

CORONERS' REPORT

死因裁判官報告

2014

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第一部

2014 年死因裁判官報告

死亡數字上升趨勢

1. 今年共有 45,710 宗死亡登記，至於有向死因裁判官報告的死亡個案，則有 10,598 宗。過去 14 年的數字列出如下：

	<u>死亡登記數字</u>	<u>有向死因裁判官 報告的個案</u>
2001	33,305	7,733
2002	34,316	7,890
2003	36,421	9,315
2004	37,322	9,108
2005	38,683	9,506
2006	37,415	9,025
2007	39,963	9,422
2008	41,530	10,314
2009	41,034	10,070
2010	42,705	9,999
2011	42,188	10,017
2012	43,672	10,472
2013	43,399	10,249
2014	45,710	10,598

2. 從上表可以看到，死亡登記數字由 2001 至 2005 年按年遞升，到了 2006 年才稍微下跌；不過，2007，2008，2010 和 2012 年期間，數字又再上升。2012 年的數目比 2001 年的高出百分之三十一左右。2014 年的死亡登記數字亦比 2013 年有明顯上

升。原因可能是因為香港人口不斷上升，而人口老化亦可能是另一個重要原因。

死亡個案調查

3. 警方會調查每宗有向死因裁判官報告的死亡個案，並把調查報告連同臨床病理學家或法醫科醫生的驗屍報告提交死因裁判官。死因裁判官會考慮警方的報告和驗屍報告，如果認為警方所進行的調查已提供足夠資料，令死因裁判官能夠履行《死因裁判官條例》第 9 條中所述的職責，而死亡原因和有關的情況又清晰和並無可疑之處，便會根據世界衛生組織所制訂的《疾病和有關健康問題的國際統計分類》，把有關的死亡個案分類並給予編碼，以便生死登記官登記。

4. 如果我們認為有關的死亡個案須予進一步調查，便會通知警方展開進一步調查和提交更詳盡的死亡調查報告。我們會根據警方第一份調查報告考慮每一死亡個案的所有情況後，行使司法酌情權作出上述指示。警方展開進一步調查和提交更詳盡的報告通常需時六至十二個月，有時甚至更久。我們會在閱讀該份報告和考慮有關個案的所有情況後，決定是否進行死因研訊。

5. 至於受官方看管期間死亡的個案，法例規定必須進行研訊。死因裁判官會要求警方就這些個案展開進一步調查和提交詳盡的死亡調查報告，以便進行死因研訊。

6. 下表列出關於過去十四年有向死因裁判官報告的死亡個案的處理方式的數字：

	向死因裁判官報告的個案	須予進一步調查的個案	須進行研訊的個案	有陪審團參與的研訊	沒有陪審團參與的研訊	有陪審團的研訊的百分率
2001	7,733	2,374	158	71	87	45%
2002	7,890	2,451	132	83	49	63%
2003	9,315	2,678	108	67	41	62%
2004	9,108	2,059	141	99	42	70%
2005	9,506	1,351	189	150	39	79%
2006	9,025	1,061	210	181	29	86%
2007	9,422	767	185	155	30	84%
2008	10,314	1,364	145	135	10	93%
2009	10,070	1,260	193	167	26	87%
2010	9,999	1,106	172	131	41	76%
2011	10,017	1,224	182	149	33	82%
2012	10,472	1,420	164	138	26	84%
2013	10,249	1,099	176	140	36	80%
2014	10,598	967	148	139	9	94%

7. 雖然近幾年所進行的死因研訊的次數沒有明顯的增加，但其實越來越多死者的家人或死者家人的律師要求進行公開研訊；有關的死亡個案大多涉及醫療或手術事故。提出這些要求的人通常誤解研訊的目的是調查和決定死者是否死於醫療或手術不當。在處理這些要求時，死因裁判官通常會行使酌情權滿足死者家人的要求，命令警方提交進一步調查報告，以及獨立的醫學專家報告，以便死者的家人可藉此更詳細了解死因和有關的情況。此

外，在有需要的情況下，尤其是在看來可以作出有用的建議的情況下，死因裁判官也會進行死因研訊。

8. 近年也有好幾宗與醫學美容有關的死亡個案，死者的家人或死因庭認為應該進行公開研訊。死因研訊的主要作用，當然是通過公開聽證，希望能得知有關死亡的真相以為在適當的個案中提出切實可行的建議，希望防止類似死亡事故。其實研訊還有一個重要的功能，是希望家人能夠在研訊過程中，親眼見到證人作供，親耳聽到證人的證詞，從而希望對於親人的死亡，能夠釋懷。

內庭申請

9. 死者的家人可以到死因裁判官席前申請豁免進行屍體剖驗，有關的申請程序在以前的報告中已有所說明。處理這些申請是死因裁判官一項非常重要而困難的工作，而這類申請亦按年遞增。由於公眾須了解死因裁判官這方面的工作，因此有關的程序會在此再予以說明。

10. 公立醫院的臨床病理科醫生或衛生署的法醫科醫生通常都會查看死者的醫療記錄和致死經過，以及對屍體進行外部檢驗。如果他們未能決定死因，便會向死因裁判官建議須進行屍體剖驗以查明死因。死者的家人對這項建議很多時候都深感不悅，並會到死因裁判官席前提出他們所堅信的文化上、宗教上和其他方面的理由，以證明不應進行屍體剖驗。

11. 在處理這類申請時，死因裁判官絕對明白死者家人的關注，他們本身已因痛失親人而情緒深受困擾，再加上如果死者生前一向表示害怕和厭惡施手術或甚至住院治療的話，許多死者的家人便會對須進行屍體剖驗的建議感到極難接受。

12. 每一個案都必須根據它本身的情況處理，而進行屍體剖驗的目的通常都是找出死亡原因。根據世界衛生組織和《生死登記條例》的規定，死因裁判官有責任找出每一死亡個案的死亡原因，以及按照訂明的分類準則把死亡個案分類。生死登記官在死亡登記冊上登記一宗死亡個案之前，亦有責任先找出死亡原因。死因裁判官在找出死亡原因時，很多時會致電法醫科醫生或病理科醫生或甚至病房醫生跟他們討論研究，以決定可否根據相對可能性的衡量標準來確定某項死因。不過，在某些個案中，法醫科醫生或病理科醫生可能由於死者的病歷資料不足而沒有足夠的醫學證據來確定死亡原因，在此情況下，便須向死者家人詳盡解釋須進行屍體剖驗的理由。

13. 近年來，由於公立醫院和衛生署法醫部門在死因裁判官的建議下加強病歷資料的交流，法醫科醫生現在已可以獲得更多在臨終前曾於公立醫院接受治療的病人的病歷資料，因此有較大機會無須進行屍體剖驗也能夠找出死亡原因。

14. 死因裁判官一方面有責任確定每一宗死亡個案的死亡原因，但另一方面亦須考慮死者家人的情緒和感情。因此，在處理每一

項要求豁免進行屍體剖驗的申請時，死因裁判官都必須在考慮所有有關因素和情況後謹慎地行使他的司法酌情權。

自殺個案

15. 今年有 1,007 宗自殺個案，其中 281 宗須由警方進一步調查並提交更詳盡的死亡調查報告。男性自殺人數和往年一樣，遠高於女性，比率為 615：392。

意外死亡個案

16. 今年有 580 宗意外死亡個案，其中 185 宗須由警方進一步調查並提交更詳盡的死亡調查報告。上述意外死亡人數較幾年前大幅減少。男性因意外引致死亡的數字，遠高於女性，比率為 407：173。

職業死亡個案

17. 過往直至 2009 年的死因裁判官報告，均只提到有進行死因研訊的職業死亡個案的數目，我們經過考慮之後，認為這樣並不能較全面反影整體情況，因此自 2010 年開始提到的數字，便包括了所有看來是與職業有關的意外(包括陸上和海上)而引至的死亡個案。整體職業死亡個案共有 33 宗，包括 32 宗在陸上發生的和 1 宗在海上發生的。33 名死者全是男性。

殺人個案

18. 今年有 15 人死於被殺，其中男性佔 6 人，女性佔 9 人。

車輛導致死亡的個案

19. 今年有 121 宗由車輛導致的死亡。其中 74 名死者是行人，佔去死亡數字的大半。121 名死者中，有 42 名是 70 歲以上的老人家，佔去死亡數字的三分之一。很明顯，老人家在交通意外中，比任何其他年齡組別的人，更容易成為受害者。男女性死者的比率是 85：36。

與毒品及藥物有關的個案

20. 今年有 131 宗死亡與毒品或藥物有關，包括自殺，意外及意圖不明的個案，男女死者的比率是 92：39。

自然死亡個案

21. 今年因各種疾病而死亡的人數是 9164 人，其中因循環系統疾病而死亡的有 4147 人，佔死亡人數差不多一半。根據《疾病和有關健康問題的國際統計分類》，循環系統疾病包括各種高血壓病、各種心臟病、腦血管病等等。男女性死者的比率是 5386：3778。

22. 我們可以看到，以上各項所提到的死亡數字，都是男性高於女性，有些死亡類別甚至高出很多，例如職業死亡個案是 33 與 0 之比。

建議

23. 一如往年，死因裁判法庭在今年內亦作出各種各樣的建議，部分已被接納和付諸實行。以下為死因裁判官或陪審團所作的部分建議：

(i) 一名 5 歲小童在沙田顯田公共游泳池參加泳班時，獨自上洗手間期間，意外地在嬉水池 1.3-1.5 米深的部份遇溺。

1. 康文署轄下所有泳池應加裝 CCTV，確保全面覆蓋池面範圍。
2. 增加更台及人手，確保游泳旺季泳客的安全。
3. 所有游泳教練要有教練牌，確保教練質素。

(ii) 一名從紐西蘭到訪香港的旅客，患上急性細支氣管炎，其後發展成肺炎，並在短時間內離世。

在各醫院，無論公，私營的分流站當病人有上呼吸道感染病徵，該進行血含氧量檢查(俗稱：夾手指方法)。

(iii) 一名 36 歲長期病患的女院友在培澤弱智協進會居住期間，突然在洗手間內昏迷。

1. 有關舍友健康紀錄

院舍宜以白紙黑字紀錄有關院友特別或異常情況(如本案死者之呼吸有困難)，定期把副本交給家人，由家人簽名確認已閱讀收妥。家人並可以此資料交給有關舍友醫生作更詳細之參考，如有需要，醫生亦可把有關照顧此舍友之建議交家長送回院舍，以作出正確指引。

2. 有關人手比例

有關署方(如社署)可考慮加強此類院舍(特別指如本案此類，舍友不能照顧自己的院舍)的人手比例，在有突發事情發生時明顯不足人手。

3. 有關護理員之訓練

建議院舍內護理人員亦必須有相關訓練(如急救、照顧此些有特別需要人士的相關知識，如能察覺舍友的緊急需要)。

4. 有關工作指引之執行

院舍需有有效的工作指引及監管措施，以確保能嚴格執行工作指引內容。

5. 有關有特別需要院友的照顧

把高危或需要特別照顧的舍友安排集中一較近職員當值，甚或可見的地方，可考慮加強巡視此批人士次數，或增設實時監察系統。

(iv) 一名地盤工人在新清水灣道近碎石公園工作期間，一條地下水管因空氣壓力過大而發生爆炸。

1. 水務署應加強監管顧問公司所有工程進行，並應該更清楚每件工程進行詳細情況，不應全部依賴顧問公司。
2. 水務署應備有全部工程詳細專業存檔，包括所有圖則，並用作資料核實把關。
3. 重新檢討選擇和監察顧問公司及承建商的規範。
4. 承建商在進行每項工程前，必須做足風險評估。如遇超過一份工程在同一地點附近，應避免同時進行。
5. 承建商未有充足和詳細資料的情況下，應採用最安全的方法進行入水工程。
6. 承建商應該提供充足資料、訓練、指引和監督給予工人，並確保他們清楚知道工程的工序和風險。
7. 水務署、承建商及各持份者，應就入水及找喉尾工程制定安全指引。

