



# Annual Report 2022



*We investigate deaths to serve the living*

**2022 Annual Report  
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State of New Mexico**

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**Office of the Medical Investigator (OMI)  
2022 Annual Report**

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## **Introduction**

The Office of the Medical Investigator (OMI) investigates any death occurring in the State of New Mexico that is sudden, violent, untimely, unexpected or where a person is found dead and the cause of death is unknown. OMI performed services for a total of 9,505 deaths in 2022. A detailed breakout of the case distribution can be found in this report.

This report is presented in two sections. The first section of the report summarizes the activity of the OMI. The second represents data routinely collected by the OMI in a manner that answers questions related to mortality and public health from a medical examiner's perspective. The tables and figures included in the report are designed to be self-explanatory, and we hope you find them easy to read and understand. Definitions can be found in the Glossary and may provide assistance with the terminology encountered in the report. Readers with special interests, needs, or whose questions are not answered by this report may contact the OMI. Additionally, we encourage interested researchers to contact the New Mexico Bureau of Vital Records and Health Statistics (BVRHS) for complete mortality statistics.

Comments or suggestions concerning the content, format, or clarity of the report are always welcome.

## ***Preparation of the Annual Report***

The OMI data from which this report was compiled are maintained on a web-based data management system located at the New Mexico Scientific Laboratories in Albuquerque. OMI faculty Sarah Lathrop, DVM, Ph.D., and OMI Research Scientist Garon Bodor, MS using Microsoft Office 2016 Professional, prepared this report. UNM Health Sciences Center – Digital Printing and Document Services printed and bound the final distribution copies. Electronic copies of this report may be downloaded in .PDF format from the OMI website: <http://omi.unm.edu>.

## **Overview – Office of the Medical Investigator – 2022**

The Office of the Medical Investigator (OMI) was created by the New Mexico State Legislature in 1972 and became operational in 1973. Replacing the county coroner system, the OMI was tasked<sup>1</sup> with investigating all reportable deaths occurring in New Mexico, to subsequently determine the cause and manner of death in such cases, and to provide formal death certification.

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<sup>1</sup> NMSA Statute 24-11-1, et seq., and 7-NMAC 3.2.8

### **Reportable Deaths**

Those deaths to be reported to the OMI include all deaths occurring in New Mexico as outlined below, regardless of where or when the initial injuring event occurred.

- Any death that occurs suddenly and unexpectedly, that is, when the person has not been under medical care for significant heart, lung or other disease.
- Any death suspected to be due to violence, i.e., suicidal, accidental or homicidal injury, regardless of when or where the injury occurred.
- Any death suspected to be due to alcohol intoxication or the result of exposure to toxic agents.
- Any death of a resident housed in a county or state institution, regardless of where death occurs. This refers to any ward of the state or individual placed in such a facility by legal authorization.
- Any death of a person in the custody of law enforcement officers.
- Any death of a person in a nursing home or other private institution without recent medical attendance.
- Any death that occurs unexpectedly during, in association with, or as a result of diagnostic, therapeutic, surgical or anesthetic procedures.
- Any death alleged to have been caused by an act of malpractice.
- Any death suspected to be involved with the decedent's occupation.
- Any death unattended by a physician.
- Any death due to neglect.
- Any stillbirth of 20 or more weeks' gestation unattended by a physician.
- Any maternal death to include death of a pregnant woman regardless of the length of the pregnancy, and up to six weeks post-delivery, even where the cause of death is unrelated to the pregnancy.
- Any death of an infant or child where the medical history has not established some pre-existing medical condition.
- Any death, which is possibly, directly or indirectly, attributable to environmental exposure, not otherwise specified.
- Any death suspected to be due to infectious or contagious disease wherein the diagnosis and extent of disease at the time of death are undetermined.
- Any death occurring under suspicious circumstances.
- Any death in which there is doubt as to whether or not it is a medical investigator's case should be reported.

### **Statutory Duty**

The OMI Policy Manual, derived from statute, requires the OMI to perform the following duties in all cases of reportable deaths:

- Receive all reports of sudden, unexpected or unexplained deaths.
- Respond to all sudden, unexpected or unexplained deaths.
- In the absence of a physician, pronounce death.
- Take custody of the body and all articles on or near the body.
- Maintain the chain of custody of the body and all articles obtained there from.
- Conduct an investigation leading to the determination of the cause and manner of death.
- Obtain toxicology samples from the body when indicated, and arrange for necessary tests upon those samples that will aid in the determination of cause and manner of death; maintain the proper chain of custody and evidence on those samples; store those samples for an appropriate period of time.
- Certify the cause and manner of death and forward written certification to designated agencies.
- Properly dispose of human remains through release to family or designated and authorized entities.
- Provide accurate identification of all human remains when possible.
- Cooperate with authorized agencies having involvement with death investigation.
- Provide professional, objective testimony in state and local courts of law.
- Define procedures that establish fees for services and material provided by the OMI.
- Define procedures to reimburse all parties providing services to the OMI.
- Establish and maintain a disaster plan outlining the role of OMI staff.
- Maintain records of each official death investigation and provide reports to official agencies.

The above duties are exclusive of deaths that occur on tribal or federal land. The OMI provides consulting services for requesting agencies such as the Bureau of Indian Affairs (BIA), Federal Bureau of Investigations (FBI), Tribal Law Enforcement, military law enforcement, or neighboring state jurisdictions.

The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. A Board of Medical Investigations comprised of the Dean of the UNM School of Medicine, the Chief of the New Mexico State Police, the Secretary of the Department of Health, the Chairman of the New Mexico Board of Thanatopractice and the Cabinet Secretary of the Indian Affairs Department was established to oversee and develop policy. The Board appoints the Chief Medical Investigator, a physician licensed in New Mexico, trained in Pathology and Forensic Medicine, who has responsibility for operations.

The program operates out of the Central Office located in the UNM Health Sciences Center in Albuquerque, New Mexico. The Central Office directs all investigative activities statewide. Specially trained and certified Field Deputy Medical Investigators (FDMI) conduct field investigations. Every county in New Mexico has FDMIs who conduct investigations at the scene of death to collect



information used to determine jurisdiction, possible cause and manner of death, and in the absence of a physician provide the pronouncement of death. The FDMIs contact the Central Office and present the results of each investigation to Central Office Deputy Medical Investigators who work with on-call Medical Investigators (forensic pathologists) to make the ultimate decisions regarding jurisdiction and the need for further medicolegal investigation. All autopsy services are conducted in the Central Office and are performed by forensic pathologists with the assistance of morphology technicians. The Scientific Laboratory Division (SLD) provides some toxicology services, with other commercial laboratories providing specialized testing. All documentation is archived by the Central Office and is available as provided for by public record statutes and regulations.

Such a strongly defined and professionally staffed system provides investigative agencies, the medical community and the citizens of New Mexico with standardized death investigation protocols and a central repository for the information compiled during those medicolegal investigations. The centralization of these services has proven valuable in many areas of public concern including:

- Criminal investigations such as homicide or child abuse
- Protection of public health from environmental hazards and the spread of infectious disease
- Surveillance and reporting of deaths that may represent bioterrorist activities
- Medical and statistical research contributing to positive preventive measures (such as seat belt laws)
- Expert testimony in court cases
- Proper certification of death
- Services to families of the deceased persons (Grief Services Program)

## ***Program Summary and Highlights for 2022***

### **Investigative Activity**

In 2022, New Mexico had 9,505 deaths that met the criteria to become a reportable death. The OMI provided investigative services for each of these 9,505 deaths. OMI's Deputy Medical Investigators conducted 7,135 scene investigations in 2022. Following these investigations, OMI retained jurisdiction of 5,344 deaths and relinquished jurisdiction of 1,791 deaths to private physicians. An additional 185 deaths were investigated as consultations, resulting in a total caseload of 7,320 medicolegal investigations. OMI ordered the transportation of 5,801 decedents who died in 2022. A granular examination of the case distribution is presented in the Total Cases section beginning on the section entitled 'Total Cases'.

### **Examination Types**

Of the 9,505 reportable deaths in 2022, OMI performed 1,852 autopsies (1,736 full + 116 partial), 2,337 pathologist externals, 761 field externals, and 4,555 decedents did not receive a physical examination of any type. As a department of the UNM Health Sciences Center, OMI performs autopsies for the hospital as a consultant; however, OMI does occasionally take jurisdiction over some of those cases. In 2022, OMI took jurisdiction over 228 cases. Of those cases, 80 received a full or partial autopsy, 47 received an external examination, and 100 cases only needed their records

reviewed in order to have a proper cause and manner of death assigned. A granular examination of the examination types is presented in the 'Total Cases' section of this report.

### **Identification**

Each year OMI receives hundreds of cases where remains are initially unidentified. Approximately 99% of these cases are successfully identified through OMI's investigative efforts. Our staff identifies these cases through fingerprint analysis, postmortem forensic dental examinations, DNA analysis, and x-ray and CT comparisons. The investigative staff dedicates many hours to reviewing "cold cases" and are able to identify many cases with the advancement of DNA technology and by resubmitting fingerprints to the FBI that were originally unmatched. In 2022, the investigative staff identified all but 18 decedents.

### **Training and Education**

At the OMI, the activity of training and education is an integral part of day-to-day operations. The OMI is designated as a special program within the Department of Pathology at the University of New Mexico School of Medicine. The forensic pathologists are faculty members within the School of Medicine and are expected to participate in training of medical students, residents and fellows, as well as conduct research activity to further advance the science of forensic medicine.

### **Forensic Pathology Fellowship Program**

The OMI Forensic Pathology Fellowship Program is considered one of the best in the country. The fellowship is a one-year, in-depth training program in the subspecialty of forensic pathology. Applicants must have completed an accredited pathology residency program. Four positions for this competitive program are available each year and are generally filled two years in advance.

### **Certification Training**

All OMI Central Office deputy medical investigators are required to become certified by the American Board of Medicolegal Death Investigators to perform a death investigation. Additionally, the OMI provides in-house training for the deputy medical investigators throughout New Mexico and in the past year, 13 individuals successfully completed the training and received certification as new Field Investigators. Upon request, OMI will provide the certification training to other medical investigators, coroners and law enforcement agencies for adaptation to the needs of their local systems. (i.e., Native American police officers).

### **Death Investigation Training**

OMI provided continuing education on a variety of forensic topics to Field Investigators through weekly webinars. This training was open to several other medical examiner offices throughout the country through Project ECHO.

### **Law Enforcement Training**

Death investigation training is provided at the New Mexico State Police Academy, the New Mexico Law Enforcement Academy, APD Citizen's Police Academy, and the Albuquerque Police Academy. In addition, specialized training is provided to individual police departments at their request.

### **Public Education**

OMI Staff conducts in-service training throughout the state for a wide variety of agencies. Examples of agencies include the New Mexico Department of Health, funeral homes, hospitals, correction facilities, the EMS training site, UNM, CNM, high schools, civic organizations, state search and rescue groups, and tribal authorities.

### **OMI Website**

The OMI website at <http://omi.unm.edu> provides instant access to information concerning OMI, staff, services offered, reports, and record requests.

### **Center for Forensic Imaging**

The Center for Forensic Imaging (CFI) is located within OMI. The CFI performs computed tomography (CT), magnetic resonance imaging (MRI), and radiography, in support of the clinical service of the OMI, as well as research and education.

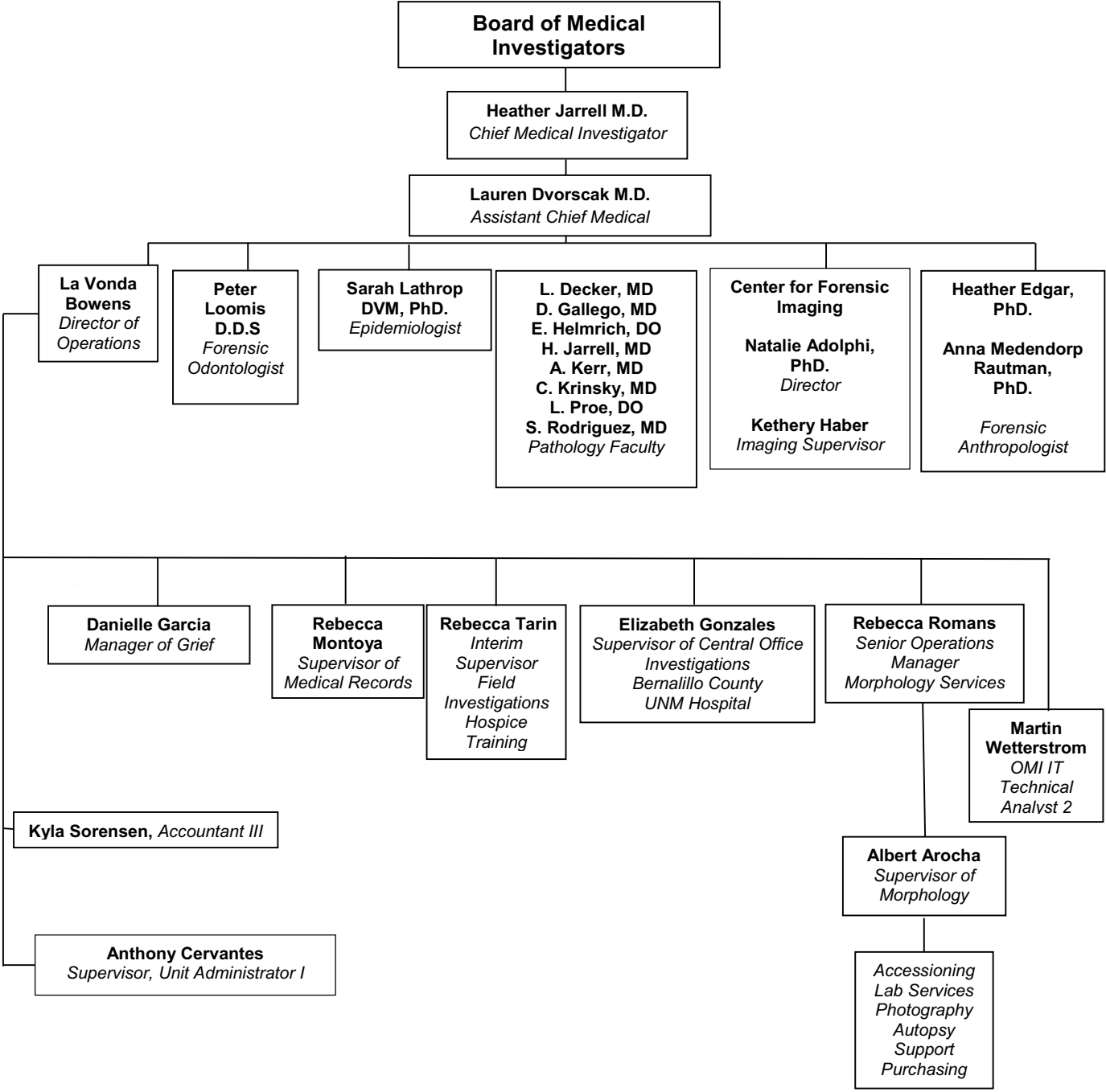
### **Grief Services Program**

The Grief Services Program (GSP) was established in 1975. Initially, the program provided crisis intervention and education to families whose child died as a result of Sudden Infant Death Syndrome (SIDS). The Program has expanded over time and now includes support for those dealing with a family member's death arising from homicide, suicide, or accident. Currently, GSP contracts with grief counselors throughout the state and also has three counselors located on-site in Albuquerque, all who provide trauma and grief support for families dealing with this sudden and unexplained death. Services include: crisis support, trauma and grief support/companionship, advocacy, support groups, and information and referrals. Additionally, the GSP provides consultation, training, and public presentations focusing on trauma and traumatic/complicated grief education across New Mexico for agencies such as law enforcement, emergency responders, nurses, mental health providers, teachers and other groups who request such training.

### **Donor Services**

In 2022, OMI ensured that 100% of potential organ donors and their families were allowed to give the gift of life. OMI works closely with New Mexico Donor Services and Lion's Eye Bank to provide life-saving organs for transplantation, in New Mexico and across the country. Our thanks go to the families whose loved ones became an organ or tissue donor, providing an enhanced quality of life to hundreds of transplant recipients.

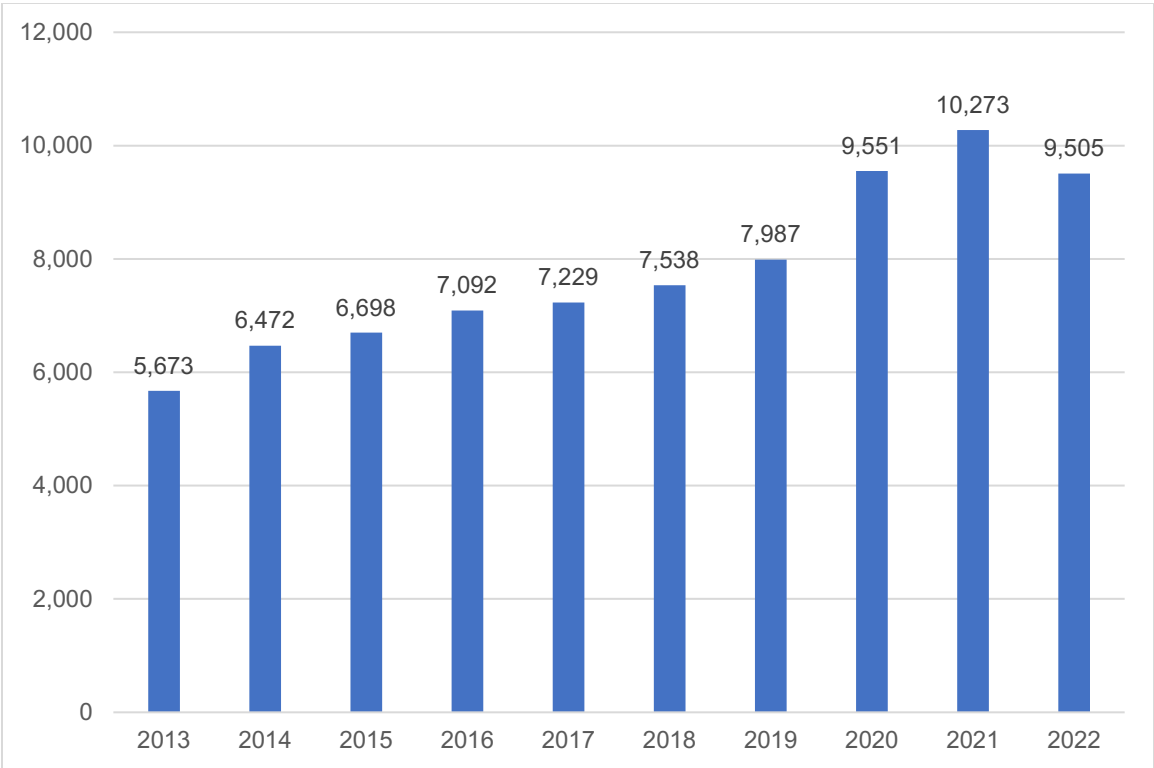
# OMI Organizational Chart



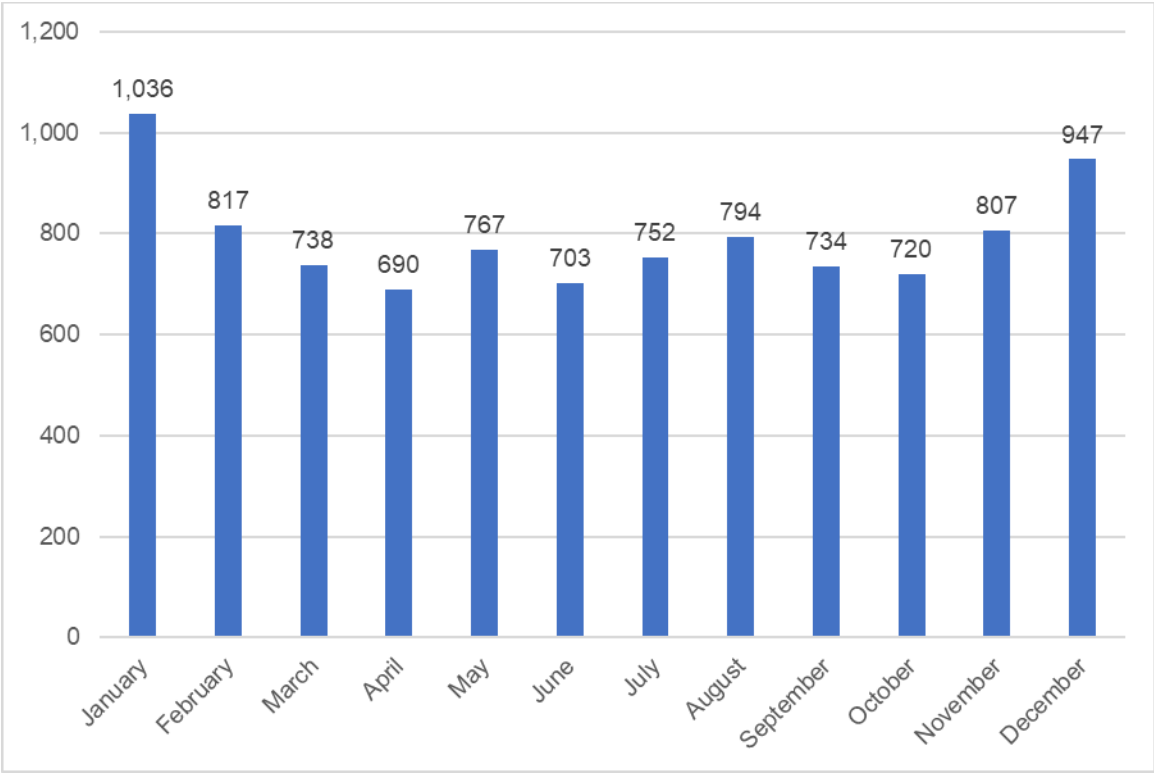
**Total Cases**

The remainder of this report will present data routinely collected by the OMI in a manner that answers questions regarding mortality and public health. The tables and charts summarize data collected on every medicolegal investigation, including consultation cases that the OMI conducted for this reporting period. The data, a subset of total mortality figures, represent findings on cases that come to the attention of forensic pathology. Readers who need complete mortality figures are encouraged to contact the State Center for Health Statistics – Bureau of Vital Records and Health Statistics, New Mexico Department of Health.

