

Appendix D

**2018 Census of Medical Examiner and Coroner Offices
Instrument**

2018 Census of Medical Examiner and Coroner Offices

SECTION A ADMINISTRATIVE

A1. What is the title of the chief position in your medical examiner or coroner office (e.g., Chief Medical Examiner, Coroner) and who holds that title?

Title: _____

Name: _____

A2. Which of the following best describes your death investigation office?

- Coroner office
- Medical examiner office
- Justice of the peace →GO TO END OF SURVEY
- My office does not investigate deaths → GO TO END OF SURVEY
- Other medicolegal death investigation office (please specify)

A3. What level of government best describes your office?

- City office
- County office
- District/regional office
- State office

A4. Which of the following best describes the agency your office reports to?

- Public health agency (e.g., department or division of public health)
- Law enforcement agency (e.g., department or division of public safety)
- Government attorney's office (e.g., district attorney)
- Department or division of forensic science
- My office is a stand-alone agency that is not under the umbrella of another agency
- Other (please specify) _____

A5. What jurisdictions does your office serve (e.g. Illinois State, Los Angeles County, New York City, First Judicial District)?

A6. Is your office accredited by the International Association of Coroners & Medical Examiners (IAC&ME)?

- Yes
- No
- I expect that my office will be accredited by IAC&ME by December 31, 2019.

A7. Is your office accredited by the National Association of Medical Examiners (NAME)?

- Yes
- No
- I expect that my office will be accredited by NAME by December 31, 2019.

A8. On June 30, 2018, how many full-time employees, part-time employees, consultants or contractors, and unpaid volunteers did your agency have on staff?

Count each employee only **once**.

Enter zero (0) if you do not have any staff in a category so no entry is left blank.

- Full-time employees are those regularly scheduled for 35 or more hours per week.
- Part-time employees are those regularly scheduled for 34 or less hours per week.

Role	Full-Time Employees on June 30, 2018	Part-time Employees on June 30, 2018	Consultants/ Contractors on June 30, 2018	Unpaid Volunteers on June 30, 2018
a. Autopsy pathologists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Coroners/non-physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Death investigators (or coroner investigators)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Forensic Toxicologists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Other scientific investigative support staff (e.g., anthropologists, histologists)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Administrative staff (e.g., secretary, accountant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Ancillary staff (e.g., drivers, photographers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you do not have any coroners or death investigators, **SKIP** to box above **A10**.

A9. How many of your coroners or death investigators are certified by the American Board of Medicolegal Death Investigators (ABMDI)?

- All** death investigators are ABMDI certified
- Some** death investigators are ABMDI certified
- No** death investigators are ABMDI certified

If you do not have any autopsy pathologists, **SKIP** to box above **A11**.

A10. How many of your autopsy pathologists (i.e., medical examiners) are certified by the American Medical Association (AMA)?

- All** autopsy pathologists are AMA certified
- Some** autopsy pathologists are AMA certified
- No** autopsy pathologists are AMA certified

If you do not have any forensic toxicologists, **SKIP** to **B1**.

A11. How many of your forensic toxicologists are certified by the American Board of Forensic Toxicology (ABFT)?

- All** forensic toxicologists are ABFT certified
- Some** forensic toxicologists are ABFT certified
- No** forensic toxicologists are ABFT certified

SECTION B BUDGET AND CAPITAL RESOURCES

B1. In the *fiscal year* that included June 30, 2018, what was your total budget?

\$,,,.00 *If estimate, check here:*

B2. Does your office have a specific personnel budget for items such as wages, salaries and benefits?

- Yes
- No

If your office does not have a specific personnel budget, **SKIP** to **B4**.

B3. How much of the total budget was allocated for personnel costs?

\$,,.00 *If estimate, check here:*

B4. In the *fiscal year* that included June 30, 2018, did you or staff spend any of their own money to perform their job, including but not limited to, office supplies, travel costs, certification, and training?

- Yes
- No

B5. Does your office receive money from any of the following?

Revenue Source	Yes	No	Don't Know
a. Consultant fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cremation waiver or permit fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Private autopsy fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Report fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Testimony fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Transportation fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B6. In the *fiscal year* that included June 30, 2018, what was your average cost for conducting a full autopsy?

