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**Office of the Medical Examiner
 2011 Annual Report**

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Introduction

The Office of the Medical Examiner investigates deaths occurring in the state of Kentucky, as authorized by Kentucky's elected coroners. The staff assists Kentucky coroners and law enforcement agencies in all aspects of death investigations by determining the cause and manner of death, identification of the deceased, and collection and interpretation of trace evidence. The Medical Examiner Division performed services for approximately 2,378 deaths. A detailed summary of the case distribution is delineated in this report. **It should be noted that this annual report does not include all deaths occurring in Kentucky, but rather those cases investigated by the Kentucky Medical Examiner Program.** For total numbers of deaths occurring in the state, please contact:

Office of Vital Statistics
275 E. Main St. 1EA
Frankfort, KY 40621
(502) 564-4212

The following report is presented in two sections. The first section summarizes the activity of the Medical Examiner's Office. The second section presents data routinely collected by the Medical Examiner's Office in regards to medicolegal death investigations performed. The graphs and figures presented are designed to be self-explanatory and provide the reader with a brief understanding of the types of cases completed within this Division.

Overview—Office of the Medical Examiner—2011

The Medical Examiners Office performs death investigations and postmortem examinations at four separate regional offices around the state:

- The Office of the Chief Medical Examiner in Louisville, KY
- The Office of the Associate Chief Medical Examiner in Frankfort, KY
- The Western Kentucky Regional Medical Examiners Office in Madisonville, KY
- The Northern Kentucky Regional Medical Examiners Office in Ft. Thomas, KY

There are six basic functions of the Office of the Medical Examiner:

- determine the cause and manner of death of individual decedents in a timely fashion
- identify the dead with a high degree of certainty and written documentation
- prepare and maintain accurate, thorough and timely reports regarding examinations and opinions
- safeguard and account for evidence and personal property
- maintain confidentiality of case information

- base expert opinions on logical conclusions after considering all historical and physical evidence available, in light of current scientific and medical knowledge

All medical examiner offices in Kentucky are staffed by board certified and/or board eligible forensic pathologists. These forensic pathologists are physicians who have undergone at least five years of postgraduate training to become proficient in the subspecialty of forensic pathology. The forensic pathologists routinely perform postmortem examinations; consult with law enforcement officials and attorneys regarding aspects of investigations including blood spatter analysis, crime scene investigation and toxicology interpretation; meet with decedents' families; and provide expert testimony in courts throughout Kentucky.

OUR MISSION

The mission of the Kentucky Medical Examiners Office is to serve the public by:

- providing accurate, thorough and efficient medical legal investigations of death, thereby,
- insuring justice, and
- providing solace, comfort and protection to the living

Reportable Deaths

KRS 72.025 Circumstances requiring post-mortem examination to be performed by coroner.

Coroners shall require a post-mortem examination to be performed in the following circumstances:

- (1) When the death of a human being appears to be caused by homicide or violence;
- (2) When the death of a human being appears to be the result of suicide;
- (3) When the death of a human being appears to be the result of the presence of drugs or poisons in the body;
- (4) When the death of a human being appears to be the result of a motor vehicle accident and the operator of the motor vehicle left the scene of the accident or the body was found in or near a roadway or railroad;
- (5) When the death of a human being occurs while the person is in a state mental institution or mental hospital when there is no previous medical history to explain the death, or while the person is in police custody, a jail or penal institution;
- (6) When the death of a human being occurs in a motor vehicle accident and when an external examination of the body does not reveal a lethal traumatic injury;
- (7) When the death of a human being appears to be the result of a fire or explosion;
- (8) When the death of a child appears to indicate child abuse prior to the death;
- (9) When the manner of death appears to be other than natural;
- (10) When human skeletonized remains are found;
- (11) When post-mortem decomposition of a human corpse exists to the extent that external examination of the corpse cannot rule out injury or where the circumstances of death cannot rule out the commission of a crime;
- (12) When the death of a human being appears to be the result of drowning;

- (13) When the death of an infant appears to be caused by sudden infant death syndrome in that the infant has no previous medical history to explain the death;
- (14) When the death of a human being occurs as a result of an accident;
- (15) When the death of a human being occurs under the age of forty (40) and there is no past medical history to explain the death;
- (16) When the death of a human being occurs at the work site and there is no apparent cause of death such as an injury or when industrial toxics may have contributed to the cause of death;
- (17) When the body is to be cremated and there is no past medical history to explain the death;
- (18) When the death of a human being is sudden and unexplained; and
- (19) When the death of a human being occurs and the decedent is not receiving treatment by a licensed physician and there is no ascertainable medical history to indicate the cause of death.

Effective: July 15, 1998

1. The coroner determines whether the case becomes a medical examiner case.
2. The medical examiner and the coroner may discuss whether a complete autopsy, a focused examination, or external inspection with toxicology specimen acquisition is warranted on certain cases. The Medical Examiner makes a MEDICAL DECISION regarding the type and amount of examination done to render a medicolegal opinion and thus provide assistance to the coroner. In all cases submitted by a coroner with an authorization, a report including a final opinion is generated.
3. In the rare event that the coroner declines to authorize an examination by the Medical Examiner's office in a case in which law enforcement investigators conclude that ME involvement is crucial, then law enforcement may obtain and authorize an examination by the ME office by procuring a court order through the Commonwealth Attorney's Office.

Statutory Duty

72.210 Purpose of Division of Kentucky State Medical Examiners Office.

In enacting legislation establishing a Division of Kentucky State Medical Examiners Office for the Commonwealth of Kentucky, it is not the intention of the General Assembly to abolish or interfere with the coroner in his role as a constitutionally elected peace officer. It is the intention of the General Assembly for the office to aid, assist, and complement the coroner in the performance of his duties by providing medical assistance to him in determining causes of death.

Effective: July 15, 1998

History: Amended 1998 Ky. Acts ch. 65, sec. 4, effective July 15, 1998. -- Created 1968 Ky. Acts ch. 114, sec. 1.

Summary Highlights

Aforementioned above, the four regional medical examiner offices together performed 2,378 postmortem examinations in 2011. The Western Kentucky Medical Examiner's Office performed cases January through May 2012. Beginning in mid-May, all Western Kentucky cases were performed by the Louisville Medical Examiner's Office.

Training and Education

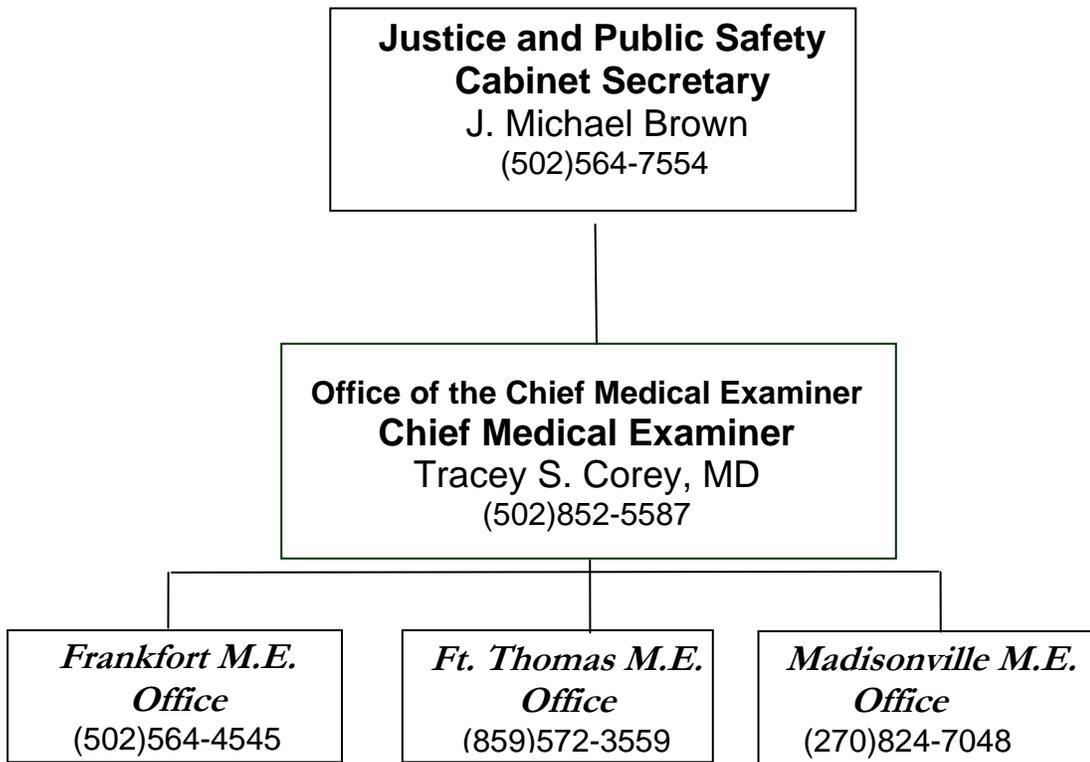
The Medical Examiner's Division provides educational instruction in death investigation to coroners, law enforcement, medical, and social service agencies throughout the state. The Office of the Chief Medical Examiner plays an active role in the University of Louisville Department of Pathology educational programs and activities. Staff pathologists participate in the training of medical students, residents and fellows.

Forensic Pathologist Fellowship Program

The University of Louisville Division of Forensic Pathology Fellowship program is a one-year extensive training program in the subspecialty of forensic pathology. The trainee works with all of the attending physicians, gaining exposure to a wide spectrum of cases with various histories, causes, manners and mechanisms of death. The trainee is always staffed by one of the attending physicians in the autopsy room. The gross findings are discussed during the dissection, dictated at the table, and are signed out at the end of dissection. Case discussions are initiated prior to autopsy, and continued with staff and investigators through the multi-step process to the final report. The trainee is supervised throughout the process of interpretation of radiographs, microscopic slides, and toxicologic analysis. The trainees' dictations are critiqued and modified as needed by the attending physicians. Early in training, the trainee accompanies the attending physician to death scenes as requested by coroners. As the training year progresses, the fellow may accompany coroners to death scenes without an attending physician; even when the fellow conducts a scene visit without an attending physician, an attending physician remains available to provide telephone consultation regarding scene findings, or go to the scene as circumstances indicate.

Office of the Medical Examiner Organizational Chart

Figure 1





Total Cases

The remainder of this report will present data routinely collected by the Medical Examiner Offices. The graphs summarize data collected on all cases performed throughout the four regional offices.

Statewide Medical Examiner Case Totals 2011

The totals listed below do not represent all deaths occurring in Kentucky but rather the total cases undergoing autopsy by the Kentucky Medical Examiner Offices.

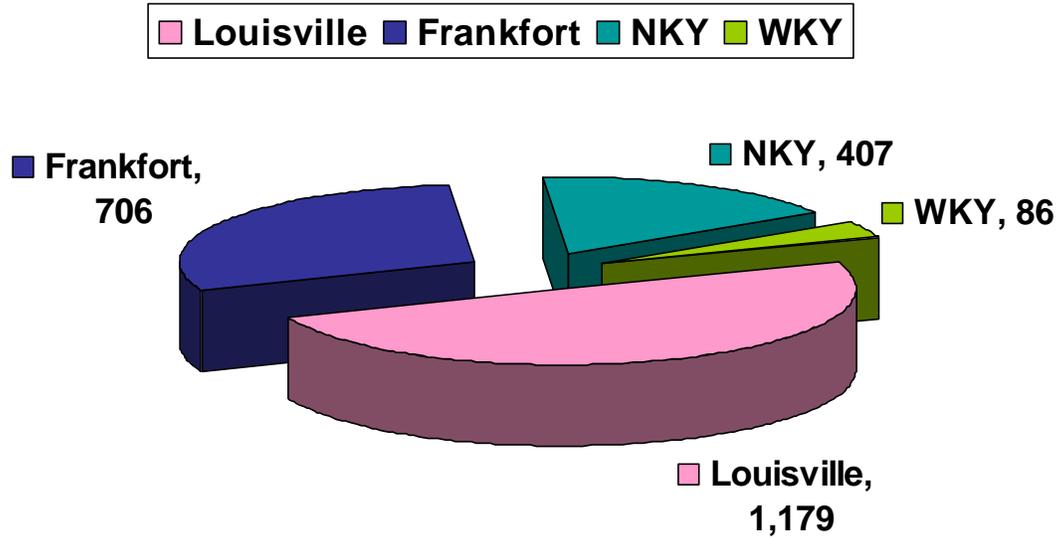
TOTAL STATEWIDE CASES UNDERGOING AUTOPSY BY KENTUCKY MEDICAL EXAMINER OFFICES = 2,378

SUMMARY OF TOTAL STATEWIDE CASES UNDERGOING AUTOPSY BY KENTUCKY MEDICAL EXAMINER OFFICES		
Manner	Total	Percentage
Accidents	1,032	43.40%
Homicides	198	8.33%
Naturals	605	25.44%
Suicides	310	13.04%
Undetermined	205	8.62%
Pending Further Information	28	1.18%
TOTAL	2,378	100%

