



Government of the District of Columbia Office of the Chief Medical Examiner

2021 Annual Report





DISTRICT OF COLUMBIA

OFFICE OF THE CHIEF MEDICAL EXAMINER

MISSION:

The mission of the Office of the Chief Medical Examiner (OCME), for the District of Columbia, is to investigate all deaths in the District of Columbia that occur by any means of violence (injury), and those that occur without explanation or medical attention, in custody, or which pose a threat to the public health. OCME provides forensic services to government agencies, health care providers and citizens in the Washington D.C. metropolitan area to ensure that justice is served and to improve the health and safety of the public.

Executive Management (2021)

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PRESENTED TO:

The Executive Office of the Mayor,
The Council of the District of Columbia, and
The Citizens of the District of Columbia



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A MESSAGE FROM THE CHIEF MEDICAL EXAMINER



Greetings,

On behalf of the Office of the Chief Medical Examiner (OCME), I am pleased to present the 2021 OCME Annual Report, which provides key statistical data stemming from our critical work in death investigation and certification, as well as a snapshot of our key achievements over the year.

With more than 100 employees and a budget of about \$14 million in FY2021, the agency investigated 7,490 deaths and performed 2,343 post-mortem examinations, including 276 homicides. The OCME Division of Toxicology processed 1,494 postmortem cases and toxicology testing was requested/assigned on 1,074 of these cases. The OCME Records Management Unit processed 1,358 requests for records and resolved numerous legal matters. This was all accomplished during the COVID-19 pandemic, which proved to be one of the most challenging times for our agency and the nation.

This annual report includes statistical data focusing on the number and type of cases accepted and examined; cause and manner of death; decedent demographics, i.e., sex, age, race, and residence; and toxicological findings. Moreover, certain agency functions, such as public dispositions, the Breath Alcohol Program and other toxicological services, organ procurement and Data Fusion Center special trend reports, are highlighted as well.

In addition to carrying out the agency's mission to perform sound medicolegal investigations and determine cause and manner of death, the agency achieved several key objectives during 2021.

- In response to the COVID pandemic, the agency was able to implement its Mass Fatality and Continuity of Operations (COOP) Plans, ensuring continuous efficient and effective operations given the significant increase in caseload due to COVID-19 positive and ancillary cases, corresponding need for additional body storage, and subsequent procedure modifications for the processing and release of COVID positive decedents.
- The completion and implementation of Phase 1 of a System Interoperability project to transmit death record data directly from the OCME Case Management System (CMS) to the DC Health Electronic Death Registration System (EDRS) has successfully automated the creation of death certificates.
- The agency was successful in achieving full accreditation by the National Association of Medical Examiners (NAME) for a second five-year period, becoming one of only two in the nation with both NAME and ISO accreditation.
- The OCME established the District's first Safe Sleep Education and Outreach Project in partnership with the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), Palladian Partners, Inc., and the Executive Office of the Mayor's



Thrive by Five DC. This initiative sought to decrease the number of sleep-related deaths occurring in the District by providing a series of focused events to engage new and expectant parents, caregivers and public and private providers in learning more about behaviors, choices and needed resources that could increase their ability to provide a safe sleep environment for infants. The project also included a safe sleep campaign that utilized innovative telecommunication strategies in the hopes of providing effective health and safe sleep education and promotional reminders to pregnant women and primary caretakers of newborns.

- The implementation of the Agency's first Forensic Pathology Fellowship is furthering the agency's mission to serve as an academic institution focused on death investigation and forensic pathology; the program will also provide a pipeline of possible future medical examiner hires.
- Through OCME's Data Fusion Analysis Center, the agency has been able to provide specific trend reports focusing on the collection and analysis of mortality data that has been critical to supporting prevention efforts in public health and safety within the District.

The OCME operates 24 hours a day, 7 days a week, 365 days a year. With our dedicated staff, we will continue working toward our mission of public safety and justice, academic advancement, and public health surveillance. Most importantly, we will also remain committed to serving as a voice for families, residents, and visitors at a time when they are most vulnerable, and grief stricken.

In Truth and Service,

Francisco J. Diaz, MD
Chief Medical Examiner



INTRODUCTION

The Office of the Chief Medical Examiner (OCME) is required by DC Code §5-1412(d) to produce an annual report that provides the number of autopsies performed, statistics as to causes of death, and any other relevant information the Mayor may require. This report provides statistical data summarizing the results of investigations conducted by the OCME during a calendar year. This information reflects the status of health of the District of Columbia residents, the level and types of violence to which the population is subjected, the prevalence of drug use and its association with homicides and/or traffic accidents. The Executive Office of the Mayor, the Office of the City Administrator, the Office of the Deputy Mayor for Public Safety and Justice, the Department of Health (DC Health), the Office of the Attorney General, the United States Attorney's Office, the Public Defender Service, and other entities can use the data for research purposes and for the development of preventative and corrective policies.

In 2021, the agency had four primary programs: Death Investigation and Certification, Agency Management, Forensic Toxicology, and Fatality Review. This report will include data on the Death Investigation and Certification and the Agency Management programs. The Fatality Review Committees are statutorily required to issue their own Annual Reports.

The OCME investigates the following types of human death occurring in the District of Columbia: 1) violent death, whether apparently homicidal, suicidal, or accidental, including deaths due to thermal, chemical, electrical, or radiation injury and deaths due to criminal abortion; 2) deaths that are sudden, unexpected, or unexplained, including sudden infant deaths or apparent sudden infant death syndrome (SIDS) for infants one year of age and younger; 3) deaths that occur under suspicious circumstances; 4) deaths of persons whose bodies are to be cremated, dissected, or buried at sea; 5) deaths at the workplace or resulting from work activity; 6) deaths that are due to diseases that may constitute a threat to public health; 7) deaths of persons who are wards of the District government; 8) deaths related to medical or surgical intervention; 9) deaths that occur while persons are in the legal custody of the District; 10) fetal deaths related to maternal trauma or maternal drug use and extra-mural deliveries; 11) deaths for which the Metropolitan Police Department (MPD), or other law enforcement agency, or the United States Attorney's Office requests, or a court orders investigation; 12) dead bodies brought within the District without proper medical certification; and 13) all maternal mortalities. (See Appendix C – (DC Law 13-172), DC Official Code §5-1405(b)).

All deaths under the jurisdiction of the OCME, as outlined above, are investigated irrespective of the location of the primary causative incident. The data included in this report reflects deaths where the injury may have occurred outside of the District of Columbia, including primarily Maryland and Virginia. The official vital statistics for the District of Columbia are the explicit role and responsibility of DC Health.

The Chief Medical Examiner, based on the evaluation of the circumstances surrounding a death, determines the type of investigation to be performed, i.e. autopsy or external examination. This



INTRODUCTION

decision is not restricted by family preference or religious beliefs. The OCME Medicolegal Investigators, Forensic Investigators and the Detectives of MPD's Natural Squad in the Homicide and Traffic Divisions provide information related to the circumstances of deaths. An autopsy examination helps answer questions as to time of death, pattern and/or sequence of injuries, and the effect of natural disease on the certification of cause and manner of death. Autopsy procedure requires the retention of tissue specimens up to and including whole organ retention as needed. Tissue retention is for the purpose of ensuring timely and accurate diagnosis. Toxicological examinations assist in the determination of the cause and manner of death and are performed on the majority of cases autopsied depending upon the circumstances of death. Typical examinations conducted by the laboratory provide information on the presence and amount of alcohol, volatiles, illegal drugs, and some commonly used prescription and non-prescription medications. Other expert consultations (e.g., neuropathology and cardiovascular pathology) are requested when appropriate. The OCME works closely with the legal system and often provides expert testimony when called upon to do so.

The Fatality Review Program supported by the OCME includes the Child Fatality Review Committee (CFRC); Maternal Mortality Review Committee (MMRC), Violence Fatality Review Committee (VFRC), Opioid Fatality Review Board (OFRB), and Developmental Disabilities Fatality Review Committee (DD FRC). These committees examine causes and circumstances associated with deaths in their respective populations, evaluate issues associated with services provided and make relevant recommendations that address systemic issues related to services that the District of Columbia provided, to the constituents of these vulnerable populations. Each review committee produces an annual report that summarizes relevant findings and recommendations issued as well as government agency responses to the recommendations.

In addition to its routine caseload, the agency offers temporary storage of bodies for healthcare facilities in the District of Columbia when final disposition cannot be readily made by the next-of-kin. The OCME has a total body storage capacity of 206. Public Dispositions of remains by the OCME will occur when the decedent is not identified or is identified but unclaimed. All efforts are made toward identification of the deceased before final public disposition. To achieve this goal, the OCME has not only trained its technical staff to fingerprint decedents, but also works cooperatively with the Department of Forensic Sciences, MPD, and the Federal Bureau of Investigation (FBI). In addition, OCME uses comparative radiology, forensic odontology, and/or DNA analysis as necessary to ensure proper and timely identification. The OCME also procures specimens for DNA analysis on each decedent and participates in the national NamUs program.

Over the years, OCME has prepared for mass disaster events, by developing a comprehensive regional Mass Fatality plan that established alliances with area hospitals, agencies of adjoining states, and agencies in the Public Safety and Justice cluster. This includes mass fatality exercises with local and federal partners in order to test the capacity of Mass Fatality Plan, train staff, develop practical policies and procedures, and identify resources to ensure its Mass Fatality Plan integrates with the District's Disaster Response Plan. As a result, the OCME was well prepared for the COVID-19 pandemic, which spurred a mass fatality event in the District of Columbia and throughout the world in 2020 and continued through 2021. The agency not only implemented a



rapid disposition plan to ensure decedent remains would not be backlogged in healthcare facilities, but the agency was able to activate force multipliers via DC Medical Reserve Corps Volunteer Program administered by DC Health. The Association of Funeral Directors and the DC National Guard were also instrumental in providing assistance with the COVID-19 pandemic in the District. These additional staff were able to assist with the identification process, notification of families, the rapid disposition of human remains, and records management.

In the area of education, the OCME provides academic training of medical students, pathology residents from local hospitals, and students from universities around the world enrolled in diverse scientific disciplines such as: physician assistance, forensic science, toxicology, and mortuary sciences. The OCME also provided training for members of MPD and various law enforcement entities, including the United States Attorney's office and units of the United States Marine Corps.

EXECUTIVE SUMMARY

This Annual Report covers data that resulted from the investigation of **7,490** deaths which occurred in the District of Columbia (DC) during the Calendar Year (CY) 2021. The report also presents key agency accomplishments and other major activities such as expert testimony by the Medical Examiners, the Disposition of Unclaimed Remains, Decedent Identification, Toxicological results in Driving Under the Influence (DUI) and Drug Facilitated Sexual Assault (DFSA) cases, and educational endeavors. The agency hopes that the information contained in the report will be useful to the Executive Office of the Mayor, Councilmembers, and the public at large.

The Office of the Chief Medical Examiner (OCME) serves the citizens of DC and the Metropolitan DC area in their most difficult moments by providing timely removal of decedents from homes and public areas; a thorough death investigation; and prompt provision of death certificates and proofs of death to family members, allowing for rapid funeral arrangements and access to insurance and other death benefits. The agency provides services to the public seven days per week during core business hours. However, deaths are reported to the agency and the agency responds to and investigates these reported deaths 24 hours a day, 7 days a week, including weekends and holidays. Autopsies are performed every day of the year as well, and on occasion it is necessary for the Medical Examiner to perform them at night. The data presented within this report represents deaths occurring exclusively within the District of Columbia for which the OCME has jurisdiction. This data does not represent all deaths of DC residents, which may occur outside the District and/or the legal jurisdiction of the agency; conversely, the data includes decedents whose place of residence or location of injury may be outside of the District, but where the death occurred within the District.

The OCME has a dual role: Public Safety and Public Health. As a Public Safety agency, the OCME conducts death investigations in an independent manner and without bias. The agency's involvement with a mandatory reported death starts with the death notification and continues through the possible provision of expert testimony in legal proceedings. The agency strives toward quickly responding to death scenes, allowing non-investigating police personnel to return to regular duty. At the death scenes, the OCME takes custody of the body and secures all evidentiary material associated with the body. OCME's Forensic and Medicolegal investigators work cooperatively with the Metropolitan Police Department (MPD) to gather information useful to the interpretation of the circumstances of the death. When feasible, the OCME investigators will also ensure identification of the deceased by family members present at the scenes of death. In addition, and if necessary, the Medicolegal Investigators (MLIs) can pronounce death at the scene for decomposing, mummified, or skeletonized remains, as this function is reserved to specific professionals as specified in the DC Code.

As a Public Health agency, the OCME is well suited to provide information on the state of health of the residents of the District of Columbia and to recognize and alert appropriate officials of deaths that may present an immediate threat to its population. Critical to this work is the agency's Data Fusion Center, which conducts epidemiological research in support of the agency's public health surveillance initiative in an effort to reduce the incidence and prevalence of



preventable fatalities in the District. Part of this initiative includes real-time analysis and reporting of mortality data to federal, state, and local entities for the purpose of detecting, investigating, and predicting trends to better support at-risk populations.



Overview of Cases Reported and Investigated

During Calendar Year (CY) 2021 7,490 cases were reported to and investigated by the Office of the Chief Medical Examiner (OCME). The overall total number of deaths reported to the OCME decreased slightly from 2020. The percentage of accepted cases decreased slightly to 54% of the overall total for Accepted and Declined cases only is 4,343.

Medical Examiner Caseload

Accepted Cases - The OCME accepted jurisdiction of **2,342** decedent cases, one (1 case was a single bone – scapula), of which 1,268 cases were autopsied.

Declined Cases – The OCME declined jurisdiction of **2,000** decedent cases, of which 81 became Storage Requests.

Storage Requests – The OCME provides a unique service to area nursing homes, hospices, and other similar facilities by accommodating requests to store deceased bodies. 116 of the reported cases were Storage Requests only, and 81 of the storage requests were previously “Declined” cases. As a result, the agency had a total of 197 Storage Requests, of which 184 were approved.

Cremation Requests – Pursuant to DC Code §5–1405, the OCME must approve all cremations requests for deaths that occur in the District of Columbia. There were 4,076 Cremation Requests made to the OCME in 2021; of which 1,126 were OCME cases, 2,950 were “*New Requests*” submitted from area hospitals, clinics, and nursing homes. The OCME took jurisdiction of 28 of the “*New Requests*” for further investigation and certification.

Scene Visits and Body Transport – OCME’s investigation’s staff reported to 1,216 death scenes. The OCME transported the bodies of 2,331 decedents to OCME, of which 1,210 was transported directly from scenes of death to the agency.

Organ/Tissue Donations - There were 122 organ donation requests for CY 2021. Of these requests, 35 were approved by the decedent’s family/next of kin. Twenty-four (24) approved organ donation requests were procured during CY 2021.

The following table illustrates the number of autopsy examinations, external examinations, medical record reviews and partial autopsy examinations performed by “Manner of Death”.



2021 Medical Examiner Cases by Manner of Death

Manner	Full Autopsy Examinations	Partial Autopsy Examinations	External Examinations	Review of Medical Records	Non-Human	Anatomical Specimen Disposal	Total
Accident	641	0	85	106	0	0	832
Homicide	276	0	0	0	0	0	276
Natural	228	0	375	503	0	0	1,106
Stillbirth (Fetal Deaths)	6	0	0	0	0	0	6
Suicide	56	0	3	1	0	0	60
Undetermined	61	0	2	0	0	0	63
Other	0	0	0	0	0	0	0
Total	1,268	0	465	610	0	0	2,343

Summary of Findings for Manner of Death

HOMICIDES: The OCME investigated 276 homicides in the CY 2021. This report reveals that homicides continued to be more prevalent in black males and in persons between the ages of 20-29 than in any other demographic. The weapon of choice was firearms. Peak incidence occurred in October.

Toxicology Findings: Toxicology testing was requested in 274 of 276 homicide cases investigated. Drugs were present in 235 of the homicide cases investigated. The most commonly detected drugs in homicide cases were Marijuana Metabolites (160); Ethanol (70); Fentanyl (39); Phencyclidine (29); and Cocaine Metabolite (20).

SUICIDES: The OCME investigated 60 suicides in CY 2021. This report reveals that suicides were more prevalent in white males and in persons between the ages of 20-29. Firearms were the most prevalent cause of suicide. Peak incidence occurred in March and October.

Toxicology Findings: Toxicology testing was requested for 56 of 60 suicide cases investigated. Overall, drugs were present in 42 of the suicide cases investigated. The most commonly detected drugs were: Ethanol (15); Marijuana Metabolite (13); Caffeine (6); Nicotine (5) and Oxycodone (3).

ACCIDENTS: The OCME investigated 832 accidents in CY 2021. Of the 832 cases investigated, 568 accidental deaths occurred as a direct result of prescription and/or illicit drug use. Also 193 deaths were the result of blunt force trauma, of which 62 were traffic-related deaths and 122 were directly related to falls. This report reveals that Accidents were most prevalent in persons between the ages of 50 to 59. Overall, peak incidence for accidental deaths occurred in May.

Toxicology Findings for Accidents: Toxicology testing was requested for 646 of the 832 accident cases investigated, and drugs were present in 604 of these cases. The most commonly detected drugs were: Fentanyl (417); Despropionyl-Fentanyl (4-ANPP) (361); Cocaine Metabolite (287); Ethanol (201); Marijuana Metabolite (132); Naloxone (117); Phencyclidine (88); Morphine (86); Fluorofentanyl (71); and Codeine (27).