(v) 一名 89 歲男院友在中華護老院居住及照顧期間，因褥瘡引致敗血症而死亡。

1. 護老院管理層訂立通報制度定時同家人匯報院友身體狀況。
2. 醫院社康護士在察覺病人病況沒有改善情況下，應該聯絡有關醫生尋求進一步協助。
3. 希望明愛醫院於病人出院時提示家人有關病人褥瘡病情嚴重性及盡快跟進病人情況。

(vi) 一名地盤工人在灣仔發展第二期地盤的排污渠內工作時，橡膠氣塞突然爆破。

1. 當有工程在密敝空間進行時，承判商必須委派一名合資格人士就上述密敝空間之工作環境及有效安全措施作出實質及足夠的風險評估。
2. 若然承判商決定要在喉管或任何其他密敝空間內採用橡膠氣塞，必須事先作出詳細及實質的風險評估，在未能排除有關風險之前，不應再次使用有關 / 類似氣塞在喉管 / 密敝空間內。
3. 承判商應詳細參考勞工處在是次意外所作出的報告及所提供之建議。

(vii) 一名 73 歲女犯人在被懲教處職員護送到法庭應訊時突然昏迷，及後被證實因患上肺炎病逝。

1. 懲教人員與法院庭警交接犯人時，必需交待犯人近期的病歷確保相關人員知悉犯人的身體狀況。
2. 法院的審訊流程能安排年過 65 或長期病患者恰當的審訊優先次序，以減低他們身體狀況負擔。
3. 在犯人遇有緊急/危急，如生命危險，必須立即通知其家人。
4. 當庭警辨認犯人有醫療需要時，需確保有合適人員陪伴在側進行照顧，直至救護或醫護人員到場為止，令病傷者得到及時和合適的治療。
5. 所有法院必須要同步召喚救護車和押解警員，讓傷病者得到及時和合適的治療。

(viii) 一名 43 歲犯人在大嶼山塘福懲教所中因自發性小腦出血而需由飛行服務隊把他送往東區尤德夫人那打素醫院進行急救。

1. 對 Casevac 表格的建議：

- 應修訂表格內容形式，令各相關部門都可得到所需資料
- 收到表格的部門應跟進，如表格上記錄是否作出批核，其原因及跟進行動
- 建議將表格電子化，減少錯誤的發生，提高效率

2. 對 A+ / A 分類的建議：

- 加強兩類別的分別，突顯 A+ 的重要性，避免混淆

3. 溝通改善建議：

- 當需聯絡有關部門時，必定要有三人會議，以避免口傳錯誤和即時更正
- 建議各方均有錄音，以便有記錄

(ix) 3 男 1 女分別在 2012 及 2013 年間在龍鼓灘、大埔汀角路石灘及東涌摸蜆捉蟹時死亡。

建議民政事務署署長及康樂及文化事務署署長作出以下宣傳：

陪審團建議首要加強宣傳這類摸蜆及捉蟹活動之危險性，進行此類活動要注意天氣變化，穿戴適合裝備，不應單獨進行活動及事前向親友知會活動時間地點，特別強調此活動不宜不熟識泳術人仕參與。宣傳工具包括：電視、廣播、小冊子、海報。我們陪審員認為宣傳工作是有逼切性的，因目前是高危時期。

建議康文署聯同各區民政署作出以下行動：

1. 先確定上述活動熱門地點。
2. 在當眼地方樹立告示牌提醒公眾人士注意危險性，例如汙泥，潮水漲退等問題。
3. 派駐救生員或組織義務救生隊在上述熱點，特別在熱門時間當值。
4. 保持警惕性摸蜆捉蟹熱點會變更，保持靈活性。

- (x) 一名女子在私人診所進行隆胸手術程序期間注射利多卡因後出現不良反應，及後因缺血性腦部受損及支氣管肺炎死亡。

消防處處長

調查研究現時救護車的設備是否足夠，探討增加例如氣道內管、喉罩式氣道等設備，以及培訓救護員使用更多種類的儀器，是否能更有效地在送院前搶救病人及傷者。

香港醫務委員會

香港醫學專科學院

香港外科醫學院

Plastic Surgery Board, c/o 香港外科醫學院

1. 深入調查研究現時美容醫學市場的實際情況。
2. 因應調查研究的結果，訂出有效的規管措施，包括但不限於
 - (i) 訂明必須由註冊醫生進行的手術或醫療程序類別；
 - (ii) 訂明必須由相關專科的註冊專科醫生進行的手術或醫療程序類別；

- (iii) 訂明可以在私家診所進行的手術或醫療程序類別，以及只可在醫院進行的手術或醫療程序類別；
- (iv) 規定私家診所須具備何種設備，才可以進行某類手術或醫療程序。

xi) 一名有持續腹痛的女子，前往私人執業診所及公立醫院求醫，其後因穿破憩室炎導致急性腹膜炎在家中死亡。

私人執業醫生

假如私人醫生認為病人情況需要入院作進一步檢查，就算病人表示不欲入院，私人醫生仍需準備轉介信以便病人在較後時間改變主意。

醫院管理局

1. 公立醫院的病人排版上，應加上一項說明病人在過去 24 小時內有否曾服用藥物或曾作任何治療 / 診斷。
2. 公立醫院急症室醫生在給予病人診症時，應有助護或醫護人員在旁以便提供協助或幫助和加強病人和醫生的溝通。

xii) 一名曾被診斷有左心室肥大的人士因急性心肌梗塞死亡。

考慮採納美國心臟學會基金會及美國心臟學會對於處理非 ST 段上升心肌梗塞及不穩定心絞痛的病人之指引。

- xiii) 兩名工人在操作貨車尾板期間被夾死。

機場管理局

考慮把現有設於駿坪路 10 號亞洲貨運中心地下斜路邊緣的檢查點搬往一處較為平坦及較多空間的地方，以避免檢查的車輛需要逐輛排在斜路上面，亦避免有貨車在打開尾板的時候可能因為斜路的情況而致尾板不能完全打開的風險。

機電工程署及勞工處

考慮把歐盟對針對安裝在貨車車尾的液壓式圓筒控制尾板的標準引入香港及制定相關法例以便對尾板的裝置及其操作進行監管。

- xiv) 一名被還押在屯門小欖精神病治療中心等候判刑的女犯人，因身體不適，送往屯門醫院搶救，因深層靜脈栓塞引致的肺栓塞死亡。

屯門小欖精神病治療中心

增設駐院精神科醫生。

大欖懲教所及小欖精神病治療中心

可循有效途徑向醫管局提取有關還押犯人的詳細醫療紀錄，包括所服用的藥物名單。

總結

24. 我們非常感謝死因裁判庭的所有同事，他們在死因裁判官書記的領導下，勤奮盡責，表現卓越。

25. 我們也要感謝終審法院首席法官、總裁判官以及司法機構政務處從總部給予精神上及資源上的支援。在 2013 及 2014 年，我們委派了死因裁判官張天雁及高偉雄前往澳洲的達爾文及墨爾本參加亞洲太平洋死因裁判官會議，獲益良多。我們同時感謝其他政府部門提供的人力及所有其他資源，使我們的死亡個案調查工作得以順利進行。這些部門包括，但不限於律政司、警務處，衛生署的法醫科，和政府化驗所等等。

26. 警務處的調查員就死亡事故進行了高水平的調查，也擬備了高水平的死亡調查報告。警務處亦調派了三名高級督察擔任死因研訊主任，負責聯絡工作，並協助處理死因研訊，他們的表現尤為出色。

27. 此外，我們感謝律政司各級別政府律師，他們在死因裁判法庭上提出證據，協助死因裁判官處理了多宗較為複雜的死因研訊。

28. 與往年一樣，我們在此感謝一眾曾協助法庭的病理學家，包括衛生署的法醫科醫生，及醫院管理局的臨床病理科醫生；他們不但肩負了剖驗屍體的工作，並在法庭上提供證據，協助死因研訊的進行；他們亦協助我們解答公眾對驗屍及死因等一般事宜所作的電話查詢。在 2013 年 12 月，我們參觀了葵涌殮房深入了解法醫科醫生的日常工作。2014 年 6 月，死因裁判官張天雁亦被邀請到瑪嘉烈醫院的「死因裁判官條例及醫學實踐」的講座擔任講員，醫生們都踴躍出席，實是一次難能可貴互相溝通的機會。

29. 一直以來，法庭傳譯主任不論在庭內和庭外，均提供了一流的傳譯和翻譯服務。

30. 勞工處和海事處努力不懈，繼續就陸上和海上的意外展開詳盡的調查，並撰寫報告；該等報告所提出的建議，對死因裁判官及有關業界而言，往往甚有幫助。他們工作的成果，可見於致命意外事故的大幅減少。我們在此謹向勞工處和海事處表示謝意。

死因裁判官
高偉雄

死因裁判官
張天雁

二〇一五年五月

Part One

Coroners' Report 2014

Number of Deaths on a Rising Trend

1. A total of 45,710 deaths were registered this year, and a total of 10,598 deaths were reported to the Coroners. Figures for the last fourteen years are set out below :

	<u>Deaths registered</u>	<u>Deaths Reported to the Coroners</u>
2001	33,305	7,733
2002	34,316	7,890
2003	36,421	9,315
2004	37,322	9,108
2005	38,683	9,506
2006	37,415	9,025
2007	39,963	9,422
2008	41,530	10,314
2009	41,034	10,070
2010	42,705	9,999
2011	42,188	10,017
2012	43,672	10,472
2013	43,399	10,249
2014	45,710	10,598

2. From the list we can see that the number of deaths registered increased year by year from 2001 to 2005. The trend has turned downward a little bit in 2006. However, the figure increased again in 2007, 2008, 2010 and 2012. The figure of 2012 is about 31% over the 2001 figure. The number of deaths registered in 2014, as compared with the figure of 2013, shows a significant

increase. The reason may be due to a continuously rising population of Hong Kong, and an aging population may also be another important reason.

Investigation of deaths

3. The Police will investigate every death which has been reported to the Coroners. They will submit an investigation report together with the post mortem report by the clinical pathologist or the forensic pathologist to the Coroners. The Coroners will consider the police report and the post mortem report. If we are of the view that the investigation carried out by the Police has come up with sufficient information to enable us to exercise our power and perform our duties under S.9 of the Coroners' Ordinance and that the cause of death and the circumstances of the death is clear and there is no suspicion, we shall assign the death a classification code in accordance with the "International Statistical Classification of Diseases and Related Health Problems" as prescribed by the World Health Organization, so that the Registrar of Births and Deaths is able to register the death.

4. If we consider that further investigation of the death is required, we shall inform the Police to investigate further and to submit a more detailed death investigation report to us. In this regard, we exercise our judicial discretion taking into account all the circumstances of each individual death, as contained in the Police's first investigation report. The further investigation and submission of a more detailed report by the Police typically takes 6 months to 1 year or sometimes even longer. Upon perusal of that report, and upon considering all the circumstances of the case, we shall consider whether to hold an inquest into the death.

5. As to deaths in official custody, the law requires that an inquest must be held. In these cases, the Coroners shall ask the Police to further investigate the death and to submit a more detailed death investigation report so that an inquest may be held in due course.