SUMMARY OF TOTAL STATEWIDE OVERDOSES UNDERGOING AUTOPSY BY KENTUCKY MEDICAL EXAMINER OFFICES		
Manner	Total	Percentage
Accidents	558	81.58%
Homicide	1	0.15%
Suicides	31	4.53%
Undetermined	37	5.41%
Pending Further Information	13	1.90%
Complications of Chronic Use	44	6.43%
TOTAL	684	100%

2011 Statewide Medical Examiner Cases

Figure 2



Louisville Totals by Some Specific Fatal Event

Fatal Event	Total Cases	Percentage
<i>Overdoses</i>	336	28.50%
Accidental	244	72.62%
Homicide	1	0.30%
Suicide	15	4.46%
Complications of Chronic Use	35	10.42%
Pending Further Information	13	3.87%
Undetermined	28	8.33%
<i>MVC</i>	117	9.92%
Accident	116	99.15%
Pending Further Information	1	0.85%
<i>GSW</i>	203	17.22%
Homicide	77	37.93%
Suicide	120	59.11%
Undetermined	3	1.48%
Pending Further Information	3	1.48%
<i>DROWNING</i>	38	3.22%
Accident	31	81.58%
Homicide	1	2.63%
Suicide	4	10.53%
Pending	1	2.63%
Undetermined	1	2.63%
<i>FIRE</i>	17	1.44%
Accident	14	82.35%
Pending Further Information	2	11.76%
Suicide	1	5.88%
<i>SUID</i>	23	1.97%
Undetermined	23	100
<i>All other Louisville Accidents</i>	52	4.41%%

The above does not represent the total number of Louisville cases

Frankfort Totals by Some Specific Fatal Event

Fatal Event	Total	Percentage
<i>Overdoses</i>	191	27.05%
Accidental	169	88.48%
Complications of Chronic Use	7	3.66%
Suicide	8	4.19%
Undetermined	7	3.66%
<i>MVC</i>	60	8.5%
Accidental	57	95%
Undetermined	3	5%
<i>GSW</i>	110	15.58%
Accident	2	1.82%
Homicide	51	46.36%
Suicide	50	45.45%
Undetermined	7	6.36%
<i>Drowning</i>	24	3.40%
Accidental	23	95.83%
Undetermined	1	4.17%
<i>Fire</i>	18	2.55%
Accidental	17	94.44%
Undetermined	1	5.56%
<i>SUID</i>	27	3.82%
Undetermined	27	100%
<i>All other FFT Accidents</i>	86	12.18%

The above does not represent the total number of Frankfort cases

NKY Totals by Specific Fatal Event

Fatal Event	Total	Percentage
<i>Overdoses</i>	135	33.17%
Accidental	127	94.07%
Complications of Chronic Use	1	0.74%
Suicide	5	3.70%
Undetermined	2	1.48%
<i>MVC</i>	34	8.35%
Accidental	34	100%
<i>GSW</i>	31	7.62%
Homicide	7	22.58%
Suicide	24	77.42%
<i>Drowning</i>	7	1.72%
Accident	7	100%
<i>Fire</i>	4	0.98%
Accident	3	75%
Undetermined	1	25%
<i>SUID</i>	3	0.74%
Undetermined	3	100%
<i>All other NKY Accidents</i>	24	27.91%

The above does not represent the total number of Northern Kentucky cases

WKY Totals by Specific Fatal Event

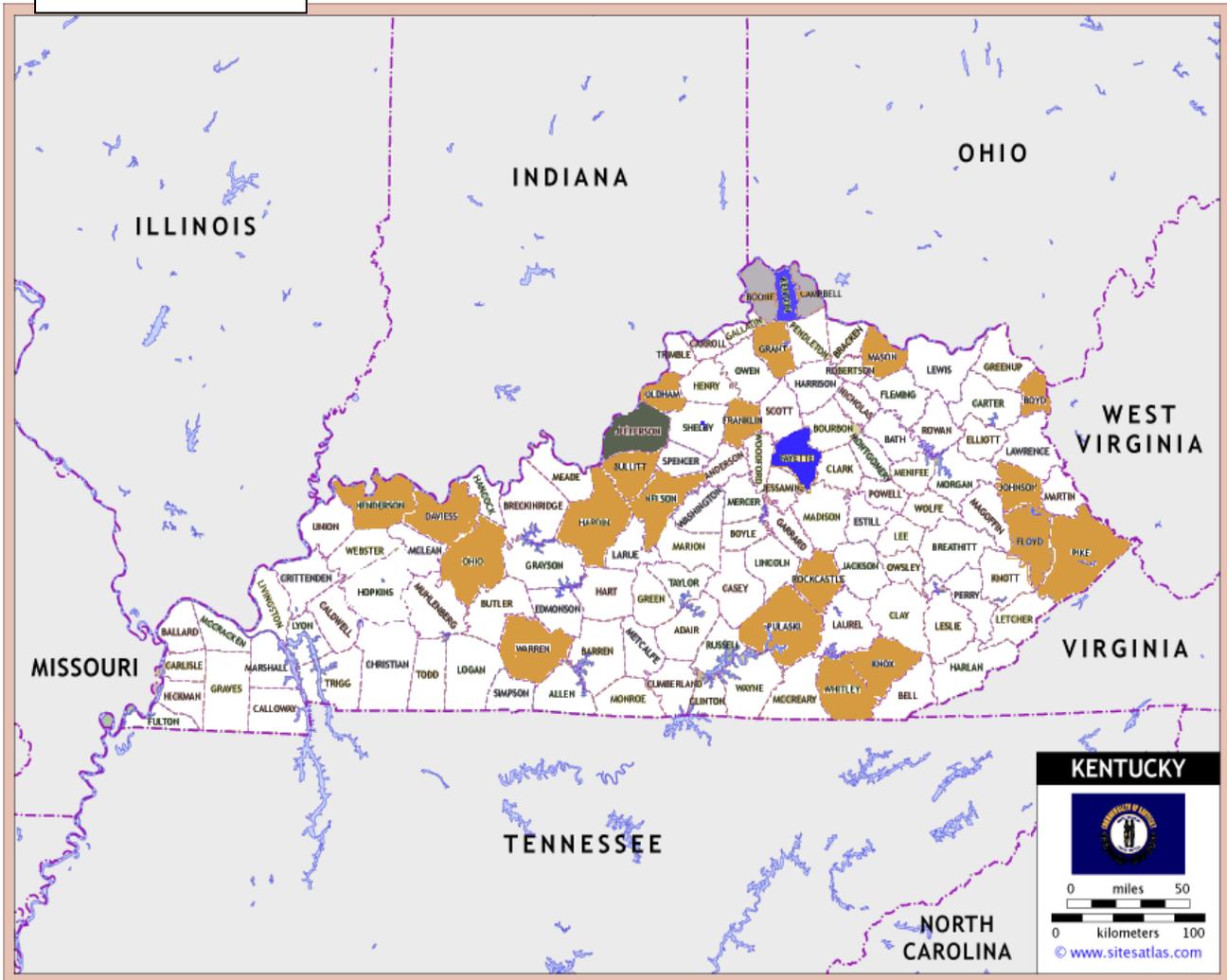
Fatal Event	Total	Percentage
<i>Overdoses</i>	22	25.58%
Accidental	18	81.82%
Complications of Chronic Use	1	4.55%
Suicide	3	13.64%
<i>MVC</i>	5	5.81%
Accidental	5	100%
<i>GSW</i>	9	10.47%
Homicide	2	22.22%
Suicide	7	77.78%
<i>Drowning</i>	3	3.49%
Accident	2	66.67%
Undetermined	1	33.33%
<i>Fire</i>	1	1.16%
Accident	1	100%
<i>SUID</i>	2	2.33%
Undetermined	2	100%
<i>All other WKY Accidents</i>	1	3.70%

The above does not represent the total number of Western Kentucky cases

Total Statewide Cases Sent for Autopsy by Locality of Death, 2011

Figure 3

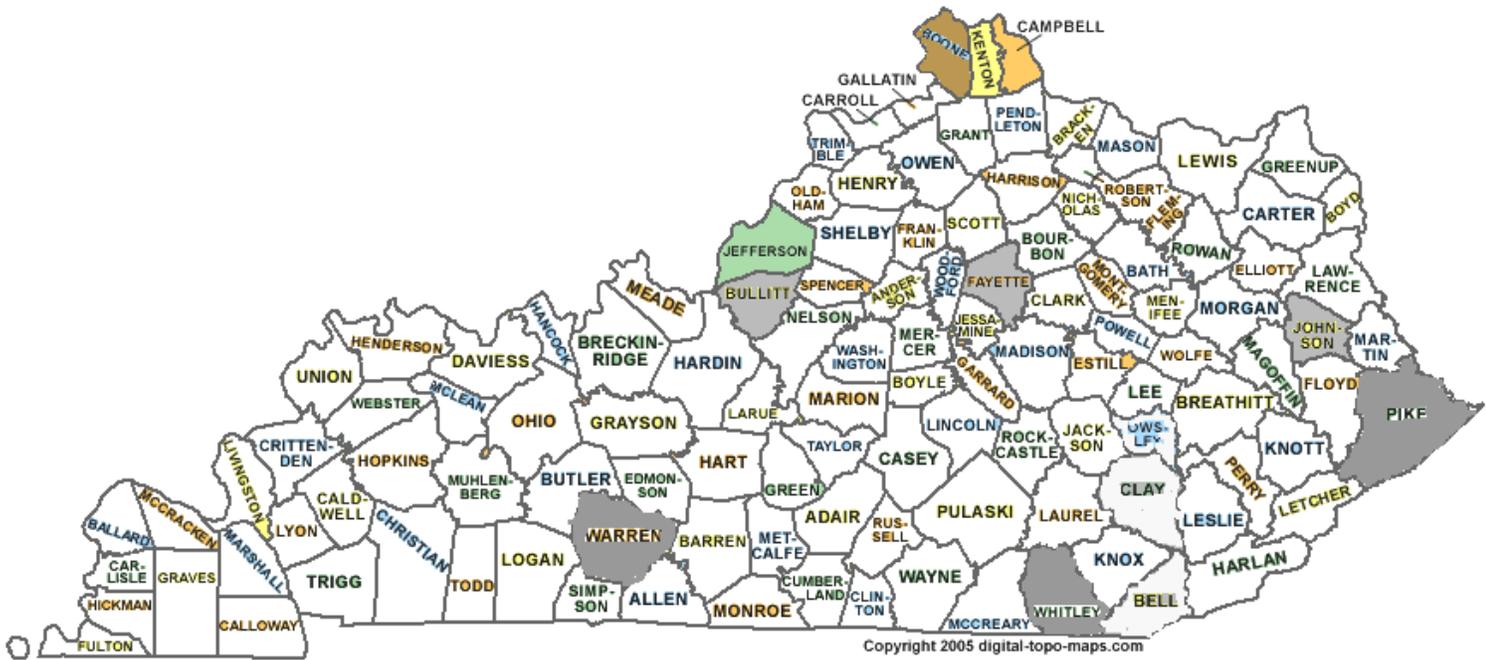
WHITE	0-20
ORANGE	21-50
GREY	51-100
BLUE	101-160
GREEN	161-550
*539 is highest	



