

# 2016 ANNUAL REPORT



## Office of the Larimer County Coroner Medical Examiner

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OFFICE OF THE LARIMER COUNTY CORONER/ MEDICAL EXAMINER

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To the Citizens of Larimer County,

The information you will find in this annual report has been gathered from records held by the Larimer County Office of the Coroner/ Medical Examiner, Donor Alliance, and the State of Colorado Health Department. Our staff strives to serve Larimer County with integrity and professionalism. It is our wish to provide the public with the most up-to-date and complete information possible in a format that is accurate and easy to read. Many of the statistics, charts, and graphs will vary year-to-year, as trends are followed and new or different information is requested.

We hope these statistics will be of value to you. If you have any questions or need any further information, please feel free to contact us.

James A. Wilkerson IV, MD  
Larimer County Coroner  
Chief Medical Examiner

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**MISSION STATEMENT and FUNCTION OF THE  
MEDICAL EXAMINER'S OFFICE**

**MISSION STATEMENT**

- To seek the truth;
- To combine forensic science and medicolegal death investigation to determine the cause and manner of death;
- To serve the community with professionalism and integrity.

The Office of the Coroner / Medical Examiner is a separate and independent law enforcement agency. It is a division of the Larimer County government and is funded through the Larimer County Commissioners by the citizens of Larimer County. The Medical Examiner's Office serves the residents of Larimer County by incorporating the fields of medicine and forensic science to investigate any sudden and unexpected death, or those deaths that occur under violent or suspicious circumstances. Colorado Revised Statutes mandate that the Office of the Coroner investigate any death where the cause of death is unknown, and when necessary to determine the cause of death, an autopsy can be ordered by the Coroner. Certain autopsies are mandated by Statute.

In early 2002, the Larimer County Medical Examiner's Office became the smallest county in the nation and the third county in Colorado to attain national accreditation as a Medical Examiner's Office through the National Association of Medical Examiners (NAME). This is a stringent accreditation of over 250 requirements, and includes the requirement that the Office is run by a Forensic Pathologist/ Medical Examiner, and that at least one Investigator be certified through the American Board of Medicolegal Death Investigators. We have maintained NAME Accreditation continuously since 2002.

The Coroner must be elected every four years. We are fortunate that for over 40 years, Larimer County has continually elected a forensic pathologist/ medical examiner as its Coroner, maintaining a professional medically-run office. Our Larimer County Coroner/ Chief Medical Examiner is James A. Wilkerson IV, MD. Dr. Wilkerson has over 25 years' experience as a Forensic Pathologist and is triple-board certified in Forensic, Anatomical, and Clinical Pathology. Forensic Pathology is the branch of medical science that is applied to the legal investigation of sudden, unexpected, violent, or suspicious deaths. Also in the Forensic Pathology partnership are Michael A. Burson, PhD, MD, and Daniel Lingamfelter, DO, each of whom is also a Forensic Pathologist/ Regional Medical Examiner.

The Larimer County Coroner/Medical Examiner's staff includes a Chief Deputy Coroner/Chief Investigator and five Deputy Coroner/Investigators. All investigators are trained extensively in medicolegal death investigation through ongoing education. All investigators are Certified Death Investigators through the Colorado Coroners Association, and are encouraged to complete the National Death Investigator certification process through the American Board of Medicolegal Death Investigators. Completing our staff is the Administrative Office Manager.

Duties of the Medical Examiner's Office are dictated by Colorado Revised Statutes and the National Association of Medical Examiners (NAME), and include:



**MISSION STATEMENT and FUNCTION OF THE  
MEDICAL EXAMINER'S OFFICE**

- To respond to the death scene, 24 hours a day, 7 days a week;
- To investigate the scene of death;
- To take all necessary steps needed to positively identify the decedent;
- To determine the date and time of death;
- To collect, preserve, and process pertinent evidence at the scene;
- To photograph, document, and/or sketch the scene;
- To remove the body from the scene in a dignified manner;
- To interview witnesses, family members, physicians, employers, friends, neighbors, etc.;
- To compile and document information in unbiased, accurate, and complete reports;
- To assist at autopsy, which will determine Cause of Death;
- To notify next-of-kin;
- To process and compare fingerprints from weapons and other items;
- To provide information and assistance to families;
- To interact with other Law Enforcement, governmental, and health agencies, i.e. police/sheriff, fire, Emergency Medical Services, attorneys, OSHA, FBI, Consumer Product Safety Commission, DEA, school districts, hospitals, funeral homes, organ donation teams, etc.;
- To release information to public through press releases and/ or media interviews;
- To provide testimony at depositions and in court;
- To provide training and education in the field of Death Investigation to other law enforcement, health, and community service agencies.

The investigative and medical staff seek to find answers to the questions which are important to the decedent's family, involved law enforcement agencies, insurance companies, the judicial system, Consumer Product Safety Commission, the Colorado Department of Health, and OSHA, to name a few. The pursuit of civil or criminal proceedings is in part determined by the ability of the Medical Examiner's Office to determine the cause and manner of death. This unique makeup of job responsibilities means the Medical Examiner's Office performs both a public service and a law enforcement role that requires the Medical Examiner to scrutinize every death within the jurisdiction to determine the events that led to that death.

The Medical Examiner's Office also functions as an advocate for families by working with them to insure they are notified of the death, relaying the medical information from autopsies, and placing families in touch with other agencies that will assist in the grieving process. Many cases brought to the Medical Examiner's office are dealt with in a routine manner because the identity of the decedent is known and next-of-kin can be readily contacted. However, there are occasional cases that are difficult to resolve. In these deaths, one or more pertinent pieces of information are missing or difficult to establish. Identification of the deceased may require locating dental records, fingerprints, or surgical records. The decedent may not have next-of-kin, or the next-of-kin may be far removed and difficult to locate. These cases may take more time, but the Medical Examiner's staff will pursue any and all leads to resolve these issues.

The postmortem examination (autopsy) on each decedent includes the preservation of evidence, body fluids, and tissue for microscopic examination, toxicological analyses, trace evidence analysis, and other tests deemed necessary. Photographs are taken at autopsy both externally and internally and have value both as evidence and additional documentation of cases.

### **MISSION STATEMENT and FUNCTION OF THE MEDICAL EXAMINER'S OFFICE**

The Medical Examiners and Investigators provide testimony at depositions and in court. The staff participates in meetings with police, physicians, and attorneys (Prosecution and Defense) in a variety of criminal and civil cases.

Our office works closely with organ and tissue procurement teams in a cooperative effort to ensure that the decedent's wishes and those of their family are honored.

Death investigation requires frequent contact between our office and various media personnel. The staff is skilled in responding to media inquiries that occur daily.

Deaths which fall under the jurisdiction of the Coroner are defined by statute (CRS: 30-10-606) and include, but are not limited to, the following circumstances:

- All victims of external violence, unexplained cause, or deaths with suspicious circumstances (including all actual or suspected homicides, suicides, and accidents);
- Deaths where no physician is in attendance, or where, though in attendance, the physician is unable to certify the cause of death;
- Deaths from thermal, chemical, or radiation injury, or death from any injury sustained prior to hospital admission;
- Deaths from criminal abortion, including any situation where such abortion may have been self-induced;
- Deaths from a disease which may be hazardous or contagious or which may constitute a threat to the health of the general public;
- Deaths occurring while in the custody of law enforcement officials or while incarcerated in a public institution;
- When the death was sudden and happened to a person who was in good health;
- All "crib deaths" (Sudden Unexpected Infant Death Syndrome);
- All patients that die within 24 hours of admission to a hospital or nursing home facility.

Investigators must participate in ongoing continuing education, including:

- Death Investigation Seminars and Certification
- Medical and Forensic Seminars
- Accident Investigation
- Crime Scene Investigation
- Evidence Collection and Preservation
- Medical Training
- Interviewing and Dealing with Grief

The Medical Examiner's staff provides regular training and education to other law enforcement, health, and community service agencies concerning the roles and functions of this office. In 2015, our Medico-legal Investigators conducted numerous educational outreach training presentations to local agencies, schools, community service groups, and individuals, including but not limited to:

**MISSION STATEMENT and FUNCTION OF THE  
MEDICAL EXAMINER'S OFFICE**

- AIMS Police Academy
- Berthoud Fire Dept. & Poudre Fire Authority
- CSU & Poudre School District Forensic Program
- Fort Collins Police Department
- Front Range Community College Med Prep, Police Academy Board, & Criminal Justice Programs
- Larimer County & City of Fort Collins Victim's Advocates
- Larimer County Search and Rescue
- Pathways Hospice & Suicide Resource Center
- Rocky Mountain High School
- UNC Forensics & Criminal Justice Program
- Various individual meetings with citizens throughout the community.

We have also been asked to train other Coroners and Deputy Coroners throughout the State of Colorado as part of the Colorado Coroner's Association.

## **EXPLANATION OF DATA**

The Larimer County Coroner's Office was established in 1881 and records have been kept continuously since. The vast majority of information presented here has been compiled from deaths that fell under the jurisdiction of the Larimer County Coroner/ Medical Examiner during the 2016 calendar year. Many of the charts and graphs include data from the last 10 years, as needed to show trends.

The geographic area served by the Larimer County Medical Examiner's Office includes 2,634 square miles, which is located in the north central part of the state. Weld and Jackson Counties are to the east and west, respectively, with Boulder County on the south and the State of Wyoming on the north. Larimer is the 6<sup>th</sup> largest county in Colorado, based on population. The population of Larimer County is approximately 334,000 and includes the cities and towns of Estes Park, Berthoud, Loveland, Ft. Collins, and Wellington. Small communities such as Timnath, LaPorte, Bellvue, Drake, Glen Haven, Livermore and Red Feather Lakes are also within the boundaries of Larimer County. The county extends to the Continental Divide and includes much of Rocky Mountain National Park. Over 50% of Larimer County is publicly owned, most of which is land within Roosevelt National Forest and Rocky Mountain National Park. The County has two school districts; Poudre School District R-1 and the Thompson Valley School district RJ-2. Larimer County has nine (9) State highways, three (3) US highways, and one Interstate highway going through its boundaries.

The data in this report are summarized from individual cases under the jurisdiction of the Coroner/Medical Examiner and presented here in aggregate form. Long term death statistics were gathered from Coroner's statistics over the last 10 (or more) years. Current yearly information and statistics were gathered from deaths in 2016.

The "Undetermined" Manner of Death category includes deaths in which the manner could not clearly be determined, as in some drug overdoses where there is no clear evidence as to whether the injury occurred with intent or accidentally. Undetermined is also used for Sudden Unexpected Infant Death Syndrome (SUIDS), and in other cases, such as found skeletal remains, where no other clear manner of death can be determined.

It is the intention of the Larimer County Medical Examiner's Office to provide factual statistics and information for and requested by the citizens of Larimer County. Graphs and tables, which display information such as classification of death, drugs of abuse, death rates, and motor vehicle crash statistics have been selected as those most likely to assist other agencies and individuals seeking statistical information.

