MARION COUNTY CORONER'S OFFICE

2020 ANNUAL REPORT

MISSION

The mission of the Marion County Coroner's Office (MCCO) is to provide competent, quality, and efficient service in determining the cause and manner of death in unusual circumstances. The MCCO serves all those who die in Marion County, their families, and other associated agencies in the investigation of unusual and unexplained deaths. The office provides accurate completion of the coroner's verdict and death certificates. The MCCO is committed to providing public education, support, compassion, and confidentiality in all matters.

MAIN OFFICE
521 W. McCarty Street
Indianapolis, IN 46225
o. (317) 327-4744
f. (317) 327-4563

Hours
Administration: Mon to Fri 8:00 AM to 4:30 PM
Investigations: 24 hours per day, 365 days a year
Pathology: Mon to Fri 8:00 AM to 4:00 PM, Sat 8:00 AM to 12:00 PM

www.indy.gov/agency/marion-county-coroners-office

AGENCY MANAGEMENT

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MARION COUNTY CORONER

Alfarena McGinty, MBA
CHIEF DEPUTY CORONER

Christopher Poulos, M.D.
CHIEF FORENSIC PATHOLOGIST

Marchele Hall
DEPUTY ADMINISTRATOR

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SENIOR DEPUTY CORONER

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REPORT PREPARED BY:

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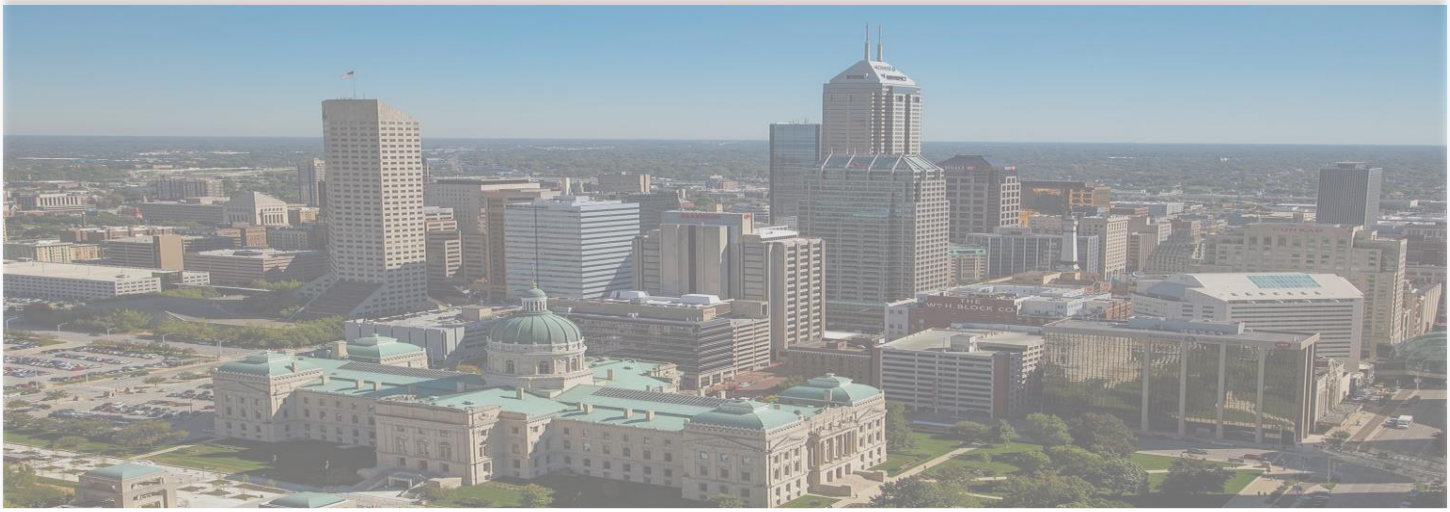
DEPUTY CORONER

All activities and functions of the MCCO are guided under Indiana state law: IC 36-2 Chapter 14. County Coroner



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The data presented within this report represents deaths occurring exclusively within Marion County. The data does not represent ALL deaths of Marion County residents. The decedent's place of residence or location of injury may be outside of the county. The analysis does not separate the deaths of those who have residency in Marion County and those who reside outside of the county. As a result, the final analysis is not an accurate representation of the demographics of the citizens of Marion County.

EXECUTIVE SUMMARY

The Annual Report covers data that resulted from the 2,608 deaths that were investigated in Marion County during the calendar year (CY) 2020. The report also presents key agency accomplishments and other agency information, such as: investigation criteria description, department functions, organ/tissue donation participation, unclaimed decedent remains, educational endeavors, office budget impact and changes, and community involvement. The MCCO hopes the information contained in the report will be useful to community leaders and the public at large. The data presented within this report represents deaths occurring within Marion County for which the MCCO has jurisdiction. The data does not represent ALL deaths of Marion County residents. The decedent's place of residence or location of injury may be outside of the county.

Our Values:

INTEGRITY. The MCCO shows integrity through an office culture founded on pride and peer accountability, where members will maintain the highest ethical standards.

COMPASSIONATE SERVICE. MCCO employees are committed to building an effective team to serve the local community as the advocate for the deceased and their families in times of need and sorrow. Our employees are committed to providing law enforcement professionals with the tools needed to prosecute offenders and protect the community.

EXCELLENCE. The MCCO is a proud, professional organization with emphasis on continuous personal and professional improvement.

The office of the Marion County Coroner has a dual role: Public Safety and Public Health

As a **Public Safety Agency**, the MCCO conducts death investigations in an independent manner and without bias. MCCO medico-legal investigators and forensic pathologists work with the law enforcement agency to determine if a death was caused by a criminal act. The MCCO medico-legal investigators ensure positive identification and notification of legal next-of-kin occur as quickly as possible.

As a **Public Health agency**, the MCCO provides information on the state of health of the residents of Marion County and alert appropriate agencies of deaths that may present an immediate threat to its population. The MCCO conducts epidemiological research and partners with multiple agencies for detecting, investigating, notification of novel illnesses and predicting trends to better support at risk populations.

DUTIES AND FUNCTION

The MCCO is governed under Indiana Code § 36-2-14 and is charged with investigating deaths when/of: (1) sudden death of a healthy child, (2) physician is unable to state cause of death, after careful review of medical chart, or the deceased does not have a physician, (3) known or suspected homicide, (4) known of suspected suicide, (5) related to or following known suspected self-induced or criminal abortion, (6) following an accident or injury primary or contributory, either old or recent, (7) accidental poisoning (food, chemical, drug, therapeutic agents), (8) occupational disease or hazard, (9) all deaths of unidentified persons, (10) person in the custody of the state (incarcerated, foster care, adult protective services), (11) has died by casualty.

The MCCO is comprised of three divisions dedicated to serving the Marion County community: (1) Investigations, (2) Administration, and (3) Forensic Pathology. During a death investigation, a medicolegal death investigator (Deputy Coroner) will respond to the scene, gather pertinent information (medical and social), and arrange for the removal of the body if a forensic examination is necessary to determine the exact cause and manner of death. A certified forensic pathologist performs the post-mortem physical exam. If needed, fluids/tissues may be sent for lab analysis such as toxicology or histology. The MCCO does not possess the capability of performing toxicology or histology analysis within the agency. As a result, samples are sent to the Indiana State Police lab or a separate contracted lab for analysis. The forensic pathologist will complete a comprehensive pathology report identifying the cause and manner of death.

Autopsies, or forensic exams, are performed mainly to determine the medical cause of death and to gather evidence for court. The coroner typically will not perform an autopsy if the manner of death is “natural” and the cause of death can be determined by a review of past medical history or an external examination.

OVERVIEW

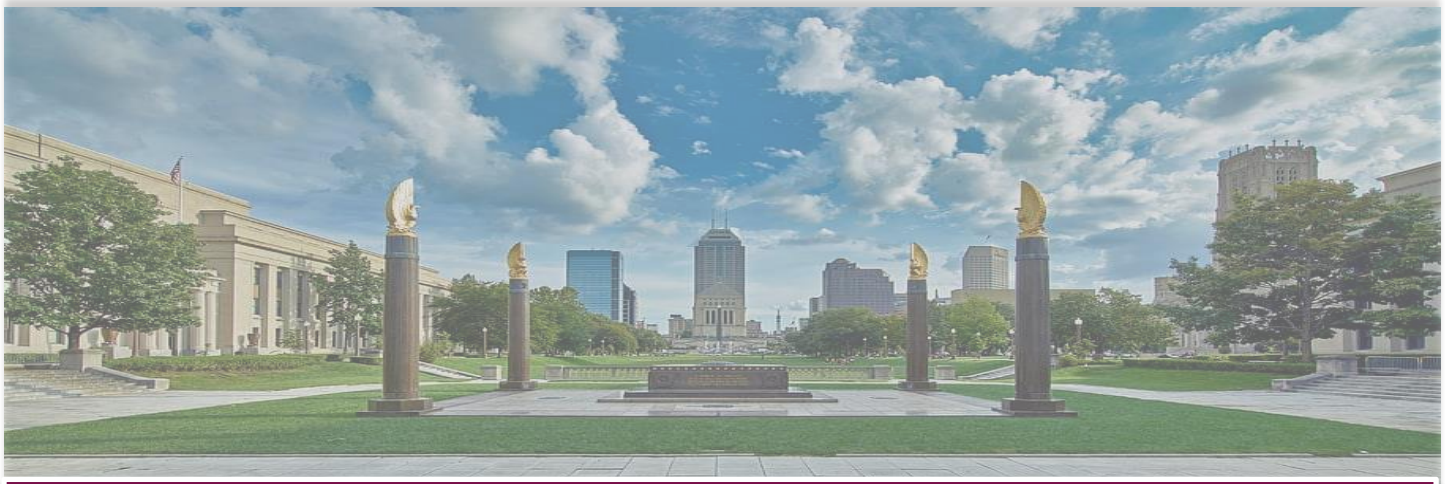
The MCCO has a legal obligation to positively identify any decedent accepted as a case. An identification card cannot be used as a legal method of positive identification. The MCCO will employ various methods to positively identify an individual, including: (1) visually by a family member on scene, (2) digital photograph, (3) fingerprint analysis, (4) dental records, or (5) DNA. Due to legal and health reasons, a decedent cannot be viewed at the MCCO. As a result, digital photographs are used by MCCO as a viewing method for positive identification. The MCCO staff will work with legal next-of-kin to set up an appointment to perform positive identification in the office.

If a decedent is unable to be positively identified, the decedent remains in the custody of the MCCO until the individual can be positively identified. If no legal next-of-kin can be identified, an individual becomes an unclaimed decedent. If the decedent is not claimed, they are cremated at the expense of the county and retained indefinitely at the MCCO. The MCCO works closely with the federal government to ensure any unclaimed decedent receives the appropriate military honors and respect for final disposition.

The MCCO will retrieve property from a scene and inventory the property at the office. A decedents property can then be turned over to the legal next-of kin at the office. Property removed by office staff and deemed as evidence in a criminal investigation cannot be released without law enforcement approval. Legal next-of-kin can contact MCCO to schedule a time to retrieve their loved one's property.

After the MCCO accepts a case and the decedent must be transported to the office, the family is encouraged to choose a funeral home. A funeral director can further coordinate arrangements with the office and help the family prepare for the funeral.

Legal next-of-kin can obtain a copy of death certificates from the Marion County Health Department or by contacting the funeral home. Death certificates are certified after an official cause and manner of death is determined. Though the MCCO works to close cases as quickly as possible, this process can take a couple of days up to several weeks to complete. Once a death certificate is certified by the Marion County Coroner, the legal next-of-kin can request a copy of a postmortem report by contacting the MCCO. A postmortem report (autopsy report) can be physically collected or mailed to the legal next-of-kin upon request. Due to the volume of cases the MCCO processes within a Calendar Year, it is unable to send postmortem reports without prior request from the legal next-of-kin.



SERVICES AND COLLABORATIONS

ORGAN/TISSUE DONATION: The MCCO works diligently with all organ and tissue donation organizations to ensure that donation can occur. Unless prevented due to criminal investigations, a representative from the Indiana Donation Alliance will work closely with decedent's families and the MCCO to coordinate organ and/or tissue donations. Organ/tissue donations will not delay the funeral or memorial services and will still allow for open casket viewing if desired.

UNCLAIMED INFANT FUNERAL SERVICES: The MCCO works with *He Knows Your Name Ministries* to make sure any unclaimed infant receives a proper burial if no known family are available to do so.

CONSULTATIONS: The MCCO routinely works with the following agencies for further assistance in active death investigations: (1) IU School of Dentistry, (2) Human Identification Center at the University of Indianapolis, (3) NMS Labs, and (4) Indiana State Police Crime Lab.

INTERNSHIPS: The MCCO regularly provides internships for the spring, summer and fall semesters to current college students. Interns participate in a full training program, rotation through each department and the opportunity to participate in community events.

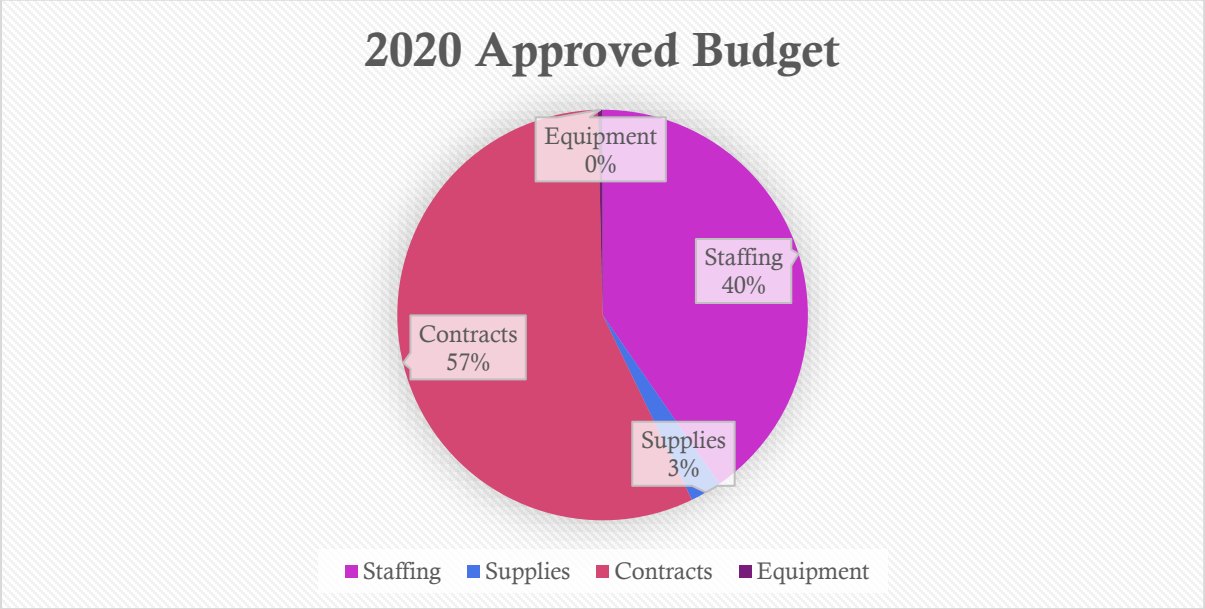
FELLOWSHIP: The MCCO offers one ACGME-accredited Forensic Pathology Fellowship in partnership with the Indiana University School of Medicine's Pathology Department. The training program fulfills the eligibility requirements for board certification. Fellows perform approximately 250 autopsies, participate in death scene investigations, handle questions from family members and police officers, and testify in court.

MEDICAL EDUCATION: The MCCO has agreements with the IU School of Medicine in which medical students and residents participate in a rotation to observe pathologists conducting examinations, including autopsies to determine the cause and manner of death.

COMMUNITY EDUCATION: One of the goals of the MCCO is to bring educational opportunities to the community, especially youth education. Deputy Coroners perform presentations at local high school and universities on the field of Forensic Science. The MCCO agency leadership also contribute in community presentations answering questions from the public on the role and function of the coroner's office in Marion County.