Traffic-related Accidents: The majority of traffic accident deaths occurred in the following categories: males, blacks, and drivers between the ages of 20-39. Traffic accidents were most prevalent in April.

Toxicology Findings for Traffic-related accidents: Toxicology testing was requested for 38 of the 62 traffic-related accidents, and drugs were present in 28 of these cases. The most commonly detected drugs were Ethanol (14); Marijuana Metabolite (11); Cocaine Metabolite (8); Fentanyl (6); Phencyclidine (6).

In the 14 traffic deaths positive for ethanol, 11 were greater than the legal limit (0.08 g/100 mL) for driving under the influence in the District of Columbia. The average blood alcohol concentration of all 14 positive cases was 0.17 g/100 mL.

NATURAL DEATHS: The OCME investigated 1,106 Natural deaths in CY 2021. This report reveals that the leading cause of death in Natural cases was Cardiovascular Disease with 499 deaths, followed by Infection with 355 deaths. The majority of Natural deaths occurred in January.

Toxicology Findings: There was no toxicology reporting conducted for natural deaths that occurred in CY 2021.

UNDETERMINED: The OCME investigated 63 cases where the manner of death was concluded to be Undetermined. An Undetermined manner of death is a result of inconclusive evidence as to the circumstances of the death at the time and/or inconclusive examination results. As additional information is received, the death may be appropriately re-certified. Note: Sudden Unexpected Deaths in Infancy (SUID) carry an Undetermined manner of death.

Toxicology Findings: Toxicology testing was requested for 60 of the 63 Undetermined deaths investigated. Drugs were present in 51 of the Undetermined cases investigated. The most commonly detected drugs were Ethanol (19); Fentanyl (11); Levetiracetam (9); Marijuana Metabolite (8); Despropionyl-Fentanyl (5).

STILLBIRTH¹: Fetal Deaths (also called stillbirths) are omitted from manner of death classifications. Fetal deaths are not given a certificate of live birth in the District and, thus, do not receive a death certificate.² In 2021, OCME investigated 6 fetal deaths.

Toxicology Findings: Toxicology testing was requested on 3 out 6 stillbirth cases investigated. Overall, drugs were present in 2 of the 6 stillbirth cases investigated.

¹ . Because of the small number of stillbirth deaths observed, this annual report will refrain from providing a detailed analysis in order to honor the privacy of the individuals and their families.

² DC Health DC Vital Records Division issues fetal death certificates that occur in the District. <https://dchealth.dc.gov/service/fetal-death-certificates>



OVERVIEW OF CASES REPORTED AND INVESTIGATED

During Calendar Year (CY) 2021, 7,152 deaths occurred in the District of Columbia (DC) as reported by DC Health, Center for Policy, Planning and Evaluation for the District of Columbia, of which 4,540 (excluding cremations requests) or 63% were reported and investigated by the Office of the Chief Medical Examiner (OCME). The following is a breakdown of how the reported cases were triaged. The categories include “Accepted”, “Declined”, “Storage” and “Cremation” cases.

The data presented within this report represents deaths occurring exclusively within DC for which the OCME has jurisdiction. The data does not represent ALL deaths of DC residents. The decedent’s place of residence or location of injury may be outside of the District.

Accepted Cases - The OCME accepted jurisdiction of **2,342** decedent cases and **1** case for a bone (scapula), of which **1,268** cases were autopsied. There were scene visits for 1,210 of the 2,343 that were accepted cases.

Declined Cases - The OCME declined jurisdiction of **2,000** decedent cases, of which 81 became Storage Requests. There were scene visits for 6 of the 2,000 declined cases.

Storage Requests - The OCME provides a unique service to area nursing homes, hospices, and other similar facilities by accommodating requests to store deceased bodies. **116** of the reported cases were Storage Requests only, and **81** of the storage requests were previously “Declined” cases, so as a result the agency had a total of **197** Storage Requests, of which 184 were approved.

Cremation Requests: The OCME must review all cremations for deaths that occur in the District of Columbia. There were **4,076** Cremation requests made to the OCME in CY 2021; of which 1,126 were OCME cases, 2,950 were “*New Requests*” submitted from area hospitals, clinics, and nursing homes. The OCME took jurisdiction of 28 of these “*New Requests*” for further investigation and certification.



Total Number of Cases Reported and Investigated by the OCME (excluding Cremations)	4,540
Total Number of Declined Cases	2,000
Percent of Cases Reported & Investigated	44%
Total Number of Cases Accepted for Further Investigation	2,343
Percent of Cases Reported & Investigated	52%
Total Number of Storage Requests Investigated	197
Percent of Cases Reported & Investigated	4%
Total Number of Autopsies <i>(Full autopsies on-site – 1,268; At Hospital - 0)</i>	1,268
Percent of Cases Accepted for Further Investigation	28%
Other Investigations Activities	
Number of Scene Visits by a Medical Examiner or Medicolegal/Forensic Investigator	1,210
Percent of Cases Accepted for Further Investigation	27%
Total Number of Bodies/Cases Transported by OCME or by Order of the OCME <i>Transported by Office Personnel – 2,321 (Investigation – 2, Mortuary – 2,319) Transported by Others – 12 (FEMS – 11, Funeral Home – 1, MPD/Park Police – 0)</i>	2,333
Total Number of Organ/Tissue Donation Requests: (See Organ Procurement for breakdown)	122

Breakdown of Accepted Cases by Exam Type

Total Number of Cases Accepted and Investigated Further	2,343
Total Number of Autopsies <i>All 1,268 Autopsies were Full Autopsy Examinations</i>	1,268
Percent of Cases Accepted	54%
Number of External Examinations <i>All 465 External Examinations were conducted on-site.</i>	465
Percent of Cases Accepted	19%
Number of Medical Record Reviews	610
Percent of Cases Accepted	26%



Other Forensic Activities	647
Number of Non-Human Remains	0
Number of Anatomical Specimen Disposal	647
Number of Exhumations/Disinterment	0

Definition of Unfamiliar Exam Type Classifications:

- **Autopsy Performed at an Area Hospital:** During CY 2021 there were not any cases where the autopsy was performed at a hospital. The DC Official Code § 5-1409 authorizes the Chief Medical Examiner to deputize any “qualified pathologist” to perform an autopsy on a decedent that is deemed a Medical Examiner case. Some of these cases may initially be declined by the OCME and later accepted based on additional information/autopsy findings. Cases in which the autopsy was completed at the hospital, still required review of the autopsy reports and completion of the death certificates be done by the Medical Examiner.
- **Medical Record Reviews:** Cases where the body is not available for examination and the investigation and determination of cause and manner of death are based solely on the review of available medical records.
- **Non-Human Remains:** Cases that are commonly identified as animal remains.
- **Anatomical Specimen Disposal:** Anatomical specimen (tissue samples in formalin.) from accepted cases, after an appropriate period of retention, are disposed of.
- **Exhumations/Disinterment:** Cases where the remains were unearthed from a burial site.



Breakdown Of Accepted Cases and Autopsies by Month

Month	Case Investigations	Autopsies (Full and Partials)
January	340	110
February	261	92
March	220	104
April	216	104
May	191	107
June	154	105
July	177	117
August	153	106
September	149	99
October	163	106
November	157	105
December	162	113
Total	2,343	1,268

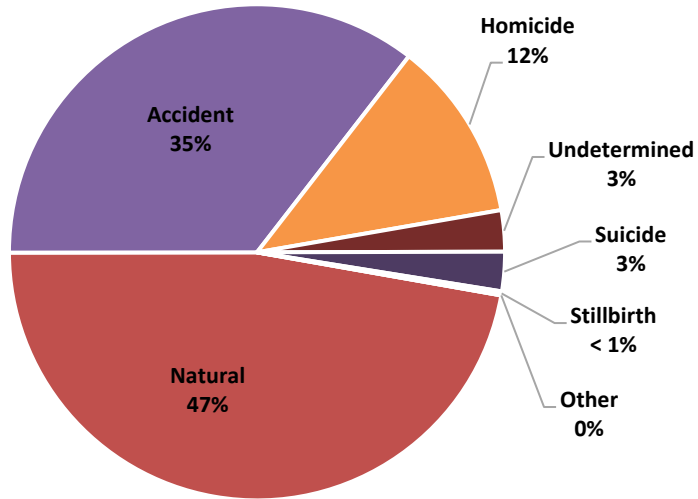
Medical Examiner Case Examinations by Manner of Death

Manner	Full Autopsy Examinations	Partial Autopsy Examinations	External Examinations	Review of Medical Records	Non- Human	Anatomical Specimen Disposal	Total
Accident	641	0	85	106	0	0	832
Homicide	276	0	0	0	0	0	276
Natural	228	0	375	503	0	0	1,106
Stillbirth	6	0	0	0	0	0	6
Suicide	56	0	3	1	0	0	60
Undetermined	61	0	1	0	0	0	63
Other	0	0	1	0	0	0	0
Total	1,268	0	465	610	0	0	2,343

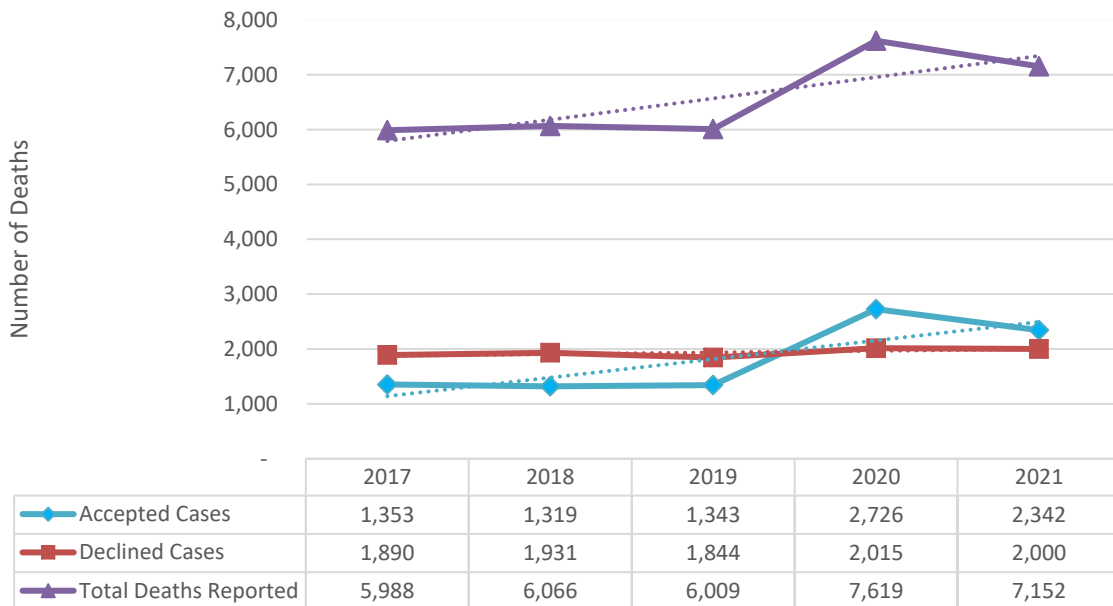
Note: The External examination in the other category was conducted on a single bone, and therefore will not be reflected in the statistics below.



Pie Chart - Medical Examiner Cases by Manner of Death



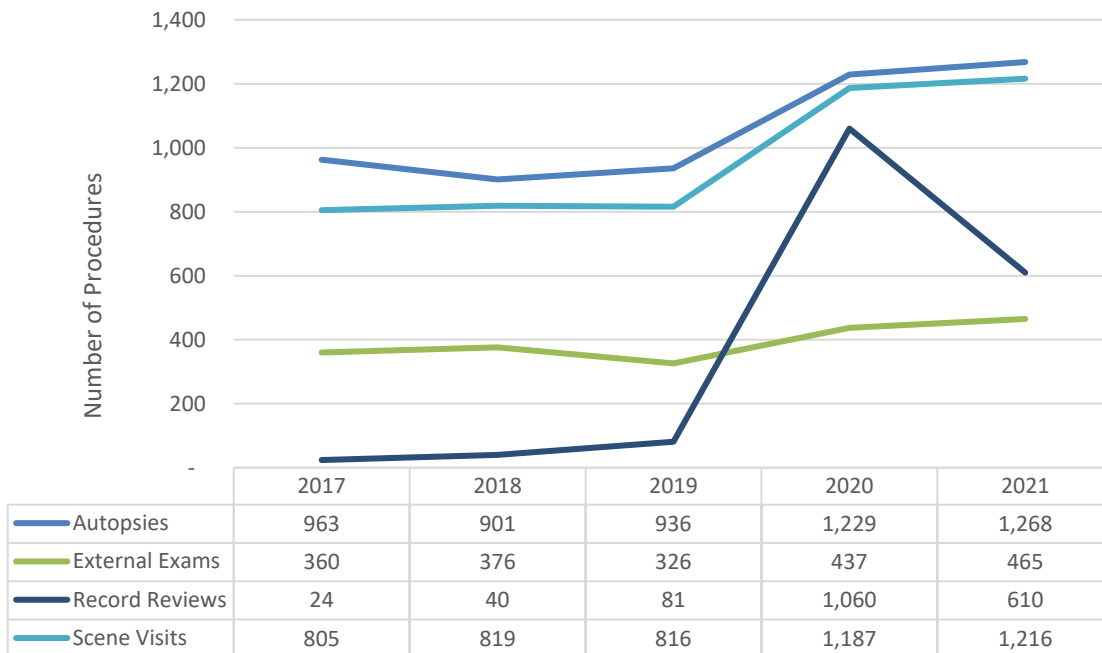
Five-year Overview of Deaths Reported to the Medical Examiner (2017– 2021)



Note: All accepted cases and all declined cases will not equal Total Deaths Reported, because there are other types of cases “Death Reports” not included in this illustration.



Five-Year Trends in Deaths Reported and Investigated by Exam Type (2017 – 2021)



Breakdown of Accepted Cases by Residence of Decedents

By law the Medical Examiner (ME) must accept all traumatic, unwitnessed, or suspicious deaths that occur in DC. As a result, primary residence of these decedents can be anywhere in the world. However, because of the OCME's central metropolitan location, the majority of accepted cases involve individuals who either resided in and/or suffered fatal injuries in the District of Columbia, Maryland, or Virginia. The breakdown by decedent residence is found below. Just as important, Medical Examiner cases accepted by the OCME do not represent all the suspicious or non-natural fatalities of District residents, who may have died in another state or country. District residents may die in hospitals found within another state like Maryland or Virginia and are not reported to OCME.

ME Cases by Jurisdiction of Residence

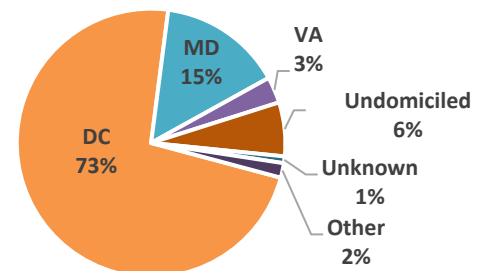


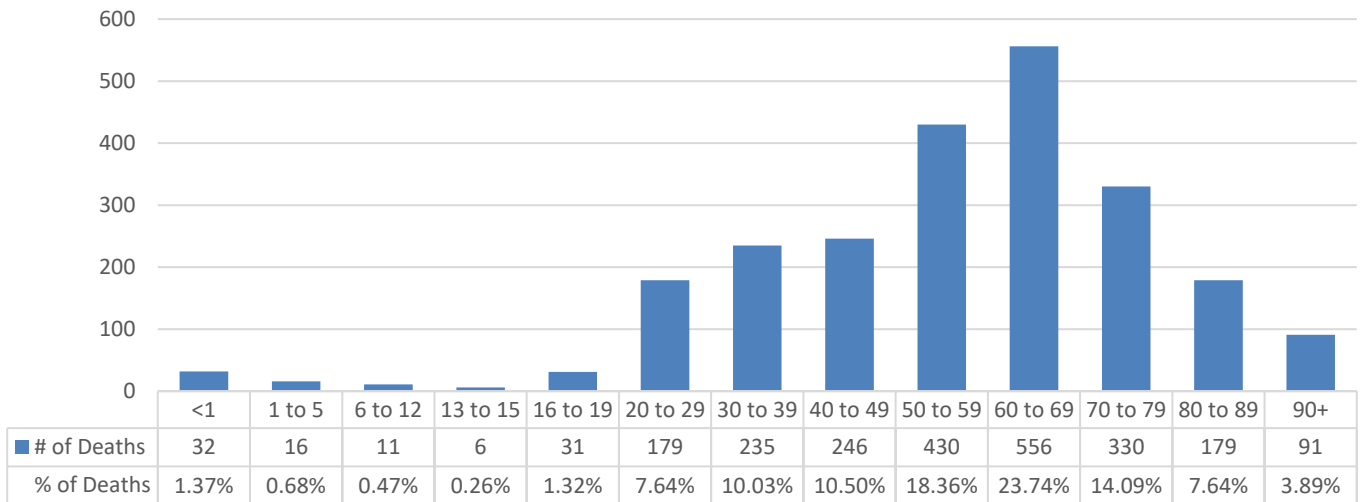


Table: Medical Examiner Cases by Residence and Manner of Death

DC Deaths by Jurisdiction of Residence and Manner of Death - 2021							
Ward	# of Deaths	Accidents	Homicides	Natural	Stillbirth	Suicide	Undetermined
Ward 1	141	50	7	73	0	6	5
Ward 2	91	30	5	51	0	5	0
Ward 3	88	28	2	54	0	3	1
Ward 4	195	62	13	116	0	4	0
Ward 5	270	85	18	157	0	3	7
Ward 6	230	74	19	119	1	14	3
Ward 7	302	97	53	136	2	3	11
Ward 8	390	132	75	167	0	7	9
DC	1,707	558	192	873	3	45	36
MD	349	123	54	153	1	5	13
VA	74	33	7	25	0	6	3
Other	41	20	2	16	0	2	1
Unknown	19	11	5	1	2	0	0
Undomiciled	152	87	16	38	0	2	9
Total	2,342	832	276	1,106	6	60	62

Note: There is one (1) OCME case that is not represented in the above statistics for jurisdiction, because it was a single bone.

