

## **CMEC 2018 Attachments**

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## Attachment 1. 34 U.S.C. §10131–10132

### §10131. Statement of purpose

It is the purpose of this subchapter to provide for and encourage the collection and analysis of statistical information concerning crime, juvenile delinquency, and the operation of the criminal justice system and related aspects of the civil justice system and to support the development of information and statistical systems at the Federal, State, and local levels to improve the efforts of these levels of government to measure and understand the levels of crime, juvenile delinquency, and the operation of the criminal justice system and related aspects of the civil justice system. The Bureau shall utilize to the maximum extent feasible State governmental organizations and facilities responsible for the collection and analysis of criminal justice data and statistics. In carrying out the provisions of this subchapter, the Bureau shall give primary emphasis to the problems of State and local justice systems.

(Pub. L. 90–351, title I, §301, as added Pub. L. 96–157, §2, Dec. 27, 1979, 93 Stat. 1176; amended Pub. L. 98–473, title II, §605(a), Oct. 12, 1984, 98 Stat. 2079.)

### §10132. Bureau of Justice Statistics

#### *(a) Establishment*

There is established within the Department of Justice, under the general authority of the Attorney General, a Bureau of Justice Statistics (hereinafter referred to in this subchapter as "Bureau").

#### *(b) Appointment of Director; experience; authority; restrictions*

The Bureau shall be headed by a Director appointed by the President. The Director shall have had experience in statistical programs. The Director shall have final authority for all grants, cooperative agreements, and contracts awarded by the Bureau. The Director shall be responsible for the integrity of data and statistics and shall protect against improper or illegal use or disclosure. The Director shall report to the Attorney General through the Assistant Attorney General. The Director shall not engage in any other employment than that of serving as Director; nor shall the Director hold any office in, or act in any capacity for, any organization, agency, or institution with which the Bureau makes any contract or other arrangement under this Act.

#### *(c) Duties and functions of Bureau*

The Bureau is authorized to—

(1) make grants to, or enter into cooperative agreements or contracts with public agencies, institutions of higher education, private organizations, or private individuals for purposes related to this subchapter; grants shall be made subject to continuing compliance with standards for gathering justice statistics set forth in rules and regulations promulgated by the Director;

- (2) collect and analyze information concerning criminal victimization, including crimes against the elderly, and civil disputes;
- (3) collect and analyze data that will serve as a continuous and comparable national social indication of the prevalence, incidence, rates, extent, distribution, and attributes of crime, juvenile delinquency, civil disputes, and other statistical factors related to crime, civil disputes, and juvenile delinquency, in support of national, State, tribal, and local justice policy and decisionmaking;
- (4) collect and analyze statistical information, concerning the operations of the criminal justice system at the Federal, State, tribal, and local levels;
- (5) collect and analyze statistical information concerning the prevalence, incidence, rates, extent, distribution, and attributes of crime, and juvenile delinquency, at the Federal, State, tribal, and local levels;
- (6) analyze the correlates of crime, civil disputes and juvenile delinquency, by the use of statistical information, about criminal and civil justice systems at the Federal, State, tribal, and local levels, and about the extent, distribution and attributes of crime, and juvenile delinquency, in the Nation and at the Federal, State, tribal, and local levels;
- (7) compile, collate, analyze, publish, and disseminate uniform national statistics concerning all aspects of criminal justice and related aspects of civil justice, crime, including crimes against the elderly, juvenile delinquency, criminal offenders, juvenile delinquents, and civil disputes in the various States and in Indian country;
- (8) recommend national standards for justice statistics and for insuring the reliability and validity of justice statistics supplied pursuant to this chapter;
- (9) maintain liaison with the judicial branches of the Federal Government and State and tribal governments in matters relating to justice statistics, and cooperate with the judicial branch in assuring as much uniformity as feasible in statistical systems of the executive and judicial branches;
- (10) provide information to the President, the Congress, the judiciary, State, tribal, and local governments, and the general public on justice statistics;
- (11) establish or assist in the establishment of a system to provide State, tribal, and local governments with access to Federal informational resources useful in the planning, implementation, and evaluation of programs under this Act;
- (12) conduct or support research relating to methods of gathering or analyzing justice statistics;
- (13) provide for the development of justice information systems programs and assistance to the States, Indian tribes, and units of local government relating to collection, analysis, or dissemination of justice statistics;

(14) develop and maintain a data processing capability to support the collection, aggregation, analysis and dissemination of information on the incidence of crime and the operation of the criminal justice system;

(15) collect, analyze and disseminate comprehensive Federal justice transaction statistics (including statistics on issues of Federal justice interest such as public fraud and high technology crime) and to provide technical assistance to and work jointly with other Federal agencies to improve the availability and quality of Federal justice data;

(16) provide for the collection, compilation, analysis, publication and dissemination of information and statistics about the prevalence, incidence, rates, extent, distribution and attributes of drug offenses, drug related offenses and drug dependent offenders and further provide for the establishment of a national clearinghouse to maintain and update a comprehensive and timely data base on all criminal justice aspects of the drug crisis and to disseminate such information;

(17) provide for the collection, analysis, dissemination and publication of statistics on the condition and progress of drug control activities at the Federal, State, tribal, and local levels with particular attention to programs and intervention efforts demonstrated to be of value in the overall national anti-drug strategy and to provide for the establishment of a national clearinghouse for the gathering of data generated by Federal, State, tribal, and local criminal justice agencies on their drug enforcement activities;

(18) provide for the development and enhancement of State, tribal, and local criminal justice information systems, and the standardization of data reporting relating to the collection, analysis or dissemination of data and statistics about drug offenses, drug related offenses, or drug dependent offenders;

(19) provide for improvements in the accuracy, quality, timeliness, immediate accessibility, and integration of State and tribal criminal history and related records, support the development and enhancement of national systems of criminal history and related records including the National Instant Criminal Background Check System, the National Incident-Based Reporting System, and the records of the National Crime Information Center, facilitate State and tribal participation in national records and information systems, and support statistical research for critical analysis of the improvement and utilization of criminal history records;

(20) maintain liaison with State, tribal, and local governments and governments of other nations concerning justice statistics;

(21) cooperate in and participate with national and international organizations in the development of uniform justice statistics;

(22) ensure conformance with security and privacy requirement of section 10231 of this title and identify, analyze, and participate in the development and implementation of privacy, security and information policies which impact on Federal, tribal, and State criminal justice operations and related statistical activities; and

(23) exercise the powers and functions set out in subchapter VII.

*(d) Justice statistical collection, analysis, and dissemination*

*(1) In general*

To ensure that all justice statistical collection, analysis, and dissemination is carried out in a coordinated manner, the Director is authorized to—

(A) utilize, with their consent, the services, equipment, records, personnel, information, and facilities of other Federal, State, local, and private agencies and instrumentalities with or without reimbursement therefor, and to enter into agreements with such agencies and instrumentalities for purposes of data collection and analysis;

(B) confer and cooperate with State, municipal, and other local agencies;

(C) request such information, data, and reports from any Federal agency as may be required to carry out the purposes of this chapter;

(D) seek the cooperation of the judicial branch of the Federal Government in gathering data from criminal justice records;

(E) encourage replication, coordination and sharing among justice agencies regarding information systems, information policy, and data; and

(F) confer and cooperate with Federal statistical agencies as needed to carry out the purposes of this subchapter, including by entering into cooperative data sharing agreements in conformity with all laws and regulations applicable to the disclosure and use of data.

*(2) Consultation with Indian tribes*

The Director, acting jointly with the Assistant Secretary for Indian Affairs (acting through the Office of Justice Services) and the Director of the Federal Bureau of Investigation, shall work with Indian tribes and tribal law enforcement agencies to establish and implement such tribal data collection systems as the Director determines to be necessary to achieve the purposes of this section.

*(e) Furnishing of information, data, or reports by Federal agencies*

Federal agencies requested to furnish information, data, or reports pursuant to subsection (d)(1)(C) shall provide such information to the Bureau as is required to carry out the purposes of this section.

*(f) Consultation with representatives of State, tribal, and local government and judiciary*

In recommending standards for gathering justice statistics under this section, the Director shall consult with representatives of State, tribal, and local government, including, where appropriate, representatives of the judiciary.

*(g) Reports*

Not later than 1 year after July 29, 2010, and annually thereafter, the Director shall submit to Congress a report describing the data collected and analyzed under this section relating to crimes in Indian country.

(Pub. L. 90–351, title I, §302, as added Pub. L. 96–157, §2, Dec. 27, 1979, 93 Stat. 1176; amended Pub. L. 98–473, title II, §605(b), Oct. 12, 1984, 98 Stat. 2079; Pub. L. 100–690, title VI, §6092(a), Nov. 18, 1988, 102 Stat. 4339; Pub. L. 103–322, title XXXIII, §330001(h)(2), Sept. 13, 1994, 108 Stat. 2139; Pub. L. 109–162, title XI, §1115(a), Jan. 5, 2006, 119 Stat. 3103; Pub. L. 111–211, title II, §251(b), July 29, 2010, 124 Stat. 2297; Pub. L. 112–166, §2(h)(1), Aug. 10, 2012, 126 Stat. 1285.)

**Attachment 2. CMEC Questionnaire: Formatted paper instrument**

# 2018 CENSUS OF MEDICAL EXAMINER AND CORONER OFFICES

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics



Acting as collection agent: RTI International

**Please use this form to provide information on behalf of the following agency:**

**[FILL AGENCY NAME HERE]**

**If the agency name printed above is incorrect, please call us at 1-XXX-XXX-XXXX.**

**Survey Instructions:**

- Submit this form using one of the following four methods:
  - **Online:** <https://www.bjscmec.org>
    - Agency ID:
    - Password:
  - **E-mail:** [xxxxxxx@rti.org](mailto:xxxxxxx@rti.org)
  - **Fax:** 1-XXX-XXX-XXXX (toll-free)
  - **Mail:** Use the enclosed postage-paid envelope
- Please do not leave any items blank.
- If the answer to a question is none or zero, write "0" in the space provided. When exact numeric answers are not available, please provide estimates and mark the estimate check box where appropriate.
- Use blue or black ink and print as neatly as possible.
- Use an X when marking an answer in a box.

**Please indicate the primary person who completed this form:**

Name:     
Last Name First Name MI

Title:

Phone:  -    
Area Code Number Extension

Fax:  -   
Area Code Number

E-mail:

Agency Website:

**If you have any questions, call RTI toll-free at 1-XXX-XXX-XXXX, or send an e-mail to [xxxxxx@rti.org](mailto:xxxxxx@rti.org). If you have general project-related questions, please contact Connor Brooks of BJS at (202) 307-0765 or [AskBJS@usdoj.gov](mailto:AskBJS@usdoj.gov).**

Burden Statement

Federal agencies may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. The Omnibus Crime Control and Safe Streets Act of 1968, as amended (34 USC 10132), authorizes this information collection. Although this survey is voluntary, we urgently need your cooperation to make the results comprehensive, accurate, and timely. We greatly appreciate your assistance.



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## 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
- Sheriff-coroner office
- Justice of the peace
- My office does not investigate deaths
- Other medicolegal death investigation office (please specify) ▾

***SKIP to the end of the survey and return in the enclosed envelope***

**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 does not report to 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)? If you serve multiple jurisdictions, enter a comma (,) between each jurisdiction.**

**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. Enter the number of employees during the pay period including December 31, 2018. Report each employee in only one category. If an employee fills more than one role, please put them in their primary role. If none, enter 0.**

- **Full time employees** are those who work on average 35 or more hours per week.
- **Part-time employees** are those who work on average 34 or fewer hours per week.
- **Consultants/Contractors** are those who work under another company or as a consultant and are hired to work for your office.
- **On-Call employees** are those who do not have regularly scheduled hours and only work when they are needed.

Role	During the pay period including December 31, 2018			
	Full-Time Employees	Part-time Employees	Consultants/Contractors	On-Call Employees
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 (i.e., performs case interpretation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Forensic analysts or chemists (i.e., does not perform case interpretation)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Other scientific investigative support staff (e.g., anthropologists, histologists)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Administrative staff (e.g., secretary, accountant)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Ancillary staff (e.g., drivers, photographers)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total (sum of rows a-h):</b>	<input type="text"/> <b>Column 1 Total</b>	<input type="text"/> <b>Column 2 Total</b>	<input type="text"/> <b>Column 3 Total</b>	<input type="text"/> <b>Column 4 Total</b>

**A9. Enter the starting annual salary range for full-time staff for each position in your office as of December 31, 2018. Exclude benefits and overtime when reporting annual salaries. If the position does not exist on a full-time basis, mark N/A. In cases where there is not a range in salary, please write the same salary twice.**

	Starting Salary Minimum	Starting Salary Maximum	N/A
a. Autopsy pathologists	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
b. Coroners/non-physicians	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
c. Death investigators (or coroner investigators)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
d. Forensic toxicologists (i.e., performs case interpretation)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

**A10. How many of your internal autopsy pathologists (i.e., medical examiners) are certified by the American Board of Pathology (ABP)? Do not count any contractors, consultants, or volunteers.**

- All autopsy pathologists are ABP certified
- Some autopsy pathologists are ABP certified
- No autopsy pathologists are ABP certified
- We do not employ any **internal** autopsy pathologists

**A11. How many of your internal coroners or death investigators are certified by the American Board of Medicolegal Death Investigators (ABMDI)? Do not count any contractors, consultants, or volunteers.**

- All death investigators are ABMDI certified
- Some death investigators are ABMDI certified
- No death investigators are ABMDI certified
- We do not employ any **internal** death investigators

**A12. How many of your internal forensic toxicologists are certified by the American Board of Forensic Toxicology (ABFT)? Do not count any contractors, consultants, or volunteers.**

- All forensic toxicologists are ABFT certified
- Some forensic toxicologists are ABFT certified
- No forensic toxicologists are ABFT certified
- We do not employ any **internal** forensic toxicologists

**A13. How many of your internal forensic analysts or chemists are certified by the American Board of Forensic Toxicology (ABFT)? Do not count any contractors, consultants, or volunteers.**

- All forensic analysts or chemists are ABFT certified
- Some forensic analysts or chemists are ABFT certified
- No forensic analysts or chemists are ABFT certified
- We do not employ any **internal** forensic analysts or chemists

## SECTION B: BUDGET AND CAPITAL RESOURCES

**B1.** For the *most recently completed fiscal year*, what was your total budget?

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

**B2.** What was the last day of your most recently completed fiscal year (e.g., 06/30/2018, 09/30/2018, 12/31/2018)?

/   /      
 M M / D D / Y Y Y Y

**B3.** Does your office have a specific personnel budget for items such as wages, salaries and benefits?

- Yes  
 No → **SKIP to B5**

**B4.** What was the total budget allocated for personnel costs?

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

**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/authorization 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/record fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Teaching/speaking honorarium fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Testimony fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Transportation fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## SECTION C: WORKLOAD

**C1. In 2018, did your office receive any reported cases?** *Include all cases in which your office documented or investigated the report of a case to your office.*

- Yes  
 No → **SKIP to C11 on page 8**

**C2. In 2018, what was the total number of cases reported to your office?**

We did not track **reported** cases

,    Reported Cases *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. In 2018, did you have any accepted cases?** *Do not include cremation approval cases or cases in which jurisdiction was declined.*

- Yes  
 No → **SKIP to C5**

**C4. In 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

,    Accepted Cases *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 “reported cases” in C2.

**C5. In 2018, did your office receive any reported 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 → **SKIP to C11 on page 8**

**C6. In 2018, how many of the total cases reported to your office were from tribal land(s)?**

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

,    Reported Cases *If estimate, check here:*

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

- Yes
- No

**C8. In 2018, did your office accept any cases from tribal lands?**

- Yes
- No → **SKIP to C11**

→ **C9. In 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 Cases    *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 “reported 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 indicated?**

- Yes
- No

**C11. In 2018, how many complete autopsies did your office conduct?** *A complete autopsy is defined as an examination and dissection of a dead body by a physician for the purpose of determining the cause, mechanism, or manner of death, or the seat of disease, confirming the clinical diagnosis, obtaining specimens for specialized testing, retrieving physical evidence, identifying the deceased or educating medical professionals and students.*

,  Complete 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 your office *primarily* provides these functions internally, externally, if your office does not have access to this function, or if the function is not necessary for your office.**

<b>Function</b>	<b>My office primarily provides this function <i>internally</i></b>	<b>My office primarily provides this function <i>externally</i></b>	<b>My office <i>does not</i> have access to this function</b>	<b>This function is <i>not</i> necessary for my office</b>
a. Death scene investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Death scene photography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Medical record review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. External examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Partial autopsy (Minimal dissection, less than a complete autopsy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Complete autopsy (Remove and examine the brain, thoracic, and abdominal organs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Characterization of skeletal remains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Autopsy photography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Forensic toxicology testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Imaging (X-ray, CT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Metabolic screen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Cremation waivers/authorization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Death certificate distribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C13. Below, please indicate if your office *primarily* 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.**

<b>Function</b>	<b>My office primarily provides this function <i>internally</i></b>	<b>My office primarily provides this function <i>externally</i></b>	<b>My office <i>does not</i> have access to this function</b>	<b>This function is <i>not</i> necessary for my office</b>
a. Anthropology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Cardiac pathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Histology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Microbiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Neuropathology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Odontology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**C14. 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"/>

**C15. For your office, who of the following is responsible for notifying the next of kin about the individual's death? Please mark all that apply.**

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

**C16. For your office, who of the following is responsible for follow-up communication with the next of kin, such as cultural preferences, returning belongings, and other policies and procedures? Please mark 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) of unidentified remains after a specified period?

- Yes  
 No  
 Don't Know

**D2.** Did your office have possession of any unidentified remains that were not identified by the end of 2018?

- Yes  
 No → **SKIP to D6**

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

**a.** Were on record as of December 31, 2018?

,  Cases *If estimate, check here:*   
 Don't Know

**b.** Were on record as of December 31, 2018 and have had DNA evidence collected from them? *Please count DNA that has been collected, even if it has not yet been tested.*

,  Cases *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.** In what year was the oldest case of unidentified remains currently on record reported to your office?

*If estimate, check here:*   
 Don't Know

**D5.** In 2018, how many unidentified remains were classified as unidentified in their final disposition?

,  Cases *If estimate, check here:*   
 Don't Know

**D6. 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 or doll 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"/>
f. Genetic testing (e.g., sudden cardiac deaths)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Metabolic screening (e.g., pediatric inborn errors of metabolism)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Microbiologic testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Pediatric skeletal survey (e.g., radiology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**D7. Does your office use the Sudden Infant Death Syndrome, or SIDS, diagnosis?**

- Yes
- No

**D8. Does your office use the Sudden Unexpected Infant Death, or SUID, diagnosis?**

- Yes
- No

**D9. Has the increase in drug-related deaths and the opioid epidemic changed your strategy for forensic toxicology testing?**

- Yes
- No

**D10. At the death scene, external examination, or at autopsy, does your office perform drug screening tests?**

- Yes
- No → **SKIP to E1 on page 13**

**D11. After performing these drug screening tests, does your office routinely confirm results with toxicology testing in a 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 → **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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Records pertaining to 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 → **SKIP to F1 on page 14**

**E6.** Are hard copies of your official investigative records and reports archived at *any* of the following places?

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. A regulated third-party storage facility (e.g., Iron Mountain)	<input type="radio"/>	<input type="radio"/>
d. Some other location	<input type="radio"/>	<input type="radio"/>

## SECTION F: RESOURCES AND OPERATIONS

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

- Yes  
 No

**F2. Does your office currently have access to the following resources, either directly or through a partner agency?**

Resource	Yes, <i>directly</i>	Yes, through a <i>partner agency</i>	No access
a. Criminal history databases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fingerprint databases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Prescription drug monitoring programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F3. Does your office currently have access to the following trainings or resources, either directly or through a partner agency?**

Training or Resource	Yes, <i>directly</i>	Yes, through a <i>partner agency</i>	No access
a. Mass fatality investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Disaster planning (e.g., National Incident Management System [NIMS])	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Bloodborne pathogens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Proper lifting procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Stress management	<input type="radio"/>	<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 a computerized axial tomography (CAT or CT) scan, either directly or through a partner agency?**

- Yes, directly  
 Yes, through a partner agency  
 No

**F6. Does your office have access to magnetic resonance imaging (MRI), either directly or through a partner agency?**

- Yes, directly  
 Yes, through a partner agency  
 No

**F7. Does your office currently have access to the following specialized investigation teams, either directly or through a partner agency?**

Specialty Area	Yes, directly	Yes, through a partner agency	No access
a. Child fatality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drowning investigative team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drug case review/surveillance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Elderly investigative team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Infectious disease investigative team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Maternal death investigative team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Poison investigative team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Suicide investigative team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Vulnerable adult fatality review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**F8. 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 Missing and Unidentified Persons System (NamUs) <i>Sponsor: Department of Justice (DOJ)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. 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"/>
f. State Unintentional Drug Overdose Reporting System (SUDORS) <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"/>

**F9. Does your office currently have access to the following support services, either directly or through a partner agency?**

Support Service	Yes, directly	Yes, through a partner agency	No access
a. Advocates for families of victims	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>

**F10. Is your office located within another business, such as a funeral home?**

- Yes  
 No

**F11. Does your office have a Department Originating Agency Identifier Number or, ORI number?**

- Yes  
 No  
 Don't know } *SKIP to the end of the survey*

**F12. What is your Department Originating Agency Identifier Number or ORI number?**

--	--	--	--	--	--	--	--	--	--

**Thank you for your participation in the 2018 Census of Medical Examiner and Coroner Offices (CMEC).**

**Your feedback is very important to us!**

**Please return your survey in the enclosed envelope or send to:**

**Census of Medical Examiner and Coroner Offices**

**Address Line 1**

**Address Line 2**

**Raleigh, NC XXXXX**

**Attachment 3. 2018 CMEC questionnaire: Example screen shots of web instruments**



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

- Coroner office
- Medical examiner office
- Justice of the peace
- My office does not investigate deaths
- Other medicolegal death investigation office (please specify)

[← Previous](#)

[Next →](#)

**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"/>

[← Previous](#)

[Next →](#)

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

- Hard copies
- Electronically
- Both

[← Previous](#)

[Next →](#)

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

[← Previous](#)

[Next →](#)

**Attachment 4. 60-day Federal Register Notice**

**DEPARTMENT OF JUSTICE**

[OMB Number 1121–0296]

**Agency Information Collection Activities; Proposed Collection; Comments Requested; Reinstatement, With Change, of a Previously Approved Collection for Which Approval Has Expired: 2018 Census of Medical Examiner and Coroner Offices (CMEC)****AGENCY:** Bureau of Justice Statistics, Department of Justice.**ACTION:** 60-day notice.

