

**Richard R. Ballinger**

D U P A G E   C O U N T Y   C O R O N E R

This annual report

is submitted to you

so that you may better

measure the services

the Office of the Coroner

provides in return

for your tax dollars.

**2003**

A N N U A L   R E P O R T





BIRTH

---

AND DEATH

---

ARE THE

---

ONLY TWO

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UNIVERSAL

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HUMAN

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EXPERIENCES.

## As Coroner of DuPage County,



my goal is to provide the most professional death investigation to determine the manner and cause of death, in cases where the Coroner has the responsibility. This is accomplished with the most cost-effective methods available. The statistics compiled for this annual report will provide the public, medical profession and law enforcement agencies with the beneficial information.

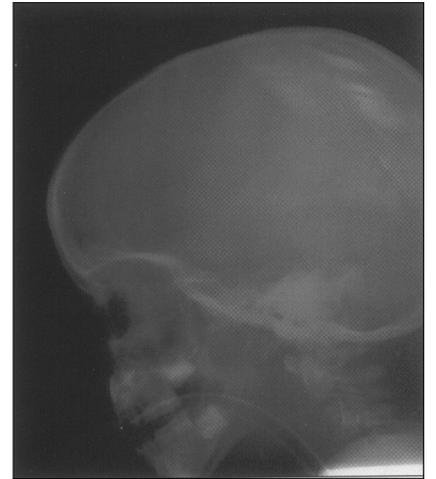
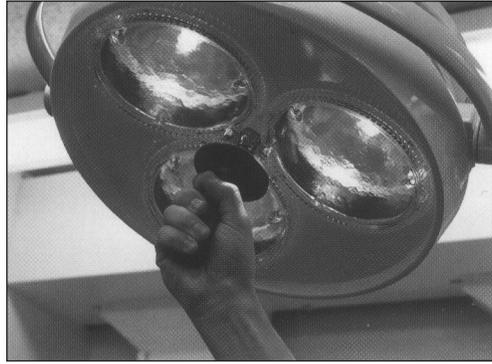
If you have any questions regarding this office or any of the material contained in this report, please contact my office at any time.

A handwritten signature in cursive script that reads "Richard R. Ballinger".

Richard R. Ballinger

Coroner of DuPage County

**A full service  
morgue, to serve  
the needs of  
DuPage County  
residents**



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# Illinois Coroner's Creed

## Birth and death are the only two universal human experiences.

**B**irth is the most important biological event in the life of any human being. If it does not occur, there is no being. If there is no person, no legal rights and duties arise, for the law relates to the rights and the duties of living people, not inanimate objects.

Death, on the other hand, is the most important legal event for all human beings. When it occurs, all legal rights and duties devolving upon the person during his life span in a civilized jurisdiction are terminated. All persons with whom the deceased had legal relations at that moment in time are also directly affected by the occurrence of death. Moreover, both the deceased and the survivors may be greatly affected legally by how death occurred, what actually happened, why it occurred, and precisely when it occurred. Above all, who died must be absolutely determined, and where death occurred is positively required for legal jurisdiction over the decedent is based upon a geographical location. The law becomes extremely active when a person dies. Wealth is redistributed. Contracts are altered. A wrongful death may give rise to tortious claims. Tax obligations are always present. Public social benefits and private insurance policies are paid. Criminal laws may be involved. Creditors must be satisfied, and debtors located. Spouse and children, heirs and next-of-kin have their attachments rearranged. It is not surprising that for centuries

the sovereign state has had an overriding interest in the death of its subjects or citizens. The Office of the Coroner, or the Office of the Medical Examiner, along with the state-licensed physician is legally charged with significant duties answering the pertinent questions relating to death: Who, Where, When, What, How, Why. Only when these questions have been answered correctly can all the proper legal issues arising at death be effectively handled for the proper administration of justice.

Although the legal aspects of death are most important, certainly the religious and humanitarian heritages of a civilized society also command a deep concern over the death of a human being. The spiritual faith in a religion as well as the humanitarian concern for a fellow human being demand correct answers to the questions of death: Who, Where, How, When and Why? Human death obligates the living to acquire accurate facts on which to apply just laws for each deceased member of the human race.

The obligation for proper death investigation is mandatory for legal and religious/humanitarian satisfactions in the human society. Let those responsible for death investigations take heed, that they labor not only for the State, but also for God.

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*The American Academy of Forensic Sciences, "Death Investigation and Examination," The Forensic Sciences Foundation Press. In part, this book was supported by a grant from the National Institute of Justice, Office of Justice Assistance, Research and Statistics, U.S. Department of Justice. Permission given to ICA by Kenneth S. Field, M.B., Chairman, Board of Trustees, The Forensic Sciences Foundation, April 22, 1988.*

# 2003

CORONER'S STATISTICAL REPORT

## DuPage County, Illinois

TOTAL DEATH INVESTIGATIONS		3,876
Natural Deaths		1,262
Suicides		65
Motor Vehicle Deaths		70
Accidental Deaths		122
Undetermined (Classification) Deaths		2
Homicides		9
Coroner's Investigations That Were Returned To The Medical Profession		2,338
Non-Human Remains		8

CREMATION PERMITS INVESTIGATED AND ISSUED	2001
TOXICOLOGY	391
AUTOPSIES	320
INQUEST CASES	287

**Our commitment** Care of the deceased, concern for the living.





Richard R. Ballinger

DuPage County Coroner

# Types of deaths that must be reported to the Coroner's office

## ATTENTION:

- Physicians
- Police Officers
- Hospitals
- Funeral Directors
- Embalmers
- Ambulance Attendants
- Vital Statistics Registrars
- Hospice Organizations

The following information has been compiled for the purpose of acquainting individuals and organizations with the procedures to be followed when they come in contact with the types of deaths described in the following pages.

Conformity with these procedures will prevent unnecessary delay and inconvenience to the family, friends, and those persons having any responsibility to and for the deceased.

## Notification in Case of Death by Violence or Suicide

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Any person who discovers the body or acquires the first knowledge of the death of any person who died as the result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, shall immediately notify the office of the Coroner of the known facts concerning the time, place, manner and circumstances of such death, and of any other information which is required by the Coroner.