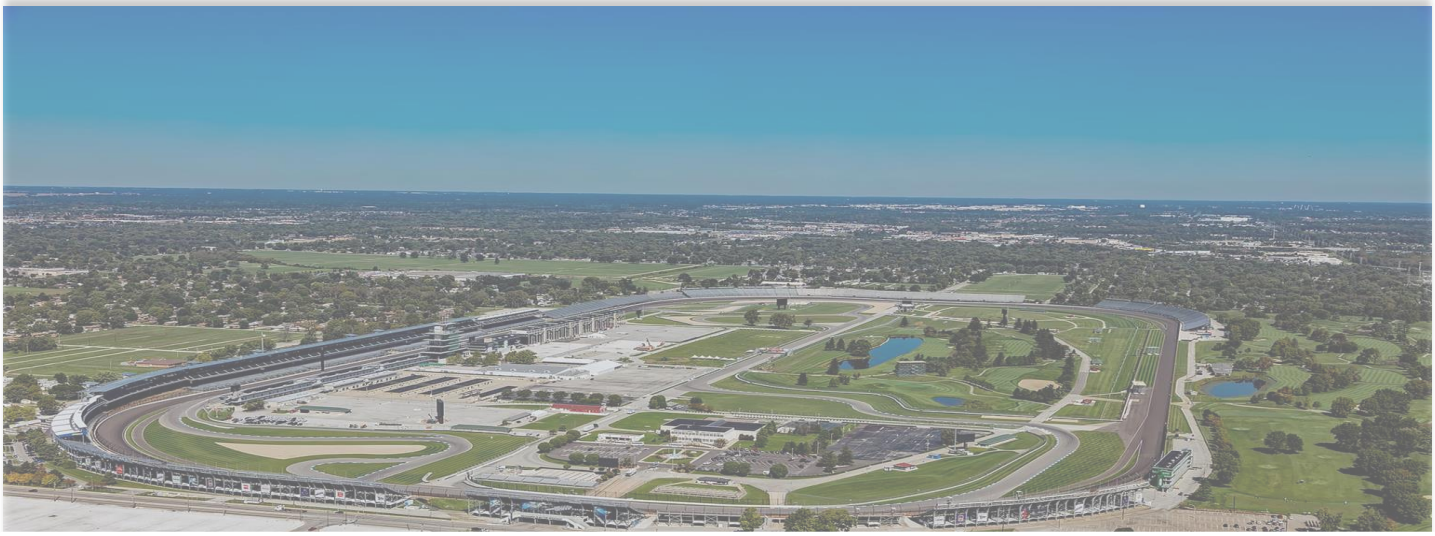
MARION COUNTY CORONER'S OFFICE: BUDGET

The MCCO worked extensively on the overall agency budget for CY20. The main objectives for the 2020 budget included: increase in staffing to handle the increasing case load, increase for supplies to perform forensic death investigation, increase to staff wages, and to add additional forensic pathologists to assist with the increase need for forensic exams. The MCCO experienced an increase of 28% to the accepted case load. Forensic exams also increased by 26%. These increases are unprecedented within a single calendar year. On average, the office experiences a 5 to 10% increase in case load. With the added cost of COVID, the agency budget approved for 2020 was not enough to handle the needs of the agency. The increase in caseloads across all manners of death directly impacts the needs in all aspects of the budget. Despite regular and routine analysis on the increasing case load, the MCCO is still under budgeted to meet the needs of the community and to perform their statutory duty.



COVID-19 Budget Impact

The MCCO remained on the front lines of the COVID-19 response due to the significant role the office plays in public health. The public health crisis added an additional burden on the MCCO, as part of the county mass fatality expectations and the increase in healthy and safety measures. The MCCO limited public access to their building; however, due to the nature of the statutory duties required by the office, full closure and remote work of staff was not 100% possible during 2020. The MCCO was also tasked by community partners (health and hospital groups) and the Marion County Public Health Department to be prepared to handle any possible surge in COVID-19 deaths within Marion County. The MCCO prepared an external site for additional storage which could have been needed within the county. The MCCO was able to obtain some FEMA reimbursement for agency expenses as it directly related to COVID deaths. A detailed analysis of COVID deaths where the MCCO accepted jurisdiction is covered in detail in a special report within the data analysis section.



MARION COUNTY CORONER'S OFFICE: 2021 INITIATIVES

The Marion County Coroner's Office will be working towards the following goals for CY 2021:

- Address staffing and budget shortfalls
- Pursue NAME reaccreditation
- Lower case quantities per staff member to ensure investigation integrity
- Design agency initiative to address staff resiliency and workplace mental health
- Decrease turnaround time of autopsy reports
- Ensure equity in hiring practices and execution of agency mission
- Participate in a mass fatality tabletop exercise

Overview of Cases Reported and Investigated

During the Calendar Year (CY) 2020, 4,066 deaths were reported to and investigated by the Marion County Coroner's Office. Overall, the number of deaths reported to MCCO increased over CY 2019 by 34%. However, the percentage of accepted cases increased by 28% over 2019. The MCCO accepted jurisdiction of 64% of reported deaths in CY 2020.

MCCO Caseload

Accepted Cases - The MCCO accepted jurisdiction of 2,608 decedent cases, of which 1,657 were autopsied.

Declined Cases - The MCCO declined jurisdiction of 1,458 decedent cases, of which 38 became Storage Requests.

Storage Requests – The MCCO will transport a decedent for storage under unique circumstances either from scenes, nursing homes, hospices and similar facilities when legal next-of-kin is not available at time of death to make final disposition decisions. A total of 183 decedents, 38 of which were previously "declined" cases, were transported to MCCO for temporary storage.

Unclaimed Decedents – The MCCO takes custody of decedents were legal next-of-kin is not present or cannot be immediately notified of the death to make final disposition decisions. If no legal next-of-kin can be identified, the MCCO designates the decedent to be "unclaimed." There were 45 unclaimed decedents in CY20. This is a 41% increase over CY19.

Scene Visits and Body Transport – The MCCO medicolegal investigative staff reported to 2,429 scenes. The MCCO transported 1,850 decedents to the office for either storage or forensic exam. A 15% increase occurred in the number of scenes visited and a 10% increase occurred in the number of decedents transported to the MCCO for temporary storage or a forensic exam from CY19 to CY20.

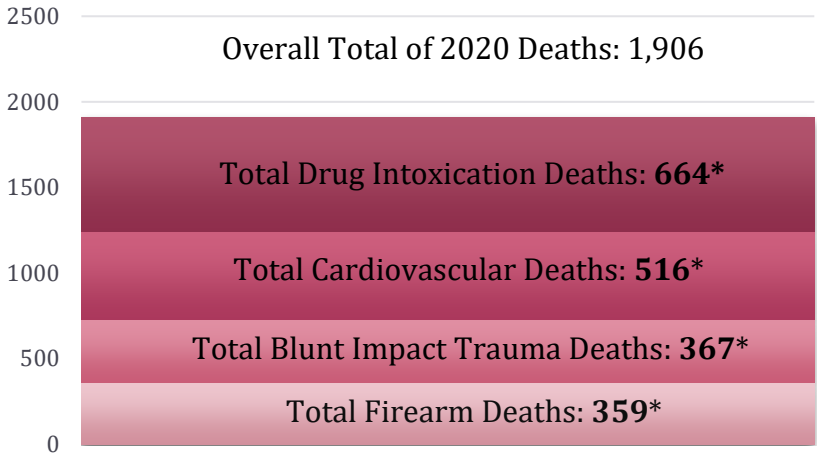
Organ/Tissue Donation – There were 1,275 organ or tissue donation referrals during CY20, 63 were accepted for moving forward with donation.

2020 Coroner Cases by Manner of Death

Manner	Full Autopsy	Partial Autopsy	External Autopsy	Medical Record Review Only	Total
Accident	352	6	469	244	1,071
Homicide	276	0	3	5	284
Natural	123	21	179	692	1,015
Suicide	27	32	112	8	179
Undetermined	44	1	6	2	53
Pending	3	0	3	0	6
Total	825	60	772	951	2,608

Most Prevalent Causes of Death in CY 2020

*The counts below include ALL manners



Cause of Death

The CY20 Annual Report shows a new trend in the top causes of death. Drug intoxication deaths surpassed cardiovascular deaths for the first time as the top cause of death in all accepted cases in CY20. Drug intoxication deaths increased by 4% over CY19, accounting for 25% of total deaths in CY20. Cardiovascular decreased by 5% - accounting for only 20% of total deaths in CY20. Both Blunt Impact Trauma and Firearm related deaths saw an increase of 4% and 3% respectively. The top four causes of death in CY20 accounted for 73% of total deaths in accepted cases.

Gender and Age Distribution

The CY20 Annual Report shows there are no significant changes in gender distribution across all deaths from CY19. However, there was a shift in the most impacted age groups from CY19 to CY20. In CY19, 40 to 49 was the third highest age group most prevalent for decedents. In CY20, the most impacted age groups for decedents are now (1) 60 to 69, (2) 30 to 39, and (3) 50 to 59.

Demographics of Decedents of CY 2020 Across all Manners of Death

Age Group	Male	Female	Unknown	Total	Percent of Ages
< 1	25	25	1	51	2%
1 to 12	21	11	0	32	1%
13 to 19	66	18	0	84	3%
20 to 29	272	87	0	359	14%
30 to 39	320	112	0	432	17%
40 to 49	265	99	0	364	14%
50 to 59	305	123	0	428	16%
60 to 69	335	132	0	467	18%
70 to 79	129	89	0	218	8%
80 to 89	72	48	0	120	5%
90 +	24	29	0	53	2%
Total	1,834	773	1	2,608	
Percent of Gender/Sex	70.3%	29.6%	0.08%		100%

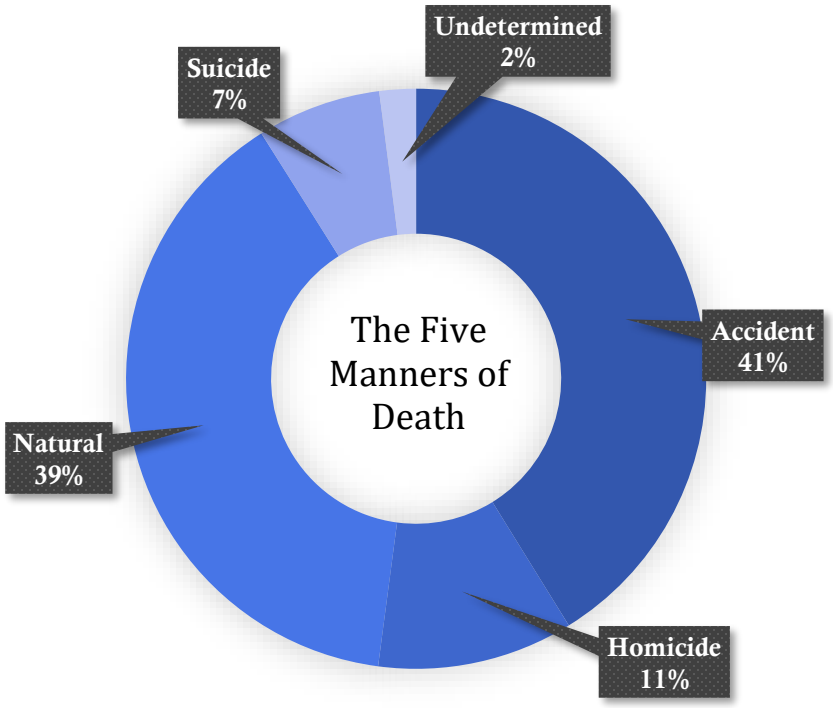


*Chart does not include pending cases accounting for less than 1%

Demographics of Decedents of CY 2020 Across all Manners of Death by Race and Gender

Race	Male	Female	Unknown	Total	Percent of Race
Asian	13	4	0	17	1%
Asian Indian	7	0	0	7	0%
Black	624	236	0	860	33%
Native Hawaiian	1	0	0	1	0%
Other	8	5	0	13	0%
Unknown	1	0	1	2	0%
White	1,180	528	0	1,708	66%
Total	1,834	773	1	2,608	100%

Demographics by Race and Gender

The CY20 data shows a similar trend in the distribution of races among decedents, not separated by manner of death compared to CY19. White males remained the majority demographic of decedents for age and race from CY19 to CY20. However, the race demographic changed slightly with white decedents decreasing by approximately 3% and black decedents increasing by 2%. The MCCO took into custody one set of partial skeletal remains which were unable to be identified by race, gender or age.

SUMMARY OF FINDINGS FOR MANNER OF DEATH

HOMICIDES: The MCCO investigated **284** homicides in the CY 2020. This report shows homicides increased significantly from the previous year by 55% but continued to be more prevalent among black males and in persons between the ages of 20-29 than any other category. The most common weapon causing death was firearms. The peak month for homicides during CY20 was October; however, three months (May, July and August) were tied for the second highest homicide rate.

SUICIDES: The MCCO investigated **179** suicides in the CY20. This report shows suicides increased from the previous year by 14% and suicides were more prevalent in white males. However, in CY20 the suicide rate was found to be higher in persons between the ages of 20-29, with the second highest age group being 30 to 39. This is a change from the previous year with the most impacted age range in CY20 becoming a younger demographic. Firearms were the most common cause of death, followed by ligature/hanging which is consistent from year to year. Peak incidents changed from January and September in CY19 to July and December in CY20.

ACCIDENTS: The MCCO investigated **1,071** deaths which were classified as accidental in CY20. This report shows accidental deaths increased by 33% after having remained stagnant in the last several years. Of the **1,071** cases investigated, the most prevalent causes of death were as follows: 640 were the result of accidental drug intoxication, 351 were the result of blunt force traumatic injuries, 18 were the result of thermal/fire related injuries, 15 were the result of accidental drowning, 8 were the result of choking incidents, 6 were the result of environmental exposure, 5 were the result of a gunshot wound and 28 are categorized as other. Accidental deaths can encompass the following circumstances: accidental falls, motor vehicle accidents, etc. The specifics on the method of injury is further discussed in the data section of the report dedicated to accidental deaths. The most common age group impact by accidental deaths remained consistent from CY19 to CY20 in white males and between the ages of 30-39. Peak incidents for accidental deaths increased to three months with the highest incidents occurring in May, September, and December.

NATURAL DEATHS: The MCCO investigated **1,015** natural deaths in CY20. The report shows the number of natural deaths investigated increased by 21% over CY19 and the leading cause of death in natural cases was cardiovascular disease with 516 deaths, followed by respiratory illness at 106 then diabetes at 105. The most impacted demographic remained consistent from CY19 at white males. The most impacted age group was 60 to 69-year old. The peak month for natural death investigations was April, followed by May. COVID-19 related investigations accounted for 4.2% of natural deaths in accepted cases.

UNDETERMINED: The MCCO investigated **53** cases where the manner of death was unable to be determined. An Undetermined manner of death is a result of inconclusive evidence as to the circumstances of the death at the time and/or inconclusive examination results. The MCCO can alter or update a manner of death if new information is received at any time by recertifying the death certificate. Infant deaths that are ruled as Sudden Unexpected Infant Deaths (SUID) can be classified as undetermined. The number of undetermined deaths increased by 43% from CY19 to CY20. The peak month was identified as May with 8 investigations ultimately ruled as an undetermined for manner of death. The more prevalent age group involved persons aged under 12 months, followed by persons age 1-12.

Total Number of Cases Reported and Investigated by the MCCO	4,066
Total Number of Declined Cases	1,458
Total Number of Cases Accepted for Further Investigation	2,608
Percent of Cases Reported & Investigated	64%
Total Number of Autopsies	1,657
Percent of Accepted Cases Autopsied	64%
Number of Scene Visits by a Medicolegal Investigator	2,429
Total Number of Bodies Transported to MCCO	1,847
Percent of Bodies Transported	70%
Total Number of Organ/Tissue Donation	63

Definition of Unfamiliar Exam Type

*Medical Record Review are cases where the body is not available, or a forensic exam is not necessary, to determine the cause and manner of death.

