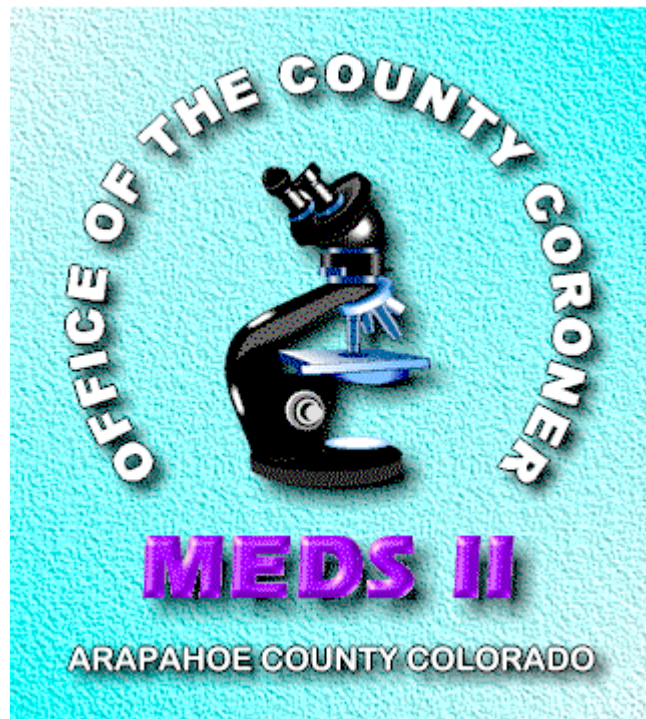




Coroner's Office 2003 Annual Report

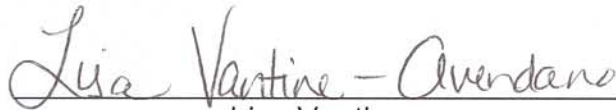


DEDICATION

It is recognized that each case in this report represents the death of a person whose absence is grieved by relatives and friends. To those individuals of Arapahoe County who have suffered the loss of a Relative or a friend, this report is dedicated.



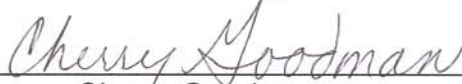
Michael J. Dobersen, M.D., Ph.D.



Lisa Vantine



Jeff Nielsen



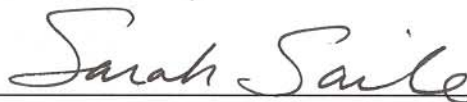
Cherry Goodman



Shannon Sanamo



Amy Shish



Sarah Saile



Charlene Brown



Tamara Davis

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FOREWORD

The Coroner's Office serves the living by investigating sudden and unexpected deaths and, in particular, those that occur under violent or suspicious circumstances. The Coroner's staff recognizes the tragedy surrounding an untimely death and performs its investigations, in part, to assist the grieving family. A complete investigation provides for the expeditious settling of insurance claims and estates, as well as for implementing civil and criminal actions. Questions which seem irrelevant in the initial hours after death can become significant in the following months. The surviving family, friends, and general public should have the assurance that a complete investigation was conducted.

When a death occurs on the job, or is work related, the results of our investigation are immediately forwarded to the State Department of Labor and Industry so that the family can gain the full benefit of our findings. Private insurance companies also routinely use these findings to settle claims. Whenever a consumer product is implicated in a death, we notify the Consumer Product Safety Commission to ensure that the product is studied and the necessary steps are taken to protect the public. The public health dimension of the Coroner's function is designed to isolate and identify causes of sudden, unexpected death. When an infectious agent or poison is implicated in a death, the family and persons recently in physical contact with the deceased are notified in order that they might receive any needed medical treatment.

The medical investigation of violent death is frequently required in civil or criminal adjudication. Thus, a prompt medical investigation is conducted to provide the criminal justice system with medical information and evidence required for adjudication. Although criminal death investigations constitute a small portion of deaths investigated by the Coroner, these deaths are studied in great detail because of the issues and legal consequences involved. In this way, the criminal justice system is offered the best support.

DESCRIPTION AND PURPOSE OF THE ARAPAHOE COUNTY CORONER'S OFFICE

The Coroner's Office is a separate and independent division of the Arapahoe County Government and is funded through the Arapahoe County Commissioners by the citizens of Arapahoe County.