## Notification by Hospital

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Any person D.O.A. (Dead on Arrival) at hospitals, these cases are to be reported immediately, and no person shall, without an order from the Coroner, willfully touch, remove, disturb the body or disturb the clothing or any article upon or near such body. This includes any death which occurs within twenty-four hours after admission.

## Notification by Physician in Case of Death by Violence or Suicide

---

When a person dies as a result of criminal or other violent means, or by casualty, or by suicide, or suddenly when in apparent health, or in any suspicious or unusual manner, the physician called in attendance shall immediately notify the office of the Coroner of the known facts concerning the time, place, manner and circumstances of such death and if request is made for cremation, the funeral director called in attendance shall immediately notify the Coroner.

### I. Accidental Deaths (All forms, including death arising from employment):

1. Anesthetic Accident (Death on the operating table prior to recovery from anesthesia.)
2. Blows or other forms of mechanical violence
3. Crushed beneath falling objects
4. Burns
5. Cutting or stabbing
6. Drowning (actual or suspected)
7. Electric shock
8. Explosion
9. Exposure

10. Firearms
11. Fractures of bones (not pathological). Such cases are to be reported even when the fracture is not primarily responsible for the death. All hip fractures, if patient dies within one year and one month is considered a Coroner's Case and the Coroner must be notified.
12. Falls
13. Carbon Monoxide poisoning (resulting from natural gas, automobile exhaust or other)
14. Hanging
15. Heat Exhaustion
16. Insolation (sunstroke)
17. Poisoning (food poisoning, occupational or other)
18. Strangulation
19. Suffocation (foreign object in bronchi, by bed clothing or other means)
20. Vehicular Accidents (automobile, street car, bus, railroad, motorcycle, bicycle or other)

## II. Homicidal Deaths

## III. Suicidal Deaths

## IV. Abortions: Criminal or self-induced

When the manner of death falls within the above classification, such death must be reported to the Coroner even though the survival period subsequent to onset is 12 months.

## V. Sudden Deaths: When in apparent health or in any suspicious or unusual manner including:

1. Alcoholism
2. Sudden death on the street, at home, in a public place, at place of employment
3. Deaths under unknown circumstances, whenever there are no witnesses or where little or no information can be elicited concerning the deceased person. Deaths of this type include those persons whose dead bodies are found in the open, in places of temporary shelter, or in their home under conditions which offer no clues to the cause of death.

4. Deaths which follow injuries sustained at place of employment whenever the circumstances surrounding such injury may ultimately be subject of investigation. Deaths of this classification include: Caisson disease (bends), industrial infections (anthrax, septicemia following wounds including gas bacillus infections, tetanus, etc.), silicosis, industrial poisonings (acids, alkalies, analine, bensine, carbon monoxide, carbon tetrachloride, cyanogen, lead, nitrous fumes, etc.), contusions, abrasions, fractures, burns, (flames, chemical or electrical) received during employment which in the opinion of the attending physician are sufficiently important, either as the cause or contributing factor to the cause of death, to warrant certifying them on the death certificate.
5. All stillborn infants where there is suspicion of illegal interference.
6. Deaths of persons where the attending physician cannot be found, or deaths of persons who have not been attended by a physician within two weeks prior to the date of death.
7. All deaths occurring within 24 hours of admission to a hospital.
8. All hip fractures, if the patient dies within one year and one month, will be a Coroner's Case and the Coroner must be notified.
9. All deaths in State institutions and all deaths of wards of the State in private care facilities or in programs funded by the Department of Mental Health and Development Disabilities or the Department of Children and Family Services shall be reported to the Coroner of the County in which the facility is located. If the Coroner has reason to believe that an investigation is needed to determine whether the death was caused by maltreatment or negligent care of the ward of the State, the Coroner may conduct a preliminary investigation of the circumstances of such death as in cases of death under circumstances set forth in the Illinois Compiled Statutes.
10. Any deaths which occur within DuPage County and not at a hospital or nursing home facility (at any residence, employer, and/or public facility) will immediately be reported to the Coroner.

**VI. Cremations: All deaths in DuPage County where a cremation of the remains is to take place.**

# Coroner's Act

ILLINOIS COMPILED STATUTES

CHAPTER 55

## Laws Pertaining to the Notification of the Coroner and Authorization of the Removal of the Deceased.

SECTION: 5/3-3020

### Coroner to be Notified—Violation

Every law enforcement official, funeral director, ambulance attendant, hospital director or administrator or person having custody of the body of a deceased person, where the death is one subject to investigation under Section 3-3013, and any physician in attendance upon such a decedent at the time of his death, shall notify the Coroner promptly. Any such person failing to so notify the Coroner promptly shall be guilty of a Class A Misdemeanor, unless such person has reasonable cause to believe that the Coroner had already been so notified.

SECTION: 5/3-3019

### Removal of Bodies—Violation

No dead body which may be subject to the terms of this Division, or the personal property of such deceased person, shall be handled, moved, disturbed, embalmed or removed from the place of death by any person, except with the permission of the Coroner, unless the same shall be necessary to protect such body or property from damage or destruction, or unless necessary to protect life, safety, or health. Any person knowingly violating the provisions of this Section is guilty of a Class A Misdemeanor.

SECTION: 5/3-3017

### Cremation

In any death where the remains are to be cremated, it shall be the duty of the funeral director or person having custody of the dead body to obtain from the Coroner a permit to cremate the body. The Coroner's permit to cremate shall be presented to the local registrar in applying for Permit for Disposition of Dead Human Body provided for in Section 21 of the Vital Records Act, and the local registrar shall attach the Coroner's permit to cremate to the Permit for Disposition of Dead Human Body which is issued. No crematory shall cremate a dead human body unless a Permit for Disposition of Dead Human Body with an attached Coroner's permit to cremate has been furnished to authorize the cremation.

Please consult the Coroner's Office  
regarding any death about which you have any doubt or question.

