FY 2015 Performance Accountability Report
D.C. Office of the Chief Medical Examiner

INTRODUCTION

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives' progress and key performance indicators (KPIs).

MISSION

The mission of the Office of Chief Medical Examiner (OCME) is to ensure that justice is served and that the health and safety of the public is improved by conducting quality death investigations and certification, and providing forensic services for government agencies, health care entities and grieving families.

The mission is achieved through:

- provision of vision and leadership for the OCME;
- achievement and maintenance of excellent forensic service, education and research in the critical areas of:
    – Investigation, Response, and Reporting of the Cause & Manner of Death;
    – Expert Witness Testimony;
    – Education and Training of law enforcement, health care providers and other stakeholders; and
    – Provision of family assistance in understanding the cause and manner of death of decedents;
- support of law enforcement and public health related initiatives at the state, local, and county levels (i.e. Gang Violence, Drug Abuse); surveillance of critical mortality data; and identification of emerging public health/law enforcement trends; and
- development of partnerships with county/state agencies geared toward mass fatality preparedness.

SUMMARY OF SERVICES

OCME provides forensic services to local and federal government agencies, health care providers, institutions of higher learning and citizens in the District and metropolitan area. Forensic services include: forensic investigation and certification of certain deaths (i.e., deaths occurring as a result of violence (injury) as well as those that occur unexpectedly, without medical attention, in custody, or pose a threat to public health); review of deaths of specific populations; grief counseling; performance of a full range of toxicological examinations; cremation approvals; and public dispositions of unclaimed remains.

The following section provides a summary of OCME performance in FY 2015 by listing OCME's top three accomplishments, and a summary of its progress achieving its initiatives and progress on key performance indicators.

TOP THREE ACCOMPLISHMENTS
The top three accomplishments of OCME in FY 2015 are as follows:

- ✓ The first substantive amendment to the Child Fatality Review Committee Establishment Act of 2001 was passed in 2015 to ensure that relevant stakeholders could formerly participate.

- ✓ Recruitment efforts have resulted in a forensic medical examiner staff that is fully board-certified; a highly experienced and educated managerial staff; and only one vacancy at the end of the fiscal year.

- ✓ Agency subgrant awards rose from the previous fiscal year amount of $30,000 to a fiscal year 2015 amount in excess of $1,000,000 to support fatality management; forensic toxicology training and testing; and investigation and forensic pathology training.

SUMMARY OF PROGRESS TOWARD COMPLETING FY 2015 INITIATIVES AND PROGRESS ON KEY PERFORMANCE INDICATORS

Table 1 (see below) shows the overall progress the OCME made on completing its initiatives, and how overall progress is being made on achieving the agency's objectives, as measured by their key performance indicators.

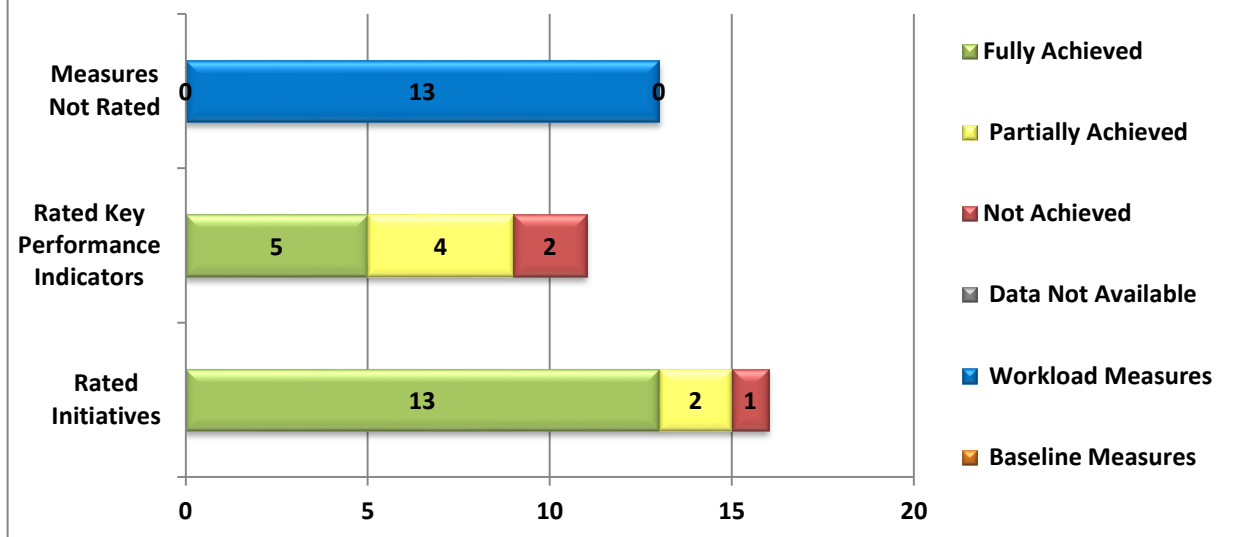## Table 1: Total Agency Measures and Initiatives, By Category

