed by all who had the privilege of working with her.

**Office of the Medical Investigator (OMI)
2007 Annual Report**

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Introduction

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 5,154 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

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 – 2007

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 tasked¹ 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.

¹NMSA Statute 24-11-1, et seq., and 7-NMAC 3.2.8

Reportable Deaths:

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

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

Statutory Duty:

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

- Receive all reports of sudden, unexpected or unexplained deaths.
- Respond to all sudden, unexpected or unexplained deaths.
- In the absence of a physician, pronounce death.
- Take custody of the body and all articles on or near the body.

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

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

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

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

Such a strongly defined and professionally staffed system provides investigative agencies, the medical community and the citizens of New Mexico with standardized death investigation protocols and a

central repository for the information compiled during those medicolegal investigations. The centralization of these services has proven valuable in many areas of public concern including:

- Criminal investigations such as homicide or child abuse
- Protection of public health from environmental hazards and the spread of infectious disease
- Surveillance and reporting of deaths that may represent bioterrorist activities
- Medical and statistical research contributing to positive preventative measures (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 2007

Investigative Activity:

In 2007, New Mexico had 5,154 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 5,154 deaths. Following these investigations, OMI retained jurisdiction of 3,045 deaths and relinquished jurisdiction of 1,405 deaths to private physicians. An additional 704 deaths were investigated as a consultation services resulting in a total caseload of 5,154 medicolegal investigations. A granular examination of the case distribution is presented in the section Overview – Total Cases – 2007 beginning on page 8.

Additional Investigation Facts:

- Deputy Medical Investigators throughout New Mexico traveled 70,420.5 miles (one way) responding to 3,205 deaths.
- 154 Hospice Nurses were certified by OMI to pronounce deaths through 14 trainings around the state.
- The existing 840 Certified Nurses pronounced 3,840 deaths. (not reflected as reportable deaths)

OMI Toxicology:

- 2,145 OMI cases with toxicology requests
- 4,886 Test requests
- 14,688 Specimens collected for analysis

“Doe” and/or missing person cases:

- 161 “Doe” cases, of which 26 were non-human or ancient remains
- 151 “Doe” cases identified (93.8%)
- 164 Forensic Anthropology examinations
- 75 Forensic Odontology examinations
- 2 Cases identified by DNA
- 10 “Doe” cases unidentified
- 53 Missing person reports

Training and Education

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

Forensic 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, 27 individuals successfully completed the training and received certification as new Field Investigators. 43 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 2007, 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. 165 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. 91 completed the Basic Death Investigation School and 74 attended OMI seminar. Participants were from Alabama, Arizona, Colorado, Nebraska, Nevada, Oregon, and Texas and 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, APD Citizen's Police Academy and the Albuquerque Police Academy. In addition, specialized training is provided to individual police departments at their request.

Public Education

OMI Staff conducts in-service training throughout the state for a wide variety of agencies. Examples of agencies include Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, state search and rescue groups and professional/advanced degree classes at New Mexico Universities. Approximately 750 individuals participated in the in-service training program in 2007 in many locations at various agencies throughout New Mexico.

Additionally, OMI staff provided tours and presentations to over 1,950 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, staff, operating procedures and services offered. Through the website, users can download forms needed for requesting OMI documents.

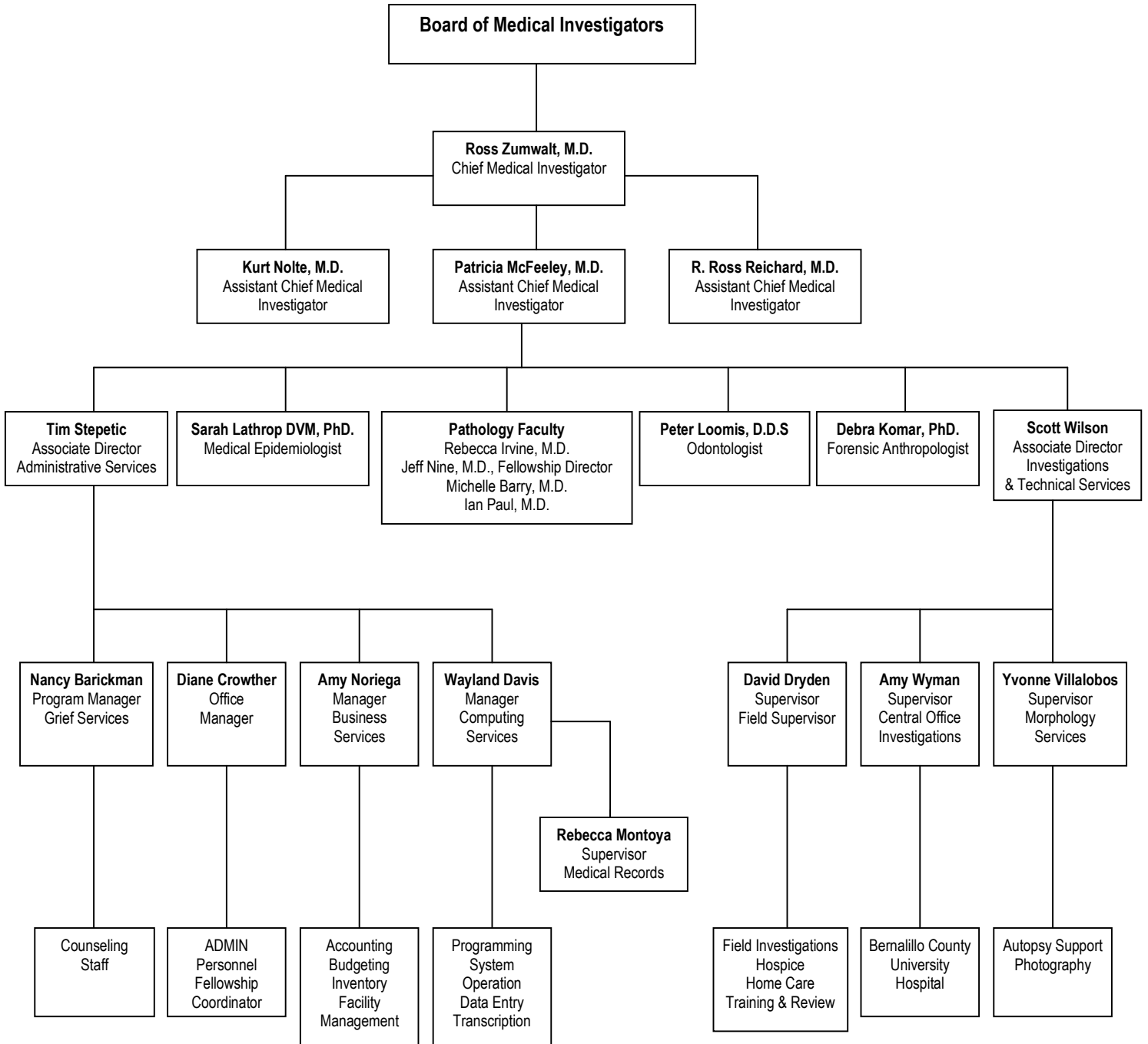
Grief Services Program

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 2007, the GSP provided:

- Intervention for 3,350 clients
- Facilitated 110 support groups
- Training for 650 professional associates

Office of the Medical Investigator Organizational Chart as of December 2007

Figure 1



Total Cases

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

Figure 2 – Total Cases – 1998 - 2007

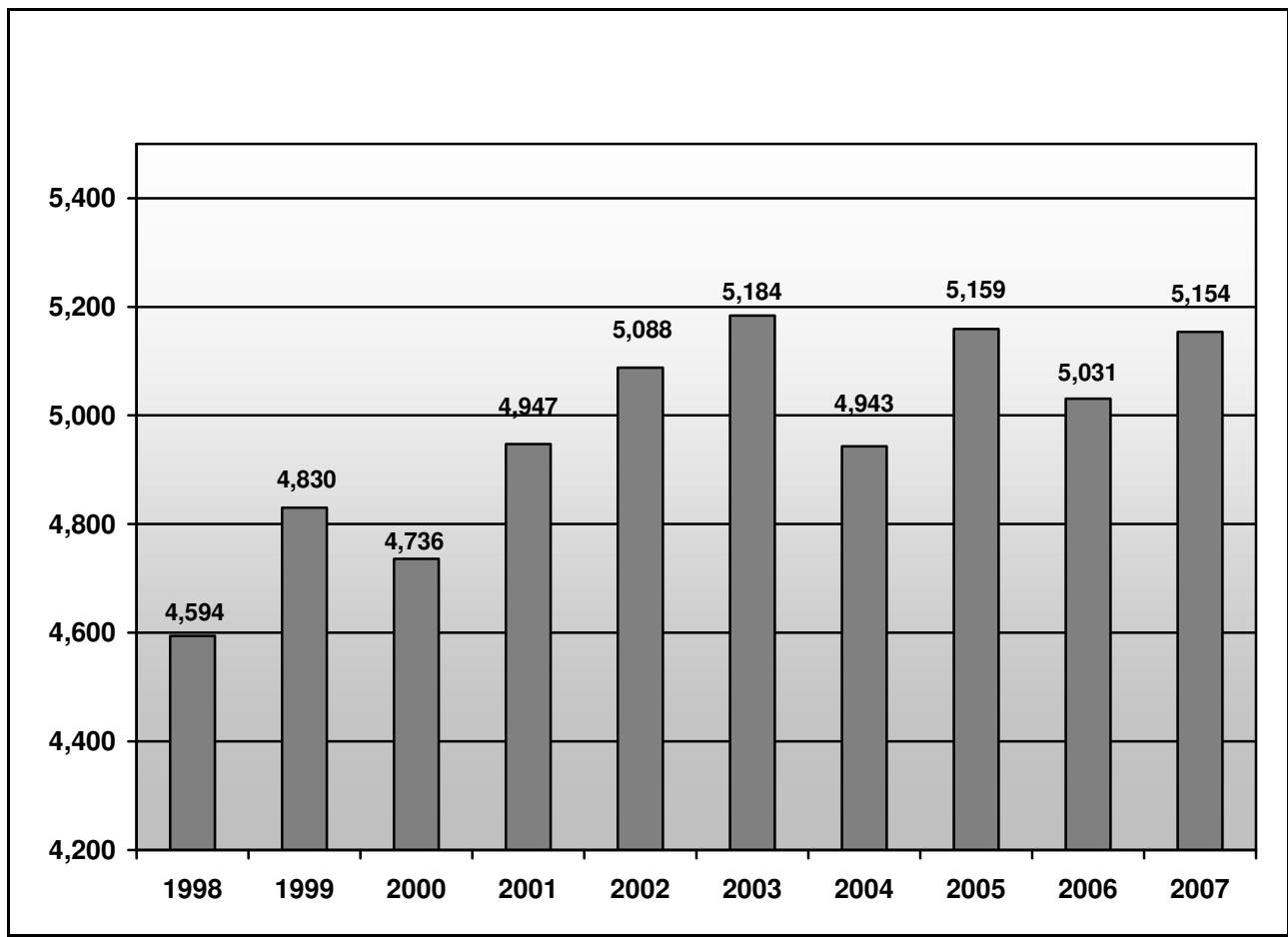


Figure 3 – Total Cases by Month – 2007

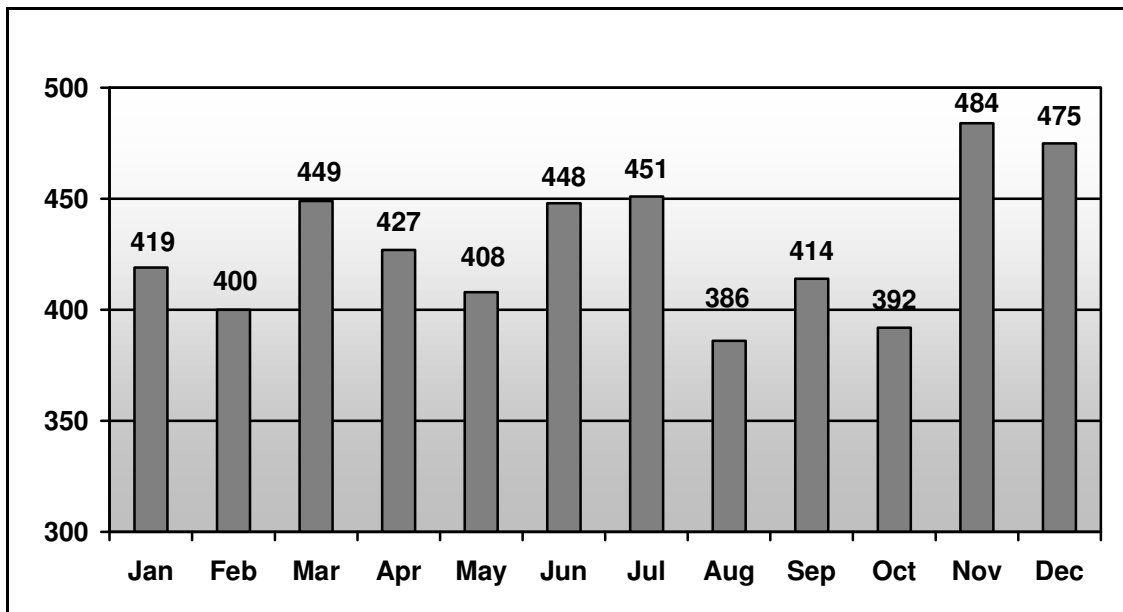


Figure 4 – Total Cases by Day – 2007

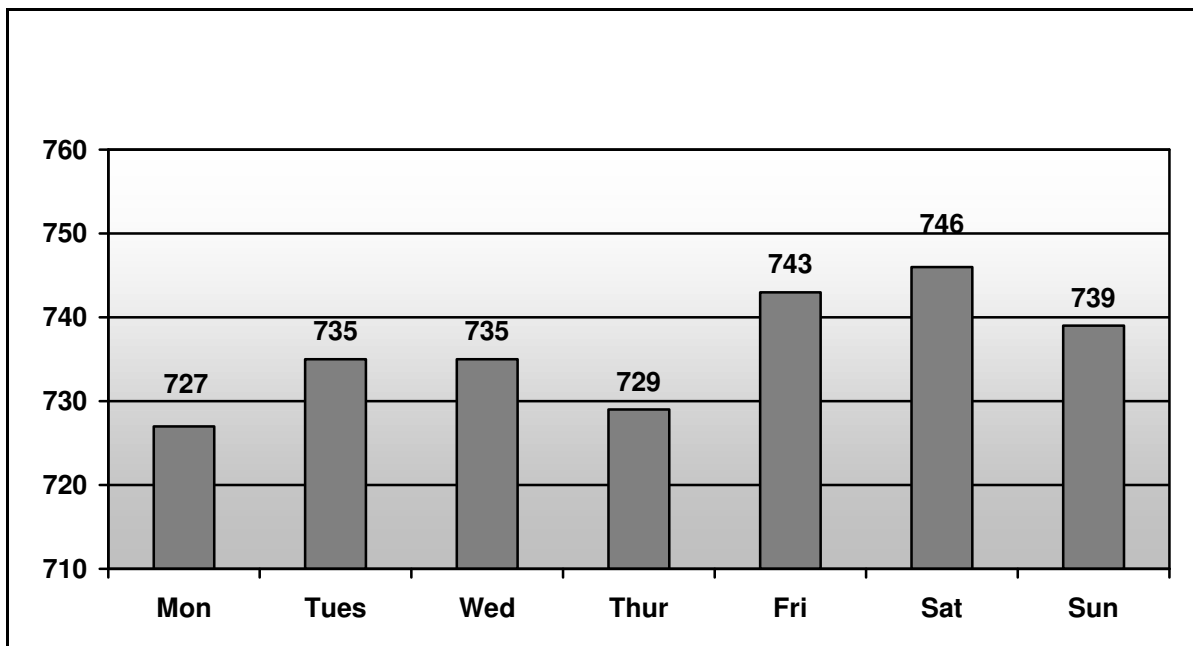
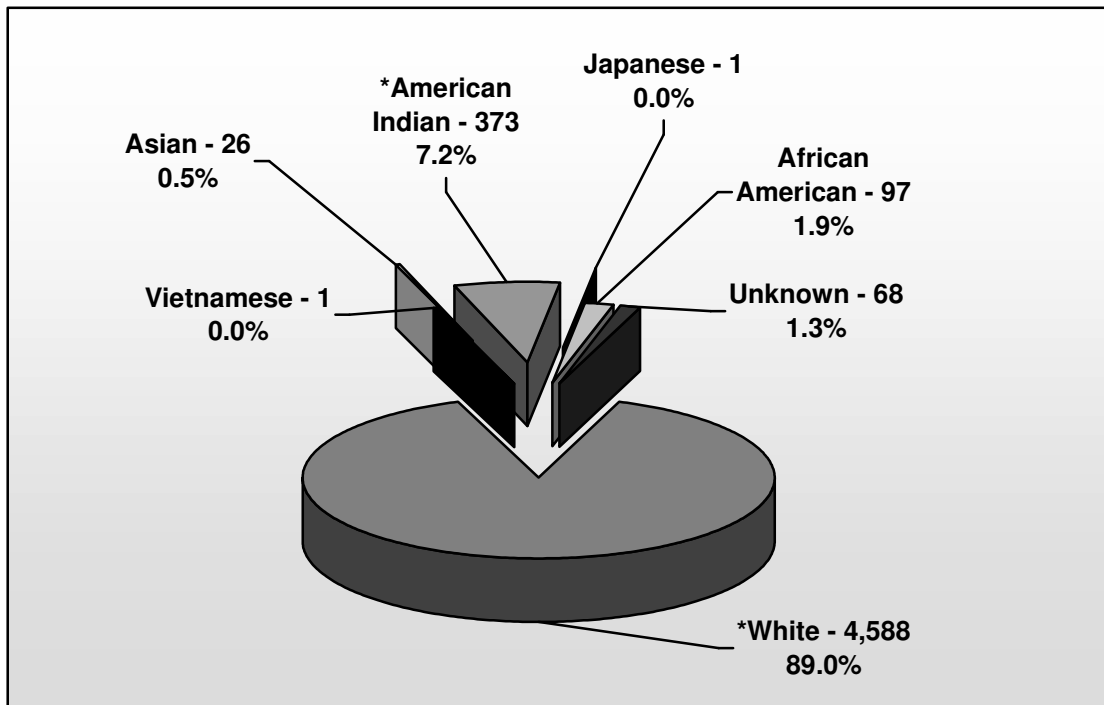


Figure 5 – Total Cases by Race/Ethnicity – 2007



* White includes 1,743 Hispanic, * American Indian includes 1 Hispanic

Figure 6 – Total Cases by Age and Gender – 2007

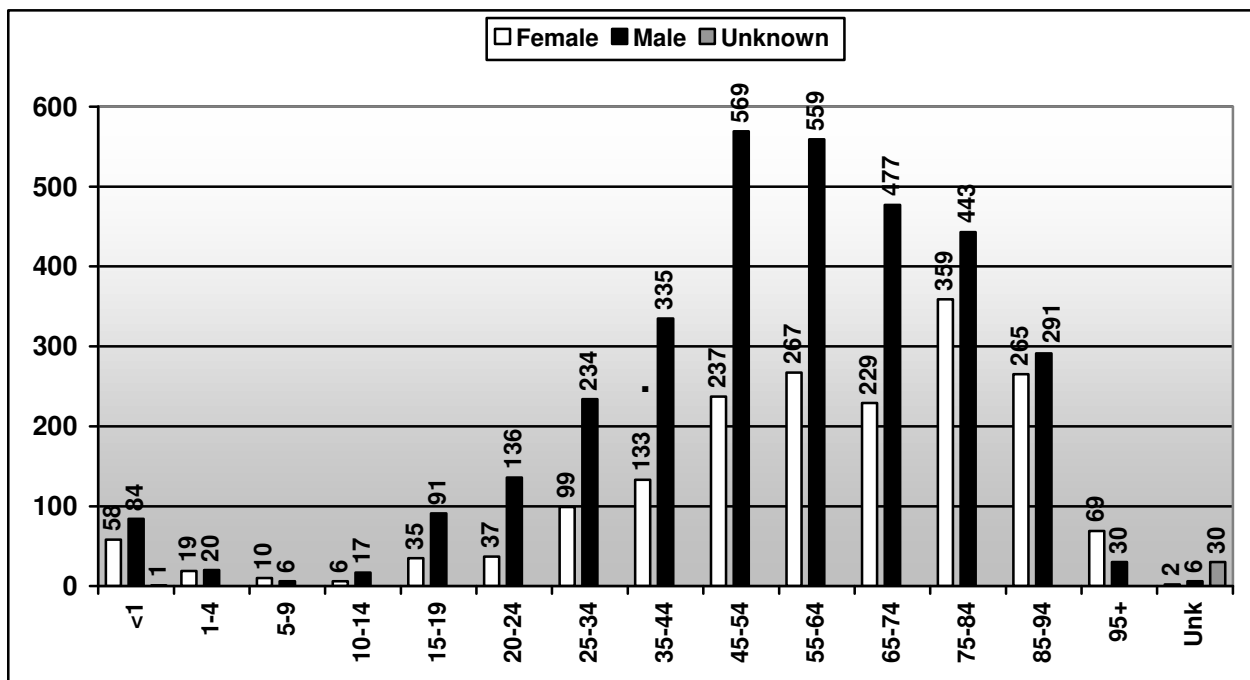


Table 1 – Total Cases – Autopsy Status – 2007

Manner of Death						
Autopsy	Natural	Accident	Suicide	Homicide	Undetermined*	Total
Yes	623	796	335	189	110	2,053
No	2,396	610	55	2	38	3,101
Total	3,019	1,406	390	191	148	5,154

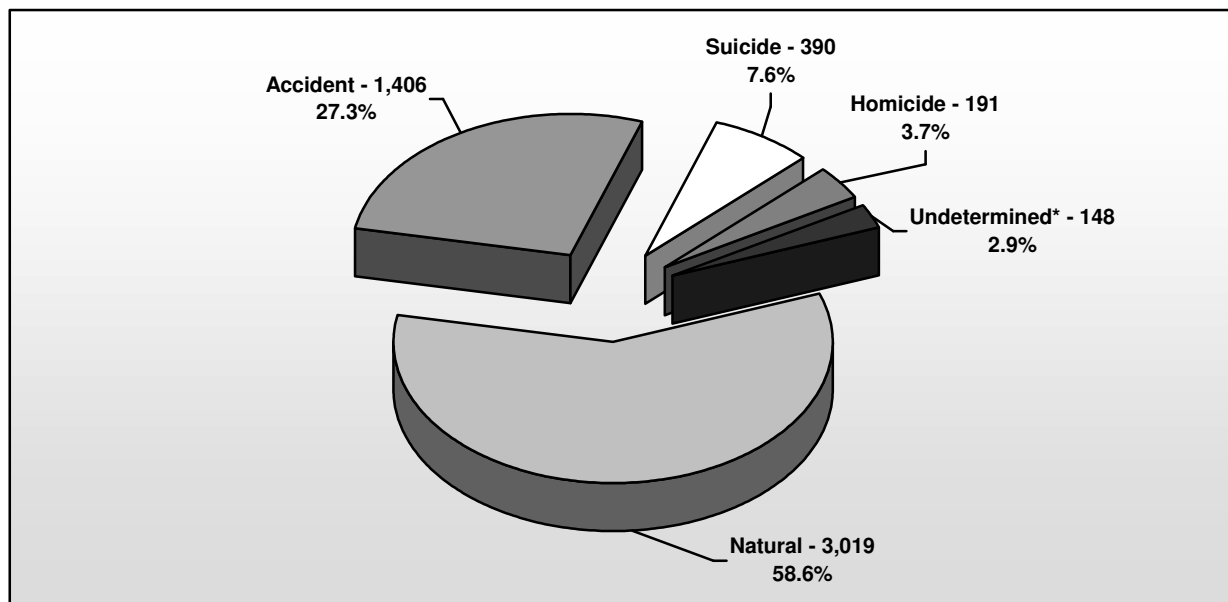
* 99 Undetermined, 8 Pending, 41 Other included in Undetermined

Table 2 – Total Cases – Case Distribution – 2007

Type of Case	Manner of Death	Autopsy		Percent Autopsied	Total
		Yes	No		
Medical Investigator	Natural	462	564	45.0%	1,026
	Accident	749	600	55.5%	1,349
	Suicide	325	49	86.9%	374
	Homicide	169	2	98.8%	171
	Undetermined	93	32	74.4%	125
	Subtotal		1,798	1,247	59.0%
Terminated Jurisdiction	Natural	0	1,405	0.0%	1,405
	Accident	0	0	0.0%	0
	Suicide	0	0	0.0%	0
	Homicide	0	0	0.0%	0
	Undetermined	0	0	0.0%	0
	Subtotal		0	1,405	0.0%
Reported Deaths		1,798	2,652	40.4%	4,450
Consultation Cases	Natural	161	427	27.4%	588
	Accident	47	10	82.5%	57
	Suicide	10	6	62.5%	16
	Homicide	20	0	100%	20
	Undetermined	17	6	73.9%	23
	Subtotal		255	449	36.2%
Total		2,053	3,101	39.8%	5,154

Cause and Manner of Death

Figure 7 – Total Cases – Manner of Death – 2007



* 99 Undetermined, 8 Pending, 41 Other included in Undetermined

In 2007, OMI investigated 5,154 deaths, representing 35% of the estimated total deaths in New Mexico in 2007. Of the deaths investigated by OMI in 2007:

The total number of deaths investigated represents a 2.4% decrease from the 2005 total, and a 12.2% increase since 1998.

