

PATRICK K. O'NEIL

WILL COUNTY CORONER



2013

ANNUAL REPORT



The Will County Coroner,

as a member of the Law Enforcement Community,

investigates deaths and

provides critical services to surviving
family members, relatives, and friends

with compassion and dignity.

Should you have any questions
regarding this Annual Report, or this
office, please do not hesitate to contact us.



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ILLINOIS CORONER'S CREED

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

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

Death, on the other hand, is the most important legal event for all human beings. When it occurs all legal rights and duties devolving upon the person during his life span in a civilized jurisdiction are terminated. All persons with whom the deceased had legal relations at that moment in time are also directly affected by the occurrence of death. Moreover, both the deceased and the survivors may be greatly affected legally by how death occurred, what actually happened, why it occurred, and precisely when it occurred. Above all, who died must be absolutely determined, and where death occurred is positively required for legal jurisdiction over the decedent is based upon a geographical location.

The law becomes extremely active when a person dies. Wealth is redistributed. Contracts are altered. A wrongful death may give rise to tortuous claims. Tax obligations are always present. Public social benefits and private insurance policies are paid. Criminal laws may be involved. Creditors must be satisfied, and debtors are located. Spouse and children, heirs and next-of-kin have their attachments rearranged. It is not surprising that for centuries the sovereign state has had an overriding interest in the death of its subjects or citizens. The office of the Coroner, or the office of the Medical Examiner, along with the state-licensed physician is legally charged with significant duties answering the pertinent questions relating to death: **WHO, WHERE, WHAT, HOW, WHY?** Only when these questions have been answered correctly can all the proper legal issues arising at death be effectively handled for the proper administration of justice.

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

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

Our Commitment...Care of the Deceased; Concern for the Living...

ATTENTION:

Physicians
Hospital Personnel
Embalmers
Vital Statistics Registrars
Home Healthcare Agencies

Police Officers
Funeral Directors
Paramedics
Hospice Agencies

DEATHS THAT MUST BE REPORTED

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

All suspected or known deaths resulting from accident, homicide, or suicide shall be reported to the Coroner. In such cases, if a request for cremation is made, the funeral director called in attendance should immediately notify the Coroner. No person shall willfully refuse to report such a death, or shall without an order from the Coroner, willfully touch, remove, or disturb the body, clothing, or any article upon or near the body.

NOTIFICATION BY HOSPITAL PERSONNEL

Any person dead on arrival shall be reported immediately to the Coroner. No person shall, without order from the Coroner, willfully touch, remove, or disturb the body, nor should the clothing or any article upon or near the body be disturbed. Any death that occurs within 24 hours after admission is also to be reported. This includes emergency room deaths and inpatient deaths within that time frame.

I. ACCIDENTAL DEATHS

1. Anesthetic Accident (Death on the operating table prior to recovery from anesthetic).
2. Blows and Other Forms of Mechanical Violence
3. Burns
4. Carbon Monoxide Intoxication (Resulting from natural gas, automobile exhaust, or other).
5. Crushing Injuries
6. Cutting or Stabbing Injuries
7. Drowning
8. Electric Shock
9. Explosion
10. Exposure
11. Falls
12. Firearms

13. Fracture of Bones Not Pathological in Nature (Such cases are to be reported even when the fracture is not primarily responsible for the death. All hip fractures, when the patient dies within 1 year and 1 month needs to be reported to the Coroner).
14. Hanging
15. Heat Exhaustion
16. Insolation (Heat Stroke)
17. Poisoning (Food poisoning, occupation, chemical, or other).
18. Strangulation
19. Suffocation
20. Vehicular Accident (Automobile, bus, railroad, motorcycle, bicycle, or other).

II. HOMICIDAL DEATHS

1. Any and all, known or suspected, by any means

III. SUICIDAL DEATHS

1. Any and all, known or suspected, by any means

IV. ABORTIONS: CRIMINAL OR SELF-INFLICTED

1. Must be reported, even if the survival period after onset is 12 months

V. SUDDEN, SUSPICIOUS, OR UNUSUAL DEATHS

1. All deaths that occur at **home**
2. All deaths that occur at a **place of employment**
3. All deaths in **public places**, or on the **street**, in the **open**, or **temporary shelter**
4. Deaths involving **alcoholism**
5. **Stillborn infants** where there is suspicion of illegal interference
6. Deaths when the **attending physician is unavailable**
7. Deaths when there is **no attending physician**

VI. DEATHS IN STATE INSTITUTIONS

1. Juvenile Detention Facilities
2. Adult Detention Facilities
3. Prisons
4. Nursing Homes

VII. DEATHS OF WARDS OF THE STATE

1. In private care facilities
2. In programs funded by the Dept. of Mental Health and Developmental Disabilities
3. In programs funded by the Dept. of Children and Family Services

VIII. OTHER

1. While a subject is being pursued, apprehended, or taken into custody
2. While in custody of any law enforcement agency

IX. CREMATIONS

1. All deaths where a cremation is to take place

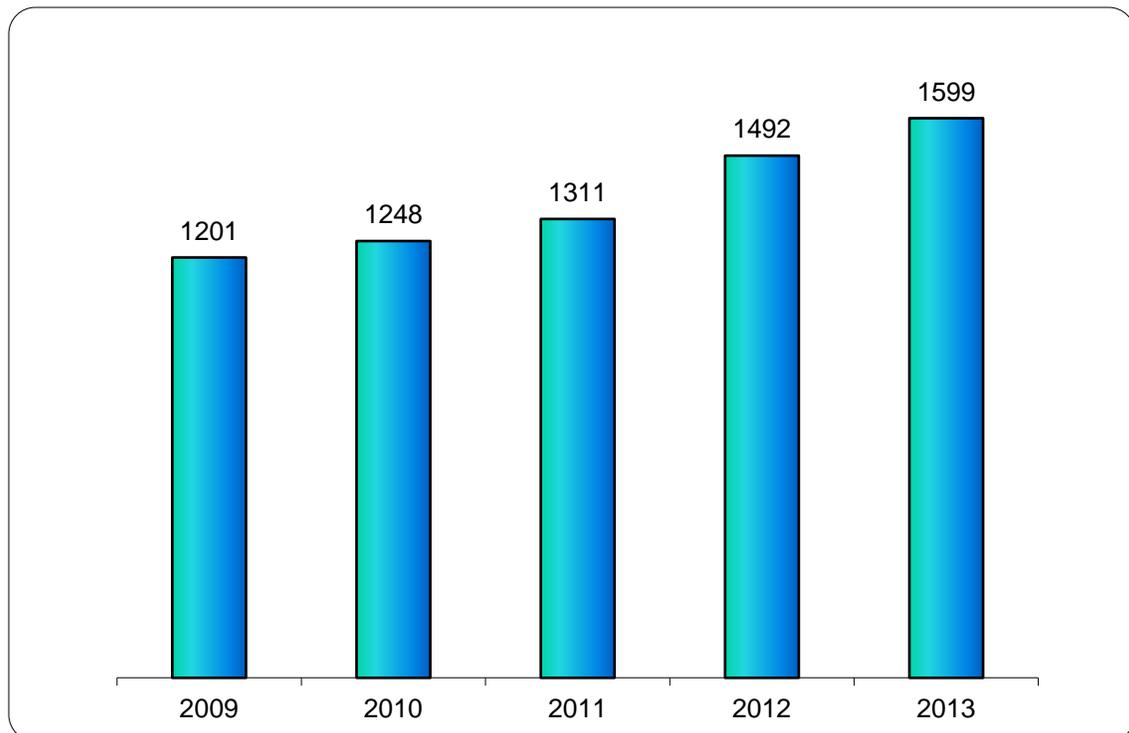
CREMATION PERMITS

The Coroner must issue a Medical Examiner/Coroner Permit to Cremate when cremation is planned as the final disposition for a body. The Coroner or Medical Examiner of the county where the death has occurred issues the permit.

When the remains to be cremated are not subject to an investigation by the Coroner, a funeral director must present a signed Medical Certificate of Death when requesting a cremation permit. The case is briefly reviewed by a staff member to verify that the death should have been certified by a doctor. If all appears in order the cremation permit is issued. If there are questions regarding a death, those questions will need to be resolved before a permit is issued. Sometimes the Coroner pulls the medical death certificate and the death is investigated further.

When the Coroner is investigating a death, the permit to cremate will only be issued after the Coroner is completely satisfied that all investigative procedures necessary for a proper and thorough investigation have been completed. A temporary death certificate is prepared and filed with Vital Records at the Will County Health Department, and a Cremation Permit will also be issued.

CREMATION PERMITS ISSUED IN WILL COUNTY **FIVE-YEAR OVERVIEW**



NATURAL DEATH INVESTIGATIONS

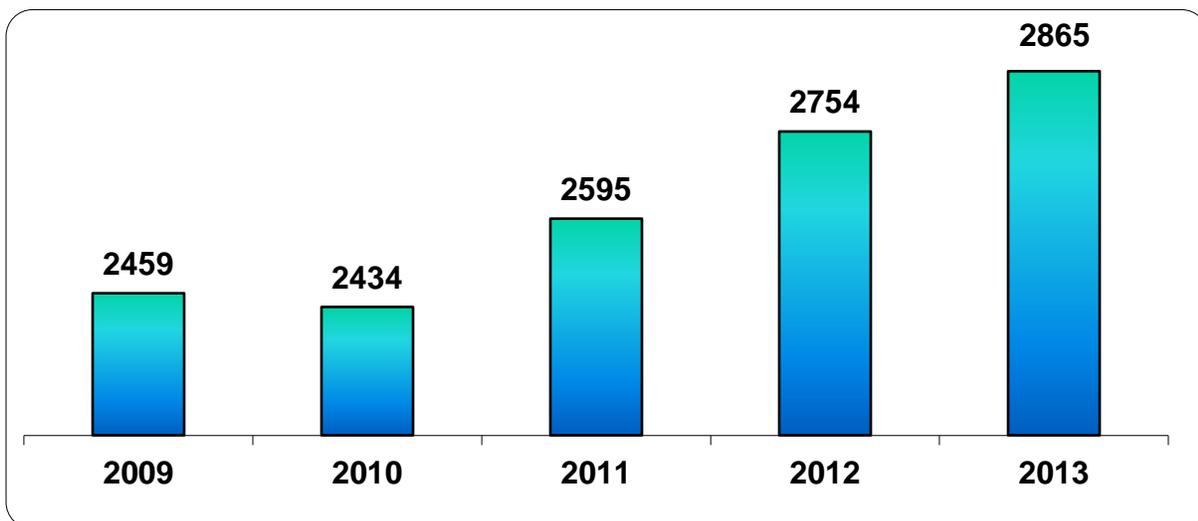
When a person has an attending physician and dies in a hospital emergency room, or within 24-hours after being admitted to a hospital, or at home, or at any public place, or under any other kind of known circumstance, the Coroner's office is notified. The circumstances and details of the death are reviewed. If it appears to be a death of natural causes the attending physician will be contacted. The circumstances are reviewed with the attending physician. If the deceased has a medical history that supports a cause of death that is consistent with the circumstances surrounding the death and the physician agrees, the case is released to the doctor. If the attending physician does not have enough medical history to support the cause of death, or if the attending physician is not available, or if the attending physician refuses to certify the death, the death is investigated by the Coroner.

Many methods are involved in proper death investigation. Toxicology samples are obtained and sent to a laboratory for analysis. A decision is made as to the necessity for an autopsy. Medical records may need to be subpoenaed from a hospital or doctor.

When the necessary medical records have been obtained and the toxicology and autopsy reports are complete, and it is evident that the death being investigated is from natural causes, the death certificate is signed and filed by the Coroner. However, if the cause of death appears to be from unnatural causes, or if the cause of death cannot be determined, the case is reviewed by the Coroner and may be scheduled for inquest.

The Coroner also reviews all deaths certified on a Medical Certificate of death when a cremation permit is requested to assure that the death should have been certified as a natural cause of death and there is no need for further investigation.

NATURAL DEATHS INVESTIGATED BY THE WILL COUNTY CORONER FIVE-YEAR OVERVIEW



DO NOT RESUSCITATE (DNR)

The purpose of cardiopulmonary resuscitation (CPR) is the prevention of sudden, unexpected death. Sometimes people feel they do not want CPR to be initiated, such as cases of terminal, irreversible illness, when death is expected. A physician can issue an order to the effect that no CPR measures be initiated on behalf of the patient. This is usually a decision made by a physician and patient or the physician and the patient's family. The physician and the patient or the physician and the family member that has Medical Power of Attorney for the patient must sign this order. This order is referred to as a DNR, or DO NOT RESUSCITATE ORDER. If the patient is in the hospital the staff is made aware of this order. If the patient is at home they should have this order readily available so that if 911 is called, the responding agency knows about the order and does not initiate CPR.

HOME DEATHS WHEN ENROLLED WITH A HOSPICE PROGRAM

Some people who have been diagnosed with a terminal illness choose to enroll in a hospice program and stay at home rather than a hospital setting. There are many hospice programs serving Will County. A hospice staff member can help the patient and family cope with managing care in a home setting. They can also provide support during this stressful and emotional time. They will often be in attendance at the time of death, or immediately after, and will call the doctor and funeral director the family has chosen. The hospice patient has a valid DNR (Do Not Resuscitate) order on file. The funeral director arranges for the removal of the remains in a quiet manner. A police agency is not called to respond to the scene in this type of situation and the Deputy Coroner on-call does not respond to the residence. Either the hospice nurse or the funeral director reports the death to the Will County Coroner's Office. The report is taken over the phone and the Deputy Coroner taking the call releases the body to the funeral director.