Legend:
- Fully Achieved
- Partially Achieved
- Not Achieved
- Data Not Available
- Workload Measures
- Baseline Measures

Category	Values
Measures Not Rated	0, 13, 0
Rated Key Performance Indicators	5, 4, 2
Rated Initiatives	13, 2, 1

Axis: 0, 5, 10, 15, 20

Chart 1: Total Rated Agency Key Performance Measures, by Achievement Level

18%, 36%, 46%

- Fully Achieved
- Partially Achieved
- Not Achieved
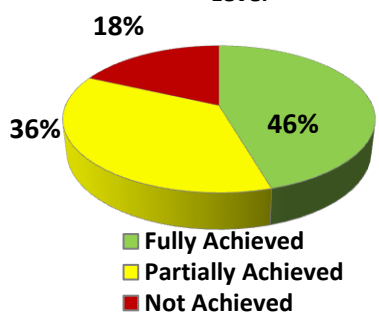
Chart 2: Total Agency Initiatives, by Achievement Level

6%, 13%, 81%

- Fully Achieved
- Partially Achieved
- Not Achieved
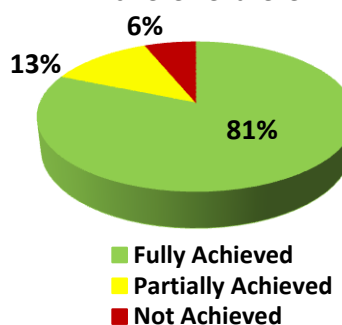
Default KPI Rating:

>= 100%	Fully Achieved
75 - 99.99%	Partially Achieved
< 75%	Not Achieved

In FY 2015, OCME fully achieved more than 80 percent of its initiatives and almost half of its rated key performance measures. **Table 1** provides a breakdown of the total number of performance metrics OCME uses, including key performance indicators and workload measures, initiatives, and whether or not some of those items were achieved, partially achieved or not achieved. **Chart 1** displays the overall progress being made on achieving OCME objectives, as measured by their rated key

performance indicators. Please note that chart 2 contains only rated performance measures. Rated performance measures do not include measures where data is not available, workload measures or baseline measures. **Chart 2** displays the overall progress OCME made on completing its initiatives, by level of achievement.

The next sections provide greater detail on the specific metrics and initiatives for OCME in FY 2015.

PERFORMANCE INITIATIVES – ASSESSMENT DETAILS

Offices of the Chief & Administration

OBJECTIVE 1: Prepare the agency for inspection and accreditation by the National Association of Medical Examiners (NAME).

> **INITIATIVE 1.1: Conduct Self-Inspection.**
> The agency will complete a self-inspection; apply for facility accreditation by the National Association of Medical Examiners (NAME); and complete an initial inspection by a NAME inspector before the end of the fiscal year. **Completion Date: December 31, 2014.**

> ● *Performance Assessment Key:* **Fully Achieved.**
> The Office of the Chief & Administration completed a Self-Inspection in December of 2014. Each unit manager was provided a copy of the National Association of Medical Examiner's Inspection and Accreditation Checklist which consists of questions categorized by topics that fall within the jurisdiction of the agency managers. The checklist requires responses of Yes, No or Not Applicable for each question. Each manager was responsible with reviewing the checklist and performing an initial inspection to determine the response to the questions at that time. The inspections were completed and checklists filled out and returned to the Chief of Staff, signed and dated in December. This initial inspection provided an initial evaluation of the status of the agency with regard to preparation for application for accreditation by NAME.

