

# EL PASO COUNTY CORONER'S OFFICE

2020 ANNUAL REPORT

The Coroner's Office (EPCCO) serves El Paso County by investigating all sudden, unexpected, and non-natural deaths. While many natural deaths can be certified by the decedent's physician, approximately one quarter of deaths require further investigation to determine cause and manner of death and ensure public health and safety. In addition to performing **920 autopsies on El Paso County Deaths**, the office performed 373 autopsies for a fee for 21 surrounding counties.

TOTAL CASES INVESTIGATED

6037

TOTAL AUTOPSIES PERFORMED

1293

(9% Increase over 2019)

In 2020, the Coroner's Office staff consisted of five board-certified forensic pathologists including elected Coroner Leon Kelly, M.D., Deputy Chief Medical Examiner Emily Russell, M.D., and Associate Coroners Dan Lingamfelter, D.O., Travis Danielsen, M.D., and Christopher Hauch, M.D., as well as two administrative staff, nine death investigators, four toxicologists, one histologist, and five morgue technicians.

# Why Perform an Autopsy?

Colorado Revised Statute (C.R.S.) 30.10.606 describes the roles and responsibilities of the coroner in investigating deaths. A complete forensic investigation provides the **cause** and **manner** of how an individual died. The investigation can assist in settling insurance and estate claims as well as the implementation of civil and criminal actions. Identifying cause and manner of death is a critical component of ensuring public health and safety. The surviving family and general public can have peace of mind that a thorough investigation was completed.

It is the responsibility of the Coroner's Office to identify the decedent and notify next-of-kin. In many cases, identification and next-of-kin notification can be quickly achieved. However, in cases of burns, extensive injury, or decomposition this can prove more challenging. Our office ensures all leads have been exhausted in pursuit of identification and notification. At the time of this report, 5 cases dating back to 2012 are pending identification. In 2020, 67 unclaimed remains were released to the Public Administrator.

#### **MEANS OF IDENTIFICATION**



Visual or – 632 Circumstances



Outside – 373 Coroners



Fingerprints – 284



Dental - 1



DNA - 0



Medical - 1

# What is an Autopsy?

An "autopsy" can encompass several levels of examination:

237

237 cases in 2020 were

"external only" examinations,
in which the cause and manner
are well established by the
external examination\* and a
thorough medical history.

28

28 of the 2020 examinations were **partial autopsies** and typically consisted of "head only" examinations to ensure that head trauma didn't cause or contribute to death.

1028

1028 Examinations included a full internal exam in which each organ and body cavity is examined and is considered a **complete autopsy**.

93%

93% of cases had **toxicology testing** performed. Samples
are nearly always collected,
but testing may not be
performed at the discretion of
the physician

772

772 of 920 El Paso County autopsies required **death scene investigation** 



El Paso County Coroner's Office does not perform **Hospital Autopsies**.



The El Paso County Coroner's Office did not perform any **exhumations** in 2020

\*External Examination – Every autopsy includes a thorough examination of the outside of the decedent's body documenting changes of natural disease, identifying marks and scars, medical treatment, injuries, and an inventory of clothing and property.

#### Average time to completion

The average number of days from autopsy to report completion during 2020 was **29 days**. **61 cases** (4.7%) took **greater than 60 days** to complete due to their complexity or ongoing investigation. This meets the national standard of <10% of cases completed beyond 60 days.

# What Deaths are Investigated?

Colorado Revised Statutes (C.R.S) 30-10-606 mandate that the following deaths are reported to and investigated by the coroner:

- // Sudden, unexpected, or non-natural
- // No physician available to certify the death
- // Industrial accidents
- // Deaths in the custody of law enforcement or in the care of a public institution
- // Deaths due to contagious diseases
- // All unexplained deaths

#### Responsibilities of the Coroner:

- // Pronounce death
- // Determine cause and manner of death
- // Identify human remains
- // Notify next-of-kin
- // Investigate death in conjunction with but independent of law enforcement agencies
- // Collect evidence on or in the body
- // Secure a decedent's property for next-of-kin
- // Provide expert testimony
- // Grant tissue/organs for donation

# 2020 Revenue for El Paso County Coroner's Office

Grant for Violent Death Reporting \$3,838

Out-of-County Autopsy Fees \$556,150

Out-of-County Toxicology Fees \$171,390

Histology Fees \$3,500

Facility Fees \$1,600

Total Revenue for 2020 \$736,478 †

# El Paso County Citizen Cost Breakdown

2019 Population\* 720,403

Total 2020 Budget \$2,980,002

\$2,980,002 (Budget)

