

LEXINGTON COUNTY CORONER'S OFFICE

2022 ANNUAL REPORT



Coroner Margaret W. Fisher

Lexington County

South Carolina

Margaret W. Fisher

OFFICE OF THE CORONER

Coroner

Chandler Clardy, Chief Deputy

Deputy Coroners

Grey Gain	Josseline Pozuelos
Brittany Donnelly	Laura Moore
Jessica Wade	Karen Elliott
Andy Taylor	James Forsyth
Rebecca Harmon	



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To the Citizens of Lexington County:

As stated in previous years, our primary objectives are to promote community focus on the number of preventable deaths in Lexington County and to educate citizens about the purpose and responsibilities of the Coroner's Office. With your support and assistance in sharing this compilation of demographic and statistical information, we are optimistic that it will lead to some positive change.

As I present to you the Lexington County Coroner's Office 2022 Annual Report, I would like to express my sincere condolences to everyone who lost a loved one in 2022. The members of my staff and I have been impacted by each decedent and the families we've served. Our hope is that everyone will consider what is ultimately represented in the pages; regardless of cause and manner of death, these were people who left behind families and friends. Death is inevitable, but entirely too many lives were abruptly and prematurely ended. Our intention remains to gain and share any information that might lead to the prevention of such tragedies.

The information used to compile this report has been derived from records obtained and held by the Lexington County Coroner's Office, including but not limited to our own investigations, police reports, autopsy reports, and death certificates. We have put great effort into ensuring that the information is accurate and complete.

It remains an honor and privilege to serve you. If we may be of any assistance or you need additional information, please feel free to contact the Lexington County Coroner's Office.

Thank you for your continued support,

Margaret W. Fisher

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Our Mission Statement

The mission of the Lexington County Coroner's Office is to determine the cause and manner of death through the completion of thorough, respectful, and professional investigations. As we endeavor to be the ambassadors of all decedents for whom we are responsible, we will extend to their loved ones unparalleled compassion and commitment.

BACKGROUND AND OBJECTIVES OF THE LEXINGTON COUNTY CORONER'S OFFICE

Since 1900, the Lexington County Coroner's Office has functioned under the leadership of twelve different Coroners. The twelfth and current Coroner, Margaret W. Fisher, is the eighth to reach office through the process of election, and the first female to hold the position. Coroner Fisher is the first duly elected Coroner to hold degrees in both the medical field as well as the criminal justice field. Coroner Fisher was initially elected to office on November 13, 2014 and was honored to be re-elected in November of 2016 and 2020.



Prior to being elected as Coroner, Margaret Fisher served as Senior Deputy, assigned to the Community Action Team, at the Richland County Sheriff's Department (RCSD). Although she served Richland County professionally, Margaret has resided in Lexington County for more than 36 years. Coroner Fisher is married to her husband, Clifford Fisher, and they have four children and five grand-children. Coroner Fisher and her husband strongly believe in giving back to the community in which they live and serve. They have a ministry, "Jesus Is His Name", and produce a yearly Christmas Drama that is well known in the community. The Fishers also own a local celebrity, "Abraham" the camel. Abraham (famous for drinking Mountain Dew) visits schools, shut-ins, nursing homes, hospitals, churches, local businesses, and many other events.

Coroner Fisher began her law enforcement career with RCSD in 2007, and her service and dedication there resulted in many certifications and awards. In addition to Associates Degrees in Criminal Justice and Nursing (RN) from Midlands Technical

College, Margaret received the following certifications: Bike Patrol, National Child Safety Seat, Mounted Patrol, Prevention and Deterrence of Terrorist Acts, and Search and Rescue by horseback, all-terrain vehicle, and ground searching.

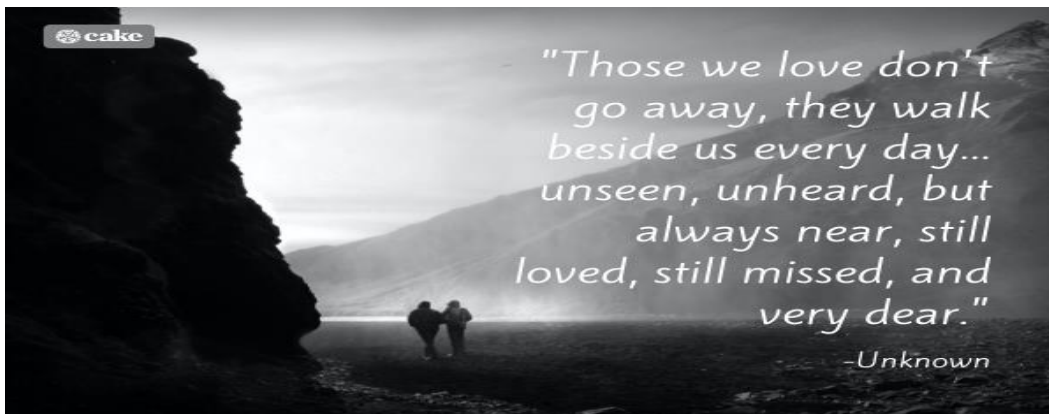
Coroner Fisher gained leadership experience as a leader of the Community Action Team and Unit Commander of the Richland County Mounted Patrol Unit. She received several awards, including Region 2 Outstanding Service Award (2009), Deputy of the Cycle, Region 2 (2009), Community Services Division Deputy of the Year (2012), and Deputy of the Quarter (3 times since 2008). She also received Sheriff's Department Commendations in 2009 and 2010. Margaret's dedication led her to serve on the Lake Murray Marine Patrol and the multi-agency Alcohol Enforcement Team. She continues to serve on the boards of the 11th Circuit Domestic Violence Fatality Review Committee, the Midlands Recovery Center, and the Lexington One Task Force on Drugs and Alcohol. Coroner Fisher also serves on the Overdose Fatality Review Board and the Child Fatality Review Board, both of which were established by the Lexington County Coroner's Office and are led by the Lexington County Coroner's Office personnel under Margaret's leadership. The Lexington County Coroner's Office recently installed new signage to bring more public awareness to the overdose deaths that are so rampant in Lexington County.

Since becoming Coroner, Margaret Fisher has been certified by the American Board of Medicolegal Death Investigators (ABMDI) and has implemented numerous procedural and financial improvements to increase the efficiency of the Lexington County Coroner's Office (LCCO).

Coroner Fisher is passionate about her role, which requires her to utilize her investigative and community relations skills. She has high expectations for all Deputy Coroners under her leadership; continual training is mandated, and certain standards of behavior must be adhered to. All current Deputy Coroners, who are eligible based on the hours of investigative experience, have obtained ABMDI certification. Additionally, the office was reaccredited by the International Association of Coroners & Medical Examiners (IAC&ME) in 2018; only six other counties in SC are currently accredited.

In order to deserve and establish the trust of our community, it is imperative that we act with professionalism and respect, as well as compassion. Although we represent the deceased, we serve their survivors, and those individuals deserve to be handled with care and understanding as they grieve. In addition to compassion and respect, loved ones also deserve answers and, in some cases, justice. The objective of LCCO's quest for answers and truth is to represent decedents and contribute to the success of the judicial system in holding parties responsible for their deaths accountable, whether civilly or criminally. The process by which the Lexington County Coroner's Office operates and effectively upholds our investigative duties will be outlined in detail later in the report.

The primary focus of the LCCO is to determine the cause and manner of death; however, there are many additional facets that must remain a priority. For example, LCCO personnel must conduct independent investigations, while cultivating a positive relationship with all law enforcement officers, EMS personnel, and firefighters. We are also in constant communication with physicians, funeral homes, the media, attorneys, South Carolina Department of Health and Environmental Control (DHEC), South Carolina Law Enforcement Division (SLED), Pathology Associates of Lexington, The Medical University of South Carolina Department of Pathology and Laboratory Medicine, and We Are Sharing Hope SC (organ procurement organization service SC). The role of each of these entities is essential to the Lexington County Coroner's Office, and they will be addressed specifically throughout this report.



Lexington County Coroner's Office Organizational Chart

Coroner

Margaret W. Fisher, D-ABMDI

Chief Deputy Coroner



Chandler J. Clardy, D-ABMDI, studied Mortuary Science at Piedmont Technical College and Criminology/Forensic Technology at ITT Tech; worked in the funeral industry for four years; employed with the Coroner's Office for 6 years. Originally from Liberty, SC; resides in Lexington.

Senior Deputy Coroner

Grey P. Gain, II, D-ABMDI, 10 years as a United States Marine Corps Combat Engineer, honorably discharged as Sergeant, 15 years with the Savannah River Site Law Enforcement Department, and completed University of North Dakota Death Investigations certificate Program; employed with the Coroner's Office for 6 years. From North Carolina; has resided in Batesburg since 2007.



Administrative Deputy Coroner's

Laura A. Moore, LPN, A.S. in Nursing from Midlands Technical College; 4 years of previous experience with Lexington County EMS; 16 years of experience with SC Vocational Rehabilitation, and 7 years at the Lexington County Detention Center; employed with the Coroner's Office for 6 years. Lifelong resident of Lexington, and graduate of Lexington High School.



Karen L. Elliott, Born and raised in Connecticut, Graduated West Haven High School, Connecticut, Graduate of Stone School of Business, Connecticut. Lived in Vermont, 20 years. Over 20 years in Administrative duties. Currently resides in Columbia, SC

Deputy Coroners



Brittany N. Donnelly, B.A. in Psychology from the University of South Carolina; employed with the Coroner's Office for 4 years. Native of Chapin and graduate of Chapin High School; currently resides in Lexington.

Andrew S. Taylor, over 15 years of experience with Lexington County Fire Service, and 2 years as a Lexington County Emergency Communications Dispatcher; employed with the Coroner's Office for 5 years. Resides in Gilbert; graduated from Gilbert High School.





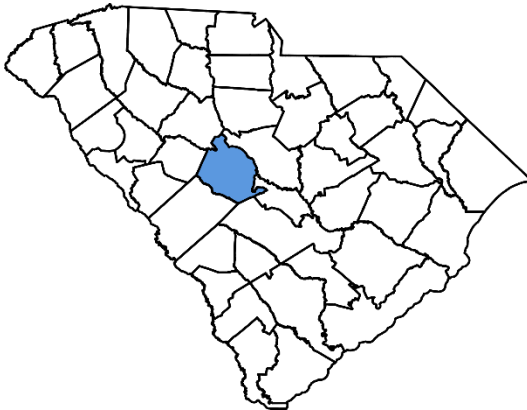
Jessica C. Wade, D-ABMDI, A.A.S. in Mortuary Science from Piedmont Technical College (graduated with honors); employed with the Coroner's Office for 6 years. Originally from Richmond, Kentucky; has resided in Chapin for over 9 years.

Rebecca A. Harmon, over 3 years with Lexington County as an Emergency Communications Dispatcher, and 3 years as an EMT with Laurens County EMS. Native of Gilbert and graduate of Gilbert High School; currently resides in Lexington.



LEXINGTON COUNTY DEMOGRAPHIC AND GEOGRAPHIC INFORMATION

The Lexington County Coroner's Office is responsible for the entire county of Lexington, which is located in the Central Midlands region of South Carolina. The population of Lexington County, per the U.S. Census Bureau, has population estimates of July 1, 2022, as 304,797, making it the 6th most populated of South Carolina's 46 counties. The rate of population growth from 2010 to 2020, based on estimates, was 12% or more than 31,000 people, which was slightly higher than the 11 % increase experienced by the state of South Carolina.

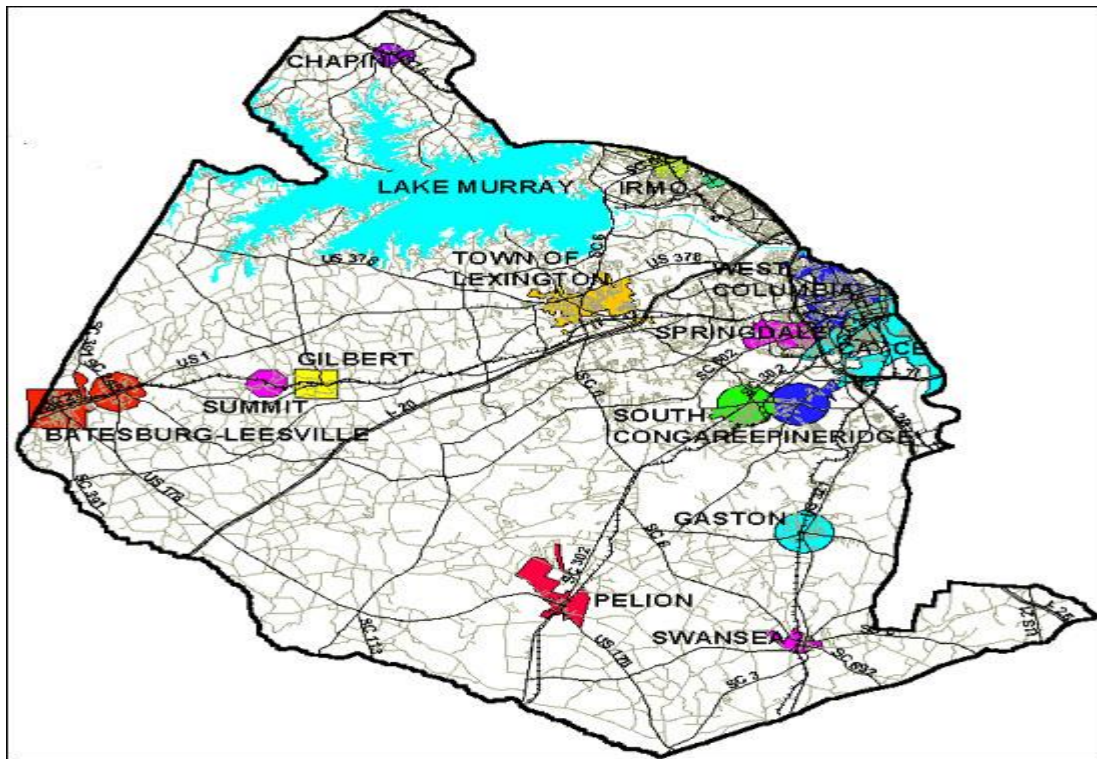


Geographically, Lexington County is 699 square miles, which makes it the 17th largest county in the state. The population per square mile of just over 420.6, however, makes Lexington among the most densely populated counties. Only the counties of Greenville, Richland and Charleston are more densely populated.