> **INITIATIVE 1.2: Complete Needs Assessment.**
> The agency will conduct an agency needs assessment on the facility, training/education, staffing models, budget, inventory, data outcomes and key performance indicators. This process will include: a) gap identification and development of recommendations for improvement and short term goals; b) foundation building and implementation of recommendations and short term goals; and c) development of a longevity study focused on organizational framework. **Completion Date: September 30, 2015.**

> ● *Performance Assessment Key:* **Fully Achieved.**
> The Office of the Chief & Administration completed the needs assessment. First, the agency worked with an external entity to perform an internal audit – the Office of the Inspector

General (OIG). The Office of the Inspector General performed a pre-accreditation evaluation in order to provide an independent assessment of the agency's operations. The scope of the evaluation was to address the state of operation. OIG issued a formal report in August 2015 with recommendations. Second, agency managers were tasked with performing individual division and unit needs assessments and developing five-year strategic plans or longevity studies on staffing, resources and other budgetary and organizational needs. These strategic plans were completed and presented to the agency's Chief Medical Examiner and Executive Team at the end of the fiscal year.

INITIATIVE 1.3: Revise Standard Operating Procedures (SOPs).
A revision of SOPs also ensures compliance with federal and District laws, as well Mayoral orders; industry protocols and regulations; and agency practices. The agency will also conduct staff trainings on such newly revised (SOPs). **Completion Date: September 30, 2015.**

🟢 *Performance Assessment Key:* **Fully Achieved.**
Agency Standard Operating Procedures (SOPs) were revised and placed in a standardized draft format during the first quarter of the fiscal year, well before the due date of this initiative. Thereafter, the National Association of Medical Examiner's Inspection & Accreditation Checklist was reviewed to determine whether all SOPs that were required to be written and/or revised within the last two years prior to inspection were available. The draft SOPs were then matched to the NAME checklist and a numbered with the NAME numbering system.   Additional SOPs were written to memorialize current practices and to ensure compliance with the NAME checklist. This work was completed during the summer of the fiscal year.

OBJECTIVE 2: Develop strategic partnerships as a critical component of the mission of the agency.

INITIATIVE 2.1 Forge Strategic Partnerships.
The agency will forge strategic partnerships with stakeholders in the fields of forensic services, education, emergency services, health care, research, grants and law enforcement in order that the OCME can provide or receive support services from such entities. **Completion Date: September 30, 2015.**

🟢 *Performance Assessment Key:* **Fully Achieved.**
The agency has forged a strategic partnership that supports multiple Divisions within the agency as follows: 1) Office of Victim Services (OVS) – The agency worked during FY15 with OVS in the submittal of a grant application that led to an August 2015 letter awarding grant funding in the amount of $100,000 for the *Fatality Prevention: Strengthening the Recommendation Process of the District of Columbia Domestic Violence Fatality Review Board and Child Fatality Review Board* for FY 2016. Further, in August 2015 OVS awarded the agency's Toxicology Laboratory funding in the amount of $180,640 for *Victim Report and Non-*

Report Drug Facilitated Sexual Assault Testing: Service Provision and Improvements for FY2016.

KEY PERFORMANCE INDICATORS– Offices of the Chief & Administration

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
1.1	🟢	Percent of standard operating procedures completed within 3 months of inspection	Not Applicable	90%	90%	92%	102%	ADMINISTRATIVE MANAGEMENT PROGRAM

Medicolegal Death Investigation

OBJECTIVE 1: Provide efficient, timely and accurate death investigation and certification of cases within the jurisdiction of the agency as statutorily mandated.

INITIATIVE 1.1: Meet National Association of Medical Examiners (NAME) <u>industry standards</u> for postmortem examination reporting – 90% of reports postmortem examinations completed within 90 days from the time of autopsy in all cases.

