

2019 ANNUAL REPORT

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 operates as 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 Statute (CRS) 30-10-606 mandates that the Office of the Coroner investigate any death where the cause of death is unknown. 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 300 requirements which includes that a NAME Office is run by a Forensic Pathologist/ Medical Examiner, and at least one Investigator be certified through the American Board of Medicolegal Death Investigators (ABMDI). We have maintained NAME Accreditation continuously since 2002. Our most recent inspection in mid-2017 found our office to be "exemplary" compared to offices throughout the country.

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 27 years of 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 included in the Forensic Pathology partnership are Michael A. Burson, PhD, MD, and Steven J. Cina, MD, each of whom is a Forensic Pathologist / Regional Medical Examiner.

The Larimer County Coroner / Medical Examiner's staff includes a Chief Deputy Coroner / Chief Investigator and six full time 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, one or more part time – temporary Investigator(s) and temporary, part time, Autopsy Assistants.

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

Duties of the Medical Examiner's Office are dictated by CRS 30-10-606 and the National Association of Medical Examiners (NAME). This includes:

- To be available to respond to a 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 ultimately determine the cause of death;
- To notify next-of-kin;
- 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

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

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.

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 2019, our Medico-legal Investigators conducted a number of educational outreach training

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

presentations to local agencies, schools, community service groups, and individuals, including but not limited to:

- AIMS Police Academy
- 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
- Colorado Zero Suicide/Office of Suicide Prevention
- Rocky Mountain High School
- Poudre Valley High School
- UNC Forensics & Criminal Justice Program
- Various individual meetings with students and 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 2019 calendar year. Many of the charts and graphs include data from the last 5-10 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 6th largest county in Colorado, based on population. The population of Larimer County is approximately 354,000 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 crossing through its boundaries.

The data in this report is 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 2019.

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.

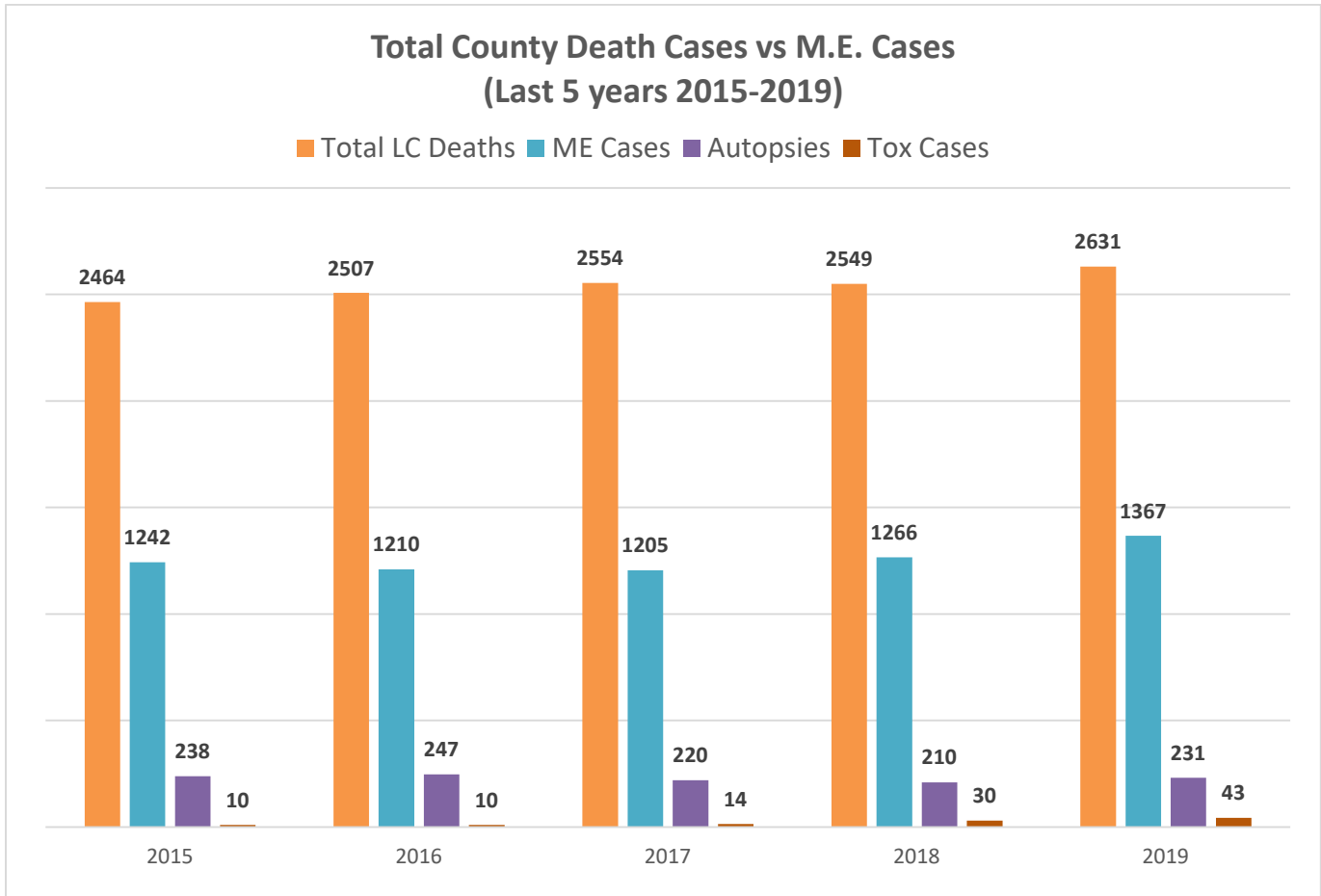
Abbreviations are used for modes of death throughout the various charts and graphs in this report. They are as follows:

- 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 2019

Larimer County Medical Examiner's Office requires all deaths within Larimer County to be reported to our office. The only exception is fetal deaths under 21 weeks gestation, which do not fall under Coroner Statute. In 2019, the total number of deaths reported to our office was 2,631. The Medical Examiner's Office assumed jurisdiction in 1367 (51.9%) 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 466 of the 1367 cases. Out of these investigations, complete forensic autopsies were performed in 231 cases (16.9%) of the accepted Coroner cases. Plus, in 43 additional cases, only toxicology studies were deemed necessary. 20 cases were transferred back to the jurisdiction in which the event originated. The remaining 1,073 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.

Cases in which jurisdiction was not assumed by the Medical Examiner (1264 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.



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. Most deaths are Natural deaths and over half occur in hospital or nursing home setting and hence, do not fall under Coroner jurisdiction. Of the total 2,631 deaths in Larimer County in 2019, 2,381 were Natural deaths, meaning that only 251 deaths were not Natural events. Of the 2,380 Natural deaths, 1,116 had extenuating circumstances causing them to fall under Coroner's jurisdiction.

SUICIDE - Death as a result of a purposeful action set in motion (explicit or implicit) to end one's life. In 2019, there were 84 deaths certified as Suicides.

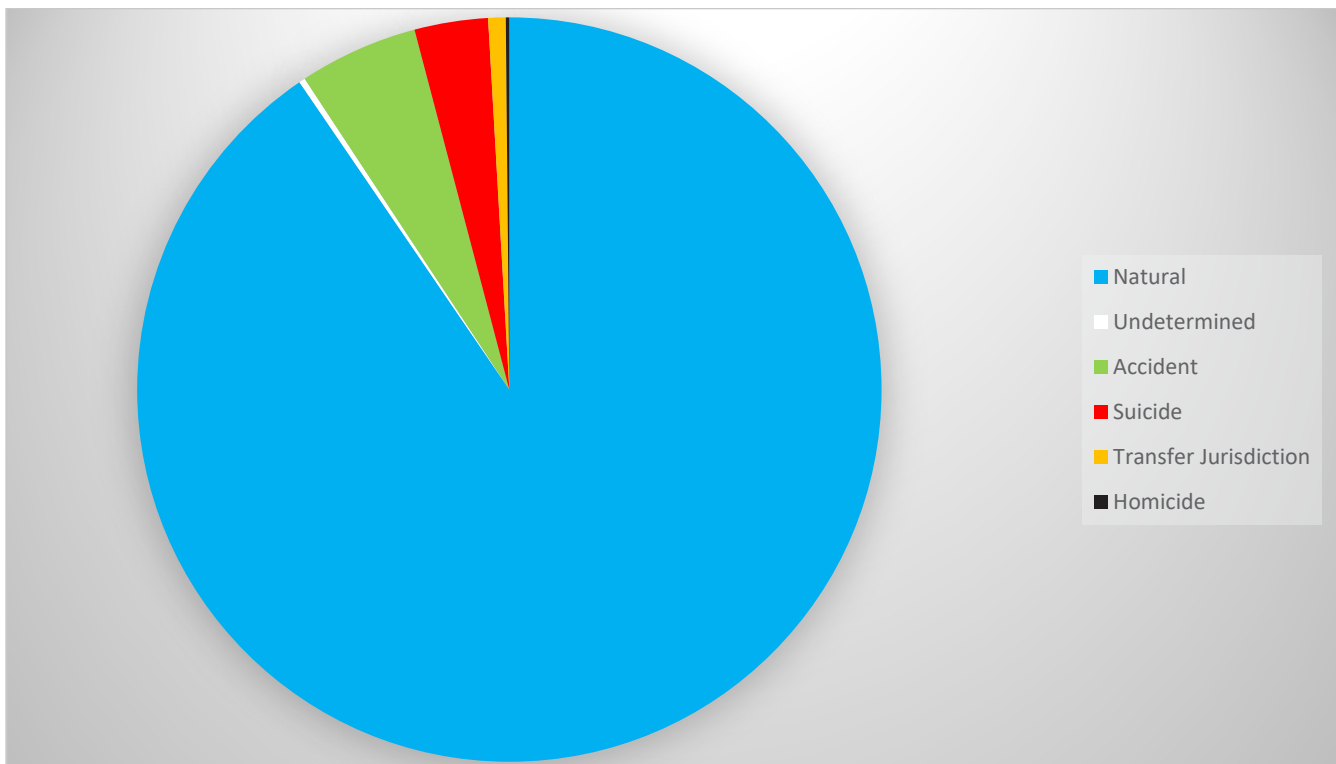
ACCIDENT - Death other than natural where there is no evidence of intent; i.e. an unintentional event or chain of events. This category includes most motor vehicle accidents, falls, drowning, accidental drug overdoses, drug reactions, etc. In 2019, we had 137 Accidents, 33 of which were motor vehicle 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 2019, there were 4 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 2019, 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 20 cases.

