Office of the Medical Examiner
State of Kentucky
Physician/Doctorate Staff

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Chief Medical Examiner

John C. Hunsaker III, MD
Associate Chief Medical Examiner

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Donna Stewart, MD
Amy Burrows-Beckham, MD
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Rameen Starling-Roney, MD

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Victoria Graham, MD

Office of the Medical Examiner Madisonville, KY
DeDe Schluckebier, MD

Office of the Medical Examiner Ft. Thomas, KY
Charles Stephens, MD
Gregory Wanger, MD
Office of the Medical Examiner
2010 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 2,373 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—2010**

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
Summary Highlights

Aforementioned above, the four regional medical examiner offices together performed 2,452 postmortem examinations in 2010. In addition, there were 50 forensic anthropology consults (15 identified: 27 not applicable: 2 unidentified: 19 non-human).

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

Justice and Public Safety Cabinet Secretary
J. Michael Brown
(502)564-7554

Justice and Public Safety Cabinet Deputy Secretary
Charles Geveden
(502)564-7554

Chief Medical Examiner
Tracey S. Corey, MD
(502)852-5587

Frankfort M.E. Office
(502)564-4545

Louisville M.E. Office
(502)852-5587

Madisonville M.E. Office
(270)824-7048

Ft. Thomas M.E. Office
(859)572-3559
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 2010**

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 = 2,452**

<table>
<thead>
<tr>
<th>Manner</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>1,008</td>
<td>41.11%</td>
</tr>
<tr>
<td>Homicides</td>
<td>198</td>
<td>8.08%</td>
</tr>
<tr>
<td>Naturals</td>
<td>664</td>
<td>27.08%</td>
</tr>
<tr>
<td>Suicides</td>
<td>302</td>
<td>12.32%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>229</td>
<td>9.34%</td>
</tr>
<tr>
<td>Unclassified</td>
<td>7</td>
<td>0.29%</td>
</tr>
<tr>
<td>Insufficient Information</td>
<td>20</td>
<td>0.82%</td>
</tr>
<tr>
<td>Pending</td>
<td>24</td>
<td>0.98%</td>
</tr>
<tr>
<td><strong>2,452</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUMMARY OF TOTAL STATEWIDE OVERDOSES UNDERGOING AUTOPSY BY KENTUCKY MEDICAL EXAMINER OFFICES**

<table>
<thead>
<tr>
<th>Manner</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>546</td>
<td>81.01%</td>
</tr>
<tr>
<td>Suicides</td>
<td>42</td>
<td>6.23%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>55</td>
<td>8.16%</td>
</tr>
<tr>
<td>Pending</td>
<td>10</td>
<td>1.48%</td>
</tr>
<tr>
<td>Insufficient Information</td>
<td>3</td>
<td>0.45%</td>
</tr>
<tr>
<td>Complications of Chronic Use</td>
<td>18</td>
<td>2.67%</td>
</tr>
<tr>
<td><strong>674</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Louisville Totals by Specific Fatal Event

<table>
<thead>
<tr>
<th>Fatal Event</th>
<th>Total Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overdoses</strong></td>
<td>267</td>
<td></td>
</tr>
<tr>
<td>Accidental</td>
<td>170</td>
<td>63.67%</td>
</tr>
<tr>
<td>Suicide</td>
<td>30</td>
<td>11.24%</td>
</tr>
<tr>
<td>Complications of Chronic Use</td>
<td>9</td>
<td>3.37%</td>
</tr>
<tr>
<td>Insufficient Information</td>
<td>3</td>
<td>1.12%</td>
</tr>
<tr>
<td>Pending</td>
<td>10</td>
<td>3.75%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>45</td>
<td>16.85%</td>
</tr>
<tr>
<td><strong>MVC</strong></td>
<td>129</td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>128</td>
<td>99.22%</td>
</tr>
<tr>
<td>Pending</td>
<td>1</td>
<td>0.78%</td>
</tr>
<tr>
<td><strong>GSW</strong></td>
<td>153</td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>1</td>
<td>0.65%</td>
</tr>
<tr>
<td>Homicide</td>
<td>53</td>
<td>34.64%</td>
</tr>
<tr>
<td>Suicide</td>
<td>89</td>
<td>58.17%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>6</td>
<td>3.92%</td>
</tr>
<tr>
<td>Pending</td>
<td>4</td>
<td>2.61%</td>
</tr>
<tr>
<td><strong>DROWNING</strong></td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>17</td>
<td>77.27%</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>4.55%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>4</td>
<td>18.18%</td>
</tr>
<tr>
<td><strong>FIRE</strong></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>9</td>
<td>90.00%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1</td>
<td>10.00%</td>
</tr>
<tr>
<td><strong>SUID</strong></td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Undetermined</td>
<td>24</td>
<td>100%</td>
</tr>
<tr>
<td><strong>All other Louisville Accidents</strong></td>
<td>32</td>
<td></td>
</tr>
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</table>
## Frankfort Totals by Specific Fatal Event

