

Government of the District of Columbia

Office of the Chief Medical Examiner

2022 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 (2022)

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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 2022 OCME Annual Report, which provides key statistical data stemming from our work in death investigation and certification, as well as a snapshot of our key achievements over the course of the year.

With roughly one hundred employees and a budget of about 15.5 million dollars in FY2022, the agency investigated **3,995** deaths, accepted jurisdiction of **1,886** decedent cases and performed **1,183** autopsies, including **243** homicides. We performed **2,190** toxicological tests, processed **1,243** records, and resolved numerous legal matters. With the agency having relinquished jurisdiction over deaths resulting from the COVID-19 Pandemic in July of 2021, the prior year's trend of cardiovascular disease re-emerged as the leading cause of natural death throughout 2022, coupled with the total number of cases investigated decreasing by 12% from the previous year.

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 as well.

In addition to carrying out the agency's mission to determine cause and manner of death, the agency achieved several key objectives during 2022.

1. The agency maintained the standards and guidelines of operation as established by the International Organization for Standardization (ISO), National Association of Medical Examiners (NAME), American Board of Forensic Toxicologists (ABFT), American Board of Medicolegal Death Investigators (ABMDI) and the American Board of Forensic Anthropologists (ABFA), amongst others, and remains one of only two Medical Examiner's offices in the nation with both ISO and NAME accreditations.
2. Despite a 12% decrease in deaths from 2021 (principally attributed to the waning death toll associated with the COVID-19 Pandemic), long-term trends illustrate a steady increase in the demand for OCME services across all units of the agency being ably handled by a dedicated staff whose numbers remained essentially unchanged from 2017. The total number of accepted cases rose 40% from 2017 and 76% since 2012, with the number of autopsies performed increasing 67% over the ten-year period. The number of visits to death scenes by a Medical Examiner or Investigator in 2022 rose 50% from 2017 and 149% from 2012.

3. The Office of the Chief Medical Examiner hosted an interfaith ceremony to recognize our District residents who received a Public Disposition - a District of Columbia funded cremation and burial. This interfaith ceremony allowed the families to attend a service that memorializes their loved ones as they were laid in their final resting place.
4. The agency's Forensic Pathology Fellowship is furthering the agency's mission to serve as an academic institution focused on death investigation and forensic pathology; the program also provides a pipeline of possible future medical examiner hires.
5. 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 Office of the Chief Medical Examiner 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, MD
Chief Medical Examiner

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INTRODUCTION

The Office of the Chief Medical Examiner (“OCME” or “the Agency”) is required by section 2913(d) of the Establishment of the Office of the Chief Medical Examiner Act of 2000 (D.C. Law 13-172; D.C. Official Code §5-1412 (d)) to produce an annual report to the Mayor 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 Office of the United States Attorney for the District of Columbia, the Public Defender Service, and other entities can use the data for research purposes and for the development of preventative and corrective policies.

In 2022, the OCME had four primary programs: (1) Death Investigation and Certification, (2) Agency Management, (3) Forensic Toxicology, and (4) Fatality Review. This report includes 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 (See Appendix C):

- 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 extramural 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;
- 13) All maternal mortalities.



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. Postmortem examinations are not restricted by family preference or religious beliefs. The OCME Medicolegal Death Investigators (MLI), 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), the Maternal Mortality Review Committee (MMRC), the Violence Fatality Review Committee (VFRC), the Opioid Fatality Review Board (OFRB), and the 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 provided. Each review committee produces an annual report that summarizes relevant findings and recommendations, as well as government agency responses to the recommendations.

In addition to its routine caseload, the OCME 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. Although OCME's technical staff are thoroughly trained to fingerprint decedents, the agency occasionally collaborates with the Department of Forensic Sciences (DFS), MPD, and the Federal Bureau of Investigation (FBI) to confirm identity. In addition, the 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 NamUs, a national program that provides technology, forensic services, and investigative support to resolve missing person and unidentified remains cases.

Over the years, the 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 to test the capacity of Mass Fatality Plan, train staff, develop practical policies and procedures, and identify resources to ensure the OCME's Mass Fatality Plan integrates with the District's Disaster Response Plan.

In the area of education, the OCME provides academic training to 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 provides training to MPD and various law enforcement entities, including the United States Attorney's Office and units of the United States Marine Corps.



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

This Annual Report by the Office of the Chief Medical Examiner (OCME) covers data that resulted from the investigation of **3,995** deaths that occurred in the District of Columbia (“DC”) during the Calendar Year (CY) 2022. 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 OCME hopes that the information contained in the report will be useful to the Executive Office of the Mayor, DC Councilmembers, and the public at large.

The OCME serves the citizens of DC and the Washington Metropolitan area in their most difficult moments by providing timely removal of decedents from homes and public areas; conducting thorough death investigations; and promptly providing death certificates and proofs of death to family members, allowing for rapid funeral arrangements and access to insurance and other death benefits. Although the OCME provides administrative services to the public 5 days a week during core business hours, the agency operates 24 hours a day 7 days a week to respond to and investigate reported deaths. Autopsies are performed every day of the year as well, and on occasion it is necessary for a 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 of the District and/or outside of 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 to respond quickly to death scenes and allow non-investigating police personnel to return to regular duty. At death scenes, the OCME takes custody of the body and secures all evidentiary material associated with the body. OCME’s Forensic and MLIs work cooperatively with the MDP to gather information useful to the interpretation of the circumstances of the death. When feasible, OCME’s MLIs will also ensure identification of the deceased by family members present at death scenes.

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 Analysis Fusion Center, which conducts epidemiological research in support of the agency’s public health surveillance initiative to reduce the incidence and prevalence of preventable fatalities in the District. Part of this initiative includes timely 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.



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Overview of Cases Reported and Investigated

During Calendar Year (CY) 2022 **4,003** cases (including 1 cremains case) 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 2021. The percentage of accepted cases decreased slightly to 50% of the overall total for Accepted and Declined cases (n = 3,805).

Medical Examiner Caseload

Accepted Cases - The OCME accepted jurisdiction of **1,886** decedent cases, (not including **5** therapeutic abortion cases, **2** unidentified skeletal remains and **1** cremains case) of which 1,183 decedent cases were autopsied.

Declined Cases - The OCME declined jurisdiction of **1,910** decedent cases, of which 75 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. 124 of the reported cases were Storage Requests only, and 75 of the storage requests were previously “Declined” cases. As a result, the agency had a total of 199 Storage Requests, of which 189 were approved.

Cremation Requests - Pursuant to D.C. Official Code §5-1405©, the OCME must approve all cremations requests for deaths that occur in the District of Columbia. There were 4,028 Cremation Requests made to the OCME in 2022; of which 957 were OCME cases, 3,071 were “*New Requests*” submitted from area hospitals, clinics, and nursing homes. The OCME took jurisdiction of 29 of the “*New Requests*” for further investigation and certification.

Scene Visits and Body Transport - The OCME’s investigation’s staff reported to the scene of death for 1,199 cases; of these 1,194 were transported directly to the agency. Overall, the OCME’s Investigations and Mortuary Units handled the transportation of 1,851 cases to the agency.

Organ/Tissue Donations - There were 110 organ donation requests for CY 2022. Of these requests, 28 were approved by the decedent’s family/next of kin. Sixteen (16) approved organ donation requests were procured during CY 2022.

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



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2022 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
Homicide	243	0	0	0	0	0	243
Suicide	54	0	3	2	0	0	59
Accident	644	0	52	155	0	0	851
Natural	202	0	413	75	0	0	690
Undetermined	38	0	3	0	0	0	41
Fetal Death	2	0	1	1	0	0	4
Other	0	0	5	0	0	0	5
Total	1,183	0	477	233	0	0	1,893

Summary of Findings for Manner of Death

HOMICIDES: The OCME investigated 243 homicides in CY 2022. This report reveals that homicides continued to be more prevalent among black males and persons between the ages of 20-29 than in any other demographic. The most prevalent cause of death in homicides was due to firearm use. Peak incidences occurred in May and July.

Toxicology Findings: Toxicology testing was requested in 241 of the 243 homicide cases investigated. Drugs were present in 159 of the homicide cases investigated by OCME and processed by the Forensic Toxicology Division. The most notable substances detected in homicide cases were: marijuana cannabinoids & metabolites (199); ethanol (45); fentanyl & fentanyl metabolites (50); benzoylcegonine (20); phencyclidine (16); and cocaine (16).

SUICIDES: The OCME investigated 59 suicides in CY 2022. This report reveals that suicides were more prevalent among white males and in persons between the ages of 20-29. Hanging was the most prevalent cause of suicide. Peak incidence occurred in April.

Toxicology Findings: Toxicology testing was requested for 53 of the 59 suicide cases investigated. Overall, drugs were present in 31 of the suicide cases investigated by OCME and processed by the Forensic Toxicology Division. The most notable substances detected in suicide cases were: ethanol (11); diphenhydramine (7); marijuana cannabinoids & metabolites (8); fentanyl & fentanyl metabolites (7); cocaine & cocaine metabolites (6); and benzoylcegonine (4).

ACCIDENTS: The OCME investigated 851 accidents in CY 2022. Of the 851 cases investigated, 606 accidental deaths occurred as a direct result of prescription and/or illicit drug use. Also 187 deaths were the result of blunt force trauma, of which 65 were traffic-related deaths and 118 were directly related to falls. This report reveals that Accidents were most prevalent among persons between the ages of 60 to 69. Overall, peak incidence for accidental deaths occurred in December.

Toxicology Findings for Accidents: Toxicology testing was requested for 669 of the 851 accident cases investigated. Drugs were present in 574 of these cases investigated by OCME and processed by the Forensic Toxicology Division. The most notable substances detected in accident cases were: fentanyl & fentanyl metabolites (952); benzoylcegonine (296); cocaine &



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cocaine metabolite (440); ethanol (208); fluorofentanyl (180); phencyclidine (104); naloxone (101); (86); marijuana cannabinoids & metabolites (145); and a few synthetic opioids further outlined in toxicology findings for accident cases (133).

Accidental Deaths (Traffic-related): The majority of traffic accidental deaths occurred in the following categories: males, blacks, and drivers/operators between the ages of 20-39 and 60-69. Traffic accidental deaths were most prevalent in March.

Toxicology Findings for Accidental Deaths (Traffic-related): Toxicology testing was requested for 54 of the 65 traffic-related accidental deaths. Drugs were present in 29 of these cases investigated by OCME and processed by the Forensic Toxicology Division. The most notable substances detected in traffic-related accidental deaths were: ethanol (17); marijuana cannabinoids & metabolites (11); fentanyl & fentanyl metabolites (6); cocaine & cocaine metabolites (6); and benzoylecgonine (4).

In the 17 traffic-related accidental deaths positive for ethanol, 15 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 0.2 g/100 mL.

NATURAL DEATHS: The OCME investigated 690 Natural deaths in CY 2022. This report reveals that the leading cause of death in Natural cases was Cardiovascular Disease with 494 deaths, followed by Alcoholism with 46 deaths. The majority of Natural deaths occurred in January.

Toxicology Findings: Toxicology testing was requested for 575 of the 690 Natural deaths. Drugs were present in 107 cases investigated by OCME and processed by the Forensic Toxicology Division. The most notable substances detected in natural cases were: ethanol (34); marijuana cannabinoids & metabolites (49); beta-hydroxybutyrate (20); acetone (15); and isopropanol (10).

UNDETERMINED: The OCME investigated 39 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. There were 2 unidentified skeletal remains investigated by the OCME in CY22. Death certificates cannot issued without verification of identification. Note: Sudden Unexpected Deaths in Infancy (SUID) carry an Undetermined manner of death.

Toxicology Findings: Toxicology testing was requested for all 39 Undetermined deaths investigated. Drugs were present in 25 of the Undetermined cases investigated by OCME and processed by the Forensic Toxicology Division. The most notable substances detected in undetermined cases were: ethanol (13); marijuana cannabinoids & metabolites (7); phencyclidine (4); cocaine & cocaine metabolites (9); benzoylecgonine (4); and morphine (3).



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FETAL DEATH¹: Fetal Deaths (also called stillbirth) 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 2022, OCME investigated 4 Fetal Deaths.

Toxicology Findings: Toxicology testing was requested on 2 out of 4 fetal death cases investigated. Overall, drugs were present in 2 of the 6 fetal death cases investigated.

OTHER: The OCME investigated 5 therapeutic abortion cases.

¹ Because of the small number of fetal deaths/stillbirths observed, this annual report will refrain from conducting 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) 2022, 6,802 deaths occurred in the District as reported by DC Health, Center for Policy, Planning and Evaluation for the District of Columbia, of which 3,995 (excluding therapeutic abortions, unidentified skeletal remains, and cremains) or 59% were reported and investigated by the 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 the District 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 **1,886** decedent cases, (not including **5** therapeutic abortion cases, **2** unidentified skeletal remains and **1** cremains case), of which **1,183** decedent cases were autopsied. There were scene visits for 1,202 of the 1,894 that were accepted cases.

Declined Cases - The OCME declined jurisdiction of **1,910** decedent cases, of which 75 became Storage Requests. There were scene visits for 4 of the 1,910 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. **124** of the reported cases were Storage Requests only, and **75** of the storage requests were previously “Declined” cases, so as a result the agency had a total of **199** Storage Requests, of which 189 were approved.

Cremation Requests - The OCME must review all cremations for deaths that occur in the District of Columbia. There were **4,028** Cremation requests made to the OCME in CY 2022; of which 957 were OCME cases, 3,071 were “*New Requests*” submitted from area hospitals, clinics, and nursing homes. The OCME took jurisdiction of 29 of these “*New Requests*” for further investigation and certification.