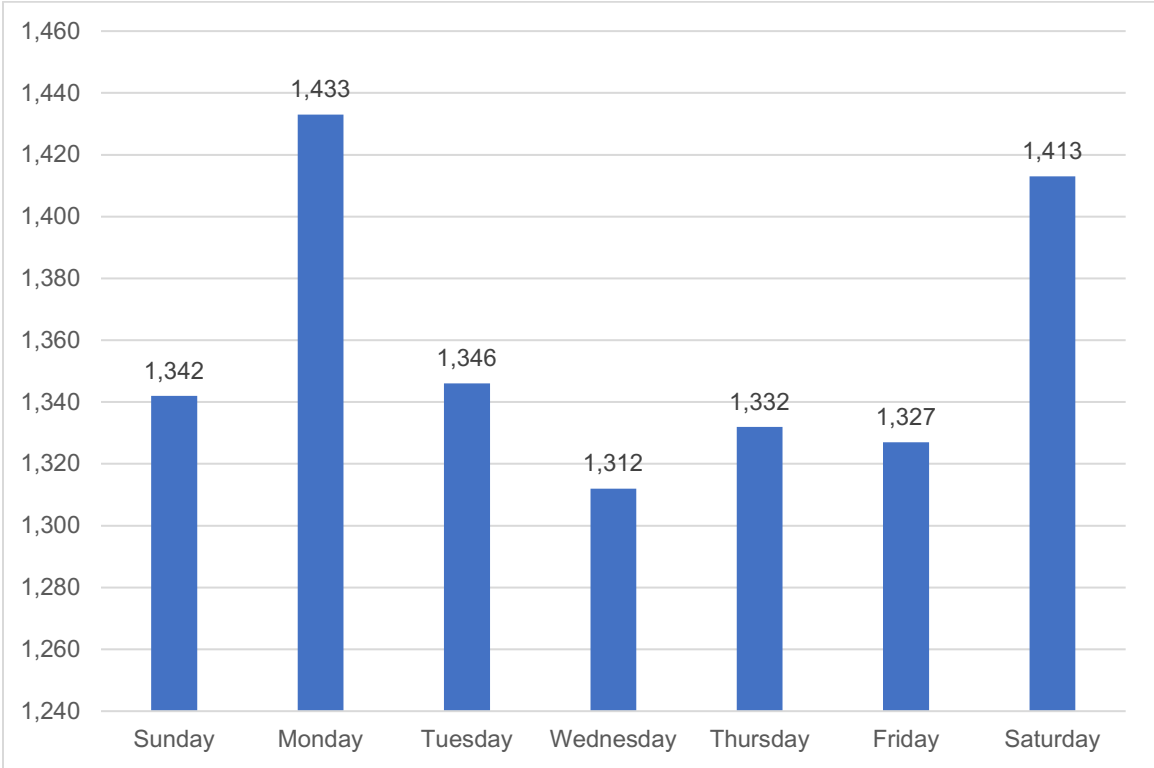
**Figure 2. Total Cases (2013 - 2022)**



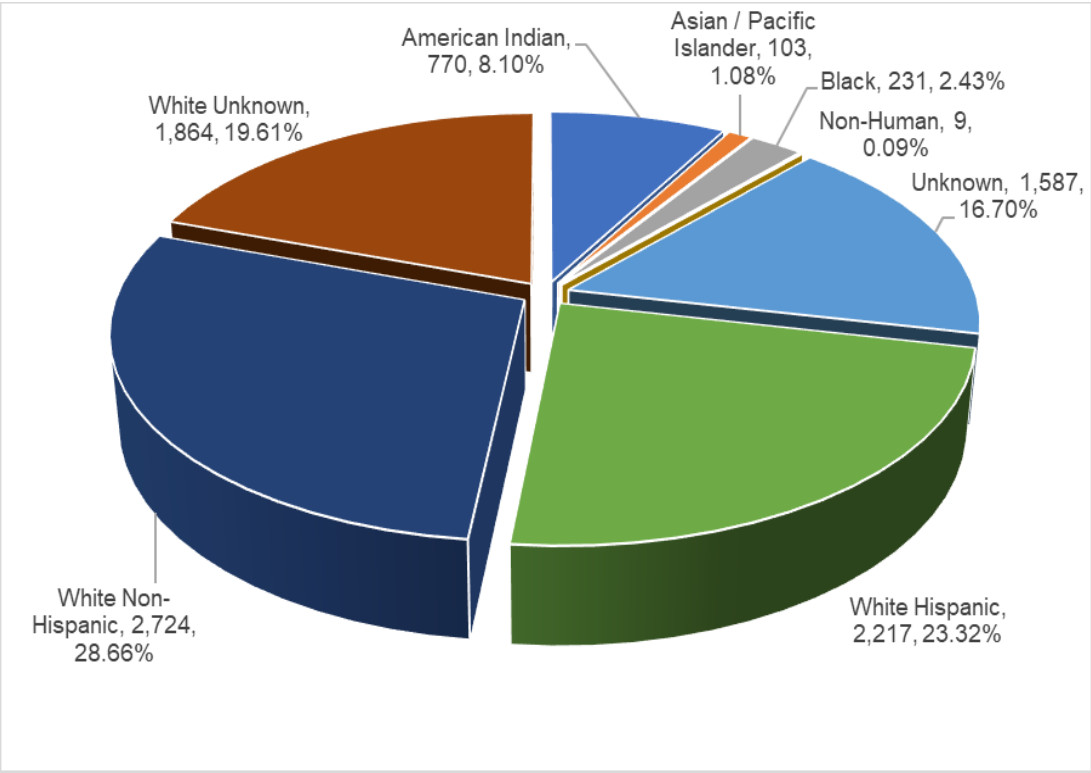
**Figure 3. Total Cases by Month 2022**



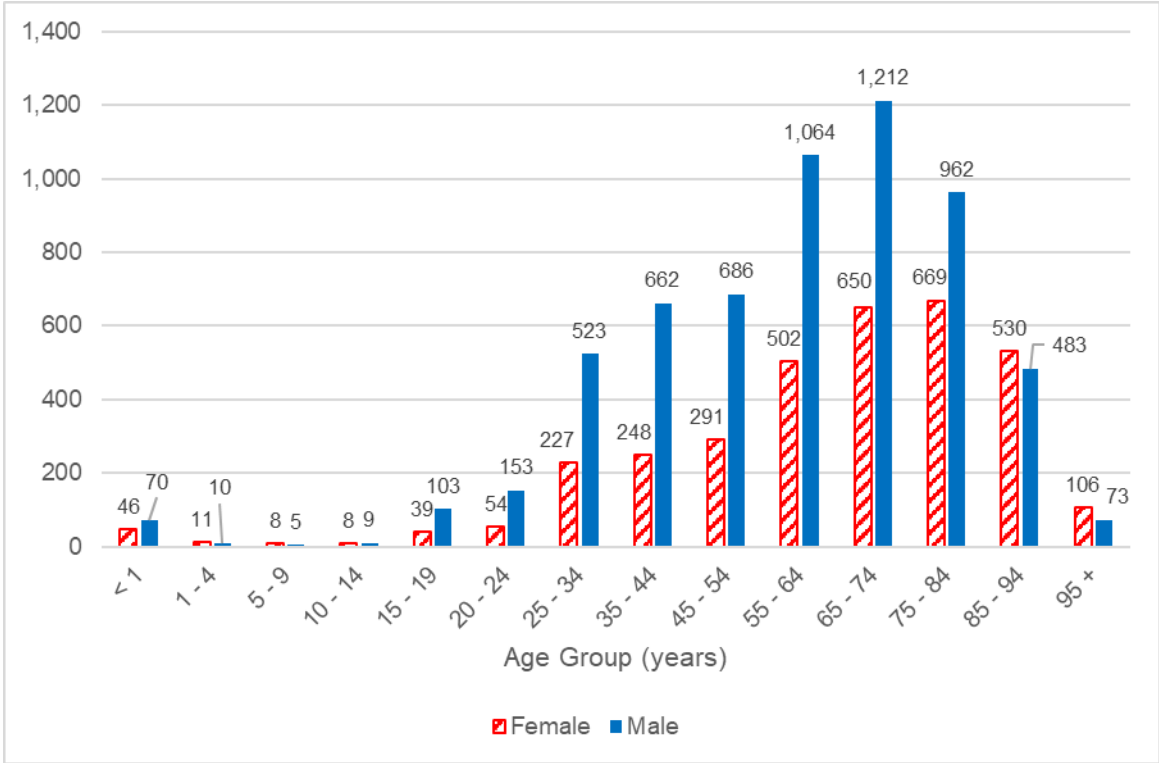
**Figure 4. Total Cases by Day 2022**



**Figure 5. Total Cases by Race / Ethnicity 2022**



**Figure 6. Total Cases by Age and Gender 2022**



**Table 1. Total Cases - Autopsy Status 2022**

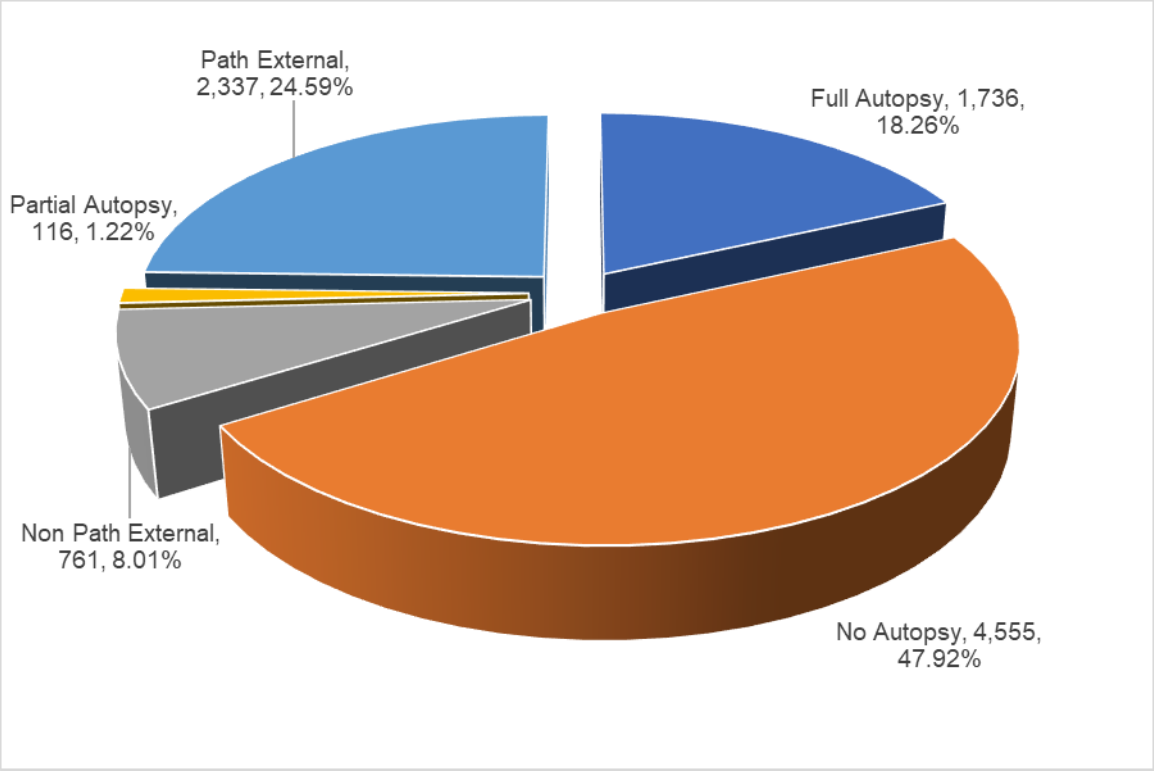
Autopsy	Accident	Homicide	Jurisdiction Terminated	Natural	Non-Accept	Other	Suicide	Undetermined	Grand Total
No	1,625	1	1,791	2,593	1,324	9	294	16	7,653
Yes	654	346	0	493	0	3	228	128	1,852
<b>Grand Total</b>	<b>2,279</b>	<b>347</b>	<b>1,791</b>	<b>3,086</b>	<b>1,324</b>	<b>12</b>	<b>522</b>	<b>144</b>	<b>9,505</b>

**Table 2. Total Cases Distribution 2022**

Jurisdiction	Autopsy No	Autopsy Yes	Percent Autopsied	Grand Total
<b>OMI</b>				
Accident	1,601	629	28.21%	2,230
Homicide	1	333	99.70%	334
Natural	1,758	372	17.46%	2,130
Other	8	2	20.00%	10
Suicide	284	221	43.76%	505
Undetermined	16	119	88.15%	135
<b>Subtotal</b>	<b>3,668</b>	<b>1,676</b>	<b>31.36%</b>	<b>5,344</b>
<b>Consult</b>				
Accident	24	25	51.02%	49
Homicide	0	13	100.00%	13
Natural	835	121	12.66%	956
Other	1	1	50.00%	2
Suicide	10	7	41.18%	17
Undetermined	0	9	100.00%	9
<b>Subtotal</b>	<b>870</b>	<b>176</b>	<b>16.83%</b>	<b>1,046</b>
<b>Non-Accept</b>	<b>1,324</b>	<b>0</b>	<b>0.00%</b>	<b>1,324</b>
<b>Jurisdiction Terminated</b>	<b>1,791</b>	<b>0</b>	<b>0.00%</b>	<b>1,791</b>
<b>Grand Total</b>	<b>7,653</b>	<b>1,852</b>	<b>19.48%</b>	<b>9,505</b>

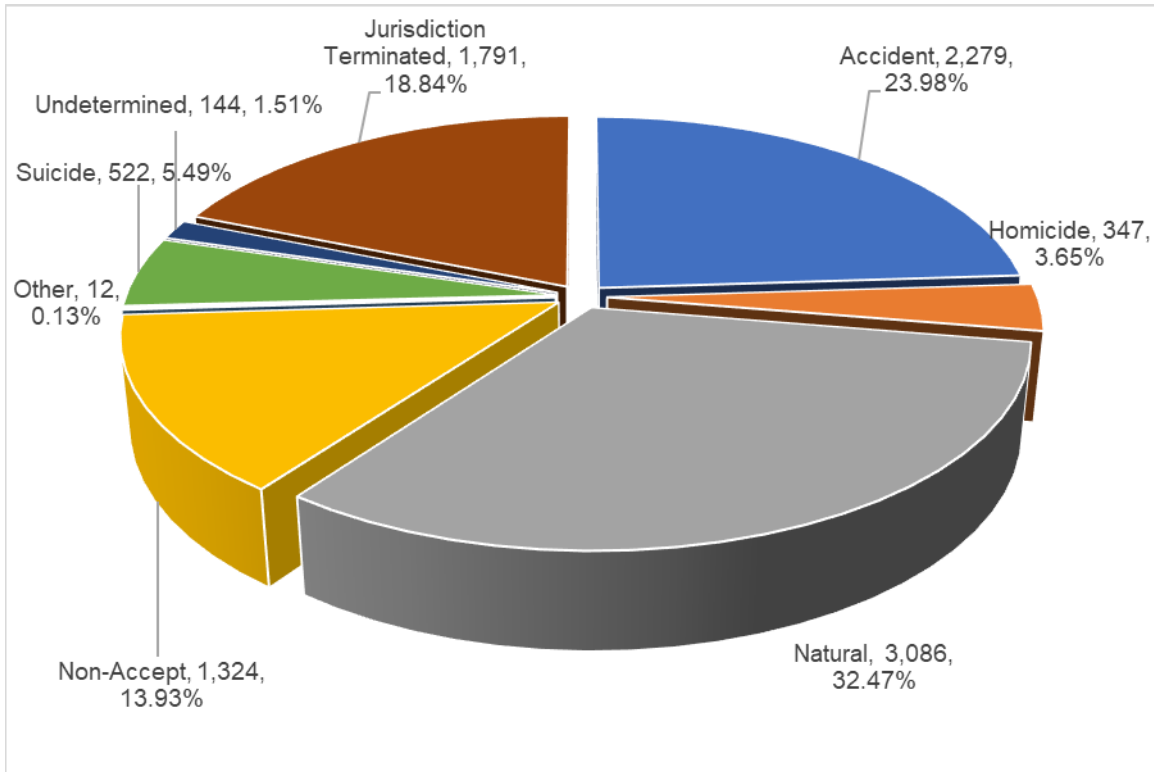


Figure 7. Total Cases by Exam Type 2022



**Cause and Manner of Death**

**Figure 8. Total Cases by Manner of Death 2022**



**Cause and Manner of Death - Overview**

In 2022, OMI investigated 9,505 deaths, representing approximately \*48.65% of the estimated total deaths in New Mexico in 2022 (\*based on most recent Vital Records Report). Of the deaths investigated by OMI in 2022:

The total number of deaths investigated represents an 8.08% decrease from the 2021 total, and a 67.55% increase since 2013.

The ratio of male to female deaths, when gender was clearly determined, was 1.77. Decedents classified as White non-Hispanic represented 28.66% of the total, White Hispanic 23.32%, White Hispanic ethnicity unknown 19.61%, American Indian 8.10%, Black 2.43%, and Asian/Pacific Islander 1.08%. The racial-ethnic composition of New Mexico was listed in 2019 as: 37.6% Non-Hispanic White, 49.3% Hispanic, 9.1% American Indian, 2.3% Black or African-American and 1.8% Asian/Pacific Islander. (Source: <https://www.nmhealth.org/data/view/vital/2504/>)

While natural deaths contributed the largest portion of OMI deaths investigated (32.47%), most natural deaths did not fall under the jurisdiction of the OMI. Multiple cases are called into OMI every year in order to verify if OMI has jurisdiction over the case. The physicians then decide if OMI is

statutorily obligated to investigate the case and issue the death certificate. If they are not statutorily obligated, the case is considered as jurisdiction terminated (18.84% of 2022 cases) or non-accept (13.93% of 2022 cases). Data presented regarding natural deaths should not be interpreted as representative of all natural deaths in New Mexico.

**Table 3. Total Cases by Gender and Manner 2022**

<b>Manner</b>	<b>Ancient</b>	<b>Female</b>	<b>Male</b>	<b>Non-Human</b>	<b>Unknown</b>	<b>Grand Total</b>
Accident		717	1,562			<b>2,279</b>
Homicide		74	272		1	<b>347</b>
Jurisdiction Terminated		743	1,043	9	1	<b>1,796</b>
Natural		1,116	1,968		1	<b>3,085</b>
Non-Accept		619	699		4	<b>1,322</b>
Other		1	1		2	<b>4</b>
Suicide		116	406			<b>522</b>
Undetermined	6	35	100		9	<b>144</b>
<b>Grand Total</b>	<b>6</b>	<b>3,421</b>	<b>6,051</b>	<b>9</b>	<b>18</b>	<b>9,505</b>

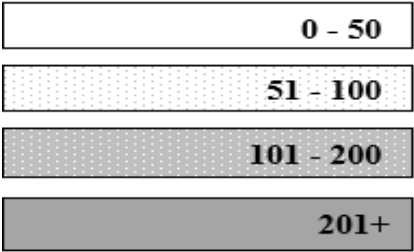
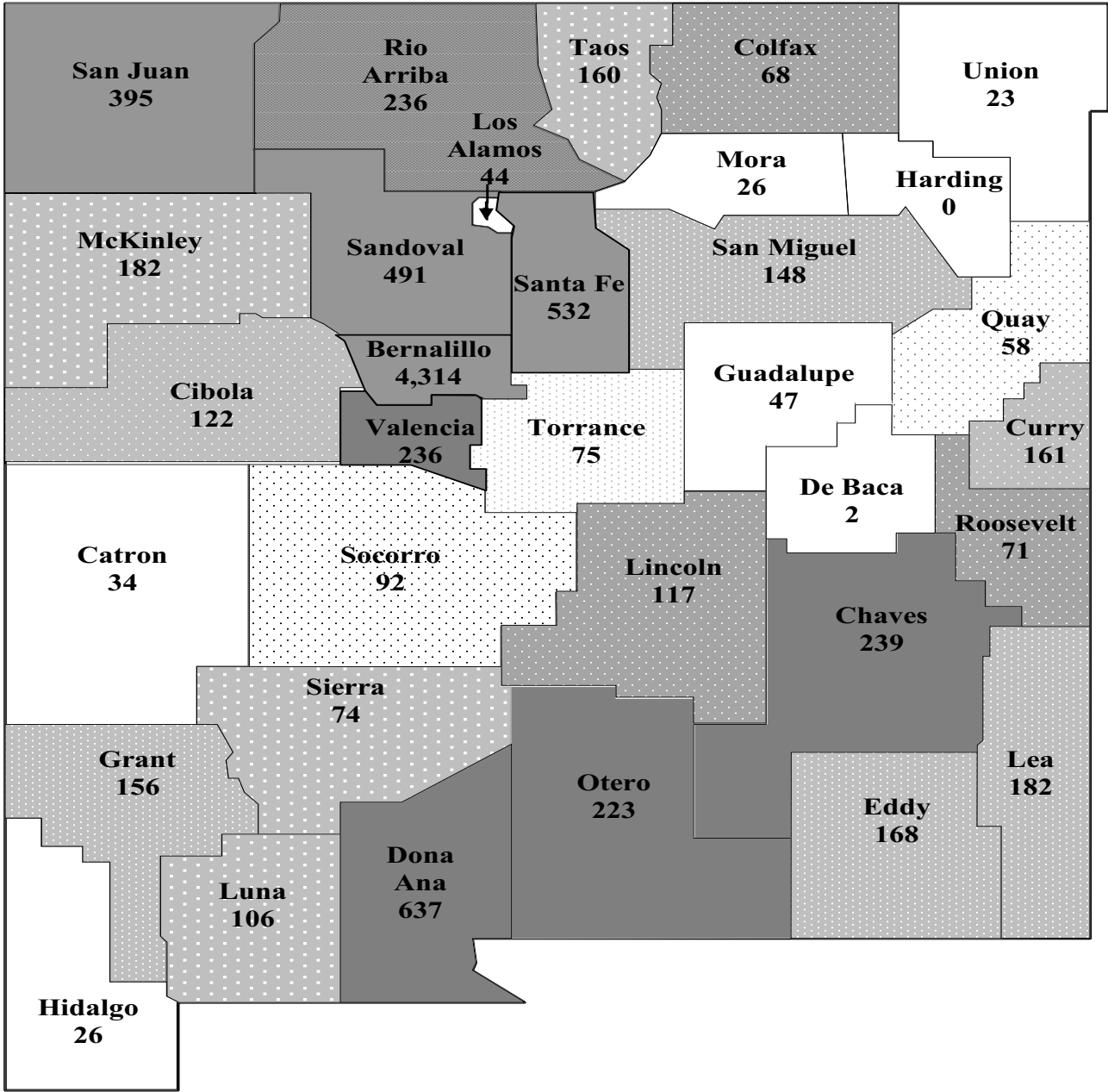
**Table 4. Total Cases by Manner of Death and Race/Ethnicity 2022**

<b>Manner</b>	<b>American Indian</b>	<b>Asian / Pacific Islander</b>	<b>Black</b>	<b>Non-Human</b>	<b>Unknown</b>	<b>White Hispanic</b>	<b>White Non-Hispanic</b>	<b>White Unknown</b>	<b>Grand Total</b>
Accident	231	23	64		383	662	527	389	<b>2,279</b>
Homicide	47	5	17		83	103	50	42	<b>347</b>
Jurisdiction Terminated	47	12	34	1	190	471	754	282	<b>1,791</b>
Natural	285	39	84		475	632	930	641	<b>3,086</b>
Non-Accept	85	16	16	1	342	219	248	397	<b>1,324</b>
Other	1			7	3			1	<b>12</b>
Suicide	48	5	11		68	99	197	94	<b>522</b>
Undetermined	26	3	5		43	31	18	18	<b>144</b>
<b>Grand Total</b>	<b>770</b>	<b>103</b>	<b>231</b>	<b>9</b>	<b>1,587</b>	<b>2,217</b>	<b>2,724</b>	<b>1,864</b>	<b>9,505</b>

**Table 5. Total Cases by Manner of Death (Age and Gender) 2022**

Gender/Age Group (Years)	Accident	Homicide	Jurisdiction Terminated	Natural	Non-Accept	Other	Suicide	Undetermined	Grand Total
<b>Female</b>									
< 1	3	1	3	22	11			6	46
1 - 4	3		1	4	2			1	11
5 - 9	5	1	1	1					8
10 - 14	4	1		2			1		8
15 - 19	22	4		5	1		5	2	39
20 - 24	26	9	1	6	2		7	3	54
25 - 34	100	16	6	62	8		29	6	227
35 - 44	104	12	10	80	16		21	5	248
45 - 54	101	14	33	89	31		19	4	291
55 - 64	96	7	91	201	85		17	5	502
65 - 74	68	7	163	274	126		12		650
75 - 84	75	1	216	224	149		4		669
85 - 94	88	1	178	115	146		1	1	530
95 +	22		39	16	28	1			106
IUFD				15					15
Unknown			1		14			2	17
<b>Subtotal</b>	<b>717</b>	<b>74</b>	<b>743</b>	<b>1,116</b>	<b>619</b>	<b>1</b>	<b>116</b>	<b>35</b>	<b>3,421</b>
<b>Male</b>									
< 1	9	1	1	21	27			11	70
1 - 4	5			1	1			3	10
5 - 9		1		2	2				5
10 - 14	1	4		2	1		1		9
15 - 19	43	25		11	1		17	6	103
20 - 24	85	22		10			33	3	153
25 - 34	248	75	10	77	11		82	20	523
35 - 44	309	69	21	141	28		73	21	662
45 - 54	245	37	49	229	41		70	15	686
55 - 64	266	28	156	470	94		38	12	1,064
65 - 74	149	8	320	516	166		48	5	1,212
75 - 84	105	1	304	341	177	1	32	1	962
85 - 94	83		148	126	115		11		483
95 +	12		32	8	20		1		73
IUFD				13	1				14
Unknown	2	1	2		14			3	22
<b>Subtotal</b>	<b>1,562</b>	<b>272</b>	<b>1,043</b>	<b>1,968</b>	<b>699</b>	<b>1</b>	<b>406</b>	<b>100</b>	<b>6,051</b>
<b>Non-Human</b>			1		1	7			9
<b>Unknown Age &amp; Gender</b>		1	1	1	4	2		9	18
<b>Ancient</b>			3	1	1	1			6
<b>Grand Total</b>	<b>2,279</b>	<b>347</b>	<b>1,791</b>	<b>3,086</b>	<b>1,324</b>	<b>12</b>	<b>522</b>	<b>144</b>	<b>9,505</b>

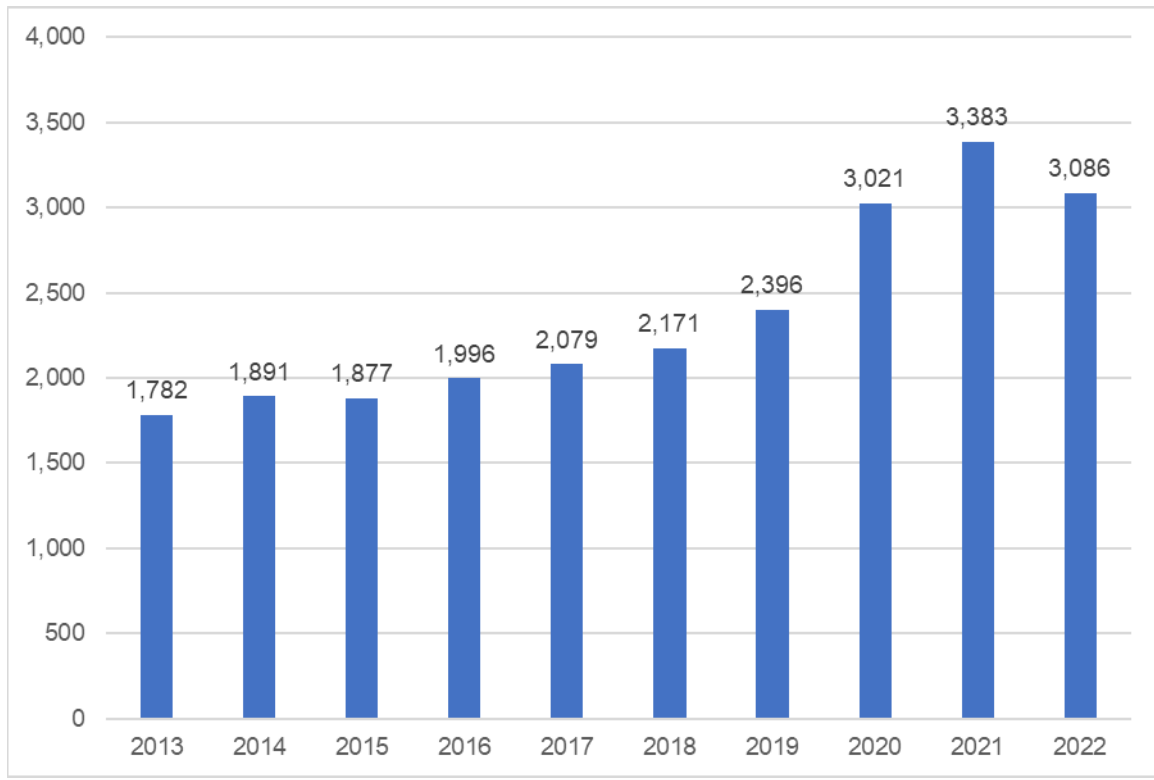
Figure 9. OMI Deaths by County of Pronouncement 2022



- There were 54 cases pronounced out of state.

