New Mexico Office of the Medical Investigator

Annual Report 2008

"A wise man should consider that health is the greatest of human blessings, and learn how by his own thought to derive benefit from his illnesses." –Hippocrates

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2008 Annual Report
Office of the Medical Investigator
State of New Mexico

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In honor of Tim Stepetic

This annual report is dedicated to Tim Stepetic, who retired as OMI's Associate Director in December 2008. Tim was a valued and admired colleague of all of us at OMI, directing a staff of 25 managers and administrators to support the investigative responsibilities of OMI. His duties were diverse and wide-ranging, from managing a multi-million dollar budget, to strategic planning, to media spokesperson. He brought a wealth of experience and insight to his position at OMI, having completed exemplary careers in the US Air Force and the engineering field prior to joining OMI in 1998. In addition to coordinating the personnel, legal, and grant activities of OMI, Tim found time to develop an outreach activity for New Mexico students, delivering presentations on OMI's work to over 2,000 high school and college students every year. Tim's warmth, humor, and perspective will be sorely missed, but we wish him all the best in his retirement. Thank you for everything, Tim!

Office of the Medical Investigator (OMI)
2008 Annual Report

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Introduction

The Office of the Medical Investigator (OMI) investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected or where a person is found dead and the cause of death is unknown. OMI performed services for a total of 5,205 deaths. A detailed breakout of the case distribution can be found in this report.

This report is presented in two sections. The first section of the report summarizes the activity of the OMI. The second presents data routinely collected by the OMI in a manner that answers questions related to mortality and public health from a medical examiner's perspective. The tables and figures included in the report are designed to be self-explanatory, and we hope you find them easy to read and understand. Definitions can be found in the Glossary and may provide assistance with the terminology encountered in the report. Readers with special interests, needs, or whose questions are not answered by this report may contact the Computer and Information Services Section of the OMI. Additionally, we encourage interested researchers to contact the Bureau of Vital Statistics for complete mortality statistics.

Comments or suggestions concerning the content, format or clarity of the report are always welcome.

Preparation of the Annual Report

The OMI data from which this report was compiled are maintained on a web-based database management system and is located at the University of New Mexico Health Sciences Center in Albuquerque. OMI staff Sarah Lathrop, DVM, PH.D and Information Technology department: Wayland Davis, Melody Conrad, Michelle Gibson and Jill Leath using Microsoft Office 2000 Professional prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies. Electronic copies of this report may be downloaded in .PDF format from the OMI website: omi.unm.edu

Overview – Office of the Medical Investigator – 2008

The Office of the Medical Investigator (OMI) was created by the New Mexico State Legislature in 1972 and became operational in 1973. Replacing the county coroner system, the OMI was tasked[1] with investigating all reportable deaths occurring in New Mexico, to subsequently determine the cause and manner of death in such cases, and to provide formal death certification.

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

Reportable Deaths:

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

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

Statutory Duty:

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

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

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

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

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

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

Such a strongly defined and professionally staffed system provides investigative agencies, the medical community and the citizens of New Mexico with standardized death investigation protocols and a central repository for the information compiled during those medicolegal investigations. The centralization of these services has proven valuable in many areas of public concern including:

- Criminal investigations such as homicide or child abuse
- Protection of public health from environmental hazards and the spread of infectious disease
- Surveillance and reporting of deaths that may represent bioterrorist activities
- Medical and statistical research contributing to positive preventative measures (Seat Belt Laws)
- Expert testimony in court cases
- Proper certification of death
- Services to families of the deceased persons (Grief Services Program)

Program Summary and Highlights for 2008

Investigative Activity:

In 2008, New Mexico had 5,205 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 5,205 deaths. Following these investigations, OMI retained jurisdiction of 3,149 deaths and relinquished jurisdiction of 1,314 deaths to private physicians. An additional 742 deaths were investigated as a consultation services resulting in a total caseload of 5,205 medicolegal investigations. A granular examination of the case distribution is presented in the section Overview – Total Cases – 2008 beginning on page 8.

Additional Investigation Facts:

- Deputy Medical Investigators throughout New Mexico traveled 63,242 miles (one way) responding to 3,069 deaths.
- 201 Hospice Nurses were certified by OMI to pronounce deaths through 14 trainings around the state.
- The existing 845 Certified Nurses pronounced 4,272 deaths. (not reflected as reportable deaths)

OMI Toxicology:

- 2,158 OMI cases with toxicology requests
- 4,674 Test requests
- 14,098 Specimens collected for analysis

"Doe" and/or missing person cases:

- 121 "Doe" cases, of which 53 were non-human or ancient remains
- 62 "Doe" cases identified (91.2%)
- 164 Forensic Anthropology examinations
- 120 Forensic Odontology examinations
- 6 Cases identified by DNA
- 6 "Doe" cases unidentified
- 60 Missing person reports

Training and Education

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

Forensic Pathologist Fellowship Program

The OMI Forensic Pathology Fellowship Program is considered one of the best in the country. The fellowship is a one-year, in-depth training program in the subspecialty of forensic pathology. Applicants must have completed an accredited pathology residency program. Four positions for this competitive program are available each year and are generally filled two to three years in advance.

Certification Training

All OMI deputy medical investigators are required to become certified to perform a death investigation. The OMI provides this training for the deputy medical investigators throughout New Mexico and in the past year, 24 individuals successfully completed the training and received certification as new Field Investigators. 43 current Field Investigators participated in training and were recertified. Upon request, OMI will provide the certification training to other medical investigators, coroners and law enforcement agencies for adaptation to the needs of their local systems. (Ex. Native American police officers)

Death Investigation Training

In 2008, a significant change was made in how Death Investigation Training was conducted by the OMI. Training was restructured to a single training session in Albuquerque. 197 representatives from the medical examiner, law enforcement and health care professions from throughout the nation participated in the training with a curriculum designed to present the most current facets of death investigations. 109 completed the Basic Death Investigation School and 88 attended the OMI seminar. Participants were from Alabama, Arizona, Colorado, Nebraska, Nevada, Oregon, and Texas and as well as those from New Mexico such as personnel from the New Mexico Department of Public Safety, Bureau of Vital Statistics, Albuquerque Police Department, EMS Academy, and through Career Fairs for Elementary, Middle and High Schools.

Law Enforcement Education

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, the Bernalillo County Sheriff's Office Training Academy, APD Citizen's Police Academy and the Albuquerque Police Academy. In addition, specialized training is provided to individual police departments at their request.

Public Education

- OMI Staff conducts in-service training throughout the state for a wide variety of agencies. Examples of agencies include Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, state search and rescue groups and professional/advanced degree classes at New Mexico Universities. Approximately 780 individuals participated in the in-service training program in 2008 in many locations at various agencies throughout New Mexico.

Additionally, OMI staff provided tours and presentations to over 2,000 students from middle and high schools throughout New Mexico; the Central New Mexico Community College; and UNM medical and health programs.

OMI Newsletter and website

The OMI Newsletter is published quarterly and sent to OMI field and central office staff, funeral homes and hospice and home health care. The newsletter conveys information regarding updates in legislation and/or investigation and personnel issues.

The OMI website at http://omi.unm.edu/ provides instant access to information concerning OMI, staff, operating procedures and services offered. Through the website, users can download forms needed for requesting OMI documents.

Grief Services Program

The Grief Services Program (GSP) was established in 1975. Initially, the program provided crisis intervention and education to families whose child died as a result of Sudden Infant Death Syndrome (SIDS). The program has continually expanded its mission and now provides its services to all New Mexico families following the sudden and unexpected death of a family member. These services include: crisis intervention, psychotherapy, education, consultations, and referrals. Additionally, the GSP provides grief education and training throughout New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training. In 2008, the GSP provided:

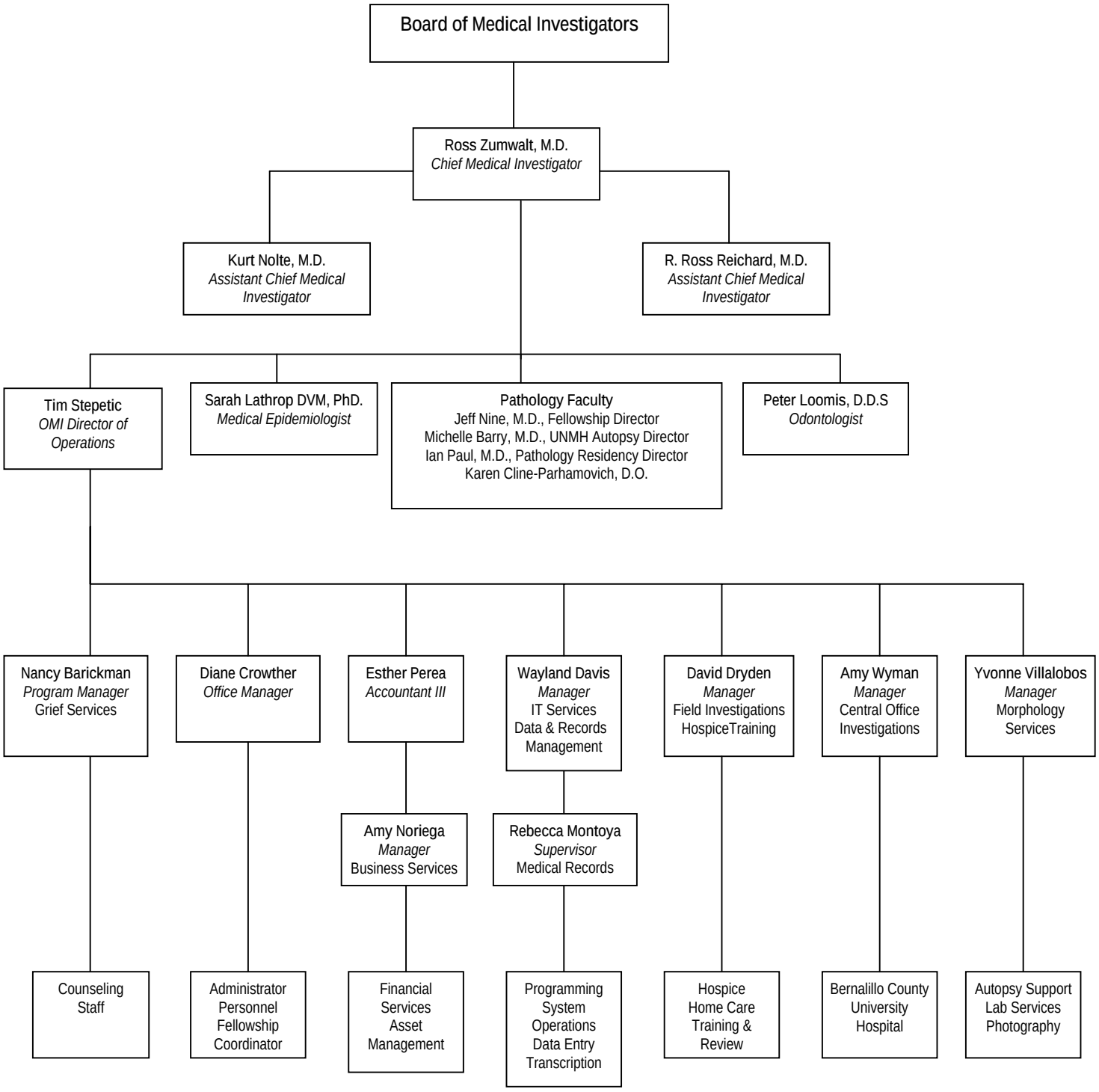
- Intervention for 3,400 clients
- Facilitated 110 support groups
- Training for 650 professional associates

Donor Services

In 2008, OMI insured that 100% of potential organ donors and their families were allowed to give the gift of life. That meant 42 organ donors were able to provide 116 life-saving organs for transplantation throughout the country and in New Mexico as well. The University of New Mexico Hospital Transplant Center was also able to transplant 26 kidneys from 21 of those donors.
Additionally in 2008, there were 141 families whose loved one became a tissue donor and whose gifts will provide an enhanced quality of life to over 7,000 tissue transplant recipients.

Office of the Medical Investigator
Organizational Chart as of December 2008

Figure 1



Total Cases

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

Figure 2 – Total Cases – 1999 - 2008

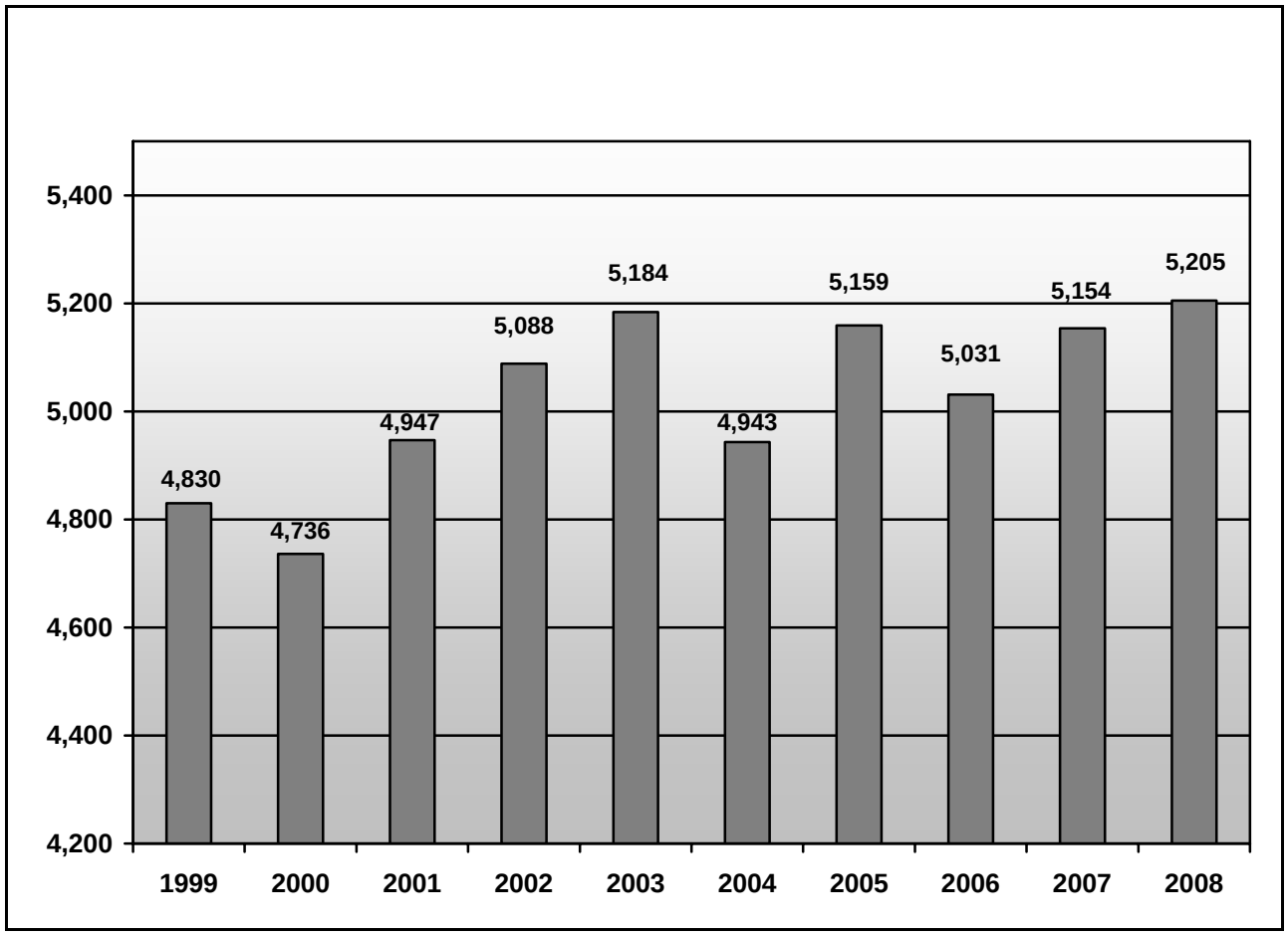
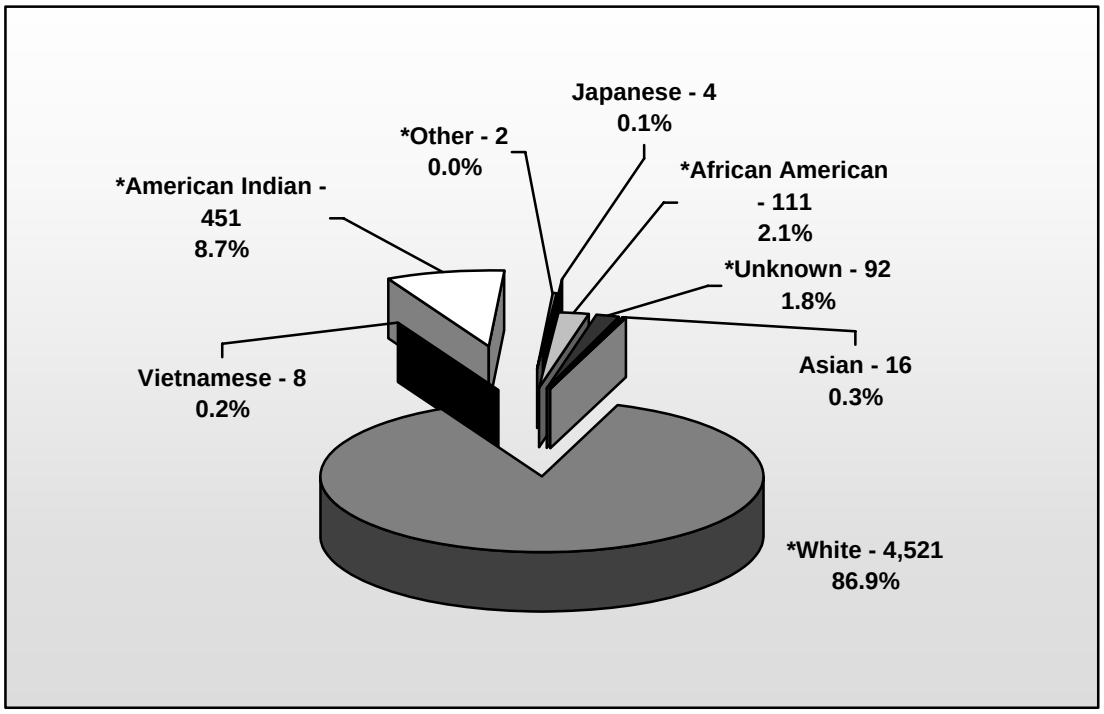


Figure 3 – Total Cases by Race/Ethnicity – 2008



* White includes 1,681 Hispanic, * American Indian includes 7 Hispanic, * African American includes 2 Hispanic, *Other includes 2 Hispanic, * Unknown includes 22 Hispanic

Figure 4 – Total Cases by Age and Gender – 2008

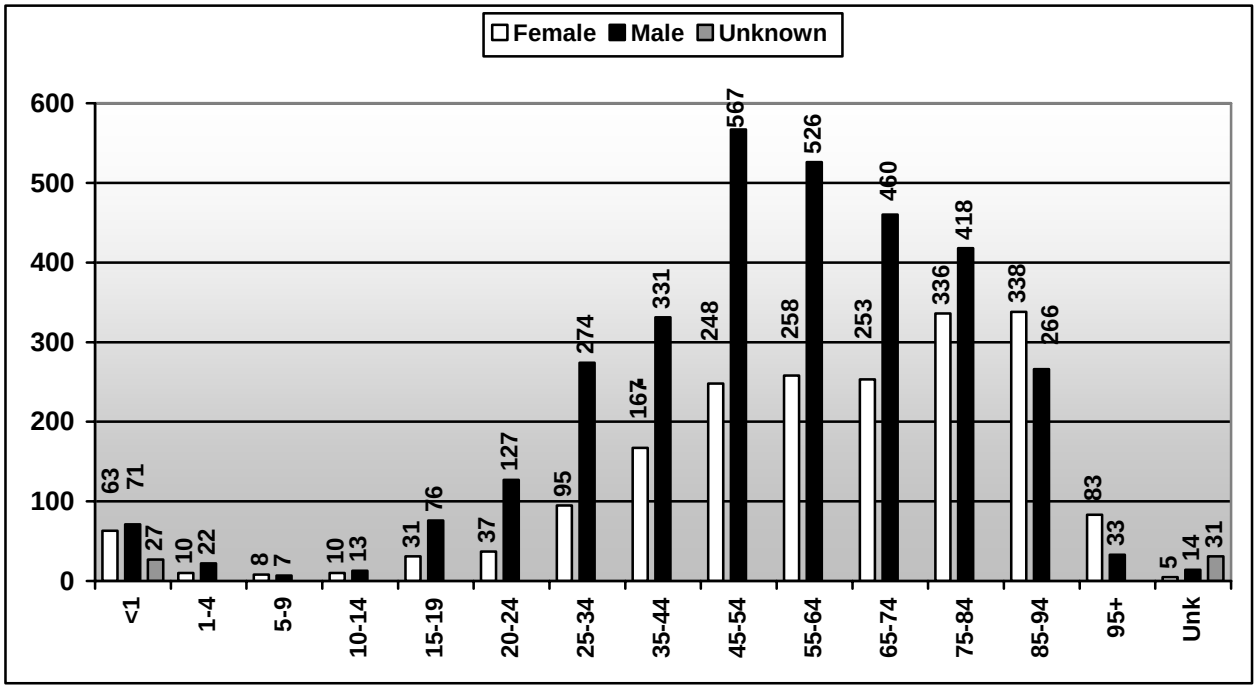


Table 1 – Total Cases – Autopsy Status – 2008

	Manner of Death					
Autopsy	**Natural**	**Accident**	**Suicide**	**Homicide**	**Undetermined***	**Total**
Yes	620	797	316	171	102	**2,006**
No	2,417	633	81	0	68	**3,199**
Total	**3,037**	**1,430**	**397**	**171**	**170**	**5,205**

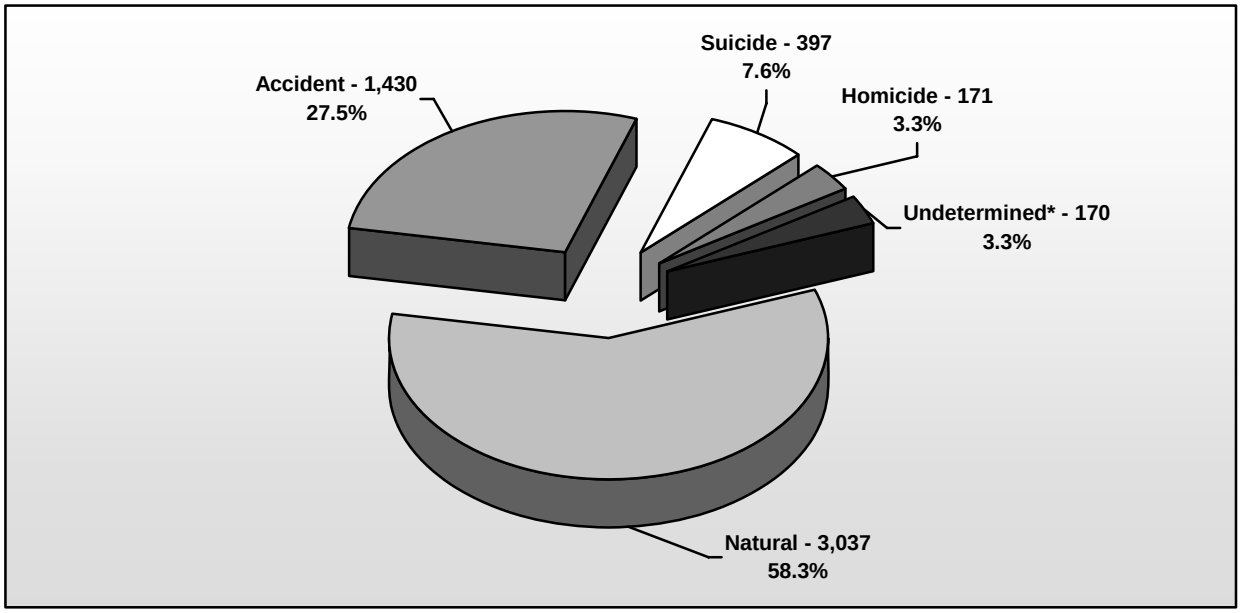
* 99 Undetermined, 8 Pending, 41 Other included in Undetermined

Table 2 – Total Cases – Case Distribution – 2008

		Autopsy			
Type of Case	**Manner of Death**	**Yes**	**No**	**Percent Autopsied**	**Total**
Medical Investigator	Natural	467	643	42.1%	**1,110**
	Accident	734	622	54.1%	**1,356**
	Suicide	309	75	80.5%	**384**
	Homicide	144	0	100.0%	**144**
	Undetermined	93	62	60.0%	**155**
	Subtotal	**1,747**	**1,402**	**55.5%**	**3,149**
Terminated Jurisdiction	Natural	0	1,312	0.0%	**1,312**
	Accident	0	1	0.0%	**1**
	Suicide	0	0	0.0%	**0**
	Homicide	0	0	0.0%	**0**
	Undetermined	0	1	0.0%	**1**
	Subtotal	**0**	**1,314**	**0.0%**	**1,314**
Reported Deaths		**1,747**	**2,716**	**39.1%**	**4,463**
Consultation Cases	Natural	153	462	24.9%	**615**
	Accident	63	10	86.3%	**73**
	Suicide	7	6	53.8%	**13**
	Homicide	27	0	100.0%	**27**
	Undetermined	9	5	64.3%	**14**
	Subtotal	**259**	**483**	**34.9%**	**742**
Total		**2,006**	**3,199**	**38.5%**	**5,205**

Cause and Manner of Death

Figure 5 – Total Cases – Manner of Death – 2008



* 103 Undetermined, 3 Pending, 63 Other, and 1 Uncoded included in Undetermined

In 2008, the OMI investigated 5,205 deaths, representing 35% of the estimated total deaths in New Mexico in 2008. Of the deaths investigated by the OMI in 2008:

The total number of deaths investigated represents a 1% increase from the 2007 total, and a 7.8% increase since 1999.

