



New Mexico Office of the Medical Investigator

Annual Report 2018



We investigate deaths to serve the living



**2018 Annual Report
Office of the Medical Investigator
State of New Mexico**

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Office of the Medical Investigator (OMI) 2018 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 7,538 deaths in 2018. 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 represents 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 OMI. Additionally, we encourage interested researchers to contact the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) 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 data management system located at the New Mexico Scientific Laboratories in Albuquerque. OMI faculty Sarah Lathrop, DVM, Ph.D., OMI Research Coordinator Garon Bodor, MS, and Kayla Moorman, UNM Research Student using Microsoft Office 2016 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: <http://omi.unm.edu>.

Overview – Office of the Medical Investigator – 2018

The Office of the Medical Investigator (OMI) was created by the New Mexico State Legislature in 1972 and became operational in 1973. Replacing the county coroner system, the OMI was tasked¹ with investigating all reportable deaths occurring in New Mexico, to subsequently determine the cause and manner of death in such cases, and to provide formal death certification.

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 a 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 OMI.
- Define procedures to reimburse all parties providing services to the OMI.
- 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 Investigations (FBI), Tribal Law Enforcement, military 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 the Department of Health, the Chairman of the New Mexico Board of Thanatopractice and the Cabinet Secretary of the Indian Affairs Department 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 FDMIs 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 FDMIs contact the Central Office and present the results of each investigation to Central Office Deputy Medical Investigators who work with on-call Medical Investigators (forensic pathologists) to make the ultimate decisions regarding jurisdiction and the need for further medicolegal investigation. All autopsy services are conducted in the Central Office and are performed by forensic pathologists with the assistance of morphology technicians. The Scientific Laboratory Division (SLD) provides some toxicology services, with other commercial laboratories providing specialized testing. 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 preventive measures (such as 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 2018

Investigative Activity

In 2018, New Mexico had 7,538 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 7,538 deaths. OMI's Deputy Medical Investigators conducted 6,424 scene investigations in 2018. Following these investigations, OMI retained jurisdiction of 3,822 deaths and relinquished jurisdiction of 2,862 deaths to private physicians. An additional 890 deaths were investigated as consultations, resulting in a total caseload of 7,538 medicolegal investigations. OMI ordered the transportation of 3,768 decedents who died in 2018. A granular examination of the case distribution is presented in the Total Cases section beginning on the section entitled 'Total Cases'.

Examination Types

Of the 7,538 reportable deaths in 2018, OMI performed 1,866 autopsies (1,755 full + 111 partial), 1,049 pathologist externals, 707 field externals, and 5,672 decedents did not receive a physical examination of any type. As a department of the UNM Health Sciences Center, OMI performs autopsies for the hospital as a consultant; however, OMI does occasionally take jurisdiction over some of those cases. In 2018, OMI took jurisdiction over 204 cases. Of those cases, 70 received a full or partial autopsy, 70 received an external examination, and 64 cases only needed their records reviewed in order to have a proper cause and manner of death assigned. A granular examination of the examination types is presented in the 'Total Cases' section of this report.

Identification

Each year OMI receives hundreds of cases where remains are initially unidentified. Approximately 99% of these cases are successfully identified through OMI's investigative efforts. Our staff identifies these cases through fingerprint analysis, postmortem forensic dental examinations, DNA analysis, and x-ray and CT comparisons. The investigative staff dedicates many hours to reviewing "cold cases" and are able to identify many cases with the advancement of DNA technology and by resubmitting fingerprints to the FBI that were originally unmatched. In 2018, the investigative staff identified all but 31 decedents.

Unclaimed Bodies

OMI makes every effort to identify and contact the next of kin for each decedent. Once identified, OMI helps ensure that the decedent's body is returned to the family according to their wishes. However, in some cases, OMI is unable to contact the next of kin or the next of kin is unable to claim the body. There were 157 unclaimed bodies in 2018.

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 forensic pathologists are faculty members within 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 Pathology 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 years in advance.

Certification Training

All OMI Central Office deputy medical investigators are required to become certified by the American Board of Medicolegal Death Investigators to perform a death investigation. Additionally, the OMI provides in-house training for the deputy medical investigators throughout New Mexico and in the past year, 28 individuals successfully completed the training and received certification as new Field Investigators. Approximately 100 experienced Field Investigators traveled to the central office in order to receive training on proper field external examinations. 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. (i.e., Native American police officers).

Death Investigation Training

The OMI conducted a Basic Death Investigation course in October that was open to the public. Forty-two 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. Participants were from Washington, Colorado, Arizona, Missouri, and of course, New Mexico. New Mexico personnel included representatives from the various law enforcement agencies, emergency medical services (EMS), and hospitals from around the state.

Law Enforcement Education

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement 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 the New Mexico Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, UNM, CNM, high schools, civic organizations, state search and rescue groups, and tribal authorities.

OMI website

The OMI website at <http://omi.unm.edu> provides instant access to information concerning OMI, staff, services offered, reports, and record requests.

Center for Forensic Imaging

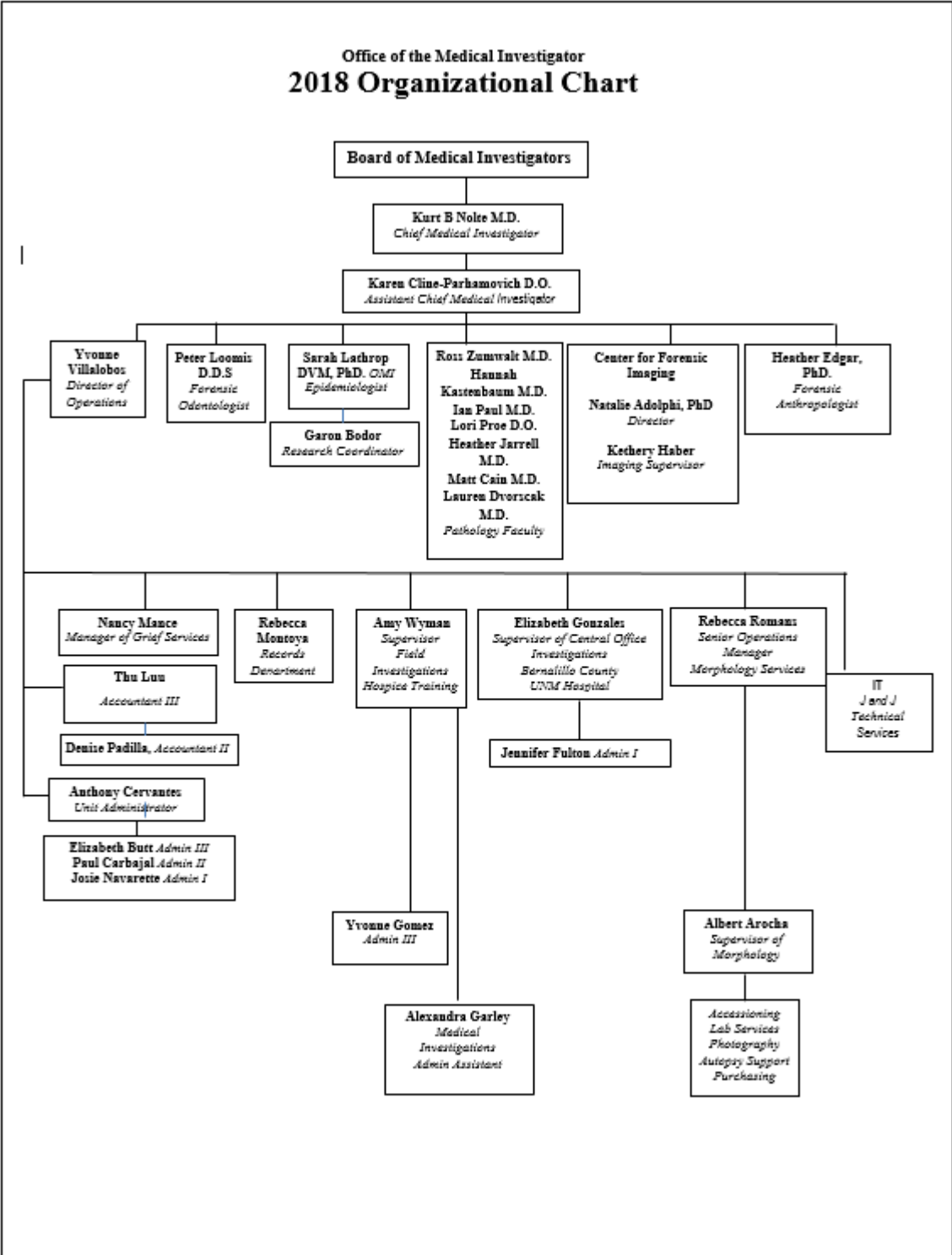
The Center for Forensic Imaging (CFI) is located within OMI. The CFI is currently the only forensic center in the United States with in-house computed tomography (CT) and magnetic resonance imaging (MRI) facilities, which support forensic research and education, and the clinical service of the OMI.

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 expanded over time and now includes support for those dealing with a family member's death arising from homicide, suicide, and accident. Currently, GSP contracts with grief counselors throughout the state and also has three counselors located on-site in Albuquerque, all who provide trauma and grief support for families dealing with this sudden and unexplained death. Services include: crisis support, office and/or home visits for trauma and grief counseling, advocacy, counseling groups, and information and referrals. Additionally, the GSP provides consultation, training, and public presentations focusing on trauma and complicated grief education across New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training.

Donor Services

In 2018, OMI ensured that 100% of potential organ donors and their families were allowed to give the gift of life. OMI works closely with Donor Services and Lion's Eye Bank to provide life-saving organs for transplantation, in New Mexico and across the country. Our thanks go to the families whose loved ones became an organ or tissue donor, providing an enhanced quality of life to hundreds of transplant recipients.



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 – Bureau of Vital Records and Health Statistics, New Mexico Department of Health.

Figure 2. Total Cases (2009 – 2018)

