Richland County Coroner’s Office
2013 Annual Report

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The Richland County Coroner’s Office is pleased to release this 2013 Annual Report. The purpose of the report is to enable the County Commissioners, Law Enforcement, the Richland County Health Department, and the general public to better acquaint themselves with the activities of our office, as well as to provide an ongoing statistical analysis of past and current deaths in the county and to serve as a tool for future planning.

In recent years in the state of Ohio the workload of county Coroners has increased dramatically. This is partly due to changes in the Ohio Revised Code mandating new investigative and reporting responsibilities, as well as changes in society that have made the Coroner’s investigative function increasingly important to help resolve conflicts in criminal and civil legal cases, insurance investigations, Worker’s Compensation and OSHA cases, Consumer Product and Safety issues, etc. Coroners and their staff are now urged to undergo education and certification, much of which is mandatory. Proposed legislation pending in Congress will require coroner’s investigators to undergo formal certification in order to perform their duties and there is discussion on a national level of certifying coroner and medical examiner offices. In addition, our office has involved itself in community education by speaking to service clubs, high school and college classes, teenage driving schools, drug rehabilitation forums, victim awareness classes, and by participating in the annual 4H Mock Crash event. We are also involved in the county Suicide Coalition, Safe Communities Coalition, and Emergency Planning Committee. We have had multiple interns from criminal justice programs, forensic science, and forensic nursing programs spend time with us.

In addition I have been active in the Ohio State Coroners Association, serving as Vice President, and have been the Coroners Association’s representative to the Ohio Council of County Officials. There is a movement by the Ohio County Commissioners Association and the Ohio Legislature to reformat the structure of county government, starting with ideas for the changes in the functioning of the coroner’s office. While not opposed to change per se, we want to ensure that changes are indeed improvements and are done solely to improve our ability to provide proper and efficient death investigation services to the citizens of Ohio.

In 2013 we continued to operate on a tight budget in recognition of the fiscal problems facing all residents and agencies in Richland County. We operated on an originally granted budget of $306,133 which included a one year appropriation of $14,000 for a new vehicle purchase. As all county departments have had to do, we have made cuts. Most of these involve reimbursements for such things as coroner and investigator training, travel expenses for the coroner, etc. We believe that training and continuing education is very important, and it is mandated by the state of Ohio, so we continue to educate ourselves with personal funds, look for training paid for by grants, and hope that these items can be added back to the budget as the financial situation improves.

One of our goals for 2014 is to begin converting all paper records to electronic images. We have already had a forensic database program since 2006 which enables us to store
data on all ongoing cases, but we need to save electronically all of the paperwork and case files that date back more than 50 years.

We investigated nearly 2700 deaths during the eight-year period of 2005-13. Our goal is to strive to maintain a high level of quality, professionalism and integrity in the field of death investigation. We hope that the reader finds this report useful and informative. If you have any questions regarding this report feel free to contact us at (419) 774-5868.

I would like to thank my investigators for the time and effort that they put in at all hours. They strive not only to thoroughly investigate deaths 24/7, but they have shown an interest in advancing their education and credentials. Without their dedication to the County and their compassion and desire to help the families of the deceased, this office could not function. Our office does approximately 120 scene investigations per year, and 60% of these are after-hours or on weekends/holidays.

I would also like to once again thank the Richland County Commissioners and the various law enforcement and emergency agencies for the support that they have given me since the first day that I entered the office back in 2005.

Sincerely,

Stewart D. Ryckman, MD, F-ABMDI
Richland County Coroner
Duties of the Coroner’s Office

Many people do not understand the difference between a coroner and a medical examiner. Both essentially perform the same functions, but there are a couple of differences. Medical examiners are appointed officials and are always licensed physicians. Coroners are elected officials, and this theoretically offers them autonomy and freedom from being controlled by an “appointing” agency, however in most states coroners are not required to be licensed physicians. Ohio is one of two states that utilize the coroner system but also require their elected coroners to be licensed physicians.