The ratio of male to female deaths, when gender was clearly determined, was 1.65. Decedents classified as non-Hispanic white represented 55% of the total, Hispanic 32.3%, American Indian 8.7%, African American 2.1% and Asian 0.3%. The racial-ethnic composition of New Mexico was listed in the 2000 census as: 45% non-Hispanic white, 42% Hispanic, 10% American Indian, 2% African American and 1% Asian.

While natural deaths contributed the largest portion of OMI deaths investigated (58.3%), most natural deaths did not fall under the jurisdiction of the OMI. Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

Table 3 - Total Cases – Manner of Death by Gender – 2008

Gender	Accident	Homicide	Natural	Suicide	Undetermined	Total
Female	536	37	1,228	101	40	**1,942**
Male	894	134	1,807	296	74	**3,205**
Unknown	0	0	2	0	56	**58**
Total	**1,430**	**171**	**3,037**	**397**	**170**	**5,205**

Table 4 - Total Cases – Manner of Death by Race/Ethnicity – 2008

Race/Ethnicity	Accident	Homicide	Natural	Suicide	Undetermined	Total
***American Indian**	165	34	190	41	21	**451**
***African American**	20	6	73	9	3	**111**
Japanese	2	0	2	0	0	**4**
Other Asian	4	2	8	0	2	**16**
Vietnamese	1	0	6	1	0	**8**
White/Hispanic	522	83	931	108	37	**1,681**
White	702	43	1,807	236	52	**2,840**
***Unknown/Other**	14	3	20	2	55	**94**
	1,430	**171**	**3,037**	**397**	**170**	**5,205**

*American Indian includes 7 Hispanic, African American includes 2 Hispanic, Unknown/Other includes includes 24 Hispanic

Table 5 - Total Cases – Manner of Death by Age and Gender 2008
Age at Death

Gender	Age	Natural	Accidents		Suicide	Homicide	Undetermined	Total
			MVA*	Non-MVA				
Female	<1	53	2	2	0	1	5	63
	1-4	5	1	3	0	1	0	10
	5-9	5	0	1	1	1	0	8
	10-14	4	1	1	3	1	0	10
	15-19	6	7	6	5	3	4	31
	20-24	8	13	11	1	1	3	37
	25-34	31	17	22	14	11	0	95
	35-44	75	13	41	19	8	11	167
	45-54	133	19	52	30	6	8	248
	55-64	193	13	33	16	1	2	258
	65-74	197	17	25	10	1	3	253
	75-84	253	17	63	2	0	1	336
	85-94	214	4	118	0	1	1	338
	95+	51	0	32	0	0	0	83
	Unknown	0	1	1	0	1	2	5
	Subtotals	**1,228**	**125**	**411**	**101**	**37**	**40**	**1,942**
Male	<1	60	1	2	0	1	7	71
	1-4	5	8	3	0	5	1	22
	5-9	3	0	1	0	1	2	7
	10-14	6	4	1	2	0	0	13
	15-19	6	22	9	25	12	2	76
	20-24	5	31	31	33	22	5	127
	25-34	38	47	97	45	36	11	274
	35-44	107	37	107	43	24	13	331
	45-54	292	47	130	62	22	14	567
	55-64	386	31	59	36	7	7	526
	65-74	372	12	43	27	3	3	460
	75-84	310	14	72	19	0	3	418
	85-94	189	3	70	3	1	0	266
	95+	24	0	9	0	0	0	33
	Unknown	4	0	3	1	0	6	14
	Subtotals	**1,807**	**257**	**637**	**296**	**134**	**74**	**3,205**
Unknown	<1	1	0	0	0	0	26	**27**
	No Age	1	0	0	0	0	30	**31**
Total		**3,037**	**382**	**1,048**	**397**	**171**	**170**	**5,205**

*** MVA = Motor Vehicle Accidents**

Figure 6 - Deaths by County of Injury – 2008
Includes Accidents, Suicides, Homicides and Undetermined Deaths

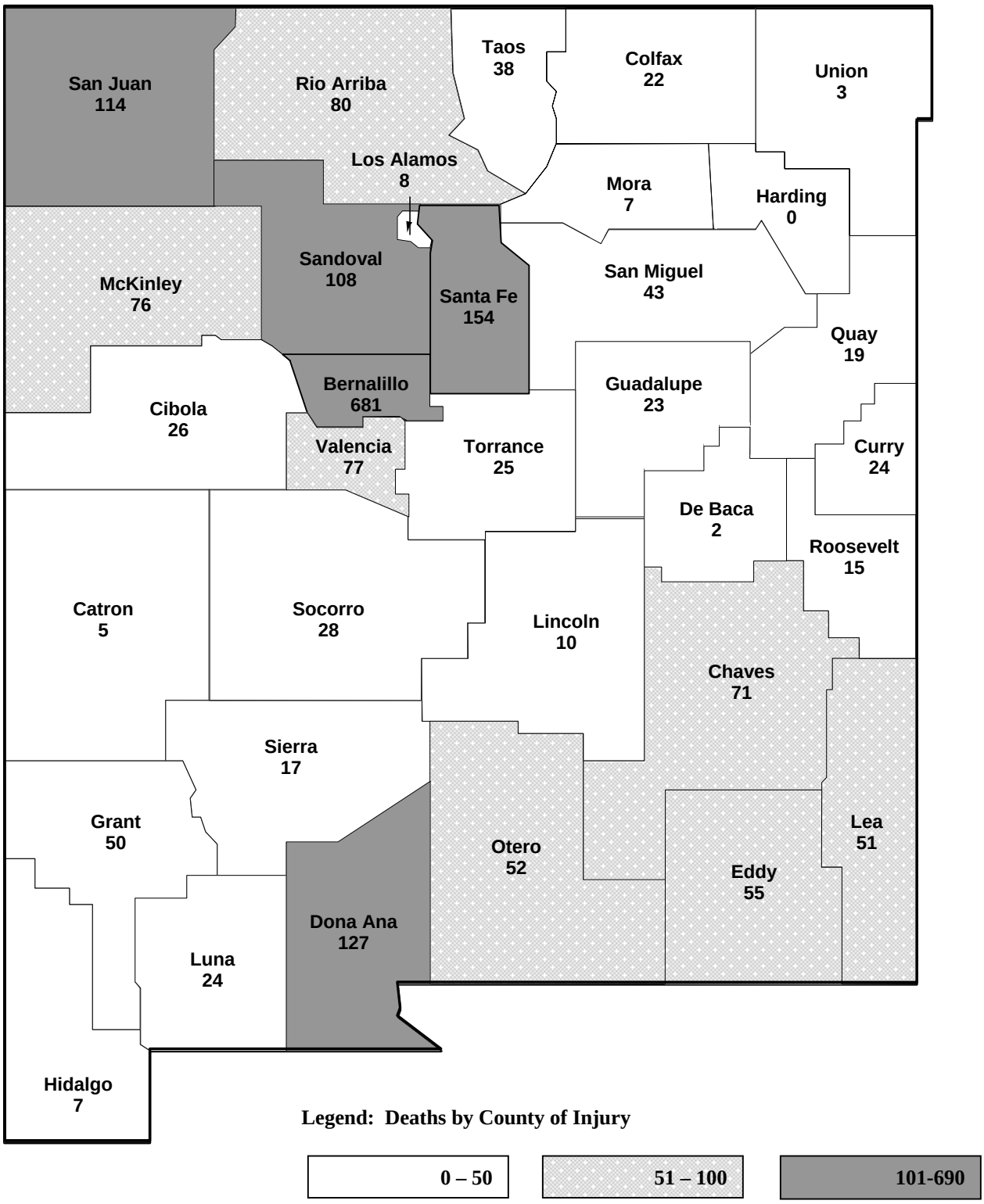


Table 6 – Total Cases – County of Injury – 2008

Manner of Death by County of Injury

County of Injury	Accident	Homicide	Suicide	Undetermined	Total
Bernalillo	477	53	123	28	**681**
Catron	3	0	2	0	**5**
Chaves	48	9	11	3	**71**
Cibola	20	0	6	0	**26**
Colfax	18	0	3	1	**22**
Curry	16	4	3	1	**24**
De Baca	2	0	0	0	**2**
Dona Ana	72	11	35	9	**127**
Eddy	41	2	10	2	**55**
Grant	31	3	12	4	**50**
Guadalupe	18	0	4	1	**23**
Harding	0	0	0	0	**0**
Hidalgo	4	0	3	0	**7**
Lea	36	4	7	4	**51**
Lincoln	3	1	5	1	**10**
Los Alamos	4	1	2	1	**8**
Luna	15	3	5	1	**24**
McKinley	58	8	7	3	**76**
Mora	5	0	2	0	**7**
Otero	30	4	15	3	**52**
Quay	16	1	2	0	**19**
Rio Arriba	61	5	9	5	**80**
Roosevelt	9	1	4	1	**15**
San Juan	74	12	24	4	**114**
San Miguel	33	2	7	1	**43**
Sandoval	71	7	22	8	**108**
Santa Fe	102	9	37	6	**154**
Sierra	13	0	2	2	**17**
Socorro	21	4	3	0	**28**
Taos	29	2	6	1	**38**
Torrance	16	3	5	1	**25**
Union	3	0	0	0	**3**
Valencia	46	11	16	4	**77**
Non-Resident/Unknown	35	11	5	75	**126**
Subtotals	**1,430**	**171**	**397**	**170**	**2,168**
Natural Deaths	0	0	0	0	**3,037**
Total					**5,205**

Figure 7 – Deaths by County of Residence
All Manners of Death

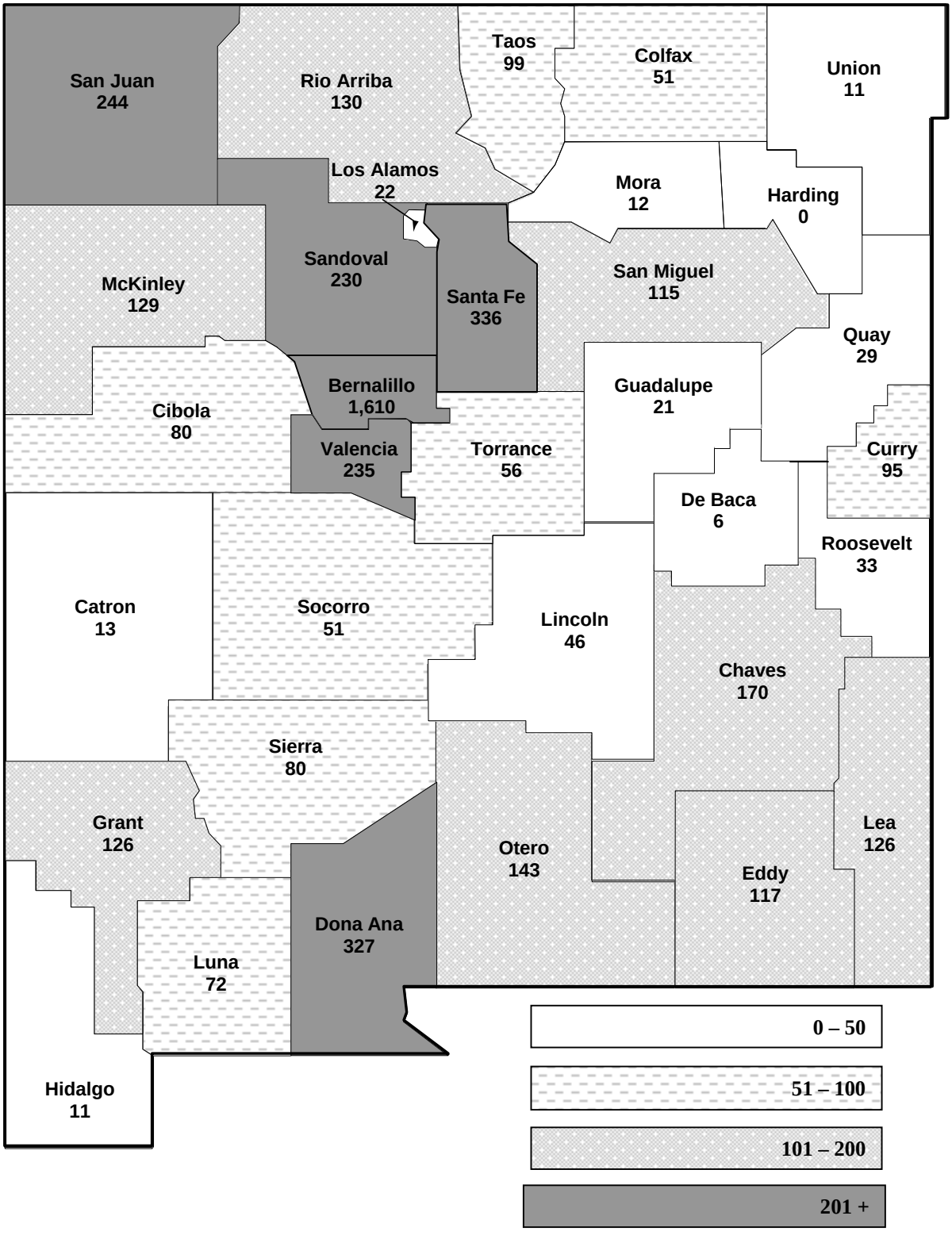


Table 7 – Total Cases – County of Residence – 2008

Manner of Death by County of Residence

County of Residence	Natural	Accident	Homicide	Suicide	Undetermined	Total
Bernalillo	955	458	45	120	32	**1,610**
Catron	11	1	0	1	0	**13**
Chaves	99	49	9	10	3	**170**
Cibola	52	19	1	8	0	**80**
Colfax	33	15	0	2	1	**51**
Curry	66	20	3	4	2	**95**
De Baca	4	1	0	0	1	**6**
Dona Ana	202	71	10	35	9	**327**
Eddy	64	38	2	10	3	**117**
Grant	79	28	3	12	4	**126**
Guadalupe	13	5	0	2	1	**21**
Harding	0	0	0	0	0	**0**
Hidalgo	6	2	0	3	0	**11**
Lea	79	31	4	7	5	**126**
Lincoln	33	7	1	4	1	**46**
Los Alamos	13	4	1	3	1	**22**
Luna	55	7	3	5	2	**72**
McKinley	62	47	8	8	4	**129**
Mora	6	5	0	1	0	**12**
Otero	98	24	4	14	3	**143**
Quay	18	8	1	2	0	**29**
Rio Arriba	57	53	4	10	6	**130**
Roosevelt	22	6	1	4	0	**33**
San Juan	138	69	11	22	4	**244**
San Miguel	80	26	2	6	1	**115**
Sandoval	124	68	6	20	12	**230**
Santa Fe	176	108	10	36	6	**336**
Sierra	69	8	0	2	1	**80**
Socorro	29	16	3	3	0	**51**
Taos	62	27	1	3	6	**99**
Torrance	35	14	2	4	1	**56**
Union	10	1	0	0	0	**11**
Valencia	147	53	13	16	6	**235**
Out of State/Unknown	140	141	23	20	55	**379**
Total	**3,037**	**1,430**	**171**	**397**	**170**	**5,205**

Summary

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

Overview – Manner of Death – Natural Deaths

Figure 8 – Natural Deaths – 1999 – 2008

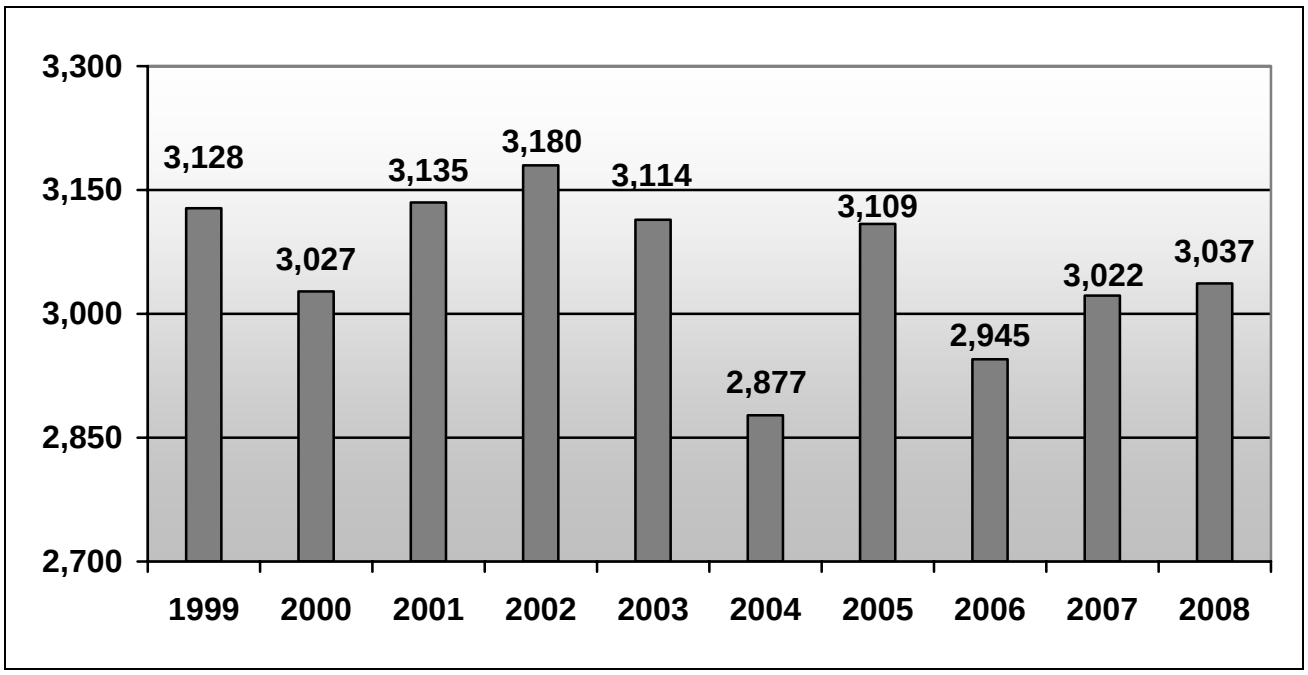
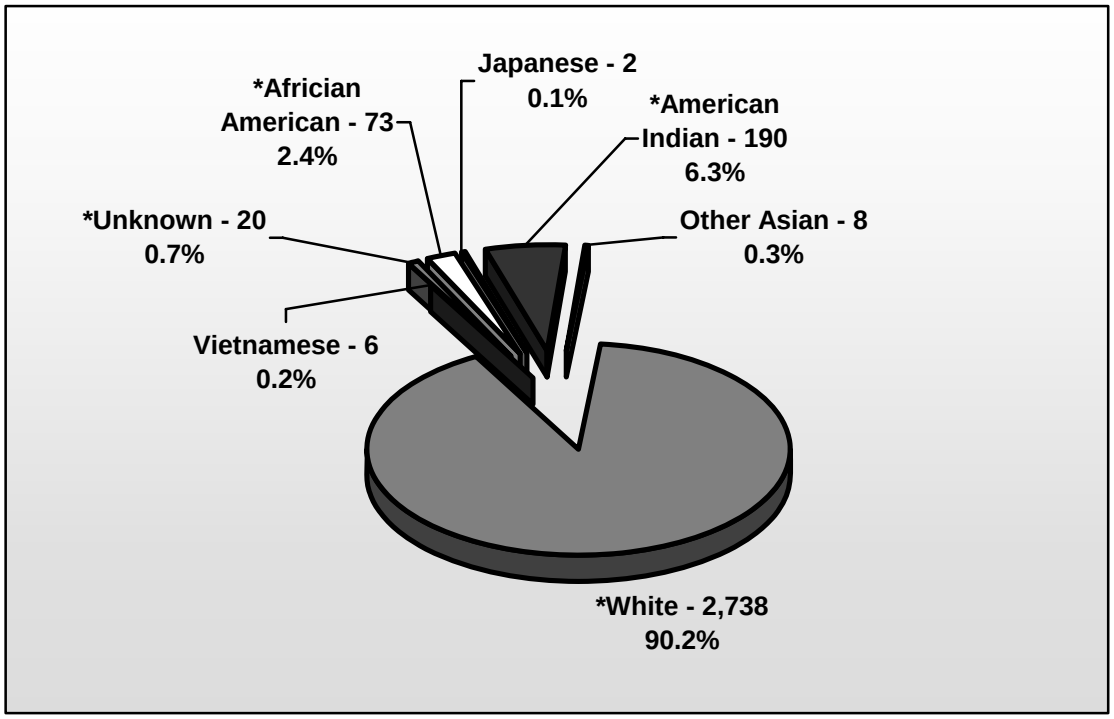
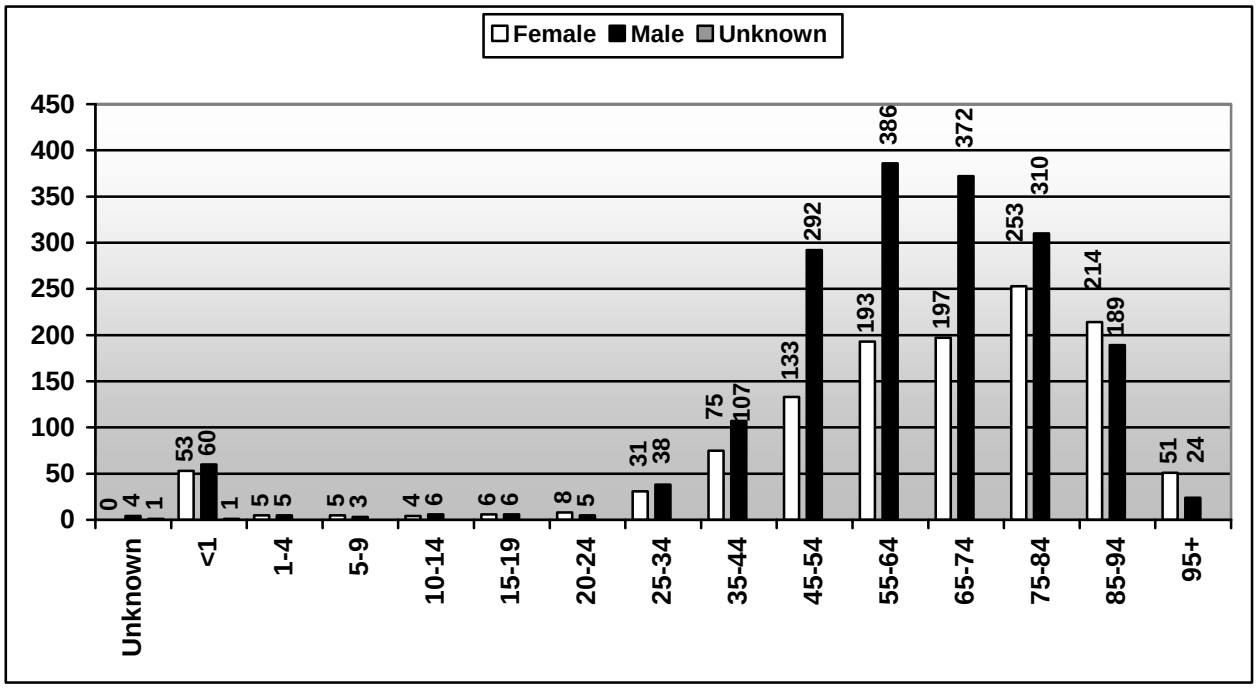


Figure 9 - Natural Deaths by Race/Ethnicity – 2008



* White includes 931 Hispanic, American Indian includes 2 Hispanic, African American includes 1 Hispanic
Unknown includes 12 Hispanic

Figure 10 - Natural Deaths by Age and Gender – 2008



Natural Deaths – Summary

Deaths classified as a "natural" manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by the OMI. However, most natural deaths that occur in New Mexico do not fall under the jurisdiction of the OMI and are therefore not represented in this report. An excellent resource for all mortality statistics in the state is the publication "New Mexico Selected Health Statistics Annual Report," published by the State Center for Health Statistics at the Office of New Mexico Vital Records & Health Statistics, Public Health Division, Department of Health, 1105 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110.