HOME DEATHS WITHOUT HOSPICE

Some people choose to take care of a loved one at home and do not want to enroll in a hospice program. Usually some type of home health professional is involved in their case and visits the home on a regular basis, usually reporting to the attending physician. As the subject's condition deteriorates, they may be hospitalized shortly before death, or, they may die at home. If they die at home under these circumstances, 911 should be called and when death has been confirmed the Coroner's Office will be contacted and requested to respond to the scene. The circumstances of the death will be reviewed and the body examined for signs of injury, abuse, or any type of foul play. The attending physician will be contacted. If all appears in order and the physician is willing to certify the death, the funeral director is called for removal and the remains are released to the funeral home.

If a person dies at home and the death was not expected, the Coroner's Office will be notified and will investigate the death. When the investigation is completed, the body will be released to the funeral home chosen by the family.

NURSING HOME DEATHS WITH HOSPICE

Those who reside in a nursing home may also have the option of enrolling in a hospice program. The hospice agency can provide support for the family and patient in a nursing home setting. If the family cannot visit the patient very often because of distance or other factors, the hospice nurse can serve an invaluable service of providing support for both the family and the patient. If a person is enrolled in a hospice program and dies in a nursing home the hospice nurse usually reports the death to the Coroner.

NURSING HOME DEATHS WITHOUT HOSPICE

A nursing facility experiences death often. If the nursing home is considered a state facility they must report all deaths. Many nursing homes in Will County report all deaths, some do not. However, if a person is in a nursing facility because of injury or they have sustained a recent fall or injury, or any other trauma, the death must be reported.

The Will County Coroner's Office helps to monitor nursing home deaths in such a way as to monitor neglect and abuse. Pressure sores are a particular problem with patients of limited mobility. If neglected they can become chronic and are a prime source for infection as well as discomfort. Proper treatment includes skin care and changing the position of the patient in bed on a regular basis.

POLICE AGENCIES, DETENTION FACILITIES AND PRISONS

When death occurs while a subject is being pursued, apprehended, or taken into custody, or incarcerated by any law enforcement agency, the death is always reported to and investigated by the Coroner. This includes natural and unnatural deaths, even if the person's death was expected because of illness and/or disease, even if the person was hospitalized before death. If the death was from natural causes, the Coroner will sign the death certificate. If the death appears to be from unnatural causes such as suicide, homicide, or any type of accidental death, the case may be inquested before the death certificate is signed.

WARDS OF THE STATE

The death of someone who is in any program funded by the Department of Mental Health and Developmental Disabilities or the Department of Children and Family Services must be reported to the Coroner. This includes those with disabilities who live in group homes or nursing homes, children who have been placed in foster homes or are otherwise receiving services from the Department of Children and Family Services.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

National Center for Injury Prevention and Control (CAPTA)

CAPTA identifies 4 major types of child maltreatment:

Physical Abuse:

Infliction of physical injury such as punching, beating, kicking, biting, burning, shaking, or otherwise harming a child.

Child Neglect:

Failure to provide for a child's basic needs. Neglect can be physical, educational, or emotional. It includes withholding medical treatment.

Sexual Abuse:

Including physical acts, exhibitionism, commercial exploitation

Emotional Abuse:

Psychological/verbal, mental injury, acts that have or could cause serious behavioral, cognitive, emotional or mental conditions.

*More than 1593 children in the United States died in 2012 as a result of abuse. Children under 3 years of age comprise 70.3% of all abuse and neglect fatalities. Children under 1 year of age comprise 44.4% of these deaths. Child abuse and neglect should not be ignored by anyone in a position to report it. The Department of Children and Family Services (DCFS) has a hotline and will investigate any reported case regarding the health and welfare of a child.

The number is [1-800-25-ABUSE](tel:1-800-25-ABUSE).

*statistic sources: [Child Help and Safe Horizon](#)

ILLINOIS CHILD DEATH REVIEW TEAMS (CDRT)

Illinois established multi-disciplinary and multi-agency Child Death Review Teams in 1995. Their mission is to review cases of child fatalities to gain a better understanding of the causes and reasons for child deaths and to recommend changes in practice and policy that will hopefully prevent future deaths and injuries from the same circumstances. The agency has identified certain categories of death for review based on incidence in Illinois. They are:

- Premature Birth
- Shaken Baby Syndrome
- Sudden Infant Death Syndrome
- Overlaying
- Poisoning and Overdoses
- Vehicular Accidents
- Fire
- Fire Arms
- Illness
- Injury
- Suffocation
- Drowning
- Undetermined

WHAT IS SUDDEN INFANT DEATH SYNDROME (SIDS)?

SIDS is the diagnosis given for the sudden death of an infant under one year of age that remains unexplained after a complete investigation, which includes an autopsy, examination of the death scene, and review of other factors such as any symptoms and/or illnesses the infant was experiencing prior to dying, and the infant's medical history. Because most cases of SIDS occur when a baby is sleeping in a crib, SIDS is also known as Crib Death. SIDS is considered a worldwide health problem. SIDS has no specific symptoms **and is not caused by abuse or neglect**. It is important that parents who have a child die from SIDS not be blamed for abuse and/or neglect. It is equally important that these parents not blame each other for the infant's death. Research has yet to identify a cause of SIDS deaths. Research has collected data that may lower the risk of a child dying from SIDS.

WHAT ARE THE RISK FACTORS OF SIDS?

The National Institute of Child Health and Human Development reports that a number of risk factors seem to put a baby at higher risk of dying from SIDS. Babies who sleep on their stomachs are more likely to die of SIDS than those who sleep on their backs. Mothers who smoke during pregnancy are three times more likely to have a SIDS baby, and exposure to passive smoke from others smoking in the household doubles the risk of SIDS. Other risk factors include mothers who are less than 20 years old at the time of their first pregnancy, babies born to mothers who had no or only late prenatal care, and premature or low birth weight babies.

WHAT MIGHT HELP LOWER THE RISK OF SIDS?

Currently there is no way of predicting which newborns will succumb to SIDS; however, there are a few measures parents can take to lower the risk of their child dying from SIDS:

- Good Prenatal Care
 - o No Smoking
 - o No Drug or Alcohol Use
 - o Early and Regular Medical Care for Mother

- Provide Firm Sleep Surface
 - o Avoid Using Fluffy Blankets
 - o No Pillows
 - o No Waterbeds
 - o No Soft Toys in Crib

- Put Child to Sleep on Back
 - o Since 1992 the American Academy of Pediatrics has recommended that healthy infants be placed down for sleep on their back or side.

- Provide Regular Health Care
 - o Well Baby Check-ups
 - o Routine Immunizations
 - o Have Unusual Medical Episodes Medically Evaluated

WHAT IS SHAKEN BABY SYNDROME?

Shaken Baby Syndrome is caused by shaking an infant or young child by the arms, legs, chest, or shoulders. Forceful shaking can result in brain damage that may lead to mental retardation, speech and learning disabilities, paralysis, seizures, hearing loss and even death. A baby's head and neck are especially vulnerable to injury because the head is so large and the neck muscles are still weak. In addition, a baby's brain and blood vessels are very fragile and easily damaged by whiplash motions such as shaking, jerking, and jolting. Shaken Baby Syndrome has been identified by other names such as abusive head trauma, shaken brain trauma, pediatric traumatic brain injury, and shaken impact syndrome. It is estimated that 50,000 cases occur each year in the United States and one in four of the infants, or 25% die as a result of this condition. The victims of Shaken Baby Syndrome range in age from a few days to five years, the average age being 6-8 months. Physicians often report that a child with possible Shaken Baby Syndrome is brought for medical attention due to falling, difficulty breathing, seizures, vomiting, altered consciousness or choking. Without early medical intervention the child may be at risk for further damage or even death.

HOW IS SHAKEN BABY SYNDROME TREATED?

Immediate medical attention may help reduce the impact of shaking, but many children are left with permanent damage from the shaking. Some victims will need behavioral and educational accommodations as well.

CAN SHAKEN BABY SYNDROME BE PREVENTED?

Experts give conflicting answers to this question. Some believe lack of knowledge regarding the dangers of shaking a child is a contributing factor and that most people don't intend to harm or kill these children by shaking them. Others believe that shaking is primarily the result of anger felt by an adult, combined with a loss of impulse control.

WHAT CAN A PERSON DO IF THEY FEEL THEY COULD SHAKE A BABY?

DON'T SHAKE A BABY! DO NOT HANDLE A BABY IF YOU FEEL ANGRY! If you are afraid you might hurt a child, follow these simple steps:

1. **STOP** – place the baby in a safe place such as a crib or playpen.
2. **CALM DOWN** – sit down or walk out of the room, but not too far that you can't hear the child.
3. **CHOOSE AN ACTIVITY THAT MAY CALM YOU AND THE BABY:**
 - a. Listen to music for a short time
 - b. Call a friend or relative for support and advice
 - c. Run the vacuum cleaner to drown out the crying
4. Crying may indicate the infant is hungry, needs changing, or is in pain from an illness or is teething. [Think about these possibilities.](#)
5. When you have calmed down, resume trying to help the baby.
6. If you can't calm the baby and the crying continues for a long time, [call the doctor.](#)

INQUESTS

A Coroner's Inquest is fact finding and statistical in nature. The Coroner's Jury Verdict has no civil or criminal trial significance. Usually if more than one person dies from the same incident, such as a traffic accident or fire, there is one inquest including all those deaths. A typical inquest lasts 30-45 minutes or more depending on the circumstances.

The Coroner, or the Chief Deputy Coroner in the Coroner's absence, serves as a hearing officer for the inquest. A court reporter is present to record all testimony presented. A jury of six (6) is present. The hearing officer presents all pertinent information and reports to the jury. If a law enforcement agency has investigated the circumstances surrounding the death they are also asked to testify. If the family is present at the inquest they are asked to testify to confirm the personal history information that has been submitted for the death certificate. The family may also be asked to testify regarding basic questions surrounding the circumstances of the death.

Upon completion of the testimony the Coroner's Jury deliberates in private. When they have concluded their deliberation they issue a verdict through the foreman as to the cause and manner of death. The manner of death will be ruled an accident, a homicide, a suicide, or undetermined. The permanent death certificate will reflect this ruling. The death certificate is then filed with the Vital Records Division of the Will County Health Department. Death certificates are issued through Vital Records for the first ten years. The County Clerk can issue death certificates on all but the most recent deaths.

All testimony presented during the inquest is recorded and transcribed by a court reporter. This transcribed testimony, along with all reports presented during the inquest, are kept together and become public record. They have been microfilmed since the 1960's and most recently are scanned to keep the records permanent and secure. They are available for public examination and copies of certain reports can be purchased for a fee.

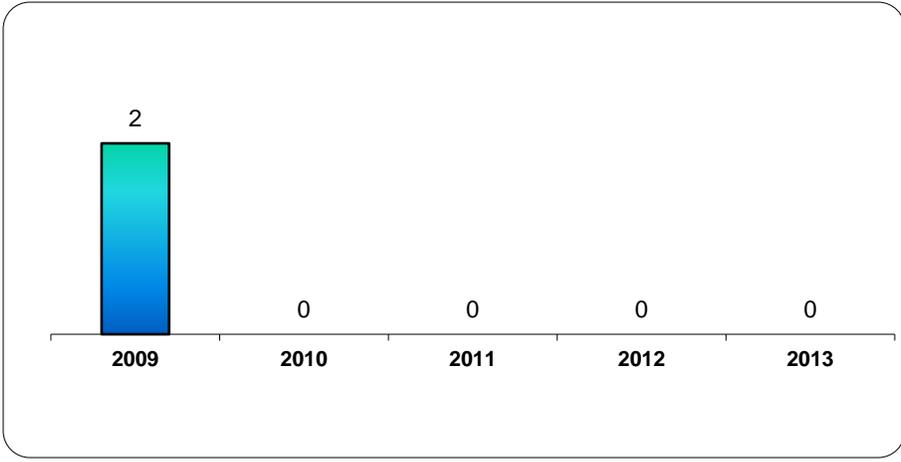
Effective January 1, 2007:

HB4971 is introduced and passed... allowing an amendment to the Counties Code for Coroners and the inquest process. Language changed from shall to may.

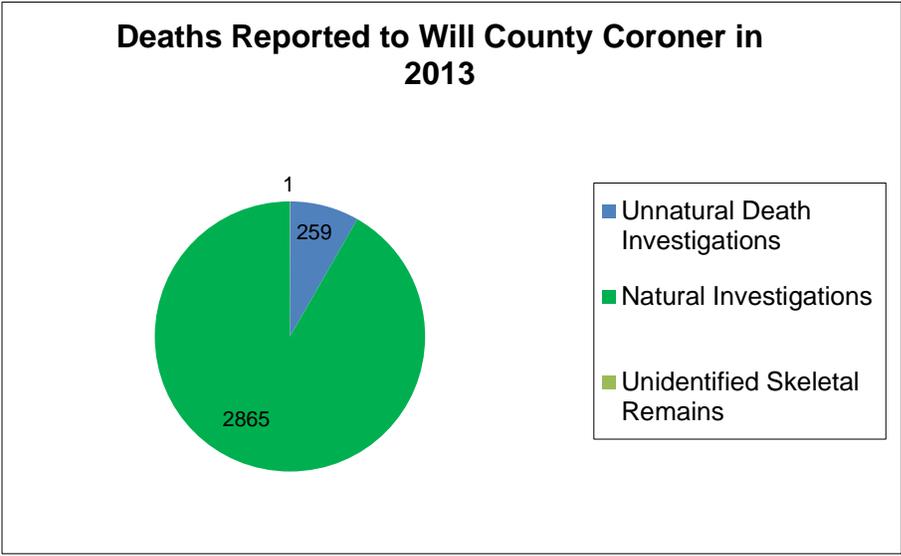
In all counties, in cases of apparent suicide, homicide, or accidental death or in other cases, within the discretion of the coroner, the coroner may summon 8 persons of lawful age from those persons drawn for petit jurors in the county. The summons shall command these persons to present themselves personally at such a place and time as the coroner shall determine, and may be in any reasonable form of request for acknowledgement which the coroner deems practical and provides a reliable proof of service. The summons may be served by first class mail. From the 8 persons so summoned, the coroner shall select 6 to serve as the jury for the inquest.