MANNERS OF DEATH – 2019



2019 YEAR - END STATISTICAL OVERVIEW

In 2019, the Larimer County Medical Examiner's Office had a total of 2,631 deaths reported to us. Of these, 1,367 deaths fell under Coroner jurisdiction and required investigation. Of the 1,367 deaths, 1,116 were Naturals, 137 were Accidents, 84 were Suicides, 4 were Homicides, 20 were transferred back to the County of origin, and 7 were classified as Undetermined. Of the 1,367 deaths, our 7 Medicolegal Investigators responded to and conducted complete medicolegal investigations into 466 death scenes. The remaining 901 cases were home hospice, hospital or facility deaths falling under Coroner Statutes. These cases were released to a funeral home after investigation via telephone and/or medical records review.

Not every Accident or Suicide is necessary to autopsy. This usually occurs when the person has been a long-term 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: 137 total 85 autopsied; 10 toxicology only

- 44 - Drug Overdose (OD)
- 36 - Falls
- 33 - Motor Vehicle Crash (MVC)
- 6 - Drowning
- 5 - Asphyxia (mechanical, positional)
- 4 - Fire/ Thermal
- 3 - Hypo/ hyperthermia
- 3 - Carbon Monoxide
- 2 - Choked on food/ foreign object
- 1 - Aircraft Crash

Suicides: 84 total 76 autopsied; 6 toxicology only

- 36 - Gun Shot Wound (GSW)
- 28 - Asphyxia by Hanging (AH)
- 11 - Drug Overdose (OD)
- 2 - Pedestrian vs motor vehicle
- 2 - Pedestrian vs Train
- 2 - Carbon Monoxide (CO)
- 1 - Asphyxia (gas/hood)
- 1 - Drowning
- 1 - Hypothermia

Homicides: 4 total 4 autopsied

- 3 - Gun Shot Wound (GSW)
- 1 - Asphyxia (mechanical, positional)

Undetermined: 7 total 6 autopsied

- 2 - Undetermined cause of death
- 1 - Suicidal vs accidental overdose
- 1 - Remote non-accidental trauma vs acute overdose
- 1 - SUID
- 1 - Natural vs accidental fetal demise
- 1 - Accidental vs intentional fall

Naturals: 1,116 total 60 autopsied; 27 toxicology only

Transfer of Jurisdiction: 20 total

Total Forensic Autopsies Performed: 231

Toxicology-Only studies: 43

SUICIDE

STATISTICS

2019 Suicide Information

Suicide is death caused by intentional, self-inflicted injuries. In Larimer County during 2019 there were 84 deaths by Suicide. Death by Suicide comprised 6.1% of our investigated cases and 3.2% of all Larimer County deaths.

Age

Average Age	42
Juvenile (<18)	3
Adult	81
Oldest:	90
Youngest:	13

Gender

Male	63
Female	21

Race

White	79
Hispanic	3
Black	1
Mixed/other	1

Mental Health/ Suicide Notes

Left note or other message:	33/84
	(39%)
Prior ideation or attempts:	53/84
	(63%)

Alcohol and/or Drugs Present

(Includes over-the-counter and Rx meds, recreational and illicit drugs)

Total	59/84 (70.2%)
ETOH	30/84 (33.3%)
THC	19/84 (22.6%)

Mode of Suicide

Gun Shot Wound (GSW)	36
Asphyxia by Hanging (AH)	28
Drug Overdose (OD)	11
Carbon Monoxide (CO)	2
Motor vehicle vs. pedestrian	2
Train vs Pedestrian	2
Asphyxia by gas/hood	1
Drowning	1
Hypothermia	1

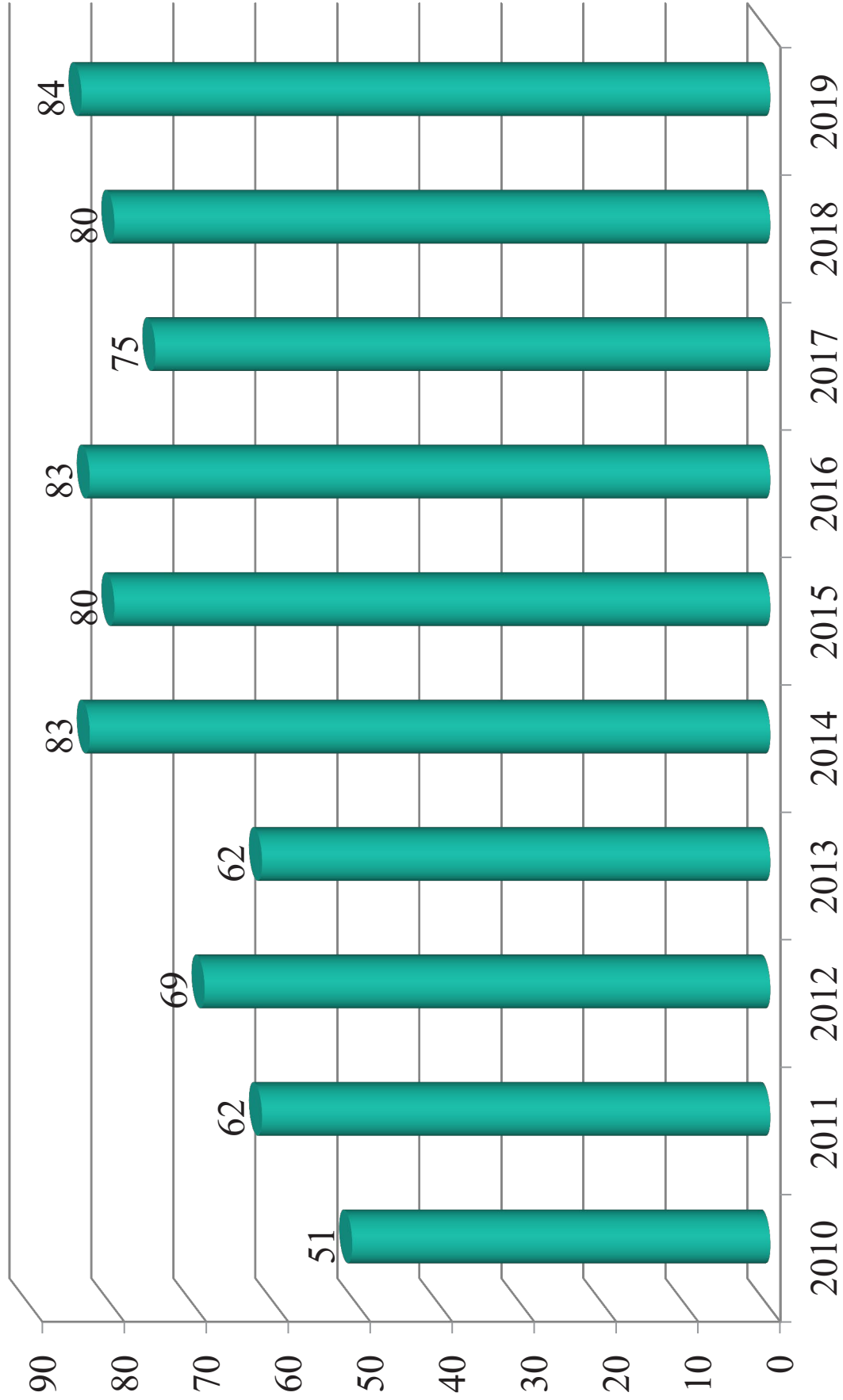
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Monthly Breakdown

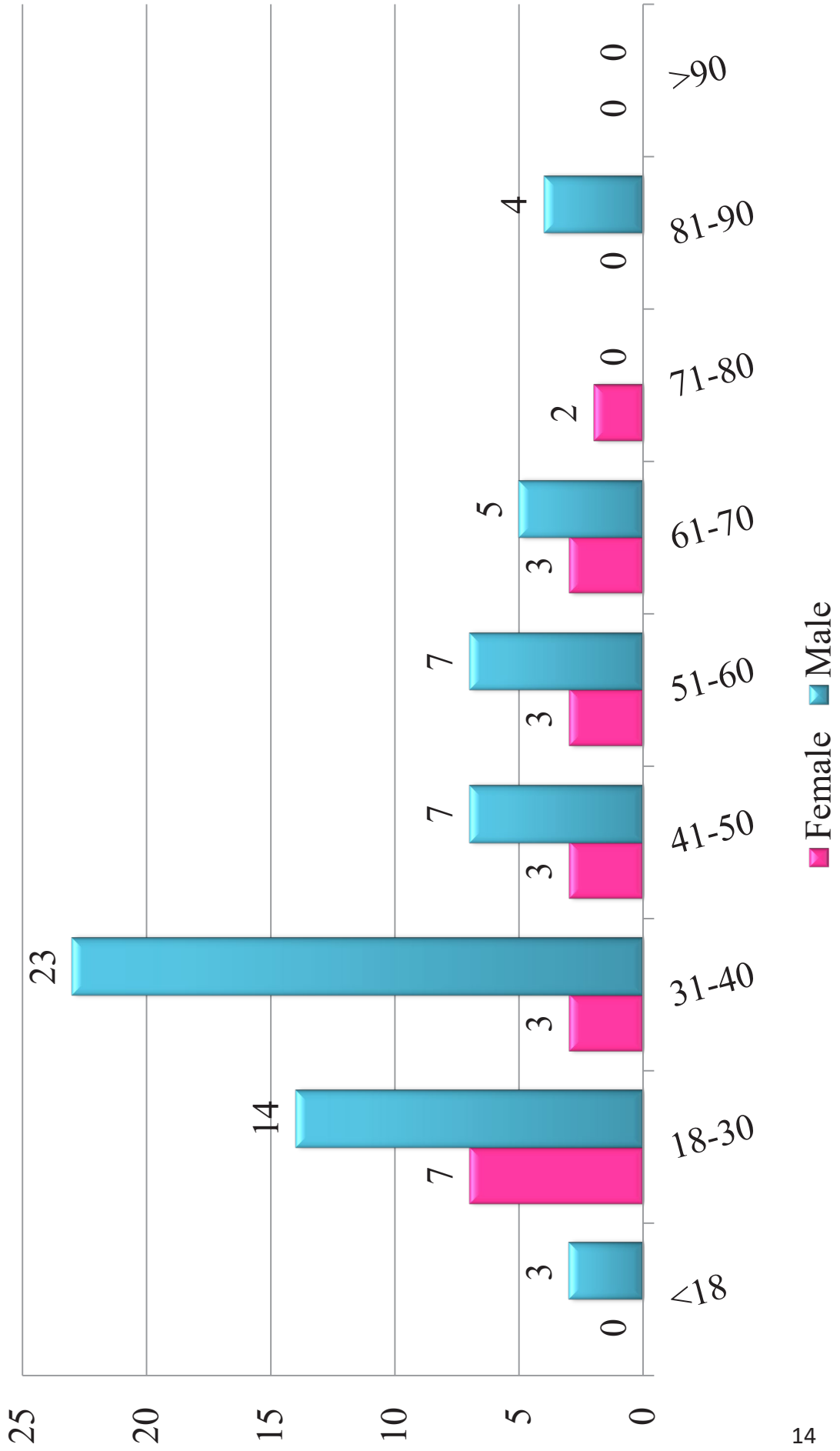
Jan	5
Feb	8
Mar	9
Apr	6
May	6
Jun	7
July	12
Aug	3
Sept	9
Oct	7
Nov	5
Dec	7