Overview – Manner of Death – Accidental Deaths

Figure 11 - Accidental Deaths – 1999 – 2008

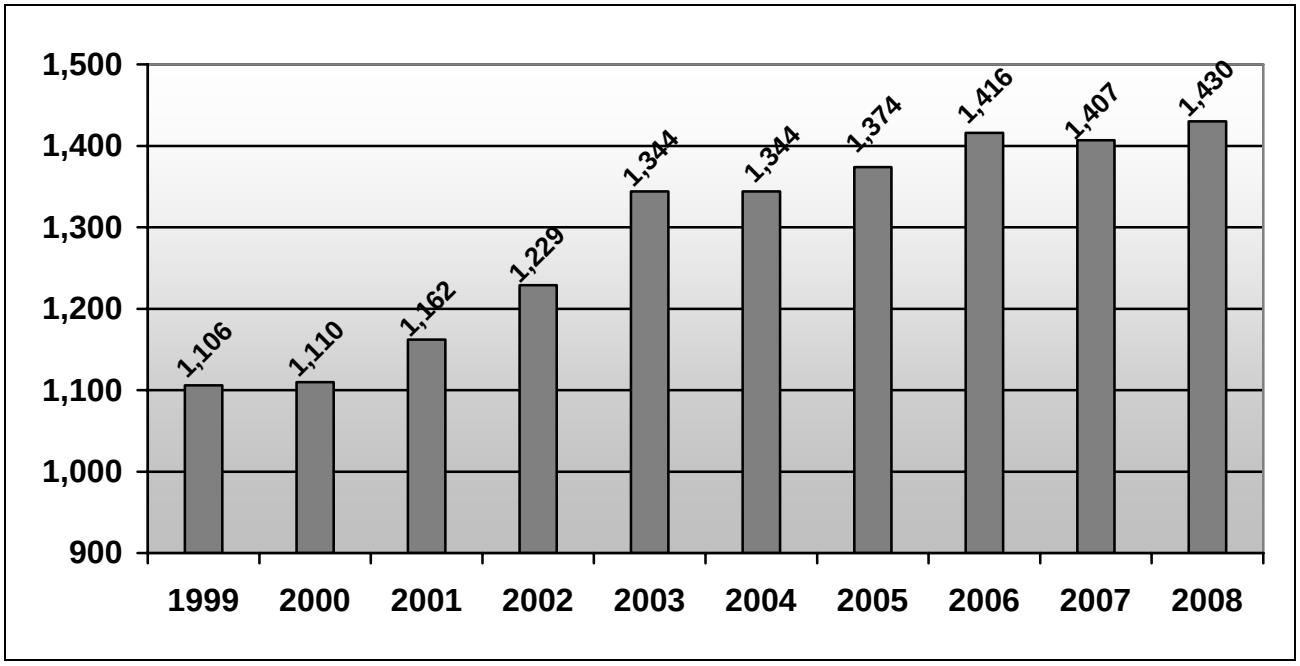
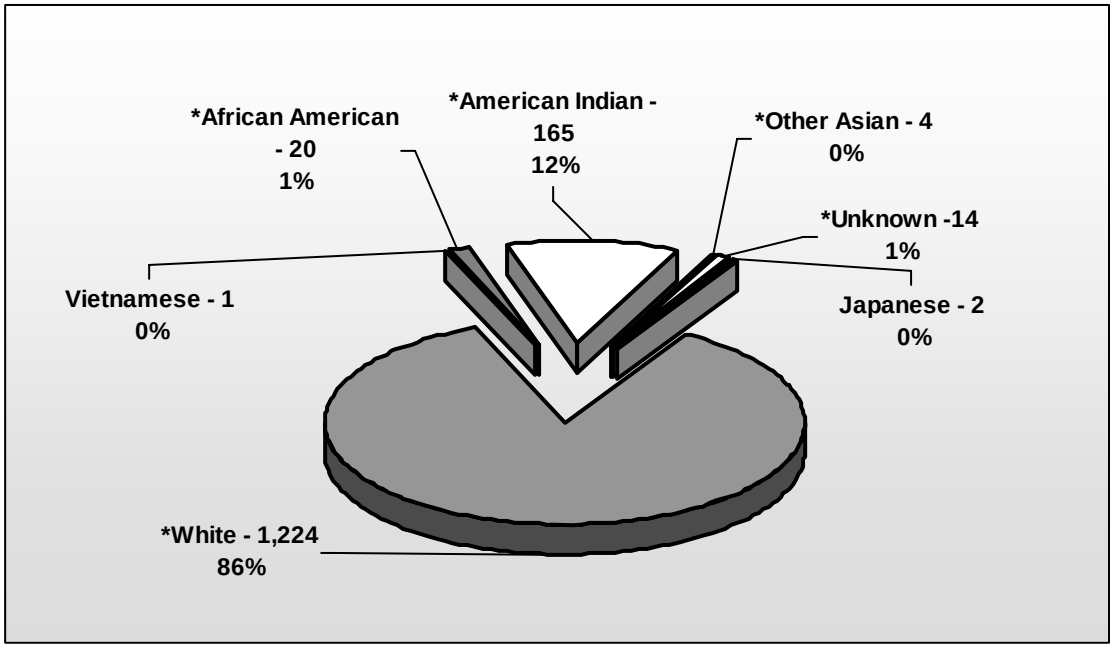


Figure 12 - Accidental Deaths by Race/Ethnicity – 2008



* White includes 522 Hispanic, African American includes 1 Hispanic, American Indian includes 3 Hispanic, and Unknown includes 7 Hispanic

Figure 13 - Accidental Deaths by Age and Gender – 2008

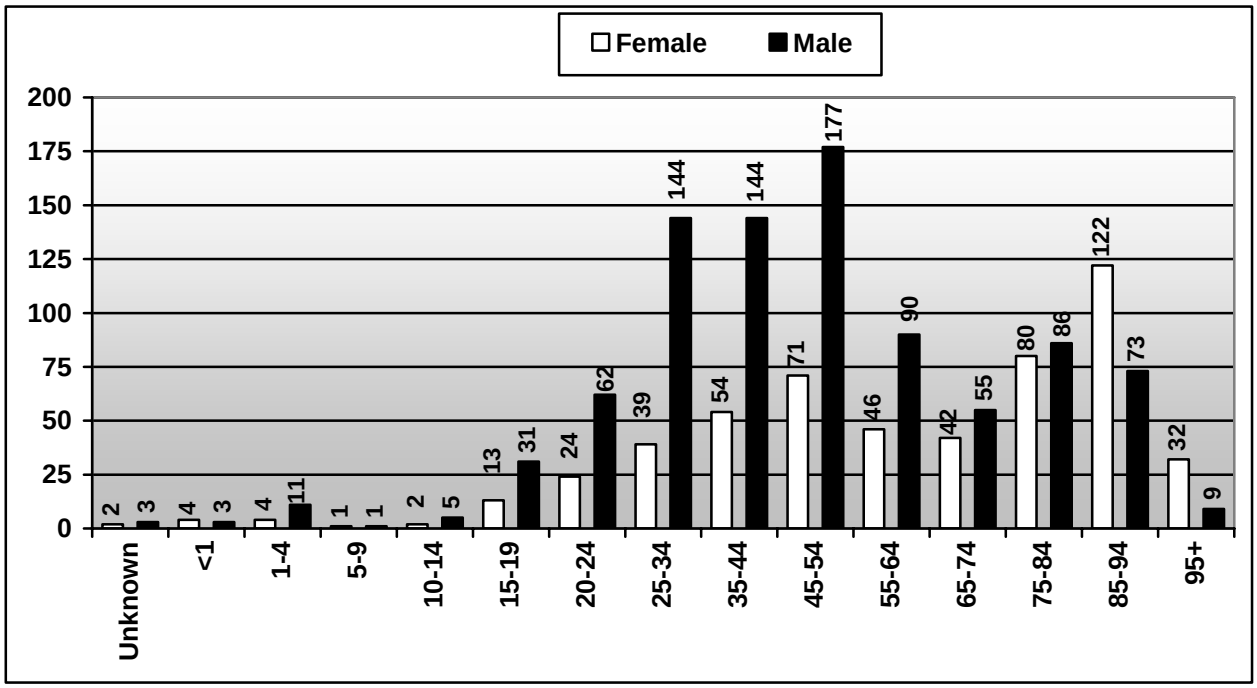


Table 8 - Accidental Deaths – County of Injury – 1999 – 2008

County of Injury	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Bernalillo	294	285	318	359	406	403	389	433	423	477
Catron	4	7	5	3	6	2	7	2	3	3
Chaves	43	30	36	29	42	41	37	48	30	48
Cibola	24	37	16	19	27	25	41	22	31	20
Colfax	8	16	18	12	23	9	17	9	12	18
Curry	15	16	13	13	15	15	22	20	26	16
De Baca	4	1	2	5	3	1	3	1	3	2
Dona Ana	53	52	56	55	62	80	63	78	87	72
Eddy	19	29	22	27	31	33	39	39	38	41
Grant	13	17	9	18	23	25	17	19	20	31
Guadalupe	7	8	14	17	8	16	10	18	15	18
Harding	1	1	1	2	1	0	0	0	1	0
Hidalgo	5	7	9	10	2	6	14	7	12	4
Lea	23	21	24	20	29	21	30	38	37	36
Lincoln	13	11	21	31	14	14	14	15	24	3
Los Alamos	4	6	9	6	10	6	6	5	6	4
Luna	20	15	23	18	25	22	37	33	27	15
McKinley	65	78	57	71	73	99	80	77	62	58
Mora	8	7	4	4	5	8	7	5	6	5
Otero	20	25	24	25	31	28	30	35	22	30
Quay	20	13	13	18	26	14	10	16	8	16
Rio Arriba	67	57	37	54	47	57	48	49	56	61
Roosevelt	6	6	7	9	8	7	14	7	10	9
San Juan	56	61	76	85	79	76	72	80	90	74
San Miguel	16	20	19	26	30	33	25	23	27	33
Sandoval	37	34	39	33	42	47	52	61	55	71
Santa Fe	89	84	72	89	78	75	101	96	91	102
Sierra	16	12	13	15	16	12	12	9	15	13
Socorro	18	17	27	13	18	21	22	15	19	21
Taos	16	21	38	30	26	30	27	28	36	29
Torrance	17	16	19	12	20	19	18	21	20	16
Union	4	3	16	4	3	4	7	7	4	3
Valencia	41	39	35	34	45	38	41	52	55	46
Out of State/Unknown	60	58	70	63	70	57	62	48	36	35
Totals	**1,106**	**1,110**	**1,162**	**1,229**	**1,344**	**1,344**	**1,374**	**1,416**	**1,407**	**1,430**

Table 9 - Accidental Deaths – County of Pronouncement – 1999 – 2008

County of Pronouncement	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Bernalillo	385	388	415	442	505	503	476	552	513	572
Catron	4	7	4	2	6	2	7	1	3	3
Chaves	41	28	36	27	42	41	34	47	31	48
Cibola	20	27	11	20	20	14	34	12	24	20
Colfax	7	16	15	12	20	9	19	9	12	14
Curry	18	24	17	14	17	18	22	20	27	17
De Baca	4	0	1	5	3	0	2	1	3	2
Dona Ana	54	50	58	53	62	82	61	83	95	75
Eddy	20	27	24	28	30	32	39	39	37	40
Grant	11	18	14	13	24	24	19	18	19	29
Guadalupe	6	5	12	14	6	15	8	14	14	17
Harding	0	1	1	2	1	0	0	0	1	0
Hidalgo	5	7	10	9	2	6	10	7	11	5
Lea	22	21	24	20	29	21	31	40	37	35
Lincoln	12	10	19	23	12	13	13	16	21	5
Los Alamos	4	8	9	4	8	5	5	5	6	5
Luna	20	15	17	17	25	23	37	27	23	14
McKinley	59	60	50	65	73	83	69	67	60	51
Mora	6	5	2	1	4	8	4	3	5	4
Otero	16	24	20	25	30	28	30	33	20	25
Quay	17	12	10	17	24	13	10	16	11	15
Rio Arriba	57	49	30	54	40	53	39	42	52	41
Roosevelt	7	2	4	8	8	6	14	8	11	9
San Juan	61	68	90	89	78	87	79	82	99	79
San Miguel	13	17	18	24	26	26	22	22	24	31
Sandoval	24	21	21	27	24	28	40	33	30	47
Santa Fe	91	83	80	93	87	78	100	97	92	108
Sierra	13	11	13	13	14	9	11	6	11	13
Socorro	18	17	23	11	15	15	22	12	17	17
Taos	14	17	33	24	19	27	25	22	33	26
Torrance	11	13	16	9	9	12	14	17	15	14
Union	4	3	15	4	3	2	6	7	4	3
Valencia	31	23	19	21	34	29	32	37	34	27
Out of State/Unknown	31	33	31	39	44	32	40	21	12	19
Totals	**1,106**	**1,110**	**1,162**	**1,229**	**1,344**	**1,344**	**1,374**	**1,416**	**1,407**	**1,430**

Accidental Deaths – Summary

Accidental deaths accounted for 27.5% of the deaths investigated by the OMI in 2008, second only to natural deaths (58.3% of OMI-investigated deaths) as a manner of death. The highest number of accidental deaths was in males 45-54 years of age.

Overview – Manner of Death – Suicide Deaths

Figure 14 - Suicide Deaths – 1999 – 2008

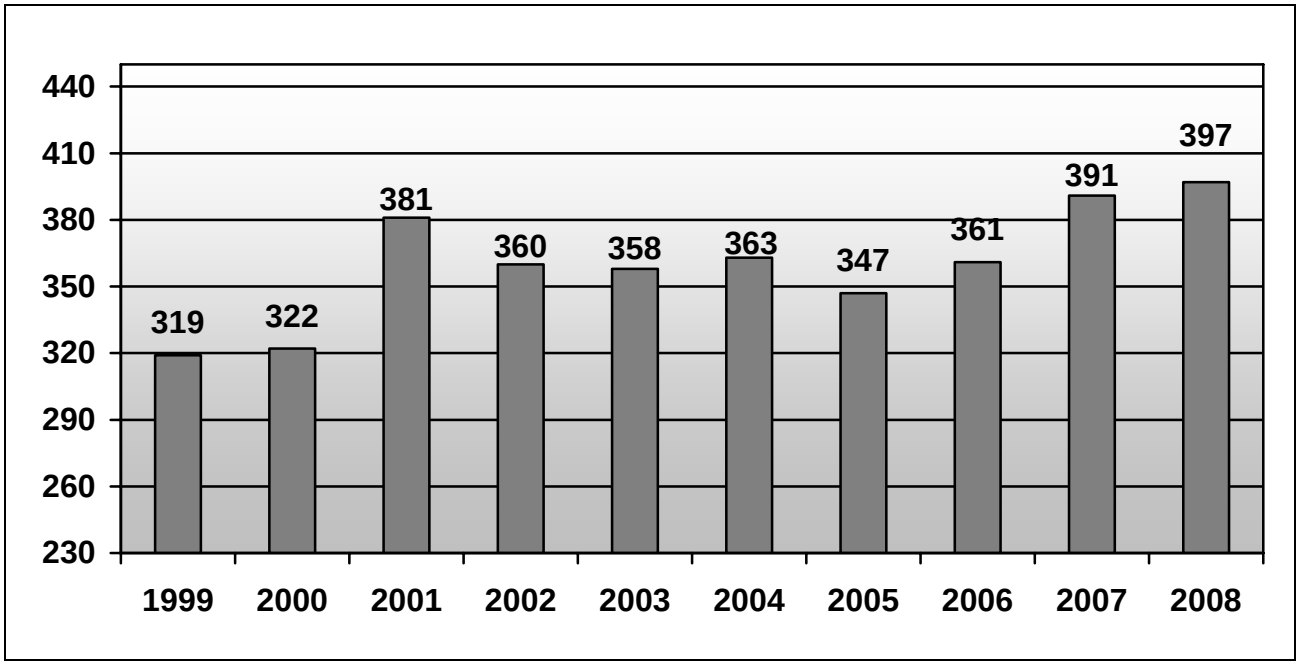
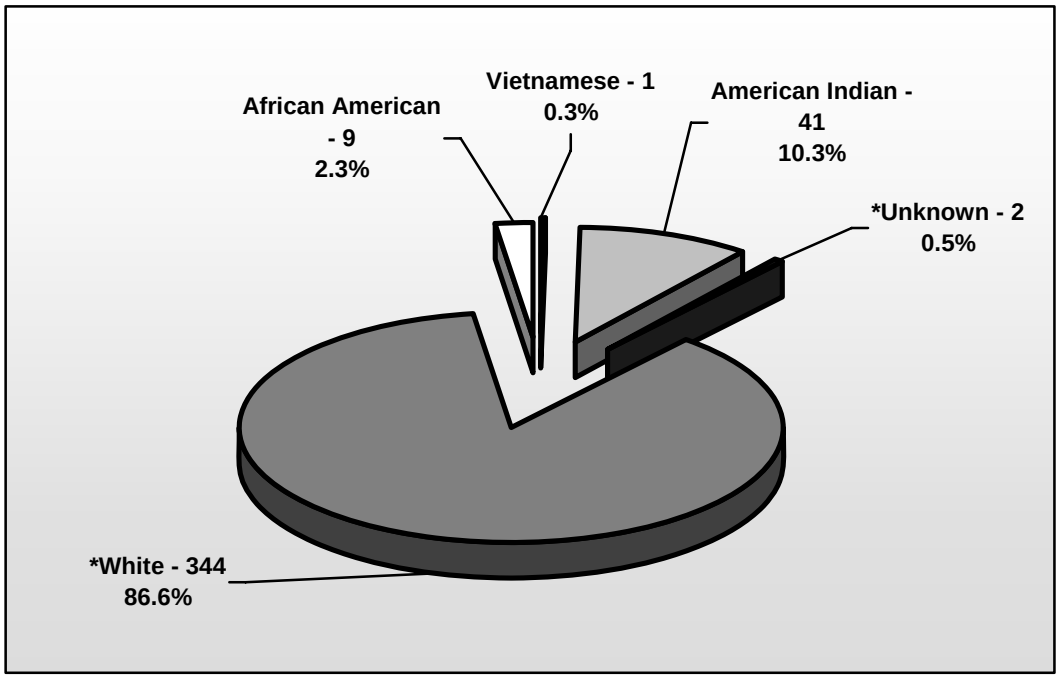