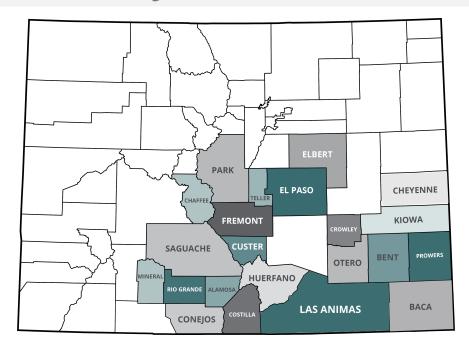
- \$736,478 (Revenue)

\$2,243,524 Overall Cost to Citizens

 $\div$  720,403 (Population)

= \$3.11 Annual cost to each El Paso County Citizen

# Overall Breakdown of Autopsies Performed by the El Paso County Coroner's Office



| ALAMOSA  | 26  | 70 | FREMONT    |
|----------|-----|----|------------|
| BACA     | 5   | 16 | HUERFANO   |
| BENT     | 8   | 4  | KIOWA      |
| CHAFFEE  | 38  | 1  | LAS ANIMAS |
| CHEYENNE | 10  | 4  | MINERAL    |
| CONEJOS  | 11  | 18 | OTERO      |
| COSTILLA | 17  | 23 | PARK       |
| CROWLEY  | 9   | 10 | PROWERS    |
| CUSTER   | 26  | 18 | RIO GRANDE |
| EL PASO  | 920 | 19 | SAGUACHE   |
| ELBERT   | 3   | 37 | TELLER     |
|          |     |    |            |

**1,293 – TOTAL CASES** 

#### **Manner of Death**

There are five manners of death that can be listed on a Colorado Death Certificate.

Natural - Deaths due solely to disease or aging

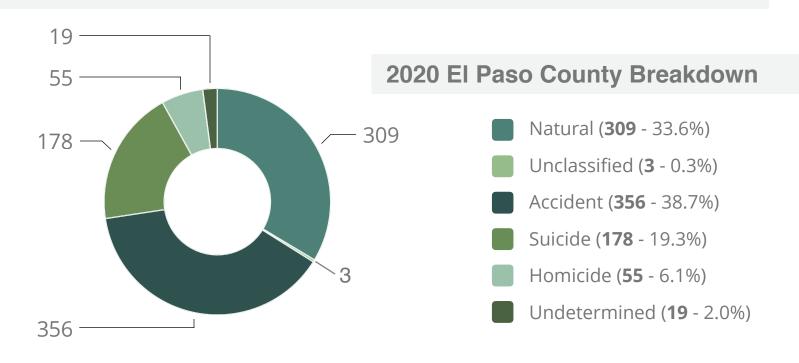
**Accident** - Deaths due to unintentional injury

Suicide - Deaths due to an intentional self-inflicted injury

**Homicide** - Deaths due to the intentional injurious action of another individual

**Undetermined** - Deaths in this category may or may not have a determined cause of death, or may have several different possible manners.

