



# Office of the Medical Examiner 2015 Calendar Year Annual Report

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**Office of the Medical Examiner  
State of Kentucky  
2015 Physician/Doctorate Staff**

**Tracey S. Corey, MD**  
*Chief Medical Examiner*

**John C. Hunsaker III, MD**  
*Associate Chief Medical Examiner*

**Office of the Chief Medical Examiner (OCME) Louisville, KY**

**Tracey S. Corey, MD (Through December 31, 2015)**

**Donna Stewart, MD**

**Amy Burrows-Beckham, MD**

**Darius Arabadjief, MD**

**Jeffrey Springer, MD**

**Randall Falls, DO (Beginning July 1<sup>st</sup>, 2015)**

**Office of the Associate Chief Medical Examiner (OACME) Frankfort, KY**

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**Meredith Frame, MD**

**William Ralston, MD**

**Western Kentucky Medical Examiner's Office (WKY) Madisonville, KY**

**This office was covered by the OCME Office for all of 2015**

**Northern Kentucky Medical Examiner's Office (NKY) Ft. Thomas, KY**

**Ashton Ennis, MD (June 27<sup>th</sup>, 2015)**

**Michael Belenky, MD**

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# Overview

## 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 determination of 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 2,776 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—2015

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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

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### ***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



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## *Kentucky's Combined Coroner-Medical Examiner System*

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1. The coroner determines whether the case becomes a medical examiner case.
2. "Post-mortem examination" as discussed in KRS 72, is not defined as an autopsy. Not all circumstances defined by KRS 72.025 will be referred to the State Medical Examiners System, rather they will be investigated solely by the Coroner.
3. 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.
4. 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.
5. In any case undergoing examination by a Kentucky ME, the ME performing the examination renders an official opinion regarding both cause and manner of death.

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### *Statutory Duty*

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#### *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.

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### *Summary Highlights*

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Kentucky has 4 regional medical examiner offices throughout the Commonwealth:

- 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

These four regional medical examiner offices (OCME, OACME, WKME and NKME) together performed 2,776 postmortem examinations in 2015.

The Western Kentucky Regional Medical Examiners Office was not fully staffed throughout 2015. The office accepted cases only a few days a month. All other days, cases were sent to the Office of the Chief Medical Examiner in Louisville for examination.

## 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. Furthermore, the OACME plays an active role in the University of Kentucky, Department of Pathology.

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### *Forensic Pathologist Fellowship Program*

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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. An attending pathologist always co-signs the final autopsy report with the trainee.

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### *Accreditations*

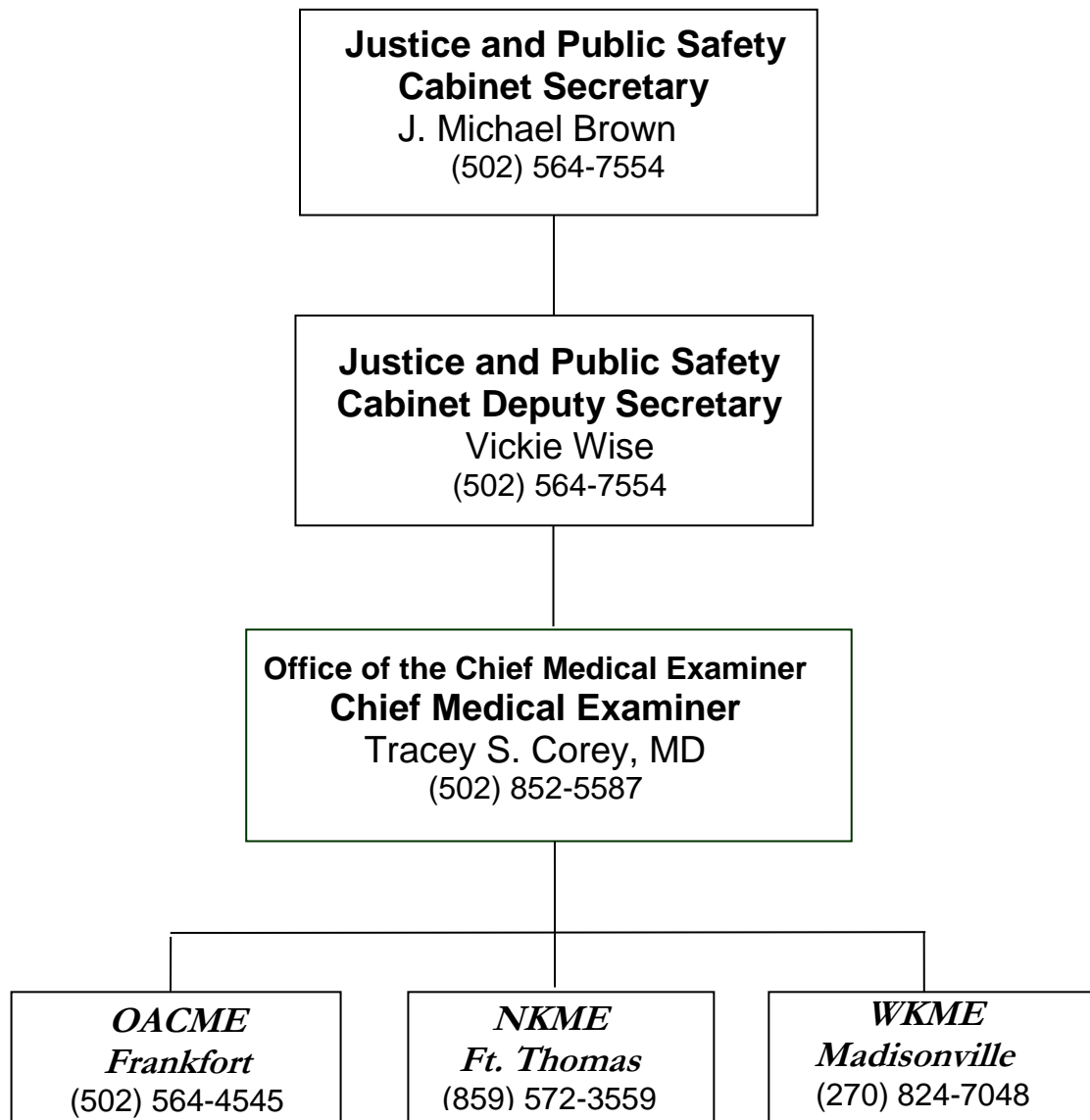
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The Kentucky State Office of the Chief Medical Examiner in Louisville, KY is fully accredited by the National Association of Medical Examiners (NAME) through December 2017.

The University of Louisville Division of Forensic Pathology Fellowship Program at the Office of the Chief Medical Examiner in Louisville, KY is fully accredited by The Accreditation Council for Graduate Medical Education (ACGME) through April 2018.

## Office of the Medical Examiner 2015 Organizational Chart

Figure 1



# Statewide Medical Examiner Data



### *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.

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

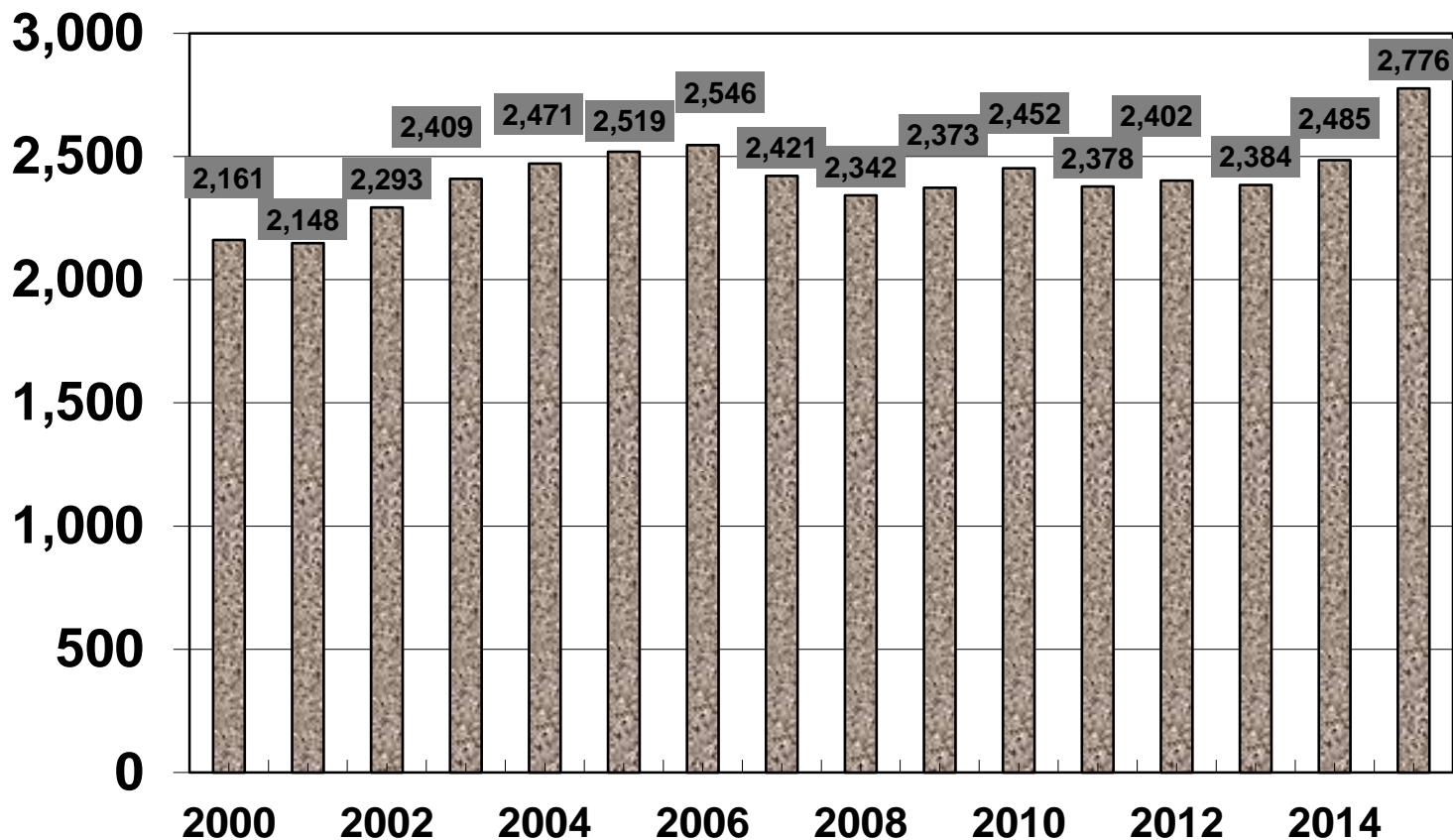
<b>ME CASES 2015</b>	
Table 1	
<b>Total</b>	<b>2,776</b>
<b>OCME Louisville</b>	<b>1,442</b>
<b>OACME Frankfort</b>	<b>795</b>
<b>WKME Madisonville</b>	<b>30</b>
<b>NKME Ft. Thomas</b>	<b>509</b>

## Figure 2



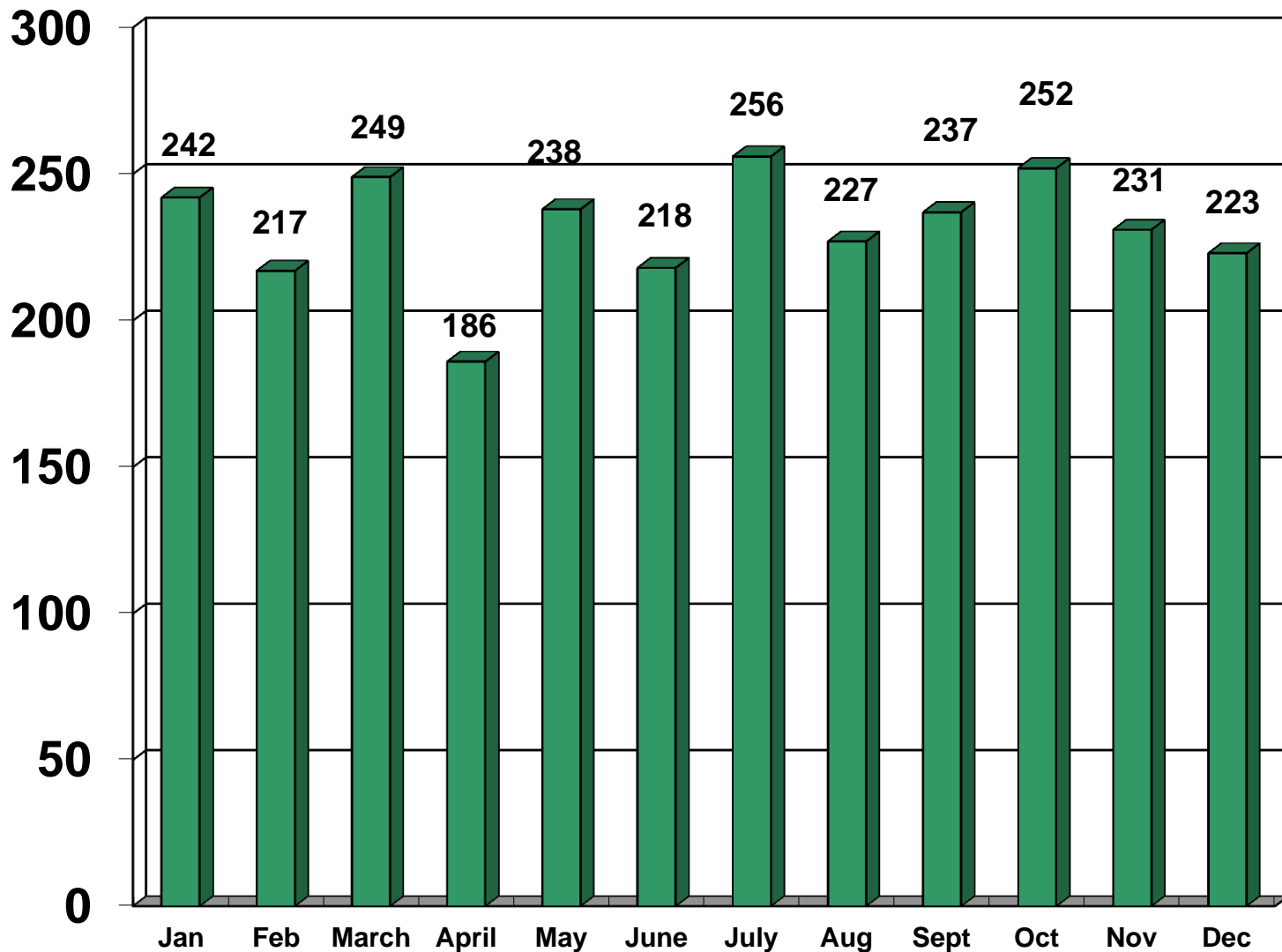
## Statewide Cases by Year of Autopsy, 2000-2015

### Figure 3



## Statewide Cases by Month of Autopsy, 2015

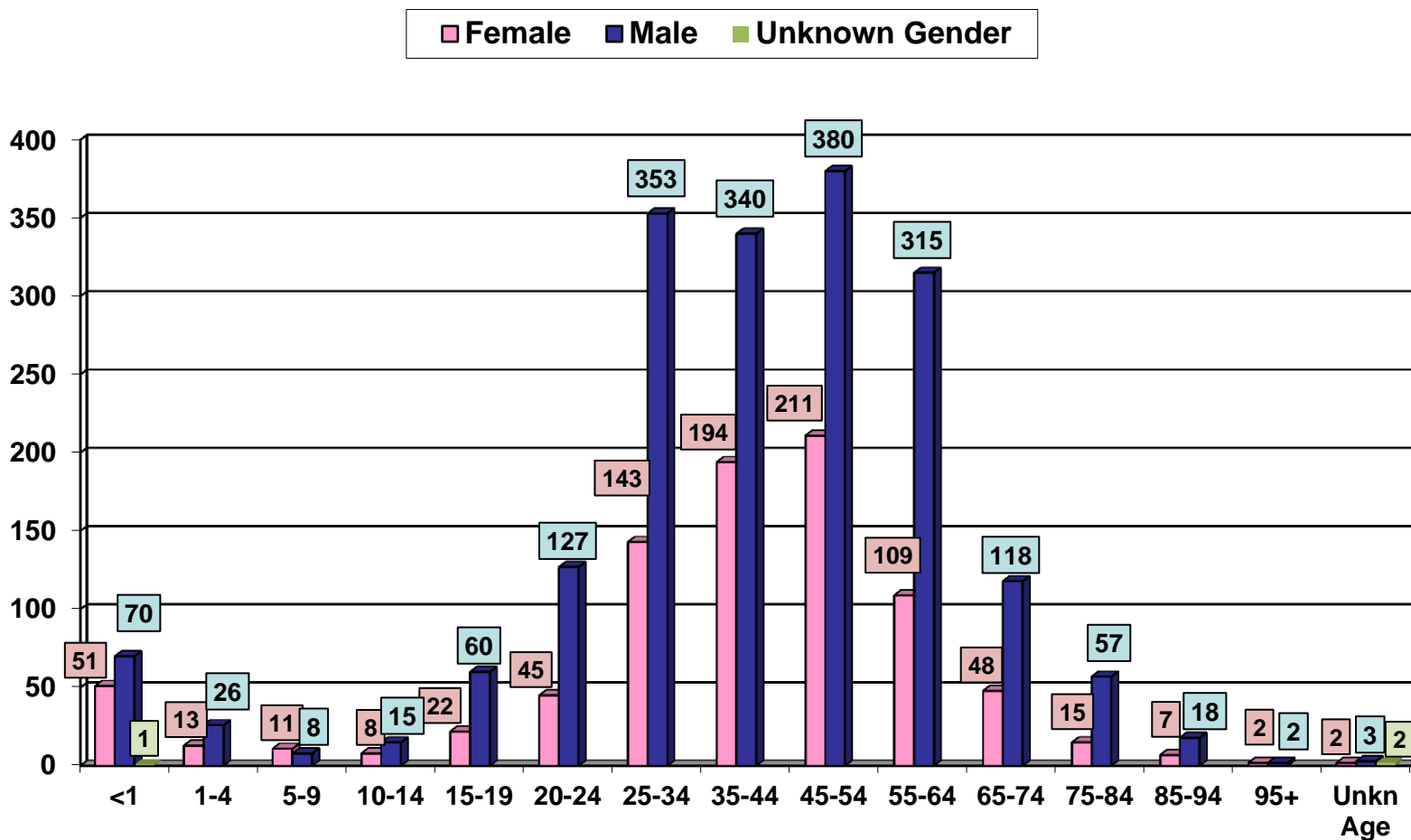
### Figure 4





## 2015 Statewide Cases by Age and Gender

### Figure 5

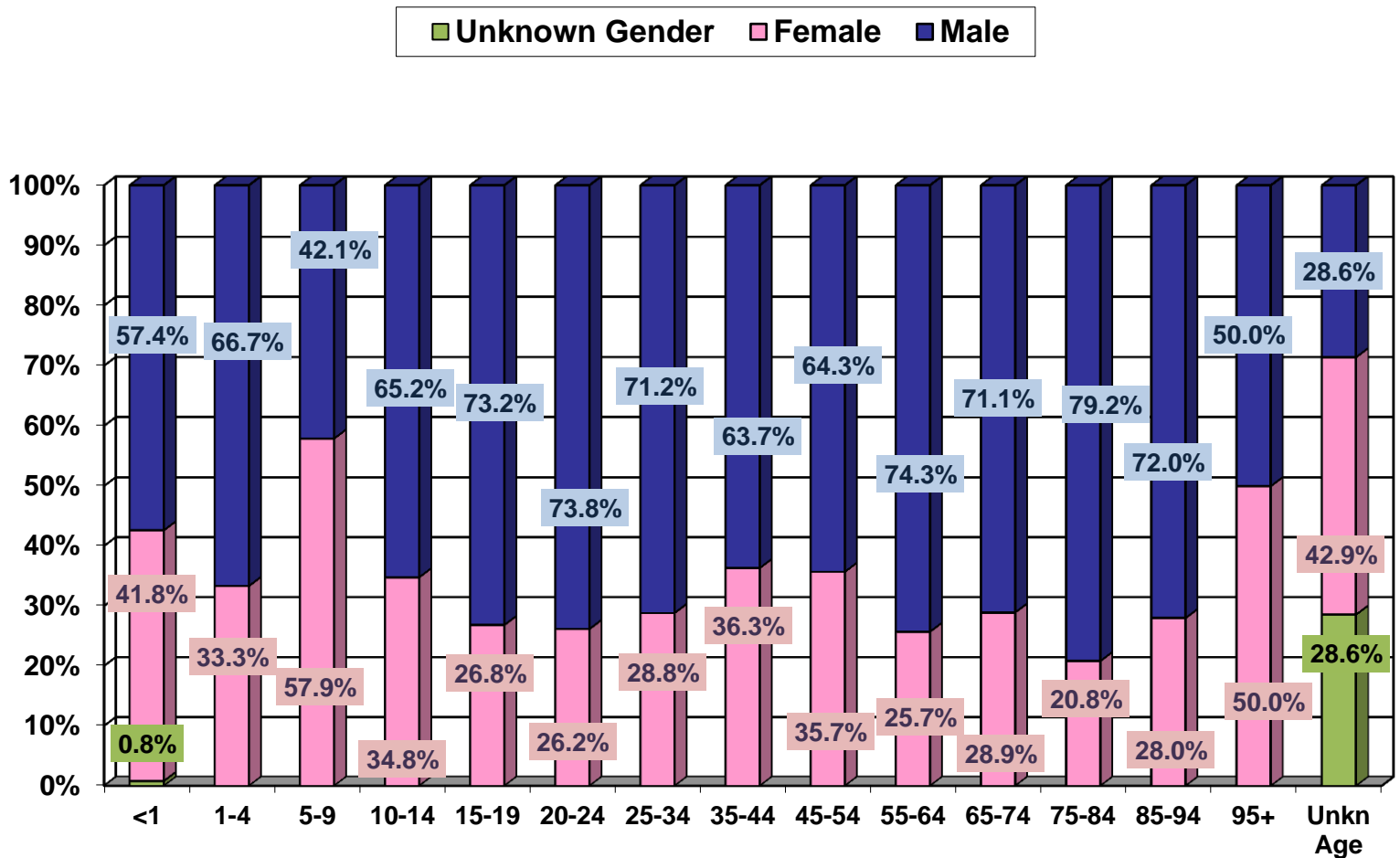


\*\*2 unknown gender/unknown age consisted of unidentified skeletonized adult remains

\*\*1 unknown gender/<1 consisted of fetal remains

\*\*5 known gender/unknown age consisted of unidentified skeletonized adult remains

## 2015 Statewide Percentages by Age and Gender Figure 6



\*\*2 unknown gender/unknown age consisted of unidentified skeletonized adult remains

\*\*1 unknown gender/<1 consisted of fetal remains

\*\*5 known gender/unknown age consisted of unidentified skeletonized adult remains

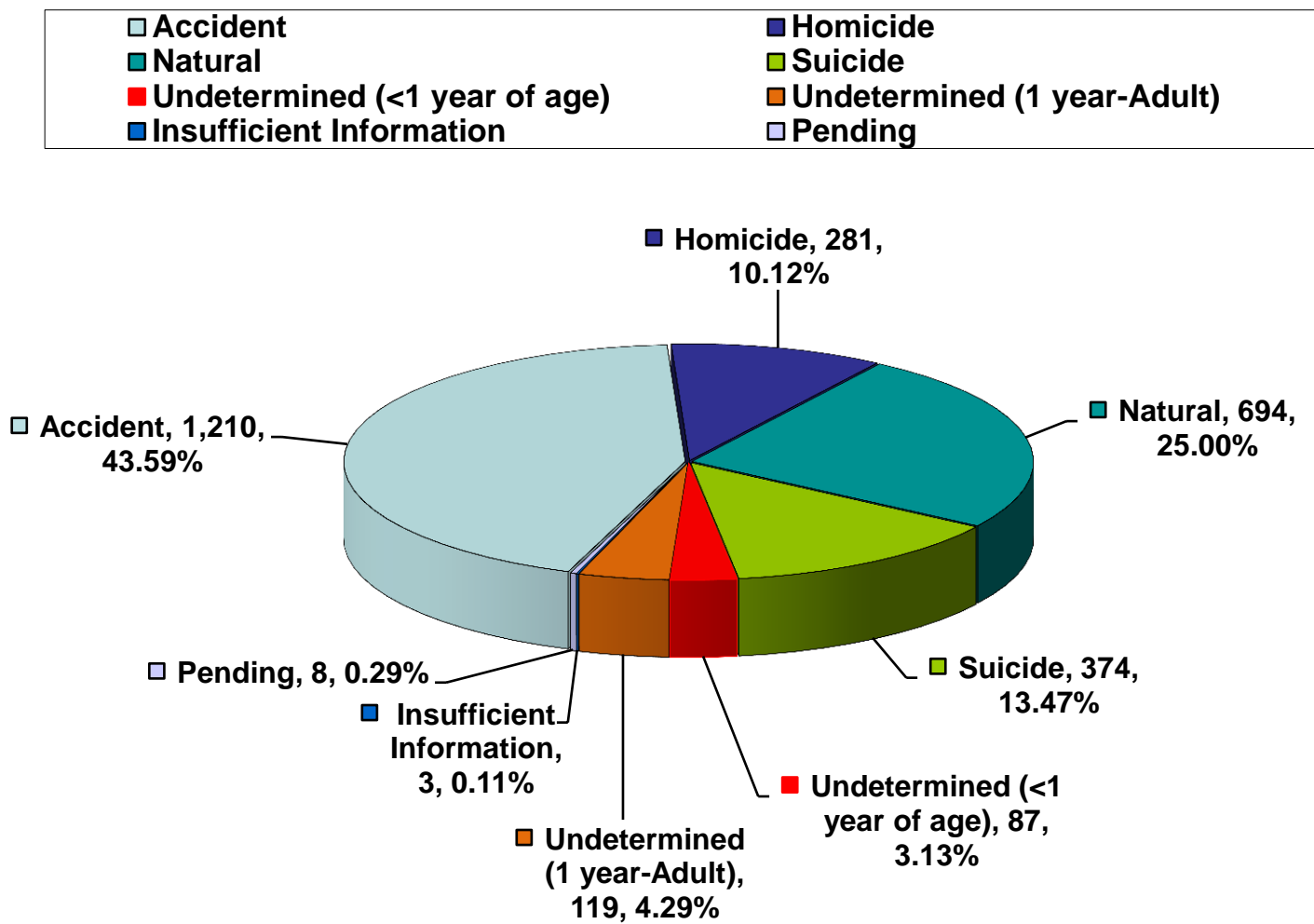
STATEWIDE MEDICAL EXAMINER CASES BY MANNER Table 2		
Manner	Total	Percentage
Accidents	1,210	43.59%
Homicides	281	10.12%
Naturals	694	25.00%
Suicides	374	13.47%
Undetermined (<1 year of age)	87	3.13%
Undetermined (1 year – Adult)	119	4.29%
Pending	8	0.29%
Insufficient Information Provided	3	0.11%
Skeletal Remains of No Forensic Significance	2	0.07%
<b>TOTAL</b>	<b>2,776</b>	

\*Skeletal Remains of No Forensic Significance are not included in the total forensic case load

## 2015 Statewide Cases by Manner of Death

Figure 7

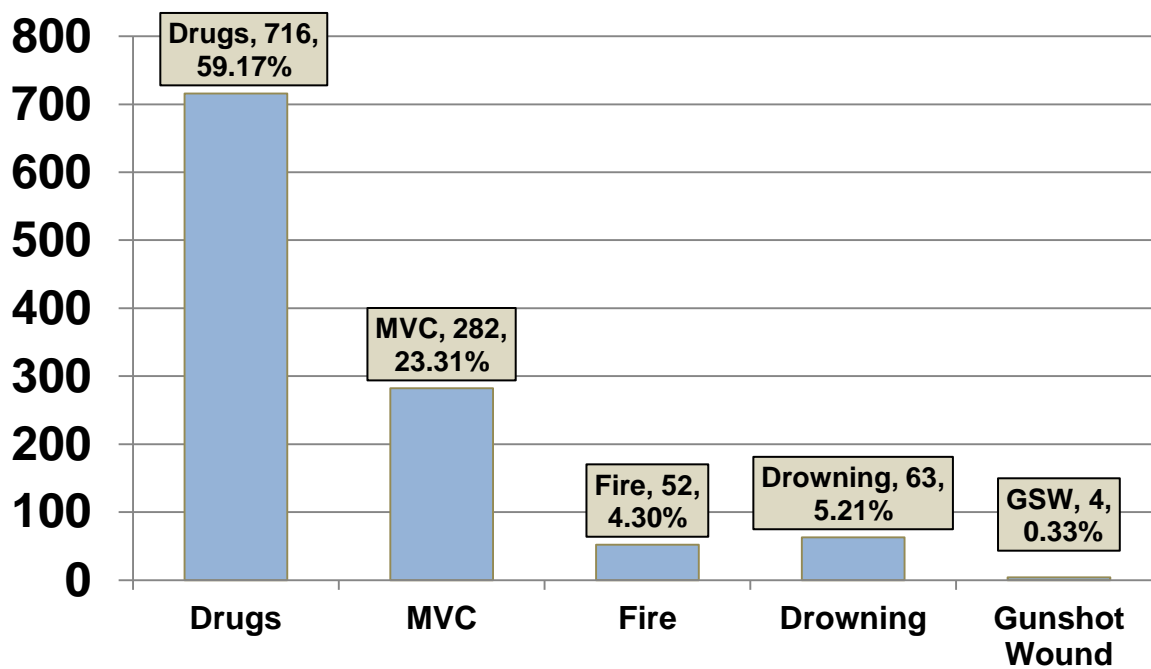
TOTAL=2,776





## 2015 Statewide Accidents by Major Causes of Death

### Figure 8

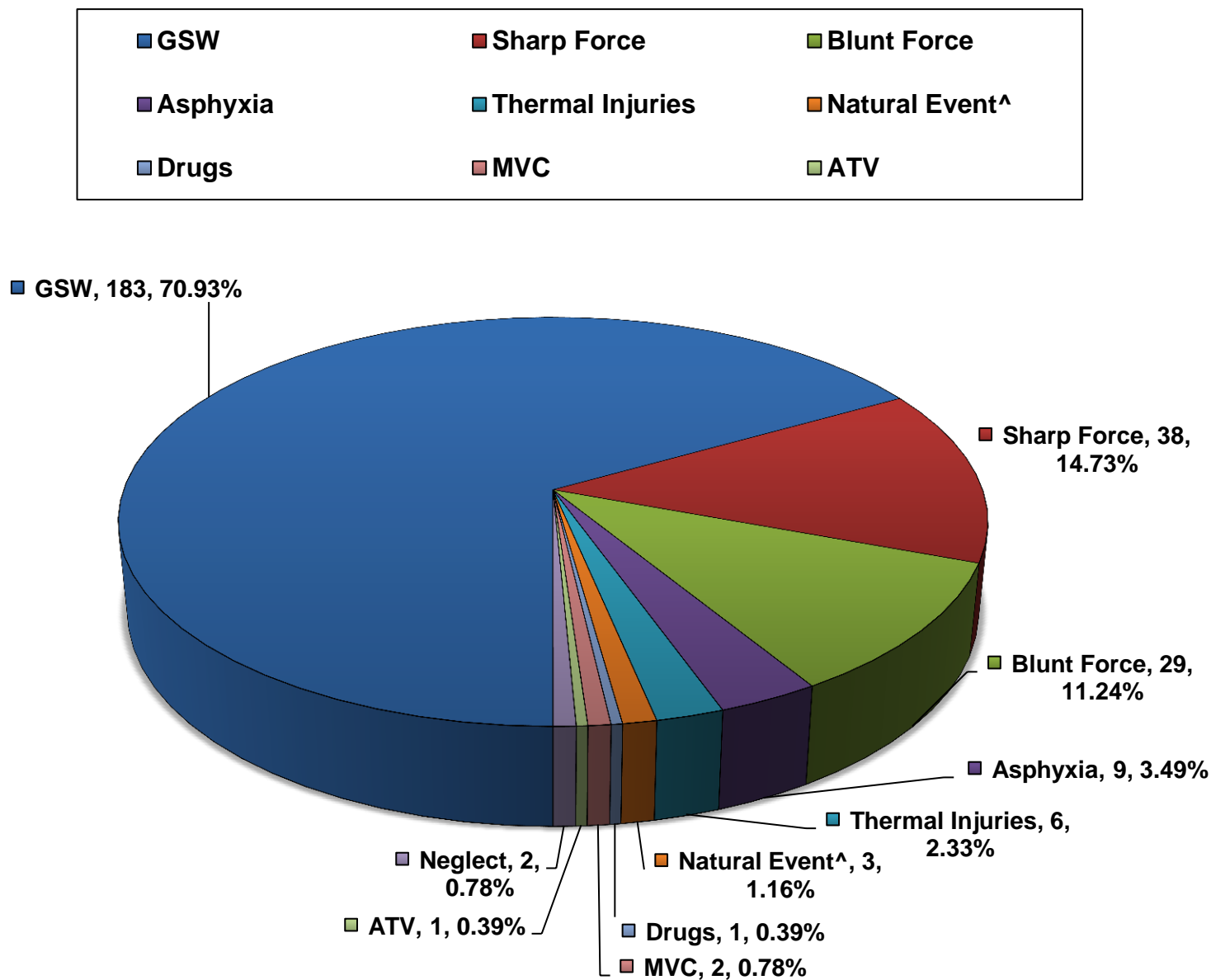


\*Only Major Categories of accidents are illustrated

\*\*Any manner of death other than "accident" are not included in above totals\*

## 2015 Statewide Homicides by Cause of Death, Adults (Age 18+)

Figure 9  
Total=258



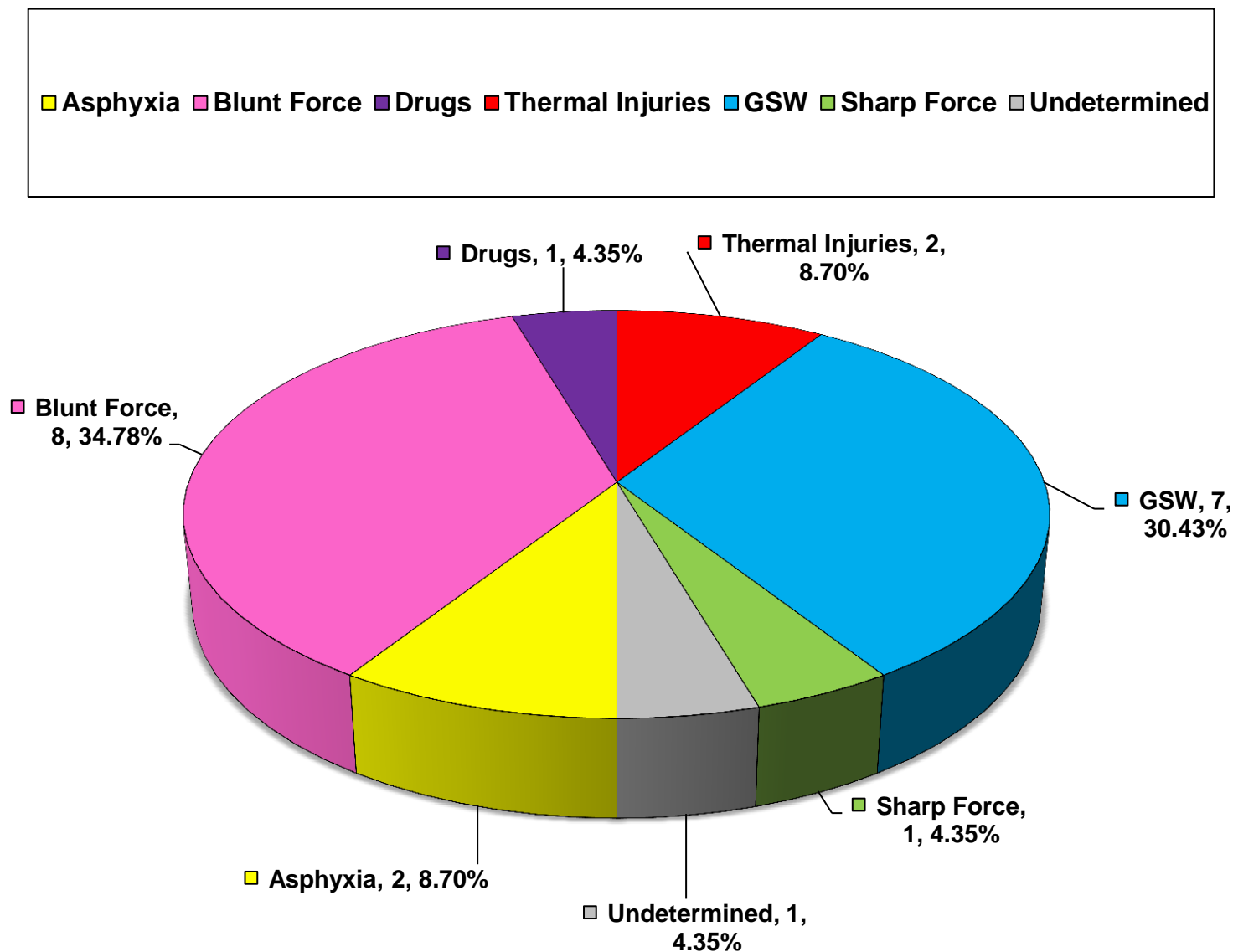
\*\*Percentages may be > than 100%, as some decedents may have more than one (1) type of injury

^Natural event occurring after physical altercation

## 2015 Statewide Homicides by Cause of Death, Children (Birth-17)

Figure 10

Total=23

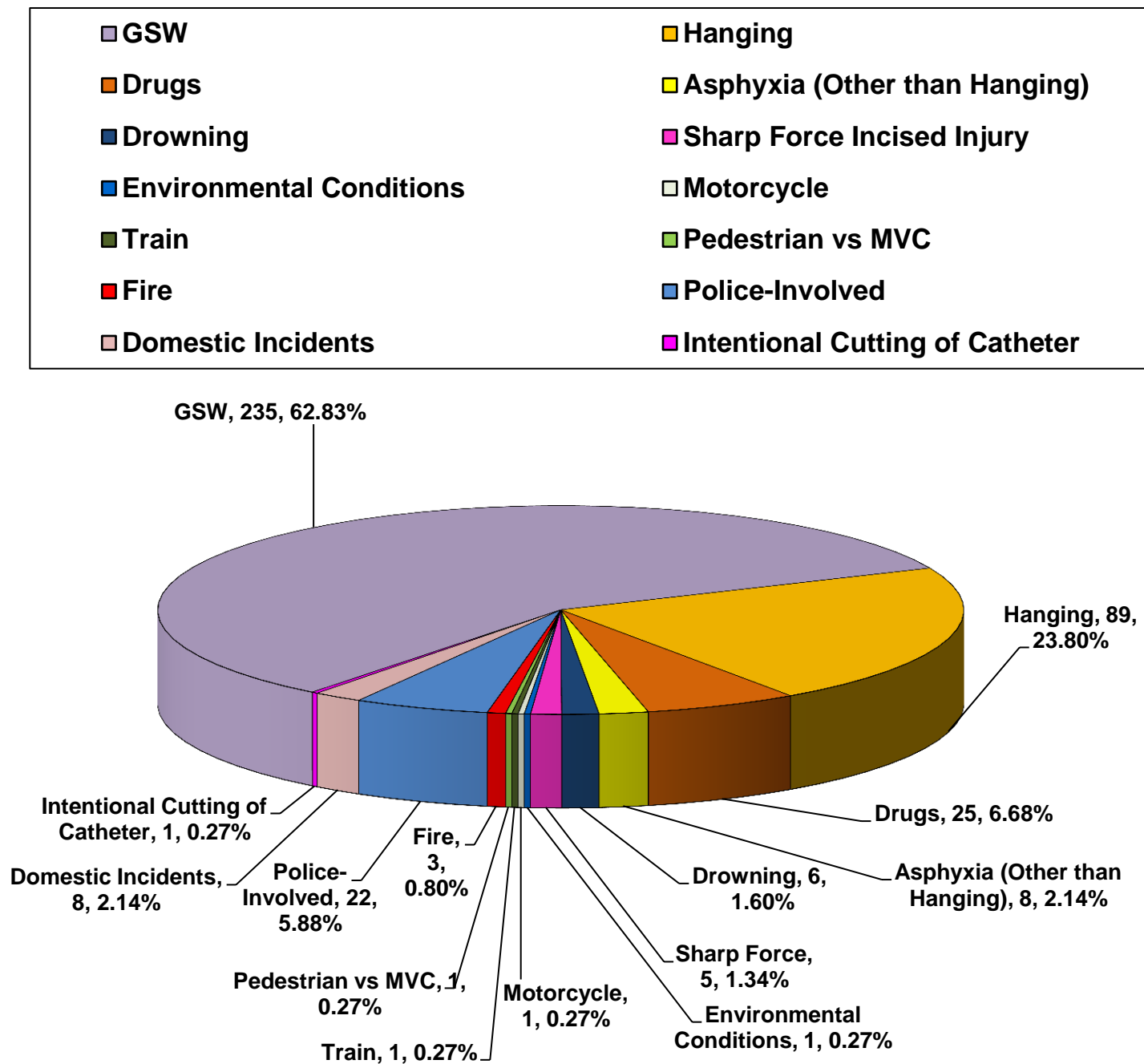


\*\*Percentages may be > than 100%,  
as some decedents may have more than one (1)  
type of injury.

