

COUNTY OF LOS ANGELES
DEPARTMENT OF CORONER



I CAN





COUNTY OF LOS ANGELES DEPARTMENT OF CORONER

The Department of Coroner is mandated by law to "inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths;" and deaths where "the deceased has not been attended by a physician in the 20 days before death." (California Government Code Section 27491)

As of December 1990, the Department of Coroner is administered by a non-physician director who is responsible for all non-physician operations, and a Chief Medical Examiner-Coroner who is responsible for setting standards for the entire department and carrying out statutorily mandated Coroner functions.

The department is divided into the following Bureaus and Divisions: Forensic Medicine, Forensic Laboratories, Operations, Administrative Services, and Public Services.

FORENSIC MEDICINE BUREAU

The Forensic Medicine Bureau's full-time permanent staff consists of board-certified forensic pathologists who are responsible for the professional medical investigation and determination of the cause and mode of each death handled by the department. Our physicians are experts in the evaluation of sudden or unexpected natural deaths and unnatural deaths such as deaths from firearms, sharp and blunt force trauma, etc. Physicians are frequently called to court to testify on cause of death and their medical findings and interpretations, particularly in homicide cases. In addition, the division has consultants in forensic neuropathology, archeology, odontology, anthropology, anesthesiology, pediatrics, surgery, ophthalmologic pathology, pulmonary pathology, pediatric forensic pathology, cardiac pathology, emergency room medicine, psychiatry, psychology and radiology to assist the deputy medical examiners in evaluating their cases.

FORENSIC SCIENCE LABORATORIES BUREAU

The Forensic Science Laboratories Bureau is responsible for the identification, collection,

preservation, and analysis of physical and medical evidence associated with Coroner's cases. Its mission is to conduct a comprehensive scientific investigation into the cause and manner of any death within the Coroner's jurisdiction through the chemical and instrumental analysis of physical and medical evidence.

The Forensic Science Laboratory is fully accredited by the prestigious American Society of Crime Laboratory Directors, and our Forensic Blood Alcohol testing program is licensed by the State of California.

HISTOLOGY LABORATORY

The histology laboratory facilitates the preparation of gross tissue specimens for microscopic examination by the medical staff. This includes hematoxylin and eosin stains, special stains, and immunohistochemical stains. Through the microscopic examination of tissue, our forensic pathologists can determine the age and degree of injury, diagnose disease including cancers, evaluate cellular variation in tissue, and identify the presence of bacteria, medical disorders, and toxins such as asbestos.

TOXICOLOGY LABORATORY

The toxicology lab uses state of the art equipment and methods to conduct chemical and instrumental analyses on post-mortem specimens to determine the extent that drugs may have contributed to the cause and manner of death. The laboratory's experienced forensic toxicologists offer expert drug interpretation, which assists the medical examiners in answering questions like what drug was taken? How much and when was the drug taken? Did the drug contribute to the cause and/or manner of death? Was the drug use consistent with therapeutic administration, or was it an abuse? If the death is due to a drug overdose, was it intentional or accidental?

SCANNING ELECTRON MICROSCOPY LABORATORY

The Scanning Electron Microscopy (SEM) laboratory conducts gunshot residue (GSR)



analyses and tool mark evaluations. Using a scanning electron microscope equipped with an energy dispersive x-ray detector, GSR analysis is used to determine whether an individual may have fired a weapon. This laboratory also performs GSR analyses for many law enforcement agencies throughout California.

Tool mark analysis involves the evaluation of trauma to biological material, especially bone and cartilage, as to the type of instrument that might have produced the trauma. This not only helps our pathologists understand the circumstances of a death, but also aids the law enforcement agency in their criminal investigation.

OPERATIONS BUREAU

This bureau is responsible for the 24-hour day, 7-day week operations of many direct services provided by the department. The Operations Bureau oversees Investigations, Forensic Photography and Support, and the Forensic Services Division. In addition, the bureau is responsible for disaster and community services, fleet management, public information and other ancillary programs such as regional offices and the Youthful Drunk Driver Visitation Program (YDDVP).