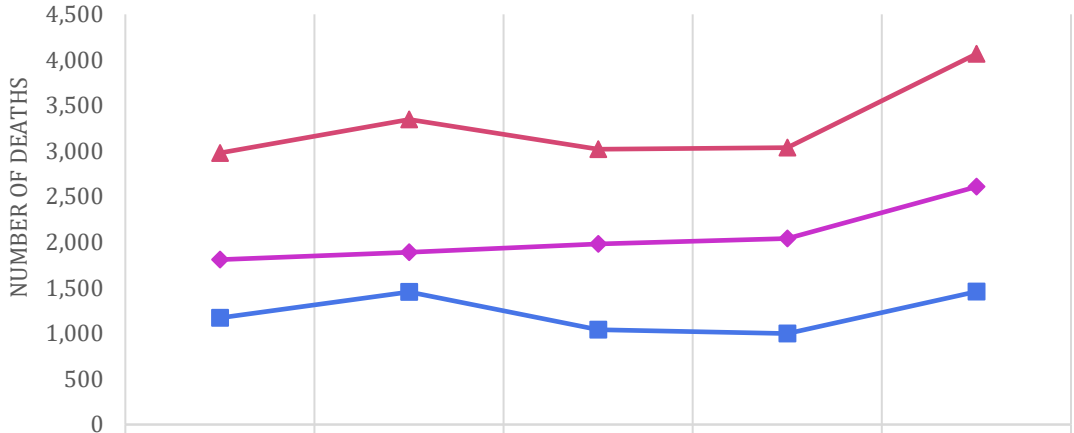
Breakdown of Accepted Cases by Exam Type

Total Number of Cases Accepted for Further Investigation	2,608
Total Number of Autopsies	1,657
Percent of Cases Accepted Autopsied	64%
Number of Medical Record Review*	951
Percent of Medical Record Review	36%
Number of Full Examinations	825
Percent of Full Examinations	32%
Number of Partial Examinations	60
Percent of Partial Examinations	2%
Number of External Examinations	772
Percent of External Examinations	30%

Breakdown of Accepted Cases and Autopsies by Month

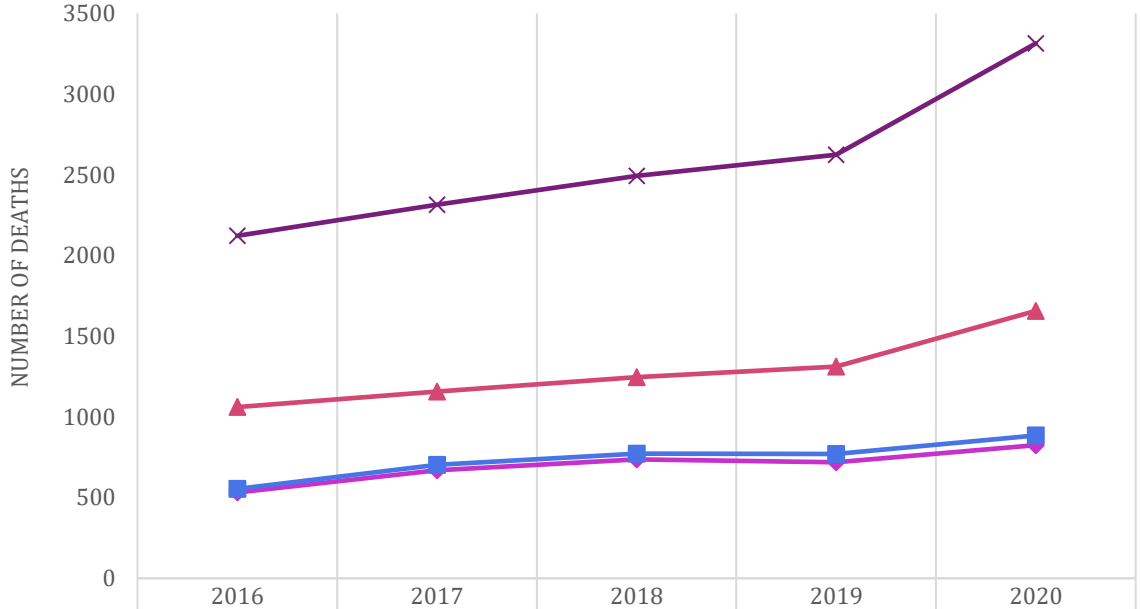
Month	Case Investigations	Autopsies (Full, Partial & External)
January	197	134
February	186	121
March	175	105
April	218	112
May	263	168
June	234	148
July	214	143
August	215	136
September	214	152
October	228	156
November	216	131
December	248	151
Total	2,608	1,657

TRENDS IN DEATHS REPORTED TO MCCO



	2016	2017	2018	2019	2020
Accepted	1,809	1,890	1,980	2,039	2,608
Declined	1,170	1,455	1,040	998	1,458
Total Reported	2,979	3,345	3,020	3,037	4,066

TRENDS IN DEATHS INVESTIGATED BY EXAM TYPE



	2016	2017	2018	2019	2020
Total Exams	1,061	1,157	1,247	1,312	1,657
External Exam	507	454	475	542	772
Partial Exam	22	34	35	52	60
Full Exam	532	669	737	718	825

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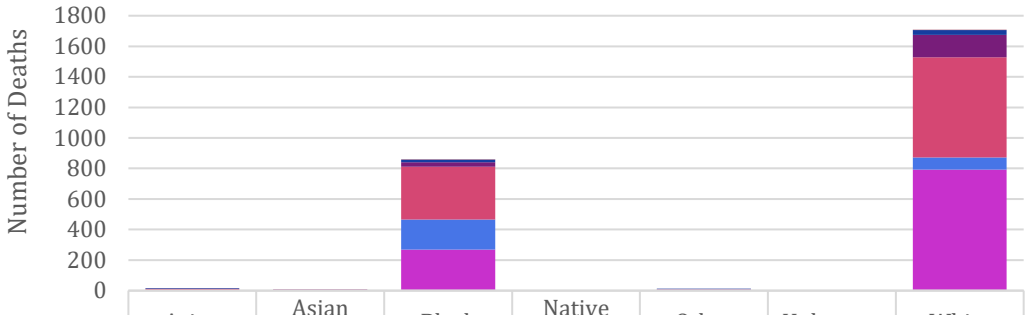
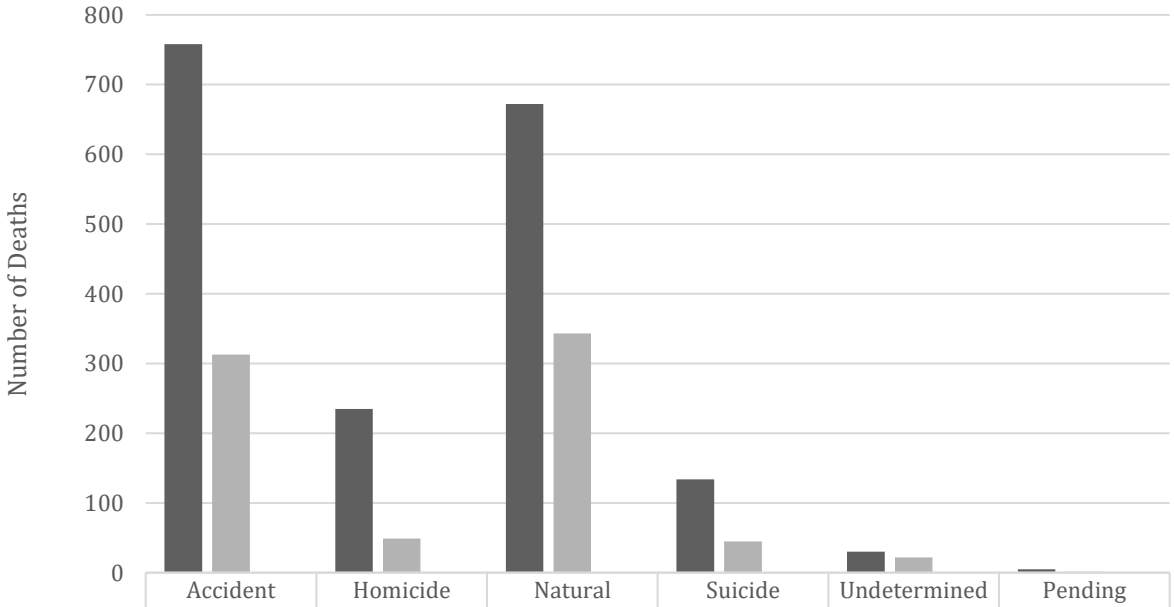
At time of the CY20 Annual Report for MCCO, census data is not available. Once the 2020 Census data for Marion County is made available, a comparison of decedent demographics to the demographics of the county will be performed and added to the annual report.

2020 Deaths by Race and Manner of Death



	Asian	Asian Indian	Black	Native Hawaiian	Other	Unknown	White
Pending	0	0	3	0	0	1	2
Undetermined	3	0	16	0	1	1	32
Suicide	0	1	29	0	3	0	146
Natural	9	2	346	0	3	0	655
Homicide	1	2	198	0	2	0	81
Accident	4	2	268	1	4	0	792

Total Number of 2020 Deaths by Gender



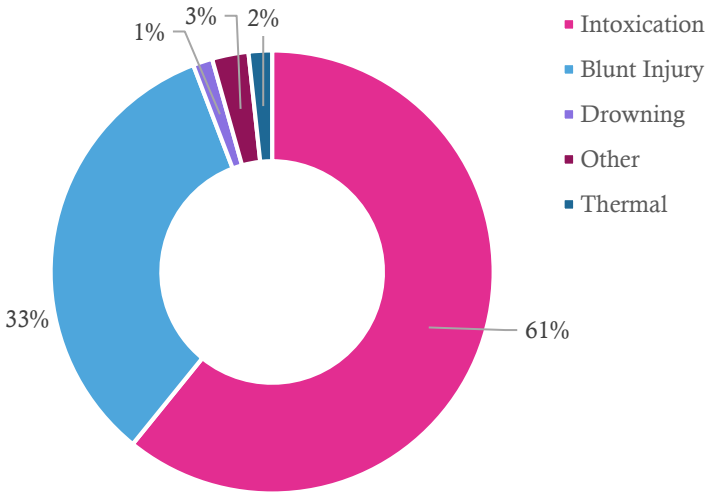
	Accident	Homicide	Natural	Suicide	Undetermined	Pending
Male	758	235	672	134	30	5
Female	313	49	343	45	22	1
Unknown	0	0	0	0	1	0

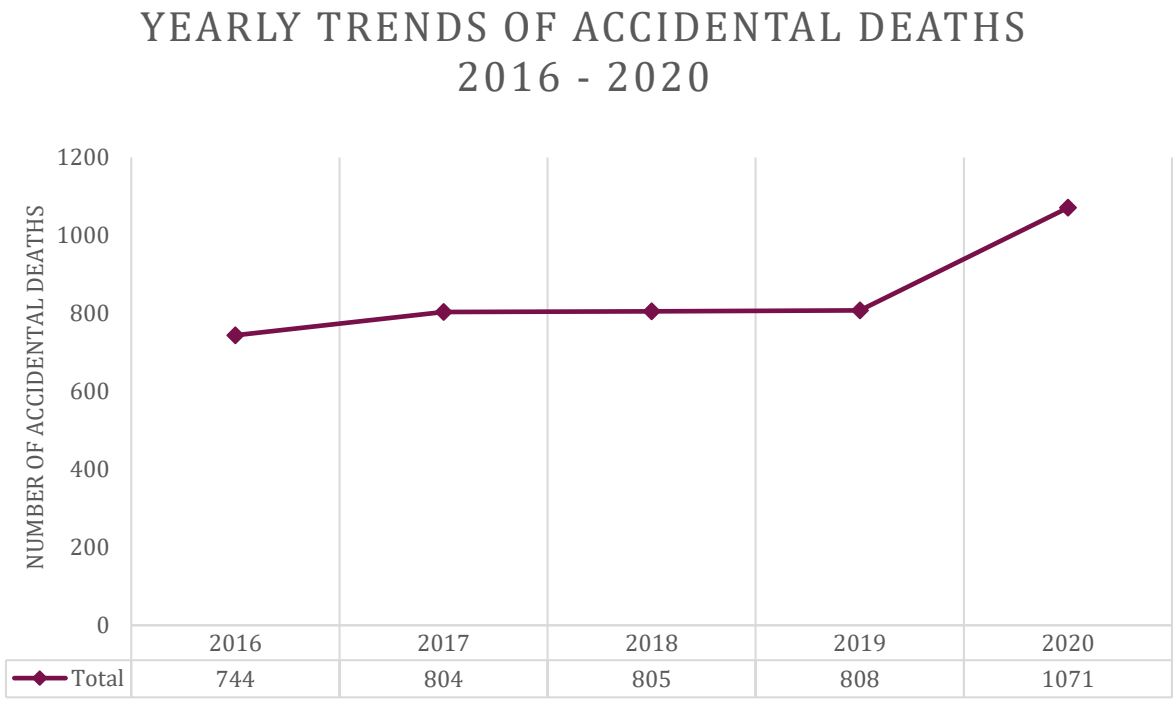
The MCCO investigated **1,071** accidental deaths in CY20. Of the **1,071** cases investigated, **232** were related to motor vehicle accidents and **640** were the result of prescription and/or illicit drug overdose. There was a increase of accidental deaths over CY19 by 33%. Approximately 60% of accidental deaths were the result of drug intoxication. There were more accidental deaths in May, September and December than any other month, males made up 71% of decedents, white decedents made up 74%, and the age group of 30-39 were more prevalent at 23% of decedents.

1A. Accidental Deaths Total

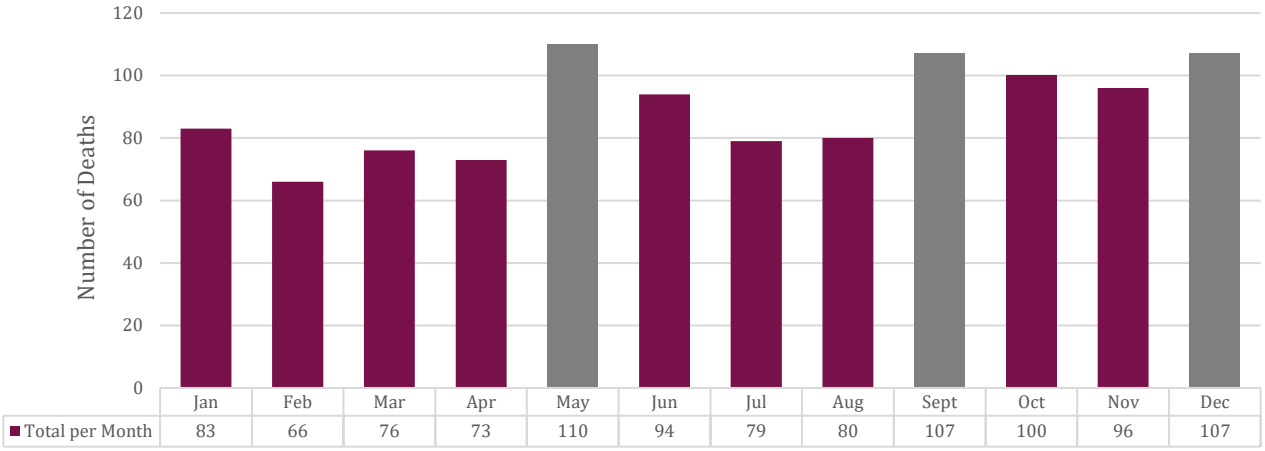
ACCIDENTS BY CAUSE OF DEATH

Causes of Accidental Deaths	# of Deaths	% of Deaths
Intoxication (Drug)	640	60%
Blunt Injury	351	33%
Fire/Thermal	18	2%
Drowning	15	1%
Choking	8	1%
Environmental	6	1%
Gunshot Wound	5	0%
Other	28	3%
Total	1,071	100%





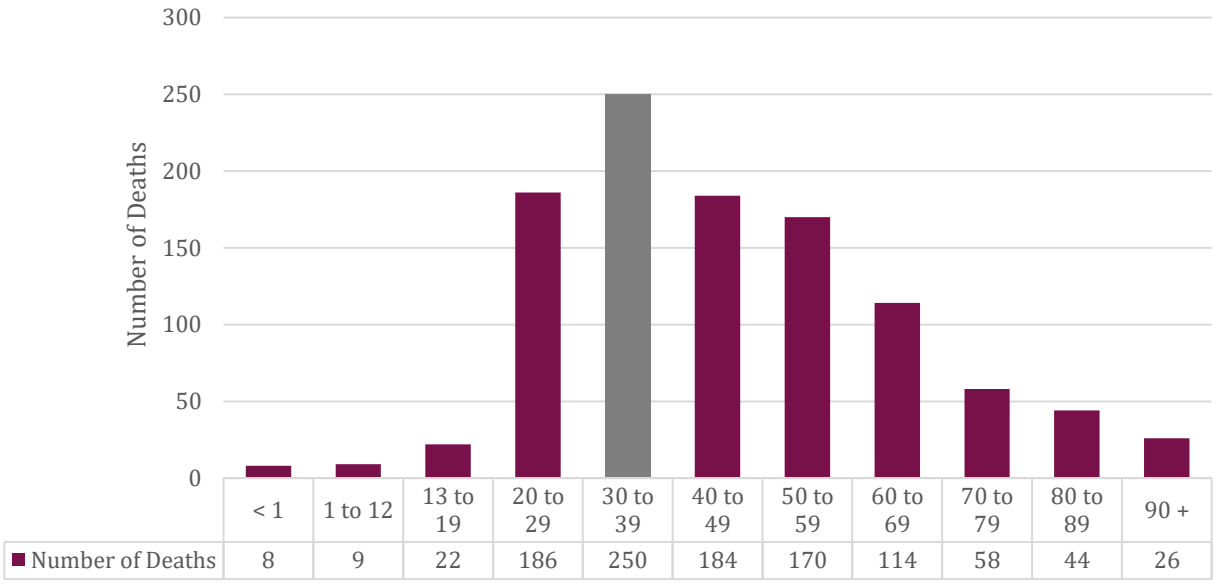
Accidental Deaths by Month



Accidental Deaths by Race and Gender

	Male	Female	Total	% of Race
Asian	4	0	4	0%
Asian Indian	2	0	2	0.2%
Black	193	75	268	25%
Native Hawaiian	1	0	1	0.1%
Other	4	0	4	0.4%
White	554	238	792	74%
Total	758	313	1,071	
% of Gender	71%	29%		100%

Accidental Deaths by Age



1B. Accidental Deaths involving a Motor Vehicle

Of the **232** motor vehicle related deaths, 61% were the operator of the vehicle, while 23% were pedestrians struck by a vehicle. Motor vehicle fatalities were more prevalent in persons aged 20-29 at 23%, males at 72%, and white decedents at 68%. Motor vehicle fatalities occurred most frequently in the month of September and on Saturdays.

