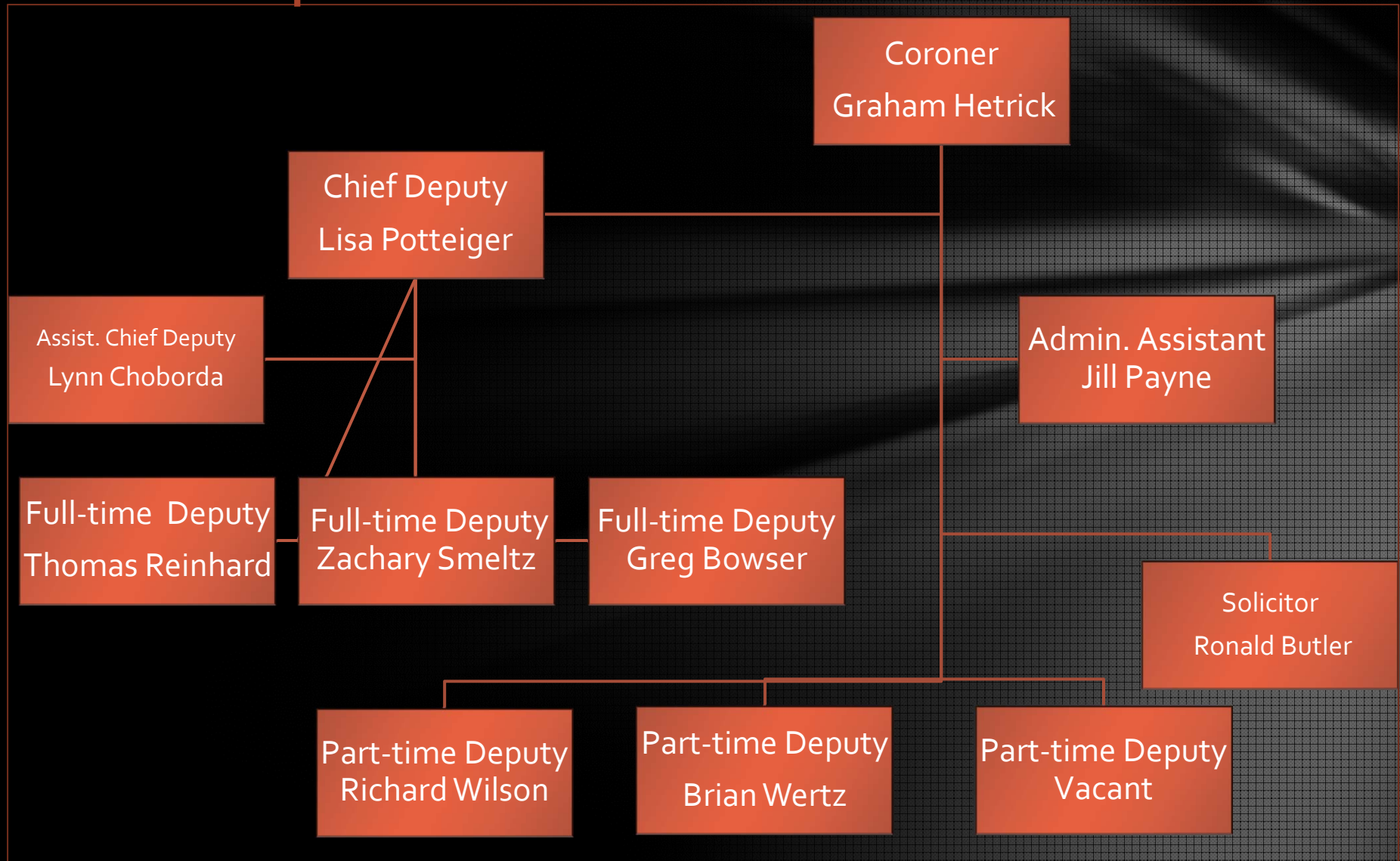


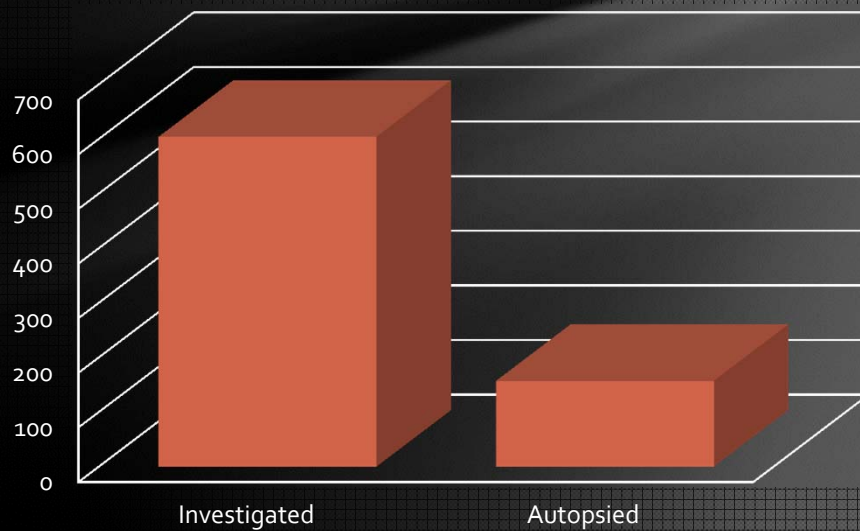
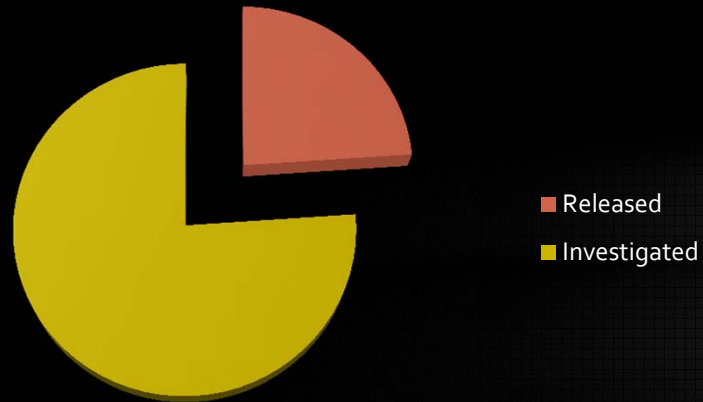
2014 CORONER'S REPORT