6. The following table sets out the figures for the last 14 years showing how reported deaths were dealt with :

	<u>Deaths Reported to the Coroners</u>	<u>Further Investigations</u>	<u>Inquests</u>	<u>With Jury</u>	<u>Without Jury</u>	<u>Percentage of Inquests with Jury</u>
2001	7,733	2,374	158	71	87	45%
2002	7,890	2,451	132	83	49	63%
2003	9,315	2,678	108	67	41	62%
2004	9,108	2,059	141	99	42	70%
2005	9,506	1,351	189	150	39	79%
2006	9,025	1,061	210	181	29	86%
2007	9,422	767	185	155	30	84%
2008	10,314	1,364	145	135	10	93%
2009	10,070	1,260	193	167	26	87%
2010	9,999	1,106	172	131	41	76%
2011	10,017	1,224	182	149	33	82%
2012	10,472	1,420	164	138	26	84%
2013	10,249	1,099	176	140	36	80%
2014	10,598	967	148	139	9	94%

7. Even though the number of inquests during the recent years shows no obvious increase, there is in fact an increasing number of requests from family members or their legal representatives that public inquests be held into the deaths of their loved ones. Most of those requests involved deaths connected with medical or surgical care and are often made on a common misconception that the purpose of an inquest is to investigate and determine whether the deceased died as a result of medical or surgical mismanagement. In dealing with those requests, discretion is often exercised in favour of the families in ordering further investigation reports and expert opinions from independent medical experts, which will be made available to the families so that they will be able to know more about the cause of death and the circumstances connected with it. In addition, inquests are held where necessary, especially when it appears that useful recommendations might be made.

8. There are also several cosmetic surgery related death cases in recent years of which the families or the Coroner's Court are of the opinion that an open inquest should be held. The main purpose of an inquest is, of course, to find out the truth of the death through evidence given in open court. This is for the sake of putting forward realistic and practicable recommendations in appropriate cases, in the hope of preventing the occurrence of similar death incidences. There is however another important function, and that is after the family has seen the witnesses and heard their evidence in open court, it is hoped that they may be more able to accept the fact of the death of their loved ones.

Chamber Applications

9. In our previous reports we described the procedure by which family members may appear before the Coroners to apply for waiver of autopsy. This is a very important and difficult task of the Coroners. These applications increase year after year. It is important for the public to understand this aspect of work of the Coroners and we therefore mention the procedure yet again here.

10. Typically a public hospital clinical pathologist or a Department of Health forensic pathologist will have examined the medical records of the deceased and the course of events leading to his death. The pathologist will have also carried out an external examination of the body. If he is still unable to determine a cause of death, he would advise the Coroners that it is necessary to perform an autopsy to ascertain the cause. Members of the family of the deceased are often deeply upset by this suggestion and will come before a Coroner and express intensely felt cultural, religious, sentimental and other reasons as to why an autopsy should not be performed.

11. The Coroners fully appreciate the family members' concern when they handle this kind of applications. These family members themselves are attempting to deal with intense emotional feelings of loss. When on top of this, they have to face the suggested need for autopsy when throughout his life, the deceased had indicated a fear and abhorrence of surgical intervention or even hospital stay, it will be something which is extremely difficult for many family members to accept.

12. Each such case must be dealt with on its merits but very often the purpose of an autopsy is to find out the cause of death. The World Health Organization and the Births and Deaths Registration Ordinance both effectively impose a duty on the Coroners to find out the cause of death in respect of every death and to classify the death in strict accordance with the prescribed classification. The Registrar of Births and Deaths is also under a duty to find out the cause of death before he may register the death in the death register. In order to find out the cause of death the Coroner very often has to call the pathologist or even the ward doctor to see whether on the balance of probabilities, a certain cause of death may be certified. However, in some cases because the deceased has, for instance, limited medical history, there is no satisfactory medical evidence upon which a pathologist may certify a cause of death. In such cases a careful explanation to the family as to why an autopsy is required is necessary.

13. In recent years, upon the suggestion of the Coroners, the flow of medical information between public hospitals and the Government Forensic Pathology Service has increased. As a result, in regard to Hospital Authority patients who have been treated in the public hospitals in the period immediately prior to death, the forensic pathologists now have more medical history of the deceased to enable them to find the cause of death without having to perform an autopsy.

14. On the one hand, the Coroners have a duty to ascertain the cause of death in respect of every death, on the other hand, we also have to consider the emotion and sentiment of family members. The Coroners therefore have to exercise their judicial discretion carefully on every waiver application, taking into consideration all the relevant factors and circumstances of the matter.

Suicides

15. The number of suicides this year is 1,007, 281 of these were further investigated by the Police, followed by a more detailed death investigation report. The number of men committing suicide is still much higher than that of women, with the ratio of 615 : 392 .

Accidental Deaths

16. The number of accidental deaths this year is 580, including 185 where further investigation by the Police followed by a more detailed death investigation report is required. This is a significant decrease compared with the figures some years ago. The number of men died as a result of an accident is much higher than that of women, with the ratio of 407 : 173 .

Occupational Deaths

17. In our reports up to 2009 we have only mentioned occupational deaths in respect of which an inquest has been held. Having given the matter careful consideration we think the whole picture has not been fully presented. Therefore starting from the 2010 report, we refer to the number of deaths which appears to be occupational deaths, including those occurring on land and at sea. There are a total of 33 occupational deaths, of which 32 are on land and 1 is at sea. All of the 33 deceased are men.

Homicides

18. The number of people unlawfully killed is 15, including 6 men and 9 women.

Vehicular Accidents

19. The number of deaths arising from vehicular accidents is 121. Of these 121 deaths, 74 deceased's are pedestrians, being about a third of the total death figure. 42 deceased's are 70 years or older, which represents more than a third of the total death figure. It is therefore clear that old people are much more vulnerable to road traffic accidents than other age groups. The number of men died in road traffic accident is much higher than women, the ratio being 85 : 36 .

Drugs and Poisons related Deaths

20. There are 131 deaths which are related to drugs and poisons, mostly what is commonly called dangerous drugs. The figure includes suicides, accidental deaths, and deaths where the intent is undetermined. The ratio of men to women is 92 : 39 .

Deaths from natural causes

21. There are 9164 deaths due to various natural diseases, of which 4147, i.e. slightly less than half, are classified as diseases of the circulatory system. According to the "International Statistical Classification of Diseases and Related

Health Problems”, diseases of the circulatory system include hypertensive diseases, various heart diseases, cerebrovascular diseases, etc. The ratio of men to women is 5386 : 3778.

22. We can see that more men than women died in all the above mentioned classifications of deaths. In some classifications, the ratio is rather extreme, for example, in occupational deaths, the ratio is 33 to 0. Even in respect of natural deaths, which we would have expected the ratio would be more or less the same; in fact, it is 10 to 6.8.

Recommendations

23. As in previous years, a wide variety of recommendations have been made during the year, some of which have been accepted and put into effect. Here are some of the recommendations made by the Coroners or the Jury :-

(i) A child aged 5 accidentally got drowned while attending a swimming class at Hin Tin Public Swimming Pool in Shatin. The incident took place in a section of the paddling pool with a depth of 1.3-1.5 metres when he went to the lavatory alone.

1. The Leisure and Cultural Services Department should install additional CCTV at all swimming pools under its purview, and ensure that the entire pool area is covered.
2. Increase the number of lifeguard chairs and strengthen manpower so as to ensure safety of swimmers during the swimming peak season.

3. All swimming coaches have to be holders of swimming coach license in order to ensure the quality of coaches.

(ii) A tourist from New Zealand who visited Hong Kong suffered from acute bronchiolitis. It later developed into pneumonia and the visitor passed away within a short period.

When patients have symptoms of upper respiratory tract infection, triage stations of hospitals, including public and private ones, should conduct oxygen saturation checks (commonly known as the “finger clip method”).

(iii) A female aged 36, inmate of the Pui Chak Association for the Mentally Handicapped, who had a chronic disease, suddenly lost her consciousness in the lavatory when she was staying there.

1. Regarding the health records of inmates

It is desirable that the Homes record in writing any special or abnormal conditions relating to their inmates (e.g., the deceased in this case had dyspnoea). Such records are to be regularly passed to their family members, who should sign to acknowledge reading and receipt. Family members may also give such information to doctors of the inmates concerned for their more detailed reference. If necessary, suggestions about care of the inmate may be passed by the doctor to the Home via parents. In this way, proper directions can be given.

2. Regarding staffing ratio

The department concerned (such as the Social Welfare Department) may consider increasing the staffing ratio for this kind of Homes (especially for this kind of Homes, for example, in this case where the inmate lacks self-care capacity).

3. Regarding training of care workers

It is recommended that care staff of the Homes must also receive relevant training (e.g. first aid, relevant knowledge about care of these people with special needs).

4. Regarding implementation of work guidelines

The Homes should have effective work guidelines and measures for supervision so that strict implementation of such guidelines can be ensured.

5. Regarding care of inmates with special needs

Arrange for high risk inmates or those with special needs to be grouped together at a place closer to a staff on duty, or even at a place where they can be seen. The management may consider increasing the frequency of patrol for this group or introducing a real time surveillance system.

(iv) A site worker was working on New Clear Water Bay Road near Ping Shek Park and an underground water pipe exploded due to excessive air pressure.

1. The Water Supplies Department should strengthen its supervision of all works-in-progress carried out by consultant companies. The

Department should know more clearly about the details of progress of every works and should not rely entirely on consultant companies.

2. The Water Supplies Department should keep detailed and professional filing of all works, including all sketches , and it is to be used in checking for information verification.
3. Review again the criteria for choosing and supervising consultant companies as well as contractors.
4. Before the commencement of each works, adequate risk assessment must be made. Where more than one works is involved in the vicinity of the same spot, works-in-progress carried out simultaneously should be avoided.
5. If the contractor does not have sufficient and detailed information, the safest method should be adopted in carrying out water inlet works.
6. The contractor should provide workers with sufficient information, training, guidelines and monitoring and make sure they are aware of the work procedures and risks relating to the works.
7. The Water Supplies Department, contractors and stakeholders should set up safety guidelines for works relating to water inlets and search for ends of water pipes.

(v) An 83-year-old male inmate of Chung Wah Elderly Home, who stayed there and received its care, died of sepsis caused by bed sores.

1. The management of the elderly homes should set up a notification system and regularly report to family members of inmates about the latter's physical conditions.
2. When a community health nurse of the hospital finds the condition of a patient shows no improvement, he/she should contact the doctor concerned for further assistance.
3. It is hoped that the Caritas Hospital will remind family members of the seriousness of a patient's bed sores and follow up on the patient's condition as soon as possible when the latter is discharged from hospital.

(vi) A site worker was working in a waste water drainage at a site of the Wanchai Development Phase II when a rubber air plug suddenly exploded.

1. When works are carried out in an enclosed space, the contractor must appoint a qualified personnel to make an actual and sufficient risk assessment in respect of the work environment and effective safety measures relating to the above-mentioned enclosed space.
2. If the contractor decides to use an air plug in a pipe or any other enclosed space, a detailed and actual risk assessment must be made beforehand. Before possibility of the risk concerned can be ruled out, the concerned/similar air plug should not be used again in the pipe/enclosed space.

3. The contractor should refer in detail to the report on this accident prepared by the Labour Department and the recommendations put forward by this Department.

(vii) A female prisoner aged 73 suddenly lost her consciousness when Correctional Services Department staff escorted her to appear in court. Later it was confirmed that she died of pneumonia.

1. When a prisoner is handed over between Correctional Services personnel and police officers stationed at law courts, an account of the recent medical history of the prisoner must be given to ensure the officer concerned knows about the physical condition of the prisoner.
2. The flow of trial procedure can assign appropriate trial priorities to those aged above 65 or suffering from chronic sickness, so as to alleviate the burden on their physical conditions.
3. In case of emergency/ danger faced by a prisoner, e.g. life threatening danger, his/her family members must be informed at once.
4. When a police officer stationed at a law court has identified the medical need of a prisoner, it is necessary for him/her to ensure that the prisoner is accompanied by suitable personnel for providing care until the arrival of first aid or medical personnel, so that the sick or injured person may receive timely and appropriate treatment.
5. All law courts must call for an ambulance and the escorting police officers at the same time, so that the sick or injured person may receive timely and appropriate treatment.

(viii) A person aged 43 had to be conveyed by the Flying Service to the Pamela Youde Nethersole Eastern Hospital for emergency treatment because he suffered from spontaneous cerebellar hemorrhage at Tong Fuk Correctional Institution on Lantau Island.