The Coroner is a physician trained and board certified in Forensic Pathology, the branch of medicine concerned with the investigation of sudden and unexpected, violent or suspicious deaths. Previous board certification in Anatomic and Clinical Pathology were achieved prior to this qualification. Three sections are under the Coroner's direction: Investigations, Autopsy Support, and Administrative Support. These duties include field investigation of scene and circumstances of death, identification of the deceased, performance of autopsies where indicated, certification of death, notification of next-of-kin, and control and disposition of personal property of the deceased.

Deaths which come under the jurisdiction of the Coroner are defined by statute (CRS30-10-606) and include, but are not limited to, the following circumstances:

- (a) From external violence, unexplained cause, or under suspicious circumstances.
- (b) Where no physician is in attendance, or where, though in attendance, the physician is unable to certify the cause of death.
- (c) From thermal, chemical, or radiation injury.
- (d) From criminal abortion, including any situation where such abortion may have been self-induced.
- (e) From a disease which may be hazardous or contagious or which may constitute a threat to the health of the general public.
- (f) While in the custody of law enforcement officials or while incarcerated in a public institution.
- (g) When the death was sudden and happened to a person who was in good health.

EXPLANATION OF DATA

The information presented here was compiled on deaths which came under the jurisdiction of the Coroner during the calendar year 2003. The role of alcohol, drugs, and firearm use in violent deaths is emphasized in the report. Health agencies, safety councils, and lawmakers may find these statistics useful. If the quality of life in Arapahoe County is to be improved, perhaps this report can serve as the basis for change. Comments or criticisms are encouraged so that future reports can be improved.

The geographic area served by the Coroner includes all 810 square miles of Arapahoe County, which is located in the north central part of the state encompassing the southeastern portion of the Denver metropolitan area. A population of 519,155 makes it the fourth most populous county in Colorado. One out of every 8.5 Colorado residents lives in Arapahoe County. The County contains all or part of the following cities and towns: Aurora, Bennett, Bow-Mar, Byers, Cherry Hills Village, Columbine Valley, Deer Trail, Englewood, Foxfield, Glendale, Greenwood Village, Littleton, Sheridan, Strasburg, and Centennial. There are also 10 School Districts and 118 Local Improvement Service Districts within the County.

Demographics in this report are summarized from individual cases under jurisdiction of the Coroner, and presented here in aggregate form. Each manner (category) of death is subdivided into the various sub-groupings appropriate to the manner, which together form a more detailed description of the cause and manner of death. The variables displayed in the tables, such as race, gender, age, etc., have been selected as those most likely to assist and interest individuals using these data in assembling a profile of death statistics in 2003.

Blood ethanol (alcohol) data included here represent the blood level at the time of death. Ethanol is metabolized at a rate of 0.015 to 0.018 grams per deciliter per hour. Thus, if there is a significant interval, the blood alcohol at the time of death will be lower than at the time of incident. Consequently, blood alcohol tests are not performed in cases where death occurs more than twenty-four hours after the fatal injury. For these reasons, an unknown number of cases not tested or showing no blood alcohol, may actually have had a measurable alcohol concentration at the time of incident.

Data on natural deaths of all age groups are included. Natural deaths investigated by the Coroner are those which occur suddenly and unexpectedly with no physician in attendance, or under suspicious circumstances. They are not representative of all natural deaths in Arapahoe County, although they comprise 49% of all deaths investigated by the Coroner.

The "circumstances undetermined" category includes deaths in which the manner could not be clearly determined. In some cases, serious doubt existed as to whether the injury occurred with intent or as a result of an accident. In others, lack of witnesses or prolonged time between death and discovery precluded the accurate determination of the circumstances surrounding death. Moreover, it is difficult to assess street drug or

medication overdose deaths in the absence of enough features to reasonably determine the manner of death.

CORONER CASES IN 2003

This report provides a summary of the raw data from the Coroner's 2003 cases.