Figure 15 - Suicide Deaths by Race/Ethnicity – 2008



* White includes 108 Hispanic, Unknown includes 2 Hispanic

Figure 16 - Suicide Deaths by Age and Gender – 2008

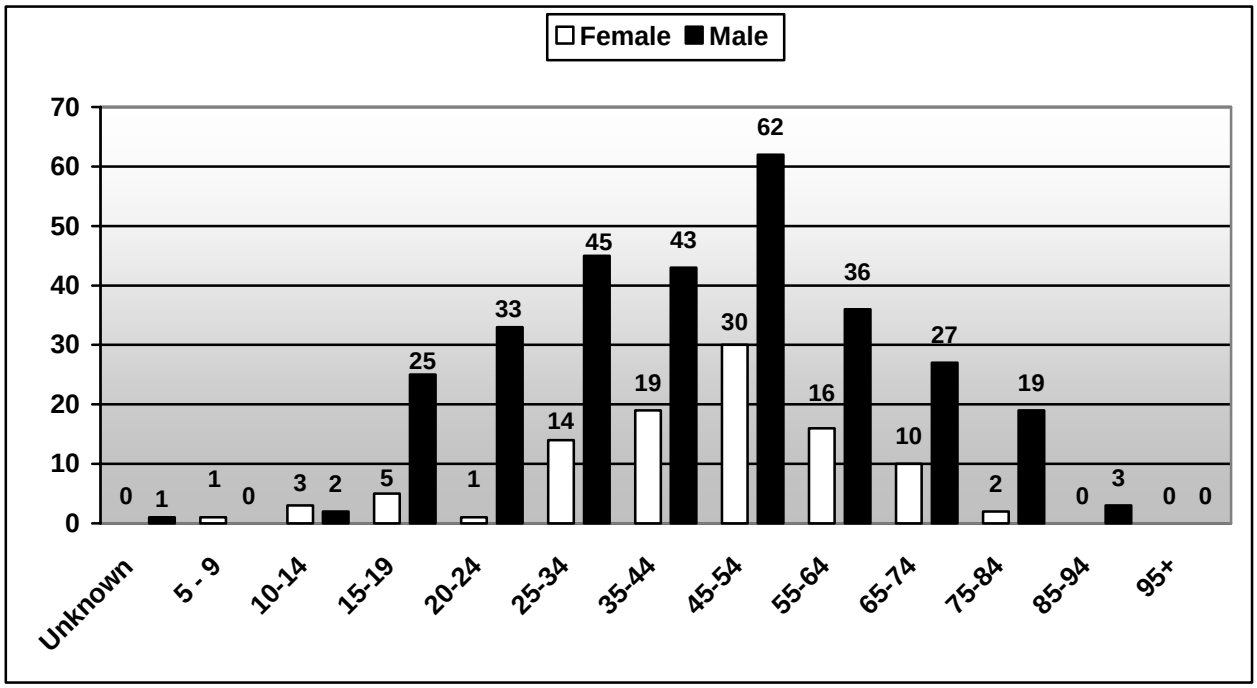


Figure 17 - Suicide Deaths by Month – 2008

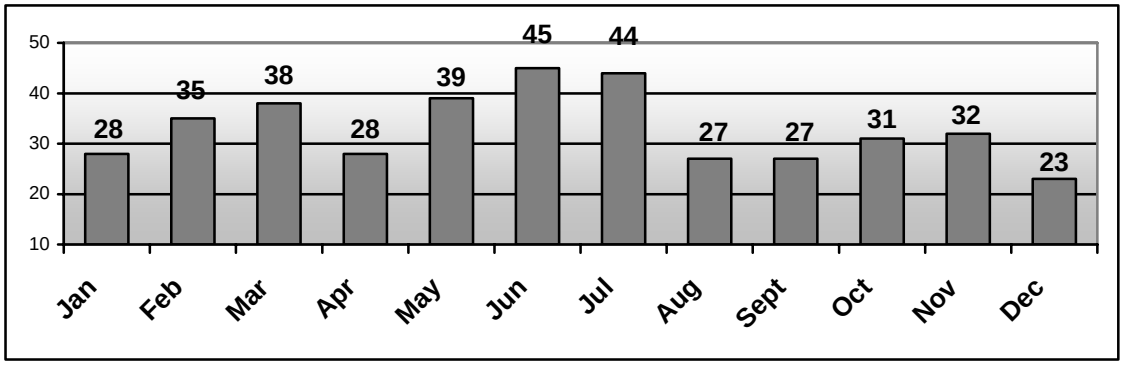


Figure 18 – Suicide Deaths by Day of the Week – 2008

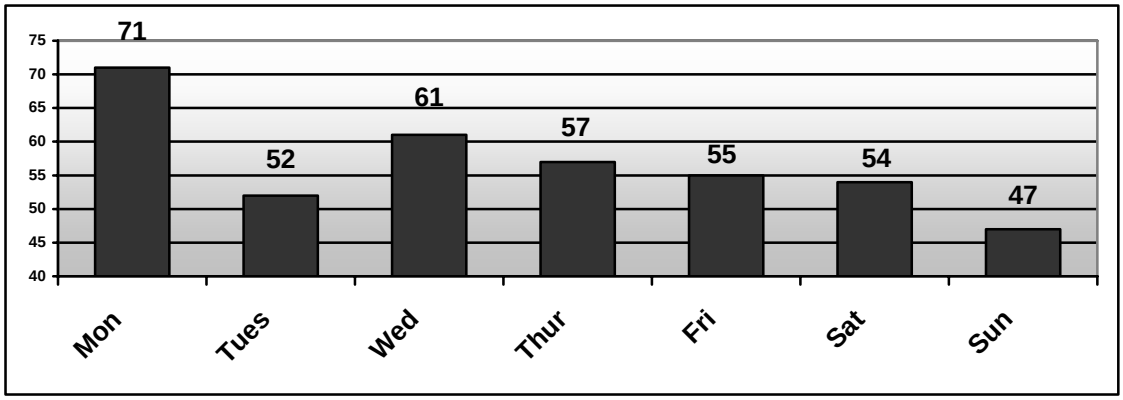


Table 10 – Suicide Deaths by County of Injury – 1999 - 2008

County of Injury	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Bernalillo	96	98	124	112	107	102	99	110	120	123
Catron	1	1	1	2	1	3	0	1	3	2
Chaves	14	13	14	10	17	18	8	10	11	11
Cibola	1	1	8	4	5	3	2	5	7	6
Colfax	5	4	4	6	4	7	2	4	6	3
Curry	6	4	7	3	6	5	1	6	3	3
De Baca	1	1	2	2	0	0	1	1	1	0
Dona Ana	20	30	23	27	13	26	36	24	27	35
Eddy	8	7	5	13	9	9	13	10	10	10
Grant	9	5	4	7	9	6	10	9	6	12
Guadalupe	0	0	2	1	0	0	0	2	1	4
Harding	0	0	2	0	0	1	0	0	0	0
Hidalgo	2	1	2	1	0	0	1	0	2	3
Lea	8	7	9	7	11	9	8	12	8	7
Lincoln	11	7	6	10	3	7	6	2	7	5
Los Alamos	3	0	4	0	3	3	4	4	4	2
Luna	8	4	5	11	9	7	3	6	5	5
McKinley	15	12	15	9	16	19	13	16	11	7
Mora	0	2	4	1	4	0	0	2	1	2
Otero	9	13	13	13	14	15	13	13	17	15
Quay	4	2	5	0	3	1	3	2	2	2
Rio Arriba	10	9	11	11	12	9	10	5	15	9
Roosevelt	2	4	2	2	0	3	1	4	1	4
San Juan	15	20	19	19	19	14	20	25	18	24
San Miguel	5	6	13	8	11	9	6	8	6	7
Sandoval	11	15	14	15	7	13	13	16	25	22
Santa Fe	22	26	22	26	35	30	23	23	27	37
Sierra	7	7	5	6	4	4	7	5	2	2
Socorro	0	3	7	5	4	6	3	2	7	3
Taos	2	5	6	9	5	7	20	12	13	6
Torrance	3	4	6	5	3	4	2	7	6	5
Union	0	0	0	0	0	1	2	1	1	0
Valencia	12	6	10	11	11	17	10	11	17	16
Out of State/Unknown	9	5	7	4	13	5	7	3	1	5
Totals	**319**	**322**	**381**	**360**	**358**	**363**	**347**	**361**	**391**	**397**

Table 11 – Suicide Deaths by County of Pronouncement – 1999 - 2008

County of Pronouncement	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Bernalillo	106	107	129	120	119	107	104	118	131	134
Catron	1	1	1	2	1	3	0	1	3	2
Chaves	13	13	14	10	16	18	8	10	11	10
Cibola	1	1	8	3	4	2	3	4	7	6
Colfax	5	4	4	6	3	7	1	4	5	2
Curry	6	4	7	3	6	5	1	6	3	3
De Baca	1	1	2	2	0	0	1	1	1	0
Dona Ana	20	29	23	27	13	26	36	23	27	34
Eddy	8	7	5	13	9	9	13	10	10	9
Grant	9	5	4	6	9	6	8	9	5	12
Guadalupe	0	0	2	1	0	0	0	2	1	4
Harding	0	0	2	0	0	1	0	0	0	0
Hidalgo	2	1	2	1	0	0	1	0	3	3
Lea	8	7	9	7	11	8	8	12	8	7
Lincoln	12	7	6	10	3	7	7	2	7	5
Los Alamos	3	0	4	0	2	3	3	4	4	2
Luna	8	3	5	10	9	7	3	6	4	5
McKinley	15	12	13	9	14	19	12	16	9	7
Mora	0	2	4	1	4	0	0	2	1	1
Otero	6	13	12	13	14	15	12	13	16	16
Quay	4	2	5	0	3	1	3	2	2	2
Rio Arriba	7	9	10	10	11	9	10	4	15	9
Roosevelt	2	4	2	2	0	3	1	4	1	4
San Juan	15	21	20	20	19	14	20	25	19	24
San Miguel	5	5	12	7	10	9	6	8	6	7
Sandoval	11	12	12	15	6	12	11	16	20	20
Santa Fe	22	24	24	26	35	30	22	23	25	38
Sierra	7	6	5	6	4	4	7	5	2	2
Socorro	0	3	6	5	4	6	3	2	7	1
Taos	2	5	6	8	5	6	20	12	12	6
Torrance	3	4	6	5	2	4	2	6	6	4
Union	0	0	0	0	0	1	2	1	1	0
Valencia	9	6	10	7	9	16	9	7	16	15
Out of State/Unknown	8	4	7	5	13	5	10	3	3	3
Totals	**319**	**322**	**381**	**360**	**358**	**363**	**347**	**361**	**391**	**397**

Suicide Deaths – Summary

New Mexico's suicide rate is consistently higher than the national average, comprising 2.6% of all deaths in New Mexico, compared to 1.3% of all deaths in the U.S. The rate in 2005 was 17.3 per 100,000 people, compared to a rate of 10.8 per 100,000 people in the rest of the U.S. (2005 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health). The rate continues to be high for 2008, with an estimate of 19.9 per 100,000 people.

Deaths from suicide in 2008 occurred most frequently among non-Hispanic whites (59%) and males (75%). More men between the ages of 45 and 54 years (15.6% of all suicides) committed suicide than other age group by gender. More people committed suicide on Monday (71/397, 17.9%) than any other day of the week, whereas last year Saturday had the most suicides. More suicides occurred in June than any other month (45/397, 11.3%). The fewest occurred in December (23/397, 5.8%). The total number of suicides increased 1.5 % from 2007, and 10% from 2006.

Overview – Manner of Death – Homicide Deaths

Figure 19 - Homicide Deaths – 1999 – 2008

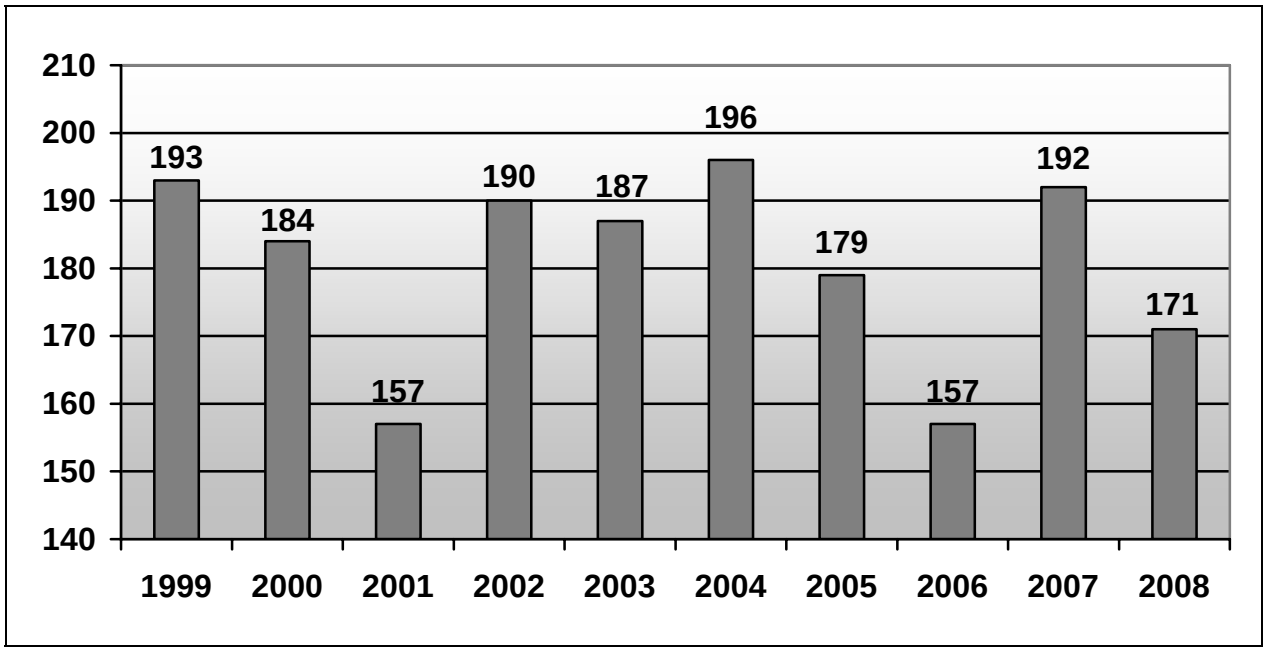
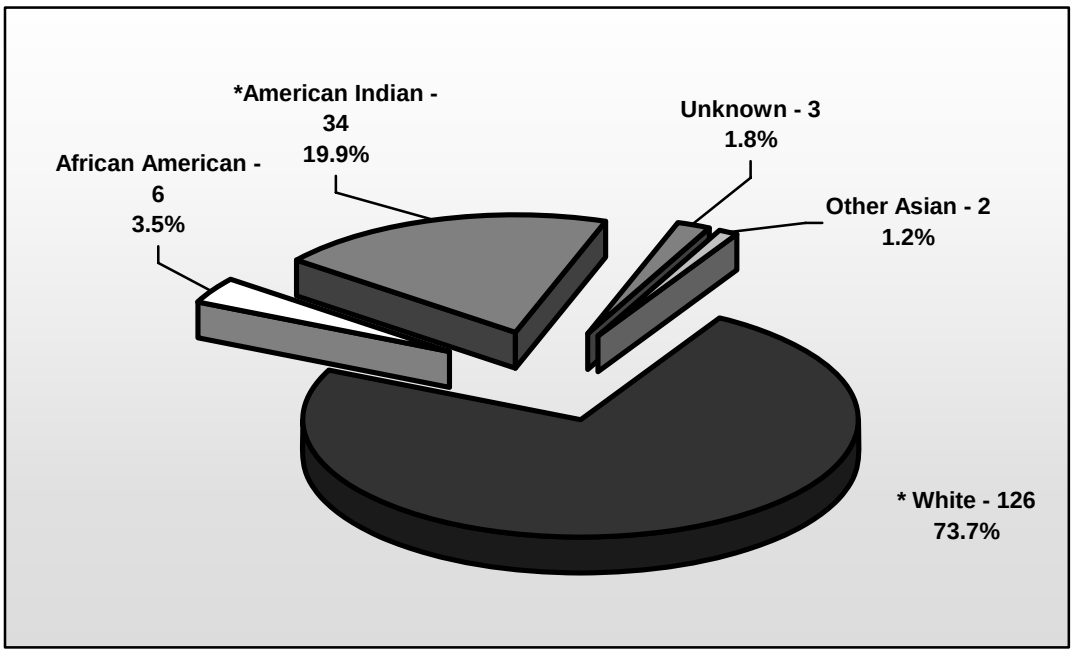


Figure 20 - Homicide Deaths by Race/Ethnicity – 2008



* White includes 43 Hispanic, American Indian includes 1 Hispanic

Figure 21 - Homicide Deaths by Age and Gender – 2008

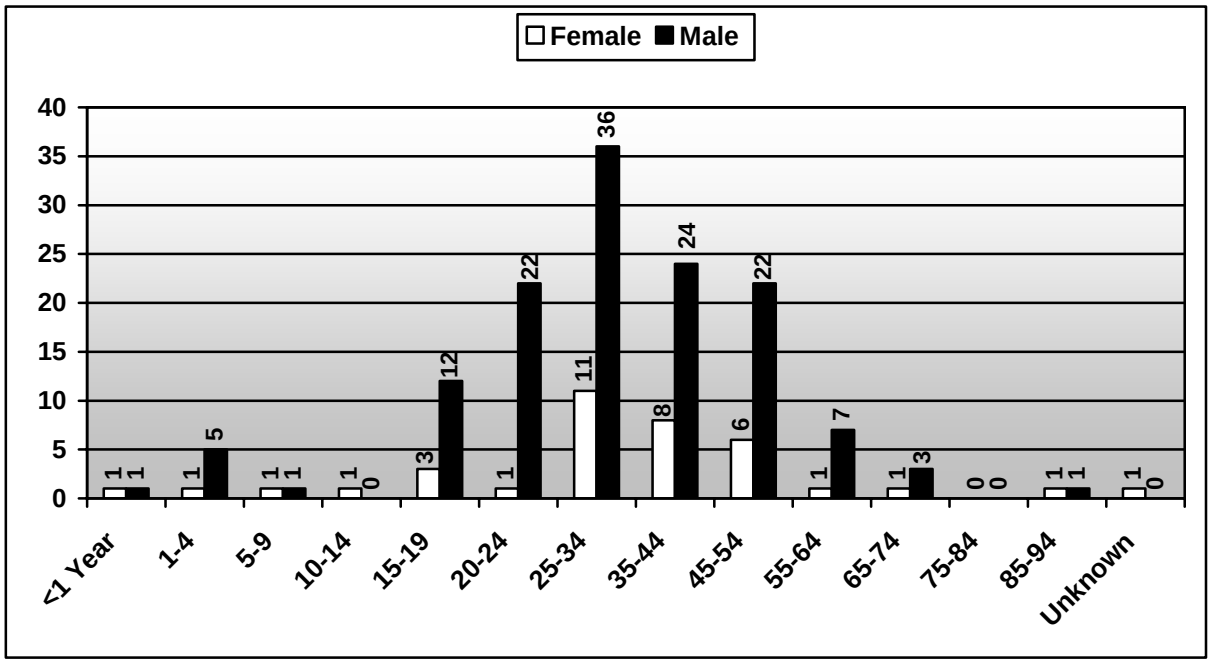


Table 12 - Homicide Deaths – County of Injury – 1999 - 2008

County of Injury	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Bernalillo	71	55	46	66	64	62	69	52	61	53
Catron	1	0	0	2	1	0	0	0	1	0
Chaves	8	14	6	9	6	8	15	6	9	9
Cibola	3	1	6	2	4	2	1	2	1	0
Colfax	0	0	0	2	3	0	0	2	2	0
Curry	4	2	5	5	5	11	4	4	2	4
De Baca	0	0	0	0	0	1	1	0	0	0
Dona Ana	14	11	9	9	6	9	8	6	9	11
Eddy	6	9	2	6	4	5	3	3	4	2
Grant	2	2	2	2	3	1	1	3	4	3
Guadalupe	2	0	0	0	2	0	0	0	2	0
Harding	0	0	0	0	0	1	0	0	0	0
Hidalgo	1	0	0	0	0	1	0	0	1	0
Lea	9	7	6	5	7	6	7	6	7	4
Lincoln	2	1	1	1	0	5	2	1	1	1
Los Alamos	0	0	0	0	0	1	0	0	0	1
Luna	3	2	0	5	3	4	0	1	2	3
McKinley	6	4	14	11	8	7	7	7	11	8
Mora	0	0	0	1	0	0	0	1	0	0
Otero	3	4	1	4	5	9	0	4	3	4
Quay	2	1	0	0	0	1	0	0	4	1
Rio Arriba	6	5	4	4	8	8	8	2	6	5
Roosevelt	1	0	1	1	0	2	3	0	2	1
San Juan	7	7	8	6	8	7	11	11	20	12
San Miguel	2	11	3	6	7	2	4	1	8	2
Sandoval	6	8	3	6	5	8	4	3	3	7
Santa Fe	11	12	9	6	5	6	4	9	4	9
Sierra	0	1	7	1	1	1	3	2	1	0
Socorro	0	1	2	2	3	1	1	1	1	4
Taos	5	4	0	4	7	6	2	4	2	2
Torrance	1	1	1	1	2	0	2	1	2	3
Union	0	0	0	0	2	1	0	0	0	0
Valencia	5	10	5	3	4	12	8	6	6	11
Out of State/Unknown	12	11	16	20	14	8	11	19	13	11
Totals	**193**	**184**	**157**	**190**	**187**	**196**	**179**	**157**	**192**	**171**

Table 13- Homicide Deaths – County of Pronouncement – 1999 - 2008

County of Pronouncement	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Bernalillo	80	70	55	72	72	74	73	62	70	61
Catron	1	0	0	1	1	0	0	0	0	0
Chaves	8	13	4	9	6	9	14	5	9	8
Cibola	3	0	8	2	3	1	1	2	1	0
Colfax	0	0	0	2	3	0	0	2	2	0
Curry	4	2	6	6	5	11	3	3	2	3
De Baca	0	0	0	0	0	1	1	0	0	0
Dona Ana	13	11	7	7	5	6	7	6	10	9
Eddy	6	10	2	6	4	4	3	0	3	2
Grant	3	2	2	2	3	1	1	2	3	2
Guadalupe	2	0	0	0	2	0	0	0	2	0
Harding	0	0	0	0	0	1	0	0	0	0
Hidalgo	1	0	0	0	0	1	0	0	0	0
Lea	9	7	5	4	7	5	6	6	6	4
Lincoln	2	1	1	3	0	6	1	1	1	1
Los Alamos	0	0	1	0	0	1	0	0	0	1
Luna	3	2	1	6	3	2	1	2	4	4
McKinley	6	3	10	11	7	6	5	6	8	7
Mora	0	0	0	1	0	0	0	0	0	0
Otero	2	3	1	3	4	8	0	3	3	4
Quay	0	0	0	0	0	0	0	0	0	1
Rio Arriba	1	1	0	0	0	1	0	0	4	0
Roosevelt	6	4	4	4	8	7	8	3	5	5
San Juan	1	0	0	0	0	2	3	0	1	0
San Miguel	7	9	9	7	9	7	13	15	21	11
Sandoval	2	8	1	6	7	2	3	1	6	2
Santa Fe	5	7	2	4	5	7	4	4	3	7
Sierra	11	12	8	5	5	7	4	9	5	10
Socorro	0	1	7	1	0	1	2	1	1	0
Taos	0	1	2	1	2	1	1	1	1	2
Torrance	5	4	0	4	7	5	2	3	2	1
Union	2	0	1	1	1	0	2	1	2	2
Valencia	0	0	0	0	1	1	0	0	0	0
Out of State/Unknown	4	8	7	3	5	7	6	4	4	9
Totals	**193**	**184**	**157**	**190**	**187**	**196**	**179**	**157**	**192**	**171**

Homicide Deaths – Summary

Homicides decreased by 11% from 2007 to 2008. Homicide victims were most frequently male (78%) and white non-Hispanic (49%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 8.4 per 100,000 in 2005 compared to a national rate of 6.1 per 100,000 (2005 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

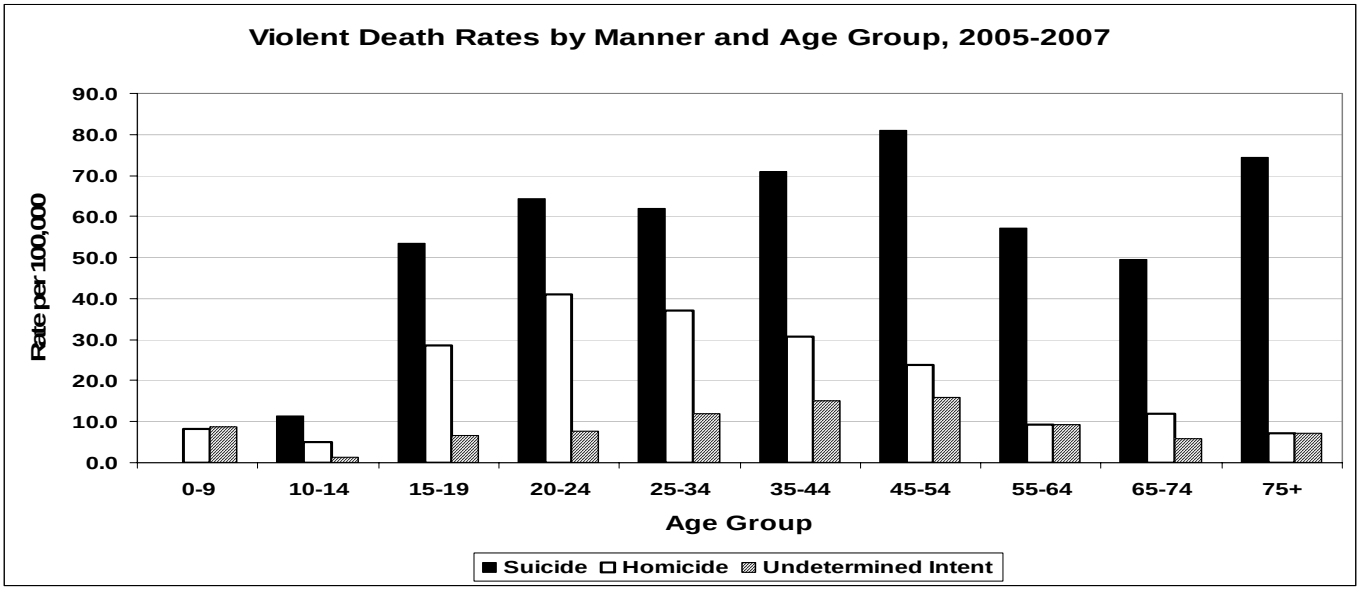
New Mexico Violent Death Reporting System (NM-VDRS) Update

New Mexico is one of 18 states currently participating in the National Violent Death Reporting System (NM-VDRS) in cooperation with the Centers for Disease Control and Prevention. The primary purpose of this surveillance system is to increase the understanding of circumstances that contribute to violent deaths in order to encourage development and implementation of more effective violence prevention strategies. Violent deaths include suicides, homicides, deaths from legal intervention (excluding executions), deaths due to undetermined intent, unintentional deaths due to firearms, and terrorism-related deaths.