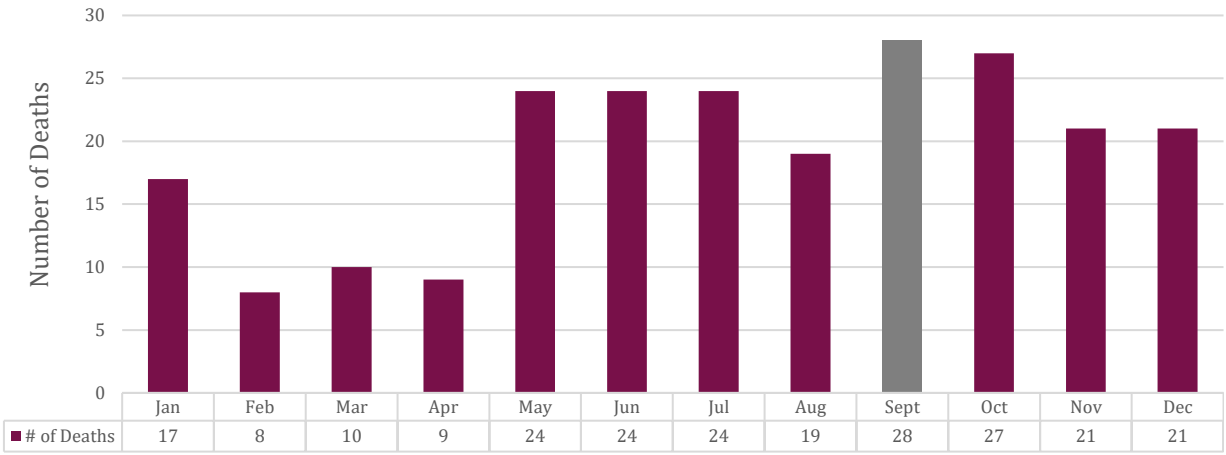
Role of the Decedent in Accidental Motor Vehicle Deaths

Role	# of Deaths	% of Deaths
Driver	141	61%
Passenger	25	11%
Pedestrian	53	23%
Other	11	5%
Unknown	2	1%
	232	100%

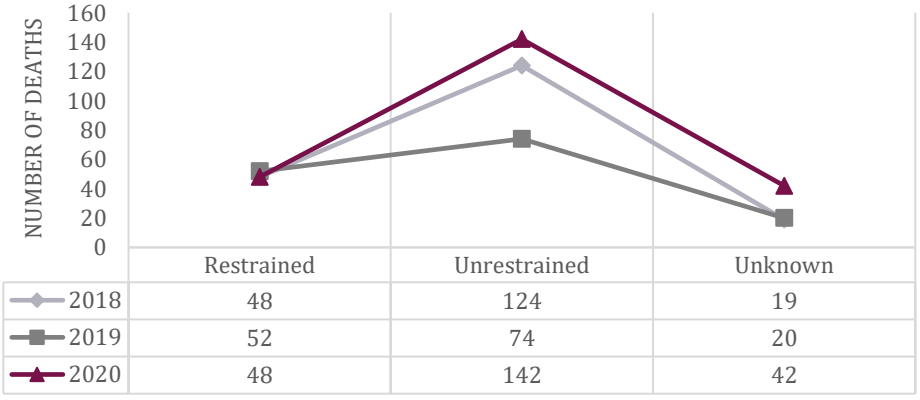
Motor Vehicle Death Trends

Overall, MVA related deaths increased by 30% from CY19. However, the percentage distribution for drivers decreased by 3% but pedestrians increased by 5%.

Motor Vehicle Deaths by Month



Seat Belt Use in Motor Vehicle Deaths

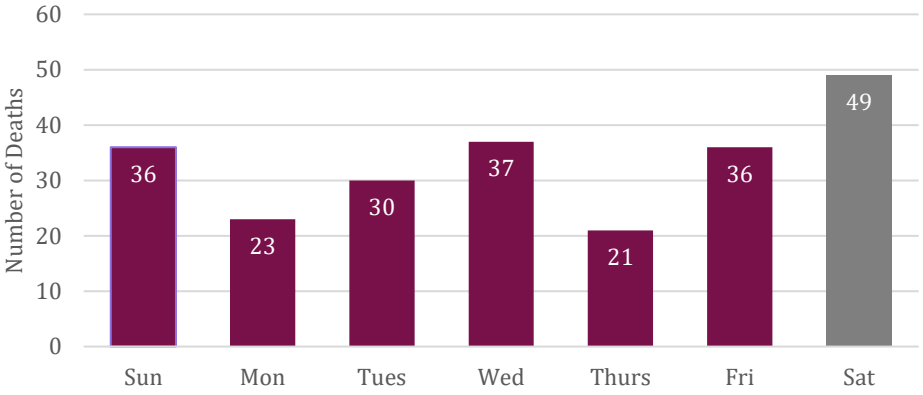


	Restrained	Unrestrained	Unknown
2018	48	124	19
2019	52	74	20
2020	48	142	42

Seat Belt Use in Motor Vehicle Deaths

The number of unstrained drivers increased in CY20 by 92%.

Motor Vehicle Deaths by Day



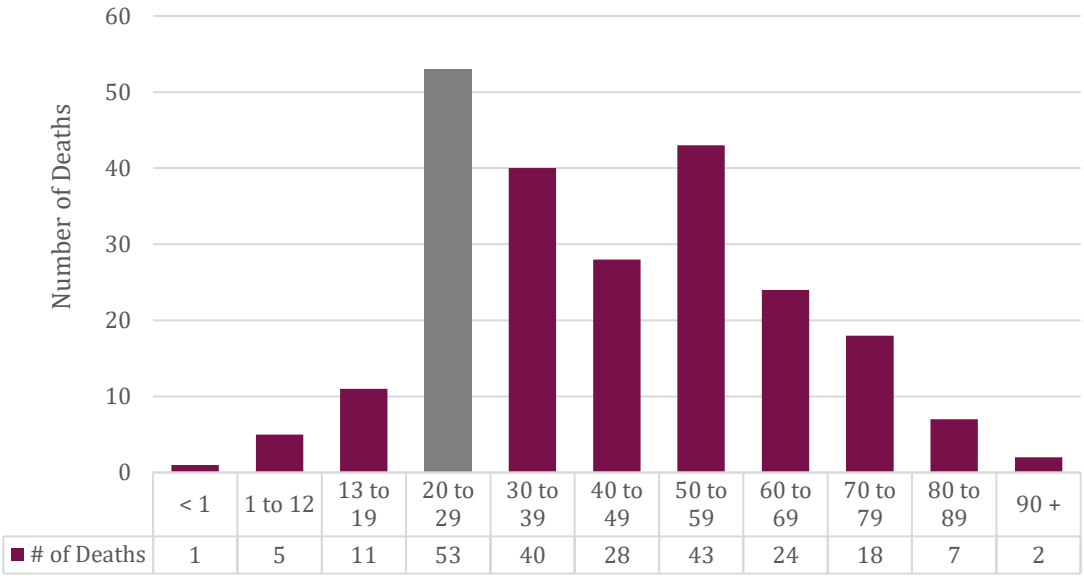
Motor Vehicle Deaths by Gender

The prevalence of males was consistent from CY19 to CY20. The distribution of race changed from CY19 to CY20 with white decedents decreasing by 9% and black decedents increasing by 10%.

MOTOR VEHICLE DEATHS BY RACE AND GENDER

	Male	Female	Total	% of Race
Asian	1	0	1	0%
Black	52	20	72	31%
Other	1	0	1	0%
White	114	44	158	68%
Total	168	64	232	
% of Gender	72%	28%		100%

Motor Vehicle Deaths by Age

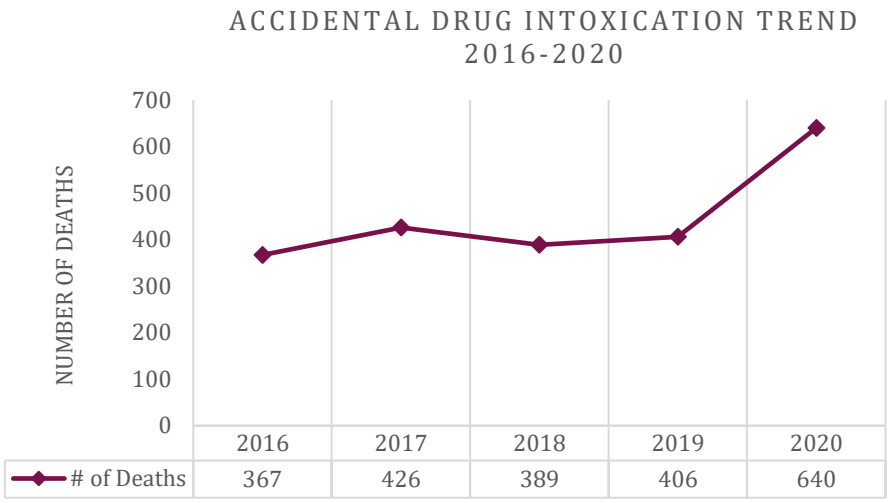


1C. Accidental Deaths involving Drug Intoxication

Of the **640** drug intoxication deaths, toxicology analysis was performed on all cases using a partnership with Phoenix Labs, Axis and the Indiana State Police Crime Lab. Drug intoxication deaths increased over CY19 by 58%. Drug intoxication fatalities were more prevalent in persons aged 30-39, males at 73%, and white decedents at 74%. Drug intoxication fatalities occurred most frequently in the month of May. Additional analysis of accidental drug intoxication can be found in the Special Report: Drug Overdose Deaths.

Drug Intoxication Deaths

Drug intoxication deaths increased over CY19 by 58%. Over a five-year comparison, drug intoxication deaths increased by 74%. CY20 saw the highest increase within one year of accidental drug overdose deaths.



Drug Intoxication Deaths by Race and Gender

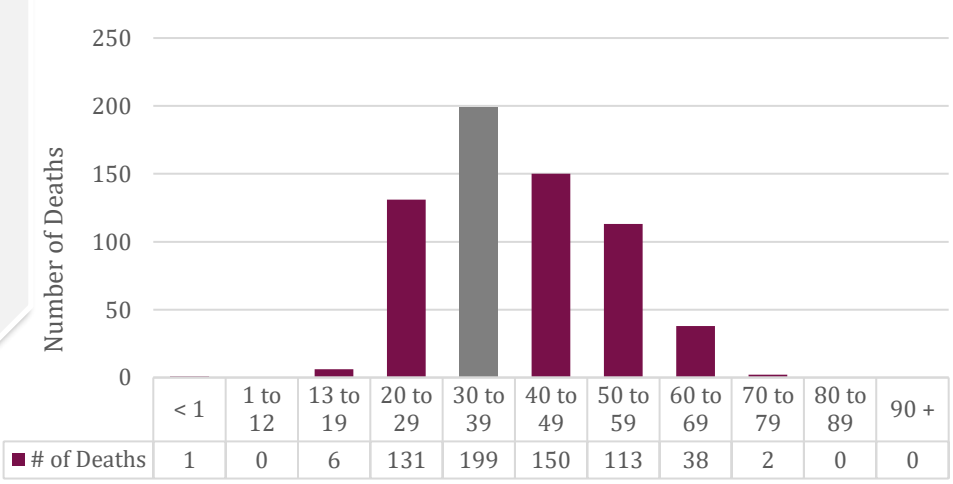
	Male	Female	Total	% of Race
Asian Indian	1	0	1	0.2%
Black	120	40	160	25%
Native Hawaiian	1	0	1	0.2%
Other	2	0	2	0.3%
White	343	133	476	74%
Total	467	173	640	
% of Gender	73%	27%		100%

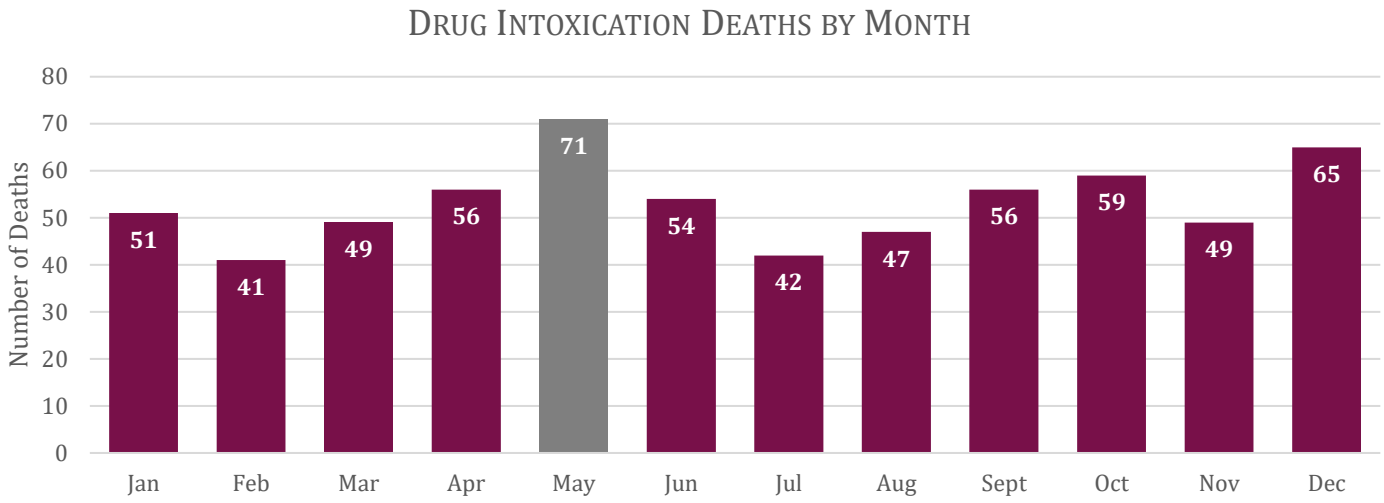
Drug Intoxication Deaths: Race & Gender

Drug intoxication maintained the trend of being more prevalent amount males and whites. CY20 increased in percentage representation over CY19 in the prevalence of males from 69% to 73% but decreased in percentage among races with a decrease of 3% among white decedents and an increase of 2% among black decedents.

Drug Intoxication Deaths by Age

The most prevalent age groups impacted by drug intoxication deaths remained at similar rates from CY19 to CY20 at (1) 30-39, (2) 40-49 and (3) 20-29.



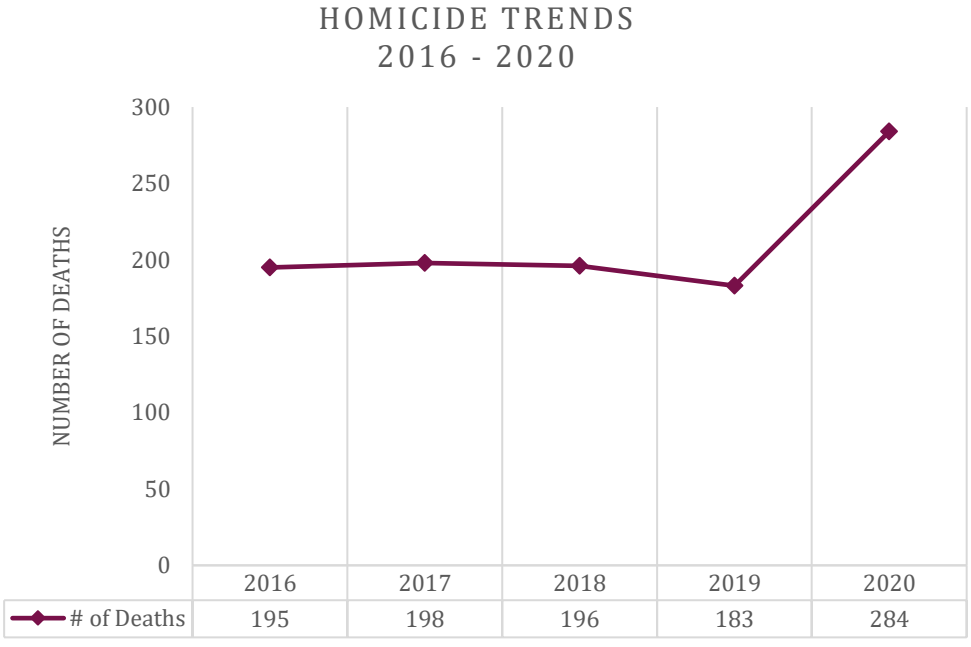


2020 Annual Report: Homicide Deaths

The MCCO investigated **284** homicide deaths in CY20. This is an increase of 55% from the previous CY. The most prevalent cause of death in homicides were firearms accounting for 87% of the total, followed by blunt force trauma at 5%. Homicide deaths were more prevalent among black decedents at 70%, in males at 83%, in the age group of 20-29 at 33% and the most incidents occurred during the month of October.

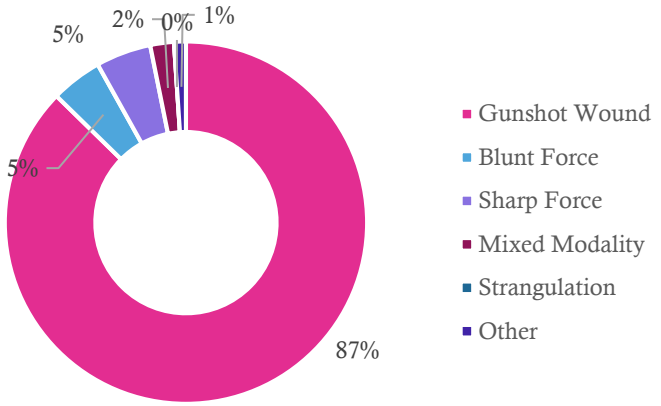
Homicide Deaths

Homicide deaths increased from the previous year, the main cause of death involving firearms and persons in the age group of 20-29 continue to have a higher percentage representation in homicides when compared to all manners of deaths.