## 2015 Statewide Suicides by Cause of Death

### Figure 11

Total=374



**2015 STATEWIDE MEDICAL EXAMINER  
TOTALS BY SPECIFIC CASE TYPES****Table 3**

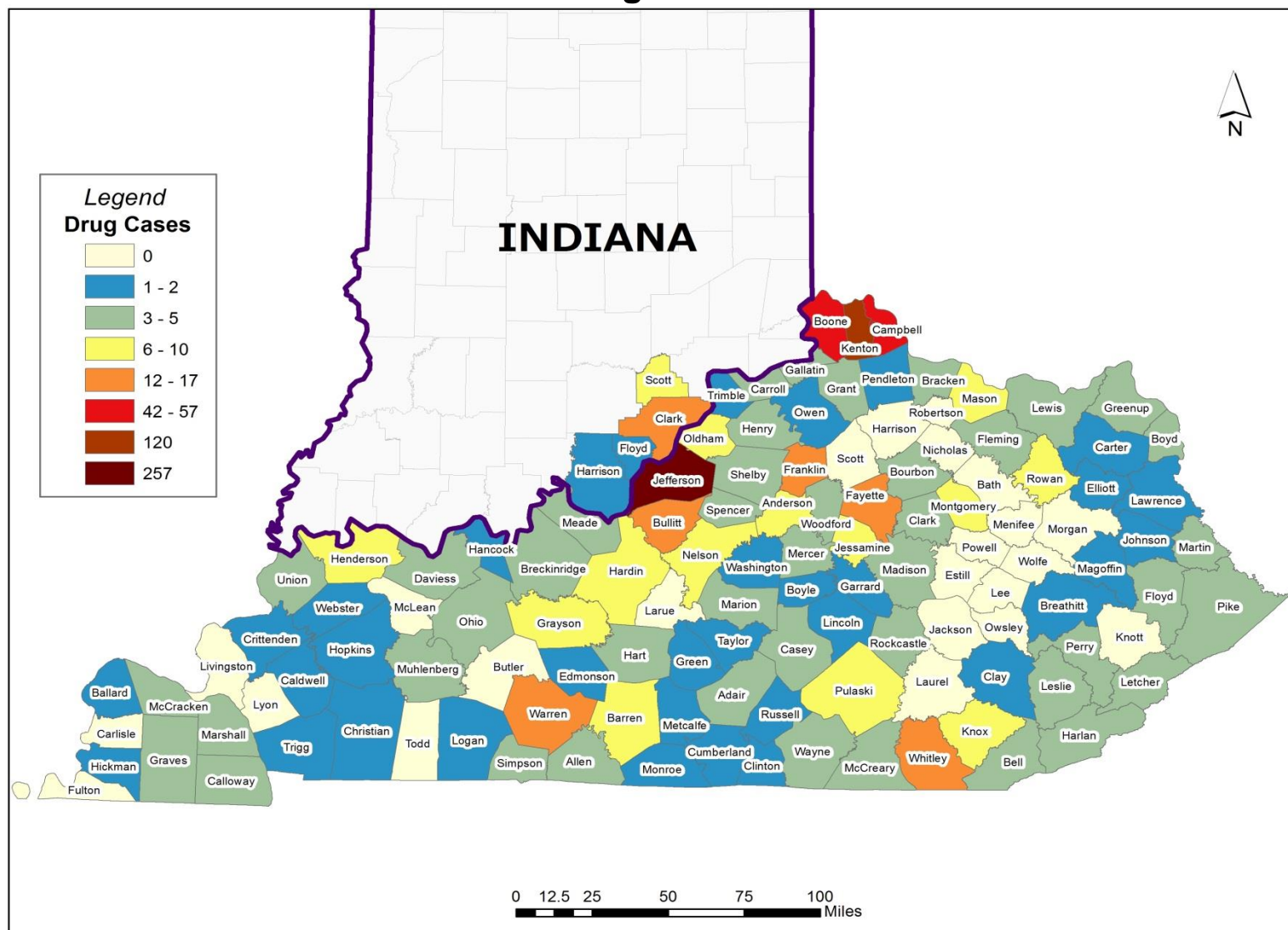
Type	Total	Percentage of Statewide Total
Drug Related	881	31.74%
MVCs	290	10.45%
GSWs	439	15.81%
Fire-Related	64	2.31%
Drowning	75	2.70%
Infants <1yr ALL Causes	122	4.40%
SUID	56	2.02%
Children >1yr ≤ 12yrs, ALL Causes	72	2.60%

<b>2015 STATEWIDE MEDICAL EXAMINER DRUG RELATED DEATHS</b>		
<b>Table 4</b>		
<b>Manner</b>	<b>Total</b>	<b>Percentage</b>
Accidents	716	81.27%
Homicides	2	0.23%
Suicides	25	2.84%
Undetermined	60	6.81%
Insufficient Information	1	0.11%
Pending	2	0.23%
Complications of Chronic Use	75	8.51%
<b>TOTAL</b>	<b>881</b>	

<b>2015 STATEWIDE MEDICAL EXAMINER DRUG RELATED DEATHS CONTAINING HEROIN</b>		
<b>Table 5</b>		
<b>Manner</b>	<b>Total</b>	<b>Percentage</b>
Accidents	271	91.55%
Suicides	1	0.34%
Undetermined	23	7.77%
Insufficient Information	1	0.34%
<b>TOTAL</b>	<b>296</b>	<b>100%</b>



# Statewide Drug Related Deaths Sent for Autopsy by Locality of Death, 2015 Figure 12



### Figure 13



## Statewide Medical Examiner Drug Related Deaths

### By Demographics

#### Table 6

	Total Cases	Percentage
<b><i>Age</i></b>		
<17	8	0.91%
18-24	62	7.04%
25-34	215	24.40%
35-44	230	26.11%
45-54	234	26.56%
55-64	113	12.83%
65-74	18	2.04%
75-84	1	0.11%
85-94	0	0%
95+	0	0%
<b><i>Race</i></b>		
White	834	94.67%
Black	42	4.77%
Hispanic	5	0.57%
Other	0	0%
<b><i>Sex</i></b>		
Male	553	62.77%
Female	328	37.23%
Unknown	0	0%

\*Statewide Drug Related Deaths includes Indiana cases

## Statewide Medical Examiner Drug Related Deaths Containing Heroin By Demographics

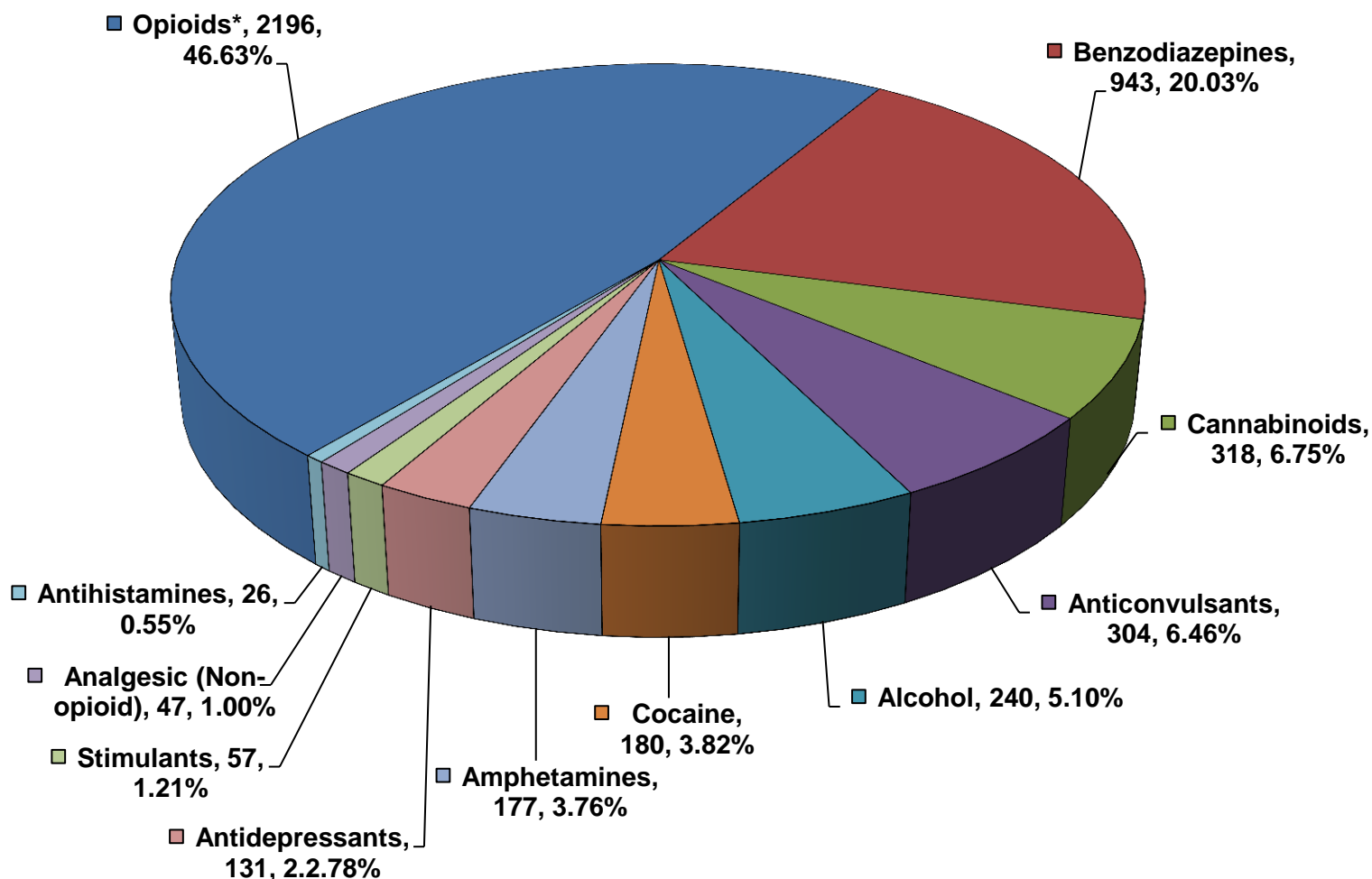
### Table 7

	Total Cases	Percentage
<b><i>Age</i></b>		
<17	2	0.68%
18-24	36	12.16%
25-34	101	34.12%
35-44	69	23.31%
45-54	55	18.58%
55-64	31	10.47%
65-74	2	0.68%
75-84	0	0%
85-94	0	0%
95+	0	0%
<b><i>Race</i></b>		
White	280	94.59%
Black	13	4.39%
Hispanic	3	1.01%
Other	0	0%
<b><i>Sex</i></b>		
Male	219	74.00%
Female	77	26.00%
Unknown	0	0%

\*Statewide Heroin Related Deaths includes Indiana cases

## 2015 Statewide Most Common Drug Classes Detected in Drug Related Death Victims

### Figure 14



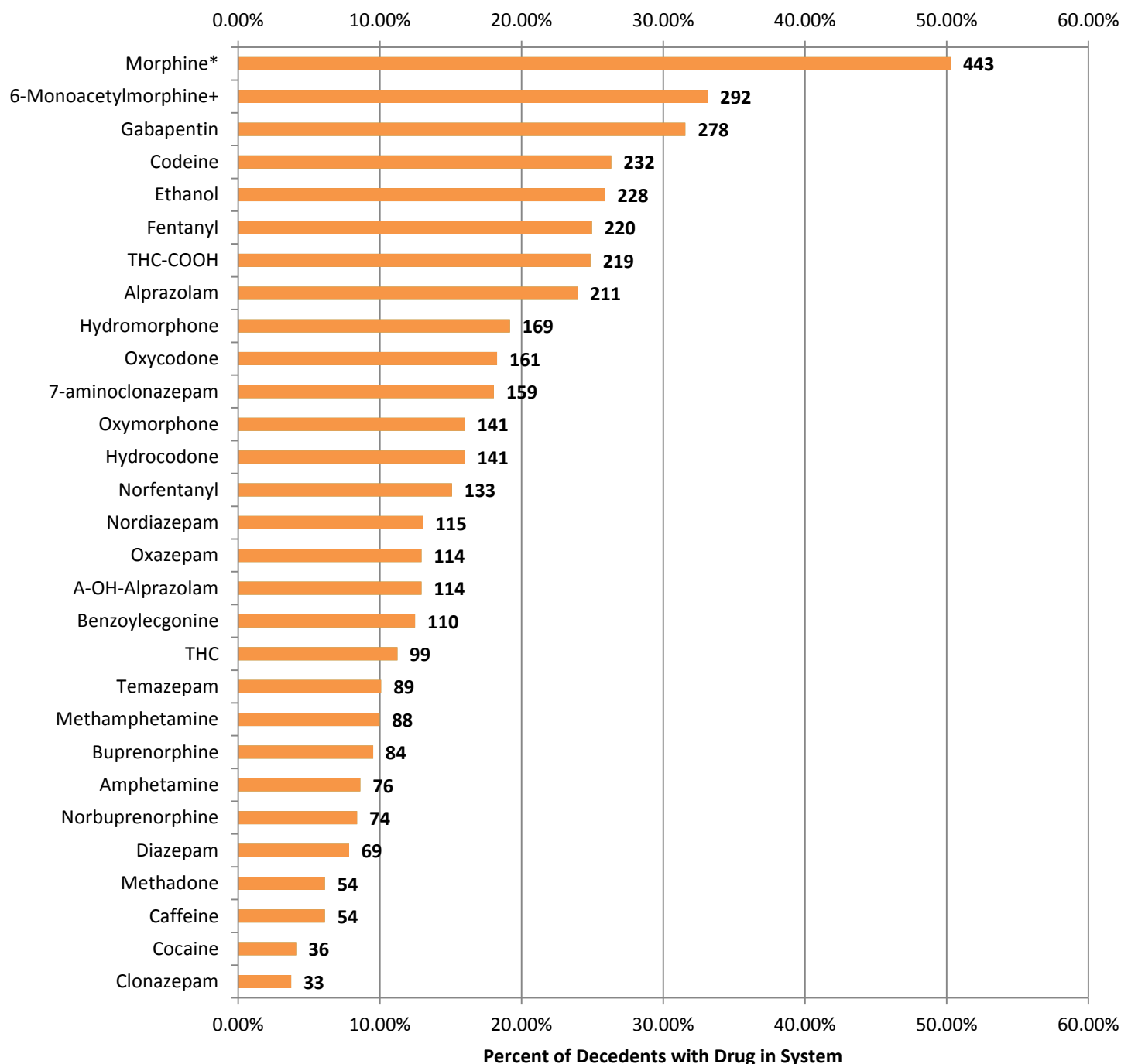
\*Opioids includes all opium-like substances (including natural opiates and synthetic opioids)

^Percent is based off of n=4709, the total drug count across all Statewide drug overdoses

▣Detected drugs were found in blood, urine, and/or vitreous fluids.

## 2015 Statewide Most Frequent Drugs Detected in Drug Related Death Victims

### Figure 15



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

+4 Heroin Cases do not have 6-Monoacetylmorphine present in postmortem toxicology

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

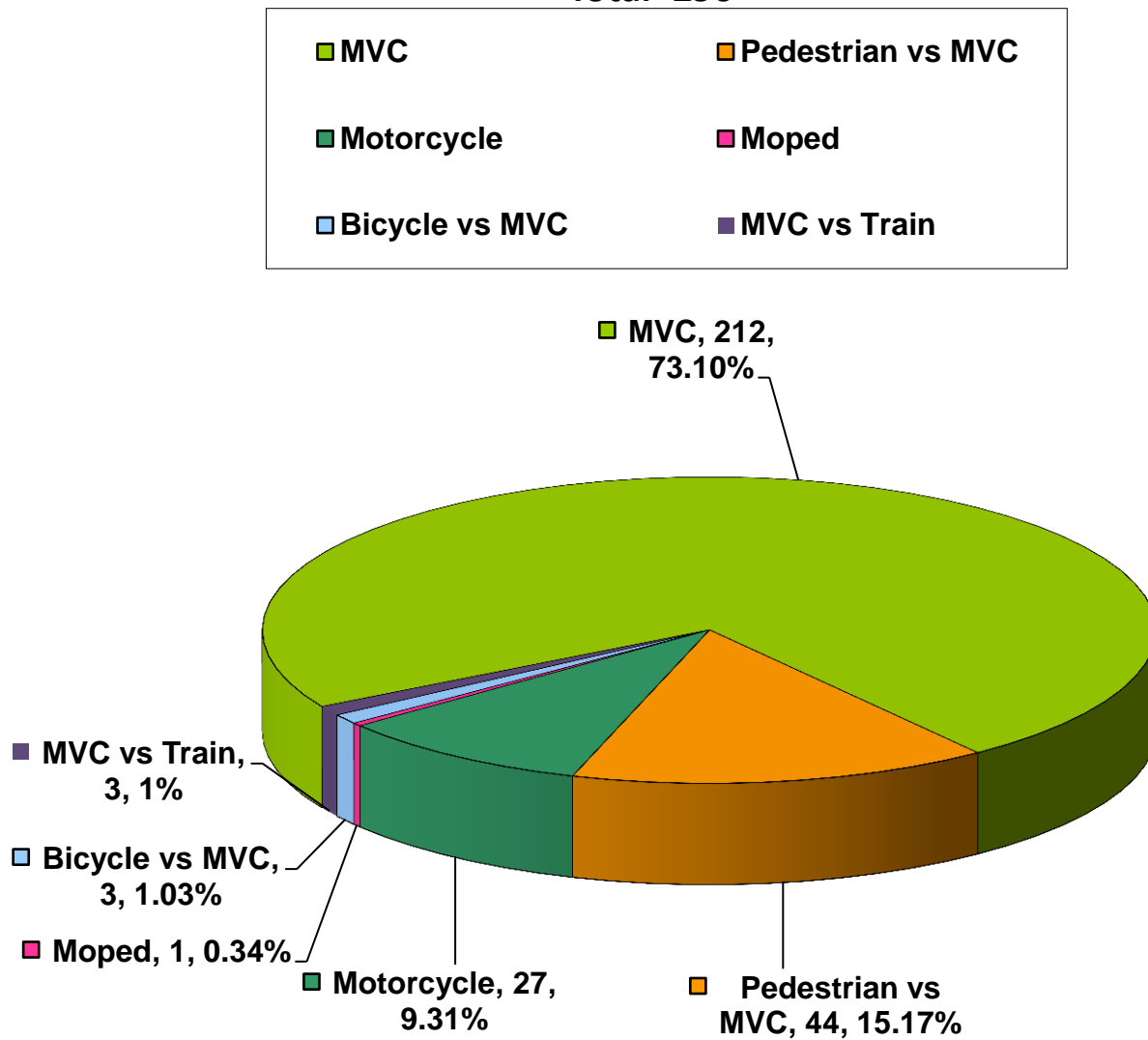
⌘Detected drugs were found in blood, urine, and/or vitreous fluids.



## 2015 Motor Vehicle Collisions by Type

Figure 16

Total=290



## Statewide Totals by Special Circumstances and Subsequent Manners of Death

### Table 8

<b>Fatal Event</b>	<b>Total</b>	<b>Percentage</b>
<b><i>Work Related</i></b>	<b>40</b>	<b>1.44%</b>
Accident	30	75%
Homicide	3	7.5%
Natural	7	17.50%
<b><i>Jail</i></b>	<b>30</b>	<b>1.08%</b>
Accident	9	30%
Suicide	8	26.67%
Natural	11	36.67%
Undetermined	2	6.67%
<b><i>Prison</i></b>	<b>4</b>	<b>0.14%</b>
Homicide	2	50%
Undetermined	2	50%
<b><i>Arrest-Related</i></b>	<b>34</b>	<b>1.22%</b>
Accident	4	11.76%
Suicide	12	35.29%
Homicide	16	47.06%
Undetermined	2	5.88%
<b><i>Home Incarceration</i></b>	<b>10</b>	<b>0.36%</b>
Accident	4	40%
Homicide	1	10%
Suicide	2	10%
Natural	1	10%
Undetermined/Insufficient	2	20%
<b><i>Domestic</i></b>	<b>30</b>	<b>1.08%</b>
Homicide	20	66.67%
Suicide	8	26.67%
Natural	1	3.33%
<b><i>Child Abuse</i></b>	<b>8</b>	<b>0.29%</b>
Homicide	8	100%
<b><i>Nursing Home</i></b>	<b>9</b>	<b>0.32%</b>
Accident	2	22.22%
Natural	7	77.78%

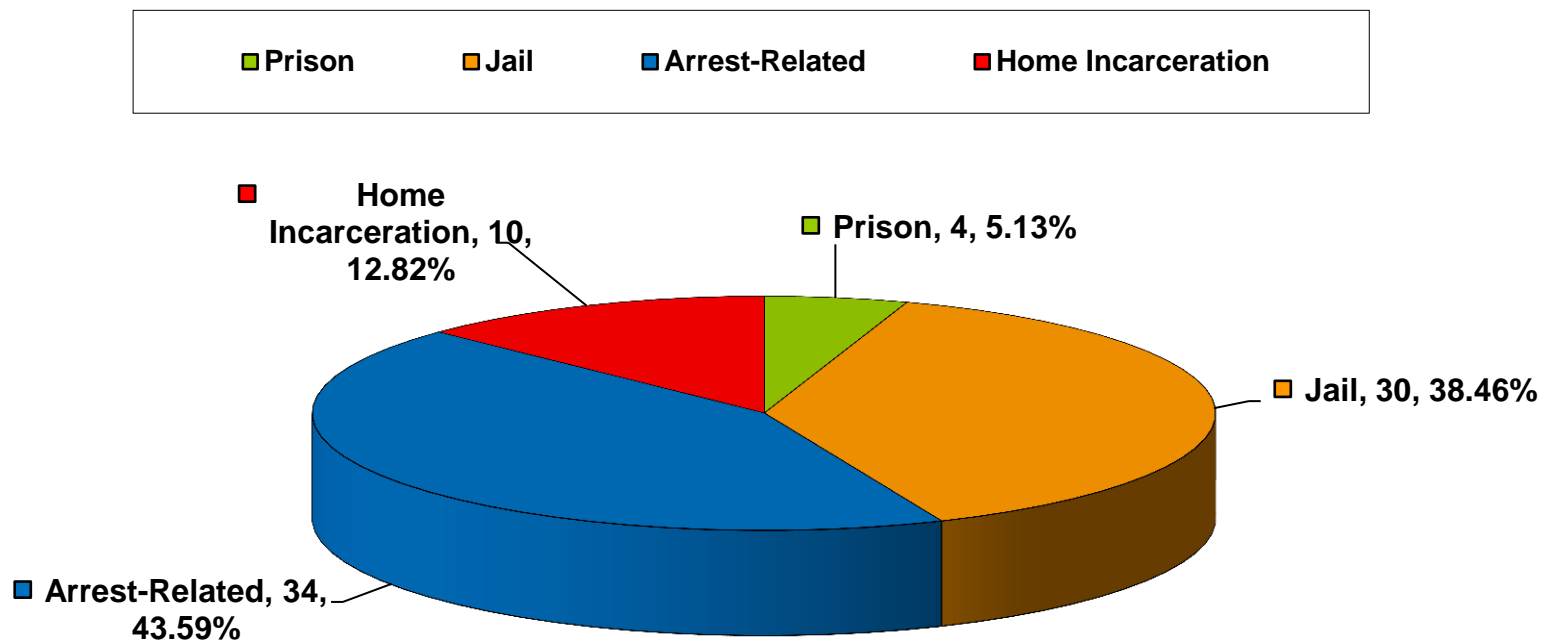
**Statewide Police-Involved Cases by Demographics and Manners of Death**  
**Table 9**

Demographic	All Police Involved	All Police % Involved	Jail Deaths	Jail % Deaths	Prison Deaths	Prison % Deaths	Arrest- Related Deaths	Arrest- Related % Deaths	Home Incarc Deaths	Home Incarc % Deaths
<i>Age</i>										
24 and younger	3	3.85%	0	0%	0	0%	1	2.94%	2	20%
25-34	22	28.21%	8	26.67%	2	50%	10	29.41%	2	20%
35-44	18	23.08%	5	16.67%	1	25%	6	17.65%	6	60%
45-54	20	25.64%	12	40%	0	0%	8	23.53%	0	0%
55-64	12	15.38%	5	16.67%	0	0%	7	20.59%	0	0%
65 and older	3	3.85%	0	0%	1	25%	2	5.88%	0	0%
<i>Race</i>										
White	66	84.62%	28	93.33%	3	75%	26	76.47%	9	90%
Black	10	12.82%	2	6.67%	1	25%	6	17.65%	1	10%
Hispanic	2	2.56%	0	0%	0	0%	2	5.88%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
<i>Sex</i>										
Male	71	91.03%	24	80%	4	100%	34	100%	9	90%
Female	7	8.97%	6	20%	0	0%	0	0%	1	10%
<i>Total</i>	78	100%	30	38.46%	4	5.13%	34	43.59%	10	12.82%