The highest total number of deaths occurred in November and the fewest in August. More deaths occurred on Saturday than any other day of the week and the fewest deaths occurred on Monday.

The ratio of male to female deaths, when gender was clearly determined, was 1.81. Decedents classified as non-Hispanic white represented 55% of the total, Hispanic 33.8%, American Indian 7.2%, African American 1.9% and Asian 0.5%. 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 (1,581). While natural deaths contributed the largest portion of OMI deaths investigated (58.6%), 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
1998 – 2007**

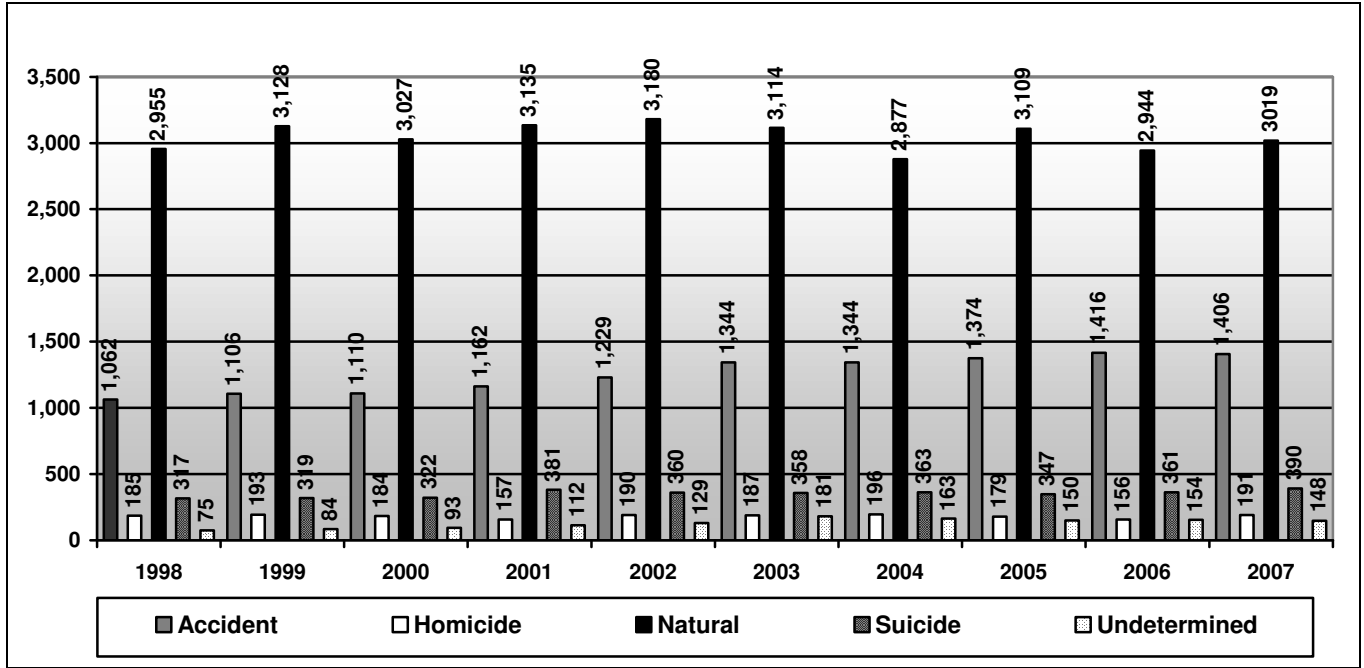


Table 3 - Total Cases – Manner of Death by Gender – 2007

Gender	Accident	Homicide	Natural	Suicide	Undetermined	Total
Female	488	44	1,173	74	46	1,825
Male	918	147	1,845	316	72	3,298
Unknown	0	0	1	0	30	31
Total	1,406	191	3,019	390	148	5,154

Table 4 - Total Cases – Manner of Death by Race/Ethnicity – 2007

Race/Ethnicity	Accident	Homicide	Natural	Suicide	Undetermined	Total
American Indian	126	30	156	33	28	373
African American	22	8	62	2	3	97
Japanese	0	0	0	1	0	1
Other Asian	5	3	16	2	0	26
Vietnamese	0	0	0	0	1	1
White/Hispanic	525	90	970	121	37	1,743
White	710	57	1,805	227	46	2,845
Unknown	18	3	10	4	33	68
Total	1,406	191	3,019	390	148	5,154

*American Indian includes 1 Hispanic

Figure 9 - Deaths by County of Injury – 2007
Includes Accidents, Suicides, Homicides and Undetermined Deaths

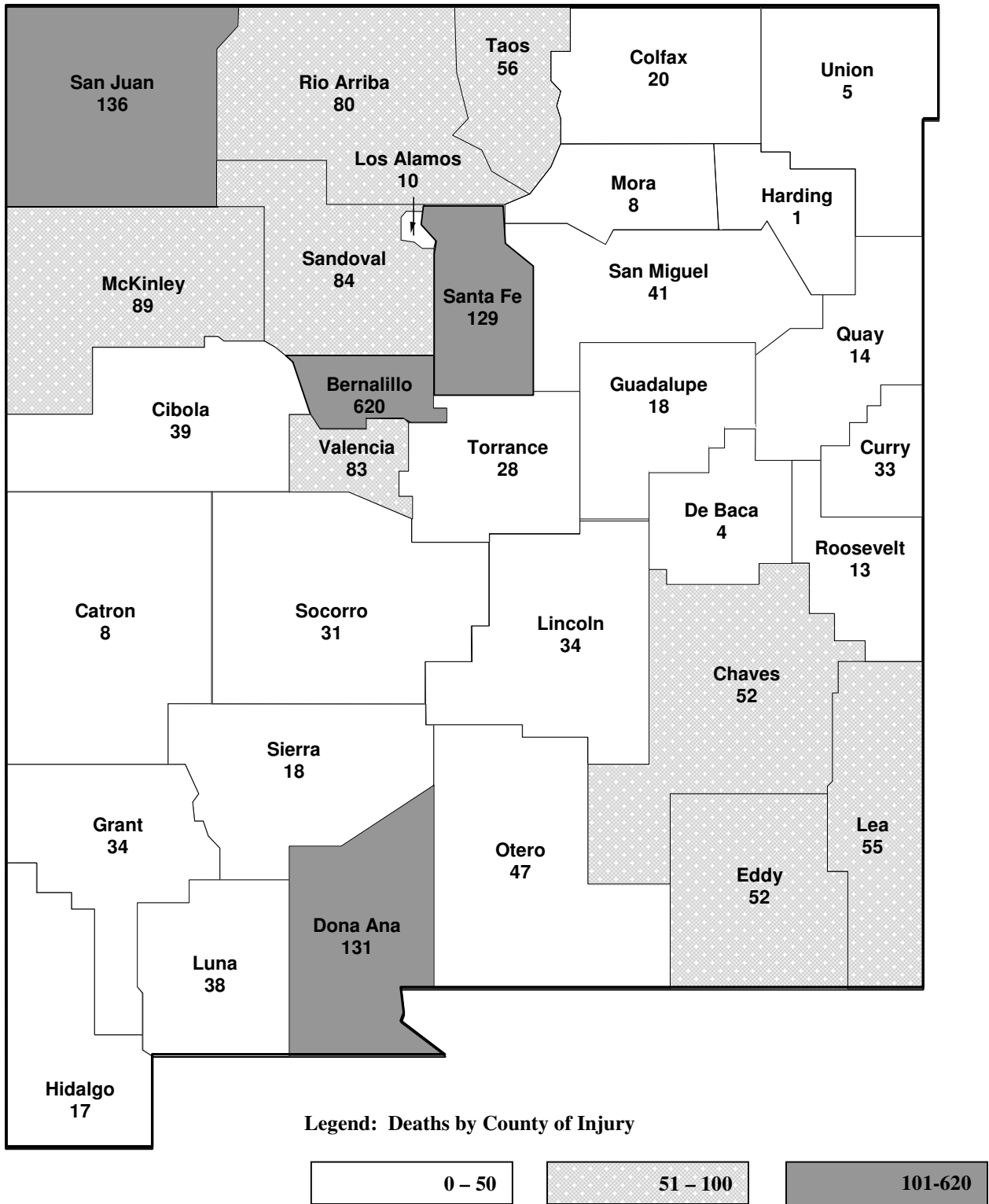


Table 5 – Total Cases – County of Injury – 2007

Manner of Death by County of Injury					
County of Injury	Accident	Homicide	Suicide	Undetermined	Total
Bernalillo	422	60	120	18	620
Catron	3	1	3	1	8
Chaves	30	9	11	2	52
Cibola	31	1	7	0	39
Colfax	12	2	6	0	20
Curry	26	2	3	2	33
De Baca	3	0	1	0	4
Dona Ana	87	9	27	8	131
Eddy	38	4	10	0	52
Grant	20	4	6	4	34
Guadalupe	15	2	1	0	18
Harding	1	0	0	0	1
Hidalgo	12	1	2	2	17
Lea	37	7	8	3	55
Lincoln	24	1	7	2	34
Los Alamos	6	0	4	0	10
Luna	27	2	5	4	38
McKinley	62	11	11	5	89
Mora	6	0	1	1	8
Otero	22	3	17	5	47
Quay	8	4	2	0	14
Rio Arriba	56	6	15	3	80
Roosevelt	10	2	1	0	13
San Juan	90	19	18	9	136
San Miguel	27	8	6	0	41
Sandoval	55	3	25	1	84
Santa Fe	91	4	27	7	129
Sierra	15	1	2	0	18
Socorro	19	1	7	4	31
Taos	36	2	13	5	56
Torrance	20	2	6	0	28
Union	4	0	1	0	5
Valencia	55	6	17	5	83
Non-Resident/Unknown	36	14	0	57	107
Subtotals	1,406	191	390	148	2,135
Natural Deaths	0	0	0	0	3,019
Total					5,154

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

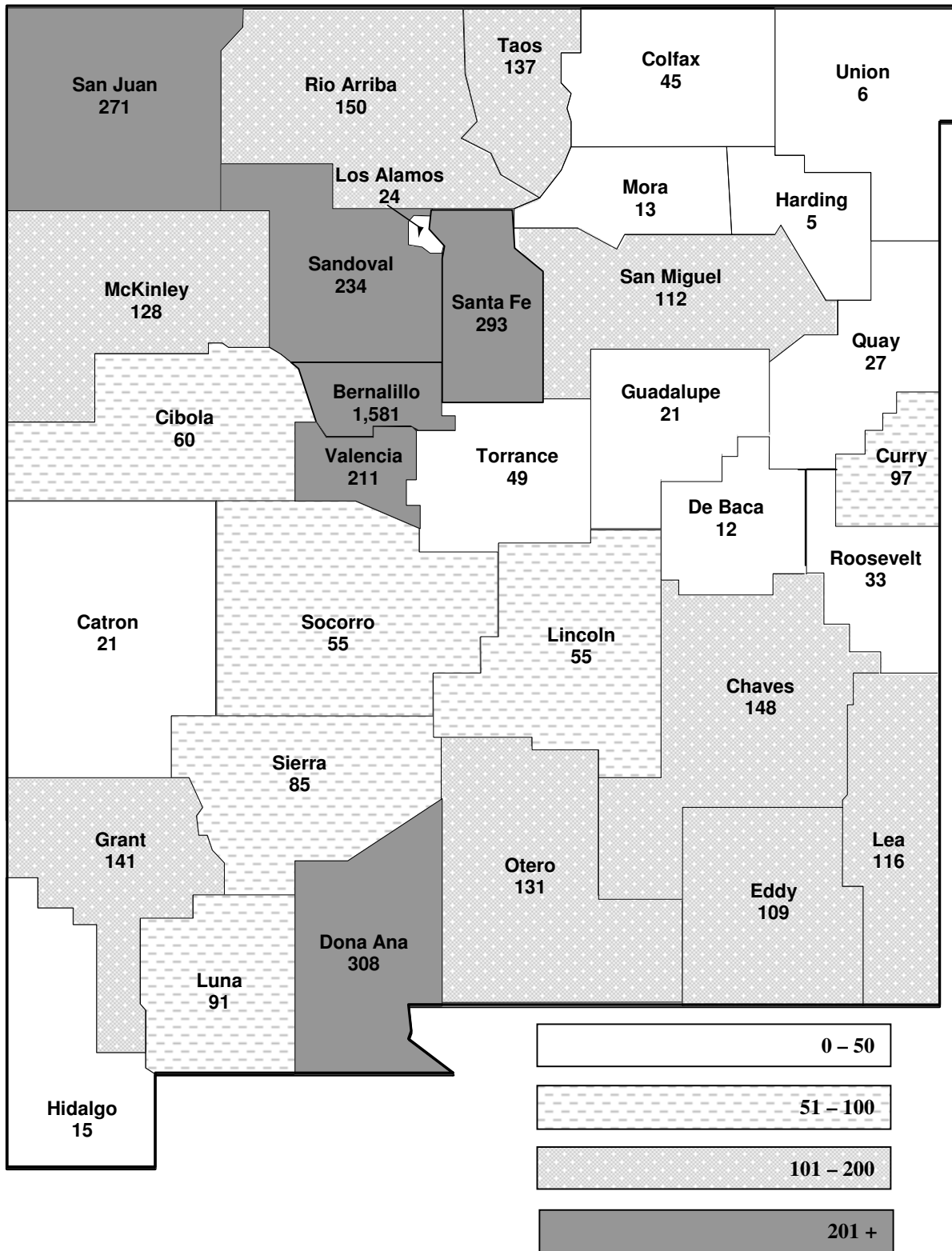


Table 6 – Total Cases – County of Residence – 2007

Manner of Death by County of Residence						
County of Residence	Natural	Accident	Homicide	Suicide	Undetermined	Total
Bernalillo	959	413	61	119	29	1,581
Catron	13	2	1	4	1	21
Chaves	95	30	9	11	3	148
Cibola	29	23	2	6	0	60
Colfax	31	7	2	5	0	45
Curry	65	25	2	3	2	97
De Baca	9	2	0	1	0	12
Dona Ana	184	84	8	25	7	308
Eddy	60	33	5	9	2	109
Grant	109	18	4	6	4	141
Guadalupe	12	6	2	1	0	21
Harding	2	3	0	0	0	5
Hidalgo	10	2	0	2	1	15
Lea	63	38	6	6	3	116
Lincoln	26	24	1	2	2	55
Los Alamos	13	6	0	5	0	24
Luna	69	13	3	3	3	91
McKinley	62	43	8	9	6	128
Mora	7	4	0	1	1	13
Otero	83	23	3	18	4	131
Quay	18	4	4	1	0	27
Rio Arriba	72	51	6	16	5	150
Roosevelt	18	12	2	1	0	33
San Juan	137	89	17	19	9	271
San Miguel	76	19	7	8	2	112
Sandoval	148	53	6	24	3	234
Santa Fe	169	89	4	24	7	293
Sierra	70	11	1	2	1	85
Socorro	37	9	0	6	3	55
Taos	84	33	1	13	6	137
Torrance	28	13	2	6	0	49
Union	4	1	0	1	0	6
Valencia	125	62	5	14	5	211
Out of State/Unknown	132	161	19	19	39	370
Total	3,019	1,406	191	390	148	5,154

Table 7 - Total Cases – Manner of Death by Age and Gender 2007
Age at Death

Gender	Age	Natural	Accidents		Suicide	Homicide	Undetermined	Total
			MVA*	Non-MVA				
Female	<1	43	2	2	0	4	7	58
	1-4	7	5	5	0	1	1	19
	5-9	2	4	4	0	0	0	10
	10-14	2	1	1	0	2	0	6
	15-19	4	16	4	5	3	3	35
	20-24	11	10	6	4	4	2	37
	25-34	27	25	20	11	7	9	99
	35-44	61	11	32	17	7	5	133
	45-54	131	18	47	22	8	11	237
	55-64	198	15	36	9	6	3	267
	65-74	191	7	25	4	1	1	229
	75-84	273	11	71	1	1	2	359
	85-94	180	5	79	1	0	0	265
	95+	43	0	26	0	0	0	69
	Unknown	0	0	0	0	0	2	2
Subtotals		1,173	130	358	74	44	46	1,825
Male	<1	68	0	2	0	2	12	84
	1-4	8	3	4	0	3	2	20
	5-9	0	3	2	0	1	0	6
	10-14	2	6	2	4	1	2	17
	15-19	5	28	15	23	16	4	91
	20-24	11	48	27	23	24	3	136
	25-34	44	41	61	46	36	6	234
	35-44	96	44	101	55	30	9	335
	45-54	264	57	140	73	17	18	569
	55-64	403	31	68	41	8	8	559
	65-74	382	17	48	24	4	2	477
	75-84	341	16	65	18	2	1	443
	85-94	198	5	76	8	2	2	291
	95+	21	0	8	1	0	0	30
	Unknown	2	0	0	0	1	3	6
Subtotals		1,845	299	619	316	147	72	3,298
Unknown	<1	1	0	0	0	0	0	1
	No Age	0	0	0	0	0	30	30
Total		3,019	429	977	390	191	148	5,154

* MVA = Motor Vehicle Accidents

Table 8 – Overview – Cause of Death – 2007
by Highest Value

Natural Cause of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Heart disease	1,316	176	96	1,044
Carcinoma	269	31	2	236
Hypertension	183	53	19	111
Pneumonia	152	76	4	72
Chronic obstructive pulmonary disease (COPD)	146	8	8	130
Cerebrovascular	112	20	3	89
Ethanolism	112	53	18	41
Sepsis	97	40	5	52
Gastrointestinal hemorrhage	90	34	9	47
Renal failure	68	9	2	57
Diabetes	64	9	5	50
Alzheimer's	58	3	3	52
Hepatic failure	52	8	5	39
Emboli	51	36	3	12
Aneurysm	44	16	1	27
Congenital defect	34	7	0	27
Spontaneous hemorrhage	27	8	0	19
Intrauterine fetal death	26	10	0	16
Prematurity	26	4	0	22
Natural - Other	23	12	1	10
Respiratory Distress Syndrome	23	6	1	16
Emphysema	22	2	0	20
Parkinson's disease	19	1	0	18
Epilepsy	19	14	1	4
Obesity	18	6	2	10
Blood disorders	16	4	1	11
Leukemia	12	2	0	10
Pulmonary edema	11	1	1	9
Asthma	9	6	1	2
Sudden Infant Death Syndrome (SIDS)	9	9	0	0
Acquired Immune Deficiency Syndrome (AIDS)	9	1	0	8
Meningitis	8	4	0	4
Pancreas	7	3	0	4
Multiple organ failure	6	1	0	5
Maternal and fetal complications of birth	5	3	0	2
Arthritis	4	0	1	3
Hodgkin's disease	4	1	0	3
Pathologic injuries	4	0	1	3
Dehydration	3	2	0	1
Malnutrition	3	0	0	3
Obstruction	3	0	1	2
Gallbladder	2	1	0	1
Medical treatment	2	1	0	1
Chronic drug abuse	1	1	0	0
Aspiration	1	0	0	1
Amyotrophic lateral sclerosis (ALS)	1	0	0	1
Plague	1	1	0	0
History of illness or injury	1	1	0	0
Subtotal	3,173	684	194	2,295

Unnatural Cause of Death	Total Cases	Autopsy	Dictated External	Investigation/Field Examination
Multiple injuries	608	237	105	266
Substance intoxication	420	409	4	7
Gunshot wound	289	268	2	19
Head and neck injuries	188	80	41	67
Hanging	95	68	6	21
Asphyxia	56	45	2	9
Stab wound	40	39	0	1
Exposure	34	32	1	1
Carbon monoxide intoxication	31	29	1	1
Ethanol intoxication	29	28	0	1
Drowning	25	23	0	2
Subdural hematoma	16	5	2	9
Thermal injuries	14	10	4	0
Narcotic abuse	10	10	0	0
Aspiration	7	4	2	1
Unnatural - Other	6	5	1	0
Electrocution	4	4	0	0
Exsanguination	4	3	0	1
Child abuse	2	2	0	0
Subtotal	1,878	1,301	171	406
Undetermined Cause of Death				
Undetermined after autopsy and/or toxicology	27	27	0	0
Skeletal/ancient/mummified remains	27	17	0	10
Non-human remains	17	0	0	17
Undetermined-Other	10	10	0	0
Certification for record purposes only	10	3	0	7
Pending Investigation, Histology, Toxicology, Other	8	8	0	0
Consult Request Withdrawn	4	0	0	4
Subtotal	103	65	0	38
Total	5,154	2,050	365	2,739

Cause of Death Summary

Five manners of death are used to classify deaths at OMI: natural, accident, suicide, homicide 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 2007. As this table lists death by cause, rather than manner, the total number of natural deaths in this table (3,173) is not the same as the total number of natural deaths by manner (3,019) 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 (38/5,154, 0.7%), 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 – 1998 – 2007

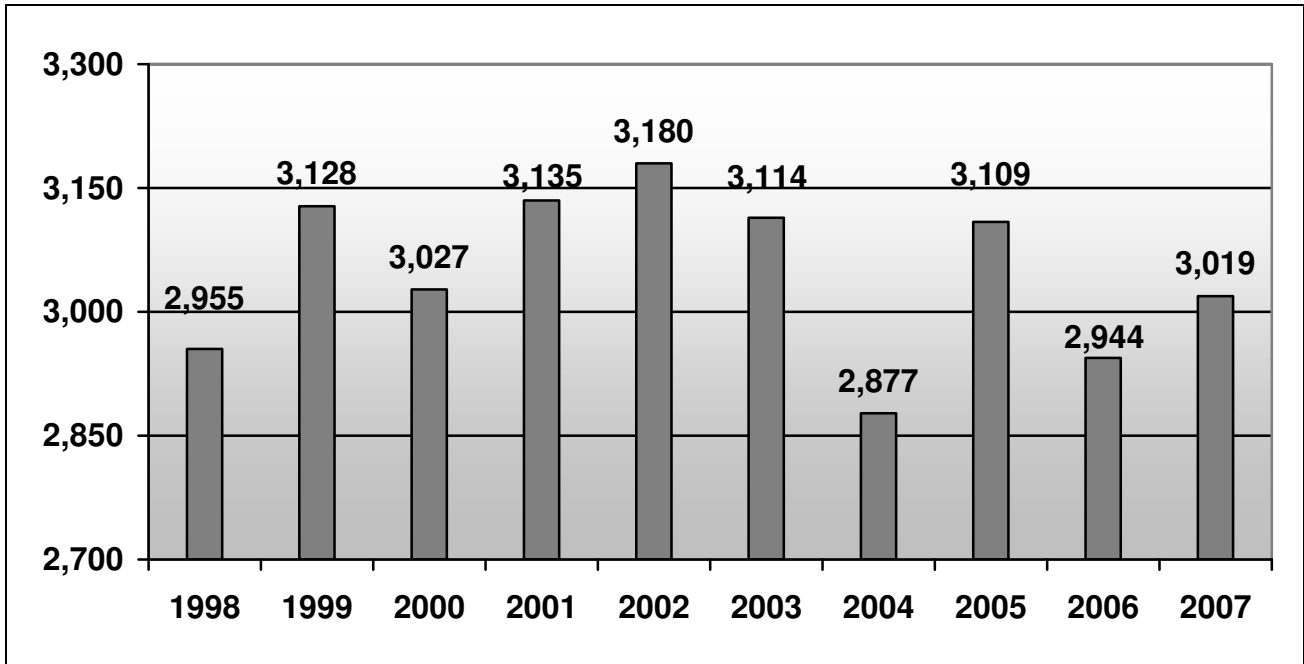
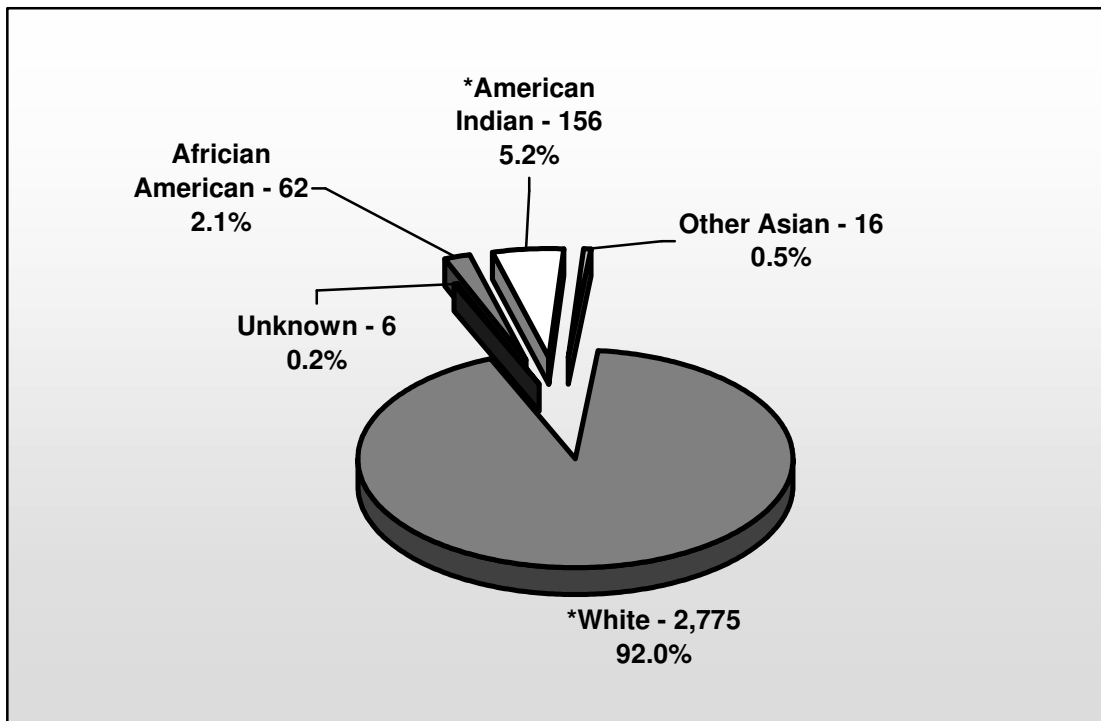
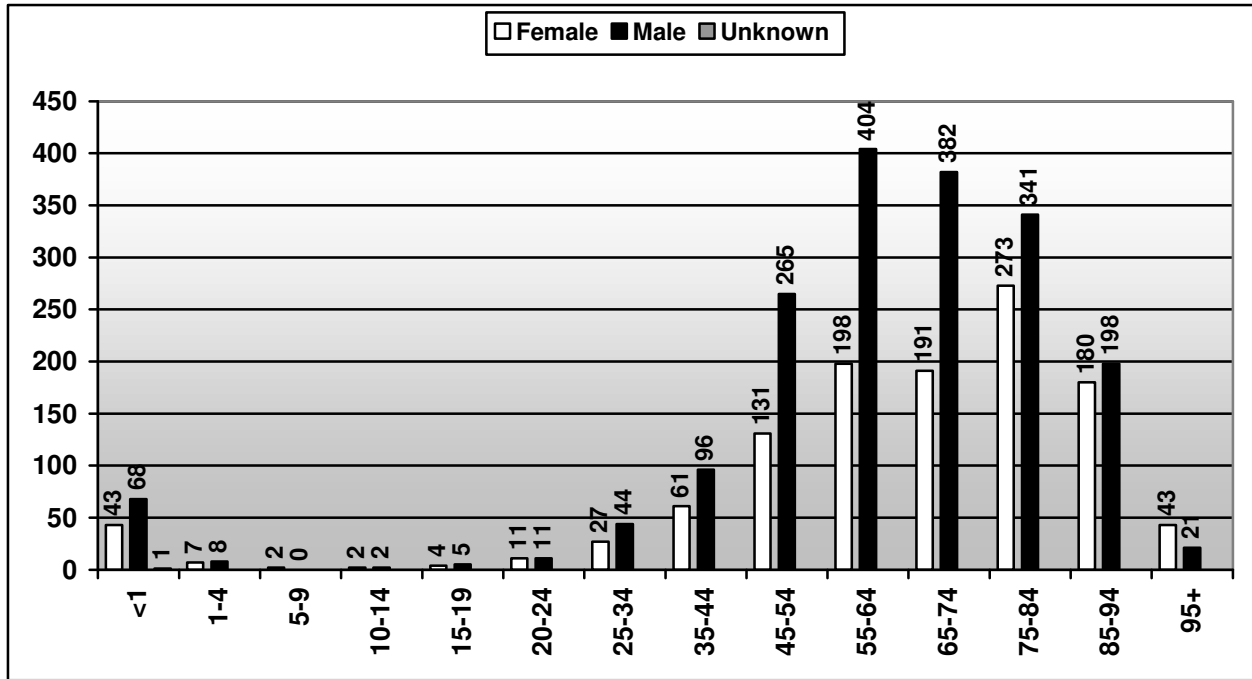