Duties of the Richland County Coroner’s Office include:

- To respond to death scenes when needed, 24 hours a day, 7 days a week.
- To thoroughly investigate death scenes.
- To determine the date and time of death, as nearly as possible.
- To determine the manner and cause of death.
- To take all necessary steps to properly and positively identify the decedent.
- To collect, preserve, and process pertinent evidence at the scene (often working along with the local or state crime lab).
- To photograph, sketch, or otherwise document the scene.
- To interview witnesses, family members, physicians, employers, friends, neighbors, etc.
- To remove the body from the scene in a dignified manner.
- To make sure that next-of-kin are notified in a proper fashion.
- To take responsibility for all personal effects on the person of the deceased, and to document the release of these items to the family, law enforcement, or crime lab.
- To determine in which cases an autopsy should be performed.
- To arrange for an autopsy by a forensic pathologist when required.
- To be present at autopsy if necessary, and to otherwise consult with the forensic pathologist in determining cause of death.
- To provide families with information and assistance in helping them through the ongoing process of the death investigation.
- To compile and document all information in an unbiased, accurate, and thorough report.
- To interact with other law enforcement, government, and health agencies, including police/sheriff, fire, EMA, prosecutors, private attorneys, OSHA, Consumer Product Safety Commission, FAA, NTSB, hospitals, funeral homes, organ donation teams, etc.
- To release information to the public and media through interviews and press releases.
- To provide testimony at depositions and in court.
- To provide training and education in the field of death investigation and the role of the Coroner’s office to other law enforcement, health, and community service agencies.
• To otherwise be of community service in any way possible, including community
and school education activities and participation in community health forums and
safety programs.
• To ensure that the Coroner, Deputy Coroner, and Coroner’s Investigators receive
ongoing continuing education by attending death investigation, medical, and
forensic seminars, and encouraging certification by the American Board of
Medicolegal Death Investigators.

Community Service Activities

The philosophy of the Richland County Coroner’s Office is that it is our responsibility to
participate in community safety and education forums whenever possible. To that end we
have been a part of the following:

• Presentations to Teen Driver’s Education programs.
• Presentations to high school science classes.
• Presentations to North Central State College classes.
• Presentations to community service clubs.
• Participation in Safe Community Coalition Meetings.
• Participation in Child Fatality Reviews at the health department.
• Participation in Suicide Prevention meetings at the health department.
• Participation in Pandemic Flu Seminars for the community.
• Helped develop a county wide Pandemic Flu Plan.
• Presentation at MADD dinner.
• Member of Local Emergency Planning Committee.
• Participation in Mock Disaster Drills.
• Participation in annual 4-H-sponsored Teen Mock Crash events at fairgrounds.
• Participation in high school job shadowing programs.
• Member of Board of Directors of Richland Alternative Program.
• Met with several local township fire/EMS units.
• Hosted a conference for Emergency Responders.
• Served as preceptors for forensic nursing and criminal justice majors.

Reportable Deaths

By law, the County Coroner is directed to administer and conduct investigation into all
deaths which occur under questionable circumstances. By law, all deaths must be
reported to the Coroner in the following circumstances:

Accidental Deaths; if the death occurs when in apparent good health or in any unusual
or suspicious manner including:

• Asphyxiation by gagging on foreign substance, including food in airway;
compression of the airway or chest by hand, material, or ligature; drowning;
handling cyanide; exclusion of oxygen; carbon monoxide; and/or other gasses causing suffocation.

- Blows or other form of mechanical violence.
- Burns from fire, liquid, chemical, radiation or electricity.
- Cutting, stabbing, or gunshot wounds.
- Electrocution.
- Drug overdose from medication, chemical, or poison ingestion (actual or suspected).
- Explosion.
- Falls, including hip fractures or other injury.
- Stillborn or newborn infant death where there is recent or past traumatic event to the mother such as vehicular accident, drug ingestion, homicide attempt, or suicide attempt that may have precipitated delivery or had a detrimental effect to the newborn.
- Vehicular accidents, including auto, bus, train, motorcycle, bicycle, aircraft, watercraft, or snowmobile, including driver, passenger, or non-passenger deaths related to the accident.
- Weather related deaths, including lightning, heat exhaustion, hypothermia, or death due to high winds.

**Homicidal Deaths;**

- By any means, suspected or known.