Based on 2022 estimates, the population of Lexington County is 72.9% White, 16.4% Black or African American, 6.6% Hispanic or Latino, and the remaining 4.1% is a combination of individuals of multi-racial, American Indian, Asian, Native Hawaiian, and Pacific Islander descent. Slightly more than 29% of county citizens are under 18 years of age, while 16.7% is 65 years of age and older. Of those under age 65, approximately 12 % are without health insurance, which impacts the level of healthcare, particularly of a preventive nature, that they receive.

Estimates of the Residence Population: April 1, 2020, to July 1, 2020; U.S. Census Bureau, Population Division. <https://www.census.gov/quickfacts/fact/table/SC,lexingtoncountysouthcarolina/PST120221>

The municipalities within Lexington County include Lexington (county seat), Batesburg-Leesville, Cayce, Chapin, Gaston, Gilbert, Irmo, Pelion, Pine Ridge, South Congaree, Springdale, Summit, Swansea, West Columbia and a portion of Columbia (state capital). Although the county has experienced significant growth and development in the past several years, a large area of the county remains rural, with many farms and forests. There are several rivers, as well as Lake Murray, where residents and tourists take advantage of the natural beauty and recreational opportunities that Lexington County offers.



RESPONSIBILITIES, CASE INVESTIGATION AND DISPOSITON

Per the South Carolina Code of Laws, certain deaths must be reported to the appropriate Coroner's Office so that an inquiry into the cause and manner of death may be initiated immediately. The specific types of deaths that are required to be reported include any that occur:

- As a result of violence.
- As a result of apparent suicide.
- When in apparent good health.
- When unattended by a physician.
- In any suspicious or unusual manner.
- While an inmate of a penal or correctional institution.
- As a result of stillbirth when unattended by a physician.

Upon notification that a death of any of the above circumstances has occurred in Lexington County, the Lexington County Coroner's Office promptly responds to the location of the decedent. When the Coroner and/or Deputy Coroner arrive on scene to conduct the investigation, they follow the same general procedural guidelines, making necessary modifications as the circumstances require. They will first identify and document all first responders present (fire, EMS, law enforcement, etc.), and interview them to obtain any relevant information, including alterations made to the scene, resuscitative efforts, any possible safety concerns, etc.

If first responders did not find any obvious indications that the death was violent or suspicious, the Coroner or Deputy Coroner will perform an initial walk-through of the scene to make general observations, while taking notes and photographs. If for any reason the death appears suspicious, the Coroner or Deputy Coroner will immediately discontinue their observation and contact the appropriate law enforcement agency. No further entry or observations will be conducted until the required investigators and personnel are present.

Law enforcement will almost always be on scene; the responding agency will be determined by the location and jurisdictional guidelines. LCCO, although conducting a separate and independent investigation, must coordinate with all law enforcement agencies. Depending on the circumstances surrounding a death, SLED and/or specific units, such as Crime Scene Investigation (CSI), from the responding law enforcement agency may be requested. The CSI unit of the appropriate agency will

conduct an investigation in cases of violent or suspicious deaths, including homicides, suicides, and some deaths that are later determined to have been accidental or natural in manner. Some circumstances that prompt a scene investigation by SLED include: if a decedent was an inmate at a penal or correctional institution, if the decedent was in custody of law enforcement, or if a law enforcement officer was involved in the death.

When the investigation resumes, with all investigators present, the Coroner or Deputy Coroner will document and photograph anything that may be helpful in determining cause and manner of death, as well as date and time of death. Environmental details, such as living conditions and climate, may be pertinent to how and when the death occurred. An assessment of the decedent's body is necessary to determine if the death may have been the result of injury, when the death occurred, and the identity of the decedent. In many cases, decedents are identified using government-issued photo ID's or physical characteristics specific to them, such as tattoos, scars, or other physical markings.

Another responsibility of the Coroner/Deputy Coroner is to collect any property on or near the decedent's body, and secure and document the property until it can be returned to the decedent's legal next of kin. Prescription medications belonging to decedents are also collected, documented, and secured by LCCO until they can be properly destroyed. Any evidence, or potential evidence, is documented by all agencies and collected by the appropriate agency for processing.

After the scene has been processed and physical information has been gathered by all agencies, the Coroner/Deputy Coroner requests the assistance of a contracted transport service to transport the decedent. All decedents are transported respectfully, and according to DHEC policies. Decedents remain in one of two secure morgue locations until all necessary identification confirmation and/or an autopsy is completed. In order to obtain positive identification of a decedent, LCCO may utilize one or more of the following methods: forensic anthropology analysis (skeleton/bones); DNA analysis; forensic odontology (dental X-rays); fingerprint analysis; the presence of prosthetics and/or birth defects.

If there are family members, witnesses, and/or potential suspects on scene, they will be interviewed in order to obtain as many details as possible. The questions asked by LCCO may vary, based on the specific situation, but the information that is typically requested includes: the decedent's identity; when and by whom the decedent was discovered; next of kin and primary physician of the decedent;

account of what happened, including decedent's actions; date and time decedent was last seen or spoken to; decedent's past medical, social, and family history.

In the event that no family members or persons familiar with the decedent are present at the scene, every effort is made by the Coroner or Deputy Coroner to locate and notify the legal next of kin as soon as possible. Any notifications within Lexington County, whether related to a death being investigated by LCCO or another jurisdiction, are made by the Coroner or Deputy Coroner in person if at all possible. When necessary, LCCO contacts the appropriate agencies in other jurisdictions to make notifications.

When an autopsy is necessary, LCCO notifies one of two contracted vendors, Pathology Associates of Lexington or MUSC Department of Pathology. The circumstances of a death dictate which vendor will be used; for example, MUSC performs autopsies of all potential homicide victims. When MUSC performs an autopsy, related specimens are taken to the SLED crime lab or NMS Labs, a nationally accredited laboratory for toxicology, or other required testing. Toxicology testing of specimens related to autopsies conducted by Pathology Associates of Lexington is performed by NMS Labs.

In cases of violent or suspicious deaths, the law enforcement agency responsible for investigating may choose to attend the autopsies. Upon completion of an autopsy, the decedent's legal next of kin is contacted and made aware of any available findings.

When a decedent was known to suffer from significant health conditions, and the scene investigation produced no reason to suspect the death was not natural, the decedent's physician may be willing to certify his or her death. If for any reason the decedent's physician is unavailable or unwilling to do so, medical records may be obtained by LCCO. After a thorough review of those records, the Coroner may certify the death as natural without requiring an autopsy.

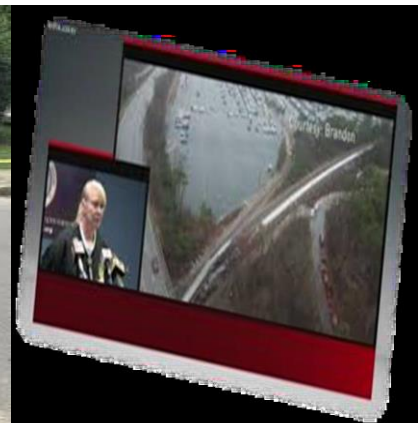
The next of kin is responsible for selecting a funeral home and informing LCCO when a decision has been made. The decedent is then released by LCCO to the appropriate funeral home. In the event that no next of kin can be located or the next of kin is financially incapable of procuring the services of a funeral home, county resources are appropriated to provide cremation services.

Whenever possible, the Lexington County Coroner's Office works with We Are Sharing Hope SC, the not-for-profit, federally designated organ procurement organization, to effectuate the wishes of each decedent and his/her family. In some situations, unfortunately, organs and tissues do not meet the

standards of quality and condition necessary for donation. Several organs, such as the heart, lungs and kidneys, may be transplanted. Tissues, including corneas, tendons, veins and skin, are among those that can be donated.

The Solicitor's Office, Public Defender's Office, and law enforcement agencies may, in some cases, request a copy of the investigative report compiled by the Coroner's Office. In order to ensure that these requests may be fulfilled and the reports are helpful, the Coroner and Deputy Coroners promptly complete thorough reports.

The Lexington County Coroner's Office is also responsible for keeping the public informed, which we do by communicating with the media. Various local news outlets, including newspapers and television stations, are often aware of certain types of deaths early in an investigation. The law enforcement agency involved may make an initial statement to the media regarding the situation, but LCCO must provide some additional information as it becomes available.



MANNERS AND CAUSES OF DEATH

The specific injury or condition that led or directly contributed to an individual's death is known as the **cause of death**. The different specific causes are innumerable, and they vary enormously. For example, a cause of death may be Lung Cancer, Asphyxiation, Exsanguination, Myocardial Infarction, or any conceivable disease or injury.

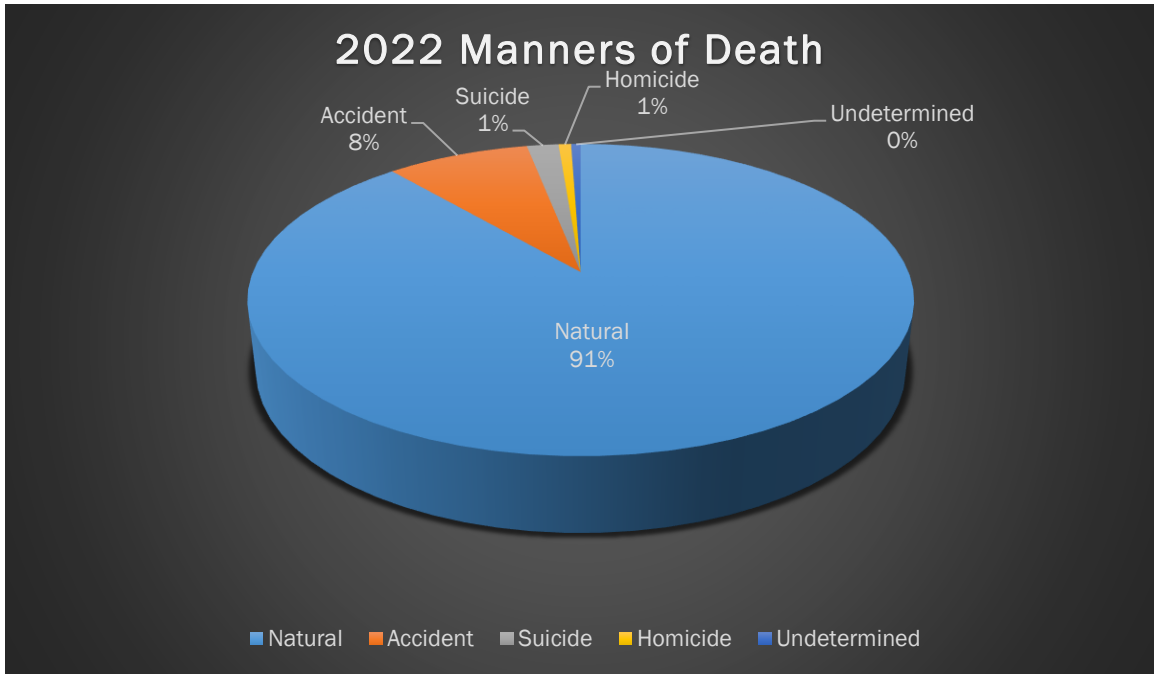
Although the cause of death is typically determined by a decedent's medical history, injuries found during an autopsy and/or toxicology testing, the **manner of death** is determined by the circumstances surrounding the cause. For instance, if a death was caused by a disease, then the manner would be natural. The manner of death is limited to one of the following five classifications:

- **Homicide:** Deaths that result from injuries, whether intentionally or negligently, inflicted by another person or people.
- **Suicide:** Death resulting from the intentional and purposeful action of a decedent to end his/her life. In some cases, such as drug overdoses, if there are no letters left to establish intent and the individual had not threatened or attempted suicide previously, the death would be classified as an accident.
- **Accident:** Deaths that are not natural but lack any evidence of intent on the part of the decedent or others; motor vehicle collisions, falls, unintentional drug overdoses, etc.
- **Natural:** Deaths that occur due to diseases or health conditions rather than from an act of violence or an accident.
- **Undetermined:** Deaths are assigned this manner when the evidence and information obtained is insufficient or contradictory, particularly regarding intent, making it impossible to determine a specific manner.