84

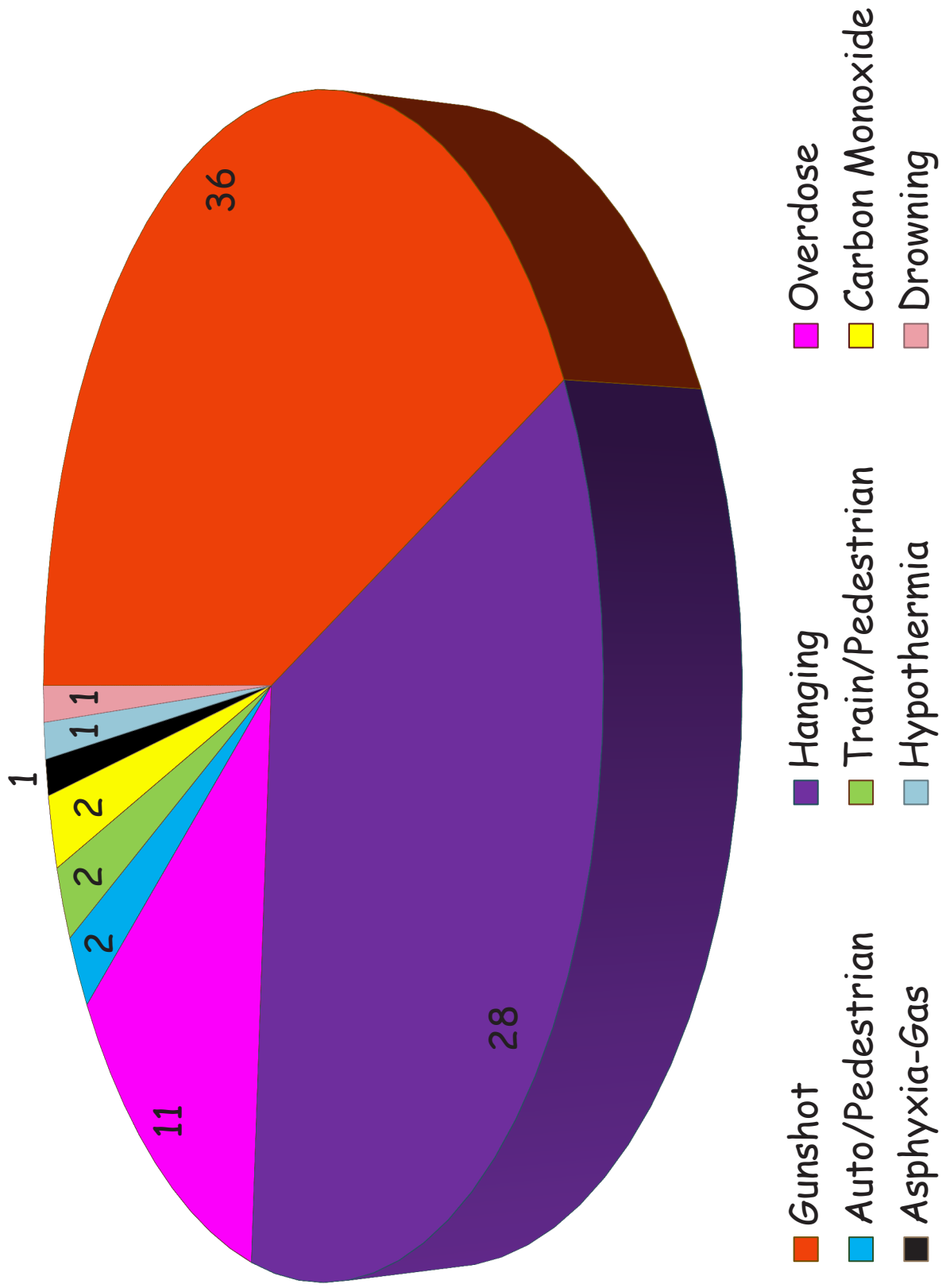
Suicide Totals - Last 10 Years 2010 - 2019



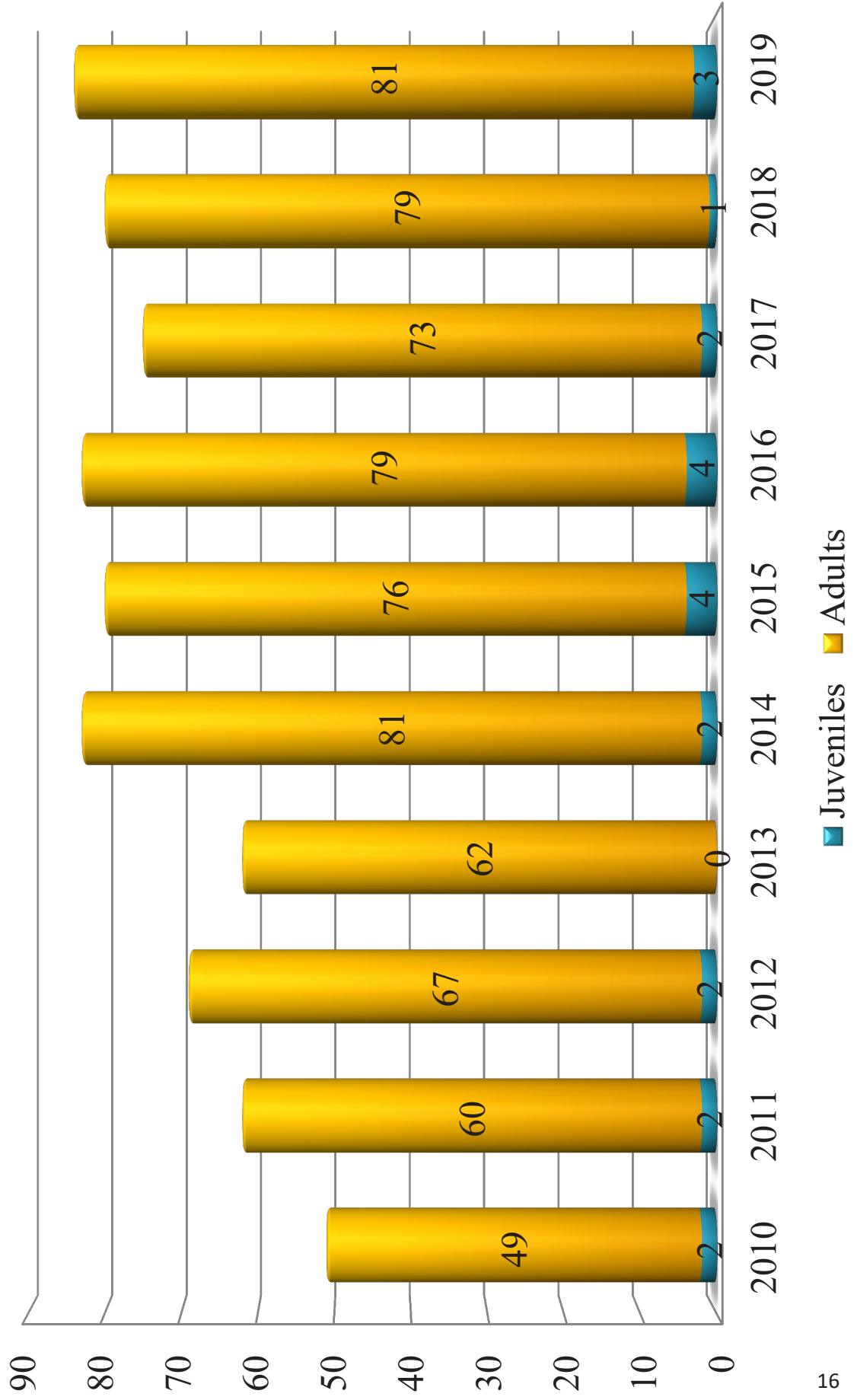
2019 Suicides by Age and Gender Distribution



