# Annual Report **2016**





Toni Preckwinkle President, Cook County Board of Commissioners

Martha Martinez Chief Administrative Officer

Ponni Arunkumar, M.D. Chief Medical Examiner

#### MAIN OFFICE:

2121 West Harrison Street Chicago, Illinois 60612-3705 Phone: (312) 666-0500

#### HOURS:

The Medical Examiner's Office operates 24 hours per day, 7 days per week. The office is open to the general public: 8:30 a.m. to 4:30 p.m., Monday through Friday, except for official Cook County holidays.

#### **IDENTIFICATION HOURS:**

11:30 a.m. to 4:00 p.m., Monday through Friday. 12:00 p.m. to 4:00 p.m., weekends and official Cook County holidays.

www.cookcountyil.gov/agency/medical-examiner

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### LETTER FROM THE CHIEF MEDICAL EXAMINER



The Honorable Toni Preckwinkle, President of the Board, Cook County, IL The Board of Commissioners, Cook County, IL The Cook County Medical Examiner's Advisory Committee The Residents of Cook County

In January 2016, the Cook County Medical Examiner's Office regained full accreditation by the National Association of Medical Examiners. We continue to improve policies and procedures and are working towards attaining accreditation by the International Organization for Standardization (ISO).

In 2017 we will continue to apply for grant funding for the office in an effort to save money for the taxpayers of Cook County. In 2016, we were awarded a federal grant to obtain a document management software solution that will improve the office efficiency and will help lead to further accreditation.

Several epidemics in Cook County in 2016 gained significant attention, especially gun violence and opioid-related deaths. Our forensic pathologists and staff actively participate in the local and regional task forces created to address these crises. The office also maintains detailed data, which is released to the public and policy-makers, in an attempt to inform residents and those seeking to curb these epidemics. Detailed information is included in the tables and maps in this report.

In 2017, the office has partnered with the Cook County Bureau of Technology to provide detailed data on the public-facing website for use by the public, policymakers, partner agencies, researchers and media.

I am forever grateful to the hard work and dedication of our staff. It has been and continues to be an honor to serve the residents of Cook County.

Respectfully,

Ponni Amenterray M.D.

Ponni Arunkumar, MD, FCAP Chief Medical Examiner



### 2016 AT-A-GLANCE COOK COUNTY MEDICAL EXAMINER CASES

			10.100			
Number of Deaths Investigated			13,482			
Number of Medical Examiner Cases			6,326			
Number of Cases by Manner of Death:	- Accident	2,238				
	Homicide	924				
	Natural	2,498				
	Suicide	434				
l	<ul> <li>Undetermined</li> </ul>	163				
Homicides Autopsied			922			
Suicides Autopsied	Suicides Autopsied					
Non Motor Vehicle Accident Deaths Certi	Non Motor Vehicle Accident Deaths Certified					
Motor Vehicle Accident Deaths Certified			278			
M Vehicle Accidents Autopsied	M Vehicle Accidents Autopsied					
Non-MVA Accidents Autopsied			1,296			
Naturals Autopsied			960			
Undetermined Autopsied			152			
Unidentified Autopsied			12			
Gun Related Homicides			805			
	- White	35				
	Black	644				
	Latino	126				
l	– Other	4				
Scene Visits			1,118			
Number Non-Medical Examiner Case	Number Non-Medical Examiner Case					
Number of Deaths in Cook County	Number of Deaths in Cook County					
Number of Bodies Transported to the Offi						
Number of Bodies Transported by the Off		0				
External Examinations:	By Physician	1,629				
	By Investigator	575				
Partial Autopsies			168			
Complete Autopsies			3,537			
Hospital Autopsies under ME Jurisdiction			0			
Cases Where Toxicology Was Performed			3,668			
Bodies Unidentified after Examination			12			
Exhumations			0			
Unclaimed Bodies	280					
Average Number of Bodies in Storage pe	195					
Organ Donations	-		116			
Tissue Donations			93			
Cornea Donations			395			
Microscopic Studies			1,729			
Formal Neuropathology Studies			126			
Formal Cardiac Pathology Studies			107			
Fetal Death Certificates Issued			163			

### ROBERT J. STEIN INSTITUTE OF FORENSIC MEDICINE

In 1993, the County Board renamed the building the Robert J. Stein Institute of Forensic Medicine, after Dr. Robert J. Stein, a forensic pathologist and the first to hold the position of Cook County Medical Examiner, serving from 1976 to 1993.

OFFICE OF THE MEDICAL EXAMINER

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### THE OFFICE OF THE MEDICAL EXAMINER

### **OUR MISSION**

The mission of the Cook County Medical Examiner's Office is to ensure public health and safety by performing autopsies and postmortem examinations to determine cause and manner of death for individuals who die in Cook County.

#### **VISION & COMMITMENT**

It is the intent of the Cook County Medical Examiner's Office to create a regional forensic center of excellence for the practice and advancement of forensic science for the Midwest. Through the recruitment of high quality staff, training of current staff and improvements to the existing facility, the Medical Examiner's Office is embracing President Preckwinkle's vision of fiscal responsibility, innovative leadership, transparency and accountability, and improved services.

#### HISTORICAL PERSPECTIVE

As a result of a 1972 referendum, the Office of the Medical Examiner of Cook County was established on December 6, 1976, and the Office of the Coroner was abolished.

A medical examiner differs from a coroner in that a Medical Examiner is an appointed official who is required to have pertinent qualifications, while a coroner is an elected official who is not required to have any particular qualifications.

In Cook County, the Medical Examiner must be a physician licensed to practice medicine in the State of Illinois and certified by the American Board of Pathology in anatomic and forensic pathology.

In Cook County, the President of the Board of Commissioners with the advice and consent of the Board of Commissioners appoints the Medical Examiner.

The Cook County Office is the only Medical Examiner system in Illinois, with a jurisdiction of approximately 5.3 million people. The Office of the Medical Examiner plays a vital role in the administration of justice and protection of public health.

### MEDICAL EXAMINER'S OFFICE OPERATIONS

#### JURISDICTION

Under Illinois law and local ordinance, the Medical Examiner is both required and empowered to determine the cause and manner of death. The Medical Examiner investigates any human death that falls within any or all of the following categories:

- Criminal violence
- Suicide
- Accident
- Suddenly when in apparent good condition
- Unattended by a practicing licensed physician
- Suspicious or unusual circumstances
- Criminal abortion
- Poisoning or attributable to an adverse reaction to drugs and/or alcohol
- Disease constituting a threat to public health
- · Injury or toxic agent resulting from employment
- During some medical diagnostic or therapeutic procedures
- In any prison or penal institution
- When involuntarily confined in jail, prison hospitals or other institutions or in police custody
- When any human body is to be cremated, dissected or buried at sea
- When a dead body is brought into a new medicolegal jurisdiction without proper medical certification

#### DEPARTMENTS

The Medical Examiner's Office is organized in ten (10) divisions:

- Administration
- Autopsy
- Intake
- Investigations
- Histology
- Medical Records
- Pathology
- Photography
- Radiology
- Toxicology

#### **PRIMARY FUNCTIONS**

#### **DEATH INVESTIGATIONS**

The Investigations Division answers initial calls from mandated reporters concerning the death of an individual within the County. Investigators determine if the deceased falls within jurisdiction of the Medical Examiner's Office and performs scene investigations.

#### AUTOPSIES AND POSTMORTEM EXAMINATIONS

Forensic pathologists perform complete autopsy examinations or external examinations as necessary to determine cause and manner of death. Forensic pathologists also provide expert testimony in criminal and civil matters at deposition or trial. Forensic pathologists meet with law enforcement, state's attorneys, public defenders and family as appropriate. Finally, forensic pathologies provide prompt notification to respective agencies, such as the Department of Health, of any death due to a reportable disease, unsafe consumer product and unsafe work environment.

#### **OTHER SERVICES PROVIDED**

Other services provided by the Medical Examiner's Office include:

- Providing vital statistics with cause and manner of death for inclusion on the death certificate
- Preparing toxicology reports which list any foreign substance found in body
- Coordinating and obtaining consultations when appropriate
- Processing cremation permits for funeral directors
- Teaching medical students, pathology residents, law enforcement personnel and international observers
- Conducting award-winning research
- Providing statistics to third parties to optimize public health

In addition to its vital role in law enforcement and public health, one of the most important duties of the Medical Examiner's Office is to provide information to families who have lost a loved one – often suddenly and unexpectedly. Adding to the stress of coping with a sudden loss, this may be the first time families have dealt with the Medical Examiner's Office.

### PROVIDING INFORMATION FOR FAMILIES

The Medical Examiner's Office works with families to assist them through the process. The Medical Examiner's Office investigators and clerical staff are there to help, and the staff of forensic pathologists can assist family members trying to understand how the death occurred. In some situations, the Medical Examiner will not be able to discuss details of the case until the autopsy report is issued.

#### **AUTOPSIES AND EXTERNAL EXAMINATIONS**

An autopsy is a thorough examination of the body, inside and out, performed to document or rule out injuries and diseases. The autopsy procedure is performed by a medical doctor with special forensic training in recognizing the appearance of injuries and the effects of diseases. An autopsy may several hours to perform and is often followed by laboratory tests, some of which can take months to complete. In cases where an autopsy may not be warranted, an examination of only the external surfaces of the body is performed.

#### **REQUESTING AN AUTOPSY REPORT**

Families can request copies of postmortem reports through the Medical Examiner's Office, Medical Records Department.

#### **INFORMATION RELATED TO PENDING CASES**

After the medical examination is complete, it is sometimes necessary to perform further analysis, be it medical or investigative in nature, to determine the exact cause and manner of death. In this instance, a "Pending" Death Certificate will be issued. Disposition of the deceased may take place with this Pending Death Certificate. Once the forensic pathologist has determined the final cause of death, the Medical Records Department will notify the funeral home. At this point, the funeral home can obtain certified copies of the final death certificate for the family through the Illinois Department of Vital Records.

#### **DEATH CERTIFICATES**

Families can obtain certified copies of death certificates by contacting the funeral home or the Cook County Clerk's Office. There are some suburbs which operate their own registrar. Families are advised to call the funeral home or the Medical Examiner's Office for the contact information of the registrar that handled a decedent's death certificate.

