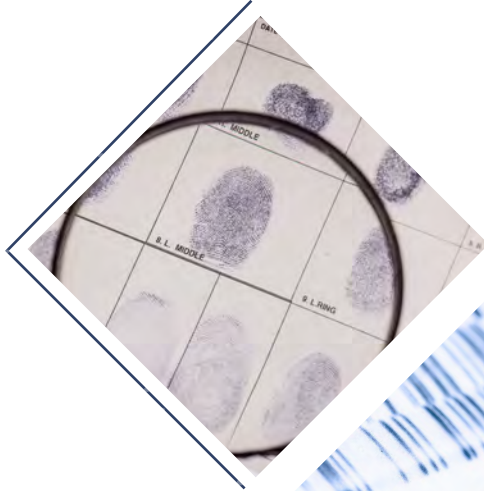




WE ARE  
WASHINGTON  
DC



# OFFICE OF THE CHIEF MEDICAL EXAMINER

2020 ANNUAL REPORT  
Washington, DC



# MISSION OF OCME

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

**Francisco J. Diaz, MD**  
*Chief Medical Examiner*

**Beverly A. Fields, Esq.**  
*Chief of Staff*

**Rodney Adams Esq.**  
*General Counsel*

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## TOXICOLOGY

**Samantha Tolliver, Ph.D.**  
*Chief Toxicologist*

**Stephen Raso, Ph.D.**  
*Deputy Chief Toxicologist*

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## DATA ANALYSIS & QUALITY CONTROL

**Anna D. Francis, MS-MIS**  
*Quality Control Program and Records Manager*

*Special Recognition for  
Contribution to 2023 Revisions*

**Myles Davenport, MPH**  
*Epidemiologist*

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## PRESENTED TO

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



**OFFICE OF THE CHIEF  
MEDICAL EXAMINER**

2020 ANNUAL REPORT

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## FROM THE DESK OF THE CHIEF MEDICAL EXAMINER



**Francisco J.  
Diaz, MD, FCAP**

*Chief Medical  
Examiner*  
Office of the Chief  
Medical Examiner  
Washington, DC.

### **GREETINGS,**

**On behalf of the Office of the Chief Medical Examiner (OCME), I am pleased to present the 2020 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 over one hundred employees and a budget of about 14 million dollars in FY2020, the agency investigated 8,851 deaths and performed 2,725 post-mortem examinations, including 213 homicides. We performed 1,615 toxicological tests, processed 7,620 records and resolved numerous legal matters. These accomplishments were performed 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., gender, 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.

**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 2020.**

1. The agency attained international accreditation in the discipline of Forensic Sciences, ISO 17020, with zero (0) non-conformities, thanks to the impeccable hard-work, effective communication strategies, and teamwork of the DC OCME staff and the coordination efforts of the Quality Assurance and Control team. In addition, we achieved reaccreditation with the National Association of Medical Examiners (NAME) for the fourth year in a row with zero (0) Phase 2 deficiencies.
2. Focusing on fiscal accountability and good governance, the agency was able to spend more 95% of its FY20 local budget (below \$) and maintained a small position vacancy rate throughout the fiscal year. This was accomplished utilizing newly established standard operating procedures for budget, procurement and human resources; managerial oversight; and strategic and performance planning.
3. The Investigations staff managed to investigate 8,851 reported deaths. This is a 32% increase from cases reported in 2019. The dedication, compassion and professionalism that the staff maintained through one of the most difficult times in the history of the agency is something of which I will always be proud of.
4. By transferring the decedent transport function in-house, the agency was able to manage an unprecedented number of transports and Public Dispositions. The Medical Examiner Transport Team (METT) transitioned to a Mass Fatality posture for the COVID-19 Pandemic. With the agency's METT, in lieu of an external vendor, the agency was able to assist healthcare facilities and families throughout the District of Columbia, expedite the disposition process, which alleviated the logistical strain for our healthcare partners as well as the logistical and financial burden for many families during the pandemic.

The OCME operates 24 hours a day, 7 days a week, 365 days a year. With a 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*

A close-up photograph of a fingerprint card. A magnifying glass is positioned over the middle finger print, which is the central focus. The card is divided into sections for different fingers, with labels like 'MIDDLE', 'L. MIDDLE', and 'THUMB' visible. The background of the card is a grid pattern. The overall image has a blue and yellow color scheme.

# EXECUTIVE SUMMARY

**THIS ANNUAL REPORT COVERS DATA THAT RESULTED FROM THE INVESTIGATION OF 8,851 DEATHS THAT OCCURRED IN THE DISTRICT OF COLUMBIA (DC) DURING THE CALENDAR YEAR (CY) 2020.**

The report also presents key agency accomplishments and other major activities such as expert testimony by the Medical Examiners, Decedent Identification, Disposition of Unclaimed Remains; Toxicological results in Driving Under the Influence (DUI), 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; 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, which includes 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. The data does not represent ALL deaths of DC residents, which may occur outside the District. Likewise, a decedent's place of residence or location of injury may be outside of the District, but the death occurred within the District.

**The Office of the Chief Medical Examiner 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 investigators, Forensic and Medicolegal, 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, the Medicolegal Investigators (MLI's) can pronounce death at the scene, if required, 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 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 the Calendar Year (CY) 2020 7,620 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 has skyrocketed since last year, and the percentage of accepted cases (2726) increased by 57% of the overall total reported (4,741) – this number includes Accepted and Declined cases only.

### MEDICAL EXAMINER CASELOAD

#### Accepted Cases

The OCME accepted jurisdiction of 2,726 decedent cases, of which 1,229 cases were autopsied.

#### Declined Cases

The OCME declined jurisdiction of 2,015 decedent cases, of which 87 became Storage Requests.

#### Storage Requests

The OCME provides a unique service to area nursing homes, hospices, and other like facilities by accommodating requests to store deceased bodies. One Hundred and Forty-Nine (149) of the reported cases were Storage Requests only, and eighty-seven (87) of the storage requests were previously “Declined” cases,

so as a result the agency had a total of Two hundred and thirty-six (236) Storage Requests, of which 228 were approved.

#### Cremation Requests

The OCME must approve all cremations requests for deaths that occur in the District of Columbia. There were 3,873 Cremation Requests made to the OCME in 2020; 1,262 were OCME cases, 2,643 were “New Requests” submitted from area hospitals, clinics, and nursing homes, the OCME took jurisdiction of 32 of the “New Requests” for further investigation and certification.

#### Scene Visits and Body Transport

The OCME investigation staff reported to 1,187 scenes. The OCME METT transported the bodies of 2,842 decedents to OCME, of which 1,177 was transported from scenes of death to the agency.

#### Organ/Tissue Donations

There were 83 organ donation requests during CY 2020.

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

Manner	Full Autopsy Examinations	Partial Autopsy Examinations	External Examinations	Review of Medical Records	Non-Human	Anatomical Specimen Disposal	Total
Accident	617	0	91	50	0	0	<b>758</b>
Homicide	213	0	0	0	0	0	<b>213</b>
Natural	314	0	339	1,010	0	0	<b>1,663</b>
Stillbirth	0	0	0	0	0	0	<b>0</b>
Suicide	50	0	5	0	0	0	<b>55</b>
Undetermined	35	0	1	0	0	0	<b>36</b>
Other	0	0	1	0	0	0	<b>1</b>
<b>Total</b>	<b>1,229</b>	<b>0</b>	<b>437</b>	<b>1,060</b>	<b>0</b>	<b>0</b>	<b>2,726</b>



## SUMMARY OF FINDINGS FOR MANNER OF DEATH

### HOMICIDES

The OCME investigated 213 homicides in the CY 2020. This report reveals that homicides continued to be more prevalent in black males and in persons between the ages of 20-29 than any other category. The weapon of choice was firearms. The peak incidents occurred in July.

#### Toxicology Findings

Toxicology testing was requested in 212 of 213 homicide cases investigated. Drugs were present in 181 of the homicide cases investigated. The most commonly detected drugs in homicide cases were Marijuana Metabolites (125); Ethanol (46); Fentanyl (21); Cocaine metabolites (17); Oxycodone (17).

### SUICIDES

The OCME investigated 55 suicides in the CY 2020. Suicides were more prevalent in white males and in persons between the ages of 20-29. Hanging was the most prevalent cause of suicide. Peak incidents occurred in October.

#### Toxicology Findings

Toxicology testing was requested for 54 of 55 suicide cases investigated. Overall, drugs were present in 37 of the suicide cases investigated. The most commonly detected drugs were Ethanol (17); Marijuana Metabolite (9); Phencyclidine (5); Fentanyl (5) and Oxycodone (4).

### ACCIDENTS

The OCME investigated 758 accidents in the CY 2020. Of the 758 cases investigated, 530 of the accidental deaths occurred as a direct result of prescription and/or illicit drug used. Also 171 deaths were the result of blunt force trauma, of which 61 were traffic-related deaths and 101 were directly related to falls. Accidents were most prevalent in and in persons between the ages of 50 to 59. Peak incidents for accidental deaths overall occurred in August.

#### Toxicology Findings for Accidents

Toxicology testing was requested for 702 of the 758 accident cases investigated, and drugs were present in 602 of these cases. The most commonly detected drugs were Fentanyl (401); Despropionyl-Fentanyl (4-ANPP) (311); Cocaine metabolites (209); Cocaine (157); Ethanol (193); Naloxone (132); Morphine (126); Acetylmorphine (108); Codeine (44); Phencyclidine (120); Marijuana Metabolites (97); Methadone (40); Diphenhydramine (25).

### 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 fatalities were most prevalent in August.

#### Toxicology Findings for Traffic-related Accidents

Toxicology testing was requested for 54 of the 61 traffic-related accidents, and drugs were present in 32 of these cases. The most commonly detected drugs were Marijuana Metabolite (17); Ethanol (15); Phencyclidine (7); Fentanyl (4); Midazolam (3).

In the 15 traffic deaths positive for ethanol, ## 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 the positive results is approximately 0.14 g/100 mL.

## NATURAL DEATHS

The OCME investigated 1,663 Natural deaths in CY 2020. This report reveals that the leading cause of death in Natural cases is Infection (876 deaths), followed by Cardiovascular Disease (492 deaths). The majority of Natural deaths occurred in April.

### Toxicology Findings

No toxicology reporting for natural deaths is being provided for 2020.

## UNDETERMINED

The OCME investigated 36 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 21 of the 36 Undetermined deaths investigated. Drugs were present in 14 of the Undetermined cases investigated. The most commonly detected drugs were Marijuana Metabolite (3); Ethanol (2); Fentanyl (1); Hydromorphone (1); Oxycodone (1); Alprazolam (1).


## SUMMARY OF APPENDICES

Also included in this year’s report are the following Appendices:

**A. 2020 OCME Organizational chart**

**B. Glossary**





**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 recognize and alert appropriate officials of deaths that may present an immediate threat to its population.**



# 1.0 INTRODUCTION

**THE OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME) IS REQUIRED BY DC CODE §5-1412 TO PRODUCE AN ANNUAL REPORT THAT 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, 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 2020, the OCME had four primary programs: Death Investigation and Certification, Agency Management, 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.

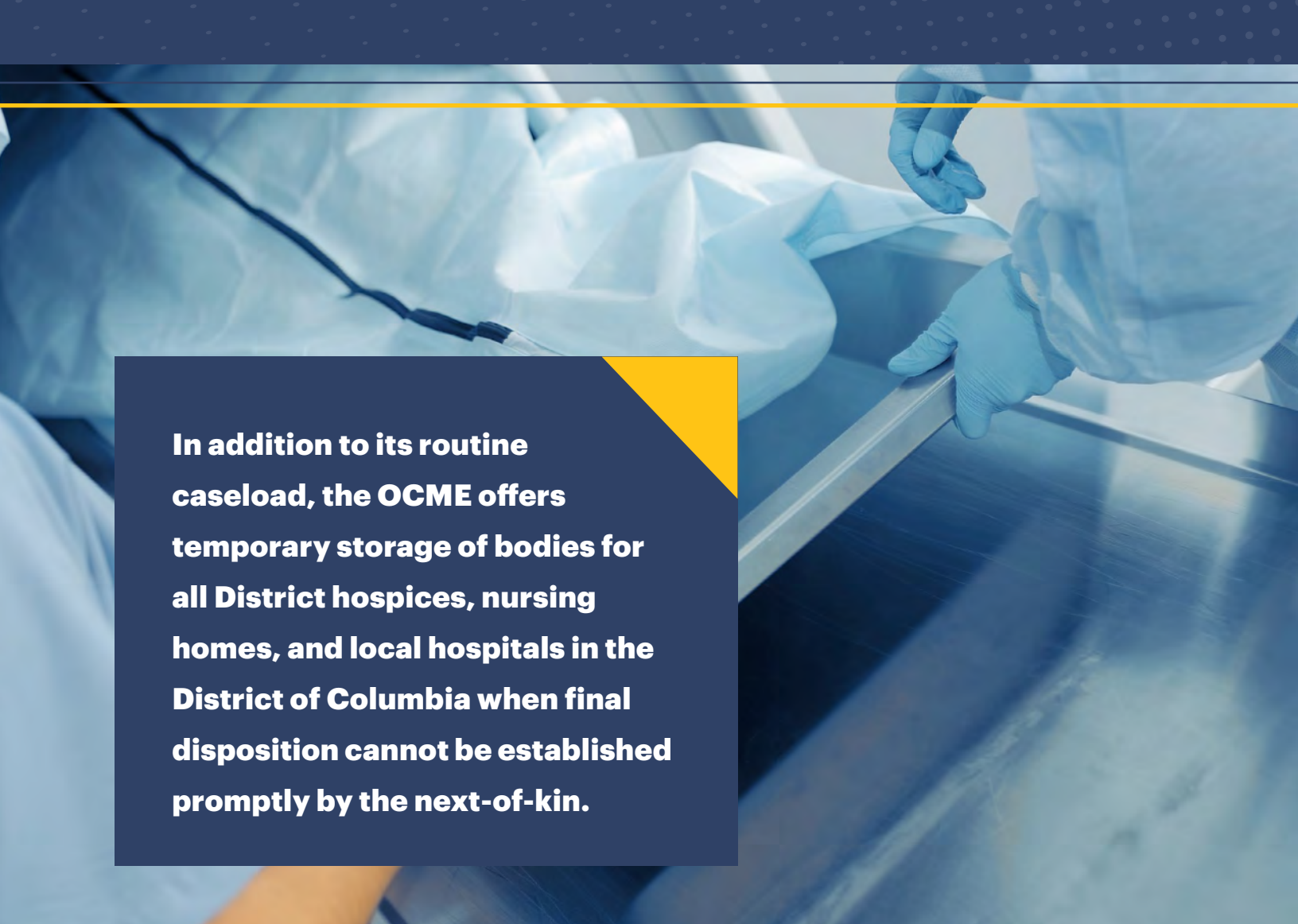
The OCME investigates the following types of human death occurring in the District of Columbia: 1) violent death, whether apparently homicidal, suicidal or accidental, including deaths due to thermal, chemical, electrical or radiation injury and deaths due to criminal abortion; 2) deaths that are sudden, unexpected or unexplained; 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; 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 ordered investigation; and 12) dead bodies brought within the District without proper medical certification. (See Appendix C – (DC Law 13-172), DC Official Code §5-1401 et seq. (2001)).

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 the Department of Health.

The Chief Medical Examiner, based on the evaluation of the circumstances surrounding the death, determines the type of Forensic pathology examination to be performed, i.e., autopsy or external examination. This decision is not restricted by family preference or religious beliefs. The OCME Medico Legal Investigators, Forensic Investigators, and the Detectives of MPD's Natural Squad in the Homicide and Traffic Divisions provide information related to the circumstances of the deaths.

The autopsy examination helps answer questions as to time of death, pattern and/or sequence of injuries, and the effect of natural disease. This leads to 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. The OCME works in close relationship with legal jurisdictions and often provides expert testimony when called upon to do so. 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,



**In addition to its routine caseload, the OCME offers temporary storage of bodies for all District hospices, nursing homes, and local hospitals in the District of Columbia when final disposition cannot be established promptly by the next-of-kin.**

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 Fatality Review Program includes the Child Fatality Review Committee (CFRC); the Maternal Mortality Review Committee (MMRC), Violence Fatality Review Committee (VFRC), the Opioid Fatality Review Committee (OFRC), and the Developmental Disabilities Fatality Review Committee (DDFRC). 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 government provides to 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 OCME offers temporary storage of bodies for all District hospices, nursing homes, and local hospitals in the District of Columbia when final disposition cannot be established promptly 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 a 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, Metropolitan Police Department, 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.