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Total Number of Cases Reported and Investigated by the OCME (excluding therapeutic abortions, unidentified skeletal remains, and cremations)	3,995
Total Number of Declined Cases	1,910
Percent of Cases Reported & Investigated	48%
Total Number of Cases Accepted for Further Investigation	1,894
Percent of Cases Reported & Investigated	47%
Total Number of Storage Requests Investigated	199
Percent of Cases Reported & Investigated	5%
Total Number of Autopsies <i>(Full autopsies on-site - 1,183; At Hospital - 0)</i>	1,183
Percent of Cases Accepted for Further Investigation	30%
Other Investigations Activities	
Number of Scene Visits by a Medical Examiner or Medicolegal/Forensic Investigator	1,202
Percent of Cases Accepted for Further Investigation	30%
Total Number of Bodies/Cases Transported by OCME or by Order of the OCME <i>Transported by Office Personnel - 1,851 (Investigation - 10, Mortuary - 1,841) Transported by Others - 33 (FEMS - 32, Funeral Home - 1, MPD/Park Police - 0)</i>	1,884
Total Number of Organ/Tissue Donation Requests: (See Organ Procurement for breakdown)	101

Breakdown of Accepted Cases by Exam Type

Total Number of Cases Accepted and Investigated Further	1,886
Total Number of Autopsies <i>All 1,183 Autopsies were Full Autopsy Examinations</i>	1,183
Percent of Cases Accepted	62%
Number of External Examinations <i>All 477 External Examinations were conducted on-site.</i>	477
Percent of Cases Accepted	25%
Number of Medical Record Reviews	233
Percent of Cases Accepted	12%
Other Forensic Activities	43
Number of Non-Human Remains	0
Number of Anatomical Specimen Disposal	43
Number of Exhumations/Disinterment	0



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Breakdown Of Accepted Cases and Autopsies by Month³

Month	Case Investigations	Autopsies (Full and Partials)
January	180	85
February	146	87
March	164	92
April	142	93
May	169	107
June	142	98
July	132	93
August	163	110
September	150	95
October	157	106
November	171	104
December	178	111
Total	1,894	1,181

Medical Examiner Case Examinations by Manner of Death

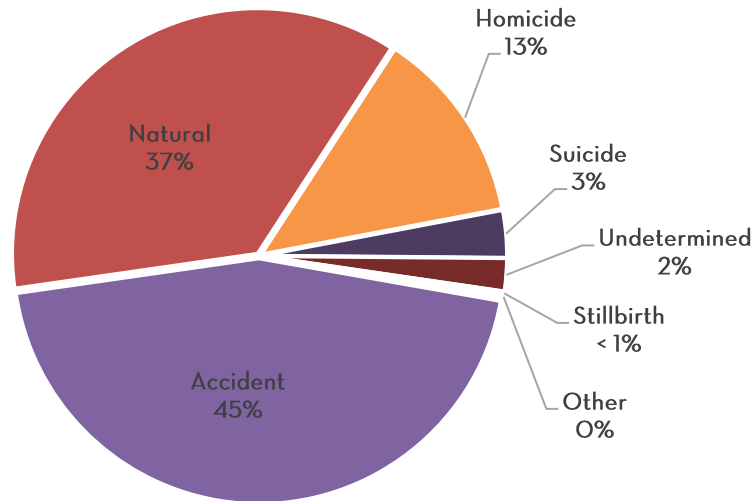
Manner	Full Autopsy Examinations	Partial Autopsy Examinations	External Examinations	Review of Medical Records	Non- Human	Anatomical Specimen Disposal	Total
Homicide	243	0	0	0	0	0	243
Suicide	54	0	3	2	0	0	59
Accident	644	0	52	155	0	0	851
Natural	202	0	413	75	0	0	690
Undetermined	38	0	3	0	0	0	41
Fetal Death	2	0	1	1	0	0	4
Total	1,183	0	472	233	0	0	1,888

³ There are 2 cases reported in CY22 where postmortem examination was performed in Jan of CY23.

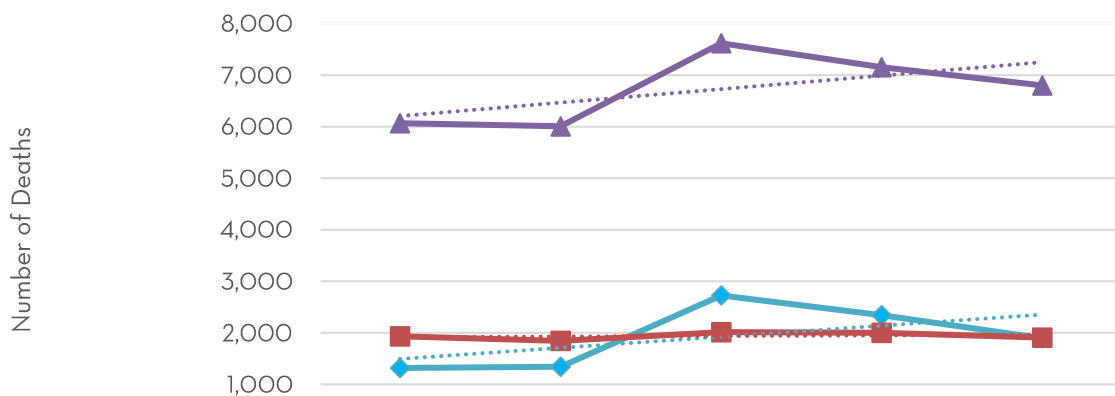


MANNER OF DEATH

Pie Chart - Medical Examiner Cases by Manner of Death



Five-year Overview of Deaths Reported to the Medical Examiner (2018- 2022)



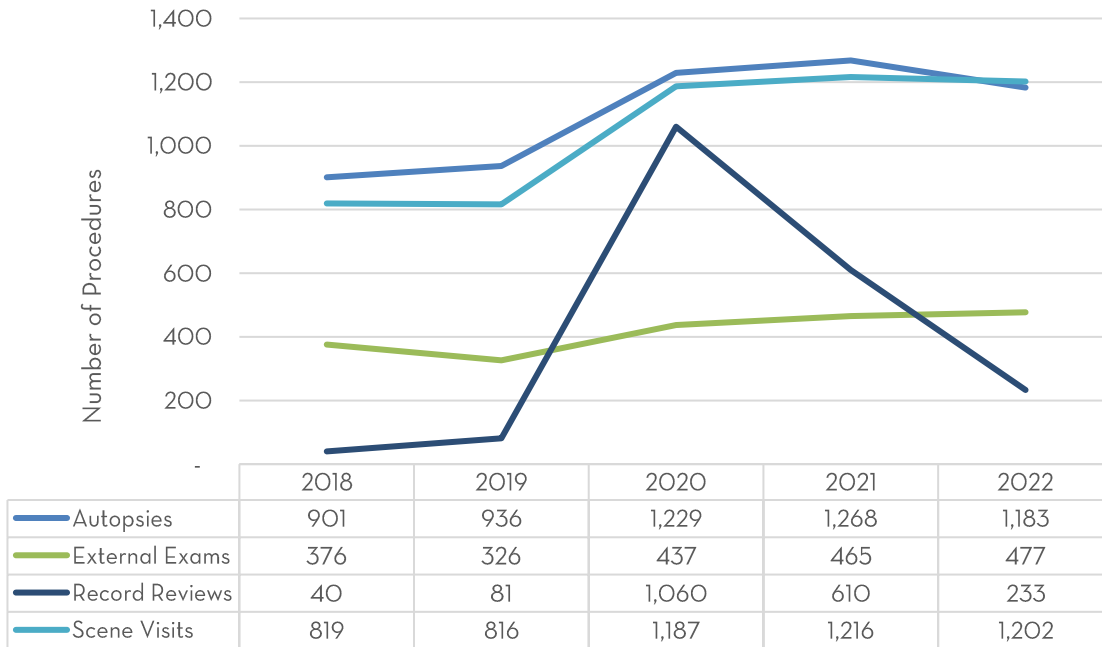
	2018	2019	2020	2021	2022
Accepted Cases	1,319	1,343	2,726	2,342	1,894
Declined Cases	1,931	1,844	2,015	2,000	1,910
Total Deaths Reported	6,066	6,009	7,619	7,152	6,802

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.



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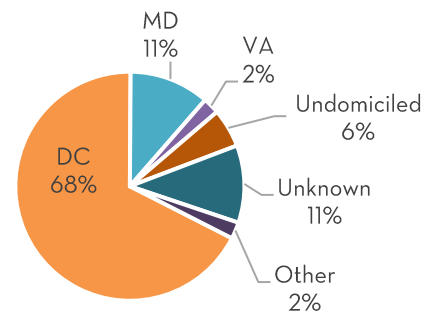
Five-Year Trends in Deaths Reported and Investigated by Exam Type (2018 - 2022)



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 the District. 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 as some may have died in another state or country. District residents may have died in hospitals found within another state like Maryland or Virginia and are not reported to OCME.

ME Cases by Jurisdiction of Residence





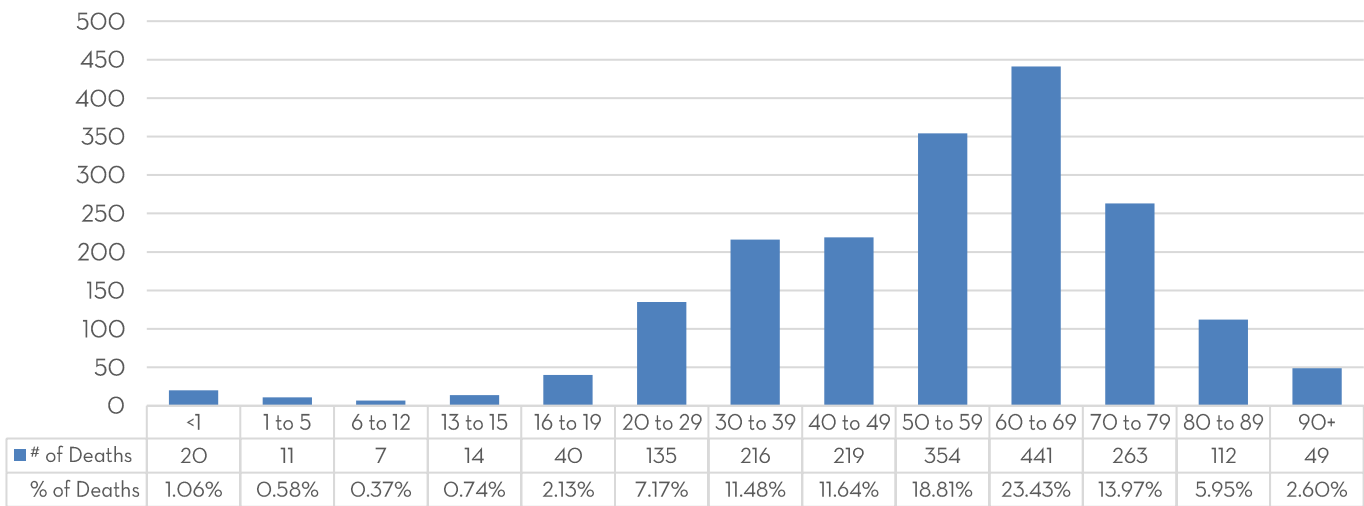
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Medical Examiner Cases by Residence and Manner of Death

DC Deaths by Jurisdiction of Residence and Manner of Death - 2022						
Ward	# of Deaths	Accidents	Homicides	Natural	Suicide	Undetermined
Ward 1	117	46	6	59	2	4
Ward 2	87	23	3	52	5	4
Ward 3	80	29	2	45	4	0
Ward 4	133	44	8	73	5	3
Ward 5	186	78	18	86	4	0
Ward 6	134	61	1	60	8	4
Ward 7	239	100	27	105	7	0
Ward 8	297	133	46	111	3	4
DC	1,273	514	111	591	38	19
MD	213	120	43	32	8	10
VA	44	26	9	7	2	0
Other	44	25	1	9	8	1
Unknown	205	93	75	28	3	6
Undomiciled	103	73	4	23	0	3
Total	1,882	851	243	690	59	39

Note: Fetal Deaths (4), unidentified skeletal remains (2), cremains (1), and Other cases (5) are not represented in the above statistics.

Total Number and Percent of 2022 Deaths Investigated by OCME by Age





MANNER OF DEATH

Total Number of 2022 Deaths Investigated by OCME by Sex⁴ and Race/Ethnicity

Race/Ethnicity	Males	Females	Total
American Indian	2	0	2
Asian	22	15	37
Black	997	415	1412
Hispanic	67	21	88
Other	5	1	6
Unknown	1	0	1
White	229	107	336
Total	1,323	559	1,882

Total Number of 2022 Deaths by Manner of Death and Sex

Sex	Accident	Homicide	Natural	Suicide	Undetermined	Total	Percent
Female	263	36	238	13	9	559	30%
Male	588	207	452	46	30	1323	70%
Total	851	243	690	59	39	1,882	100%

Note: The above tables do not include fetal deaths (4), unidentified skeletal remains (2), cremains (1), and Other cases (5). The tables above represent all accepted Medical Examiner cases, but these decedents do NOT represent District residents only.

⁴ Sex in this report refers to sex assigned at birth.

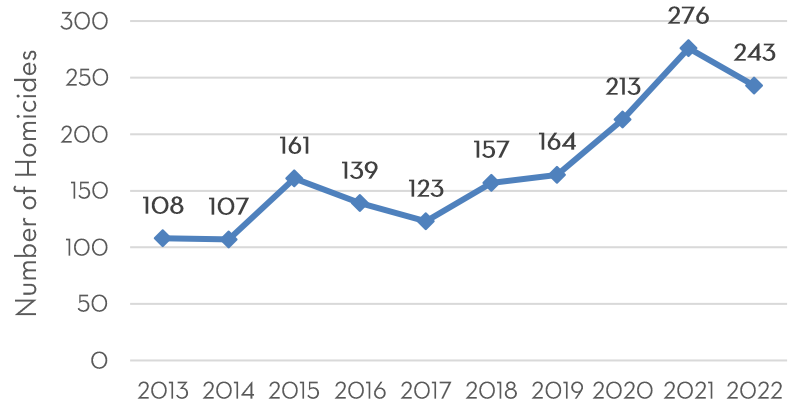


MANNER OF DEATH

HOMICIDE

The OCME investigated **243** homicides in CY 2022. 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 among black males and in persons 20 to 29 years old. The most prevalent cause of death in homicides was due to firearm use. In 2022, more homicides were observed in **May and July** than any other month.

