

DEPARTMENT OF THE MEDICAL EXAMINER

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POWERS, DUTIES AND FUNCTIONS

The Department of the Medical Examiner 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 prove or disprove an individual's guilt or innocence, 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.

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 Department of the Medical Examiner is staffed by physicians specialized in the area of forensic pathology, medical examiner's investigators, laboratory technologists, autopsy assistants and clerical personnel. The physicians are board certified in the specialty of anatomic pathology as required and stated in 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.



Examining trace evidence through new dissecting microscope

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 in which to practice and provides 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.

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 the news of the death with the utmost compassion, courtesy and professionalism. A thorough investigation into the circumstances of death, complete postmortem examination and necessary laboratory studies are conducted to determine 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.

HIGHLIGHTS

Identifying skeletal remains



One of the main objectives of the department is to increase and expand the knowledge of the trends affecting the lives of the citizens of Oahu. This is accomplished by having news media programs with special reference to drug-related deaths or risk factors associated with sudden infant deaths. Educational seminars with emphasis on child abuse, identification of risk factors of sudden unexplained infant deaths are conducted for law enforcement personnel, social workers of the Child Protective Services, and physicians. Educational seminars have been conducted with emphasis on prevention of elderly neglect/abuse to increase the public awareness in identification, intervention, and treatment for elders and their caregivers. Morgue tours for high school students are conducted with an informative presentation on drug-related deaths, speeding accidents,

teen suicides, and other trends affecting the lives of our citizens, to provide a better perspective of how their actions and decisions can affect them as well as everyone else around them. The department participates in the multi-disciplinary Child Death Review System. Recommendations for decreasing the number of child deaths following an adequate interval study will be provided. Renewed emphasis has been and will continue to be placed on assisting local donor agencies to obtain consent for organ and tissue procurement. The department continues to participate in the Honolulu Heart Program that has been expanded to include aging studies of the brain in pre-registered participants. Scientific death investigation provides factual material and evidence for agencies involved in worker's compensation, public health hazards and community health and disease.

The department 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, students majoring in forensic science at Chaminade University are given an opportunity to do an internship as part of their requirement to complete their Forensic Science bachelor's 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 work of the department is tabulated in statistical form as follows:

**SUMMARY OF STATISTICAL REPORT OF
CASES HANDLED BY DEPARTMENT, 2005-2006**

The office investigated 1813 deaths this past year as compared to 1697 in 2004-2005. Jurisdiction was assumed in 748 cases and autopsies were performed in 530 cases. In non-autopsied cases, complete external examinations and toxicological testing of body fluids were performed.

Authorization for organ harvesting was permitted on 18 cases. Of the 748 cases investigated, 341 death scenes were visited. 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 medical examiner's investigator goes to the original scene of the incident.

Number of deaths investigated.....	1813
.....Jurisdiction assumed in	748
..... Violent deaths	421
..... Autopsied	330
..... Not autopsied.....	91
..... Violent deaths (undetermined manner) ..	46
..... Autopsied	43
..... Not autopsied	3
..... Non-violent deaths.....	278
..... Autopsied	156
..... Not autopsied.....	122
..... Historical remains	0
..... Non-human artifacts.....	1
..... Human remains.....	2
.....Jurisdiction released to private physician (death within 24 hours)	722
.....Attended/other deaths reported... ..	343
Total autopsies performed by Medical Examiner.....	530
Total number of bodies transported to Morgue	763
Total organ/tissue harvesting	18
Total original scene of incident visited....	341
Total unidentified skeletal remains (05-1117, 05-1408)	2

LABORATORY PROCEDURES
CONDUCTED DURING FISCAL YEAR 2005-2006

Laboratory Chemical Tests	820
Ethanol Tests	775
Toxicology Screen	1291
Toxicology Sent Out	284
Hematoxylin and Eosin Slides Prepared	3142
Special Slides Prepared	150

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.

There have been an increased number of drug-related deaths. There is concern with regard to the rise in the number of deaths associated with the prescription narcotic painkiller, Oxycontin. Cocaine, heroin 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 2005-2006

Investigation and Autopsy Reports	978
..... Fees Collected	\$2,629.00

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 2005-2006

Budget Expenditures
.....\$1,152,124.49			
.....	Salaries	\$974,578.38	
.....	Current Expenses	177,546.11	
.....	Positions 17

CLASSIFICATION OF VIOLENT DEATHS
FISCAL YEAR 2005-2006

The number of violent deaths increased slightly. There were 180 other accidental deaths this past year compared to 179 in 2004-2005. Falls (91) and poisoning (64) comprised the majority of the 180 victims.

..... Violent Deaths466
..... Homicide.....	21
..... Asphyxia	2
..... Blunt trauma.....	3
..... Child abuse	4
..... Gunshot	4
..... Knife wounds/stabbing.....	6
..... Sharp force trauma	1
..... Other	1
..... Suicide.....	73
..... Asphyxia	1
..... Fall	18
..... Gunshot	11
..... Hanging.....	27
..... Knife wounds/stabbing.....	1
..... Poisoning	11
..... Sharp force trauma	3
..... Other	1
..... Traffic	98
..... Water-Related.....	46
..... Industrial	2
..... Other Accident	180
..... Undetermined	46
..... Blunt trauma.....	2
..... Fall	3
..... Fire.....	1
..... Poisoning	18
..... Unknown	17
..... Other	5

NOTE: Some deaths are reported in 2 different categories.