Total Number and Percent of 2021 Deaths Investigated by OCME by Age





Total Number of 2021 Deaths Investigated by OCME by Sex by Race/Ethnicity

Race/Ethnicity	Males	Females	Total
American Indian	1	0	1
Asian	23	19	42
Black	1,184	576	1,760
Hispanic	113	26	139
Other	4	9	13
Unknown	2	0	2
White	262	117	379
Total	1,588	747	2,336

Total Number Of 2021 Deaths Investigated by OCME by Manner of Death and Sex

Sex	Accident	Homicide	Natural	Suicide	Undetermined	Total	Percent
Female	243	40	437	9	18	747	32%
Male	589	236	669	51	44	1,589	68%
Total	832	276	1,106	60	62	2,336	100%

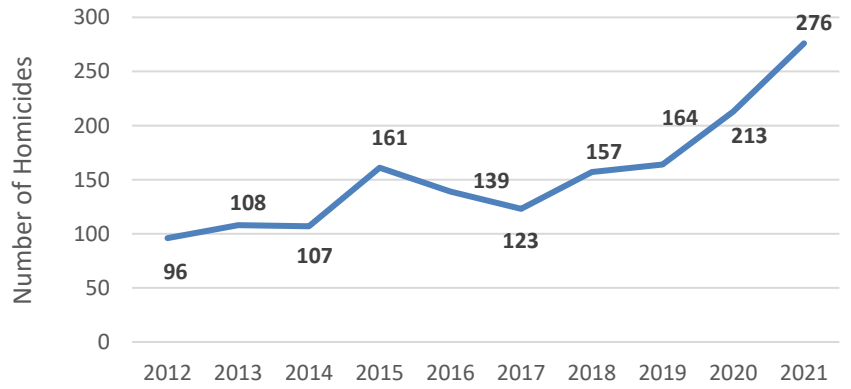
Note: The above tables do not include fetal deaths (6) and unidentified skeletal remains (1). The tables above represent all accepted Medical Examiner cases, but these decedents do NOT represent District residents only.



HOMICIDE

The OCME investigated **276** homicides in CY 2021. The following tables and graphs provide a distribution by cause of death, month, race, sex, and age group. Death by homicidal acts is more prevalent in black males and in the age group 20 to 29 years than any other group presented. The weapon of choice is firearms. In 2021, more homicides were observed in **October** than any other month.

Ten-Year Overview of Homicides (2012-2021)



Homicides by Jurisdiction of Incident That Caused Death

Jurisdiction of Incident	# of Homicides	% of Homicides
District of Columbia	243	88.04%
Maryland	22	7.97%
Virginia	2	0.72%
Unknown	9	3.26%
Total	276	100%

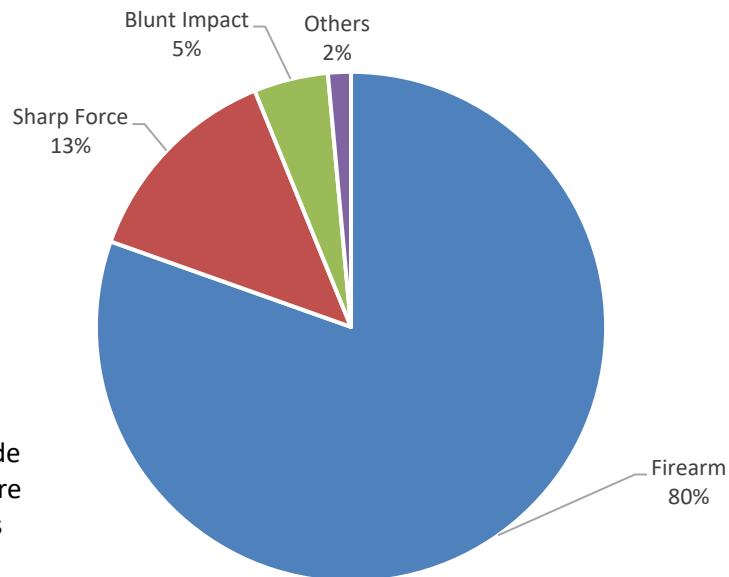


MANNERS OF DEATH

Homicides by Cause of Death

Cause of Death	# of Homicides	% of Homicides
Firearm	222	80.4%
Sharp Force	37	13.4%
Blunt Impact	13	4.7%
Poisoning	1	0.4%
Undetermined	1	0.4%
Asphyxia	1	0.4%
Other	1	0.4%
Total	276	100%

Pie Chart – Homicides by Cause of Death

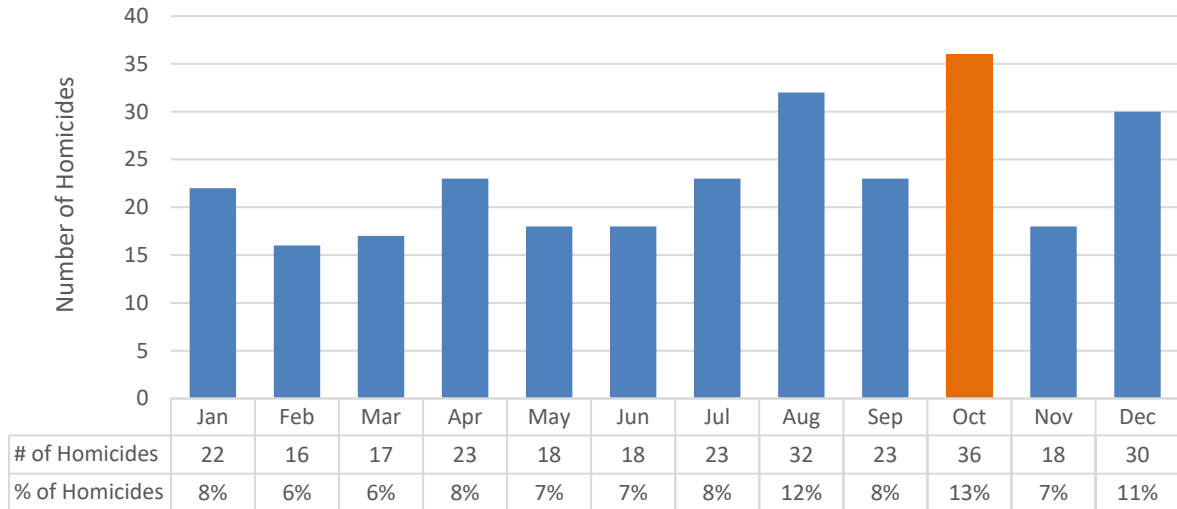


For illustrative purposes, only prevalent homicide causes of death are highlighted in this pie chart.



MANNERS OF DEATH

Homicides by Month



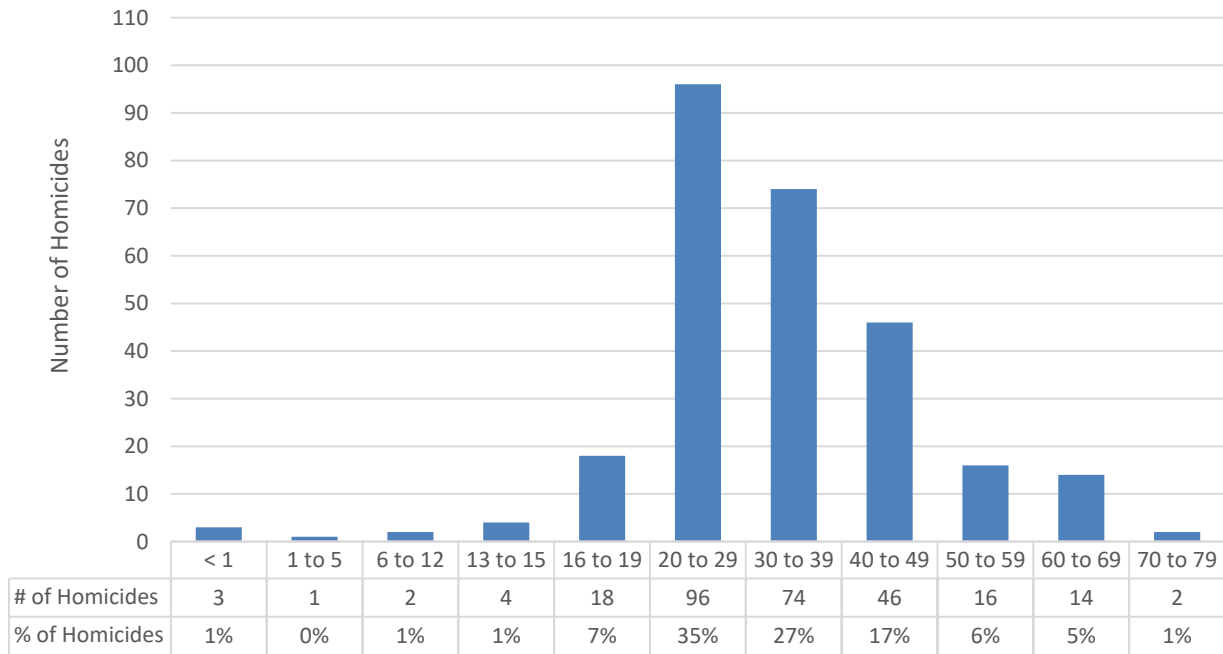
Homicides by Race/Ethnicity and Sex

Homicides by Race/Ethnicity and Sex				
	Female	Male	Total	% of Race/Ethnicity
Black	39	216	255	92%
Hispanic	0	7	7	3%
Other	0	3	3	1%
White	1	10	11	4%
Total	40	236	276	
% of Sex	14%	86%		100%



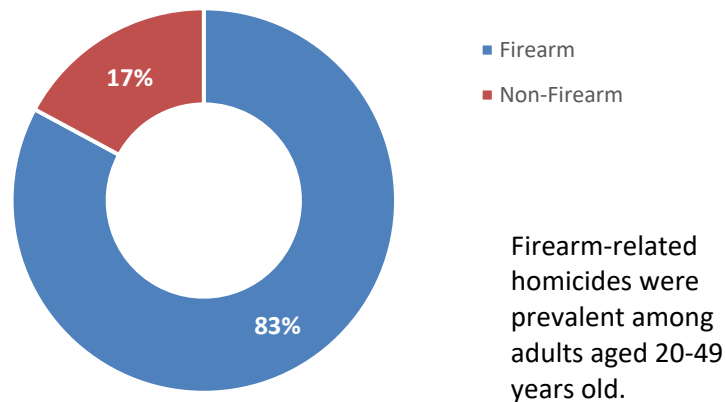
MANNERS OF DEATH

Homicides by Age Group



Firearm-Related Homicides by Adults Only

Firearm-Related Homicides Among Adults (20-49 yrs)





TOXICOLOGY FINDINGS FOR HOMICIDE CASES

The toxicology division processed **275** of the **276** homicide cases investigated by OCME in CY 2021. Of the **274** cases submitted for testing, toxicology analysis was positive in **235** cases and drugs were absent in **39** cases. There was **1** case submitted to storage. Marijuana is the most prominent substance in all homicide cases.

Description	# of Homicide Cases	% of Homicide Cases
n =	275	
Negative	39	14.2%
Positive	235	85.5%
Storage (no testing requested or assigned)	1	0.4%

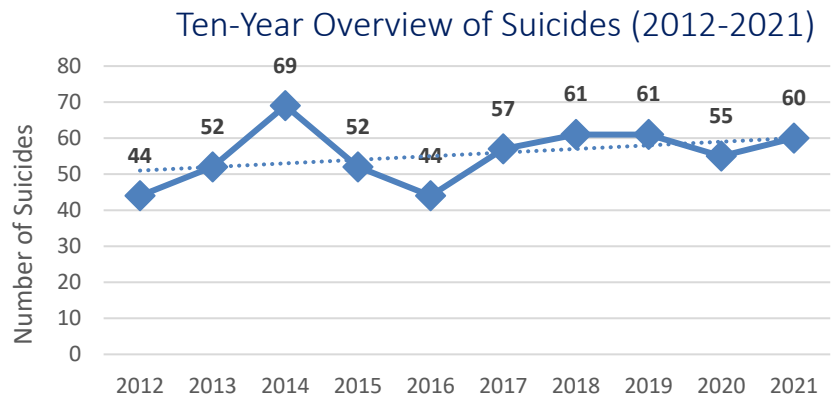
The top five drugs most frequently found in homicide cases where substances were detected include:

Drug Name	# of Homicide Cases	% of Homicide Cases
THCCOOH/THC	160/143	68.1%/60.1%
Ethanol	70	29.8%
Fentanyl/Norfentanyl	39/25	16.6%/10.6%
Phencyclidine	29	12.3%
Cocaine/Cocaethylene	15/20	6.4%/8.5%



SUICIDE

The OCME investigated **60** suicides in CY 2021, which represents an **8%** increase from CY 2020 (**55**). Deaths by suicidal acts were more prevalent in white males and in persons between the ages of 20 to 29 years. Firearms was the leading cause of suicidal deaths. More incidents occurred in **March and October** than in any other month.



Suicides By Cause of Death

Cause	# of Suicides	% of Total Suicides
Hanging	15	25%
Blunt Impact Trauma	14	23%
·Due to Fall from Building- 9		
·Due to Fall from Bridge- 3		
·Due to Struck by Train- 2		
Firearms	16	27%
Intoxication	6	10%
Suffocation	3	5%
Thermal Injury	2	3%
Sharp Force	2	3%
Other	1	2%
Carbon Monoxide Poisoning	1	2%
Total	60	100%

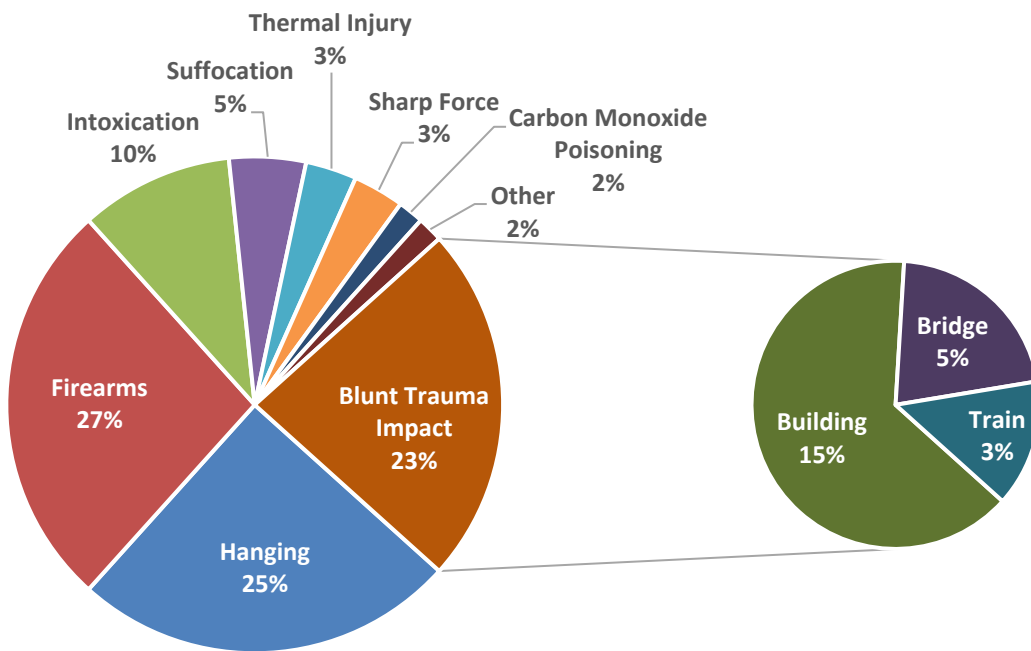


MANNERS OF DEATH

Suicides By Jurisdiction of Incident

Jurisdiction of Incident	# of Suicides	% of Suicides
District of Columbia	56	93.33%
Maryland	2	3.33%
Virginia	2	3.33%
Unknown	0	0.00%
Total	60	100%

Pie Chart - Suicides by Cause of Death

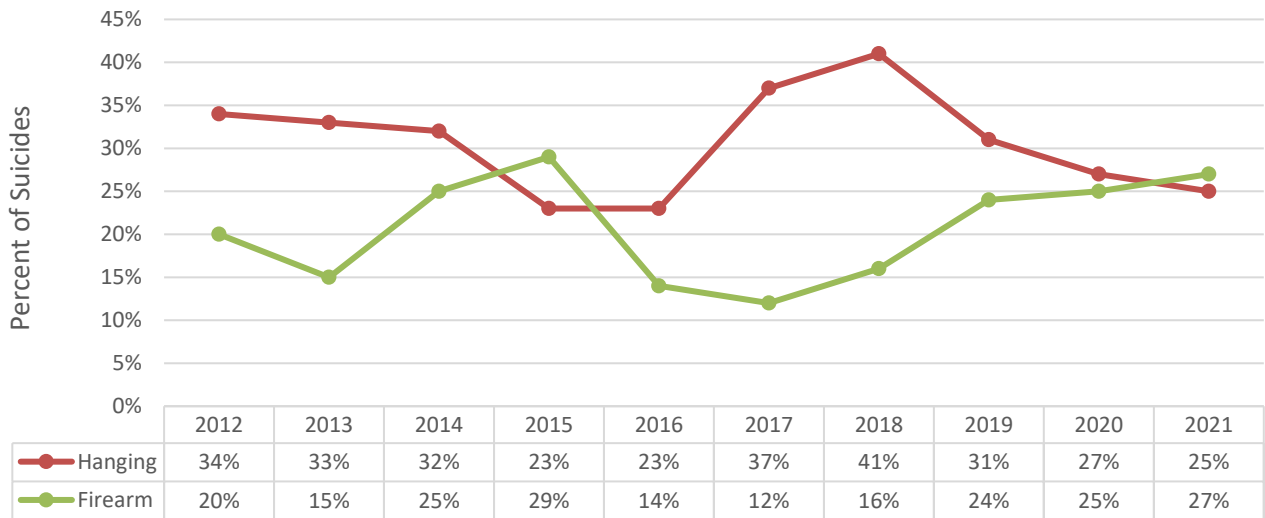


Note: The percentages in this pie chart are rounded up or down to the nearest whole number.