Figure 12 - Natural Deaths by Race/Ethnicity – 2007



* White includes 970 Hispanic, * American Indian includes 1 Hispanic

Figure 13 - Natural Deaths by Age and Gender – 2007



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 – 1998 – 2007

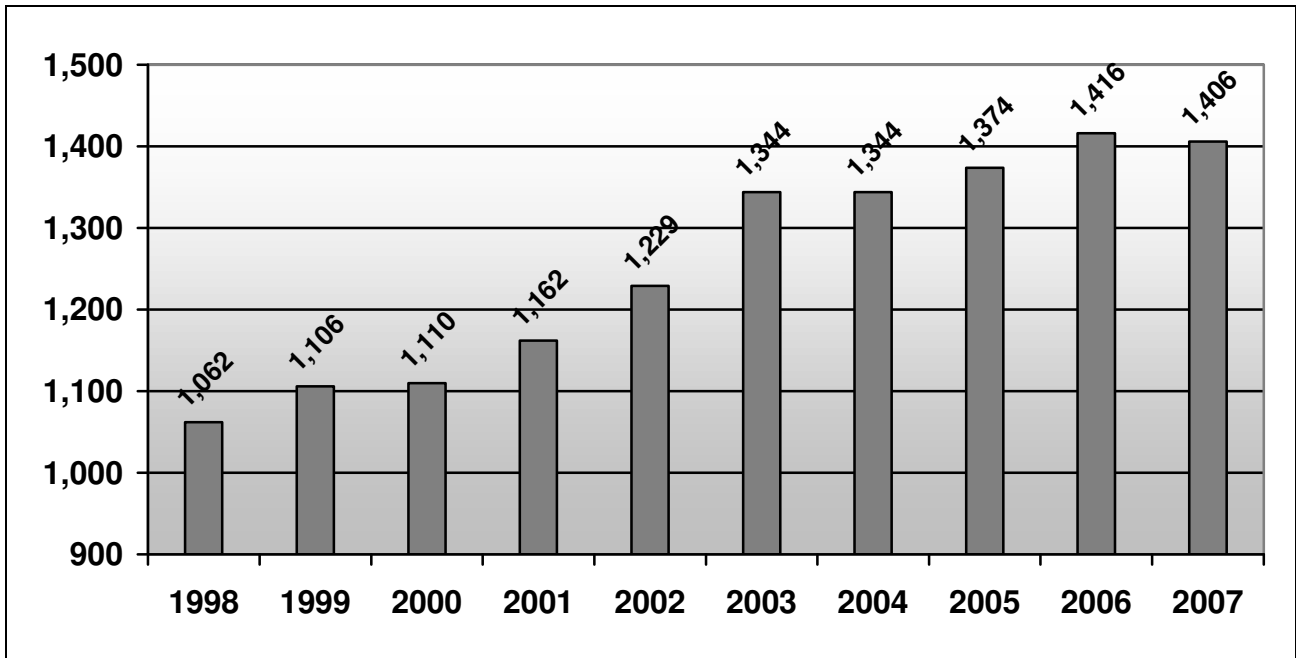
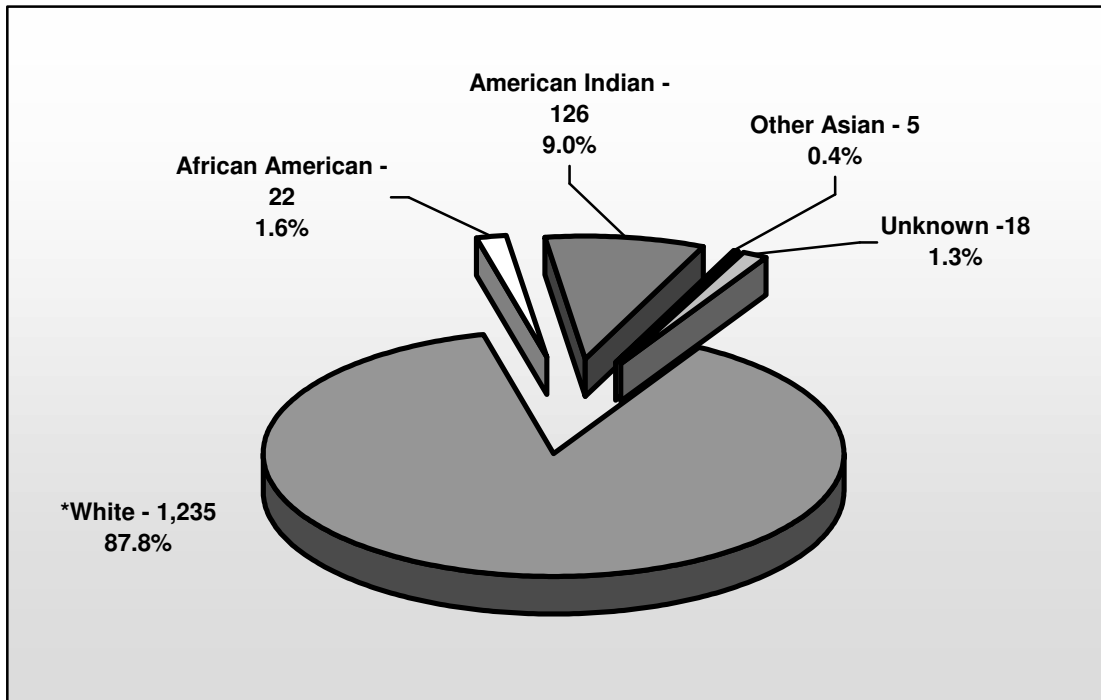


Figure 15 - Accidental Deaths by Race/Ethnicity – 2007



* White includes 525 Hispanic

Figure 16 - Accidental Deaths by Age and Gender – 2007

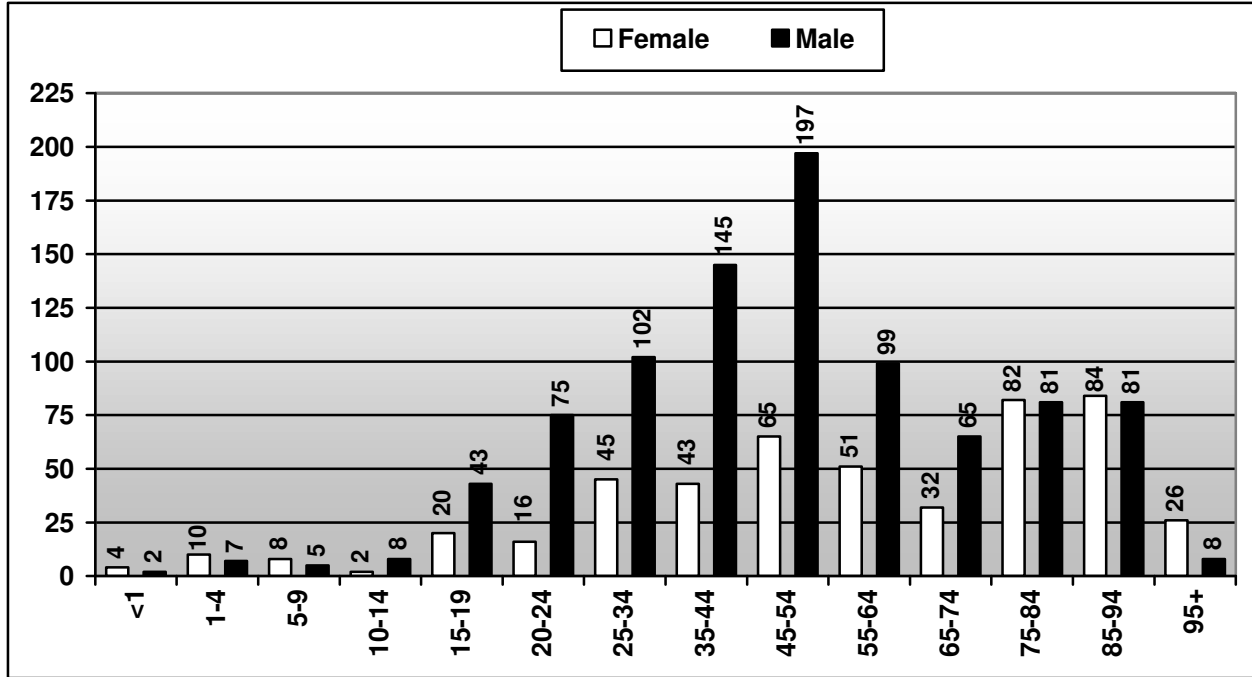


Table 9 - Accidental Deaths – Method – 2007

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Fall from standing height	342	30	52	260
Ingested and/or injected illicit drug(s)	215	206	3	6
Ingested and/or injected prescription medications	158	154	1	3
Fall from height	60	18	7	35
Passenger in auto that left roadway	58	31	12	15
Driver of auto in collision with motor vehicle	58	30	16	12
Driver of auto that left roadway	56	20	9	27
Pedestrian struck by motor vehicle	56	32	14	10
Ingested alcohol	36	33	1	2
Exposed to cold or heat	33	30	2	1
Passenger in auto in collision with motor vehicle	31	13	9	9
Driver of pickup that left roadway	29	20	2	7
Driver of motorcycle	27	8	8	11
Driver of motorcycle in collision with motor vehicle	21	7	7	7
Driver of pickup in collision with motor vehicle	19	9	3	7
Victim of fire	18	15	2	1

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Accident-other	16	11	1	4
Crushed/suffocated	15	13	0	2
Choked	15	9	1	5
Drowned in (non-recreational water accidents)	13	13	0	0
Passenger in pickup that left roadway	13	10	1	2
Driver of truck that left roadway	12	9	2	1
Pilot of aircraft that crashed	10	10	0	0
Struck by flying/falling moving object	8	6	0	2
Driver of auto in collision with fixed object	7	3	4	0
Passenger in pickup in collision with motor vehicle	7	3	2	2
Accidental discharge of firearm	6	5	0	1
Passenger in aircraft that crashed	6	6	0	0
Cyclist struck by motor vehicle	5	3	1	1
Contacted electrical current	5	5	0	0
Driver of motor vehicle struck by train	4	3	0	1
Cut self	4	3	0	1
Driver of truck in collision	4	4	0	0
Passenger in truck that left roadway	4	3	1	0
Farm or Industrial machinery accident	4	3	0	1
Swimming (recreational and rescue attempts)	4	3	0	1
Passenger who fell from moving motor vehicle	3	3	0	0
Passenger in pickup in collision with fixed object	3	1	0	2
Inhaled toxic agent (Substance inhaled accidentally)	3	3	0	0
Inhaled toxic agent (Substance abuse)	3	2	1	0
Scalded	2	1	1	0
Cyclist non-motor vehicle accident	2	0	2	0
Pedestrian struck by non-motor vehicle	2	1	0	1
Received blow/collided with object	2	0	1	1
Passenger in truck in collision	2	1	0	1
Passenger in motor vehicle struck by train	1	1	0	0
Passenger in auto in collision with fixed object	1	0	1	0
Motor vehicle accident, etiology unknown	1	1	0	0
Passenger on motorcycle	1	0	0	1
Poisoned	1	1	0	0
Total	1,406	796	167	443

Table 10 - Accidental Deaths – County of Injury – 1998 – 2007

County of Injury	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Bernalillo	311	294	285	318	359	406	403	389	433	422
Catron	4	4	7	5	3	6	2	7	2	3
Chaves	28	43	30	36	29	42	41	37	48	30
Cibola	19	24	37	16	19	27	25	41	22	31
Colfax	6	8	16	18	12	23	9	17	9	12
Curry	19	15	16	13	13	15	15	22	20	26
De Baca	2	4	1	2	5	3	1	3	1	3
Dona Ana	47	53	52	56	55	62	80	63	77	87
Eddy	38	19	29	22	27	31	33	39	39	38
Grant	17	13	17	9	18	23	25	17	19	20
Guadalupe	17	7	8	14	17	8	16	10	18	15
Harding	0	1	1	1	2	1	0	0	0	1
Hidalgo	9	5	7	9	10	2	6	14	7	12
Lea	16	23	21	24	20	29	21	30	38	37
Lincoln	21	13	11	21	31	14	14	14	15	24
Los Alamos	2	4	6	9	6	10	6	6	5	6
Luna	17	20	15	23	18	25	22	37	33	27
McKinley	66	65	78	57	71	73	99	80	77	62
Mora	2	8	7	4	4	5	8	7	5	6
Otero	12	20	25	24	25	31	28	30	35	22
Quay	8	20	13	13	18	26	14	10	16	8
Rio Arriba	44	67	57	37	54	46	57	48	49	56
Roosevelt	14	6	6	7	9	8	7	14	7	10
San Juan	70	56	61	76	85	79	76	72	80	90
San Miguel	30	16	20	19	26	30	33	25	23	27
Sandoval	29	37	34	39	33	42	47	52	61	55
Santa Fe	63	89	84	72	89	78	75	101	96	91
Sierra	12	16	12	13	15	16	12	12	9	15
Socorro	21	18	17	27	13	18	21	22	15	19
Taos	21	16	21	38	30	26	30	27	28	36
Torrance	9	17	16	19	12	20	19	18	21	20
Union	6	4	3	16	4	3	4	7	7	4
Valencia	32	41	39	35	34	45	38	41	52	55
Out of State/Unknown	50	60	58	70	63	71	57	62	49	36
Totals	1,062	1,106	1,110	1,162	1,229	1,344	1,344	1,374	1,416	1,406

Table 11 - Accidental Deaths – County of Pronouncement – 1998 – 2007

County of Pronouncement	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Bernalillo	393	385	388	415	442	505	503	476	552	512
Catron	4	4	7	4	2	6	2	7	1	3
Chaves	26	41	28	36	27	42	41	34	47	31
Cibola	17	20	27	11	20	20	14	34	12	24
Colfax	6	7	16	15	12	20	9	19	9	12
Curry	20	18	24	17	14	17	18	22	20	27
De Baca	1	4	0	1	5	3	0	2	1	3
Dona Ana	53	54	50	58	53	62	82	61	83	95
Eddy	36	20	27	24	28	30	32	39	39	37
Grant	17	11	18	14	13	24	24	19	18	19
Guadalupe	15	6	5	12	14	6	15	8	14	14
Harding	0	0	1	1	2	1	0	0	0	1
Hidalgo	8	5	7	10	9	2	6	10	7	11
Lea	17	22	21	24	20	29	21	31	40	37
Lincoln	20	12	10	19	23	12	13	13	16	21
Los Alamos	0	4	8	9	4	8	5	5	5	6
Luna	15	20	15	17	17	25	23	37	27	23
McKinley	55	59	60	50	65	73	83	69	67	60
Mora	2	6	5	2	1	4	8	4	3	5
Otero	11	16	24	20	25	30	28	30	33	20
Quay	8	17	12	10	17	24	13	10	16	11
Rio Arriba	40	57	49	30	54	40	53	39	42	52
Roosevelt	11	7	2	4	8	8	6	14	8	11
San Juan	75	61	68	90	89	78	87	79	82	99
San Miguel	27	13	17	18	24	26	26	22	22	24
Sandoval	24	24	21	21	27	24	28	40	33	30
Santa Fe	61	91	83	80	93	87	78	100	97	92
Sierra	7	13	11	13	13	14	9	11	6	11
Socorro	16	18	17	23	11	15	15	22	12	17
Taos	20	14	17	33	24	19	27	25	22	33
Torrance	9	11	13	16	9	9	12	14	17	15
Union	6	4	3	15	4	3	2	6	7	4
Valencia	19	31	23	19	21	34	29	32	37	34
Out of State/Unknown	23	31	33	31	39	44	32	40	21	12
Totals	1,062	1,106	1,110	1,162	1,229	1,344	1,344	1,374	1,416	1,406

Accidental Deaths – Summary

Accidental deaths accounted for 27% of the deaths investigated by OMI in 2007, second only to natural deaths (58.6% of OMI-investigated deaths) as a manner of death. The highest number of accidental deaths was in males 45-54 years of age. Motor vehicle accidents were the most common cause of accidental deaths, with motor vehicles involved in 30.2% of all accidental deaths.

Overview – Manner of Death – Suicide Deaths

Figure 17 - Suicide Deaths – 1998 – 2007

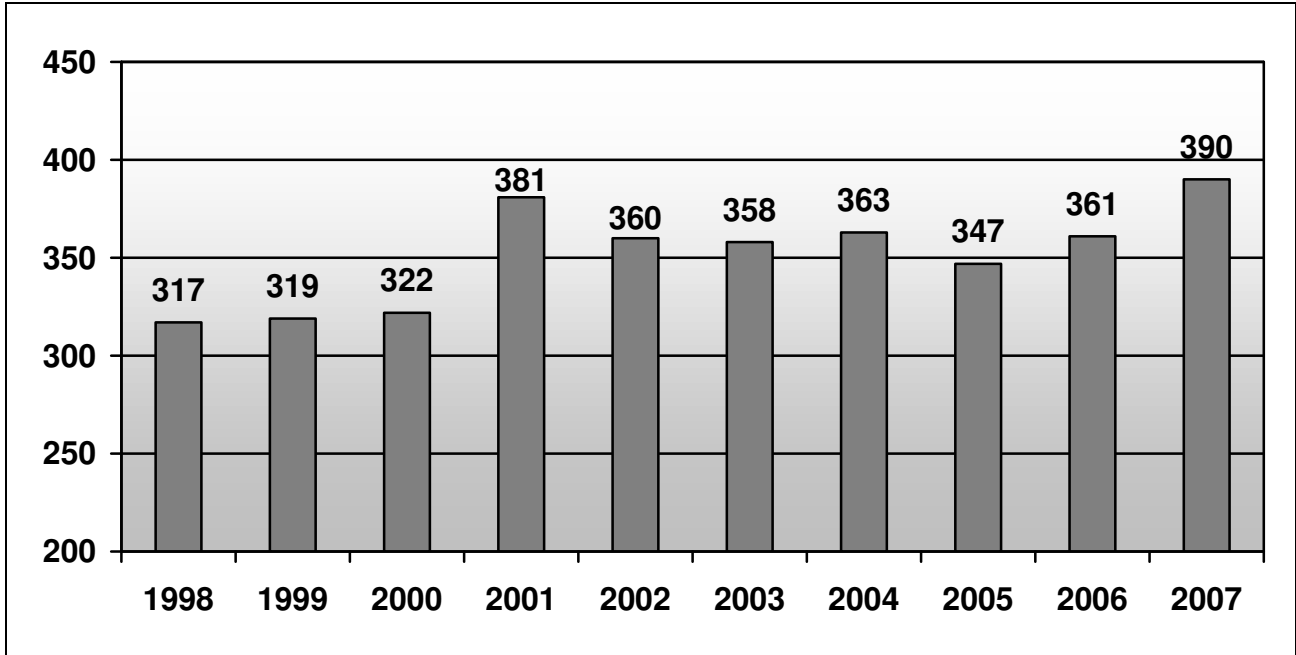
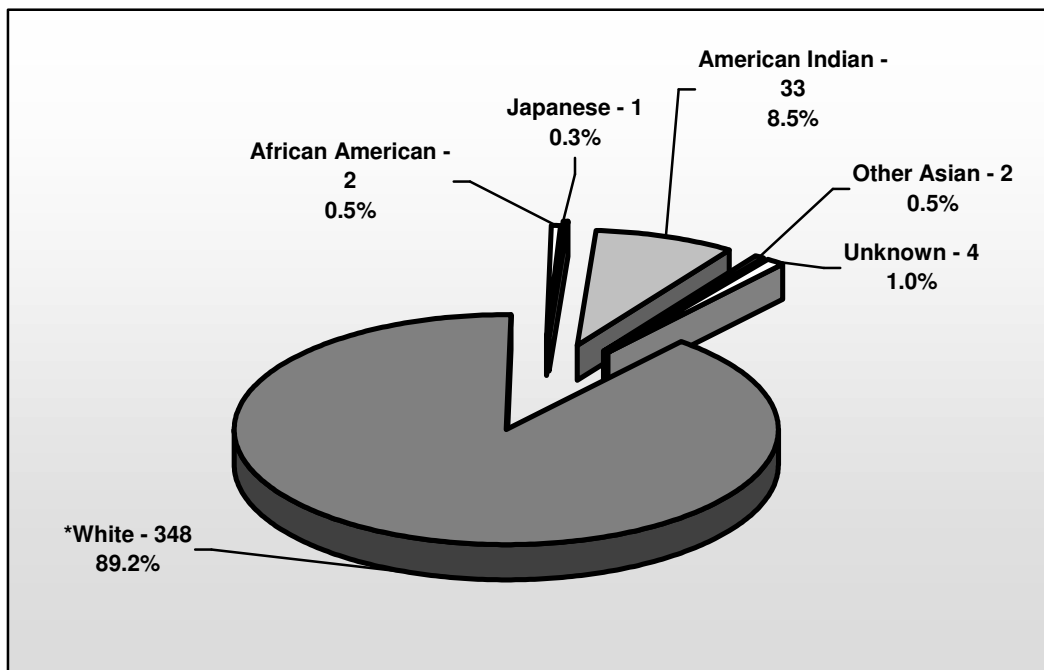