2014 ORGANIZATIONAL CHART



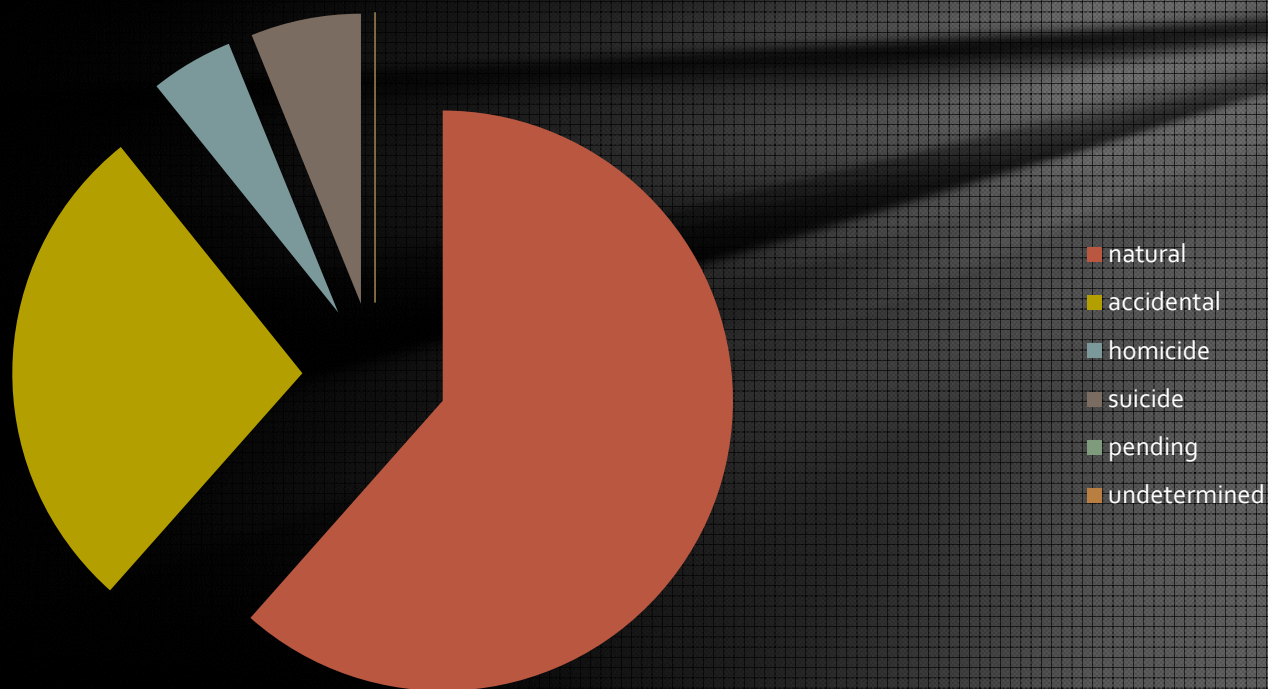
2014

There were 794 deaths referred to this office in 2014. In 25% of these deaths, this office released jurisdiction. The remaining 75% required full investigations, and 24% of these investigations required autopsies to determine the causes and manners of death.