**SUMMARY:** The Department of Justice (DOJ), Office of Justice Programs, Bureau of Justice Statistics, will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995.

**DATES:** Comments are encouraged and will be accepted for 60 days until February 11, 2019.

**FOR FURTHER INFORMATION CONTACT:** If you have additional comments especially on the estimated public burden or associated response time, suggestions, or need a copy of the proposed information collection instrument with instructions or additional information, please contact Connor Brooks, Statistician, Law Enforcement Statistics Unit, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531 (email: [Connor.Brooks@usdoj.gov](mailto:Connor.Brooks@usdoj.gov); phone: 202–514–8633).

**SUPPLEMENTARY INFORMATION:** Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address one or more of the following four points:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the Bureau of Justice Statistics, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Evaluate whether and if so how the quality, utility, and clarity of the information to be collected can be enhanced; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological

collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

**Overview of This Information Collection**

(1) *Type of Information Collection:* Reinstatement of the Census of Medical Examiner and Coroner Offices, with changes, of a previously approved collection for which approval has expired.

(2) *The Title of the Form/Collection:* 2018 Census of Medical Examiner and Coroner Offices.

(3) *The agency form number, if any, and the applicable component of the Department sponsoring the collection:* The form number is CMEC–1. The applicable component within the Department of Justice is the Bureau of Justice Statistics, Office of Justice Programs.

(4) *Affected public who will be asked or required to respond, as well as a brief abstract:*

This information collection is a census of medical examiner and coroner offices. The 2018 survey is revised from the data collection referencing 2004. BJS plans to field the 2018 CMEC from May through November 2019. Respondents will be the medical examiners and coroners (or members of their staff) working in medicolegal death investigation offices.

*Abstract:* The 2018 CMEC will focus on the same topics as the 2004: The number and type of medical examiner and coroner offices operating in the U.S., staff at these offices, budget and capital resources, workload, policies and procedures regarding casework, specialized death investigations, records and evidence retention, resources, and operations. The survey was assessed by a panel of practitioners and subject matter experts. Results from these efforts were used to revise the survey to ensure content was up-to-date and relevant to the medicolegal death investigation system today. The survey was also revised to improve clarity and ease of answering questions. Suggestions resulting from this review were incorporated into the survey and then cognitively tested with 14 medical examiner and coroner offices.

(5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* A projected 2,400 respondents will take an average of 1.5 hours each to complete form CMEC–1, including time to research or find information not readily available. In addition, an estimated 1,100 respondents will be

contacted for data quality follow-up by phone at 15 minutes per call.

(6) *An estimate of the total public burden (in hours) associated with the collection:* There are an estimated 3,875 total burden hours associated with this information collection.

*If additional information is required contact:* Melody Braswell, Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Two Constitution Square, 145 N Street NE, 3E.405A, Washington, DC 20530.

Dated: December 7, 2018.

**Melody Braswell,***Department Clearance Officer for PRA, U.S. Department of Justice.*

[FR Doc. 2018–26881 Filed 12–11–18; 8:45 am]

**BILLING CODE 4410–18–P****DEPARTMENT OF JUSTICE**

[OMB Number 1121–0147]

**Agency Information Collection Activities; Proposed eCollection eComments Requested; Reinstatement, With Change, of a Previously Approved Collection for Which Approval Has Expired: Census of State and Federal Adult Correctional Facilities****AGENCY:** Bureau of Justice Statistics, Department of Justice.**ACTION:** 60-Day notice.

**SUMMARY:** The Department of Justice (DOJ), Office of Justice Programs, Bureau of Justice Statistics, will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995.

**DATES:** Comments are encouraged and will be accepted for 60 days until February 11, 2019.

**FOR FURTHER INFORMATION CONTACT:** If you have additional comments especially on the estimated public burden or associated response time, suggestions, or need a copy of the proposed information collection instrument with instructions or additional information, please contact Laura Maruschak, Statistician, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531 (email: [laura.maruschak@usdoj.gov](mailto:laura.maruschak@usdoj.gov); telephone: 202–307–5986).

**SUPPLEMENTARY INFORMATION:** Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should

**Attachment 5. 30-day Federal Register Notice**

**DEPARTMENT OF JUSTICE**

**Bureau of Justice Statistics**

**[OMB Number 1121-0296]**

**Agency Information Collection Activities: Proposed Collection; Comments Requested; Reinstatement, with change, of a previously approved collection for which approval has expired: 2018 Census of Medical Examiner and Coroner Offices (CMEC)**

**AGENCY: Bureau of Justice Statistics, Department of Justice.**

**ACTION: 30-Day Notice.**

**SUMMARY:** The Department of Justice (DOJ), Office of Justice Programs, Bureau of Justice Statistics, will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The proposed information collection was previously published in the Federal Register, Volume 83, Number 238, page 63909 on Wednesday, December 12, 2018.

**DATES:** Comments are encouraged and will be accepted for 30 days until **[INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

**FOR FURTHER INFORMATION CONTACT:**

If you have additional comments especially on the estimated public burden or associated response time, suggestions, or need a copy of the proposed information collection instrument with instructions or additional information, please contact Connor Brooks, Statistician, Law Enforcement Statistics Unit, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531 (email: [Connor.Brooks@usdoj.gov](mailto:Connor.Brooks@usdoj.gov) ; phone: 202-514-8633).

**SUPPLEMENTARY INFORMATION:** Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address one or more of the following four points:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the Bureau of Justice Statistics, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Evaluate whether and if so how the quality, utility, and clarity of the information to be collected can be enhanced; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Overview of this information collection:

- 1) *Type of Information Collection:* Reinstatement of the Census of Medical Examiner and Coroner Offices, with changes, of a previously approved collection for which approval has expired.

2) *The Title of the Form/Collection:* 2018 Census of Medical Examiner and Coroner Offices.

3) *The agency form number, if any, and the applicable component of the Department sponsoring the collection:* The form number is CMEC-1. The applicable component within the Department of Justice is the Bureau of Justice Statistics, Office of Justice Programs.

4) *Affected public who will be asked or required to respond, as well as a brief abstract:*  
This information collection is a census of medical examiner and coroner offices. The 2018 survey is revised from the data collection referencing 2004. BJS plans to field the 2018 CMEC from May through November 2019. Respondents will be the medical examiners and coroners (or members of their staff) working in medicolegal death investigation offices.

*Abstract:*

The 2018 CMEC will focus on the same topics as the 2004: the number and type of medical examiner and coroner offices operating in the U.S., staff at these offices, budget and capital resources, workload, policies and procedures regarding casework, specialized death investigations, records and evidence retention, resources, and operations. The survey was assessed by a panel of practitioners and subject matter experts. Results from these efforts were used to revise the survey to ensure content was up-to-date and relevant to the medicolegal death investigation system today. The survey was also revised to improve clarity and ease of answering questions.



Suggestions resulting from this review were incorporated into the survey and then cognitively tested with 14 medical examiner and coroner offices.

- 5) *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* A projected 2,200 respondents will take an average of 1.5 hours each to complete form CMEC-1, including time to research or find information not readily available. In addition, an estimated 1,100 respondents will be contacted for data quality follow-up by phone at 15 minutes per call.
- 6) *An estimate of the total public burden (in hours) associated with the collection:* There are an estimated 3,575 total burden hours associated with this information collection.

If additional information is required contact: Melody Braswell, Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Two Constitution Square, 145 N Street NE, 3E.405A, Washington, DC 20530.

Dated:

**Melody Braswell,**

*Department Clearance Officer for PRA,*

*U.S. Department of Justice.*

**Billing Code: 4410-18**

**Attachment 6. Pre-notification letter**



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

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*Washington, DC 20531*

«Date»

«Salutation» «ContactFirstName» «ContactLastName»

«MEC»

«ContactAddress1» «ContactAddress2»

«ContactCity», «ContactState» «ContactZip»

Dear «Salutation» «ContactLastName»:

I am pleased to announce that the Bureau of Justice Statistics (BJS) is preparing to conduct the second Census of Medical Examiner and Coroner Offices (CMEC) in 2019. This survey was last conducted in 2004, and we are aware that the work in your office has likely changed over the past 15 years. By conducting the 2018 CMEC, BJS will be able to understand how the current work of medical examiners and coroners has changed since the previous survey. The information you provide is critical to providing accurate and reliable information to policy makers and other medical examiners and coroners.

In the next few weeks, BJS will invite <<MEC>> to participate in the 2018 CMEC; specifically, your office will be asked to complete an online survey focusing on administrative issues, budget and resources, workload, specialized death investigations, records and evidence retention, training, and more.

I appreciate that you may receive a number of data requests throughout the year and I thank you for your support for CMEC. If you have questions about CMEC, please contact BJS's data collection agent, RTI International, via phone or e-mail at ###-###-#### or [cmec@rti.org](mailto:cmec@rti.org). If you have any general comments about this data collection, please contact the Bureau of Justice Statistics Program Manager Connor Brooks at 202-514-8633 or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

Sincerely,

Jeffrey H. Anderson, Director  
Bureau of Justice Statistics

**Attachment 7. Survey invitation cover letter**



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

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Washington, DC 20531

«TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»  
«ADDRESS1», «ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «NAME»:

I am writing to ask for your participation in the 2018 Census of Medical Examiner and Coroner Offices (CMEC). This survey was last conducted in 2004, and we are aware that the work of your office has likely changed over the past 15 years. Your response to the 2018 CMEC is critical to the Bureau of Justice Statistics' effort to produce national estimates of personnel, resources, policies, and practices of the facilities who conduct this important work.

To complete your survey, please access the questionnaire online at [\[WEB ADDRESS\]](#). You may start and stop as needed. Your individualized log-in information is:

User name: «WebUsername»

Password: «PIN»

**Please complete this questionnaire online by [DATE].**

The questionnaire takes approximately **1.5 hours** to complete including time to research or find information you may not have readily available. You may download a PDF copy of the survey from the website to assist you in gathering the necessary data. You may share it with others at your office who can assist you in providing the requested information.

If you need to change the point of contact for your office or update your contact information (including email address), go to [\[WEB ADDRESS\]](#) using the user name and password shown above and follow the instructions provided on the website. If you have questions about CMEC, please contact the CMEC data collection team via phone or e-mail at [\[RTI NUMBER\]](#) or [cmec@rti.org](mailto:cmec@rti.org). If you have any general comments about this data collection, please contact me at [###-###-####](tel:###-###-####) or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

BJS uses the data collected in CMEC only for research and statistical purposes, as described in Title 34, USC §10134. RTI International, BJS's CMEC data collection agent, is required to adhere to BJS Data Protection Guidelines, which summarize the many federal statutes, regulations, and other authorities that govern all BJS data and data collected and maintained under BJS's authority. The Guidelines may be found at [http://www.bjs.gov/content/pub/pdf/BJS\\_Data\\_Protection\\_Guidelines.pdf](http://www.bjs.gov/content/pub/pdf/BJS_Data_Protection_Guidelines.pdf).

Thank you in advance for your office's participation in CMEC. I appreciate your consideration, time, and effort.

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

Enclosures: **Endorsement Letters**

Case ID: «caseid»

**Attachment 8. Survey invitation email**

TO: «TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»

SUBJECT: Census of Medical Examiner and Coroner Offices

Dear «TITLE» «NAME»:

Last week, we sent you the 2018 Census of Medical Examiner and Coroner Offices (CMEC). This email message requests confirmation that you successfully received your invitation. I encourage you to contact BJS' data collection agent for CMEC, RTI International, if you have any questions related to the data collection or did not receive the materials.

**Please reply to this message to indicate that you received the 2018 CMEC invitation.**

In the event you did not receive the packet, the information contained in the mailed materials is provided below.

Thank you,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

---

«TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»  
«ADDRESS1», «ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «NAME»:

I am writing to ask for your participation in the 2018 Census of Medical Examiner and Coroner Offices (CMEC). This survey was last conducted in 2004, and we are aware that the work of your office has likely changed over the past 15 years. Your response to the 2018 CMEC is critical to the Bureau of Justice Statistics effort to produce national estimates of personnel, resources, policies, and practices of the offices who conduct this important work.

To complete your survey, please access the questionnaire online at [\[WEB ADDRESS\]](#). You may start and stop as needed. Your individualized log-in information is:

User name: «WebUsername»  
Password: «PIN»

**Please complete this questionnaire online by [DATE].**



The questionnaire takes approximately **1.5 hours** to complete including time to research or find information you may not have readily available. You may download a copy of the survey from the website to assist you in gathering the necessary data. You may share it with others at your office who can assist you in providing the requested information.

If you need to change the point of contact for your office or update your contact information (including email address), go to **[WEB ADDRESS]** using the user name and password shown above and follow the instruction provided on the website. If you have questions about CMEC, please contact the CMEC data collection team via phone or e-mail at **[ RTI NUMBER]** or **cmecc@rti.org**. If you have any general comments about this data collection, please contact me at **###-###-####** or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

BJS uses the data collected in CMEC only for research and statistical purposes, as described in Title 34, USC §10134. RTI International, the CMEC data collection agent, is required to adhere to BJS Data Protection Guidelines, which summarize the many federal statutes, regulations, and other authorities that govern all BJS data and data collected and maintained under BJS's authority. The Guidelines may be found at [http://www.bjs.gov/content/pub/pdf/BJS\\_Data\\_Protection\\_Guidelines.pdf](http://www.bjs.gov/content/pub/pdf/BJS_Data_Protection_Guidelines.pdf).

Thank you in advance for your office's participation in CMEC. I appreciate your time and effort.

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

Enclosures: **Endorsement Letters**

Case ID: «caseid»

**Attachment 9. 1<sup>st</sup> reminder – letter**



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

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*Washington, DC 20531*

«TITLE» «POC NAME»  
«MEC»  
«ADDRESS1», «ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «NAME»:

On behalf of the Bureau of Justice Statistics (BJS), RTI International is conducting the 2018 Census of Medical Examiner and Coroner Offices (CMEC). RTI reached out to <<MEC>> on [INITIAL DATE]. We hope to receive your survey soon so that the census data reflect the variety of responsibilities and resources of medical examiners' and coroners' offices of all types and sizes. Information from your office is needed to ensure the quality of the study.

We hope that you can complete the CMEC questionnaire as soon as possible. I understand that you receive a number of survey requests, and I genuinely appreciate your attention to this effort.

**You may access the questionnaire online at [WEB ADDRESS] and entering the following information:**

**User Name: <<WebUsername>>**  
**Password: <<PIN>>**

If you have questions about CMEC, need to change the point of contact for your office, or need to update your contact information, please contact the RTI team via phone or e-mail at [RTI NUMBER] or [cmec@rti.org](mailto:cmec@rti.org). If you have any general comments about this data collection, please contact me at ###-###-#### or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

Thank you for your time and consideration.

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

«caseID»

**Attachment 10. 1<sup>st</sup> reminder – email**

TO: «TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»

SUBJECT: Census of Medical Examiner and Coroner Offices

Dear «TITLE» «NAME»:

On behalf of the Bureau of Justice Statistics (BJS), RTI International is conducting the 2018 Census of Medical Examiner and Coroner Offices (CMEC). RTI reached out to «MEC» on [INITIAL DATE]. We hope to receive your survey soon so that the census data reflect the variety of responsibilities and resources of medical examiners' and coroners' offices of all types and sizes. Information from your office is needed to ensure the quality of the study.

We hope that you can complete the CMEC questionnaire as soon as possible. I understand that you receive a number of survey requests, and I genuinely appreciate your attention to this effort.

**You may access the questionnaire online at [WEB ADDRESS] and entering the following information:**

**User Name: <<WebUsername>>**

**Password: <<PIN>>**

If you have questions about CMEC, need to change the point of contact for your office, or need to update your contact information, please contact the RTI team via phone or e-mail at [RTI NUMBER] or [cmec@rti.org](mailto:cmec@rti.org). If you have any general comments about this data collection, please contact me at ###-###-#### or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

Thank you for your time and consideration.

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

«caseID»

Attachment 11. 2<sup>nd</sup> reminder – postcard

Front

**SUMMER 2019**

2018 CENSUS OF MEDICAL EXAMINER & CORONER OFFICES

**CMEC**  
CENSUS OF MEDICAL EXAMINER & CORONER OFFICES


DON'T MISS YOUR CHANCE TO SPEAK UP!

**HELP US HELP YOU.**

Back

RTI International  
3040 East Cornwallis Road  
Research Triangle Park, NC 27709



**YOUR INPUT BENEFITS U.S. MEDICAL EXAMINERS AND CORONERS LIKE YOU, BUT ONLY IF YOU PARTICIPATE!**

In 2004 medical examiners and coroners' offices investigated about 1 in 5 deaths in the U.S.

<b>2004</b> 2,398,000 human deaths
956,000 referred to ME/C offices
487,000 accepted for investigation

**2018**  
What Are Your Numbers Today?  
?  
?  
?

<Name>  
<Title>  
<Address>  
<City>, <State> <Zipcode>

**Attachment 12. 3<sup>rd</sup> reminder – email**

TO: «TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»

SUBJECT: Census of Medical Examiner and Coroner Offices

Dear «TITLE» «NAME»:

Recently, materials related to the 2018 Census of Medical Examiner and Coroner Offices (CMEC) were sent to you by mail. This email message is to request confirmation that we have successfully reached you and encourage you to contact us if you have any questions related to the data collection.

**Please reply to this message to confirm that we have reached <<MEC>>.**

The information contained in the letter that we mailed most recently (on <<DATE>>) is provided below.

Thank you,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

---

Dear «TITLE» «NAME»:

On behalf of the Bureau of Justice Statistics (BJS), RTI International is conducting the 2018 Census of Medical Examiner and Coroner Offices (CMEC). RTI has been reaching out to <<MEC>> since **May**. We hope to receive your survey soon so that the census data reflect the variety of responsibilities and resources of medical examiners' and coroners' offices of all types and sizes. Information from your office is needed to ensure the quality of the study.

The due date is **[DUE DATE]**. Please complete the CMEC questionnaire as soon as possible. I understand that you receive a number of survey requests and I genuinely appreciate your attention to this request.

**You may access the questionnaire online at **[WEB ADDRESS]** and entering the following information:**

**User Name: <<WebUsername>>**  
**Password: <<PIN>>**

If you have questions about CMEC, need to change the point of contact at your training academy, or need to update your contact information, please contact the RTI team via phone or



e-mail at [RTI NUMBER] or [cmec@rti.org](mailto:cmec@rti.org). If you have any general comments about this data collection, please contact me at ###-###-#### or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

Thank you for your time and consideration.

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

«caseID»

**Attachment 13. 3<sup>rd</sup> reminder – letter**



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

---

*Washington, DC 20531*

«TITLE» «POC NAME»  
«MEC»  
«ADDRESS1», «ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «NAME»:

On behalf of the Bureau of Justice Statistics (BJS), RTI International is conducting the 2018 Census of Medical Examiner and Coroner Offices (CMEC). RTI has been reaching out to <<MEC>> since May. We hope to receive your survey soon so that the census data reflect the variety of responsibilities and resources of medical examiners' and coroners' offices of all types and sizes. Information from your office is needed to ensure the quality of the study.