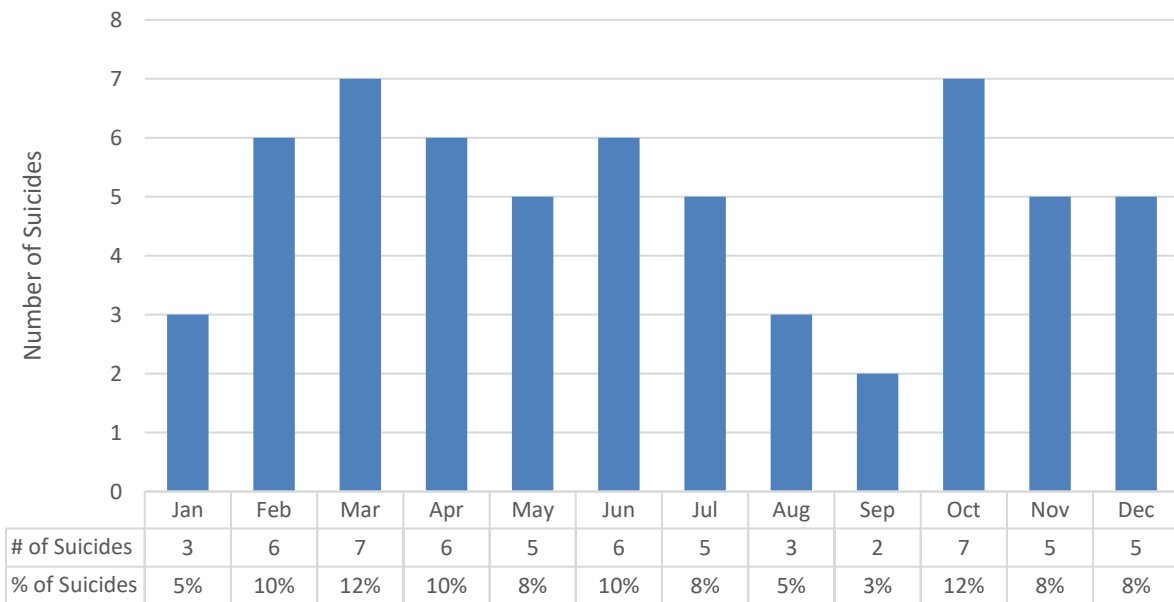


MANNERS OF DEATH

Ten-Year Trend of Suicides by Firearms and Hanging



Suicides By Month





MANNERS OF DEATH

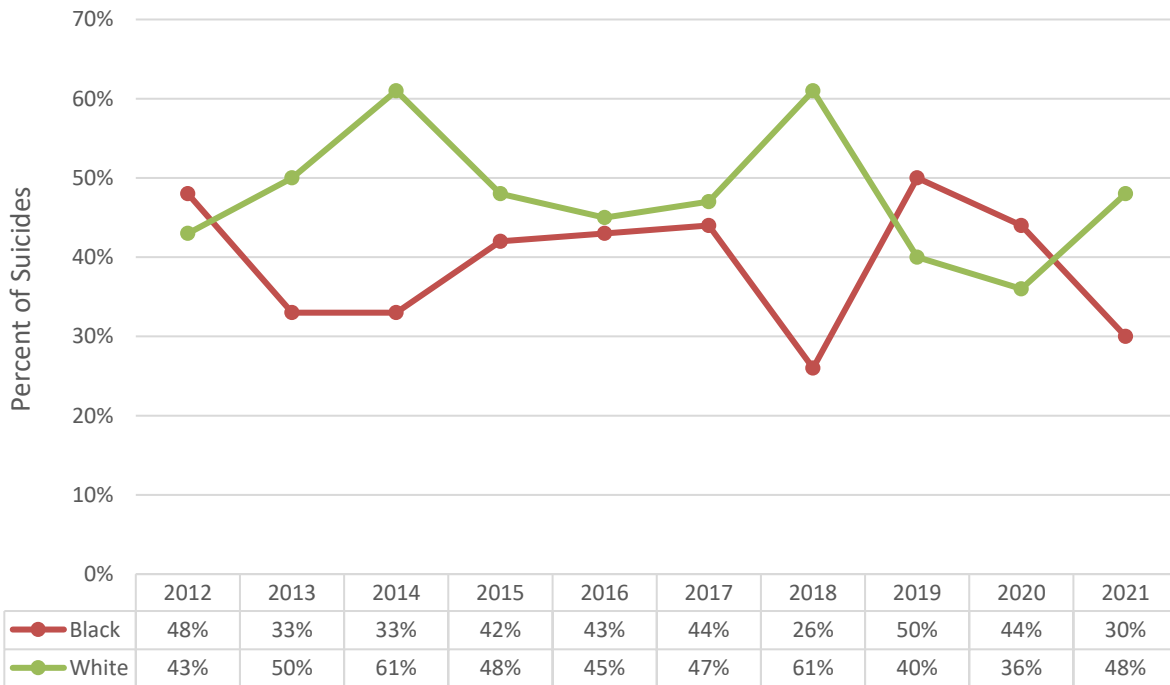
Suicide by Race/Ethnicity and Sex

Suicides by Race/Ethnicity and Sex				
	Female	Male	Total	% of Race/Ethnicity
White	3	26	29	48%
Black	1	17	18	30%
Hispanic	1	7	8	13%
Asian	2	1	3	5%
Other	2	0	2	3%
Total	9	51	60	
% of Sex	15%	85%		100%

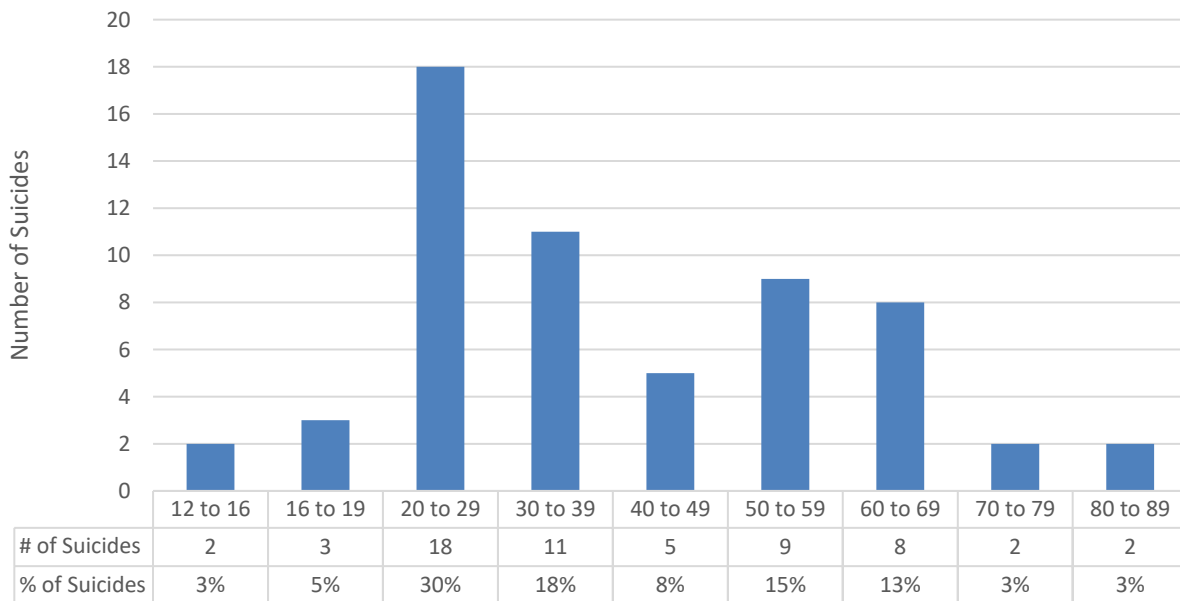


MANNERS OF DEATH

Ten-Year Trend of Suicides by Top 2 Affected Races/Ethnicities



Suicides by Age Group





TOXICOLOGY FINDINGS FOR SUICIDE CASES

The toxicology division processed **59** of the **60** suicide cases investigated by OCME in CY 2021. Of the **56** cases submitted for testing, toxicology analysis was positive in **42** cases and drugs were absent in **14** cases. There were **3** cases submitted to storage. Of the positive cases, ethanol is the most prominent substance in all suicide cases.

Description	# of Suicide Cases	% of Suicide Cases
n =	59	
Negative	14	23.7%
Positive	42	71.2%
Storage (no testing requested or assigned)	3	5.1%

The most notable drugs found in suicide cases where substances were detected include:

Drug Name	# of Suicide Cases	% of Suicide Cases
Ethanol	15	35.7%
THCCOOH/THC	13/13	31.0%/31.0%
Caffeine	6	14.3%
Nicotine	5	11.9%
Oxycodone	3	7.1%
Ketamine/Norketamine	3/3	7.1%/7.1%
Diphenhydramine	3	7.1%
Amphetamine	3	7.1%
Citalopram/Escitalopram (anti-depressants)	3	7.1%



ACCIDENT

OCME investigated **832** accidental deaths in CY 2021. Of the **832** cases investigated, **62** were related to motor vehicle accidents, **122** were related to falls, and **568** of the accidental deaths were the direct result of prescription and/or illicit drug use. There was a **7%** increase in the total number of deaths due to accidents in CY 2021. This difference is driven by increases in intoxications, blunt injuries, and asphyxiations.

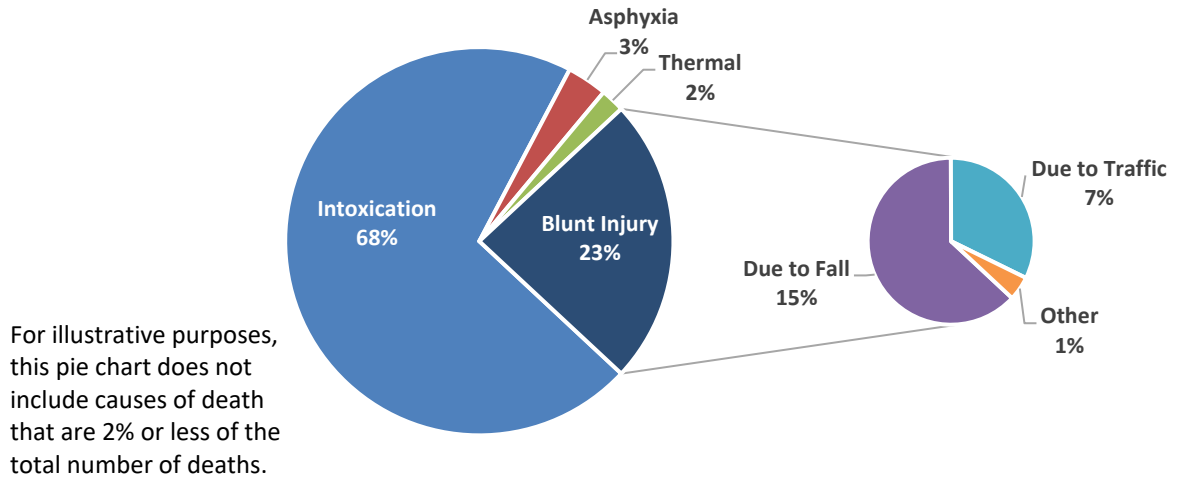
Accidents By Cause of Death

Cause of Accidental Death	# of Accidental Deaths	% of Accidental Deaths
Intoxication	568	68.3%
Blunt Injury <ul style="list-style-type: none"> • Due to Fall - 122 • Due to Traffic - 62 • Due to Other - 9 	193	23.2%
Asphyxia	27	3.2%
Thermal	16	1.9%
Other	7	0.8%
Drowning	7	0.8%
Inhalation of Combustible Product	6	0.7%
Hypothermia	4	0.5%
Therapeutic Complication	1	0.1%
Hyperthermia	1	0.1%
Cardiovascular Disease	1	0.1%
Electrocution	1	0.1%
Total	832	100%

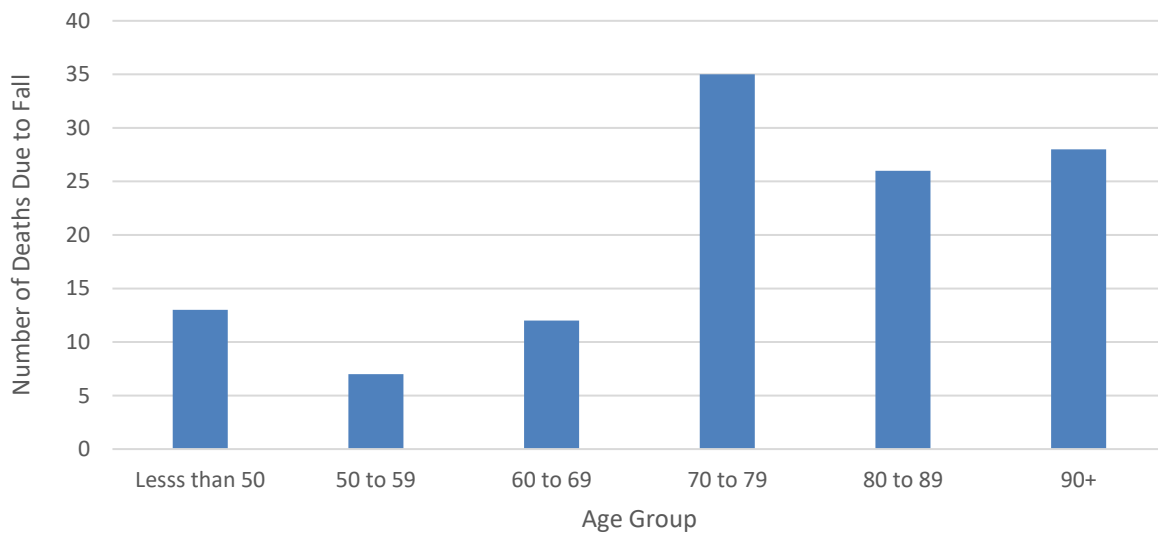


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Pie Chart – Accidents by Cause of Death



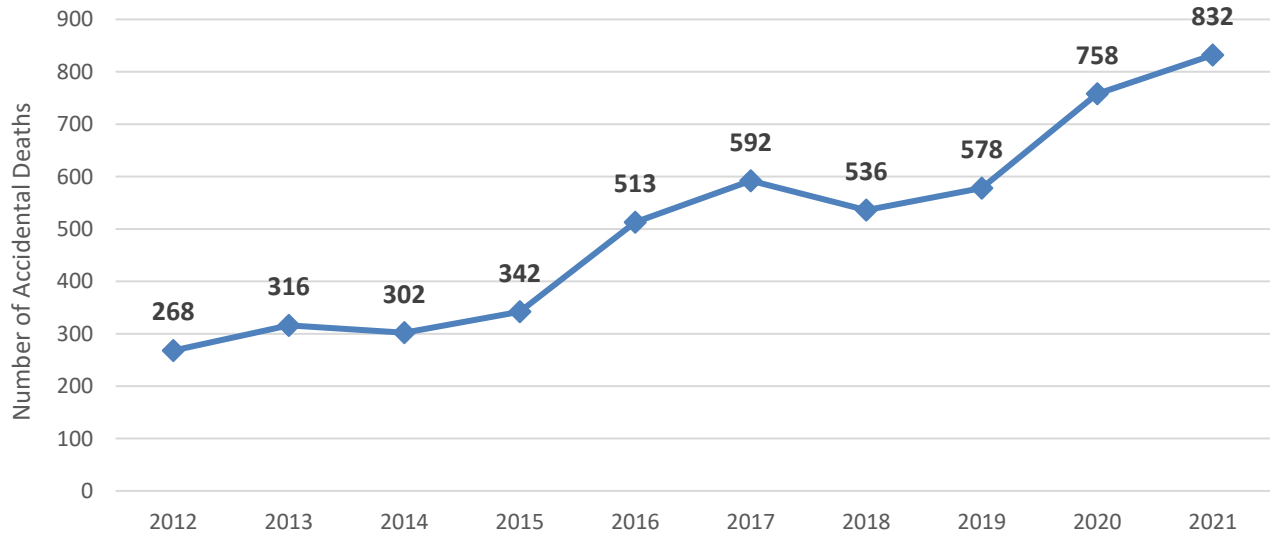
Breakdown Of Falls by Age Group



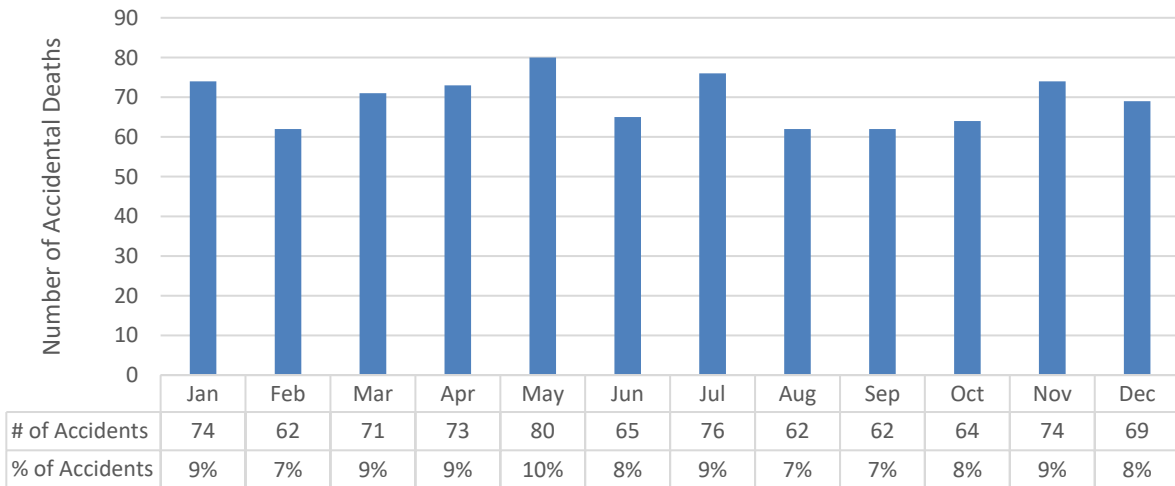


MANNERS OF DEATH

Ten-Year Overview of Accidental Deaths (2012 - 2021)