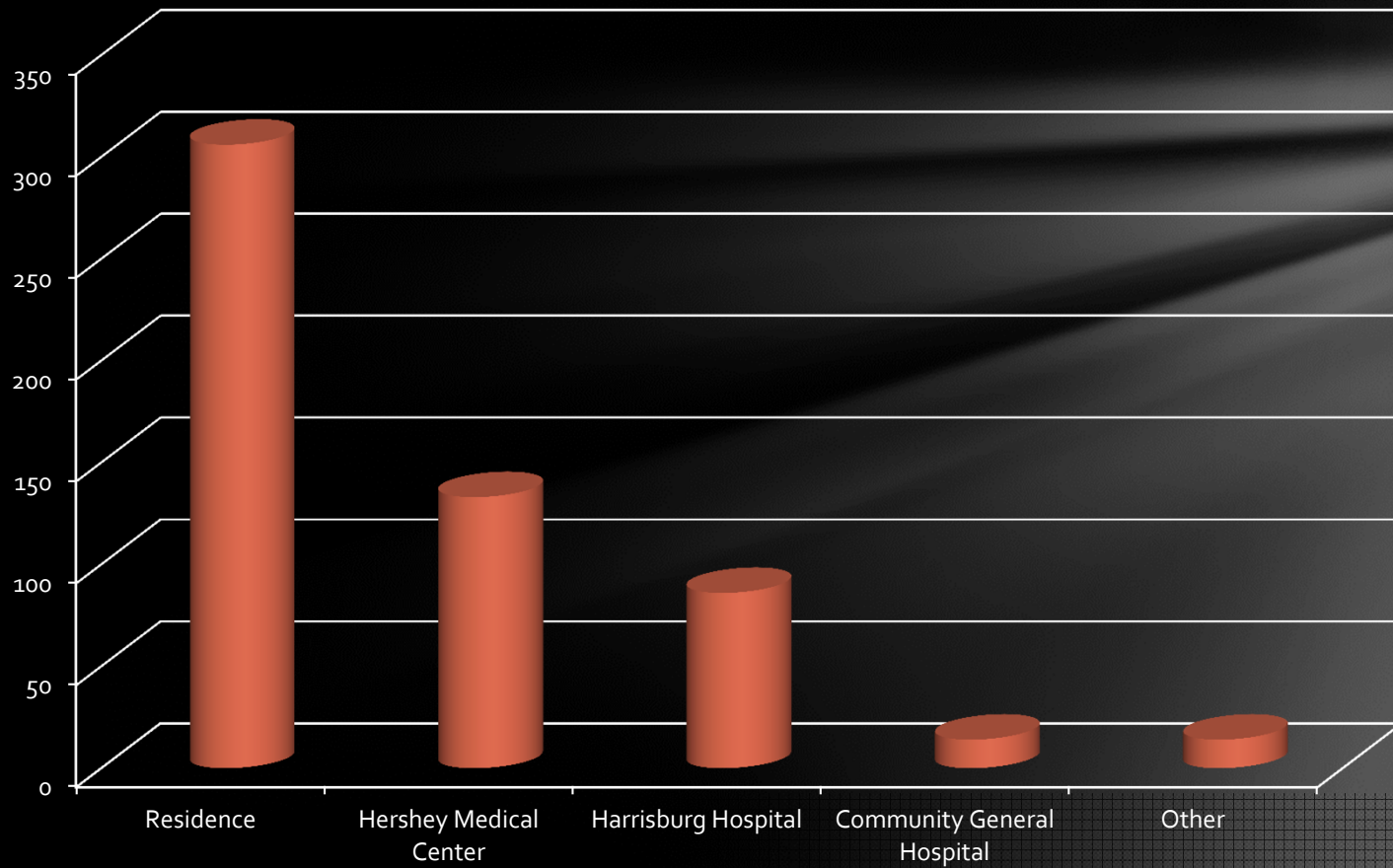
INVESTIGATED DEATHS

The number of natural death investigations accounted for 52% of the total investigations conducted by this office. This was followed by, in decreasing order, accidental deaths, suicidal deaths, homicidal deaths, and deaths where the manner has yet to be determined.



INVESTIGATED DEATHS

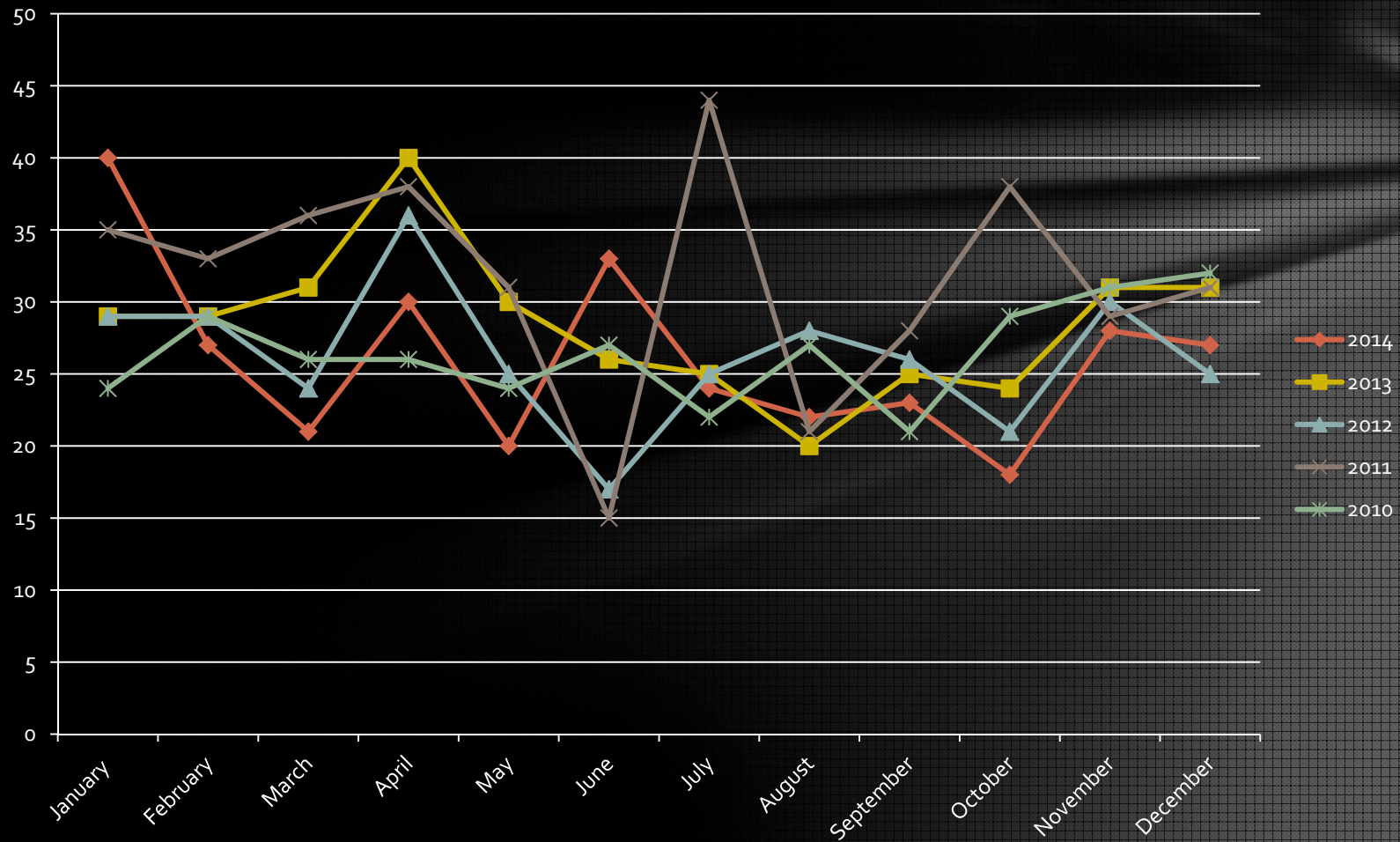
Of these investigations, 54% originated in the decedents' homes. Of the remainder: 26% at Hershey Medical Center, 14% at Harrisburg Hospital, 3% at Community General Hospital, and the remaining 3% at other places.