In 2003, there were an estimated 5000 deaths in Arapahoe County (1% of a 2000 population estimate of 500,000). Of these deaths, 1973 (39%) were reported to the Coroner's Office by medical and law enforcement personnel. Based on an analysis of the scene, the circumstances of death, and the deceased's medical history gathered by the medical investigators, the Coroner assumed jurisdiction in 368 (18%) of these reported deaths. Autopsies were carried out in 99% (367/368) of the cases. In cases where jurisdiction was not assumed by the Coroner, a local physician, with knowledge and awareness of the deceased's state of health, certified the death. These were primarily natural deaths, predominantly individuals in nursing homes with a known fatal disease process. Autopsies were not performed in deaths where scene, circumstances, medical history, and external examination of the body provided sufficient information for death certification.

The accompanying tables and figures summarize the manner of death in all cases where jurisdiction has been assumed by the Coroner. The majority of cases fall into the natural category (49%). Homicidal deaths, while comprising only 5% of cases, usually garner a disproportionate amount of attention and effort by the Coroner. All of the categories are further analyzed in subsequent sections of this report.

STATISTICS TOTALS

All Arapahoe County Deaths (estimated)	5000
Reported to Arapahoe County Coroner	1973
Jurisdiction Assumed by County Coroner	368
Autopsies by Arapahoe County Coroner	367

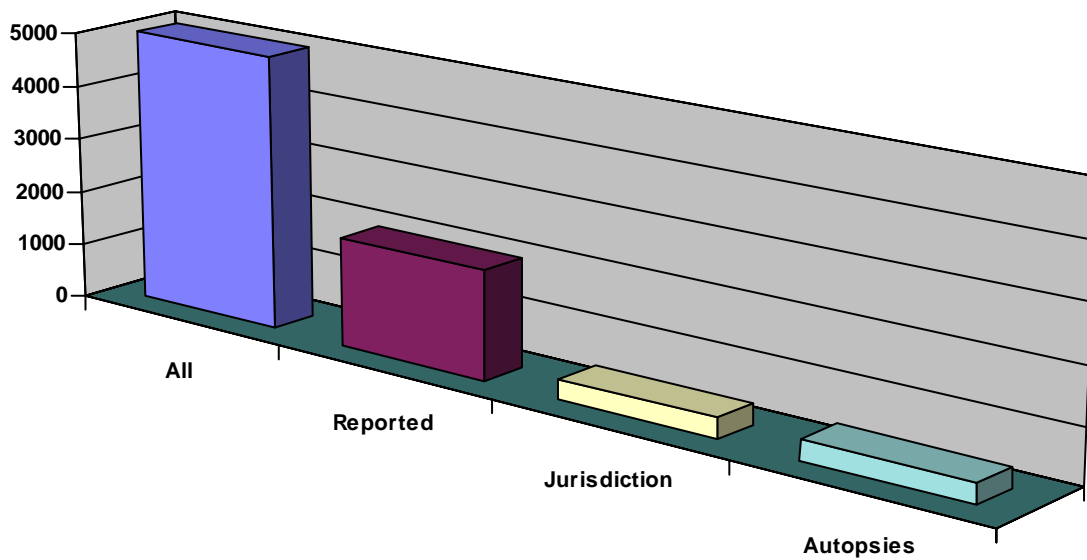


FIGURE 1: STATISTICS TOTALS

STATISTICS BY MONTH

Month	Total Cases	Released Cases	Jurisdiction Assumed	Coroner Autopsies
January	196	166	30	30
February	196	167	29	29
March	200	167	33	33
April	187	159	28	27
May	126	90	36	36
June	135	113	22	22
July	114	81	33	33
August	122	87	35	35
September	119	86	33	33
October	134	100	34	34
November	140	113	27	27
December	139	111	28	28
Total	1808	1440	368	367

