



New Mexico Office of the Medical Investigator

Annual Report 2005



“To gather knowledge and to find out new knowledge is the noblest occupation of the physician. To apply that knowledge...with sympathy born of understanding, to the relief of human suffering, is his loveliest occupation.” --Edward Archibald, 1872-1945

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**2005 Annual Report
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Office of the Medical Investigator (OMI) 2005 Annual Report

Table of Contents

Introduction	1
Preparation of the Annual Report.....	1
Overview – Office of the Medical Investigator – 2005	1
Reportable Deaths	2
Statutory Duty	2
Program Summary and Highlights for 2005.....	4
<i>Investigative Activity</i>	4
<i>Additional Investigation Facts</i>	4
<i>OMI Toxicology</i>	4
<i>“Doe” and/or missing person cases</i>	4
Training and Education	5
<i>Forensic Pathologist Fellowship Program</i>	5
<i>Certification Training</i>	5
<i>Death Investigation Training</i>	5
<i>Law Enforcement Education</i>	5
<i>Public Education</i>	6
<i>OMI Newsletter and website</i>	6
Grief Services Program.....	6
Organizational Chart – Office of the Medical Investigator.....	7
Total Cases.....	8
Figure 2 – Total Cases – 1996 – 2005.....	8
Figure 3 – Total Cases by Month – 2005	9
Figure 4 – Total Cases by Day – 2005.....	9
Figure 5 – Total Cases by Race/Ethnicity – 2005	10
Figure 6 – Total Cases by Age and Gender	10
Table 1 – Total Cases – Autopsy Status – 2005.....	11
Table 2 – Total Cases – Case Distribution – 2005	11
Cause and Manner of Death	12
Figure 7 – Total Cases – Manner of Death – 2005	12
Figure 8 – Total Cases – Manner of Death – Ten Year Summary 1996 – 2005.....	13
Table 3 – Total Cases – Manner of Death by Gender – 2005.....	13
Table 4 – Total Cases – Manner of Death by Race/Ethnicity – 2005	13

Figure 9 – MAP – Deaths by County of Injury – 2005	14
Table 5 – Total Cases – County of Injury – 2005.....	15
Figure 10 – MAP – Deaths by County of Residence – 2005	16
Table 6 – Total Cases – County of Residence – 2005.....	17
Table 7– Total Cases – Manner of Death by Age – 2005	18
Table 8 – Overview – Cause of Death – 2005 by Highest Value.....	19
Cause of Death Summary	20
Overview – Manner of Death – Natural Deaths	20
Figure 11 – Natural Deaths – 1996 – 2005.....	21
Figure 12 – Natural Deaths by Race/Ethnicity – 2005.....	21
Figure 13 – Natural Deaths by Age and Gender – 2005	22
Natural Deaths – Summary.....	22
Overview – Manner of Death – Accidental Deaths	23
Figure 14 – Accidental Deaths – 1996 – 2005.....	23
Figure 15 – Accidental Deaths by Race/Ethnicity – 2005	23
Figure 16 – Accidental Deaths by Age and Gender – 2005.....	24
Table 9 – Accidental Deaths – Method – 2005.....	24
Table 10 – Accidental Deaths – County of Injury – 1996 - 2005.....	26
Table 11 – Accidental Deaths – County of Pronouncement - 1996 – 2005.....	27
Accidental Deaths – Summary.....	27
Overview – Manner of Death – Suicide Deaths	28
Figure 17 – Suicide Deaths – 1996 – 2005.....	28
Figure 18 – Suicide Deaths by Race/Ethnicity – 2005	28
Figure 19 – Suicide Deaths by Age and Gender – 2005	29
Figure 20 – Suicide Deaths by Month – 2005	29
Figure 21 – Suicide Deaths by Day of the Week – 2005	29
Table 12 – Suicide Deaths by County of Injury - 1996 - 2005.....	30
Table 13 – Suicide Deaths by County of Pronouncement – 1996 - 2005.....	31
Table 14 – Suicide Deaths – Method – 2005.....	32
Suicide Deaths – Summary.....	32
Overview – Manner of Death – Homicide Deaths	33
Figure 22 – Homicide Deaths – 1996 – 2005	33
Figure 23 – Homicide Deaths by Race/Ethnicity – 2005	33
Figure 24 – Homicide Deaths by Age and Gender – 2005	34
Table 15 – Homicide Deaths – Method – 2005	34
Table 16 – Homicide Deaths – County of Injury – 1996 - 2005	35
Table 17 – Homicide Deaths – County of Pronouncement – 1996 - 2005.....	36

Homicide Deaths – Summary	37
Overview – Manner of Death – Undetermined Deaths	38
Figure 25 – Undetermined Deaths – 1996 – 2005	38
Figure 26 – Undetermined Deaths by Race/Ethnicity – 2005	38
Figure 27 – Undetermined Deaths by Age and Gender – 2005	39
Undetermined Deaths – Summary.....	39
Deaths of Children (19 Years of Age and Younger)	40
Figure 28 – Children Deaths – 1996 – 2005.....	40
Figure 29 – Children – Deaths by Race/Ethnicity – 2005.....	40
Figure 30 – Children – Deaths by Age and Gender – 2005.....	41
Figure 31 – Children – Total Cases – Manner of Death – 2005	41
Table 18 – Children – Cause of Death – 2005.....	42
Overview – Children – Manner of Death – Natural Deaths	43
Figure 32 – Children – Natural Deaths – 1996 – 2005	43
Figure 33 – Children – Natural Deaths by Race/Ethnicity – 2005	43
Figure 34 – Children – Natural Deaths by Age and Gender – 2005	44
Overview – Children – Manner of Death – Accidental Deaths	45
Figure 35 – Children – Accidental Deaths – 1996 – 2005	45
Figure 36 – Children – Accidental Deaths by Race/Ethnicity – 2005	45
Figure 37 – Children – Accidental Deaths by Age and Gender – 2005	46
Table 19 – Children – Accidental Deaths – Method – 2005	46
Table 20 – Children – Accidental Deaths – Cause of Death – 2005	47
Overview – Children – Manner of Death – Suicide Deaths	48
Figure 38 – Children – Suicide Deaths – 1996 – 2005	48
Figure 39 – Children – Suicide Deaths by Race/Ethnicity – 2005	48
Figure 40 – Children – Suicide Deaths by Age and Gender – 2005	49
Figure 41 – Children – Suicide Deaths by Month – 2005	49
Figure 42 – Children – Suicide Deaths by Day of the Week – 2005	49
Table 21 – Children – Suicide Deaths – Method – 2005	50
Table 22 – Children – Suicide Deaths – Cause of Death – 2005	50
Suicide in Children – Summary	50
Overview – Children – Manner of Death – Homicide Deaths	51
Figure 43 – Children – Homicide Deaths – 1996 – 2005	51
Figure 44 – Children – Homicide Deaths by Race/Ethnicity – 2005	51
Figure 45 – Children – Homicide Deaths by Age and Gender – 2005	52
Table 23 – Children – Homicide Deaths – Method – 2005	52
Table 24 – Children – Homicide Deaths – Cause of Death – 2005	52
Homicide Deaths of Children – Summary	53

Overview – Children – Manner of Death – Undetermined Deaths	53
Deaths of Children in New Mexico – 2005 Summary	53
Overview – Children – SIDS Deaths	
Figure 46 – Children – SIDS (Natural) Deaths – 1996 – 2005	54
Figure 47 – Children – SIDS (Natural) Deaths by Race/Ethnicity	54
Figure 48 – Children – SIDS (Natural) Deaths by Age and Gender	55
Overview – Ethanol Related Deaths	56
Figure 49 – Ethanol Related Deaths – 1996 – 2005	56
Figure 50 – Ethanol Related Deaths – Manner of Death – 2005	56
Figure 51 – Ethanol Related Deaths by Race/Ethnicity – 2005	57
Figure 52 – Ethanol Related Deaths by Age and Gender – 2005	57
Table 25 – Ethanol Related Deaths – Accidental Deaths – Method – 2005	58
Table 26 – Ethanol Related Deaths – Suicide Deaths – Method – 2005	59
Table 27 – Ethanol Related Deaths – Homicide Deaths – Method – 2005	59
Ethanol Related Deaths – Undetermined – 2005	60
Ethanol Related Deaths – Summary.....	60
Motor Vehicle Related Deaths (Ethanol Present in Decedent)	61
Figure 53 – Motor Vehicle Deaths – 1996 – 2005	61
Figure 54 – Motor Vehicle Deaths by Race/Ethnicity – 2005	61
Figure 55 – Motor Vehicle Deaths by Age and Gender – 2005	62
Table 28 – Motor Vehicle Related Deaths – Method – 2005	62
Table 29 – Motor Vehicle Related Deaths – Seat Belt Use – 2005	63
Table 30 – Motor Vehicle Related Deaths – Air Bag Use – 2005.....	63
Drug Caused Deaths	64
Figure 56 – Drug Caused Deaths – 1996 – 2005.....	64
Figure 57 – Drug Caused Deaths by Race/Ethnicity – 2005	64
Figure 58 – Drug Caused Deaths by Age and Gender – 2005	65
Drug Caused Deaths – Summary	65
Table 31 – Drug Caused Deaths – Counties of Injury and Pronouncement – 2005	66
Table 32 – Drug/Physiologically Active Compounds Present in Decedent – 2005	67
Glossary	70

Introduction

The Office of the Medical Investigator (OMI) investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected or where a person is found dead and the cause of death is unknown. OMI performed services for a total of 5,159 deaths. A detailed breakout of the case distribution can be found in this report.

This report is presented in two sections. The first section of the report summarizes the activity of the OMI. The second presents data routinely collected by the OMI in a manner that answers questions related to mortality and public health from a medical examiner's perspective. The tables and figures included in the report are designed to be self-explanatory, and we hope you find them easy to read and understand. Definitions can be found in the Glossary and may provide assistance with the terminology encountered in the report. Readers with special interests, needs, or whose questions are not answered by this report may contact the Computer and Information Services Section of the OMI. Additionally, we encourage interested researchers to contact the Bureau of Vital Statistics for complete mortality statistics.

Comments or suggestions concerning the content, format or clarity of the report are always welcome.

Preparation of the Annual Report

The OMI data from which this report was compiled are maintained on a web-based database management system and is located at the University of New Mexico Health Sciences Center in Albuquerque. OMI staff Sarah Lathrop, DVM, PH.D., Wayland Davis and Jill Leath using Microsoft Office 2000 Professional prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies.

Overview – Office of the Medical Investigator – 2005

The Office of the Medical Investigator (OMI) was created by the New Mexico State Legislature in 1972 and became operational in 1973. Replacing the county coroner system, the OMI was tasked¹ with investigating all reportable deaths occurring in New Mexico, to subsequently determine the cause and manner of death in such cases, and to provide formal death certification.

¹NMSA Statute 24-11-1, et seq., and 7-NMAC 3.2.8

Reportable Deaths:

Those deaths to be reported to the OMI include all deaths occurring in New Mexico as outlined below regardless of where or when the initial injuring event occurred.

- Any death that occurs suddenly and unexpectedly, that is, when the person has not been under medical care for significant, heart, lung or other disease.
- Any death suspected to be due to violence, i.e., suicidal, accidental or homicidal injury, regardless of when or where the injury occurred.
- Any death suspected to be due to alcohol intoxication or the result of exposure to toxic agents.
- Any death of a resident housed in a county or state institution, regardless of where death occurs. This refers to any ward of the state or individual placed in such a facility by legal authorization.
- Any death of a person in the custody of law enforcement officers.
- Any death of a person in a nursing home or other private institution without recent medical attendance.
- Any death that occurs unexpectedly during, in association with, or as a result of diagnostic, therapeutic, surgical or anesthetic procedures.
- Any death alleged to have been caused by an act of malpractice.
- Any death suspected to be involved with the decedent's occupation.
- Any death unattended by physician.
- Any death due to neglect.
- Any stillbirth of 20 or more weeks' gestation unattended by a physician.
- Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks post delivery, even where the cause of death is unrelated to the pregnancy.
- Any death of an infant or child where the medical history has not established some pre-existing medical condition.
- Any death, which is possibly, directly or indirectly, attributable to environmental exposure, not otherwise specified.
- Any death suspected to be due to infectious or contagious disease wherein the diagnosis and extent of disease at the time of death are undetermined.
- Any death occurring under suspicious circumstances.
- Any death in which there is doubt as to whether or not it is a medical investigator's case should be reported.

Statutory Duty:

The OMI Policy Manual, derived from statute, requires the OMI to perform the following duties in all cases of reportable deaths:

- Receive all reports of sudden, unexpected or unexplained deaths.
- Respond to all sudden, unexpected or unexplained deaths.
- In the absence of a physician, pronounce death.
- Take custody of the body and all articles on or near the body.

- Maintain the chain of custody of the body and all articles obtained there from.
- Conduct an investigation leading to the determination of the cause and manner of death.
- Obtain toxicology samples from the body when indicated, and arrange for necessary tests upon those samples that will aid in the determination of cause and manner of death; maintain the proper chain of custody and evidence on those samples; store those samples for an appropriate period of time.
- Certify the cause and manner of death and forward written certification to designated agencies.
- Properly dispose of human remains through release to family or designated and authorized entities.
- Provide accurate identification of all human remains when possible.
- Cooperate with authorized agencies having involvement with death investigation.
- Provide professional, objective testimony in state and local courts of law.
- Define procedures that establish fees for services and material provided by the Office of the Medical Investigator.
- Define procedures to reimburse all parties providing services to the Office of the Medical Investigator.
- Establish and maintain a disaster plan outlining the role of OMI staff.
- Maintain records of each official death investigation and provide reports to official agencies.

The above duties are exclusive of deaths that occur on tribal or federal land. The OMI provides consulting services for requesting agencies such as the Bureau of Indian Affairs (BIA), Federal Bureau of Investigation (FBI), Tribal Law Enforcement or neighboring state jurisdictions.

The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. A Board of Medical Investigations comprised of the Dean of the UNM School of Medicine, the Chief of the New Mexico State Police, the Secretary of Health and Environment Department, the Chairman of the New Mexico Thanatopractice and the Chairman of the New Mexico Indian Affairs Commission was established to oversee and develop policy. The Board appoints the Chief Medical Investigator, a physician licensed in New Mexico, trained in Pathology and Forensic Medicine, who has responsibility for operations.

The program operates out of the Central Office located in the UNM Health Sciences Center in Albuquerque, New Mexico. The Central Office directs all investigative activities statewide. Specially trained and certified Field Deputy Medical Investigators (FDMI) conduct field investigations. Every county in New Mexico has FDMI's who conduct investigations at the scene of death to collect information used to determine jurisdiction, possible cause and manner of death, and in the absence of a physician provide the pronouncement of death. The FDMI's contact the Central Office and present the results of each investigation to Central Office Deputy Medical Investigators who make the ultimate decisions regarding jurisdiction and the need for further medicolegal investigation. All autopsy services are conducted in the Central Office and are performed by forensic pathologists with the assistance of morphology services. The New Mexico State Laboratory provides the majority of toxicology services with some specialized tests sent to other laboratories. All documentation is archived by the Central Office and is available as provided for by public record statutes and regulations.

Such a strongly defined and professionally staffed system provides investigative agencies, the medical community and the citizens of New Mexico with standardized death investigation protocols and a

central repository for the information compiled during those medicolegal investigations. The centralization of these services has proven valuable in many areas of public concern including:

- Criminal investigations (Ex. homicide or child abuse)
- Protection of public health from environmental hazards and the spread of infectious disease
- Surveillance and reporting of deaths that may represent bioterrorist activities
- Medical and statistical research contributing to positive preventative measures (Seat Belt Laws)
- Expert testimony in court cases
- Proper certification of death
- Services to families of the deceased persons (Grief Services Program)

Program Summary and Highlights for 2005

Investigative Activity:

In 2005, New Mexico had 5,159 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 5,159 deaths. Following these investigations, OMI retained jurisdiction of 2,965 deaths and relinquished jurisdiction of 1,436 deaths to private physicians. An additional 758 deaths were investigated as a consultation services resulting in a total caseload of 5,159 medicolegal investigations. A granular examination of the case distribution is presented in the section Overview – Total Cases – 2005 beginning on page 8.

Additional Investigation Facts:

Deputy Medical Investigators throughout New Mexico

- Traveled 62,314 miles (one way) responding to 3,288 deaths

OMI Toxicology:

- 2,780 OMI cases with toxicology requests
- 5,513 test requests
- 14,794 specimens collected for analysis

“Doe” and/or missing person cases:

- 246 “Doe” cases, of which 20 were non-human or ancient remains
- 227 “Doe” cases identified (92.2%)
- 117 Forensic Anthropology examinations
- 38 Forensic Odontology examinations
- 1 Case identified by DNA
- 19 “Doe” cases unidentified
- 30 Missing person reports

Training and Education

At the OMI, the activity of training and education is an integral part of day-to-day operations. The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. The staff pathologists are faculty members with the School of Medicine and are expected to participate in training of medical students, residents and fellows, as well as conduct research activity to further advance the science of forensic medicine.

Forensic Pathologist Fellowship Program

The OMI Forensic Pathology Fellowship Program is considered one of the best in the country. The fellowship is a one-year, in-depth training program in the subspecialty of forensic pathology. Applicants must have completed an accredited pathology residency program. Four positions for this competitive program are available each year and are generally filled two to three years in advance.

Certification Training

All OMI deputy medical investigators are required to become certified to perform a death investigation. The OMI provides this training for the deputy medical investigators throughout New Mexico and in the past year, 19 individuals successfully completed the training and received certification as new Field Investigators. 60 current Field Investigators participated in training and were recertified. Upon request, OMI will provide the certification training to other medical investigators, coroners and law enforcement agencies for adaptation to the needs of their local systems. (Ex. Native American police officers)

Death Investigation Training

In 2005, a significant change was made in how Death Investigation Training was conducted by the OMI. Training was restructured to a regional format with workshops held in different locales and dates throughout New Mexico, rather than conducting a single training session in Albuquerque. 248 representatives from the medical examiner, law enforcement and health care professions from throughout the nation participated in the training with a curriculum designed to present the most current facets of death investigations. 104 completed the Basic Death Investigation School and 144 attended the Regional OMI schools. Participants were from Alabama, Alaska, Arizona, California, Colorado, Florida, Louisiana, Minnesota, Missouri, Montana, Nebraska, Nevada, and New Hampshire as well as those from New Mexico such as personnel from the New Mexico Department of Public Safety, Bureau of Vital Statistics, Albuquerque Police Department, EMS Academy, and through Career Fairs for Elementary, Middle and High Schools.

Law Enforcement Education

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, the Bernalillo County Sheriff's Office Training Academy and the Albuquerque Police Academy. In addition, specialized training is provided to individual police departments at their request.

Public Education

OMI Staff conducts in-service training throughout the state for a wide variety of agencies. Examples of agencies include Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, state search and rescue groups and professional/advanced degree classes at New Mexico Universities. Approximately 800 individuals participated in the in-service training program in 2005 in many locations at various agencies throughout New Mexico.

Additionally, OMI staff provided tours and presentations to over 1,600 students from middle and high schools throughout New Mexico; the Albuquerque Technical Vocation Institute; and UNM medical and health programs.

OMI Newsletter and website

The OMI Newsletter is published quarterly and sent to OMI field and central office staff, funeral homes and hospice and home health care . The newsletter conveys information regarding updates in legislation and/or investigation and personnel issues.

The OMI website at *omi.unm.edu* provides instant access to information concerning OMI and it staff, operating procedures and services offered. Through the website, users can download forms needed for requesting OMI documents.

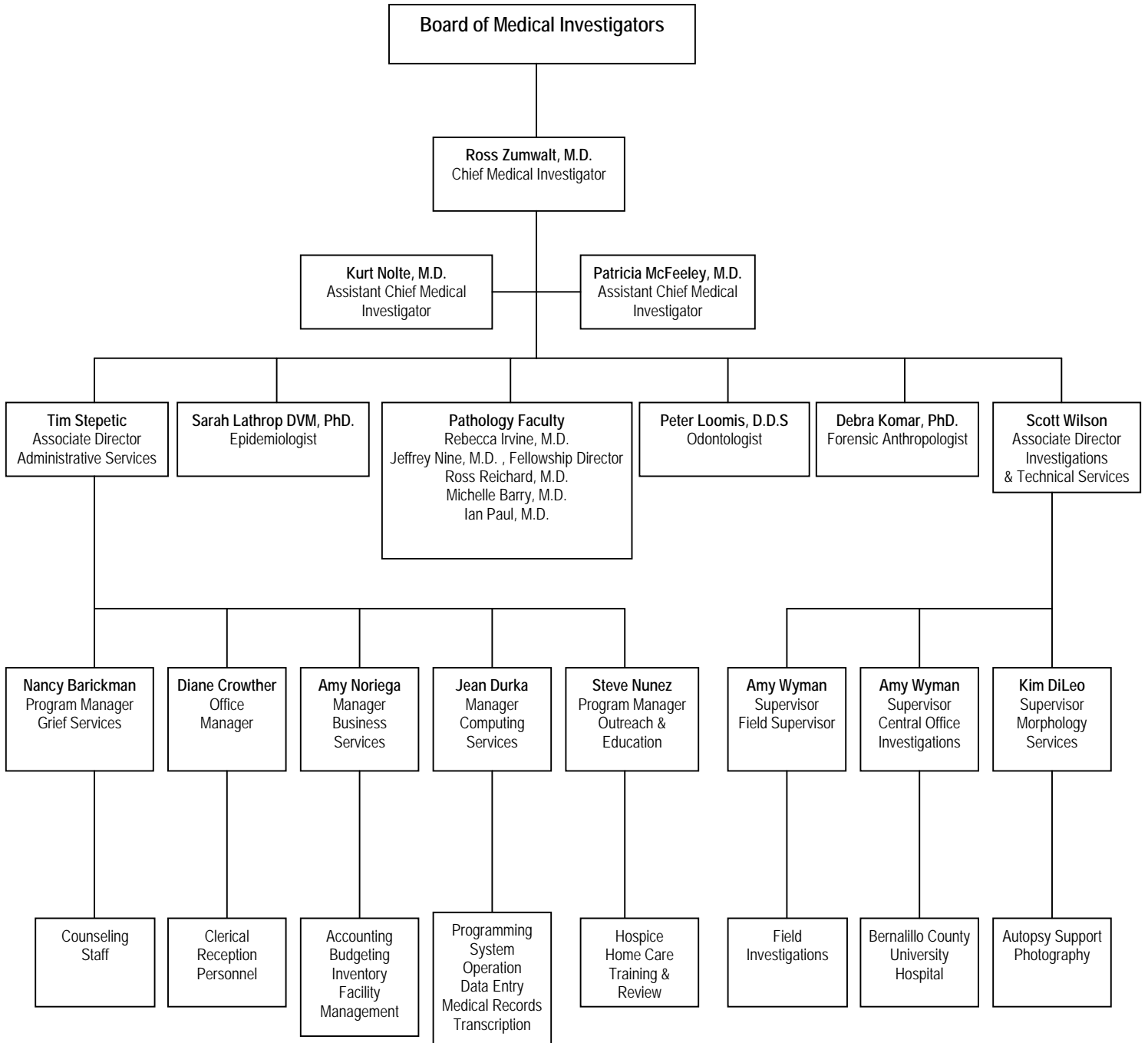
Grief Services Program

The Grief Services Program (GSP) was established in 1975. Initially, the program provided crisis intervention and education to families whose child died as a result of Sudden Infant Death Syndrome (SIDS). The program has continually expanded its mission and now provides its services to all New Mexico families following the sudden and unexpected death of a family member. Additionally, the GSP provides grief education and training throughout New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training. In 2005, the GSP provided:

- Intervention for 1,351 clients
- Facilitated 102 support groups
- Training for 950 professional associates

Office of the Medical Investigator Organizational Chart as of December 2005

Figure 1



Total Cases

The remainder of this report will present data routinely collected by the OMI in a manner that answers questions regarding mortality and public health. The tables and charts summarize data collected on every medicolegal investigation, including consultation cases that the OMI conducted for this reporting period. The data, a subset of total mortality figures, represent findings on cases that come to the attention of forensic pathology. Readers who need complete mortality figures are encouraged to contact the State Center for Health Statistics – Office of New Mexico Vital Records and Health Statistics, New Mexico Department of Health.

