



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 1-866-662-8134.

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
 - **Fax:** 1-800-647-9660 (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 1-866-662-8134, or send an e-mail to CMEC@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.

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SECTION A: ADMINISTRATIVE

Q1. 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:

Last Name

First Name

Q2. 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

Q3. What level of government best describes your office?

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

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Q4. 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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b. Coroners	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Death investigators (or coroner investigators)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d. Forensic toxicologists (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"/>
Total (sum of rows a-d):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Column 1 Total	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Column 2 Total	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Column 3 Total	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Column 4 Total

SECTION B: BUDGET AND CAPITAL RESOURCES

Q5. For the most recently completed fiscal year, what was your total budget?

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

SECTION C: WORKLOAD

Q6. 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 Q10**

Q7. 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:*

Q8. “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 Q10**

Q9. 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 “accepted cases” in Q9 should be **LESS THAN or EQUAL TO** the number of “reported cases” in Q7.

Q10. 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:*

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Q11. 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"/>

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SECTION D: SPECIALIZED DEATH INVESTIGATIONS

Q12. Did your office have possession of any unidentified remains that were not identified by the end of 2018?

- Yes
- No → **SKIP to Q14**

Q13. 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!

The number of unidentified remains that have had "DNA evidence collected" in Q13b should be **LESS THAN or EQUAL TO** those that were "on record as of December 31, 2018" in Q13a.

SECTION E: RECORDS AND EVIDENCE RETENTION

Q14. 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

Q15. 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"/>

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SECTION F: RESOURCES AND OPERATIONS

Q16. 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"/>

Q17. 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"/>

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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
RTI International
ATTN: 0216093.000.005
5265 Capital Boulevard
Raleigh, NC 27690**