Abbreviations are used for modes of death throughout the various charts and graphs in this report. They are as follows:

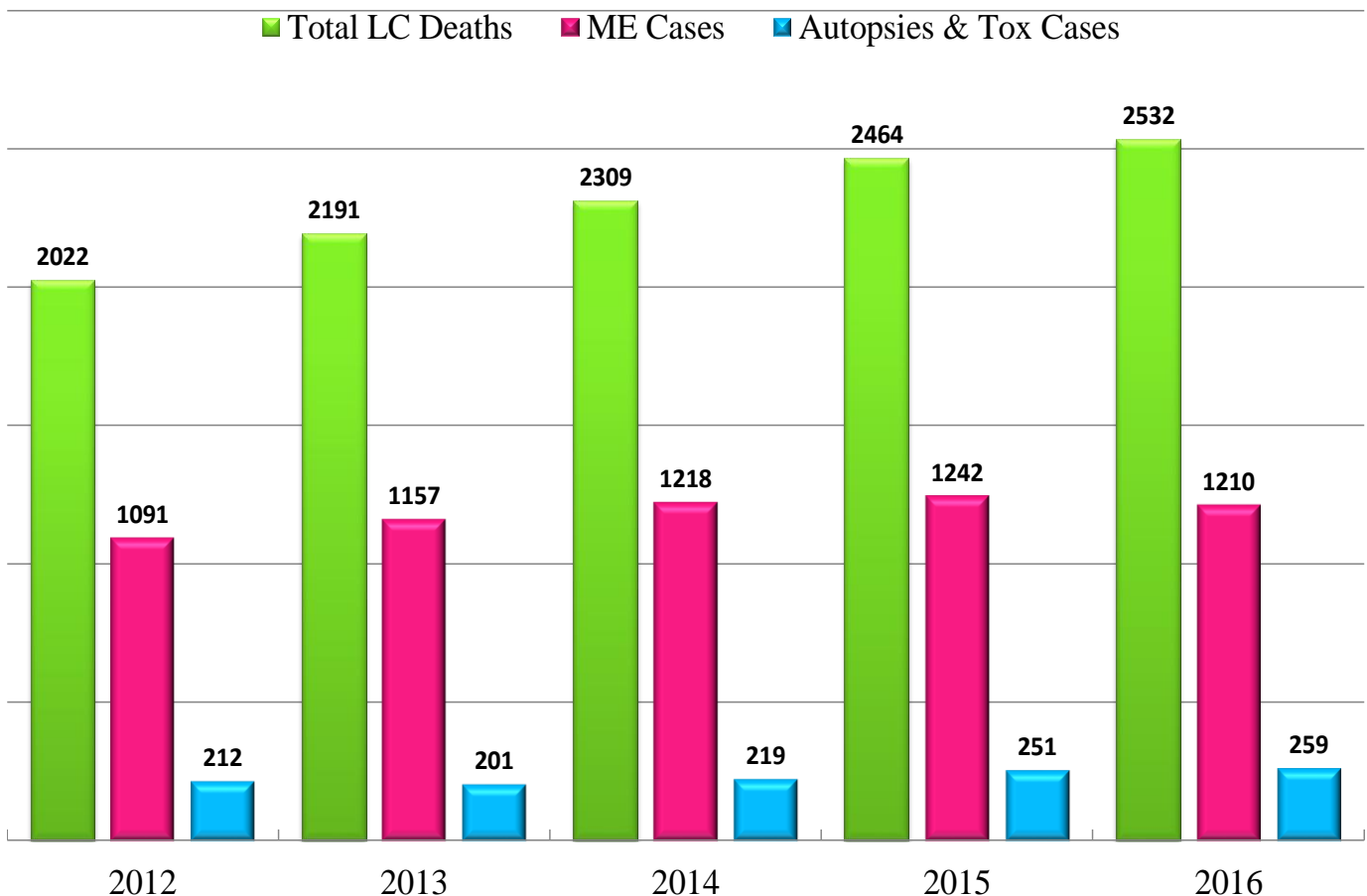
- CO (carbon monoxide)
- GSW (gunshot wound)
- AH (asphyxia by hanging)
- MVC (motor vehicle crash)
- OD (overdose)

## TOTAL LARIMER COUNTY DEATHS VS. MEDICAL EXAMINER CASES IN 2016

In 2016, there were 2532 deaths in Larimer County. The Medical Examiner's Office assumed jurisdiction in 1210 (48%) of these cases. Larimer County Medicolegal Investigators review medical information and conduct necessary telephone interviews on all M.E. cases, and it was deemed necessary to respond to the death scene and conduct a thorough medicolegal scene investigation in 386 of the 1210 cases. Out of these investigations, complete forensic autopsies were performed in 247 cases (20%) of the accepted Coroner cases. Plus, in 12 other cases, only toxicology studies were deemed necessary. The remaining 951 cases not autopsied or tested for toxicology were those in which the scene investigation, circumstances of death, medical documentation, interviews, social history, and/ or external examination of the body provided sufficient information for certifying the cause of death. Seventeen (17) cases were transferred back to the jurisdiction in which the event originated.

Cases in which jurisdiction was not assumed by the Medical Examiner (1322 deaths), were those individuals in nursing homes, facility Hospices, or hospital settings longer than 24 hours, and with a known fatal disease process and no evidence of extenuating circumstances, thus enabling the primary physician to certify the cause of death without Medical Examiner involvement. The following tables, graphs, and figures summarize all cases where the Medical Examiner assumed jurisdiction.

### Total County Death Cases vs. M.E. Cases (Last 5 years: 2012 – 2016)



## MANNER OF DEATH

The **Manner of Death** is a classification of the way in which the Cause of Death came about, whether by force of natural events, accidental means, self-inflicted wounds, or other external forces. Manner of Death is determined largely by means of the investigation. There are only five (5) manners of death, listed below.

**NATURAL** - Death caused *solely* by disease. If natural death is hastened by injury or any other non-natural event (ex: fall), the manner of death will not be considered natural. If the terminal disease process is *caused* by a non-natural event (ex: pneumonia due to long-term bed confinement as a result of a motor vehicle accident), the manner of death will not be considered natural. In 2016, we investigated 933 Natural deaths.

**SUICIDE** - Death as a result of a purposeful action set in motion (explicit or implicit) to end one's life. In 2016, there were 83 deaths certified as Suicides.

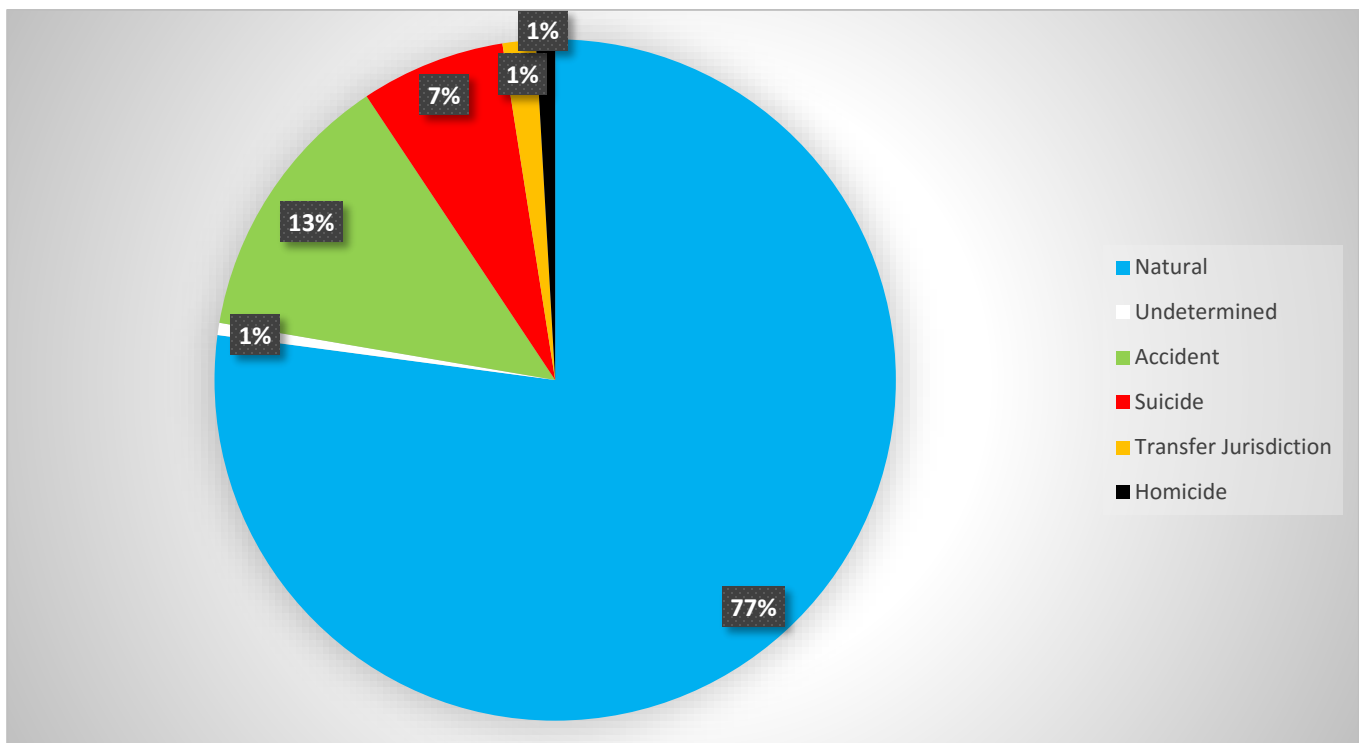
**ACCIDENT** - Death other than natural where there is no evidence of intent; i.e. an unintentional event or chain of events. This category includes most motor vehicle accidents, falls, drowning, accidental drug overdoses, drug reactions, etc. In 2016, we had 157 Accidents, 52 of which were motor vehicle fatalities.

**HOMICIDE** - Death resulting from injuries intentionally inflicted by another person (explicit or implicit), or inflicted on another by one's grossly reckless behavior (does not include vehicular homicide). In 2016, there were 11 Homicides in Larimer County.

**UNDETERMINED** - Manner assigned when there is insufficient evidence, or conflicting/ equivocal information (especially about intent), to assign a specific manner. In 2016, we had 7 deaths where Manner could not be accurately determined. These are listed as Undetermined.

**(TRANSFERS)** - Jurisdiction transferred back to the originating County where the injury occurred in 19 cases.

### MANNERS OF DEATH – 2016





## 2016 YEAR - END STATISTICAL OVERVIEW

The Larimer County Medical Examiner's Office investigated a total of 1,210 deaths during 2016. Of these, 933 were Naturals, 157 were Accidents, 83 were Suicides, 11 were Homicides, 19 were transferred back to the County of origin, and 7 were classified as Undetermined. Of the 1,210 deaths, our 6 Medicolegal Investigators responded to and conducted complete medicolegal investigations into 386 death scenes. The remaining 824 cases where a response was not deemed necessary were home Hospice or hospital deaths falling under Coroner Statutes, but determined to be death solely from Natural causes that had no suspicious or unusual circumstances. These deaths were investigated via telephone and medical record review.

Not every accident or suicide is necessary to autopsy. This usually occurs when the person has been a patient in a hospital or nursing home and there is adequate medical history and a documented diagnosis which can eliminate the need for an autopsy. However, a complete medicolegal investigation is still done.

### **Accidents: 157 total 95 autopsied; 6 Toxicology only**

- 41 - Drug Overdose (OD)
- 42 - Falls
- 52 - Motor Vehicle Crash (MVC)
- 5 - Drowning
- 2 - Asphyxia (mechanical, positional, huffing, or auto-erotic)
- 5 - Choked on food/ foreign object
- 4 - Hypo/ hyperthermia
- 2 - Train vs. pedestrian
- 1 - Industrial Accident
- 1 - Fire/ Thermal
- 1 - Medical Mishap
- 1 - Lightning

### **Suicides: 83 total 82 autopsied**

- 54 - Gun Shot Wound (GSW)
- 18 - Asphyxia by Hanging (AH)
- 6 - Drug Overdose (OD)
- 1 - Carbon Monoxide (CO)
- 2 - Asphyxia/Suffocation
- 1 - Train vs. Pedestrian
- 1 - Motor Vehicle v. Pedestrian

### **Homicides: 11 total 11 autopsied**

- 6 - Gun Shot Wound (GSW)
- 2 - Cutting/ Stabbing
- 2 - Blunt Trauma (1 w/ stab)
- 1 - Ligature strangulation

### **Undetermined: 7 total 4 autopsied**

- 3 - Overdose (Accident v. Suicide)
- 1 - Motor vehicle v. pedestrian (Accident v. Suicide)
- 1 - Motor vehicle crash (Accident v. Suicide)
- 2 - Nothing found at autopsy

### **Transfer of Jurisdiction: 19 total**

### **Naturals: 933 total 55 autopsied; 6 Toxicology only**

**Total Forensic Autopsies Performed: 247 + 12 Toxicology-Only studies**

# **SUICIDE**

# **STATISTICS**

## 2016 Suicide Information

Suicide is death caused by intentional, self-inflicted injuries. In Larimer County during 2016 there were 83 deaths by suicide. Death by Suicide comprised 6.8% of our investigated cases and 3.3% of all Larimer County deaths.

