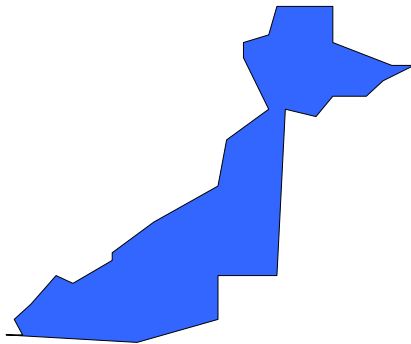


2011 Annual Report



Fulton County Medical Examiner



Prepared by:

**Michele T. Stauffenberg, MD
Deputy Chief Medical Examiner**

May 2012

Preface

This Annual Report would not be possible without the dedication and professionalism of the employees who worked for the Fulton County Medical Examiner in Atlanta, Georgia during the time period covered by this report. They are:

Administrative and Support Personnel

John M. Cross, Chief Administrative and Investigative Officer
Paul Desamours, Operations Manager
Barbara Pringle-Small, Administrative Coordinator
Simone Murphy, Medicolegal Transcriptionist
Lynnette Redding, Medicolegal Transcriptionist
Karleshia Bentley, Records and Documents Supervisor
Tia Baynes, Customer Service
Sharon Cooper, Customer Service
Shirley Gleaton, Administrative Assistant

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Michele T. Stauffenberg, MD, Deputy Chief Medical Examiner
Geoffrey P. Smith, MD, Associate Medical Examiner
Michael M. Heninger, MD, Associate Medical Examiner
Karen E. Sullivan, MD, Associate Medical Examiner
Kim A. Collins, MD, Medical Examiner
Rhome Hughes, MD, Forensic Pathology Fellow
Anindita Issa, MD, Forensic Pathology Fellow
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Kathy Robinson, Forensic Technician
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Filomena Fernandes, Forensic Technician
Glenda Washington, Histologist
Mary Burgess, Medicolegal Photographer
Steve Moore, Medicolegal Photographer
Monica Melchor, Morgue Attendant
Candice Dalton, Morgue Attendant

Facility Assistant

Walter Williams

Without the above individuals, quality investigation of deaths in Fulton County would not occur, and neither would professional communication with the many agencies and members of the public who are impacted when a death occurs. These employees also care for and maintain a modern facility in which death investigations may be professionally conducted with respect for the dead and at which members of the public, legal, and law enforcement communities can effectively conduct their business.

I thank the Fulton County Medical Examiner employees— each and every one— for their dedication, excellence, and professional quality death investigations conducted for the citizens of Fulton County. We are proud to be a death investigation center fully accredited by the National Association of Medical Examiners, and one which also has a fully-accredited forensic pathology fellowship training program for physician pathologists.

It is hoped that the information in this report may be useful to public health, public safety, and other policy and program planners who strive to improve the safety and quality of life. Additional data may be available for specialized studies that go beyond the general data presented in this report.

The medical examiner’s office and its personnel “speak for the dead” and our office is a place where “death delights to serve the living.” It is with a true sense of civic duty and public service that we conduct our death investigations for the community.

It is now 2012 and this Annual report is for calendar year 2011. It is not uncommon for some death cases to take many months to finalize because of extensive testing or the need for investigative information that takes time to obtain. The Report itself takes time to prepare, and must be done while we carry on our usual activities and death investigations, which also take the time of our staff.

Michele T. Stauffenberg, M.D.
Deputy Chief Medical Examiner
May 15, 2012

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NOTE: Rather than providing large numbers of Tables, Graphs, and Figures, data are presented with overall summary tables. These lists can be used to identify data which may be of interest for more in-depth study. More detailed data can be provided by FCME if release of such data is compliant with applicable laws, policies, and procedures.