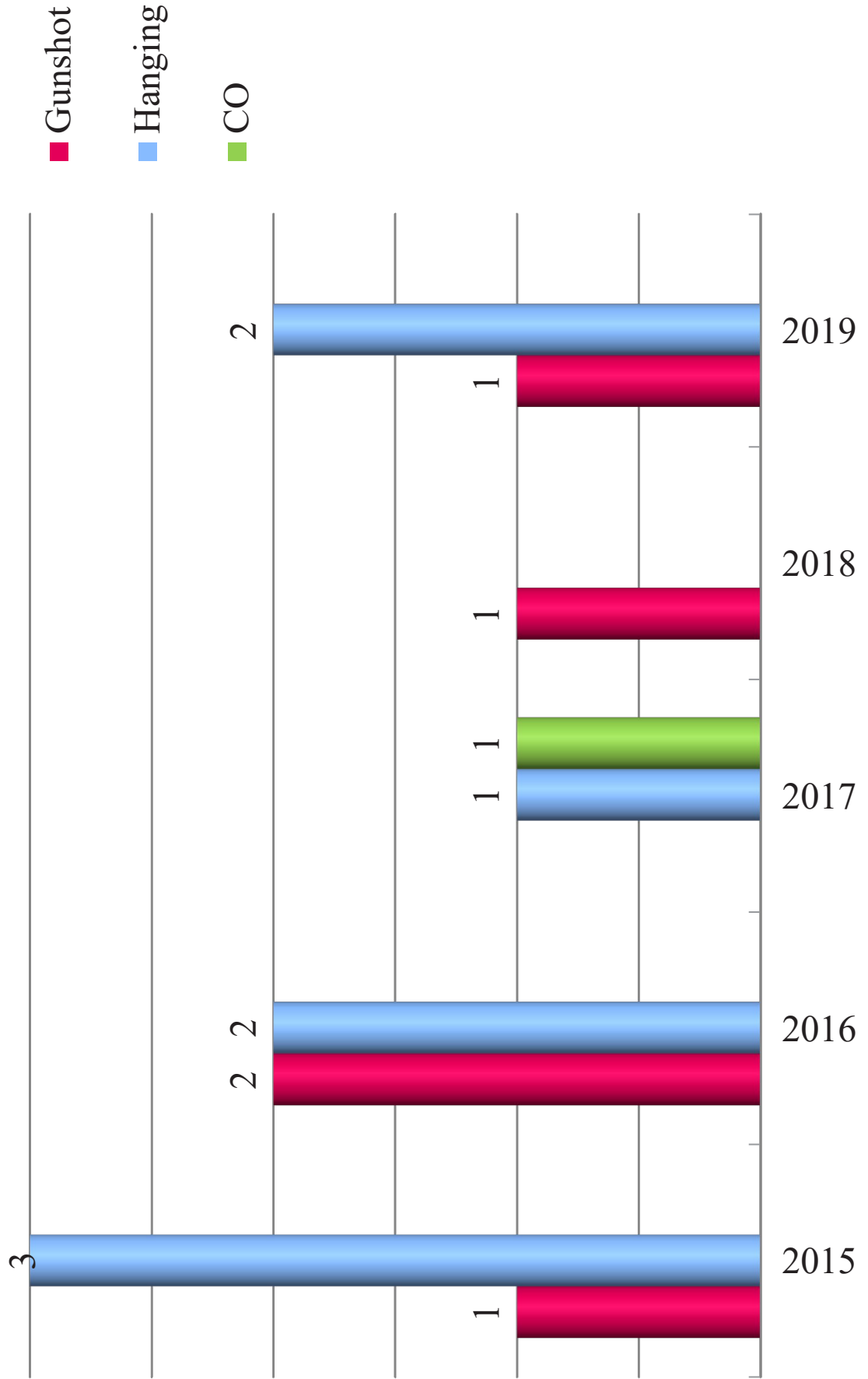
2019 Suicides Distribution by Mechanism



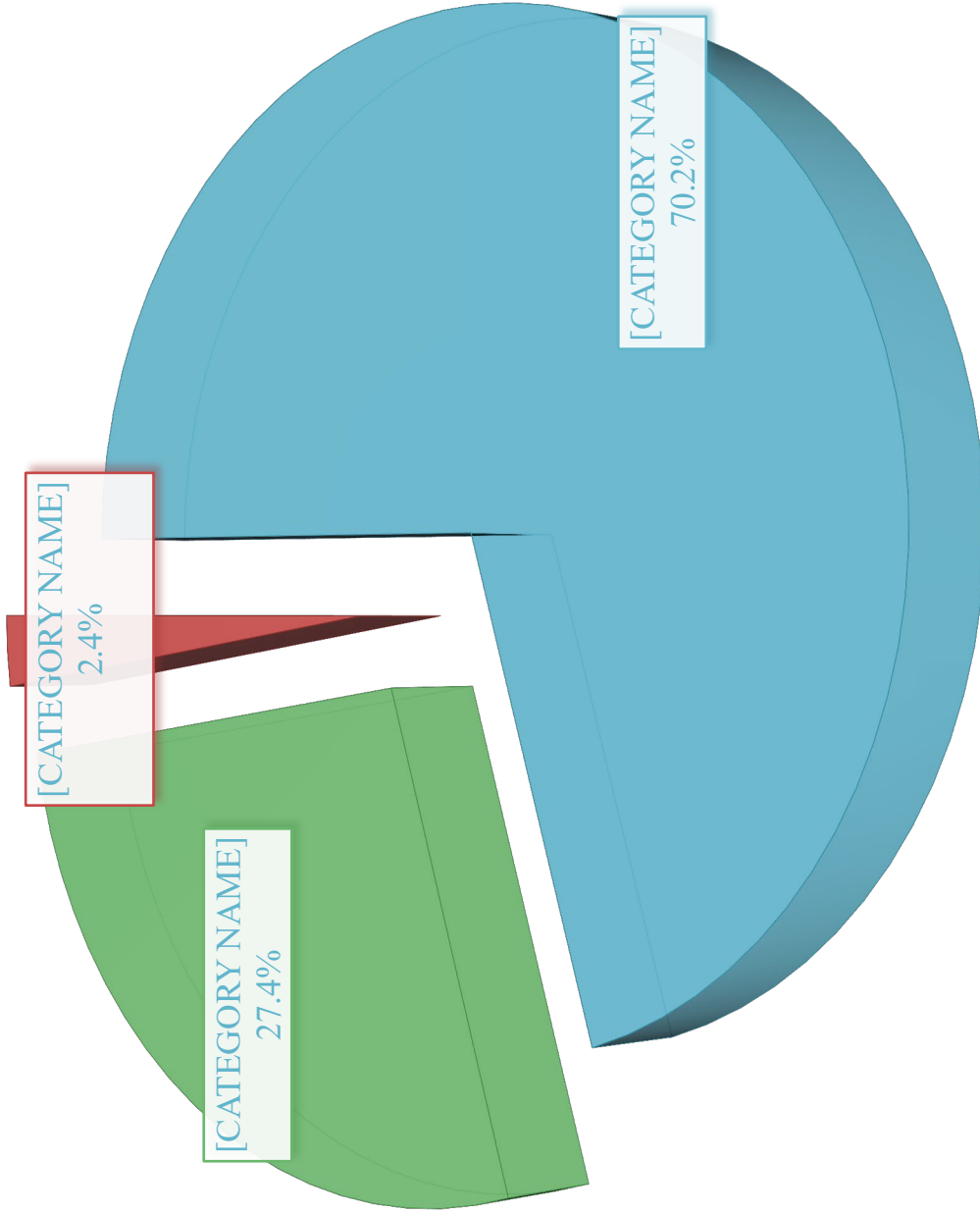
Juvenile (<18) vs. Adult Suicides 10 Years: 2010 - 2019



Mechanism of Juvenile Suicides 5 Years: 2015 thru 2019



Alcohol and/or Drug-Related Suicides 2019



DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2019

TOTAL: 61 out of 84 (72.6%)

#	GENDER	AGE	MODE	Alcohol	PRIMARY DRUG(S) PRESENT
1	Female	58	GSW		Diazepam, Clonazepam
2	Female	28	Hanging	0.204	
3	Male	36	GSW		Cocaine, THC
4	Female	50	GSW	0.031	Hydrocodone
5	Female	33	GSW	0.147	Amphetamine, Phenylpropanolamine
6	Male	29	Train		Fluoxetine, Trihexyphenidyl
7	Male	21	GSW		Clonazepam
8	Male	56	GSW		
9	Male	27	Hanging	0.22	
10	Male	43	Hanging		Toxicology unavailable
11	Male	23	Hanging	0.167	THC
12	Female	26	OD		Diphenhydramine
13	Male	45	OD	0.223	Clonazepam, Cyclobenzaprine
14	Female	77	Hanging		
15	Male	46	OD		Amitriptyline, Gabapentin, Quinine, Meth/Amphetamine,
16	Male	34	GSW		
17	Female	20	OD		Oxycodone
18	Male	49	CO	0.205	CO 70%, THC
19	Male	40	GSW		Amphetamine, Phenylpropanolamine
20	Male	36	GSW		
21	Female	54	OD	0.014	Doxylamine, Hydroxyzine
22	Male	13	Hanging		THC
23	Male	55	OD	0.074	Codeine, Oxycodone, Alprazolam,
24	Male	24	GSW		
25	Male	82	GSW		Diazepam
26	Female	22	GSW		
27	Male	36	OD		Oxycodone, Diazepam
28	Male	26	Hanging	0.319	THC
29	Male	13	Hanging		Toxicology unavailable
30	Male	84	GSW		Hydrocodone
31	Female	37	Hanging		Olanzapine, Fluoxetine
32	Male	35	GSW	0.237	THC
33	Female	20	Drowning		THC
34	Male	58	Hanging		
35	Male	88	GSW		
36	Male	30	Train		
37	Female	67	GSW		
38	Male	15	GSW		THC
39	Male	34	GSW		

DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2019

TOTAL: 61 out of 84 (72.6%)