## 2015 Statewide Police-Involved Cases by Type of Police Involvement

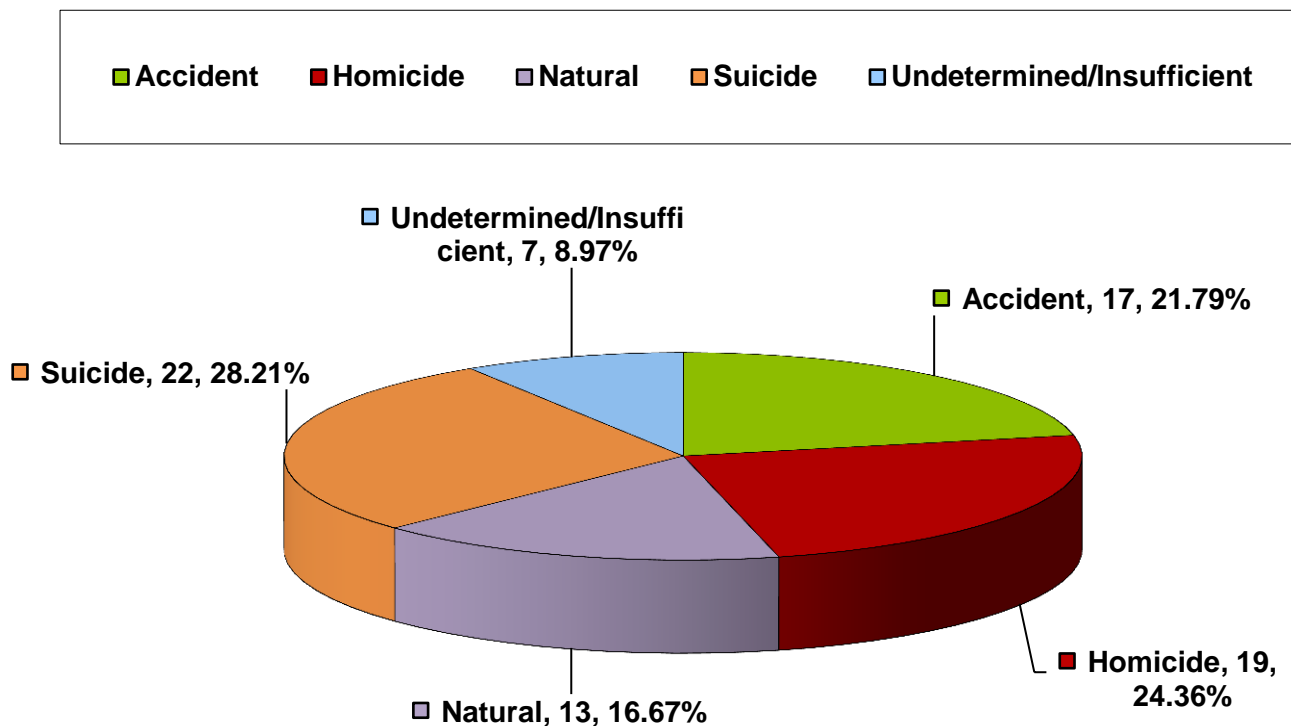
Figure 17

n=33



## 2015 Statewide Police-Involved Cases by Manner of Death

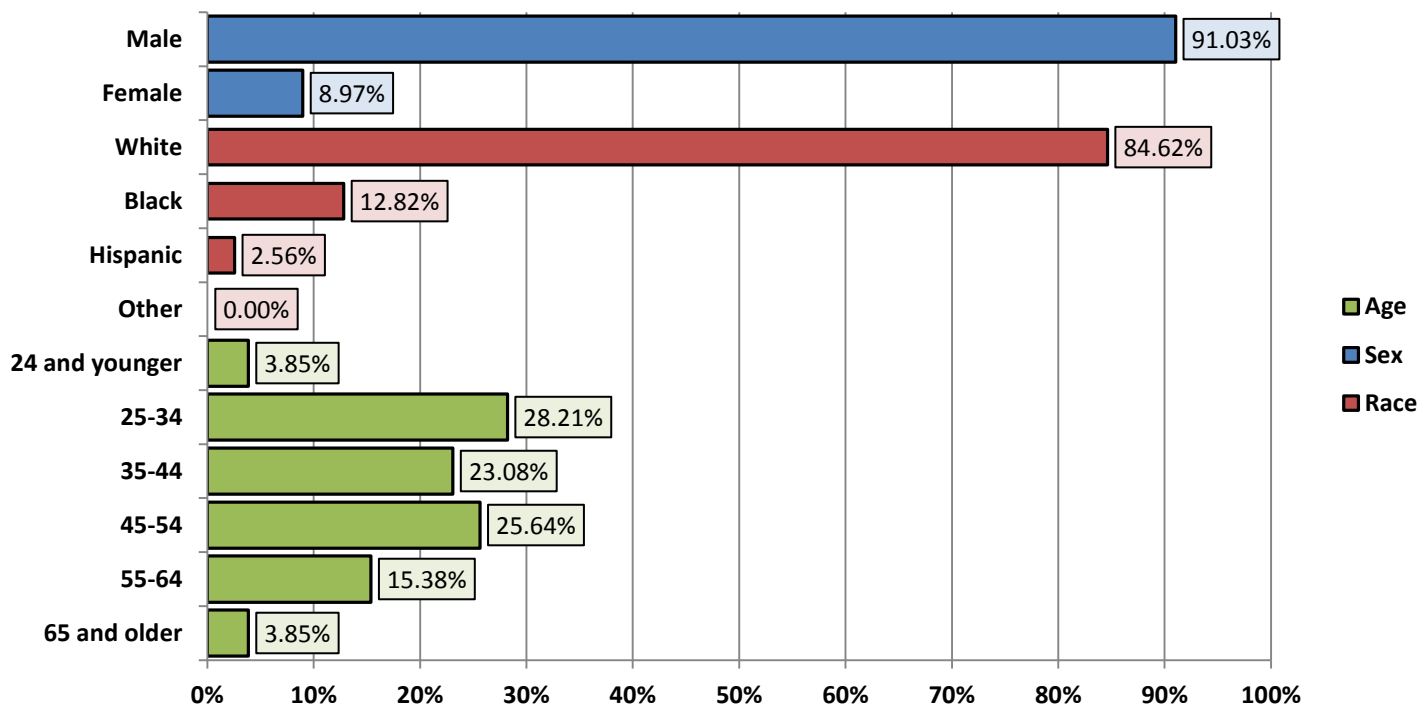
Figure 18



## 2015 Statewide Police-Involved Cases by Demographics

Figure 19

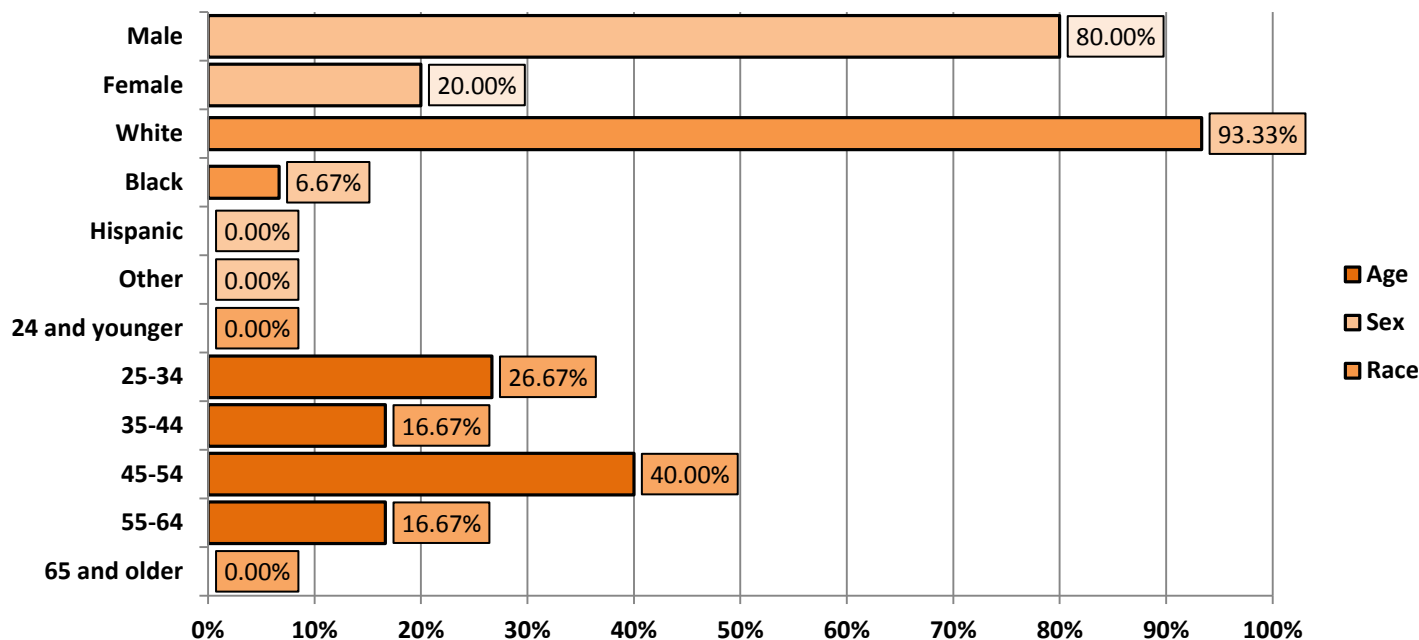
n=78



## 2015 Statewide Jail Deaths by Demographics

Figure 20

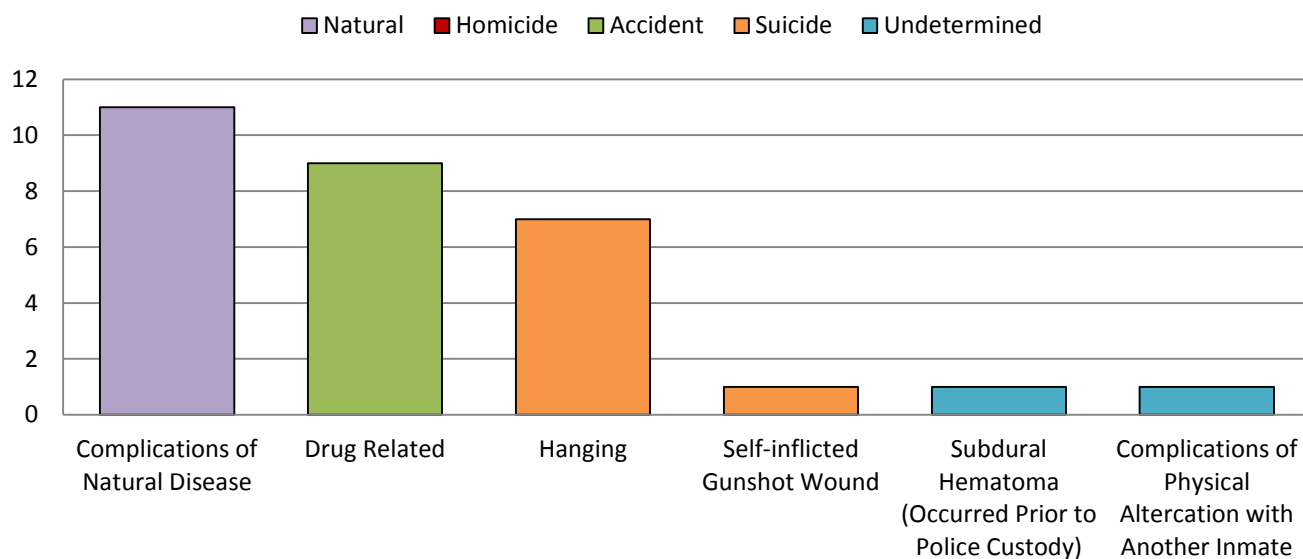
n=30



## 2015 Statewide Jail Deaths by Cause and Manner of Death

Figure 21

n=30

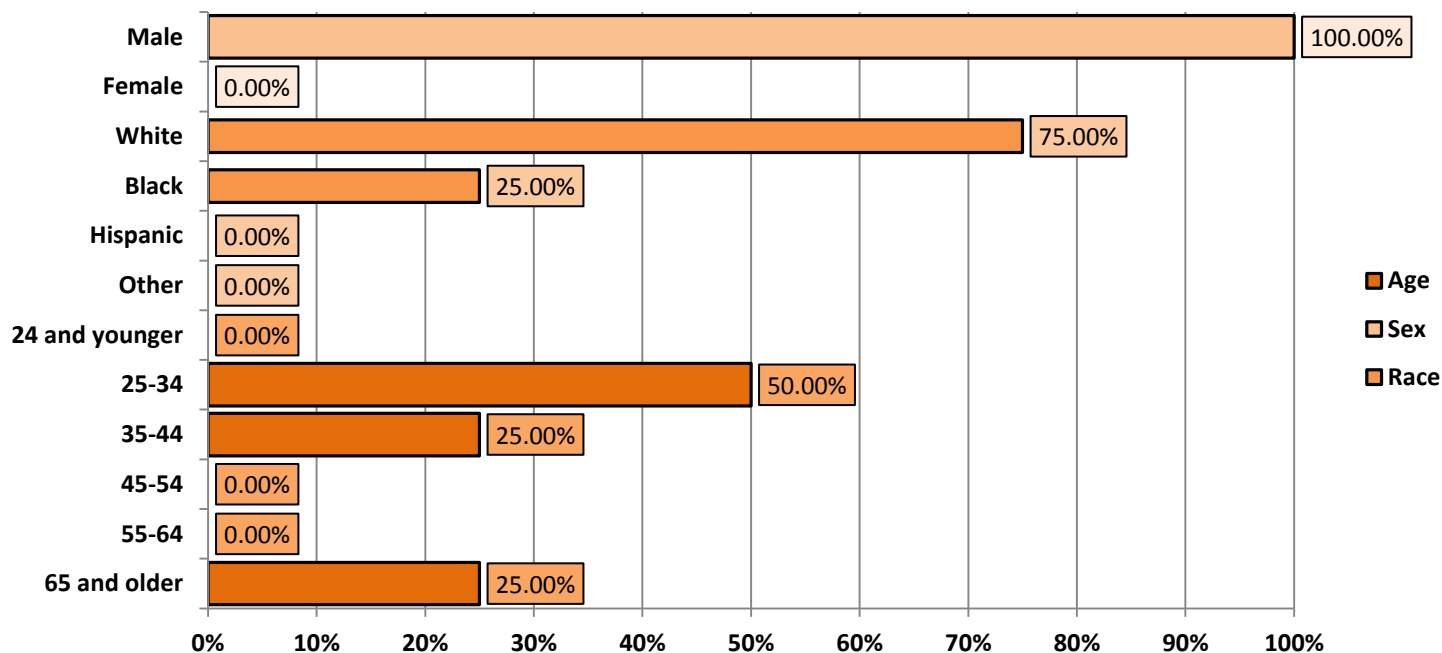




## 2015 Statewide Prison Deaths by Demographics

Figure 22

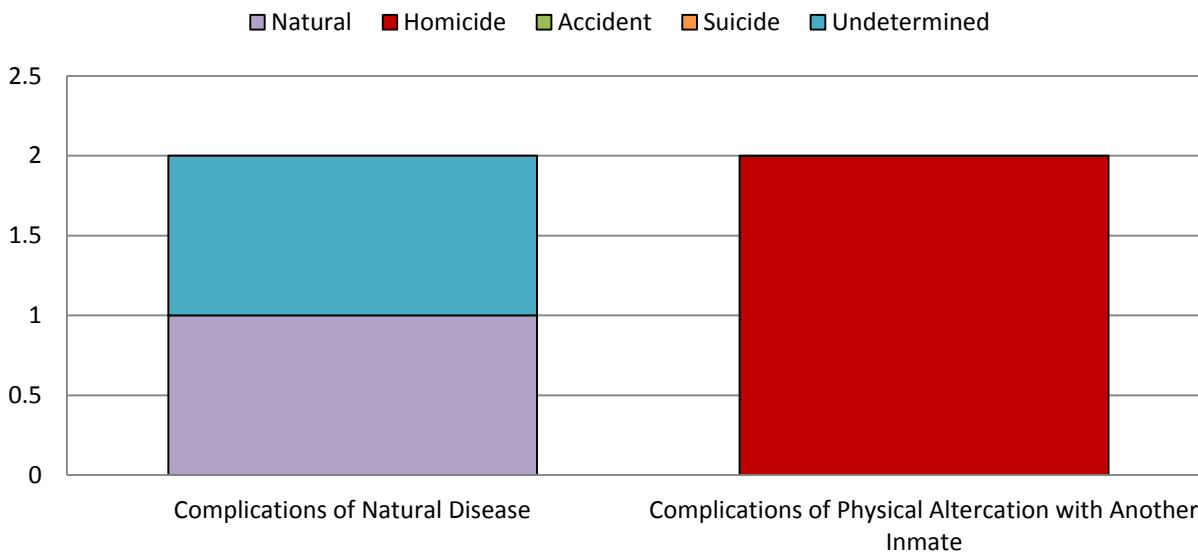
n=4



## 2015 Statewide Prison Deaths by Cause and Manner of Death

Figure 23

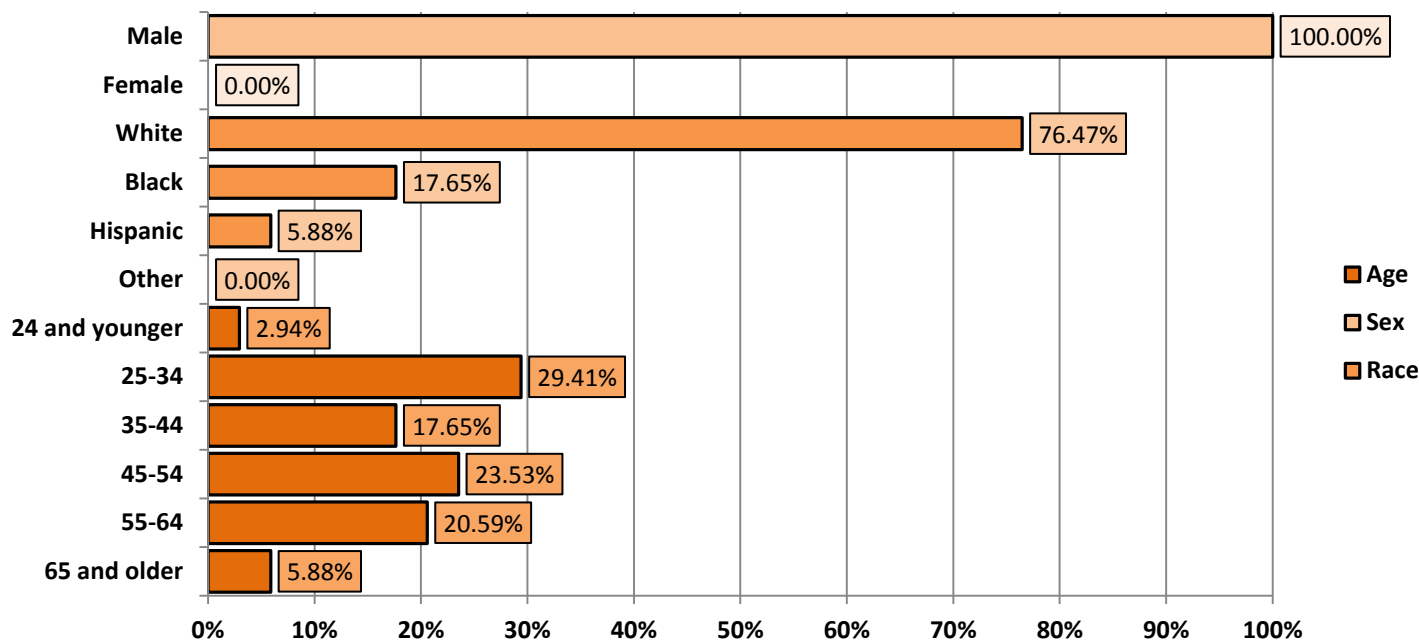
n=4



## 2015 Statewide Arrest-Related Deaths by Demographics

**Figure 24**

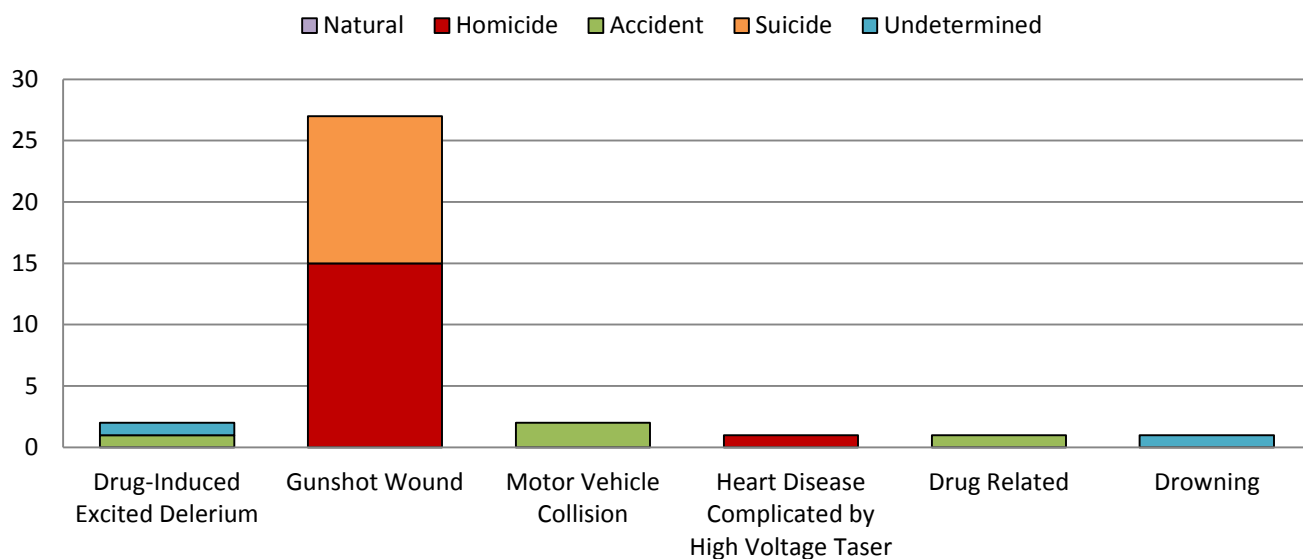
n=34



## 2015 Statewide Arrest-Related Deaths by Cause and Manner of Death

**Figure 25**

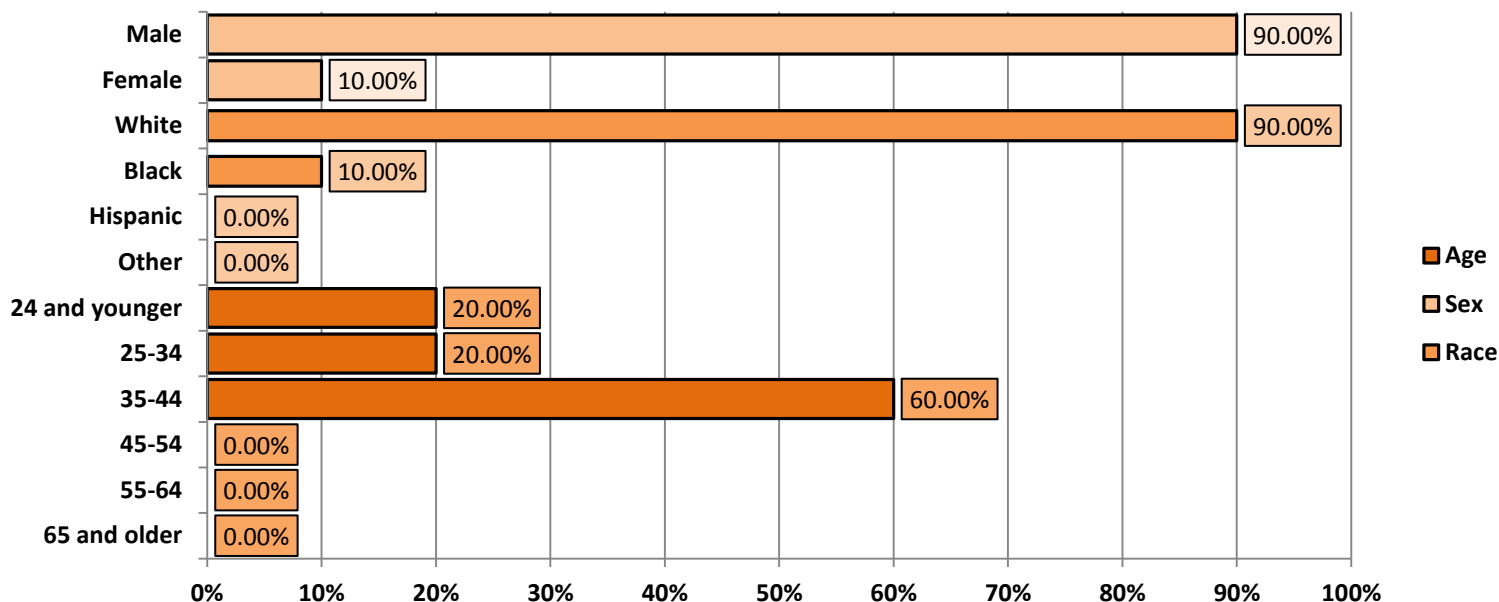
n=34



## 2015 Statewide Home Incarceration Deaths by Demographics

Figure 26

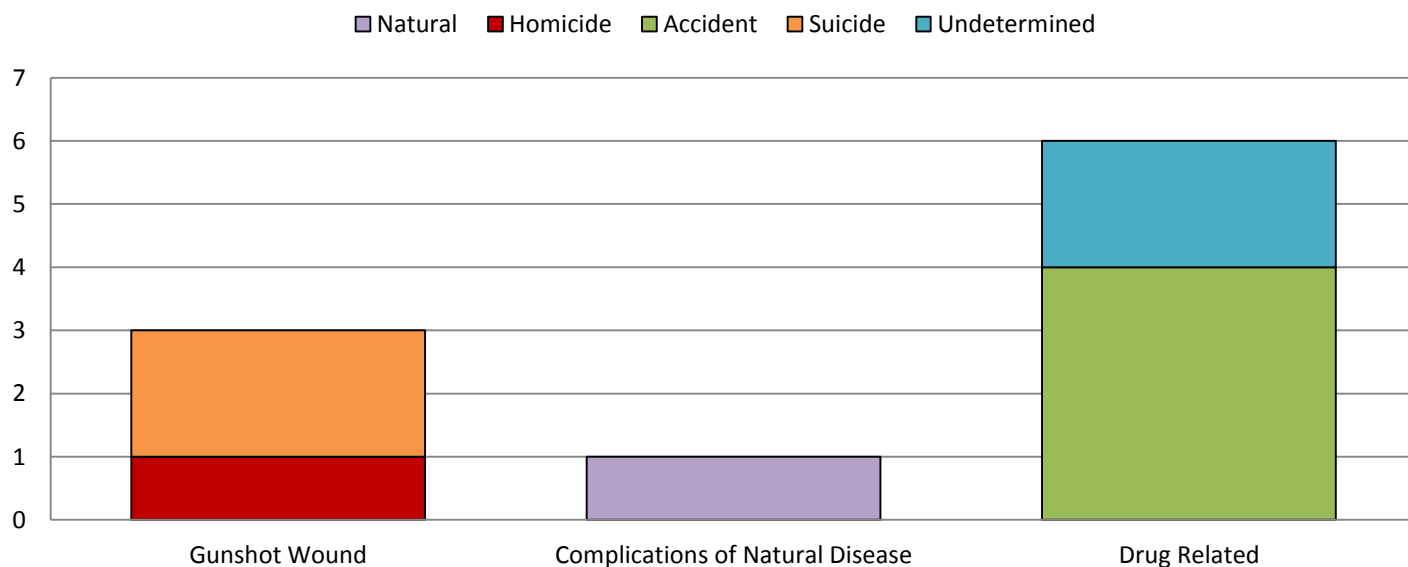
n=10



## 2015 Statewide Home Incarceration Deaths by Cause and Manner of Death

Figure 27

n=10

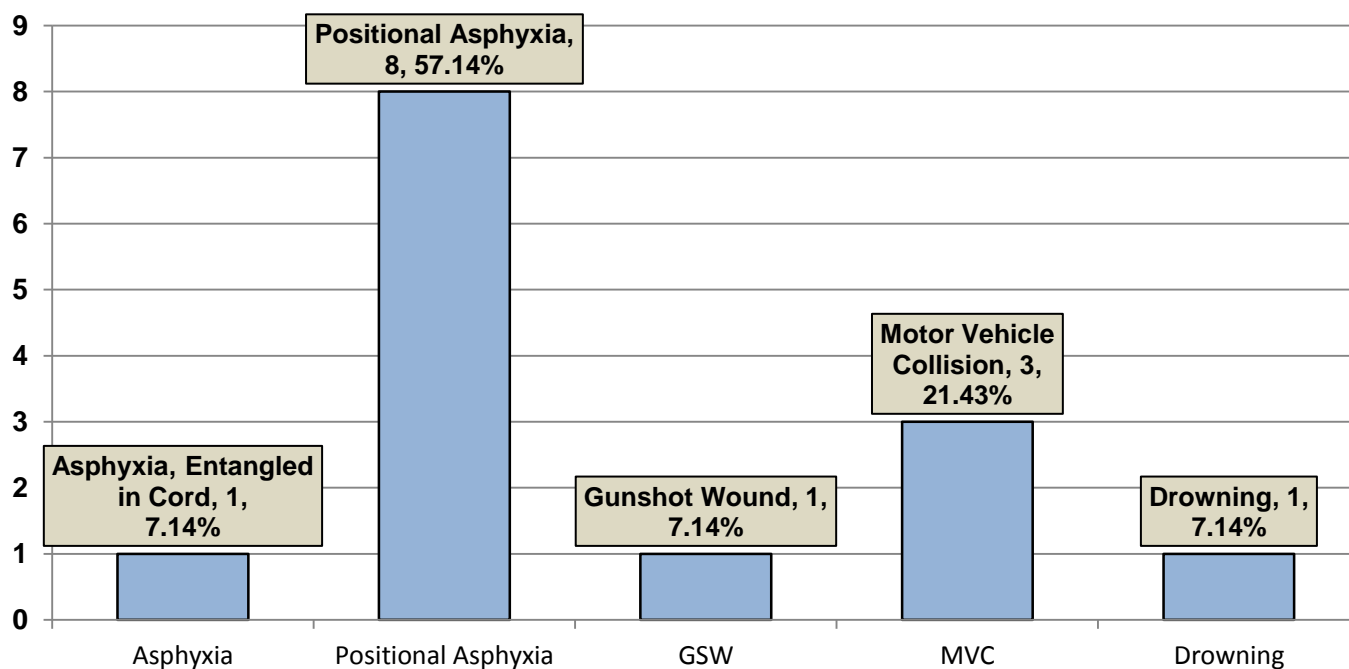


# **Statewide Medical Examiner Data of Children (Birth-17)**

## 2015 Statewide Child (<1) Accidents by Cause of Death

### Figure 28

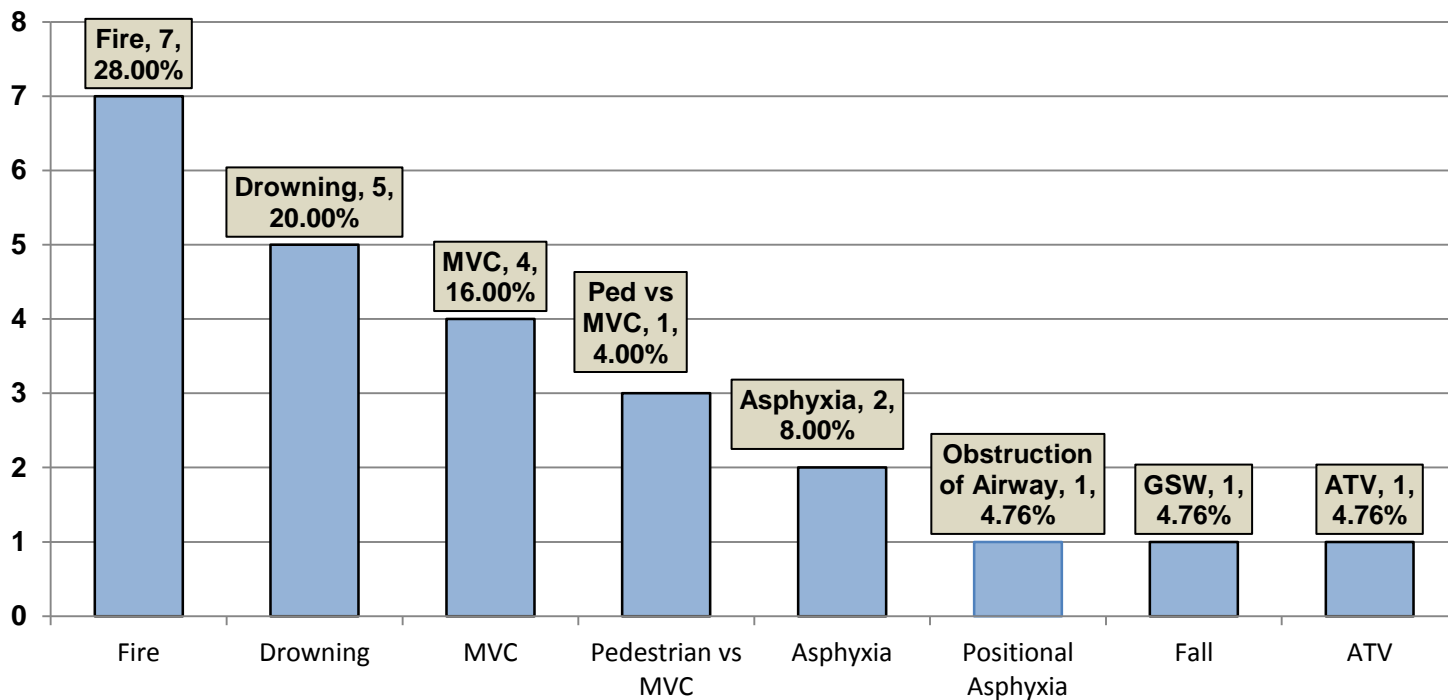
Total <1 Accidental Deaths=14



## 2015 Statewide Child (1-5) Accidents by Cause of Death

### Figure 29

Total 1-5 Accidental Deaths=25

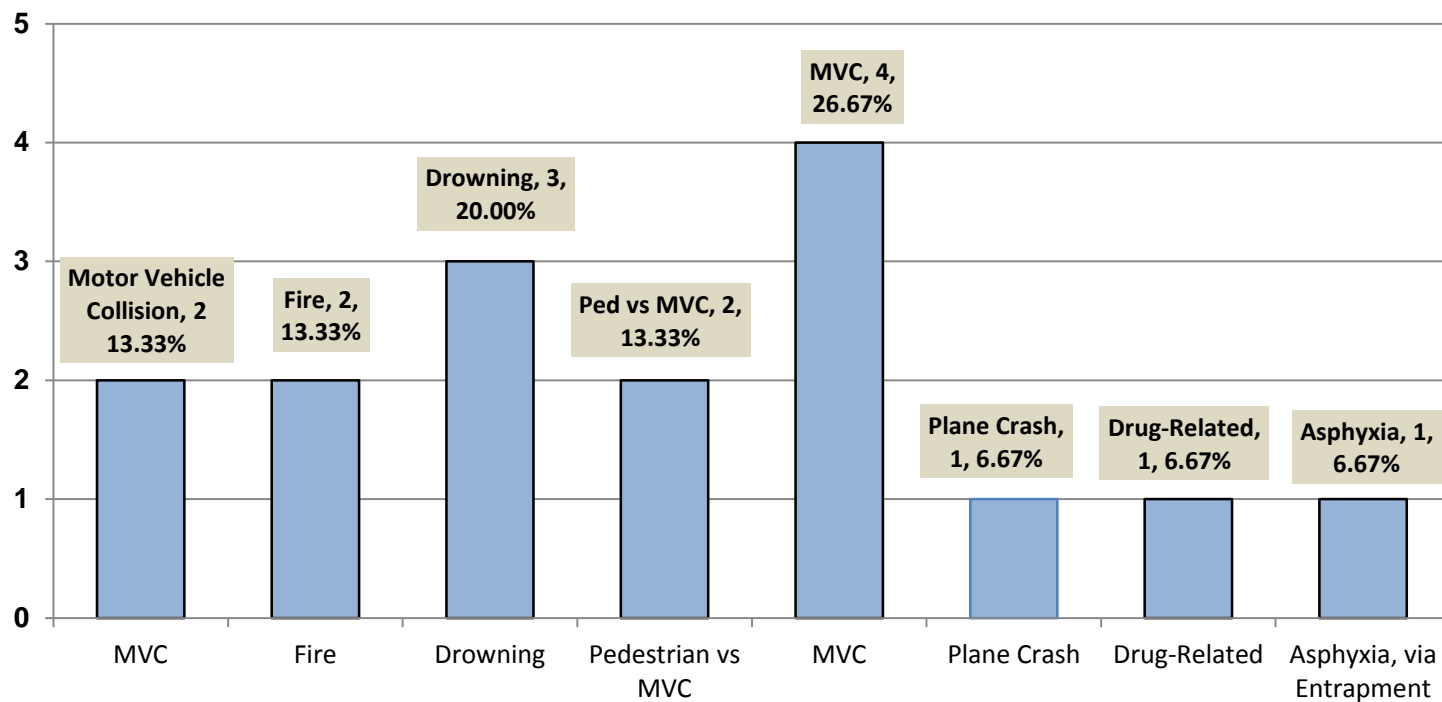




## 2015 Statewide Child (6-12) Accidents by Cause of Death

### Figure 30

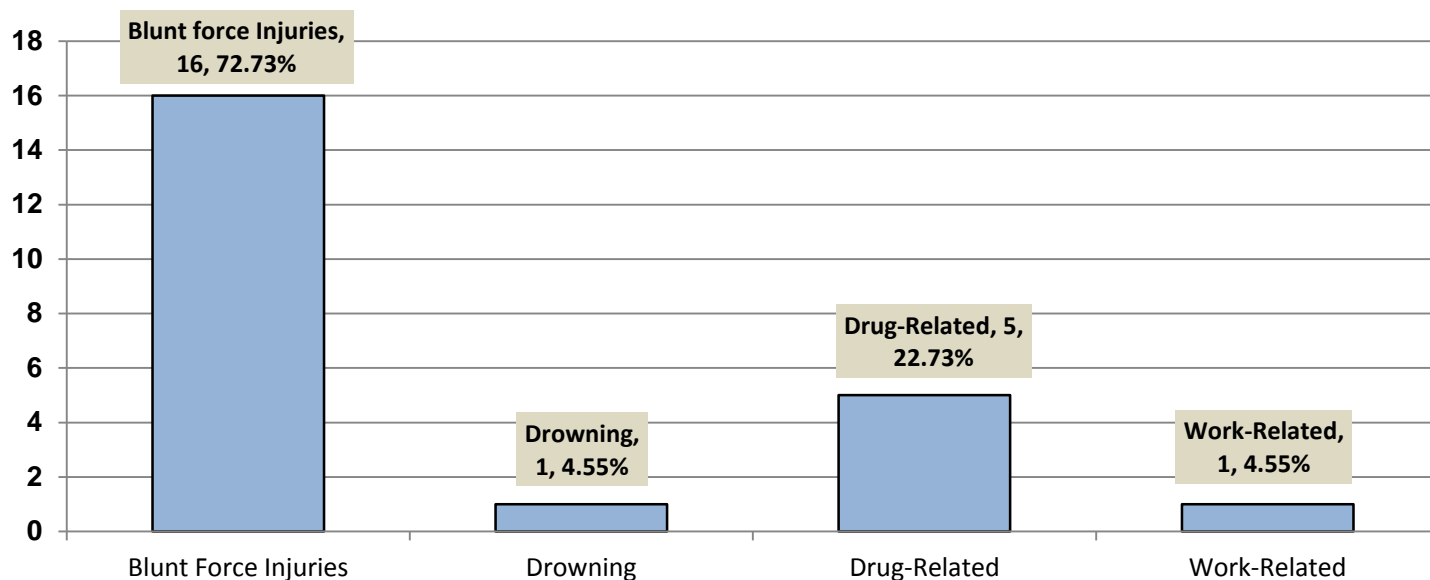
Total 6-12 Accidental Deaths=14



## 2015 Statewide Child (13-17) Accidents by Cause of Death

### Figure 31

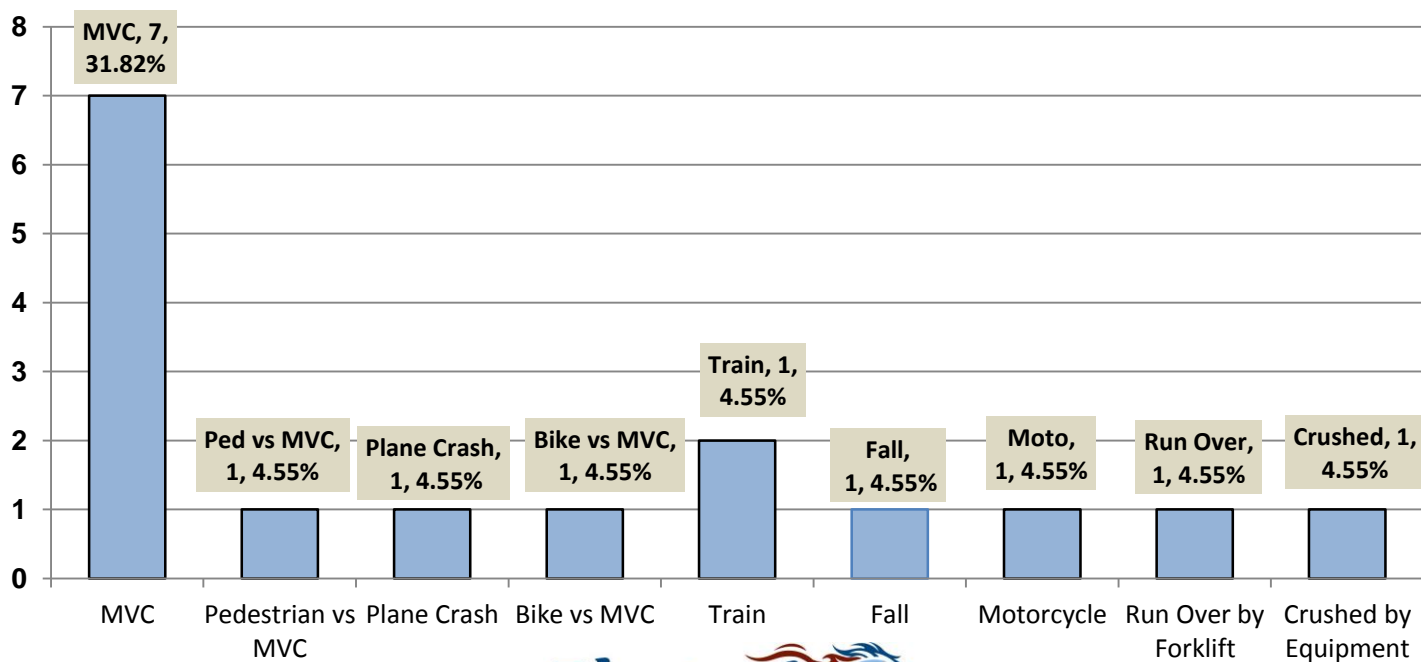
Total 13-17 Accidental Deaths=22



## 2015 Statewide Child (13-17) Blunt Force Accidents by Cause of Death

### Figure 32

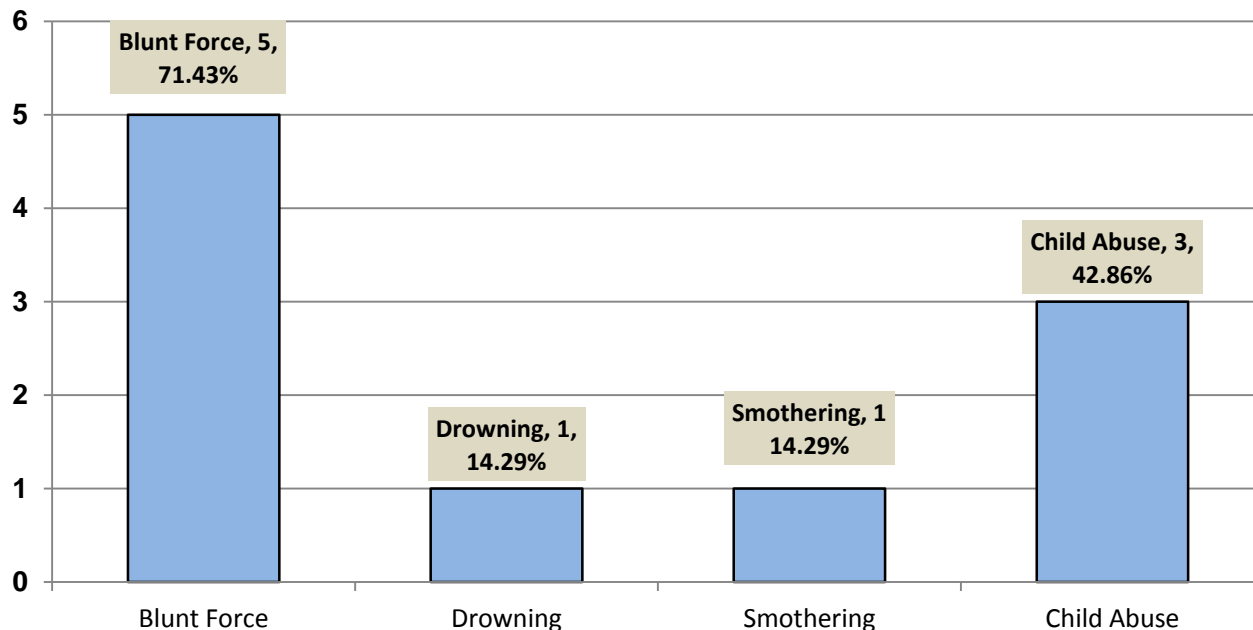
Total 13-17 Accidental Deaths=22



## 2015 Statewide Child (<1) Homicides by Cause of Death

### Figure 33

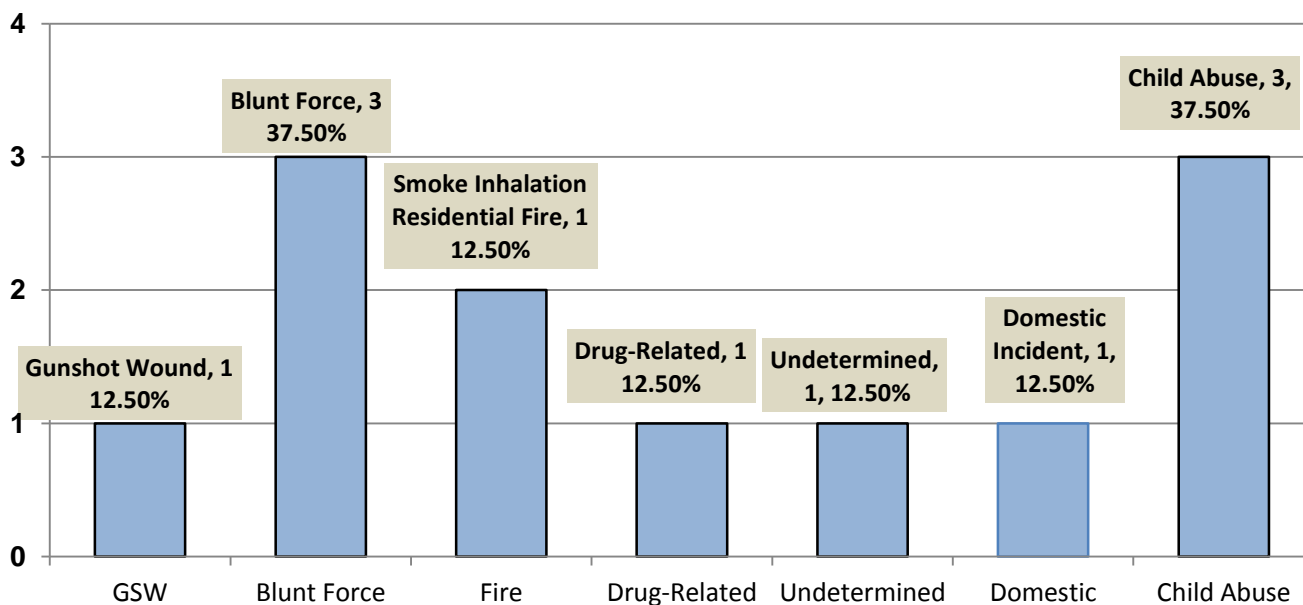
Total <1 Homicide Deaths=7



## 2015 Statewide Child (1-5) Homicides by Cause of Death

### Figure 34

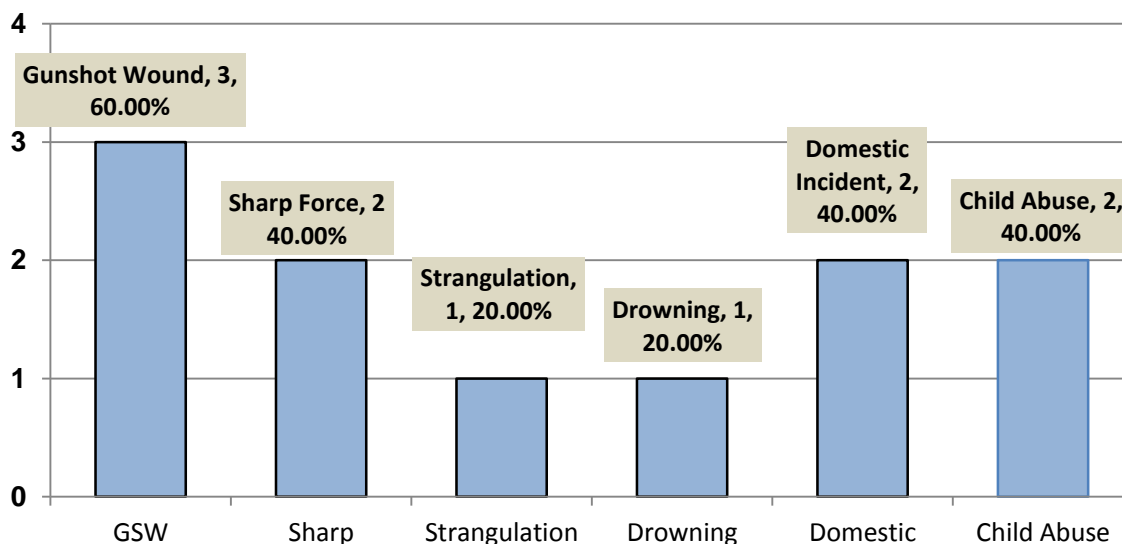
Total 1-5 Homicide Deaths=8



\*\*Percentages may be > than 100%, as some decedents may have more than one (1) type of injury.