Total Number of Homicides (2013-2022)



Homicides by Jurisdiction of Incident That Caused Death

Jurisdiction of Incident	# of Homicides	% of Homicides
District of Columbia	208	85.60%
Maryland	21	8.64%
Virginia	1	0.41%
Unknown	13	5.35%
Total	243	100%



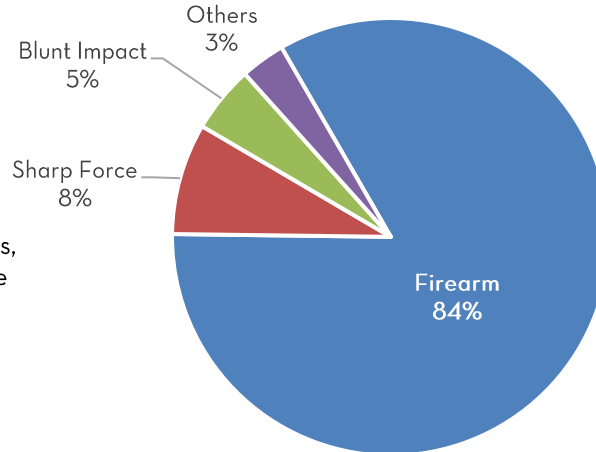
MANNER OF DEATH

Homicides by Cause of Death

Cause of Death	# of Homicides	% of Homicides
Firearm	203	84%
Sharp Force	20	8%
Blunt Impact	12	5%
Others	8	3%
Total	243	100%

Pie Chart - Homicides by Cause of Death

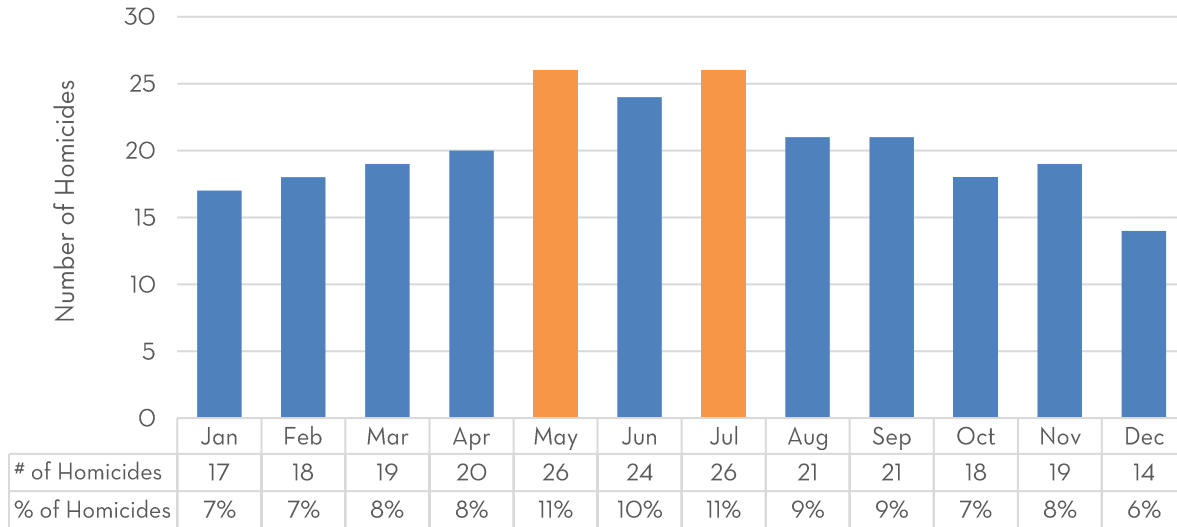
For illustrative purposes, only prevalent homicide causes of death are highlighted in this pie chart.





MANNER OF DEATH

Homicides by Month



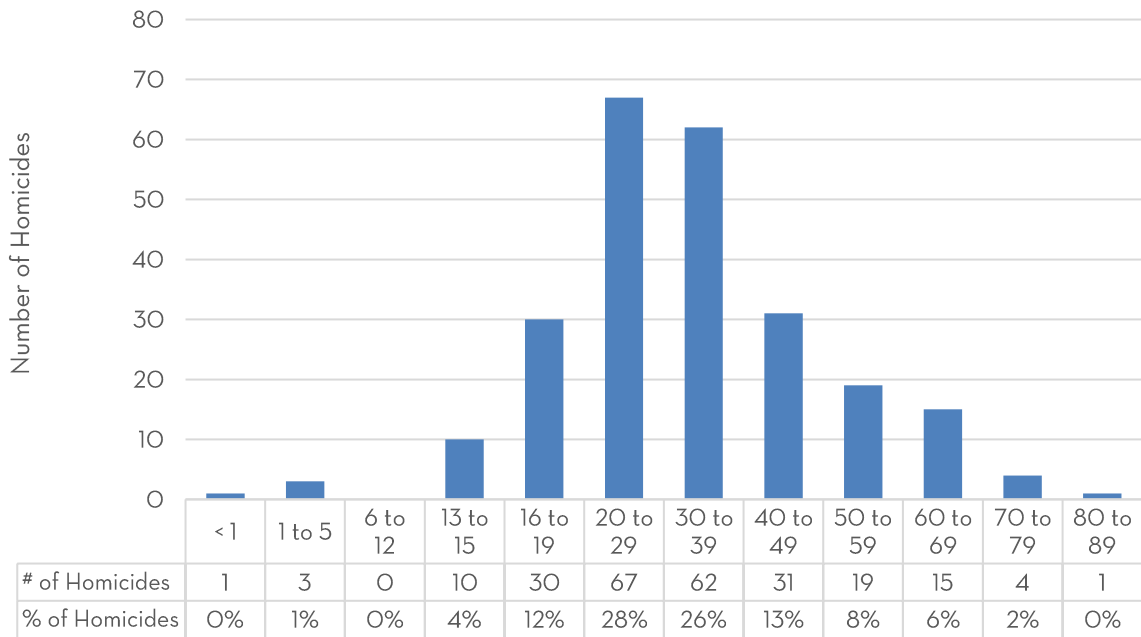
Homicides by Race/Ethnicity and Sex

Homicides by Race/Ethnicity and Sex				
	Female	Male	Total	% of Race/Ethnicity
Black	31	188	219	90%
Hispanic	1	7	8	3%
Other	1	1	2	1%
White	3	11	14	6%
Total	36	207	243	
% of Sex	15%	85%		100%

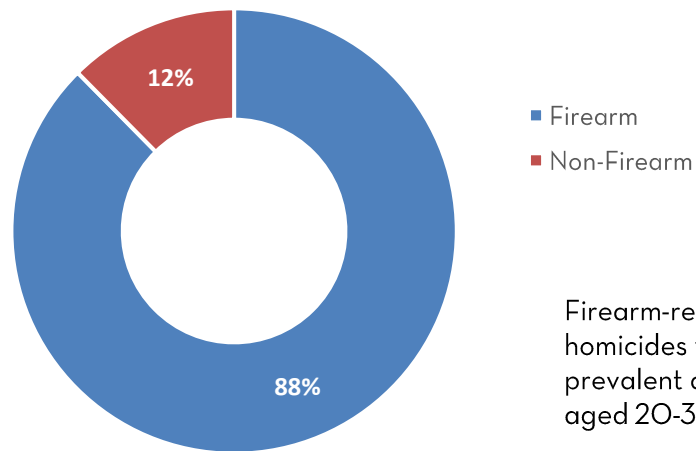


MANNER OF DEATH

Homicides by Age Group



Firearm-Related Homicides Among Adults (20-39 yrs)



Firearm-related homicides were more prevalent among adults aged 20-39 years old.



TOXICOLOGY FINDINGS FOR HOMICIDE CASES

241 of the 243 homicide cases investigated by OCME in CY 2022 were submitted to the Forensic Toxicology Division (FTD) for testing. Of these, 190 cases were processed inhouse. Toxicology analysis was positive in 159 cases and drugs were absent in 31 cases. Marijuana and marijuana metabolites are the most detected substance among homicide cases assessed onsite.

Description	# of Homicide Cases	% of Homicide Cases
n =	243	
FTD Negative	31	13%
FTD Positive	159	65%
Storage or testing performed by NMS Labs exclusively	53	0.22%

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.

The most prevalent substances detected among homicide cases tested by the FTD include:

Drug Name	# of Homicide Cases	% of Homicide Cases
THCCOOH/THC	103/96	44%/40%
Ethanol	45	19%
Fentanyl/Fentanyl Metabolites	22/28	9%/11%
Benzoylcegonine	20	8%
Phencyclidine	16	7%
Cocaine	16	7%

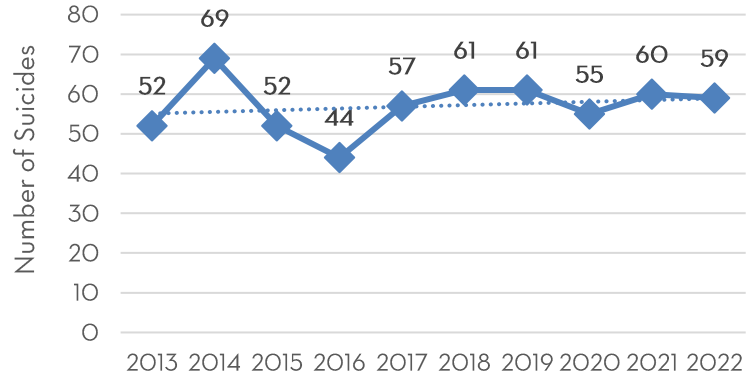


MANNER OF DEATH

SUICIDE

The OCME investigated **59** suicides in CY 2022, which represents an **1.7%** decrease from CY 2020 (**60**). Deaths by suicidal acts were more prevalent in black males and in persons between the ages of 20 to 29 years. Hanging was the leading cause of suicidal deaths. More incidents occurred in **April** than in any other month.

Total Number of Suicides (2013-2022)



Suicides By Cause of Death

Cause	# of Suicides	% of Total Suicides
Hanging	22	37%
Firearms	14	24%
Blunt Impact Trauma	9	15%
· Building- 6		
· Bridge- 2		
· Traffic- 1		
Thermal Injury	4	7%
Intoxication	4	7%
Drowning	2	3%
Sharp Force	1	2%
Poisoning	1	2%
Suffocation	1	2%
Other	1	2%
Total	59	100%

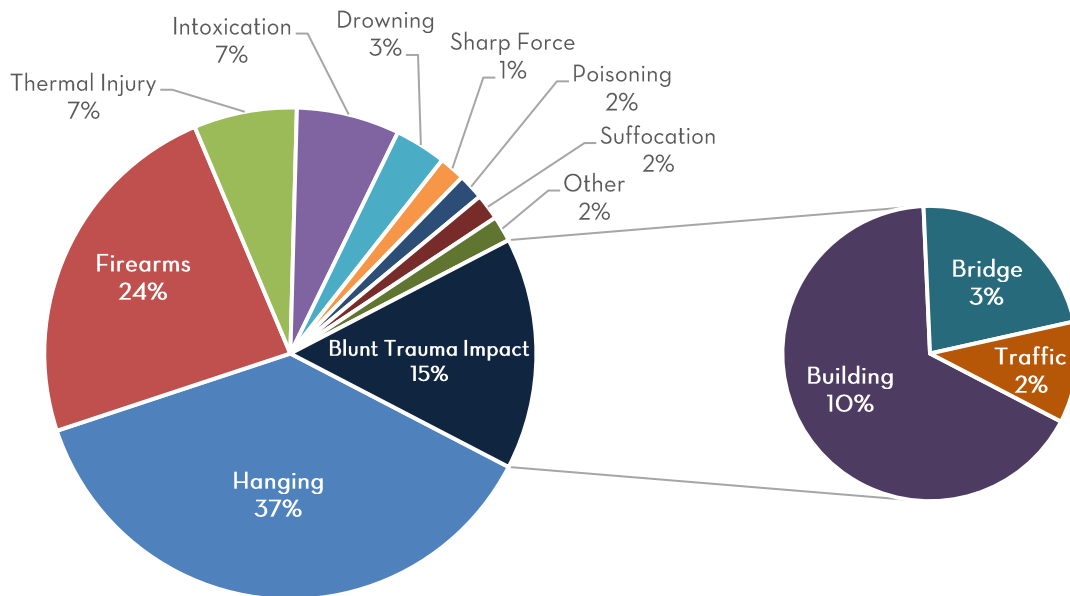


MANNER OF DEATH

Suicides By Jurisdiction of Incident

Jurisdiction of Incident	# of Suicides	% of Suicides
District of Columbia	52	88.14%
Maryland	5	8.47%
Virginia	1	1.69%
Unknown	1	1.69%
Total	59	100%

Pie Chart - Suicides by Cause of Death

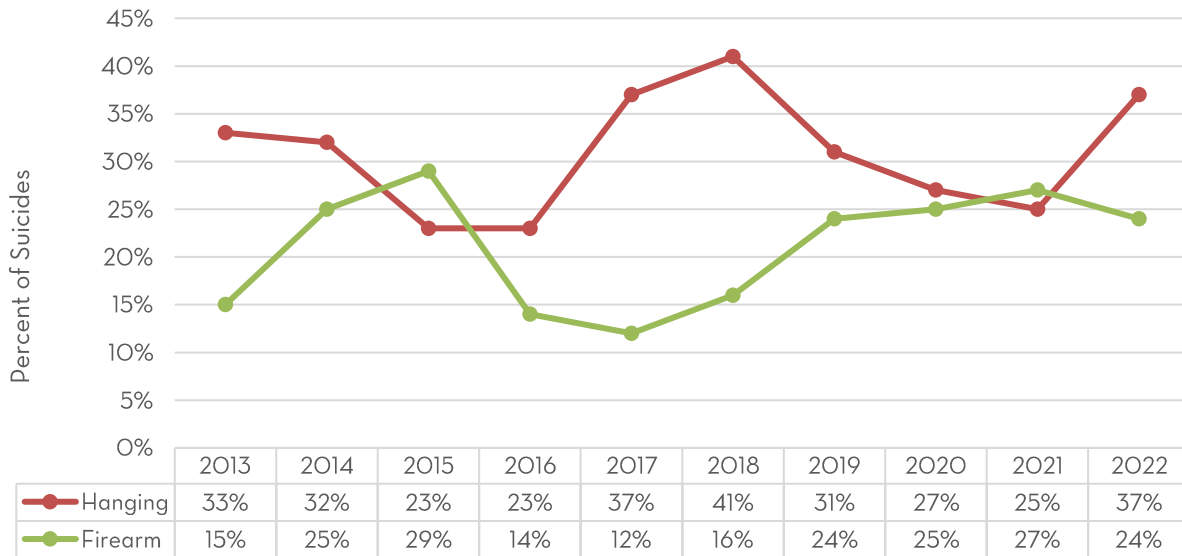


Note: The percentages in this pie chart are rounded up or down to the nearest whole number.

