



## DEPARTMENT OF THE MEDICAL EXAMINER

Kanthi De Alwis, M.D., Chief Medical Examiner\*

William W. Goodhue, Jr., M.D., First Deputy Medical Examiner

### POWERS, DUTIES AND FUNCTIONS

The Department of the Medical Examiner (MED) serves the public through the investigation of sudden, unexpected, violent and suspicious deaths. The purpose of such an investigation is to discover, document and preserve the medical, anatomic or evidentiary findings which will allow the department to determine the cause and manner of death, to identify the time of death and injury, to confirm or deny the account of how death occurred, to determine or exclude other contributory or causative factors to the death and to provide expert testimony in criminal and civil litigation. Documented, sound and objective medical evidence enables recognition of murder and exoneration of the innocent in court proceedings.

Section 6-1305 of the 1973 Revised Charter of the City and County of Honolulu (2000 Edition) states, "When any person dies in the city as a result of violence or by a casualty or by apparent suicide or suddenly when in apparent health or when not under the care of a physician or when in jail or in prison or within twenty-four hours after admission

to a hospital or in any suspicious or unusual manner, it shall be the duty of the person having knowledge of such death immediately to notify the department of the medical examiner and the police department."

The MED is staffed by physicians specialized in the area of forensic pathology, medical examiner investigators, laboratory technologists, autopsy assistants and clerical personnel. The physicians are board certified in the specialty of anatomic pathology as required by Section 841-14.5 of the Hawaii Revised Statutes. The chief medical examiner and deputy medical examiner are board certified by the American Board of Pathology in anatomic, clinical and forensic pathology.

The department is accredited by the National Association of Medical Examiners (NAME). Accreditation by NAME is an endorsement that the department provides an adequate environment for a medical examiner to practice and reasonable assurance that the department well serves its jurisdiction. It is the objective of NAME that the application of the NAME standards will aid materially in developing and maintaining a high caliber of medicolegal investigation of death for the communities and jurisdictions in which they operate.



**Roland Yap, MED forensic scientist, teaches high school students in an anti-DUI seminar.**



The staff is aware of the tragedy that accompanies sudden and unexpected deaths and realizes that each case represents an individual who is deeply missed by his or her loved ones. Our investigators are trained to deliver death notifications with the utmost compassion, courtesy and professionalism. A thorough investigation into the circumstances of death, postmortem examination and necessary laboratory studies is directed at determining the cause and manner of death. In addition to providing pertinent answers for significant issues such as insurance claims, estate settlements, information and evidence necessary for civil and criminal legal proceedings, we also provide factual data for relatives which helps them through their grieving process with better understanding of the cause and manner of death. The physicians are available for the relatives, attorneys and estate representatives to provide necessary information.

**Joan Wells, MED investigator, counts prescription medication found at a scene.**

\*Retired October 31, 2009. William W. Goodhue, Jr., M.D. became acting chief medical examiner November 1, 2009.

**HIGHLIGHTS**

Principal objectives of the MED are to protect the public health by (a) diagnosing previously unsuspected contagious disease, (b) identifying trends affecting the lives of our citizens such as traffic accident fatalities, drug-related deaths, industrial accidents, and teen and other suicides aimed at prevention, and (c) identifying hazardous environmental conditions in the workplace, home and elsewhere. The department’s community outreach educational program this year included 37 different requested presentations in house and in the field to approximately 355 at risk teenagers aimed at DUI and drug abuse prevention, and to approximately 425 students interested in forensic careers as well as professional groups. Presentations most often include morgue tours for high school students with an informative seminar on drug-related deaths, speeding accidents, teen suicides and other trends affecting the lives of our citizens. The goal is to provide a better perspective of how their actions and decisions can affect them as well as others in the community. Driving schools frequently ask for these programs for their student drivers. The MED actively participates in multi-disciplinary State-wide child death review systems, thereby generating recommendations for decreasing child deaths by identification of risk factors and promulgation of preventive measures. The department similarly participates in an inter-agency domestic violence fatality review team, aimed at prevention by identification of risk factors. Assisting local donor agencies to obtain consent for organ and tissue procurement is an ongoing priority. The department continues to participate in the Honolulu Heart Program which includes aging studies of the brain in pre-registered enrollees. Scientific death investigation additionally provides factual material and evidence for agencies involved in workers’ compensation, public health hazards, and community health and disease. As a proponent of City-wide mass casualty readiness, the MED has participated in a multi-echelon interagency mass fatalities leadership course, and has completed a department continuity of operations plan, also updating the department and the City mass casualty plans. The department’s participation in the National Missing and Unidentified Persons System (NamUS), a new online database, assists in determining whether a missing loved one might be one of otherwise unidentified remains in our custody.