NATURAL DEATHS

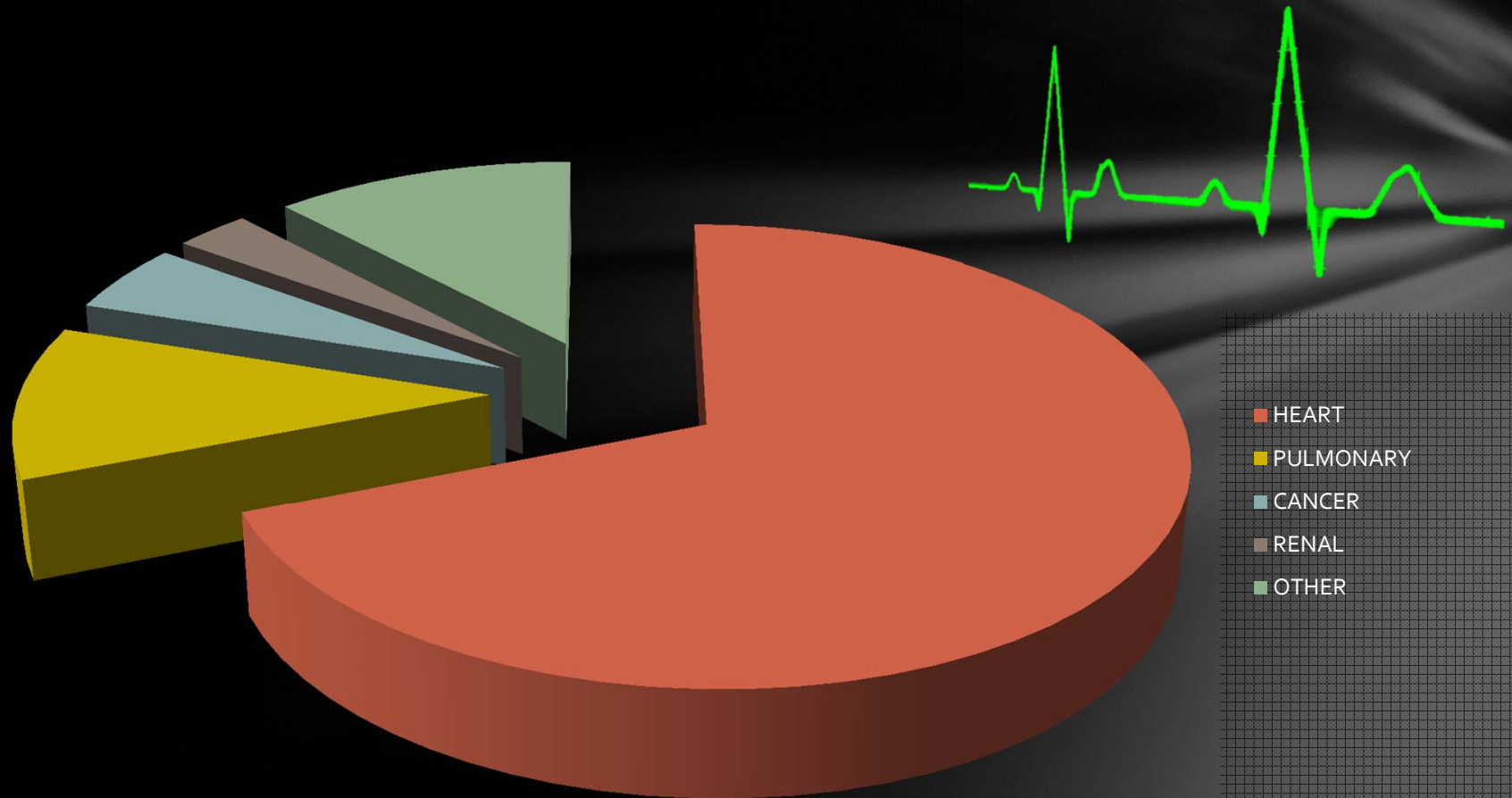
There were 313 natural death investigations in 2014. This is a decrease of approximately 7% over the 341 natural death investigations that were conducted in 2013.

(The ages spanned from Newborn to 99 years of age.)



NATURAL DEATHS

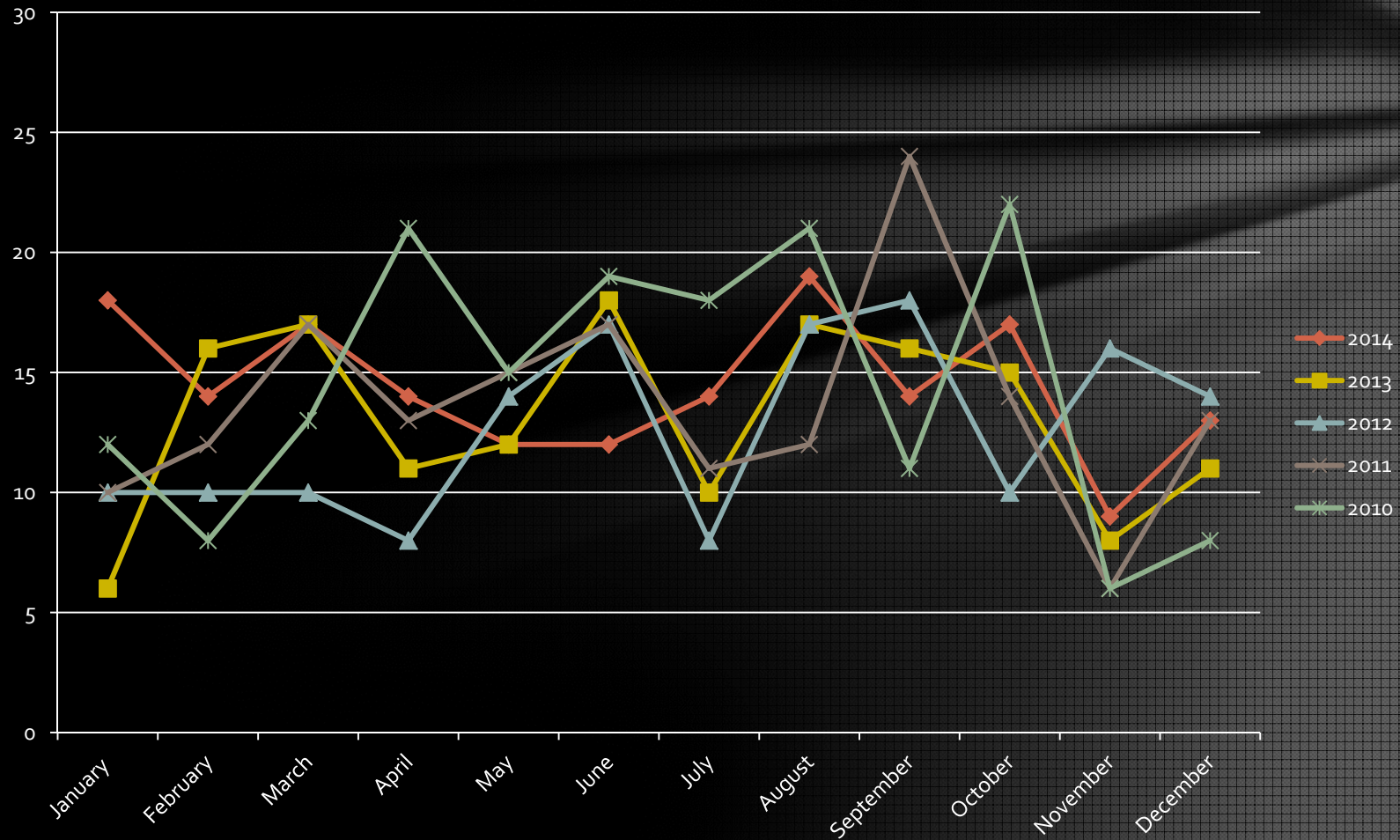
Heart and heart related incidents accounted for 68% of the reported natural deaths, followed by Pulmonary 12%, Cancer 5%, Diabetes 3%, and 12% due to other causes.