Figure 18 - Suicide Deaths by Race/Ethnicity – 2007



* White includes 121 Hispanic

Figure 19 - Suicide Deaths by Age and Gender – 2007

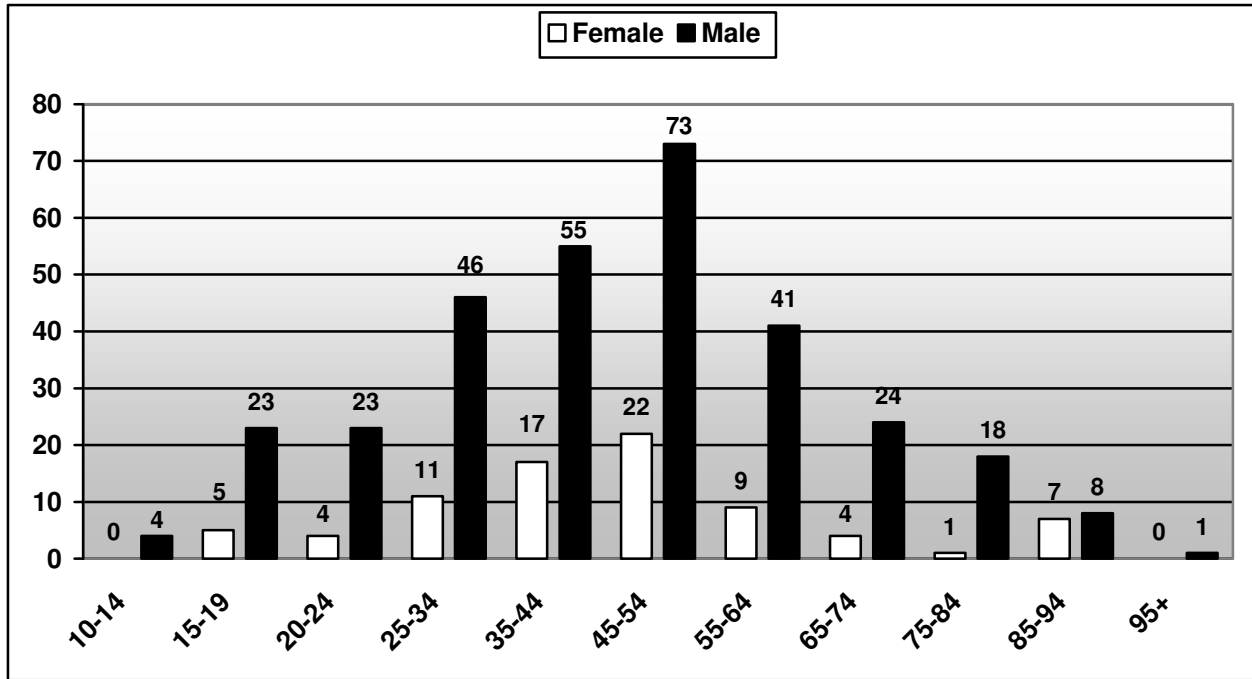


Figure 20 - Suicide Deaths by Month – 2007

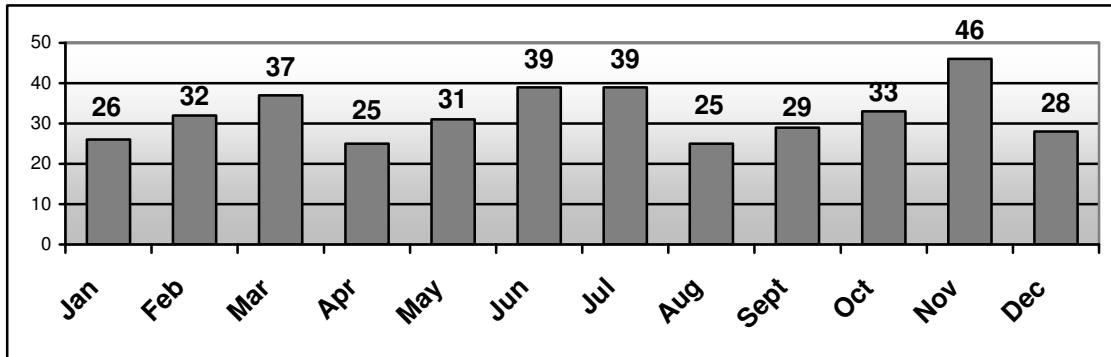


Figure 21 – Suicide Deaths by Day of the Week – 2007

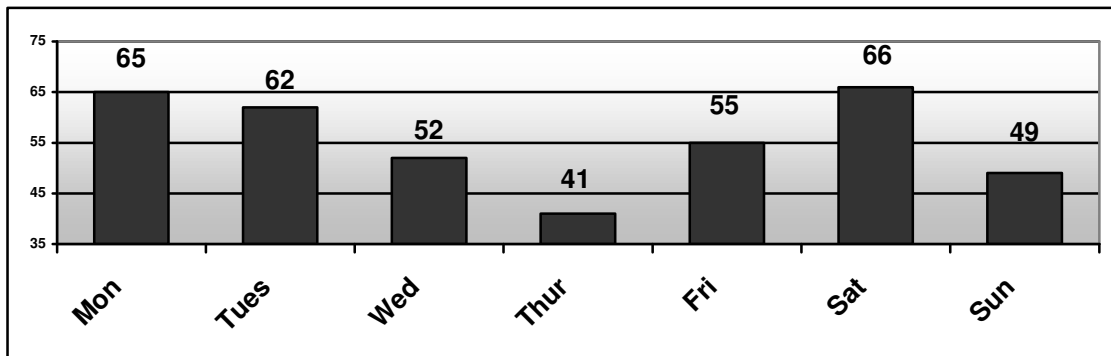


Table 12 – Suicide Deaths by County of Injury – 1998 - 2007

County of Injury	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Bernalillo	101	96	98	124	112	107	102	99	110	120
Catron	1	1	1	1	2	1	3	0	1	3
Chaves	5	14	13	14	10	17	18	8	10	11
Cibola	5	1	1	8	4	5	3	2	5	7
Colfax	2	5	4	4	6	4	7	2	4	6
Curry	11	6	4	7	3	6	5	1	6	3
De Baca	0	1	1	2	2	0	0	1	1	1
Dona Ana	25	20	30	23	27	13	26	36	24	27
Eddy	8	8	7	5	13	9	9	13	10	10
Grant	5	9	5	4	7	9	6	10	9	6
Guadalupe	1	0	0	2	1	0	0	0	2	1
Harding	0	0	0	2	0	0	1	0	0	0
Hidalgo	1	2	1	2	1	0	0	1	0	2
Lea	6	8	7	9	7	11	9	8	12	8
Lincoln	9	11	7	6	10	3	7	6	2	7
Los Alamos	1	3	0	4	0	3	3	4	4	4
Luna	1	8	4	5	11	9	7	3	6	5
McKinley	14	15	12	15	9	16	19	13	16	11
Mora	1	0	2	4	1	4	0	0	2	1
Otero	4	9	13	13	13	14	15	13	13	17
Quay	1	4	2	5	0	3	1	3	2	2
Rio Arriba	10	10	9	11	11	12	9	10	5	15
Roosevelt	2	2	4	2	2	0	3	1	4	1
San Juan	17	15	20	19	19	19	14	20	25	18
San Miguel	5	5	6	13	8	11	9	6	8	6
Sandoval	16	11	15	14	15	7	13	13	16	25
Santa Fe	28	22	26	22	26	35	30	23	23	27
Sierra	6	7	7	5	6	4	4	7	5	2
Socorro	5	0	3	7	5	4	6	3	2	7
Taos	5	2	5	6	9	5	7	20	12	13
Torrance	3	3	4	6	5	3	4	2	7	6
Union	0	0	0	0	0	0	1	2	1	1
Valencia	10	12	6	10	11	11	17	10	11	17
Out of State/Unknown	8	9	5	7	4	13	5	7	3	0
Totals	317	319	322	381	360	358	363	347	361	390

Table 13 – Suicide Deaths by County of Pronouncement – 1998 - 2007

County of Pronouncement	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Bernalillo	114	106	107	129	120	119	107	104	118	131
Catron	1	1	1	1	2	1	3	0	1	3
Chaves	6	13	13	14	10	16	18	8	10	11
Cibola	5	1	1	8	3	4	2	3	4	7
Colfax	1	5	4	4	6	3	7	1	4	5
Curry	12	6	4	7	3	6	5	1	6	3
De Baca	0	1	1	2	2	0	0	1	1	1
Dona Ana	24	20	29	23	27	13	26	36	23	27
Eddy	7	8	7	5	13	9	9	13	10	10
Grant	5	9	5	4	6	9	6	8	9	5
Guadalupe	1	0	0	2	1	0	0	0	2	1
Harding	0	0	0	2	0	0	1	0	0	0
Hidalgo	1	2	1	2	1	0	0	1	0	3
Lea	6	8	7	9	7	11	8	8	12	8
Lincoln	8	12	7	6	10	3	7	7	2	7
Los Alamos	1	3	0	4	0	2	3	3	4	4
Luna	1	8	3	5	10	9	7	3	6	4
McKinley	14	15	12	13	9	14	19	12	16	9
Mora	2	0	2	4	1	4	0	0	2	1
Otero	2	6	13	12	13	14	15	12	13	16
Quay	1	4	2	5	0	3	1	3	2	2
Rio Arriba	9	7	9	10	10	11	9	10	4	15
Roosevelt	2	2	4	2	2	0	3	1	4	1
San Juan	17	15	21	20	20	19	14	20	25	19
San Miguel	5	5	5	12	7	10	9	6	8	6
Sandoval	13	11	12	12	15	6	12	11	16	20
Santa Fe	28	22	24	24	26	35	30	22	23	25
Sierra	4	7	6	5	6	4	4	7	5	2
Socorro	3	0	3	6	5	4	6	3	2	7
Taos	5	2	5	6	8	5	6	20	12	12
Torrance	3	3	4	6	5	2	4	2	6	6
Union	0	0	0	0	0	0	1	2	1	1
Valencia	9	9	6	10	7	9	16	9	7	16
Out of State/Unknown	7	8	4	7	5	13	5	10	3	2
Totals	317	319	322	381	360	358	363	347	361	390

Table 14 - Suicide Deaths – Method – 2007

Method	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Shot self with firearm	185	165	2	18
Hanged self	100	73	6	21
Ingested or injected medication	61	59	2	0
Inhaled	15	14	1	0
Suffocated self	6	5	1	0
Ingested, injected or inhaled non-prescription medication	6	6	0	0
Suicide as pedestrian	5	3	2	0
Jumped	3	3	0	0
Driver of motor vehicle	3	1	0	2
Suicide-Other	2	2	0	0
Slashed	2	2	0	0
Stabbed self	1	1	0	0
Burned self	1	1	0	0
Total	390	335	14	41

Suicide Deaths – Summary

New Mexico's suicide rate is consistently higher than the national average, comprising 2.6% 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 2007, with an estimate of 19.8 per 100,000 people.

Deaths from suicide in 2007 occurred most frequently among non-Hispanic whites (58.2%) and males (81%). More men between the ages of 45 and 54 years (18.7% of all suicides) committed suicide than other age group by gender. More people committed suicide on Saturday (66/390, 16.9%) than any other day of the week, whereas last year Thursday had the most suicides. More suicides occurred in November than any other month (46/390, 11.8%). The fewest occurred in April and August (25/390, 6.4%). The total number of suicides increased from 2006 (8.0%), and the number of firearm-related suicides decreased 7%.

Overview – Manner of Death – Homicide Deaths

Figure 22 - Homicide Deaths – 1998 – 2007

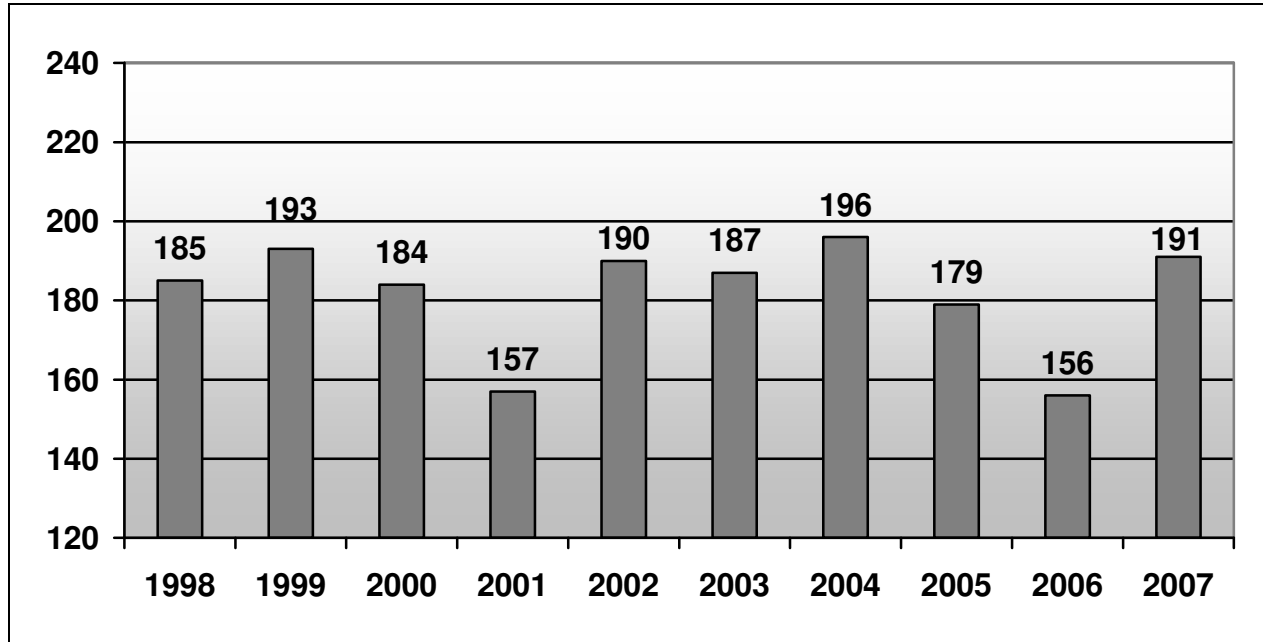
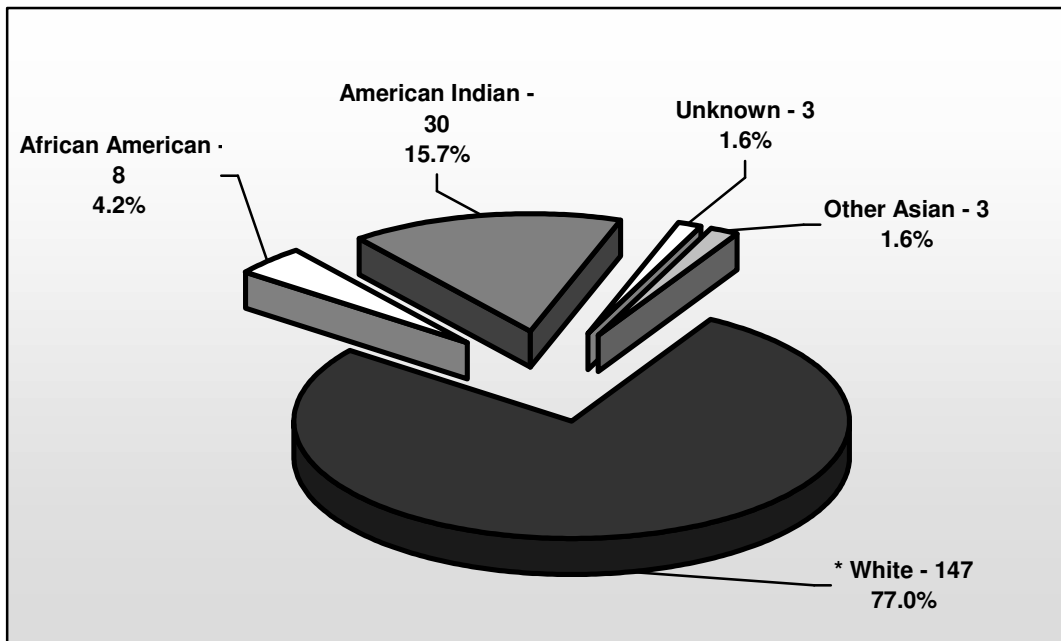


Figure 23 - Homicide Deaths by Race/Ethnicity – 2007



* White includes 90 Hispanic

Figure 24 - Homicide Deaths by Age and Gender – 2007

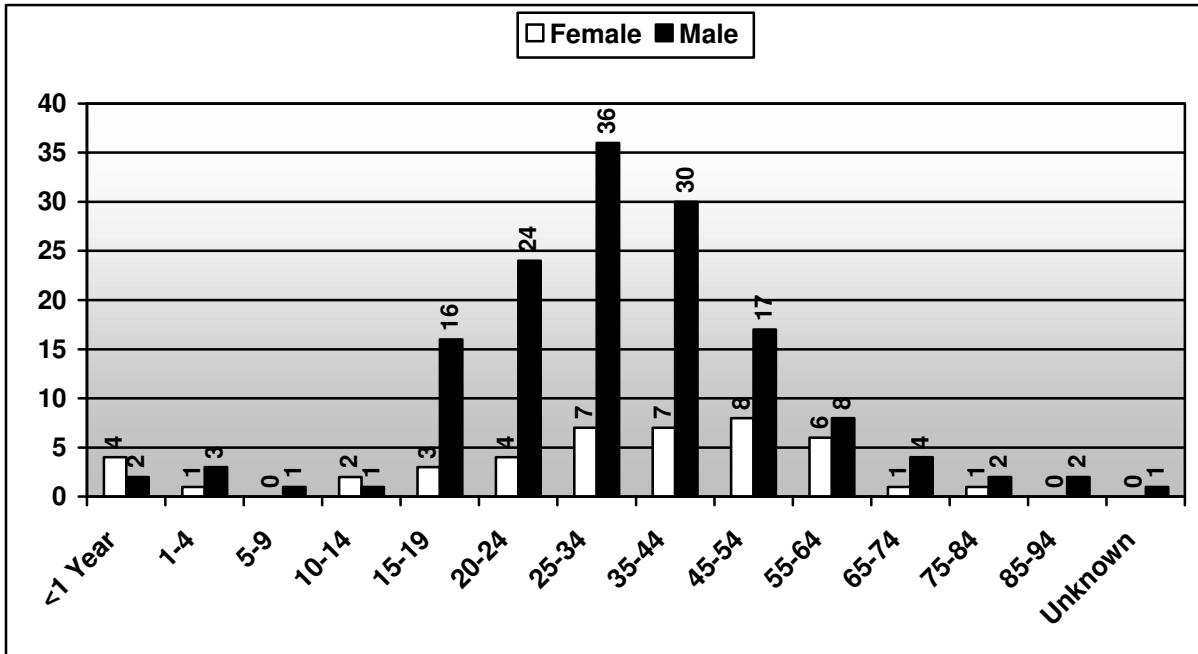


Table 15 - Homicide Deaths – Method – 2007

Method	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Shot by assailant(s) with firearm	91	91	0	0
Beaten by assailant(s)	42	41	1	0
Stabbed by assailant(s)	33	33	0	0
Homicide-Other	10	10	0	0
Pedestrian homicide	6	6	0	0
Strangled by assailant(s)	5	4	0	1
Neglect/Starvation	2	2	0	0
Assaulted	2	2	0	0
Total	191	189	1	1

Table 16 - Homicide Deaths – County of Injury – 1998 - 2007

County of Injury	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Bernalillo	59	71	55	46	66	64	62	69	52	60
Catron	1	1	0	0	2	1	0	0	0	1
Chaves	5	8	14	6	9	6	8	15	6	9
Cibola	2	3	1	6	2	4	2	1	2	1
Colfax	1	0	0	0	2	3	0	0	2	2
Curry	3	4	2	5	5	5	11	4	4	2
De Baca	0	0	0	0	0	0	1	1	0	0
Dona Ana	15	14	11	9	9	6	9	8	6	9
Eddy	3	6	9	2	6	4	5	3	3	4
Grant	4	2	2	2	2	3	1	1	3	4
Guadalupe	2	2	0	0	0	2	0	0	0	2
Harding	0	0	0	0	0	0	1	0	0	0
Hidalgo	0	1	0	0	0	0	1	0	0	1
Lea	5	9	7	6	5	7	6	7	6	7
Lincoln	1	2	1	1	1	0	5	2	1	1
Los Alamos	0	0	0	0	0	0	1	0	0	0
Luna	2	3	2	0	5	3	4	0	1	2
McKinley	11	6	4	14	11	8	7	7	7	11
Mora	0	0	0	0	1	0	0	0	1	0
Otero	3	3	4	1	4	5	9	0	4	3
Quay	1	2	1	0	0	0	1	0	0	4
Rio Arriba	10	6	5	4	4	8	8	8	2	6
Roosevelt	1	1	0	1	1	0	2	3	0	2
San Juan	13	7	7	8	6	8	7	11	11	19
San Miguel	4	2	11	3	6	7	2	4	1	8
Sandoval	5	6	8	3	6	5	8	4	3	3
Santa Fe	11	11	12	9	6	5	6	4	9	4
Sierra	3	0	1	7	1	1	1	3	2	1
Socorro	1	0	1	2	2	3	1	1	1	1
Taos	3	5	4	0	4	7	6	2	3	2
Torrance	2	1	1	1	1	2	0	2	1	2
Union	0	0	0	0	0	2	1	0	0	0
Valencia	5	5	10	5	3	4	12	8	6	6
Out of State/Unknown	9	12	11	16	20	14	8	11	19	14
Totals	185	193	184	157	190	187	196	179	156	191

Table 17 - Homicide Deaths – County of Pronouncement – 1998 - 2007

County of Pronouncement	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Bernalillo	69	80	70	55	72	72	74	73	62	70
Catron	1	1	0	0	1	1	0	0	0	0
Chaves	4	8	13	4	9	6	9	14	5	9
Cibola	1	3	0	8	2	3	1	1	2	1
Colfax	1	0	0	0	2	3	0	0	2	2
Curry	3	4	2	6	6	5	11	3	3	2
De Baca	0	0	0	0	0	0	1	1	0	0
Dona Ana	17	13	11	7	7	5	6	7	6	10
Eddy	2	6	10	2	6	4	4	3	0	3
Grant	5	3	2	2	2	3	1	1	2	3
Guadalupe	2	2	0	0	0	2	0	0	0	2
Harding	0	0	0	0	0	0	1	0	0	0
Hidalgo	0	1	0	0	0	0	1	0	0	0
Lea	5	9	7	5	4	7	5	6	6	6
Lincoln	1	2	1	1	3	0	6	1	1	1
Los Alamos	0	0	0	1	0	0	1	0	0	0
Luna	2	3	2	1	6	3	2	1	2	4
McKinley	11	6	3	10	11	7	6	5	6	8
Mora	0	0	0	0	1	0	0	0	0	0
Otero	3	2	3	1	3	4	8	0	3	3
Quay	1	1	1	0	0	0	1	0	0	4
Rio Arriba	11	6	4	4	4	8	7	8	2	5
Roosevelt	0	1	0	0	0	0	2	3	0	1
San Juan	12	7	9	9	7	9	7	13	15	20
San Miguel	3	2	8	1	6	7	2	3	1	6
Sandoval	4	5	7	2	4	5	7	4	4	3
Santa Fe	10	11	12	8	5	5	7	4	9	5
Sierra	3	0	1	7	1	0	1	2	1	1
Socorro	1	0	1	2	1	2	1	1	1	1
Taos	2	5	4	0	4	7	5	2	3	2
Torrance	2	2	0	1	1	1	0	2	1	2
Union	0	0	0	0	0	1	1	0	0	0
Valencia	4	4	8	7	3	5	7	6	4	4
Out of State/Unknown	5	6	5	13	19	12	11	15	15	13
Totals	185	193	184	157	190	187	196	179	156	191

Homicide Deaths – Summary

Homicides increased by 22% from 2006 to 2007. Homicide victims were most frequently male (77%) and Hispanic (47%). 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 47.6%, an 8% increase from 2006.

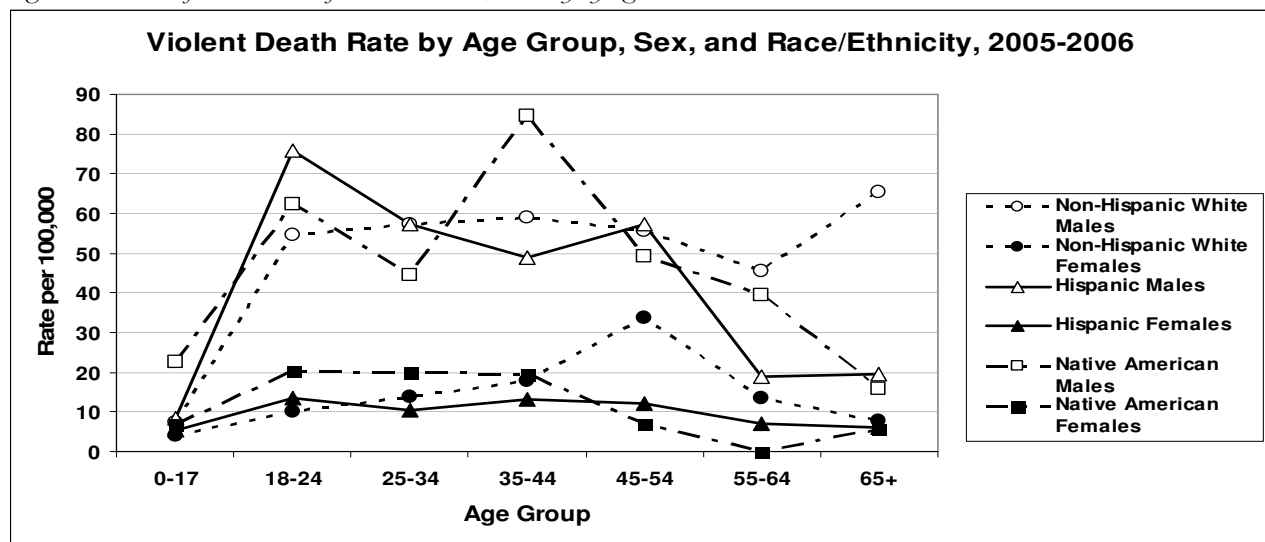
New Mexico Violent Death[†] Reporting System (NM-VDRS) Update

New Mexico is one of 17 states currently participating in the National Violent Death Reporting System (NM-VDRS) 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 in order to encourage development and implementation of more effective violence prevention strategies. Violent deaths include suicides, homicides, deaths from legal intervention (excluding executions), deaths due to undetermined intent, unintentional deaths due to firearms, and terrorism-related deaths.