Accidental Deaths by Month



# of Accidents	74	62	71	73	80	65	76	62	62	64	74	69
% of Accidents	9%	7%	9%	9%	10%	8%	9%	7%	7%	8%	9%	8%

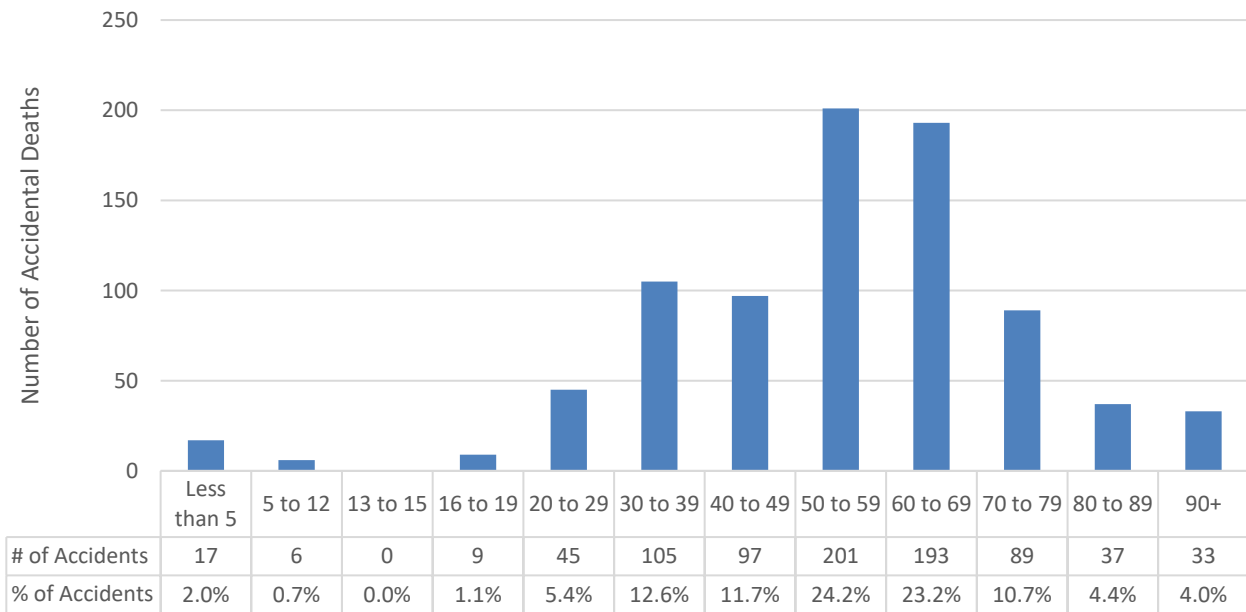


MANNERS OF DEATH

Accidental Deaths by Race/Ethnicity and Sex

Accidental Deaths by Race/Ethnicity and Sex				
	Female	Male	Total	% of Race/Ethnicity
Black	189	437	626	75.2%
White	45	100	145	17.4%
Hispanic	3	43	46	5.5%
Asian	5	8	13	1.6%
Other	1	1	2	0.2%
Total	243	589	832	
% of Sex	29.2%	70.8%		100%

Accidental Deaths by Age





TOXICOLOGY FINDINGS FOR ACCIDENT CASES

The toxicology division processed **725** of the **832** fatal accident cases investigated by OCME in CY 2021. Of the **646** cases submitted for testing, toxicology analysis was positive in **604** cases and drugs were absent in **42** cases. There were **79** cases submitted to storage. Fentanyl is the most prominent substance in all accident cases.

Description	# of Accident Cases	% of Accident Cases
n =	725	
Negative	42	5.8%
Positive	604	83.3%
Storage (no testing requested or assigned)	79	10.9%

The most notable drugs found in accident cases where substances were detected include:

Drug Name	# of Accident Cases	% of Accident Cases
Fentanyl	417	69.0%
Despropionyl-Fentanyl (4-ANPP)/Norfentanyl (fentanyl analogs)	361/198	59.8%/32.8%
Cocaethylene/Cocaine	287/252	47.5%/41.7%
Ethanol	201	33.3%
THCCOOH/THC	132/83	21.9%/13.7%
Naloxone	117	19.4%
Phencyclidine	88	14.6%
Morphine/6-Acetylmorphine/Codeine	86/67/27	14.2%/11.1%/4.5%
Fluorofentanyl (fentanyl analogs)	71	11.8%
Codeine	27	4.5%



TOXICOLOGY FINDINGS FOR DEATHS DUE TO ACCIDENTAL DRUG OVERDOSE

There were **568** OCME cases where death was directly related to intoxication. However, **22 (4%)** of these cases were Review of Medical Records, and therefore, no Toxicology testing was conducted by the OCME Toxicology laboratory. The toxicology division processed **546** of these fatal accidental intoxication cases investigated by OCME in CY 2021. Toxicology analysis was performed on **531** cases and the other **15** cases were submitted to storage.

Description	# of Overdose Cases	% of Overdose Cases
n =	546	
Negative	0	0.0%
Positive	531	97.3%
Storage (no testing requested or assigned)	15	2.7%

The top ten drugs found in accidental intoxication cases where substances were detected include:

Drug Name	# of Overdose Cases	% of Overdose Cases
Fentanyl/Fentanyl Metabolite	402/192	75.7%/36.2%
Despropionyl-Fentanyl (4-ANPP)	356	67.0%
Cocaine Metabolite/Cocaine	278/246	52.4%/46.3%
Ethanol	177	33.3%
Naloxone	115	21.7%
Marijuana Metabolite/THC	113/67	21.3%/12.6%
Morphine/6-Acetylmorphine/Codeine	81/67/25	15.3%/12.6%/4.7%
Fluorofentanyl	70	13.2%
Phencyclidine	78	14.7%
Methadone	26	4.9%



TOXICOLOGY FINDINGS FOR TRAFFIC ACCIDENT CASES

The toxicology division processed **51** of the **62** fatal traffic-related cases investigated by OCME in CY 2021. Of the **38** cases submitted for testing, toxicology analysis was positive in **28** cases and drugs were absent in **10** cases. There were **13** cases submitted to storage. Of the positive cases, ethanol was the most prevalent substance found in traffic accident cases.

Description	# of Traffic Cases	% of Traffic Cases
n =	51	
Negative	10	19.6%
Positive	28	54.9%
Storage (no testing requested or assigned)	13	25.5%

The top five drugs found in traffic accident cases where substances were detected include:

Drug Name	# of Traffic Cases	% of Traffic Cases
Ethanol	14	50.0%
Marijuana Metabolite/THC	11/9	39.3%/32.1%
Cocaine Metabolite/Cocaine	8/5	28.6%/1.9%
Fentanyl	6	21.4%
Phencyclidine	6	21.4%



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Accidental Drug Overdose Fatalities by Age

The majority of overdose deaths occurred in decedents between the ages of 51 and 70 years. Fatal overdoses often involve multiple substances. Fentanyl, cocaine and ethanol were the most prevalent classes of drugs detected, followed by marijuana and morphine.

Number of substances detecting in deaths by age and drugs

	Age								Total
	0 - 10 n = 1	11 - 20 n = 10	21 - 30 n = 35	31 - 40 n = 83	41 - 50 n = 70	51 - 60 n = 172	61 - 70 n = 148	71 - 80 n = 28	
Fentanyl (n = 402)	0	9	32	60	42	126	112	21	402
Cocaine Metabolite (n = 278)	1	2	13	34	33	103	78	14	278
Ethanol (n = 177)	0	1	14	26	23	57	48	8	177
Morphine (n = 81)	0	0	4	14	4	25	31	3	81
Phencyclidine (n = 67)	0	0	5	13	17	23	8	1	67
Marijuana Metabolite (n = 113)	0	6	12	22	18	33	19	3	113
Methadone (n = 26)	0	0	0	2	2	7	10	5	26
Oxycodone (n = 9)	0	0	0	2	2	4	0	1	9
Amphetamines (n = 17)	0	0	1	9	2	4	0	1	17
Benzodiazepines (n = 49)	0	2	2	11	18	6	10	0	49
Synthetic Cathinones (n = 6)	0	0	1	3	0	2	0	0	6
Buprenorphine/Norbuprenorphine (n = 40)	0	0	3	7	1	9	15	5	40



Accidental Drug Overdose Fatalities by Race

The vast majority of overdose deaths occurred in black decedents. The most frequently detected drugs in both black and white decedents were fentanyl, cocaine, ethanol, and marijuana.

Number of accidental overdose deaths by race and drugs:

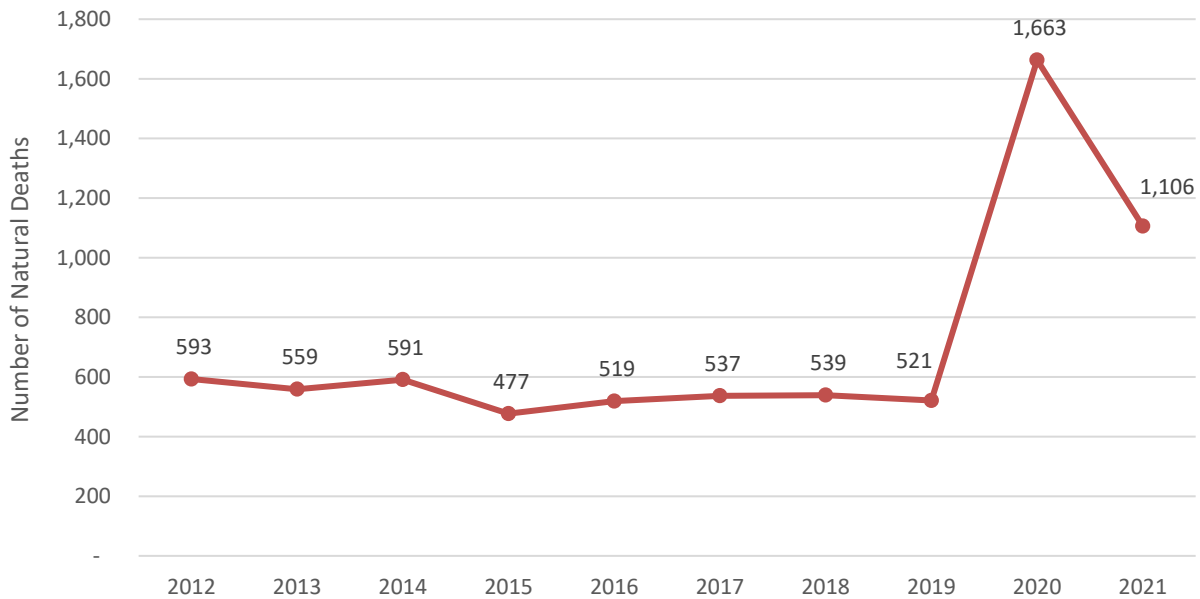
	Race			
	Other n = 4	Hispanic n = 17	White n = 54	Black n = 472
Fentanyl (n = 402)	3	10	40	349
Cocaine Metabolite (n = 278)	2	6	20	250
Ethanol (n = 177)	3	7	19	148
Morphine (n = 81)	1	1	5	74
Phencyclidine (n = 78)	0	0	2	76
Marijuana Metabolite (n = 113)	0	3	16	94
Methadone (n = 26)	0	0	1	25
Oxycodone (n = 9)	1	0	3	5
Amphetamines (n = 17)	1	0	7	9
Benzodiazepines (n = 49)	6	3	19	21
Synthetic Cathinones (n = 6)	0	0	0	6
Buprenorphine/Norbuprenorphine (n = 40)	0	2	4	34



NATURAL

Although there has been a **33.4%** decrease since CY 2020, Natural deaths continue to account for a large majority of cases reported to and accepted by the OCME. In CY 2021, **1,106** deaths were determined to be a result of natural disease. In CY 2021, cardiovascular disease reemerges as the leading cause of natural death (**508**). Blacks were more prevalent in this category representing **78.3%** of the population affected. A significant number of natural deaths due to infection/infectious disease persisted (**410**) because of the ongoing COVID-19 public health emergency. More natural deaths occurred in **January** than in any other month.

Total Number of Natural Deaths (2012-2021)



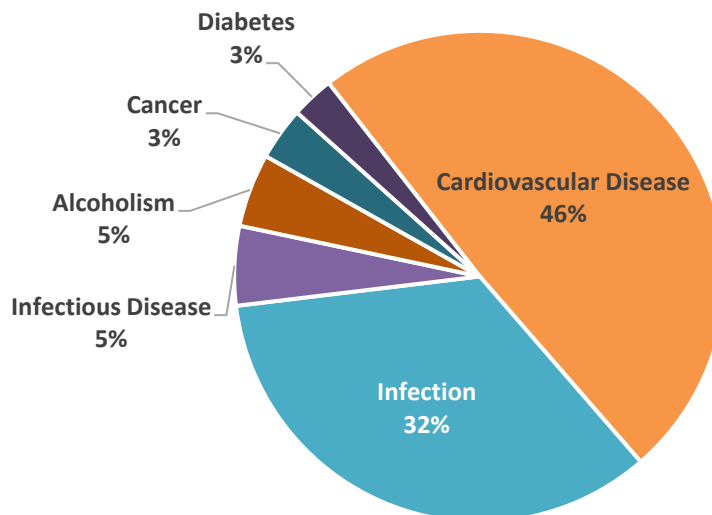


MANNERS OF DEATH

Natural Deaths by Cause

Causes of Natural Deaths	# of Natural Deaths	% of Natural Deaths
Cardiovascular Disease	508	46%
Infection	356	32%
Infectious Disease	54	5%
Alcoholism	50	5%
Cancer	36	3%
Diabetes	29	3%
Central Nervous System (Brain)	18	1.63%
Other	16	1.45%
Respiratory Disease	13	1.18%
Gastrointestinal Disease	12	1.08%
Obesity or Complications of Obesity	10	0.90%
Complications of Pregnancy	3	0.27%
Blood Disease/Hemopoietic System	1	0.09%
Total	1,106	100%

Pie Chart - Natural Deaths by Cause

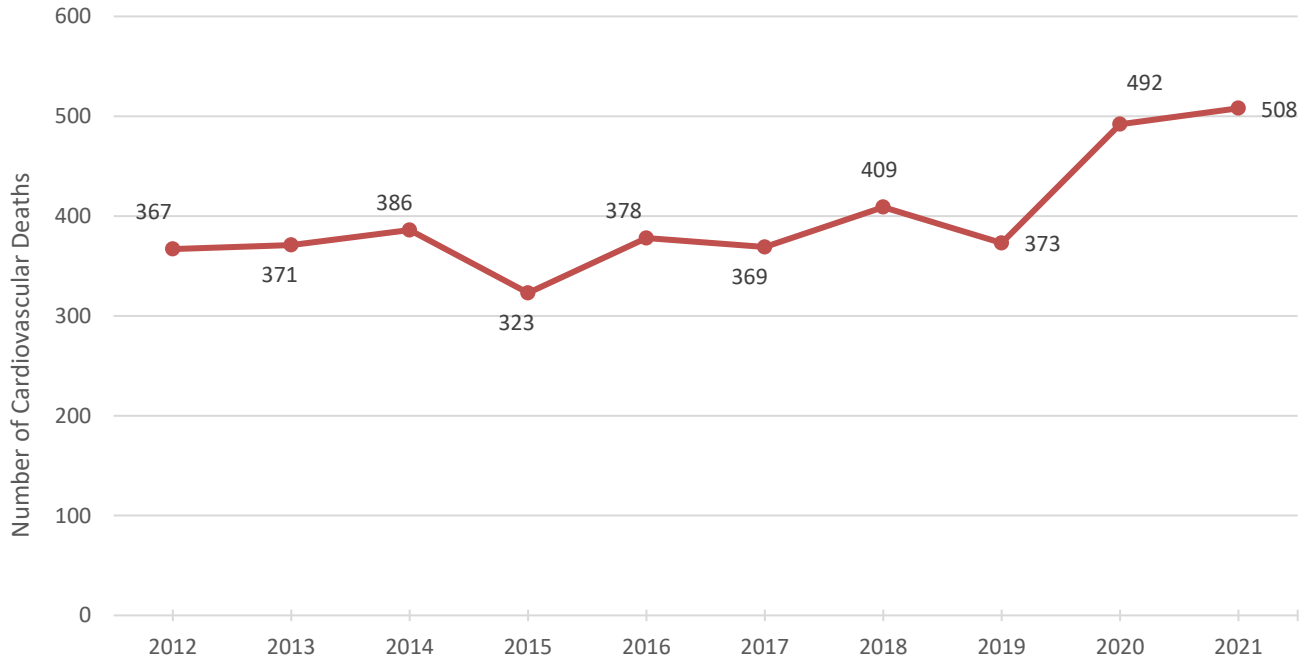


For illustrative purposes, this pie chart does not include natural causes of death that are less than 2%.