**BREAKDOWN OF HOMICIDE VICTIMS BY RACE
FISCAL YEAR 2005-2006**

<u>Race</u>	<u>2005 July-December</u>	<u>2006 January-June</u>	<u>Total</u>
Caucasian	3	1	4
Filipino	1	0	1
Hawn/Part-Hawn	1	2	3
Japanese	2	1	3
Korean	0	1	1
Samoaan	2	1	3
All Other	5	1	6
TOTAL	14	7	21

**BREAKDOWN OF HOMICIDE METHODS USED
FISCAL YEAR 2005-2006**

<u>Methods Used</u>	<u>2005 July-December</u>	<u>2006 January-June</u>	<u>Total</u>
Asphyxia	2	0	2
Blunt trauma	1	2	3
Child Abuse	4	0	4
Gunshot	2	2	4
Knife wounds/ Stabbing	3	3	6
Sharp force trauma	1	0	1
Other	1	0	1
TOTAL	14	7	21

**SUICIDE STATISTICS
FISCAL YEAR 2005-2006**

<u>Method</u>	<u>Cau</u>		<u>Chi</u>		<u>Fil</u>		<u>Hawn P-Hawn</u>		<u>Jps</u>		<u>Kor</u>		<u>Sam</u>		<u>Oth</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>	<u>M</u>	<u>F</u>	
Asphyxia	1																1
Fall	8	2	1				1		3		2				1		18
Gunshot	1	2			3			1	2						1	1	11
Hanging	1	2	3		1	2	3	2	6	2	2	1			2		27
Knife Wound/ Stabbing									1								1
Sharp Force Trauma	1				1										1		3
Poisoning	2	3			1				2						2	1	11
Other							1										1
TOTAL	14	9	4		5	3	5	3	12	4	4	1		6	3	73	

**SUICIDE VICTIMS
FISCAL YEAR 2005-2006**

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
10 thru 19	3	1	4
20 thru 29	11	5	16
30 thru 39	8	4	12
40 thru 49	12	9	21
50 thru 59	6	4	10
Over 60	7	3	10
TOTAL	47	26	73

**SUMMARY OF SUICIDES
FISCAL YEAR 2005-2006**

<u>2005</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
July	4	0	4
August	0	0	0
September	3	4	7
October	6	5	11
November	3	2	5
December	2	1	3
Sub-Total	18	12	30
<u>2006</u>			
January	1	1	2
February	4	5	9
March	6	1	7
April	6	3	9
May	6	3	9
June	6	1	7
Sub-Total	29	14	43
TOTAL	47	26	73

**TRAFFIC FATALITIES
FISCAL YEAR 2005-2006**

<u>Type of Occupant</u>	<u>MALE</u>			<u>FEMALE</u>			<u>Total</u>
	<u>2005 July-Dec</u>	<u>2006 Jan-Jun</u>	<u>With Alc.</u>	<u>2005 July-Dec</u>	<u>2006 Jan-Jun</u>	<u>With Alc.</u>	
Operator	10	11	12	2	8	6	31
Passenger	2	5	1	4	8	0	19
Pedestrian	5	7	0	11	2	1	25
Motorcyclist	5	6	5	0	0	0	11
Moped Rider	5	2	1	0	0	0	7
Bicyclist	1	2	0	0	0	0	3
ATV	0	1	1	0	0	0	1
Skateboard	0	1	0	0	0	0	1
TOTAL	28	35	20	17	18	7	98

**WATER-RELATED DEATHS
FISCAL YEAR 2005-2006**

There were 46 water-related deaths compared to 47 last year. Thirty victims died while engaged in ocean-related activities, in comparison to 29 last year.

<u>Location and Activity</u>	<u>MALE</u>		<u>FEMALE</u>		<u>Total</u>
	<u>2005 July-Dec</u>	<u>2006 Jan-Jun</u>	<u>2005 July-Dec</u>	<u>2006 Jan-Jun</u>	
Ocean					
Body Boarding	0	1	0	0	1
Diving	1	1	0	0	2
Fishing	3	4	0	0	7
Jet Ski	1	0	0	0	1
Snorkeling	1	0	1	1	3
Surfing	2	0	1	0	3
Swimming	8	3	1	1	13
Bay/Harbor/Lagoon/Pier	3	2	0	1	6
Pond/Canal/Lake/Stream	0	2	0	0	2
Swimming Pool	1	0	0	1	2
Other	2	1	2	1	6
TOTAL	22	14	5	5	46

**INDUSTRIAL DEATHS
FISCAL YEAR 2005-2006**

There were two job-related deaths this year compared to eight the previous year.

<u>Age</u>	<u>Synopsis</u>
69	Parachute instructor drowned when he landed in the ocean during a tandem jump with a tourist.
59	Mechanic sustained blunt force and crush injuries when he was pinned and run over by a bus as he was working on a panel behind the bus which was parked on an incline road.

**OTHER ACCIDENTAL DEATHS
FISCAL YEAR 2005-2006**

<u>Method</u>	<u>MALE</u>		<u>FEMALE</u>		<u>Total</u>
	<u>2005 July-Dec</u>	<u>2006 Jan-Jun</u>	<u>2005 July-Dec</u>	<u>2006 Jan-Jun</u>	
Asphyxia	2	2	3	5	12
Blunt Trauma	1	1	1	0	3
Fall	29	27	15	20	91
Fire	0	1	0	1	2
Poisoning	28	19	11	6	64
Other	4	2	0	2	8
TOTAL	64	52	30	34	180

**UNDETERMINED DEATHS (MANNER)
FISCAL YEAR 2005-2006**

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". Forty-six 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 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>2005 July-Dec</u>	<u>2006 Jan-June</u>	<u>2005 July-Dec</u>	<u>2006 Jan-June</u>	
Blunt trauma	0	2	0	0	2
Fall	2	1	0	0	3
Fire	0	1	0	0	1
Poisoning	5	5	4	4	18
Unknown	7	4	3	3	17
Other	1	1	2	1	5
TOTAL	15	14	9	8	46