**Unclassified** - Death of a fetus in utero (in the uterus) does not receive a manner determination



200 Total

#### **Deaths Due to Natural Diseases**

| Chronic Alcohol  Pulmonary Embolism  6% 17  Non COVID-19 Infections  COVID-19*  Diabetes  Pulmonary Disease  Cancer/Neoplasm  Morbid Obesity  Geriatric Decline/Dementia  Gastrointestinal  Cerebrovascular  Epilepsy  Other   |                                  | 309 | ) ( | otai |
|--|----------------------------------|-----|-----|------|
| Pulmonary Embolism  Non COVID-19 Infections  COVID-19*  Diabetes  Pulmonary Disease  Cancer/Neoplasm  Morbid Obesity  Geriatric Decline/Dementia  Cerebrovascular  Epilepsy  Other  6% 17  6% 17  6% 15  6% 15  6% 17  6% 1 | Cardiovascular                   |     | 50% | 155  |
| Non COVID-19 Infections  5% 15  COVID-19*  Diabetes  Pulmonary Disease  3% 10  Cancer/Neoplasm  Morbid Obesity  Geriatric Decline/Dementia  Cancerbrovascular  Epilepsy  Other   | Chronic Alcohol                  |     | 14% | 43   |
| COVID-19*  Diabetes  Pulmonary Disease  Cancer/Neoplasm  Morbid Obesity  Geriatric Decline/Dementia  Carebrovascular  Epilepsy  Other  | Pulmonary Embolism               |     | 6%  | 17   |
| Diabetes4%12Pulmonary Disease3%10Cancer/Neoplasm2%7Morbid Obesity2%7Geriatric Decline/Dementia2%7Gastrointestinal2%6Cerebrovascular2%6Epilepsy1%4Other1%4  | Non COVID-19 Infections          |     | 5%  | 15   |
| Pulmonary Disease 3% 10  Cancer/Neoplasm 2% 7  Morbid Obesity 2% 7  Geriatric Decline/Dementia 2% 6  Cancer/Neoplasm 2% 7  Cerebrovascular 2% 6  Epilepsy 1% 2  Other 1% 2   | COVID-19*                        |     | 4%  | 13   |
| Cancer/Neoplasm  Morbid Obesity  Geriatric Decline/Dementia  Gastrointestinal  Cerebrovascular  Epilepsy  Other  2%  7  6  7  7  7  7  7  7  7  7  7  7  7   | Diabetes                         |     | 4%  | 12   |
| Morbid Obesity 2% 7 Geriatric Decline/Dementia 2% 7 Gastrointestinal 2% 6 Cerebrovascular 2% 6 Epilepsy 1% 4 Other 1% 4  | Pulmonary Disease                |     | 3%  | 10   |
| Geriatric Decline/Dementia  Gastrointestinal  Cerebrovascular  Epilepsy  Other  The description of the content  | Cancer/Neoplasm                  |     | 2%  | 7    |
| Gastrointestinal 2% 6 Cerebrovascular 2% 6 Epilepsy 1% 2   | Morbid Obesity                   |     | 2%  | 7    |
| Cerebrovascular  Epilepsy  Other   | Geriatric Decline/Dementia       |     | 2%  | 7    |
| Epilepsy 1% 2 Other 1% 2   | Gastrointestinal                 |     | 2%  | 6    |
| Other1%  | Cerebrovascular                  |     | 2%  | 6    |
|  | Epilepsy                         |     | 1%  | 4    |
| Liver Disease 1% 2   | Other                            |     | 1%  | 4    |
|  | Liver Disease                    |     | 1%  | 2    |
| Complications of Pregnancy/Birth 156   | Complications of Pregnancy/Birth |     | 1%  | 1    |

**Significant Contributing Causes -** The diseases that are most commonly listed as significant contributing factors in death alongside those causes listed above include obesity, diabetes, pulmonary disease, cardiovascular disease, smoking, and chronic alcoholism.

<sup>\*</sup>The majority of COVID-19 Deaths occur in the hospital or a care facility setting and are not investigated by the coroner. These deaths represent those that died at home or prior to diagnosis.

#### **Deaths Due to Accidents**

We saw an increase in accidents (332 in 2019) largely due to increases in drug related deaths (130 in 2019) and motor vehicle related deaths involving pedestrians and motorcycles. These increases were partially off-set by a decrease in falls in the elderly that due to COVID-19 safety measures for long-term care were not brought to our office for examination.

356 Total

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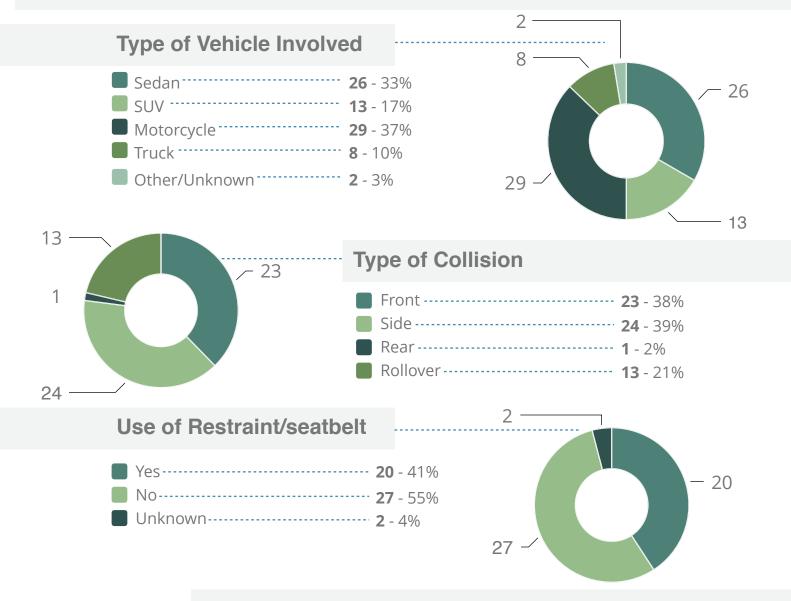
| Drugs                     | 52% | 186 |
|---------------------------|-----|-----|
| Motor Vehicle Accidents   | 22% | 78  |
| Falls                     | 5%  | 32  |
| Pedestrian Injury         | 4%  | 13  |
| Others                    | 2%  | 8   |
| Unsafe Sleep - Pediatric  | 2%  | 7   |
| Asphyxias                 | 2%  | 6   |
| Drowning                  | 1%  | 4   |
| Hypothermia               | 1%  | 4   |
| Bicycle Crashes           | 1%  | 4   |
| Carbon Monoxide           | <1% | 3   |
| Fires/Burns               | <1% | 3   |
| Choking                   | <1% | 3   |
| Motor Vehicle vs. Bicycle | <1% | 3   |
| Firearms                  | <1% | 2   |