Coroner Investigators are also responsible for testimony in court and deposition on Coroner cases along with preparation of investigative reports for use in the determination of cause and manner of death.

Under state law, all Coroner Investigators are sworn peace officers. The Coroner Investigator must meet the same stringent hiring standards as any other California law enforcement agency. The Department of Coroner is a California Peace Officer Standards and Training (P.O.S.T.) certified agency.

The department participates in a state-mandated program to examine dental records of known missing persons to aid in the identification of John and Jane Does and in a state-mandated program to investigate certain nursing home deaths to determine whether a death may be certified as natural by a private physician or handled as a Coroner's case.

YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)

The Department of Coroner has presented the YDDVP program since 1989 as an alternative sentence option that can be considered by a judicial officer. The program is designed to present to the participants the consequences of certain behavior in a manner that has an impact and is also educational. The program is currently offered up to 12 times per month and includes classes presented in Spanish.

ADMINISTRATIVE SERVICES BUREAU

The Administrative Services Bureau is responsible for all departmental financial operations, departmental budget preparation, fiscal reports, personnel, payroll, litigation, procurement, accounting, revenue collection, marketing, volunteer services, affirmative action, contracts and grants, internal control certification, workfare program, facilities management, information technology, and other related functions.

PUBLIC SERVICES DIVISION

This division is responsible for Coroner case file management, revenue collection (document sales, decedent billing, etc.), and interaction with the public both telephonically and at the front lobby reception area. In addition to providing information and copies of autopsy reports, Public Services staff offers many services to the public. These services include preparation of "Proof of Death" letters to verify that a death is being investigated by the Coroner and "Port of Entry" letters to confirm that a decedent had no communicable disease, necessary for the decedent's admission into a foreign country after death.

CALIFORNIA GOVERNMENT CODE, SECTION 27491

It shall be the duty of the Coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual



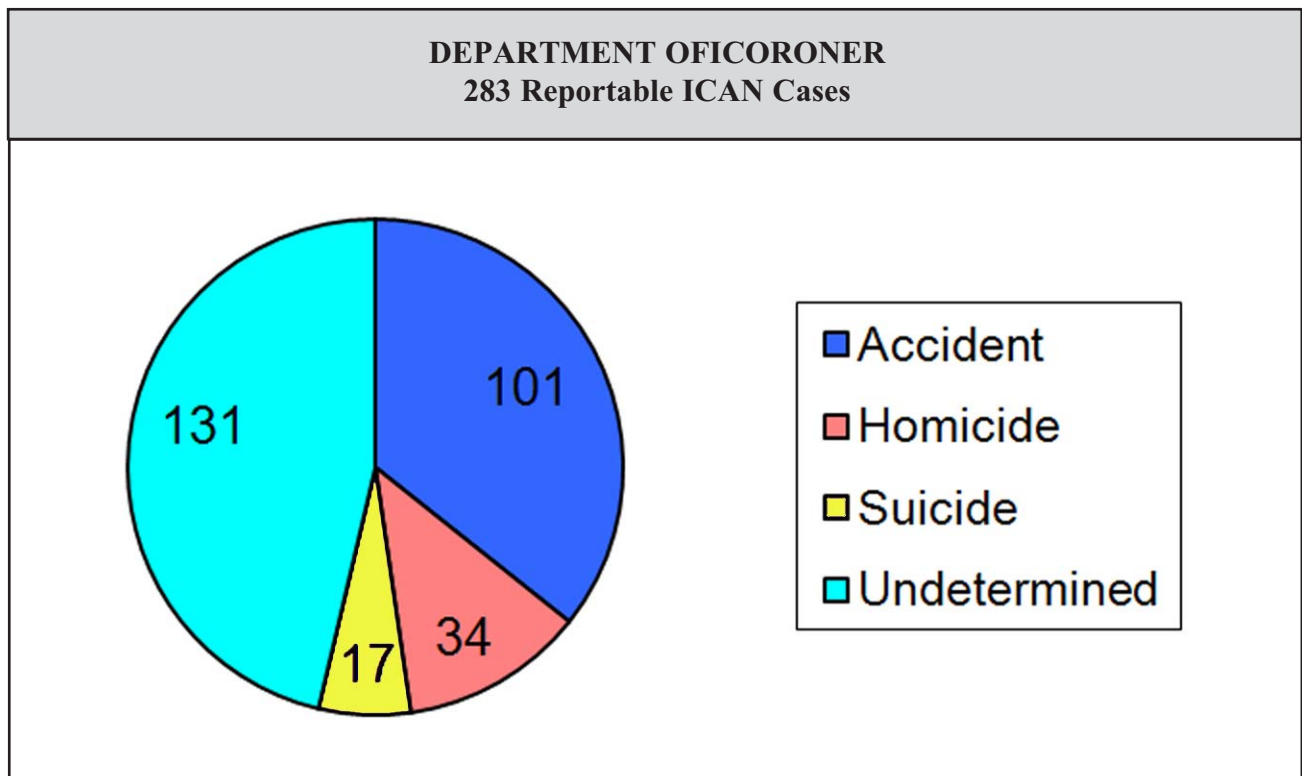
deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services;

deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner.

STATISTICAL SUMMARY

In calendar year 2008, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 283 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2007, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 284, a decrease of one case.

The Coroner refers to ICAN all non-natural deaths where the decedent was less than 18 years of age. If the mode of death is homicide, only those cases where the death is caused by a parent, caregiver, or other family member are referred to ICAN.





DEPARTMENT OF CORONER Selected Findings			
BY CAUSE OF DEATH	2007	2008	DIFFERENCE
Abandoned newborn	2	1	1
Children run over in driveway accident	5	1	4
Bathtub drowning	2	7	5
Falling television sets	2	0	-2
Traffic Accident age less than or equal to 5 years	7	3	-4
a) Not properly secured in the vehicle	3	2	1
b) Properly secured in the vehicle	3	3	0
Swimming pool drowning, age less than 5 years	7	5	-2

Figure 1

**DEPARTMENT OF CORONER 2008 DEATH STATISTICS
Case Comparison by Mode of Death and Gender
Total ICAN cases: 283**

BY MODE OF DEATH	2007 TOTAL CASES	2007 % OF TOTAL	2008 TOTAL CASES	2008 % OF TOTAL	TOTAL DIFFERENCE
Accident	101	35.7%	121	42.6%	-20
Homicide	34	12.0%	26	9.2%	8
Suicide	17	6.0%	10	3.5%	7
Undetermined	131	46.3%	127	44.7%	4
TOTAL	283	100%	284	100%	-1

BY GENDER	2007 TOTAL CASES	2007 % OF TOTAL	2008 TOTAL CASES	2008 % OF TOTAL	TOTAL DIFFERENCE
Female	105	37.1%	106	37.3%	-1
Male	175	61.8%	177	62.3%	-2
Undetermined	3	1.1%	1	0.4%	2
TOTAL	283	100.00%	284	100.00%	-1



Figure 2

DEPARTMENT OF CORONER 2008 DEATH STATISTICS
Case Comparison by Ethnicity and Age
Total ICAN cases: 283

BY ETHNICITY	TOTAL CASES	% OF TOTAL
Aremenian	1	0.4%
Asian	9	3.2%
Black	60	21.2%
Caucasian	40	14.1%
Chinese	1	0.4%
Filipino	5	1.8%
Hispanic/Latin American	148	52.3%
Japanese	1	0.4%
Korean	3	1.1%
Middle Eastern	2	0.7%
Samoan	1	0.4%
Thai	1	0.4%
Tongan	2	0.7%
Unknown	8	2.8%
Vietnamese	1	0.4%
TOTAL	283	100%
DEATH BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	20	7.1%
1 day - 30 days	14	4.9%
1 - 5 months	76	26.9%
6 months - 1 year	47	16.6%
2 years	11	3.9%
3 years	5	1.8%
4 years	7	2.5%
5 years	8	2.8%
6 years	3	1.1%
7 years	5	1.8%
8 years	10	3.5%
9 years	4	1.4%
10 years	1	0.4%
11 years	7	2.5%
12 years	4	1.4%
13 years	4	1.4%
14 years	12	4.2%
15 years	11	3.9%
16 years	15	5.3%
17 years	19	6.7%
TOTAL	283	100%