The OCME's Medicolegal Death Investigation Division will focus efforts on meeting NAME standards for postmortem examinations – 90% of reports of postmortem examinations completed within 90 days from the time of autopsy in all cases. The agency has implemented a myriad of initiatives to enhance the reporting autopsy reporting time periods to include: smartboard technology, dictation services, staffing models and scheduling. Further, a newly built histology laboratory is to be fully functional beginning in FY15 which will allow the agency to bring histology testing in-house in lieu of outsourcing or having the Medical Technologist utilize the laboratory of another entity. This will improve turnaround time for reporting. Further, the forensic toxicology laboratory turnaround times are constantly improving which also impacts autopsy reporting. The Forensic Pathologist staffing has improved from four to six which has significantly improved reporting time periods resulting in the ability of the agency to achieve the industry standard during the 3rd quarter of FY14. **Completion Date: December 31, 2014.**

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***Performance Assessment Key:* Fully Achieved.**
The OCME achieved a postmortem examination reporting completion rate of 86% during the first quarter of the fiscal year. This is significantly above the 50% key performance indicator target. While the key performance indicators for FY2014 for postmortem examination reporting were measured in a different manner, it is important to note the performance during the first quarter of FY2015 was also higher than that of FY2014 which was 64.1%. The success of meeting this KPI is the improvement in forensic pathologist staffing, as well as management modifications in reporting protocols and work processes as implemented by the Chief Medical Examiner.

INITIATIVE 1.2: Enhancement of the Identification Unit to an Anthropology Unit.
This initiative focuses on the expansion of the agency's current identification unit to Anthropology Unit & Laboratory and exploration of development of partnerships with   area stakeholders in this industry. The agency currently does not have a fully functional anthropology laboratory and currently outsources this service. The Identification/Anthropology Unit will administer the agency's Decedent Identification Program ensuring that identifications are made in an accurate and efficient manner according to agency and District policies and procedures and utilizing principles of medicolegal death investigation and forensic anthropology. During FY14, the agency hired a Forensic Anthropologist to supervise the work of the identification and public disposition process of the agency. This is important in order to obtain and maintain accreditation in that the identification of remains is a function that a medical examiner's office is expected to perform with expertise and integrity. It is expected that the enhancement be completed by the end of FY15. **Completion Date: December 31, 2014.**

***Performances Assessment Key:* Fully Achieved.**
The agency hired a Forensic Anthropologist that started in September 2014 and during the first quarter of the fiscal year the priority was to begin work on building out the Anthropology Laboratory. Equipment for the laboratory was purchased during the last quarter of Fiscal Year 2014 for this purpose and work began immediately in October 2014 at the beginning of Fiscal Year 2015. Given the in-house anthropology expertise and laboratory build-out there was no need for external anthropology services and, as such, historic, longstanding vendor services were not established within the agency's spend/procurement plan or procurement process for the fiscal year. Further, the Forensic Anthropologist was established as the Supervisor of a newly formed Anthropology & Identification Unit. This unit is responsible for administering the Decedent Identification Program. Newly drafted Standard Operating Procedures (SOPs) were completed during the fiscal year and they addressed the new procedures that are applicable to the work processes that have been established due to the transfer to the Consolidated Forensic Laboratory and how identification occurs, as well as those improvements that were made per the Supervisor after a needs assessment and evaluation

was made during the first quarter. The enhancement and SOPs were completed by the end of the third quarter.

OBJECTIVE 2: Implementation of Mass Fatality Management Preparedness Strategies.

INITATIVE 2.1: Disaster Plan Evaluation & Training/Exercises.
The OCME will hire an expert in "mass fatality" disaster preparedness for support evaluation of mass fatality and continuity of operations planning; emergency response standard operating procedures; local and regional planning and cooperation; and training and exercising. This position will serve as the agency Mass Fatality Coordinator. **Completion Date: December 31, 2014.**

Performance Assessment Key: **Fully Achieved.**
The agency hired a Mass Fatality Coordinator with responsibility to evaluate and modify the agency's Mass Fatality and Continuity of Operations Plan. The staff person began work on drafts of these plans and also began working with emergency response stakeholders, such as Homeland Security and Emergency Management Agency (HSEMA), Fire and EMS (FEMS), and Health Emergency and Preparedness Response Agency (HEPRA) and secured several grants during the fiscal year.   The Coordinator also worked with the MCOG and regional fatality management committees via several meetings over the course of the year to revive efforts to establish memorandum of agreements. The staff person was eventually named as the agency Emergency and Safety Administrator.