#	GENDER	AGE	MODE	Alcohol	PRIMARY DRUG(S) PRESENT
40	Male	61	GSW	0.258	Temazepam
41	Female	36	Hanging		Meth/Amphetamine
42	Male	34	GSW		
43	Male	66	Hanging		
44	Male	62	OD		Doxylamine, THC
45	Male	31	Hanging		Phenylpropanolamine, Meth/Amphetamine
46	Male	28	Auto/ped		Meth/Amphetamine, THC
47	Male	37	GSW		
48	Male	28	Hanging	0.039	Fentanyl, Buprenorphine, Amphetamine
49	Male	36	Hanging	0.087	Cocaine, THC
50	Male	39	OD		Suspected metformin, lisinopril, amlodipine, atorvastatin
51	Male	29	Hanging	0.126	Meth/Amphetamine, THC
52	Male	34	GSW		
53	Male	58	GSW		THC
54	Male	38	GSW		Meth/Amphetamine, THC
55	Male	32	GSW	0.101	
56	Male	41	Hanging	0.166	
57	Male	36	Hanging		Cocaine
58	Male	24	Hanging		
59	Male	55	Hanging	0.133	
60	Female	54	OD	0.299	Oxycodone, Promethazine
61	Female	70	GSW		
62	Male	39	Hanging	0.09	
63	Male	21	Hanging	0.101	
64	Male	34	GSW	0.153	
65	Male	32	GSW	0.34	
66	Male	66	GSW		
67	Male	44	Hanging		
68	Female	27	Auto/ped		Meth/Amphetamine
69	Male	39	Hanging		Hydrocodone, THC
70	Male	41	Asphyxia (inhalation)		Di/Tetrafluoroethane (Freon)
71	Male	58	GSW		
72	Female	44	Hanging		Meth/Amphetamine
73	Male	90	GSW		
74	Female	79	OD		Diltiazem, Fluoxetine, Zolpidem
75	Male	33	GSW	0.147	
76	Male	28	GSW		Mixed alcohol levels due to sample quality, no drugs found
77	Female	46	Hypothermia		Alprazolam, Trazodone, Pseudoephedrine

DRUGS AND ALCOHOL IN SUICIDE DEATHS – 2019

TOTAL: 61 out of 84 (72.6%)

#	GENDER	AGE	MODE	Alcohol	PRIMARY DRUG(S) PRESENT
78	Male	40	GSW	0.268	
79	Male	51	Hanging	0.262	Oxycodone
80	Male	19	GSW		THC
81	Female	26	Hanging		MCR DOAS Cocaine, THC
82	Male	37	CO	0.142	CO - 64%, THC
83	Male	62	GSW		
84	Female	62	Hanging	0.149	THC

Abbreviations used:

CO = Carbon Monoxide

GSW = Gunshot Wound

Asphyxia = huffing/inhalation, mechanical, bag or hood over head, etc.

OD = Overdose

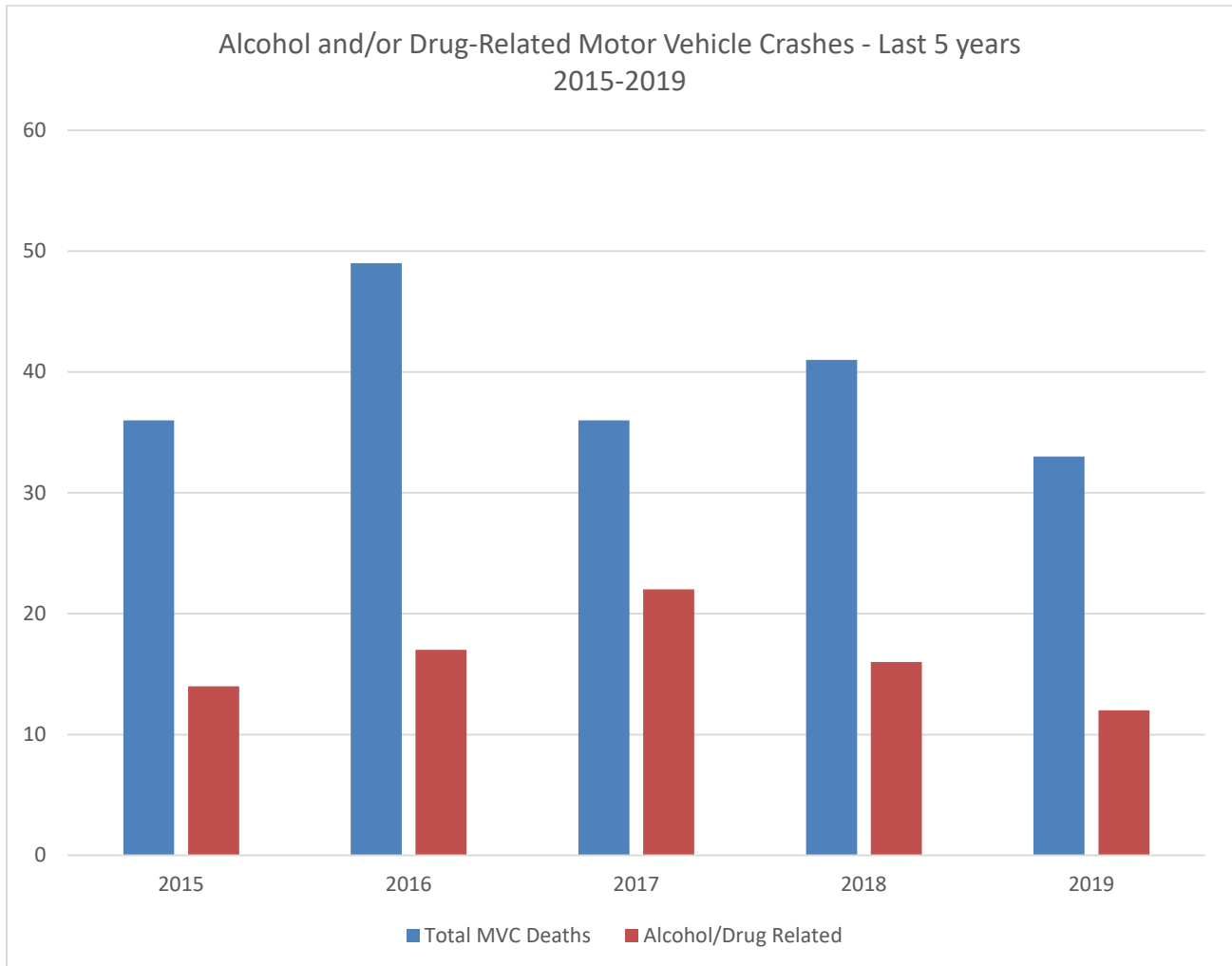
Auto/Ped = Motor vehicle vs Pedestrian

ACCIDENT STATISTICS

2019 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 2019, 137 deaths were certified in Larimer County as accidents.

33 of these deaths were from motor vehicle (or traffic) crashes (MVCs). Our statistical information will deal first with the MVCs. The other 104 accidental deaths will be discussed on page 27.



In 2019, there were 33 motor vehicle ***fatalities*** in 30 ***crashes***.
Out of the 30 crashes, 12 (40%) were considered to be drug and/or alcohol related.

Motor Vehicle Crash Fatalities (33)

Age

Average Age:	42.2
Juveniles (<18):	2
Adults:	31
Youngest:	1
Oldest:	92

Decedent's Position in Vehicle

Driver:	18
Passenger:	9
Unknown:	1
Pedestrians hit by vehicle:	5
Bicyclists:	0

Safety Measures by Decedents

Seatbelt used:	9
Seatbelt <i>NOT</i> used:	8
N/A: ATV, scooter, or motorcycle:	8
N/A: Pedestrians/bicyclists hit:	6
Unknown:	2

Weather Related Adverse Road Conditions

Snow, Ice, and/or Strong Wind:	3
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Time of Day (30 crashes):

Unknown (remote MVC):	2
Unknown AM:	2
Unknown PM:	3
00:01 - 06:00:	3
06:01 - 12:00:	7
12:01 - 18:00:	7
18:01 - 00:00:	6

Number of vehicles involved (30 crashes):

One vehicle only:	19
Two or more vehicles:	11

**DRUG & ALCOHOL-RELATED MOTOR VEHICLE CRASHES (MVC'S)
2019**

Of the 30 TOTAL Motor Vehicle Crashes (with 33 fatalities), 12 incidents were confirmed or suspected to be drug and/or alcohol related

Incident #	Gender	Age	# of vehicles involved	Driver(s) suspected of drugs/alcohol
1	Male	60	1	No
2	Male	54	1	Yes
3	Female	86	2+	No
4	Male	57	2+	No
5	Male	73	1	unknown
6	Male	22	1	Yes
7	Male	24	1	Yes
8	Female	44	2+	No
Same as above	Male	40	Same as above	Same as above
9	Male	23	1	Yes
10	Male	38	2+	No
11	Male	62	1	unknown
12	Male	63	2+	No
13	Male	20	2+	Yes
14	Male	34	2+	No
15	Female	20	1	Yes
16	Female	20	1	Yes
Same as above	Male	36	Same as above	Same as above
17	Male	22	1	Yes
18	Male	1	1	unknown
19	Female	19	2+	unknown
20	Male	19	1	No
21	Male	30	1	Yes
Same as above	Female	40	Same as above	Same as above
22	Female	80	1	No
23	Male	89	1	No
24	Male	23	1	Yes
25	Male	52	1	No
26	Male	32	2+	Yes
27	Male	76	1	No
28	Male	6	1	No
29	Female	92	2+	No
30	Female	36	2+	No

**2019 Accidents
(Excluding Motor Vehicle Crashes)**

In 2019, Larimer County had 104 accidental deaths that were not traffic-related. They are classified as follows:

➤ Drug Overdose (OD)	-	44
➤ Falls	-	36
➤ Drowning	-	6
➤ Asphyxia (mechanical, positional)	-	5
➤ Fire/Thermal injury	-	4
➤ Hyper/hypothermia	-	3
➤ Carbon Monoxide	-	3
➤ Choking on food/foreign object	-	2
➤ Aircraft Crash	-	1

Age:

Average Age:	68.3
Adults:	101
Juveniles (<18):	3

Alcohol and/or drugs found in system: 59/104 (56.7%)

HOMICIDE

and

GUN-RELATED

STATISTICS

2019 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 2019, there were 4 homicide victims in Larimer County.