### **Age**

Average Age	46
Juvenile (<18)	4
Adult	79
Oldest:	90
Youngest:	15

### **Alcohol and/ or Drugs Present**

55/83 (66%)

### **Gender**

Female	14
Male	69

### **Mode of Suicide**

Gun Shot Wound (GSW)	54
Drug Overdose (OD)	6
Asphyxia by Hanging (AH)	18
Carbon Monoxide (CO)	1
Asphyxia/ Suffocation	2
Train v. Pedestrian	1
Motor Vehicle v. Pedestrian	1
	<b>83</b>

### **Race**

Black	1
Hispanic	1
Asian	1
White	79
Other	1

### **Monthly Breakdown**

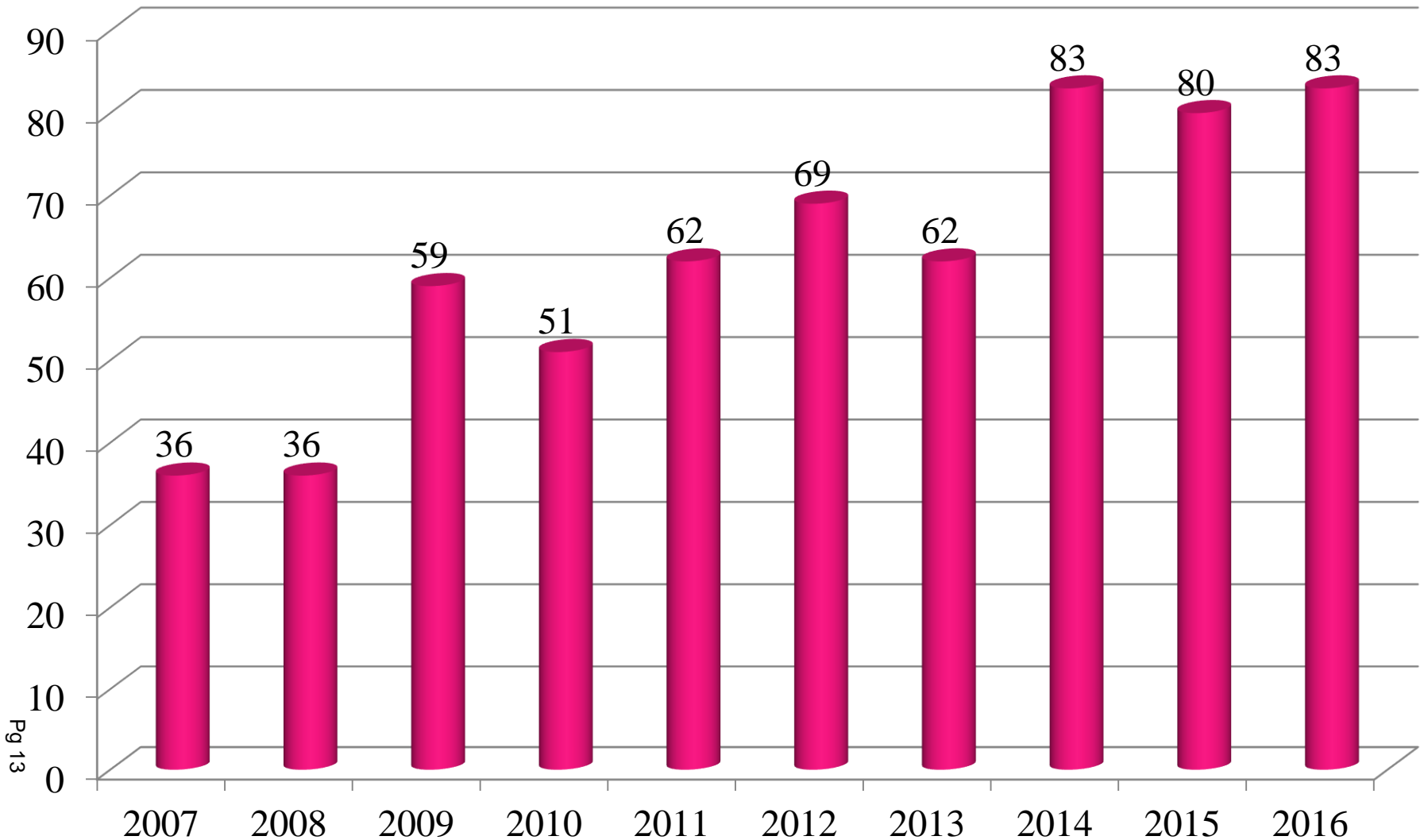
Jan	5
Feb	7
Mar	7
Apr	7
May	6
Jun	5
July	11
Aug	6
Sept	4
Oct	5
Nov	6
Dec	14
	<b>83</b>

### **Mental Health/ Suicide Notes**

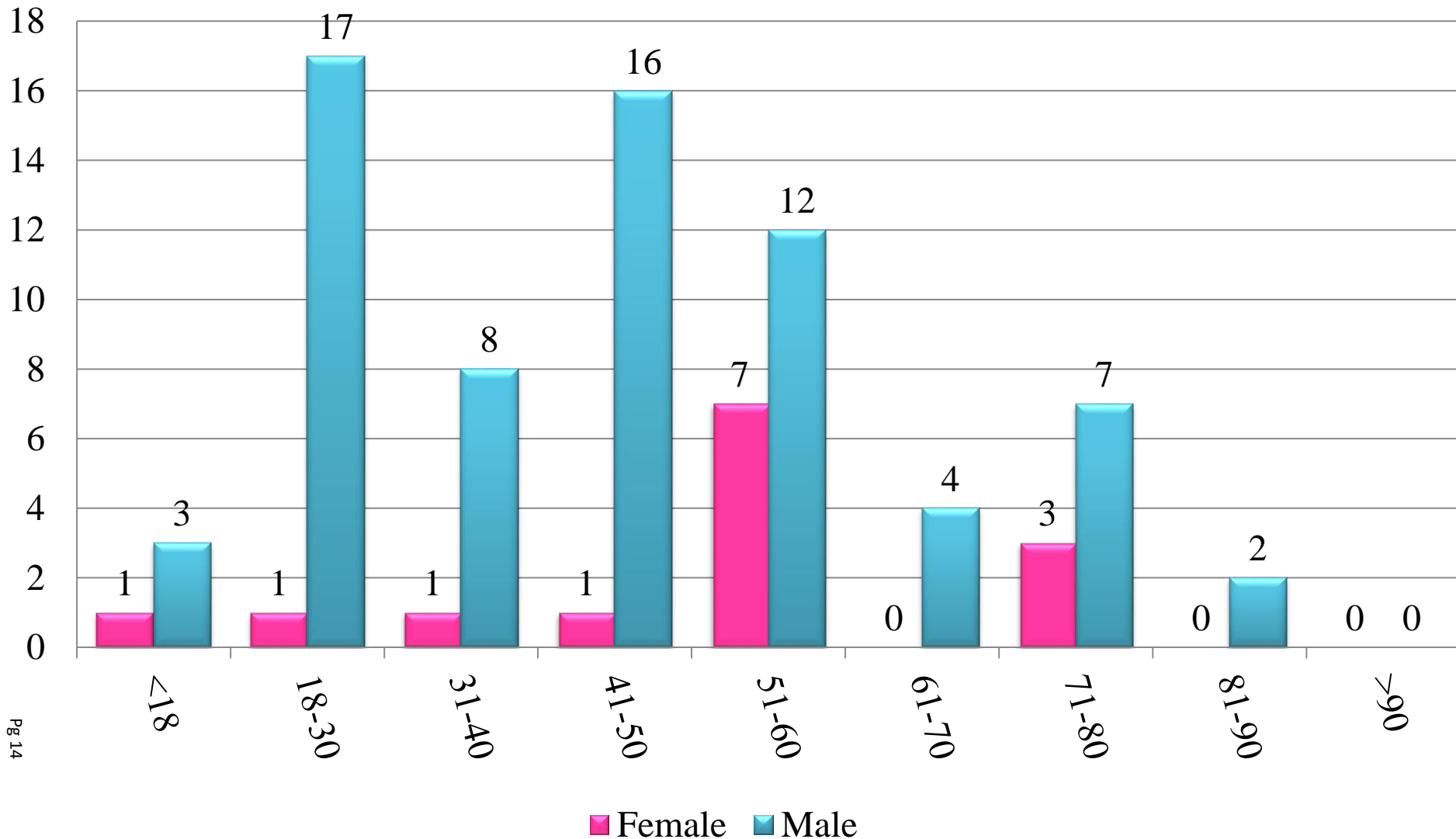
Left note or other message:	44/83
	(53%)
Prior ideation or attempts:	57/83
	(68%)
Active mental health treatment:	23/83
	(28%)