Figure 2 – Total Cases – 1996 - 2005

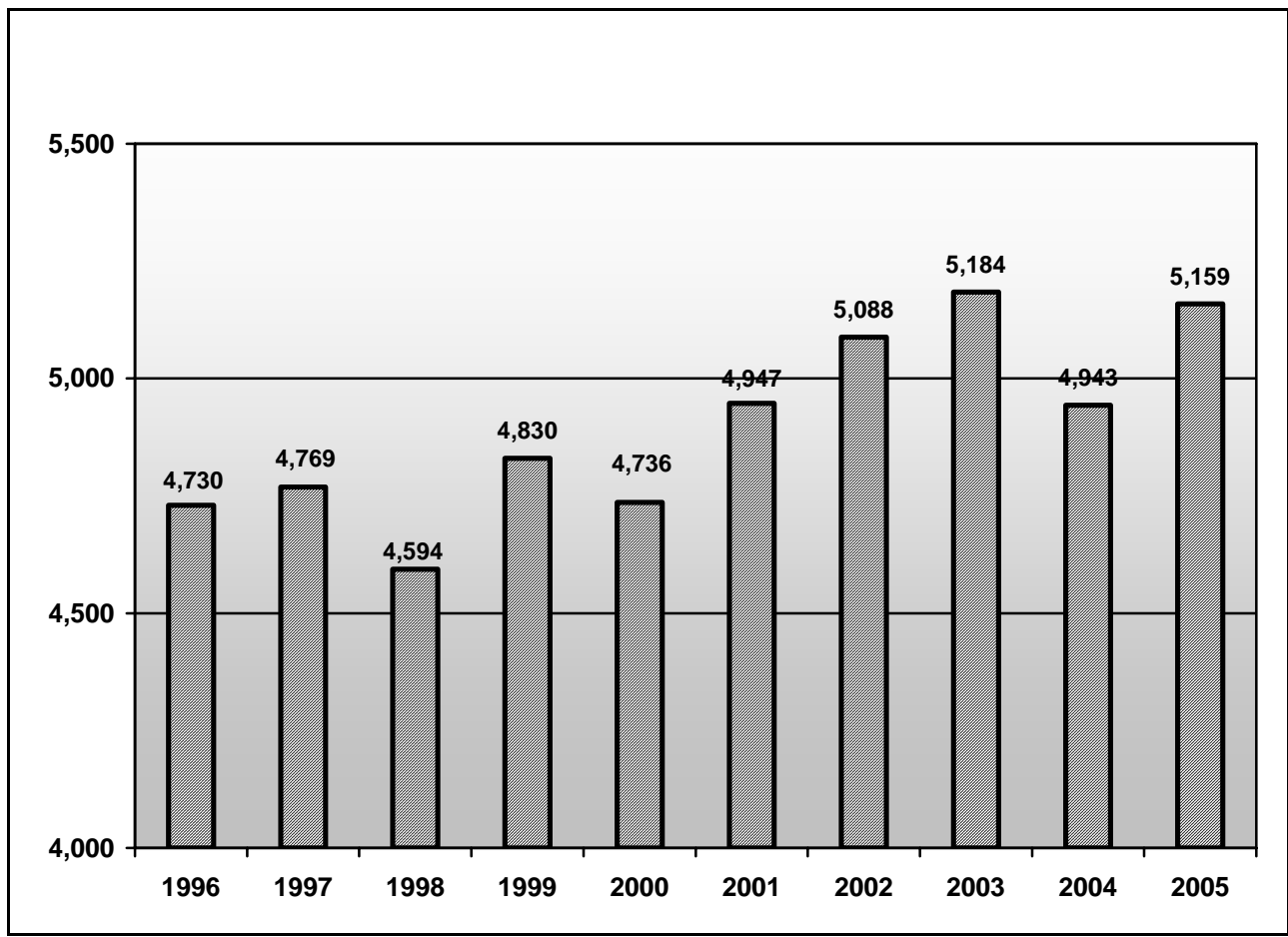


Figure 3 – Total Cases by Month – 2005

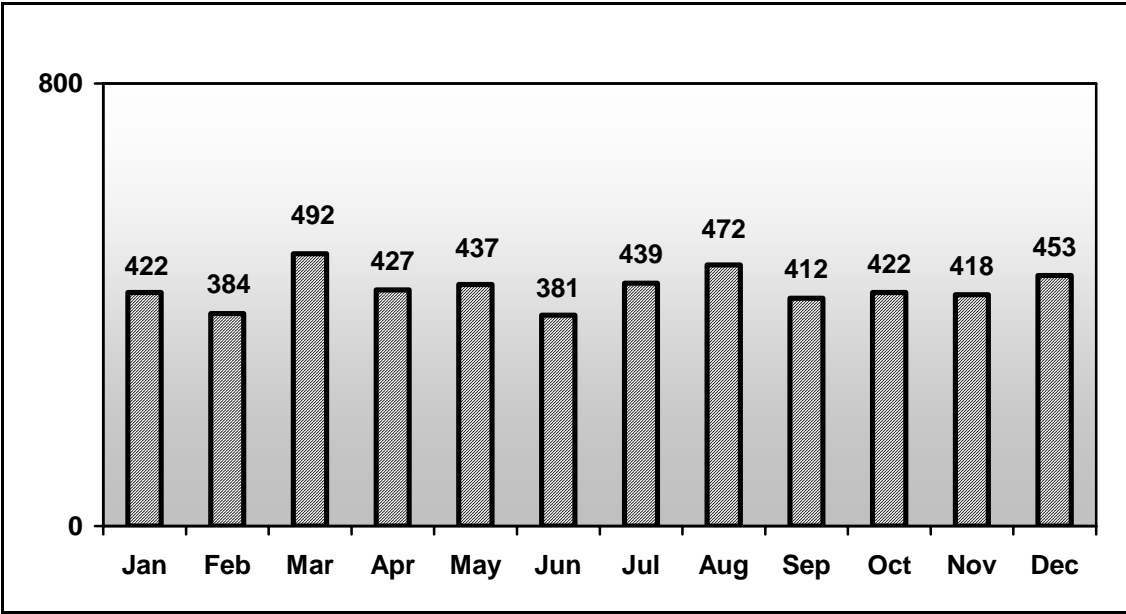


Figure 4 – Total Cases by Day – 2005

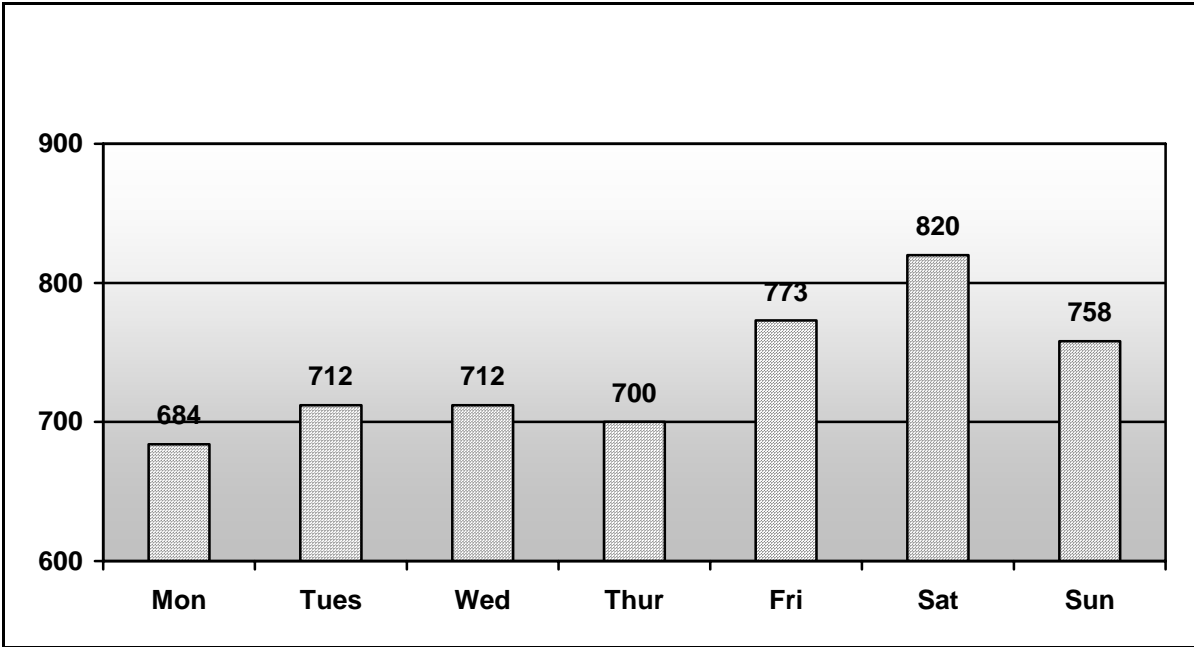


Figure 5 – Total Cases by Race/Ethnicity – 2005

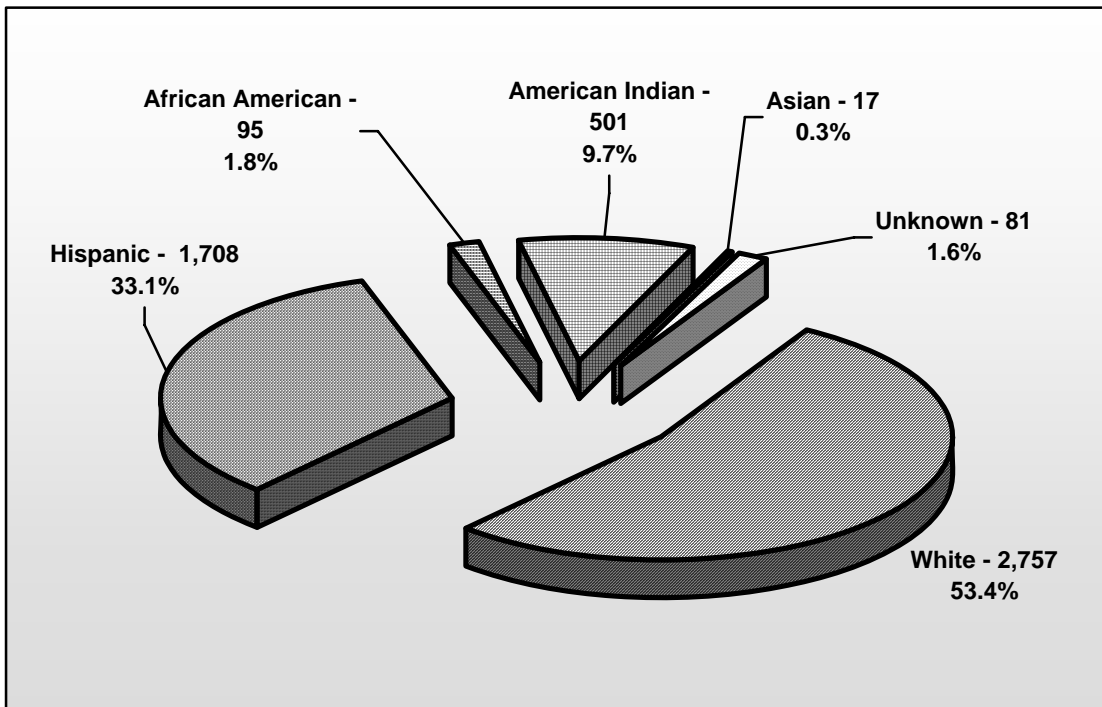


Figure 6 – Total Cases by Age and Gender – 2005

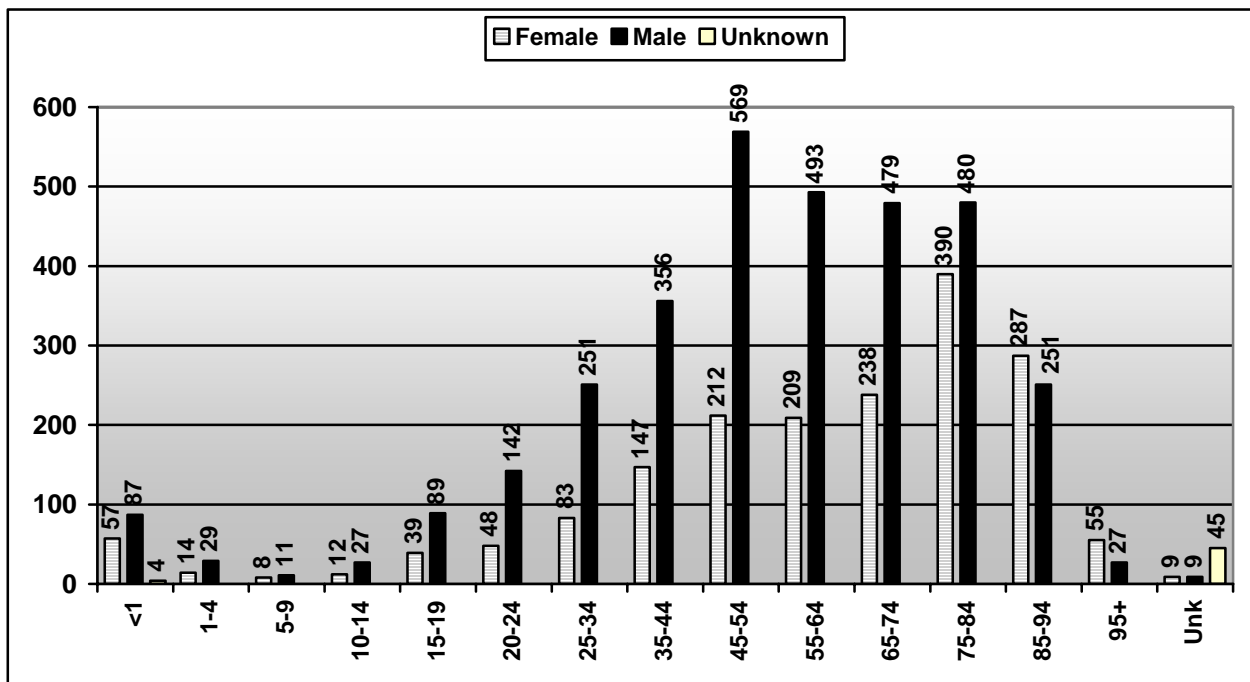


Table 1 – Total Cases – Autopsy Status – 2005

Manner of Death						
Autopsy	Natural	Accident	Suicide	Homicide	Undetermined*	Total
Yes	735	797	299	178	88	2,097
No	2,373	571	48	1	69	3,062
Total	3,108	1,368	347	179	157	5,159

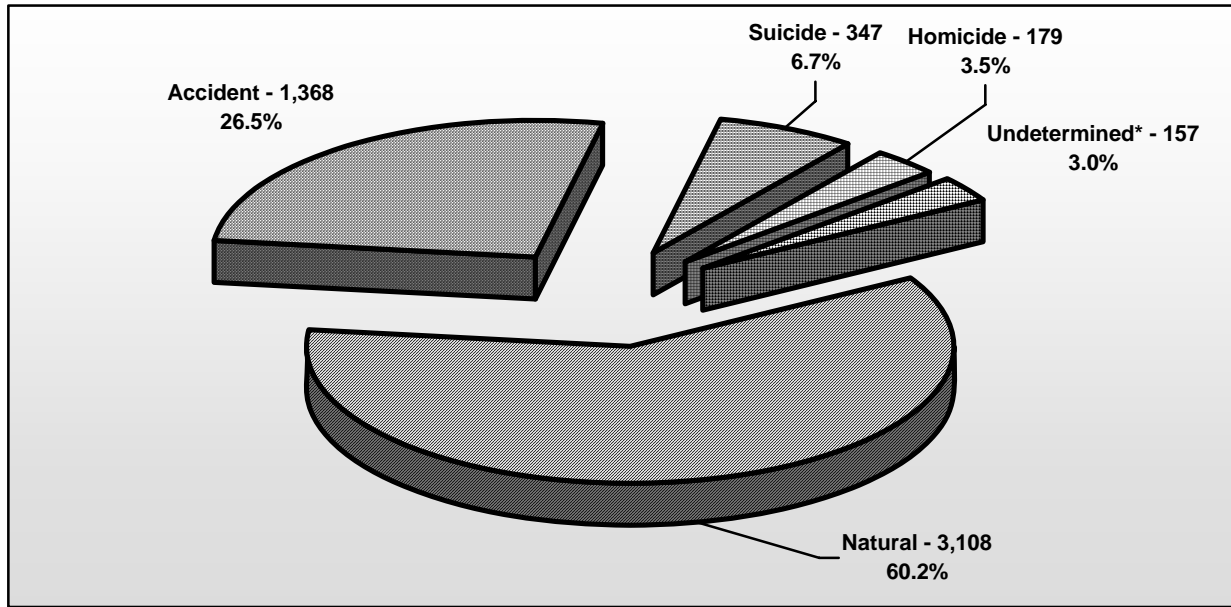
* 79 Undetermined, 11 Pending, 66 Other, 1 Certified included in Undetermined

Table 2 – Total Cases – Case Distribution – 2005

Type of Case	Manner of Death	Autopsy		Percent Autopsied	Total
		Yes	No		
Medical Investigator	Natural	547	534	50.6%	1,081
	Accident	724	554	56.7%	1,278
	Suicide	282	44	86.5%	326
	Homicide	155	1	99.4%	156
	Undetermined	74	50	59.7%	124
	Subtotal		1,782	1,183	60.1%
Terminated Jurisdiction	Natural	2	1,433	0.0%	1,435
	Accident	0	0	0.0%	0
	Suicide	0	0	0.0%	0
	Homicide	0	0	0.0%	0
	Undetermined	0	1	0.0%	1
Subtotal		2	1,434	0.0%	1,436
Reported Deaths		1,784	2,617	40.5%	4,401
Consultation Cases	Natural	186	406	31.4%	592
	Accident	73	17	81.1%	90
	Suicide	17	4	80.9%	21
	Homicide	23	0	100%	23
	Undetermined	14	18	43.8%	32
Subtotal		313	445	41.3%	758
Total		2,097	3,062	40.6%	5,159

Cause and Manner of Death

Figure 7 – Total Cases – Manner of Death – 2005



* 79 Undetermined, 11 Pending, 66 Other, 1 Certified included in Undetermined

In 2005, OMI investigated 5,159 deaths, representing 35% of the estimated total deaths in New Mexico in 2005. Of the deaths investigated by OMI in 2005:

The total number of deaths investigated represents a 4.4% increase from the 2004 total, and a 9.1% increase since 1996.

The highest total number of deaths occurred in March and the fewest in June. More deaths occurred on Saturday than any other day of the week and the fewest deaths occurred on Monday.

The ratio of male to female deaths, when gender was clearly determined, was 1.83. Decedents classified as non-Hispanic white represented 53.4% of the total, Hispanic 33.1%, American Indian 9.7%, African American 1.8% and Asian 0.3%. The racial-ethnic composition of New Mexico was listed in the 2000 census as: 45% non-Hispanic white, 42% Hispanic, 10% American Indian, 2% African American and 1% Asian.

Of all New Mexico counties, Bernalillo had the highest total number of deaths investigated (1,919). While natural deaths contributed the largest portion of OMI deaths investigated (60.2%), most natural deaths did not fall under the jurisdiction of OMI. Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

**Figure 8 - Total Cases – Manner of Death –Ten Year Summary
1996 – 2005**

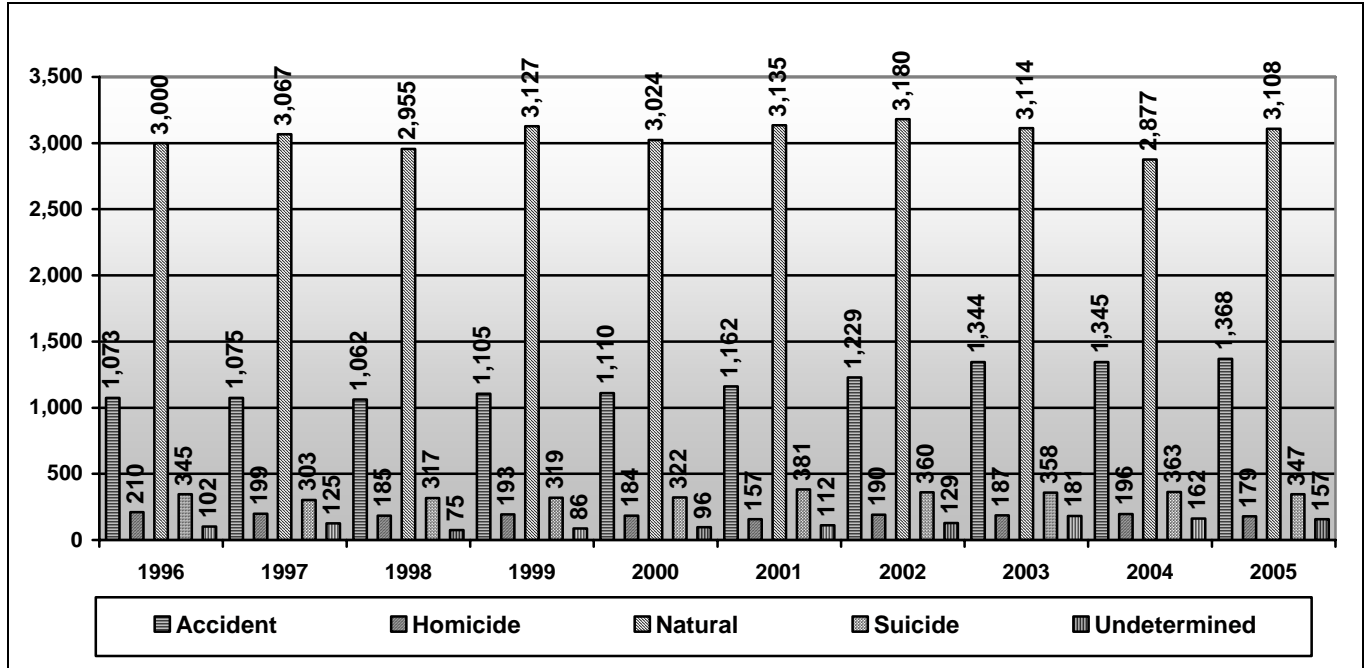


Table 3 - Total Cases – Manner of Death by Gender – 2005

Gender	Accident	Homicide	Natural	Suicide	Undetermined	Total
Female	471	39	1,194	60	44	1,808
Male	897	140	1,910	287	68	3,302
Unknown	0	0	4	0	45	49
Total	1,368	179	3,108	347	157	5,159

Table 4 - Total Cases – Manner of Death by Race/Ethnicity – 2005

Race/Ethnicity	Accident	Homicide	Natural	Suicide	Undetermined	Total
American Indian	178	33	215	35	40	501
Asian	2	0	14	1	0	17
Black	26	3	61	2	3	95
Hispanic	489	90	1,007	100	22	1,708
White	664	45	1,794	207	47	2,757
Unknown	9	8	17	2	45	81
Total	1,368	179	3,108	347	157	5,159

Figure 9 - Deaths by County of Injury – 2005
Includes Accidents, Suicides, Homicides and Undetermined Deaths

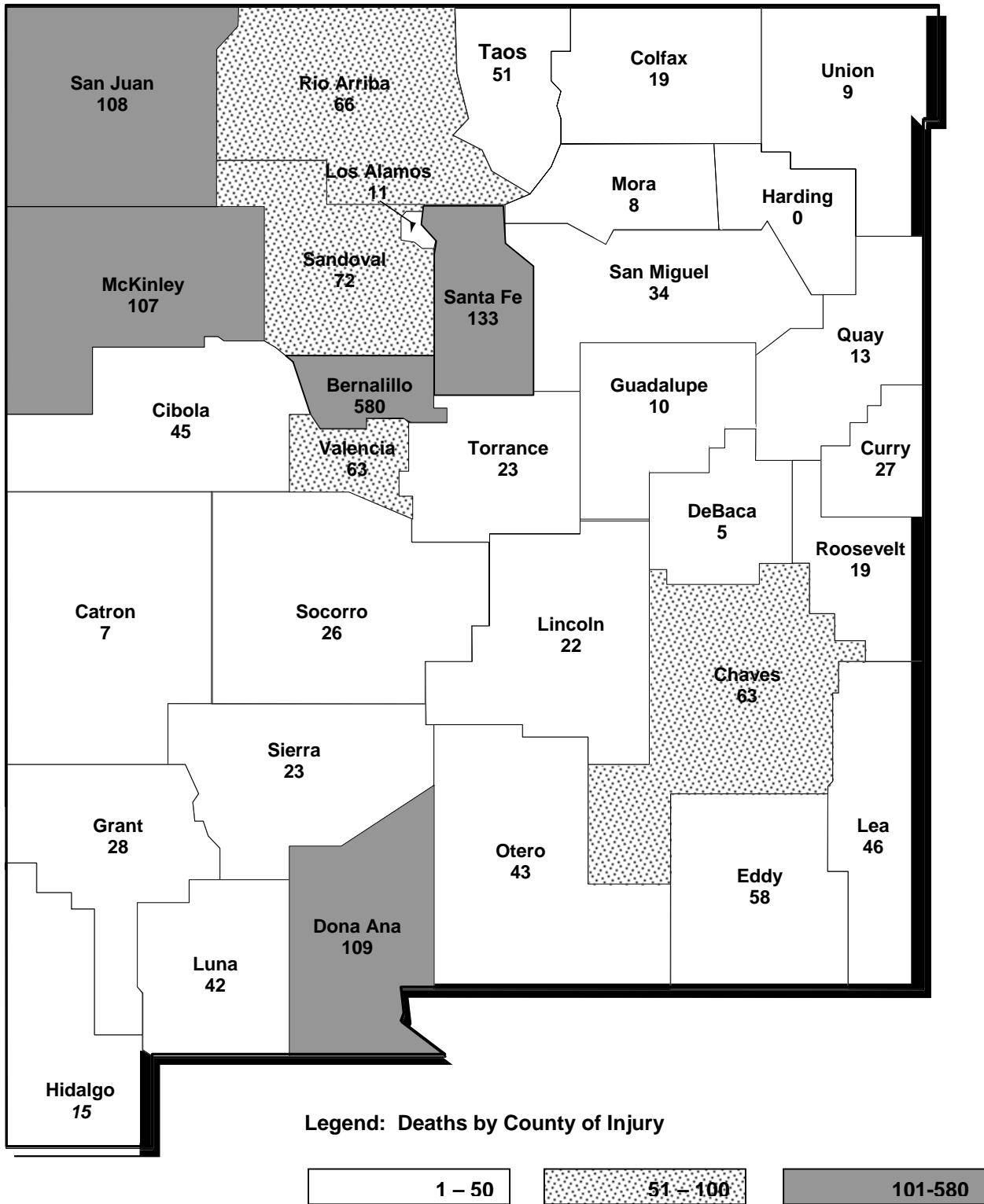


Table 5 – Total Cases – County of Injury – 2005

Manner of Death by County of Injury					
County of Injury	Accident	Homicide	Suicide	Undetermined	Total
Bernalillo	387	69	99	25	580
Catron	7	0	0	0	7
Chaves	37	15	8	3	63
Cibola	41	1	2	1	45
Colfax	17	0	2	0	19
Curry	22	4	1	0	27
De Baca	3	1	1	0	5
Dona Ana	63	8	36	2	109
Eddy	38	3	13	4	58
Grant	17	1	10	0	28
Guadalupe	10	0	0	0	10
Harding	0	0	0	0	0
Hidalgo	14	0	1	0	15
Lea	30	7	8	1	46
Lincoln	14	2	6	0	22
Los Alamos	6	0	4	1	11
Luna	36	0	3	3	42
McKinley	80	7	13	7	107
Mora	7	0	0	1	8
Otero	30	0	13	0	43
Quay	10	0	3	0	13
Rio Arriba	48	8	10	0	66
Roosevelt	14	3	1	1	19
San Juan	72	11	20	5	108
San Miguel	24	4	6	0	34
Sandoval	52	4	13	3	72
Santa Fe	101	4	23	5	133
Sierra	11	3	7	2	23
Socorro	22	1	3	0	26
Taos	27	2	20	2	51
Torrance	18	2	2	1	23
Union	7	0	2	0	9
Valencia	41	8	10	4	63
Non-Resident/Unk	62	11	7	86	166
Subtotals	1,368	179	347	157	2,051
Natural Deaths	0	0	0	0	3,108
Total					5,159

Figure 10 – Deaths by County of Residence
All Manners of Death

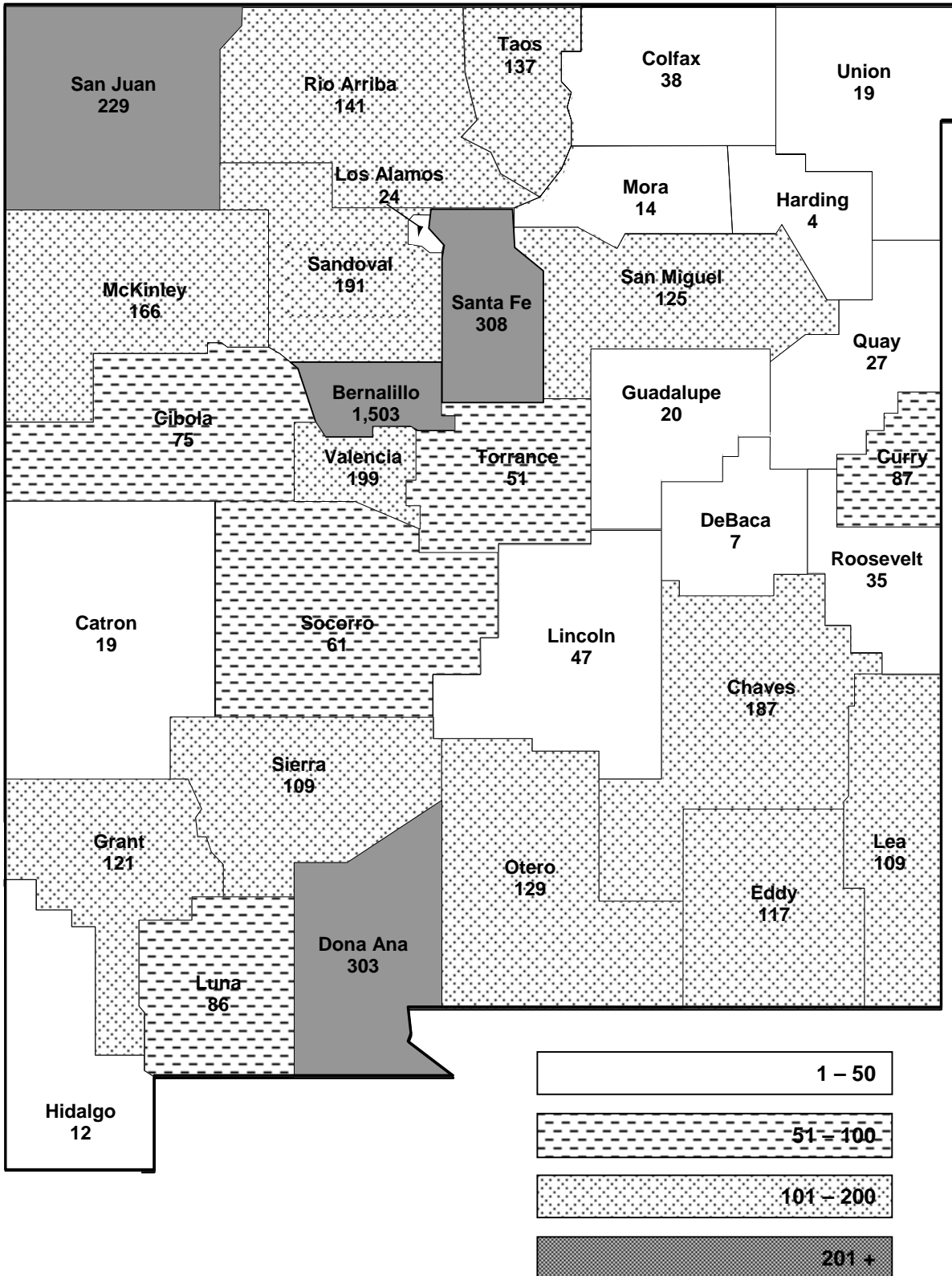


Table 6 – Total Cases – County of Residence – 2005

County of Residence	Manner of Death by County of Residence					Total
	Natural	Accident	Suicide	Homicide	Undetermined	
Bernalillo	916	389	99	59	40	1,503
Catron	12	7	0	0	0	19
Chaves	121	40	8	15	3	187
Cibola	47	21	3	2	2	75
Colfax	28	6	2	1	1	38
Curry	66	17	1	3	0	87
De Baca	2	3	1	1	0	7
Dona Ana	200	58	36	7	2	303
Eddy	60	38	13	3	3	117
Grant	95	15	8	1	2	121
Guadalupe	16	4	0	0	0	20
Harding	4	0	0	0	0	4
Hidalgo	10	2	0	0	0	12
Lea	65	29	8	6	1	109
Lincoln	31	9	5	2	0	47
Los Alamos	12	7	4	0	1	24
Luna	69	13	2	2	0	86
McKinley	85	56	10	8	7	166
Mora	9	4	0	0	1	14
Otero	92	25	11	0	1	129
Quay	23	3	1	0	0	27
Rio Arriba	72	44	14	10	1	141
Roosevelt	19	11	1	3	1	35
San Juan	128	64	19	8	10	229
San Miguel	88	27	6	3	1	125
Sandoval	126	45	11	4	5	191
Santa Fe	165	105	21	8	9	308
Sierra	85	13	5	2	4	109
Socorro	40	16	2	1	2	61
Taos	94	20	17	2	4	137
Torrance	31	12	3	2	3	51
Union	12	5	2	0	0	19
Valencia	132	46	9	8	4	199
Out of State/Unknown	153	214	25	18	49	459
Total	3,108	1,368	347	179	157	5,159