2022 Manners of Death

Total Deaths: 2,898

Natural:	2,572
Accidental:	236
Suicide:	53
Homicide:	21
Undetermined:	16



Additional Services Provided in 2022

Cremation Permits for LCCO Cases:	1,945
Cremation Permits for Non-LCCO Cases:	336
Notifications for other Jurisdictions:	11
Indigent Cremations:	21

Total Service Request: 2,313

Consistent with statewide and national mortality statistics, the majority (91%) of deaths in Lexington County were determined to be natural in manner. Natural deaths in Lexington County accounted for 2,572 of the 2,898 total deaths. Deaths that do not require on-scene investigation, such as deaths of individuals under hospice care, do receive limited investigations. Of the 2,572 natural deaths handled by the Lexington County Coroner's Office in 2022, 2,074 required only limited investigations, 523 received full, on-scene investigations and the remaining 304 cases did not require an investigation.

In addition to those 523 natural deaths, the combined 329 deaths classified as accidental, undetermined, homicide, or suicide received full on-scene investigations. Of the 852 fully investigated deaths in Lexington County, 229 required full autopsies, 118 required a partial autopsy, and toxicology testing was performed in all of these cases, as well as 20 that required only toxicology testing, to determine the cause of death.

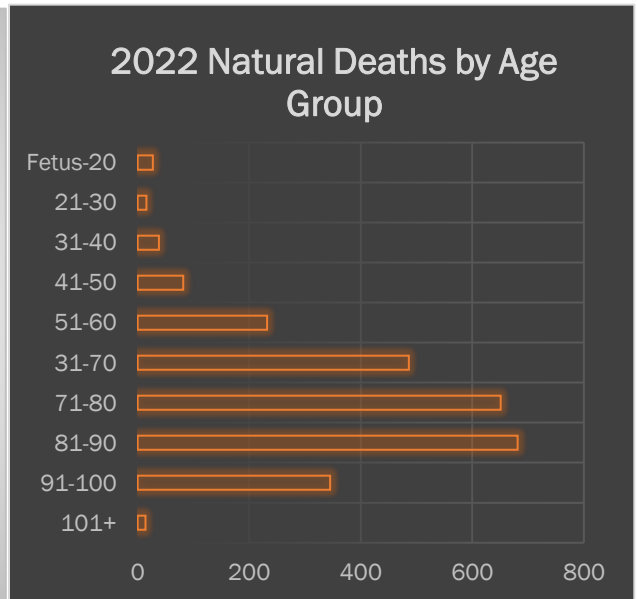
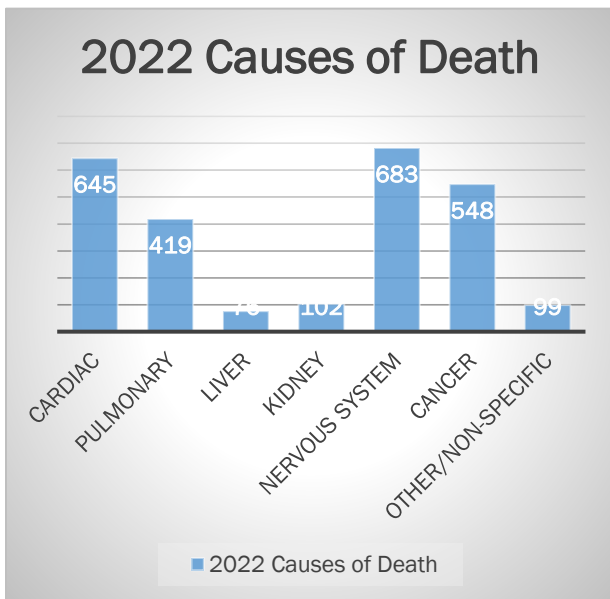
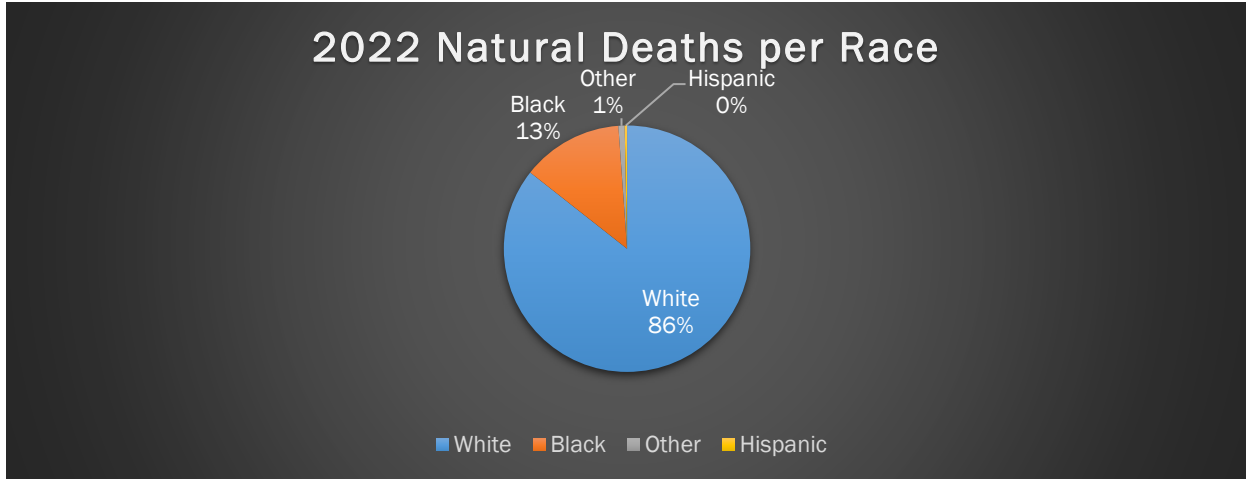
	Natural	Accidental	Suicide	Homicide	Undetermined
# of Full Autopsies	89	98	9	20	13
# of Partial Autopsies	12	60	43	1	2
Toxicology Testing Only	5	15	0	0	0
Total Cases (Excluding Limited Investigations)	523	239	53	21	16
% of Cases that Received Autopsy and/or Toxicology Testing	20%	72 %	98 %	100 %	94 %

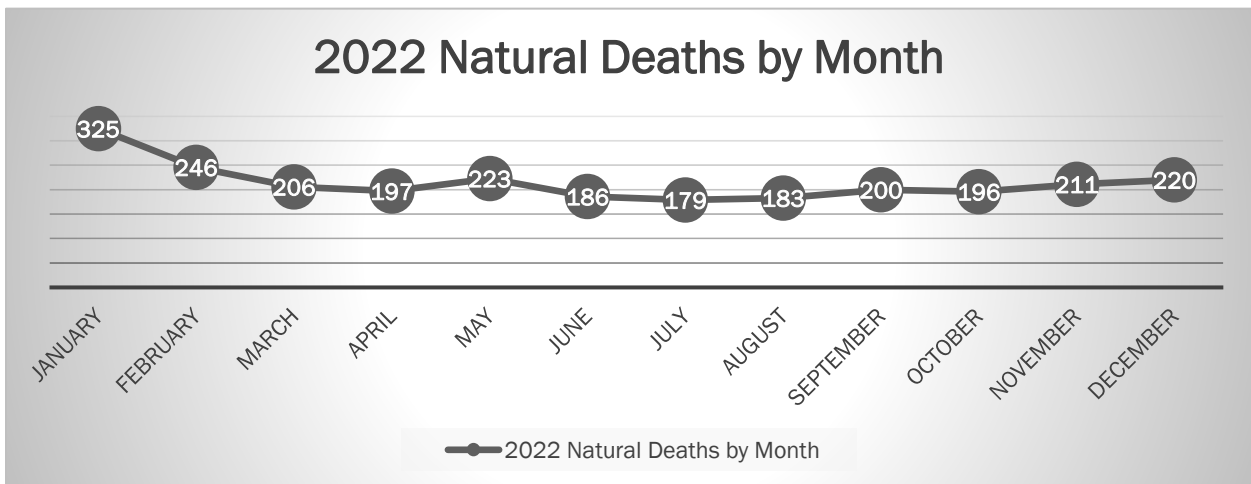
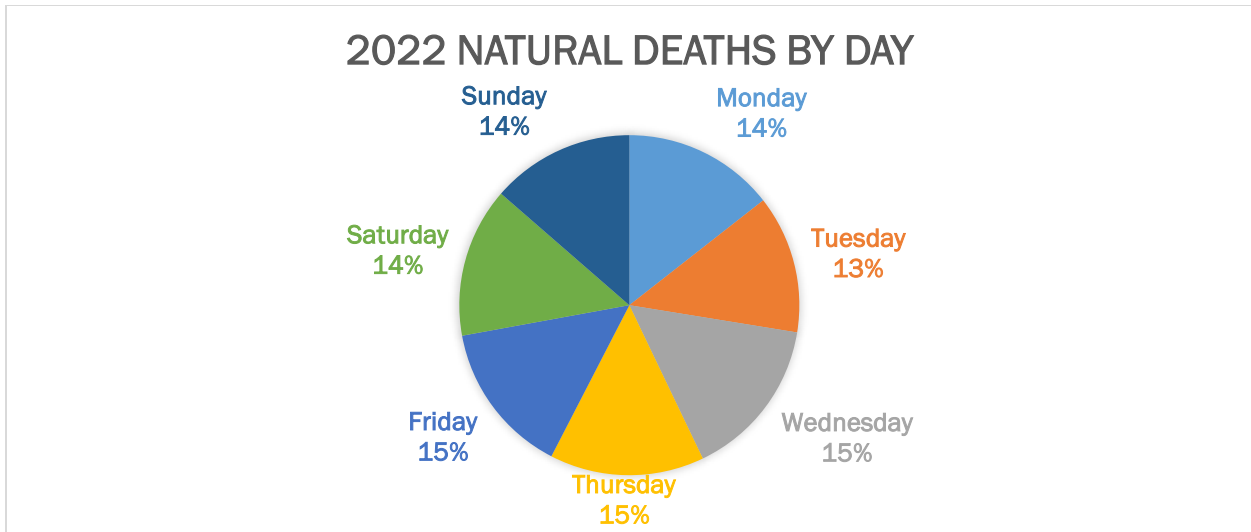
As shown in the table, natural deaths are the only manner of which a majority did not receive autopsies and/or toxicological testing. The primary reasons for conducting autopsies in cases determined to have been natural deaths were: lack of recorded medical history, no physician was familiar with the decedent, the condition of the decedent when found made it difficult to determine whether injuries were present, and there was a possibility that the death was the result of an unnatural event.

In certain accidental death cases, autopsies were not required because the decedents had survived for long enough periods in the hospital that records from diagnostic procedures, such as radiology reports, were available and provided the information necessary to establish cause of death. Additional investigative procedures were completed in order to determine the manner of death in these cases. In other accidental deaths that did not receive autopsies, the cause of death was apparent and the manner was investigated.

Nearly all suspicious deaths and obvious homicides required some type of postmortem examination; typically a full autopsy or analysis by a forensic anthropologist. Homicides typically require a full autopsy or analysis for the purpose of obtaining items and information of evidentiary value because they will hopefully result in criminal proceedings.

Some families may object to the performance of an autopsy for cultural or religious reasons. While we respect all beliefs, autopsies may be unavoidable in certain cases. For instance, it is important for the grieving process, as well as insurance purposes, to distinguish an accident from a suicide. Providing all possible evidence in a homicide case is also important to ensure that justice is carried out. The law provides LCCO with the authority to perform autopsies, regardless of objections, in order to fulfill our legal responsibility to determine the manner and cause of death. However, every effort will be made to help families understand, as well as to enable their adherence to time constraints set forth by cultural/religious burial customs and death rituals.





