

# 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

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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.**

Function	My office primarily provides this function <i>internally</i>	My office primarily provides this function <i>externally</i>	My office <i>does not</i> have access to this function	This function is <i>not</i> necessary for my office
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.**

Function	My office primarily provides this function <i>internally</i>	My office primarily provides this function <i>externally</i>	My office <i>does not</i> have access to this function	This function is <i>not</i> necessary for my office
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?**

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**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**