Table 7 - Total Cases – Manner of Death by Age 2005
Age at Death

Gender	Age	Natural	Accidents		Suicide	Homicide	Undetermined	Total
			MVA*	Non-MVA				
Female	<1	50	2	2	0	2	1	57
	1-4	6	5	3	0	0	0	14
	5-9	3	3	2	0	0	0	8
	10-14	3	4	2	2	1	0	12
	15-19	6	18	4	5	3	3	39
	20-24	9	21	6	4	4	4	48
	25-34	24	25	19	4	6	5	83
	35-44	52	24	38	16	6	11	147
	45-54	115	23	37	20	9	8	212
	55-64	159	17	21	5	3	4	209
	65-74	200	10	24	2	2	0	238
	75-84	325	7	53	2	2	1	390
	85-94	197	1	87	0	0	2	287
	95+	44	0	10	0	0	1	55
Unknown	1	0	3	0	1	4	9	
Subtotals		1,194	160	311	60	39	44	1,808
Male	<1	78	1	1	0	4	3	87
	1-4	15	5	4	0	3	2	29
	5-9	2	6	2	0	1	0	11
	10-14	2	8	6	6	3	2	27
	15-19	10	38	7	21	13	0	89
	20-24	5	47	25	33	27	5	142
	25-34	41	71	60	44	25	10	251
	35-44	121	46	109	46	24	10	356
	45-54	297	60	114	61	28	9	569
	55-64	366	32	56	29	4	6	493
	65-74	392	17	39	17	7	7	479
	75-84	376	16	66	21	0	3	482
	85-94	182	6	47	9	1	6	251
	95+	21	1	5	0	0	0	27
Unknown	2	1	1	0	0	5	9	
Subtotals		1,910	355	542	287	140	68	3,302
Unknown	No Age	4	0	0	0	0	45	49
Total		3,108	515	853	347	179	157	5,159

* MVA = Motor Vehicle Accidents

Table 8 – Overview – Cause of Death – 2005
by Highest Value

Natural Deaths Cause of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Heart disease	1,313	202	93	1,018
Carcinoma	277	33	6	238
Hypertension	225	90	24	111
Pneumonia	184	87	5	92
Natural - Other	152	50	5	97
Chronic obstructive pulmonary disease	148	3	8	137
Cerebrovascular	109	21	5	83
Ethanolism	92	51	5	36
Sepsis	91	41	1	49
Gastrointestinal hemorrhage	85	38	9	38
Diabetes	65	12	5	48
Alzheimer's	56	4	5	47
Hepatic failure	51	10	3	38
Renal failure	42	3	0	39
Emphysema	36	0	0	36
Emboli	35	27	0	8
Epilepsy	33	28	1	4
Respiratory Distress Syndrome	32	8	3	21
Prematurity	32	6	1	25
Congenital defect	29	10	1	18
Intrauterine fetal death	29	12	0	17
Aneurysm	20	7	0	13
Spontaneous hemorrhage	19	8	1	10
Sudden Infant Death Syndrome (SIDS)	17	17	0	0
Parkinson's disease	14	0	2	12
Leukemia	11	2	0	9
Acquired Immune Deficiency Syndrome (AIDS)	10	1	1	8
Blood disorders	8	5	0	3
Asthma	8	3	1	4
Pancreas	5	2	1	2
Obesity	5	2	0	3
Meningitis	5	4	0	1
Arthritis	4	1	0	3
Dehydration	3	3	0	0
Malnutrition	3	0	0	3
Obstruction (Blockage)	3	3	0	0
Pulmonary edema	2	2	0	0
Chronic drug abuse	1	0	1	0
History of illness or injury	1	0	0	1
Tuberculosis	1	1	0	0
Aspiration	1	0	0	1
Maternal and fetal complications of birth	1	1	0	0
Medical treatment	1	0	0	1
Amyotrophic lateral sclerosis (ALS)	1	0	1	0
Adverse reaction	1	1	0	0
Presumably natural disease	1	0	0	1
Subtotal	3,262	799	188	2,275

Unnatural Deaths Cause of Death	Total Cases	Autopsy	Dictated External	Investigation/Field Examination
Multiple injuries	580	251	126	203
Substance intoxication	352	346	2	4
Gunshot wound	270	243	10	17
Head and neck injuries	216	98	64	54
Hanging	78	66	4	8
Asphyxia	48	45	2	1
Stab wound	46	44	0	2
Drowning	37	37	0	0
Carbon monoxide intoxication	33	29	4	0
Exposure	31	29	1	1
Thermal injuries (Burns)	23	13	9	1
Unnatural - Other	21	13	4	4
Subdural hematoma	16	2	7	7
Ethanol (alcohol) intoxication	14	14	0	0
Narcotic abuse	8	8	0	0
Electrocution	4	4	0	0
Child abuse	2	2	0	0
Aspiration	2	1	1	0
Subtotal	1,781	1,245	234	302
Undetermined Deaths				
Skeletal/ancient/mummified remains	36	15	0	21
Consult Request Withdrawn	23	3	0	20
Non-human remains	20	0	0	20
Undetermined after autopsy and/or toxicology	16	14	0	2
Pending Toxicology, Histology, Other	11	11	0	0
Undetermined- Other	4	4	0	0
Certification for record purposes only	4	1	0	3
Cremains	2	0	0	2
Subtotal	116	48	0	68
Total	5,159	2,092	422	2,645

Cause of Death Summary

Five manners of death are used to classify deaths at OMI: natural, accident, homicide, suicide and undetermined. Deaths are further classified by the actual cause of death, as presented in the Causes of Death table, sorted by natural, unnatural, undetermined, and uncertifiable deaths are listed in descending order of occurrence in 2005. As this table lists death by cause, rather than manner, the total number of natural deaths in this table (3,262) is not the same as the total number of natural deaths by manner (3,108) in Table 1. In some cases, the manner of death may be accidental or suicide, but the cause itself may be classified as natural. In a very small percentage of the cases (20/5,159, 0.4%), neither the manner nor cause of death could be determined, even after extensive investigation, autopsy, and toxicological testing.

The remainder of the annual report will present information on specific manners of death (natural, accidental, homicide, suicide and undetermined) as well as certain categories of deaths investigated by OMI, including deaths of children, ethanol (alcohol) related deaths, and drug involved deaths. Ten-year summaries will be followed by presentations of the current cases by race/ethnicity, and age/gender, then a breakdown by method of death and county of residence.

Overview – Manner of Death – Natural Deaths

Figure 11 – Natural Deaths – 1996 – 2005

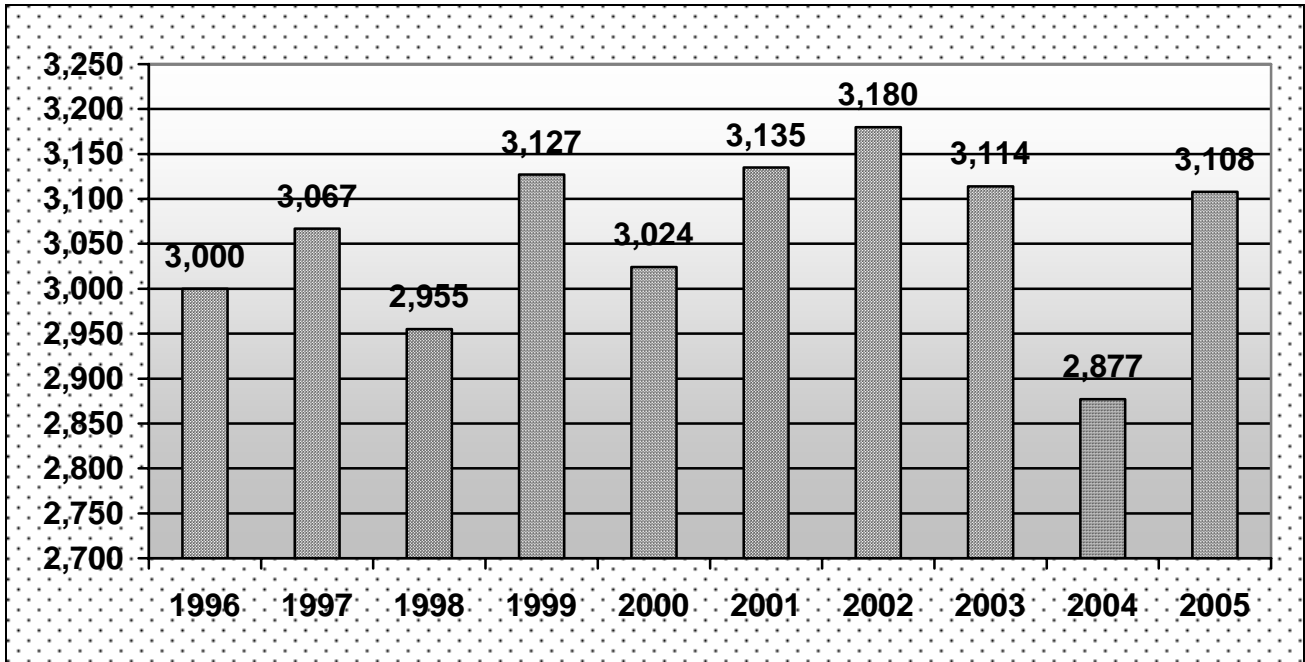


Figure 12 - Natural Deaths by Race/Ethnicity – 2005

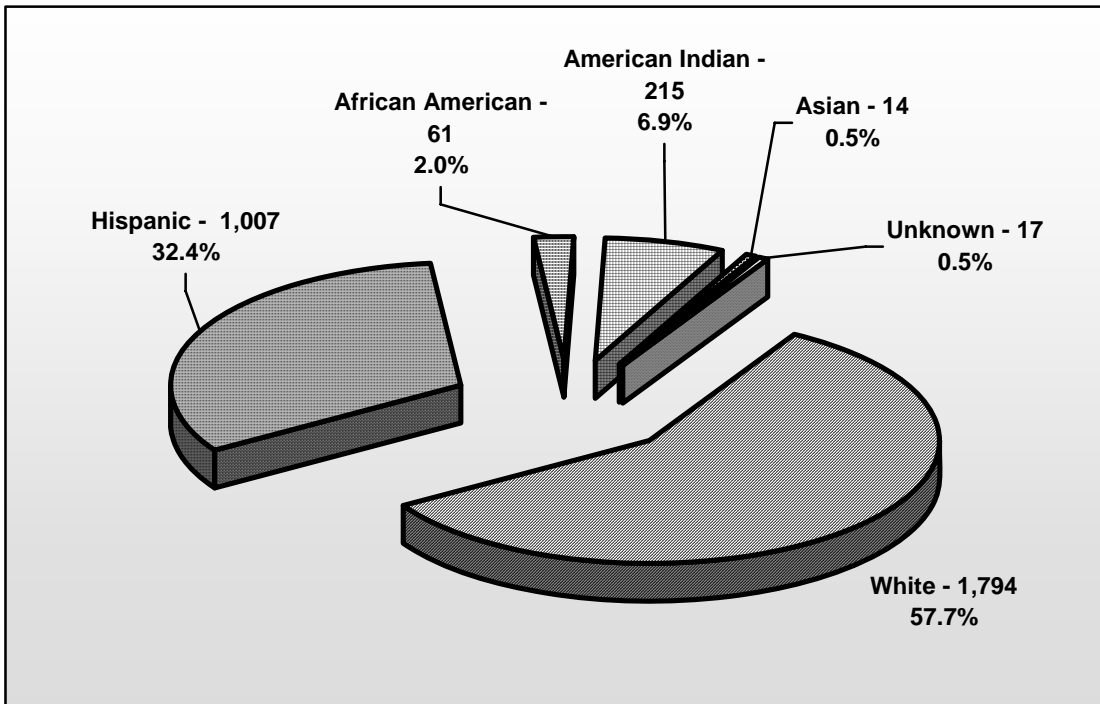
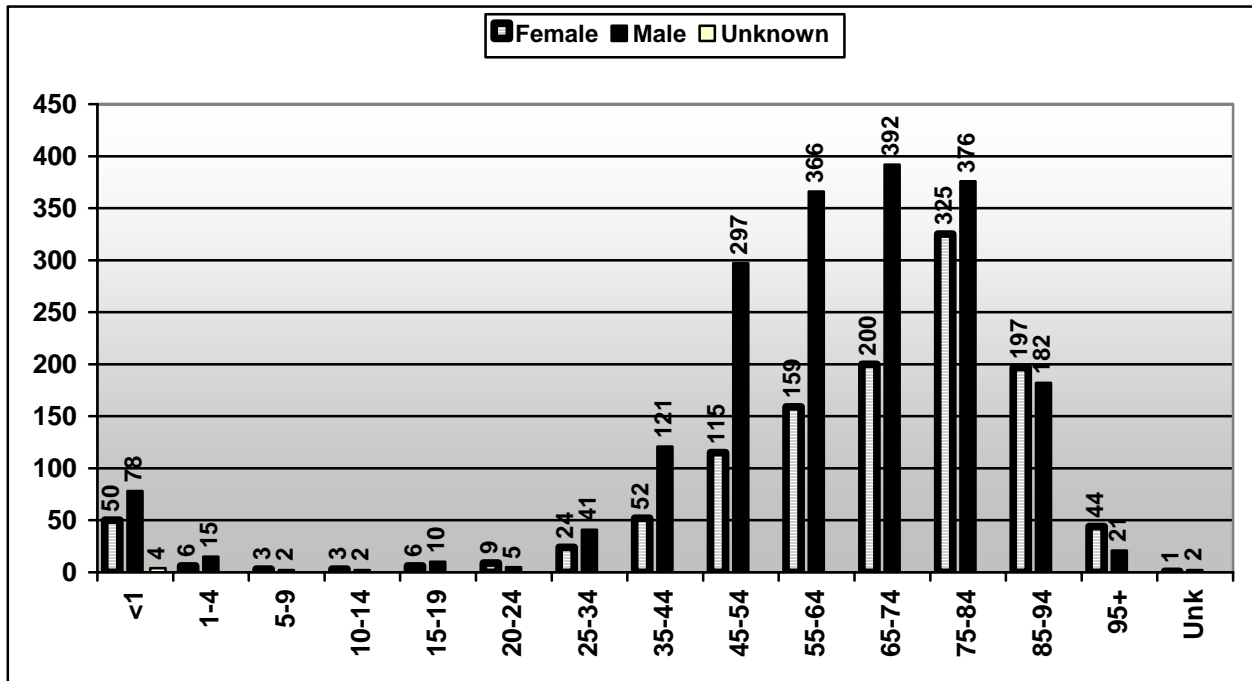


Figure 13 - Natural Deaths by Age and Gender – 2005



Natural Deaths – Summary

Deaths classified as a “natural” manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by OMI. However, most natural deaths that occur in New Mexico do not fall under the jurisdiction of OMI and are therefore not represented in this report. An excellent resource for all mortality statistics in the state is the publication “New Mexico Selected Health Statistics Annual Report,” published by the State Center for Health Statistics at the Office of New Mexico Vital Records & Health Statistics, Public Health Division, Department of Health, 1105 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110.

Overview – Manner of Death – Accidental Deaths

Figure 14 - Accidental Deaths – 1996 – 2005

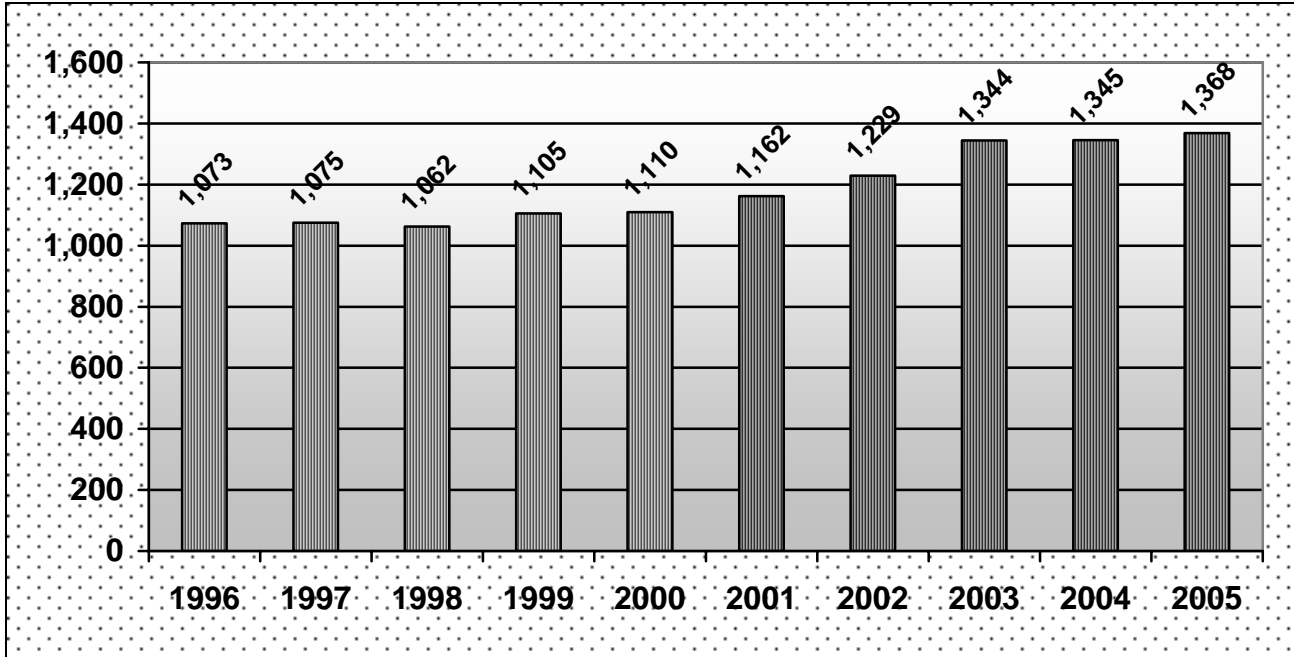


Figure 15 - Accidental Deaths by Race/Ethnicity – 2005

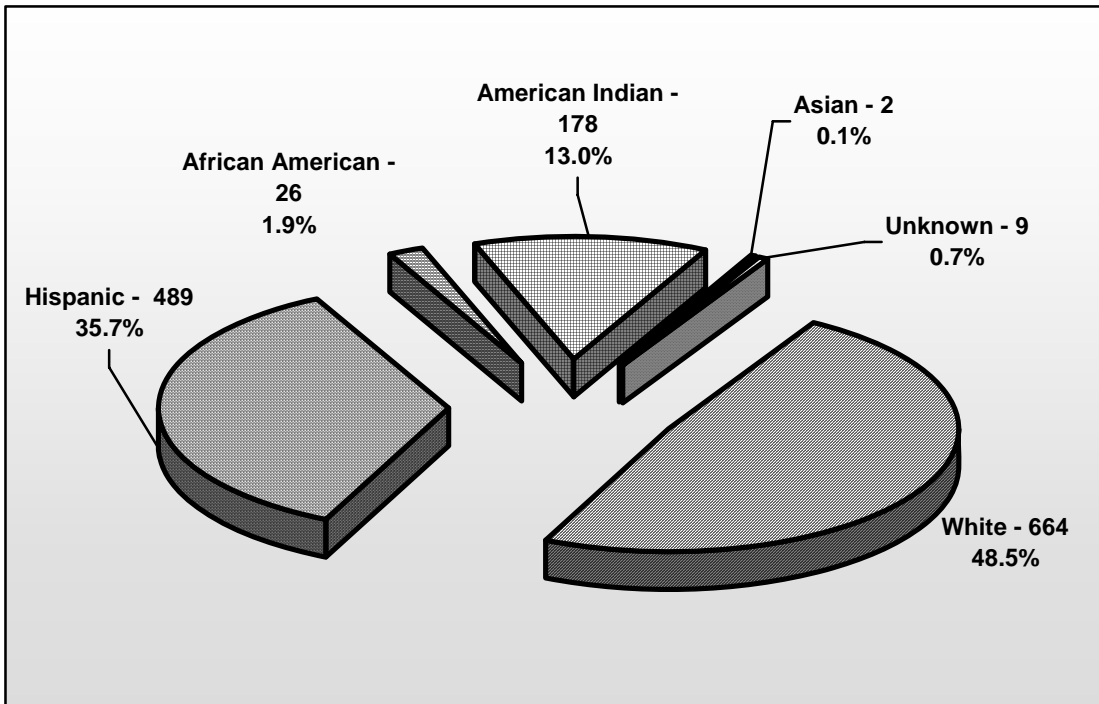


Figure 16 - Accidental Deaths by Age and Gender – 2005

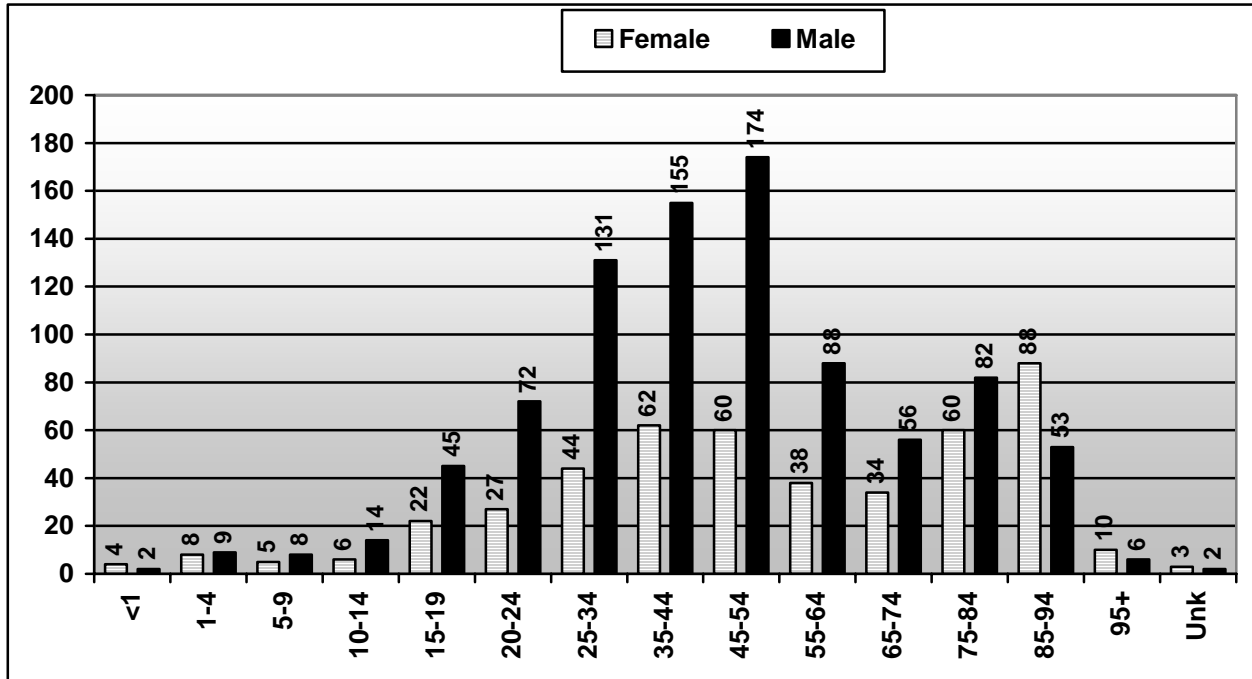


Table 9 - Accidental Deaths – Method – 2005

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Fall from standing height	261	34	70	157
Ingested and/or injected illicit drug(s)	230	224	1	5
Driver of auto that left roadway	93	52	19	22
Ingested and/or injected prescription medications	89	86	1	2
Driver of auto in collision	73	32	20	21
Pedestrian struck by motor vehicle	69	41	15	13
Passenger in auto that left roadway	62	34	17	11
Fall from height	54	15	16	23
Passenger in auto in collision	54	29	14	11
Exposed to cold or heat	37	35	1	1
Accident-Other	34	24	5	5
Driver of pickup that left roadway	26	14	3	9
Drowned in (non-recreational water accident)	24	24	0	0
Victim of fire	24	13	11	0
Ingested alcohol (ethanol)	23	22	0	1

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Driver of motorcycle in collision with motor vehicle	22	6	8	8
Passenger in pickup that left roadway	20	10	6	4
Driver of pickup in collision with motor vehicle	17	9	4	4
Driver of motorcycle	16	4	3	9
Driver of auto in collision with fixed object	12	4	4	4
Inhaled toxic agent, inhalation was accidental	11	10	1	0
Passenger in pickup in collision with motor vehicle	11	8	3	0
Crushed/suffocated	11	8	1	2
Choked	10	5	2	3
Drowned swimming (recreational and rescue attempts)	7	6	0	1
Driver of truck that left roadway	7	5	0	2
Passenger in auto in collision with fixed object	7	4	3	0
Driver of truck in collision	7	4	3	0
Cyclist struck by motor vehicle	5	5	0	0
Fell/thrown from (riding animal, bull, horse, etc.)	4	2	0	2
Cyclist non-motor vehicle accident	3	2	0	1
Driver of truck in collision with fixed object	3	2	1	0
Passenger in truck that left roadway	3	1	0	2
Accidental discharge of firearm	3	3	0	0
Pilot of aircraft that crashed	3	3	0	0
Received blow/collided with object	2	1	1	0
Poisoned	2	2	0	0
Passenger who fell from moving motor vehicle	2	1	1	0
Driver of motor vehicle struck by train	2	0	1	1
Passenger on motorcycle	2	0	1	1
Passenger in truck in collision	2	1	0	1
Struck by lightning	2	2	0	0
Passenger in aircraft that crashed	2	1	0	1
Inhaled toxic agent (substance abuse)	2	2	0	0
Struck by flying/falling object	2	1	0	1
Scalded by hot liquid or steam	2	0	1	1
Victim of explosion	2	2	0	0
Passenger in pickup in collision with fixed object	1	0	0	1
Driver of pickup in collision with fixed object	1	1	0	0
Farm or Industrial machinery accident	1	1	0	0
Non-collision motor vehicle accident	1	1	0	0
Motor vehicle accident, etiology unknown	1	0	0	1
Passenger on motorcycle in collision with motor vehicle	1	0	0	1
Medical treatment	1	0	0	1
Contacted electrical current	1	1	0	0
Bitten/mauled/stung/kicked by animal	1	1	0	0
Total	1,368	798	237	333

