

A photograph of a desert landscape featuring several tall saguaro cacti. The sky is bright blue with scattered white clouds. A large, semi-transparent blue triangle is overlaid on the left side of the image, containing the text.

**2025
PINAL COUNTY MEDICAL EXAMINER'S OFFICE
ANNUAL REPORT**



PINAL COUNTY

WIDE OPEN OPPORTUNITY



PINAL COUNTY MEDICAL EXAMINER'S OFFICE

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The Pinal County Medical Examiner's Office operates 24 hours per day, seven days per week. The office is open to the public 8:00 a.m. to 4:30 p.m., Monday through Friday, except official Pinal County Holidays.

pinal.gov/medicalexaminer

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Deaths of Undocumented Persons

A Message From PCMEO Administration

The Pinal County Medical Examiner's Office (PCMEO) investigates sudden, violent, unexpected, and suspicious deaths that occur within the geographical boundaries of Pinal County and two neighboring jurisdictions (Gila County and Yuma County) in accordance with intergovernmental agreements. The main duties of the Office of the Medical Examiner are to confirm identification of the deceased, determine the cause and manner of death, and certify deaths that fall under the jurisdiction of the medical examiner in accordance with ARS §11-593, subsection B. Because deaths occur around the clock, medical examiner staff members are available 24 hours per day, 365 days per year.

2025 was a transformative year for the PCMEO, marked by yet another record-breaking year in terms of annual caseload, operational growth, professional achievement, and meaningful community engagement. Most notably, after approximately two years of preparation, the office achieved full accreditation through the National Association of Medical Examiners (NAME) in June 2025.

The NAME is a professional organization that establishes nationwide standards for forensic autopsy performance and professional standards and guidelines as they relate to medicolegal death investigations. Full accreditation by NAME reflects adherence to the nationally recognized standards in forensic pathology, death investigation practices, and administrative operations. Accreditation represents not only external validation of the office's professionalism and procedural integrity, but also a commitment to continuous improvement and excellence in the service provided to Pinal County's citizens. Further, calendar year 2025 was the busiest year on record for the PCMEO, which has experienced a fairly consistent annual caseload increase of approximately 7-10% annually over the past five years. The PCMEO's ability to meet historic demand while simultaneously achieving national accreditation underscores the resilience and dedication of the entire staff. To each and every PCMEO staff member, your efforts are recognized and appreciated. We would also like to express our gratitude to Dr. Marcus Nashelsky for his guidance and support throughout the accreditation process. Enjoy your well-earned retirement, sir!

A medical examiner's office also plays a uniquely pivotal role at the intersection of medicine, law, and public health. While much of the PCMEO staff's work occurs "behind the scenes," the PCMEO strives to be proactive in community education. By sharing knowledge, demystifying forensic processes, and fostering collaboration, a medical examiner's office strengthens the entire ecosystem that surrounds death investigation and community well-being.

Throughout 2025, the PCMEO continued to host the formal clinical rotations of medical students from A. T. Still University School of Osteopathic Medicine in Mesa and interns from various colleges and universities via our Forensic Technician Internship Program, which has engaged participants in critical clinical analysis in addition to allowing them to obtain a unique opportunity to gain hands-on experience. These programs help interns and student doctors understand reporting requirements, death certification standards, and the medical examiner's investigative process, resulting in more accurate documentation and smoother case coordination, educational outreach, and helping bridge the gap between clinical medicine and forensic pathology. Partnerships with medical schools and academic programs cultivate the next generation of physicians and scientists. By offering shadowing and hands-on learning opportunities, the PCMEO helps to expose students to the critical role of forensic pathology in society.

This collaboration not only strengthens the talent pipeline for a specialty facing national shortages but also inspires medical professionals by emphasizing the importance of careful observation, unbiased analysis, and lifelong learning.

To share our knowledge with the scientific and law enforcement communities, we have presented several case reports at various national scientific conferences in 2025, including the American Academy of Forensic Sciences Annual Conference in New Orleans, in addition to providing death investigation lectures and seminars to Pinal County Superior Court and Probation personnel, Arizona Department of Public Safety interns, Arizona Attorney General's Office interns, and high school students enrolled in the CAVIT law enforcement program.

Public health agencies rely on medical examiners as sentinel observers of community health. Outreach that explains how death data is collected, interpreted, and shared helps public health officials respond more effectively to issues such as overdoses, drug effects on suicides or motor vehicle accidents, infectious disease outbreaks, environmental hazards, and violence trends. In 2024, the PCMEO was awarded a grant by the ADHS and Pinal County Public Health to conduct a study on the effects of drugs on persons who have committed suicide. The study is scheduled to continue until 2028, and the results should have valuable public health impacts. This collaboration also supports quality improvement: trends identified in autopsy findings can inform hospital practices, highlight emerging health threats, and ultimately improve patient safety. The PCMEO also plays a significant role in the various Pinal County Fatality Review Boards, with two PCMEO staff members serving as the chair of their respective boards (overdose and suicide) in 2025.

In issuing this 2025 Annual Report, the PCMEO extends our sincere gratitude to the Pinal County Board of Supervisors, our various partners in the Pinal County law enforcement and public health community, and our medical center partners for their support of the PCMEO and the services we provide to the citizens of Pinal County.



John X. Hu, MD, Ph.D.
Chief Medical Examiner



André A. Davis, F-ABMDI
Division Manager-Operations

Office Overview

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**PINAL COUNTY
MEDICAL EXAMINER**

MISSION

The Pinal County Medical Examiner's Office strives to accomplish its mission to conduct thorough and professional medicolegal death investigations of individuals who have died under statutorily defined circumstances within the geographical boundaries of Pinal and contracted neighboring Counties. The results of the death investigation are reached objectively and communicated independently to relevant agencies, industries, and members of the public in effort to enhance public safety and health.

VISION

The Pinal County Medical Examiner's Office and all personnel strive to be recognized as a trustworthy source of accurate, scientifically-based assessments of deaths in our community. This is achieved by having certified practitioners perform industry-standard professional death investigations.

VALUES

Service ~ We hold service to be the highest of values. We commit to effective, positive, ethical, and compassionate service to all members of the public and to one another.

Integrity ~ We commit to being professional and courteous in all our interactions, both with the public we serve and with each other. We commit to being honest, ethical, and diligent -- to do our best. We commit to being personally accountable for our words and actions and to help cultivate an organization of integrity by expecting the same of others. We do the right thing, even when no one is watching.

Compassion ~ We commit to being empathetic, both to the public we serve and to one another, to be mindful of our speech and actions and how they may affect others. We recognize that honest, kind communication, even in the face of conflict, is an act of compassion.

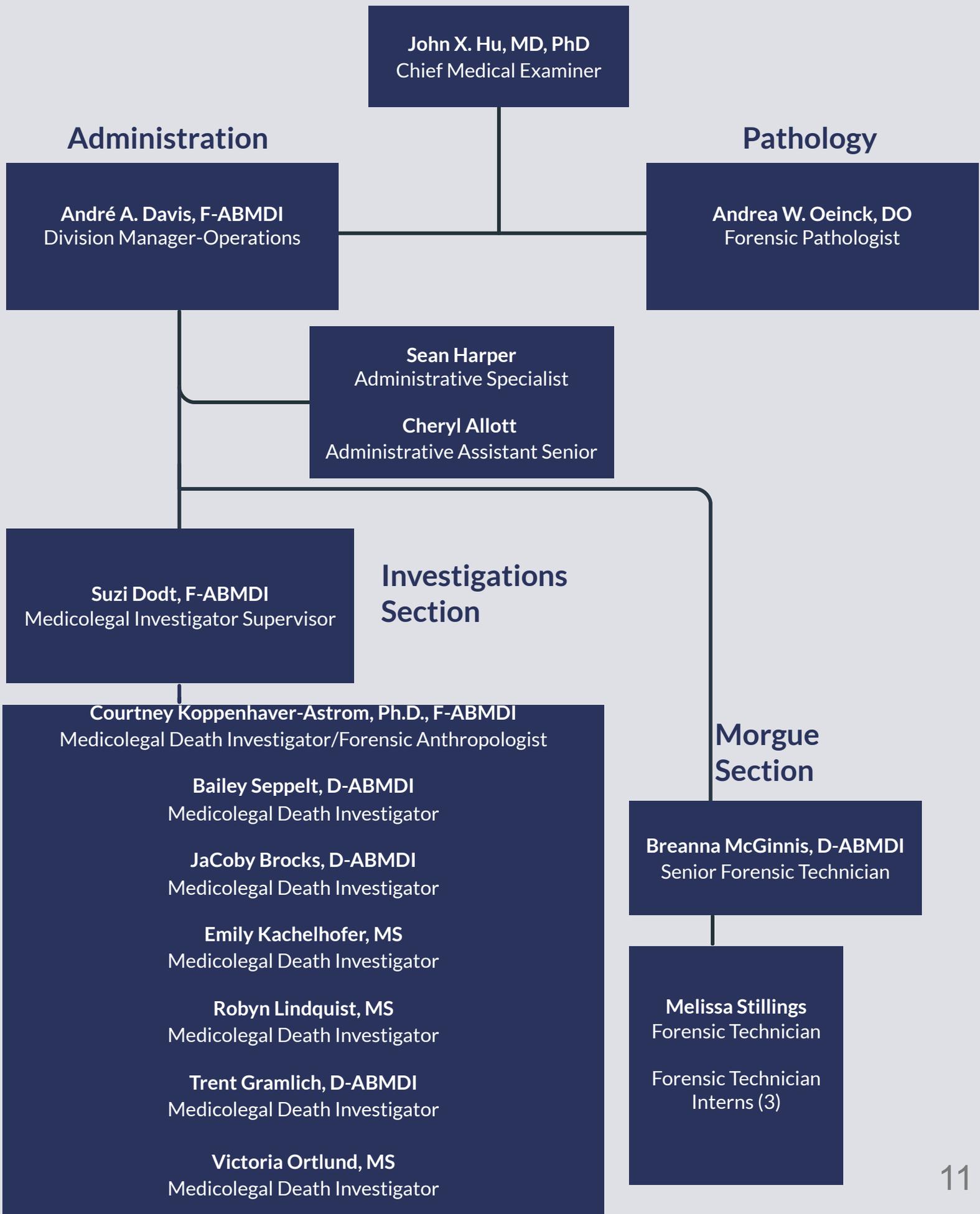
Positivity ~ We recognize that our perspective is critical to our attitude and that realistic assessments do not require negativity. We commit to approaching challenges with a positive attitude.

Adaptability ~ We recognize that nothing is constant. We commit to seeing the positive in change, that it is an opportunity for improvement.

Teamwork ~ We recognize the critical importance of other members of our department and of those outside our department with whom we work – we all have a role to play on the team. We commit to cultivating a positive, collaborative, service- and solutions-oriented environment by working together.

Boundaries ~ We recognize that we must speak and act within certain bounds, that in order to be effective as a team we must focus on doing our best in our role on the team. We commit to working diligently within the bounds of our roles, being mindful not to attempt to take on inappropriate roles or to judge or undermine those in other roles.

ORGANIZATION CHART



MEDICOLEGAL DEATH INVESTIGATIONS



ABMDI

American Board of
Medicolegal Death Investigators

The PCMEO employs seven full-time medicolegal death investigators (MDIs). MDIs are considered to be the "eyes and ears" of the forensic pathologist and are responsible for triaging death calls from local law enforcement, medical center, and funeral home personnel and determining whether the circumstances of death meet the criteria to invoke ME jurisdiction (in accordance with ARS §11-593, subsection B) 24 hours a day, seven days a week, 365 days per year.

If the known circumstances of death are determined to meet ME jurisdiction, MDIs will respond to the death scene and perform an investigation that includes photo documentation of the scene, a non-invasive examination of the decedent's body in an effort to identify and document evidence of disease or injury, and conduct interviews with individuals with pertinent knowledge of the circumstances of death and/or the decedent's medical/social history. MDIs also play a critical role in conducting research to identify, locate, and facilitate notification of death to legal next of kin, and in obtaining the information necessary to establish positive identification for previously unidentified individuals.



All new-hire MDIs must obtain registry (basic) certification with the American Board of Medicolegal Death Investigators (ABMDI) within two years of hire. ABMDI is a voluntary, national, not-for-profit, independent, professional certification board established to promote the highest standards of practice for medicolegal death investigators. The PCMEO is proud to employ three ABMDI board-certified (advanced level) MDIs, the highest number of advanced-certified MDIs in the state of Arizona.

FORENSIC TECHNICIANS

The PCMEO employs two full-time forensic technicians (FTs). FTs are highly skilled individuals who assist the forensic pathologist with all aspects of the over 650 postmortem forensic examinations performed in 2025, including an inventory of the decedent's property and personal effects, forensic photography, organ evisceration, collecting and packaging evidence, collecting and submitting biological specimens for toxicological analysis, and obtaining radiographs.

Further, PCMEO forensic technicians are primarily responsible for mentoring student interns admitted to the PCMEO's Forensic Technician Internship Program. The PCMEO Forensic Technician Internship Program provides qualified college students with the opportunity to gain valuable hands-on experience in various aspects of the medicolegal field while assisting FTs in their day-to-day duties and receiving instruction from PCMEO forensic pathologists.



ADMINISTRATIVE SECTION

The PCMEO employs two full-time administrative personnel who perform a range of essential tasks. Duties assigned to administrative section personnel include entry of pertinent decedent demographic and circumstances of death information into the State of Arizona Database Application for Vital Events (DAVE), the system in which all relevant information to be entered into a decedent's death certificate is registered, and The Medical Electronic Data Intelligence System (MEDSIS), a statewide system hosted and supported by the Arizona Department of Health Services. MEDSIS is used by local and tribal health departments for disease surveillance and by individuals and institutions responsible for reporting communicable diseases. Administrative personnel also process approximately 550 records requests annually and act as the primary custodians of all PCMEO records. Further, administrative personnel are responsible for transcribing dictated autopsy reports, billing and invoicing, accounts receivable, procurement and inventory control, submitting updates to the "case search" feature of the PCMEO website, and processing employee timesheets and employee requests.



Arizona Revised Statutes (ARS) and the Medical Examiner

Pursuant to Arizona Revised Statute (ARS) §11-593, the Office of the Medical Examiner provides death investigation and postmortem examination services for deaths that occur within the geographical boundaries of Pinal County and are considered to be sudden, violent, suspicious, unexplained, or unattended. The Medical Examiner has the authority to order an autopsy at any time it is deemed necessary to determine or confirm the cause and manner of death. Not all deaths reported to the Pinal County Medical Examiner's Office fall under the jurisdiction of the Medical Examiner. Some of the deaths reported are signed by the decedent's primary care physician. The death must occur within the borders of Pinal County in order to be considered a Pinal County Medical Examiner's Case.

§11-593. Reporting of certain deaths; failure to report; violation; classification

A. Any person having knowledge of the occurrence of the death of a human being, including a fetal death that is required to be reported pursuant to subsection B of this section, shall promptly notify the nearest peace officer of all the information in the person's possession regarding the death and the circumstances surrounding it.

B. Reporting is required in the following circumstances:

1. Death when not under the current care of a health care provider as defined pursuant to section §36-301.
2. Death resulting from violence.
3. Unexpected or unexplained death.
4. Death of a person in a custodial agency as defined in section §13-4401.
5. Unexpected or unexplained death of an infant or child.
6. Death occurring in a suspicious, unusual, or unnatural manner, including death from an accident believed to be related to the deceased person's occupation or employment.
7. Death occurring as a result of anesthetic or surgical procedures.
8. Death suspected to be caused by a previously unreported or undiagnosed disease that constitutes a threat to public safety.
9. Death involving unidentifiable bodies.

Arizona Revised Statutes (ARS) and the Medical Examiner (continued)

§36-861. Medical examiner; release of information

A. The county medical examiner or individual legally delegated that authority shall release the name, contact information, and available medical and social history of a decedent whose body is under the jurisdiction of the medical examiner to:

1. The designated procurement organization, hospital, accredited medical school, dental school, college, or university of an anatomical gift executed pursuant to section §36-844.
2. Any procurement organization under procedures adopted by the medical examiner for the coordination of the procurement of anatomical gifts.

B. If the decedent's body or part is medically suitable for transplantation, therapy, research, or education, the medical examiner or individual legally delegated to that authority shall release postmortem examination results to a procurement organization. The procurement organization may make a subsequent disclosure of the postmortem examination results or other information received from the medical examiner only if relevant to transplantation or therapy.

In accordance with Arizona Revised Statute §36-861, Pinal County Medical Examiner's Office partners with Donor Network of Arizona for the procurement of anatomical gifts. The PCMEO supports corneal donation, enabling the improvement and restoration of sight for those who have suffered from ocular trauma and disease. We also support all forms of tissue donation, including bone, cardiovascular, connective, and skin tissues. Donor Network of Arizona helps an estimated 1000 Arizonans annually through tissue donation and even more with cornea donation. All donations requested through the PCMEO are authorized by our medical examiners.

Organ and Tissue Donation

Pursuant to A.R.S. §36-861, the Pinal County Medical Examiner's Office works to ensure that donation is an option for the families of individuals who die outside of Arizona hospitals. The PCMEO partners with the Donor Network of Arizona to coordinate and procure anatomic gifts. Anatomic gifts can be life-saving for organ and tissue recipients, and these donations are always in short supply. In 2025, the PCMEO referred a total of 387 cases to the Donor Network of Arizona for procurement, a 15% increase from the number of cases referred in calendar year 2024.

ORGAN DONORS
3

TISSUE DONORS
32

OCULAR DONORS
20

HEART VALVE
DONORS
18

Quarter	Non-Hospital Referrals	Referrals into Tissue or Ocular Donors	Conversion Rate
Quarter 1, 2025	94	6	6.4%
Quarter 2, 2025	103	18	17.5%
Quarter 3, 2025	82	11	13.4%
Quarter 4, 2025	108	15	13.8%



A Donate Life Organization



Definitions

Cremation Permit Authorization: All cremations, regardless of the medical examiner's jurisdictional determination following the death, must be authorized by the County Medical Examiner to ensure that any evidence of criminal activity is not destroyed.

Declined Jurisdiction: refers to cases that are reported to the Medical Examiner's Office, but jurisdiction is not invoked as the circumstances of death do not meet PCMEO criteria subsequent to Arizona Revised Statute (ARS) § 11-593.

Invoked Jurisdiction: refers to cases that are reported to the Medical Examiner's Office and jurisdiction is invoked in accordance with Arizona Revised Statute (ARS) § 11-593.

Examinations: postmortem examinations to include external examinations, limited examinations, and full examinations conducted by the Medical Examiner.

- Full Autopsy: a complete external and internal examination of a decedent.
- Limited Examination: an examination in which dissection of the body is limited to a specific organ or region of the body, i.e., heart. The limited examination also includes an external examination.
- External Examination: an examination that is limited to the external surfaces of a decedent's body.

Exhumation: the act of unearthing a buried individual, often by court order, for the purposes of medicolegal investigation and postmortem examination.

Death Certificate Case: also referred to as "body not admitted": cases that meet the Arizona Revised Statute (ARS) § 11-593 criteria, and thus, PCMEO jurisdiction is invoked; however, a postmortem examination is not required in an effort to certify the death.

Unclaimed Remains: refers to cases in which, following exhaustive efforts, the PCMEO was unable to identify any person or parties willing to arrange for the burial or cremation of the decedent. These individuals are referred to the Pinal County Public Fiduciary's Office Indigent Disposition Program for the arrangement of final disposition.

Project Updates & Community Involvement



PINAL COUNTY
MEDICAL EXAMINER'S OFFICE

PCMEO HAS EARNED ACCREDITATION BY THE NATIONAL ASSOCIATION OF MEDICAL EXAMINERS (NAME)

In June 2025, the Pinal County Medical Examiner's Office became the fourth medical examiner's office in the state of Arizona to receive full accreditation by the National Association of Medical Examiners (NAME). This achievement was the result of approximately two years of preparation for the rigorous application and site inspection process that assessed all aspects of office operations, including but not limited to administrative and record-keeping practices, death investigation protocols, and



postmortem examination practices. Ultimately, the PCMEO demonstrated that the office meets the highest standards of practice as established by NAME. A special thank you to all PCMEO staff for your contribution to such a monumental achievement.



PCMEO PARTNERS WITH THE UNIVERSITY OF JAMESTOWN-PHOENIX



In January 2026, the University of Jamestown-Phoenix launched a two-year pathologists' assistant graduate program to prepare students for careers in surgical and autopsy pathology. "This program is more than just a degree," said Cheryl Germain, Program Director and a nationally recognized leader in pathology education. "We are preparing students who not only excel in their technical training but also embody values of compassion, professionalism, and service."



The PCMEO is honored to announce that we have been selected as a clinical rotation site for students enrolled in the program, and expect to receive the first round of students in January 2027.

Special thanks to Program Coordinator Trevor Wolfe and Program Director Cheryl Germain for this amazing opportunity to be a part of the training and development of future pathology professionals.

PINAL COUNTY BOARD OF SUPERVISORS ISSUES PROCLAMATION IN HONOR OF PCMEO INVESTIGATIVE STAFF



2026 marked the third year in which PCMEO investigative personnel were recognized by the Pinal County Board of Supervisors. During the regular session meeting on January 21, 2026, the board issued a proclamation that designated the week of January 25 through January 31, 2026, as National Medical Examiner Death Investigator Week. The proclamation issued read as follows:

WHEREAS, the Pinal County Medical Examiner’s Office is an independent agency serving the county’s citizens and honoring the deceased by investigating the circumstances under which deaths occur within Pinal County and contracted neighboring counties; and

WHEREAS, the Pinal County Medical Examiner’s Office is one of four medical examiner’s offices in the state of Arizona fully accredited by the National Association of Medical Examiners (NAME); and

WHEREAS The Pinal County Medical Examiner’s Office employs the highest number of board-certified medicolegal death investigators in the State of Arizona, ensuring that citizens are served by qualified and experienced medicolegal investigators who are capable of performing knowledgeable, comprehensive, and compassionate investigations into the deaths of our citizens and visitors; and

WHEREAS, these professionals represent decedents, their families, and the community to ensure that suspicious, violent, unattended, unexplained, and unexpected deaths are investigated and that a cause and manner of death are determined; and

WHEREAS, with an emphasis on ethical, qualified, independent, and thorough death investigations, medicolegal death investigators have established themselves as an indispensable component of the public health and law enforcement systems, effectively speaking for those who can no longer speak for themselves.

NOW, THEREFORE, BE IT RESOLVED, by the Pinal County Board of Supervisors: The members of the Pinal County Board of Supervisors, by this proclamation, recognize the week of January 25 through January 31, 2026, as “National Medicolegal Death Investigator Week” in honor of the public service of the Pinal County Medical Examiner’s Office and medicolegal death investigators. Proclaimed this 21st day of January 2026.



FEDERAL MISSING AND UNIDENTIFIED PERSONS GRANT UPDATE

The Pinal County Medical Examiner's Office (PCMEO) was one of five recipients of the 2023 Missing and Unidentified Human Remains Grant from the Bureau of Justice Assistance issued to counties/local government agencies. The grant period began in October 2023 and is estimated to end in late 2026.

We are happy to report that year two of the grant work, 2025, was just as productive and successful as the prior year.

In 2025, with the assistance of the governments in Guatemala, Mexico, and Canada, as well as law enforcement agencies in eight jurisdictions, we collected 70 DNA samples from family members of 51 missing persons for entry into the CODIS national DNA database.

Many of the DNA samples were collected during the Missing in Arizona Day event, held on October 18, 2025. This event was held in collaboration with Arizona State University-West Valley Campus, and families of missing persons were invited to attend in order to file or update a missing person report, provide their DNA reference samples, and bring photographs, medical records, fingerprints, and dental records to help aid in the search for their missing loved ones. The event had 31 volunteers from local law enforcement agencies, medical examiners, and other missing person organizations, as well as 28 support organizations offering resources and information for the families. Family members came from Arizona, California, and even Mexico to participate. Event planners were also contacted by several families who could not attend in person, some of whom were calling from outside of Arizona. One of these families received a resolution for their missing person, who was identified as an unidentified person at a local medical examiner's office since the summer of 2024.

In addition to that identification, there were also four additional case resolutions as a result of the grant efforts during 2025:

- An unidentified person discovered in 1984 was identified as an individual who was last seen and reported missing in 1983 in a neighboring Arizona county. Due to the proximity and time elapsed between the two incidents, investigators had suspected the remains were those of the missing person, but were unable to confirm the suspicion due to limited technological capabilities at the time. DNA analyses were attempted again in 2025 and successfully confirmed that the remains were those of the missing person. While the circumstances of his disappearance revealed no signs of foul play, the manner of death for this individual was homicide. After 42 years, the family of the missing person has finally been given answers as to his disappearance and was able to lay their loved one to rest. The homicide investigation was reopened and is ongoing.
- An unidentified person discovered in 2021 was identified as a local individual who was last seen in 2020. The DNA profile obtained from the unidentified remains was uploaded to CODIS in 2023, but no matches were found. In December 2024, we collaborated with Othram, who were able to determine the probable identity of the individual through Forensic Genetic Genealogy (FGG) research. Upon speaking with the family identified through the genealogy work, they relayed that they had not reported him missing to a law enforcement agency, as they did not know much about his last known whereabouts. Comparative DNA analysis, facilitated by the grant funds, confirmed that the remains were those of the missing person.
- An unidentified person discovered in 2014 in Texas was identified through a CODIS match as an individual who was last seen in 2014, less than one month prior to the discovery of the remains. The family of the missing person believed he had attempted to enter the US from Mexico through Arizona, and had provided their DNA to PCMEQ via collaboration with the Ecuadorian Consulate. They have now been given answers, and his remains were returned to his family in Ecuador.
- An unidentified person discovered in 2024 was identified through a CODIS match as a local Native American individual who was last seen and reported missing in 2020. The family has now been given the answers they had been seeking for five years.



In addition to resolving the missing persons and unidentified remains cases, we participated in many activities to help facilitate communication among the many agencies that are involved in these types of cases.

We were selected to lead two sessions discussing the methodology and results of our project at the National Missing and Unidentified Persons Conference (MUPC) in Las Vegas, Nevada. The event was held April 15-17, 2025, with more than 300 attendees from 42 US states and international participants.

In May 2025, we were invited to participate in a summit organized by local foreign consulates. The summit, attended by more than 35 representatives from 12 agencies in Arizona, was designed to strengthen interagency collaboration among consular representatives and medical examiners. Discussions focused on the planning for the Missing in Arizona Day event, the role of consulates in supporting the initiatives, the Missing Alien Program, and efforts to assist in the identification and reunification of human remains.



All these activities will continue in 2026. We hope for many more resolutions of missing persons and unidentified remains cases in Arizona, the US, and beyond as we continue to assist in increasing the number of submissions of missing persons' DNA to the national database.

PCMEO INSTRUMENTAL IN THE FIRST MISSING IN ARIZONA DAY SINCE THE COVID-19 PANDEMIC

PCMEO Investigations Supervisor Suzi Dodt and Investigator/Forensic Anthropologist Dr. Courtney Koppenhaver-Astrom collaborated with Maricopa County Medical Examiner's Office Investigator Christen Eggers to coordinate, plan, and execute the first Missing in Arizona (MIA) Day since the COVID-19 pandemic. Held on October 18, 2025, MIA Day is a regional event in which the families and friends of missing persons have the opportunity to meet with local law enforcement personnel to report missing persons, share information, and help identify unidentified remains by providing DNA samples. Representatives from multiple foreign consulates, law enforcement agencies, humanitarian organizations, and local and national missing persons organizations were on hand to raise awareness of unsolved cases, provide resources for families, and support the search for missing loved ones. The turnout exceeded expectations, and the event was executed flawlessly. Thank you, Suzi, Courtney, and Christen, for your dedication, passion, and impact on addressing America's "silent crisis."



PCMEO HOSTS THE FIRST ANNUAL WOMEN IN FORENSICS SEMINAR



In March 2025, the PCMEO hosted the first annual Women in Forensics Seminar. The two-day event was designed to provide high school seniors and current college students with an interest in forensics the opportunity to hear from women representing various career paths in the forensic sciences, learn about their roles and experiences, and expand their knowledge of the different employment “avenues” available to them following graduation. The March 2025 event was attended by 85 young women who were able to hear the first-hand experiences from multiple speakers, including a forensic pathologist/medical examiner, medicolegal death investigator, criminal prosecutor, sexual assault nurse examiner (S.A.N.E.), crime scene technician, forensic technician,

forensic anthropologist, forensic entomologist, homicide detective, and DPS crime laboratory supervisor. Special thanks to all the presenters who helped participants gain valuable insight into forensic careers. Your involvement helped to educate and encourage the next generation of forensic professionals.

PCMEO PARTICIPATES IN MOCK DUI EVENTS

The PCMEO was honored to partner with Arizona Youth Partnership and participate in multiple mock DUI events in eastern Pinal County in 2025. The mock DUI events are staged, educational simulations designed to demonstrate to high school students the real-world consequences of driving under the influence of drugs or alcohol.



DEATH INVESTIGATION SEMINARS

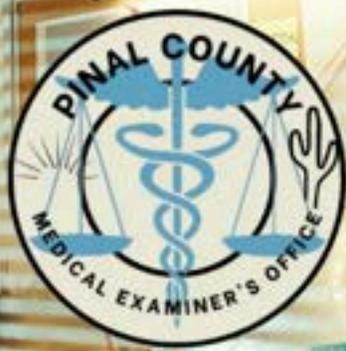


In 2024, the PCMEO began hosting monthly death investigation seminars, free of charge, for our law enforcement and medical center partners. The seminars cover a wide range of medicolegal topics and are designed to expand participants' knowledge of injury and wound patterns of various types, the pathophysiology of injuries, and best practices for preserving evidence on the body of a deceased subject. Participants also have the opportunity to view a postmortem examination (autopsy) immediately following the lecture portion of the seminar. Following the success of the monthly seminars in 2025, we are proud to announce that the PCMEO will continue to provide monthly lectures throughout 2026.

2026 Monthly Seminar Schedule

- January-** Death Investigation for Patrol Officers and First Responders
- February-** Deaths in Custody
- March-** Women in Forensics Seminar (**college and high school students**)
- April-** Drowning Deaths
- May-** Fire Death Investigations
- June-** Suspicious Appearing Natural Deaths
- July-** Acute Overdose Deaths and Forensic Toxicology
- August-** Missing and Unidentified Persons
- September-** Child Death Investigations
- October-** Uncommon and Unusual Deaths
- November-** None in observance of major holidays.
- December-** None in observance of major holidays.

International Association of Identification CE credit approved!



WOMEN IN FORENSICS SEMINAR

About Our Event!

Join us in Chandler, AZ, for a two-day symposium celebrating women in forensics! Featuring presentations by women discussing their first-hand experiences in multiple disciplines, this event is intended for high school seniors and college students considering a career in forensic investigations or criminal justice.



SATURDAY-SUNDAY
MARCH 28 & 29, 2026
8:30 AM - 4:00 PM



CHANDLER PUBLIC SAFETY
TRAINING CENTER
3550 SOUTH DOBSON ROAD
CHANDLER, AZ 85225

Join Now!

Registration is FREE.

Space is limited to 100 participants. Be sure to secure your spot by March 10, 2026!



- Medical Examiner ◀
- Crime Scene Technician ◀
- Medicolegal Death Investigator ◀
- Forensic Autopsy Technician ◀
- Forensic Anthropologist ◀
- Homicide Detective ◀
- Forensic Psychologist ◀
- Firearms and Toolmarks Examiner ◀
- Forensic Genealogist ◀



PINAL COUNTY
WIDE OPEN OPPORTUNITY

Pinal County Medical Examiner's Office

Forensic Technician Internship

The Pinal County Medical Examiner's Office (PCMEO) is currently accepting applications for the Forensic Technician Internship Program! The Forensic Technician Intern will gain hands-on experience while assisting PCMEO Forensic Pathologists, Forensic Technicians, and Medicolegal Death Investigators with the day-to-day operations of the office, including exam photography, evidence collection, postmortem examination processing, and radiograph imaging. The internship is unpaid, will require a minimum of twelve (12) hours weekly (Monday-Friday) for a period of one semester, and will require work with deceased humans, sometimes in unpleasant conditions.

What Does the Medical Examiner's Office Do?

The PCMEO has the statutory obligation to investigate deaths that occur violently, suddenly, when in apparent good health, unnaturally, unusually, in association with one's occupation or employment, or under suspicious circumstances within the geographical boundaries of Pinal County and determine the cause

and manner of death for each case. To accomplish this mission, the PCMEO employs a team of forensic pathologists, more commonly known as medical examiners. Assisted by forensic technicians, these forensic pathologists perform postmortem examinations or autopsies with the goal of determining the cause and manner of death for each case. A total of 1,556 cases were reported to and investigated by the PCMEO in 2025.

What Kind of Jobs Will This Internship Prepare me For?

With additional education and training, the PCMEO Forensic Technician Internship Program may serve as an entry into the job market as:

- Forensic Autopsy Technician
- Medicolegal Death Investigator
- Law Enforcement Officer (state, local, or federal)
- Crime Scene Technician
- Forensic Anthropologist
- Fingerprint Technician
- Organ Procurement Technician
- Firearms and Toolmarks Examiner
- Evidence Technician
- Medical Examiner/Coroner
- Nursing
- Forensic Nursing
- Forensic Toxicologist
- EMT/Paramedic
- Forensic Odontologist



What are the Requirements for the Forensic Technician Internship Program?