INITIATIVE 2.2: Development of an Agency Fatality Management Operations Center (FMOC).
The agency has begun discussions on the development of an agency Fatality Management Operations Center which is to mirror the District's Emergency Operations Center (EOC). The agency will work with other District agencies during FY15 in the development of the FMOC which is based on the concept of the agency operating in an emergency situation and the necessity of the need for communications for up to date information as well as an area for assessment and situational awareness for the agency and other stakeholders during a mass fatality incident. **Completion Date: September 30, 2015.**

Performance Assessment Key: **Partially Achieved.**
The agency has completed purchase of IT equipment and resources to complete the situation room of the Fatality Management Operations Center (FMOC) to mirror District's Emergency Operations Center (EOC) – one portion of the room.

OBJECTIVE 3: Development of a Data Analysis Fusion Center.

INITIATIVE 3.1: Development of a Data Analysis Fusion Center.

The Data Analysis Fusion Center concept is a collaborative effort between agencies to provide and/or share data with the goal of "prevention," "detection," 'law enforcement" or other types of evaluation or analysis, particularly in the areas of public safety or health. For example, the agency's mortality data is critical data that can be formatted in a manner that can provide key information to the Department of Health on various issues that can be formulated for various "prevention" messages. Further, the agency IT staff has been trained in GIS mapping wherein mortality data can be utilized by public safety cluster partners. Such data analysis used in a collaborative effort within a fusion center can play a vital role within the District in providing enhanced support services to District residents and visitors. **Completion Date: September 30, 2015.**

⬤ *Performance Assessment Key:* **Fully Achieved***.*
The agency hired an Epidemiologist that started in September 2015 to manage the agency's Data Analysis Fusion Center (DAFC) in conducting routine epidemiologic investigations comprised of data surveillance, collection and analysis and statistical reporting. Prior to the hiring of the Epidemiologist, the IT staff trained in GIS mapping performed this function and provided statistical reporting for specific inquiries as follows: Heroin Deaths (Opiates); Public Dispositions; Hypo and Hyperthermia; Synthetic Drugs; Undetermined Deaths; and Homeless Deaths.

KEY PERFORMANCE INDICATORS– Medicolegal Death Investigation

⬤⬤⬤⬤ KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
⬤ 1.1	Percent of all postmortem examinations completed within 90 calendar days from the time of autopsy in homicide cases	90%	50%	50%	66.54%	133.09%	DEATH INVESTIGATIONS/ CERTIFICATIONS
⬤ 1.2	Percent of all postmortem examinations completed within 60 calendar days from the time	0%	50%	50%	41.62%	83.25%	DEATH INVESTIGATIONS/ CERTIFICATIONS

		of autopsy in all cases (homicides excluded)					
○	1.3	Percent of positively identified bodies ready for release within 48 hours	93%	95%	95%	80.20%	84.42%	DEATH INVESTIGATIONS/ CERTIFICATION
○	1.4	Percent of preliminary investigative reports complete for utilization in the daily case review morning meetings	89%	95%	95%	80.77%	85.03%	DEATH INVESTIGATIONS/ CERTIFICATION
○	1.5	Percentage of unclaimed cases where the public disposition process is initiated three days after positive identification	74%	90%	90%	95.39%	105.99%	DEATH INVESTIGATIONS/ CERTIFICATION
○	1.6	Percent of mortuary/transport service scene response within one hour of transport notification by an investigator or medical examiner of an accepted case	90%	95%	95%	86.33%	91.19%	DEATH INVESTIGATIONS/ CERTIFICATION

Forensic Toxicology

OBJECTIVE 1: Driving Under the Influence (DUI) Testing Enhancement.

INITIATIVE 1.1: DUI Testing Enhancement.
The Forensic Toxicology Laboratory will work to develop a new rapid drug testing methodology that will increase the scope and performance testing. **Completion Date: September 30, 2015.**

Performance Assessment Key: Fully Achieved;.
Using new technologies, the Forensic Toxicology Laboratory created a new analytical method which confirmed over fifteen (15) compounds in less than fifteen minutes. Going forward this should substantially reduce the turnaround time in urine DUI casework. This work was completed utilizing a grant funding in the amount of approximately $100,000 from the District Department of Transportation and was fully performed by the fourth quarter of the fiscal year.