SECTION I. INTRODUCTION

The Fulton County Medical Examiner (FCME) serves all non-federal, incorporated and unincorporated areas within Fulton County. In 2011, these areas include nearly all of the City of Atlanta, Alpharetta, Chattahoochee Hills, College Park, East Point, Fairburn, Hapeville, Johns Creek, Milton, Mountain Park, Palmetto, Roswell, Sandy Springs, Union City, Unincorporated Fulton County, and other areas served by special law enforcement agencies such as MARTA and college police forces. The FCME does not serve the few areas of Federal property within the county such as the Federal Penitentiary which arranges for its own investigations. Some deaths occurring on state property are investigated by the GBI. Under the provisions of the Georgia Death Investigation Act, FCME investigates deaths that are suspected or known to have resulted from external causes such as injury or poisoning, and deaths that are sudden, unexpected, and not explained with a reasonable degree of medical probability. Other selected types of death are also investigated such as those occurring while a person is in custody of law enforcement agencies.

The County covers 529 square miles and has an estimated population of about 1,074,600. Countywide, the population is about 48.4% white, 42.3% black, and 8.3% other minorities. The Hispanic population is about 7.9%.

The laws describing the duties of medical examiners in Georgia are contained mostly in Official Code of Georgia Annotated, Title 45, Chapter 16, The “Georgia Death Investigations Act.” The types of death required to be reported to the medical examiner include:

- Violence (injury)
- Casualty (accident)
- Suicide
- Suddenly when in apparent good health
- When unattended by physician (no doctor who can sign the death certificate)
- Suspicious or unusual
- Children under 7 if death is unexpected or unexplained
- Executions pursuant to death penalty (these do not occur in Fulton County)
- Inmate of state hospital or state, county, or city penal institution
- Admitted to hospital unconscious and dying within 24 hours without regaining consciousness

Decisions about autopsies are not mandated and are left to the discretion of the medical examiner. As can be seen, the laws are general enough that jurisdiction may be accepted in a wide variety of cases that are not otherwise specified in law, such as sudden death while under anesthesia, which may be considered to be “sudden and unexpected” or “unusual.”

When a death is reported to FCME, the case is either **accepted** (AJ) or **declined** (DJ). If a case is accepted, it means that the medical examiner will be signing the death certificate (certifying the death). A case is **declined** for one of two reasons:

- The incidents leading to death did not occur in Fulton County
- The death need not have been reported and there is a physician who is willing to sign the death certificate.

A case is **accepted** if:

- It meets the criteria specified by law as described above, and
- The incident leading to death occurred in Fulton County, or
- If the place of incident or onset of fatal events is unknown, the death occurred or the dead body was found in Fulton County

The case medical examiner (forensic pathologist) generally uses one of four approaches to certify a death (obtain information to complete the death certificate):

- **Signout.** The death certificate is signed without examining the body.
- **View.** A cursory examination is performed to further evaluate the case and rule out trauma or the need for further in-depth examination. A few simple case notes may be prepared.
- **External examination.** Formal external examination with a dictated report of the examination, usually including toxicology or chemistry tests as well.
- **Autopsy.** Complete autopsy with dictated report. A **limited dissection** (partial autopsy) is sometimes performed if:
 - there is expressed objection to autopsy or significant health or safety risks exist for staff, and,
 - a complete autopsy need not be performed.

There are basic general "rules" for classifying manner of death:

- **Natural** deaths are due solely or nearly totally to disease and/or the aging process.
- **Accident** applies when an injury or poisoning causes death and there is little or no evidence that the injury or poisoning occurred with intent to harm or cause death. In essence, the fatal outcome was unintentional.
- **Suicide** results from an injury or poisoning as a result of an intentional self-inflicted act committed to do self harm or cause the death of one's self.
- **Homicide** occurs when death results from a volitional act committed by another person to cause fear, harm, or death. Intent to cause death is a common element but is not required for classification as homicide (more below). It is to be emphasized that the classification of homicide for the purposes of death certification is a "neutral" term and neither indicates nor implies *criminal* intent, which remains a determination within the province of legal processes.
- **Undetermined** or "could not be determined" is a classification used when the information pointing to one manner of death is no more compelling than one or more other competing manners of death, in thorough consideration of all available information.

In general, when death involves a combination of natural processes and external factors, such as injury or poisoning, preference is given to the non-natural manner of death.