Over the years OCME has prepared for natural and terrorist mass disaster events by developing a comprehensive regional Mass Fatality Plan that established alliances with area hospitals and with agencies in the Public Safety and Justice cluster, which included 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 COVID-19 Pandemic, which spurred a mass fatality event in the District of Columbia and throughout the world in Calendar Year 2020.

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 from the Department

of Forensic Science, The Association of Funeral Directors, and the National Guard in response to the overwhelming number of deaths associated with the COVID-19 pandemic here in DC. These additional staff was able to assist with the identification process, notification of families, the rapid disposition of human remains, and records management.

Although through the years, OCME staff has been very active in social programs such as Career Day at District of Columbia public and public charter schools, the Mayor's Summer Youth Employment Program, My Brother's Keeper DC, Safer Stronger DC, and the DC One Fund, in 2020 the agency ceased participating in these programs due to COVID-19.

In the area of education, OCME provides academic training of medical students, pathology residents from local hospitals, and undergraduate students from national and international universities 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 the United States Marine Corps.

# 2.0

## OVERVIEW OF CASES REPORTED AND INVESTIGATED

### **DURING THE CALENDAR YEAR (CY) 2020 8,851 CASES WERE REPORTED TO AND INVESTIGATED BY THE DISTRICT OF COLUMBIA - OFFICE OF THE CHIEF MEDICAL EXAMINER (OCME).**

The overall total number of deaths reported to the OCME has skyrocketed since last year, and the percentage of accepted cases increased to 57% (4,741) of the overall total. The following is a breakdown of how the reported cases were triaged. The categories include “Accepted”, “Declined”, “Storage” or “Cremation” cases.

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

#### **Accepted Cases**

The OCME accepted jurisdiction of 2,726 decedent cases, of which 1,229 cases were autopsied. There were scene visits for 1,177 of the 2,726 that were accepted cases.

#### **Declined Cases**

The OCME declined jurisdiction of 2,015 decedent cases, of which 87 became Storage Requests. There were scene visits for 10 of the 2,015 declined cases.

#### **Storage Requests**

The OCME provides a unique service to area nursing homes, hospices, and other like facilities by accommodating requests to store deceased bodies. One Hundred and Forty-Nine (149) of the reported cases were Storage Requests only, and eighty-seven (87) of the storage requests were previously “Declined” cases, so as a result the agency had a total of two hundred and thirty-six (236) Storage Requests, of which 228 were approved.

#### **Cremation Requests**

The OCME must approve all cremations for deaths that occur in the District of Columbia. There were 3,873 Cremation requests made to the OCME in 2020; 1,262 were OCME-accepted cases, 2,643 were “New Requests” submitted from area hospitals, clinics and nursing homes, the OCME took jurisdiction of 32 of these “New Requests” for further investigation and certification.





## BREAKDOWN OF ACCEPTED CASES BY EXAM TYPE

<b>Total Number of Cases Reported and Investigated by the OCME (excluding Cremations)</b>	<b>4,977</b>
Total Number of Declined Cases	2,015
<b>Percent of Cases Reported &amp; Investigated</b>	<b>40%</b>
Total Number of Cases Accepted for Further Investigation	2,726
<b>Percent of Cases Reported &amp; Investigated</b>	<b>55%</b>
Total Number of Storage Requests Investigated	236
<b>Percent of Cases Reported &amp; Investigated</b>	<b>5%</b>
Total Number of Autopsies ( <i>Full autopsies on-site - 1,229; At Hospital - 0</i> )	1,229
<b>Percent of Cases Accepted for Further Investigation</b>	<b>45%</b>
Number of Scene Visits by a Medical Examiner or Medico Legal/Forensic Investigator	1,187
<b>Percent of Cases Accepted for Further Investigation</b>	<b>44%</b>
Total Number of Bodies/Cases Transported by OCME or by Order of the OCME: <i>Transported by Office Personnel -2,827</i> <i>Transported by Others - (FEMS - 6 and Funeral Home - 9)</i>	2,842
Total Number of Organ/Tissue Donation Requests: ( <i>See Section 4 for breakdown</i> )	127

## ME INVESTIGATIONS & AUTOPSIES

<b>Total Number of Cases Accepted and Investigated Further</b>	<b>2,726</b>
Total Number of Autopsies ( <i>All 962 Autopsies were Full Autopsy Examinations</i> )	1,229
<b>Percent of Cases Accepted</b>	<b>45%</b>
Number of External Examinations ( <i>All 437 External Examinations were conducted on-site.</i> )	437
<b>Percent of Cases Accepted</b>	<b>16%</b>
Number of Medical Record Reviews *	1,060
<b>Percent of Cases Accepted</b>	<b>39%</b>
<b>Total Number of Cases Accepted and Investigated Further</b>	<b>1,343</b>
Number of Non-Human Remains *	0
Number of Anatomical Specimen Disposal	0
Number of Exhumations/Disinterment	0

## DEFINITION OF UNFAMILIAR EXAM TYPE CLASSIFICATIONS

### Autopsy Performed at a Area Hospital

During Calendar Year 2020 there were not any Accepted cases where the autopsy was performed at a hospital by a staff pathologist. 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 were initially declined by the OCME and later accepted based on additional information/autopsy findings. Cases in which the autopsy was completed at the hospital, still requires 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 and imaging studies.

### Non-Human Remains

Cases that are commonly identified as animal remains.

### Anatomical Specimen Disposal

Cases that are identified as those specimens received in formalin.

### Exhumations/Disinterment

Cases where the remains were unearthed from a burial site.



## BREAKDOWN OF ACCEPTED CASES AND AUTOPSIES BY MONTH

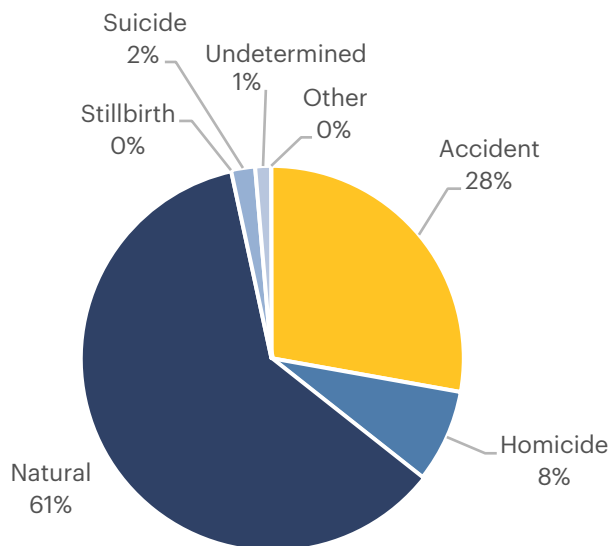
Month	Case Investigations	Autopsies (Full and Partials)
January	164	121
February	113	88
March	117	71
April	452	136
May	427	115
June	259	104
July	194	101
August	197	117
September	165	95
October	173	107
November	186	82
December	279	92
<b>Total</b>	<b>2,726</b>	<b>1229</b>



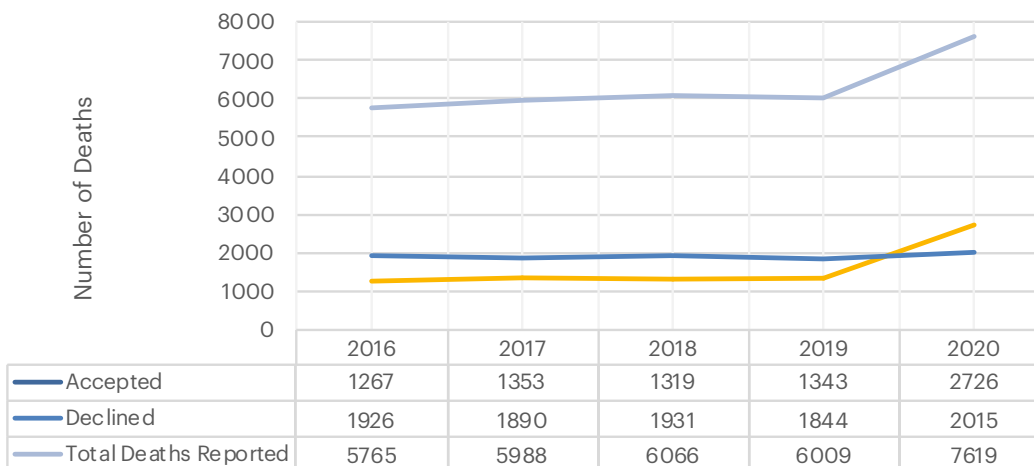
**The data presented within this report represents deaths occurring exclusively within the District of Columbia for which the OCME has jurisdiction.**

**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	617	0	91	50	0	0	758
Homicide	213	0	0	0	0	0	213
Natural	314	0	339	1,010	0	0	1,663
Stillbirth	0	0	0	0	0	0	0
Suicide	50	0	5	0	0	0	55
Undetermined	35	0	1	0	0	0	36
Other	0	0	1	0	0	0	1
<b>Total</b>	<b>1,229</b>	<b>0</b>	<b>437</b>	<b>1,060</b>	<b>0</b>	<b>0</b>	<b>2,726</b>

**FIGURE 1****MEDICAL EXAMINER CASES BY MANNER OF DEATH****FIGURE 2****FIVE-YEAR OVERVIEW OF DEATHS REPORTED TO THE MEDICAL EXAMINER (2016– 2020)**

5-year Trend of Deaths Reported to the Medical Examiner including Cases where Jurisdiction was Accepted or Declined

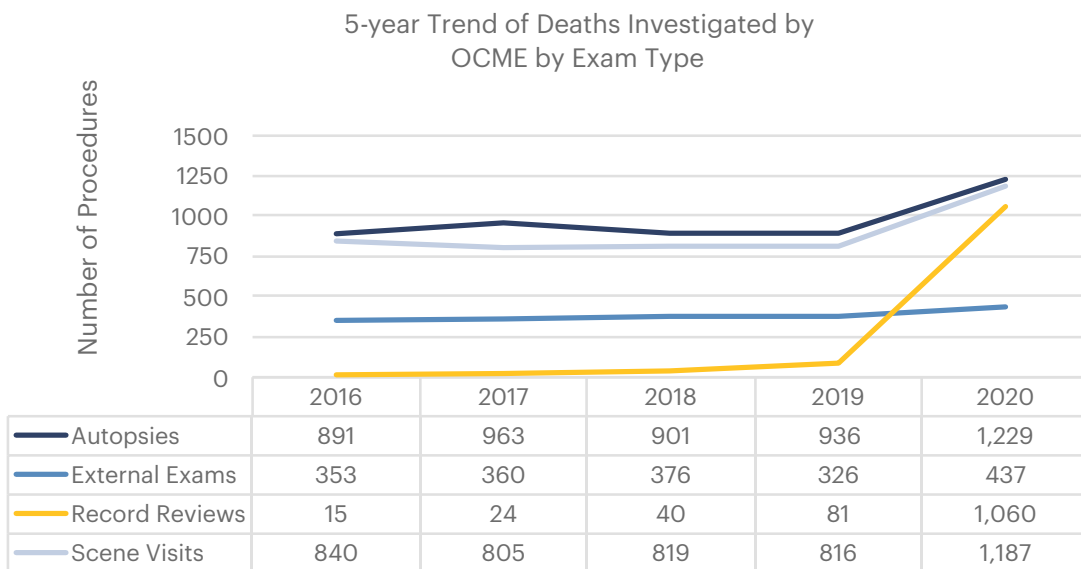


Note: All accepted cases and all declined cases will not equal Total Deaths Reported, because there are other types of cases "Death Reports" not included in this illustration.



**FIGURE 3**

**FIVE-YEAR TRENDS IN DEATHS REPORTED AND INVESTIGATED BY EXAM TYPE (2016 – 2020)**



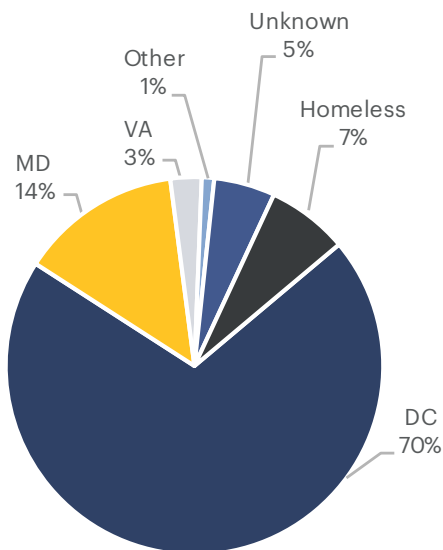
**BREAKDOWN OF ACCEPTED CASES BY RESIDENCE OF DECEDENTS**

By law the Office of the Chief Medical Examiner (OCME) must accept all traumatic, unwitnessed, or suspicious deaths that occur in the District. As a result, primary residence of these decedents can be anywhere in the world. Nonetheless, most of the cases accepted

by the OCME were decedents that reside or were injured in DC, 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. There are District residents who may die in hospitals found within another state like Maryland or Virginia and are not reported to OCME.

**FIGURE 4**

**ME CASES BY JURISDICTION OF RESIDENCE**



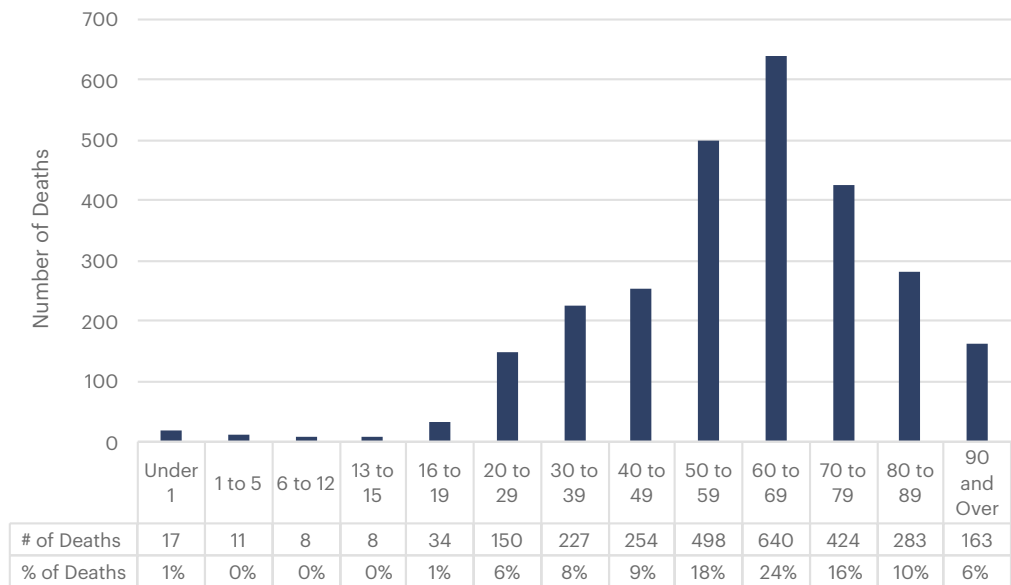
**MEDICAL EXAMINER CASES BY RESIDENCE AND MANNER OF DEATH**

DC Deaths by Jurisdiction of Residence and Manner of Death- 2020							
Ward	# of Deaths	Accidents	Homicides	Natural	Stillbirth	Suicide	Undetermined
Ward 1	200	38	7	143	0	7	5
Ward 2	94	20	2	67	0	3	2
Ward 3	110	21	0	85	0	3	1
Ward 4	243	40	14	184	0	4	1
Ward 5	319	69	24	222	0	3	1
Ward 6	237	58	25	148	0	4	1
Ward 7	365	96	39	219	0	5	6
Ward 8	398	115	42	236	0	3	2
<b>DC</b>	<b>1965</b>	<b>457</b>	<b>153</b>	<b>1304</b>	<b>0</b>	<b>32</b>	<b>19</b>
MD	435	134	40	242	0	10	9
VA	88	30	8	39	0	6	5
Other	37	20	1	14	0	3	0
Unknown	8	3	1	2	0	0	2
Undomiciled	192	114	10	62	0	4	2
<b>Total</b>	<b>2725</b>	<b>758</b>	<b>213</b>	<b>1663</b>	<b>0</b>	<b>55</b>	<b>37</b>

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.