# Suicide Totals - Last 10 Years

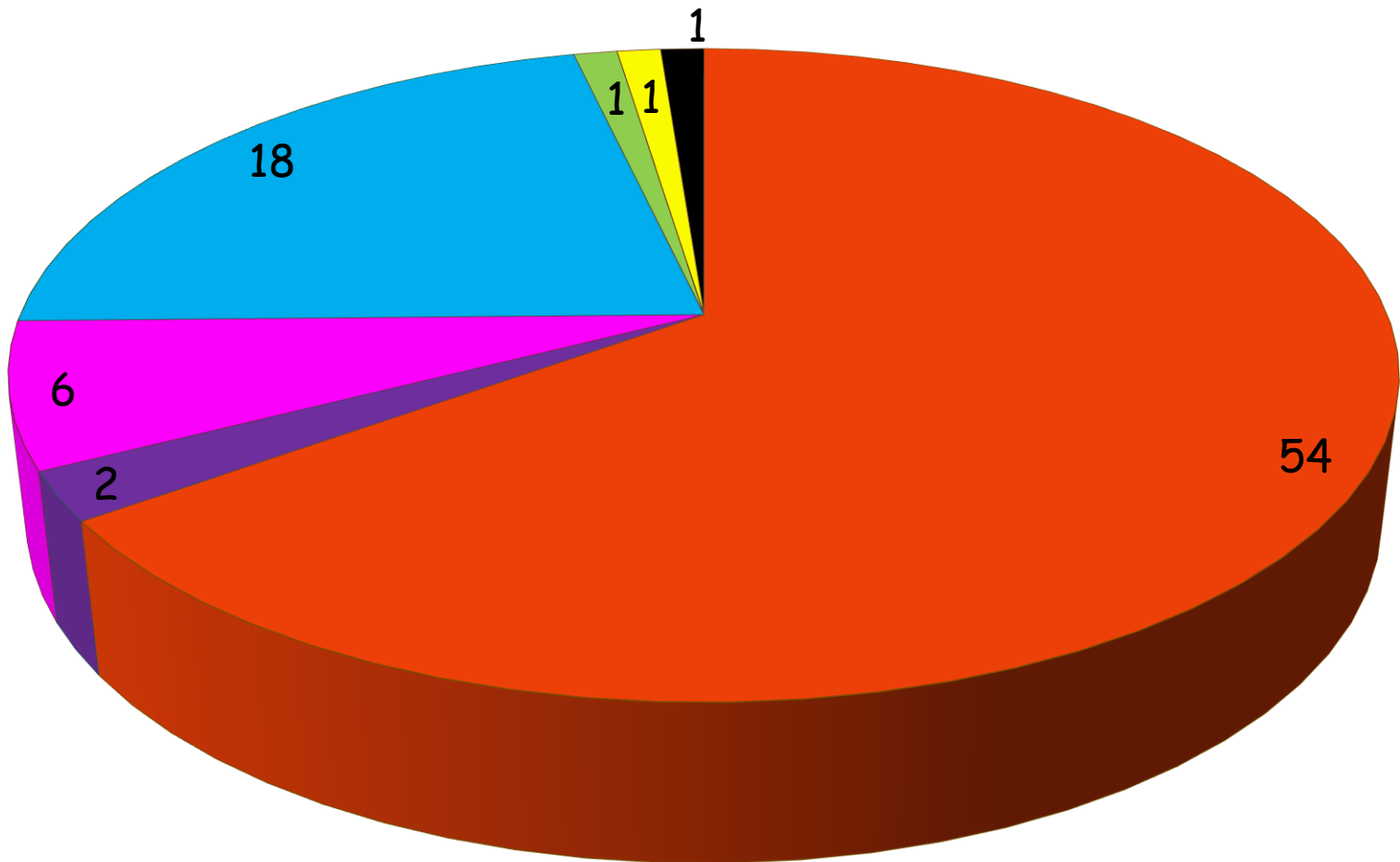
## 2007 - 2016



## 2016 Suicides by Age and Gender Distribution



## 2016 Suicides Distribution by Mechanism



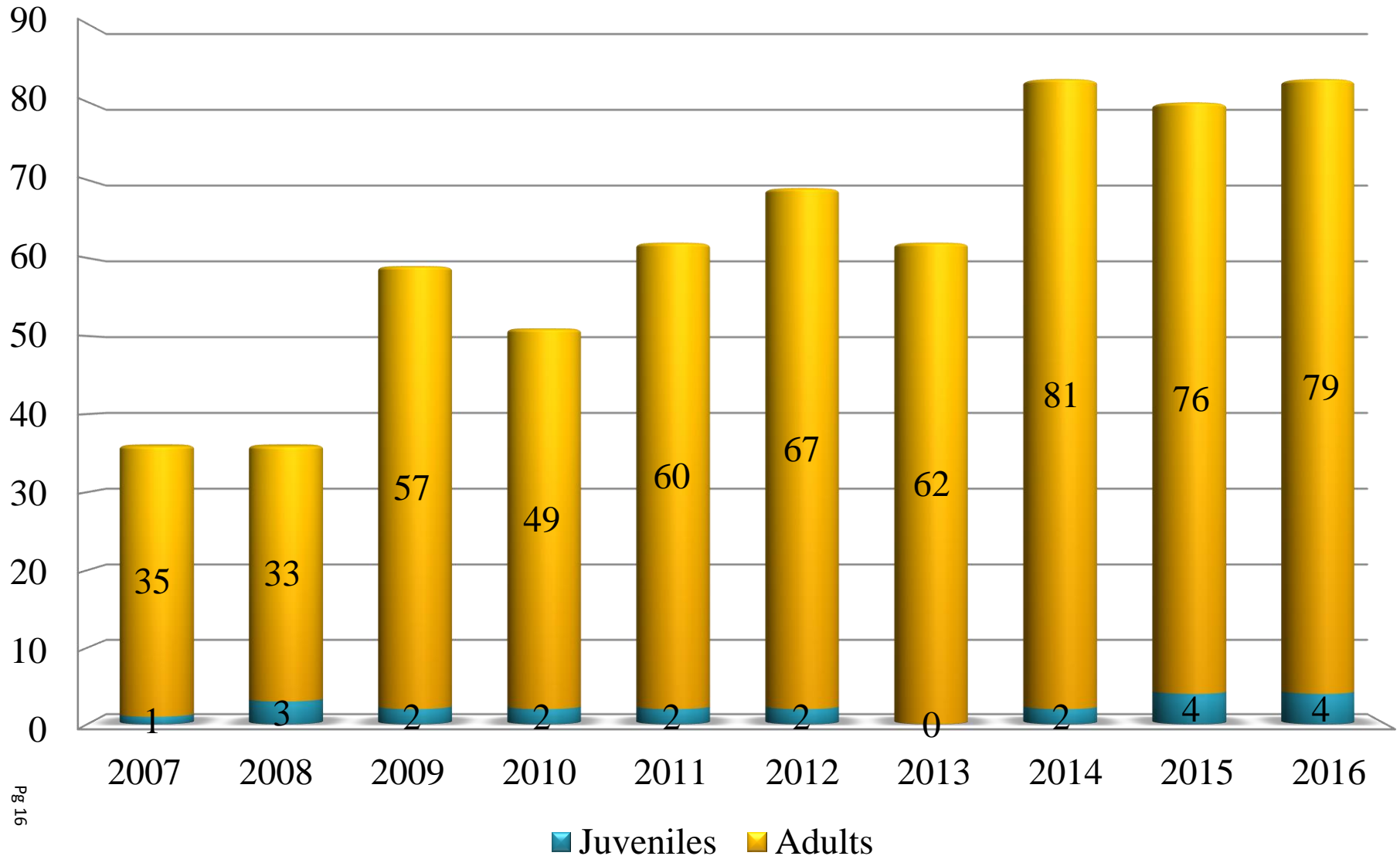
Gunshot  
Hanging  
Train v. Ped

Asphyxia  
Carbon Monoxide

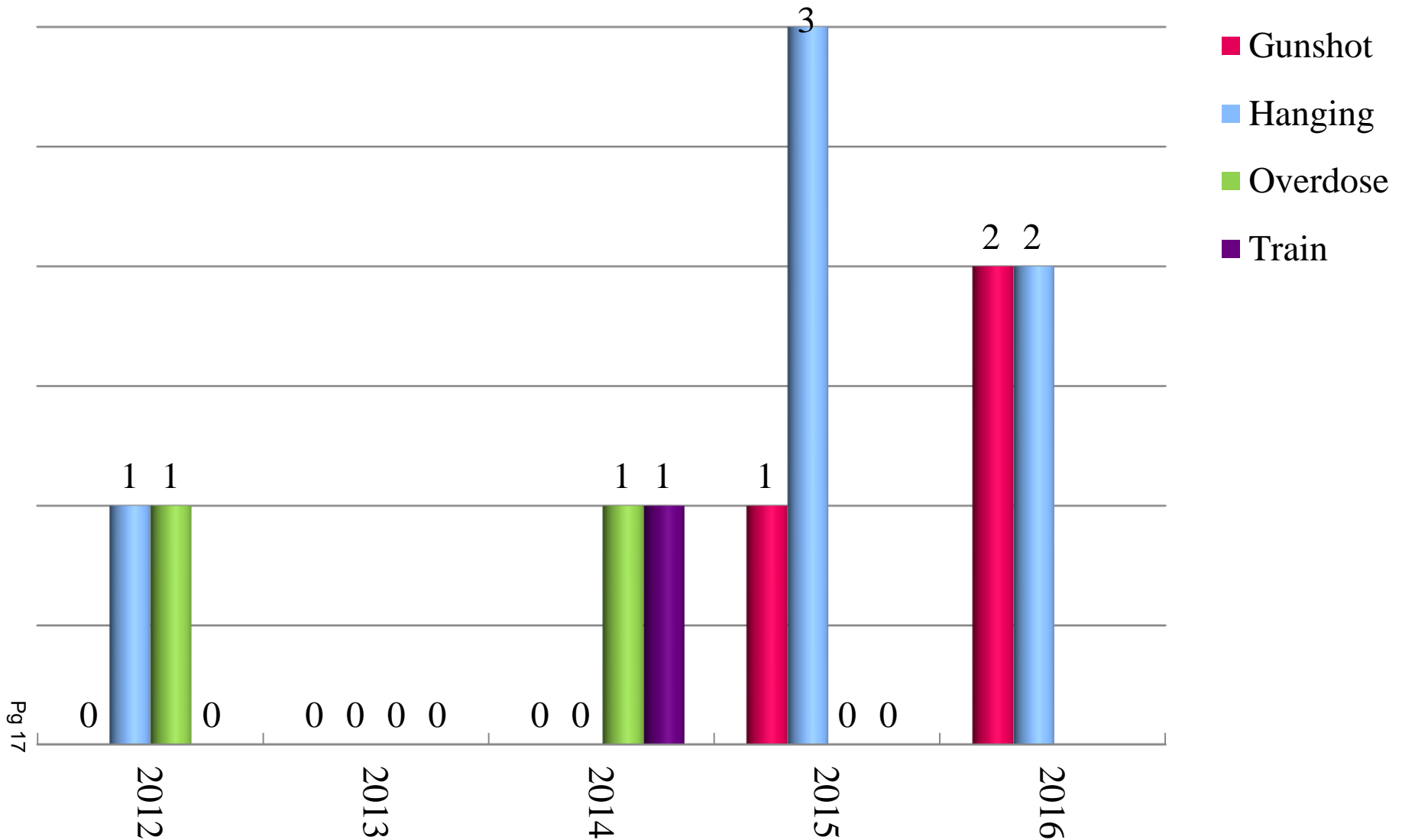
Overdose  
M.V. v. Ped



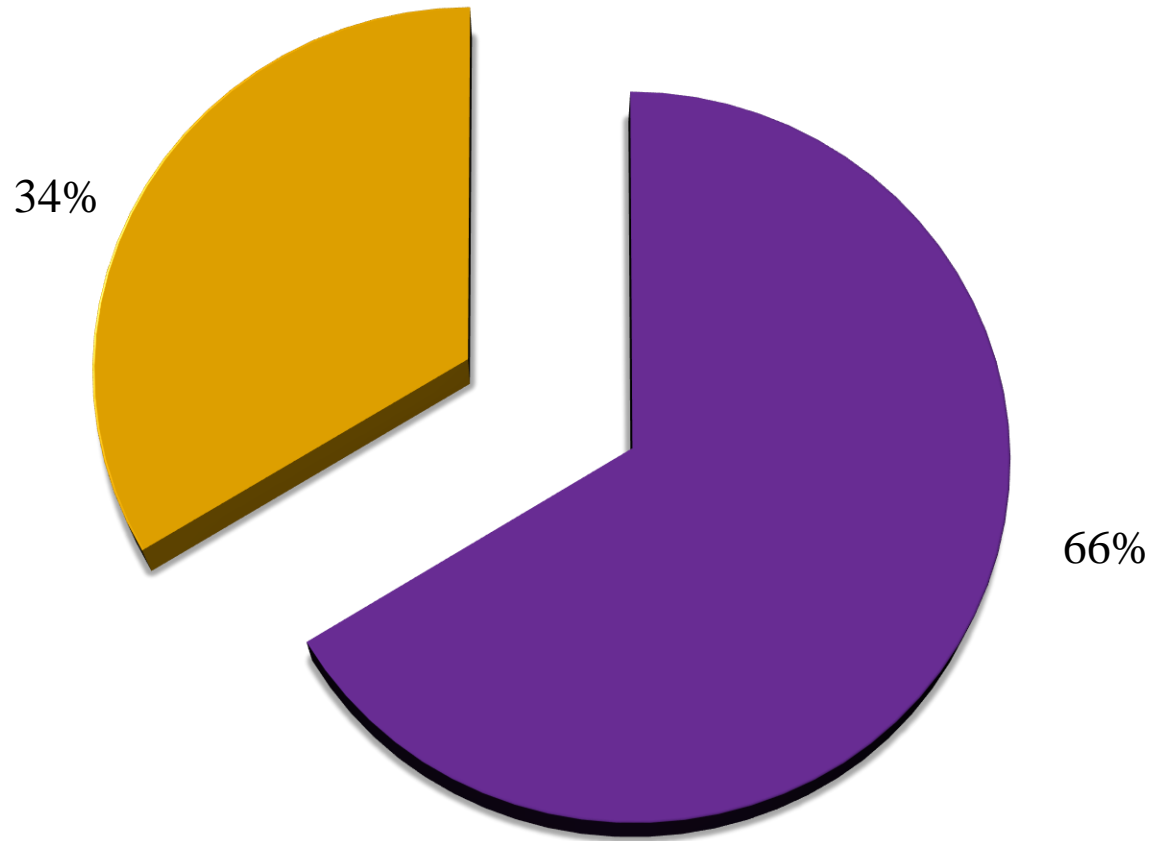
## Juvenile (<18) vs. Adult Suicides 10 Years: 2007 - 2016