HOMICIDES BY CAUSE OF DEATH

Causes of Homicide Deaths	# of Deaths	% of Deaths
Gunshot Wound	248	87%
Blunt Force	13	5%
Sharp Force	14	5%
Mixed Modality/Combo	6	2%
Strangulation	0	0%
Other	3	1%
Total	284	100%



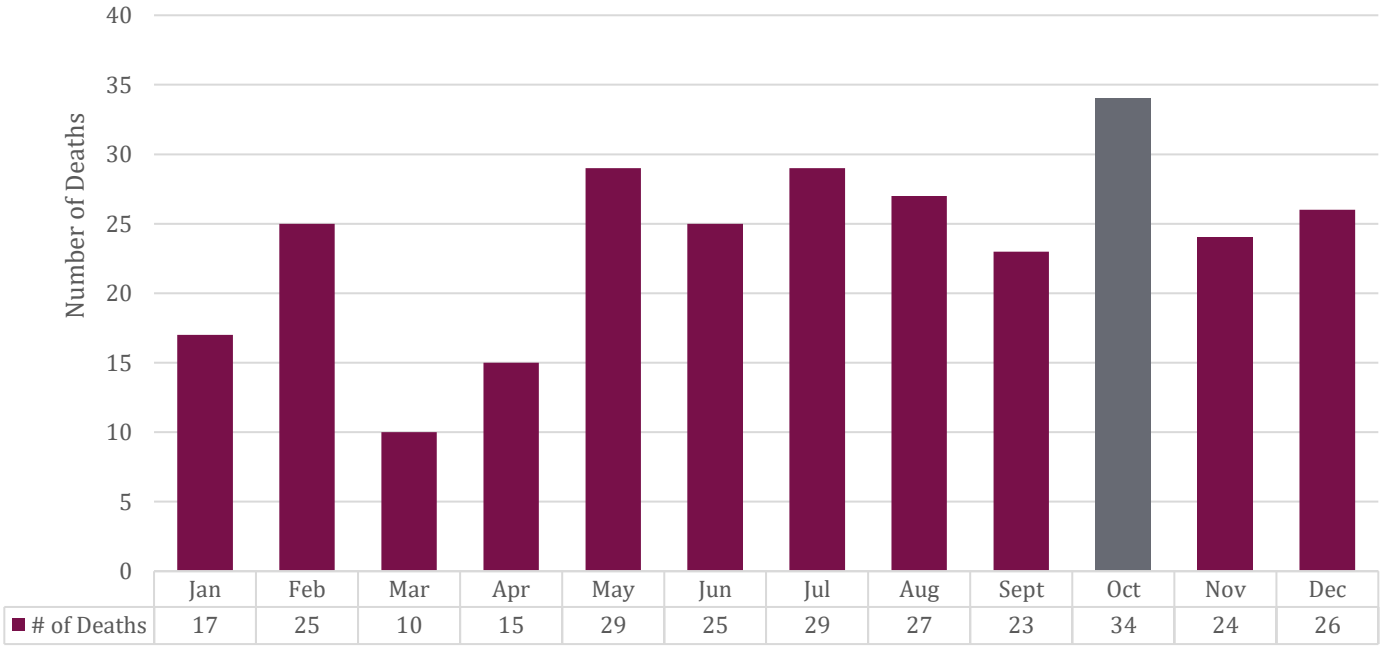
Homicide Deaths by Race and Gender

Black males remained the most prevalent race and gender impacted by homicides into CY20.

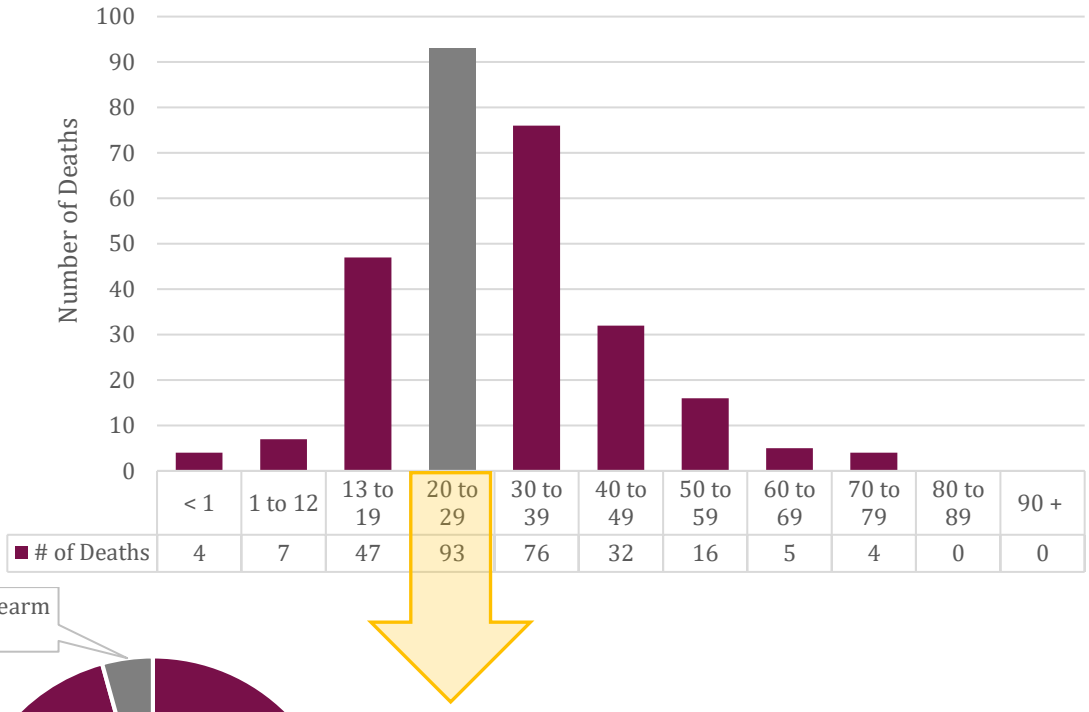
HOMICIDE DEATHS BY RACE AND GENDER

	Male	Female	Total	% of Race
Asian	0	1	1	0%
Asian Indian	2	0	2	1%
Black	174	24	198	70%
Other	1	1	2	1%
White	58	23	81	29%
Total	235	49	284	
% of Gender	83%	17%		100%

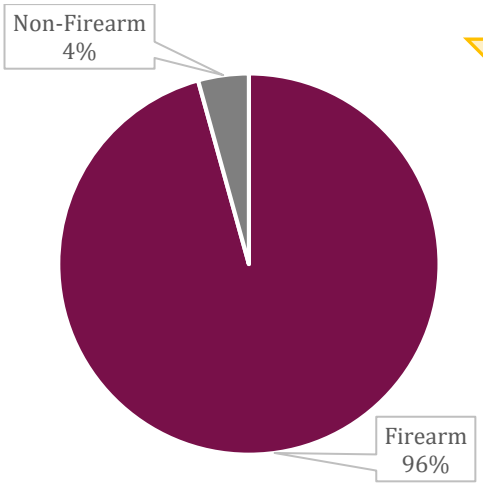
HOMICIDE DEATHS BY MONTH



Homicide Deaths by Age Group



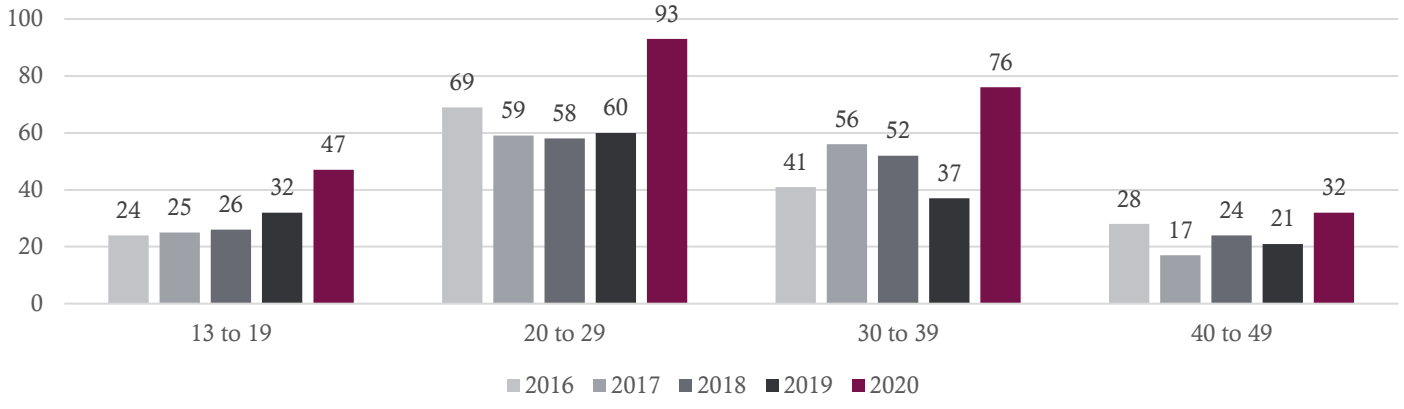
	< 1	1 to 12	13 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 to 89	90 +
# of Deaths	4	7	47	93	76	32	16	5	4	0	0



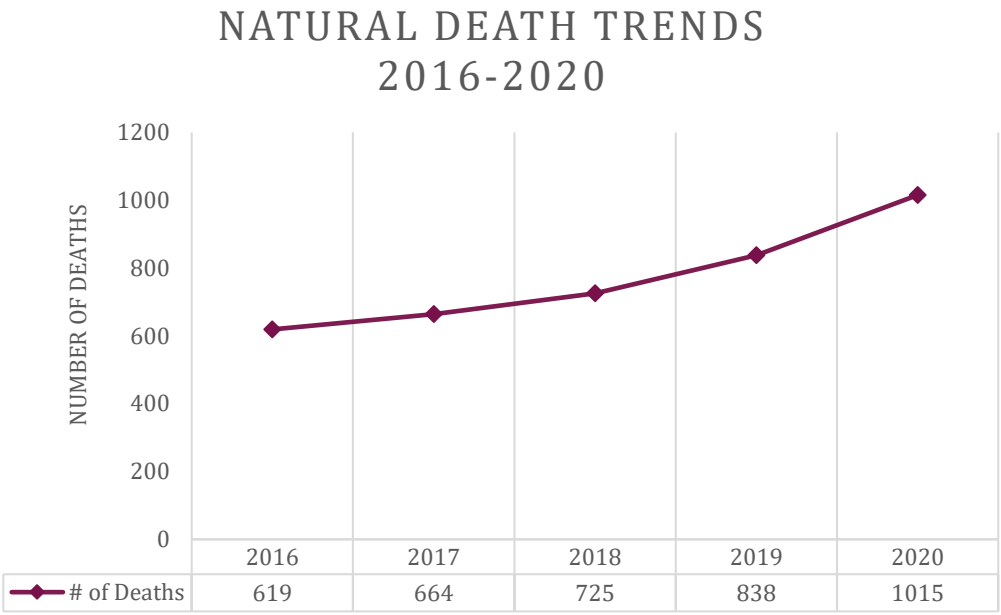
Percentage of firearm related Homicides among young adults 20 to 29 years old

- Firearm
- Non-Firearm

Homicides in the Top 4 Age Groups 2016 - 2020



The MCCO investigated **1,015** natural deaths in the CY20. The top cause of death ruled in the **1,015** natural death investigations was cardiovascular disease at **516** (51%). Natural deaths increased over CY19 by 21%. Of the **1,015** natural deaths investigated, **323** received a forensic exam. Males were found to be more prevalent in natural deaths at 66% of the total, white decedents made up 65% of the cases with persons in the age group 60-69 being most prevalent at 32%. The most incidents occurred during the month of April.



Natural Causes of Death

The main causes of death in natural death investigations increased over CY19. Cardiovascular disease increased over CY19 by 3%. Respiratory diseases remained the second most prevalent cause of natural death with diabetes as the third most prevalent comorbidity causing death.

*COVID-19 deaths represented are only ones which the MCCO accepted jurisdiction and where COVID was the primary cause of death. Additional information regarding COVID deaths investigated by the MCCO is covered in a separate section of this report.

NATURALS BY CAUSE OF DEATH

Causes of Natural Deaths	# of Deaths	% of Deaths
Cardiovascular Disease	516	51%
Alcohol Related	82	8%
Diabetes	105	10%
Neurological (Brain)	34	3%
Infection	16	2%
Cancer	34	3%
Respiratory Disease	106	10%
Obesity	9	1%
HIV/AIDS	8	1%
Renal/Hepatic	31	3%
Gastrointestinal	12	1%
Congenital	7	1%
Autoimmune	2	0.2%
COVID-19*	43	4%
Other	10	1%
Total	1,015	100%

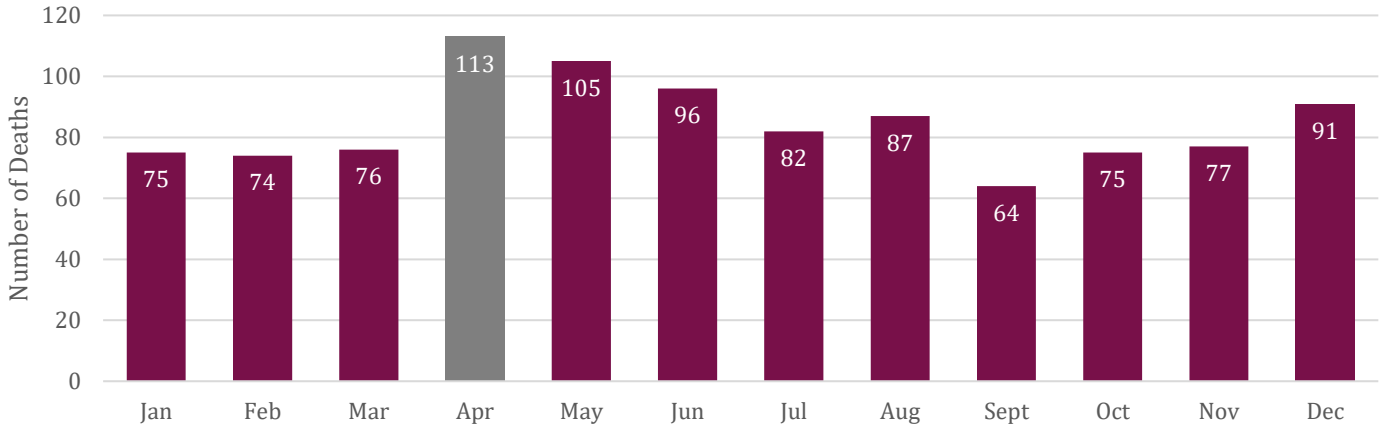
Natural Deaths by Exam Type

Type of Exam	# of Exams	% of Exams
Full Exam	123	12%
Partial Exam	21	2%
External Exam	179	18%
Medical Record Review Only	692	68%
Total	1,015	100%

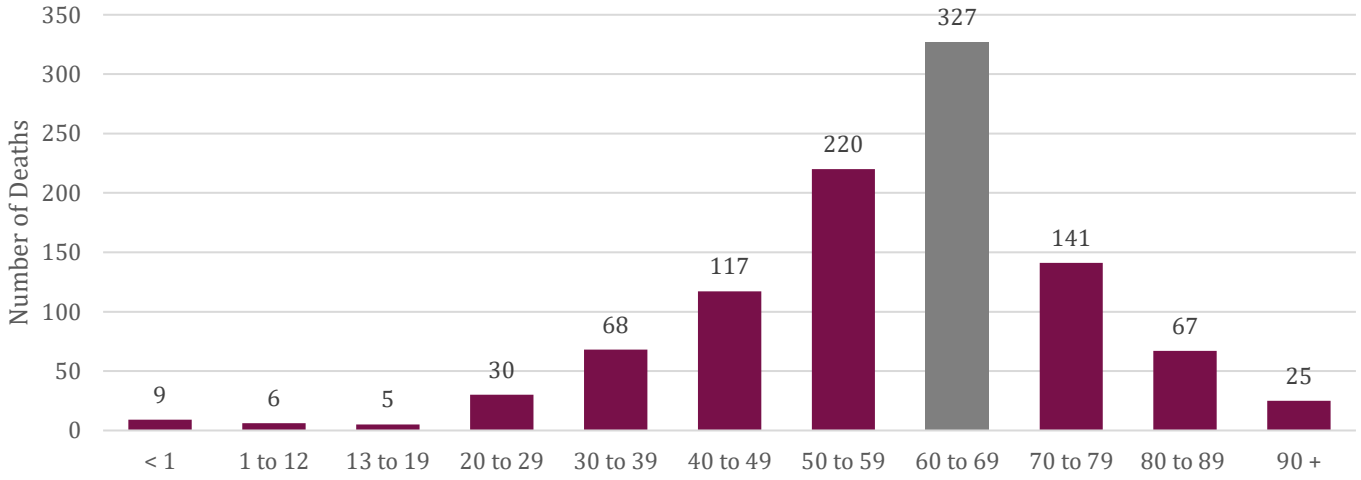
Natural Deaths by Race and Gender

	Male	Female	Total	% of Race
Asian	8	1	9	1%
Asian Indian	2	0	2	0.2%
Black	220	126	346	34%
Other	2	1	3	0.3%
White	440	215	655	65%
Total	672	343	1,015	
% of Gender	66%	34%		100%