ACCIDENTAL DEATHS

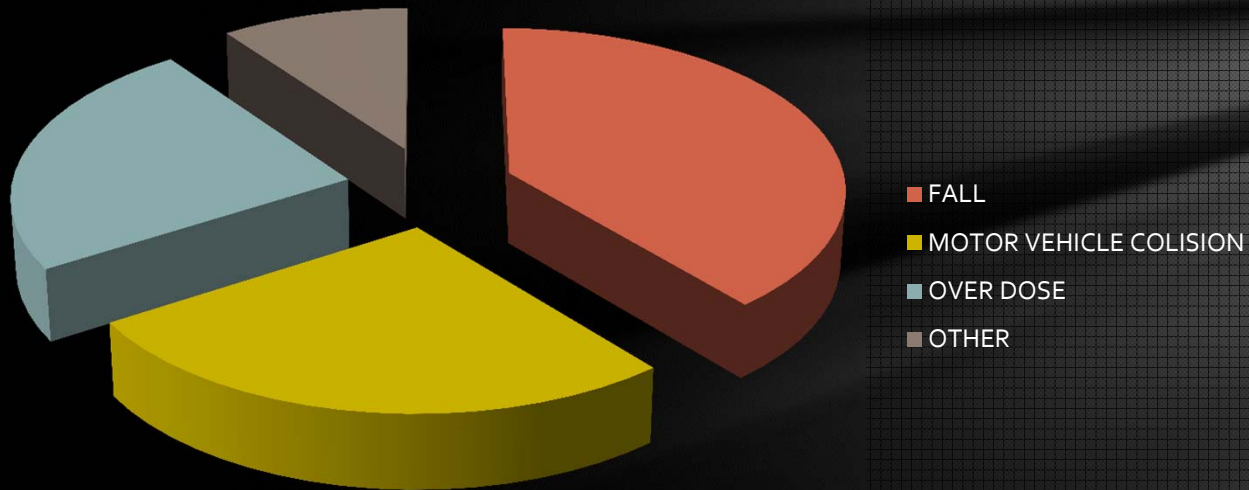
There were 173 accidental death investigations conducted in 2014. This represents an approximate 9% increase in the accidental death investigations from 2013.

(The ages of accident victims spanned from Newborn to 97 years.)



ACCIDENTAL DEATHS

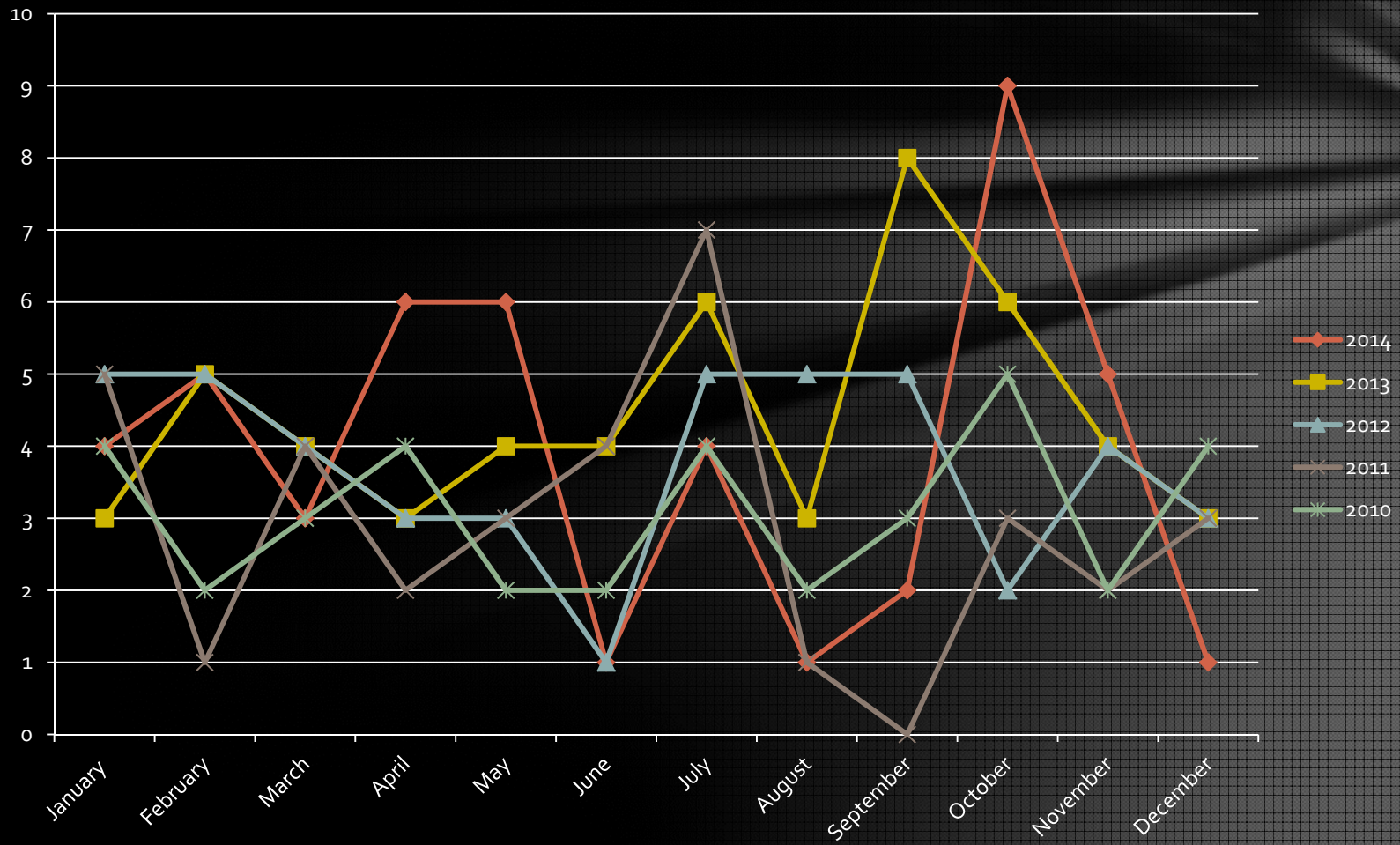
Of the 173 accidental deaths, 39% were from falls, 27% involved motor vehicle collisions, 24% were drug related, and the remaining 10% were associated with other causes.