## Mechanism of Juvenile Suicides 5 Years: 2012 thru 2016



## Alcohol and/or Drug-Related Suicides 2016



■ Present ■ None detected

**DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2016**

TOTAL: 55 out of 83 (66%)

#	GENDER	AGE	MODE	ALCOHOL	PRIMARY DRUG ASSOCIATED W/ DEATH
1	M	29	AH	.307	-
2	M	29	GSW	-	THC
3	M	30	MV v. Ped	-	-
4	M	37	GSW	-	-
5	M	41	AH	.101	Hydrocodone, THC
6	M	19	GSW	-	-
7	M	22	GSW	.238	Cocaine
8	FE	56	GSW	-	Oxycodone
9	FE	58	AH	.169	-
10	M	50	AH	-	-
11	M	16	AH	-	THC
12	M	50	AH	.129	
13	M	17	GSW	-	Oxycodone
14	FE	51	AH	.143	
15	M	71	Asphyxia	-	Helium
16	M	58	OD	.131	Hydromorphone, oxycodone, Benadryl
17	M	73	GSW	-	Hydrocodone, THC
18	M	52	GSW	.033	
19	M	39	GSW	-	THC
20	M	20	GSW	-	THC
21	M	42	OD	.077	Benadryl, fluoxetine
22	M	78	GSW	-	-
23	M	60	GSW	-	THC
24	FE	60	OD	.142	Morphine, methamphetamine
25	M	47	AH	-	-
26	M	38	GSW	-	Antidepressants
27	M	72	GSW	-	Benzos, antidepressants
28	M	78	GSW	-	Oxycodone, antidepressants
29	M	46	GSW	-	-
30	FE	51	GSW	-	Antidepressants
31	M	23	GSW	.178	-
32	M	57	GSW	-	-
33	M	26	GSW	.274	Cocaine
34	M	58	GSW	-	THC
35	M	44	AH	-	-
36	M	57	GSW	-	-
37	M	42	GSW	-	Hydrocodone
38	FE	54	GSW	-	Benzos, barbituates, opiates
39	M	20	AH	-	-

**DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2016**

TOTAL: 55 out of 83 (66%)

#	GENDER	AGE	MODE	ALCOHOL	PRIMARY DRUG ASSOCIATED W/ DEATH
40	M	34	GSW	-	-
41	M	45	GSW	.454	-
42	M	89	GSW	-	-
43	M	25	GSW	.205	-
44	M	55	GSW	-	-
	M	42	GSW	-	-
46	M	61	AH	-	-
47	FE	25	AH	.224	
48	FE	32	GSW	.160	Methamphetamine
49	M	29	GSW	.269	-
50	M	44	Asphyxia	-	-
51	M	25	GSW	.334	
52	M	25	GSW	.292	Trazodone
53	M	55	OD	-	Fentanyl, oxycodone
54	M	68	GSW	-	Hydrocodone
	FE	76	GSW	-	Oxycodone, benzos, antidepressants
56	M	52	GSW	-	Fentanyl
57	M	51	GSW	-	Benzos
58	M	38	AH	-	-
59	FE	77	AH	-	-
60	M	75	GSW	-	-
61	M	23	GSW	.214	-
62	M	55	GSW	-	-
63	M	43	GSW	.102	Antidepressants
64	M	15	GSW	-	-
	M	31	AH	-	Methamphetamine
66	M	71	GSW	-	-
67	FE	50	GSW	.261	Oxycodone
68	M	90	GSW	-	Hydrocodone
69	M	66	GSW	-	Benadryl
70	M	42	Train v. Ped	-	-
71	M	22	CO	.279	-
72	FE	17	AH	-	-
73	M	64	GSW	-	-
74	M	34	OD	.551	-
	M	30	GSW	.235	-
76	M	41	GSW	-	-
77	FE	78	AH	-	Trazodone
78	FE	58	OD	.018	Antidepressants, Gabapentin

**DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2016**

TOTAL: 55 out of 83 (66%)

#	GENDER	AGE	MODE	ALCOHOL	PRIMARY DRUG ASSOCIATED W/ DEATH
79	M	38	AH	-	THC
80	M	23	GSW	-	-
81	M	49	GSW	.178	-
82	M	52	GSW	.318	-
83	M	44	GSW	.062	THC

Abbreviations used:

CO = Carbon Monoxide

GSW = Gunshot Wound

AH = Asphyxia by Hanging

OD = Overdose

MV = Motor vehicle

Ped = Pedestrian

Asphyxia (other than hanging; i.e. huffing, mechanical, bag over head, etc.)



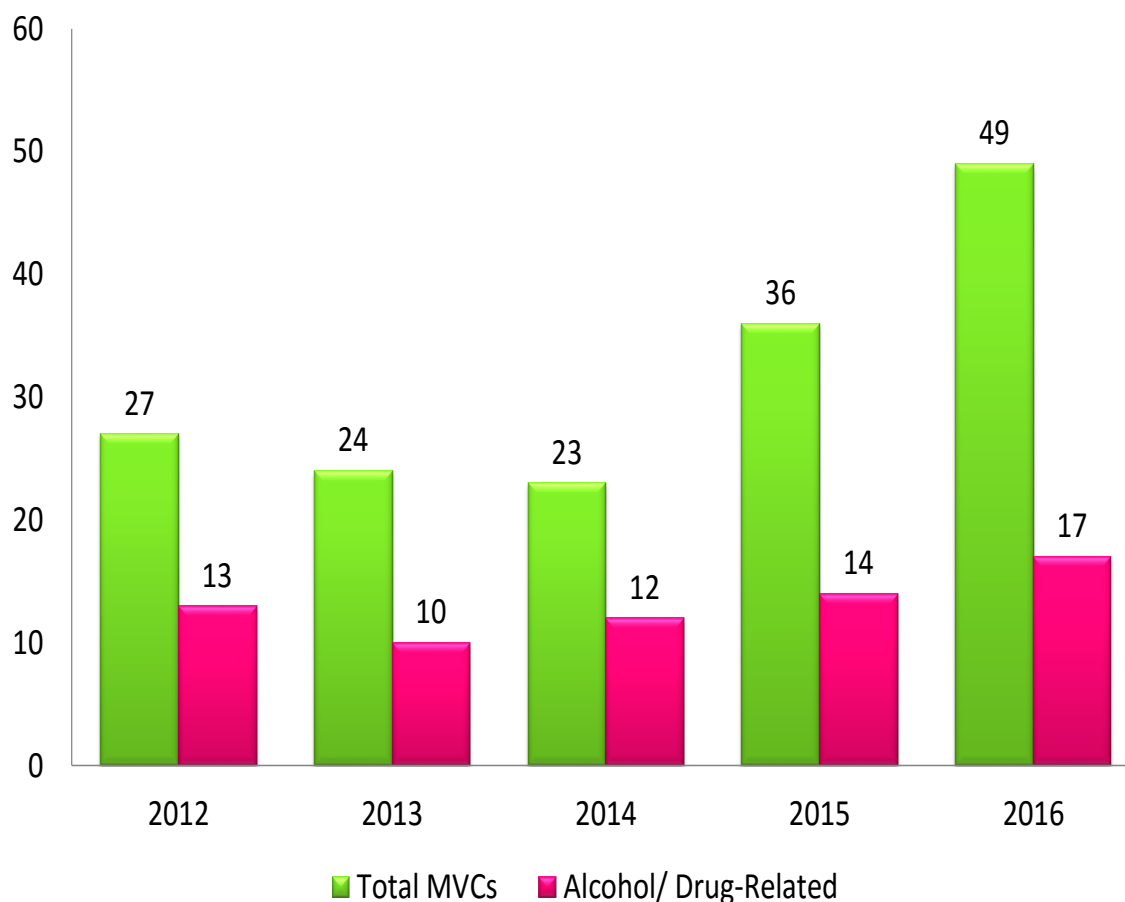
# **ACCIDENT STATISTICS**

## 2016 Accident Statistics

Accidental deaths are deaths other than natural where there is no evidence of intent; i.e. an unintentional event or chain of events. This category includes most motor vehicle crashes (MVC), falls, drowning, accidental drug overdoses (OD), choking, etc. During 2016, 157 deaths were certified in Larimer County as accidents.

Fifty-two (52) of these deaths were from motor vehicle (or traffic) crashes (MVCs). Our statistical information will deal first with the MVCs. The other 105 accidental deaths will be discussed on page 27.

Alcohol and/or Drug-Related Motor Vehicle Crashes – Last 5 years  
2012 - 2016



In 2016, there were 52 motor vehicle ***fatalities*** in 49 ***crashes***. Out of the 49 crashes, 17 drivers of involved vehicles (34.6%) were considered to be under the influence of alcohol and/or drugs.

## **Motor Vehicle Crash Fatalities (52)**

### **Age**

Average Age:	45.9
Juveniles (<18):	1
Adults:	51
Youngest:	9
Oldest:	93

### **Decedent's Position in Vehicle**

Driver:	34
Undetermined (driver v. passenger):	2
Passenger:	7
Bicyclist:	3
Pedestrians hit by vehicle:	6

### **Safety Measures by Decedents**

Seatbelt used:	12
Seatbelt <b>NOT</b> used:	15
Use Undetermined:	3
N/A: ATV, scooter, or motorcycle:	13
N/A: Pedestrians/ bicyclists hit:	9

### **Weather Related/ Adverse Road Conditions**

Snow, Ice, and/or Strong Wind:	5
Unknown (remote injury):	2

### **Time of Day (49 crashes):**

00:01 - 06:00:	9
06:01 - 12:00:	12
12:01 - 18:00:	8
18:01 - 00:00:	18
Unknown:	2

### **Number of vehicles involved (49 crashes):**

One vehicle only:	23
Two or more vehicles:	17
Bicycle vs. vehicle:	3
Vehicle vs. pedestrian:	6

**DRUG & ALCOHOL-RELATED MOTOR VEHICLE CRASHES (MVC'S)  
2016**

***Of the 49 TOTAL Motor Vehicle Crashes (with 52 fatalities), 17 involved drivers, living or deceased (34.6%), tested positive for alcohol and/or drugs***

#	Gender	Age	Number of Vehicles involved	Driver of <u>ANY</u> involved Vehicle positive for Alcohol and/ or Drugs
1	M	78	1	YES
2	FE	60	2	
3	M	37	1	
4	FE	89	2	
5	M	32	2	YES
6	FE	50	1	
7	M	54	2	
8	M	57	2	
9	FE	9	1	
10	M	31	2	
11	FE	19	1	YES
12	M	79	1	
13	M	35	1	
14	M	51	1	
15	FE	21	1	YES
16	M	48	1	
17	M	54	1	YES
18	FE	93	1	
19	M	30	2	YES
20	M	63	1	
21	M	67	1	YES
22	M	56	2	
23	M	23	1	
24	FE	30	UK	(UK – remote crash)
25	FE	21	3	
26	FE	83	1	
27	M	18	1	
28	M	41	1	
29	M	63	2	
30	M	55	2	YES
31	FE	55	2	(Same crash as above)
32	M	44	2	YES
33	FE	21	2	YES (Same crash as above, but separate driver)
34	FE	63	1	
35	M	21	1	YES
36	FE	22	1	
37	M	53	1	YES
38	M	27	1	YES

**DRUG & ALCOHOL-RELATED MOTOR VEHICLE CRASHES (MVC'S)  
2016**

*Of the 49 TOTAL Motor Vehicle Crashes (with 52 fatalities), 17 involved drivers, living or deceased (34.6%), tested positive for alcohol and/or drugs*

#	Gender	Age	Number of Vehicles involved	Driver of <u>ANY</u> involved Vehicle positive for Alcohol and/ or Drugs
39	FE	30	1	
40	M	34	1	(Same crash as above)
41	M	47	3	YES
42	M	43	2	
43	M	70	1	
44	M	85	3	
45	M	31	1	
46	M	70	2	
47	M	43	1	YES
48	M	21	1	
49	M	56	1	YES
50	M	25	1	
51	FE	31	2	
52	M	23	1	YES

**2016 Accidents  
(Excluding Motor Vehicle Crashes)**

In 2016, Larimer County had 105 accidental deaths that were not traffic-related. They are classified as follows:

➤ Drug Overdose (OD)	-	41
➤ Falls	-	42
➤ Hyper/ hypothermia	-	4
➤ Drowning	-	5
➤ Choking on food or foreign object	-	5
➤ Train vs. pedestrian	-	2
➤ Asphyxia	-	2
➤ Industrial	-	1
➤ Medical Mishap	-	1
➤ Lightning	-	1
➤ Fire/ Thermal injury	-	1

**Age:**

Average Age: 59.6  
Adults: 102  
Juveniles (<18): 3

**Alcohol and/or drugs found in system: 55/ 105 (52%)**



# **HOMICIDE**

## **and**

# **GUN-RELATED**

# **STATISTICS**

## 2016 Homicide Information

Homicide is a death that results from injuries intentionally inflicted by another person (explicit or implicit), or inflicted on another by one's grossly reckless behavior. Vehicular homicides are *NOT* included in this category, as these deaths do not show intent to kill and are hence counted in the Motor Vehicle Crash statistics.

