**Form CMEC-1** OMB No. 1221-0296: Approval Expires 00/00/20XX



**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 is incorrect, please call us at 1-866-662-8134.**

**Survey Instructions:**

* Submit this form using one of the following four methods:
  + **Online:** <https://www.bjscmec.org>

|  |  |
| --- | --- |
| Agency ID: |  |
| Password: |  |

* + **E-mail:** [CMEC@rti.org](mailto:CMEC@rti.org)
  + **Fax:** 1-800-647-9660 (toll-free)
  + **Mail:** Use the enclosed postage-paid envelope
* Please do not leave any items blank. If you do not understand a question, please email or call for clarification.
* 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 1-866-662-8134, or send an e-mail to [CMEC@rti.org](mailto:xxxxxx@rti.org). If you have general project-related questions, please contact** **Connor Brooks of BJS at (202) 514-8633 or Connor.Brooks@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.

**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* |

**A2. 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  🡪 **SKIP to the end of the survey and return in the enclosedenvelope**  investigate deaths | |
|  | Other medicolegal death investigation office (please specify) | |
|  | |  |

**A3. What level of government best describes your office?**

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

**A4. Which, if any, of the following provides administrative 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 |
|  | | My office does not report to another agency |
|  | | Other (please specify) |
|  |  | |

**A5. Is your office located within another business, such as a funeral home?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**A6. What jurisdictions does your office serve (e.g., County, State, or Judicial District)?** *If you serve multiple jurisdictions, enter a comma (,) between each jurisdiction.*

**The following section collects information about staff who support death investigation functions at your office and includes questions about Autopsy Pathologists, Coroners/non-physician Medical Examiners/non-autopsy physicians, Death Investigators, other scientific support staff (e.g., Forensic Toxicologists, Forensic Analysts), ancillary staff (e.g., drivers, photographers, evidence technicians), and administrative staff (e.g., administrative assistants, record clerks, secretaries).**

*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.
* **Consultants/Contractors:** Those who work for another company or as a consultant and are hired to work for your office, including locums tenens.
* **On-Call employees:** Those who do not 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.

**A7. Did your office employ/contract any Autopsy Pathologists during the pay period that included December 31, 2023?** *Please include all full-time, part-time, consultants/contractors/locum tenens, and on-call Autopsy Pathologists.*

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to A13 on page 4** |

**A8. How many Autopsy Pathologists did your office employ/contract in the following categories during the pay period that included December 31, 2023?** *Enter 0 if your office does not have staff in given category.*

|  |  |
| --- | --- |
| Full-time employees |  |
| Part-time employees: |  |
| Consultants/contractors/locum tenens: |  |
| On-call employees: |  |

**A9. How many full-time and part-time 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 count contractors, consultants, or locum tenens. 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: |  |

**A10. How were Autopsy Pathologists that performed autopsies for your office paid in 2023?** *Please include full-time and part-time employees and consultants/contractors/locums tenens. Select all that apply.*

|  |  |
| --- | --- |
|  | Hourly |
|  | Salary |
|  | Stipend  **Continue to A11 on page 4** |
|  | Fee-for-service (paid by case, call, day, or other fee structure) 🡪 **SKIP to A12** **on page 4** |

**A11. What was the average annual salary (or annual salary equivalent if paid hourly or by stipend) for full-time and part-time Autopsy Pathologists employed by your office as of December 31, 2023?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Annual Salary or Equivalent** | | | | | | **Not Applicable** |
| 1. Average annual full-time salary (or salary equivalent if paid hourly or by stipend) |  | $ |  | **,** |  |  |  |
| 1. Average annual salary part-time (or salary equivalent if paid hourly or by stipend) |  | $ |  | **,** |  |  |  |

**A12. Did your office employ/contract any certified Pathologists Assistants to perform autopsies, separate from assisting in an Autopsy Technician role, during the pay period that included December 31, 2023?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**A13. Did your office employ/contract any Coroners/non-physician Medical Examiners/non-autopsy physicians during the pay period that included December 31, 2023?** *Please include all full-time, part-time, consultants/contractors, and on-call employees. If an employee fills more than one role, please put them in their primary role.*