Budget and Staff

The current operating budget is \$3.6 million. The FCME staff consists of 36 employees including 5 full-time physician medical examiners, 11 investigators, 6 administrative support staff, 3 administrators, 10 forensic technicians and morgue support staff, and 1 facility support staff. We also have one or two forensic pathology physicians in training with the position funded by Emory University School of Medicine.

General Response

When a death is reported to FCME, the case is assigned a sequential case number. Basic information is obtained on all cases reported. Investigators, in consultation with the on-call medical examiner as needed, make decisions about whether the case should be accepted or declined, if death scene investigation is required, and whether or not the body need be transported to the Fulton County Medical Examiner's Center. The on-call medical examiner then makes decisions about the type of examination to be conducted and the extent of additional testing to be performed. Usually, bodies transported to FCME are returned to the family and funeral home within 24 hours or less if the body has been officially identified.

For further information about FCME, please see our website at www.fultoncountyga.gov/me-home

For further information about medical examiners and death investigation, please see the website of the National Association of Medical Examiners at www.TheNAME.org

Data Source and Analyses

The data herein are derived from the HOMER (Holds Our Medical Examiner Records) Access database. In 2011, there were 2337 deaths reported to the office. Seven of these records were non-human remains. Thus, after excluding these 7 records from data analysis, there were a total of 2330 unique human death cases for this report.

Race/Ethnicity Categories

Categorizing Race/Ethnicity of decedents has become more difficult because of a growing mixed-race population and because of personal preferences in how Race/Ethnicity is reported by family members.

For our database purposes, we assign race as follows:

B = Black or African American

W = White/Caucasian

WH = White Hispanic/Latino

BH = Black Hispanic/Latino

H = Hispanic/Latino

AS = Asian

PI = Pacific Islander

NA = Native American/Eskimo

Thus, for tabulation of Hispanic/Latino decedents, cases coded as WH, BH, or H would be used.

SECTION II. ALL REPORTED CASES

Table 1. Number of cases Accepted (AJ) and Declined (DJ) by Manner of death (n=2331)

Jurisdiction	Manner of Death	Frequency	Percent
AJ	ACCIDENT	239	18
	ACCIDENT (T)	76	6
	HOMICIDE	126	10
	NATURAL	717	55
	SUICIDE	98	8
	UNDETERMINED	42	3
	STILLBORN	1	<1
	Total =	1299	100
DJ		1032	
TOTAL		2331	

Table 2. Manner of death by Procedure, cross-tabulated for Accepted (Certified) Cases only (n=1,299)

MANNER	PROCEDURE				Total
	Autopsy	External PM Exam	Signout	View	
ACCIDENT*	160	29	47	3	239
ACCIDENT (T)**	64	5	7	0	76
HOMICIDE	126	0	0	0	126
NATURAL***	385	193	110	29	717
SUICIDE	95	0	3	0	98
UNDETERMINED	34	1	7	0	42
STILLBORN	1	0	0	0	1
Total =	865	228	174	32	1299

* Non Traffic-related accidents

** Traffic-related accidents

*** Includes 3 Limited Examinations

Table 3. Police Jurisdiction for Non-Natural Manners of death (n=569)

Police Jurisdiction	TOTAL Non-Natural	ACCIDENT	ACCIDENT (Traffic)	HOMICIDE	SUICIDE	UNDETERMINED
Alpharetta	19	11	1	0	6	1
Atlanta	323	130	30	88	46	29
College Park	16	8	2	3	2	1
Chattahoochee Hills	1	0	1	0	0	0
East Point	16	7	0	5	3	1
Fairburn	9	1	2	3	3	0
Fulton County	51	6	23	15	5	2
Hapeville	6	3	0	1	1	1
Johns Creek	11	3	0	0	6	2
Milton	6	1	0	1	4	0
Palmetto	3	2	0	1	0	0
Roswell	41	28	2	1	9	1
Sandy Springs	32	16	4	1	10	1
Union City	15	8	1	4	2	0
Total Above	549	224	66	123	97	39
Other or Unspecified *	20	6	9	3	1	1
All Cases =	569	230	75	126	98	40