**Overview – Manner of Death – Natural Deaths**

**Figure 10. Natural Deaths (2013 - 2022)**



**Natural Deaths – Overview**

Deaths classified as a “natural” manner of death, as compared to suicides, homicides, accidents and undetermined manners of death, represent the largest number of deaths investigated by OMI (32.47% in 2022). Starting in 2013, cases reported to but not accepted by OMI were no longer assigned a manner of death, resulting in the lower numbers of natural deaths starting in 2013. Most natural deaths that occur in New Mexico do not fall under the jurisdiction of OMI and are therefore not represented in this report. An excellent resource for all mortality statistics in the state is the publication “New Mexico Selected Health Statistics Annual Report,” published by the State Center for Health Statistics at the Office of New Mexico Vital Records & Health Statistics, Public Health Division, Department of Health, 1105 St. Francis Dr., PO Box 26110, Santa Fe, NM 87502-6110. The 2019 Annual Report is available online at: <https://www.nmhealth.org/data/view/vital/2504/>

Figure 11. Natural Deaths by Race / Ethnicity 2022

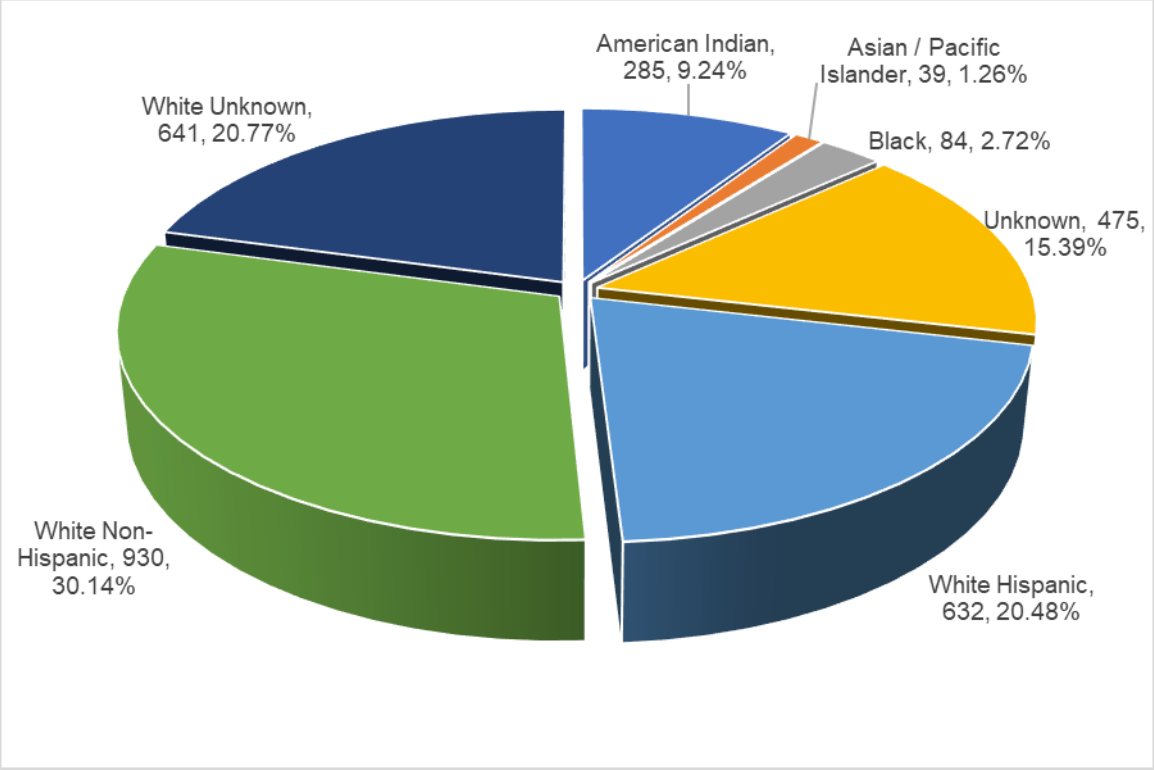
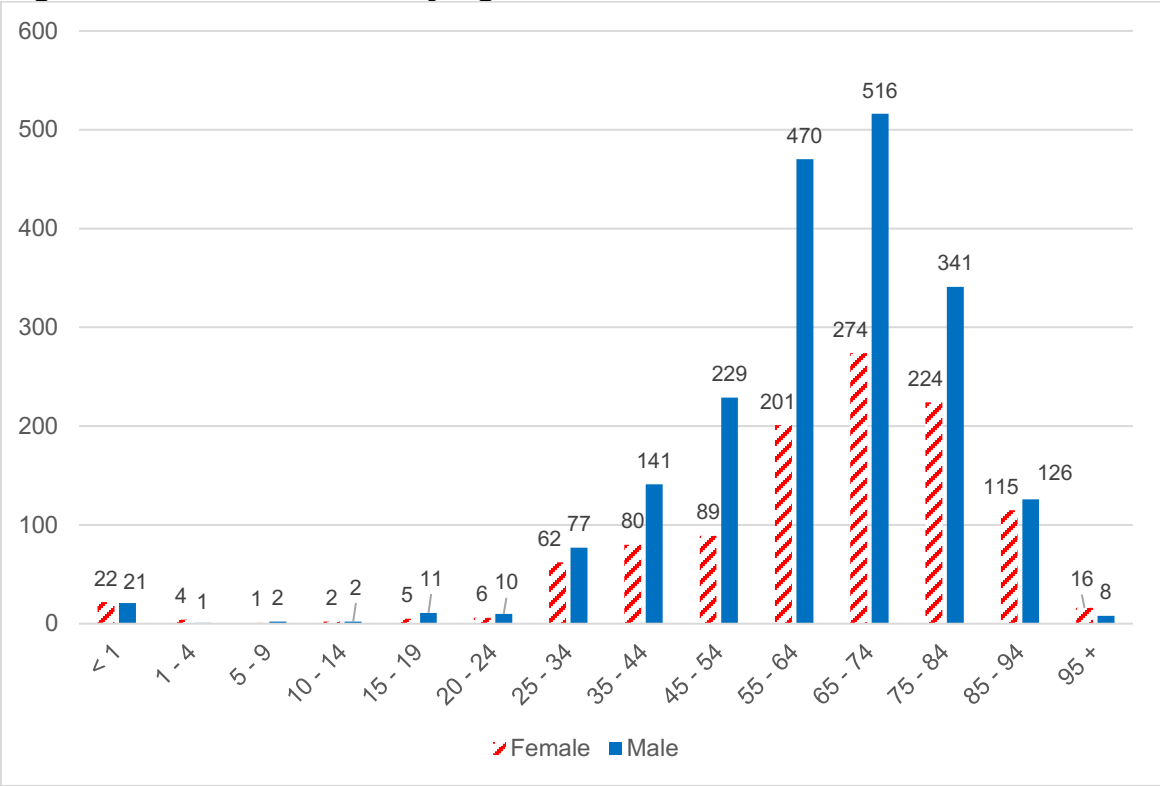
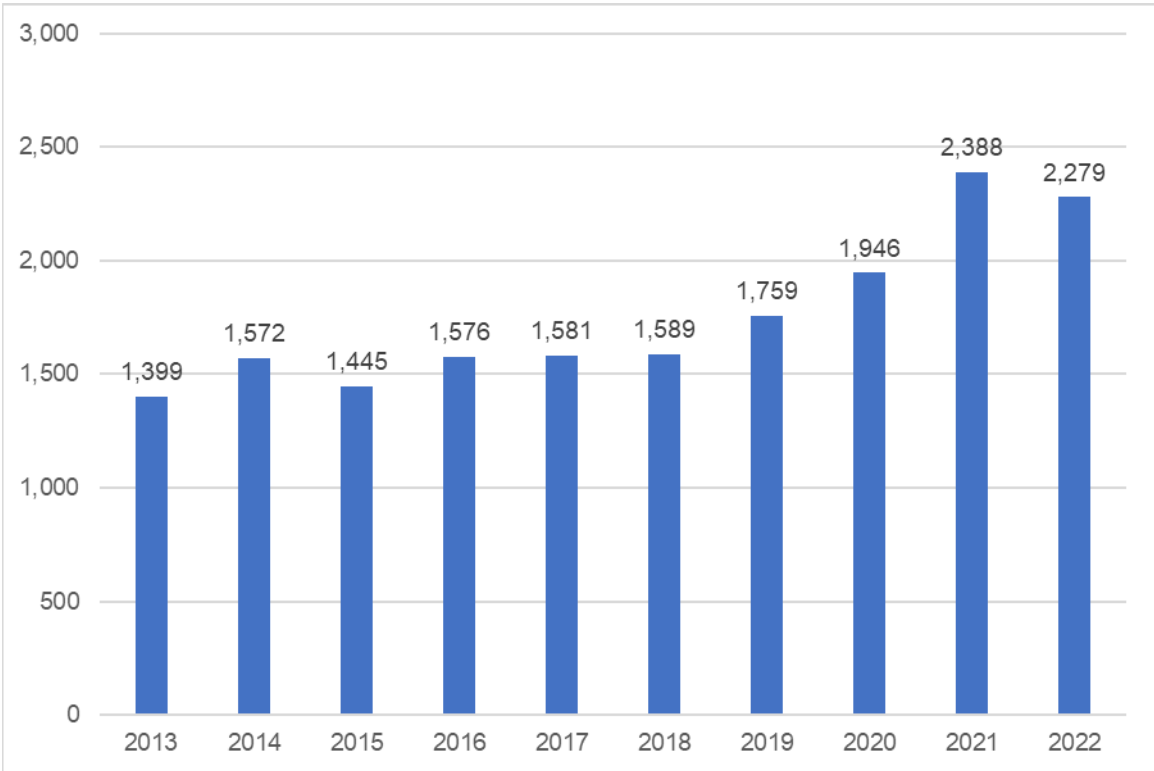


Figure 12. Natural Deaths by Age and Gender 2022



**Overview – Manner of Death – Accidental Deaths**

**Figure 13. Accidental Deaths (2013 - 2022)**

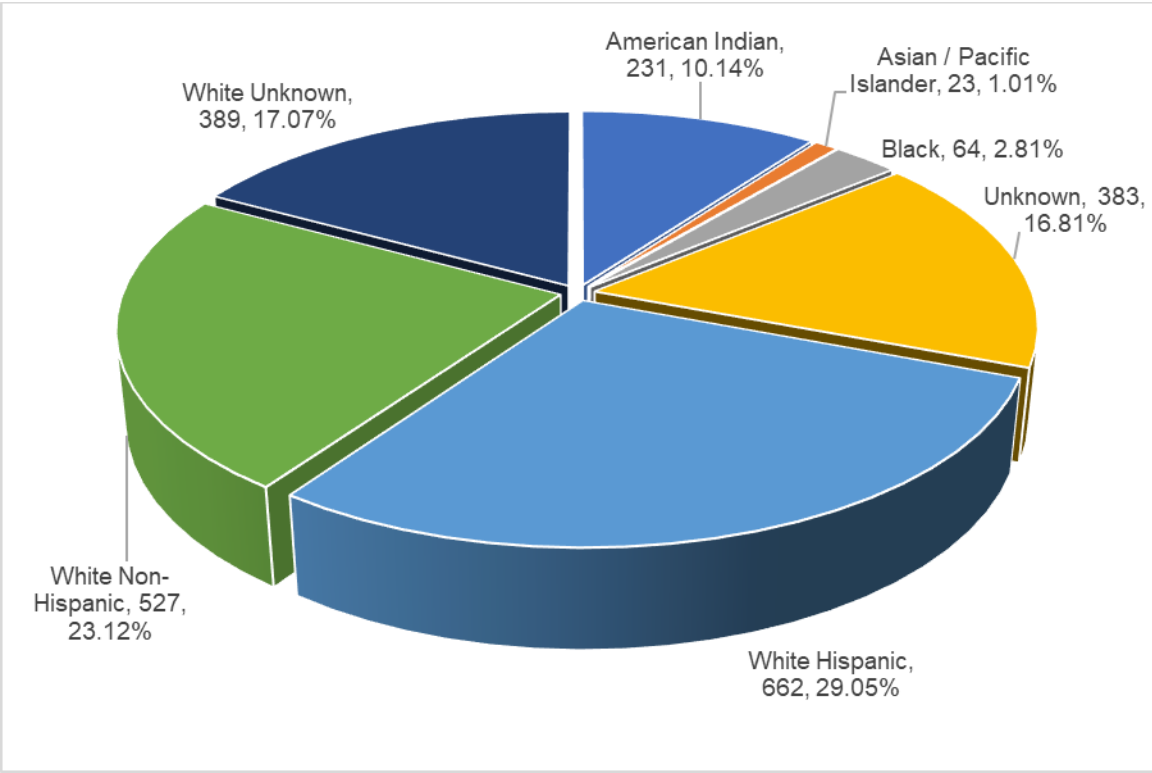


**Accidental Deaths – Overview**

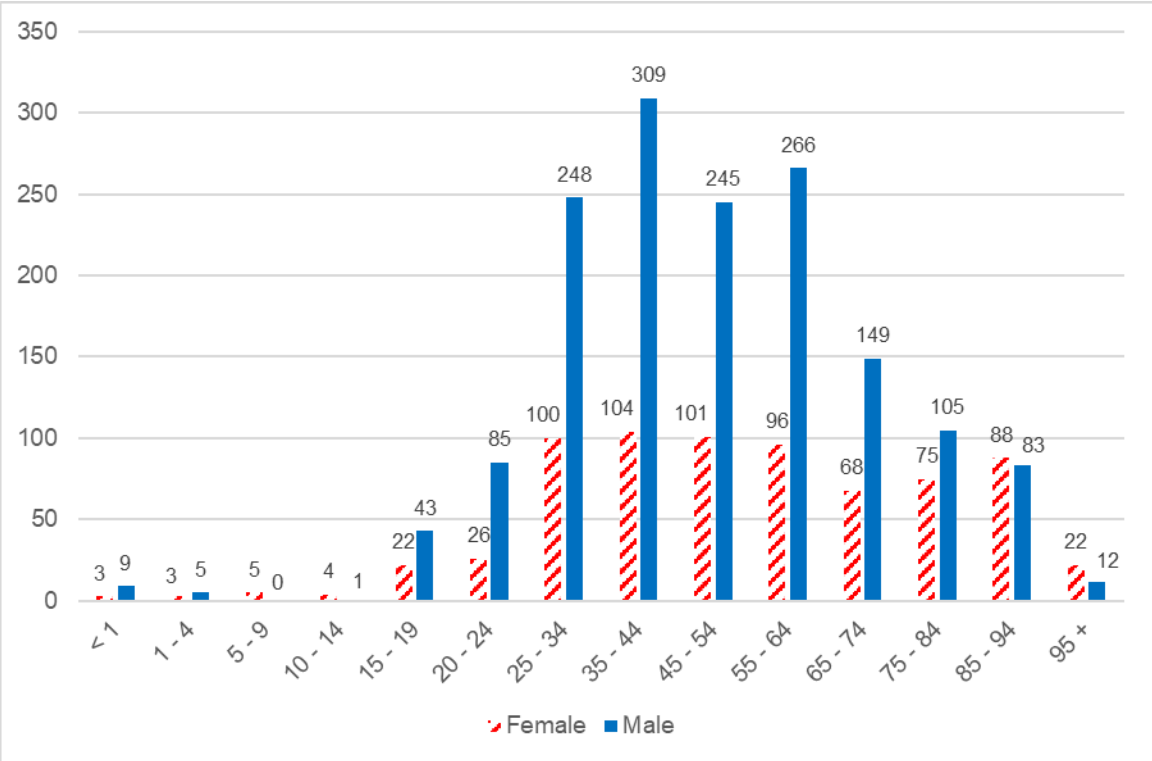
Accidental deaths accounted for 23.98% of the deaths investigated by OMI in 2022, second only to natural deaths as a manner of death. The highest number of accidental deaths was in males 35 - 44 years of age.



**Figure 14. Accidental Deaths by Race / Ethnicity 2022**



**Figure 15. Accidental Deaths by Age and Gender 2022**



**Table 6. Accidental Deaths by Cause 2022**

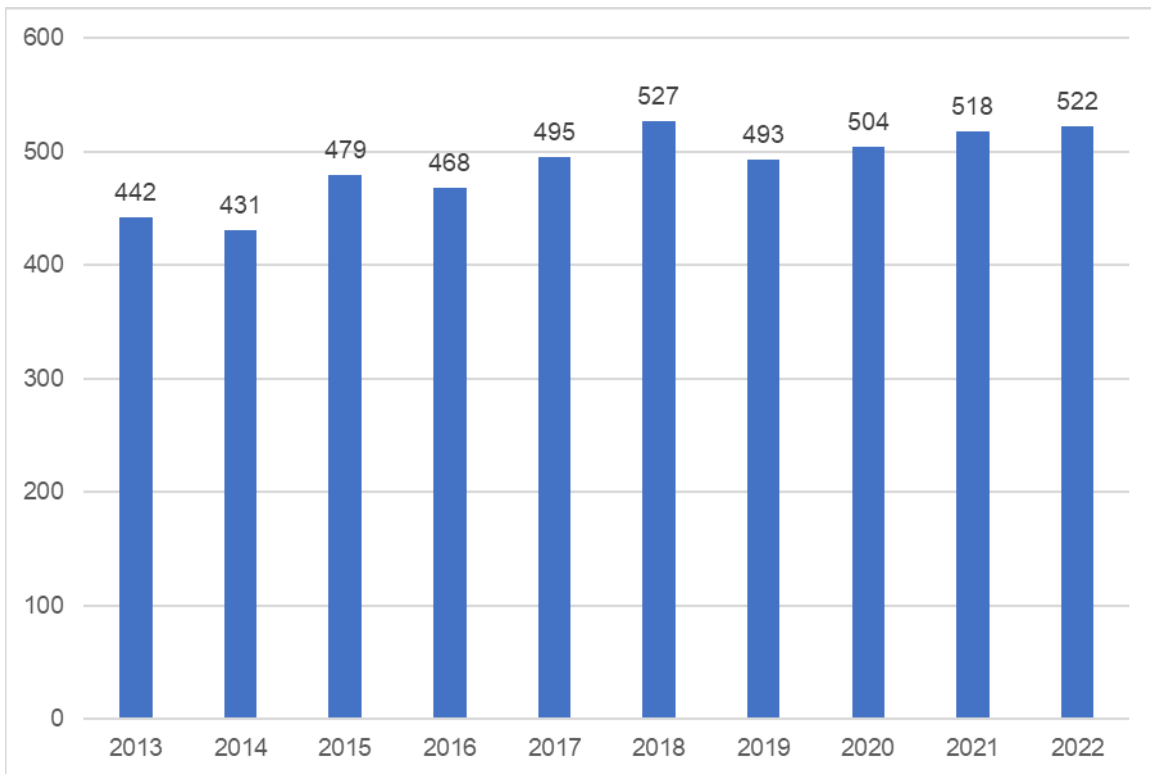
<b>Cause</b>	<b>Total</b>
Substance intoxication (drug, poison, alcohol, etc.)	938
Multiple injuries (fractures, lacerations to internal organs)	631
Head and neck injuries (cervical, cranio-, cerebral)	131
Cardiac arrhythmia	108
Pneumonia (bronchitis)	59
Drowning	38
Exposure	36
Ethanol (alcohol) intoxication	33
Asphyxia (suffocation, strangulation)	30
Sepsis	28
Ethanolism (chronic, alcoholism, alcoholic liver)	26
Thermal Injuries	21
Other	21
Carbon monoxide intoxication	18
Cerebrovascular	18
Dehydration (hyperthermia, heat stroke)	18
Subdural hematoma	15
Diabetes	13
Hypertension (hypertensive cardiovascular disease)	9
Alzheimers (senility, dementia, Organic/Chronic Brain Syndrome)	9
Emboli (thrombus, phlebitis)	8
Epilepsy (seizure disorder)	8
Aspiration (stomach, gastric, foreign objects)	7
Gastrointestinal hemorrhage (gastroenteritis, ulcers, diverticulitis)	7
Gunshot wound	6
Aneurysm (cerebral hemorrhage, Berry)	6
Carcinoma (CA, cancer, malignancy)	6
Obesity	5
Chronic drug abuse	4
Respiratory Distress Syndrome	3
Hepatic failure (liver, cirrhosis)	3
Asthma	3
History of illness or injury	3
Electrocution	2
Chronic obstructive pulmonary disease (COPD)	2
Narcotic abuse	1
Prematurity	1
Parkinson's disease	1
Obstruction (blockage)	1
Maternal and fetal complications of birth	1
Multiple organ failure (multi-organ)	1
<b>Grand total</b>	<b>2,279</b>

**Table 7. Accidental Deaths by County of Pronouncement (2013 - 2022)**

<b>County</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Bernalillo	514	557	606	631	606	664	700	871	1,097	985
Catron	8	4	2	2	1	8	3	5	6	9
Chaves	35	37	32	33	44	45	42	33	57	58
Cibola	29	16	19	24	20	18	31	29	35	32
Colfax	17	16	12	12	6	16	13	11	15	15
Curry	22	24	22	23	24	21	29	49	27	31
De Baca	2	2	3	5	1	0	4	1	2	0
Dona Ana	80	110	110	97	114	88	113	105	152	156
Eddy	38	51	43	25	42	53	47	42	49	55
Grant	20	29	16	17	35	13	22	23	19	30
Guadalupe	10	14	12	18	12	5	14	10	11	20
Harding	1	1	0	2	0	1	0	1	0	0
Hidalgo	3	13	7	6	15	1	10	8	6	6
Lea	31	56	34	37	37	53	64	48	49	56
Lincoln	10	18	9	23	17	11	21	11	26	17
Los Alamos	5	7	2	7	6	6	6	3	7	13
Luna	15	11	12	17	7	15	18	22	35	34
McKinley	51	73	49	58	55	75	55	53	72	57
Mora	4	4	3	4	4	0	6	3	4	11
Otero	32	42	33	27	30	27	39	34	48	38
Quay	8	16	12	7	5	2	5	12	11	20
Rio Arriba	52	57	50	50	64	55	58	71	75	84
Roosevelt	5	9	9	11	14	4	9	6	8	21
San Juan	86	96	75	87	80	80	102	104	104	103
San Miguel	23	15	14	23	26	27	28	32	38	39
Sandoval	64	68	49	67	99	86	74	88	108	91
Santa Fe	109	119	110	121	102	83	121	128	154	137
Sierra	19	11	15	19	12	19	9	19	29	9
Socorro	11	18	10	22	4	8	16	22	22	26
Taos	24	23	23	23	21	28	23	29	49	39
Torrance	20	13	12	14	6	19	13	16	12	17
Union	4	3	0	1	4	2	4	2	6	5
Valencia	25	33	19	33	33	38	39	40	49	51
Out of State	22	6	21	30	35	18	21	15	10	14
<b>Totals</b>	<b>1,399</b>	<b>1,572</b>	<b>1,445</b>	<b>1,576</b>	<b>1,581</b>	<b>1,589</b>	<b>1,759</b>	<b>1,946</b>	<b>2,392</b>	<b>2,279</b>

**Overview – Manner of Death (Suicide)**

**Figure 16. Suicide Deaths (2013 - 2022)**

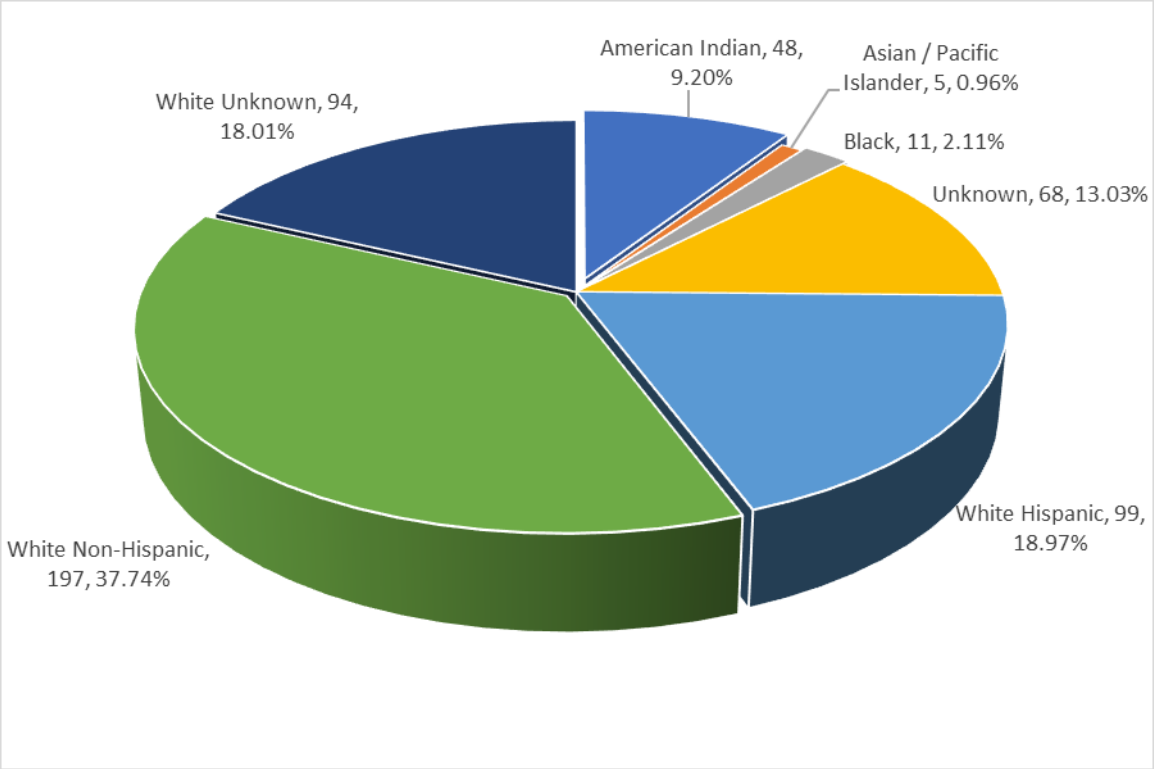


**Suicide Deaths – Overview**

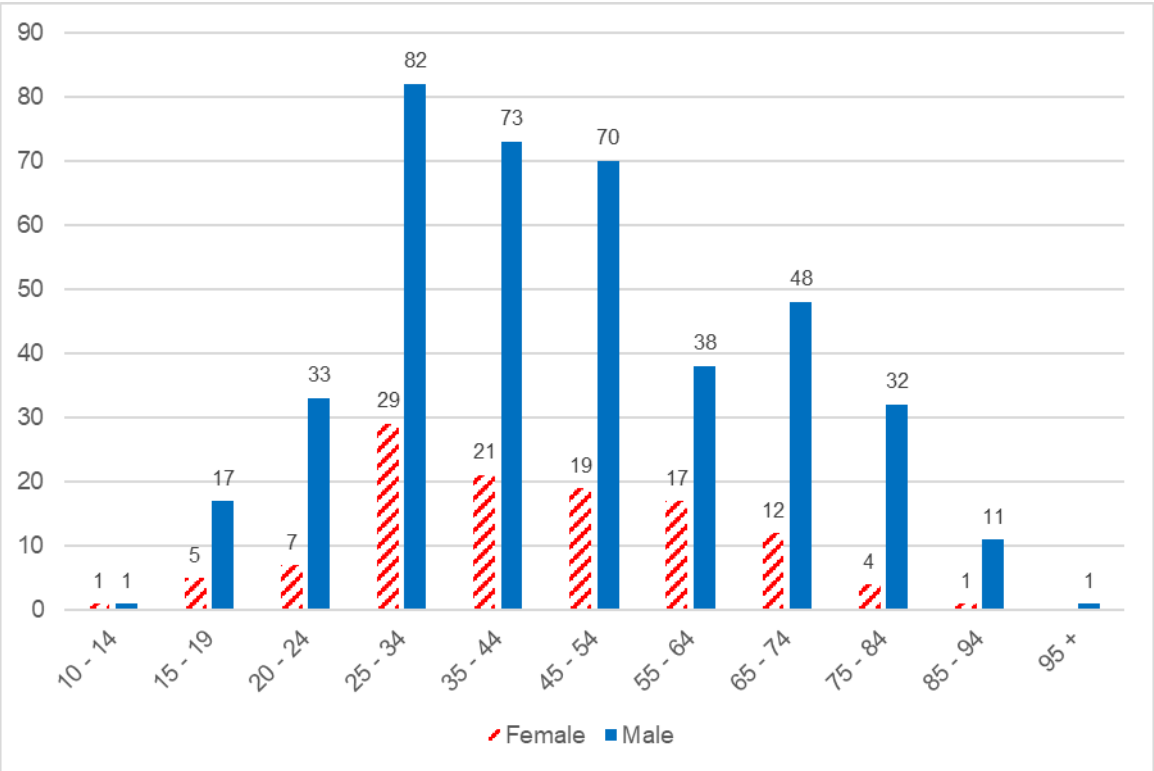
New Mexico's suicide rate is consistently higher than the national average, comprising 2.67% of all deaths in New Mexico, compared to 1.6% of all deaths in the U.S. The rate in 2018 (most recent data available) was 24.8 per 100,000 people, compared to a rate of 14.2 per 100,000 people in the rest of the U.S. (2018 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health and [nimh.nih.gov](http://nimh.nih.gov), respectively).