Age

Average Age: 56
 Adult: 4
 Juvenile: 0

Race

White: 4
 Hispanic: 0
 Mixed/Other: 0

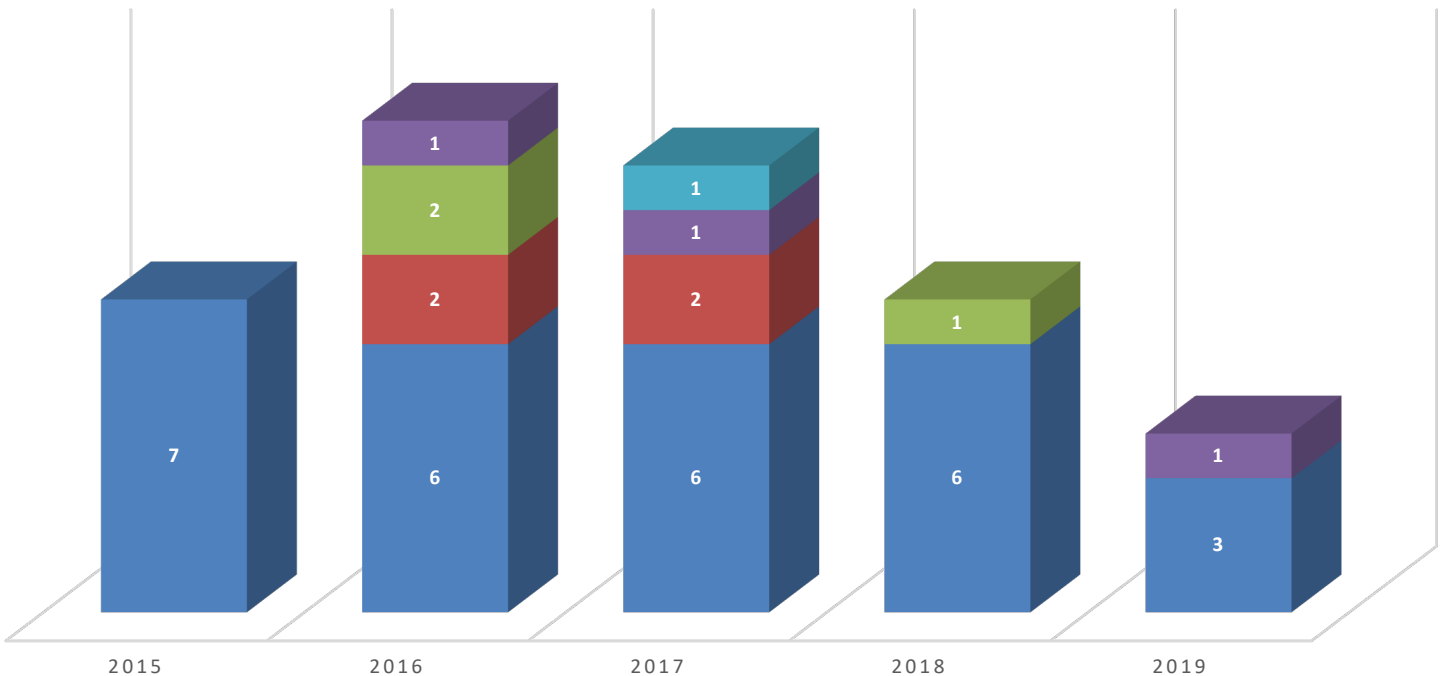
Gender:

Male: 3
 Female: 1

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.

HOMICIDES - LAST 5 YEARS 2015 - 2019

■ GSW ■ Stab ■ Blunt Trauma ■ Asphyxia ■ Drowning



GUN-RELATED DEATHS IN LARIMER COUNTY

Last 5 years
(Juvenile: < 18)

2019

Total County Deaths:	2632	
Total Gun Deaths:	39	
<i>Suicides:</i>	36	(36 adults, 1 juvenile)
<i>Accidents:</i>	0	
<i>Homicides:</i>	3	(3 adults)
<i>Undetermined:</i>	0	

2018

Total County Deaths:	2549	
Total Gun Deaths:	48	(1.9% of all deaths)
<i>Suicides:</i>	40	(39 adults, 1 juvenile)
<i>Accidents:</i>	2	
<i>Homicides:</i>	6	(4 adult, 2 juveniles)
<i>Undetermined:</i>	0	

2017

Total County Deaths:	2554	
Total Gun Deaths:	40	(1.6% of all deaths)
<i>Suicides:</i>	33	(33 adults)
<i>Accidents:</i>	0	
<i>Homicides:</i>	6	(6 adults)
<i>Undetermined:</i>	1	(1 adult)

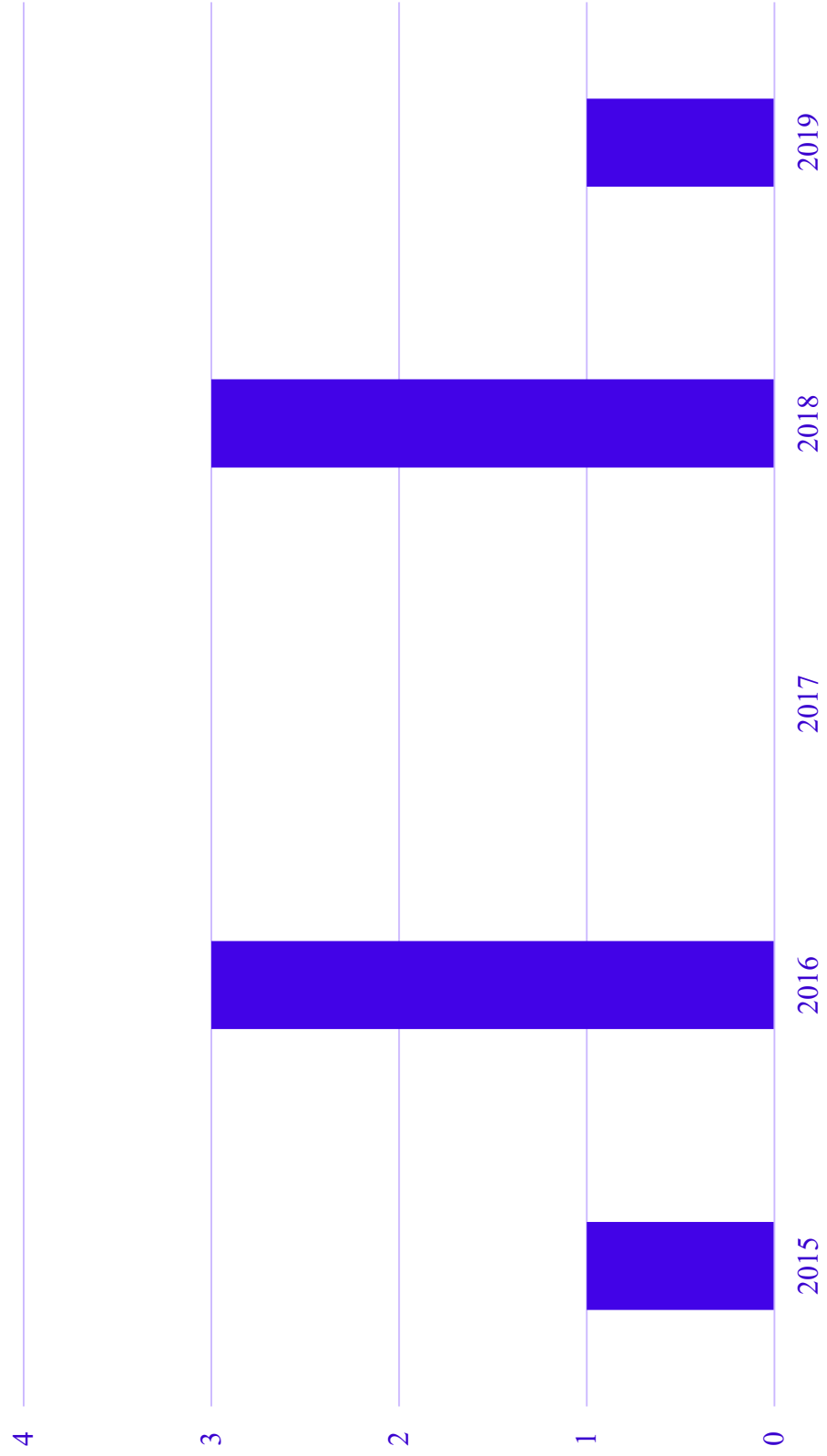
2016

Total County Deaths:	2507	
Total Gun Deaths:	60	(2.4% 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:	53	(2.15% of all deaths)
<i>Suicides:</i>	45	(44 adults, 1 juvenile)
<i>Accidents:</i>	0	
<i>Homicides :</i>	7	(7 adults)
<i>Undetermined:</i>	1	(1 adult)

JUVENILE (<18) DEATHS FROM GUNSHOT WOUNDS 2015 – 2019



GUNS IN THE HANDS OF JUVENILES

(Juvenile: < 18)