**Suicidal Deaths;**

- By any means, suspected or known.

**Occupational Deaths;**

Instances in which the environment of present or past employment may have caused or contributed to death either by trauma or disease. This includes not only injuries received during employment or past employment such as fractures or burns, but also industrial infections, pneumoconiosis, present or past exposure to toxic waste or product (including nuclear products, asbestos, or coal dust), and caisson disease (bends).

**Sudden Deaths;**

If the death occurs when in apparent good health or in any suspicious or unusual manner including:

- DOA: any person pronounced dead on arrival at any hospital, emergency room, or doctors office shall be reported.
- Any infant or young child found dead, unless under medical care and clearly a natural death from a pre-existing condition. This includes all cases of Crib Death (Sudden Infant Death Syndrome).
• All stillborn infants when there is actual or suspected trauma to the mother.
• Deaths under unknown circumstances.
• Any deaths where the identity of the deceased is unknown.
• Any sudden unexpected death on the street, at home, in a public place, or a place of employment.
• Any death related to drug abuse, habitual use of drugs, or drug addiction.

Custodial Deaths;

• Deaths occurring while in jail, confinement, or any kind of judicial custody.
• Any Death while being pursued, apprehended, or taken into custody.

Special Circumstances;

• Death of any Mentally/Developmentally Disabled (MDD) client.
• Any maternal or infant death where there is suspicious of illegal interference by unethical or unqualified personnel, or self-induction.
• “Delayed Death” where the immediate cause of death is from natural disease, but an accident or injury may have occurred weeks, months, or even years before that initiated the sequence of events or medical conditions leading to the death.

Therapeutic Deaths;

• Any death while under anesthesia, during the anesthetic induction, or during the post-anesthetic recovery period.
• Any death while undergoing any type of surgical procedure.
• Any death thought to be related to any surgical procedure.
• Death during or following any diagnostic procedure if thought to be related to the procedure or complications of the procedure.
• Death due to the administration of any drug, serum, vaccine, or any other substance given for diagnostic, therapeutic, or immunologic purpose.

The Richland County Coroner’s Office encourages the reporting of any death where there is a doubt about whether or not the case should be reported. Many times after investigation the Coroner will release the case back to the jurisdiction or institution where the death certificate will be signed by the attending physician as a natural death.

By state law, only the Coroner can sign the death certificate if the manner of death is anything other than a natural death.
Richland County Demographics

Richland County is located in North Central Ohio and as of the 2010 census had a population of 124,475. It is the 23rd most populated county out of Ohio’s 88 counties.

The county has a total area of 500 square miles. The county seat is Mansfield with a population of 49,346. Other cities within the county include Shelby, Ontario, and parts of Crestline and Galion. The county also includes the villages of Bellville, Butler, Lexington, Lucas, Shiloh, and part of Plymouth. It borders five counties; Ashland, Crawford, Huron, Knox, and Morrow counties.

Interstate 71 runs from SW to NE through southern Richland County. US 30 is a major east-west hub and US 42 runs through the county as well. There are fourteen state highways running through Richland County. Overall there are 595.27 lane miles of state, US, and Interstate highways.

The county has two major river basins. The Clear Fork of the Mohican River runs through the southern part of the county, and the Black Fork of the Mohican River runs through northern Richland County.

The county contains parts of three major reservoirs within its boundaries; The Clear Fork Reservoir lies within Richland and Morrow Counties while both Pleasant Hill Reservoir and Charles Mill Reservoir lie within Richland and Ashland Counties.
2013 Budget – Richland County Coroner’s Office

The total budget of the Richland County Coroner’s Office for 2013 was $306,133. This represented an increase of $25,330 from the 2012 budget. This was primarily due to a vehicle purchase in 2013.

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<td>BWC Chargeback</td>
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Total $306,133.00

Contract Services represents primarily autopsies. Because Richland County has no forensic morgue and has no forensic pathologists, coroner’s cases that require autopsy are usually sent out of county to coroner’s offices such as Franklin or Summit Counties where the autopsy is performed. In 2013 there were only 74 cases in Richland County sent for autopsy, which is about average or slightly below. Currently an out-of-county autopsy and transport costs about $1,500.00. According to Ohio law, the cost of having an autopsy done in a referral county shall be “no greater than the actual value of the services of technicians and the materials used in performing such examination.”