OBJECTIVE 2: Enhancement of Breath Alcohol Instrument Program.

INITIATIVE 2.1: Enhance the Breath Alcohol Program.
The Forensic Toxicology Laboratory will enhance the Breath Alcohol Program by applying for American for Society for Crime Laboratory Directors (ASCLD) accreditation. This includes in-house resource allocation, staff training, application process and onsite inspection. **Completion Date: September 30, 2015.**

Performance Assessment Key: Not Achieved.
The Forensic Toxicology Laboratory did not achieve this initiative, however, during the process of assessing the Breath Alcohol Program for the purpose of applying for accreditation, the laboratory improved manuals, trainings and implemented a plan for successive staffing. Further, a new Breath Program Manager was hired and the third quarter of the fiscal year.

OBJECTIVE 3: Increase Forensic Toxicology Laboratory Contributions to the Scientific Community.

INITIATIVE 3.1: Contribute to the scientific community through academic research, publications and presentations of toxicological findings.
As part of its function to contribute to the scientific community specifically, the forensic toxicology laboratory will assess toxicological findings, conduct trend analyses and present research papers, publications and presentations to key stakeholders (i.e., scientific community, health care entities, law enforcement and academic community). The goals are to: 1) highlight data findings and trends relevant to stakeholders; 2) provide training for staff in analyzing findings and trends and presenting such information in an academic setting: and 3) provide visibility to the District's forensic toxicology laboratory. **Completion Date: September 30, 2014.**

Performance Assessment Key: Fully Achieved.

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The Forensic Toxicology Division presented a scientific poster during a national meeting – the Society of Forensic Toxicologists' (SOFT). The poster involved new sensitive postmortem testing using a time-of-flight screening instrument. The agency also submitted a professional paper for publication to The Journal of Analytical Toxicology concerning synthetic drug prevalence in DUI samples which is to be published.

KEY PERFORMANCE INDICATORS– Forensic Toxicology

⬤ (green/yellow/red/gray)	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
🔴	1.3	Percent of negative toxicology examinations completed within 30 calendar days of case submission	21%	90%	90%	51.92%	57.69%	FORENSIC TOXICOLOGY
🔴	1.4	Percent of positive toxicology examinations completed within 45 calendar days of case submission	58%	90%	90%	58.65%	65.17%	FORENSIC TOXICOLOGY

Fatality Review

OBJECTIVE 1: Improvement in delivery service and outcomes for those populations served by the Fatality Review Division.

INITIATIVE 1.1: Fatality Review Division Staffing.
An assessment of the Fatality Review Division staffing will be conducted to review alignment and work processes in order to implement an improved organization structure staffing model. **Completion Date: March 31, 2015.**

🟢 *Performance Assessment Key:* **Fully Achieved.**
The Fatality Review Committee staffing model underwent a needs assessment with the hiring of a new Supervisory Fatality Review Program Manager. Plans were implemented to realign

staff resources and work assignments amongst three staff that performed the work associated with three committee/board to include: the Child Fatality Review Committee; Developmentally Disabilities Fatality Review Committee; and the Domestic Violence Fatality Review Board. While previously all three staff persons' work assignments were divided amongst the three entities, more structure was placed to the assignments such that overall productivity has increased. For example, the Supervisor worked with the agency's IT Lead to develop a Web Portal which enables committee members access to "secure" advanced case review materials prior to the meeting. This allows for a more productive and informed case review process. This reduces the amount of resources expended on printing and reproduction of case materials for the meeting and committee members are better prepared. This is improved organization structure and support improved confidentiality which is required for the committees. The Division has also improved in staffing during the fiscal year by securing additional assistance through the Office of Risk Management's (ORM) Return to Work Program which has allowed the Division to continue the work of the Infant Mortality Team in producing case review reports.