Deaths from suicide in 2022 occurred most frequently among White non-Hispanics (37.74%) and males (77.78%). More men between the ages of 25 and 34 years (15.71% of all suicides) died by suicide than any other age group by gender. More people died by suicide on Saturday (15.90%) than any other day of the week. More suicides occurred in August than any other month (10.34%). The fewest occurred in October (5.17%). The total number of suicides increased from 518 in 2021 to 522 in 2022 (0.77% increase).

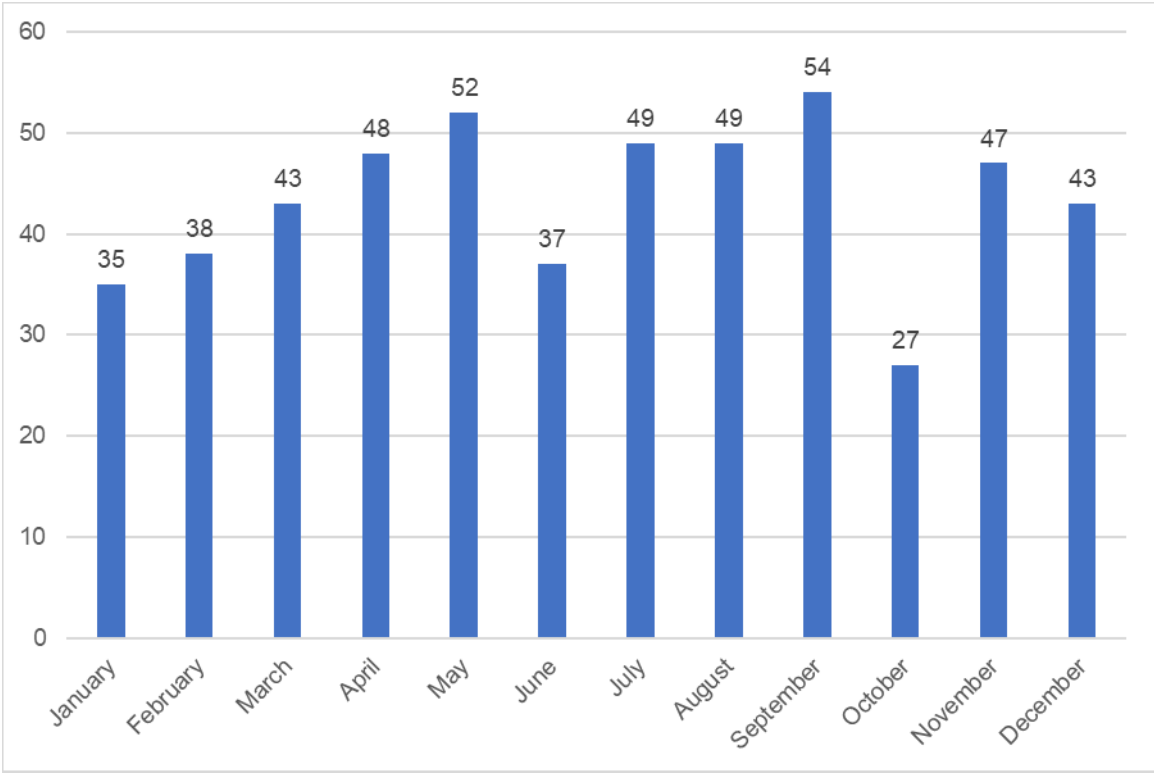
**Figure 17. Suicide Deaths by Race / Ethnicity 2022**



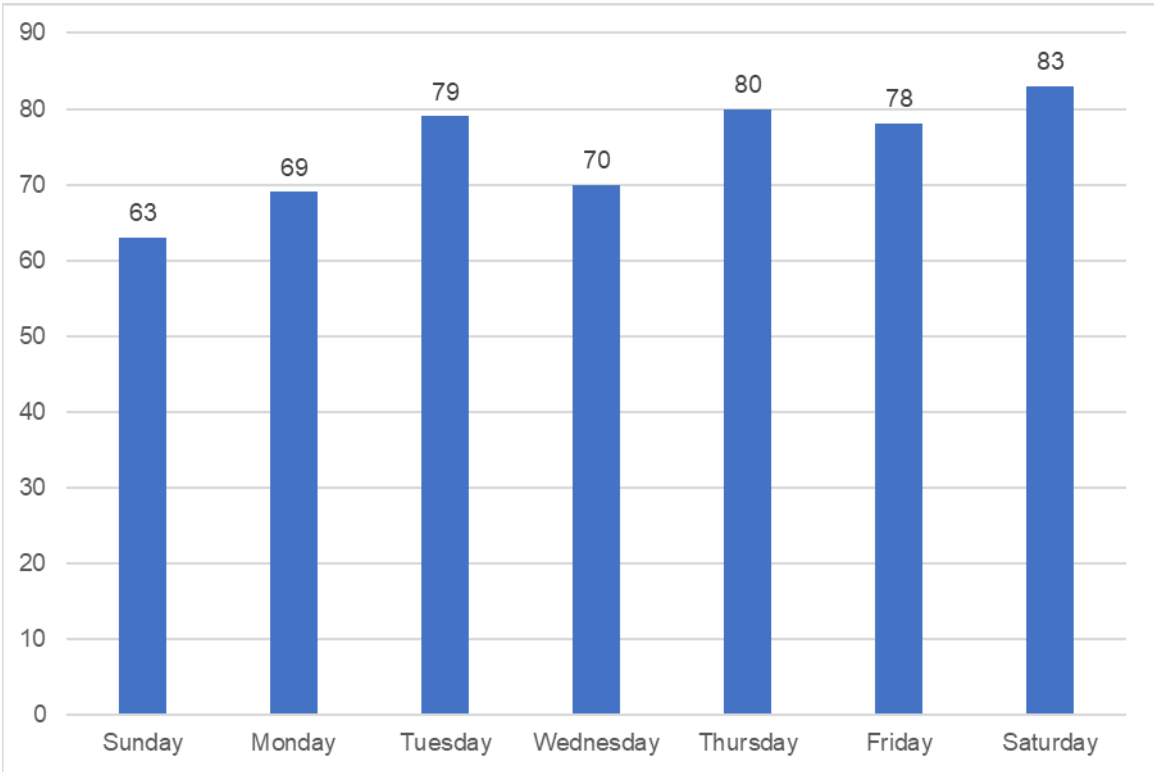
**Figure 18. Suicide Deaths by Age and Gender 2022**



**Figure 19. Suicide Deaths by Month 2022**



**Figure 20. Suicide Deaths by Day of the Week 2022**



**Table 8. Suicide Deaths by Cause 2022**

<b>Cause of Death</b>	<b>Cases</b>
Gunshot wound	318
Hanging	104
Substance intoxication	52
Multiple injuries	17
Stab wounds	11
Carbon monoxide intoxication	7
Asphyxia	6
Head and neck injuries	2
Exposure	1
Ethanol intoxication	1
Exposure	1
Drowning	1
Cerebrovascular	1
<b>Total</b>	<b>522</b>

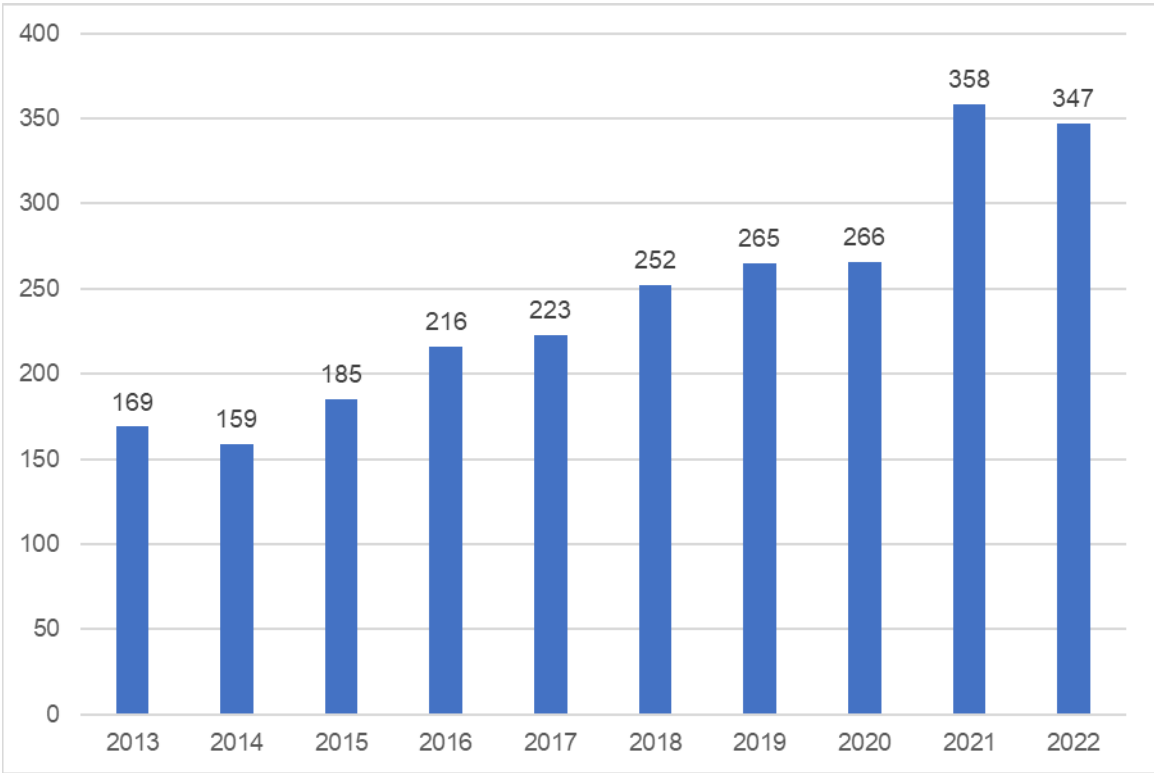
**Table 9. Suicide Deaths by County of Pronouncement (2013 – 2022)**

County	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Bernalillo	147	147	160	149	167	175	173	178	181	164
Catron	2	1	2	2	1	4	4	2	4	2
Chaves	18	14	13	9	10	14	10	19	19	17
Cibola	9	5	10	4	4	10	9	9	12	15
Colfax	0	5	3	5	4	10	6	4	2	2
Curry	6	5	13	10	6	12	7	8	9	11
De Baca	2	0	1	0	1	0	0	0	1	1
Dona Ana	24	30	43	33	38	36	36	43	32	41
Eddy	7	13	15	14	17	17	22	13	14	9
Grant	9	11	6	12	8	13	5	6	8	12
Guadalupe	1	2	1	0	2	2	2	2	1	1
Harding	0	0	0	0	0	0	0	0	0	0
Hidalgo	1	0	5	0	3	2	4	1	1	2
Lea	10	11	14	12	12	12	11	14	19	11
Lincoln	3	11	5	6	9	10	5	7	6	8
Los Alamos	2	1	1	3	1	3	3	7	0	1
Luna	6	3	3	10	7	4	8	7	7	8
McKinley	9	7	3	12	14	13	11	13	7	13
Mora	2	1	2	3	0	2	1	1	1	1
Otero	21	10	13	16	21	19	17	9	15	22
Quay	3	1	3	5	3	5	0	7	3	4
Rio Arriba	13	7	18	12	4	12	9	3	11	11
Roosevelt	2	2	4	4	5	2	6	5	6	4
San Juan	18	27	33	27	34	31	24	36	28	27
San Miguel	7	8	7	10	10	6	4	5	10	11
Sandoval	26	26	27	21	22	26	36	34	39	29
Santa Fe	38	34	34	46	40	34	38	32	44	41
Sierra	6	6	4	4	4	4	6	4	5	9
Socorro	4	6	7	3	5	5	7	2	6	9
Taos	13	15	9	17	19	11	11	11	6	12
Torrance	6	4	7	5	5	8	5	3	0	4
Union	0	2	0	3	3	1	0	1	1	2
Valencia	20	15	13	11	12	19	11	16	19	13
Out of State	7	1	0	0	4	5	2	2	1	5
<b>Total</b>	<b>442</b>	<b>431</b>	<b>479</b>	<b>468</b>	<b>495</b>	<b>527</b>	<b>493</b>	<b>504</b>	<b>518</b>	<b>522</b>



**Overview – Manner of Death – Homicide Deaths**

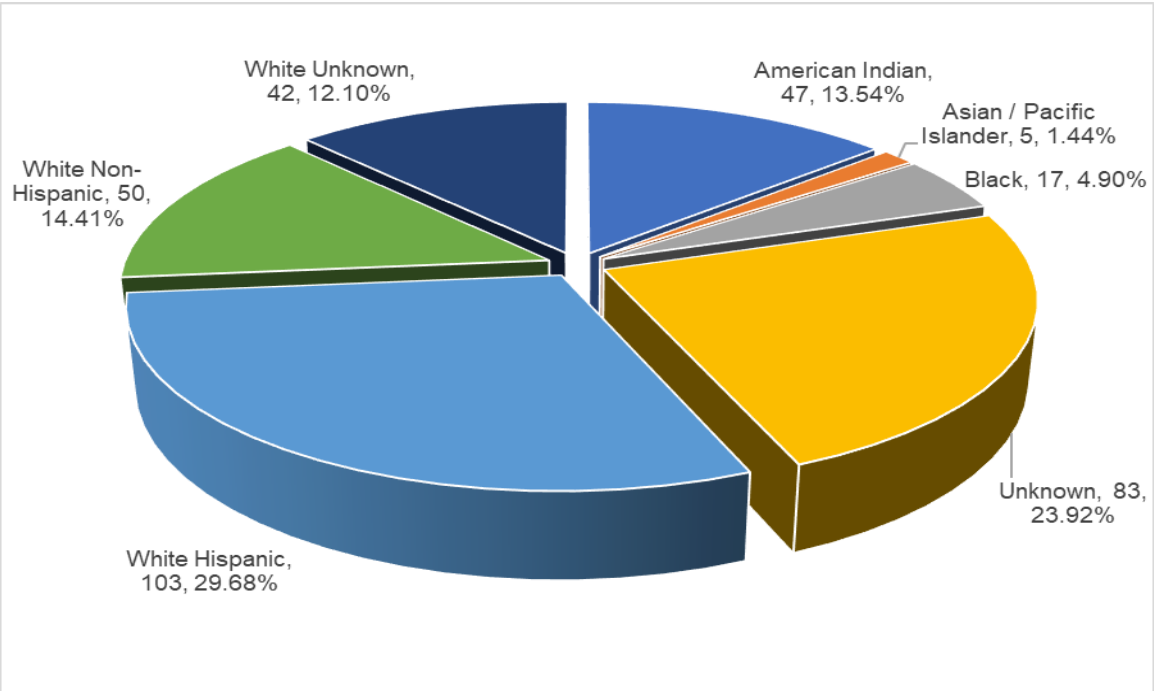
**Figure 21. Homicide Deaths (2013 - 2022)**



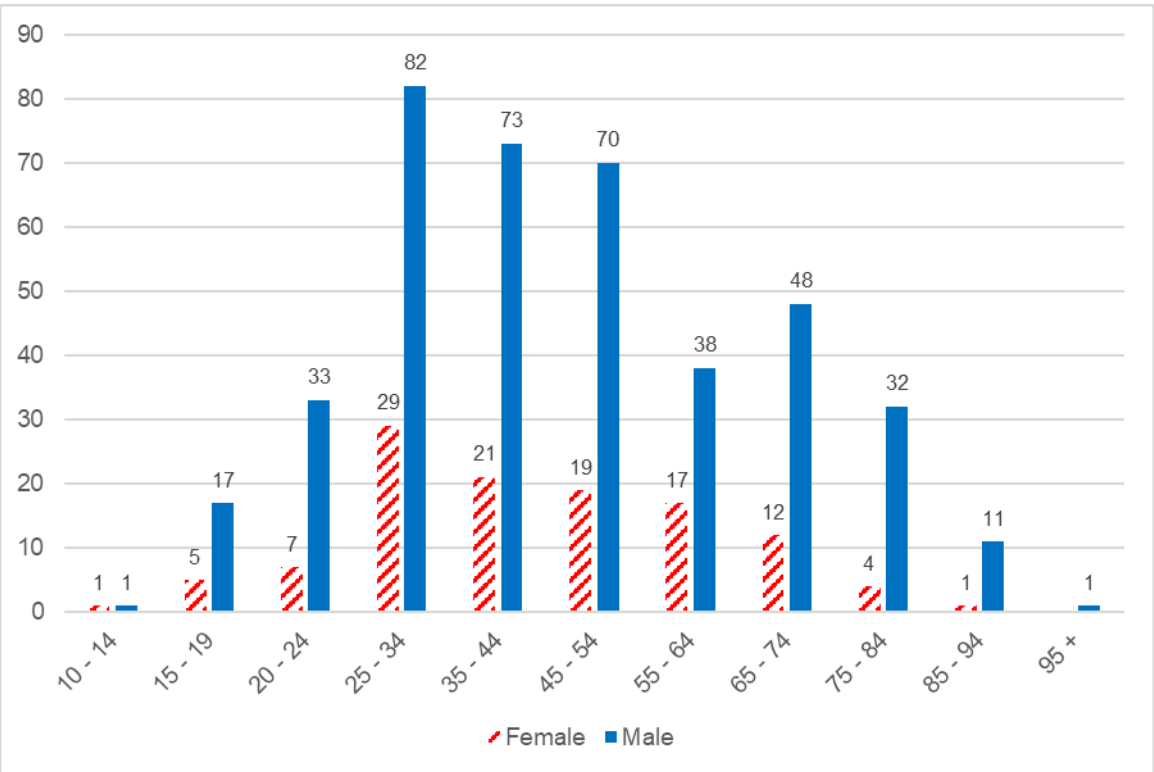
**Homicide Deaths – Overview**

Homicides increased by 0.4% from 2021 to 2022. Homicide victims were most frequently male (78.39%) and White Hispanic (29.68%). As with suicide rates, homicide rates in New Mexico tend to be higher than the national rate, 10.8 per 100,000 in 2018 compared to a national rate of 5.0 per 100,000 (2018 New Mexico Selected Health Statistics, State Center for Health Statistics, Department of Health and [ucr.fbi.gov](http://ucr.fbi.gov), respectively).

**Figure 22. Homicide Deaths by Race / Ethnicity 2022**



**Figure 23. Homicide Deaths by Age and Gender 2022**



**Table 10. Homicide Deaths by Cause 2022**

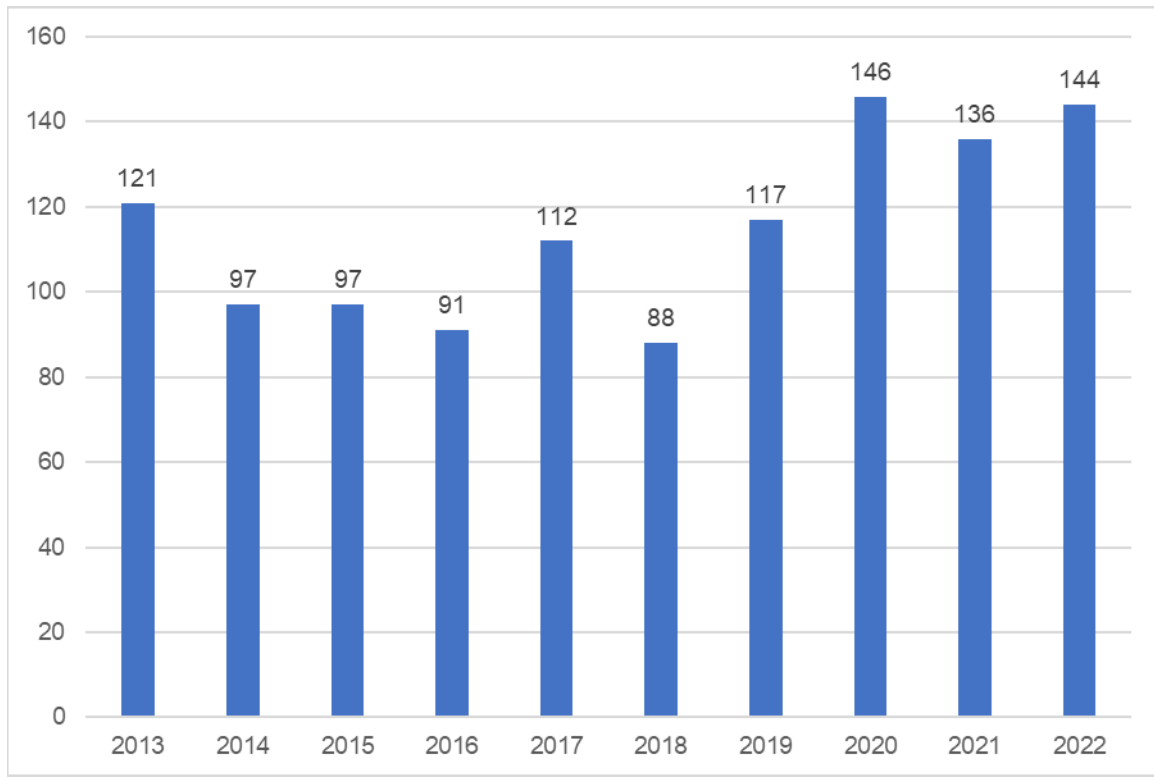
<b>Cause of Death</b>	<b>Total</b>
Gunshot wound	<b>257</b>
Multiple injuries	<b>31</b>
Stab wound	<b>21</b>
Head and neck injuries	<b>13</b>
Asphyxia	<b>6</b>
Substance intoxication (drug, poison, alcohol, etc.)	<b>4</b>
Other	<b>2</b>
Hypertension (hypertensive cardiovascular disease)	<b>2</b>
Sepsis	<b>2</b>
Carbon monoxide intoxication	<b>1</b>
Child abuse	<b>1</b>
Ethanol (alcohol) intoxication	<b>1</b>
Cardiac arrhythmia	<b>1</b>
Emboli (thrombus, phlebitis)	<b>1</b>
Dehydration (hyperthermia, heat stroke)	<b>1</b>
Pathologic injuries	<b>1</b>
Carcinoma (CA, cancer, malignancy)	<b>1</b>
Epilepsy (seizure disorder)	<b>1</b>
<b>Total</b>	<b>347</b>