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

From 2005 through 2007 1,839 violent deaths were recorded in New Mexico; of these 1,736 (94.4%) were residents of New Mexico. The state's overall violent death rate is one of the highest in the nation. Males accounted for 77% of all the violent deaths incidents captured by NM-VDRS and rates differed with age. Persons aged 45-54 years had the highest rates of both suicide and undetermined intent deaths whereas persons aged 20-24 years had the highest rates of homicide. The graph below shows the rates of violent death by manner for males and females combined across age (e.g., 81 out of every 100,000 New Mexico residents aged 45-54 years died by suicide).

Figure 22. *Rate of violent death by manner and age, New Mexico, 2005-2007*



Note: N=1736; The rates were calculated using population estimates for 2006 (the median year) from the University of New Mexico Bureau of Business and Economic. Source: NM-VDRS, 2005-2007 data obtained September 9, 2009.

Overview – Manner of Death – Undetermined Deaths

Figure 23 - Undetermined Deaths – 1999 – 2008

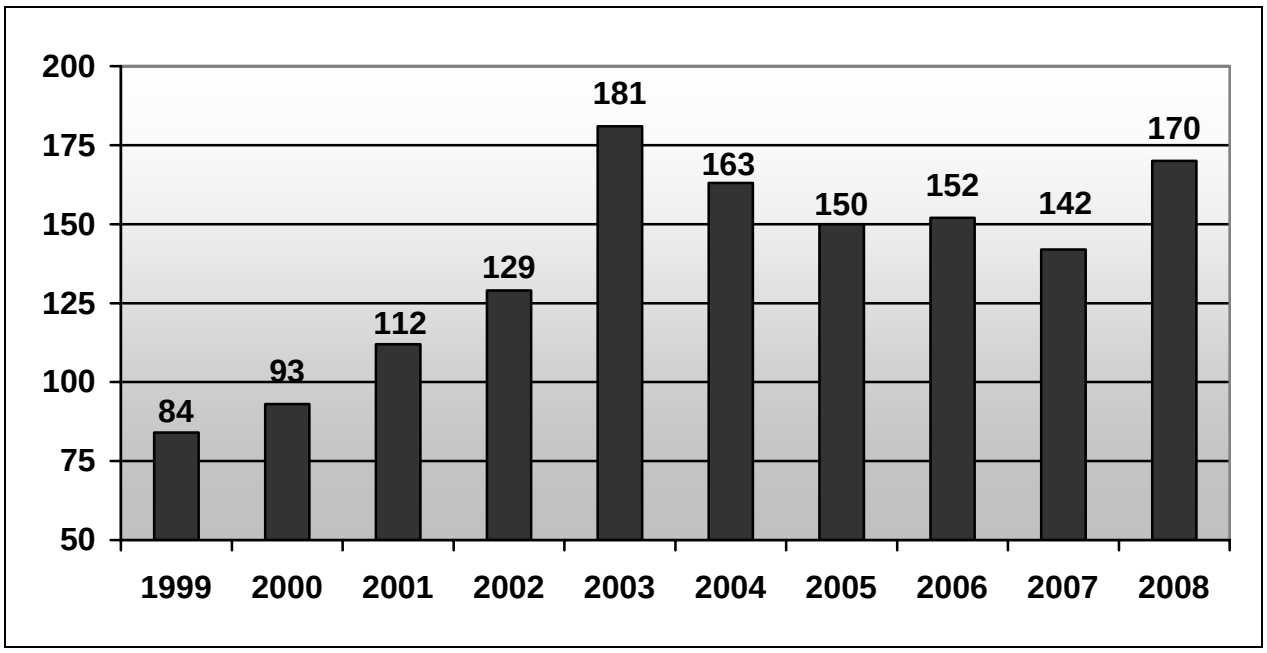
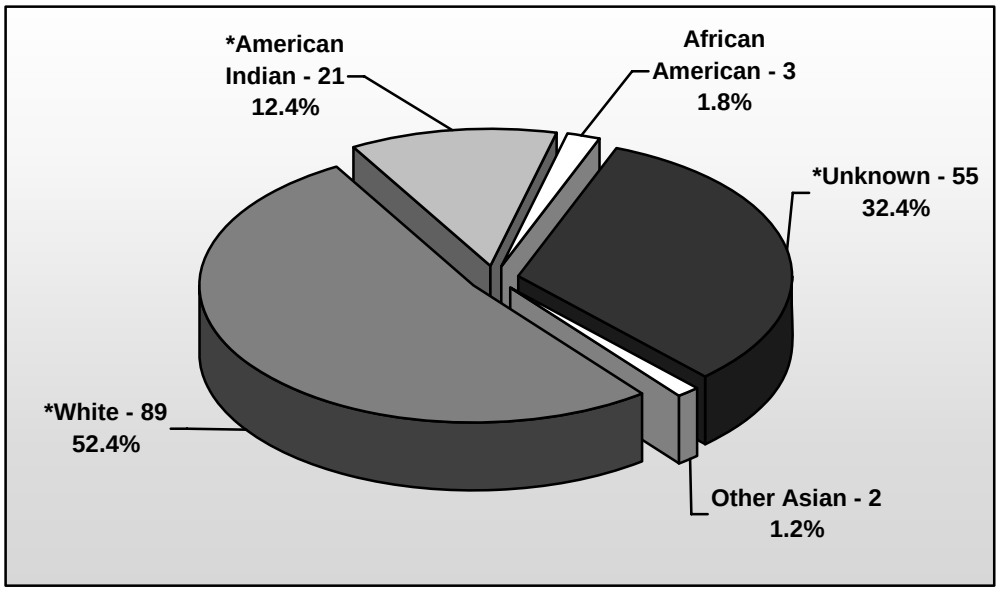
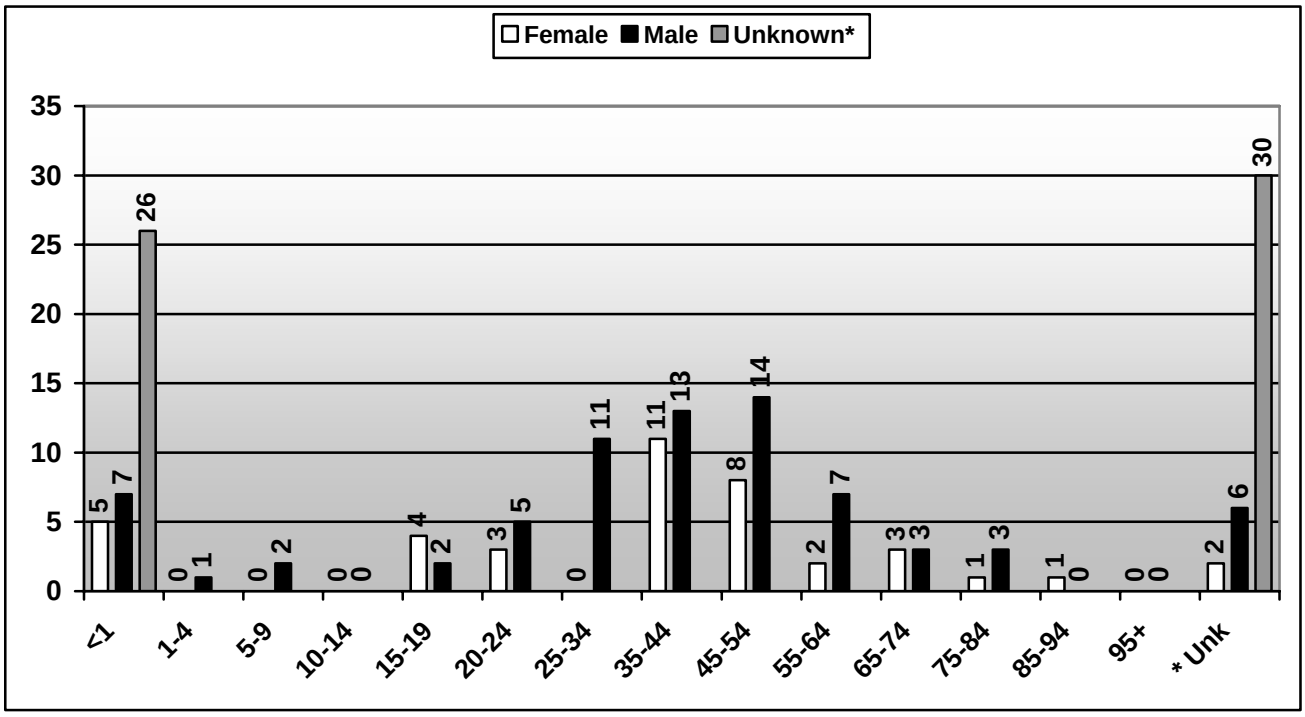


Figure 24 - Undetermined Deaths by Race/Ethnicity – 2008



* White includes 37 Hispanic, Unknown includes 2 Hispanic, American Indian includes 1 Hispanic

Figure 25 - Undetermined Deaths by Age and Gender – 2008



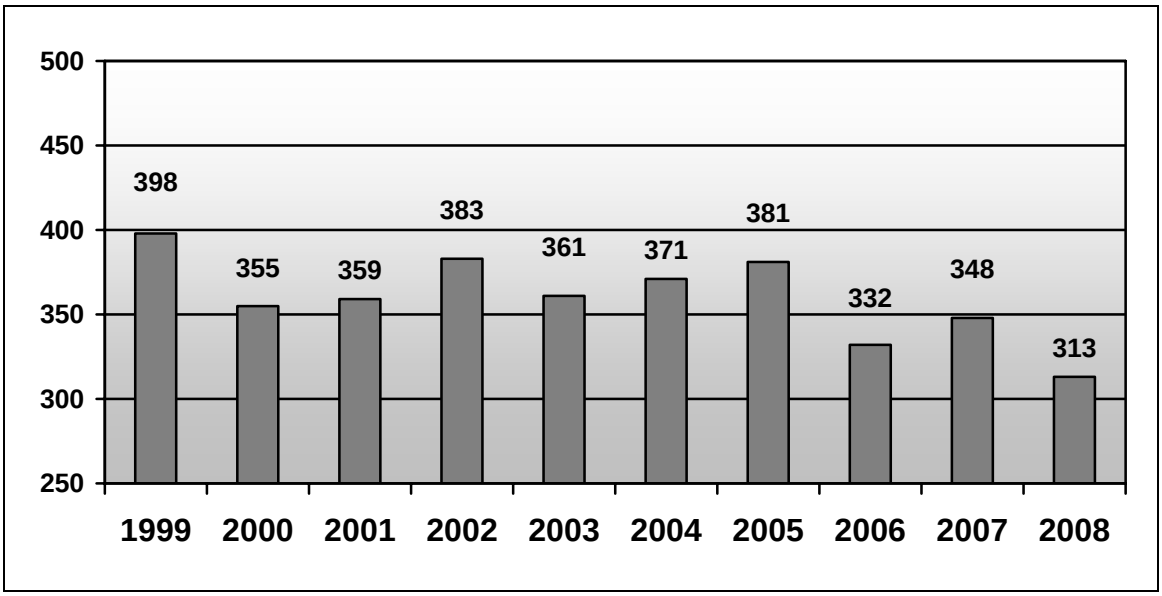
* Gender and/or Age unknown

Undetermined Deaths – Summary

All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by the OMI. . In some cases a cause can be determined (mechanism of death), but the manner remains unidentified. In a very small percentage of cases (0.9% in 2004, 0.4% in 2005, 0.6% in 2006, and 0.7% in 2007) neither the manner nor cause of death can be determined, even with a complete autopsy, scene investigation, and laboratory testing. In other cases only skeletal or mummified remains were found, or a request for an autopsy was withdrawn

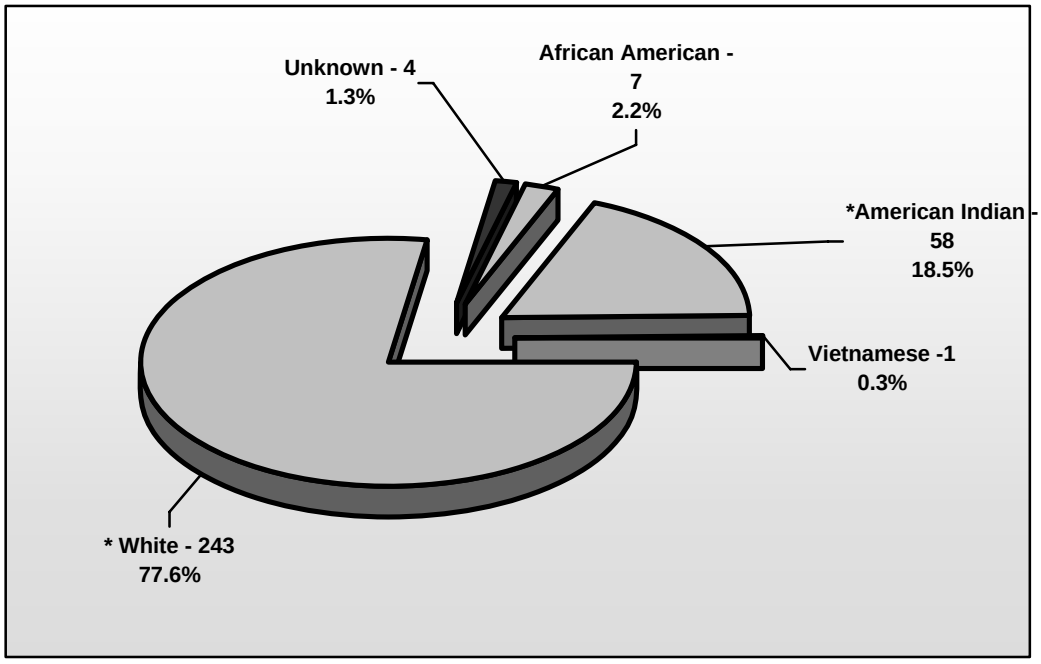
Deaths of Children (19 Years of Age and Younger)

Figure 26 – Children* – Deaths – 1999 – 2008



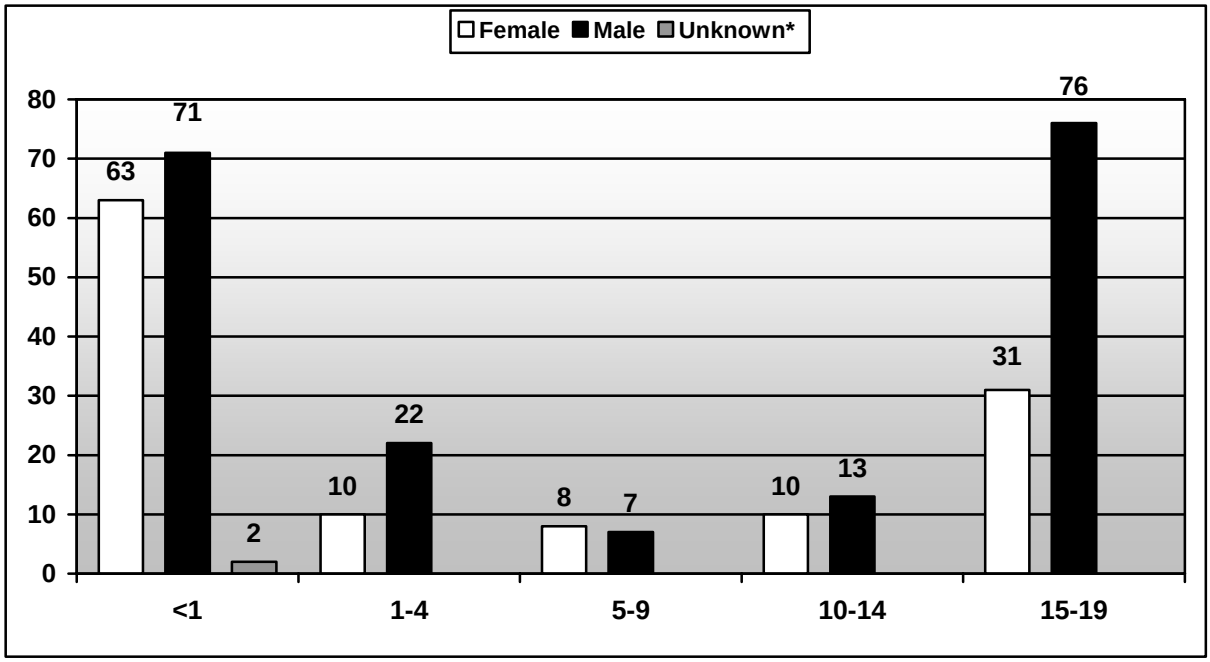
* 19 Years old and younger.

Figure 27 – Children - Deaths by Race/Ethnicity – 2008



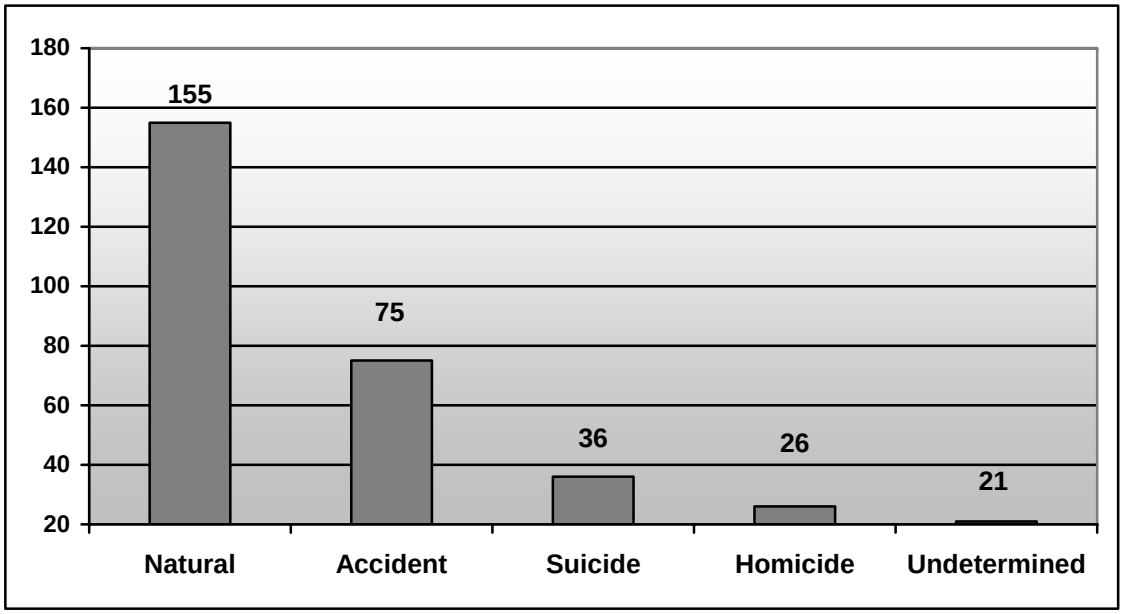
* White includes 142 Hispanic, American Indian includes 1 Hispanic