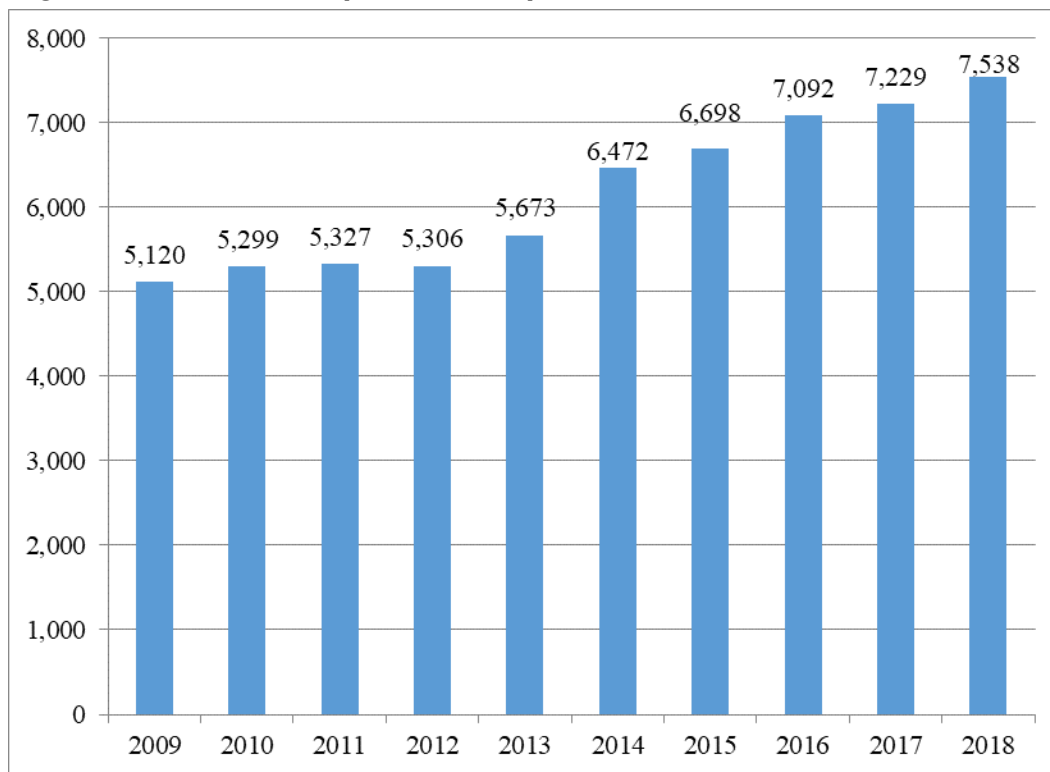


Figure 3. Total Cases by Month 2018

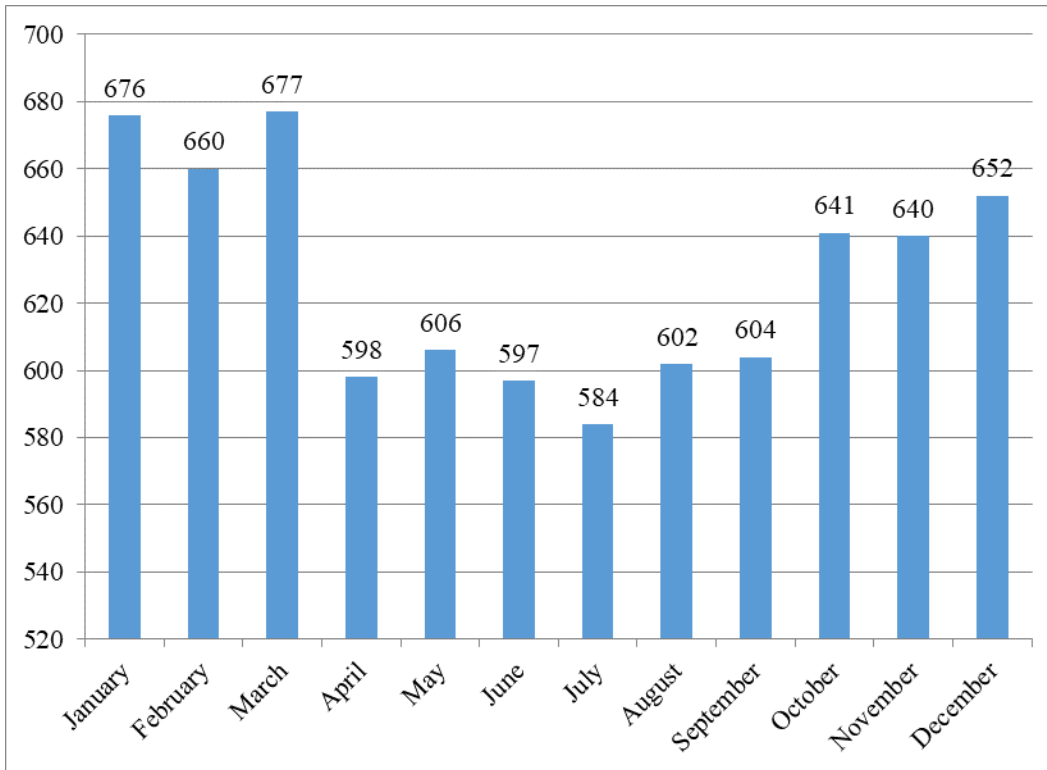


Figure 4. Total Cases by Day 2018

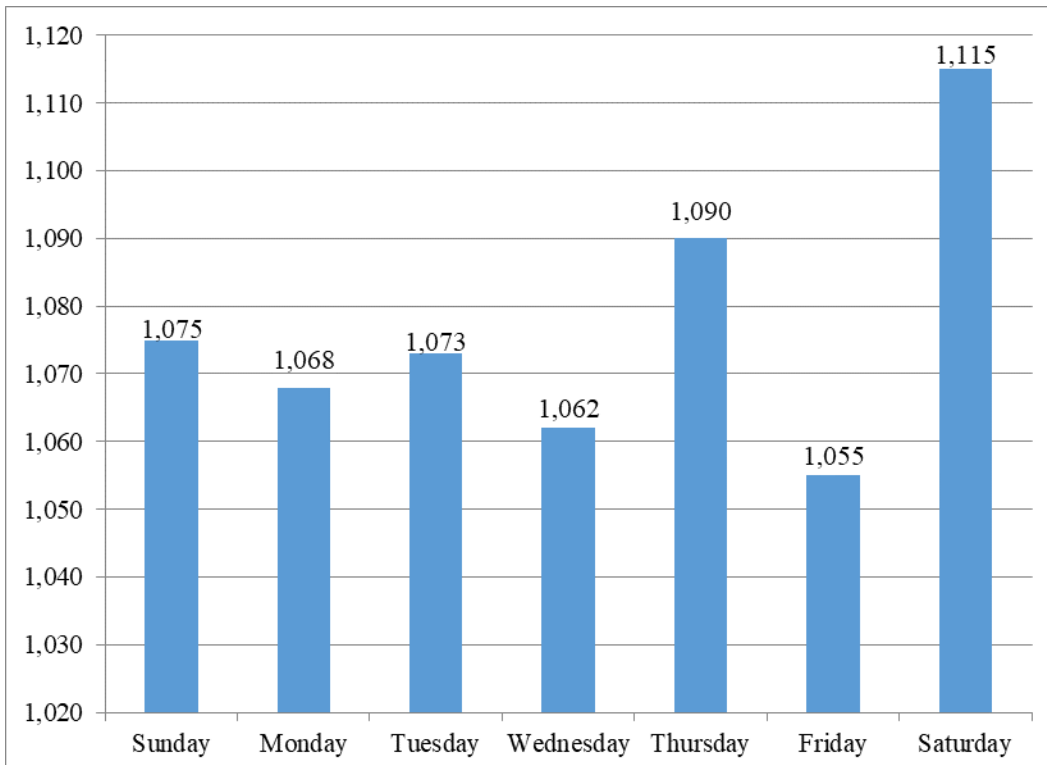


Figure 5. Total Cases by Race / Ethnicity 2018

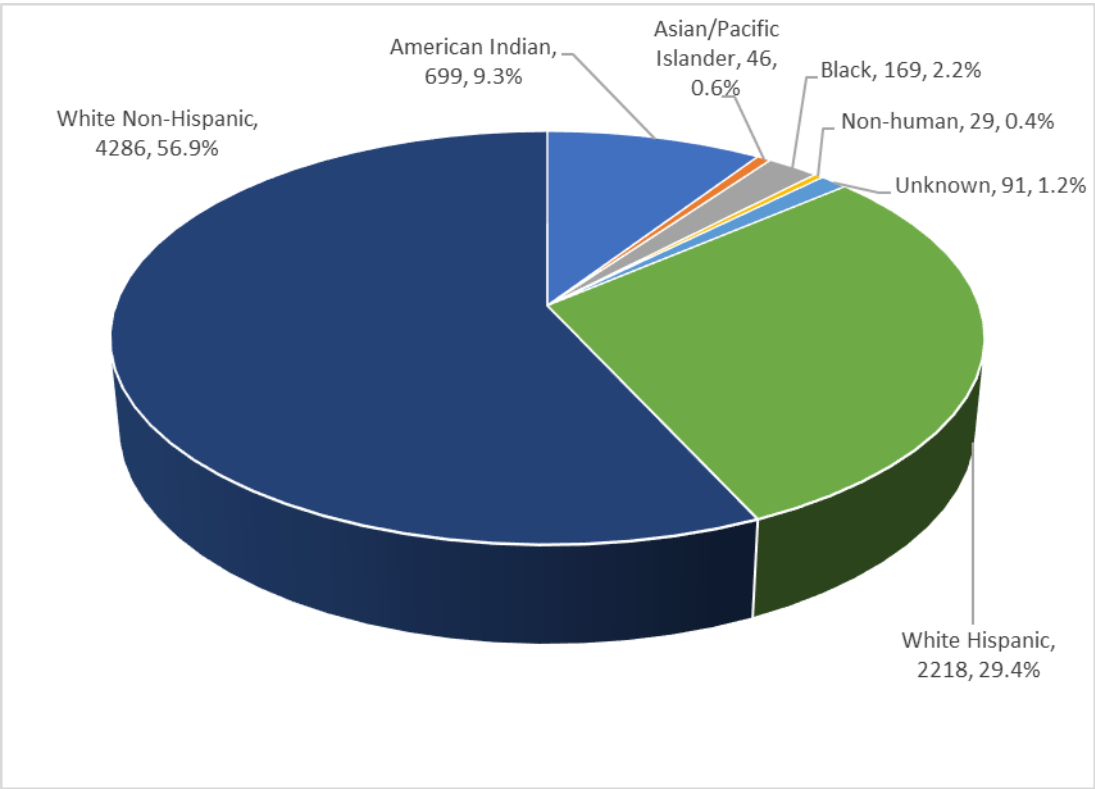


Figure 6. Total Cases by Age and Gender 2018

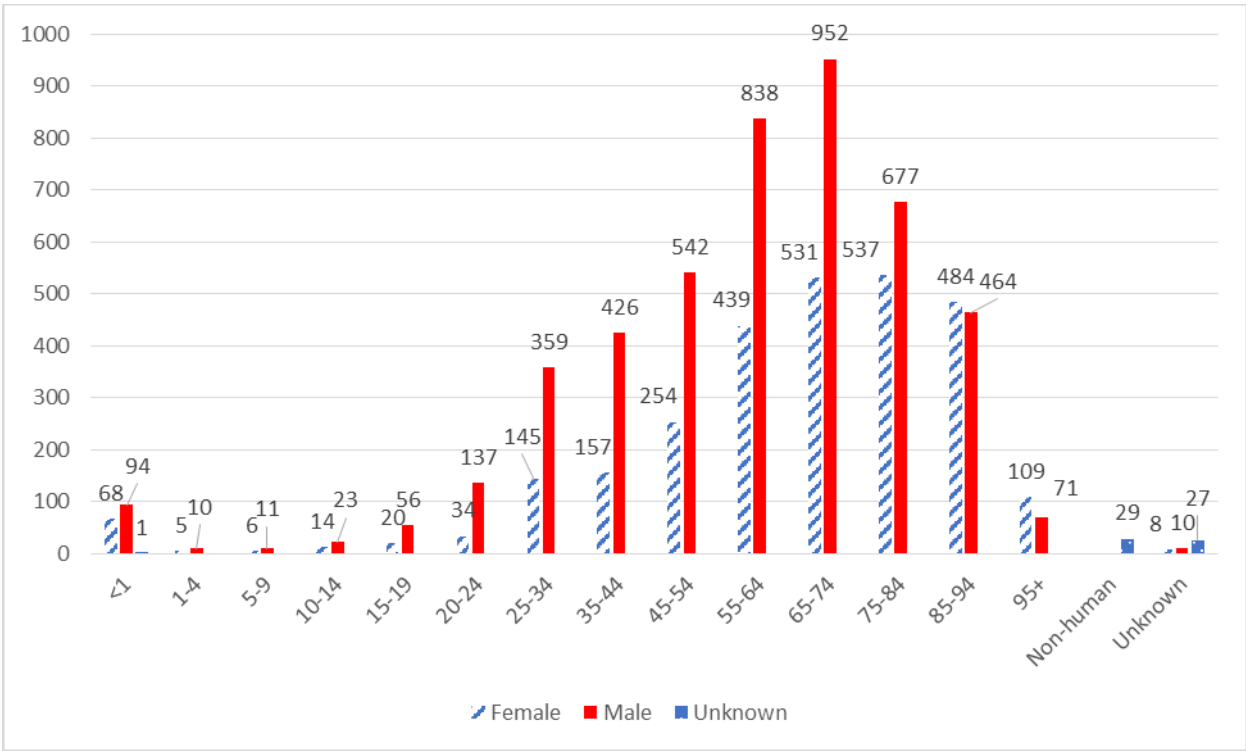


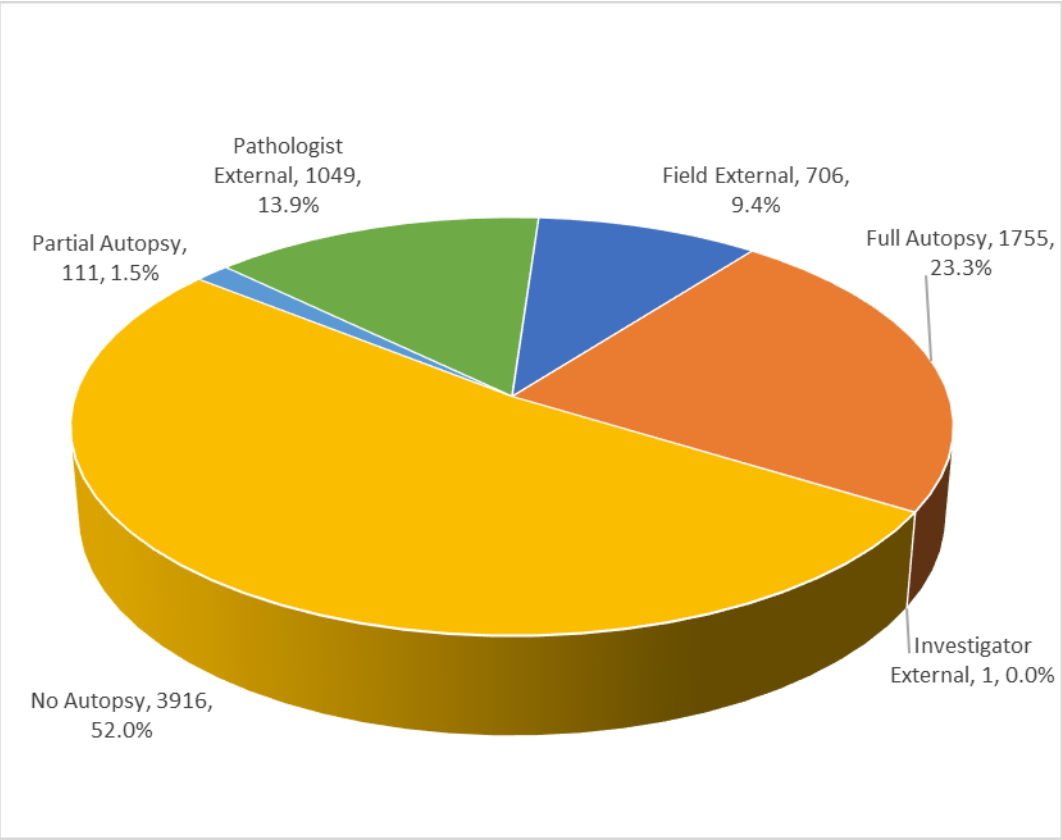
Table 1. Total Cases - Autopsy Status 2018

Autopsy	Accident	Homicide	Jurisdiction Terminated	Natural	Non-Accept	Other	Pending	Suicide	Undetermined	Total
No	864	1	1,585	1,621	1,215	43	33	293	17	5,672
Yes	725	251	2	550		9	24	234	71	1,866
Grand Total	1,589	252	1,587	2,171	1,215	52	57	527	88	7,538

Table 2. Total Cases Distribution 2018

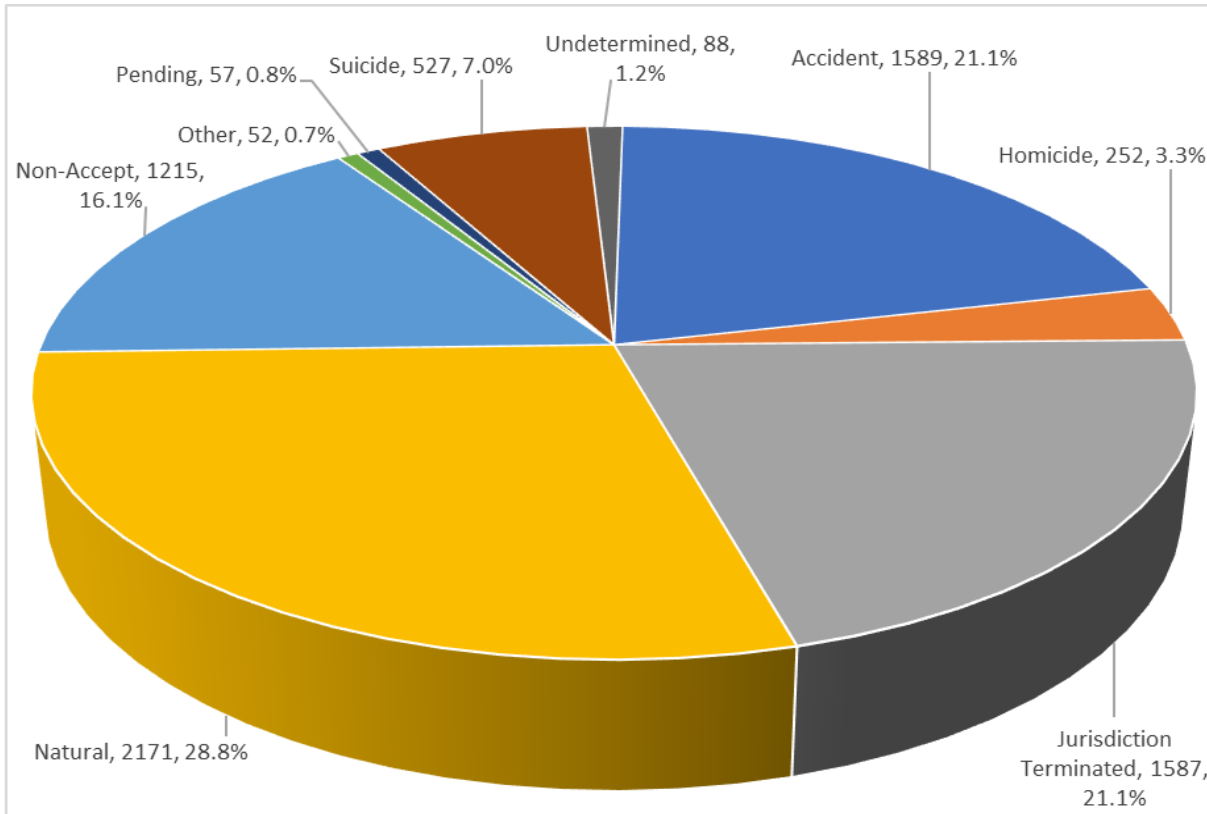
Jurisdiction	Autopsy No	Autopsy Yes	Percent Autopsied	Grand Total
Medical Investigator	2,186	1,636	42.8%	3,822
Accident	820	678	45.3%	1,498
Homicide	1	217	99.5%	218
Natural	1,037	436	29.6%	1,473
Other	17	8	32.0%	25
Pending	13	12	48.0%	25
Suicide	285	226	44.2%	511
Undetermined	13	59	81.9%	72
Consult	662	228	25.6%	890
Accident	44	47	51.6%	91
Homicide		34	100.0%	34
Natural	584	114	16.3%	698
Other	2	1	33.3%	3
Pending	20	12	37.5%	32
Suicide	8	8	50.0%	16
Undetermined	4	12	75.0%	16
Jurisdiction Transfer	1,591	2	0.1%	1,593
Non-Accept	1,233		0.0%	1,233
Grand Total	5,672	1,866	24.8%	7,538

Figure 7. Total Cases by Exam Type 2018



Cause and Manner of Death

Figure 8. Total Cases by Manner of Death 2018



Cause and Manner of Death - Overview

In 2018, OMI investigated 7,538 deaths, representing approximately *42.9% of the estimated total deaths in New Mexico in 2018 (*based on most recent Vital Records Report). Of the deaths investigated by OMI in 2018:

The total number of deaths investigated represents a 4.27% increase from the 2017 total, and a 47.2% increase since 2009.

The ratio of male to female deaths, when gender was clearly determined, was 1.7. Decedents classified as White non-Hispanic represented 57% of the total, White Hispanic 30%, American Indian 9.0%, Black 2%, and Asian 1.0%. The racial-ethnic composition of New Mexico was listed in 2018 as: 37.1% non-Hispanic white, 49.1% Hispanic, 10.9% American Indian, 2.6% African-American and 2.0% Asian/Pacific Islander. (Source: <https://www.census.gov/quickfacts/fact/table/nm/PST045217?>)

While natural deaths contributed the largest portion of OMI deaths investigated (28.8%), most natural deaths did not fall under the jurisdiction of the OMI. Multiple cases are called into OMI every year in order to verify if OMI has jurisdiction over the case. The physicians then decide if OMI is statutorily obligated to investigate the case and issue the death certificate. If they are not statutorily obligated, the case is considered as jurisdiction terminated (21.1% of 2018 cases) or non-accept (16.4% of

2018 cases). Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

Table 3. Total Cases by Gender and Manner 2018

Manner	Female	Male	Unknown	Total
Accident	560	1,029		1,589
Homicide	52	200		252
JT	670	917		1,587
Natural	812	1,358	1	2,171
Non-Accept	545	669	1	1,215
Other	2	2	*48	52
Pending	16	39	2	57
Suicide	124	403		527
Undetermined	30	53	5	88
Grand Total	2,811	4,670	57	7,538
<i>* = 29 non-human, 18 ancient</i>				

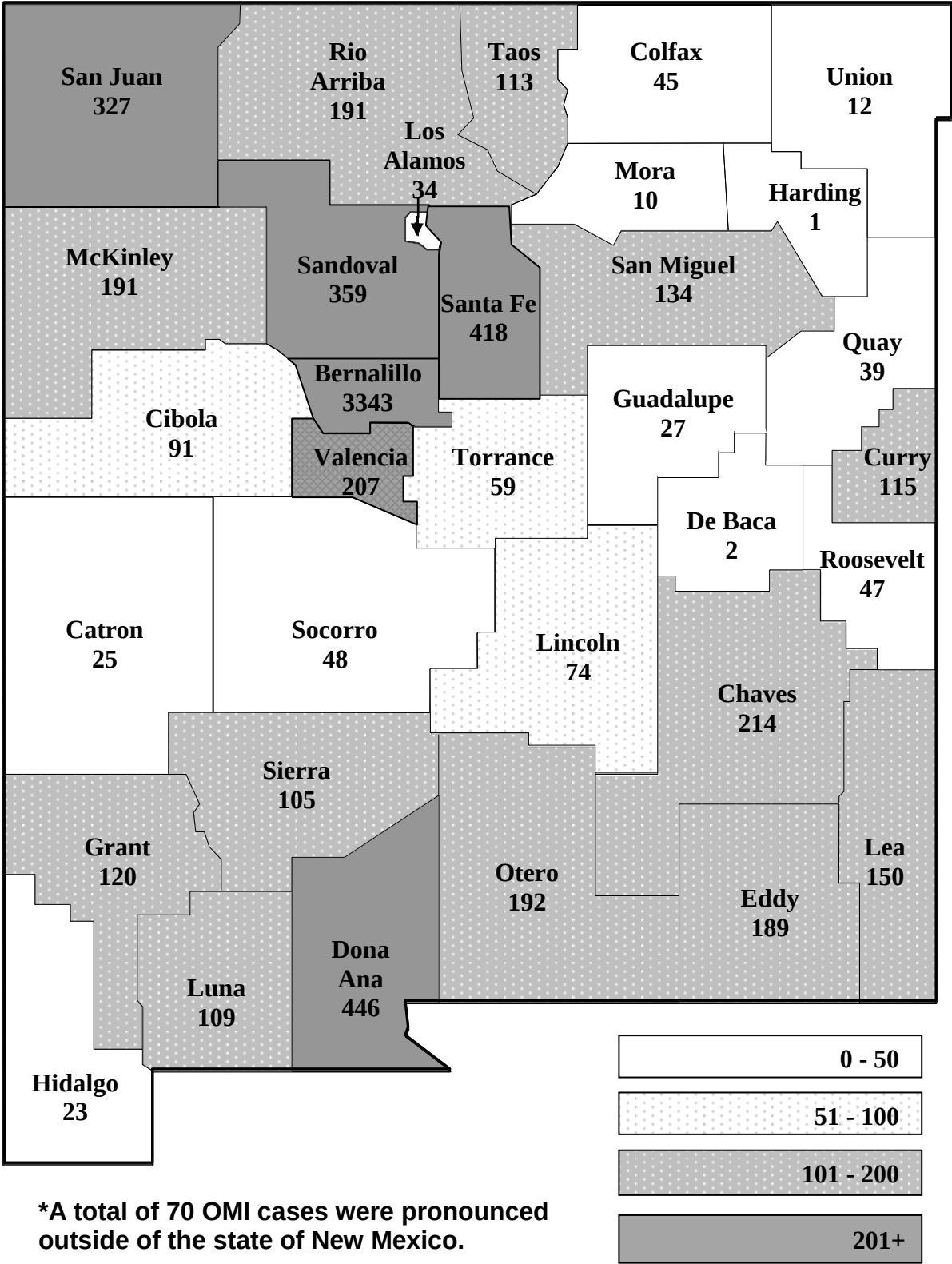
Table 4. Total Cases by Manner of Death and Race/Ethnicity 2018

Manner of Death	American Indian	Asian/Pacific Islander	Black	Non-human	Unknown	White	White Hispanic	White Non-Hispanic	Total
Accident	205	7	28		11	11	546	781	1,589
Homicide	58	1	13		5	2	99	74	252
JT	52	5	32		10		472	1,016	1,587
Natural	216	21	64		13	18	607	1,232	2,171
Non-Accept	85	3	16		22	1	324	764	1,215
Other	2			29	18			3	52
Pending	16		1		4		7	29	57
Suicide	48	9	10		2	2	136	320	527
Undetermined	17		5		6		27	33	88
Grand Total	699	46	169	29	91	34	2,218	4,252	7,538

Table 5. Total Cases by Manner of Death (Age and Gender) 2018

Gender	Accident	Homicide	Jurisdiction Terminated	Natural	Non-Accept	Other	Pending	Suicide	Undetermined	Total
Female										
<1	5		1	31	23		4		4	68
1-4	2	1		2						5
5-9	2	1		2				1		6
10-14	6	1		3			1	3		14
15-19	11	4		1				4		20
20-24	14	4		9				7		34
25-34	60	15	1	27	6	1	1	28	6	145
35-44	55	9	8	57	8			16	4	157
45-54	64	8	32	87	39		1	21	2	254
55-64	75	1	91	177	62		2	23	8	439
65-74	51	7	151	194	105	1	4	16	2	531
75-84	76	1	191	129	133		1	4	2	537
85-94	111		153	81	137		1	1		484
95+	28		41	11	28				1	109
Unknown			1	1	4		1		1	8
Total	560	52	670	812	545	2	16	124	30	2,811
Male										
<1	3	3	2	46	28		8		4	94
1-4	5	2		1	1				1	10
5-9	5	1	3	2						11
10-14	6	3	1	3			1	7	2	23
15-19	20	13		2	1	1		19		56
20-24	54	31		5	3		1	41	2	137
25-34	147	60	6	50	9		5	74	8	359
35-44	177	31	13	105	29		4	60	7	426
45-54	170	31	54	171	47		3	56	10	542
55-64	161	14	138	364	94		6	54	7	838
65-74	109	10	270	349	148		5	58	3	952
75-84	76		217	183	166		3	27	5	677
85-94	80	1	187	64	119		3	7	3	464
95+	14		26	12	18				1	71
Unknown	2			1	6	1				10
Total	1,029	200	917	1,358	669	2	39	403	53	4,670
Unknown				1	1	48	2		5	57
<1				1						1
Non-human						29				29
Unknown					1	19	2		5	27
Grand Total	1,589	252	1,587	2,171	1,215	52	57	527	88	7,538

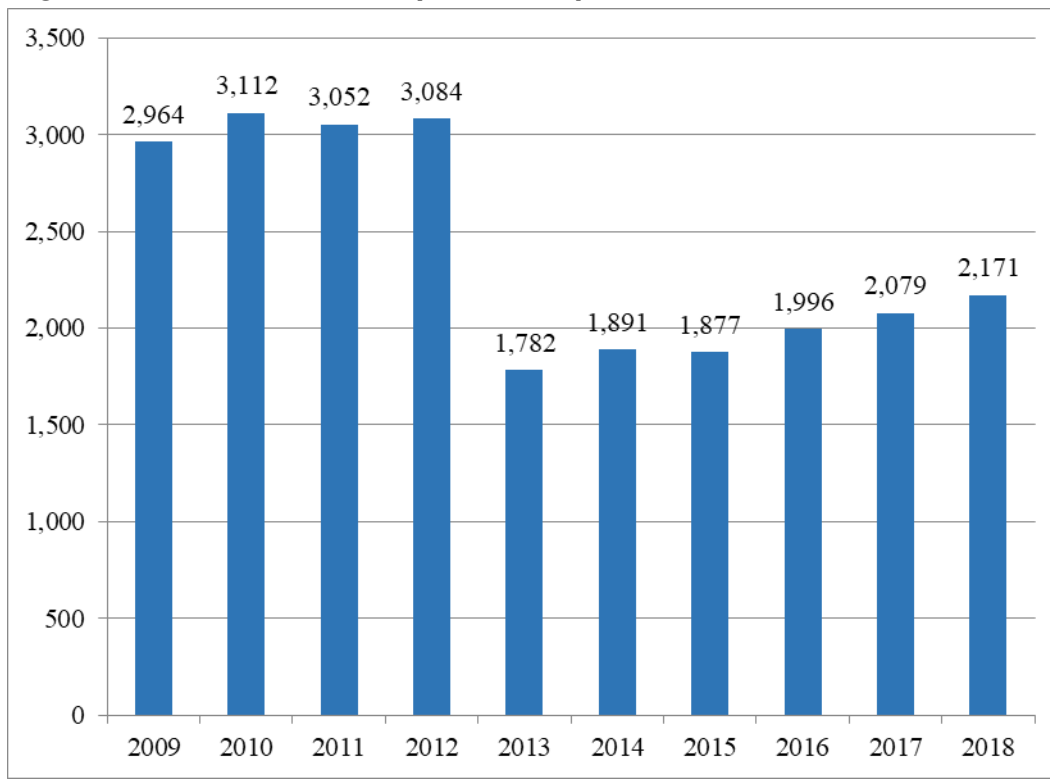
Figure 9. OMI Deaths by County of Pronouncement 2018 (All Manner of Death)



*A total of 70 OMI cases were pronounced outside of the state of New Mexico.