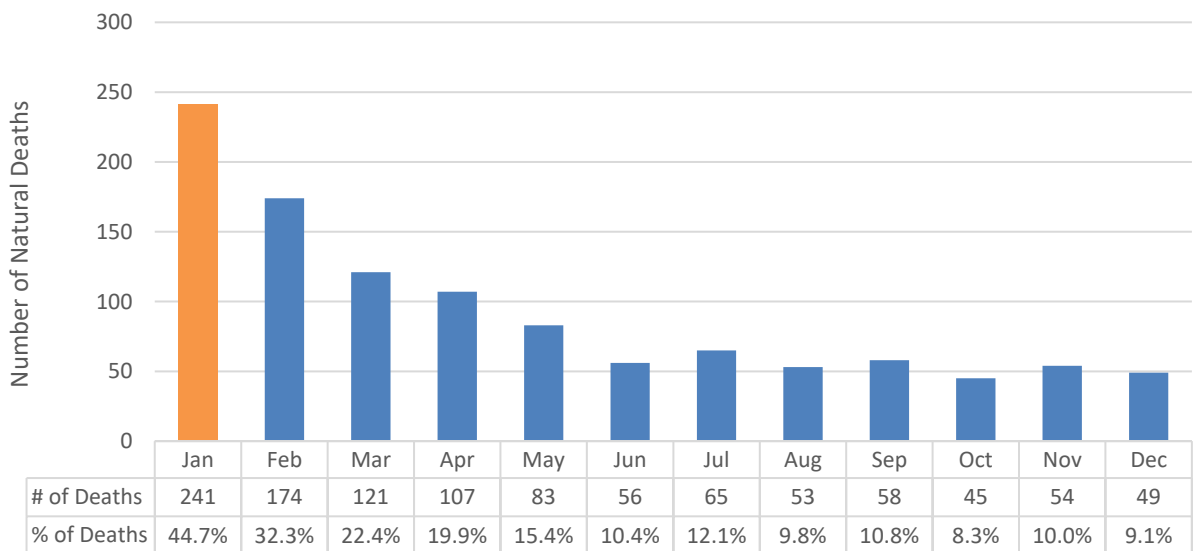


MANNERS OF DEATH

Ten-Year Trend in Natural Deaths Due to Cardiovascular Disease Reported to OCME (2012-2021)



Natural Deaths by Month





MANNERS OF DEATH

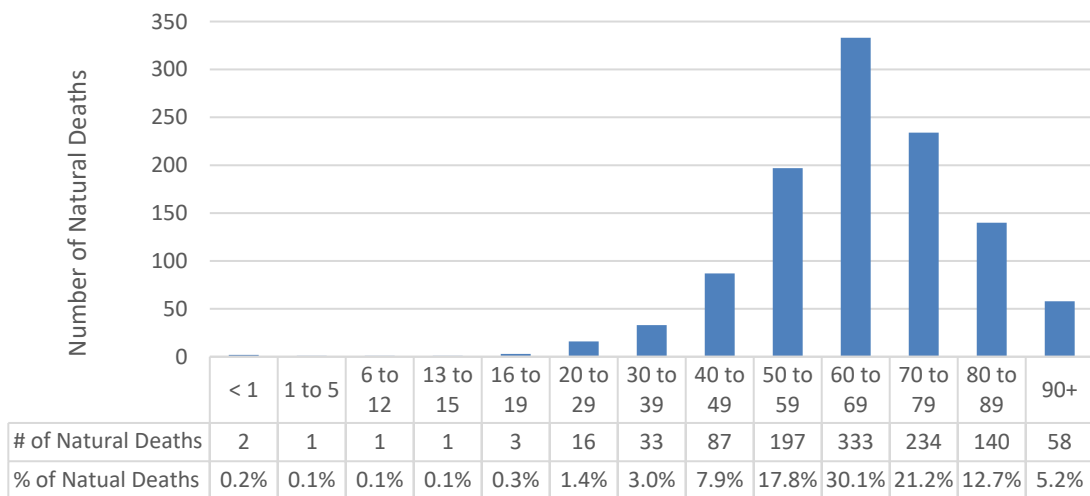
Natural Deaths by Exam Type

Exam Type	# of Natural Deaths	% of Natural Deaths
Review Medical Records	503	45%
External Exam	375	34%
Autopsy	228	21%
Total	1,106	100%

Natural Deaths by Race/Ethnicity and Sex

Natural Deaths by Race/Ethnicity and Sex				
	Female	Male	Total	Percent of Race/Ethnicity
Black	334	485	819	74.1%
White	65	118	183	16.5%
Hispanic	21	52	73	6.6%
Asian	12	10	22	2.0%
Other	5	2	7	0.6%
American Indian	0	1	1	0.1%
Unknown	0	1	1	0.1%
Total	437	669	1,106	
Percent of Sex	39.5%	60.5%		100%

Natural Deaths by Age





UNDETERMINED

The OCME investigated **62** cases (**3%** of total Accepted Cases) in which the manner of death was concluded to be Undetermined. Of these, **31** cases or **50%** also had a cause of death classified as Undetermined.

An Undetermined manner of death is assigned when there is inconclusive evidence or investigatory efforts as to the circumstances of the death. This manner of death can be amended as additional information is received as it infers a continuous investigation/search for clarification of the events surrounding the death. At times, the cause of death can also be certified as “Undetermined” when autopsy findings are not decisive. This is often the case in skeletonized or markedly decomposed remains.

A separate category of Undetermined manner of death involves infants whose deaths are associated with unsafe sleep environments to include bed/sharing, inappropriate bedding, or other related, similar circumstances, for whom no definite cause of death can be determined despite full autopsy, metabolic, microbiologic, viral, or toxicological studies. There were no deaths classified as Undetermined in the **6 to 19** years age group. Peak incidents occurred in **October**.

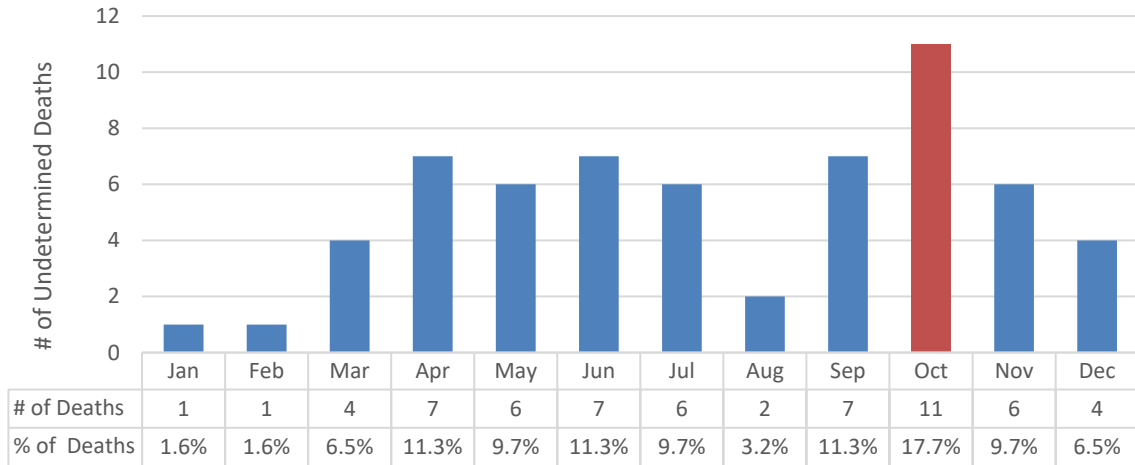
Note: Tables and figures below does not include the one (1) unidentified skeletal remains

Cause of Death	# of Undetermined Deaths	% of Undetermined Cases
Undetermined	31	50%
Sudden/Unexplained	10	16%
Blunt Impact	9	15%
Intoxication/Poisoning	4	6%
Other	3	5%
Firearms	2	3%
Thermal Injury	2	3%
Asphyxia	1	2%
Total	62	100%



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Undetermined Deaths by Month



Undetermined Deaths by Race/Ethnicity and Sex

Undetermined Deaths by Race/Ethnicity and Sex				
Race	Female	Male	Total	Percent of Race/Ethnicity
Black	13	29	42	67.7%
White	3	8	11	17.7%
Hispanic	1	4	5	8.1%
Asian	0	2	2	3.2%
Other	1	0	1	1.6%
Unknown	0	1	1	1.6%
Total	18	44	62	
Percent of Sex	29.0%	71.0%		100%



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Undetermined Deaths by Age

Age	# of Undetermined Deaths
Under 1	10
1 to 5	5
6 to 12	2
16 to 19	0
20 to 29	3
30 to 39	13
40 to 49	11
50 to 59	7
60 to 69	8
70 to 79	3
80 to 89	0
Total	62



TOXICOLOGY FINDINGS FOR UNDETERMINED DEATHS

The toxicology division processed **61** of the **62** undetermined cases investigated by OCME in CY 2021. Of the **60** cases submitted for testing, toxicology analysis was positive in **48** cases and drugs were absent in **12** cases. There was **1** case submitted to storage.

Description	# of Undetermined Cases	% of Undetermined Cases
n =	61	
Negative	12	19.7%
Positive	48	78.7%
Storage (no testing requested or assigned)	1	1.6%

The most notable drugs found in undetermined cases where substances were detected include:

Drug Name	# of Undetermined Cases	% of Undetermined Cases
Ethanol	18	37.5%
Fentanyl/Fentanyl Metabolite	11/9	23.0%/18.8%
Levetiracetam	9	18.8%
Marijuana Metabolite/THC	7/5	14.6%/10.4%
Morphine	5	10.4%
Despropionyl-Fentanyl (4-ANPP)	4	8.3%



MANNERS OF DEATH

BREAKDOWN OF MEDICAL EXAMINER INVESTIGATIONS

The US Census 1-year American Community Survey (ACS) estimated the 2021 District of Columbia total population to be **670,050**³ inhabitants, which is comprised primarily of the following racial/ethnic groups: White, Black, Hispanic, Asian, and Other. There was a total of **7,152** deaths within the District of Columbia in CY 2021. In 2021, the OCME investigated **4,342** deaths to include those that occurred in the District of Columbia or of decedents that were wards of the District and died in another jurisdiction. Of those cases, **2,342** were accepted under the jurisdiction of the Medical Examiner for further investigation; of which **1,707** of them were known to be residents in the District of Columbia. The following table and charts summarize the manner of death by racial composition. *Although a death occurs in the District of Columbia, the decedent's place of residence can be anywhere in the world.*

2021 Manner of Death by Race with 2021 Census 1-Year ACS Estimates

Race	2021 Census	ME Cases DC Residents Only	Total ME Cases	BY MANNER OF DEATH					
				Acc.	Hom.	Nat.	Sui.	Und.	Stillbirth
Black (non-Hispanic) ⁴	285,945	1,381	1,763	626	255	818	18	42	4
White (non-Hispanic)	244,063	228	376	145	11	180	29	11	0
Hispanic (any single race)	76,919	65	144	46	7	77	8	5	1
Asian (non-Hispanic)	26,908	24	42	13	2	22	3	2	0
Other	4,324	8	13	2	1	7	2	1	0
American Indian and Alaska Native (non-Hispanic)	277	1	1	0	0	1	0	0	0
Pacific Islander (non-Hispanic)	86	0	0	0	0	0	0	0	0
Two or more races	31,528	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Unknown		1	3	0	0	1	0	1	1
Total Population	670,050			832	276	1106	60	62	6
Total # of ME Cases		1,708	2,342						
	Deaths in 2021	DC Residents Only	ME Cases						
2021 Data – Center for Policy, Planning and Evaluation, DC DOH	7,152	Not Available	2,336						

*The following accepted cases are not represented in the table: Human bones (1).

Legend for Manner of Death:

- | | |
|--------------------------|------------------------------|
| 1. Nat. = Natural Deaths | 4. 4. Acc. = Accident |
| 2. Sui. = Suicide | 5. 5. Und. = Undetermined |
| 3. Hom. = Homicide | 6. Stillbirth = Fetal Deaths |

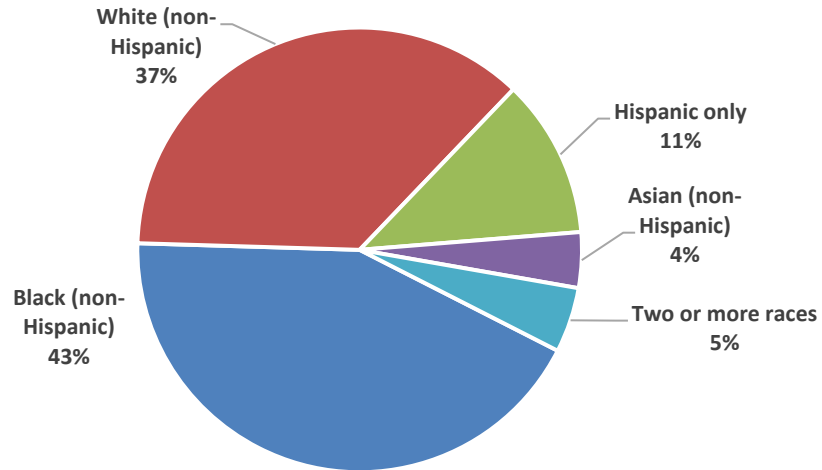
³ Source: US Census Bureau at <https://data.census.gov/table?q=population+in+DC+in+2021&tid=ACSST1Y2021.S0101>

⁴ The (non-Hispanic) attribute only applies to the 2021 Census data and does not apply to the OCME statistics for race by "Manner of Death"



3.7 - Total Population

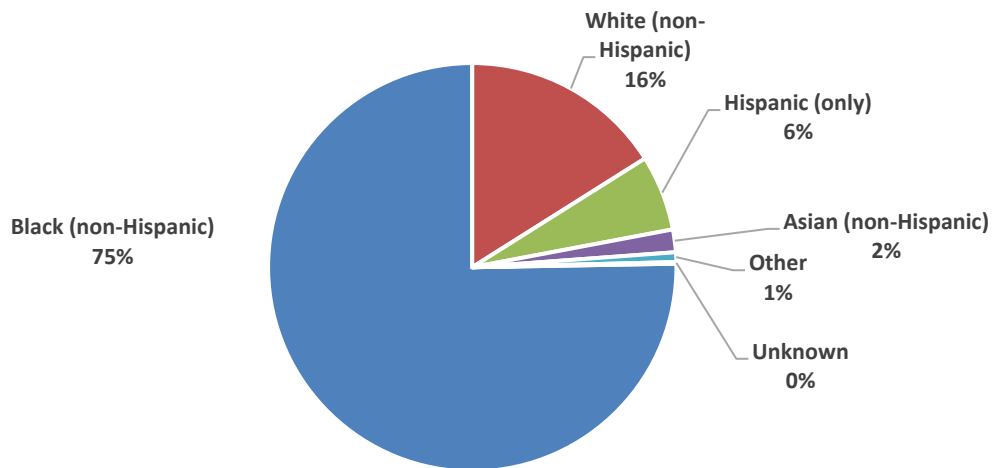
2021 U.S. Census 1-Year ACS Population Estimate by Race for the District of Columbia



Note: The race categories for American Indian/Alaska Native, Pacific Islander/Native Hawaiian, and Other are not represented in the above graph because they are less than 1% of the total population in the District of Columbia. On the other hand, Hispanics are represented in this graph; although this classification is considered to be an ethnicity and NOT a race.

3.8 - Total ME Cases by Demographics and Manner of Death

2021 OCME Total Decedent Population by Race



Note: Race is recorded by the District of Columbia OCME as reported by the decedent's next of kin. Also, for illustrative purposes those races that are less than 1% are not included in the OCME Total Population chart.