The total amount of spending for Richland County departments in 2012 (last figures available at the time of this writing) was $108.5 million dollars. The Coroner’s Office
represented 0.28% of that budget. Of the entire Coroner’s budget in 2013, 90% went to salaries and autopsy expense.
Total Deaths

There were 1212 total deaths in Richland County in 2013. Of these, 280 were reported to the Coroner’s Office. 174 of those reported deaths were released back to the family physician to certify the death, while 107 were accepted as Coroner’s cases for full investigation. 74 of these decedents were sent for autopsy.
Manner of Death

Of the 280 deaths reported to the Coroner’s office in 2013, 217 (77%) were determined to be from natural causes. There were 46 accidental deaths (16% of reported cases), 14 suicides (5.0%), 2 homicides (0.7%), and 4 deaths were ruled to be of undetermined manner. The undetermined included two SIDS type deaths, one probable near term stillborn, and a suspicious ligature strangulation in prison.
Accidental Deaths

There were 43 accidental deaths in Richland County in 2013. Of these, 10 were motor vehicle accidents, 22 were drug overdoses, 8 were by falls, 2 were occupational accidents, none were by fire or burns, and one was by other means (an accidental hanging).
Accidental Deaths

- MVA
- Overdose
- Falls
- Fire
- Drowning
- Occup.
- Other

Accidental Deaths by Year and Cause (2005-2013)
Motor Vehicle Accidents

There were 10 motor vehicle deaths in 2013. Seven fatalities were drug or alcohol related.

Drug & Alcohol Involvement in Motor Vehicle Accidents

Alcohol/Drugs in MVAs - 2013

- No Alcohol, 3
- Alcohol/Drugs, 7
Alcohol Related MVAs

- No Drugs
- Alcohol/Drugs

2005: 10
2006: 6
2007: 5
2008: 4
2009: 8
2010: 6
2011: 7
2012: 8
2013: 7
Drug Overdoses

There were 25 deaths due to drug overdose in 2013. Three were ruled suicides and 22 were ruled to be accidental. Note the large increase in heroin related deaths.
Firearm Related Deaths

There were 7 firearm related deaths in 2013.

All were adults >18 y/o.

6 Suicides
1 Homicide
Homicides

Note: The medicolegal definition of homicide is generally given as death due to the actions of another person. Sometimes there are gray areas with accidental deaths and some deaths are difficult to classify or even to come to a consensus among Coroners. **The medicolegal classification of a death as a homicide does not necessarily imply that it would be classified as a homicide or murder by the criminal justice system.**

There were 2 Homicides in 2013.

1 by gunshot
1 as a complication of paraplegia caused by an assault 2 years previously

There were no juvenile homicides (<18 y/o) in 2012.
Suicides

Suicide Deaths

Suicide By Mode 1993 - 2013
In 2013 Richland County had 14 suicides.

8 Male
6 Female

There were no juvenile suicides (<18y/o) in 2012.

Gunshot Wound 6
Hanging 2
Drugs 3
Carbon Monoxide 1
Cut/Stab 1
Other 1 (Crossbow)
We have found that three factors are common in suicide: (1) prior attempts or threats, (2) history of alcohol or drug abuse, and (3) history of depression or other mental illness. In fact, in the nine years from 2005 through 2012 there were 135 suicides, and all but 11 of the 135 victims had at least one of the three factors; 79 (59%) had at least two of the factors, and 32 (24%) had all three factors.
Percentage Involved 2005-2013
Child Fatalities – 2013

There were 7 child fatalities (children <18y/o) in 2013 that fell under the jurisdiction of the Richland County Coroner’s Office. These numbers are artificially low since children who are transported to children’s hospitals in other counties and die there or are pronounced dead there fall under that county’s jurisdiction.

3 Accidental (One farm accident; two accidental asphyxiations)
1 Natural (Cerebral Palsy and Respiratory Illness)
3 Undetermined (2 SIDS type and one near-term fetal death investigated, which would technically not be a child fatality)
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