Overview – Manner of Death – Natural Deaths

Figure 10. Natural Deaths (2009-2018)



Natural Deaths – Overview

Deaths classified as a “natural” manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by OMI (28.8% in 2018). Starting in 2013, cases reported to but not accepted by OMI were no longer assigned a manner of death, resulting in the lower numbers of natural deaths starting in 2013. Most natural deaths that occur in New Mexico do not fall under the jurisdiction of OMI and are therefore not represented in this report. An excellent resource for all mortality statistics in the state is the publication “New Mexico Selected Health Statistics Annual Report,” published by the State Center for Health Statistics at the Office of New Mexico Vital Records & Health Statistics, Public Health Division, Department of Health, 1105 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110. The 2013 Annual Report is available online at: <http://nmhealth.org/data/view/vital/1132/>

Figure 11. Natural Deaths by Race / Ethnicity 2018

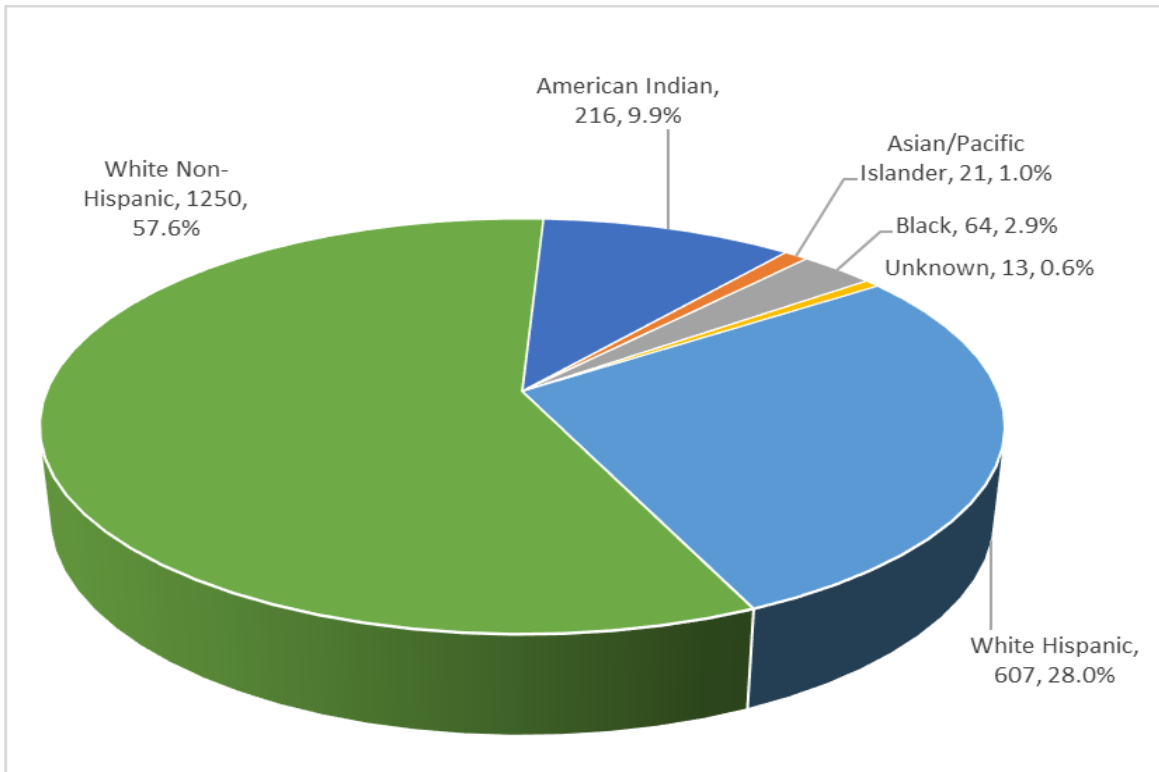
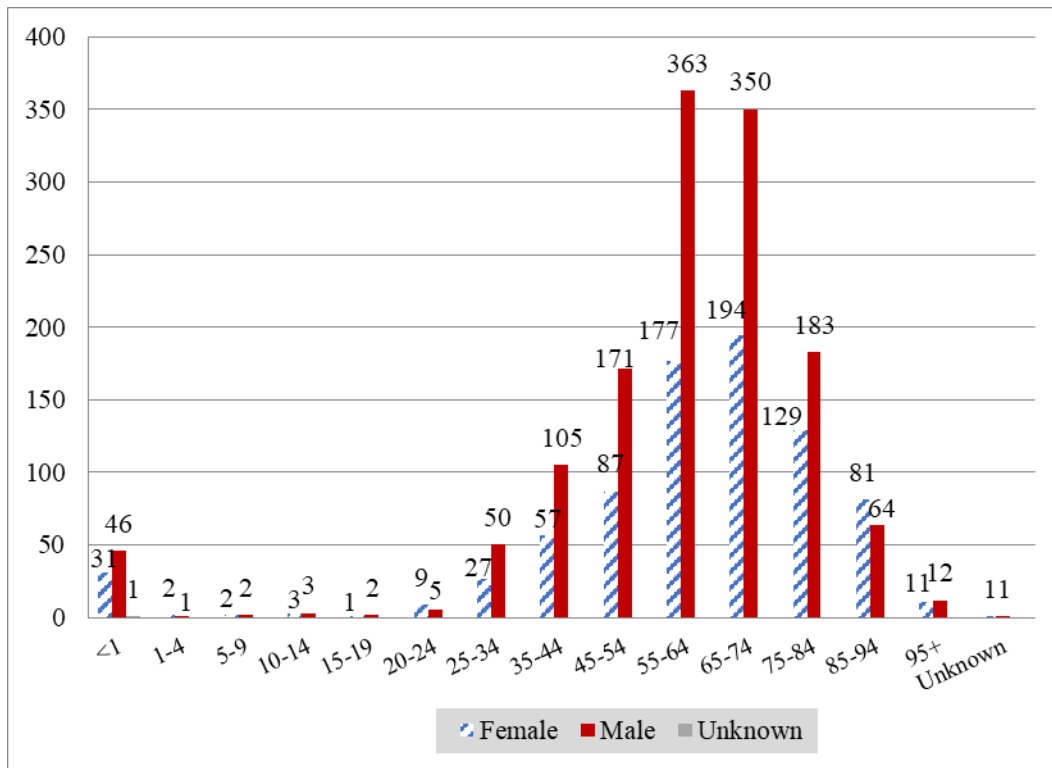
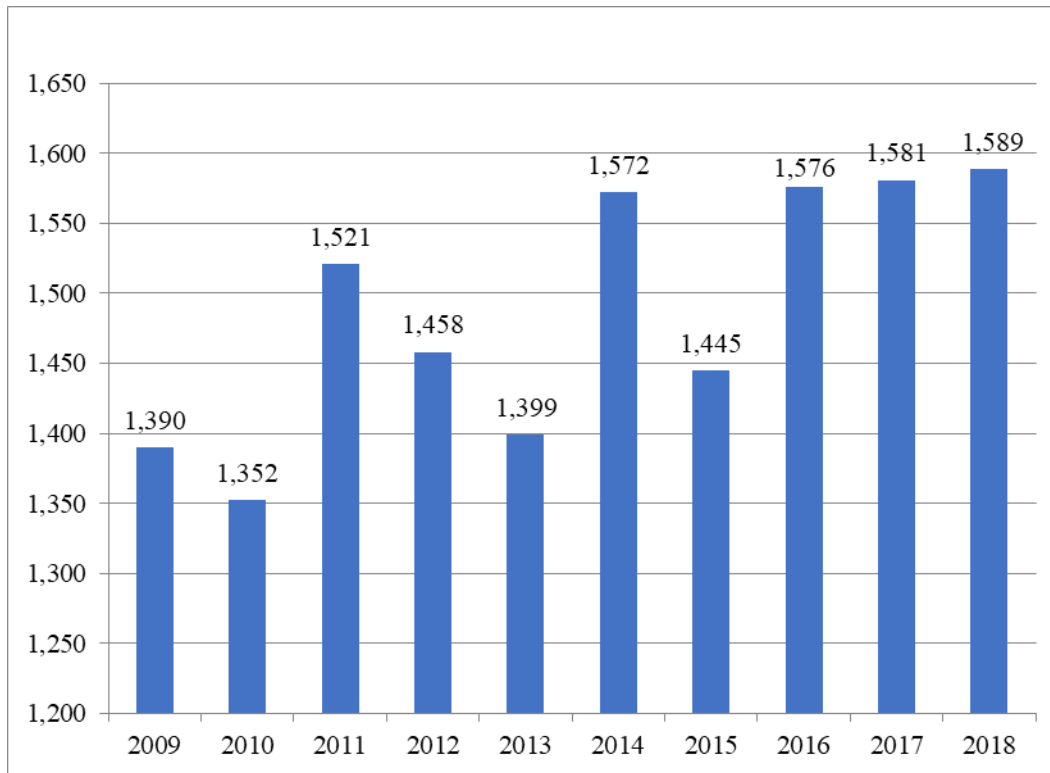


Figure 12. Natural Deaths by Age and Gender 2018



Overview – Manner of Death – Accidental Deaths

Figure 13. Accidental Deaths (2009-2018)



Accidental Deaths – Overview

Accidental deaths accounted for 21.1% of the deaths investigated by OMI in 2018, second only to natural deaths as a manner of death. The highest number of accidental deaths was in males 35-44 years of age.

Figure 14. Accidental Deaths by Race / Ethnicity 2018

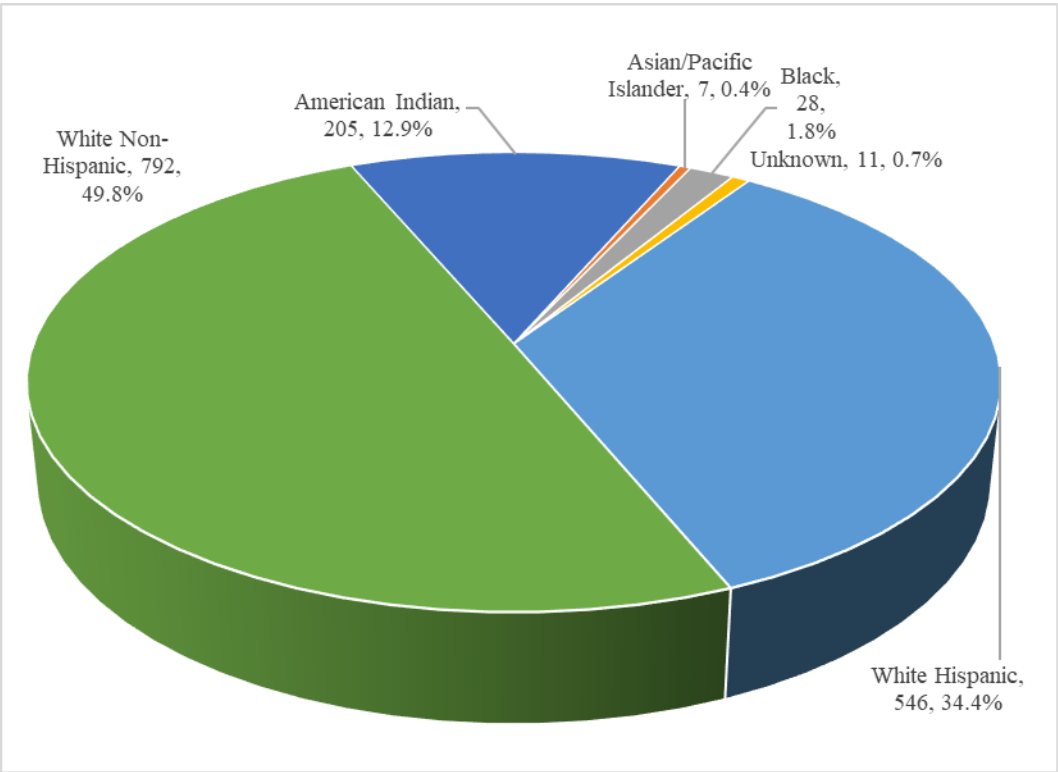


Figure 15. Accidental Deaths by Age and Gender 2018

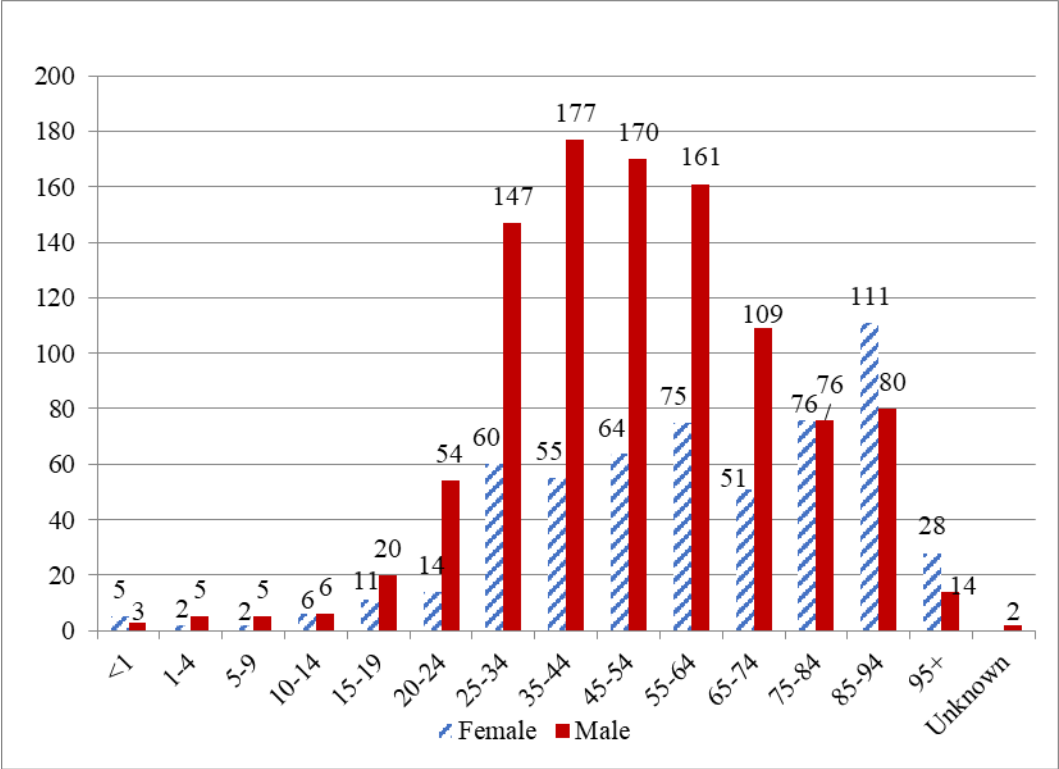


Table 6. Accidental Deaths by Cause 2018

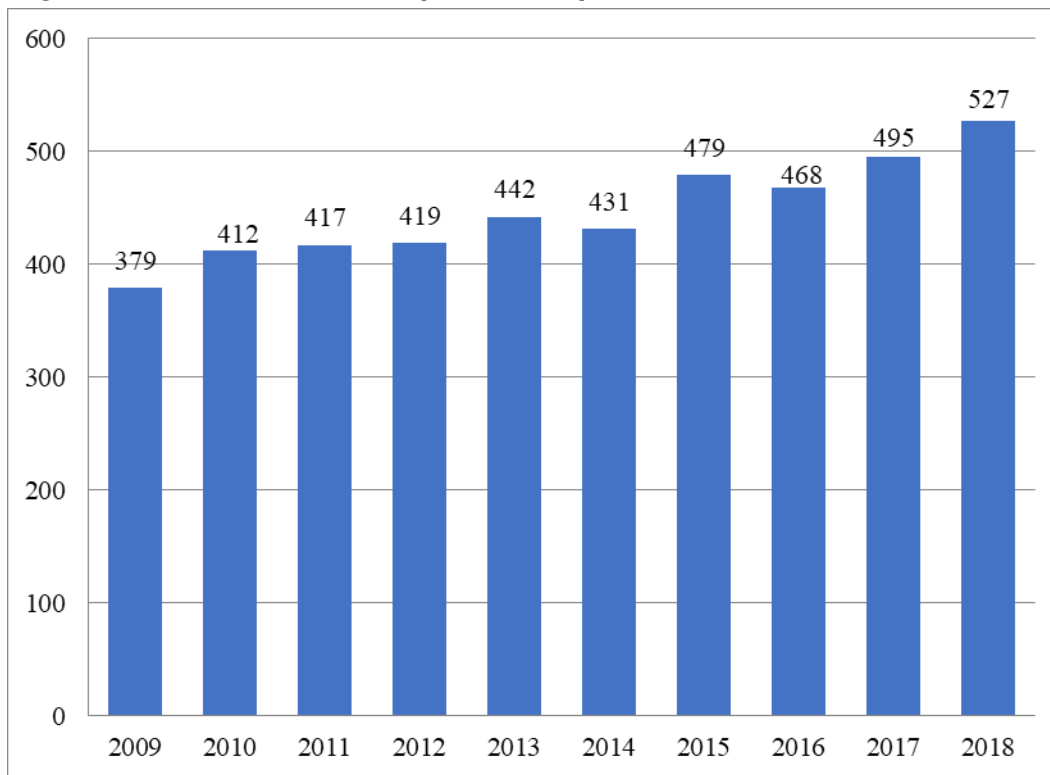
Cause	Total
Multiple injuries	744
Substance intoxication	445
Cardiac arrhythmia	57
Other	53
Ethanol intoxication	42
Exposure	38
Sepsis	32
Pneumonia	27
Drowning	22
Asphyxia	21
Head and neck injuries	15
Choking	14
Thermal injuries	14
Ethanolism	13
Cerebrovascular	6
Hypertension	5
Carcinoma	5
Dementia	4
Carbon monoxide intoxication	3
Emboli	3
Chronic obstructive pulmonary disease	3
Adverse reaction (allergy)	3
Diabetes	3
Toxic substance inhalation	2
Electrocution	2
Prematurity	2
Obesity	2
Seizure disorder	2
Pending	2
Gunshot wound	1
Hanging	1
Renal failure	1
Asthma	1
Special Consult	1
Grand Total	1,589

Table 7. Accidental Deaths by County of Pronouncement (2009-2018)

County	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Bernalillo	549	532	573	523	514	557	606	631	606	664
Catron	0	1	5	5	8	4	2	2	1	8
Chaves	36	49	56	35	35	37	32	33	44	45
Cibola	18	19	20	12	29	16	19	24	20	18
Colfax	8	9	10	5	17	16	12	12	6	16
Curry	21	24	30	23	22	24	22	23	24	21
De Baca	2	0	3	2	2	2	3	5	1	0
Dona Ana	112	90	96	106	80	110	110	97	114	88
Eddy	34	43	38	41	38	51	43	25	42	53
Grant	19	12	18	21	20	29	16	17	35	13
Guadalupe	8	9	8	6	10	14	12	18	12	5
Harding	1	0	2	1	1	1	0	2	0	1
Hidalgo	4	6	8	5	3	13	7	6	15	1
Lea	18	32	33	34	31	56	34	37	37	53
Lincoln	18	11	15	14	10	18	9	23	17	11
Los Alamos	10	9	8	5	5	7	2	7	6	6
Luna	15	13	12	10	15	11	12	17	7	15
McKinley	58	41	43	53	51	73	49	58	55	75
Mora	1	4	6	8	4	4	3	4	4	0
Otero	33	37	33	41	32	42	33	27	30	27
Quay	4	18	7	11	8	16	12	7	5	2
Rio Arriba	43	35	55	55	52	57	50	50	64	55
Roosevelt	5	9	10	9	5	9	9	11	14	4
San Juan	67	68	92	88	86	96	75	87	80	80
San Miguel	23	25	30	30	23	15	14	23	26	27
Sandoval	58	48	59	62	64	68	49	67	99	86
Santa Fe	94	89	122	127	109	119	110	121	102	83
Sierra	20	19	22	17	19	11	15	19	12	19
Socorro	22	7	13	9	11	18	10	22	4	8
Taos	29	29	22	28	24	23	23	23	21	28
Torrance	14	8	16	13	20	13	12	14	6	19
Union	5	4	4	4	4	3	0	1	4	2
Valencia	24	29	15	29	25	33	19	33	33	38
Out of State	17	23	37	26	22	6	21	30	35	18
Totals	1,390	1,352	1,521	1,458	1,399	1,572	1,445	1,576	1,581	1,589

Overview – Manner of Death (Suicide)

Figure 16. Suicide Deaths (2009-2018)



Suicide Deaths – Overview

New Mexico’s suicide rate is consistently higher than the national average, comprising 3.0% of all deaths in New Mexico, compared to 1.6% of all deaths in the U.S. The rate in 2016 (most recent data available) was 22.2 per 100,000 people, compared to a rate of 13 per 100,000 people in the rest of the U.S. (2016 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

Deaths from suicide in 2018 occurred most frequently among White non-Hispanics (61.1%) and males (76.5%). More men between the ages of 25 and 34 years (14.0% of all suicides) committed suicide than any other age group by gender. More people committed suicide on Thursday (16.5%) than any other day of the week. More suicides occurred in April than any other month (11.6%). The fewest occurred in January (6.3%). The total number of suicides increased from 495 in 2017 to 527 in 2018 (6.5% increase).