In 2016, there were 11 homicide victims in Larimer County.

### **Age**

Average Age: 34.8

Adult: 9

Juvenile: 2

### **Race**

White: 8

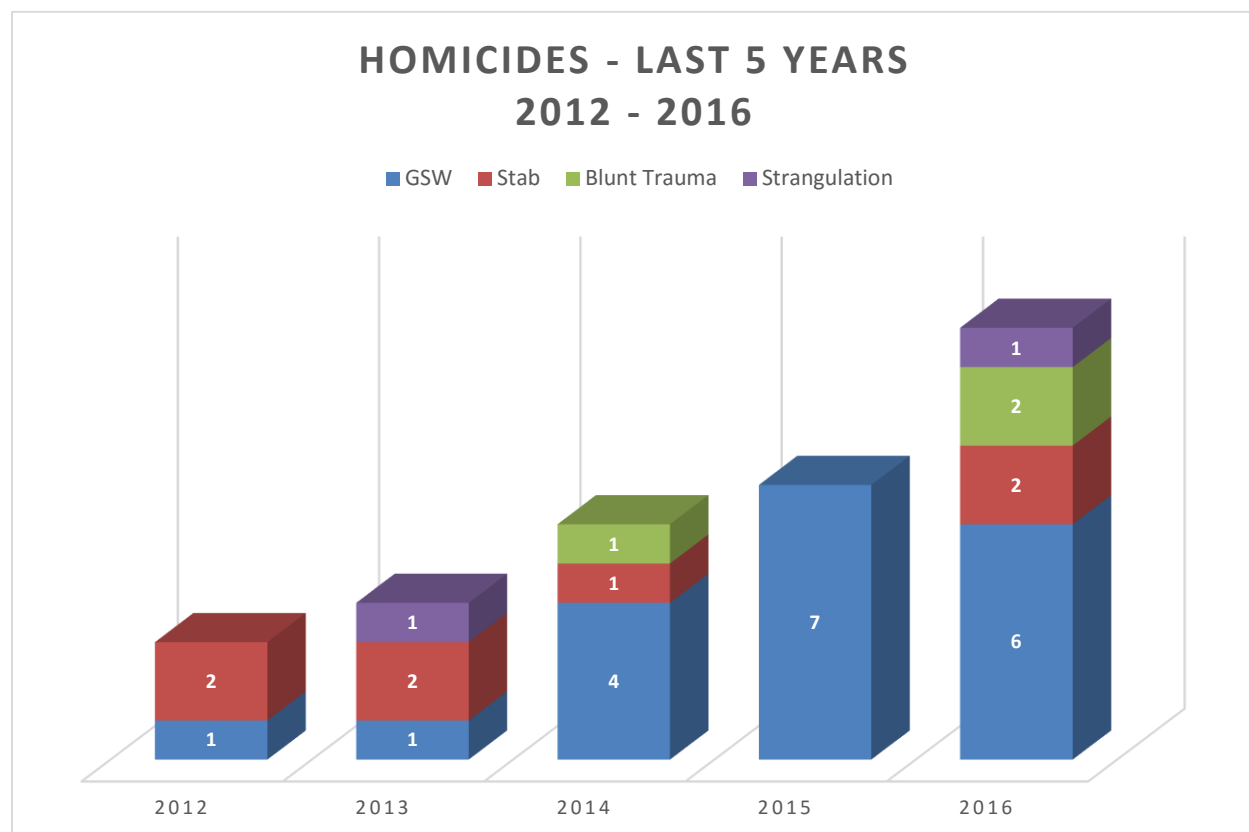
Hispanic: 3

### **Gender:**

Male: 5

Female: 6

**Alcohol/ Drug-Related** \*\* We do not report on alcohol or drugs in our homicide statistics, as we do not want any positive results to imply fault on the part of the victim. The perpetrator is presumed innocent until proven guilty and is HIPAA-protected.



**GUN-RELATED DEATHS IN LARIMER COUNTY**

Last 5 years  
(Juvenile: < 18)

**2016**

Total County Deaths:	2532	
Total Gun Deaths:	60	(2.3% of all deaths)
<i>Suicides:</i>	54	(52 adults, 2 juvenile)
<i>Accidents:</i>	0	
<i>Homicides:</i>	6	(5 adults, 1 juvenile)
<i>Undetermined:</i>	0	

---

**2015**

Total County Deaths:	2464	
Total Gun Deaths:	52	(2.1% of all deaths)
<i>Suicides:</i>	45	(44 adults, 1 juvenile)
<i>Accidents:</i>	0	
<i>Homicides :</i>	7	(7 adults)
<i>Undetermined:</i>	0	

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**2014**

Total County Deaths:	2309	
Total Gun Deaths:	43	(1.86% of all deaths)
<i>Suicides:</i>	39	(39 adults)
<i>Accidents :</i>	0	
<i>Homicides:</i>	4	(4 adults)
<i>Undetermined:</i>	0	

---

**2013**

Total County Deaths:	2191	
Total Gun Deaths:	28	(1.27% of all deaths)
<i>Suicides:</i>	27	(27 adults)
<i>Accidents:</i>	0	
<i>Homicides:</i>	1	(1 adult)
<i>Undetermined:</i>	0	

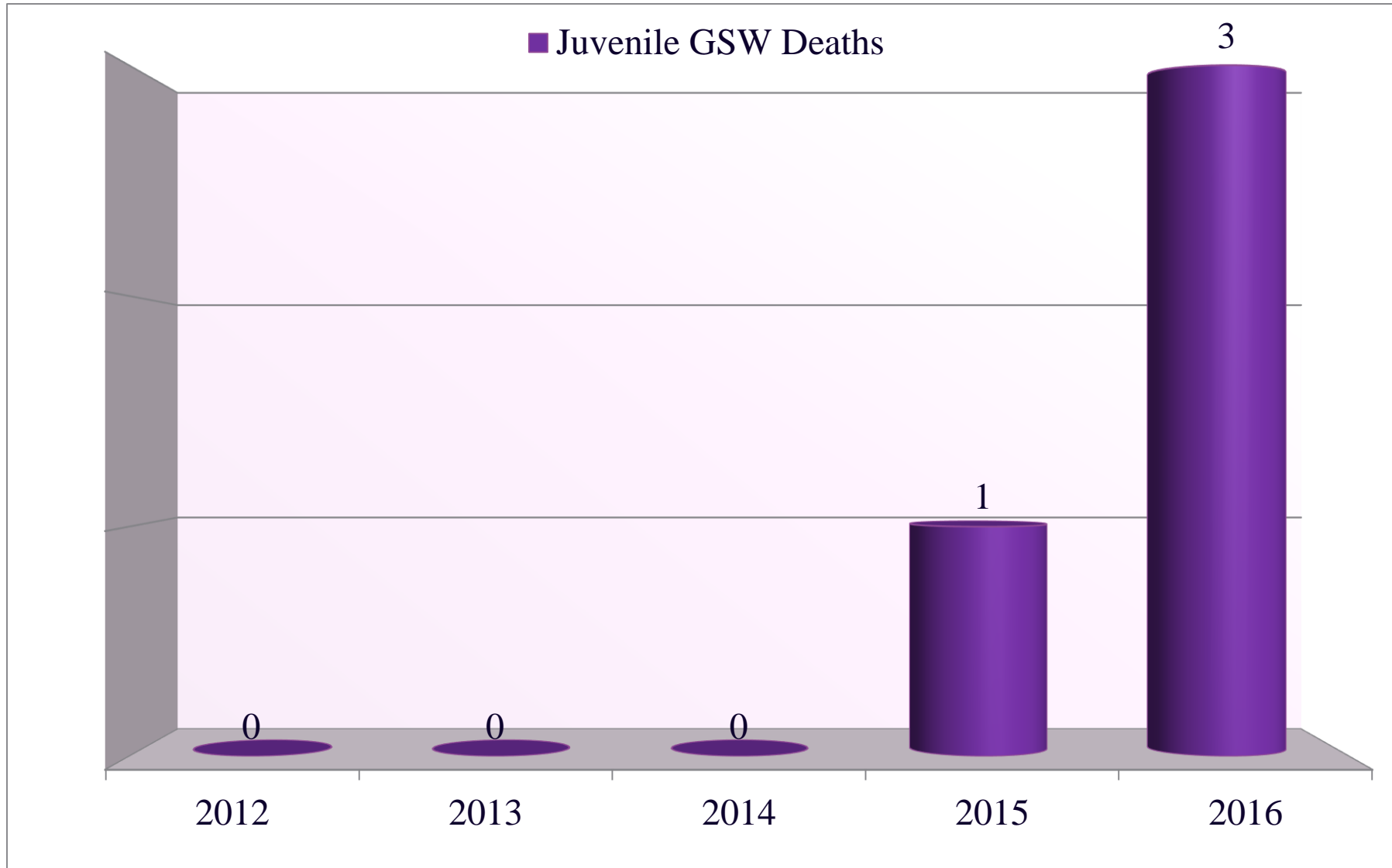
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**2012**

Total County Deaths:	2022	
Total Gun Deaths:	38	(1.9% of all deaths)
<i>Suicides:</i>	37	(37 adults)
<i>Accidents:</i>	0	
<i>Homicides:</i>	1	(1 adult)
<i>Undetermined:</i>	0	

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## JUVENILE (<18) DEATHS FROM GUNSHOT WOUNDS 2012 – 2016



## GUNS IN THE HANDS OF JUVENILES

(Juvenile: < 18)