SUICIDE

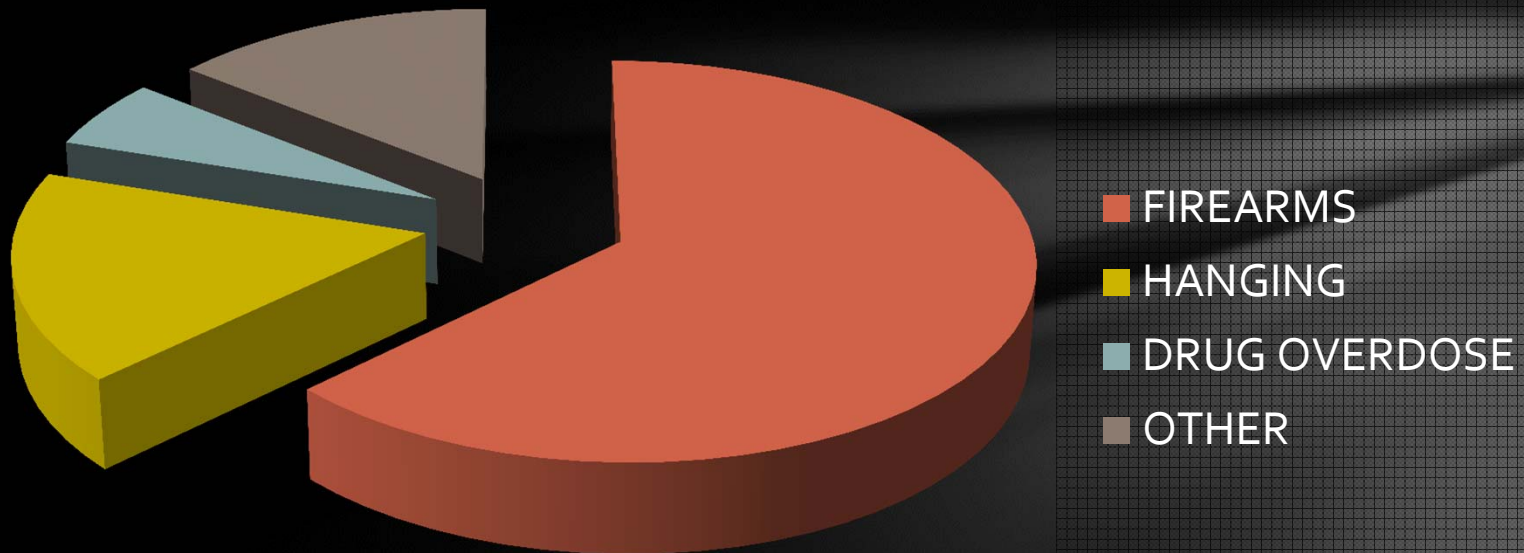
There were 45 suicide investigations in 2014. This represented a decrease from the 53 suicide investigations in 2013.

(The ages of the decedents spanned from 17 years to 80 years.)