# Blunt Force Injury AccidentsMotorcycle29Falls in Adults + Elderly23\*Falls from height4Passenger vehicles49Falls down stairs5

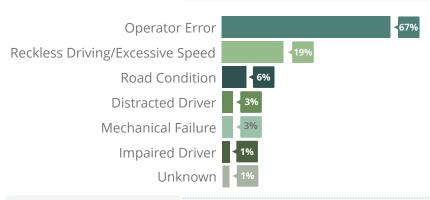
\*Reduced from 85 in 2019 due to release to treating physician for death certification

Pedestrian ----- 13

#### **Motor Vehicle Crashes**



#### **Suspected Primary Cause of Crash**



Of the **44** fatal accidents where the decedent was the "at fault driver" and toxicology was performed **32** had drugs, alcohol, or THC in their system at autopsy

| their system at autopsy |                         |
|-------------------------|-------------------------|
| Drugs: <b>7</b>         | Alcohol + THC: 4        |
| Alcohol: 6              | Drugs + Alcohol: 2      |
| THC: 5                  | Drugs, Alcohol + THC: 4 |
| Drugs + THC: 4          |                         |

Vehicle vs. PedestrianPedestrian at faultDriver at fault62%38%

# **Drug Related Accidental Deaths**

The total number of drug-related deaths increased significantly from 2019 (130) due to increases in fentanyl deaths (21 in 2019 to 47 in 2020), methamphetamine (66 increased to 91), cocaine (20 increased to 30), and heroin (35 increased to 43). Forty percent of deaths were due to a combination of substances.

186 Total

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| Methamphetamine (+/- other meds)                 | 51 |
|--|----|
| Heroin (+/- other meds)                          | 14 |
| Heroin + Methamphetamine                         | 23 |
| Prescription Opioids (+/- Ethanol or other meds) | 17 |
| Methamphetamine + Prescription Opioids           | 2  |
| Fentanyl + Other Prescription Drugs              | 5  |
| Cocaine  | 12 |
| Non-Opioid Prescription Drugs                    | 4  |
| Fentanyl   | 22 |
| Heroin, Cocain + Methamphetamine                 | 1  |
| Methamphetamine + Fentanyl (+/- other meds)      | 5  |
| Cocaine + Heroin (+/- other meds)                | 1  |
| Heroin, Fentanyl + Cocaine                       | 1  |
| Ethanol  | 3  |
| Methamphetamine + Prescription Opioids           | 1  |
| Cocaine + Methamphetamine                        | 2  |
| Mathamphetamine, Fentanyl, Heroin + Cocaine      | 1  |
| Mathamphetamine, Fentanyl + Heroin               | 2  |
| Cocaine + Prescription Opioids                   | 1  |
| Ketamine (+/- other meds)                        | 1  |
| Fentanyl + Cocaine                               | 9  |
| Mitragynine (+/- Ethanol or other meds)          | 3  |
| Freon Gas + Methamphetamine                      | 1  |
| Freon Gas  | 2  |
| Fentanyl, Methamphetamine + Cocaine              | 2  |

| Opioids resulting in death | 108 Total               |
|----------------------------|-------------------------|
| Heroin 36                  | Methadone ····· 7       |
| Oxycodone ····· 10         | Fentanyl + RX Opioids 6 |
| Hydrocodone 1              | Mixed RX Opioids 2      |
| Fentanyl 37                | Heroin + RX Opioids 3   |
| Fentanyl + Heroin4         | Tramadol 2              |