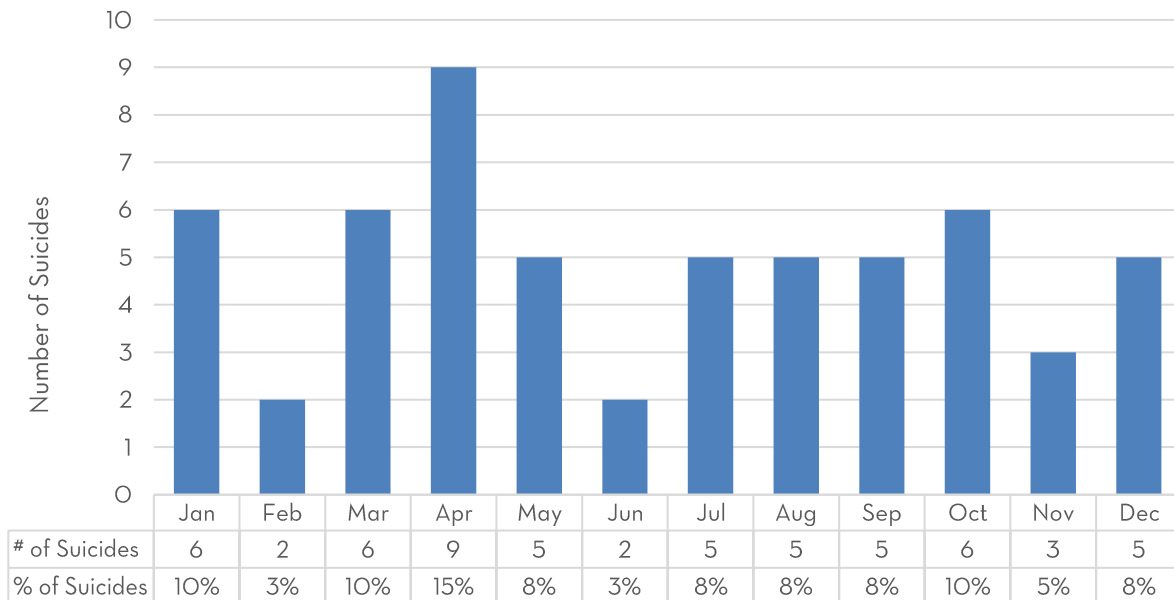


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Ten-Year Trend of Suicides by Firearms and Hanging



Suicides By Month



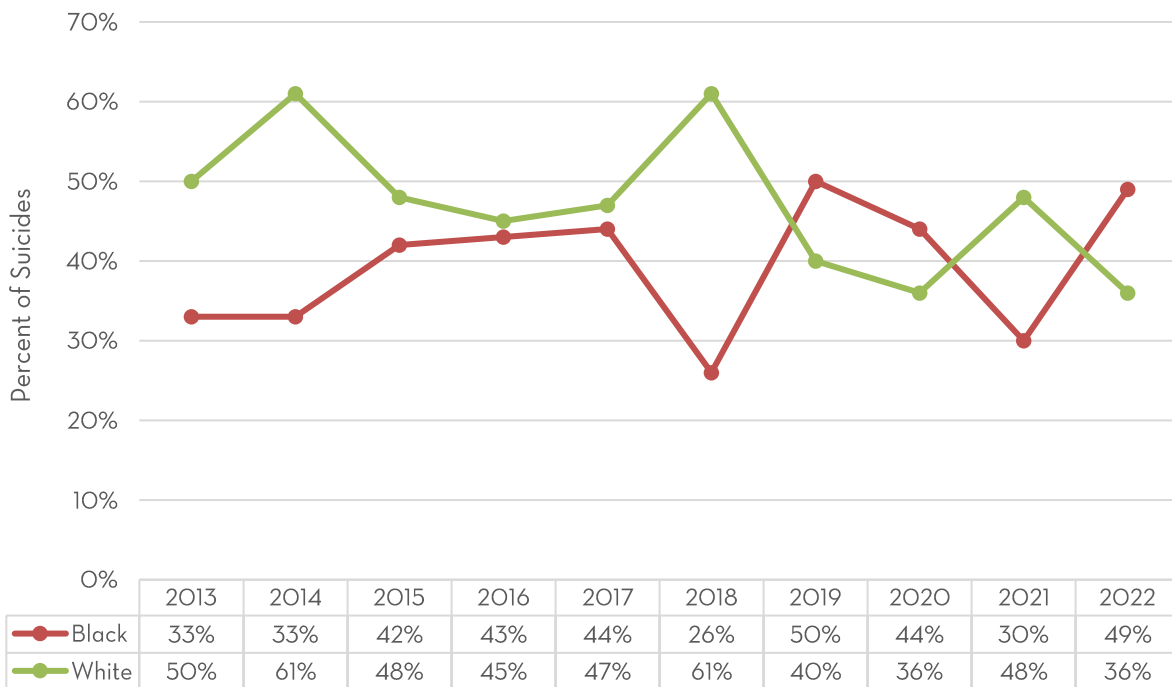


MANNER OF DEATH

Suicide by Race/Ethnicity and Sex

Suicides by Race/Ethnicity and Sex				
	Female	Male	Total	% of Race/Ethnicity
Black	6	23	29	49%
White	5	16	21	36%
Asian	2	5	7	12%
Hispanic	0	2	2	3%
Other	0	0	0	0%
Total	13	46	59	
% of Gender	22%	78%		100%

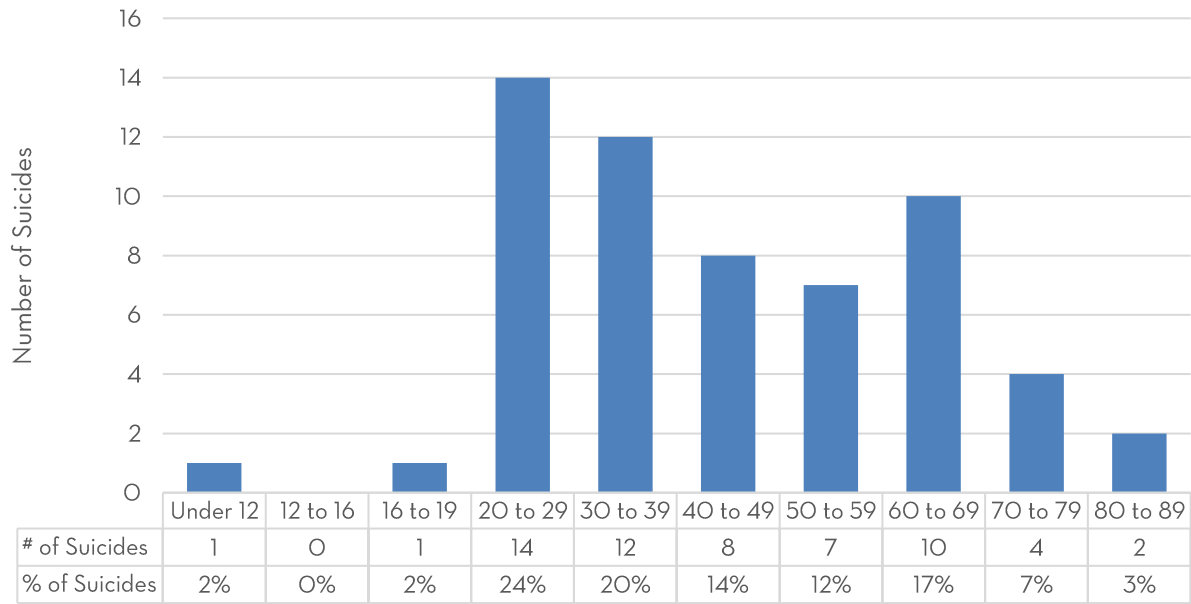
Ten-Year Trend of Suicides by Top 2 Affected Races/Ethnicities





MANNER OF DEATH

Suicides by Age Group





MANNER OF DEATH

TOXICOLOGY FINDINGS FOR SUICIDE CASES

53 of 59 suicide cases investigated by OCME in CY 2022 were submitted to the Forensic Toxicology Division for testing. Of these, 48 cases were processed inhouse. Toxicology analysis was positive in 31 cases and drugs were absent in 17 cases. 2 cases were Review of Medical Records, and therefore, no additional testing was required. Ethanol is the most detected substance among suicide cases assessed onsite.

Description	# of Suicide Cases	% of Suicide Cases
n =	59	
FTD Negative	17	29%
FTD Positive	31	53%
Storage or testing performed by NMS Labs exclusively	8	0.14%

The most prevalent substances detected among suicide cases tested by the FTD include:

Drug Name	# of Suicide Cases	% of Suicide Cases
Ethanol	11	19%
Diphenhydramine	7	12%
THCCOOH/THC	6/2	10%/3%
Cocaine/Cocaethylene	4/2	7%/3%
Fentanyl/Fentanyl Metabolites	3/4	5%/7%
Benzoyllecgonine	4	7%
Phencyclidine	3	5%
Amphetamine	3	5%

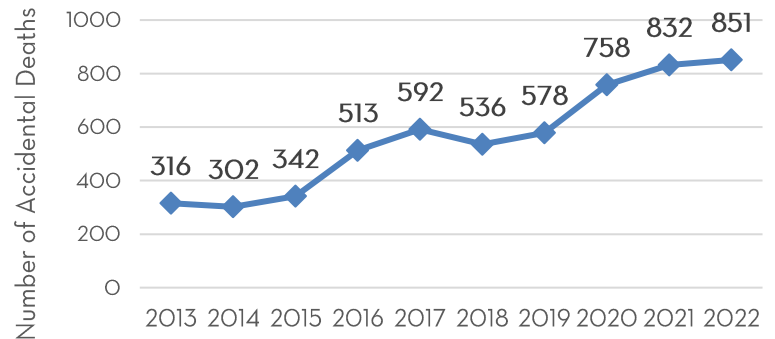


MANNER OF DEATH

ACCIDENT

OCME investigated **851** accidental deaths in CY 2022. Of the **851** cases investigated, **65** were related to motor vehicle accidents, **118** were related to falls, and **606** of the accidental deaths were the direct result of prescription and/or illicit drug use. There was a **2.3%** increase in the total number of deaths due to accidents in CY 2022. This percent change is driven primarily by increases in intoxications.

Total Number of Accidental Deaths (2013-2022)



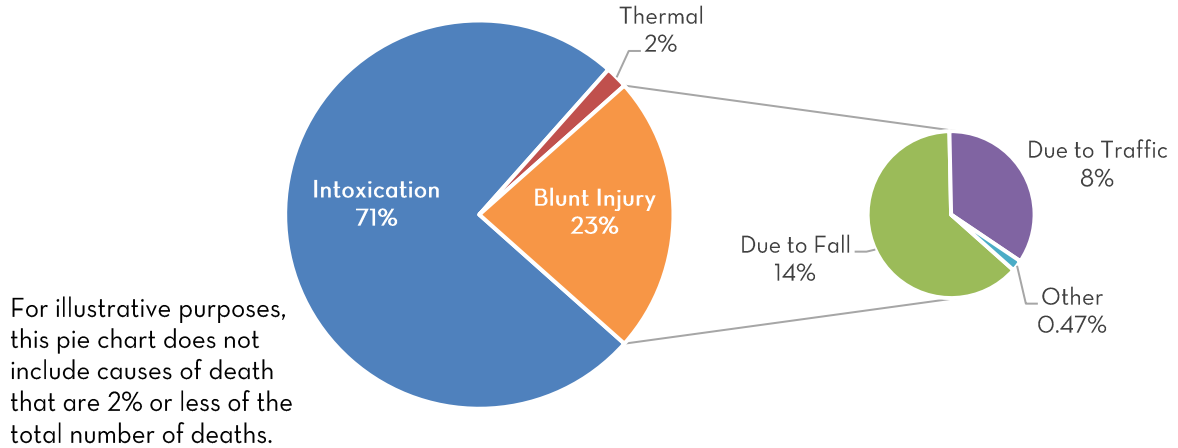
Accidents By Cause of Death

Cause of Accidental Death	# of Deaths	% of Deaths
Intoxication	606	71.2%
Blunt Injury <ul style="list-style-type: none"> · Fall - 118 · Traffic - 65 · Other - 4 	187	22.0%
Thermal	15	1.8%
Asphyxia	11	1.3%
Inhalation of Combustible Product	9	1.1%
Hypothermia	7	0.8%
Drowning	6	0.7%
Electrocution	5	0.6%
Other	2	0.2%
Hyperthermia	2	0.2%
Sharp Force	1	0.1%
Total	851	100%