The due date is [DUE DATE]. Please complete the CMEC questionnaire as soon as possible. I understand that you receive a number of survey requests and I genuinely appreciate your attention to this request.

**You may access the questionnaire online at [WEB ADDRESS] and entering the following information:**

**User Name: <<WebUsername>>**  
**Password: <<PIN>>**

If you have questions about CMEC, need to change the point of contact for your office, or need to update your contact information, please contact the RTI team via phone or e-mail at [RTI NUMBER] or [CMEC@rti.org](mailto:CMEC@rti.org). If you have any general comments about this data collection, please contact me at ###-###-#### or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

Thank you for your time and consideration.

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

«caseID»

**Attachment 14. 4<sup>th</sup> reminder – letter**



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

---

Washington, DC 20531

«TITLE» «POC NAME»  
«MEC»  
«ADDRESS1», «ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «NAME»:

«MEC» has been asked to participate in the Bureau of Justice Statistics' (BJS) Census of Medical Examiner and Coroner Offices (CMEC). CMEC data will be used by policy makers and researchers to better understand and respond to the challenges facing medical examiners and coroners such as yourself. No other national data collection can provide comprehensive data on administrative issues, budget and resources, workload, specialized death investigations, records and evidence retention, and training. Since CMEC is a census, your responses cannot be replaced.

I recognize that you may not have received the previous correspondence or that you may not have responded because of time constraints. I appreciate that your time is limited; however, the reliability of the study directly depends on your participation. The questionnaire includes items that are relevant to all medical examiners' and coroners' offices, and your responses are essential to our ability to provide the information needed by practitioners, policy makers, researchers, and other stakeholders.

**Please complete the questionnaire by using this link [WEB ADDRESS] and entering the following information:**

**User Name: <<WebUsername>>**

**Password: <<PIN>>**

Alternatively, you can submit your data by mail using the enclosed hardcopy questionnaire and business reply envelope.

The questionnaire due date was [DUE DATE]. Please submit your questionnaire as soon as possible. If you have questions about the CMEC survey or having difficulty accessing the website, please contact the CMEC data collection team via phone or e-mail at [RTI NUMBER] or [cmec@rti.org](mailto:cmec@rti.org). If you have any general comments about this data collection, please contact me at ###-###-#### or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

**Enclosures: CMEC questionnaire; Business reply envelope**

«caseID»

Attachment 15: 5<sup>th</sup> reminder – postcard

Front

**SUMMER 2019**

2018 CENSUS OF MEDICAL EXAMINER & CORONER OFFICES

**CMEC**  
CENSUS OF MEDICAL EXAMINER & CORONER OFFICES

DON'T MISS YOUR CHANCE TO SPEAK UP!

**HELP US HELP YOU.**

Back

RTI International  
3040 East Cornwallis Road  
Research Triangle Park, NC 27709

**YOUR INPUT BENEFITS U.S. MEDICAL EXAMINERS AND CORONERS LIKE YOU, BUT ONLY IF YOU PARTICIPATE!**

IN 2004

**WHAT ARE YOUR NUMBERS TODAY?**

<Name>  
<Title>  
<Address>  
<City>, <State> <Zipcode>

ABOUT **1** IN **5** HUMAN DECEDENTS REMAINED UNIDENTIFIED AFTER 1 YEAR  
600 OUT OF 1,000 UNDERWENT FINAL DISPOSITION

Note: 4,400 estimated decedents based on 1,398 offices reporting 4,281 cases; 1,000 estimate based on 1,439 offices reporting 926 cases; 600 estimate based on 1,446 offices reporting 577 cases. Excludes offices in Louisiana.

**Attachment 16. Data quality follow-up telephone script**

## **Sample Call Script for Data Quality Follow-up Calls**

### **[IF CALL RINGS TO A GATEKEEPER]**

Hello, this is <<INSERT NAME>> calling on behalf of the Bureau of Justice Statistics in the U.S. Department of Justice regarding the 2018 Census of Medical Examiner and Coroner Offices (CMEC). I am following up on a survey invitation that we sent addressed to <<POC NAME>>. May I speak with <<POC NAME>>?

### **[IF CALL RINGS TO POC]**

Hello, this is <<INSERT NAME>> calling on behalf of the Bureau of Justice Statistics in the U.S. Department of Justice regarding the 2018 Census of Medical Examiner and Coroner Offices. It is important that we obtain complete data from all law enforcement training academies. I'm calling now to confirm that we have everything recorded correctly and completely for your office. This should only take a few minutes of your time.

BEGIN READING QUESTION(S) THAT IS (ARE) MISSING INFORMATION OR HAVE INCONSISTENT RESPONSES.

Thank you for your time.



**Attachment 17. Sample call script for telephone prompting calls**

## Phone Prompting Specifications

### CMEC Incomplete Response Follow-Up CATI Script

---

**NT00.**

**PROGRAMMER, DISPLAY:**

**STATUS, DATE OF LAST CALL, NUMBER OF ATTEMPTS**

**QINT1.** Hello, this is <<INTERVIEWER NAME>>, calling on behalf of the Bureau of Justice Statistics in the U.S. Department of Justice regarding the 2018 Census of Medical Examiner and Coroner Offices, also known as CMEC.

To ensure I've contacted the correct medical examiner or coroner, I would like to ask a few brief questions about your office. I have the name as...

[PROGRAMMER: FILL MEC.]

Is that correct?

- 1 YES [GO TO QINT3]
- 2 NO [GO TO QINT2]

**QINT2.** What is the office's/agency's name?

\_\_\_\_\_

**QINT3.** What is the office's/agency's address?

[PROGRAMMER: FILL ADDRESS]

- 1 YES – MATCH TO RECORDS [GO TO QINT5]
- 2 NO – DOES NOT MATCH RECORDS [GO TO NEW\_ADDR1]

**NEW\_ADDR1.** INTERVIEWER: RECORD ADDRESS, ASKING RESPONDENT TO REPEAT IF NECESSARY.

ADDRESS 1:

ADDRESS 2:

CITY:

STATE:

ZIP:

**QINT5.** Let me just check to see if the information we have on record is up-to-date.

[PROGRAMMER: DISPLAY MEC, ADDRESS, NEW INFORMATION JUST PROVIDED AND VICINITY LIST.]

INTERVIEWER: USE LOOKUP TABLE TO IDENTIFY ANY AGENCIES WITH NAMES THAT ARE SIMILAR TO THE NAME OF THE AGENCY TI IS TALKING TO. IF ANY SIMILAR, DISCUSS WITH RESPONDENT. ONCE MEC IS CONFIRMED SELECT FROM LIST AND CONTINUE.

**QINT7.** I'm following up on a survey invitation that we sent to <<MEC>>.

Have I reached <<area >>-<<phone>>?

- 1 CORRECT NUMBER [GO TO QINT10]
- 2 NOT CORRECT [GO TO QINT8]
- 3 WOULD LIKE TO BE CALLED ON A NEW NUMBER [GO TO TEL06]

**QINT8.** What phone number have I reached?

\_\_\_\_\_

[PROGRAMMER: APPEND THE PHONE NUMBER TO THIS CASE.]

**[GO TO QINT10]**

**TEL06.** What is the number you would like to be contacted at?

\_\_\_\_\_

(ENTER NUMBER WITH NO DASHES, SPACES OR OTHER PUNCTION)

INTERVIEWER: RECORD THE NUMBER, THEN CALL THE RESPONDENT BACK ON THE NEW NUMBER.

[PROGRAMMER: APPEND THE PHONE NUMBER TO THIS CASE.]

**[GO TO QINT10]**

**QINT10.** Which one of the following best describes your agency?

- 1 County or state coroner
- 2 County or state medical examiner
- 3 Sheriff-coroner
- 4 Justice of the peace
- 5 My office does not investigate deaths
- 6 Other medicolegal death investigation office \_\_\_\_\_

**QINT11.** May I speak with <<Title>> <<name>>?

- 1 TRANSFER TO POC (LIVE) **[GO TO QINT14]**
- 2 GATEKEEPER IS POC **[GO TO QINT14]**
- 3 TRANSFER TO VM FOR POC **[GO TO ANSPROMPT1]**
- 4 NO/NOT AVAILABLE – SCHEDULE CALLBACK **[GO TO INT06]**
- 5 POC NO LONGER IN MEC **[GO TO QINT12]**
- 2 REFUSED **[GO TO QINT18]**

**QINT12.** What is the new (medical examiner's/coroner's) name?

\_\_\_\_\_

9 REFUSED

**[GO TO QINT13]**

**QINT13.** May I speak with the (medical examiner/coroner)?

- 1 TRANSFER TO POC (LIVE) **[GO TO QINT14]**
- 2 GATEKEEPER IS POC **[GO TO QINT14]**
- 3 TRANSFER TO VM FOR POC **[GO TO ANSPROMPT1]**

- 4 NO/NOT AVAILABLE – SCHEDULE CALLBACK **[GO TO INT06]**
- 5 REFUSED **[GO TO QINT18]**

**QINT14.** [IF Q11=1 OR Q13=1, FILL: Hello, this is <<INTERVIEWER NAME>> calling on behalf of the Bureau of Justice Statistics in the U.S. Department of Justice regarding the 2018 Census of Medical Examiner and Coroner Offices, also known as CMEC.]

I'm following up on our invitation that asked your office to participate in the CMEC survey. Since we did not hear back from your office, I wanted to call to see if you received the invitation.

- 1 YES **[GO TO QINT18]**
- 2 NO **[GO TO QINT19]**
- 3 NO ANSWER **[END CALL]**
- 4 WENT TO VOICEMAIL **[GO TO ANSPROMPT1]**
- 2 REFUSED **[GO TO QINT17]**

**ANSPROMPT1.** [DISPLAY FOR CALLING ROUNDS 1 AND 2] Hello, this is \_\_\_\_\_, calling on behalf of the Bureau of Justice Statistics in the U.S. Department of Justice regarding the Census of Medical Examiner and Coroner Offices, also known as CMEC. This message is for <<POC name>>. Our records show that we have not yet received your completed survey. We hope that you can complete the survey within the next week. If you have any questions about the survey, please call our toll-free number, ###-###-####.

[DISPLAY FOR CALLING ROUND 3] Hello, this is \_\_\_\_\_, calling on behalf of the Bureau of Justice Statistics in the U.S. Department of Justice regarding the 2018 the Census of Medical Examiner and Coroner Offices, also known as CMEC. This message is for <<POC name>>. Our records show that we have not yet received your completed survey. Your participation helps to ensure the accuracy of the study results and we cannot substitute another agency for yours. We hope that you can complete the survey by [DATE]. If you like, please call our toll-free number ###-###-#### and a member of the research team can assist you.

- 1 LEFT MESSAGE. END CALL.
- 2 SOMEONE PICKED UP. **[GO TO QINT11]**
- 3 UNABLE TO LEAVE MESSAGE. END CALL.

**INT06.** When would be a better time to call back?

INTERVIEWER: IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW BUT THEY ARE DRIVING, SAY: I'm sorry, but for your safety we're not able to continue while you're driving (or doing something else that requires your full attention)

IS THIS CALLBACK SET BY THE RESPONDENT OR SOMEONE ELSE?

(INTERVIEWER NOTES: CALLBACK SHOULD ONLY BE SET IF THE RESPONDENT REQUESTED OR AGREED TO BE CALLED BACK.

CALLBACK DEFINITION:

CALLBACK BY SUBJECT: THE RESPONDENT SELECTED TO COMPLETE THE INTERVIEW PROVIDED A SPECIFIC TIME AND DATE FOR THE APPOINTMENT.

CALLBACK BY OTHER: SOMEONE OTHER THAN THE SELECTED RESPONDENT ASKED FOR US TO CALLBACK, OR THE SELECTED RESPONDENT DID NOT PROVIDE A SPECIFIC DATE AND TIME TO BE CALLED BACK.

- 1 APPOINTMENT BY SUBJECT **[GO TO APPOINTMENT SCHEDULE SCREENS AND THEN QINT28]**
- 2 APPOINTMENT BY OTHER **[GO TO APPOINTMENT SCHEDULE SCREENS AND THEN QINT28]**
- 3 REFUSED. I will just try again later. **[GO TO QINT28]**

**QINT17.** [PROGRAMMER: IF AGENCY HAS NOT RECEIVED COMMUNICATIONS (Q14=2), DO NOT ASK. ELSE, ASK OF EACH AGENCY THAT HAS NOT REFUSED.]

Your agency's participation helps to ensure our study accurately represents law enforcement agencies across the country. We cannot substitute another agency for yours. Would you please tell me more about your agency's reasons for not participating?

INTERVIEWER: ENTER VERBATIM IN OPEN ENDED BOX FOR CODE 00, THEN CODE THE RESPONSE

---

SELECT ALL THAT APPLY:

- 0 ENTER VERBATIM
- 1 COMPLETE — AGENCY CLAIMS THAT SURVEY HAS BEEN SUBMITTED/SENT
- 2 DUE DATE — CANNOT RESPOND BY DUE DATE
- 3 LIMITED TIME/RESOURCES — NOT RELATED TO DUE DATE
- 4 APPLICABILITY — AGENCY THOUGHT SURVEY DID NOT APPLY TO THEM
- 5 NO INTEREST — AGENCY STAFF ARE UNINTERESTED IN THE SURVEY TOPIC OR GOALS
- 6 NO BENEFIT — AGENCY RECEIVES NO BENEFIT FROM PARTICIPATION/SURVEY
- 7 VOLUNTARY — PARTICIPATION IS NOT MANDATED BY LAW
- 8 SURVEY FATIGUE — AGENCY RECEIVES TOO MANY SURVEY REQUESTS
- 9 LACK OF DATA — DATA NOT AVAILABLE DURING SURVEY PERIOD
- 10 LACK OF DATA — DATA DO NOT EXIST OR ARE NOT MAINTAINED
- 11 INACCESSIBLE DATA — DATA EXIST, BUT ARE NOT EASILY ACCESSIBLE
- 12 POOR QUALITY DATA — DATA EXIST, BUT ARE OF QUESTIONABLE/POOR QUALITY
- 13 CONFIDENTIALITY — DATA ARE NOT TO BE SHARED OUTSIDE OF AGENCY/AUTHORITY
- 14 FEDERAL ROLE — FEDERAL GOVERNMENT SHOULD NOT BE INVOLVED IN LOCAL ISSUES
- 15 JURISDICTION RULE — JURISDICTION DOES NOT PARTICIPATE IN RESEARCH
- 16 OTHER
- 17 REFUSED TO GIVE REASON FOR DELAY/REFUSAL

**QINT18.** INTERVIEWER: IF REFUSAL, DO NOT ASK; CODE 05 [NO, will not complete survey]

ELSE: How would you prefer to complete the survey? You have the option to complete it online or by hard copy.

- 1 POC has completed web survey or sent hard copy [GO TO QINT28]
- 2 YES, will complete survey online [GO TO QINT21]
- 3 YES, will complete a hard copy [GO TO QINT23]
- 4 YES, will complete a hard copy already received [GO TO QINT27]
- 5 NO, will not complete survey [GO TO QINT28]

**QINT19.** IF QINT14=2: Let me send you the survey again. You have the option to complete it online or by hard copy. Which do you prefer?

- 1 YES, will complete survey online [GO TO QINT21]
- 2 YES, will complete a hard copy [GO TO QINT23]
- 3 NO, will not complete survey [GO TO QINT18]

**QINT20.** Do you need me to send the survey link and login information to you again?

- 1 Yes **[GO TO QINT22]**
- 2 No **[GO TO QINT28]**

**QINT21.** What is your email address?

\_\_\_\_\_

**[GO TO QINT26]**

**QINT22.** Do you need me to mail you another copy of the survey?

- 1 Yes **[GO TO QINT23]**
- 2 No **[GO TO QINT28]**

**QINT23.** Should I use the address we have on file for you or another address?

- 1 Address on file **[GO TO QINT27]**
- 2 Another address **[GO TO QINT24]**

**QINT24.** What is that address?

\_\_\_\_\_

**[GO TO QINT27]**

**QINT25.** We will send a link to the survey and the access code by email. We look forward to receiving the completed survey. I appreciate you taking the time to speak with me today. Have a nice day.

**INTERVIEWER: END CALL.**

**QINT26.** We will mail the questionnaire in the next day or two. We look forward to having you complete the survey. I appreciate you taking the time to speak with me today. Have a nice day.

**INTERVIEWER: END CALL.**

**QINT27.** We look forward to receiving the completed survey. I appreciate you taking the time to speak with me today. Have a nice day.

**INTERVIEWER: END CALL.**

**QINT28.** I appreciate you taking the time to speak with me today. Have a nice day.

**INTERVIEWER: END CALL.**

**Attachment 18. Sample call script for nonresponse telephone calls**



## Sample Call Script for Nonresponse Telephone Calls

### **[IF CALL RINGS TO A GATEKEEPER]**

Hello, this is <<INSERT NAME>> calling on behalf of the Bureau of Justice Statistics in the U.S. Department of Justice regarding the 2018 Census of Medical Examiner and Coroner Offices. I am following up on a survey invitation that we sent addressed to <<POC NAME>>. May I speak with <<POC NAME>>?

### **[IF CALL RINGS TO POC]**

Hello, this is <<INSERT NAME>> calling on behalf of the Bureau of Justice Statistics in the U.S. Department of Justice regarding the 2018 Census of Medical Examiner and Coroner Offices. A few months ago, we sent you a letter and an email message inviting your agency to participate in the survey. We did not hear back from your office and I wanted to follow up with you to confirm that you received the request.

Have you received our communications?

*[IF YES]*

#### **[IF QUESTIONS ABOUT THE SURVEY]**

- The Census of Medical Examiner and Coroner Offices (CMEC) has not been conducted since 2004.
- The CMEC collects information on administrative issues, budget and resources, workload, specialized death investigations, records and evidence retention, and training.
- BJS will use the data collected through this survey only for research and statistical purposes. Results—at the national level, not at the individual level—will be shared with other medical examiners and coroners, policy makers, and other stakeholders.
- The survey will take approximately **1.5 hours to complete**, including gathering some of the information and numbers you might need to compile.

#### **[OFFER ASSISTANCE TO COMPLETE]**

- Is there anything I can do to assist you in completing the survey? A paper version is available if you would prefer to submit the information by mail.

#### **[IF PROMPTING AGENCY TO COMPLETE ONLY CRITICAL ITEMS]**

- BJS considers the following questions to be most critical: <<INSERT ITEMS>>. Would you be able to provide responses to just those questions? I can record your answers now or schedule a time to call you that would be most convenient.

#### **[IF AGENCY SAYS THEY DO NOT INTEND TO RESPOND]**

- Thank you for letting us know. Would you be able to provide responses to just those questions? I can record your answers now or schedule a time to call you that would be most convenient. Would you be willing to share with us why you have chosen not to participate?

*[IF NO]*

- Let me review the information we have on file for your agency. [REVIEW E-MAIL ADDRESS AND MAILING ADDRESS.]
- What is the POC's preferred method of contact and offer so I can re-send the information?

**Attachment 19. End-of-Study letter**



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

---

*Washington, DC 20531*

«TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»  
«ADDRESS1», «ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «NAME»:

We have made several attempts to contact you over the past few months regarding the participation of <<MEC>> in the Bureau of Justice Statistics' (BJS) Census of Medical Examiner and Coroner Offices (CMEC). Your responses are vital to informing the Department of Justice of the needs of the medicolegal death investigation community and representing your jurisdiction.

I am writing today to notify you that there are only a couple of weeks remaining to complete the questionnaire. We must receive your response soon to ensure that the study results accurately reflect the characteristics and activities of your office. The reliability of the study's results directly depends on the participation of all medical examiners and coroners. **Since CMEC is a census, your responses cannot be replaced.**

**Please complete the questionnaire by using the following link: [WEB ADDRESS] and entering the following information:**

**User Name: «WebUsername»**

**Password: «PIN»**

Alternatively, if you would prefer to complete the questionnaire on paper, we are happy to send you a hard copy or you may download and print a paper version upon entering your questionnaire access code on the CMEC questionnaire website.

If you have questions about CMEC or need to update your contact information (including e-mail address), please contact the CMEC data collection team via phone or e-mail at ###-###-#### or [cmec@rti.org](mailto:cmec@rti.org). If you have any general comments about this data collection, please contact me at ###-###-#### or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

I greatly appreciate your consideration.

Sincerely,

Connor Brooks  
Program Manager, Bureau of Justice Statistics

**Attachment 20. End-of-Study email**

TO: «TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»

SUBJECT: End of Study - Census of Medical Examiner and Coroner Offices

Dear «TITLE» «NAME»:

Recently, materials related to the 2018 Census of Medical Examiner and Coroner Offices (CMEC) were sent to you by mail. This email message is to relay this message to you via email as well and encourage you to contact us if you have any questions related to the data collection.