Total Statewide Overdoses Sent for Autopsy by Locality of Death, 2011

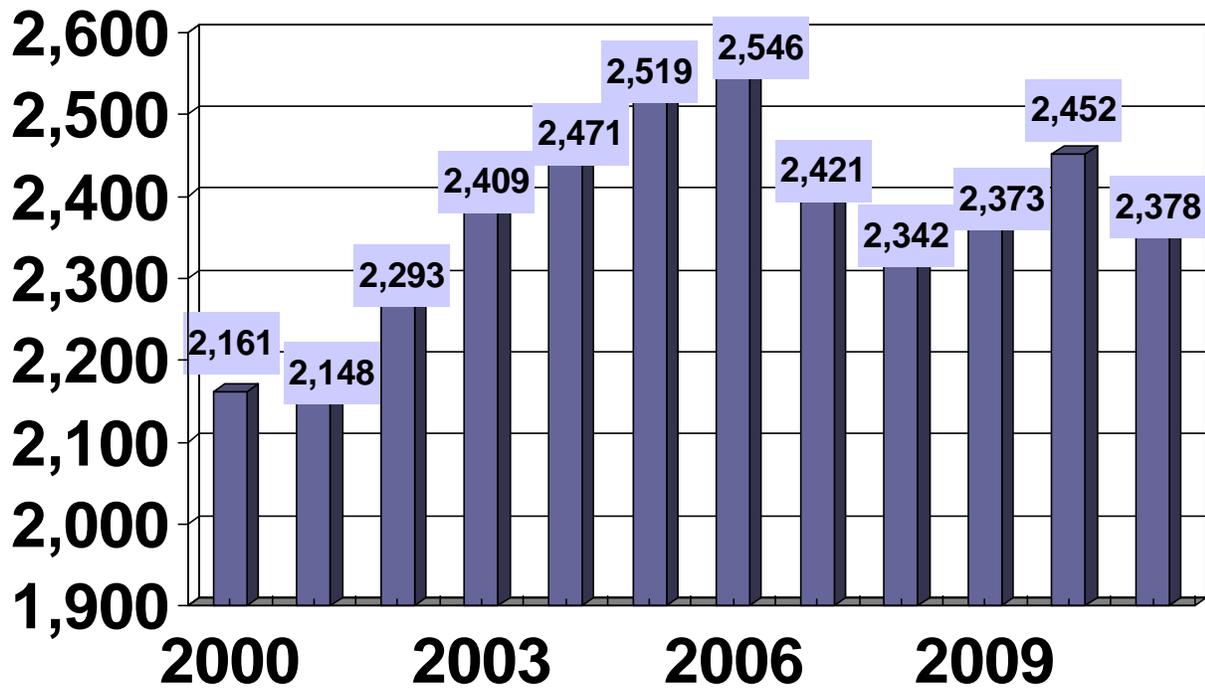
Figure 4

WHITE	0-10
GREY	11-20
ORANGE	21-30
BLUE	31-40
PURPLE	41-50
YELLOW	51-100
GREEN	101-180
173 is Highest	



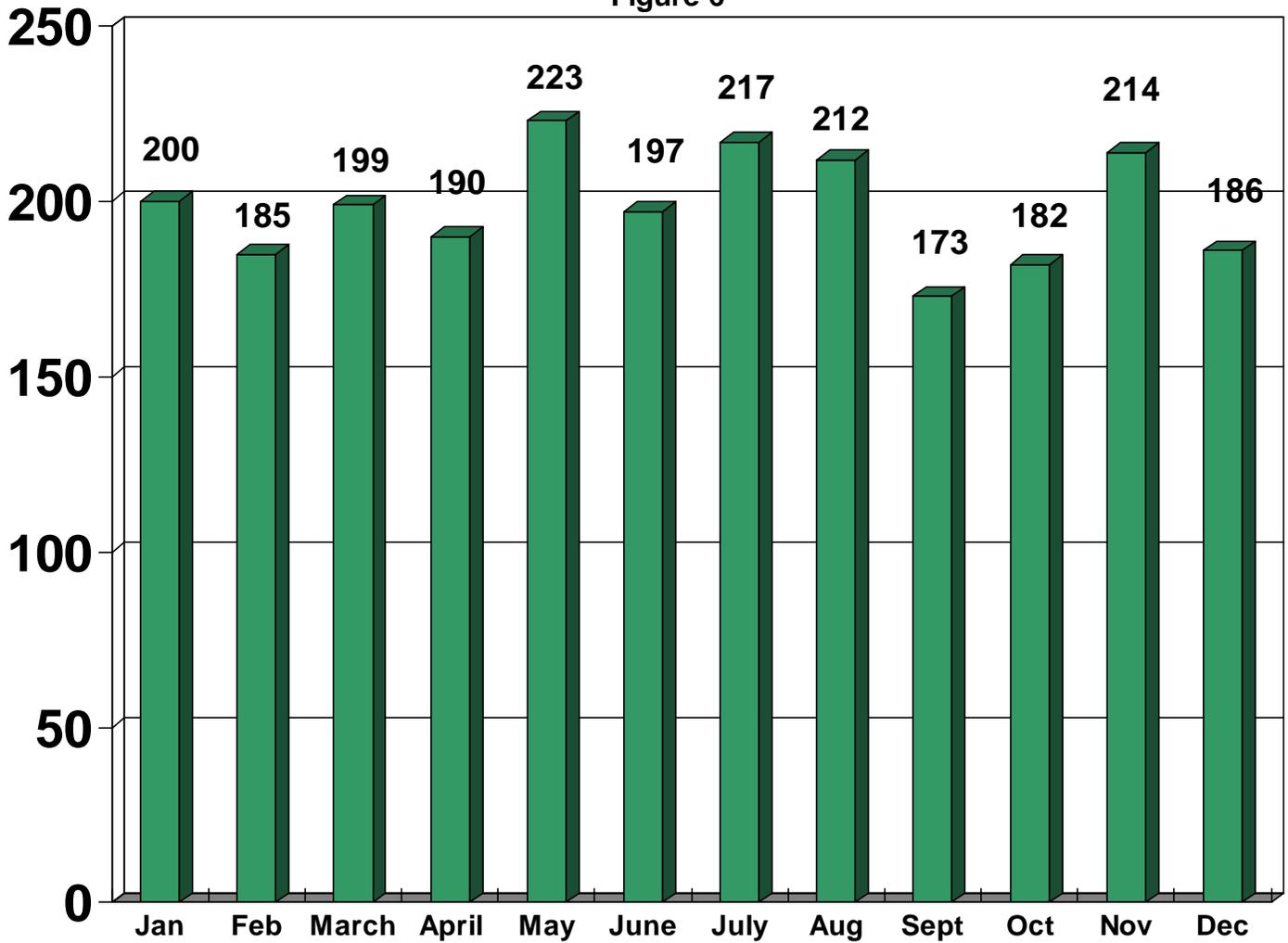
Total Statewide Cases by Year of Autopsy 2000-2011

Figure 5



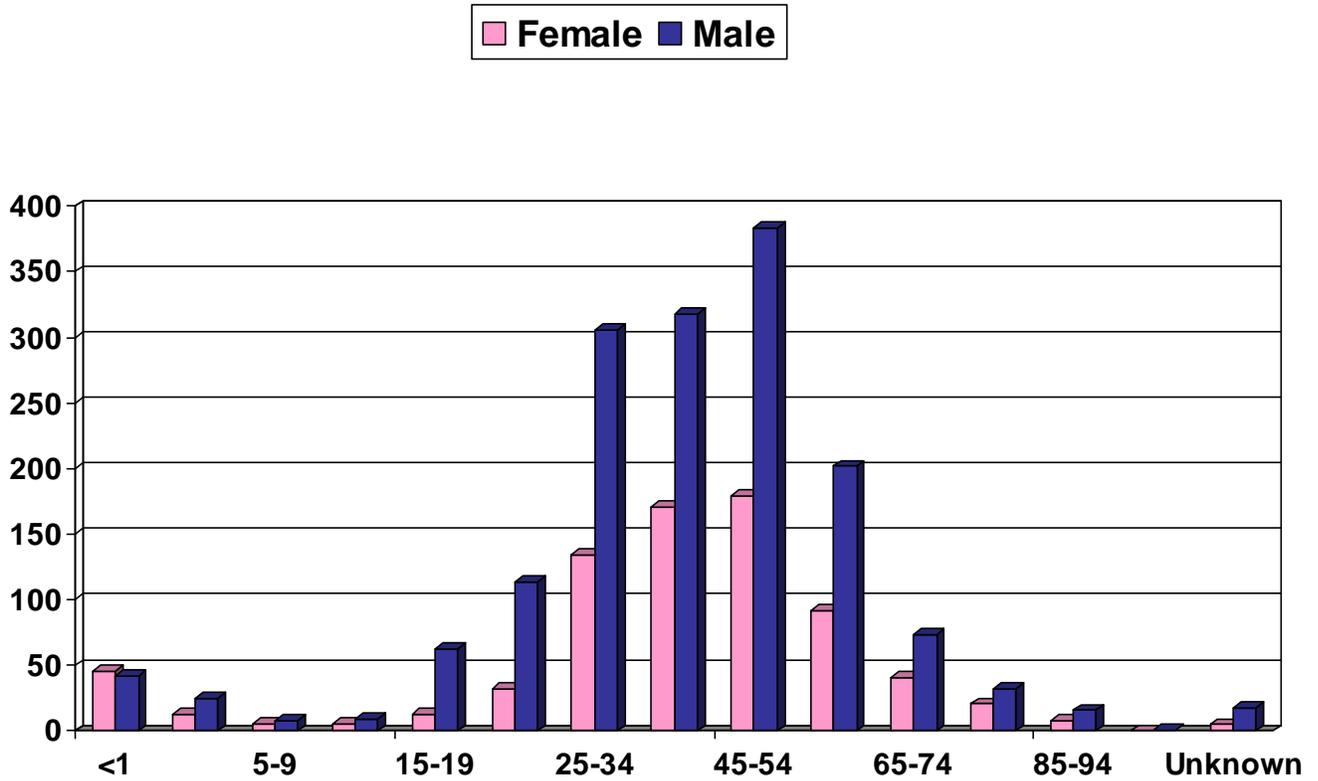
Total Statewide Cases by Month of Autopsy, 2011

Figure 6



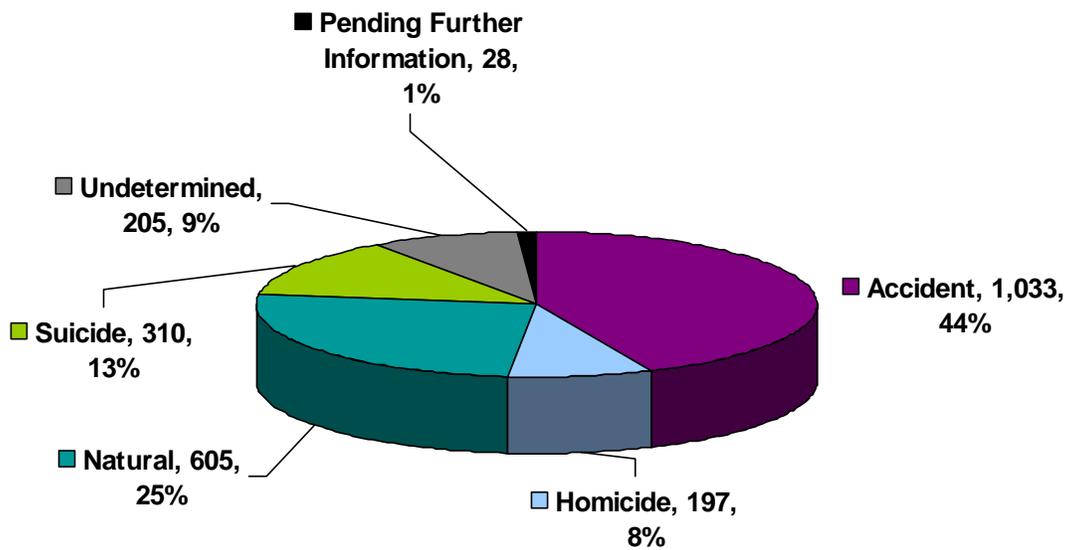
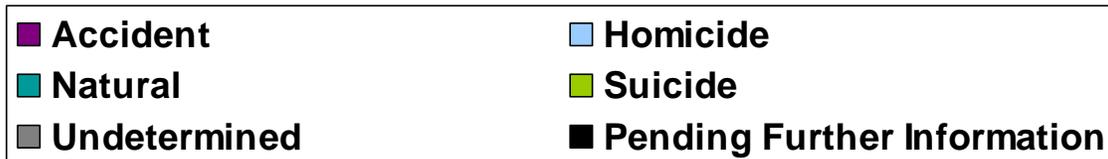
2011 Statewide Cases by Age and Gender