#### **RECOVERING PROPERTY OF DECEDENTS**

The Medical Examiner's Office inventories all personal belongings of the decedent upon arrival to the office. Families can recover personal effects (money, jewelry, wallets, etc.) that belong to the deceased by contacting the Medical Examiner's Office. Property will be turned over to the executor, Power of Attorney (POA), legal next of kin or the funeral home retained by the legal next of kin. A photo ID is required to recover property. The Medical Examiner's Office may ask the requestor to provide a birth certificate, marriage license or other papers to prove the relationship to the deceased. Unclaimed property will be held by the Medical Examiner's Office for one year. After one year, the property is subject to sale by auction.

#### VIRTUAL CEMETERY

The final disposition sites of the indigents buried/ cremated by the Medical Examiner's Office can now be found on the open data portal for Cook County Government.

In February 2014, the Medical Examiner's Office began utilizing cremation as a dignified alternative to burial for indigent remains. Cremated remains are kept at the Medical Examiner's Office for one year and may be picked up by the family or willing persons who are authorized to do so.

#### UNIDENTIFIED PERSONS

The Medical Examiner's Office has a website to provide up-to-date descriptions of unidentified remains whose cases have been processed. Individuals are able to contact the Medical Examiners' Office Investigations Department regarding matching one of the unidentified bodies to the identity of a missing person.

#### **UNCLAIMED PERSONS**

If someone is a next of kin to an unclaimed person, they can contact our Indigent Coordinator to claim that person. Unclaimed decedents will be cremated at the County's expense according to the Cook County Medical Examiner Ordinance.

### COLLABORATIVE EFFORTS

# GRADUATE MEDICAL EDUCATION AGREEMENTS

The Medical Examiner's Office has agreements with several universities in which medical students and residents participate in one- to three-month rotations to observe pathologists conducting examinations, including autopsies, in order to determine the cause and manner of death.

The following are the institutions that participate in this program:

- Loyola University Chicago Medical Center
- Ann and Robert H. Lurie Children's Hospital of Chicago
- McGaw Medical Center of Northwestern University
- Midwestern University
- Rush University Medical Center
- University of Chicago Medical Center
- University of Illinois at Chicago (UIC)

#### CLINICAL MEDICAL EDUCATION AGREEMENTS

The Medical Examiner's Office has an agreement with Des Moines University for students with interest in forensic medicine observe autopsies and learn about the practice of Forensic Medicine.

The Medical Examiner's Office also has an agreement with Pacific Northwest University of Health Sciences, Concordia University and Eastern Virginia Medical School for medical students to observe pathologists conduct examinations including autopsies, in order to determine the cause and manner of death.

# INTERNATIONAL COLLABORATIVE EFFORTS

The Medical Examiner's Office has an agreement with the University of Rome, Department of Anatomy, Histology, Forensic Medicine and Orthopedics and the Medical University of Gdansk (Gdansk, Poland) that allows visiting professors to rotate through the Medical Examiner's Office and gain valuable experience on examinations, especially in the examination of gunshot victims – a process that is not common in other countries.

PATHOLOGISTS' ASSISTANT ROTATIONS The Medical Examiner's Office has an agreement with Rosalind Franklin University of Medicine and Science that facilitates pathologists' assistant students to observe pathologists conducting examinations, including autopsies.

#### **MORTUARY SCIENCES**

The Medical Examiner's Office has agreements with Malcolm X College and Worsham College of Mortuary Science that facilitates the donation of indigent bodies for use by mortuary students to further their study of mortuary science. These agreements are in accordance with the Illinois Cadaver Act and generate lab-use fees to the Medical Examiner's Office.

#### **GRIEF COUNSELING**

The Medical Examiner's Office entered into an agreement in November 2013 with the University of Illinois – Jane Addams School of Social Work that allows students to assist the families of patients by providing grief counseling.

#### PUBLIC POLICY

The Medical Examiner's Office entered into an agreement with the University of Chicago-Harris School of Public Policy to support the Medical Examiner's Office.

#### ILLINOIS VIOLENT DEATH REPORTING SYSTEM

The Medical Examiner's Office shares data with the Illinois Violent Death Reporting System (IVDRS). The IVDRS links data from various public health and criminal justice sources to present the fullest possible picture of the circumstances surrounding violent death in Illinois. IVDRS helps Illinois policy makers analyze violencerelated deaths, identify risk factors and develop prevention efforts.

### ORGAN/TISSUE DONATION

#### ANATOMICAL GIFT ASSOCIATION OF ILLINOIS

The Medical Examiner's Office and the Anatomical Gift Association of Illinois facilitate donations of indigent bodies for medical teaching in accordance with the Illinois Cadaver Act.

#### **GIFT OF HOPE**

The Medical Examiner's Office has an agreement with Gift of Hope to donate organs and tissue upon consent of the next of kin. Gift of Hope will occasionally request to procure tissues postmortem at the Medical Examiner's Office. Each organ donor can save up to seven lives and each tissue donor can improve 50 lives.

## CONSULTATIONS

The Medical Examiner's Office requests radiology consultation from John H. Stroger, Jr. Hospital of Cook County on complicated cases involving extensive radiology as a means to determine cause and manner of death.

The Medical Examiner's Office offers annually a one-year forensic pathology fellowship program for three graduates of an accredited residency program in general pathology. This program is accredited by the Accreditation Council

# FELLOWSHIP

for Graduate Medical Education (ACGME). The selected fellows receive training in scene investigation, forensic toxicology, firearms, odontology, autopsy techniques, injury pattern recognition and anthropology. In addition to this training, the selected fellows each perform approximately 250 autopsies during the program.

# TOURS

The Medical Examiner's Office limits the number of tours of the facility out of respect for the deceased and their families and to avoid any disruption to daily operations. Tours are provided to students in healthrelated fields, fire personnel, law enforcement personnel and trainees, and government agencies involved in the medicolegal justice system. For more information, contact Mary Marik, Registered Health Information Administrator, at (312) 997-4430.



## 2016 HIGHLIGHTS

#### Appointment of Dr. Ponni Arunkumar as Chief Medical Examiner

In July 2016, Dr. Ponni Arunkumar was appointed as Chief Medical Examiner. Previously, she had served as the Assistant Chief Medical Examiner.

#### 40th Anniversary of the Establishment of the Office of the Medical Examiner in Cook County

On December 6, 1976, following the Black Panther raid investigation, the Office of the Coroner was abolished and the Office of the Medical Examiner was established.

#### **Recruitment of a Forensic Compliance Officer**

A Forensic Compliance Officer was recruited to oversee quality assurance for the office and help gear toward NAME-ISO accreditation during the next on-site inspection in 2019.





# A LOOK AHEAD

The Medical Examiner's Office has the following initiatives in 2017:

- Become fully staffed with assistant medical examiners and fellows to reduce the average caseload per pathologist.
- Complete capital improvements including installation of perimeter gates to improve security, renovate autopsy rooms, intercom expansion throughout the building and replace the built-in toxicology walk-in refrigerator/freezer.
- Continue to work with Gift of Hope to increase organ and tissue donation throughout Cook County.
- Install a low dose x-ray machine that would take x-rays of the whole body in seconds.
- Introduction of a document management software solution to maintain up-to-date policies and procedures and track changes to help the office gear toward ISO accreditation.
- Streamline toxicology testing to improve turnaround time and provide closure to families expeditiously.



### INDIGENT BURIAL: DIGNIFIED FINAL DISPOSITION

Traditionally, the Medical Examiner's Office buried all indigents at the County's expense. However, in early 2014, Cook County ceased this practice and, after much collaboration and dialogue with a variety of stakeholders, introduced cremation as the primary means of dignified final disposition. The process of declaring a deceased individual as indigent involves a partnership with support agencies such as the U.S. Department of Veterans Affairs, foreign consulates, the Illinois Department of Corrections and the Cook County Public Administrator, among others. In 2015, the Medical Examiner's Office hired a full-time Indigent Coordinator to manage the indigent disposition process. The County will continue to bury unidentified and fetal remains.

The Medical Examiner's Office expresses a special thank you to Roman F. Szabelski, Executive Director, Catholic Cemeteries, Archdiocese of Chicago, for all his assistance with the indigent burials at Mt. Olivet Cemetery.

Thanks to all the funeral directors who continue to assist the Medical Who continue to assist the Medical Examiner's Office in laying to rest decedents in a dignified manner through their professionalism and compassion

Thank you!

## The following is a list of funeral homes, directors and other individuals who assisted the Cook County Medical Examiner's Office in 2016:

AA Rayner and Sons Funeral Home, S. Childs AquaGreen Dispositions LLC, Ryan Cattoni Blake Lamb Funeral Home, Jim Herzog Calahan Funeral Home, Edward Calahan, Sr. Colonial-Wojciechowski Funeral Home, Jody Wojciechowski Conley Funeral Home, Ben Conley Cooper Funeral Service, David B. Cooper Cremation Society of Illinois, Gerald Sullivan Susan Dyer, Funeral Director Evans Funeral Home, Doris York Evanston Funeral & Cremation, Roland Weis Golden Gate Funeral Home, Anthony Holmes House of Branch Funeral Home, Shelia Reid John G. Ligda, Funeral Director Nabors Family Funeral Home, Lillie Nabors Northern Illinois Funeral Services, Cathy Daniel Palos-Gaidas Funeral Home, David Gaidas Pietryka Funeral Home, Robert Pietryka Sacred Memories Funeral Home, Tiwana Collins Solon-Telford Funeral Home, Jason J. Telford Warren Funeral Home, David Sullivan Woods Funeral Home, Melvin T. Woods YGee Funeral Service, A. Yvette Green Zielinski Funeral Service, Leonard Zielinski