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to A17 on page 5** |

**A14. How many Coroners/non-physician Medical Examiners/non-autopsy physicians did your office employ/contract in the following categories during the pay period that included December 31, 2023?** *Enter 0 if your office does not have staff in given category.*

|  |  |
| --- | --- |
| Full-time employees: |  |
| Part-time employees: |  |
| Consultants/contractors: |  |
| On-call employees: |  |

**A15. How were Coroners/non-physician Medical Examiners/non-autopsy physicians at your office paid in 2023?** *Please select all that apply.*

|  |  |
| --- | --- |
|  | Hourly |
|  | Salary |
|  | Stipend  **Continue to A16 on page 5** |
|  | Fee-for-service (paid by case, call, day or other fee structure) 🡪 **SKIP to A17** **on page 5** |

**A16. What was the average annual salary (or annual salary equivalent if paid hourly or by stipend) for full-time and part-time Coroners/non-physician Medical Examiners/non-autopsy physicians employed by your office as of December 31, 2023?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Annual Salary or Equivalent** | | | | | | **Not Applicable** |
| 1. Average annual full-time salary (or salary equivalent if paid hourly or by stipend) |  | $ |  | **,** |  |  |  |
| 1. Average annual salary part-time (or salary equivalent if paid hourly or by stipend) |  | $ |  | **,** |  |  |  |

**A17. Did your office employ/contract any Death Investigators during the pay period that included December 31, 2023?** *Please include full-time, part-time, consultants/contractors, and on-call employees. If an employee fills more than one role, please put them in their primary role.*

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to A22 on page 6** |

**A18. How many Death Investigators did your office employ/contract in the following categories during the pay period that included December 31, 2023?** *Enter 0 if your office does not have staff in given category.*

|  |  |
| --- | --- |
| Full-time employees: |  |
| Part-time employees: |  |
| Consultants/contractors: |  |
| On-call employees: |  |

**A19. How many full-time and part-time Death Investigators directly employed by your office** **during the pay period that included December 31, 2023 were certified by the American Board of Medicolegal Death Investigators (ABMDI)?**

|  |  |
| --- | --- |
| Number of full-time Death Investigators certified by ABMDI: |  |
| Number of part-time Death Investigators certified by ABMDI: |  |

**A20. How were Death Investigators directly employed by your office paid in 2023?** *Please select all that apply.*

|  |  |
| --- | --- |
|  | Hourly |
|  | Salary |
|  | Stipend  **Continue to A21** |
|  | Fee-for-service (paid by case or call) 🡪 **SKIP to A22** **on page 6** |

**A21. What was the average annual salary (or annual salary equivalent if paid hourly or by stipend) for full-time and part-time Death Investigators employed by your office as of December 31, 2023?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Annual Salary or Equivalent** | | | | | | **Not Applicable** |
| 1. Average annual full-time salary (or salary equivalent if paid hourly or by stipend) |  | $ |  | **,** |  |  |  |
| 1. Average annual salary part-time (or salary equivalent if paid hourly or by stipend) |  | $ |  | **,** |  |  |  |

**A22. Did your office have volunteer Death Investigators in 2023?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to A24** |

**A23. How many volunteer Death Investigators did your office have in 2023?**

**A24. During the pay period that included December 31, 2023, did your office employ/contract scientific support staff (e.g., Forensic Toxicologists, Forensic Analysts or Chemists, other scientific investigative support staff) or ancillary staff (e.g., drivers, photographers, evidence technicians) with roles specific to death investigation functions?** *Include full-time, part-time, consultants/contractors, and on call-employees.*

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to A26** |

**A25. How many scientific support or ancillary staff with roles specific to death investigation functions did your office employ in the following categories during the pay period that included December 31, 2023?**

|  |  |
| --- | --- |
| Full-time employees: |  |
| Part-time employees: |  |
| Consultants/contractors: |  |
| On-call employees: |  |

**A26. During the pay period that included December 31, 2023, did your office employ/contract any Administrative Staff (e.g., administrative assistants, records clerks, secretaries) who directly supported death investigation functions?** *Please include full-time, part-time, consultants/ contractors, and on-call employees.*

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to A28** |

**A27. How many Administrative Staff (e.g., administrative assistants, records clerks, secretaries) did your office employ/contract in the following categories during the pay period that included December 31, 2023?**

|  |  |
| --- | --- |
| Full-time employees: |  |
| Part-time employees: |  |
| Consultants/contractors: |  |
| On-call employees: |  |