Coroner's Office: (630) 682-7500

Emergency phone for Coroner is Sheriff's phone: (630) 682-7256

(SUBJECT TO REVISION AND CORRECTION)

**1,262** Natural deaths

	MALE	FEMALE	TOTAL
Acquired Immune Deficiency Syndrome (AIDS)	1	0	1
Alcoholism	7	5	12
Alzheimer's disease	4	19	23
Amyotrophic Lateral Sclerosis (Lou Gehrig's)	4	2	6
Aneurysm (not otherwise specified)	3	1	4
Asthma	2	0	2
Birth complications	0	1	1
Blood disorder	0	2	2
Brain tumor (all types)	7	5	12
Carcinoma	202	213	415
Cerebrovascular accident	12	22	34
Cerebrovascular disease	1	1	2
Chronic obstructive pulmonary disease	18	25	43
Cirrhosis	2	2	4
Creutzfeldt-Jakob disease	1	0	1
Cystic fibrosis	1	0	1
Dehydration	1	0	1
Dementia	16	31	47
Diabetes	1	0	1
Emphysema	0	1	1
Esophageal varices	1	0	1
Failure to thrive	4	7	11
Gastrointestinal hemorrhage	4	2	6
Heart related	293	224	517
Hepatitis	0	1	1
Leukemia	5	2	7
Liver failure	3	3	6
Lung disorder	0	1	1
Lymphoma	2	5	7
Melanoma	0	2	2
Multiple myeloma	1	2	3
Multiple sclerosis	1	4	5
Multisystem organ failure	2	0	2
Obesity	1	0	1
Pancreatitis	1	0	1
Parkinson's disease	6	3	9
Peripheral vascular disease	0	2	2
Pneumonia	2	2	4
Pulmonary embolism	1	5	6
Pulmonary fibrosis	2	3	5
Rare diseases	3	3	6
Renal/kidney failure	9	8	17
Sarcoma	2	3	5
Seizure disorder	4	2	6
Septicemia	1	0	1
Sudden Infant Death Syndrome	6	1	7
Tumor (not otherwise specified)	6	2	8
Urinary tract infection	1	1	2
<b>TOTAL</b>	<b>644</b>	<b>618</b>	<b>1262</b>

**8** Non-human remains

(Investigations of remains where the remains were determined to be non-human.)

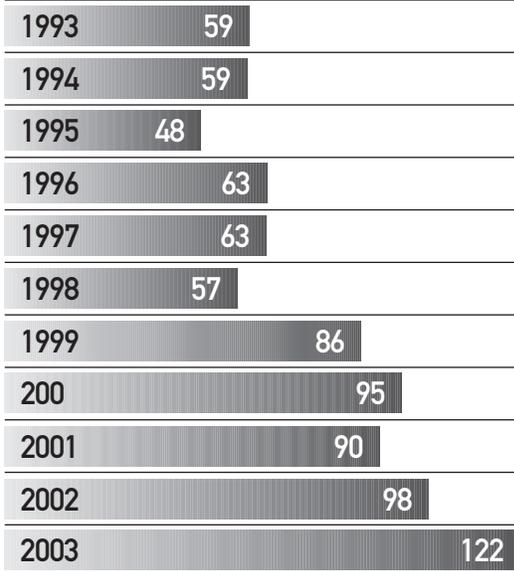
**122** Accidental deaths

	ADULT		ADOLESCENT (19 & UNDER)		TOTAL
	MALE	FEMALE	MALE	FEMALE	
Anaphylactic reaction	1	0	0	1	2
Blunt trauma	1	0	0	0	1
Carbon Monoxide poisoning	2	0	0	0	2
Choking	2	4	0	1	7
Crushing	2	0	0	0	2
Drowning	3	0	3	0	6
Fall	17	14	1	0	32
Fire	1	3	0	0	4
Hanging	2	0	0	0	2
Helicopter crash	1	0	0	0	1
Hypothermia	1	0	0	0	1
Overdose/Intoxication					
Alcohol & Drugs	7	0	1	0	8
Alcohol	3	2	1	0	6
Drugs	26	14	5	0	45
Positional Asphyxia	0	0	1	0	1
Therapeutic misadventure	0	2	0	0	2
<b>TOTAL</b>	<b>69</b>	<b>39</b>	<b>12</b>	<b>2</b>	<b>122</b>

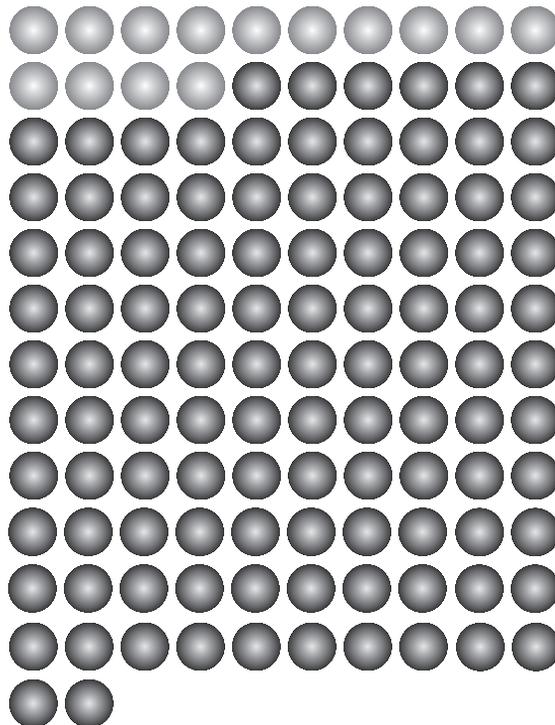
  

Alcohol & Drugs involved	9	0	1	0	10
Alcohol involved	9	5	1	0	15
Drugs involved	27	14	5	1	47

# ACCIDENTAL DEATHS



**11%** Adolescent accidental deaths

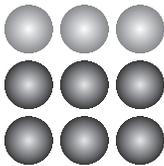


In 2003, 14 of 122 accidents were ages 19 or younger.

9 Homicides

	MALE	FEMALE	TOTAL
Gun	5	0	5
Head trauma	0	1	1
Stabbing	1	0	1
Strangulation	0	1	1
Strangulation and suffocation	0	1	1
TOTAL	6	3	9

33% Domestic homicides



In 2003, 3 of 9 homicides were domestic related.