Figure 7



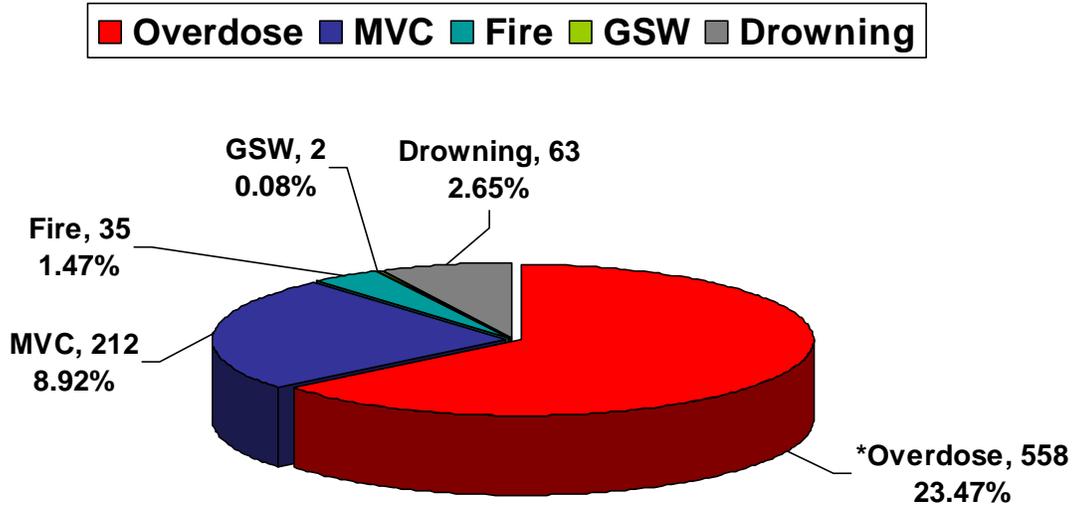
2011 Statewide Cases by Manner of Death

Figure 8



2011 Statewide Accidents by Cause of Death

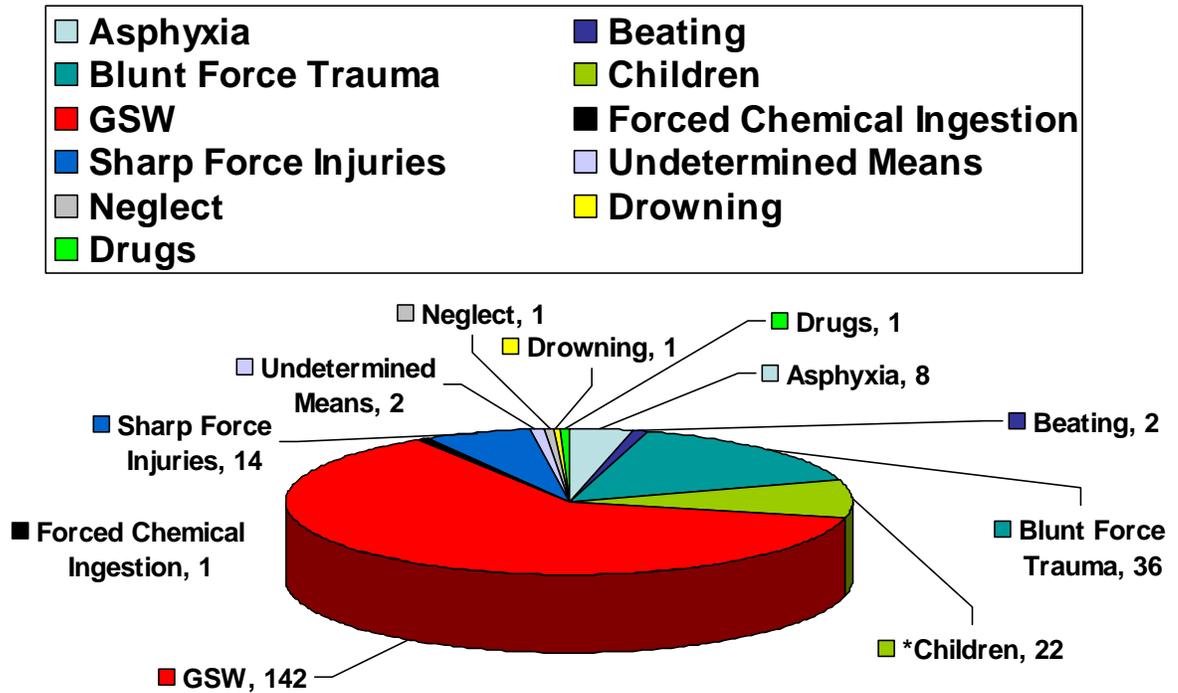
Figure 9



Overdoses with manner of death other than "accident" are not included in above totals

2011 Statewide Homicides by Cause of Death

Figure 10

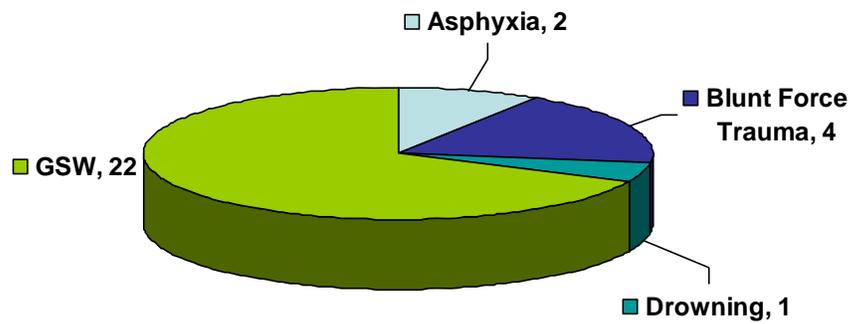


*Children = ages 18 and younger

2011 Statewide Child (Ages 18 and Under)

Homicides by Cause of Death

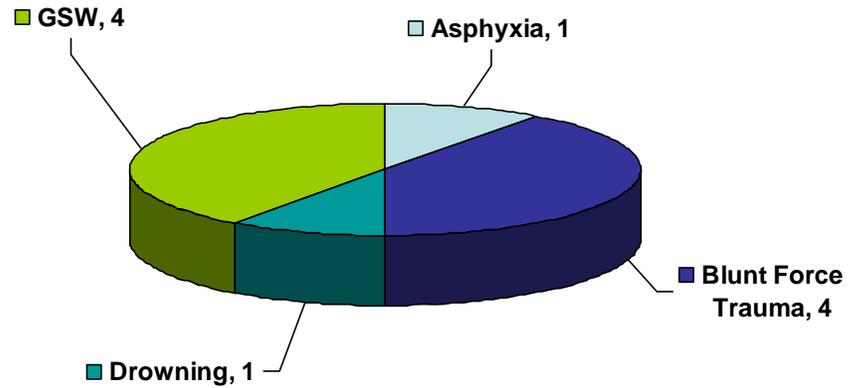
Figure 11



2011 Statewide Child (Ages 12 and Under)

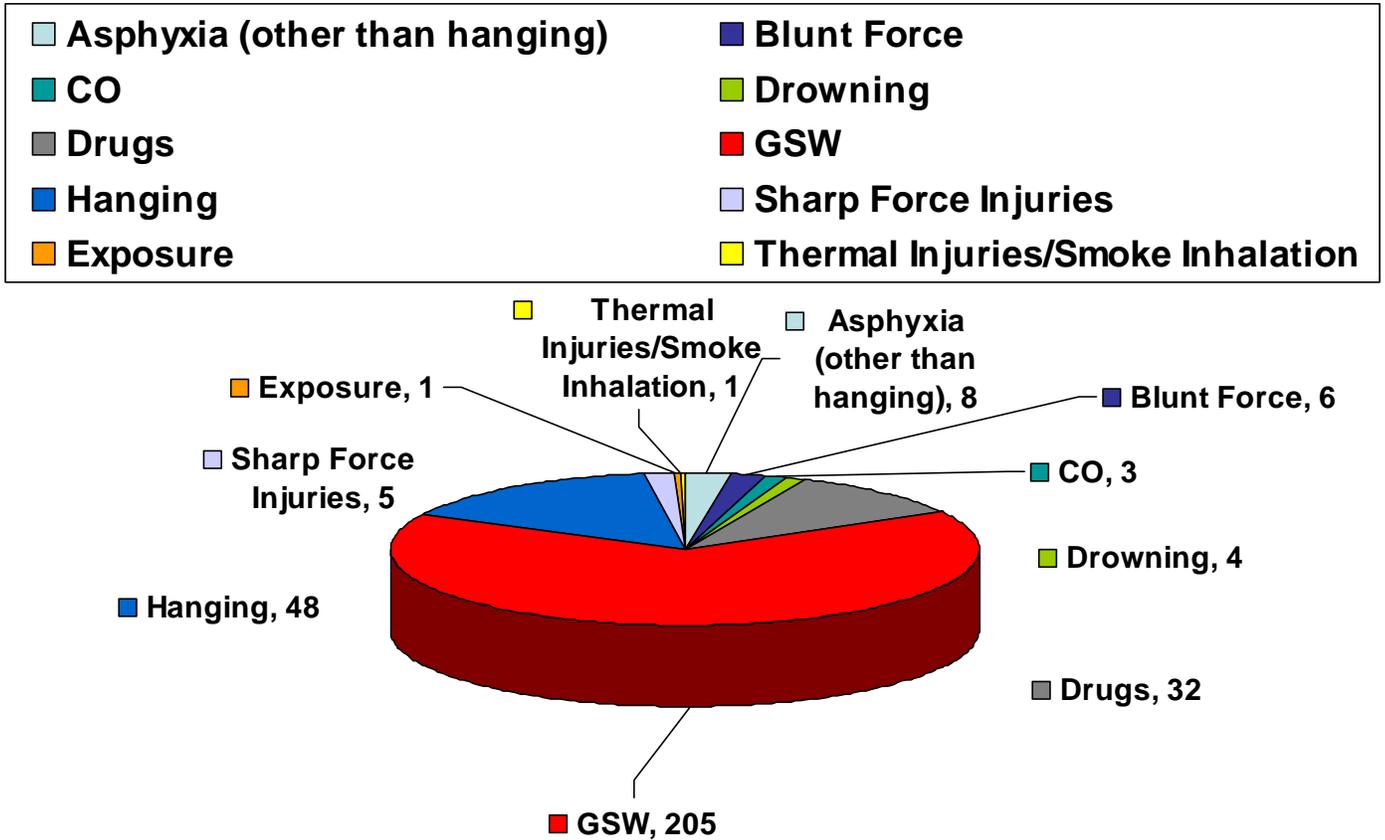
Homicides by Cause of Death

Figure 12



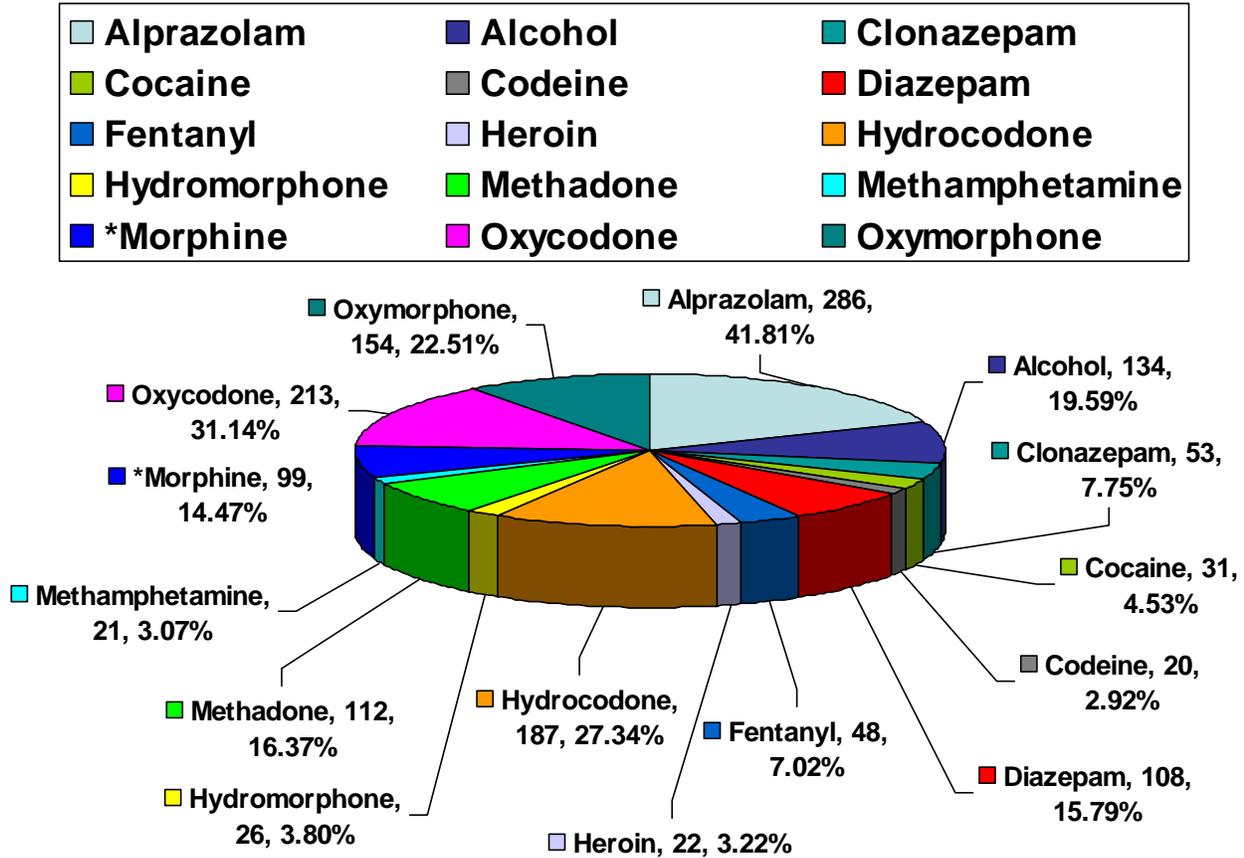
2011 Statewide Suicides by Cause of Death