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 laboratory, 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.

From 2005 through 2006, 1,128 violent deaths were recorded in New Mexico; of these 1,060 were residents of New Mexico. The state's overall violent death rate is one of the highest in the nation. Males accounted for 78% of all the violent deaths incidents captured by NM-VDRS and Native American males aged 35-44 years had the highest rate of violent death. The graph below shows the rate of violent death for males and females of Non-Hispanic White, Hispanic White and Native American origins by age group (e.g., 56 out of every 100,000 Non-Hispanic White males aged 45-54 died in a violent manner).

Figure 25. Rate of violent death for sex and race/ethnicity by age, New Mexico, 2005-2006



Note: N=1060; The rates were calculated using population estimates for 2005 and 2006 from the University of New Mexico Bureau of Business and Economic. Source: NM-VDRS, 2005-2006 data obtained June 20, 2008.

Overview – Manner of Death – Undetermined Deaths

Figure 26 - Undetermined Deaths – 1998 – 2007

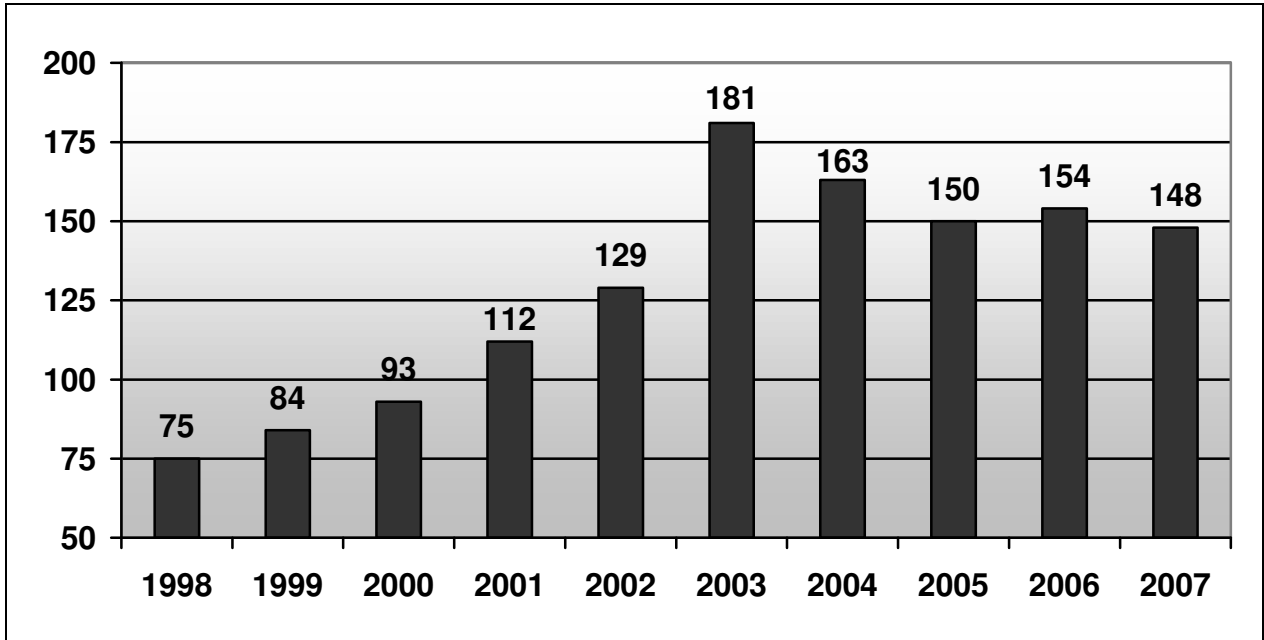
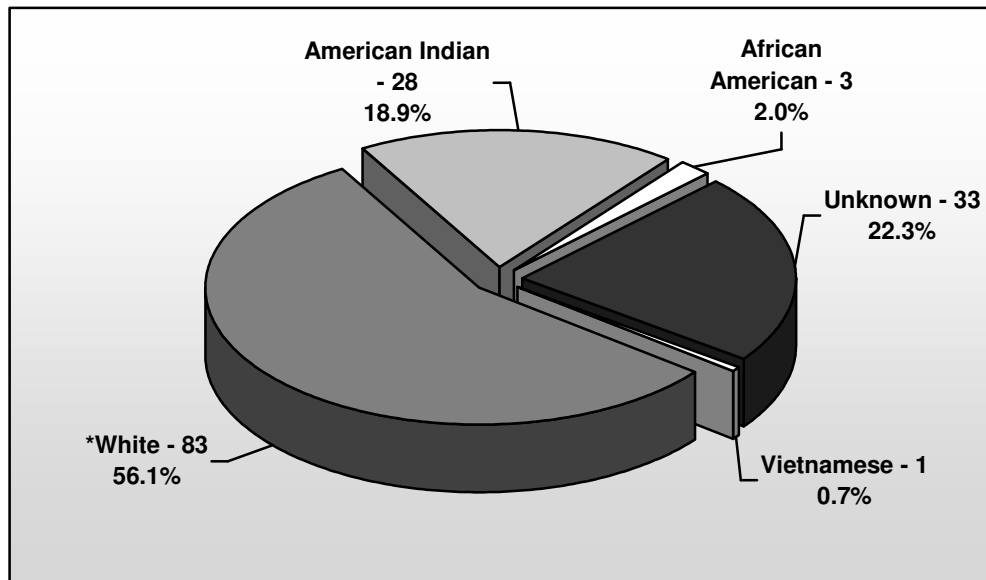
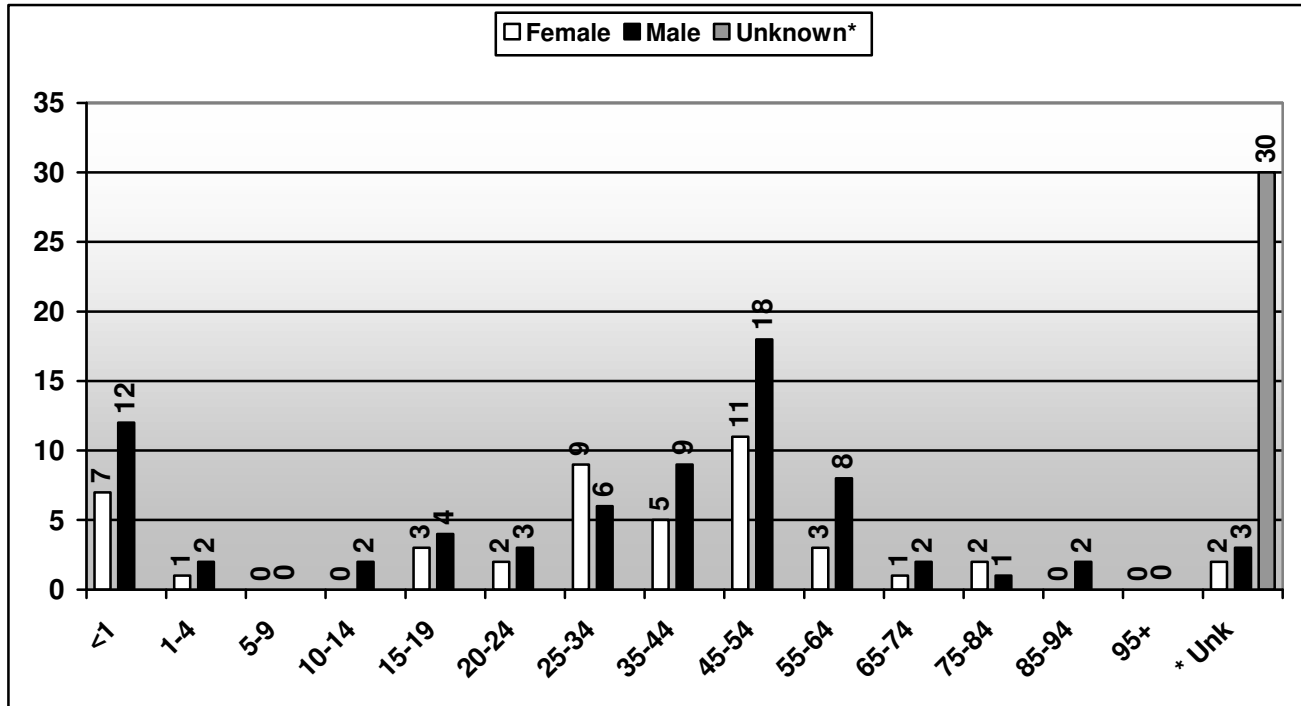


Figure 27 - Undetermined Deaths by Race/Ethnicity – 2007



* White includes 37 Hispanic

Figure 28 - Undetermined Deaths by Age and Gender – 2007



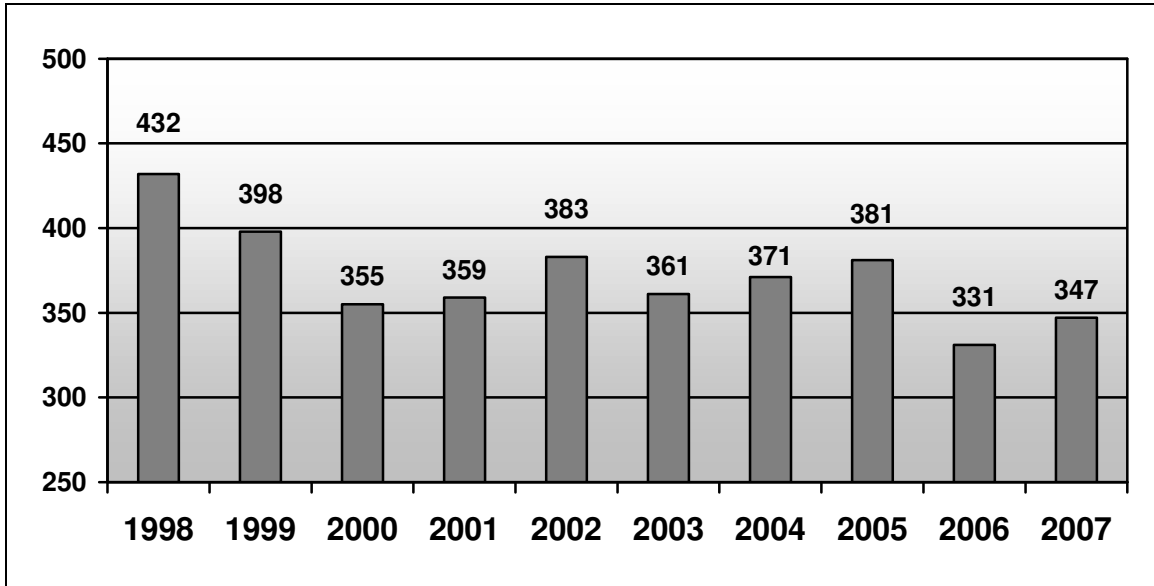
* Gender and/or Age unknown

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, and 0.7% in 2007) 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.

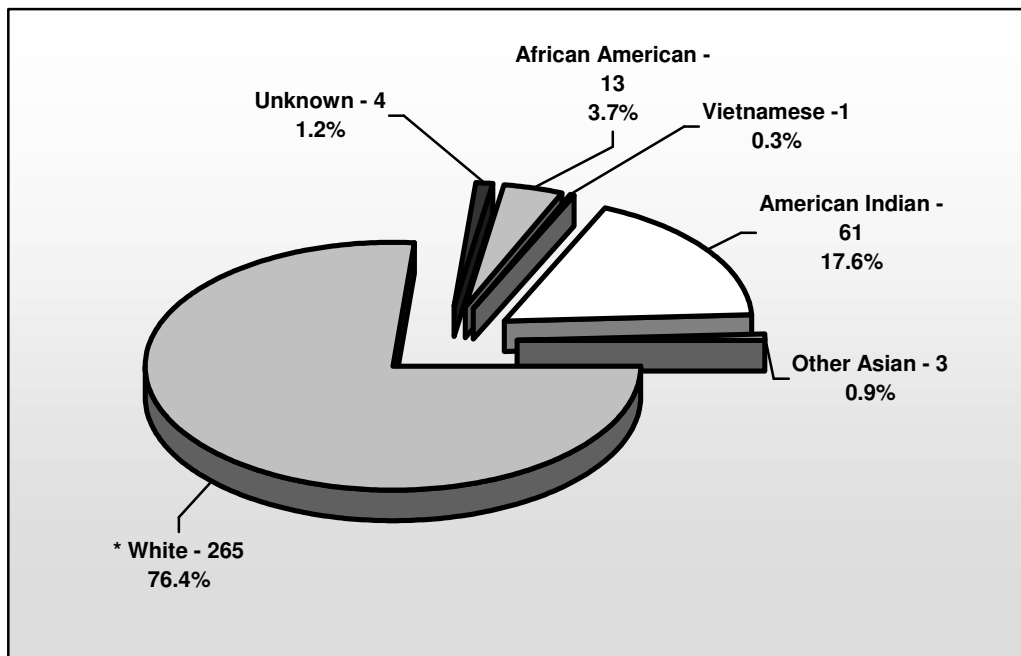
Deaths of Children (19 Years of Age and Younger)

Figure 29 – Children* – Deaths – 1998 – 2007



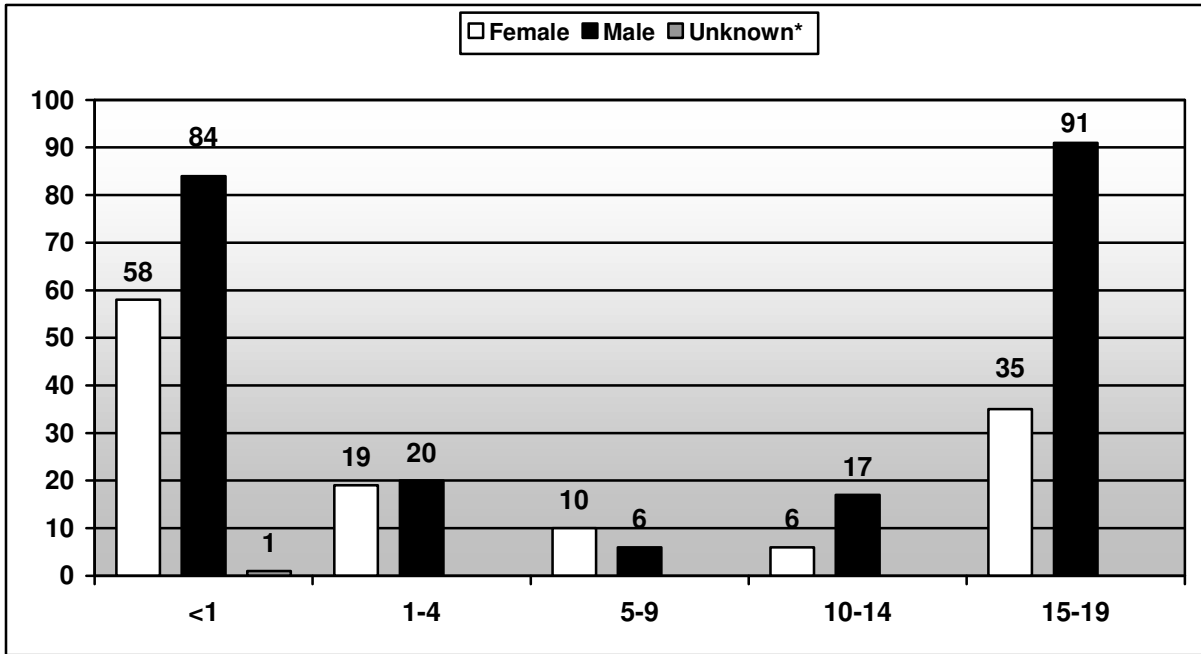
* 19 Years old and younger.

Figure 30 – Children - Deaths by Race/Ethnicity – 2007



* White includes 172 Hispanic

Figure 31 – Children – Deaths by Age and Gender – 2007



* Gender unknown

Figure 32 – Children – Total Cases - Manner of Death – 2007

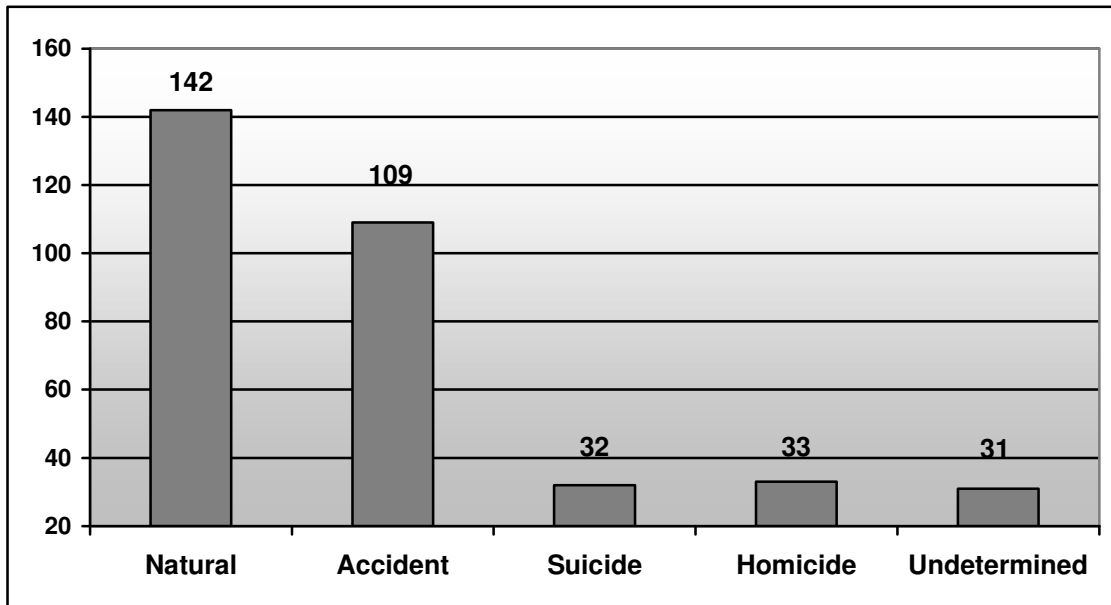


Table 18 – Children – Cause of Death – 2007

Natural Causes	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Intrauterine fetal death	26	10	0	16
Prematurity	25	4	0	21
Congenital defect	22	5	0	17
Sepsis	9	8	0	1
Sudden Infant Death Syndrome	9	9	0	0
Pneumonia	8	8	0	0
Arteriosclerotic cardiovascular disease	7	3	0	4
Respiratory Distress Syndrome	7	4	0	3
Cerebrovascular	6	3	0	3
Natural-Other	5	3	0	2
Meningitis	4	3	0	1
Epilepsy	2	2	0	0
Gastrointestinal hemorrhage	2	1	0	1
Hepatic failure	2	1	0	1
Maternal and fetal complications of birth	2	1	0	1
Aneurysm	1	1	0	0
Dehydration	1	1	0	0
Medical treatment	1	1	0	0
Plague	1	1	0	0
Carcinoma	1	0	0	1
Spontaneous hemorrhage	1	0	0	1
Leukemia	1	0	0	1
Subtotal	143	69	0	74
<u>Unnatural Causes</u>				
Multiple injuries	52	33	6	13
Gunshot wound	34	34	0	0
Head and neck injuries	29	20	4	5
Substance intoxication	17	16	0	1
Hanging	13	10	1	2
Asphyxia	11	11	0	0
Stab wound	5	5	0	0
Drowning	5	5	0	0
Carbon monoxide intoxication	4	4	0	0
Thermal injuries	2	2	0	0
Ethanol intoxication	2	2	0	0
Electrocution	2	2	0	0
Child abuse	2	2	0	0
Narcotic abuse	1	1	0	0
Exposure	1	1	0	0
Subtotal	180	148	11	21
<u>Undetermined Causes</u>				
Undetermined after autopsy and/or toxicology	13	13	0	0
Undetermined-other	6	4	0	2
Skeletal/mummified remains	2	2	0	0
Pending Histology	2	2	0	0
Consult Request Withdrawn	1	0	0	1
Subtotal	24	21	0	3
Total	347	238	11	98

Overview – Children – Manner of Death – Natural Deaths

Figure 33 – Children – Natural Deaths – 1998 – 2007

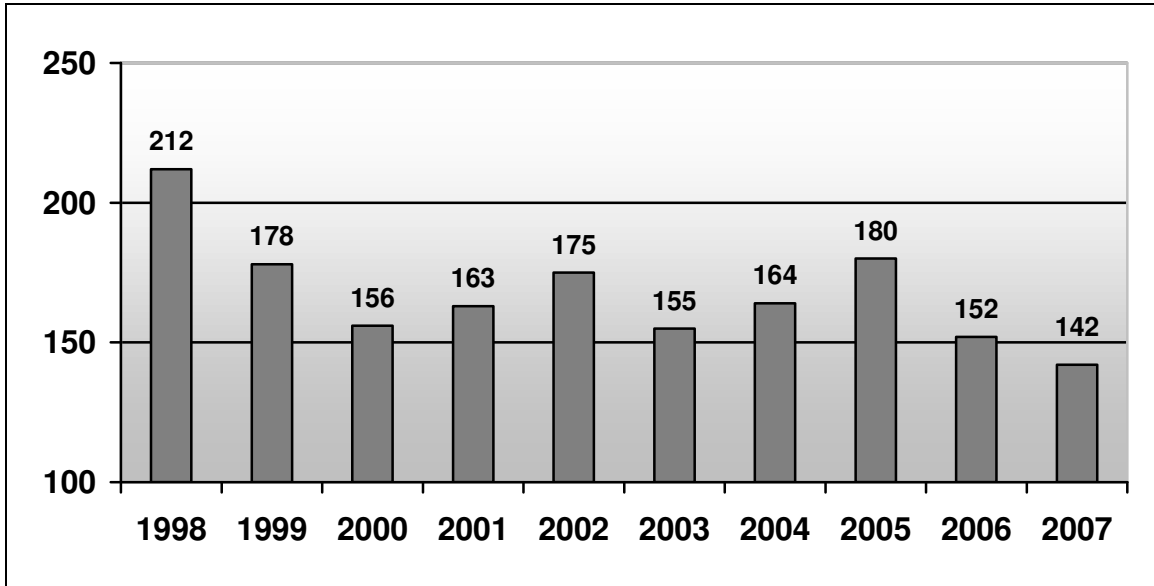
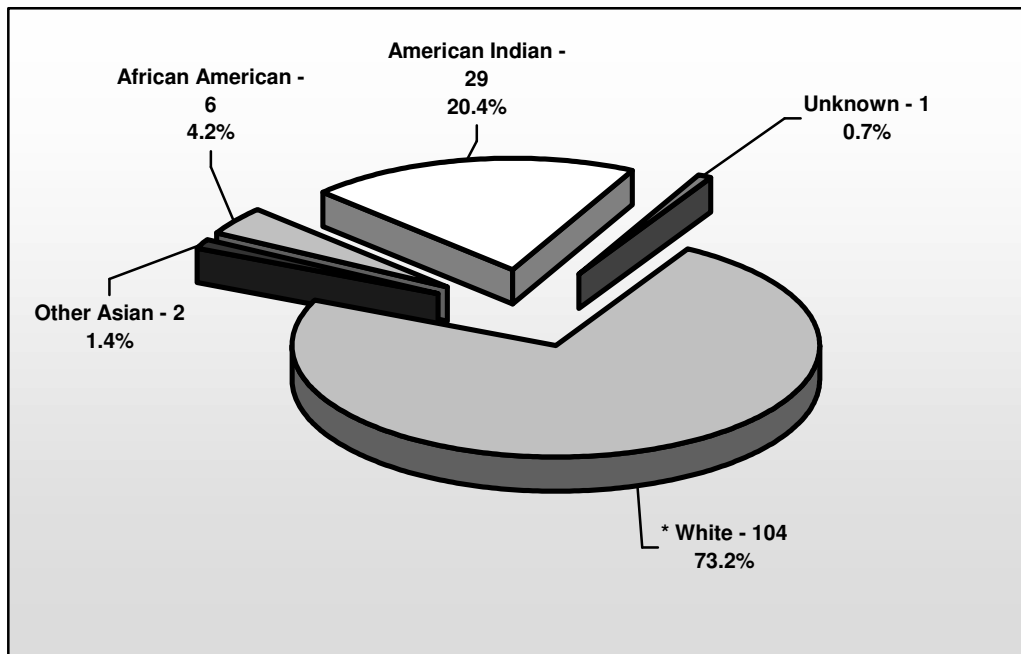
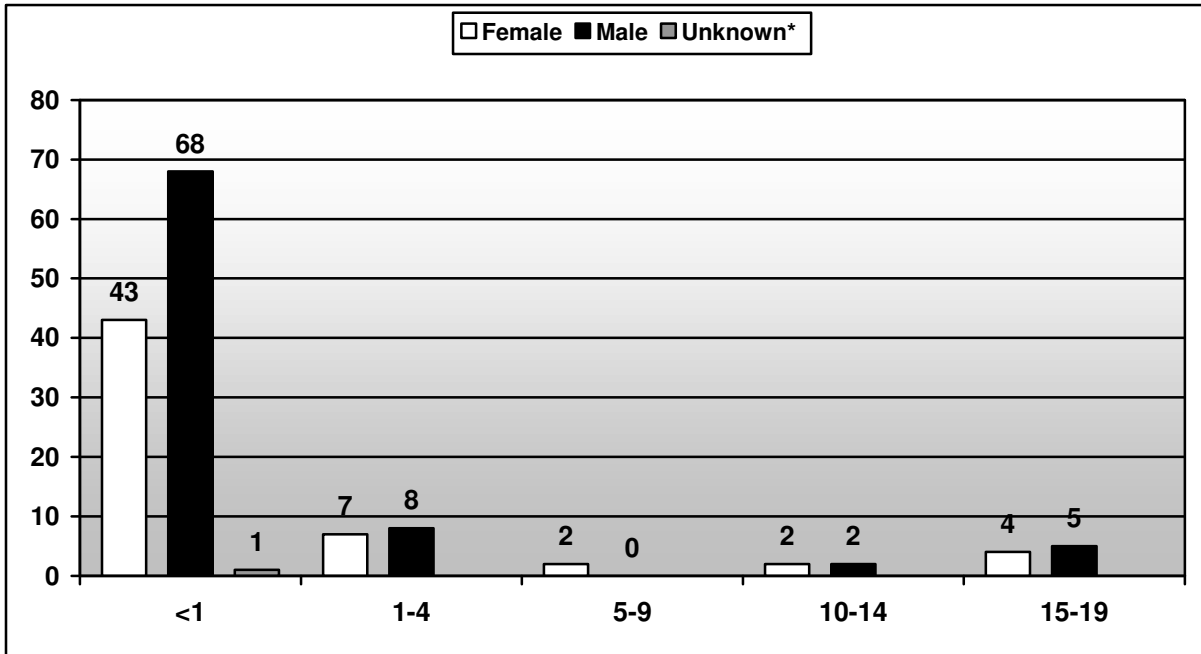