HOMICIDES

1993	16
1994	8
1995	23
1996	7
1997	7
1998	10
1999	12
2000	5
2001	10
2002	12
2003	9

## 70 Motor vehicle deaths

	ADULT		ADOLESCENT (19 AND UNDER)		TOTAL
	MALE	FEMALE	MALE	FEMALE	
Bicyclists	2	0	0	0	2
Drivers	25	13	3	2	43
Passengers	5	2	2	1	10
Pedestrians	8	7	0	0	15

## 43 Drivers

Drivers with significant alcohol involved	10
Drivers with significant drugs involved	3

### COMPACT CAR vs.

Fixed object	2
Rollover	1
Semi-truck	1

### MINI-VAN vs.

Fixed object	1
Standard car	1

### MOTORCYCLE vs.

Bus	1
Fixed object	4
Standard car	2
Semi-truck	2
Van	1

### PICK-UP TRUCK vs.

Fixed Object	1
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### SNOWMOBILE vs.

Fixed object	1
--------------	---

### STANDARD CAR vs.

Fixed object	6
Mini-van	3
Standard car	8
Rollover	1
Semi-truck	4
SUV	1

### SUV vs.

Fixed object	1
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### VAN vs.

SUV	1
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MOTOR VEHICLE DEATHS (CONTINUED)

**10** Passengers

Passengers with significant alcohol involved	2
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**COMPACT CAR vs.**

SUV	1
-----	---

**STANDARD CAR vs.**

Fixed Object	1
Pick-up truck	2
Rollover	1
Standard Car	2
SUV	1

**PICK-UP TRUCK vs.**

Fixed object	1
--------------	---

**SUV vs.**

Fixed object	1
--------------	---

**15** Pedestrians

Pedestrians with significant alcohol involved	1
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Pedestrians with significant alcohol and drugs involved	1
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**PEDESTRIAN vs.**

Pick-up truck	1
Semi-truck	1
Standard Car	8
Train	2
Unknown (hit & run)	3

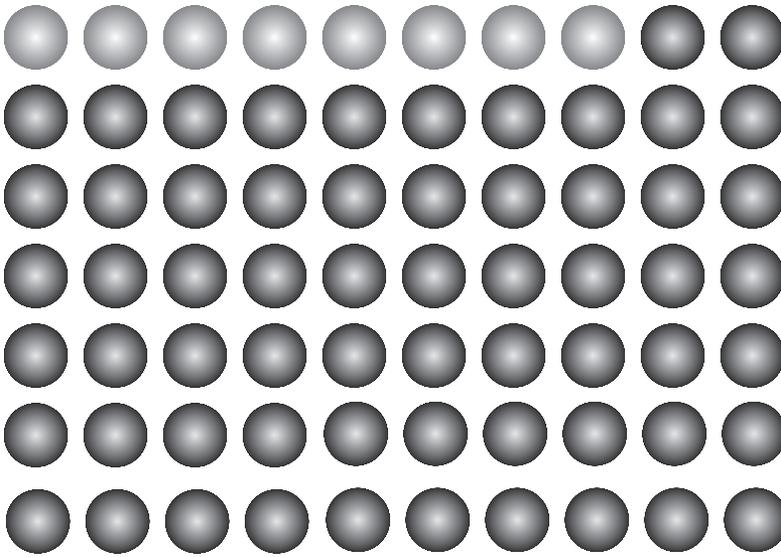
**2** Bicyclists

Bicyclists with significant alcohol involved	1
--	---

**BICYCLIST vs.**

Standard Car	2
--------------	---

**11%** Adolescent motor vehicle deaths



In 2003, 8 of 70 motor vehicle deaths were ages 19 or younger.

# MOTOR VEHICLE DEATHS

1993	61
1994	70
1995	60
1996	62
1997	58
1998	57
1999	57
2000	52
2001	
2002	54
2003	

## Blood Alcohol Concentration by Body Weight

Approximate Percent of Alcohol Concentration in Blood\*

Weight (lbs.)

100	0.038	0.075	0.113	0.150	0.188	0.225	0.263	0.300	0.338	0.375
120	0.031	0.063	0.094	0.125	0.156	0.188	0.219	0.250	0.281	0.313
140	0.027	0.054	0.080	0.107	0.134	0.161	0.188	0.214	0.241	0.268
150	0.025	0.051	0.075	0.101	0.126	0.151	0.176	0.201	0.226	0.251
160	0.023	0.047	0.070	0.094	0.117	0.141	0.164	0.188	0.211	0.234
180	0.021	0.042	0.063	0.083	0.104	0.125	0.146	0.167	0.188	0.208
200	0.019	0.038	0.056	0.075	0.094	0.113	0.131	0.150	0.169	0.188
220	0.017	0.034	0.051	0.068	0.085	0.102	0.119	0.136	0.153	0.170
240	0.016	0.031	0.047	0.063	0.078	0.094	0.109	0.125	0.141	0.156

Total Number of Drinks\*\*

1	2	3	4	5	6	7	8	9	10
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\*If these drinks were not taken within one hour, deduct one drink from the total number of drinks for each hour that elapsed between the first and last drink.

\*\* A drink is defined as one ounce of 100 proof "hard liquor" (whiskey, vodka, gin, etc.) or twelve ounces of 4% beer or three ounces of fortified wine.

# PHARMACOLOGICAL EFFECTS OF ALCOHOL

### Somestheto-Psychic Area

Affected by 0.10-0.30% Alcohol

Dulled or distorted sensibilities

### Psychomotor Area

Affected by 0.10-0.20% Alcohol

Apraxia, Agraphia, Ataxia (Tremors, Slurred Speech, Loss of Skill)

### Visuo-Psychic Area

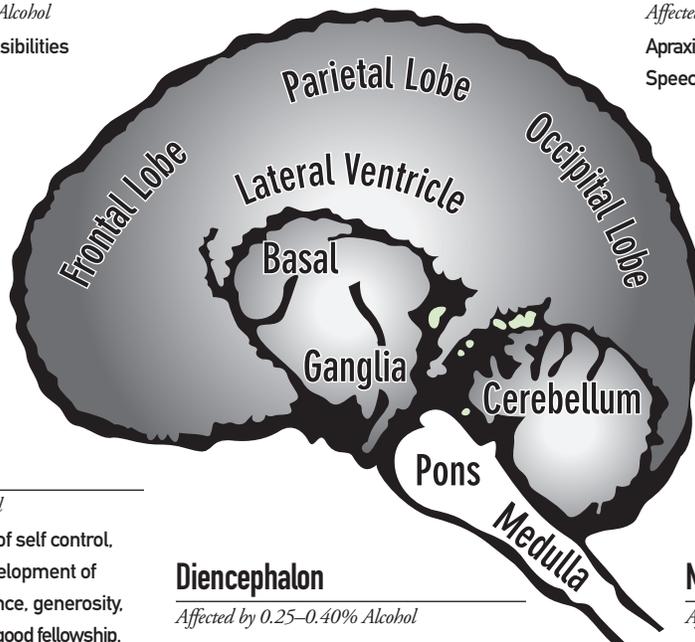
Affected by 0.20-0.30% Alcohol

Disturbance of: Color Perception, Dimensions, Diplopia, Form, Motion, Distance

### Cerebellum

Affected by 0.15%-0.35% Alcohol

Disturbance of Equilibrium



"The action of alcohol on the brain is from first to last, like that of a narcotic drug."

