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All persons involved in death investigations, including law enforcement officials, emergency personnel, hospital personnel, nursing/personal care home personnel and funeral directors, should follow the following guidelines. The list provided is by no means exhaustive. My staff is available to assist with any questions you may have. In any death case, WHEN IN DOUBT, CALL THE CORONER.

Sincerely,
Kenneth A. Bacha, Coroner

GUIDELINES TO BE FOLLOWED IN DEATH CASES

A. The Coroner, Chief Deputy Coroner or Deputy Coroner having view of the body, shall investigate the facts and circumstances concerning deaths WHICH APPEAR TO HAVE OCCURRED WITHIN THE COUNTY, REGARDLESS WHERE THE CAUSE THEREOF MAY HAVE OCCURRED, for the purpose of determining whether or not an autopsy should be conducted or an inquest thereof should be had in the following cases:

(1) Sudden death not caused by readily recognizable disease, or wherein a physician on the basis of prior medical attendance cannot properly certify the cause of death.
   (a) SUDDEN DEATH DEFINED: The Coroner shall regard any death as sudden if it occurs without prior medical attendance by a person who may lawfully execute a certificate of death in this Commonwealth, or if, within twenty-four hours of death, the decedent was discharged from such medical attendance or a change of such medical attendance had occurred, or if any such medical attendance began within twenty-four hours of death and the medical attendant refuses or is unable to certify the cause of death. Medical attendance includes hospitalization. (The provisions stated above regarding sudden death shall not be construed to affect the Coroner’s discretion as to whether or not any death was suspicious, nor shall they be construed to authorize a Coroner to investigate a sudden death any further than necessary to determine cause and manner of death).

(2) Death occurring under suspicious circumstances including those where alcohol, drugs or other toxic substances may have a direct bearing on the death.

(3) Death occurring as a result of violence or trauma, whether apparently homicidal, suicidal or accidental (including but not limited to, those due to mechanical, thermal, chemical, electrical or radiation injury, drowning, cave-ins and subsidence).

(4) Any death in which trauma (falls or fractures), chemical injury, asphyxia, exposure, fire related, drug overdose or reaction to drugs or medical treatment was a PRIMARY or SECONDARY, DIRECT or INDIRECT, CONTRIBUTORY, AGGRAVATING or PRECIPITATING cause of death.

(5) Operative and peri-operative death in which the death is not readily explainable on the basis of prior disease.

(6) Any death wherein the body is unidentified or unclaimed.

(7) Deaths known or suspected as due to contagious disease and constituting a public health hazard.

(8) Deaths occurring in a prison or penal institution or while in the custody of the police.

(9) Deaths of persons whose bodies are to be cremated, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination.

(10) Any sudden, infant death.

(11) Stillbirth.

(12) ALL residence (including hospice), personal care home, and emergency room deaths.

B. The purpose of an investigation shall be to determine the cause of any such death and to determine whether or not there is sufficient reason for the Coroner to believe that any such death may have resulted from criminal acts or criminal neglect of persons other than the deceased.

C. UNCLAIMED BODY – Hospitals, nursing homes and personal care homes are required to contact the Humanity Gifts Registry as soon as they realize they have an unclaimed body, but not longer than 36 hours after the death. The County will not accept an unclaimed body because the healthcare or personal care facility failed to notify Humanity Gifts Registry on time and failure to do so makes that facility responsible for all arrangements for the disposition of the remains.

D. In all cases where the Coroner has jurisdiction to investigate the facts and circumstances of a death, THE BODY AND ITS SURROUNDINGS SHALL REMAIN UNTOUCHED until the Coroner, Chief Deputy Coroner or Deputy Coroner has had a view thereof or until he shall otherwise direct or authorize (Section 120, County Code. Amended 11/29/90, P.L. 602, No. 152) and the laws of the Commonwealth provide that the Coroner shall take custody of all personal effects which appear to have been ON or ABOUT the person at the time of death until lawfully claimed by proper persons. Care should be taken in gathering of these effects in order to facilitate identification of the deceased and further any police investigation that may be in progress.