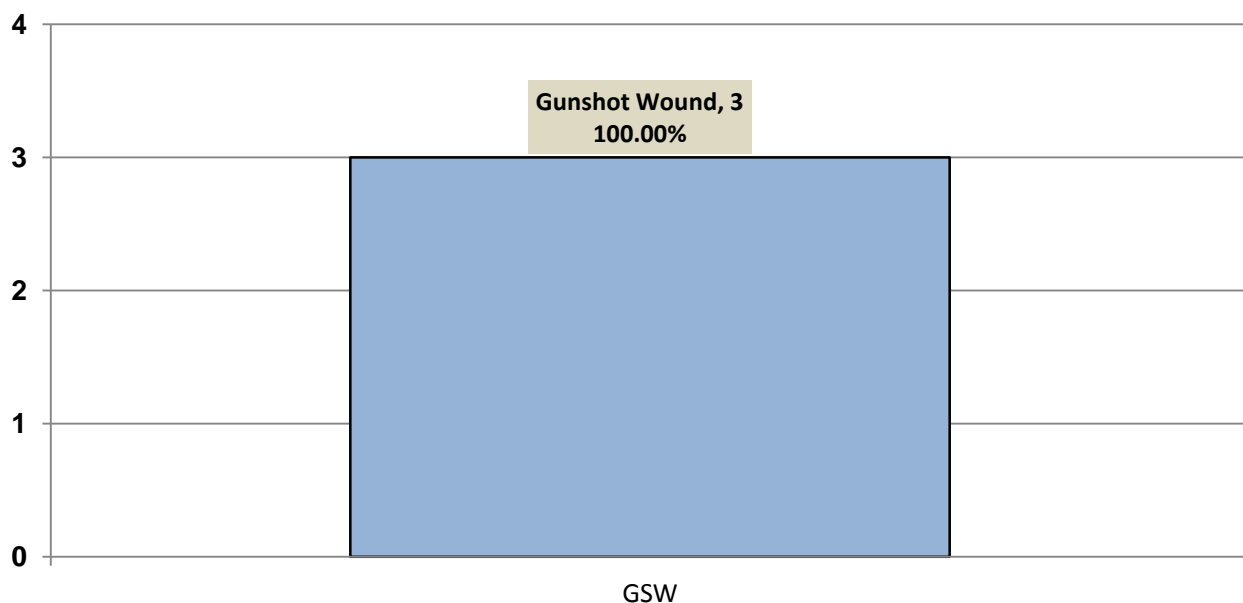
## 2015 Statewide Child (6-12) Homicides by Cause of Death Figure 35

Total 6-12 Homicide Deaths=5



## 2015 Statewide Child (13-17) Homicides by Cause of Death Figure 36

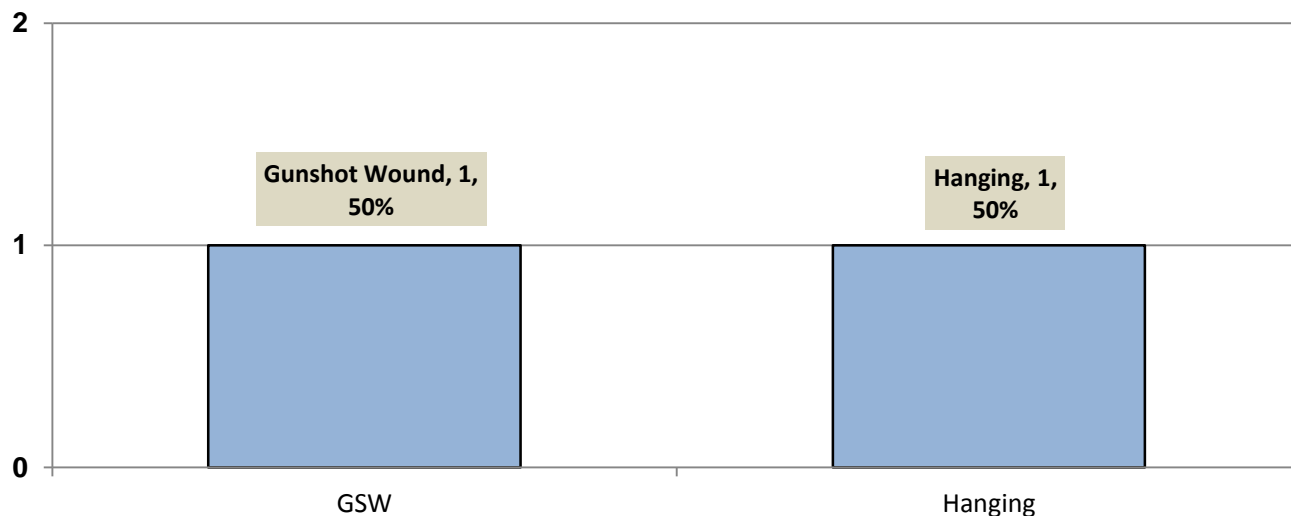
Total 13-17 Homicide Deaths=3



\*\*Percentages may be > than 100%, as some decedents may have more than one (1) type of injury

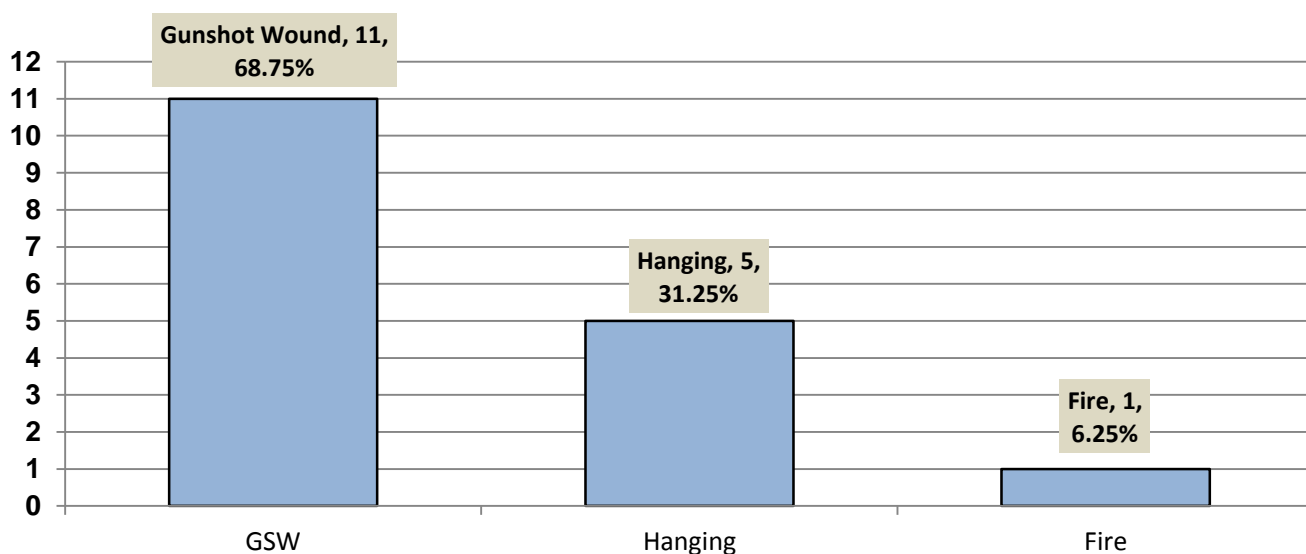
## 2015 Statewide Child (6-12) Suicides by Cause of Death

**Figure 37**  
Total 6-12 Suicide Deaths=2



## 2015 Statewide Child (13-17) Suicides by Cause of Death

**Figure 38**  
Total 13-17 Suicide Deaths=16

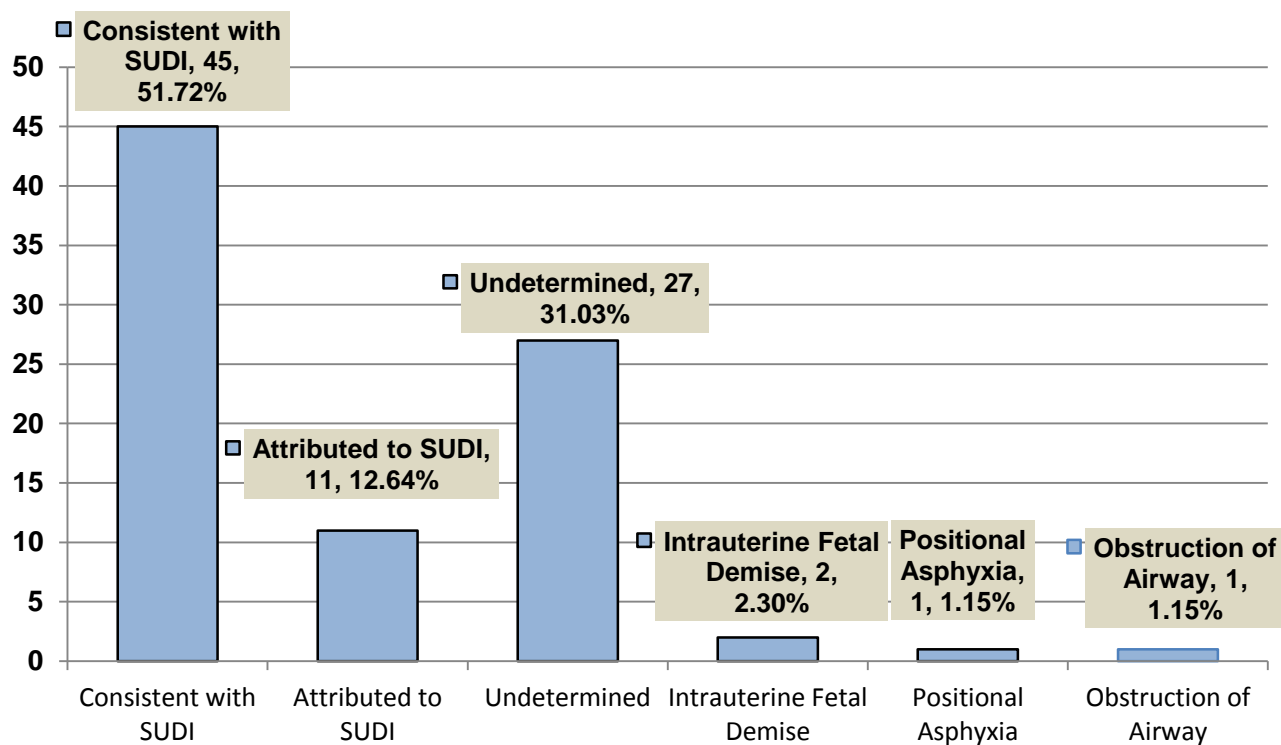


\*\*Percentages may be > than 100%, as some decedents may have more than one (1) type of injury

## 2015 Statewide Child (<1) Undetermined Manners by Cause of Death

### Figure 39

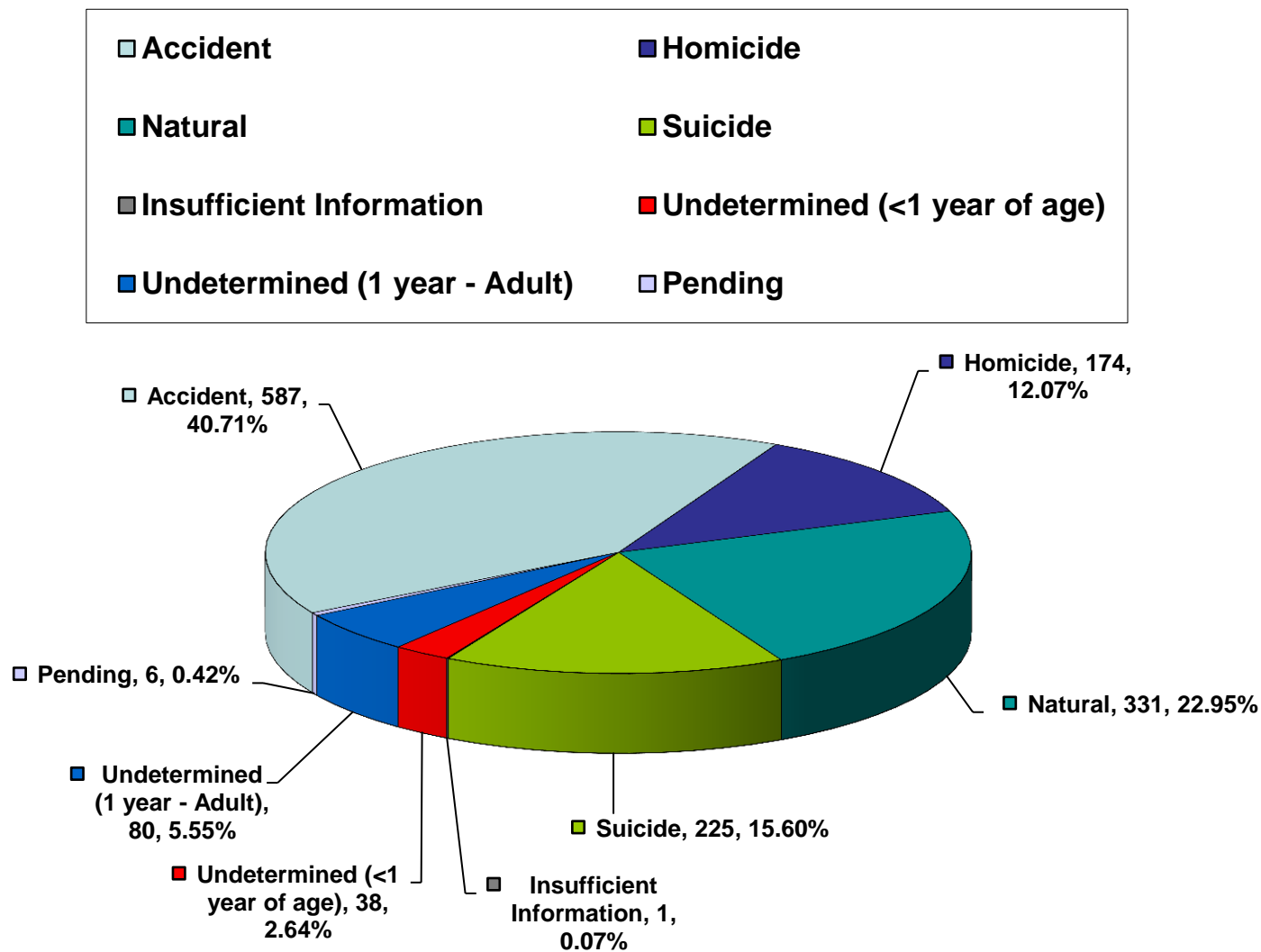
Total <1 Undetermined Deaths=87



# Office of the Chief Medical Examiner Office Data

## 2015 OCME Cases by Manner of Death

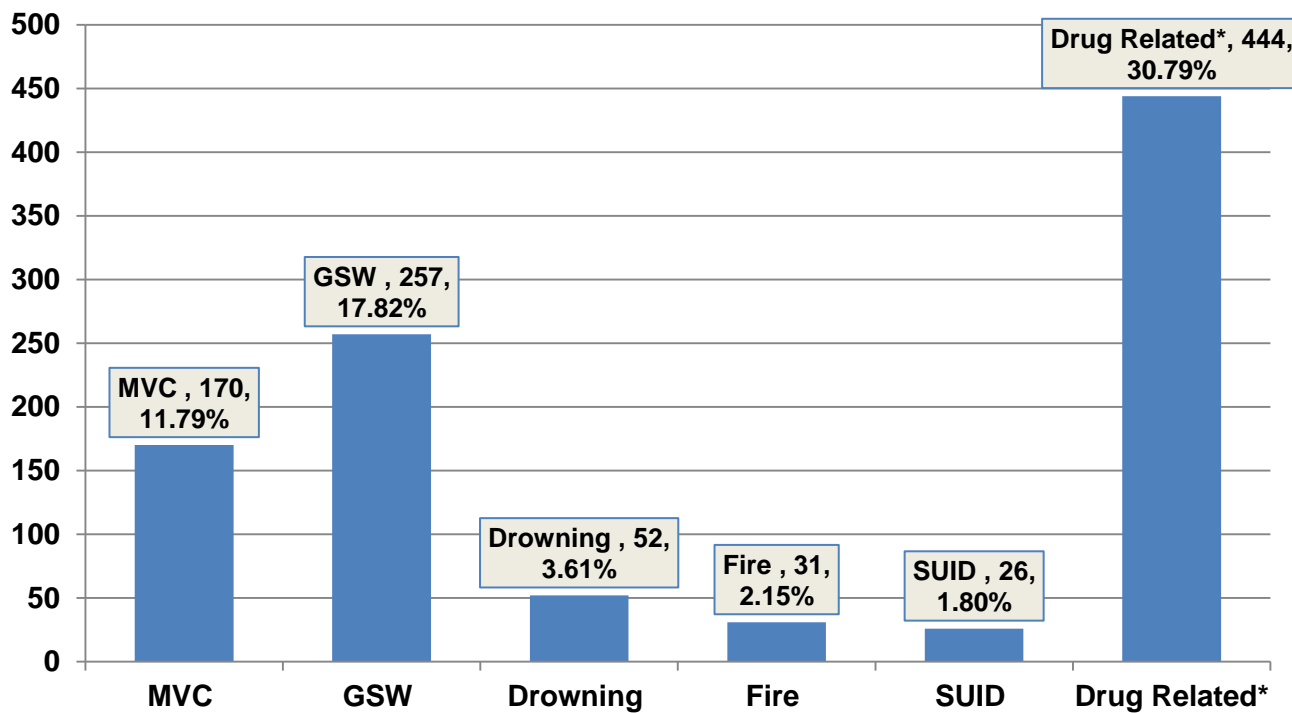
### Figure 40





## 2015 OCME Cases by Common Causes of Death

### Figure 41



\*Drug Related total includes Indiana

## OCME Totals by Common Causes and Subsequent Manners of Death

**Table 10**

<b>Fatal Event</b>	<b>Total Cases</b>	<b>Percentage</b>
<b><i>Drug Related - Kentucky</i></b>	<b>414</b>	<b>28.71%</b>
Accident	305	53.79%
Homicide§	2	0.35%
Suicide	14	2.47%
Natural (Complications of Chronic Use)	47	8.29%
Undetermined/Insufficient	43	7.58%
Heroin Present	153	26.98%
<b><i>Drug Related - Indiana</i></b>	<b>30</b>	<b>2.08%</b>
Accident	17	56.67%
Natural (Complications of Chronic Use)	8	26.67%
Undetermined/Insufficient	5	16.67%
Heroin Present	7	23.33%
<b><i>Motor Vehicle Accident</i></b>	<b>171</b>	<b>11.86%</b>
Accident	165	97.06%
Homicide	1	0.59%
Suicide	1	0.59%
Undetermined/Insufficient	3	1.76%
<b><i>Gunshot Wound</i></b>	<b>257</b>	<b>17.82%</b>
Accident	3	1.17%
Homicide	117	45.53%
Suicide	135	52.53%
Undetermined/Insufficient	2	0.78%
<b><i>Drowning</i></b>	<b>52</b>	<b>3.61%</b>
Accident	46	88.46%
Homicide	2	3.85%
Suicide	3	5.77%
Undetermined/Insufficient	1	1.92%
<b><i>Fire Related</i></b>	<b>31</b>	<b>2.15%</b>
Accident	20	64.52%
Homicide	7	22.58%
Suicide	2	6.45%
Undetermined/Insufficient	2	6.45%
<b><i>SUID</i></b>	<b>26</b>	<b>1.80%</b>
Undetermined	26	100%
<b><i>All other OCME Accidents</i></b>	<b>64</b>	<b>4.44%</b>

\*The above does not represent the total number of OCME cases\*

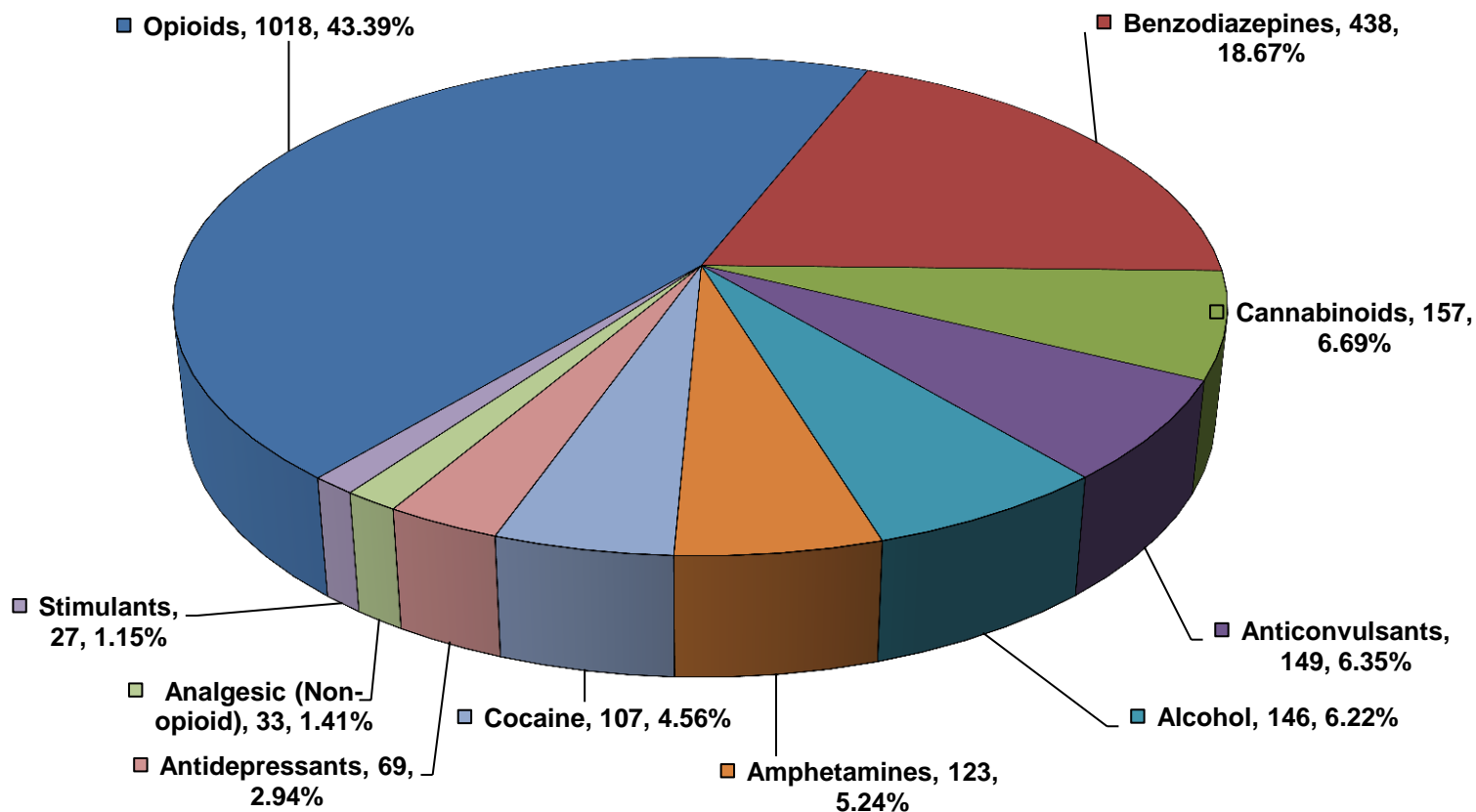
⌘Other than Drug Related Deaths, Indiana cases are included in totals⌘

§Homicide: Multiple Substance Intoxication was cause in 1; contributory cause in 1



## 2015 OCME Most Common Drug Classes Detected in Drug Related Death Victims

Figure 42



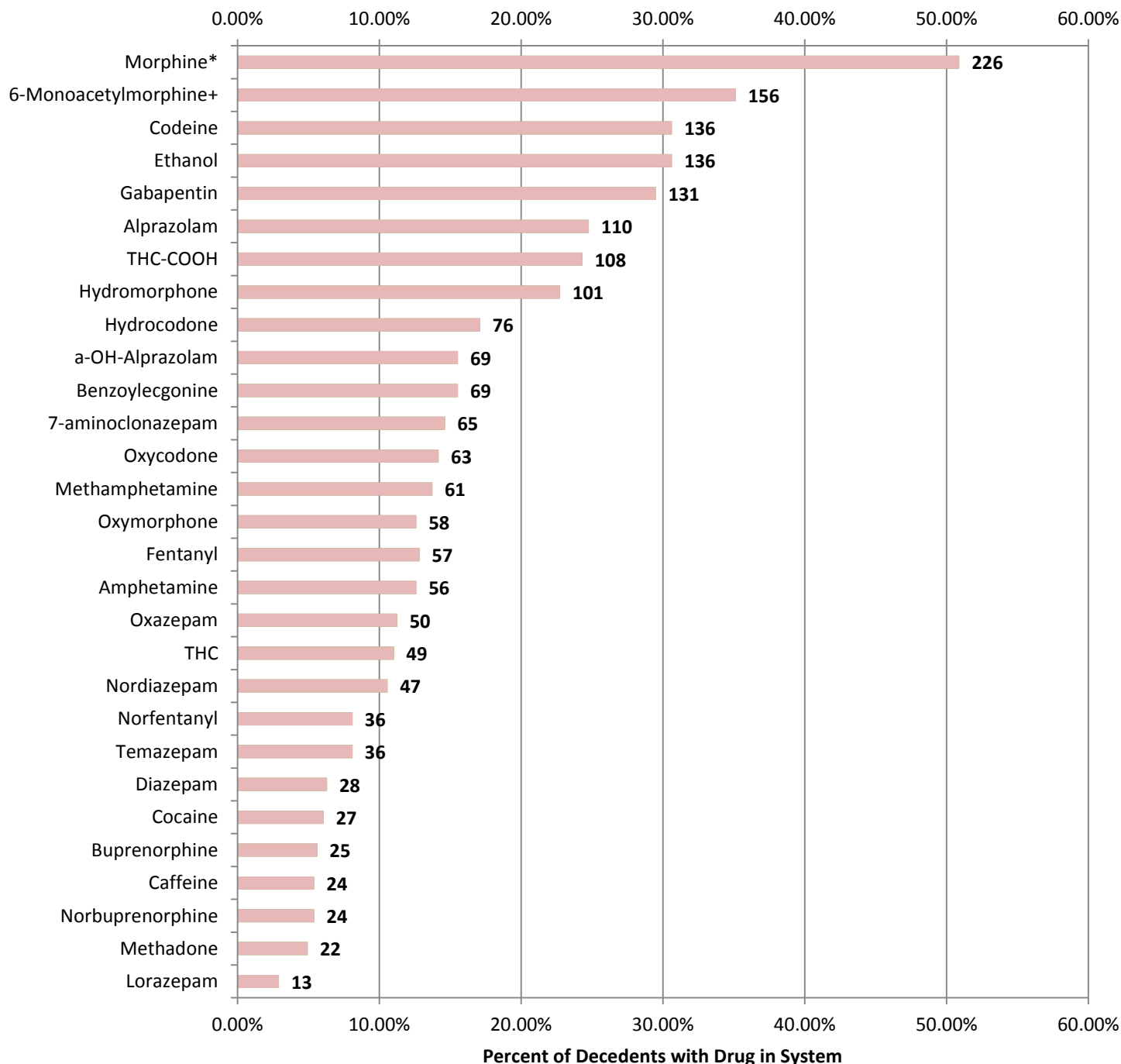
\*Opioids includes all opium-like substances (including natural opiates and synthetic opioids)

^Percent is based off of n=2346, the total drug count across all OCME drug overdoses

¤Detected drugs were found in blood, urine, and/or vitreous fluids.

## 2015 OCME Most Frequent Drugs Detected in Drug Related Death Victims

### Figure 43



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

+4 Heroin Cases do not have 6-Monoacetylmorphine present in postmortem toxicology

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

⌘Detected drugs were found in blood, urine, and/or vitreous fluids.

**2015 OCME Additional Drugs Detected  
in Drug Related Death Victims  
Table 11**

<b>Drug Name</b>	<b>Total</b>	<b>Percentage</b>		<b>Drug Name</b>	<b>Total</b>	<b>Percentage</b>
nortramadol	13	2.93%		dextromethorphan	2	0.45%
tramadol	13	2.93%		difluoroethane	2	0.45%
clonazepam	11	2.48%		dihydrocodeine	2	0.45%
cocaethylene	11	2.48%		doxepin	2	0.45%
amitriptyline	9	2.03%		hydrochlorothiazide	2	0.45%
EDDP	9	2.03%		hydroxychloroquine	2	0.45%
nortriptyline	9	2.03%		levofloxacin	2	0.45%
quetiapine	9	2.03%		mirtazapine	2	0.45%
diphenhydramine	8	1.80%		olanzapine	2	0.45%
trazadone	8	1.80%		paroxetine	2	0.45%
acetaminophen	7	1.58%		propanolol	2	0.45%
acetone	7	1.58%		topiramate	2	0.45%
citalopram	7	1.58%		venlafaxine	2	0.45%
cyclobenzaprine	7	1.58%		10-hydroxy-carbazepine	1	0.23%
duloxetine	7	1.58%		5F-AMB	1	0.23%
naloxone	7	1.58%		AB-PINACA	1	0.23%
chlorophenylpiperazine	6	1.35%		amlodipine	1	0.23%
hydroxyzine	6	1.35%		atenolol	1	0.23%
promethazine	6	1.35%		baclofen	1	0.23%
pseudoephedrine	6	1.35%		carbamazepine	1	0.23%
zolidem	6	1.35%		ceftriaxone	1	0.23%
meprobamate	5	1.13%		chlordiazepoxide	1	0.23%
norfluoxetine	5	1.13%		ciprofloxacin	1	0.23%
amiodarone	4	0.90%		diltiazem	1	0.23%
fluoxetine	4	0.90%		doxylamine	1	0.23%
lamotrigine	4	0.90%		escitalopram	1	0.23%
metoprolol	4	0.90%		etomidate	1	0.23%
phenobarbital	4	0.90%		flumazenil	1	0.23%
pregabalin	4	0.90%		furosemide	1	0.23%
isopropanol	3	0.68%		guaifenesin	1	0.23%
levetiracetam	3	0.68%		lidocaine	1	0.23%
norsertaline	3	0.68%		metaxalone	1	0.23%
norvenlafaxine	3	0.68%		metoclopramide	1	0.23%
sertaline	3	0.68%		nicotine	1	0.23%
valproic acid	3	0.68%		nordoxepin	1	0.23%
benztropine	2	0.45%		opiates	1	0.23%
bupropion	2	0.45%		orphenadrine	1	0.23%
butalbital	2	0.45%		salicylate	1	0.23%
carisoprodol	2	0.45%		tizanidine	1	0.23%
cotinine	2	0.45%		warfarin	1	0.23%

<sup>^</sup>Total Percentages >100% due to more than 1 drug being present in many decedents

<sup>⌘</sup>Detected drugs were found in blood, urine, and/or vitreous fluids.