Figure 17. Suicide Deaths by Race / Ethnicity 2018

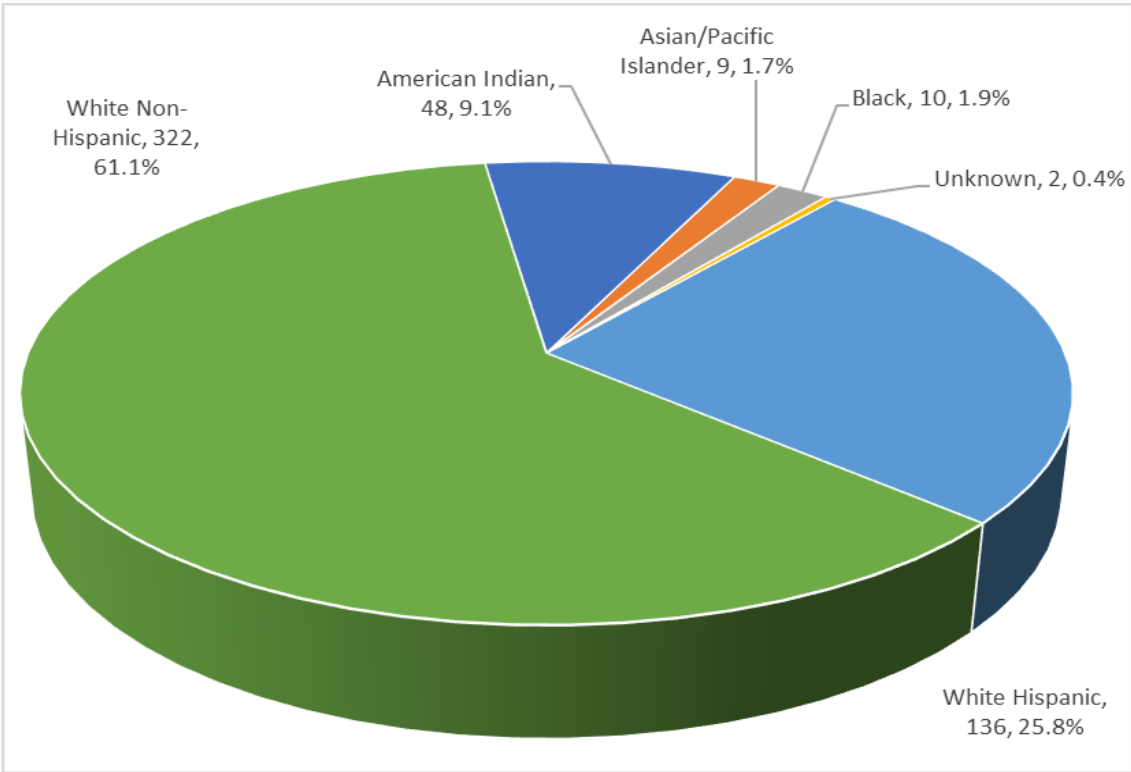


Figure 18. Suicide Deaths by Age and Gender 2018

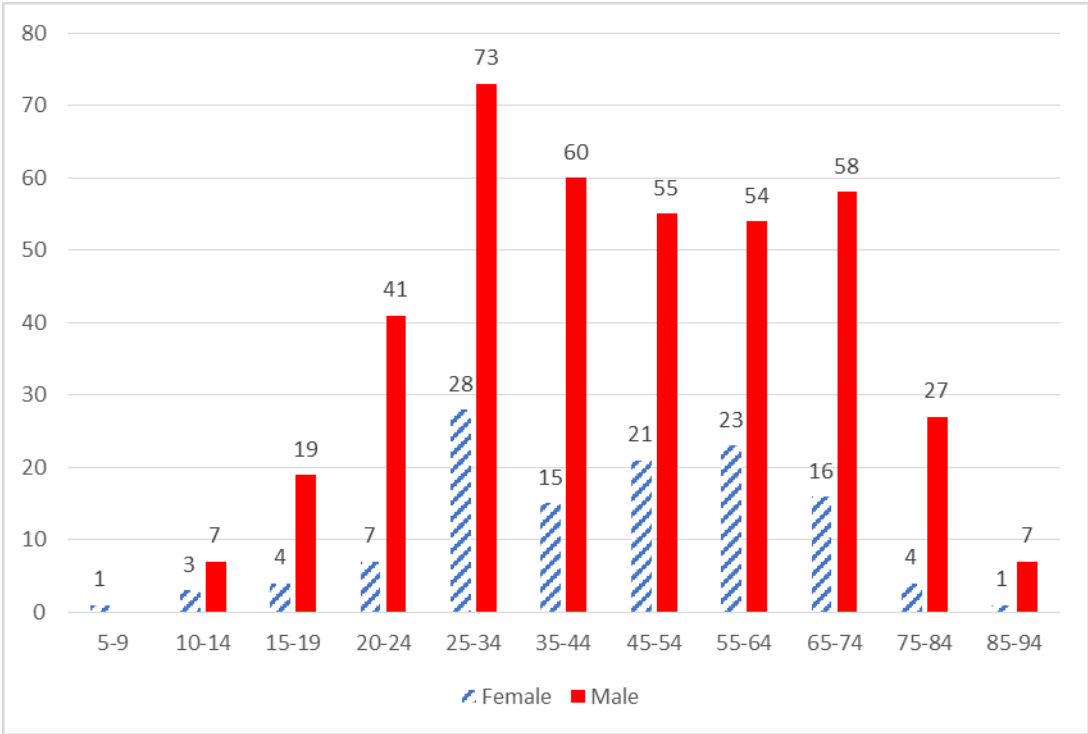


Figure 19. Suicide Deaths by Month 2018

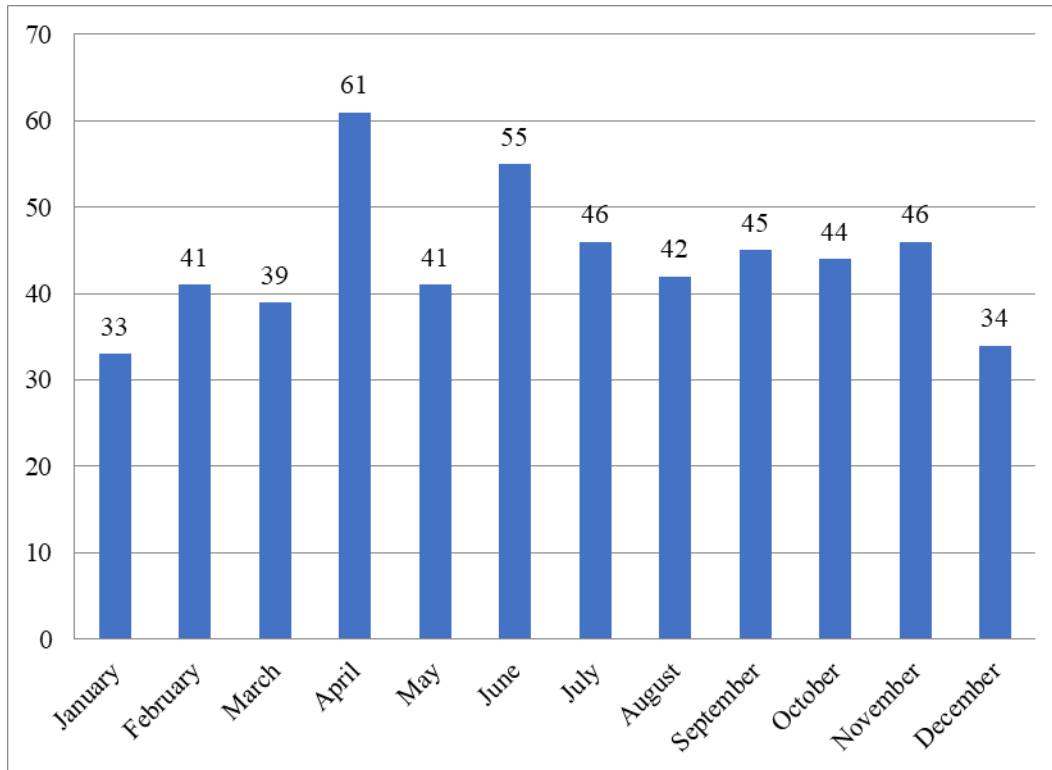


Figure 20. Suicide Deaths by Day of the Week 2018

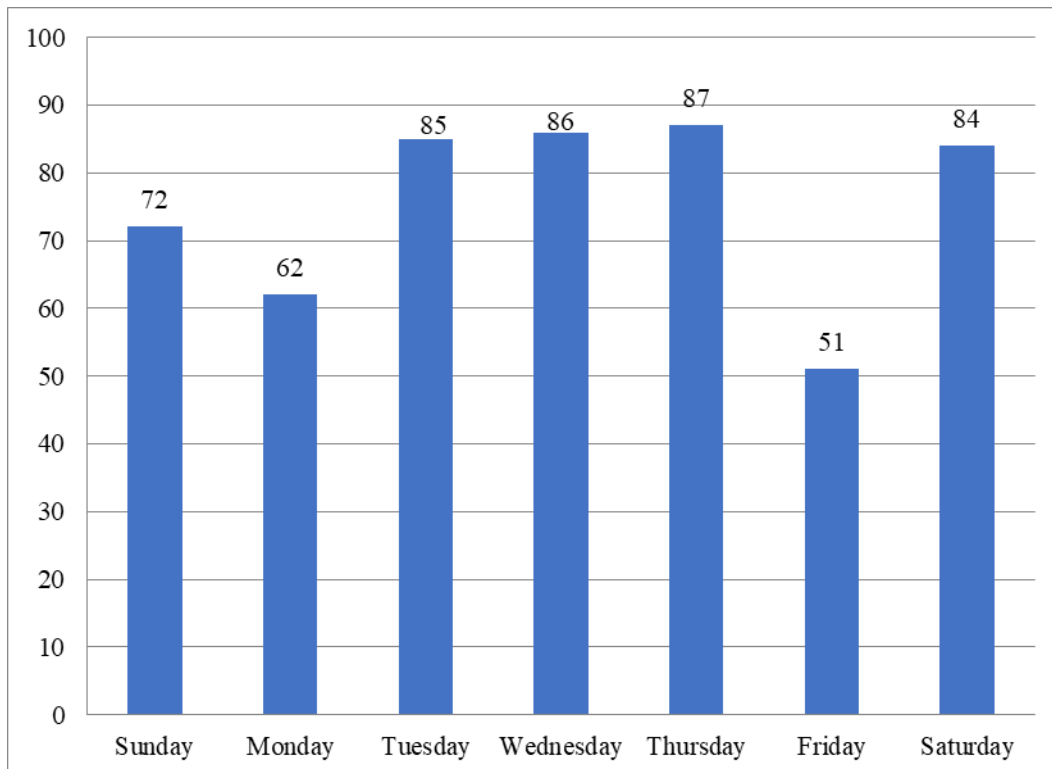


Table 8. Suicide Deaths by Cause 2018

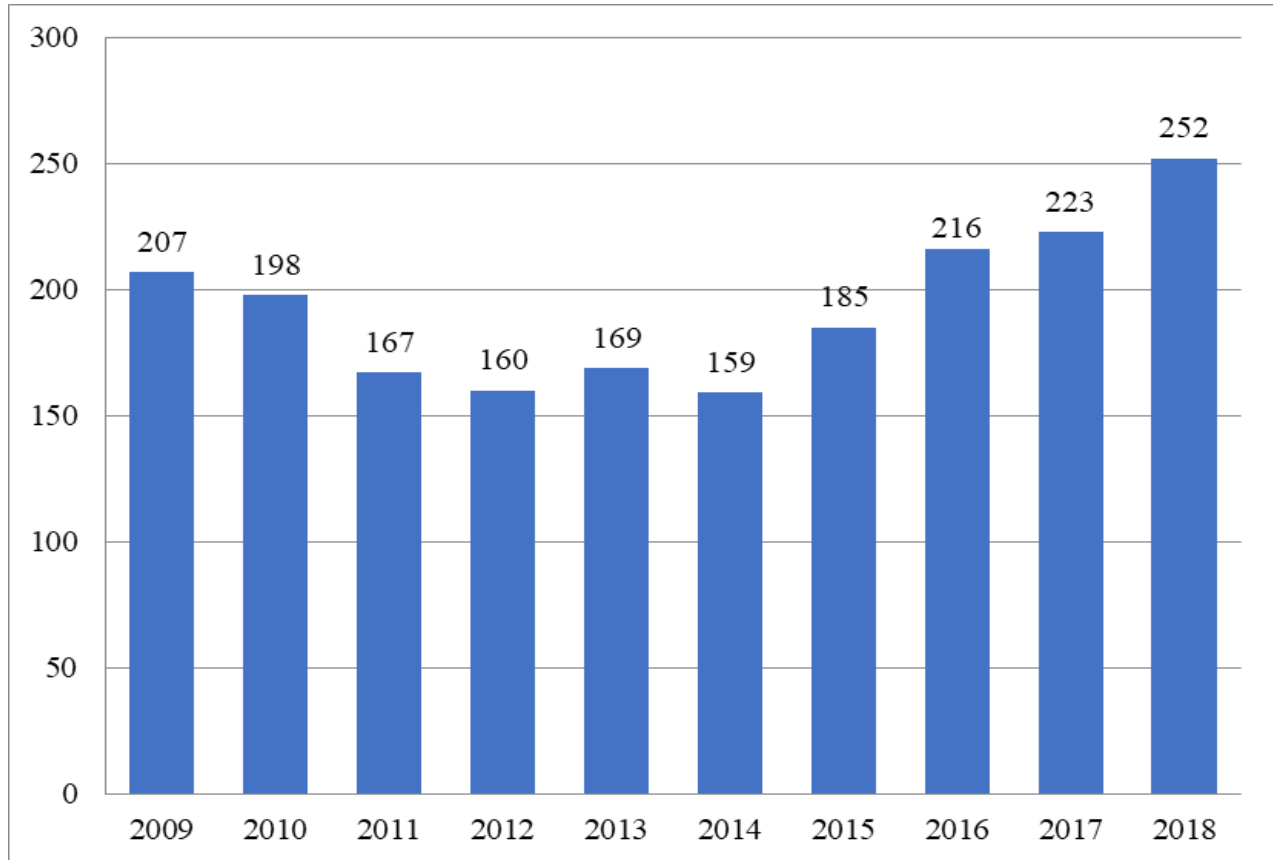
Cause of Death	Total
Gunshot wound(s)	282
Hanging	135
Substance Intoxication	71
Trauma	22
Stab Wound(s)	5
Incised wound(s)	2
Carbon Monoxide toxicity	2
Asphxia	1
Acute insulin toxicty	1
Bronchoneumonia	1
Complications of anoxic encephalopathy	1
Inhalation products of combustion	1
Strychnine poisoning	1
Suffocation	1
Multiple blunt force injuries	1
Grand Total	527

Table 9. Suicide Deaths by County of Pronouncement (2009 – 2018)

County	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Bernalillo	142	127	137	146	147	147	160	149	167	175
Catron	2	2	1	8	2	1	2	2	1	4
Chaves	11	9	12	17	18	14	13	9	10	14
Cibola	9	4	5	6	9	5	10	4	4	10
Colfax	3	3	2	5	0	5	3	5	4	10
Curry	4	6	4	6	6	5	13	10	6	12
De Baca	0	2	0	1	2	0	1	0	1	0
Dona Ana	30	38	35	34	24	30	43	33	38	36
Eddy	11	12	9	14	7	13	15	14	17	17
Grant	9	14	7	9	9	11	6	12	8	13
Guadalupe	0	2	1	3	1	2	1	0	2	2
Harding	1	0	0	0	0	0	0	0	0	0
Hidalgo	2	0	2	0	1	0	5	0	3	2
Lea	5	14	8	9	10	11	14	12	12	12
Lincoln	3	2	3	6	3	11	5	6	9	10
Los Alamos	1	1	3	0	2	1	1	3	1	3
Luna	2	6	3	4	6	3	3	10	7	4
McKinley	12	5	16	10	9	7	3	12	14	13
Mora	2	3	2	1	2	1	2	3	0	2
Otero	15	20	20	11	21	10	13	16	21	19
Quay	1	5	0	2	3	1	3	5	3	5
Rio Arriba	9	6	10	12	13	7	18	12	4	12
Roosevelt	0	1	3	1	2	2	4	4	5	2
San Juan	23	36	21	22	18	27	33	27	34	31
San Miguel	3	7	6	5	7	8	7	10	10	6
Sandoval	18	25	30	21	26	26	27	21	22	26
Santa Fe	24	23	31	31	38	34	34	46	40	34
Sierra	4	2	7	2	6	6	4	4	4	4
Socorro	5	6	2	4	4	6	7	3	5	5
Taos	8	6	13	13	13	15	9	17	19	11
Torrance	6	9	3	3	6	4	7	5	5	8
Union	2	2	2	0	0	2	0	3	3	1
Valencia	9	8	14	8	20	15	13	11	12	19
Out of State	3	6	5	5	7	1	0	0	4	5
Total	379	412	417	419	442	431	479	468	495	527

Overview – Manner of Death – Homicide Deaths

Figure 21. Homicide Deaths (2009- 2018)



Homicide Deaths – Overview

Homicides increased by 13.0% from 2017 to 2018. Homicide victims were most frequently male (79.4%) and White Hispanic (39.3%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 9.4 per 100,000 in 2016 compared to a national rate of 4.9 per 100,000 (2016 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health).

Figure 22. Homicide Deaths by Race / Ethnicity 2018

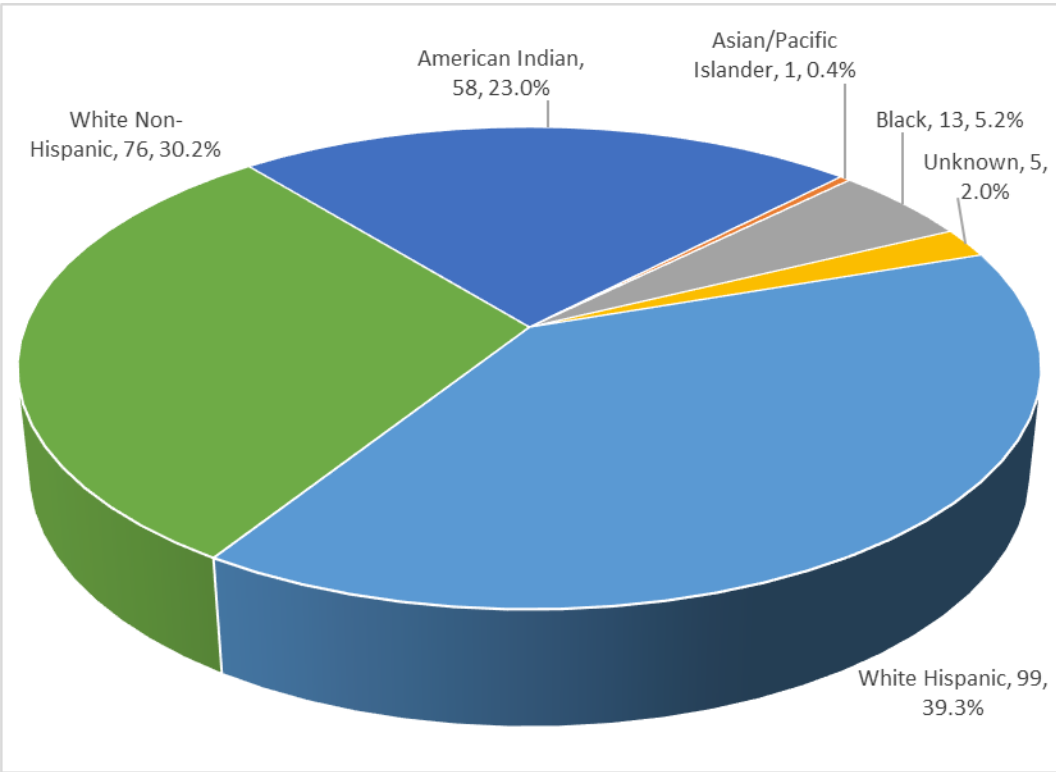


Figure 23. Homicide Deaths by Age and Gender 2018

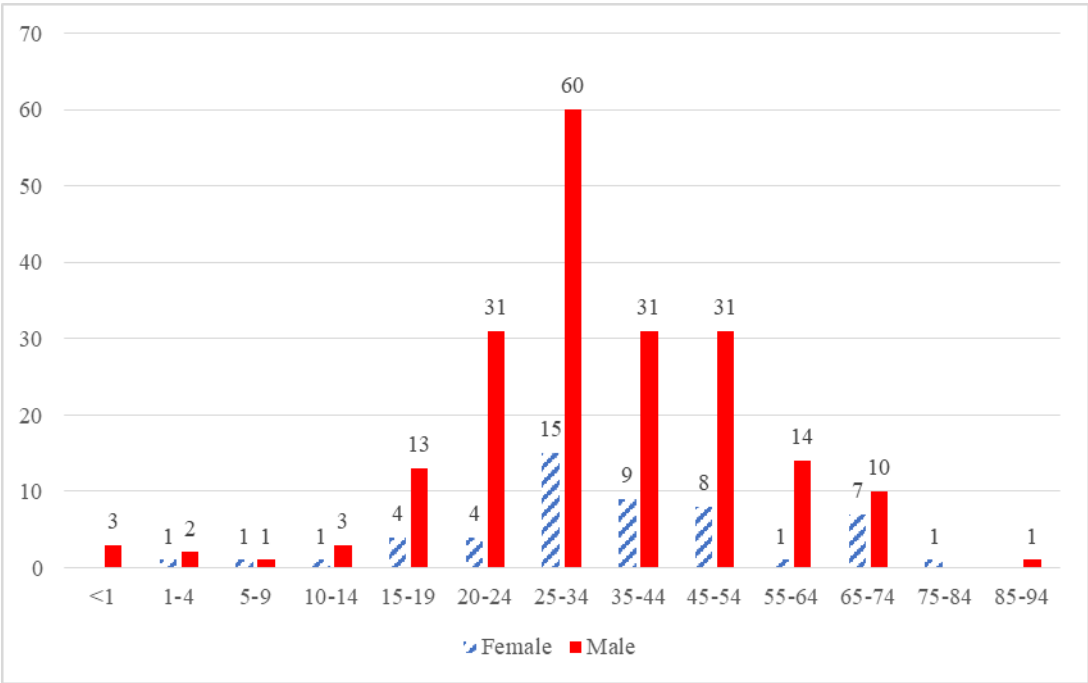


Table 10. Homicide Deaths by Cause 2018

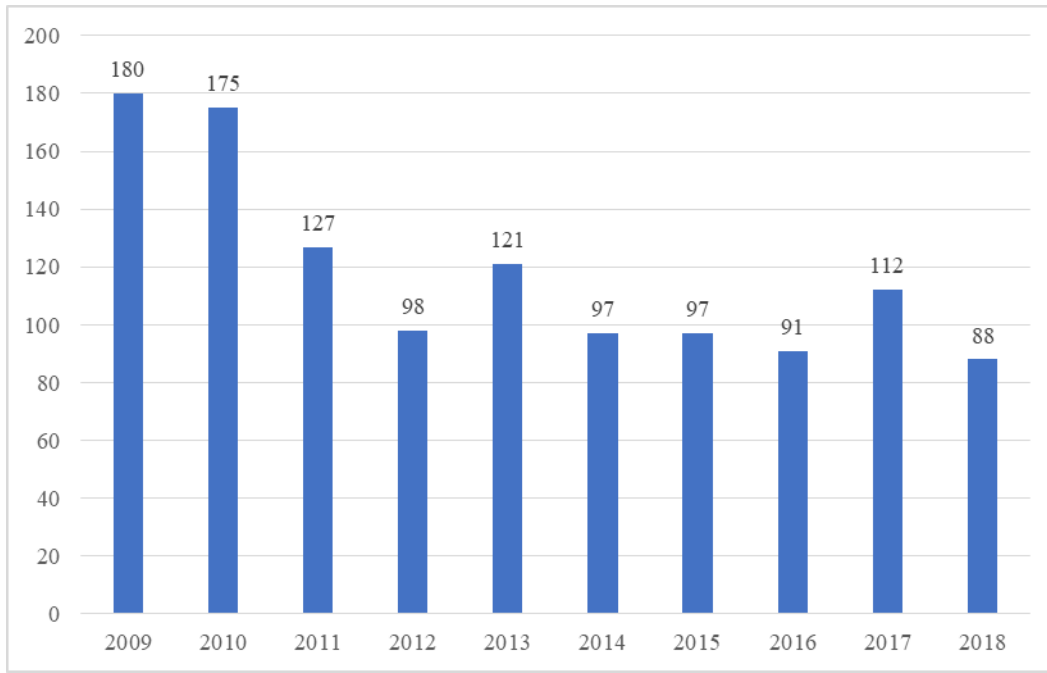
Cause of Death	Total
Gunshot wound(s)	162
Blunt Trauma	36
Stab wounds	29
Multiple Sharp Force Injuries	5
Asyphxia	4
Strangulation	5
Undetermined	3
Substance Intoxication	2
Brain Injury	2
Bronchopneumonia	1
Multiple Injuries	1
Sepsis	1
Pulmonary thromboembolism	1
Grand Total	252

Table 11. Homicide Deaths – County of Pronouncement (2009 – 2018)

County	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Bernalillo	81	74	50	56	55	55	73	87	97	109
Catron	0	0	0	0	0	0	0	0	0	0
Chaves	10	6	6	10	13	10	11	12	7	12
Cibola	3	5	3	4	1	4	3	2	5	4
Colfax	1	1	0	1	3	1	2	3	0	0
Curry	4	2	3	3	3	2	3	4	6	2
De Baca	0	0	0	0	1	0	0	0	1	1
Dona Ana	9	13	6	7	7	10	9	10	13	10
Eddy	6	3	3	7	4	3	3	9	8	4
Grant	1	1	4	1	3	1	3	4	5	0
Guadalupe	0	2	0	0	0	0	0	0	0	1
Harding	0	0	0	0	0	0	0	0	0	0
Hidalgo	0	0	1	0	0	1	0	0	0	1
Lea	8	10	10	4	7	5	8	7	2	7
Lincoln	1	0	3	1	1	0	2	2	2	2
Los Alamos	0	0	0	0	0	0	0	0	0	0
Luna	2	1	1	0	2	0	3	0	2	4
McKinley	10	8	9	11	10	11	7	13	8	13
Mora	2	0	0	0	0	0	2	1	0	0
Otero	5	4	3	0	5	2	3	4	1	7
Quay	0	1	4	3	0	0	0	2	2	1
Rio Arriba	4	8	8	9	5	1	4	1	6	9
Roosevelt	1	1	1	0	0	1	0	2	0	3
San Juan	10	11	11	11	14	13	10	11	13	15
San Miguel	5	2	4	0	3	2	3	3	3	3
Sandoval	11	3	5	3	1	7	5	9	8	10
Santa Fe	8	12	12	11	4	6	6	5	8	7
Sierra	0	1	0	1	0	1	3	2	0	1
Socorro	2	0	0	1	1	0	2	3	2	0
Taos	1	6	2	2	3	2	2	2	4	1
Torrance	0	2	0	0	1	4	3	1	1	0
Union	0	0	0	0	0	1	0	0	0	0
Valencia	4	1	6	4	4	5	5	6	3	12
Out of State	18	20	12	10	18	11	10	11	16	13
Totals	207	198	167	160	169	159	185	216	223	252

Overview – Manner of Death – Undetermined Deaths

Figure 24. Undetermined Deaths (2009 – 2018)



Undetermined Deaths – Overview

All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by OMI. In a very small percentage of cases (less than 1% most years) 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.