INITIATIVE 1.2: Fatality Review Annual Reports.
The fatality review annual reports will be published in a timely manner (i.e. child, disabled and domestic violence). **Completion Date: September 30, 2015.**

Performance Assessment Key: **Partially Achieved.**
The 2013 Child Fatality Review Committee Annual Report which was due December 2014 was published at that time during the first quarter of the fiscal year. The Committee is on task to publish the 2014 CFRC in December 2015. A consolidated Developmentally Disabilities Fatality Review Committee Annual Report for 2012, 2013 and 2014 will be published in December 2015. The agency is currently evaluating a Domestic Violence Review Board Annual Report.

INITIATIVE 1.3: Fatality Review Programmatic Recommendations.
The overall process for all fatality review programmatic recommendations will be reviewed toward improvement in critical services within specific fatality populations (i.e. child, disabled and domestic violence). **Completion Date: September 30, 2015.**

Performance Assessment Key: **Fully Achieved*.***
The Fatality Review Division secured grant funding during the fiscal year from the Office of Victim Services (OVS) -- *Fatality Prevention: Strengthening the Recommendation Process of the District of Columbia Domestic Violence Fatality Review Board and Child Fatality Review Board -- * in the amount of $100,000 to bring education and training to the committees/board on improving the recommendation process and to serve as the community education arm.

INITIATIVE 1.4: Fatality Review Strategic Partnerships.

The fatality review committees/boards will work towards developing strategic partnerships with District agencies and other stakeholders that provide services to or have expertise with the specific fatality populations. **Completion Date: July 31, 2015.**

Performance Assessment Key: **Fully Achieved.**

The Fatality Review Division has established strategic partnerships with several District agencies as follows. With the Child and Family Services Agency (CFSA), the Division established a Memorandum of Understanding to share information and ensure timely receipt of autopsy reports such that CFSA can meet mandated requirements for Child Protective Services investigations. The Division also partnered with the Department of Health (DOH) as part of the Healthy People 2020 Initiative to inform on the District's surveillance efforts to further minimize violence prevalence in the community and contributed to establishing criteria for how the District will implement violence prevention in relation to national statistics. Lastly, the Division partnered with OVS informing on fatality review outcomes to further support their ability to secure grants for the District.

KEY PERFORMANCE INDICATORS– Fatality Review

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	1.1	Percent of CFRC fatality reviews held within six months of notification of the death	88%	70%	70%	92.98%	132.83%	FATALITY REVIEW COMMITTEES
	1.2	Percent of MRRD fatality reviews held within three months of receipt of the investigative report from DHS/DDS and determination of the cause and manner of death	100%	80%	80%	100%	125%	FATALITY REVIEW COMMITTEES

WORKLOAD MEASURES – APPENDIX

WORKLOAD MEASURES 🔵

Measure Name	FY 2013 YE Actual	FY 2014 YE Actual	FY 2015 YE Actual	Budget Program
Number of Postmortem Examinations performed: Full/Partial	1049	763	1030	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of Public Dispositions	99	125	118	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of Deaths Due to Traffic Accidents (i.e., cars, Metro, motorcycles, pedestrian, bicycle)	49	51	34	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of drug deaths (illicit/rxn) diagnosed	Not Applicable	137	98	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of deaths due to hypertensive cardiovascular disease/obesity	358	368	319	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of Infant deaths (1 year and under) (Note: This number includes pending cases)	Not Applicable	32	27	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of child deaths due to inappropriate bedding/SUID (with or without crib in the dwelling)	2	10	5	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of elder deaths due to falls (over age of 65)	Not Applicable	81	66	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of youth (ages 10-19) homicides where gun violence is a factor	Not Applicable	6	10	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of deaths due to jumping	2	2	1	DEATH INVESTIGATIONS/

suicides (Metrotrain)				CERTIFICATIONS
Number of Court-related Activities – Death Investigation: Forensic Pathology (i.e., pre-trial conferences, depositions, testimony)	17	50	43	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of DUI cases performed	707	381	340	DEATH INVESTIGATIONS/ CERTIFICATIONS
Number of Court-related Activities – Forensic Toxicology (i.e., pre-trial conferences, depositions, testimony)	1391	1037	793	DEATH INVESTIGATIONS/ CERTIFICATIONS