**OCME Totals by Special Circumstances  
and Subsequent Manners of Death**  
**Table 12**

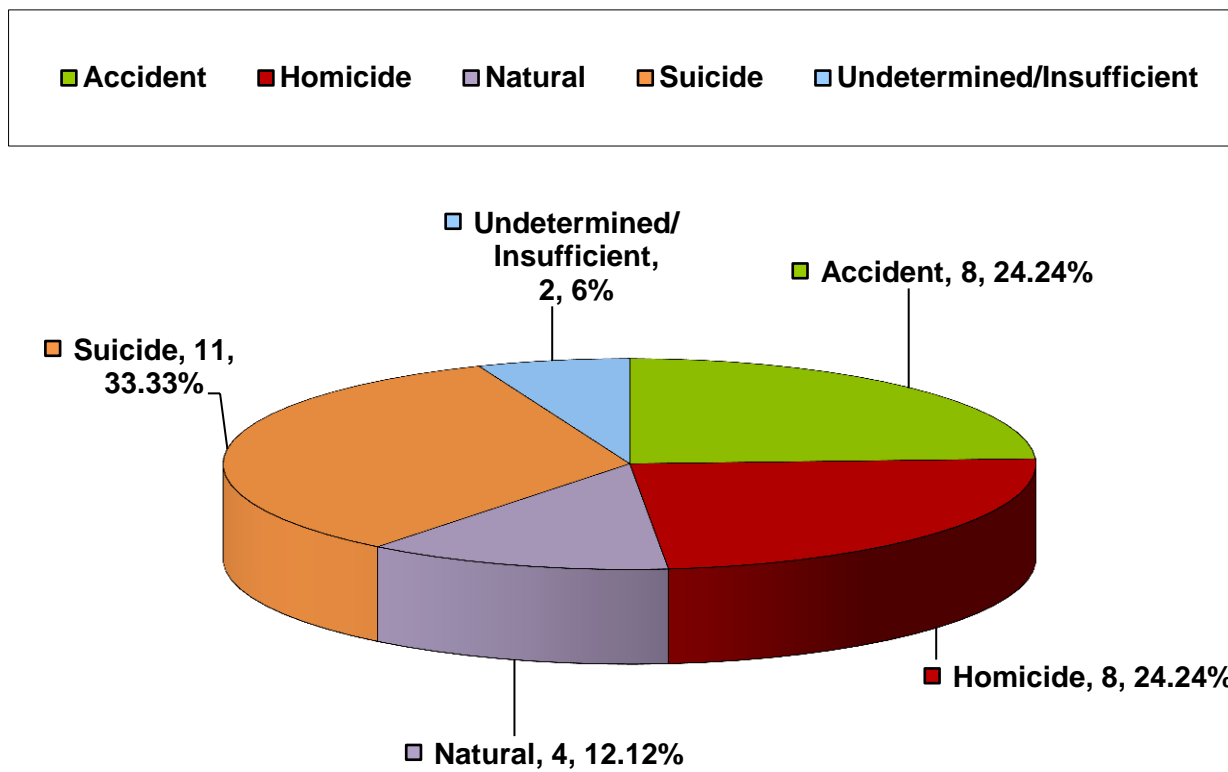
<b>Fatal Event</b>	<b>Total</b>	<b>Percentage</b>
<b><i>Work Related</i></b>	<b>20</b>	<b>1.39%</b>
Accident	13	65%
Homicide	1	5%
Natural	6	30%
<b><i>Jail</i></b>	<b>11</b>	<b>0.76%</b>
Accident	3	27.275%
Suicide	5	45.45%
Natural	3	27.275%
<b><i>Prison</i></b>	<b>0</b>	<b>0%</b>
<b><i>Arrest-Related</i></b>	<b>12</b>	<b>0.83%</b>
Accident	1	8.33%
Suicide	4	33.33%
Homicide	7	58.33%
<b><i>Home Incarceration</i></b>	<b>10</b>	<b>0.69%</b>
Accident	4	40%
Homicide	1	10%
Suicide	2	20%
Natural	1	10%
Undetermined/Insufficient	2	20%
<b><i>Domestic</i></b>	<b>22</b>	<b>1.53%</b>
Homicide	15	68.18%
Suicide	6	27.27%
Natural	1	4.55%
<b><i>Child Abuse</i></b>	<b>7</b>	<b>0.48%</b>
Homicide	7	100%
<b><i>Nursing Home</i></b>	<b>1</b>	<b>0.07%</b>
Accident	1	100%

**OCME Police-Involved Cases by Demographics and Manners of Death**  
**Table 13**

Demographic	All Police Involved	All Police %	Jail Deaths	Jail %	Prison Deaths	Prison %	Arrest-Related Deaths	Arrest-Related %	Home Incarc Deaths	Home Incarc %
<i>Age</i>										
24 and younger	3	9.09%	0	0%	0	0%	1	8.33%	2	20%
25-34	11	33.33%	3	27.27%	0	0%	6	50%	2	20%
35-44	10	30.30%	2	18.18%	0	0%	2	16.67%	6	60%
45-54	5	15.15%	5	45.45%	0	0%	0	0%	0	0%
55-64	3	9.09%	1	9.09%	0	0%	2	16.67%	0	0%
65 and older	1	3.03%	0	0%	0	0%	1	8.33%	0	0%
<i>Race</i>										
White	28	84.85%	11	100%	0	0%	8	66.67%	9	90%
Black	5	15.15%	0	0%	0	0%	4	33.33%	1	10%
Hispanic	0	0%	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
<i>Sex</i>										
Male	30	90.91%	9	81.82%	0	0%	12	100%	9	90%
Female	3	9.09%	2	18.18%	0	0%	0	0%	1	10%
<i>Total</i>	33	100%	11	33.33%	0	0%	12	36.36%	10	30.3%

## 2015 OCME Police-Involved Cases by Manner of Death

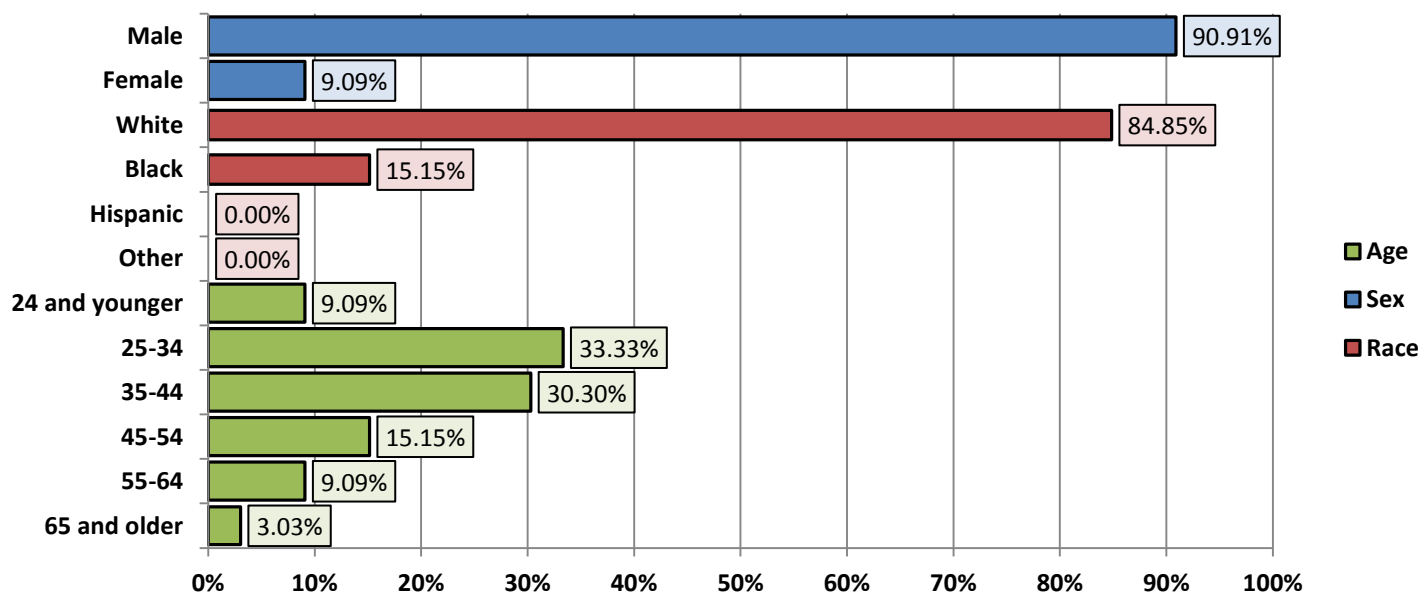
Figure 44



## 2015 OCME Police-Involved Cases by Demographics

Figure 45

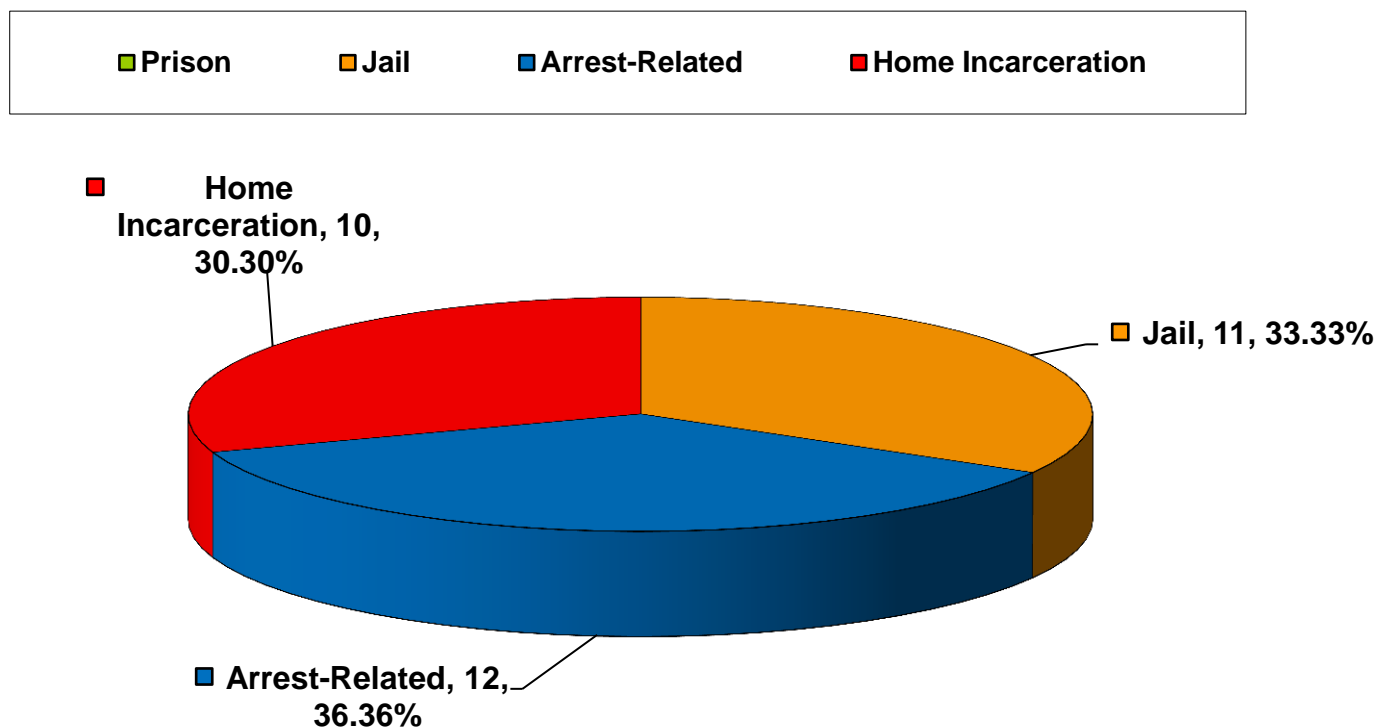
n=33





## 2015 OCME Police-Involved Cases by Type of Police Involvement

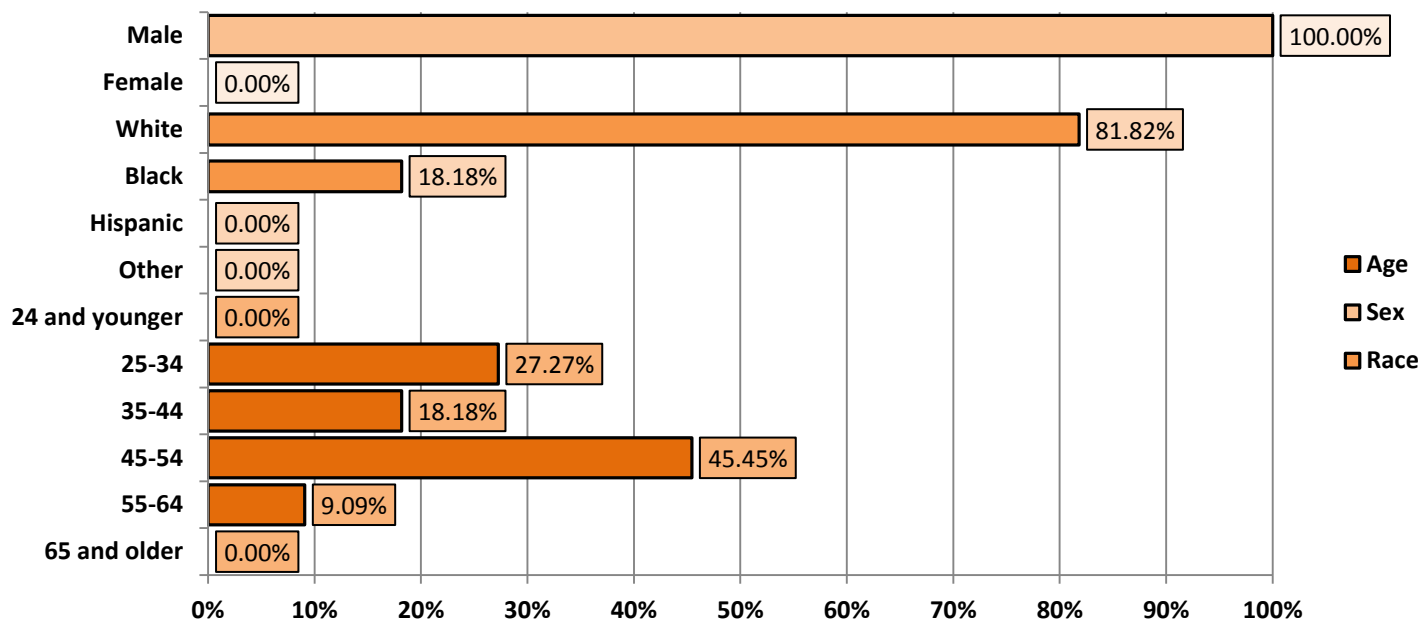
Figure 46  
n=33



## 2015 OCME Jail Deaths by Demographics

Figure 47

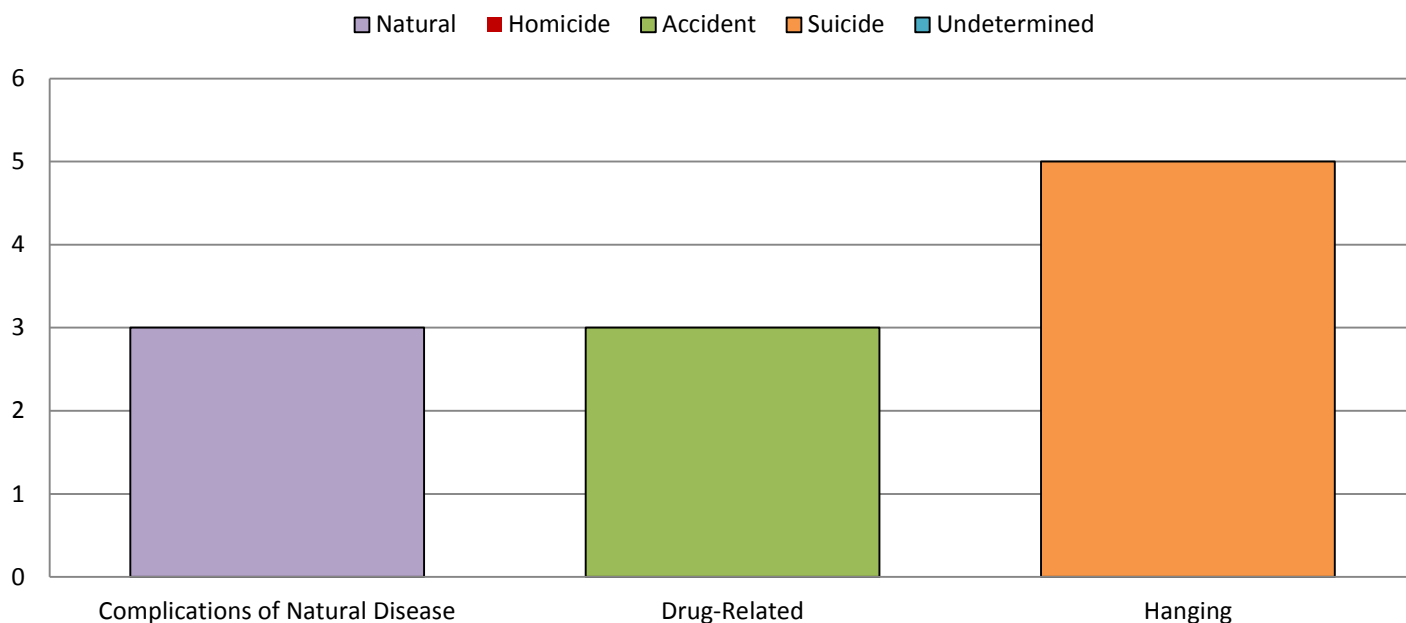
n=11



## 2015 OCME Jail Deaths by Cause and Manner of Death

Figure 48

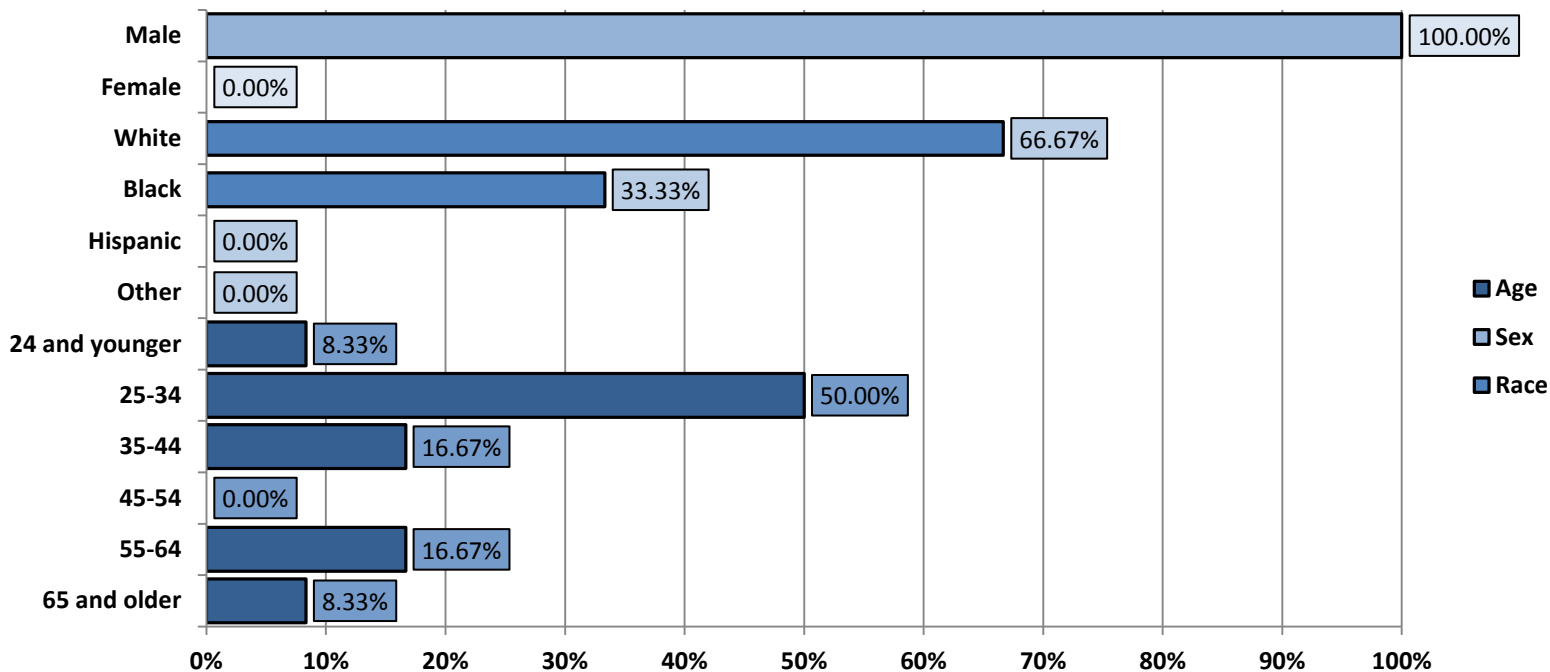
n=11



## 2015 OCME Arrest-Related Deaths by Demographics

Figure 49

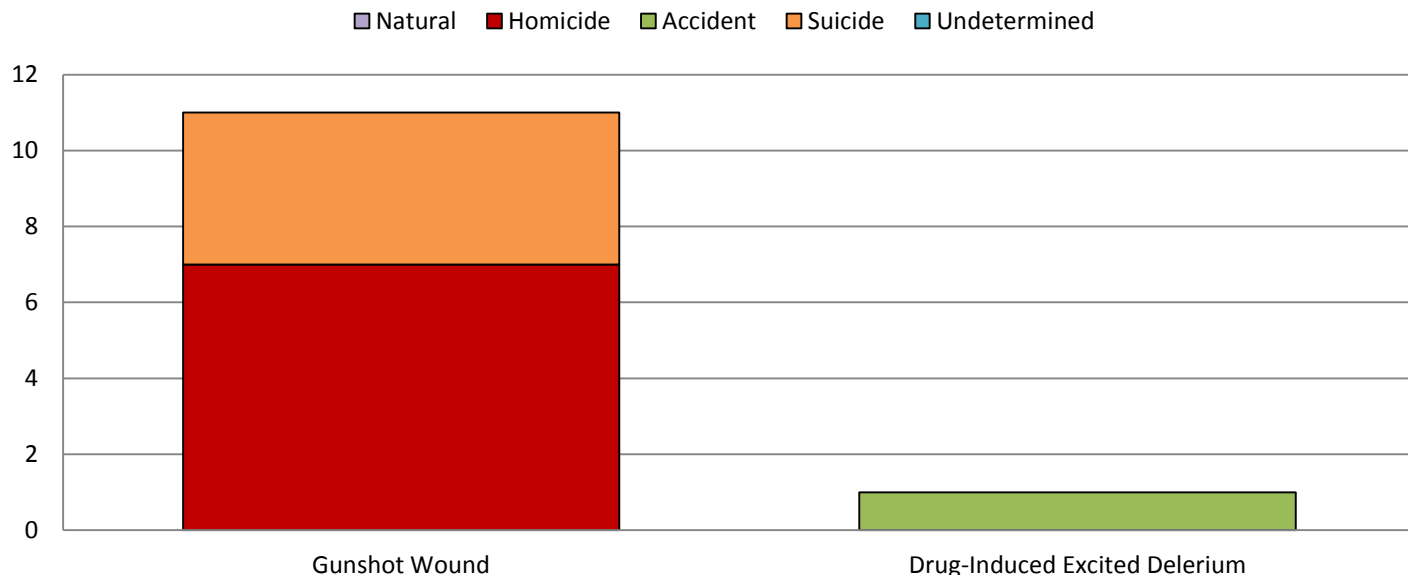
n=12



## 2015 OCME Arrest-Related Deaths by Cause and Manner of Death

Figure 50

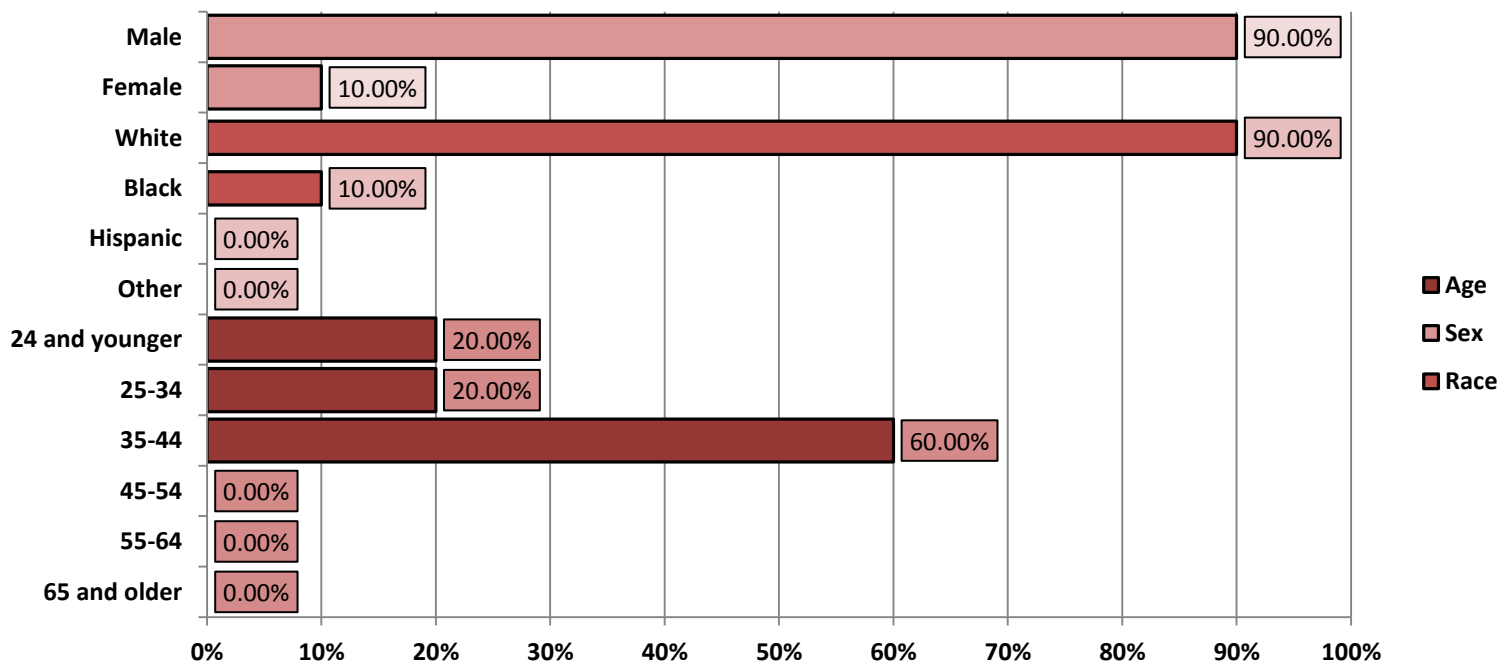
n=12



## 2015 OCME Home Incarceration Deaths by Demographics

Figure 51

n=10

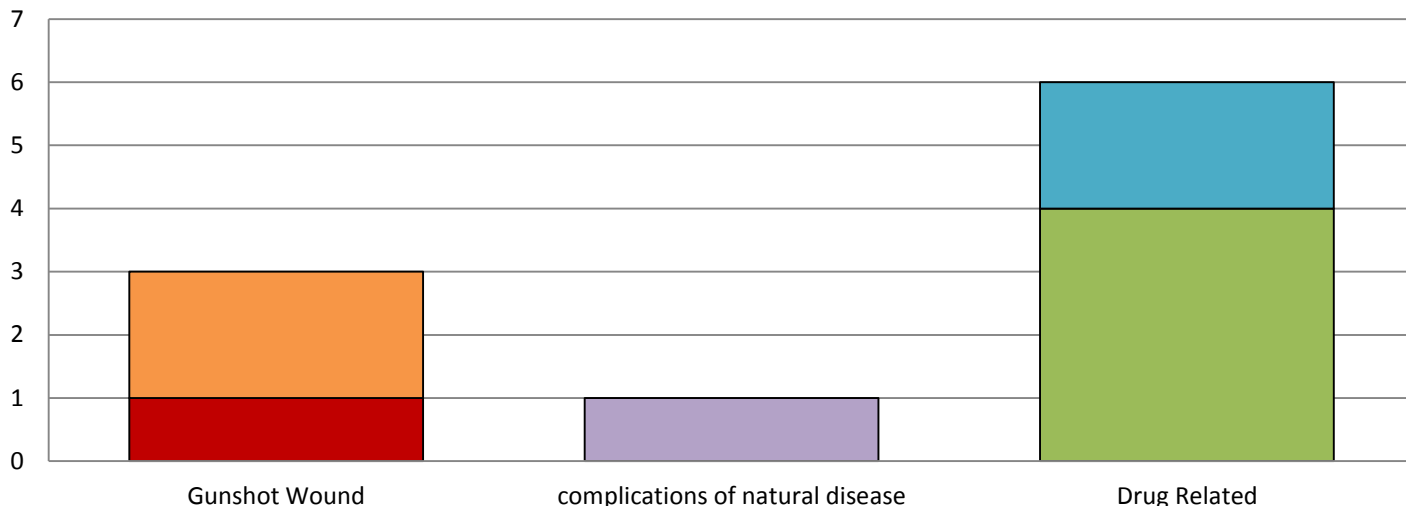


## 2015 OCME Home Incarceration Deaths by Cause and Manner of Death

Figure 52

n=10

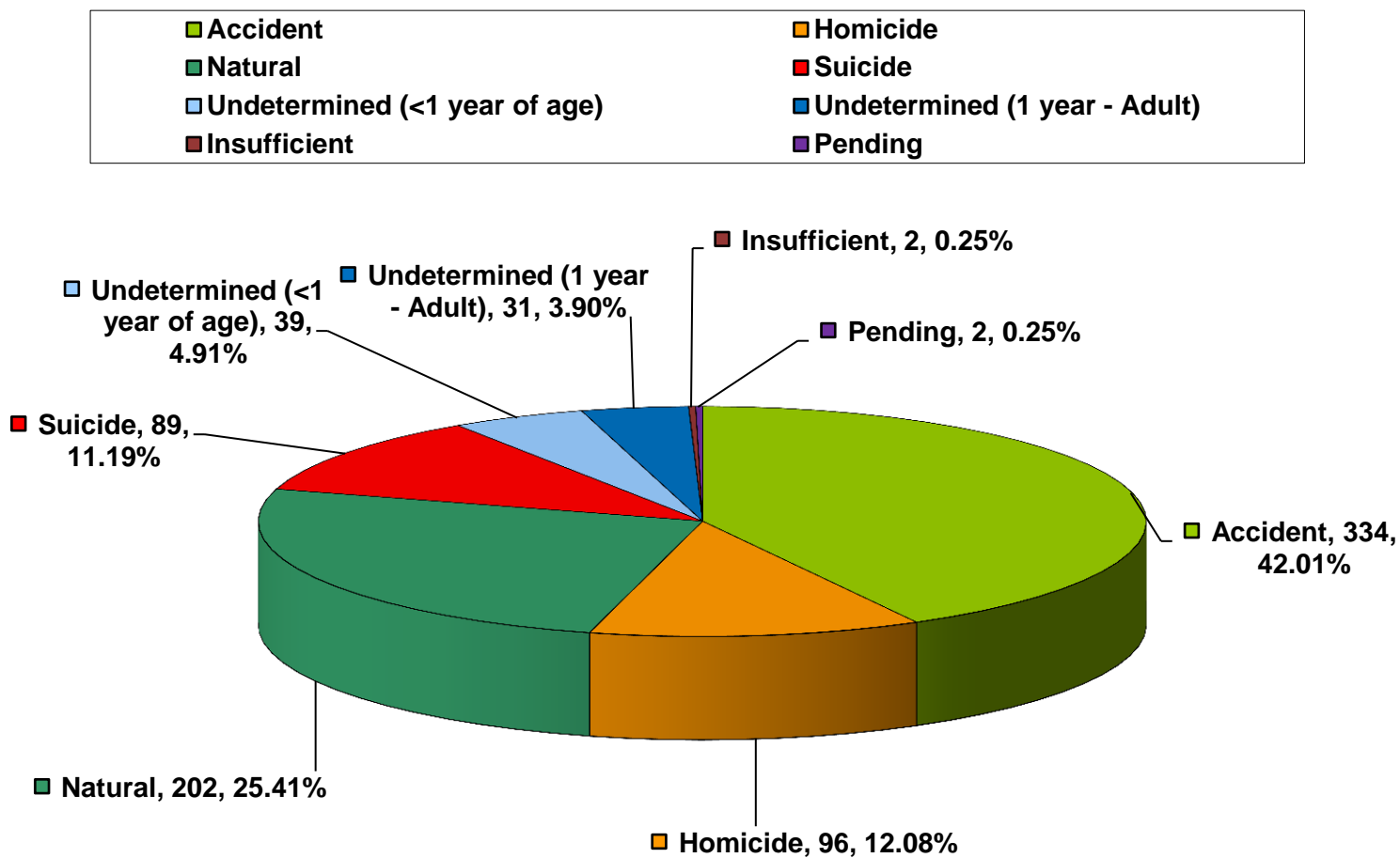
■ Natural ■ Homicide ■ Accident ■ Suicide ■ Undetermined

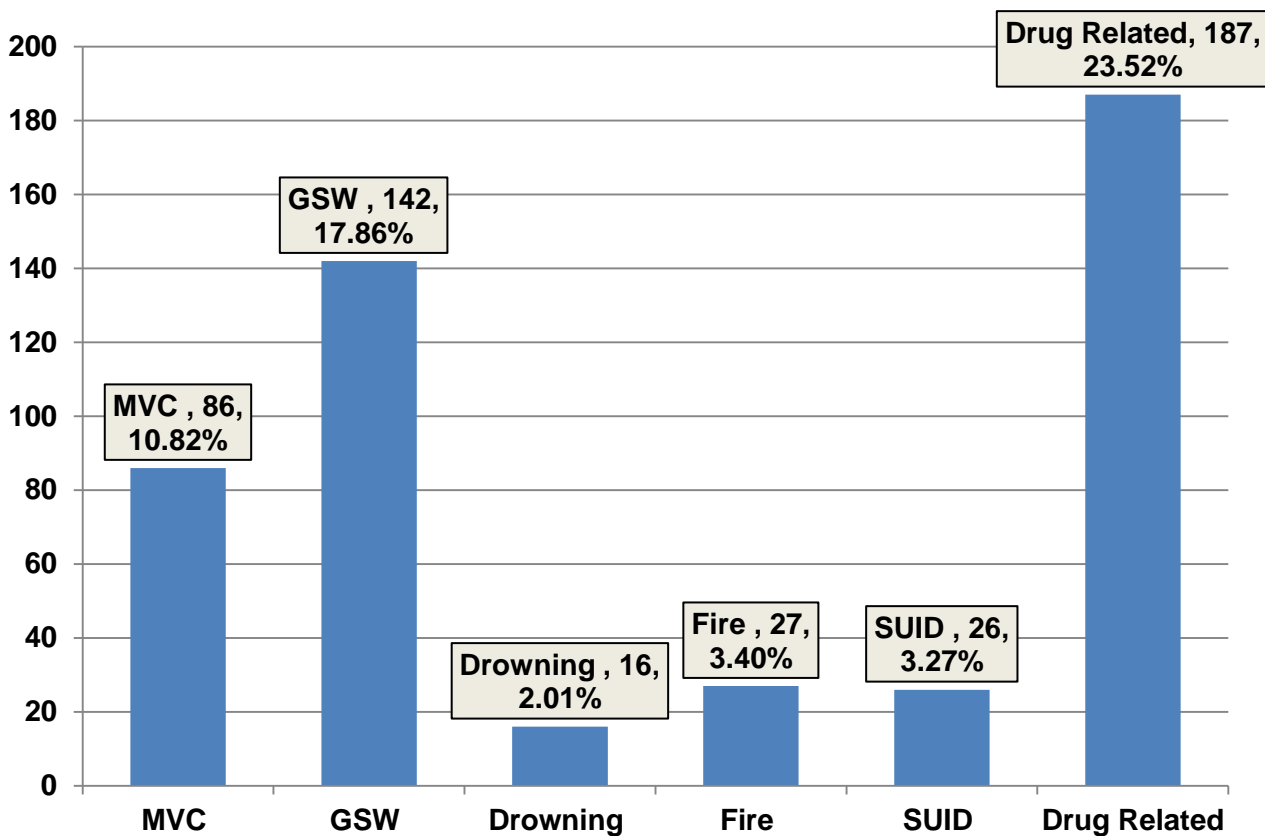


# Office of Associate Chief Medical Examiner Office Data

## 2015 OACME Cases by Manner of Death

### Figure 53



**2015 OACME Cases by Common Causes of Death****Figure 54**

## OACME Totals by Common Causes and Subsequent Manners of Death

### Table 14

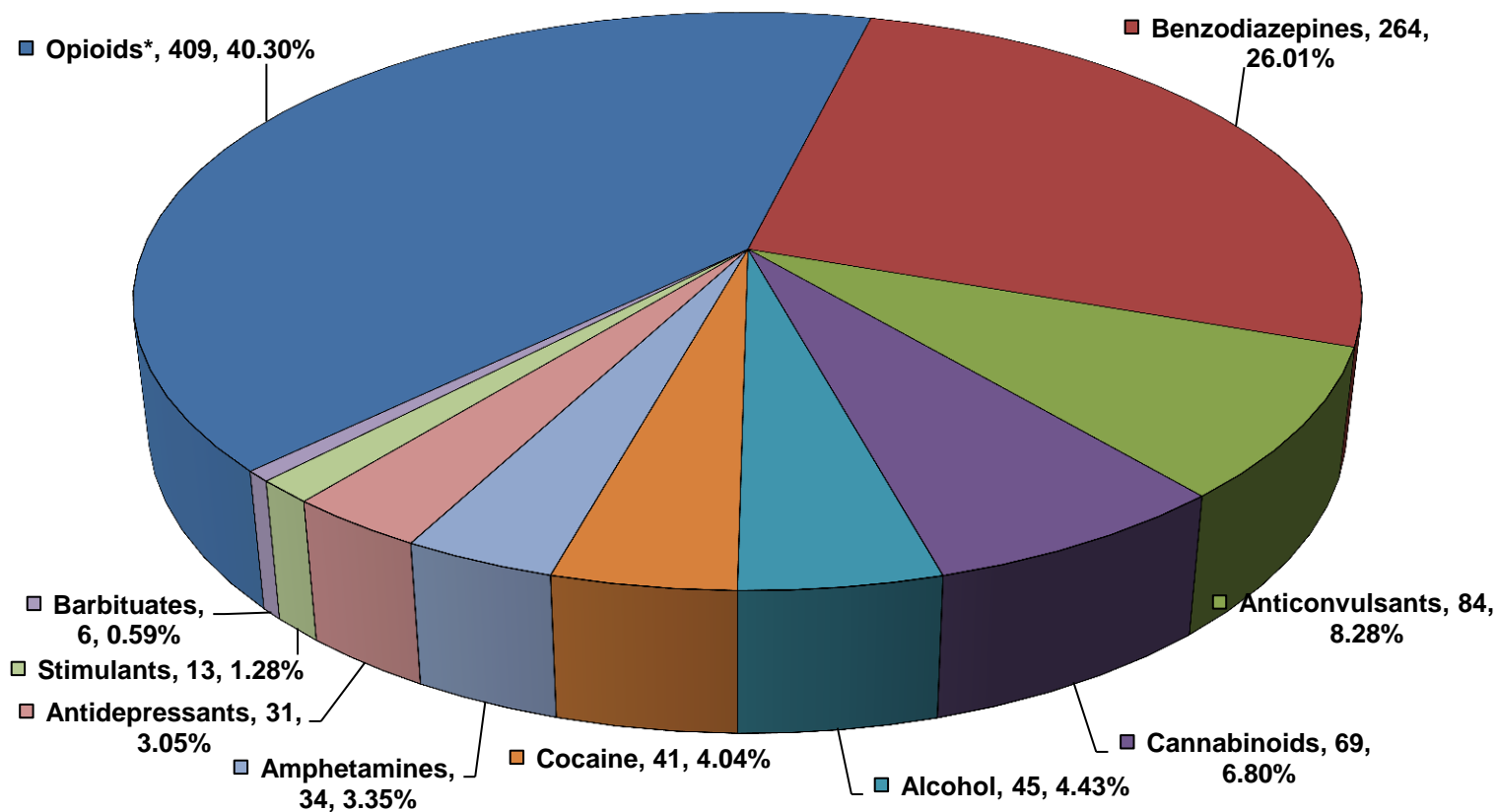
Fatal Event	Total	Percentage
<b><i>Drug Related</i></b>	<b>187</b>	<b>23.52%</b>
Accident	170	90.91%
Natural (Complications of Chronic Use)	6	3.21%
Suicide	2	1.07%
Undetermined	9	4.81%
Heroin Present	29	15.51%
<b><i>Motor Vehicle Accident</i></b>	<b>87</b>	<b>10.82%</b>
Accident	84	97.67%
Homicide	1	1.16%
Undetermined	1	1.16%
<b><i>Gunshot Wound</i></b>	<b>142</b>	<b>17.86%</b>
Accident	1	0.70%
Homicide	68	47.89%
Suicide	66	46.48%
Undetermined	5	3.52%
Insufficient Information	1	0.70%
Pending	1	0.70%
<b><i>Drowning</i></b>	<b>16</b>	<b>2.01%</b>
Accident	12	75.00%
Suicide	2	12.50%
Undetermined	2	12.50%
<b><i>Fire Related</i></b>	<b>27</b>	<b>3.40%</b>
Accident	26	96.30%
Homicide	1	3.70%
<b><i>SUID</i></b>	<b>26</b>	<b>3.27%</b>
Undetermined	26	100%
<b><i>All other FFT Accidents</i></b>	<b>39</b>	<b>4.91%</b>