ORGAN PROCUREMENT

The Uniform Anatomical Gift Revision Act of 2008 mandates in Sec. 22 (a) (D.C. Code §7-1531.22) that [The] Chief Medical Examiner shall cooperate with procurement organizations to maximize the opportunity to recover anatomical gifts for the purpose of transplantation, therapy, research, or education. The primary entity that procures organ donations in the District of Columbia is the Washington Regional Transplant Consortium (WRTC). To maintain compliance with this law and ensure full cooperation is occurring with and between the OCME and WRTC, the Medical Examiner monitors and tracks all organ donation requests. However, the OCME also has a regulatory obligation to ensure that donation requests do not compromise the ethical standards, investigation efforts, or evidence of the remains, and that the process is conducted with respect and honor to the decedents and their families.

The following tables provide a statistical rendering of all work related to organ requests and the procurement of organs where approval has been provided, as well as where approval is not required.

	OCME Permission?	Next of Kin Permission?	# Procured
Yes	119	37	24
No	3	31	n/a
Requests Abandoned	0	51	n/a
Not Required	0	3	n/a
Total Requests	122	122	24



TOXICOLOGY SERVICES

Postmortem Toxicology Summary CY 2021

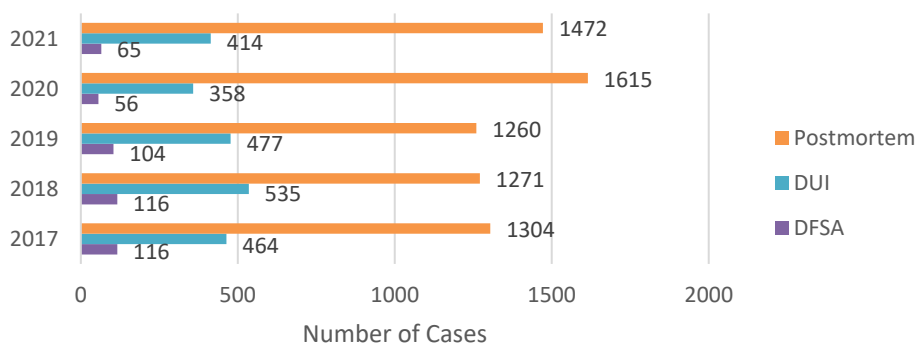
All postmortem specimens received for routine toxicological testing were analyzed for alcohols (ethanol and other volatiles) and major classes of illicit and prescription medications. Additional screens were assigned depending on intake case history and special requests made by medical examiner. All significant drug results were confirmed by further testing. Typical case specimens received include blood, urine, bile, vitreous, liver, brain, and gastric contents. In 2021, the Toxicology Laboratory processed 1,472 cases. This is an **8.9% decrease** from 2020's 1,615 postmortem cases processed and tested.

Total number of postmortem cases processed:

Description	# of Cases	% of Cases
n =	1472	
Negative	108	7.3%
Positive	943	64.1%
Storage (no testing requested or assigned)	421	28.6%

A negative case refers to the absence of any alcohol or detectable drug. A positive case refers to the presence of alcohol and/or drug(s), noting that a case can be positive for more than one substance. The alcohol and/or drug(s) detected do not necessarily cause or contribute to death. Drugs that are excluded from statistics include common compounds found in routine casework such as: lidocaine, caffeine, and nicotine. These compounds are not quantitated unless they contributed to the death or were detected in a significant concentration. Alcohol and/or drug(s) are present in homicides, suicide, accident, and undetermined cases.

Five-Year Overview of Cases Processed by Toxicology Unit





Top 10 Most Prevalent Drugs in Postmortem Cases

The data below highlights the number of cases where a specific drug was identified. However, most cases include mixed drug toxicity.

The top ten drugs found among all postmortem cases where substances were detected include:

Drug Name	# of Cases	% of Cases
Fentanyl/Fentanyl Metabolite	469/232	49.7%/24.6%
Despropionyl-Fentanyl (4-ANPP)	381	40.4%
Marijuana Metabolite/THC	314/246	33.2%/26.1%
Ethanol	308	32.7%
Cocaine Metabolite/Cocaine	312/269	33.1%/28.5%
Naloxone	122	12.9%
Phencyclidine	119	12.6%
Morphine/6-Acetylmorphine	98/71	10.4%/7.5%
Fluorofentanyl	81	8.6%
Codeine	32	3.4%



Polysubstance Use Among Post-Mortem Cases in 2021

Major Common Illicit Drugs (listed in order of prevalence)	Total # Positive Major Illicit Drug Cases	Most Common Combination	2nd Most Common Combination	3rd most Common Combination
Fentanyl	469	Despropionyl-Fentanyl (4-ANPP)	Cocaine Metabolite/Cocaine	Ethanol
Despropionyl-Fentanyl (4-ANPP)	381	Fentanyl	Cocaine Metabolite/Cocaine	Ethanol
Marijuana Metabolite	314	Fentanyl	Despropionyl-Fentanyl (4-ANPP)	Ethanol
Ethanol	308	Fentanyl	Despropionyl-Fentanyl (4-ANPP)	Cocaine Metabolite
Cocaine Metabolite/Cocaine	313	Fentanyl	Despropionyl-Fentanyl (4-ANPP)	Ethanol
Naloxone	122	Fentanyl	Despropionyl-Fentanyl (4-ANPP)	Cocaine Metabolite
Phencyclidine	119	Cocaine Metabolite	Fentanyl	Marijuana Metabolite
Morphine/6-Acetylmorphine	98/71	Fentanyl	Despropionyl-Fentanyl (4-ANPP)	Cocaine Metabolite
Fluorofentanyl	81	Fentanyl	Despropionyl-Fentanyl (4-ANPP)	Cocaine Metabolite
Codeine	32	Caffeine	Fentanyl	Marijuana Metabolite



TOXICOLOGY FINDINGS FOR DRIVING UNDER THE INFLUENCE (DUI) CASES

Toxicological examinations were performed on driving-under-the-influence (DUI) cases to assist law enforcement agencies in the investigation of such cases. Routine toxicological examinations for DUI cases include analysis for alcohols (ethanol and other volatiles) and major classes of illicit and prescription medications. Additional screens were assigned depending on requests made by law enforcement. In 2021, the laboratory received 414 cases for DUI testing. The Toxicology Laboratory provides services to the following law enforcement entities: 1) MPD, 2) United States Parks Police (USPP), 3) United States Capitol Police (USCP), 4) United States Secret Service (USSS), and 5) Central Intelligence Agency (CIA). Specimens received were either blood or urine, and multiple specimens could be received with each of the 414 cases.

A negative case refers to the absence of any alcohol or detectable drug. A positive case refers to the presence of alcohol and/or drug(s), noting that a case can be positive for more than one substance. Drugs that are excluded from typical DUI toxicology reports include common compounds found such as caffeine and nicotine.

Total number of DUI cases analyzed in 2021:

Description	# of Cases	% of Cases
n =	414	
Negative	8	2%
Positive	406	98%

The chart below displays the prevalence of intoxicating substances in DUI casework submitted by all enforcement agencies.

Drug Name	# of Cases	% of Cases (n=414)
Ethanol	67	16.2%
THCCOOH	51	12.3%
Phencyclidine	44	10.7%
Benzoyllecgonine	16	3.7%
Fentanyl	13	3%



DUI: Urine Ethanol Concentration Distribution in 2021

Urine Ethanol Concentration(g/100mL)	# of DUI Cases
0.01	2
0.02	1
0.03	3
0.04	2
0.06	3
0.07	1
0.08	1
0.09	1
0.1	1
0.11	1
0.13	1
0.14	1
0.15	1
0.16	2
0.17	4
0.18	1
0.19	3
0.2	1
0.21	2
0.22	1
0.23	2
0.24	3
0.25	2
0.26	2
0.27	4
0.28	1
0.29	2
0.3	1
0.31	1
0.32	1
0.33	1
0.34	1
0.36	1
0.38	1
0.4	1



DUI: Blood Ethanol Concentration Distribution in 2021

Blood Ethanol Concentration (g/100mL)	# of DUI Cases
0.02	1
0.03	1
0.07	2
0.11	1
0.14	1
0.16	1
0.2	1
0.23	1
0.25	1

Prevalence of Intoxicating Substances in DUI Casework Submitted by All Law Enforcement Agencies

Drug Name	# of Cases	% of Cases (n=414)
Ethanol	67	16.2%
THCCOOH	51	12.3%
Phencyclidine	44	10.7%
Benzoyllecgonine	16	3.7%
Fentanyl	13	3%



Turnaround Time (TAT) for DUI Cases

TAT (Days)	# of DUI Cases
6	2
10	2
12	2
13	2
15	19
16	4
17	9
18	9
19	2
20	5
21	21
22	1
23	5
24	3
25	22
26	5
27	4
28	1
29	12
30	17
32	12
33	1
34	9
35	15
36	14
37	16
38	11
39	9
40	10
41	7
42	7
43	3
44	7
45	7
46	13
47	14
48	7

TAT (Days)	# of DUI Cases
49	1
50	4
51	15
52	5
54	4
55	8
56	2
57	2
58	1
59	3
60	1
61	1
62	3
63	5
64	13
65	2
68	3
70	3
71	3
72	2
74	1
75	2
76	2
79	1
80	4
83	2
84	1
85	1
86	1
88	3
94	1
99	2
115	1
117	1
164	1



TOXICOLOGY FINDINGS FOR DRUG FACILITATED SEXUAL ASSAULT (DFSA) CASES

Toxicological examinations were performed on Drug-Facilitated Sexual Assault (DFSA) cases to assist law enforcement agencies in the investigation of such cases. Routine toxicological examinations for DFSA cases include analysis for alcohols (ethanol and other volatiles), major classes of illicit and prescription medications, and targeted drugs commonly used in DFSA cases. Additional screens were assigned depending on requests made by law enforcement. In CY 2021, the laboratory received cases from District government agencies including 29 from the MPD and 36 from the Office of Victim Services and Justice Grants (OVSJG). Specimens received were blood and urine, and multiple specimens were received with each of the 65 cases.

A negative case refers to the absence of any alcohol or detectable drug. A positive case refers to the presence of alcohol and/or drug(s), noting that a case can be positive for more than one substance. Drugs that are excluded from typical DFSA toxicology reports include common compounds found such as caffeine and nicotine. The total number of DFSA cases analyzed:

Description	# of Cases	% of Cases
n =	65	
Negative	13	20%
Positive	52	80%

The most common types of detected drugs in DFSA cases were:

Drug Name	# of Cases	% of Cases (n=65)
THCCOOH	20	30.7%
Ethanol	19	29.2%
Benzoylcegonine	9	13.8%
Acetone	5	7.6%
Amphetamine	5	7.6%
Caffeine	5	7.6%
Nicotine	4	6.2%
Phencyclidine	4	6.2%
Ondansetron	4	6.2%
Amitriptyline	3	4.6%

Subject Demographics for DFSA Cases Were:



TOXICOLOGY SERVICES

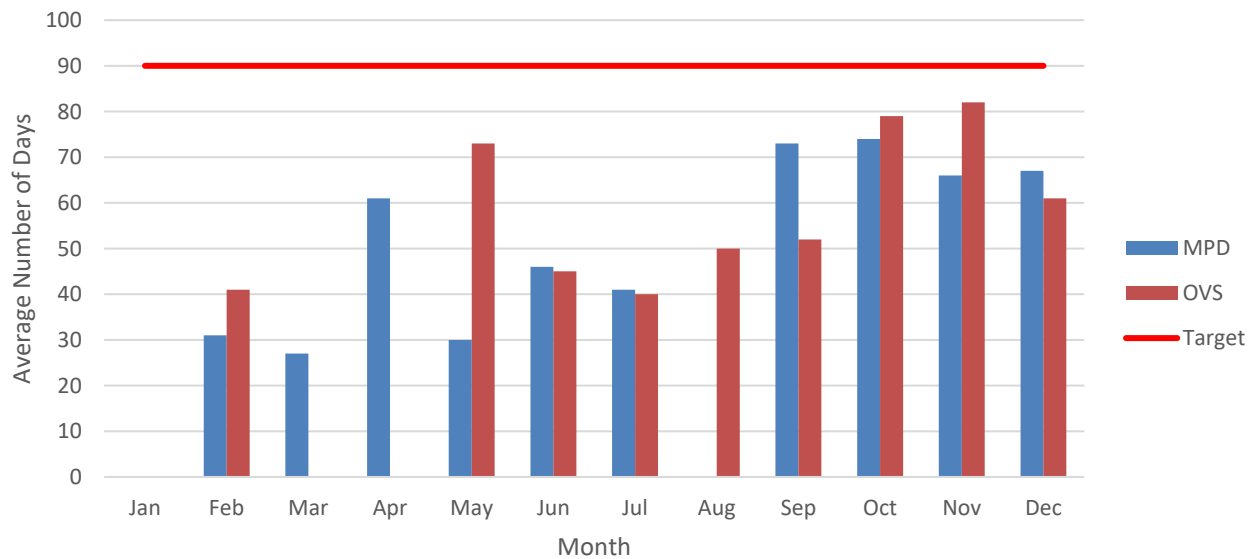
Sex	# of Cases	% of Cases
Male	12	18.5%
Female	53	81.5%
Total	65	100%

Average age was 29 years old.

Age Range	# of Cases
<15	1
15-19	4
20-24	20
25-29	10
30-34	10
35-39	6
40-44	1
45-49	2
50-54	2
55-59	1
60+	0

Agency	Cases Received	% of Cases
MPD	29	45%
OVS	36	55%
Total	65	100%

Average Monthly Turnaround Time for DFSA Cases Submitted To OCME



Turnaround Time goal under 90 days was met for each DFSA Case submitted to OCME. In CY2021.



Turnaround Time (TA) For Each Case Submitted To OCME:

The Sexual Assault Victims Right Act of 2014 (SAVRA) is the result of survivor and systems advocacy efforts to improve the District’s response to sexual assaults. SAVRA requires OCME to disclose the amount of time taken to process each sexual assault kit submitted for toxicology testing. The goal is to complete toxicology testing within 90 days. The turnaround time for each case submitted to OCME is listed below by submitting agency, date received, and date reported.

Agency	Report Date	Received Date	Days	Agency	Report Date	Received Date	Days
MPD	4/8/2021	3/15/2021	24	OVSJG	2/15/2022	12/21/2021	56
MPD	4/2/2021	3/8/2021	25	OVSJG	4/8/2021	2/10/2021	57
OVSJG	8/4/2021	7/8/2021	27	MPD	1/19/2022	11/22/2021	58
OVSJG	3/10/2021	2/10/2021	28	MPD	1/11/2022	11/12/2021	60
MPD	4/8/2021	3/11/2021	28	MPD	6/1/2021	4/1/2021	61
OVSJG	3/11/2021	2/10/2021	29	MPD	12/9/2021	10/7/2021	63
OVSJG	3/11/2021	2/10/2021	29	OVSJG	4/15/2021	2/10/2021	64
OVSJG	9/8/2021	8/10/2021	29	OVSJG	1/27/2022	11/24/2021	64
MPD	6/2/2021	5/3/2021	30	MPD	12/9/2021	10/4/2021	66
MPD	3/11/2021	2/8/2021	31	MPD	12/23/2021	10/18/2021	66
MPD	4/8/2021	3/8/2021	31	MPD	2/14/2022	12/9/2021	67
OVSJG	9/8/2021	8/5/2021	34	MPD	1/11/2022	11/4/2021	68
OVSJG	9/8/2021	8/5/2021	34	MPD	12/22/2021	10/14/2021	69
MPD	8/19/2021	7/15/2021	35	OVSJG	12/22/2021	10/14/2021	69
MPD	7/24/2021	6/17/2021	37	OVSJG	7/24/2021	5/14/2021	71
OVSJG	9/8/2021	8/2/2021	37	OVSJG	7/24/2021	5/14/2021	71
OVSJG	7/24/2021	6/15/2021	39	OVSJG	7/24/2021	5/14/2021	71
MPD	9/8/2021	7/29/2021	41	OVSJG	7/24/2021	5/14/2021	71
OVSJG	11/8/2021	9/28/2021	41	OVSJG	12/9/2021	9/28/2021	72
OVSJG	11/8/2021	9/28/2021	41	OVSJG	3/8/2022	12/21/2021	77
OVSJG	9/1/2021	7/20/2021	43	OVSJG	2/3/2022	11/16/2021	79
MPD	9/1/2021	7/15/2021	48	OVSJG	10/24/2021	8/5/2021	80
OVSJG	8/4/2021	6/15/2021	50	MPD	12/9/2021	9/20/2021	80
OVSJG	9/8/2021	7/20/2021	50	MPD	1/10/2022	10/21/2021	81
OVSJG	11/8/2021	9/17/2021	52	OVSJG	8/4/2021	5/14/2021	82
MPD	11/8/2021	9/16/2021	53	OVSJG	11/11/2021	8/20/2021	83
MPD	8/4/2021	6/10/2021	55	OVSJG	1/10/2022	10/14/2021	88
OVSJG	1/12/2022	11/18/2021	55	MPD	2/14/2022	11/8/2021	98
MPD	11/8/2021	9/13/2021	56	MPD	1/27/2022	10/18/2021	101
MPD	1/19/2022	11/24/2021	56	MPD	1/10/2022	9/30/2021	102
MPD	1/19/2022	11/24/2021	56	OVSJG	3/7/2022	11/24/2021	103
OVSJG	2/15/2022	12/21/2021	56	OVSJG	3/7/2022	11/17/2021	110
OVSJG	2/15/2022	12/21/2021	56				



BREATH ALCOHOL PROGRAM

In CY 2021, two (2) 40-hour Operator Training Courses were offered by OCME, resulting in licensure of 18 operators. Thirty operators were recertified; therefore, there were a total of 48 licensed operators. Three hundred eighteen evidential breath tests were administered through the deployment of 8 instruments into the field.