# **2020 Drug Related Death Facts**

8%



Of medication used in the overdose was prescribed by the decedent's physician. 67%

Of accidental drug deaths were male

++++

The average age at death (range of 15 - 70 years) old)

41 YEARS

66%

Have a prior history of substance abuse or addiction 20%



Have a known history of mental illness

61%

Death scene investigations revealed drugs, drug paraphernalia or medications of abuse

¥ 24%

Deaths of all causes that have marijuana metabolites present at autopsy Represents a 3% increase from 2019 86%

Percentage of the accidental opioid deaths that were heroin or fentanyl

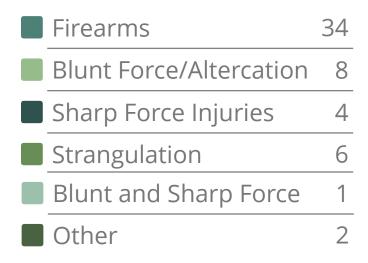
118

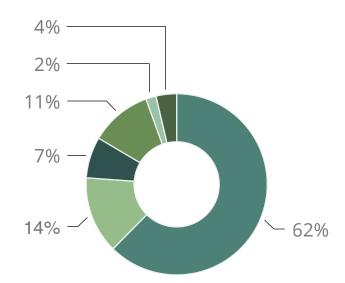
Total number of opioid related deaths (including accident and suicides)
82 in 2019

### **Deaths Due to Homicide**

2020 marked a sharp increase in homicides (35 in 2019) to numbers more similar to prior years (56 in 2018).

55 Total





### **Apparent Circumstances of the Homicides**



| Altercation1                             | 6 |
|--|---|
| Domestic/Family Violence 1               | 9 |
| Officer Involved* 5                      |   |
| Reckless use of firearm 3                |   |
| During the Commission of Another Crime 1 | 2 |

<sup>\*</sup>All 5 officer-involved deaths resulted from a use of force (firearms, restraint, taser) that resulted in the death of another. Therefore, the manner is ruled a homicide. However, this determination is not an opinion on the legality of the force used as this judgement is within the purview of the District Attorney and the justice system.

**53%** of decedents personally knew the suspect in their death.

#### **Deaths Due to Suicide**

There was a slight decrease in total suicides (180 in 2019).

178 Total

| Firearms           | 97 |
|--------------------|----|
| Ligature           | 36 |
| Drugs              | 27 |
| Carbon Monoxide    | 7  |
| Asphyxia           | 3  |
| Fall               | 3  |
| Sharp Force Injury | 1  |
| Other              | 4  |

### **Drugs Used in Suicide**

| Single Opioids     | 2 |
|--------------------|---|
| Mixed Opioids      | 6 |
| Single Non-Opioids | 7 |
| Mixed Non-Opioids  | 7 |
| Illicit Drug       | 2 |
| Insulin ·····      | 2 |
| Other ·····        | 1 |

#### 2020 Suicide Facts



42

Average age at death (Range of 11 -100 years)



19%

Notes or social media posts indicating suicidal intentions



61%

Have a reported history of prior suicidal thoughts



73%

Autopsies contain drugs (45%), alcohol (35%), or THC (17%) at the time of death



Have known active or prior military duty

79%

of completed suicides were male



Investigation revealed 18 Cases where COVID-19 associated grief or stress was a driving factor in the suicide.

8

June

Dec.

#### **Child Fatalities**

El Paso County Coroner's Office investigated the deaths of 43 children (below the age of 18 years old). These cases are individually reviewed by the El Paso County Child Fatality Review Team to identify strategies to prevent these types of deaths in the future, which has resulted in community-wide efforts to decrease teen suicide and sudden infant death in El Paso County. There was an increase in deaths in ages 5-12 years (1 in 2019) due to homicides, motor vehicle crashes, and suicides in this age group. Youth suicide increased from 9 in 2019 to 15 in 2020.