The MED offers pathology electives to medical students, medical transitional program residents and pathology residents from the University of Hawaii John A. Burns School of Medicine. In addition, the Chaminade University forensic science curriculum provides opportunities for on-site internships as part of the requirement to complete the forensic science baccalaureate degree.

The department maintains a high level of competence in the field of scientific death investigation and continues to contribute to the improvement of the quality of life of the people of Oahu.

The department’s website is included in the official website of the City and County of Honolulu at <http://www.honolulu.gov>.

The work of the department is tabulated in statistical form as follows:

**SUMMARY OF STATISTICAL REPORT OF CASES HANDLED BY DEPARTMENT  
FISCAL YEAR 2010**

The office investigated 1982 deaths this past year as compared to 1924 in Fiscal Year 2009. The MED assumed jurisdiction in 708 cases and performed autopsies in 472 cases. Non-autopsied cases comprised complete external examinations and toxicological testing of body fluids.

Next-of-kin authorized organ donation in 43 cases. Of the 708 jurisdiction cases, the MED investigators visited 346 original death scenes. These scenes are where the incident occurred and, therefore, are an integral part of a thorough death investigation. For example, if a death of a young child occurs in a medical institution, in addition to visiting the medical institution, our MED investigator goes to the original scene of the incident.

Number of deaths investigated.....	1982
Jurisdiction assumed in.....	708
Violent deaths .....	427
Autopsied.....	308
Not autopsied.....	119
Violent deaths (undetermined manner) .....	22
Autopsied .....	19
Not autopsied .....	3
Unclassified (undetermined manner) .....	8
Autopsied.....	7
Not autopsied.....	1
Non-violent deaths .....	252
Autopsied .....	137
Not autopsied.....	115
Historical remains.....	0
Non-human artifacts.....	0
Jurisdiction released to private physician (death within 24 hours).....	703
Attended/other deaths reported .....	571
Total autopsies performed by Medical Examiner .....	472
Total number of bodies transported to Morgue.....	667
Total organ/tissue harvesting .....	43
Total original scene of incident visited .....	346
Total no body, no autopsy (DC jurisdiction).....	89
Total unidentified skeletal remains .....	0

**LABORATORY PROCEDURES CONDUCTED**

**FISCAL YEAR 2010**

Laboratory Chemical Tests .....	793
Ethanol Tests .....	626
Toxicology Screen .....	1117
Toxicology Sent Out .....	282
Hematoxylin and Eosin Slides Prepared .....	2114
Special Slides Prepared .....	62

Laboratory procedures that include toxicological analysis, blood alcohol determinations, preparation of microscopic slides for histological examinations and various other chemical analyses of different types of body fluids continue to be a very important aspect of investigation of deaths occurring under our jurisdiction.

Drug-related deaths continue to be a concern, and there has been a rise in the number of deaths associated with methadone. Cocaine, opiates, Oxycontin and methamphetamine continue to be detected in toxicological screens of deaths investigated by the department. Methamphetamine continues to be associated with violent deaths.

**REQUEST FOR REPORTS**

**FISCAL YEAR 2010**

Investigation and Autopsy Reports .....	713
Fees Collected .....	\$1,816

A fee of \$5.00 is charged for each report requested by individuals and private agencies. There is no charge to governmental agencies or to hospitals. There is a fee of not less than \$5.00 for reports subpoenaed.

**BUDGET AND AUTHORIZED PERSONNEL**

**FISCAL YEAR 2010**

Budget Expenditures .....	\$1,419,244
Salaries .....	\$1,144,726
Current Expenses.....	274,518
Equipment.....	0
Positions .....	19



Aileen Chen and Robyn Boxie, MED investigators, measure a ligature.

**CLASSIFICATION OF VIOLENT DEATHS  
FISCAL YEAR 2010**

The number of violent deaths increased to 458 compared to 431 last fiscal year. There were 207 other accidental deaths this past year compared to 204 in FY 2009. Falls (90) and poisoning (92) comprised the majority of the 207 victims. There was a decrease in the number of homicides, 17 this year compared to 23 the previous year.