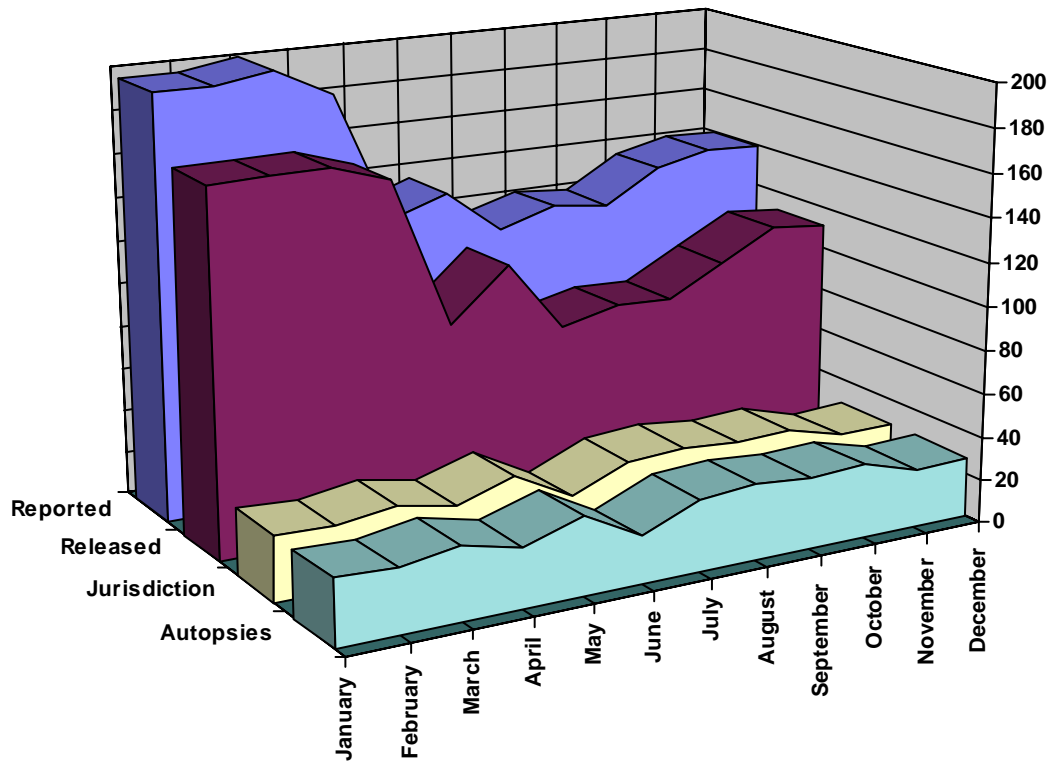


FIGURE 2: STATISTICS BY MONTH

JURISDICTION ASSUMED BY ARAPAHOE COUNTY CORONER

Cases By Manner of Death

Category	Number of Deaths	
Accident	73	20 %
Homicide	19	5 %
Natural	180	49 %
Suicide	68	18 %
Traffic	27	7 %
Undetermined	1	0 %
Total	368	