Figure 28 – Children – Deaths by Age and Gender – 2008



* Gender unknown

Figure 29 – Children – Total Cases - Manner of Death – 2008



Overview – Children – Manner of Death – Natural Deaths

Figure 30 – Children – Natural Deaths – 1999 – 2008

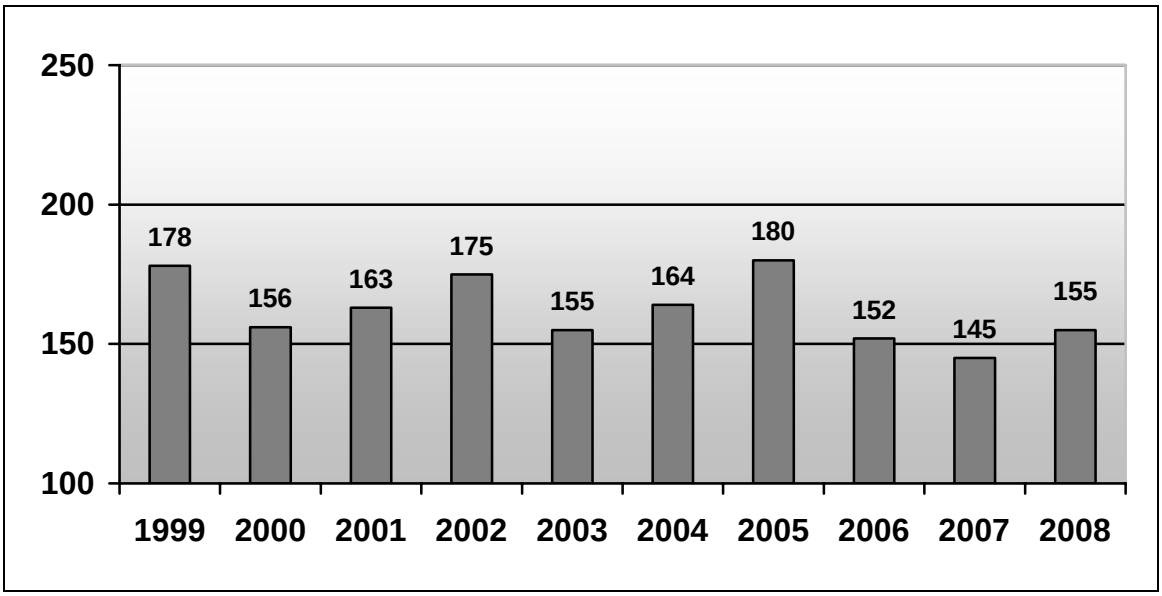
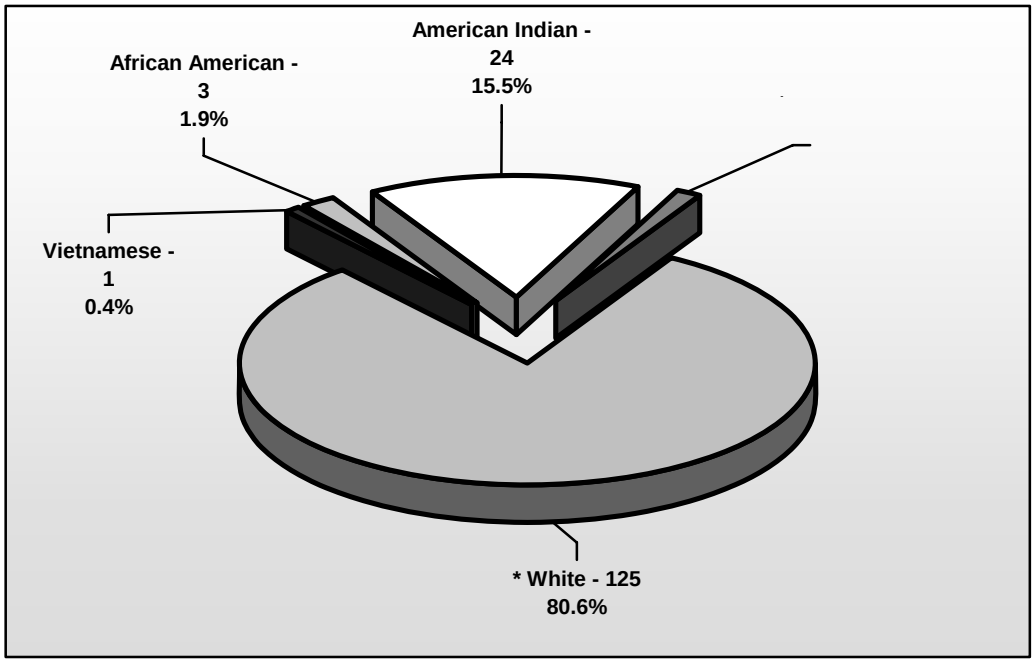
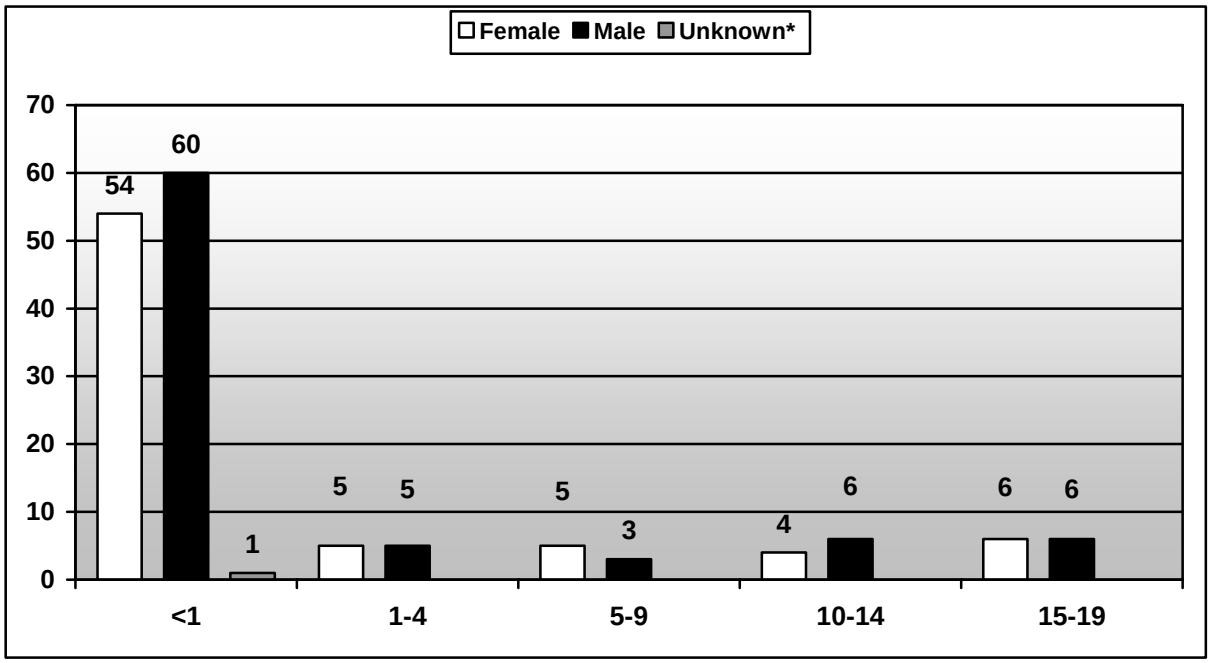


Figure 31 – Children – Natural Deaths by Race/Ethnicity – 2008



* White includes 66 Hispanic, Unknown includes 1 Hispanic

Figure 32 – Children – Natural Deaths by Age and Gender – 2008



*Unknown Gender

Overview – Children – Manner of Death – Accidental Deaths

Figure 33 – Children – Accidental Deaths – 1999 – 2008

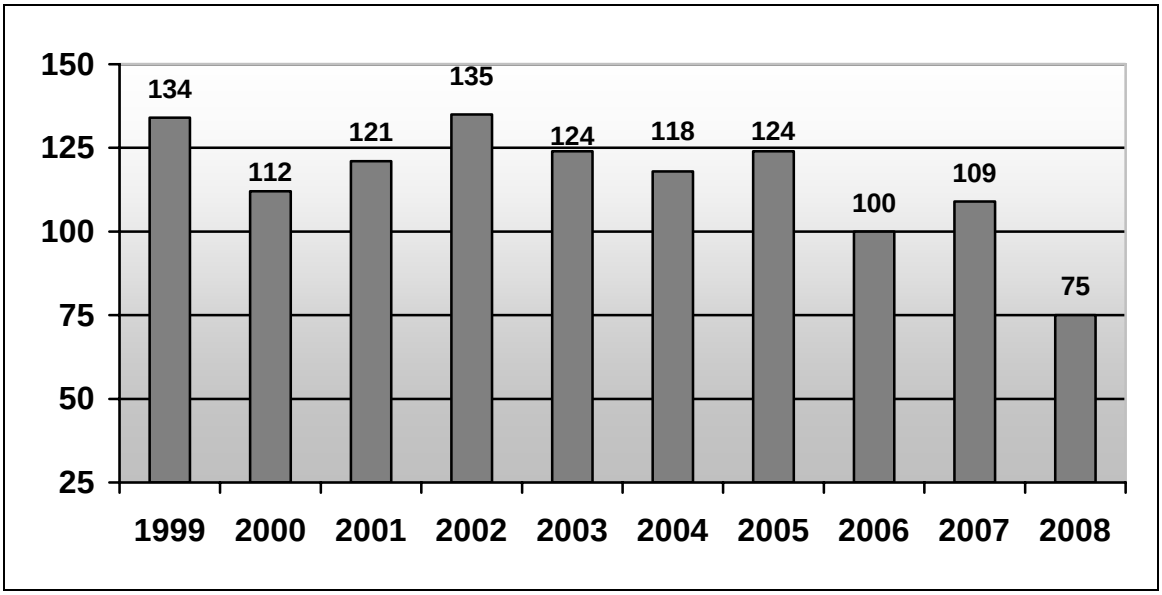
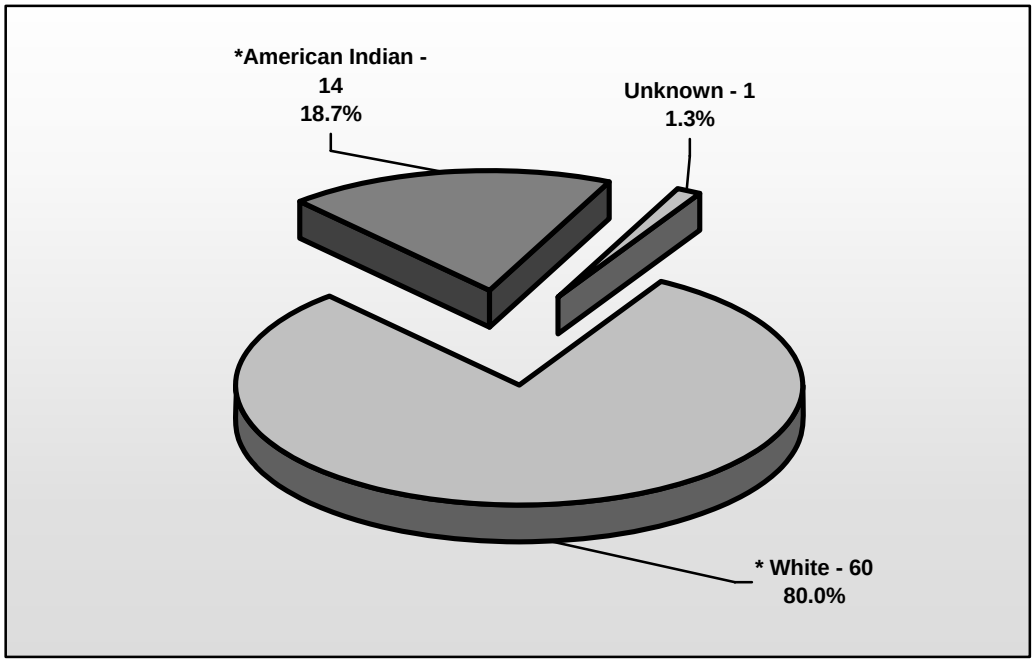


Figure 34 – Children – Accidental Deaths by Race/Ethnicity – 2008



* White includes 36 Hispanic, American Indian includes 1 Hispanic

Figure 35 – Children – Accidental Deaths by Age and Gender – 2008

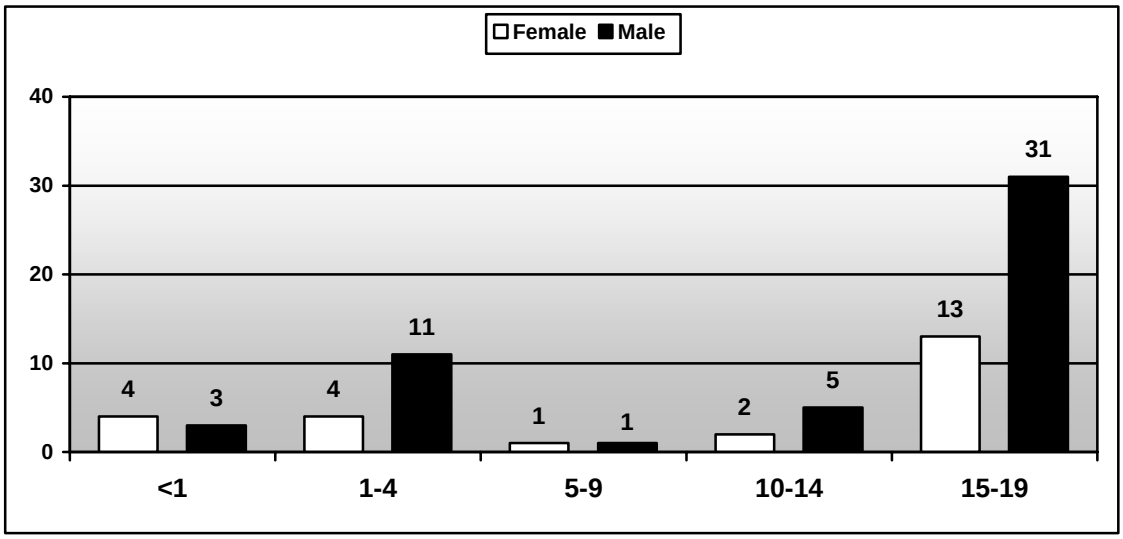


Table 14 – Children – Accidental Deaths – Cause of Death -- 2008

Cause of Death	Total Cases
Multiple injuries	34
Head and neck injuries	17
Drowning	8
Substance intoxication	7
Asphyxia	5
Aspiration	1
Gunshot wound	1
Pneumonia	1
Thermal injuries	1
Total	75

Overview – Children – Manner of Death – Suicide Deaths

Figure 36 – Children – Suicide Deaths – 1999 – 2008

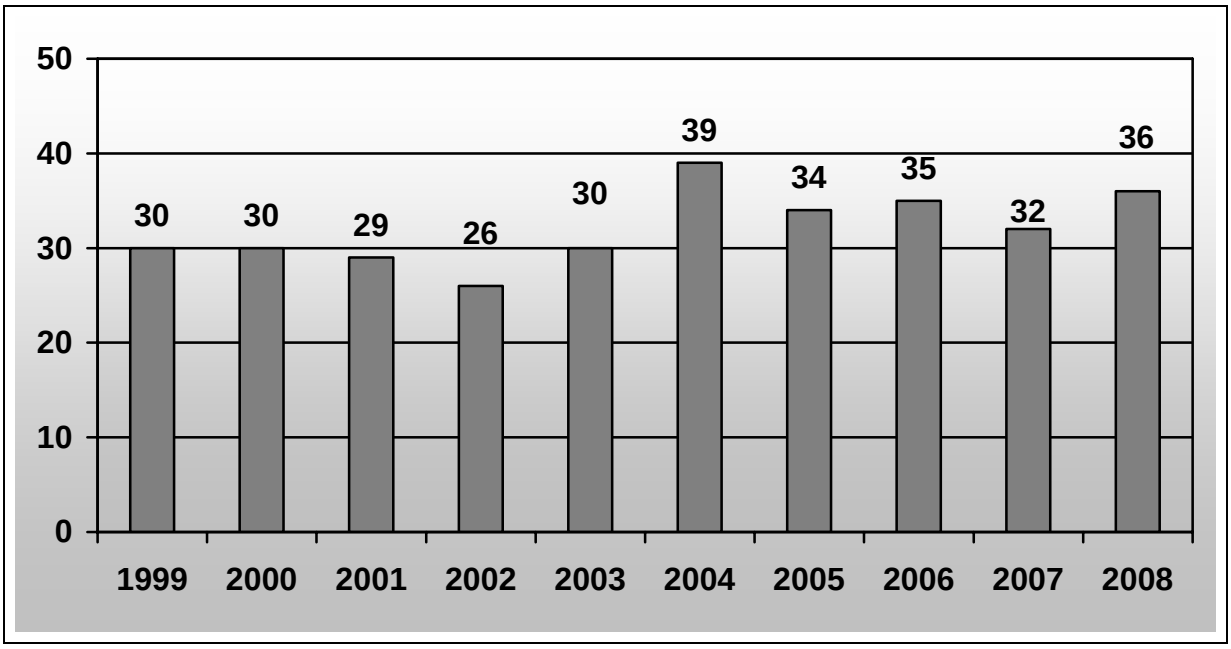
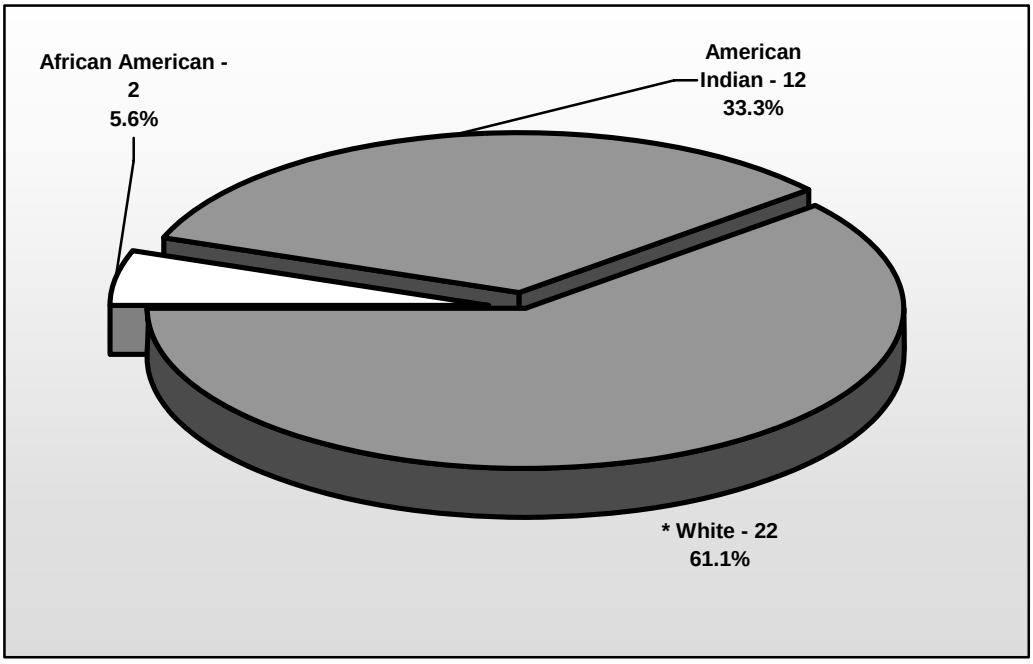


Figure 37 – Children – Suicide Deaths by Race/Ethnicity – 2008



* White includes 13 Hispanic

Figure 38 – Children – Suicide Deaths by Age and Gender – 2008

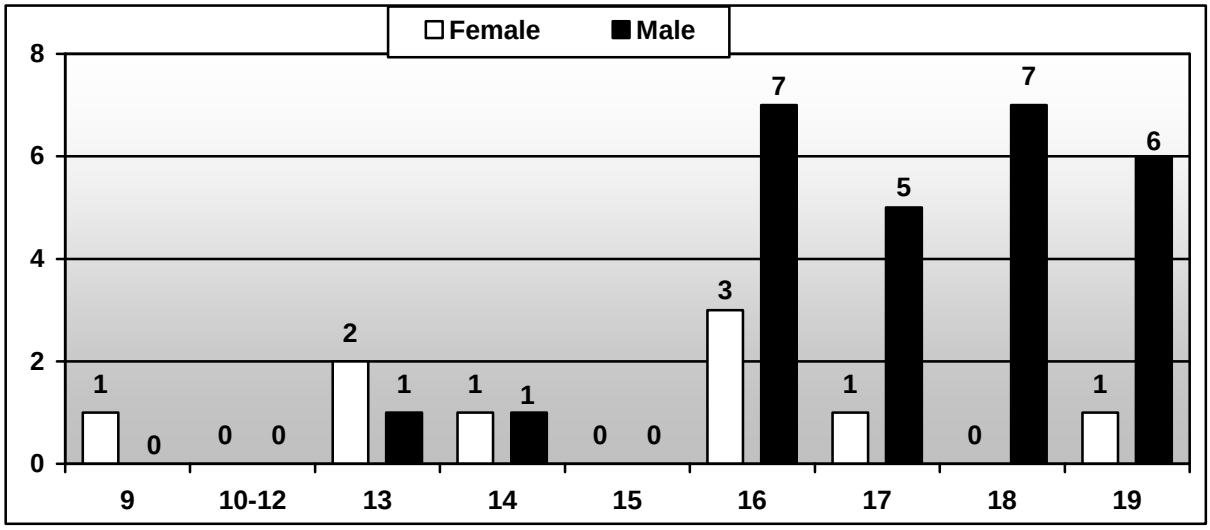


Figure 39 – Children – Suicide Deaths by Month – 2008

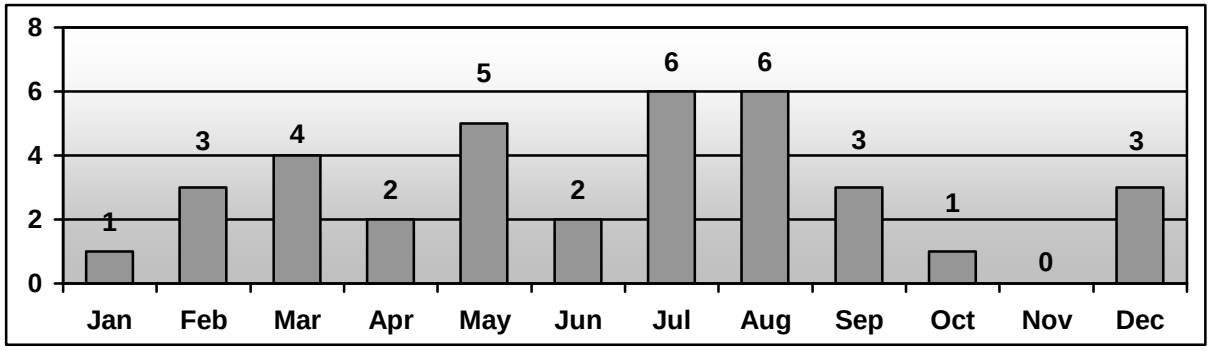


Figure 40 – Children – Suicide Deaths by Day of the Week – 2008

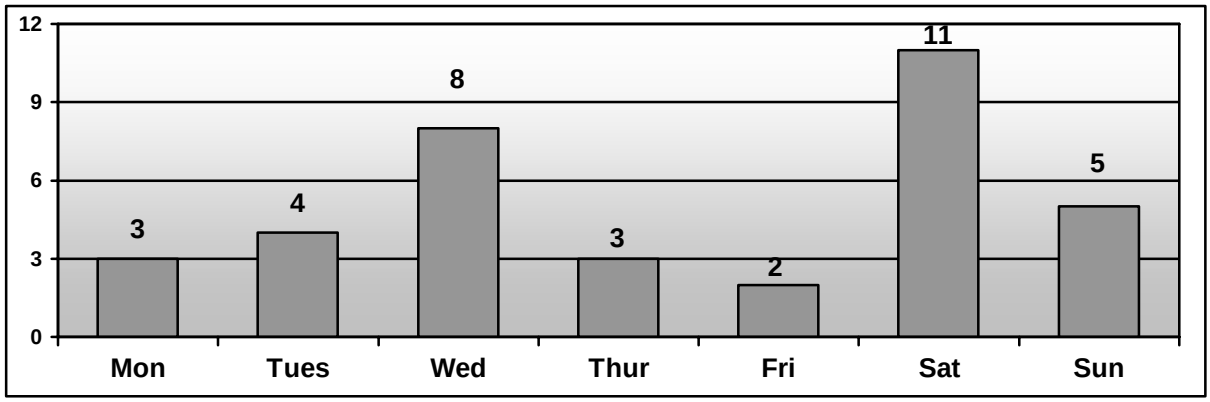


Table 15 – Children – Suicide Deaths – Cause of Death -- 2008

Cause	Total Cases
Gunshot wound	14
Hanging	14
Multipe injuries	4
Substance intoxication	2
Asphyxia	1
Stab wound	1
Total	**36**

Suicide in Children – Summary

The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger.

There were 36 suicides in children in 2008, compared to 32 in 2007, an 12.5% increase. Suicide deaths were more common among young males (75%) than females (25%). Self-inflicted gunshot wounds and hanging were the most common method of suicide in children. More suicides were committed by youth during July and August when compared with other months, and Saturdays were the most common day for youth suicides.