1. Recommendations relating to the Casevac Form:
 - The contents and format of the form should be revised so that the departments concerned may obtain the information required.
 - Follow-up action should be taken by the department in respect of the Form collected, e.g., a record is to be made on the form as to whether approval is given, reason for approval and follow-up action.
 - It is recommended that the form be converted into electronic form in order reduce mistakes made and improve efficiency.

2. Recommendation in relation to A+/A classification
 - Strengthen difference between the two categories, highlight the importance of A+ and avoid confusion.

3. Recommendation on improving communication
 - When it is necessary to contact the department concerned, a conference with three attendees must be held in order to avoid mistakes in oral communication and to facilitate instant corrections.
 - It is recommended that all parties have tape recording to enable records to be made.

(ix) Three men and one woman respectively died in the years 2012 and 2013 when they were searching for clams and catching crabs in Lung Kwu Tan, on a rocky beach in Ting Kok Road, Tai Po and in Tung Chung.

It is recommended the Director of Home Affairs and the Director of Leisure and Cultural Services publicize the following:

The jury recommends that it is of utmost importance to strengthen advertisement about danger involved in this kind of clam searching and crab catching activity. When one engages in this kind of activity, one should pay attention to weather changes, put on suitable equipment, refrain from taking part in the activity alone, and inform relatives or friends about the time and place of the activity beforehand. It is greatly emphasized this activity is not suitable for people who are not good at swimming. The media of advertisement include TV, broadcast, pamphlets and posters. We the jurors believe there is an urgency for such an advertising programme, because it is now the high risk period.

It is recommended the Leisure and Cultural Services Department together with District Offices in various districts take the following actions:

1. First of all, ascertain locations of the popular spots for the above-mentioned activity.
2. Put up signs at conspicuous places in order to remind the public of the danger, e.g., problems including sludge, high tide and low tide.
3. Deploy lifeguards or organize volunteer life saving teams at the above-mentioned popular spots, especially to go on duty during peak hours.

4. Alertness and flexibility should be maintained since popular spots for clam searching and crab catching will change.

(x) While undergoing breast augmentation surgery at a private clinic, a woman had adverse response after receiving injection of lidocaine, and later she died of ischemic brain damage and bronchopneumonia.

Director of Fire Services

Investigate and study the present equipment in ambulances to see whether they are adequate, explore the possibility of increasing equipment such as airway tubes and laryngeal mask airways, and train up ambulancemen in the use of more types of equipment, and see whether first aid can be given to patients and the injured more effectively before they are sent to hospital.

The Medical Council of Hong Kong

Hong Kong Academy of Medicine

The College of Surgeons of Hong Kong

Plastic Surgery Board, c/o The College of Surgeons of Hong Kong

1. Conduct an in-depth study in order to look into the actual situation in the present cosmetic surgery market.

2. Based on the finding of the study and investigation, set out effective regulatory guidelines, including but not limited to
 - i) Lay down categories of surgical operations or medical procedure which must be carried out by a registered doctor;
 - ii) Lay down categories of surgical operations or medical procedure which must be carried out by a registered medical specialist in the relevant specialty;
 - iii) Lay down categories of surgical operations or medical procedure which may be carried out in a private clinic, and categories of surgical operations or medical procedure which may only be carried out in a hospital;
 - iv) Stipulate what equipment a private clinic must have before a certain type of surgical operation or medical procedure may be carried out.

(xi) A female with persistent abdominal pain consulted a medical practitioner's clinic and a public hospital. Later she died of acute peritonitis at home which was caused by diverticulitis perforation.

Medical Practitioners in Private Practice

If a medical practitioner in private practice is of the opinion that it is necessary for a patient to go to hospital for further examination, even if the patient indicates his reluctance to go to hospital, the medical practitioner still needs to prepare a letter of referral in case the patient changes his mind later.

Hospital Authority

1. In respect of a patient's medical record in a public hospital, an item should be added to specify whether the patient has taken any medications or received any treatment/diagnosis during the past 24 hours.
2. When a doctor of the Accident and Emergency Department of a public hospital attends to a patient, the doctor should be accompanied by an assistant nursing staff or a medical staff in order to provide assistance or assist in and strengthen the communication between the patient and the doctor.

(xii) A person who has been diagnosed to be suffering from left ventricular hypertrophy died of acute myocardial infarction.

Consider adopting guidelines set down by the Heart of America Foundation and the American Heart Association regarding the handling of patients with non-ST segment elevation myocardial infarction and unstable angina.

(xiii) When operating the tailboard of a goods vehicle, two workers died after getting caught by the board.

Airport Authority

Consider moving the present checkpoint, located on the border of the slope at G/F, No. 10, Chun Ping Road, Asia Airfreight Terminal, to a

relatively flat and more spacious place, so as to avoid requiring vehicles waiting for checking having to line up on the slope one after another, and to avoid the risk that some tailboards of goods vehicles cannot be completely opened, perhaps due to the condition of the slope.

Electrical and Mechanical Services Department and Labour Department

Consider introducing to Hong Kong the European Union standard for hydraulic cylinder controlled tailboards installed at the rear of goods vehicles, and enact relevant laws to monitor the installation and operation of tailboards.

(xiv) A female prisoner remanded at Siu Lam Psychiatric Treatment Centre, Tuen Mun was waiting for her sentence to be passed. She did not feel well and was sent to Tuen Mun Hospital for emergency treatment. Subsequently she died of pulmonary embolism caused by deep vein thrombosis.

Siu Lam Psychiatric Treatment Centre in Tuen Mun

Increase the number of resident psychiatrists.

Tai Lam Correctional Institution and Siu Lam Psychiatric Treatment Centre

May obtain from Hospital Authority through effective channels a detailed medical record of prisoners under remand, including a list of medications taken.

Conclusion

24. We are very grateful to the staff of the Coroner's Court for their work. Under the leadership of the Clerk to Coroners, they have worked hard to fulfill their duties, and have fulfilled their duties well.

25. We also like to thank the Honourable Chief Justice, the Chief Magistrate, and the Judiciary Administration for their support, both in terms of resources and moral support. In the years 2013 and 2014, we appointed Coroners Ms. June Cheung and Mr. David Ko to attend the Asia Pacific Coroners' Conferences in Darwin and Melbourne, Australia and they benefited a lot from these Conferences. We are also grateful to other government departments who have given us immense support in terms of manpower and all other resources to help us to investigate the deaths. These include but are not limited to the Department of Justice, the Hong Kong Police Force, the Forensic Pathology Service of the Department of Health, and the Government Laboratory.

26. The standard of the police investigators is very high, as is their reports. The Police Force has also deployed three Senior Inspectors of Police to serve as Coroner's Officers. They have performed excellent liaison work and they also assist in the inquests.

27. Thanks are also due to Government Counsel of all levels, including Senior Counsel, of the Department of Justice who presented the evidence and assisted the Coroner in many of the more complicated and difficult inquests.

28. Like previous years, we would like to take this opportunity to thank the pathologists both of the Department of Health, and of the Hospital Authority, who performed autopsies and assisted us with evidence in court as well as with responses to our more general telephone inquiries. In December 2013 we visited the Kwai Chung Mortuary and had an in-depth understanding of the daily work of forensic pathologists. Coroner Ms. June Cheung was also invited to be the speaker at a Seminar on “The Coroners Ordinance and the Practice of Medicine” at the Princess Margaret Hospital in June 2014. Doctors participated enthusiastically and it was indeed a valuable opportunity for mutual communication.

29. The Court Interpreters, as usual, provide first class interpretation and translations, both inside and outside Court.

30. The Labour Department and the Marine Department continue to provide us with investigation reports on accidents which occur on land and at sea, respectively. These reports are always prepared after thorough investigations, and usually contain recommendations. They are of great assistance to the Coroners and to the industry. The decrease in the number of occupational deaths is the best proof. Both departments deserve a thank you from us.

David Ko
Coroner

June Cheung
Coroner

May 2015

第二部

Part Two

統計數字

Statistics

有向死因裁判官呈報的死亡個案的分析

於 2014 年，死亡登記個案有 45,710 宗，而向死因裁判官呈報的死亡個案有 10,598 宗。

以下是處理有向死因裁判官呈報的個案的情況：—

	<u>總計</u>
命令將屍體剖驗	3638
命令豁免屍體剖驗	6960
土葬命令	1112
火葬命令	9486
須作進一步調查的死亡個案	967
進行死因研訊	148
死因裁判官或陪審員有提出建議的個案	21

於 2014 年須作進一步調查的 967 宗死亡個案中，截至 2014 年 12 月 31 日為止，警方仍未完成死亡調查報告的共有 591 宗。

於 2014 年向死因裁判官呈報的 10,598 宗死亡個案中，截至 2014 年 12 月 31 日仍在等候毒理學報告以決定死因的有 332 宗。

Analysis of Deaths Reported to the Coroners

In 2014 there were 45,710 deaths registered, and there were 10,598 deaths reported to the Coroner.

Cases reported to the Coroner were disposed of as follows: -

	<u>TOTAL</u>
Autopsy Orders	3638
Waivers of Autopsy	6960
Burial Orders	1112
Cremation Orders	9486
Further Death Investigation Reports ordered	967
Inquests held	148
Cases where recommendations are made	21

Of the 967 further death investigation reports ordered in 2014, 591 of which have not yet been returned from the Police as at 31.12.2014.

Of the 10,598 deaths reported in 2014, there are 332 cases of which the causes of death are still pending over toxicological reports as at 31.12.2014.

向死因裁判官 呈報的死亡 個案數目 No. of Deaths reported to the Coroners	死因裁判官 發出的命令數目 No. of Orders Issued by the Coroners	剖驗屍體 Autopsy	3638	豁免 屍體剖驗 Waiver	6960	土葬 Burial	1112	火葬 Cremation	9486	須警方進一步 調查的死亡 個案數目 No. of Further Death Investigation Reports ordered	排期死因研訊數目 No. of Death Inquests Set Down		141	5	沒有會同 陪審團 Without Jury	會同 陪審團 With Jury	139	9	沒有會同 陪審團 Without Jury	會同 陪審團 With Jury	7	2
											死因研訊數目 No. of Death Inquests Concluded		141	5	沒有會同 陪審團 Without Jury	會同 陪審團 With Jury						
死因研訊數目 No. of Death Inquests Concluded		排期死因研訊數目 No. of Death Inquests Set Down		須警方進一步 調查的死亡 個案數目 No. of Further Death Investigation Reports ordered		死因裁判官 發出的命令數目 No. of Orders Issued by the Coroners		向死因裁判官 呈報的死亡 個案數目 No. of Deaths reported to the Coroners		2014年12月31日 當天 等候死因研訊 的 案件數目 No. of Death Inquests Pending Hearing as at 31.12.2014		會同 陪審團 With Jury	沒有會同 陪審團 Without Jury	7	2							

數字及百分比 FIGURES AND PERCENTAGE		總計 TOTAL
命令將屍體剖驗 AUTOPSY ORDERED 3638 (34.33%)	豁免屍體剖驗 AUTOPSY WAIVED 6960 (65.67%)	10598
火葬命令 CREMATION ORDER 9486 (89.50%)	土葬命令 BURIAL ORDER 1112 (10.50%)	10598
須進一步死亡調查報告 FURTHER DEATH INVESTIGATION REPORT 967 (9.10%)	無須進一步死亡調查報告 NO FURTHER DEATH INVESTIGATION REPORT 9631 (90.90%)	10598