* Includes other police jurisdictions such as MARTA, College Campus Police, other states, and nearby counties. Data do not include stillborns (1)

SECTION III. Homicides

Case Code	
Asphyxia	1
Asphyxia-Strangulation	5
Blunt Force	8
Drug Death-Poisoning	1
Gun-Handgun	16
Gun-Not Specified	65
Gun-Pistol	12
Gun-Revolver	2
Gun-Rifle	1
Gun-Shotgun	3
Homicidal Violence NOS	1
Malnourishment-Neglect	1
MVA-Occupant	1
Sharp Instrument	5
Sharp Instrument-Knife	4

Homicides: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM	0	0	0	0	0	0	0	1	0	1
WF	0	0	2	0	0	0	0	1	0	3
BM	4	12	35	24	15	5	3	1	1	100
BF	3	2	6	7	0	1	0	0	0	19
HM	1	0	0	0	0	0	0	0	0	1
HF	0	0	0	1	0	1	0	0	0	2
AM	0	0	0	0	0	0	0	0	0	0
AF	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	8	14	43	32	15	7	3	3	1	126

Conclusions and Comments:

- Guns are involved in 71% of homicides
- 94% of homicide victims were black/African American
- 71% of homicide victims were black males, 72% of which were 40 years of age or younger, and 35% of which were in their 20s
- 3% of homicide victims were white
- 81% of homicide victims were male
- Although the type of gun was not specified in 65 cases, most of those involved handguns

SECTION IV. Suicides

Case Code

Asphyxia-Hanging	21
Asphyxia-Suffocation	5
Drowning-River	1
Drug Death-Poisoning	12
Fire death	1
Gun-Handgun	24
Gun-Not Specified	4
Gun-Pistol	9
Gun-Revolver	10
Gun-Shotgun	2
Jump from Height	5
Poisoning-CO with no fire	1
Sharp Instrument	1
Sharp Instrument-Knife	2

Suicides: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM	0	2	3	4	13	13	6	6	0	47
WF	0	2	1	1	6	2	0	3	0	15
BM	0	4	8	7	6	1	0	0	0	26
BF	0	0	1	0	0	1	0	0	0	2
HM	0	1	0	1	0	0	0	0	0	2
HF	0	0	0	0	0	0	0	0	0	0
AM	0	0	2	1	0	1	0	1	0	5
AF	0	0	0	0	0	0	1	0	0	1
Other	0	0	0	0	0	0	0	0	0	0
Total	0	9	15	14	25	18	7	10	0	98

Conclusions and Comments:

- 50% of suicides involved guns (the most common method)
- Suicide by hanging or other asphyxia was the next most common method (27%)
- Suicide by drug or poison was the next most common method (12%)
- 9% of suicides were in persons 20 years of age or younger
- 63% of suicides involved white decedents and 28% involved black decedents
- 80% of suicide victims were male

SECTION V. Non-Vehicular Accidents

Case Code	
Anaphylaxis-Drug	1
Asphyxia	1
Asphyxia-Café Coronary	4
Asphyxia-Compression	1
Asphyxia-Hanging	1
Blunt Force	1
Blunt Force-Structural Collapse	1
Burn-Clothing Fire	1
Burn-Thermal-Not Fire	2
Cardiac-ASCVD-IHD	2
Cardiac-Hypertension	1
Crushed-Pinned	2
Drowning-Pool/Spa	3
Drowning-River	2
Drug Death-Poisoning	65
Drug Death-Poisoning+Disease	39
Fall	1
Fall- Down Steps	13
Fall-From Height	7
Fall-From moving object	1
Fall-Standing Height	62
Fire death	6
Fire death from explosion	1
Gun-Pistol	1
Hyperthermia-Exogenous	4
Hypothermia-Exogenous	5
MVA-Occupant	1
MVA-Pedestrian	1
Poisoning-CO with no fire	2
Poisoning-Not Drug or CO	3
RX	1
Train-Commercial	2
Treatment Complication	4