Overview – Children – Manner of Death – Homicide Deaths

Figure 41 – Children – Homicide Deaths – 1999 – 2008

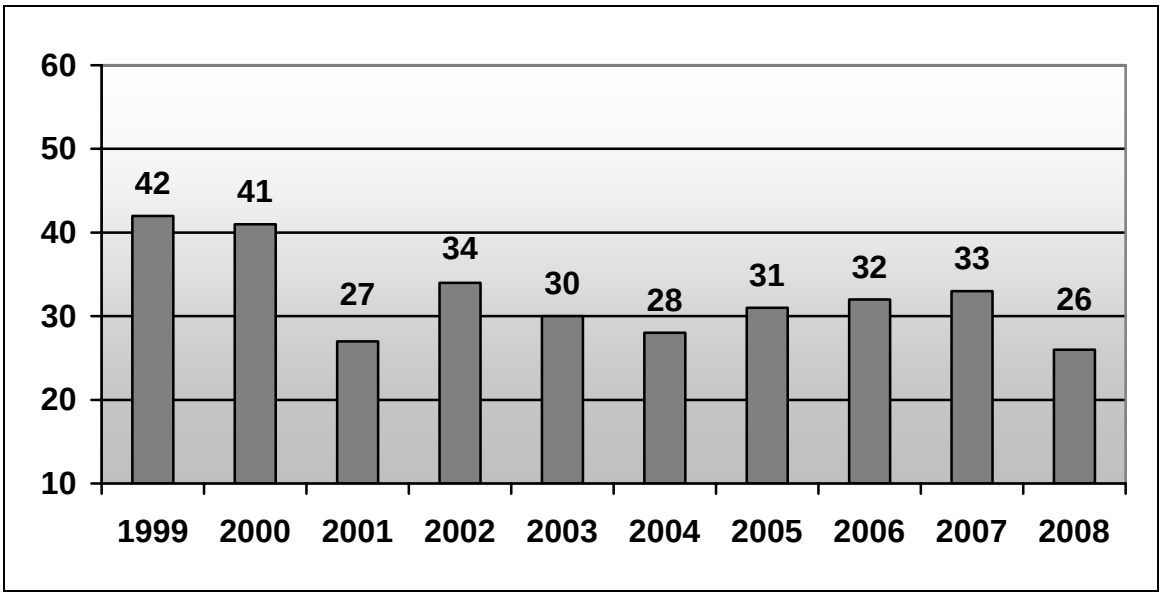
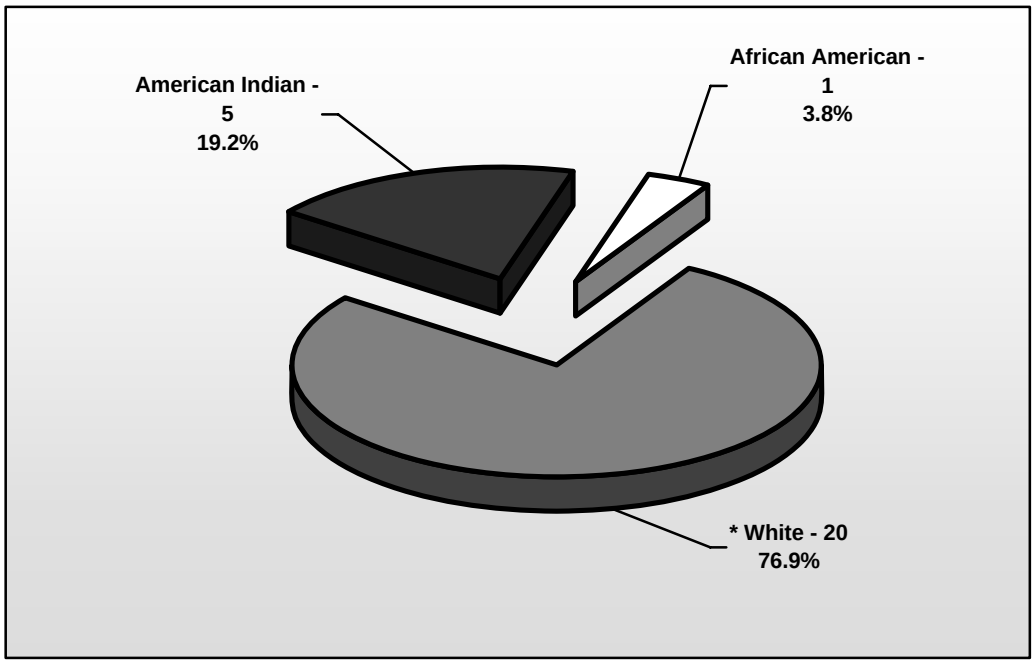


Figure 42 – Children – Homicide Deaths by Race/Ethnicity – 2008



* White includes 18 Hispanic

Figure 43 – Children – Homicide Deaths by Age and Gender – 2008

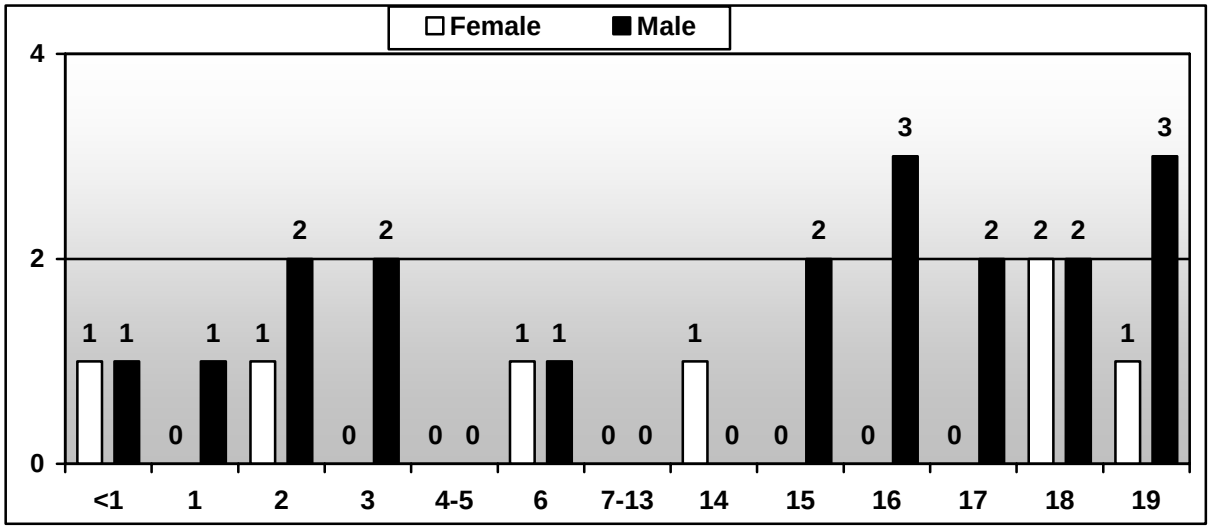


Table 16 – Children – Homicide Deaths – Cause of Death – 2008

Cause of Death	Total Cases
Gunshot wound	13
Multiple injuries	7
Stab wound	3
Child abuse	1
Head and neck injuries	1
Substance intoxication	1
Total	**26**

Homicide Deaths of Children – Summary

As with the suicides, the total number of childhood homicides, both for this year's cases and in the 10-year summaries, now includes anyone aged 19 years or younger. Childhood homicides decreased by 21% from 2007. Murdered children tended to be male (73%), Hispanic (69%) and killed by a firearm (50%). The majority of childhood murder victims (62%) were between the ages of 14 and 19, but 38% of homicide victims were under the age of seven.

Overview – Children – Manner of Death – Undetermined Deaths

During 2008, 21 people 19 years old or younger were classified as Undetermined manner of death.

Deaths of Children in New Mexico – 2008 Summary

The 313 deaths of people aged 19 and younger represented 6% of all deaths investigated by the OMI in 2008. Male decedents comprised 60% of the total deaths in children. The most common manner of death among children was natural, contributing 50% of the total. Firearms played a role in 14 suicides (38.9%) and 13 homicides (50%), 44% of all unnatural deaths in children.

An excellent resource for additional information about the deaths of children in New Mexico, their circumstances, risk factors, and opportunities for prevention is the Annual Report of the New Mexico Child Fatality Review (NMCFR), published by the New Mexico Department of Health Public Health Division, Maternal and Child Health Epidemiology Program. NMCFR consists of volunteers from many state and local agencies organized into six panels: Homicide, Suicide, Transportation, Sudden Infant Death Syndrome (SIDS), Unintentional Injury, and Child Abuse and Neglect. The experts on these panels review the circumstances of childhood deaths in order to identify risk factors and develop prevention strategies, and their findings are presented in their annual report.

Overview – Children – SIDS Deaths

Figure 44 – Children – SIDS (Natural) Deaths – 1999 – 2008

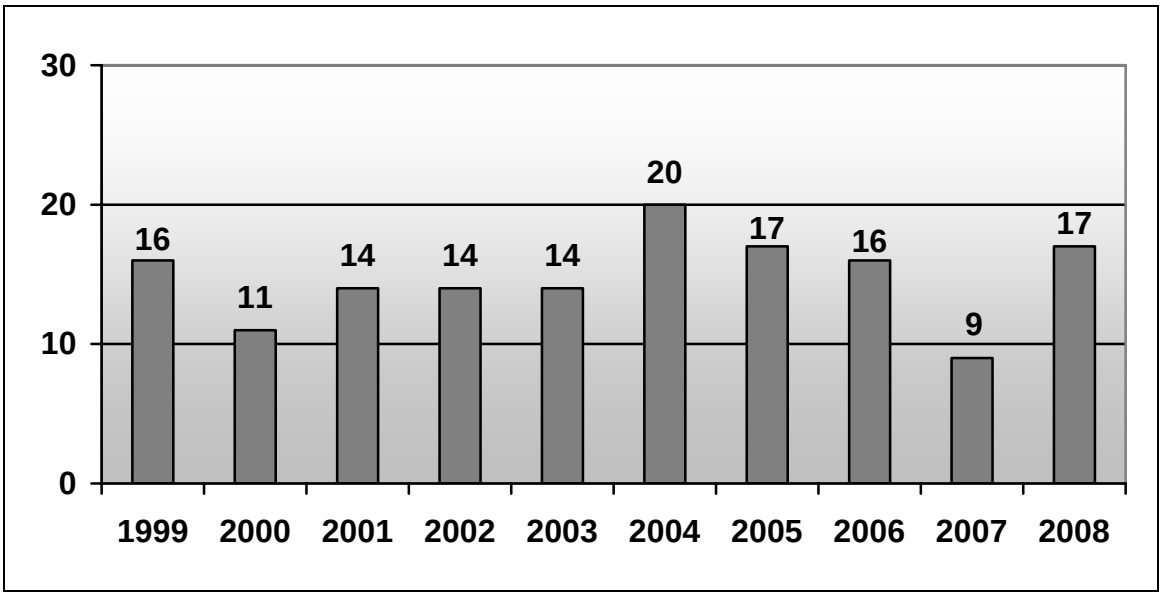
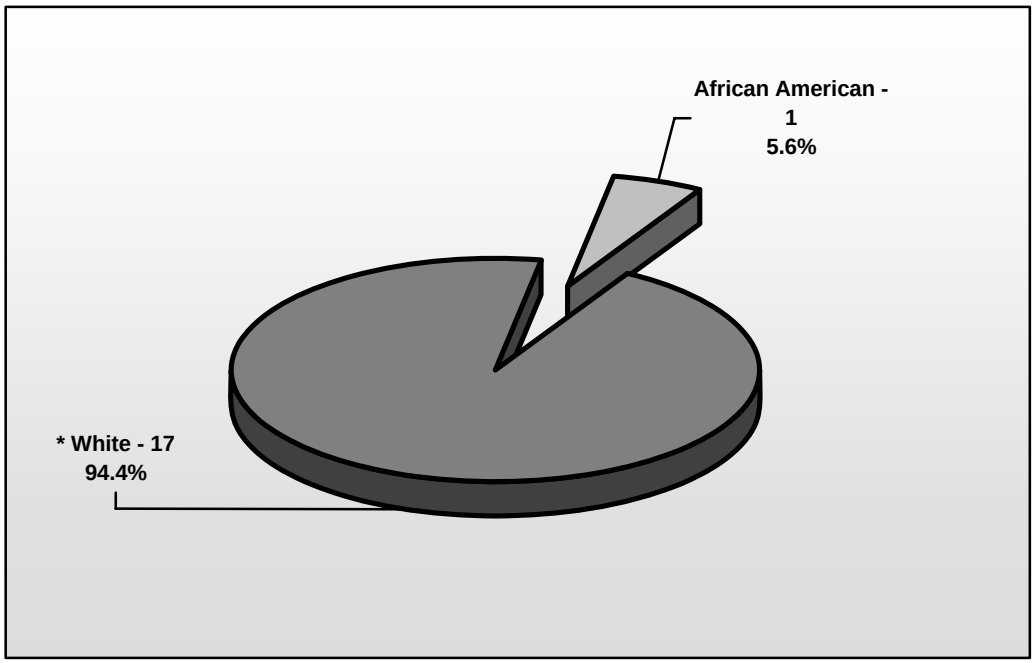
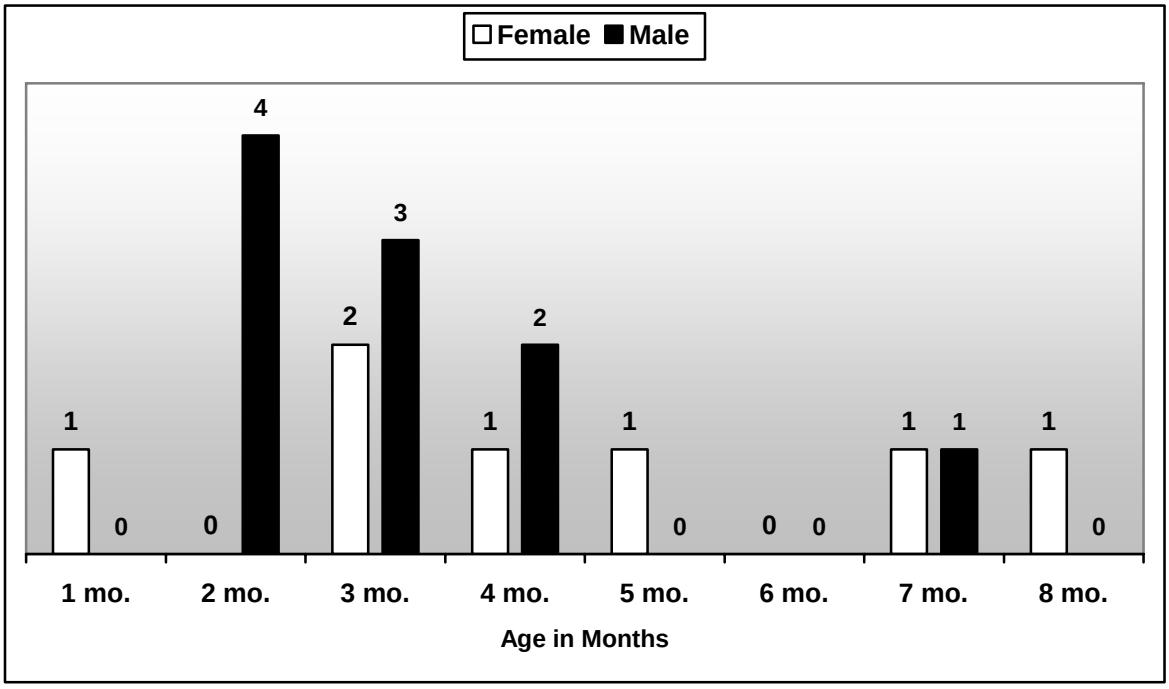


Figure 45 – Children – SIDS (Natural) Deaths by Race/Ethnicity – 2008



* White includes 7 Hispanic

Figure 46 – Children – SIDS (Natural) Deaths by Age and Gender – 2008



Overview – Ethanol Related Deaths

Figure 47 – Ethanol Related Deaths – 1999 – 2008
Ethanol Present in Decedent (> 0.005%)

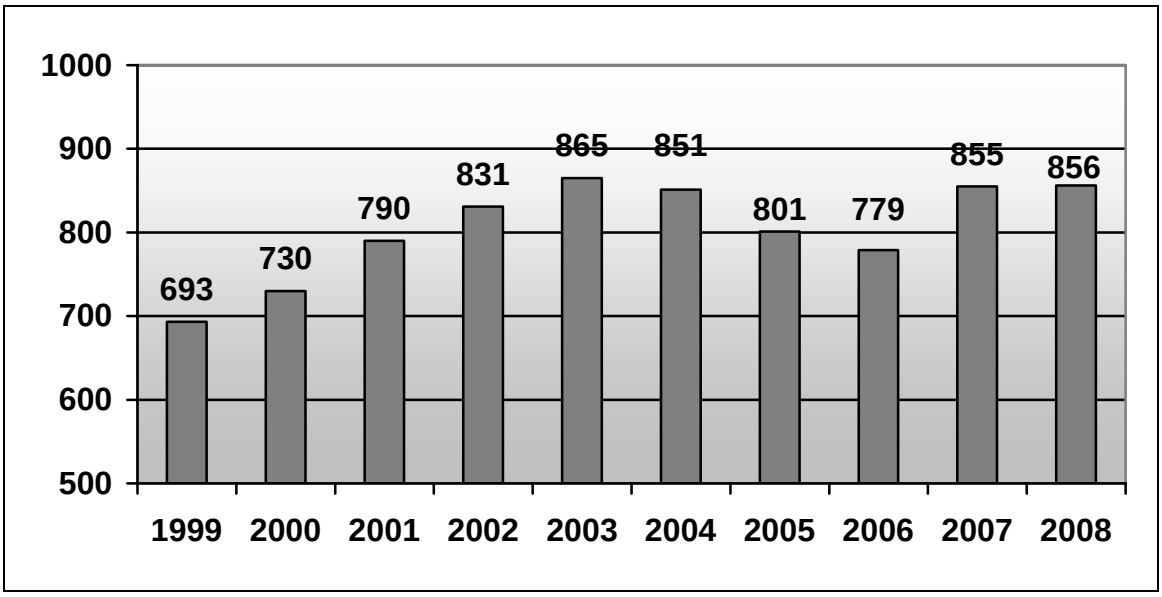


Figure 48 – Ethanol Related Deaths – Manner of Death -- 2008
Ethanol Present in Decedent (> 0.005%)

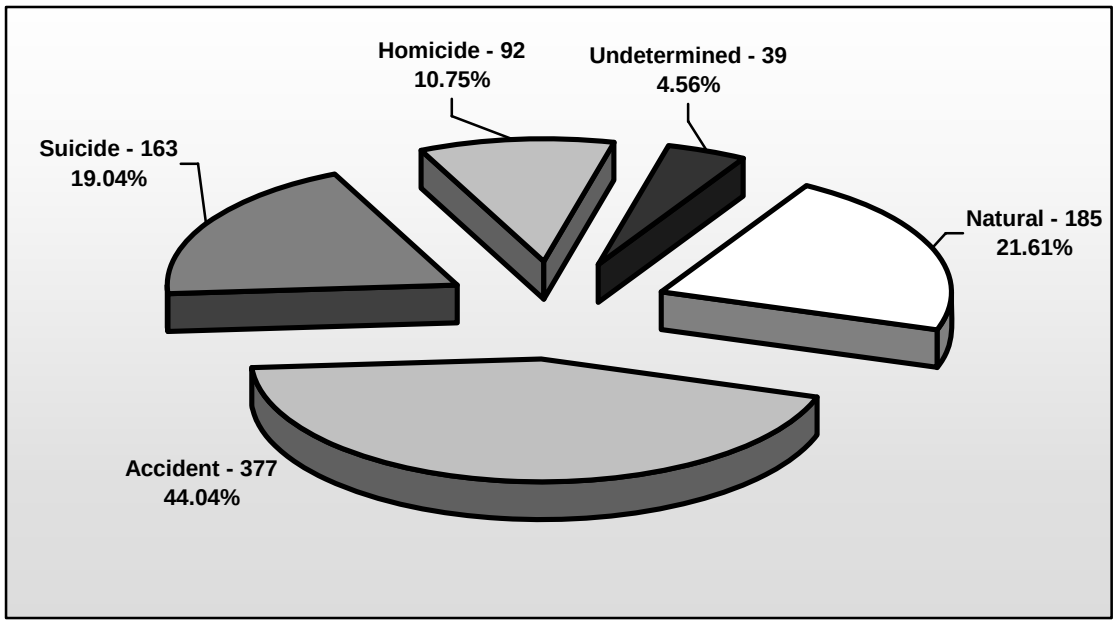
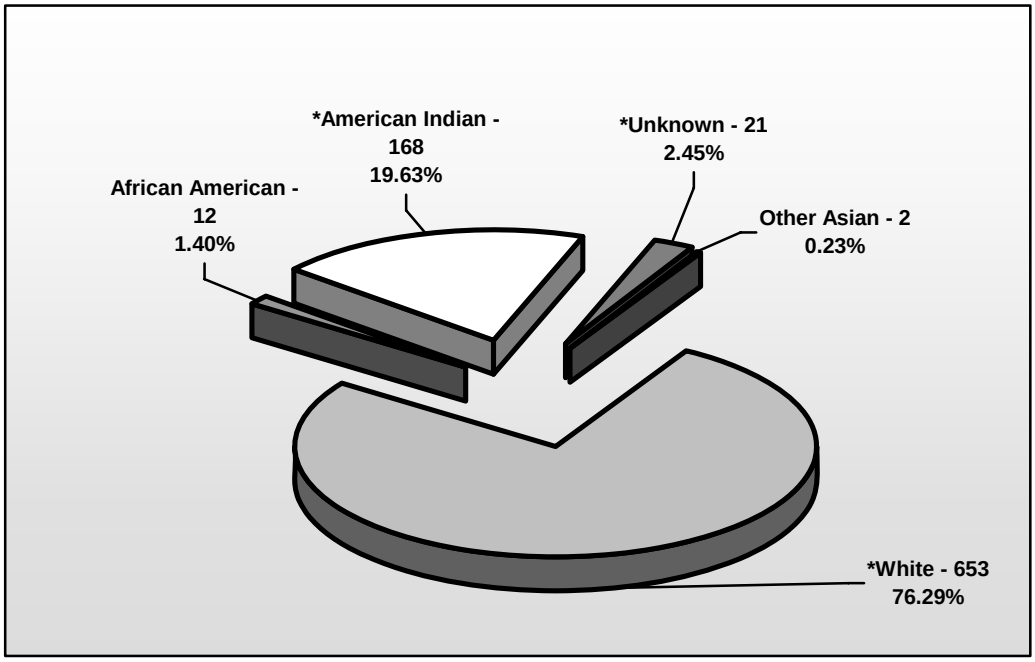
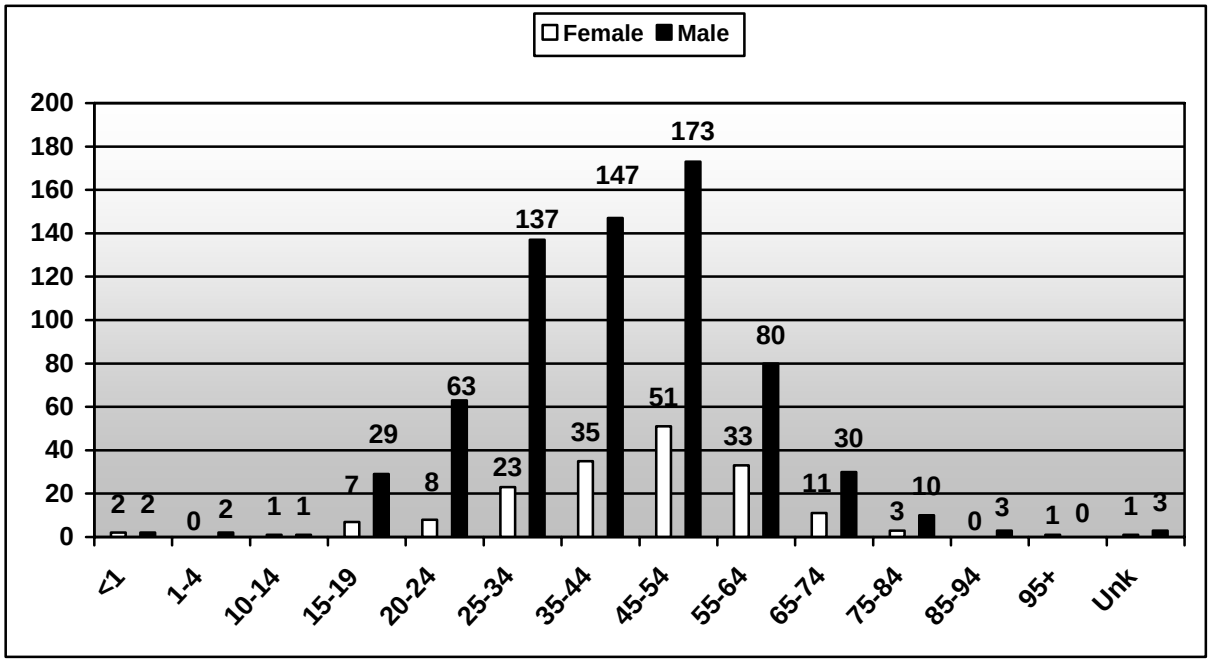


Figure 49 – Ethanol Related Deaths by Race/Ethnicity – 2008
Ethanol Present in Decedent (> 0.005%)



* White includes 302 Hispanic, American Indian includes 1 Hispanic, Unknown includes 12 Hispanic

Figure 50 – Ethanol Related Deaths by Age and Gender – 2008
Ethanol Present in Decedent (> 0.005%)



Ethanol Related Deaths – Undetermined – 2008

There were 37 Undetermined Deaths where Ethanol was present in the decedent in amounts greater than 0.005%.