In counties which have a jury commission, in cases of apparent suicide or homicide or of accidental death, the coroner may conduct an inquest.

Inquests Held in Will County Five-Year Overview



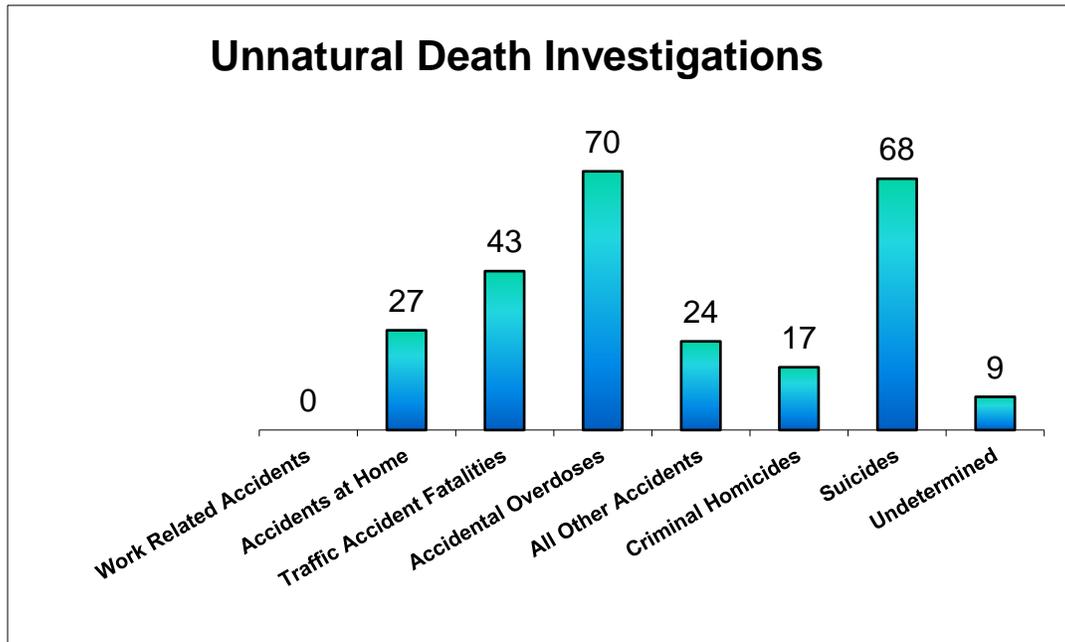
DEATHS REPORTED TO WILL COUNTY CORONER IN 2013



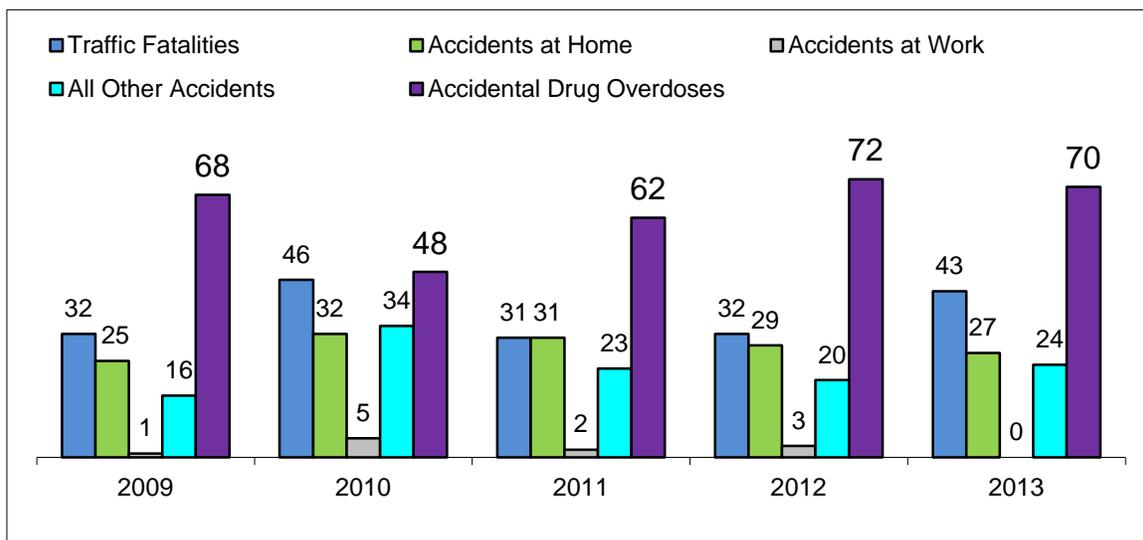
Note: There is 1 pending unidentified skeletal remains for 2013

UNNATURAL DEATHS

Unnatural deaths include all suicides, homicides, traffic fatalities, work related accidents, all other accidental deaths, and any deaths where the cause and/or manner cannot be determined. An inquest hearing may or may not be held for unnatural deaths.



All Accidental Deaths in Will County Five-Year Overview

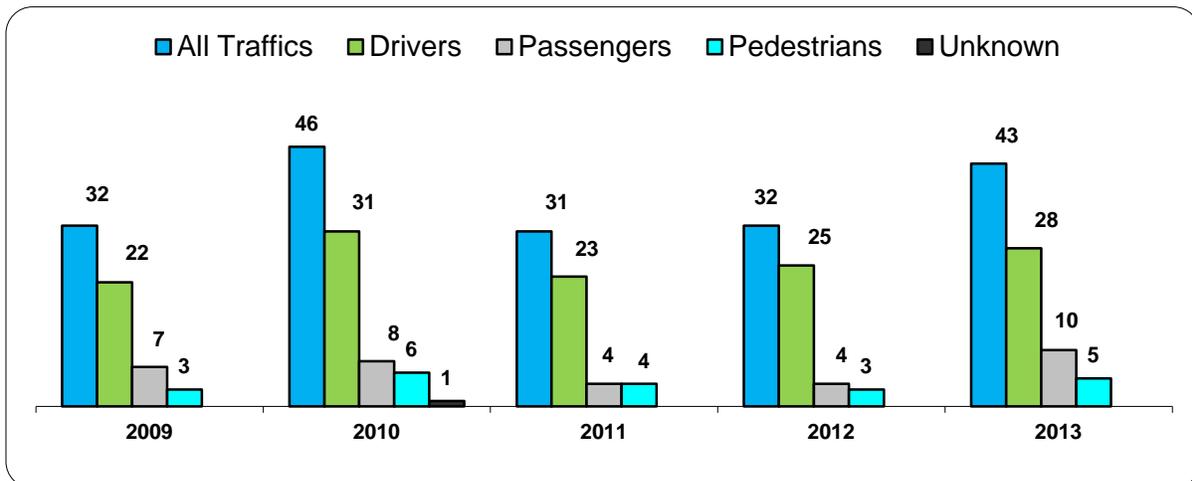


TRAFFIC FATALITIES

Law enforcement agencies continue their efforts to reduce traffic fatalities and injuries through safety programs and enforcement of seatbelt and child restraint laws, speed limits and DUI arrests.



Drivers consistently comprise the largest group of traffic fatalities every year. Many test positive for alcohol and/or not wearing seat restraints. The following chart reflects driver, passenger, and pedestrian fatalities.



ALL TRAFFIC FATALITIES

	2009 (32)	2010 (46)	2011 (31)	2012 (32)	2013 (43)
GENDER					
Female	10	12	9	3	13
Male	22	34	22	29	30
SAFETY RESTRAINTS					
No	12	13	6	18	16
Yes	13	16	12	6	16
Unknown	4	9	3	5	6
Does Not Apply	3	8	10	3	5
TOXICOLOGY RESULTS					
Negative	16	21	13	9	17
Positive Drugs and/or Alcohol	13	16	15	22	21
Unknown/Does Not Apply	3	9	3	1	5
AGE RANGE					
age 0-9	-	-	-	-	-
age 10-19	4	5	2	4	7
age 20-29	6	14	12	10	9
age 30-39	4	9	3	9	9
age 40-49	7	5	4	4	3
age 50-59	2	5	4	3	5
age 60-69	4	2	3	2	3
age 70-79	1	-	3	-	2
age 80-89	4	6	-	-	4
age 90-100	-	-	-	-	1
# of VEHICLES INVOLVED					
One	13	23	15	12	22
ATV or Moped	-	-	-	2	-
Motorcycle	1	6	7	9	9
Two	14	10	7	8	9
Three or More	2	5	2	-	2
Train	2	2	-	1	1

ALL TRAFFIC FATALITIES (Cont.)

	2009 (32)	2010 (46)	2011 (31)	2012 (32)	2013 (43)
RESPONDING AGENCIES					
Bolingbrook	1	3	-	2	1
Channahon	-	-	-	1	-
Crest Hill	4	-	-	-	1
Crete	-	-	-	-	2
Elwood	-	1	-	-	-
Frankfort	-	-	-	-	1
Illinois State Police	9	23	16	6	14
Joliet	5	8	9	6	2
Lockport	1	1	-	1	3
Minooka	-	-	-	-	2
Monee	-	1	-	-	-
New Lenox	1	-	-	-	-
Orland Park	1	-	-	1	-
Out of County	-	1	-	-	2
Plainfield	-	1	1	-	2
Romeoville	5	2	1	-	3
Shorewood	-	-	-	-	1
University Park	-	1	-	-	-
Wilmington	2	-	-	-	1
Will County Sheriff	2	4	4	14	8
Woodridge	1	-	-	1	-



BLOOD ALCOHOL CONCENTRATION BY BODY WEIGHT

There is a direct correlation between body weight, the amount of alcohol consumed, and the length of time over which the amount of alcohol is consumed. This translates to the BLOOD ALCOHOL CONCENTRATION or BAC. Basically, the less you weigh, the more you drink and the faster you drink, the higher your blood alcohol level will be. The following chart relates this information in a usable, understandable form.

Number of Drinks								
10	.375	.313	.251	.234	.208	.188	.170	.156
9	.338	.281	.241	.211	.188	.169	.153	.141
8	.300	.250	.214	.188	.167	.150	.136	.125
7	.263	.219	.188	.164	.146	.131	.119	.109
6	.225	.188	.161	.141	.125	.113	.102	.094
5	.188	.156	.134	.117	.104	.094	.085	.078
4	.150	.125	.107	.094	.083	.075	.068	.063
3	.113	.094	.080	.070	.063	.056	.051	.047
2	.075	.063	.054	.047	.042	.038	.034	.031
1	.038	.031	.027	.023	.021	.019	.017	.016
Weight in Pounds	100	120	140	160	180	200	220	240

Note: If these drinks were not taken within one hour, deduct one drink from the total number of drinks for each hour that elapsed between the first and last drink. A drink is defined as 1oz. of 100 proof hard liquor such as whiskey, vodka, gin, etc., or 12oz. of 4% beer, or 3oz. of fortified wine.

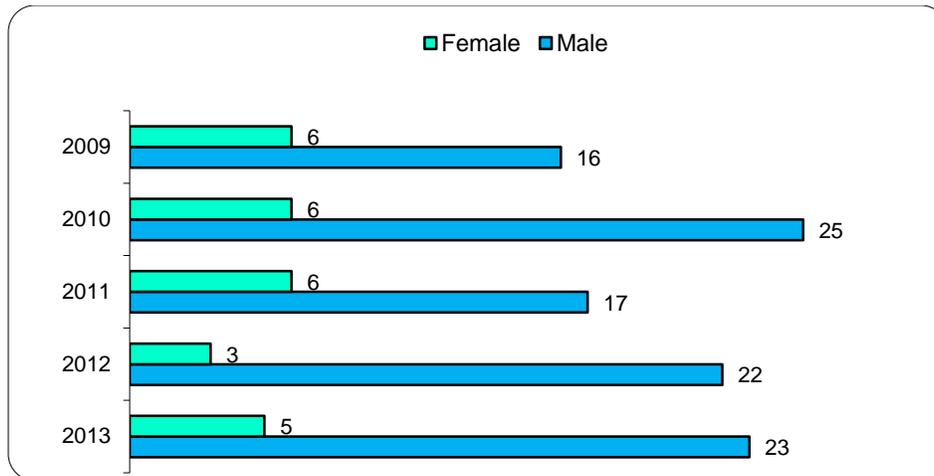
In 1997 the Illinois DUI/Implied Consent Law was amended to establish the legal level at 0.08. It was previously 0.10. It is important to note that the levels lower than this will impair your thinking and reaction times as well.

PHARMACOLOGICAL EFFECTS OF ALCOHOL

Alcohol affects the brain similar to the way any narcotic does. Reactions include removal of inhibitions, loss of self control, weakness of willpower, development of euphoria, increased confidence, generosity, altered judgment, slurred speech, tremors, cessation of automatic movements, sweating, dilation of surface capillaries, stupor, coma, and death.