Table 10 - Accidental Deaths – County of Injury – 1996 – 2005

County of Injury	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Bernalillo	261	278	311	294	285	318	359	406	403	387
Catron	4	2	4	4	7	5	3	6	2	7
Chaves	29	43	28	43	30	36	29	42	41	37
Cibola	31	23	19	24	37	16	19	27	25	41
Colfax	13	7	6	8	16	18	12	23	9	17
Curry	15	10	19	15	16	13	13	15	15	22
De Baca	2	4	2	4	1	2	5	3	1	3
Dona Ana	49	67	47	53	52	56	55	62	80	63
Eddy	18	21	38	19	29	22	27	31	33	38
Grant	18	18	17	13	17	9	18	23	25	17
Guadalupe	18	28	17	7	8	14	17	8	16	10
Harding	2	1	0	1	1	1	2	1	0	0
Hidalgo	5	10	9	5	7	9	10	2	6	14
Lea	26	15	16	23	21	24	20	29	21	30
Lincoln	12	18	21	13	11	21	31	14	14	14
Los Alamos	3	6	2	4	6	9	6	10	6	6
Luna	16	30	17	20	15	23	18	25	22	36
McKinley	60	67	66	65	78	57	72	73	99	80
Mora	12	6	2	8	7	4	4	5	8	7
Otero	20	25	12	20	25	24	25	31	28	30
Quay	20	24	8	20	13	13	18	26	14	10
Rio Arriba	55	50	44	67	57	37	54	46	57	48
Roosevelt	4	6	14	6	6	7	9	8	7	14
San Juan	77	56	70	56	61	76	85	79	76	72
San Miguel	26	17	30	16	20	19	26	31	34	24
Sandoval	35	28	29	37	34	39	33	42	47	52
Santa Fe	68	51	63	89	84	72	89	78	75	101
Sierra	14	15	12	16	12	13	15	16	12	11
Socorro	20	16	21	18	17	27	13	18	21	22
Taos	30	19	21	16	21	38	30	26	30	27
Torrance	11	12	9	17	16	19	12	20	19	18
Union	1	2	6	4	3	16	4	3	4	7
Valencia	28	42	32	41	39	35	34	45	38	41
Out of State/Unknown	70	58	50	59	58	70	62	70	57	62
Totals	1,073	1,075	1,062	1,105	1,110	1,162	1,229	1,344	1,345	1,368

Table 11 - Accidental Deaths – County of Pronouncement – 1996 – 2005

County of Pronouncement	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Bernalillo	356	373	393	385	388	415	442	505	503	474
Catron	4	2	4	4	7	4	2	6	2	7
Chaves	29	40	26	41	28	36	27	42	41	34
Cibola	25	18	17	20	27	11	20	20	14	34
Colfax	14	6	6	7	16	15	12	20	9	19
Curry	16	15	20	18	24	17	14	17	18	22
De Baca	3	5	1	4	0	1	5	3	0	2
Dona Ana	52	65	53	54	50	58	53	62	82	61
Eddy	19	19	36	20	27	24	28	30	32	38
Grant	19	15	17	11	18	14	13	24	24	19
Guadalupe	17	25	15	6	5	12	14	6	15	8
Harding	0	0	0	0	1	1	2	1	0	0
Hidalgo	4	9	8	5	7	10	9	2	6	10
Lea	25	16	17	22	21	24	20	29	21	31
Lincoln	10	15	20	12	10	19	23	12	13	13
Los Alamos	2	5	0	4	8	9	4	8	5	5
Luna	12	24	15	20	15	17	17	25	23	36
McKinley	58	59	55	59	60	50	65	73	83	69
Mora	8	3	2	6	5	2	1	4	8	4
Otero	18	22	11	16	24	20	25	30	28	30
Quay	18	19	8	17	12	10	17	24	13	10
Rio Arriba	45	50	40	57	49	30	54	40	53	39
Roosevelt	3	4	11	7	2	4	8	8	6	14
San Juan	84	61	75	61	68	90	89	78	87	79
San Miguel	24	19	27	13	17	18	24	26	26	21
Sandoval	23	21	24	23	21	21	27	24	28	40
Santa Fe	69	45	61	91	83	80	93	87	79	101
Sierra	9	11	7	13	11	13	13	14	9	10
Socorro	16	13	16	18	17	23	11	15	15	22
Taos	23	18	20	14	17	33	24	19	27	25
Torrance	7	11	9	11	13	16	9	9	12	14
Union	1	2	6	4	3	15	4	3	2	6
Valencia	20	31	19	31	23	19	21	34	29	32
Out of State/Unknown	40	34	23	31	33	31	39	44	32	39
Totals	1,073	1,075	1,062	1,105	1,110	1,162	1,229	1,344	1,345	1,368

Accidental Deaths – Summary

Accidental deaths accounted for 27% of the deaths investigated by OMI in 2005, second only to natural deaths (60% of OMI-investigated deaths) as a manner of death. This total is the same as that from 2004. The highest number of accidental deaths was in males 45-54 years of age. Motor vehicle accidents were the most common cause of accidental deaths, with motor vehicles involved in 37.5% of all accidental deaths.

Overview – Manner of Death – Suicide Deaths

Figure 17 - Suicide Deaths – 1996 – 2005

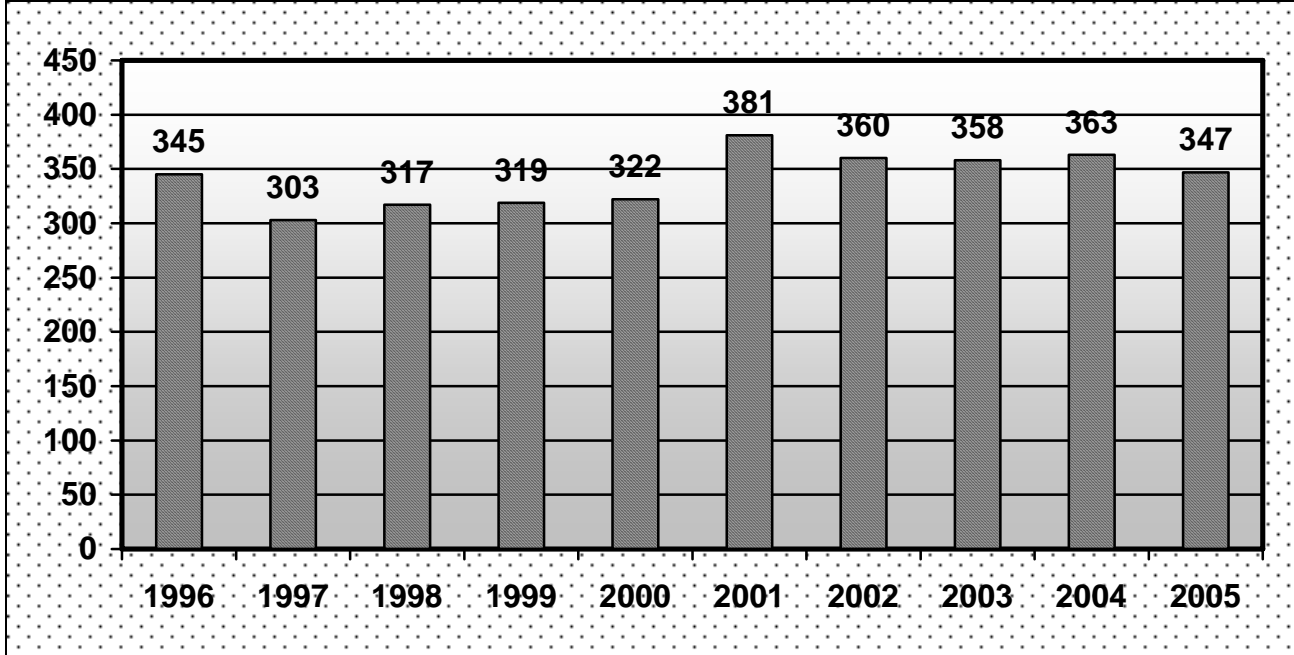


Figure 18 - Suicide Deaths by Race/Ethnicity – 2005

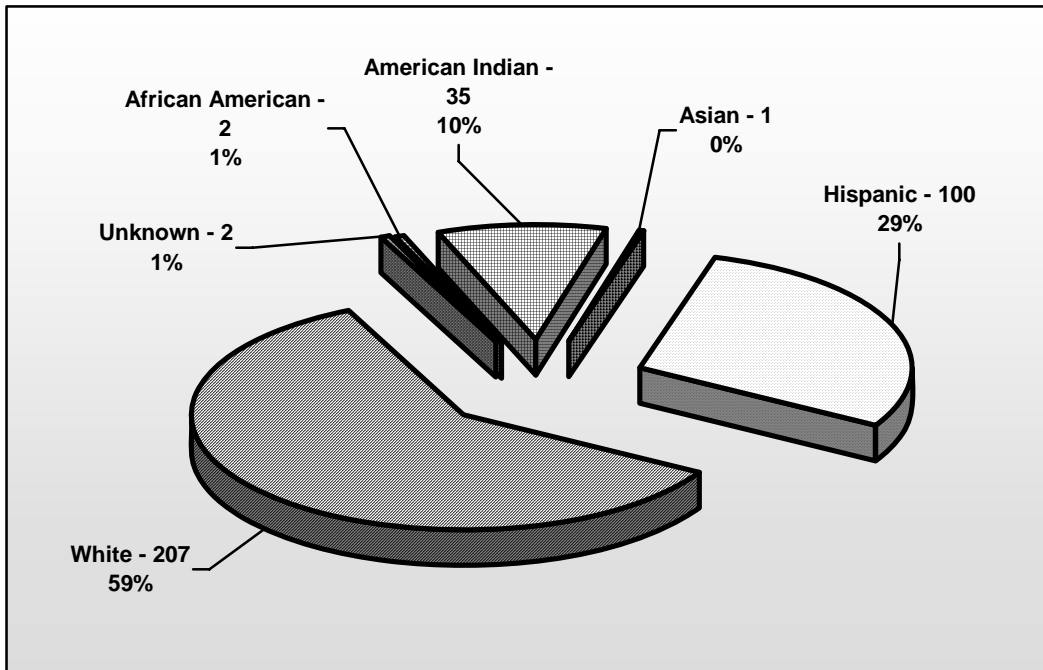


Figure 19 - Suicide Deaths by Age and Gender – 2005

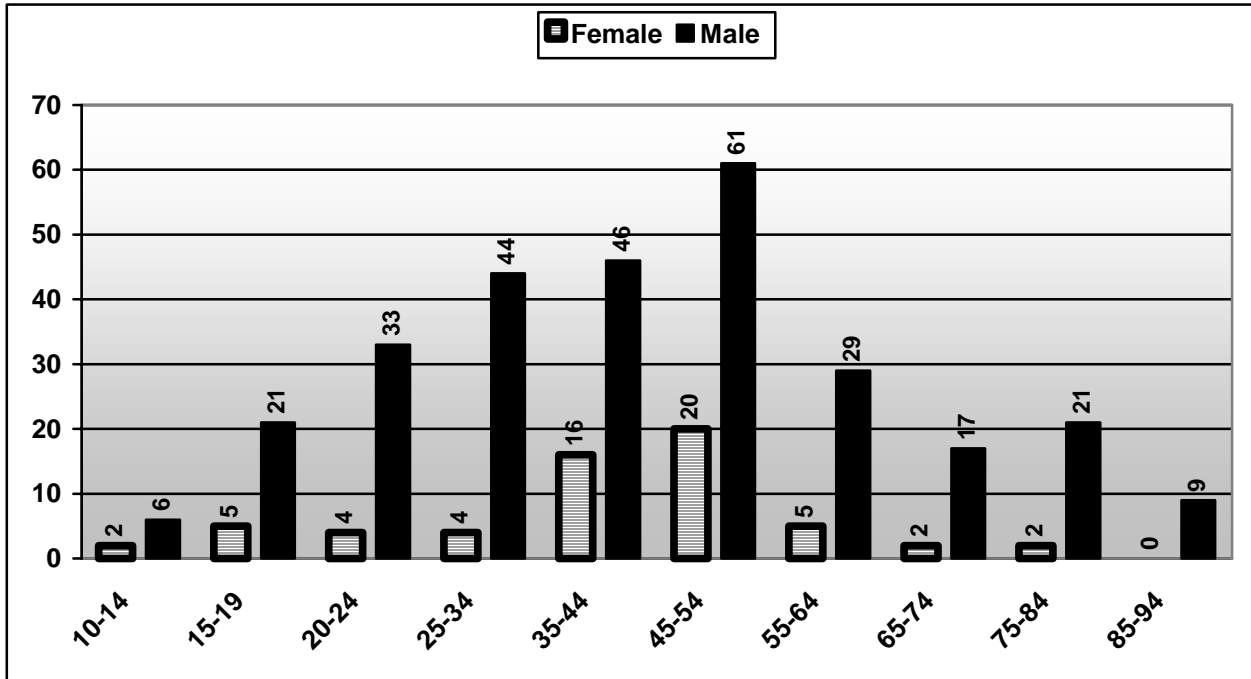


Figure 20 - Suicide Deaths by Month – 2005

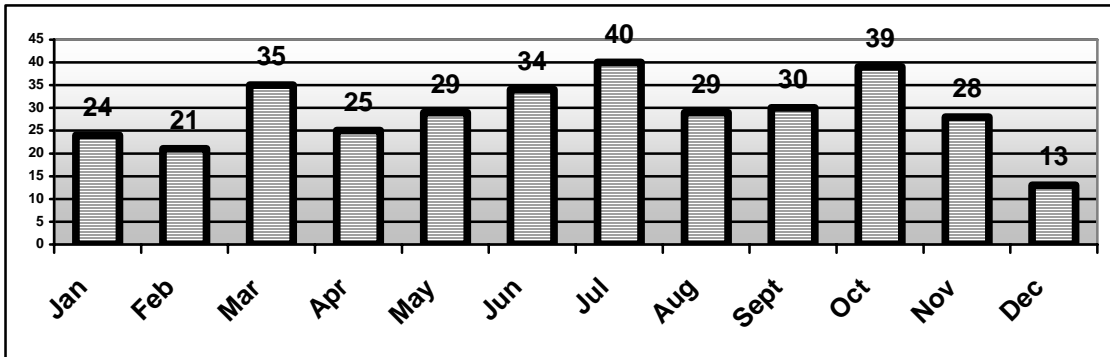


Figure 21 – Suicide Deaths by Day of the Week – 2005

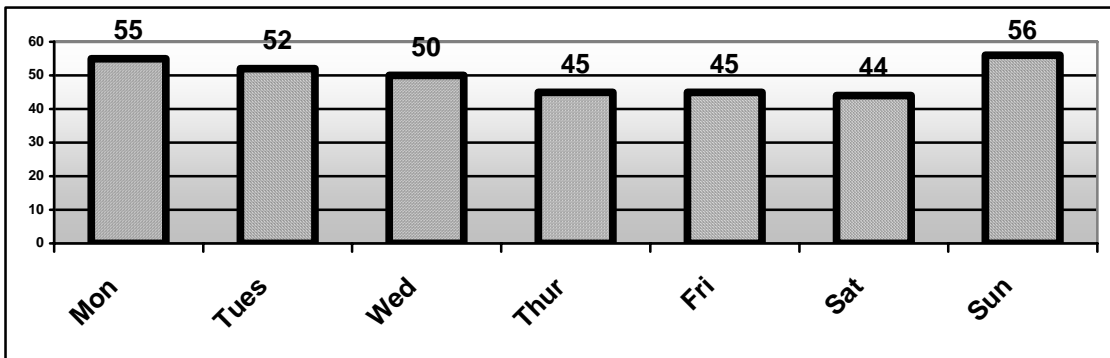


Table 12 – Suicide Deaths by County of Injury – 1996 - 2005

County of Injury	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Bernalillo	113	87	101	96	98	124	112	107	102	99
Catron	3	2	1	1	1	1	2	1	3	0
Chaves	9	9	5	14	13	14	10	17	18	8
Cibola	2	7	5	1	1	8	4	5	3	2
Colfax	9	0	2	5	4	4	6	4	7	2
Curry	8	3	11	6	4	7	3	6	5	1
De Baca	0	2	0	1	1	2	2	0	0	1
Dona Ana	21	18	25	20	30	23	27	13	26	36
Eddy	12	12	8	8	7	5	13	9	9	13
Grant	7	9	5	9	5	4	7	9	6	10
Guadalupe	0	2	1	0	0	2	1	0	0	0
Harding	1	0	0	0	0	2	0	0	1	0
Hidalgo	0	0	1	2	1	2	1	0	0	1
Lea	6	5	6	8	7	9	7	11	9	8
Lincoln	5	6	9	11	7	6	10	3	7	6
Los Alamos	5	2	1	3	0	4	0	3	3	4
Luna	5	12	1	8	4	5	11	9	7	3
McKinley	13	12	14	15	12	15	10	16	19	13
Mora	0	2	1	0	2	4	1	4	0	0
Otero	8	6	4	9	13	13	13	14	15	13
Quay	2	0	1	4	2	5	0	3	1	3
Rio Arriba	11	14	10	10	9	11	11	12	9	10
Roosevelt	2	1	2	2	4	2	2	0	3	1
San Juan	12	13	17	15	20	19	19	19	14	20
San Miguel	4	5	5	5	6	13	8	11	9	6
Sandoval	10	10	16	11	15	14	15	7	13	13
Santa Fe	34	24	28	22	26	22	26	35	30	23
Sierra	10	10	6	7	7	5	6	4	4	7
Socorro	4	4	5	0	3	7	5	4	6	3
Taos	7	5	5	2	5	6	9	5	7	20
Torrance	8	6	3	3	4	6	5	3	4	2
Union	0	1	0	0	0	0	0	0	1	2
Valencia	8	9	10	12	6	10	11	11	17	10
Out of State/Unknown	6	5	8	9	5	7	3	13	5	7
Totals	345	303	317	319	322	381	360	358	363	347

Table 13 – Suicide Deaths by County of Pronouncement – 1996 - 2005

County of Pronouncement	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Bernalillo	122	92	114	106	107	129	120	119	107	104
Catron	3	2	1	1	1	1	2	1	3	0
Chaves	9	9	6	13	13	14	10	16	18	8
Cibola	2	7	5	1	1	8	3	4	2	3
Colfax	9	0	1	5	4	4	6	3	7	1
Curry	8	3	12	6	4	7	3	6	5	1
De Baca	0	2		1	1	2	2	0	0	1
Dona Ana	21	18	24	20	29	23	27	13	26	36
Eddy	12	13	7	8	7	5	13	9	9	13
Grant	7	9	5	9	5	4	6	9	6	8
Guadalupe	0	2	1	0	0	2	1	0	0	0
Harding	1	0	0	0	0	2	0	0	1	0
Hidalgo	0	0	1	2	1	2	1	0	0	1
Lea	6	5	6	8	7	9	7	11	8	8
Lincoln	5	6	8	12	7	6	10	3	7	7
Los Alamos	4	1	1	3	0	4	0	2	3	3
Luna	5	12	1	8	3	5	10	9	7	3
McKinley	12	12	14	15	12	13	9	14	19	12
Mora	0	2	2	0	2	4	1	4	0	0
Otero	6	5	2	6	13	12	13	14	15	12
Quay	2	0	1	4	2	5	0	3	1	3
Rio Arriba	11	14	9	7	9	10	10	11	9	10
Roosevelt	2	1	2	2	4	2	2	0	3	1
San Juan	12	13	17	15	21	20	20	19	14	20
San Miguel	4	5	5	5	5	12	7	10	9	6
Sandoval	8	10	13	11	12	12	15	6	12	11
Santa Fe	34	24	28	22	24	24	26	35	30	22
Sierra	10	9	4	7	6	5	6	4	4	7
Socorro	4	4	3	0	3	6	5	4	6	3
Taos	7	5	5	2	5	6	8	5	6	20
Torrance	6	6	3	3	4	6	5	2	4	2
Union	0	1	0	0	0	0	0	0	1	2
Valencia	8	7	9	9	6	10	7	9	16	9
Out of State/Unknown	5	4	7	8	4	7	5	13	5	10
Totals	345	303	317	319	322	381	360	358	363	347

Table 14 - Suicide Deaths – Method – 2005

Method	Total Cases	Autopsy	Dictated External	Investigator Field Exam
Shot self with firearm	176	150	9	17
Hanged self	77	65	4	8
Ingested or injected medication	38	34	2	2
Suffocated self	10	10	0	0
Ingested, injected or inhaled non-prescription medication	10	10	0	0
Jumped from a height	9	7	2	0
Inhaled toxic substance	9	8	1	0
Suicide as pedestrian	6	6	0	0
Slashed	4	3	0	1
Suicide other	3	2	1	0
Stabbed self	3	3	0	0
Driver of motor vehicle	1	0	1	0
Burned self	1	1	0	0
Total	347	299	20	28

Suicide Deaths – Summary

New Mexico's suicide rate is consistently higher than the national average, comprising 2.4% of all deaths in New Mexico in 2003 compared to 1.3% of all deaths in the U.S. during that same year. The rate in 2003 was 18.7 per 100,000 people, compared to a rate of 10.9 per 100,000 people in the rest of the U.S. (2003 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health). The rate continues to be high for 2005, with an estimate of 18.5 per 100,000 people.

Deaths from suicide in 2005 occurred most frequently among non-Hispanic whites (59%) and males (80.9%). More men between the ages of 45 and 54 years (17.6% of all suicides) committed suicide than other age group by gender. More people committed suicide on Sunday (56/347, 16%) than any other day of the week, whereas last year Thursday had the most suicides. More suicides occurred in July than any other month (40/347, 11.5%). The fewest occurred in December (13/347, 3.7%). The total number of suicides decreased from 2004 (4.4%), and the number of firearm-related suicides decreased 9.7%.

Overview – Manner of Death – Homicide Deaths

Figure 22 - Homicide Deaths – 1996 – 2005

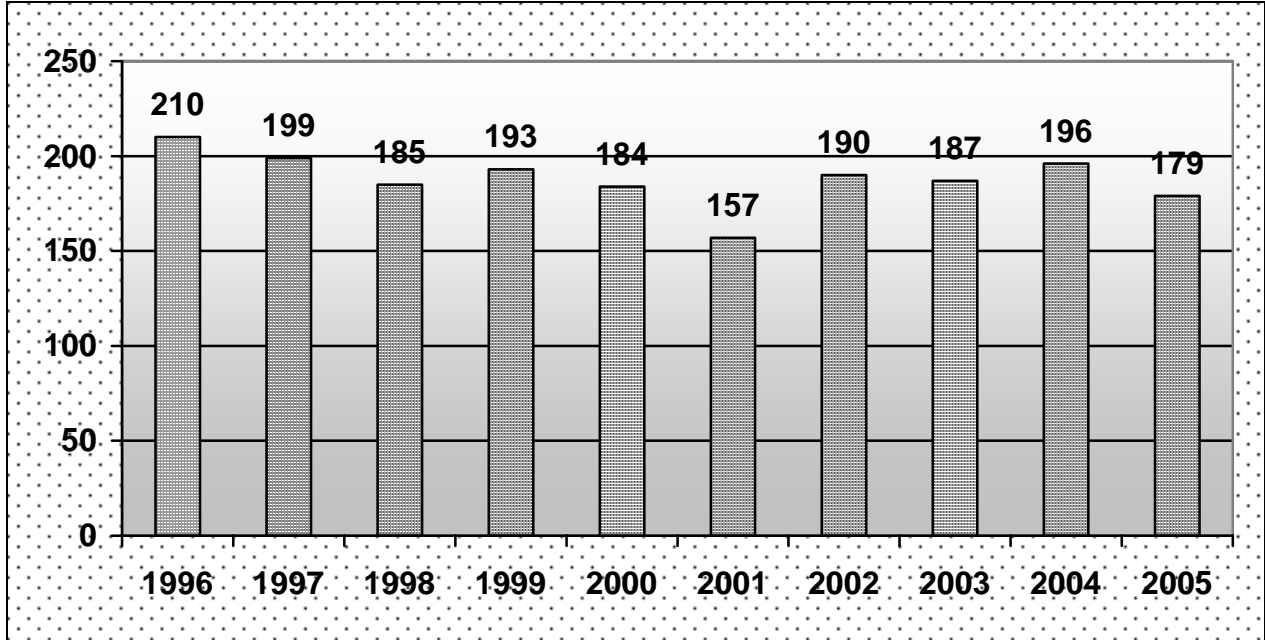


Figure 23 - Homicide Deaths by Race/Ethnicity – 2005

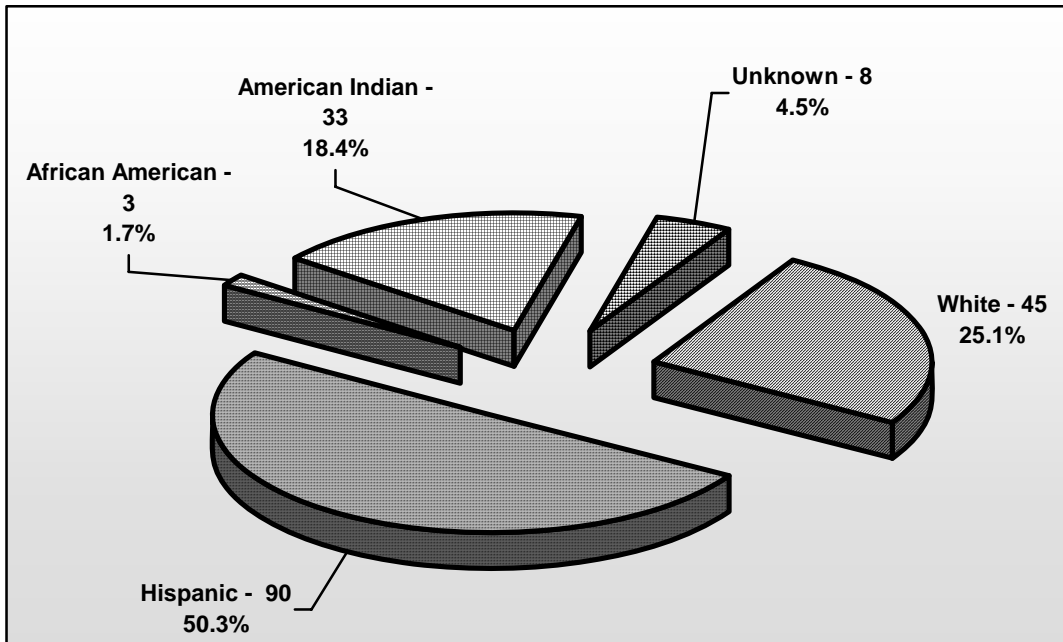


Figure 24 - Homicide Deaths by Age and Gender – 2005

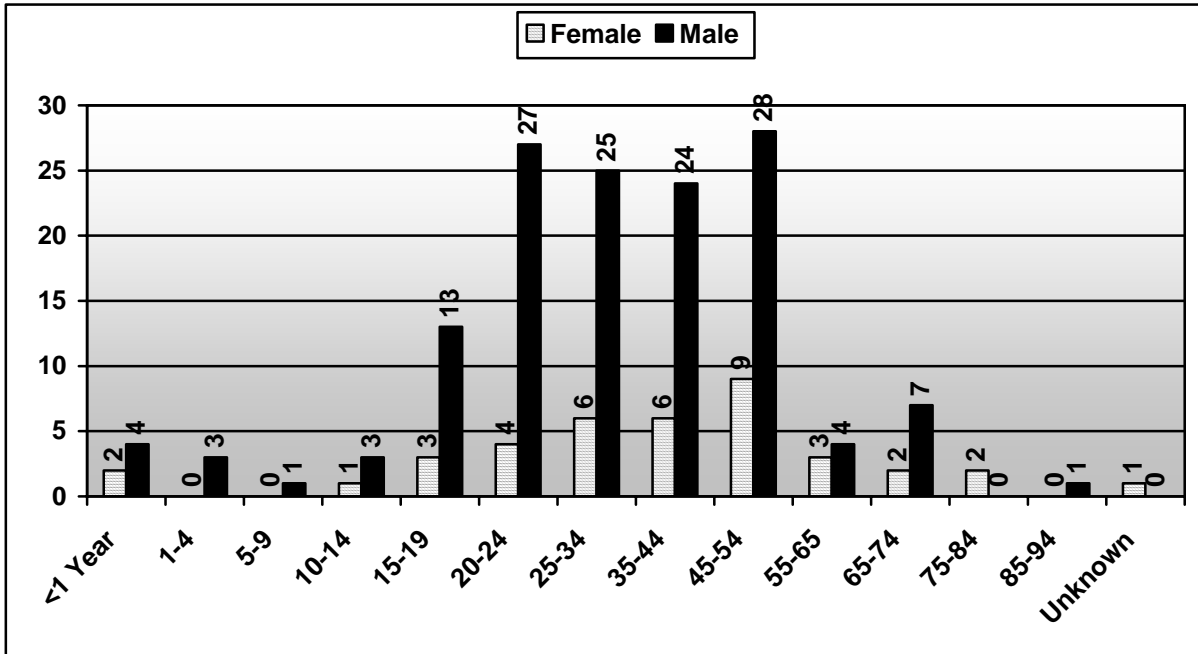


Table 15 - Homicide Deaths – Method – 2005

Method	Total Cases	Autopsy	Investigator Field Exam
Shot by assailant(s) with firearm	87	87	0
Stabbed by assailant(s)	38	38	0
Beaten by assailant(s)	25	25	0
Strangled by assailant(s)	9	9	0
Pedestrian homicide	8	8	0
Homicide other	8	8	0
Victim of intentionally set fire	3	3	0
Assaulted	1	0	1
Total	179	178	1