<table>
<thead>
<tr>
<th>Fatal Event</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overdoses</strong></td>
<td>216</td>
<td></td>
</tr>
<tr>
<td>Accidental</td>
<td>206</td>
<td>95.37%</td>
</tr>
<tr>
<td>Complications of Chronic Use</td>
<td>5</td>
<td>2.31%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>5</td>
<td>2.31%</td>
</tr>
<tr>
<td><strong>MVC</strong></td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Accidental</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td><strong>GSW</strong></td>
<td>103</td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>2</td>
<td>1.94%</td>
</tr>
<tr>
<td>Homicide</td>
<td>57</td>
<td>55.34%</td>
</tr>
<tr>
<td>Suicide</td>
<td>42</td>
<td>40.78%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>2</td>
<td>1.94%</td>
</tr>
<tr>
<td><strong>Drowning</strong></td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Accidental</td>
<td>16</td>
<td>84.21%</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>5.26%</td>
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<tr>
<td>Undetermined</td>
<td>2</td>
<td>10.53%</td>
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<tr>
<td><strong>Fire</strong></td>
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</tr>
<tr>
<td>Accidental</td>
<td>21</td>
<td>95.45%</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>4.55%</td>
</tr>
<tr>
<td><strong>SUID</strong></td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Undetermined</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td><strong>All other FFT Accidents</strong></td>
<td>49</td>
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</table>
## NKY Totals by Specific Fatal Event

<table>
<thead>
<tr>
<th>Fatal Event</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overdoses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accidental</td>
<td>142</td>
<td>94.04%</td>
</tr>
<tr>
<td>Complications of Chronic Use</td>
<td>2</td>
<td>1.32%</td>
</tr>
<tr>
<td>Suicide</td>
<td>6</td>
<td>3.97%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1</td>
<td>0.66%</td>
</tr>
<tr>
<td><strong>MVC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accidental</td>
<td>41</td>
<td>97.62%</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>2.38%</td>
</tr>
<tr>
<td><strong>GSW</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>1</td>
<td>3.45%</td>
</tr>
<tr>
<td>Homicide</td>
<td>3</td>
<td>10.34%</td>
</tr>
<tr>
<td>Suicide</td>
<td>25</td>
<td>86.21%</td>
</tr>
<tr>
<td><strong>Drowning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>2</td>
<td>66.67%</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>33.33%</td>
</tr>
<tr>
<td><strong>Fire</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td><strong>SUID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undetermined</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td><strong>All other NKY Accidents</strong></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Fatal Event</td>
<td>Total</td>
<td>Percentage</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Overdoses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accidental</td>
<td>28</td>
<td>66.67%</td>
</tr>
<tr>
<td>Complications of Chronic Use</td>
<td>4</td>
<td>9.52%</td>
</tr>
<tr>
<td>Suicide</td>
<td>6</td>
<td>14.29%</td>
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<tr>
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<td>4</td>
<td>9.52%</td>
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<td><strong>MVC</strong></td>
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<tr>
<td>Accidental</td>
<td>30</td>
<td>96.77%</td>
</tr>
<tr>
<td>Suicide</td>
<td>1</td>
<td>3.23%</td>
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<tr>
<td><strong>GSW</strong></td>
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<tr>
<td>Homicide</td>
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<td>33.33%</td>
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<tr>
<td>Suicide</td>
<td>16</td>
<td>66.67%</td>
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<tr>
<td><strong>Drowning</strong></td>
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<tr>
<td>Accident</td>
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<td>87.50%</td>
</tr>
<tr>
<td>Suicide</td>
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<td>12.50%</td>
</tr>
<tr>
<td><strong>Fire</strong></td>
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</tr>
<tr>
<td>Accident</td>
<td>6</td>
<td>75.00%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>2</td>
<td>25.00%</td>
</tr>
<tr>
<td><strong>SUID</strong></td>
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<td></td>
</tr>
<tr>
<td>Undetermined</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td><strong>All other WKY Accidents</strong></td>
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</table>
Total Statewide Cases Sent for Autopsy
by
Locality of Death, 2010