Figure 13



2011 Statewide Drugs Most Frequently Detected in the Blood of Overdose Victims

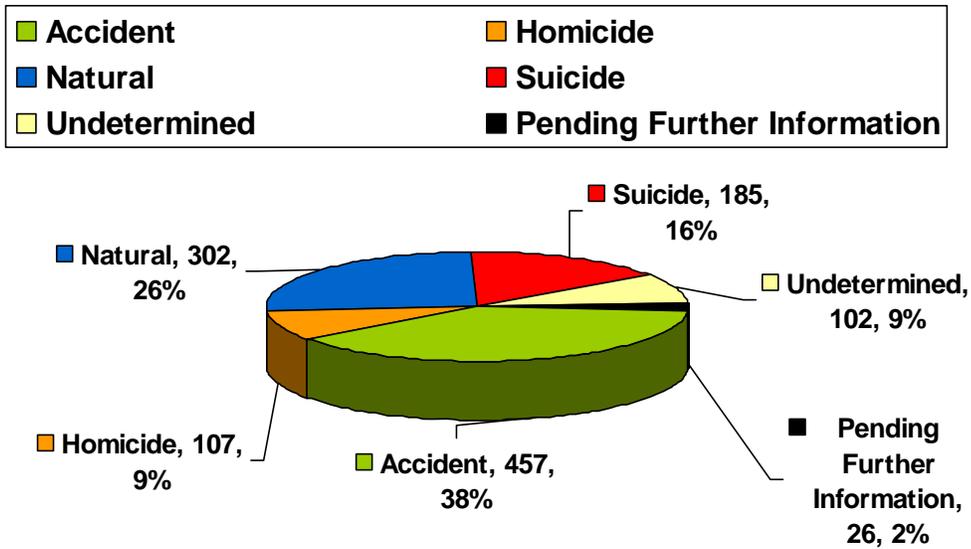
Figure 14



*Morphine represents true drug and/or metabolite of Heroin
 *Total Percentages >100% due to more than 1 drug being present in many decedents
 *Total statewide overdose cases = 684

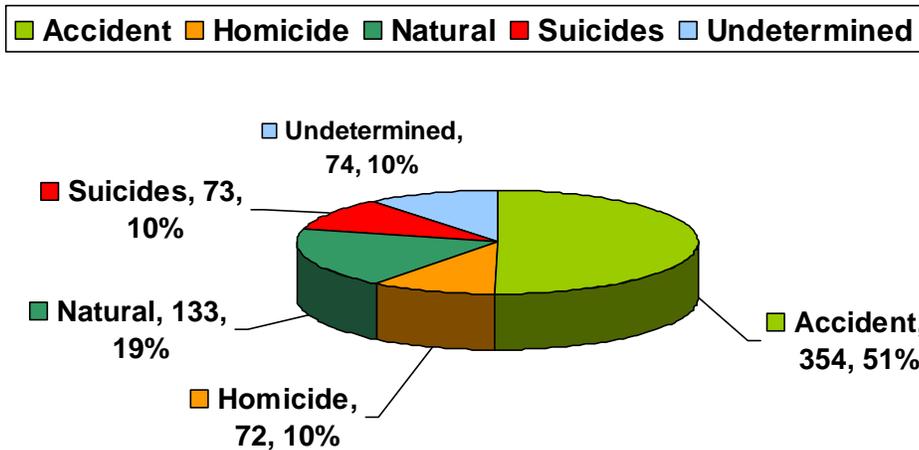
2011 Louisville Cases by Manner of Death

Figure 15

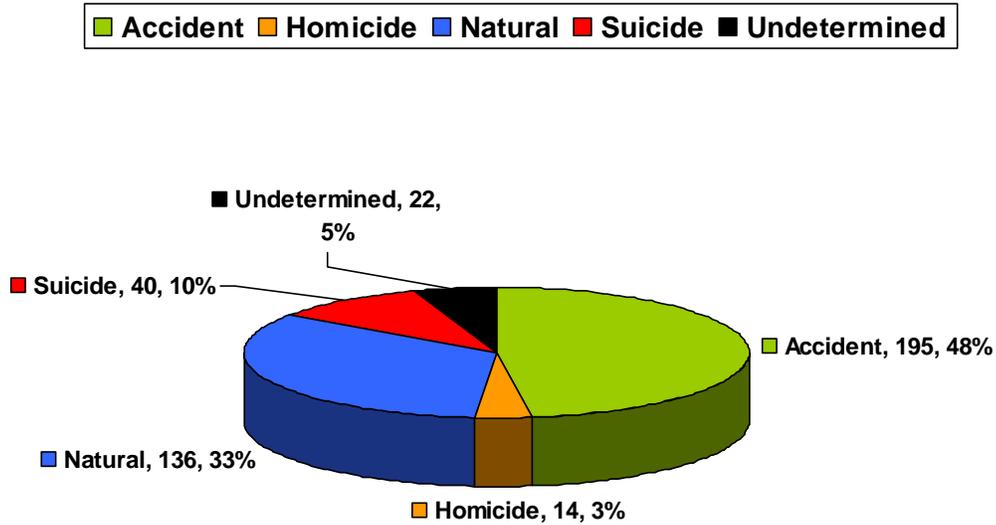


2011 Frankfort Cases by Manner of Death

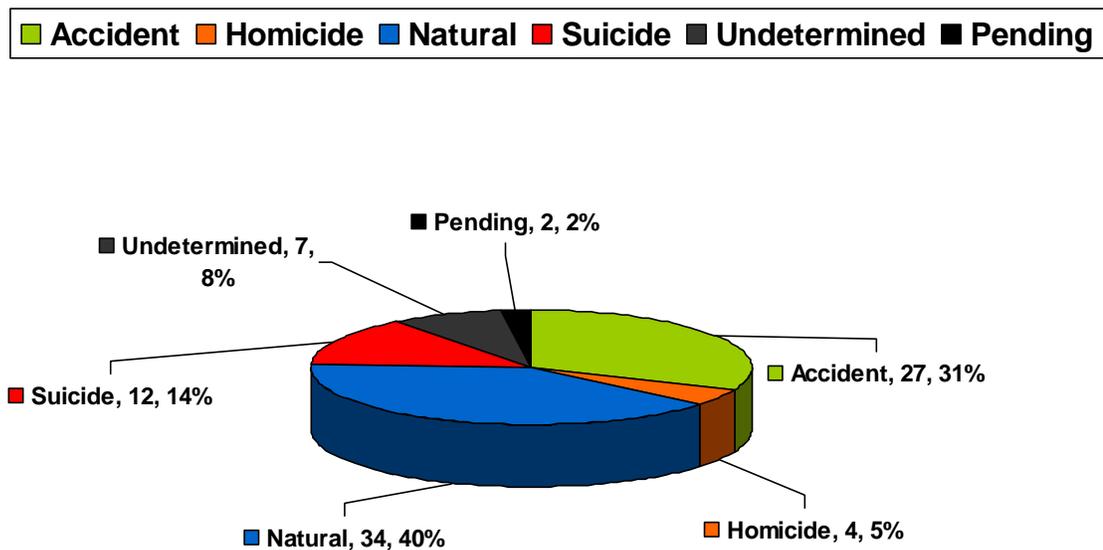
Figure 16



2011 Northern Kentucky Cases by Manner of Death
Figure 17

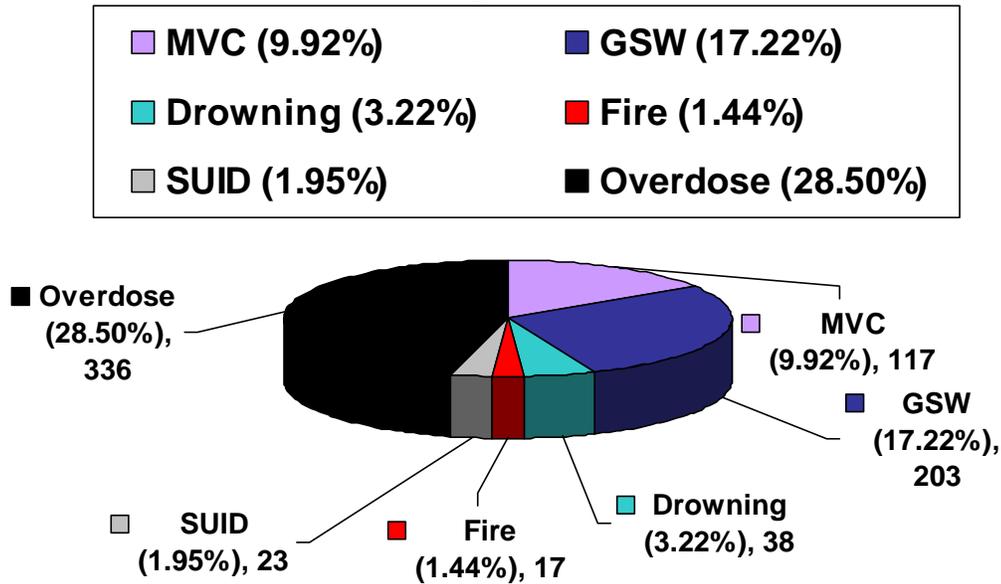


2011 Western Kentucky Cases by Manner of Death
Figure 18



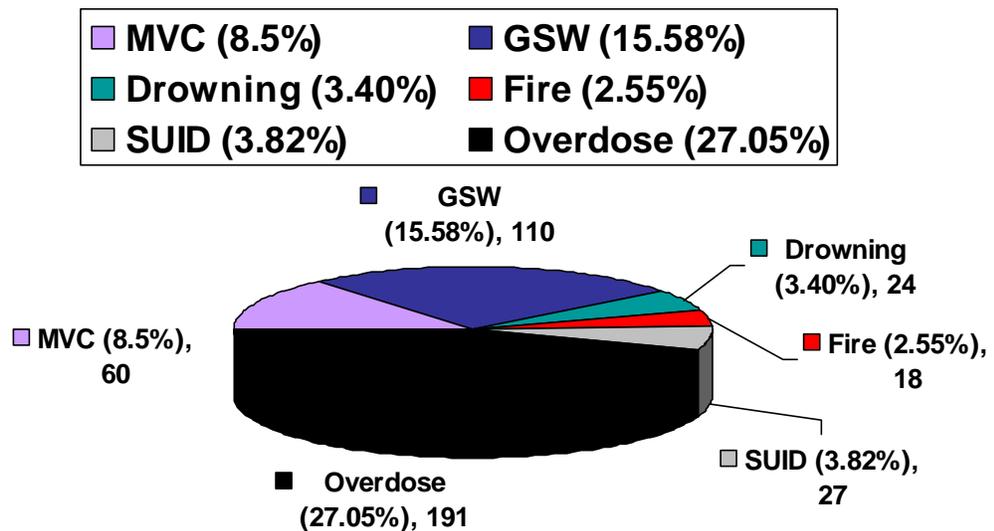
2011 Specific Common Causes of Death: Louisville Cases by Type

Figure 19



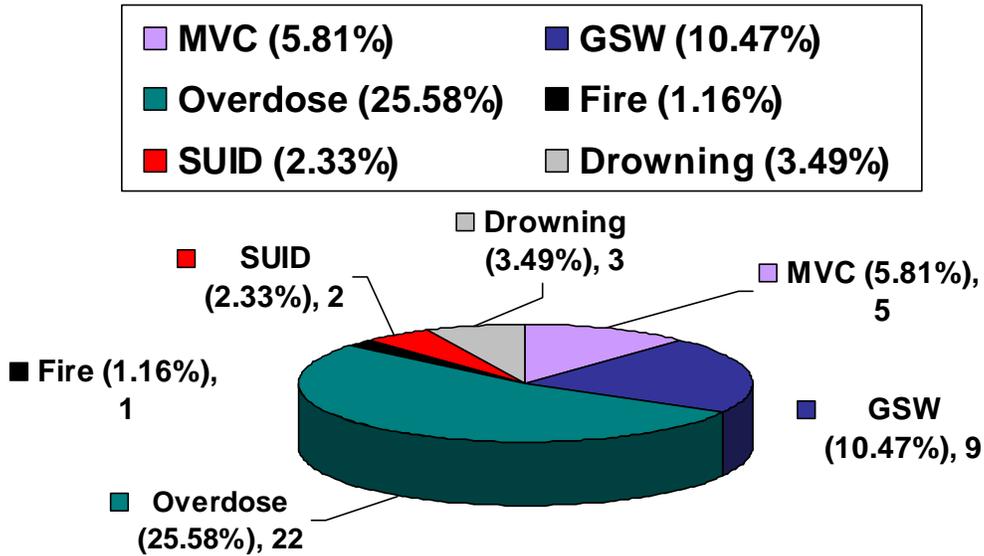
2011 Specific Common Causes of Death: Frankfort Cases by Type