Figure 25. Undetermined Deaths by Race / Ethnicity 2018

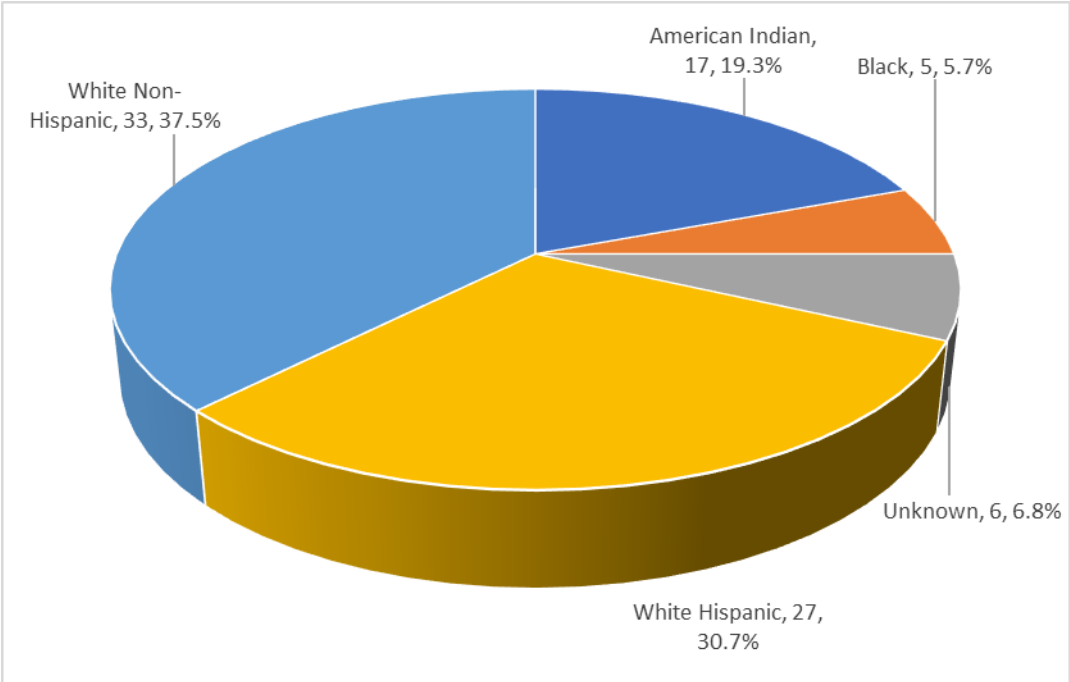
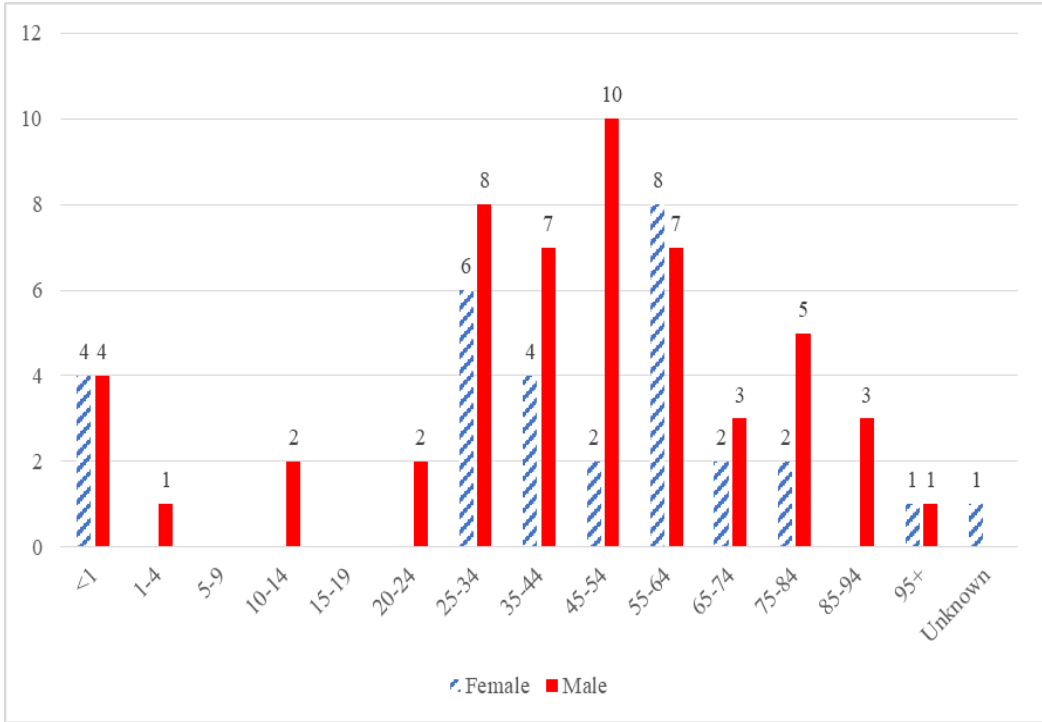
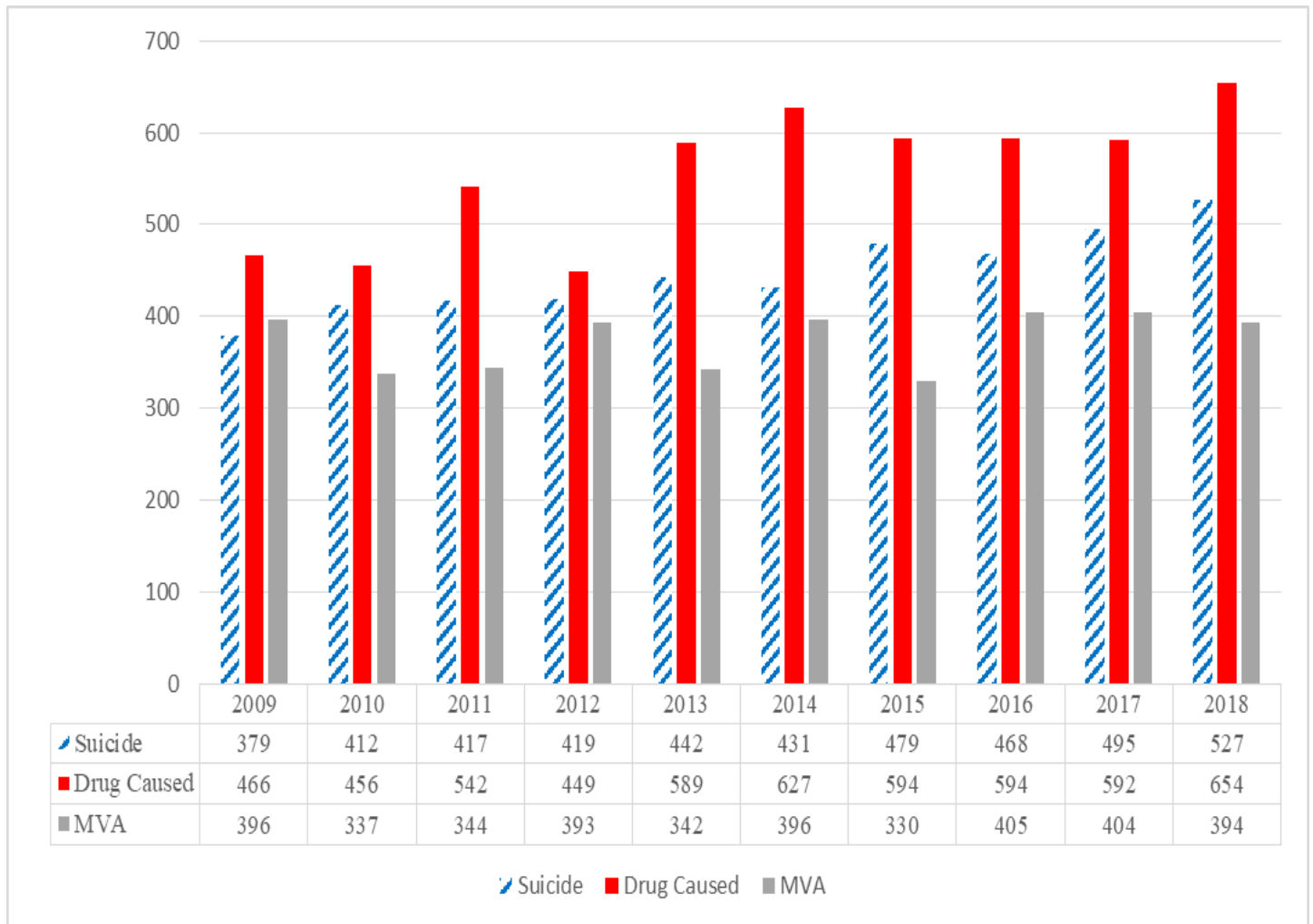


Figure 26. Undetermined Deaths by Age and Gender 2018



New Mexico versus National Trends Highlight: Suicide, Drug Caused and Motor Vehicle Accidents (MVA) Deaths

National mortality trends are seeing an increase in both suicide and drug caused deaths which are beginning to overtake MVA deaths nationally (<https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/>, <https://www.cdc.gov/media/releases/2018/p0607-suicide-prevention.html>). This trend in New Mexico has been evident over the past 10 years though the rates of both drug caused and suicide deaths are continuing to rise as MVA deaths remain relatively steady. OMI data does contain a small percentage of out of state decedents and does not include all federal and tribal lands deaths. Please refer to the New Mexico Department of Health for additional detailed information on New Mexico decedents.



Deaths of Children (19 years of age and younger)

Figure 27. Children/Deaths (2009 – 2018)

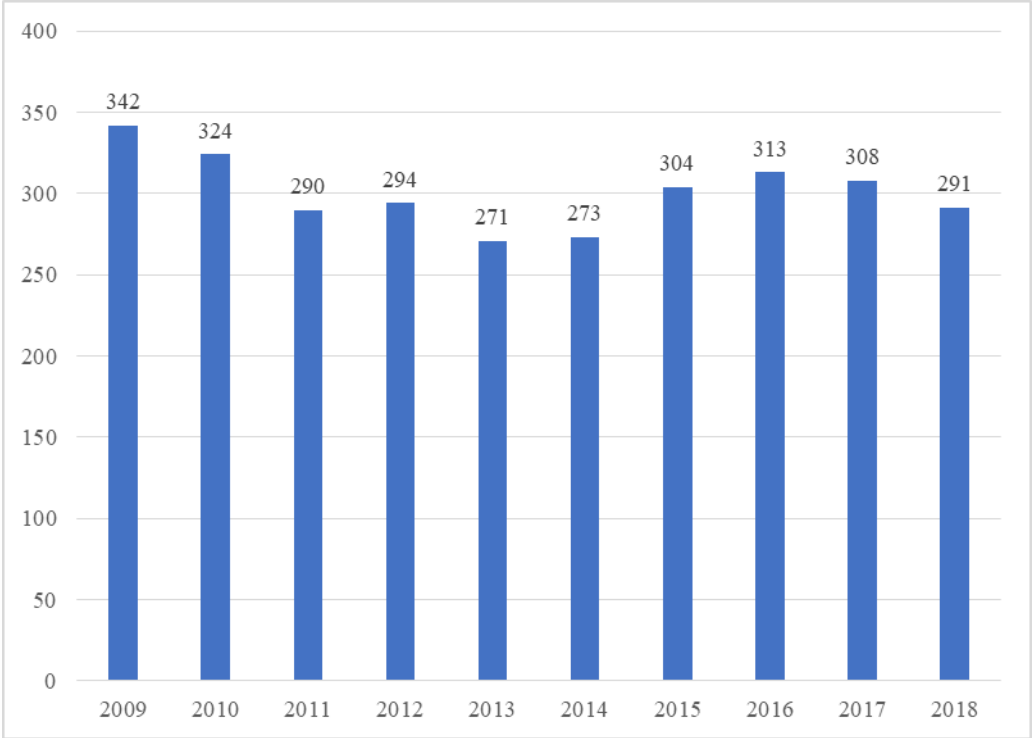


Figure 28. Children/Deaths by Race / Ethnicity 2018

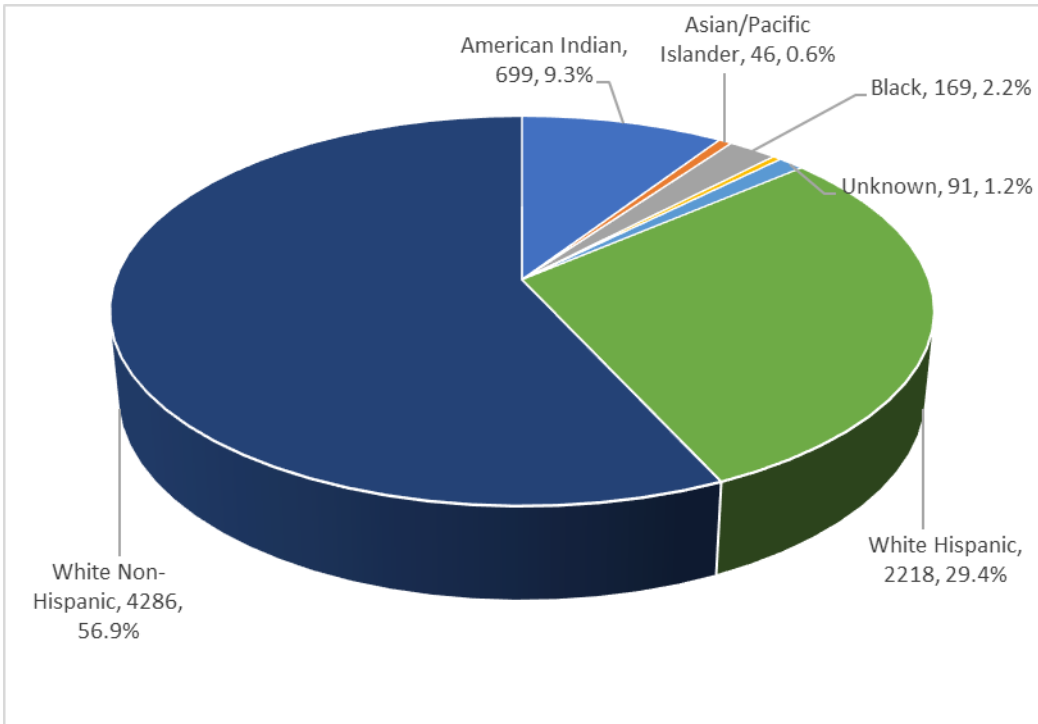


Figure 29. Children / Deaths by Age and Gender 2018

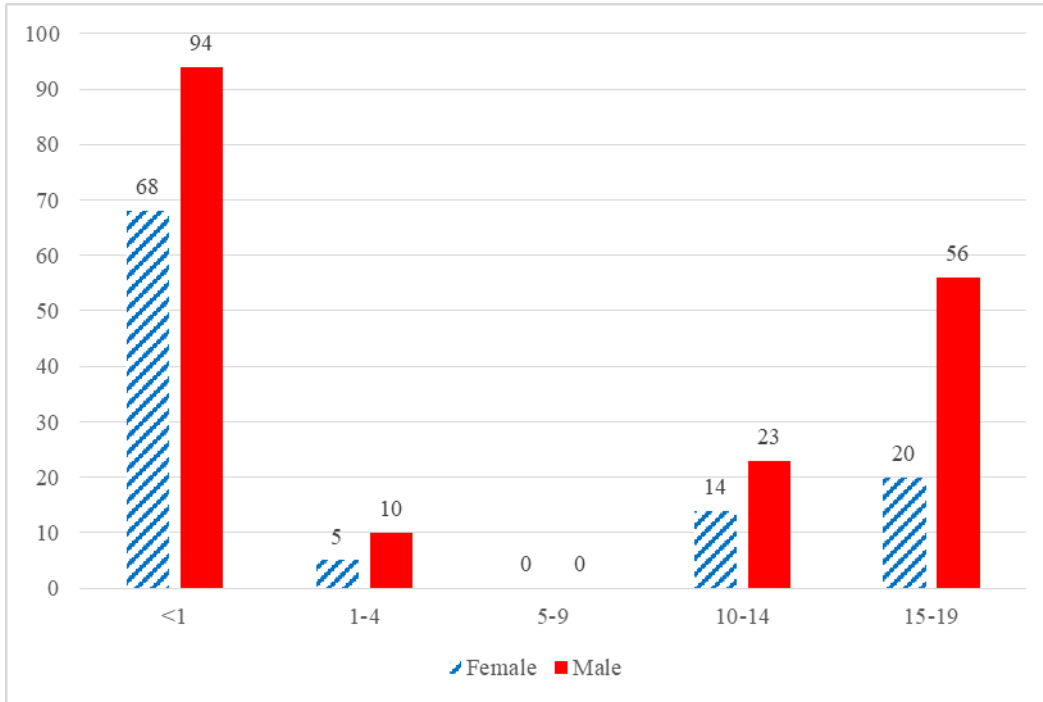
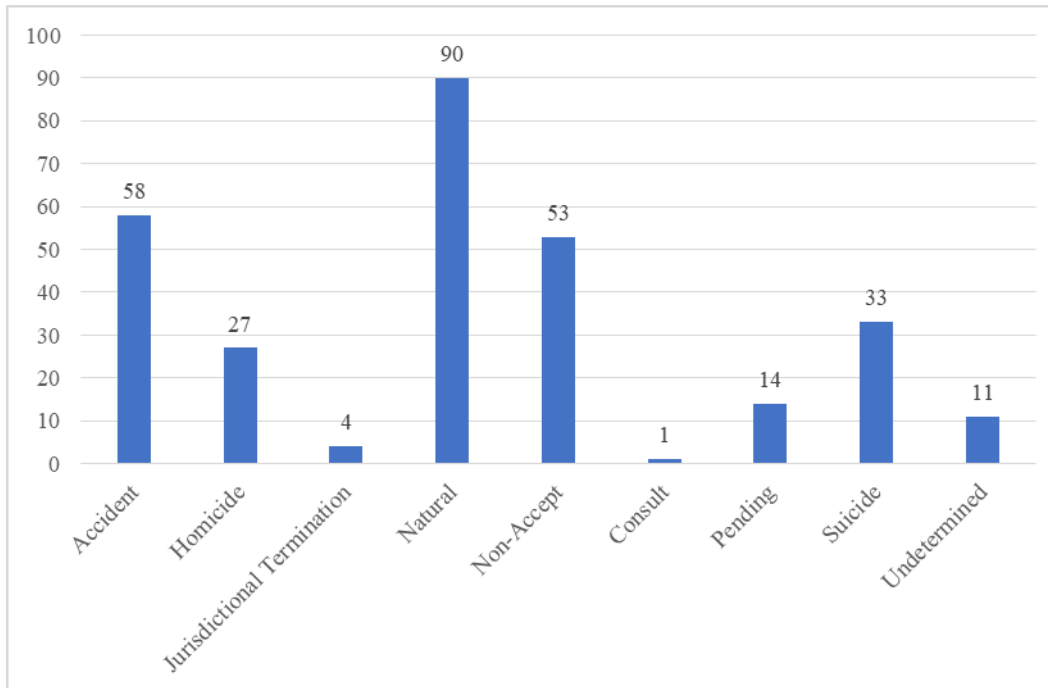


Figure 30. Children / Deaths by Manner of Death 2018



Overview – Children by Manner of Death (Natural Deaths)

Figure 31. Children / Natural Manner of Deaths (2009 – 2018)