2022 CORONAVIRUS

Total Deaths: 194

Race

White:	154
Black:	37
Other:	3

Average: 72
Youngest: 6
Oldest: 102

Gender

Male:	105
Female:	89

Cases by Location

29072:	42
29073:	17
29070:	1
29172:	4
29170:	11
29169:	18
29160:	4
29123:	4
29210:	7
29212:	3
29053:	13
29063:	10
29033:	8
29036:	9
29006:	5
29054:	3

Death per Weekday

Monday:	29
Tuesday:	22
Wednesday:	32
Thursday:	31
Friday:	32
Saturday:	25
Sunday:	23

Month

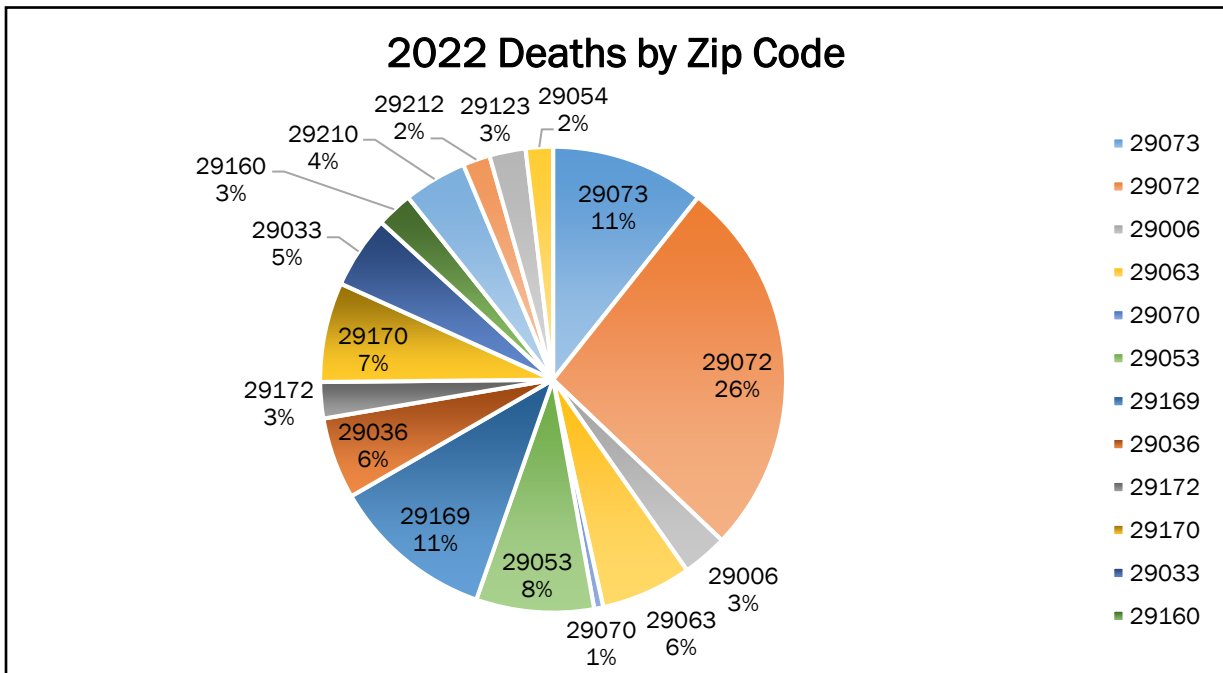
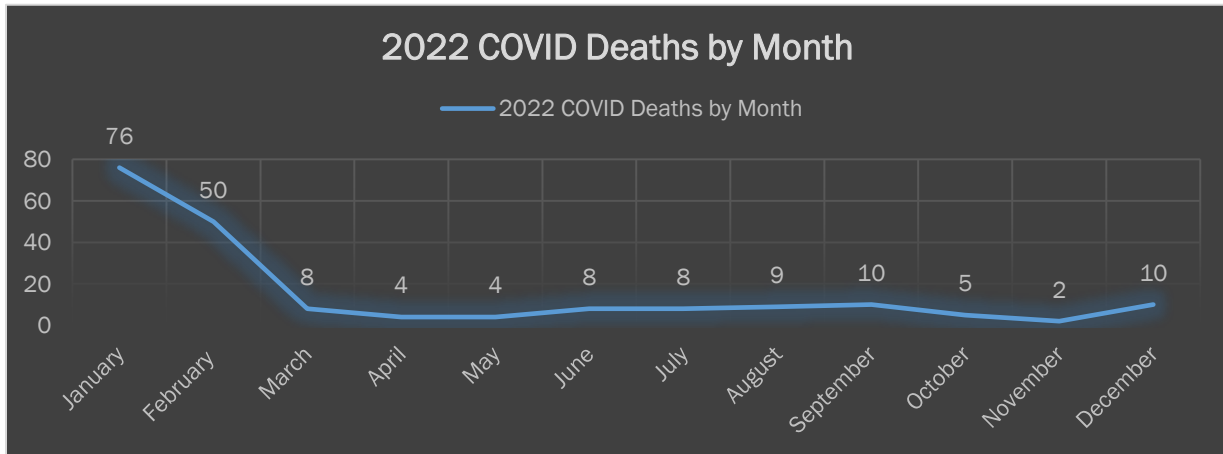
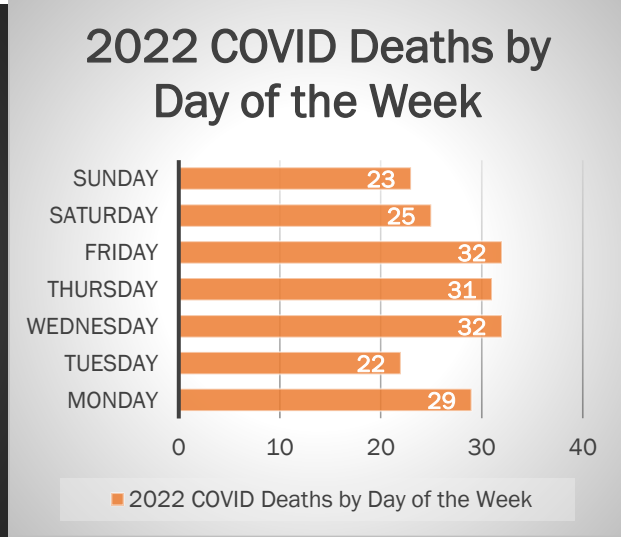
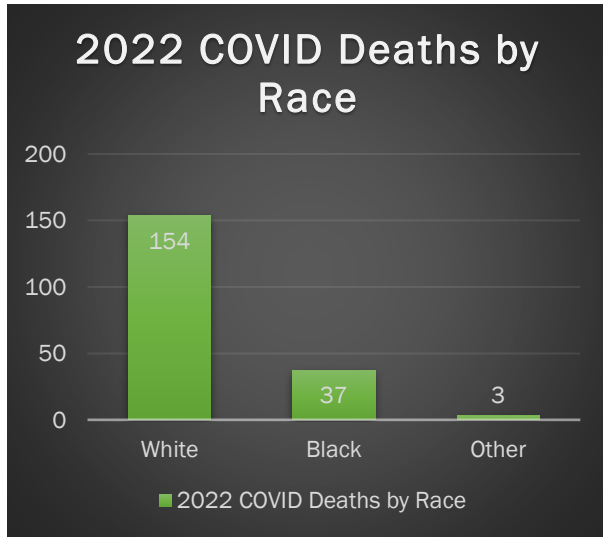
January:	76
February:	50
March:	8
April:	4
May:	4
June:	8
July:	8
August:	9
September:	10
October:	5
November:	2
December:	10

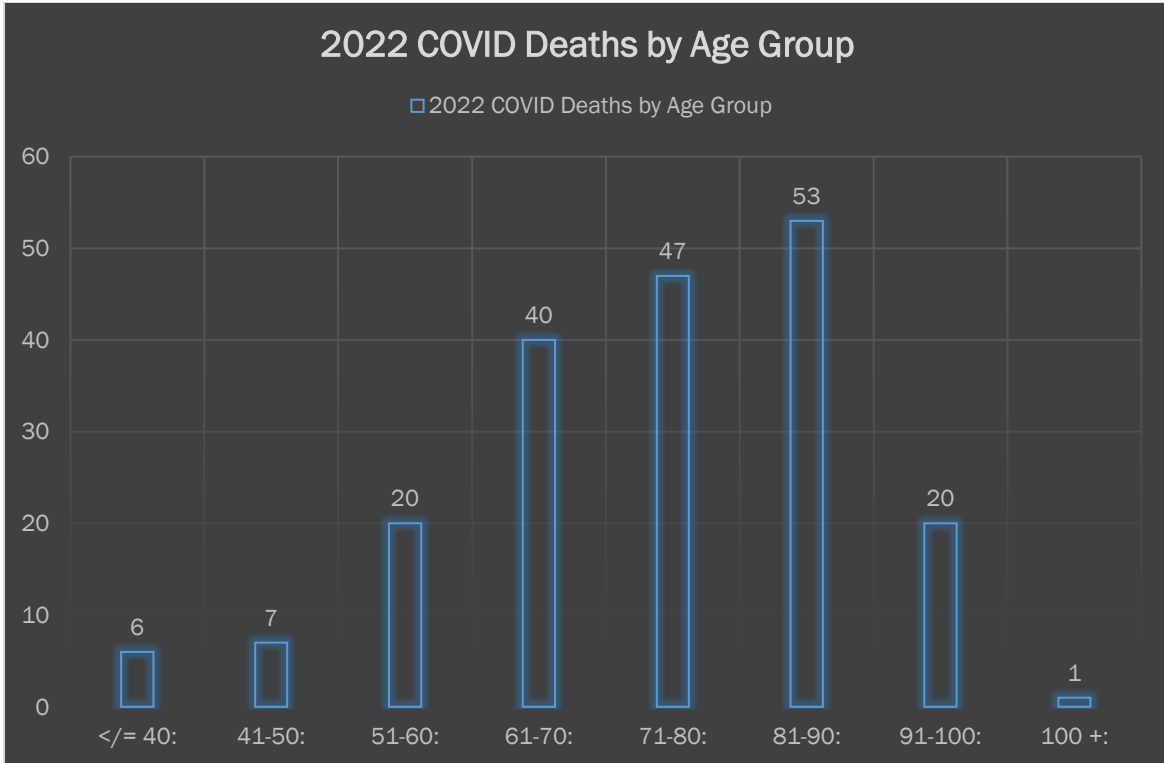
Cases

Response:	20
Hospice:	48
Hospital:	126

Other Counties

Total: 35 Cases



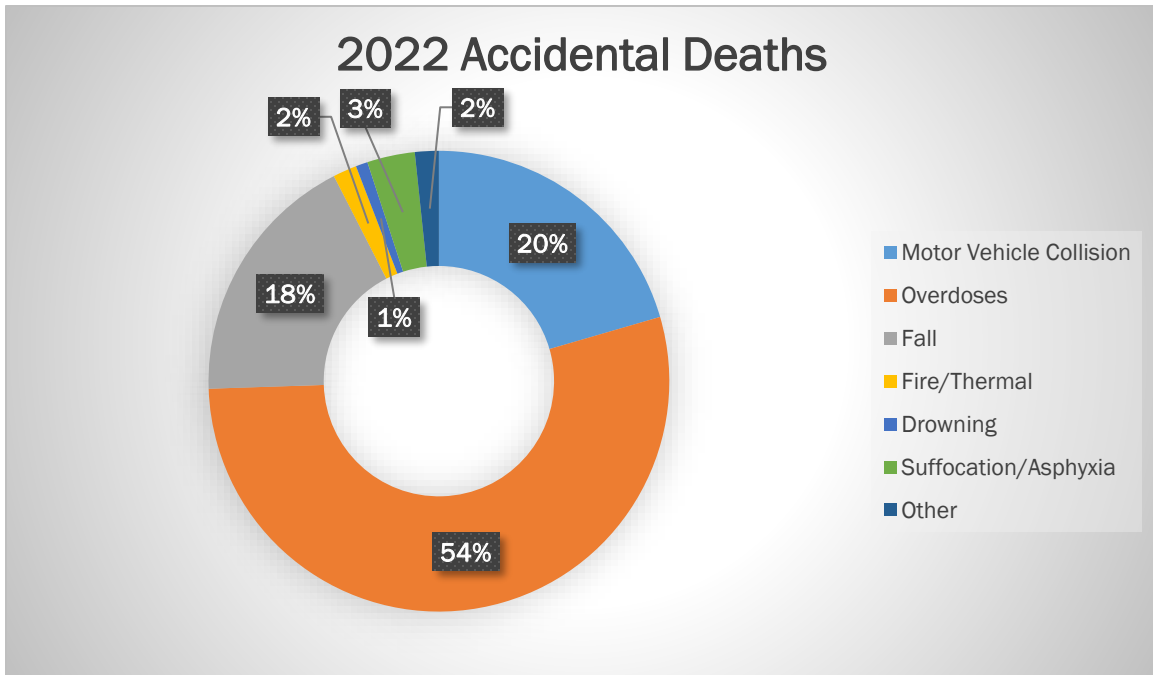


As the data above shows, Coronavirus deaths accounted for approximately 46.3 % of all pulmonary deaths. Although most Coronavirus deaths had co-morbidities associated with the death itself, the virus was either the main cause or a significant contributor to the death. 79.4 % of Coronavirus deaths occurred in Caucasians while 20.6 % of deaths were of African American and/or Other races.