**Table 11. Homicide Deaths – County of Pronouncement (2013 - 2022)**

<b>County</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Bernalillo	55	55	73	87	97	109	119	122	162	174
Catron	0	0	0	0	0	0	0	0	0	1
Chaves	13	10	11	12	7	12	11	10	21	12
Cibola	1	4	3	2	5	4	2	2	2	2
Colfax	3	1	2	3	0	0	1	1	2	1
Curry	3	2	3	4	6	2	3	2	7	7
De Baca	1	0	0	0	1	1	0	1	0	2
Dona Ana	7	10	9	10	13	10	14	16	14	20
Eddy	4	3	3	9	8	4	9	11	9	6
Grant	3	1	3	4	5	0	0	3	2	3
Guadalupe	0	0	0	0	0	1	2	0	2	0
Harding	0	0	0	0	0	0	0	0	0	0
Hidalgo	0	1	0	0	0	1	0	0	0	2
Lea	7	5	8	7	2	7	18	5	6	11
Lincoln	1	0	2	2	2	2	2	1	5	1
Los Alamos	0	0	0	0	0	0	0	0	0	0
Luna	2	0	3	0	2	4	0	6	5	2
McKinley	10	11	7	13	8	13	8	11	24	14
Mora	0	0	2	1	0	0	0	0	1	0
Otero	5	2	3	4	1	7	5	5	4	6
Quay	0	0	0	2	2	1	1	1	0	1
Rio Arriba	5	1	4	1	6	9	4	7	10	9
Roosevelt	0	1	0	2	0	3	3	1	2	2
San Juan	14	13	10	11	13	15	14	10	12	18
San Miguel	3	2	3	3	3	3	6	4	9	2
Sandoval	1	7	5	9	8	10	7	12	5	10
Santa Fe	4	6	6	5	8	7	8	8	17	15
Sierra	0	1	3	2	0	1	1	0	0	1
Socorro	1	0	2	3	2	0	1	1	2	3
Taos	3	2	2	2	4	1	5	5	7	5
Torrance	1	4	3	1	1	0	0	0	3	3
Union	0	1	0	0	0	0	1	0	0	0
Valencia	4	5	5	6	3	12	10	6	10	5
Out of State	18	11	10	11	16	13	6	15	15	9
<b>Total</b>	<b>169</b>	<b>159</b>	<b>185</b>	<b>216</b>	<b>223</b>	<b>252</b>	<b>265</b>	<b>266</b>	<b>358</b>	<b>347</b>

**Overview – Manner of Death – Undetermined Deaths**

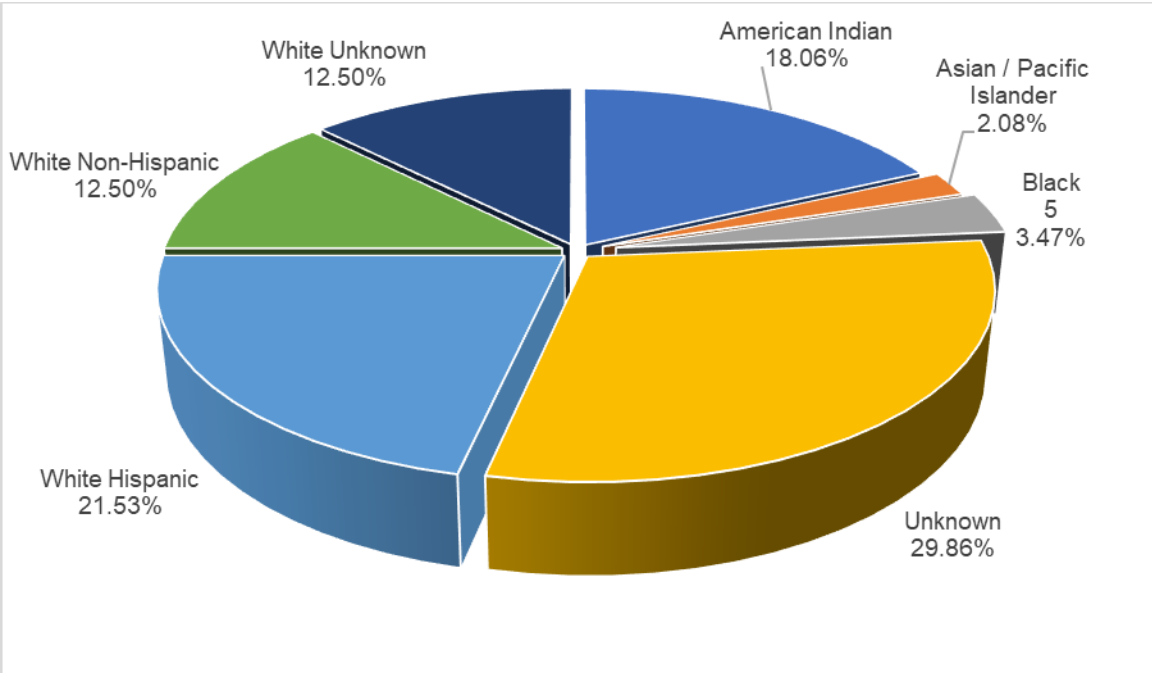
**Figure 24. Undetermined Deaths (2013 - 2022)**



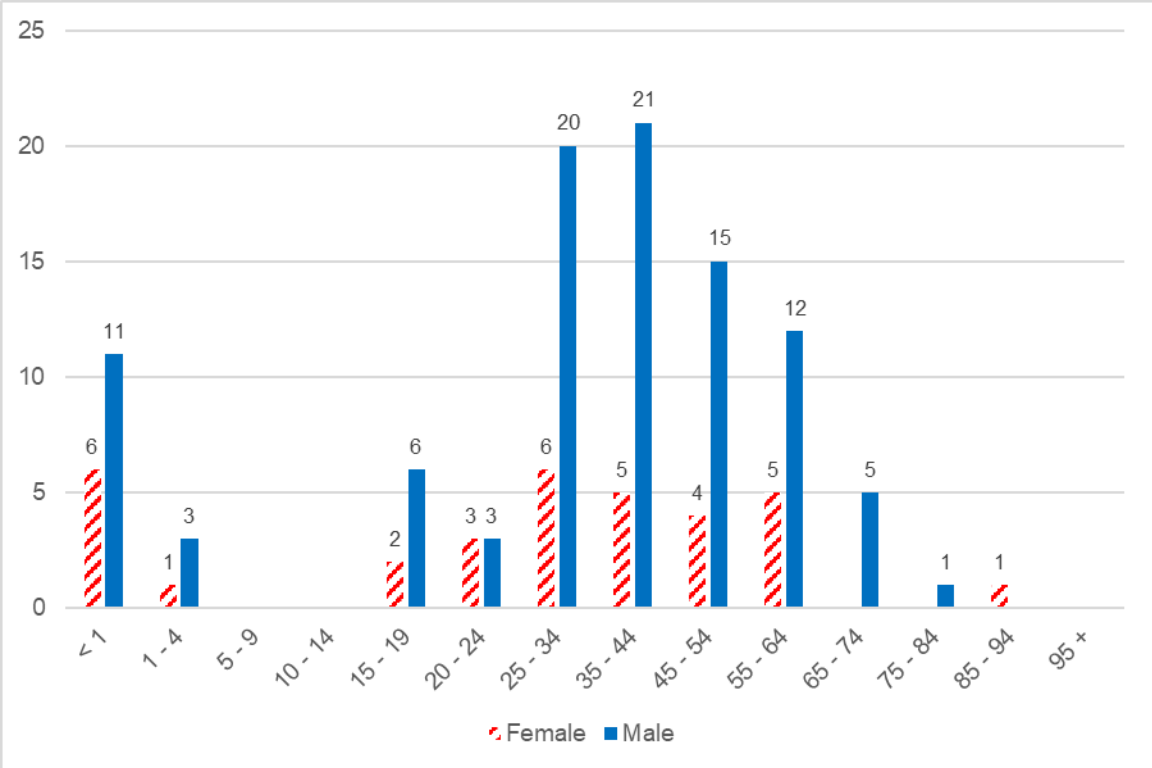
**Undetermined Deaths – Overview**

All possible efforts are made to determine both a manner (accident, suicide, homicide, natural) and a cause of death for all deaths investigated by OMI. In a very small percentage of cases (less than 1% most years) neither the manner nor cause of death can be determined, even with a complete autopsy, scene investigation, and laboratory testing. In other cases, only skeletal or mummified remains were found, or a request for an autopsy was withdrawn.

**Figure 25. Undetermined Deaths by Race / Ethnicity 2022**

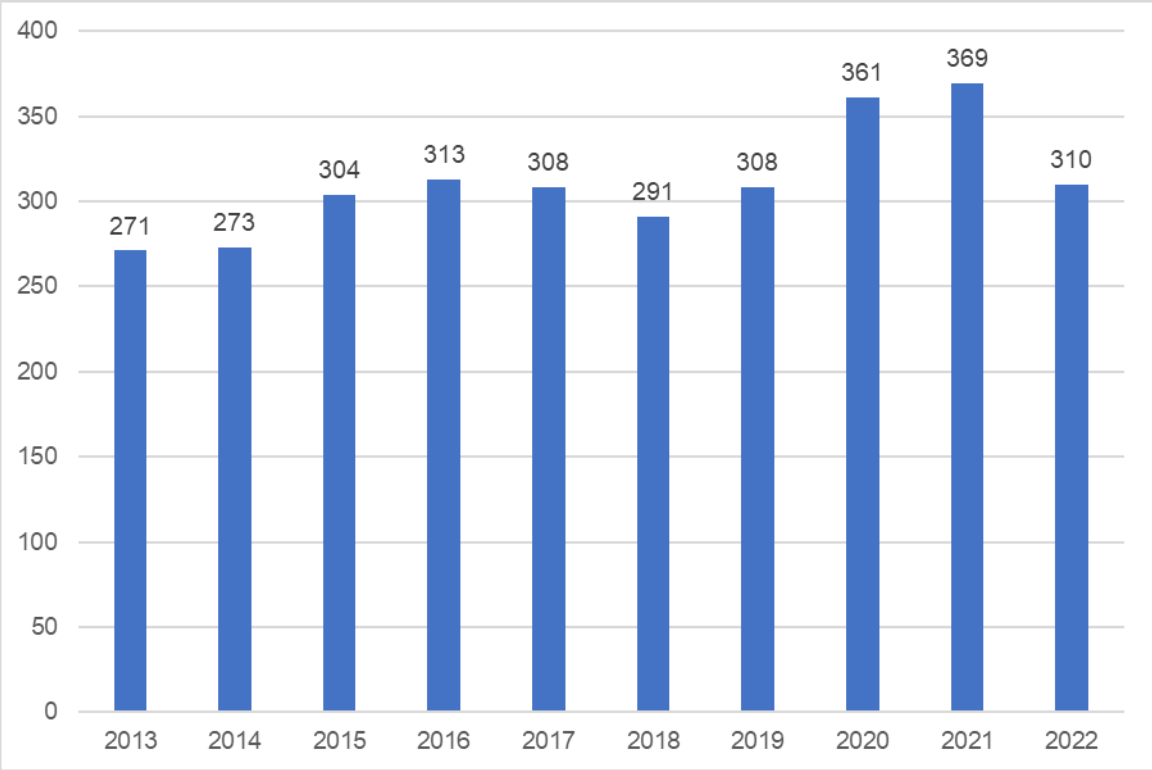


**Figure 26. Undetermined Deaths by Age and Gender 2022**

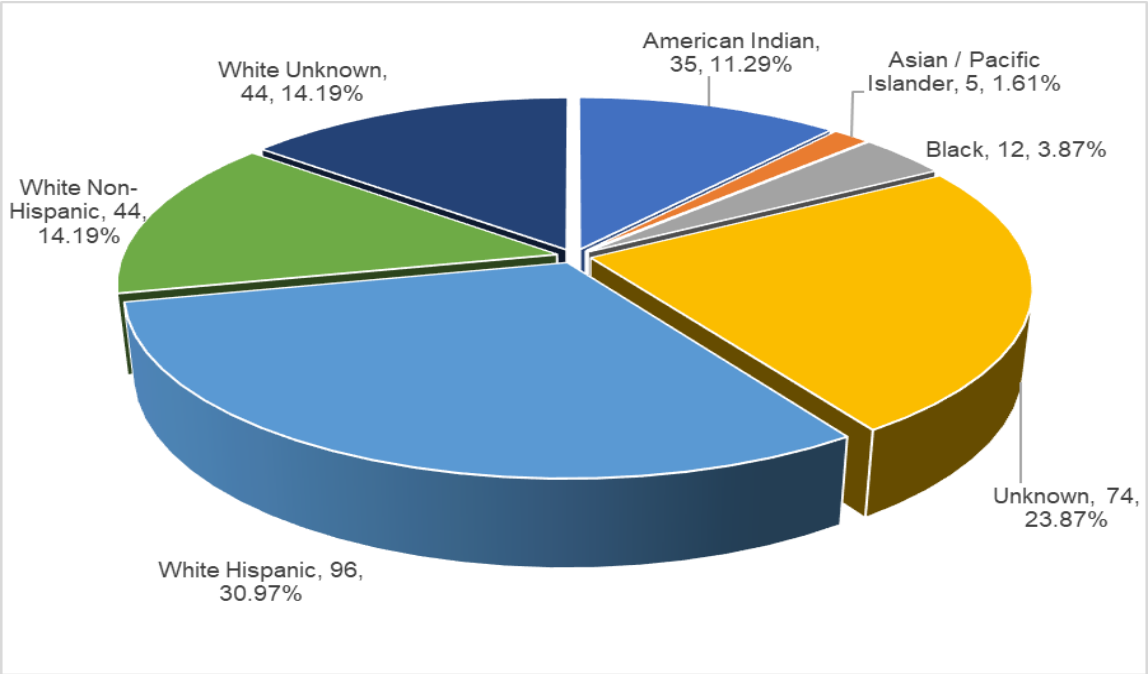


**Deaths of Children (19 years of age and younger)**

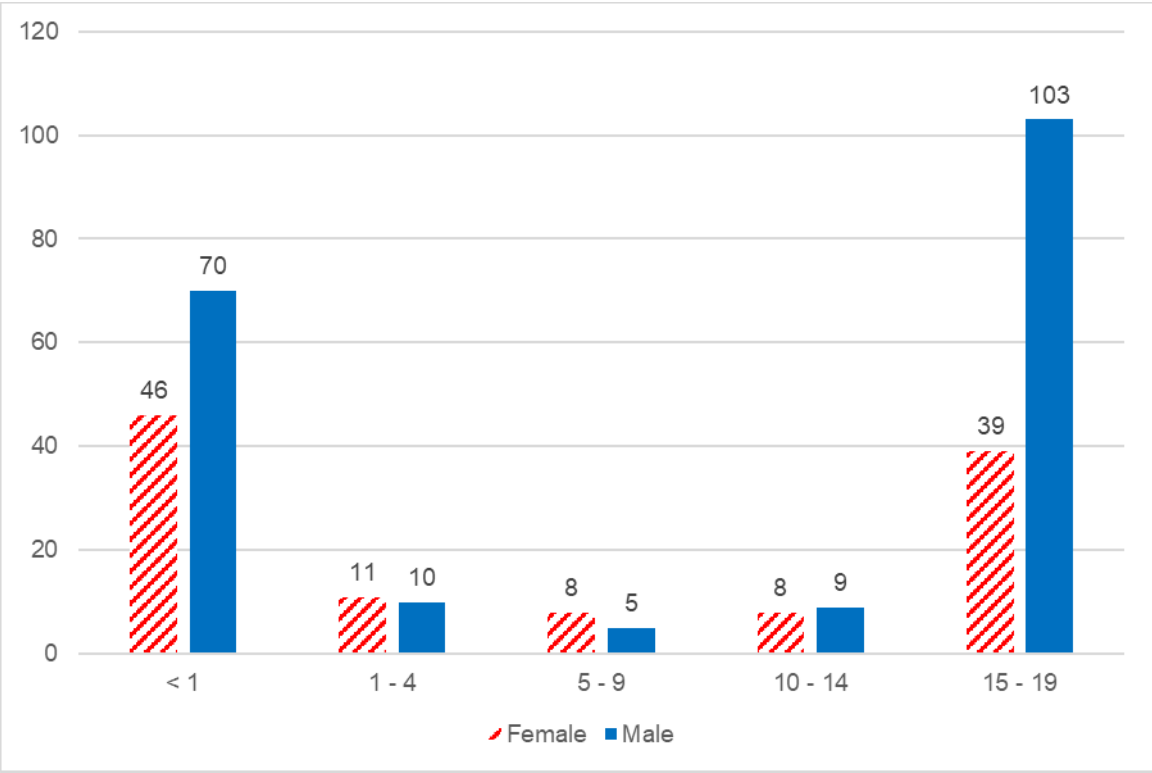
**Figure 27. Children/Deaths (2013 - 2022)**



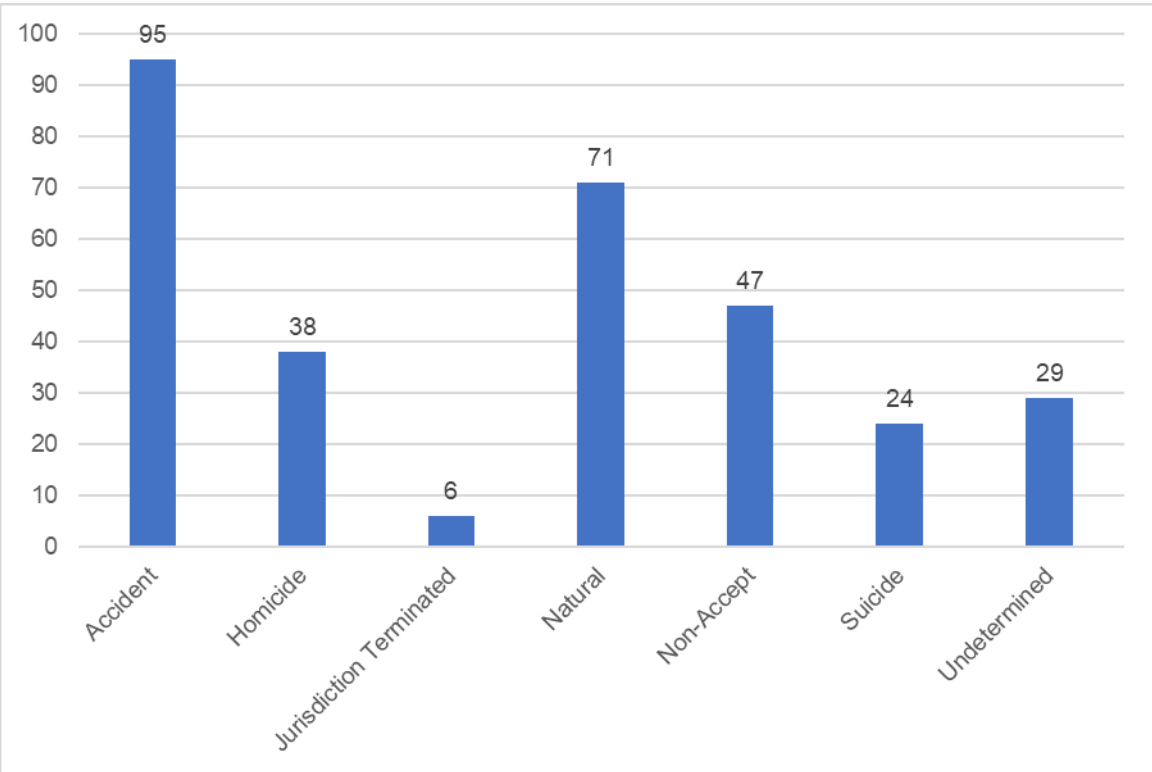
**Figure 28. Children/Deaths by Race / Ethnicity 2022**



**Figure 29. Children / Deaths by Age and Gender 2022**



**Figure 30. Children / Deaths by Manner of Death 2022**





Overview – Children by Manner of Death (Natural Deaths)

Figure 31. Children / Natural Manner of Deaths (2013 - 2022)

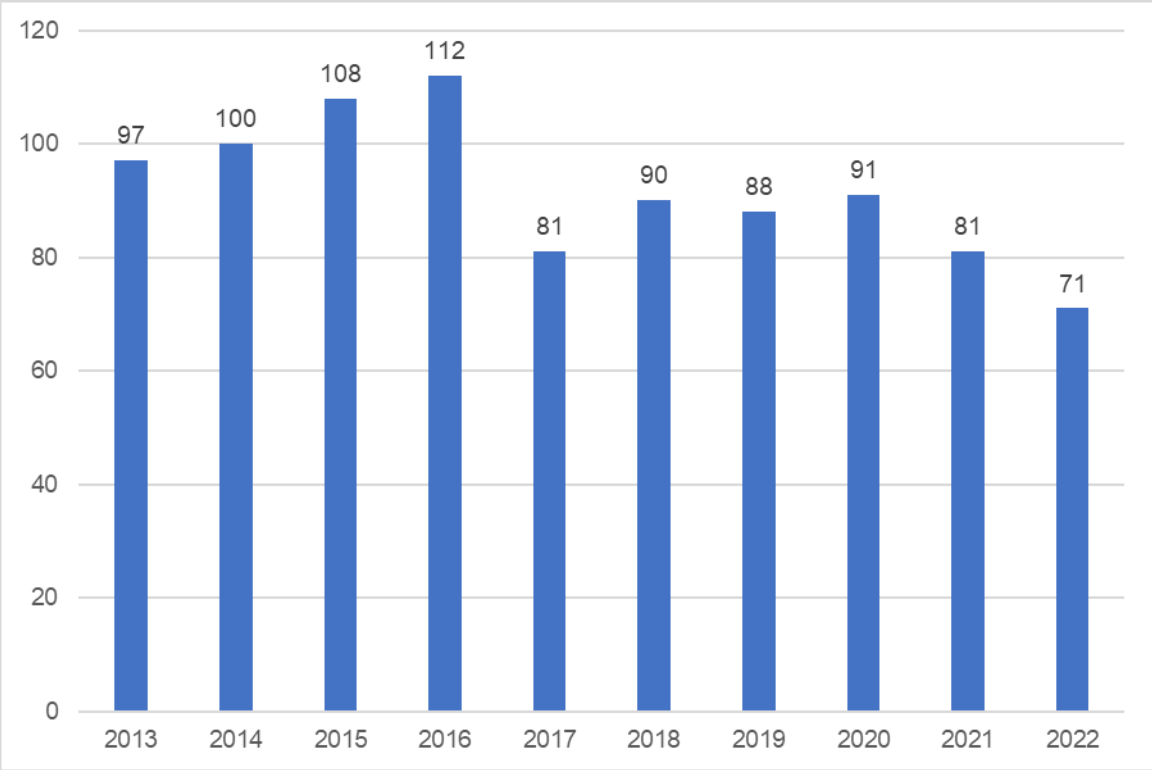
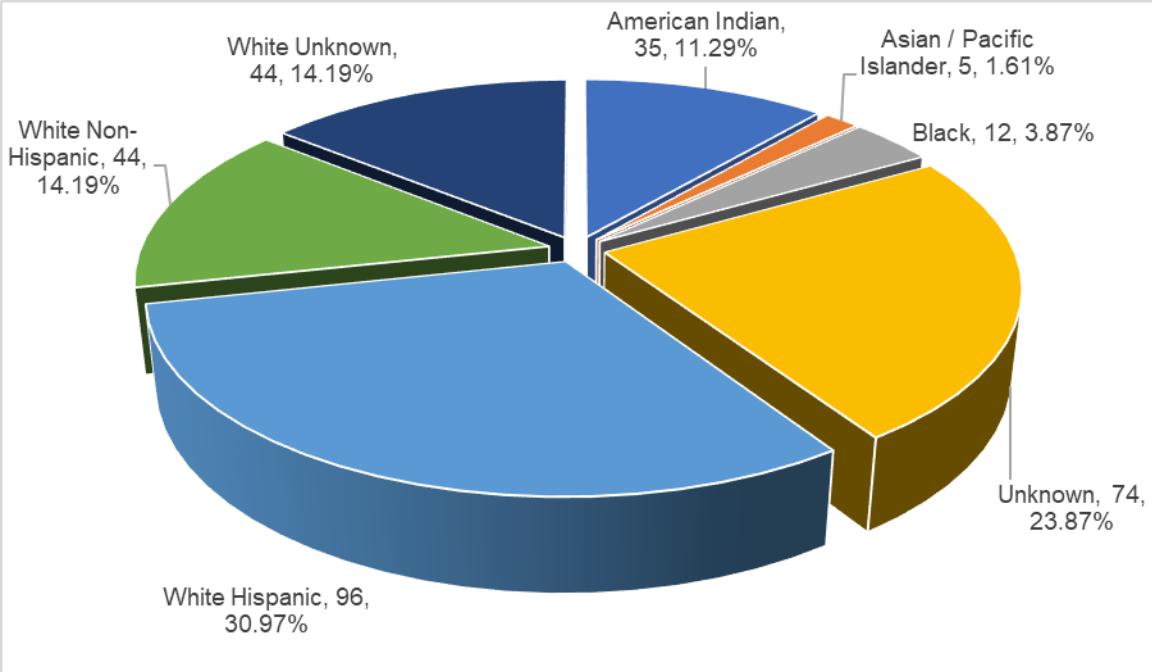
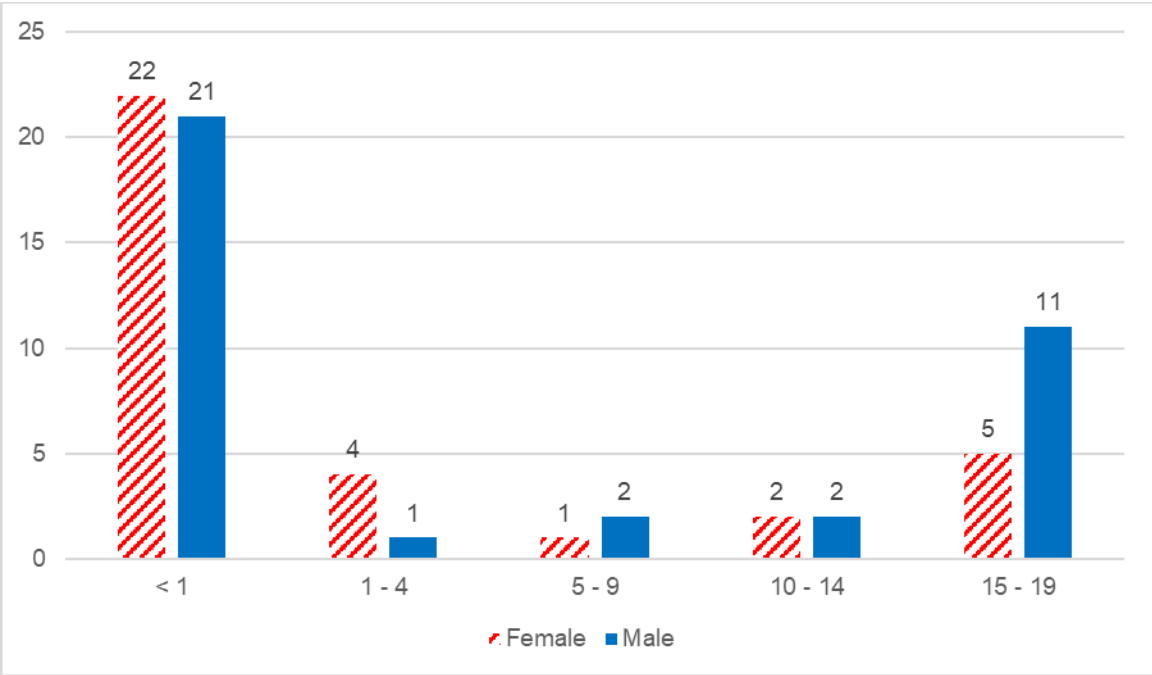