The Forensic Technician Internship is open to all academic majors who meet the established requirements. To be considered for the program, applicants must meet the following criteria:

- Applicant must be at least 18 years of age at the time of application.
- Applicant must either:
 - Be currently enrolled in a college or university at least part-time and in good academic standing or;
 - Have graduated from a college or university no more than six (6) months before the application deadline.
- Completion of an introductory-level Anatomy/Physiology course with a grade of “B” or higher is strongly recommended but not required.
- Successfully complete a criminal background check.

What is the Application Process?

All applicants must submit the following documentation prior to the stated deadline:

- Completed application form
- Letter of interest (description of educational background and career goals)
- Two academic letters of recommendation
- Non-official transcripts

Applicants accepted into the program must be willing to obtain and/or submit proof of the following immunizations:

- Measles, Mumps, and Rubella
- Hepatitis B
- Tetanus booster (within 10 years)
- TB skin test (less than one year)

Applicants should contact the PCMEO to confirm that all application materials have been received. Incomplete applications will not be considered:

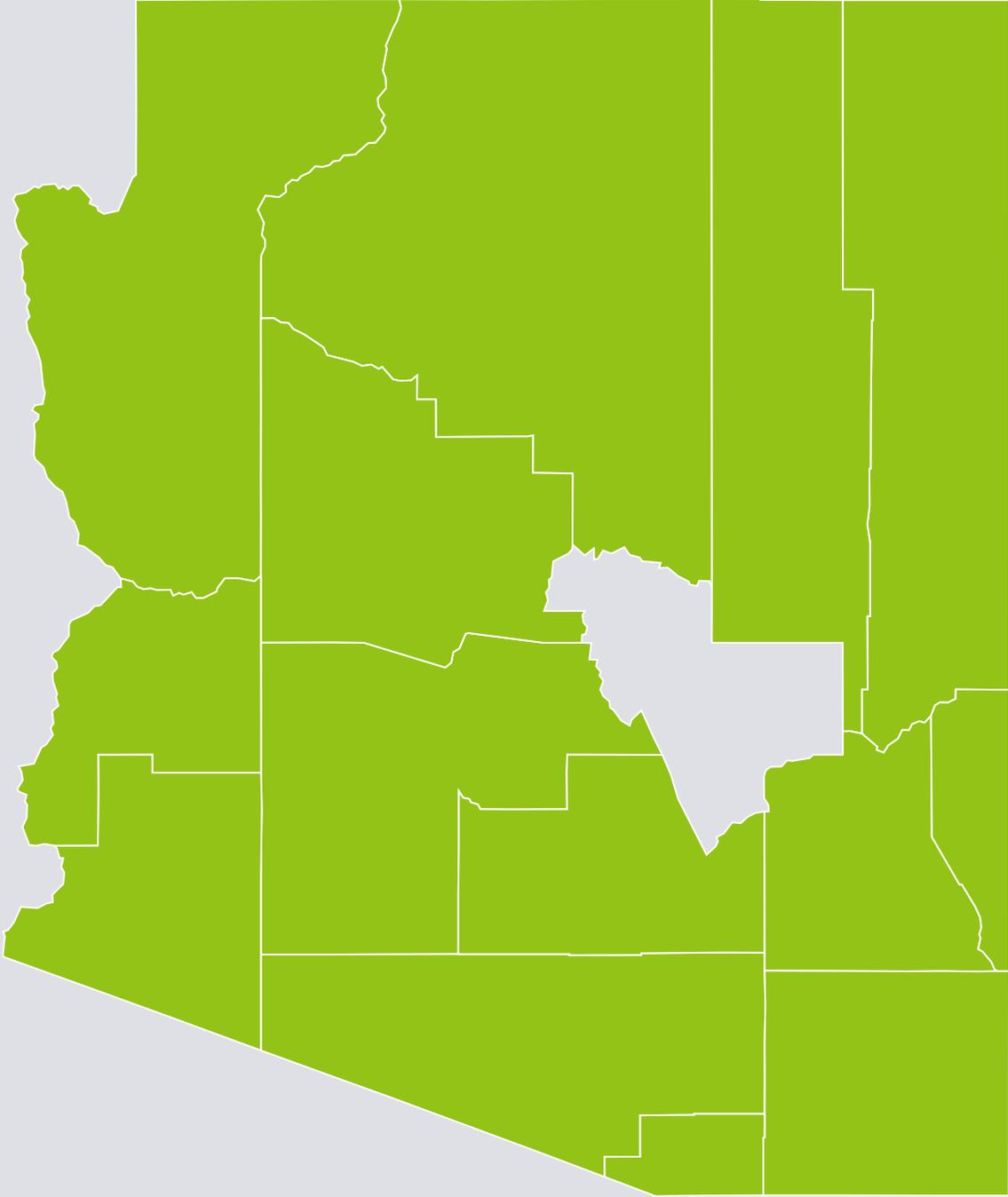
How do I apply?

Interested individuals who meet the criteria above may submit their completed application, along with a letter of interest, non-official transcripts, and letters of recommendation, via email to andre.davis@pinal.gov. Please be advised that not all internship applicants are accepted into the program.



Questions? Please email andre.davis@pinal.gov

GILA COUNTY CASELOAD



GILA COUNTY AT A GLANCE

Located approximately 130 miles northeast of the metro Phoenix area, Gila County comprises 4,795 square miles of primarily mountainous and woodland terrain. According to the US Census Bureau, 54,073 individuals resided in Gila County in 2024 (the most recent year for which population data is available), with the most populous areas being Payson, Globe, and San Carlos. Gila County is also home to three Native American Communities: the Fort Apache Indian Reservation, the San Carlos Apache Indian Reservation, and the Tonto Apache Indian Community.



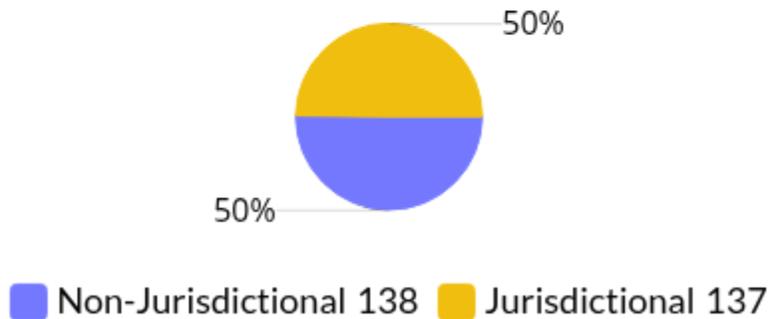
The US Census Bureau documents the racial/ethnic makeup of Gila County as consisting of 77.7% White (non-Hispanic), 18.6% Hispanic, 18.2% Native American, 1.0% African American, 0.9% Asian, 0.2% Native Hawaiian/Pacific Islander, and 2.0% of individuals that identify as two or more races. The median household income in 2024 was \$61,986, and approximately 19.1% of residents were at or below the federal poverty line. Approximately 4,677 Gila County residents identify as veterans, and 3.6% of them are foreign-born. 90.5% of Gila County residents aged 25 or older have obtained a high school diploma, while 18.7% have obtained a bachelor's degree or higher.

Gila County Caseload

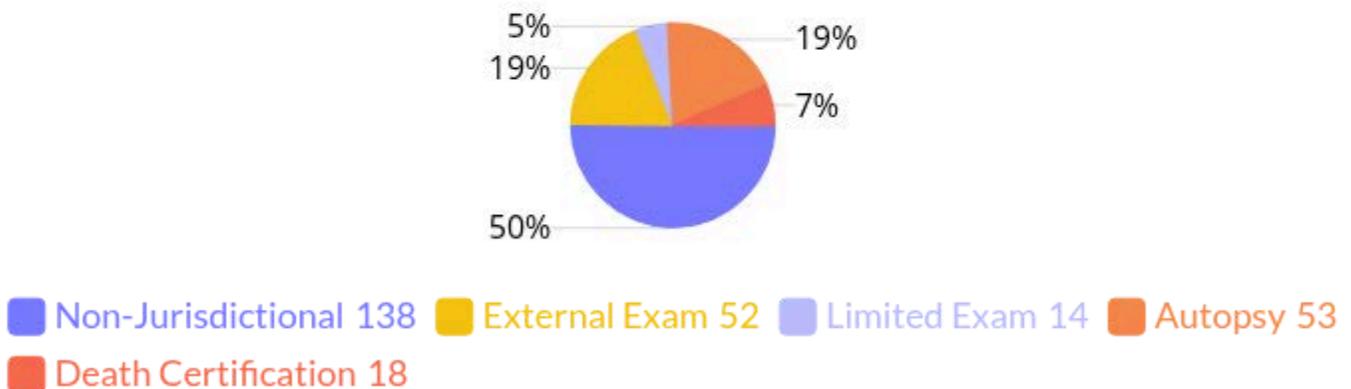
Subsequent to an intergovernmental agreement effective July 01, 2020, the Pinal County Medical Examiner's Office investigates sudden, violent, unexpected, and suspicious deaths that occur within the geographical boundaries of Gila County. 275 Gila County deaths were reported to and subsequently investigated by the Pinal County Medical Examiner's Office in 2025. Of the 275 cases reported, the PCMEO invoked jurisdiction and determined the cause and manner of death for 137 cases:

Gila County population (US Census Bureau).....	54,073
Total Gila County Deaths (ADHS).....	917
Total cases reported to the PCMEO	275
ME jurisdiction invoked.....	137
Number of deaths certified after postmortem examination	119
Number of deaths certified without postmortem examination.....	18
Number of deaths not certified by the Medical Examiner's Office.....	138
Non-human remains.....	1
Exhumations.....	0
Cremation permit authorizations.....	585
Number of unidentified at the time of the initial death report.....	20
Number of unidentified following investigation/examination.....	2
Unclaimed remains.....	6
Average toxicology turnaround.....	13.4 days

2025 Gila County Caseload
By Jurisdictional Determination

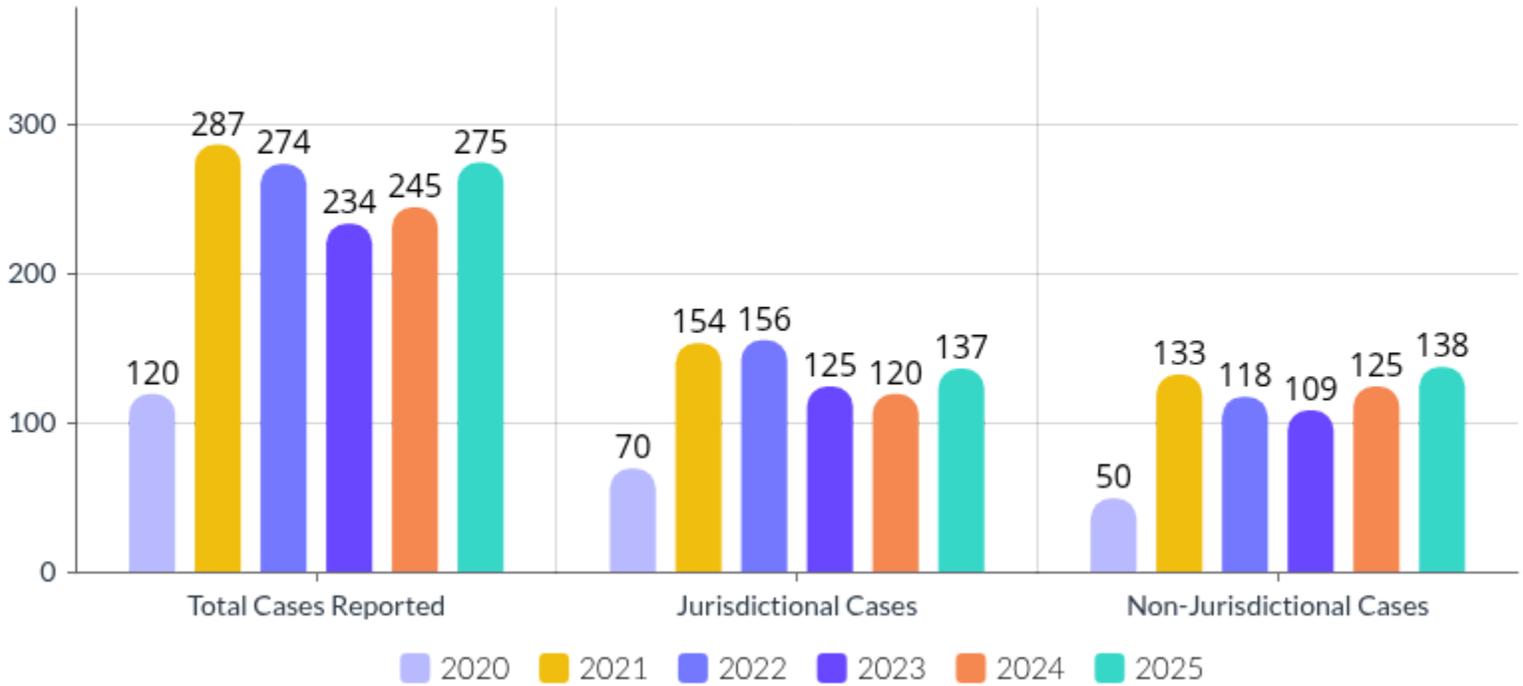


2025 Gila County Caseload
By Disposition/Exam Type



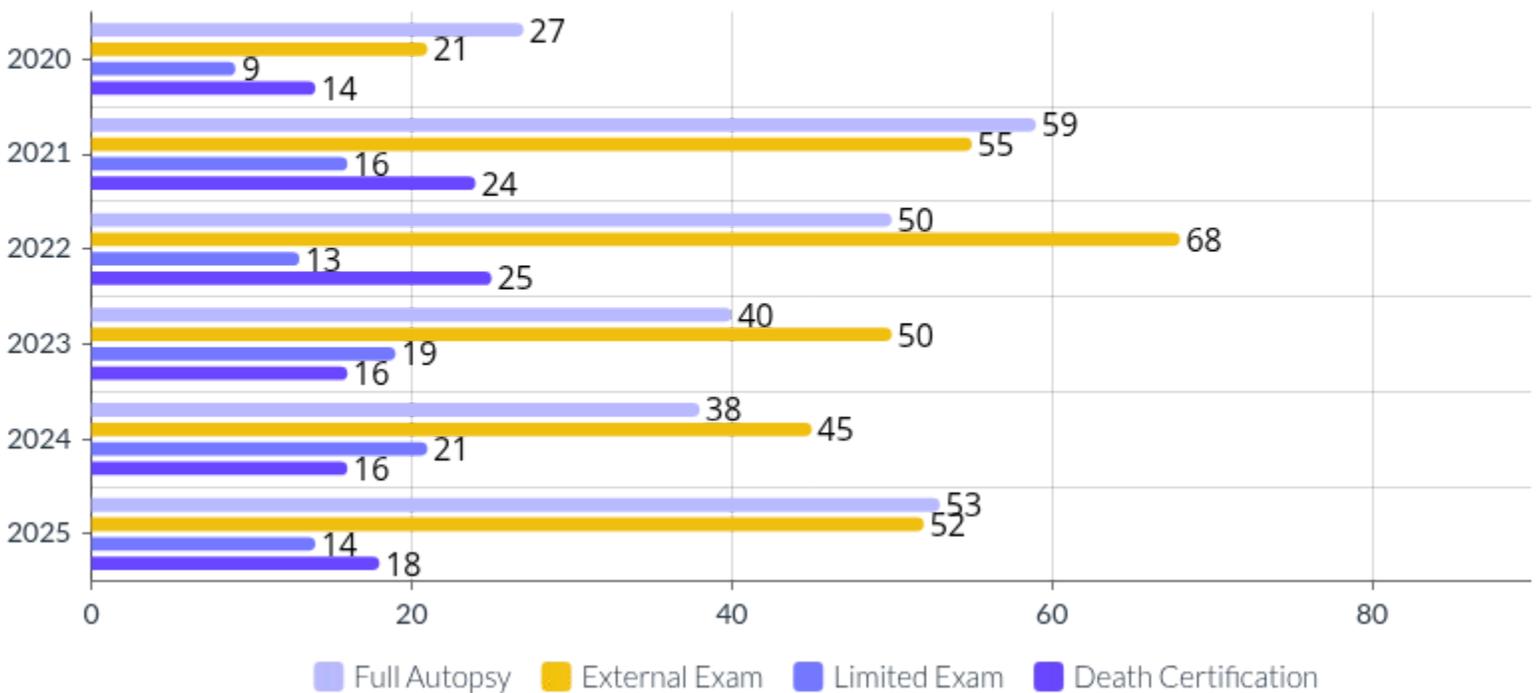
Gila County Caseload

Annual Trends

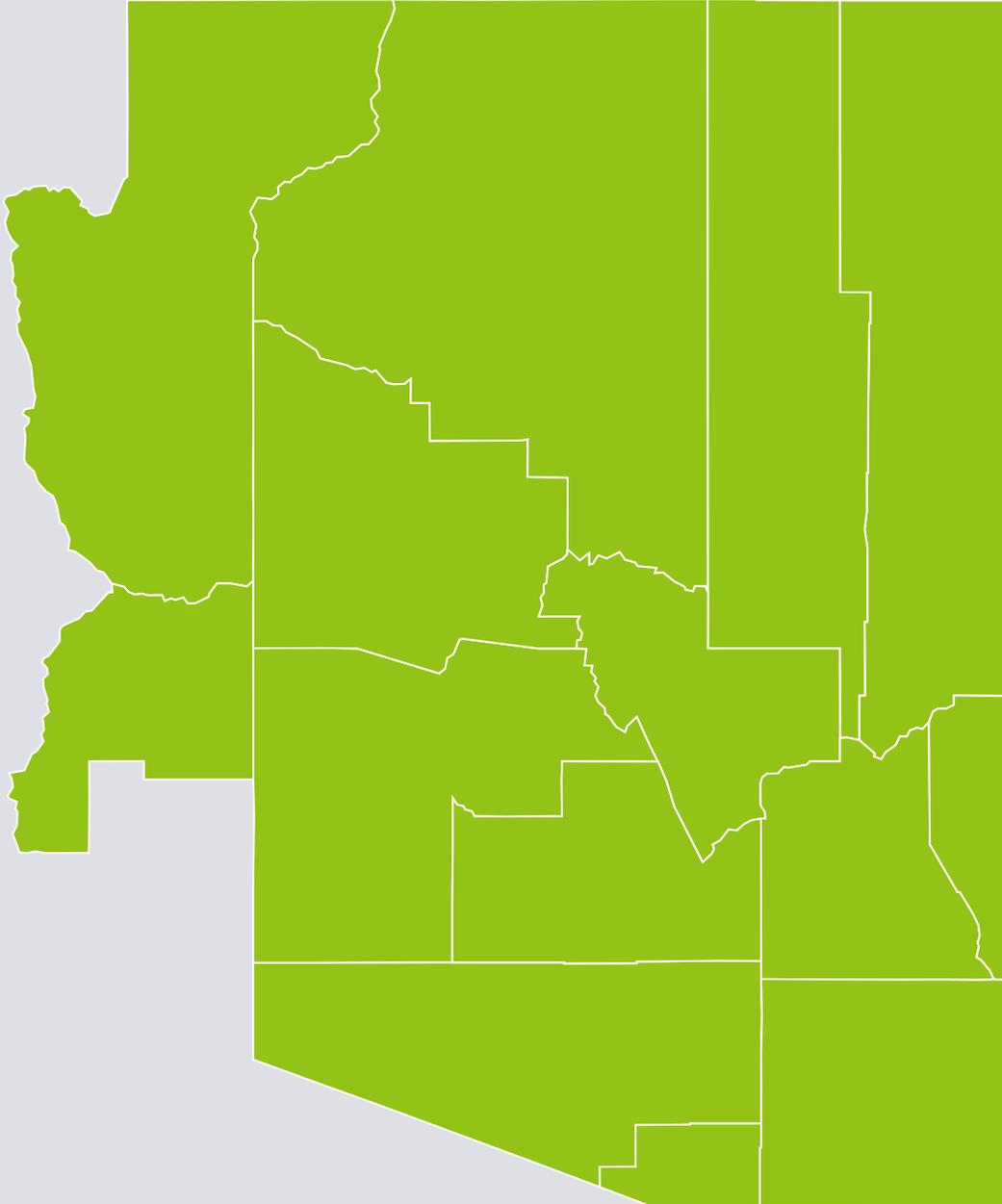


Gila County Caseload by Exam Type

Annual Trends



Yuma County Caseload



YUMA COUNTY AT A GLANCE

Yuma County is Arizona's largest majority-Hispanic county, covering 5,519 square miles in the southwestern corner of the state. Yuma County borders two Mexican states (Sonora and Baja California) and the state of California. According to the US Census Bureau, 220,310 individuals resided in Yuma County as of 2024 (the most recent year in which population data is available).

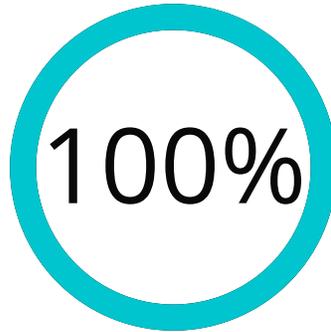


The US Census Bureau documents the racial/ethnic makeup of Yuma County as consisting of 28.5% White (non-Hispanic), 66.1% Hispanic, 2.6% Native American, 2.6% African American, 1.8% Asian, 0.3% Native Hawaiian/Pacific Islander, and 2.2% of individuals that identify as two or more races. The median household income in 2024 was \$62,786, and approximately 16.6% of residents were at or below the federal poverty line. Approximately 14,510 Yuma County residents identified as veterans, and 25.1% reported being foreign-born. 77.5% of Yuma County residents aged 25 or older have obtained a high school diploma, while 16.8% have obtained a bachelor's degree.

YUMA COUNTY CASELOAD

Subsequent to an intergovernmental agreement effective summer 2021, the Pinal County Medical Examiner's Office provides forensic postmortem examination services for suspected homicide deaths, suspicious deaths, child deaths, and other complex cases that occur within the geographical boundaries of Yuma County.

31 Yuma County cases were reported to and subsequently transported to the PCMEO for examination in 2025.

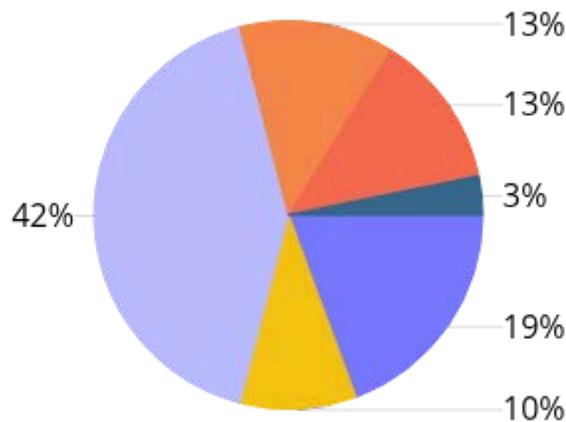


of Yuma County cases that were transported to the PCMEO received a full postmortem examination (autopsy)

Yuma County population (US census data).....	220,310
Total cases reported to the PCMEO	31
ME jurisdiction invoked.....	31
Number of deaths certified after postmortem examination	31
Number of deaths certified without postmortem examination.....	0

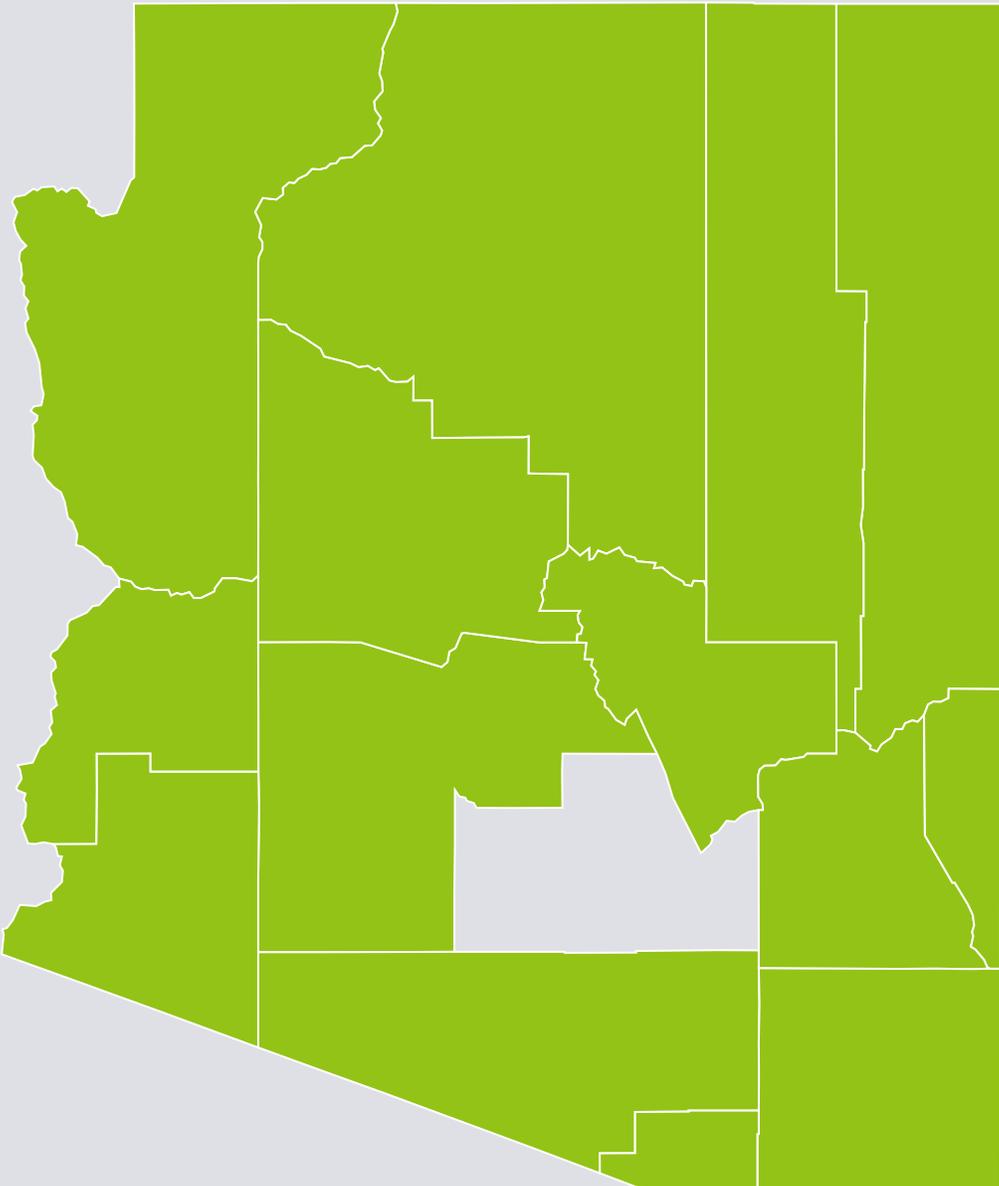
Yuma County Cases

By Manner of Death



- Accident 6
- Natural 3
- Homicide 13
- Suicide 4
- Undetermined 4
- Long-term Pending 1

Pinal County Caseload



PINAL COUNTY AT A GLANCE

Pinal County comprises 5,374 square miles of primarily rural landscape, bookended by the Phoenix (Maricopa County) and Tucson (Pima County), the first and second most populous areas in Arizona, respectively. According to the US Census Bureau, 513,863 individuals resided in Pinal County as of 2024 (the most recent year for which population data is available), with the most populous areas being San Tan Valley, Queen Creek (partially in Maricopa County), and Maricopa City. Further, the US Census Bureau documents an average population growth of 7.5% from April 2020 to July 2024, making Pinal County the fastest-growing county in Arizona.

Pinal County is also home to three Native American Communities: The Ak-Chin Indian Community, the Gila River Indian Community, and the Tohono O'odham Indian Community. The Ak-Chin Indian Community is located 30 miles south of the Phoenix metropolitan area in the north and west region of Pinal County and is adjacent to the present-day city of Maricopa. The Nation comprises 21,840 acres and has a population of over 1,100 tribal members. The Gila River Indian Community is located 30 miles south and east of the Phoenix metropolitan area in the north-central region of Pinal County. The National capital is the community of Sacaton. The Nation comprises of 372,000 acres with a population of over 13,000 members. The Tohono O'odham Indian Community is the 3rd largest Native American reservation in the United States. It comprises over 2,849,992 acres and has a population of 25,000 members. The Nation covers parts of 3 counties in Arizona: Pima (Tucson), Pinal, and Maricopa (Phoenix) Counties.



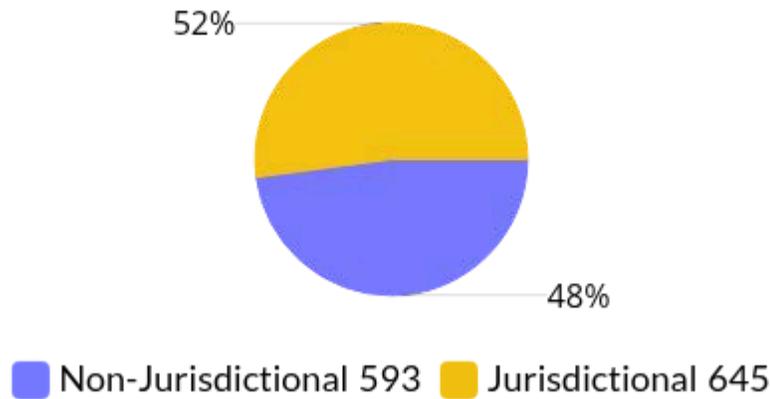
The US Census Bureau documents the racial/ethnic makeup of Pinal County as consisting of 54.4% White (non-Hispanic), 30.8% Hispanic, 5.9% Native American, 6.8% African American, 2.4% Asian, 0.4% Native Hawaiian/Pacific Islander, and 3.6% of individuals who identify as two or more races. The median household income in 2024 was \$80,266, and approximately 11.0% of residents were at or below the federal poverty line. Approximately 35,669 Pinal County residents identify as veterans, and 9.1% are foreign-born. 89.2% of Pinal County residents aged 25 or older have obtained a high school diploma, while 22.5% have obtained a bachelor's degree.

PINAL COUNTY CASELOAD AT A GLANCE

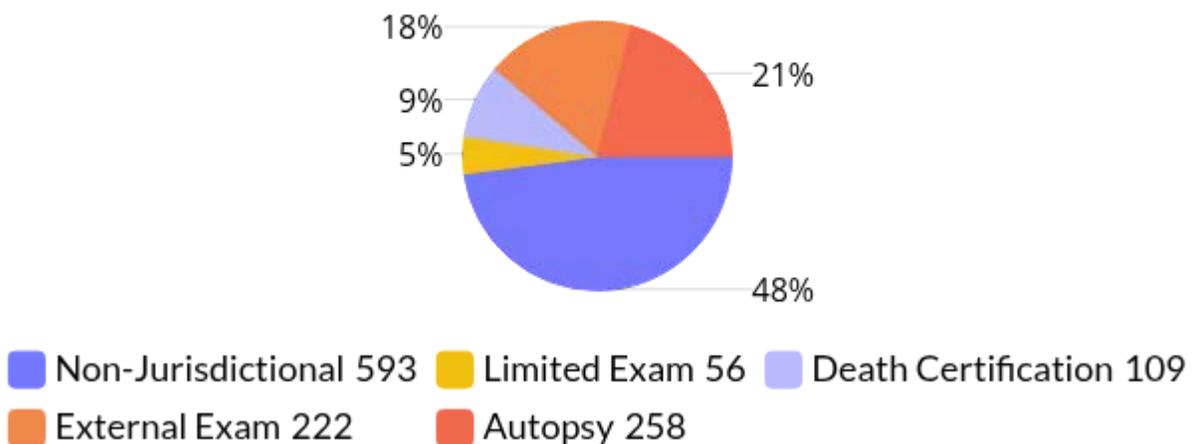
1,238 Pinal County deaths were reported to and subsequently investigated by the Pinal County Medical Examiner’s Office in 2025. Of the 1,238 cases reported, the PCMEO invoked jurisdiction and determined the cause and manner of death for 645 (52%) cases:

Pinal County population (US Census).....	513,862
Total Pinal County Deaths (ADHS).....	4,471
Total cases reported to the PCMEO	1,238
ME jurisdiction invoked.....	645
Number of deaths certified after postmortem examination	536
Number of deaths certified without postmortem examination.....	109
Number of deaths not certified by the Medical Examiner’s Office.....	593
Non-human remains.....	7
Historic/remains of non-forensic interest.....	1
Cremation permit authorizations.....	2,101
Exhumations.....	0
Unidentified remains prior to investigation/examination.....	55
Unidentified remains after investigation/examination	3
Scene responses by PCMEO investigators.....	470
Unclaimed remains.....	20
Average Examination Report Completion.....	29.6 days
Average Toxicology Turn Around.....	11.8 days

2025 Pinal County Caseload by Jurisdictional Determination



2025 Pinal County Caseload by Disposition/Exam Type



Manner of Death Defined

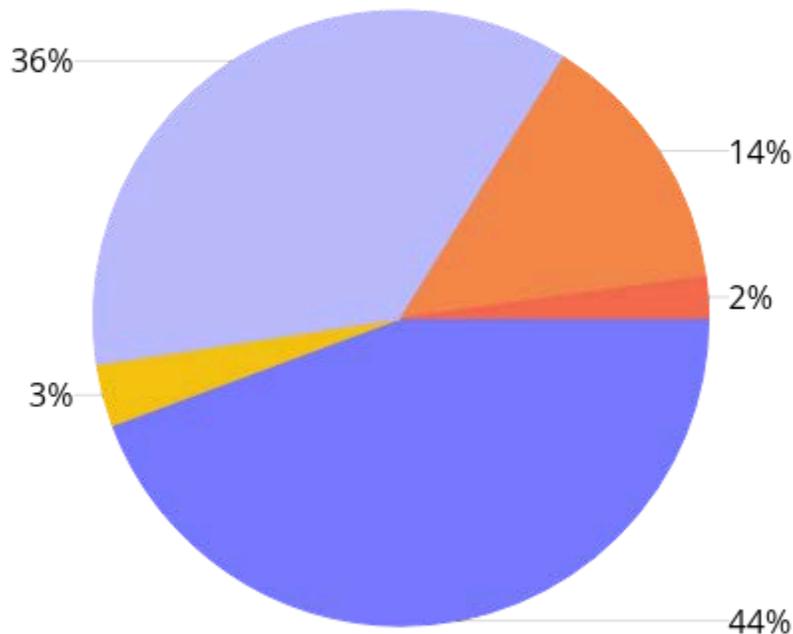
The manner of death is the classification of how an injury or disease process led to death. There are five (5) manners of death: natural, accident, suicide, homicide, and undetermined.