**Please reply to this message to confirm that we have reached <<MEC>>.**

The information contained in the letter that we mailed most recently (on <<DATE>>) is provided below.

Thank you,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

---

---

«TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»  
«ADDRESS1», «ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «NAME»:

We have made several attempts to contact you over the past few months regarding the participation of <<MEC>> in the Bureau of Justice Statistics' (BJS) Census of Medical Examiner and Coroner Offices (CMEC). Your responses are vital to informing the Department of Justice of the needs of the medicolegal death investigation community and representing your jurisdiction.

I am writing today to notify you that there are only a couple of weeks remaining to complete the questionnaire. We must receive your response soon to ensure that the study results accurately reflect the characteristics and activities of your office. The reliability of the study's results directly depends on the participation of all medical examiners and coroners. **Since CMEC is a census, your responses cannot be replaced.**

**Please complete the questionnaire by using the following link: [WEB ADDRESS] and entering the following information:**

**User Name: «WebUsername»  
Password: «PIN»**

Alternatively, if you would prefer to complete the questionnaire on paper, we are happy to send you a hard copy or you may download and print a paper version upon entering your questionnaire access code on the CMEC questionnaire website.

If you have questions about CMEC or need to update your contact information (including e-mail address), please contact the CMEC data collection team via phone or e-mail at [###-###-####](tel:###-###-####) or [cmech@rti.org](mailto:cmech@rti.org). If you have any general comments about this data collection, please contact me at [###-###-####](tel:###-###-####) or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov).

I greatly appreciate your consideration.

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics

**Attachment 21. Thank you letter**



**U.S. Department of Justice**

Office of Justice Programs

*Bureau of Justice Statistics*

---

*Washington, DC 20531*

«TITLE» «POC NAME»  
OR CURRENT CHIEF EXECUTIVE  
«MEC»  
«ADDRESS1», «ADDRESS2»  
«CITY», «STATE» «ZIP»

Dear «TITLE» «NAME»:

On behalf of the Bureau of Justice Statistics (BJS) and RTI International, I would like to thank you for your participation in the 2018 Census of Medical Examiner and Coroner Offices (CMEC). I truly appreciate your support in completing this survey. Your participation ensures that we are a step closer to providing a complete enumeration of the nation's medical examiner and coroner offices and that your jurisdiction is represented as the Department of Justice assesses the needs of the medicolegal death investigation community.

This letter confirms that we have received your survey and are currently processing the data. RTI will contact you if there are any questions about the answers your agency has submitted. We anticipate all survey responses will be collected by the end of **October 2019**. A copy of the report will be available through BJS and the CMEC website in 2020.

If you have any general comments or questions, please feel free to contact me at 202-616-1706 or [connor.brooks@usdoj.gov](mailto:connor.brooks@usdoj.gov). If you have questions about CMEC or need to update your contact information (including email address), please contact RTI's CMEC support team at **###-###-####** or [cmec@rti.org](mailto:cmec@rti.org).

Sincerely,

Connor Brooks  
Program Manager  
Bureau of Justice Statistics



**Attachment 22. Letter of Support: National Association of Medical Examiners**



# The National Association of Medical Examiners®

362 Bristol Rd, Walnut Shade, MO 65771

660-734-1891 Fax: 888-370-4839 Email: [name@thename.org](mailto:name@thename.org) Website: [www.thename.org](http://www.thename.org)

## OFFICERS 2018

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**\*Vice-President**  
Jonathan L. Arden, M.D.

December 21, 2018

**\*Secretary-Treasurer**  
J. Scott Denton, M.D.

Dear Fellow Medical Examiner or Coroner:

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Barbara C. Wolf, M.D. (2019)

The National Association of Medical Examiners encourages you to participate in the attached 2018 Census of Medical Examiner and Coroner Offices (CMEC). The Bureau of Justice Statistics (BJS), working with RTI International (RTI), is sending the CMEC to every medical examiner and coroner office in the United States with the goal of generating statistics that will develop a detailed understanding of the U.S. medicolegal death investigation system and gather information that will help address training, staffing, and jurisdictional coverage needs. **NAME and the BJS team are hoping that you will participate in this important survey effort.**

The information produced by the CMEC, which has been informed, reviewed, and vetted by an expert panel of medical examiners and coroners, will provide valuable data regarding staffing, budget, and caseload information that will be comparable to the only previous CMEC administration, which referenced 2004. The previous CMEC found, for example, that the estimated total annual budget across all MEC offices in the U.S. was \$718.5M, the average budget per office was \$387K, and the median budget per office was \$37K. The previous CMEC also determined that the average workload in 2004 was 131 reported cases and 67 average accepted cases per fulltime employee. For more information about the previous CMEC's survey results that referenced 2004, please see: <https://www.bjs.gov/content/pub/pdf/meco04.pdf>.

**Your response to the 2018 CMEC is critical to obtain national estimates of personnel, resources, policies, and infrastructure of our community.** Since it is a census, your responses cannot be replaced. The CMEC is the only systematic survey effort of its kind to focus on our community and directly supports the NAME mission of promoting excellence in the day to day investigation of individual cases as well as improving the interaction of death investigation systems with other agencies and political entities that interact with death investigation efforts.

We know that you and your staff have many responsibilities and limited time, but we hope that you will provide the requested information and contribute to this effort. Your participation will help ensure that the 2018 CMEC is a success and that the results can be used with confidence by the federal government and by our community.

Thank you in advance for your cooperation with this important effort.

Sincerely,

Kim A. Collins, MD  
2018 NAME President

Jonathan L. Arden, MD  
2018 NAME Vice President

Brian L. Peterson, MD  
2018 NAME Chairman of the Board

\*Indicates Member of Executive Committee

**Attachment 23. Letter of Support: International Association of Coroners & Medical Examiners**



# International Association of Coroners & Medical Examiners

*Collaboration · Education · Accreditation*

**Dedicated to the promotion of excellence in medicolegal death investigation through collaboration, education and accreditation.**

---

December 11, 2018

Dear Fellow Coroner or Medical Examiner:

On behalf of the International Association of Medical Examiners & Coroners (IAC&ME), I write to encourage you to participate in the attached 2018 Census of Medical Examiner and Coroner Offices (CMEC), which is sponsored by the Bureau of Justice Statistics (BJS) and administered by RTI International. BJS's goals for this survey include developing a detailed understanding of the U.S. medicolegal death investigation system and gathering information that will help address training, staffing, and jurisdictional coverage needs. **IAC&ME and the BJS team are hoping that you will participate in this important survey effort.**

The CMEC, which was last conducted in 2005 referencing 2004, is the only national data collection that provides a complete enumeration of coroners and medical examiner offices in the U.S. As such, the CMEC provides key information about the infrastructure (e.g., staffing and budget) in place to handle our Nation's death investigations. For example, the 2004 survey documented that:

- County coroners' offices accounted for 80% of coroner or medical examiner offices nationwide, and most offices served populations of less than 50,000 persons.
- Offices serving large jurisdictions had an average of over 20 fulltime personnel, while those serving medium to small jurisdictions averaged 1 to 2 fulltime positions.
- The average number of cases reported to coroners and medical examiners ranged from 40 to 70 in offices serving small jurisdictions to over 3,500 among offices serving large jurisdictions.

More information about the findings from the previous CMEC survey may be found on BJS's website (<https://www.bjs.gov/content/pub/pdf/meco04.pdf>). Given the opioid epidemic and other pressures that have been shouldered by our community in recent years, the 2018 CMEC has been revised to emphasize assessing "access" to resources (investigative teams, technology, and services) so that we will have a national gauge of our community's needs. These new questions were added at the request of a panel of coroners and medical examiners who informed the survey team of the most important issues facing coroners and medical examiners. The 2018 questions were then tested by a pool of coroners and medical examiners this past fall.

Since the CMEC is a census, your responses cannot be replaced or replicated. We know that coroners and medical examiners are overburdened and time is limited. However, IAC&ME leadership would like to emphasize that this is our chance to provide key information about the state of the death investigation community and our needs. We thank you in advance for your participation in this important study.

Sincerely,

John Fudenberg, D-AMBDDI  
Secretary, Past President

**Attachment 24. Data quality assessment of 2004 CMEC**

**April 3, 2018**

# 2018 Census of Medical Examiners and Coroners' Offices

## Expert Panel Pre-Meeting Materials

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## 1. Introduction

In 2005, the Bureau of Justice Statistics (BJS) funded RTI International to conduct the 2004 Census of Medical Examiner and Coroners' Offices (CMEC; see Appendix), which was the last time the CMEC was fielded. The 2004 CMEC achieved an 86% response rate across 1,998 MECs. BJS/RTI's final report for the 2004 CMEC ([Hickman et al., 2007](#)) remains the only comprehensive source of basic data about the U.S. medicolegal death investigation (MDI) systems. The 2007 landmark report made clear that the MDI systems varied widely across all measures (e.g., jurisdiction size and type, caseload, staffing, procedures performed, record retention, use of national databases, operation, budget). Given MECs' critical role, it is time to update our understanding of the funding, infrastructure, staffing, resources, and operations that make up the Nation's MDI community.

BJS's goals for the 2018 CMEC include the following ([BJS, 2017](#)):

1. Generate statistics that will help develop a detailed understanding of the U.S. MDI system.
2. Gather information that will help address training, staffing, or jurisdictional coverage needs in the MDI system.
3. Further develop the understanding of the relationship between law enforcement agencies and MECs.

To that end, in 2017, BJS funded RTI to conduct the 2018 CMEC. This document integrates preliminary information from a literature review and assesses the data quality from the 2004 CMEC to better inform efforts of RTI, BJS, and subject matter experts to develop a robust, timely, logical, and relevant survey instrument for the 2018 CMEC.

## 2. Identifying Topical Areas and Data Elements for the 2018 CMEC

Only two other census-scale surveys exist that matched BJS's 2004 CMEC in terms of breadth of topics, scope of effort, or response. The first was the 2003 Survey of Medical Examiners and Coroners funded by the U.S. Department of Veterans Affairs (VA) (n=3,104), which was designed to gather information on the number of annual unclaimed decedents throughout the Nation and what steps are taken to determine decedent veteran status ([Schulman, Ronca, & Bucuvalas, Inc., 2003](#)). Although it is not clear how many questions were included on the VA survey, we believe that the "brief" survey included about 12 questions based on the methodology and findings sections in the report. The VA survey achieved a 78% response rate. The second large-scale MEC survey is the Drug Enforcement Administration's (DEA's) recent National Forensic Laboratory Information System (NFLIS) 2017 MEC Office Survey (n=2,157) (DEA, 2018). This 30-item survey included questions related to administrative information, caseload and drug testing policies, information management systems (IMS), and resources needed to participate in a national drug surveillance system. The 2017 NFLIS MEC Office Survey achieved a 61% response rate.



Given the small number of census MEC surveys, BJS's 2014 Census of Publicly Funded Forensic Crime Laboratories (CPFFCL) survey included data elements that are relevant and complementary to the data that could be collected from the 2018 CMEC ([Durose, Burch, Walsh, & Tiry, 2016a](#), [2016b](#)). The CPFFCL survey achieved an 88% response rate across 409 federal, state, and local crime laboratories. This survey is especially relevant given BJS's third goal for the 2018 CMEC to "further develop the understanding of the relationship between law enforcement agencies and MEC offices" ([BJS, 2017](#)). Similarly, [Drake and Nolte's \(2011\)](#) work adapts an instrument based on the Centers for Disease Control and Prevention's (CDC's) 10 Essential Public Health Services by translating the terminology to that of essential MDI services.

Taken together, these five efforts (i.e., the 2004 CMEC, the 2003 VA report, the 2017 NFLIS MEC Office Survey, BJS's 2016 CPFFCL survey, and Drake and Nolte's 2011 development work) provide a starting point for identifying data elements for inclusion into the 2018 CMEC. This review contains information on the knowledge gaps and proposed new topic areas and data elements identified in the literature and gathered from recent meetings of the MDI community leaders (e.g., the recent February 5–6 National Institute of Justice MDI Stakeholder's Meeting in Washington, DC). The themes are divided into eight categories (i.e., report sections): administrative information, policies and procedures, budget and fiscal expenditures, workload/caseload, training, resource needs, examination capabilities and capacity, and communication and coordination. Across each of these themes, we summarize the data elements common across these five survey efforts, include relevant literature, and summarize the 2004 CMEC item responses where pertinent.

***For the 2004 CMEC item response rates, we highlight differences in medical examiner versus coroner response rates where percentage points were greater than 5. Where data items overlapped across the eight categories, the percentages were not repeated in latter sections.***

## 2.1 Administrative Information

As **Table 1** shows, type of office and jurisdiction served were common across the BJS and the DEA surveys, which makes sense given the wide variation in MEC organizational structures within and across states and the importance of being able to contextualize the size of the caseload by population size. Full-time staff and contracted staffing—which are included on the 2004 CMEC and the CPFFCL surveys—are timely given concerns about pathologist and MDI staffing shortages nationwide, especially in light of increases in MEC caseloads nationwide. Accreditation of facilities has become increasingly salient given recent federal goals to have all MECs accredited by 2020 (National Commission on Forensic Science [[NCFS](#)], [2016a](#)). Providing national data that can speak to the extent to which these goals are being met nationally will be critical for policy makers and budget directors.

**Table 1. Administrative Items Common Across Five Survey Efforts Relevant to the 2018 CMEC**

Data Element	2004 CMEC	2017 NFLIS MEC Office Survey	2016 CPFFCL Survey	2003 VA Report	2011 Drake & Nolte MDI Services
<b>Administrative Information</b>	<b>Instrument Question Number</b>			<b>Addressed (Indicated by an "X")</b>	
Type of Office	A3	5	A4	---	---
Jurisdiction Served	A4	7	A2	---	---
Population Served	A5	8	---	---	---
FTE and Contracted Staffing	A6, A7, A8	---	C2	---	---
Staff Duties	A8, C4	---	---	---	---
Accreditation	---	9	F1	---	---

### *2004 CMEC Item Response Summary<sup>1</sup>*

- The largest number of CMEC respondents were county coroners (n=1,366), followed by county medical examiners (n=266). Regional medical examiners (n=33), state medical examiners (n=24), regional coroners (n=29), and city medical examiners (n=3) were respondents in the remaining surveys.
- The response rates across the administrative questions were fairly high, ranging from 72% (e.g., the full-time equivalent [FTE] detail) to 100% (across type of office [[Question A3](#)] and jurisdiction population [[Question A4](#)]).
- Overall response to *general* questions (e.g., total number of FTE employees) was often very high (100% overall; [Question A6](#)). However, *detail* responses on the same subjects (e.g., the number of FTEs and contractor detail questions) were often much lower, ranging from 69% to 87%. In fact, as a general rule, coroners had lower response rates compared with medical examiners across many areas in the survey instrument. For example, coroners were less likely than medical examiners to answer questions such as the following:
  - The number of consultant/contractor positions (86% vs. 90%; [Question A7](#))
  - FTE detail questions (69% vs. 85%; [Question A8](#))
  - Contractor detail questions (78% vs. 87%; [Question A8](#))

## 2.2 Policies and Procedures

Policies and procedures surrounding types of death and investigative procedures cover a wide range of issues and topics. Summarized as follows are the major topical areas that were included on the 2004

<sup>1</sup> For some questions, it was unclear whether a missing value was a result of declining to answer a question, for which there could be several reasons, or was a “No” or numeric “0” response. According to the codebook that accompanied the data, there were supposed to be such “informative missing” codes for the data. However, these codes did not appear in the final public release dataset.

CMEC and verified in the literature as important for consideration for the 2018 administration given a large or growing literature (e.g., sudden infant deaths) or persistent issues that merit consideration for the 2018 CMEC (e.g., cold cases). As **Table 2** shows, the topics related to criminal deaths, information sharing, data and records, and completion of death certificates were common across the five major survey efforts. Unless specifically stated, there were no differences in a given item response.

**Child/infant death investigation policies and procedures:** Wide variations exist in standard practices and policies for investigating sudden unexpected infant deaths (e.g., [Covington, 2011](#); [Moissiy, 2016](#)), which in turn affects the interpretation and death certification of these cases.

- One survey of MECs provided hypothetical scenarios depicting infant deaths with negative autopsy findings and safe or unsafe sleeping conditions with potential airway obstruction. Practitioners' classification of infant deaths varied by scenario ([Shapiro-Mendoza et al., 2017](#)).
- In their survey of MECs serving large jurisdictions (population greater than 300,000; n=154; response rate: 29%), [Brooks and Gill \(2015\)](#) found significant interoffice variability regarding testing for infectious diseases (histology, viral studies, blood culture, etc.) in sudden infant death cases. Variability in testing was due to the perceived lack of utility of such testing, rather than lack of test availability.
- A sample of National Child Death Review Case Reporting System cases found that nearly all cases included a death scene investigation (98%) and witness interviews (88%) ([Erck Lambert et al., 2016](#)). All sampled cases included an autopsy. The most frequently reported autopsy components conducted were histology, microbiology, and toxicology.

**Criminal deaths:** New methods are being developed, validated, and used in criminal investigations using DNA, whereas the validity and accuracy of older methods (e.g., latent printing) are being challenged (e.g., [Butler, 2015](#)).

**Unidentified and unclaimed decedents:** This topic covers cold cases (i.e., unresolved homicides and deaths), record-keeping practices for these cases, and disposition policies and practices.

- [Stein, Kimmerle, Adcock, and Martin \(2017\)](#) recently identified more than 230,355 unresolved homicides (i.e., cold cases) for the period between 1980 and 2014. Previous national estimates had estimated the national cold case docket at 185,000.
- [Schulman, Ronca, & Bucuvalas, Inc. \(2003\)](#) reported that more than half of all jurisdictions surveyed (54%) reported that they kept records on identified, unclaimed decedents. Of those that kept records on identified, unclaimed decedents, 69% kept those records indefinitely.

**Information sharing:** Several federal databases are available for use to MECs (e.g., National Crime Information Center [NCIC], Combined DNA Index System [CODIS], National Violent Death Reporting System [NVDRS], National Missing and Unidentified Persons System [NamUs]), and MECs are increasingly getting access to state-specific resources (e.g., prescription monitoring program data).

**Data records:** Surveys conducted by the National Association of Medical Examiners (NAME) in 2007 and 2011 suggested that using an IMS increased between survey years, but the 2011 survey showed that 18% of death investigation systems lacked an IMS ([Levy, 2013](#)). Moreover, the percentage of offices with home-developed systems increased between 2007 and 2011, whereas users’ satisfaction with these systems decreased during the same period ([Levy, 2013](#)).

**Coding standards:** Coding standards, death certificate completion conventions, and policies governing how causes of death are rendered and coded vary. Examples are provided as follows:

- *Work-related fatal injuries versus non-work-related deaths:* One survey of coroners’ offices looking at work-related fatal injuries found that respondents were internally consistent (i.e., each participant consistently endorsed his or her vignettes based on his or her own method), but respondents varied in their determination of whether the vignettes portrayed work-related fatal injuries ([Peek-Asa, McArthur, & Kraus, 1997](#)).
- *Classifications for drug-related deaths:* The NAME suggests that the best classification for manner of death in deaths due to opioid abuse (without intent of self-harm) is “accident.” “Undetermined” should be used for cases in which evidence supports more than one possible determination, and “suicide” should be used for cases in which fatal injury is self-inflicted with indication of intended self-harm ([Davis & NAME, 2014](#)).

**Table 2. Policies and Procedures Items Common Across Five Survey Efforts Relevant to the 2018 CMEC**

Data Element	2004 CMEC	2017 NFLIS MEC Office Survey	2016 CPFCL Survey	2003 VA Report	2011 Drake & Nolte MDI Services
Policies and Procedures	Instrument Question Number			Addressed (Indicated by an “X”)	
Infant Deaths	D8, D9, D10	---	---	---	X
Criminal Deaths	C5, D9	---	A7	---	X
Unidentified and Unclaimed Decedents	D2, D3, D4, F2	---	---	X	---
<i>Disposition of Remains</i>	D1	---	---	---	---
Information Sharing	D5, D6, D7	---	A7	---	X
<i>Criminal Database Use (e.g., CODIS, NamUs)</i>	D5, D6, D7, F3, F4	---	---	---	X
Data and Records	C6, E6	---	A7	X	X
<i>Evidence Retention and Storage</i>	E5, E6, E7	---	---	---	X
Coding Standards	---	---	---	---	X
<i>Completion of Death Certificate</i>	C6	---	16, 17	---	X

## *2004 CMEC Item Response Summary*

### *Infant Deaths*

- Of MECs, 82% provided the total number of infant deaths (*Question D8*), and 90% of MECs provided the total number of infant death cases by diagnosis numbers (*Question D9*).
- Of MECs, 66% responded to the question about the types of procedures used for investigating sudden infant deaths (*Question D10*).