It is important to remember that a large dose of alcohol taken over a relatively short period of time can cause death. This kind of circumstance should be treated the same way a suspected drug overdose is handled: [**CALL 911.**](#)

Driver Fatalities in Will County Five-Year Overview



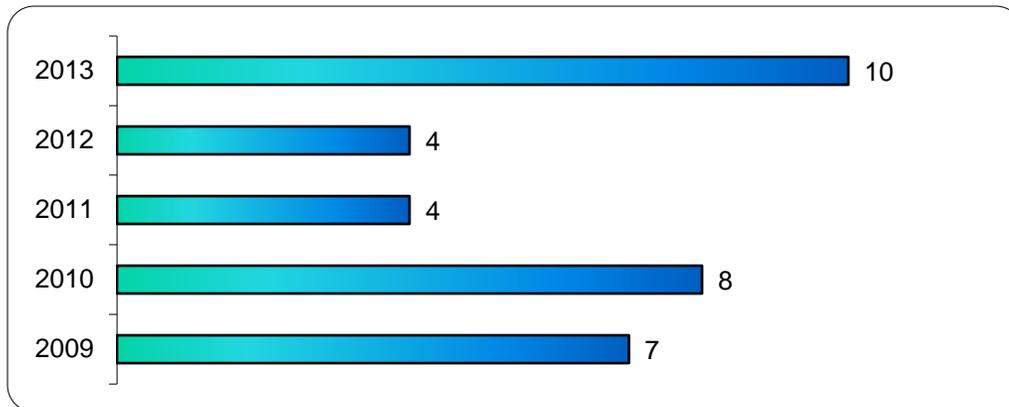
DRIVER FATALITY BLOOD ALCOHOL CONCENTRATION (BAC)

		2009	2010	2011	2012	2013
Under 21	Negative BAC	3	1	1	3	2
	Positive BAC	-	-	-	-	1
	Average BAC	-	-	-	-	.230
21-30	Negative BAC	3	7	3	2	-
	Positive BAC	3	4	4	9	7
	Average BAC	0.135	0.223	.154	.190	.158
31-40	Negative BAC	-	2	2	-	3
	Positive BAC	2	4	1	4	3
	Average BAC	0.111	0.195	.184	.175	.268
41-50	Negative BAC	1	1	2	1	1
	Positive BAC	3	1	1	2	-
	Average BAC	0.218	0.286	.137	.062	-
51-60	Negative BAC	2	2	3	2	-
	Positive BAC	-	1	2	1	3
	Average BAC	-	0.252	.137	.155	.203
61-70	Negative BAC	1	2	-	-	2
	Positive BAC	-	-	1	1	-
	Average BAC	-	-	.352	.026	-
71-90	Negative BAC	4	6	3	-	5
	Positive BAC	-	-	-	-	1
	Average BAC	-	-	-	-	.233

DRIVER FATALITIES

	2009 (22)	2010 (31)	2011 (23)	2012 (25)	2013 (28)
# of VEHICLES INVOLVED					
One (includes Motorcycles)	9	15	13	11	17
Two (includes Motorcycles)	11	9	7	12	8
More Than Two	1	6	3	1	2
Car/Train	1	1	-	1	1
TOXICOLOGY					
Neg. Alcohol and/or Drugs	12	21	11	8	9
Pos. Alcohol and/or Drugs	10	10	12	17	19
GENDER					
Female	6	6	6	3	5
Male	16	25	17	22	23
USING SAFETY RESTRAINTS					
No	10	11	5	17	14
Yes	9	14	10	5	12
Unknown/Does Not Apply	3	6	8	3	2
RESPONDING AGENCIES					
Bolingbrook	1	2	-	2	1
Channahon	-	-	-	1	-
Crest Hill	2	-	-	-	-
Crete	-	-	-	-	1
Elwood	-	1	-	-	-
Illinois State Police	8	16	13	6	10
Joliet	3	3	6	4	2
Lockport	1	1	-	1	2
Monee	-	1	-	-	-
Orland Park	1	-	-	1	-
Out of County	-	1	-	-	2
Plainfield	-	1	1	-	1
Romeoville	2	2	1	-	2
Shorewood	-	-	-	-	1
University Park	-	1	-	-	-
Will County Sheriff	2	2	2	9	5
Wilmington	1	-	-	-	1
Woodridge	1	-	-	1	-

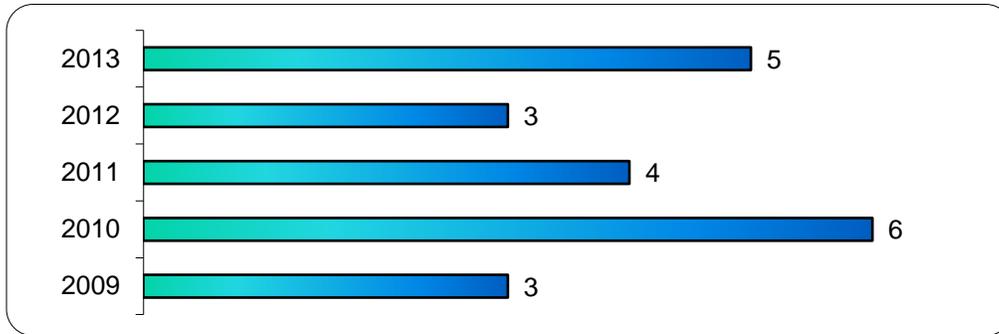
Passenger Fatalities in Will County Five-Year Overview



PASSENGER FATALITIES

	2009 (7)	2010 (8)	2011 (4)	2012 (4)	2013 (10)
# of VEHICLES INVOLVED					
One	3	4	2	3	5
Two	2	4	2	1	5
More Than Two	1	-	-	-	-
Truck/Train	1	-	-	-	-
TOXICOLOGY					
Negative BAC/ N/A	6	6	3	-	8
Pos. Drugs of Abuse &/or Alcohol	1	2	1	4	2
USING SAFETY RESTRAINTS					
No	2	2	1	1	2
Yes	4	2	2	1	4
Unknown	1	4	1	2	4
GENDER					
Female	4	3	2	-	7
Male	3	5	2	4	3
RESPONDING AGENCIES					
Crete	-	-	-	-	1
Illinois State Police	1	5	2	-	4
Joliet	1	2	1	-	-
Minooka	-	-	-	-	1
New Lenox	1	-	-	-	-
Plainfield	-	-	-	-	1
Romeoville	3	-	-	-	-
Will County Sheriff	-	1	1	4	3
Wilmington	1	-	-	-	-

Pedestrian/Bicycle Fatalities in Will County Five-Year Overview



PEDESTRIAN/BICYCLE FATALITIES

	2009 (3)	2010 (6)	2011 (4)	2012 (3)	2013 (5)
TOXICOLOGY					
Negative BAC	1	4	2	2	5
Positive BAC	2	2	2	1	-
Average BAC	0.247	0.07	0.02	0.012	-
# of VEHICLES INVOLVED					
One	2	5	3	3	5
Two	1	-	-	-	-
More Than Two	-	-	-	-	-
Train	-	1	-	-	-
Unknown/Hit/Run	-	-	1	-	-
GENDER					
Female	-	2	1	-	1
Male	3	4	3	3	4
AGE RANGE					
age 0-9	-	-	-	-	-
age 10-19	-	1	-	-	-
age 20-29	1	2	2	-	-
age 30-39	-	1	1	1	1
age 40-49	1	-	-	1	2
age 50-59	-	2	-	-	1
age 60-69	1	-	1	1	1
age 70-79	-	-	-	-	-
RESPONDING AGENCIES					
Crest Hill	2	-	-	-	1
Frankfort	-	-	-	-	1
Illinois State Police	-	2	1	-	-
Joliet	1	3	2	2	-
Lockport	-	-	-	-	1
Metra	-	1	-	-	-
Minooka	-	-	-	-	1
Romeoville	-	-	-	-	1
Will County Sheriff	-	-	1	1	-

GRADUATED LICENSING SYSTEM

A graduated, three-step licensing system went into effect in Illinois January 1, 1998. The new law has been dubbed “GRADUATED TO SAFETY,” and imposes safety and training standards on drivers aged 16-20. It replaced a two-step system that began with a Learner’s Permit and then went directly to a full license.

Under the three-step system a permit can be obtained at age 15, and parent consent is necessary. The student driver must be enrolled in an approved Driver Education course and pass vision and road knowledge tests. The student must hold the permit for a minimum of nine (9) months, and the parent/guardian must certify that the student has had at least 50 hours (10 night hours) of supervised driving outside the Driver Education class before applying for a Driver’s License. A parent or adult 21 years of age or older must supervise any practice driving.

For the first 6 months, or until the driver turns 18 whichever occurs first, there can only be one passenger in the vehicle under the age of 20 who is not family and all passengers must wear seat belts. After this period the number of passengers is limited to one in the front seat and the number of safety belts in the back seat.

Drivers younger than 21 who are convicted of two (2) moving violations in a two-year period will have their license suspended for a minimum of one (1) month, and are allowed only one (1) court supervision for any serious traffic offense. Drivers younger than 18 will have to attend a remedial Driver Education course and are retested in order to gain back their driving privileges.

SAFETY BELT USAGE IN ILLINOIS

Illinois’ first safety belt survey was conducted in April 1985, prior to the safety belt law becoming effective on July 1, 1985. The data from this first survey became the base from which to measure the success of Illinois’ efforts to educate citizens about the benefits of using safety belts. This base line reflected [15.9%](#) of usage of front seat safety belts.

During the first year after the safety belt law became effective the observed rate of usage increased to [36.2%](#) in 2011 the usage rate increased to [92.9%](#)

The safety belt law was amended to provide for mandatory (primary) enforcement beginning July of 2003. The first survey conducted following this change indicates a usage rate of [80.1%](#). This represents an increase of over 64 percentage points since the first survey was conducted in April of 1985.

SIGNIFICANT CONTRIBUTING FACTORS

Traffic Accidents and Fatalities

- **ALCOHOL**
- **FAILURE TO YIELD**
- **DRIVING TOO FAST FOR ROAD CONDITIONS**
- **DRIVING TOO FAST FOR WEATHER CONDITIONS**
- **DISTRACTED DRIVING (TEXTING, TALKING ON PHONE, MULTIPLE PASSENGERS)**

ILLINOIS TRAFFIC-RELATED KEY EVENTS obtained from Illinois Dept. of Transportation

- 1933 Legal age for alcohol consumption established at 21 years of age for males and 18 years of age for females.
- 1946 Illinois safety responsibility law enacted.
- 1958 BAC of 0.15 established as the level at which a driver is presumed to be under the influence of alcohol.
- 1963 Legal minimum drinking age established at 21 years of age for males and females.
- 1967 Driving while intoxicated (DWI) law changed to include driving under the influence of drugs.

Illegal presumption of being under the influence of alcohol lowered to 0.10.
- 1968 Mandatory motorcycle helmet usage law for all riders enacted.
- 1972 Motorcycle helmet usage law repealed.
- 1973 Legal minimum drinking age changed to allow 19 and 20 year olds the right to purchase and consume beer and wine.
- 1974 Maximum speed limit reduced to 55 m.p.h.
- 1977 Law amended to report crashes with damage in excess of \$250 (previously \$100).
- 1980 Legal minimum drinking age re-established at 21 years of age for all consumption, purchase and possession of alcoholic beverages.
- 1982 New driving under the influence (DUI) implied consent law established illegal per se at 0.10 and toughened penalties.
- 1986 Color-coded license established for drivers to distinguish between drivers under 21 years of age and drivers aged 21 and older.
Statutory summary suspension established to strengthen DUI laws.

- 1987 Speed limit on rural interstates raised to 65m.p.h. for first division vehicles and second division vehicles carrying less than 8,000 pounds.
- 1988 Safety belt law amended to make non-use of safety belts by driver and front seat passengers a secondary offense.
- 1990 Mandatory insurance law enacted to require minimum liability limits.
- 1991 Child Passenger Protection Act amended to require any person who transports a child to do so according to the established law. Parents or legal guardians are responsible for providing a safety seat.
- 1992 Law amended to report crashes with damage in excess of \$500 (previously \$250).

Law enacted to require commercial driver's license if operating a Class A or Class B vehicle.
- 1994 Amended the Child Passenger Protection Act to remove the Illinois residency requirement and medical exemption clause.
- 1995 Zero Tolerance law enacted for drivers under the age of 21.

Increased penalties for drivers who do not stop when a school bus has stopped to load or unload passengers.

Changes in federal legislation allowed Illinois to raise speed limits on certain interstate and freeway-type roads.
- 1997 Results of blood or urine tests of drivers receiving medical treatment in hospital emergency rooms for injuries resulting from a crash may be reported to law enforcement for the purpose of determining alcohol and/or drug content.
- 1998 DUI/Implied Consent law amended to establish illegal per se at 0.08 (previously 0.10).
School bus drivers caught driving a school bus with any trace of alcohol in their system lose their school bus driving permit.

Graduated driver's license established for drivers under the age of 21.
- 1999 Increased the reinstatement fee for a person whose license is suspended or revoked a second or subsequent time.

Established the use of ignition interlock devices as a regular option for the sanction of DUI offenders, allowing the Secretary of State to require the use of such devices when granting driving relief to individuals committing a second or subsequent DUI offense.
- 2000 Law amended to require that results of blood or urine tests obtained from persons receiving medical treatment in a hospital for crash-related injuries to be disclosed to law enforcement, (previously allowed disclosure of tests results but did not mandate disclosure).

- 2001 Increases penalties for repeat DUI offenders, including among other provisions, mandatory installation of ignition interlock devices in all vehicles owned by a person committing a second or subsequent DUI offense, (previously not mandatory).