會同陪審團或沒有會同陪審團的死因研訊數目
Number of Inquests Held With or Without a Jury

會同陪審團研訊 WITH JURY	沒有會同陪審團研訊 WITHOUT JURY	總計 TOTAL
139 (93.90%)	9 (6.10%)	148

研訊結論及死因類別分析

Analysis of Conclusions of Inquests and Nature of Deaths

總計 TOTAL		133	13	1	1	148
吊死(醫院) Hanging (Hospital)					1	1
內科治療及外科手術 Medical and surgical care				1		1
窒息 Suffocation			1			1
墮下 Falls			1			1
淹死 Drowning			4			4
吸入(食物)Aspiration (Food)			1			1
從高處墮下 Falling From Height			1			1
工業意外 Industrial Accident	被物件擊中 Struck by object		1			1
	其他 Others		1			1
	墮下 Falls		1			1
	被物件壓死 Crushed by objects		2			2
其他種類的症狀, 徵象和異常的臨床及化驗發現 Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified		2				2
腫瘤 Neoplasms		16				16
精神錯亂 Mental and behavioural disorders		1				1
皮膚和皮下組織疾病 Diseases of the skin and subcutaneous tissue		2				2
呼吸系統疾病 Diseases of the respiratory system		68				68
神經系統疾病 Diseases of the nervous system		1				1
生殖泌尿系統疾病 Diseases of the genitourinary system		3				3
消化系統疾病 Diseases of the digestive system		6				6
循環系統疾病 Diseases of the circulatory system		22				22
某些傳染病和寄生蟲病 Certain infectious and parasitic diseases		12				12
結論 Conclusion	死於自然 Natural Causes					
	死於意外 Accidental Death					
	死於不幸 Death by Misadventure					
	自殺死亡 Suicide					
	總計 TOTAL					

自殺個案
SUICIDES
(類別、年齡及性別)
(TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

自殺類別 TYPE OF SUICIDE	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL	
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known			
火器 FIREARMS	男 M					3					3	3	
	女 F												
藥物 DRUGS	男 M			1	2	1	2	1	1		8	18	
	女 F		1		2	3	2		2		10		
毒藥 POISONS	男 M					1	2		2		5	10	
	女 F								4		5		
吊死 HANGING	男 M		3	11	16	21	31	24	40		146	230	
	女 F		1	5	13	11	19	9	26		84		
由高處跳下 JUMPING FROM HEIGHT	男 M		5	34	50	35	40	48	66		278	477	
	女 F		7	22	32	32	39	22	45		199		
一氧化碳 CARBON MONOXIDE	男 M			7	22	35	21	10	5		100	146	
	女 F			3	18	14	7	2	2		46		
淹死 DROWNING	男 M		1	2	5	3	2	4	4		21	38	
	女 F			1		2	3	3	8		17		
利器 SHARP INSTRUMENTS	男 M			1	1				2		4	9	
	女 F				1		2	1	1		5		
其他 OTHER	男 M						1	1			2	6	
	女 F			2			2				4		
小計 SUB TOTAL	男 M		9	56	96	99	99	88	120		567	937	
	女 F		9	33	67	62	74	37	88		370		
總計 TOTAL			18	89	163	161	173	125	208		937	937	
受傷類別 TYPE OF INJURY	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED												
火器 FIREARMS	男 M												8
	女 F												
藥物 DRUGS	男 M				1	2	2	1			6	8	
	女 F				2						2		
毒藥 POISONS	男 M											1	
	女 F												
吊死 HANGING	男 M											1	
	女 F			1							1		
由高處墮下 FALLING FROM HEIGHT	男 M	1		4	7	3	2	1		1	19	28	
	女 F	1	1	1	2	2	2				9		
一氧化碳 CARBON MONOXIDE	男 M								1		1	1	
	女 F												
淹死 DROWNING	男 M				3	1	3		8		15	24	
	女 F				2	1	1		3	2	9		
利器 SHARP INSTRUMENTS	男 M					1			2		3	3	
	女 F												
其他 OTHER	男 M				1	1		1	1		4	5	
	女 F					1					1		
小計 SUB TOTAL	男 M	1		4	12	8	7	3	12	1	48	70	
	女 F	1	1	2	6	4	3		3	2	22		
總計 TOTAL		2	1	6	18	12	10	3	15	3	70	70	

自殺個案 (精神病患者) *
SUICIDES (Mental) *
 摘錄自自殺類
EXTRACT FROM SUICIDES
 (類別、年齡及性別)
(TYPE, AGE & SEX)
 2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

自殺類別 TYPE OF SUICIDE	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL	
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known			
火器 FIREARMS	男 M												
	女 F												
藥物 DRUGS	男 M			1	1						2	5	
	女 F		1		1	1					3		
毒藥 POISONS	男 M					1					1	3	
	女 F				1				1		2		
吊死 HANGING	男 M			2	1	4	2	2	2		13	17	
	女 F				1		3				4		
由高處跳下 JUMPING FROM HEIGHT	男 M			3	4	4	4	5	1		21	42	
	女 F		2	2	4	5	5	3			21		
一氧化碳 CARBON MONOXIDE	男 M			1	2	2	2				7	10	
	女 F				2	1					3		
淹死 DROWNING	男 M			4							4	8	
	女 F						1	2	1		4		
利器 SHARP INSTRUMENTS	男 M											3	
	女 F						1	1	1		3		
其他 OTHER	男 M												
	女 F												
小計 SUB TOTAL	男 M			7	12	11	8	7	3		48	88	
	女 F		3	2	9	7	10	6	3		40		
總計 TOTAL			3	9	21	18	18	13	6		88	88	
受傷類別 TYPE OF INJURY	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED												
火器 FIREARMS	男 M												
	女 F												
藥物 DRUGS	男 M							1			1	2	
	女 F			1							1		
毒藥 POISONS	男 M												
	女 F												
吊死 HANGING	男 M												
	女 F												
由高處墮下 FALLING FROM HEIGHT	男 M			2	6		1	1			10	16	
	女 F			1	1	2	2				6		
一氧化碳 CARBON MONOXIDE	男 M												
	女 F												
淹死 DROWNING	男 M											3	
	女 F				1	1	1				3		
利器 SHARP INSTRUMENTS	男 M												
	女 F												
其他 OTHER	男 M					1					1	1	
	女 F												
小計 SUB TOTAL	男 M			2	6	1	1	2			12	22	
	女 F			1	3	3	3				10		
總計 TOTAL				3	9	4	4	2			22	22	

* 有進一步調查及更詳盡的死亡調查報告
 with further investigation and more detailed death investigation reports

自殺個案（醫院）*
SUICIDES (Hospital) *
 摘錄自自殺類
EXTRACT FROM SUICIDES
 （類別、年齡及性別）
 (TYPE, AGE & SEX)
 2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

自殺類別 TYPE OF SUICIDE	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL	
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known			
火器 FIREARMS	男 M												
	女 F												
藥物 DRUGS	男 M												
	女 F												
毒藥 POISONS	男 M												
	女 F												
吊死 HANGING	男 M												1
	女 F						1					1	
由高處跳下 JUMPING FROM HEIGHT	男 M												1
	女 F			1								1	
一氧化碳 CARBON MONOXIDE	男 M												
	女 F												
淹死 DROWNING	男 M												
	女 F												
利器 SHARP INSTRUMENTS	男 M												
	女 F												
其他 OTHER	男 M												
	女 F												
小計 SUB TOTAL	男 M												2
	女 F			1			1					2	
總計 TOTAL				1			1					2	2
受傷類別 TYPE OF INJURY	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED												
火器 FIREARMS	男 M												
	女 F												
藥物 DRUGS	男 M												
	女 F												
毒藥 POISONS	男 M												
	女 F												
吊死 HANGING	男 M												
	女 F												
由高處墮下 FALLING FROM HEIGHT	男 M												
	女 F												
一氧化碳 CARBON MONOXIDE	男 M												
	女 F												
淹死 DROWNING	男 M												
	女 F												
利器 SHARP INSTRUMENTS	男 M												
	女 F												
其他 OTHER	男 M												
	女 F												
小計 SUB TOTAL	男 M												
	女 F												
總計 TOTAL													

* 有進一步調查及更詳盡的死亡調查報告
 with further investigation and more detailed death investigation reports

自殺死亡個案－職業*
 SUICIDES - OCCUPATION*
 摘錄自自殺死亡類
 EXTRACT FROM SUICIDES
 (類別、年齡及性別)
 (TYPE, AGE & SEX)
 2014年1月1日 - 2014年12月31日
 1ST JANUARY 2014 - 31ST DECEMBER 2014

職業 OCCUPATION	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
學生 STUDENT	男 M		1	3							4	8
	女 F		3	1							4	
教師 TEACHER	男 M				2						2	2
	女 F											
沒有職業 NOT EMPLOYED	男 M			4	13	11	10	4	3		45	71
	女 F		1	2	8	5	4	1	5		26	
家庭主婦 HOUSEWIFE	男 M											19
	女 F				4	2	6	2	5		19	
藍領 BLUE COLLAR	男 M		2	5	15	7	8	3			40	51
	女 F			1	5	3	2				11	
白領 WHITE COLLAR	男 M			6	2	5	4				17	29
	女 F		1	1	3	3	3	1			12	
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M				1	2					3	3
	女 F											
商人 BUSINESS MAN	男 M					3	1	2	1		7	9
	女 F					2					2	
退休人士 RETIRED PERSON	男 M						2	7	19		28	38
	女 F						2	5	3		10	
其他 OTHER	男 M			1							1	2
	女 F						1				1	
小計 SUB TOTAL	男 M		3	19	33	28	25	16	23		147	232
	女 F		5	5	20	15	18	9	13		85	
總計 TOTAL			8	24	53	43	43	25	36		232	232
職業 OCCUPATION	未確定是意外或故意造成的損傷 INJURY UNDETERMINED WHETHER ACCIDENTALLY OR PURPOSELY INFLICTED											
學生 STUDENT	男 M											1
	女 F	1									1	
教師 TEACHER	男 M											
	女 F											
沒有職業 NOT EMPLOYED	男 M			2	1	1	2	2			8	14
	女 F			1	1	1	2		1		6	
家庭主婦 HOUSEWIFE	男 M											
	女 F											
藍領 BLUE COLLAR	男 M			2	6	2	2		1		13	16
	女 F		1		1	1					3	
白領 WHITE COLLAR	男 M					1					1	6
	女 F			1	3	1					5	
病人 PATIENT	男 M											
	女 F											
紀律部隊 DISCIPLINARIES	男 M											
	女 F											
商人 BUSINESS MAN	男 M											
	女 F											
退休人士 RETIRED PERSON	男 M								5		5	8
	女 F						1		2		3	
其他 OTHER	男 M	1					1				2	4
	女 F									2	2	
小計 SUB TOTAL	男 M	1		4	7	4	5	2	6		29	49
	女 F	1	1	2	5	3	3		3	2	20	
總計 TOTAL		2	1	6	12	7	8	2	9	2	49	49

* 有進一步調查及更詳盡的死亡調查報告
 with further investigation and more detailed death investigation reports