**A28. How many vacant or unfilled positions did your office have for each of the following roles during the pay period that included December 31, 2023?** *If none, enter 0.*

|  |  |
| --- | --- |
| Role | Vacant Positions |
| Autopsy Pathologists: |  |
| Coroners/non-physician Medical Examiners/non-autopsy physicians: |  |
| Death Investigators: |  |

**EXPENDITURES AND FUNDS**

**B1. On what month and day does your office’s fiscal year begin (e.g., 01/01, 07/01, 10/01)?**

|  |  |  |
| --- | --- | --- |
|  | / |  |
| M M | / | D D |

**B2. How much did your office spend on death investigation functions in the most recently completed fiscal year?**

* If your office is part of a larger organization (e.g., sheriff-coroner, funeral home), only include expenses related to death investigation functions. If your office only functions as an MDI office, include your total expenses.
* Include expenses paid by your office, such as, for autopsies, personnel, supplies and equipment, training, transportation, toxicology/ancillary testing, indigent burial, and body storage expenses related to MEC functions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| $ |  | , |  | , |  | .00 |

*Check if estimate:*

**B3. Which of the following functions of your office are included in the total expenditures reported in B2?** *Select one for each row.*

|  |  |  |
| --- | --- | --- |
| **Expense** | **Yes** | **No** |
| 1. Autopsies |  |  |
| 1. Personnel |  |  |
| 1. Supplies and equipment |  |  |
| 1. Training |  |  |
| 1. Transportation |  |  |
| 1. Toxicology |  |  |
| 1. Indigent Burial |  |  |
| 1. Body storage |  |  |
| 1. Other (please specify) |  |  |
|  |  |  |

**B4. In your most recently completed fiscal year did your office receive funding from any of the following?** *Select one for each row.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding/revenue source** | **Yes** | **No** | **Don’t Know** | **My office is not permitted to collect funds from this source** |
| 1. American Rescue Plan Act/Coronavirus State and Local Fiscal Recovery Funds (ARPA/SLFRF) |  |  |  |  |
| 1. Consultant fees/referral fees (e.g., autopsies, neuropathology) |  |  |  |  |
| 1. Cremation waiver/authorization or permit fees |  |  |  |  |
| 1. Opioid Settlement Funds |  |  |  |  |
| 1. Report/record fees |  |  |  |  |

**B5. In 2023, did staff in your office use their own personal resources, or spend personal, out-of-pocket money for which there was no reimbursement, on any of the following?** *Select one for each row.*

|  |  |  |
| --- | --- | --- |
| **Expense** | **Yes** | **No** |
| 1. Personal protective equipment (PPE) |  |  |
| 1. Specimen storage |  |  |
| 1. Certifications/continuing education |  |  |
| 1. Transportation (not including commute to work) |  |  |
| 1. Other official work supplies |  |  |

**WORKLOAD**

**C1. In 2023, were there any deaths that your office investigated or otherwise documented?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to C13 on page 10** |

**C2. In 2023, what was the total number of deaths** **that your office investigated or otherwise documented?**

Don’t know—This specific data was not tracked

|  |  |  |  |
| --- | --- | --- | --- |
|  | , |  | Deaths |

*Check if estimate:*

**C3. In 2023, did any of the deaths reported in C2 meet your office’s criteria to perform additional death investigation functions?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to C5 on page 9** |

**C4. In 2023, for how many deaths did your office perform death investigative functions, beyond documenting the report of the death?**

Don’t know—This specific data was not tracked

|  |  |  |  |
| --- | --- | --- | --- |
|  | , |  | Deaths |

*Check if estimate:*

**C5. In 2023, did any of the deaths reported in C2 meet your office’s criteria to determine cause and/or manner of death?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to C7** |

**C6. In 2023, for how many deaths did your office determine the cause and/or manner of death?**

Don’t know—This specific data was not tracked

|  |  |  |  |
| --- | --- | --- | --- |
|  | , |  | Deaths |

*Check if estimate:*

**C7. In 2023, did your office receive any deaths 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.*

**SKIP to C13 on page 10**

|  |  |
| --- | --- |
|  | Yes |
|  | No - Our office does not have tribal lands in our geographic jurisdiction |
|  | No - Our office receives deaths from tribal lands, but none were reported in 2023 |