Figure 20



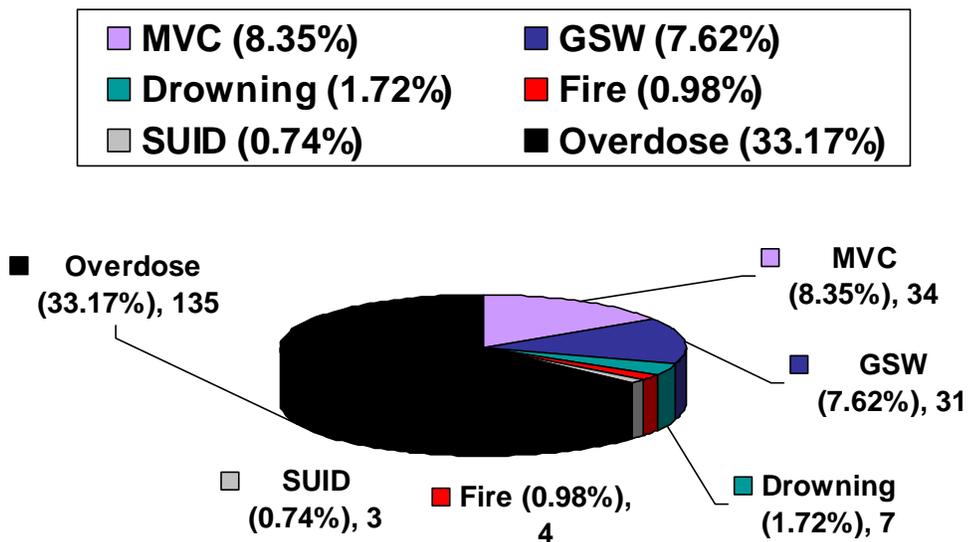
*2011 Specific Common Causes of Death:
 Western Kentucky Cases by Type*

Figure 21



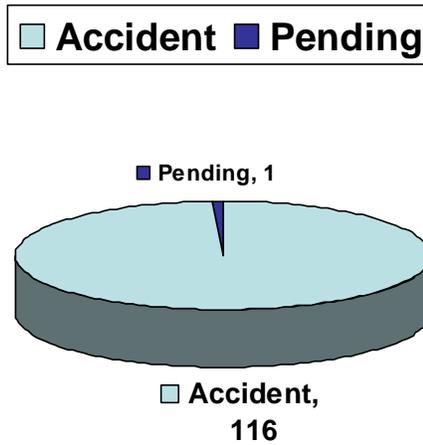
*2011 Specific Common Causes of Death:
 Northern Kentucky Cases by Type*