2022 Accidental Deaths Statistics

Total Deaths: 236

<u>Causes of Death</u>	<u>Deaths per Cause</u>	<u>Average Age per Cause</u>
Motor Vehicle Collision	49	42
Overdose	126	42
Fall	43	80
Fire/Thermal	4	59
Drowning	2	31
Suffocation/Asphyxia	8	38
Other	4	60

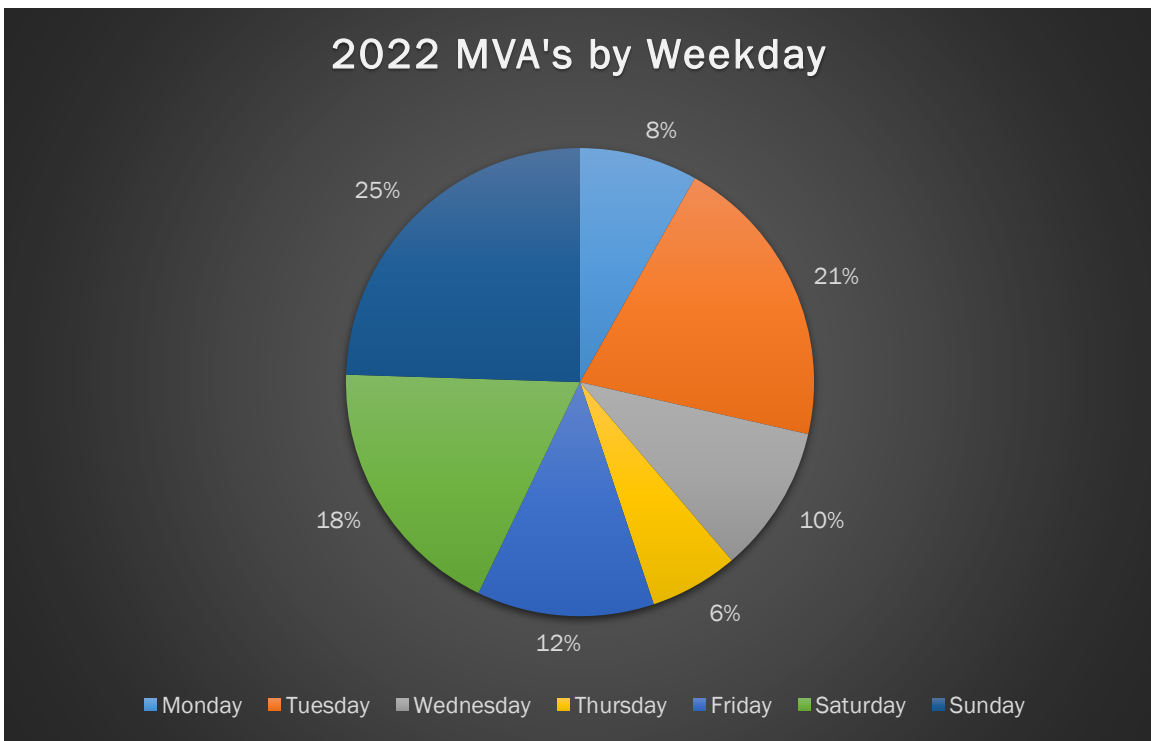
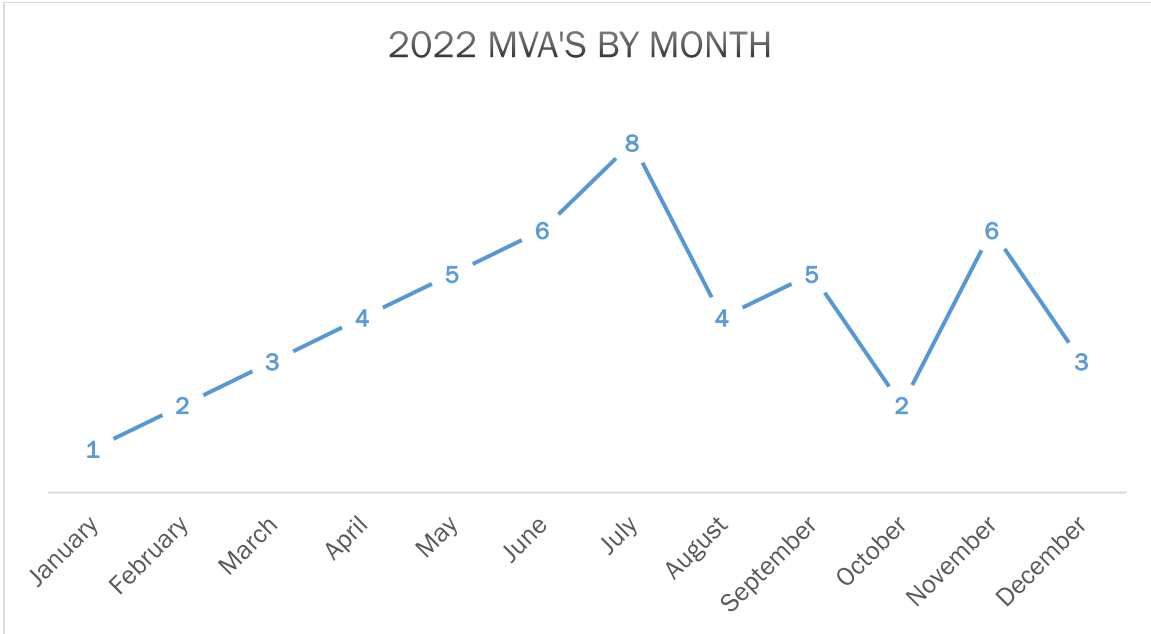


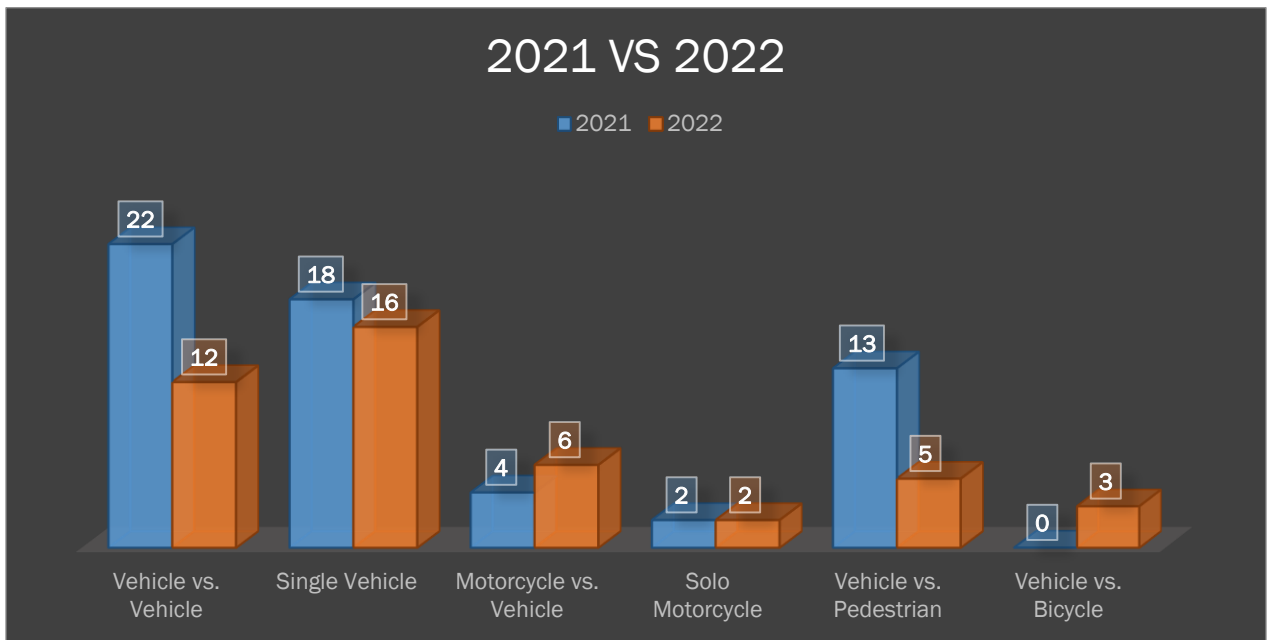
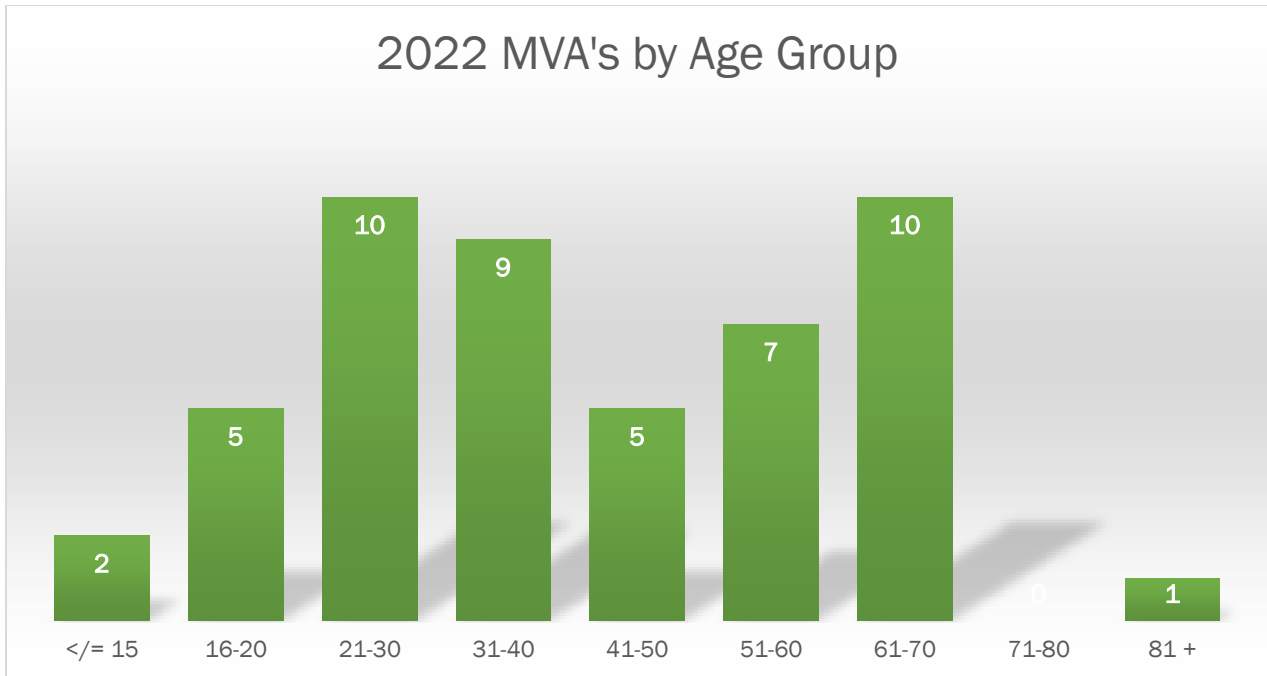
2022 Motor Vehicle Fatality Statistics

Total: 49

<u>Race</u>		<u>Month</u>		<u>Type of Collision</u>	
Black:	12	January:	1	Vehicle vs. Vehicle:	12
White:	35	February:	2	Single Vehicle:	16
Other:	2	March:	3	Motorcycle Vs. Vehicle:	6
		April:	4	Solo Motorcycle:	2
		May:	5	Vehicle vs. Pedestrian:	5
		June:	6	Multiple Vehicles:	5
		July:	8	Vehicle vs. Bicycle:	3
		August:	4		
		September:	5		
		October:	2		
		November:	6		
		December:	3		
<u>Gender</u>				<u>Fatality per Weekday</u>	
Male:	38			Monday:	4
Female:	11			Tuesday:	10
				Wednesday:	5
				Thursday:	3
				Friday:	6
				Saturday:	9
				Sunday:	12
<u>Age</u>					
</= 15:	2				
16-20	5				
21-30	10				
31-40	9				
41-50	5				
51-60	7				
61-70	10				
71-80	0				
81 +	1				

Average:	42 Years
Youngest:	Still Born
Oldest:	84 Years





2022 Overdose Fatality Statistics

Total: 126

<u>Race</u>		<u>Gender</u>		<u>Age Group</u>	
Black:	20	Male:	76	</15=:	2
White:	105	Female:	50	16-20:	4
Other:	1			21-30:	13

Death by Weekday

Monday:	25
Tuesday:	21
Wednesday:	15
Thursday:	17
Friday:	13
Saturday:	15
Sunday:	20

Month

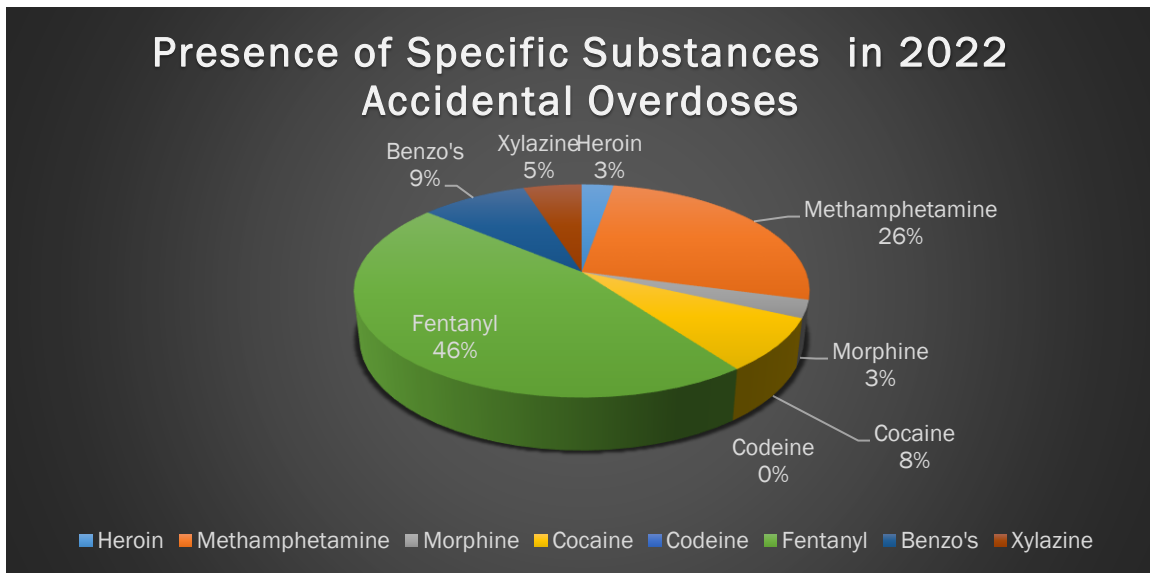
January:	14	31-40:	43
February:	24	41-50:	29
March:	11	51-60:	23
April:	7	61-70:	12
May:	7	71-80:	0
June:	6	81+:	0
July:	8		
August:	11		
September:	10		
October:	13		
November:	6		
December:	9		