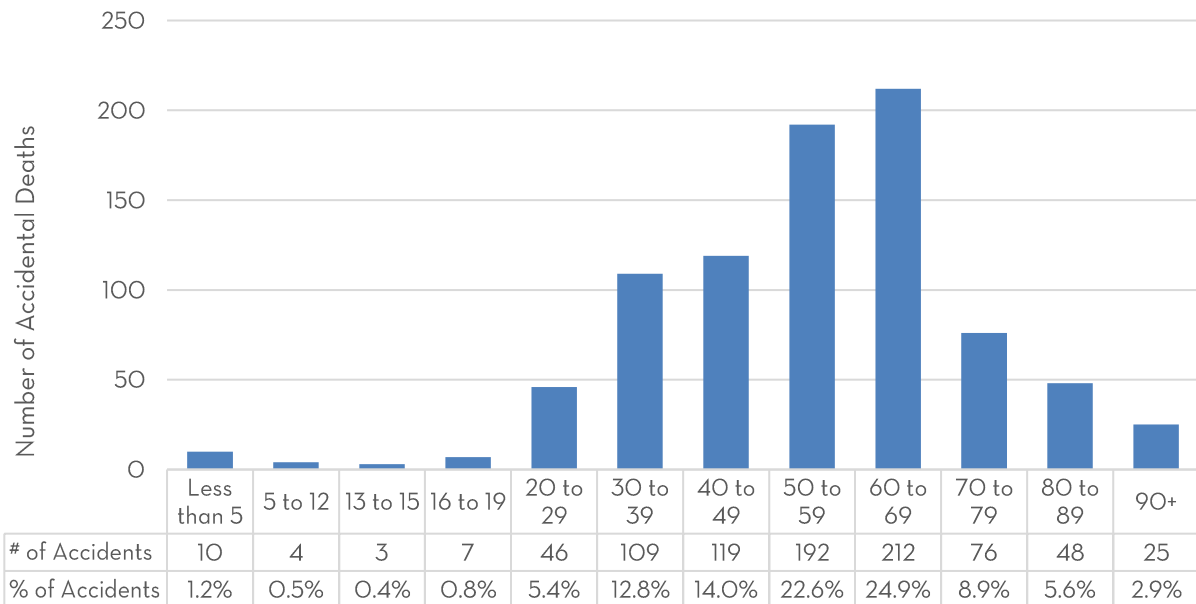


MANNER OF DEATH

Pie Chart - Accidents by Cause of Death



Accidental Deaths by Age



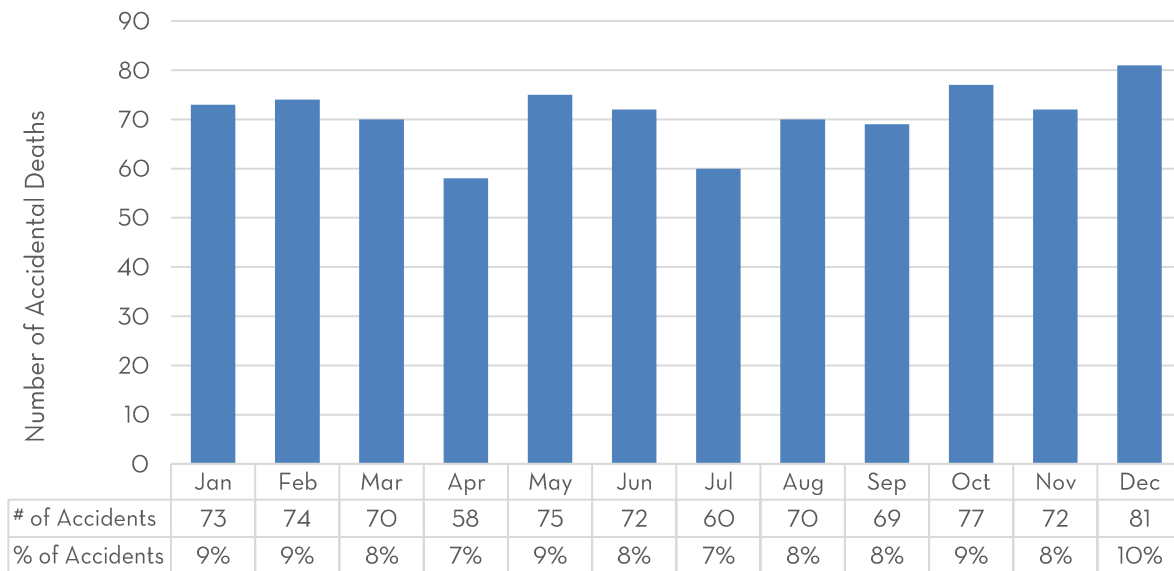


MANNER OF DEATH

Accidental Deaths by Race/Ethnicity and Sex

Accidental Deaths by Race/Ethnicity and Sex				
	Female	Male	Total	% of Race/Ethnicity
Black	189	434	623	73.2%
White	56	104	160	18.8%
Hispanic	9	39	48	5.6%
Asian	9	8	17	2.0%
Other	0	3	3	0.4%
Total	263	588	851	
% of Sex	30.9%	69.1%		100%

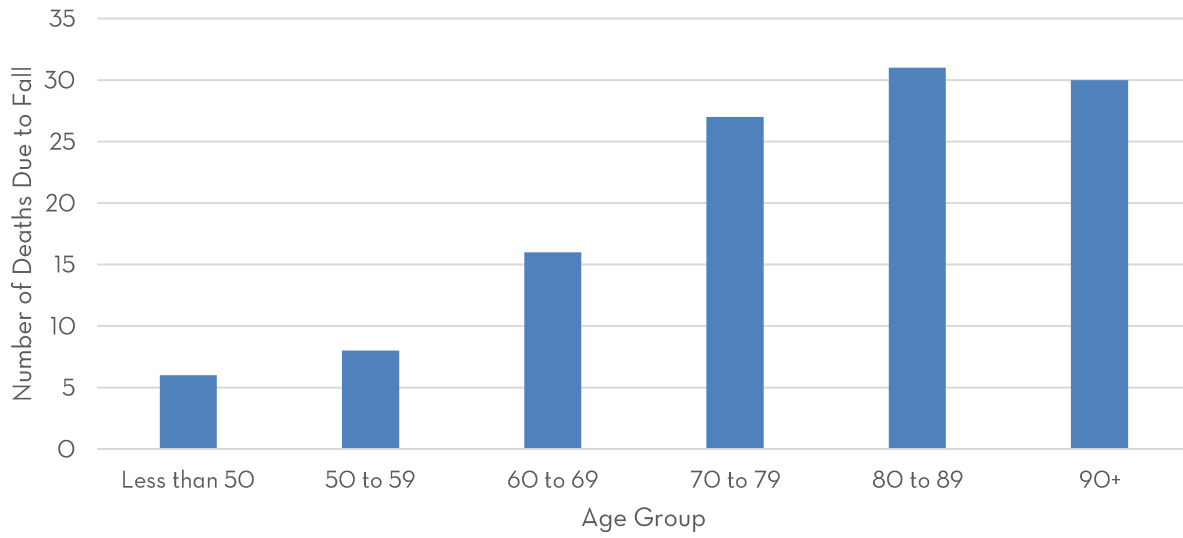
Accidental Deaths by Month





MANNER OF DEATH

Breakdown Of Falls by Age Group





MANNER OF DEATH

TOXICOLOGY FINDINGS FOR ACCIDENT CASES

669 of the 851 accident cases investigated by OCME in CY 2022 were submitted to the Forensic Toxicology Division for testing. Of these, 597 cases were processed in-house. Toxicology analysis was positive in 574 accident cases and drugs were absent in 23 cases. 155 cases were Review of Medical Records, and therefore, no additional testing was required. Fentanyl and fentanyl metabolites are the most detected substances among accident cases assessed onsite.

Description	# of Accident Cases	% of Accident Cases
n =	851	
FTD Negative	23	3%
FTD Positive	574	67%
Storage or testing performed by NMS Labs exclusively	99	0.12%

The most prevalent substances detected among accident cases tested by the FTD include:

Drug Name	# of Accident Cases	% of Accident Cases
Fentanyl/Fentanyl Metabolites	408/544	48%/64%
Benzoylcegonine	296	35%
Cocaine/Coaethylene/Anhydroecgonine methyl ester/Ecgonine methyl ester	260/109/38/33	31%/13%/4%/4%
Ethanol	208	24%
Fluorofentanyl	180	21%
Phencyclidine	104	12%
Naloxone	101	12%
THCCOOH/THC	97/48	11%/6%
Morphine/6-Acetylmorphine/Codeine	63/46/24	7%/5%/3%



MANNER OF DEATH

TOXICOLOGY FINDINGS FOR DEATHS DUE TO ACCIDENTAL DRUG OVERDOSE

544 of the 606 fatal accidental intoxications investigated by OCME in CY 2022 were submitted to the Forensic Toxicology Division for testing. 36 cases were Review of Medical Records, and therefore, no additional testing was required. 515 cases were processed in-house. Toxicology analysis was positive in 513 fatal accidental intoxications and drugs were absent in 2 cases. Fentanyl and fentanyl metabolites are the most detected substances among fatal accidental intoxications assessed onsite.

Description	# of Overdose Cases	% of Overdose Cases
n =	606	
FTD Negative	2	0.3%
FTD Positive	513	85%
Storage or testing performed by NMS Labs exclusively	55	0.09%

The most prevalent substances detected among accidental intoxication cases tested by the FTD include:

Drug Name	# of Overdose Cases	% of Overdose Cases
Fentanyl/Fentanyl Metabolites	398/537	66%/89%
Benzoyllecgonine	289	48%
Cocaine/Coaethylene/ Anhydroecgonine methyl ester/Ecgonine methyl ester	254/107/35/32	42%/18%/6%/5%
Ethanol	180	30
Fluorofentanyl	178	29
Naloxone	101	17
Phencyclidine	97	16
THCCOOH/THC	88/42	15%/7%
Phencyclidine	97	16
Morphine/6-Acetylmorphine/Codeine	61/46/24	10%/8%/4%



TOXICOLOGY FINDINGS FOR ACCIDENT (TRAFFIC-RELATED) CASES

54 of the 65 traffic-related accident cases investigated by OCME in CY 2022 were submitted to the Forensic Toxicology Division for testing. Of these, 36 cases were processed in-house. Toxicology analysis was positive in 29 traffic-related accident cases and drugs were absent in 7 cases. 11 cases were Review of Medical Records, and therefore, no additional testing was required. Ethanol is the most detected substance among traffic-related accident cases assessed onsite.

Description	# of Traffic Cases	% of Traffic Cases
n =	65	
FTD Negative	7	11%
FTD Positive	29	45%
Storage or testing performed by NMS Labs exclusively	18	0.28%

The most prevalent substances detected among traffic-related accident cases tested by the FTD include:

Drug Name	# of Traffic Cases	% of Traffic Cases
Ethanol	17	26%
THCCOOH/THC	6/5	9%/8%
Fentanyl/Fentanyl Metabolites	4/2	6%/3%
Cocaine/Cocaine Metabolites	4/2	6%/3%
Benzoylcegonine	4	6%

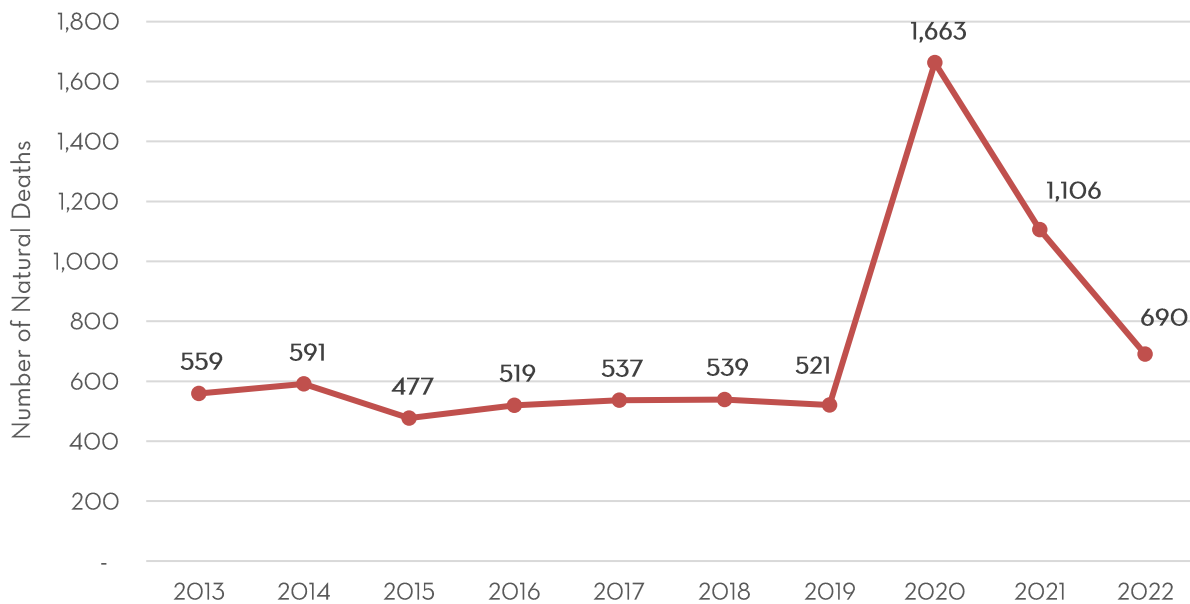


MANNER OF DEATH

NATURAL

Although there has been a **37.6%** decrease since CY 2021, Natural deaths continue to account for a large majority of cases reported to and accepted by the OCME. In CY 2022, **690** deaths were determined to be a result of natural disease. In CY 2021, cardiovascular disease reemerged as the leading cause of natural death despite the ongoing COVID-19 public health emergency. This trend persisted through CY 2022 (**494**). The number of natural deaths due to infection/infectious disease decreased **87%/91%**. Blacks were more prevalent in this category representing **75.2%** of the population affected. More natural deaths occurred in **January** than in any other month.