**FIGURE 5**

**TOTAL NUMBER AND PERCENT OF 2020 DEATHS BY AGE**



**TOTAL NUMBER OF 2020 DEATHS BY GENDER BY RACE/ETHNICITY**

Race/Ethnicity	Males	Females	Total
American Indian	4	1	5
Asian	26	13	39
Black	1317	715	2032
Hispanic	195	44	239
Other	4	2	6
Pacific Islander	0	1	1
Unknown	4	0	4
White	259	140	399
<b>TOTAL</b>	<b>1805</b>	<b>916</b>	<b>2725</b>

**TOTAL NUMBER OF 2020 DEATHS BY MANNER OF DEATH AND GENDER<sup>1</sup>**

Gender	Accident	Homicide	Natural	Suicide	Undetermined	Totals	Percent
Female	229	25	638	12	24	928	34%
Male	529	188	1025	43	12	1797	66%
<b>Totals</b>	<b>758</b>	<b>213</b>	<b>1663</b>	<b>55</b>	<b>36</b>	<b>2725</b>	<b>100%</b>

Note: The above tables do not include – Skeletal or Fetal Remains (1). The tables above represent all accepted Medical Examiner cases, but these decedents do NOT represent District residents only.

<sup>1</sup> In this report, gender in this context means sex at birth.

# 3.0 MANNERS OF DEATH

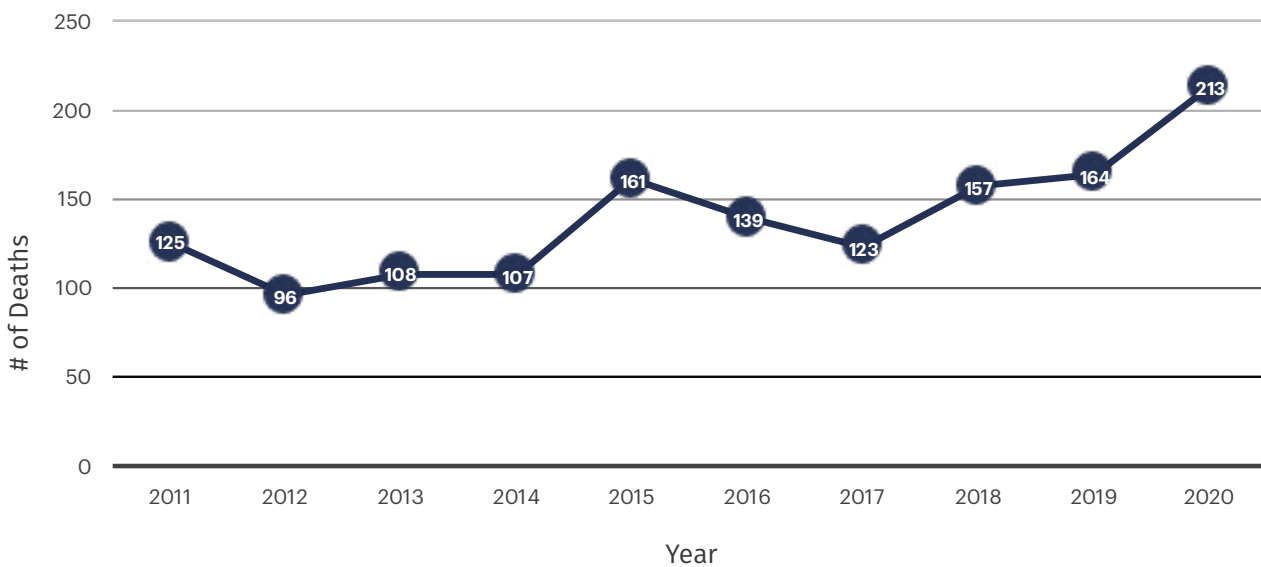
## 3.1 - HOMICIDES

**THE OCME INVESTIGATED 213 HOMICIDES IN THE CY 2020. THE FOLLOWING TABLES AND GRAPHS PROVIDE A DISTRIBUTION BY CAUSE OF DEATH, MONTH, RACE, GENDER 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 2020 there were more homicides observed in July than any other months.

**FIGURE 6**

**TOTAL NUMBER OF HOMICIDES (2011-2020)**







## HOMICIDES BY JURISDICTION OF INCIDENT THAT CAUSED DEATH

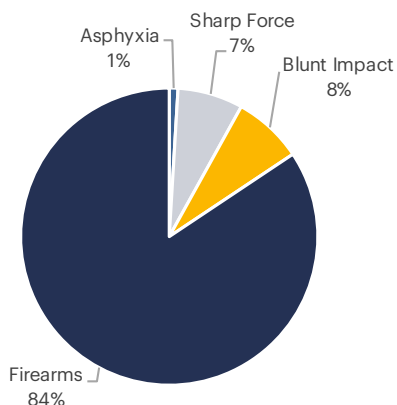
Jurisdiction of Incident	Number of Homicides	% of Homicides
District of Columbia	192	90%
Maryland	11	5%
Virginia	1	0.5%
Other	1	0.5%
Unknown	8	4%
<b>Total</b>	<b>213</b>	<b>100%</b>

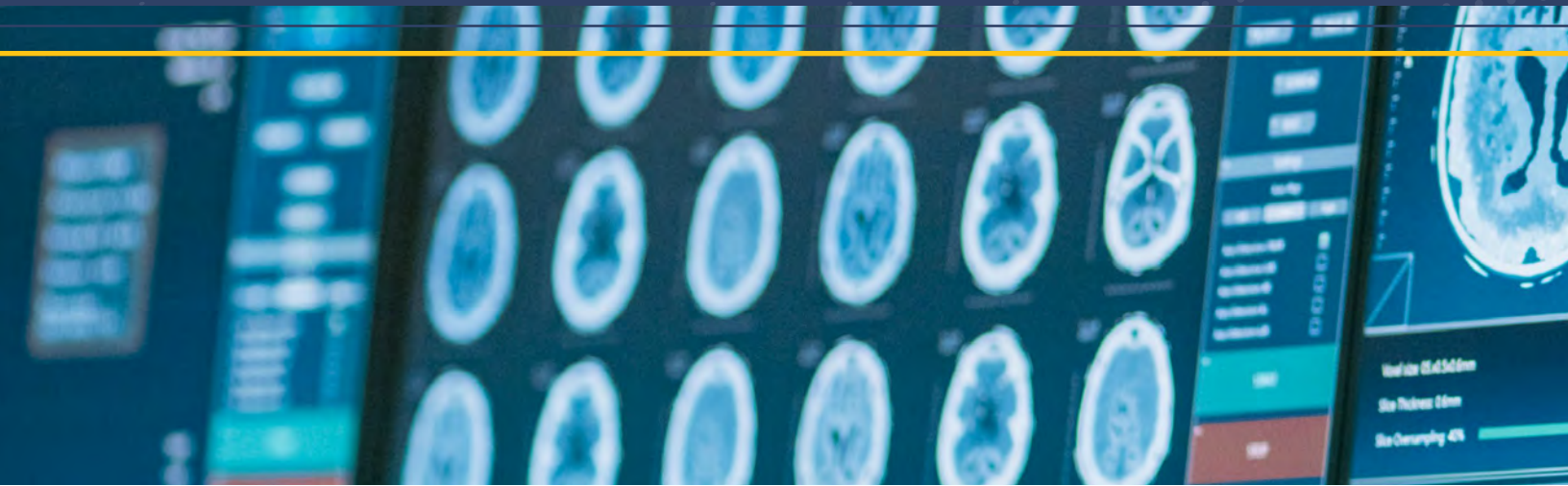
## HOMICIDES BY CAUSE OF DEATH

Cause	Number of Homicides	% of Total Homicides
Asphyxia	2	1%
Firearms	178	84%
Sharp Force	15	7%
Drowning	1	0%
Blunt Impact	16	8%
Other	1	0%
<b>Total</b>	<b>213</b>	<b>100%</b>

**FIGURE 7**

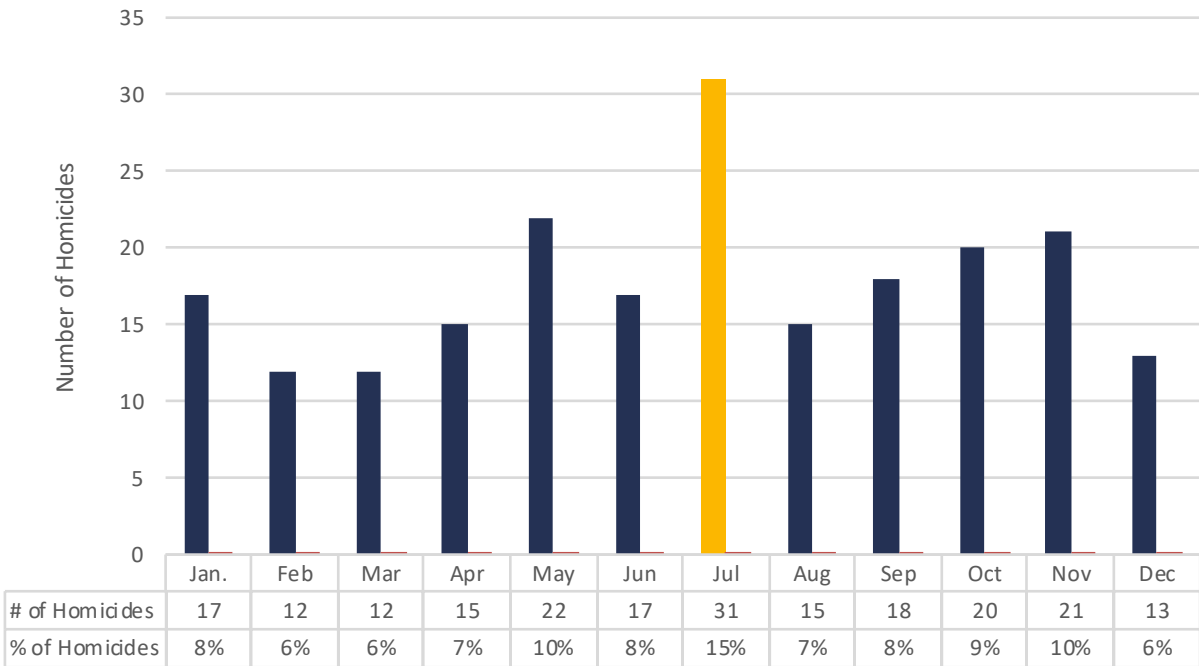
## HOMICIDES BY CAUSE OF DEATH





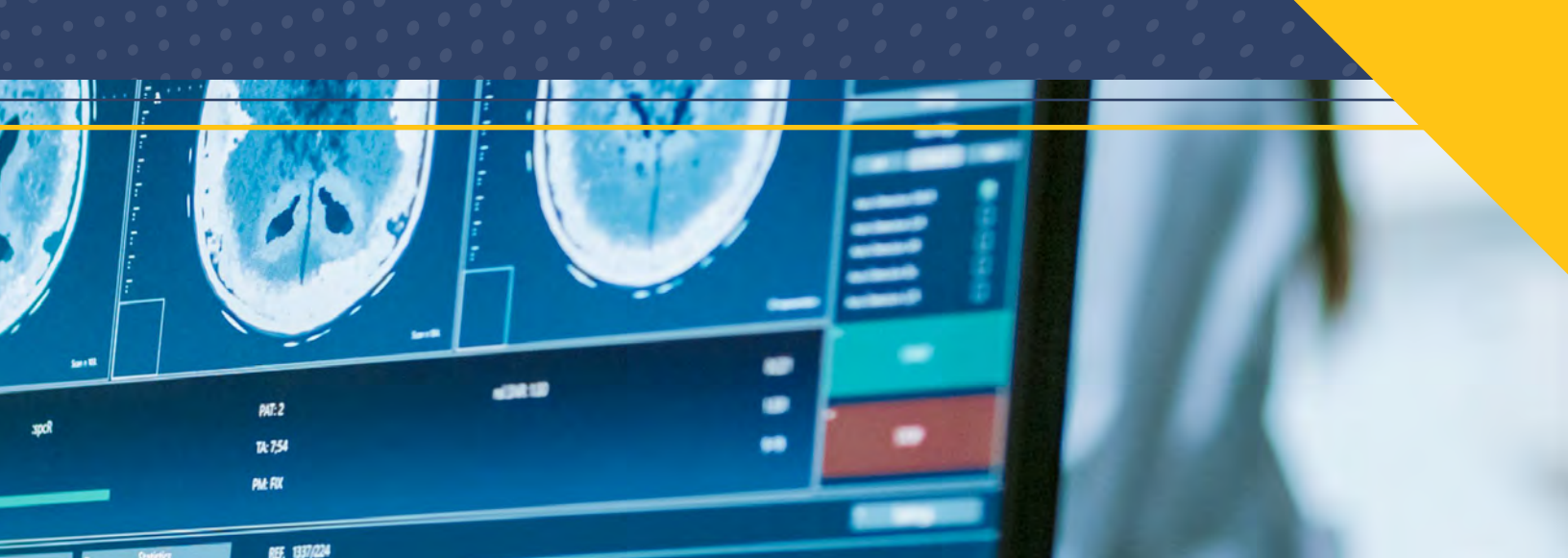
**FIGURE 8**

**HOMICIDES BY MONTH**

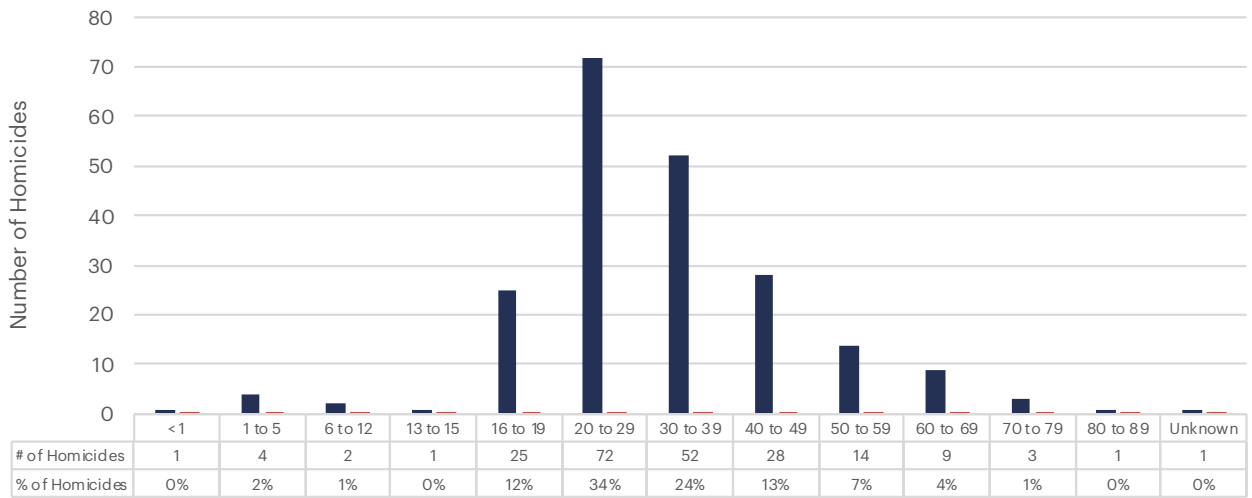


**HOMICIDES BY RACE/ETHNICITY AND GENDER**

	Female	Male	Total	% of Race Ethnicity
Black	25	178	203	95%
Hispanic	0	7	7	3%
White	0	3	3	1%
<b>Total</b>	<b>25</b>	<b>188</b>	<b>213</b>	<b>100%</b>
<b>% of Total</b>	<b>12%</b>	<b>88%</b>	<b>213</b>	<b>100%</b>