# CASE OVERVIEW **2016**



Trends



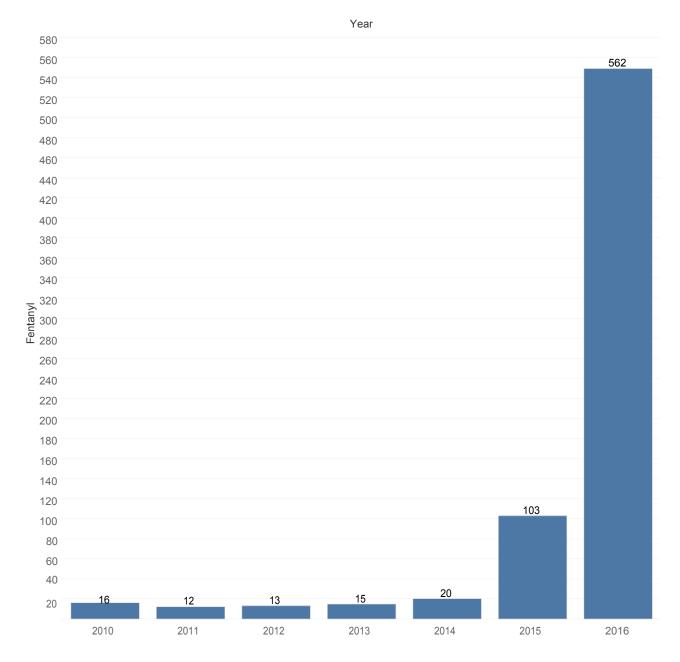
Maps



Charts

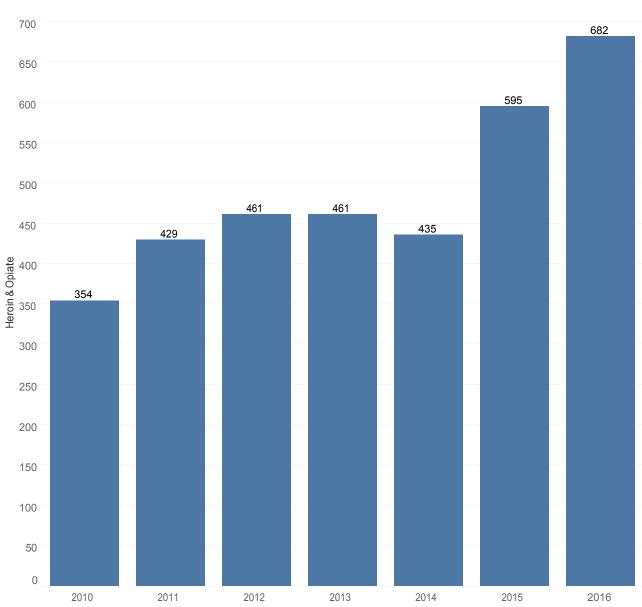
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### 2010-2016 TRENDS FENTANYL



Sum of Fentanyl for each Year. The marks are labeled by Fentanyl.

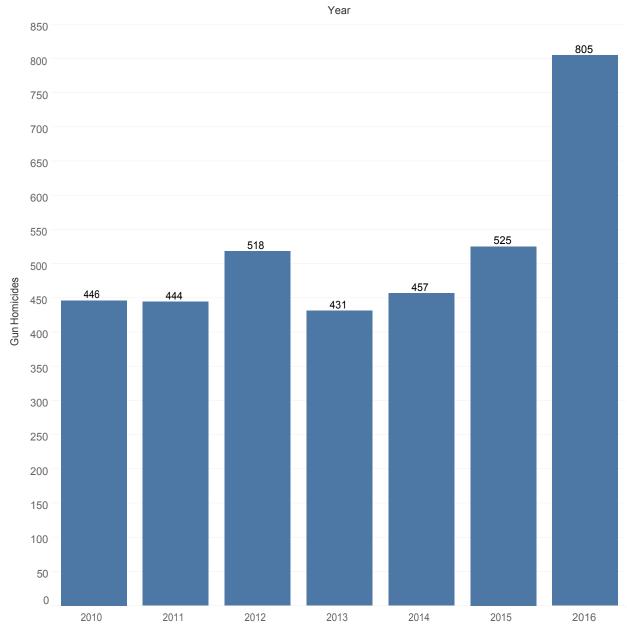
### 2010-2016 TRENDS HEROIN AND OPIATE



Year

Sum of Heroin & Opiate for each Year. The marks are labeled by sum of Heroin & Opiate.

### 2010-2016 TRENDS GUN HOMICIDES

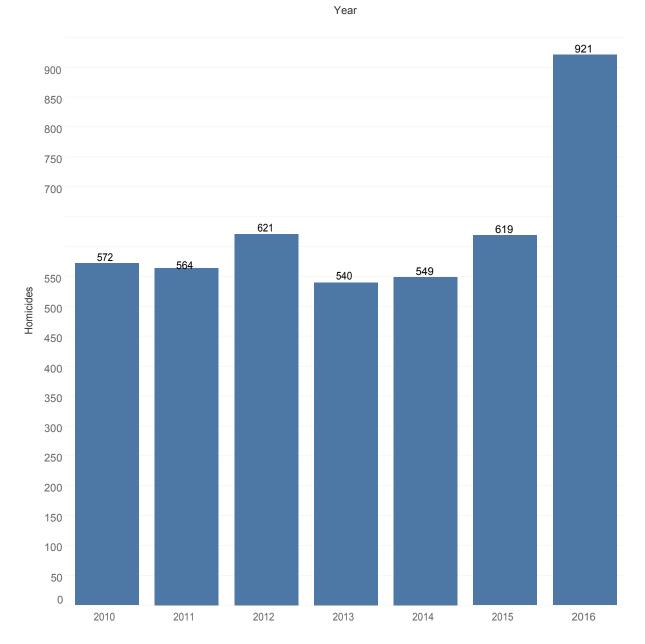


#### Gun Homicides

Sum of Gun Homicides for each Year. The marks are labeled by sum of Gun Homicides.

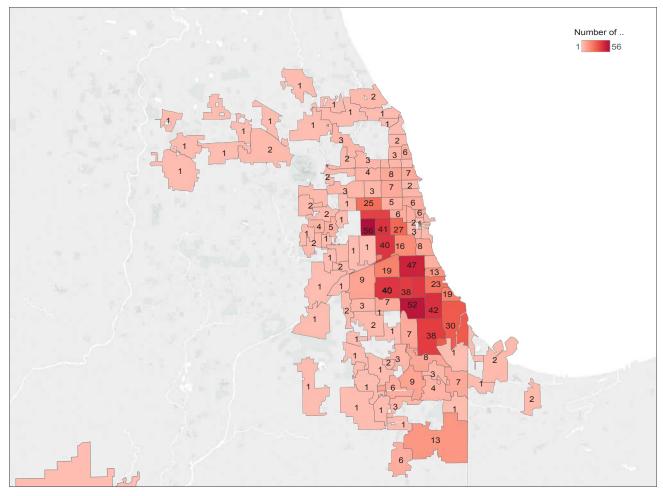
### 2010-2016 TRENDS HOMICIDES





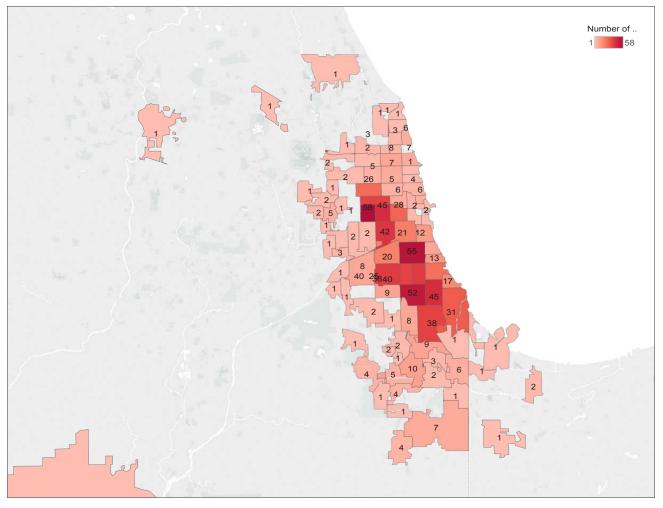
Sum of Homicides for each Year. The marks are labeled by sum of Homicides.

### GUN DEATHS MAP



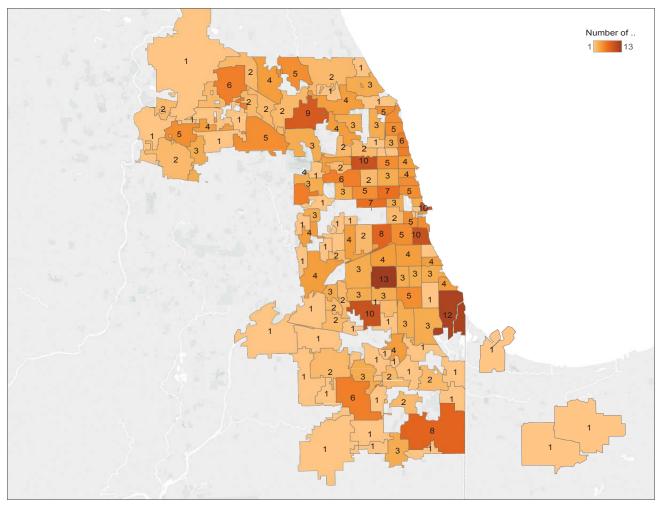
Map based on Longitude (generated) and Latitude (generated). Color shows sum of Number of Records. The marks are labeled by sum of Number of Records. Details are shown for INCIDENTZIP. The data is filtered on INCIDENT\_DATE Year and Gun. The INCIDENT\_DATE Year filter keeps 2016. The Gun filter keeps Gun. The view is filtered on Latitude (generated) and Longitude (generated). The Latitude (generated) filter keeps non-Null values only. The Longitude (generated) filter keeps non-Null values only.