Table 16 - Homicide Deaths – County of Injury – 1996 - 2005

County of Injury	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Bernalillo	78	61	59	71	55	46	66	64	62	69
Catron	1	3	1	1	0	0	2	1	0	0
Chaves	13	14	5	8	14	6	9	6	8	15
Cibola	2	2	2	3	1	6	2	4	2	1
Colfax	0	0	1	0	0	0	2	3	0	0
Curry	2	3	3	4	2	5	5	5	11	4
De Baca	1	0	0	0	0	0	0	0	1	1
Dona Ana	6	10	15	14	11	9	9	6	9	8
Eddy	5	5	3	6	9	2	6	4	5	3
Grant	4	3	4	2	2	2	2	3	1	1
Guadalupe	0	2	2	2	0	0	0	2	0	0
Harding	0	0	0	0	0	0	0	0	1	0
Hidalgo	0	0	0	1	0	0	0	0	1	0
Lea	3	8	5	9	7	6	5	7	6	7
Lincoln	2	3	1	2	1	1	1	0	5	2
Los Alamos	0	1	0	0	0	0	0	0	1	0
Luna	2	5	2	3	2	0	5	3	4	0
McKinley	10	9	11	6	4	14	11	9	7	7
Mora	2	1	0	0	0	0	1	0	0	0
Otero	1	3	3	3	4	1	4	5	9	0
Quay	0	0	1	2	1	0	0	0	1	0
Rio Arriba	5	4	10	6	5	4	4	8	8	8
Roosevelt	1	0	1	1	0	1	1	0	2	3
San Juan	15	9	13	7	7	8	6	8	7	11
San Miguel	2	6	4	2	11	3	6	7	2	4
Sandoval	8	4	5	6	8	3	6	5	8	4
Santa Fe	10	10	11	11	12	9	6	5	6	4
Sierra	0	1	3	0	1	7	1	1	1	3
Socorro	3	2	1	0	1	2	2	3	1	1
Taos	0	1	3	5	4	0	4	7	6	2
Torrance	4	0	2	1	1	1	1	2	0	2
Union	0	0	0	0	0	0	0	2	1	0
Valencia	7	5	5	5	10	5	3	4	12	8
Out of State/Unknown	23	24	9	12	11	16	20	13	8	11
Totals	210	199	185	193	184	157	190	187	196	179

Table 17 - Homicide Deaths – County of Pronouncement – 1996 - 2005

County of Pronouncement	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Bernalillo	95	94	72	69	80	70	55	72	72	74
Catron	0	3	3	1	1	0	0	1	1	0
Chaves	7	13	13	4	8	13	4	9	6	9
Cibola	3	2	1	1	3	0	8	2	3	1
Colfax	1	0		1	0	0	0	2	3	0
Curry	3	2	3	3	4	2	6	6	5	10
De Baca	0	1	0	0	0	0	0	0	0	1
Dona Ana	8	6	9	17	13	11	7	7	5	6
Eddy	0	5	3	2	6	10	2	6	4	4
Grant	4	4	3	5	3	2	2	2	3	0
Guadalupe	0	0	2	2	2	0	0	0	2	0
Harding	0	0	0	0	0	0	0	0	0	1
Hidalgo	1	0	0	0	1	0	0	0	0	0
Lea	5	2	8	5	9	7	5	4	7	5
Lincoln	0	1	3	1	2	1	1	3	0	6
Los Alamos	0	0	1	0	0		1	0	0	1
Luna	2	2	7	2	3	2	1	6	3	2
McKinley	7	9	10	11	6	3	10	11	7	6
Mora	0	2	0	0	0	0	0	1	0	0
Otero	2	0	2	3	2	3	1	3	4	8
Quay	1	0	0	1	1	1	0	0	0	1
Rio Arriba	6	4	4	11	6	4	4	4	8	7
Roosevelt	0	1	0	0	1	0	0	0	0	2
San Juan	7	16	11	12	7	9	9	7	9	7
San Miguel	2	3	5	3	2	8	1	6	7	2
Sandoval	3	6	3	4	5	7	2	4	5	7
Santa Fe	12	10	12	10	11	12	8	5	5	7
Sierra	1	0	0	3	0	1	7	1	0	1
Socorro	3	2	2	1	0	1	2	1	2	1
Taos	2	0	1	2	5	4	0	4	7	5
Torrance	2	4	0	2	2	0	1	1	1	0
Union	0	0	0	0	0	0	0	0	1	1
Valencia	3	5	3	4	4	8	7	3	5	7
Out of State/Unknown	9	13	18	5	6	5	13	19	12	11
Totals	210	199	185	193	184	157	190	187	196	179

Homicide Deaths – Summary

Homicides decreased by 8.7% from 2004 to 2005. Homicide victims were most frequently male (78.2%) and Hispanic (50.3%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 8.4 per 100,000 in 2003 compared to a national rate of 6.1 per 100,000 (2003 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health). Firearms were frequently involved in homicides, totaling 48.6% of all homicides.

Working with the New Mexico Department of Health (DOH) Injury Epidemiology Unit, OMI started collecting data in 2005 for the Centers for Disease Control and Prevention's National Violent Death Reporting System (NVDRS). DOH and OMI work with law enforcement agencies throughout the state and crime laboratories to collect data on all violent deaths in the state, including homicides and suicides. No identifying information is included, but the information collected helps health officials recognize trends in violent deaths throughout the state and identify areas where intervention would be most likely to be successful. The first full year of data is currently being analyzed, and a separate report will be issued with the results.

Overview – Manner of Death – Undetermined Deaths

Figure 25 - Undetermined Deaths – 1996 – 2005

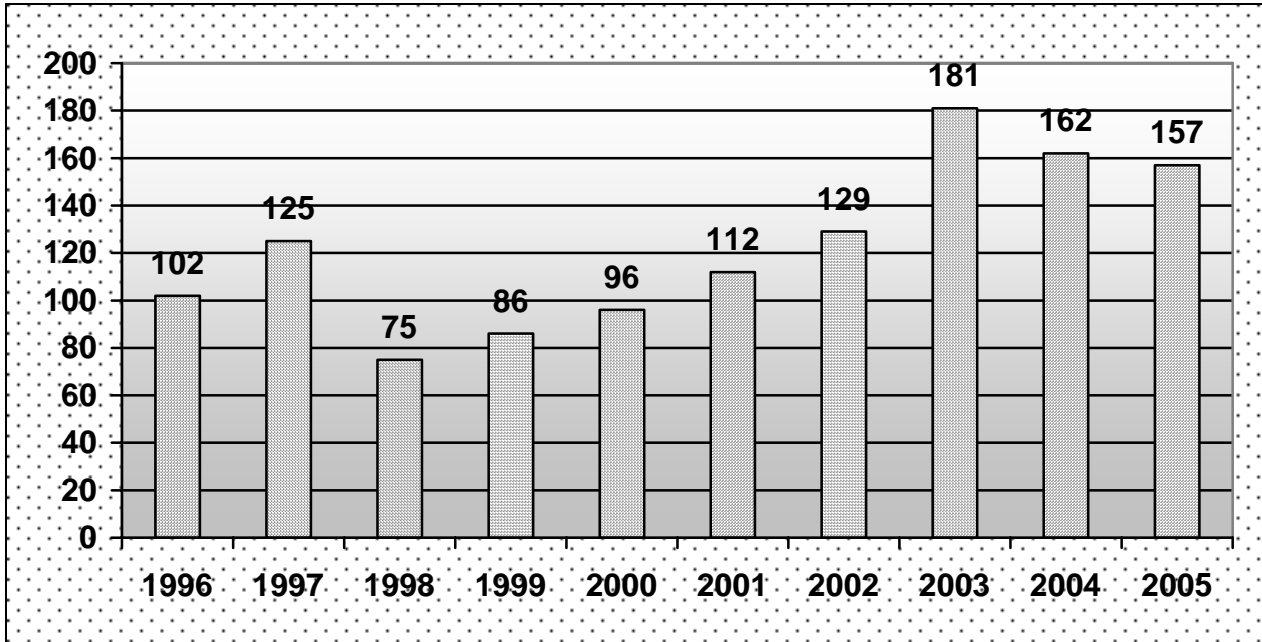


Figure 26 - Undetermined Deaths by Race/Ethnicity – 2005

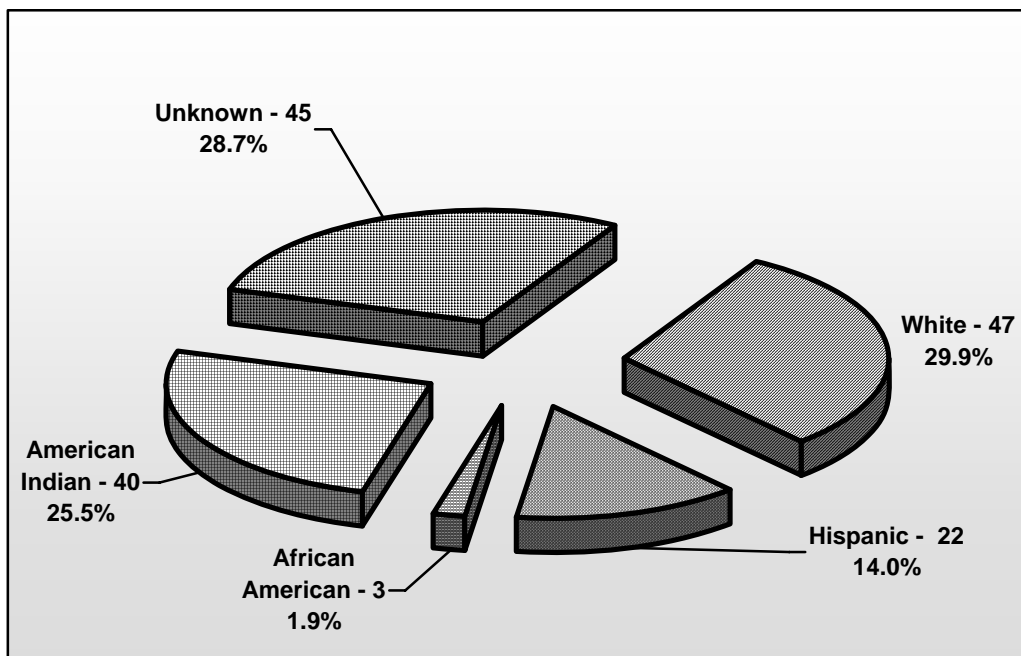
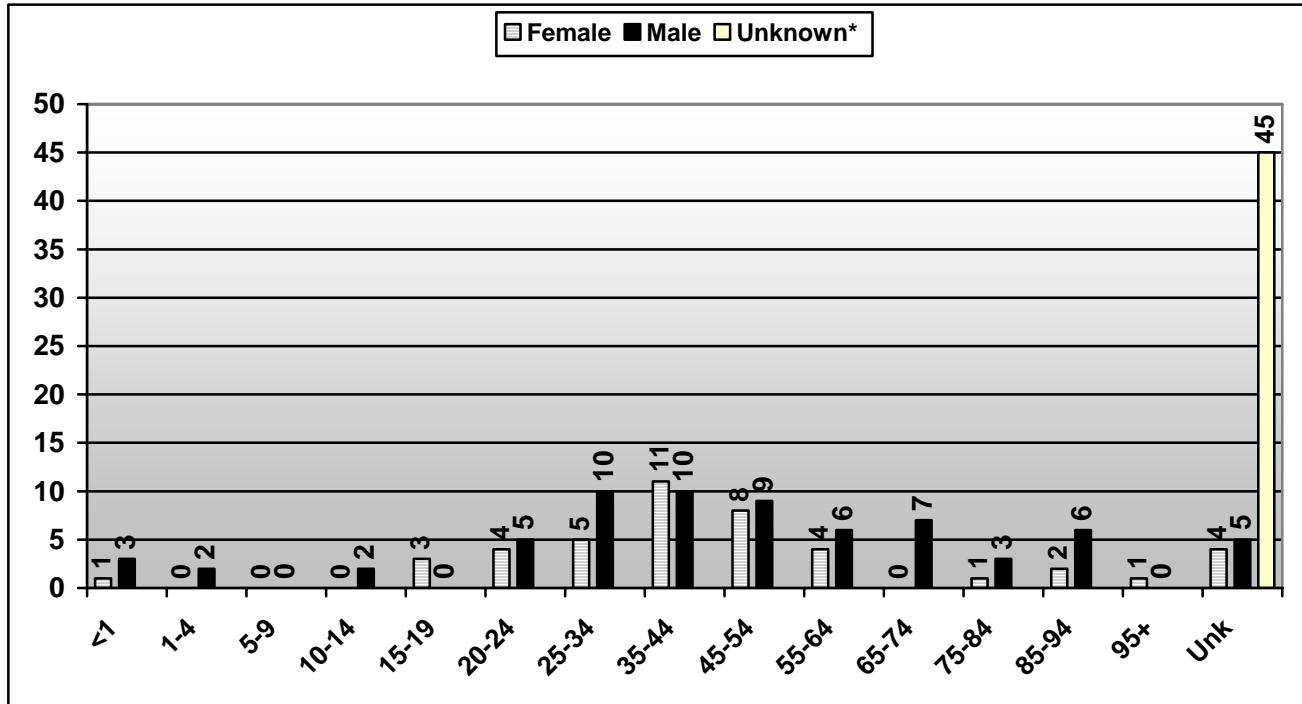


Figure 27 - Undetermined Deaths by Age and Gender – 2005



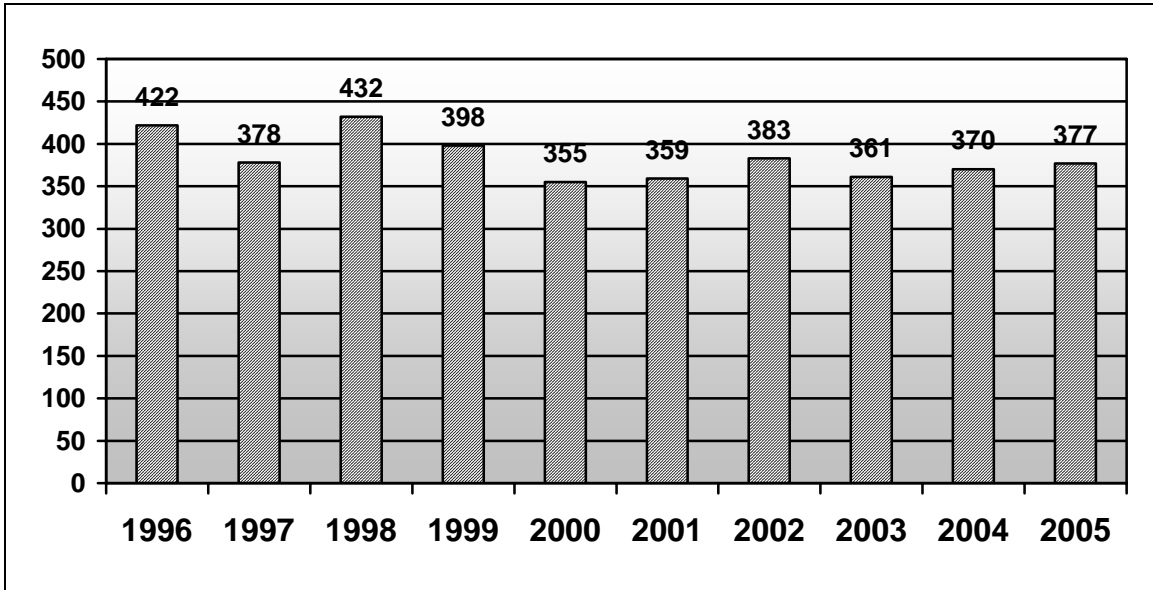
* Gender and/or Age unknown

Undetermined Deaths – Summary

All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by OMI. In a very small percentage of cases (0.9% in 2004, 0.4% in 2005) neither the manner nor cause of death can be determined, even with a complete autopsy, scene investigation, and laboratory testing. In other cases only skeletal or mummified remains were found, or a request for an autopsy was withdrawn.

Deaths of Children (19 Years of Age and Younger)

Figure 28 – Children* – Deaths – 1996 – 2005



* 19 Years old and younger.

Figure 29 – Children - Deaths by Race/Ethnicity – 2005

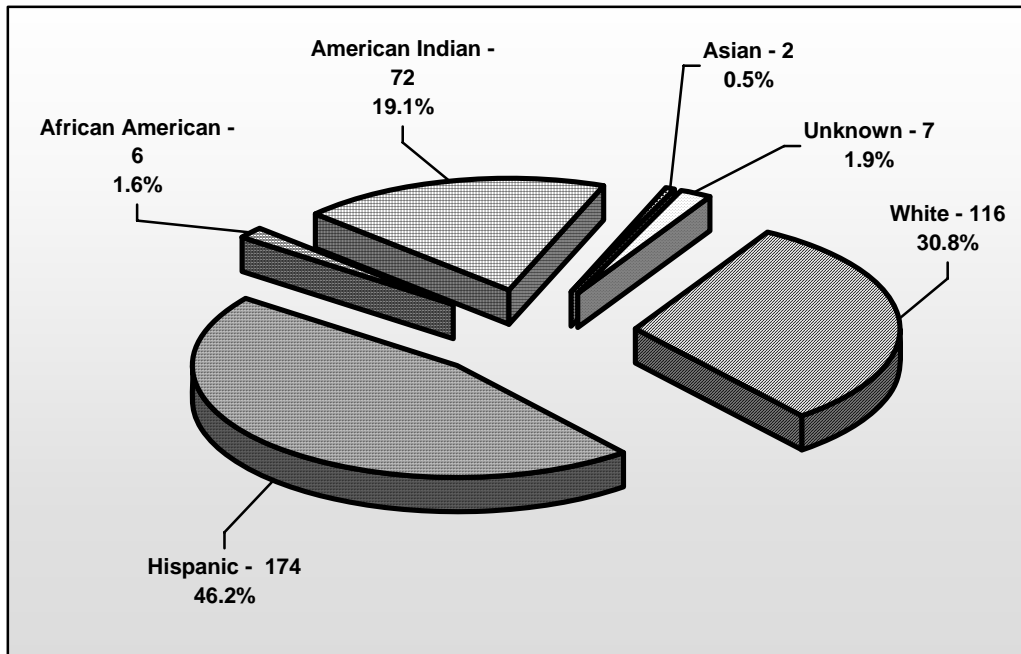
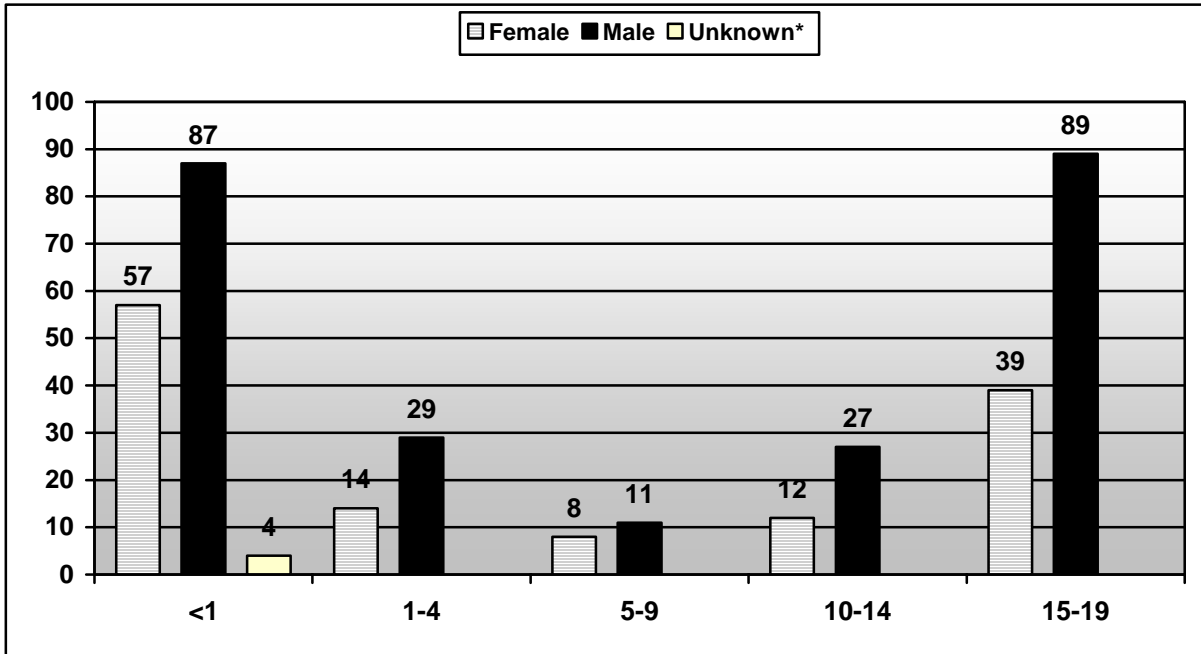


Figure 30 – Children – Deaths by Age and Gender – 2005



* Gender unknown

Figure 31 – Children – Total Cases - Manner of Death – 2005

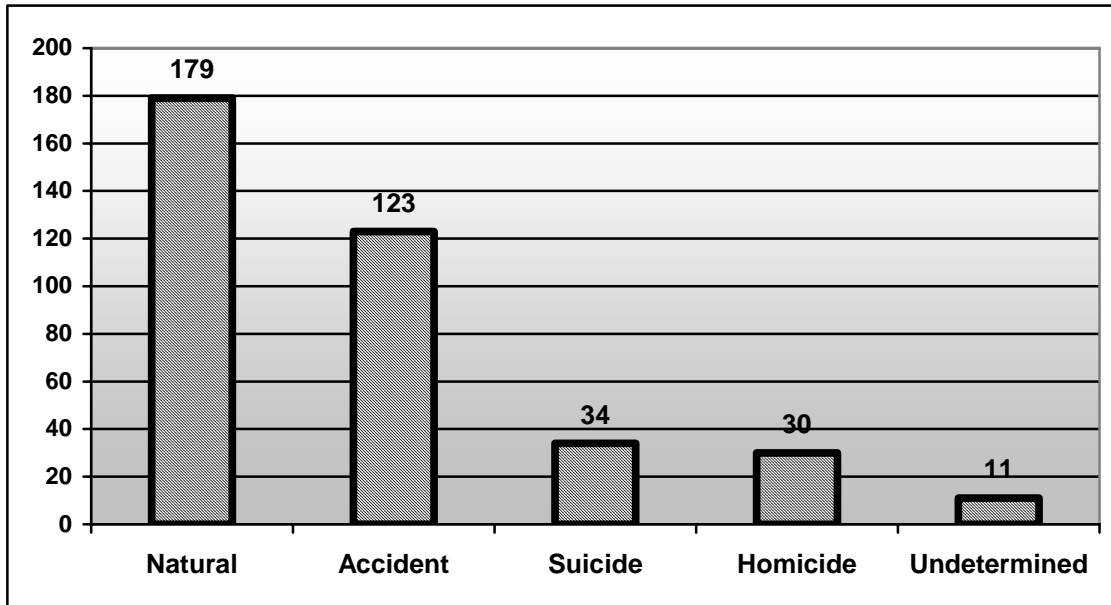


Table 18 – Children – Cause of Death – 2005

Natural Deaths	Total Cases	Autopsy	Dictated External	Investigator Field Exam
Prematurity	32	6	1	25
Intrauterine fetal death	28	11	0	17
Natural-other	24	15	0	9
Congenital defect	23	7	0	16
Sudden Infant Death Syndrome (SIDS)	17	17	0	0
Sepsis	8	5	0	3
Respiratory Distress Syndrome	6	1	0	5
Pneumonia	6	6	0	0
Epilepsy	5	4	0	1
Carcinoma	4	0	0	4
Leukemia	4	1	0	3
Cerebrovascular	3	1	0	2
Blood disorders	3	1	0	2
Gastrointestinal hemorrhage	2	1	0	1
Arteriosclerotic cardiovascular disease	2	0	0	2
Aneurysm	1	1	0	0
Asthma	1	1	0	0
Dehydration	1	1	0	0
Diabetes	1	1	0	0
Acquired Immune Deficiency Syndrome (AIDS)	1	0	0	1
Hypertension	1	1	0	0
Maternal and fetal complications of birth	1	1	0	0
Meningitis	1	1	0	0
Obesity	1	1	0	0
Renal failure	1	1	0	0
History of illness or injury	1	0	0	1
Subtotal	178	85	1	92
<hr/>				
Unnatural Deaths				
Multiple injuries	65	33	15	17
Head and neck injuries	38	27	4	7
Gunshot wound	27	27	0	0
Hanging	17	16	0	1
Substance intoxication	9	9	0	0
Drowning	9	9	0	0
Asphyxia	7	6	0	1
Thermal injuries	5	2	0	3
Stab wound	4	4	0	0
Unnatural	2	0	1	1
Child abuse	2	2	0	0
Carbon monoxide intoxication	2	2	0	0
Exposure	1	1	0	0
Subtotal	188	138	20	30
<hr/>				
Undetermined				
Undetermined after autopsy and/or toxicology	6	6	0	0
Skeletal/mummified remains	2	2	0	0
Consult Request Withdrawn	2	0	0	2
Pending Toxicology	1	1	0	0
Subtotal	11	9	0	2
<hr/>				
Total	377	232	21	124

