Richland County Coroner’s Office
2015 Annual Report

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The Richland County Coroner’s Office is pleased to release this 2015 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.

At the end of 2016 I will be retiring after finishing my third term and 12th year as Richland County Coroner. It has been a great honor to serve the citizens of the county, and I appreciate very much all the help that I have received from my investigators, our County Commissioners, the County Prosecutor’s office, law enforcement, emergency medical response agencies, the Health Department, and local funeral homes.

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 required certification of all 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 Board Member, Vice President, and President, and have been the Coroners Association’s representative to the Ohio Council of County Officials. There is a movement afoot 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 2015 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 requested budget of $297,400 but actual spending was $341,296, primarily because of an unexpected increase in coroner’s death cases and autopsy requirements. Autopsies are up partly because of the increase in illicit drug activity and increased overdose deaths that are plaguing the county as well as the rest of the state and the country. 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.

In 2014 we began converting our paper files into digitally stored files. 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 continue to use spare time and part-time help to accomplish this.

We investigated nearly 3300 deaths during the eleven-year period of 2005-15. 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,

[Signature]

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 work with the county Emergency Planning Agency(s) to develop mass fatality plans.

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.
- Developed a county Mass Fatality 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.
- Meet with various 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.
2015 Budget – Richland County Coroner’s Office

The total spending of the Richland County Coroner’s Office for 2015 was $341,297. This represented an increase of $15,471 from the 2014 budget. This was primarily due to an increase in cases and autopsies required. Original budget request $297,401 but this was supplemented late in the year due to more autopsies than budgeted for.

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Total $341,297.00

“Services/Non Contract” 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 2015 there were 109 cases in Richland County sent for autopsy, which is an increase from 2014 (94) and is above average. 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 2014 (last figures available at the time of this writing) was $100.7 million dollars. The Coroner’s Office represented 0.33% of that budget. Of the entire Coroner’s budget in 2015, 93.1% went to salaries and autopsy expense. Remaining expenses including vehicles, fuel, training, travel, printing, mailing, cell phones, equipment, and supplies totaled only $23,524.
Total Deaths

There were 1157 total deaths in Richland County in 2015. Of these, 314 (a record) were reported to the Coroner’s Office. 181 of those reported deaths were released back to the family physician to certify the death, while 133 (also a record) were accepted as Coroner’s cases for full investigation. 109 of these decedents were sent for autopsy (a record number as well).
Manner of Death

Of the 314 deaths reported to the Coroner’s office in 2015, 221 (70%) were determined to be from natural causes. There were 65 accidental deaths (21% of reported cases), 22 suicides (7%), 4 homicides (1.3%), and 2 deaths were ruled to be of undetermined manner.
Accidental Deaths

There were 65 accidental deaths in Richland County in 2015. Of these, 15 were motor vehicle accidents, 40 were drug overdoses, 4 were by falls, 1 was by house fire, 1 by drowning, and three were by other means (One found facedown in bathtub under the influence of drugs, one hypothermia, one food aspiration, and one toddler by unsafe sleep environment).
Motor Vehicle Accidents

There were 15 motor vehicle deaths in 2015. Seven fatalities were drug or alcohol related in regards to factors causing the crash.
Alcohol Related MVAs

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</tr>
<tr>
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</tr>
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<tr>
<td>2015</td>
<td>7</td>
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</table>
Drug Overdoses

There were 41 deaths due to drug overdose in 2015. One was ruled suicide and 40 were ruled to be accidental. Total Drug deaths were the highest in the past decade. So many decedents died under the influence of a combination of drugs that it is hard to categorize them. In order to demonstrate the increasing influence of certain drugs we have made tables of the total number of decedents who were under the influence of heroin, cocaine, and fentanyl whether or not there were multiple drugs involved.
Drug overdose deaths have increased dramatically in Richland County, just as they have across the state and the entire country.

There was one additional drug involved death NOT listed above in which the actual cause of death was uncertain; the decedent was found submersed in a bathtub while under the influence of the synthetic cannabinoid AB-CHMINACA. Autopsy could not prove whether she had drowned or whether she had died from the effects of the drug.
Firearm Related Deaths

There were 16 firearm related deaths in 2015.

All were adults >18 y/o.

13 Suicides
3 Homicides; 1 of these was a police involved shooting. The ruling of homicide only refers to one person being killed by another; it does not necessarily imply that a crime has been committed. For example, state sanctioned executions are ruled as homicides.
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 4 Homicides in 2015.

Three were by gunshot wound(s). One was a police involved shooting. One was a murder/suicide by an elderly couple. One was by stabbing.

There were no juvenile homicides (<18 y/o) in 2015.
Suicides

Suicide Deaths

Suicide By Mode 1993 - 2015
In 2015 Richland County had 22 suicides.

18 Male
4 Female

There was one juvenile suicide (<18y/o) in 2015. (17 y/o male)

Gunshot Wound 6
Hanging 3
Drugs 1
Carbon Monoxide 2
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 eleven years from 2005 through 2015 there were 169 suicides, and all but 15 of the 169 victims had at least one of the three factors; 103 (61%) had at least two of the factors, and 40 (27%) had all three factors.
Suicide - Alcohol/Drug - 2015

None, 12
Alcohol/Drug, 10

Numbers with Risk Factors 2005-2015
Child Fatalities – 2015

There were 5 child fatalities (children <18y/o) in 2015 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 motor vehicle accident, one unsafe sleep environment, and one teen who was under the influence of a synthetic cannabinoid drug and was found in bath water and either died of the direct effects of the drug or drowned due to being under the influence of the drug; autopsy was unable to determine which).
1 Natural (seizure complications)
1 Suicide (17 y/o male)
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