Figure 2

<table>
<thead>
<tr>
<th>Color</th>
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<tr>
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<tr>
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<tr>
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Total Statewide Overdoses Sent for Autopsy
by
Locality of Death, 2010

Figure 3

<table>
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<td>YELLOW</td>
<td>51-100</td>
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<tr>
<td>GREEN</td>
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</tbody>
</table>

*130 is Highest*
Total Statewide Cases by Year of Autopsy 2000-2010

Figure 4
Total Statewide Cases by Month of Autopsy, 2010

Figure 5
2010 Statewide Cases by Age and Gender

Figure 6

Female
Male
2010 Statewide Autopsy Examinations
Figure 7

2010 Statewide Cases by Manner of Death
Figure 8
2010 Statewide Accidents by Cause of Death

Figure 9

2010 Statewide Accidents by Cause of Death

- Overdose: 546
- MVC: 249
- Fire: 41
- GSW: 4
- Drowning: 49
2010 Statewide Homicides by Cause of Death

*Children = ages 18 and younger
2010 Statewide Suicides by Cause of Death

Figure 11

- Asphyxia via Plastic Bag
- CO
- Drugs
- Blunt Force
- GSW
- Hanging
- Sharp Force Injuries
- Drowning

- GSW, 156
- Drugs, 40
- Drowning, 5
- CO, 3
- Blunt Force, 8
- Asphyxia via Plastic Bag, 1
- Sharp Force Injuries, 3
- Hanging, 66
2010 Statewide Drugs Most Frequently Detected in the Blood of Overdose Victims

Figure 12

*Morphine represents true drug and/or metabolite of Heroin
2010 Louisville Cases by Manner of Death

Figure 13

2010 Frankfort Cases by Manner of Death

Figure 14
2010 Northern Kentucky Cases by Manner of Death

Figure 15

2010 Western Kentucky Cases by Manner of Death

Figure 16
2010 Specific Common Causes of Death:
Louisville Cases by Type

Figure 17

- Overdose (25.60%), 257
- MVC (12.75%), 128
- GSW (15.14%), 152
- Drowning (2.19%), 22
- Fire (1.00%), 10
- SUID (2.39%), 24

2010 Specific Common Causes of Death: Frankfort Cases by Type

Figure 18

- Overdose (29.96%), 216
- MVC (6.93%), 50
- GSW (14.29%), 103
- Drowning (2.64%), 19
- Fire (3.05%), 22
- SUID (5.55%), 40
- Overdose (29.96%), 216
2010 Specific Common Causes of Death:

Western Kentucky Cases by Type

Figure 19

- MVC (11.92%)
- GSW (9.23%)
- Drowning (6.15%)
- Overdose (16.15%)
- Fire (3.08%)
- SUID (2.31%)

2010 Specific Common Causes of Death:

Northern Kentucky Cases by Type

Figure 20

- MVC (9.46%)
- GSW (6.53%)
- Drowning (0.68%)
- Fire (1.13%)
- SUID (0.45%)
- Overdose (34.01%)
Louisville MVC by Manner of Death

Figure 21

- Accident: 128
- Pending: 1

Louisville GSW by Manner of Death

Figure 22

- Accident: 1
- Suicide: 89
- Homicide: 53
- Undetermined: 6
- Insufficient information/Pending: 3
**Louisville Drowning by Manner of Death**