Overview – Children – Manner of Death – Natural Deaths

Figure 32 – Children – Natural Deaths – 1996 – 2005

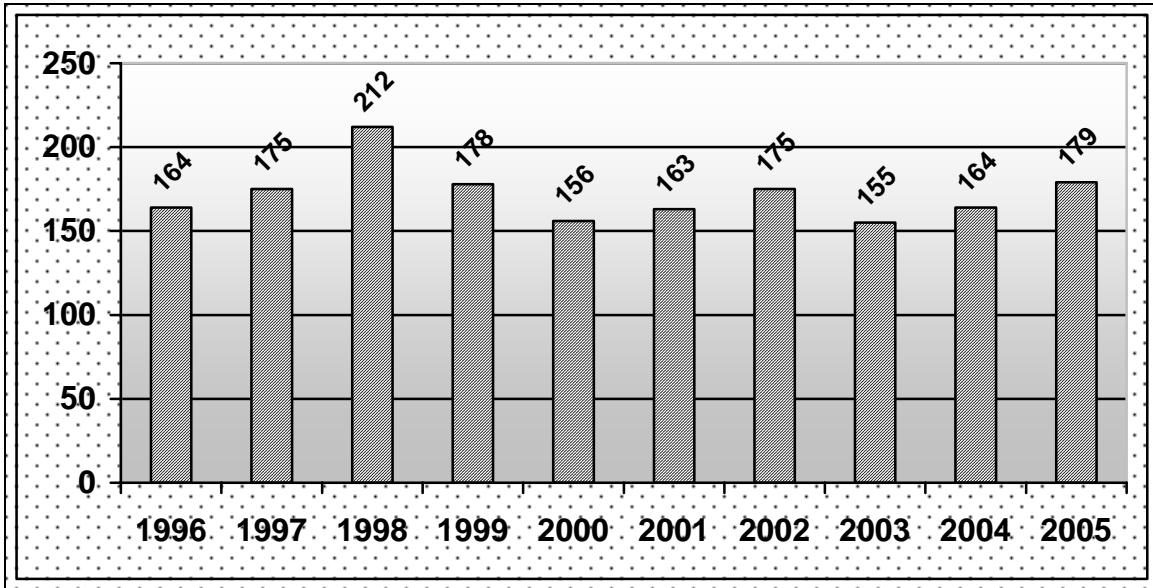


Figure 33 – Children – Natural Deaths by Race/Ethnicity – 2005

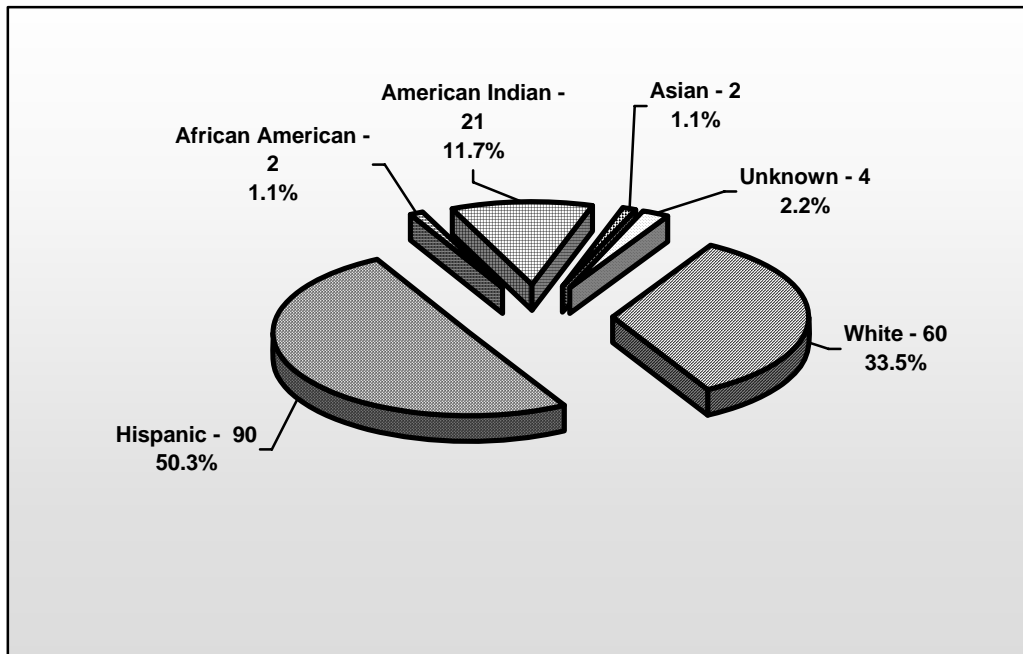
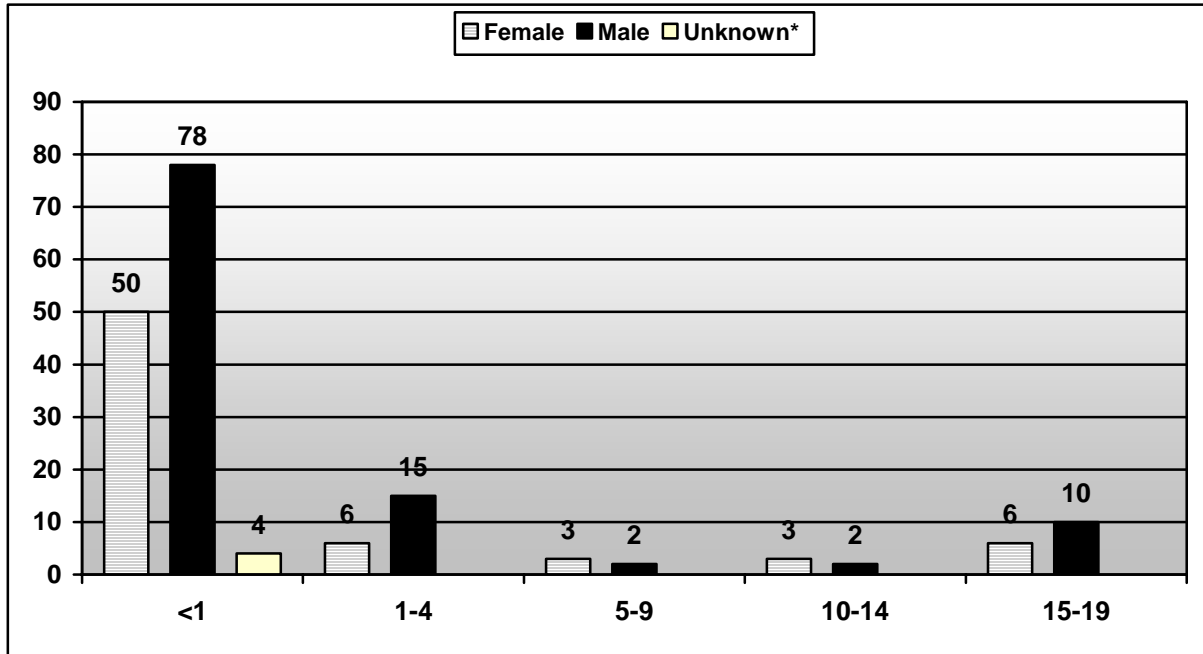


Figure 34 – Children – Natural Deaths by Age and Gender – 2005



*Unknown Gender

Overview – Children – Manner of Death – Accidental Deaths

Figure 35 – Children – Accidental Deaths – 1996 – 2005

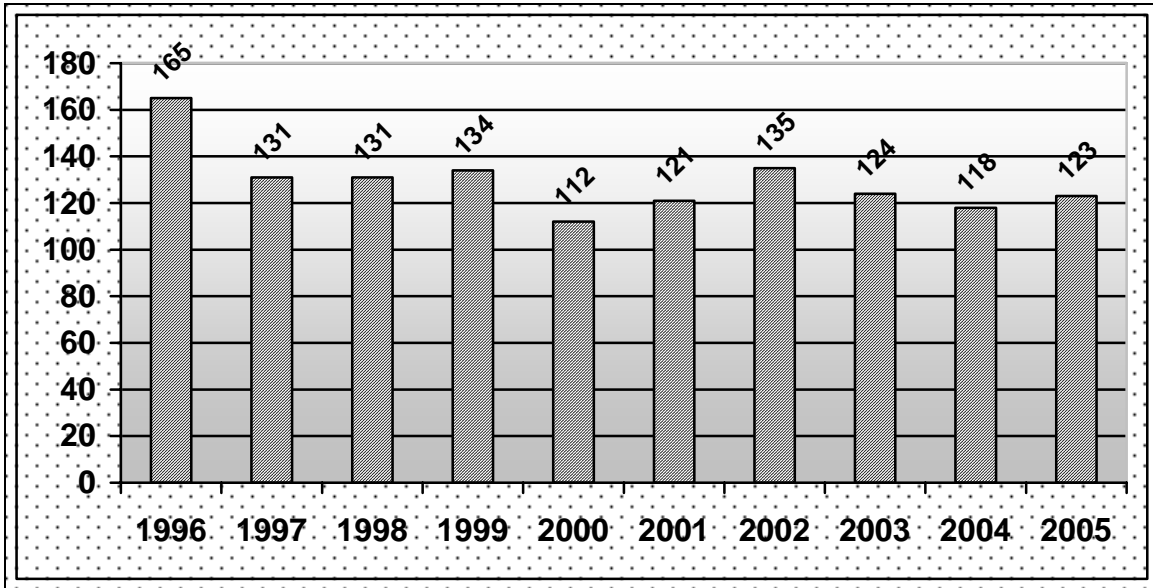


Figure 36 – Children – Accidental Deaths by Race/Ethnicity – 2005

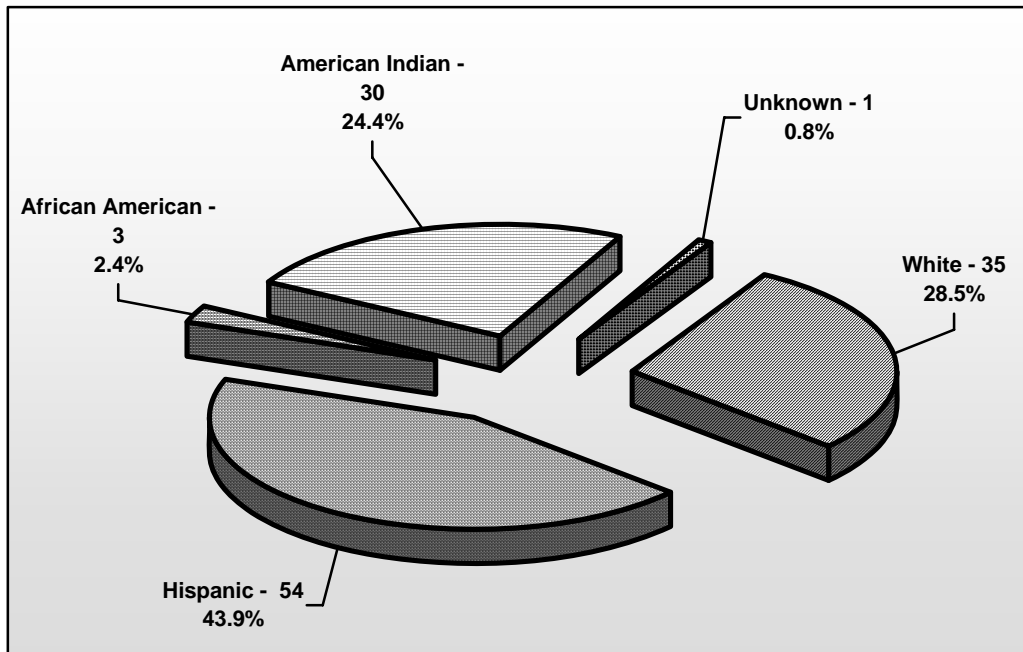
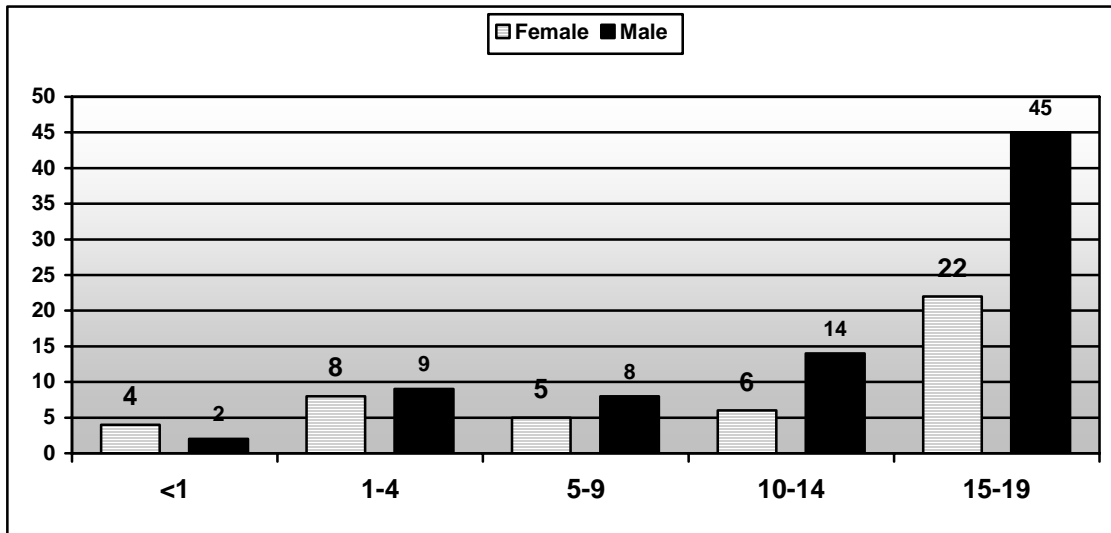


Figure 37 – Children – Accidental Deaths by Age – 2005



**Table 19 – Children – Accidental Deaths – Method -- 2005
by Highest Value**

Method of Death	Total Cases	Autopsy	Dictated External	Investigation Field Exam
Passenger in auto that left roadway	17	9	6	2
Driver of auto that left roadway	17	13	2	2
Passenger in auto in collision	14	6	3	5
Pedestrian struck by motor vehicle	8	6	1	1
Driver of auto in collision	7	2	1	4
Passenger in pickup that left roadway	7	5	2	0
Accident-other	6	5	1	0
Drowned in non-recreational water accidents	6	6	0	0
Victim of fire	6	3	3	0
Passenger in pickup in collision with motor vehicle	5	3	2	0
Driver of pickup that left roadway	4	2	1	1
Ingested and/or injected illicit drug(s)	3	3	0	0
Ingested and/or injected prescription medications	3	3	0	0
Fall from height	2	0	2	0
Accidental discharge of firearm	2	2	0	0
Crushed/suffocated	2	2	0	0
Driver of auto in collision with fixed object	2	0	2	0
Cyclist struck by motor vehicle	1	1	0	0
Driver of motorcycle	1	0	0	1
Driver of motorcycle in collision with motor vehicle	1	1	0	0
Driver of truck in collision	1	0	1	0
Driver of truck that left roadway	1	0	0	1
Fell/thrown from riding animal	1	0	0	1
Inhaled toxic agent, Substances inhaled accidentally	1	1	0	0
Medical treatment	1	0	0	1
Passenger in auto in collision with fixed object	1	1	0	0
Passenger in truck that left roadway	1	0	0	1
Remained outdoors exposed to cold or heat	1	1	0	0
Drowned swimming (recreational and rescue attempts)	1	1	0	0
Total	123	76	27	20

Table 20 – Children – Accidental Deaths – Cause of Death -- 2005

Cause of Death	Total Cases
Multiple injuries	60
Head and neck injuries	33
Drowning	8
Substance intoxication	7
Thermal injuries	5
Asphyxia	3
Unnatural	2
Gunshot wound	2
Carbon monoxide intoxication	2
Exposure	1
Total	123

Overview – Children – Manner of Death – Suicide Deaths

Figure 38 – Children – Suicide Deaths – 1996 – 2005

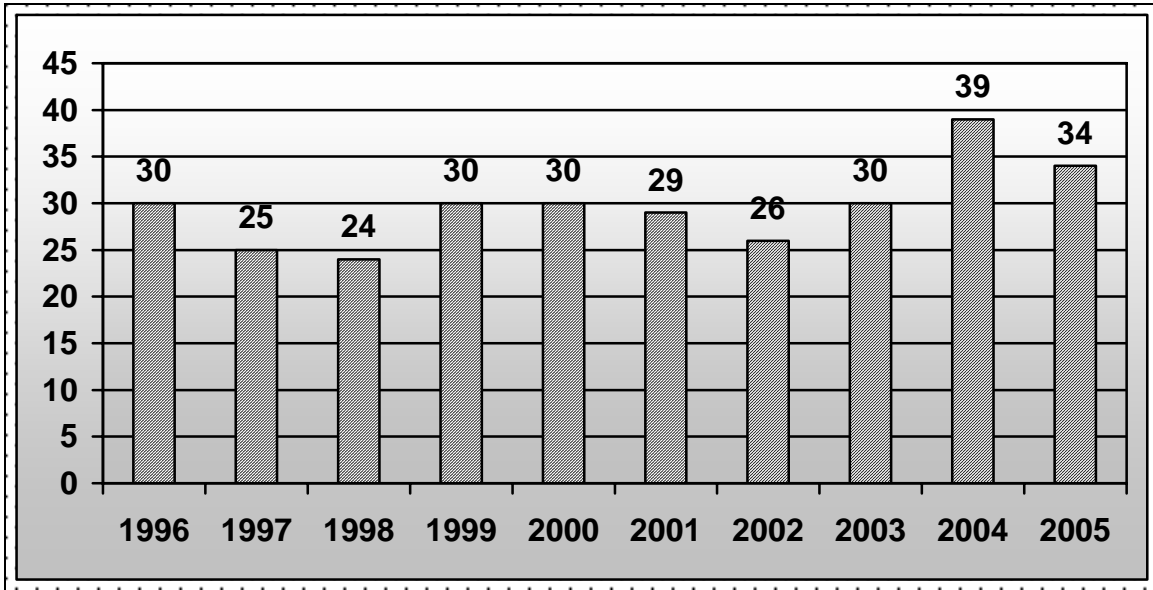


Figure 39 – Children – Suicide Deaths by Race/Ethnicity – 2005

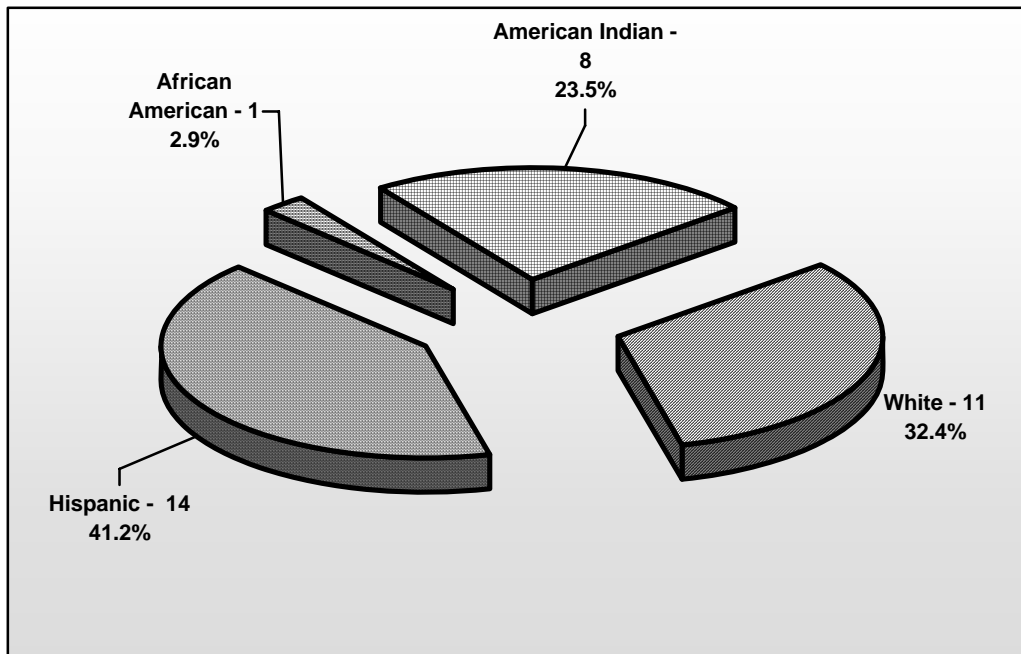


Figure 40 – Children – Suicide Deaths by Age and Gender – 2005

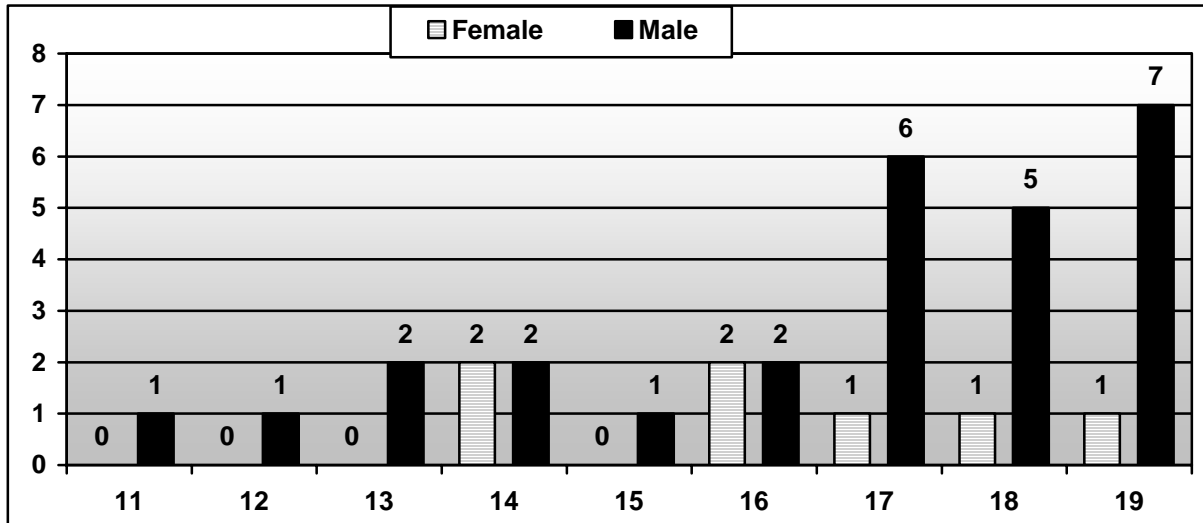


Figure 41 – Children – Suicide Deaths by Month – 2005

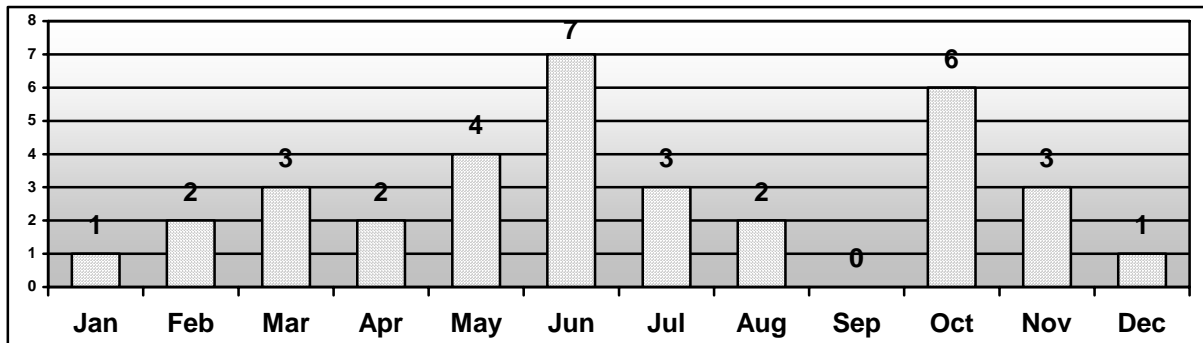


Figure 42 – Children – Suicide Deaths by Day of the Week – 2005

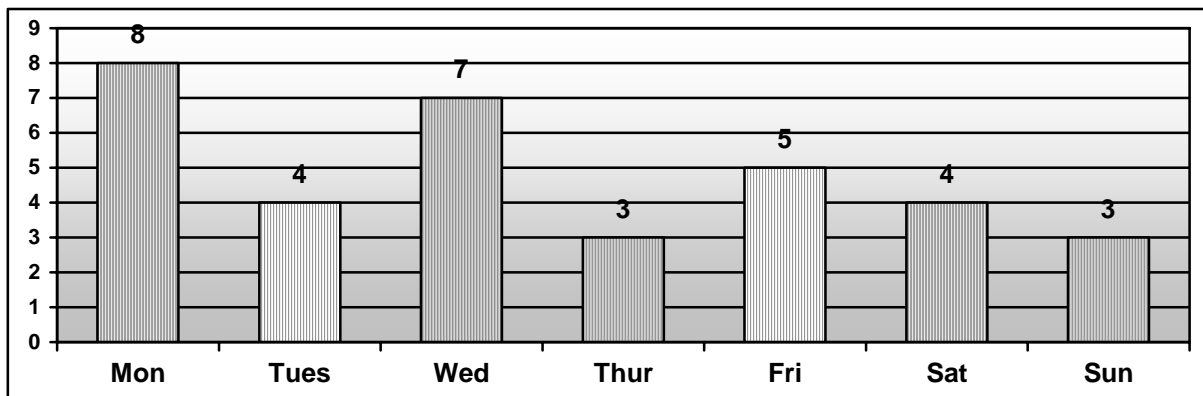


Table 21 – Children – Suicide Deaths – Method -- 2005

Method	Total Cases	Autopsy	Dictated External
Hanged self	16	15	1
Shot self with firearm	12	12	0
Suicide - other	1	0	1
Suicide as pedestrian	1	1	0
Jumped from a height	1	1	0
Ingested, injected or inhaled non-prescription medication	1	1	0
Ingested or injected medication	1	1	0
Driver of motor vehicle	1	0	1
Total	34	31	3

Table 22 – Children – Suicide Deaths – Cause of Death -- 2005

Cause	Total Cases
Hanging	16
Gunshot wound	12
Substance intoxication	2
Multiple injuries	2
Head and neck injuries	1
Asphyxia	1
Total	34

Suicide in Children – Summary

Please note that this year’s annual report defines “children” as ages 19 and younger, rather than 18 and younger as done in previous years. This was done to match other agencies’ age breakdowns and allow for comparisons with other states. The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger, but if reading a copy of a previous year’s report, the 10-year summaries will only include children 18 years of age and younger.

There were 34 suicides in children in 2005, compared to 39 in 2004, a 12.8% decrease. Suicide deaths were more common among young males (79%) than females (21%), and Hispanics represented the majority of youth suicides (41.2%). Hanging was the most common method of suicide in children, followed by self-inflicted gunshot wounds. More suicides were committed by youth during June when compared with other months, and Monday was the day of the week on which more children committed suicide than any other.

Overview – Children – Manner of Death – Homicide Deaths

Figure 43 – Children – Homicide Deaths – 1996 – 2005

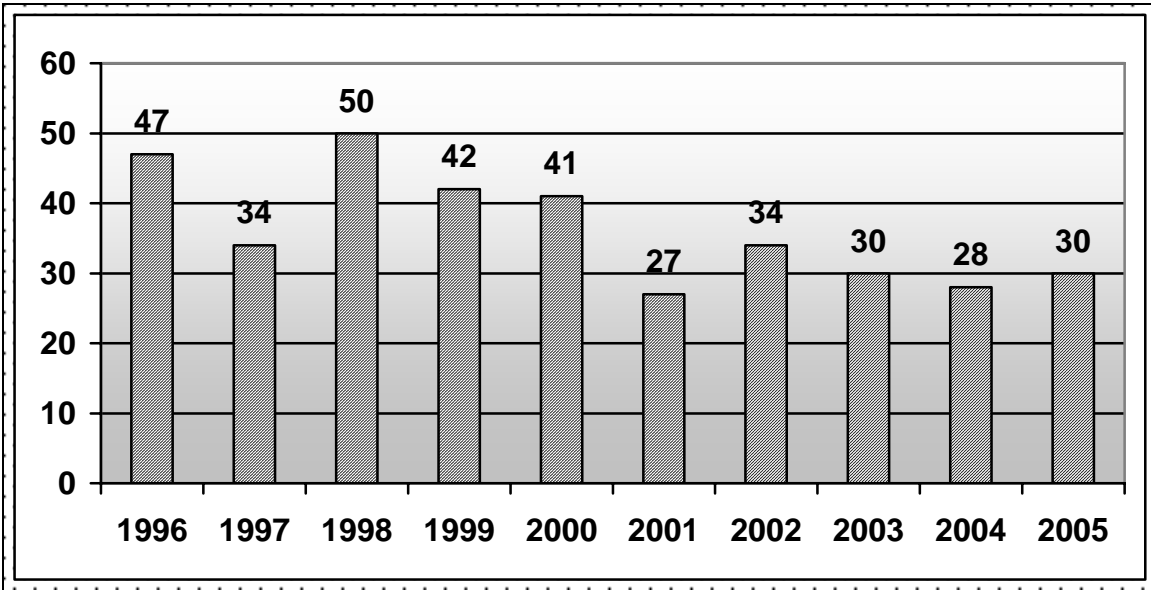


Figure 44 – Children – Homicide Deaths by Race/Ethnicity – 2005

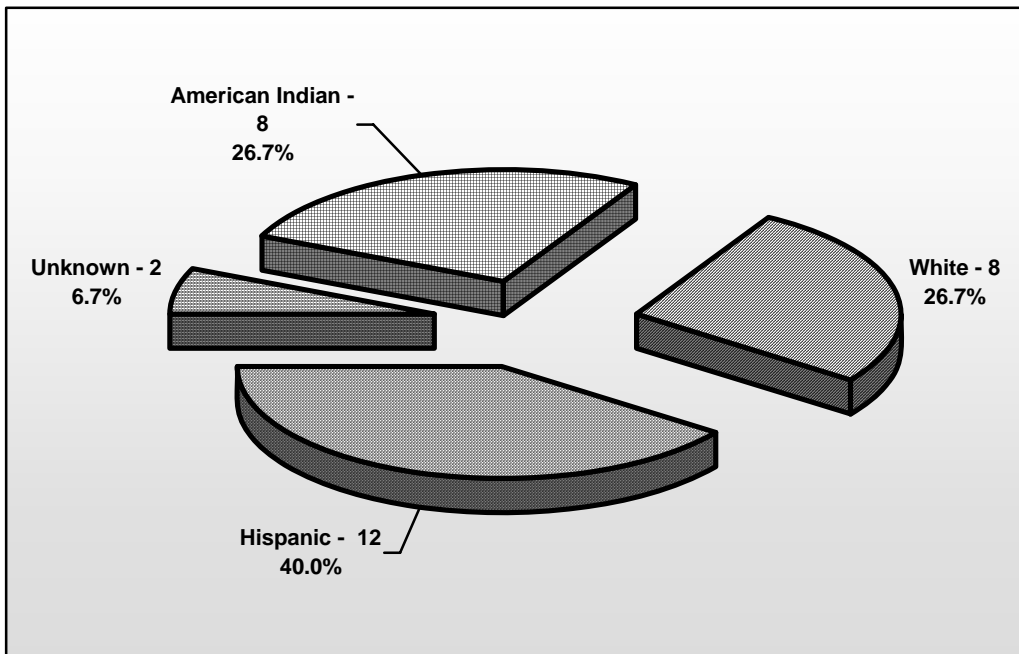


Figure 45 – Children – Homicide Deaths by Age and Gender – 2005

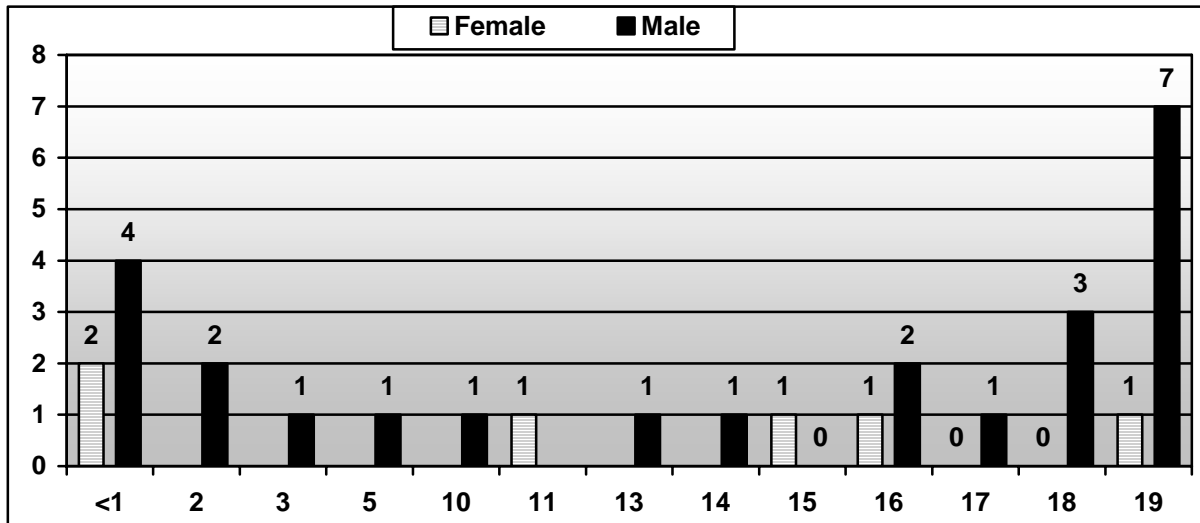


Table 23 – Children – Homicide Deaths – Method – 2005

Method	Total Cases	Autopsy	Dictated External	Investigator Field Exam
Shot by assailant(s) with firearm	13	13	0	0
Beaten by assailant(s)	8	8	0	0
Stabbed by assailant(s)	4	4	0	0
Strangled by assailant(s)	3	3	0	0
Pedestrian homicide	1	1	0	0
Homicide-other	1	1	0	0
Total	30	30	0	0

Table 24 – Children – Homicide Deaths – Cause of Death – 2005

Cause of Death	Total Cases
Gunshot wound	13
Stab wound	4
Head and neck injuries	4
Multiple injuries	3
Asphyxia	3
Child abuse	2
Sepsis	1
Total	30

Homicide Deaths of Children – Summary

As with the suicides, the total number of childhood homicides, both for this year's cases and in the 10-year summaries, now includes anyone aged 19 years or younger. Childhood homicides increased by 7.1% from 2004. Murdered children tended to be male (80%), Hispanic (40%) and killed by a firearm (43%). The majority of childhood murder victims (67%) were between the ages of 10 and 19, but 33% of homicide victims were under the age of five.