意外死亡個案
ACCIDENTAL DEATHS

(類別、年齡及性別)
(TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- kno wn		
吸入 (胃容物) ASPIRATION (GASTRIC CONTENTS)	男 M	1				1	1	1	3		7	10
	女 F							1	2		3	
吸入 (食物) ASPIRATION (FOOD)	男 M					3	2	7	41		53	90
	女 F	1				2	2	4	28		37	
吸入 (異物) ASPIRATION (FOREIGN BODY)	男 M				1						1	2
	女 F							1			1	
吸入 (其他) ASPIRATION (OTHER)	男 M							1	4		5	9
	女 F								4		4	
窒息 SUFFOCATION	男 M											1
	女 F	1									1	
吊死 HANGING	男 M								1		1	1
	女 F											
被物件擊中 STRUCK BY OBJECT	男 M	1				1	3		2		7	9
	女 F							1	1		2	
被升降機壓死 CRUSHED BY LIFT	男 M											
	女 F											
被物件壓死 CRUSHED BY OBJECT	男 M					2	1	1			4	4
	女 F											
燒灼 BURNS	男 M				1				1		2	5
	女 F						1	1	1		3	
一氧化碳 (浴室) CARBON MONOXIDE (BATHROOM)	男 M											
	女 F											
一氧化碳 (火災) CARBON MONOXIDE (FIRE)	男 M								1		1	1
	女 F											
一氧化碳 (其他) CARBON MONOXIDE (OTHER)	男 M											
	女 F											
墮下 FALLS	男 M	1		5	9	9	19	25	97		165	242
	女 F			1	2		2	7	65		77	
淹死 DROWNING	男 M	1	2	2	2	3	7	8	6	1	32	45
	女 F				2		5	2	4		13	
觸電 ELECTROCUTION	男 M							1			1	1
	女 F											
割或刺 CUT OR PUNCTURE	男 M											
	女 F											
火器 FIREARMS	男 M											
	女 F											
鈍器撞擊 BLUNT FORCE	男 M											
	女 F											
藥物 DRUGS	男 M			5	37	31	22	14	3		112	137
	女 F			1	4	7	8	2	3		25	
毒藥 POISONS	男 M					1					1	1
	女 F											
中毒 (酒精) POISON (ALCOHOL)	男 M						1	1			2	6
	女 F			1	1	2					4	
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M						2	1			3	6
	女 F			1	1			1			3	
其他 OTHERS	男 M					1	4	2	3		10	10
	女 F											
小計 SUB TOTAL	男 M	4	2	12	50	52	62	63	161	1	407	580
	女 F	2		4	10	11	18	20	108		173	
總計 TOTAL		6	2	16	60	63	80	83	269	1	580	580

意外死亡個案 (淹死) *
ACCIDENTAL DEATHS (Drowning) *
 摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
 (類別、年齡及性別)
 (TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
 1ST JANUARY 2014 - 31ST DECEMBER 2014

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
泳池 POOL	男 M	1						2	1		4	5
	女 F						1				1	
海灘/海 BEACH/SEA	男 M			1	2	2	4	3		1	13	17
	女 F						3	1			4	
水庫 RESERVOIR	男 M											
	女 F											
農場 FARM	男 M											
	女 F											
建築地盤 CONSTRUCTION SITE	男 M						1				1	1
	女 F											
大海 (船民) SEA (BOAT PEOPLE)	男 M											
	女 F											
避風塘 (船民) TYPHOON SHELTER (BOAT PEOPLE)	男 M											
	女 F											
魚塘 FISH POND	男 M						1				1	1
	女 F											
浴室 BATHROOM	男 M											1
	女 F				1						1	
河流 RIVER	男 M											1
	女 F								1		1	
自流井 ARTESIAN WELL	男 M											
	女 F											
其他 OTHERS	男 M											
	女 F											
小計 SUB TOTAL	男 M	1		1	2	2	6	5	1	1	19	26
	女 F				1		4	1	1		7	
總計 TOTAL		1		1	3	2	10	6	2	1	26	26

* 有進一步調查及更詳盡的死亡調查報告
 with further investigation and more detailed death investigation reports

意外死亡個案 (家居) *
ACCIDENTAL DEATHS (Home) *
摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
(類別、年齡及性別)
(TYPE, AGE & SEX)

2014 年 1 月 1 日 - 2014 年 12 月 31 日
1ST JANUARY 2014 - 31ST DECEMBER 2014

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL	
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不 詳 Un- kno wn			
吸入 (胃容物) ASPIRATION (GASTRIC CONTENTS)	男 M												
	女 F												
吸入 (食物) ASPIRATION (FOOD)	男 M												
	女 F												
吸入 (異物) ASPIRATION (FOREIGN BODY)	男 M												
	女 F												
吸入 (其他) ASPIRATION (OTHER)	男 M												
	女 F												
窒息 SUFFOCATION	男 M												1
	女 F	1									1		
吊死 HANGING	男 M									1			1
	女 F												
被物件擊中 STRUCK BY OBJECT	男 M												1
	女 F							1			1		
被升降機壓死 CRUSHED BY LIFT	男 M												
	女 F												
被物件壓死 CRUSHED BY OBJECT	男 M												
	女 F												
燒灼 BURNS	男 M												
	女 F												
一氧化碳 (浴室) CARBON MONOXIDE (BATHROOM)	男 M												
	女 F												
一氧化碳 (火災) CARBON MONOXIDE (FIRE)	男 M												
	女 F												
一氧化碳 (其他) CARBON MONOXIDE (OTHER)	男 M												
	女 F												
墮下 FALLS	男 M	1					2	2			5		7
	女 F								2		2		
淹死 DROWNING	男 M				1								1
	女 F										1		
觸電 ELECTROCUTION	男 M												
	女 F												
割或刺 CUT OR PUNCTURE	男 M												
	女 F												
火器 FIREARMS	男 M												
	女 F												
鈍器撞擊 BLUNT FORCE	男 M												
	女 F												
藥物 DRUGS	男 M			2	10	10	4	4	2		32		45
	女 F			1	2	4	3	1	2		13		
毒藥 POISONS	男 M												
	女 F												
中毒 (酒精) POISON (ALCOHOL)	男 M												
	女 F												
其他 OTHERS	男 M							1			1		1
	女 F												
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M												
	女 F												
小計 SUB TOTAL	男 M	1		2	10	10	6	7	3		39		57
	女 F	1		1	3	4	3	2	4		18		
總計 TOTAL		2		3	13	14	9	9	7		57	57	

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

意外死亡個案（精神病患者）*
ACCIDENTAL DEATHS (Mental)*
摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
(類別、年齡及性別)
(TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL	
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known			
吸入（胃容物） ASPIRATION (GASTRIC CONTENTS)	男 M												
	女 F												
吸入（食物） ASPIRATION (FOOD)	男 M												1
	女 F							1				1	
吸入（異物） ASPIRATION (FOREIGN BODY)	男 M												
	女 F												
吸入（其他） ASPIRATION (OTHER)	男 M												
	女 F												
窒息 SUFFOCATION	男 M												
	女 F												
吊死 HANGING	男 M												
	女 F												
被物件擊中 STRUCK BY OBJECT	男 M												1
	女 F							1				1	
被升降機壓死 CRUSHED BY LIFT	男 M												
	女 F												
被物件壓死 CRUSHED BY OBJECT	男 M												
	女 F												
燒灼 BURNS	男 M												1
	女 F						1					1	
一氧化碳（浴室） CARBON MONOXIDE (BATHROOM)	男 M												
	女 F												
一氧化碳（火災） CARBON MONOXIDE (FIRE)	男 M												
	女 F												
一氧化碳（其他） CARBON MONOXIDE (OTHER)	男 M												
	女 F												
墮下 FALLS	男 M			1		1						2	3
	女 F				1							1	
淹死 DROWNING	男 M					1						1	2
	女 F							1				1	
觸電 ELECTROCUTION	男 M												
	女 F												
割或刺 CUT OR PUNCTURE	男 M												
	女 F												
火器 FIREARMS	男 M												
	女 F												
鈍器撞擊 BLUNT FORCE	男 M												
	女 F												
藥物 DRUGS	男 M				3	3	2	1				9	19
	女 F				2	3	3	1	1			10	
毒藥 POISONS	男 M												
	女 F												
中毒（酒精） POISONS (ALCOHOL)	男 M												
	女 F												
內科治療及外科手術 MEDICAL AND SURGICAL CARE	男 M												
	女 F												
其他 OTHERS	男 M												
	女 F												
小計 SUB TOTAL	男 M			1	3	5	2	1				12	27
	女 F				3	3	4	4	1			15	
總計 TOTAL				1	6	8	6	5	1			27	27

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

意外死亡個案（戶外活動）*
ACCIDENTAL DEATHS (Outdoor Activity)*
摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
(類別、年齡及性別)
(TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
游泳 SWIMMING	男 M	1		1	1			3	1		7	10
	女 F						2	1			3	
獨木舟 CANOEING	男 M											
	女 F											
籃球 BASKET BALL	男 M											
	女 F											
足球 FOOTBALL	男 M			1							1	1
	女 F											
排球 VOLLEY BALL	男 M											
	女 F											
潛水 DIVING	男 M											
	女 F											
羽毛球 BADMINTON	男 M											
	女 F											
板球 CRICKET	男 M											
	女 F											
跳高 HIGH JUMP	男 M											
	女 F											
單槓 HORIZONTAL BAR	男 M											
	女 F											
標槍 JAVELIN	男 M											
	女 F											
高爾夫球 GOLF	男 M											
	女 F											
棒球 BASEBALL	男 M											
	女 F											
欖球 RUGBY	男 M											
	女 F											
擲鐵餅 DISCUS THROWING	男 M											
	女 F											
滾軸溜冰 ROLLER-SKATING	男 M											
	女 F											
划艇 ROWING	男 M											
	女 F											
遠足 EXCURSION	男 M						1				1	2
	女 F								1		1	
登山運動 MOUNTAINEERING	男 M											
	女 F											
水上體育活動 WATER SPORTS	男 M											
	女 F											
釣魚 FISHING	男 M					1	2				3	4
	女 F						1				1	
騎馬 HORSE RIDING	男 M											
	女 F											
遊船河 BOAT EXCURSION	男 M											
	女 F											
滑浪風帆運動 WINDSURFING	男 M											
	女 F											
其他 OTHERS	男 M						2				2	3
	女 F						1				1	
小計 SUB TOTAL	男 M	1		2	1	1	5	3	1		14	20
	女 F						4	1	1		6	
總計 TOTAL		1		2	1	1	9	4	2		20	20

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

意外死亡個案（被下墜物擊中）*
ACCIDENTAL DEATHS (Hit by Falling Object) *
 摘錄自意外死亡類
EXTRACT FROM ACCIDENTAL DEATHS
 （類別、年齡及性別）
(TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL	
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known			
磚塊 BRICK	男 M												
	女 F												
石塊 STONE	男 M												
	女 F												
木板 WOODEN PLANK	男 M												
	女 F												
花盆 FLOWER POT	男 M												
	女 F												
冷氣機 AIR CONDITIONER	男 M												
	女 F												
瓶子 BOTTLE	男 M												
	女 F												
傢具 FURNITURE	男 M												
	女 F												
器具 / 工具 INSTRUMENT/TOOL	男 M												
	女 F												
窗框 WINDOW FRAME	男 M												
	女 F												
竹杆 BAMBOO POLE	男 M												
	女 F												
批盪（水泥） CEMENT PLASTER	男 M												
	女 F												
批盪（紙皮石） MOSAIC PLASTER	男 M												
	女 F												
招牌 SIGNBOARD	男 M												
	女 F												
升降機 LIFT	男 M												
	女 F												
建築圍板 HOARDING	男 M												
	女 F												
其他 OTHERS	男 M							1				1	1
	女 F												
小計 SUB TOTAL	男 M							1				1	1
	女 F												
總計 TOTAL								1				1	1

* 有進一步調查及更詳盡的死亡調查報告
 with further investigation and more detailed death investigation reports

職業死亡個案
OCCUPATIONAL DEATHS
(類別、年齡及性別)
(TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

意外類別 TYPE OF ACCIDENT	性別 SEX	年齡組別 AGE GROUPS								小計 SUB TOTAL	總計 TOTAL
		10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
被物件擊中 STRUCK BY OBJECT	男 M				1	2				3	3
	女 F										
被物件壓死 CRUSHED BY OBJECT	男 M				2	1	1			4	4
	女 F										
燒灼 BURNS	男 M			2						2	2
	女 F										
一氧化碳(火災) CARBON MONOXIDE (FIRE)	男 M										
	女 F										
墮下 FALLS	男 M		1	4	3	7	5			20	20
	女 F										
觸電 ELECTROCUTION	男 M										
	女 F										
淹死 DROWNING	男 M					1				1	1
	女 F										
車輛 VEHICLE	男 M										
	女 F										
升降機 LIFT	男 M										
	女 F										
其他 OTHERS	男 M				1	2				3	3
	女 F										
小計 SUB TOTAL	男 M		1	6	7	13	6			33	33
	女 F										
總計 TOTAL			1	6	7	13	6			33	33