### *Criminal Deaths*

- Of MECs, 66% provided responses to the question about the average turnaround time in days across the six manners of death (*Questions C5a–C5f*).

### *Unidentified/Unclaimed Decedents*

- Of MECs, 99% entered a total number of cases of unidentified human decedents (*Question D3*).
- Of MECs, 95% provided a response to the question about policies for retaining records of unidentified human remains (*Question D2*).
- Of respondents, 80% reported what would be needed to reduce their inventory of unidentified human decedents (*Question F3*).
- Of MECs, 67% responded to the question about whether their office used an unidentified persons database (*Question D4*).
- Slightly fewer coroners than medical examiners responded to the question about whether they had a policy for the final disposition of unidentified human remains (93% vs. 97%; *Question D1*).

### *Information Sharing/Database Use*

- Of MECs, 96% inputted their frequency for using NCIC (*Question D5*).
- Of MECs, 92% reported data on how their office used NCIC (*Question D6*).
- Of MECs, 88% provided insights about how often they used CODIS (*Question D7*).
- When asked about additional data collection efforts (*Questions F3 and F4*), about two-thirds of coroner and medical examiner respondents provided responses (65% for *Question F3*; 66% for *Question F4*), and their responses were comparable.

### *Data and Records*

- Of MECs, 68% provided information about whether their death certificates were completed after receiving the results of all investigations and reports (*Question C6*).
- Of respondents, 65% reported on how they maintained their case records (*Question E6*).

The series of questions about how long records, evidence, and specimens were retained in months (*Question E5*) yielded response rates that ranged from 79% for toxicology specimens (*Question E5c*) to 93% for case records (*Question E5a*).

### Completion of Death Certificate Practices

- Of MECs, 68% answered the question about whether there is a standard practice for completing the death certificate after completing all investigations and reports ([Question C6](#)).

### 2.3 Budget and Fiscal Expenditures

Budget information was a critical item on the 2004 CMEC and part of the 2016 CPFFCL survey (**Table 3**) but was not included on the non-BJS survey efforts. Budget is likely to be a key variable of interest given recent pushes at the federal level to modernize the MDI infrastructure, increase certification and accreditation, and improve recruitment and retention of forensic pathologists ([NCFS, 2016a](#)). The 2016 CPFFCL survey findings showed that 4 out of 10 crime laboratories charge fees for completing forensic services to generate revenue to fund trainings and autopsies ([Durose et al., 2016a](#)).

**Table 3. Budget and Fiscal Items Common Across Five Survey Efforts Relevant to the 2018 CMEC**

Data Element	2004 CMEC	2017 NFLIS MEC Office Survey	2016 CPFFCL Survey	2003 VA Report	2011 Drake & Nolte MDI Services
<b>Budget and Fiscal Expenditures</b>	<b>Instrument Question Number</b>			<b>Addressed (Indicated by an "X")</b>	
Annual Budget	B1, B2	---	B1	---	---
Budget Categories (e.g., personnel, travel, training)	B3	---	---	---	---
Funding Source	B4	---	---	---	---
Grant Funds	B5	---	B2	---	---
Agency Fees (i.e., revenue)	B6	---	B2	---	---
Salaries	B6	---	C3, C4	---	---

#### 2004 CMEC Item Response Summary

- Of MECs, 99% provided the total operating budget ([Question B1](#)).
- Of MECs, 63% provided input about whether their budget was by fiscal or calendar year period ([Questions B1-1](#) and [B1-2](#)).
- Of MECs, 62% filled out the line item budget details ([Questions B3a–B3j](#)).
- Of MECs, 57% provided a response to grant funding ([Question B5](#)) and revenue from services ([Question B6](#)).

### 2.4 Workload/Caseload

**Table 4** presents the caseload and the characteristics associated with workload that were included on all the surveys except for the 2003 VA report. The most common data elements were accepted cases, types of cases, and turnaround time for case processing.

**Table 4. Workload/Caseload Items Common Across Five Survey Efforts Relevant to the 2018 CMEC**

Data Element	2004 CMEC	2017 NFLIS MEC Office Survey	2016 CPFFCL Survey	2003 VA Report	2011 Drake & Nolte MDI Services
Workload/Caseload	Instrument Question Number			Addressed (Indicated by an "X")	
Number of Referrals	C1	10	---	---	X
Accepted Cases	C2	11	D1	---	X
Types of Cases	C3	13, 14	A7	---	X
Autopsied Cases	C3, C4, C7	12	---	---	X
Turnaround Time	C5	15	A7	---	---

### *2004 CMEC Item Response Summary*

- Of MECs, 100% provided responses for the number of referred cases ([Question C1](#)) and the number of accepted cases ([Question C2](#)).
- Of MECs, 96% indicated the extent to which they performed functions routinely or by special request (e.g., certificate of death, physical inspection of a decedent; [Questions C7a–C7g](#)).
- Of MECs, 68% inputted a response for the type of investigations, exams, and autopsies ([Questions C3a–C3j](#)).
- Of MECs, 66% provided responses regarding case completion turnaround time ([Question C5](#)).
- Of MECs, 65% responded to types of cases for which the office performs a procedure (e.g., death scene investigation, complete autopsy, toxicology, radiology; [Question C4](#)).

## 2.5 Training

As [Table 5](#) demonstrates, only training as a resource need was included on the 2004 CMEC, and certification status was included on BJS’s most recent CPFFCL survey ([Durose et al., 2016b](#)). Federal reports consistently recommended professional certification be sought to “support improvements in the practice of MDI and professionalization of MDI personnel” ([National Science and Technology Council \[NSTC\], 2016b](#)). This topic continues to be a persistent part of the national dialogue about the state of the MDI, in part because the qualifications and training vary across coroners and medical examiners. All MEC surveys largely did not address the status of certification, qualifications, continuing education, or resource needs. Examples of this variation are exemplified in the following research:

- A survey of pathology residency program directors found that some programs (6%) do not require a forensic pathology rotation, and those that do are brief (4 weeks), conducted at a medical examiner’s office, and require set prerequisites (Spencer, Ross, & Domen, 2017). More than 1 in 5 programs have residents who are not receiving documented evaluations for their forensic rotation, and although most (40%) programs have a defined forensics curriculum, up to 15% do not (Spencer et al., 2017).



- Some states mandate 16 to 40 hours per year of in-service training for coroners, whereas others do not provide training or provide funding for investigators to attend other forms of training. Colorado, Wyoming, and Iowa provide death investigation training through the law enforcement academy, the state board, and/or the state advisory council ([Pirsch, 2009](#)).
- One state survey found that 64% of Ohio coroner respondents have received continuing education related to drug overdose death investigation in the past 2 years ([Wymyslo & Beeghly, 2013](#); [Ohio Department of Health, 2013](#)).

**Table 5. Training Items Common Across Five Survey Efforts Relevant to the 2018 CMEC**

Data Element	2004 CMEC	2017 NFLIS MEC Office Survey	2016 CPFCL Survey	2003 VA Report	2011 Drake & Nolte MDI Services
<b>Training</b>	<b>Instrument Question Number</b>			<b>Addressed (Indicated by an "X")</b>	
Status of Certification	---	---	C2	---	X
Qualifications	---	---	---	---	X
Continuing Education	---	---	---	---	X
Resource Needs	F1	---	---	---	X

*2004 CMEC Item Response Summary*

- Of MECs, 77% overall provided responses regarding training to improve case completion turnaround time ([Question F1](#)).
- Of medical examiners, 68%, and 67% of coroners, provided inputs on what types of resources could improve their turnaround time ([Question F1](#)).

**2.6 Resource Needs**

As **Table 6** shows, computing, IMS, and evidence tracking systems were the most common resources specified across the five major survey efforts. As noted earlier, computing and IMS remain relevant data items for medical examiner/coroner surveys given the fairly large proportion of noncomputerized MECs that rely on paper or manual record-keeping (e.g., [NSTC, 2016c](#); [Levy, 2013](#)).

Resource needs can also encompass access to staffing, particularly given the national shortage of MDI professionals, especially trained forensic pathologists ([National Research Council, 2009](#), p. 257), equipment, and other services like toxicology testing. Radiographic equipment, for example, is needed for investigating homicides, suicides, decomposed bodies, infant deaths, penetrating traumas, burn victims, and unidentified bodies, but not all MECs have access to such equipment ([American Society of Radiologic Technologists \[ASRT\], 2008](#); [Jones et al., 2017](#)).



**Table 6. Resource Need Items Common Across Five Survey Efforts Relevant to the 2018 CMEC**

Data Element	2004 CMEC	2017 NFLIS MEC Office Survey	2016 CPFFCL Survey	2003 VA Report	2011 Drake & Nolte MDI Services
Resource Needs	Instrument Question Number			Addressed (Indicated by an "X")	
Computing (IT, Internet)	D4, E1, E2, E3, E4	19	---	---	X
Information Management Systems	F4	19, 20, 21, 22, 24	A6, A7	---	---
Evidence Tracking Systems	E3	20, 24	A6, A7	---	---
Needs	F1, F2	20, 25	---	---	---
Backlog Cases	---	---	D2, A7	---	---
Staff	F1	---	---	---	---

### *2004 CMEC Item Response Summary*

- Of MECs, 98% answered the question about whether their office had an IMS (*Question E3*).
- Of MECs, 80% gave a response to the question about additional resources needed to eliminate inventory of unidentified human decedents (*Question F2*).
- Of medical examiners, 68%, and 67% of coroners, provided inputs on what types of resources could improve their turnaround time (*Question F1*).
- Of MECs, 68% gave a response about offices being equipped with Internet access (*Question E1*) and frequency of Internet use while performing the job (*Question E2*).
- Of MECs, 67% provided responses regarding training to improve case completion turnaround time (*Question F1*).
- Of MECs, 66% inputted information about potential barriers for participating in federal data collection efforts (*Question F4*).
- Of MECs, 60% provided responses regarding whether their office had a networked IMS (*Question E4*).

## 2.7 Examination Capabilities and Capacity

The most common items related to capabilities and capacity across the five major survey efforts relate to toxicology, specialized laboratories and testing practices, and reference laboratory testing.

Toxicology capabilities and toxicology service access will continue to be important constructs because in-house toxicology laboratories are not widespread because they are expensive to staff and run.

The most recent CPFFCL survey included items related to special technologies. In terms of the general “needs” variable, a national survey of MECs conducted by the NAME highlighted a few areas that may be germane to the 2018 instrument, including inadequate use of personal protective equipment, lack

of negative pressure ventilation in autopsy suites, and inadequate required vaccination for pathologists ([Blau, Clark, Nolte, & NAME, 2013](#)).

**Table 7. Examination Capability and Capacity Items Common Across Five Survey Efforts Relevant to the 2018 CMEC**

Data Element	2004 CMEC	2017 NFLIS MEC Office Survey	2016 CPFFCL Survey	2003 VA Report	2011 Drake & Nolte MDI Services
Examination Capabilities and Capacity	Instrument Question Number			Addressed (Indicated by an "X")	
Toxicology	C3, C7	18	A8, D4	---	---
Specialized Laboratories/ Testing	C3, C7	27	A8, A9, D3– D12, D13, D14	---	---
Specialized Technologies	---	---	A8, A9	---	X
Reference Testing	C7	4A	E1, E2, E3	---	---
Additional Needs	F1, F2	28	---	---	---

### *2004 CMEC Item Response Summary*

- Of MECs, 57% inputted a response for toxicology analysis ([Question C3f](#)).
- Of MECs, 71% indicated the extent to which they performed toxicology analyses ([Question C7f](#)).

## 2.8 Communication and Coordination

During the 2004 CMEC, MECs were asked if they participated in two federal data collection efforts—the NVDRS and the Drug Abuse Warning Network, which ceased in 2010. Recently, other efforts by CDC and DEA have focused on drugs. Specifically, in 2016, CDC started a program to collect unintentional opioid-related deaths, which will include collecting data on the route of exposure, presence of witnesses, naloxone use, history of substance abuse, and history of prescription opioids ([CDC, 2017](#)). In 2018, DEA launched the NFLIS-MEC program, which will begin recruitment for a continuous surveillance system that will collect cases from MECs in which a drug has been identified. DEA’s recent MEC Office Survey asked respondents about their participation in region-specific data collection efforts given state (e.g., Georgia and [OverdoseFreePA](#) in Pennsylvania) and local efforts ([RxStat](#) in New York City) targeting the opioid epidemic. The CPFFCL survey, the VA report, and Drake and Nolte’s development work largely did not address communication and coordination efforts.

**Table 8. Communication and Coordination Items Common Across Five Survey Efforts Relevant to the 2018 CMEC**

Data Element	2004 CMEC	2017 NFLIS MEC Office Survey	2016 CPFCL Survey	2003 VA Report	2011 Drake & Nolte MDI Services
<b>Communication and Coordination</b>	<b>Instrument Question Number</b>			<b>Addressed (Indicated by an "X")</b>	
Federal (e.g., data collection efforts)	D5, D6, D7, F3, F4	27	---	---	X
Agencies of Shared Jurisdiction (e.g., law enforcement, public health)	---	27	---	---	---
International and Borders	---	---	---	---	---
Barriers to Collection Efforts	---	25, 26, 28	---	---	---
Emergency and National Disasters	---	---	---	---	X

*2004 CMEC Item Response Summary*

- Of MECs, 66% inputted a response for barriers to participating in federal data collection efforts (*Question F4*).
- Of MECs, 65% provided a response for whether their office participated in federal data collection efforts (*Question F3*).

### 3. Special Topics

Given our experience with the 2004 CMEC, findings from recent NFLIS MEC work, RTI’s ongoing leadership on the National Institute of Justice’s Forensic Technology Center of Excellence project, recent presentations from the International Association of Coroners & Medical Examiners, the NAME, American Academy of Forensic Sciences meetings, and the MEC and forensic literature, we have identified the following emerging topics that could be considered for inclusion on the 2018 CMEC. These topics include the following:

1. **Using outsourcing autopsies** for selected cases ([McCleskey, Reilly, & Atherton, 2017](#)), particularly because some private laboratories offer such services (e.g., <http://www.forensicdx.com/>).
2. **Toxicology testing practices** given the opioid epidemic and emergence of novel psychoactive substances ([Logan et al., 2017](#)), including cannabinoids ([Labay et al., 2016](#)), cathinones, and synthetic fentanyl or fentanyl products.
3. **Toxicology outsourcing** given known backlogs in forensic crime laboratories ([Durose et al., 2016a](#)).
4. **Developing and participating in drug-related deaths databases** given local, state, and national efforts to centralize these data.
5. **Testing practices for novel psychoactive substances** given their popularity, patterns of use, and reports of adverse events associated with them; their true prevalence in drug mortality is lacking

and delayed because of analytical testing barriers such as absence of reference standards, validated methods, and nationally linked databases ([Logan et al., 2017](#)).

6. **Infectious disease surveillance infrastructure** to use staffing, testing, and national database use, and the use of models such as Med-X ([Blau et al., 2013](#)).
7. **Mass fatality preparedness** given scant comprehensive research in that area ([Gershon et al., 2014](#)), including data surveillance for bioterrorism ([Nolte et al., 2007, 2010](#)) and emergency and national disasters ([NSTC, 2016a](#)).
8. **New technologies** have emerged since the 2004 CMEC, such as advanced imaging techniques (e.g., computed tomography, magnetic resonance) in forensic radiology to identify injury and disease before autopsy ([ASRT, 2008](#); [Jones et al., 2017](#)), and high-resolution mass spectrometry to identify newer psychoactive substances (e.g., synthetic opioids and cathinones) ([Logan et al., 2017](#)).
9. **Practices for identifying and repatriating the remains of undocumented migrants.** Our Nation's reliance on undocumented workers and the subsequent migration patterns from South and Central America have resulted in increased attention in the forensic community regarding how to identify the remains of the undocumented.
10. **Policies for notifying next of kin and other family members.** Many MECs lack policies and procedures for communications and interactions with decedents' next of kin and other family members during death investigations ([NCFS, 2016b](#)). Accreditation standards do not address this deficit, and inconsistencies affect the family and the investigation ([NCFS, 2016a](#)).
11. **Others?** What are we missing?

**Question for Panelists:** If you had to identify three new or emerging topics from the above list—including any other topics that you would add—to integrate into the 2018 CMEC, which ones would you choose, and how would you rank them in terms of importance?

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Appendix:  
2004 Census of Medical Examiner and Coroner Offices (CMEC)

<b>RETURN TO</b>	 <b>RTI International</b> <b>2005 Census of Medical Examiner and Coroner Offices</b> <b>Data Receipt</b> <b>P.O. Box 12194</b> <b>Research Triangle Park, NC 27709</b> <b>FAX: 1-800-262-4292</b>	<b>2005 CENSUS OF MEDICAL EXAMINER AND CORONER OFFICES</b>  <b>U.S. Department of Justice, Bureau of Justice Statistics</b>
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**Questionnaire Sent In Care Of:**

Name <Fname> <Lname>	Case ID <CaseID>
Title <Title>	

**Information Supplied By:**

Name		Title	
Office/agency name			
Number and street or P.O. box/route number		City	State    ZIP code
E-mail address			
Telephone (area code and number)	Extension	Fax number (area code and number)	

**Instructions for Completing the 2005 Census of Medical Examiner and Coroner Offices**

1. The label on the front cover contains identifying information about your medical examiner or coroner office. Please answer all questions for the jurisdictions that your office serves. If your office district includes more than one county, respond for all counties.
2. Please answer each question in sequence by marking the appropriate box and/or by printing the requested information in the space provided. In some cases you will be requested to skip certain questions based on your response.
3. If you need to give an explanation for an answer, please use the space provided.
4. Please complete the survey as soon as possible and return it using one of the following methods: (1) Internet: The survey can be completed online at <http://cmec.rti.org>. Your logon ID is <WebAccessCode>. The website's "save" feature allows you to complete the questionnaire in multiple sessions. Since some questions may require you to look up information, we suggest filling in the answers on the mail survey before accessing the Internet version. Please keep the mail version for your records. (2) Mail: You can return the completed survey by mail in the enclosed envelope. (3) Fax: You can fax the completed survey to 1-800-262-4292. Make sure to fax both sides of the completed questionnaire pages.
5. If you need assistance to answer any question, please e-mail RTI at [CMEC@rti.org](mailto:CMEC@rti.org) or call RTI at 1-800-344-1386.

Although you are not required to respond, your participation is needed for the success of the survey.

**Burden Statement**

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collections of information. Send comments regarding this burden estimate, or any other aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street N.W., Washington, D.C. 20531.

