Survey Instructions:

• Submit this form using one of the following three methods:

o Online: https://www.bjscmec.rti.org

Agency ID:

2023 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 or jurisdiction(s) included are incorrect, please call us at 1-866-509-7470.

	Password:	
⊙ E-m	mail: CMEC@rti.org	
o Ma	ail: Use the enclosed postage-paid envelope	
 Please d 	do not leave any items blank. If you do not understand	a question, please email or call for clarification.
If the ar	inswer to a question is none or zero, write "0" in the sp	ace provided. When exact numeric answers are not available,
please p	provide estimates and mark the estimate check box when	nere appropriate.
 Use blue 	ue or black ink and print as neatly as possible.	
• Use an >	X when marking an answer in a box.	
Please indi	licate the primary person who completed this for	m:
Name:		
	Last Name F	rirst Name MI
Title:	:	
Phone:		
	Area Code Number Extension	
E-mail:	:	
Agency		
Website:	: (

Burden Statement

If you have any questions, call RTI toll-free at 1-866-509-7470, or send an e-mail to <u>CMEC@rti.org</u>. If you have general project-related questions, please contact Matt Durose of BJS at (202) 598-0295 or Matt.Durose@usdoj.gov.

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.

This survey is intended to collect information about your office's death investigation functions. If your office is embedded within another department or type of office (e.g., law enforcement agency, mortuary), please only report details about the resources and practices related to death investigation functions.

ADMINISTRATION

A1.	What is the title of the head position in your office (e.g., Chief Medical Examiner, Coroner) and who holds that title?
	Title:
	Name: Last Name First Name
	Last Name First Name
A2.	Is your head of office required to be a Forensic Pathologist or other type of physician? Yes – the head of office is required to be a Forensic Pathologist Yes – the head of office is required to be a physician, but not a Forensic Pathologist No
A3.	Which of the following best describes your death investigation office? Coroner office Medical examiner office Law enforcement coroner office (e.g., Sheriff-coroner) District attorney or prosecutor office Justice of the peace My office does not investigate deaths → SKIP to the end of the survey and return in the enclosed envelope Other medicolegal death investigation office (please specify)
A4.	What level of government best describes your office? City office County office District/regional office State office
A5.	Does your office have authority over multiple jurisdictions? For example, your office is the medical examiner or coroner for multiple counties or districts. Yes No
A6.	What geographic jurisdictions does your office have authority over (e.g., Wake County or State of Ohio, or Judicial District 8)? If you have authority over multiple jurisdictions, enter a comma (,) between each jurisdiction.

	we will collect additional information about the <u>head position</u> in your office that you rted in A1.
A7.	Is your head of office's position full-time or part-time? Full-time (30 hours or more per week) Part-time (Less than 30 hours per week)
A8.	Is the head of your office elected? Yes No
A9.	 Does your head of office perform any of the following death investigation functions in addition to their primary administrative duties? Select all that apply. Autopsies Scene investigations Other investigative casework (e.g., perform body examinations or inspections, conduct and document interviews) The head of office is an administrative position only and does not perform direct death investigation or autopsy duties
A10.	What was the annual salary (or annual salary equivalent if paid hourly or by stipend) for your head of office as of December 31, 2023? Annual Salary or Equivalent \$

The next section collects information about the following types of staff who could support death investigation functions at your office.

- Forensic Pathologists or Autopsy Pathologist
- Death Investigators
- Other scientific support staff (e.g., Forensic Toxicologists, Forensic Analysts)
- Ancillary staff (e.g., drivers, photographers, evidence technicians)
- Administrative staff (e.g., administrative managers/directors, administrative assistants, record clerks, secretaries)

Each employee should be reported only <u>once</u> in this section. If an employee fills more than one role, please include them in their primary role.

For questions in this section, please consider the following definitions:

- **Full time employees:** Staff directly employed by your office who have regularly scheduled hours and work on average 30 hours or more per week on death investigation functions.
- Part-time employees: Staff directly employed by your office who have regularly scheduled hours and work on average fewer than 30 hours per week on death investigation functions.
- **Contractors/Fee-for-service:** Those who are hired to do work for your office as a contractor and are not directly employed by your office (e.g., receives a 1099).
- **On-Call employees:** Staff directly employed by your office who <u>do not</u> have regularly scheduled hours and only work on an as needed basis.
- Vacancies: Positions for which your office has funds to staff but remain unfilled or open.