Figure 3

DEPARTMENT OF CORONER 2008 DEATH STATISTICS
By Gender, by Ethnicity, by Age
Total Accident Cases: 101

ACCIDENT BY GENDER	TOTAL CASES	% OF TOTAL
Female	31	30.7%
Male	68	67.3%
Undetermined	2	2.0%
TOTAL	101	100%
ACCIDENT BY ETHNICITY	TOTAL CASES	% OF TOTAL
Asian	3	3.0%
Black	17	16.8%
Caucasian	12	11.9%
Filipino	1	1.0%
Hispanic/Latin American	58	57.4%
Japanese	1	1.0%
Korean	2	2.0%
Middle Eastern	2	2.0%
Tongan	1	0.1%
Unknown	4	4.0%
TOTAL	101	100%
ACCIDENT BY AGE	TOTAL CASES	% OF TOTAL
Stillborn – 1 day	11	10.9%
1 day - 30 days	3	3.0%
1 months - 5 months	2	2.0%
6 months - 1 year	11	10.9%
2 years	4	4.0%
3 years	4	4.0%
4 years	6	5.9%
5 years	1	1.0%
6 years	2	2.0%
7 years	3	3.0%
8 years	7	6.8%
9 years	3	3.0%
10 years	1	1.0%
11 years	5	5.0%
12 years	2	2.0%
13 years	2	2.0%
14 years	6	5.9%
15 years	7	6.9%
16 years	9	8.9%
17 years	12	11.9%
TOTAL	101	100%



Figure 4

DEPARTMENT OF CORONER 2008 DEATH STATISTICS

MODE OF DEATH: ACCIDENT

By Cause of Death Total Accident Cases: 101

BY CAUSE OF DEATH	TOTAL	% OF TOTAL
Complications Of Labour And Delivery	1	0.99%
Vehicular		
Pedestrian Vs. Car Non-Traffic	4	3.96%
Accident Auto Vs Pedestrian	11	10.89%
Auto Vs Auto, Motorcyc, Truc, Van	2	1.98%
Pedal Cyclist Vs. Heavy Transport	1	0.99%
Motorcycle Rider In Coll Ped	1	0.99%
Motorcycle Driv Inj Traf Accid	1	0.99%
Motorcycle Driv In Coll Motveh	1	0.99%
Accident Motorcycle Vs Auto	1	0.99%
Accident Motorcycle Vs Fixed	1	0.99%
Accident Auto Vs Overturing	1	0.99%
Auto Vs Person Out Vehicle Non	8	7.92%
Auto Vs Person Injur Traf Acc	2	1.98%
Auto Vs Pedal Cycle Non Traf	1	0.99%
Auto Vs Auto Van Truck Non Tra	1	0.99%
Auto Vs Auto Driv Truck Board	1	0.99%
Auto Vs Auto Van Truck Traffic	1	0.99%
Auto Vs Auto Driv Pass Traffic	12	11.88%
Auto Vs Pass Heavy Transp Veh	1	0.99%
Auto Vs Fixed Stationary Objec	1	0.99%
Auto Vs Fix Stat Pass Non Tra	3	2.97%
Auto Driv Fix Stat Traffic Acc	2	1.98%
Auto Driv Pass Non Traff Acci	3	2.97%
Auto Pass Injur Overturned Acc	1	0.99%
Auto Pass Injur Overturn Traff	1	0.99%
Auto Driv Injur Person Outside	1	0.99%
Driv Pick Up Truck Van Injur	1	0.99%
Fall		
Fall Invol Ice Skat Skis Rolsk	2	1.98%
Fall From Roof, Window	1	0.99%
Fall Striking Against Or Struc	2	1.98%
Caught Crus Jammed Pinched Bet	2	1.98%
Drowning		
Drown Subm While In Swim Pool	4	3.96%
Oth Specif Drowning Submersion	1	0.99%
Drowning Accidental	2	1.98%
Choked On Oth Objects Cau Obst	1	0.99%
Barbiturates	5	4.95%
Methadone - Accidental	5	4.95%



Figure 4 (Cont.)