TO REPORT A CORONER’S CASE
24 HOURS A DAY – 7 DAYS A WEEK
CALL (724) 830-3636

If the Deputy is out of the office, calls will automatically forward to the Department of Public Safety (911) after six rings. They will contact the appropriate person or provide instructions to do so.
Full-Time Staff

Kenneth A. Bacha
Coroner

Paul B. Cycak, Jr.
Chief Deputy Coroner

Jeffrey D. Monzo
Solicitor

John A. Ackerman
Deputy Coroner

Timothy P. O’Donnell
Deputy Coroner

Joshua C. Zappone
Deputy Coroner

Sean R. Hribal
Deputy Coroner

Kathleen M. Hobaugh
Secretary

Part-Time Staff

Dennis A. Johns
Deputy Coroner

William R. Jones
Deputy Coroner

Pierre M. DeFelice
Deputy Coroner

William R. Rusiewicz
Deputy Coroner

Chad N. Shaw
Deputy Coroner

Frank Kapr
Deputy Coroner

Matthew J. McKinnon
Deputy Coroner
Facilities

The administrative offices of the Westmoreland County Coroner are located at the:
Westmoreland County Courthouse
2 North Main Street, Suite 602
Greensburg, PA 15601

The Westmoreland County Coroner’s Office utilizes a morgue facility located at
the Westmoreland Manor in Hempfield Township, Pennsylvania.

Autopsies are performed by Dr. Cyril H. Wecht and Pathology Associates
at Carlow University, Pittsburgh, Pennsylvania.

Toxicology testing is performed by NMS Labs of Willow Grove, Pennsylvania

Websites

The homepage of the Westmoreland County Coroner’s Office can be found at:
http://www.co.westmoreland.pa.us/coroner

There you will find forms, brochures, answers to frequently asked questions
and helpful information to assist grieving families and friends.

Also available is, information and statistics on investigations, community
education and public safety training opportunities, and internship information.

Press releases are available on the website and through
signing up with the county e-alert system.

In 2011, the Westmoreland County Coroner’s Office joined Facebook and Twitter
to make public information releases more accessible to the
media and public. The links to those pages are:

Facebook – http://www.facebook.com/WestmdCoroner
Twitter - https://twitter.com/#!/WestmdCoCoroner
**Cadaver Detection Canine Unit**

The Westmoreland County Coroner’s Office will assist law enforcement agencies in the search for clandestine gravesites, human remains, blood evidence at crime and fire scenes.

Dogs have an extraordinary sense of smell and have located graves decades after burial. These dogs are important, non-destructive screeners, helpful during the searching phase of the investigation.

"Hanna" is an 8 year old Belgian Malinois and is available to law enforcement agencies upon request.

Deputy John A. Ackerman has over 20 years of experience in the training and handling of cadaver detection dogs.
INTERNSHIP PROGRAM

Beginning in Coroner Kenneth A. Bacha’s first term, the Westmoreland County Coroner’s Office has continued to offer its internship program to interested high school and college students. The internship program’s guidelines are as follows:

- Must be 18 years of age or older, and provide a résumé, copy of Photo ID and valid health insurance card.
- (High School students receiving school credit may be considered for participation)
  - Upon receipt of application and above documents, an interview will be scheduled with the Coroner and/or Chief Deputy. Application and all documents MUST BE RECEIVED no later than 45 days prior to the anticipated start date.
  - Preference will be given to individuals pursuing careers and/or education in the following fields:
    - Forensics
    - Law Enforcement
    - Criminology/Criminal Justice
    - Funeral Direction
  - Preference will also be given to those individuals receiving education credits from an accredited college, university or training program.
- Successful applicants must be willing to participate in all aspects and duties of the coroner’s office including, but not limited to:
  - General office duties (Answering phones, logging information, data entry and filing)
  - Scene investigation (General investigations under the supervision of a Deputy Coroner)
  - Autopsy observation
- Interns will maintain a log or journal of their experience throughout their internship and submit it to the Coroner at the conclusion of their internship.
- Internships are conducted during each semester and over the summer on the daylight shift only.

In 2011, five students completed the Westmoreland County Coroner’s Office Internship Program:

- Two students from Waynesburg University.
- One student from Saint Vincent College.
- Two students from Franklin Regional High School.
Pennsylvania State Coroners’ Education Board

The Coroners’ Education Board, housed in the Office of Attorney General, provides the Basic Education Course which all newly elected coroners are required to attend prior to assuming office. The chief deputy and full-time deputies are required to attend the Basic Education Course within six months of appointment. The board also authorizes courses as acceptable for fulfillment of the eight credit hours of continuing education required annually of all coroners and full-time deputies. All full-time staff of the Westmoreland County Coroner’s Office has successfully completed the Basic Education Course. In 2012, all part-time staff of the Westmoreland County Coroner’s Office will have the Basic Education Course training.