### HOMICIDE DEATHS MAP



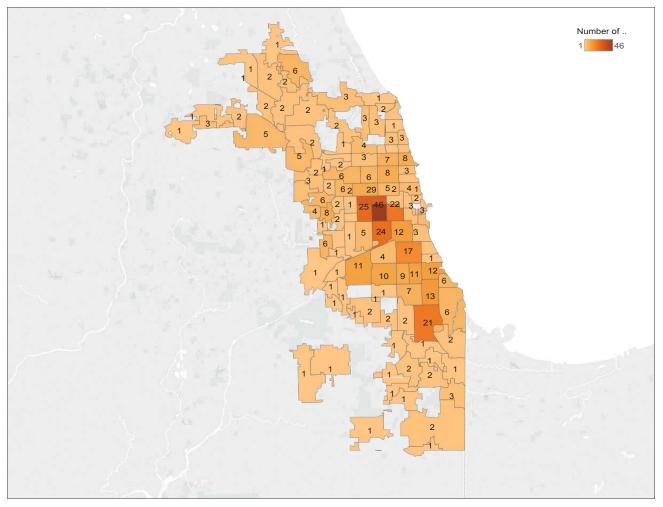
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### SUICIDE DEATHS MAP



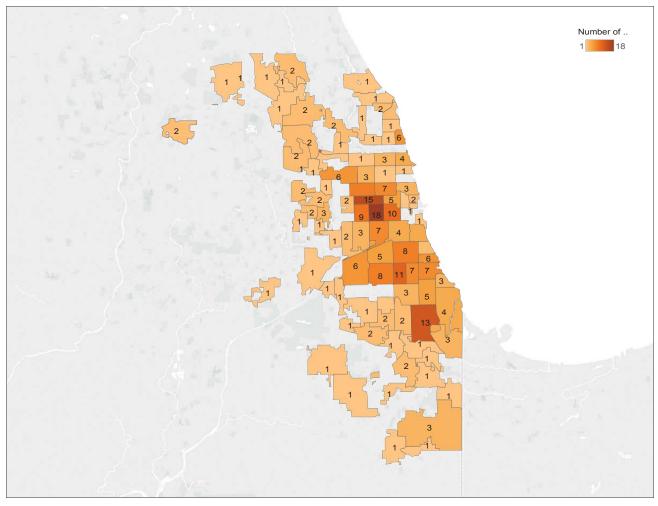
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### FENTANYL DEATHS MAP



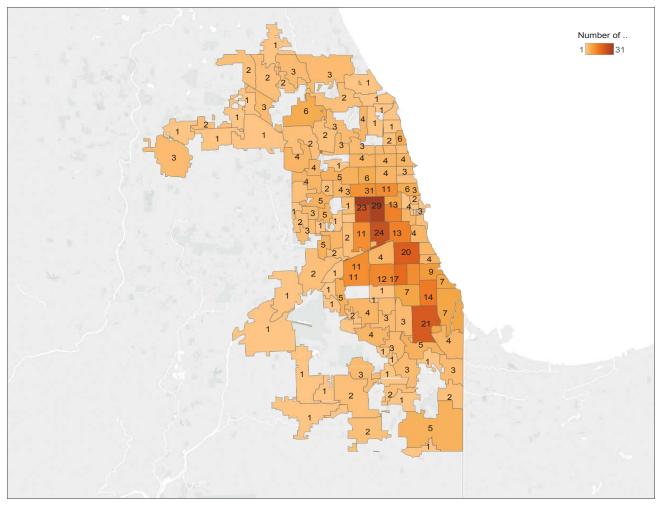
Map based on Longitude (generated) and Latitude (generated). Color shows sum of Number of Records. The marks are labeled by sum of Number of Records. Details are shown for INCIDENTZIP. The data is filtered on Fentanyl and INCIDENT\_DATE Year. The Fentanyl filter keeps Fentanyl. The INCIDENT\_DATE Year filter keeps 2016.

### COCAINE DEATHS MAP



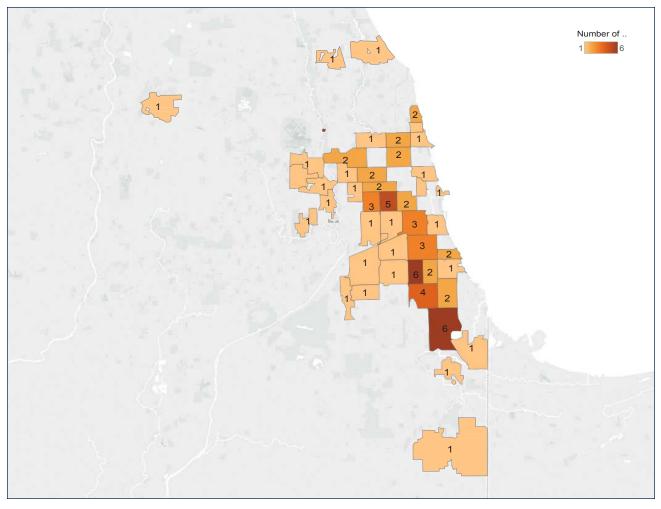
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### HEROIN DEATHS MAP



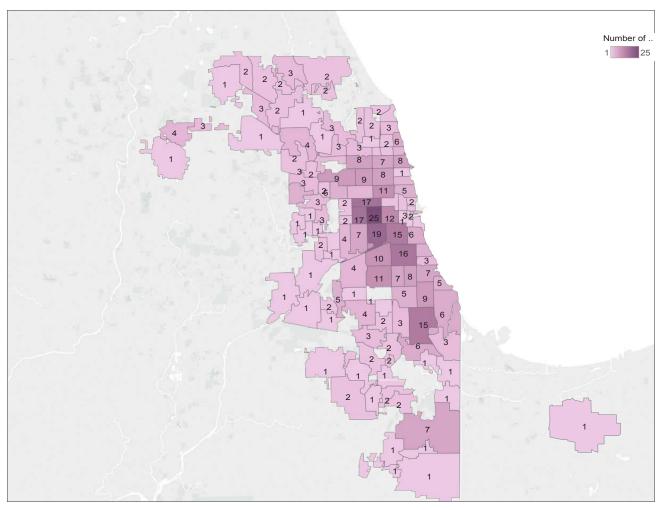
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### OPIATE DEATHS MAP



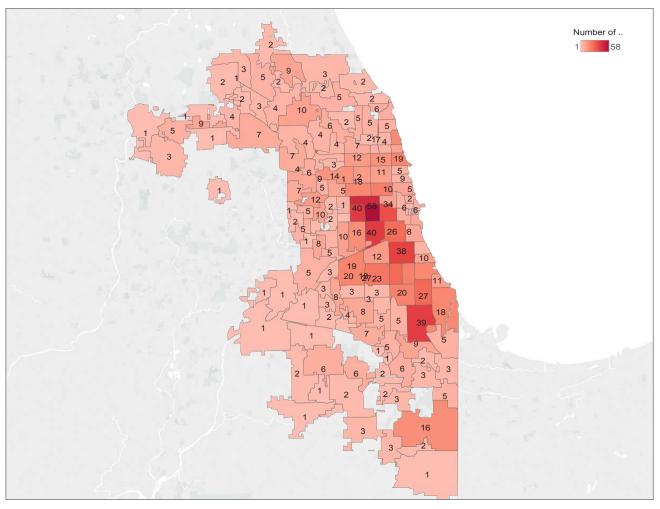
Map based on Longitude (generated) and Latitude (generated). Color shows sum of Number of Records. The marks are labeled by sum of Number of Records. Details are shown for INCIDENTZIP. The data is filtered on INCIDENT\_DATE Year and Opiate. The INCIDENT\_DATE Year filter keeps 2016. The Opiate filter keeps Opiate. The view is filtered on Latitude (generated) and Longitude (generated). The Latitude (generated) filter keeps non-Null values only. The Longitude (generated) filter keeps non-Null values only.

### ALCOHOL DEATHS MAP



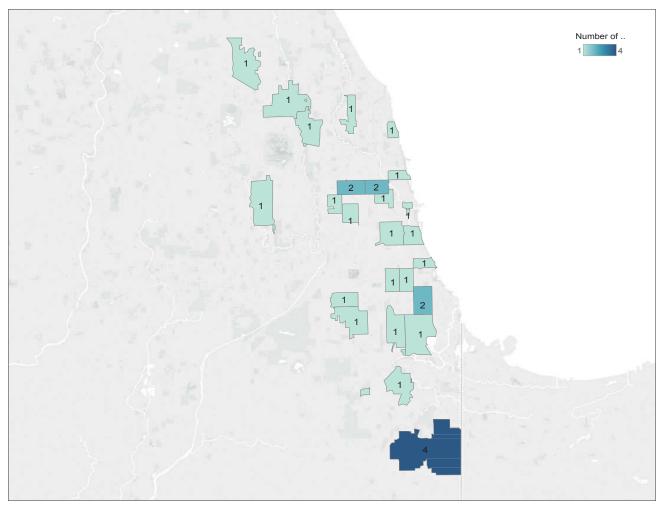
Map based on Longitude (generated) and Latitude (generated). Color shows sum of Number of Records. The marks are labeled by sum of Number of Records. Details are shown for INCIDENTZIP. The data is filtered on INCIDENT\_DATE Year and Alcohol. The INCIDENT\_DATE Year filter keeps 2016. The Alcohol filter keeps Alcohol.

### TOXICITY DEATHS MAP



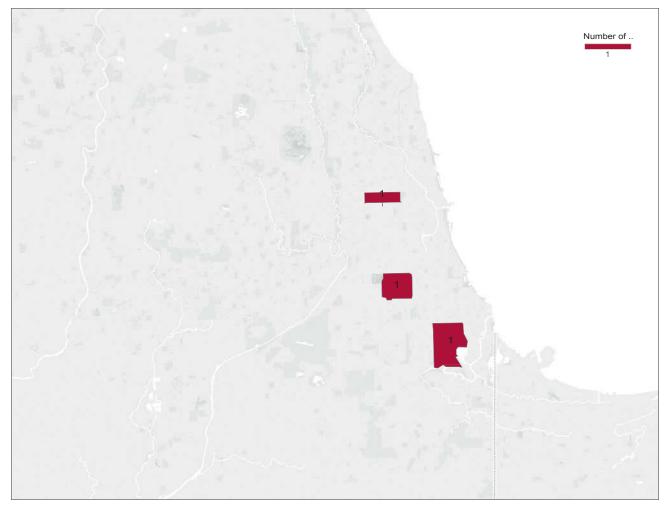
Map based on Longitude (generated) and Latitude (generated). Color shows sum of Number of Records. The marks are labeled by sum of Number of Records. Details are shown for INCIDENTZIP. The data is filtered on INCIDENT\_DATE Year and Toxicity. The INCIDENT\_DATE Year filter keeps 2016. The Toxicity filter keeps Toxicity. The view is filtered on Longitude (generated), which keeps non-Null values only.