**DEPARTMENT OF CORONER 2008 DEATH STATISTICS
MODE OF DEATH: ACCIDENT
By Cause of Death Total Accident Cases: 101**

BY CAUSE OF DEATH	TOTAL	% OF TOTAL
Unspecified Drugs-Accidental	3	2.97%
Acc Poison Exposure To Alcohol	1	0.99%
Acc Poison To Organic Solvents	1	0.99%
Cyanide Intoxication	1	0.99%
Acc Poison Expos To Oth Unspec	1	0.99%
Unintentional Cut Punc Perfora	1	0.99%
During Aspiration Puncture Oth	1	0.99%
Other Surgical Procedures	1	0.99%
Other Medical Procedures	1	0.99%
TOTAL	101	100%

Figure 5

**DEPARTMENT OF CORONER 2008 DEATH STATISTICS
MODE OF DEATH: HOMICIDE
By Gender, by Ethnicity, by Age Total Homicide Cases: 34**

HOMICIDES BY GENDER	TOTAL CASES	% OF TOTAL
Female	16	47.1%
Male	18	52.9%
TOTAL	34	100%
HOMICIDES BY ETHNICITY	TOTAL CASES	% OF TOTAL
Armenian	1	2.9%
Black	9	26.5%
Caucasian	7	20.6%
Filipino	1	2.9%
Hispanic/Latin American	15	0.0%
Unknown	1	2.9%
TOTAL	34	100%
HOMICIDES BY AGE	TOTAL CASES	% OF TOTAL
Stillborn	2	5.9%
1 - 5 months	2	5.9%
6 months - 1 year	14	41.2%
2 years	4	11.8%
5 years	3	8.8%
6 years	1	2.9%
7 years	2	5.9%
8 years	2	5.9%
11 years	1	2.9%
12 years	1	2.9%
13 years	1	2.9%
17 years	1	2.9%
TOTAL	34	100%



Figure 6

**DEPARTMENT OF CORONER 2008 DEATH STATISTICS
MODE OF DEATH: HOMICIDE**

By Cause of Death Total Homicide Cases: 34

BY CAUSE OF DEATH	TOTAL CASES	% OF TOTAL
Hanging-Strangulation-Homicide	1	2.94%
Gunshot Wound Handgun Homi	8	23.53%
Arson	1	2.94%
Assault By Sharp Object	2	5.88%
Assault By Blunt Object	1	2.94%
Assault By Bodily Force	2	5.88%
Neglect By Spouse Or Partner	3	8.82%
Neglect Abandonment By Parent	5	14.71%
Neglect By Oth Specified Persons	5	14.71%
Neglect By Unspecified Person	1	2.94%
Other Specified Persons	2	5.88%
Assault By Specified Means	1	2.94%
During Kidney Dialysis Oth Per	1	2.94%
During Other Medical Care	1	2.94%
TOTAL	34	100%

Figure 7

**DEPARTMENT OF CORONER 2008 DEATH STATISTICS
MODE OF DEATH: SUICIDES BY GENDER, BY ETHNICITY, BY AGE,**

By Cause of Death Total Suicide Cases: 17

SUICIDE BY GENDER	TOTAL CASES	% of TOTAL
Female	6	35.3%
Male	11	64.7%
TOTAL	17	100%
SUICIDE BY ETHNICITY	TOTAL CASES	% of TOTAL
Asian	1	5.9%
Black	3	17.6%
Caucasian	3	17.6%
Filipino	1	5.9%
Hispanic/Latin American	8	47.1%
Samoan	1	5.9%
TOTAL	17	100%
SUICIDE BY AGE	TOTAL CASES	% of TOTAL
12 years old	1	5.9%
14 years old	5	17.7%
15 years old	4	11.8%
16 years old	4	11.8%
17 years old	3	17.7%
TOTAL	17	100%
SUICIDE BY CAUSE OF DEATH	TOTAL CASES	% of TOTAL
Strangulation	12	70.6%
Gunshot Wound – Handgun	3	17.6%
Jumping From A High Place	2	11.8%
TOTAL	17	100%