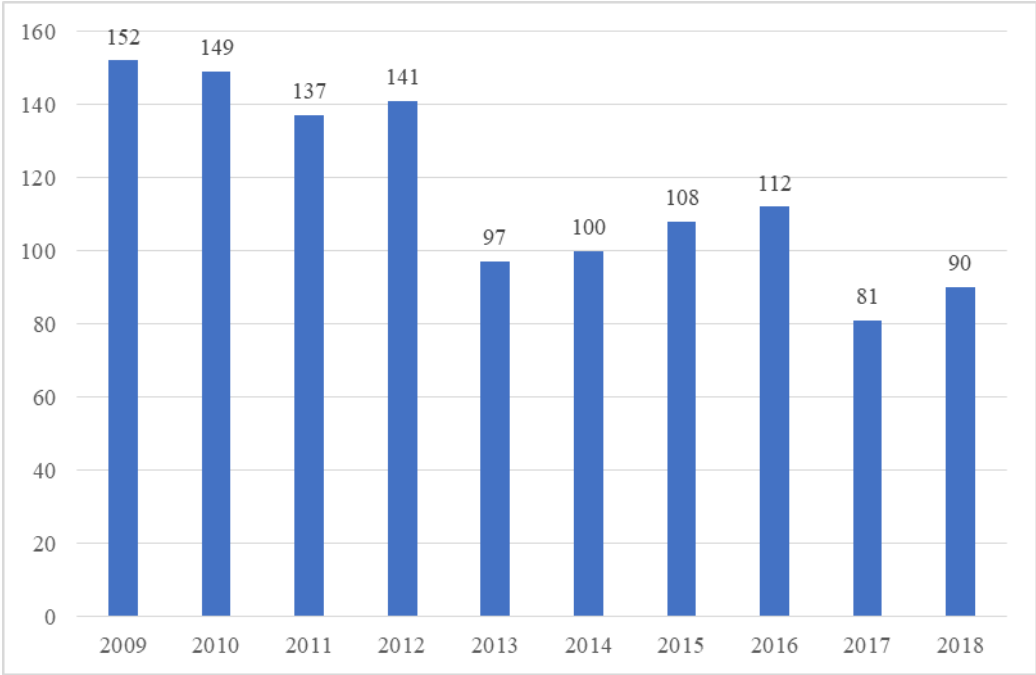


Figure 32. Children/Natural Deaths by Race / Ethnicity 2018

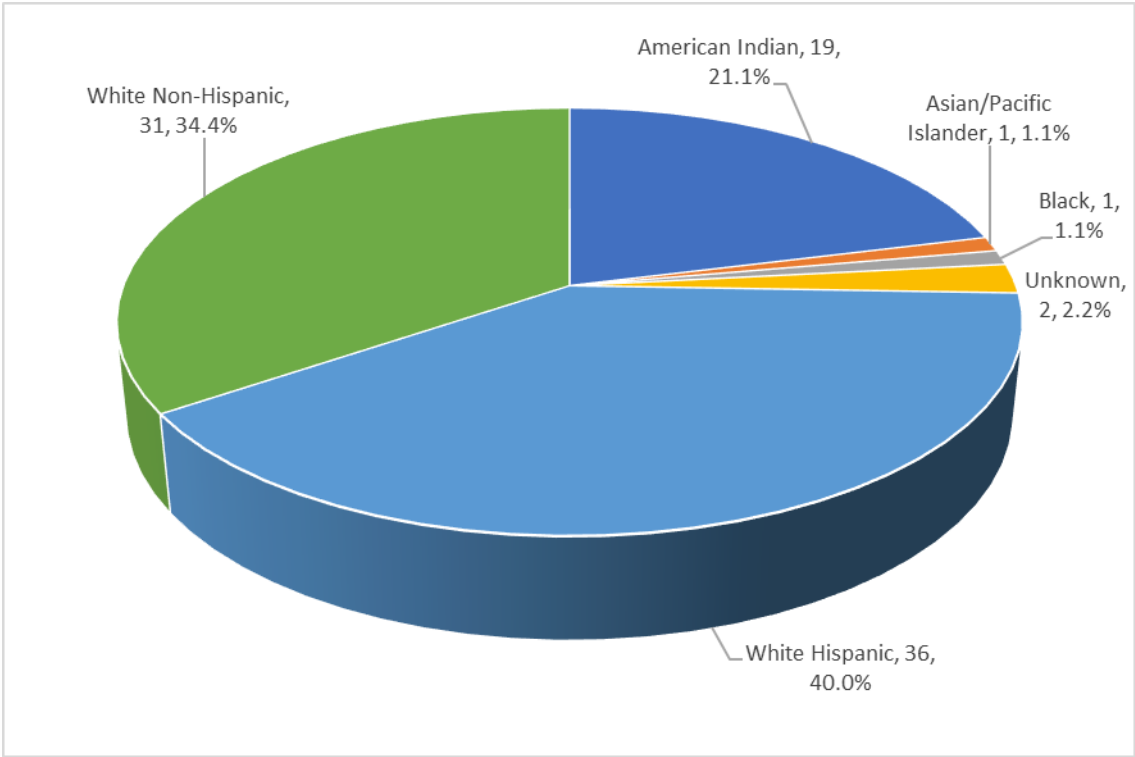
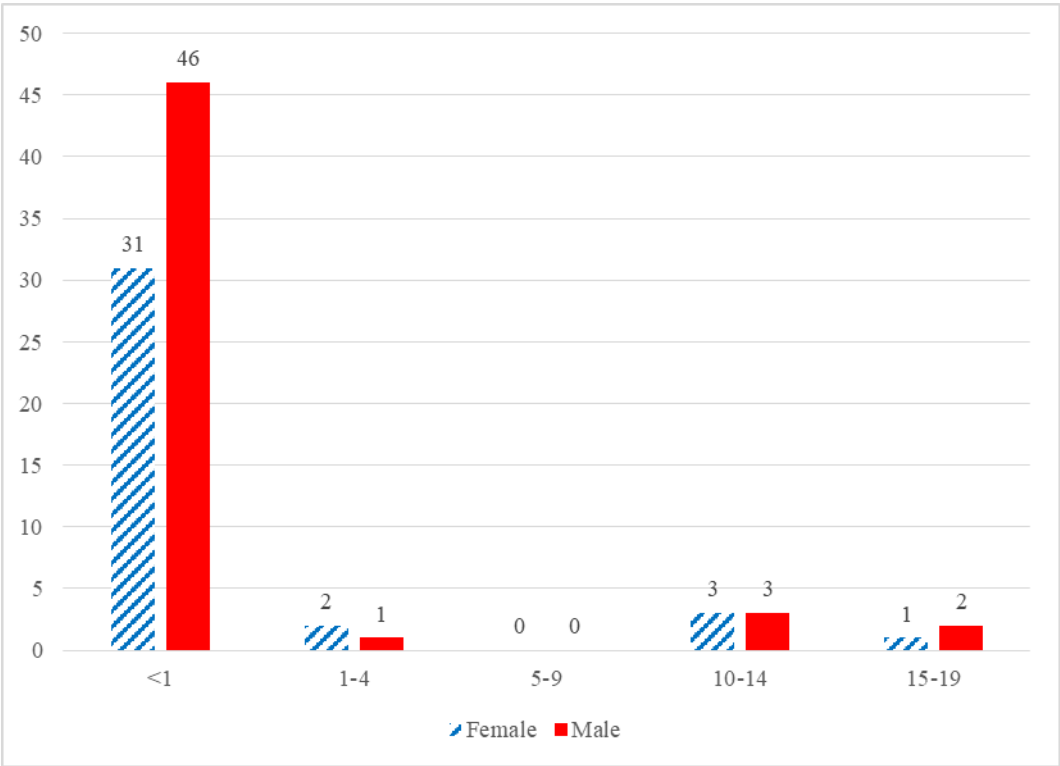


Figure 33. Children / Natural Deaths by Age and Gender 2018



Overview – Children by Manner of Death (Accidental Deaths)

Figure 34. Children / Accidental Deaths (2009 – 2018)

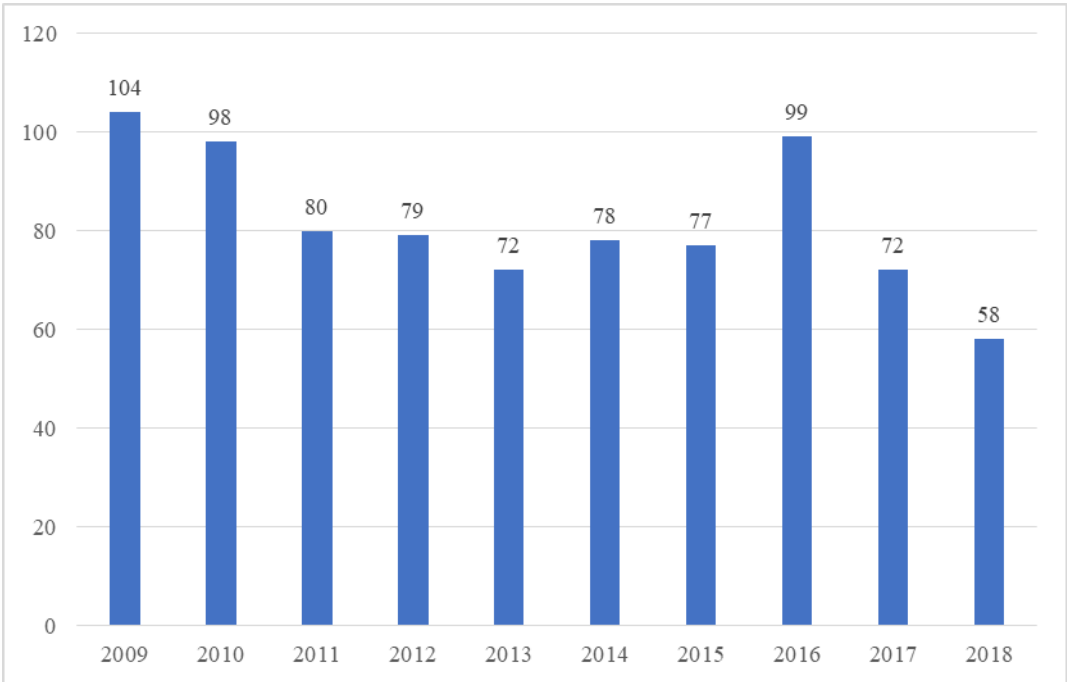


Figure 35. Children / Accidental Deaths by Race / Ethnicity 2018

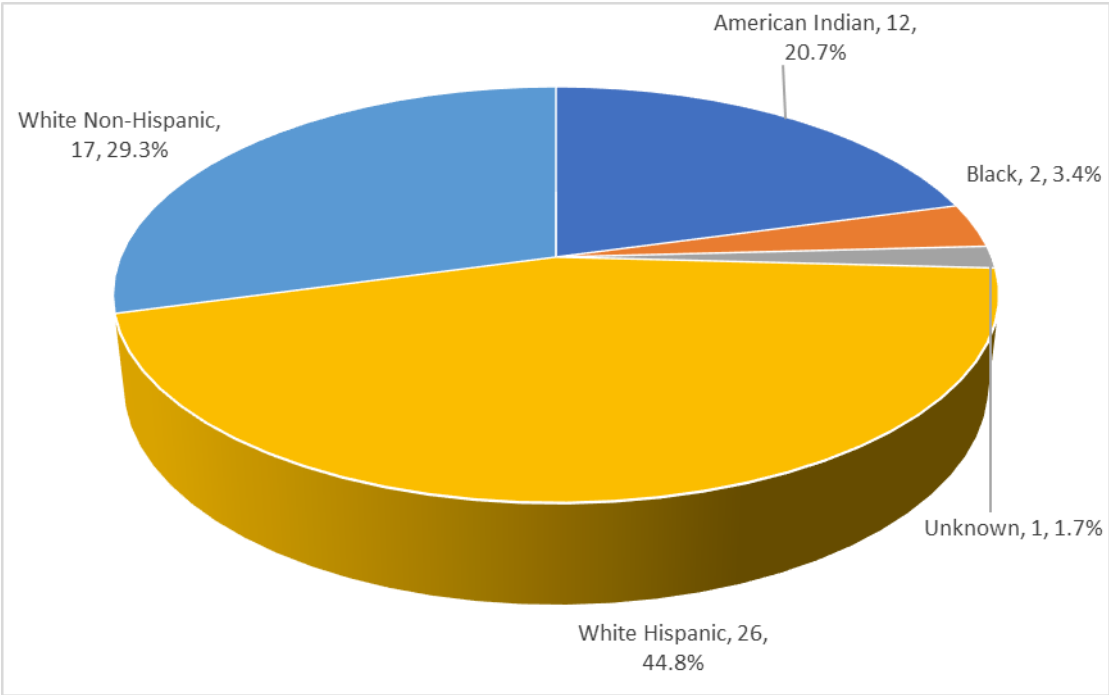


Figure 36. Children / Accidental Deaths by Age and Gender 2018

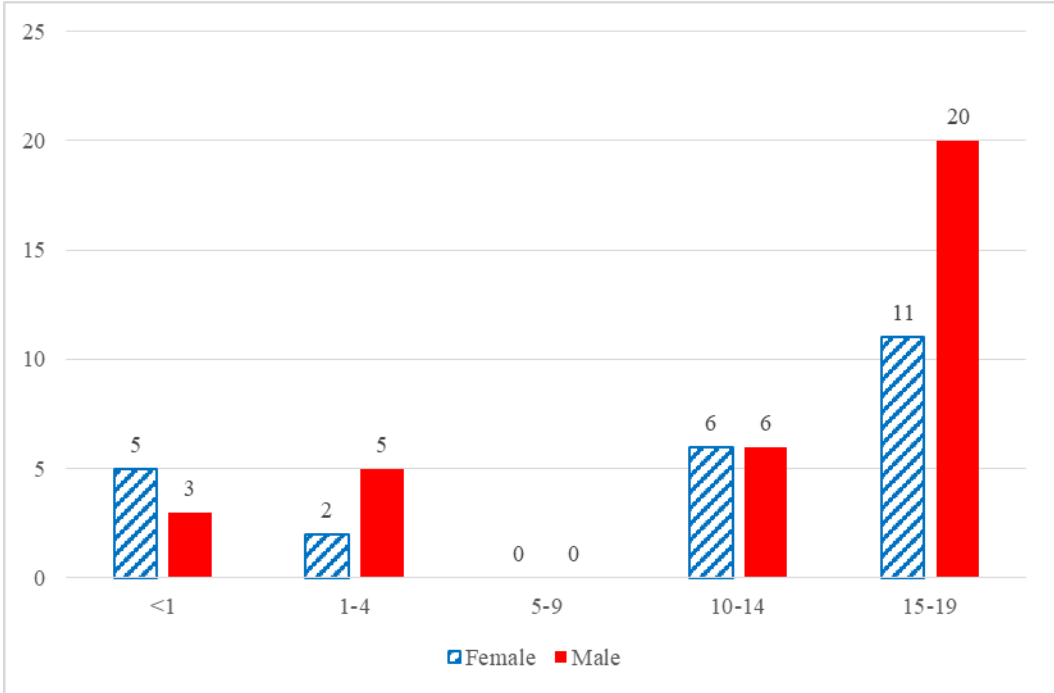


Table 12. Children / Accidental Deaths – Cause 2018

Cause of Death	Total
Blunt trauma	33
Substance intoxication	10
Drowning	4
Suffocation	3
Asphyxia	3
Sudden Unexpected Death in Epilepsy	2
Choking	1
Prematurity	1
Pulmonary hypoplasia	1
Grand Total	58

Overview – Children by Manner of Death (Suicide)

Figure 37. Children / Suicide Deaths (2009 – 2018)

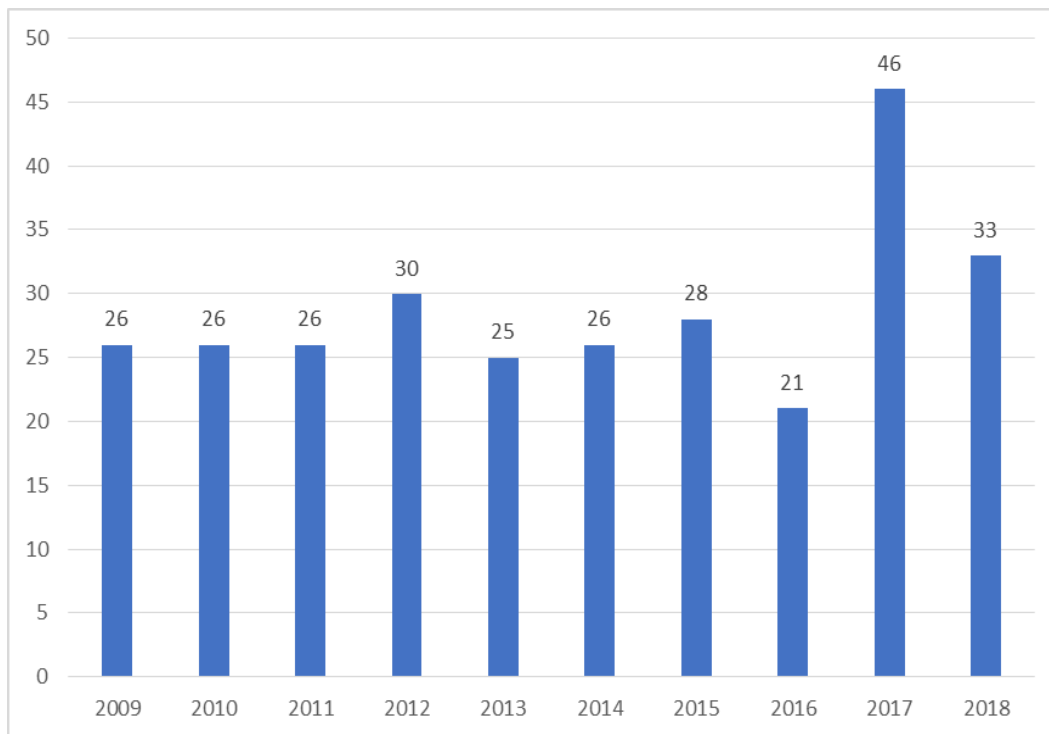


Figure 38. Children / Suicide Deaths by Race/Ethnicity 2018

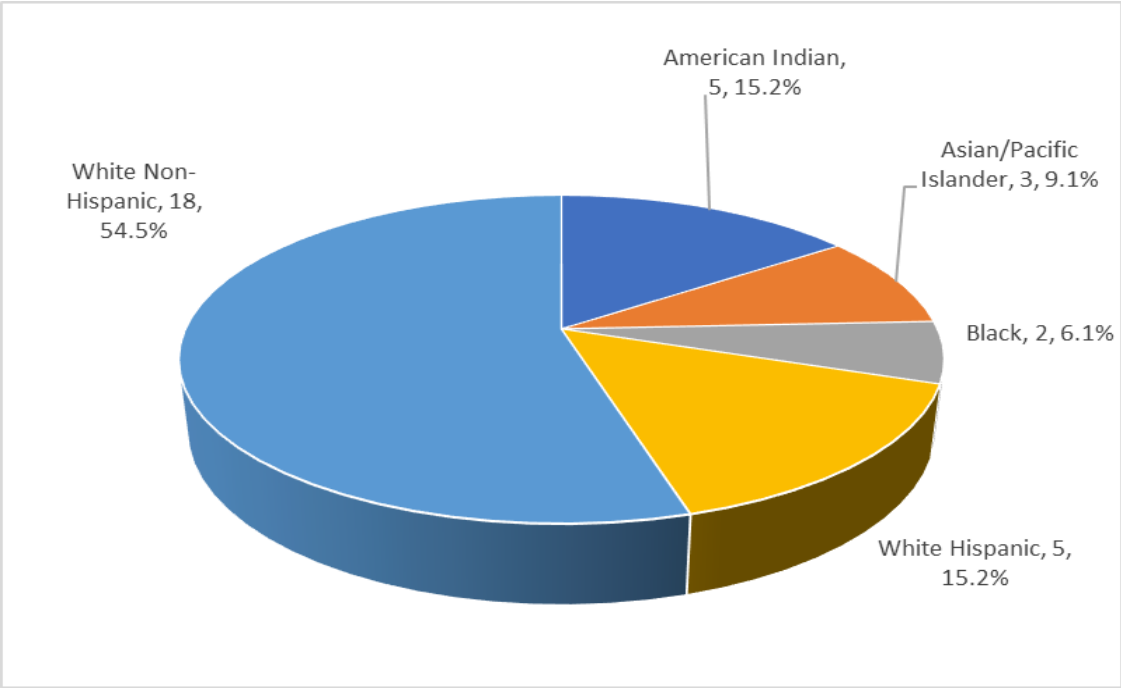


Figure 39. Children / Suicide Deaths by Age and Gender 2018

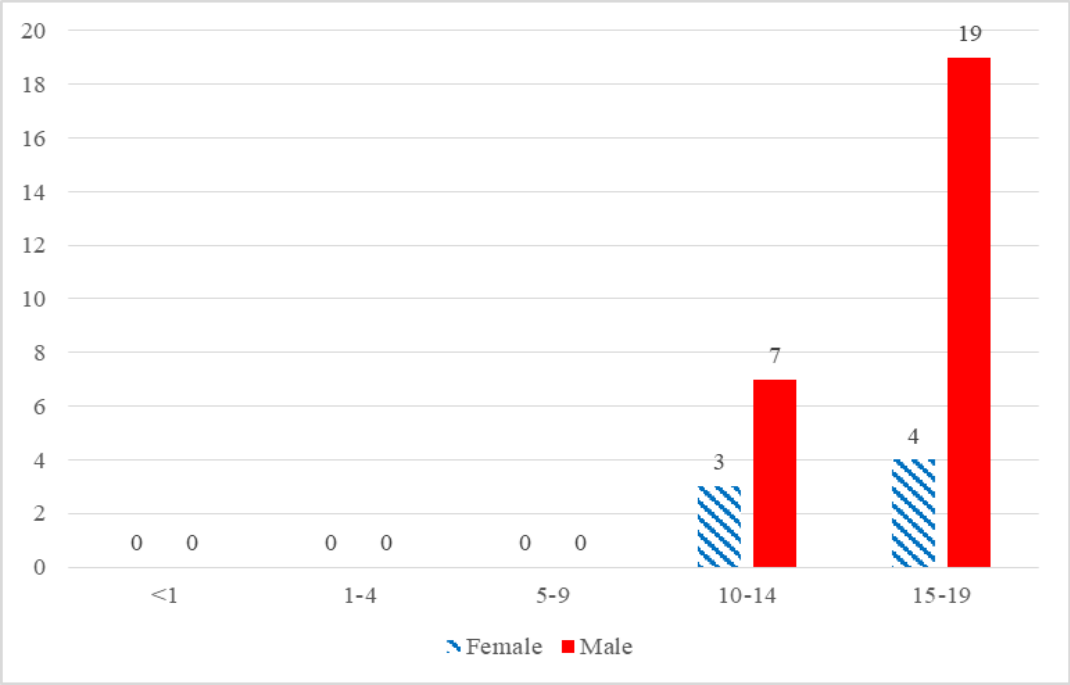


Figure 40. Children / Suicide Deaths by Month 2018

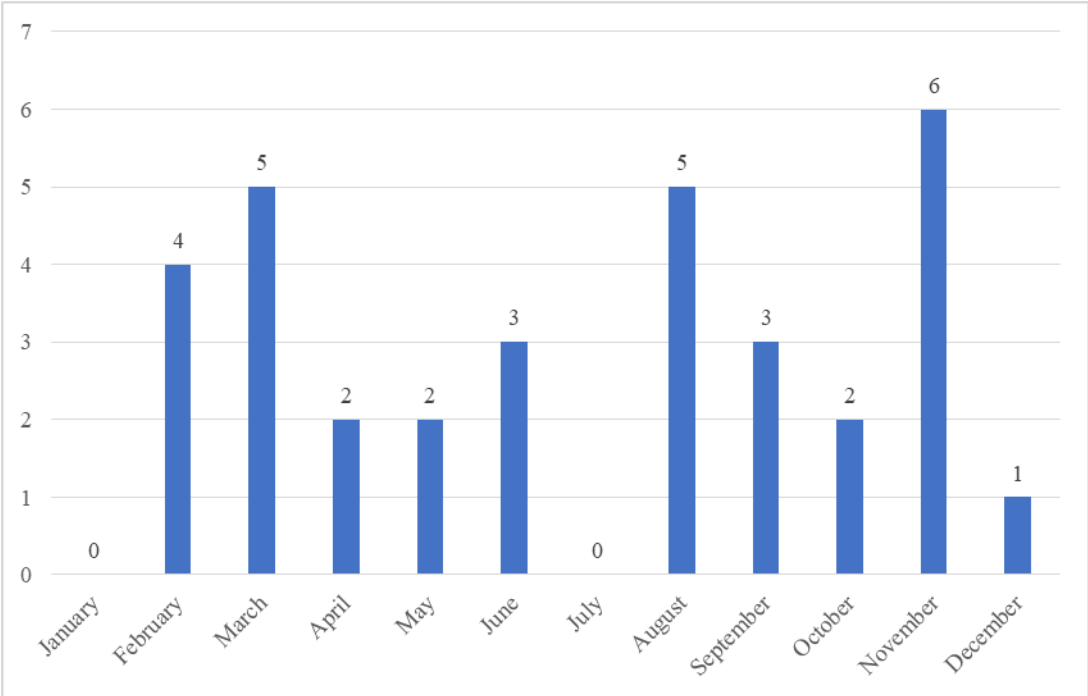


Figure 41. Children / Suicide Deaths by Day of Week 2018

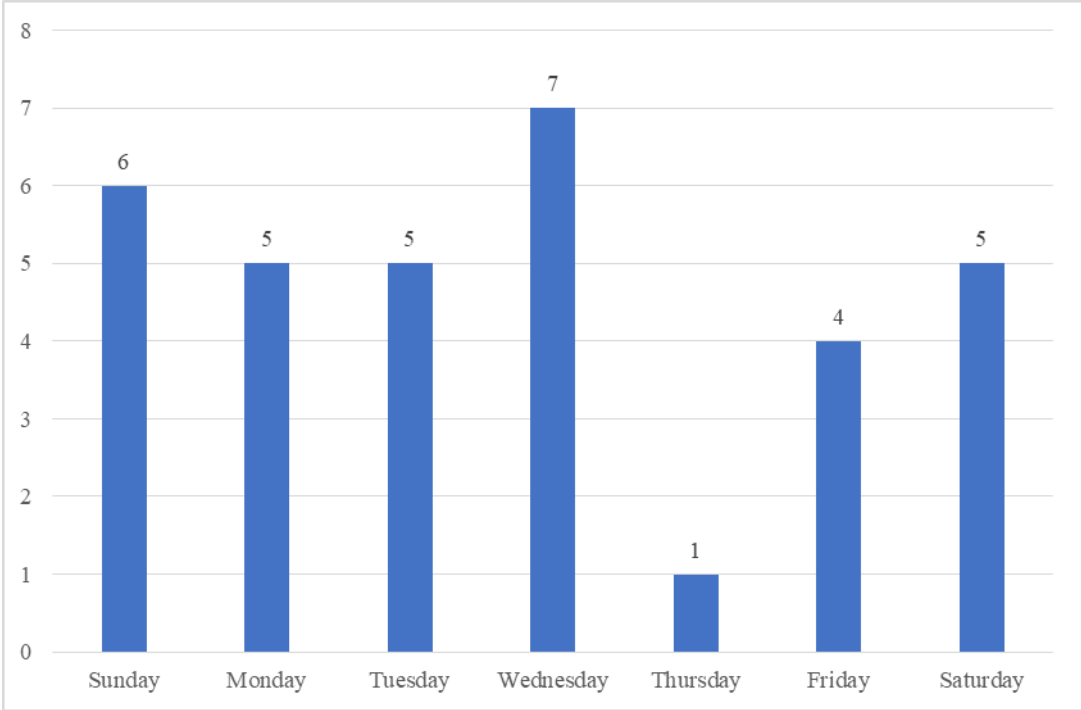


Table 13. Children / Suicide Deaths by Cause 2018

Cause of Death	Total
Hanging	17
Gunshot wound(s)	12
Substance intoxication	2
Blunt trauma	1
Suffocation	1
Grand Total	33