SUICIDE DEATHS

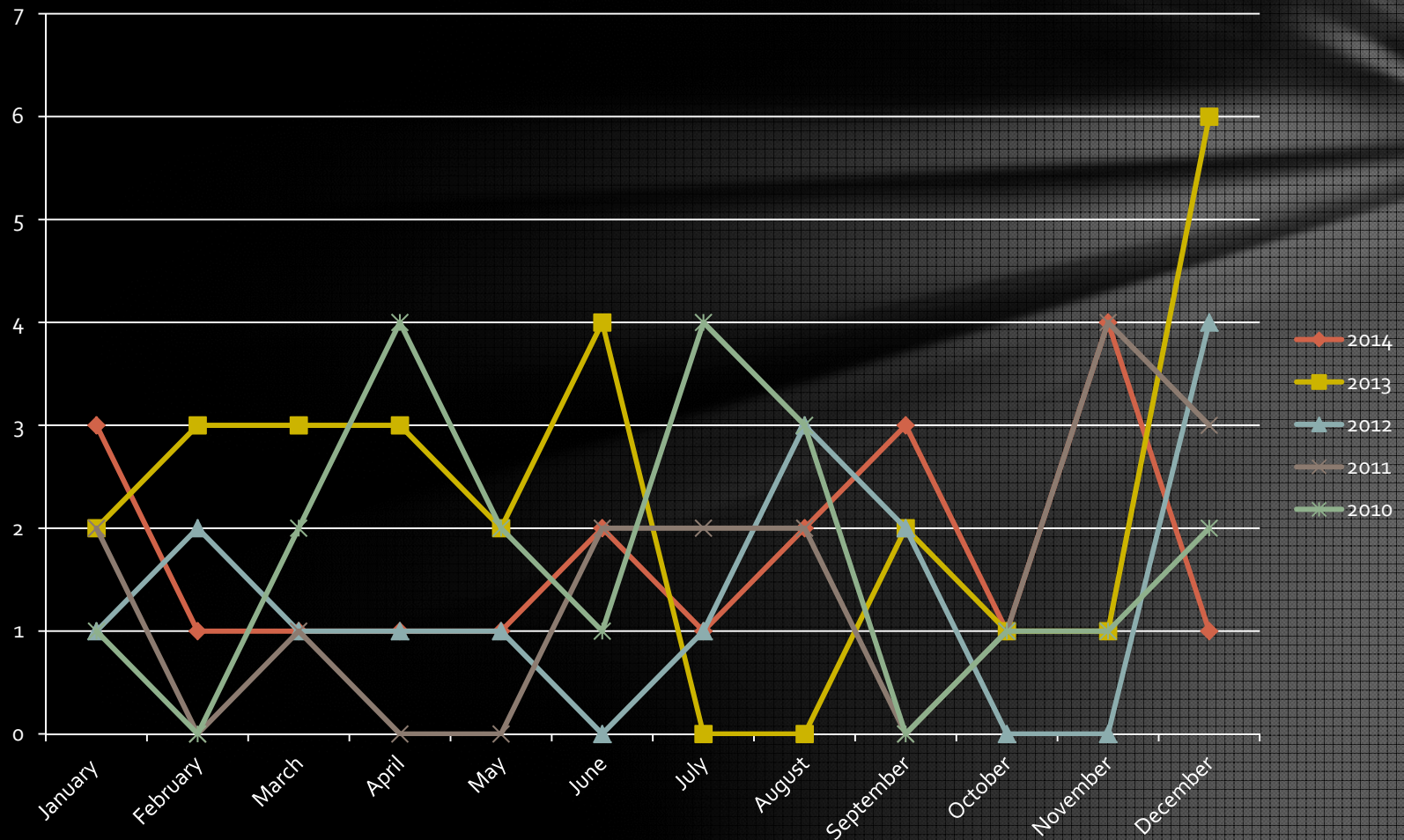
Firearms were used in 51 % of these deaths, followed by hanging with 29%, drug overdose with 4 %, and 11% involved other methods.



HOMICIDE

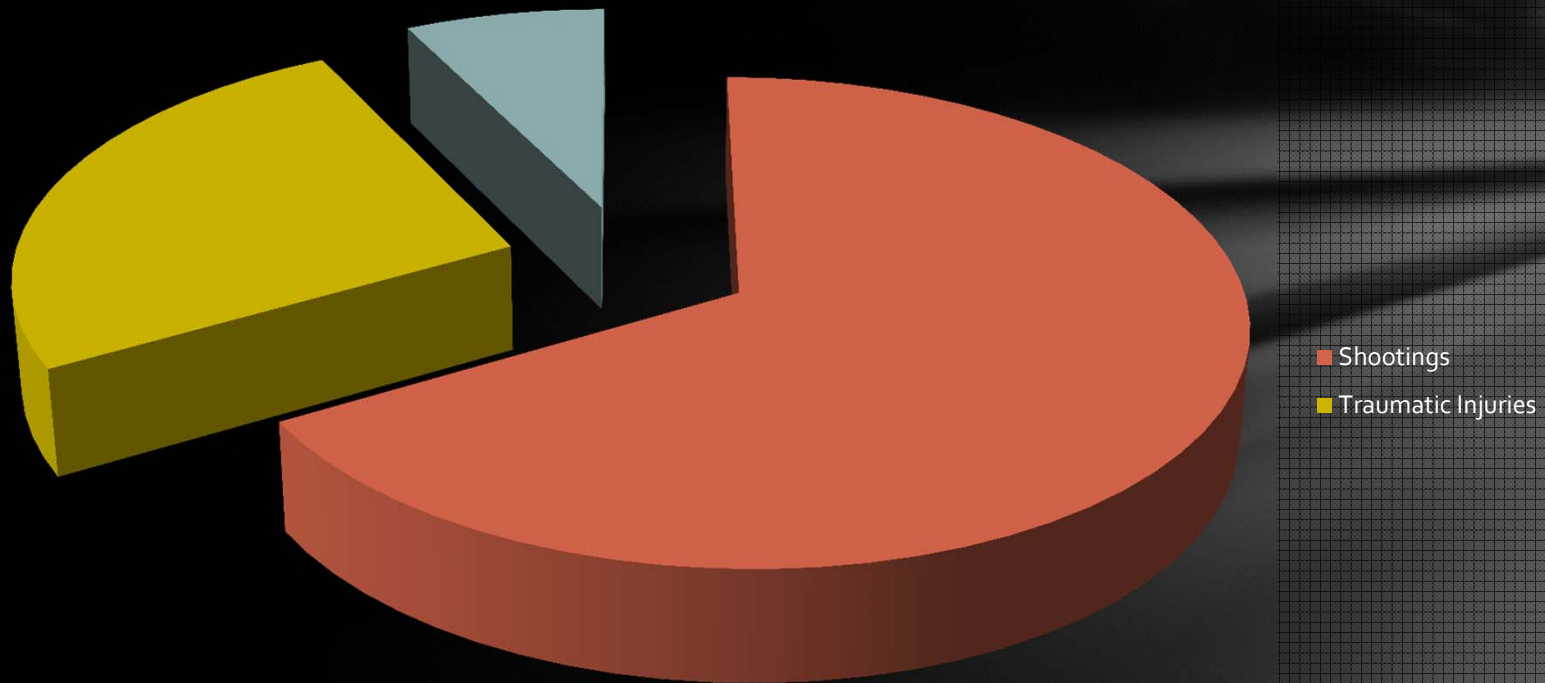
There were 21 Homicide investigations conducted in 2014. This was a decrease from the 27 Homicides investigated in 2013.