\$,.00 *If estimate, check here:*

B7. In the *fiscal year* that included June 30, 2018, what was your average cost for conducting forensic toxicology testing per case?

\$,.00 *If estimate, check here:*

SECTION C WORKLOAD (DEATH INVESTIGATIONS)

C1. In the *fiscal year* that included June 30, 2018, did your office receive any *referred* cases?

- Yes
- No

If your office did not receive any **referred** cases, **SKIP** to **C11**.

C2. In the *fiscal year* that included June 30, 2018, what was the total number of cases referred to your office, including all cases in which your office conducted an investigation or documented referral of the case to your office?

We did not track **referred** cases

, Total cases referred *If estimate, check here:*

C3. “Accepted cases” are cases for which the office completes the death certificate or otherwise determines the cause and manner of death. For the *fiscal year* including June 30, 2018, did you have any accepted cases? Do not include cremation approval cases or cases in which jurisdiction was declined.

- Yes
- No

If your office did not have any **accepted** cases, **SKIP** to **C5**.

C4. In the *fiscal year* that included June 30, 2018, what was the total number of cases accepted by your office? Do not include cremation approval cases or cases in which jurisdiction was declined.

We did not track **accepted** cases

, Total cases accepted *If estimate, check here:*

Please Check Your Numbers! The number of your “accepted cases” in C4 should be **LESS THAN or EQUAL TO** the number of “referred cases” in C2.

C5. In the *fiscal year* that included June 30, 2018, did your office receive any *referred* cases from tribal lands? The term ‘tribal lands’ includes areas labeled Indian Country, federal or state recognized reservations, trust lands, Alaska Native villages, and tribal communities.

- Yes
- No

If your office **did not** receive referred cases from tribal lands, **SKIP** to **C11**.

C6. In the *fiscal year* that included June 30, 2018, how many of the total cases referred to your office were from *tribal land(s)*?

We did not track **referred** cases from **tribal lands**

, Referred from tribal lands *If estimate, check here:*

C7. Did you include cases referred from tribal lands (C6) in the total number of referred cases (C2) you reported?

- Yes
- No

C8. In the *fiscal year* that included June 30, 2018, did your office accept any cases from tribal lands?

- Yes
- No

If your office **did not** accept any cases from tribal lands, **SKIP** to **C11**.

C9. In the *fiscal year* that included June 30, 2018, how many of the total cases accepted by your office were from *tribal land(s)*?

We did not track **accepted** cases from **tribal lands** separately

Accepted from tribal lands *If estimate, check here:*

Please Check Your Numbers! The number of your “accepted cases” from tribal lands in C9 should be **LESS THAN or EQUAL TO** the number of “referred cases” from tribal lands in C6.

C10. Did you include cases accepted from tribal lands (C9) in the total number of accepted cases (C4) you reported?

- Yes
- No

C11. In the *fiscal year* that included June 30, 2018, how many full autopsies did your office conduct?

Full autopsies *If estimate, check here:*

C12. Some functions of a medical examiner or coroner’s office are done within one’s own office (*internally*). Other functions may be done by using an outside organization or independent facility, such as a health department or commercial laboratory (*externally*).

Below, please indicate if *most of the time* your office provides these functions internally, externally, if the function or service is not available to your office, or if the function or service is not necessary for your office. Please mark one response for each row.

Function	My Office Provides this Function Internally	My Office Provides this Function Externally	Function or Service Is Not Available	Function or Service is Not Necessary
a. Death scene investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Medical record review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. External examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Partial autopsy (Minimal dissection, less than a complete autopsy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Complete autopsy (Remove and examine the brain, thoracic, and abdominal organs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Characterization of skeletal remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Autopsy photography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Forensic toxicology testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Radiology (X-rays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Metabolic screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Ancillary scientific investigative functions (e.g., microbiology, anthropology, histology, neuropathology, cardiac pathology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Cremation waivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Certified death certificates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C13. For those functions that are conducted *internally* at your office, who are the people that perform those duties? Please mark all that apply.