Total Number of Natural Deaths (2013-2022)



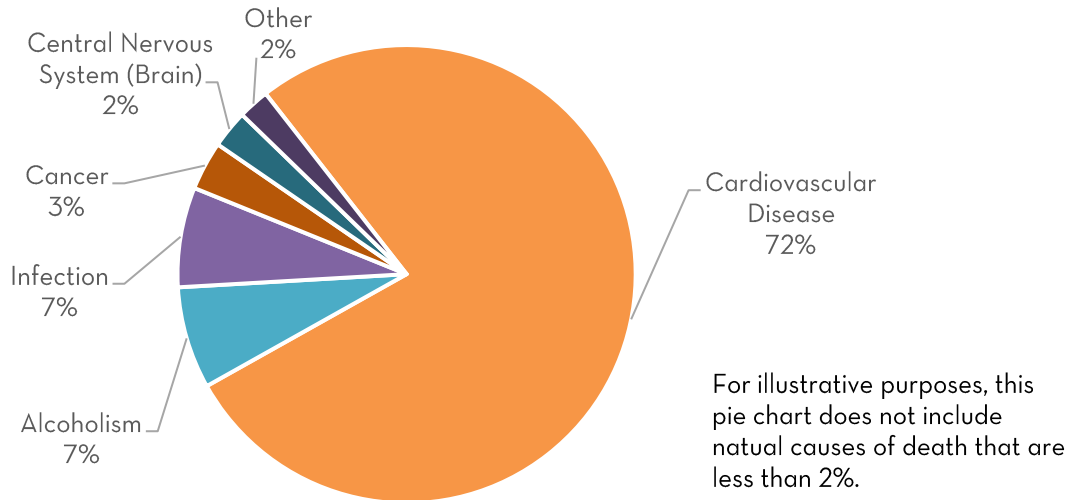


MANNER OF DEATH

Natural Deaths by Cause

Causes of Natural Deaths	# of Natural Deaths	% of Natural Deaths
Cardiovascular Disease	494	72%
Alcoholism	46	7%
Infection	45	7%
Cancer	22	3%
Central Nervous System (Brain)	17	2%
Other	14	2%
Diabetes	13	1.88%
Respiratory Disease	12	1.74%
Obesity or Complications of Obesity	8	1.16%
Complications of Drug Abuse	5	0.72%
Gastrointestinal Disease	5	0.72%
Infectious Disease	5	0.72%
Connective Tissue Disease	2	0.29%
Therapeutic Complications	1	0.14%
AIDS	1	0.14%
Total	690	100%

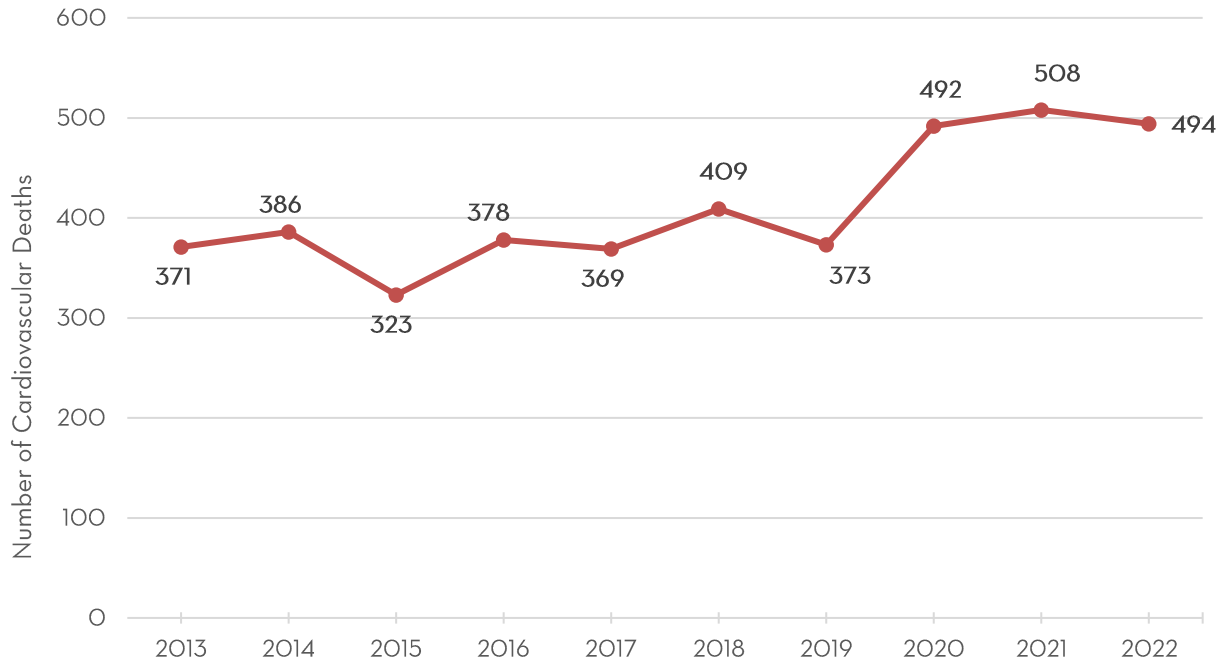
Pie Chart - Natural Deaths by Cause



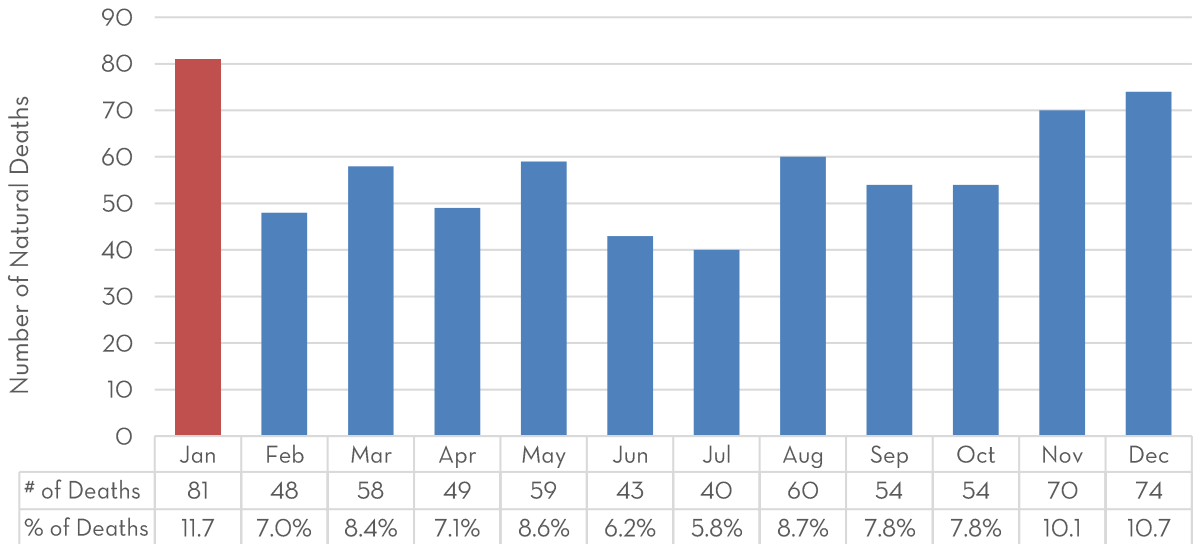


MANNER OF DEATH

Natural Deaths Due to Cardiovascular Disease; Ten-Year Trend (2013-2022)



Natural Deaths by Month





MANNER OF DEATH

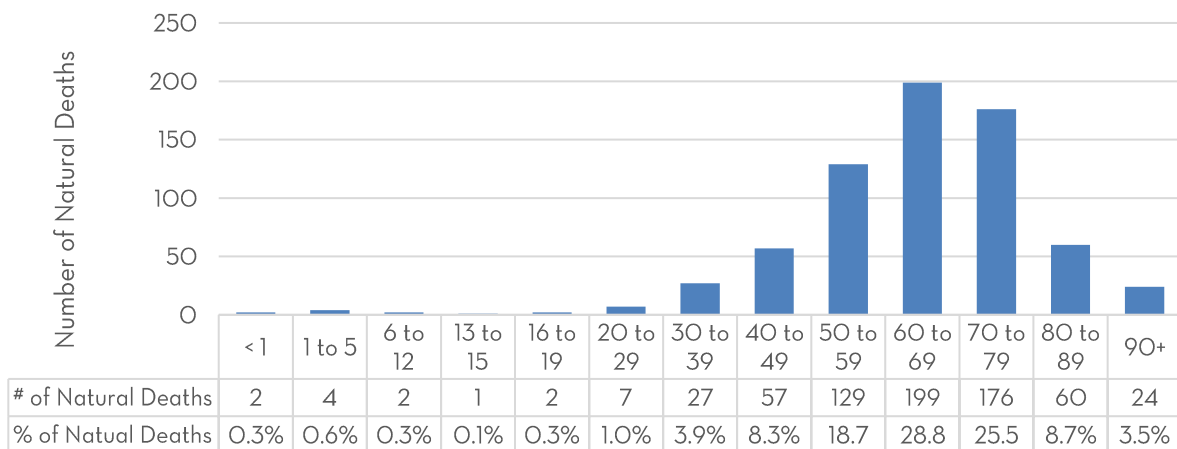
Natural Deaths by Exam Type

Exam Type	# of Natural Deaths	% of Natural Deaths
Review Medical Records	202	29%
External Exam	413	60%
Autopsy	75	11%
Total	690	100%

Natural Deaths by Race/Ethnicity and Sex

Natural Deaths by Race/Ethnicity and Sex				
	Female	Male	Total	Percent of Race/Ethnicity
Black	184	335	519	75.2%
White	40	89	129	18.7%
Hispanic	10	18	28	4.1%
Asian	4	7	11	1.6%
Other	0	2	2	0.3%
American Indian	0	1	1	0.1%
Unknown	0	0	0	0.0%
Total	238	452	690	
Percent of Sex	34.5%	65.5%		100%

Natural Deaths by Age





TOXICOLOGY FINDINGS FOR NATURAL CASES

575 of the 690 natural cases investigated by OCME in CY 2022 were submitted to the Forensic Toxicology Division for testing. Of these, 191 cases were processed in-house. Toxicology analysis was positive in 107 natural cases and drugs were absent in 84 cases. 75 cases were Review of Medical Records, and therefore, no additional testing was required. Ethanol is the most detected substance among natural cases assessed onsite.

Description	# of Natural Cases	% of Natural Cases
n =	575	
FTD Negative	84	15%
FTD Positive	107	19%
Storage or testing performed by NMS Labs exclusively	424	0.74%

The most prevalent substances detected among natural cases tested by the FTD include:

Drug Name	# of Natural Cases	% of Natural Cases
Ethanol	34	6%
THCCOOH/THC	29/20	5%/3%
Beta-Hydroxybutyrate	20	3%
Acetone	15	3%
Isopropanol	10	2%



MANNER OF DEATH

UNDETERMINED

The OCME investigated **39** cases (**2%** of total Accepted Cases) in which the manner of death was concluded to be Undetermined. Of these, **17** cases or **44%** also had a cause of death classified as Undetermined.

An Undetermined manner of death is determined 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 among decedents aged **1 to 19**. Peak incidents occurred in **March**.

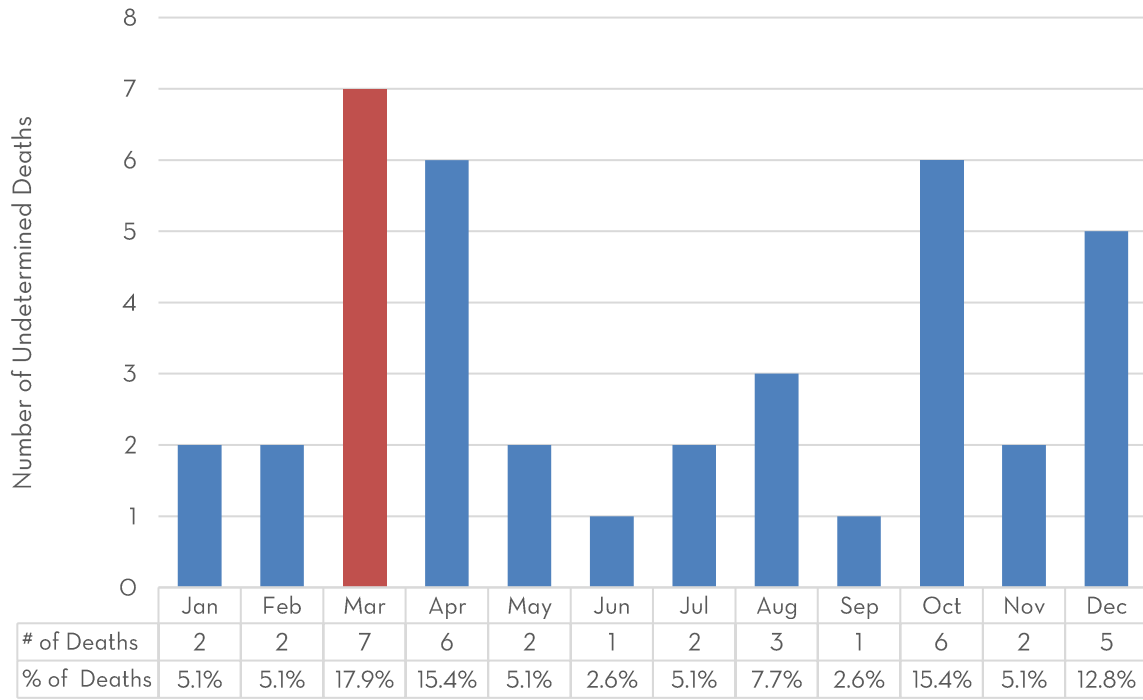
Cause of Death	# of Undetermined Deaths ⁵	% of Undetermined Cases
Undetermined	17	44%
Sudden/Unexplained	10	26%
Blunt Impact	4	10%
Intoxication/Poisoning	3	8%
Skeletal Remains	1	3%
Asphyxia	1	3%
Intoxication	1	3%
SUID	1	3%
Thermal Injury	1	3%
Total	39	100%

⁵ Tables and figures do not include 2 unidentified skeletal remains.