### COLD DEATHS MAP



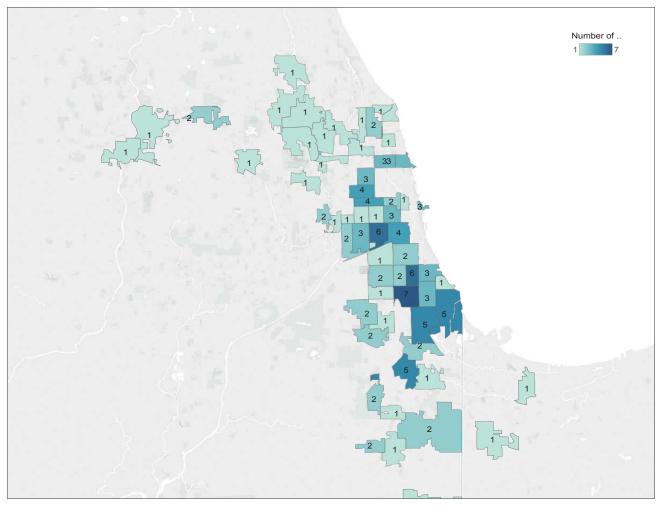
Map based on Longitude (generated) and Latitude (generated). Color shows sum of Number of Records. The marks are labeled by sum of Number of Records. Details are shown for INCIDENTZIP. The data is filtered on INCIDENT\_DATE Year and coldrelated. The INCIDENT\_DATE Year filter keeps 2016. The coldrelated filter keeps True. The view is filtered on Longitude (generated), which keeps non-Null values only.

### HEAT RELATED DEATHS MAP



Map based on Longitude (generated) and Latitude (generated). Color shows sum of Number of Records. The marks are labeled by sum of Number of Records. Details are shown for INCIDENTZIP. The data is filtered on INCIDENT\_DATE Year and heatrelated. The INCIDENT\_DATE Year filter keeps 2016. The heatrelated filter keeps True. The view is filtered on Longitude (generated), which keeps non-Null values only.

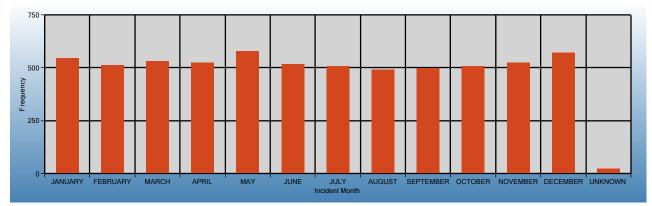
### INFANT DEATHS MAP



Map based on Longitude (generated) and Latitude (generated). Color shows sum of Number of Records. The marks are labeled by sum of Number of Records. Details are shown for INCIDENTZIP. The data is filtered on INCIDENT\_DATE Year and Age Range. The INCIDENT\_DATE Year filter keeps 2016. The Age Range filter keeps <1. The view is filtered on Longitude (generated), which keeps non-Null values only.

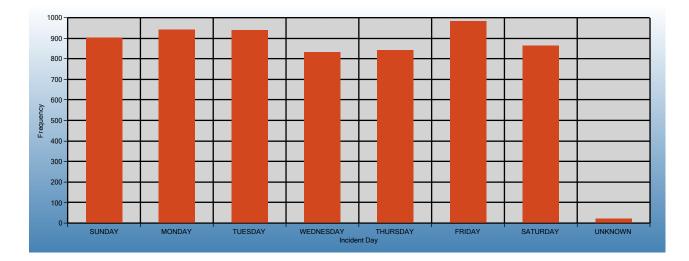
# TABLE 1MONTH WHEN INCIDENT OCCURRED

MONTH	Frequency	Percent	Cumulative Frequency	Cumulative Percent
JANUARY	544	8.60%	544	8.60%
FEBRUARY	511	8.08%	1,055	16.68%
MARCH	532	8.41%	1,587	25.09%
APRIL	524	8.28%	2,111	33.37%
MAY	578	9.14%	2,689	42.51%
JUNE	517	8.17%	3,206	50.68%
JULY	507	8.01%	3,713	58.69%
AUGUST	491	7.76%	4,204	66.46%
SEPTEMBER	499	7.89%	4,703	74.34%
OCTOBER	507	8.01%	5,210	82.36%
NOVEMBER	524	8.28%	5,734	90.64%
DECEMBER	570	9.01%	6,304	99.65%
UNKNOWN	22	0.35%	6,326	100.00%



## TABLE 2DAY OF THE WEEK WHEN INCIDENT OCCURRED

DAY SUNDAY	Frequency 902	Percent 14.26%	Cumulative Frequency 902	Cumulative Percent 14.26%
MONDAY	943	14.91%	1,845	29.17%
TUESDAY	940	14.86%	2,785	44.02%
WEDNESDAY	832	13.15%	3,617	57.18%
THURSDAY	842	13.31%	4,459	70.49%
FRIDAY	982	15.52%	5,441	86.01%
SATURDAY	863	13.64%	6,304	99.65%
UNKNOWN	22	0.35%	6,326	100.00%

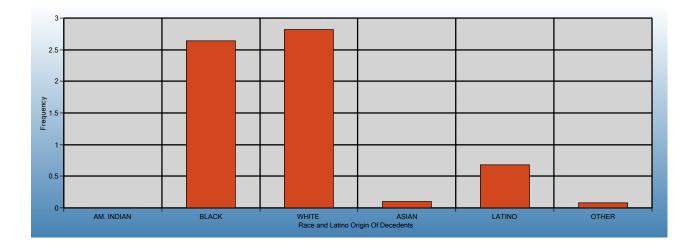


## TABLE 3AGE OF DECEDENTS

AGE	Frequency	Percent	_								_
UNDER 1	103	1.63%	UNDER 1								
01 to 04	29	0.46%	- 01 to 04								
05 to 09	12	0.19%	-	_							-
10 to 14	16	0.25%	05 to 09								
15 to 19	236	3.73%	10 to 14								
20 to 24	413	6.53%	- 15 to 19								
25 to 29	416	6.58%	-								_
30 to 34	388	6.13%	20 to 24								
35 to 39	380	6.01%	- 25 to 29								
40 to 44	383	6.05%	-								-
45 to 49	478	7.56%	30 to 34								
50 to 54	603	9.53%	35 to 39								
55 to 59	691	10.92%	ං - වි 40 to 44								-
60 to 64	621	9.82%	- Rai								-
65 to 69	423	6.69%	86 45 to 49								
70 to 74	288	4.55%	50 to 54							1	
75 to 79	245	3.87%	- 55 to 59								
80 to 84	205	3.24%	55 10 59					-	-	-	4
85 & OLDER	342	5.41%	60 to 64								
UNKNOWN	54	0.85%	- 65 to 69								
			- 70 to 74								-
											_
			75 to 79								
			80 to 84			ļ.					
			- 85 & OLDER								
			- UNKNOWN								
				0 10	10 2	00 3	00 4	00 5	00 6	00	700
					2		Frequency 4	50 5	00 0	00	700

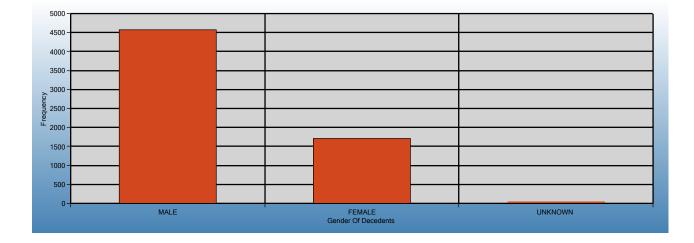
## TABLE 4RACE AND LATINO ORIGIN OF DECEDENTS

RACE/ORIGIN	Frequency	Percent
AM. INDIAN	3	0.05%
BLACK	2,641	41.75%
WHITE	2,819	44.56%
ASIAN	102	1.61%
LATINO	681	10.77%
OTHER	80	1.26%



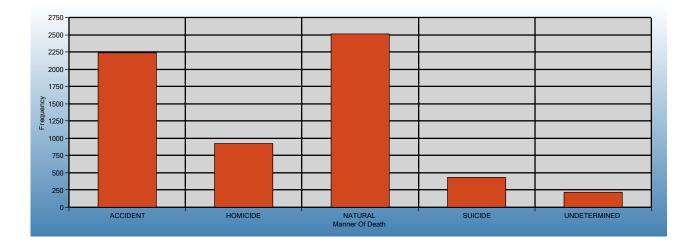
## TABLE 5GENDER OF DECEDENTS

GENDER	Frequency	Percent
MALE	4,574	72.30%
FEMALE	1,711	27.05%
UNKNOWN	41	0.65%



## TABLE 6MANNER OF DEATH

MANNER	Frequency	Percent
ACCIDENT	2,238	35.38%
HOMICIDE	924	14.61%
NATURAL	2,512	39.71%
SUICIDE	434	6.86%
UNDETERMINED	218	3.45%

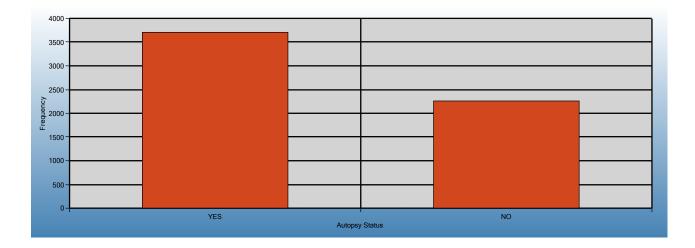


## TABLE 7AUTOPSY STATUS

 AUTOPSY
 Frequency
 Percent

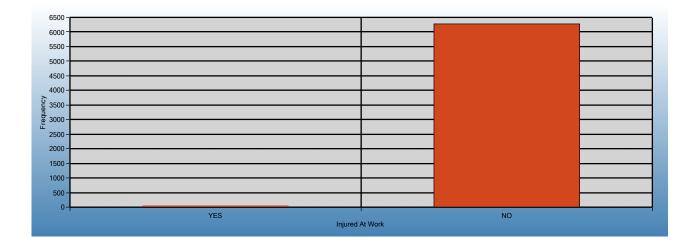
 YES
 3,707
 62.13%

 NO
 2,260
 37.87%



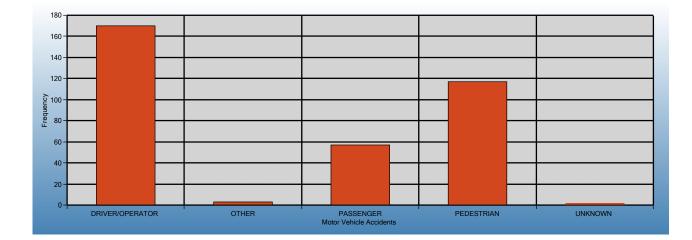
#### TABLE 8 INJURED AT WORK

WORK INJURYFrequencyPercentYES490.77%NO6,27799.23%



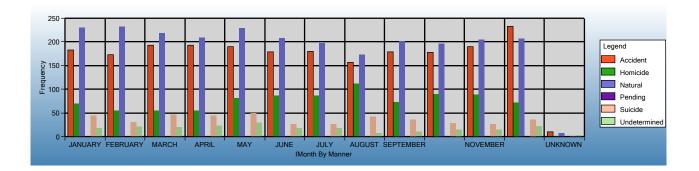
## TABLE 9MOTOR VEHICLE ACCIDENTS

STATUS	Frequency	Percent
DRIVER/OPERATOR	170	48.85%
OTHER	3	0.86%
PASSENGER	57	16.38%
PEDESTRIAN	117	33.62%
UNKNOWN	2	0.57%