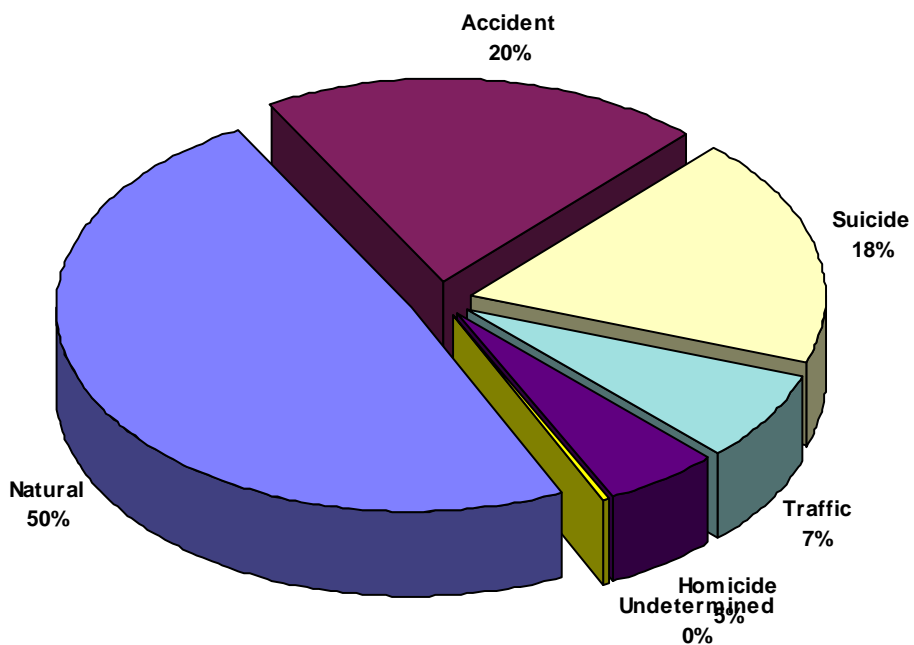


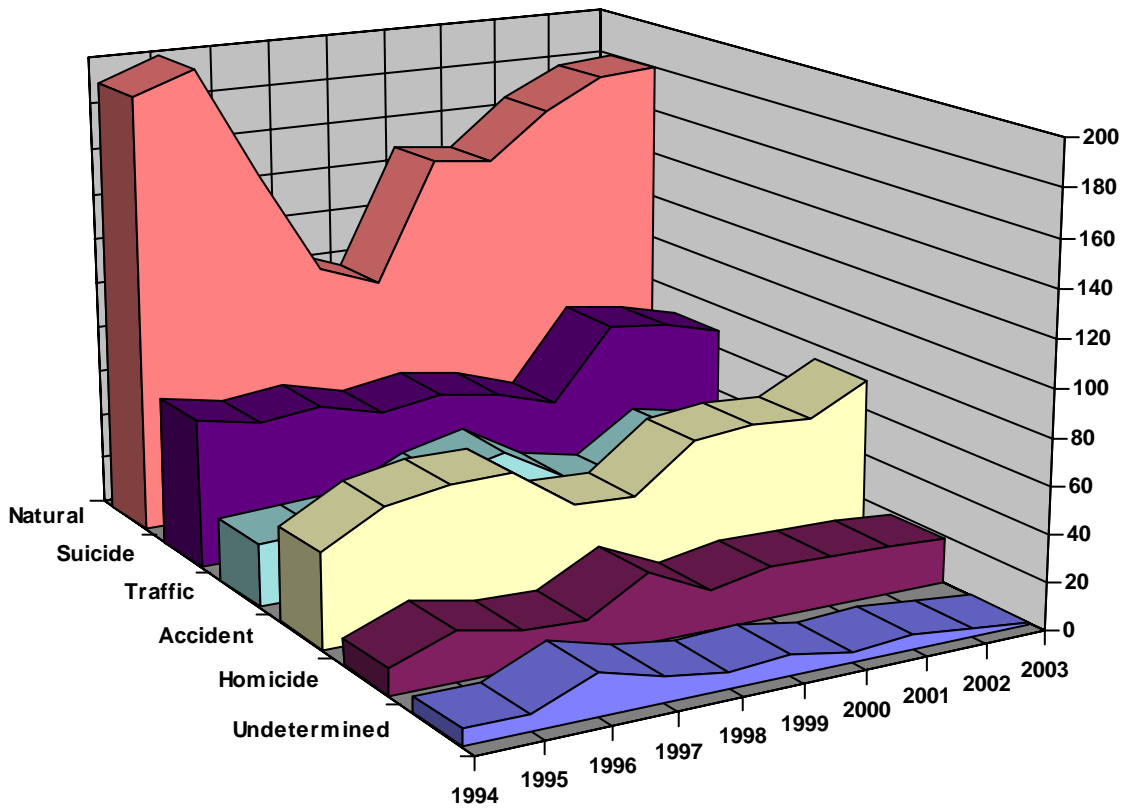
FIGURE 3: JURISDICTION ASSUMED BY ARAPAHOE COUNTY CORONER

TEN-YEAR PERSPECTIVE

This section provides a ten-year perspective on deaths investigated by the Coroner and variation in data from year to year. The table and graph display data by category and year, and provide trends over time.

CORONER'S JURISDICTION CUMULATIVE DATA (PAST 10 YEARS)

Year	Accident	Homicide	Natural	Suicide	Traffic	Undetermined	Total
1994	40	11	191	64	27	7	340
1995	54	21	200	59	28	7	369
1996	59	16	151	62	30	18	336
1997	59	15	106	55	42	11	288
1998	41	29	96	59	48	7	280
1999	40	17	148	55	33	9	302
2000	59	22	145	47	28	4	305
2001	62	21	165	78	45	6	377
2002	60	21	178	75	40	3	377
2003	73	19	180	68	27	1	368
Total	547	192	1560	622	348	73	3342



ACCIDENT

Seventy-three (73) deaths were certified as accidental for calendar year 2003. Of these, the largest single group were people who died as the result of overdoses of drugs including ethanol. This category accounted for 38% (28/73) of accidental deaths.

The second largest group were those due to accidental falls. Drowning was the third leading cause of accidental deaths for the year 2003.