Figure 34 – Children – Natural Deaths by Race/Ethnicity – 2007



* White includes 66 Hispanic

Figure 35 – Children – Natural Deaths by Age and Gender – 2007



*Unknown Gender

Overview – Children – Manner of Death – Accidental Deaths

Figure 36 – Children – Accidental Deaths – 1998 – 2007

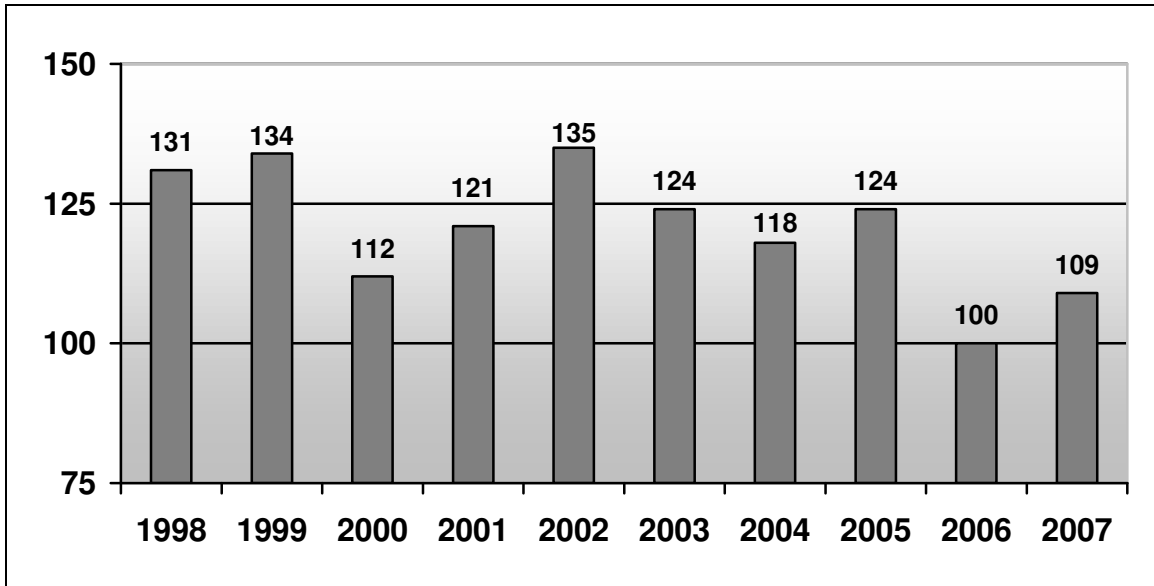
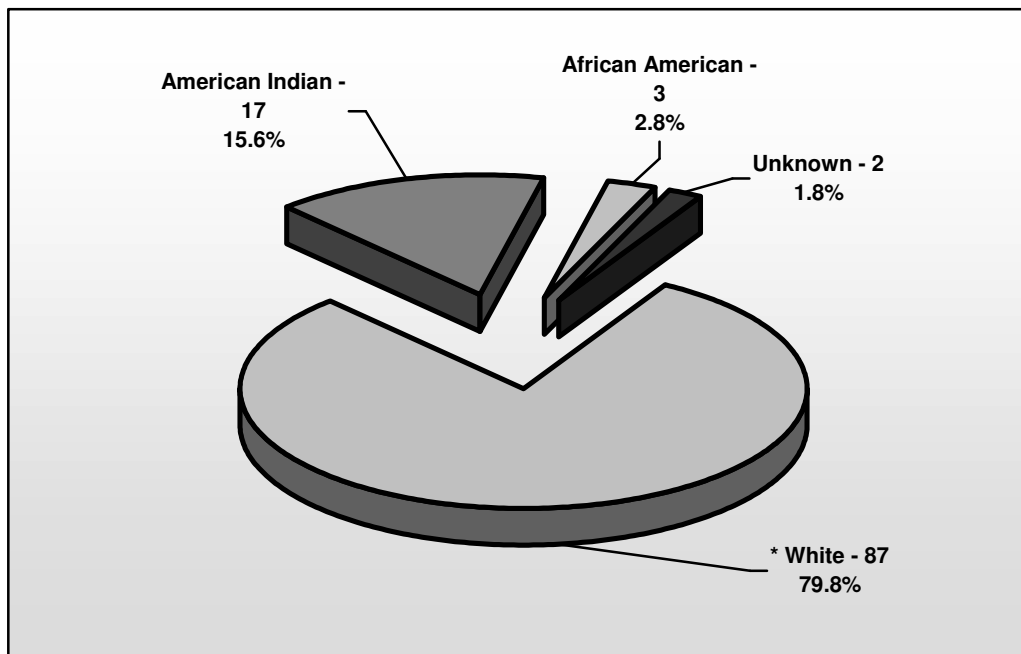


Figure 37 – Children – Accidental Deaths by Race/Ethnicity – 2007



* White includes 55 Hispanic

Figure 38 – Children – Accidental Deaths by Age and Gender – 2007

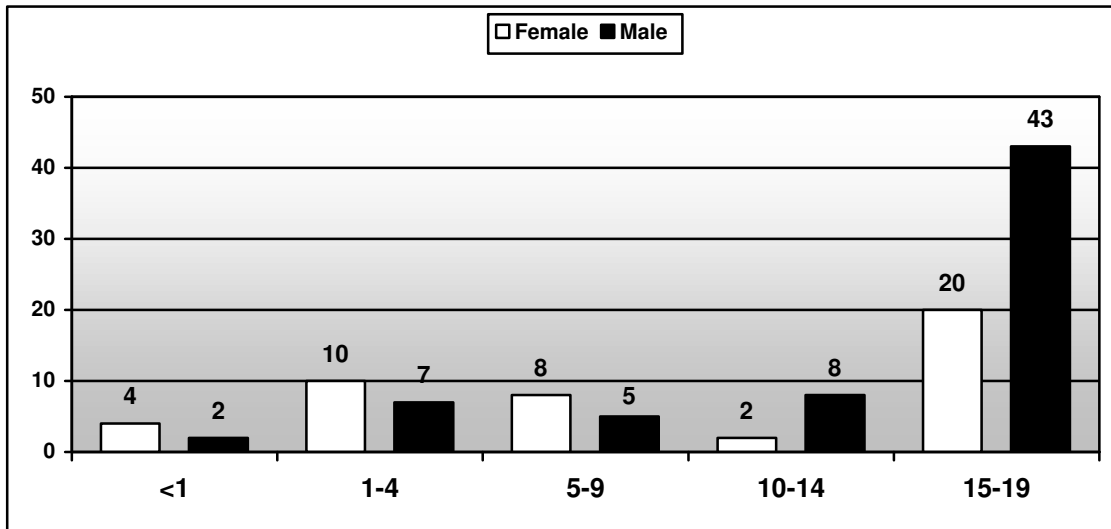


Table 19 – Children – Accidental Deaths – Cause of Death -- 2007

Cause of Death	Total Cases
Multiple injuries	48
Head and neck injuries	24
Substance intoxication	10
Asphyxia	7
Carbon monoxide intoxication	3
Drowning	3
Gunshot wound	2
Electrocution	2
Ethanol intoxication	2
Thermal injuries	2
Arteriosclerotic cardiovascular disease	1
Hanging	1
Cerebrovascular	1
Narcotic abuse	1
Stab wound	1
Exposure	1
Total	109

**Table 20 – Children – Accidental Deaths – Method -- 2007
by Highest Value**

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Passenger in auto that left roadway	20	15	1	4
Passenger in auto in collision	9	5	2	2
Pedestrian struck by motor vehicle	8	3	3	2
Ingested and/or injected prescription medications	7	7	0	0
Driver of auto in collision	6	3	2	1
Ingested and/or injected illicit drug(s)	5	4	0	1
Driver of auto that left roadway	5	2	0	3
Struck by flying/falling object	4	3	0	1
Passenger in pickup that left roadway	4	3	1	0
Victim of fire	4	4	0	0
Crushed/suffocated	3	3	0	0
Driver of pickup in collision with motor vehicle	3	1	1	1
Driver of pickup that left roadway	3	2	0	1
Ingested alcohol	3	3	0	0
Driver of auto in collision with fixed object	2	2	0	0
Accident- other	2	2	0	0
Choked	2	2	0	0
Contacted electrical current	2	2	0	0
Passenger who fell from moving motor vehicle	2	2	0	0
Passenger in pickup in collision with fixed object	2	0	0	2
Drowned in non-recreational water accident	2	2	0	0
Accidental discharge of firearm	2	2	0	0
Passenger in pickup in collision with motor vehicle	1	1	0	0
Inhaled toxic agent	1	1	0	0
Fall from height	1	1	0	0
Driver of motor vehicle struck by train	1	0	0	1
Cyclist struck by motor vehicle	1	1	0	0
Remained outdoors exposed to cold or heat	1	1	0	0
Drowned swimming recreational and rescue attempts	1	1	0	0
Passenger in aircraft that crashed	1	1	0	0
Passenger in truck that left roadway	1	1	0	0
Total	109	80	10	19

Overview – Children – Manner of Death – Suicide Deaths

Figure 39 – Children – Suicide Deaths – 1998 – 2007

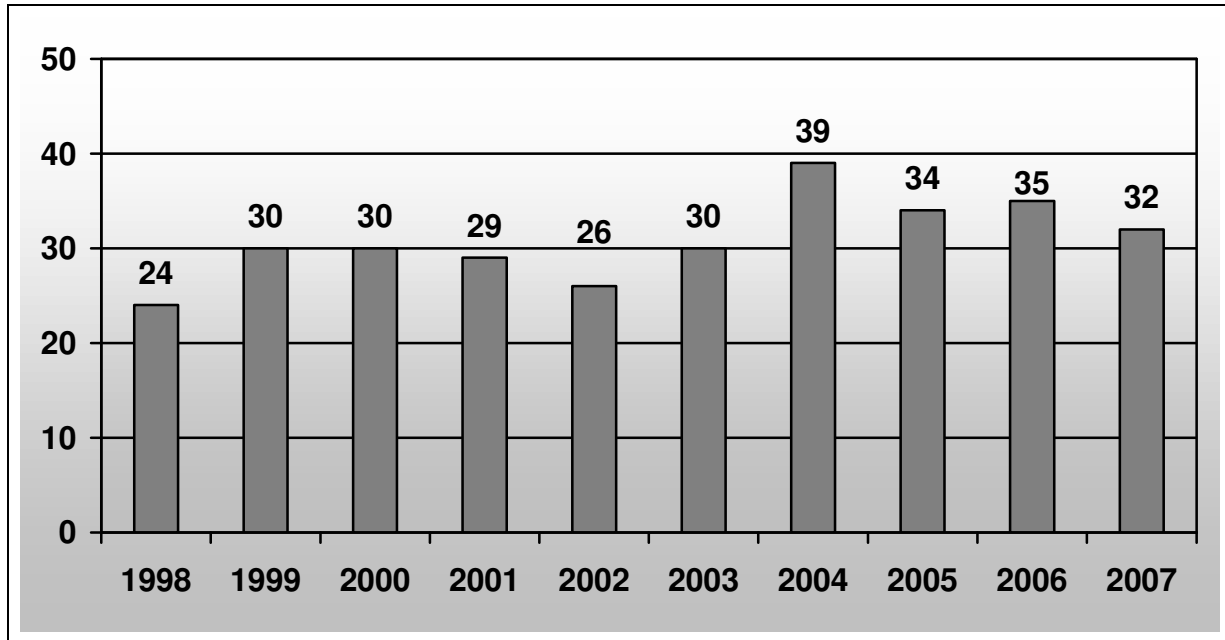
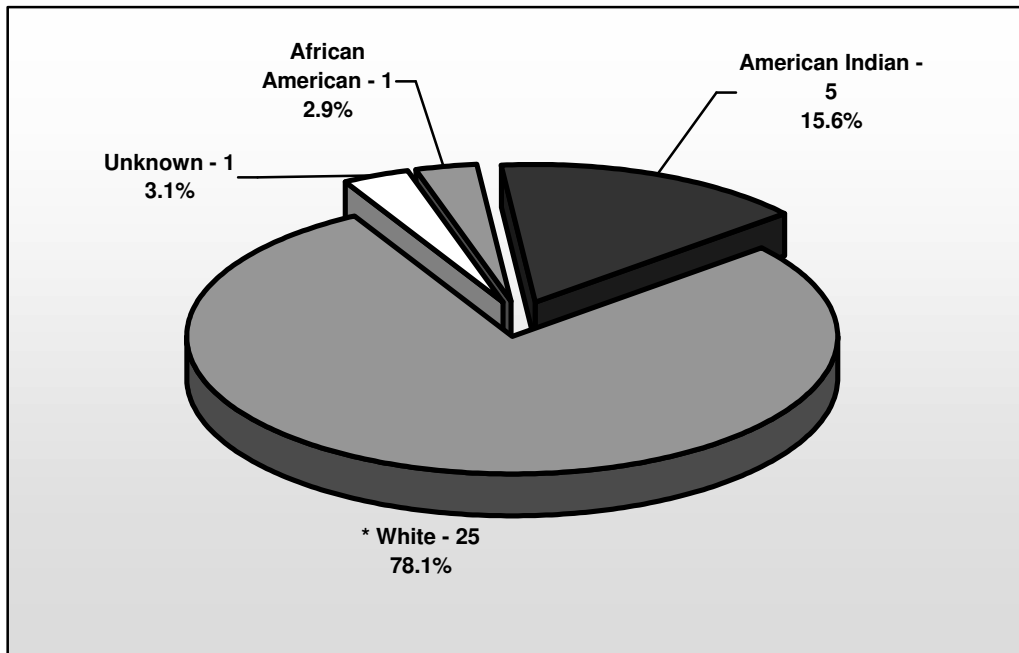


Figure 40 – Children – Suicide Deaths by Race/Ethnicity – 2007



* White includes 16 Hispanic

Figure 41 – Children – Suicide Deaths by Age and Gender – 2007

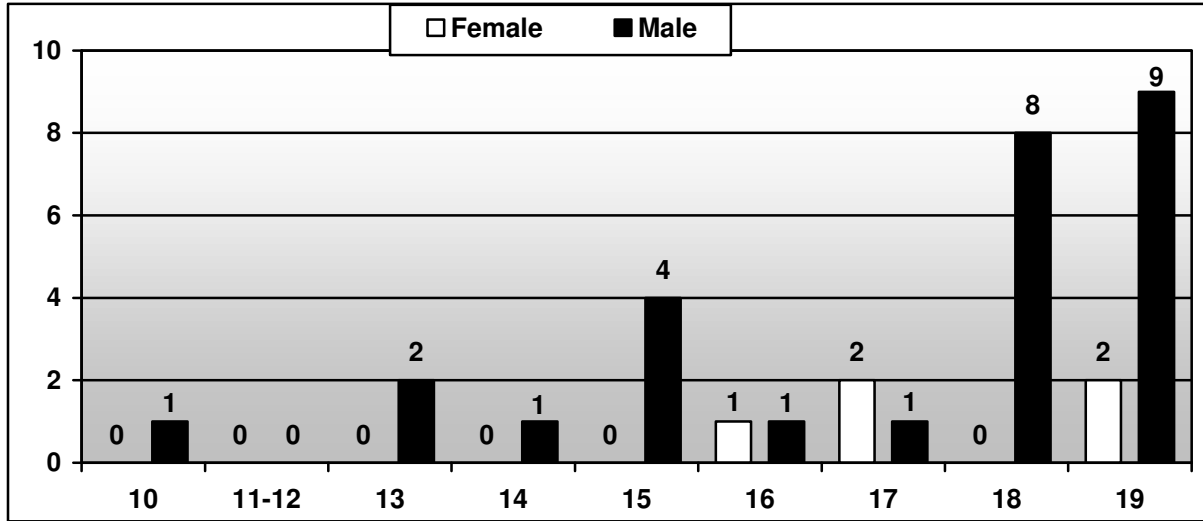


Figure 42 – Children – Suicide Deaths by Month – 2007

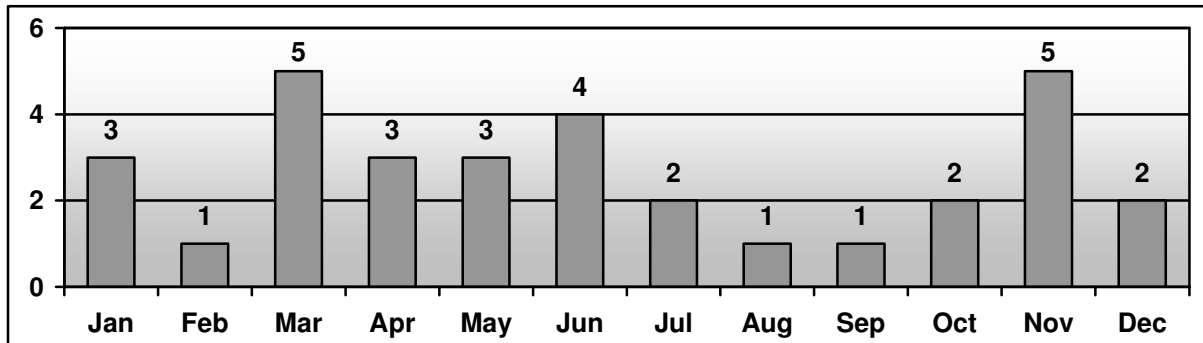


Figure 43 – Children – Suicide Deaths by Day of the Week – 2007

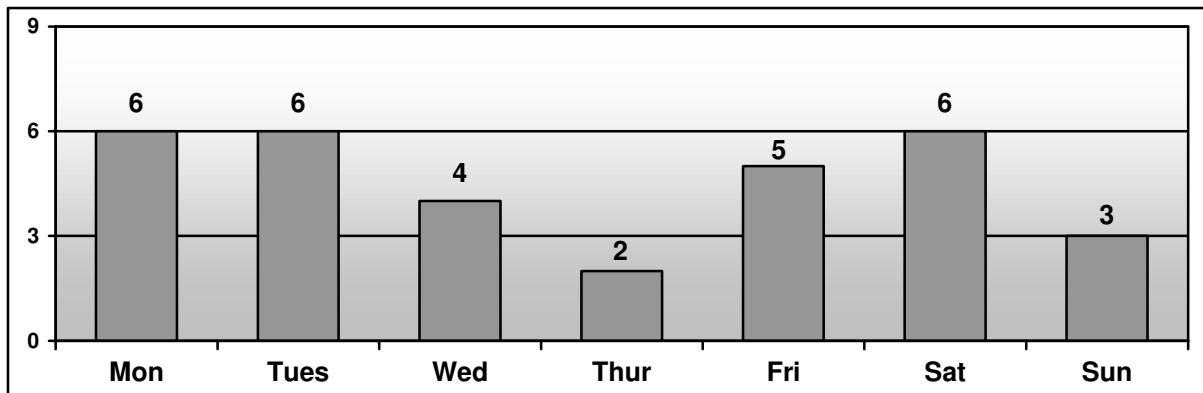


Table 21 – Children – Suicide Deaths – Method -- 2007

Method	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Shot self with firearm	14	14	0	0
Hanged self	13	10	1	2
Ingested or injected medication	3	3	0	0
Ingested, injected or inhaled non-prescription medication	1	1	0	0
Inhaled toxic agent	1	1	0	0
Total	32	29	1	2

Table 22 – Children – Suicide Deaths – Cause of Death -- 2007

Cause	Total Cases
Gunshot wound	14
Hanging	12
Substance intoxication	4
Carbon monoxide intoxication	1
Asphyxia	1
Total	32

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.