\*The above does not represent the total number of OACME cases\*



## 2015 OACME Most Common Drug Classes Detected in Drug Related Death Victims

Figure 55



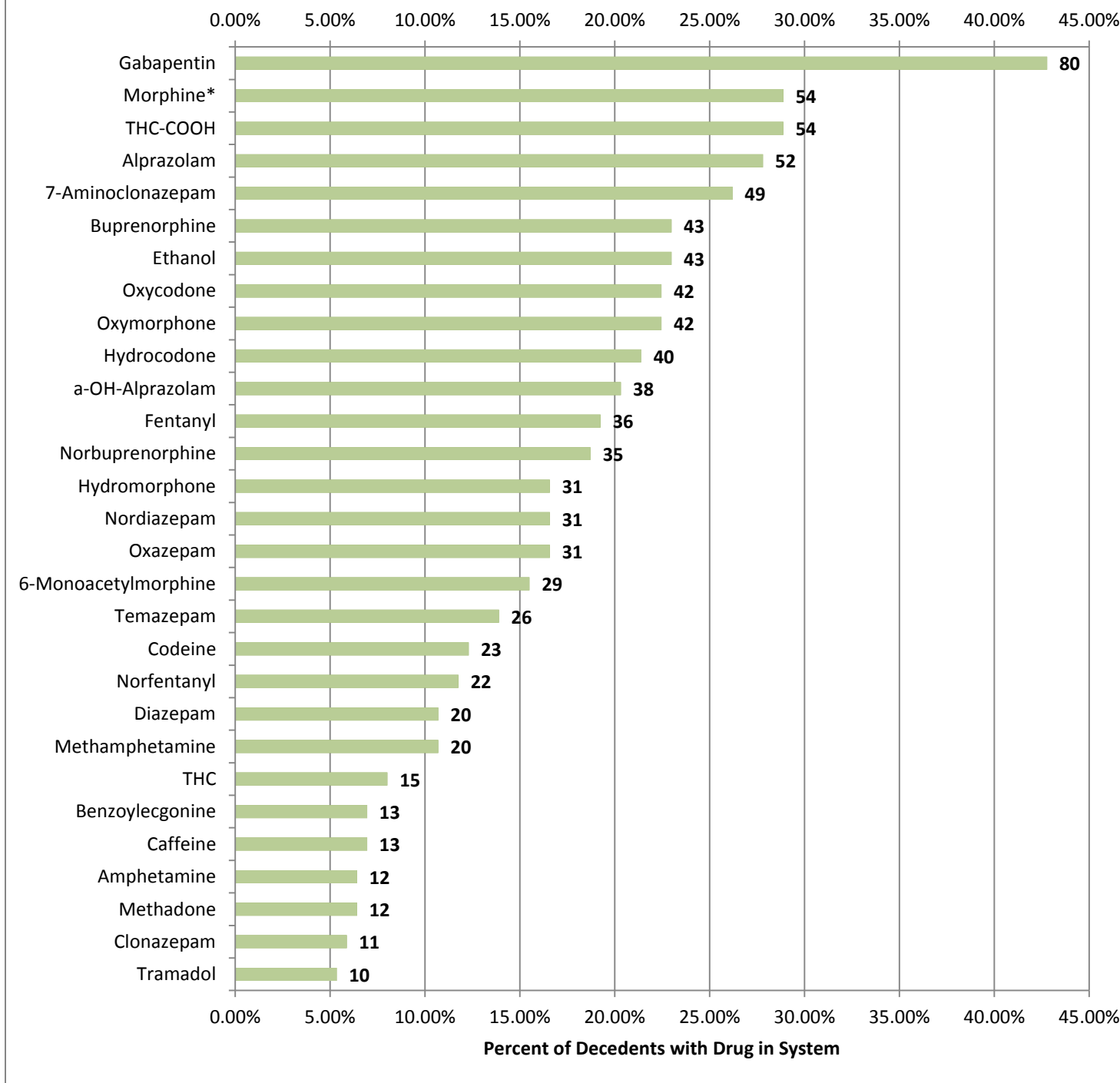
\*Opioids includes all opium-like substances (including natural opiates and synthetic opioids)

^Percent is based off of n=1015, the total drug count across all FFT drug overdoses

⌘Detected drugs were found in blood, urine, and/or vitreous fluids.

## 2015 OACME Most Frequent Drugs Detected in Drug Related Death Victims

### Figure 56



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

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

▣Detected drugs were found in blood, urine, and/or vitreous fluids.

## 2015 OACME Additional Drugs Detected in Drug Related Death Victims

### Table 15

Drug Name	Total	Percentage
Nortramadol	8	4.28%
Butalbital	6	3.21%
Cocaine	5	2.67%
Nortriptyline	5	2.67%
EDDP	4	2.14%
Lorazepam	4	2.14%
Amitriptyline	3	1.60%
Citalopram	3	1.60%
Flouxetine	3	1.60%
Mirtazapine	3	1.60%
Oxcarbazepine	3	1.60%
Acetone	2	1.07%
Amlodipine	2	1.07%
Bupropion	2	1.07%
Chlordiazepoxide	2	1.07%
Cyclobenzaprine	2	1.07%
Diphenhydramine	2	1.07%
Hydroxyzine	2	1.07%
Norfluoxetine	2	1.07%
Norvenlafaxine	2	1.07%
Pseudoephedrine	2	1.07%
Trazodone	2	1.07%
Venlafaxine	2	1.07%
AB-CHMINACA	1	0.53%
Acetaminophen	1	0.53%
Alpha-PVP	1	0.53%
Chlorophenylpiperazine	1	0.53%
Dextromethorphan	1	0.53%
Dihydrocodeine	1	0.53%
Doxepin	1	0.53%
Haloperidol	1	0.53%
Levetiracetam	1	0.53%
Meprobamate	1	0.53%
Metoprolol	1	0.53%
Naloxone	1	0.53%
Nordoxepin	1	0.53%
Norsetraline	1	0.53%
Piperacillin	1	0.53%
Synthetic Cannabinoids	1	0.53%
Zolpidem	1	0.53%

## OACME Totals by Special Circumstances and Subsequent Manners of Death

### Table 16

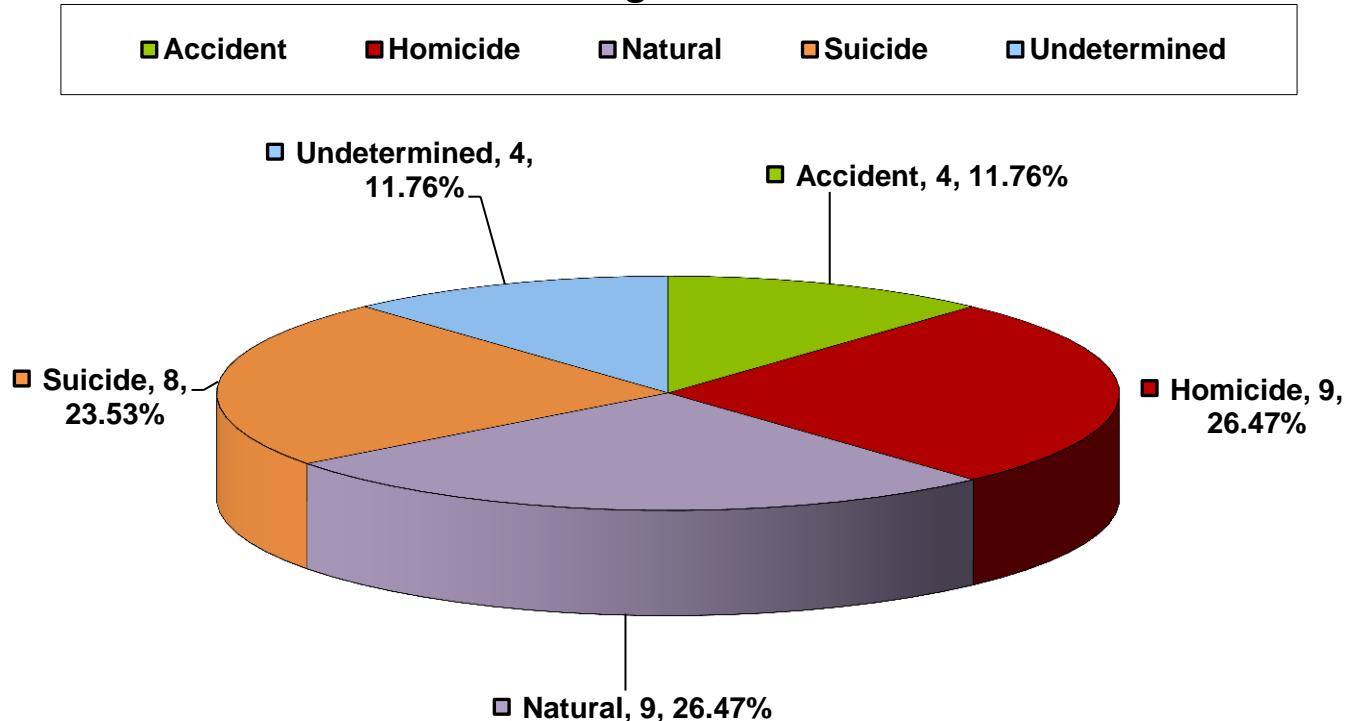
<b>Fatal Event</b>	<b>Total</b>	<b>Percentage</b>
<b><i>Work Related</i></b>	<b>18</b>	<b>2.26%</b>
Accident	15	83.33%
Homicide	2	11.11%
Natural	1	5.56%
<b><i>Jail</i></b>	<b>16</b>	<b>10.82%</b>
Accident	3	18.75%
Suicide	3	18.75%
Natural	8	50%
Undetermined	2	12.50%
<b><i>Prison</i></b>	<b>4</b>	<b>0.50%</b>
Homicide	2	50%
Undetermined	2	50%
<b><i>Arrest-Related</i></b>	<b>14</b>	<b>1.76%</b>
Accident	1	7.143%
Suicide	5	35.714%
Homicide	7	50%
Undetermined	1	7.143%
<b><i>Home Incarceration</i></b>	<b>0</b>	<b>0%</b>
<b><i>Domestic</i></b>	<b>6</b>	<b>0.75%</b>
Homicide	4	66.67%
Suicide	2	33.33%
<b><i>Child Abuse</i></b>	<b>0</b>	<b>0%</b>
<b><i>Nursing Home</i></b>	<b>8</b>	<b>1.01%</b>
Natural	7	87.50%
Accident	1	12.50%

**OACME Police-Involved Cases by Demographics and Manners of Death**  
**Table 17**

Demographic	All Police Involved	All Police % %	Jail Deaths	Jail %	Prison Deaths	Prison %	Arrest- Related Deaths	Arrest- Related %	Home Incarc. Deaths	Home Incarc. %
<i>Age</i>										
24 and	0	0%	0	0%	0	0%	0	0%	0	0%
25-34	8	23.53%	4	25%	2	50%	2	14.29%	0	0%
35-44	6	17.65%	2	12.5%	1	25%	3	21.43%	0	0%
45-54	11	32.35%	6	37.5%	0	0%	5	35.71%	0	0%
55-64	7	20.59%	4	25%	0	0%	3	21.43%	0	0%
65 and older	2	5.88%	0	0%	1	25%	1	7.14%	0	0%
<i>Race</i>										
White	31	91.08%	14	87.50%	3	75%	14	100%	0	0%
Black	3	8.82%	2	12.50%	1	25%	0	0%	0	0%
Hispanic	0	0%	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
<i>Sex</i>										
Male	33	97.06%	15	93.75%	4	100%	14	100%	0	0%
Female	1	2.94%	1	6.25%	0	0%	0	0%	0	0%
<i>Total</i>	34	100%	16	47.06%	4	11.76%	14	41.18%	0	0%