### Frontal Lobe

Affected by 0.01-0.10% Alcohol

Removal of inhibitions, loss of self control, weakness of will power, development of euphoria, increased confidence, generosity, altered judgement, increased good fellowship, loquaciousness, dulling of attention

### Diencephalon

Affected by 0.25-0.40% Alcohol

Apathy, Inertia, Tremors, Cessation of Automatic Movements, Sweating, Dilation of Surface Capillaries, Stupor, Coma

### Medulla

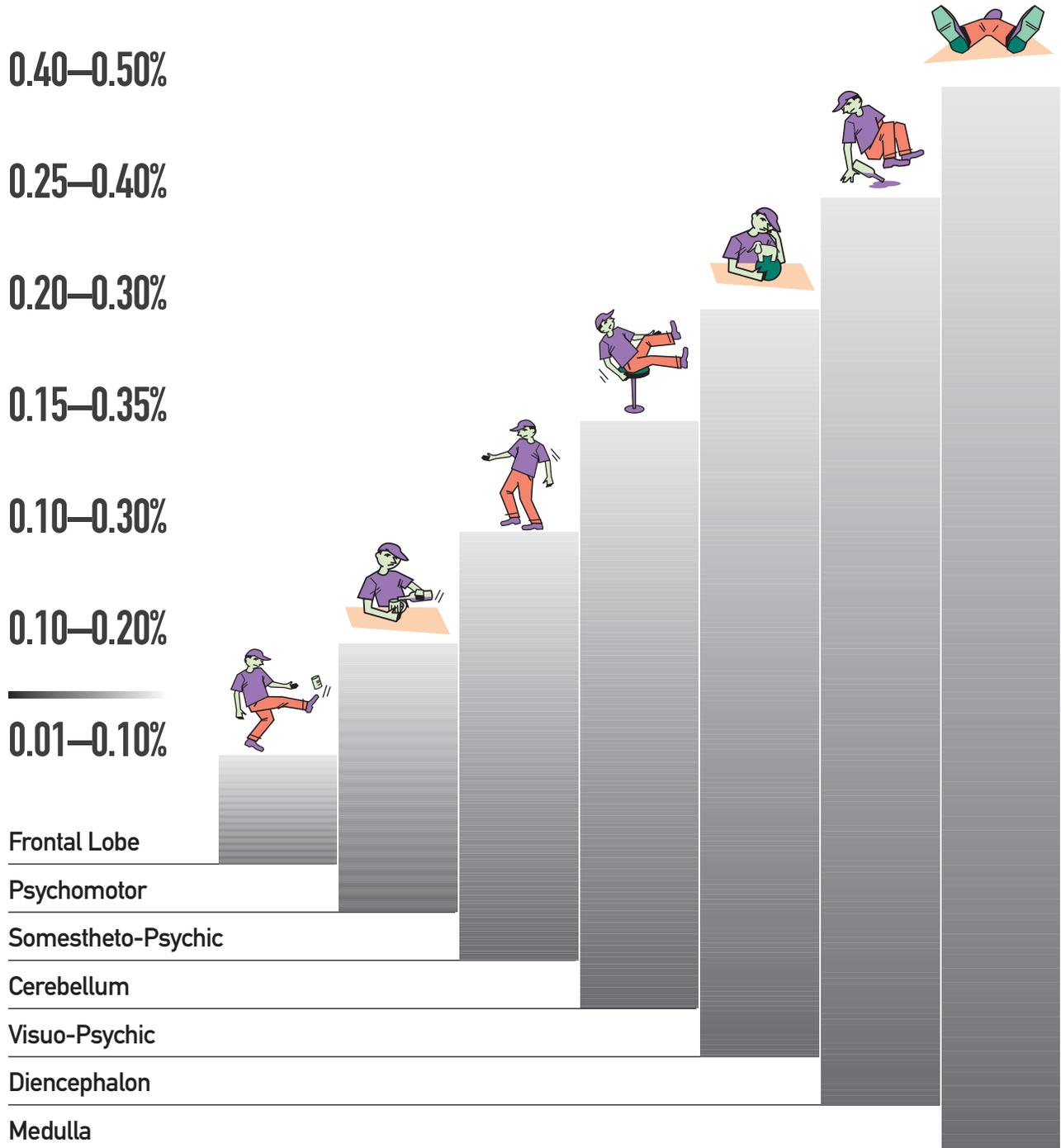
Affected by 0.40-0.50% Alcohol

Depression of Respiration, Peripheral Collapse, Subnormal Temperature, Death

# ALCOHOL EFFECTS ON THE BRAIN

Demonstrated Pictorially

## Blood Alcohol Concentration



**65** Suicides

	ADULT		ADOLESCENT (19 & UNDER)		TOTAL
	MALE	FEMALE	MALE	FEMALE	
Asphyxiation	1	0	0	0	1
Carbon Monoxide poisoning	5	0	0	0	5
Drug intoxication/overdose	7	3	0	0	10
Electrocution	1	0	0	0	1
Gun	22	1	0	0	23
Hanging	11	1	1	0	13
Ingestion of chemical	0	1	0	1	2
Motor vehicle driver	1	0	0	0	1
Pedestrian vs. train	3	1	0	0	4
Pedestrian vs. semi-truck	1	0	0	0	1
Residential fire	0	1	0	0	1
Stabbing	2	1	0	0	3
<b>TOTAL</b>	<b>54</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>65</b>

Alcohol & Drugs involved	1	1	0	0	2
Alcohol involved	5	0	0	0	5
Drugs involved	14	2	0	0	16