Many medical examiner and coroner offices do not <u>directly employ</u> Forensic or Autopsy Pathologists, and rely on contracted entities, the state Medical Examiner, or other medical examiner/coroner office for their autopsy services.	
A11. How are autopsy services handled by your office? Select all that apply. Autopsies sent to the State Medical Examiner or another public Medical Examiner/Coroner office Private company, independent contractor (e.g. locum tenens), university, hospital, or other contract entity perform autopsies Forensic or Autopsy Pathologists directly employed by our office perform autopsies SKIP to A17 on page 5 if your office only contracts autopsy services or sends to another MEC office.	
Next, we will collect information about <u>Forensic Pathologists</u> or <u>Autopsy Pathologists</u> that were <u>directly employed</u> by your office during the pay period that included December 31, 2023. A12. How many Forensic/Autopsy Pathologists did your office <u>directly employ</u> in the following categories during the pay period that included December 31, 2023? <u>Include</u> full-time, part-time, and on-call employees. <u>Do not</u> include contractors. <u>Include</u> Chief Medical Examiners that are Autopsy/Forensic Pathologists. Enter 0 if your office does not have staff in given category. □ My office did not directly employ Forensic/Autopsy Pathologists → SKIP to A17 on page 5	
Full-time employees: Part-time employees: On-call employees:	
A13. How many full-time and part-time Forensic/Autopsy Pathologists directly employed by your office in the pay period that included December 31,2023 were certified in forensic pathology by the American Board of Pathology (ABP)? Do not include contractors. If none, enter 0. Number of full-time autopsy pathologists certified by ABP in forensic pathology: Number of part-time autopsy pathologists certified by ABP in forensic pathology: A14. How were Forensic/Autopsy Pathologists directly employed by your office paid in 2023? Do not include contractors. Do not include Chief Medical Examiners/head of office salaries reported in A10. Select all that apply. Hourly Salary Stipend Fee-for-service (paid by case, call, day, or other fee structure) → SKIP to A16 on page 5 if staff are paid only on a fee-for-service basiso	

												alent if paid employed b	
		offi	ce as of I	December	31, 2023	Do no	<u>t</u> incl	ude Chief	Medica	al Exar	niner sa	alaries previo	busly
						Annı		tarting Sa nimum	alary	Annu	al Star Maxir	ting Salary num	N/A
			salary (o if paid ho	annual <u>full-</u> r salary eq ourly or by	uivalent stipend)	\$,		\$			
		b.	time (or s	annual sala salary equi rly or by st	ivalent if	\$,		\$			
		sep incl	arate from uded Dec es	ce employ n assistin cember 31	ig in an A	ified P	athol / Tecl	ogists' A hnician ro	ssistan ole, dur	nts to pring th	perforn e pay	n autopsies period that	
The duri	follow	ing pay	question period t	s collect i hat includ	informatio	n abou	ut <u>De</u> 1, 202	ath Inves 23.	tigator	s that	worke	d for your o	ffice
A 17	durin emple positi in giv	ng the	ne pay pe es and con (e.g., Con category. fice did no	riod that intract Dead coners) that ot employ o	ncluded I th Investig t are also death inves	Decem lators the Death	ber 3 hat wo Inves	1, 2023? ork directly	<u>Include</u> y for yo	full-tin ur offic	ne, pan e. <u>Inclu</u>	owing categ t-time, on-ca ude head of d loes not have	ll office
				on page	6								
			employee										
			employe										
	Cont	racto	ors/Fee-fo	r-service:									
	On-c	all e	mployees	:									
		the	pay perio	ull-time and that ind Death Inv	cluded De	cembe	r 31,	estigator 2023 wer	rs that e certif	worke fied by	d for y the A	our office d merican Bo	uring ard of
		Nui	mber of <u>fu</u>	<u>III-time</u> Dea	ath Investi	gators	certifi	ed by ABN	MDI:				
		Nui	mber of pa	art-time De	eath Invest	tigators	certi	fied by AB	BMDI:				
			mber of <u>co</u> tified by A	ontract/fee .BMDI:	-for-servic	<u>e</u> Deatl	h Inve	estigators					
		sala	Aries report Hourly Salary Stipend Fee-for-se	ted in A10 - Continue ervice (pai	D. Šelect ale e to A20 o d by case,	n page call, da	<i>pply.</i> e 6 ay, or	other fee				e head of off o A21 on	ice
			page 6 If	paid only o	on a ree-fo	r-servi	ce ba	SIS					