MANNER OF DEATH

Undetermined Deaths by Month



Undetermined Deaths by Race/Ethnicity and Sex

Race	Female	Male	Total	Percent of Race/Ethnicity
Black	5	16	21	53.8%
White	3	7	10	25.6%
Hispanic	1	4	5	12.8%
Asian	0	1	1	2.6%
Other	0	1	1	2.6%
Unknown	0	1	1	2.6%
Total	9	30	39	
Percent of Sex	23.1%	76.9%		100%



MANNER OF DEATH

Undetermined Deaths by Age

Age	# of Undetermined Deaths ⁵
Under 1	11
1 to 5	0
6 to 12	0
16 to 19	0
20 to 29	1
30 to 39	6
40 to 49	4
50 to 59	7
60 to 69	5
70 to 79	3
80 to 89	1
Unknown	1
Total	39



MANNER OF DEATH

TOXICOLOGY FINDINGS FOR UNDETERMINED DEATHS

39 of the 41 undetermined cases investigated by OCME in CY 2022 were submitted to the Forensic Toxicology Division for testing. Of these, 38 cases were processed in-house. Toxicology analysis was positive in 25 undetermined cases and drugs were absent in 13 cases. Ethanol is the most detected substance among traffic-related accident cases assessed onsite.

Description	# of Undetermined Cases	% of Undetermined Cases
n =	41	
FTD Negative	13	32%
FTD Positive	25	61%
Storage or testing performed by NMS Labs exclusively	2	0.05%

The most prevalent substances detected among undetermined cases tested by the FTD include:

Drug Name	# of Undetermined Cases	% of Undetermined Cases
Ethanol	13	32%
THCCOOH/THC	4/3	10%/7%
Phencyclidine	4	10%
Cocaine/Cocaine Metabolites	4/5	10%/12%
Benzoyllecgonine	4	10%
Morphine	3	7%



MANNER OF DEATH

BREAKDOWN OF MEDICAL EXAMINER INVESTIGATIONS

The US Census 1-year American Community Survey (ACS) estimated the 2022 District of Columbia total population to be **671,803⁶** inhabitants, which is comprised primarily of the following racial/ethnic groups: White, Black, Hispanic, Asian, and Other. There was a total of **6,802** deaths within the District of Columbia in CY 2022. In 2022, the OCME investigated **3,995** deaths that occurred in the District of Columbia. Of those cases, **4,000** were accepted under the jurisdiction of the Medical Examiner for further investigation; **1,273** of which 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.*

2022 Manner of Death by Race with 2022 Census 1-Year ACS Estimates

Race	2022 Census	ME Cases DC Residents Only	BY MANNER OF DEATH ⁵						
			Total ME Cases	Acc.	Hom.	Nat.	Sui.	Und.	Fetal Death
Black (non-Hispanic) ⁷	279,809	1,011	1,412	623	218	519	29	21	2
White (non-Hispanic)	246,745	199	334	160	14	129	21	10	0
Hispanic (any single race)	78,911	41	94	45	8	28	2	5	2
Asian (non-Hispanic)	27,250	16	37	17	1	11	7	1	0
Other	3,823	5	6	2	1	2	0	1	0
American Indian and Alaska Native (non-Hispanic)	1,012	1	2	1	0	1	0	0	0
Pacific Islander (non-Hispanic)	709	0	0	0	0	0	0	0	0
Two or more races	33,544	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Unknown			1	0	0	0	0	1	0
Total Population	671,803			851	243	690	59	39	4
Total # of ME Cases		1,273	1,886						
	Deaths in 2022	DC Residents Only	ME Cases						
2022 Data - Center for Policy, Planning and Evaluation, DC DOH	6,802	Not Available	1,886						

*The following accepted cases are not represented in the table: unidentified skeletal remains (2) & cremains (1).

Legend for Manner of Death:

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

⁶ Source: US Census Bureau at <https://data.census.gov/table?q=population%20in%20DC%20in%202022>

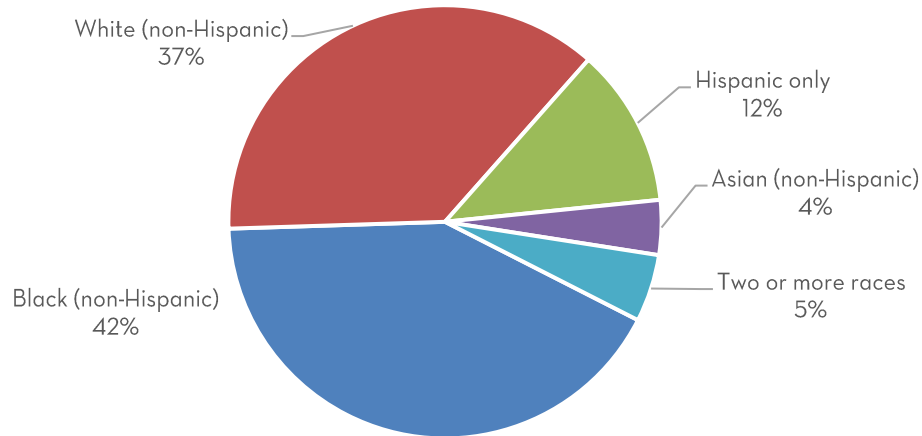
⁷ The (non-Hispanic) attribute only applies to the 2022 Census data and does not apply to the OCME statistics for race by "Manner of Death"



MANNER OF DEATH

3.7 - Total Population

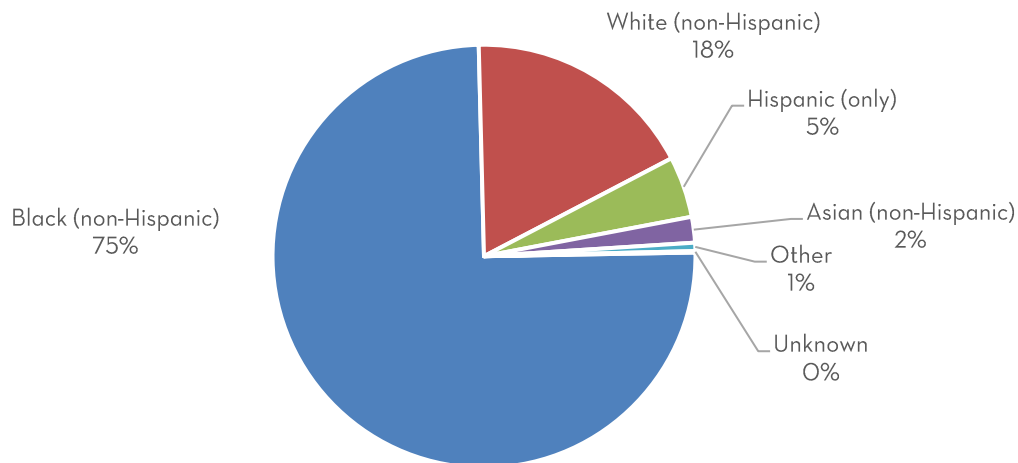
2022 U.S. Census 1-Year ACS Population Estimate by Race for the District of Columbia



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

2022 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

Sections 22(a) and 23(e) of the Uniform Anatomical Gift Revision Act of 2008 mandate that the Chief Medical Examiner engage 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 the law and ensure full cooperation 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 the OCME's 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	106	28	16
No	4	45	n/a
Requests Abandoned	0	36	n/a
Not Required	0	1	n/a
Total Requests	110	110	16



TOXICOLOGY SERVICES

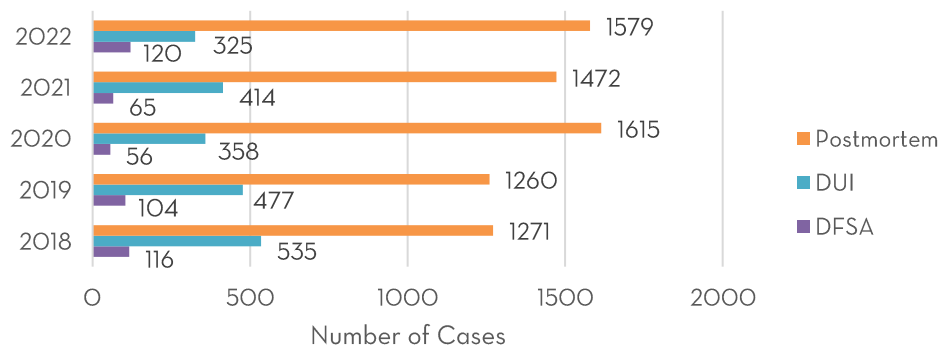
Postmortem Toxicology Summary CY 2022

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 2022, the Forensic Toxicology Division (FTD) processed 1,579 postmortem cases (1,066 cases tested in-house). This is a **7.3% increase** from 2021's 1,472 postmortem cases processed and tested.

Total number of postmortem cases processed:

Description	# of Cases	% of Cases
n =	1,579	
FTD Negative	168	11%
FTD Positive	898	57%

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 Postmortem Cases Processed in-house
Fentanyl/Fentanyl Metabolites	436/579	28%/37%
Benzoylecgonine	331	21%
Ethanol	306	19%
Cocaine/ Coethylene/ Anhydroecgonine methyl ester/Ecgonine methyl ester	289/121/39/37	18%/0.08%/ 0.02%/0.02%
THCCOOH/THC	239/169	15%/11%
Flurofentanyl	192	12%
Phencyclidine	127	0.08%
Naloxone	112	0.07%
Morphine/6-Acetylmorphine	72/48	0.05%/0.03%
Diphenhydramine	34	0.02%



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 2022, the laboratory received 325 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 325 cases.

Drugs that are excluded from typical DUI toxicology reports include common compounds found such as caffeine and nicotine.

Total number of DUI cases received and analyzed in 2022:

Description	# of Cases	% of Cases
n =	325	
Negative	19	6%
Positive	306	94%

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

Drug Name	# of Cases	% of Cases (n=325)
Ethanol	222	68.3%
THCCOOH	128	39.4%
Phencyclidine	54	16.6%
Benzoylcegonine	51	15.7%
Cocaine	35	10.8%
Fentanyl	31	9.5%

DUI: Urine Ethanol Concentration Distribution in 2022



TOXICOLOGY SERVICES

Urine Ethanol Concentration(g/100mL)	# of DUI Cases
0.01	7
0.02	2
0.03	1
0.04	7
0.05	4
0.06	1
0.07	5
0.08	6
0.09	2
0.1	1
0.11	1
0.12	4
0.13	5
0.14	5
0.15	5
0.16	4
0.17	1
0.18	8
0.19	6
0.2	7
0.21	8
0.22	4
0.23	5
0.24	6
0.25	4
0.26	6
0.27	14
0.28	9
0.29	6
0.3	7
0.31	6
0.32	2
0.33	6
0.34	3
0.35	6
0.36	3
0.37	3
0.38	4
0.4	1
0.41	1
0.42	2
0.44	2
0.46	1



DUI: Blood Ethanol Concentration Distribution in 2022

Blood Ethanol Concentration (g/100mL)	# of DUI Cases
0.01	1
0.04	1
0.06	2
0.07	1
0.09	2
0.1	1
0.11	1
0.12	2
0.13	2
0.14	3
0.15	5
0.16	2
0.17	2
0.19	3
0.2	3
0.22	1
0.23	1
0.25	1
0.27	1

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

Drug Name	# of Cases	% of Cases (n=325)
Ethanol	222	68.3%
THCCOOH	128	39.4%
Phencyclidine	54	16.6%
Benzoyllecgonine (cocaine metabolite)	51	15.7%
Cocaine	35	10.8%



TOXICOLOGY SERVICES

Turnaround Time (TAT) for DUI Cases

TAT (Days)	# of DUI Cases
16	1
20	1
21	6
22	1
23	2
24	1
25	2
26	1
27	4
28	3
29	6
30	1
31	8
32	1
33	10
34	12
35	16
36	9
37	4
38	16
39	18
40	15
41	8
42	16
43	20
44	7
45	3
46	6
47	4
51	10
52	4
53	1

TAT (Days)	# of DUI Cases
54	6
55	9
56	7
57	10
58	1
59	4
60	3
61	2
62	5
63	9
64	10
65	1
66	1
67	1
69	2
70	3
72	1
73	1
74	1
76	1
77	1
78	2
79	1
80	3
81	3
82	1
84	2
87	1
88	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 2022, the laboratory received cases from District government agencies including 63 from the MPD and 57 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 120 cases.

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 =	120	
Negative	25	21%
Positive	95	79%

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

Drug Name	# of Cases	% of Cases (n=120)
THCCOOH	42	35.0%
Ethanol	21	17.5%
Benzoylcegonine	18	15.0%
Acetone	15	12.5%
Diphenhydramine	13	10.8%
Cocaine	13	10.8%
Pentylone	9	7.5%
Lidocaine	9	7.5%
Anhydroecgonine methyl ester	8	6.7%
Phencyclidine	7	5.8%



TOXICOLOGY SERVICES

Subject Demographics for DFSA Cases Were:

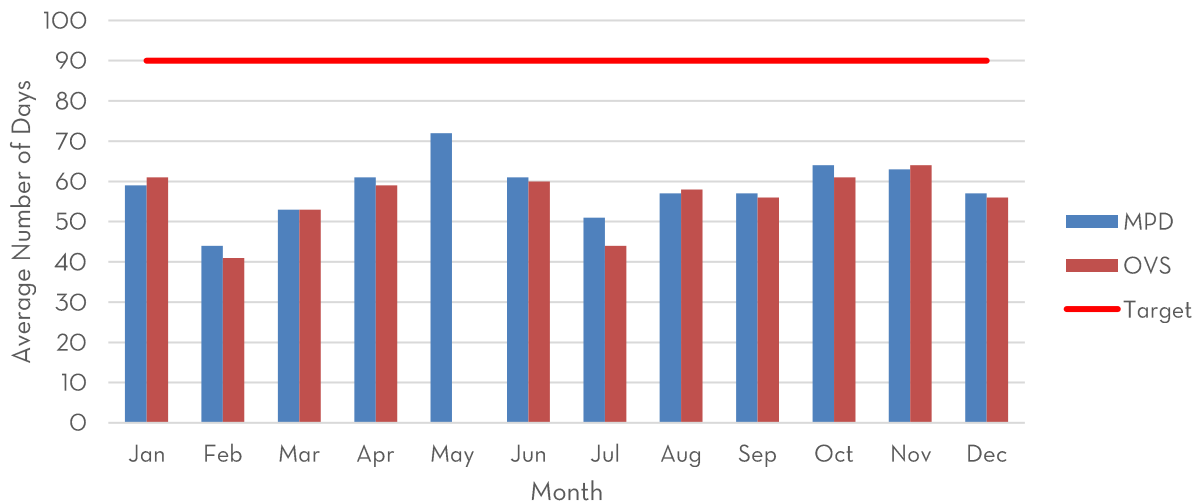
Sex	# of Cases	% of Cases
Male	16	13.3%
Female	103	85.8%
Transgender ⁸	1	0.8%
Total	120	100%

Average age was 33 years old.