(The ages of the victims spanned from 02 months to 83 years.)



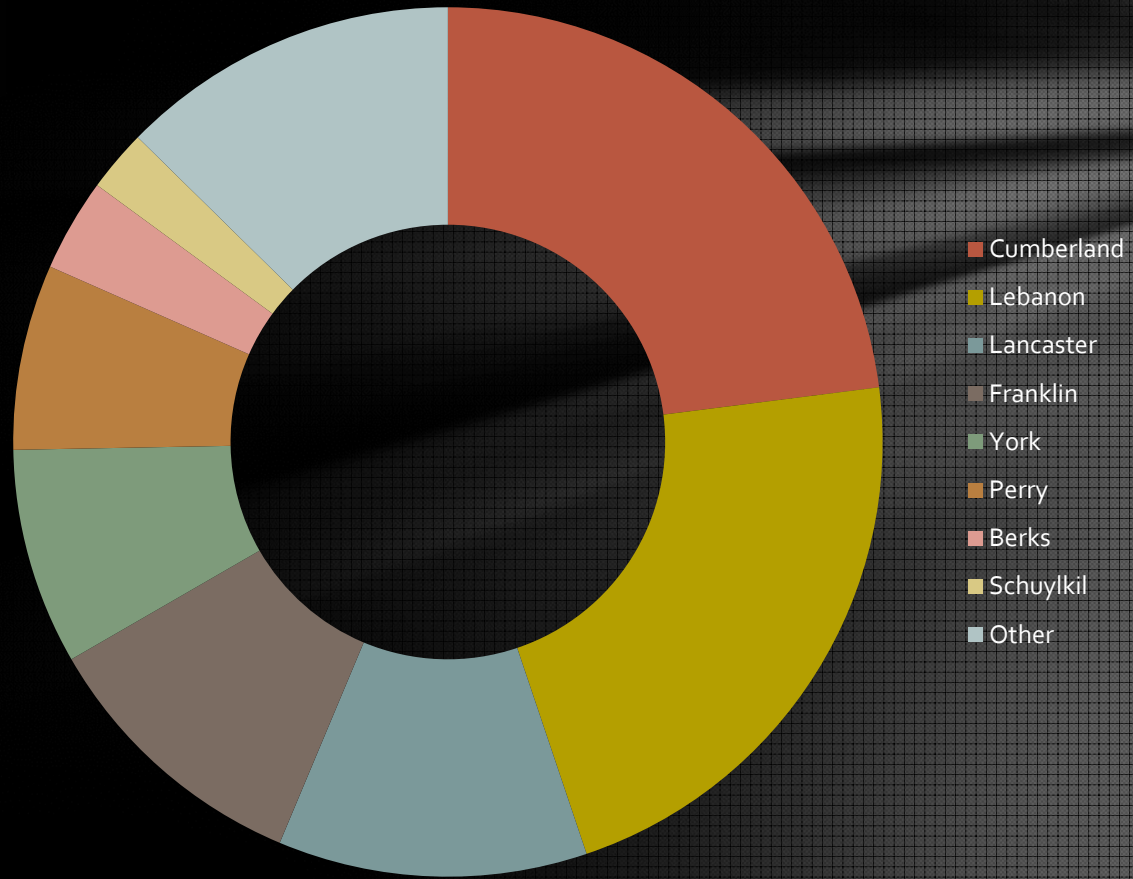
HOMICIDE DEATHS

Firearms were used in 62% of these investigations, followed by traumatic injuries at 28%, and other injury mechanisms constituted the remaining 10%.



TRANSFERR (FROM OTHER COUNTIES)

This office investigated a total of 87 calls that were transported in from other counties. Of these, 22% required autopsies.



MENTORING

EDUCATING

SUPPORTING

KNOWLEDGE

ANALYSIS

PERSPECTIVE

EXPERIENCE

Improvements in Forensic Services and Equipment:

This year we continued with the upgrade to our report documentation system with "Quincy." This is a web based program, which enables Deputies to better access and share information with our office and various agencies while still on the investigation scene. This real-time interface of information offers invaluable aid in various ways, for example: confirming decedent identification, making notification to families, and obtaining medical records.

Cameras were purchased for all of the full-time Deputies. By issuing each Deputy a specific camera, it allows for the camera settings to be tailored for that investigator's use. This also is beneficial in maintaining the integrity of each photograph when downloading and storing the images.

In Closing

There are several things which will make 2015 challenging. In the analysis it appears that our caseload is slightly up over previous years, however that is only part of the story. In a routine day we triage many cases called in from medical institutions, and we determine if they in fact meet the requirements of being a coroner's case. After communication with medical personnel, we then determine if we can release the case back to the medical institution or if we must investigate the cause and manner of death. Even though this reduces the quantity of our full investigative caseload, it is still taxing on the investigative and administrative staffs.

Another factor that impacts our workload is difficult to express statistically, that being that the amount of time it takes to work each investigation is ever increasing. This is, in part, because the requirements of documentation, scientific testing and information gathering have exponentially increased over the years. It takes much longer for a case to be completed, there are more agencies involved, and the timeline to acquire all data and have a final report can extend over multiple months.

This year we will have our new web-based software up and running and the training completed. This will allow deputies to transmit reports directly from the scene and attach photos. The software also allows for better retrieval of information and enhanced statistical analysis.

There is an expectation of growth in the rate of autopsies, and during this year we are going to assess the impact of this on our operation room and on our autopsy protocol, and what can be done to accommodate that growth. We will also be writing grants for advanced digital equipment, which will allow us to better document and record latent evidence (evidence not scene by the naked eye).

We will endeavor to use this office to the benefit of the medical community, educational institutions, forensic institutions, investigative bodies, and the residents of Dauphin County. It is important that what we learn through medical legal investigation will ultimately benefit others and give meaning to a person's death.

Finally, we will work with organ procurement organizations to enhance the process of organ and tissue donation whenever possible for the benefit of the living. We attempt to do this, while still maintaining the forensic evidence on or about our decedents.