*In March 2010, Coroner Kenneth A. Bacha was appointed to the Coroners’ Education Board by Governor Edward G. Rendell.

*Board members voted Coroner Bacha as chairman of the Coroners’ Education Board and he assumed this position on January 1, 2011.

Pennsylvania State Coroners Association

The object of the PSCA is to hold meetings for the purpose of discussing the various questions which arise in the discharge of the duties of the office of the coroner, and for such other purposes as will conduce to greater efficiency of the operation of the office of the coroner. Additionally, the PSCA holds an annual conference and education seminar addressing various topics, questions and current events for the coroner’s offices located throughout Pennsylvania. The coroner, chief deputy, and deputies of the Westmoreland County Coroner’s Office are all members of the PSCA.

*Coroner Bacha formerly held the office of Regional Vice-President of the PSCA and is currently the Assistant Secretary Treasurer.
International Association of Coroners and Medical Examiners

The International Association of Coroners & Medical Examiners has over 70 years of experience in the presentation of educational seminars for the purpose of assisting coroners and medical examiners in the performance of their duties. This commitment is enshrined in the association’s mission statement, “The International Association of Coroners & Medical Examiners is committed to advancing the accurate determination of the cause and the manner of death through the utilization of science, medicine and the law.”

The IAC&ME offers accreditation for offices of all sizes. This certification process provides coroner and medical examiner offices the opportunity to self assess and subsequently have auditors, trained by the association, to review up to 130 applicable standards.

The procedure allows coroner and medical examiner offices to ensure they are conducting business practices and procedures in compliance with international standards.

*In 2012, Coroner Bacha will be pursuing accreditation of the Westmoreland County Coroner’s Office through the IAC&ME.

Westmoreland County Law Enforcement Association

The purpose of the Westmoreland County Law Enforcement Association is to hold meetings for discussing the various questions, topics and current events which arise within the different agencies of law enforcement in Westmoreland County. The coroner, chief deputy, and full-time deputies of the Westmoreland County Coroner’s Office are active members of the Westmoreland County Law Enforcement Association.

American Board of Medicolegal Death Investigators

Coroner Kenneth A. Bacha and all full-time deputies of the Westmoreland County Coroner’s Office are registered medicolegal death investigators with the American Board of Medicolegal Death Investigators and hold the title (D-ABMDI).

**The American Board of Medicolegal Death Investigators (ABMDI) is a voluntary national, not-for-profit, independent professional certification board that has been established to promote the highest standards of practice for medicolegal death investigators.

ABMDI certifies individuals who have the proven knowledge and skills necessary to perform medicolegal death investigations as set forth in the National Institutes of Justice 1999 publication Death Investigation: A Guide for the Scene Investigator.
ABMDI was created, designed, and developed by veteran, practicing medicolegal death investigators who were involved in the development of *Death Investigation: A Guide for the Scene Investigator*. It will also assist the courts and public in evaluating competence of the certified individual.

In 2005, the ABMDI was accredited by the [Forensic Specialties Accreditation Board](http://medschool.slu.edu/abmdi/)

The goal of FSAB is to establish a mechanism whereby the forensic community can assess, recognize and monitor organizations or professional boards that certify individual forensic scientists or other forensic specialists.

**Purpose of the American Board of Medicolegal Death Investigators®**

- To encourage adherence to high standards of professional practice and ethical conduct when performing medicolegal death investigations.
- To recognize qualified individuals who have voluntarily applied for basic and advanced levels of professional certification.
- To grant and issue certificates to individuals who have demonstrated their mastery of investigational techniques and who have successfully completed rigorous examination of their knowledge and skills in the field of medicolegal death investigation.
- To maintain a listing of individuals granted ABMDI certification.
- To recertify individuals every five years according to established professional recertification criteria, including continuing education requirements and work verification.

**Benefits of Certification**

Official guidelines for medicolegal death investigators had not been established until publication of the *National Guidelines for Death Investigation* by the National Institute of Justice in December 1997. Twenty-nine tasks were identified that may need to be performed to properly conduct a medicolegal death investigation. The guidelines were renamed and published in 1999 as *Death Investigation: A Guide for the Scene Investigator*. These national guidelines were validated by the Technical Working Group for Death Investigation (TWIGDI), the National Medicolegal Review Panel (NMRP) and 146 members of the TWGDI national reviewers network. Certification provides official recognition by an independent professional certification body that an individual has acquired specialized knowledge and demonstrated proficiency in the standards and practice necessary to properly conduct medicolegal death investigations. The individual agrees to adhere to the highest standards of professional practice and ethical conduct when serving the public and when representing the profession.