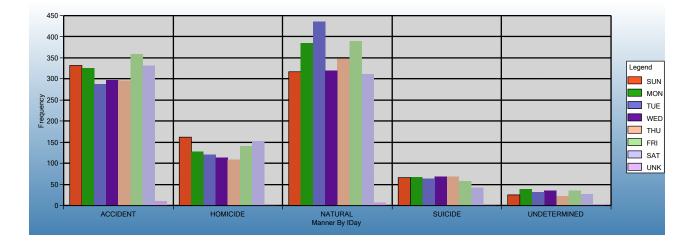
## TABLE 10MANNER OF DEATH BY MONTH OF INCIDENT

MONTH	ACCIDENT	HOMICIDE	NATURAL	PENDING	SUICIDE	UNDETERMINED	Total
JANUARY	183	69	230	0	44	18	544
FEBRUARY	173	55	232	0	30	21	511
MARCH	193	55	218	0	46	20	532
APRIL	193	55	209	0	44	23	524
MAY	190	81	229	0	49	29	578
JUNE	179	86	208	0	26	18	517
JULY	180	86	197	0	26	18	507
AUGUST	157	112	173	0	42	7	491
SEPTEMBER	179	73	201	0	36	10	499
OCTOBER	178	90	196	0	28	15	507
NOVEMBER	190	89	205	0	26	14	524
DECEMBER	233	72	207	0	36	22	570
UNKNOWN	10	1	7	0	1	3	22
Total	2,238	924	2,512	0	434	218	6,326



## TABLE 11MANNER OF DEATH BY WEEKDAY OF INCIDENT

MANNER	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	UNKNOWN	Total
ACCIDENT	332	325	288	297	296	359	331	10	2,238
HOMICIDE	162	127	120	113	108	141	152	1	924
NATURAL	317	385	436	319	348	389	311	7	2,512
SUICIDE	66	67	64	68	68	58	42	1	434
UNDETERMINED	25	39	32	35	22	35	27	3	218
Total	902	943	940	832	842	982	863	22	6,326



#### **TABLE 12** MANNER OF DEATH BY AGE OF DECEDENT

#### AGE ACC HOM NAT PEN SUI UND TI UNDER 1 10 11 8 0 0 74 103 01 to 04 9 8 10 0 0 2 29 05 to 09 4 5 0 0 2 12 1 10 to 14 3 6 5 0 2 0 16 9 18 2 236 15 to 19 39 168 0 20 to 24 122 218 22 0 38 13 413 25 to 29 172 160 35 0 41 8 416 30 to 34 164 108 68 0 38 10 388 35 to 39 168 87 82 0 37 6 380 40 to 44 161 41 128 0 47 6 383 45 to 49 218 26 190 0 32 12 478 50 to 54 228 29 288 0 49 9 603 55 to 59 247 28 362 0 43 11 691 60 to 64 156 17 411 0 31 6 621 65 to 69 88 5 314 0 16 0 423 70 to 74 74 195 0 9 288 4 6 75 to 79 94 3 134 0 11 3 245 80 to 84 97 3 90 0 15 0 205

150 0

6 0 0 43 54

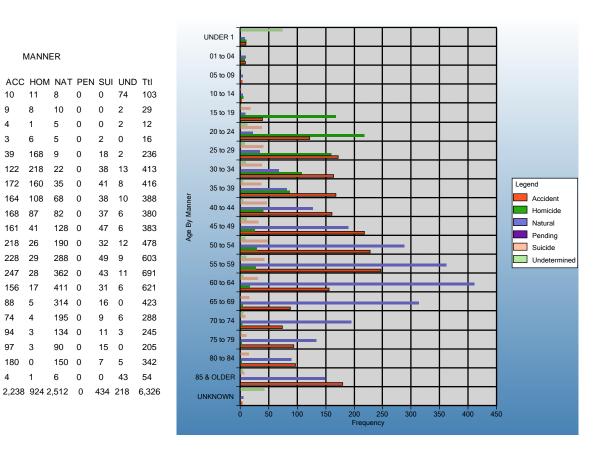
7 5

85 & OLDER 180 0

UNKNOWN 4 1

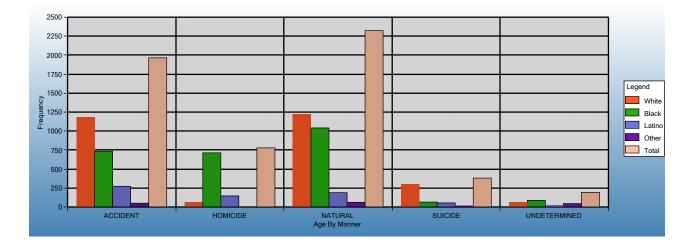
Total

MANNER



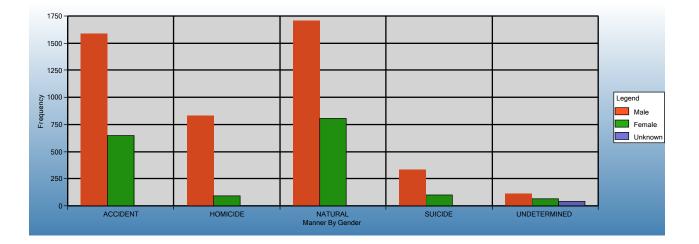
### TABLE 13MANNER OF DEATH BY RACE AND LATINO ORIGIN

	RACE/OR	RACE/ORIGIN							
MANNER ACCIDENT HOMICIDE NATURAL SUICIDE UNDETERMINED Total	WHITE 1,180 60 1,221 297 61 2,819	BLACK 735 713 1,041 65 87 2,641	LATINO 273 145 189 53 25 685	OTHER 50 6 61 19 45 181	Total 1,965 779 2,323 381 193 5,641				



## TABLE 14MANNER OF DEATH BY GENDER OF DECEDENT

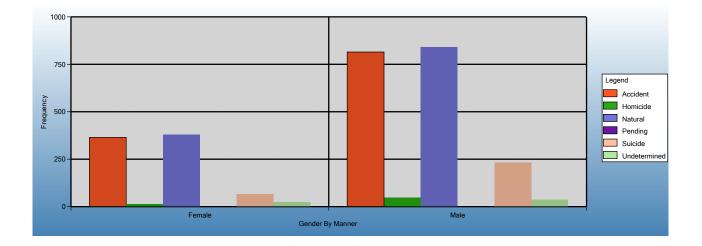
	GENDER			
MANNER	MALE	FEMALE	UNKNOWN	Total
ACCIDENT	1,590	648	0	2,238
HOMICIDE	832	92	0	924
NATURAL	1,706	806	0	2,512
SUICIDE	334	100	0	434
UNDETERMINED	112	65	41	218
Total	4,574	1,711	41	6,326



### TABLE 15aMANNER OF DEATH BY RACE AND LATINO ORIGIN AND GENDER

#### RACE: WHITE

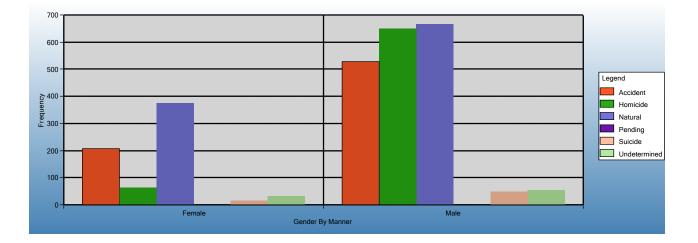
	MAN	INER					
GENDER	ACCIDENT	HOMICIDE	NATURAL	PENDING	SUICIDE	UNDETERMINED	Total
Female	365	13	380	0	66	23	847
Male	815	47	841	0	231	38	1972
Total	1180	60	1221	0	297	61	2819



## $\begin{array}{c} TABLE \ 15b \\ \text{MANNER OF DEATH BY RACE AND LATINO ORIGIN AND GENDER } \end{array}$

#### RACE: BLACK

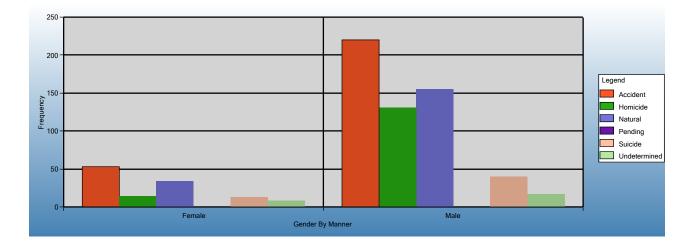
	MA	NNER					
GENDER	ACCIDENT	HOMICIDE	NATURAL	PENDING	SUICIDE	UNDETERMINED	Total
Female	207	63	375	0	16	32	693
Male	528	650	666	0	49	54	1947
Total	735	713	1041	0	65	86	2640



### TABLE 15cMANNER OF DEATH BY RACE AND LATINO ORIGIN AND GENDER

#### RACE: LATINO

	MA	NNER					
GENDER	ACCIDENT	HOMICIDE	NATURAL	PENDING	SUICIDE	UNDETERMINED	Total
Female	53	14	34	0	13	8	122
Male	220	131	155	0	40	17	563
Total	273	145	189	0	53	25	685