Average Age:	43
Youngest:	15
Oldest:	70

Multi-Drug Toxicity (Cases per Substance) (Some numbers overlap)	
Fentanyl	92
Xylazine	11
Meth/Amphetamine	55
Cocaine	17
Mitragynine/Kratom	10
Methadone	2
Opiates	12
Benzodiazepines	19
Morphine	6
Heroin	6
Prescription Medications	21
Alcohol	5
Acetyl-Fentanyl	1
Bromazepam	1

Specific Substance Related Deaths	
Meth/Amphetamine	4
Cocaine	1
Fentanyl	20
Methadone	1

In consideration of the ongoing media coverage surrounding the heroin/opioid epidemic, the number of cases in which heroin appeared on the toxicology report may seem relatively low. There are many factors to consider. First and foremost, those six deaths, along with the other 120, were enormous losses, particularly to the loved ones of those individuals, and those deaths were entirely preventable. Additionally, heroin is only one of many opioids and opiates, including prescription medications such as morphine, fentanyl, and codeine. Another important factor is that heroin metabolizes very rapidly in the body, which prevents its detection in many cases. There are certain metabolites, such as 6-MAM, that can only result from heroin use. The presence of fentanyl, morphine, and other substances may also be indicative of heroin use. Morphine, specifically, may be an indication of heroin use because heroin is a derivative of a potent form of morphine.



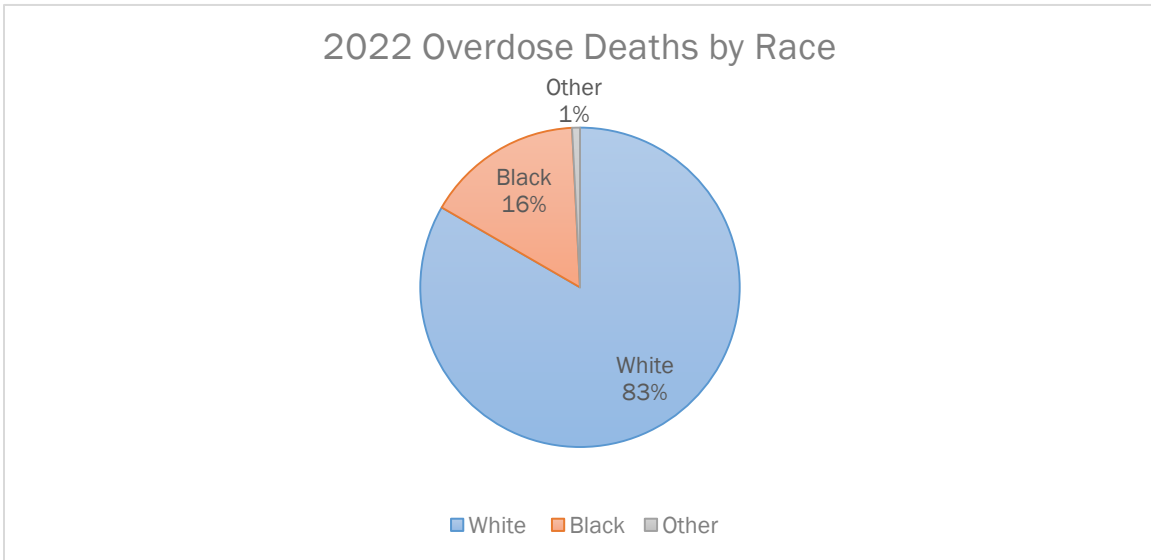
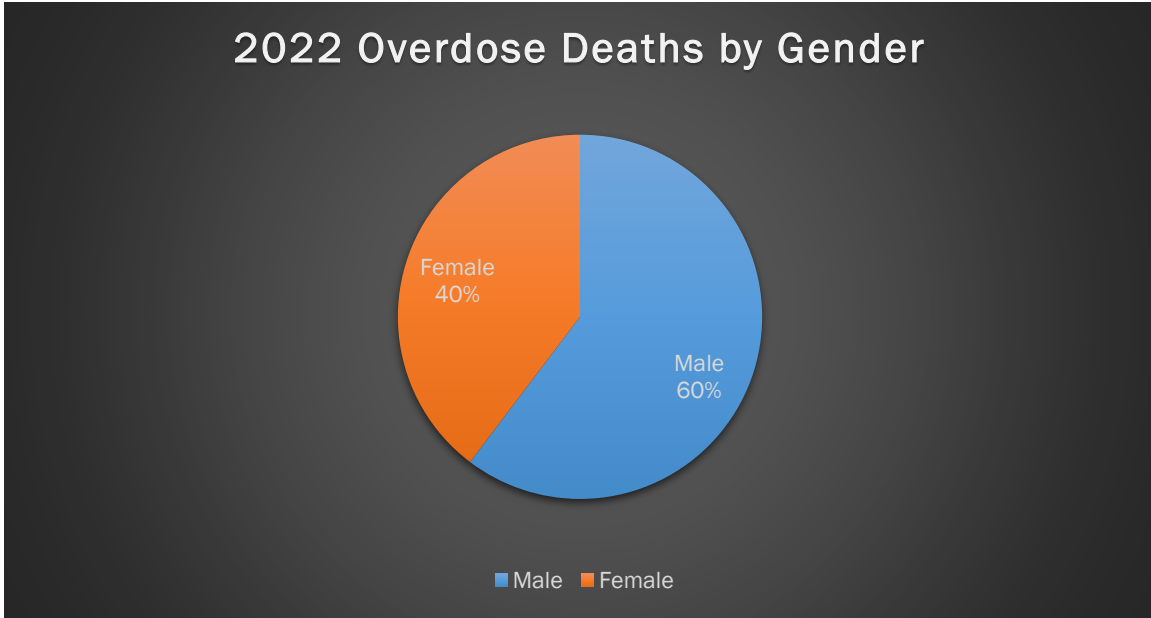
Fentanyl, an analgesic more potent than morphine, is sometimes used as an additive or cutting agent, creating a highly lethal combination. Users are typically unaware of the precise composition of the heroin, methamphetamine, or cocaine that they purchase and risk encountering an especially lethal combination, such as heroin and fentanyl, methamphetamine and fentanyl, or cocaine and fentanyl, which can elicit immediate respiratory failure.

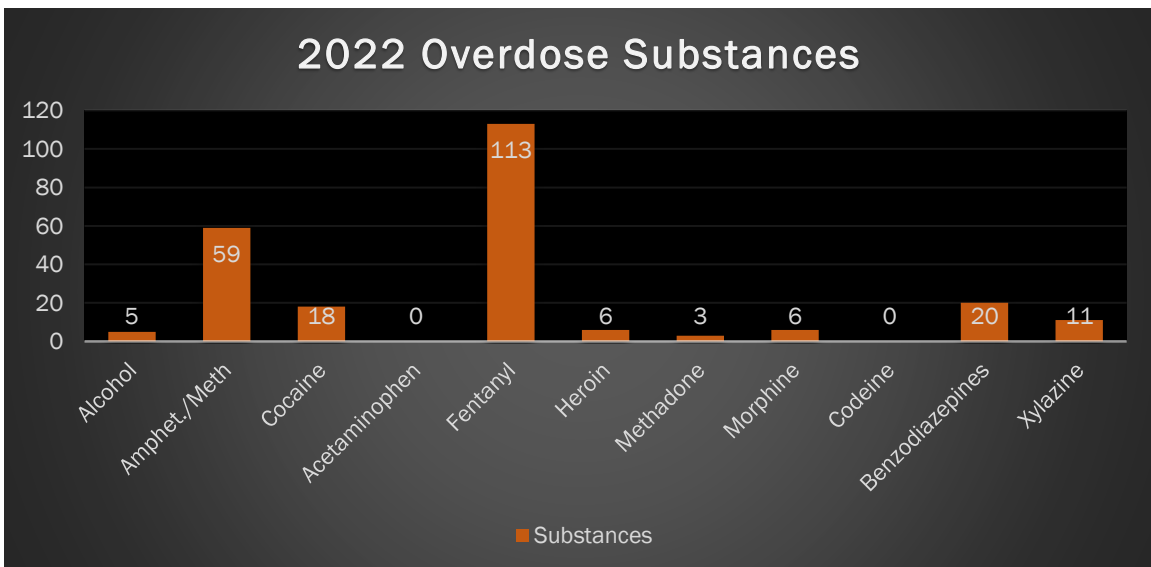
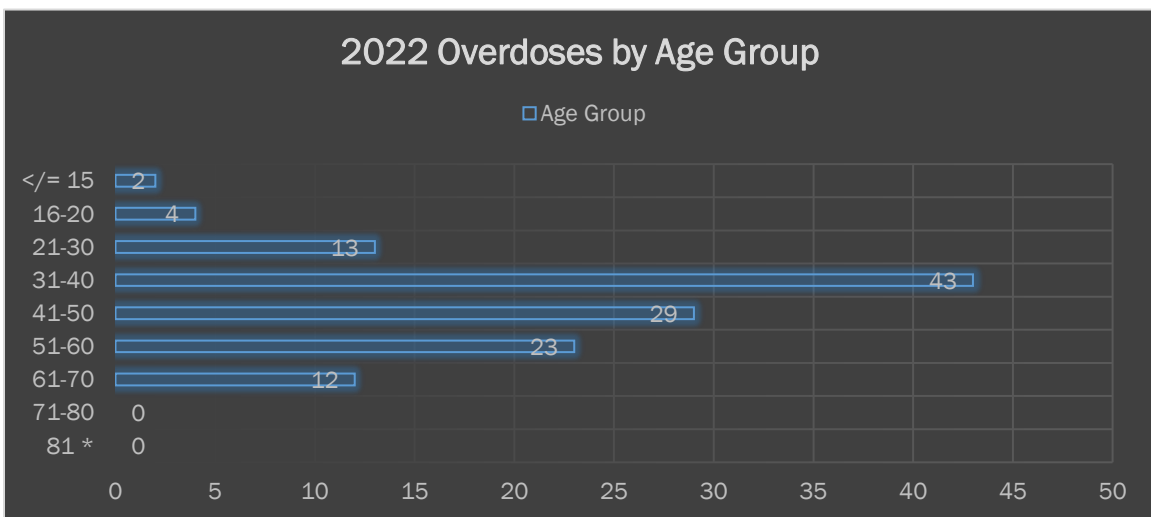
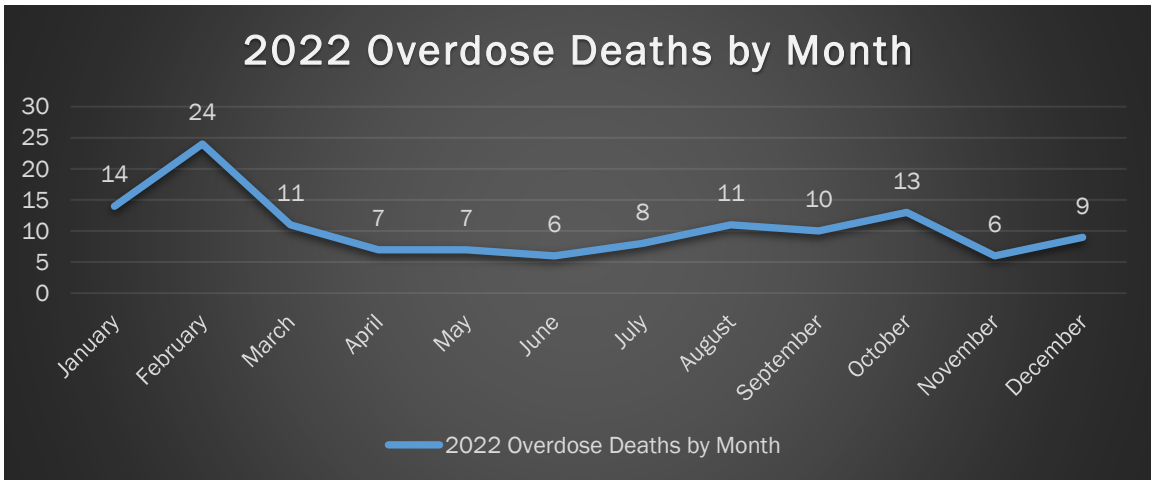
Opioids have historically been prescribed and used for pain management; however, the potential for misuse of legally available opioids is great. Repeated improper use of prescription pain killers may create an increased tolerance that could lead to heroin use when the legal opioids are no longer available or strong enough. Abuse of prescription opioids also presents serious health risks that could be fatal.