Overview – Children by Manner of Death (Homicide)

Figure 42. Children / Homicide Deaths (2009 – 2018)

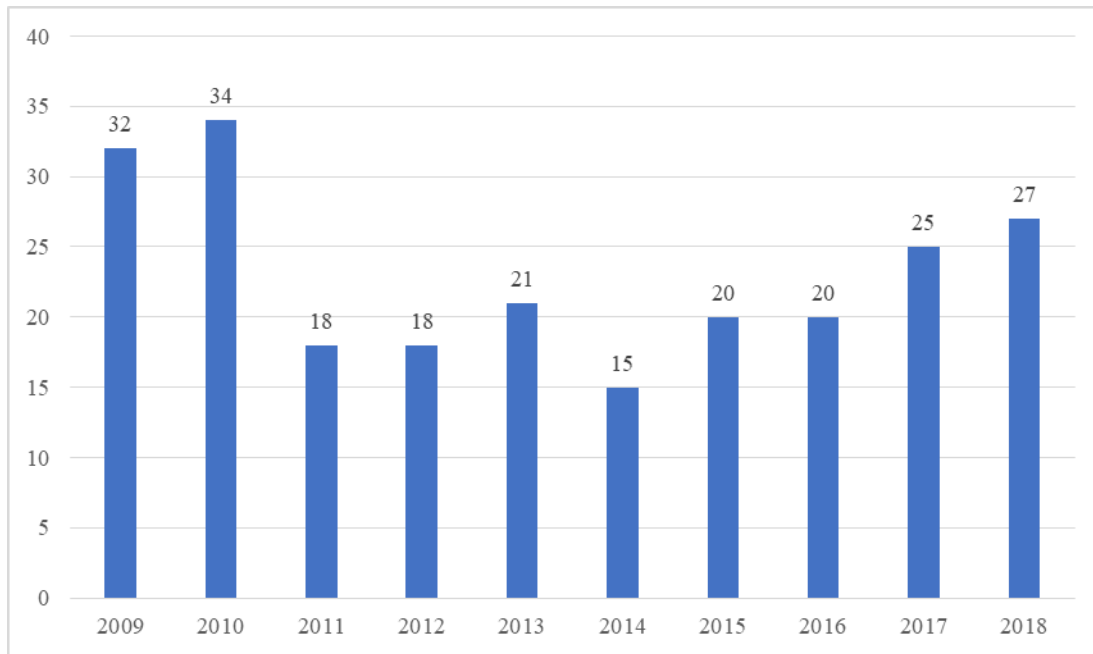


Figure 43. Children / Homicide Deaths by Race/Ethnicity

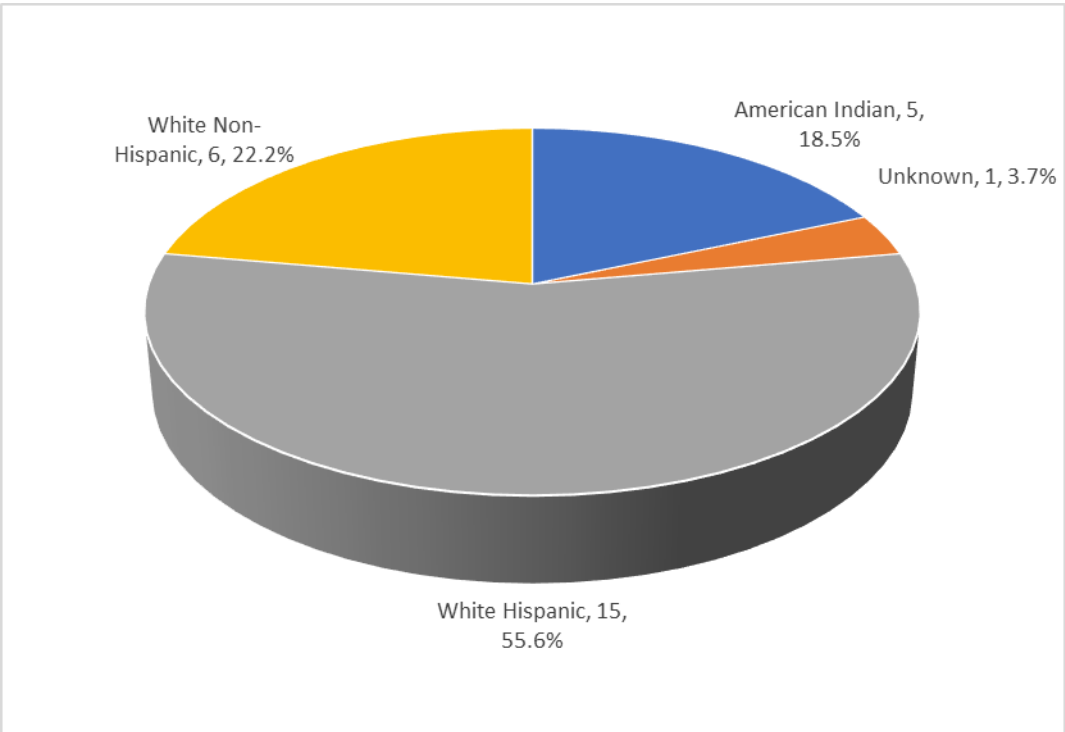


Figure 44. Children / Homicide Deaths by Age and Gender 2018

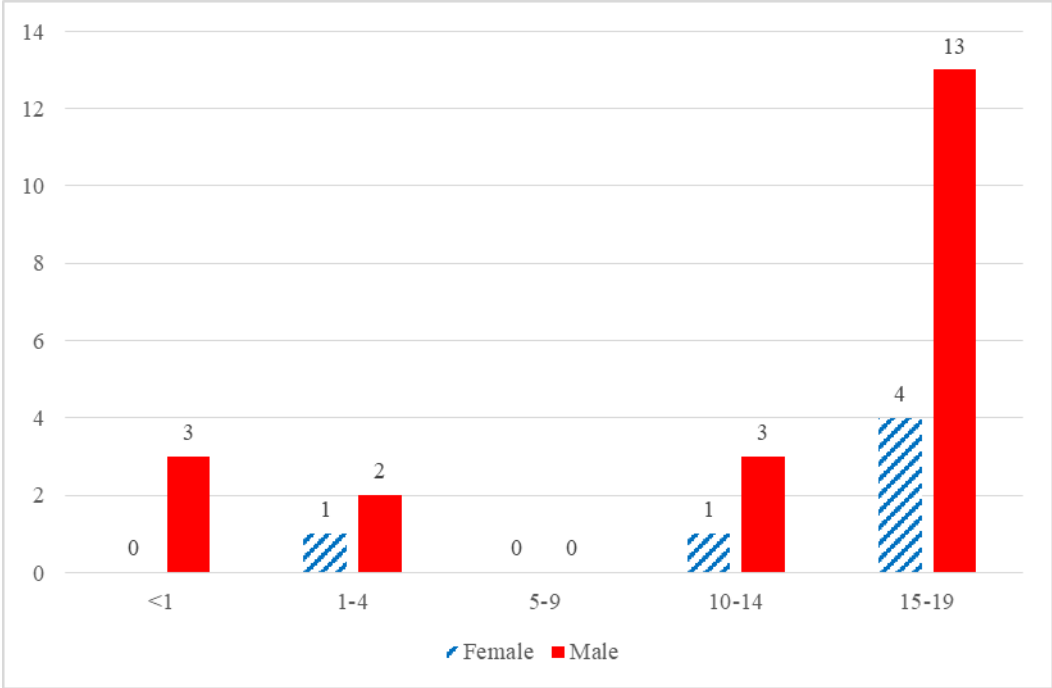


Table 14. Children / Homicide Deaths by Cause 2018

Cause of Death	Total Cases
Gunshot wound(s)	16
Blunt trauma	9
Complications of remote anoxic brain injury	1
Stab wounds	1
Grand Total	27

Overview – Children by Manner of Death (Undetermined)

Figure 45. Children / Undetermined Deaths (2009 – 2018)

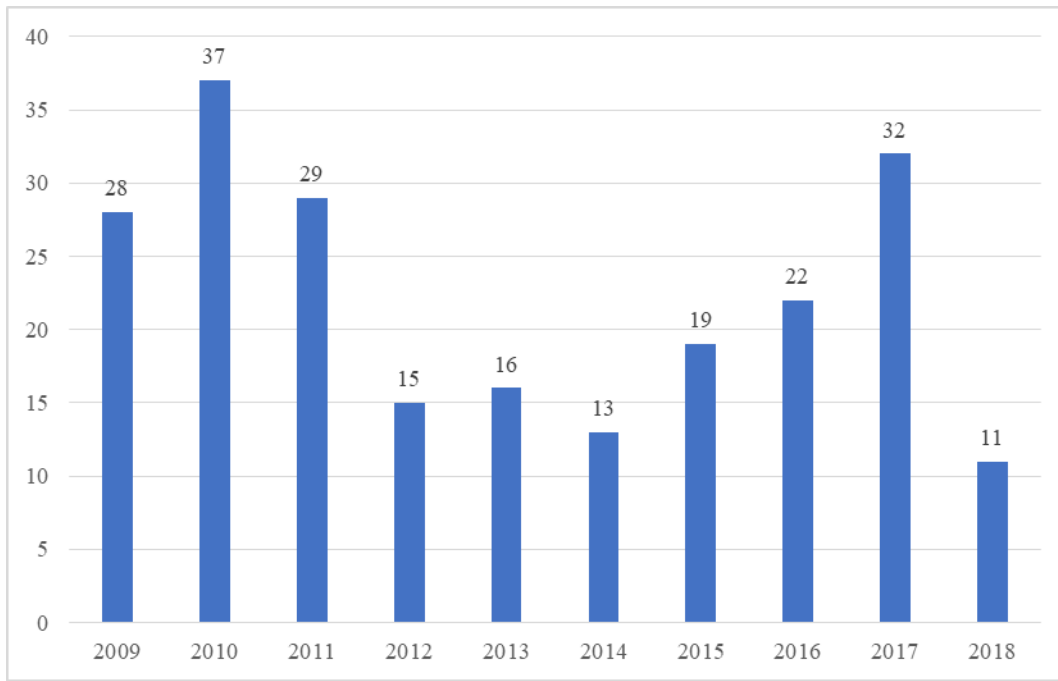


Figure 46. Children / Undetermined Deaths by Race / Ethnicity 2018

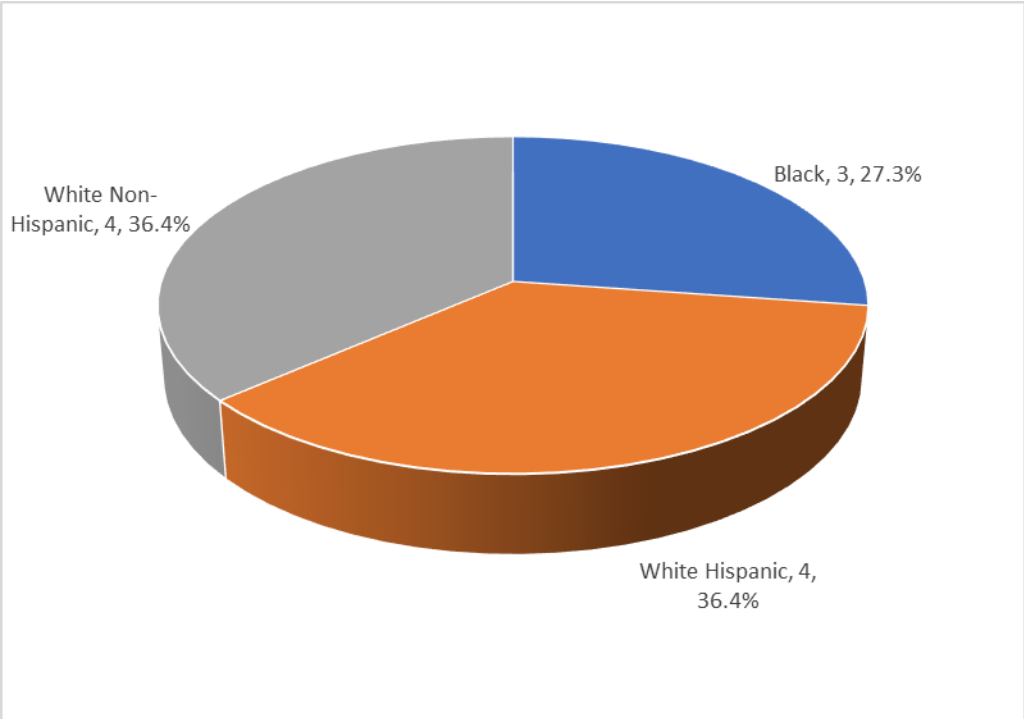


Figure 47. Children / Undetermined Deaths by Age and Gender 2018

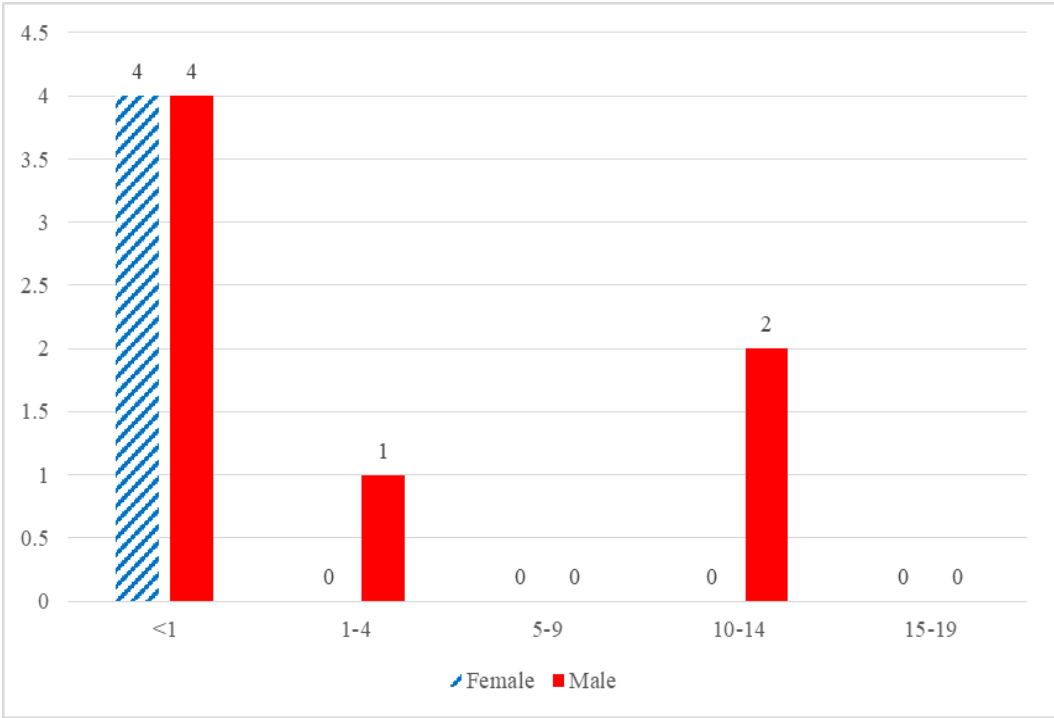


Table 15. Children / Undetermined Deaths by Cause 2018

Cause of Death	Total Cases
Undetermined	8
Asphyxia and hypothermia (environmental exposure)	1
Gunshot wound of head	1
Shotgun wound of head	1
Grand Total	11

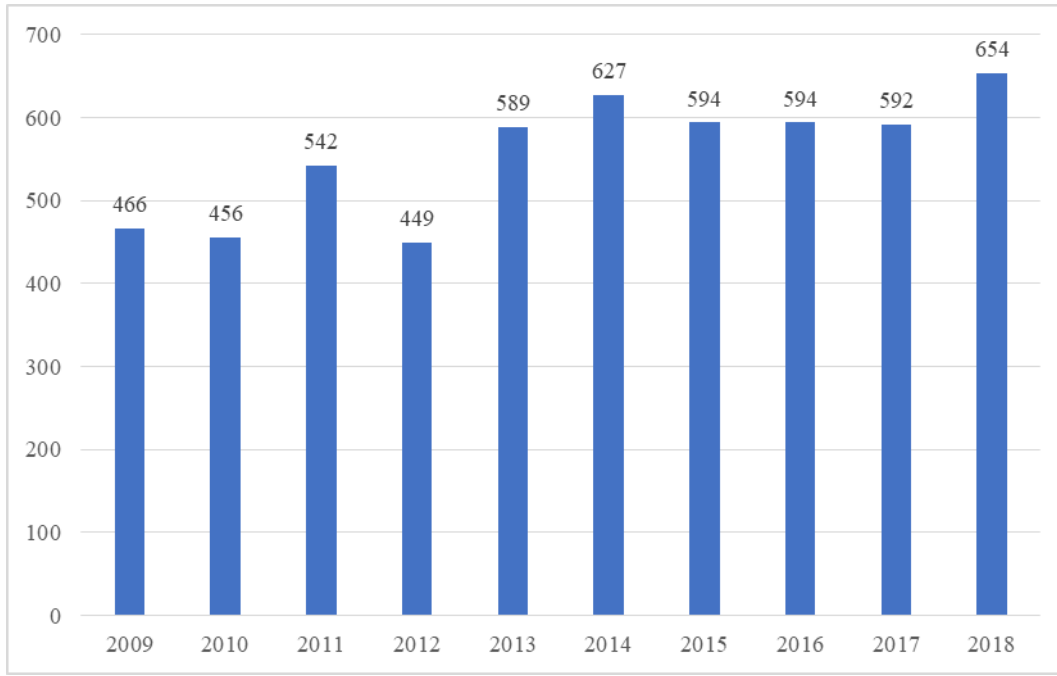
Deaths of Children in New Mexico – Summary

The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger. The 291 deaths of people aged 19 and younger represented 3.9% of all deaths investigated by the OMI in 2018. Male decedents comprised 62.9% of the total deaths in children. The most common manner of death among children was natural, contributing 30.9% of the total. There were 33 suicides among children in 2018. Suicide deaths were more common among young males (78.8%) than females (21.2%), and hanging was the most common method of suicide in children. The total number of childhood homicides increased from 25 homicides in 2017 to 27 in 2018. Homicide deaths among children tended to be male (77.8%), White Hispanic (56.0 %) and killed by a firearm (59.3%). The majority of childhood homicide victims (62.9%) were between the ages of 15 and 19. Firearms played a role in 12 suicides (36.4% of total child suicides) and 16 homicides (59.3% of child homicides). Homicide rates increased by 8% from 2017 to 2018 with the largest homicide population impacting the age group 15–19 years.

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 four panels: Suicide, Sudden Unexplained Infant Death (SUID), 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.

Drug Caused Deaths

Figure 48. Drug Caused Deaths (2009 – 2018)



Drug Caused Deaths – Overview

Drug overdose deaths continue to be a problem in New Mexico. A wide variety of drugs, both illegal and prescription, contributed to the 654 drug-caused deaths. There was a 10.4% increase in overall drug caused deaths from 2017 to 2018. Many decedents had more than one drug present at the time of death. The most drug-caused deaths being seen in males ages 35-44 years (17.6%). The OMI designation of 'drug-caused deaths' includes both intentional (suicide, homicide) and unintentional (accidental) drug overdoses.

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.