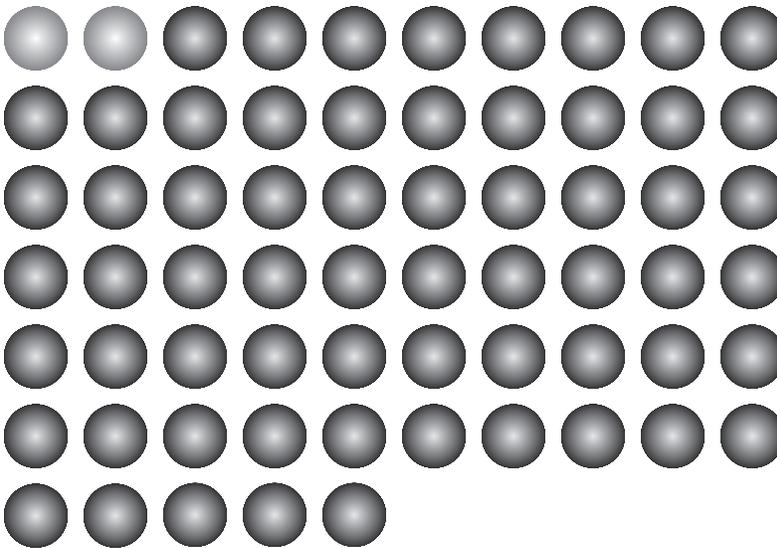
**2** Undetermined manner of death

	MALE	FEMALE	TOTAL
Drug intoxication/overdose	1	1	2

# SUICIDES

1993	56
1994	64
1995	70
1996	58
1997	50
1998	61
1999	67
2000	52
2001	73
2002	62
2003	65

**3%** Adolescent suicides



In 2003  
2 of 65 suicides  
were ages 19  
or younger.

**2,338** Coroner's investigations that were returned to the medical profession

	MALE	FEMALE	TOTAL
Acquired Immune Deficiency Syndrome (AIDS)	1	0	1
Adult Respiratory Distress Syndrome	0	1	1
Alzheimer's disease	13	29	42
Amyotrophic Lateral Sclerosis (Lou Gehrig's)	1	1	2
Aneurysm (not otherwise specified)	6	5	11
Anoxia	1	2	3
Birth complications	10	2	12
Blood disorder	2	1	3
Bone marrow disorder	0	1	1
Bowel disorder	1	1	2
Bowel obstruction	1	6	7
Bowel rupture	0	1	1
Brain disorder	0	1	1
Brain tumor (all types)	3	7	10
Carcinoma	254	268	522
Cerebral palsy	1	1	2
Cerebrovascular accident	59	79	138
Cerebrovascular disease	6	13	19
Chronic Obstructive Pulmonary Disease	51	58	109
Cirrhosis	7	5	12
Colitis	1	0	1
Creutzfeldt-Jakob Disease	1	0	1
Dementia	26	71	97
Diabetes	2	1	3
Down's syndrome	0	1	1
Emphysema	2	0	2
Esophageal varices	1	0	1
Failure to thrive	3	10	13
Gastrointestinal hemorrhage	17	13	30
Heart related	248	364	612
Intrauterine Fetal Demise	40	31	71
Ischemic bowel	0	2	2
Leukemia	18	15	33
Liver failure	7	10	17
Lung disorder	5	7	12
Lymphoma	14	5	19
Malnutrition	1	3	4
Melanoma	4	0	4
Mesothelioma	1	0	1
Multiple Myeloma	4	5	9
Multiple Sclerosis	1	3	4
Multisystem organ failure	5	14	19
Obesity	1	1	2
Osteomyelitis	0	1	1
Pancreatitis	3	2	5
Parkinson's disease	11	11	22
Perforated ulcers	0	2	2
Peripheral Vascular Disease	1	0	1
Peritonitis	0	2	2
Pneumonia	87	118	205
Prematurity	17	13	30
Pulmonary Embolism	9	9	18
Pulmonary fibrosis	2	4	6
Rare diseases	9	13	22
Renal/kidney failure	45	36	81
Sarcoma	1	3	4
Seizure disorder	0	1	1
Septicemia	30	30	60
Tumor (not otherwise specified)	10	5	15
Urinary Tract Infection	2	4	6
<b>TOTAL</b>	<b>1046</b>	<b>1292</b>	<b>2338</b>

# LOCATION OF INCIDENTS

## TOWNS

Addison	69
Aurora	46
Bartlett	30
Batavia	1
Bensenville	80
Bloomington	204
Bolingbrook	47
Burr Ridge	32
Carol Stream	107
Clarendon Hills	36
Darien	78
Downers Grove	289
Elmhurst	255
Glendale Heights	69
Glen Ellyn	98
Hanover Park	17
Hinsdale	99
Itasca	22
Lemont	3
Lisle	96
Lombard	243
Medinah	2
Naperville	502
Oak Brook	62
Oakbrook Terrace	6
Roselle	36
Villa Park	98
Warrenville	27
West Chicago	80
Westmont	180
Wheaton	254
Willowbrook	67
Winfield	66
Wood Dale	38
Woodridge	68

## UNINCORPORATED COUNTY JURISDICTIONS

Addison Township	28
Bloomington Township	19
Downers Grove Township	49
Lisle Township	22
Milton Township	34
Naperville Township	15
Wayne Township	14
Winfield Township	47
York Township	29

## OCCURRING OUTSIDE DUPAGE COUNTY

Cook County	110
DeKalb County	4
Kane County	24
Kendall County	3
Lake County	3
McHenry County	1
Will County	56
Other	3

## JURISDICTION OF THE CORONER

The Coroner's jurisdiction is where the deceased is pronounced dead, NOT where the incident occurs. Many people are transported by ambulance for their respective injuries, ailments, or treatments to various hospitals. You can see from the above information that many incidents originated outside the County.