Overview – Children – Manner of Death – Undetermined Deaths

During 2005, eleven deaths of people 19 years old or younger were classified as Undetermined Deaths. Included in this number were 6 where the manner of death was not determined, 2 were skeletal remains, and 2 where the consult request was withdrawn.

Deaths of Children in New Mexico – 2005 Summary

The 377 deaths of people aged 19 and younger represented 7.3% of all deaths investigated by OMI in 2005, an increase of 1.9% over 2004. Male decedents comprised 64.5% of the total deaths in children. The most common manner of death among children was natural, contributing 47.5% of the total. Motor vehicle accidents were the most common method of accidental deaths in children, causing 72% of all accidental deaths. Firearms played a role in 12 suicides (35%) and 13 homicides (43%), 13% of all unnatural deaths in children.

An excellent resource for additional information about the deaths of children in New Mexico, their circumstances, risk factors, and opportunities for prevention is the Annual Report of the New Mexico Child Fatality Review (NMCFR), published by the New Mexico Department of Health Public Health Division, Maternal and Child Health Epidemiology Program. NMCFR consists of volunteers from many state and local agencies organized into six panels: Homicide, Suicide, Transportation, Sudden Infant Death Syndrome (SIDS), Unintentional Injury, and Child Abuse and Neglect. The experts on these panels review the circumstances of childhood deaths in order to identify risk factors and develop prevention strategies, and their findings are presented in their annual report.

Overview – Children – SIDS Deaths

Figure 46 – Children – SIDS (Natural) Deaths – 1996 – 2005

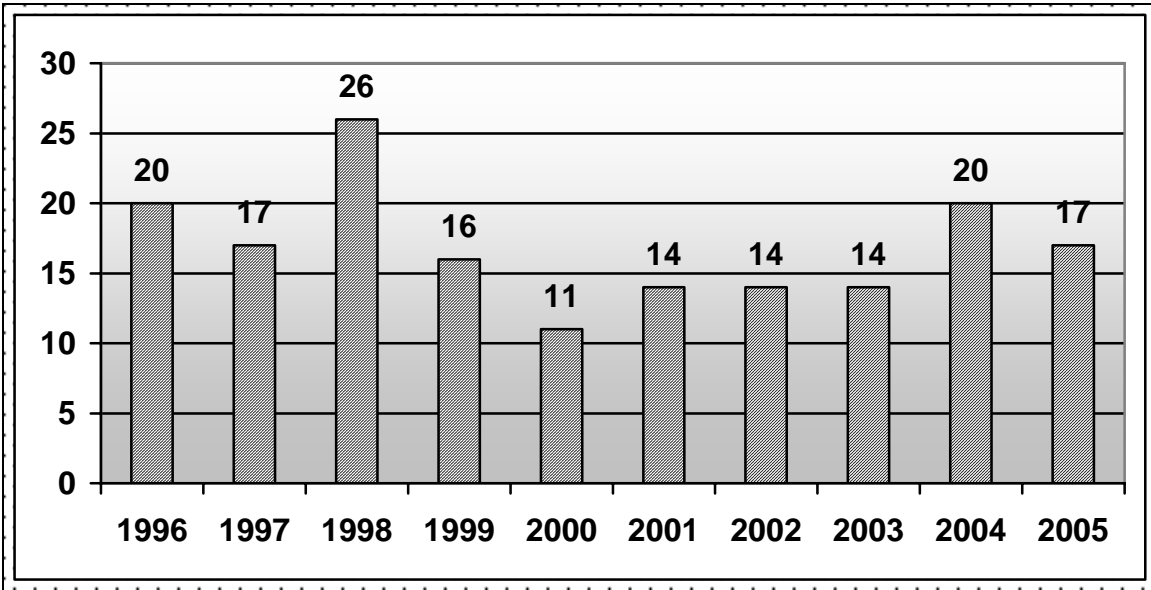


Figure 47 – Children – SIDS (Natural) Deaths by Race/Ethnicity – 2005

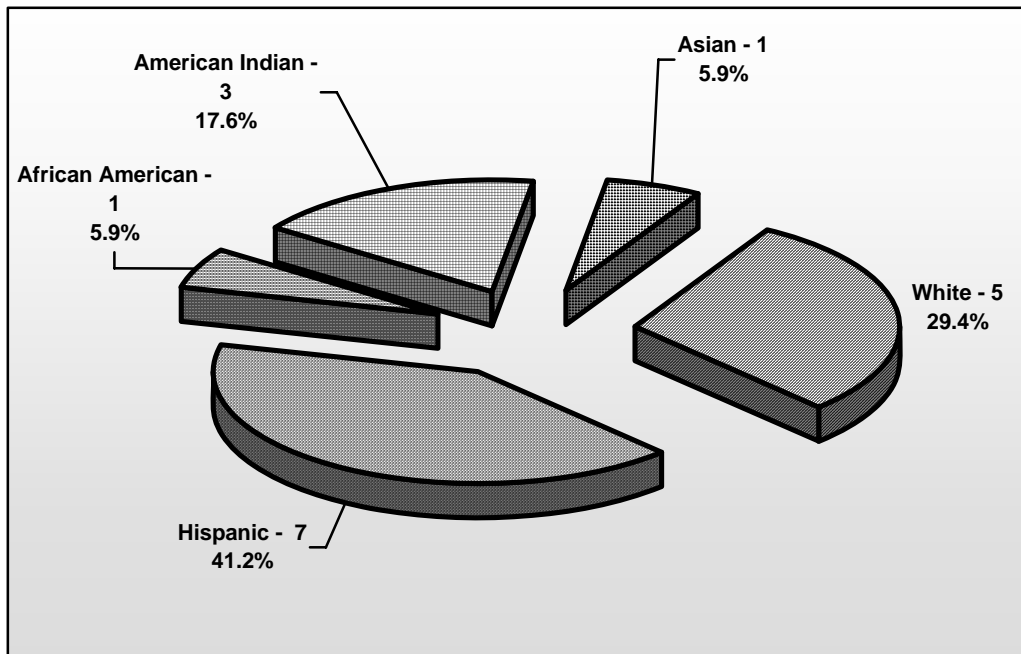
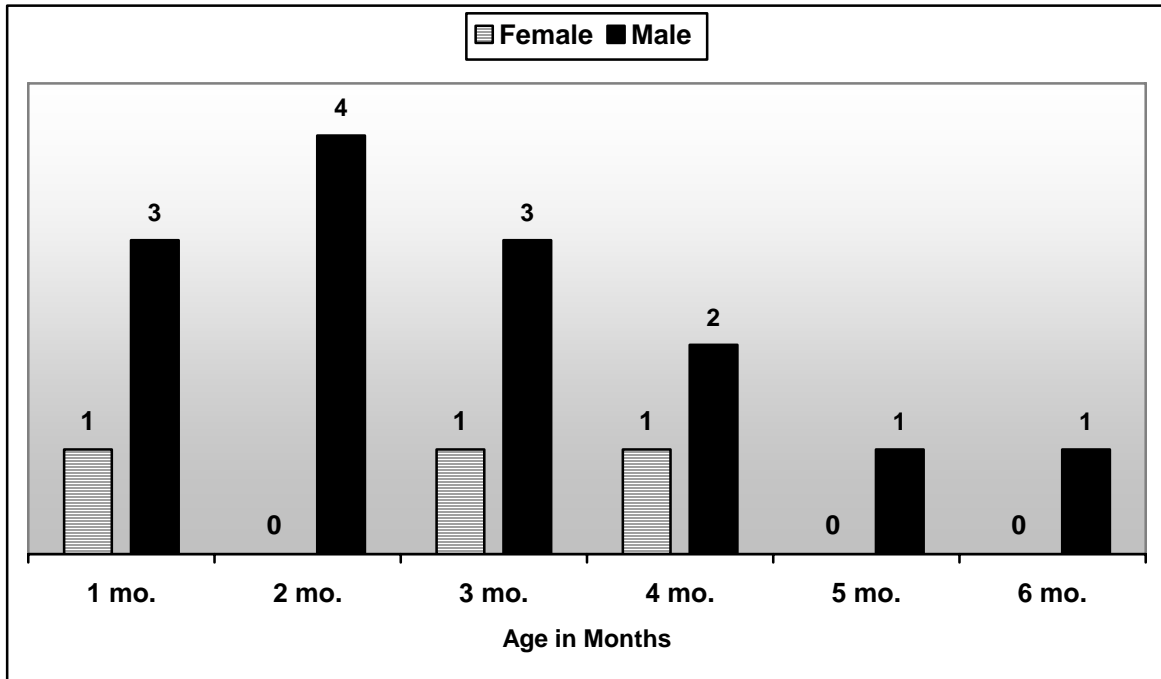


Figure 48 – Children – SIDS (Natural) Deaths by Age – 2005



Overview – Ethanol Related Deaths

Figure 49 – Ethanol Related Deaths – 1996 – 2005
Ethanol Present in Decedent (> 0.005%)

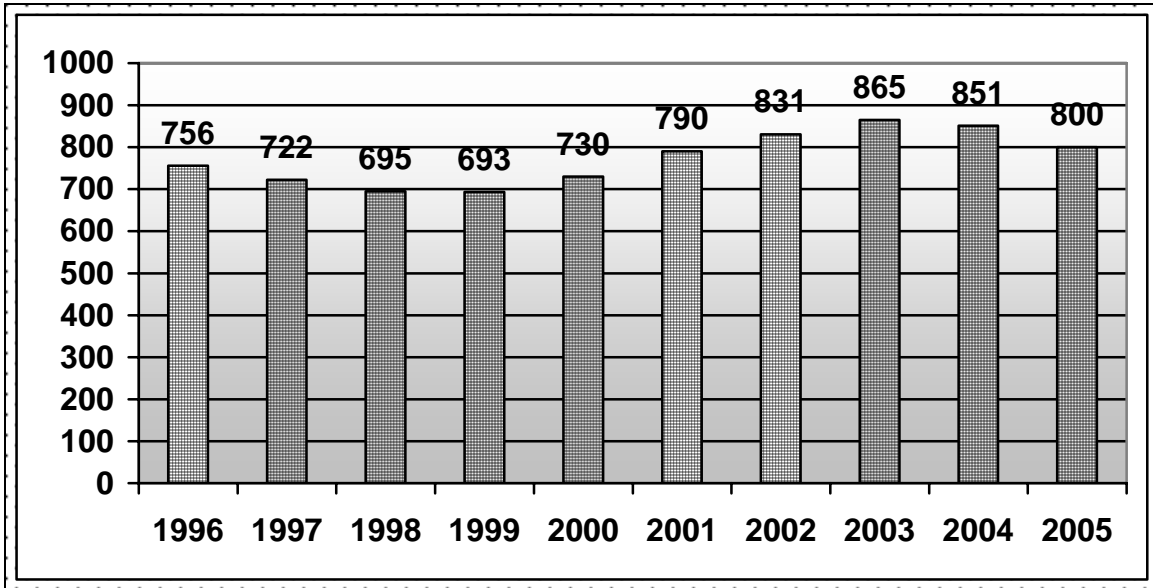


Figure 50 – Ethanol Related Deaths – Manner of Death -- 2005
Ethanol Present in Decedent (> 0.005%)

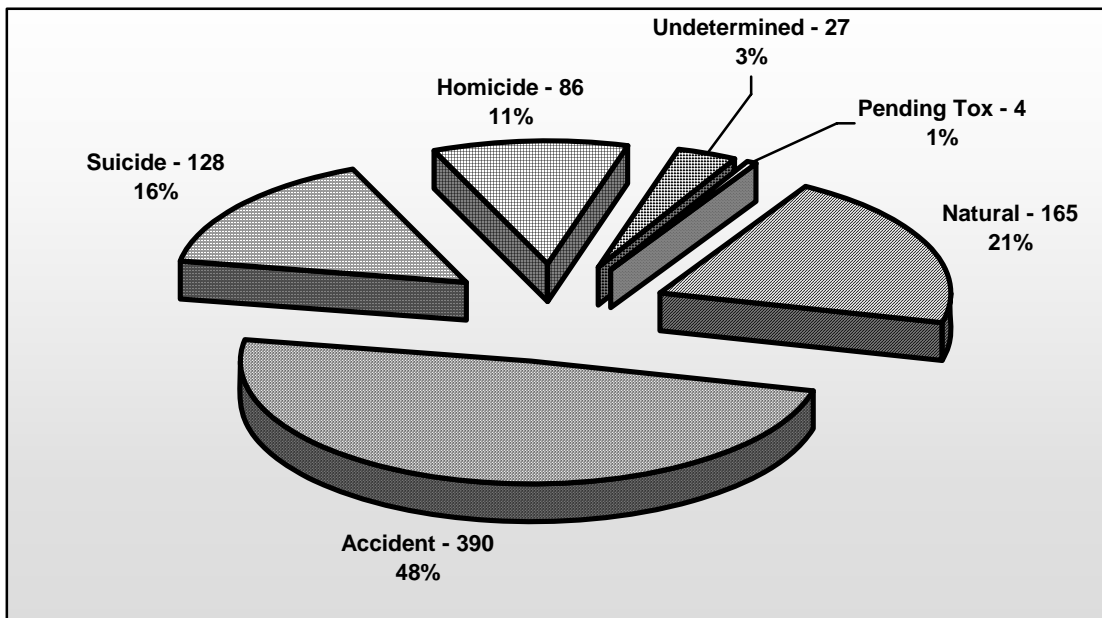


Figure 51 – Ethanol Related Deaths by Race/Ethnicity – 2005
Ethanol Present in Decedent (> 0.005%)

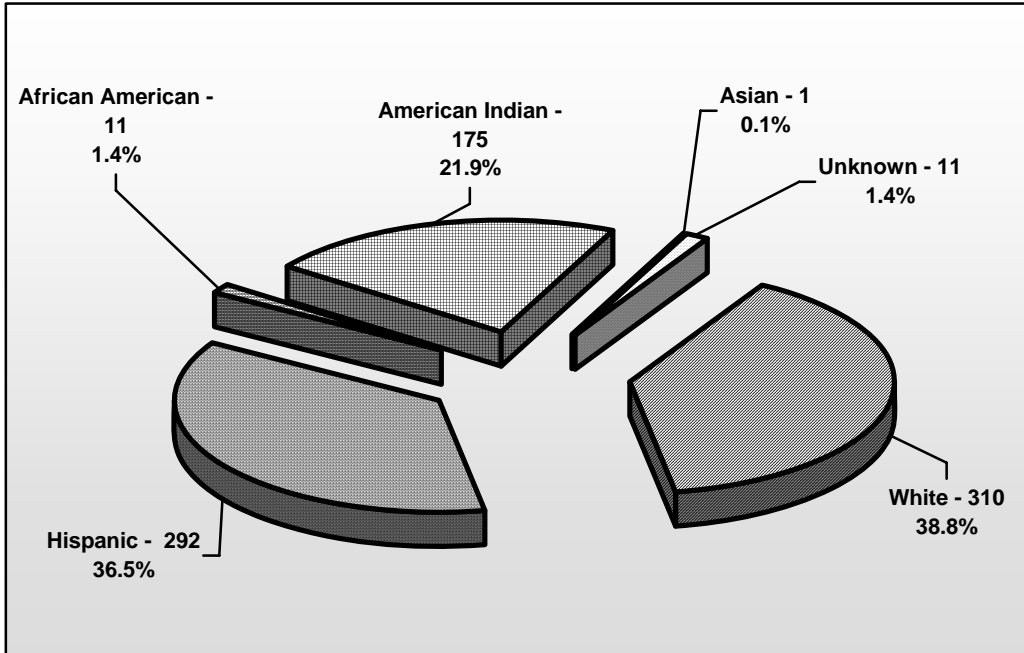
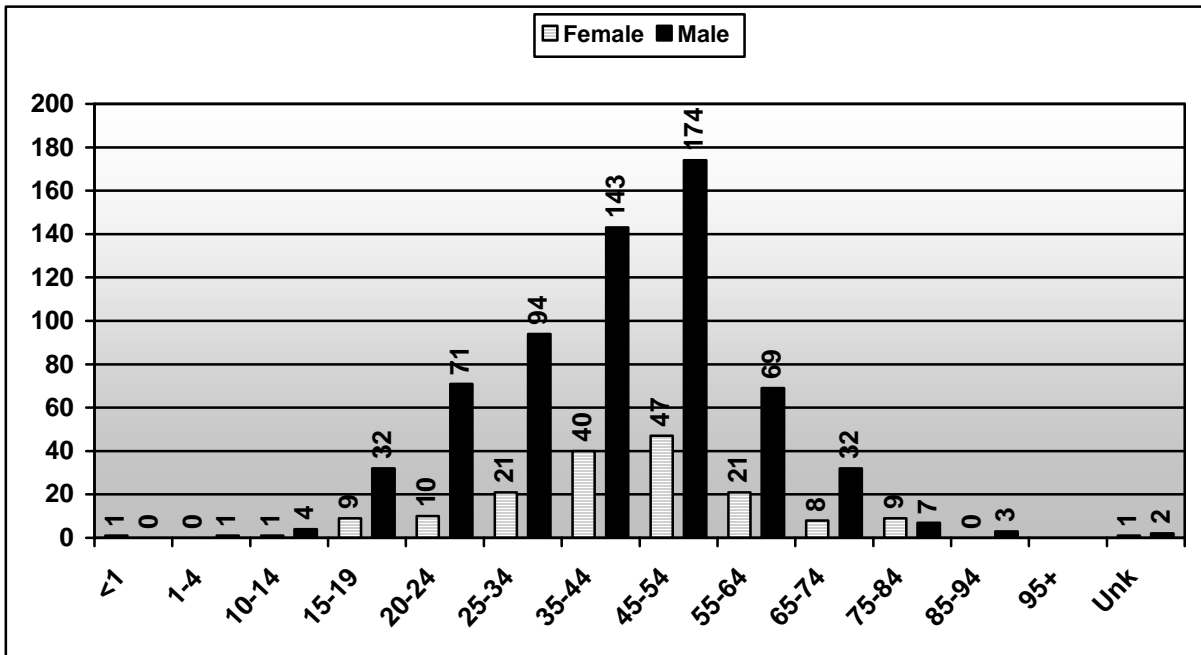


Figure 52 – Ethanol Related Deaths by Age and Gender – 2005
Ethanol Present in Decedent (> 0.005%)



**Table 25 – Ethanol Related Deaths – Accidental Deaths – Method – 2005
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Fall from standing height	261	5	24	232
Ingested and/or injected illicit drug(s)	230	93	131	6
Driver of auto that left roadway	93	35	48	10
Ingested and/or injected prescription medications	89	17	70	2
Driver of auto in collision	73	17	48	8
Pedestrian struck by motor vehicle	69	37	18	14
Passenger in auto that left roadway	62	13	32	17
Fall from height	54	4	12	38
Passenger in auto in collision	54	16	25	13
Remained outdoors exposed to cold or heat	37	22	13	2
Accident-other	34	6	14	14
Driver of pickup that left roadway	26	19	6	1
Drowned in non-recreational water accidents	24	9	13	2
Victim of fire	24	7	8	9
Ingested alcohol	23	22		1
Driver of motorcycle in collision with motor vehicle	22	7	10	5
Passenger in pickup that left roadway	20	10	6	4
Driver of pickup in collision with motor vehicle	17	5	11	1
Driver of motorcycle	16	5	7	4
Driver of auto in collision with fixed object	12	3	6	3
Inhaled toxic agent (Substances inhaled accidentally)	11	5	6	
Passenger in pickup in collision with motor vehicle	11	4	4	3
Crushed/suffocated	11	0	9	2
Choked on item	10	3	2	5
Drowned swimming (recreational and rescue attempts)	7	4	3	
Driver of truck that left roadway	7	3	3	1
Passenger in auto in collision with fixed object	7	4	2	1
Driver of truck in collision	7	2	5	
Cyclist struck by motor vehicle	5	1	3	1
Fell/thrown from riding animal	4	0	1	3
Cyclist	3	1	1	1
Driver of truck in collision with fixed object	3	1	2	
Passenger in truck that left roadway	3	2		1
Accidental discharge of firearm	3	0	2	1
Pilot of aircraft that crashed	3	0	3	
Received blow/collided with something	2	1	1	
Poisoned	2	1	1	
Passenger who fell from moving motor vehicle	2	0		2
Driver of motor vehicle, struck by train	2	1	1	
Passenger on motorcycle	2	1	1	
Passenger in truck in collision	2	0	2	
Struck by lightning	2	1	1	
Passenger in (aircraft type) that crashed	2	0	1	1
Inhaled toxic agent (Substance abused)	2	0	2	
Struck by flying/falling moving object	2	1	0	1
Scalded by (name agent)	2	0	1	1
Victim of (type of device) explosion	2	1	1	
Passenger in pickup in collision with (fixed object)	1	1	0	

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Driver of pickup in collision with fixed object	1		1	
Farm or Industrial machinery accident	1		1	
Non-collision motor vehicle accident	1		1	
Motor vehicle accident, etiology unknown	1			1
Passenger on motorcycle in collision with motor vehicle	1		1	
Medical treatment	1			1
Contacted electrical current	1		1	
Bitten/mauled/stung/kicked by animal	1			1
Totals	1368	390	565	413

**Table 26 – Ethanol Related Deaths – Suicide Deaths – Method – 2005
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Shot self with firearm	176	62	106	8
Hanged self	77	30	44	3
Ingested or injected medication	38	13	22	3
Suffocated self	10	4	5	1
Ingested, injected or inhaled non-prescription medication	10	4	6	
Jumped from height	9	5	4	
Inhaled	9	4	5	
Suicide as pedestrian	6	3	3	
Slashed	4	3	1	
Suicide - other	3		3	
Stabbed self	3		3	
Driver of motor vehicle	1		1	
Burned self	1		1	
Totals	347	128	204	15

**Table 27 – Ethanol Related Deaths – Homicide Deaths – Method – 2005
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Shot by assailant(s) with firearm	87	37	48	2
Stabbed by assailant(s)	38	27	10	1
Beaten by assailant(s)	25	8	10	7
Strangled by assailant(s)	9	4	5	
Pedestrian homicide	8	5	3	
Homicide - other	8	4	2	2
Victim of intentionally set fire	3	1	2	
Assaulted	1			1
Totals	179	86	80	13

Ethanol Related Deaths – Undetermined – 2005

There were 31 Undetermined Deaths where Ethanol was present in the decedent in amounts greater than 0.005%.

Ethanol Related Deaths – Summary – 2005

There were 800 alcohol (ethanol) related deaths investigated by OMI in 2005, 15.5% of the total but a 6.0% decrease from 2004. Alcohol was most frequently related to accidental deaths (48% of all alcohol-related deaths) but was found in people dying from all manners of death. Alcohol was present in 36.9% of all suicide fatalities and 48% of all homicide victims. The most alcohol related deaths were seen in males ranging in age from 45 to 54 years.