Figure 32. Children/Natural Deaths by Race / Ethnicity 2022

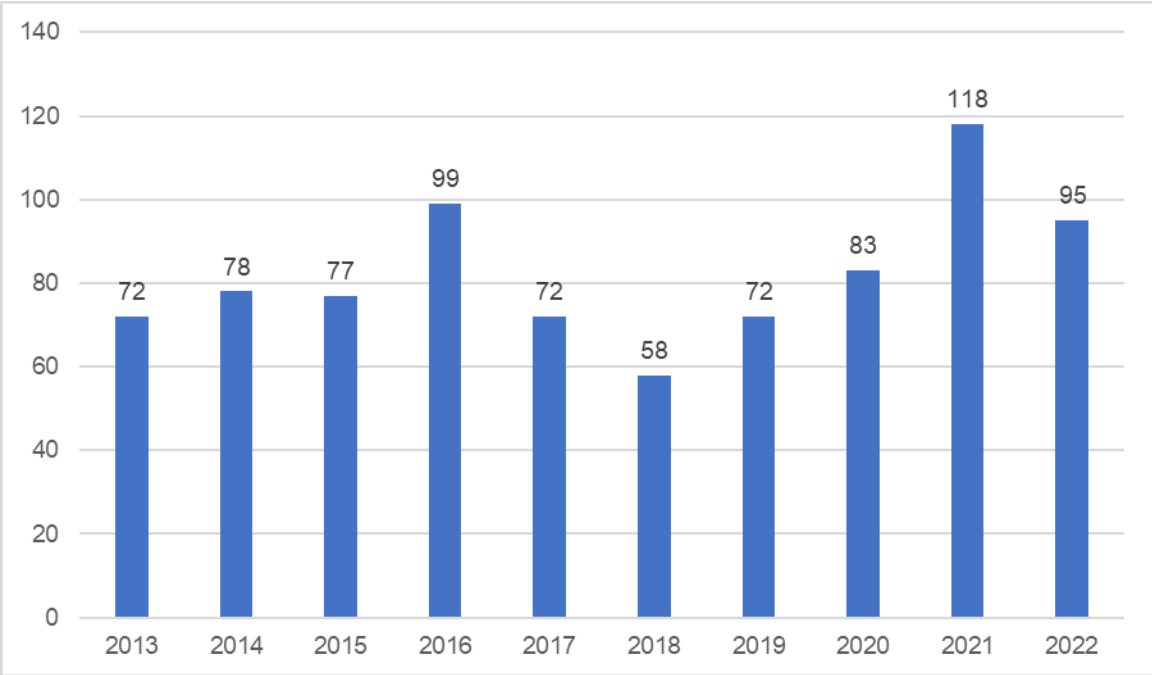


**Figure 33. Children / Natural Deaths by Age and Gender 2022**

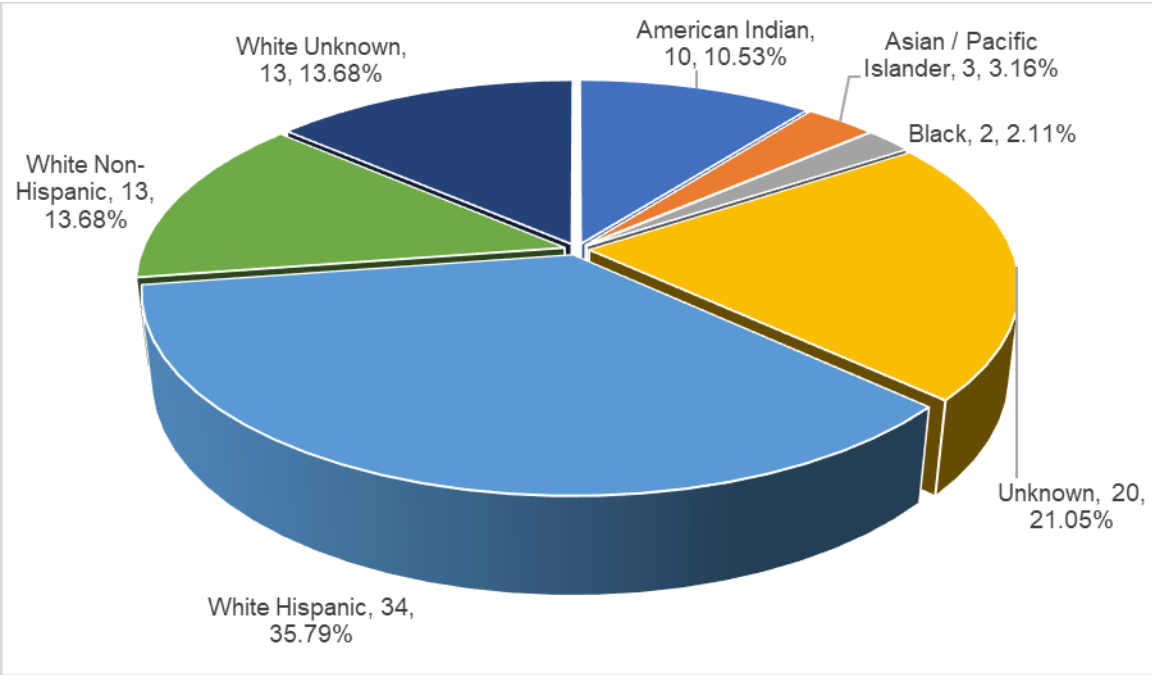


**Overview – Children by Manner of Death (Accidental Deaths)**

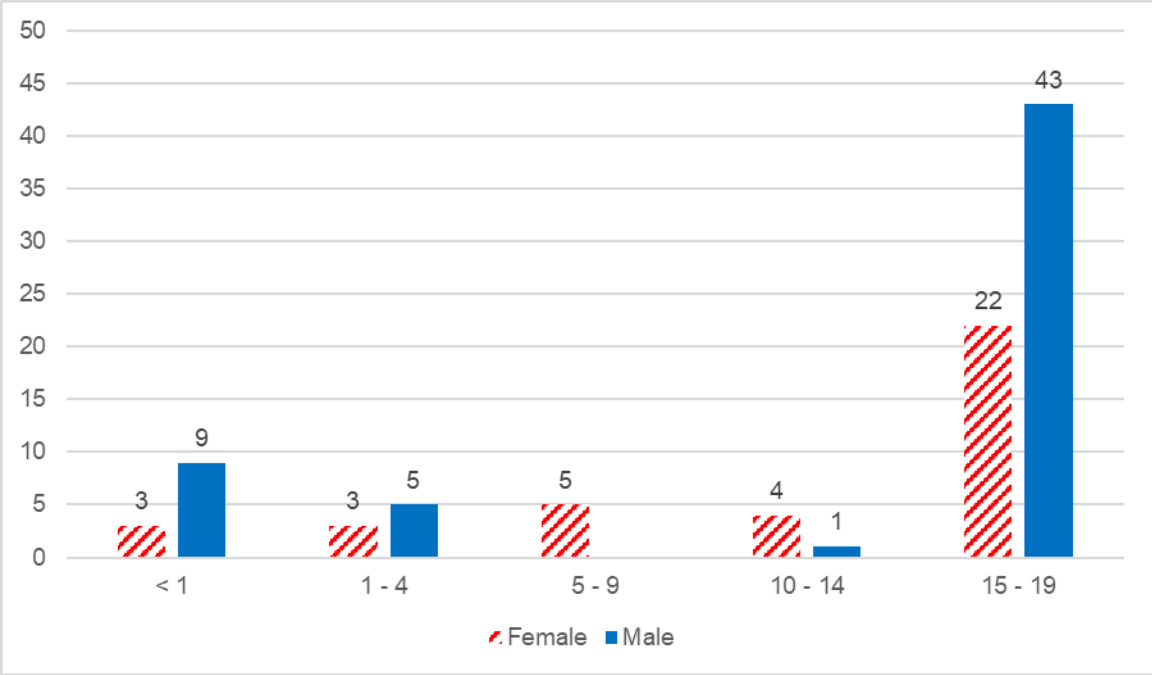
**Figure 34. Children / Accidental Deaths (2013 - 2022)**



**Figure 35. Children / Accidental Deaths by Race / Ethnicity 2022**



**Figure 35. Children / Accidental Deaths by Race / Ethnicity 2022**

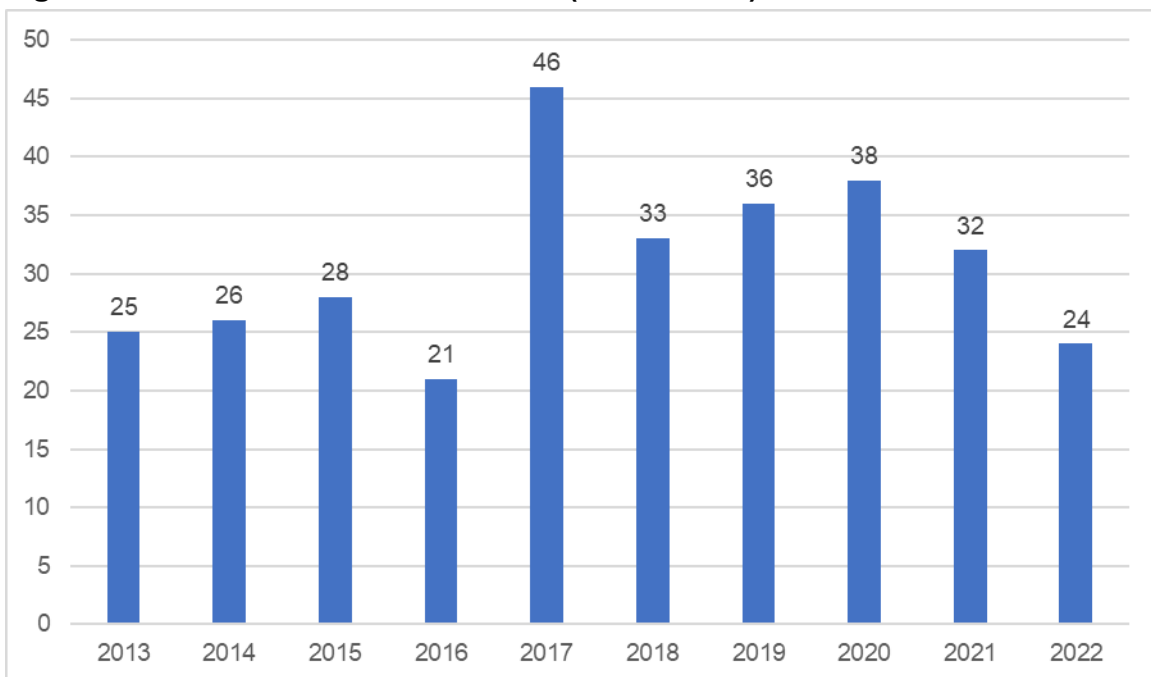


**Table 12. Children / Accidental Deaths by Cause 2022**

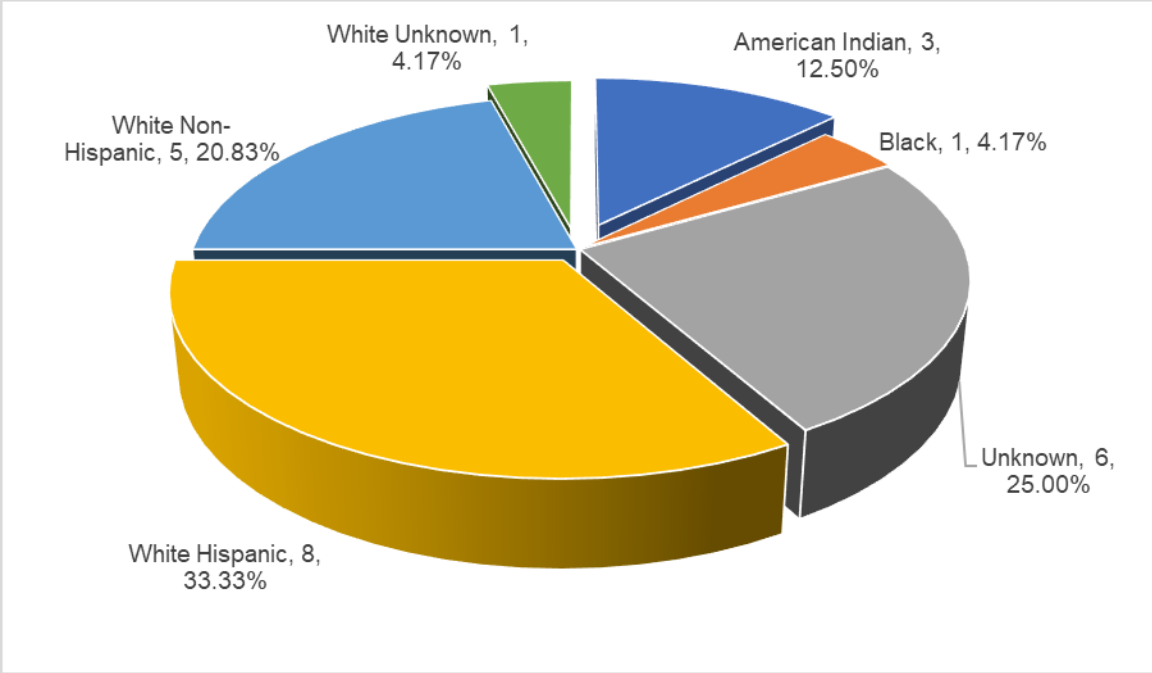
<b>Cause of Death</b>	<b>Total</b>
Multiple injuries (fractures, lacerations to internal organs)	<b>45</b>
Substance intoxication (drug, poison, alcohol, etc.)	<b>19</b>
Asphyxia (suffocation, strangulation)	<b>9</b>
Drowning	<b>7</b>
Head and neck injuries (cervical, cranio-, cerebral)	<b>5</b>
Exposure	<b>2</b>
Gunshot wound	<b>1</b>
Ethanol (alcohol) intoxication	<b>1</b>
Prematurity	<b>1</b>
Sepsis	<b>1</b>
Cerebrovascular	<b>1</b>
Dehydration (hyperthermia, heat stroke)	<b>1</b>
Maternal and fetal complications of birth	<b>1</b>
Ethanolism (chronic, alcoholism, alcoholic liver)	<b>1</b>
<b>Total</b>	<b>95</b>

**Overview – Children by Manner of Death (Suicide)**

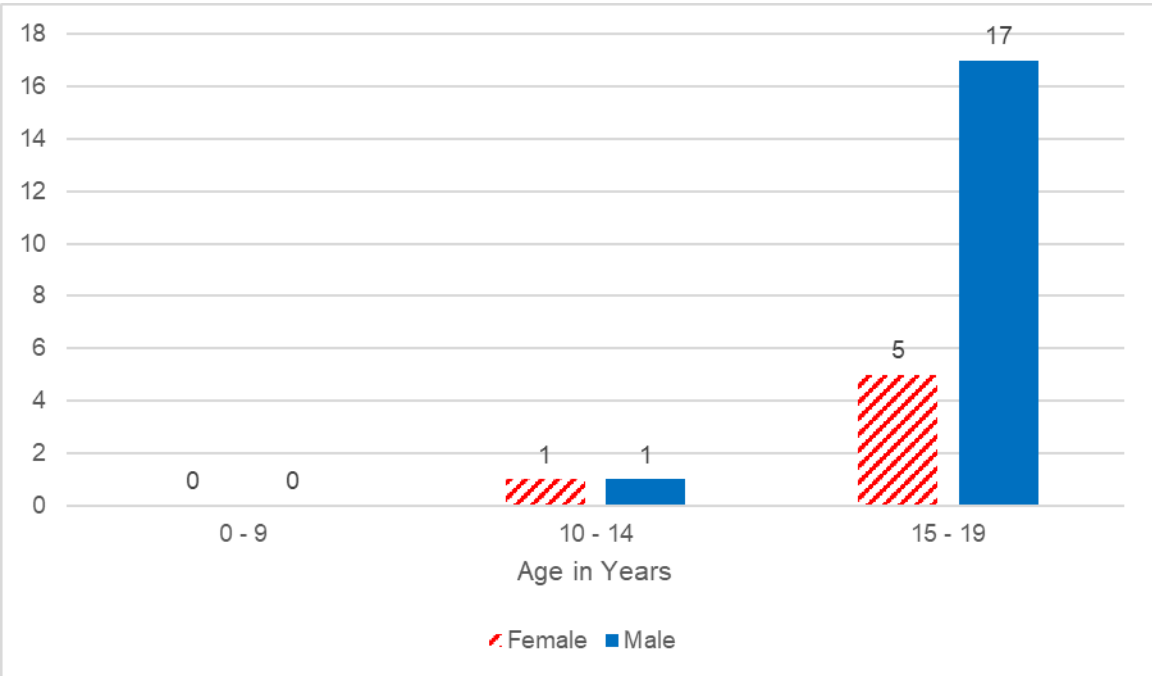
**Figure 37. Children / Suicide Deaths (2013 - 2022)**



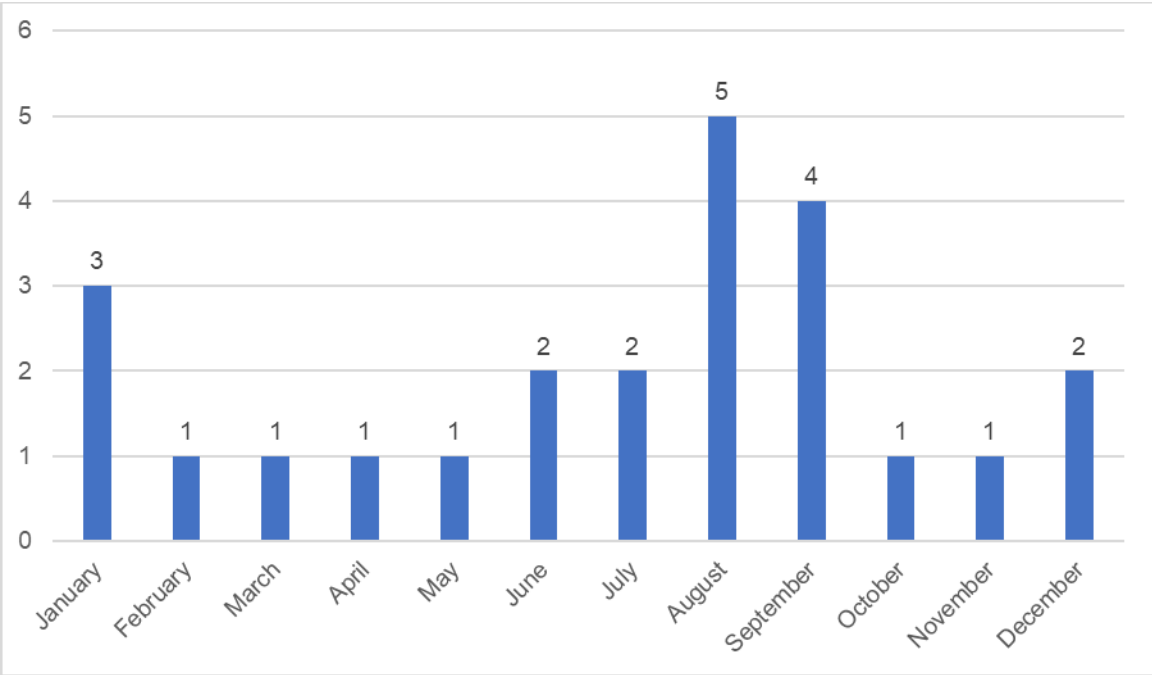
**Figure 38. Children / Suicide Deaths by Race/Ethnicity 2022**



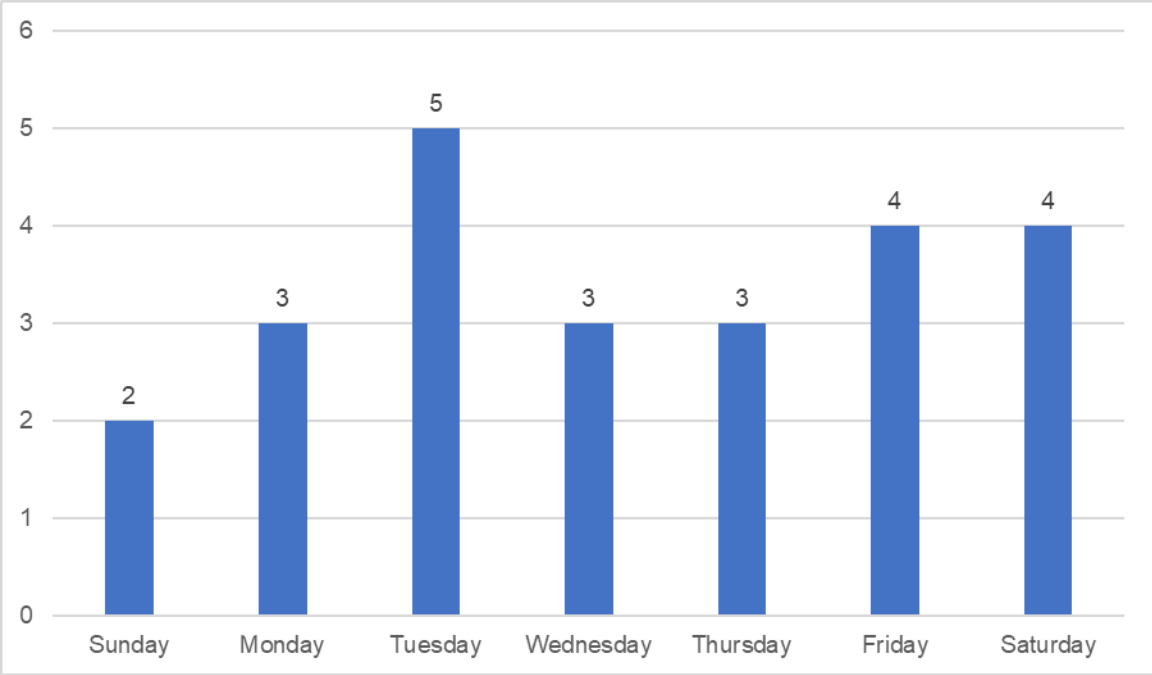
**Figure 39. Children / Suicide Deaths by Age and Gender 2022**