**ABMDI Website** - [http://medschool.slu.edu/abmdi/](http://medschool.slu.edu/abmdi/)
The Westmoreland County Coroner’s Office has seen a 20% increase in reported cases over the last 10 years.
CREMATIONS

Pennsylvania State Law requires any deaths of persons whose bodies are to be cremated, buried at sea or otherwise disposed of, so as to be thereafter unavailable for examination, must be reported to the coroner’s office of where the place of death occurred. An investigation takes place into the death and an authorization is then granted.

*The total number of cremations include, both authorizations on cases already reported to the Westmoreland County Coroner’s Office and cases that were not required to be initially reported, but were reported for the sole purpose of gaining cremation authorization.

*Cremation authorization requests have increased 43% since 2002.
**AUTOPSIES**

Of the 1637 deaths that were investigated by the Westmoreland County Coroner’s Office, 118 deaths required a forensic autopsy performed to aid in the determination of the cause and manner of death, to document disease, to identify injury patterns and to recover evidence. Autopsies include toxicology testing to aid in determining the cause and manner of death. Toxicology testing is performed on various specimens collected at autopsy. Toxicology testing screens for alcohol, illicit drugs, prescription drugs, non-prescription drugs and other substances requested depending on the circumstances surrounding the death.

*On 11 additional cases, toxicology only was performed. A forensic autopsy was not found to be required through investigation.*
MANNER OF DEATH

MANNER OF DEATH BY NUMBER - 2011
TOTAL 2011 DEATHS: 1637

*The above data reflects 3 cases reported to determine a type of bone found at different locations across Westmoreland County and is further explained on Pg. 32 of this report.
NATURAL DEATHS

A large majority of cases investigated by any Coroner’s Office are natural deaths. In Westmoreland County 1429 cases were reported and investigated that were determined to be natural. In many cases after the investigation determines the death is natural, jurisdiction will be released back to the decedent’s physician, who will then issue the certificate of death. The certificate of death must be issued by the Westmoreland County Coroner’s Office on all accidental, suicide, homicide and undetermined cases. Depending on the circumstances, the Westmoreland County Coroner’s Office may issue the certificate of death on natural cases.

<table>
<thead>
<tr>
<th>TYPE OF NATURAL DEATH REPORTED</th>
<th>NUMBER OF DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jurisdiction Released To Physician</td>
<td>709</td>
</tr>
<tr>
<td>Reported For Cremation Only</td>
<td>632</td>
</tr>
<tr>
<td>Jurisdiction Taken By Coroner</td>
<td>88</td>
</tr>
</tbody>
</table>

*Although only 632 cases were reported for the sole purpose of cremation, the remaining 417 cremations out of the 1049 total, come from cases already reported from all manners of death.*
SUDDEN INFANT DEATH SYNDROME (SIDS)

SIDS is defined by the National Association of Medical Examiners as the death of an infant less than one year of age in which a thorough investigation, forensic autopsy, medical history review and laboratory testing fail to identify a specific cause of death. Approximately 2000 – 2500 infants die of SIDS every year in the United States and SIDS is reported to happen in most countries of the world. Premature and male infants have been statistically seen to be at a greater risk. The cause of SIDS remains unknown despite extensive ongoing research. In 2011, the Westmoreland County Coroner’s Office investigated 2 SIDS deaths. The Westmoreland County Coroner’s Office participates in the Westmoreland County Child Death Review Team.
ACCIDENTAL DEATHS

In 2011, a total of 141 accidental deaths were investigated by the Westmoreland County Coroner’s Office.

ACCIDENTAL DEATHS BY TYPE - 2011
2011 ACCIDENTAL DEATHS: 141

A & C - Overdose and traffic related deaths are explained in further detail on pages 19 – 24.
B - Post complications from falls is classified as, medical complications sustained by the elderly, who suffered a fall and died as a result of that fall being a contributing factor in the decedent’s death. 33 individuals died as a result of post complications from a fall.
D - Five individuals died as a result of blunt force trauma sustained after falling from a flight of stairs.
E - Two individuals died due to aspiration of food.
F - Two individuals died as a result of fire related injuries.
G - One individual died as a result of blunt force trauma when a tree fell on them.
H - One individual died as a result of auto-erotic asphyxiation.
I - One individual died as a result of defective, malfunctioning, or improper use, of medical equipment.
J - One individual died as a result of a lifting injury.
K - One individual died as a result of electrocution.
L - One individual died due to injuries sustained when their firearm accidently discharged.
M - One individual died as a result of hypovolemic shock sustained from accidental trauma.
N - One individual died as a result of exsanguination due to accidental trauma.
O - One individual died as a result of drowning.
TRAFFIC RELATED DEATHS