Duty	Autopsy Pathologists	Coroner/Non-Physician	Death Investigators	Other Internal Staff	Not Performed by My Office
a. Death scene investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Determination of which cases are accepted/ declined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. External examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Determination of which cases are autopsied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Determination of which cases receive forensic toxicology testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C14. In your office, who is responsible for notifying the next of kin? Check all that apply.

- Medical examiner/coroner personnel
- Family services personnel (either internal or external)
- Law enforcement personnel
- Someone else (please specify) _____

C15. In your office, who is responsible for follow-up communication with the next of kin, such as cultural preferences, returning belongings, and other policies and procedures? Check all that apply.

- Medical examiner/coroner personnel
- Family services personnel (either internal or external)
- Law enforcement personnel
- Someone else (please specify) _____

SECTION D SPECIALIZED DEATH INVESTIGATIONS

D1. Does your office have a written policy for final disposition (e.g., burial, cremation, long-term storage) of unidentified remains after a specified period?

- Yes
- No
- Don't know

D2. In the *fiscal year* that included June 30, 2018, did your office have any unidentified remains on record?

- Yes
- No

If your office did not have any unidentified remains on record, **SKIP** to **D6**.

D3. In your office, how many total cases of *unidentified remains* ...

a. Were on record as of June 30, 2018?

, Unidentified remains on record *If estimate, check here:*

Don't know

b. Were on record as of June 30, 2018 and have had DNA evidence collected from them?

, Have had DNA evidence collected *If estimate, check here:*

Don't know

Please Check Your Numbers! Make sure the number of unidentified remains that have had DNA evidence collected in D3b is **LESS THAN or EQUAL TO** those presently on record in D3a.

D4. What is the year of your oldest case of unidentified remains *currently* on record?

If estimate, check here:

Don't know

D5. In the *fiscal year* that included June 30, 2018, how many unidentified remains were classified as unidentified in their final disposition?

, Unidentified in final disposition *If estimate, check here:*

Don't know

D6. Does your office use the Sudden Infant Death Syndrome, or SIDS, diagnosis?

- Yes
- No

D7. Does your office use the Sudden Unexplained Infant Death, or SUID, diagnosis?

- Yes
- No

D8. Are the following procedures standard parts of your office's death investigations for sudden, unexpected infant deaths?

Procedure	Yes	No	Don't Know
a. Scene investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Scene re-enactment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Comprehensive forensic toxicology (e.g., multiple toxin screens)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Complete autopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Child or infant death review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D9. Has the increase in novel psychoactive substances and the opioid epidemic changed your strategy for forensic toxicology testing?

- Yes
- No

D10. Does your office perform presumptive toxicology testing, either on scene or at autopsy, before sending specimens to a toxicology laboratory?

- Yes
- No

SECTION E RECORDS AND EVIDENCE RETENTION

E1. Does your office have a computerized system used to manage, compile, or track cases or evidence? *Such a system is also known as a computerized information management system or CMS. This **does not** include the use of Excel or other spreadsheet software to manage case information.*

- Yes
- No

If you **do not** have a computerized system, or CMS, **SKIP** to **E3**.

E2. Is your computerized information management system or CMS networked so that information on all cases is available to all authorized users?

- Yes
- No

E3. Does your office have a written retention schedule for the following sources?

Source	Yes	No	Don't Know
a. Case records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Forensic toxicology specimens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Physical evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unidentified remains (including x-rays, fingerprints, DNA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E4. Are case records maintained for storage as hard copies, electronically, or both?

- Hard copies
- Electronically
- Both

E5. Does your office archive hard copies of your official investigative records and reports?

- Yes
- No

If your office **does not** archive hard copies, **SKIP** to **F1**.

E6. Are hard copies of your official investigative records and reports archived at any of the following places? Please mark one response for each row.

Location	Yes	No
a. On site	<input type="radio"/>	<input type="radio"/>
b. A government-owned or government-paid storage facility	<input type="radio"/>	<input type="radio"/>
c. Some other location	<input type="radio"/>	<input type="radio"/>

If your office **does not** archive hard copies at **some other location** (you answered 'No' to **E6C**), **SKIP** to **F1**.

E7. At what other location do you archive hard copies of your official investigative records and reports?

SECTION F RESOURCES AND OPERATIONS

F1. Does your office have access to the Internet separate from a personal device?