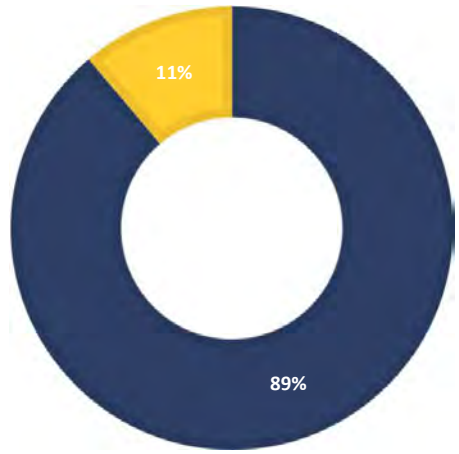


**FIGURE 9** HOMICIDES BY AGE GROUP



**FIGURE 10**  
**FIREARM-RELATED HOMICIDES BY ADULTS**

■ Firearm  
■ Non-Firearm related



High percentage of firearm-related Homicides among adults (20-49 yrs old)

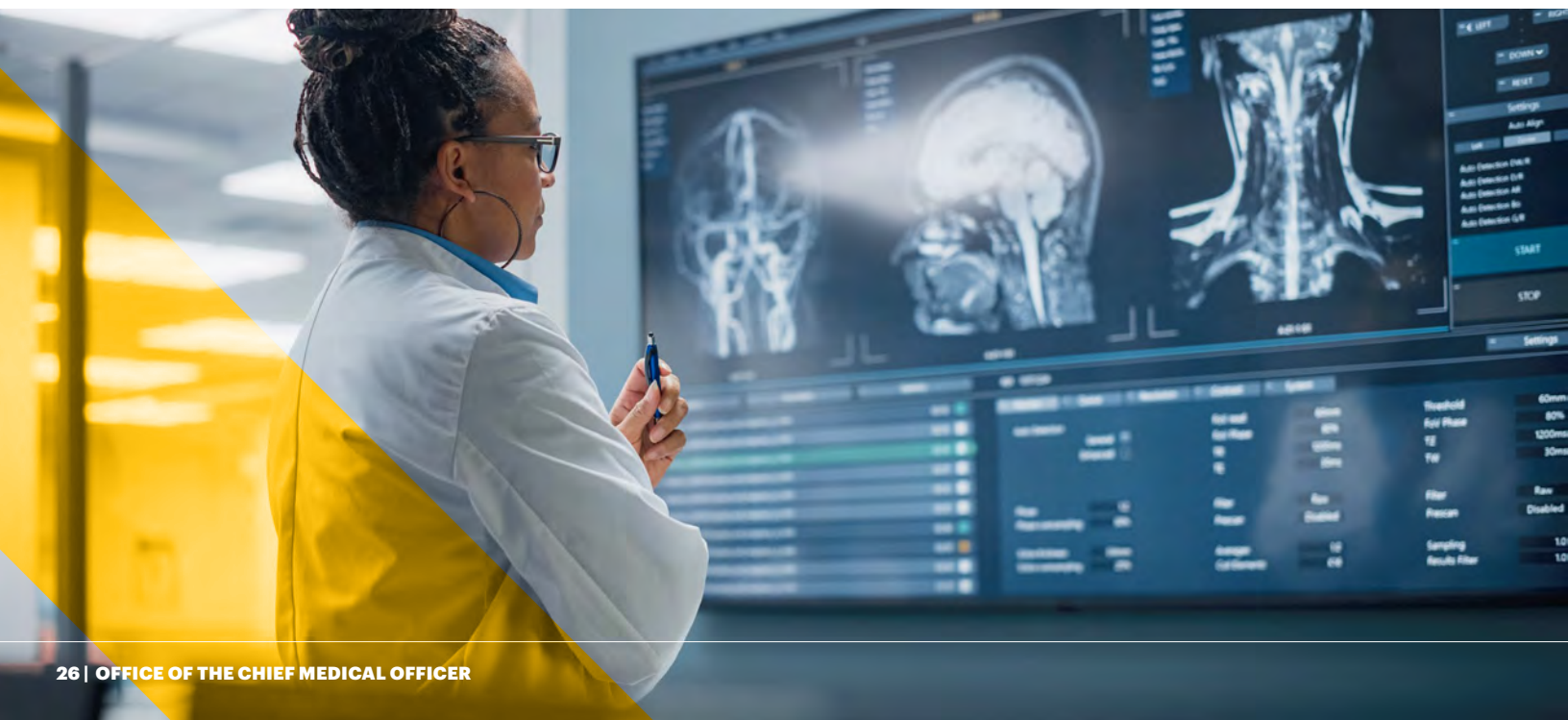
## TOXICOLOGY FINDINGS FOR HOMICIDE CASES

Toxicology was performed on 212 of 213 homicide cases investigated by OCME. All cases were screened for alcohol and major drugs of abuse, marijuana being the most prominent substance in all homicide cases. Drugs and alcohol were absent in 31 (15%) homicide cases.

Description	Number of Cases	% of Cases
N=	212	100%
Negative	31	15%
Positive	181	85%
Storage (no testing requested or assigned )	0	0%

The 5 most commonly detected drugs in the homicide cases were:

Name of Drug	Number of Cases	% of Homicide Cases
Marijuana Metabolites	125	58.9%
Ethanol	46	21.6%
Fentanyl	21	9.9%
Cocaine and Metabolites	17	8.0%
Oxycodone	17	8.0%



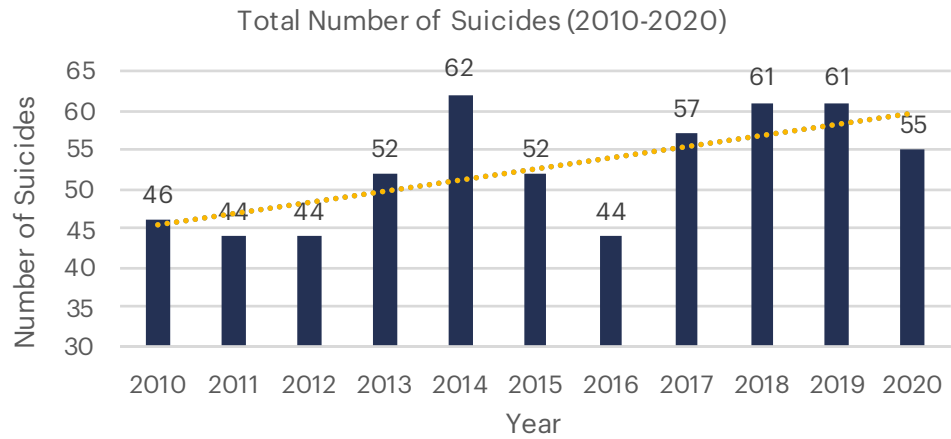
## 3.2 - SUICIDES

The OCME investigated **55** suicides in CY 2020, which represents a 10% decrease from CY 2019 (61). Deaths by suicidal acts were more prevalent in white males and in persons between the ages of 20 to 29 years. Hanging was the leading causes of suicidal deaths. More incidents occurred in April than in any other month.



**FIGURE 11**

### TOTAL NUMBER OF SUICIDES (2010-2020)



### SUICIDES BY CAUSE OF DEATH

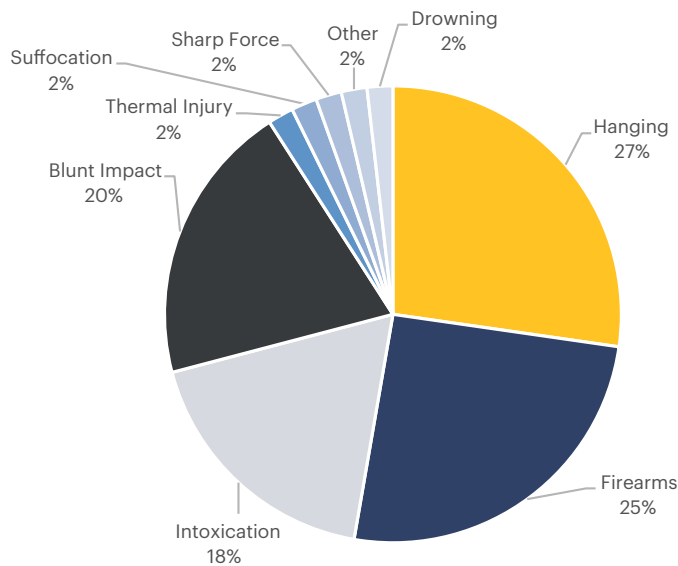
Cause	Number of Suicides	% of Total Suicides
Hanging	15	27%
Blunt Impact Trauma · Building - 7 · Metro - 2 · Traffic - 1 · Other - 1	11	20%
Intoxication	10	18%
Firearms	14	25%
Drowning	1	2%
Thermal Injury	1	2%
Sharp Force	1	2%
Suffocation	1	2%
Other	1	2%
<b>Total</b>	<b>55</b>	<b>100%</b>

## SUICIDES BY JURISDICTION OF INCIDENT

Jurisdiction of Incident	Number of Suicides	% of Suicides
District of Columbia	43	78%
Maryland	6	11%
Virginia	5	9%
Unknown	1	2%
<b>Total</b>	<b>55</b>	<b>100%</b>

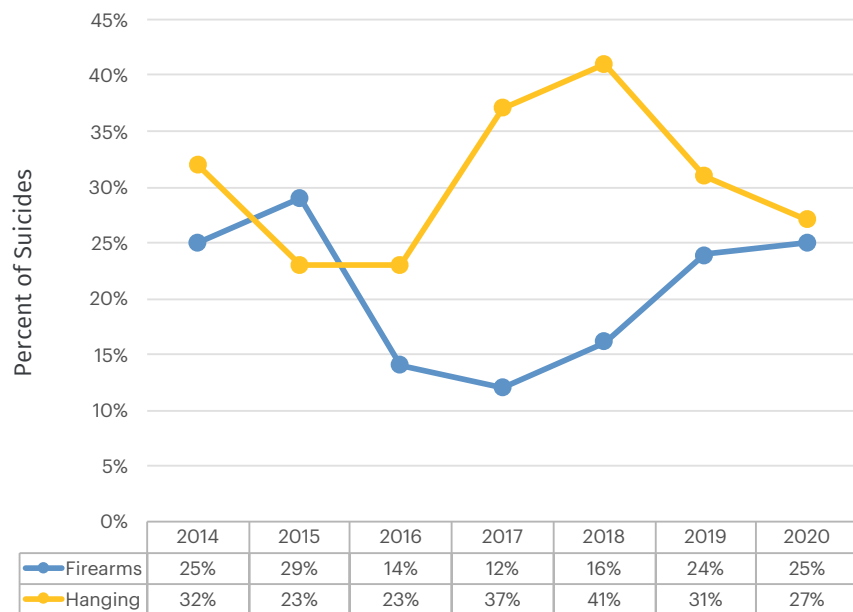
**FIGURE 12**

## SUICIDES BY CAUSE OF DEATH



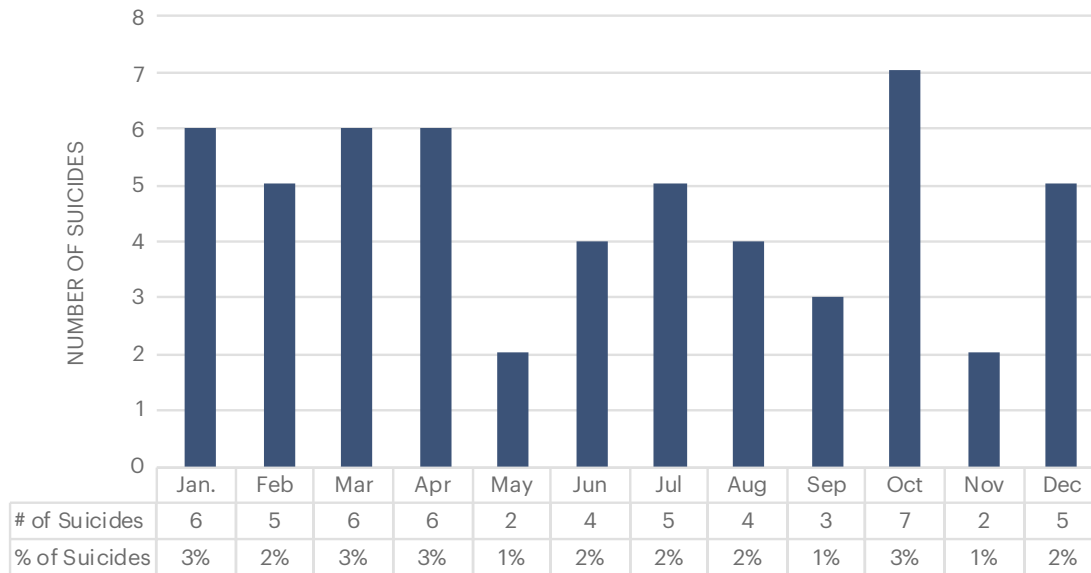
**FIGURE 13**

## 7-YEAR TREND OF SUICIDES BY FIREARMS AND HANGING



**FIGURE 14**

**SUICIDES BY MONTH**

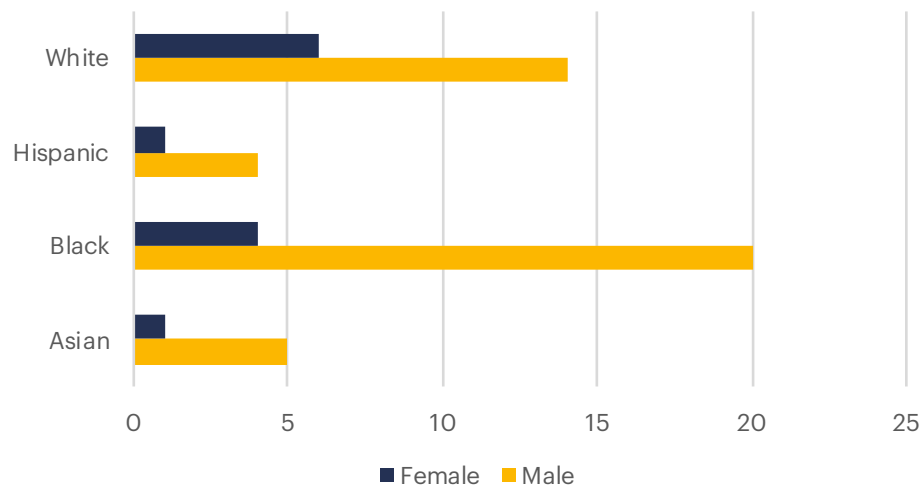


**SUICIDE BY RACE, ETHNICITY AND GENDER**

Race/Ethnicity	Female	Male	Total	% of Race/ Ethnicity
Black	4	20	24	44%
White	6	14	20	36%
Hispanic	1	4	5	9%
Asian	1	5	6	11%
<b>Total</b>	<b>12</b>	<b>43</b>	<b>55</b>	<b>100%</b>
<b>% of Total</b>	<b>22%</b>	<b>78%</b>	<b>100%</b>	