Accidents: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM	1	5	16	14	10	13	7	26	0	92
WF	1	0	2	4	2	4	5	29	0	47
BM	0	0	2	5	9	16	10	9	1	52
BF	1	1	3	4	8	13	1	9	0	40
HM	0	1	1	2	1	1	0	0	0	6
HF	0	0	0	2	0	0	0	0	0	2
AM	0	0	0	1	0	0	0	0	0	1
AF	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	3	7	24	32	30	47	23	73	1	240

Conclusions and Comments:

- The most common cause of accidental deaths was drugs and poisons which accounted for 43% of accidental deaths
- Falls, usually among elderly persons, was the second most common cause of accidental death
- 30% of accidental deaths were among persons 70 years of age or older
- In general, the number of accidental deaths rose with age

SECTION VI. Motor Vehicle Accidents

Case Code	
Blunt Force	2
Crushed-Pinned	1
MVA-Bicyclist	1
MVA-Driver	29
MVA-Motorcyclist Driver	10
MVA-Motorcyclist Rider	1
MVA-Occupant	12
MVA-Pedestrian	19
MVA-Pedestrian-Bus NOS	1

Motor Vehicle Accidents: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM	0	1	2	4	3	4	3	4	0	21
WF	0	0	0	0	2	1	1	3	0	7
BM	1	7	6	7	9	2	2	0	0	34
BF	0	0	3	0	1	1	4	1	0	10
HM	0	0	1	0	0	0	0	0	0	1
HF	0	1	0	1	0	0	0	0	0	2
AM	0	0	0	0	0	0	0	1	0	1
AF	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	1	9	12	12	15	8	10	9	0	76

Conclusions and Comments:

- Drivers were the most common type of traffic fatality, followed by pedestrians
- 25% of drivers were intoxicated with alcohol
- 20% of pedestrians were intoxicated with alcohol
- 76 is the smallest number of traffic fatalities in Fulton County in at least 25 years.

SECTION VII. Undetermined Manner of Death

Case Code

Blunt Force	2
Burn-Thermal-Not Fire	1
Drowning-Tub	1
Drug Death-Poisoning	3
Drug-Death-Chronic Abuse	1
Fall-From Height	2
Gun-Handgun	1
Gun-Pistol	1
Psychiatric Disorder	1
Renal Disease	1
SIDSOID-Both	1
SIDSOID-Stressor	15
Treatment Complication	2
Undetermined	11

Undetermined Manner of Death: Age, Race, Sex

	<=10	11-20	21-30	31-40	41-50	51-60	61-70	71+	?	Total
WM	2	0	0	1	2	2	1	0	0	8
WF	0	0	0	1	1	0	0	3	0	5
BM	7	0	0	1	1	2	1	0	0	12
BF	9	1	1	1	0	1	1	0	1	15
HM	0	0	0	0	0	0	0	0	0	0
HF	0	0	0	0	0	0	0	0	0	0
AM	0	0	0	0	0	0	0	0	0	0
AF	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	18	1	1	4	4	5	3	3	1	40

Conclusions and Comments:

- 38% of deaths with undetermined manner are sudden unexplained deaths among infants
- 28% of deaths with undetermined manner are classified that way because a cause of death could not be determined, in cases with decomposed or skeletal remains
- The other 34% are cases in which differentiation between two or more possible manners of death could not be made (such as suicide versus accident)
- SIDSOID deaths are sudden, unexplained infant deaths. “Stressor” means that there was possibly some contributing external factor such as bed sharing. “Classic” means that there were no possible contributory causes identified. “Not SIDS” means that a cause was not clearly identified but the circumstances were inconsistent with “sudden infant death syndrome.” “Both” means that there was a stressor and some evidence of a disease condition, but one that would not normally be fatal.
- All but two of the deaths in the under age 10 category were infants.