- **Accident:** an unnatural death resulting from an inadvertent chance happening.
- **Homicide:** the action of one person directly and purposefully causing the death of another.
- **Suicide:** death from a self-inflicted injury with the intent to cause self-harm/death.
- **Natural:** death solely due to natural disease processes.
- **Undetermined:** no clear evidence supporting any specific manner or inability to distinguish between two or more possible manner of death categories.

The manner of death classifications are medical determinations and should not be confused with the legal classifications of death. The chart below documents the manner of death outcomes for the 645 Pinal County cases for which the PCMEO invoked jurisdiction in 2025:

2025 Pinal County Jurisdictional Caseload

By Manner of Death



■ Accident 286 ■ Homicide 21 ■ Natural 234 ■ Suicide 90 ■ Undetermined 14

Pinal County Deaths by Law Enforcement Agency Jurisdiction

Ak-Chin Police Department

Invoked: 1

Non-Jurisdictional: 1

Arizona Department of Public Safety

Invoked: 26

Non-Jurisdictional: 0

Arizona Department of Corrections

Invoked: 25

Non-Jurisdictional: 0

Apache Junction Police Department

Invoked: 90

Non-Jurisdictional: 51

Casa Grande Police Department

Invoked: 106

Non-Jurisdictional: 60

Coolidge Police Department

Invoked: 18

Non-Jurisdictional: 14

Eloy Police Department

Invoked: 25

Non-Jurisdictional: 8

Florence Police Department

Invoked: 26

Non-Jurisdictional: 16

Gila River Police Department

Invoked: 32

Non-Jurisdictional: 11

Kearny Police Department

Invoked: 1

Non-Jurisdictional: 5

Federal Bureau of Investigation

Invoked: 1

Non-Jurisdictional: 0

Mesa Police Department

Invoked: 1

Non-Jurisdictional: 0

Maricopa Police Department

Invoked: 55

Non-Jurisdictional: 50

Mammoth Police Department

Invoked: 2

Non-Jurisdictional: 2

Phoenix Police Department

Invoked: 1

Non-Jurisdictional: 1

Pinal County Sheriff's Office

Invoked: 209

Non-Jurisdictional: 158

Queen Creek Police Department

Invoked: 20

Non-Jurisdictional: 6

Superior Police Department

Invoked: 6

Non-Jurisdictional: 6

*Deaths that do not fall under the jurisdiction of the medical examiner are not required to be reported to a law enforcement agency, per ARS §11-593. These typically include natural deaths that occur at hospitals or under hospice care.

Deaths due to Natural Causes



Natural Deaths

National Overview

Natural deaths may be defined as deaths that are solely due to natural disease processes. According to provisional data published by the Centers for Disease Control and Prevention, 3,072,666 deaths were registered in the United States in 2024, the most recent year for which data are available, an age-adjusted death rate of 750.5 deaths per 100,000. Nationally, the top five causes of natural death in 2024 were:

- Heart disease (157.6 per 100,000)
- Cancer (139.4 per 100,000)
- Stroke (38.6 per 100,000)
- Chronic lower respiratory diseases (32.4 per 100,000)
- Alzheimer's disease (27.1 per 100,000)

Overall life expectancy for the U.S. population was 79.0 years in 2024, an increase of 0.6 years from 2023.

State Overview

According to the Arizona Department of Health Services, there were 69,741 deaths throughout Arizona in 2024, the majority of which were due to natural causes. According to 2022 data (the most recent year in which complete data is available) published by the Center for Disease Control National Center for Health Statistics, the leading natural causes of death for Arizonans in 2023 were:

- Heart Disease
- Malignant neoplasms (cancer)
- Chronic Lower Respiratory Diseases
- Stroke
- Alzheimer's Disease
- Diabetes
- Chronic liver disease/cirrhosis
- Hypertension

Pinal County Overview

According to the Arizona Department of Health Services, a total of 4,471 deaths occurred in Pinal County in 2025. Of the 4,471 deaths, 1,238 (27.6%) were reported to the PCMEO in accordance with ARS §11-593, subsection B. The PCMEO subsequently invoked jurisdiction and determined the cause of death for 645 (52%) of the reported cases, of which 234 (36.2%) were determined to have been the result of natural causes.

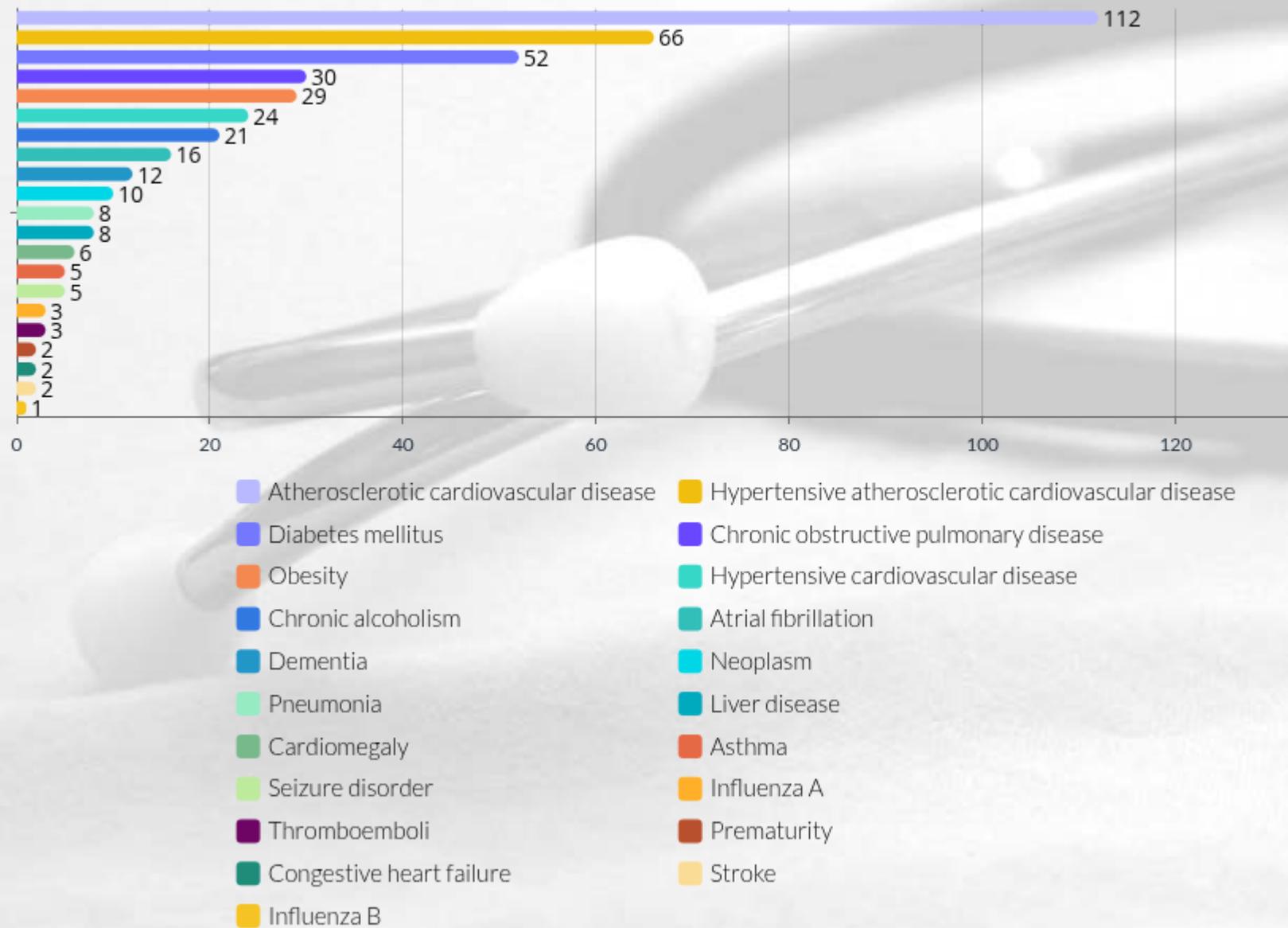
Natural Deaths

Natural deaths were the second-most common manner of death for Pinal County cases in which the PCMEO invoked jurisdiction in 2025. Various forms of heart disease were the most common natural disease process, attributed as the immediate cause of death in approximately 88% of the total natural death cases.

The chart below documents the frequency with which disease processes were attributed to death and subsequently documented as either the immediate cause of death or a contributing factor on the death certificate.

Pinal County Natural Deaths

By Disease Process Frequency on Death Certificates



Considering many individuals have multiple diagnoses/comorbidities that may have caused or contributed to death, the sum of deaths attributed to a specific disease process may not equal the total number of natural deaths.

Accidental Deaths



Accidental Deaths

Accidental injuries are common occurrences in daily life. According to the Centers for Disease Control National Center for Health Statistics, accidental injuries resulted in approximately 24.8 million physician office visits and 26.2 million Emergency Department visits in 2023 (the most recent year in which data is available). Although most accidental injuries are non-fatal, those that result in death fall under the jurisdiction of the medical examiner.

The Centers for Disease Control and Prevention documented 222,698 unintentional injury deaths in the United States in 2023, the most recent year in which complete data is available. This equates to a national death rate of 66.5 per 100,000. According to CDC data, the most common unintentional deaths nationally in 2023 were:

Unintentional poisoning deaths, 100,304 (29.9 deaths per 100,000)

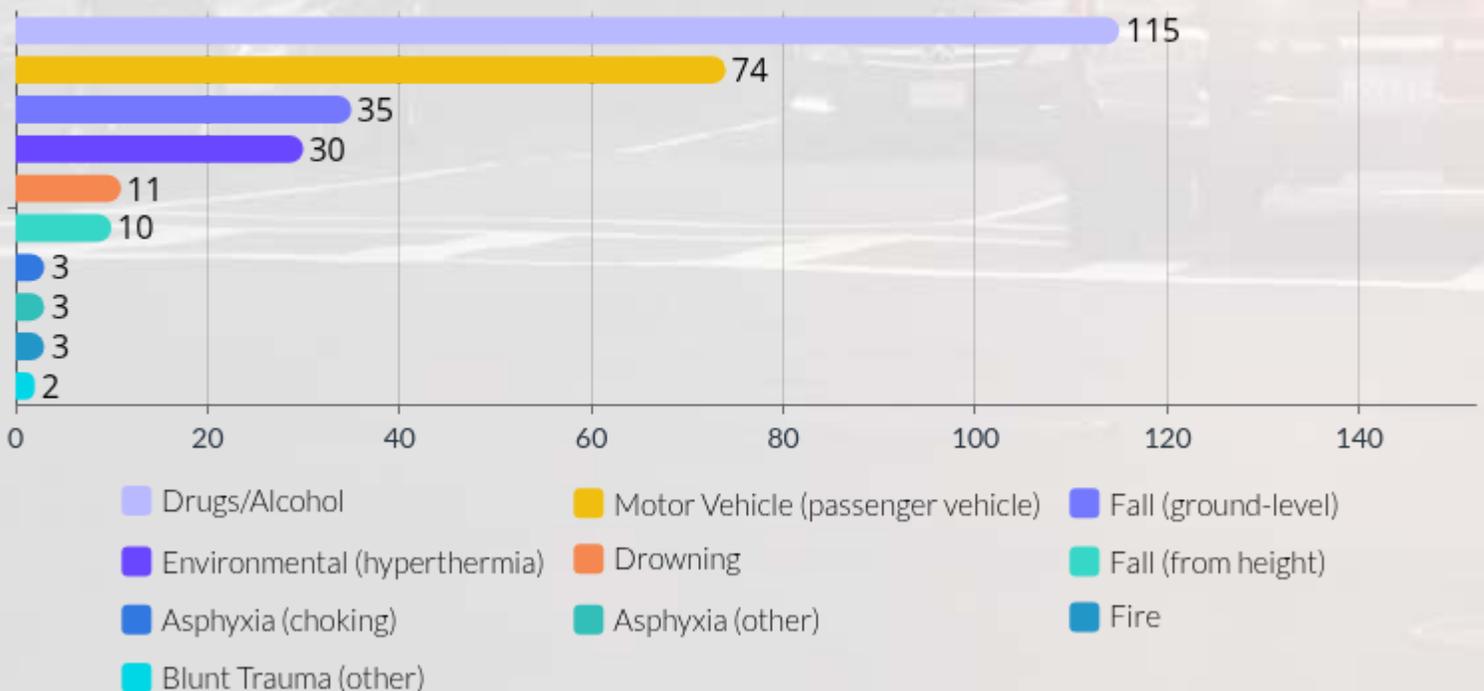
Unintentional fall deaths, 47,026 (14.0 per deaths per 100,000)

Motor vehicle traffic deaths, 43,273 (12.9 deaths per 100,000)

1,238 Pinal County deaths were reported to and investigated by the PCMEO in 2025, of which 286 were determined to be the result of an unintentional injury (accident). Of the 286 accidental deaths, 115 (40.2%) were determined to result from acute drug and/or ethyl alcohol intoxication or otherwise listed acute drug and/or ethyl alcohol intoxication as a contributing factor to death. Deaths resulting from injuries sustained secondary to motor vehicle collisions comprised the second-highest category of accidental deaths.

Pinal County Accidental Deaths

By Incident Type



Motor Vehicle Collision Deaths



Motor Vehicle Collision Deaths

National Overview

According to Consumer Affairs, there were 242 million licensed drivers, with people aged 30 to 34 comprising the largest group, and 97.2 million registered vehicles in the United States in 2025. Early projections issued by the National Highway Traffic Safety Administration estimate that there were 39,345 fatal motor vehicle collisions nationwide in 2024 (the most recent year for which published data are available), a decrease of approximately 3.8% compared to the 40,901 fatalities recorded by the agency in 2023.

Arizona State Overview

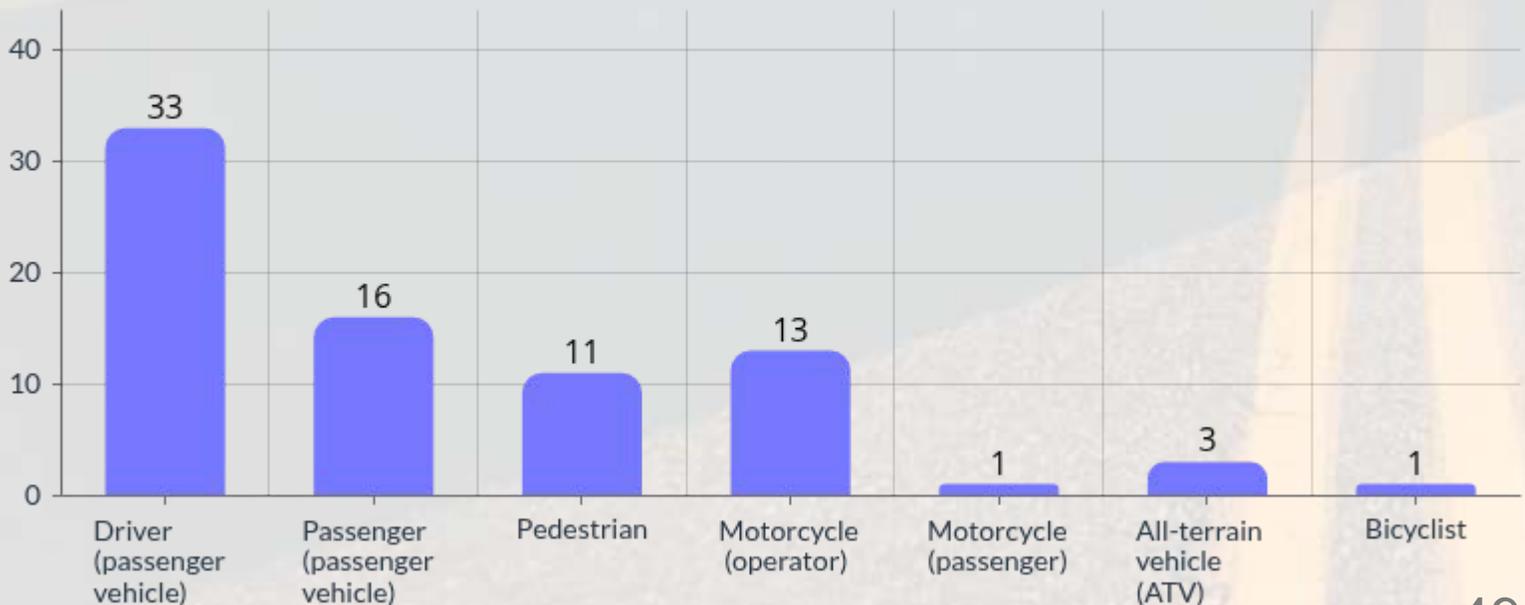
The Arizona Department of Transportation (ADOT) recorded 121,107 motor vehicle collisions statewide, including 1,117 fatal incidents, in 2024 (the most recent year for which the agency published data), resulting in approximately 3 fatalities per day. The total number of fatal incidents statewide decreased approximately 6% from 2023. According to ADOT data, fatal collisions throughout the state were more likely to occur in urban areas (63.5%), on Fridays, and between 6 and 7 p.m. Further, statewide, the majority of alcohol-related collisions occurred between 2 and 3 a.m.

Pinal County

Regardless of the manner of death, 78 motor vehicle collision deaths that occurred in Pinal County were reported to and investigated by the PCMEO in 2025, a decrease from the 84 MVC deaths reported to the PCMEO in 2024. 74 (94.8%) of these motor vehicle collision deaths were ruled accidental, while 4 (5.1%) were ruled suicide. Passenger vehicle drivers accounted for the largest share of motor vehicle collision deaths in 2025.

2025 Motor Vehicle Collision Deaths

By Position of the Decedent



Motor Vehicle Collision Deaths Toxicology

National Overview

According to a 2022 study published by the National Highway Traffic Safety Administration in which specimens were collected from victims involved in motor vehicle collisions and subsequently transported to level I trauma centers in one of seven major metropolitan areas around the country, 55.8% of those injured or killed on the roadway tested positive for one or more drugs including alcohol (Report Number DOT HS 813 399, Alcohol and Drug Prevalence Among Seriously or Fatally Injured Road Users).

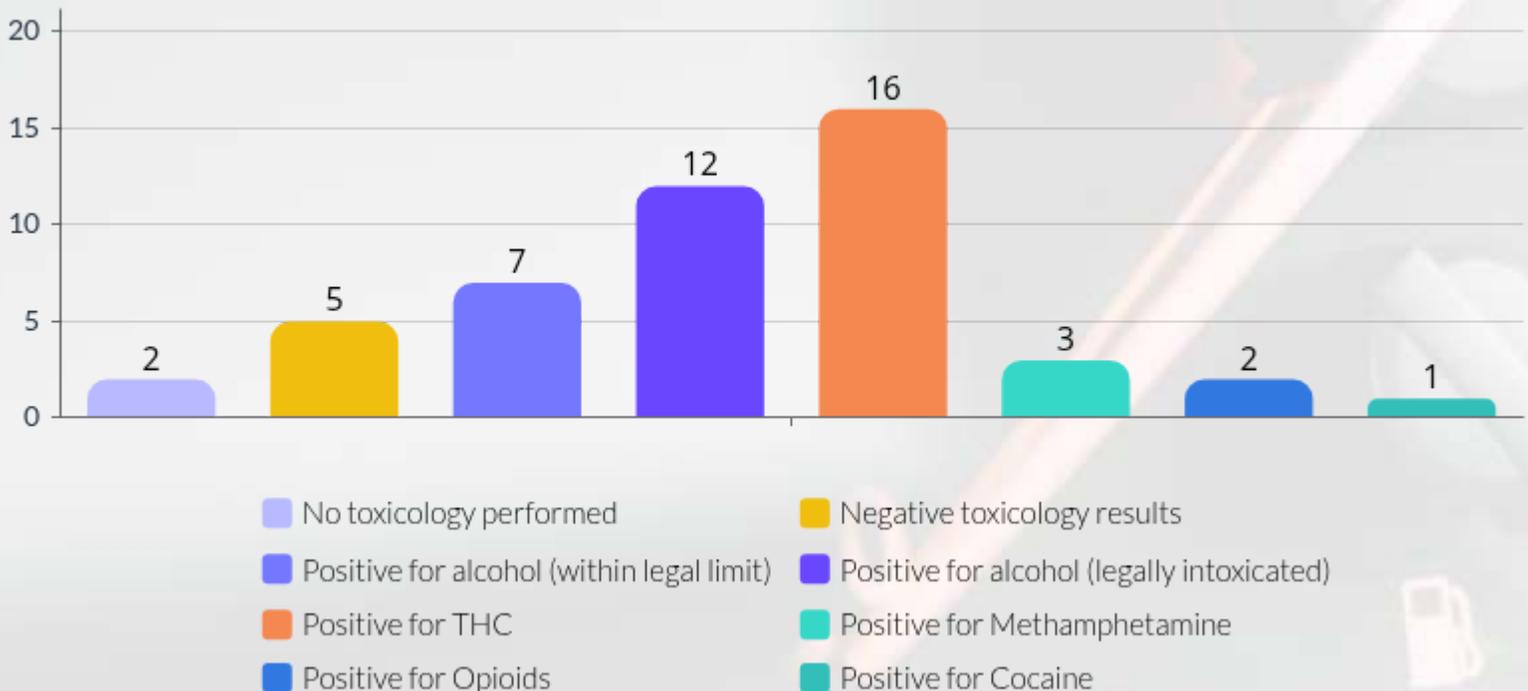
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Pinal County Overview

36 individuals who were driving/operating either a passenger vehicle or an off-road vehicle (ATV/UTV) lost their lives following a collision in 2025. The postmortem examination included toxicological analysis for 34 of the 36 individuals, of which 25 (73.5%) returned positive results for either illicit an substance, THC, or a blood alcohol level in excess of the legal driving limit (0.08 g/dL). 9 individuals (26.4%) returned positive results for more than one illicit substance or a combination of one or more illicit substances and alcohol above the legal driving limit.

Passenger Vehicle Toxicology (Driver)

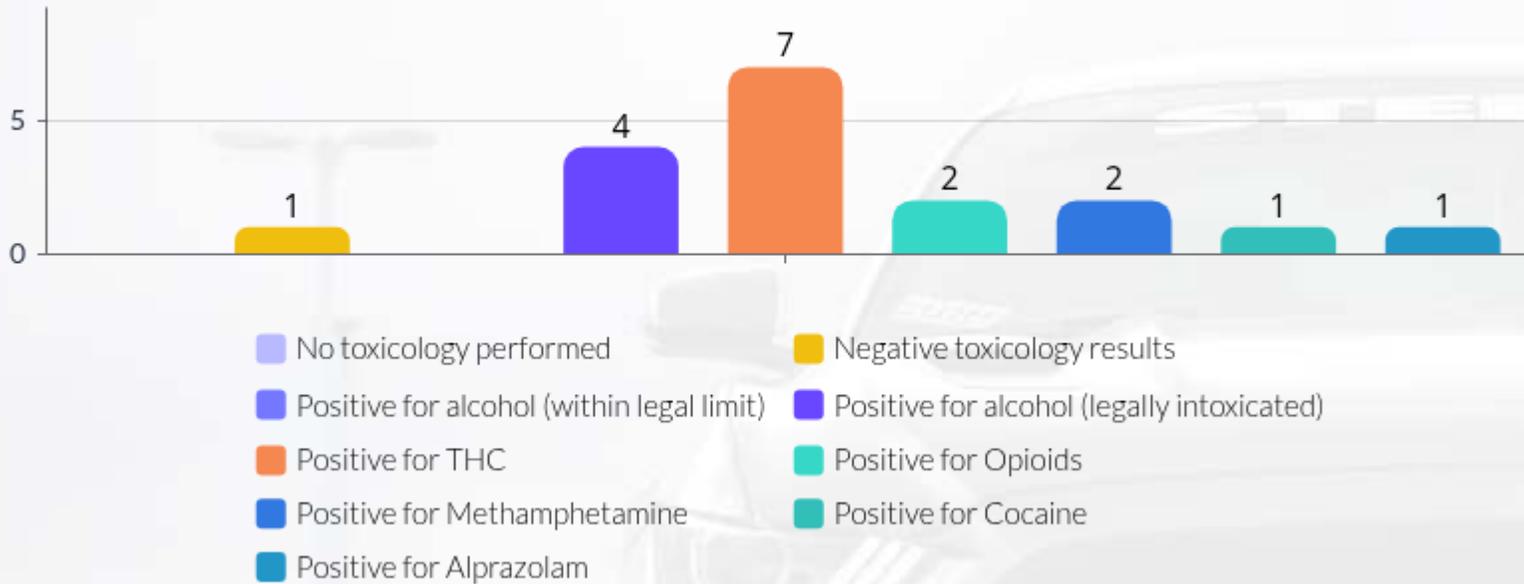


Considering toxicology may have returned positive results for multiple substances, the sum of deaths attributed to a toxicology result may not equal the total number of deaths. 50

Motor Vehicle Collision Deaths Toxicology

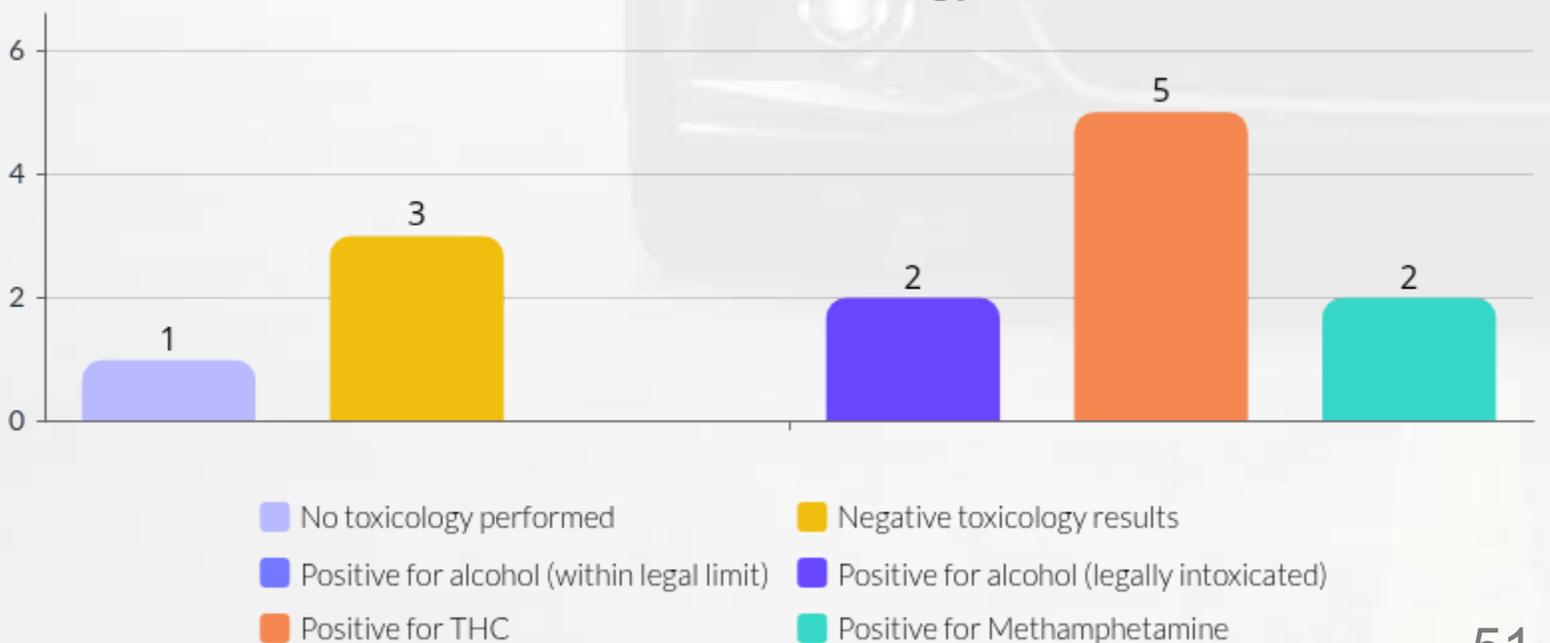
13 individuals who were driving/operating a motorcycle lost their lives following a collision in 2025. The postmortem examination included toxicological analysis for all 13 individuals, of which 12 (92.3%) returned positive results for either an illicit substance, THC, or a blood alcohol level in excess of the legal driving limit (0.08 g/dL). 4 individuals (30.7%) returned positive results for more than one illicit substance or a combination of one or more illicit substances and a blood alcohol level above the legal driving limit.

Motorcycle Operator Toxicology



11 pedestrians lost their lives following a collision in 2025. The postmortem examination included toxicological analysis for 10 of the 11 individuals, of which 7 (70.0%) returned positive results for either an illicit substance, THC, or a blood alcohol level in excess of the legal driving limit (0.08 g/dL). One individual returned positive results for more than one illicit substance or a combination of one or more illicit substances and a blood alcohol level above the legal driving limit.

Pedestrian Toxicology



Motor Vehicle Collision Deaths-Use of Safety Devices

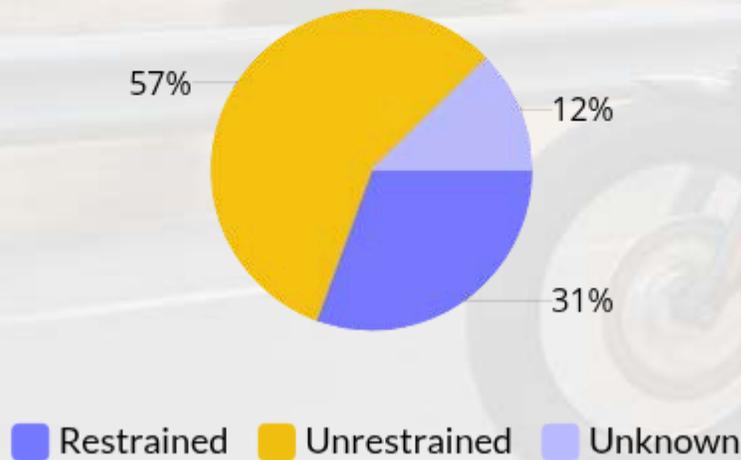
Overview

According to a February 2024 study published by the National Highway Traffic Safety Administration, the national estimate of regular seat belt use by all drivers in 2023 was 91.9%. States on the West Coast saw the highest rate of regular seatbelt use (96.5%), while states located in the regions of the US South saw the lowest rates of compliance (88.4%). The agency estimates that nationwide, approximately 50% of passenger vehicle occupants who died as a result of injuries sustained during a motor vehicle collision were unrestrained in 2022.

Use of Restraints-Passenger Vehicles

The PCMEO investigated 49 motor vehicle collision deaths that involved either the driver or passenger of a motor vehicle in 2025. Scene investigation by PCMEO medicolegal investigators revealed that the decedent was not wearing a safety belt at the time of the fatal collision in 57% of cases. For various reasons, the use of a restraint (seat belt) at the time of the incident is unknown for approximately 31% of 2025 fatal motor vehicle collision cases.

Motor Vehicle Collision Deaths
Passenger Vehicle Driver/Passenger By Seatbelt Use



Motorcycles

Although motorcycles make up only 3% of all registered vehicles and 0.6% of all vehicle miles traveled in the United States, motorcyclists accounted for 15.5% of all traffic fatalities and 3.4% of all injuries in 2023, as motorcycles are less stable and less visible than passenger vehicles. Motorcycles involved in collisions provide the rider/operator with less protection than an enclosed vehicle. As such, helmet use at the time of the collision is often a critical factor in motorcycle riders' survivability. According to the Insurance Institute for Highway Safety, helmets are about 37% effective in preventing operator deaths, 41% effective in preventing passenger deaths, and about 67% effective in preventing brain injuries.