*Traffic related deaths include only those individuals whose death occurs within Westmoreland County, regardless of where the traffic incident takes place. This data does not include those individuals transported by ambulance or medical helicopter to out of county hospitals.
TRAFFIC RELATED DEATHS

2011 TRAFFIC RELATED DEATHS: 26

**TRAFFIC RELATED DEATHS BY TYPE - 2011**

- Operator / Driver: 21
- Passenger: 4
- Pedestrian: 1

**TRAFFIC RELATED DEATHS BY VEHICLE - 2011**

- Car: 10
- SUV: 6
- Motorcycle: 3
- Truck: 2
- Van: 2
- Bus: 1
- Bicycle: 1
- Pedestrian: 1

*A helmet was not used in any of the motorcycle / bicycle traffic deaths.*
TRAFFIC RELATED DEATHS

*Age/Day/Time data comes from the time the incident occurs. Incidents happen where the decedent may be kept alive for days to years in the hospital or other facilities and the death is still due to the traffic incident.
TRAFFIC RELATED DEATHS

*In the two incidents where the passengers were intoxicated, both driver’s of the vehicle lived and were found to also be intoxicated. This classified the deaths as alcohol related.
OVERDOSES

*This data includes only accidental overdoses. Suicides by overdose are not included but that data can be found on page 27.
OVERDOSES

* Anti-Depressants category includes substances such as Prozac, Celexa, Effexor, Cymbalta, Lexapro, Zoloft, Remeron, Wellbutrin…etc.

* Benzodiazepines category includes substances such as Xanax, Klonopin, Valium, Ativan, Restoril…etc.

* Muscle Relaxers category consists of substances such as Flexeril, Soma, Skelaxin, Robaxin…etc.

* Anti-Psychotics category consists of Seroquel, Zyprexa, Risperdal…etc.

*In almost all drug overdoses investigated by the Westmoreland County Coroner’s Office, the cause of death is the result of a combination of multiple drugs found in the decedent’s toxicology. The above table indicates that the drug listed was contributory in the death, either alone or in combination with another drug(s). For example, Anti-Depressants were found to be in 30 decedent’s toxicology out of the 64 total deaths.

**The Westmoreland County Coroner’s Office has seen an increase in prescription drug overdoses on a yearly basis.
SUICIDES

SUICIDES - 2002 TO 2011
2011 SUICIDES: 51

SUICIDES BY MONTH - 2011
2011 SUICIDES: 51
SUICIDES

SUICIDES BY MARITAL STATUS AND GENDER - 2011
2011 SUICIDES: 51

NUMBER OF DEATHS

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Male</th>
<th>Female</th>
</tr>
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<tbody>
<tr>
<td>Never Married</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Married</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Widow/Widower</td>
<td>5</td>
<td>2</td>
</tr>
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</table>

SUICIDES BY AGE AND GENDER - 2011
2011 SUICIDES: 51

NUMBER OF DEATHS

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male</th>
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<tbody>
<tr>
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<td>15 - 19</td>
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<td>20 - 24</td>
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<td>55 - 64</td>
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<td>65 - 74</td>
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<td>75 - 84</td>
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<tr>
<td>85+</td>
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SUICIDES

SUICIDES BY METHOD - 2011
2011 SUICIDES: 51

<table>
<thead>
<tr>
<th>Method</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>31</td>
</tr>
<tr>
<td>Asphyxia / Hanging</td>
<td>9</td>
</tr>
<tr>
<td>Prescription Drug Overdose</td>
<td>5</td>
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<tr>
<td>Jump</td>
<td>2</td>
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<tr>
<td>Asphyxia / Non-Hanging</td>
<td>1</td>
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<tr>
<td>Carbon Monoxide</td>
<td>1</td>
</tr>
<tr>
<td>Intentional Vehicle Collision</td>
<td>1</td>
</tr>
<tr>
<td>Train</td>
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</table>