**SECTION A**

**ADMINISTRATIVE INFORMATION**

**A1. Enter the name and title of the chief position in your medical examiner or coroner office (e.g., Chief Medical Examiner, Coroner).**

Name	Title
------	-------

**A2. Enter the name and title of the chief position in your toxicology laboratory (e.g., Chief Toxicologist), or enter the name and location of the off-site (e.g., state/local crime or health lab) or reference toxicology laboratory (e.g., commercial, academic) utilized by your office.**

Name	Title
------	-------

Off-site or reference laboratory	Location
----------------------------------	----------

**A3. Which of the following best describes your office? Mark only one.**

- State medical examiner office.....  1
- District/regional medical examiner office .....  2
- County medical examiner office.....  3
- City medical examiner office.....  4
- District/regional coroner office .....  5
- County coroner office .....  6
- Other .....  7 → Please specify: \_\_\_\_\_

**A4. What jurisdiction(s) does your office serve (e.g., Illinois State, Los Angeles County, New York City, First Judicial District)?**

\_\_\_\_\_

\_\_\_\_\_

**A5. Enter the aggregate population of the jurisdiction(s) your office serves.**

\_\_\_\_\_

**A6. Enter the total number of full-time equivalent (FTE) salaried positions employed by your office in 2004. Count part-time positions as 0.5, and do not include contractors or consultants.**

\_\_\_\_\_

**A7. Enter the total number of consultant or contractor positions for your office in 2004. Count part-time positions as 0.5.**

\_\_\_\_\_

**A7a. If the answer to A7 is 0.5 or higher, please specify the type of consultant or contractor position(s):**

\_\_\_\_\_

\_\_\_\_\_

**A8. Enter the number of FTE and consultant/contractor positions for your office in 2004 (as entered in A6 and A7) that fall into the following categories.**

**If a position performs multiple duties, count it in the category that requires the largest amount of time. Part-time positions count as 0.5.**

	FTE ▼	Consultant/ Contractor ▼
a. Forensic pathologists (i.e., medical examiners, coroners, coroner's physicians) .....	<input type="text"/>	<input type="text"/>
b. Other medical examiners and/or coroners (e.g., deputy medical examiners or coroners, nonforensic pathologists or physicians) .....	<input type="text"/>	<input type="text"/>
c. Ancillary death investigation personnel (e.g., medical death investigators, autopsy technicians, photographers) .....	<input type="text"/>	<input type="text"/>
d. Forensic specialists (e.g., specialists in odontology, entomology, anthropology).....	<input type="text"/>	<input type="text"/>
e. Laboratory support (e.g., lab technicians/analysts, lab support personnel, toxicologists) ...	<input type="text"/>	<input type="text"/>
f. Computer specialists and IT support.....	<input type="text"/>	<input type="text"/>
g. Administrative (i.e., clerical support and all other administrative positions) .....	<input type="text"/>	<input type="text"/>
h. Other → Please specify: .....	<input type="text"/>	<input type="text"/>

**SECTION B**

**EXPENDITURES FOR 2004**

**B1. The next few questions ask about your office's budget and funding. Please answer these questions thinking about the 2004 calendar or 2004 fiscal year, whichever is easier for you. Please select one format.**

2004 calendar year .....  1

2004 fiscal year .....  2 → Provide dates of 2004 fiscal year: -- (mm-dd-yyyy)

to

-- (mm-dd-yyyy)

**B2. Enter your office's total operating budget for the 2004 calendar or fiscal year. Include personnel, equipment, supplies, training, accreditation, travel, contractual services, and any other operating costs. Do not include utilities or facilities costs. If exact figures are unavailable, please give your best estimate.**

**B3. Enter approximate budgetary amounts dedicated to each of the following areas during the 2004 calendar or fiscal year. Include capital purchase and maintenance costs. The budget amounts should sum to the total provided in question B2.**

a. Personnel (including gross salaries, wages, benefits, and other personnel costs).....	<input type="text"/>
b. Computer hardware, software, and IT support .....	<input type="text"/>
c. Other equipment (e.g., analytical, pathological) .....	<input type="text"/>
d. Supplies (i.e., consumables) .....	<input type="text"/>
e. Contracted services (e.g., DNA analysis, autopsies) .....	<input type="text"/>
f. Travel and training .....	<input type="text"/>
g. Quality assurance programs .....	<input type="text"/>
h. Toxicology and microbiology .....	<input type="text"/>
i. Transportation (e.g., vehicles, body transport fees) .....	<input type="text"/>
j. Other operating costs .....	<input type="text"/>
<b>TOTAL</b> .....	<b>Figure from B2</b>

**B4. Based on the operating budget reported in B2, indicate the percentage of your office's annual operating budget that came from the following sources. The total should equal 100%. Enter -0- if your office received no funding from a source.**

a. Federal (excluding grants).....	<input type="text"/>	%
b. State (excluding grants).....	<input type="text"/>	%
c. Local (city/county) (excluding grants) .....	<input type="text"/>	%
d. Other .....	<input type="text"/>	% → Please specify: _____
<b>TOTAL .....</b>	<b>100</b>	<b>%</b>

**B5. Enter the total dollar amount your office received from grant funds.**

**B6. Enter the total dollar amount your office generated through fees for reports, legal testimony, use of facilities, provision of data, etc.**  → Please specify type(s) of fee(s): \_\_\_\_\_

**SECTION C WORKLOAD (DEATH INVESTIGATIONS)**

**C1. Enter the total number of cases referred to your office during calendar year 2004, including all cases in which your office conducted an investigation or documented referral of the case to your office. If referred cases are not documented, please check the square box below.**

Referred cases are not documented.....

**C2. "Accepted cases" are cases in which the office completes the death certificate or otherwise determines the cause and manner of death. For calendar year 2004, enter the total number of human death cases accepted by your office. Do not include cremation approval cases or cases in which jurisdiction was declined.**

**C3. Of the total cases accepted (as entered in C2), enter the number of cases that included any of the following procedures performed by your office. If data are not available, please provide an estimate and mark the square box to the right.**

		Estimated? ▼
a. Death scene investigation .....	<input type="text"/>	<input type="checkbox"/>
b. Review of medical records from a health care provider .....	<input type="text"/>	<input type="checkbox"/>
c. Complete autopsy (defined as removal and examination of the brain, thoracic, and abdominal organs) .....	<input type="text"/>	<input type="checkbox"/>
d. Partial autopsy (defined as minimal dissection, less than complete).....	<input type="text"/>	<input type="checkbox"/>
e. Characterization of skeletal remains .....	<input type="text"/>	<input type="checkbox"/>
f. Toxicology analysis .....	<input type="text"/>	<input type="checkbox"/>
g. Radiology (one or more x-rays) .....	<input type="text"/>	<input type="checkbox"/>
h. Metabolic screen .....	<input type="text"/>	<input type="checkbox"/>
i. Microbiology .....	<input type="text"/>	<input type="checkbox"/>
j. Crime scene processing (e.g., DNA analysis, latent prints, trace evidence)	<input type="text"/>	<input type="checkbox"/>

**C4. Please indicate who performs the following duties for your office. Mark all that apply.**

	Death Scene Investigator	Coroner	Medical Examiner	Forensic Pathologist	Hospital Pathologist	Other
a. Death scene investigations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. External examinations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Determination of which cases are autopsied .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Autopsies .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**C5. What is the average turnaround time, in days, for case completion (defined here as completion of death certificate) for each of the following manners of death investigated by your office?**

a. Natural .....  days

b. Homicide.....  days

c. Suicide.....  days

d. Non-traffic accidents .....  days

e. Traffic accidents.....  days

f. Undetermined .....  days

**C6. Does your office routinely wait to complete the death certificate until all investigations, autopsy reports, and lab results are completed?**

Yes .....  1

No.....  2

**C7. Please indicate whether your office performs the following functions routinely or occasionally/by special request. Please also indicate whether the majority of functions are performed internally (i.e., within your office) or externally (i.e., outsourced to an independent facility such as a health department or commercial laboratory).**

	Occasionally or by Special Request		Internal		External	
	Routinely					
a. Certificate of death.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Physical inspection of decedent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Autopsy of decedent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Crime scene evidence collection (DNA, latent print, trace evidence) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Crime scene evidence analysis (DNA, latent print, trace evidence) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Toxicology analysis.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. In-house X-rays .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**SECTION D SPECIALIZED DEATH INVESTIGATIONS**

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

Yes .....  1 → Please specify the length of time: \_\_\_\_\_

No.....  2

**D2. Does your office have a policy of retaining records for unidentified human remains (including x-rays, fingerprints, DNA) for a specified period?**

Yes .....  1 → Please specify the length of time and archival location: \_\_\_\_\_  
No .....  2

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

- a. are presently on record? .....  → Please specify the year of the oldest case(s): \_\_\_\_\_
- b. are reported annually, on average? .....
- c. remained unidentified and underwent final disposition in calendar year 2004? .....
- d. remain unidentified after 1 year, on average (e.g., cold cases)? .....

**D4. How often does your office utilize computerized missing persons/unidentified remains databases or other Internet resources during investigations of unidentified human remains?**

Very often .....  1 → Please specify the database(s)/Internet resource(s): \_\_\_\_\_  
Somewhat often .....  2 \_\_\_\_\_  
Rarely or never .....  3

**D5. How often does your office utilize the FBI's National Crime Information Center (NCIC)?**

Very often .....  1  
Somewhat often .....  2  
Rarely or never .....  3 → Skip to question D7.

**D6. How does your office utilize the FBI's National Crime Information Center (NCIC)? Mark all that apply.**

Direct entry capabilities .....  1  
Direct query capabilities .....  2  
Indirectly through local law enforcement liaison ...  3

**D7. How often does your office utilize the FBI's Combined DNA Index System (CODIS)?**

Very often .....  1  
Somewhat often .....  2  
Rarely or never .....  3

**D8. Of the total cases accepted for investigation in calendar year 2004 (as entered in C2), enter the number of infant death cases—defined as decedents less than 1 year of age based on actual birth date.**

→ If 0, skip to question D10.

**D9. Of the total infant death cases (as entered in D8), enter the number diagnosed as...**

- a. Sudden Infant Death Syndrome (SIDS) .....  → If 0, does your office use SIDS diagnosis?
- b. Sudden unexplained infant death .....  Yes .....  1
- c. Other natural disease .....  No .....  2
- d. Stillbirth .....
- e. Accidental asphyxiation in bed .....
- f. Other accident .....

(continued)

- g. Homicide .....
- h. Undetermined cause of death .....

**D10. For a sudden, unexpected infant death, which of the following procedures does the death investigation policy of your office include? Mark all that apply.**

- Scene investigation .....  1
- Complete autopsy.....  2
- Comprehensive toxicology (e.g., multiple toxin screens) .....  3

**SECTION E RECORDS AND EVIDENCE RETENTION**

**E1. Does your office have access to the Internet in the physical facility where your coroner or medical examiner office is housed?**

- Yes .....  1
- No.....  2

**E2. How often do you use the Internet while performing your job as coroner or medical examiner?**

- Weekly.....  1
- Monthly.....  2
- Seldom .....  3
- Never.....  4

**E3. Does your office currently have a computerized information management system (i.e., a computerized system used to manage, compile, or track cases and/or evidence)?**

- Yes .....  1 → Please specify type of system: \_\_\_\_\_
- No.....  2

**E4. Is your computerized information management system centralized or networked such that information on all cases is available to authorized users?**

- Yes .....  1
- No.....  2

**E5. Enter the established period (in months) for retention for the following sources. If there is no established period, leave the space blank and mark the square box to the right.**

Indefinite  
▼

- a. Case records (paperwork) .....  months.....
- b. Physical evidence.....  months.....
- c. Toxicology specimens .....  months.....

**E6. Are case records maintained for storage as hard copies, electronically, or both?**

- Hard copy .....  1
- Electronically .....  2
- Both .....  3

**E7. Where are copies of your official investigative records and reports archived? Mark all that apply.**

- On site.....  1
- Permanent storage facility .....  2
- Other .....  3 → Please specify location: \_\_\_\_\_
- No archival storage system .....  4



**SECTION F**

**RESOURCES**

**F1. Which of the following additional resources would be necessary to improve your overall turnaround time for case completion? Mark all that apply.**

- Personnel .....  1
- Training .....  2
- Laboratory/facility space .....  3
- Administrative and evidence storage facilities .....  4
- Equipment (e.g., laboratory, computers, software) .....  5
- Analytical instrumentation and laboratory supplies .....  6
- Other .....  7 → Please specify: \_\_\_\_\_
- None of the above .....  8

**F2. Which of the following additional resources would be necessary to eliminate or reduce your inventory of unidentified human decedents? Mark all that apply.**

- Personnel .....  1
- Training .....  2
- Laboratory/facility space .....  3
- Administrative and evidence storage facilities .....  4
- Equipment (e.g., laboratory, computers, software) .....  5
- Analytical instrumentation and laboratory supplies .....  6
- Other .....  7 → Please specify: \_\_\_\_\_
- None of the above .....  8

**F3. In which federal data collection efforts does your office currently participate? Mark all that apply.**

- National Violent Death Reporting System (NVDRS) .....  1
- Drug Abuse Warning Network (DAWN) .....  2
- Other .....  3 → Please specify: \_\_\_\_\_
- None of the above .....  4

**F4. Generally, what are the main potential barriers for your office to participate in federal data collection efforts? Mark all that apply.**

- Lack of electronic records .....  1
- Lack of resources for data conversion to other systems .....  2
- Concerns about privacy .....  3
- Unavailable personnel .....  4
- Unwillingness to share data with federal agencies .....  5
- Redundancy of federal data requests from multiple agencies .....  6
- Resource limitations .....  7
- Concerns that the effort will not benefit my jurisdiction .....  8
- Other barriers .....  9 → Please specify: \_\_\_\_\_
- None of the above .....  10

**Thank you for your participation!**  
Please return your completed survey to  
**RTI International**  
**2005 Census of Medical Examiner and Coroner Offices**  
**Data Receipt**  
**P.O. Box 12194**  
**Research Triangle Park, NC 27709-12194**  
**FAX: 1-800-262-4292**

## **Attachment 25. Cognitive Testing Report**

**November 29, 2018**

# **2018 Census of Medical Examiners and Coroner Offices**

## **Cognitive Interview Report**

Prepared for

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RTI Project Number 0216093.000.002



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## Project Background

In 2019, the Bureau of Justice Statistics (BJS) will field the Census of Medical Examiner and Coroner Offices (CMEC). The previous administration was conducted in 2005 referencing 2004. As described by BJS in its generic clearance request to the Office of Management and Budget (August 22, 2018), the purpose of this iteration of the CMEC is to survey the universe of approximately 2,150 medical examiners and coroners who conduct medicolegal death investigations in the United States with the goals of: 1) generating statistics that will help BJS develop a detailed understanding the of U.S. medicolegal death investigation system; 2) gathering information that will help address training, staffing, or jurisdictional coverage needs; and 3) further developing an understanding of the relationship between law enforcement agencies and medical examiner and coroner offices (MECs).

As part of the instrument development and design process, BJS asked RTI International to conduct cognitive testing for the 2018 CMEC instrument. This report summarizes the cognitive testing process and procedures, findings, and recommendations from 14 cognitive interviews in October and November 2018. Since the last CMEC was last conducted, MECs have changed in the way they operate, the technology they use, and the resources they access. As a first step in preparation of a 2018 CMEC, an Expert Panel of medical examiners and coroners was convened in February 2018 to discuss changes to the field of medicolegal death investigation and topics important to MECs. As a result of the panel's recommendations, and conversations between RTI and BJS, the CMEC instrument was completely redesigned. Cognitive interviews were conducted with the 2018 CMEC instrument to identify potential issues with respondent comprehension and to ensure capture of all pertinent information through the survey.

**Section 1** summarizes the methods used to complete the cognitive interviews task and describes the participants. The findings and recommendations from the cognitive interviews are presented across **Section 2** with question-specific discussion, while **Section 3** discusses notable miscellaneous considerations.

## 1. Methodology

### 1.1 Participant Recruitment

Initially, 18 MECs including local, state, and multiple jurisdictional offices, were identified as possible cognitive interview candidates. To create a representative sampling of MECs, BJS and the project team purposively selected coroners and medical examiner offices that accounted for the following characteristics: (1) type of office: medical examiner or coroner, (2) jurisdictional type (city, state, county, or regional office), (3) location of office by Census region (West, Midwest, Northeast, or South), and (4) whether the office was adjacent to federal tribal lands. For medical examiners, given the wide variety of

organizational hierarchies represented by this population, a diversity of offices was chosen that served state, regional, or county level jurisdictions. For coroner offices, where possible, the project team identified a diverse blend of coroners that considered the above primary characteristics, but represented the various professions of coroners, such as morticians, funeral parlor directors, forensic nurses, and medical doctors who are not forensic pathologists (e.g., general practice doctors who serve as the county coroner).

When the project team encountered refusals or nonresponse among the initial purposive sample, a substitute cognitive interview respondent was identified that corresponded with the general profile of the refusal across the primary medical examiner or coroner characteristics (i.e., a refusal coroner from the Midwest representing a medium-sized city/county would be replaced by a respondent with the same characteristics). Notably, the team also received some recruitment assistance from the National Institute of Justice's Jonathan McGrath during the National Association of Medical Examiners conference in October. Dr. McGrath provided contact information to RTI for 5 medical examiners while he was at the conference, some of whom participated. In all, invitations went out to 32 MECs. Of those 32, invitations were accepted by 16 participants. Seven sample members refused the invitation and 9 never responded to any contact attempts. Of the 16 that accepted the invitation, one decided not to participate the day of the interview and did not respond to follow-up communication.

Connor Brooks, the BJS Project Manager, emailed each prospective participant (and alternate candidate, as needed) to describe the content and goals of the survey and cognitive interviewing process. An RTI interviewer followed up with each candidate through email and phone calls when necessary. If a prospective participant declined the interview, an invitation was sent to another medical examiner or coroner as a replacement. 'Thank You' letters were sent by mail to each participant who completed the survey.

Fourteen cognitive interviews were completed from October 1 through November 15, 2018. Of the 14 participants interviewed, 7 were medical examiners and 7 were coroners. All United States regions were represented, with 5 participants from the West, 5 from the Northeast, 2 from the South, and 2 from the Midwest. Though we do not have data on the actual size of each jurisdiction, anecdotally the participants represented large and small jurisdictions in both urban and rural settings. Three participants had tribal lands in their jurisdictions. A selection of participant characteristics is provided in **Table 1**.

**Table 1. Recruitment Summary by Agency Type and Size**

<b>Participant</b>	<b>Type</b>	<b>Jurisdiction</b>	<b>Region</b>
P1	Coroner	County	Northeast
P2	Coroner	County	Northeast
P3	Coroner	County	South
P4	Medical Examiner	State	Northeast
P5	Coroner	County	West
P6	Coroner	County	West
P7	Medical Examiner	State	Northeast
P8	Medical Examiner	County	Midwest
P9	Coroner	County	Midwest
P10	Medical Examiner	State	West
P11	Medical Examiner	County	South
P12	Medical Examiner	County	West
P13	Coroner	County	West
P14	Medical Examiner	County	Northeast

## 1.2 Data Collection Procedures and Protocol

The purpose of the cognitive testing was to identify potential issues with the instructions, question wording, and response options, identify any improvements, and estimate the respondent burden. Four cognitive interviewers from RTI conducted the cognitive interviews during October and November 2018. Before the interviews, a training was held with all interviewers and notetakers to discuss the interview protocol, explain the purpose of certain probes, and answer questions. There was also a training on recruitment procedures for those involved in that task.

The interviews were conducted over the phone and lasted approximately 2 hours each. Once a candidate agreed to participate in the interview, RTI emailed a confirmation with the scheduling information for the call. A day before the interview, RTI sent the candidate the survey instrument, BJS goal card, and a consent form (see Appendices) with the specific instructions to not go through any of the attachments until the interview to preserve all their initial thoughts for the actual phone interview.

Once informed consent was obtained, the interviewers followed a cognitive interview protocol with scripted concurrent and retrospective probes (Appendix A). Participants were asked to review the purpose of the study and asked about their understanding of the survey items. Generally, the participants were asked about the text clarity, their sources of information and ability to provide answers, and recommendations for improving the survey.



The interviewers also used spontaneous probes when needed to clarify key concepts or understand participant difficulty. The findings of all the interviews were used to identify recommendations for potential revisions to the questionnaire. The interview team used a formatted Excel spreadsheet to facilitate note-taking. With the participant's permission, the discussion was audio recorded.

## 2. Question-Specific Discussion

This section presents each question in which changes are recommended. The individual questions from the draft CMEC survey are presented for convenient reference, followed by a discussion of findings and recommendations related to that question. In all, 63 questions in the instrument were tested in the interview, 25 of which resulted in recommendations for change based on cognitive interviews. At the beginning of each section, we list the questions that were tested for which the findings indicated no recommended question changes. These questions performed consistently and were generally well understood by participants.

### 2.1 Section A – Administrative

Of the 11 questions in Section A which addressed administrative topics, 5 items (i.e., A2, A4, A8, A10, and A11) were determined by participants to be problematic, whereas 6 questions (i.e., A1, A3, A5, A6, A7, and A9) tested well and thus no recommendations are made below. Question A8 and the new recommended measure regarding staff salaries (called new Question A9 below) were previously discussed with BJS on November 19.

#### **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)  
\_\_\_\_\_

### **A2 Findings**

Participants had no issues answering this question. All participants felt that Justice of the Peace should remain an option since they complete death investigations in some jurisdictions in Texas. Five participants suggested including sheriff-coroner office as a response option as they are technically more than just a coroner office. In those cases, participants felt that the response option "Coroner office" was insufficient.

## A2 Recommendations

Add in "Sheriff-coroner office" as a response option to this question.

### 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) \_\_\_\_\_

## A4 Findings

Thirteen participants had no problem answering this question. Three of those participants suggested changing wording of this question to "What level of government controls your budget?" since they do not give any of these agency updates or are in contact with any of them on a consistent basis. They only communicate to that agency when asking for additional funding or discussing other budget-related issues. The one participant who had an issue answering this question focused on the idea that even a stand-alone agency reports to some entity. In their case it was an oversight board so selecting the "stand-alone agency" option did not seem accurate. Nine participants either did not know what "Department or division of forensic science" was or made guesses as to what it was. However, none of these participants reported to such an agency and they did not have difficulty selecting their correct answer.

## A4 Recommendations

If the purpose of this question is to determine who controls the budget for these offices, revise the question to ask, "Which of the following best describes the agency that controls your budget?"

If the purpose of this question is to determine which agency has authority over the office, revise the fourth response option to state "My office does not report to another agency."