## VICTIMS OF INCIDENTS

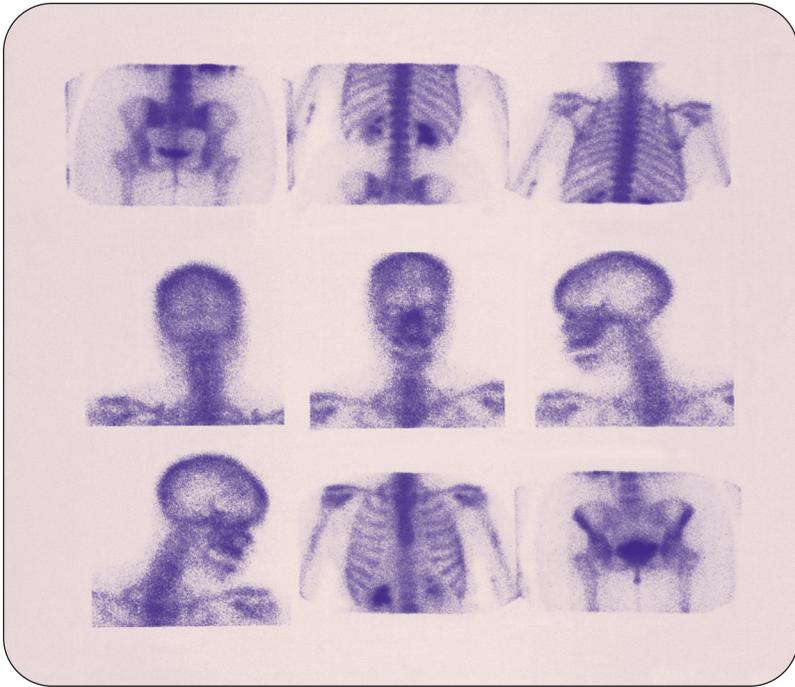
Conversely, many victims of incidents occurring in DuPage County are transferred to hospitals in neighboring counties for many reasons (trauma units, family physicians on staff at another hospital, or specialized care units at another hospital).

YEAR	Total Death Investigations	Natural Deaths	Motor Vehicle Deaths	Suicides	Accidental Deaths	Undetermined	Homicides	R.T.M.P.*	Inquests Held	Autopsies
1983	1,497	538	69	61	36	12	12	769	190	77
1984	1,583	627	82	79	48	6	10	731	229	88
1985	1,671	631	79	76	30	13	6	836	208	107
1986	1,779	643	62	71	65	7	7	924	227	106
1987	1,959	705	67	53	46	4	5	1,079	188	128
1988	2,323	760	64	61	52	6	10	1,370	209	108
1989	2,387	872	65	77	57	9	5	1,302	230	122
1990	2,494	1,007	48	46	62	9	10	1,312	196	141
1991	2,611	1,015	67	67	58	3	21	1,380	232	130
1992	2,693	1,078	45	55	54	8	11	1,444	177	141
1993	2,821	1,087	61	56	59	7	16	1,535	222	182
1994	2,924	1,093	70	64	59	13	8	1,617	240	210
1995	3,211	1,185	60	70	48	5	23	1,820	226	228
1996	3,321	1,259	62	58	63	7	7	1,865	214	244
1997	3,249	1,219	58	50	63	6	7	1,837	197	247
1998	3,410	1,222	57	61	57	7	10	1,984	202	273
1999	3,719	1,166	57	67	86	6	12	2,305	241	282
2000	3,635	1,153	52	52	95	6	5	2,261	217	285
2001	3,773	1,175	72	73	90	1	10	2,338	265	307
2002	3,760	1,132	54	62	98	3	12	2,387	248	282
2003	3,876	1,262	70	65	122	2	9	2,338	287	320

\* Return to Medical Profession for issuance of Medical Death Certificate/Coroner's investigation only.

**Remarks:**

1. Undetermined manner is where the Coroner's jury at the inquest could not clearly determine the manner of death (either insufficient evidence was available or they were indecisive).
2. Many cases are reportable to the Coroner pursuant to the State law based on a number of categories (see Page 5.) However, after conducting a preliminary investigation, the cause of death is determined to be natural and the attending physician had seen the deceased within the last fourteen days, the case is then returned to the doctor to issue a medical certificate of death as opposed to a Coroner's certificate of death. There are limited exceptions.
3. Autopsies are only ordered by the Coroner's office when the cause of death is unknown or for criminal type cases (such as homicides). Autopsies are not performed unnecessarily as the cost of such is paid by the taxpayer.



# TOTAL DEATH INVESTIGATIONS IN DUPAGE COUNTY

1993	2,821
1994	2,924
1995	3,211
1996	3,321
1997	3,249
1998	3,410
1999	3,719
2000	3,635
2001	
2002	
2003	

# What is an inquest?

**A** Coroner's Inquest is neither a civil nor a criminal trial proceeding. It is simply an inquiry into the manner and cause of an individual's death. An inquest is conducted by the Coroner or Deputy Coroner with a court reporter and six jurors present. The jurors are citizens of DuPage County, the county in which the death took place.

The purpose of the inquest is to present pertinent information concerning the victim's death in order for the jury to arrive at a cause and manner of death. The cause of death is often readily apparent and obvious, based on the facts, circumstances, medical evidence and in some cases, toxicology and autopsy results. The real essence of the jurors' responsibility is to establish the manner of death (suicide, homicide, accident, natural or undetermined)

The Coroner will summon to the inquest those individuals who have pertinent information concerning the incident. This often includes, but is not limited to, the person who found the deceased, witnesses to the incident, those involved, police officers and investigators, and in some instances, a

direct relative. All individuals summoned will present testimony (answer questions) to the jury. Any professional reports (autopsy, toxicology, x-ray and laboratory reports) will be presented at that time. These reports are not released to the public until the inquest procedures are concluded.

All information and testimony at the inquest is recorded and/or transcribed by a certified court reporter. All such information will be documented verbatim in an inquest transcript available approximately three weeks after the inquest. This transcript may be reviewed in the Coroner's office at no charge. A copy of the transcript may be purchased at \$3.00 per page pursuant to the Illinois State Law (Illinois Compiled Statutes, Chapter 55, Act 5, Article 4, Division 4-7, Coroner's Fees, 5/4-7001).

The inquest is open to the public and may not be closed pursuant to any requests to do so. Anyone may attend. We publish inquest dates and times on the Coroner's Web site, but if someone would request notification, they are so notified by telephone at least seven days preceding the inquest.