Motor Vehicle Related Deaths

Figure 53 – Motor Vehicle Deaths – 1996– 2005
Ethanol Present in Decedent (> 0.005%)

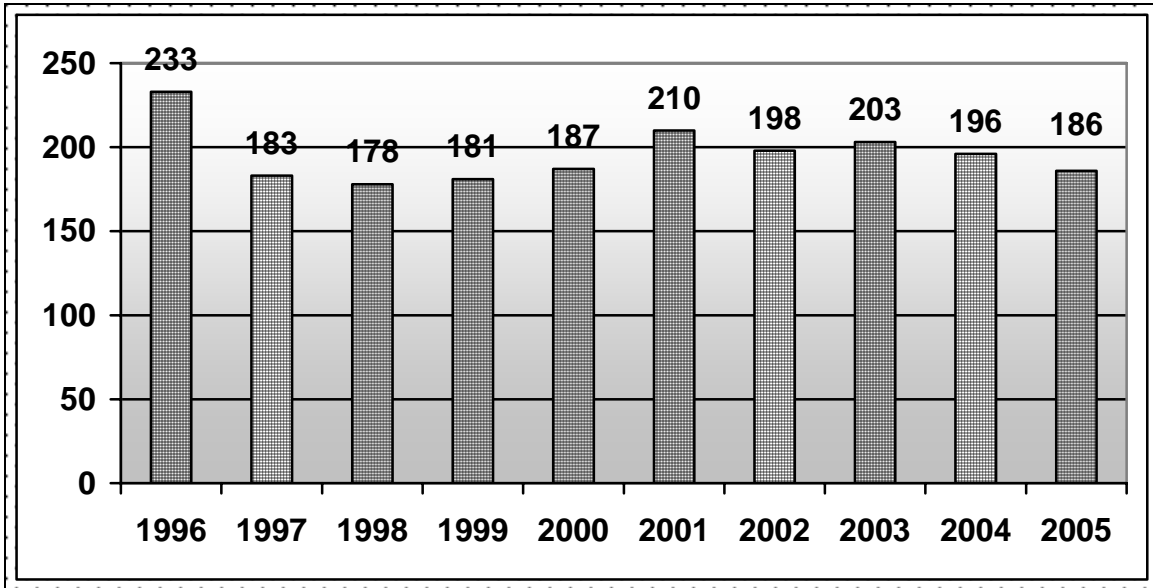
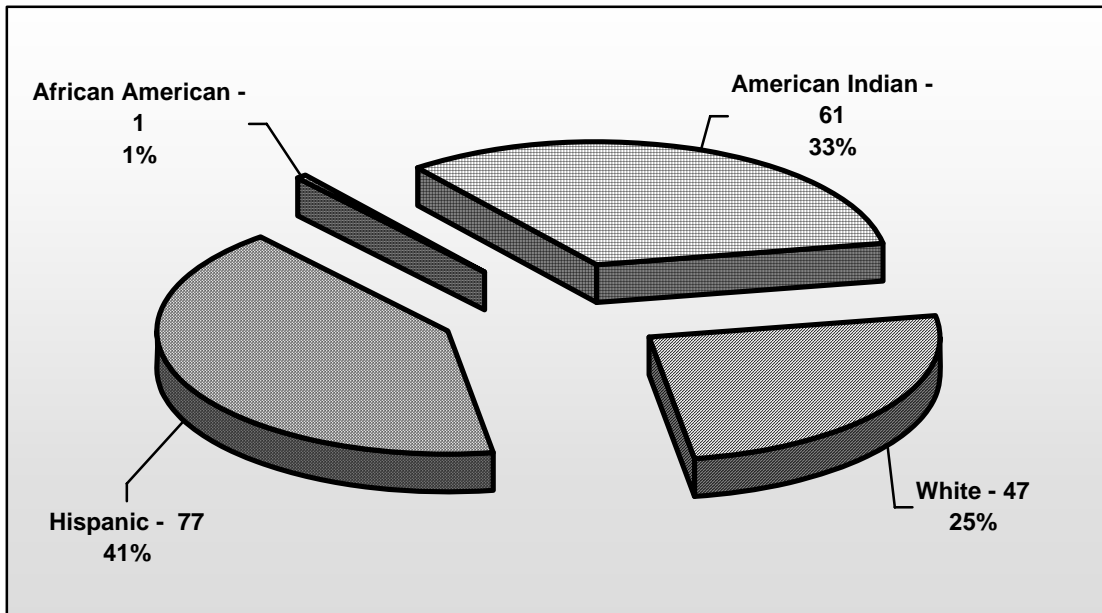
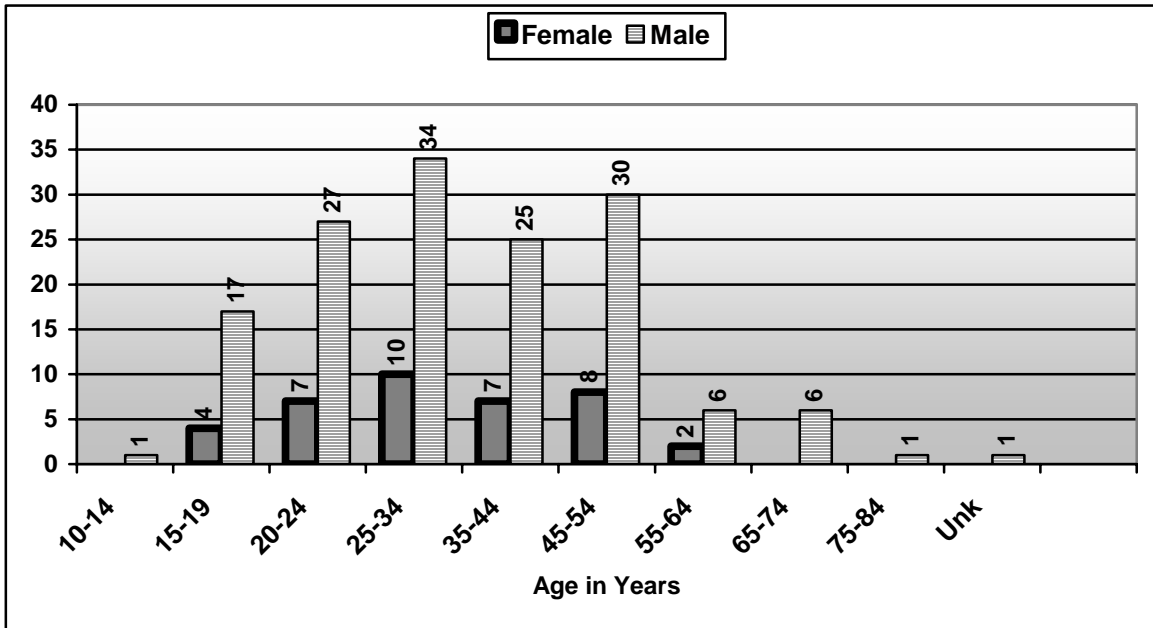


Figure 54 – Motor Vehicle Deaths by Race/Ethnicity – 2005
Ethanol Present in Decedent (> 0.005%)



**Figure 55 – Motor Vehicle Deaths by Age and Gender – 2005
Ethanol Present in Decedent (> 0.005%)**



**Table 28 – Motor Vehicle Related Deaths – Method
Ethanol Present in Decedent**

Circumstances	Total Cases	Presence of Ethanol > 0.005%		
		Yes	No	Not Tested
Driver	272	95	146	31
Passenger	161	42	77	42
Pedestrian	66	35	20	11
Occupant	21	13	6	2
Cyclist	7	1	5	1
Totals	527	186	254	87

**Table 29 – Motor Vehicle Related Deaths – Seat Belt Use
Ethanol Present in Decedent**

	Ethanol >0.005%	Seat Belt Use			Total
		Belt Used?	Belt Not Used	Unknown	
Motor Vehicle Driver	Yes	22	45	16	83
	No	61	34	32	127
	Not Tested	4	6	13	23
	Subtotal	87	85	61	233
Motor Vehicle Passenger	Yes	10	23	8	41
	No	21	26	28	75
	Not Tested	6	19	14	39
	Subtotal	37	68	50	155
Motor Vehicle Occupant*	Yes	0	8	4	12
	No	0	3	1	4
	Not Tested	0	1	1	2
	Subtotal	0	12	6	18
Totals		124	165	117	406

*Occupant means the person was either the driver or a passenger, but wasn't confirmed.

**Table 30 – Motor Vehicle Related Deaths – Air Bag Use
Ethanol Present in Decedent**

	Ethanol >0.005%	Air Bag Use			Total	
		Inflated	Not Inflated	Not Installed		
Motor Vehicle Driver	Yes	7	7	7	58	83
	No	21	15	6	83	127
	Not Tested	2	1	0	19	23
	Subtotal	30	23	13	160	233
Motor Vehicle Passenger	Yes	2	5	1	32	41
	No	3	7	0	62	75
	Not Tested	3	5	0	29	39
	Subtotal	8	17	1	123	155
Motor Vehicle Occupant*	Yes	1	1	3	7	12
	No	0	1	0	3	4
	Not Tested	0	1	0	1	2
	Subtotal	1	3	3	11	18
Totals		39	43	17	294	406

*Occupant means the person was either the driver or a passenger, but wasn't confirmed.

Drug Caused Deaths

Figure 56 – Drug Caused Deaths – 1996 – 2005

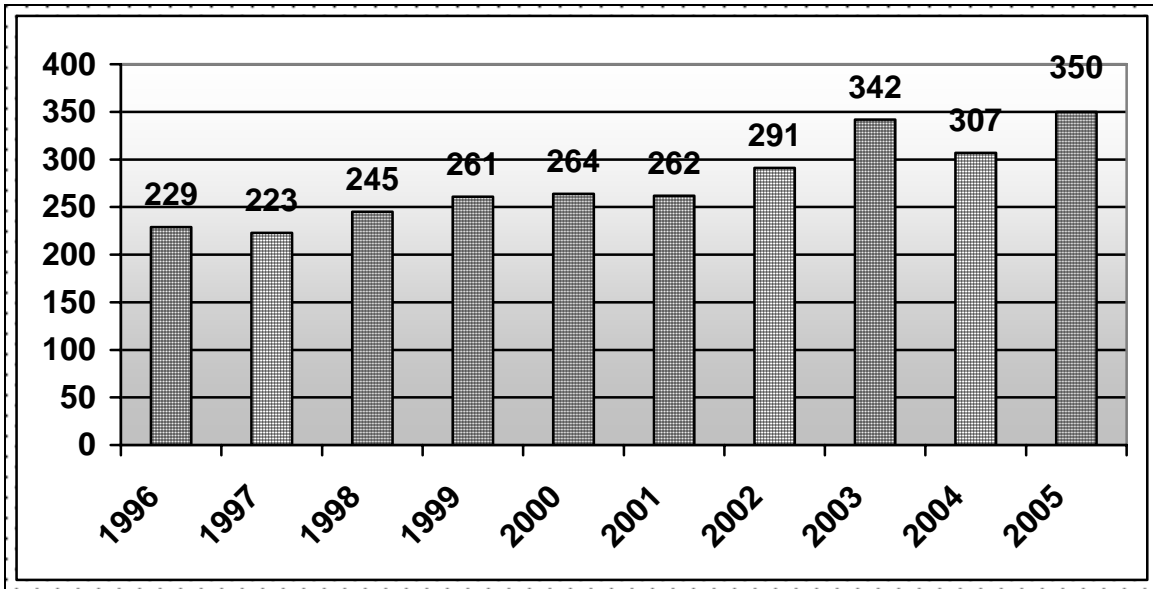


Figure 57 – Drug Caused Deaths by Race/Ethnicity – 2005

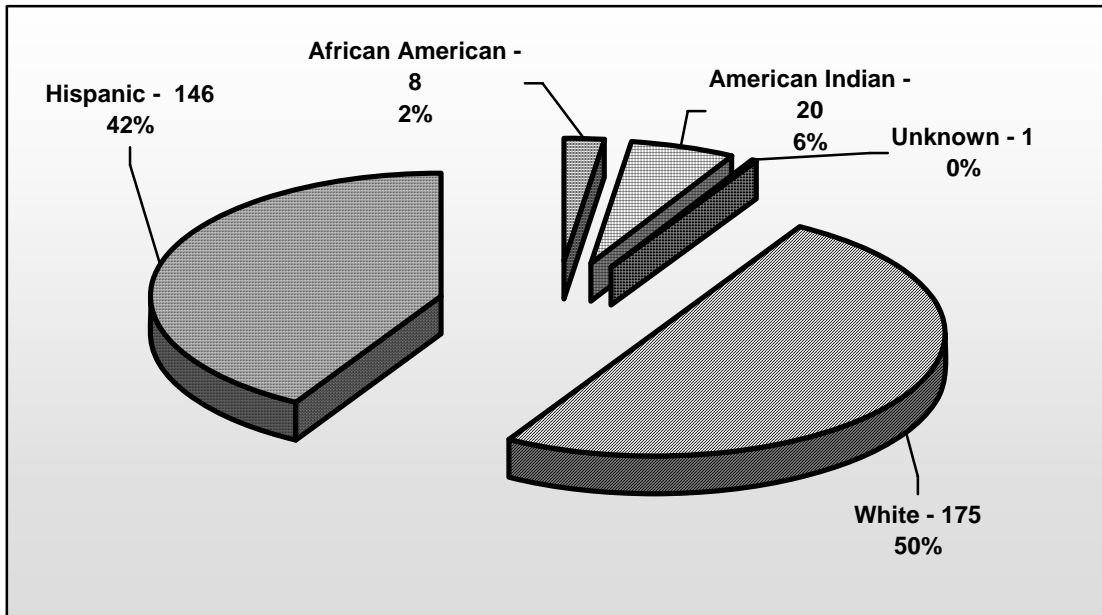
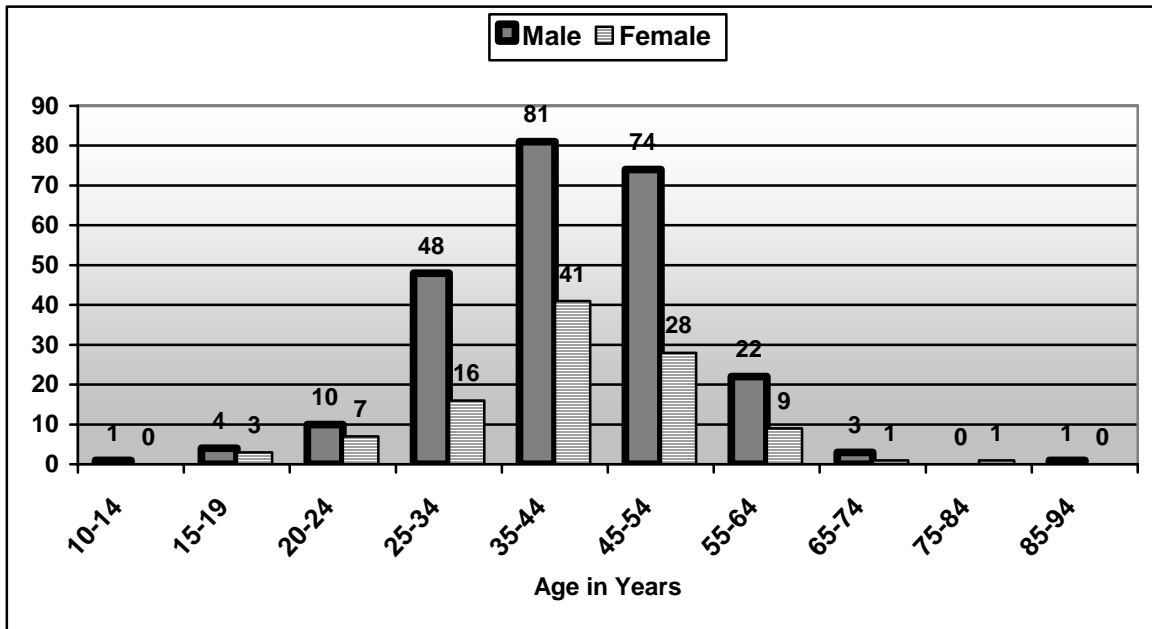


Figure 58 – Drug Caused Deaths by Age and Gender – 2005



Drug Caused Deaths – Summary – 2005

Drug overdose deaths continue to be a problem in New Mexico, with a 14% increase in drug-caused deaths in 2005. A wide variety of drugs, both illegal and prescription, contributed to the 350 drug-caused deaths, with the most commonly involved being narcotics, with 501 isolations of a narcotic substance. Many decedents had more than one drug present at the time of death. Young males were most at risk, as with other types of OMI-investigated deaths, with the most drug-caused deaths being seen in males ages 35-44 years. The OMI designation of ‘drug-caused deaths’ includes both intentional (suicide, homicide) and unintentional (accidental) drug over doses. The total number may increase as additional toxicology results become available.

Additional information regarding unintentional drug overdose deaths in New Mexico is available annually in the newsletter *New Mexico Epidemiology*, published by the New Mexico Department of Health. An issue containing detailed information on unintentional drug overdose deaths will be available from NMDOH this fall.

Table 31 – Drug Caused Deaths – Counties of Injury and Pronouncement– 2005

County	County of Injury	County of Pronouncement
Bernalillo	146	153
Catron	1	1
Chaves	11	11
Cibola	6	4
Colfax	2	2
Curry	2	2
DeBaca	0	0
Dona Ana	19	19
Eddy	9	9
Grant	2	2
Guadalupe	1	1
Harding	0	0
Hidalgo	0	0
Lea	7	7
Lincoln	6	7
Los Alamos	0	0
Luna	1	1
McKinley	14	13
Mora	2	1
Otero	12	11
Quay	2	2
Rio Arriba	17	18
Roosevelt	5	5
San Juan	9	10
San Miguel	2	3
Sandoval	13	11
Santa Fe	24	23
Sierra	6	6
Socorro	3	3
Taos	8	8
Torrance	3	3
Union	1	1
Valencia	13	12
Out of State/Unknown	3	1
Totals	350	350

Table 32 – Drug/Physiologically Active Compounds Present in Decedent

Category of Drug / Compound	Drug / Compound	Total
ALCOHOL	ETHANOL	239
	ACETONE	9
	2-PROPANOL (ISOPROPYL)	3
Total		251
ANALGESIC	ACETAMINOPHEN (Tylenol)	84
	IBUPROFEN (Motrin)	60
	SALICYLATE (Aspirin,Empirin)	19
	DEXTROMETHORPHAN	18
	TRAMADOL (Ultram)	11
	NAPROXEN (Naprosyn)	10
	Levorphanol/Dextrorphan	5
	N-Desmethyltramadol	4
	ORPHENADRINE (Norgesic)	3
	Sumatriptan	2
	ANTIPYRINE (Phenazone)	1
	O-Desmethyltramadol	1
Total		218
ANTI-ARRHYTHMIC/ANTI-HYPER	VERAPAMIL (Calan)	7
	LIDOCAINE	6
	METOPROLOL (Lopressor)	3
	PROPANOLOL (Inderal)	3
	DILTIAZEM (Cardizem)	2
	Acetazolamide	1
	GEMFIBROZIL (LOPID)	1
	HYDROCHLOROTHIAZIDE (Dyazide)	1
	KETAMINE	1
	MECLIZINE (Antivert)	1
	Norketamine	1
Total		27
ANTICONVULSANT	GABAPENTIN	13
	Gabapentin breakdown product	9
	Topiramate (topamax)	8
	LAMICTAL (Lamotrigine)	7
	VALPROIC ACID (Depakote)	6
	CARBAMAZEPINE (Tegretol)	3
	OXCARBAZAPINE (10-HYDROXYCARBAZEPINE)	3
	ZONISAMIDE (ZONERGRAN)	2
	DIPHENYLHYDANTOIN (Dilantin, Phenytoin)	1
Total		52
ANTI-DEPRESSANT	SERTRALINE (Zoloft)	25
	AMITRIPTYLINE (Elavil)	22
	Desmethylsertraline (Sertraline Metabolite)	21
	CITALOPRAM	20
	TRAZODONE (Desyrel)	15
	VENLAFAXINE (Effexor)	14
	MIRTAZAPINE(Remeron)	13
	Nortriptyline (Amitriptyline Metabolite)	13
	PAROXETINE (Paxil)	13
	Threoamino/Erythroamino Bupropion	10
	NORTRIPTYLINE (Aventyl, Pamelor)	9
	Olanzapine	8
	BUPROPION (Wellbutrin)	6
	m-Chlorophenylpiperazine	6
	DOXEPIN (Adapin, Sinequan)	3
	RISPERIDONE + 9-HYDROXYRISPERIDONE	2
	Desipramine (Imipramine Metabolite)	1
	DESIPRAMINE (Norpramine)	1
	IMIPRAMINE (Tofranil)	1
	Nordoxepin (Doxepin Metabolite)	1
	O-Desmethylvenlafaxine (Venlafaxine Metabolite)	1
Total		205

Category of Drug / Compound	Drug / Compound	Total
BARBITURATE	PHENOBARBITAL	12
	BUTALBITAL (Fiorinal)	10
Total		22
CANNABINOID	Delta-9-carboxy-tetrahydrocannabinol (Delta-9-carb)	1
MAJOR TRANQUILIZER	PROMETHAZINE (Phenergan)	33
	7-AMINO CLONAZEPAM	20
	CLONAZEPAM (Clonopin)	5
	CHLORPROMAZINE (Thorazine)	4
	HYDROXYZINE (Vistaril)	4
	Clonazepam Metabolite	1
Total		67
MINOR TRANQUILIZER	Nordiazepam (Diazepam Metabolite)	71
	DIAZEPAM (Valium)	68
	ALPRAZOLAM (Xanax)	33
	CARISOPRODOL (Soma)	24
	DIPHENHYDRAMINE (Benadryl,Sominex)	21
	MEPROBAMATE (Miltown)	16
	TEMAZEPAM (Restoril)	16
	QUETIAPINE (SEROQUEL)	14
	CHLORDIAZEPOXIDE (Librium)	11
	Nordiazepam (Chlordiazepoxide Metabolite)	11
	FLUOXETINE (Prozac)	10
	Meprobamate (Carisoprodol Metabolite)	9
	METHOCARBAMOL (Robaxin)	4
	Norfluoxetine (Fluoxetine metabolite)	4
	ZOLPIDEM TARTRATE (Ambien)	4
	LORAZEPAM (Ativan)	3
	9-HYDROXYRISPERIDONE (Risperidone Metabolite)	2
	BACLOFEN(lioresal)	2
	CELECOXIB(celebrex)	2
	DOXYLAMINE (Unisom)	2
	BENZODIAZEPINES	1
	CHLORZOXAZONE (Parafon)	1
	Desalkylflurazepam (Flurazepam Metabolite)	1
	Oxazepam (Diazepam Metabolite)	1
	RISPERIDONE (Risperdal)	1
Total		332
NARCOTIC	MORPHINE	173
	OXYCODONE (Percodan, Percocet)	49
	METHADONE	47
	HYDROCODONE (Hyphen, Hycodaphen, Tussionex)	43
	6-Monoacetylmorphine (Heroin metabolite)	42
	CODEINE	34
	PROPOXYPHENE (Darvon,Darvocet)	22
	EDDP (Methadone Metabolite)	19
	Norpropoxyphene (Propoxyphene Metabolite)	14
	FENTANYL (Sublimaze)	12
	OPIATES	8
	Oxymorphone	7
	DIHYDROCODEINE	6
	MEPERIDINE (Demerol)	6
	Levorphanol/Dextrorphan	5
	Normeperidine (Meperidine Metabolite)	5
	HYDROMORPHONE (Dilaudid)	4
	LEVORPHANOL (Dalmate)	3
	Noroxycodone	2
Total		501
PsychoActive/Abuseable Compound	NITROUS OXIDE	1
SEDATIVE	CYCLOBENZOPRINE (Flexeril)	15

Category of Drug / Compound	Drug / Compound	Total
STIMULANT	Benzoylcegonine (Cocaine Metabolite)	107
	COCAINE	59
	Ecgonine Methyl Ester (Cocaine Metabolite)	57
	METHAMPHETAMINE	38
	Cocaethylene (Cocaine Metabolite)	33
	AMPHETAMINE	27
	CHLORPHENIRAMINE	10
	Ephedrine/Pseudoephedrine	5
	Modafinil	4
	BROMPHENIRAMINE	3
	GUIFENESIN	3
	Desloratadine (Loratadine Metabolite)	1
	Ecgonine (Cocaine Metabolite)	1
	METHYLPHENIDATE (Ritalin)	1
	Norcocaine (Cocaine Metabolite)	1
	PHENTERMINE (Ionamin)	1
PSEUDOEPHEDRINE	1	
Total		352
Grand Total All Drugs and Compounds		2,044

Glossary

Accident – The *manner of death* used when, in other than *natural deaths*, there is no evidence of intent.

Autopsy – A detailed postmortem external and internal examination of a body to determine cause of death.

Cause of Death – The agent of effect that results in a physiological derangement or biochemical disturbance that is incompatible with life. The results of postmortem examination, including autopsy and toxicological findings, combined with information about the medical history of the decedent serves to establish the cause of death. The cause of death can result from different circumstances and manner of death. For example, the same cause of death, drowning, can result from the accidental immersion of a child in a swimming pool or from the homicidal immersion of a child in a bathtub.

Children – Individuals 19 years of age or younger. (Normally this is 18 years of age or younger, but to keep with industry standard age divisions, 19 year-olds are included in our tables.)

Circumstances of Death – The situation, setting, or condition present at the time of injury or death.

County of Injury – The county where the injury leading to death occurred.

County of Pronouncement – The county where the decedent was pronounced dead.

County of Residence – The county where the decedent resided. If not a legal resident of New Mexico, the decedent is listed as “out of state.” A single case may have all three county definitions applied. For example, a decedent may be a resident of Rio Arriba county and be injured in an automobile accident in San Juan county (County of Injury) where, upon transfer to a hospital in Albuquerque, be pronounced in Bernalillo county.

Deputy Medical Investigator – An investigator, not necessarily a physician, appointed by the *State Medical Investigator* to assist in the investigation of deaths in the *jurisdiction* of the OMI. There is at least one deputy medical investigator in each county in New Mexico.

Dictated External – A detailed postmortem external examination of a body.

Drug Caused Death – A death caused by a drug or combination of Drugs. Deaths caused by *ethanol*, poisons and volatile substances are excluded.

Ethanol – An alcohol, which is the principal intoxicant in liquor, beer and wine. A person with an alcohol concentration in blood of 0.08 grams percent (0.08g%) is legally intoxicated in New Mexico.

Ethanol Present – Deaths in which toxicological tests reveal a reportable level of *ethanol* (0.005% or greater) at the time of death.

Homicide – The *manner of death* in which death results from the intentional harm of one person by another.

Jurisdiction – The extent of the Office of the Medical Investigator’s authority over deaths. The OMI authority covers reportable deaths that occur in New Mexico, except for those occurring on federal reservations (American Indian and military) and in Veteran’s Administration hospitals. New Mexico Statute 24-11-5NMSA 1978 and descriptions in the OMI policy manual define reportable deaths. The OMI may be invited to consult or investigate cases over which it has no jurisdiction.

Investigation/Field Examination – An investigation and external examination conducted at the scene to determine cause of death.

Manner of Death – The general category of the condition, circumstances or event, which causes the death. The categories are *natural, accident, homicide, suicide and undetermined*.

Method of Death – The *method of death* describes the physical means leading to a cause of death. For example, the *cause of death* in a case is *Asphyxia*, but an *accidental hanging* brought on the asphyxia and would be the *method of death*.

Motor Vehicle Accident Related Deaths – An accidental death involving a motor vehicle. Motor vehicles include automobiles, vans, motorcycles, trucks and all terrain vehicles. Excluded are bicycles, tricycles, aircraft and trains. The decedent is usually a driver of, a passenger in, or a pedestrian struck by a motor vehicle. The death of a bicyclist struck by a motor vehicle is considered to be a motor vehicle accident related death.

Natural – The *manner of death* used when solely a disease causes death. If death is hastened by an injury, the *manner of death* is not considered natural.

Non-Motor Vehicle Accident – An *accidental death* that does not involve a motor vehicle.

Office of the Medical Investigator – The state agency in New Mexico that is responsible for the investigation of sudden, violent or untimely deaths. The office of the Medical Investigator was created by legislation in 1973 to replace the county coroner system (see also, *Deputy Medical Investigator*).

Opiate – A class of drugs, including morphine, codeine and heroin derived from the opium poppy plant (*Papaver somniferum*).

Pending – The *cause of death* and *manner of death* are to be determined pending further investigation and/or toxicological, histological and/or neuropathological testing at the time of publication.

Place of Injury – The type of place where the injury leading to a death occurred. In this report, six categories are used:

Residence – Includes areas in and around dwellings, but excludes long-term care facilities and institutions.

Roadway, Railroad or Airport – Includes all public areas designed for motorized or powered transportation.

Body of Water – Included naturally occurring and manmade bodies of water such as lakes, rivers, ocean, streams, swimming pools; but excludes small containers holding water, such as bathtubs, pails and toilets.

Building/Developed Area – Includes areas in and around non-residential buildings or structures, and developed outdoor areas such as city parks, golf courses, ski areas, but excludes undeveloped outdoor areas such as forests or fields.

Undeveloped Land – Includes undeveloped outdoor areas such as farm fields, forests, rural or natural land or outdoor areas under construction.

Unknown – Insufficient information is available to classify the place of injury into one of the above categories.

State Medical Investigator – The head of the *Office of the Medical Investigator*. The State Medical Investigator must be a licensed physician licensed in New Mexico and may appoint Assistant Medical investigators, who must be physicians and *Deputy Medical Investigators*.

Stimulant – A class of drugs, including cocaine and oral and injectable amphetamines, whose principal action is the stimulation of the central nervous system. Cocaine is an alkaloid derived from the leaves of *Erythroxylon coca*, a shrub which grows in the Andes Mountains 1000 to 3000 meters (3000 – 9000 feet) above sea level, and can be taken orally, intravenously or by inhalation.

Undetermined – The *manner of death* for deaths in which there is insufficient information to assign another manner.