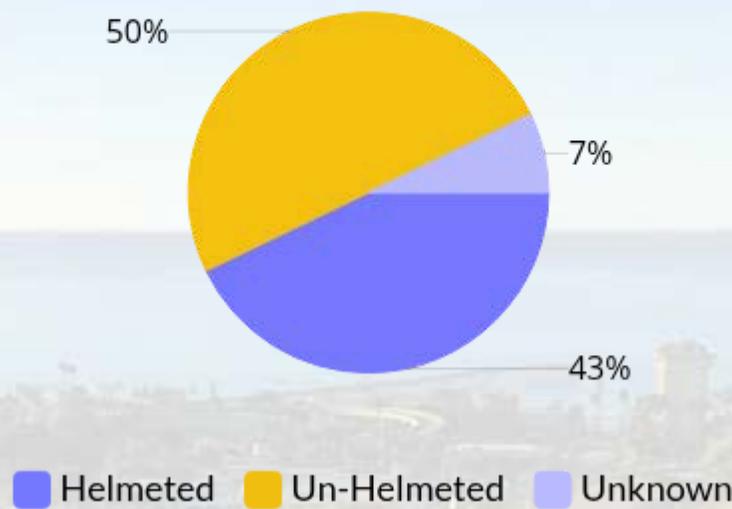
Motor Vehicle Collision Deaths-Use of Safety Devices

According to TRIP, a national transportation research center, 6228 motorcyclists died in collisions nationwide in 2024 (the most recent year for which data is available). The report also found that the fatality rate per 100 million miles of travel in 2023 for motorcyclists was 29 times higher than for passenger car occupants (31.39 versus 1.10).

According to the National Safety Council (NSC) analysis of NHTSA Fatality Analysis Reporting System (FARS) data, 34.13% of motorcycle operators were not wearing helmets at the time of the fatal collision, based on 2023 data (the most recent year for which data is available).

Pinal County Motorcycle Collision Deaths

By Helmet Use



Motor Vehicle Collision Deaths-Driver Age

National Overview

According to a May 2024 report issued by the National Highway Traffic Safety Administration (NHTSA), males comprised 71% of traffic fatalities throughout the United States in 2023 (the most recent year in which complete data is available). With regard to age, individuals 65 and older comprised the highest number of fatalities (7,960), followed by individuals within the 25-34 age range (7,587).

Arizona State Overview

According to the Arizona Department of Transportation (ADOT), males accounted for 73.6% of statewide traffic fatalities in 2023 (the most recent year in which complete data is available). With regard to age, individuals within the 25-34 range comprised the highest group of fatal incidents (245 or 18.7%), followed by those within the 35-44 age range (206 fatal incidents or 15.7%). Further, the agency documented that drivers ages 25-34 accounted for 35.4% of alcohol-related fatal collisions in 2023.

Motor Vehicle Collision Deaths-Demographics

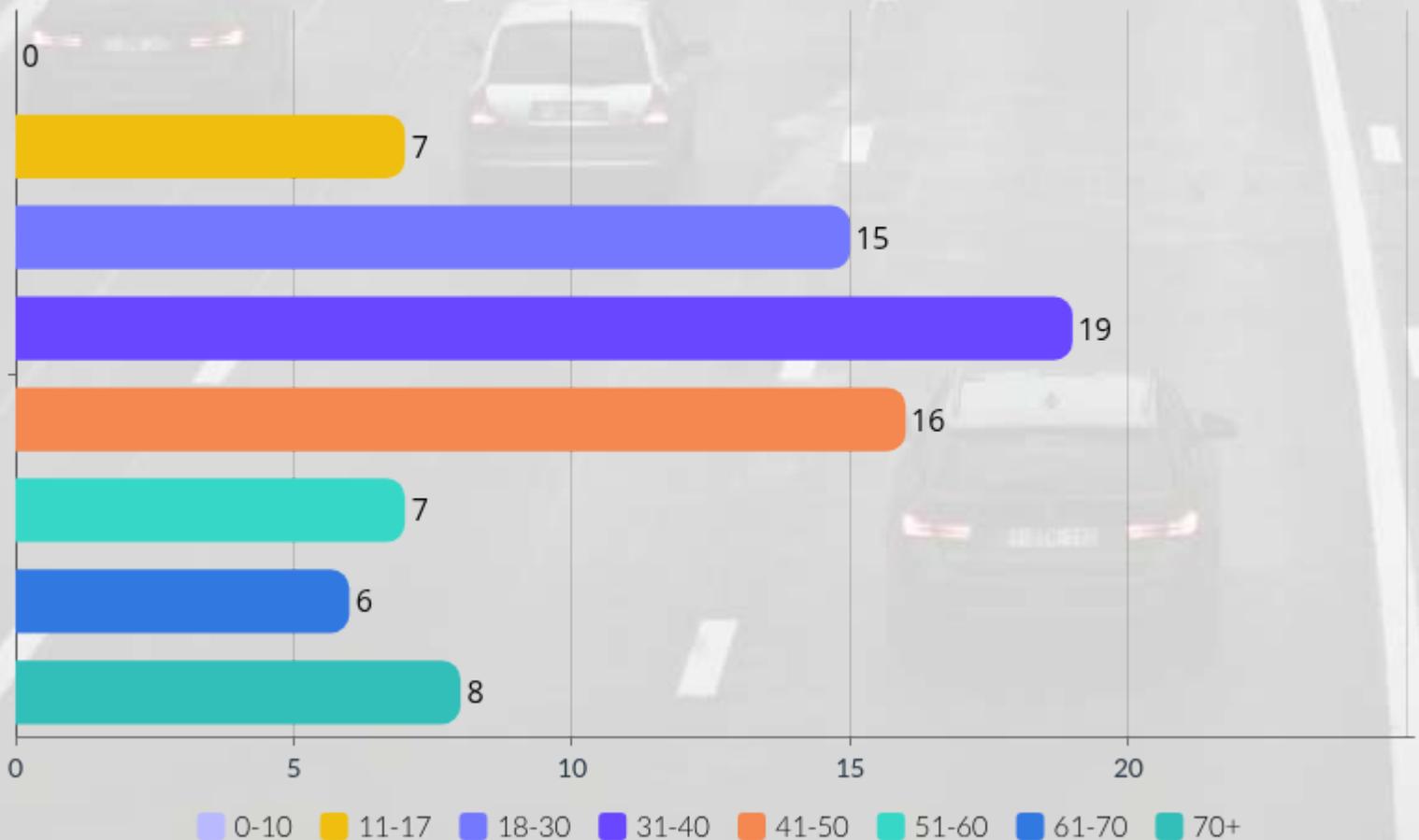
National Overview

According to the Insurance Institute for Highway Safety (IIHS), for nearly every year from 1975 to 2023 (the most recent year for which published analysis is available), the number of male motor vehicle collision deaths was more than twice that of female collision deaths. From 1975 to 2023, male crash deaths declined by about 9%, and female crash deaths decreased by about 5%. Since 1975, motorcyclist deaths have approximately doubled among both males and females.

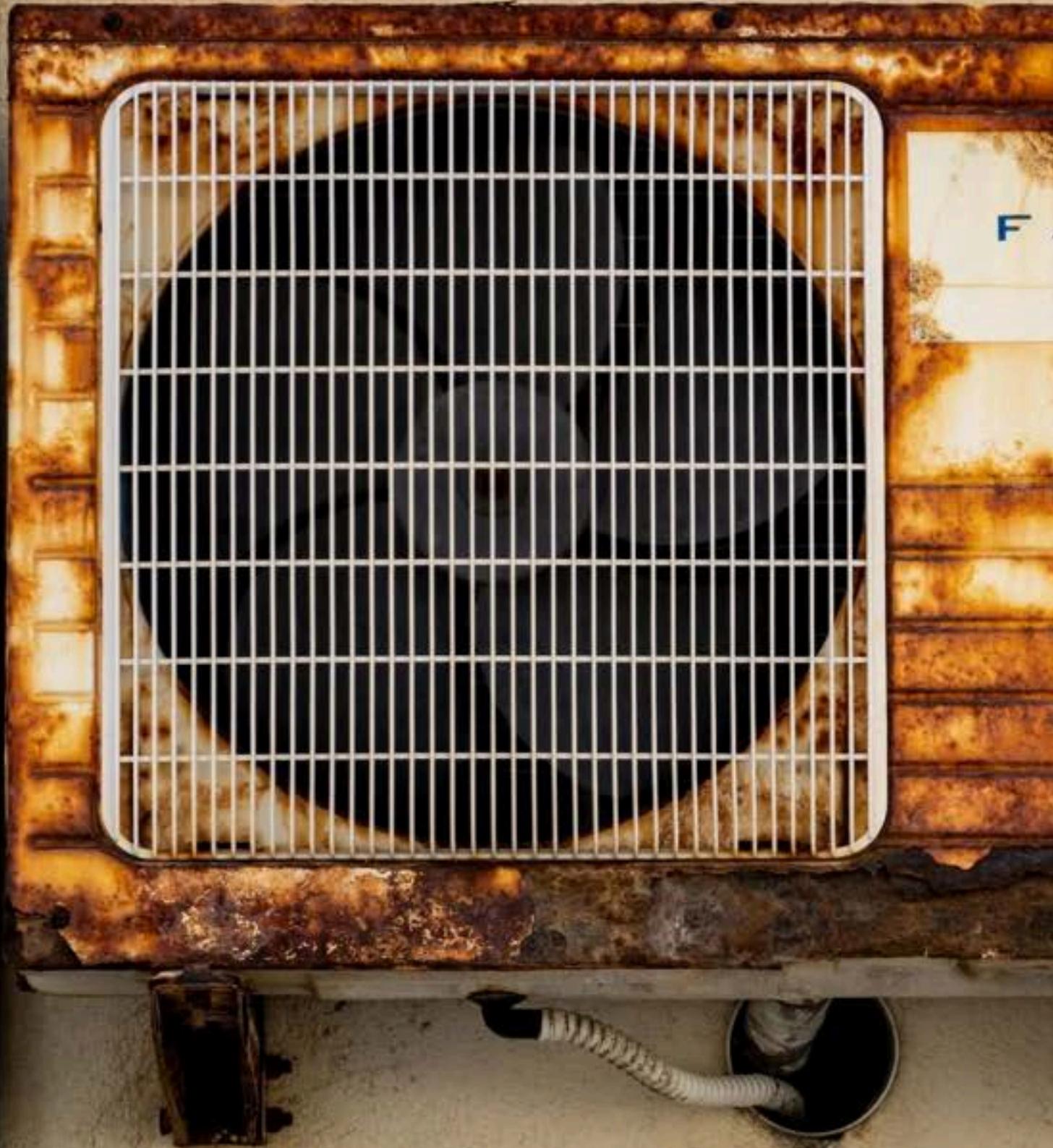
Pinal County

Males accounted for 77.1% of Pinal County motor vehicle fatality deaths investigated by the PCMEO in 2025. Individuals within the 31-40 age group comprised the highest number of traffic fatality deaths.

Motor Vehicle Deaths
By Age Group



Heat-Related Deaths

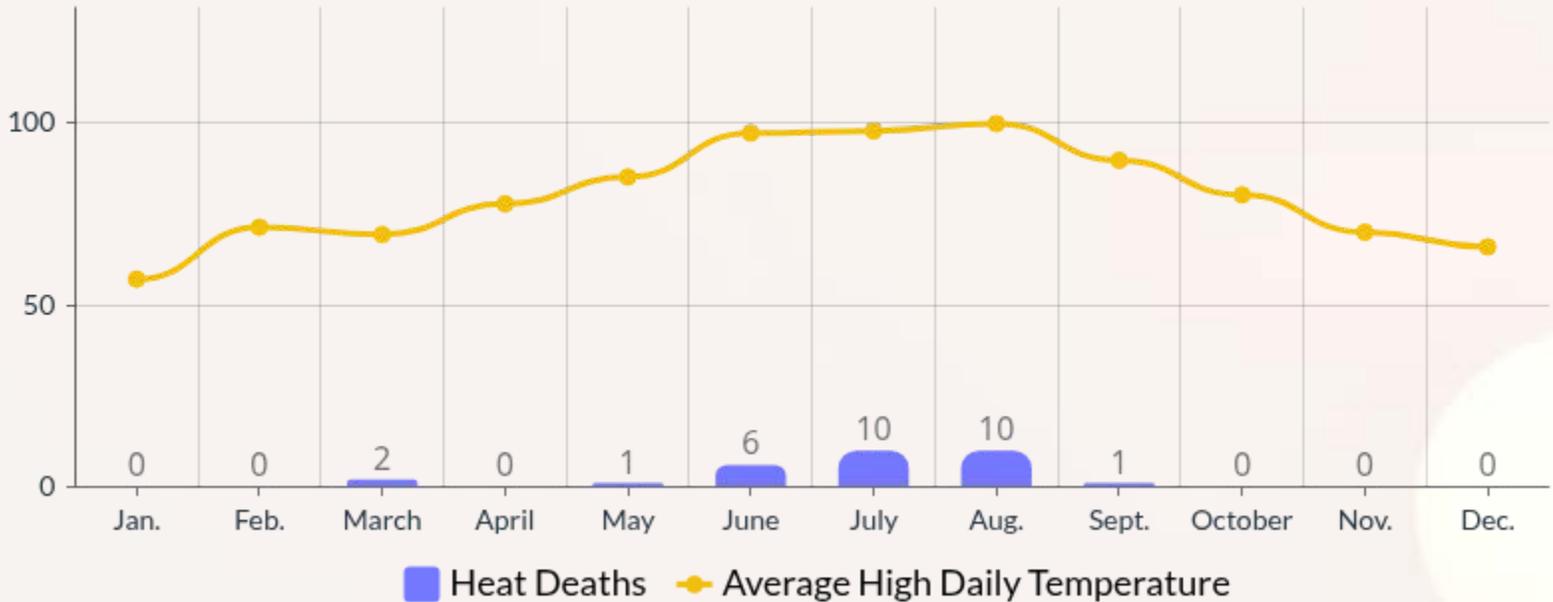


Heat-Related Deaths

According to the United States Environmental Protection Agency, more than 14,000 Americans have died directly from heat-related causes since 1979. Heat-related deaths in the contiguous 48 states reached new highs in 2021 and 2022, which were two of the hottest years on record and featured several notable heat waves. Locally, the Arizona Department of Health Services records more than 4,320 fatalities due to exposure to excessive heat statewide from 2012 to 2023.

Regardless of the manner of death, the PCMEO invoked jurisdiction and determined the cause and manner of death of 30 heat-related deaths in 2025, a slight decrease from 35 in 2024.

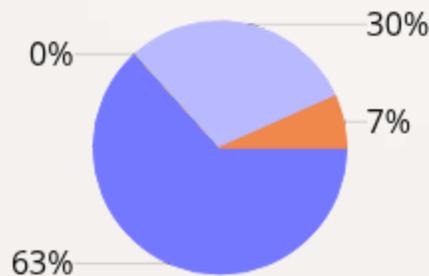
Pinal County Heat-Related Deaths



19 (63.3%) of Pinal County heat-related deaths occurred indoors, specifically, within the decedent's own home. Of the 19 deaths that occurred indoors, the medical examiner investigator's scene investigation revealed that climate control systems were either non-functional or inadequate in 11 (57.8%) of cases. Climate control systems were found to be functional but set to "off" (despite the high ambient outdoor temperature) in 8 cases (42.1%).

Pinal County Heat-Related Deaths

By Location of Death



- Indoors (personal residence) 19
- Indoors (other residence) 0
- Outdoors 9
- Outdoors (vehicle) 2

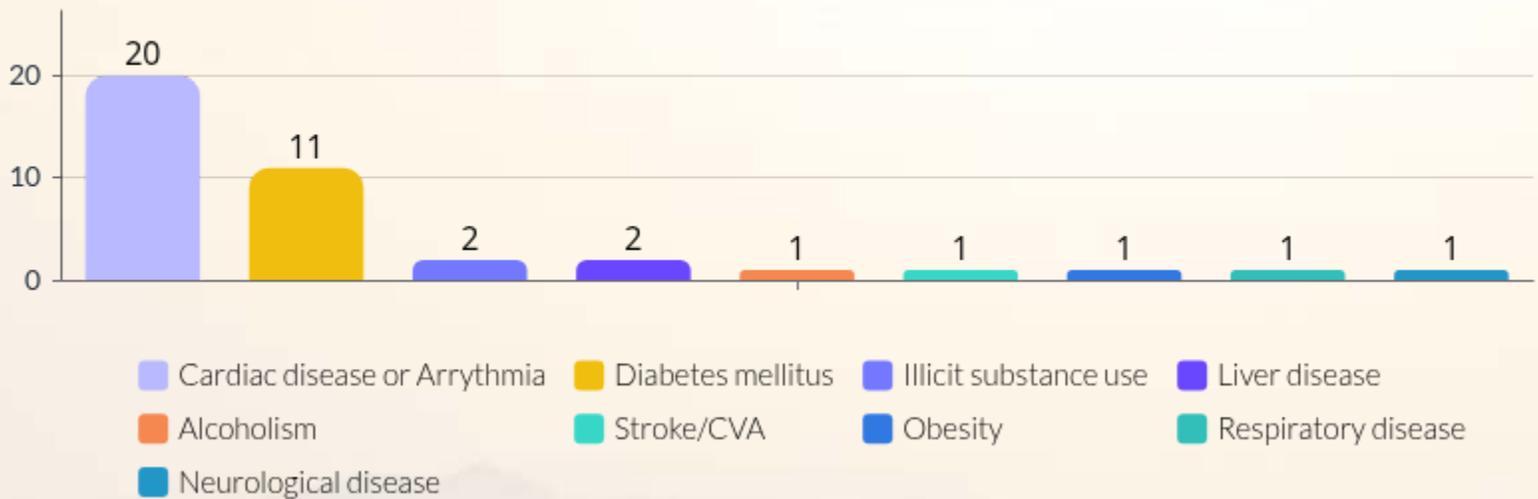
Heat-Related Deaths

According to the National Integrated Health System's Heat.gov informational website, extreme heat can be dangerous for anyone, but it can be especially dangerous for those with chronic medical conditions. High daytime and nighttime temperatures can cause stress on the human body, which exacerbates health conditions such as respiratory and cardiovascular diseases, diabetes, and renal disease. Some medical conditions, such as obesity and heart disease, increase people's sensitivity to heat, putting them at greater risk of heat illnesses.

The chart below documents the frequency in which disease processes were attributed as contributory to heat-related deaths. Considering many individuals have multiple diagnoses/comorbidities, the sum of deaths attributed to a specific disease process may not equal the total number of heat-related deaths.

Pinal County Heat-Related Deaths

By Medical History/Co-morbidities

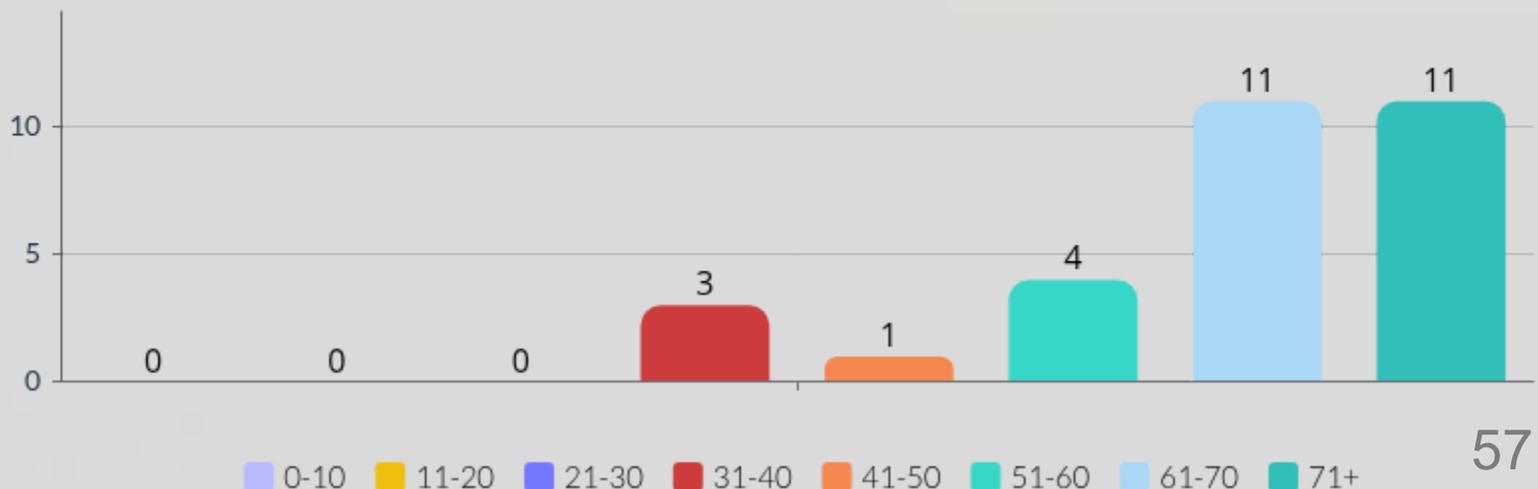


Heat-Related Deaths- Demographics

According to the Centers for Disease Control and Prevention, athletes, individuals with chronic medical conditions, infants and children, low-income households, adults aged 65+, and individuals who work outdoors are more susceptible to heat-related injuries and deaths when compared to the general population.

Pinal County Heat-Related Deaths

By Age Group

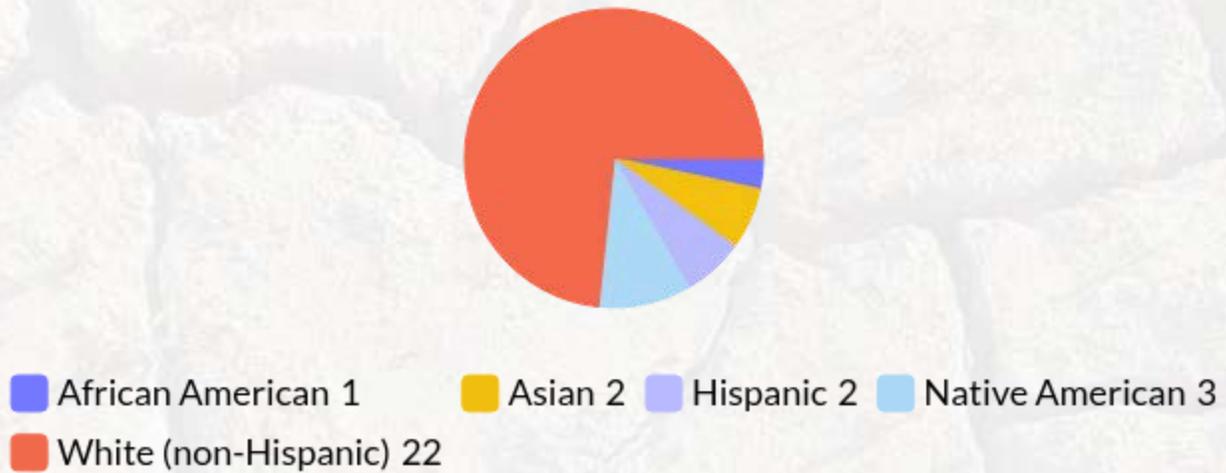


Heat-Related Deaths-Demographics

The 2023 national heat-related mortality study, completed by Dr. Young-Rock Hong, found that heat-related mortality rates per 100,000 population increased during 2019-2023 among populations that were Hispanic and non-Hispanic Black, and were significantly higher among non-Hispanic White people. Asian American/Pacific Islander people had the least pronounced overall increases in heat-related mortality rates.

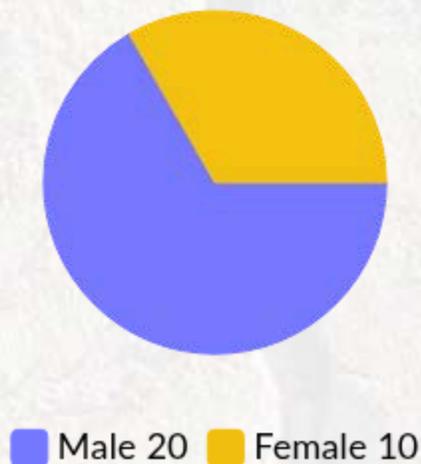
Pinal County Heat-Related Deaths

By Race/Ethnicity



Pinal County Heat-Related Deaths

By Sex



Drug-Related Deaths



Commonly Detected Substances

Cocaine is a powerful central nervous system stimulant and local anesthetic derived from the leaves of *Erythroxylum coca*. Cocaine overdose death is typically sudden and is often the result of fatal cardiac arrhythmias, myocardial ischemia, hyperthermia, or seizure driven by excess catecholamine activity and direct cardiotoxic effects.

Ethanol is the intoxicating agent found in beer, wine, and spirits, produced by the fermentation of sugars by yeast. An acute ethanol overdose occurs when a high volume of alcohol is consumed rapidly, overwhelming the liver's ability to metabolize it. This leads to dangerous levels of alcohol in the bloodstream that depress critical brain functions.

Fentanyl is a very strong synthetic opioid drug that is approximately 50-100 times stronger than morphine. It is used legally in controlled medical settings, such as during surgery or for severe pain, because it works quickly and is highly effective. Illicitly, fentanyl is used and distributed in ways that dramatically increase overdose risk, often without the users' knowledge. It is commonly used to "cut" other substances such as heroin, cocaine, methamphetamine, or counterfeit pills.

Hydrocodone is a powerful, semi-synthetic opioid pain reliever and cough suppressant derived from codeine, commonly prescribed for moderate to severe pain. An acute hydrocodone overdose occurs when an individual takes more of the medication than their body can handle, which overwhelms the central nervous system and causes dangerous suppression of vital functions.

Methamphetamine is a potent synthetic central nervous system stimulant in the amphetamine class. It has a high potential for abuse and dependence and produces profound sympathomimetic and neurotoxic effects. Death secondary to acute methamphetamine toxicity is the result of fatal cardiac arrhythmias, hyperthermia, stroke, seizures, or cardiovascular collapse. Death can occur unpredictably and is influenced by dose, route of administration, total clearance level, and other ingested substances.

Mitragynine is the primary active alkaloid found in *Mitragyna speciosa*, more commonly known as **kratom**, a plant native to Southeast Asia. It is responsible for most of kratom's psychoactive and pharmacological effects. Mitragynine is an atypical opioid-like compound that acts primarily on opioid receptors. At high doses, mitragynine can suppress the brainstem respiratory centers, leading to hypoxia, which may progress to respiratory arrest, cardiac arrhythmias, and central nervous system toxicity.

Oxycodone is a prescription opioid pain medication used by medical professionals to treat moderate to severe pain, especially after surgery, injury, or chronic pain. Oxycodone can result in an acute overdose when misused by depressing the central nervous system, resulting in fatal respiratory depression.

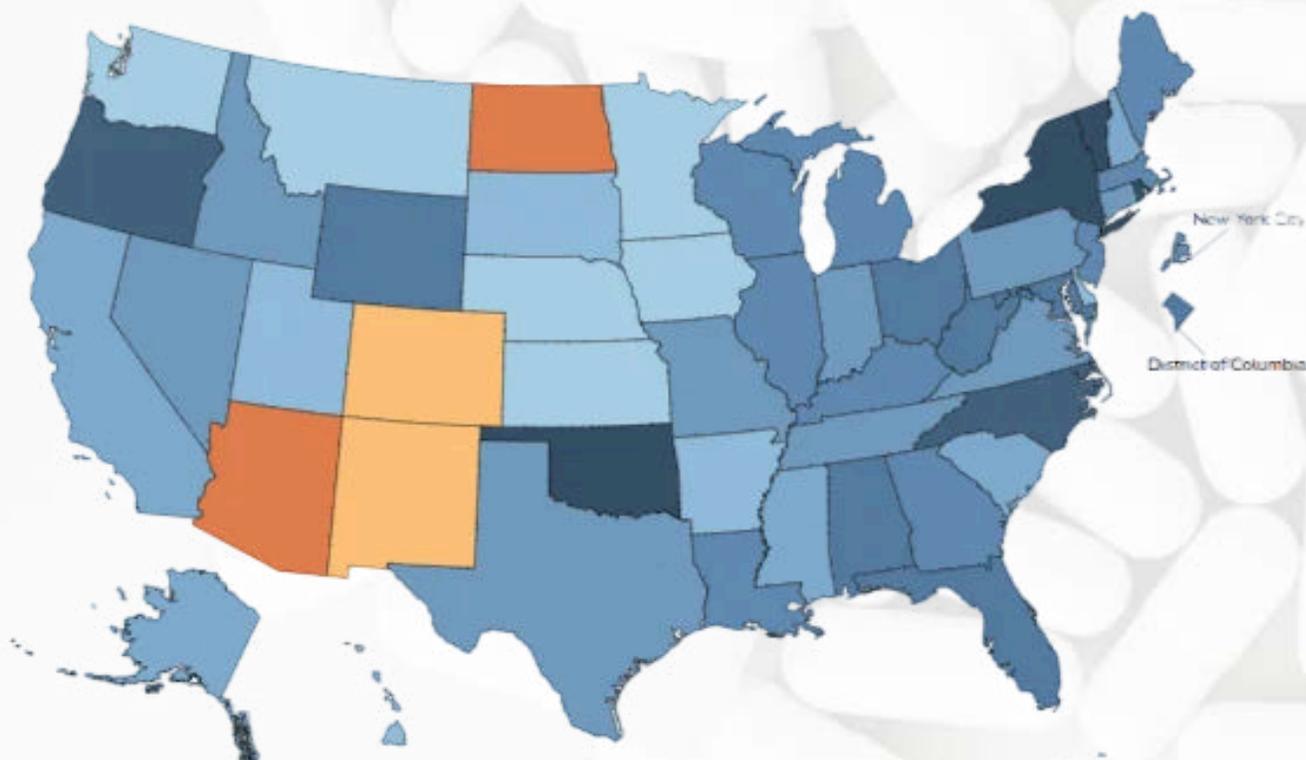
Synthetic cannabinoids, also known as "K2" or "spice" are a class of human-made, mind-acting chemicals that are either sprayed on dried, shredded plant material to be smoked or sold as liquids to be vaporized and inhaled in e-cigarettes. Despite being marketed as "synthetic marijuana," these substances are not true marijuana and often have more powerful, unpredictable, and dangerous effects. An acute overdose occurs when a user consumes too much of the drug or a highly potent batch, leading to a dangerous, often life-threatening reaction.

Drug-Related Deaths

National Overview

According to provisional data released by the Centers for Disease Control Center for Health Statistics, there were an estimated 80,391 acute drug deaths in the United States in 2024 (the most recent year in which complete data is available), a decrease of 26.9% from the 110,037 estimated deaths in 2023. This represents a continuation in the overall downward trend in drug overdose deaths at the national level and is the lowest number nationally since 2019. Almost all states across the nation saw decreases; Louisiana, Michigan, New Hampshire, Ohio, Virginia, West Virginia, and Wisconsin, and Washington, D.C., experienced declines of 35% or more. Synthetic opioids (fentanyl, specifically) were found in toxicology results for an estimated 48,422 (60.2%) overdose deaths at the national level, while psychostimulants (including methamphetamine) accounted for the second-most frequent category of fatal substances returned by toxicology, having been associated with approximately 29,456 deaths (36.6%).

Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: October 2024 to October 2025



Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods



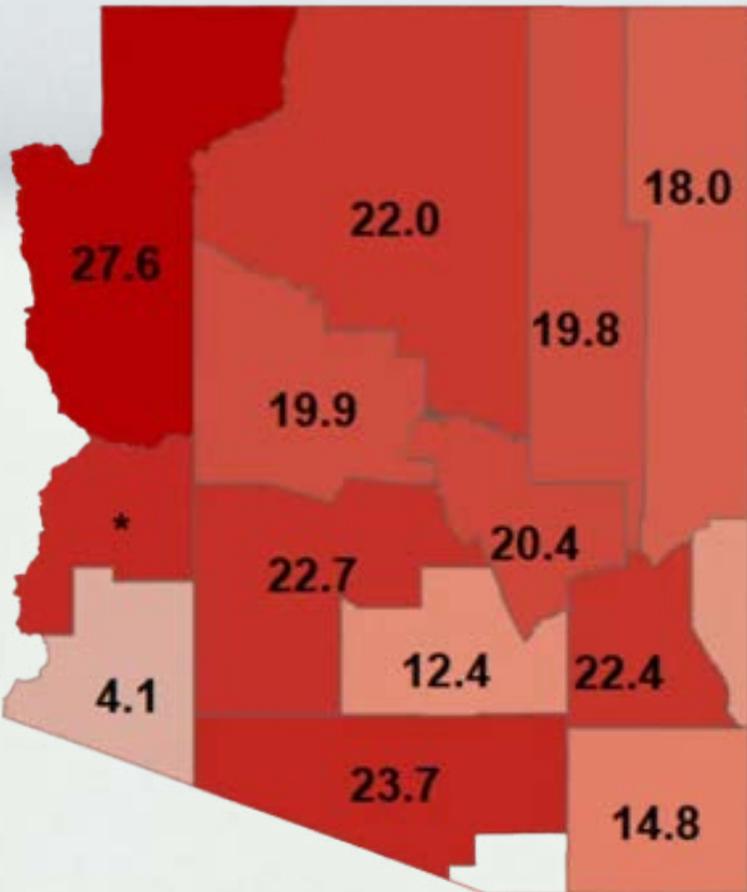
Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2026. DOI: <https://dx.doi.org/10.15620/cdc/20250305008>

Drug-Related Deaths

State Overview

The Centers for Disease Control Center for Health Statistics documented 2,664 drug overdose deaths in Arizona in 2022 (the most recent year in which complete data is available), a rate of 37.2 per 100,000 residents. Of the 2,664 total overdose deaths, the Arizona Department of Health Services recorded 1,927 (72.3%) of those deaths involved opioids. According to ADHS data, Arizona ranked 19th in the nation in rate of overdose deaths due to illicit fentanyl, 7th in the nation in overdose deaths attributed to methamphetamine, and 24th in the nation in overdose deaths due to prescription opioids in 2023.

The rate of opioid deaths per 100,000 residents was highest in Mohave, Pima, Maricopa, and Graham counties in 2024.