Age Range	# of Cases
<15	0
15-19	10
20-24	28
25-29	30
30-34	18
35-39	14
40-44	10
45-49	3
50-54	3
55-59	2
60+	2

Agency	Cases Received	% of Cases
MPD	57	47.5%
OVS	63	52.5%
Total	120	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 CY2022.

⁸ Gender identity is suppressed because population is less than five.



TOXICOLOGY SERVICES

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	Received Date	Report Date	Days	Agency	Received Date	Report Date	Days
OVS	1/6/2022	3/1/2022	54	MPD	8/18/2022	10/21/2022	64
MPD	1/13/2022	3/29/2022	75	MPD	8/26/2022	11/14/2022	80
MPD	1/13/2022	3/11/2022	57	OVS	8/29/2022	10/25/2022	57
MPD	1/20/2022	3/7/2022	46	MPD	8/29/2022	10/28/2022	60
OVS	1/26/2022	3/24/2022	57	OVS	8/29/2022	11/14/2022	77
OVS	1/26/2022	4/12/2022	76	MPD	8/29/2022	10/21/2022	53
MPD	2/3/2022	3/31/2022	56	MPD	9/6/2022	11/8/2022	63
OVS	2/11/2022	3/24/2022	41	MPD	9/6/2022	10/28/2022	52
OVS	2/11/2022	3/24/2022	41	OVS	9/19/2022	11/22/2022	64
MPD	2/14/2022	3/24/2022	38	OVS	9/19/2022	11/9/2022	51
OVS	3/1/2022	4/18/2022	48	OVS	9/19/2022	11/9/2022	51
MPD	3/1/2022	5/2/2022	62	OVS	9/19/2022	11/9/2022	51
OVS	3/1/2022	5/2/2022	62	MPD	9/19/2022	11/9/2022	51
MPD	3/11/2022	5/2/2022	52	MPD	9/19/2022	12/1/2022	73
OVS	3/15/2022	5/4/2022	50	MPD	9/26/2022	11/16/2022	51
OVS	3/15/2022	5/2/2022	48	OVS	9/28/2022	11/21/2022	54
OVS	3/16/2022	5/2/2022	47	OVS	9/28/2022	11/12/2022	45
MPD	3/17/2022	5/9/2022	53	OVS	9/28/2022	12/5/2022	68
MPD	3/17/2022	5/9/2022	53	MPD	9/29/2022	12/13/2022	75
MPD	3/17/2022	5/9/2022	53	MPD	9/29/2022	11/17/2022	49
MPD	3/29/2022	6/10/2022	73	MPD	10/3/2022	11/12/2022	40
MPD	3/31/2022	5/13/2022	43	OVS	10/18/2022	12/19/2022	62
MPD	3/31/2022	5/13/2022	43	OVS	10/18/2022	12/19/2022	62
OVS	4/7/2022	5/16/2022	39	OVS	10/18/2022	1/20/2023	94
OVS	4/7/2022	6/15/2022	69	OVS	10/18/2022	12/20/2022	63
OVS	4/7/2022	6/10/2022	64	MPD	10/20/2022	12/20/2022	61
MPD	4/14/2022	6/15/2022	62	OVS	10/28/2022	12/16/2022	49
MPD	4/18/2022	6/16/2022	59	OVS	10/28/2022	12/22/2022	55
OVS	4/25/2022	6/22/2022	58	OVS	10/28/2022	12/16/2022	49
MPD	5/2/2022	6/28/2022	57	OVS	10/28/2022	12/22/2022	55
MPD	5/11/2022	8/16/2022	97	OVS	11/7/2022	12/23/2022	46
MPD	5/12/2022	7/12/2022	61	OVS	11/7/2022	1/26/2023	80



TOXICOLOGY SERVICES

Agency	Received Date	Report Date	Days	Agency	Received Date	Report Date	Days
OVS	6/2/2022	7/22/2022	50	OVS	11/7/2022	12/17/2022	40
MPD	6/2/2022	7/22/2022	50	MPD	11/7/2022	1/12/2023	66
OVS	6/6/2022	8/15/2022	70	OVS	11/7/2022	2/3/2023	88
OVS	6/6/2022	8/15/2022	70	MPD	11/10/2022	2/23/2023	105
MPD	6/13/2022	8/30/2022	78	MPD	11/14/2022	2/6/2023	84
MPD	6/13/2022	8/30/2022	78	MPD	11/17/2022	12/27/2022	40
OVS	6/21/2022	8/15/2022	55	MPD	11/21/2022	2/3/2023	74
OVS	6/21/2022	8/15/2022	55	OVS	11/22/2022	1/3/2023	42
OVS	6/21/2022	8/15/2022	55	OVS	11/22/2022	2/6/2023	76
OVS	6/21/2022	8/2/2022	42	OVS	11/22/2022	1/3/2023	42
MPD	6/21/2022	8/15/2022	55	OVS	11/22/2022	1/25/2023	64
MPD	7/5/2022	10/3/2022	90	OVS	11/22/2022	1/3/2023	42
MPD	7/5/2022	8/17/2022	43	MPD	11/23/2022	2/3/2023	72
MPD	7/5/2022	8/5/2022	31	OVS	12/1/2022	1/6/2023	36
OVS	7/5/2022	8/16/2022	42	MPD	12/1/2022	2/8/2023	69
OVS	7/18/2022	8/18/2022	31	MPD	12/8/2022	2/8/2023	62
MPD	7/21/2022	8/30/2022	40	OVS	12/13/2022	1/27/2023	45
MPD	7/21/2022	8/30/2022	40	OVS	12/13/2022	2/13/2023	62
MPD	7/29/2022	8/30/2022	32	OVS	12/13/2022	1/27/2023	45
MPD	7/29/2022	10/26/2022	89	OVS	12/13/2022	2/8/2023	57
OVS	7/29/2022	9/15/2022	48	OVS	12/13/2022	2/22/2023	71
OVS	7/29/2022	8/30/2022	32	MPD	12/15/2022	1/27/2023	43
MPD	8/11/2022	9/27/2022	47	MPD	12/20/2022	2/8/2023	50
OVS	8/15/2022	9/22/2022	38	MPD	12/20/2022	2/8/2023	50
OVS	8/15/2022	9/23/2022	39	OVS	12/22/2022	2/8/2023	48
MPD	8/15/2022	9/23/2022	39	OVS	12/22/2022	2/22/2023	62
OVS	8/15/2022	9/26/2022	42	MPD	12/29/2022	3/13/2023	74
MPD	8/18/2022	11/7/2022	81	OVS	12/30/2022	3/1/2023	61



BREATH ALCOHOL PROGRAM

In CY 2022, two 40-hour Operator Training Courses were offered by OCME, resulting in licensure of 25 operators. Nineteen operators were recertified; therefore, there were a total of 101 licensed operators. 236 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: 25
- Total Recertification Trainings: 6
- Total Operators Recertified: 19
- Total Licensed Breath Test Operators: 101
- Breath Alcohol Technicians Trained: 0
- Total Certified Active Technicians: 4
- Number of evidential instruments in the field (cumulative): 8
- Total Evidential Tests Taken in 2022: 236

The total number of Evidential Tests taken between 2012 and 2022, is 6,876.



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 - 64	
• at Scene - 59	123
ID By Fingerprints	969
ID By X-ray	122
ID Waived	604
ID By Dental X-ray	1
ID Hospital (Infectious)	6
ID By Medical Device	6
ID By Circumstantial Evidence	44
ID by DNA	0
ID Other	10
Unidentified	2
ID Not Required ⁹	7
Total	1894

⁹ There was 1 accepted Medical Examiner case that was not required to be identified, because it was a single bone.



OTHER ACTIVITIES

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

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 (D.C. Official 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 D.C. 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 2022, there were a total of **335** Public Disposition cases, of which 123 were storage cases. There were 0 unidentified decedents that were released for Public Disposition. The breakdown by Adult, Children and Fetuses:

CY 2022	
Description	# of Public Disposition
Adults	333
Children	1
Fetus	0
Cremains	1
Total	335



CREMATION & STORAGE REQUESTS

CREMATION REQUESTS

Pursuant to D.C. Official Code § 5-1405(c), 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 2022, there were **4,028** 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 2022, 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 2022 there were **199** Storage Requests made to OCME.



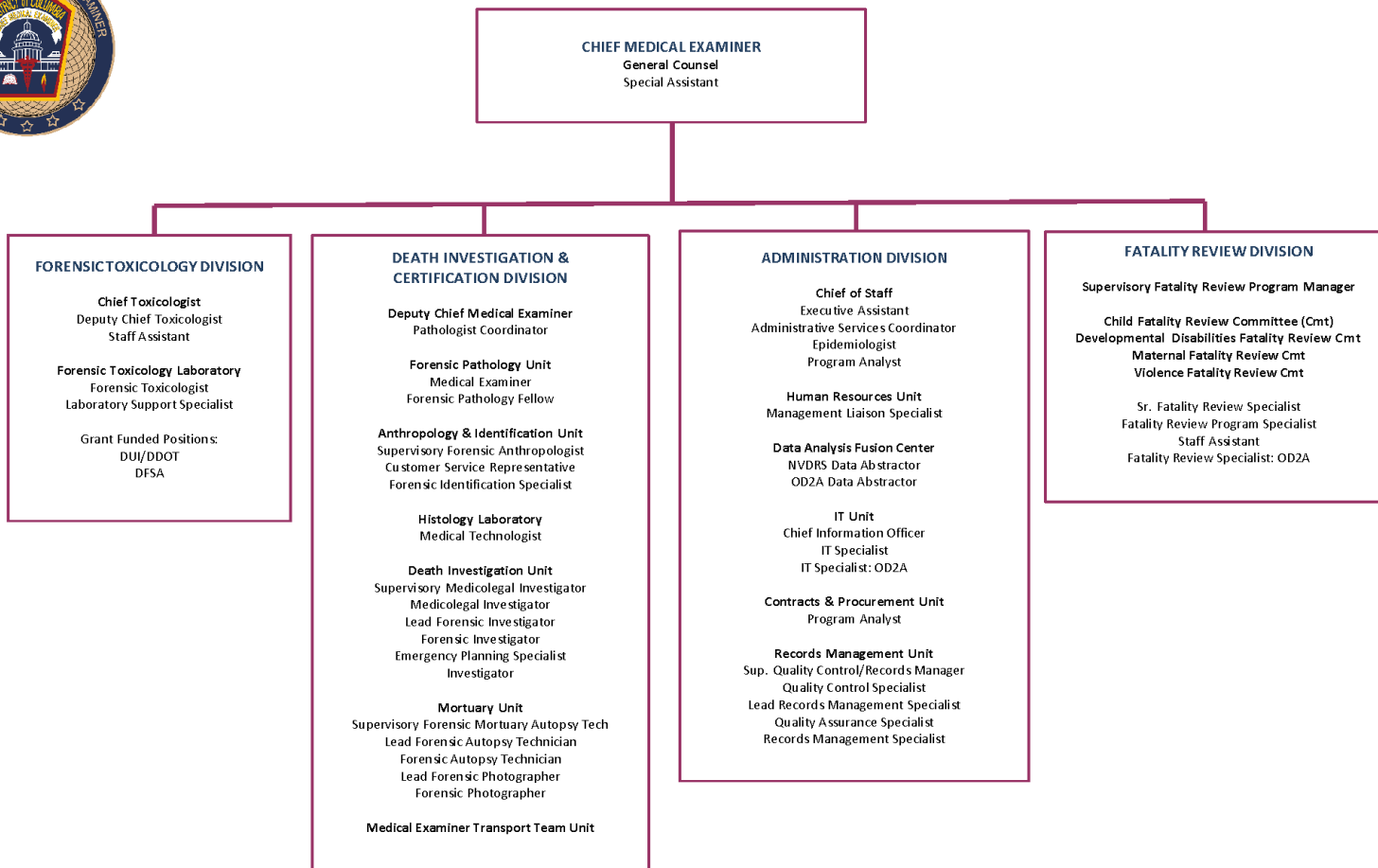
APPENDICIES

APPENDIX A - ORGANIZATIONAL CHART



DC OFFICE OF THE CHIEF MEDICAL EXAMINER

2022 Organizational Chart



APPENDIX B - GRIEF SUPPORT SERVICES

VICARIOUS TRAUMA TRAINING PROGRAM.

The OCME's mission to certify death involves challenging work to include the investigation of deaths, transport of human remains, performance of post-mortem examinations and interaction with next of kin. Moreover, the agency is also responsible for the administration of several fatality review committees and boards which involves the examination of specified decedent populations towards prevention methods. The agency is also named via statute as the District's coordinator of Fatality Management incidents. This work is not only challenging, but often results in vicarious or secondary trauma for employees. In other words, due to the subject matter, physical labor, and difficult interactions that employees are faced with daily, they may experience secondhand trauma and are often in need of grief counseling and assistance.

Beginning in FY21, the agency implemented an agency-wide Vicarious Trauma Training Program in response to its response to and work during COVID. The program continued into FY22 and was funded via a subgrant from the Office of Victim Services and Justice Grants (OVSJG) to provide mental health and wellness training and resources. 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 other in a relaxed and nurturing environment, while also completing mandatory emergency response and evacuation, as well as 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.

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 D.C. Official 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). The OCME investigates human deaths that occur within the District defined by D.C. Official Code § 5-1405(b) 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.

Unfamiliar Postmortem Examination Type Classifications:

Autopsy Performed at an Area 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.

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.