Total

#### Age <1 month 1 month - 1 year 11 1-4 Years 3 8 5-12 Years 13-17 20

| Breakdown                    |    |
|------------------------------|----|
| Natural 2                    | 2  |
| Homicides                    | 5  |
| Suicides1                    | 15 |
| Infant unsafe sleep/asphyxia | 3  |
| Undetermined                 | õ  |
| Motor vehicle accident       | 1  |
| Drugs, Accident2             | 2  |
| Complication of birth        | 1  |
|                              |    |

#### **Teen Suicides (Ages 11-17 Years)** Male: 12 Female: 3 Gender Hanging Firearms Drugs Other When the Suicides Occurred lan. March April May 2 2 Aug. Nov. July Sept. Oct. 3 **Infant Asphyxias: 8 Total** Deaths due to an unsafe sleep surface

Deaths due to bed sharing with adults

Bed sharing and unsafe sleep surface

# **Homeless Deaths in El Paso County**

As homelessness continues to be a concern for our community, it is important to examine what issues cause or contribute to death in this population. In 2020, 79 total individuals died unexpectedly while struggling with homelessness and were investigated by the coroner.

79 Total

#### Homelessness is defined as:

- Sleeping on the streets
- Sleeping in a tent, vehicle, or shelter
- "Couch surfing" or "squatting"
- Transitional living program
- Temporary residence in a motel

49

Average age at death

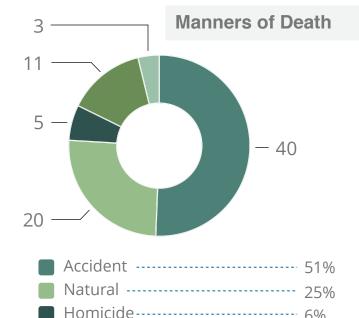
(Increase of 4 years over 2019)

#### **RACE**

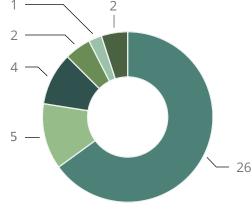
White – 82% Black – 9% Hispanic – 8% Other – 1%

# 81%

Homeless deaths were male (86% in 2019)



#### **Accidents**



| ■ Drug intoxication         | 26 - 65% |
|-----------------------------|----------|
| Pedestrian stuck by vehicle | 5 - 12%  |
| Carbon monoxide/Fire        | 4 - 10%  |
| Hypothermia                 | 2 - 5%   |
| Motor Vehicle Crash ·····   | 1 - 3%   |
| ■ Fall                      | 2 - 5%   |

#### **Natural Deaths**

| Heart Disease 7           |
|---------------------------|
| Alcoholism ····· 5        |
| COVID-19 1                |
| Non-COVID-19 Infections 2 |
| Other 5                   |

Suicide ------ 14%

Undetermined ----- 4%

#### **Drug Intoxications**

| Methamphetamine            | 15 |
|----------------------------|----|
| Heroin                     | 1  |
| Methamphetamine + Heroin   | 6  |
| Methamphetamine + Fentanyl | 2  |
| Cocaine ·····              | 1  |
| Mixed Drugs and/or Alcohol | 1  |

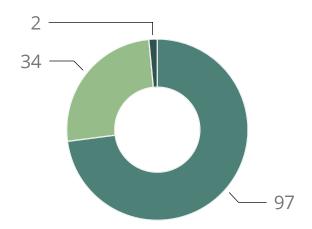
#### **Firearms Related Deaths**

In 2020, 133 total individuals died of firearms related injuries. There was an increase in firearm associated homicides (29 in 2019) which was offset by a decrease in firearm related suicides (102 in 2019).

**133** Total

#### **Breakdown of Manners**

| Suicide  | 73% |
|----------|-----|
| Homicide | 26% |
| Accident | 1%  |



#### **Firearm Related Homicide Circumstances**

| Altercation                                   | 9  |
|---|----|
| While committing another crime                | 12 |
| Domestic violence                             | 7  |
| Reckless use of a firearm                     | 3  |
| Lawful use of deadly force by law enforcement | 3  |

### **AGE RANGES**

| FIREARM   | FIREARM   | FIREARM   |
|-----------|-----------|-----------|
| HOMICIDE  | ACCIDENT  | SUICIDE   |
| 6 – 72    | 19 – 27   | 11 – 100  |
| years old | years old | years old |

62%

Of males used a firearm to complete suicide vs.

26%

Of females

# **Organ Donation**

In 2020:

29

El Paso County donors had organs recovered for transplantation

10 of the 29

42%

Were coroner jurisdiction cases and all were approved for donation



Organs were transplanted from El Paso County donors



El Paso County tissue donor cases fell under the coroner's jurisdiction



Cases resulted in tissue harvest

There were no refusals of organ requests by the El Paso County Coroner