Increased penalties for persons convicted of a second or subsequent violation of driving with a suspended or revoked license. Also increased penalties for persons convicted of driving while the license has been suspended or revoked as the result of DUI, leaving the scene of a crash resulting in injury or death, reckless homicide, or failure to submit to chemical testing.

Additional penalties imposed for persons convicted of DUI with a BAC of 0.16 or higher, with a BAC of 0.08 or higher when a child under the age of 16 is in the vehicle.

- 2002 Child Passenger Protection Act amended to require that children between the ages of 4 and 15 years of age, inclusive, be restrained in safety seat or by a safety belt, (previously applicable only to 4 and 5 year-olds). Fines for failure to secure a child in a safety seat doubled.

Increased fines for second and subsequent speed limit violations in work zones and school zones. Minimum increased from \$150 to \$300.

- 2003 Increased penalties for drivers who disobey railroad-crossing signals, adding the option of 25 hours of community service for the first conviction and authorizing suspension of driving privileges for a minimum of six months for a second or subsequent conviction.

Safety belt law amended to provide for mandatory (primary) enforcement.

Law amended to allow for seizure and forfeiture of the vehicle of a person who drives without a license and without insurance and who causes death or personal injury to another person.

- 2004 Fines and other penalties for speeding in a construction/work zone increased.

- 2005 Law strengthened to provide that a person who fails to remain at the scene of a crash involving personal injury or death is guilty of a Class 4 Felony.

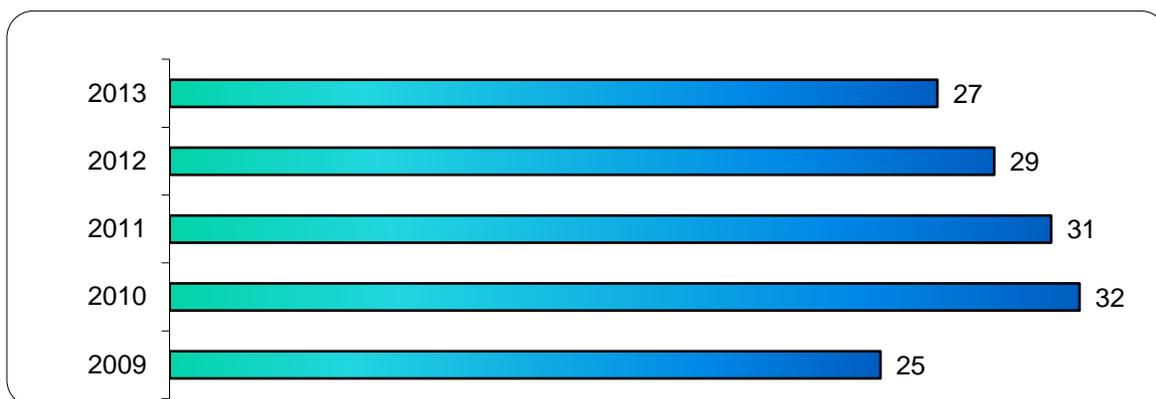
Law amended to provide that a person under the age of 18 who holds an instruction permit or graduated license may not use a wireless phone while driving, except when the phone is used to contact a law enforcement agency, health care provider, or Emergency Services Agency for emergency purposes.

- 2006 Law strengthened the Illinois Graduated Driver's License program by increasing *the amount of practice time to 50 hours, including 10 hours of night driving.*

Law amended that each driver under the age of 18 years and each of the driver's passengers under the age of 19 years (changed from 18) shall wear a safety belt.

- 2007 Driver's license cancellation for persons under 18 years old or younger who fail to attend school or are habitually truant.
- 2007 Automated enforcement cameras allowed at rail grade crossings to capture photos of vehicles and drivers that drive around gates or stop on the railroad tracks.
- 2008 Graduated Licensing System changed to reflect new passenger limitations for beginning drivers for first year.
- 2008 Penalties increased for reckless driving with bodily harm to a child or school crossing guard performing official duties.
- 2009 There were 911 traffic fatalities making it the lowest year for traffic-related deaths since 1921.
- 2010 Law effective January 1, 2010: A driver may not type, send or read a text message while operating a motor vehicle, except if the vehicle is parked on the shoulder of a roadway and the gear shift is in the neutral or park position. GPS systems and navigational equipment are exempt.
- 2010 Law effective January 1, 2010: Drivers are prohibited from using a wireless phone communication device while traveling through a marked construction or school zone.
- 2010 Law effective January 1, 2010: A person may not operate a neighborhood or low-speed vehicle on a street, road or highway without obtaining liability insurance.
- 2010 Law effective January 1, 2010: The speed limit for commercial motor vehicles (trucks) is 65 miles per hour.
- 2012 Law effective January 1, 2012: adults riding in the back seat of a vehicle without being buckled in could be ticketed and fined.
- 2012 Law effective January 1, 2012: Motorcycles and bicycles, often not heavy enough to trigger sensors that switch traffic lights from red to green, will now be allowed to legally pass through that light after waiting two minutes.
- 2013 Law effective January 1, 2013: prohibits cell phone use in construction or maintenance speed zones regardless of the speed limit in those zones. Motorists can use cell phones in voice-operated mode, which includes the use of a headset or cell phones used with single button activation.
- 2013 Law effective January 1, 2013: prohibits texting or using a hand-held cell phone while driving a commercial motor vehicle and makes this a serious traffic violation. Previously, Illinois law prohibited texting while driving for all vehicles, but cell phones were permitted. Illinois statutes were since amended to be in compliance with the Motor Carrier Safety Regulations (MCSR) law that prohibits texting and cell phone use by commercial motor vehicle drivers.

Accidental Deaths at Home in Will County Five-Year Overview



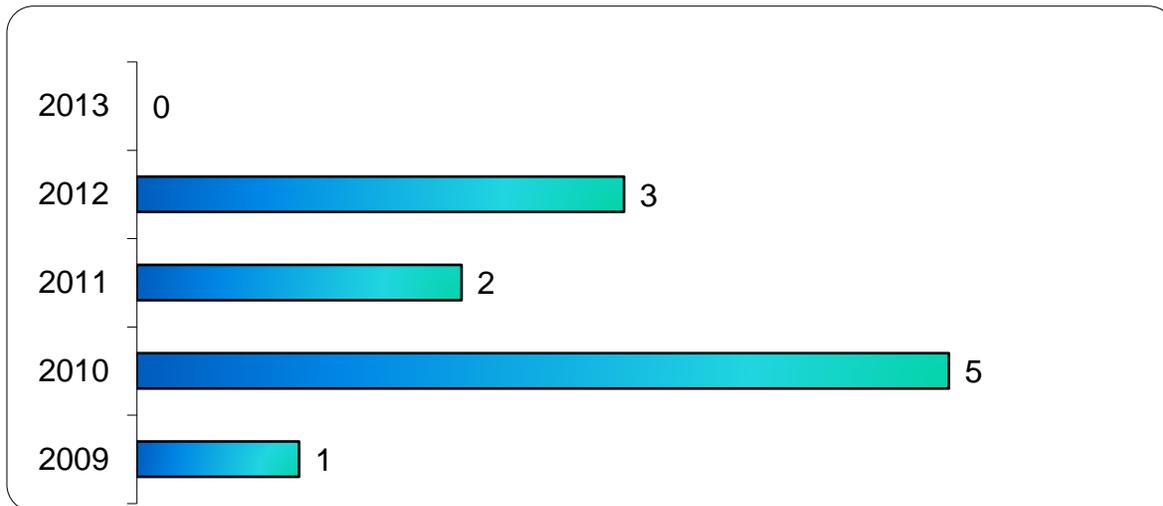
ACCIDENTAL DEATHS AT HOME

	2009 (25)	2010 (32)	2011 (31)	2012 (29)	2013 (27)
CAUSE OF DEATH					
Alcohol Intoxication	-	-	-	1	-
Asphyxiation	5	4	4	2	1
Aspiration	3	-	4	-	-
Carbon Monoxide Intoxication	-	1	4	-	-
Choking	-	3	-	3	1
Crushing Injury	-	-	-	1	1
Drowning	1	-	-	-	1
Electrocution	-	1	-	1	-
Explosion	-	-	-	-	1
Fall	14	20	17	15	17
Hyperthermia (Heat Exposure)	1	2	-	1	2
Hypothermia (Cold Exposure)	-	1	1	3	2
Struck by Falling Tree	-	-	1	-	-
Struck by Vehicle in Driveway	-	-	-	-	1
Thermal Injuries	1	-	-	2	-
GENDER					
Female	11	15	10	13	7
Male	14	17	21	16	20

ACCIDENTAL DEATHS AT HOME (Cont.)

	2009 (25)	2010 (32)	2011 (31)	2012 (29)	2013 (27)
AGE RANGE					
age 0-9	3	4	4	2	1
age 10-19	-	1	-	-	-
age 20-29	1	1	-	-	-
age 30-39	2	-	1	2	-
age 40-49	1	1	1	1	2
age 50-59	1	1	1	-	5
age 60-69	5	4	3	5	8
age 70-79	5	6	6	4	3
age 80-89	4	11	9	11	6
age 90-100	3	3	6	4	2
TOXICOLOGY					
Negative or Not Available	20	28	28	27	22
Positive for Alcohol	2	1	3	2	4
Positive for Drugs	1	3	-	-	1
Positive for Alcohol & Drugs	2	-	-	-	-
Highest BAC	0.307	0.143	0.247	0.413	0.321
Lowest BAC	0.095	0.143	0.044	0.012	0.128
Average BAC	0.22	0.143	0.154	0.213	0.195
RESPONDING AGENCIES					
Aurora	-	1	-	-	-
Bolingbrook	1	2	4	2	1
Channahon	1	1	-	-	-
Crest Hill	-	1	-	1	-
Crete	1	1	-	-	-
Dupage County Sheriff	-	-	-	1	-
Elwood	-	1	-	-	-
Frankfort	-	-	-	-	2
Joliet	1	2	3	4	5
Lockport	1	-	-	-	-
Manhattan	1	-	-	-	-
Mokena	-	1	1	1	-
Morris	-	-	-	-	1
New Lenox	1	1	-	-	2
None	12	17	14	14	11
Peotone	-	-	1	-	1
Plainfield	-	1	-	-	-
Romeoville	-	1	1	1	-
Steger	1	-	-	-	-
Will County Sheriff	5	2	7	5	3
Wilmington	-	-	-	-	1

Accidental Deaths at Work in Will County Five-Year Overview



ACCIDENTAL DEATHS AT WORK

Safety experts suggest a failure in the use and application of preventative practices as the cause of many on-the-job injuries and deaths. Unfortunately, the safety and health communities have lacked the basic information needed to assess the full scope of this type of death until 1991, when the Bureau of Labor Statistics implemented a Census for Fatal Occupational Injuries, or CFOI. In 1993 the Illinois Department of Public Health, Division of Epidemiological Studies, initiated the CFOI program in Illinois.

Through research CFOI has recorded the largest number of fatal workplace injuries in Illinois to be in the Chicago-Metro Area, which includes the counties of Cook, DuPage, Kane, Lake, McHenry, and Will. If you are ever aware of any potentially dangerous conditions at a workplace, you should bring this to the attention of the employer and/or workers.

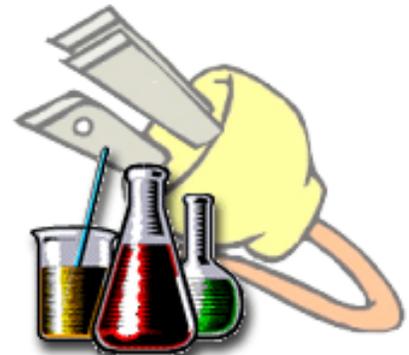
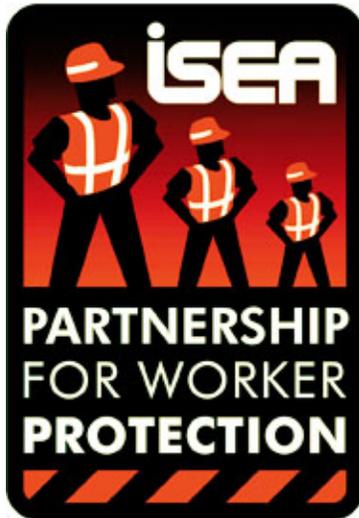
ACCIDENTAL DEATHS AT WORK

	2009 (1)	2010 (5)	2011 (2)	2012 (3)	2013 (0)
CAUSE OF DEATH					
Blunt Trauma	-	1	-	-	-
Chemical Exposure	-	1	-	-	-
Crushing Injuries	1	1	-	-	-
Fall	-	1	1	1	-
Forklift Mishap	-	-	1	-	-
Heat Related	-	1	-	-	-
Industrial Mishap	-	-	-	1	-
Plane Crash	-	-	-	1	-
GENDER					
Female	-	1	-	-	-
Male	1	4	2	3	-
AGE RANGE					
age 0-9	-	-	-	-	-
age 10-19	-	-	-	-	-
age 20-29	-	1	-	-	-
age 30-39	-	-	1	-	-
age 40-49	-	3	-	1	-
age 50-59	1	1	1	1	-
age 60-69	-	-	-	-	-
age 70-79	-	-	-	1	-
PLACE OF INJURY					
Channahon Twsp	-	1	-	-	-
Joliet	-	1	-	-	-
Minooka	-	-	1	-	-
Mokena	-	-	1	-	-
Plainfield	-	1	-	-	-
Romeoville	-	1	-	1	-
Unknown	-	1	-	1	-
Wilmington or Wilmington Twsp.	1	-	-	-	-
WCSP	-	-	-	1	-