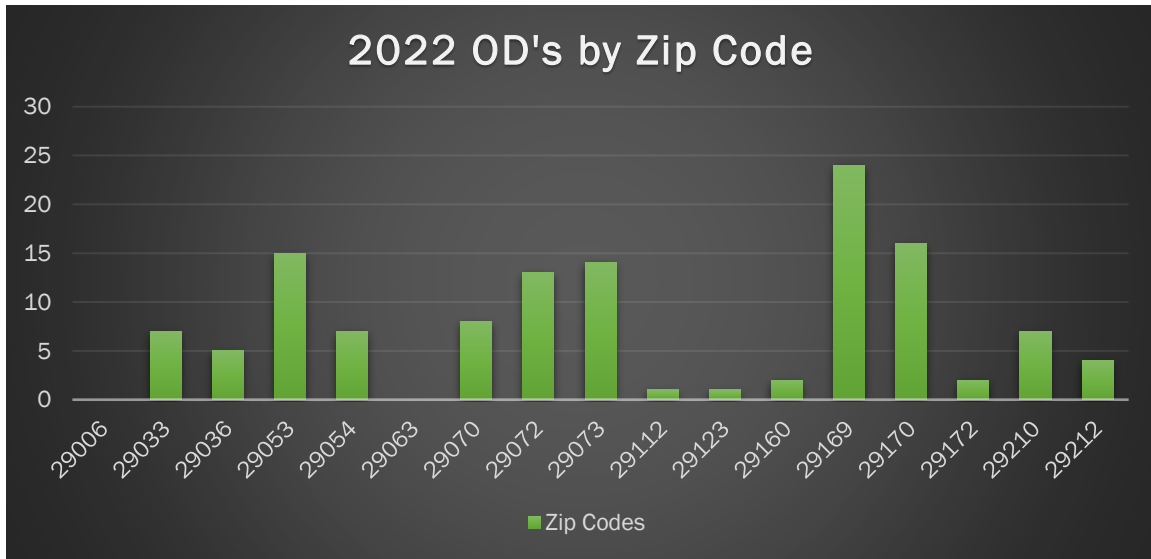
Methadone, although effective in lessening the painful symptoms of withdrawal from opioids, is dangerous and may lead to negative health effects and death due to overdose. Three of the accidental overdose deaths in Lexington County were the result of methadone; this is 60% lower than that in 2020 (5 deaths).

Xylazine, also known as Rompun, Sedazine, or AnaSed is an additive or used as a cutting agent, creating a highly lethal combination. Xylazine is structurally similar to the class of compounds known as phenothiazines and is available in liquid solutions. Xylazine is a drug used within veterinary medicine as a sedative with analgesic and muscle relaxant properties. This non-narcotic was first synthesized in 1962 by the Bayer Company and studies within humans for its potential use as an analgesic, hypnotic, and anesthetic were performed, however, these studies were terminated due to

its severe hypotension and central nervous system depressant effects. Xylazine is not approved for human use, however, it is common amongst heroin, fentanyl, and cocaine use.







2016-2022 Comparison

	2022- 126 Deaths	2021- 103 Deaths	2020- 108 Deaths	2019- 60 Deaths	2018- 53 Deaths	2017- 50 Deaths	2016- 44 Deaths
Alcohol	5	11	7	3	2	3	3
Amphetamine Methamphetamine	59	50	43	21	18	9	8
Cocaine	18	12	15	8	8	5	4
Acetaminophen	0	0	1	3	3	0	0
Fentanyl	113	77	75	26	22	18	20
Heroin	6	8	23	16	6	2	4
Methadone	2	3	5	1	6	3	3
Morphine	6	2	17	19	13	20	5
Codeine	0	0	2	12	8	9	10
Benzodiazepine	20	32	21	16	19	20	6

As data shows, 70% of substances have seen an increase since 2016; however Methadone and Codeine has decreased. Amphetamine/Methamphetamine, Cocaine, Fentanyl, and Benzodiazepines have been the biggest increase in drug-related deaths since 2016. Fentanyl attributed to 89% of drug-related deaths in 2022 while it only contributed to 45% of drug-related deaths in 2016. Amphetamine/Methamphetamine has increased by 29% since 2016. Overall, drug-related deaths have increased by 35% since 2016

In April 2021, we convened South Carolina's first Overdose Fatality Review (OFR) committee that is structured and implemented according to the guidelines suggested by the Bureau of Justice. The purpose of an OFR is to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies. In practice, OFRs involve a series of confidential individual death reviews by a multidisciplinary team. Under the leadership of the Coroner's Office, the OFR meets monthly and is comprised of leadership from local agencies/organizations to include: Coroner's Office, Sheriff's Office, LRADAC, Dept of Mental Health, Dept of Social Services, Dept of Health and Environmental Control, EMS, Fire Department, Probation Pardon and Parole, Lexington Medical Center, Solicitor's Office, and relevant police departments. Dr. Pam Imm, a community psychologist at LRADAC facilitates our monthly OFR.

To best understand the potential gaps in services and supports, the OFR reviews two cases at each three-hour meeting which allows for an in-depth review of the underlying needs and conditions that may have contributed to the overdose. The cases are selected based on a variety of factors which includes demographic variables (age, gender, etc.), geography, toxicology results, and related variables (e.g., veterans, unhoused individuals, new drug threats). The following information about the decedents include:

- Age range of decedents reviewed: 15 years to 71 years
- Decedents represent all geographic areas of the county.
- The majority of the decedents had multiple substances shown in the autopsy
- 98% of the decedents showed the presence of Fentanyl shown in the autopsy
- The OFR first saw the emerging drug threat, Xylazine, in June 2020
- About 30% had a prior non-fatal overdose
- About 25% had a history of mental health/alcohol or drug diagnosis
- About 30% had seen a physician in the 60 days prior to the overdose

The results above suggest specific leverage points where interventions in the community could occur. While the overall patterns and themes continue to be compiled, the OFR has implemented several recommendations to date. Examples include:

- Recruitment of all relevant local agencies (e.g., Probation, Pardon, Parole, DSS, etc.)
- Easy access to harm reduction products (e.g., Narcan) for highest risk individuals
- Letters sent to the last medical provider who saw the decedent
- Peer-support advocacy for those at highest risk for overdose by connecting into services

We have hosted other Coroner Offices in South Carolina to attend and learn from our in-person OFR. To date, staff from Aiken, Berkeley, and Charleston Counties have attended our meetings to better understand our processes. Additionally, Lexington County OFR was selected to mentor those in other states about how to begin an OFR. To date, we have mentored a newly formed OFR in Allentown, Pennsylvania. Certainly, the Lexington County OFR is an innovative strategy to best understand the underlying needs and conditions that may contribute to overdose deaths.

2022 Fatal Accidental Fall Statistics

Total Deaths: 43

<u>Race</u>	
White:	40
Black:	3
Other:	0

Average:	81
Youngest:	58
Oldest:	105

<u>Month</u>	
January:	2
February:	6
March:	0
April:	2
May:	5
June:	3
July:	7
August:	4
September:	4
October:	3
November:	3
December:	4

<u>Gender</u>	
Male:	23
Female:	20

<u>Age</u>	
</= 30:	0
31-40:	0
41-50:	0
51-60:	2
61-70:	6
71-80:	10
81-90:	18
91-100:	6
100 +:	1

2022 OTHER ACCIDENTAL DEATH STATISTICS**Total Deaths: 14*****Accidental Drowning Deaths: 2***

<u>Age</u>		<u>Month</u>		<u>Race</u>	
</= 20:	0	January:	0	White:	0
21-30:	0	February:	0	Black:	2
31-40:	2	March:	0		
41-50:	0	April:	0	<u>Gender</u>	
51-60:	0	May:	0	Male:	2
61-70:	0	June:	1	Female:	0
71-80:	0	July:	1		
81 +:	0	August:	0	<u>Incident Location</u>	
		September:	0	Bathtub:	0
		October:	0	Pool:	0
		November:	0	River:	0
		December:	0	Lake:	2

Average Age: 43 years**Youngest:** 2 years**Oldest:** 86 years**Fire-Related, Firearm, and Adult Asphyxia Deaths:****Deaths per Specific Cause:**

- 1 death due to perforation of the LAD during a medical procedure (75-year-old white female).
- 1 death due to a gunshot wound (63-year-old white female).
- 1 death due to a support beam falling on them (59-year-old white male).
- 1 death due to complication of blunt force trauma by tow chains (41-year-old white male).
- 2 deaths due to choking (96-year-old white female and 77-year-old white female).
- 1 death due to mechanical asphyxia (36-year-old white male).
- 1 death due to positional asphyxia (57-year-old white female).
- 4 deaths due to asphyxia, co-sleeping/unsafe sleep (2-month-old white male, 2 month old black female, 6-month-old white female, and 3-month-old black female).

2022 HOMICIDE STATISTICS

Total Deaths: 21

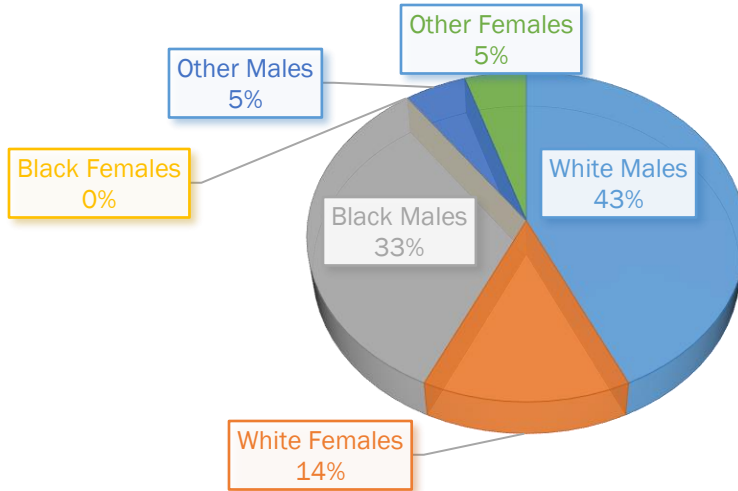
<u>Race</u>	<u>Month</u>	<u>Race and Gender</u>
Black: 7	January: 3	Black Males: 7
White: 12	February: 3	Black Females: 0
Other: 2	March: 1	White Males: 9
	April: 2	White Females: 3
	May: 0	Other Males: 1
	June: 1	Other Females: 1
	July: 2	
	August: 4	
	September: 3	
	October: 1	
	November: 1	
	December: 0	

<u>Age</u>	<u>Methods</u>
Male: 17	Firearm: 16
Female: 4	Blunt Force: 2
	Sharp Force: 2
	Cardiac/Assault: 1
	Undetermined: 0
	Asphyxiation: 0

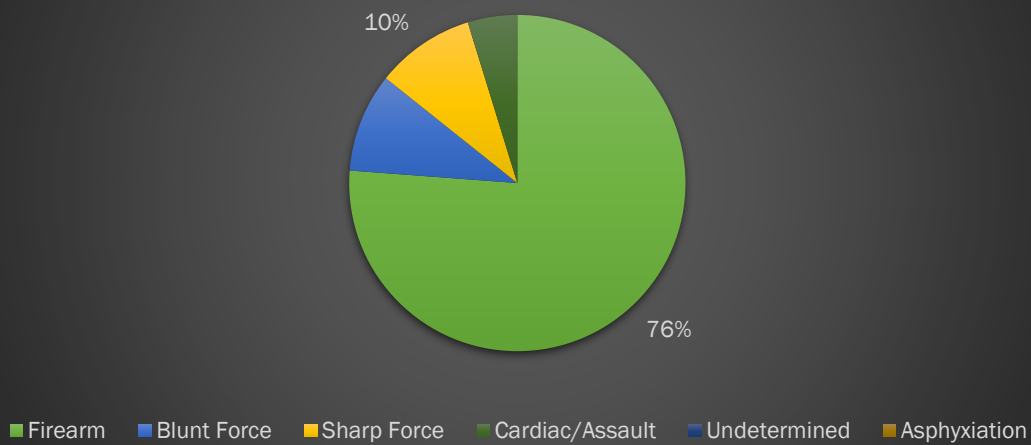
<u>Incident Locations</u>	<u>Day</u>
</= 15 years: 2	Monday: 2
16-20 years: 1	Tuesday: 3
21-30 years: 5	Wednesday: 1
31-40 years: 4	Thursday: 2
41-50 years: 4	Friday: 2
51-60 years: 2	Saturday: 7
61-70 years: 3	Sunday: 4
71-80 years: 0	
81+ years: 0	

<u>Incident Locations</u>
Bates/Lees: 0
Cayce: 3
Chapin: 1
Columbia: 0
Gaston: 0
Lexington: 6
Pelion: 2
W. Columbia: 7
Irmo: 2