Violent Deaths.....	458
Homicide .....	17
Asphyxia .....	2
Blunt trauma.....	6
Child abuse.....	1
Gunshot .....	4
Stabbing.....	2
Traffic .....	1
Other .....	1
Suicide .....	107
Asphyxia .....	5
Blunt trauma.....	1
Drowning.....	3
Fall.....	18
Fire .....	1
Gunshot .....	16
Hanging.....	43
Poisoning .....	13
Sharp force trauma.....	1
Stabbing.....	4
Traffic .....	2
Traffic.....	63
Water-Related .....	37
Industrial.....	5
Other Accident .....	207
Undetermined .....	30
Drowning.....	2
Fall.....	6
Poisoning .....	11
Stabbing.....	1
Unknown .....	1
Other .....	1
Unclassified .....	8

NOTE: Some deaths are reported in 2 different categories.

**BREAKDOWN OF HOMICIDE VICTIMS BY RACE  
FISCAL YEAR 2010**

<u>Race</u>	<u>2009 July-December</u>	<u>2010 January-June</u>	<u>Total</u>
Caucasian .....	2	1	3
Chinese .....	0	1	1
Hawn/Part-Hawn.....	2	7	9
All Other .....	1	3	4
TOTAL .....	5	12	17

**BREAKDOWN OF HOMICIDE METHODS USED  
FISCAL YEAR 2010**

<u>Methods Used</u>	<u>2009 July-December</u>	<u>2010 January-June</u>	<u>Total</u>
Asphyxia.....	2	0	2
Blunt trauma.....	1	5	6
Child Abuse.....	1	0	1
Gunshot.....	1	3	4
Knife wounds/Stabbing.....	0	2	2
Traffic.....	0	1	1
Other.....	0	1	1
TOTAL.....	5	12	17

**SUICIDE STATISTICS  
FISCAL YEAR 2010**

<u>Method</u>	<u>Cau</u>		<u>Chi</u>		<u>Fil</u>		<u>Hwn/Pt Hwn</u>		<u>Jps</u>		<u>Kor</u>		<u>Other</u>		<u>Total</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
Asphyxia	3	1								1					5
Blunt trauma													1		1
Drowning	2	1													3
Fall	5	1		1		1	1	1	1	1			2	4	18
Fire									1						1
Gunshot	3		1				4	1	3				4		16
Hanging		1		1	1		13	2	5	1		1	12	6	43
Sharp Force Trauma	1														1
Stabbing	1					1	1		1						4
Poisoning	7	2					1		1					2	13
Traffic									1				1		2
TOTAL	22	6	1	2	1	2	20	4	13	3		1	20	12	107

**SUICIDE VICTIMS  
FISCAL YEAR 2010**

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
10 thru 19.....	4	2	6
20 thru 29.....	14	6	20
30 thru 39.....	16	10	26
40 thru 49.....	14	2	16
50 thru 59.....	15	5	20
Over 60.....	14	5	19
TOTAL.....	77	30	107

**SUMMARY OF SUICIDES  
FISCAL YEAR 2010**

<u>2009</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
July .....	8 .....	4 .....	12
August .....	7 .....	2 .....	9
September.....	5 .....	3 .....	8
October .....	10 .....	3 .....	13
November.....	5 .....	4 .....	9
December.....	6 .....	2 .....	8
Sub-Total .....	41 .....	18 .....	59
<b>2010</b>			
January .....	6 .....	4 .....	10
February.....	6 .....	1 .....	7
March .....	5 .....	1 .....	6
April .....	8 .....	1 .....	9
May.....	7 .....	3 .....	10
June.....	4 .....	2 .....	6
Sub-Total .....	36 .....	12 .....	48
TOTAL .....	77 .....	30 .....	107

**TRAFFIC FATALITIES  
FISCAL YEAR 2010**

<u>Type of Occupant</u>	<u>MALE</u>			<u>FEMALE</u>			<u>Total</u>
	<u>2009 July-Dec</u>	<u>2010 Jan-Jun (With Alc.)</u>		<u>2009 July-Dec</u>	<u>2010 Jan-Jun (With Alc.)</u>		
Operator .....	7 .....	8 .....	(7) .....	3 .....	2 .....	(2) .....	20
Passenger .....	2 .....	3 .....	(3) .....	1 .....	2 .....	(0) .....	8
Pedestrian .....	1 .....	4 .....	(0) .....	5 .....	5 .....	(2) .....	15
Motorcyclist.....	6 .....	6 .....	(5) .....	0 .....	1 .....	(1) .....	13
Moped Rider .....	2 .....	3 .....	(2) .....	0 .....	0 .....	(0) .....	5
Bicyclist .....	1 .....	0 .....	(0) .....	0 .....	0 .....	(0) .....	1
Other .....	0 .....	1 .....	(0) .....	0 .....	0 .....	(0) .....	1
TOTAL .....	19 .....	25 .....	(17) .....	9 .....	10 .....	(5) .....	63