	A20.	What is the annual starting salary range (or starting salary range equivalent if paid hourly or by stipend) for <u>full-time</u> and <u>part-time</u> Death Investigators employed by your office as of <u>December 31</u> , 2023? Do not include head of office salaries reported in A10.								
			<u> </u>		Annual St	arting Salary imum	•	l Starting Maximur		N/A
			Starting annual <u>full-time</u> salary (or salary equivalent if paid hourly or by stipend))	\$,	\$			
		b.	Starting annual salary <u>part-</u> <u>time</u> (or salary equivalent it paid hourly or by stipend)		\$,	\$,		
A21	Did y	es	office have unpaid volunt	eer	Death Inve	estigators in 20)23?			
Anti pho	nropol tograp	logi: oher	uestions ask about <u>scientif</u> sts, Autopsy Technicians, rs, evidence technicians, fa y period that included Dec	or r amil	non-autops ly support	y physicians) workers) that	and and	illary sta	ff (e.g., dr	rivers, fice
A22	func inclu	tion Ideo	ny scientific support or an s did your office <u>directly e</u> l December 31, 2023? <u>Do na</u> have staff in a given catego	mp ot in	loy in the fo	ollowing categ	ories du	ring the	pay perio	d that ffice
			office did not employ scientifi lary staff → SKIP to A23	c sı	upport or					
	Full	-tim	e employees:							
	Par	t-tim	e employees:							
	On-	call	employees:							
adm	inistr	ativo	uestions ask about <u>admini</u> e assistants, records clerk y period that included Dec	s, s	ecretaries,	and IT staff) t	ative ma	nagers/d employe	lirectors, ed by you	r office
A23	durir	าg tl	ny Administrative Staff did ne pay period that included Enter 0 if your office does no	d De	ecember 31	l, 2023 ? <u>Do no</u>	include	ollowing of contracto	categories ors or conti	s ract
		-	office did not employ adminis → SKIP to A24	strat	tive					
	Ful	l-tim	e employees:							
	Par	t-tim	ne employees:							
	On-	-call	employees:							
A24			ny <u>vacant or unfilled</u> posit ne pay period that include						wing role	s
	Fore	nsic	or Autopsy Pathologists:							
	Deat	th In	vestigators:							

EXPENDITURES AND FUNDS

B1.	On what month and day does your office's M M / D D	fiscal year begin	(e.g., 01/01,	07/01, 10/0	01)?	
B2.	 How much did your office spend on death i completed fiscal year? If your office is part of a larger organization expenses related to death investigation fun include your total expenses. Include expenses paid by your office, such training, transportation, toxicology/ancillary related to MEC functions. \$	(e.g., sheriff-coror ctions. If your offic as, for autopsies,	ner, funeral he only function	nome), only ons as an N upplies and	include MDI office, d equipment,	
B3.	Which of the following functions of your off reported in B2? Select one for each row.	fice are included i	in the total e	expenditur	es	
	Expense		All	Some	None	
	a. Autopsies		0			
	b. Personnel		0			
	c. Supplies and equipment		0		0	
	d. Training		0	0	0	
	e. Transportation		0		0	
	f. Toxicology		0		0	
	g. Indigent Burial		0			
	h. Body storage		0			
B4.	4. Which of the following provides budgetary oversight of your office? 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, attorney general) Department or division of forensic science Court system Other government funding body (e.g., county or state commission) Other (please specify)					
B5.	In your most recently completed fiscal year resources, or spend personal, out-of-pocke on any of the following? Select one for each	t money for whic				
	Expense	Yes	No	Do	n't Know	
	a. Personal protective equipment (PPE)	0	0			
	b. Continuing education or certifications	0	0		0	
	c Other official work supplies					

WORKLOAD

This	section has	auestions	about three	levels of	involvement	in deatl	n investigations.

Depending on how your office categorizes cases/investigations, numbers reported in a given category may be the same as the number reported in a prior category.

- a) Total number of deaths your office was notified of in 2023: The total number of deaths your office was notified of, including all cases reported to your office even if jurisdiction was declined.
- b) Number of deaths for which your office performed death investigation functions: The number of deaths for which your office performed death investigation functions beyond documenting the initial notification of the death outlined above. For example, the number of cases for which your office performed death investigation functions like responding to a scene, identifying a decedent, conducting supplemental interviews, notifying family, or ordering autopsies.
- c) Number of deaths where your office determined cause and manner: The number of deaths where your office determined cause and manner. <u>Do not</u> include cases where another agency (e.g., State Medical Examiner) assumed jurisdiction to complete the death certificate.