Pinal County Overview

Regardless of the manner of death, 124 Pinal County deaths investigated by the PCMEO were determined to have been the result of an acute drug toxicity/overdose in 2025. Methamphetamine was the most common substance detected by toxicology, having been common to 74% of all overdose deaths, with fentanyl having been the second most frequent substance detected (33%).



ADHS Arizona Overdose Trends & ADHS Actions 2025

Drug-Related Deaths

The chart below documents the frequency in which particular substances, both illicit and licit, were detected by toxicology. Considering overdose deaths may involve multiple drugs (polysubstance), the sum of deaths attributed to specific drugs may not equal the total number of drug overdose deaths.

Toxicological Substances

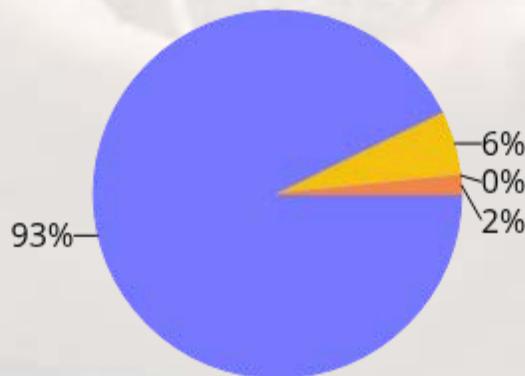
By Frequency of Appearance of Death Certificates



93% of the acute intoxication deaths investigated by the PCMEO in 2025 were determined as having been accidental. Both drug-related deaths that were determined to be the result of homicide were judicial executions carried out by the state.

Drug-Related Deaths

By Manner of Death



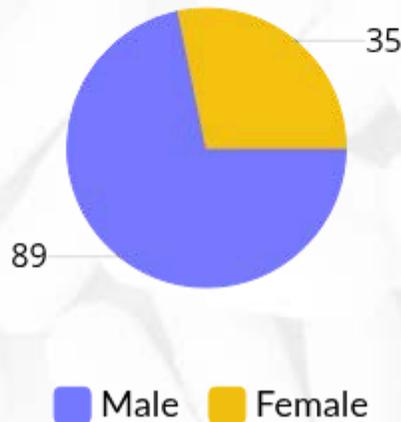
Accident 115 Suicide 7 Undetermined 0 Homicide 2

Drug-Related Deaths-Demographics

According to the Centers for Disease Control and Prevention, National Center for Health Statistics, overdose deaths from 2023 to 2024 decreased 27.3% for males (from 44.3 per 100,000 to 32.2) and 23.0% for women (from 18.3 per 100,000 to 14.1). This represents the single largest annual decrease observed over the past decade.

Pinal County Drugs Deaths

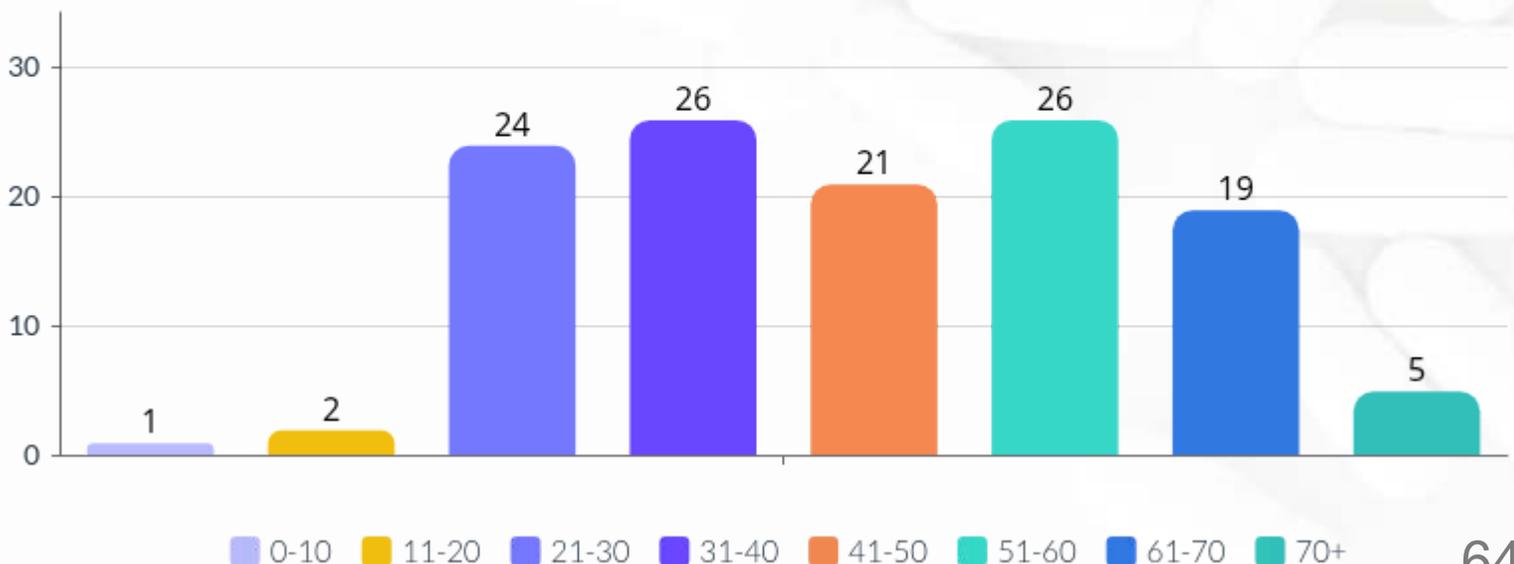
By Sex



According to the Centers for Disease Control and Prevention, National Center for Health Statistics, between 2023 and 2024, the drug overdose death rate declined for all age groups nationally. Younger age groups had the largest decreases, with rates declining 37.0% among ages 15–24 (from 13.5 to 8.5 deaths per 100,000 population). Adults age 65 and older had the smallest rate decrease between 2023 (14.7) and 2024 (13.4). In both 2023 and 2024, the drug overdose death rate was highest for adults ages 35–44 (60.8 and 44.2, respectively) and lowest for those ages 15–24 (13.5 and 8.5, respectively).

Pinal County Drug Deaths

By Age Range

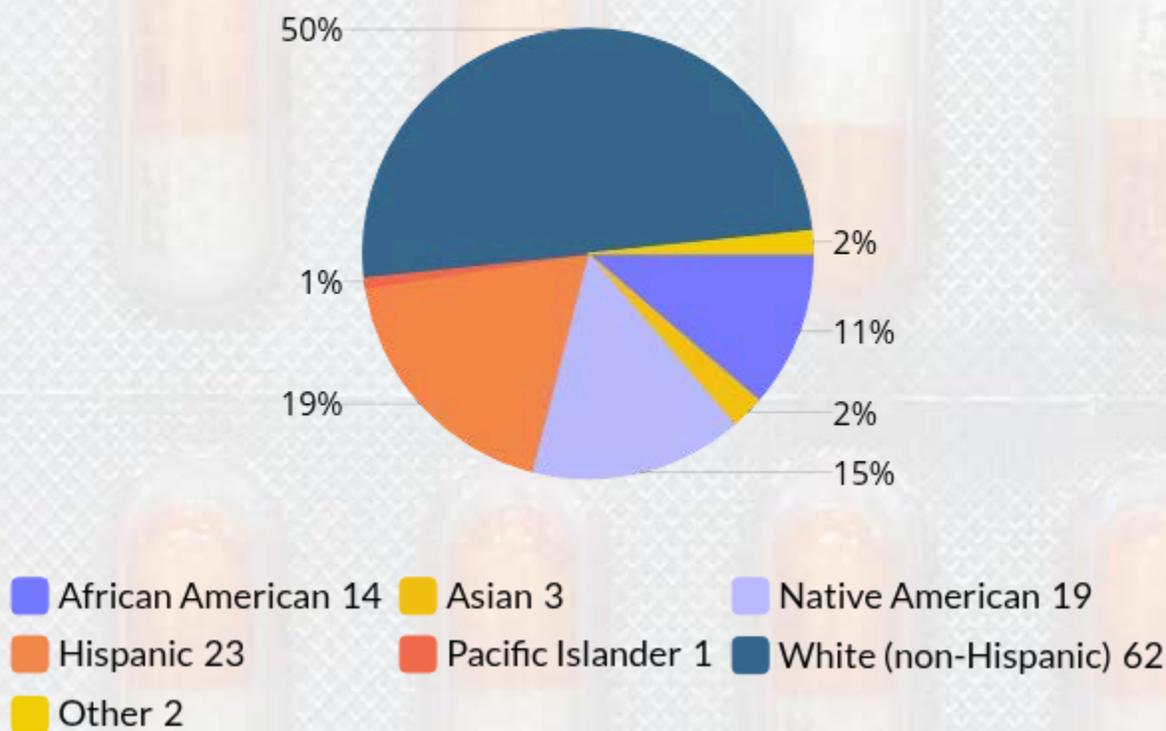


Drug-Related Deaths-Demographics

According to the Centers for Disease Control and Prevention, National Center for Health Statistics, between 2023 and 2024 (the most recent year in which data published by the organization is available), the rates of drug overdose deaths declined for each race and Hispanic-origin group nationally. The drug overdose death rate was highest nationally for American Indian and Alaska Native non-Hispanic people (65.0 and 51.6, respectively), and lowest for Asian non-Hispanic people (5.1 and 4.4, respectively). The acute overdose death rate decreased most significantly (30.9%) for Black non-Hispanic people, from 48.9 to 33.8 deaths per 100,000 population between 2023 and 2024.

Pinal County Drug Deaths

By Race/Ethnicity



Pinal County Drug Death Trends

There was an 18% increase in the number of drug-related deaths from 2024-2025 (105-124, respectively). Although the frequency of detection via toxicology has varied, methamphetamine has remained the most common substance detected, followed by fentanyl for the second consecutive year.

Pinal County Drug Deaths

Trends (2018-2025)



The number of fatal fentanyl overdose incidents in Pinal County followed a general downward trajectory from 2022 to 2024, following its peak in 2021. Unfortunately, the PCMEO saw a 45% increase (from 40 cases to 58 cases) from 2024 to 2025.

Pinal County Fentanyl Deaths



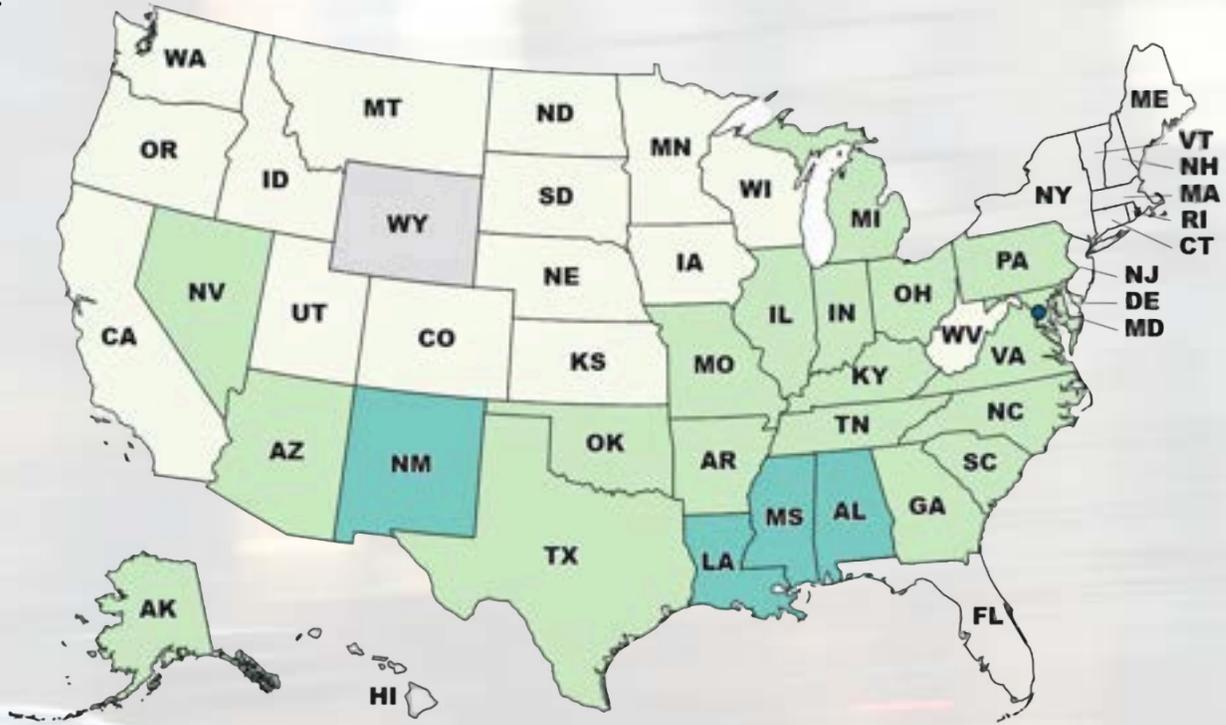
Homicide Deaths

SS POLICE LINE D

Homicide Deaths

National Overview

According to the Centers for Disease Control and National Center for Health Statistics, there were 22,830 homicide deaths nationwide in 2023 (the most recent year in which complete data has been published), a rate of 6.8 homicide deaths per 100,000 population. The data reflect an approximate 8% decrease in the number of homicide deaths nationally when compared to 2022. The vast majority of national homicide deaths (19,651) were the result of firearm-related incidents (5.9 per 100,000).



Deaths by homicide per 100,000 total population (age-adjusted mortality rate)

- 0 - < 6.62
- 6.62 - < 13.24
- 13.24 - < 19.86
- 19.86 - < 26.48
- 26.48 - < 33.1

CDC WONDER Online Database is the source of the 2023 National Vital Statistics System death data featured in Stats of the States.

State Overview

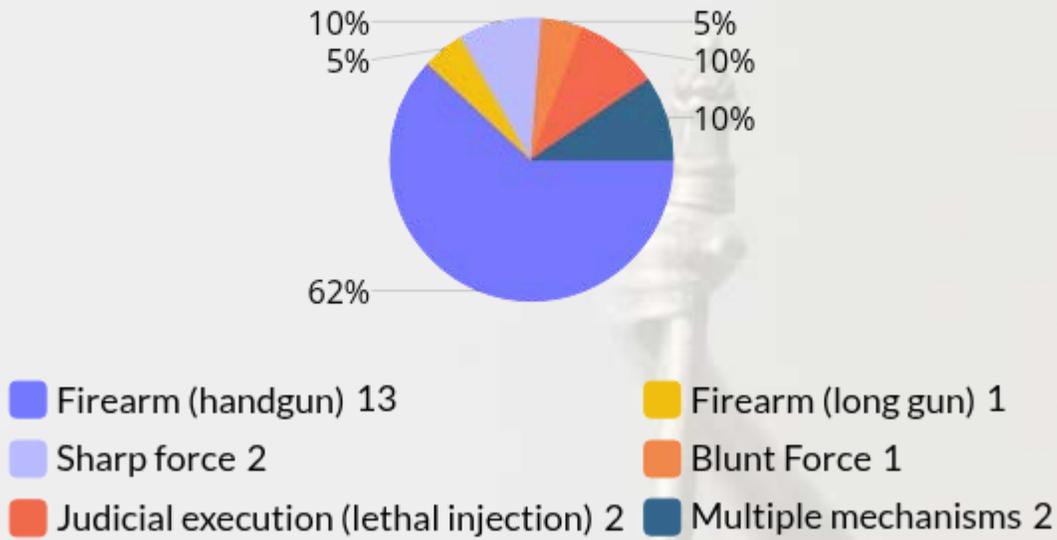
According to the Centers for Disease Control and Prevention National Center for Health Statistics, there were 531 homicide deaths statewide in 2023 (the most recent year in which complete data is available and published by the agency), a rate of 7.5 homicide deaths per 100,000, a decrease from the 629 homicide deaths reported statewide in 2022.

Pinal County

21 Pinal County deaths that were determined to have been the result of homicide were reported to the PCMEQ in 2025.

Pinal County Homicide Deaths

By Mechanism of Injury



Capital punishment is a legal penalty in the state of Arizona. Lethal injection became Arizona's primary method of execution on 11/15/1992; however, those sentenced to death before that date may still select their method of execution (lethal injection or gas chamber). All judicial executions carried out by the Arizona Department of Corrections, Rehabilitation, and Reentry occur at the ADOC Florence Complex-Central Unit. In accordance with §ARS 11-593, subsection B, 4. death of a person in a custodial agency defined pursuant to section §13-4401 and 6. death occurring in a suspicious, unusual, or nonnatural manner, including death from an accident believed to be related to the deceased person's occupation or employment; judicial execution deaths fall within the jurisdiction of the PCMEO. Two judicial executions occurred in the State of Arizona in 2025.

Pinal County Homicide Deaths

Annual Trends



Homicide Deaths- Demographics

National Overview

According to the Bureau of Justice Statistics, nationally, homicide victims in 2023 (the most recent year in which data is available) were disproportionately male (78%), Black (55.8%), and aged 18–34, with the highest risk for those 18–24

State Overview

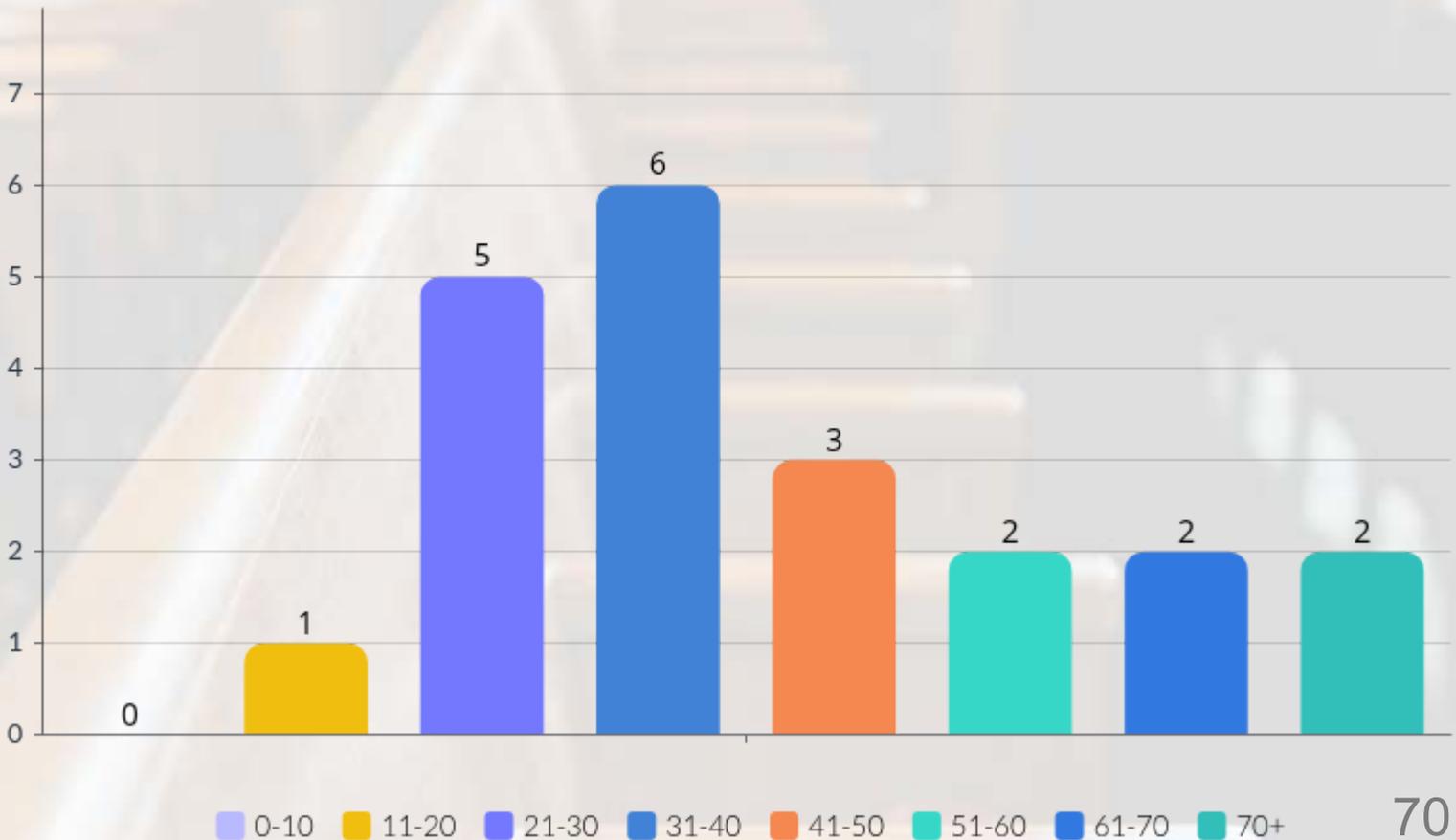
According to the Bureau of Justice Statistics, data showed that gun violence disproportionately affected young, male, and minority populations, with high rates in Maricopa and Pima counties. Young Hispanic/Latino males (ages 15–34) made up 24% of Arizona's gun homicide deaths in 2023. Further, Arizona ranked 6th highest for gun homicide rates among Hispanic/Latino people. American Indian/Alaska Native people were five times as likely to die by gun homicide compared to their white counterparts.

Pinal County

The 2024 Arizona Crime Statistics Report filed by the Arizona Department of Public Safety documented that individuals aged 35-44 comprised the highest group of homicide victims statewide in 2024, with those in the 25-34 age group following closely behind. The most common Pinal County homicide victims were slightly younger than the state average in 2025, with individuals aged 21-40 comprising the highest number of homicide deaths in Pinal County

Pinal County Homicide Deaths

By Age Group

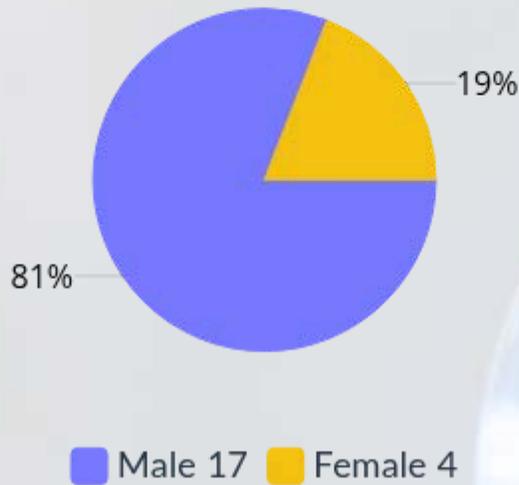


Homicide Deaths- Demographics

According to the Arizona Department of Public Safety's 2024 Violent Crime Report, male victims comprised of 79.2% of homicide victims statewide in 2024. Consistent with the findings detailed within this report, males comprised of 81% of Pinal County homicide victims in 2025.

Pinal County Homicide Deaths

By Sex



Suicide Deaths



There is help

NATIONAL

SUICIDE

PREVENTION

LIFELINETM

1-800-273-TALK (8255)

suicidepreventionlifeline.org

Free and confidential

OP-12017

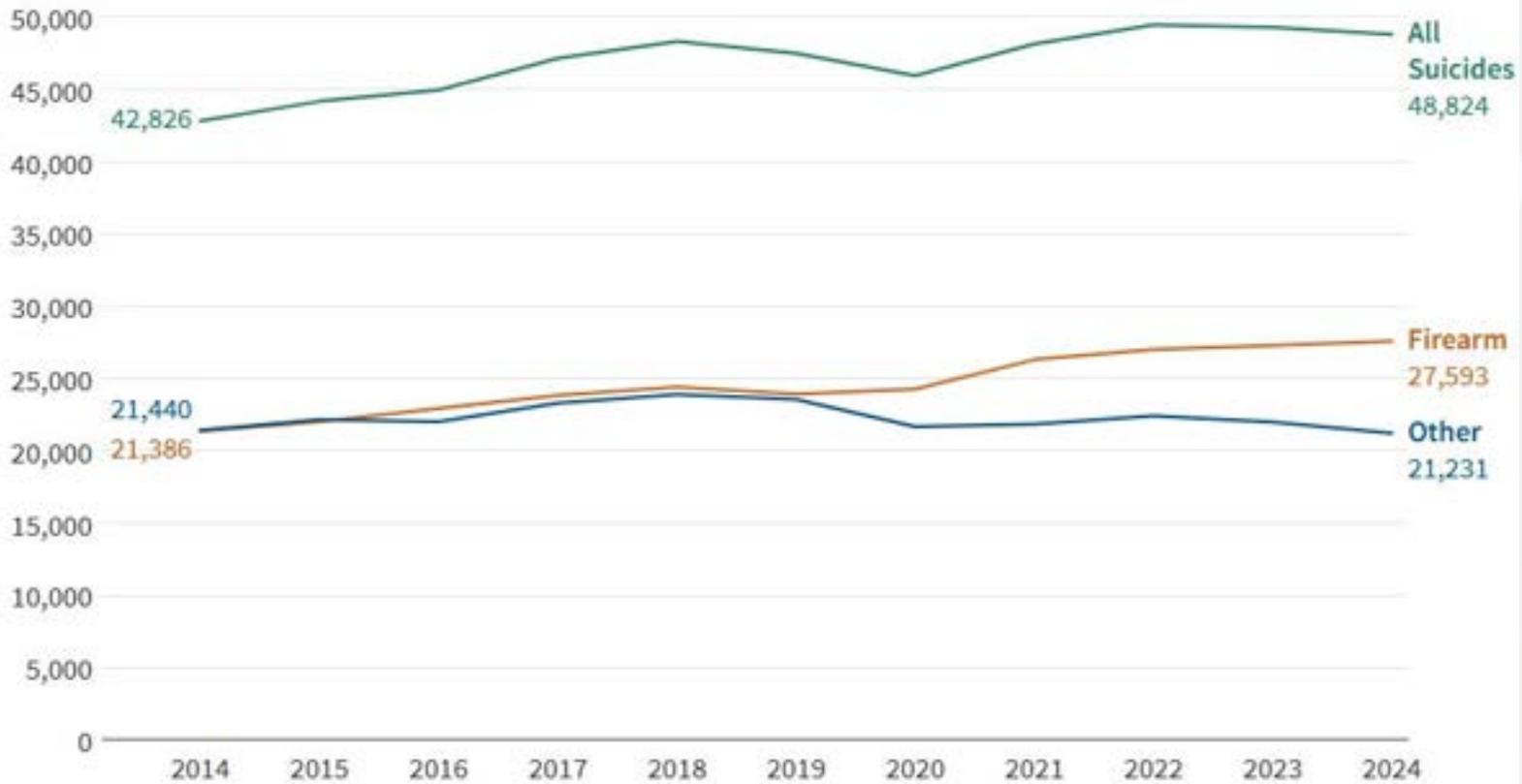
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Columbia, PA

MFG 11/07
S. Carlsbad

Suicide Deaths

National Overview

According to preliminary data published by the Centers for Disease Control and Prevention's National Center for Health Statistics, suicide deaths fell slightly from their peak of 49,476 deaths in 2022 to 48,824 deaths in 2024, the most recent year in which national data is available, but trends by suicide method diverged: suicides by other means declined while firearm suicides reached their highest level and accounted for 57% of all suicides (up from 50% in 2014).



Source: KFF analysis of CDC WONDER data, 2014 to 2024

State Overview

According to the Centers for Disease Control and Prevention's National Center for Health Statistics, intentional self-inflicted injuries (suicide) was the eighth leading cause of death in Arizona in 2023 (the most recent year in which data is available). The overall suicide rate in Arizona has steadily increased, having reached approximately 19.22 suicides per 100,000 in 2023, which is higher than the national average (CDC).



Over
49,000
people died by
suicide in 2023



1 death every
11 minutes

Many adults think about
suicide or attempt suicide

12.8 million
Seriously thought about suicide

3.7 million
Made a plan for suicide

1.5 million
Attempted suicide

Content source: National Center for Injury Prevention and Control 73

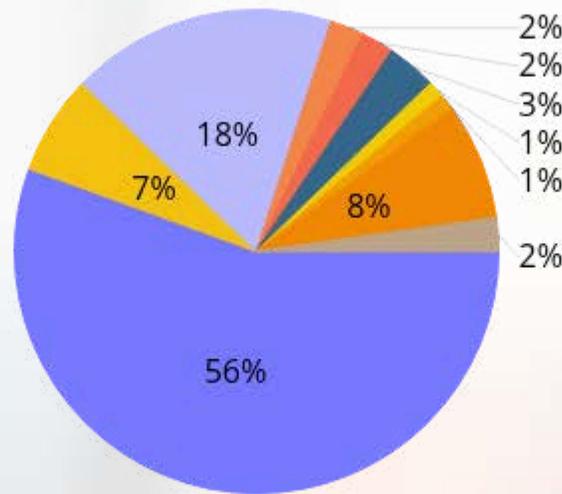
Suicide Deaths

Pinal County Overview

90 Pinal County deaths that were subsequently determined to be the result of suicide were reported to and investigated by the Pinal County Medical Examiner's Office in 2025. This represents a continuation in the downward trajectory of suicide deaths following a peak in 2022. The vast majority of suicide deaths (62%) were the result of deliberately self-inflicted firearm injury(ies).

Pinal County Suicide Deaths

By Method/Mechanism



- Firearm (handgun) 50
- Firearm (long gun) 6
- Asphyxia (hanging) 16
- Asphyxia (chemical) 2
- Drowning 2
- Vehicle (pedestrian) 3
- Vehicle (driver) 1
- Vehicle (commercial) 1
- Drugs/Poisoning 7
- Sharp Force 2

Suicide Deaths-Demographics

National Overview

According to data published by KFF, suicide rates in 2024 were highest among American Indian/Alaska Native (AIAN) populations and males, who were four times more likely to die by suicide than females. While AIAN people had the highest rate (22.5 per 100,000), non-Hispanic, white individuals accounted for the highest total number of deaths.

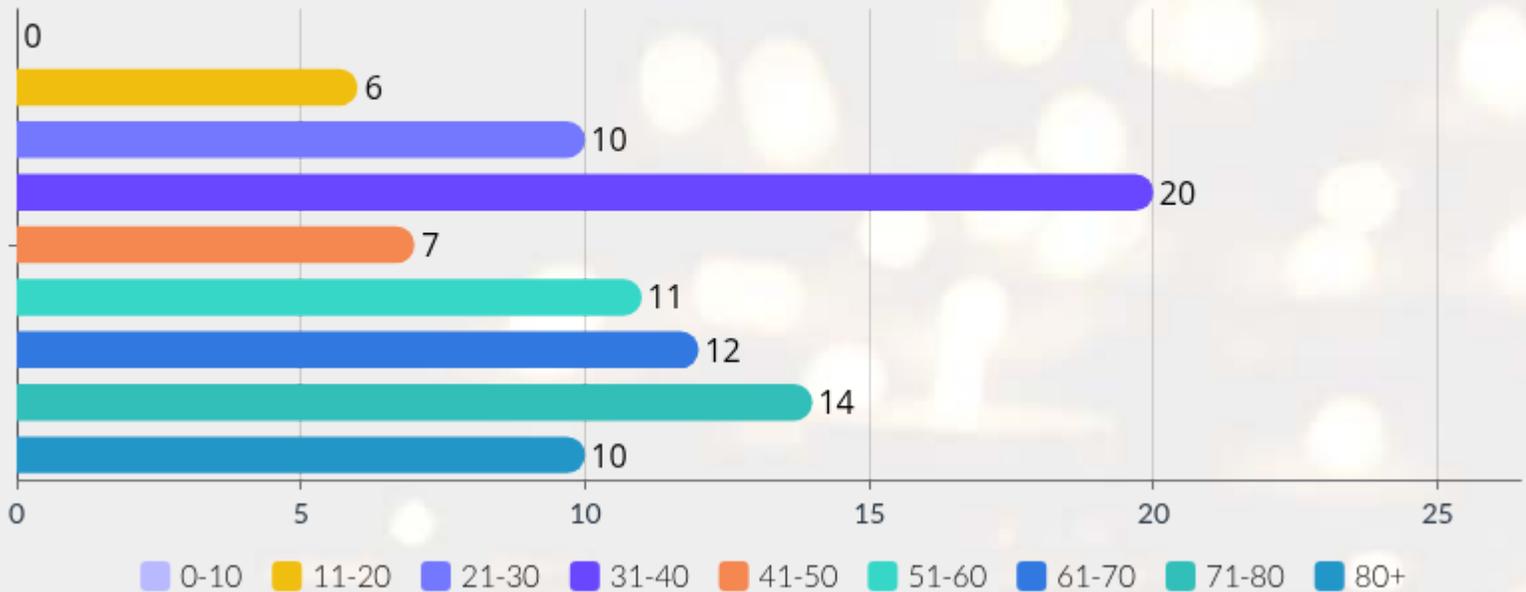
State Overview

According to the Arizona Suicide Prevention Coalition, AIAN individuals have the highest suicide death rates in Arizona. While White non-Hispanic individuals have a lower suicide death rate when compared to those of AIAN ancestry, they often have higher raw numbers due to population size.