**WATER-RELATED DEATHS  
FISCAL YEAR 2010**

There were 37 water-related deaths compared to 33 last year. Twenty-two victims died while engaged in ocean-related activities.

<u>Location and Activity</u>	<u>MALE</u>		<u>FEMALE</u>		<u>Total</u>
	<u>2009 July-Dec</u>	<u>2010 Jan-Jun</u>	<u>2009 July-Dec</u>	<u>2010 Jan-Jun</u>	
<b>Ocean</b>					
Fishing .....	1 .....	2 .....	0 .....	0 .....	3
SCUBA diving .....	1 .....	1 .....	0 .....	0 .....	2
Snorkeling.....	0 .....	4 .....	0 .....	0 .....	4
Surfing .....	1 .....	1 .....	0 .....	0 .....	2
Swimming .....	3 .....	6 .....	1 .....	1 .....	11
Pond/Stream .....	1 .....	0 .....	0 .....	0 .....	1
Swimming Pool .....	3 .....	0 .....	3 .....	2 .....	8
Unknown .....	0 .....	0 .....	1 .....	0 .....	1
Non-accidental.....	2 .....	0 .....	3 .....	0 .....	5
TOTAL .....	12 .....	14 .....	8 .....	3 .....	37

**INDUSTRIAL DEATHS**

**FISCAL YEAR 2010**

There were five job-related deaths this year compared to seven the previous year.

<u>Age</u>	<u>Synopsis</u>
23	This forklift operator sustained multiple internal injuries when several heavy boxes fell on him.
54	This mechanic sustained craniocerebral injuries when he was pinned between a forklift and a truck.
58	This truck driver sustained traumatic brain injury when he fell from the trailer of a truck and struck his head.
34	This construction worker sustained craniocerebral injuries when he fell from a roof top and landed on the concrete flooring.
59	This warehouse worker sustained blunt force injuries of the head and torso when he fell from a height while pulling orders from high shelves.

**OTHER ACCIDENTAL DEATHS**

**FISCAL YEAR 2010**

<u>Method</u>	<u>MALE</u>		<u>FEMALE</u>		<u>Total</u>
	<u>2009 July-Dec</u>	<u>2010 Jan-Jun</u>	<u>2009 July-Dec</u>	<u>2010 Jan-Jun</u>	
Asphyxia.....	4	1	0	0	5
Blunt Trauma.....	2	4	0	1	7
Fall.....	27	22	19	22	90
Fire.....	2	2	1	1	6
Hanging.....	1	1	0	0	2
Poisoning.....	44	35	6	7	92
Sharp Force.....	1	0	0	0	1
Other.....	2	2	0	0	4
<b>TOTAL.....</b>	<b>83</b>	<b>67</b>	<b>26</b>	<b>31</b>	<b>207</b>

**UNDETERMINED DEATHS (MANNER)**

**FISCAL YEAR 2010**

When investigative information and autopsy findings cannot determine the fashion in which a cause of death came about, the manner of death is listed as "Undetermined." Thirty deaths fell within this category. The majority of cases fell into two categories: poisoning (drug-related), where accidental or intentional overdose could not be determined, and unknown, where after a complete autopsy, the cause and manner of death could not be determined.

<u>Method/Cause</u>	<u>MALE</u>		<u>FEMALE</u>		<u>Total</u>
	<u>2009 July-Dec</u>	<u>2010 Jan-Jun</u>	<u>2009 July-Dec</u>	<u>2010 Jan-Jun</u>	
Drowning.....	0	0	2	0	2
Fall.....	1	4	1	0	6
Poisoning.....	5	3	0	3	11
Stab/Sharp force trauma.....	1	0	0	0	1
Unknown.....	3	3	0	2	8
Other.....	1	1	0	0	2
<b>TOTAL.....</b>	<b>11</b>	<b>11</b>	<b>3</b>	<b>5</b>	<b>30</b>