SECTION VIII. Deaths due to Natural Causes (n=717)

Case Code	
Aneurysm Rupture	9
Aorta Dissection	5
Autoimmune Disease	1
Cardiac	17
Cardiac-Anomaly	2
Cardiac-ASCVD-IHD	177
Cardiac-Cardiomyopathy	15
Cardiac-Endocarditis	1
Cardiac-Hypertension	183
Cardiac-Infarct NOS	2
Cardiac-Valvular	2
Dementia-Alzheimers	3
Dementia-NOS	2
Diabetes	9
Diabetes-IDDM	4
Diabetes-Ketoacidosis	13
Diabetes-NIDDM	3
Drug-Death-Chronic Abuse	34
Endocrine Disease	1
GI Tract Disease	15
Hemorrhage-Nosebleed	1
Hepatobiliary Disease	5
Heritable-Genetic-Congenital	10
Infection	8
Infection-HIV-AIDS	7
Infection-Lung	23
Neoplasm	37
Neoplasm-Unsuspected	1
Nervous System	6
Nervous System- Stroke	6
Nervous System-Hemorrhage	4
Nervous System-Hemorrhage-HBP	10
Nonspecific Natural	14
Obesity	1
Pregnancy-Complication	4
Prematurity	1
Psychiatric Disorder	2
Pulmonary	1
Pulmonary-Asthma	6
Pulmonary-COPD	17
Renal Disease	8
Sarcoidosis	3
Seizure Disorder	3
Seizure Disorder-Idiopathic	4
Stillbirth	1
Thromboemboli	30

Conclusions and Comments:

- 58% of natural deaths were due to heart disease and/or hypertension
- These 717 deaths represent about 10% of all natural deaths occurring in the county and typically include deaths which occur outside of health care facilities, deaths due to previously undiagnosed conditions, and deaths in which there is no physician to certify the death.

Section IX. Special Topics

Deaths of Children Age 1 through 18 years

	<= 10 years old	Cause	11-18 years old	Cause
Homicide	6	Blunt force (3) Gun (1) Drug (1) Sharp force (1)	8	Gun (7) Sharp force (1)
Suicide	0		4	Gun (1) Jump from height (1) Hanging (2)
Accident	2	Fire (1) Drowning (1)	1	Hanging/asphyxia (1)
MV Accident	1	Pedestrian (1)	6	Driver (2) Occupant (2) Pedestrian (2)
Natural	3	Infection (3)	6	Cardiac (2) Heritable/ Congenital/ Genetic (1) Seizure (1)
Undetermined	2		1	
Total	14		26	40

Deaths Among the Homeless

There were 34 deaths among persons reported to be homeless. 15 deaths were due to natural causes, 13 deaths were accidental, 3 were homicides, and the manner of death was undetermined in 2 cases. One case was declined to the jurisdiction of a neighboring county. Two (2) accidental deaths involved cold exposure and three (3) involved heat exposure. The other accidental deaths involved drugs or alcohol (4), burn (1), falling (1), blunt force (1), and carbon monoxide poisoning (1).

Drug-Caused Deaths

In 2011, there were 239 accidental deaths and 104 (44%) of these were due to alcohol and/or drugs. The numbers of cases in which various drugs were involved are shown in the Table below. The numbers do not add to 104 because often times, more than one drug is involved in causing the death of a given person.

Drug	Number of Cases
Cocaine	36
Ethanol	24
Oxycodone	17
Opiate, not otherwise specified. Some could be heroin	15
Morphine (some of these could be heroin)	10
Heroin	19
Methamphetamine	7
Methadone	16
Alprazolam	20
Diazepam	9
Benzodiazepine, not otherwise specified	5
Amphetamine/amphetamines	9
Fentanyl	1
Hydrocodone	16
Diphenhydramine	1
Citalopram/Escitalopram	3
Acetaminophen	1
Sertraline	2
Venlafaxine	1
Quetiapine	2
Zolpidem, Propoxyphene, Ephedrine/pseudoephedrine, Cyclobenzaprine	1 each

Conclusions and Comments:

- Although methamphetamine has historically been more common in rural areas, it is now appearing in Fulton County
- Heroin deaths appear to be rising especially among the young adult white population
- Cocaine remains the most common substance implicated in deaths caused by drugs
- Drug deaths result not only from use of illicit substances, but prescription and over-the-counter drugs as well

Procedural Summary

A brief summary of basic operational data for 2011 is as follows:

Comparison with the Past

Year	Homicides	Suicides	Traffic Fatalities	Other Accidents
1988	243	76	147	182
1989	275	98	149	193
1990	252	85	130	159
1991	237	87	104	161
1992	219	105	109	156
1993	244	86	128	171
1994	233	86	151	170
1995	211	78	124	171
1996	235	99	139	190
1997	185	81	122	170
1998	188	73	157	222
1999	183	100	127	207
2000	172	76	143	192
2001	171	87	125	265
2002	203	83	125	221
2003	181	79	113	276
2004	159	90	137	240
2005	145	78	130	262
2006	149	77	132	245
2007	182	86	121	275
2008	156	84	119	255
2009	129	86	111	233
2010	146	101	80	266
2011	126	98	76	239

Year	Total Cases	Certified	Autopsies	External Exams*	Scenes**	Total Bodies Examined***
1997	2109	1380	812	160	776	1180
1998	2234	1497	966	248	888	1424
1999	2199	1407	885	304	842	1357
2000	2098	1349	784	331	832	1331
2001	2014	1361	831	355	885	1406
2002	2063	1326	843	302	930	1322
2003	2298	1312	860	412	960	1554
2004	2254	1324	874	310	883	1312
2005	2171	1322	887	369	896	1427
2006	2212	1401	921	436	890	1495
2007	2238	1403	1002	365	921	1482
2008	2271	1386	940	303	894	1420
2009	2371	1418	893	456	856	1441
2010	2477	1416	910	367	848	1414
2011	2337	1299	868	338	780	1321

* Indicates external exams plus views

** Indicates on-site scene investigation

*** Indicates cases in which body was examined by an investigator and/or medical examiner

General trends

- The number of cases reported to the medical examiner is higher in the past three years than in the previous three years
- The homicide rate is highest among the black population
- The suicide rate is highest among the white population
- The number of homicides in the past three years is lower than in the previous three years
- Most homicides are committed with guns
- Most suicides are committed with guns
- Most accidental deaths are due to drug overdoses or falls (mainly in the elderly)
- The number of motor vehicle fatalities (76) is the lowest it has been in more than 20 years
- The majority of cases of undetermined manner of death involve sudden unexplained infant deaths
- More than half of natural deaths are due to hypertension and/or coronary artery disease
- Just over 50% of deaths among the homeless involved non-natural causes
- The most common drug that causes death is cocaine. Heroin and methamphetamine deaths may be increasing.
- Prescription drugs are implicated in drug-caused deaths in addition to illicit drugs

Comments

The services provided by the Fulton County Medical Examiner go far beyond the routine duties of conducting death investigations. Some of these other services include:

- Testifying in Court Cases
- Participating on Child Fatality Review Teams
- Giving Lectures and Training Sessions
- Providing a Forensic Pathology Fellowship Training Program
- Providing Death Investigation Internships and Clerkships
- Instructing Pathology Residents in Forensic Pathology
- Serving on State and National Committees and Advisory Boards
- Reporting Notifiable Conditions to the Health Department
- Reporting Applicable Deaths to Federal Agencies such as the Consumer Product Safety Commission and FDA
- Reporting drug-caused deaths to the DEA High Intensity Drug Trafficking Area (HIDTA) program
- Reporting applicable deaths to the Georgia Violent Death Reporting System (GVDRS)
- Reporting childhood deaths to the Child Fatality Review Team and District Attorney
- Reporting traffic fatalities to the Fulton County Solicitor
- Reporting homicide victims to the Fulton County District Attorney
- Preparing Scientific Articles and Research Papers
- Participating in National Organizations and their Activities
- Preparing Press Releases
- Maintaining an Office Website
- Developing In-house Databases
- Reporting Unidentified Decedents to NCIC and the NamUs Unidentified Decedent Reporting System
- Reporting Relevant Case Information to National Registries such as the National Association of Medical Examiner's Pediatric Toxicology Registry
- Providing Forensic Pathology and Death Investigation Experience to Medical Students at Morehouse School of Medicine, Emory University School of Medicine, and other Medical Institutions
- Participating in Studies and Programs Conducted by the Centers for Disease Control and Prevention