Suicide Deaths Demographics

Pinal County Suicide Deaths

By Age

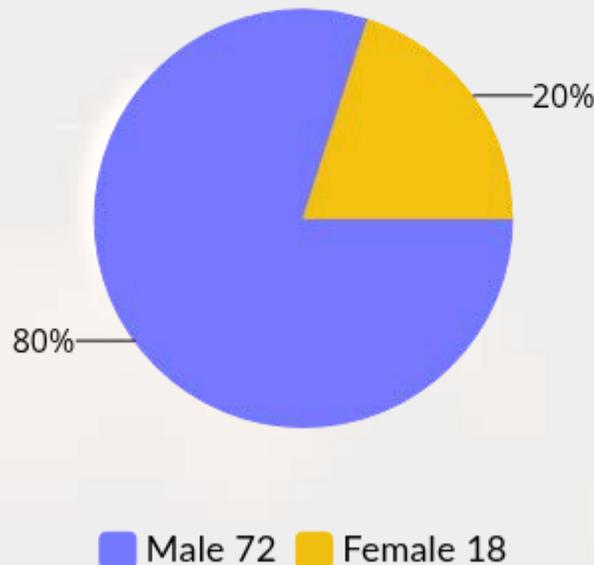


According to the Centers for Disease Control and Prevention, Suicide Data and Statistics, White (non-Hispanic) males in the 25-44 age range comprise the highest number of suicide deaths nationally in 2022 (the most recent year for which complete data is available).

Consistent with the CDC data reference above, White (non-Hispanic) males within the 31-40 age range comprised the highest number of Pinal County suicide deaths in 2025.

Pinal County Suicide Deaths

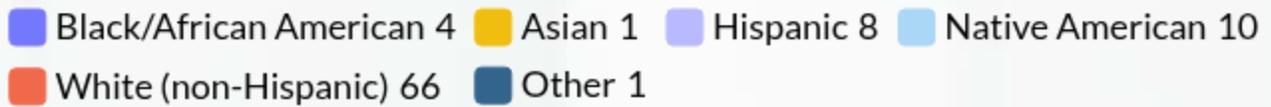
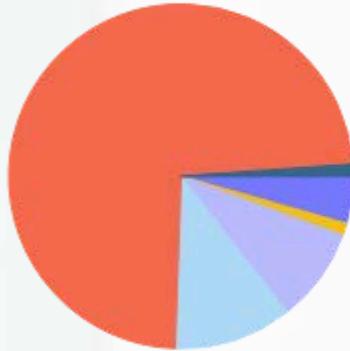
by Sex



Suicide Deaths Demographics

Pinal County Suicide Deaths

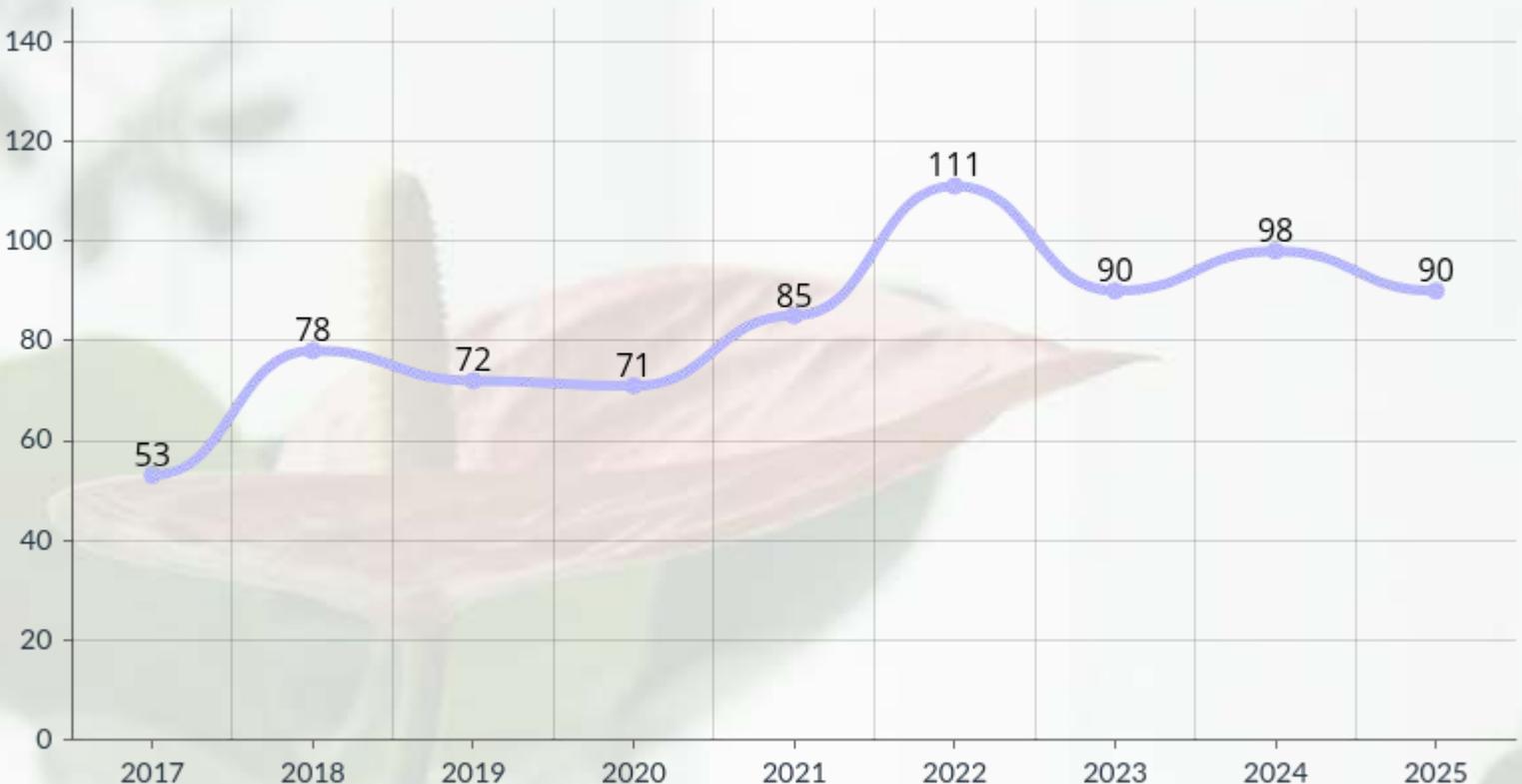
By Race/Ethnicity



Suicide Deaths Trends

The 90 suicide deaths investigated in 2025 are a continuation in the overall downward trajectory in the number of suicide deaths countywide following their peak in 2022 (111 cases).

Pinal County Suicide Deaths by Year



Infant and Child Deaths



Infant and Child Deaths-Definitions

- **Bed-sharing**

Sharing a sleep surface, such as an adult bed, couch, or armchair, with a baby. Bed sharing greatly increases the risk of SIDS and other sleep-related infant deaths, such as accidental suffocation or entrapment.

- **Co-sleeping**

Co-sleeping is the general term for sleeping near or with an infant. This term can describe both room sharing and bed sharing.

- **Entrapment or Wedging**

Entrapment or wedging describes an incident in which a baby's body or head becomes stuck between two objects, such as a mattress and wall, bed frame, or furniture.

- **Overlay**

Accidental death by smothering is caused by a larger individual sleeping on top of an infant.

- **Sudden Infant Death Syndrome (SIDS)**

Sudden Infant Death Syndrome (SIDS) is the term used to describe the sudden death of a baby younger than one year of age that does not have a known cause, even after a full investigation.

- **Sudden Unexpected Infant Death (SUID)**

An umbrella category that describes all sudden, unexpected infant deaths from known causes, such as an injury or accident, and those from unknown causes.

- **Suffocation**

Suffocation may be described as a death associated with deprivation of oxygen, either partial or complete, either from a lack of oxygen in the surrounding environment or due to obstruction of the upper airway.

- **Undetermined**

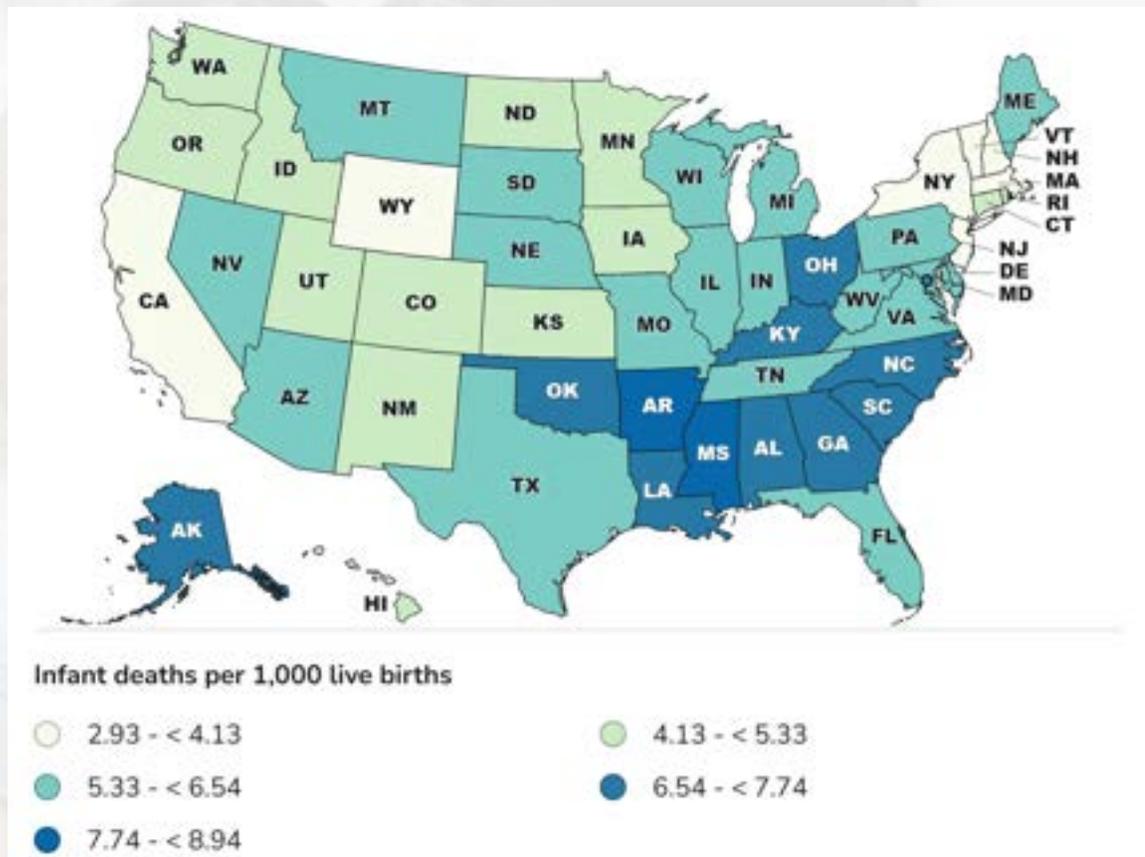
Can be a cause of death, manner of death, or both a cause and manner of death. A cause of death can be known, while the manner of remains unclear. The manner of death can be determined, while a clear cause of death is unknown. When both cause and manner are ruled as undetermined, it often means that the circumstances and findings surrounding how an infant died are unclear.

Infant and Child Deaths-Overview

The Centers for Disease Control and Prevention (CDC) defines infant mortality as the death of an infant before his or her first birthday. The CDC's National Vital Statistics System recorded 20,050 infant deaths nationwide in 2024 (the most recent year for which data are available), a rate of 552.5 deaths per 100,000 live births, and has generally trended downward since 1995. The CDC documents the five leading causes of infant death in 2022 as:

1. Congenital malformations (112.1 deaths per 100,000 live births)
2. Preterm birth and low birth weight (81.4 deaths per 100,000 live births)
3. Sudden infant death syndrome (40.2 deaths per 100,000 live births)
4. Unintentional injuries (e.g., suffocation, 35.8 deaths per 100,000 live births)
5. Maternal pregnancy complications (31.9 deaths per 100,000 live births)

Locally, the Arizona Child Fatality Review Program documented 419 infant deaths having occurred in Arizona in 2024, an infant mortality rate of 5.2 per 1,000 live births; down from 5.4 per 1,000 live births in 2023.



With regard to child deaths, the CDC documented 4,156 deaths of children aged 1-4 (28.0 per 100,000) and 6,239 deaths of children 5-14 years of age (15.3 per 100,000) nationally in 2022.

Leading Causes of Death in Children

Ages 1-4

- Accidents (unintentional injuries)
- Congenital malformations, deformations and chromosomal abnormalities
- Assault (homicide)

Ages 5-9

- Accidents (unintentional injuries)
- Cancer
- Assault (homicide)

Ages 10-17

- Accidents (unintentional injuries)
- Intentional self-harm (suicide)
- Cancer

Infant and Child Deaths

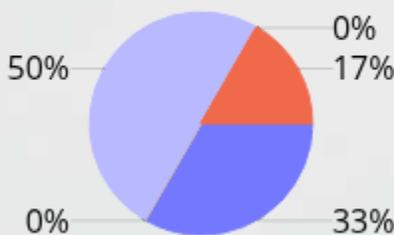
In the 32nd annual report published by the Arizona Child Fatality Review Program, 791 children died in Arizona in 2024. The leading causes of death in order of frequency were prematurity, congenital anomalies, motor vehicle collisions, suffocation, and firearm injuries. Prematurity was the most common cause of death for neonates (infants less than 28 days old), while suffocation was the common cause of death among infants 28 days to less than one year of age. Drowning was the most common cause of death in children 1-4 years of age. The three most common causes of preventable death were motor vehicle crashes, firearm injuries, and suffocation.

Natural Causes	Accidental Injuries	Homicides	Suicides	Undetermined
60%	26%	6%	5%	3%
471 child deaths	202 child deaths	51 child deaths	43 child deaths	24 child deaths

Six infant deaths and 14 child deaths that occurred in Pinal County were reported to and investigated by the PCMEO in 2025.

Infant Deaths

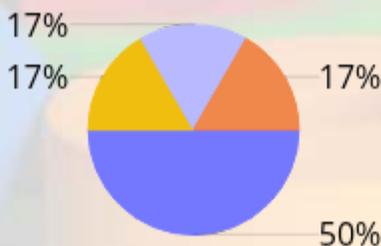
By Manner of Death



- Accident 2
- Homicide 0
- Natural 3
- Suicide 0
- Undetermined 1

Infant Deaths

By Cause of Death



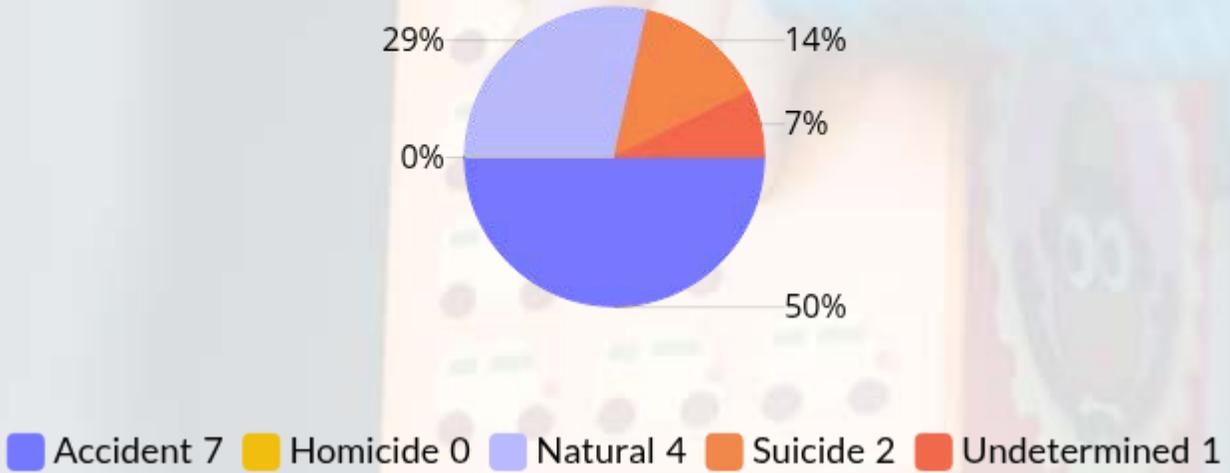
- Extreme Prematurity 3
- Sudden Unexplained Infant Death (SUID) 1
- Asphyxia due to Unsafe Sleep Environment 1
- Neurological 1

Child Deaths

In the 32nd annual report published by the Arizona Child Fatality Review Program, 60% of child deaths statewide in 2024 were attributed to various natural causes, while 26% were the result of accidents. Throughout 2025, accidental deaths were the most frequent manner of death attributed to Pinal County child deaths, accounting for 50% of the PCMEO's child death caseload.

Child Deaths

By Manner of Death



The top five leading causes of preventable deaths from birth to 17 years of age statewide in 2024 were motor vehicle collision injuries (22%), suffocation (14%), firearm injuries (14%), drowning (9%), and prematurity (5%). In correlation with these findings, deaths secondary to motor vehicle collisions accounted for the majority of the PCMEO's child death caseload in 2025.

Child Deaths

By Mechanism of Death



Infant and Child Deaths-Trends

State Overview

According to the 32nd Annual Report published by the Arizona Child Fatality Review Program, "Arizona's child mortality rate has remained relatively stable since 2015. It decreased by 7.6% from 51.1 deaths per 100,000 children in 2023 to 47.2 deaths per 100,000 children in 2024. From 2015, the male child mortality rate has been generally higher than females. From 2023 to 2024, both male and female mortality rates decreased by 9.1% and 5.7%, respectively."

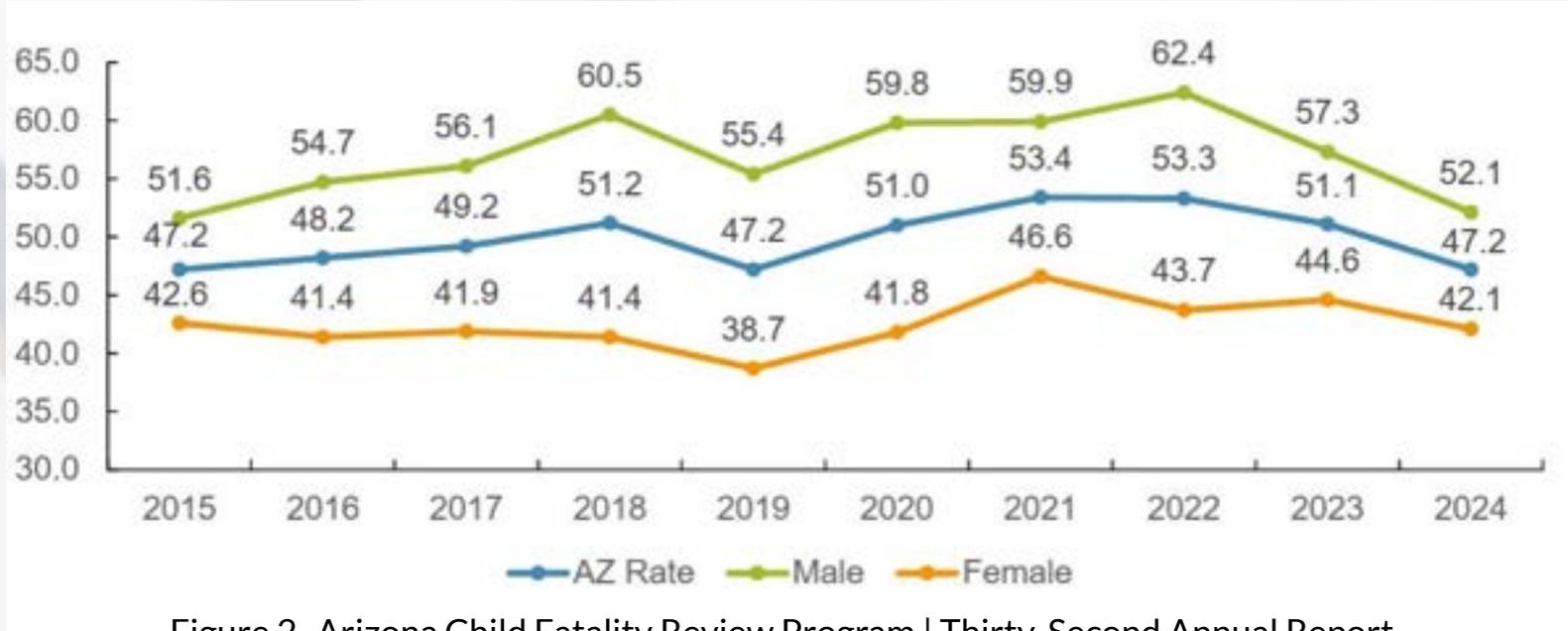


Figure 2- Arizona Child Fatality Review Program | Thirty-Second Annual Report

Pinal County

Pinal County Infant Deaths

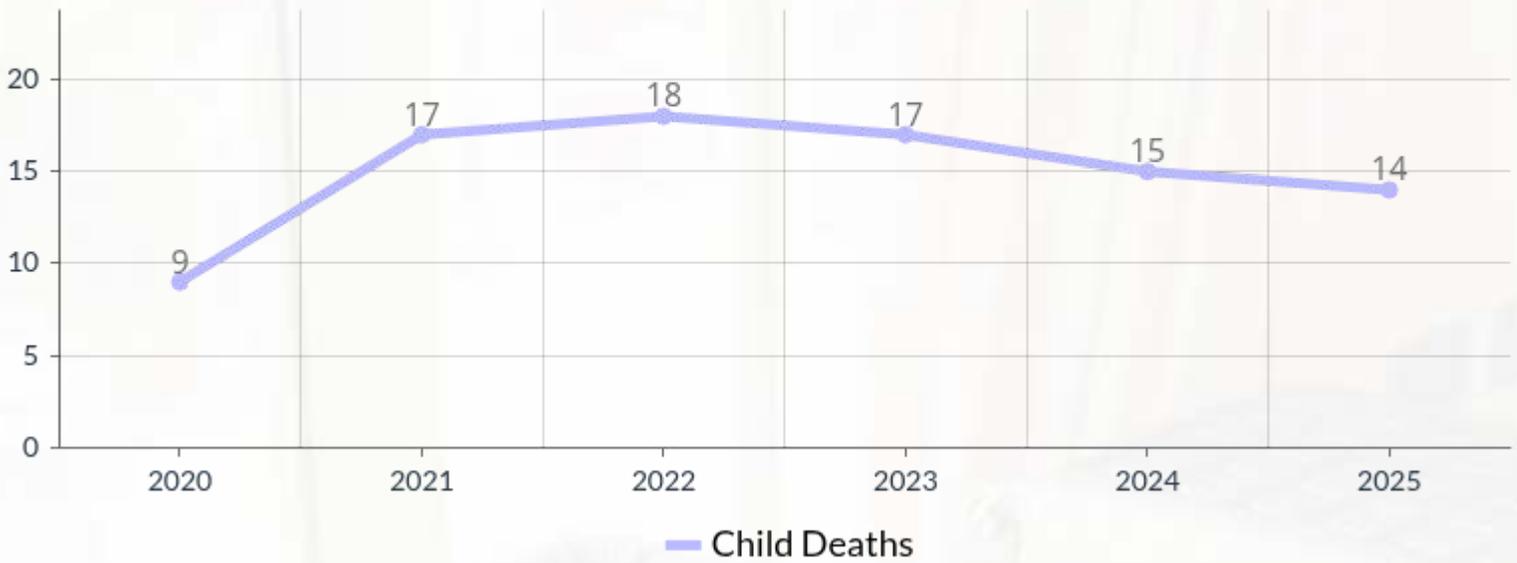
Annual Trends



Infant and Child Deaths-Trends

Pinal County Child Deaths

Annual Trends

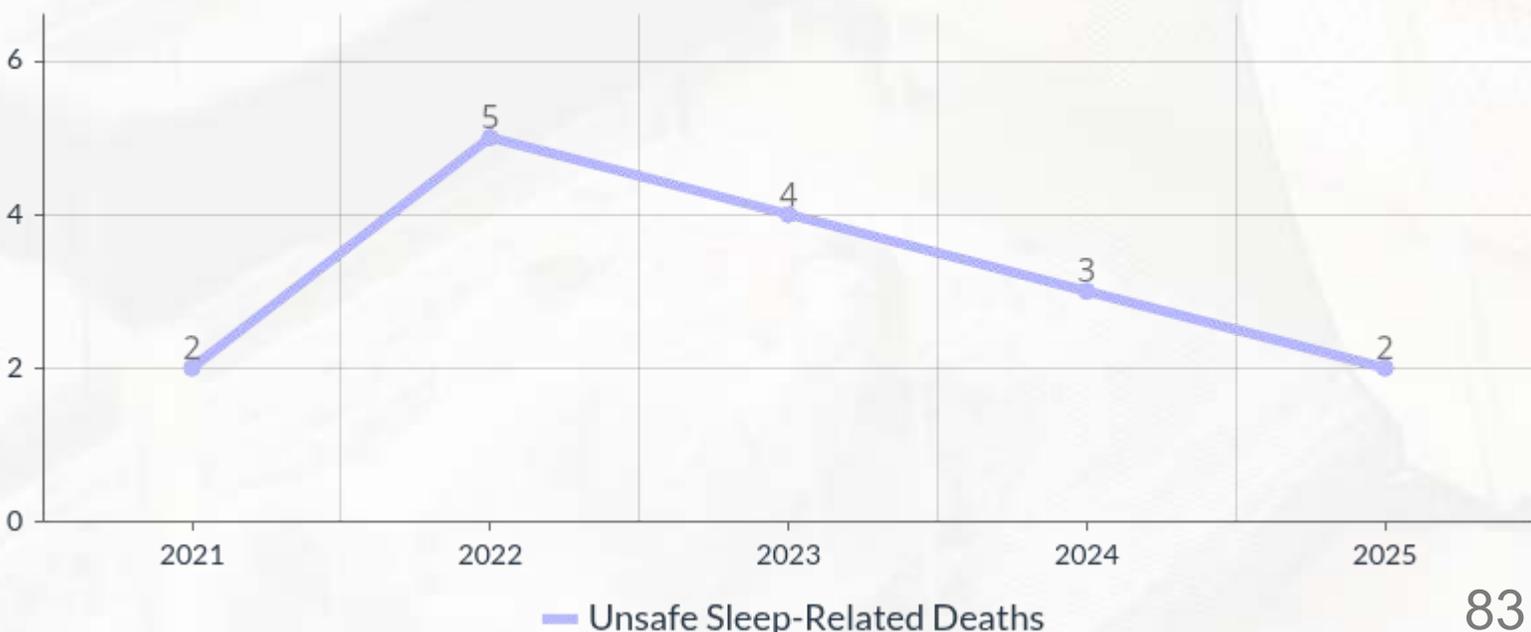


Infant Deaths- Unsafe Sleep Environment

Infant death due to an unsafe sleep environment refers to the death of an infant caused by conditions in the sleep setting that interfere with breathing or oxygen delivery. These deaths are part of a broader category called Sudden Unexpected Infant Death (SUID), which includes several mechanisms of death occurring in sleep. Unsafe sleep environments can lead to death through airway obstruction, rebreathing of carbon dioxide, or chest compression, all of which can result in low oxygen levels and eventually, cardiac arrest. The CDC estimates that there were 3,700 sleep-related deaths among infants nationwide in 2022.

Infant Deaths Attributed to Unsafe Sleep Environment

Annual Trends

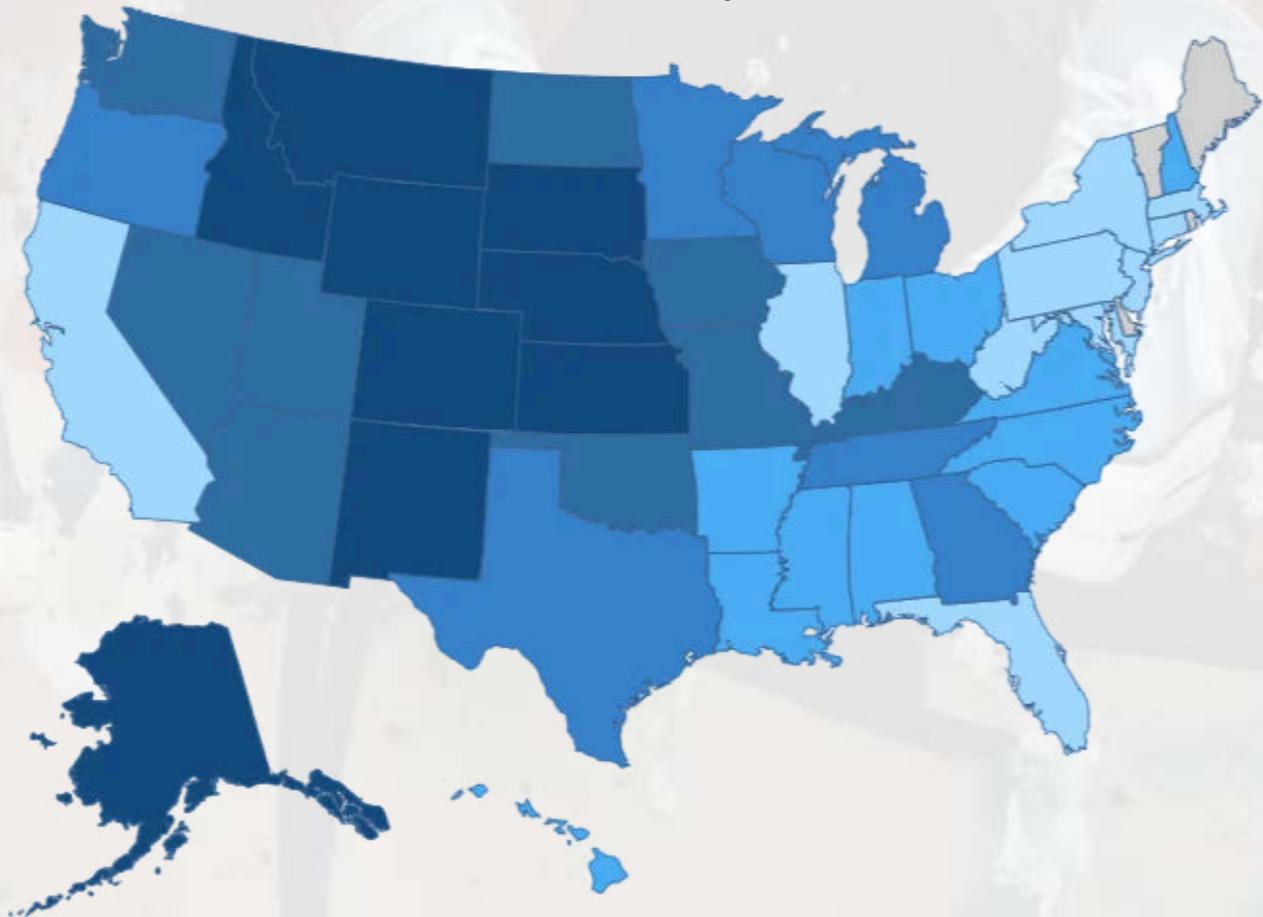


Pediatric Suicide Deaths

According to the Children's Hospital Association, approximately 2 million adolescents attempt suicide each year, and approximately 25% of attempts are successful. Although suicide by various mechanisms is the 11th leading cause of death among the general US population, it is the second leading cause of death for children and young adults ages 10 to 14, causing more deaths than any single major illness and second only to unintentional injuries, and the third leading cause of death for those between 15 and 24.

A recent study conducted by the Children's Hospital Association revealed that between 2016 and 2021, suicide and self-injury cases among patients ages 5-18 seen at children's hospital emergency departments increased by 168.6%. Further, according to the 2023 CDC Youth Risk Behavior Summary and Trends Report, 20% of high school students surveyed reported that they have seriously considered attempting suicide, 16% reported that they went as far as to make a suicide plan, and 9% engaged in an actual suicide attempt. Of note, there has been no significant change (increase or decrease) in these numbers recorded by the CDC since 2023.

Teen Suicide Rates by State



51-92

93-111

112-122

123-149

150-367

No Data

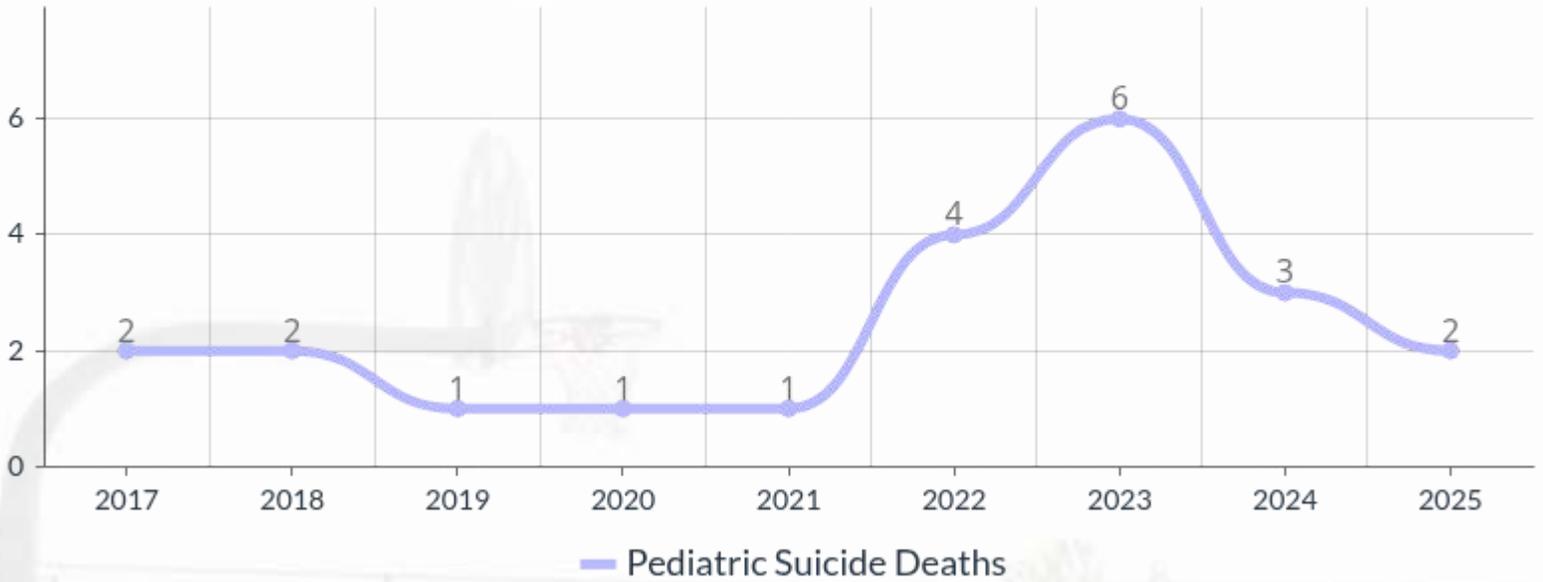
Data from U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Multiple Cause of Death by Single Race Files via CDC WONDER Online Database, 2021-2023

Pediatric Suicide Deaths

Suicide deaths among Pinal County's youth population have decreased for the second consecutive year in 2025, following a peak in 2023, in which the PCMEO investigated six (6) pediatric suicide deaths.