	C2.	n 2023, what was the total numb		I to your office for	the following
		levels of involvement in death in	Number of deaths	NA – My office did not have deaths in this category	My office had deaths in this category, but did not track
		a. Total number of deaths your office was notified of in 2023	Check if estimate:		
		b. Number of deaths for which your office performed death investigation functions	Check if estimate:		
		c. Number of deaths where your office determined cause and manner	Check if estimate:		
(In 2023, was your office notified tribal lands' includes areas labeled trust lands, Alaska Native villages, Yes No - Our office does not have tri No - Our office receives deaths	Indian country, federa and tribal communities bal lands in our geogra	al or state recognize s. aphic jurisdiction	d reservations,

THES	se ne	xt questions ask about	autopsie	es your o	ffice ordered or performed in 2023.
C4.					ies <u>at your facility or facilities</u> (e.g., "in-house") in death investigation authorities but exclude any private
		inical autopsies. Include l			
		es .			
	<u> </u>	lo → SKIP to C6			
	C5.	In 2023, how many me facilities (e.g. "in-hous		al autops	ies did your office conduct <u>at your facility or</u>
		Number Check if estimate:	r of med	icolegal a	utopsies conducted at your facility or facilities
C6.	<u>facil</u> Exai —○ Y		itopsies s	sent to St	sies to be conducted <u>at a location other than your</u> ate Medical Examiners, other Medical or hospitals.
	•C7.	In 2023, where were th	e autops	sies orde	ered by your office performed? Select all that apply.
		· · · · · · · · · · · · · · · · · · ·	_		our office does not use private facilities or hospitals
		Other public MEC of	fice	$\int to p$	erform autopsies → SKIP to C10
		Private facility or hos	pital		
	C8 .	How many of these au	topsies	were per	formed for your office by private facilities/hospitals
		in 2023?	·	-	
		Numbe	r of auto	psies per	formed at private facilitates/hospitals
		Check if estimate:	r of auto	psies per	formed at private facilitates/hospitals
			r of auto	psies per	formed at private facilitates/hospitals
	C9.	Check if estimate:			formed at private facilitates/hospitals facility or contractor your office uses most
	C9.	Check if estimate:			
	C9.	Check if estimate: How far from your office frequently? Less than 50 miles 50-100 miles	ce is the		
	C 9.	Check if estimate: How far from your office frequently? Less than 50 miles	ce is the		
C10		Check if estimate: How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles	ce is the	autopsy	facility or contractor your office uses most
C10.	In 20 folio	Check if estimate: How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles 023, as part of practice of the properties of deaths with the properties of	es or policy	autopsy v, did you ermining	r office routinely perform or order autopsies for the cause and manner of death and signing the death
C10.	In 20 follo	Check if estimate: How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles O23, as part of practice of wing types of deaths we ifficate? Do not include extinguity in the control of the cont	es or policy hen dete	autopsy v, did you ermining xaminatio	r office routinely perform or order autopsies for the cause and manner of death and signing the death
C10.	In 20 folic cert	How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles 023, as part of practice of the death of the death	es or policy	autopsy v, did you ermining	r office routinely perform or order autopsies for the cause and manner of death and signing the death
C10.	In 20 folic cert Typ	Check if estimate: How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles O23, as part of practice of the cowing types of deaths we do not include expected the company of the	es or policy hen dete	autopsy v, did you ermining xaminatio	r acility or contractor your office uses most ar office routinely perform or order autopsies for the cause and manner of death and signing the death
C10.	In 20 folic cert Typ a. b.	Check if estimate: How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles O23, as part of practice of deaths wifficate? Do not include expected include expected by the control of the contro	es or policy hen dete	autopsy v, did you ermining xaminatio	r office routinely perform or order autopsies for the cause and manner of death and signing the death
C10.	In 20 follo cert Typ a. b.	How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles O23, as part of practice of the composition of the	es or policy hen dete	autopsy v, did you ermining xaminatio	r office routinely perform or order autopsies for the cause and manner of death and signing the death
C10.	In 20 follo cert Typ a. b. c. d.	How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles O23, as part of practice of the composition of the	es or policy hen dete	autopsy v, did you ermining xaminatio	r acility or contractor your office uses most ar office routinely perform or order autopsies for the cause and manner of death and signing the death
C10.	In 20 follo cert Typ a. b. c. d.	How far from your office frequently? Less than 50 miles 50-100 miles Greater than 100 miles O23, as part of practice of the composition of the	es or policy hen deta	autopsy v, did you ermining xaminatio	r acility or contractor your office uses most ar office routinely perform or order autopsies for the cause and manner of death and signing the death