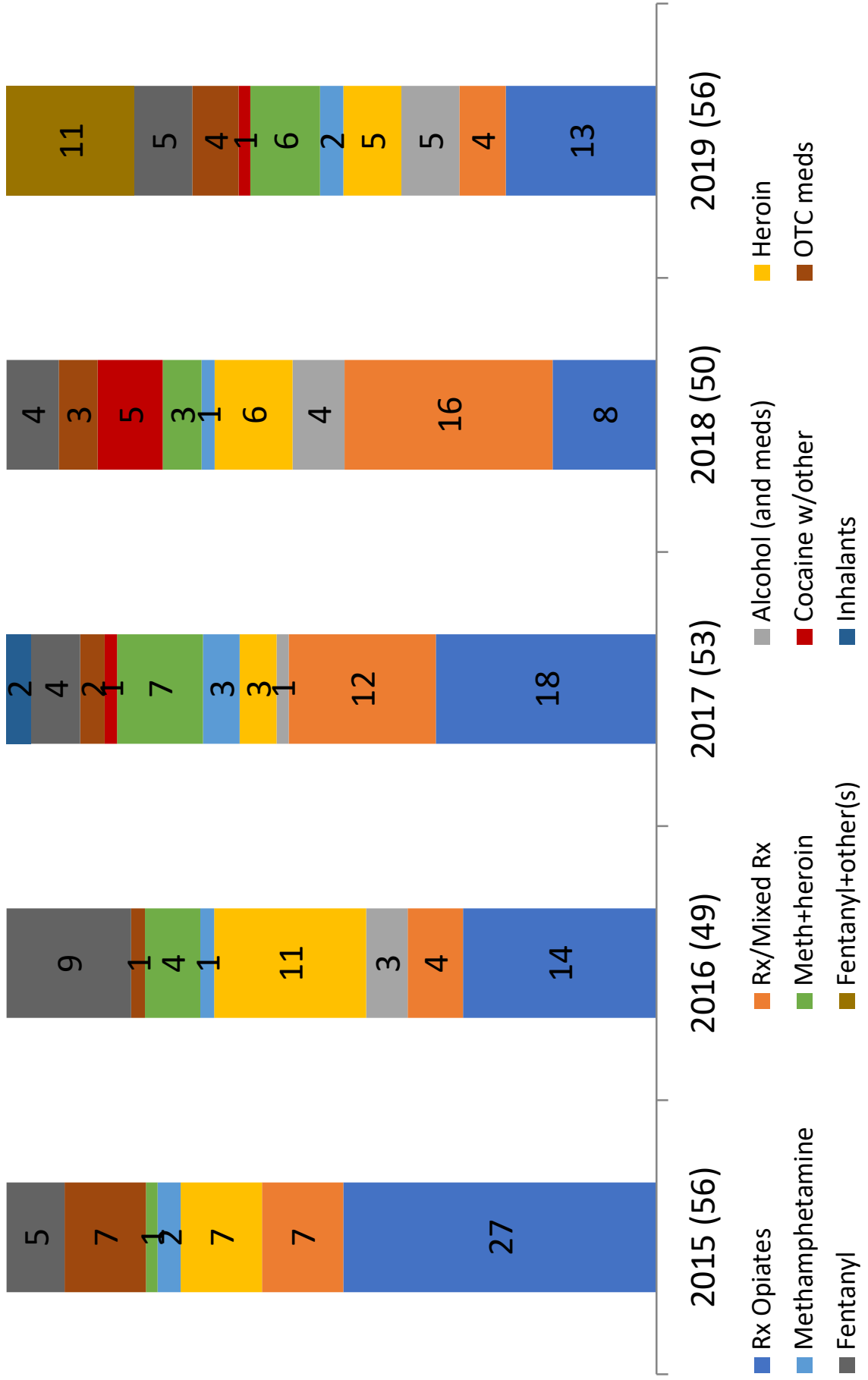
Statistics below are to show deaths occurring at the hands of a juvenile with a gun during the last 10 years. They include suicides, accidental shootings resulting in death, and homicides perpetrated by a juvenile. They DO NOT include juveniles who are victims of homicide.

<u>2019</u>		<u>2014</u>	
Suicides	1	Suicides	0
Accidents	0	Accidents	0
Homicides by Juveniles	0	Homicides by Juveniles	0
<u>2018</u>		<u>2013</u>	
Suicides	1	Suicides	0
Accidents	0	Accidents	0
Homicides by Juveniles	1	Homicides by Juveniles	0
<u>2017</u>		<u>2012</u>	
Suicides	0	Suicides	0
Accidents	0	Accidents	0
Homicides by Juveniles	0	Homicides by Juveniles	0
<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

Drugs of Abuse and Overdose Statistics

Drugs of Abuse in Overdose Deaths 2015 – 2019

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(s) of abuse in each death.



DRUGS OF ABUSE USED IN OVERDOSE DEATHS**2019**
(Total 56)

Accidents (44)	Gender	Age	Alcohol g/100 mL	Drug #1	Drug #2 or more
1	M	48		Heroin	Methamphetamine, THC
2	M	29	0.03	Heroin	
3	M	50		Heroin	Methamphetamine, THC
4	M	27		Methamphetamine	Clonazepam, THC
5	M	22		Sertraline	Quetiapine, Bupropion, Sertraline, Hydroxyzine, Loperamide
6	M	27		Fentanyl	Methamphetamine, Chlordiazepoxide, THC
7	M	19	0.018	Fentanyl	Alprazolam, THC
8	F	50		Heroin	Methamphetamine
9	M	21	0.134	Buprenorphine	
10	F	31		Methanol	THC
11	M	42		Methamphetamine	THC
12	F	20		Heroin	Cocaine, Oxycodone, Diazepam, Alprazolam, Olanzapine
13	F	54		Hydrocodone	Mitragynine, Trazodone, Clonidine, Diphenhydramine
14	M	40		Heroin	Methamphetamine
15	M	28		Fentanyl	Etizolam, Diazepam, Alprazolam, THC
16	M	37	0.142	Cocaine	Oxycodone, Lamotrigine, Citalopram
17	F	51	0.305	Diphenhydramine	
18	F	28	0.224	Oxycodone	Trazodone, THC
19	M	35		Heroin	
20	M	30	0.159	Methadone	
21	F	56		Oxycodone	Diazepam, THC
22	F	36	0.077	Fentanyl	
23	M	50		Fentanyl	
24	M	43		Fentanyl	
25	M	27		Fentanyl	Cocaine, Oxycodone, THC
26	M	34	0.248	Fentanyl	
27	M	33		Heroin	Methamphetamine
28	M	38	0.12	Heroin	Cocaine, Clonazepam, Alprazolam
29	M	19		Hydromorphone	Alprazolam
30	F	32		Fentanyl	Clonazepam, Duloxetine, Hydroxyzine, Amphetamine
31	M	24		Fentanyl	Diazepam, Lamotrigine, Olanzapine, THC
32	M	25		Fentanyl	Methamphetamine

DRUGS OF ABUSE USED IN OVERDOSE DEATHS

2019
(Total 56)

	Gender	Age	Alcohol	Drug #1	Drug #2 or more
33	F	45		Oxycodone	Hydrocodone
34	M	32		Heroin	THC
35	M	40		Heroin	Methamphetamine
36	F	63	0.351	Chlordiazepoxide	Nordiazepam, Phenobarbital, Lorazepam
37	F	36		Fentanyl	Methamphetamine
38	F	65	0.013	Hydrocodone	
39	M	41		Fentanyl	Methamphetamine
40	M	23	0.027	Fentanyl	Cocaine
41	M	24	0.232	Morphine	
42	M	29		Fentanyl	Cocaine, THC
43	M	30	0.053	Fentanyl	
44	M	74	0.106	Oxycodone	
<u>Suicides</u> (11)	Gender	Age	Alcohol g/100mL	Drug #1	Drug #2 or More
1	F	26		Diphenhydramine	
2	M	45	0.223	Cyclobenzaprine	Clonazepam, THC
3	M	46		Amitriptyline	Methamphetamine, Gabapentin
4	F	20		Oxycodone	
5	F	54	0.014	Doxylamine	Hydroxyzine
6	M	55	0.074	Codeine	Oxycodone, Alprazolam
7	M	36		Oxycodone	Diazepam
8	M	62		Doxylamine	THC
9	M	39		Unknown primary	Amlodipine, Atorvastatin, Metformin, Lisinopril
10	F	54	0.299	Oxycodone	Promethazine
11	F	79		Diltiazem	Fluoxetine, Zolpidem
	M	39			
<u>Undetermined</u> (1)	Gender	Age	Alcohol g/100mL	Drug #1	Drug #2 or More
	M	56	.323	Hydrocodone	Zolpidem, Citalopram, Diphenhydramine, Chlordiazepoxide

CHILD DEATHS and SUICIDS

**(Sudden Unexpected Infant
Death Syndrome)**

CHILD DEATHS BY AGE, MANNER, AND MODE

Last 5 years - < 18 years of age

2019 (16 Total)	Natural	Accident	Suicide	Homicide	SUIDS & Other Undetermined
Fetal demise up to < 1 mo	1				1 – Unknown
1 mo < 1 yr	2	3			1 – SUIDS vs Hypoxic Encephalopathy
1 yr < 4 yrs	1	1			
4 yrs < 9 yrs	1	1			
9 yrs < 14 yrs			2		1 – Possible Accident
14 yrs < 18 yrs			1		
2018 (16 total)	Natural	Accident	Suicide	Homicide	SUIDS & Other Undetermined
Fetal demise up to < 1 mo	5				
1 mo < 1 yr		1 - Co-Sleep/ Overlay			1 – SUID
1 yr < 4 yrs					
4 yrs < 9 yrs		1-MVA			
9 yrs < 14 yrs	1	1-Bike vs. Object 1-MV vs. Ped	1-GSW		
14 yrs < 18 yrs	1	1-Drowning		2-GSW	
TOTALS	7	7	1	2	1
2017 (19 total)	Natural	Accident	Suicide	Homicide	SUIDS & Other Undetermined
Fetal demise up to < 1 mo	2				
1 mo < 1 yr		2-Co-Sleep/ Overlay		1- Smothering	1-SUID
1 yr < 4 yrs	2	1-Drowning			1-SUID vs. Vaccine Reaction
4 yrs < 9 yrs	1	1-Drowning			
9 yrs < 14 yrs	1				
14 yrs < 18 yrs	1	1 – OD 2 - MVC	1-Hanging 1-CO		
TOTALS	7	7	2	1	2

CHILD DEATHS BY AGE, MANNER, AND MODE


Last 5 years - < 18 years of age

2016 (18 total)	Natural	Accident	Suicide	Homicide	SUIDS & Other Undetermined
Fetal demise up to < 1 mo	4				
1 mo < 1 yr				1-Blunt trauma	
1 yr < 4 yrs	2				
4 yrs < 9 yrs		1-Drowning			1-Undetermined (Natural vs. Homicide)
9 yrs < 14 yrs	1	1-Drowning 1-Bike vs. MV			
14 yrs < 18 yrs		1 - OD	2-GSW 2-Hanging	1-GSW	
TOTALS	7	4	4	2	1
2015 (20 total)	Natural	Accident	Suicide	Homicide	SUIDS & Other Undetermined
Fetal demise up to < 1 mo	1				
1 mo < 1 yr	1	2-Positional Asphyxia			1 – Blunt trauma (Accident vs. Homicide)
1 yr < 4 yrs		1 - Fall			
4 yrs < 9 yrs		1 - Drowning			
9 yrs < 14 yrs			3 – Hanging		1 – Hanging (Accident vs. Suicide)
14 yrs < 18 yrs	4	1 – OD 2 – MVC 1 – Train v. Ped	1-GSW		
TOTALS	6	8	4		2

 Unidentified Remains

 Public Administrator
Cases & Exhumations

 Organ and Tissue
Donations

 Budget – 10-County
Comparison

 Organizational Chart

UNIDENTIFIED REMAINS

The Larimer County Medical Examiner's Office currently has five (5) deceased individuals or remains who are unidentified. These cases are described below, oldest to most recent.