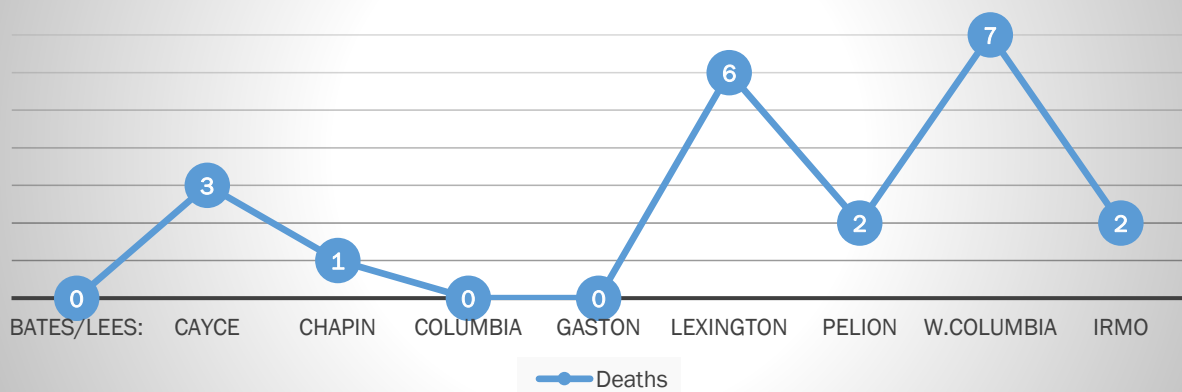
2022 HOMICIDE VICTIMS BY RACE AND GENDER



2022 Homicide Methods



2022 Homicides by Location



2022 Suicide Statistics

Total Deaths: 53

Race

Black: 6
 White: 47
 Other: 0

Gender

Male: 43
 Female: 10

Age

<= 15 years: 0
 16-20 years: 0
 21-30 years: 11
 31-40 years: 9
 41-50 years: 6
 51-60 years: 9
 61-70 years: 8
 71-80 years: 5
 81 + years: 5

Month

January: 2
 February: 5
 March: 6
 April: 2
 May: 4
 June: 5
 July: 2
 August: 7
 September: 2
 October: 9
 November: 6
 December: 3

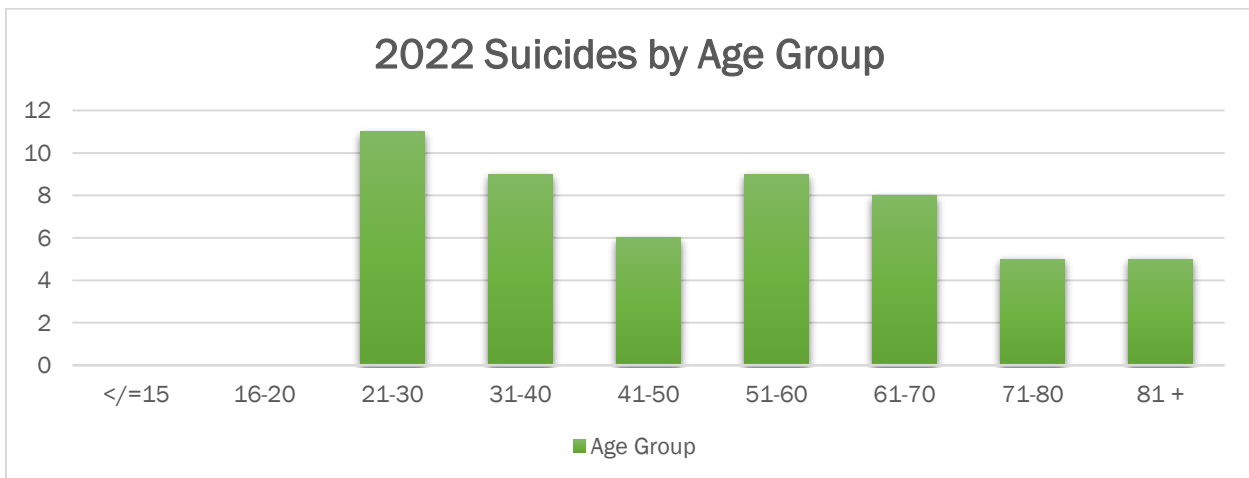
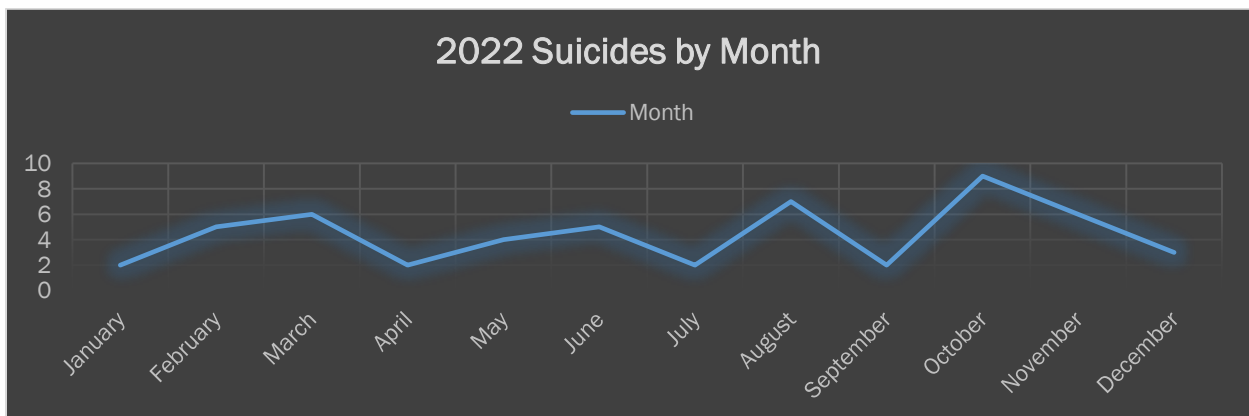
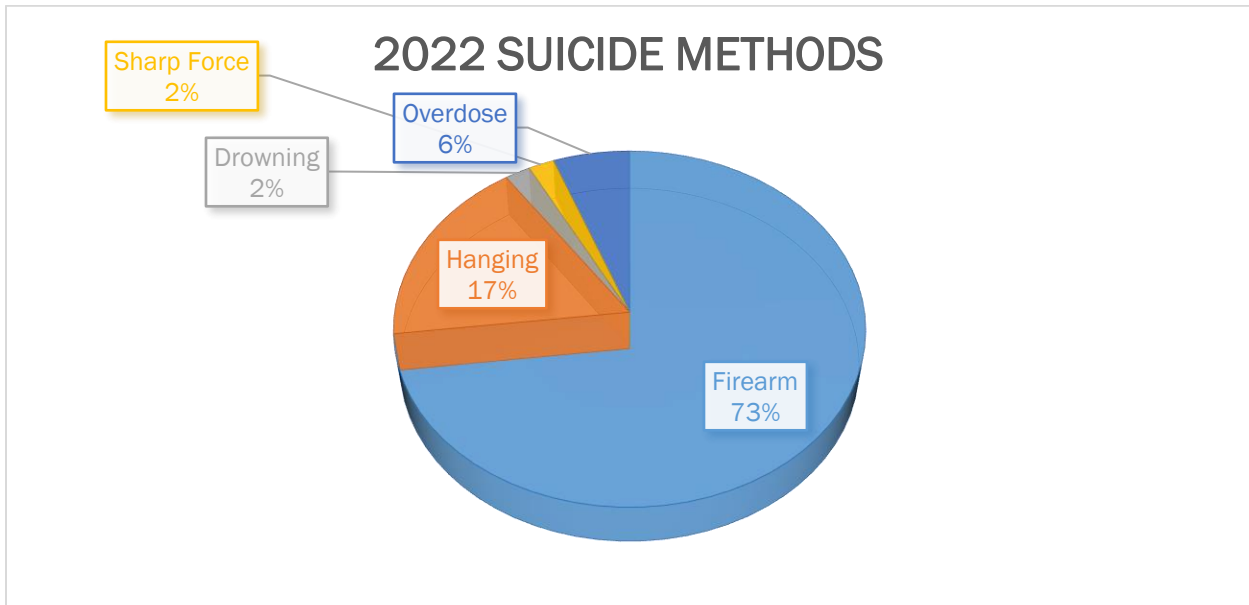
Average Age: 51 years
Youngest: 21 years
Oldest: 91 years

Race and Gender

Black Males: 6
 Black Females: 0
 White Males: 37
 White Females: 10
 Other Males: 0
 Other Females: 0

Methods

Firearm: 38
 Hanging: 9
 Drowning: 1
 Sharp Force: 1
 Overdose: 3
 CO₂ / Fire: 1



Unlike natural deaths, homicides, or some accidental deaths, every death due to suicide is preventable. According to the National Institute of Mental Health, professionals in the field rely on sound research in order to most effectively prevent suicide. For those of us who are incapable of employing cognitive behavioral therapy, it is still crucial that we understand the risk factors and warning signs of suicide so that we may contribute to the solution. Suicidal behavior is complex, with various risk factors, ranging from a specific life event to experiences beginning in childhood, making it difficult to determine the likelihood that someone will act on their suicidal thoughts. Many of the most common risk factors may be evident in some people who never attempt suicide. Regardless, warning signs should be taken seriously because suicidal ideation is not a harmless attempt to gain attention.

Risk Factors for Suicide Include:

Individual:

- Previous Suicide Attempt
- Mental illness, such as depression
- Social isolation
- Criminal problems
- Financial problems
- Impulsive or aggressive tendencies
- Job problems or loss
- Legal problems
- Serious illness
- Substance use disorder

Relationship:

- Adverse childhood experiences such as child abuse and neglect
- Bullying
- Family history of suicide
- Relationship problems such as a break-up, violence, or loss
- Sexual violence

Community:

- Barriers to health care
- Cultural and religious beliefs such as a belief that suicide is a noble resolution of a personal problem
- Suicide cluster in community

Societal:

- Stigma associated with mental illness or help-seeking
- Easy access to lethal means among people at risk (e.g. firearms, medications)
- Unsafe media portrayals of suicide

Need help? Know someone who does?

Contact the National Suicide Prevention Lifeline

- Call 1-800-273-TALK (1-800-273-8255)
- Use the online Lifeline Crisis Chat;
<https://suicidepreventionlifeline.org/chat/>

Both are free and confidential. You'll be connected to a skilled, trained counselor in your area.

For more information, visit the National Suicide Prevention Lifeline;
<https://suicidepreventionlifeline.org/>

You can also connect 24/7 to a crisis counselor by texting the Crisis Text Line;
<https://www.crisistextline.org/> Text HOME to 741741.

2021 UNDETERMINED DEATH STATISTICS

Total Deaths: 16

Cause of Death	Deaths per Cause	Age
Undetermined	12	Youngest: Fetus Oldest: 72
Medical Events	4	Average: 58
Race	Gender	Race and Gender
White: 12	Male: 8	White Male: 6
Black: 4	Female: 8	Black Male: 2
		White Female: 6
		Black Female: 2

Despite LCCO's commitment to the completion of thorough investigations in all cases, determining, without question, the manner and/or cause of death is not always possible. The results of our best efforts, combined with the independent investigations by other agencies such as the Lexington County Sheriff's Department and the SC Department of Social Services (DSS), provided inconclusive results as to the manner of each of these deaths.

In some cases, there is a lack of definitive evidence as to whether a death was the result of an intentional act by the decedent or another, or completely accidental or natural. For instance, a fatal fall down stairs could have been the result of an accident, intentional self-harm, or having been pushed by another individual. These are unfortunate situations that we work hard to avoid, but our goal and obligation are to uphold the truth. Therefore, if we are unable to make a determination, with absolute certainty, we must classify the manner as undetermined. The forensic pathologist in most cases can determine what the cause, specific fatal injury, or condition was, but an autopsy does not always provide information regarding the circumstances of that injury or condition.

COMMUNITY OUTREACH

In consideration of the importance of maintaining a positive relationship with our community, the Lexington County Coroner's Office welcomes opportunities to educate and assist whenever possible. We have already visited some local schools, upon request, to speak to students involved in classes pertaining to criminal justice and/or forensics. We have also had some school groups visit our office, which we welcome and encourage. These opportunities allow us to educate students about what the general functions of the Coroner's Office are and about our specific responsibilities, which we are hopeful may lead them to consider career paths that they were unaware of. We are happy to coordinate with teachers and/or administrators to schedule visits and presentations.



County of Lexington Cemetery

- In 2022, twenty-six indigent decedents were cremated and buried in the Lexington County Cemetery. Established in 2019, eighty-six (86) indigents have currently been interred within the cemetery. The cemetery will accommodate the steadily increasing number of indigent individuals for many years. We have been, and remain, dedicated to ensuring that those who die under indigent circumstances in our county receive a more dignified final resting place than a potter's field.



Deaths Handled by LCCO

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Natural (Total)	1,521	1,507	1,492	1,631	1,908	2,098	2,246	2,428	2,969	2,572
Natural (Response)	268	290	381	459	472	365	399	478	496	523
Natural (Limited Investigation)	1,253	1,217	1,111	1,172	1,436	1,733	1,847	1,950	2,473	2,074
Homicide	16	21	21	16	25	21	20	21	22	21
Suicide	37	39	44	57	47	50	51	57	43	53
Undetermined	4	2	8	7	3	5	14	4	4	16
Accidental (Total)	130	122	126	128	151	173	183	217	230	239
Accidental (Motor Vehicle)	42	42	49	45	47	70	57	45	64	49
Accidental (Overdose)	52	47	46	44	50	53	60	108	103	126
Total	1,708	1,691	1,691	1,839	2,134	2,347	2,514	2,727	3,268	2,901