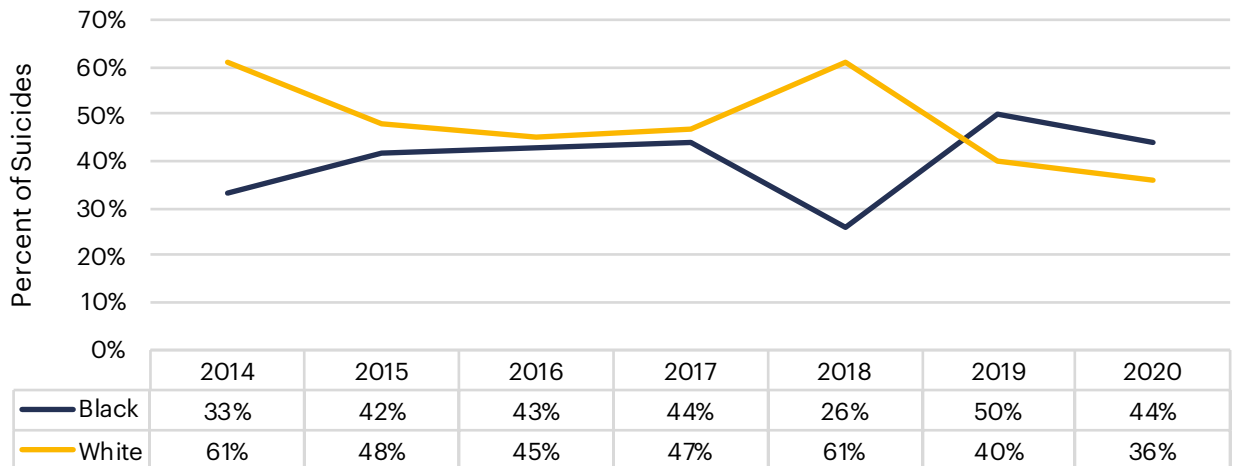
**FIGURE 15**

**SUICIDES BY RACE, ETHNICITY AND GENDER**



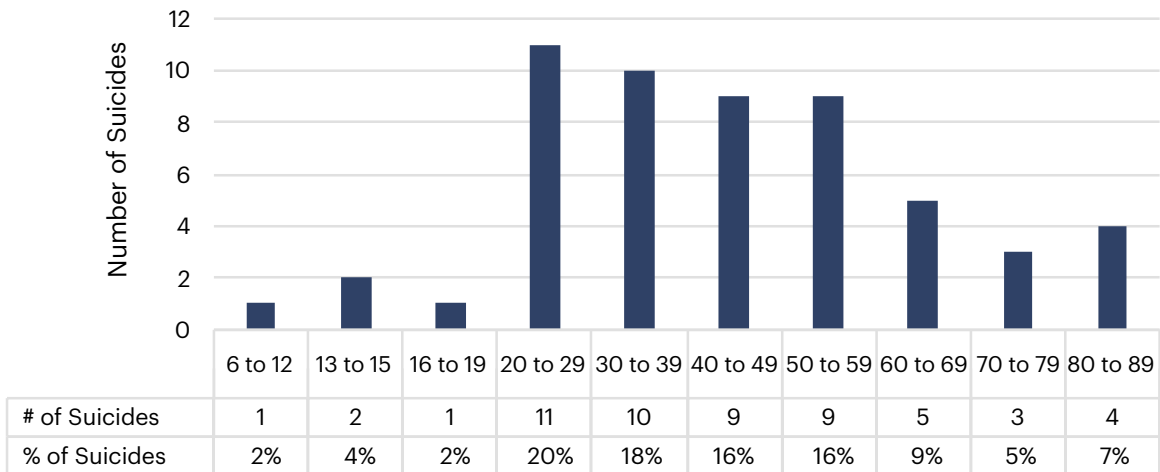
**FIGURE 16**

**7-YEAR TREND OF SUICIDES BY TOP 2 AFFECTED RACES/ETHNICITIES**



**FIGURE 17**

**SUICIDES BY AGE GROUP**





## TOXICOLOGY FINDINGS FOR SUICIDE CASES

Of the 55 suicide cases investigated by OCME, toxicology analysis was performed in 54 cases. Drugs or alcohol were absent in 13 suicide cases. When compared with 2019, there was a slight decrease (3) in the number of suicide cases with positive toxicology results. Of the positive cases, ethanol is the most prominent substance in all suicide case.

Description	Number of Cases	% of Cases
<b>N=</b>	<b>54</b>	<b>100%</b>
Negative	13	24%
Positive	37	69%
Storage (no testing requested or assigned)	4	7%

The most notable detected drugs in suicide cases were:

Name of Drug	Number of Cases	% of Suicide Cases
Ethanol	17	31.4%
Marijuana Metabolite	9	16.6%
Phencyclidine	5	9.2%
Fentanyl	5	9.2%
Midazolam	4	1.8%
Oxycodone	4	1.8%

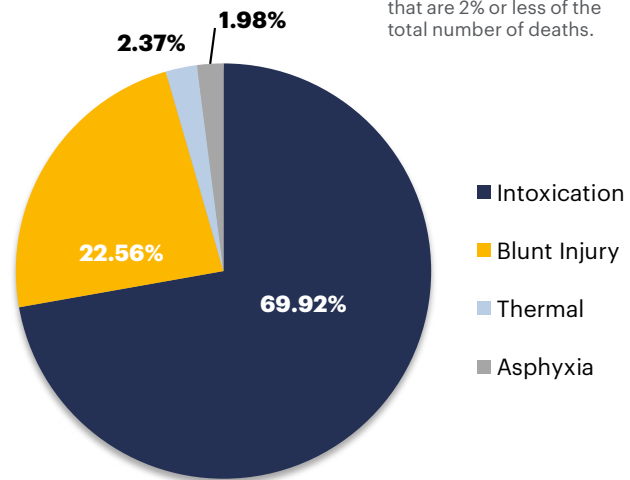


### 3.3 - ACCIDENTS

OCME investigated **758** accidental deaths in CY 2020. Of the 758 cases investigated, 61 were related to motor vehicle accidents, 101 were related to falls and 530 of the accidental deaths were the direct result of prescription and/or illicit drug use. There was an increase in the total number of deaths due to accidents in 2020. The difference is largely driven by the increase in the number of accidental intoxications.

**FIGURE 18**

### ACCIDENTS BY CAUSE OF DEATH



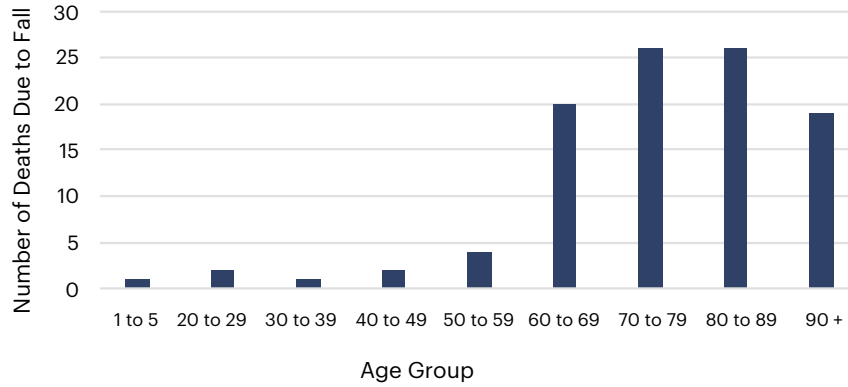
### ACCIDENTS BY CAUSE OF DEATH

Causes of Accidental Deaths	# of Deaths	% of Accidents
Intoxication	530	70%
Blunt Injury - Due to Fall (101) - Due to Traffic (61) - Due to Other (09)	171	23%
Alcoholism	1	0%
Asphyxia	15	2%
Other	7	1%
Thermal	18	2%
Drowning	8	1%
Inhalation of Combustible Product	4	1%
Hypothermia	2	0%
Hyperthermia	1	0%
Therapeutic Complication	1	0%
<b>Total</b>	<b>758</b>	<b>100%</b>

Note: One of the Intoxication deaths was a fetal death.

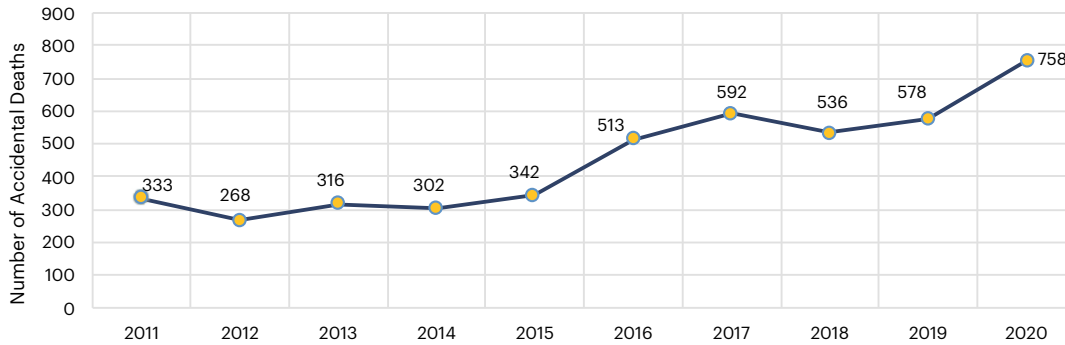
**FIGURE 19**

**BREAKDOWN OF FALLS BY AGE GROUP**



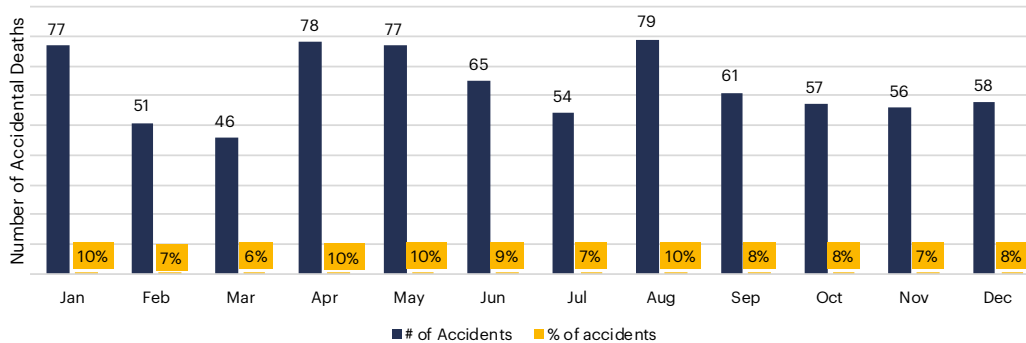
**FIGURE 20**

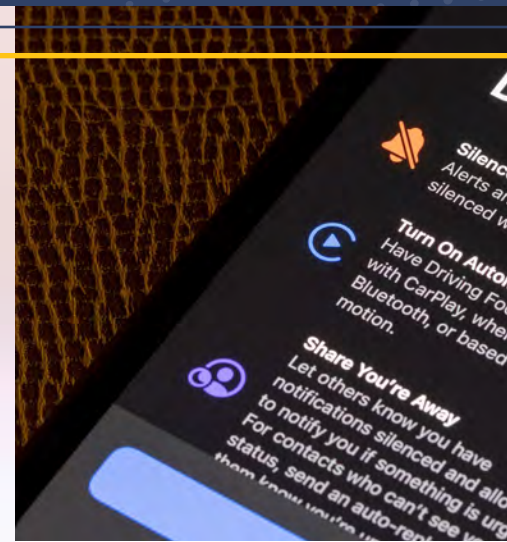
**TEN-YEAR OVERVIEW OF ACCIDENTAL DEATHS**



**FIGURE 21**

**ACCIDENTAL DEATHS BY MONTH IN 2020**

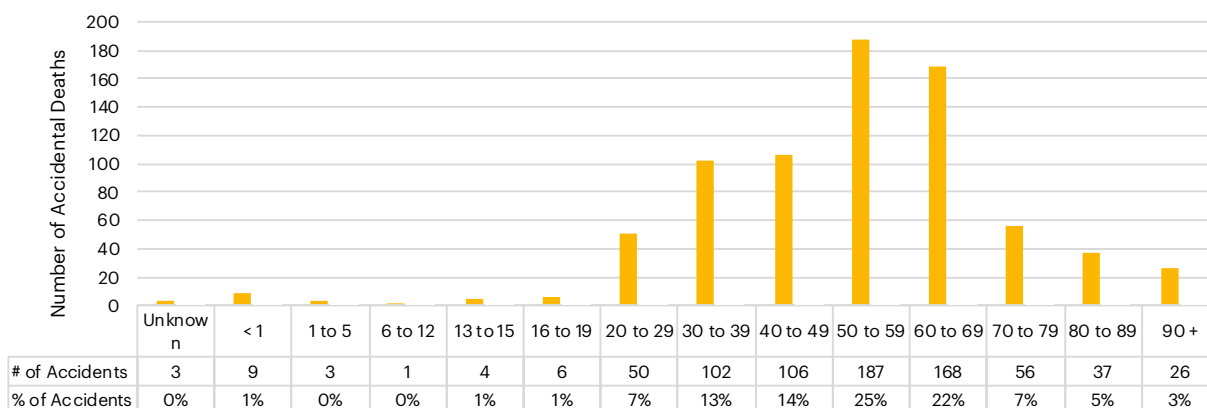




## ACCIDENTAL DEATHS BY RACE/ETHNICITY AND GENDER

	Male	Female	Total	Percentage of Race/Ethnicity
American Indian	2	0	2	0%
Asian	3	3	6	1%
Black	390	178	568	75%
Hispanic	48	2	50	7%
Unknown	1	0	1	0%
White	84	46	130	17%
<b>Total</b>	<b>528</b>	<b>229</b>	<b>757</b>	
<b>Percent of Gender</b>	<b>70%</b>	<b>30%</b>	<b>100%</b>	<b>100%</b>

**FIGURE 22** ACCIDENTAL DEATHS BY AGE





## TOXICOLOGY FINDINGS FOR ACCIDENTAL DEATHS

Of the 758 Accident Deaths investigated by OCME, the toxicology division received 702 of those cases and toxicology analysis was performed in 639 cases. Drugs were absent in 37 accident cases. Fentanyl is the most prominent substance in all accident case.

Description	Number of Cases	% of Cases
<b>N=</b>	<b>702</b>	<b>100%</b>
Negative	37	5.20%
Positive	602	85.70%
Storage (no testing requested or assigned)	63	8.90%

The most commonly detected drugs in the accident cases are listed in the table below. Note that more than one substance may be found in a decedent.

Drug Name	Number of Cases	% of Cases (n=702)
Fentanyl	401	57.1%
Despropionyl-Fentanyl (4-ANPP)	311	44.3%
Cocaine Metabolite/Cocaine	209 / 157	29.7% / 22.3%
Ethanol	193	27.4%
Naloxone	132	18.8%
Morphine/6-Acetylmorphine/Codeine	126 / 108 / 44	17.9% / 15.3% / 6.2%
Phencyclidine	120	17.0%
Marijuana Metabolite	97	13.8%
Methadone	40	5.6%
Diphenhydramine	25	3.5%



## TOXICOLOGY FINDINGS FOR DEATHS DUE TO ACCIDENTAL INTOXICATIONS

There were 530 OCME cases where death was directly related to intoxication. However, eight (8) of these cases were Review of Medical Records, and one (1) of these cases was a fetal death, therefore, no Toxicology testing was conducted by the OCME Toxicology laboratory for the aforementioned nine (9) cases. There were 521 specimens submitted to the Toxicology lab, but toxicology analysis was performed on 510 cases and the other 11 cases were submitted for storage only.

Description	Number of Cases	% of Cases
<b>N=</b>	<b>521</b>	<b>100%</b>
Negative	0	0.0%"
Positive	510	97.8%"
Storage (no testing requested or assigned)	11	2.1%



The most commonly detected drugs in drug-related fatality cases were:

Contributing Drugs	Number of Cases	% of Cases
Fentanyl	174	48.6%
Cocaine Metabolites	157	43.8%
Morphine/Heroin	155/147	43.2/43.2%
Ethanol	128	35.7%
Codeine	123	34.3%
Furanyl-Fentanyl	53	14.8%
Diphenhydramine	44	12.2%
Marijuana Metabolite	41	11.4%
Naloxone	33	9.2%
Phencyclidine	33	9.2%
Methadone	29	8.1%
FIBF/para-Fluorobutyryl fentanyl	27	7.5%
Norbuprenorphine	24	6.7%
Oxycodone	20	5.5%

## ACCIDENTAL DRUG-RELATED FATALITIES BY AGE

The majority of overdose deaths occurred in decedents between the ages of 51 and 70 years. Fentanyl, Cocaine and Ethanol were the most frequent classes of detected drugs in most of these age groups, followed by morphine and Phencyclidine (PCP).

## NUMBER OF OVERDOSE DEATHS BY AGE AND DRUGS

Drugs	Age								Total
	0 - 10	20-Nov	21 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71 - 80	
	n = 0	n = 5	n = 43	n = 79	n = 86	n = 173	n = 118	n = 15	
Fentanyl (n = 385)	0	4	39	57	55	121	95	14	<b>385</b>
Cocaine Metabolite/Cocaine (n = 205)	0	2	9	33	34	78	45	4	<b>205</b>
Ethanol (n = 164)	0	0	10	22	22	70	36	4	<b>164</b>
Morphine (n = 135)	0	1	9	20	16	44	40	5	<b>135</b>
Phencyclidine (n = 109)	0	0	9	23	28	39	10	0	<b>109</b>
Marijuana Metabolite (n = 76)	0	5	17	18	7	19	9	1	<b>76</b>
Methadone (n = 37)	0	0	1	3	2	16	13	2	<b>37</b>
Oxycodone (n = 10)	0	0	1	2	0	4	2	1	<b>10</b>
Amphetamines (n = 12)	0	2	0	4	2	2	2	0	<b>12</b>
Benzodiazepines (n = 28)	0	1	4	13	1	5	3	1	<b>28</b>
Synthetic Cathinones (n = 10)	0	0	2	2	5	1	0	0	<b>10</b>
Buprenorphine/Norbuprenorphine (n = 15)	0	0	2	1	1	6	3	2	<b>15</b>

Note: "n" represents the total number of deaths found within the stated age group.