**C8.** **In 2023,** **what was the total number of deaths from tribal lands that your office investigated or otherwise documented?**

Don’t know—This specific data was not tracked

|  |  |  |  |
| --- | --- | --- | --- |
|  | , |  | Deaths |

*Check if estimate:*

**C9. In 2023, did any of the deaths from tribal lands reported in C8 meet the criteria for your office   
to perform additional death investigation functions?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to C11** |

**C10.** **In 2023, for how many deaths from tribal lands did your office perform investigative functions, beyond documenting the report of the death?**

Don’t know—This specific data was not tracked

|  |  |  |  |
| --- | --- | --- | --- |
|  | , |  | Deaths |

*Check if estimate:*

**C11. In 2023, did any of the deaths from tribal lands reported in C8 meet your office’s criteria to determine cause and/or manner of death?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to C13 on page 10** |

**C12.** **In 2023, for how many deaths from tribal lands did your office determine the cause and/or manner of death?**

Don’t know—This specific data was not tracked

|  |  |  |  |
| --- | --- | --- | --- |
|  | , |  | Deaths |

*Check if estimate:*

**These next questions ask about autopsies your office ordered or performed in 2023.**

**C13. Did your office conduct medicolegal autopsies internally in 2023?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to C15** |

**C14. In 2023, how many medicolegal autopsies did your office conduct internally?** *Include referrals* *from other medicolegal death investigation authorities but exclude any private or hospital autopsies*. *Include both partial and complete autopsies.*

|  |  |
| --- | --- |
|  | Number of medicolegal autopsies conducted internally |

**C15. Did your office order any medicolegal autopsies to be conducted externally in 2023?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to C19** |

**C16. In 2023, where were autopsies ordered by your office performed externally?** *Please select all that apply.*

*If your office does not use private facilities or hospitals to perform autopsies* **🡪 SKIP to C18**

|  |  |
| --- | --- |
|  | State Medical Examiner’s office |
|  | Other MEC office |
|  | Private facility or hospital |

**C17. How many autopsies were performed for your office by private facilities/hospitals in 2023?**

|  |  |
| --- | --- |
|  | Number of autopsies performed at private facilitates/hospitals |

**C18. How far from your office is the autopsy facility or contractor your office uses most frequently?**

|  |  |
| --- | --- |
|  | Less than 50 miles |
|  | 50-100 miles |
|  | Greater than 100 miles |

**C19. In 2023,** **as part of practice or policy, did your office routinely perform or order autopsies for the following types of deaths when determining cause and manner of death and signing the death certificate?**

|  |  |  |
| --- | --- | --- |
| **Type of death** | **Yes** | **No** |
| a. Drug related |  |  |
| b. Elderly |  |  |
| c. Homicides |  |  |
| d. Motor vehicle deaths |  |  |
| e. Suicide by firearm |  |  |
| f. Suicide by hanging |  |  |

**These next questions ask about your office’s medicolegal death investigations (MDI).**

**C20. In 2023, did medicolegal death investigators in your office perform scene investigations?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to C22 on page 11** |

**C21. In 2023, how many scene investigations did medicolegal death investigators conduct?**

|  |  |
| --- | --- |
|  | Number of scene investigations |

**C22. For those functions that are conducted internally by your office, who is primarily responsible for performing the following duties?** *Select one for each row.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Duty** | **Autopsy Pathologists** | **Coroners/ Non-physician Medical examiner/ non-autopsy physicians** | **Death Investigators** | **Other Internal Staff** | **Not applicable, this function is not performed by my office** |
| 1. Determination of which deaths are accepted for further investigation |  |  |  |  |  |
| 1. Death scene investigations with inspection/ examination of body |  |  |  |  |  |
| 1. Determination of which deaths are autopsied |  |  |  |  |  |
| 1. Determination of which deaths receive forensic toxicology testing |  |  |  |  |  |