## 2015 OACME Police-Involved Cases by Manner of Death

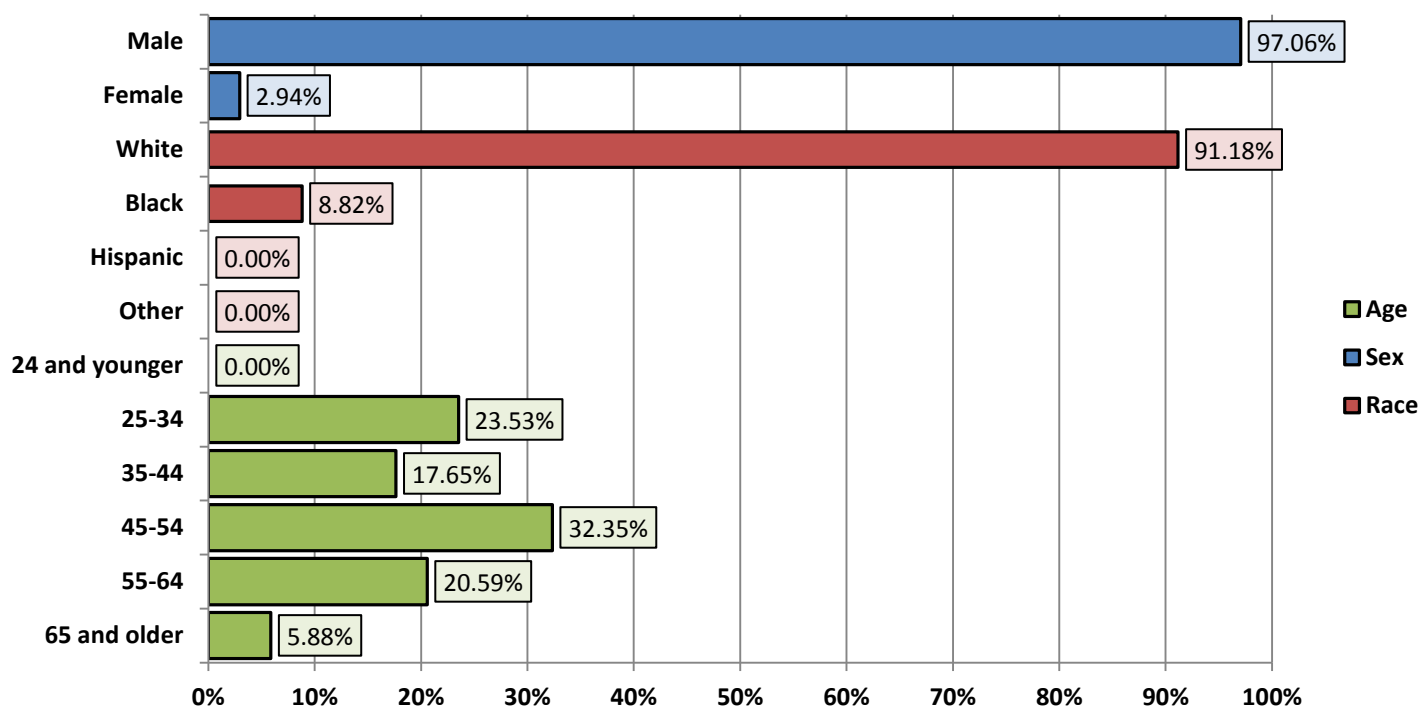
Figure 57



## 2015 OACME Police-Involved Cases by Demographics

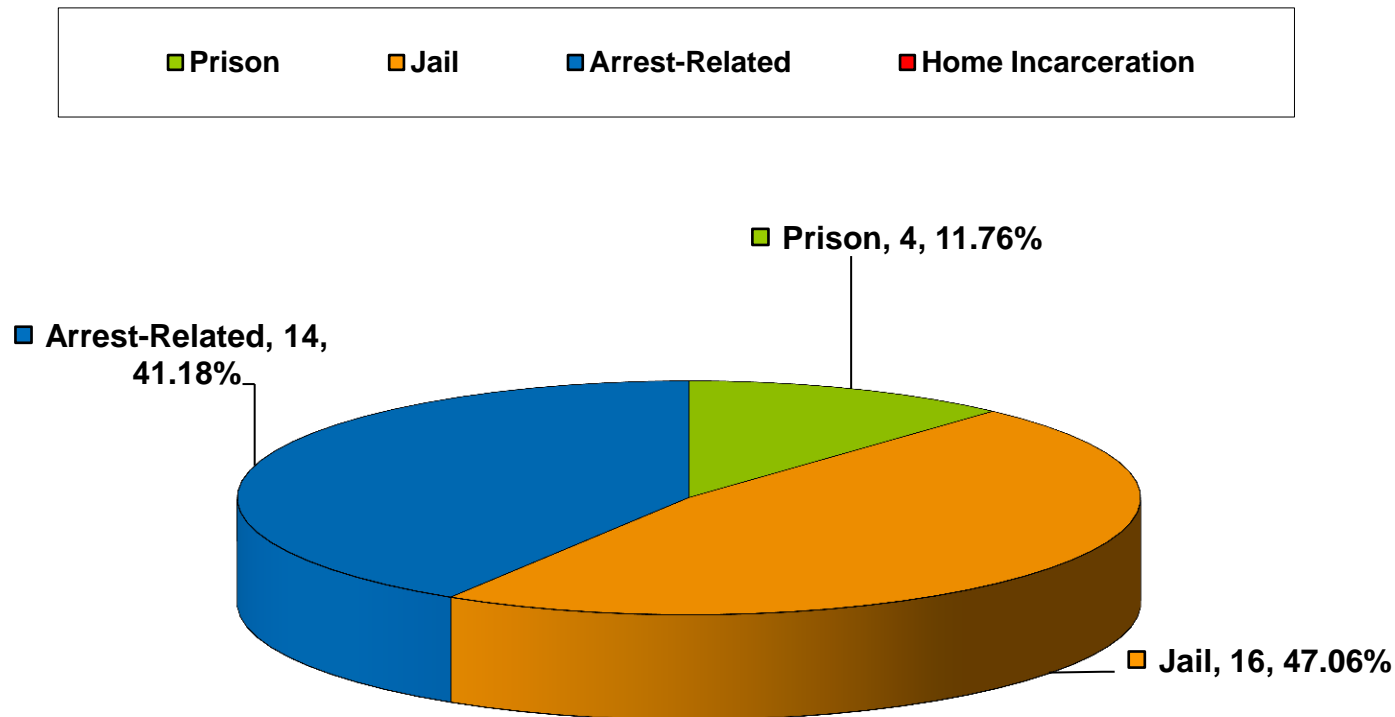
Figure 58

n=34



## 2015 OACME Police-Involved Cases by Type of Police Involvement

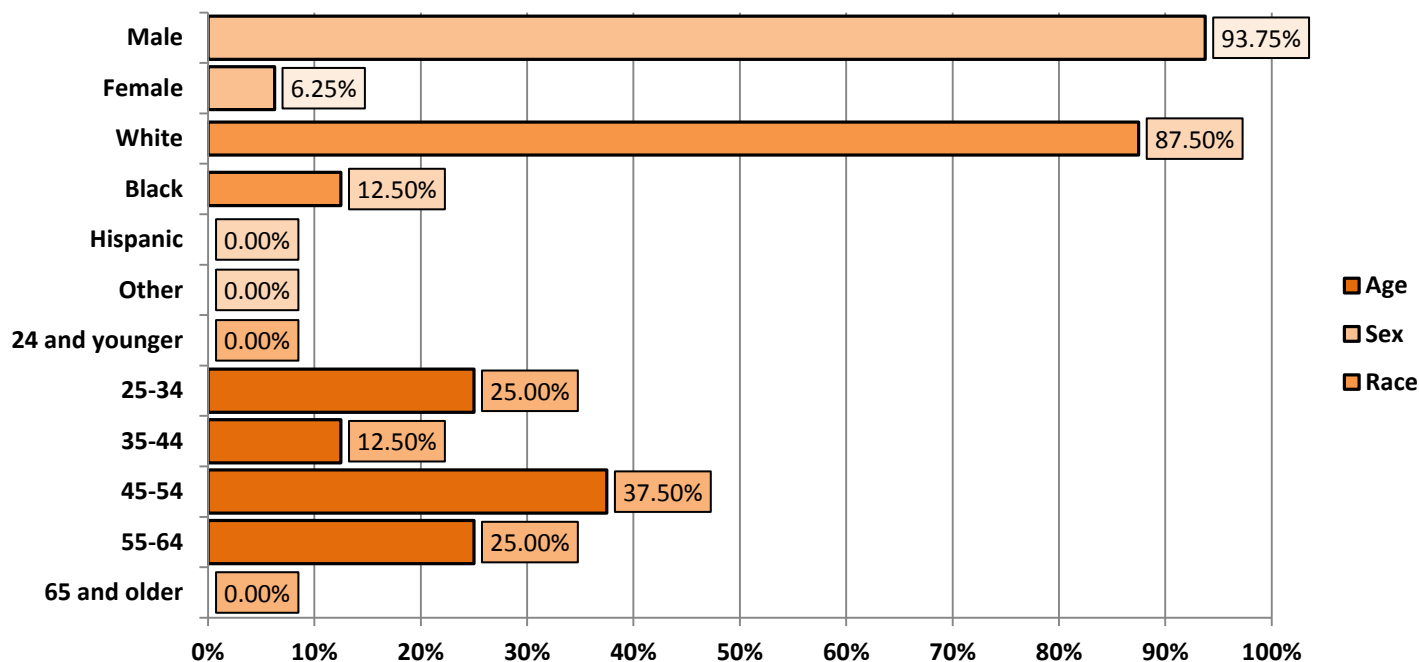
Figure 59  
n=34



## 2015 OACME Jail Deaths by Demographics

Figure 60

n=16

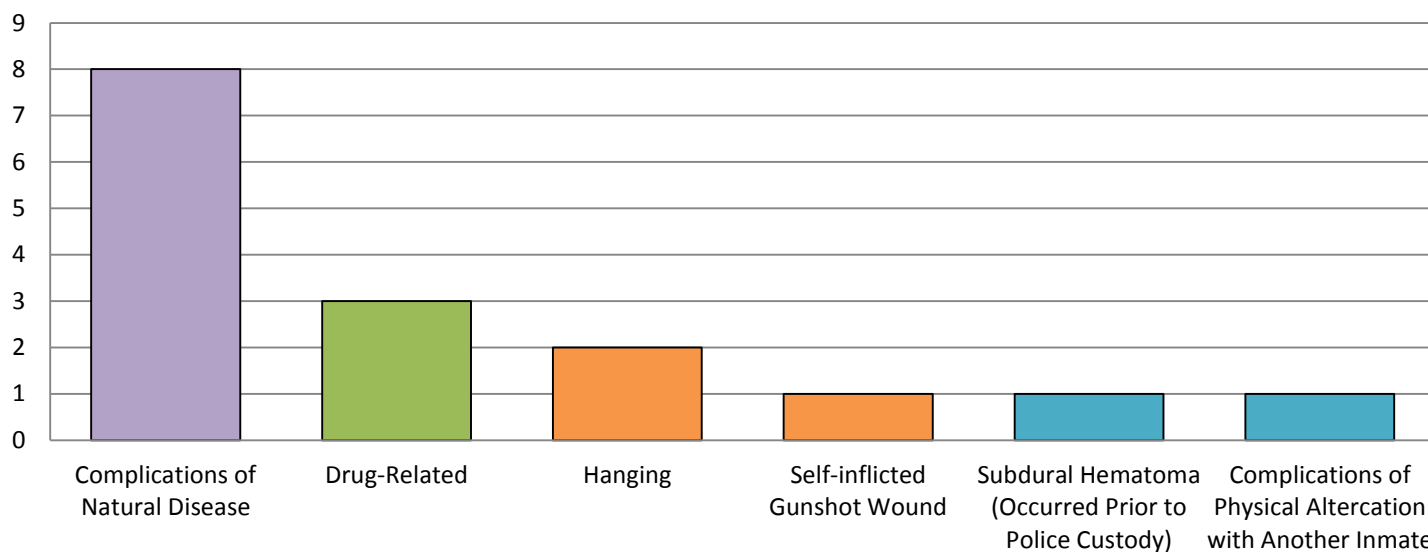


## 2015 OACME Jail Deaths by Cause and Manner of Death

Figure 61

n=16

■ Natural
 ■ Homicide
 ■ Accident
 ■ Suicide
 ■ Undetermined

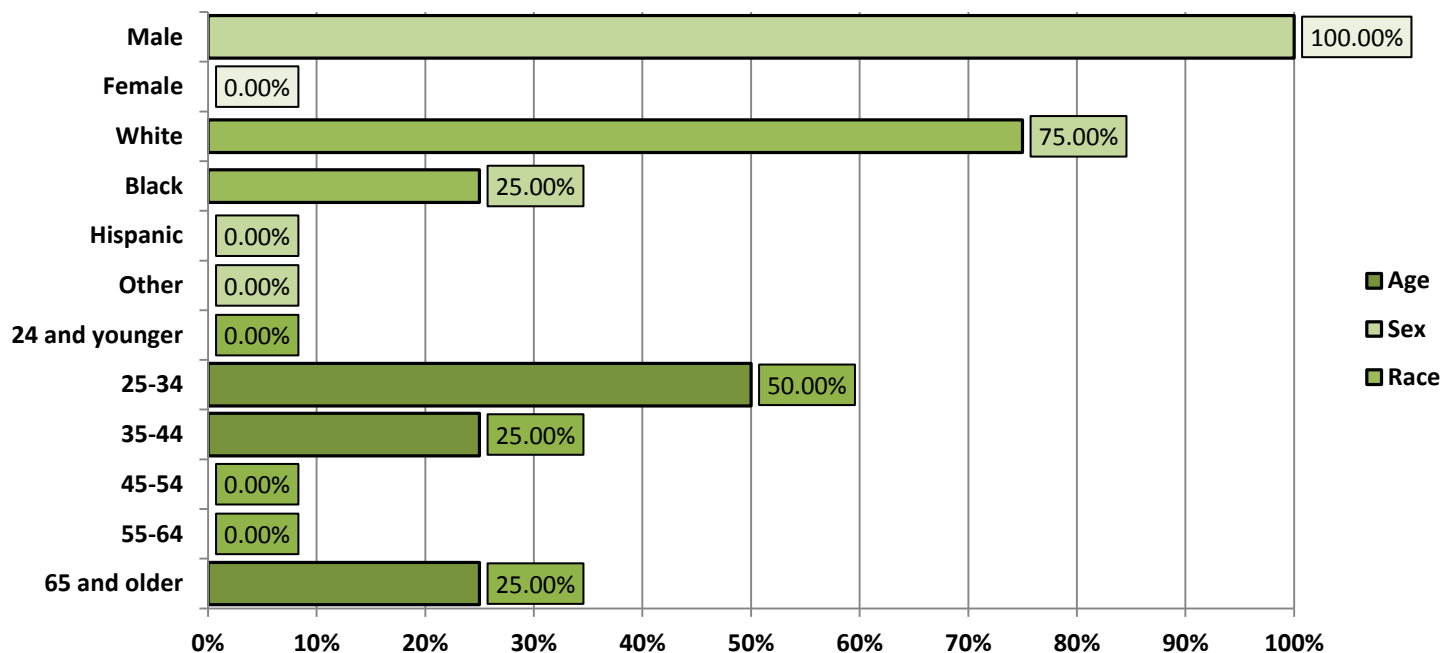




## 2015 OACME Prison Deaths by Demographics

Figure 62

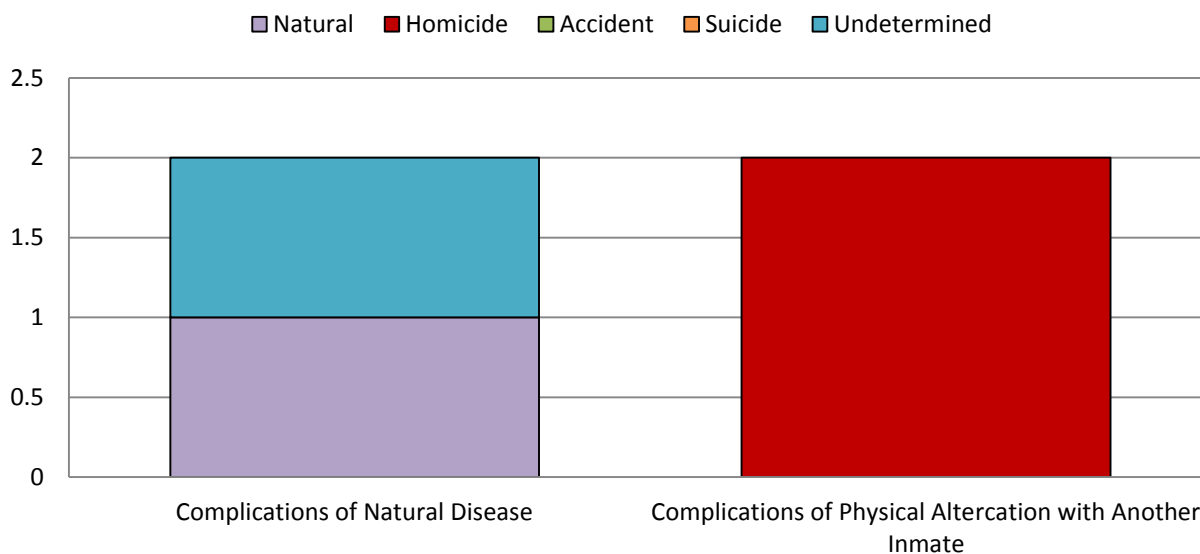
n=4



## 2015 OACME Prison Deaths by Cause and Manner of Death

Figure 63

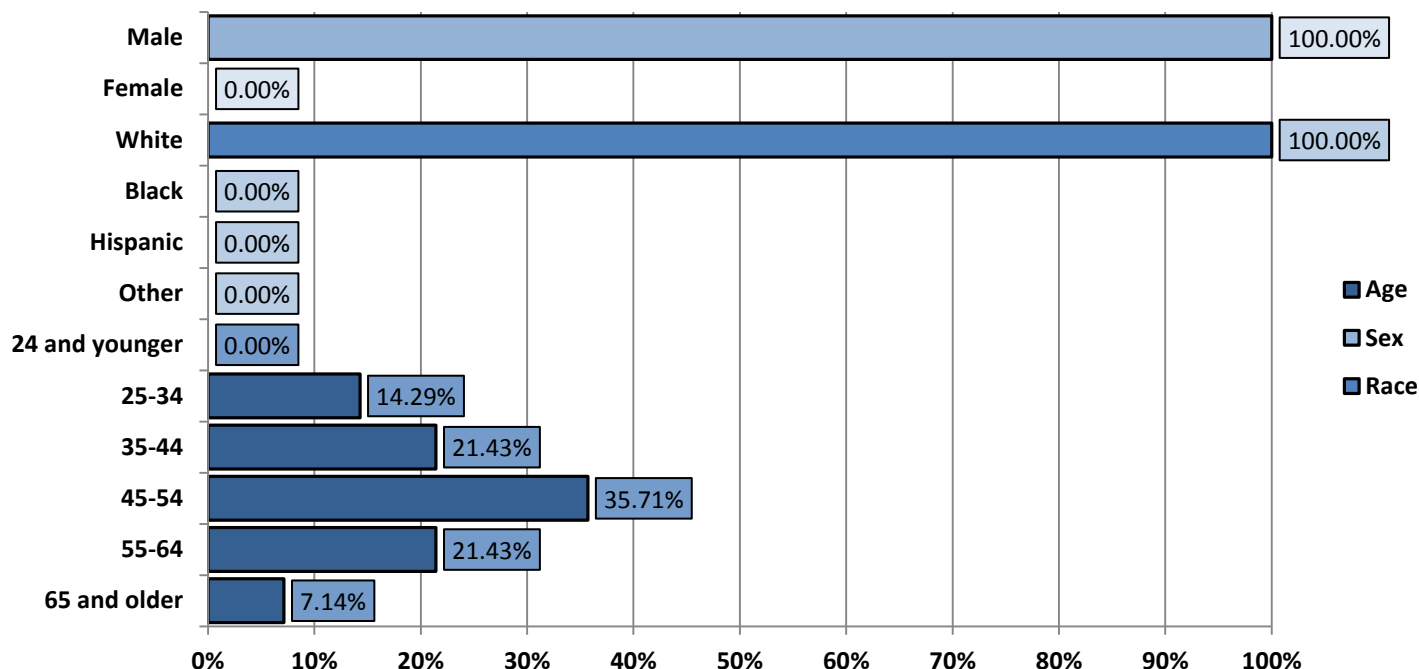
n=4



## 2015 OACME Arrest-Related Deaths by Demographics

Figure 64

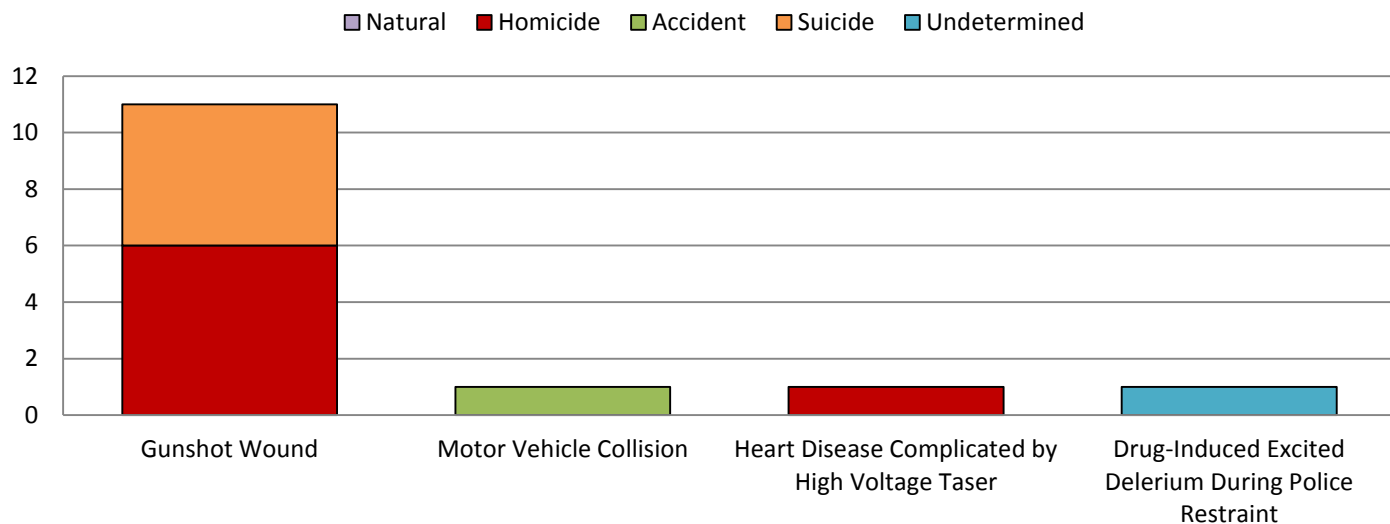
n=14



## 2015 OACME Arrest-Related Deaths by Cause and Manner of Death

Figure 65

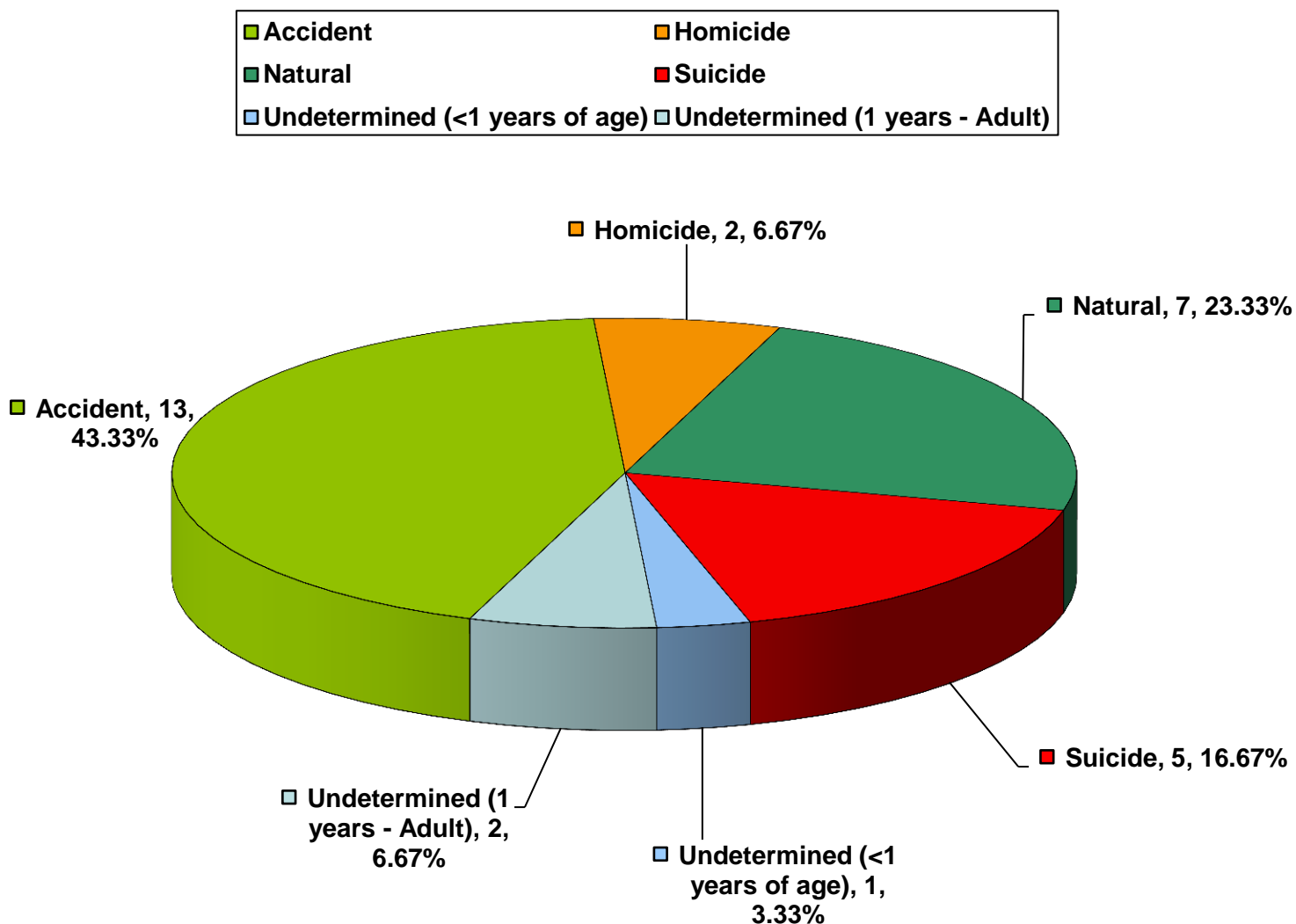
n=14



# Western Kentucky Medical Examiner Office Data

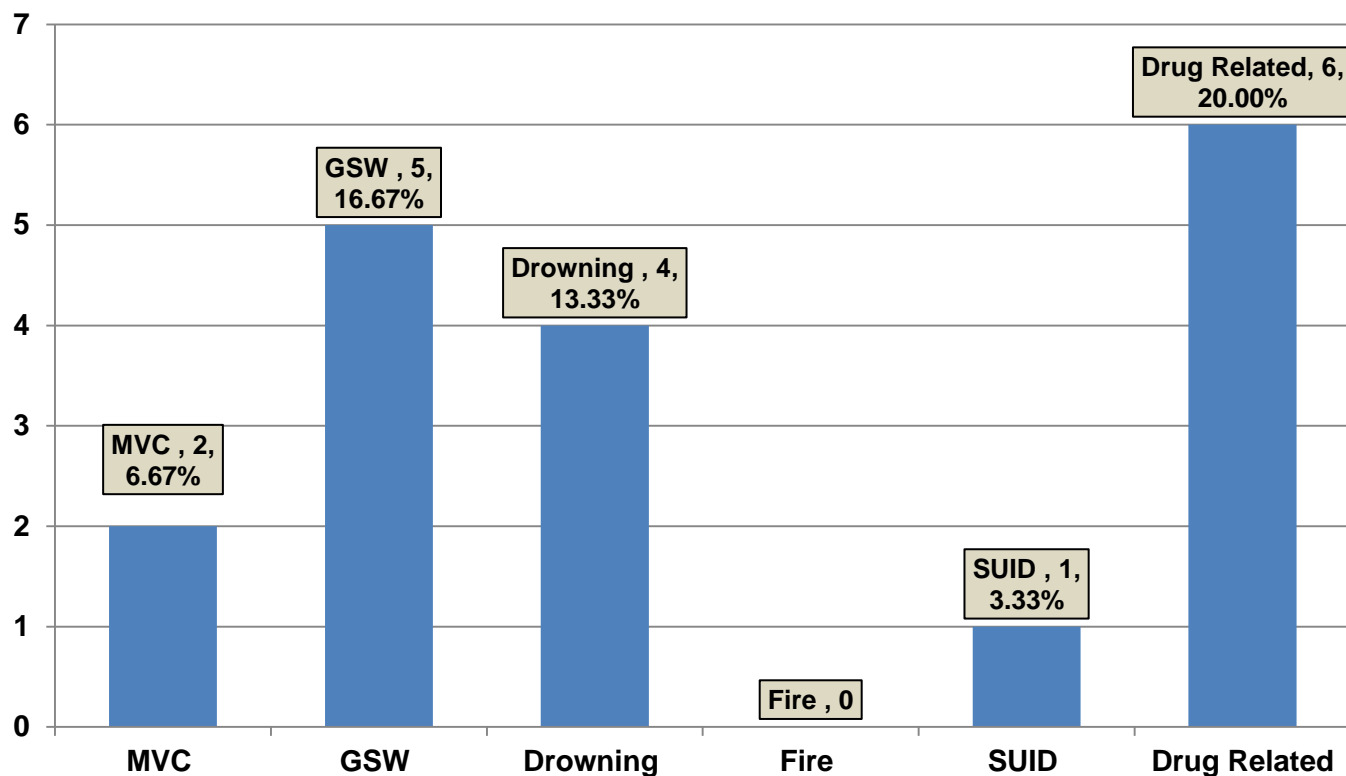
## 2015 Western Kentucky Cases by Manner of Death

### Figure 66



## 2015 Western Kentucky Cases by Common Cause of Death

Figure 67



## Western Kentucky Totals by Common Causes and Subsequent Manners of Death

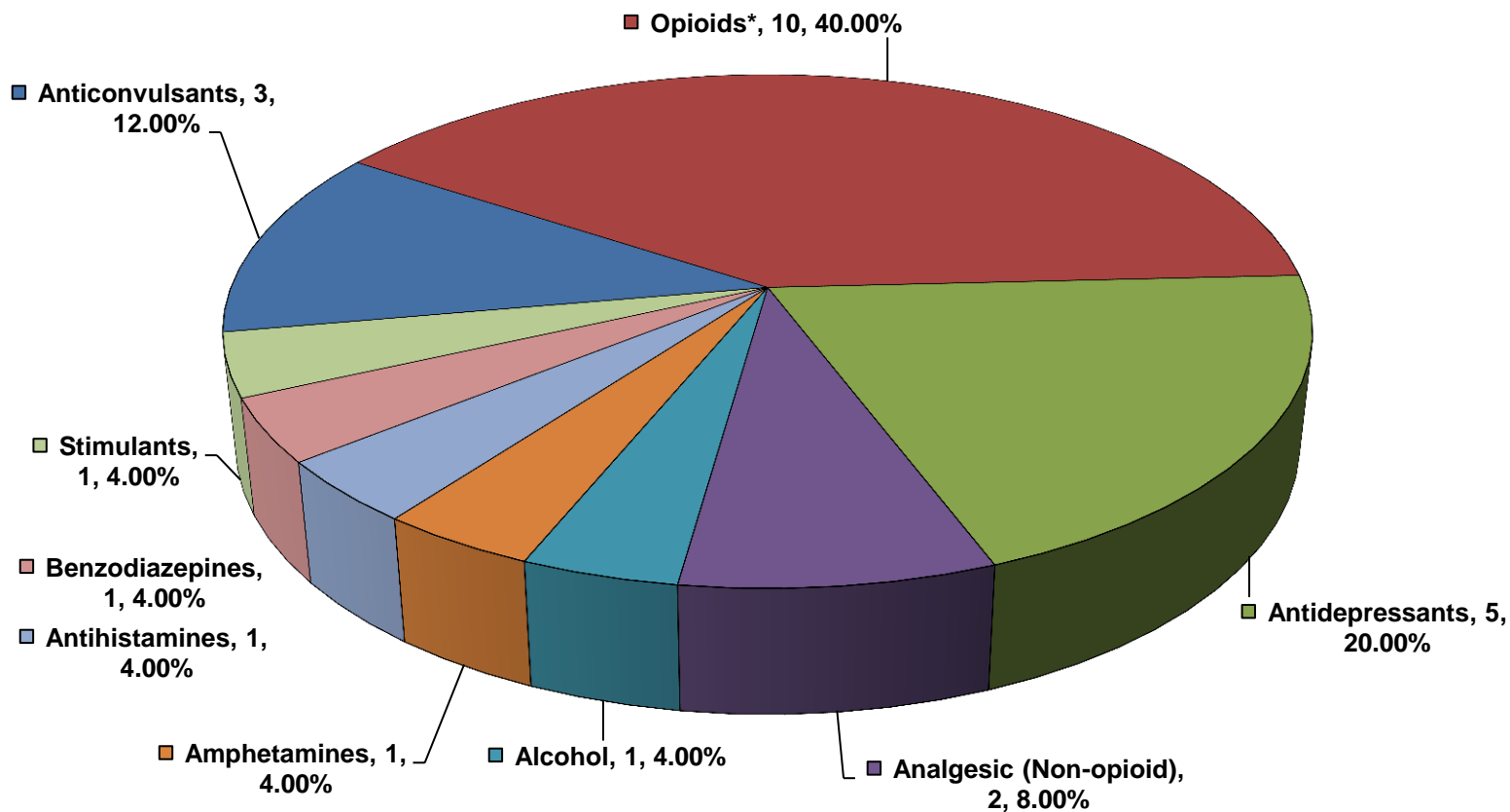
### Table 18

<b>Fatal Event</b>	<b>Total</b>	<b>Percentage</b>
<b><i>Drug Related</i></b>	<b>6</b>	<b>20%</b>
Accident	3	50%
Natural (Complications of Chronic Use)	1	16.66%
Suicide	1	16.66%
Undetermined	1	16.66%
Heroin Present	0	0%
<b><i>MVC</i></b>	<b>2</b>	<b>6.67%</b>
Accident	2	100%
<b><i>GSW</i></b>	<b>5</b>	<b>16.67%</b>
Homicide	2	40%
Suicide	3	60%
<b><i>Drowning</i></b>	<b>4</b>	<b>13.33%</b>
Accident	3	75%
Undetermined	1	25%
<b><i>Fire</i></b>	<b>0</b>	<b>0%</b>
<b><i>SUID</i></b>	<b>1</b>	<b>3.33%</b>
Undetermined	1	100%
<b><i>All other WKY Accidents</i></b>	<b>6</b>	<b>20%</b>

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

## 2015 WKY Most Common Drug Classes Detected in Drug Related Death Victims

Figure 68



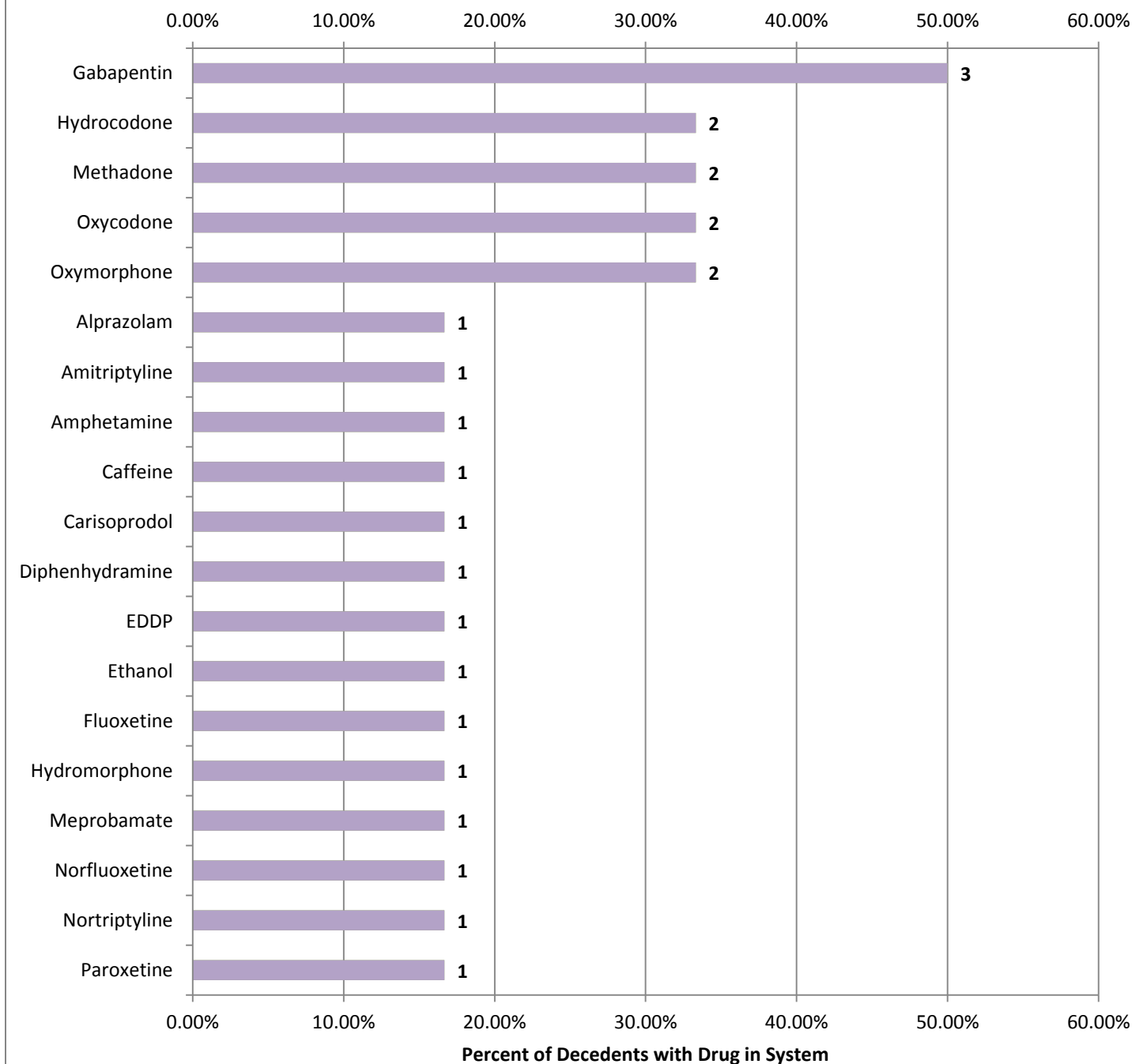
\*Opioids includes all opium-like substances (including natural opiates and synthetic opioids)

^Percent is based off of n=25, the total drug count across all WKY drug overdoses

⌘Detected drugs were found in blood, urine, and/or vitreous fluids.

## 2015 WKY Most Frequent Drugs Detected in Drug Related Death Victims

### Figure 69



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

¤Detected drugs were found in blood, urine, and/or vitreous fluids.



## Western Kentucky Totals by Special Circumstances and Subsequent Manners of Death

### Table 19

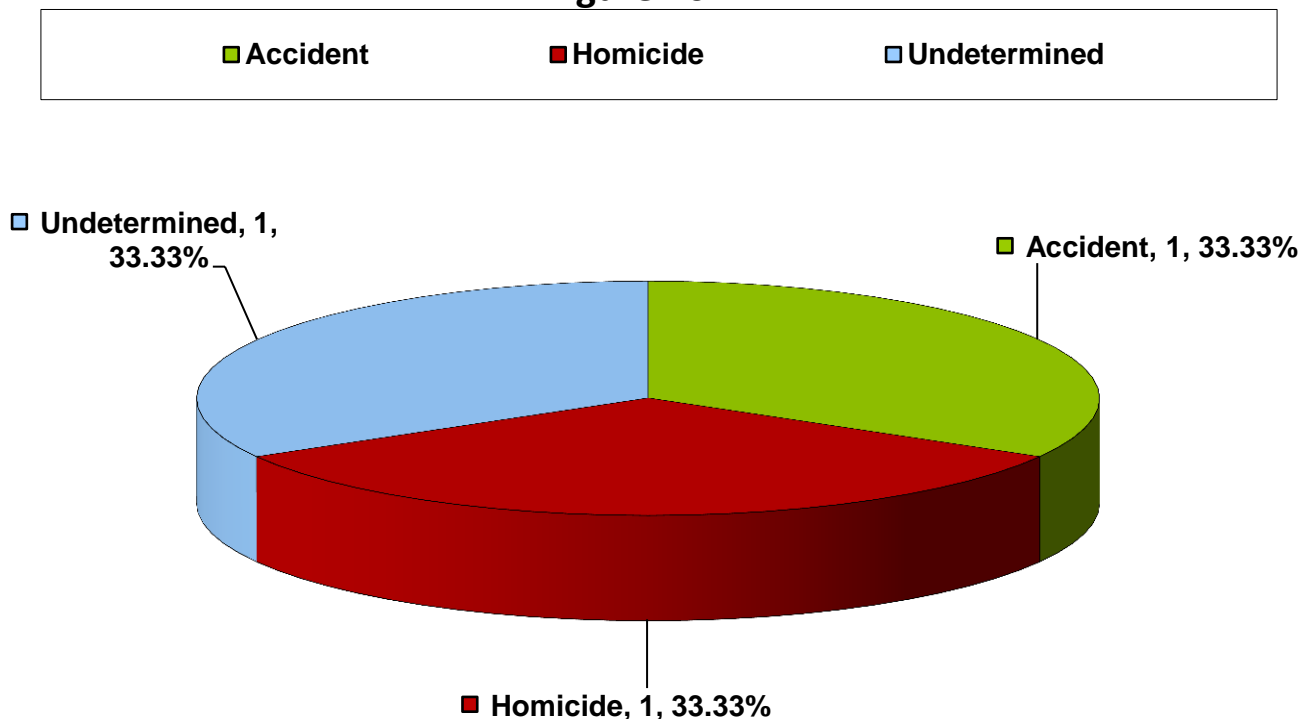
<b>Fatal Event</b>	<b>Total</b>	<b>Percentage</b>
<b><i>Work Related</i></b>	<b>2</b>	<b>6.66%</b>
Accident	2	100%
<b><i>Jail</i></b>	<b>0</b>	<b>0%</b>
<b><i>Prison</i></b>	<b>0</b>	<b>0%</b>
<b><i>Arrest-Related</i></b>	<b>3</b>	<b>10%</b>
Suicide	1	33.33%
Homicide	1	33.33%
Undetermined	1	33.33%
<b><i>Home Incarceration</i></b>	<b>0</b>	<b>0%</b>
<b><i>Domestic</i></b>	<b>0</b>	<b>0%</b>
<b><i>Child Abuse</i></b>	<b>0</b>	<b>0%</b>
<b><i>Nursing Home</i></b>	<b>0</b>	<b>0%</b>

**Western Kentucky Police-Involved Cases by Demographics and  
Manners of Death**  
**Table 20**

Demographic	All Police Involved	All Police % %	Jail Deaths	Jail %	Prison Deaths	Prison %	Arrest- Related Deaths	Arrest- Related %	Home Incarceration Deaths	Home Incarceration %
<i>Age</i>										
24 and younger	0	0%	0	0%	0	0%	0	0%	0	0%
25-34	2	66.66%	0	0%	0	0%	2	66.66%	0	0%
35-44	0	0%	0	0%	0	0%	0	0%	0	0%
45-54	1	33.33%	0	0%	0	0%	1	33.33%	0	0%
55-64	0	0%	0	0%	0	0%	0	0%	0	0%
65 and older	0	0%	0	0%	0	0%	0	0%	0	0%
<i>Race</i>										
White	1	33.33%	0	0%	0	0%	1	33.33%	0	0%
Black	1	33.33%	0	0%	0	0%	1	33.33%	0	0%
Hispanic	1	33.33%	0	0%	0	0%	1	33.33%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
<i>Sex</i>										
Male	3	100%	0	0%	0	0%	3	100%	0	0%
Female	0	0%	0	0%	0	0%	0	0%	0	0%
<i>Total</i>	3	100%	0	0%	0	0%	3	100%	0	0%

## 2015 WKY Police-Involved Cases by Manner of Death

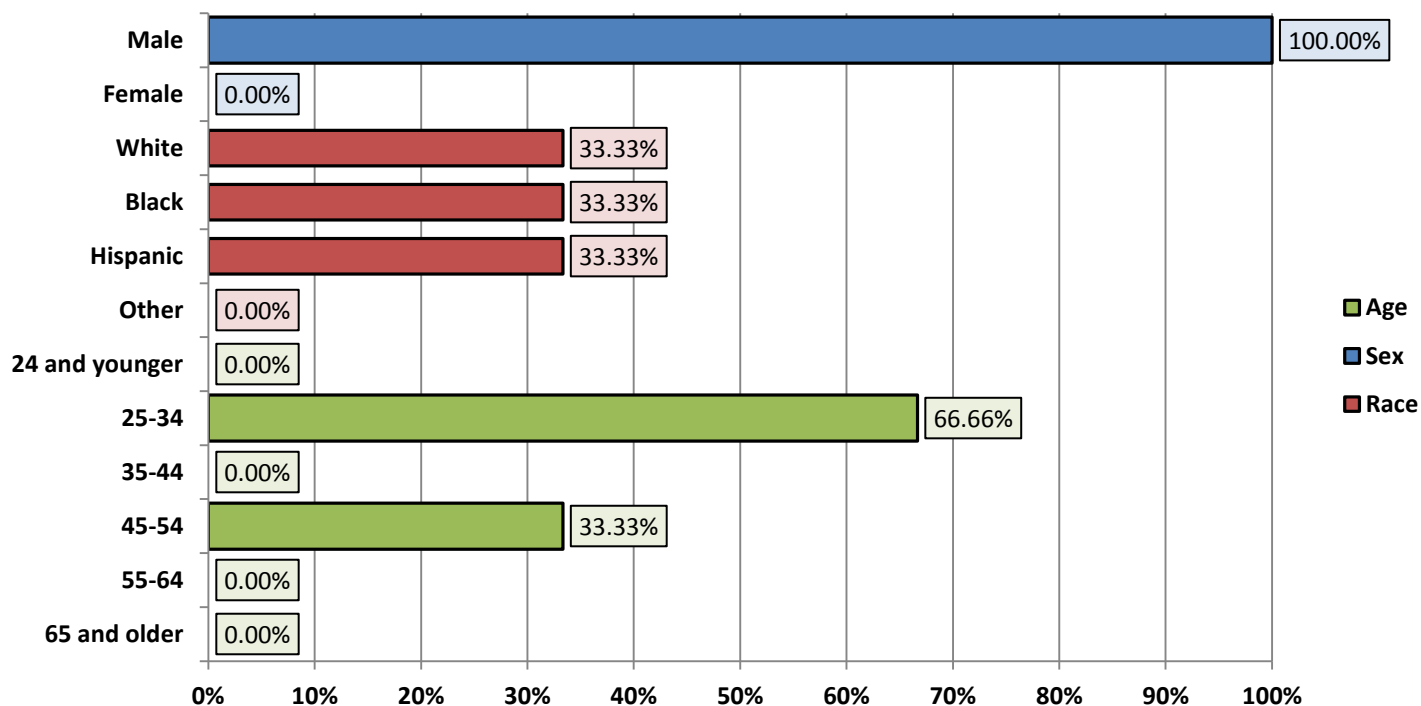
Figure 70



## 2015 WKY Police-Involved Cases by Demographics

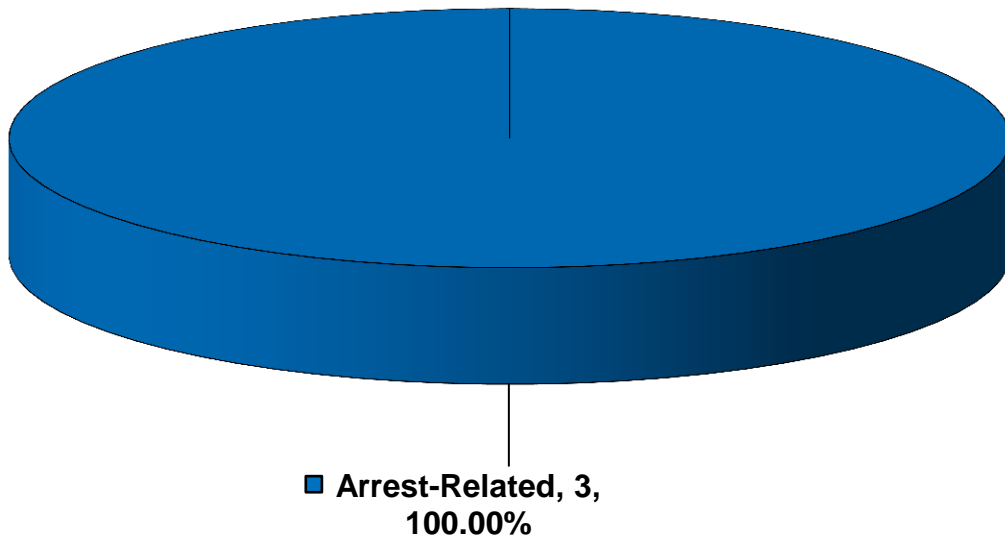
Figure 71

n=3



## 2015 WKY Police-Involved Cases by Type of Police Involvement

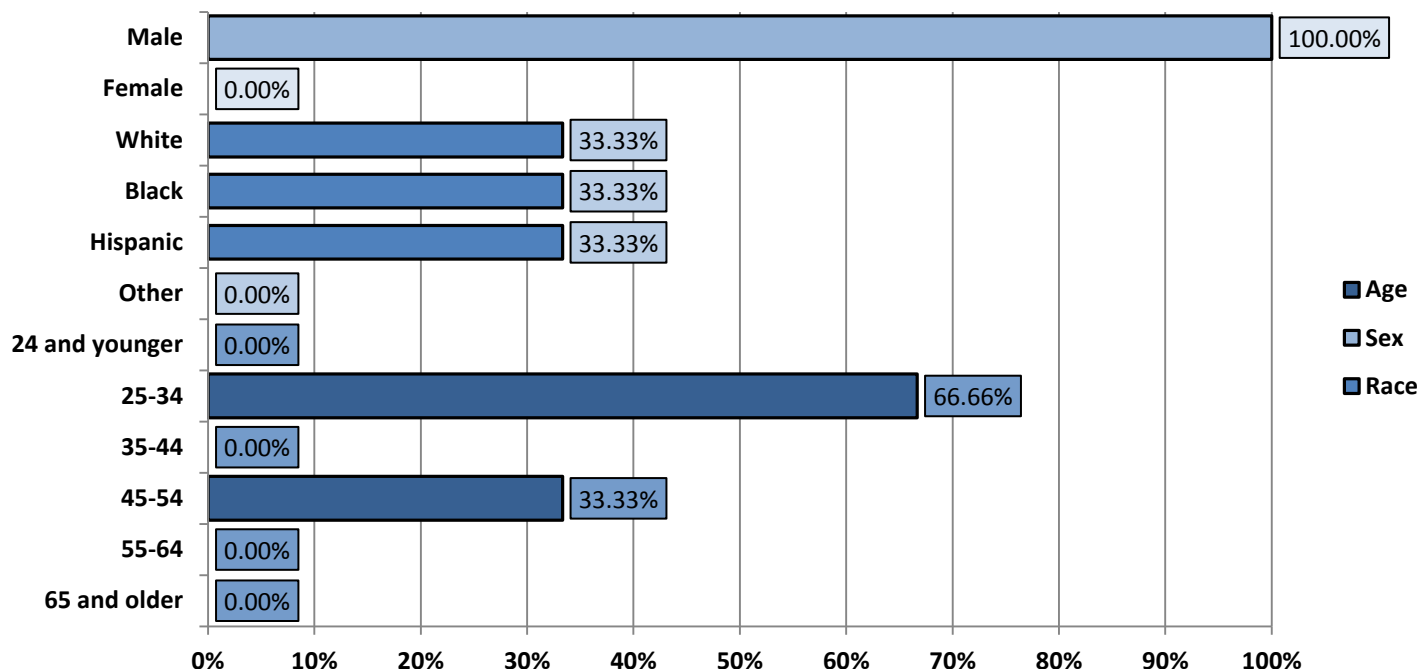
Figure 72  
n=3



## 2015 WKY Arrest-Related Deaths by Demographics

Figure 73

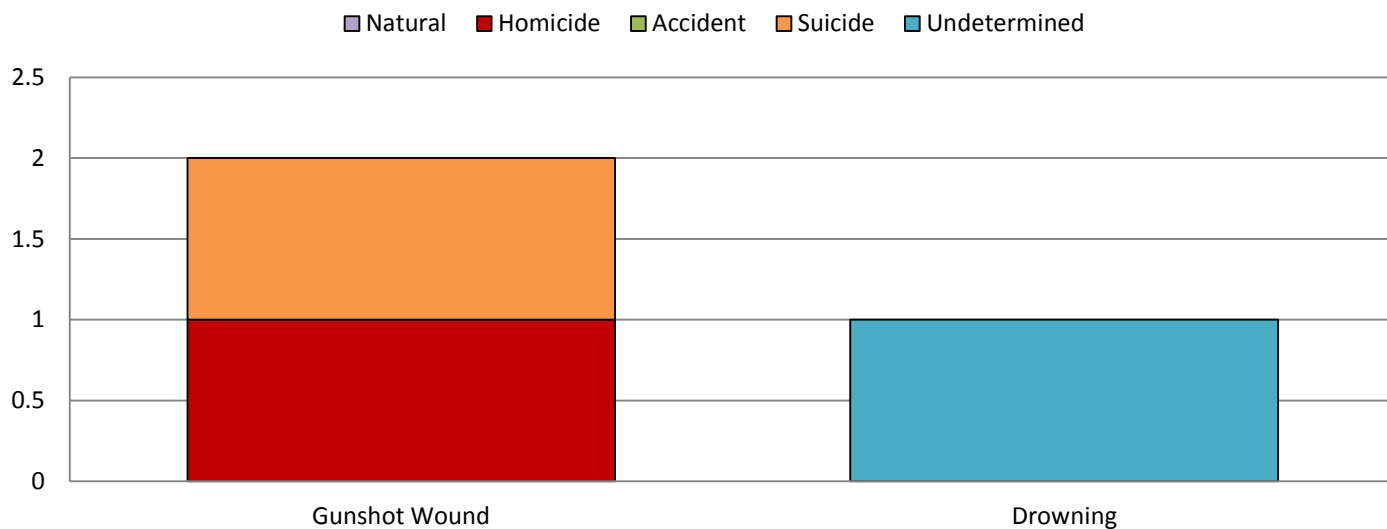
n=3



## 2015 WKY Arrest-Related Deaths by Cause and Manner of Death

Figure 74

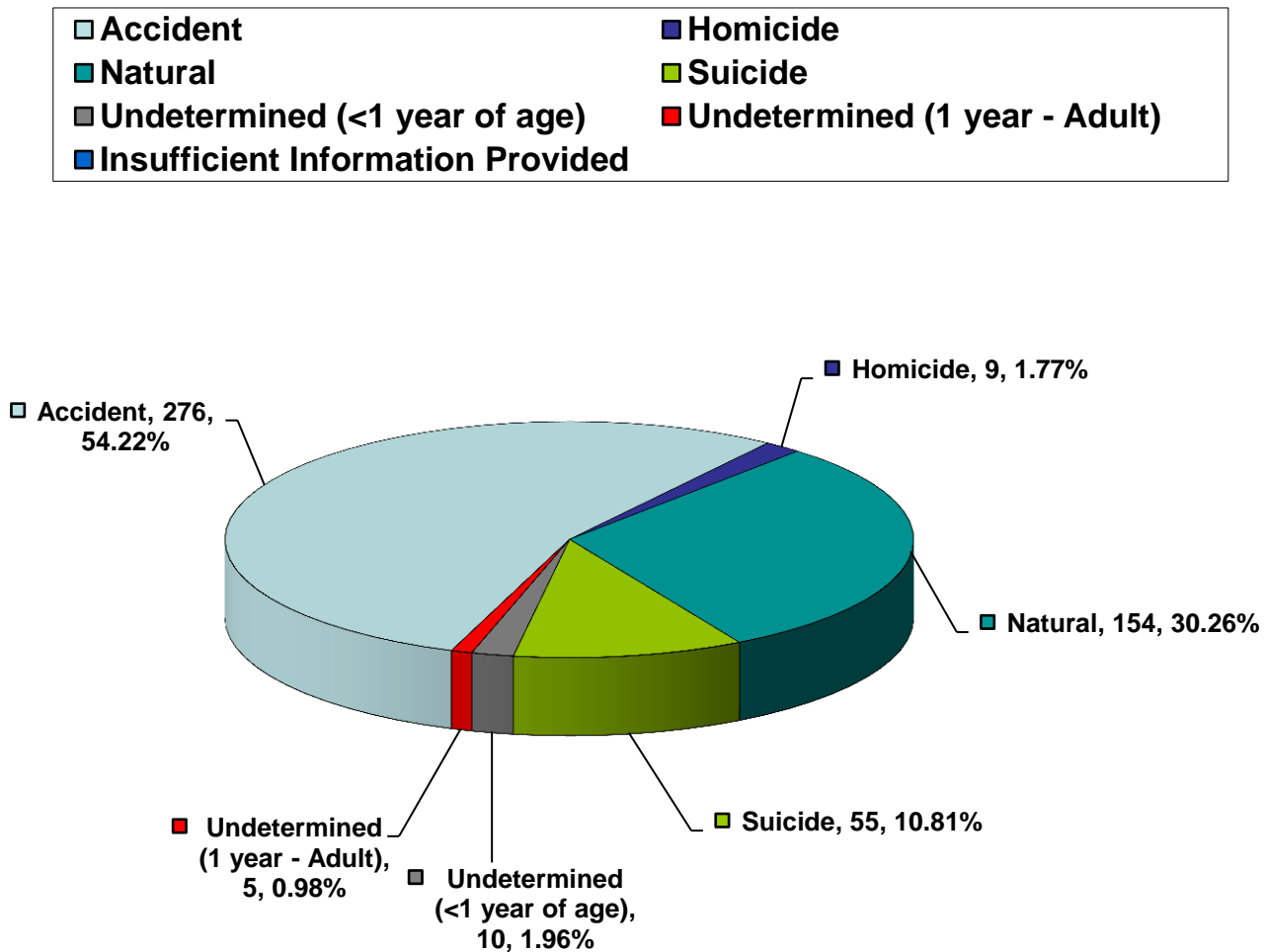
n=3



# Northern Kentucky Medical Examiner Office Data

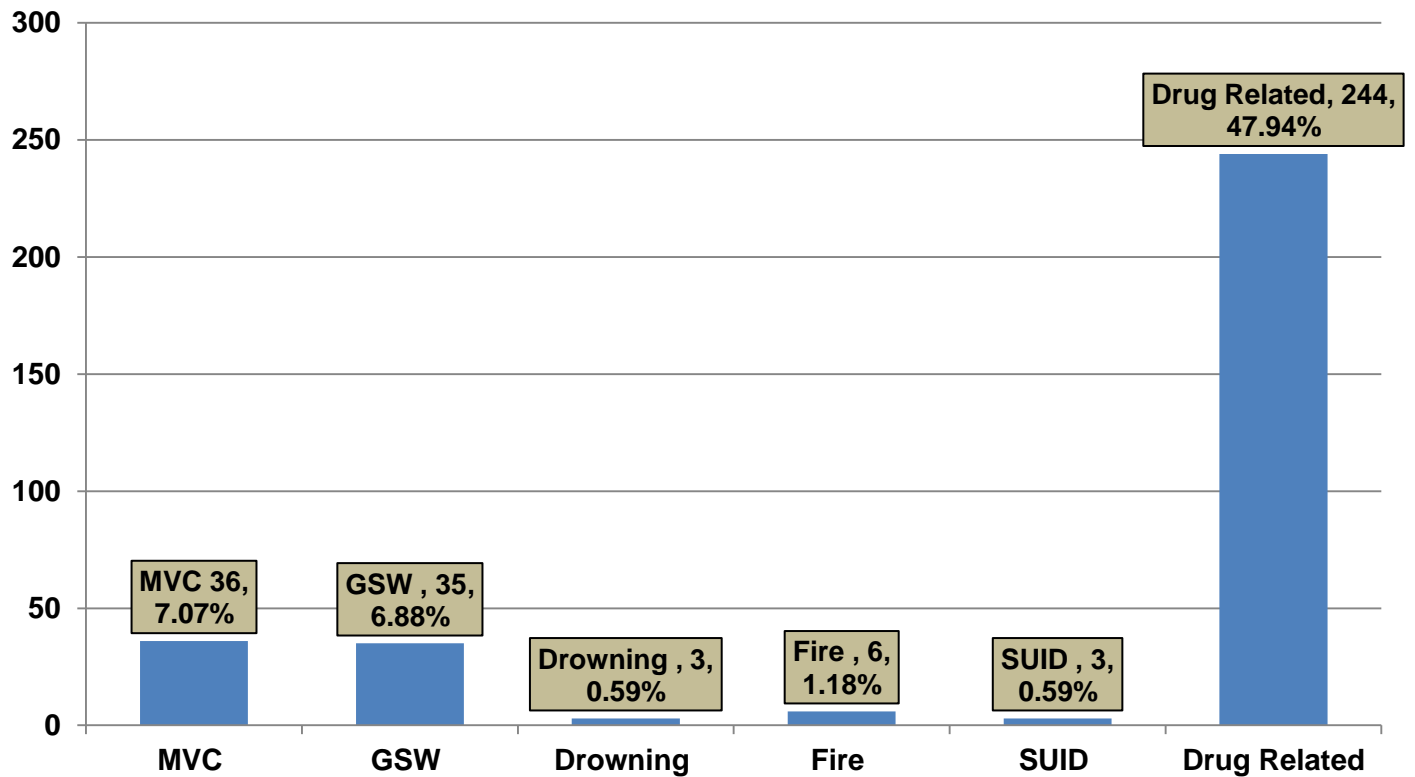
## 2015 Northern Kentucky Cases by Manner of Death