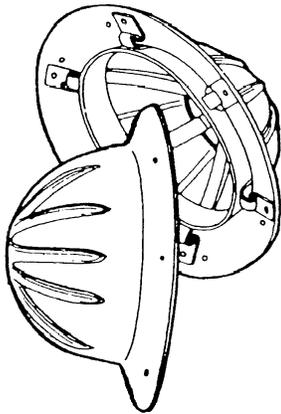
RECOMMENDATIONS TO REDUCE WORKPLACE DEATHS AND INJURIES

by the National Safety Council

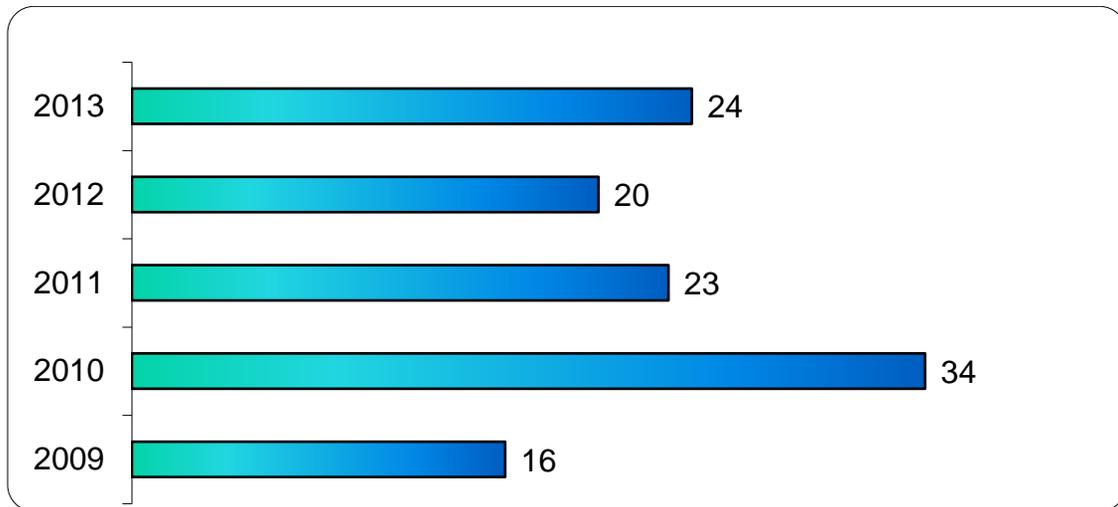
- Increase efforts for construction zone safety
- Every company or organization should require employees to buckle up
- All workplaces should have a comprehensive safety and health plan
- Address security issues to prevent workplace violence
- Increase awareness of safe practices



Care in handling glassware and electricity



Other Accidental Deaths in Will County Five-Year Overview



OTHER ACCIDENTAL DEATHS

	2009 (16)	2010 (34)	2011 (23)	2012 (20)	2013 (24)
CAUSE OF DEATH					
Allergic Reaction	-	2	-	1	-
Aspiration/Choking	-	8	3	3	1
Boating or ATV Accident	-	-	1	-	-
Blunt Head and Chest Trauma	2	-	-	-	-
Carbon Monoxide	-	-	-	-	1
Closed Head Injury	-	1	-	-	-
Cold Exposure	-	3	-	1	1
Crushing Injuries	-	-	-	1	-
Diving Mishap	-	1	-	-	-
Drowning	1	1	1	3	3
Electrocution	-	-	1	-	1
Embolism due to Injury	-	-	-	1	-
Fall	12	14	13	7	16
Gunshot Wound	-	-	-	1	-
Heat Stress	-	1	1	1	-
Medical Misadventure	-	3	3	1	-
Positional Asphyxia	1	-	-	-	-
Thermal Injuries (plane crash)	-	-	-	-	1

OTHER ACCIDENTAL DEATHS (Cont.)

	2009 (16)	2010 (34)	2011 (23)	2012 (20)	2013 (24)
PLACE OF INJURY					
Another's Residence	1	2	5	5	3
Airport	2	-	-	-	-
Bike Path	1	-	-	-	-
Camp/Rec. Area	1	-	-	-	-
Field	-	-	1	1	-
Forest Preserve	-	-	-	1	2
Golf Course	-	1	-	-	-
Hospital/Dr. Office	1	8	3	2	1
Hotel/Motel	-	-	-	1	-
Lake/River/Creek/Pond	1	2	-	1	3
Nursing Center	6	10	9	5	9
Outdoors	-	2	-	-	-
Park	-	1	-	1	-
Public Building or Store	1	-	2	2	1
Parking Area	-	4	-	-	3
Restaurant/Lounge	-	2	2	1	-
Roadway/Bridge	-	1	-	-	-
Rodeo	-	-	-	-	1
Sidewalk	2	-	1	-	-
Unknown	-	1	-	-	1
GENDER					
Female	7	12	11	8	10
Male	9	22	12	12	14
AGE RANGE					
age 0-9	-	1	-	-	-
age 10-19	1	-	1	1	2
age 20-29	-	2	1	2	1
age 30-39	-	3	1	1	3
age 40-49	1	4	1	3	-
age 50-59	3	3	1	3	5
age 60-69	1	6	3	3	1
age 70-79	4	6	4	1	1
age 80-89	4	6	10	5	10
age 90-100	2	3	1	1	1
TOXICOLOGY INFORMATION					
Negative or Not Available	16	26	20	17	17
Positive/Alcohol &/ or Drugs	-	8	3	3	7
Highest BAC	0	0.383	0.333	0.194	0.312
Lowest BAC	0	0.095	0.333	0.165	0.02
Average BAC	0	0.204	0.333	0.18	0.17

National Safety Council – Report on Injuries in America

Make Communities Walkable

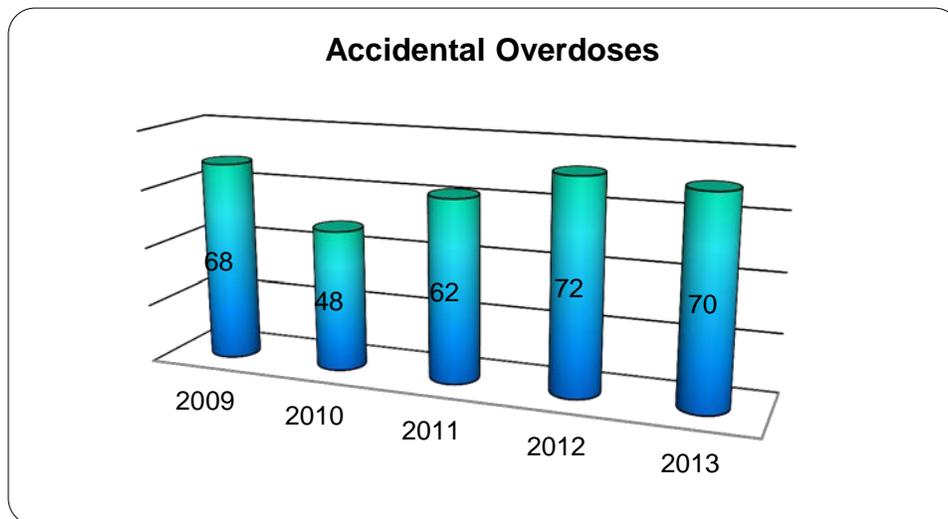
- Provide residents access to safe walking areas
- Provide handrails, grab bars and good lighting
- Safe walking routes to and from school for children

Increase Citizen Education regarding Recreational and Sports Safety

- Alcohol as it Relates to Recreational and Sports Activities
- Boating Safety
- Biking Safety
- Hunting Safety
- Personal Safety
- Swimming Safety

Accidental Overdose Deaths in Will County

Due to the increasing interest and inquires involving overdoses in Will County we have decided to dedicate a section of the annual report to provide information on these cases separately. In the past, we included accidental overdoses in the statistics regarding accidental deaths.



ACCIDENTAL OVERDOSE DEATHS

	2009 (68)	2010 (48)	2011 (62)	2012 (72)	2013 (70)
CAUSE OF DEATH					
Alcohol Intoxication	-	-	1	-	-
Acetaminophen & Caffeine Intoxication	-	-	1	-	-
Acetaminophen & Hydrocodone Intox.	-	-	1	-	-
Alprazolam Intoxication	-	-	-	-	1
Alprazolam & Alcohol Intoxication	-	-	-	-	1
Amitriptyline & Fluoxetine Intoxication	-	-	1	-	-
Benztrapine Intoxication	-	-	1	-	-
Buprenorphine	-	-	-	1	-
Clozapine Intoxication	-	-	1	-	-
Cocaine Intoxication	2	4	3	5	1
Cocaine & Diluorethane	-	-	-	1	-
Cocaine & Oxycodone Intoxication	-	-	1	-	-
Cocaine & Fentanyl Intoxication	-	-	1	-	-
Cocaine, Fentanyl, & Methadone Intox.	-	-	1	-	-
Cocaine & Hydromorphone Intoxication	1	-	-	-	1
Cocaine, Ethanol, & Oxycodone	1	-	-	-	-
Cocaine & Methadone Intoxication	1	1	-	1	1
Combined Drug Intoxication	-	5	5	4	8
Cyclobenzaprine	-	-	-	1	-
Digoxin Intoxication	-	-	-	-	1
Doxepin Intoxication	-	-	1	-	-
Doxepin & Amtripyline Intoxication	-	-	1	-	-
Opiate Intoxication	3	1	1	-	3
Opiate & Alprazolam Intoxication	-	-	1	-	-
Opiate & Cocaine Intoxication	1	-	-	-	-
Anoxic Encephalopathy, Opiate (heroin)	-	-	-	-	2
Anoxic Encephalopathy, Opiate (heroin), Cocaine	-	-	-	-	1
Combined Drug Intoxication including Heroin	-	-	1	3	3

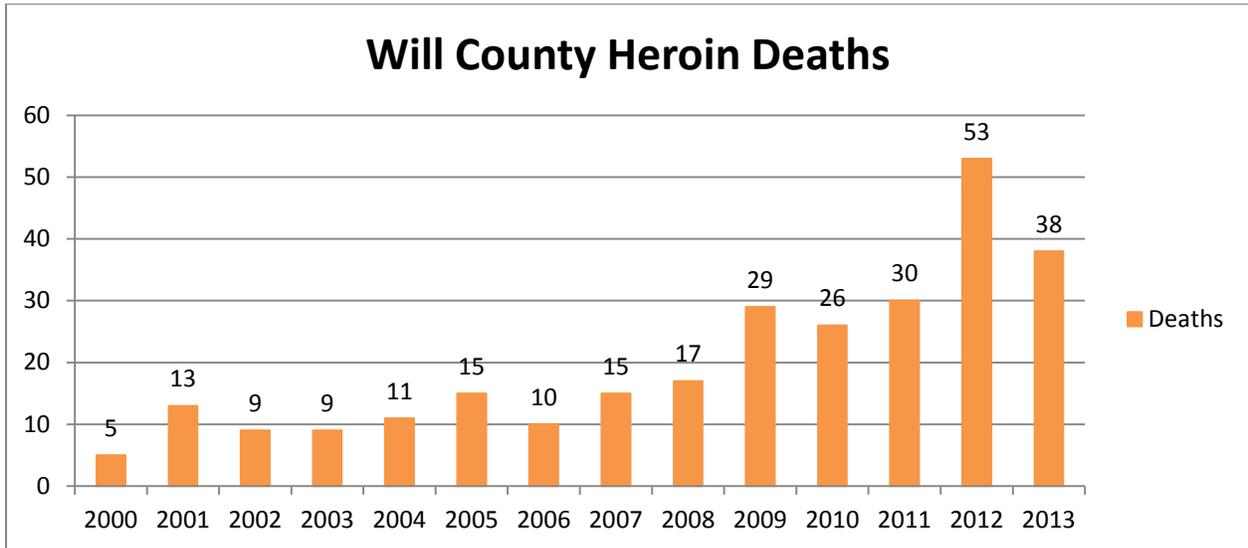
ACCIDENTAL OVERDOSE DEATHS (Cont.)