- Yes
- No

F2. Does your office have access to the following resources?

Resource	Yes	No
a. Criminal history databases	<input type="radio"/>	<input type="radio"/>
b. Fingerprint databases	<input type="radio"/>	<input type="radio"/>
c. Prescription drug monitoring programs	<input type="radio"/>	<input type="radio"/>

F3. Does your office currently have access to the following trainings or resources, either externally or internally?

Training or Resource	Yes	No
a. Mass Fatality Investigation	<input type="radio"/>	<input type="radio"/>
b. Disaster planning (e.g., National Incident Management System [NIMS])	<input type="radio"/>	<input type="radio"/>
c. Bloodborne pathogens	<input type="radio"/>	<input type="radio"/>
d. Proper lifting procedures	<input type="radio"/>	<input type="radio"/>
e. Stress management	<input type="radio"/>	<input type="radio"/>

F4. Does your office participate in county/statewide emergency response drills?

- Yes
- No

F5. Does your office have access to the following investigative technologies, either internally or externally?

Technology	Yes	No
a. Computerized axial tomography (CAT) scan	<input type="radio"/>	<input type="radio"/>
b. Magnetic resonance imaging (MRI)	<input type="radio"/>	<input type="radio"/>
c. Non-targeted forensic toxicology analysis	<input type="radio"/>	<input type="radio"/>

F6. What other investigative technologies not listed here does your office have access to?

F7. Does your office have access to the following specialized investigative teams, either externally or internally?

Specialty Area	Yes	No
a. Child fatality	<input type="radio"/>	<input type="radio"/>
b. Drug case review/surveillance	<input type="radio"/>	<input type="radio"/>
c. Vulnerable adult fatality review	<input type="radio"/>	<input type="radio"/>

F8. To what extent are the following resources needed to improve your *ability to complete cases*?

Resources	Not at all	To some extent	To a moderate extent	To a great extent
a. Death investigation staff (e.g., medical examiners, coroners, death investigators, anthropologists, histologists, forensic toxicologists)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Administrative and ancillary staff (e.g., technicians, autopsy technicians, photographers, administrative assistants, accountants, drivers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Laboratory/facility space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Administrative and evidence storage facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Office equipment (e.g., computers, software)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Analytical instrumentation and laboratory supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Access to literature resources (e.g., books, journals, electronic mailing lists, databases)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F9. Does your office currently participate in any of these data collection efforts?

Data Collection	Yes	No	Don't know
a. Combined DNA Index System (CODIS) <i>Sponsor: Federal Bureau of Investigation (FBI)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fatality Analysis Reporting System (FARS) <i>Sponsor: National Highway Traffic Safety Administration (NHTSA)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. National Crime Information Center (NCIC) <i>Sponsor: Federal Bureau of Investigation (FBI)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. National Forensic Laboratory Information System (NFLIS) <i>Sponsor: Drug Enforcement Agency (DEA)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. National Missing and Unidentified Persons System (NamUs) <i>Sponsor: Department of Justice (DOJ)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. National Violent Death Reporting System (NVDRS) <i>Sponsor: Centers for Disease Control and Prevention (CDC)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. State or local data collections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Other data collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

F10. Does your office have access to the following support services, either externally or internally?

Support Service	Yes	No
a. Advocates for families of victims	<input type="radio"/>	<input type="radio"/>
b. Grief and bereavement services for survivors (e.g. counseling or therapy, homicide survivor groups)	<input type="radio"/>	<input type="radio"/>
c. On-scene support or advocacy for bystanders or other family and friends of the deceased	<input type="radio"/>	<input type="radio"/>
d. Other (please specify) _____	<input type="radio"/>	<input type="radio"/>

F11. Is your office located within another business, such as a funeral home?

- Yes
- No

F12. Does your office have a Department Originating Agency Identifier Number or, ORI number?

- Yes
- No
- Don't know

If you do not have a Department Originating Agency Identifier Number (ORI), **SKIP to END.**

F13. What is your Department Originating Agency Identifier Number or ORI number?

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END. Thank you for your participation in the 2018 Census of Medical Examiner and Coroner Offices (CMEC). Your feedback is very important to us!