殺人個案*
HOMICIDES*

(類別、年齡及性別)
(TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

殺人罪行類別 TYPE OF HOMICIDE	性別 SEX	年齡組別 AGE GROUPS									小計 SUB TOTAL	總計 TOTAL
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
火器 FIREARMS	男 M											
	女 F											
涉及警方的火器 POLICE INVOLVED FIREARMS	男 M											
	女 F											
被人用銳利物襲擊 SHARP OBJECT ASSAULT	男 M					1	1	1			3	7
	女 F					1	2	1			4	
被人用鈍器襲擊 BLUNT FORCE ASSAULT	男 M	1									1	3
	女 F	1			1						2	
絞縊 STRANGULATION	男 M											
	女 F											
火燒、有毒物質、氣體、腐蝕性物質 FIRE, NOXIOUS SUBSTANCE, GASES, CORROSIVE SUBSTANCE	男 M											
	女 F											
窒息 SUFFOCATION	男 M											1
	女 F			1							1	
涉及車輛 VEHICLE INVOLVED	男 M											
	女 F											
淹死 DROWNING	男 M											1
	女 F				1						1	
毆打兒童 BATTERED CHILD	男 M											
	女 F											
藥物 DRUGS	男 M											
	女 F											
中毒 POISONING	男 M											
	女 F											
由高處被推下 PUSHED FROM HIGH PLACE	男 M											1
	女 F	1									1	
其他 OTHERS	男 M					1			1		2	2
	女 F											
小計 SUB TOTAL	男 M	1				1	2	1	1		6	15
	女 F	2		1	2	1	2	1			9	
總計 TOTAL		3		1	2	2	4	2	1		15	15

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

車輛導致死亡的個案
VEHICULAR ACCIDENTS
(類別、年齡及性別)
(TYPE, AGE & SEX)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

意外類別 TYPE OF ACCIDENT	年齡組別 AGE GROUPS										小計 SUB TOTAL	總計 TOTAL
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un- known		
行人與電單車 PEDESTRIAN v. MOTORCYCLE	男 M				1				2		3	3
	女 F											
行人與汽車 / 輕型貨車 / 客貨車 PEDESTRIAN v. CAR/PICK-UP TRUCK/VAN	男 M		1	1	2	1	3	3	13		24	46
	女 F		1	1	1	2	3	1	13		22	
行人與貨車 / 巴士 PEDESTRIAN v. TRUCK/BUS	男 M					2	3		7		12	21
	女 F				1		3	4	1		9	
行人與火車 / 電車 PEDESTRIAN v. TRAIN/TRAM	男 M						1	1	1		3	3
	女 F											
行人與單車 PEDESTRIAN v. BICYCLE	男 M								1		1	1
	女 F											
單車與汽車 / 輕型貨車 / 客貨車 BICYCLE v. CAR/PICK-UP TRUCK/VAN	男 M				1		3	1	1		6	6
	女 F											
單車與貨車 / 巴士 BICYCLE v. TRUCK/BUS	男 M											
	女 F											
單車失去控制 BICYCLE OUT OF CONTROL	男 M					1		1	1		3	3
	女 F											
電單車與汽車 / 輕型貨車 / 客貨車 MOTORCYCLE v. CAR/PICK-UP TRUCK/VAN	男 M			3	1		1				5	5
	女 F											
電單車與貨車 / 巴士 MOTORCYCLE v. TRUCK/BUS	男 M											
	女 F											
電單車失去控制 MOTOR CYCLE OUT OF CONTROL	男 M			1	1	1	1				4	5
	女 F					1					1	
汽車 / 輕型貨車 / 客貨車與汽車 / 輕型 貨車 / 客貨車 CAR/PICK-UP TRUCK/VAN v. CAR/PICK-UP TRUCK/VAN	男 M			1	1	2	1	2			7	9
	女 F				1		1				2	
汽車 / 輕型貨車 / 客貨車與貨車 / 巴士 CAR/PICK-UP TRUCK/VAN v. TRUCK/BUS	男 M				1			1			2	2
	女 F											
汽車 / 輕型貨車 / 客貨車與火車 / 電車 CAR/PICK-UP TRUCK/VAN v. TRAIN/TRAM	男 M											
	女 F											
汽車 / 輕型貨車 / 客貨車失去控制 CAR/PICK-UP TRUCK/VAN OUT OF CONTROL	男 M			2			1	2			5	7
	女 F			1				1			2	
貨車 / 巴士與汽車 / 輕型貨車 / 客貨車 TRUCK/BUS v. CAR/PICK-UP TRUCK/VAN	男 M					1					1	1
	女 F											
貨車 / 巴士與貨車 / 巴士 TRUCK/BUS v. TRUCK/BUS	男 M					1	1	1			3	3
	女 F											
貨車 / 巴士失去控制 TRUCK/BUS OUT OF CONTROL	男 M											
	女 F											
其他組合 OTHER COMBINATIONS	男 M						4	1	1		6	6
	女 F											
小計 SUB TOTAL	男 M		1	8	8	9	19	13	27		85	121
	女 F		1	2	3	3	7	5	15		36	
總計 TOTAL			2	10	11	12	26	18	42		121	121

車輛導致死亡個案 *
VEHICULAR ACCIDENTS *
 (死者位置、年齡及性別)
(POSITION OF THE DECEASED, AGE & SEX)
2014 年 1 月 1 日 - 2014 年 12 月 31 日
1ST JANUARY 2014 - 31ST DECEMBER 2014

年齡 AGE	性別 SEX	司機 DRIVER	騎電單車者 MOTOR CYCLIST	騎單車者 PEDAL CYCLIST	乘客 PASSEN- GER	行人 PEDES- TRIAN	其他位置 OTHER POSITION	小計 SUB TOTAL	總計 TOTAL
0 to 9	男 M								
	女 F								
10 to 19	男 M								
	女 F								
20 to 29	男 M	2	3			1		6	8
	女 F				1	1		2	
30 to 39	男 M	1	1	1		3		6	9
	女 F	1				2		3	
40 to 49	男 M	3	1		1	2		7	10
	女 F		1			2		3	
50 to 59	男 M	3	1	2		7	1	14	18
	女 F				1	3		4	
60 to 69	男 M	5		1	1	4	1	12	16
	女 F					4		4	
70 to	男 M				1	15		16	25
	女 F				1	8		9	
UNKNOWN	男 M								
	女 F								
小計 SUB TOTAL	男 M	14	6	4	3	32	2	61	86
	女 F	1	1		3	20		25	
個案總數 TOTAL DEATHS		15	7	4	6	52	2	86	86

* 有進一步調查及更詳盡的死亡調查報告
 with further investigation and more detailed death investigation reports

車輛導致死亡個案死者的血液酒精含量*
BLOOD ALCOHOL LEVEL OF DECEASED'S IN VEHICULAR ACCIDENTS *

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

血液酒精含量水平 BLOOD ALCOHOL LEVEL	司機 DRIVER	騎電單車者 MOTOR CYCLIST	騎單車者 PEDAL CYCLIST	乘客 PASSEN- GER	行人 PEDES- TRIAN	其他位置 OTHER POSITION	總計 TOTAL
沒有數據 NO FIGURES	6	1		4	13		24
陰性 NEGATIVE	6	4	4	2	28	1	45
陽性（每 100 毫升血） POSITIVE (per 100ml blood)							
0 - 50 毫克 0 - 50 mg	3	1			8	1	13
51 - 100 毫克 51 - 100 mg							
101 - 150 毫克 101 - 150 mg							
151 - 200 毫克 151 - 200 mg					1		1
201 - 250 毫克 201 - 250 mg		1			1		2
251 - 300 毫克 251 - 300 mg					1		1
301 - 350 毫克 301 - 350 mg							
351 毫克或以上 351 and over							
個案總數 TOTAL DEATHS	15	7	4	6	52	2	86

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

車輛導致死亡個案死者的血液酒精含量*
BLOOD ALCOHOL LEVEL OF DECEASED'S IN VEHICULAR ACCIDENTS *
 (不同年齡的數字)
 (As to Ages)

1ST JANUARY 2014 - 31ST DECEMBER 2014
2014年1月1日 - 2014年12月31日

血液酒精含量水平 BLOOD ALCOHOL LEVEL	受害者年齡 AGE OF VICTIM									總計 TOTAL
	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to	不詳 Un-known	
沒有數據 NO FIGURES			2	2	2	4	5	9		24
陰性 NEGATIVE			5	4	6	8	9	13		45
陽性 (每 100 毫升血) POSITIVE (per 100ml blood)										
0 - 50 毫克 0 - 50 mg			1	2	1	4	2	3		13
51 - 100 毫克 51 - 100 mg										
101 - 150 毫克 101 - 150 mg										
151 - 200 毫克 151 - 200 mg						1				1
201 - 250 毫克 201 - 250 mg				1	1					2
251 - 300 毫克 251 - 300 mg						1				1
301 - 350 毫克 301 - 350 mg										
351 毫克或以上 351 and over										
個案總數 TOTAL DEATHS			8	9	10	18	16	25		86

* 有進一步調查及更詳盡的死亡調查報告
 with further investigation and more detailed death investigation reports

與藥物及毒品有關的死亡個案 *

DRUGS AND POISONS RELATED DEATHS *

摘錄自意外死亡、自殺及意圖不確定類

EXTRACT FROM ACCIDENTAL DEATHS, SUICIDES AND UNDETERMINED INTENT

01/01/2014 - 31/12/2014

死亡類別 CLASSIFICATION OF DEATH	性別 Sex	年齡組別 Age Groups								小計 SUB TOTAL	總計 TOTAL		
		0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to			不詳 Un- known	
X40 非類鴉片鎮痛藥、退熱藥和抗風濕藥的意外中毒及暴露於該類藥物 Accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	男 M												1
	女 F								1		1		
X60 非類鴉片鎮痛藥、退熱藥和抗風濕藥的故意自毒及暴露於該類藥物 Intentional self-poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics	男 M												
	女 F												
Y10 非類鴉片鎮痛藥、退熱藥和抗風濕藥的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics, undetermined intent (e.g. 水楊酸鹽類 Salicylates)	男 M												
	女 F												
X41 鎮癲痛藥、鎮靜-催眠劑、抗震顫麻痺藥和對精神有影響的藥物的意外中毒及暴露於該類藥物，不可歸類在他處者 Accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	男 M			1		5	1	1			8		12
	女 F				2	1	1				4		
X61 鎮癲痛藥、鎮靜-催眠劑、抗震顫麻痺藥和對精神有影響的藥物的故意自毒及暴露於該類藥物，不可歸類在他處者 Intentional self-poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	男 M												4
	女 F		1		1	2					4		
Y11 鎮癲痛藥、鎮靜-催眠劑、抗震顫麻痺藥和對精神有影響的藥物的中毒及暴露於該類藥物，不可歸類在他處者，意圖不確定的 Poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified	男 M												
	女 F												
X42 麻醉劑和致幻藥[致幻劑]意外中毒及暴露於該類藥物，不可歸類在他處者 Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	男 M			3	18	11	6	5	1		44		50
	女 F			1		3	1	1			6		
X62 麻醉劑和致幻藥[致幻劑]故意自毒及暴露於該類藥物，不可歸類在他處者 Intentional self-poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified	男 M												
	女 F												

* 有進一步調查及更詳盡的死亡調查報告
with further investigation and more detailed death investigation reports