Insert figure 5 here.

FIGURE 5: ACCIDENTAL FATALITIES

ACCIDENT (TRAFFIC)

During 2003, the Coroner's Office participated in the investigation of 27 traffic fatalities. Deaths due to traffic accidents have remained relatively constant over the past five years, ranging from 27 to 48 per year. The information depicted in the accompanying tables and graphs, shows the age distribution of traffic fatalities in Arapahoe County. The peak age is in the range of 21 to 30 years, with male driver deaths almost two times more frequent than female drivers.

Forty-four percent (12/27) of the traffic fatalities were motor vehicle operators. Four motorcycle deaths occurred during 2003. Pedestrians made up 15% (4/27) of traffic related fatalities.

Seat belts were not used in 66% (18/27) of the fatalities, although this number may be erroneously low since pedestrians and motorcycle drivers are included. The use of seat belts was unknown in three other cases. Seat belts were in use for 22% (6/27) of the fatalities. Of the 18 deaths occurring when seat belts were not used, including pedestrians and motorcycle drivers, 66% (12/18) involved males.

Other variables, e.g., type of accident, location of accident, etc., are depicted in the remaining figures.

Insert figure 6 here.

FIGURE 6: TRAFFIC FATALITIES — BY AGE

Insert figure 7 here.

FIGURE 7: TRAFFIC FATALITIES — BY LOCATION OF DECEDENT

Insert figure 8 here.

FIGURE 8: TRAFFIC FATALITIES — SEAT BELTS

Insert figure 9 here.

FIGURE 9: TRAFFIC FATALITIES — BY BLOOD ALCOHOL

Insert figure 10 here.

FIGURE 10: TRAFFIC FATALITIES — BY TYPE OF ACCIDENT

Insert figure 11 here.

FIGURE 11: TRAFFIC FATALITIES — BY DAY OF WEEK

Insert figure 12 here.

FIGURE 12: TRAFFIC FATALITIES — BY TIME OF DAY

HOMICIDE

A death is classified as a homicide when it results from injuries inflicted by another person. The person thus responsible for the injuries may be charged with murder or manslaughter by the prosecuting attorney, or the prosecuting attorney may decline to file charges. Within Arapahoe County, 19 deaths were classified as homicide, approximately 5% (19/368) of the Coroner's death investigations for the calendar year 2003.

The 19 homicidal deaths in 2003 represent a slight decrease over similar deaths in 2002 and 2001, both years having 21 deaths. A review of the data since 1987 shows significant variation from year to year (8 to 28 in number).

A review of weapons responsible for homicidal death indicates that 84% (16/19) were firearms. The remaining three victims died as a result of blunt trauma, asphyxia, and stab wounds. No cases of child abuse occurred in 2003.

As is the case nationwide, male homicide victims are predominant by 73% (14/19). Eighty-five percent (12/14) of these deaths involved firearms. Fifty-seven percent of the male victims (8/14) were in the 21 to 30 year age group.

As in 2002, single and married individuals were more likely to be homicide victims than those who were divorced in 2003. Also, the home (residence) was the most frequent setting for homicide. The distribution of homicidal deaths by day of week and time of day is also shown, as well as racial distribution.

Insert figure 13 here.

FIGURE 13: HOMICIDES — BY MODE

Insert figure 14 here.

FIGURE 14: HOMICIDES — BY MODE BY GENDER

Insert figure 15 here.

FIGURE 15: HOMICIDES — BY AGE

Insert figure 16 here.

FIGURE 16: HOMICIDES — BY RACE

Insert figure 17 here.

FIGURE 17: HOMICIDES — BY BLOOD ETHANOL

Insert figure 18 here.

FIGURE 18: HOMICIDES — BY MARITAL STATUS

Insert figure 19 here.

FIGURE 19: HOMICIDES — BY SETTING

Insert figure 20 here.

FIGURE 20: HOMICIDES — BY DAY OF WEEK

Insert figure 21 here.

FIGURE 21: HOMICIDES — BY TIME OF DAY

SUICIDE

Suicides are those deaths caused by self-inflicted injuries. During 2003 in Arapahoe County there were 68 suicidal deaths, accounting for 18% (68/368) of deaths investigated by the Coroner's office. Examination of the actual number of suicides from the past ten years shows no significant change in absolute numbers.