**C23. 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 C25** |

**C24. After performing drug screening tests, did your office routinely confirm positive results with toxicology testing in a laboratory in 2023?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**C25. For your office, who of the following is primarily responsible for notifying next of kin about the individual’s death?**

|  |  |
| --- | --- |
|  | Law enforcement personnel |
|  | Medical examiner/coroner personnel |
|  | Someone else (please specify): |
|  |  |

**C26. In 2023, did your office respond to a multiple fatality event with four or more decedents?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to D1** |

**C27. In 2023, how many multiple fatality events (4 or more decedents) did your office respond to?**

|  |  |
| --- | --- |
|  | 1-5 |
|  | 6-10 |
|  | More than 10 |

**C28. Did your office need and/or use assistance from other jurisdictions to respond to multiple fatality events in 2023 for functions your office would normally complete independently?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**SPECIALIZED INVESTIGATIONS**

**For the following questions, unidentified remains refer to remains that are unidentified for 60 days or more.**

**D1. As of December 31, 2023, did your office have any records of remains that were unidentified for 60 days or more?** *Please include cases regardless of disposition of the remains.*

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to D7 on page 13** |

**D2. In what year was the oldest case of unidentified remains currently on record reported to your office?**

|  |
| --- |
|  |
| YYYY |

**D3. 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?** *Please include cases regardless of disposition of the remains.*

Don’t know

|  |  |  |  |
| --- | --- | --- | --- |
|  | , |  | Total number of unidentified humans remains on record |

*Check if estimate:*

**D4. How long does your office generally hold unidentified human remains before disposition?**

|  |  |
| --- | --- |
|  | Less than 1 month |
|  | 1-2 months |
|  | 3-6 months |
|  | More than 6 months to a year |
|  | More than 1 year |
|  | Our office holds unidentified remains indefinitely |

**D5. How does your office dispose of unidentified human remains?** *Please select all that apply*.

|  |  |
| --- | --- |
|  | Bury |
|  | Cremate |
|  | Our office holds unidentified remains indefinitely |
|  | Other (please specify) |
|  |  |

**D6. What biometrics and samples do you routinely collect before disposition of unidentified human remains?** *Please 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) |

**This next question asks about suspected drug overdose deaths in 2023.**

**D7. For suspected overdose deaths in 2023, did your office do the following for all deaths, some deaths, or not at all?** *Exclude delayed overdose deaths. Select one for each row.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** | **All deaths** | **Most deaths** | **Some deaths** | **None/My office does not do this** |
| 1. Go to scene of death if outside of hospital |  |  |  |  |
| 1. Order an autopsy |  |  |  |  |
| 1. Draw toxicology specimens |  |  |  |  |
| 1. Run toxicology tests |  |  |  |  |
| 1. Consult with a toxicologist before determining cause and manner of death |  |  |  |  |

**RECORDS AND EVIDENCE RETENTION**

**E1. Did your office have a computerized system used to manage, compile, or track cases or evidence as of December 31, 2023?** *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 🡪 **SKIP to E3** |
|  | No |

**E2. What is the primary reason your office does not have a CMS?** *Select one.*

|  |  |
| --- | --- |
|  | Do not want CMS |
|  | Funding |
|  | Privacy or security concerns |
|  | Technology constraints |
|  | Too few cases/records |
|  | Other (please specify) |
|  |  |

**E3.** **For deaths reported to your office in 2023, how often was a narrative report of investigations produced, distinct from any logs, death certificates, law enforcement or autopsy reports?**

|  |  |
| --- | --- |
|  | All deaths |
|  | Some deaths |
|  | No deaths |
|  | Did not have any deaths |

**E4. Did your office have a written retention schedule for the following items in 2023?** *Select one for each row.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not applicable, our office does not produce or use this** |
| 1. Case records |  |  |  |
| 1. Forensic toxicology specimens |  |  |  |
| 1. Biological specimens other than toxicology specimens |  |  |  |
| 1. Non-biological evidence |  |  |  |

**E5. Did your office maintain records for storage as hard copies, electronically, or both in 2023?**

|  |  |
| --- | --- |
|  | Hard copies |
|  | Electronically |
|  | Both |
|  | Don’t produce written records |

**E6****. Upon the last administration change (e.g., appointment of a new medical examiner or election of a new coroner), did the current office administration receive comprehensive death records from the prior administration?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Don’t know |