SUICIDES BY GENDER AND METHOD - 2011
2011 SUICIDES: 51

<table>
<thead>
<tr>
<th>Method</th>
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<tr>
<td>Firearm</td>
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<td>Asphyxia / Hanging</td>
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<td>0</td>
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<td>Prescription Medication</td>
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<td>Jump</td>
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<td>Asphyxia / Non-Hanging</td>
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<td></td>
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<tr>
<td>Train</td>
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</table>
HOMICIDES

HOMICIDES - 2002 TO 2011
2011 HOMICIDES: 9

NUMBER OF DEATHS

YEAR

HOMICIDES BY MONTH - 2011
2011 HOMICIDES: 9

MONTH

NUMBER OF DEATHS
HOMICIDES

HOMICIDES BY AGE AND GENDER - 2011

2011 HOMICIDES: 9

<table>
<thead>
<tr>
<th>AGE</th>
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</tr>
<tr>
<td>35 - 44</td>
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<tr>
<td>45 - 54</td>
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<td>55 - 64</td>
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</tr>
<tr>
<td>65 - 74</td>
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<td>1</td>
</tr>
<tr>
<td>75 - 84</td>
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</tr>
<tr>
<td>85+</td>
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</tr>
</tbody>
</table>

METHOD

HOMICIDES BY METHOD AND GENDER - 2011

2011 HOMICIDES: 9

<table>
<thead>
<tr>
<th>METHOD</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Firearm</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Blunt Force Injury</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
UNDETERMINED

The cause of death may be defined as the disease or injury that resulted in the death, such as myocardial infarction or gunshot wound. The manner of death is a medico-legal term that describes the circumstances of an individual’s death and may be designated as Natural, Accidental, Suicide, Homicide or Undetermined. Occasionally, Coroner’s Offices encounter cases where the cause of death is apparent, but the evidence supporting the manner of death is equivocal or insufficient to make a determination. The determination of manner of death is an opinion based on the “preponderance of evidence”. An example might be a case in which the cause of death is a drug overdose, but from the information available, it is not certain whether the manner of death is accidental or suicide. Therefore, the manner of death may be certified as undetermined. The Westmoreland County Coroner’s Office investigated four cases where the manner of death was classified as undetermined.

**UNDETERMINED - 2002 TO 2011**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>NUMBER OF DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>5</td>
</tr>
<tr>
<td>2003</td>
<td>3</td>
</tr>
<tr>
<td>2004</td>
<td>3</td>
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<td>4</td>
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<td>2006</td>
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<td>5</td>
</tr>
<tr>
<td>2010</td>
<td>4</td>
</tr>
<tr>
<td>2011</td>
<td>4</td>
</tr>
</tbody>
</table>

**UNDETERMINED BY MONTH - 2011**

<table>
<thead>
<tr>
<th>MONTH</th>
<th>NUMBER OF DEATHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>1</td>
</tr>
<tr>
<td>February</td>
<td>0</td>
</tr>
<tr>
<td>March</td>
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<td>June</td>
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<td>July</td>
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<tr>
<td>August</td>
<td>0</td>
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<tr>
<td>September</td>
<td>0</td>
</tr>
<tr>
<td>October</td>
<td>1</td>
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<tr>
<td>November</td>
<td>0</td>
</tr>
<tr>
<td>December</td>
<td>1</td>
</tr>
</tbody>
</table>
UNDETERMINED

UNDETERMINED BY AGE AND GENDER- 2011

2011 UNDETERMINED: 4

NUMBER OF DEATHS

AGE

NUMBER OF DEATHS

METHOD

UNDETERMINED BY GENDER AND METHOD - 2011

2011 UNDETERMINED: 4

METHOD

NUMBER OF DEATHS

Overdose

Dislodged Ventilator

Blunt Force Trauma / Train
**BONES**

The Westmoreland County Coroner’s Office receives reports from various law enforcement agencies of undetermined types of bones. The bones are then photographed with a scale and forwarded to Dr. Dennis C. Dirkmaat, Ph.D., D.A.B.F.A., Forensic Anthropologist with Mercyhurst College in Erie, PA. In 2011, the Westmoreland County Coroner’s Office received three cases involving undetermined bones. Through investigation all were determined to be animal bones.

![Bar Chart: Bones by Municipality - 2011](chart.png)

**MUNICIPALITY**

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Number of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Lower Burrell</td>
<td>1</td>
</tr>
<tr>
<td>Loyalhanna Township</td>
<td>1</td>
</tr>
<tr>
<td>Hempfield Township</td>
<td>1</td>
</tr>
</tbody>
</table>

2011 BONES: 3

**Data and Report Generated By Deputy Joshua C. Zappone – August 8, 2012**