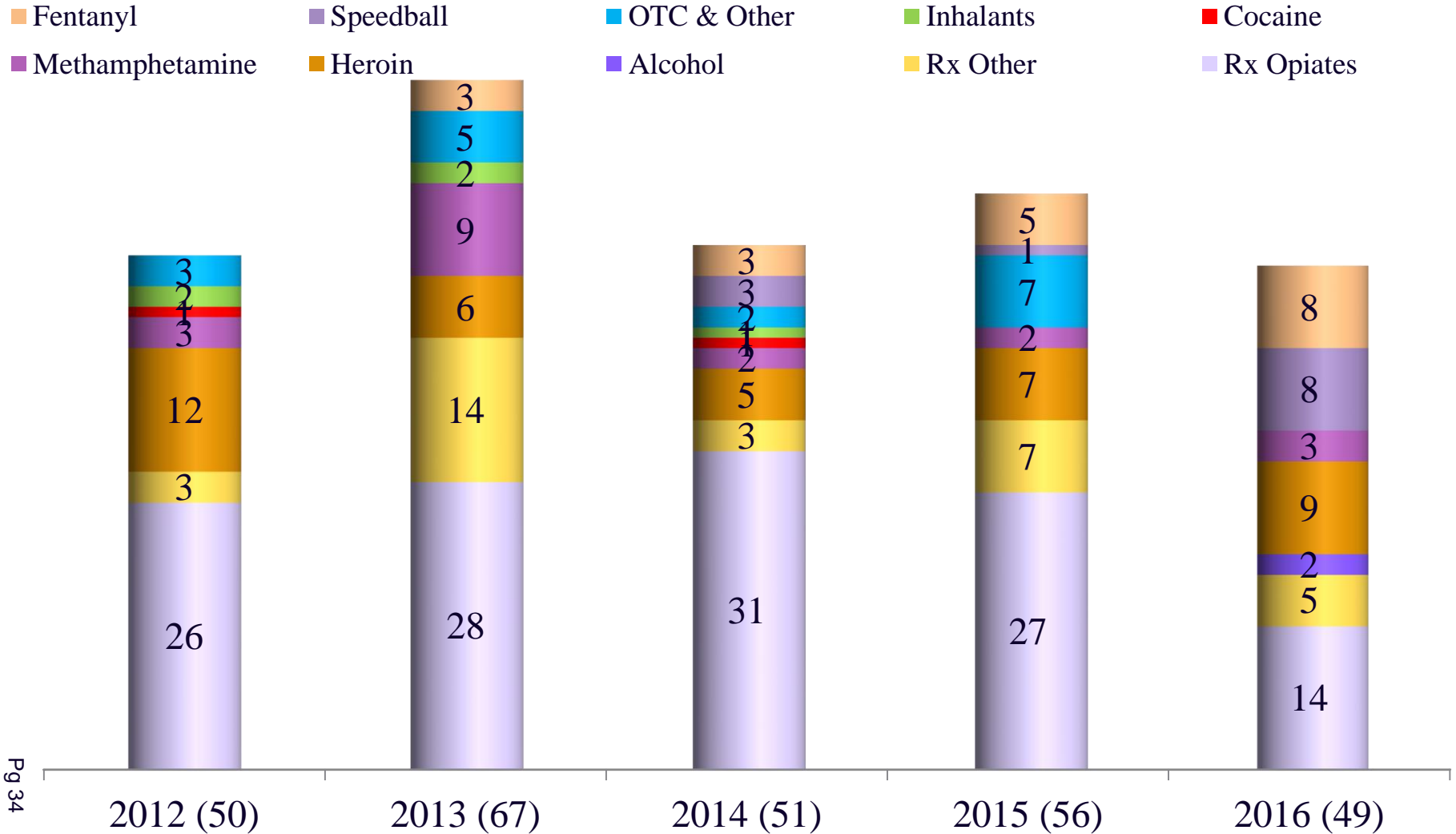
Statistics below are to show deaths occurring at the hands of a juvenile with a gun during the last 10 years. They include suicides, accidental shootings resulting in death, and homicides *perpetrated* by a juvenile. They DO NOT include juveniles who are *victims* of homicide.

<u>2016</u>		<u>2011</u>	
Suicides	2	Suicides	1
Accidents	0	Accidents	0
Homicides by Juveniles	0	Homicides by Juveniles	0
<u>2015</u>		<u>2010</u>	
Suicides	1	Suicides	1
Accidents	0	Accidents	0
Homicides by Juveniles	0	Homicides by Juveniles	0
<u>2014</u>		<u>2009</u>	
Suicides	0	Suicides	1
Accidents	0	Accidents	0
Homicides by Juveniles	0	Homicides by Juveniles	0
<u>2013</u>		<u>2008</u>	
Suicides	0	Suicides	1
Accidents	0	Accidents	0
Homicides by Juveniles	0	Homicides by Juveniles	0
<u>2012</u>		<u>2007</u>	
Suicides	0	Suicides	1
Accidents	0	Accidents	0
Homicides by Juveniles	0	Homicides by Juveniles	0

# Drugs of Abuse and Overdose Statistics

# Drugs of Abuse in Overdose Deaths 2012 – 2016

Most overdose deaths are the result of a combination of prescriptions, over-the-counter meds, alcohol, and/ or illicit drugs. We have chosen the PRIMARY drug of abuse in each death, so that only one drug is shown for each death.



## **DRUGS OF ABUSE USED IN OVERDOSE DEATHS** **2016**

(Total 49)

\*\* Note: Helium is not considered a drug and hence Helium deaths are not included in this chart. We had 1 Helium suicide in 2016, included in the suicide statistics as an asphyxial death. Inhalants such as paint and Dust-off are included here.

<b><u>Accidents (41)</u></b>	<b><u>Age</u></b>	<b><u>Gender</u></b>	<b><u>Alcohol</u></b>	<b><u>Drug #1</u></b>	<b><u>Drug #2</u></b>
1	19	M		HEROIN	COCAINE
2	16	M		HEROIN	RX OPIATES
3	38	M		RX OPIATES	
4	53	M		RX OPIATES	
5	44	M		FENTANYL	BENZOS
6	34	M	.281	RX OPIATES	
7	42	M	.160	RX OPIATES	COCAINE
8	33	M		HEROIN	
9	48	M		RX OPIATES	
10	34	M	.255	RX OTHER	
11	32	M		HEROIN	COCAINE
12	53	M		RX OPIATES	
13	19	M		HEROIN	
14	42	FE		RX OPIATES	
15	53	M		METHAMPHETAMINE	COCAINE
16	58	FE		RX OPIATES	
17	28	M		HEROIN	METHAMPHETAMINE
18	56	FE		HEROIN	RX OPIATES
19	69	FE		RX OPIATES	RX OTHER
20	59	FE		HEROIN	
21	40	M		HEROIN	
22	23	M		HEROIN	
23	37	M	.176	HEROIN	METHAMPHETAMINE
24	54	FE		FENTANYL	RX OTHER
25	60	FE		RX OPIATES	METHAMPHETAMINE
26	25	FE		HEROIN	METHAMPHETAMINE
27	22	M		HEROIN	
28	55	M		RX OPIATES	
29	39	FE		RX OPIATES	
30	60	FE		HEROIN	METHAMPHETAMINE
31	32	M		HEROIN	COCAINE
32	39	M		OTC	
33	29	M		FENTANYL/HEROIN	METHAMPHETAMINE
34	68	M		RX OTHER	
35	38	M		FENTANYL	RX OPIATES
36	21	M		FENTANYL	



## **DRUGS OF ABUSE USED IN OVERDOSE DEATHS** **2016**

(Total 49)

\*\* Note: Helium is not considered a drug and hence Helium deaths are not included in this chart. We had 1 Helium suicide in 2016, included in the suicide statistics as an asphyxial death. Inhalants such as paint and Dust-off are included here.

<b><u>Accidents</u> (41)</b>	<b>Age</b>	<b>Gender</b>	<b>Alcohol</b>	<b>Drug #1</b>	<b>Drug #2</b>
<b>37</b>	27	FE	.084	FENTANYL	
<b>38</b>	44	M	.059	FENTANYL	
<b>39</b>	48	FE			
<b>40</b>	40	M			
<b>41</b>	26	FE		FENTANYL	RX OPIATES
<b><u>Suicides</u> (6)</b>	<b>Age</b>	<b>Gender</b>	<b>Alcohol</b>	<b>Drug #1</b>	<b>Drug #2</b>
<b>1</b>	58	M	.131	RX OPIATES	OTC BENADRYL
<b>2</b>	42	M	.077	RX OTHER	OTC BENADRYL
<b>3</b>	60	FE	.142	RX OPIATES	RX OTHER
<b>4</b>	55	M		FENTANYL	RX OPIATES
<b>5</b>	34	M	.551		
<b>6</b>	58	FE	.018	RX OTHER	
<b><u>Undetermined</u> (2)</b>	<b>Age</b>	<b>Gender</b>	<b>Alcohol</b>	<b>Drug #1</b>	<b>Drug #2</b>
<b>1</b>	58	M		RX OTHER	
<b>2</b>	59	M		RX OPIATES	

# **CHILD DEATHS and SUICIDS**

**(Sudden Unexpected Infant  
Death Syndrome)**

**CHILD DEATHS BY AGE, MANNER, AND MODE**

Last 5 years - &lt; 18 years of age

<b>2016 (15 total)</b>	<b>Natural</b>	<b>Accident</b>	<b>Suicide</b>	<b>Homicide</b>	<b>SUIDS &amp; Other Undetermined</b>
<b>Full term live birth &lt; 1 mo</b>	1				
<b>1 mo &lt; 1 yr</b>				1-Blunt trauma	
<b>1 yr &lt; 4 yrs</b>	2				
<b>4 yrs &lt; 9 yrs</b>		1-Drowning			1-undetermined (natural vs homicide)
<b>9 yrs &lt; 14 yrs</b>	1	1-Drowning 1-Bike v. vehicle			
<b>14 yrs &lt; 18 yrs</b>		1 - OD	2-GSW 2-AH	1-GSW	
<b>TOTALS</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>1</b>
<b>2015 (20 total)</b>	<b>Natural</b>	<b>Accident</b>	<b>Suicide</b>	<b>Homicide</b>	<b>SUIDS &amp; Other Undetermined</b>
<b>Full term live birth &lt; 1 mo</b>	1				
<b>1 mo &lt; 1 yr</b>	1	2- Overlay			1 –Blunt trauma (accident v. homicide)
<b>1 yr &lt; 4 yrs</b>		1 - Fall			
<b>4 yrs &lt; 9 yrs</b>		1 - Drowning			
<b>9 yrs &lt; 14 yrs</b>			3 - LS		1 – LS (accident v. suicide)
<b>14 yrs &lt; 18 yrs</b>	4	1 – OD 2 – MVC 1 – Train v. ped	1- GSW		
<b>TOTALS</b>	<b>6</b>	<b>8</b>	<b>4</b>		<b>2</b>
<b>2014 (17 total)</b>	<b>Natural</b>	<b>Accident</b>	<b>Suicide</b>	<b>Homicide</b>	<b>SUIDS &amp; Other Undetermined</b>
<b>Full term live birth &lt; 1 mo</b>	1				
<b>1 mo &lt; 1 yr</b>	2	2- Overlay			

**CHILD DEATHS BY AGE, MANNER, AND MODE**

Last 5 years - &lt; 18 years of age

<b>1 yr &lt; 4 yrs</b>	2				1 –Overlay 1 –Blunt trauma (acc v. homicide)
<b>4 yrs &lt; 9 yrs</b>	1	1 - MVC			
<b>9 yrs &lt; 14 yrs</b>	1		1-Train v. Ped.		
<b>14 yrs &lt; 18 yrs</b>	1	1-MVC 1-Drowning	1-OD		
<b>TOTALS</b>	<b>8</b>	<b>5</b>	<b>2</b>		<b>2</b>
<b>2013 (9 total)</b>	<b>Natural</b>	<b>Accident</b>	<b>Suicide</b>	<b>Homicide</b>	<b>SUIDS &amp; Other Undetermined</b>
<b>Full term live birth &lt; 1 mo</b>	1				
<b>1 mo &lt; 1 yr</b>	1				
<b>1 yr &lt; 4 yrs</b>	2	1 – MV vs. Pedestrian			
<b>4 yrs &lt; 9 yrs</b>	1				
<b>9 yrs &lt; 14 yrs</b>	1				
<b>14 yrs &lt; 18 yrs</b>		1 – Drowning 1 - MVC			
<b>TOTALS</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>2012 (16 total)</b>	<b>Natural</b>	<b>Accident</b>	<b>Suicide</b>	<b>Homicide</b>	<b>SUIDS &amp; Other Undetermined</b>
<b>Full term live birth &lt; 1 mo</b>	7				
<b>1 mo &lt; 1 yr</b>		3 – positional asphyxia/ overlay			
<b>1 yr &lt; 4 yrs</b>	1				
<b>4 yrs &lt; 9 yrs</b>	1				
<b>9 yrs &lt; 14 yrs</b>		1 - electrocution			
<b>14 yrs &lt; 18 yrs</b>			1 – LS 1 - OD		1 (GSW: suicide vs. homicide)
<b>TOTALS</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>1</b>

 Unidentified Remains

 Public Administrator  
Cases & Exhumations

 Organ and Tissue  
Donations

 Budget

 Organizational Chart

## UNIDENTIFIED REMAINS

The Larimer County Medical Examiner's Office currently has four (4) deceased individuals who remain unidentified. These individuals are described below.