**E7. Does your office archive hard copies of your official investigative records and reports?**

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to F1** |

**E8. Does your office archive hard copies of your official investigative records and reports in the any of the following places?** *Select one for each row.*

|  |  |  |
| --- | --- | --- |
| **Location** | **Yes** | **No** |
| 1. Government-owned office |  |  |
| 1. Government-run or government-controlled storage facility |  |  |
| 1. A regulated third-party storage facility (e.g., Iron Mountain) |  |  |
| 1. Personal storage (including both home and rental storage) |  |  |
| 1. Other business or office (e.g., funeral home, hospital, law office) |  |  |

**RESOURCES**

**F1. As of December 31, 2023, did your office have access to the Internet, separate from a personal device, to use for official job functions?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**F2. As of December 31, 2023, did your office have a work vehicle dedicated to death investigation functions, separate from personal vehicles?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**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. What is the official maximum capacity of the body storage cooler(s)?**

|  |  |
| --- | --- |
|  | Maximum capacity |

**F5. Did your office have access to the following resources, either directly or through another agency, as of December 31, 2023?** *Select one for each row.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Resource** | **Yes, directly** | **Yes, through a partner agency** | **No access** |
| 1. Criminal history databases |  |  |  |
| 1. EMS records |  |  |  |
| 1. Fingerprint databases |  |  |  |
| 1. Law enforcement or other criminal records databases |  |  |  |
| 1. Medical records databases |  |  |  |
| 1. Prescription drug monitoring programs |  |  |  |

**F6. In 2023, did staff at your office participate in any of the following trainings?** *Select one for each row.*

|  |  |  |
| --- | --- | --- |
| **Training or resource** | **Yes** | **No** |
| 1. Mass fatality investigation |  |  |
| 1. Disaster planning (e.g., National Incident Management System [NIMS]) |  |  |
| 1. Bloodborne pathogens |  |  |
| 1. Proper lifting procedures |  |  |

**F7. In 2023, did your office provide mental health/wellness support (e.g., counseling, therapy, peer support) for staff?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**F8. In 2023, did your office participate in emergency response drills (e.g., state, county, regional or city)?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Our state/region/county/city does not conduct emergency response drills |

**F9. In, 2023, did your office participate in any multidisciplinary review teams?** *For example, for child fatalities, elderly/vulnerable adult fatalities, or overdose fatalities?*

|  |  |
| --- | --- |
|  | Yes |
|  | No 🡪 **SKIP to F11 on page 16** |

**F10. In 2023, did your office participate in the following multidisciplinary review teams?**   
*Select one for each row.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty area** | **Yes** | **No** | **My office did not have cases of this type in 2023** |
| 1. Child fatality |  |  |  |
| 1. Elderly/vulnerable adult fatality |  |  |  |
| 1. Overdose fatality |  |  |  |
| 1. Maternal death investigative team |  |  |  |
| 1. Suicide investigative team |  |  |  |

**F11. In 2023, did your office participate in any of these data collection efforts or programs?** *Select one for each row.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Data collection** | **Yes** | **No** | **Don’t know** |
| 1. National Missing and Unidentified Persons (NamUs)  *Sponsor: Department of Justice (DOJ)* |  |  |  |
| 1. National Violent Death Reporting System (NVDRS) *Sponsor: Centers for Disease Control and Prevention (CDC)* |  |  |  |
| 1. State Unintentional Drug Overdose Reporting System (SUDORS) *Sponsor: Centers for Disease Control and Prevention (CDC)* |  |  |  |

**F12. In 2023, did your office directly provide the following support services or provide referrals for these services?** *Select one for each row.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Support service** | **Service directly provided** | **Referral to another entity or organization** | **No** |
| 1. Advocates for families of victims |  |  |  |
| 1. Grief and bereavement services for survivors (e.g., counseling or therapy, homicide survivor groups) |  |  |  |
| 1. On-scene support or advocacy for bystanders or other family and friends of deceased |  |  |  |

**F13. As of December 31, 2023, did your office have a dedicated family support specialist or counselor for family and friends of the deceased?**

|  |  |
| --- | --- |
|  | Yes |
|  | 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: 0216093.000.005**

**5265 Capital Boulevard**

**Raleigh, NC 27690**