Sixty percent (41/68) of the 2003 suicidal deaths resulted from the use of firearms. The most frequent site of gunshot wound entrance was in the head 87% (36/41). The remaining deaths involved drug overdoses 16% (11/68), exsanguinations 8% (6/68) and hangings 7% (5/68). Three cases of carbon monoxide asphyxia were seen. Male victims predominated, accounting for 89% (61/68) of the deaths in this category. The mode of death is analyzed by sex in the accompanying tables and figures. Suicidal deaths involving drugs and poisons are also analyzed.

Considering the age distribution of suicidal deaths, a peak between the ages of 41 to 50 is seen for males with a minor peak at ages 31 to 40 years. In females, the peak incidence is between the ages of 31 to 40. Suicide notes were found in 46% (31/68) of the cases. Twenty-five percent of individuals in this category were married.

Other variables (presence of ethanol, as well as the day of the week and day of the distribution) are also depicted in the tables and figures.

Insert figure 22 here.

FIGURE 22: SUICIDES — BY MODE

Insert figure 23 here.

FIGURE 23: SUICIDES — BY MODE BY GENDER

Insert figure 24 here.

FIGURE 24: SUICIDES: GUNSHOT WOUNDS — BY SITE OF ENTRANCE

Insert figure 25 here.

FIGURE 25: SUICIDES — BY DRUGS AND POISONS

Insert figure 26 here.

FIGURE 26: SUICIDES — BY DRUG BY GENDER

Insert figure 27 here.

FIGURE 27: SUICIDES — BY AGE

Insert figure 28 here.

FIGURE 28: SUICIDES — BY SUICIDE NOTE

Insert figure 29 here.

FIGURE 29: SUICIDES — BY BLOOD ETHANOL

Insert figure 30 here.

FIGURE 30: SUICIDES — BY MARITAL STATUS

Insert figure 31 here.

FIGURE 31: SUICIDES — BY DAY OF WEEK

Insert figure 32 here.

FIGURE 32: SUICIDES — BY TIME OF DAY

NATURAL

A death that is classified as natural comes under the jurisdiction of the Coroner because of the sudden and unexpected nature of the death, when there is no physician who has knowledge and awareness of the decedent's condition, or when circumstances surrounding death arouse suspicion. In these situations, the Coroner becomes responsible for certification of death. It should be stressed that the natural deaths investigated by the Coroner's Office are not representative of all natural deaths in the general population. These jurisdictional considerations introduce a significant sampling bias.

In 2003 there were 180 deaths attributed to natural causes that came under the jurisdiction of the Arapahoe County Coroner, representing 49% (180/368) of the cases investigated. These cases are summarized in the accompanying table. Although listed under various headings (i.e., coronary artery atherosclerosis, myocardial infarct, etc.), cardiovascular disease accounted for the greatest proportion of natural deaths.

Insert figure 33 here.

FIGURE 33: NATURAL DEATHS

UNDETERMINED

Deaths are certified as undetermined (or unclassified) manner of death when serious doubt exists as to whether a person met his or her death intentionally or accidentally. Information concerning the circumstances may be lacking because of the absence of background information or witnesses, or because of a lengthy delay between death and discovery. If an extensive investigation and autopsy cannot clarify the circumstances, the death is placed in this category. Within Arapahoe County, there was one death with manner undetermined for the calendar year 2003.

CORONER ACTIVITY

The staff of the Coroner's Office is involved in a wide variety of activities commensurate with the mission of the office, including responding to and investigating the scene of death, performing postmortem examinations, certifying the cause and manner of death, and providing information and assistance to families. Members of the Coroner's staff who are familiar with the emotional trauma of an unexpected death communicate directly with the family, as does the Coroner, who reviews the findings with the families in order to clarify the many questions that accompany a sudden loss of life.

Many cases brought to the Coroner's Office are dealt with in a routine manner, because the identity of the deceased is known and next-of-kin can be readily contacted to decide on final arrangements for the deceased and assist in the disposition of personal property associated with the scene of death. However, there are frequent cases which are difficult to resolve. In these deaths at least one of the items above is missing or very difficult to establish: identification of deceased may require tracing of dental, medical or police records; or some individual may have died leaving no next-of-kin or the next-of-kin is far removed. Ensuring that all leads have been exhausted in pursuit of next-of-kin can be a very time-consuming but ultimately rewarding effort.