**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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## A8 Findings

Ten participants answered these questions almost instantly, and four participants got the answers in less than 5 minutes by consulting either their administrative assistant or human resource staff. When asked if there were any roles where participants would have trouble providing staff numbers, three participants mentioned having an issue providing numbers for ancillary staff, two participants mentioned that they would have issues providing a number for forensic toxicologists, two noted they would have issues because of multiple roles, and seven said they would have no problem providing staff numbers for any role listed.

When participants were asked if there were any scenarios where they would not know where to put an employee, there were multiple issues discussed. Four participants felt it was unclear what defines the Consultants/Contractors column of this table, or what differentiates that column from the Part-Time Employees column.

One issue with on-call staff was that in smaller jurisdictions, they may not work at all one month but work more than 35 hours per week during the next month. In many offices, people served in multiple roles, but the instructions say to count each staff member only once. This caused some confusion for four participants, one of whom changed the answers after the interviewer noted that the instructions said to count each employee only once.

Suggestions for improving A8 included:

Five participants suggested including autopsy technicians in row e. *Other scientific investigative support staff.*

Two participants suggested clarifying that we are including only hours worked on medicolegal death investigation-related tasks in the full-time and part-time designations. The participants said they have employees who also work on testing and investigations not related to death.

Four participants suggested adding in "Forensic chemists" after "Forensic toxicologists," since they are also an integral part to the toxicology process but are not considered forensic toxicologists since they do not have training to include case interpretation skills.

Three participants indicated that they would like to see more questions about salary and benefits related to this field to gain more understanding into recruitment and retention shortage issues.

## A8 Recommendations

Change the instructions on full-time and part-time to say, "on average."

Clarify the different employment types to include a definition for all categories similar to what is provided for full-time and part-time staff. BJS should also consider whether they want to know employment status on the basis of hours worked on medicolegal death investigations or on one's overall employment status and availability.

Add "Forensic chemists" in the matrix. There is a national shortage of forensic toxicologists, so adding a new row instead of adding this into row d to include forensic chemists would provide valuable information to the field. However, if BJS is interested in minimizing the number of rows, we could include forensic toxicologists and forensic chemists on the same row.

On the basis of the November 19 discussion, BJS and RTI agreed that a fourth column should be added to capture "on-call" employees.

Regarding employees who take on multiple roles, during the November 19 discussion, BJS and RTI decided that the instructions should include following language:

**Enter the number of employees during the pay period including DATE. Report each employee in only one category. If an employee fills more than one role, put them in their primary role. If none, enter 0.**

- **Full-time employees** are those who work on average for 35 or more hours per week.
- **Part-time employees** are those who work on average 34 or fewer hours per week.
- **Consultants/Contractors** are those who work under another company or as a consultant and are hired to work for your office.
- **On-Call employees** are those who do not have regularly scheduled hours and only work when needed.

**Unpaid volunteers** are those who do work for your office but are not contracted or on the payroll

Moreover, on the basis of participant feedback for Section A, we suggest adding a new question on salary like the example shown below. We recommend that the question asks for starting salary range for new hires and does not include contracted staff. During the November 19 meeting with BJS, we discussed adding a measure akin to the 2013 Census of Publicly Funded Forensic Crime Laboratories (CPFFCL):

**C3-C4. Enter the minimum and maximum full-time annual salaries for each position in your individual laboratory as of December 31, 2014. Exclude benefits and overtime when reporting annual salaries. If the position does not exist on a full-time basis, mark N/A.**

	<b>C3. Minimum</b>	<b>C4. Maximum</b>	<b>N/A</b>
a. <u>Director</u>	\$ _____	\$ _____	<input type="checkbox"/>
b. <u>Supervisor</u> Highest level (exclude director)	\$ _____	\$ _____	<input type="checkbox"/>
c. <u>Supervisor</u> Lowest level	\$ _____	\$ _____	<input type="checkbox"/>
d. <u>Analyst/Examiner</u> Entry-level only	\$ _____	\$ _____	<input type="checkbox"/>
e. <u>Analyst/Examiner</u> Senior-level only	\$ _____	\$ _____	<input type="checkbox"/>
f. <u>Technical Support</u> (e.g., lab technician, lab support personnel)	\$ _____	\$ _____	<input type="checkbox"/>
g. <u>Researchers Only</u>	\$ _____	\$ _____	<input type="checkbox"/>

On the basis of our conversation with BJS on November 19, we suggest the following new Question A-9:

**NEW QUESTION A-9: Enter the starting annual salary range for full-time staff for each position in your office as of DATE. Exclude benefits and overtime when reporting annual salaries. If the position does not exist on a full-time basis, mark N/A. In cases where there is not a range in salary, please write the same salary twice.**

	<b>Starting Salary Minimum</b>	<b>Starting Salary Maximum</b>	<b>N/A</b>
a. Autopsy pathologist(s)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
b. Coroners/non-physicians	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
c. Death investigators (or coroner investigators)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>
d. Forensic toxicologists	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>

**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

### **A10 Findings**

No scripted probes were developed for this question; however, five participants were not sure how to answer this question since they outsource their autopsy pathologists. Eight participants volunteered that the American Medical Association (AMA) is merely a professional organization and does not certify anyone, including autopsy pathologists. Seven of those participants said that the actual entity that certifies the autopsy pathologists is the American Board of Pathology. Three of those participants suggested breaking this question down further into the different subspecialties that the board certifies including anatomical pathology, clinical pathology, or forensic pathology.

### **A10 Recommendations**

Change American Medical Association (AMA) to American Board of Pathology (ABP).

Revise question wording for this and all similar questions to, "How many of your internal autopsy pathologists...? *Do not count any contractors, consultants, or volunteers.*"

Add a fourth response option to this and all similar questions, "We do not have any internal autopsy pathologists."

**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

### **A11 Findings**

Similar to A10, no probes were scripted for this question, but many participants had comments about it. This question was harder to answer than the previous one because almost half (43%) of the participants contract out for their toxicology testing and are not sure how many toxicologists in those labs are ABFT certified. One participant suggested

adding a question asking if toxicologists were certified by the American Board of Clinical Chemistry (ABCC). His reasoning was that the ABFT certification came out when his toxicologist was further along in his career, so it did not make sense for him to go through that process since he was already certified by ABCC.

### **A11 Recommendations**

Revise this (and similar questions) to include instructions to consider only internal staff. (i.e., "How many of your **internal** forensic toxicologists are certified by the American Board of Forensic Toxicology [ABFT]? *Do not count any contractors, consultants, or volunteers.*")

Add a fourth response option to this and all similar questions, "We do not have any internal autopsy pathologists."

If forensic chemist is added to the matrix in A8, include it here in A11 as well.

## **2.2 Section B – Budget and Capital Resources**

In Section B, which covered budget and capital resource questions, five questions (i.e. B1, B4, B5, B6, and B7) were determined by interview respondents to be confusing and require some clarification. Questions B2 and B3 tested well and thus no recommendations are made below for those two items. Note that Questions B1, B6, and B7 were discussed with BJS on November 19.

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

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

### **B1 Findings**

Participants answered this question either almost instantly, with a simple search, or by asking their chief administrative staff. During the cognitive interviews we discovered there was no congruency on what fiscal year agencies use. Seven participants used a calendar year, five participants used the state calendar from July 1 to June 30, and two participants used the federal calendar from October 1 to September 30. Three participants did not understand how to answer the question with the timeframe and date combination provided.

### **B1 Recommendations**

Change B1 to mimic the 2016 Law Enforcement Management and Administrative Statistics survey to include a section where respondents can provide the end date for their fiscal year to clear up any confusion they may have. The revised B1 measure would look like:

B1. In the most recently completed fiscal year, what was your total budget?



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

NEW QUESTION: What was the last day of your most recently completed fiscal year (e.g., 06/30, 09/30, 12/31)?

/

M M / D D

**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

## B4 Findings

All participants understood this question was asking about staff having to use their own funds to complete their job and thought the examples listed did a great job summing up the possible items that a medical examiner or coroner might have to buy with their own funds to complete job-related duties. There is a wide range of how well offices are funded and supported by their governing bodies, so all participants felt that this question is important to ask. Five participants suggested teasing out the examples listed into their own questions to see where the real issues are with agencies having to pay for their own resources and five participants thought the question was clear and asked in the best way. One participant suggested including textbooks and tools as an example. One participant suggested adding in a second part to this question that asks, "Has anyone not undergone training or certification because the county or agency could not fund them?" Two participants suggested including the phrase "required to perform their job," to emphasize that personally elected certifications are not to be included.

## B4 Recommendations

If BJS is interested in receiving more detailed responses on the basis of the interest and importance expressed by cognitive interview participants, instead of providing examples, this question could be made into a table.

"In 2018, did you or staff spend any of their own money for the following job-related needs:

Need	Yes	No	Don't Know
a. Office supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Travel costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Add in a new question asking participants "Has anyone in your agency **not** undergone necessary training or certification because the agency could not fund them?"

#### 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"/>

## B5 Findings

All participants understood "receive money" to mean any source of revenue the office receives outside of their allocated budget. Participants commonly understood what row b. *Cremation waiver or permit fees* were, but offices used different terminology. Nine participants recognized the term 'cremation waiver or permit fee' and used it in their office, two participants use the term 'cremation authorization' in their office, one participant uses the term 'cremation investigation/certification fee,' one participant uses the term 'cremation

approval,' and one participant has never heard of this fee before. Suggestions from participants on other revenue sources to add to the list include:

One participant suggested including teaching fees, as many might be involved in external trainings, public speaking, or teach courses at a university.

One participant suggested changing row d to Report/record fees, since those fees go hand in hand for most offices.

## **B5 Recommendations**

To avoid confusion, include authorization in the response option: "Cremation waiver/authorization or permit fees."

Include "teaching fees or speaking honorariums "as a response option in the table.

Include record fees in the response option: "Report/record fees."

**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:*

## **B6 Findings**

There was a polar dichotomy with this question regarding whether people knew the average cost for conducting a full autopsy. Six participants knew the exact cost of conducting a full autopsy because they contract that service out and know what they pay per case. Eight participants claimed they would calculate this number by taking their full operational budget and dividing it by the number of full autopsies they completed. One participant said they would use the price they give to the National Association of Medical Examiners (NAME) for reaccreditation every year. Two participants said they would guess and use the estimate check box. Some suggestions from participants included:

One participant suggested adding in a formula for how we would like them to calculate the average cost of a full autopsy.

One participant suggested clarifying that we are only talking about a body examination, because some offices think of the whole death investigation to be part of an autopsy.

## **B6 Recommendations**

BJS decided during the November 19 meeting that Question B6 will be dropped from the survey.

**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:*

## **B7 Findings**

Participants had similar problems answering this question as they did B6. Twelve participants knew this number because they contract forensic toxicology out and therefore knew the exact cost. Two participants mentioned there being a wide range in what toxicology tests could cost, based on the specificity of testing and other factors, so they were not sure how to answer this question.

## **B7 Recommendations**

BJS decided during the November 19 meeting that Question B7 will be dropped from the survey.

### **2.3 Section C – Workload (Death Investigations)**

The 15 questions in Section C addressed workload-related questions, including measures related to caseload, functions, and responsibilities. Participants had trouble with 4 questions, including C1, C11, C12, and C14. The remaining 11 items (i.e., C2, C3, C4, C5, C6, C7, C8, C9, C10, C13, and C15) were well understood and thus no recommendations for these measures are provided. Notably, Question C12 was discussed with BJS on November 19.

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

- Yes
- No

## **C1 Findings**

In this question, the term, “referred,” was confusing to every participant interviewed. Six people understood it as receiving cases from outside agencies, two people understood it to mean all reported cases to your agency, and six people did not understand it at all. With no

congruency in understanding, we will be unable to receive accurate information about caseload. The intent of this question was to see if the agency had any cases reported to them but that does not appear to be what the question is capturing. Some suggestions from participants include:

Two participants suggested changing the term “referred” to “reported.”

Two participants suggested including a definition of what we mean by “referred cases.”

Three participants suggested including the term “jurisdictional cases” to clarify that we are asking about cases that came to them from the jurisdiction they serve.

## C1 Recommendations

On the basis of these findings, the word “referred” should be changed to “reported” with a definition attached to it, like in Question C3 for “accepted cases.” The inclusion information from C2 should also be included in C1.

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

,  Full autopsies *If estimate, check here:*

## C11 Findings

All participants considered a full autopsy to include opening the head and examining all the internal, visceral organs. One participant suggested including the NAME definition of a full autopsy for complete clarity on what we are asking for in this question. Six participants said that it was not possible for a jurisdiction to have zero referred cases but still have autopsies to report and three participants said that it was possible for a jurisdiction to have zero referred cases but still have autopsies to report. When participants were asked further about how their office tracked the number of autopsies completed, eight participants said they tracked it in their case management system (CMS), one participant tracked it through billing, one participant tracked it through reports sent to family, and one participant tracked it manually.

## C11 Recommendations

Add in inclusion information after the question, which would read, “A complete autopsy is defined as an examination and dissection of a dead body by a physician for the purpose of determining the cause, mechanism, or manner of death, or the seat of disease, confirming

the clinical diagnosis, obtaining specimens for specialized testing, retrieving physical evidence, identifying the deceased or educating medical professionals and students.”

The above definition reflects the National Association of Medical Examiner’s most current definition, as noted in their Terms and Definitions section of the *2016 Forensic Autopsy Performance Standards* guide. RTI can provide this guide to BJS if requested.

Change the phrase from “full autopsy” to “complete autopsy.”

**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"/>

## C12 Findings

Twelve participants thought this table was easy to complete but two participants were confused about the differences between the “not available” and the “not necessary” columns of the table. Four participants suggested adding “Notifying next of kin” as a function, three participants suggested adding “odontology” as a function, and two participants suggested adding “death scene photography” as a function.

Five participants suggested breaking out row k. “Ancillary scientific investigative functions,” because their office provides some of those functions internally and some externally. This was a source of confusion for them since the instructions specify that they could only mark one answer.

Two participants suggested including CT scans as its own line item, separate from row i. “Radiology,” as research in this area is growing and having a baseline for how many offices have this technology now will be important in the future. Three participants had difficulty responding about certified death certificates. They claimed that they were the ones who *completed* the death certificates, but it was another agency (e.g. county, state) that provided the certificates.

## C12 Recommendations

Split this into two tables, one a.-j. and one k.-m.

Make separate rows for each suggestion in row k. and use those to replace ancillary services.

Revise option l. to “Cremation waivers/authorizations” per the findings in B5.

Revise option m. to “Death certificate distribution.”

**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) \_\_\_\_\_

## C14 Findings

Eleven participants noticed that they could check all that apply. Two participants who did not notice they could select more than one answer changed their responses after they were



questioned further, and one participant did not. Eleven participants said that there was nothing confusing about this question. Two participants mentioned that the responsible party may vary, and they did not want to be misleading by checking all possibilities when only one did it the majority of the time. One participant did not understand what “family service personnel” meant. Two participants suggested adding “about death” to this question for absolute clarity, because MECs also must alert the next of kin about completing an autopsy or other postmortem testing.

## **C14 Recommendations**

To make it clear that multiple response options may be chosen and that the question asks about the death of the individual, revise the question to “In your office, who of the following is responsible for notifying the next of kin about the individual’s death? *Check all that apply.*”

### **2.4 Section D – Specialized Death Investigations**

The 10 measures in Section D related to specialized death investigations, including items related to unidentified human remains, sudden infant deaths, and toxicology testing. Four of the questions tested well (i.e., D5, D6, D7, and D9) and thus, no recommendations are provided for these measures below.

**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

## **D1 Findings**

All participants knew what the phrase “written policy,” meant and were familiar with the phrase “final disposition.” Twelve participants thought that the examples listed for final disposition were accurate and helpful. Two other participants said that long-term storage was only a temporary disposition and therefore should not be included in the examples.

## **D1 Recommendations**

Take out “long-term storage” as an example as it was not seen as a final disposition.

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

- Yes  
 No

## D2 Findings

All participants were familiar with the term “unidentified remains.” Eleven participants use the term “unidentified remains” in their office, one participant uses the phrase “skeletal remains,” one participant uses the term “unidentified,” and one participant uses the phrase “John/Jane Doe.” Ten participants understood the phrase “unidentified remains on record” to mean any bones/skeletal remains to be in their office’s possession, one participant understood it to mean that they had the physical report of unidentified remains, and three participants did not receive this question. Two participants also mentioned there being confusion about “unidentified” versus “unclaimed.”

## D2 Recommendations

Revise the question to be more specific, such as, “In 2018, did your office have possession of any unidentified remains that were not identified by the end of 2018?”

**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

### D3 Findings

Of the 11 participants that received this question, 10 knew the answers to both a. and b. almost instantly and only one participant had a hard time determining how they would come up with their answer. Two participants thought we should clarify if we are asking about historically or currently on record. In part b, 3 participants either were not sure what constitutes “DNA evidence collected from them” or struggled answering this part of the question. They did not know if that included the DNA being tested and/or uploaded into CODIS, or just physically collected.

### D3 Recommendations

Clarification from BJS on what constitutes “DNA evidence collected” will help determine the best course of action for clarifying the question. One suggestion is to clarify b. by adding in “Please count DNA that has been collected even if it has not yet been tested.”

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





*If estimate, check here:*

Don't know

### D4 Findings

Of the nine participants who had unidentified remains on record, all of them knew the date of the oldest case of unidentified remains either almost instantly, by looking into their case management system, or by asking an administration assistant. Eight participants provided the date that the death was reported to their office, and one participant used the date that the remains were found, even though it was not when the remains were reported to their office.

### D4 Recommendations

Clarify, if it matters, what date respondents should be using. For example, “Report the date the remains were reported to your office.”

**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 reenactment	<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"/>

**D8 Findings**

All participants were familiar with the procedures in this table. One participant suggested adding in a clarification or definition of what was meant by "complete autopsy" to get correct answers on that row. Five participants suggested adding radiology to this list, two participants suggested adding pediatric skeletal survey to this list, four participants suggested adding metabolic screening to this list, two participants suggested adding doll reenactment, two participants suggested adding genetic testing, and two participants suggested adding microbiologic testing

**D8 Recommendations**

Add in the following rows on the basis of participant feedback:

Radiology

Pediatric skeletal survey

Metabolic screening (e.g., pediatric inborn errors of metabolism)

Genetic testing (e.g., sudden cardiac deaths)

Revise row b. to ask, "Scene or doll reenactment."

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

- Yes  
 No

### **D10 Findings**

Participants thought of presumptive toxicology testing in different ways. Nine participants thought that it meant any test that resulted in just a positive or negative result (e.g., urine dip, saliva test, fecal test), three participants thought it meant any testing done at the beginning of an autopsy, and two participants did not know what the term meant.

### **D10 Recommendations**

Add in a definition to capture information on the exact testing that needs to be accounted for in this question. For example, "Does your office perform a screening test that indicates a preliminary positive result that must be confirmed for a target substance prior to reporting, also known as presumptive toxicology testing?"

## **2.5 Section E – Records and Evidence Retention**

Seven questions in Section E covered the infrastructure in place to manage and store records, such as computerized information management systems, evidence retention policies, and case record storage. Participants had suggestions for improving two items (i.e., E3 and E6) while the remaining questions in the section were easily understood and thus, no recommendations are provided below (E1, E2, E4, E5, and E7).

**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"/>

### E3 Findings

Eleven participants considered a written retention schedule to be a written protocol or timeline for how to deal with these items. When asked if “source” was the best word to describe the items in the table, six participants said that source was fine, one participant said that it would be better to use the term “items,” one participant suggested just dropping the word from the question, and one participant suggested it would be better to use the term “area.” One participant had a concern with row d. of this table, because they had a written retention schedule for the records of unidentified remains (x-rays, fingerprints, DNA) but did not have a written retention schedule for the actual unidentified remains.

### E3 Recommendations

Create a new row specifically for records pertaining to unidentified remains and remove the parentheses on d. Change the word “Source” to “Items.”

<b>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.</b>		
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"/>

### E6 Findings

All participants understood this question. When asked about how they knew where their hard copies or archived records or reports were stored, two participants said they knew because of their written policy, four participants said they knew because they put the records there, and two participants said they knew because they pay for the site. Eight participants said that they have heard of hard copies of documents being stored in someone’s home or other unofficial locations and two participants said they had not heard of this practice before. Two participants suggested adding a definition of “on site” for clarification in this question. A few participants chose “Some other location” and referred to Iron Mountain as their method of storage. Though not a government or on-site storage facility, Iron Mountain is a secure and regulated facility, especially when compared to alternatives such as an individual’s garage.

## E6 Recommendations

Add in a category for "A regulated third-party storage facility."

### 2.6 Section F – Resources and Operations

Thirteen measures in Section F were designed to capture information about resources and operations within the MECs, such as access to resources like databases, trainings, technologies, and specialized investigative teams. Eight items in this section tested well (i.e., F1, F3, F4, F6, F9, F11, F12, F13) and therefore no recommendations are made for these questions. Questions F5 and F8 were discussed with BJS on November 19, 2018.