### TABLE 16aAGE AND RACE AND LATINO ORIGIN OF DECEDENTS BY GENDER

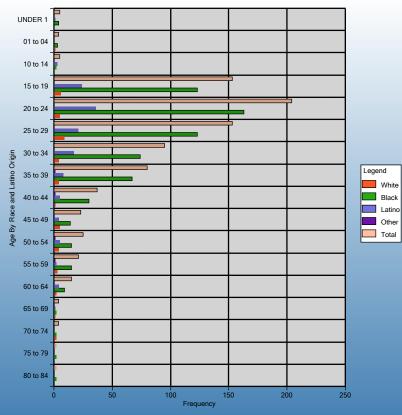
Manner ACC	IDENT		Gender	ALL			UNDER 1						]
							01 to 04						
	RACE/0	ORIGIN					05 to 09						1
AGE	WHITE	BLACK	LATINO	OTHE	R TTL			<b>-</b>					-
UNDER 1	1	9	0	0	10		10 to 14						
01 to 04	5	1	3	0	9		15 to 19						
05 to 09	0	3	1	0	4		20 to 24						
10 to 14	1	1	1	0	3		201024						_
15 to 19	18	10	10	1	39		25 to 29			_			
20 to 24	73	21	23	5	122	-	30 to 34						
25 to 29	109	36	24	3	172	Drigi							
30 to 34	91	29	38	6	164	ino O	35 to 39						Legend
35 to 39 40 to 44	84 74	53 50	30 33	1	168 161	Lat	40 to 44						White
40 to 44 45 to 49	74 86	50 102	33 28	4 2	218	and					<u> </u>		Black
43 to 49 50 to 54	91	102	28 29	2	218	ace	45 to 49			]			Latino
55 to 59	99	123	23	2	220	By F	50 to 54			-			Other
60 to 64	63	74	17	2	156	Age By Race and Latino Origin	55 to 59				<u>.</u>	1	Total
65 to 69	54	30	3	1	88						<u> </u>		-
70 to 74	45	23	4	2	74		60 to 64				Г		
75 to 79	70	14	2	8	94		65 to 69						
80 to 84	74	20	2	1	97								-
85 & OLDER	141	29	2	8	180		70 to 74						
UNKNOWN	1	2	0	1	4		75 to 79						
Total	1,180	735	273	50	2,238								-
							80 to 84						
						8	5 & OLDER						
						ι	JNKNOWN						
								) 50	10	10 1 Frequency	50	200 2	<b>- </b> :50

# TABLE 16bAGE AND RACE AND LATINO ORIGIN OF DECEDENTSBY GENDER

				WALE		
RACE/ORIGIN						
AGE	WHIT	E BLAC	K LATI		RTTL	
UNDER 1	0	4	1	0	5	
01 to 04	1	3	0	0	4	
10 to 14	0	2	3	0	5	
15 to 19	6	123	24	0	153	
20 to 24	5	163	36	0	204	
25 to 29	9	123	21	0	153	
30 to 34	4	74	17	0	95	
35 to 39	4	67	8	1	80	
40 to 44	1	30	5	1	37	
45 to 49	5	14	4	0	23	
50 to 54	4	15	5	1	25	
55 to 59	3	15	2	1	21	
60 to 64	2	9	4	0	15	
65 to 69	1	2	1	0	4	
70 to 74	2	2	0	0	4	
75 to 79	0	2	0	0	2	
80 to 84	0	2	0	0	2	
Total	47	650	131	4	832	

Gender MALE

Manner HOMICIDE

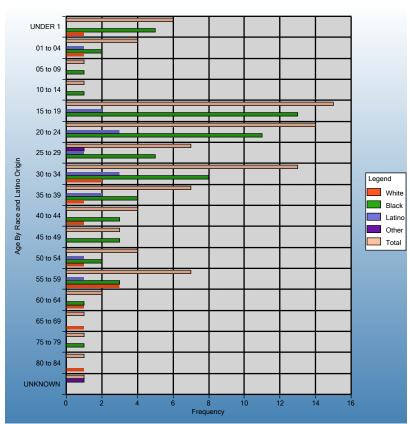


## TABLE 16cAGE AND RACE AND LATINO ORIGIN OF DECEDENTSBY GENDER

			Serraer	1 2100 (2	-
	RACI	E/ORIGI	N		
AGE	WHIT	EBLAG	CK LATI		ER TTL
UNDER 1	1	5	0	0	6
01 to 04	1	2	1	0	4
05 to 09	0	1	0	0	1
10 to 14	0	1	0	0	1
15 to 19	0	13	2	0	15
20 to 24	0	11	3	0	14
25 to 29	0	5	1	1	7
30 to 34	2	8	3	0	13
35 to 39	1	4	2	0	7
40 to 44	1	3	0	0	4
45 to 49	0	3	0	0	3
50 to 54	1	2	1	0	4
55 to 59	3	3	1	0	7
60 to 64	1	1	0	0	2
65 to 69	1	0	0	0	1
75 to 79	0	1	0	0	1
80 to 84	1	0	0	0	1
UNKNOWN	0	0	0	1	1
Total	13	63	14	2	92

Gender FEMALE

Manner HOMICIDE

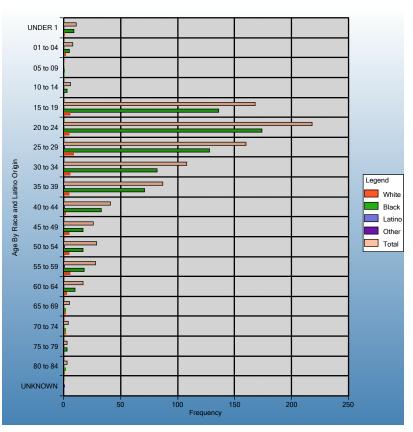


# TABLE 16dAGE AND RACE AND LATINO ORIGIN OF DECEDENTSBY GENDER

		00			
	RACE	ORIGIN			
AGE	WHITE	BLACK			R TTL
UNDER 1	1	9	1	0	11
01 to 04	2	5	1	0	8
05 to 09	0	1	0	0	1
10 to 14	0	3	3	0	6
15 to 19	6	136	26	0	168
20 to 24	5	174	39	0	218
25 to 29	9	128	22	1	160
30 to 34	6	82	20	0	108
35 to 39	5	71	10	1	87
40 to 44	2	33	5	1	41
45 to 49	5	17	4	0	26
50 to 54	5	17	6	1	29
55 to 59	6	18	3	1	28
60 to 64	3	10	4	0	17
65 to 69	2	2	1	0	5
70 to 74	2	2	0	0	4
75 to 79	0	3	0	0	3
80 to 84	1	2	0	0	3
UNKNOWN	0	0	0	1	1
Total	60	713	145	6	924

Gender ALL

Manner HOMICIDE

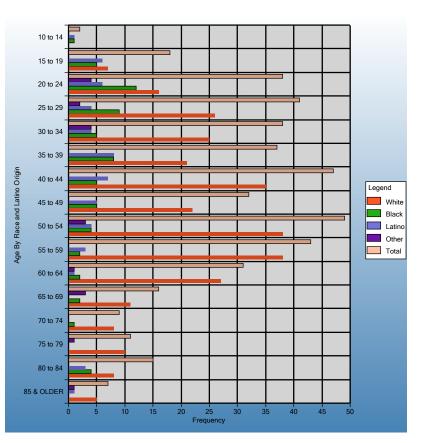


#### TABLE 16e AGE AND RACE AND LATINO ORIGIN OF DECEDENTS **BY GENDER**

Manner NAT	URAL		Gend	er ALL	-		- UNDER 1	
							- 01 to 04	
	RACE	ORIGIN	1				- 05 to 09	
AGE	WHIT	E BLACI	K LATIN	IO OTHE	ER TTL		- 10 to 14	
UNDER 1	2	5	1	0	8		101014	
01 to 04	2	7	1	0	10		15 to 19	
05 to 09	1	3	1	0	5		- 20 to 24	
10 to 14	1	3	1	0	5		201024	
15 to 19	1	5	3	0	9		25 to 29	
20 to 24	3	15	4	0	22	_	- 30 to 34	
25 to 29	13	15	6	1	35	rigin	00 00	
30 to 34	24	28	13	3	68	By Race and Latino Origin	35 to 39	Legend
35 to 39	38	32	11	1	82	Latir	- 40 to 44	
40 to 44	39	59	26	4	128	pue		
45 to 49	72	86	27	5	190	e	45 to 49	
50 to 54	134	125	26	3	288	y Ra	- 50 to 54	
55 to 59	169	159	29	5	362	Age B	00 10 04	
60 to 64	213	168	18	12	411	Å	55 to 59	
65 to 69	169	125	12	8	314		- 60 to 64	
70 to 74	116	66	6	7	195			
75 to 79	73	58	1	2	134		65 to 69	
80 to 84	47	35	2	6	90		- 70 to 74	
85 & OLDER	100	45	1	4	150		-	
UNKNOWN	4	2	0	0	6		75 to 79	
Total	1,221	1,041	189	61	2,512		- 80 to 84	
							-	
						8	5 & OLDER	
						ι	JNKNOWN	
							L (	
								Frequency

# TABLE 16fAGE AND RACE AND LATINO ORIGIN OF DECEDENTSBY GENDER

Manner	SUICIDE			Gender	ALL	
		RACE	/ORIG	SIN		
AGE		WHITE	BLA	CK LATI	NO ОТНІ	ER TTL
10 to 14		0	1	1	0	2
15 to 19		7	5	6	0	18
20 to 24		16	12	6	4	38
25 to 29		26	9	4	2	41
30 to 34		25	5	4	4	38
35 to 39		21	8	8	0	37
40 to 44		35	5	7	0	47
45 to 49		22	5	5	0	32
50 to 54		38	4	4	3	49
55 to 59		38	2	3	0	43
60 to 64		27	2	1	1	31
65 to 69		11	2	0	3	16
70 to 74		8	1	0	0	9
75 to 79		10	0	0	1	11
80 to 84		8	4	3	0	15
85 & OLI	DER	5	0	1	1	7
Total		297	65	53	19	434