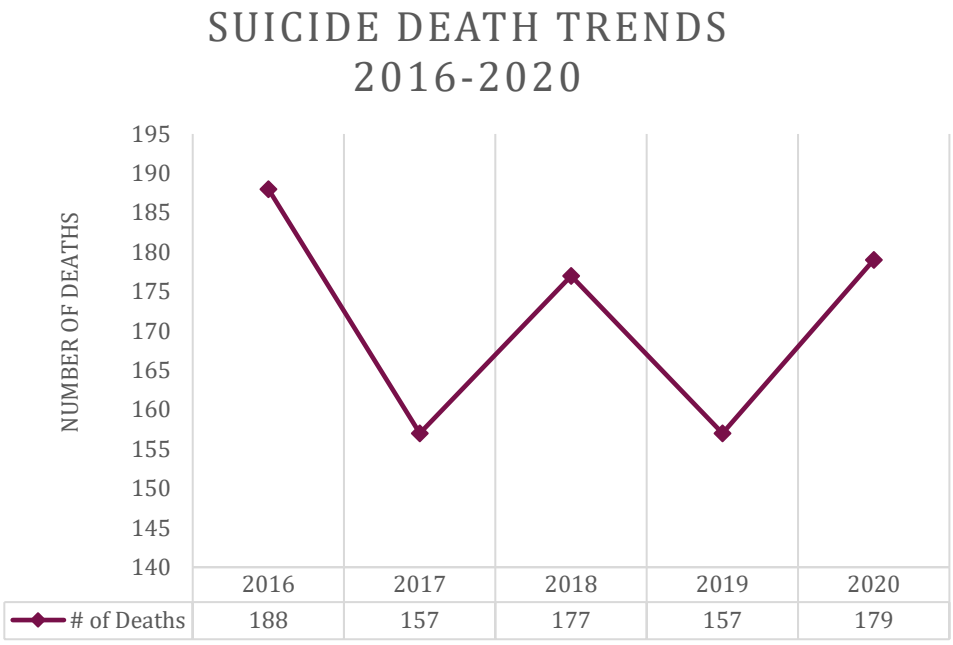
Natural Deaths by Month



Natural Deaths by Age Group



The MCCO investigated **179** suicides in the CY20. This is an increase from the previous CY by 14%. Suicides were more prevalent among males at 75%, white decedents at 82%, and in the age group of 20-29. Firearm was the leading cause of death in suicides at 60%, followed by hanging/ligature at 19% and drug intoxication at 12%. The most incidents occurred in the months of July and December.



Suicide Trends

Incidences involving suicide increased over the previous year by 14%. The MCCO will be participating in a research study regarding the retroactive review of suicides in CY20 to determine if the COVID-19 pandemic impacted and/or was a contributing factor to the increase.

Suicide Cause of Death

Firearm remains the leading cause of death among suicides for five consecutive years. This is followed closely by hanging/ligature and then by drug intoxication. The gap between firearm and hanging/ligature has grown substantially over the last five years with CY20 representing the widest gap between methods. As hanging/ligature has decreased, the use of drugs in suicides has increased year over year.

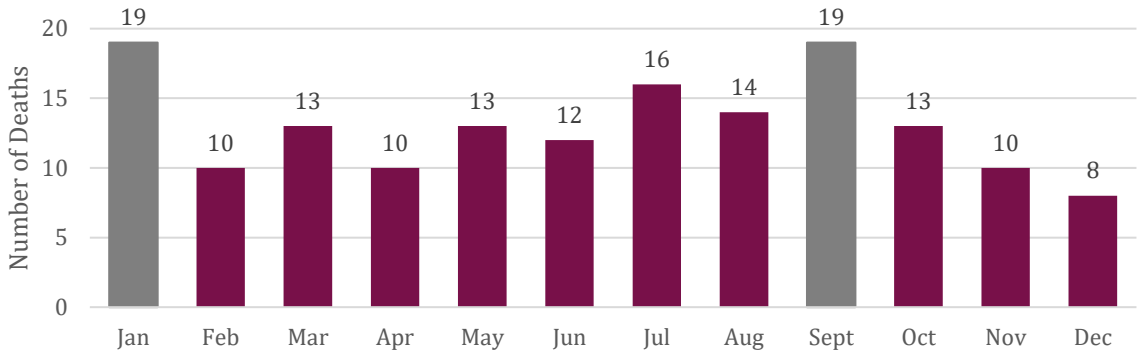
SUICIDES BY CAUSE OF DEATH

Causes of Suicide Deaths	# of Deaths	% of Deaths
Hanging/Ligature	34	19%
Blunt Trauma	6	3%
Intoxication (OTC / Narcotic)	22	12%
Firearm	108	60%
Sharp Force Trauma	1	1%
Inhalation	5	3%
Ingestion of Non-Medication Substance	1	1%
Asphyxiation	2	1%
Total	179	100%

TOP 2 METHODS OF SUICIDE OVER 5 YEAR TREND: 2016-2020

	2016	%	2017	%	2018	%	2019	%	2020	%
Firearm	91	48%	80	51%	98	55%	90	57%	108	60%
Hanging	53	28%	49	31%	49	28%	38	24%	34	19%

Suicide Deaths by Month



Suicides by Race, Gender and Age Group

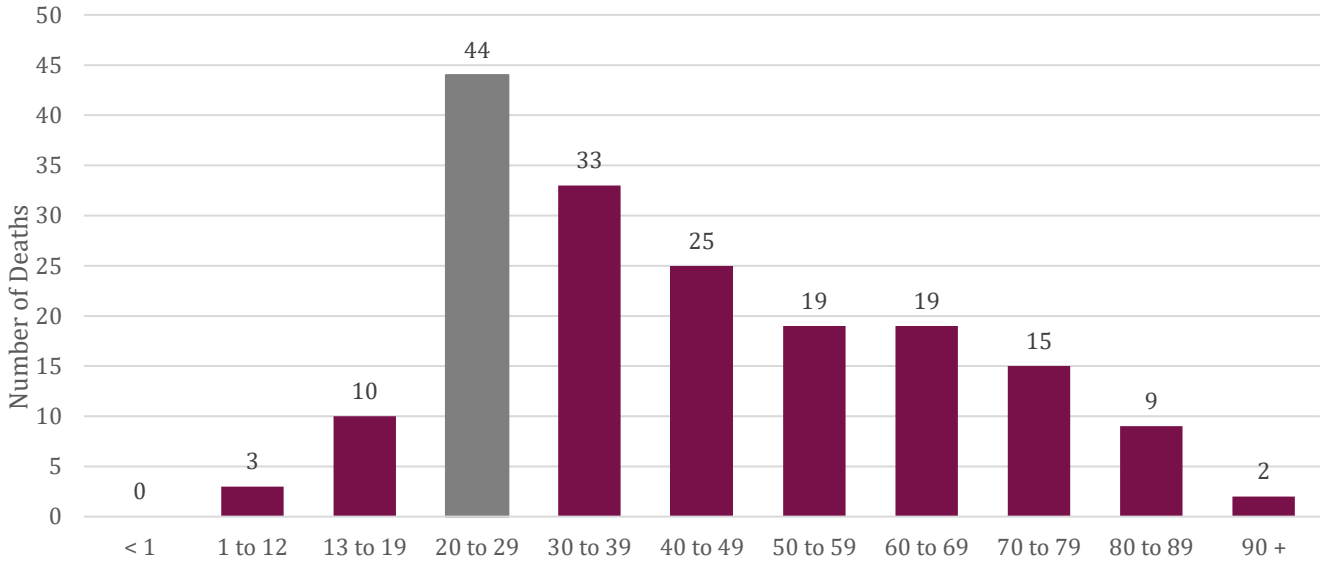
The rate for suicide changed slightly with more females and black decedents committing suicide at a higher rate in CY20 versus CY19.

The age group distribution changed significantly in CY20 from CY19. Previously, two age groups were equal for most incidents. In CY20, most suicides were committed by age group 20 to 29. In addition, there was a 30% increase in individuals aged 19 or younger who committed suicide in CY20.

Suicide Deaths by Race and Gender

	Male	Female	Total	% of Race
Asian Indian	1	0	1	0.6%
Black	24	5	29	16%
Other	1	2	3	2%
White	108	38	146	82%
Total	134	45	179	
% of Gender	75%	25%		100%

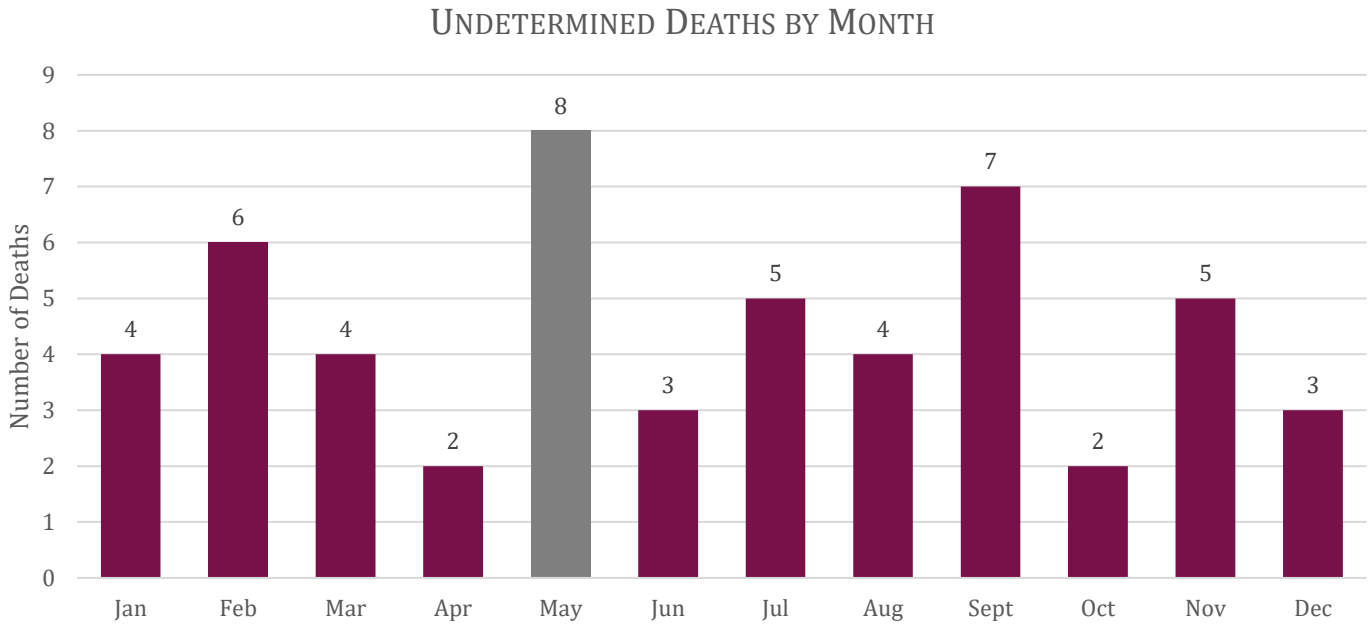
Suicide Deaths by Age Group



The MCCO investigated **53** deaths which were ruled as undetermined for manner after the investigation, which is a 43% increase over CY19. A death is ruled as undetermined if insufficient medical or social history can lead to a reasonable conclusion on the manner of death. The most prevalent cause of death ruled in undetermined death investigations in CY20 was unsafe sleep situations at **20**. Infants who die in the circumstances of an unsafe sleeping environment can also be ruled as undetermined following test results or lack of any other significant medical findings. Sudden Unexplained Infant Deaths are ruled as undetermined. The most prevalent age group of undetermined deaths was under 12 months (53%), with the most impacted groups being white decedents at 60% and males at 57%. The most incidents occurred during the month of May.

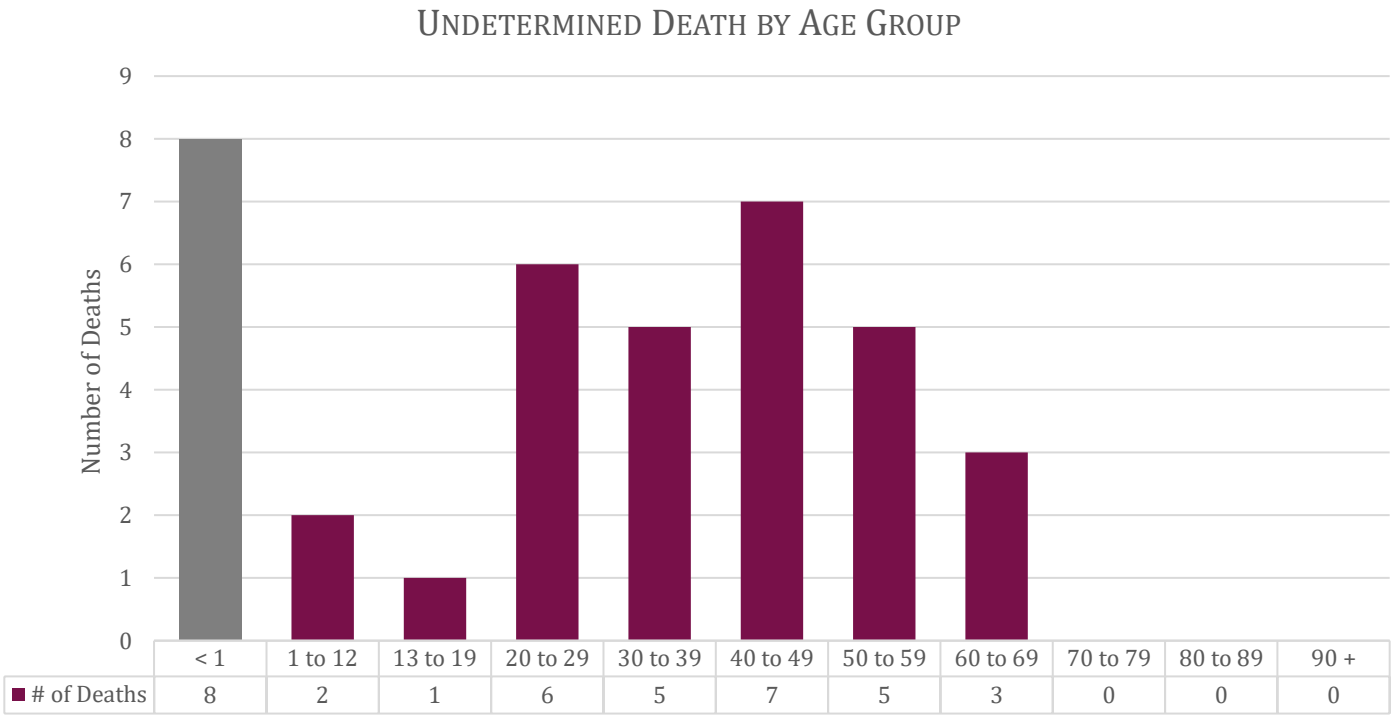
UNDETERMINED BY CAUSE OF DEATH

Causes of Undetermined Deaths	# of Deaths	% of Deaths
Drug Intoxication	3	6%
Drowning	3	6%
Gunshot Wound	2	4%
Thermal/Fire	2	4%
Unsafe Sleep	20	38%
Anoxic Brain Injury	4	8%
Blunt Force Trauma	2	4%
Skeletal Remains	1	2%
Undetermined	14	26%
Other	2	4%
Total	53	100%

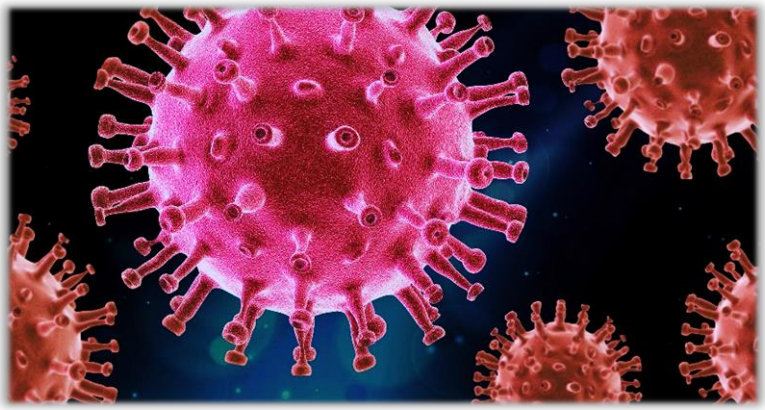


UNDETERMINED DEATHS BY RACE AND GENDER

	Male	Female	Unknown	Total	% of Race
Asian	1	2	0	3	6%
Black	11	5	0	16	30%
Other	0	1	0	1	2%
White	18	14	0	32	60%
Unknown	0	0	1	1	2%
Total	30	22	1	53	
% of Gender	57%	42%			100%



COVID-19 PANDEMIC



The COVID-19 pandemic began for the MCCO in March 2020 when the first COVID related death was reported to the office on March 16th, 2020. COVID-19 is caused by the SARS-CoV-2, coronavirus disease, first detected in Wuhan, China in 2019.[1] The MCCO worked quickly to establish appropriate protocols for handling possible or confirmed COVID positive decedents during daily death investigations. The MCCO increased the personal protection equipment (PPE) expectation for all staff, especially for Deputy Coroners and Autopsy staff who are regularly exposed to infectious material. All staff were expected to wear respiratory protection for all interactions with the public, practice frequent hand hygiene and disinfection of workstations.