**Figure 40. Children / Suicide Deaths by Month 2022**



**Figure 41. Children / Suicide Deaths by Day of Week 2022**

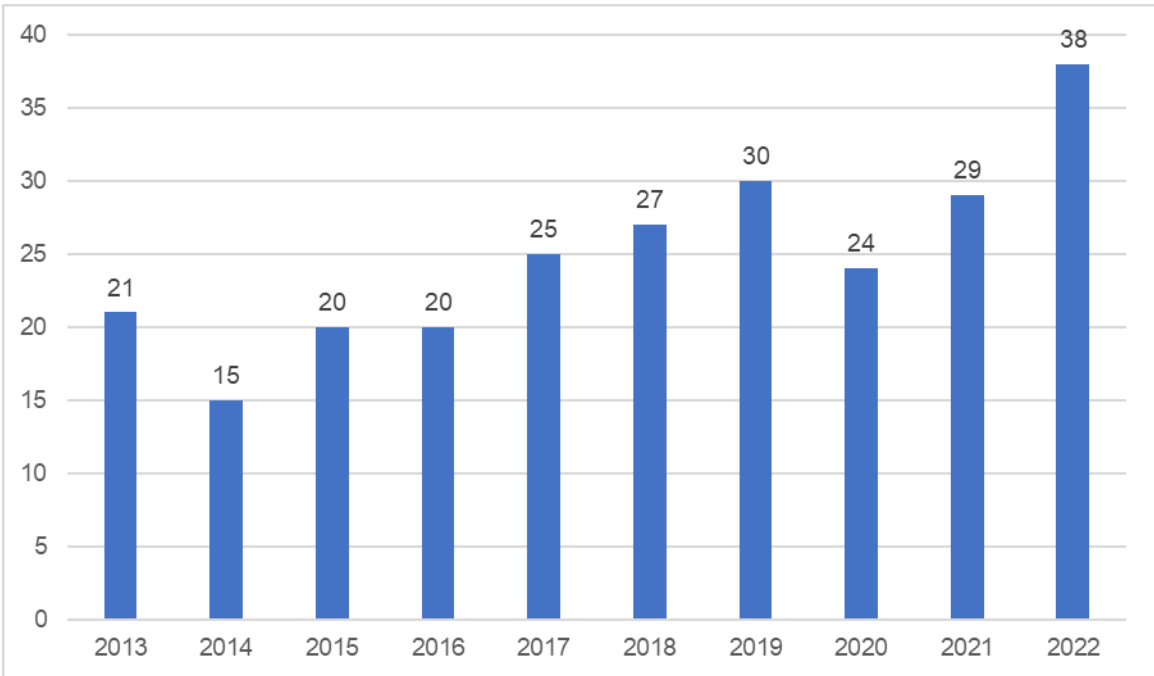


**Table 13. Children / Suicide Deaths by Cause 2022**

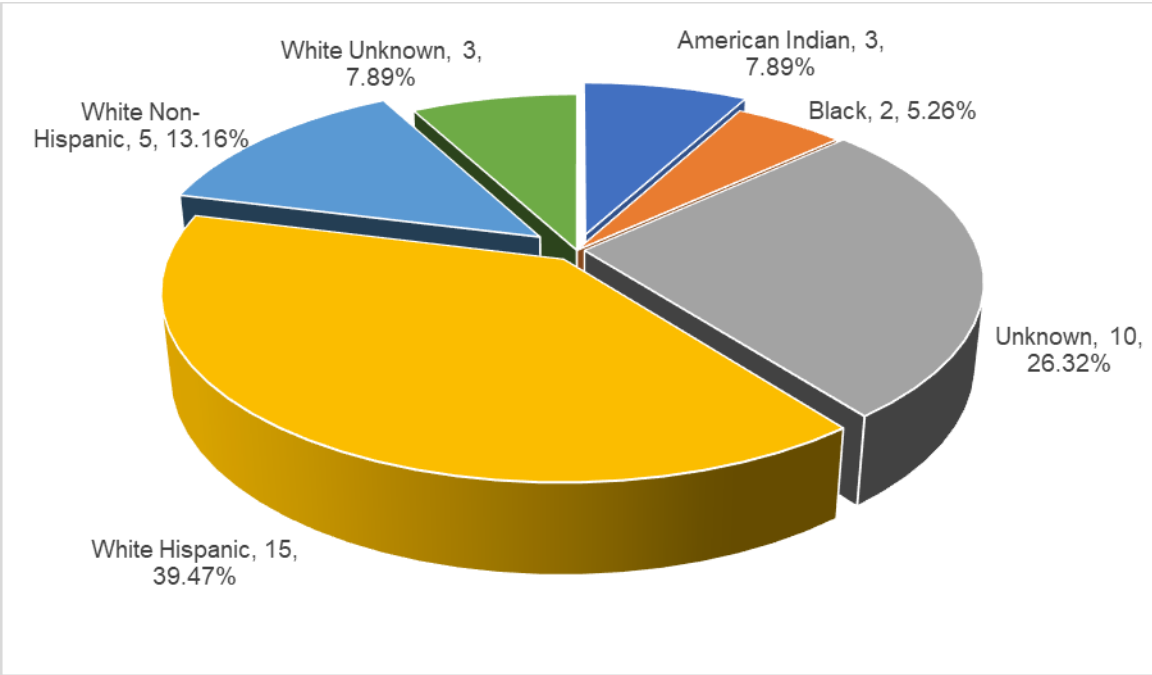
Cause of Death	Total
Gunshot wound	15
Hanging	6
Substance intoxication (drug, poison, alcohol, etc.)	2
Asphyxia (suffocation, strangulation)	1
<b>Total</b>	<b>24</b>

**Overview – Children by Manner of Death (Homicide)**

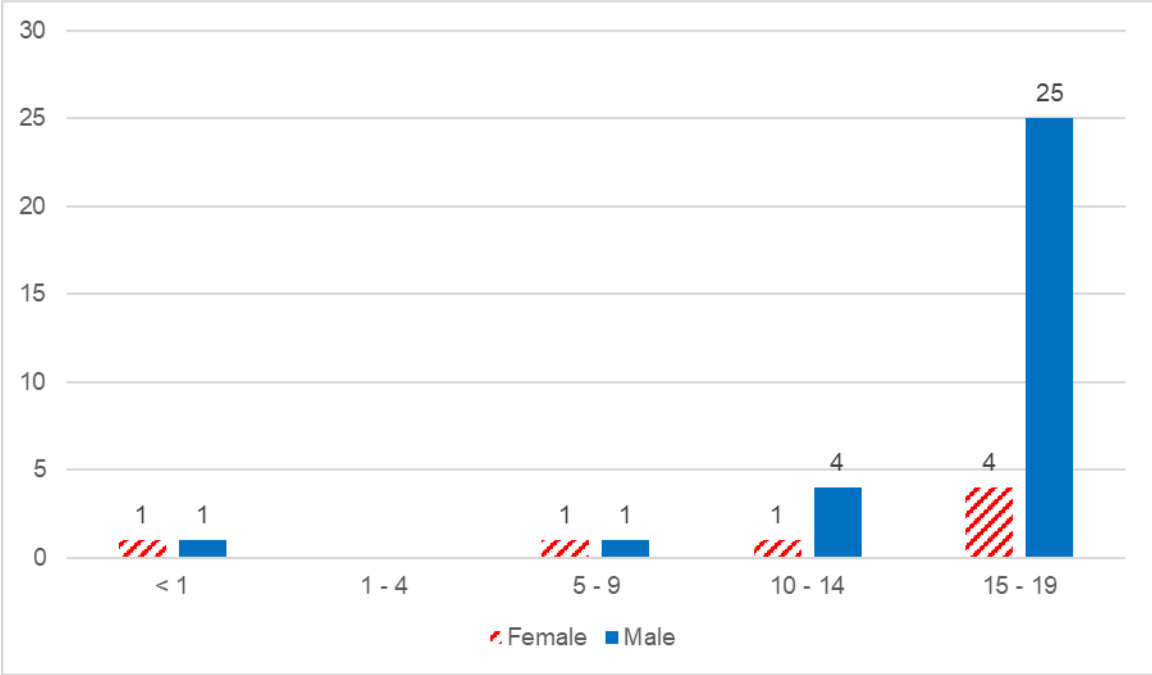
**Figure 42. Children / Homicide Deaths (2013 – 2022)**



**Figure 43. Children / Homicide Deaths by Race/Ethnicity 2022**



**Figure 44. Children / Homicide Deaths by Age and Gender 2022**



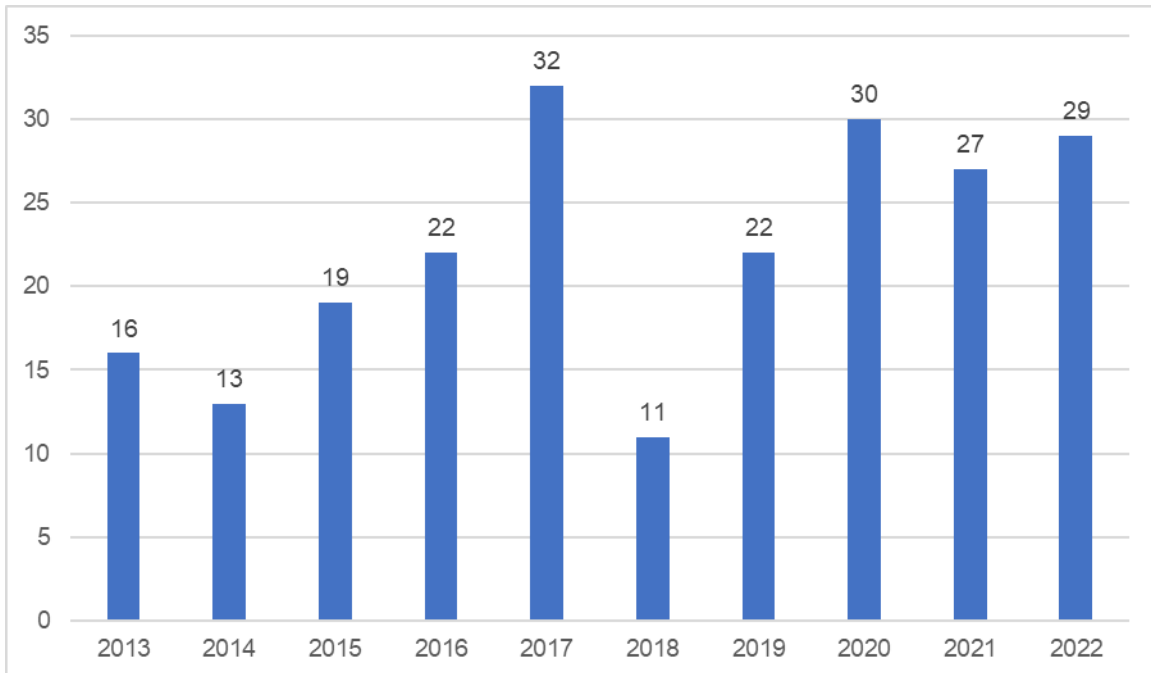


**Table 14. Children / Homicide Deaths by Cause 2022**

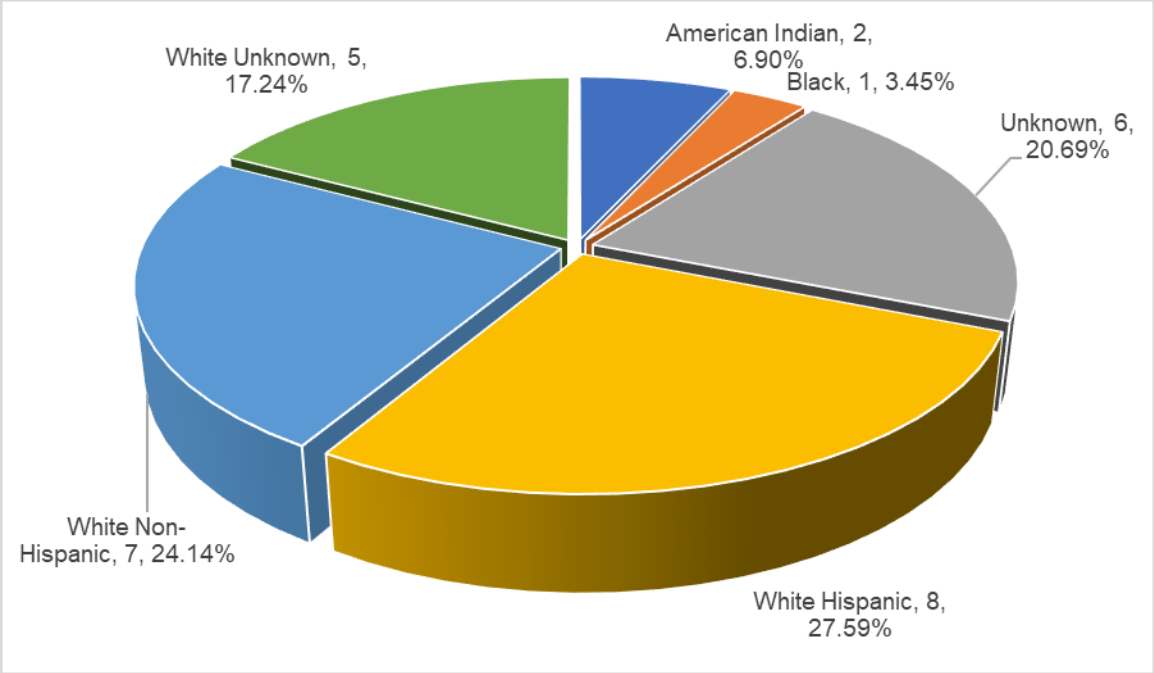
Cause of Death	Total
Gunshot wound	30
Stab wound (slash, penetrating cut)	2
Head and neck injuries (cervical, cranio-, cerebral)	2
Carbon monoxide intoxication (smoke and soot inhalation)	1
Multiple injuries (fractures, lacerations to internal organs)	1
Dehydration (hyperthermia, heat stroke)	1
Carcinoma (CA, cancer, malignancy)	1
<b>Total</b>	<b>38</b>

**Overview – Children by Manner of Death (Undetermined)**

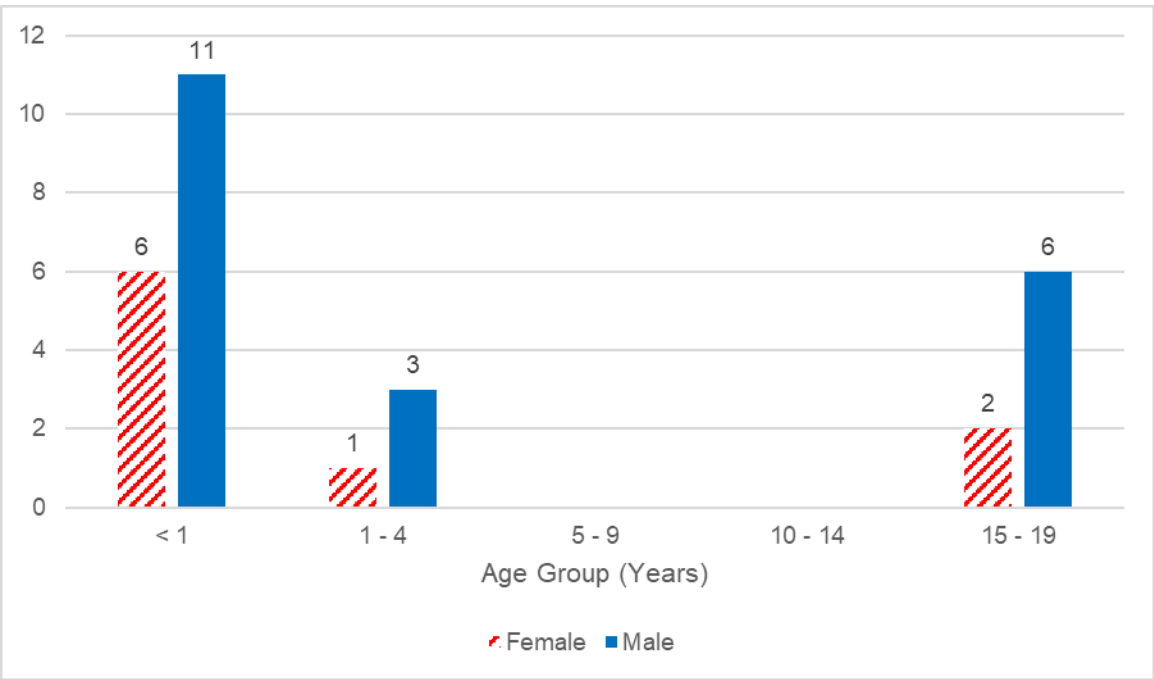
**Figure 45. Children / Undetermined Manner Deaths (2013 – 2022)**



**Figure 46. Children / Undetermined Deaths by Race / Ethnicity 2022**



**Figure 47. Children / Undetermined Deaths by Age and Gender 2022**



**Table 15. Children / Undetermined Deaths by Cause 2022**

<b>Cause of Death</b>	<b>Total</b>
Undetermined	<b>19</b>
Gunshot wound	<b>4</b>
Substance intoxication (drug, poison, alcohol, etc.)	<b>3</b>
Multiple injuries (fractures, lacerations to internal organs)	<b>2</b>
Drowning	<b>1</b>
<b>Total</b>	<b>29</b>

### **Deaths of Children in New Mexico – Summary**

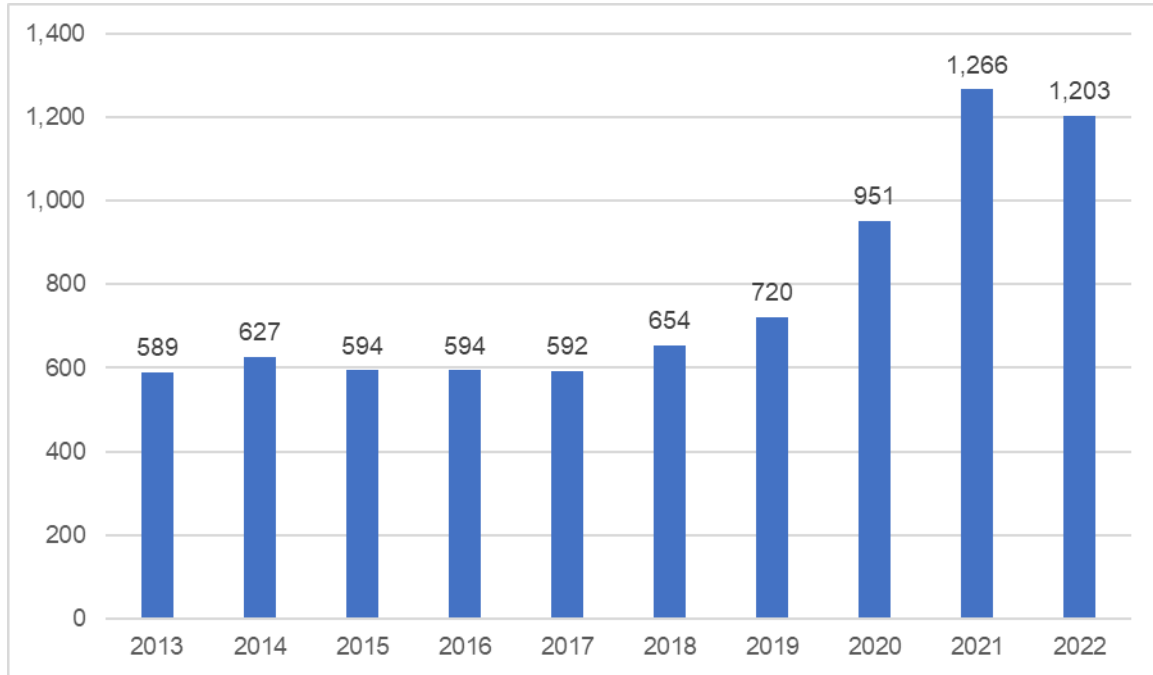
The 10-year summaries presented in this report for childhood deaths all include ages 19 and younger. The 310 deaths of people aged 19 and younger represented 3.26% of all deaths investigated by the OMI in 2022. Male decedents comprised 63.55% of the total deaths in children. The most common manner of death among children was accident, contributing 30.65% of the total. There were 24 suicides among children in 2022. Suicide deaths were more common among young males (75.00%) than females (25.0%), and gunshot wounds and hanging were the most common method of suicide in children. The total number of childhood homicides increased from 29 homicides in 2021 to 38 in 2022. Homicide deaths among children tended to be male (81.58%), White Hispanic (39.47%) and killed by a firearm (78.95%). The majority of childhood homicide victims (76.32%) were between the ages of 15 and 19. Firearms played a role in 15 suicides (62.50%) and 30 homicides (78.95% of child homicides). Homicide rates increased by 31.03% from 2021 to 2022 with the largest homicide population impacting the age group 15–19 years.

An excellent resource for additional information about the deaths of children in New Mexico, their circumstances, risk factors, and opportunities for prevention is the Annual Report of the New Mexico Child Fatality Review (NMCFR), published by the New Mexico Department of Health Public Health Division, Maternal and Child Health Epidemiology Program. NMCFR consists of volunteers from many state and local agencies organized into four panels: Suicide, Sudden Unexplained Infant Death (SUID), Unintentional Injury, and Child Abuse and Neglect. The experts on these panels review the circumstances of childhood deaths in order to identify risk factors and develop prevention strategies, and their findings are presented in their annual report.

Refer to <https://www.nmhealth.org/publication/view/report/8272/> for 2022 NMCFR.

## Drug Caused Deaths

Figure 48. Drug Caused Deaths (2013 - 2022)

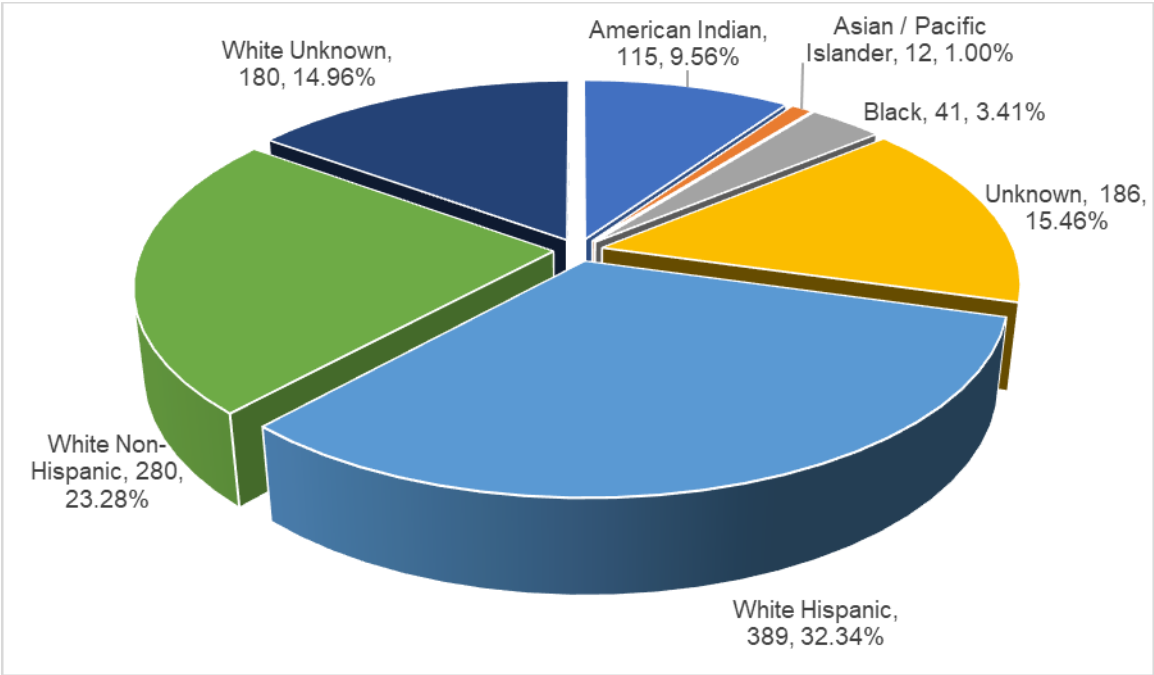


### **Drug Caused Deaths – Overview**

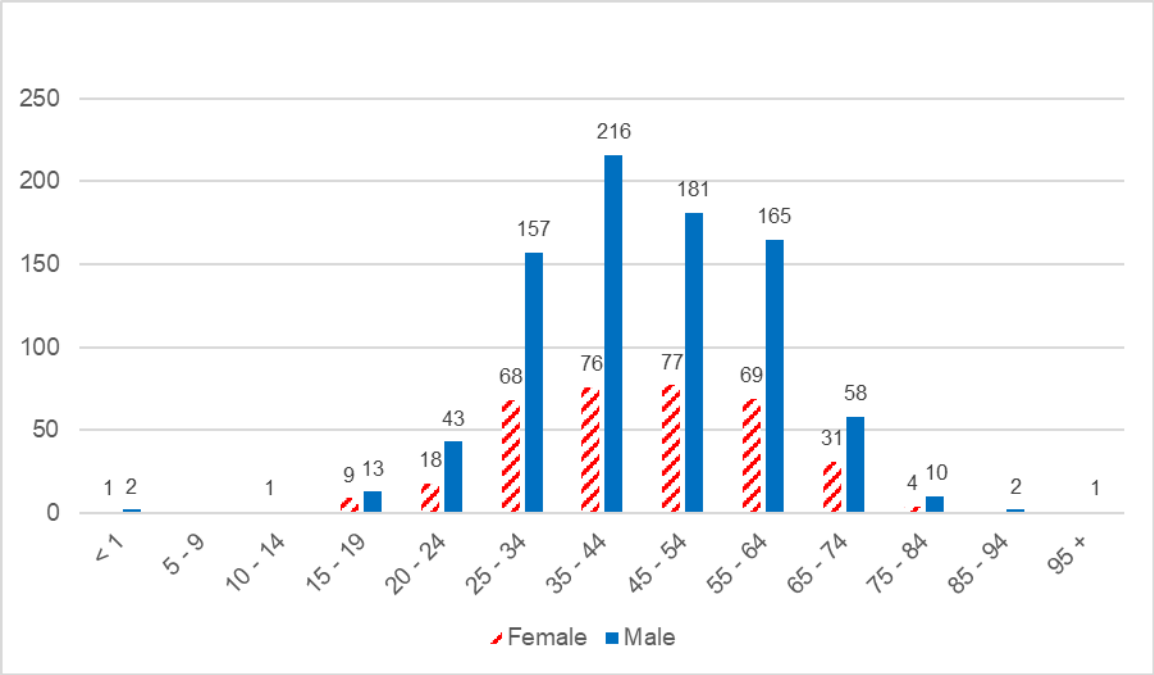
Drug overdose deaths continue to be a problem in New Mexico. A wide variety of drugs, both illegal and prescription, contributed to the 1,203 drug-caused deaths. There was a 4.98% decrease in overall drug caused deaths from 2021 to 2022. Many decedents had more than one drug present at the time of death. The most drug-caused deaths being seen in males ages 35-44 years (17.96%). The OMI designation of ‘drug-caused deaths’ includes both intentional (suicide, homicide) and unintentional (accidental) drug overdoses.

Additional information regarding unintentional drug overdose deaths in New Mexico is available annually in the newsletter *New Mexico Epidemiology*, published by the New Mexico Department of Health. Also please refer to <https://www.nmhealth.org/about/erd/ibeb/sap/publications/>.