Figure 49. Drug Caused Deaths by Race / Ethnicity 2018

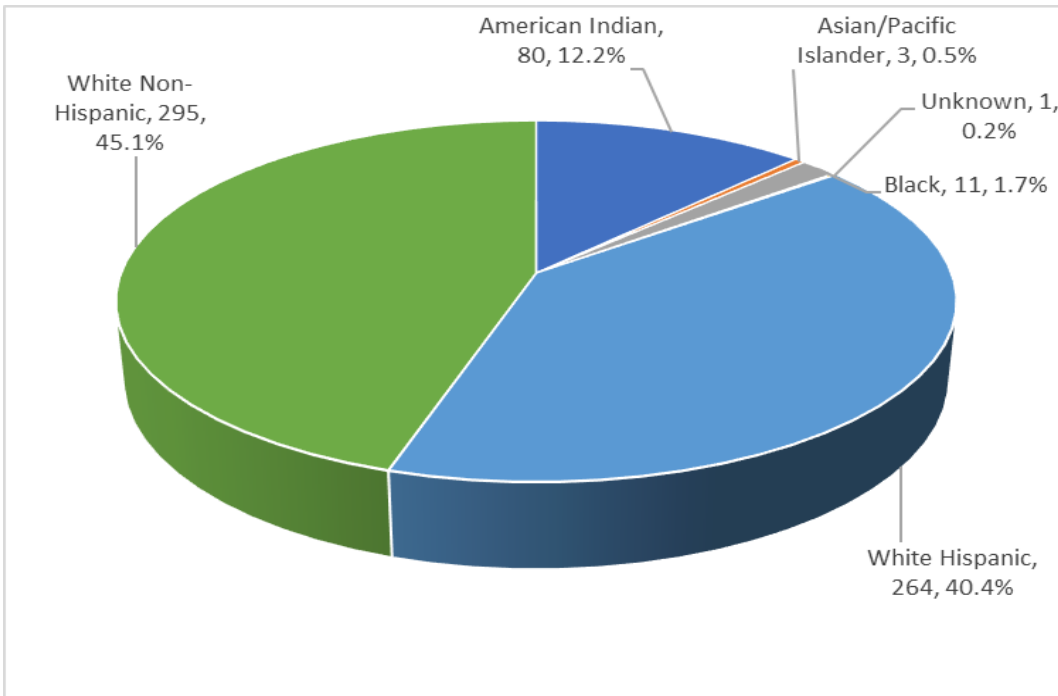


Figure 50. Drug Caused Deaths by Age and Gender 2018

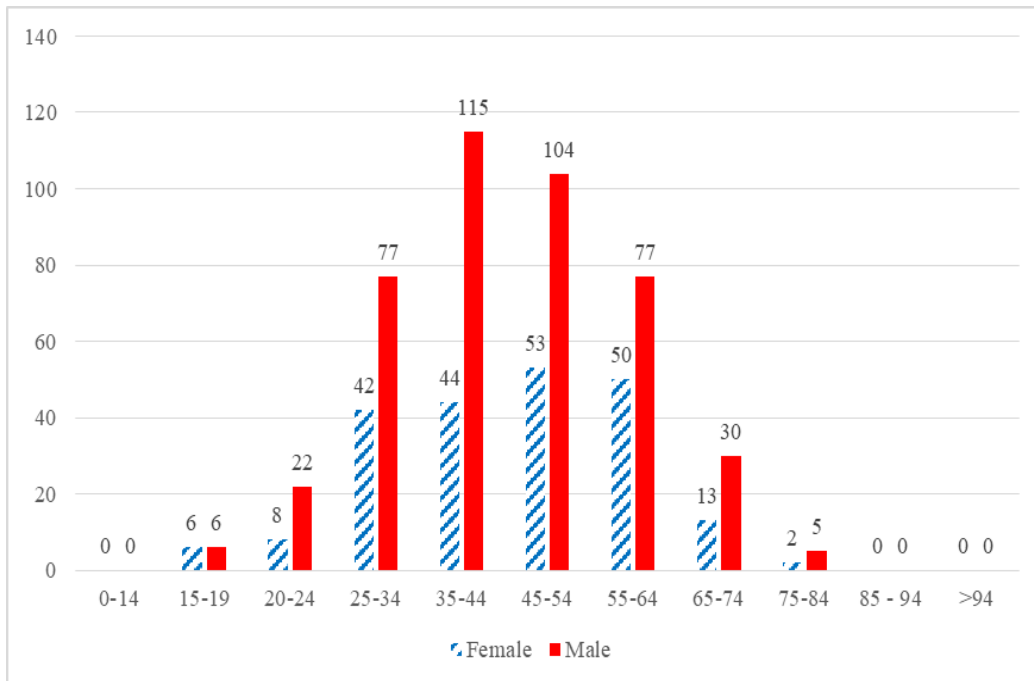
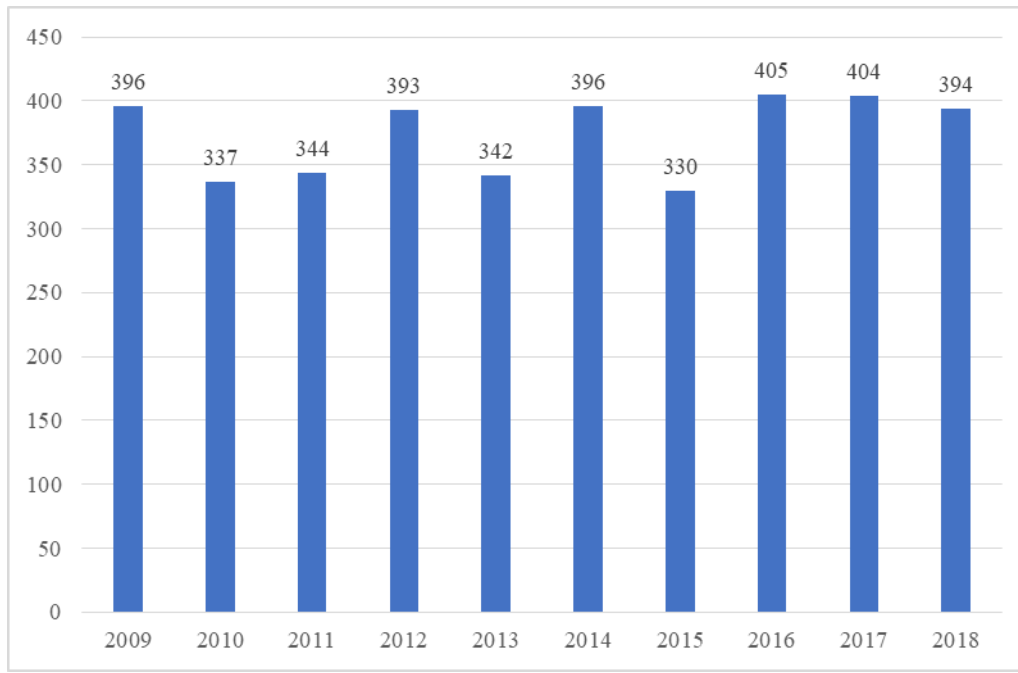


Table 16. Drug Caused Deaths by County of Pronouncement 2018

County	Total Cases
Bernalillo	256
Santa Fe	46
Dona Ana	43
Rio Arriba	33
San Juan	30
Sandoval	30
McKinley	24
Valencia	23
Eddy	22
Lea	16
Chaves	15
Taos	15
Otero	13
Curry	12
San Miguel	11
Cibola	8
Lincoln	7
Luna	7
Socorro	7
Sierra	6
Torrance	6
Out of State	6
Colfax	5
Grant	5
Los Alamos	4
Quay	2
Catron	1
Hidalgo	1
Grand Total	654

Motor Vehicle-Associated Deaths

Figure 51. Motor Vehicle Associated Deaths (2009 – 2018)



Motor Vehicle-Associated Deaths – Overview

In 2018, OMI investigated 394 motor-vehicle associated deaths, 24.8% of all accidental deaths investigated by OMI in 2018. Included in this classification are deaths of drivers and passengers of cars, trucks, and motorcycles, as well as deaths occurring when a motor vehicle struck a pedestrian or a bicyclist. American Indian decedents were over-represented, with 18% of motor-vehicle accidental deaths. Males ages 25-34 years had the highest number (14.7%) of motor vehicle-associated accidental deaths. June, August, and October saw the highest number of motor vehicle deaths (10.2%, 10.4%, and 10.4% respectively), while January had the lowest number (6.1%). More motor vehicle deaths occurred on a Saturday (20.3%) than any other day of the week.

Figure 52. Motor Vehicle Accident vs. Non-Motor Vehicle Accidents 2018

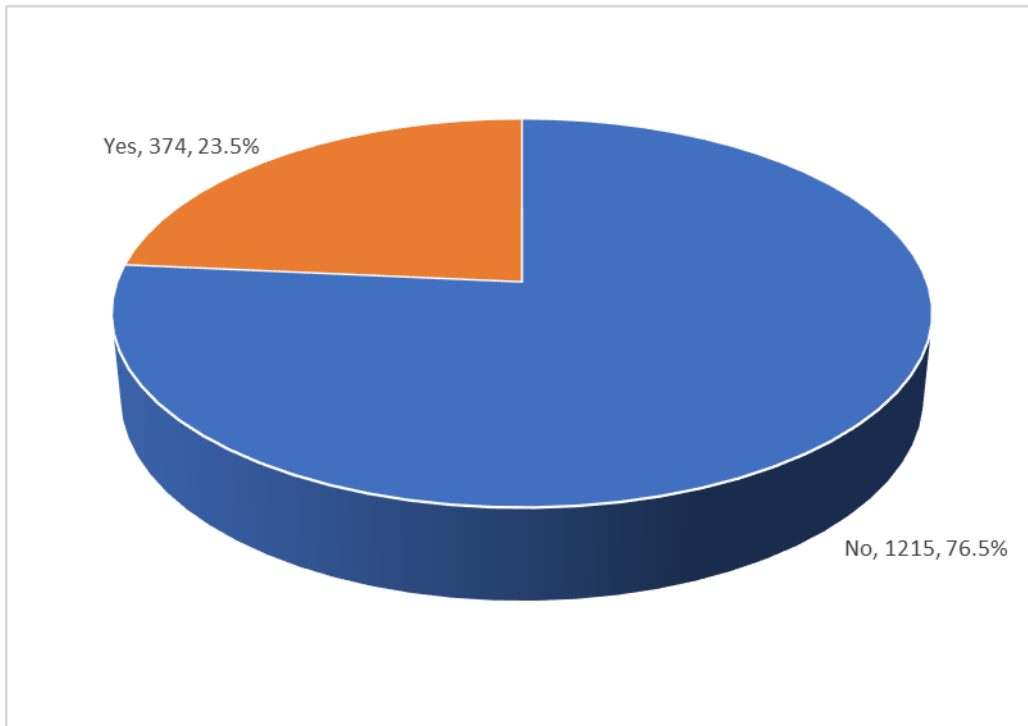


Figure 53. Motor Vehicle-Associated Deaths by Race / Ethnicity 2018

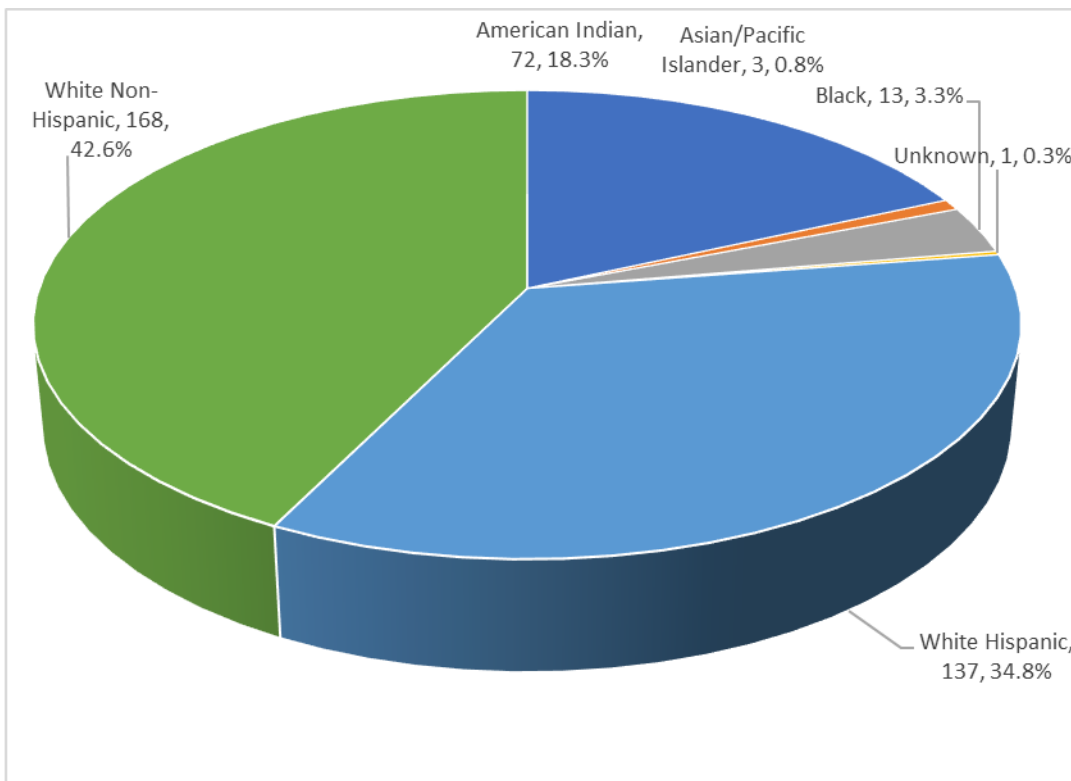


Figure 54. Motor Vehicle-Associated Deaths by Age and Gender 2018

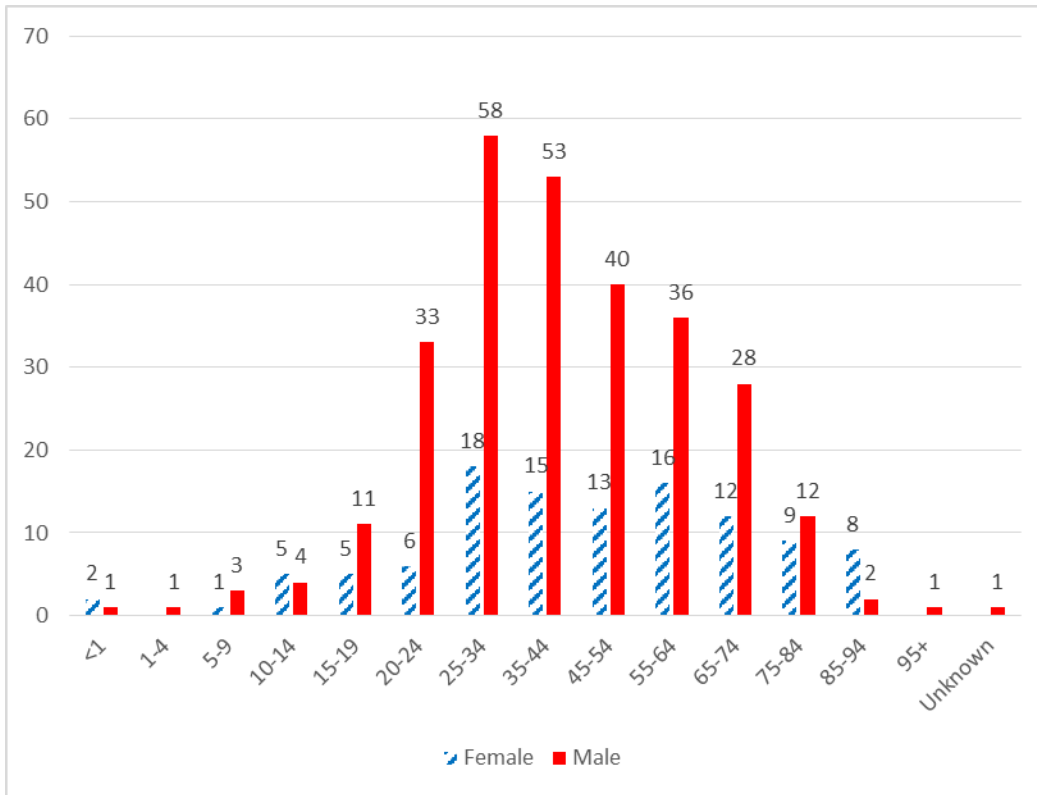


Figure 55. Motor Vehicle-Associated Deaths by Month 2018

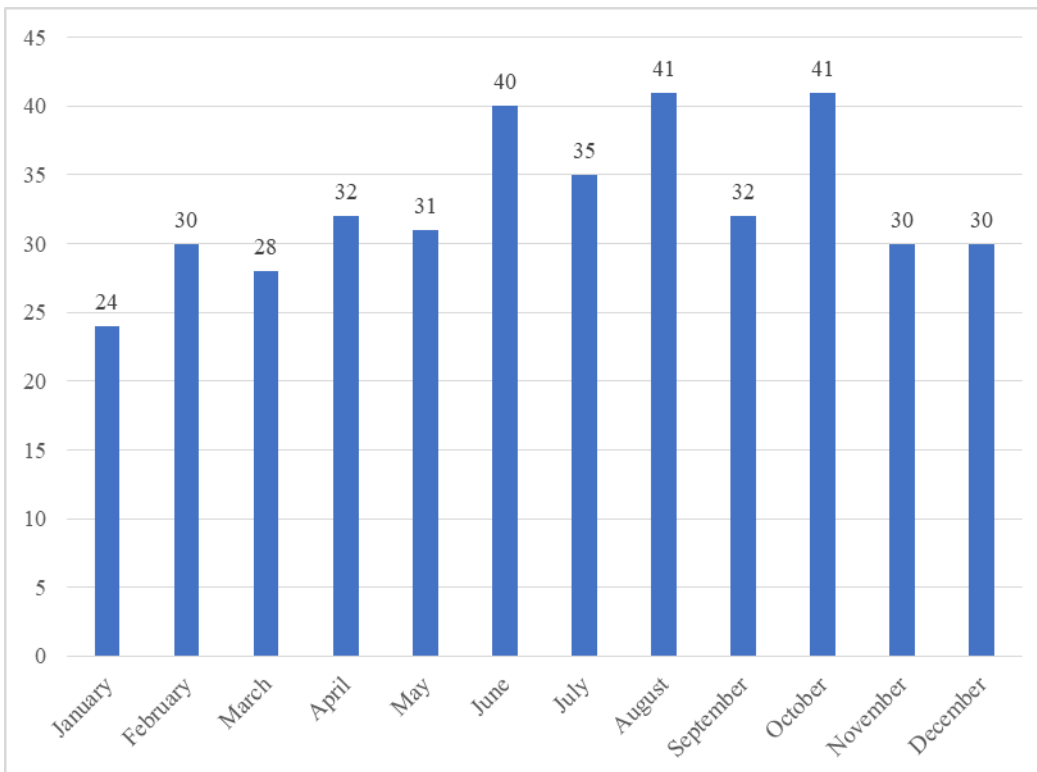


Figure 56. Motor Vehicle-Associated Deaths by Day of Week 2018

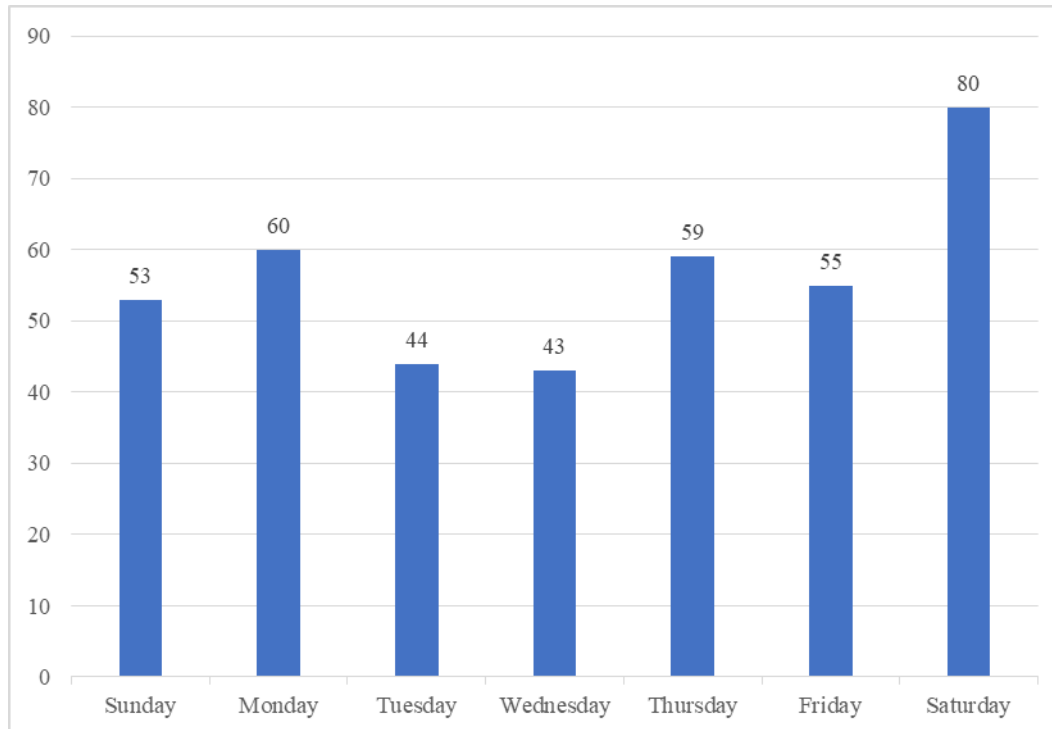


Table 17. Motor Vehicle-Associated Deaths by County of Pronouncement 2018

County	Total Cases
Bernalillo	125
McKinley	36
Lea	26
San Juan	23
Sandoval	22
Eddy	19
Rio Arriba	14
Santa Fe	14
Chaves	11
Dona Ana	11
Torrance	11
Valencia	9
Curry	7
Otero	7
Out of State	7
Guadalupe	6
San Miguel	6
Taos	6
Cibola	5
Colfax	5
Luna	5
Catron	4
Grant	3
Roosevelt	3
Hidalgo	2
Lincoln	2
Socorro	2
Quay	1
Sierra	1
Union	1
Grand Total	394

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*. An autopsy may be either ‘full’, with complete dissection and examination of internal structures, or ‘partial’, dissecting only a select portion of the body, such as the brain or abdomen.

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.

Consultation – Autopsies paid for by families, hospitals or investigating agencies, such as the Federal Bureau of Investigations (FBI); these autopsies are not under OMI jurisdiction and are done by request and payment.

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

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.

Exhumation – To remove a deceased body from a pre-existing grave site in order to examine the body and assign a *cause and manner of death* or to identify the remains using current information and/or technology.

External Examination – A detailed postmortem external examination of a body, conducted when a full or partial autopsy is determined to not be required.

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/100 milliliters (0.08 g/100mL) 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 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.

Jurisdiction Terminated – Jurisdiction terminated cases are reported to OMI, which is statutorily obligated to review the cases. However, after review proves that there was no foul play and if the decedent’s physician agrees that the death was an expected natural death, the case is then assigned a *cause and manner of death* by their physician. The OMI is still obligated to make sure the decedent’s remains are properly cared for.

Field External Examination – An investigation and external examination conducted at the scene to determine cause of death, with no autopsy conducted but under OMI jurisdiction.

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.

Non-accept – Non-accept cases are decedents who have died under the care of a physician, but are reported into the OMI to verify that there is no statutory obligation to investigate the case.

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*.

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