As COVID is considered a natural disease process, all deaths where the **primary** cause of death was determined to be from COVID were certified as Natural deaths on the death certificate. The MCCO also tracked other deaths where a decedent was confirmed to have COVID but it was not the primary cause of death. For example, if a homicide victim was found to be COVID positive, investigative records were labeled with the appropriate code. This was due to ensuring any COVID positive materials (clothing, tissue samples, etc) were handled with universal safety precautions. In addition, COVID positive decedents requiring a full forensic exam had to be transported to a special facility as the forensic exam increases the risk of transmission of the virus from the deceased to a living individual. It is important to note that because the disease is deemed a natural process, all deaths suspected or confirmed from COVID were not required to be reported to the MCCO. Hospitals, nursing homes and other health care facilities frequently report deaths to the MCCO for confirmation that a forensic investigation is not required to determine the cause and manner of death OR if a treating physician is refusing to the sign the death certificate.

The MCCO developed a coding system to be used within its information management system to easily track and pull COVID related statistics. Any COVID death where the MCCO accepted jurisdiction (i.e. the MCCO was responsible for the investigation into the cause and manner or for signing the death certificate), was separated from any COVID death reported to the office.

[1] Centers for Disease Control and Prevention. (n.d.). *Basics of COVID-19*. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19/basics-covid-19.html.

COVID deaths reported to or accepted by the office received one of the following codes:

Code	Description
CV-C	COVID was confirmed through a recent test
CV-S	COVID was suspected; decedent exhibited symptoms consistent with the disease OR the decedent had been in recent close contact with any individual who had been symptomatic or received a positive COVID test result
CV-S/P	COVID was suspected but was pending confirmatory test results
CV-S/N	COVID was suspected due to symptoms but a confirmatory test showed SARS-CoV-2 was not detected

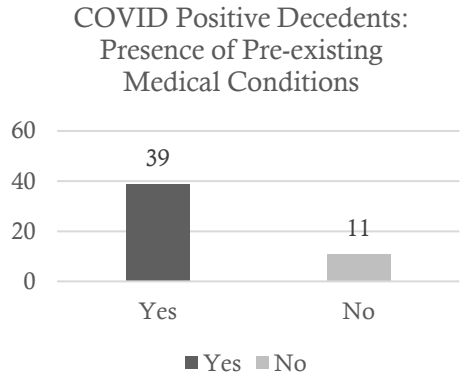
Case Type	Number Reported
Phone Consultation	439
Scene Consultation*	6
Accepted Case	106
Total	551

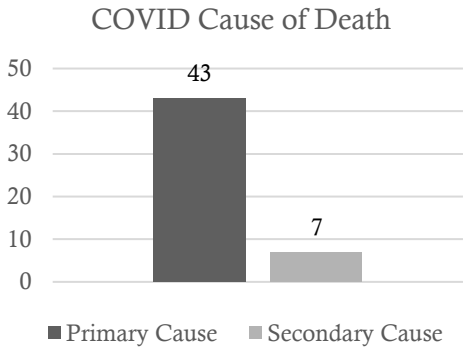
COVID Deaths Reported

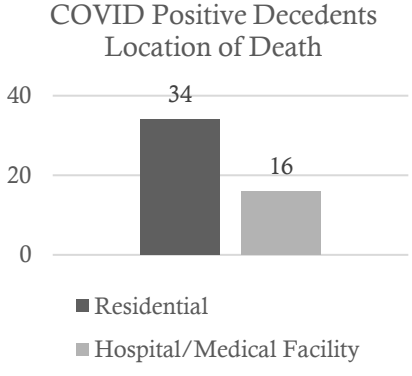
*A scene consultation is where a Deputy Coroner is requested to the scene to perform an onsite physical exam to confirm whether a full forensic investigation is necessary. For COVID deaths, the MCCO were called to both residential scenes and funeral homes to perform swab testing on decedents in order to confirm whether the decedent was positive for SARs-CoV-2 at time of death.

The MCCO submitted testing on **76** accepted cases in CY20 which were transported to MCCO for confirmatory testing for COVID either as the primary or secondary cause of death. The MCCO determined based on CDC and WHO guidelines whether a full forensic exam or an external forensic exam was necessary to determine the cause of death. Of the **106** accepted cases, **43** were found to have died as the direct result, or the primary cause of death, was COVID, **7** were found to have been COVID positive at time of death but it was not the direct cause of death, and **56** were either exhibiting symptoms at time of death, had direct contact with a confirmed COVID positive individual prior to death or had received a COVID positive test more than two weeks prior to death. The MCCO Deputy Coroners were dispatched to **97** scenes which involved a confirmed or suspected COVID decedent.

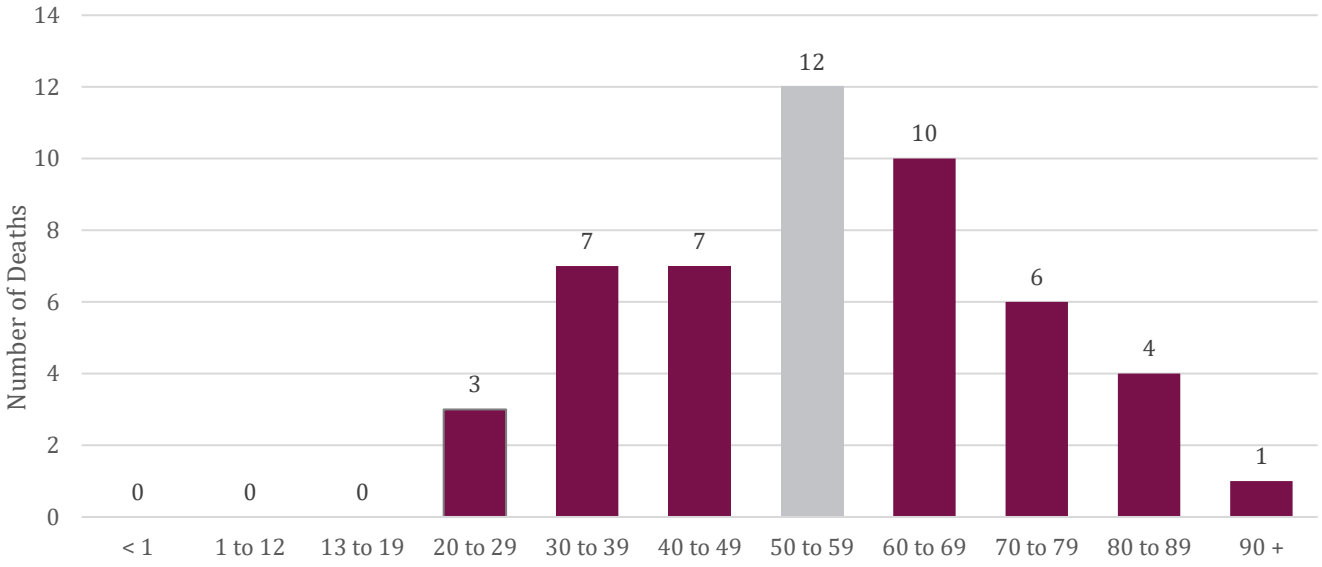
COVID Positive Decedents: Accepted Case Analysis







COVID Positive Deaths by Age Group



COVID Positive Deaths by Race and Gender

	Male	Female	Total	% of Race
Black	8	7	15	30%
White	26	9	35	70%
Total	34	16	50	
% of Gender	68%	32%		100%

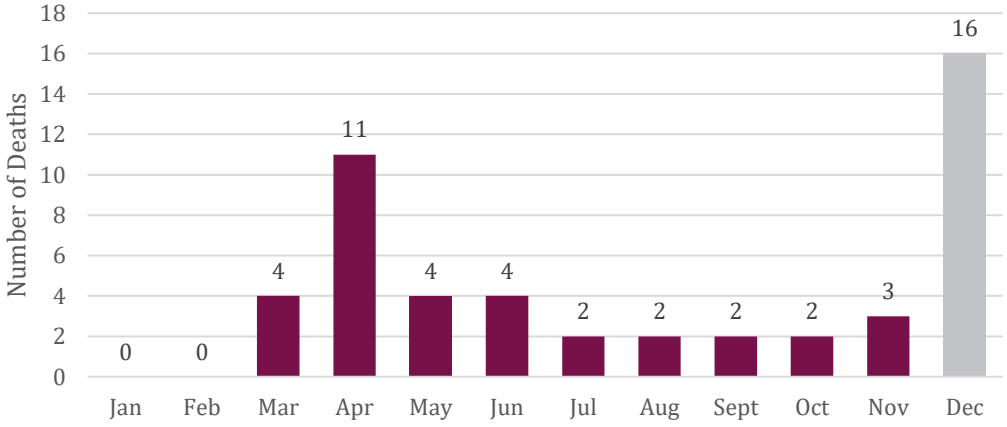
COVID Positive Deaths by Race and Gender

White males were the most impacted group at 70% and 68% respectively.

COVID Positive Deaths by Month

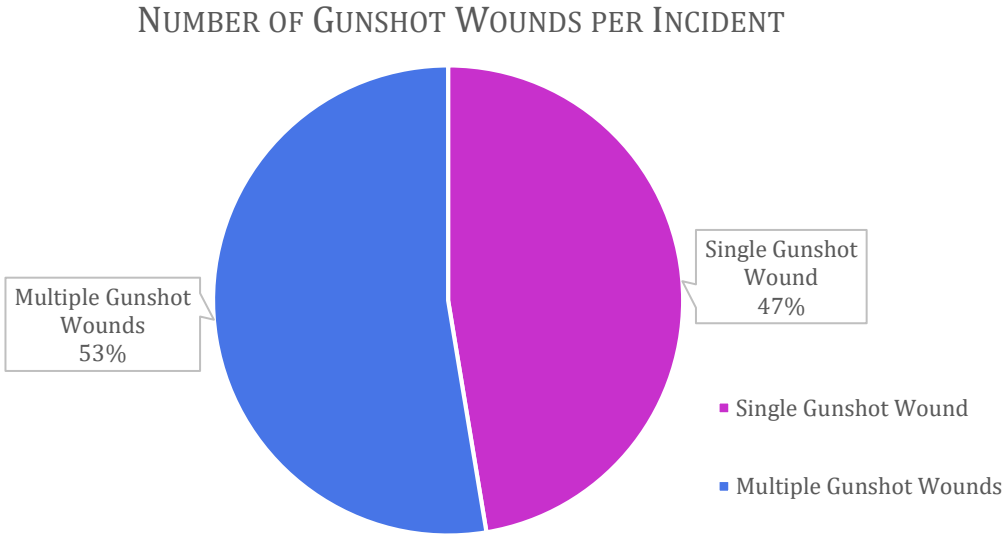
The first COVID death was reported to MCCO in March 2020 in Marion County. While the graph depicts ONLY those accepted cases, the highest prevalence of accepted cases for COVID positive decedents occurred in December 2020 during the second surge within Marion County.

COVID Positive Deaths by Month



HOMICIDE DEATHS INVOLVING FIREARMS

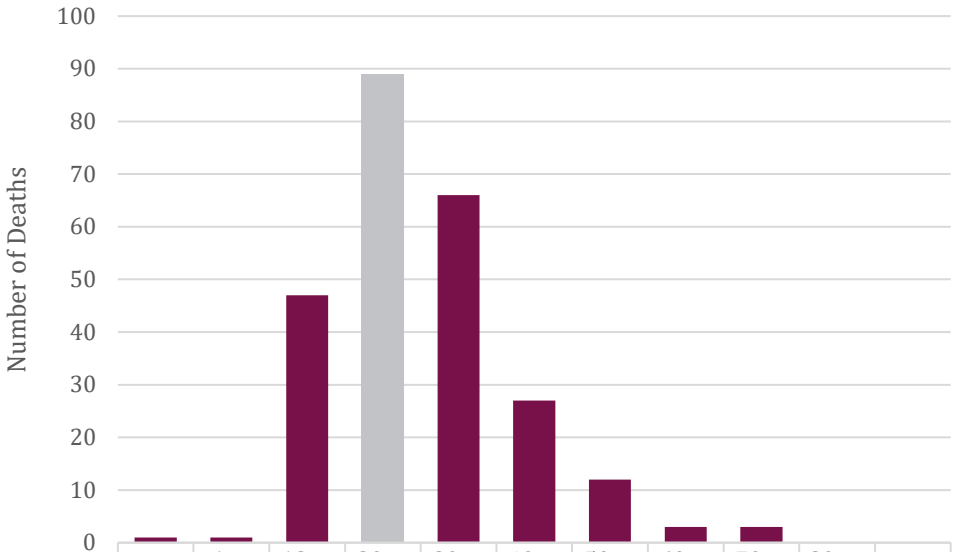
The MCCO investigated **284** homicides of which 88%, or **249**, involved firearms. Of the **249** involving firearms, 53% were the result of multiple gunshot wounds. Homicide deaths involving firearms were more prevalent in the of persons aged 20-29 and males. The MCCO investigated **12** incidents which were multiple homicide scenes, the highest number of scenes investigated by the MCCO in a Calendar Year.



Homicides by Firearm per Age Group

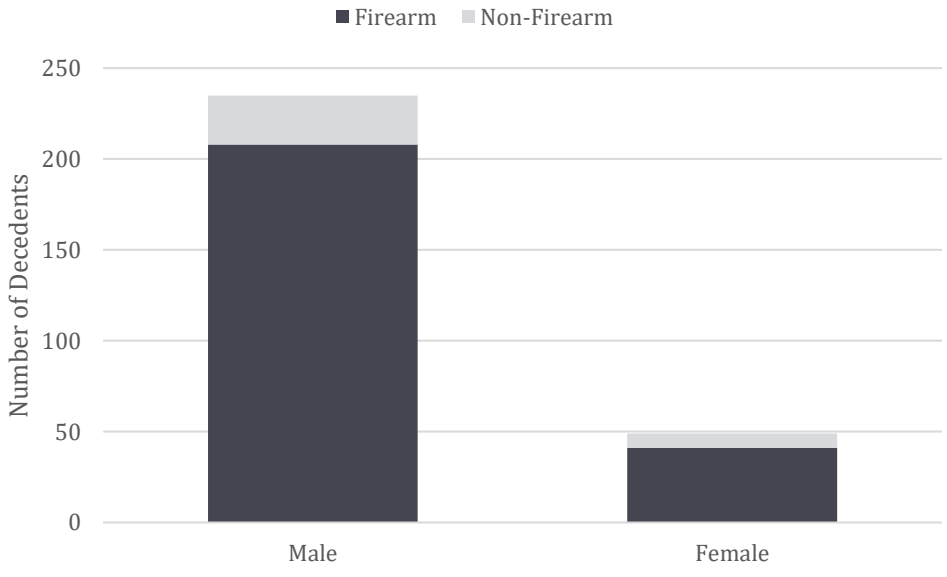
For CY20 the distribution remained consistent with the most impacted age group to be 20 to 29 years old. There was one fetal death determined to be as the result of the homicide of the mother.

Homicides involving Firearms by Age Group



	< 1	1 to 12	13 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 to 89	90 +
# of Deaths	1	1	47	89	66	27	12	3	3	0	0

Firearm vs. Non-Firearm Homicides by Gender

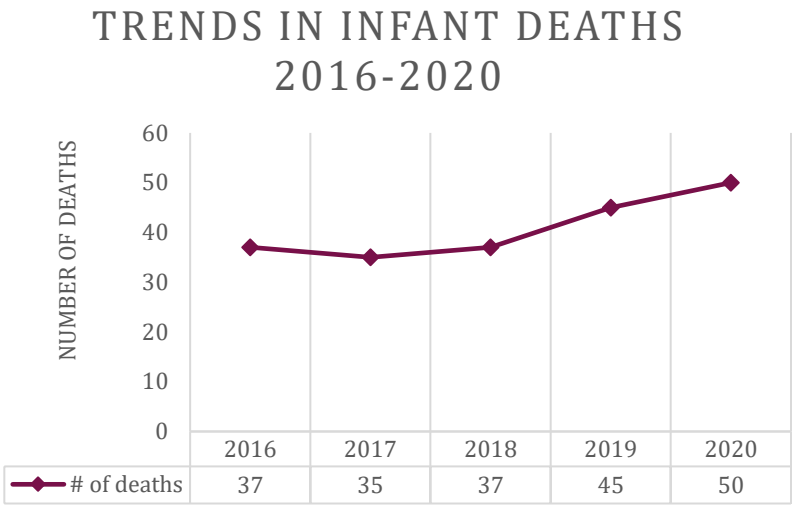


Firearm vs. Non-Firearm Death compared to Gender

In CY20, the gap between firearm versus non-firearm related injuries got smaller when compared to the prior year. The gender distribution remained consistent with the more prevalent group being male. However, the incidents involving female decedents increased over CY19.