The postmortem examination on each decedent includes the preservation of various body fluids and tissues for microscopic and toxicological analyses. Photographs are taken of the external and internal portions of the examination, which are available for review at a later date if needed. Photographic documentation is also an essential item in those cases where the pathologist must provide court testimony.

The Coroner and investigators provide testimony in court and at depositions. Staff participate in meetings with police, other interested physicians, and attorneys (both prosecuting and defending) in a variety of criminal and civil cases. Autopsy reports and related data from individual investigations are provided to agencies such as police and Labor & Industries, to prosecuting attorneys, and to other agencies including the Drug Enforcement Administration and the Consumer Product Safety Commission. Reports on drug caused deaths are sent to the Drug Abuse Warning Network (DAWN). Case information is entered into annual databases of the Coroner's Office. Our office also works in a cooperative effort with regional organ procurement agencies to facilitate organ and tissue donation for transplantation.

Death investigations require frequent contact between the Coroner's Office and various media personnel. Staff are skilled in responding to media inquiries which occur daily. The Coroner and staff participate in a variety of medical conferences, and provide information on a regular basis to law enforcement and medical personnel on various aspects of the role and function of the Coroner's Office. The Coroner in particular, regularly teaches at local police academies as well as the continuing education programs of the Arapahoe County Sheriff's Office and other law-enforcement agencies. The Coroner also holds a clinical faculty appointment in the Department of Pathology at the University of Colorado School of Medicine and regularly participates in teaching medical students and residents. Plans are also currently underway to establish a

fellowship training program in forensic pathology in cooperation with the Denver Coroner's Office.

The data collected and presented in this and other Coroner reports also provides baseline information for further analysis. Coroner staff analyze data to study relevant death investigation topics which have applications in such fields as law enforcement, medicine, law, social sciences and injury prevention. Examples include teenage suicide, child abuse, effects of position restraint, investigation of vehicular traffic accidents, and investigation of anesthetic and medical therapy related deaths.

GLOSSARY OF TERMS

Blood ethanol level	The concentration of ethanol (alcohol) found in blood following ingestion. Measured in grams per 100 ml of blood or grams/dL. In the State of Colorado, 0.10 grams/dL is considered the legally intoxicated level while driving.
Drug	Therapeutic drug: A substance, other than food, used in the prevention, diagnosis, alleviation, treatment, or cure of disease. Recreational drug: A drug used non-medically for personal stimulation/depression/euphoria.
Drug caused death	Death directly caused by a drug or drugs in combination with each other or with alcohol.
Jurisdiction	The jurisdiction of the Coroner extends to all reportable deaths occurring within the boundaries of Arapahoe County, whether or not the incident leading to the death (such as an accident) occurred within the county. Reportable deaths are defined by CRS 30-10-606 as explained in the “Description and Purpose” section of this report. Not all natural deaths are reportable deaths within the jurisdiction of the Coroner.
Manner	A classification of the way in which the cause of death came about, with special reference to social relationships and personal causation. It is the way in which the cause of death came about, whether by force of natural events, by accidental or suicidal self-infliction or by other external forces.
Manner: Accident	Death other than natural, where there is no evidence of intent, i.e., unintentional. In this report, traffic accidents are identified separately.
Manner: Homicide	Death resulting from intentional harm (explicit or implicit) of one person by another or by grossly reckless behavior.
Manner: Natural	Death caused solely by disease. If natural death is hastened by injury (such as a fall), the manner of death will not be considered natural.
Manner: Suicide	Death as a result of a purposeful action (explicit or implicit) to end one’s life.

Manner: Accident Traffic	Unintentional deaths of drivers (automobile, bicycle or motorcycle), passengers, and pedestrians involving motor vehicles on public roadways. Accidents involving motor vehicles on private property (such as driveways) are not included.
Manner: Undetermined	Manner assigned when there is insufficient evidence or information, especially about intent, to assign another manner.
Opiate	Any preparation or derivative of opium, usually heroin.
Poison	Any substance, either taken internally or applied externally, that is injurious to health or dangerous to life, and with no medicinal benefit.

ORGANIZATION OF THE ARAPAHOE COUNTY CORONER'S OFFICE — 2003