Figure 23

- **Accident**: 17
- **Suicide**: 1
- **Undetermined**: 1

**Louisville Fire by Manner of Death**

Figure 24

- **Accident**: 9
- **Undetermined**: 1
Louisville Overdose by Manner of Death

Figure 25

- Accident, 170
- Suicide, 30
- Complications of Chronic Use, 9
- Undetermined, 45
- Insufficient Information, 3
- Pending, 10
- Insufficient Information, 3

Louisville Most Frequently Detected Drugs in the Blood of Overdose Victims

Figure 26

- Alprazolam, 84
- Alcohol, 31
- Clonazepam, 12
- Fentanyl, 18
- Methadone, 55
- Hydrocodone, 67
- Oxycodone, 56
- Oxymorphone, 21
- *Morphine, 62
- Codeine, 9
- Cocaine, 10
- Diazepam, 26

*Morphine represents true drug and/or metabolite of Heroin
Frankfort Drowning by Manner of Death

Figure 27

Frankfort Fire by Manner of Death

Figure 28
Frankfort GSW by Manner of Death
Figure 29

- Homicide: 57
- Suicide: 42
- Accident: 2
- Undetermined: 11

Frankfort MVC by Manner of Death
Figure 30

- Accident: 50
Frankfort Overdose by Manner of Death

Figure 31

- Accident: 206
- Complications of Chronic Use: 5
- Undetermined: 5

Frankfort Most Frequently Detected Drugs in the Blood of Overdose Victims

Figure 32

- Alcohol: 21
- Alprazolam: 136
- Clonazepam: 6
- Cocaine: 6
- Diazepam: 30
- Hydrocodone: 64
- Fentanyl: 9
- Methadone: 32
- Oxycodone: 125
- *Morphine: 15

*Morphine represents true drug and/or metabolite of Heroin
Northern Kentucky MVC by Manner of Death

Figure 33

- Accident: 41
- Suicide: 1

Northern Kentucky GSW by Manner of Death

Figure 34

- Accident: 1
- Homicide: 3
- Suicide: 25
Northern Kentucky Drowning by Manner of Death
Figure 35

Northern Kentucky Fire by Manner of Death
Figure 36
Northern Kentucky Overdose by Manner of Death
Figure 37

<table>
<thead>
<tr>
<th>Death Manner</th>
<th>Number</th>
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<tbody>
<tr>
<td>Accident</td>
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</tr>
<tr>
<td>Suicide</td>
<td>6</td>
</tr>
<tr>
<td>Complications of Chronic Use</td>
<td>2</td>
</tr>
<tr>
<td>Undetermined</td>
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</table>

Northern Kentucky Most Frequently Detected Drugs in the Blood of Overdose Victims
Figure 38

<table>
<thead>
<tr>
<th>Drug</th>
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<tbody>
<tr>
<td>Oxycodone</td>
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<tr>
<td>Methadone</td>
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</tr>
<tr>
<td>Hydrocodone</td>
<td>7</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>7</td>
</tr>
<tr>
<td>Cocaine</td>
<td>8</td>
</tr>
<tr>
<td>Diazepam</td>
<td>21</td>
</tr>
<tr>
<td>Alcohol</td>
<td>25</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>17</td>
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<tr>
<td>&quot;Morphine&quot;</td>
<td>31</td>
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</tbody>
</table>

*"Morphine represents true drug and/or metabolite of Heroin*
Western Kentucky MVC by Manner of Death
Figure 39

Accident, 30
Suicide, 1

Western Kentucky GSW by Manner of Death
Figure 40

Suicide, 16
Homicide, 8
Western Kentucky Drowning by Manner of Death

Figure 41

Accident: 14
Suicide: 1

Western Kentucky Fire by Manner of Death

Figure 42

Accident: 6
 Undetermined: 2

Western Kentucky Overdose by Manner of Death

Figure 43

- Accident: 28
- Suicide: 6
- Complications of Chronic Use: 2
- Undetermined: 5

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

Figure 44

- Alcohol: 8
- Alprazolam: 13
- Diazepam: 6
- Hydrocodone: 15
- Methadone: 7
- Oxycodone: 9
- *Morphine: 8
- Acetaminophen: 7

*Morphine represents true drug and/or metabolite of Heroin
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,

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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Fax: (270) 824-7092