## ACCIDENTAL DRUG-RELATED FATALITIES BY RACE

The vast majority of overdose deaths occurred in black decedents, and again the most frequently detected drugs in both black and white decedents were morphine, ethanol, cocaine and fentanyl. The prevalence of phencyclidine (PCP), oxycodone, marijuana, and methadone has been included in the chart below.

## NUMBER OF OVERDOSE DEATHS BY AGE AND DRUGS

Drugs	Race			
	Other n=4	Hispanic n=32	White n=46	Black n=439
Fentanyl (n = 385)	2	20	34	328
Cocaine Metabolite/Cocaine (n = 205)	2	11	21	171
Ethanol (n = 164)	1	17	18	129
Morphine (n = 135)	0	5	10	119
Phencyclidine (n = 109)	0	0	3	106
Marijuana Metabolite (n = 76)	0	3	8	61
Methadone (n = 37)	0	0	1	36
Oxycodone (n = 10)	0	0	1	8
Amphetamines (n = 12)	0	0	5	4
Benzodiazepines (n = 28)	1	0	6	14
Synthetic Cathinones (n = 10)	0	0	2	8
Buprenorphine/Norbuprenorphine (n = 15)	0	1	2	11

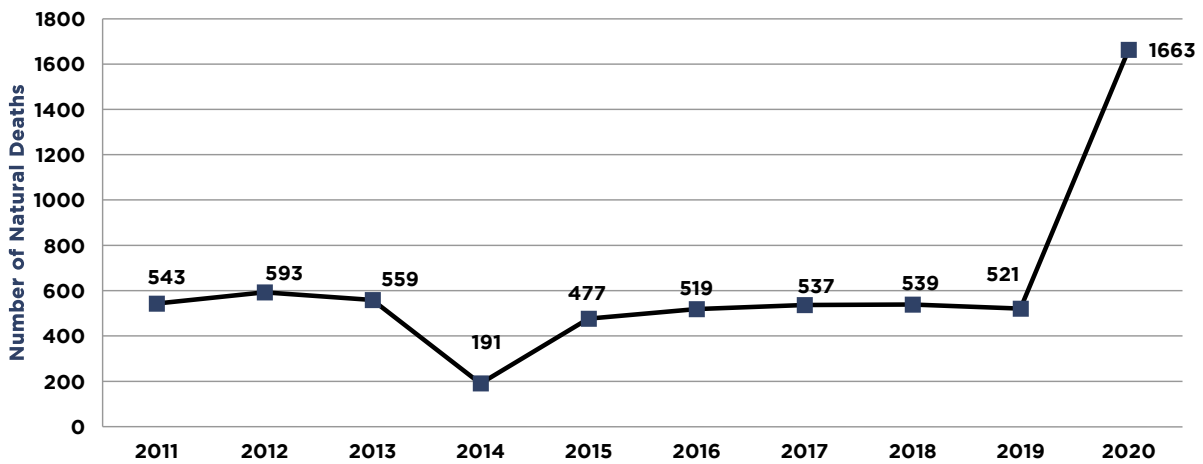
Note: "n" represents total number of deaths found within the stated race.

### 3.4 – NATURAL DEATHS

Natural deaths continue to account for a large majority of cases reported to and accepted by the OCME. In 2020, 1,663 deaths were determined to be a result of natural disease, which is three times the average number for natural deaths in the history of this agency. Due to COVID-19 deaths caused by Infection dominate Natural Deaths

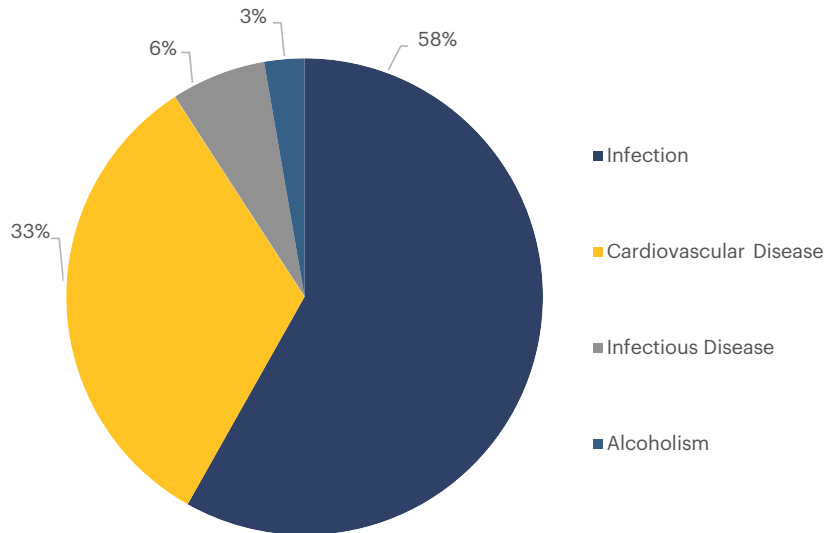
with 876 fatalities. Deaths due to the cardiovascular disease is the second highest (492) cause of natural deaths for the first time in recent history. Blacks were more prevalent in this category representing 76.4% of the population affected. More Natural deaths occurred in January than in any other month.

**FIGURE 23** NUMBER OF NATURAL DEATHS



**FIGURE 24**

#### NATURAL DEATHS BY CAUSE



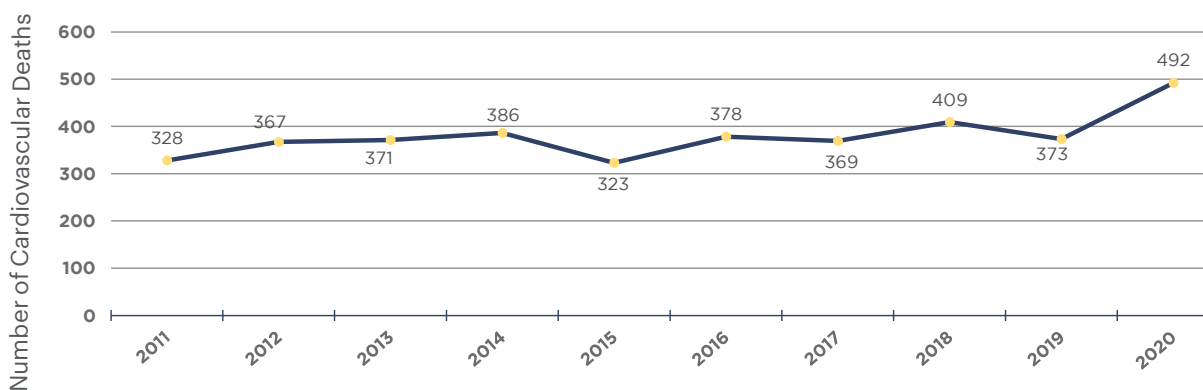
Note: This graph does not include Natural causes of death that are less than 2%

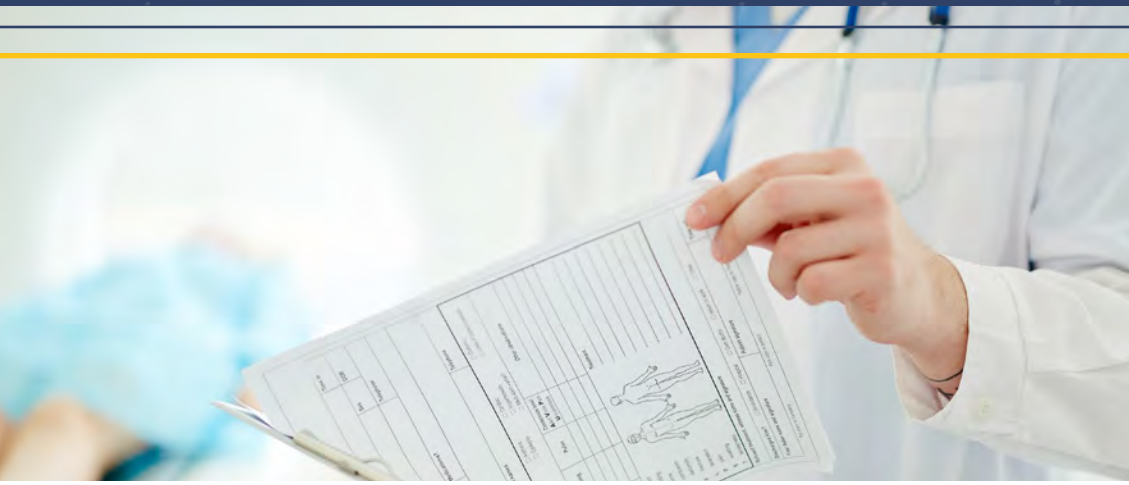
## NATURAL DEATHS BY CAUSE

Causes of Natural Deaths	Number of Deaths	% of Natural Deaths
Infection	876	52.68%
Cardiovascular Disease	492	29.59%
Infectious Disease	97	5.83%
Alcoholism	41	2.47%
Diabetes	28	1.68%
Cancer	26	1.56%
Respiratory Disease	25	1.50%
Other	21	1.26%
Obesity or Complications of Obesity	19	1.14%
Central Nervous System (Brain)	17	1.02%
Gastrointestinal Disease	9	0.54%
Blood Disease/Hemopoietic System	3	0.18%
Genetic Disorder	2	0.12%
AIDS	2	0.12%
Complications of Drug Abuse	2	0.12%
Connective Tissue Disease	1	0.06%
Therapeutic Complications	1	0.06%
Complications of Pregnancy	1	0.06%
<b>Sub-Total</b>	<b>1,663</b>	<b>100%</b>

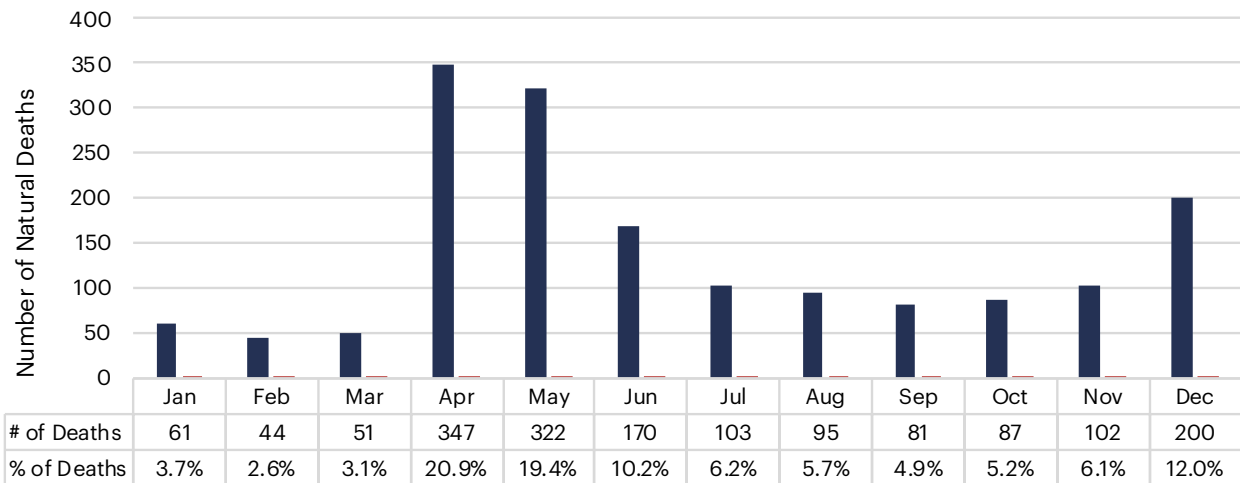
**FIGURE 25**

## YEARLY TREND IN NATURAL DEATHS DUE TO CARDIOVASCULAR DISEASE REPORTED TO THE OCME (2011-2020)

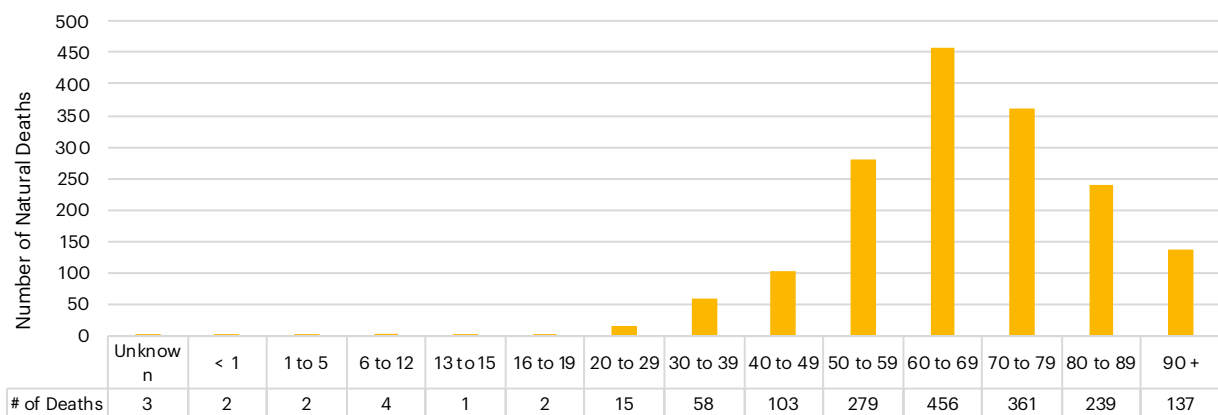




**FIGURE 26** NATURAL DEATHS BY MONTH IN 2020



**FIGURE 27** NATURAL DEATHS BY AGE





## NATURAL DEATHS BY EXAM TYPE

Exam Type	# of Natural Deaths	% of Natural Deaths
Review Medical Records	1010	60.73%
External Exam	339	20.38%
Autopsy	314	18.88%
<b>Total</b>	<b>1663</b>	<b>100.00%</b>

## NATURAL DEATHS BY RACE/ETHNICITY AND GENDER

	Female	Male	Total	% of Deaths
American Indian	1	2	3	0.18%
Asian	7	16	23	1.38%
Black	503	711	1214	73.04%
Hispanic	40	133	173	10.41%
Other	2	4	6	0.36%
Pacific Islander	1	0	1	0.06%
Unknown	0	2	2	0.12%
White	83	157	240	14.44%
<b>Total</b>	<b>637</b>	<b>1025</b>	<b>1662</b>	
<b>Percent of Gender</b>	<b>38.33%</b>	<b>61.67%</b>		<b>100.00%</b>

## 3.5 – UNDETERMINED DEATHS

The OCME investigated 37 cases (2% of total Accepted Cases) in which the manner of death was concluded to be “Undetermined,” and of these 26 cases or 72.22% also had a cause of death classified as “Undetermined”.

An “Undetermined” manner of death is the description 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.

