

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

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

**Information Supplied By:**

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

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

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

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

**Burden Statement**

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

**SECTION A**

**ADMINISTRATIVE INFORMATION**

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

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

Name	Title
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Off-site or reference laboratory	Location
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**A3. Which of the following best describes your office? Mark only one.**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**SECTION B**

**EXPENDITURES FOR 2004**

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

2004 calendar year .....  1

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

to

-- (mm-dd-yyyy)

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

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

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

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

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

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

**B6. Enter the total dollar amount your office generated through fees for reports, legal testimony, use of facilities, provision of data, etc.**

→ Please specify type(s) of fee(s): \_\_\_\_\_

**SECTION C**

**WORKLOAD (DEATH INVESTIGATIONS)**

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

Referred cases are not documented.....

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

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

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

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

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

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

a. Natural .....  days

b. Homicide.....  days

c. Suicide.....  days

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

e. Traffic accidents.....  days

f. Undetermined .....  days

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

Yes .....  1

No.....  2

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

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

**SECTION D**

**SPECIALIZED DEATH INVESTIGATIONS**

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

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

No.....  2

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

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

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

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

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

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

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

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

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

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

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

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

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

→ If 0, skip to question D10.

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

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

(continued)

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

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

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

**SECTION E RECORDS AND EVIDENCE RETENTION**

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

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

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

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

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

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

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

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

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

Indefinite  
▼

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

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

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

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

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

**SECTION F**

**RESOURCES**

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

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

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

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

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

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

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

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

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