	In 2	ext questions ask about 2023, did your office (e.g Yes No → SKIP to C13	_	•	•		
	·C12	2. In 2023, how many sc investigators) conductors Number of Check if estimate:		-	e.g. medicolegal	death	
C13.		those functions that ar performing the followin			ce, who is <u>primar</u>	ily responsible	
		uty	Forensic or Autopsy Pathologists	Death Investigators	Other Medical Examiner/ Coroner Staff	Not applicable - this function is not performed by my office	
	a.	Determination of which deaths are accepted for further investigation	0	0	0	•	
	b.	Death scene investigations with inspection/ examination of body	0	0	0	0	
	C.	Determination of which deaths are autopsied	0	0	0	0	
	d.	Determination of which deaths receive forensic toxicology testing	0	0	0	0	
C14.	C14. At the death scene, external examination/inspection, or at autopsy, did your office routinely perform drug screening tests (e.g., urine screen or Randox [®]) in 2023? Yes No → SKIP to C16						
	-C1	5. After performing drug with toxicology testin Yes			outinely confirm p	ositive results	
C16.	ind	r your office, who of the lividual's death? Law enforcement personr Medical examiner/corone Someone else (please sp	nel r personnel	arily responsible	for notifying next	of kin about the	

C17.	In 2023, did your office respond to a multiple fatality event with four or more decedents? -○ Yes ○ No → SKIP to D1
	C18. Did your office need or use assistance from other Medical Examiner/Coroner offices/jurisdictions during any multiple fatality event in 2023? Yes No
	SPECIALIZED INVESTIGATIONS
or mo all pri D1.	the following questions, unidentified remains refers to remains that are unidentified for 60 days ore. Include cases unresolved for 60 days or more even if subsequently identified. Include cases from for years. As of December 31, 2023, did your office have any records of remains that were unidentified for 60 days or more? Include cases regardless of disposition of the remains. Include cases
	unresolved for 60 days or more even if subsequently identified after December 31, 2023. ── Yes ── No → SKIP to D3
	D2. How many cases of human remains did your office have on record that were unidentified for 60 days or more as of December 31, 2023? Include cases regardless of disposition of the remains. Don't know Total number of unidentified humans remains on record Check if estimate:
D3.	How long does your office generally hold unidentified human remains before disposition? Less than 1 month 1-6 months More than 6 months to a year Our office holds unidentified remains indefinitely
D4.	How does your office dispose of unidentified human remains? Select all that apply. Bury Cremate Donate body to a body donation program Donate body to other program(s) (e.g., museum) Our office holds unidentified remains indefinitely Other (please specify)
	What biometrics and samples do you routinely collect before disposition of unidentified human remains? Select all that apply. Dental records (charting) Dental Radiographs/X-rays Fingerprints Full body radiographs (X-ray, CT) Photos of identifying characteristics (e.g., tattoos, scars, etc.) Samples for DNA analysis (e.g., blood card/spot, bone)

D6.	dea	suspected overdose deaths in 2023 aths, or not at all? Exclude delayed or the row.							
	Action		All deaths		Most deaths		Some deaths		None/My office does not do this
	a.	Go to scene of death if outside of hospital							
	b.	Order an autopsy			C)		\bigcirc	
	C.	Draw toxicology specimens	0						
	d.	Run toxicology tests	0)		0 0		
	e.	Consult with a toxicologist before determining cause and manner of death	0)	0		0
D7.	you	ou have a sudden unexpected infan ur office conduct, or request, if warr ect one for each row.						•	
	Procedure		Y		Yes No			Decision made elsewhere (e.g. state medical examiners' office)	
		Scene investigation			0	0			0
	b.	Doll re-enactment			0	\bigcirc	П		\bigcirc
	C.	Imaging, including x-ray, CT, or MRI			0	0			0
	d.	Autopsy			\bigcirc	\bigcirc			
	e.	Forensic toxicology			0	0			
	f.	Microbiology				\bigcirc			
	g.	Histology			0	0			
	h.	Genetic testing (e.g., sudden cardiac	deaths)		\bigcirc	\bigcirc			
D8.	a d () '	es your office use the Sudden Infanteath certificate? Yes No Death certificate completed elsewhere			·	·			en completing