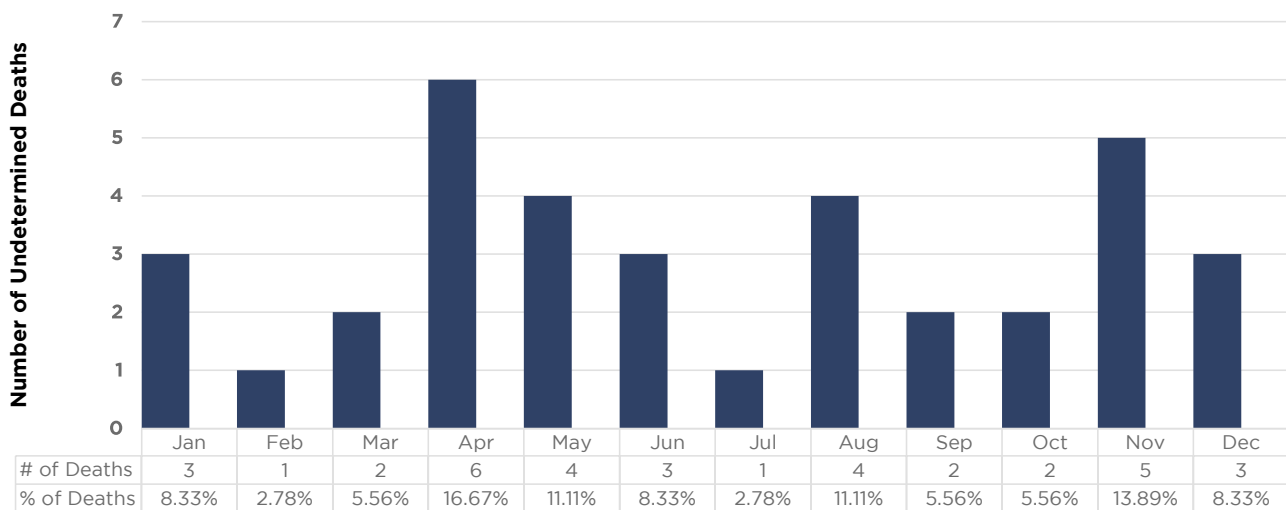
A separate category of “undetermined” manner of death involve infants whose deaths are associated with unsafe sleep environments to include bed/sharing, inappropriate bedding, or other related, similar circumstances, for whom no definite cause of death can be determined

despite full autopsy, metabolic, microbiologic, viral, or toxicological studies. There were no deaths classified as “Undetermined” in the following age groups, 6 to 19 years. Peak incidents occurred in April.

### UNDETERMINED DEATHS

Cause of Death	# of Deaths	% of Total
Undetermined	26	72.22%
Blunt Impact	3	8.33%
Skeletal Remains	2	5.56%
Drowning	2	5.56%
Thermal Injury	1	2.78%
SUID	1	2.78%
Intoxication/Poisoning	1	2.78%
<b>Total</b>	<b>36</b>	<b>100%</b>

**FIGURE 28 UNDETERMINED DEATHS BY MONTH**



## UNDETERMINED DEATHS BY RACE/ETHNICITY AND GENDER

Race/Ethnicity	Female	Male	Total	% of Race/Ethnicity
Black	5	18	23	63.89%
White	4	1	5	13.89%
Hispanic	1	3	4	11.11%
Asian	2	1	3	8.33%
Unknown	0	1	1	2.78%
<b>Percent of Gender</b>	<b>12</b>	<b>24</b>	<b>36</b>	<b>100.00%</b>

## UNDETERMINED DEATHS BY AGE

Age	Number of Undetermined Deaths	% of Total Undetermined Cases
Under 1	5	14%
1 to 5	2	6%
6 to 12	0	0%
16 to 19	0	0%
20 to 29	2	6%
30 to 39	5	14%
40 to 49	8	22%
50 to 59	9	25%
60 to 69	2	6%
70 to 79	1	3%
80 to 89	1	3%
Unknown	1	3%
<b>Total</b>	<b>36</b>	<b>100%</b>



## TOXICOLOGY FINDINGS BY UNDETERMINED DEATHS

Of the 36 Undetermined Deaths investigated by OCME, toxicology analysis was performed on 21 cases. Drugs and alcohol were absent in 7 undetermined deaths.

Description	Number of Cases	% of Cases
N=	21	100%
Negative	7	33.30%
Positive	14	66.60%
Storage (no testing requested or assigned)	10	48%

The most commonly detected drugs in the undetermined cases were:

Name of Drug	Number of Cases	% of Undetermined Cases
Ethanol	2	9.5%
Marijuana Metabolite	3	14.2%
Fentanyl	1	4.7%
Hydromorphone	1	4.7%
Oxycodone	1	4.7%
Alprazolam	1	4.7%





## 3.6 - BREAKDOWN OF MEDICAL EXAMINER INVESTIGATIONS

The US Census data for 2020 has a total population within the District of Columbia as 689,545<sup>1</sup> inhabitants, which comprised primarily of the following racial/ethnic groups: White, Black, Hispanic, Asian and Other. There was a total of 7,458 deaths within the District of Columbia in 2020 – this number represents DC residents only. In 2020, the OCME investigated 4,978 deaths that occurred in the District of Columbia or were wards of

the District and died in another jurisdiction. Of those cases, 2,725 were accepted under the jurisdiction of the Medical Examiner for further investigation; of which 2,086 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.

### 2020 MANNER OF DEATH\* BY RACE WITH 2020 CENSUS DATA

Race	2020 Census	ME Cases DC Residents Only	BY MANNER OF DEATH					
			Total ME Cases	Acc.	Hom.	Nat	Sui.	Und.
Black (non-Hispanic) <sup>2</sup>	285,810	1,654	2032	568	203	1214	24	23
White (non-Hispanic)	273,194	244	397	130	3	239	20	5
Hispanic (any single race)	77,652	152	239	50	7	173	5	4
Asian (non-Hispanic)	33,545	27	39	7	0	23	6	3
Two or more races	56,077	0	n/a	0	0	0	0	0
Other	37,294	3	6	0	0	6	0	0
American Indian and Alaska Native (non-Hispanic)	3,193	4	5	2	0	3	0	0
Pacific Islander (non-Hispanic)	432	0	1	0	0	1	0	0
Unknown								
<b>Total Population</b>	<b>689,545</b>			<b>758</b>	<b>213</b>	<b>1661</b>	<b>55</b>	<b>36</b>
Total # of ME Cases		2086	2724					
	<b>Deaths in 2020</b>	<b>DC Residents Only</b>	<b>ME Cases</b>					
<b>2020 Data – Center for Policy, Planning and Evaluation, DC DOH<sup>3</sup></b>	<b>7,458</b>	<b>Not Available</b>	<b>2,724</b>					

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

Legend for Manner of Death:

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

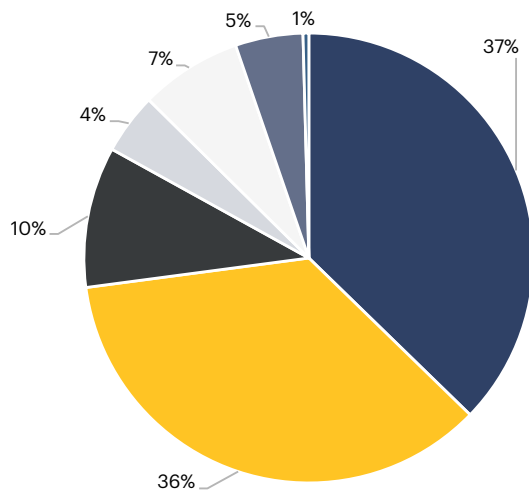
1 Source: US Census Bureau at <http://quickfacts.census.gov/qfd/states/11000.html>.

2 The (non-Hispanic) attribute only applies to the 2020 Census data and does not apply to the OCME statistics for race by “Manner of Death”

3 The DC DOH Center for Policy, Planning, and Evaluation had 7 cases that were “Pending Investigation” and 218 cases that was missing manner of death at the time of submitting this data to the DC OCME. In addition, the total number of deaths reported by DOH includes all DC residents, including deaths that occurred outside of the District of Columbia.

**FIGURE 29**

## TOTAL POPULATION



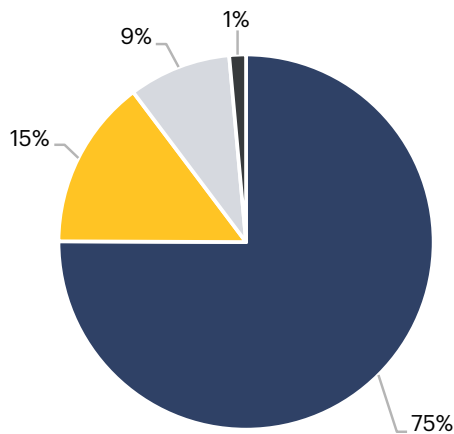
2020 US Census Population Data by Race for the District of Columbia

- Black (non-Hispanic)
- White (non-Hispanic)
- Hispanic (only)
- Asian (non-Hispanic)
- Two or more races
- Other
- American Indian and Alaska Native (non-Hispanic)

Note: The race category Pacific Islander/Native Hawaiian isn't represented in the above graph because it is 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.

**FIGURE 30**

## TOTAL ME CASES BY DEMOGRAPHICS AND MANNER OF DEATH



2020 OCME Total Decedent Population by Race

- Black (non-Hispanic)
- White (non-Hispanic)
- Hispanic (only)
- Asian (non-Hispanic)

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.



# 4.0 ORGAN PROCUREMENT

## **THE UNIFORM ANATOMICAL GIFT REVISION ACT OF 2008 MANDATES IN SEC. 22 (A) 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 Chief 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.

	<b>OCME Permission?</b>	<b>NOK Permission?</b>	<b># Procured</b>
Yes	160	32	25
No	7	38	n/a
Request Abandoned	0	90	n/a
Not Required	0	0	n/a
<b>Total Requests</b>	<b>167</b>	<b>160</b>	<b>25</b>



**HUMAN  
ORGAN**

# 5.0 TOXICOLOGY SERVICES

## POSTMORTEM TOXICOLOGY SUMMARY 2020

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 physicians. All significant drug results were confirmed by further testing. Typical

case specimens received include blood, urine, bile, vitreous, liver, brain, and gastric contents. In 2020, the Office of the Chief Medical Examiner Toxicology Division processed and 1,615 cases. This is an increase from 2019's 1,260 postmortem specimens processed and tested.

### TOTAL NUMBER OF POSTMORTEM CASES PROCESSED

Description	Number of Cases	% of Cases
N=	1,615	
Negative	229	14.1%
Positive	1,067	66.0%
Storage (no testing requested or assigned)	319	19.7%

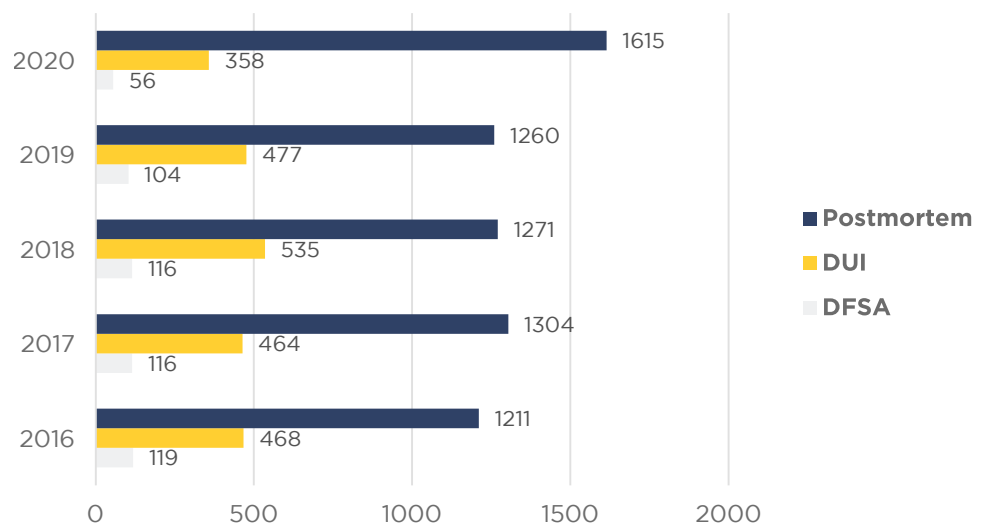
A negative case refers to the absence of any alcohol or detectable drug. A positive case refers to the presence of alcohol and/or drug(s), noting that a case can be positive for more than one substance. The alcohol and/or drugs detected do not necessarily cause or contribute to death. Drugs that are 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.



**FIGURE 31**

**TRENDS IN CASES PROCESSED BY TOXICOLOGY UNIT**



**TOP 10 MOST PREVALENT DRUGS IN POSTMORTEM CASES**

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

Overall, these were the most prevalent drugs in the postmortem cases.

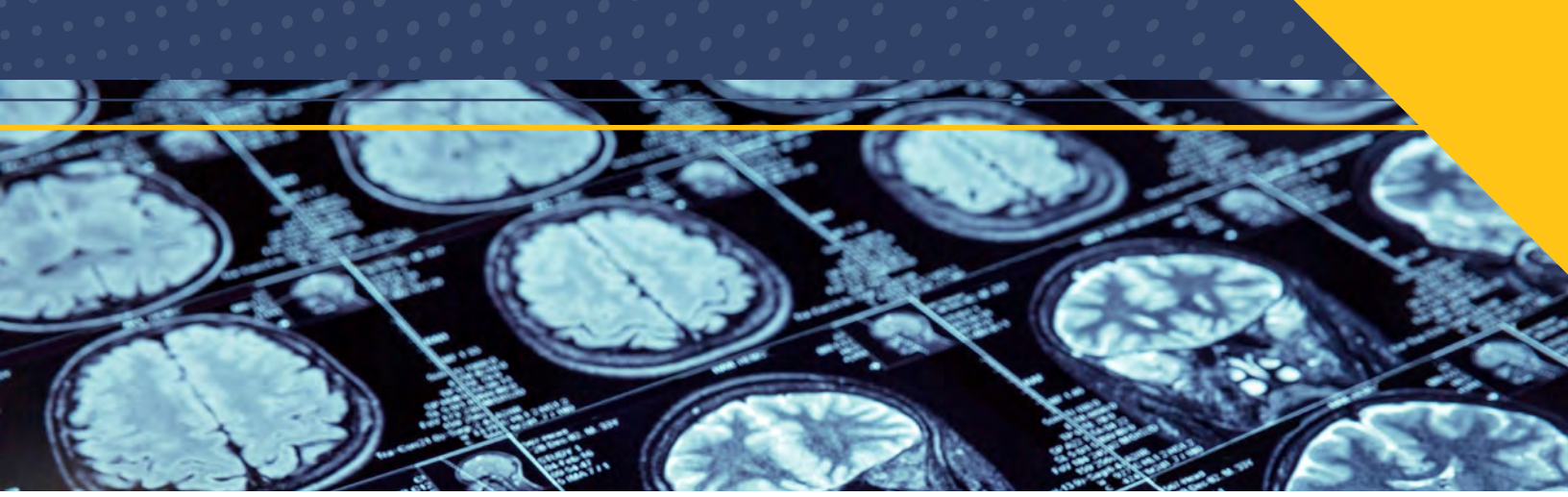
Drug Name	Number of Cases	% of Cases
Fentanyl/Fentanyl Metabolite	445/248	34.3%/19.1%
Ethanol	341	26.3%
Despropionyl-Fentanyl (4-ANPP)	331	25.5%
Marijuana Metabolite	267	20.6%
Cocaine Metabolite/Cocaine	240/167	18.5%/12.8%
Naloxone	153	11.8%
Morphine/6-Acetylmorphine/Codeine	148/115/51	11.4%/8.8%/3.9%
Phencyclidine	138	10.6%
Oxycodone	47	3.6%
Methadone	45	3.4%

Note: This data does suggest individual cases and the majority of cases include mixed drug toxicity.