Pediatric Suicide Deaths

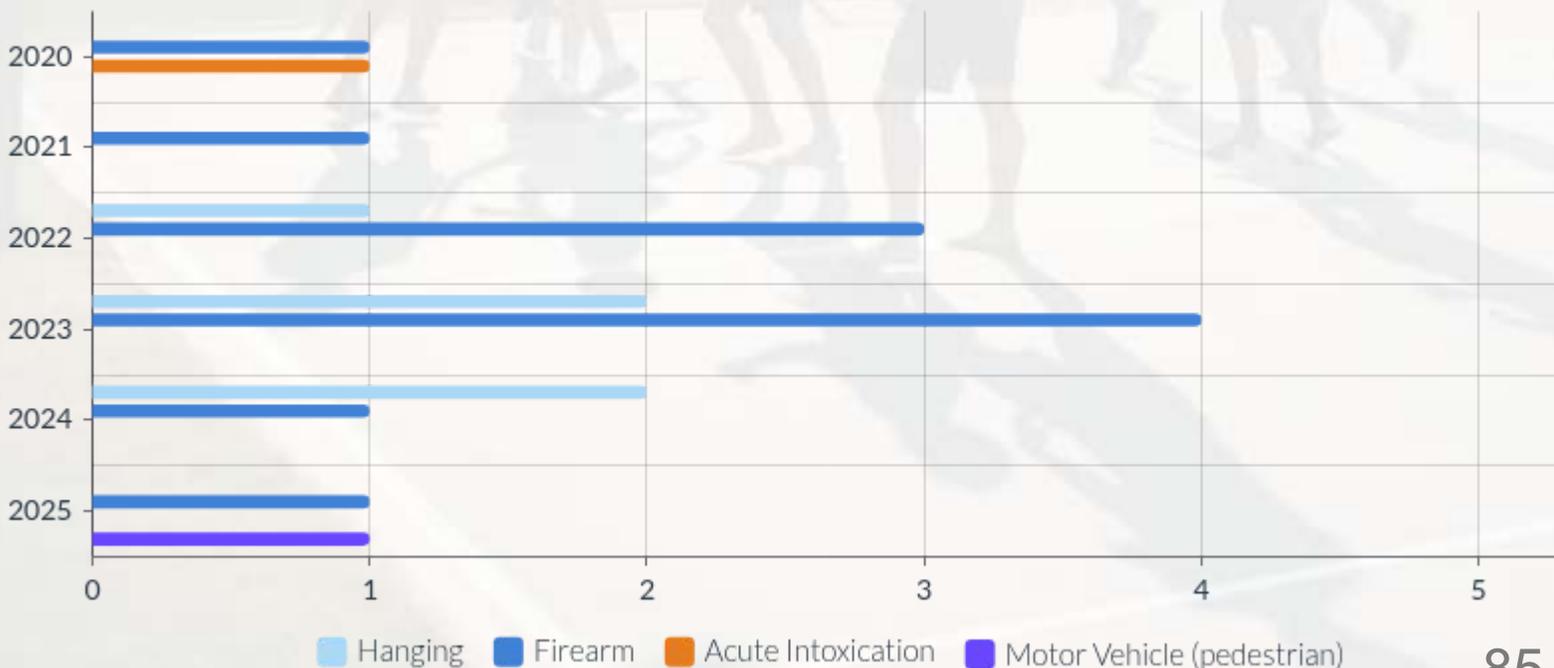
Annual Trends



Consistent with the trends seen in adult suicide deaths, both nationally and at the state level, the majority of pediatric suicide deaths in Pinal County are the result of self-inflicted firearm injuries. Asphyxiation due to hanging is the second most common cause of death in the Pinal County pediatric suicide population.

Pediatric Suicide Deaths

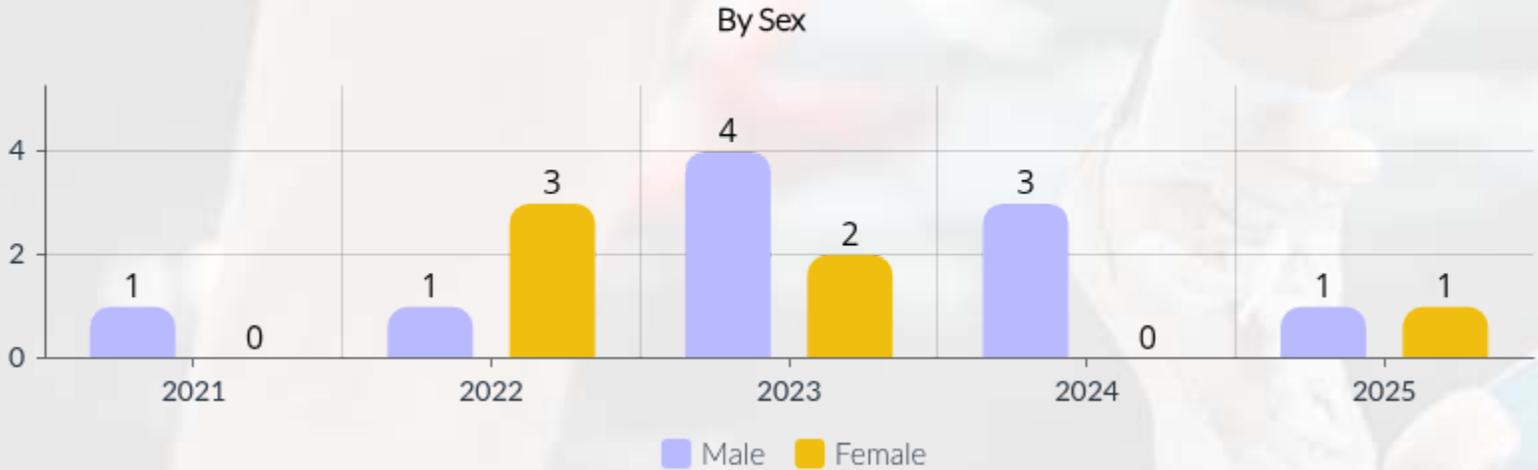
By Mechanism of Death



Pediatric Suicide Deaths- Demographics

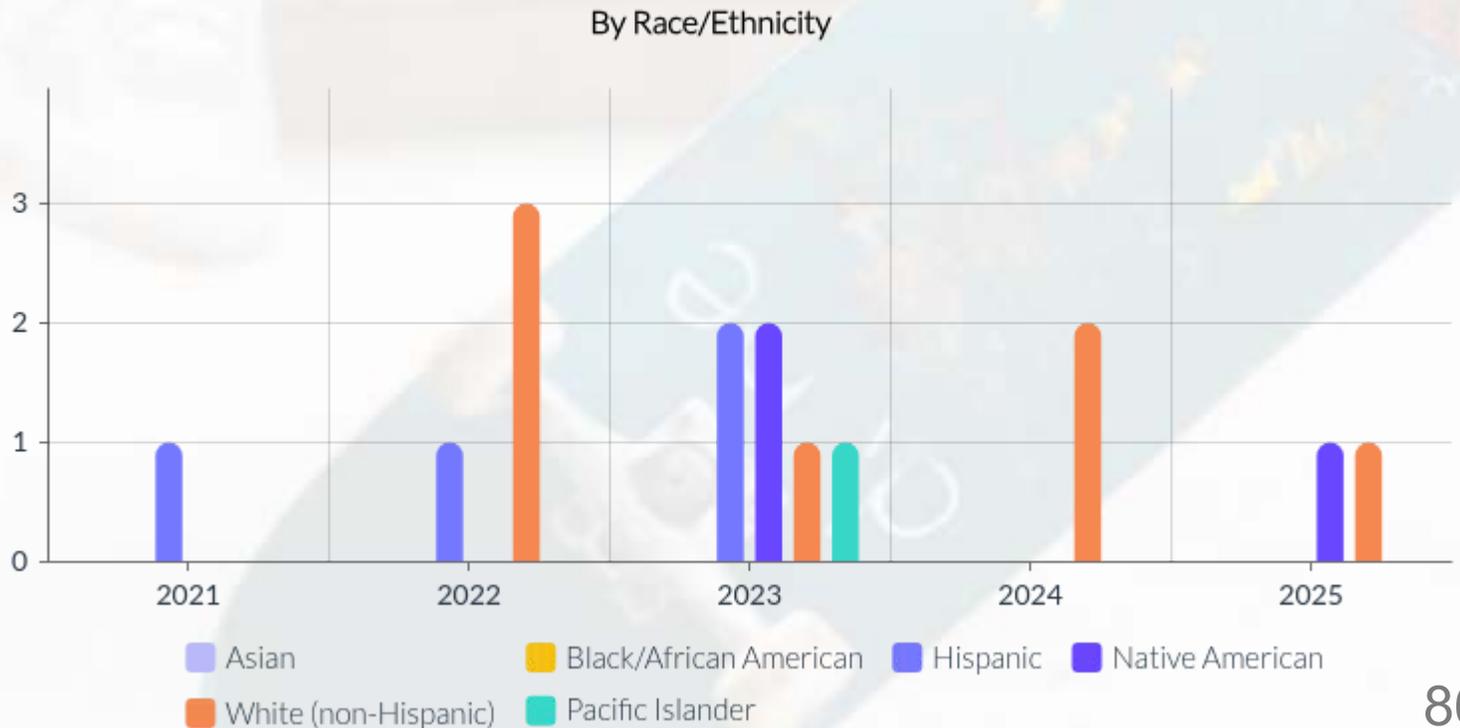
According to the 2023 CDC Youth Risk Behavior Summary and Trends Report, nationally, youth most impacted by suicide are non-Hispanic American Indian or Alaska Natives, with a suicide rate of 36.3 per 100,000. Further, female and LGBTQ+ students were more likely than their peers to experience persistent feelings of sadness or hopelessness, poor mental health, and suicidal thoughts and behaviors.

Pinal County Pediatric Suicide Death Trends



A recent study on teen suicide deaths conducted by Yale University found that boys are 4 times more likely to die by suicide than girls, although girls are more likely to attempt it. With regard to age, the same study found that the highest suicide risk within the "teen" category is generally found in older adolescents, particularly ages 15–19. Analysis of Pinal County data revealed that the average age of youths who have completed suicide in Pinal County since 2021 is 15.5 years old; the most frequent age of occurrence is 17.

Pinal County Pediatric Suicide Death Trends



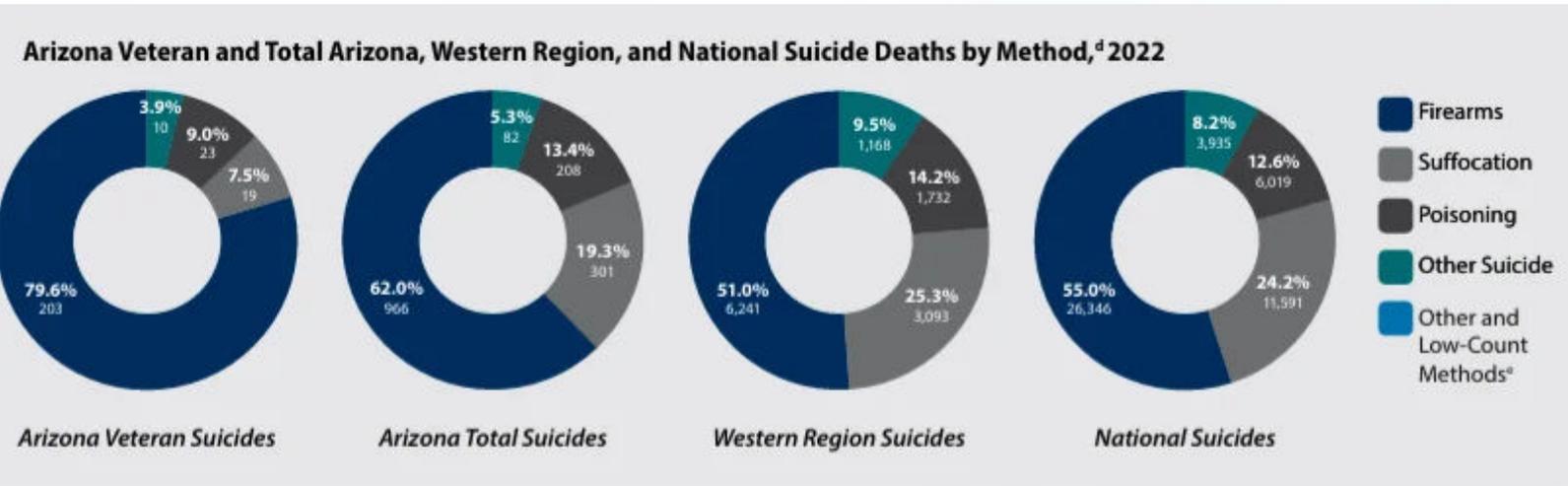
Veteran Deaths



Deaths of Veterans

According to the Department of Veterans Affairs National Veteran Suicide Prevention Annual Report (2025), 6,398 US Veterans died nationwide as a result of suicide in 2023, the most recent year in which published data is available from the organization; an average of 17.5 per day. Suicide was the 12th leading cause of death for veterans in 2023 and the second leading cause of death for veterans under 45 years of age. Among veterans in VHA case who died of suicide in 2023, 60.9% had a mental health or substance use disorder diagnosis.

Despite accounting for just 7.9% of the population, veterans account for 13.5% of all suicide deaths in the United States. Veterans in Arizona face a disproportionately high risk of suicide, accounting for over 20% of the state's total suicide deaths between 2015 and 2022, with rates significantly higher than both the national veteran average and the Arizona non-veteran population.

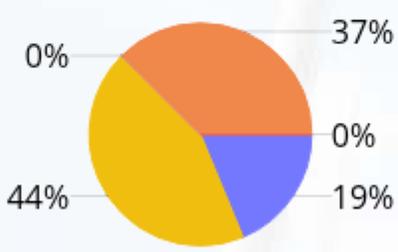


The deaths of 31 Pinal County residents who were identified as veterans were reported to the PCMEO in 2025. Medical Examiner jurisdiction was invoked for 16 Pinal County veteran deaths.

Please note that the veteran status, the branch of service the individuals served with, the length of service, and details pertaining to the number and length of deployments (if any) are not known for all decedents.

Pinal County Veteran Deaths

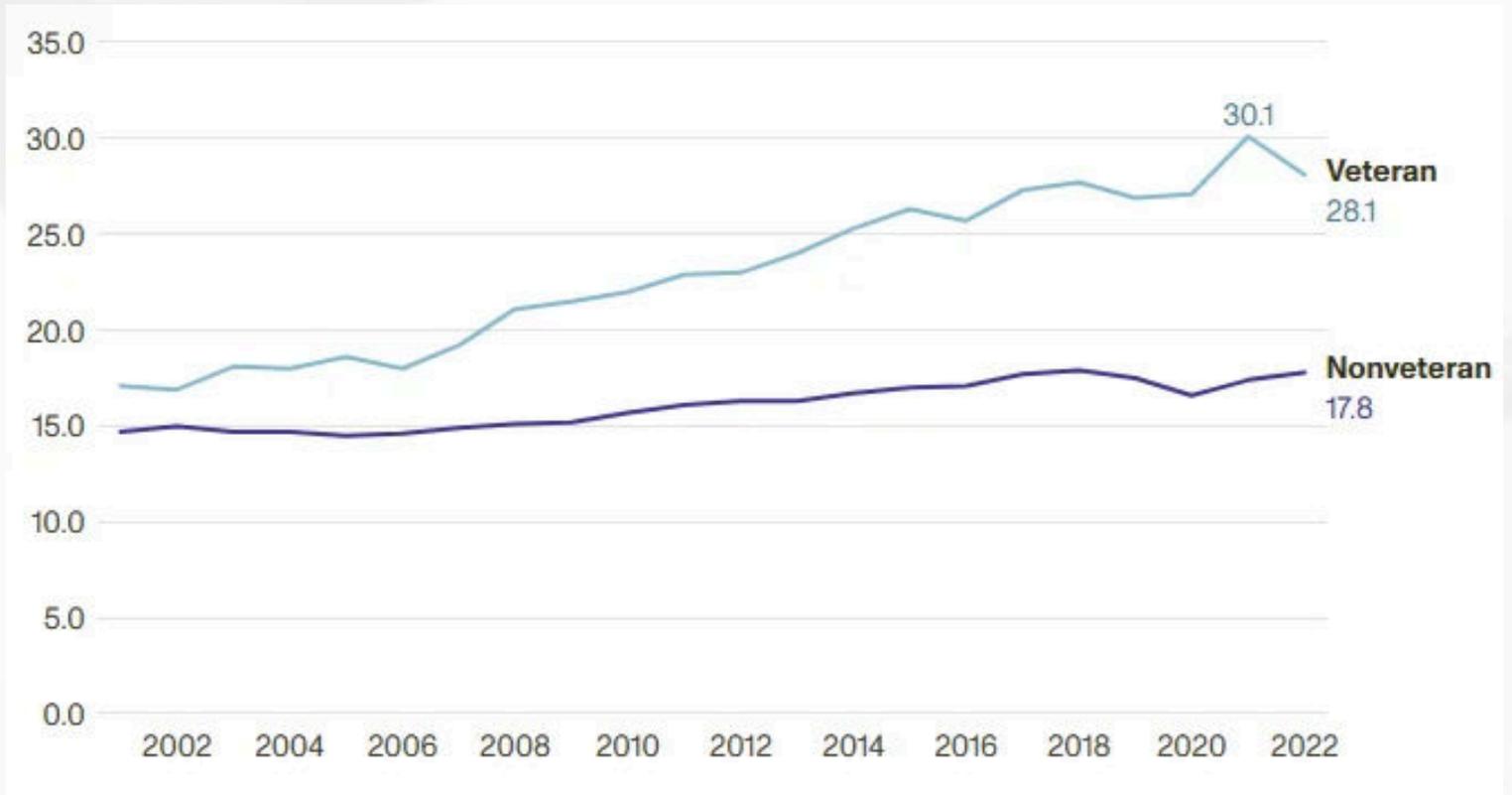
By Manner of Death



Deaths of Veterans

The U.S. Department of Veterans Affairs Office of Suicide Prevention releases critical statistics on veteran suicides nationwide in its National Veteran Suicide Prevention Annual Report. To examine trends over time, VA presents the veteran and nonveteran suicide rates adjusted to account for population differences between nonveterans and veterans, the latter of whom are younger and more are male. Since 2005, the suicide rate has risen faster for veterans than it has for nonveteran adults, although the veteran suicide rate decreased slightly between 2021 and 2022.

Age- and Sex-Adjusted Suicide Rates for Veterans and Nonveterans, 2001–2022



SOURCE: Features data from Office of Suicide Prevention, 2024b.

Consistent with national trends as documented above, the rate of veteran suicide in Pinal County has followed a general upward trend since 2021.

Pinal County Veteran Suicide Deaths

Annual Trends



Police-Involved and In-Custody Deaths



In-Custody Deaths

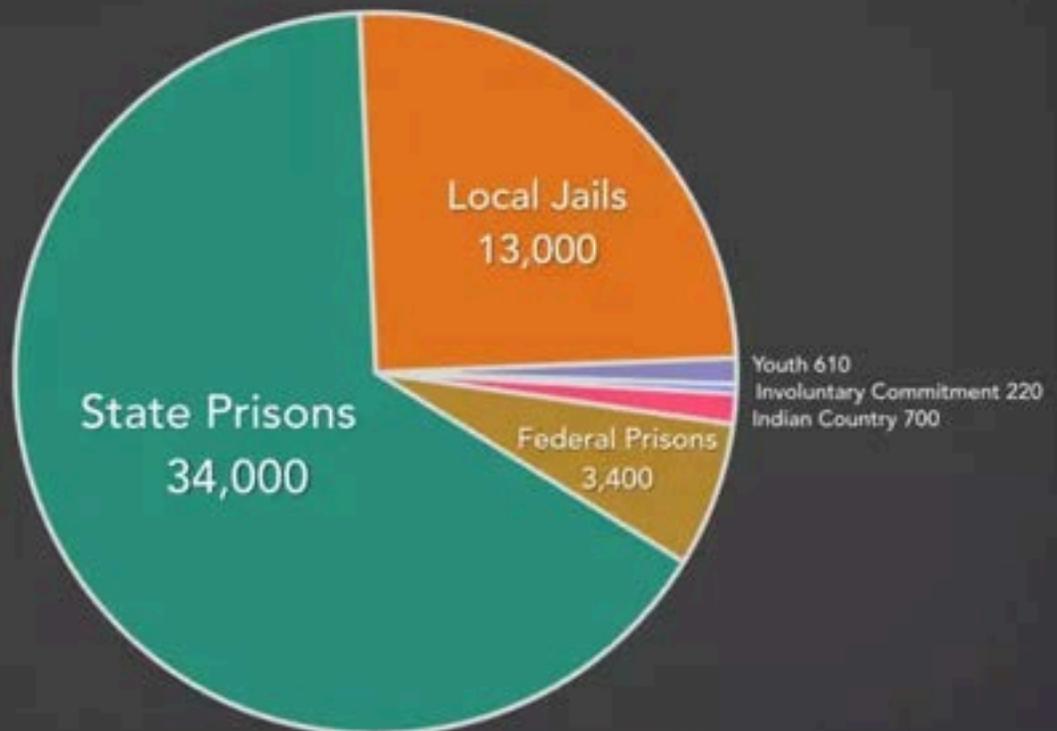
An in-custody death is recognized by PCMEO as a death that occurs while the decedent is an inmate of the state, county, or private jails/prisons, was in the process of being apprehended or pursued by law enforcement personnel when the fatal incident occurred, or otherwise under the care or control of a law enforcement agency. Further, in accordance with ARS 11-593, subsection B, deaths of prisoners or any death that occurs within a correctional facility fall within the jurisdiction of the Pinal County Medical Examiner's Office.

Arizona is the nineteenth highest incarcerator in the world. According to the Arizona Department of Corrections, Rehabilitation, and Reentry, 34,891 individuals were serving prison sentences statewide in December 2025. At least 10,000 of those individuals are incarcerated within one of the following prisons and correctional facilities located in Pinal County:

- ADOCRR-Florence West (Florence)
- ADOCRR-Prison Complex-Eyman (Florence)
- CoreCivic-Red Rock Correctional Center (Eloy)
- CoreCivic-La Palma Correctional Center (Eloy)
- CoreCivic-Saguaro Correctional Facility (Eloy)
- CoreCivic-Central Arizona Correctional Facility (Florence)
- GEO Group-Central Arizona Correctional Facility (Florence)
- Pinal County Jail (Florence)
- US Customs and Immigration Facility (Florence)

How many Arizona residents are locked up and where?

52,000 of Arizona's residents are locked up in various kinds of facilities

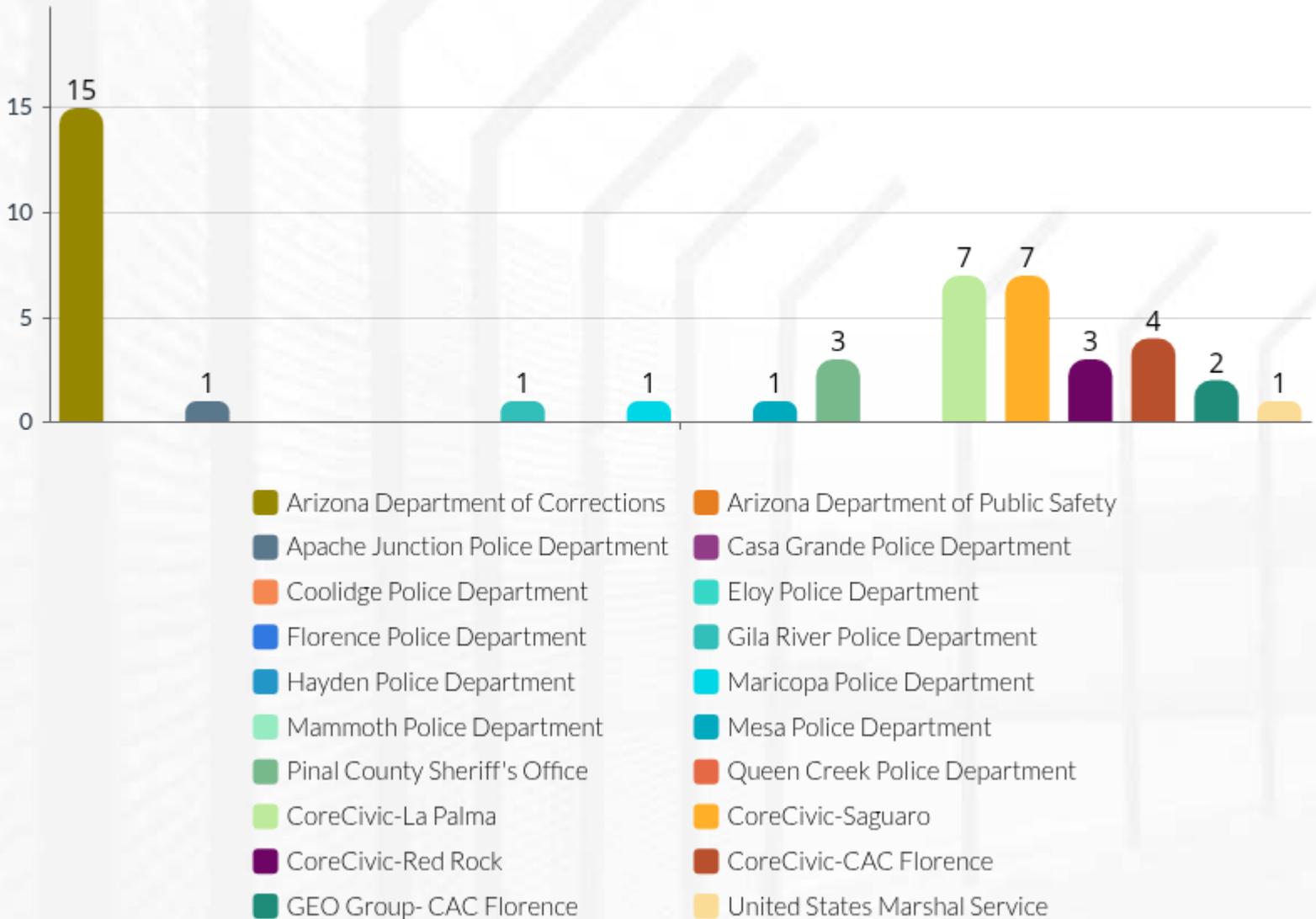


In-Custody Deaths

In 2025, PCMEO investigated the deaths of 46 individuals who were in custody at the time of their death in accordance with the previously stated definition. This is an increase from the 38 in-custody deaths in 2024. The majority (33%) died while in the custody of the Arizona Department of Corrections, Rehabilitation, and Reentry (referred to in the chart below as "Arizona Department of Corrections") following the adjudication of criminal charges of various types.

In-Custody Deaths

By Law Enforcement/Correctional Agency



In-Custody Deaths-Manner of Death

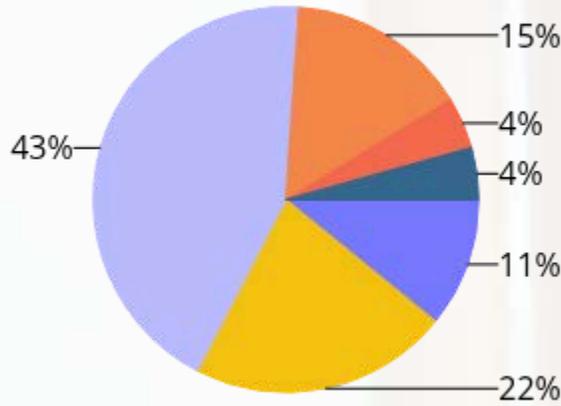
The mortality data associated with the US prison population aligns with mortality data for the non-incarcerated US population as published by the Centers for Disease Control and Prevention. Heart disease was the leading cause of death of US prisoners nationwide in 2023, followed by cancer and then accidents.

In-Custody Deaths-Manner of Death

Natural deaths were the most common manner of death, accounting for 43% of all in-custody deaths in 2025.

In-Custody Deaths

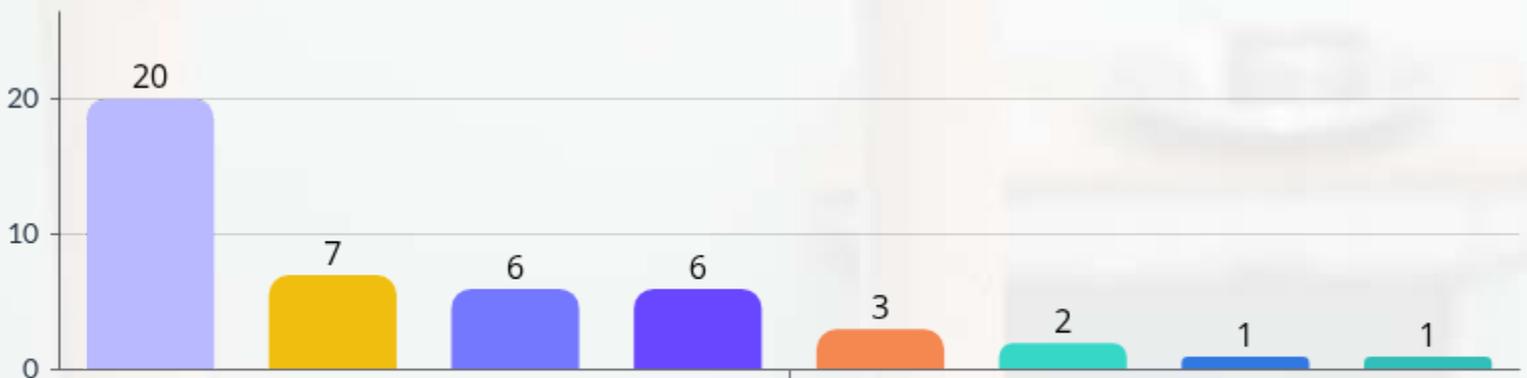
By Manner of Death



Natural deaths due to various medical diagnoses (most commonly, cardiac abnormalities) accounted for 43% of all in-custody deaths in 2025. Asphyxia due to self-inflicted hanging was the second most frequent mechanism of death.