There were 32 suicides in children in 2007, compared to 35 in 2006, an 8.6% decrease. Suicide deaths were more common among young males (84%) than females (16%), and Hispanics represented the majority of youth suicides (50%). Self-inflicted gunshot wounds were the most common method of suicide in children, followed by hanging. More suicides were committed by youth during March and November when compared with other months, and Monday, Tuesday and Saturday 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 – 1998 – 2007

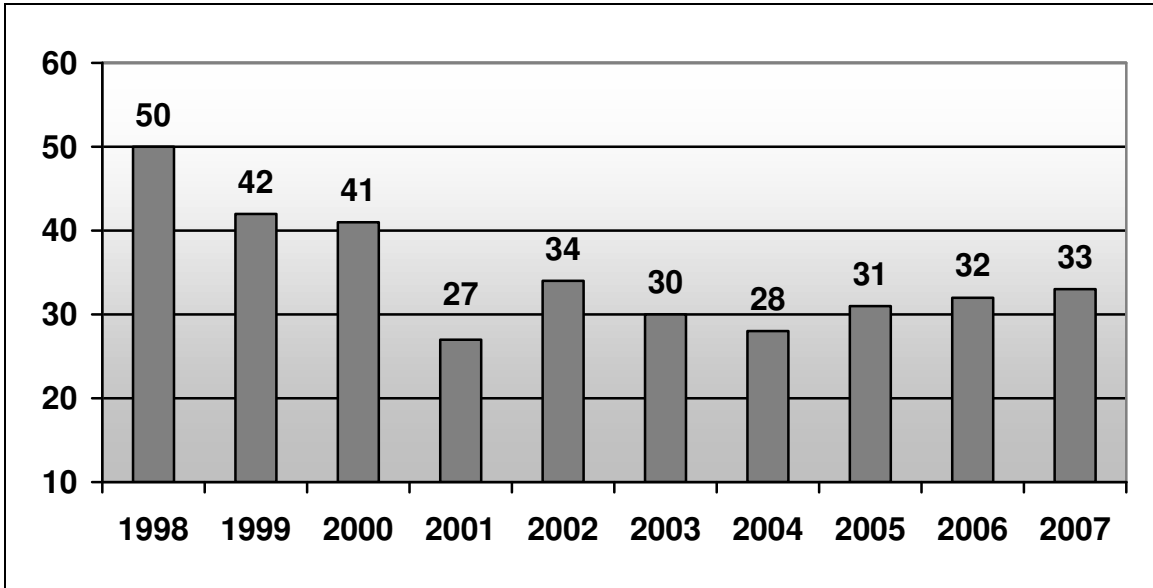
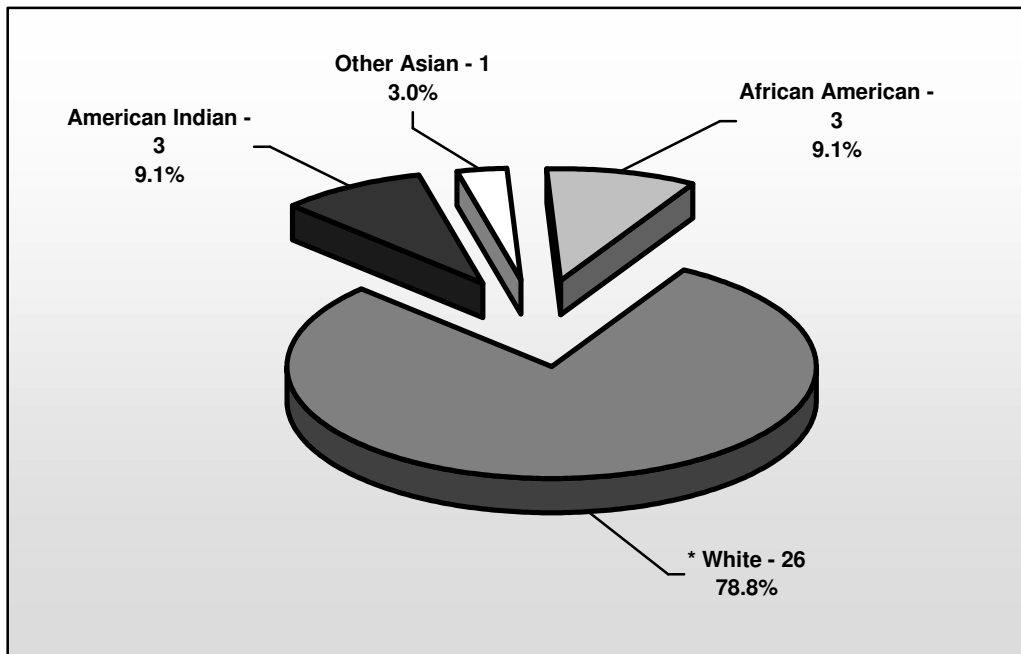


Figure 45 – Children – Homicide Deaths by Race/Ethnicity – 2007



* White includes 19 Hispanic

Figure 46 – Children – Homicide Deaths by Age and Gender – 2007

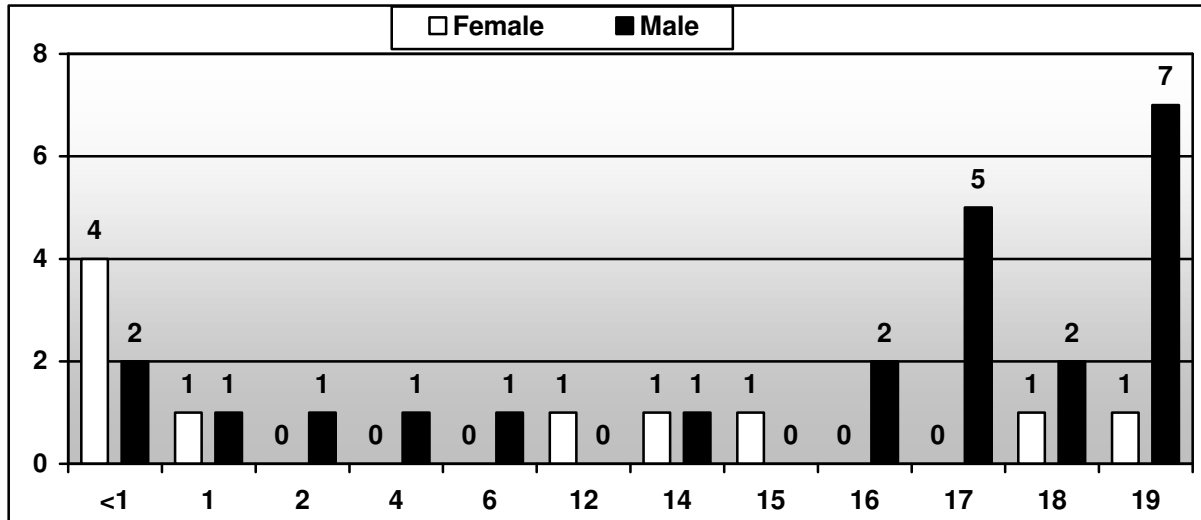


Table 23 – Children – Homicide Deaths – Method – 2007

Method	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Shot by assailant(s) with firearm	16	16	0	0
Beaten by assailant(s)	10	10	0	0
Stabbed by assailant(s)	4	4	0	0
Homicide-Other	2	2	0	0
Neglect/Starvation	1	1	0	0
Total	32	32	0	0

Table 24 – Children – Homicide Deaths – Cause of Death – 2007

Cause of Death	Total Cases
Gunshot wound	16
Head and neck injuries	5
Stab wound	4
Multiple injuries	4
Child abuse	2
Asphyxia	2
Total	32

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 3.1% from 2006. Murdered children tended to be male (70%), Hispanic (58%) and killed by a firearm (50%). The majority of childhood murder victims (67%) were between the ages of 11 and 19, but 33% of homicide victims were under the age of seven.

Overview – Children – Manner of Death – Undetermined Deaths

During 2007, 31 people 19 years old or younger were classified as Undetermined manner of death. Included in this number were 13 where cause and manner were undetermined after autopsy and toxicology, 7 with undetermined manner, 6 undetermined other, 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 – 2007 Summary

The 347 deaths of people aged 19 and younger represented 6.7% of all deaths investigated by OMI in 2007. Male decedents comprised 62.8% of the total deaths in children. The most common manner of death among children was natural, contributing 40.9% of the total. Motor vehicle accidents were the most common method of accidental deaths in children, causing 62% of all accidental deaths. Firearms played a role in 14 suicides (43.8%) and 16 homicides (50%), 17% 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 – 1998 – 2007

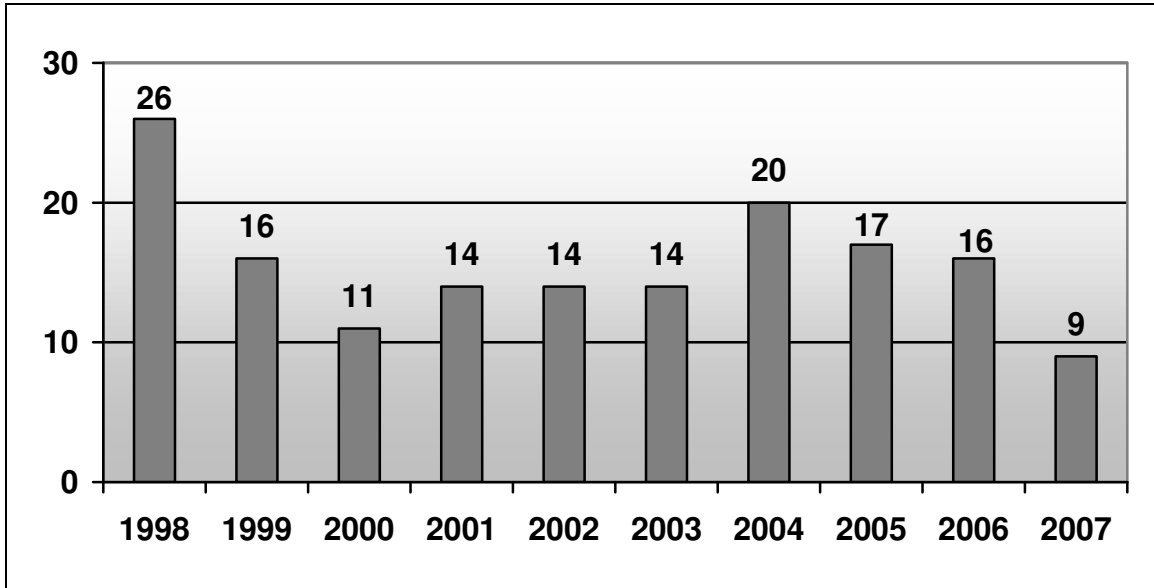
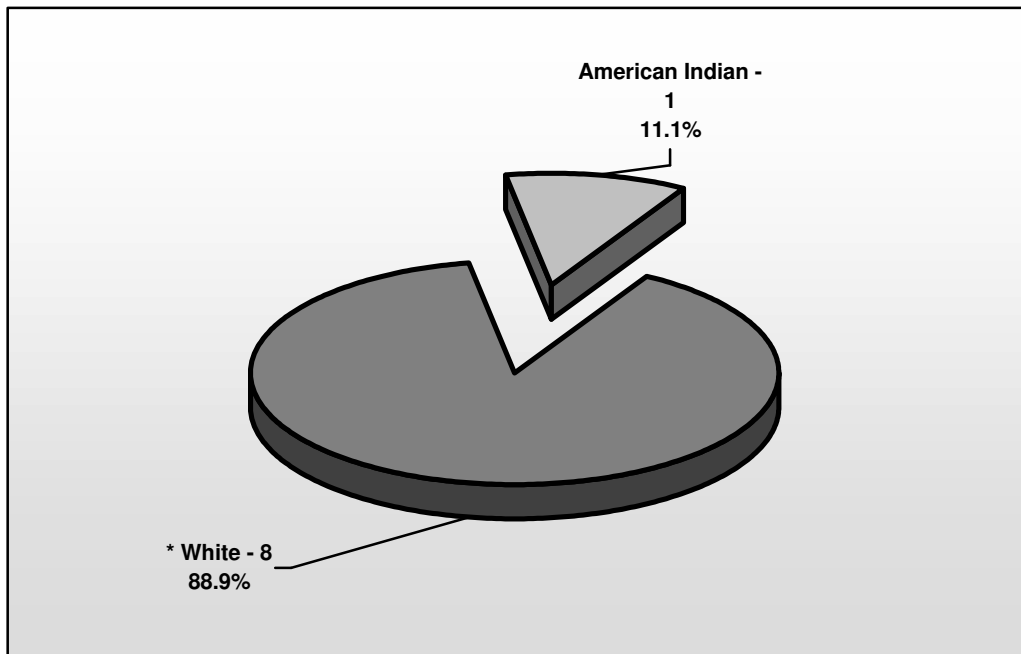
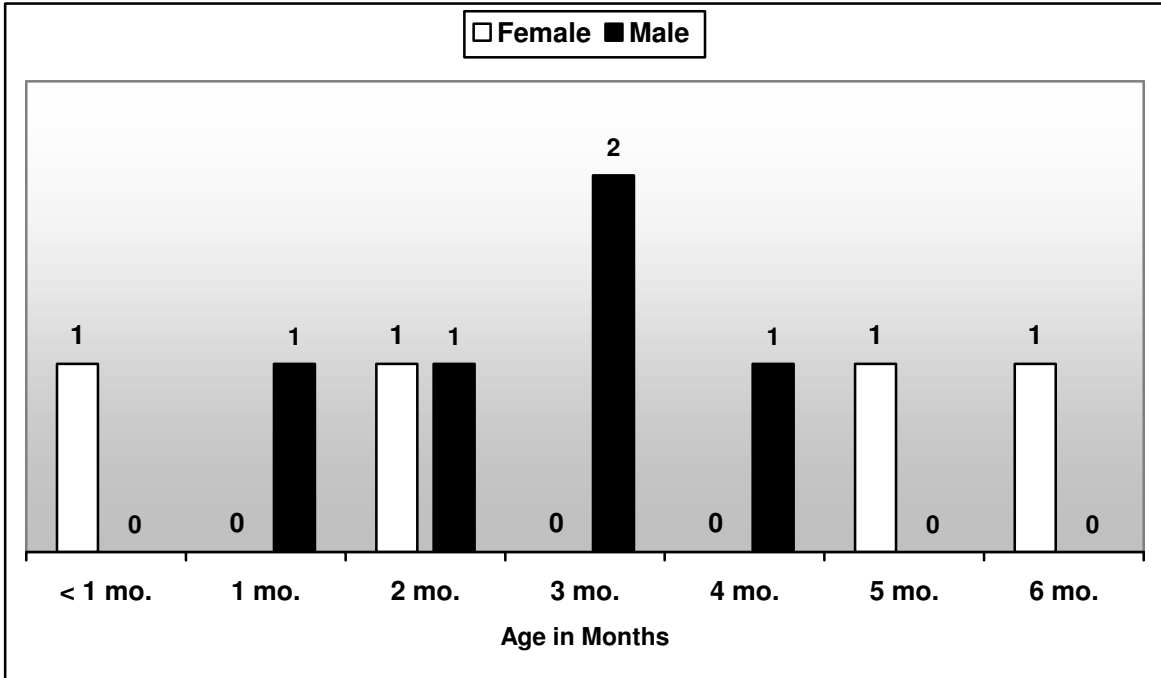


Figure 48 – Children – SIDS (Natural) Deaths by Race/Ethnicity – 2007



* White includes 4 Hispanic

Figure 49 – Children – SIDS (Natural) Deaths by Age and Gender – 2007



Overview – Ethanol Related Deaths

Figure 50 – Ethanol Related Deaths – 1998 – 2007
Ethanol Present in Decedent (> 0.005%)

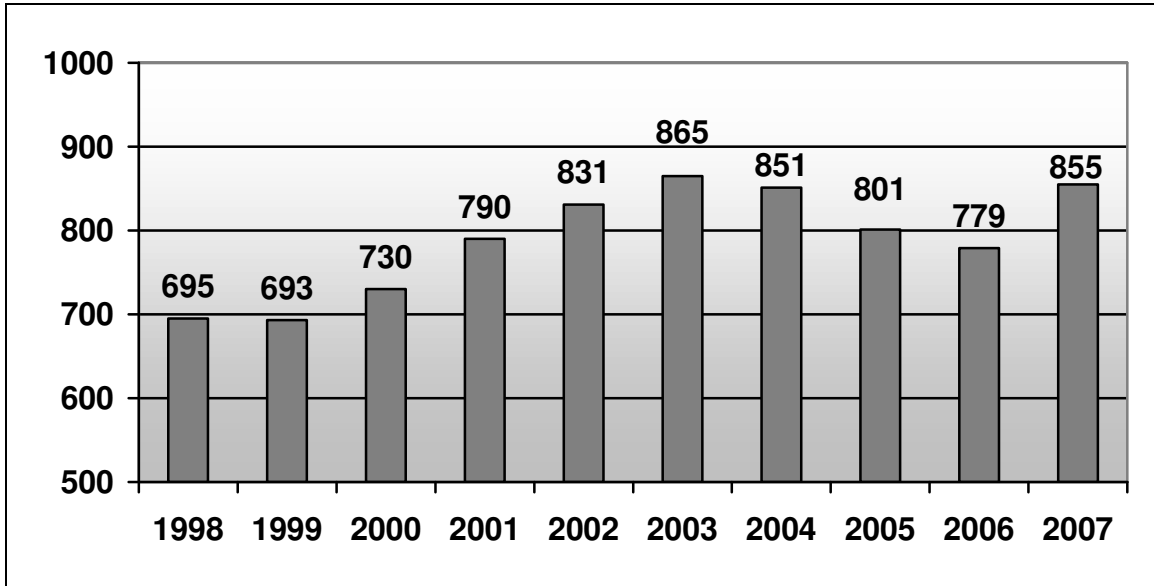


Figure 51 – Ethanol Related Deaths – Manner of Death -- 2007
Ethanol Present in Decedent (> 0.005%)

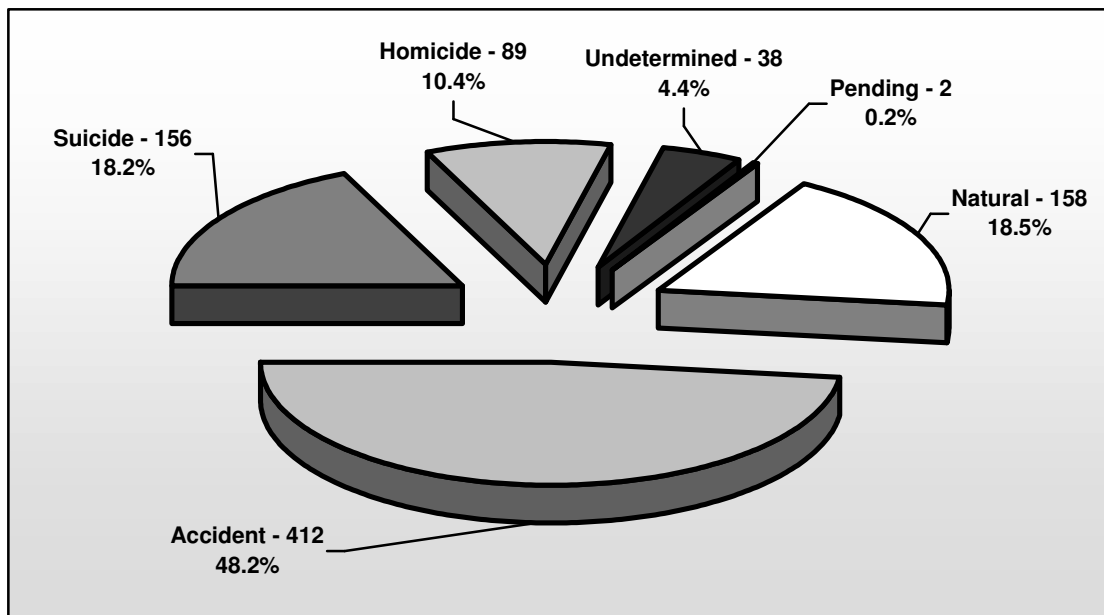
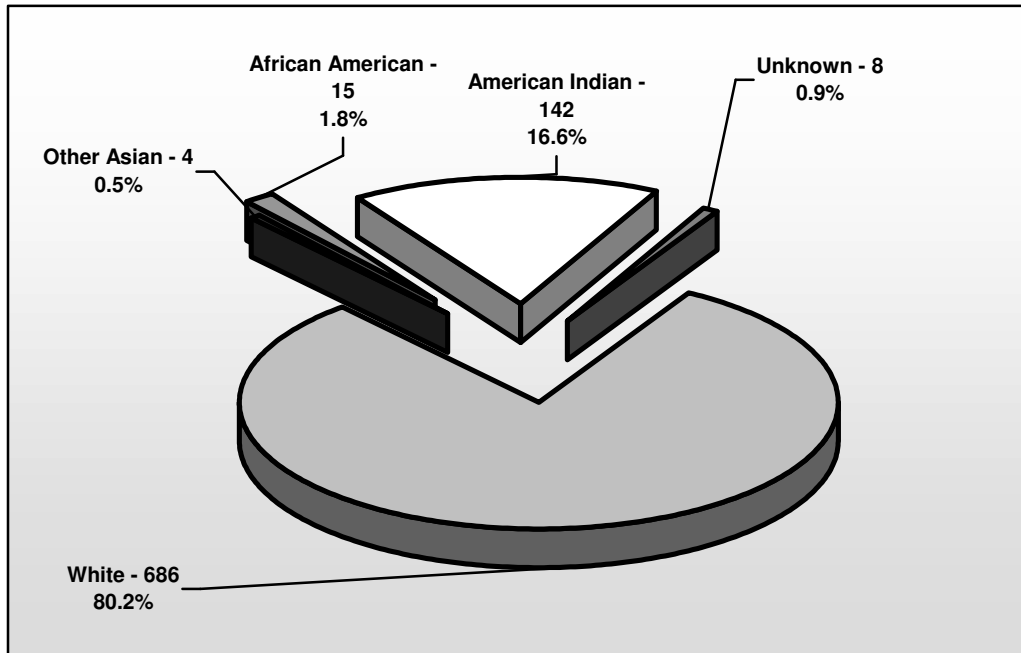
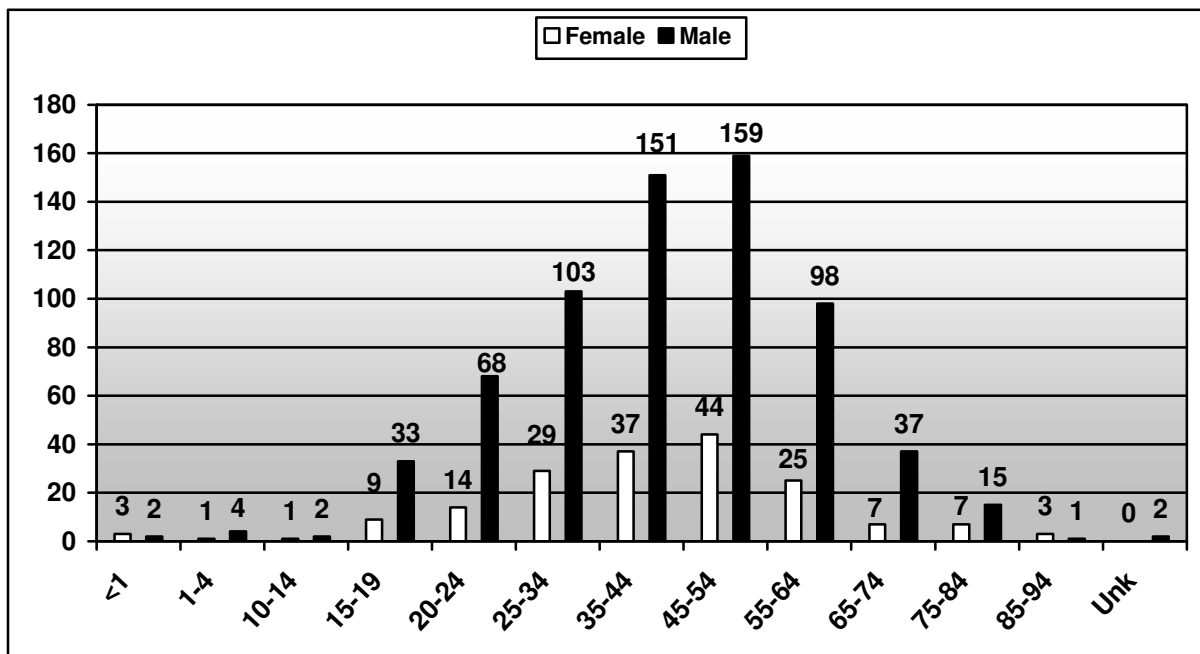


Figure 52 – Ethanol Related Deaths by Race/Ethnicity – 2007
Ethanol Present in Decedent (> 0.005%)



* White includes 333 Hispanic, * American Indian includes 1 Hispanic

Figure 53 – Ethanol Related Deaths by Age and Gender – 2007
Ethanol Present in Decedent (> 0.005%)



**Table 25 – Ethanol Related Deaths – Accidental Deaths – Method – 2007
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Fall from standing height	342	9	11	322
Ingested and/or injected illicit drug(s)	215	83	125	7
Ingested and/or injected prescription medications	158	54	103	1
Fall from height	60	4	10	46
Passenger in auto that left roadway	58	14	27	17
Driver of auto in collision with motor vehicle	58	16	38	4
Driver of auto that left roadway	56	21	25	10
Pedestrian struck by motor vehicle	56	25	16	15
Ingested alcohol	36	36	0	0
Exposed to cold or heat	33	25	4	4
Passenger in auto in collision with motor vehicle	31	12	12	7
Driver of pickup that left roadway	29	15	13	1
Driver of motorcycle	27	13	9	5
Driver of motorcycle in collision with motor vehicle	21	11	10	0
Driver of pickup in collision with motor vehicle	19	8	11	0
Victim of fire	18	7	8	3
Accident-Other	16	4	6	6
Crushed/suffocated	15	3	10	2
Choked on item	15	5	3	7
Drowned in non-recreational water accidents	13	6	6	1
Passenger in pickup that left roadway	13	10	2	1
Driver of truck that left roadway	12	3	9	0
Pilot of aircraft that crashed	10	3	6	1
Struck by flying/falling moving object	8	1	3	4
Driver of auto in collision with fixed object	7	4	2	1
Passenger in pickup in collision with motor vehicle	7	2	5	0
Accidental discharge of firearm	6	2	4	0
Passenger in aircraft that crashed	6	3	3	0
Cyclist struck by motor vehicle	5	1	4	0
Contacted electrical current	5	0	3	2
Driver of motor vehicle struck by train	4	0	4	0
Cut self	4	0	3	1
Driver of truck in collision with motor vehicle	4	0	4	0
Passenger in truck that left roadway	4	1	2	1
Farm or Industrial machinery accident	4	0	4	0
Drowned swimming (recreational and rescue attempts)	4	2	1	1
Passenger who fell from moving motor vehicle	3	1	0	2
Passenger in pickup in collision with fixed object	3	1	1	1
Inhaled toxic agent (Substance inhaled accidentally)	3	1	2	0
Inhaled toxic agent (Substance abused)	3	2	1	0
Scalded	2	0	0	2
Cyclist (non motor vehicle)	2	2	0	0
Pedestrian struck by other non-motor vehicle	2	1	1	0
Received blow/collided with something	2	0	1	1
Passenger in truck in collision with motor vehicle	2	0	1	1
Passenger in motor vehicle struck by train	1	0	1	0
Passenger in auto in collision with fixed object	1	1	0	0
Motor vehicle accident, etiology unknown	1	0	1	0
Passenger on motorcycle	1	0	1	0
Poisoned	1	0	0	1
Totals	1,406	412	516	478

**Table 26 – Ethanol Related Deaths – Suicide Deaths – Method – 2007
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Shot self with firearm	185	73	99	13
Hanged self	100	46	46	8
Ingested or injected medication	61	16	43	2
Inhaled toxic agent	15	10	4	1
Suffocated self	6	2	4	0
Ingested, injected or inhaled non-prescription medication	6	1	5	0
Suicide as pedestrian	5	3	2	0
Jumped from height	3	1	2	0
Driver of motor vehicle	3	2	1	0
Suicide-Other	2	2	0	0
Slashed	2	0	1	1
Stabbed self	1	0	1	0
Burned self	1	0	1	0
Totals	390	156	209	25

**Table 27 – Ethanol Related Deaths – Homicide Deaths – Method – 2007
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Shot by assailant(s) with firearm	91	43	46	2
Beaten by assailant(s)	42	21	17	4
Stabbed by assailant(s)	33	18	13	2
Homicide-Other	10	4	5	1
Pedestrian homicide	6	1	4	1
Strangled by assailant(s)	5	2	2	1
Neglect/Starvation	2	0	2	0
Assaulted	2	0	1	1
Totals	191	89	90	12

Ethanol Related Deaths – Undetermined – 2007

There were 38 Undetermined Deaths where Ethanol was present in the decedent in amounts greater than 0.005%.