## POLYSUBSTANCE USE AMONG POST-MORTEM CASES IN 2020

Major Common Illicit Drugs (listed in order of prevalence)	Total # Positive Major Illicit Drug Cases	Most Common Combination	% of Total # of Positive Major Illicit Drug Cases	2nd Most Common Combination	% of Total # of Positive Major Illicit Drug Cases	3rd most Common Combination	% of Total # of Positive Major Illicit Drug Cases
Fentanyl	445	Despropionyl-Fentanyl (4-ANPP)	73.70%	Cocaine Metabolite	38.20%	Ethanol	28.80%
Ethanol	341	Fentanyl	37.50%	Despropionyl-Fentanyl (4-ANPP)	25.80%	Cocaine Metabolite	20.50%
Despropionyl-Fentanyl (4-ANPP)	331	Fentanyl	99.10%	Cocaine Metabolite	43.80%	6-Acetylmorphine	28.40%
Marijuana Metabolite	267	Fentanyl	27.70%	Ethanol	21.30%	Despropionyl-Fentanyl (4-ANPP)	20.60%
Cocaine Metabolite	240	Fentanyl	70.80%	Despropionyl-Fentanyl (4-ANPP)	60.40%	Ethanol	29.20%
Naloxone	153	Fentanyl	77.10%	Despropionyl-Fentanyl (4-ANPP)	66.70%	Cocaine Metabolite	32.70%
Morphine	148	Fentanyl	83.10%	Despropionyl-Fentanyl (4-ANPP)	62.20%	6-Acetylmorphine	61.50%
Phencyclidine	138	Fentanyl	47.80%	Despropionyl-Fentanyl (4-ANPP)	39.90%	Cocaine Metabolite	34.10%
Oxycodone	47	Marijuana Metabolite	31.90%	Fentanyl	25.50%	Ethanol	19.10%
Methadone	45	Fentanyl	71.10%	Despropionyl-Fentanyl (4-ANPP)	55.60%	Morphine	31.10%





## 5.1 - 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 2020, the laboratory received 358 cases for DUI testing. The OCME Toxicology Division provides services to the following law enforcement entities: 1) Metropolitan Police Department (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 358 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 2020

Description	Number of Cases	% of Cases
N=	358	
Negative	30	8.4%
Positive	328	91.6%

### PREVALENCE OF ILLICIT SUBSTANCES IN DUI CASEWORK SUBMITTED BY ALL ENFORCEMENT AGENCIES

Drug Name	Number of Cases	% of Cases (n=358)
Ethanol	278	77.6%
Marijuana Metabolite	135	37.7%
Phencyclidine	102	28.4%
Cocaine Metabolite	58	16.2%
Fentanyl	38	10.6%



## DRIVING UNDER THE INFLUENCE URINE ETHANOL CONCENTRATION DISTRIBUTION IN 2020

Urine Ethanol Concentration (g/100mL)	Number of DUI Cases
0.01	14
0.011	1
0.02	7
0.03	9
0.04	6
0.05	8
0.06	1
0.07	4
0.08	3
0.09	3
0.1	2
0.11	2
0.12	8
0.13	4
0.14	1
0.15	5
0.16	3
0.17	6
0.18	10
0.19	7
0.2	4

Urine Ethanol Concentration (g/100mL)	Number of DUI Cases
0.21	7
0.22	3
0.23	8
0.24	11
0.25	7
0.26	9
0.27	12
0.28	8
0.29	11
0.3	9
0.31	4
0.32	8
0.33	5
0.34	2
0.35	4
0.36	2
0.37	1
0.38	5
0.41	1
0.42	2



## DRIVING UNDER THE INFLUENCE BLOOD ETHANOL CONCENTRATION DISTRIBUTION IN 2020

Blood Ethanol Concentration (g/100mL)	Number of DUI Cases
0.01	1
0.011	2
0.02	3
0.07	1
0.08	1
0.09	3
0.1	1
0.11	2
0.12	2
0.13	1
0.14	1
0.15	5
0.16	5
0.17	2
0.18	2
0.19	3
0.2	4
0.21	1
0.22	3
0.23	3
0.24	1
0.25	2
0.3	1
0.33	1

## TURNAROUND TIME FOR DRIVING UNDER THE INFLUENCE CASES

Turnaround Time in Days	Number of DUI Cases	Turnaround Time in Days	Number of DUI Cases
12	1	37	1
13	5	38	15
14	1	39	19
15	1	40	6
16	5	41	2
17	8	42	8
18	22	43	4
20	14	44	2
21	10	46	4
22	13	48	2
23	11	49	3
24	12	50	2
25	23	51	1
26	20	52	7
27	16	56	1
28	28	57	1
29	19	58	2
30	12	60	1
31	10	63	1
32	12	64	1
33	1	67	1
34	16	74	1
35	5	76	1
36	5	94	1

## 5.2 - TOXICOLOGY FINDINGS FOR DRUG FACILITATED SEXUAL ASSAULT (DFSA) CASES

Toxicological examinations were performed on drug facilitated sexual assault 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) and major classes of illicit and prescription medications, as well as targeted drugs commonly used in DFSA cases. Additional screens were assigned depending on requests made by law enforcement. In 2020, the laboratory received cases from District government agencies including 35 from the Metropolitan Police

Department and 21 from the Office of Victim Services. Specimens received were blood and urine, and multiple specimens were received with each of the 56 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.

### DFSA CASES ANALYZED

Description	Number of Cases	% of Cases
N=	56	100%
Negative	1	1.8%
Positive	55	98.2%

### MOST COMMONLY DETECTED DRUGS IN DFSA CASES

Drug Name	Number of Cases	% of Cases (n=56)
Marijuana Metabolite	24	42.8%
Cocaine Metabolite	17	30.3%
Ethanol	15	26.7%
Benzodiazepines	8	14.2%
Diphenhydramine	7	12.5%
Acetone	6	10.7%
Amphetamine	6	10.7%
Phencyclidine	5	8.9%
Opiates	4	7.1%
Synthetic Cathinone (Eutylone)	4	7.1%

## SUBJECT DEMOGRAPHICS FOR DFSA CASES WERE

Gender	% of Total
Male	3
Female	53
<b>Total</b>	<b>100%</b>

Agency	Cases Received	% Processed
MPD	35	100%
OVS	21	100%

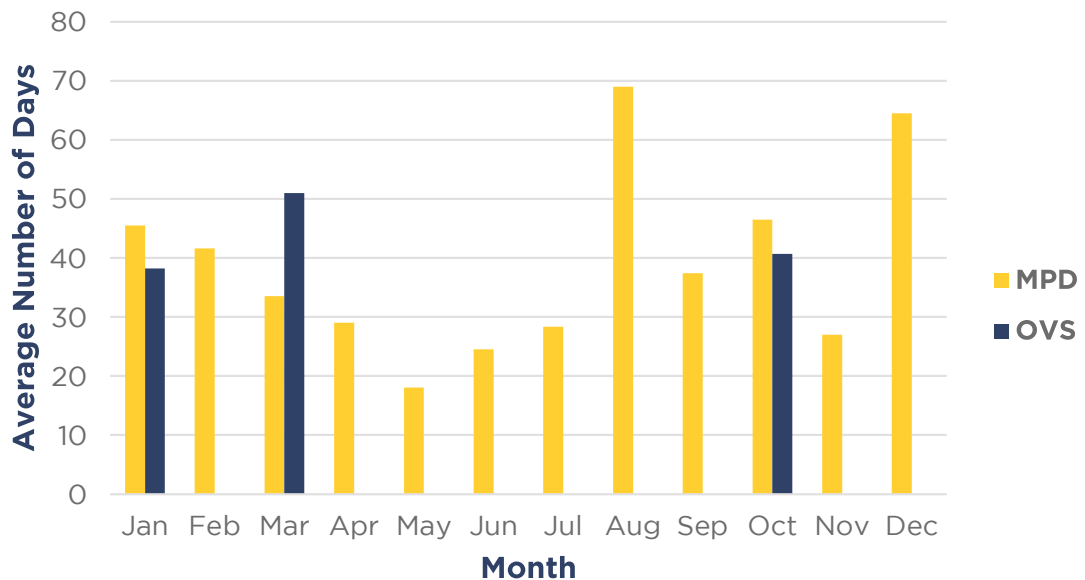
Average age of suspects in DFSA cases were 33 years old.

Age Range	# of Cases
Ages ≥ 10 and < 15	0
Ages ≥ 15 and < 20	3
Ages ≥ 20 and < 25	13
Ages ≥ 25 and < 30	12
Ages ≥ 30 and < 35	8
Ages ≥ 35 and < 40	10
Ages ≥ 40 and < 45	2
Ages ≥ 45 and < 50	3
Ages ≥ 50 and < 55	1
Ages ≥ 55 and < 60	1
Ages ≥ 65 and < 70	2

**FIGURE 32**

## AVERAGE MONTHLY TURNAROUND TIME FOR DFSA CASES SUBMITTED TO OCME

Turnaround Time for Each DFSA Case submitted to OCME. The goal was met for 90 days or below.



## TURNAROUND TIME (TAT) 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 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.

Turnaround Time (TAT) for Each DFSA Case Submitted							
Submitting Agency	Received Date	Report Date	TAT (Days)	Submitting Agency	Received Date	Report Date	TAT (Days)
MPD	5/11/2020	5/29/2020	18	OVS	10/28/2020	11/30/2020	33
MPD	11/30/2020	12/23/2020	23	OVS	1/22/2020	2/26/2020	35
MPD	11/30/2020	12/23/2020	23	OVS	1/22/2020	2/26/2020	35
MPD	6/8/2020	7/2/2020	24	OVS	1/22/2020	2/26/2020	35
MPD	6/8/2020	7/2/2020	24	OVS	1/22/2020	2/26/2020	35
MPD	6/22/2020	7/17/2020	25	MPD	7/23/2020	8/27/2020	35
MPD	6/22/2020	7/17/2020	25	OVS	9/16/2020	10/21/2020	35
MPD	7/13/2020	8/7/2020	25	MPD	3/19/2020	4/24/2020	36
MPD	7/13/2020	8/7/2020	25	OVS	9/16/2020	10/23/2020	37
MPD	4/13/2020	5/9/2020	26	OVS	9/16/2020	10/23/2020	37
MPD	9/28/2020	10/26/2020	28	MPD	2/18/2020	3/27/2020	38
MPD	2/12/2020	3/13/2020	30	MPD	2/3/2020	3/13/2020	39
MPD	11/16/2020	12/16/2020	30	MPD	9/14/2020	10/23/2020	39
OVS	3/11/2020	4/11/2020	31	MPD	1/7/2020	2/19/2020	43
OVS	3/11/2020	4/11/2020	31	MPD	9/8/2020	10/22/2020	44
OVS	3/11/2020	4/11/2020	31	MPD	9/8/2020	10/22/2020	44
OVS	3/11/2020	4/11/2020	31	MPD	2/10/2020	3/27/2020	46
OVS	3/11/2020	4/11/2020	31	OVS	9/16/2020	11/1/2020	46
MPD	3/13/2020	4/13/2020	31	MPD	1/2/2020	2/19/2020	48
MPD	10/5/2020	11/5/2020	31	OVS	3/11/2020	4/28/2020	48
MPD	2/24/2020	3/27/2020	32	MPD	12/24/2020	2/11/2021	49
MPD	2/24/2020	3/27/2020	32	OVS	1/22/2020	3/13/2020	51
MPD	4/6/2020	5/8/2020	32	OVS	10/28/2020	12/23/2020	56
MPD	9/21/2020	10/23/2020	32	OVS	10/28/2020	12/23/2020	56
MPD	11/9/2020	12/11/2020	32	MPD	10/22/2020	12/23/2020	62
OVS	10/28/2020	11/30/2020	33	MPD	8/10/2020	10/18/2020	69
OVS	10/28/2020	11/30/2020	33	MPD	2/18/2020	5/2/2020	74
OVS	10/28/2020	11/30/2020	33	MPD	12/14/2020	3/4/2021	80

## 5.3 - BREATH ALCOHOL PROGRAM

In 2020, four 40-hour Operator Training Courses were offered, licensing a total of 55 operators. Twenty-four operators were recertified; therefore, there were a total of 147 licensed operators. This resulted in 4,365 evidential breath tests being administered through the deployment of 8 instruments into the field.



## BREATH ALCOHOL PROGRAM FACTS

**1**

Total 40-hour Operator Trainings Provided in 2020

**10**

Total New Breath Test Operators Trained in 2020

**4**

Total Recertification Trainings in 2020

**63**

Total Operators Recertified in 2020

**154**

Total Licensed Breath Test Operators in 2020

**1**

Breath Alcohol Technicians Trained

**6**

Total Certified Active Technicians

**8**

Number of evidential instruments in the field (cumulative)

**6,078**

Total Evidential Tests Taken from 2012-2060

**429**

Total Evidential Tests Taken in 2020

# 6.0

## OTHER MAJOR ACTIVITIES

### 6.1 - IDENTIFICATIONS

The Office of the Chief Medical Examiner is mandated by DC Code § 5-1412 to "... [give] the name, if known, of every person whose death is investigated." 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



ID Method	# of ID's
ID By Visual	153
· at OCME - 69	
· at Scene - 84	
ID By Fingerprints	889
ID By X-ray	117
ID Waived	603
ID By Dental X-ray	3
ID Hospital (Infectious)	889
ID By Medical Device	1
ID By Circumstantial Evidence	36
ID by DNA	2
ID Other	19
Unidentified	0
ID Not Required <sup>4</sup>	
<b>Total</b>	<b>2712</b>

<sup>4</sup> There were a total of twenty-five accepted Medical Examiner cases that were not required to be identified, because eleven were Non-Human Remains and fourteen were Review of Medical Records, where the remains were not required to be transported to the Medical Examiner's office.





and civil databases. If the fingerprint search returns a negative hit, the fingerprints are sent to the 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); 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 US 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 (<http://www.nam.us.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.

## 6.2 - 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 and able to make funeral arrangements, or until the expiration of 30-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 housed at local hospitals.

The process for which unclaimed bodies are handled is called “Public Dispositions.” After a 30-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 Quantico National Cemetery. First, veteran status is verified through the National 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.

Notably, Public Dispositions are not performed by medical examiners in neighboring jurisdictions. For instance, in Maryland bodies are released to the Anatomical Board after 3 days if they are not claimed by Next of kin.

A total of 437 Public Dispositions were made in 2020, of which 135 were Storage Cases. There were no unidentified decedents that were released for Public Disposition in 2020. The breakdown by Adult, Children and Fetuses:

Description	# of Public Disposition
Adults	434
Children	1
Fetus	2
Cremains	0
<b>Total</b>	<b>437</b>

## 6.3 - 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 involves review of the cause and manner of death 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 the OCME.

## 6.4 - STORAGE REQUESTS

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

During Calendar Year 2020 there were **236** Storage Requests made to the DC OCME.



# APPENDIX A

## OCME ORGANIZATIONAL CHART





Forensic Toxicology Laboratory  
 Forensic Toxicologist (Breath Program Mgr)  
 Forensic Toxicologist (QA/QC Mgr)

Forensic Toxicologist (7)  
 Laboratory Support Specialist  
 Forensic Toxicologis. (2)

DUI/DDOT - Grant  
 Forensic Toxicologist (2)  
 DFSA - G

**FORENSIC  
 PATHOLOGY UNIT**

Medical Examiner (5)

**ANTHROPOLOGY &  
 IDENTIFICATION UNIT**

Forensic Anthropologist (Supervisor)  
 Customer Service Representative  
 Forensic Identification Specialist (4)

**HISTOLOGY LABORATORY**

Medical Technologist

**MORTUARY UNIT**

Supervisory Pathologists' Assistant  
 Pathologists' Assistant  
 Forensic Autopsy Technician (4)  
 Lead Forensic Photographer  
 Forensic Photographer (2)

**METT UNIT**

Supervisory Forensic Mortuary Technician  
 Forensic Autopsy Assistant (12)

**DEATH  
 INVESTIGATION  
 UNIT**

Supervisory Medicolegal Investigator  
 Lead Medicolegal Investigator  
 Medicolegal Investigator (3)  
 Lead Forensic Investigator  
 Forensic Investigator (8)  
 Emergency Planning Specialist – Grant

**HUMAN RESOURCES UNIT**

Management Liaison Specialist

**IT UNIT**

Chief Information Officer  
 IT Specialist (Customer Service)

**CONTRACTS &  
 PROCUREMENT UNIT**

Program Analyst  
 Support Services Specialist

**RECORDS  
 MANAGEMENT UNIT**

Sup. Quality Control/Records Manager  
 Quality Assurance Specialist (2)  
 Records Management Specialist (2)

Child Fatality Review Committee  
 Developmental Disabilities Fatality Review Cmt  
 Maternal Fatality Review Cmt  
 Violence Fatality Review Cmt  
 Opioid Fatality Review Bd

Sr. Fatality Review Specialist  
 Fatality Review Program Specialist (5)  
 Staff Assistant (2)

# APPENDIX B

## 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. The Chief Medical Examiner must be a board certified forensic pathologist licensed to practice medicine in the District of Columbia and may appoint a Deputy Chief Medical Examiners and other forensic pathologists.

**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 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 Official Code §5-1401 et seq. (2001), as explained in the “Introduction” section of this report. Not all natural deaths reported fall within the jurisdiction of the 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 to be 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.




# OFFICE OF THE CHIEF MEDICAL EXAMINER

**2020 ANNUAL REPORT**

Washington, DC

**Office of the Chief  
Medical Examiner**

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