Figure 22



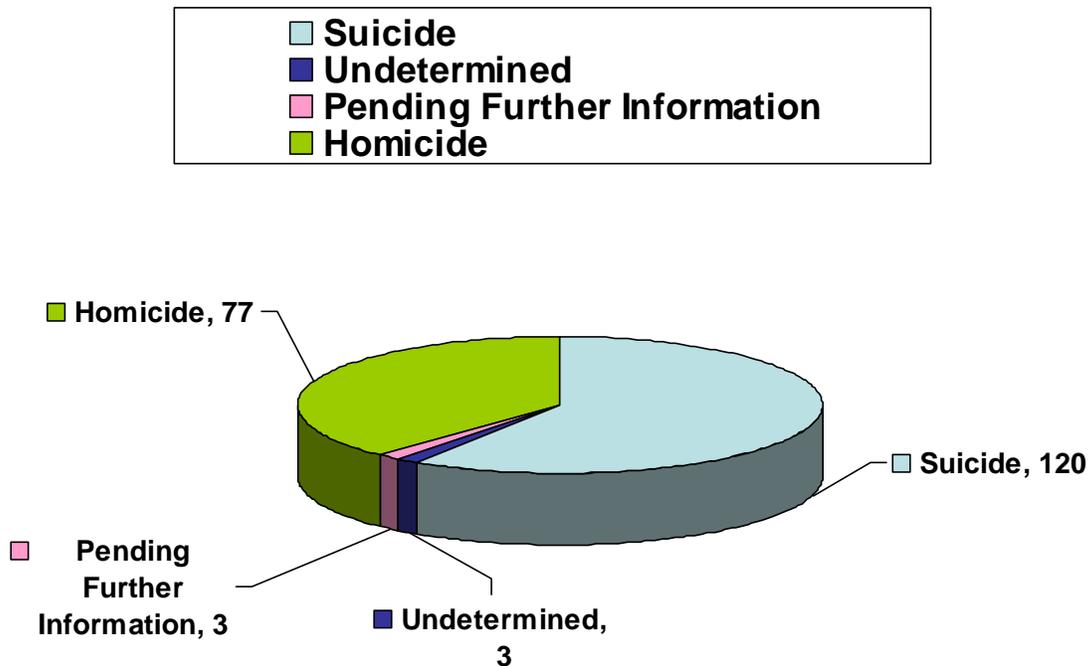
Louisville MVC by Manner of Death

Figure 23



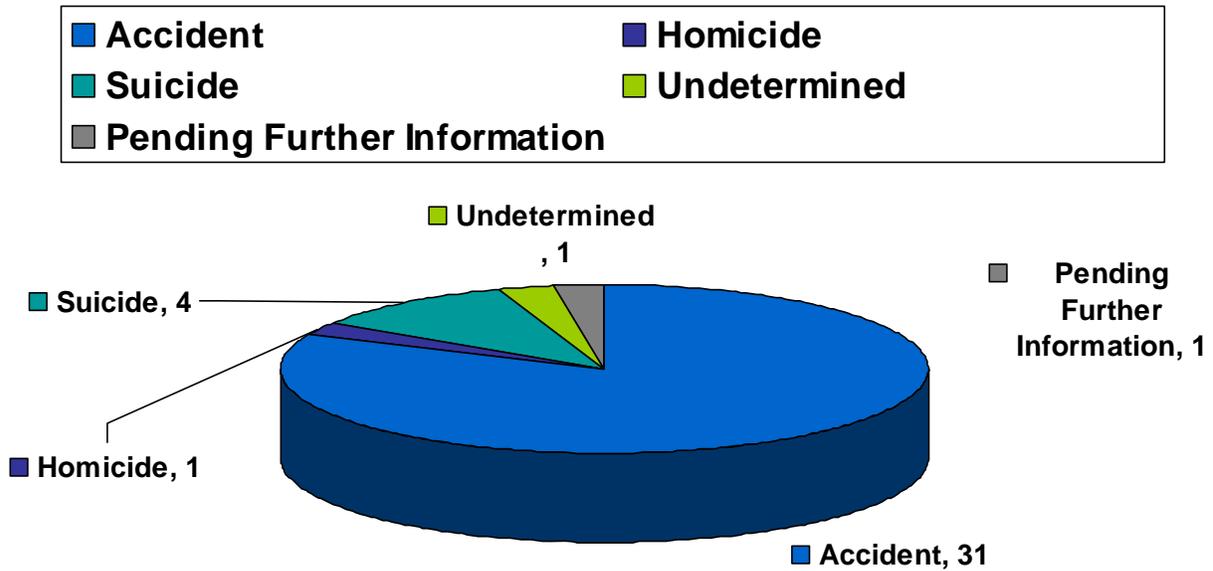
Louisville GSW by Manner of Death

Figure 24



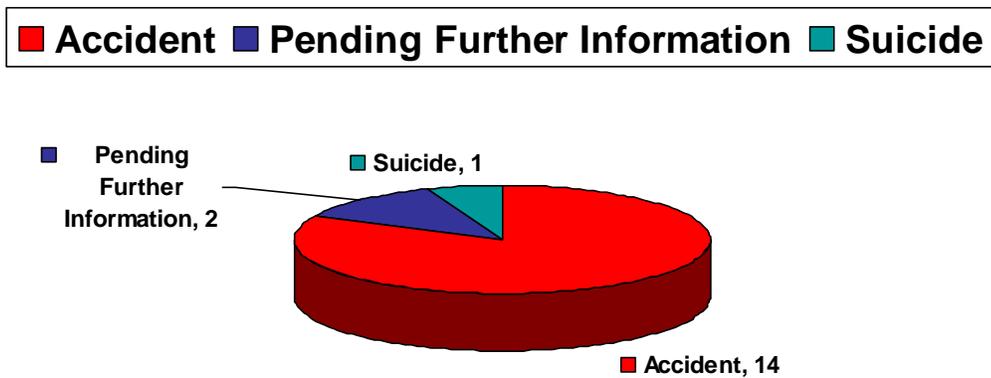
Louisville Drowning by Manner of Death

Figure 25



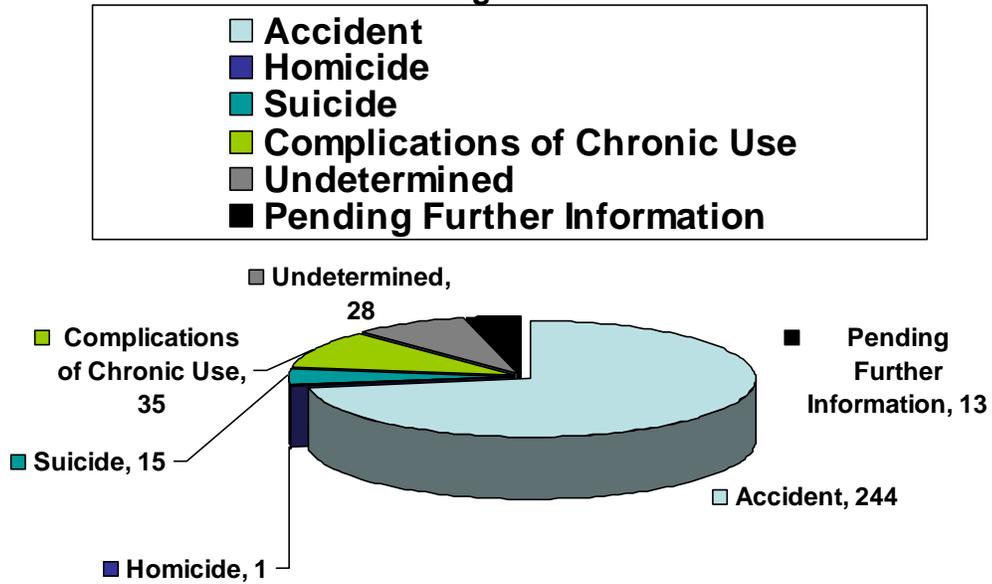
Louisville Fire by Manner of Death

Figure 26



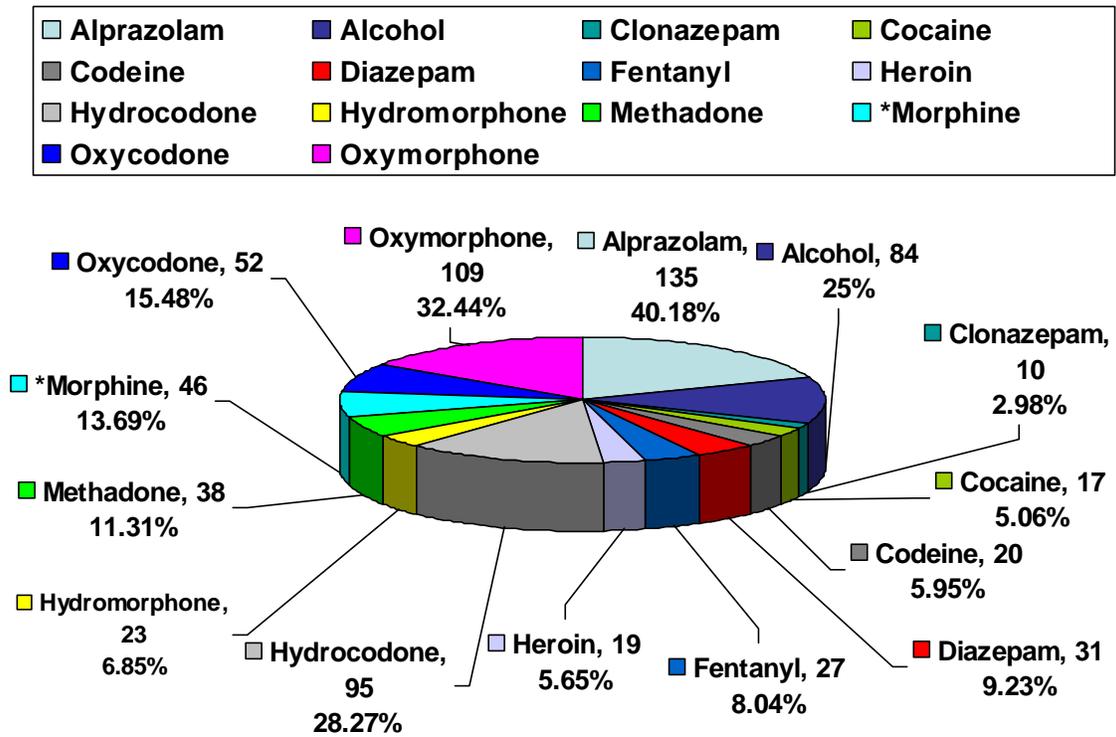
Louisville Overdose by Manner of Death

Figure 27



Louisville Most Frequently Detected Drugs in the Blood of Overdose Victims

Figure 28
 Total Overdoses = 336

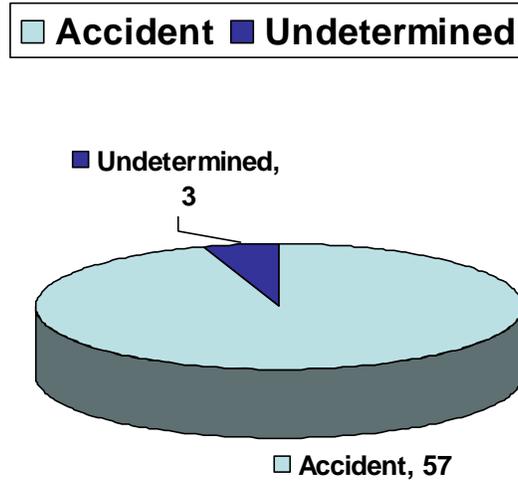


*Morphine represents true drug and/or metabolite of Heroin

*Total Percentages >100% due to more than 1 drug being present in many decedents

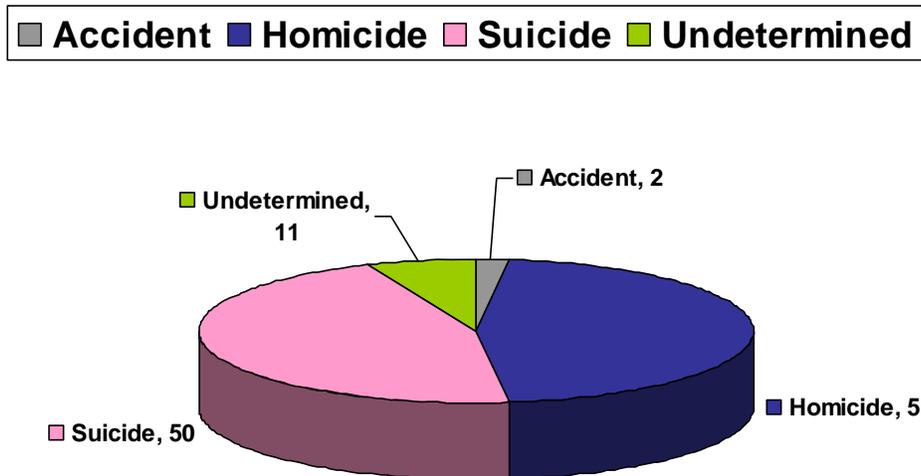
Frankfort MVC by Manner of Death

Figure 29



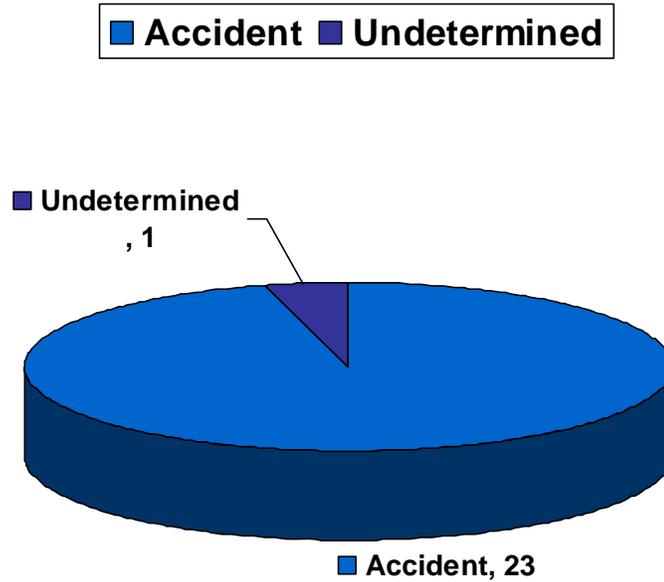
Frankfort GSW by Manner of Death

Figure 30



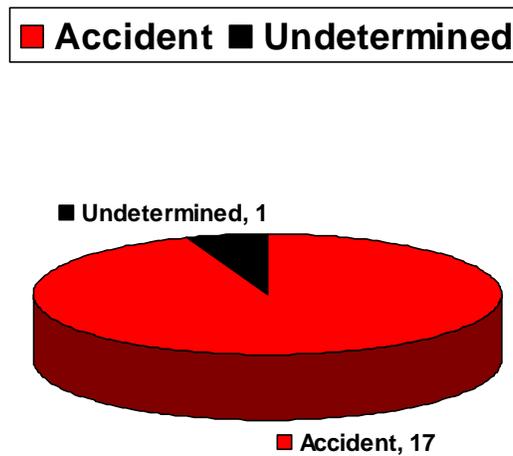
Frankfort Drowning by Manner of Death

Figure 31



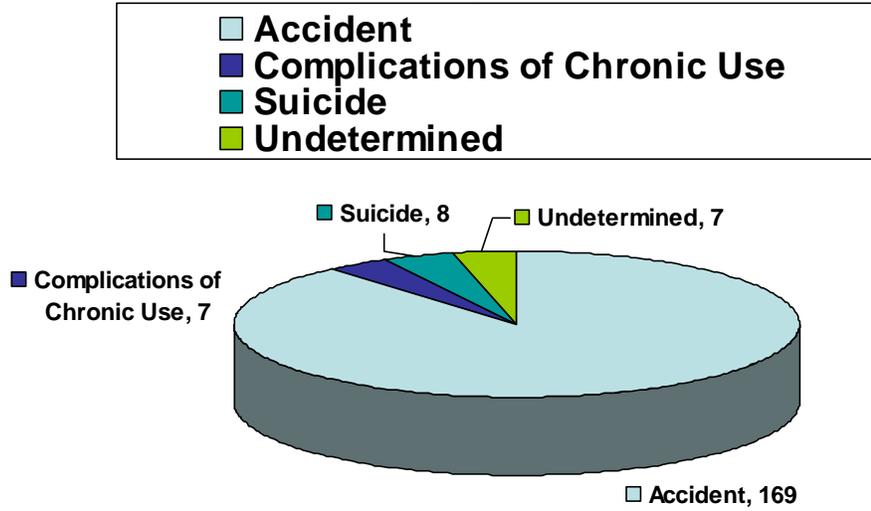
Frankfort Fire by Manner of Death

Figure 32



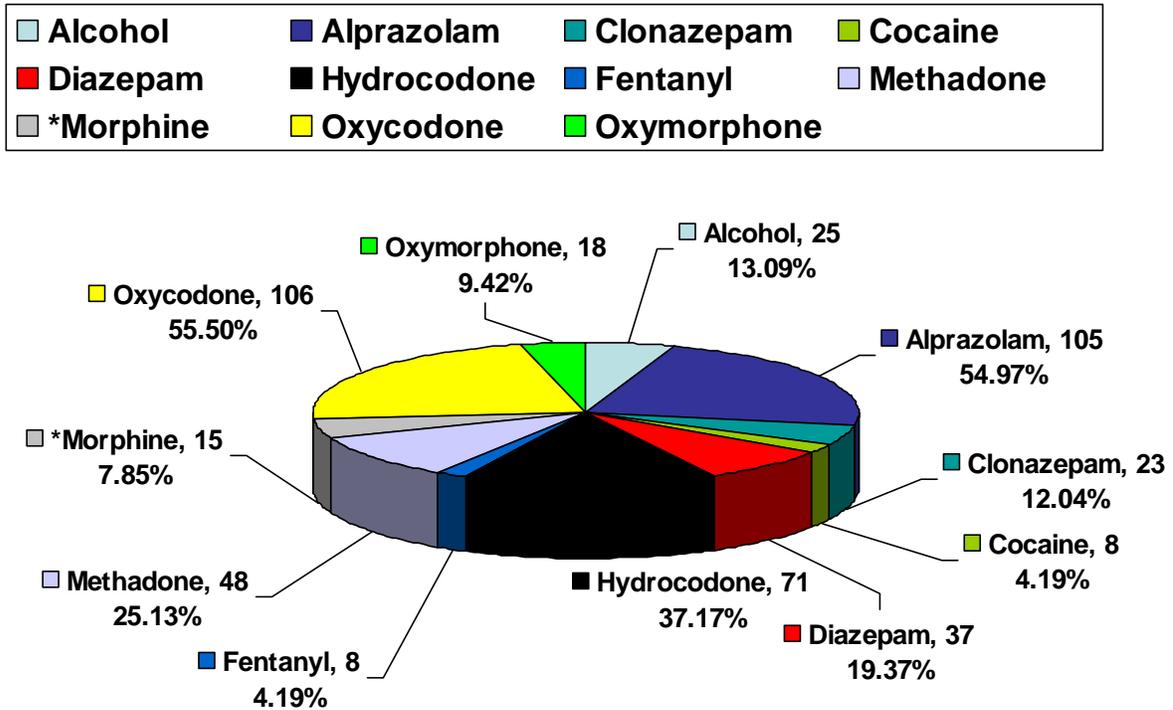
Frankfort Overdose by Manner of Death

Figure 33



Frankfort Most Frequently Detected Drugs in the Blood of Overdose Victims

Figure34
 Total Overdoses = 191



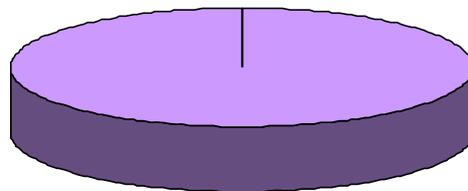
*Morphine represents true drug and/or metabolite of Heroin

*Total Percentages >100% due to more than 1 drug being present in many decedents

Northern Kentucky MVC by Manner of Death

Figure 35

■ Accident

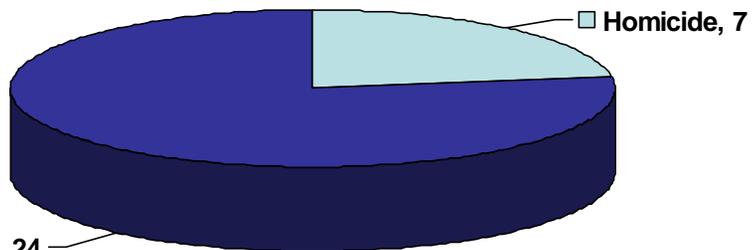


■ Accident, 34

Northern Kentucky GSW by Manner of Death

Figure 36

■ Homicide ■ Suicide



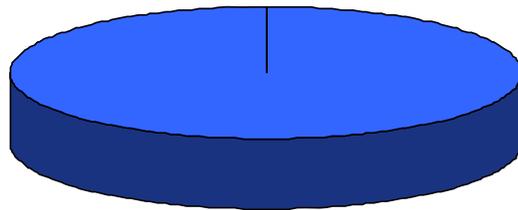
■ Suicide, 24

■ Homicide, 7

Northern Kentucky Drowning by Manner of Death

Figure 37

■ Accident



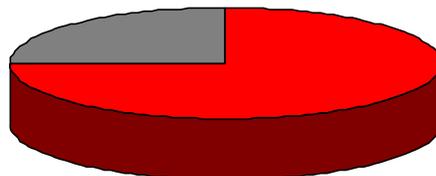
■ Accident, 7

Northern Kentucky Fire by Manner of Death

Figure 38

■ Accident ■ Undetermined

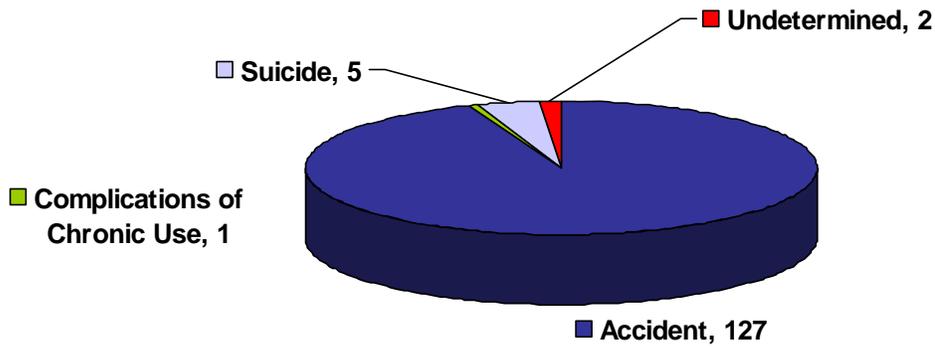
■ Undetermined,
1



■ Accident, 3

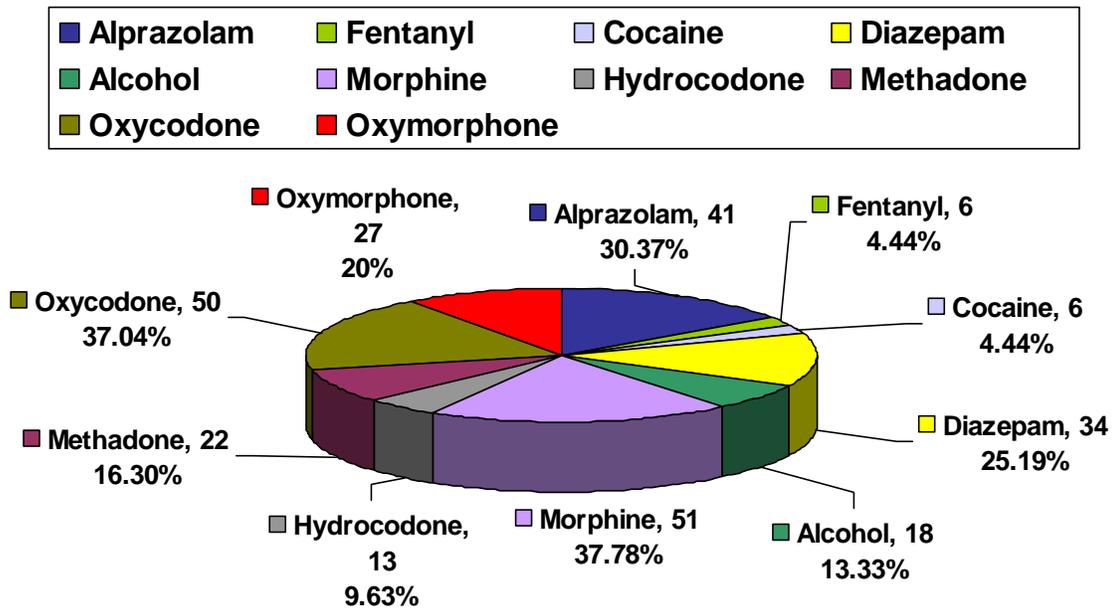
Northern Kentucky Overdose by Manner of Death