<b>F2. Does your office have access to the following resources?</b>		
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"/>

### F2 Findings

Six participants understood "access" in this question to mean that they can directly enter any of these databases and programs to get the information they are looking for. Three participants understood it to mean being able to ask law enforcement or other partners for information on these databases and programs. Four participants understood it to mean a combination of direct access and asking partnerships and one participant had trouble understanding the question and suggested adding a definition of access to make it clearer. One participant suggested adding Regional Health Information Organizations as a resource option though no other participant brought this up.

### F2 Recommendations

Revise the question to ask, "Can your office access the following resources, either internally or externally?"

**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"/>

### F5 Findings

Participants understood access to mean if they did not have that technology in house, they could access it through other outside partnerships. Other technologies that participants would like to have access to range from tablets at the death scene to virtual reality and artificial intelligence. Eleven participants did not know what “non-targeted forensic toxicology analysis” was.

### F5 Recommendation (Based on Interviews)

On the basis of the November 19 discussion with BJS, it was decided that item c. (non-targeted forensic toxicology analysis) would be dropped and items a. and b. would become two separate questions.

**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"/>

### F7 Findings

Nine participants were asked what the term “access,” as it is used in this question, means to them. Of those, six participants understood access to these teams as meaning that they could call on any of them for assistance in a case, and three participants understood access to these teams to mean that they or someone on their staff was a part of the team.



In response to another probe, ten participants said that they would answer yes to a specialty team if they had never used it before but knew that they could. Some suggestions for additions to this list include: poison case review, suicide review, elderly case review, maternal death, infectious disease and drowning review.

## **F7 Recommendations**

For consistency with F2, revise the question text to “Can your office access the following specialized investigative teams, either internally or externally?”

Unless there is a concern with the length of the survey, we suggest adding the following suggested investigative teams:

- Poison investigative team
- Suicide investigative team
- Elderly investigative team
- Maternal death investigative team
- Infectious disease investigative team
- Drowning investigative team

**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"/>

## F8 Findings

Four participants understood this question to mean that if they had more of these people and resources, they could take on a larger workload. The rest of the participants had mixed understandings that ranged from feeling that we were saying they are unable to complete cases—resulting in a defensive tone—to thinking we just wanted to know if they thought these items were important in an office. One suggestion from a participant was to ask how many of these positions in office are unfilled to gather more accurate information about workload capacity and staffing issues.

## F8 Recommendations

On November 19, BJS decided that this question will be removed.

<b>F10. Does your office have access to the following support services, either externally or internally?</b>		
<b>Support Service</b>	<b>Yes</b>	<b>No</b>
<b>a. Advocates for families of victims</b>	<input type="radio"/>	<input type="radio"/>
<b>b. Grief and bereavement services for survivors (e.g. counseling or therapy, homicide survivor groups)</b>	<input type="radio"/>	<input type="radio"/>
<b>c. On-scene support or advocacy for bystanders or other family and friends of the deceased</b>	<input type="radio"/>	<input type="radio"/>
<b>d. Other (please specify)</b> _____	<input type="radio"/>	<input type="radio"/>

## F10 Findings

Participants did not have any problems answering this question. All 9 who were questioned further understood access to mean that they were aware of these resources and could call on them as needed to come to a scene. Six participants understood “on-scene support” to mean they could have someone come directly to the scene and assist bystanders, 3 participants understood it to mean they could provide contact information for one of these services to people on the scene, and 4 participants were not asked this probe due to time constraints. Of the 10 participants who answered ‘yes’ to having access to the support services listed, 7 participants said these services were provided externally and 3 participants said some were provided externally and some were provided internally.

## F10 Recommendations

To be consistent with F2 and F5, revise the question wording to “Can your office access the following support services, either internally or externally?”

## 3. Miscellaneous Topics

### 3.1 Burden

Participants reported a great deal of variation in the amount of time that they estimated it would take to complete the survey. Two participants said that it would take them less than

30 minutes, five participants said it would take them 30 minutes and 1 hour, three participants said it would take them between 1 hour and 1 hour and 30 minutes, three participants said it would take them between 1 hour and 30 minutes and 1 hour and 45 minutes, and one participant said it would take 2 hours. Assuming the upper bound of these estimates, the average time it was estimated to complete the CMEC was 1 hour and 16 minutes. Thus, to be conservative, we recommend that the burden estimate for this survey be 90 minutes.

Notably, five participants mentioned enlisting the aid of other staff (Director of Operations, Chief Investigator, Accountant, Human Resources) in filling out the survey.

### 3.2 Data Availability

Twelve out of 14 of the participants had a computerized information management system that they could reference to get exact numbers for questions concerning caseload. Five participants had to ask other staff members such as the Director of Operations, Human Resources, or the accounting department about budgetary questions. When asked about how they may respond to the questionnaire on their own, six participants said they would provide exact numbers throughout the survey, three participants said they would use a mix of both estimates and exact numbers when filling out the survey on their own, and five participants did not answer this probe due to time.

### 3.3 General Feedback

There were three questions in which there was interest in knowing whether the field believed the data captured would be important enough to include on the CMEC. These three questions are listed below, followed by quotations from the participants. Notably, across all three measures, all participants agreed that each measure was important.

**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?**

Is this question important?

*"Yes, because it will show how underfunded people are and why they aren't more educated and certified"*

*"Yes, there are jurisdictions that are having to use their own money for cars, body bags, etc. This is a huge issue."*

*"Without a doubt. I think it's one of the most important [issues to provide information to BJS about the MDI community]"*

*"Yes, it's helpful to know about how [frequently] employees are paying to meet agencies'*

*missions.”*

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

*“Yes, because [accessing the Internet] is something people should be able to do, and it would be indicative of the electronic capabilities of an office. If a medical examiner didn’t have it, that would be a big red flag.”*

*“Yes, I can’t imagine working for an office that doesn’t have access to Google, but I’m sure that is the case in some offices”*

*“You would think that in this day and age this wouldn’t be important, but it is. There are lots of agencies that do not have access to computers, so yes.”*

*“I actually do. This just came up in [REDACTED] about how many coroners work out of their house and don’t have money to pay for Internet.”*

*“Yes, there is a lot of stuff happening out there that would scare people to death. So, this tells you where those people are able to do their job.”*

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

Do you view this question as important?

*“Absolutely, and it needs to be asked to know if they are doing those currently. If they are not training like this, how could they react if something happened? And, if they are not participating, then it could also show that disciplines are really siloed and not working together.”*

*“Yes, we don’t get enough trainings for the increasing amount of incidents that require training.”*

Respondents believed that the above three questions were crucial in understanding the lack of resources, funding, and training that MECs across the country are currently experiencing. These interviews suggest that these three topics are important to the MEC community.

**CMEC Overall**

At the beginning of each cognitive interview, interviewers read the BJS goal card for the CMEC to participants. After the participants had gone through the instrument, they were asked if they felt that the instrument aligned with all three of the goals listed. Five participants were not asked this probe due to time constraints. Three participants believed that the survey was responsive to all three goals. Five participants believed that the survey was responsive to the goals except for the third goal that discussed the relationship between MECs and law enforcement. One participant believed the survey was responsive to

only the first goal regarding creating statistical data for the medicolegal death investigation field.

In general, the cognitive interview participants were supportive of the CMEC and multiple participants expressed gratitude to BJS for conducting this survey and asking some of these difficult questions. It was clear to all involved in the interviews that the participants had concerns about their field that will be addressed in the 2019 CMEC.

**Appendices A, B, and C removed for brevity.  
See generic clearance package (OMB  
1121-0339) for all materials related to  
cognitive interview process:  
[https://www.reginfo.gov/public/do/  
PRAViewIC?  
ref\\_nbr=201512-1121-004&icID=232935](https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=201512-1121-004&icID=232935)**

# **Appendix D: Cognitive Interview Protocol**



# Cognitive Interview Protocol

Participant# \_\_\_\_\_

Date of Interview \_\_\_\_\_

READ (OR PARAPHRASE) THE FOLLOWING TO THE SUBJECT AFTER THE INFORMED CONSENT IS SIGNED:

On behalf of the Bureau of Justice Statistics and the project team at RTI, thank you for participating in the testing of the 2018 Census of Medical Examiners and Coroners. We're talking today because we want to see how well people understand these questions and how they might answer them. BJS's goals for the 2018 survey are listed on the reference card you received with the survey.

During this process, you and I will go through the survey items together while you answer the questions you can without doing additional research. For those questions for which you would need to do additional research, please tell me whether you would be able to answer the question and, if so, how long it would take to get the answer. In the same spirit, you do not need to provide exact numbers; you can just estimate. However, please **let me know if you would not be able to provide exact numbers** when we are actually collecting these data next year.

After some questions, I may stop you and ask how you came up with your answer, or what specifically you were thinking about. These questions will help me understand your thought process when answering the questions. **In order for me to know where you are in the survey, I ask that you read aloud anything you read on the paper whether it's instructions, questions or response options.**

There are no right or wrong answers to the questions I ask. Our goal is to make sure that the questions make sense and that people like yourself can answer them and follow the questionnaire instructions easily. You can help us by pointing out anything you find confusing or unclear. If something doesn't make sense, please tell me that and why that phrase or item is unclear. Or, if you're not sure about your response, please tell me that too.

Do you have any questions? [ANSWER ANY QUESTIONS]

Ok, let's begin.

First, I have a few general questions about you.

*Probe1. What is your job title?*

*Probe2. How long have you been in this position?*

*Probe3. (If needed) How long have you been at your agency?*

**SECTION A ADMINISTRATIVE**

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**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)

\_\_\_\_\_

*Probe1. Is anything missing from the list of responses?*

*Probe2. Do you believe that justices of the peace should be included in the scope of this survey given BJS's goals for this effort?*

**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) \_\_\_\_\_

*Probe1. What does a "department or division of forensic science" mean to you?*

*Probe2. Is anything missing from the list of response options?*

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

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**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"/>

*Probe1. What would be involved in obtaining these numbers for your office?*

*Probe2. How long do you think it would take to get these numbers?*

*Probe3. Are there any roles for which you would have trouble providing staff numbers?*

*Probe4. Are there any scenarios here where you would not know where to put an employee (i.e., fits in multiple categories, missing category)?*

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

*Probe1. What does the response option “No death investigators” mean to you?*

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**

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

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

*Probe1. What time frame are you thinking about when answering this question?*

*Probe2. When does your fiscal year begin and end?*

*Probe3. How easy or difficult will it be for you to come up with this number?*

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

- Yes
- No

*Probe1. What do you consider a “personnel budget”?*

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:*

*Probe1. How easy or difficult will it be for you to come up with this number?*

**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

*Probe1. What do you think this question is asking?*

*Probe2. Can you give me an example of a situation that should be counted in this question?*

*Probe3. Is this question important?*

*Probe4. Is there a better way of asking this question?*

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

<b>Revenue Source</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
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"/>



*Probe1. What do you think we mean by “receive money”?*

*Probe2. What do “cremation waiver or permit fees” mean to you? Is there a better way of describing this type of fee?*

*Probe3. Can you think of anything missing from this list?*

**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:*

*Probe1. How would you come up with your answer to this question?*

**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:*

*Probe1. How would you come up with your answer to this question?*

**SECTION C WORKLOAD (DEATH INVESTIGATIONS)**

---

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

- Yes
- No

*Probe1. What do you consider to be a “referred case”?*

*Probe2. What do you think about using the term “reported” instead of “referred” (i.e. ...did your office receive any reported cases?)*

*IF THEY LIKE “REPORTED” BETTER: Did you like the way the question was worded, or can you think of a better way to phrase it, such as, “In the fiscal year that included June 30, 2018, were any cases reported to your office?”*

*Probe 3. What would you think if we asked about “reported or referred cases?”*

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:*

*Probe1. Would you be able to access this number easily?*

*Probe2. IF NEEDED, What would you have to do to come up with this number?*

*Probe3. What do you think of the checkboxes provided here? How would you use them?*

**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

*Probe1. Would you be able to access this number easily?*

*Probe2. What did you think of the definition of “accepted cases” that we provided?*

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:*

**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.

*Probe1. How would you come up with the total number of accepted cases?*

*Probe2. What are your thoughts on the “Check Your Numbers!” box?*

*Probe3. IF NEEDED, Did you read the information on what cases not to include?*

**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

*Probe1. Do you have any tribal lands in the jurisdiction you serve?*

*Probe2. IF NO, Do you think we should have a way for you to indicate that your jurisdiction does not serve tribal lands?*

*Probe3. IF NEEDED, Did you read the description of what should be considered “tribal lands”?*

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

*Probe1. In your own words, what do you think this question is asking?*

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

- Yes
- No

*Probe1. Do you think we need to provide the definition of “tribal lands” again on this question?*

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:*

**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

*Probe1. In your own words, what do you think this question is asking?*

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

,    Full autopsies *If estimate, check here:*

*Probe1. What do you think we mean by “full autopsies”?*

*Probe2. Is it possible for a jurisdiction to have zero referred cases but still have autopsies to report? What about accepted cases?*

*Probe3. How does your office track the number of autopsies completed?*

**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.**

<b>Function</b>	<b>My Office Provides this Function Internally</b>	<b>My Office Provides this Function Externally</b>	<b>Function or Service Is Not Available</b>	<b>Function or Service is Not Necessary</b>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(e.g., microbiology, anthropology, histology, neuropathology, cardiac pathology)

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"/>

**Probe1. How easy or difficult was it to complete this table?**

**Probe2. IF NEEDED, How did you decide whether a function was “not necessary”? GO BACK THROUGH TABLE IF NEEDED.**

**Probe3. IF NEEDED, How did you decide what functions were provided internally vs. externally? GO BACK THROUGH TABLE IF NEEDED.**

**Probe4. Were there any function descriptions in the first column that you were not sure what they meant, or that you would change?**

**Probe5. Are there any functions you think are missing?**

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

<b>Duty</b>	Autopsy Pathologists	Coroner/Non-Physician	Death Investigators	Other Internal Staff	<i>Not Performed by My Office</i>
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"/>

*Probe1. How easy or difficult was it to understand how to complete this table?*

*Probe2. Where there any items here you weren't sure how to answer?*

*Probe3. How would you answer if you outsourced any of these duties?*

*Probe4. IF ANSWERED OTHER: What other internal staff were you thinking of?*

*Probe5. IF ONLY MARKED ONE ANSWER EACH, Was it clear that you could pick more than one answer per row?*



**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) \_\_\_\_\_

*Probe1. Did you notice that you could check more than one option?*

*Probe2. Was there anything confusing about these questions?*

*Probe3. Is anything missing from the list of responses?*

## SECTION D SPECIALIZED DEATH INVESTIGATIONS

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**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

*Probe1. What do you think we mean by a "written policy"?*

*Probe2. Is the phrase "final disposition" familiar to you?*

*Probe3. What do you think of the examples listed?*

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

- Yes
- No

*Probe1. What does having "unidentified remains on record" mean to you? Can you give an example?*

*Probe2. Does your office use the term "unidentified remains" or do you call them something else?*

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

*Probe1. How easy or difficult is it for you to come up with these numbers?*

**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

*Probe1. Describe how you would determine what the "oldest case of unidentified remains currently on record" was.*

*Probe2. What year do you think we are asking for when we ask for the year of your oldest case of unidentified human remains? (e.g., year they were found, expected year of death, etc.)?*

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

*Probe1. What does "unidentified in their final disposition" mean to you?*

**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

*Probe1. On these last two questions, would it effect either answer if we asked if the “certifying pathologist” used these diagnosis, as opposed to “your office”?*

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

<b>Procedure</b>	<b>Yes</b>	<b>No</b>	<b>Don’t Know</b>
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"/>

*Probe1. Are you unfamiliar with any procedures listed here?*

*Probe2. Is anything missing from the list of responses?*

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

- Yes
- No

*Probe1. What drugs come to mind when you see the phrase “novel psychoactive substances”?*

*Probe2. Do you think your strategy for toxicology testing will change any time soon?*

*Probe3. IF YES, What changes have been made to your strategy for forensic toxicology testing?*

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

- Yes
- No

*Probe1. What does the phrase “presumptive toxicology testing” mean to you?*

## SECTION E RECORDS AND EVIDENCE RETENTION

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**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

*Probe1. How does your office keep track of cases and/or evidence?*

*Probe2. What time frame are you thinking about when answering this question? Currently? The fiscal year including June 30, 2018?*

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

*Probe1. What do you think we are asking about in this question?*

**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"/>

*Probe1. In your own words, what is a written retention schedule?*

*Probe2. Does it make sense to use the word “source” to describe the items in the table? Any suggestions for other terminology?*

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

- Hard copies
- Electronically
- Both

*Probe1. When answering this question, were you thinking of only new cases or all cases?*

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

- Yes
- No

*Probe1. IF YES, Does your office archive hard copies of both investigative records and reports?*

*Probe2. IF NO, Does your office archive hard copies of neither investigative records nor reports?*

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"/>

*Probe1. How do you know where hard copies of archived records and reports are stored?*

*Probe2. Have you seen or heard of hard copy archives being stored at personal or non-official locations, such as at someone's house?*

*Probe3. IF NOT SOME OTHER LOCATION, What other locations can you think of where hard copies may be stored?*

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?**

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## SECTION F RESOURCES AND OPERATIONS

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

- Yes
- No

*Probe1. What do you think we are asking for in this question?*

*Probe2. Do you think this question is important to ask?*

**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"/>

*Probe1. What does “access” to these resources mean to you?*

**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"/>

*Probe1. Is anything missing from the list of responses?*

*Probe2. What does access to trainings mean to you?*

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

- Yes
- No

*Probe1. Would it be better to ask offices if they have ever participated in emergency response drills?*

*Probe2. Do you view this question as important?*

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

<b>Technology</b>	<b>Yes</b>	<b>No</b>
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"/>

*Probe1. What does it mean for you to have “access to” an investigative technology?*

*Probe2. What are some other technologies you have or would like to have access to?*

*Probe3. What does “non-targeted forensic toxicology analysis” mean to you?*

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

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

<b>Specialty Area</b>	<b>Yes</b>	<b>No</b>
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"/>

*Probe1. What does it mean to have access to specialized investigative teams?*

*Probe2. Would you answer yes to a specialty team if you have never used them but knew that you could if you needed to?*

*Probe3. Can you think of any other investigation teams we should add to this list?*

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

<b>Resources</b>	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"/>

*Probe1. What do you think this question is asking?*

*Probe2. What do you think we mean by “ability to complete cases”?*

*Probe3. Are there any additional resources we should add to this list?*

*Probe4. What did you think of the examples provided in the table? Were they helpful?*

*Probe5. Would it make a difference to you if we listed the resources in a different order?*

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

<b>Data Collection</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
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"/>

*Probe1. Have you heard of all of these data collection efforts?*

*Probe2. Have you participated in any of these in the past?*

*Probe3. IF STATE/LOCAL OR OTHER, What is the other data collection effort you participate in?*

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

<b>Support Service</b>	<b>Yes</b>	<b>No</b>
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"/>

*Probe1. What does it mean to “have access” as it is used in this question?*

*Probe 2. What does “On-scene support or advocacy for bystanders or other family and friends of the deceased” mean to you?*

*Probe3. IF YES TO ANY, How do you have access to these services? Internally? Externally?*

*Probe4. IF NO, Do you know of any of these services that exist that you don’t have access to?*

**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.**

*Probe1. IF NO, Have you heard of a Department Originating Agency Identifier Number or ORI number?*

**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!**

**GENERAL PROBES**

1. How long do you think it would take to complete the survey, including gathering all of the data necessary to answer these questions?
2. Overall, what did you think of this survey?
3. Were there any questions that were unclear or confusing that we did not already talk about?
4. What did you think about the “estimate” checkboxes? What about the “don’t know” checkboxes? (Examples: D3-D6)
  - a. Would any of your answers have been different if those checkboxes weren’t there?
  - b. If you weren’t sure of an answer, would you estimate and use the checkbox or would you leave it blank?
5. Did you notice that some questions had words in italics for emphasis? (See F8)
6. When completing this survey, would you provide your exact numbers or would you guess and estimate?
7. **IF NOT ALREADY DETERMINED:** How many people would be involved in supplying the answers to these questions?
8. Who at your office would be responsible for completing this survey? Do you think

you/they would prefer to fill it out on paper or on the web?

9. If we were to ask about the size of the population you serve, what would be the best way to collect those data? Do you think that is important to ask?
10. What could we do to make it easier or more likely for you to complete the survey?
11. Can you let me know if these questions are responsive to BJS's goals? **POINT OUT GOAL SHOWCARD.**

On behalf of BJS and RTI, thank you so much for your time. Those are all of the questions I have. If you think of anything else that would be helpful for us to know as we refine this survey, please don't hesitate to send us an email.