INFANT DEATHS

The MCCO investigated **50** infant deaths in the CY20. This is an increase of 11% over CY19. The demographics of infant deaths changed dramatically from CY19 to CY20. The gender prevalence was equal at both males and females representing 50% each. The race of infant deaths changed to a higher prevalence of black decedents at 48% and white decedents at 44%. The main cause of death in infant deaths was due to an unsafe sleep environment at 36% of total cases followed by both undetermined at 14% and both positional asphyxia and prematurity at 8%.



Infant Deaths

In CY20, the rate of infant deaths (any child 12 months or younger) continued the year over year trend with an 11% growth in cases. The rate of infant deaths has continued to grow but the causes of death and most common manner of death have changed in CY20 versus prior years.

Infant Deaths by Manner

Undetermined became the prevalent manner of death in CY20, which is a significant change over years prior.

INFANT DEATHS BY MANNER OF DEATH TRENDS 2018 TO 2020

Manner of Death	2018	%	2019	%	2020	%
Accident	14	38%	18	40%	8	16%
Homicide	3	8%	5	11%	4	8%
Natural	8	22%	10	22%	9	18%
Undetermined	12	32%	8	18%	27	54%
Pending	0	0%	4	9%	2	4%
Total	35	100%	45	100%	50	100%

INFANT DEATHS BY RACE AND GENDER

	Male	Female	Total	% of Race
Asian	1	1	2	4%
Black	13	11	24	48%
Other	1	1	2	4%
White	10	12	22	44%
Total	25	25	50	
% of Gender	50%	50%		100%

Infant Deaths by Race and Gender

In prior years, white female infants made up the majority of infant deaths. In CY20, the majority demographic changed to black infants, increasing by 4%, but the genders were equal, with male infants increasing by 3% over CY19.

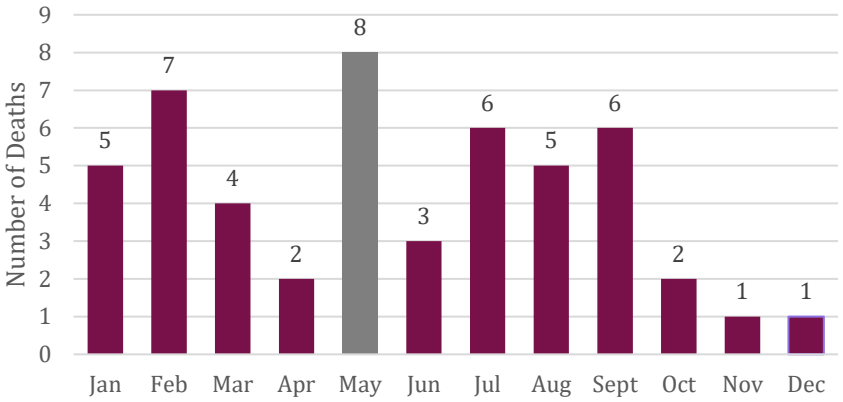
Infant Deaths by Cause

Unsafe sleep remained the most prevalent cause of death in infants for CY20, however it did decline by 11% from CY19. The second most common cause of death changed in CY20 from blunt trauma and infection in CY19 to undetermined, positional asphyxia and prematurity as the second and third leading causes of death.

INFANT DEATHS BY CAUSE OF DEATH

Causes of Deaths	# of Deaths	% of Deaths
Unsafe Sleep	18	36%
Undetermined	7	14%
Positional Asphyxia	4	8%
Drug Intoxication	3	6%
Blunt Force Trauma	3	6%
Gastrointestinal	1	2%
Prematurity	4	8%
Neurologic	2	4%
Choking	1	2%
SUID	1	2%
Pending	1	2%
Other	5	10%
Total	45	100%

INFANT DEATHS BY MONTH



Infant Deaths by Month

The prevalence of infant deaths changed as well in CY20 from CY19 with the highest reported number of infant deaths occurring in May 2020 versus in December in 2019.

Fetal Deaths by Cause

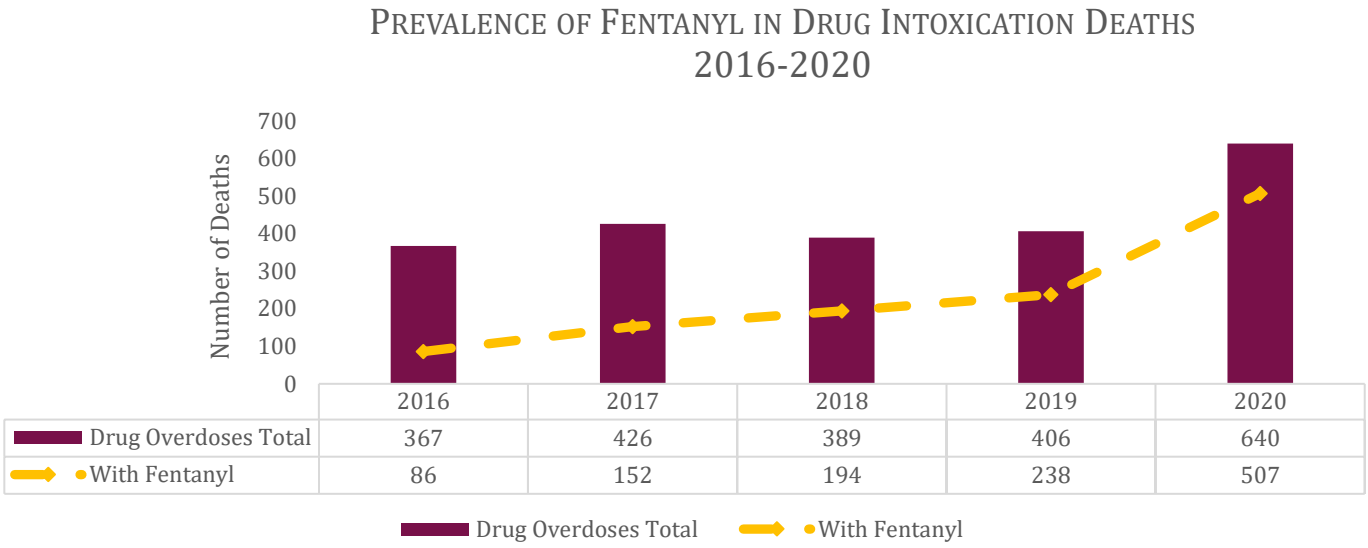
The MCCO investigated 12 fetal deaths in CY20, the highest amount investigated by the office in a single year. The two most prevalent causes were extreme prematurity and natural death of the mother. This was followed by the second most prevalent causes of homicide of the mother or due to abuse of the mother resulting in fetal death and drug use by the mother during gestation.

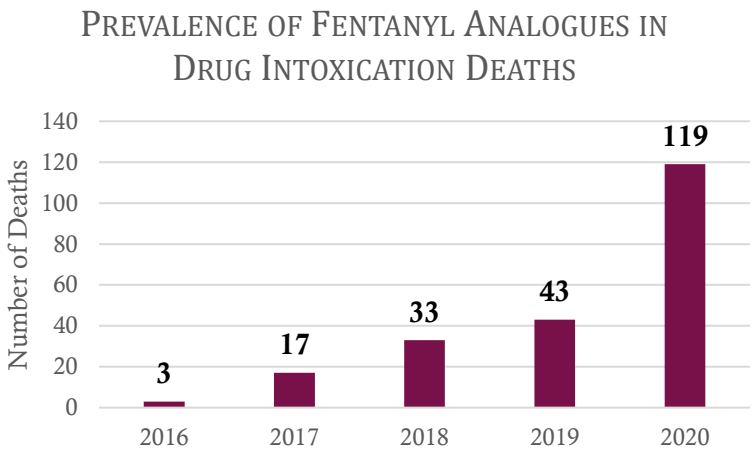
FETAL DEATHS BY CAUSE OF DEATH

Causes of Deaths	# of Deaths	% of Deaths
Homicide (of mother or due to abuse of mother)	2	17%
Drug Use by Mother	2	17%
Motor Vehicle Accident	1	8%
Natural Death of Mother	3	25%
Still Born	1	8%
Extreme Prematurity	3	25%
Total	45	100%

Drug Overdose Deaths: The Rise of Fentanyl

The MCCO investigated **640** accidental drug intoxication deaths in CY20. Of the **640** drug intoxication deaths, **507** involved Fentanyl. Fentanyl is a synthetic opioid pain reliever and is 50 to 100 times more potent than Morphine.[2] Fentanyl has been found in increasing numbers of overdose related deaths in Marion County since 2016. In CY 2016, toxicology results showed the presence of Fentanyl occurred in 23% of cases. In CY20, the presence of Fentanyl in toxicology results had increased to 79%, this is an increase of 20% over CY19. Of the **507** drug intoxication deaths involving Fentanyl in CY20, **119** contained Fentanyl analogues, or 23%. The prevalence of Fentanyl analogues increased over CY19 by 177%, and by over 3,000% from CY16. Per the CDC, Fentanyl analogues are similar in chemical structure, but the potency is difficult to determine when illicitly manufactured.[3] Fentanyl analogues can very from less potent or much more potent than Fentanyl.



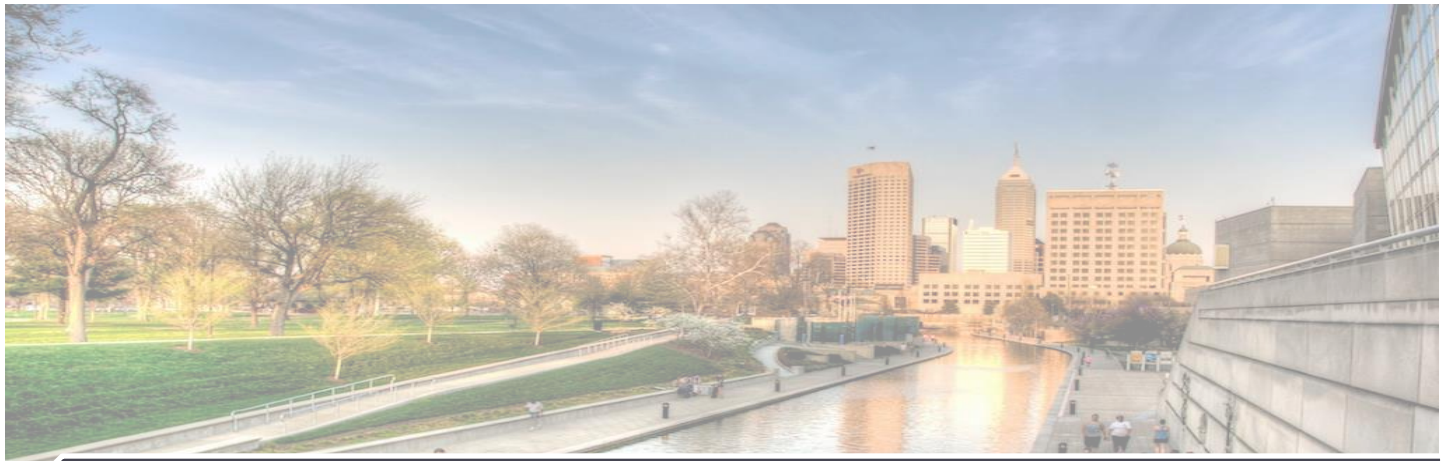


Fentanyl Analogues

The types of analogues detected include: Acetyl Fentanyl, Acryfentanil, Norfentanyl, Methoxyacetyl Fentanyl, Carfentanil, Para-Fluorobutyryl Fentanyl, Furanyl Fentanyl and Butyrylfentanyl.

Butyryfentanyl emerged in Marion County in 2018 and has grown by over 1000% in two years. Acetyl Fentanyl was the most prevalent analog detected at 97% of all analogues found in CY20.

[2] See the CDC's webpage on Opioid overdose statistics for additional information, description and prevalence at https://www.cdc.gov/drugoverdose/opioids/fentanyl.html
[3] See the CDC's webpage on Synthetic Opioid Overdose Data for additional information: https://www.cdc.gov/drugoverdose/deaths/synthetic/index.html



MARION COUNTY CORONER'S OFFICE: KEY AGENCY ACTIVITIES AND ACHIEVEMENTS

I. ACCREDITATION

The MCCO continued in CY20 working towards obtaining reaccreditation with the National Association of Medical Examiners. The National Association of Medical Examiners (NAME) is one of the main accrediting bodies for medical examiner and coroner's offices. NAME helps set and enforce industry standards for performance, technical scientific knowledge, and a concept for the administrative and operational aspects of death investigation systems. The MCCO obtained a grant for Strengthening the Medical Examiner-Coroner System Program through the Office of Justice Programs for $61,712 to pursue internal systemic policy and procedural updates. The MCCO will continue with internal projects to obtain accreditation by the end of CY 2022. In steps to achieve reaccreditation with NAME, the MCCO performed a complete quality assurance review and overhaul of its' internal policies and procedures, instituting tighter quality assurance measures and by setting case quantity thresholds for staff to ensure quality investigations are being performed by staff.

II. STAFF ACHIEVEMENTS

The MCCO is proud to announce that one of their staff was nominated and awarded the achievement of Coroner of the Year from the Indiana Coroner's Association. In addition, a member of the investigative staff successfully completed a postgraduate degree from the University of Indianapolis in human biology.

III. BUDGET

Due to the increasing number of forensic death investigations, the MCCO began pursuing a more aggressive budget increase for CY20. The MCCO is working to obtain funds for a new, state of the art forensic facility that is better equipped to handle the increase in homicide and overdose related deaths, including a specialized autopsy suite specially designed for infection control by CDC guidelines.

IV. GRANTS

The MCCO worked on attaining additional grant funding to help lessen the financial burden for forensic death investigations on Marion County residents. The MCCO successfully obtained additional grant funding for infant death investigations. The MCCO will be pursuing additional grant funds in CY21.

V. FATALITY REVIEW TEAMS

The MCCO continued to participate in local fatality review teams: Child Fatality Review, Drug Overdose Fatality Review and Domestic Violence Fatality Review. These committees conduct reviews to provide analysis and recommendations to the public and county entities so they can address systemic problems, provide better services and be held accountable. The MCCO also began a partnership with the Marion County Public Health Department to assist with the development of future fatality review teams on trends to identify at risk populations and bring assistance to impacted groups in Marion county.

VI. PARTNERSHIPS

The MCCO developed partnerships with multiple community groups to assist in education and research:

- *Wayne State University*: drug collection for assisting the development of new field test kits for law enforcement agencies.
- *Marion County Public Health Department*: drug overdose death trends
- *Indianapolis Metropolitan Police Department Community round table*: forum to educate the community on homicides and death investigation.

VII. DATA REQUESTS

The MCCO received multiple requests in CY20 for death data from Marion County. The MCCO aims to provide reliable data to local, state and federal partners to assist in research projects, legislation development and community initiatives. Data provided by the MCCO can help identify a range of issues from new or emerging death trends to social/medical influences impacting deaths in Marion County. Data requests in CY20 were received from:

- U.S. Department of Defense
- U.S. Department of Justice
- Indiana University
- Office of Finance and Management: Controller's Office, Indy City-County
- Indiana High Intensity Drug Trafficking Areas (HIDTA)
- Marion County Public Health Department
- Indiana State Department of Health
- City-County Council
- Multiple local media outlets

Years of Service Recognition

The MCCO would like to thank the following staff members for their dedication, commitment and hard work for the agency over the years:

40 Years

Marchele Hall - Deputy Administrator (43 years)

30 Years

Connie Fulp - Administrative Clerk (31 years)

25 Years

Dave Grannan - Deputy Coroner (25 years)

20 Years

Alfarena McGinty - Chief Deputy Coroner (24 years)
Michele Willis - Senior Deputy Coroner (21 years)

15 Years

Dominique Battles - Autopsy Supervisor (15 years)
Wilma Owens-Lacefield - Senior Medical Transcriptionist (15 years)
Amanda Wells - Deputy Coroner (15 years)

10 Years

Pamela Young - Senior Deputy Coroner (11 years)
Lloyd Sprowl II (12 years) & Jessica Miller (10 years)- Deputy Coroners
Michael Battee - Autopsy Technician (10 years)

5 Years

Jarrett Hiatt - Senior Deputy Coroner (5 years)
Jennifer Suarez - Deputy Coroner (5 years)
Mallory Malczewski - Budget/QA Analyst (9 years)

MARION COUNTY CORONER'S OFFICE

ANNUAL REPORT

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