Y12 麻醉劑和致幻藥[致幻劑]的中毒及暴露於該類藥物，不可歸類在他處，意圖不確定的 Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent	男 M						1			1	2
	女 F			1						1	
X43 作用於自主神經系統的其他藥物的意外中毒及暴露於該類藥物 Accidental poisoning by and exposure to other drugs acting on the autonomic nervous system	男 M			1	1					2	2
	女 F										
X63 作用於自主神經系統的其他藥物的故意自毒及暴露於該類藥物 Intentional self-poisoning by and exposure to other drugs acting on the autonomic nervous system	男 M										
	女 F										
Y13 作用於自主神經系統的其他藥物的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to other drugs acting on the autonomic nervous system, undetermined intent	男 M										
	女 F										
X44 其他和未特指的藥物、藥劑和生物製品的意外中毒及暴露於該類物質 Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	男 M			1	1	1	1	1		5	8
	女 F				1	1		1		3	
X64 其他和未特指的藥物、藥劑和生物製品的故意自毒及暴露於該類物質 Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances	男 M			1	1			1		3	3
	女 F										
Y14 其他和未特指的藥物、藥劑和生物製品的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to other and unspecified drugs, medicaments and biological substances, undetermined intent	男 M										
	女 F										
X45 酒精的意外中毒及暴露於酒精 Accidental poisoning by and exposure to alcohol	男 M										
	女 F										
X65 酒精的故意自毒及暴露於酒精 Intentional self-poisoning by and exposure to alcohol	男 M							1		1	1
	女 F										
Y15 酒精的中毒及暴露於該類藥物，意圖不確定的 Poisoning by and exposure to alcohol, undetermined intent	男 M										
	女 F										
X46 有機溶劑和鹵化烴及此兩類物質的汽體的意外中毒及暴露於該類物質／汽體 Accidental poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	男 M										
	女 F										
X66 有機溶劑和鹵化烴及此兩類物質的汽體的故意自毒及暴露於該類物質／汽體 Intentional self-poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours	男 M										
	女 F										

Y16 有機溶劑和鹵化烴及此兩類物質的汽體的中毒及暴露於該類物質／汽體，意圖不確定的 Poisoning by and exposure to organic solvents and halogenated hydrocarbons and their vapours, undetermined intent	男 M												
	女 F												
X47 其他氣體及蒸氣的意外中毒及暴露於該類氣體 Accidental poisoning by and exposure to other gases and vapours	男 M												
	女 F												
X67 其他氣體及蒸氣的故意自毒及暴露於該類氣體 Intentional self-poisoning by and exposure to other gases and vapours	男 M		4	8	7	7					26	42	
	女 F			9	5	1		1			16		
Y17 其他氣體及蒸氣的中毒及暴露於該類氣體，意圖不確定的 Poisoning by and exposure to other gases and vapours, undetermined intent	男 M												
	女 F												
X48 除害劑的意外中毒及暴露於該類物質 Accidental poisoning by and exposure to pesticides	男 M												
	女 F												
X68 除害劑的故意自毒及暴露於該類物質 Intentional self-poisoning by and exposure to pesticides	男 M					1					1	1	
	女 F												
Y18 除害劑的中毒及暴露於該類物質，意圖不確定的 Poisoning by and exposure to pesticides, undetermined intent	男 M												
	女 F												
X49 其他和未特指的化學品及有害物品的意外中毒及暴露於該類物品 Accidental poisoning by and exposure to other and unspecified chemicals and noxious substances	男 M												
	女 F												
X69 其他和未特指的化學品及有害物品的故意自毒及暴露於該類物品 Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances	男 M				1						1	4	
	女 F			1				2			3		
Y19 其他和未特指的化學品及有害物品的中毒及暴露於該類物品，意圖不確定的 Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent	男 M												
	女 F												
Y47 鎮靜劑、安眠藥及抗焦慮藥物 Sedatives, hypnotics and antianxiety drugs	男 M												1
	女 F							1			1		
小計 SUB-TOTAL	男 M		9	29	26	16	8	4			92	131	
	女 F	1	1	14	12	4	1	6			39		
總計 TOTAL		1	10	43	38	20	9	10			131	131	

自然原因導致死亡個案
DEATH FROM NATURAL CAUSES

(類別、年齡及性別)
(TYPE, AGE & SEX) (New Code)

2014年1月1日 - 2014年12月31日
1ST JANUARY 2014 - 31ST DECEMBER 2014

疾病類別 TYPE OF DISEASES	年齡組別 AGE GROUPS										小計 SUB TOTAL	總計 TOTAL
	性別 SEX	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	不詳 Un-known		
某些傳染病和寄生蟲病 Certain infectious and parasitic diseases A00 - B99	男 M	2		5	7	13	33	33	97		190	325
	女 F	2	1		4	8	14	21	85		135	
腫瘤 Neoplasms C00 - D48	男 M	1		1	10	22	81	128	290		533	865
	女 F		1	3	6	20	51	49	202		332	
血液和造血器官疾病 Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism D50 - D89	男 M			1	2	1			2		6	9
	女 F				1		1		1		3	
內分泌、營養和新陳代謝有關的疾病和免疫失調 Endocrine, nutritional and metabolic diseases E00 - E90	男 M	1		1		4	12	11	13		42	78
	女 F						8	3	25		36	
精神錯亂 Mental and behavioural disorders F00 - F99	男 M				1		1	1	27		30	118
	女 F						1	2	85		88	
神經系統疾病 Diseases of the nervous system G00 - G99	男 M		2	7	4	5	12	10	25		65	118
	女 F	2		1	2		9	6	33		53	
眼部和屬眼的疾病 Diseases of the eye and adnexa H00 - H59	男 M											
耳部和屬耳的疾病 Diseases of the ear and mastoid process H60 - H95	男 M											
循環系統疾病 Diseases of the circulatory system I00 - I99	男 M	4	3	7	47	155	364	450	1466	2	2498	4147
	女 F	4		7	19	43	99	157	1318	2	1649	
呼吸系統疾病 Diseases of the respiratory system J00 - J99	男 M	4	2	5	10	25	70	144	657	2	919	1336
	女 F	1	3		5	8	28	37	334	1	417	
消化系統疾病 Diseases of the digestive system K00 - K93	男 M	3		1	9	17	32	48	132		242	391
	女 F	1			4	6	13	10	115		149	
皮膚和皮下組織疾病 Diseases of the skin and subcutaneous tissue L00 - L99	男 M						1	1	4		6	8
	女 F								2		2	
肌肉與骨骼系統和結締組織疾病 Diseases of the musculoskeletal system and connective tissue M00 - M99	男 M				1	2	6	1	3		13	33
	女 F			1	1	1	5	3	9		20	
生殖泌尿系統疾病 Diseases of the genitourinary system N00 - N99	男 M					6	20	24	64		114	224
	女 F	1			1	5	13	17	73		110	
懷孕期、分娩和產後併發症 Pregnancy, childbirth and the puerperium O00 - O99	男 M											1
	女 F				1						1	
一些始於出生前後嬰兒時期的狀況 Certain conditions originating in the perinatal period P00 - P96	男 M	3								2	5	13
	女 F	7								1	8	
先天畸形 Congenital malformations, deformations and chromosomal abnormalities Q00 - Q99	男 M	2	2	1	1	2	2				10	21
	女 F	3	1	1		3		1	1	1	11	
其他種類的症狀、徵象和異常的臨床及化驗發現 Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified R00 - R99	男 M	5		9	17	27	51	74	519	11	713	1477
	女 F	2	3		7	6	12	22	708	4	764	
小計 SUB TOTAL	男 M	25	9	38	109	279	685	925	3299	17	5386	9164
	女 F	23	9	13	51	100	254	328	2991	9	3778	
總計 TOTAL		48	18	51	160	379	939	1253	6290	26	9164	9164

2014 造成死亡的外在原因的國際疾病分類編碼週年報表
(有進一步調查及更詳盡的死亡調查報告的死亡個案)
Annual Return of International Classification of Diseases Code
for External Causes of Deaths
(deaths requiring further investigation and more detailed death investigation reports) 2014

標題/代碼編號 SUBJECT /CODE NO.

1. 意外	
Accidents	
i) 交通意外	
Transport accidents	
1. 行人在交通意外中受傷 (V01-V09) Pedestrian injured in transport accident	52
2. 騎腳踏車者在交通意外中受傷 (V10-V19) Pedal cyclist injured in transport accident	4
3. 騎摩托車者在交通意外中受傷 (V20-V29) Motorcycle rider injured in transport accident	7
4. 三輪汽車使用者在交通意外中受傷 (V30-V39) Three-wheeled motor vehicle occupant injured in transport accident	
5. 私家車使用者在交通意外中受傷 (V40-V49) Car occupant injured in transport accident	15
6. 輕型貨車或客貨車使用者在交通意外中受傷 (V50-V59) Occupant of pick-up truck or van injured in transport accident	1
7. 重型運輸車使用者在交通意外中受傷 (V60-V69) Occupant of heavy transport vehicle injured in transport accident	2
8. 巴士使用者在交通意外中受傷 (V70-V79) Bus occupant injured in transport accident	2
9. 其他陸上交通意外 (V80-V89) Other land transport accidents	3
10. 水上交通意外 (V90-V94) Water transport accidents	5
11. 航空及太空交通意外 (V95-V97) Air and space transport accidents	
12. 其他及未指明性質的交通意外 (V98-V99) Other and unspecified transport accidents	
ii) 意外受傷的其他外在成因	
Other external causes of accidental injury	
1. 墮下 (W00-W19) Falls	55
2. 暴露於無生命的外物物力 (W20-W49) Exposure to inanimate mechanical forces	14

3. 暴露於有生命的外物物力 (W50-W64) Exposure to animate mechanical forces	
4. 意外淹死及淹沒 (W65-W74) Accidental drowning and submersion	26
5. 其他危及呼吸的意外情況 (W75-W84) Other accidental threats to breathing	10
6. 暴露於電流、幅射及極端的環境氣溫及氣壓 (W85-W99) Exposure to electric current, radiation and extreme ambient air temperature and pressure	
7. 暴露於烟、火及火焰 (X00-X09) Exposure to smoke, fire and flames	1
8. 接觸熱力及熱的物質 (X10-X19) Contact with heat and hot substances	
9. 接觸分泌毒液的動植物 (X20-X29) Contact with venomous animals and plants	
10. 暴露於大自然力量 (X30-X39) Exposure to forces of nature	
11. 由有害物質及暴露於有害物質的情況下所導致的意外中毒 (X40-X49) Accidental poisoning by and exposure to noxious substances	73
12. 勞累過份用力、出行及缺乏生活必需品 (X50-X57) Overexertion, travel and privation	
13. 意外地暴露於屬其他類別及未指明的因素 (X58-X59) Accidental exposure to other and unspecified factors	
II. 故意使自己受到傷害 (X60-X84) <u>Intentional self-harm</u>	232
III. 襲擊 (X85-Y09) <u>Assault</u>	15
IV. 未確定意圖的事件 (Y10-Y34) <u>Event of undetermined intent</u>	49
V. 合法干預及戰爭行動 (Y35-Y36) <u>Legal intervention and operations of war</u>	
VI. 接受醫療及外科護理後出現各類併發症的情況 <u>Complications of medical and surgical care</u>	
i) 藥物、藥劑及生物質於治療用途中導致不良效應 (Y40-Y59) Drugs, medicaments and biological substances causing adverse effects in therapeutic use	2
ii) 病人在接受外科及醫療護理期間遇到不幸 (Y60-Y69) Misadventures to patients during surgical and medical care	1
iii) 與在診斷及治療用途中發生的各類負面事故相關的醫療設備 (Y70-Y82) Medical devices associated with adverse incidents in diagnostic and therapeutic use	

iv) 外科及其他醫療程序導致病人出現異常反應或後期出現併發症（在有關程序進行期間並無提及發生不幸）(Y83-Y84) Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure	3
VII. 患病及死亡的外在成因的後發病 (Y85-Y89) <u>Sequelae of external causes of morbidity and mortality</u>	
VIII. 與分類於他處的患病及死亡的各种成因有關的輔助因素 (Y90-Y98) <u>Supplementary factors related to causes of morbidity and mortality classified elsewhere</u>	
IX. 影響健康狀態和與保健機構接觸的因素 (Z00-Z99) <u>Factors influencing health status and contact with health services</u>	
死因不明的死亡個案 Unknown Cause of Mortality	150
自然死因 Natural Cause	259
[Total 總數]	981