**Figure 49. Drug Caused Deaths by Race / Ethnicity 2022**



**Figure 50. Drug Caused Deaths by Age and Gender 2022**

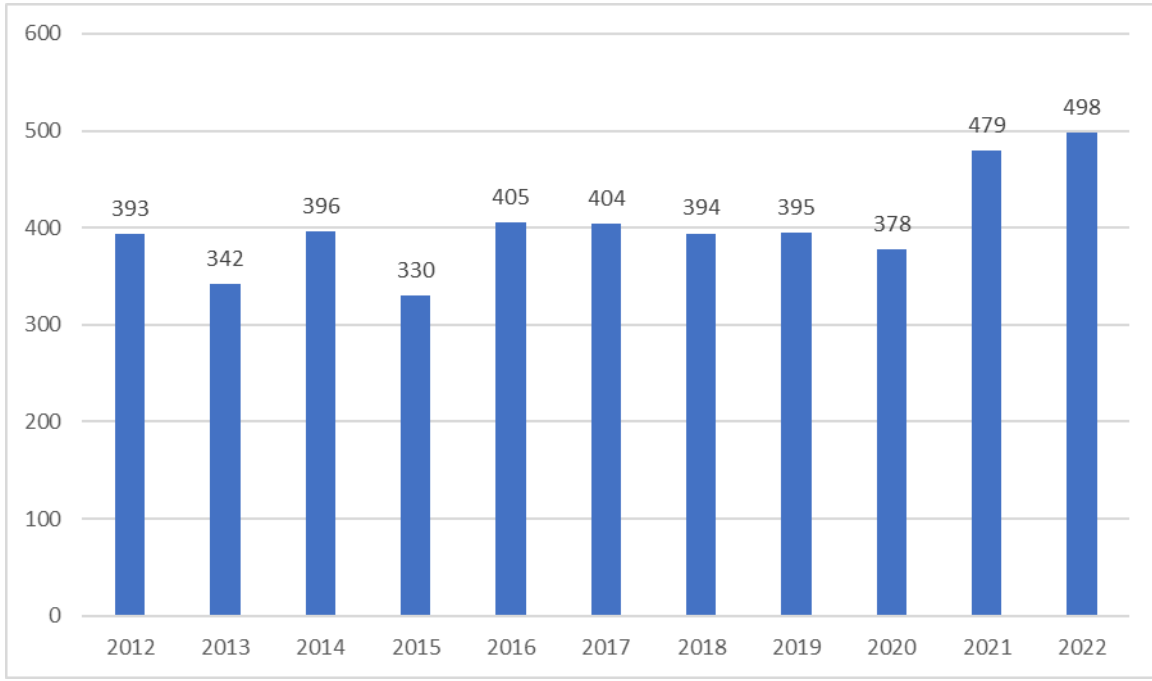


**Table 16. Drug Caused Deaths by County of Pronouncement 2022**

<b>County</b>	<b>Total</b>
Bernalillo	546
Santa Fe	87
Dona Ana	77
Rio Arriba	57
San Juan	52
Chaves	39
Sandoval	39
Valencia	34
Lea	33
Eddy	29
McKinley	23
Otero	21
San Miguel	21
Taos	20
Curry	18
Grant	16
Socorro	12
Roosevelt	10
Lincoln	8
Quay	8
Cibola	7
Out of State	7
Luna	7
Colfax	6
Sierra	6
Guadalupe	5
Torrance	4
Catron	3
Hidalgo	3
Los Alamos	3
Mora	1
Union	1
<b>Grand Total</b>	<b>1,203</b>

## Motor Vehicle-Associated Deaths

Figure 51. Motor Vehicle Associated Deaths (2013 - 2022)

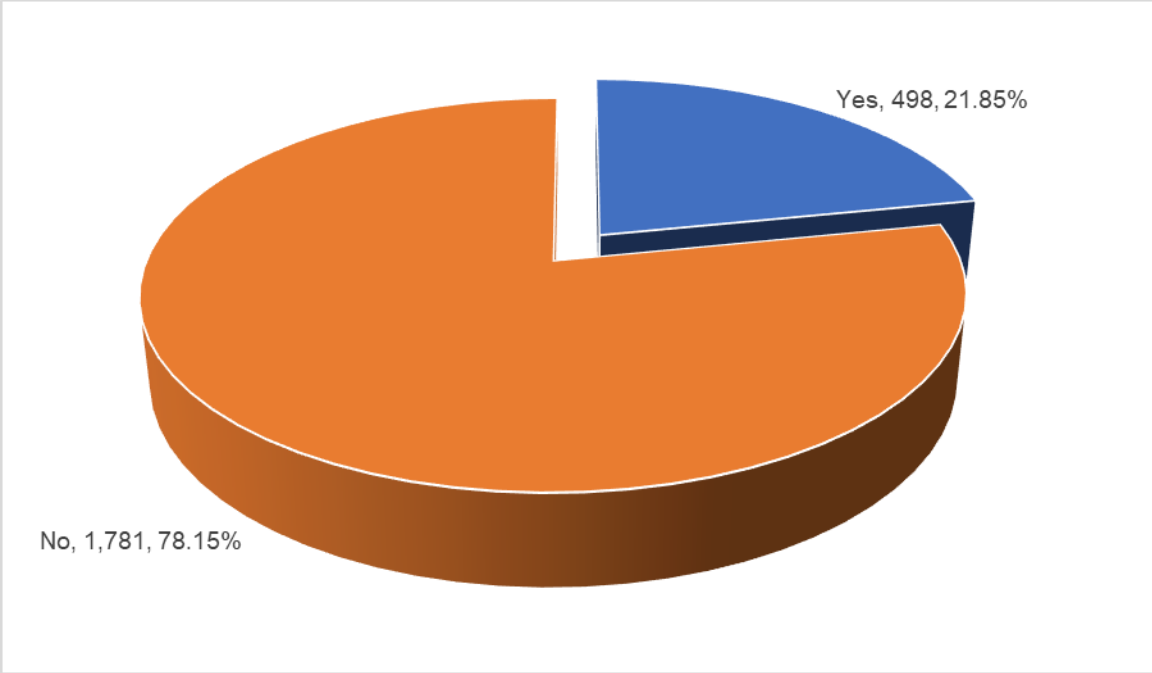


### ***Motor Vehicle-Associated Deaths – Overview***

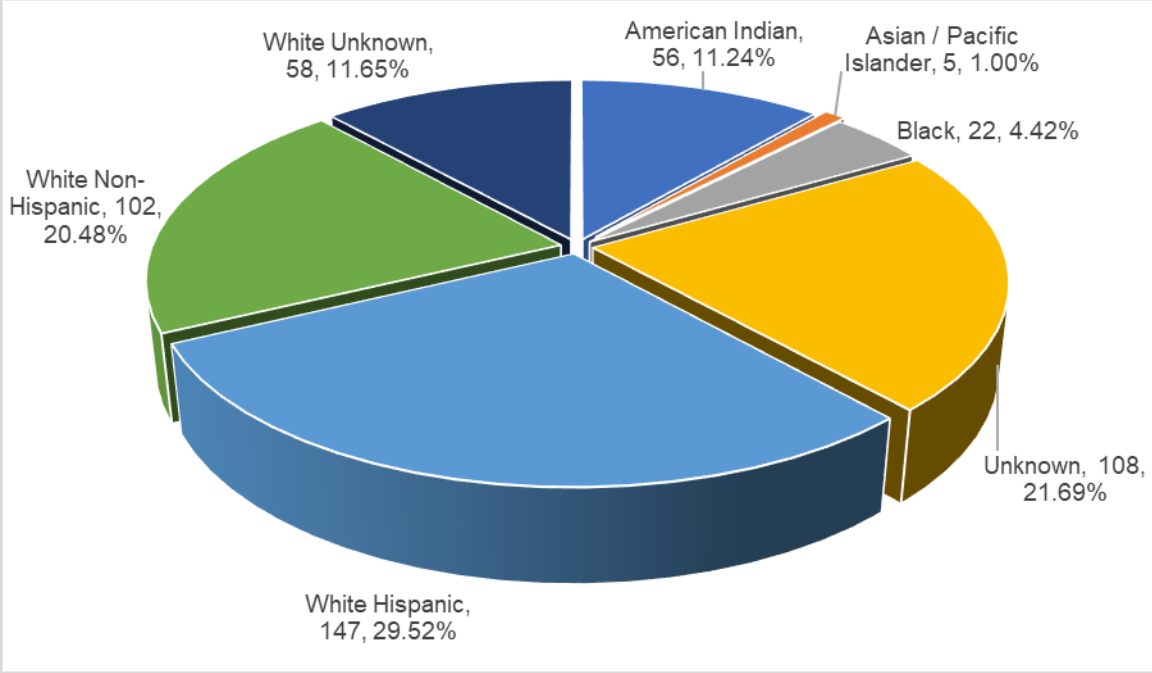
In 2022, OMI investigated 498 motor-vehicle associated deaths, 21.85% of all accidental deaths investigated by OMI in 2022. Included in this classification are deaths of drivers and passengers of cars, trucks, and motorcycles, as well as deaths occurring when a motor vehicle struck a pedestrian or a bicyclist. American Indian decedents were over-represented, with 11.24% of motor-vehicle accidental deaths. Males ages 25 - 34 years had the highest number (16.27%) of motor vehicle-associated accidental deaths. July saw the highest number of motor vehicle deaths (12.85%), while June had the lowest number (5.62%). More motor vehicle deaths occurred on a Saturday (16.87%) than any other day of the week.



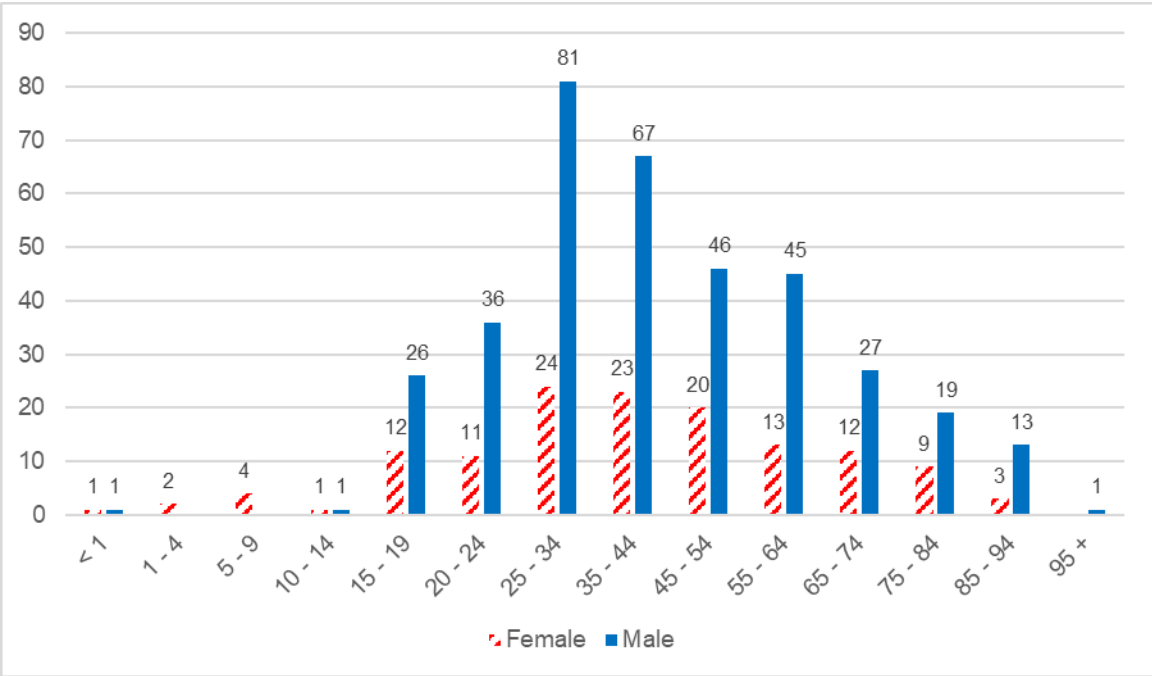
**Figure 52. Motor Vehicle Accident vs. Non-Motor Vehicle Accidents 2022**



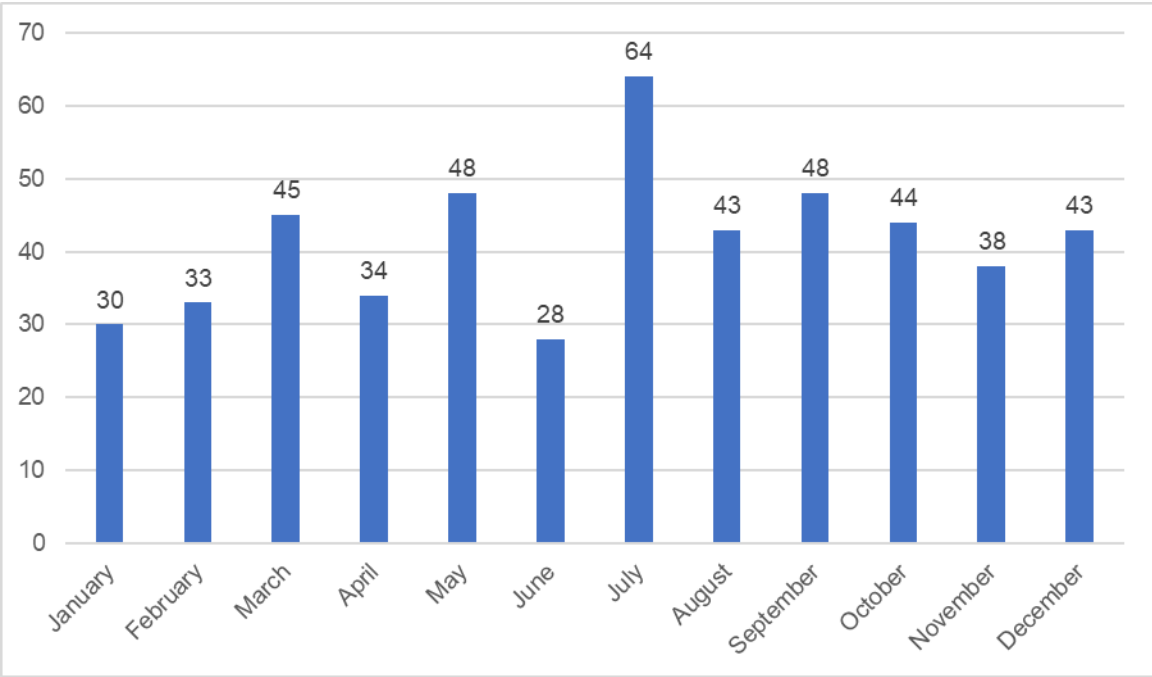
**Figure 53. Motor Vehicle-Associated Deaths by Race / Ethnicity 2022**



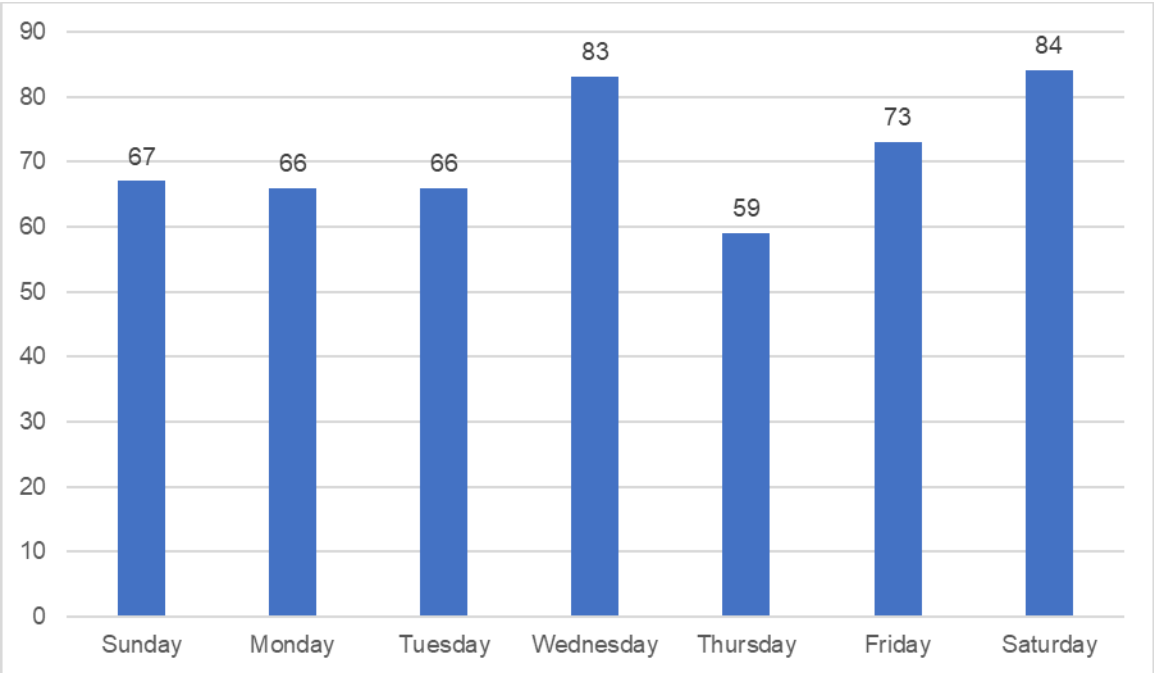
**Figure 54. Motor Vehicle-Associated Deaths by Age and Gender 2022**



**Figure 55. Motor Vehicle-Associated Deaths by Month 2022**



**Figure 56. Motor Vehicle-Associated Deaths by Day of Week 2022**

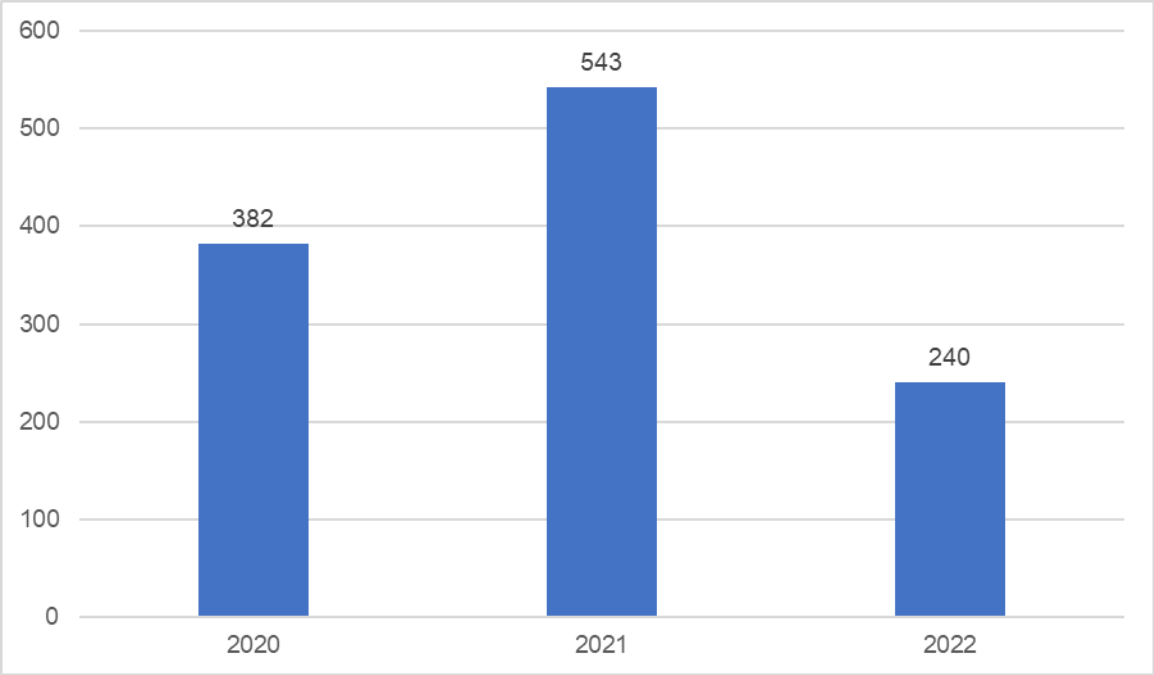


**Table 17. Motor Vehicle-Associated Deaths by County of Pronouncement 2022**

<b>County</b>	<b>Total</b>
Bernalillo	<b>162</b>
Dona Ana	<b>33</b>
Santa Fe	<b>23</b>
Sandoval	<b>21</b>
Cibola	<b>19</b>
Lea	<b>19</b>
San Juan	<b>19</b>
McKinley	<b>18</b>
Eddy	<b>17</b>
Luna	<b>16</b>
Chaves	<b>15</b>
Guadalupe	<b>13</b>
Rio Arriba	<b>13</b>
Roosevelt	<b>11</b>
Socorro	<b>11</b>
Quay	<b>10</b>
Taos	<b>10</b>
Otero	<b>9</b>
Torrance	<b>9</b>
Valencia	<b>8</b>
Mora	<b>7</b>
Curry	<b>6</b>
San Miguel	<b>6</b>
Lincoln	<b>4</b>
Catron	<b>3</b>
Colfax	<b>3</b>
Sierra	<b>3</b>
Out of State	<b>3</b>
Grant	<b>2</b>
Hidalgo	<b>2</b>
Union	<b>2</b>
Los Alamos	<b>1</b>
<b>Total</b>	<b>498</b>

**Overview - Coronavirus Deaths (COVID)**

**Figure 57. COVID Deaths 2020 - 2022**



Coronavirus (COVID) cases for the years 2020 - 2022 are listed above for comparison. These include both deaths that were either directly or indirectly caused by COVID. This is not a comprehensive representation of all cases in the OMI region rather only those cases that fell within the OMI jurisdiction with assigned manner of death by an OMI Forensic Pathologist.

## Glossary

**Accident** – The *manner of death* used when, in other than *natural deaths*, there is no evidence of intent.

**Autopsy** – A detailed postmortem external and internal examination of a body to determine *cause of death*. An autopsy may be either ‘full’, with complete dissection and examination of internal structures, or ‘partial’, dissecting only a select portion of the body, such as the brain or abdomen.

**Cause of Death** – The agent of effect that results in a physiological derangement or biochemical disturbance that is incompatible with life. The results of postmortem examination, including autopsy and toxicological findings, combined with information about the medical history of the decedent serves to establish the cause of death. The cause of death can result from different circumstances and manner of death. For example, the same cause of death, drowning, can result from the accidental immersion of a child in a swimming pool or from the homicidal immersion of a child in a bathtub.

**Children** – Individuals 19 years of age or younger. (Normally this is 18 years of age or younger, but to keep with industry standard age divisions, 19 year-olds are included in our tables.)

**Circumstances of Death** – The situation, setting, or condition present at the time of injury or death.

**Consultation** – Autopsies paid for by families, hospitals or investigating agencies, such as the Federal Bureau of Investigations (FBI); these autopsies are not under OMI jurisdiction and are done by request and payment.

**County of Pronouncement** – The county where the decedent was pronounced dead.

**Deputy Medical Investigator** – An investigator, not necessarily a physician, appointed by the *State Medical Investigator* to assist in the investigation of deaths in the *jurisdiction* of the OMI.

**External Examination** – A detailed postmortem external examination of a body, conducted when a full or partial autopsy is determined to not be required.

**Drug Caused Death** – A death caused by a drug or combination of drugs. Deaths caused by *ethanol*, poisons and volatile substances are excluded.

**Ethanol** – An alcohol, which is the principal intoxicant in liquor, beer, and wine. A person with an alcohol concentration in blood of 0.08 grams/100 milliliters (0.08 g/100mL) is legally intoxicated in New Mexico.

**Ethanol Present** – Deaths in which toxicological tests reveal a reportable level of *ethanol* (0.005% or greater) at the time of death.

**Homicide** – The *manner of death* in which death results from the intentional harm of one person by another.

**Intrauterine Fetal Demise (IUFD)** - the medical term for a fetus that dies after the 20th week of pregnancy. IUFD is also known as stillbirth.

**Jurisdiction** – The extent of the Office of the Medical Investigator’s authority over deaths. The OMI authority covers reportable deaths that occur in New Mexico, except for those occurring on federal reservations (American Indian and military) and in hospitals. New Mexico Statute 24-11-5NMSA 1978 and descriptions in the OMI policy manual define reportable deaths. The OMI may be invited to consult or investigate cases over which it has no jurisdiction.

**Jurisdiction Terminated** – Jurisdiction terminated cases are reported to OMI, which is statutorily obligated to review the cases. However, after review proves that there was no foul play and if the decedent’s physician agrees that the death was an expected natural death, the case is then assigned a *cause* and *manner* of death by their physician. The OMI is still obligated to make sure the decedent’s remains are properly cared for.

**Field External Examination** – An investigation and external examination conducted at the scene to determine cause of death, with no autopsy conducted but under OMI jurisdiction.

**Manner of Death** – The general category of the condition, circumstances or event, which causes the death. The categories are *natural, accident, homicide, suicide* and *undetermined*.

**Natural** – The *manner of death* used when solely a disease causes death. If death is hastened by an injury, the *manner of death* is not considered natural.

**Non-accept** – Non-accept cases are decedents who have died under the care of a physician, but are reported into the OMI to verify that there is no statutory obligation to investigate the case.

**Office of the Medical Investigator** – The state agency in New Mexico that is responsible for the investigation of sudden, violent or untimely deaths. The Office of the Medical Investigator was created by legislation in 1973 to replace the county coroner system (see also, *Deputy Medical Investigator*).

**Pending** – The *cause of death* and *manner of death* are to be determined pending further investigation and/or toxicological, histological and/or neuropathological testing at the time of publication.

**State Medical Investigator** – The head of the *Office of the Medical Investigator*. The State Medical Investigator must be a licensed physician licensed in New Mexico and may appoint Assistant Medical investigators, who must be physicians and *Deputy Medical Investigators*.

**Undetermined** – The *manner of death* for deaths in which there is insufficient information to assign another manner.