Figure 39



Northern Kentucky Most Frequently Detected Drugs in the Blood of Overdose Victims

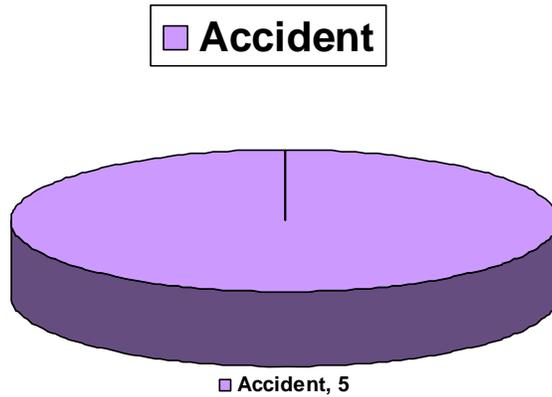
Figure 40
Total = 135



*Morphine represents true drug and/or metabolite of Heroin
 *Total Percentages >100% due to more than 1 drug being present in many decedents

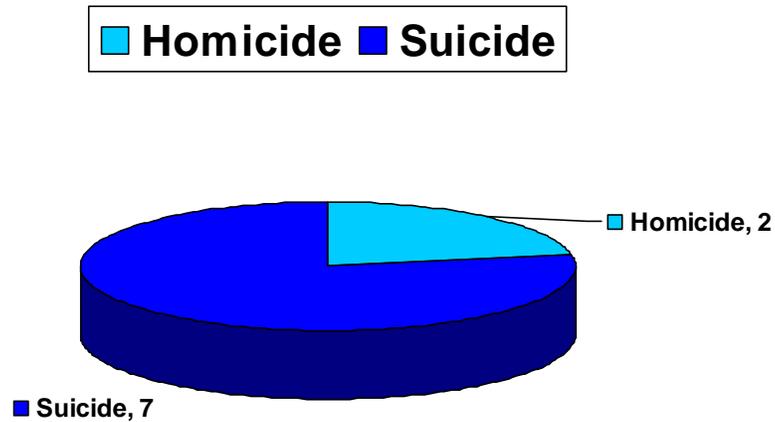
Western Kentucky MVC by Manner of Death

Figure 41

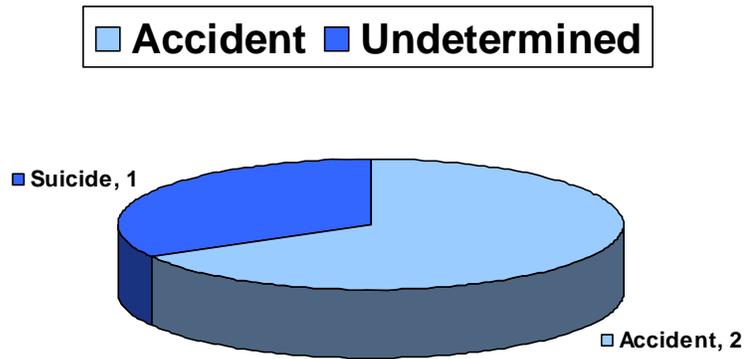


Western Kentucky GSW by Manner of Death

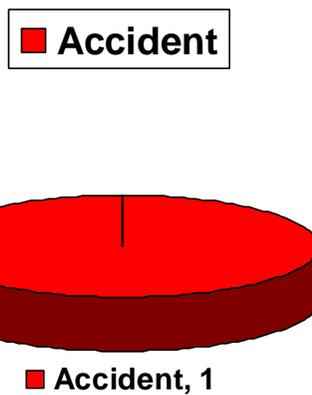
Figure 42



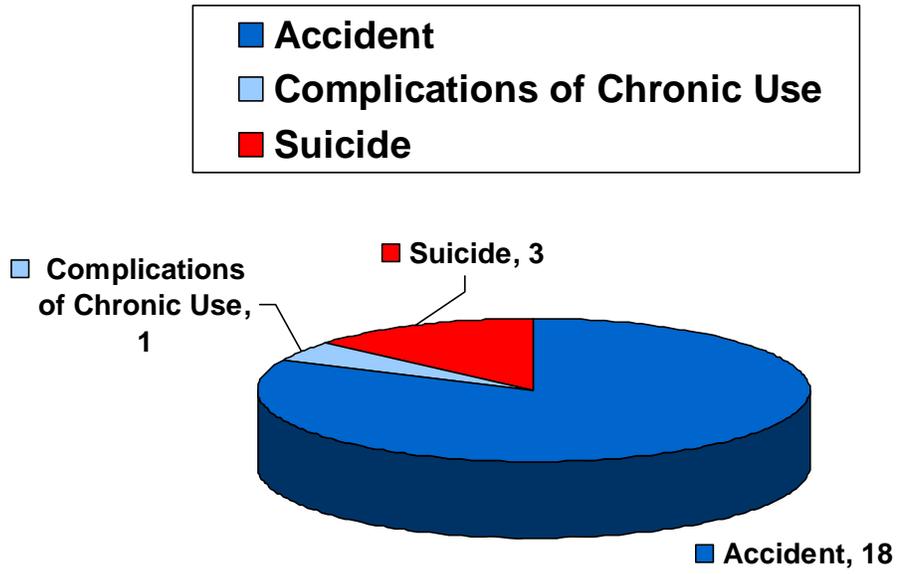
Western Kentucky Drowning by Manner of Death
Figure 43



Western Kentucky Fire by Manner of Death
Figure 44



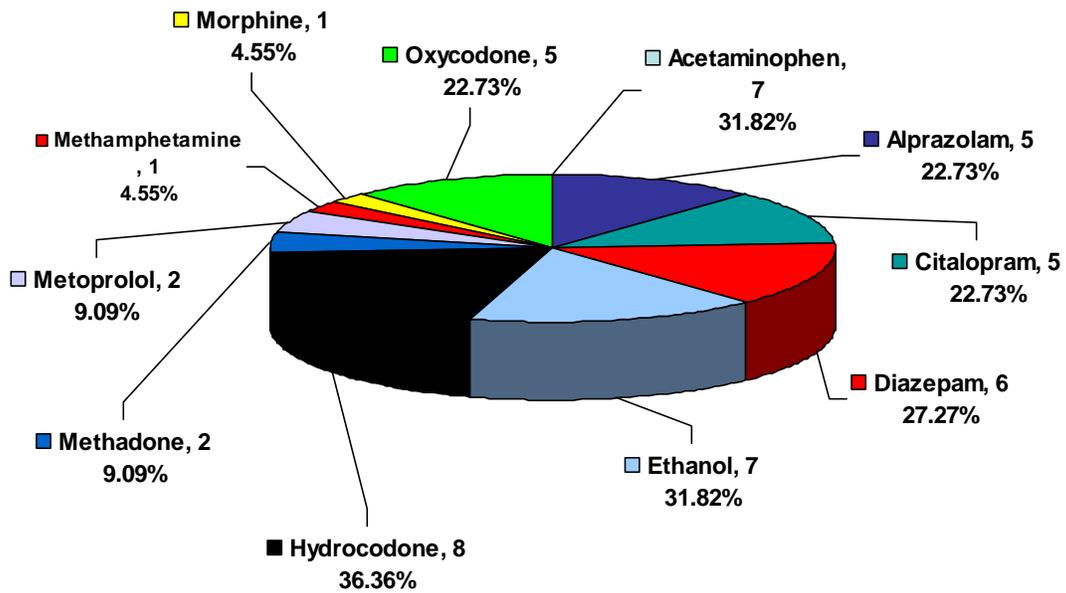
Western Kentucky Overdose by Manner of Death
Figure 45



Western Kentucky Most Frequently Detected Drugs in the Blood of Overdose Victims

Figure 46
Total = 22

Acetaminophen	Alprazolam	Citalopram	Diazepam
Ethanol	Hydrocodone	Methadone	Metoprolol
Methamphetamine	Morphine	Oxycodone	



*Morphine represents true drug and/or metabolite of Heroin
 *Total Percentages >100% due to more than 1 drug being present in many decedents
 *Note: No cases performed at this office after May 2012

Glossary

Accident – The *manner of death* used when, in other than *natural deaths*, there is no evidence of intent. The death occurs as a result of an unforeseen event.

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

Homicide – The *manner of death* in which death results from the intentional harm of one person by another. The medical examiner does not determine whether or not a criminal act has occurred.

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

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

Office of the Medical Examiner - the Office of the Medical Examiner investigates deaths occurring in the state of Kentucky, as authorized by Kentucky's elected coroners. The staff assists Kentucky coroners and law enforcement agencies in all aspects of death investigations by determining the cause and manner of death, identification of the deceased, and collection and interpretation of trace evidence.

Suicide – The *manner of death* in which death results from intentional act by one's self.

Unclassified – Are cases in which Medical Examiner involvement was for purposes other than for determining the *cause and manner* of death—e.g. tissue where no products of conception were identified; exhumation for DNA sampling only.

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

MEDICAL EXAMINER DISTRICTS

The **Office of the Chief Medical Examiner** in Louisville covers the following **CENTRAL** *counties* in Kentucky and Southern IN:

Adair, Allen, Barren, Breckinridge, Bullitt, Butler, Carroll, Casey, Clinton, Cumberland, Edmonson, Grayson, Green, Hancock, Hardin, Hart, Henry, Jefferson, Larue, Marion, Meade, Metcalfe, Monroe, Nelson, Oldham, Russell, Shelby, Simpson, Spencer, Taylor, Trimbell, and Warren.

Southern Indiana counties: Clark, Crawford, Dearborn, Dubois, Floyd, Harrison, Jackson, Jefferson, Ohio, Orange, Perry, Scott, Spencer, Switzerland, Warrick, and Washington.

*Additionally, the OCME provides weekend, holiday, and vacation coverage for the **Western** counties delineated below.

The **Madisonville** office covers the following **WESTERN** *counties*:

Ballard, Caldwell, Calloway, Carlisle, Christian, Crittenden, Daviess, Fulton, Graves, Henderson, Hickman, Hopkins, Livingston, Logan, Lyon, Marshall, McCracken, McLean, Muhlenberg, Ohio, Todd, Trigg, Union, and Webster.

The **Frankfort** office covers the following **EASTERN** *counties*:

Anderson, Bath, Bell, Bourbon, Boyle, Boyd, Breathitt, Carter, Clark, Clay, Elliott, Estill, Fayette, Floyd, Franklin, Garrard, Harlan, Harrison, Jackson, Jessamine, Johnson, Knott, Knox, Laurel, Lawrence, Lee, Leslie, Letcher, Lincoln, Madison, Magoffin, Martin, McCreary, Menifee, Mercer, Montgomery, Morgan, Nicholas, Owsley, Perry, Pike, Powell, Pulaski, Rockcastle, Rowan, Scott, Washington, Wayne, Whitley, Wolf, and Woodford.

The **Northern Kentucky** office covers the following **NORTHERN** *counties*:

Boone, Bracken, Campbell, Fleming, Gallatin, Grant, Greenup, Kenton, Lewis, Mason, Owen, Pendleton, and Robertson.

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