	2009 (68)	2010 (48)	2011 (62)	2012 (72)	2013 (70)
CAUSE OF DEATH					
Opiate (heroin) Intoxication	21	19	19	27	18
Opiate (heroin) & Alprazolam	-	-	-	-	1
Opiate (heroin), Alcohol & Alprazolam	-	-	-	-	1
Opiate (heroin) and Cocaine Intoxication	3	5	7	14	3
Opiate (heroin), Cocaine, & Ethanol/Alcohol Intoxication	2	-	1	3	4
Opiate (heroin) & Buprenorphine	-	-	-	1	-
Opiate (heroin) & Ethanol/Alcohol Intoxication	2	2	1	2	4
Opiate (heroin) & MDMA Intoxication	1	-	-	1	-
Opiate (heroin) & Methadone Intoxication	-	-	1	-	1
Opiate (heroin), Alcohol, and Fluoxetine	-	-	-	1	-
Methadone Intoxication	1	1	1	1	2
Methadone & Alprazolam Intoxication	1	-	-	-	-
Methadone & Ethanol Intoxication	1	-	-	-	-
Natural Cause Complication by Drugs	5	-	-	-	6
Fentanyl Intoxication	3	4	5	-	1
Fentanyl Toxicity	-	-	-	-	-
Fentanyl & Sertraline	1	-	-	-	-
Fentanyl, Diphenhydramine, & Fluoxetine	-	1	-	-	-
Fluoxetine & Alcohol	-	-	-	1	-
Ethanol Intoxication	2	1	-	-	-
Ethanol, Diazepam, & Hydromorphone Intox.	1	-	-	-	-
Ethanol, Lorazepam, & Alprazolam Intoxication	1	-	-	-	-
Oxycodone Intoxication	3	-	1	-	1
Oxycodone & Ethanol Intoxication	1	-	-	1	-
Phentermine Intoxication	-	-	1	-	-
Polysubstance Intoxication	2	-	-	-	-
Inhalant Intoxication	-	-	-	1	-
Hydrocodone Intoxication	4	2	2	-	-
Hydrocodone & Alcohol	-	-	-	-	2
Hydrocodone & Alprazolam	-	-	-	2	-
Hydromorphone & Cyclobenzaprine	-	-	-	1	-
Diphenhydramine & Ethanol Intoxication	1	-	-	-	-
Quetiapine Toxicity	1	-	-	-	-
Quetiapine & Fluoxetine Intoxication	-	-	1	-	-
Sertraline Intoxication	1	-	-	-	1
Tramadol Intoxication	-	2	-	-	-
Tramadol & O-Desmethyltramadol Intoxication	-	-	-	-	1
Verapamil Intoxication	1	-	-	-	-
1,1-Difluorethane Intoxication (huffing)	-	-	-	-	1

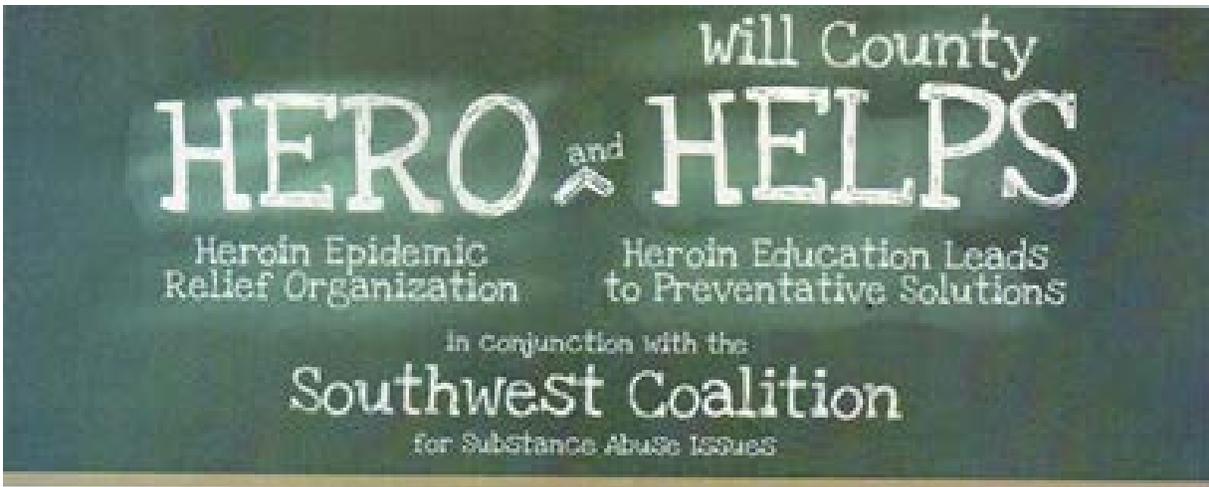
ACCIDENTAL OVERDOSE DEATHS (Cont.)

	2009 (68)	2010 (48)	2011 (62)	2012 (72)	2013 (70)
GENDER					
Female	11	18	19	19	23
Male	57	30	43	53	47
AGE RANGE					
age 0-9	-	-	-	-	-
age 10-19	4	4	1	7	2
age 20-29	20	13	17	25	20
age 30-39	13	10	16	12	15
age 40-49	17	13	13	10	14
age 50-59	10	6	13	14	16
age 60-69	4	2	2	3	3
age 70-79	-	-	-	1	-
age 80-89	-	-	-	-	-
age 90-100	-	-	-	-	-
RESPONDING AGENCIES					
Aurora	-	1	-	-	1
Beecher	-	-	-	-	1
Bolingbrook	8	4	1	4	2
Braidwood	-	-	1	2	2
Bridgeview	-	-	-	1	-
Channahon	-	2	-	2	-
Crest Hill	1	-	3	1	-
Crete	-	-	-	1	1
Elwood	1	-	-	-	-
Frankfort	1	-	-	2	-
Illinois State Police	-	-	-	-	1
Joliet	21	9	15	21	20
Lemont	1	1	-	1	-
Lockport	4	-	2	3	2
Minooka	1	-	-	-	1
Mokena	2	1	2	1	-
Monee	1	1	1	-	-
Naperville	-	1	2	2	3
New Lenox	1	1	2	4	3
None	2	2	6	1	1
Orland Hills	-	-	-	-	1
Orland Park	-	-	-	-	1
Park Forest	-	-	1	-	-
Plainfield	3	2	2	1	4
Rockdale	2	1	2	-	1
Romeoville	1	3	3	7	4
Shorewood	3	2	-	2	2
Steger	-	-	2	-	-
University Park	-	-	1	-	1
Will County Sheriff	13	15	14	15	15
Wilmington	2	2	2	1	3

Drug overdoses have quickly become the largest number of unnatural deaths in Will County. In particular, Heroin overdoses have been on the rise. The Will County Coroner along with many other County and City offices continue to work together to try to resolve this going epidemic.



*Please note 52 of the heroin related deaths for 2012 were accidental, 1 was determined a suicide





We are the **H**eroin **E**pidemic **R**elief **O**rganization. Our mission is to stop the growing heroin epidemic that has rapidly swept across nation through our own programs and by supporting strategic pieces of legislation all while providing comfort and support to those who have lost a loved one to heroin or are currently helping a loved one who is struggling with this terrible disease.

HERO was founded by John Roberts and Brian Kirk after their two sons, Billy and Matt, were tragically taken from them while battling a heroin addiction. The Two Dads, as the local media took to calling them, set out to call attention to the heroin epidemic spreading throughout similarly affluent middle class communities, to connect with and build a support network of families who have also lost children to heroin, and to work to see the day when no parent has to experience the loss of a child to addiction again.

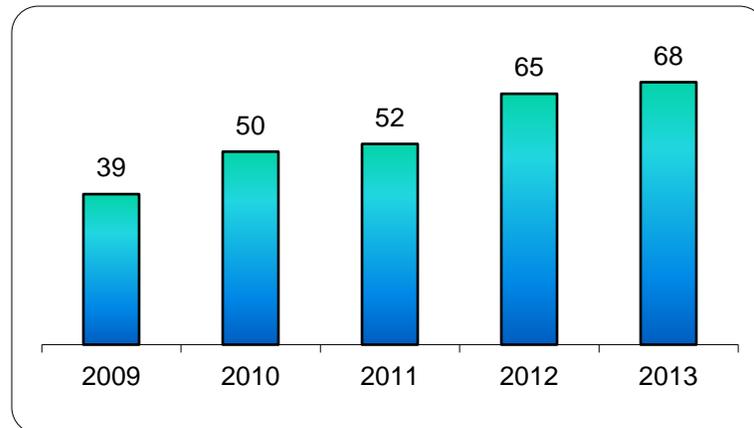
ACCIDENTAL HEROIN OVERDOSES

	2009 (29)	2010 (26)	2011 (30)	2012 (52)	2013 (38)
CAUSE OF DEATH					
Anoxic Encephalopathy, Opiate (heroin)	-	-	-	-	2
Anoxic Encephalopathy, Opiate (heroin), Cocaine	-	-	-	-	1
Combined Drug Intoxication including Heroin	-	-	1	3	3
Opiate (heroin) Intoxication	21	19	19	27	18
Opiate (heroin) & Alprazolam	-	-	-	-	1
Opiate (heroin), Alcohol & Alprazolam	-	-	-	-	1
Opiate (heroin) and Cocaine Intoxication	3	5	7	14	3
Opiate (heroin), Cocaine, & Ethanol/Alcohol Intoxication	2	-	1	3	4
Opiate (heroin) & Buprenorphine	-	-	-	1	-
Opiate (heroin) & Ethanol/Alcohol Intoxication	2	2	1	2	4
Opiate (heroin) & MDMA Intoxication	1	-	-	1	-
Opiate (heroin) & Methadone Intoxication	-	-	1	-	1
Opiate (heroin), Alcohol, and Fluoxetine	-	-	-	1	-
GENDER					
Female	1	8	4	12	8
Male	28	18	26	40	30
AGE RANGE					
age 0-9	-	-	-	-	-
age 10-19	3	4	-	6	2
age 20-29	11	6	12	25	15
age 30-39	6	8	8	9	11
age 40-49	5	6	6	4	6
age 50-59	2	2	4	6	3
age 60-69	2	-	-	2	1

ACCIDENTAL HEROIN OVERDOSES cont.

	2009 (29)	2010 (26)	2011 (30)	2012 (52)	2013 (38)
RESPONDING AGENCIES					
Aurora	-	-	-	-	1
Beecher	-	-	-	-	1
Bolingbrook	4	3	1	3	2
Braidwood	-	-	1	2	2
Channahon	-	1	-	2	-
Crest Hill	1	-	2	-	-
Crete	-	-	-	1	1
Frankfort	-	-	-	2	-
Illinois State Police	-	-	-	-	1
Joliet	10	6	8	12	10
Lemont	1	-	-	1	-
Lockport	2	-	2	3	1
Minooka	-	-	-	-	1
Mokena	1	1	1	-	-
Monee	-	1	-	-	-
Naperville	-	1	1	2	1
New Lenox	1	1	1	4	1
None	-	-	-	-	1
Plainfield	1	-	2	-	3
Rockdale	1	-	1	-	1
Romeoville	1	1	2	6	1
Shorewood	1	1	-	-	1
Will County Sheriff	4	9	7	14	6
Wilmington	1	1	1	-	3

Suicides in Will County Five-Year Overview



SUICIDE

Family and friends left behind after a suicide often feel great guilt and depression after someone they knew commits suicide. They are called suicide survivors. There are support groups available for suicide survivors. You can call any local hospital or check the local paper for information on support groups. There is a 24-hour crisis line in Will County:

Will County Crisis Line
815-722-3344 or 630-759-4555

There is a toll free Suicide Prevention Helpline (National Crisis Helpline) sponsored and operated by Suicide Awareness Voices of Education:

1-888-SUICIDE (1-888-784-2433)

It is difficult to predict suicidal behavior in many areas, such as age, race, occupation, social status, and income. Statistics tell us a male is much more likely to succeed in a suicide attempt. When a person talks about or threatens suicide their comments should be taken very seriously. There is a certain set of behavioral characteristics that may suggest impending suicide.

A person may be suicidal if he or she:

- Appears depressed: is sad, tearful, confused, has poor sleep patterns, poor appetite, and expresses lack of hope;

- Threatens suicide
- Shows marked changes in behavior, appearance or mood;
- Abuses drugs and/or alcohol;
- Has experienced a significant loss: financial, social status, break-up in a relationship or divorce;
- Deliberately injures self;
- Gives away possessions;
- Withdraws from social and outside activities.

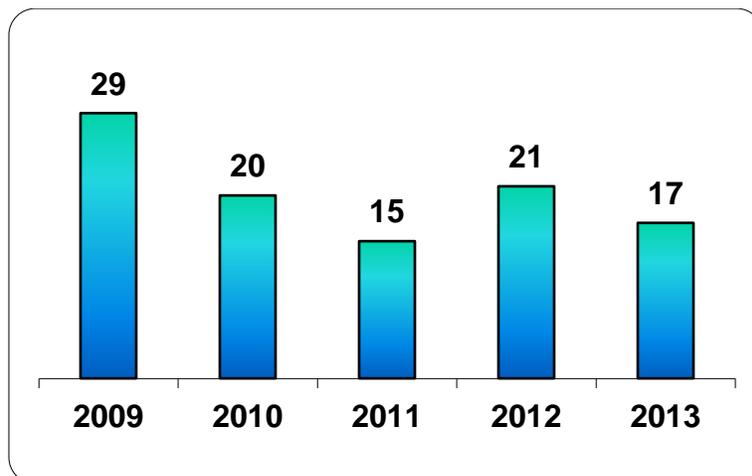
SUICIDE

	2009 (39)	2010 (50)	2011 (52)	2012 (65)	2013 (68)
CAUSE OF DEATH					
Asphyxia	-	-	3	3	2
Carbon Monoxide	2	2	2	4	4
Chemical Inhalation/Intoxication	-	-	-	-	2
Drowning	-	-	-	1	2
Drug Overdose	7	6	9	10	10
Gunshot Wound	10	20	14	24	27
Hanging	17	15	23	19	18
Jumping	-	-	-	-	1
Stab/Slash Wounds	2	4	-	1	-
Thermal Injuries	-	-	-	-	-
Traffic Incident	-	1	-	2	-
Train Incident	1	2	1	1	2
AGE RANGE					
age 0-9	-	-	-	-	-
age 10-19	1	4	1	2	4
age 20-29	5	7	8	13	8
age 30-39	5	6	6	13	7
age 40-49	12	12	15	12	21
age 50-59	8	12	11	14	17
age 60-69	4	5	8	6	7
age 70-79	2	3	2	3	1
age 80-89	2	1	1	2	3
age 90-100	-	-	-	-	-
GENDER					
Female	7	14	6	12	17
Male	32	36	46	53	51
NOTE or MESSAGE FOUND					
No	24	36	31	38	39
Yes	15	14	21	27	29

SUICIDE (cont.)