RECORDS AND EVIDENCE RETENTION

E1.	E1. Did your office have a computerized system to manage, compile, or track cases or evidence as of December 31, 2023? Such a system is also known as a computerized case or information management system. This does not include the use of Excel or other spreadsheet software to manage case information. ○ Yes → SKIP to E3									
	►E2. What is the <u>primary</u> reason your office does not have a computerized case or information management system? Select one. □ Do not want computerized case or information management system □ Funding □ Privacy or security concerns □ Too few cases/records □ Other (please specify) ¬									
E3.	produced? An investigation report is distinct from any logs, death certificates, law enforcement or autopsy reports. All deaths Some deaths No deaths Did not have any deaths in 2023 E4. Did your office have a written retention schedule for the following items in 2023? A retention schedule is a policy for how long records are retained. Select one for each row.									
					Not applicable -					
					our office does					
			Yes	No	not produce or					
		0	162	INO	use this					
	a.	Case records								
	b.	Forensic toxicology specimens								
	C.	Biological specimens other than toxicology specimens	0	0	0					
	d.	Non-biological evidence								

E5 .	E5. Does your office currently archive hard copies of your official investigative records and									
reports?										
	Yes No → SKIP to E7									
	O IN	0 7 SKIP LUE!								
►E6. Does your office currently archive hard copies of your official investigative records and reports in any of the following places? Select one for each row.										
	Location Yes No									
a. Government-owned office										
		b. Government-run or government-controlled dedicated storage facility	0	0						
		c. A regulated third-party storage facility (e.g., Iron Mountain)	0	0						
		d. Personal storage (including both home and rental storage)	0	0						
		e. Other business or office (e.g., funeral home, hospital, law office)								
E8.	E7. How does your office dispose of unclaimed human remains? Select all that apply. Bury Cremate Donate body to a body donation program Donate body to other program(s) (e.g., museum) Our office holds unclaimed remains indefinitely Other (please specify) Other (please specify) Vesto determine if the decedent is a veteran? Yes No									
		RESOURCES								
F1.			te from a	personal						
F2.			eath inve	stigation						

F3.	F3. As of December 31, 2023, did your office, or the agency with administrative oversight of your office, own a body storage cooler that you used for death investigation functions? Yes No → SKIP to F5							
	►F4. Is the official maximum capacity of disaster equipment, 20 or more? Yes No	f all you	r offic	e's boo	ly storage (cooler(s), in	ncluding	
F5.	Did your office have access to the follo agency, as of December 31, 2023? Sele				er directly o	or through a	another	
	Resource	Yes				gh a ency N	lo access	
	a. Criminal history databases							
	b. EMS records						0	
	c. Fingerprint databases		\bigcirc		0		0	
	d. Medical records databases		\bigcirc		\bigcirc		\bigcirc	
	e. Prescription drug monitoring programs	s	0		0		0	
F6.	In 2023, did any of the staff at your office Select one for each row. Training or resource		Yes No		or the follow	ving trainin	gs <i>?</i>	
	a. Mass fatality investigation/disaster pla	nning	0					
	b. Bloodborne pathogens							
F7.	 F7. In 2023, did your office provide mental health/wellness support for staff? For example, counseling, therapy, or peer support. Yes No F8. In 2023, did your office participate in the following multidisciplinary review teams? Select one for each row. Select no if an item is not offered in your jurisdiction. 							
	Specialty area	Yes		n you	M ha	ly office did ve cases o type in 202	f this	
	a. Child fatality)	.jpo iii 202		
	b. Elderly/vulnerable adult fatality)			
	c. Overdose fatality)			
	d. Maternal death)			
	e. Suicide							
	o. Galoido							

F9.	In 2023, did your office directly provide the following support services or provide referrals for these services? Select one for each row.									
	Sı	ıpport service	Service directly provided	Referral to another entity or organization	No					
	a.	Advocates for families of victims								
	b.	Grief and bereavement services for survivors (e.g., counseling or therapy, homicide survivor groups)	0	0	0					
	C.	On-scene support or advocacy for bystanders or other family and friends of deceased	0	0	0					
F10. As of December 31, 2023, did your office have a dedicated family support specialist or trained trauma counselor for family and friends of the deceased? Yes No F11. 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										

Thank you for your participation in the 2023 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 RTI International ATTN: 0218708.000.005 3040 E. Cornwallis Road, PO Box 12194 Research Triangle Park, NC 27709-2194