Attorneys are welcome to attend. The need for an attorney is purely an individual decision. This office neither recommends nor advises attorney attendance, the exception being the DuPage County State's Attorney, who is notified of all inquests in DuPage County. Attorneys are allowed to ask questions of witnesses as a courtesy only, and such questions are directed to be a maximum of two or three of each witness. Questioning is a courtesy which may be revoked at any time. The DuPage County State's Attorney can question the witness at any time. The family or anyone else will not be permitted to question the witnesses nor supply their own witnesses; however, the family may testify, if they wish.

Upon completion of the testimony, the Coroner's jury will deliberate in private. They may request additional testimony, evidence or conference as they deem necessary. When the jury has concluded their deliberations, they will issue a verdict through

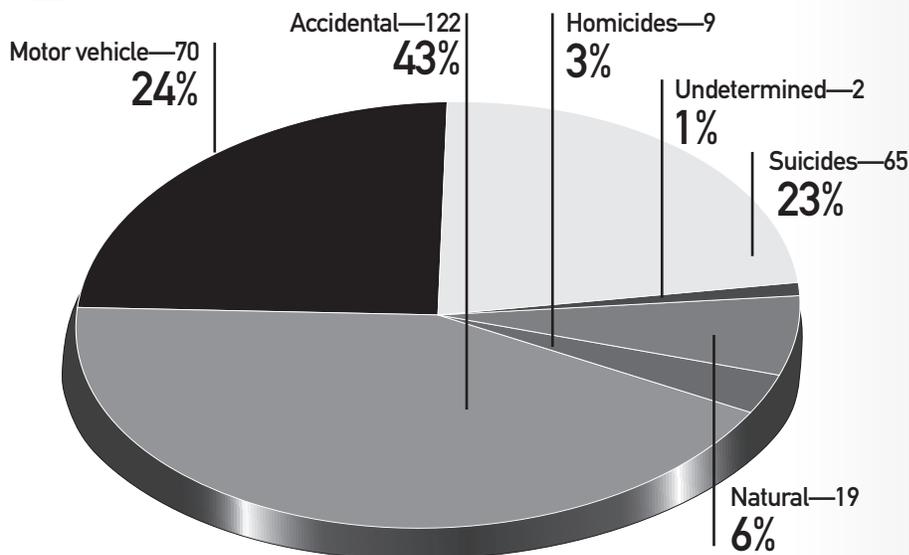
the foreman as to the cause and manner of death (accident, homicide, natural, suicide or undetermined).

The Coroner's verdict has no civil or criminal trial significance. The verdict and inquest proceedings are merely fact finding in nature and statistical in purpose. However, if a person is implicated as the unlawful slayer of the deceased or accessory thereto, an arrest may be effected. This is extremely rare. This function is now performed by the State's Attorney through grand jury proceedings.

The testimony presented at the inquest is sworn and under oath and properly documented and/or recorded. Because of this, testimony may subsequently be used in perjury proceedings if such testimony should change in future civil or criminal trial proceedings.

All such provisions and explanations presented herein are subject to revision at any time.

**287** Total inquests held



# PEOPLE TO KNOW

## Meet the Staff of the DuPage County Coroner's Office

These experienced men and women are dedicated to ensuring the professional handling of all death investigations.

**Administrative Assistant**  
Dena K. Buchanan



**Secretary**  
Laurie A. Bork



**Administrator**  
Charles J. Dastych



**Secretary**  
Janet E. Frunzar



**Chief Deputy**  
Peter A. Siekmann





**Sr. Deputy Coroner**

John W. Eichler



**Deputy Coroner**

Timothy J. Rounce



**Deputy Coroner**

Stephen G. Coleman



**Deputy Coroner**

Matt Shane



**Deputy Coroner**

Wayne E. Urbik



**Deputy Coroner**

Jim Gabinski



**Deputy Coroner**

Adam P. Reavley



**Deputy Coroner**

Gabrielle M. Formento

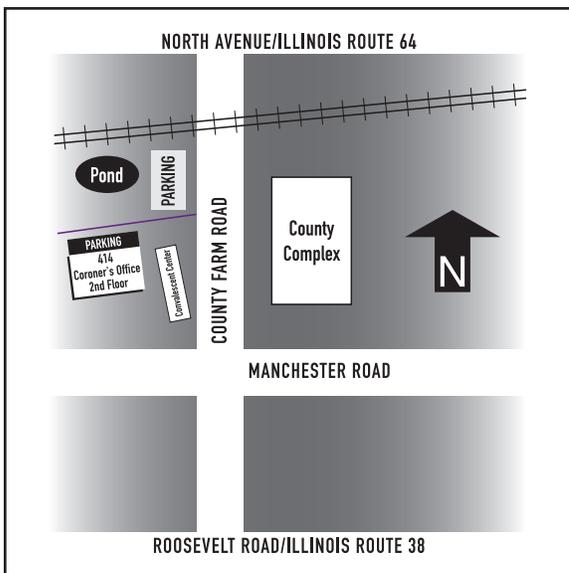


*The Dupage County Coroner's Office is located at 414 N. County Farm Road in Wheaton, as part of the DuPage County Government Campus.*

## DuPage County Morgue Dedicated October 1994

The dedication of DuPage County's first full-service morgue was held on October 29, 1994. The two-story building is located within the DuPage County complex. The first floor contains the full-service morgue and a drive-through garage, the second floor contains the office of the Coroner and staff. Inquests are conducted on Tuesdays and Thursdays on the second floor. The morgue was designed with three specific goals in mind. First is to serve the needs of the residents of DuPage County, second is to meet the needs of the future, and the third and most important is to accomplish all of this in the most cost-effective means possible.

Contained in the morgue is an isolation autopsy suite that is self-contained with its own x-ray equipment and a separate access to the freezer unit. Separated by a steel door is the forensic autopsy suite and clinical autopsy suite with direct access into the refrigeration unit. A special viewing room is located next to the forensic autopsy area so that autopsies can be viewed by police, investigators, states attorneys, and medical personnel involved in the case. The drive through sally port (garage) was designed so that total privacy is given during the pick up or delivery of bodies.



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**THIS REPORT HAS BEEN COMPILED AND PRESENTED TO YOU BY:**

**Richard R. Ballinger**

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**DuPage County Coroner**

**Additional copies are available upon request and availability.**



**Richard R. Ballinger**

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**DuPage County Coroner**