Figure 8

**DEPARTMENT OF CORONER 2008 DEATH STATISTICS
MODE OF DEATH: UNDETERMINED BY GENDER, BY ETHNICITY, BY AGE
Total Undetermined Cases: 131**

BY GENDER	TOTAL CASES	% of TOTAL
Female	52	39.7%
Male	79	60.3%
TOTAL	131	100%
BY ETHNICITY	TOTAL CASES	% of TOTAL
Asian	5	3.8%
Black	31	23.7%
Caucasian	18	13.7%
Chinese	1	0.8%
Filipino	2	1.5%
Hispanic/Latin American	66	50.4%
Korean	1	0.8%
Thai	1	0.8%
Tongan	1	0.8%
Unknown	4	3.1%
Vietnamese	1	0.8%
TOTAL	131	100%
BY AGE	TOTAL CASES	% of TOTAL
Stillborn - 1 day	7	5.3%
1 day - 30 days	11	8.4%
1 - 5 months	72	55.0%
6 months - 1 year	22	16.8%
2 year	3	2.3%
3 year	1	0.8%
4 year	1	0.8%
5 year	4	3.1%
8 year	1	0.8%
9 year	1	0.8%
11 year	1	0.8%
13 year	1	0.8%
14 year	1	0.8%
16 year	2	1.5%
17 year	3	2.3%
TOTAL	131	100%



Figure 9

DEPARTMENT OF CORONER 2008 DEATH STATISTICS

MODE OF DEATH: UNDETERMINED

Total Undetermined Cases: 131

BY CAUSE OF DEATH	TOTAL CASES	% of TOTAL
Sudden Infant Death (Sids)	25	19.08%
Drowning Accidental	1	0.76%
Food Caus Obstruction Choking	1	0.76%
Event Of Undetermined Intent	1	0.76%
Drown Subm Undeter Intent	4	3.05%
Oth Specified Events Undetermi	76	58.02%
Unspecified Event Undet Intent	23	17.56%
TOTAL	131	100%



GLOSSARY OF TERMS

Accident – Death due to an unforeseen injury, or, in children, a lapse in the usual protection.

Autopsy – Post mortem (after death) examination of a body including the internal organs and structures, including dissection to determine cause of death or the nature of the pathologic change.

Death – For legal and medical purposes: a person is dead who has sustained either:

- (a) Irreversible cessation of circulatory and respiratory functions, or
- (b) Irreversible cessation of all functions of the entire brain

Decedent – A person who is dead.

Homicide – Death at the hands of another. The legal system rather than the Coroner determines whether a homicide is legal, justified, intentional, or malicious. In children and the elderly, neglect (failure to protect) is classified as homicide.

Mode – Classification of death based on the conditions that cause death and the circumstances under which the conditions occur. The Coroner classifies all deaths using one of the following five modes: accident, homicide, natural, suicide, or undetermined.

Natural – Death due solely to disease and/or the aging process.

Suicide – The intentional taking of one's own life.

Undetermined – Cases in which the Coroner is unable to assign a specific manner of death (natural, accident, suicide, homicide).

These cases often involve either insufficient information or conflicting information that affects the Coroner's ability to make a final determination. The Coroner may designate a death as undetermined as a signal to law enforcement that the case warrants a more in-depth investigation to try to answer some of the questions surrounding the death.

The Coroner also modes a death as undetermined when the autopsy findings do not establish any cause of death and one of the following is present:

1. Unsafe sleep surface
2. Co-sleeping with adult
3. Absent or inadequate scene investigation
4. Non-prescribed sedative drugs detected
5. Injuries present
6. Poor nutrition/abnormal development
7. Prior unexplained sibling death
8. History of domestic violence
9. Definite blood in the nose or airway