### Figure 75



## 2015 Northern Kentucky Cases by Common Causes

Figure 76





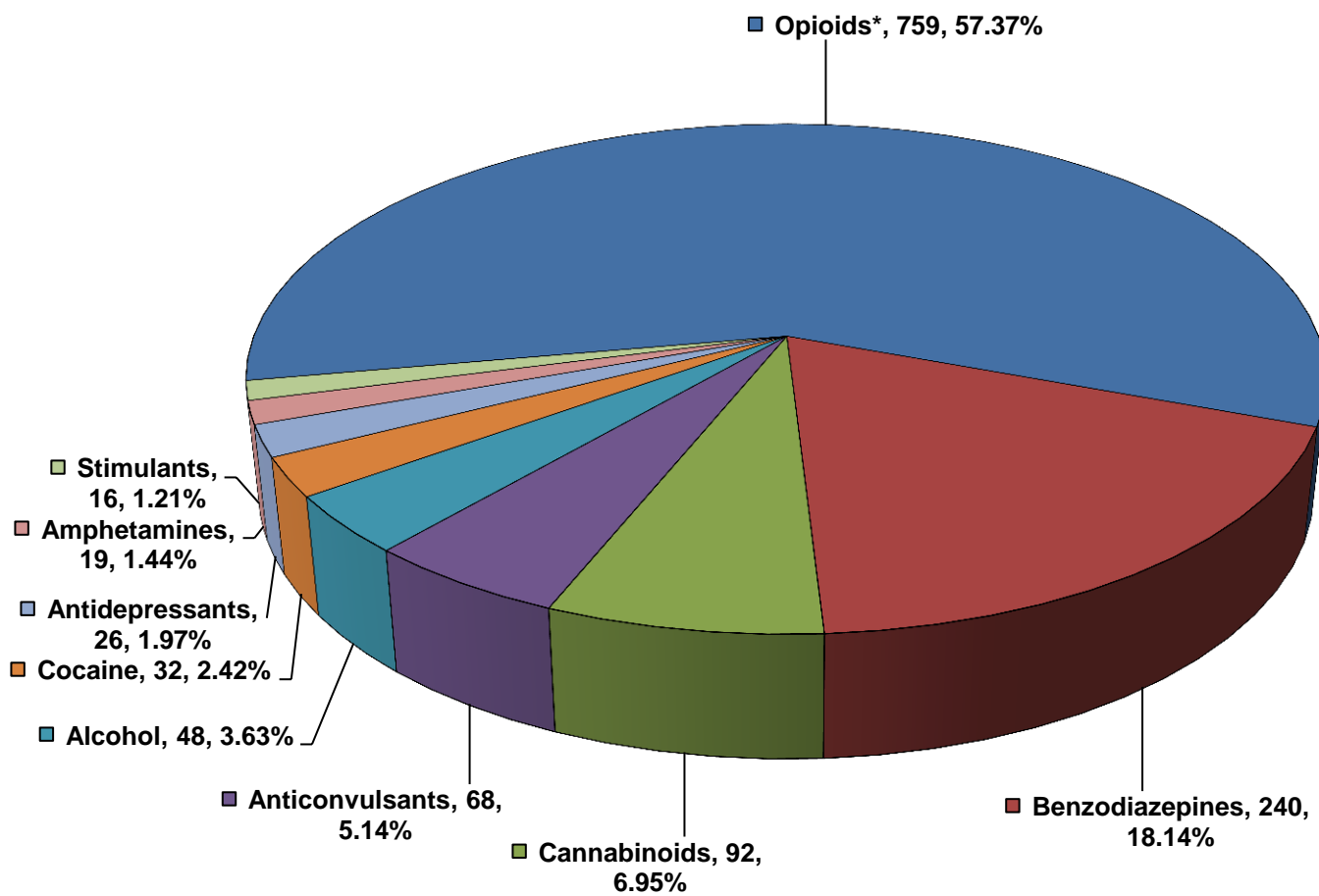
**NKY Totals by Common Causes  
and Subsequent Manners of Death**  
**Table 21**

<b>Fatal Event</b>	<b>Total</b>	<b>Percentage</b>
<b><i>Drug Related</i></b>	<b>244</b>	<b>7.94%</b>
Accident	221	90.57%
Natural (Complications of Chronic Use)	13	5.33%
Suicide	8	3.28%
Undetermined/Insufficient Information	2	0.41%
Heroin Present	107	43.85%
<b><i>MVC</i></b>	<b>36</b>	<b>7.07%</b>
Accident	35	97.22%
Suicide	1	2.78%
<b><i>GSW</i></b>	<b>35</b>	<b>6.88%</b>
Homicide	3	8.57%
Suicide	32	91.43%
<b><i>Drowning</i></b>	<b>3</b>	<b>0.59%</b>
Accident	2	66.67%
Undetermined	2	33.33%
<b><i>Fire</i></b>	<b>6</b>	<b>1.18%</b>
Accident	6	100.00%
<b><i>SUID</i></b>	<b>3</b>	<b>0.59%</b>
Undetermined	3	100%
<b><i>All other NKY Accidents</i></b>	<b>14</b>	<b>2.75%</b>

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

## 2015 NKY Most Common Drug Classes Detected in Drug Related Death Victims

Figure 77



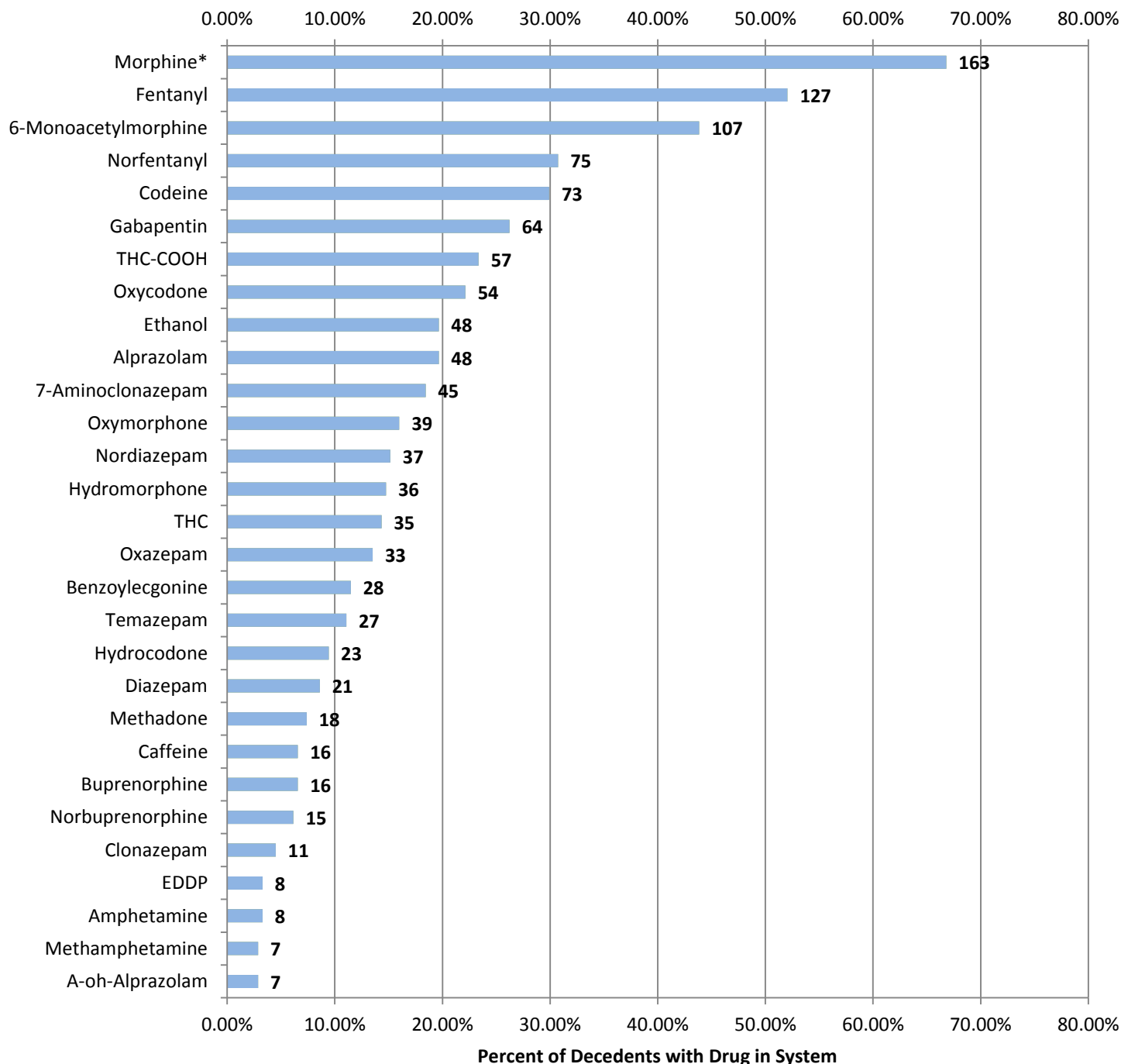
\*Opioids includes all opium-like substances (including natural opiates and synthetic opioids)

^Percent is based off of n=1323, the total drug count across all NKY drug overdoses

⌘Detected drugs were found in blood, urine, and/or vitreous fluids.

## 2015 NKY Most Frequent Drugs Detected in Drug Related Death Victims

### Figure 78



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

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

▣Detected drugs were found in blood, urine, and/or vitreous fluids.

## 2015 NKY Additional Drugs Detected in Drug Related Death Victims

Table 22

Drug Name	Total	Percentage
Cocaine	4	1.64%
Duloxetine	4	1.64%
Fluoxetine	4	1.64%
Lorazepam	4	1.64%
Norfluoxetine	4	1.64%
Pseudoephedrine	4	1.64%
Acetaminophen	3	1.23%
Chlordiazepoxide	3	1.23%
Citalopram	3	1.23%
Diphenhydramine	3	1.23%
Nortriptyline	3	1.23%
Promethazine	3	1.23%
Tramadol	3	1.23%
Amlodipine	2	0.82%
Butalbital	2	0.82%
Chlorophenylpiperazine	2	0.82%
Cyclobenzaprine	2	0.82%
Hydroxyzine	2	0.82%
Norsertraline	2	0.82%
Nortramadol	2	0.82%
Quetiapine	2	0.82%
Trazodone	2	0.82%
Amiodarone	1	0.41%
Amitriptyline	1	0.41%
Bupropion	1	0.41%
Demoxepam	1	0.41%
Doxepin	1	0.41%
Ibuprofen	1	0.41%
Levetiracetam	1	0.41%
Naloxone	1	0.41%
Nordoxepin	1	0.41%
Phenytoin	1	0.41%
Pregabalin	1	0.41%
Propranolol	1	0.41%
Sertraline	1	0.41%
Topiramate	1	0.41%

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

¤Detected drugs were found in blood, urine, and/or vitreous fluids.

## Northern Kentucky Totals by Special Circumstances and Subsequent Manners of Death

### Table 23

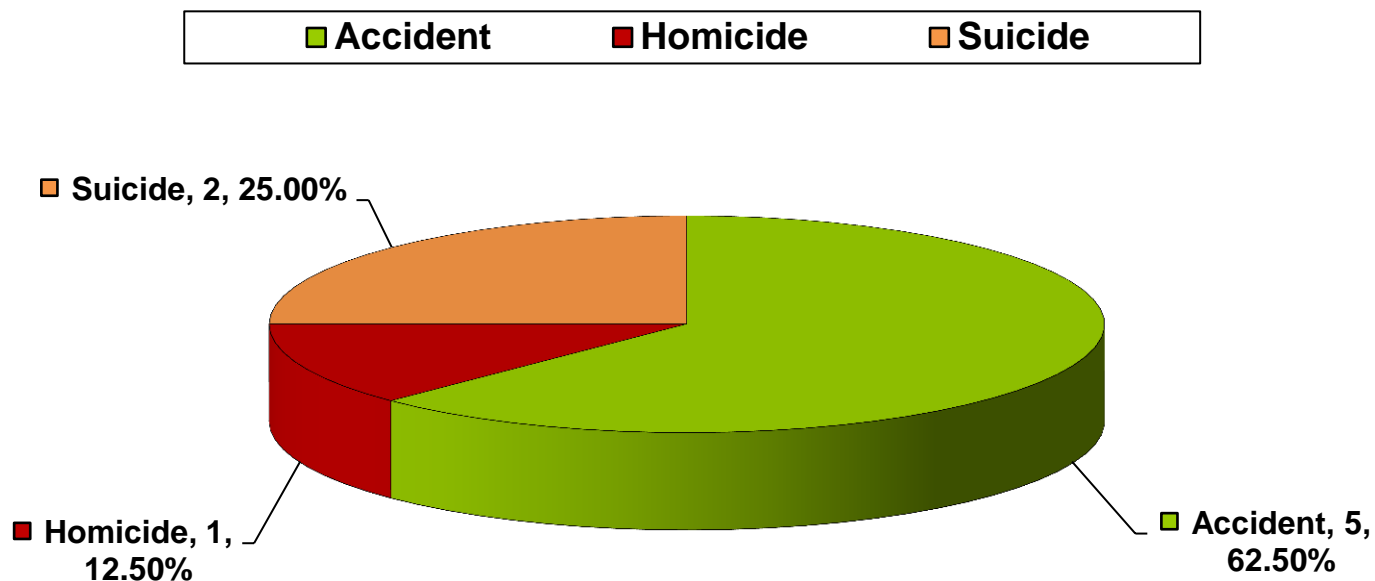
<b>Fatal Event</b>	<b>Total</b>	<b>Percentage</b>
<b><i>Work Related</i></b>	<b>0</b>	<b>0%</b>
<b><i>Jail</i></b>	<b>3</b>	<b>0.59%</b>
Accident	3	100%
<b><i>Prison</i></b>	<b>0</b>	<b>0%</b>
<b><i>Arrest-Related</i></b>	<b>5</b>	<b>0.98%</b>
Accident	2	40%
Suicide	2	40%
Homicide	1	20%
<b><i>Home Incarceration</i></b>	<b>0</b>	<b>0%</b>
<b><i>Domestic</i></b>	<b>2</b>	<b>0.39%</b>
Homicide	2	100%
<b><i>Child Abuse</i></b>	<b>1</b>	<b>0.19%</b>
Homicide	1	100%
<b><i>Nursing Home</i></b>	<b>0</b>	<b>0%</b>

**Northern Kentucky Police-Involved Cases by Demographics and Manners of Death**  
**Table 24**

Demographic	All Police Involved	All Police %	Jail Deaths	Jail %	Prison Deaths	Prison %	Arrest-Related Deaths	Arrest-Related %	Home Incarc Deaths	Home Incarc %
<i>Age</i>										
24 and younger	0	0%	0	0%	0	0%	0	0%	0	0%
25-34	1	12.50%	1	33.33%	0	0%	0	0%	0	0%
35-44	2	25%	1	33.33%	0	0%	1	20%	0	0%
45-54	3	37.50%	1	33.33%	0	0%	2	0%	0	0%
55-64	2	25%	0	0%	0	0%	2	40%	0	0%
65 and older	0	0%	0	0%	0	0%	0	0%	0	0%
<i>Race</i>										
White	6	75%	3	100%	0	0%	3	60%	0	0%
Black	1	12.50%	0	0%	0	0%	1	20%	0	0%
Hispanic	1	12.50%	0	0%	0	0%	1	20%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%
<i>Sex</i>										
Male	5	62.50%	0	0%	0	0%	5	100%	0	0%
Female	3	37.50%	3	100%	0	0%	0	0%	0	0%
<i>Total</i>	8	100%	3	37.50%	0	0%	5	62.50%	0	0%

## 2015 NKY Police-Involved Cases by Manner of Death

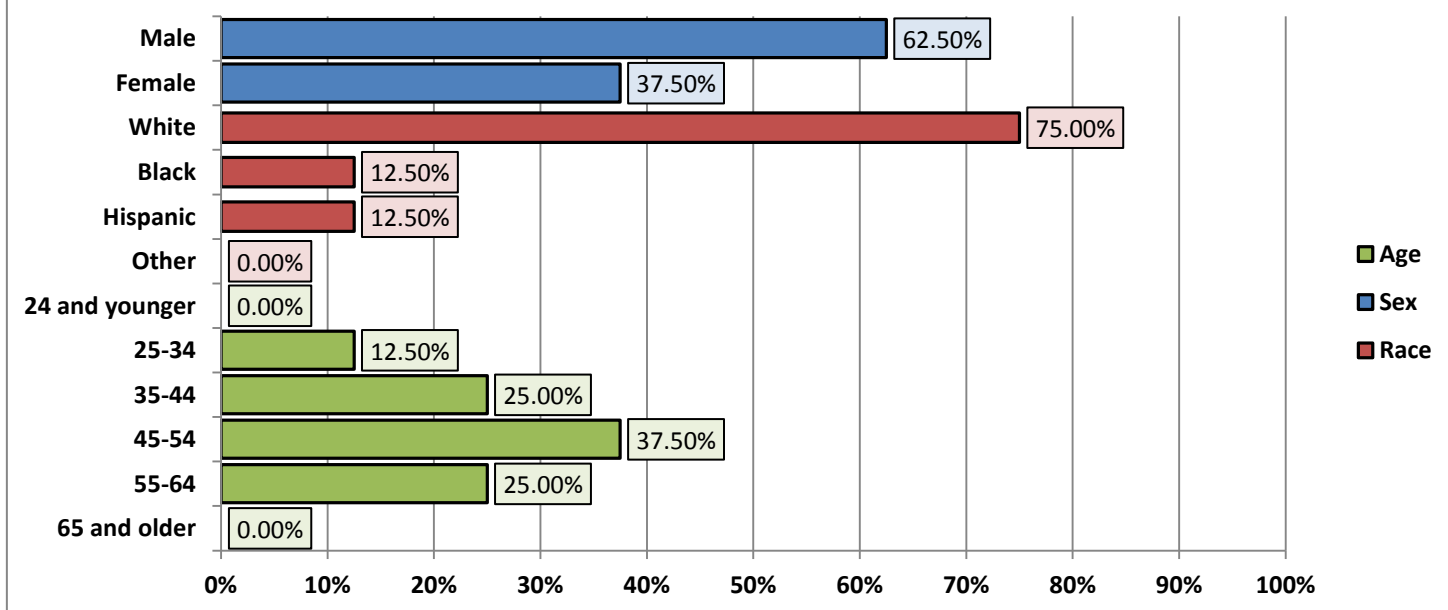
Figure 79



## 2015 NKY Police-Involved Cases by Demographics

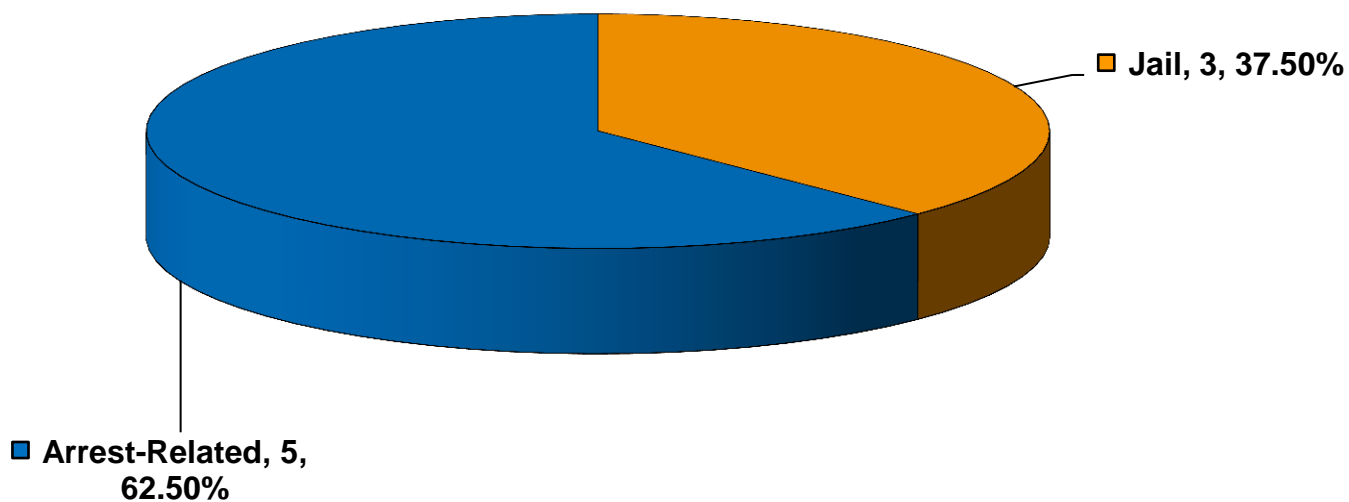
Figure 80

n=8



## 2015 NKY Police-Involved Cases by Type of Police Involvement

Figure 81  
n=8

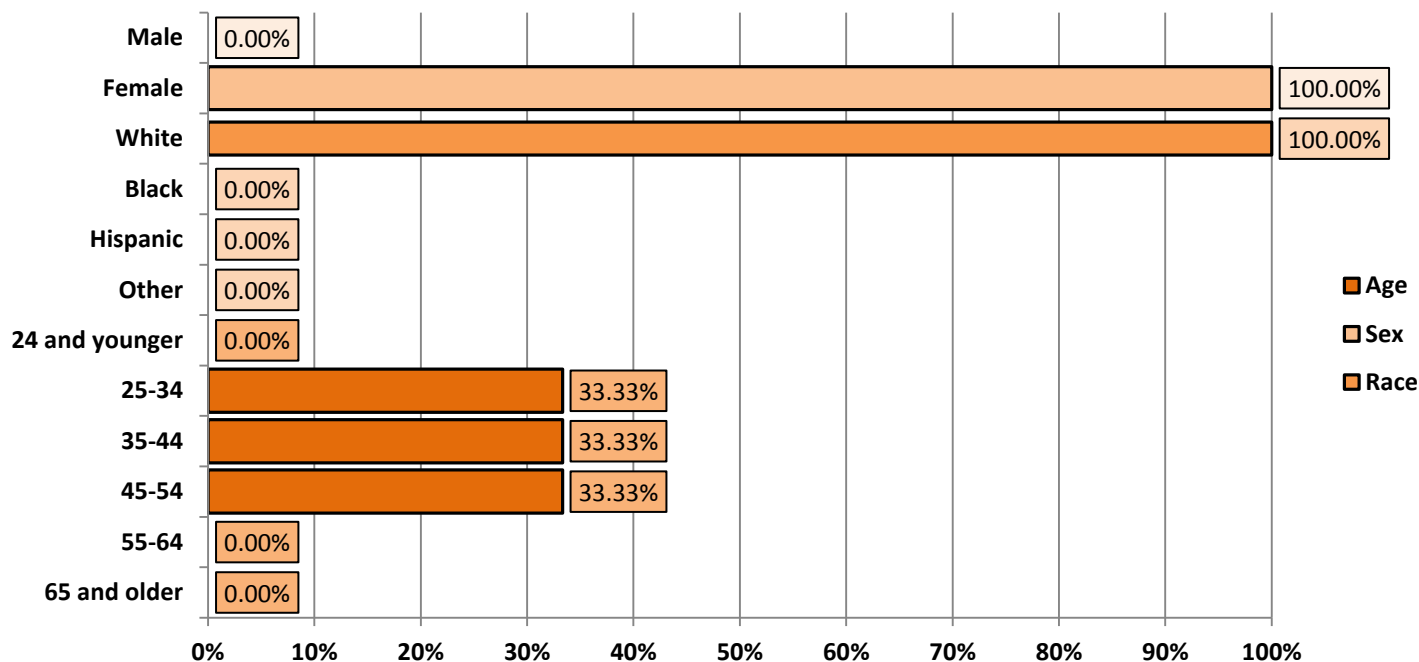




## 2015 NKY Jail Deaths by Demographics

Figure 82

n=3

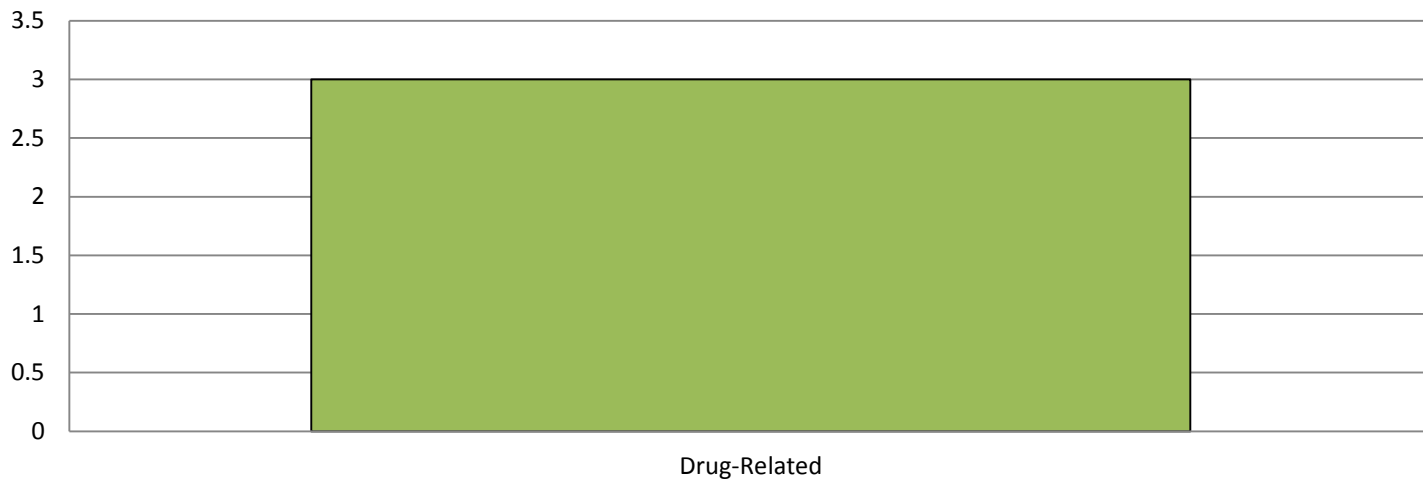


## 2015 NKY Jail Deaths by Cause and Manner of Death

Figure 83

n=3

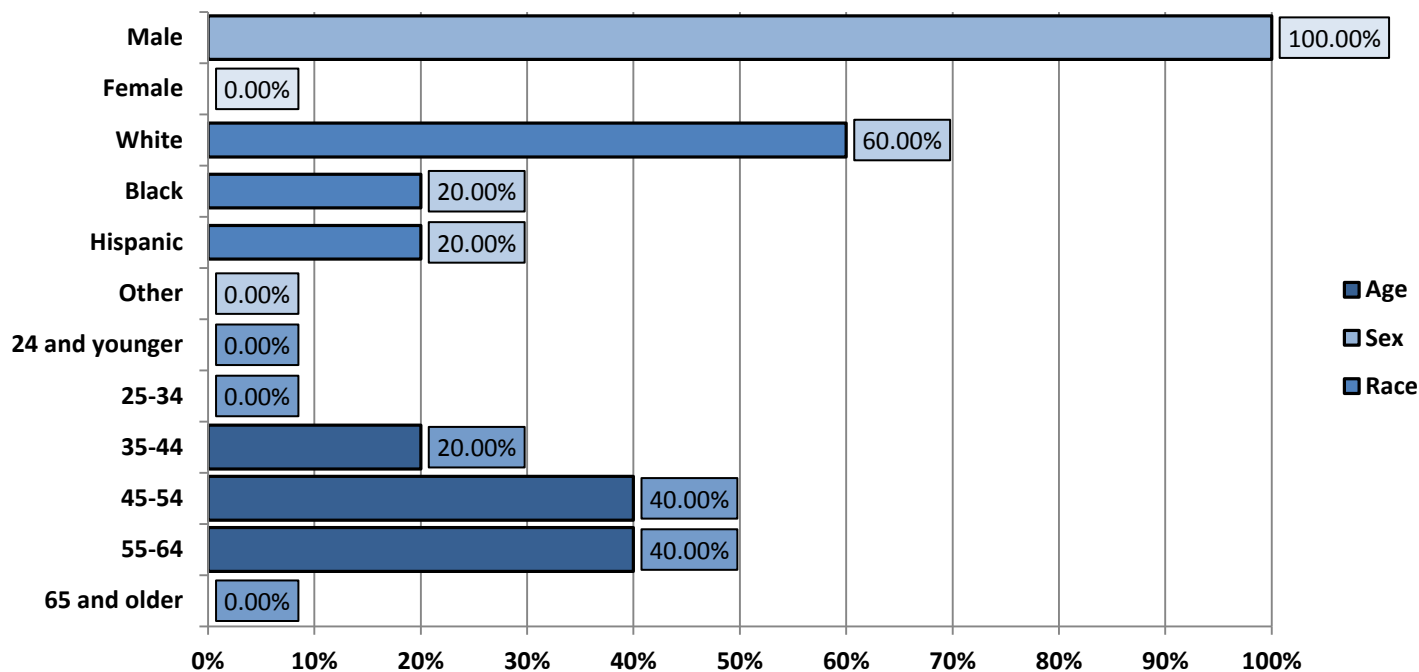
■ Natural
 ■ Homicide
 ■ Accident
 ■ Suicide
 ■ Undetermined



## 2015 NKY Arrest-Related Deaths by Demographics

Figure 84

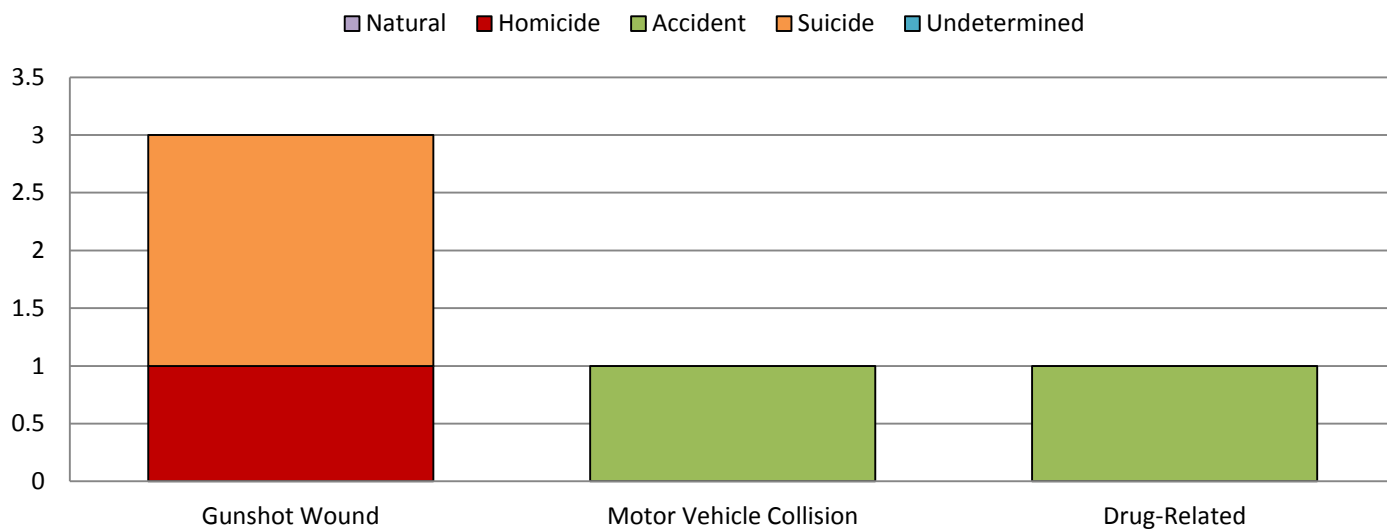
n=5



## 2015 NKY Arrest-Related Deaths by Cause and Manner of Death

Figure 85

n=5



# Additional Information

*Additional Data for 2015***Scene Visits at the request of local law enforcement and/or county coroner:**

**Note:** In Kentucky, the scene investigations are conducted by the County Coroners and their deputies who are trained by DOCJT.

The OCME attended six (6) scenes.

The OACME Office attended zero (0) scenes.

The Western Kentucky attended zero (0) scenes.

The Northern Kentucky Office attended zero (0) scenes.

**Bodies Transported:** Due to the combined Coroner/Medical Examiner system, no regional Medical Examiner Office transports bodies or arranges/orders the transport of bodies. This duty falls under the purview of the county coroner in which the death occurred. Therefore, zero (0) bodies were transported by any regional office.

**Hospital Autopsies:** Due to the combined Coroner/Medical Examiner system, the Regional Medical Examiner's Offices do not have jurisdiction over hospital deaths and autopsies. There were zero (0) hospital autopsies retained under ME jurisdiction.

**Organ and Tissue Donation**

Of the 1,442 cases undergoing postmortem examinations by the OCME, 12 were organ, 22 were tissue donations, and 3 were both organ and tissue donations.

Of the 795 cases undergoing postmortem examinations by the OACME Office, 3 were organ, 14 were tissue donations, and 0 were both organ and tissue donations.

Of the 30 cases undergoing postmortem examinations by the Western Kentucky Office, 0 were organ, 0 were tissue donation, and 0 were both organ and tissue donations.

Of the 509 cases undergoing postmortem examinations by the Northern Kentucky Office, 0 were organ, 13 were tissue donation, and 0 were both organ and tissue donations.

**Unclaimed Bodies:** Due to the combined Coroner/Medical Examiner system, the Regional Medical Examiner's Offices do not have responsibility over unclaimed bodies. This is the duty of the county coroner in which the death occurred. Therefore, there were zero (0) unclaimed bodies in 2015.

**Exhumations:**

The OCME had one (1) postmortem examination from an exhumation in 2015.

The OACME Office had one (1) postmortem examination from an exhumation in 2015.

The Western Kentucky Office had zero (0) postmortem examinations from an exhumation in 2015.

The Northern Kentucky Office had zero (0) postmortem examinations from an exhumation in 2015.

**Complete Autopsies**

The OCME performed 1236 complete autopsies in 2015.

The OACME Office performed 660 complete autopsies in 2015.

The Western Kentucky Office performed 28 complete autopsies in 2015.

The Northern Kentucky Office performed 316 complete autopsies in 2015.

**Focused Examinations**

The OCME performed 110 focused examinations in 2015.  
The OACME Office performed 106 focused examinations in 2015.  
The Western Kentucky Office performed 2 focused examinations in 2015.  
The Northern Kentucky Office performed 11 focused examinations in 2015.

**External Autopsies**

The OCME performed 89 external examinations in 2015.  
The OACME Office performed 23 external examinations in 2015.  
The Western Kentucky Office performed 0 external examinations in 2015.  
The Northern Kentucky Office performed 182 external examinations in 2015.

**Skeletal Remains Examinations**

The OCME performed 7 skeletal remains examinations.  
The OACME Office performed 6 skeletal remains examinations.  
The Western Kentucky Office performed 0 skeletal remains examinations.  
The Northern Kentucky Office performed 0 skeletal remains examination.

## **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, Trimble, 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 provided weekend, holiday, and vacation coverage for the **Western** counties delineated below from Jan 1<sup>st</sup>-July 31<sup>st</sup>. From Aug 1<sup>st</sup>-Dec 31<sup>st</sup>, the OCME provided full-time coverage for the Western Kentucky counties.

The **WKME in 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 **OACME in 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 **NKME in Ft. Thomas** office covers the following **NORTHERN** *counties*:

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

## Figure 58



**Office of the Chief Medical Examiner (OCME)**

810 Barret Avenue  
Louisville, KY 40204  
Tel: (502)852-5587  
Fax: (502)852-1767

**Office of the Associate Chief Medical Examiner (OACME)**

Central Laboratory Facility  
100 Sower Blvd, STE 202  
Frankfort, KY 40601  
Tel: (502)564-4545  
Fax: (502)564-1699

**Northern Kentucky Regional Medical Examiner's Office (NKME)**

85 North Grand Avenue  
Ft. Thomas, KY 41075  
Tel: (859)572-3559  
Fax: (859)572-3558

**Western Kentucky Regional Medical Examiner's Office (WKME)**

25 Brown Badgett Loop  
Madisonville, KY 42431  
Tel: (270) 824-7048  
Fax: (270) 824-7092



## ***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.

**Special Circumstances:** When the death occurs in a special location or circumstance, such as deaths occurring in an institution, at the workplace, or in police custody.

**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 no clear determination of one manner over another.

**Insufficient Information Provided** – An opinion regarding the manner of death could not be determined due to insufficient information provided to the prosecuting Medical Examiner.