### 1) Unidentified Hispanic Male:

**Date of Death: 09/16/94**

Height: 5'10"

Approximate Age: 25-35

Weight: 140 lbs.

Hair: Black, wavy, medium length

Eye Color: Brown

Scars/ Tattoos: Well-healed, old traumatic scars on right lower back and right back hip.

Clothing: Blue nylon windbreaker with logo "ATA Services, Mile High Stadium"; gray/ white plaid shirt; red long-sleeved sweatshirt; khaki trousers; black/ white canvas and vinyl athletic shoes. A religious pamphlet was found in a pocket from the Jeremiah Baptist Church, Denver.

Dental: Two silver caps on upper front incisors

This Hispanic male was apparently living a transient lifestyle. He was found deceased in the boxcar of a train in a railroad yard in north Ft. Collins. He had sustained massive blunt force injuries to the head, consistent with being caught in the slamming door of the boxcar of an abruptly stopping train. The manner of death appears to be accidental. The train in which he was found arrived in Denver from New Mexico on 09/15/94 and was forwarded on to Ft. Collins at 02:00, 09/16/94.

### 2) Unidentified Caucasian Female Infant:

**Date of Death: 08/22/96**

Approximate Age: Full-term live birth, neo-natal infant

Hair: Dark brown, wavy

This live birth, full-term infant female was found in shallow water of Horsetooth Reservoir, wrapped in a garbage bag with several rocks to weigh it down. There is no natural disease process found that could have contributed to the death and autopsy findings are consistent with suffocation. The manner of death appears to be homicide.

**3) Unidentified Caucasian Male: Date of Death: Approximately 07/06/97**



Height: 5'11"

Approximate Age: 20-30

Weight: 150 – 170 lbs.

Hair: Sandy Brown, long, wavy; receding hairline; chin beard or goatee

Eye Color: Unknown

Teeth: Beautiful, straight, white, no fillings; All 4 wisdom teeth present; slight gap between top front incisors.

Scars/ Tattoos: Small, circular tattoo on left thumb with the letters: P.I.L; both ears pierced one time; well-manicured fingernails.

Clothing: Black tee shirt with bright pink motorcross logo "Sprucewood Express"; long-sleeved striped shirt; Rustler brand blue jeans; black leather work boots.

This man was found deceased in north Fort Collins in the sleeper cab of an abandoned semi tractor-trailer. He was probably living a recently transient lifestyle. There is no evidence of trauma or foul play. There is no natural disease process apparent at autopsy. The manner of death is undetermined.

**4) Unidentified African American Female****Date of Death: 07/11/11**

This middle-aged African American female checked in to a local motel on 06/27/11 and arrived there by taxi. She paid for a room in cash through 07/11/11. It was later found that she had stayed at other local motels in the area, always taking a taxi, paying in cash, and giving false and different names. She told the Motel 9 that her name was Sandra Nelson, of 5203 Bosa Ave., Park City, UT. This was later found to be a non-existent address and false name. She also stated that she was originally from Los Angeles and was looking for a house in this area. On 07/11/11, she did not show up for breakfast as had been her custom. Since it was her last paid day, staff assumed she had checked out. They entered her room with a master key and found her deceased on the bed with pills at her feet and a bright blue, granular purging coming from her nose and mouth. There was no suicide note but autopsy results showed a massive overdose of multiple medications. All attempts to identify the decedent have failed.



Height: 5'06"

Age: Approximately 60 (55 – 70)

Weight: 211 lbs.

Hair: Gray/ black with more white around forehead/ face; curly

Eyes: Brown

Teeth: Natural w/ partial upper denture

Scars: round scar beneath chin; scar on lower abdomen (possible past C-section)

Clothing: Black paisley patterned blouse; black pants

Jewelry: White metal chain necklace; white metal earrings; white metal wristwatch

**If you have any information concerning any of the above individuals, please contact the Larimer County Medical Examiner's Office at 970-619-4517. You can remain anonymous.**

**You can also e-mail us at: [larimercoroner@larimer.org](mailto:larimercoroner@larimer.org)**



**PUBLIC ADMINISTRATOR CASES**  
No Next-of-Kin found at time of release

We are publishing this list in an effort to help families find their loved ones, if possible. If anyone has any information regarding next-of-kin on any of the decedents listed, please contact our Office at 970-619-4517 or the appropriate Funeral Home. You may also email:

[larimercoroner@larimer.org](mailto:larimercoroner@larimer.org) You may remain anonymous.

<b>NAME</b>	<b>Date of Death</b>	<b>AGE</b>	<b>MANNER</b>	<b>LCCO#</b>	<b>Funeral Home</b>
<b><u>1997</u></b>					
Un-ID'd White male	07/06/1997	??	Undetermined	97C-337	Allnutt-FTC (Reager's)
<b><u>2004</u></b>					
SMITH, James	07/01/2004	41	Accident (MVC)	04C-368	Bohlender
<b><u>2006</u></b>					
MCCLENNY, "Jack"	01/07/2006	80	Natural	06C-021	Allnutt- FTC
<b><u>2008</u></b>					
TOWNES, Sterling	10/03/2008	45	Natural	08C-676	Kibbey's
ELLSWORTH, Shawk	11/20/2008	58	Accident (Fall)	08C-814	Goes (sister?)
<b><u>2009</u></b>					
YODER, Karl	09/27/2009	58	Accident (Burn)	09C-678	Viegut
DORSEY, Robert	12/14/2009	65	Natural	09C-879	Vessey
<b><u>2011</u></b>					
Un-ID'd Black female	07/11/2011	approx 60's	Suicide (OD)	11C-558	Bohlender
DAVIS, Herbert	09/12/2011	65	Natural	11C-748	Viegut
<b><u>2012</u></b>					
ROBISON (aka MILLER), Randy K.	01/29/2012	50	Suicide (Cutting)	12C-097	Allnutt- FTC
MULLANEY, John F.	03/08/2012	56	Accident (Fall)	12C-214	Bohlender
FROST, Jack	09/26/2012	48	Suicide (Train)	12C-769	Allnutt- FTC
JACKSON, Duane	09/20/2012	67	Natural	12C-786	Allnutt- FTC
EASTBURN, Carl B.	09/27/2012	74	Suicide (GSW)	12C- 792	Kibbey's
<b><u>2013</u></b>					
TROUT, Gary	11/22/2013	66	Natural	13C-1053	Allnutt-Lvld
<b><u>2014</u></b>					
PALMER, Terry (aka: Terry VCLICK)	05/23/2014	64	Natural	14C-452	Bohlender
<b><u>2015</u></b>					
GIDEON, Michael	08/23/2015	64	Natural	15C-849	Goes

**PUBLIC ADMINISTRATOR CASES**  
No Next-of-Kin found at time of release

<b>NAME</b>	<b>Date of Death</b>	<b>AGE</b>	<b>MANNER</b>	<b>LCCO#</b>	<b>Funeral Home</b>
<b><u>2016</u></b>					
LONGHIBLER, Spencer	06/28/2016	63	Accident	16C-564	Allnutt-FTC
CONDON, Brian	08/20/2016	55	Suicide	16C-780	Allnutt-Lvld
KAPLAN, Joel	09/13/2016	59	Natural	16C-846	Viegut

**EXHUMATIONS**

<b>NAME</b>	<b>Date of Death</b>	<b>AGE</b>	<b>MANNER</b>	<b>LCCO#</b>	<b>Date Exhumed</b>
HETRICK, Peggy L.	02/11/1987	37	Homicide	87C-049	05/14/1998
DECKER, Donald J.	07/06/2008	22	Undetermined	08C-459	03/15/2011

## **Organ and Tissue Donation**

There are six (6) hospitals within the borders of Larimer County: University Hospital at Poudre Valley in Ft. Collins, University Hospital at Medical Center of the Rockies on I-25 at the Loveland exit, Banner Health- Ft. Collins Campus, Banner Health at McKee Medical Center in Loveland, Estes Park Medical Center in Estes Park, and Northern Colorado Rehabilitation Hospital between Loveland and Greeley. Nearly all organ and tissue donation referrals take place in the hospital setting. It is the policy of the Larimer County Medical Examiner's Office to facilitate organ and tissue donation in as many cases as possible without compromising the integrity of the investigation.

When referrals are made to harvesting banks, this does not mean that donation automatically takes place. Donations may not occur due to a variety of reasons: Families may not wish to donate; Organ and Tissue Banks may rule out the donation due to the age of the donator or a disease process; and on rare occasions our Office, the District Attorney, or law enforcement may not wish to allow donation to occur, or may place certain restrictions on a donation, for investigative or legal reasons. This is usually in cases of homicide or suspected homicide, or infant deaths where organ and/ or tissue retrieval could interfere with autopsy findings and compromise a criminal investigation.

Since not all deaths fall under the Medical Examiner's jurisdiction, our Office is not involved with all donation requests. Therefore, the most accurate and up-to-date donation statistics are available on the Donor Alliance website and may be viewed quarterly or in Donor Alliance's Annual Report at: [www.donoralliance.org](http://www.donoralliance.org).

## THE BUDGET

The Larimer County Coroner/ Medical Examiner's Office duties are mandated by Colorado Statute and the office is funded through the Larimer County Commissioners by the citizens of Larimer County. Since 1979, Larimer County has never had to pay a salary for the elected Coroner, but has to pay only for Pathology services. The Coroner/ Medical Examiner, James A. Wilkerson IV, MD is saving the citizens over \$100,000 per year by operating this way.

Staff salaries are set by the County and salaries follow the standard merit and yearly cost-of-living raises that are the same across all County departments. Since the Medicolegal Investigators are considered law enforcement, the salaries coincide with other law enforcement salaries.

As the population of Larimer County increases, so must our budget. At least two Investigators must be "on call" at all times. and we have occasionally needed to call out a third. Due to television and other media, the public has come to expect a thorough, professional, and timely investigation and autopsy when a death occurs.

All County budgets are Public Record and can be accessed on the County website, [www.larimer.org](http://www.larimer.org)

Below are the results of a 10-County Survey of Coroner and Medical Examiner Offices in Colorado.

<b>2016 (Rank by Population)</b>  (Denver not included)	<b>County</b>	<b>Coroner Or Medical Examiner System</b>	<b>Budget</b>	<b>Employees</b>	<b>Number of Deaths Reported/ Autopsies (Approx)</b>	<b>Percent of Deaths Reported to the Coroner Requiring Autopsy</b>
<b>1</b>	El Paso	ME	\$2,350,000	22	3770 / 1130	30%
<b>3</b>	Arapahoe	ME	\$1,586,000	12	620 / 533	86%
<b>4</b>	Jefferson	C	\$1,972,000	14	1340 / 375	28%
<b>5</b>	Adams	C	\$1,891,000	14	3500 / 531	15%
<b>6</b>	Larimer	ME	\$1,301,000	6.5	2530 / 247	9.7%
<b>7</b>	Boulder	C	\$1,023,000	11	2240 / 233	10.4%
<b>8</b>	Douglas	C	\$1,108,000	8	1470 / 156	10.6%
<b>9</b>	Weld	C	\$915,000	7	1730 / 215	12.4%
<b>10</b>	Pueblo	C	\$647,000	8	1910 / 220	11.5%
<b>11</b>	Mesa	ME	\$470,000	3	1640 / 151	9.2%

# Larimer County Medical Examiner's Office Organizational Structure