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

5) Unidentified Native American Remains Date of Report: 10/10/18

The Department of Natural Resources at Colorado State University (CSU) reached out to the Coroner's Office a possible gravesite with visible bones that were found in the Red Mountain Open Space, in an area recently purchased by Larimer County. The bones were known and reported to the county by the previous landowner who believed them to be Native American. CSU Archaeologists then worked in tandem with the state, as well as the Larimer County Coroner's Office to document and determine the forensic or historic nature of the site. There were no visible historic artifacts, clothing or tissues around the bones. All offices involved agreed the site was not of recent forensic value and believed the site to be Native American. Arrangements were made with local tribal officials and it was decided to leave the bones in place as they are not near any public recreational areas. The site was documented with our Office, Larimer County Parks, CSU and the CO State Archaeologist records for future reference.

If you have any information concerning any of the above individuals, please contact the Larimer County Medical Examiner's Office at 970-498-6161. You can remain anonymous.

You can also e-mail us at: 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 970-498-6161 or the appropriate Funeral Home. You may also email: larimercoroner@larimer.org You may remain anonymous.

NAME	Date of Death	AGE	MANNER	LCCO#	Funeral Home
<u>1997</u>					
Un-ID'd White male	07/06/1997	??	Undetermined	97C-337	Allnutt-FTC (Reager's)
<u>2004</u>					
SMITH, James	07/01/2004	41	Accident (MVC)	04C-368	Bohlender
<u>2006</u>					
MCCLENNY, "Jack"	01/07/2006	80	Natural	06C-021	Allnutt- FTC
<u>2008</u>					
TOWNES, Sterling	10/03/2008	45	Natural	08C-676	Kibbey's
ELLSWORTH, Shawk	11/20/2008	58	Accident (Fall)	08C-814	Goes (sister?)
<u>2009</u>					
YODER, Karl	09/27/2009	58	Accident (Burn)	09C-678	Viegut
DORSEY, Robert	12/14/2009	65	Natural	09C-879	Vessey
<u>2011</u>					
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
<u>2012</u>					
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
<u>2013</u>					
TROUT, Gary	11/22/2013	66	Natural	13C-1053	Allnutt-Lvld
<u>2014</u>					
PALMER, Terry (aka: Terry VLICK)	05/23/2014	64	Natural	14C-452	Bohlender
<u>2015</u>					
GIDEON, Michael	08/23/2015	64	Natural	15C-849	Goes

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

NAME	Date of Death	AGE	MANNER	LCCO#	Funeral Home
<u>2016</u>					
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
<u>2017</u>					
MUTTER, Kathy A.	02/13/2017	51	Natural	17C-166	Vessey
GARNER, Joel	10/02/2017	54	Accident	17C-914	Bohlender
<u>2018</u>					
GAWRLYCZIK, Richard	02/24/2018	68	Natural	18CC0216	Bohlender
MARTINEZ, Ronald C.	03/01/2018	66	Natural	18CC0270	Bohlender
BLACKWELL, Phillip R.	08/25/2018	68	Suicide	18CC0820	Allnutt-FTC
<u>2019</u>					
WEST, Kelly J.	12/31/2018	53	Natural	19CC0015	Allnutt-FTC
DIAMOND, Thomas	01/20/2019	80	Natural	19CC087	Allnutt-FTC
SOMMERS, Harold L.	04/12/2019	60	Natural	19CC0409	Goes
BECKEL, Melvin	06/17/2019	53	Natural	19CC0616	Viegut
HOOVER, Michael	08/12/2019	65	Natural	19CC0842	Allnutt-FTC

EXHUMATIONS

NAME	Date of Death	AGE	MANNER	LCCO#	Date Exhumed
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: UCHealth Poudre Valley Hospital in Ft. Collins, UCHealth at Medical Center of the Rockies in Loveland, Banner Health Center - Ft. Collins Campus, Banner Health at McKee Medical Center in Loveland, Estes Park Medical Center in Estes Park, and Northern Colorado Rehabilitation Hospital in northern Johnstown. 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 donor, extended postmortem intervals, disease process, or substance use; 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, and infant deaths where organ and/or tissue retrieval could interfere with autopsy findings and compromise a criminal investigation.

Since the majority of hospital deaths do not 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 and Rocky Mountain Lions Eye Bank websites: www.donoralliance.org. ; <https://corneas.org/>

THE BUDGET – 10-County Comparison

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.

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 agency 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 occasionally need to call out a third. Due to television and other media platforms, the public has come to expect a thorough, professional, timely investigation, including an autopsy, when an unexplained death occurs and we strive to provide the highest standards of investigation and public service possible.

All County budgets are Public Record and Larimer County's budget be accessed through the County website, www.larimer.org/budget

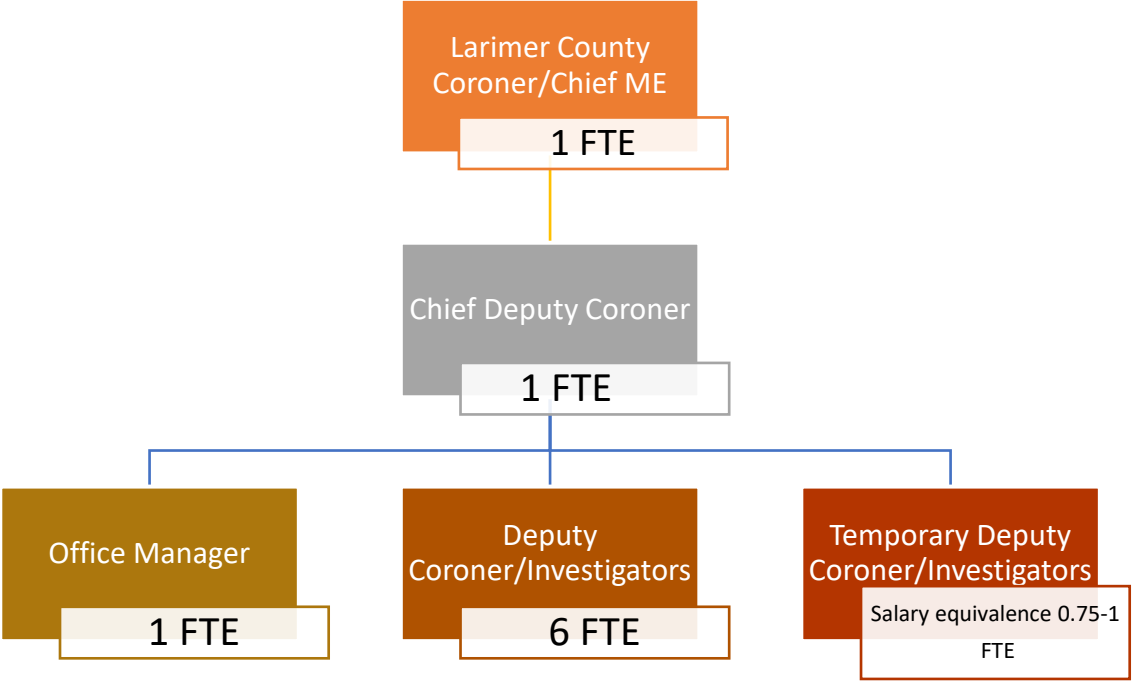
Below are the results of a 9-County Budget Survey of Coroner and Medical Examiner Offices in Colorado.

2019 (Rank by Population) (Denver not included)	County	Coroner Or Medical Examiner System	Owns and/or operates autopsy facility	Budget	Employees (FTEs)	Total Number of Deaths Reported/ Autopsies	Percent of Deaths Reported Requiring Autopsy (Approx)
1	El Paso	ME	Y	\$2,582,000	26	4816 / 816	16.9%
2	Arapahoe	ME	Y	\$1,812,000	13	3678 / 393	10.7%
3	Adams	C	Y	\$2,844,000	17	3949 / 632	16%
4	Larimer	ME	Y	\$1,612,139	9	2631 / 231	8.8%
5	Boulder	C	Y	\$1,294,000	12	2159 / 267	12.4%
6	Douglas	C	Y	\$1,163,000	9	1630 / 171	10.5%
7	Weld	C	N	\$1,351,000	10	1891 / 265	14.0%
8	Pueblo	C	N	\$724,000	2	2029*/ 242	11.9%
9	Mesa	ME	Y	\$595,000	3	2396 / 141	5.9%

Above total number or deaths obtained by contacting each office.

*CDPHE reported 2019 data for total deaths in each county: El Paso 4987, Arapahoe 4145, Adams 3540, Larimer 2631, Boulder 2373, Douglas 1524, Weld 1591, Pueblo 2029, Weld 1591.

2019 LCMEO Organizational Chart



Total FTE's = 9 plus 1 Temporary Investigator