Ethanol Related Deaths – Summary – 2008

There were 856 alcohol (ethanol) related deaths investigated by the OMI in 2008, 16.4% of the total and a 0.01% increase from 2007. Alcohol was most frequently related to accidental deaths (44% of all alcohol-related deaths) but was found in people dying from all manners of death. Alcohol was present in 41% of all suicide fatalities and 54% of all homicide victims. The most alcohol related deaths were seen in males ranging in age from 45 to 54 years.

Motor Vehicle Related Deaths

Figure 51 – Motor Vehicle Deaths – 1999– 2008
Ethanol Present in Decedent (> 0.005%)

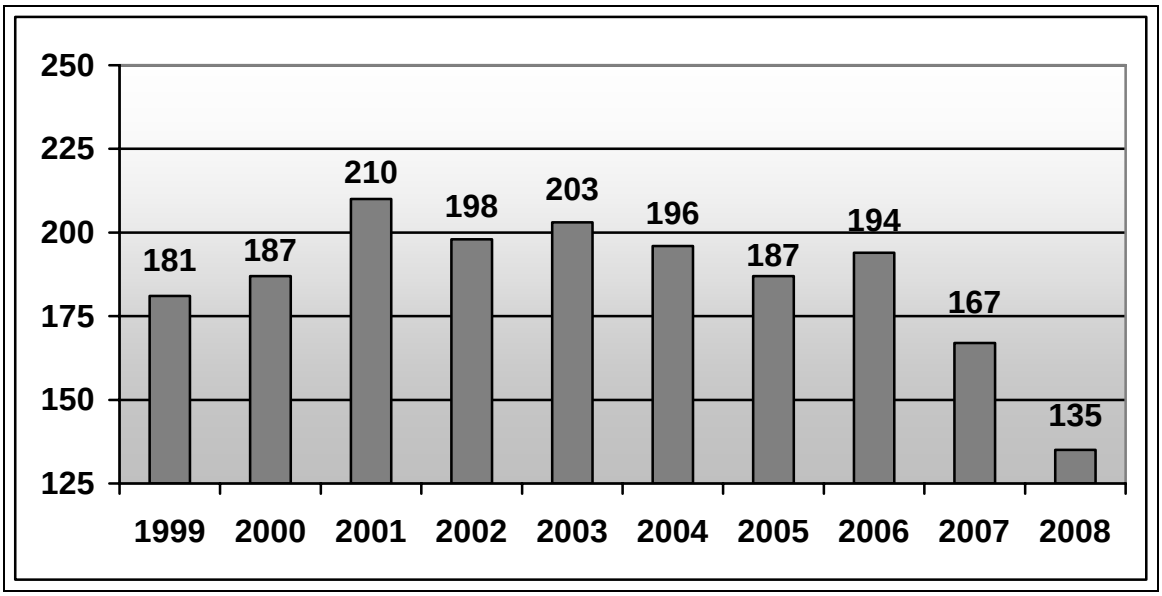
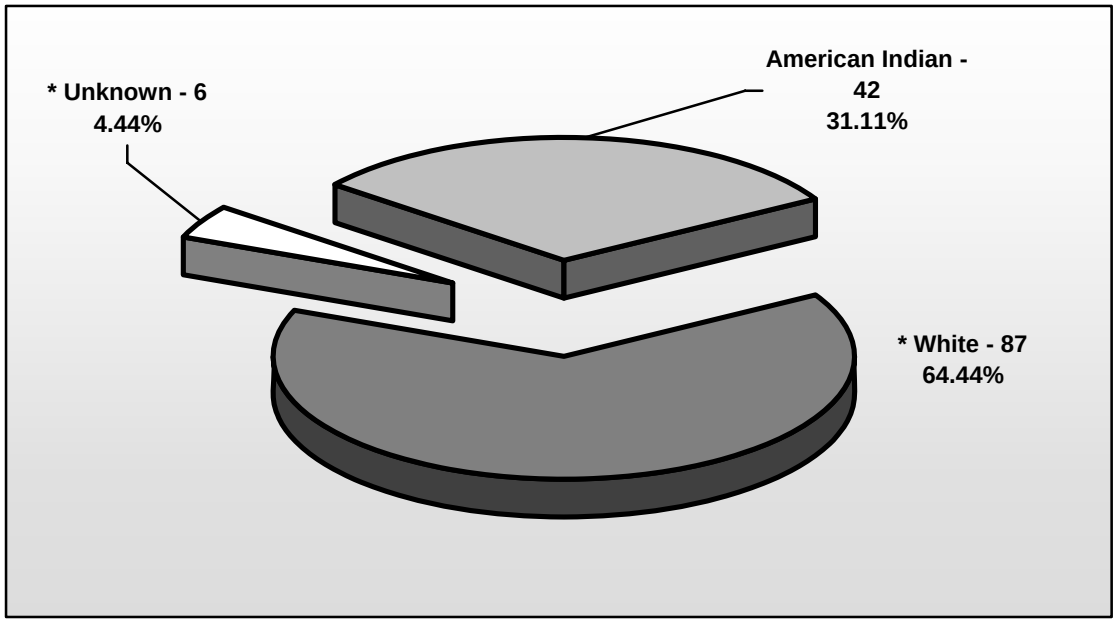


Figure 52 – Motor Vehicle Deaths by Race/Ethnicity – 2008
Ethanol Present in Decedent (> 0.005%)



* White includes 54 Hispanic, Unknown includes 4 Hispanic

Figure 53 – Motor Vehicle Deaths by Age and Gender – 2008
Ethanol Present in Decedent (> 0.005%)

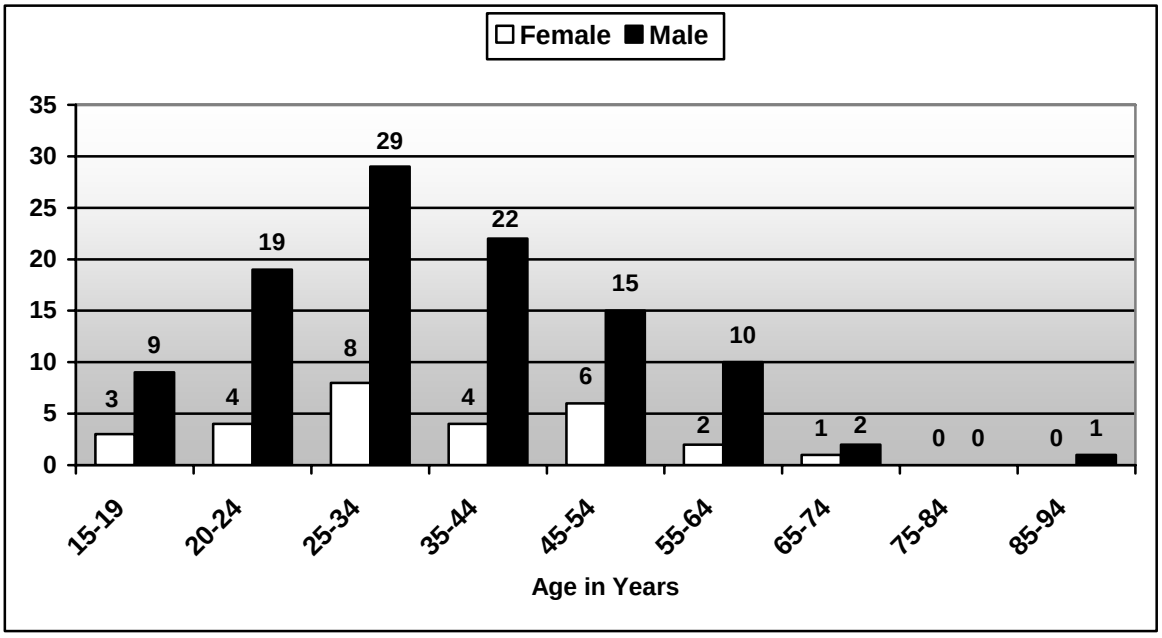


Table 17 – Motor Vehicle Related Deaths – Method - 2008
Ethanol Present in Decedent

		Presence of Ethanol > 0.005%		
Circumstances	**Total Cases**	**Yes**	**No**	**Not Tested**
Driver	**222**	71	105	46
Passenger	**113**	27	69	17
Pedestrian	**54**	27	15	12
Occupant	**11**	8	2	1
Cyclist	**7**	2	3	2
Totals	**407**	**135**	**194**	**78**

Table 18 – Motor Vehicle Related Deaths – Seat Belt Use - 2008
Ethanol Present in Decedent

		Seat Belt Usage				
	Ethanol >0.005%	Belt Used	Belt Not Used	Not Installed	Unknown	Total
Motor Vehicle Driver	**Yes**	15	31	0	9	**55**
	No	42	25	0	12	**79**
	Not Tested	7	10	0	18	**35**
	Subtotal	**64**	**66**	**0**	**39**	**169**
Motor Vehicle Passenger	**Yes**	8	12	0	4	**24**
	No	25	32	0	11	**68**
	Not Tested	6	5	0	3	**14**
	Subtotal	**39**	**49**	**0**	**18**	**106**
Motor Vehicle Occupant*	**Yes**	0	6	0	1	**7**
	No	0	1	0	1	**2**
	Not Tested	0	0	0	0	**0**
	Subtotal	**0**	**7**	**0**	**2**	**9**
Totals		**103**	**122**	**0**	**59**	**284**

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

Table 19 – Motor Vehicle Related Deaths – Air Bag Use - 2008
Ethanol Present in Decedent

		Air Bag Usage				
	Ethanol >0.005%	Inflated	Not Inflated	Not Installed	Unknown	Total
Motor Vehicle Driver	**Yes**	15	14	3	23	**55**
	No	24	20	7	28	**79**
	Not Tested	5	4	3	23	**35**
	Subtotal	**44**	**38**	**13**	**74**	**169**
Motor Vehicle Passenger	**Yes**	4	11	0	9	**24**
	No	9	18	0	41	**68**
	Not Tested	1	0	0	13	**14**
	Subtotal	**14**	**29**	**0**	**64**	**106**
Motor Vehicle Occupant*	**Yes**	1	1	0	5	**7**
	No	0	0	0	2	**2**
	Not Tested	0	0	0	0	**0**
	Subtotal	**1**	**1**	**0**	**7**	**9**
Totals		**58**	**68**	**13**	**142**	**284**

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

Drug Caused Deaths

Figure 54 – Drug Caused Deaths – 1999 – 2008

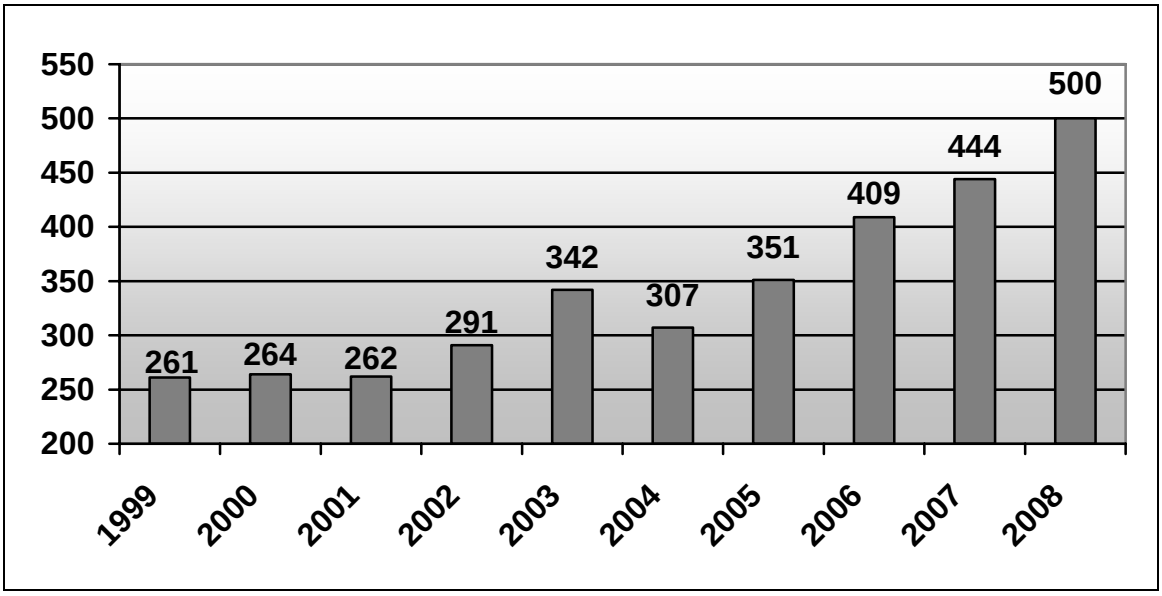
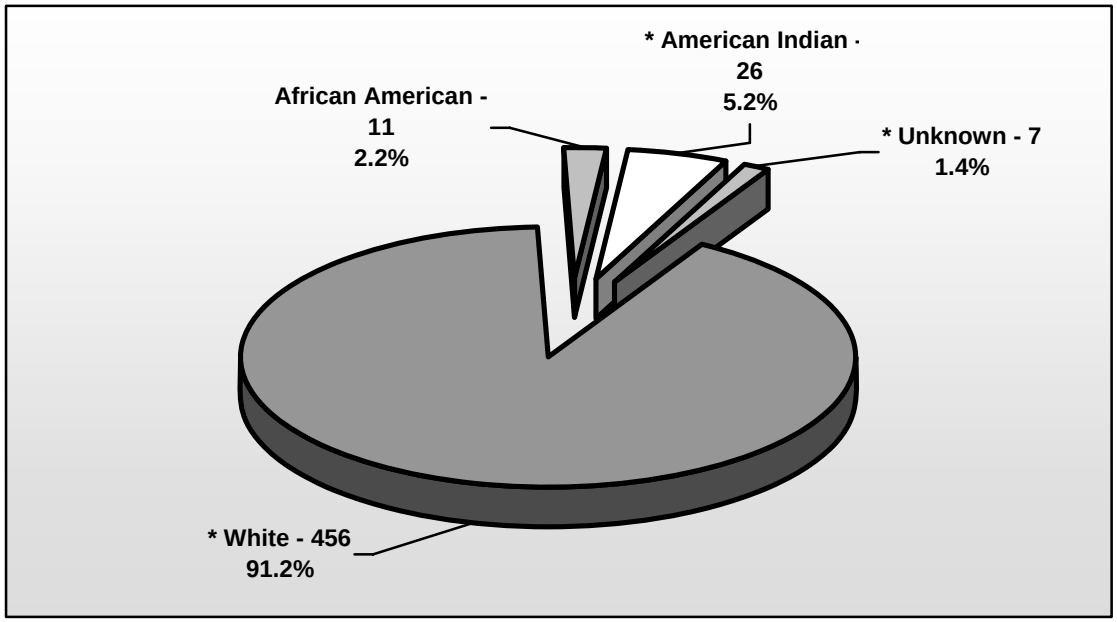
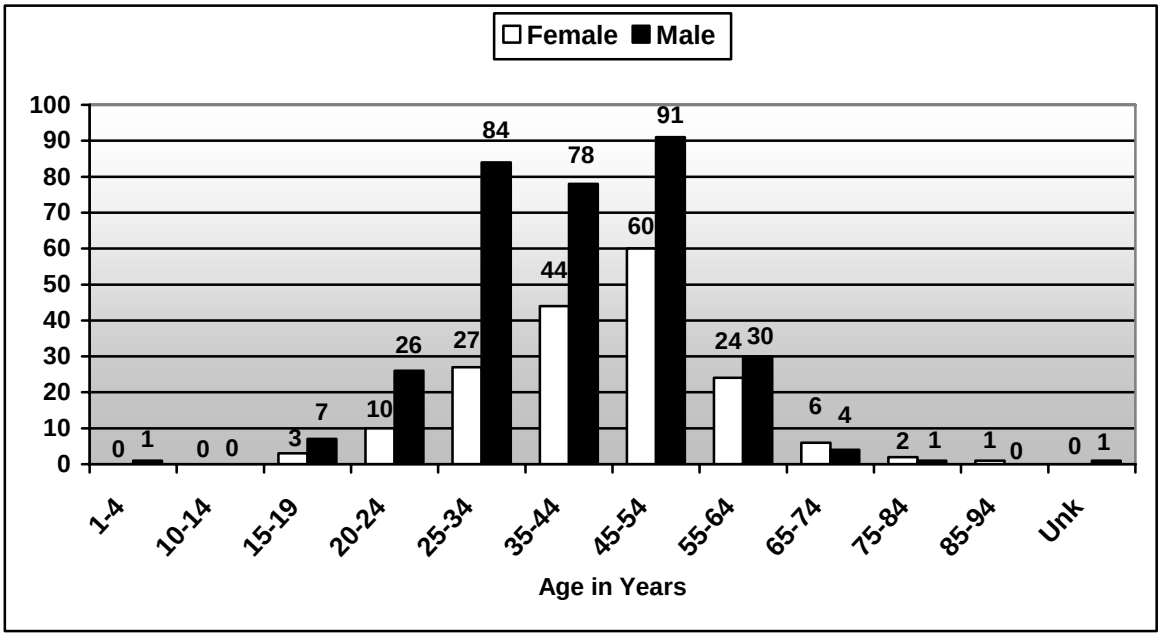


Figure 55 – Drug Caused Deaths by Race/Ethnicity – 2008



* White includes 233 Hispanic, American Indian includes 1 Hispanic, Unknown includes 4 Hispanic

Figure 56 – Drug Caused Deaths by Age and Gender – 2008



Drug Caused Deaths – Summary – 2008

Drug overdose deaths continue to be a problem in New Mexico, with a 12.6% increase in drug-caused deaths in 2008. A wide variety of drugs, both illegal and prescription, contributed to the 500 drug-caused deaths. Many decedents had more than one drug present at the time of death. Males were most at risk, as with other types of OMI-investigated deaths, with the most drug-caused deaths being seen in males ages 45-54 years. The OMI designation of 'drug-caused deaths' includes both intentional (suicide, homicide) and unintentional (accidental) drug overdoses. The total number may increase as additional toxicology results become available.

Additional information regarding unintentional drug overdose deaths in New Mexico is available annually in the newsletter New Mexico Epidemiology, published by the New Mexico Department of Health. An issue containing detailed information on unintentional drug overdose deaths will be available from NMDOH this year.

Table 31 – Drug Caused Deaths – Counties of Injury and Pronouncement– 2008

County	County of Injury	County of Pronouncement
Bernalillo	223	229
Catron	0	0
Chaves	12	12
Cibola	4	4
Colfax	5	5
Curry	4	4
De Baca	0	0
Dona Ana	33	33
Eddy	13	13
Grant	11	11
Guadalupe	4	4
Harding	0	0
Hidalgo	0	0
Lea	12	12
Lincoln	2	2
Los Alamos	3	3
Luna	3	2
McKinley	12	12
Mora	2	2
Otero	13	13
Quay	1	1
Rio Arriba	26	25
Roosevelt	1	1
San Juan	16	16
San Miguel	10	9
Sandoval	16	15
Santa Fe	36	38
Sierra	3	3
Socorro	3	3
Taos	11	11
Torrance	6	5
Union	0	0
Valencia	14	11
Out of State/Unknown	1	1
Totals	**500**	**500**

Glossary

Accident – The *manner of death* used when, in other than *natural deaths*, there is no evidence of intent.

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

Cause of Death – The agent of effect that results in a physiological derangement or biochemical disturbance that is incompatible with life. The results of postmortem examination, including autopsy and toxicological findings, combined with information about the medical history of the decedent serves to establish the cause of death. The cause of death can result from different circumstances and manner of death. For example, the same cause of death, drowning, can result from the accidental immersion of a child in a swimming pool or from the homicidal immersion of a child in a bathtub.

Children – Individuals 19 years of age or younger. (Normally this is 18 years of age or younger, but to keep with industry standard age divisions, 19 year-olds are included in our tables.)

Circumstances of Death – The situation, setting, or condition present at the time of injury or death.

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

County of Pronouncement – The county where the decedent was pronounced dead.

County of Residence – The county where the decedent resided. If not a legal resident of New Mexico, the decedent is listed as "out of state." A single case may have all three county definitions applied. For example, a decedent may be a resident of Rio Arriba county and be injured in an automobile accident in San Juan county (County of Injury) where, upon transfer to a hospital in Albuquerque, be pronounced in Bernalillo county.

Deputy Medical Investigator – An investigator, not necessarily a physician, appointed by the *State Medical Investigator* to assist in the investigation of deaths in the *jurisdiction* of the OMI. There is at least one deputy medical investigator in each county in New Mexico.

Dictated External – A detailed postmortem external examination of a body.

Drug Caused Death – A death caused by a drug or combination of drugs. Deaths caused by *ethanol*, poisons and volatile substances are excluded.

Ethanol – An alcohol, which is the principal intoxicant in liquor, beer and wine. A person with an alcohol concentration in blood of 0.08 grams percent (0.08g%) is legally intoxicated in New Mexico.

Ethanol Present – Deaths in which toxicological tests reveal a reportable level of *ethanol* (0.005% or greater) at the time of death.

Homicide – The *manner of death* in which death results from the intentional harm of one person by another.

Jurisdiction – The extent of the Office of the Medical Investigator's authority over deaths. The OMI authority covers reportable deaths that occur in New Mexico, except for those occurring on federal reservations (American Indian and military) and in Veteran's Administration hospitals. New Mexico Statute *24-11-5NMSA 1978* and descriptions in the OMI policy manual define reportable deaths. The OMI may be invited to consult or investigate cases over which it has no jurisdiction.

Investigation/Field Examination – An investigation and external examination conducted at the scene to determine cause of death.

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

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

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

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

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

Office of the Medical Investigator – The state agency in New Mexico that is responsible for the investigation of sudden, violent or untimely deaths. The office of the Medical Investigator was created by legislation in 1973 to replace the county coroner system (see also, *Deputy Medical Investigator*).

Pending – The *cause of death* and *manner of death* are to be determined pending further investigation and/or toxicological, histological and/or neuropathological testing at the time of publication.

State Medical Investigator – The head of the *Office of the Medical Investigator.* The State Medical Investigator must be a licensed physician licensed in New Mexico and may appoint Assistant Medical investigators, who must be physicians and *Deputy Medical Investigators.*

SIDS – Sudden Infant Death Syndrome is characterized by the death of an infant less than one year of age that is unexpected by history and remains unexplained after a thorough forensic autopsy and a detailed death scene investigation.

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