In-Custody Deaths

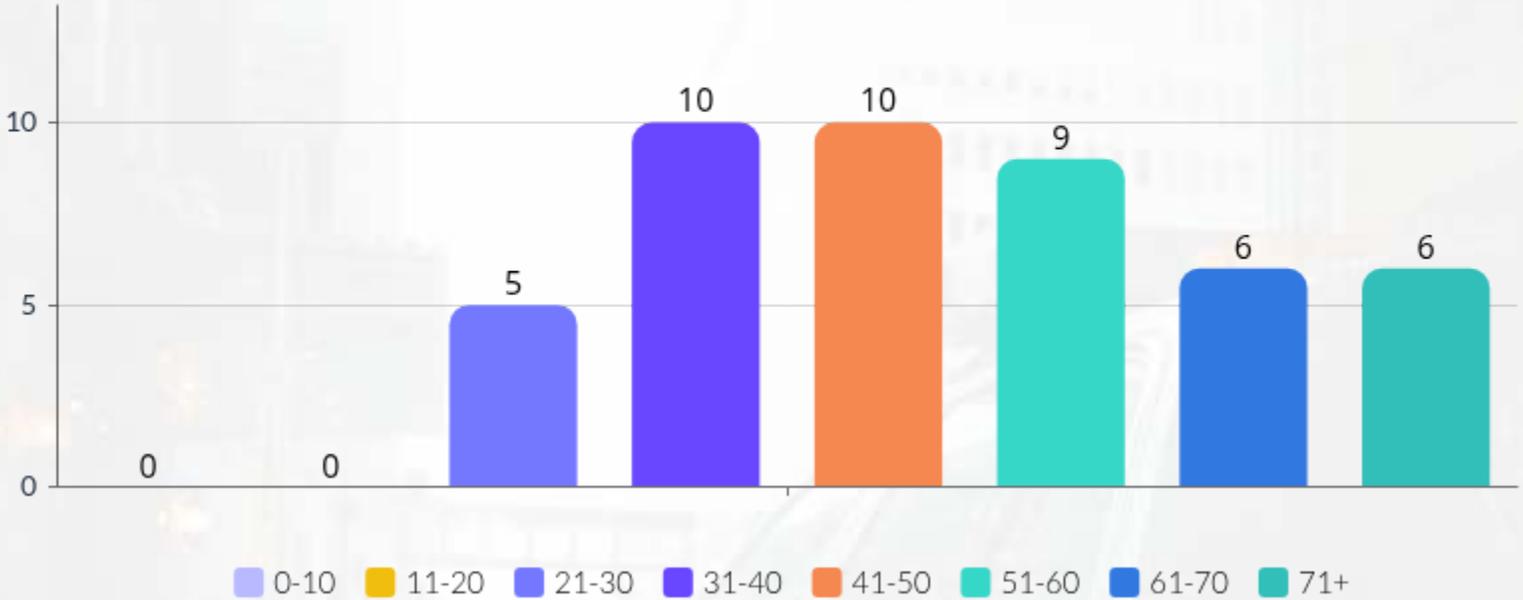
By Mechanism of Death



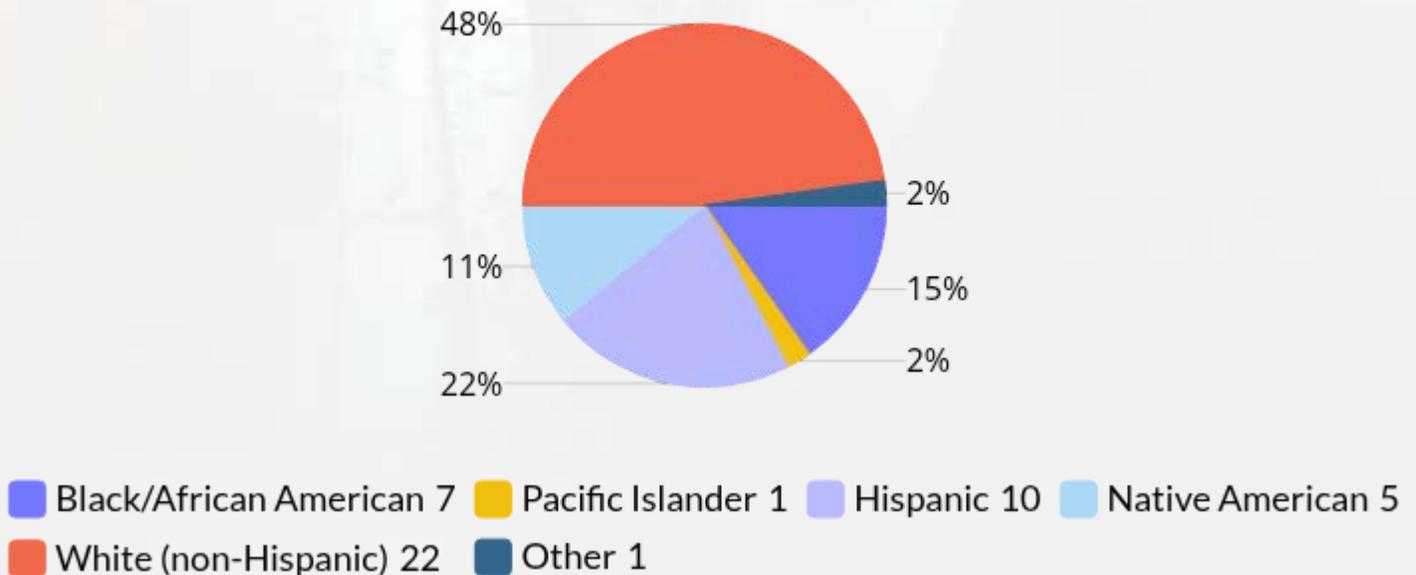
In-Custody Deaths -Demographics

Individuals aged 31-50 accounted for 43.4% of Pinal County in-custody deaths in 2025.

In-Custody Deaths By Age Group



Pinal County In-custody Deaths By Race/Ethnicity

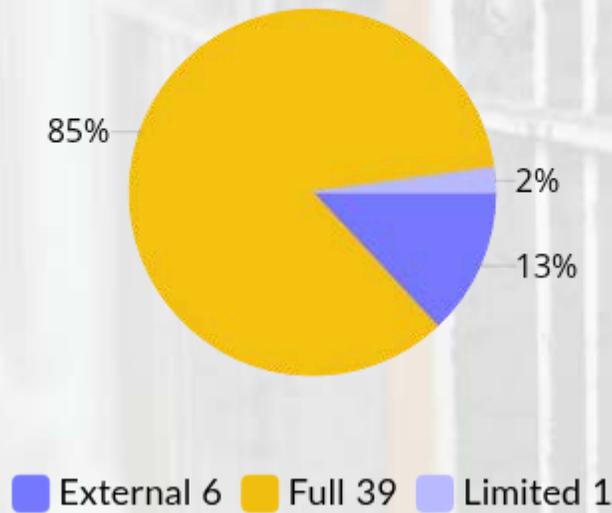


In-Custody Deaths-Exam Type

The National Association of Medical Examiners (NAME) recommends that an autopsy be performed on all in-custody deaths where the death may be deemed unnatural, regardless of the time since injury. The PCMEO performed full autopsies on 85% of all in-custody death cases in 2025.

In-Custody Deaths

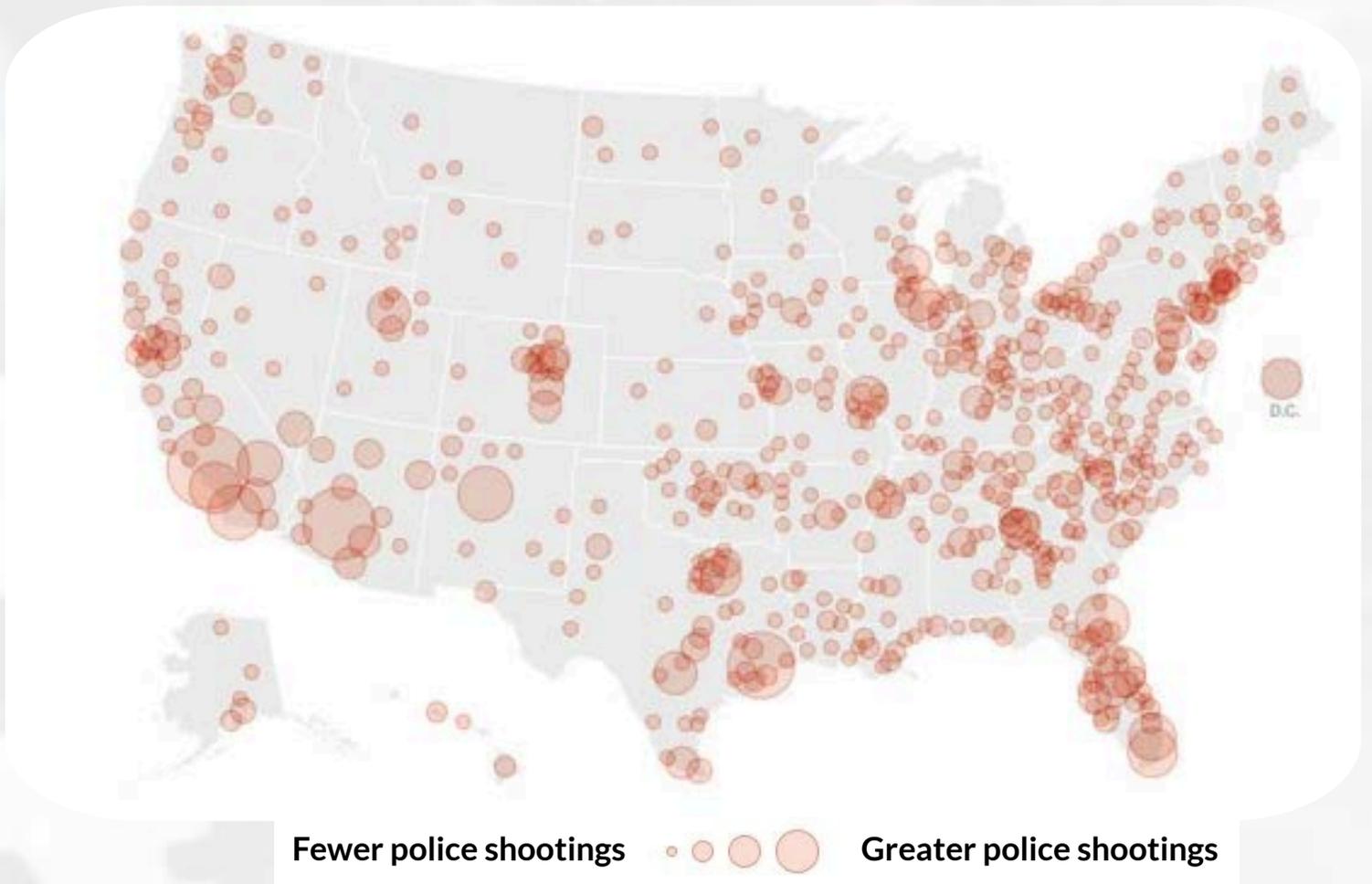
By Exam Type



Officer-Involved Shooting (OIS)

While no standard definition exists, PCMEO recognizes Officer-involved shootings (OIS) as an incident where an on-duty police officer discharges their weapon, resulting in the death of a person. These deaths are classified as homicides.

Obtaining an accurate count of individuals killed as a result of police involved shootings nationwide is difficult, as there is no single, mandatory, comprehensive national reporting requirement for such incidents, and existing data sources often have significant gaps, inconsistencies, and methodological limitations. That stated, according to data collected by Campaign Zero, 1,365 individuals lost their lives during interactions with law enforcement personnel in 2025,



Source-Campaign Zero

According to research conducted by Campaign Zero, 61 individuals died as a result of police-involved shootings statewide in 2025. Five OIS deaths that occurred within the geographical boundaries of Pinal County were reported to and investigated by the PCMEO in 2025.

2025 Pinal County Officer Involved Shooting Deaths

Agency: Maricopa Police Department
Decedent Age: 37
Decedent Sex: Male
Race/Ethnicity: White (non-Hispanic)
Cause of Death: Multiple gunshot wounds

Agency: Pinal County Sheriff's Office
Decedent Age: 29
Race/Ethnicity: White (non-Hispanic)
Decedent Sex: Male
Cause of Death: Multiple gunshot wounds

Agency: Pinal County Sheriff's Office
Decedent Age: 46
Decedent Sex: Female
Race/Ethnicity: White (non-Hispanic)
Cause of Death: Multiple gunshot wounds

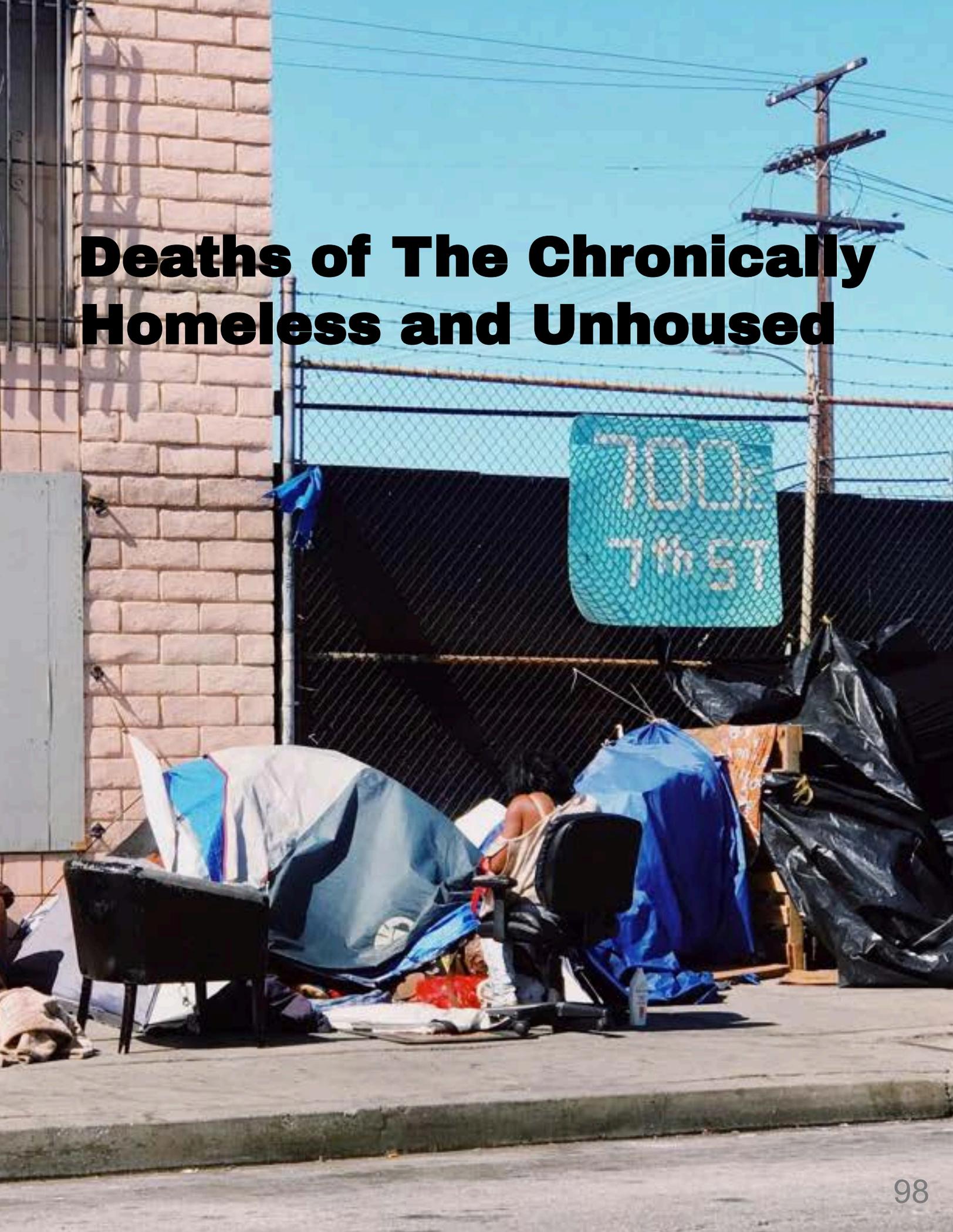
Agency: U.S. Marshals Service
Decedent Age: 42
Decedent Sex: Male
Race/Ethnicity: White (non-Hispanic)
Cause of Death: Multiple gunshot wounds

Agency: Saugus Police Department (MA)
Decedent Age: 22 (at time of incident)
Decedent Sex: Male
Race/Ethnicity: White (non-Hispanic)
Cause of Death: Complications of quadriplegia due to remote gunshot wound of the neck

Pinal County OIS Trends



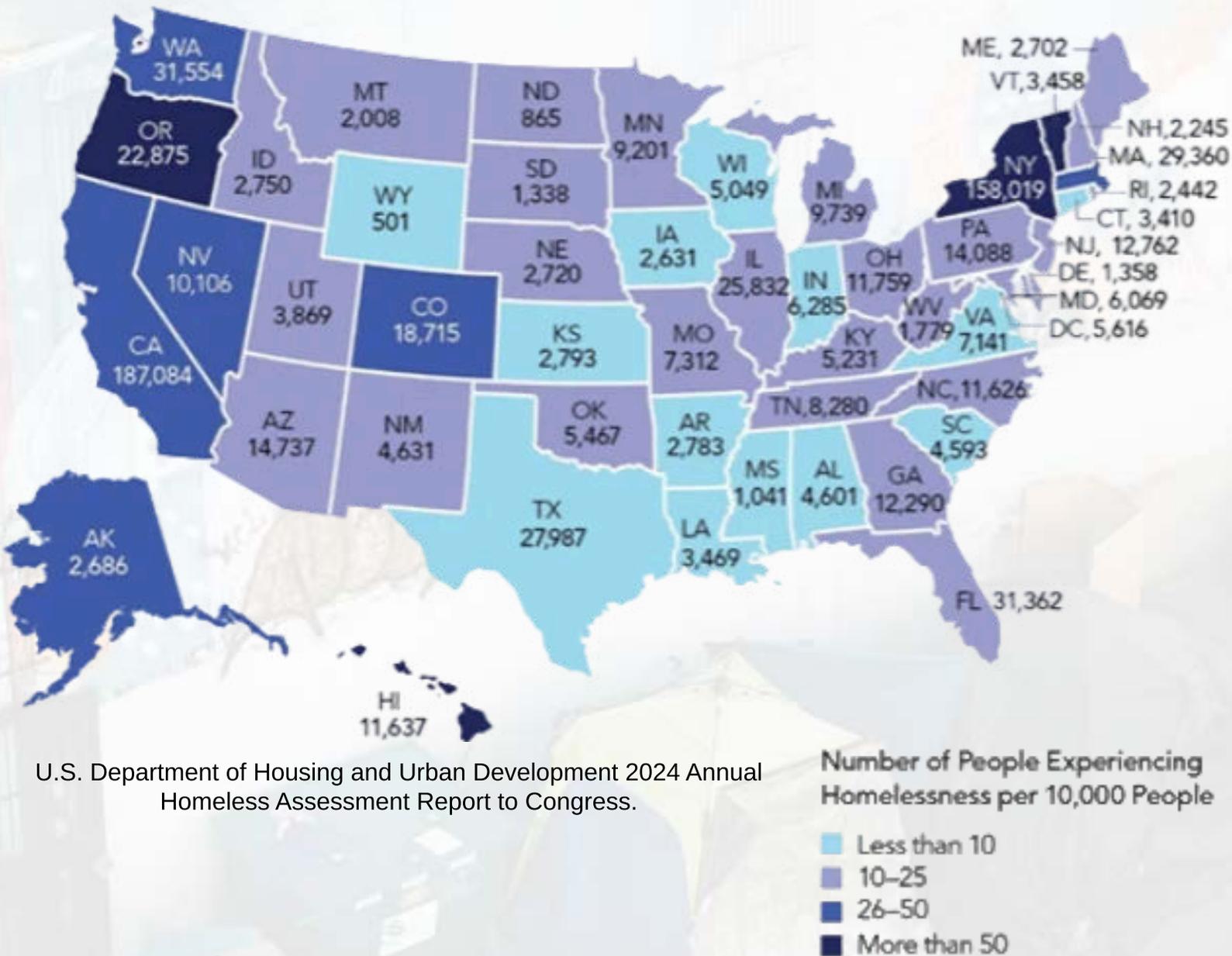
Deaths of The Chronically Homeless and Unhoused



Deaths of the Homeless and Unhoused

National Overview

According to the National Alliance to End Homelessness, homelessness increased 18% nationwide from 653,104 individuals in 2023 to 771,480 in 2024.



State Overview

According to the US Department of Housing and Urban Development's 2024 Annual Homeless Report to Congress, there were 14,737 chronically homeless and unhoused individuals residing in Arizona in 2024 (the most recent year in which complete data is available).

Pinal County Overview

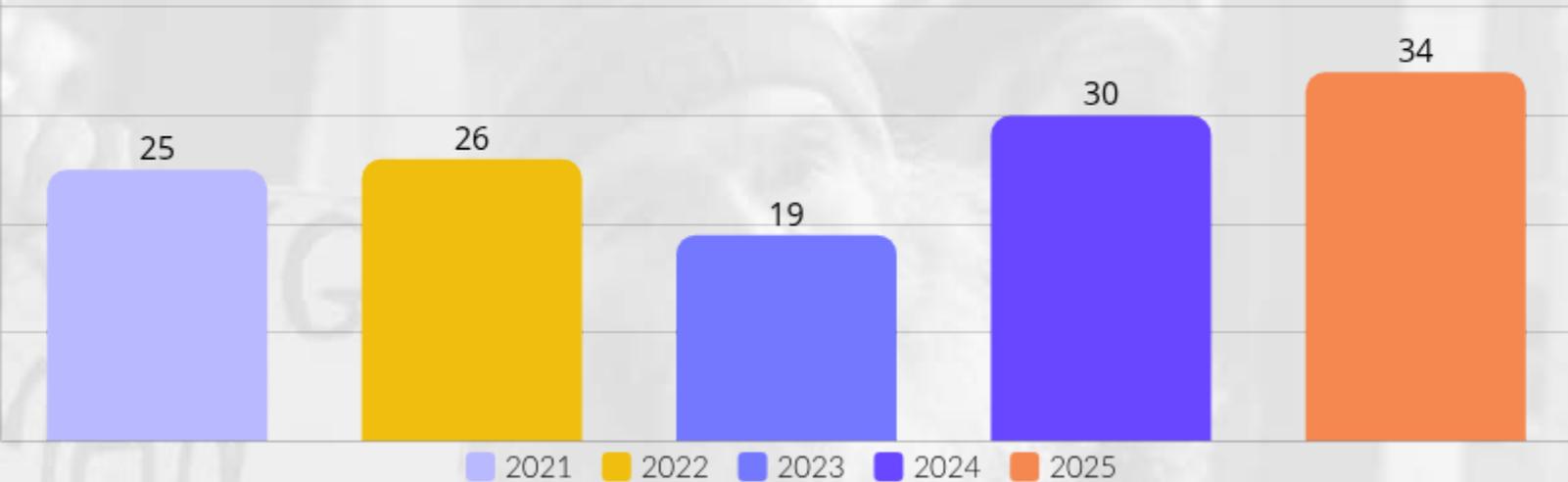
The 2025 Unsheltered Point in Time Count documented 279 chronically homeless and unhoused individuals in Pinal County in 2025, with the vast majority residing in Apache Junction (46.9%) and Casa Grande (39.0%). The same study revealed that 9.1% of Pinal County's homeless population identified as veterans.

Deaths of the Homeless and Unhoused

The PCMEO invoked jurisdiction and subsequently determined the cause and manner of death of 34 individuals who were confirmed as having been either homeless or chronically unhoused in Pinal County at the time of their death in 2025.

Pinal County Homeless Deaths

Annual Trends



Cause and Manner of Death

A 2023 study by the University of San Francisco (Homelessness and the Incidence and Causes of Sudden Death, JAMA Intern Med 2023;183(12):1306-1314) found that the rate of sudden cardiac death was seven times higher in homeless populations when compared to the general population.



Unhoused people are 3.5-4.2 times more likely to die than housed people.



Unhoused people die 20 years earlier than housed people.



Sheltered and unsheltered people have similar mortality risks.



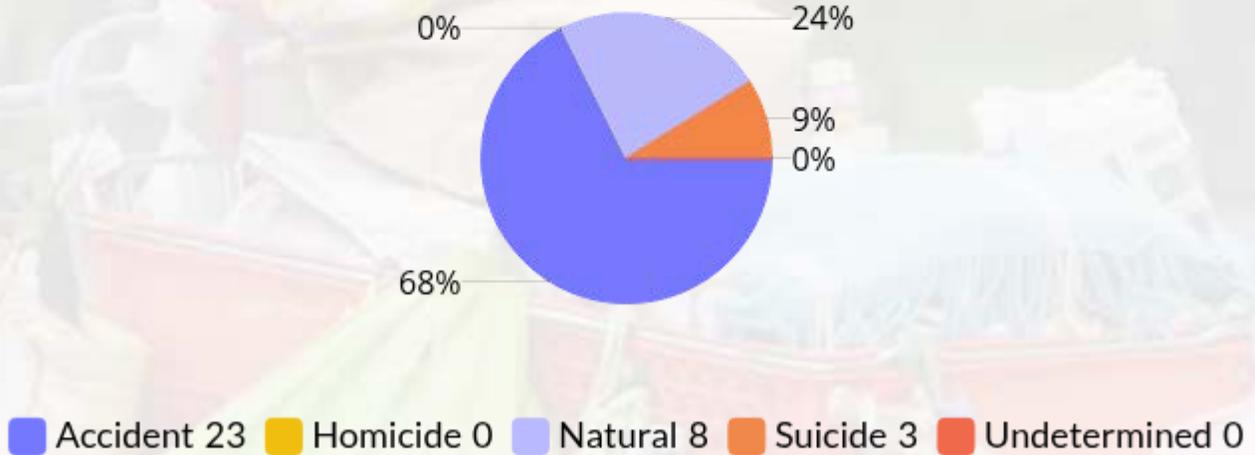
Unhoused people have 60% greater mortality risk than other poor, but housed, people.

Deaths of the Homeless and Unhoused

The vast majority of deaths (68%) among Pinal County's homeless and unhoused community in 2025 were the result of accidental (non-intentional) trauma or injuries.

Homeless & Unhoused Deaths

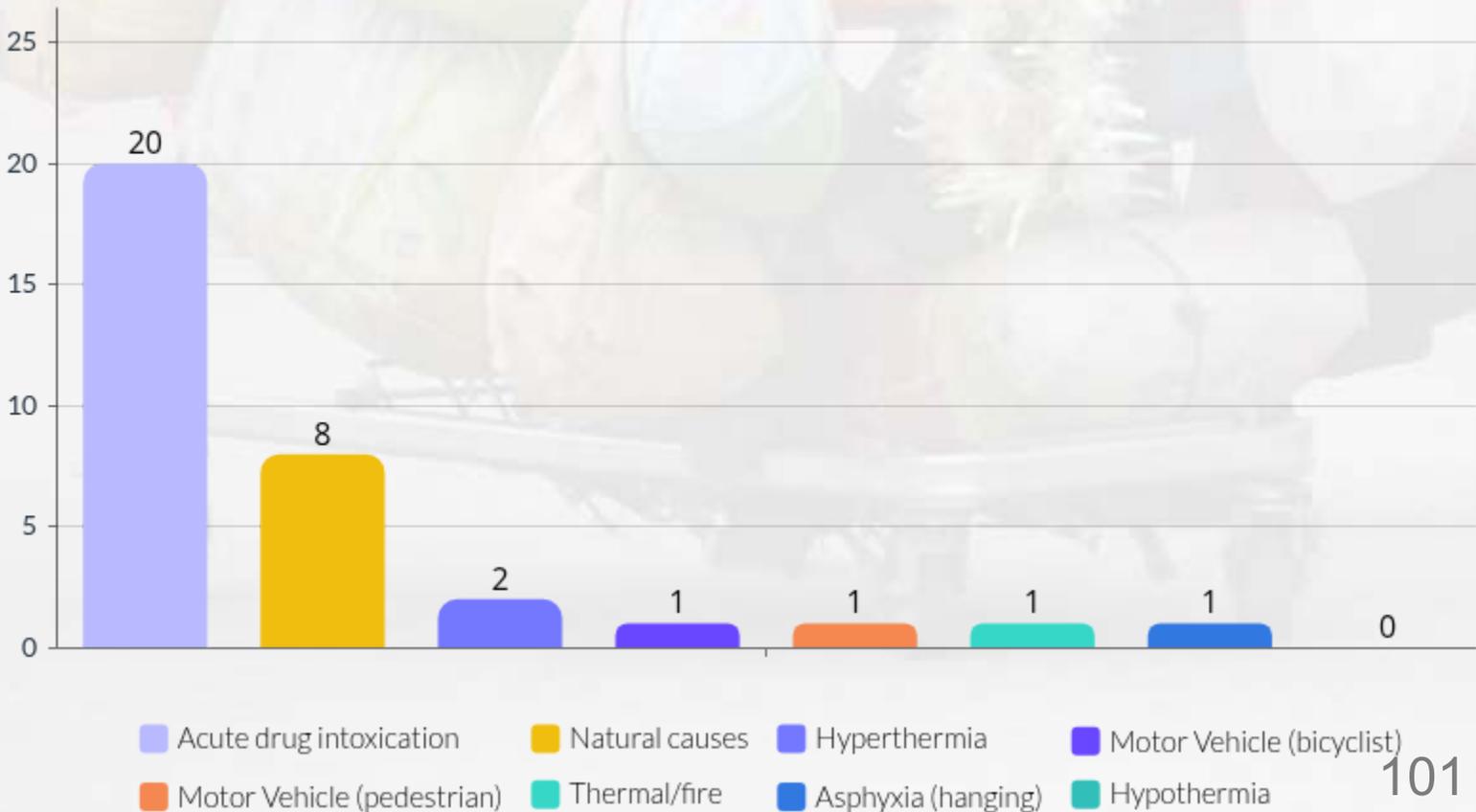
by Manner of Death



Acute drug intoxication deaths accounted for 58.8% of deaths of Pinal County's homeless and unhoused community in 2025.

Deaths of Homeless & Unhoused Persons

By Mechanism of Death

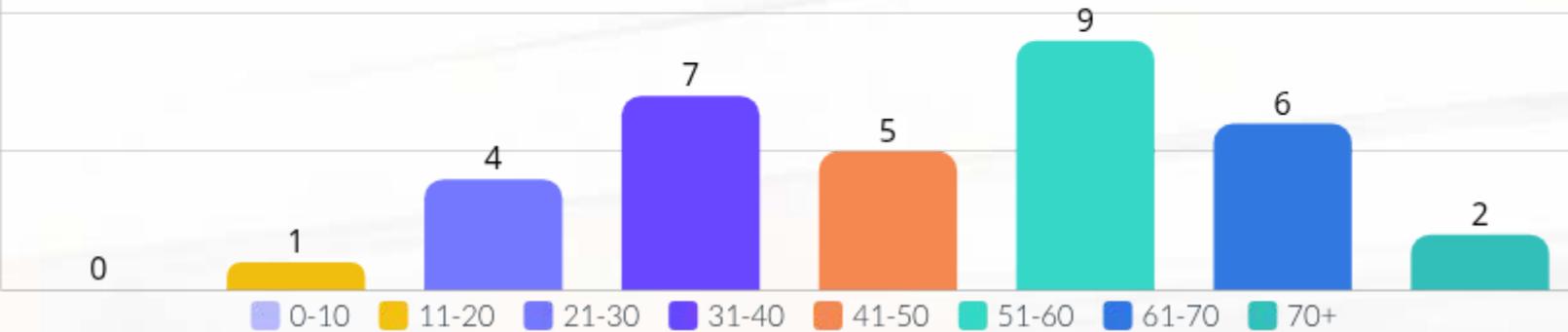


Deaths of the Homeless and Unhoused

According to the US Department of Housing and Urban Development's 2024 Annual Homeless Report to Congress, more than 104,000 people experiencing homelessness nationwide were aged 55 to 64, and just over 42,150 people were over age 64.

Homeless and Unhoused Deaths

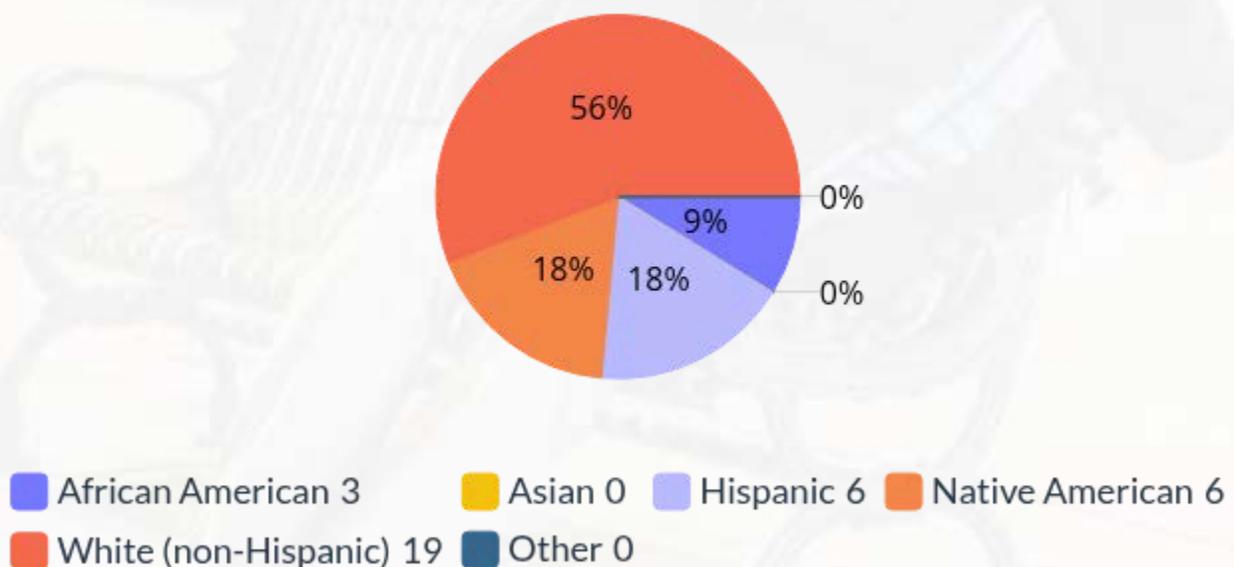
By Age Range



According to the Homeless in Arizona 2024 Annual Report produced by the Arizona Department of Economic Security, homelessness in Arizona disproportionately affects people of color, with Black and Indigenous individuals overrepresented compared to their population share. As of 2023, Black/African American individuals made up about 22% of the homeless population, and American Indian/Indigenous populations are also significantly affected.

Homeless and Unhoused Deaths

by Race/Ethnicity



Deaths of Undocumented Persons



Deaths of the Undocumented

According to data from the Migration Policy Institute, approximately 307,000 undocumented individuals resided in Arizona in 2023. The vast majority (approximately 77%) were Mexican nationals, with significant numbers from Guatemala, El Salvador, Canada, and the Philippines.

The PCMEO invoked jurisdiction and subsequently determined the cause and manner of death of one individual who was suspected to have been undocumented at the time of their death. The individual's skeletonized remains were located in a desert area near Eloy. The biological profile developed by PCMEO's Forensic Anthropologist, Dr. Courtney Koppenhaver-Astrom, indicated the decedent was male and between 24 and 46 years old at the time of death.

Please note that citizenship status at the time of death is not known for all decedents.



To each and every PCMEO staff member and "last responder," your efforts are recognized and appreciated. It has been the honor of my career to work among and lead such a passionate, dedicated, and knowledgeable team.

-Andre A. Davis, F-ABMDI
Division Manager- Operations

Contact Information

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www.pinal.gov/medicalexaminer