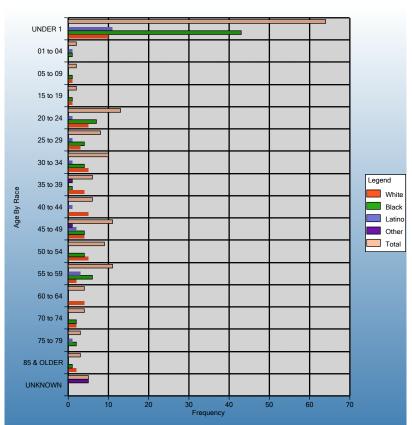


# TABLE 16gAGE AND RACE AND LATINO ORIGIN OF DECEDENTSBY GENDER

	RAC	RACE/ORIGIN						
AGE	WHIT	WHITE BLACK LATINO OTHER TTL						
UNDER 1	10	43	11	0	64			
01 to 04	0	1	1	0	2			
05 to 09	1	1	0	0	2			
15 to 19	1	1	0	0	2			
20 to 24	5	7	1	0	13			
25 to 29	3	4	1	0	8			
30 to 34	5	4	1	0	10			
35 to 39	4	1	0	1	6			
40 to 44	5	0	1	0	6			
45 to 49	4	4	2	1	11			
50 to 54	5	4	0	0	9			
55 to 59	2	6	3	0	11			
60 to 64	4	0	0	0	4			
70 to 74	2	2	0	0	4			
75 to 79	0	2	1	0	3			
85 & OLDER	2	1	0	0	3			
UNKNOWN	0	0	0	5	5			
Total	53	81	22	7	163			

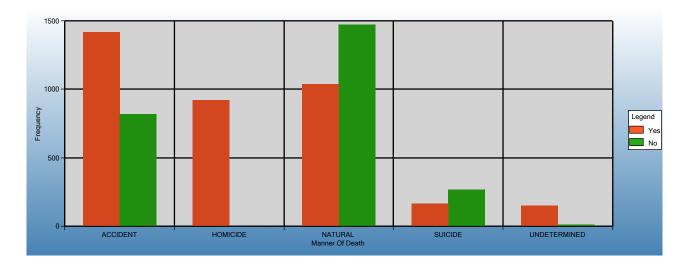
Gender ALL

Manner UNDETERMINED



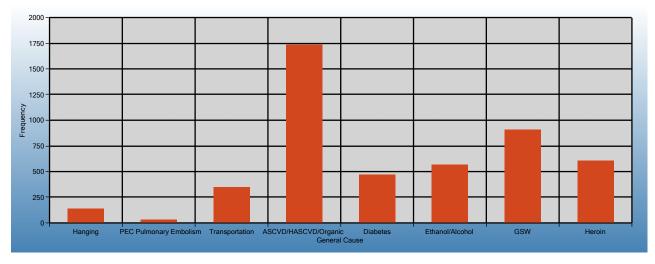
## TABLE 17MANNER OF DEATH BY AUTOPSY STATUS

	AUTOPSY	<i>(</i>	
MANNER	YES	NO	Total
ACCIDENT	1,417	821	2,238
HOMICIDE	923	1	924
NATURAL	1,040	1,472	2,512
SUICIDE	165	269	434
UNDETERMINED	152	11	163
Total	3,697	2,574	6,271



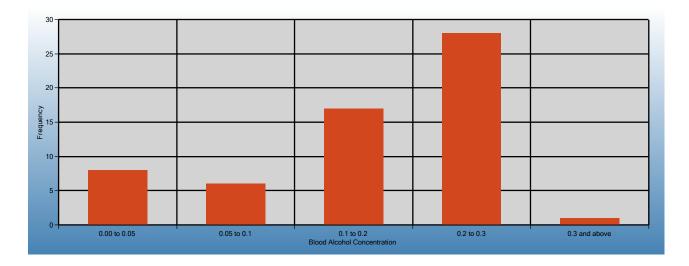
## TABLE 18CAUSE OF DEATH (GENERAL)

Cause ASCVD/HASCVD/Organic	Frequency 1,735	Percent 27.43%	Cumulative Percent 27.43%
GSW	907	14.34%	41.76%
Heroin	606	9.58%	51.34%
Ethanol/Alcohol	567	8.96%	60.31%
Diabetes	468	7.40%	67.70%
Transportation	348	5.50%	73.21%
Hanging	139	2.20%	75.40%
PEC Pulmonary Embolism	31	0.49%	75.89%



# TABLE 19DRIVER BLOOD ALCOHOL CONCENTRATIONIN TRAFFIC ACCIDENTS

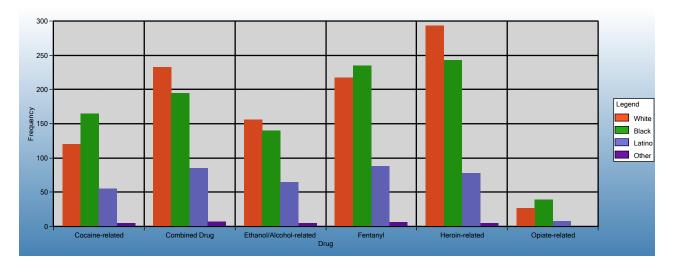
BAC	Frequency	Percent
0.00 to 0.05	8	5.19%
0.05 to 0.1	6	3.90%
0.1 to 0.2	17	11.04%
0.2 to 0.3	28	18.18%
0.3 and above	1	0.65%



# TABLE 20FREQUENT CAUSES OF ACCIDENTAL OVERDOSERACE AND LATINO ORIGIN

DRUG	White	Black	Latino	Other	Total
Cocaine-related	121	165	55	5	346
Combined Drug	233	195	85	7	520
Ethanol/Alcohol-related	156	140	65	5	366
Fentanyl	217	235	88	6	546
Heroin-related	293	243	78	5	619
Opiate-related	27	39	8	0	74

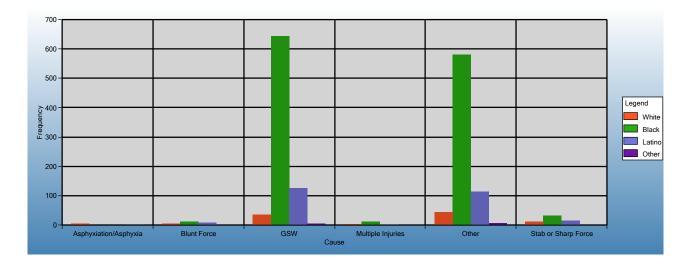
\* Note: Some deaths may be counted twice (e.g. heroin and alcohol toxicity)



# TABLE 21FREQUENT CAUSES OF DEATH FOR HOMICIDEBY RACE AND LATINO ORIGIN

CAUSE	White	Black	Latino	Other	Total
Asphyxiation/Asphyxia	4	0	0	1	5
Blunt Force	5	12	7	0	24
GSW	35	644	126	4	809
Multiple Injuries	3	11	1	0	15
Other	44	581	113	6	744
Stab or Sharp Force	11	31	15	0	57

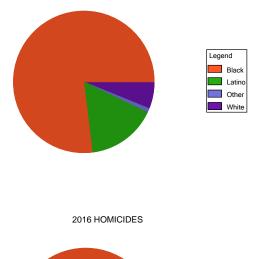
Note: There are cases counted under both Stab or Sharp Force and Blunt Force causes

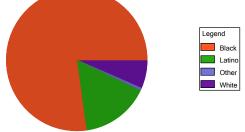


## TABLE 22FREQUENCY OF HOMICIDES BY RACE AND LATINO ORIGIN

	2015		2016	
	#	% of Total	#	% of Total
White	38	6.13%	60	6.49%
Black	477	76.94%	713	77.16%
Latino	99	15.97%	145	15.69%
Other	6	0.97%	6	0.65%
Total	620	100%	924	100%







# TABLE 23FREQUENCY OF GUNSHOT WOUND HOMICIDESBY RACE AND LATINO ORIGIN

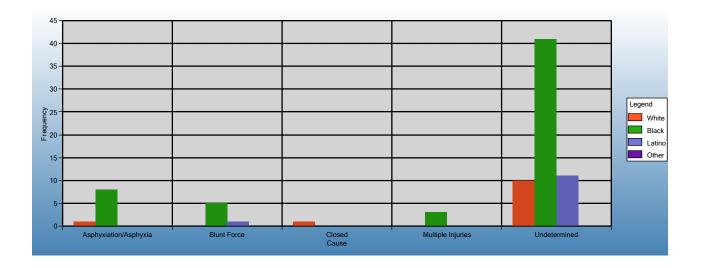
	2015		2016	
	#	% of Total	#	% of Total
White	24	4.56%	35	4.33%
Black	422	80.23%	644	79.60%
Latino	77	14.64%	126	15.57%
Other	3	0.57%	4	0.49%
Total	526	100%	809	100%

# TABLE 24FREQUENCY OF HOMICIDES FROM GUNSHOT WOUND<br/>BY RACE AND LATINO ORIGIN

	2015	2016
	% of Total	% of Total
White	2.45%	2.14%
Black	43.11%	39.32%
Latino	7.87%	7.69%
Other	0.31%	0.24%
Total	53.73%	49.39%

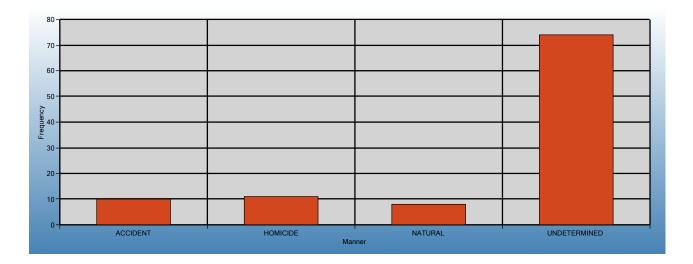
# TABLE 25FREQUENT CAUSES OF INFANT DEATHBY RACE AND LATINO ORIGIN

CAUSE	White	Black	Latino	Other	Total
Asphyxiation/Asphyxia	1	8	0	0	9
Blunt Force	0	5	1	0	6
Closed	1	0	0	0	1
Multiple Injuries	0	3	0	0	3
Undetermined	10	41	11	0	62



## TABLE 26INFANT DEATHS BY MANNER

MANNER	Frequency
ACCIDENT	10
HOMICIDE	11
NATURAL	8
UNDETERMINED	74
Total	103



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\*The Cook County Medical Examiner's Office is located in the 2nd District of Cook County, which had been represented by Commissioner Steele.

We send his family and friends our condolences on his passing.