Program Facts

- Total 40-hour Operator Trainings Provided: 2
- Total New Breath Test Operators Trained: 18
- Total Recertification Trainings: 4
- Total Operators Recertified: 30
- Total Licensed Breath Test Operators: 130
- Breath Alcohol Technicians Trained: 0
- Total Certified Active Technicians: 5
- Number of evidential instruments in the field (cumulative): 8
- Total Evidential Tests Taken in 2021: 318

The total number of Evidential Tests taken between 2012 and 2021, is 6,640.



OTHER MAJOR ACTIVITIES

IDENTIFICATIONS

The process of identification can be a complex and lengthy procedure. The methods used to identify decedents whose deaths are investigated by the OCME are detailed below. The methods of identification are listed from the most to least commonly used.

Visual identification: This method is used whenever circumstances of death and discovery allow. In general, the immediate family, close friends, neighbors, or colleagues provide identification verification through viewing a photograph of the decedent. At the OCME facility, a digital photograph is taken of the decedent’s face and presented to the family or other appropriate individual. Also, visual identification may occur at the death scene if an appropriate individual observed the decedent and is available to speak with the medicolegal death investigator. **Timeframe: Instant.**

Fingerprint: When the physical state of the decedent allows, fingerprints are captured. These fingerprints are sent to law enforcement and processed through the Automated Fingerprint Identification System (AFIS). Fingerprints are searched through both the criminal and civil databases. If the fingerprint search returns a negative hit, the fingerprints are sent to the U.S. Department of Homeland Security for a search of individuals in the immigration database. **Timeframe: Typically, 1-5 hours, but may take up to 3 days.**

Radiograph (X-ray) Comparison: Individualizing skeletal characteristics are captured during routine medical and dental radiographs. Antemortem (before death) radiographs are compared to post-mortem (after death) radiographs and these individualizing characteristics are targeted to confirm identification. **Timeframe: Up to 1 week.**

DNA testing: This method requires the decedent’s DNA profile to be compared to the DNA profile of a close biological relative, preferably a parent or child. The DNA profiles are obtained from a decedent specimen (i.e. femur bone, blood, teeth or deep muscle tissue) and a buccal (cheek) swab collected from the biological relative. Alternatively, the decedent’s DNA profile can be compared to the DNA obtained from the decedent’s personal item such as a toothbrush or hair brush. **Timeframe: Up to 3 to 6 weeks.**

Circumstantial Identification: Circumstantial identification is utilized when no other means of identification are available and the investigative information strongly supports the identification. Investigative information may include: discovery location (i.e., locked and secured residence);

ID Method	# of ID's
ID By Visual	
• at OCME – 52	
• at Scene – 21	73
ID By Fingerprints	986
ID By X-ray	155
ID Waived	776
ID By Dental X-ray	3
ID Hospital (Infectious)	305
ID By Medical Device	0
ID By Circumstantial Evidence	31
ID by DNA	0
ID Other	13
Unidentified	0
ID Not Required ⁵	1
Total	2343

⁵ There was 1 accepted Medical Examiner case that was not required to be identified, because it was a single bone.



decedent's physical state and date last known to be alive; and, physical description of the decedent (i.e., sex, age, and race).

Unidentified: Individuals are classified as unidentified when a tentative name cannot be confirmed by the methods listed above or no tentative name is known and fingerprint submissions result in negative hits. Prior to final disposition of the decedent, the case is entered into the National Missing and Unidentified Persons System (NamUs). NamUs is a database managed by the U.S. Department of Justice (DOJ) and is available to the public. Included in a NamUs entry are the decedent's physical description, circumstances surrounding death, identification photograph, photographs of tattoos and clothing, dental and skeletal radiographs, and fingerprint cards. Additionally, a biological sample is submitted to a DOJ-funded DNA laboratory for analysis and the decedent's DNA profile is uploaded to the Combined DNA Index System (CODIS).

Family members searching for lost loved ones have access to NamUs through the internet (namus.gov) and may submit a buccal swab for processing and uploading to a family member specific DNA database. The unidentified decedent's DNA profile is regularly compared to all the family member profiles in the database. Positive matches are reported to the investigating agencies. Entry of a missing person's description into NamUs and submission of a family reference DNA sample are handled by law enforcement in the locale where the person went missing.



PUBLIC DISPOSITIONS

All bodies examined at the OCME are stored by the agency until the next of kin or other authorized individual makes funeral arrangements. Usually this occurs in a matter of days. However, a portion of the population remains “Unclaimed” or “Unidentified” and final disposition must be arranged by the agency.

Additionally, the OCME provides storage of remains for nursing homes and hospices that do not have refrigerated facilities to store bodies. A minimal one-time fee is charged to these facilities and the remains are kept until family members are located or able to make funeral arrangements, or until the expiration of 15-days and at such time public disposition can occur. By statute (DC Code §5-1411), OCME is required to arrange final disposition for unclaimed remains.

The process for which unclaimed bodies are handled is called “Public Dispositions.” As required by DC Official Code 5-1411(c) and 28 DCMR 5004.2, after a 15-day waiting period and after all efforts to locate family members are exhausted, the OCME makes final arrangements for these bodies through a contracted local funeral home. Unclaimed decedents are cremated, and the cremains are buried. At the discretion of the Chief Medical Examiner, unclaimed or unidentified decedents may be buried. Furthermore, the OCME has a memorandum of understanding with the National Museum of Health and Medicine allowing the museum to serve as a repository for unidentified skeletal remains. The museum archives the remains until the individual is identified and can be returned to his or her family.

Unclaimed decedents identified as United States military veterans are provided a burial at National Memorial Cemetery at Quantico. First, veteran status is verified through the National Cemetery Scheduling Office. Then, a burial is scheduled, and the decedent is transported, dressed and casketed by the contracted local funeral home. Family members may attend the interment service.

In CY 2021, there were a total of **319** Public Disposition cases, of which 84 started as storage cases. There were 2 unidentified decedents that were released for Public Disposition. The breakdown by Adult, Children and Fetuses:

CY 2021	
Description	# of Public Disposition
Adults	312
Children	1
Fetus	5
Cremains	1
Total	319



CREMATION REQUESTS

Pursuant to DC Code §5-1405 the OCME must investigate and approve all cremation requests for deaths that have occurred in the District of Columbia “regardless of where the cremation will occur”. This includes review of the cause and manner of death certified by attending physicians to be sure it is an etiologically specific disease process, and that the manner is natural. Should the cause of death not be appropriately documented, the certifying physician is contacted, the cause of death is reviewed, and the appropriately formatted cause of death is determined. If this review reveals the manner of death is not natural, the death then falls under the jurisdiction of OCME. However, for all cases that are under the jurisdiction of the OCME and the next of kin would like to cremate the remains then the “Cremation Request” is automatically approved.

During Calendar Year 2021, there were **4,076** Cremation Requests made to the DC OCME.

STORAGE REQUESTS

The OCME offers temporary body storage for individuals as well as institutions unable to make immediate funeral arrangements. In CY 2021, institutions – but not families – were charged a \$150.00 fee for such requests. In these instances, death certificates were also reviewed for appropriate causation.

During Calendar Year 2021 there were **197** Storage Requests made to OCME.



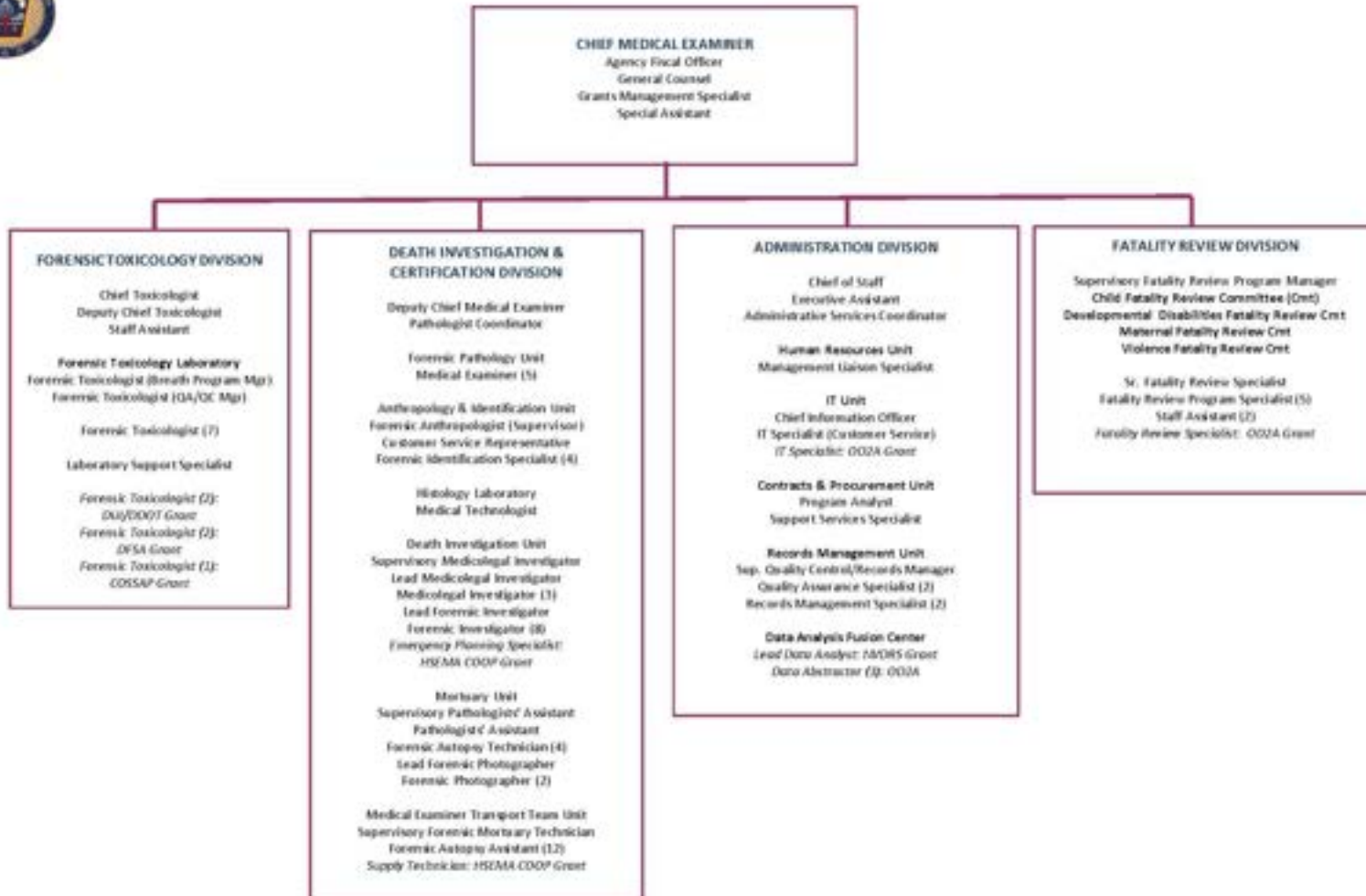
APPENDICES

APPENDIX A – ORGANIZATIONAL CHART



DC OFFICE OF THE CHIEF MEDICAL EXAMINER

2021 Organizational Chart



APPENDIX B – GRIEF SUPPORT SERVICES

VICARIOUS TRAUMA TRAINING PROGRAM.

The OCME employees are committed to excellence in implementing the mission of the agency with compassion to the next of kin and friends of those deceased. However, the work is challenging, and OCME employees also require support. In FY21, the agency implemented a comprehensive Vicarious Trauma Program for all agency employees. In FY22, the program was funded via a subgrant from OVSJG to provide mental health and wellness training and resources.⁶ The agency was able to provide workshops, stress relief sessions, and a health and wellness day for all employees. Specifically, workshops focused on two issues as follows:

- 1) The Art of Caring Series: a) Self-Compassion; b) Exploring Death Through Spoken Word; c) What Does My Soul Look Like?; d) Mindfulness Through Art; e) Dimensions of Care; f) Improv & Listening to Your Body; g) Containment & Release; h) Exploring My Wholeness; AND
- 2) PsychoEducation Series: a) Body Connections; b) Connecting With Our Soul; c) Mindfulness; d) Body Connections; e) Turning Towards Spirit.

The stress relief sessions included arts and crafts activities and individual counseling sessions upon request with the health and wellness and counseling vendor. The culmination of the yearlong training was the Health and Wellness Day wherein employees were able to interact with each in a relaxed and nurturing environment, while also completing mandatory emergency response and evacuation, as well fatality management training. Lastly, the agency procured numerous books, training materials, and other resources for employees to continuously address the issue of vicarious or secondary trauma amongst employees.

⁶ The activities aforementioned occurred in CY 2021.

APPENDIX C - GLOSSARY

Autopsy – A detailed postmortem external and internal examination of a body to determine cause and manner of death, collect evidence, and determine the presence or absence of injury.

Cause of Death – The disease, injury, or poison that results in a physiological derangement or biochemical disturbance that is incompatible with life. The result of post-mortem examination, including autopsy and toxicological findings, combined with information about the medical history of the decedent, serves to establish the *cause of death*.

Chief Medical Examiner – The head of the *Office of the Chief Medical Examiner*. Pursuant to DC Code §5–1402, the Chief Medical Examiner may appoint a *Deputy Chief Medical Examiner* and other medical examiners to carry out the duties of the OCME – all of whom shall be certified in forensic pathology by the American Board of Pathology or be eligible for such certification.

Drug Caused Death – A death caused by a drug or combination of drugs.

External Exam- A detailed postmortem external examination of the decedent’s body, clothing, and injuries that may have caused or contributed to their death another.

Fentanyl/Fentanyl Analogs – According to the National Institute of Drug Abuse, fentanyl is a synthetic and short-acting opioid analgesic, is 50-100 times more potent than morphine and approved for managing acute or chronic pain associated with advanced cancer. Although fentanyl may be prescribed to treat severe pain, most of the fentanyl highlighted in this report is illicitly produced non-pharmaceutical fentanyl and fentanyl analogs. These non-pharmaceutical drugs are commonly laced in heroin, causing significant problems across the country, particularly as heroin abuse has increased.

Jurisdiction–The jurisdiction of the Chief Medical Examiner extends to all reportable deaths occurring within the boundaries of the District of Columbia, whether or not the incident leading to the death (such as an accident) occurred within the District. The Office of the Chief Medical Examiner functions pursuant to District of Columbia Code, Division I, Title 5, Ch.14. (DC Law 13-172). Reportable deaths are defined by DC Code §5-1405, as explained in the “Introduction” section of this report. Not all natural deaths reported fall within the jurisdiction of the Chief Medical Examiner.

Manner of Death – The general category of the circumstances of the event which causes the death. The categories are *accident, homicide, natural, suicide, and undetermined*.

Manner: Accident – The *manner of death* used when there is no evidence of intent; an unintentional, sudden, and unexpected death.

Manner: Homicide – The *manner of death* in which death results from the intentional harm of one person by another, including actions of grossly reckless behavior.

Manner: Natural – The *manner of death* used when a disease alone causes death. If death is hastened by an injury, the *manner of death* is not considered natural.

Manner: Suicide – The *manner of death* in which death results from the purposeful attempt to end one’s life.

Manner: Undetermined – The *manner of death* for deaths in which there is insufficient information to assign another manner. An undetermined death may have an undetermined cause of death and an unknown manner, an undetermined cause of death and a known manner, or a determined cause of death and an unknown manner.

Motor Vehicle Collision Related Death – A death involving a motor vehicle. Motor vehicles include automobiles, vans, motorcycles, trucks, aircraft, and trains. The decedent is usually a driver of, a passenger in, or a pedestrian who is struck by a motor vehicle. The death of a bicyclist that is struck by a motor vehicle is considered a motor vehicle related death.

Office of the Chief Medical Examiner – The Office of the Chief Medical Examiner (OCME) is responsible for the investigation of sudden, violent, or unexpected death.

Race/Ethnicity– The racial categories used in this report are: African American, American Indian/Alaska Native, Asian/Pacific Islander, Other, and White. Hispanic is the only ethnicity included in data.

Stimulant – A class of drugs, including cocaine and oral amphetamines, whose principal action is the stimulation of the central nervous system.

Sudden and Unexpected Infant Death – A diagnosis designated for infants (children under the age of 1 year). Sudden and Unexpected Infant Death (SUID) is a diagnosis made in cases in which autopsy does not reveal a definitive medical or traumatic cause of death and the circumstances surrounding the death suggest that there is an associated risk factor for dying, such as unsafe bedding or co-sleep, or some other external factor, but the contribution of this factor cannot be determined with certainty. The diagnosis may also be used in the situation where a medical disease is identified, but it is uncertain that this disease caused death.

Toxicology Terms:

Ethanol – An alcohol, which is the principal intoxicant in beer, liquor, and wine. A person with an alcohol concentration in blood of 0.08 percent by weight by volume (0.08%) is legally intoxicated in the District of Columbia.

Ethanol Present – Deaths in which toxicological tests reveal a reportable level of *ethanol* (0.01% W/V or greater) at the time of death.

Opiate – A class of drugs derived from the opium poppy plant (*Papaver somniferum*). “Opioid” is often used interchangeably with opiates and describes chemical/pharmaceutical narcotics that bind to the opiate receptors of the brain and work very similarly to opiates.

Poison – Any substance, either taken internally or applied externally, that is injurious to health or dangerous to life, and with no medicinal benefit.