Ethanol Related Deaths – Summary – 2007

There were 855 alcohol (ethanol) related deaths investigated by OMI in 2007, 16.6% of the total and a 9.8% increase from 2006. Alcohol was most frequently related to accidental deaths (48.2% of all alcohol-related deaths) but was found in people dying from all manners of death. Alcohol was present in 40% of all suicide fatalities and 46.6% 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 – 1998– 2007
Ethanol Present in Decedent (> 0.005%)

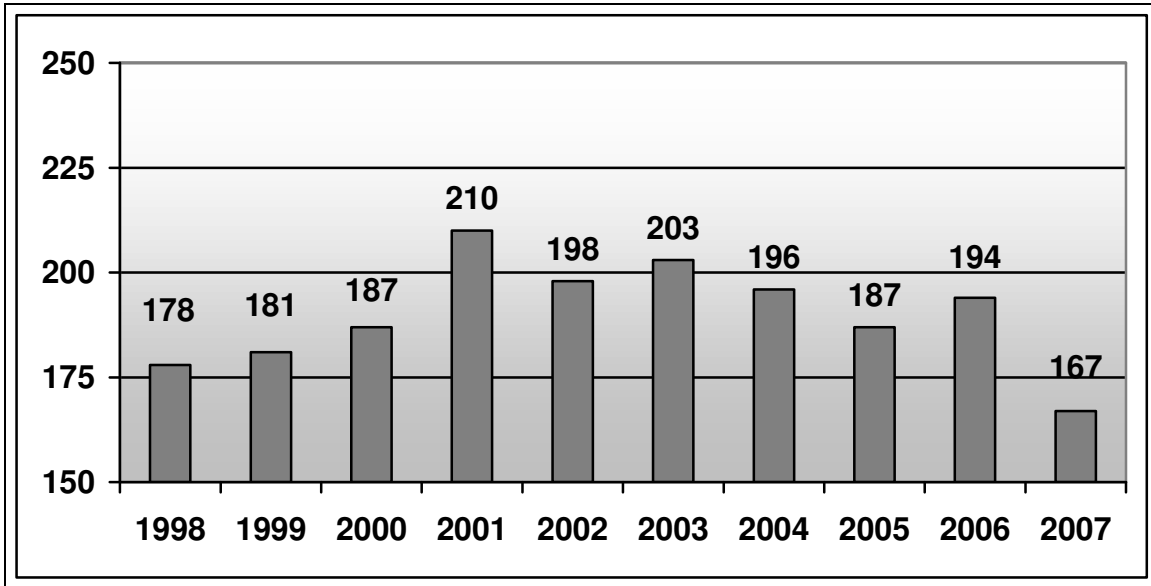
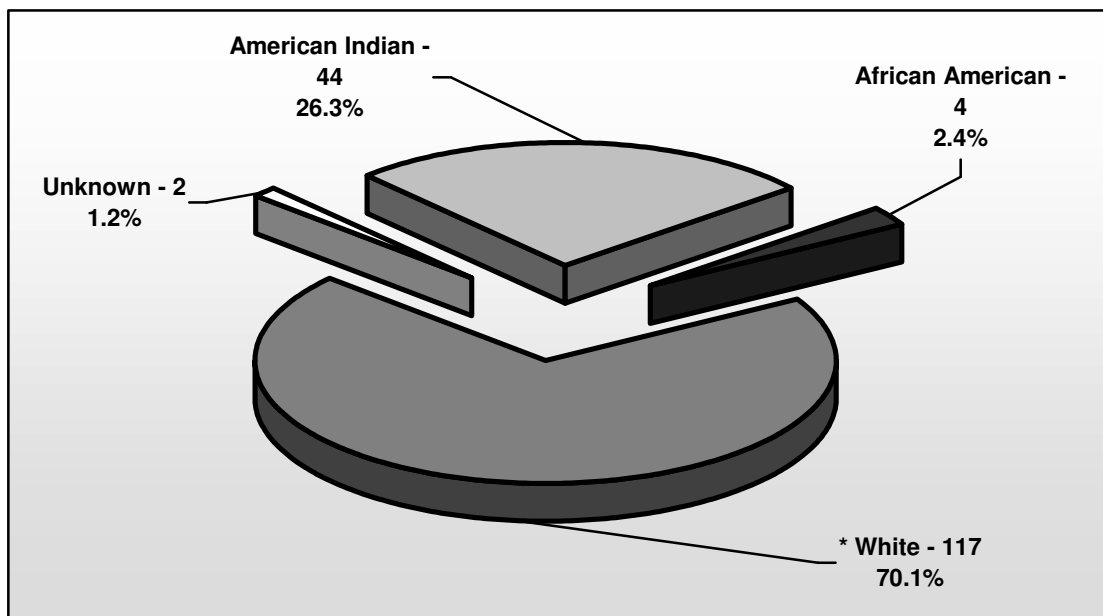


Figure 55 – Motor Vehicle Deaths by Race/Ethnicity – 2007
Ethanol Present in Decedent (> 0.005%)



* White includes 71 Hispanic

Figure 56 – Motor Vehicle Deaths by Age and Gender – 2007
Ethanol Present in Decedent (> 0.005%)

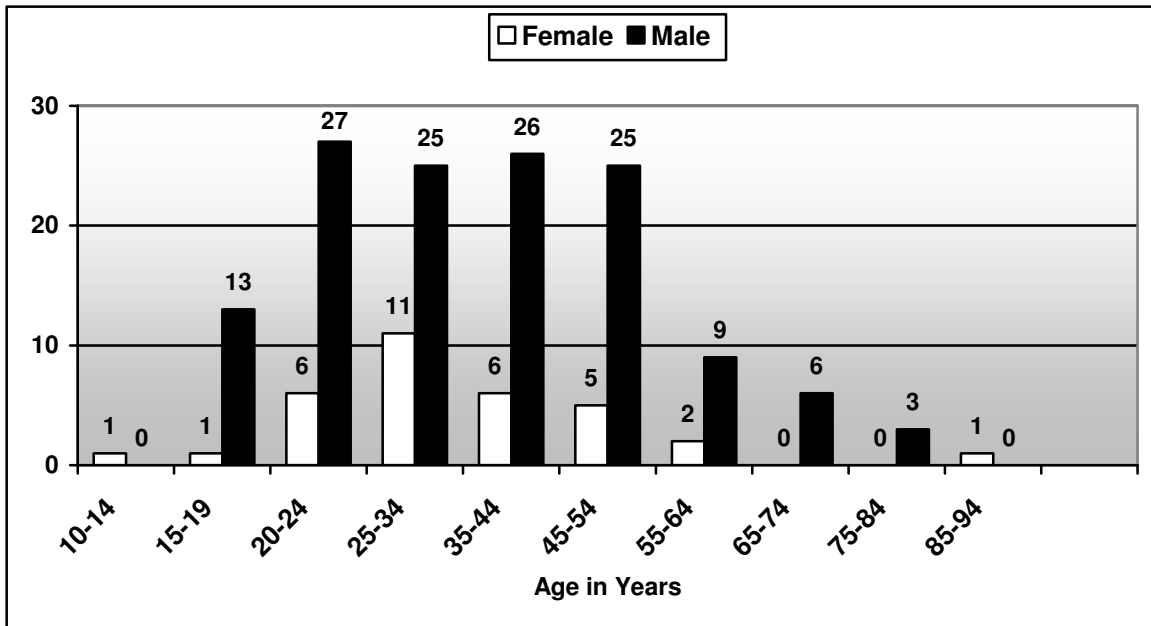


Table 28 – Motor Vehicle Related Deaths – Method 2007
Ethanol Present in Decedent

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Driver	249	94	133	22
Passenger	111	31	50	30
Pedestrian	65	26	23	16
Occupant	20	15	5	0
Cyclist	7	1	5	1
Pilot	1	0	0	1
Totals	453	167	216	70

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

	Ethanol >0.005%	Seat Belt Use			Unknown	Total
		Belt Used	Belt Not Used	Not Installed		
Motor Vehicle Driver	Yes	14	44	0	6	64
	No	57	32	0	21	110
	Not Tested	9	0	0	7	16
	Subtotal	80	76	0	34	190
Motor Vehicle Passenger	Yes	4	21	0	5	30
	No	15	28	0	6	49
	Not Tested	5	15	0	9	29
	Subtotal	24	64	0	20	108
Motor Vehicle Occupant*	Yes	1	10	1	3	15
	No	1	2	0	2	5
	Not Tested	0	0	0	0	0
	Subtotal	2	12	1	5	20
Totals		106	152	1	59	318

*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			Unknown	Total
		Inflated	Not Inflated	Not Installed		
Motor Vehicle Driver	Yes	18	6	9	33	66
	No	23	21	5	61	110
	Not Tested	1	3	2	10	16
	Subtotal	24	24	7	71	192
Motor Vehicle Passenger	Yes	3	5	2	18	28
	No	7	7	1	34	49
	Not Tested	2	3	3	21	29
	Subtotal	9	10	4	55	106
Motor Vehicle Occupant*	Yes	0	4	0	11	15
	No	0	2	0	3	5
	Not Tested	0	0	0	0	0
	Subtotal	0	2	0	3	20
Totals		33	36	11	129	318

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

Drug Caused Deaths

Figure 57 – Drug Caused Deaths – 1998 – 2007

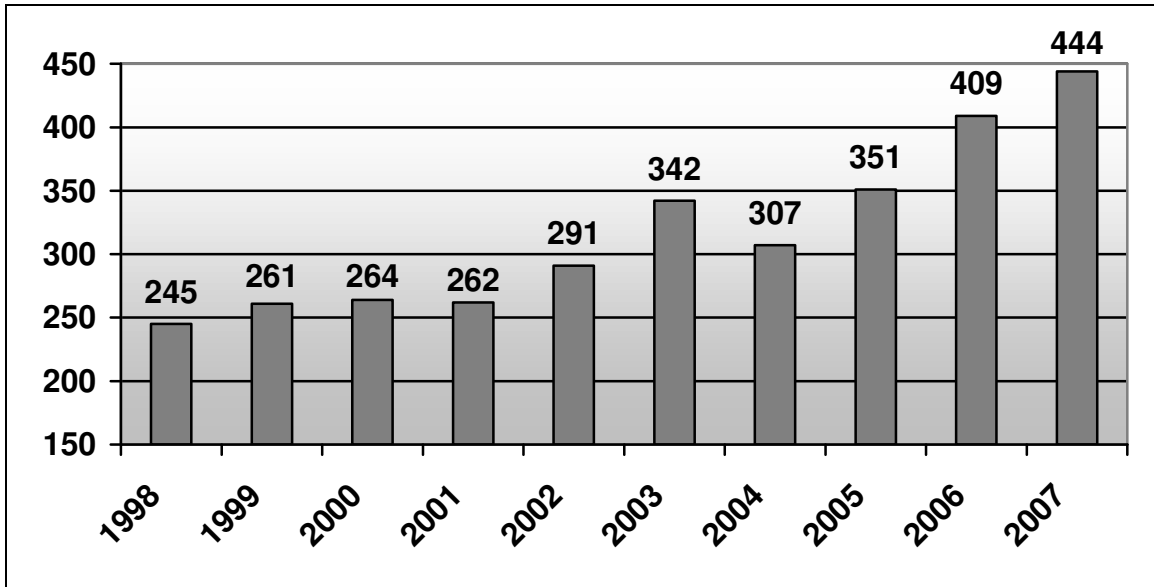
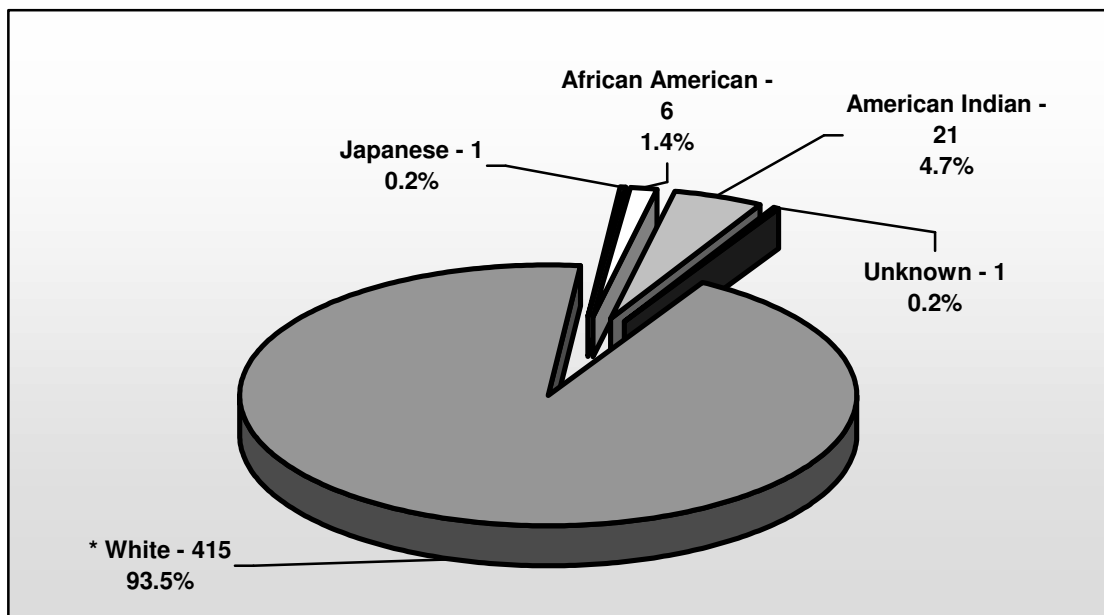
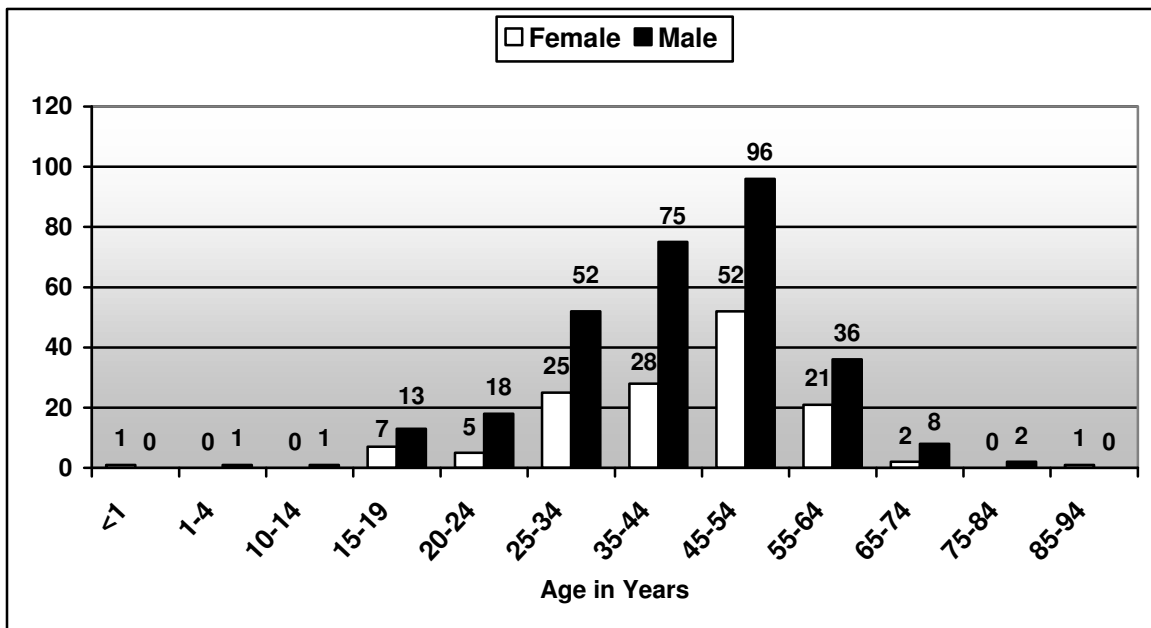


Figure 58 – Drug Caused Deaths by Race/Ethnicity – 2007



* White includes 210 Hispanic

Figure 59 – Drug Caused Deaths by Age and Gender – 2007



Drug Caused Deaths – Summary – 2007

Drug overdose deaths continue to be a problem in New Mexico, with a 8.6% increase in drug-caused deaths in 2007. A wide variety of drugs, both illegal and prescription, contributed to the 444 drug-caused deaths, with the most commonly involved being narcotics, with 716 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 45-54 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– 2007

County	County of Injury	County of Pronouncement
Bernalillo	194	204
Catron	2	2
Chaves	11	11
Cibola	6	6
Colfax	3	3
Curry	7	7
De Baca	1	1
Dona Ana	28	29
Eddy	12	12
Grant	4	4
Guadalupe	0	0
Harding	0	0
Hidalgo	1	2
Lea	12	12
Lincoln	5	5
Los Alamos	2	2
Luna	4	3
McKinley	10	8
Mora	1	1
Otero	10	9
Quay	0	0
Rio Arriba	24	24
Roosevelt	4	4
San Juan	17	18
San Miguel	9	9
Sandoval	11	9
Santa Fe	27	27
Sierra	1	1
Socorro	2	2
Taos	11	11
Torrance	3	2
Union	0	0
Valencia	20	15
Out of State/Unknown	2	1
Totals	444	444

Table 32 – Drug/Physiologically Active Compounds Present in Decedent

Category of Drug / Compound	Drug / Compound	Total
ALCOHOL	ETHANOL	309
	ACETONE	18
	METHANOL	6
	2-PROPANOL (ISOPROPYL)	6
	Total	339
ANALGESIC	ACETAMINOPHEN (Tylenol)	100
	TRAMADOL (Ultram)	18
	IBUPROFEN (Motrin)	15
	Methorphan	14
	O-Desmethyltramadol	9
	ORPHENADRINE (Norgesic)	5
	DEXTROMETHORPHAN	4
	SALICYLATE (Aspirin,Empirin)	3
	N-Desmethyltramadol	3
	NAPROXEN (Naprosyn)	3
	Orphenadrine metabolite	2
	Total	176
	ANTI-ARRYTHMIC/ANTI-HYPER	LIDOCAINE
Amlodipine		9
DILTIAZEM (Cardizem)		8
MEGX (Lidocaine metabolite)		5
MECLIZINE (Antivert)		4
PROPANOLOL (Inderal)		3
METOPROLOL (Lopressor)		3
PAPAVERINE (Pavabid)		2
VERAPAMIL (Calan)		2
HYDROCHLOROTHIAZIDE (Dyazide)		1
KETAMINE		1
Norverapamil (Verapamil metabolite)		1
Norketamine		1
Total		51
ANTICONVULSANT		Topiramate (topamax)
	DIPHENYLHYDANTOIN (Dilantin, Phenytoin)	6
	CARBAMAZEPINE (Tegretol)	4
	Hydroxycarbazepine	4
	Mephobarbital	3
	OXCARBAZAPINE (10-HYDROXYCARBAZEPINE)	2
	GABAPENTIN	2
	Carbamazepine-10,11 Epoxide	2
	Levetiracetam	1
	LAMICTAL (Lamotrigine)	1
	VALPROIC ACID (Depakote)	1
	PRIMIDONE (Mysoline)	1
Total	33	
ANTI-DEPRESSANT	AMITRIPTYLINE (Elavil)	55
	Nortriptyline (Amitriptyline Metabolite)	51
	CITALOPRAM/ESCITALOPRAM	27
	BUPROPION (Wellbutrin)	26
	citalopram/escitalopram metabolite	24
	VENLAFAXINE (Effexor)	22
	PAROXETINE (Paxil)	21
	O-Desmethylvenlafaxine (Venlafaxine Metabolite)	21
	Bupropion Metabolite	20
	SERTRALINE (Zoloft)	19
	TRAZODONE (Desyrel)	17
	Desmethylsertraline (Sertraline Metabolite)	16
	DOXEPIN (Adapin, Sinequan)	12

ANTI-DEPRESSANT	DESMETHYLDOXEPIN	11
	Duloxetine	10
	CITALOPRAM	9
	m-Chlorophenylpiperazine (Trazodone metabolite)	8
	NORTRIPTYLINE (Aventyl, Pamelor)	8
	MIRTAZAPINE(Remeron)	8
	Desmethylclomipramine (Clomipramine Metabolite)	7
	CLOMIPRAMINE (Anafranil)	7
	Desmethyilmirtazapine	5
	Olanzapine	4
	Escitalopram	4
	Threoamino/Erythroamino Bupropion	3
	LITHIUM	2
	Nordoxepin (Doxepin Metabolite)	1
	RISPERIDONE + 9-HYDROXYRISPERIDONE	1
Total		419
BARBITURATE	BUTALBITAL (Fiorinal)	7
	PHENOBARBITAL	7
	BUTABARBITAL (Butisol)	1
	PENTOBARBITAL (Nembutal)	1
	SECOBARBITAL (Seconal,Tuinal)	1
Total		17
CANNABINOID	Delta-9-carboxy-tetrahydrocannabinol (Delta-9-carb)	33
	Delta-9-tetrahydrocannabinol (Delta-9-THC)	23
	CANNABINOIDS (Marijuana, THC)	4
	11-HYDROXY-DELTA-9-TETRAHYDROCANNABINOL	1
Total		61
MAJOR TRANQUILIZER	PROMETHAZINE (Phenergan)	36
	HYDROXYZINE (Vistaril)	31
	7-AMINO CLONAZEPAM	7
	PROCHLORPERAZINE (Compazine)	2
	CLONAZEPAM (Clonopin)	2
	CHLORPROMAZINE (Thorazine)	1
	HALOPERIDOL (Haldol)	1
	Hydroxytriazolan (Triazolam Metabolite)	1
	TRIAZOLAN (Halcion)	1
	MIDAZOLAM (Versed)	1
Total		83
METAL	LEAD	2
MINOR TRANQUILIZER	Nordiazepam (Diazepam Metabolite)	69
	DIAZEPAM (Valium)	69
	FLUOXETINE (Prozac)	54
	Norfluoxetine (Fluoxetine metabolite)	54
	ALPRAZOLAM (Xanax)	49
	DIPHENHYDRAMINE (Benadryl,Sominex)	41
	CARISOPRODOL (Soma)	39
	Diphenhydramine metabolite	34
	Meprobamate (Carisoprodol Metabolite)	29
	QUETIAPINE (SEROQUEL)	27
	ZOLPIDEM TARTRATE (Ambien)	21
	Quetiapine metabolite	21
	MEPROBAMATE (Miltown)	18
	TEMAZEPAM (Restoril)	16
	BENZODIAZEPINES	11
	CHLORDIAZEPOXIDE (Librium)	10
	DOXYLAMINE (Unisom)	6
	LORAZEPAM (Ativan)	5
	Nordiazepam (Chlordiazepoxide Metabolite)	5
	DESMETHYLDIAZEPAM (Nordiazepam)	5
	Doxylamine metabolite	3

MINOR TRANQUILIZER	METAXALONE (Skelaxin)	3
	Nordiazepam (Chlorazepate Metabolite)	2
	OXAZEPAM (Serax)	1
	RISPERIDONE (Risperdal)	1
	Desalkylflurazepam (Flurazepam Metabolite)	1
	ETAZOLAM (ProSom)	1
	METHOCARBAMOL (Robaxin)	1
	Hydroxyethylflurazepam (Flurazepam Metabolite)	1
	FLUVOXAMINE (Luvox)	1
	CHLORZOXAZONE (Parafon)	1
Total		599
NARCOTIC	MORPHINE	174
	OXYCODONE (Percodan, Percocet)	81
	METHADONE	79
	CODEINE	78
	HYDROCODONE (Hyphen, Hycodaphen, Tussionex)	64
	DIHYDROCODEINE	37
	6-Monoacetylmorphine (Heroin metabolite)	33
	EDDP (Methadone Metabolite)	31
	OPIATES	25
	FENTANYL (Sublimaze)	25
	Norpropoxyphene (Propoxyphene Metabolite)	24
	PROPOXYPHENE (Darvon, Darvocet)	19
	Oxymorphone	18
	Norfentanyl (Fentanyl Metabolite)	10
	HYDROMORPHONE (Dilaudid)	6
	Oxycodone metabolite	5
	Normeperidine (Meperidine Metabolite)	4
	MEPERIDINE (Demerol)	3
Total		716
POISON	Cotinine (Nicotine metabolite)	171
SEDATIVE	CYCLOBENZOPRINE (Flexeril)	16
	Norcyclobenzaprine (Cyclobenzaprine metabolite)	16
	Norhydroxyzine	11
	Chlorpheniramine metabolite	7
Total		50
STIMULANT	Benzoyllecgonine (Cocaine Metabolite)	123
	NICOTINE	106
	CAFFEINE	94
	Methylecgonine	71
	COCAINE	63
	AMPHETAMINE	44
	METHAMPHETAMINE	44
	Ethylecgonine	34
	Cocaethylene (Cocaine Metabolite)	32
	Cocaine Metabolite	11
	Ephedrine/Pseudoephedrine	8
	CHLORPHENIRAMINE	7
	Mephentermine	4
	EPHEDRINE	2
	Cathine/Phenylpropanolamine	2
	PSEUDOEPHEDRINE	2
	Cinnamoylcocaine	1
	Norpseudoephedrine (Phenylpropanolamine)	1
	PHENTERMINE (Ionamin)	1
	PHENYLPROPANOLAMINE	1
Total		651
VOLATILE ORGANIC	ACETALDEHYDE	1
Grand Total All Drugs and Compounds		3,369

Glossary

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.