	2009 (39)	2010 (50)	2011 (52)	2012 (65)	2013 (68)
TOXICOLOGY RESULTS					
Negative or N/A	13	22	15	25	26
Positive Drug and/or Alcohol	26	28	37	40	42
DAY OF WEEK					
Monday	6	9	12	7	12
Tuesday	3	9	6	14	8
Wednesday	6	2	8	9	11
Thursday	10	9	6	10	7
Friday	2	6	6	6	14
Saturday	9	8	8	9	7
Sunday	3	7	6	10	9

Homicides in Will County Five-Year Overview



HOMICIDES

Homicide is the killing of one human being by the act or omission of another. The term applies to all such killings, whether criminal or not. Homicide is considered non-criminal in a number of situations, including

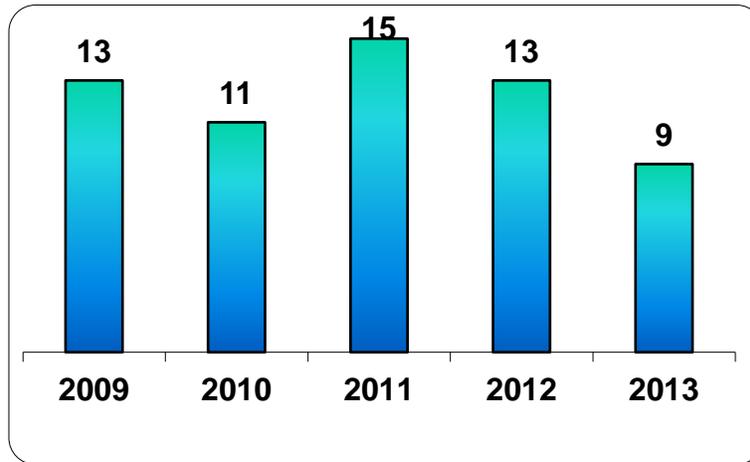
- a) deaths as a result of war or
- b) putting someone to death by the valid sentence of the court.

	2009 (29)	2010 (20)	2011 (15)	2012 (21)	2013 (17)
CAUSE OF DEATH					
Asphyxia	-	-	-	-	1
Assault	-	1	1	2	-
Blunt Trauma	3	3	1	2	2
Carbon Monoxide Intoxication	-	-	-	-	-
Drowning	1	-	-	-	-
Drug Overdose (diphenhydramine)	-	-	-	-	-
Elder Neglect	1	-	-	-	-
Gunshot Wound	17	11	10	15	7
Delayed Complications from Remote Gunshot Wound	-	-	-	1	-
Stab Wounds	4	4	2	1	4
Strangulation/Suffocation	3	1	1	-	3
APPEARS RELATED TO					
Domestic Violence	12	6	2	7	6
Gang and/or Drug Activity	5	5	3	7	5
Other or Unknown	12	9	10	7	6
GENDER					
Female	10	5	3	5	6
Male	19	15	12	16	11
AGE RANGE					
0-20	10	2	3	5	3
21-30	6	9	5	3	5
31-40	9	2	3	3	2
41-50	3	4	-	3	3
51-60	-	-	3	4	3
61-70	-	1	1	1	1
71-80	-	-	-	-	-
81-90	-	2	-	1	-
91-100	1	-	-	1	-

HOMICIDES (Cont.)

	2009 (29)	2010 (20)	2011 (15)	2012 (21)	2013 (17)
TOXICOLOGY INFORMATION					
Negative	20	8	5	10	5
Positive for Drug and/or Alcohol	8	12	10	9	12
Unknown or N/A	1	-	-	2	-
RESPONDING AGENCIES					
Bolingbrook	3	-	1	-	1
Channahon	1	-	-	-	-
Crest Hill	-	2	-	1	1
Elwood	1	-	-	-	-
IDOC	1	-	-	-	-
Illinois State Police	-	1	1	-	-
Joliet	11	10	8	12	13
Kankakee	1	-	-	-	-
Kansas City	-	-	-	1	-
Lockport	-	1	-	-	-
Mokena	1	1	-	-	-
Naperville	-	-	1	-	-
New Lenox	1	-	-	-	-
Romeoville	1	1	-	-	1
Steger	1	-	-	-	-
Tinley Park	-	-	-	1	-
University Park	-	-	1	-	-
Wilmington	1	-	-	-	-
Will County Sheriff	6	4	3	6	1

Undetermined Deaths in Will County Five-Year Overview



UNDETERMINED MANNER OF DEATH

Undetermined (or Could Not Be Determined) applies when the evidence does not clearly indicate one Manner of Death over another. A death may be deemed Undetermined if after a thorough investigation and careful consideration of all findings, the Coroner or Medical Examiner concludes there is insufficient information to classify the Manner of Death as an Accident, Suicide, Homicide or Natural Death. Also when a cause of death cannot be established due to circumstances, i.e. skeletalized remains, etc. the Manner of Death may also be classified as Undetermined.

	2009 (13)	2010 (11)	2011 (15)	2012 (13)	2013 (9)
CAUSE OF DEATH					
Asphyxia	-	1	-	1	-
Anoxic Encephalopathy	1	-	-	-	1
Blunt Trauma	3	1	1	-	-
Cranial Cerebral Injuries	1	-	1	1	-
CO Intoxication	-	1	-	1	-
Drowning	2	3	5	4	2
Hypothermia/Cold Exposure	1	1	-	-	-
GSW	-	1	-	-	-
Hanging	1	-	-	-	-
Multiple Injuries	-	-	1	1	-
Multi Organ System Failure	1	-	-	-	-
Drug Intoxication	1	1	2	3	-
SIDS	1	-	-	-	-
Subdural Hematoma	-	-	1	-	-
SUDI (Sudden Unexplained Death in Infancy)	-	-	-	-	2
Undetermined	1	2	4	2	4

UNDETERMINED MANNER OF DEATH (Cont.)

	2009 (13)	2010 (11)	2011 (15)	2012 (13)	2013 (9)
GENDER					
Female	5	5	4	5	2
Male	8	5	11	8	7
Unknown (Fetal)	-	1	-	-	-
AGE RANGE					
age 0-9	2	2	3	3	5
age 10-19	1	-	-	-	-
age 20-29	3	1	-	1	1
age 30-39	-	2	2	-	1
age 40-49	-	2	2	4	1
age 50-59	4	2	5	2	1
age 60-69	1	1	1	2	-
age 70-79	1	1	2	-	-
age 80-89	1	-	-	1	-
TOXICOLOGY INFORMATION					
Negative	6	6	5	5	5
Positive for Drug and/or Alcohol	7	4	10	8	4
Unavailable	-	1	-	-	-
RESPONDING AGENCIES					
Bolingbrook	-	-	1	2	1
Braidwood	1	-	-	-	-
Conservation	-	-	2	-	-
Crest Hill	1	1	-	1	-
Crete	2	-	-	-	-
Forest Preserve	-	-	2	1	-
Frankfort	-	-	1	-	-
Illinois State Police	-	1	-	-	-
Joliet	4	4	5	5	2
Kankakee	-	-	-	-	1
Lockport	-	-	2	-	-
Minooka	-	1	-	-	-
Monee	-	1	-	-	-
New Lenox	-	-	1	-	-
None	1	-	-	-	-
Plainfield	-	1	-	-	-
Romeoville	1	-	-	1	1
Shorewood	-	-	-	-	1
Tinley Park	-	-	-	1	-
WCSP	2	2	1	2	2
Wilmington	1	-	-	-	1

TIME OF DEATH

Determining the exact time of death that is not witnessed is very difficult. The Will County Coroner and Deputy Coroners pronounce the time of death when they arrive at a death scene. This is true even when it is evident that death may have occurred several hours or maybe even days prior to discovery of the body. An autopsy does not reveal the time of death.

AUTOPSIES

The word “autopsy” comes from a Greek word and means “seeing for oneself”. Often what is revealed during an autopsy has not been discovered or even suspected during medical testing, examination, or even surgery. Sometimes these discoveries are helpful for family members of the deceased as they may be genetically linked and/or predisposed for certain diseases/conditions.

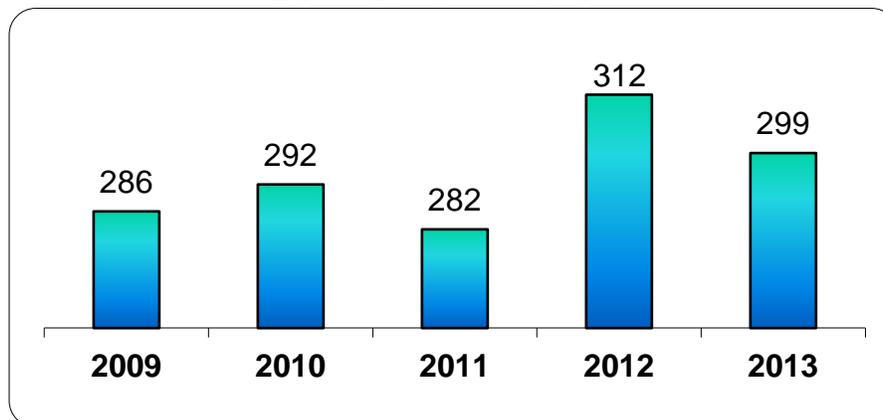
An autopsy is the systematic examination of a body using appropriate surgical techniques. It consists of an overall inspection of the body and the examination of the organs within the body. External and internal exams are the beginning of a longer process of investigation; which includes examination of tissue cells, results of toxicological tests, and looking for bacteria or other causes of infection and/or disease.

When the examination and test results are complete, the pathologist prepares a written report that gives all of the findings and what was determined to be the cause of death.

The wishes of the family are always kept in mind when making a decision as to whether or not an autopsy should be performed. However, the coroner does have jurisdiction of the body, and, if it is determined that an autopsy is necessary, the coroner does have the authority to order an autopsy, even if this decision conflicts with the family’s wishes.

There are times when the Coroner determines that an autopsy is not necessary, but the family feels they would like one. In this situation, the family can request a private autopsy through the primary care physician and the hospital affiliation. If this is not possible, then the family can contact a pathologist privately and they are responsible for the pathology fees.

Autopsies performed by Will County Five-Year Overview



LEADING CAUSES OF NATURAL DEATHS

Heart disease and strokes are leading causes of death among Americans, both **MEN** and **WOMEN**. The heart attack that kills is sometimes preceded by years of heart disease that has gone unrecognized, and therefore untreated. Sometimes, however, heart disease has been diagnosed, but the patient is either not compliant with treatment, or ignores medical advice. In other words, the heart disease that kills a person in their 50's or 60's has usually been there since those people were in their 30's and 40's. Symptoms may vary. Some feel chest pain; others describe a sensation of chest discomfort. Pain or discomfort anywhere, that cannot be explained, is a red flag and should not be ignored. When in doubt, always consult your physician.

There are many risk factors for **heart disease** that are not controllable such as age, family history of heart disease, and your race. Some risk factors you can control. By making changes in your lifestyle you can actually reduce your risk for heart disease.

Controllable risk factors include:

- Quit Smoking
- Improve Cholesterol Levels
- Control High Blood Pressure
- Get Active
- Eat Right
- Achieve and Maintain a Healthy Weight
- Learn to Manage Stress
- Control Diabetes

There are no guarantees that a heart-healthy lifestyle will keep heart disease away, but a change in the risk factors that you can control will certainly improve your general health and quite possibly lower your risk for heart disease.

Stroke is another reason to pay attention to your heart and lifestyle. Stroke is a cardiovascular disease that occurs when a blood vessel carrying oxygen to the brain bursts or is blocked by a clot. The brain is not able to function properly because it is deprived of blood and oxygen.

Just like heart disease, there are many controllable risk factors for stroke. Maintaining a healthy blood pressure is one of the most significant. Lowering cholesterol levels, staying fit and active, and avoiding tobacco are other controllable factors as well.

What is Atherosclerosis?

Atherosclerosis is the process where blood vessels become blocked with a build-up of fat and cholesterol, sometimes called plaque. This process narrows the arterial opening and restricts the blood supply to the heart. A person may feel chest pain or angina when this occurs. This is sometimes the first recognized symptom of heart disease. A blood clot can form and block blood flow completely which results in a heart attack. When atherosclerosis leads to blockage in a vessel leading to the brain, then a stroke or cardiovascular accident is the result.

What is Hypertension?

Hypertension is usually without symptoms. This is why your blood pressure needs to be checked on a regular basis. When you have your blood pressure taken, the amount of pressure your blood exerts against the arterial wall is what is being measured. Over time, high blood pressure stresses and damages the blood vessels. It can also cause damage to the heart because the heart works harder to pump blood through the damaged vessels. Hypertension can be treated with medication, diet restrictions, and exercise.

ORGAN AND TISSUE DONATION

Advancement in medical technology during the past few years has made tissue and organ transplantation one of the most dramatic and successful techniques available for treating certain medical diseases and conditions that were once considered fatal. Even though Illinois' rate of donation is among the highest in the nation, donation of tissue and organs is behind due to increasing number of patients needing transplants.

Gift of Hope is a federally mandated not-for-profit organ procurement organization dedicated to recovering organs and tissue for patients awaiting transplants in the northern three-quarters of Illinois and in northwest Indiana.

Almost anyone can be a donor, regardless of age or circumstances of death. (Since the final decision for donation may rest with your family, it is important to discuss your wishes with your family ahead of time regarding this very important issue.) Families of donors receive information on the donation process, placement of organs and tissue taken, and the progress of the recipient. Follow-up support programs are also provided to the donor's families.

Will County Organ and Tissue Donation Five-Year Overview

