

McDIDS

Medical Examiner/Coroner Death Investigation Data Set

**Medical Examiner/Coroner Information Sharing Program
of the
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Division of Environmental Hazards and Health Effects
National Center for Environmental Health
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PREFACE

This document is intended as a guideline for medical examiner and coroner offices that wish to develop an electronic death investigation data base. McDIDS is an outgrowth of approximately 10 years of experience with various electronic data bases that have been used in different areas of the United States, and consists of a somewhat generic merging of the types of information that is common to many death investigation offices. McDIDS is offered to provide guidelines which may promote greater similarity among the data bases used in different death investigation offices in order to facilitate mortality monitoring and study.

The McDIDS project is an ongoing one, and modifications will probably be made as the need arises. Substantial changes in the basic McDIDS structure are not anticipated, however. Additions will probably occur in the future for specialized types of deaths such as sudden infant death syndrome, electrocution, and other special categories of death of research and statistical interest. Presently, McDIDS serves as a basic data set for documenting the routine aspects of death investigations.

Users of McDIDS are encouraged to submit comments, suggestions, and constructive criticisms. Specific pilot testing has not been accomplished, and the reporting of any problems or omissions would be greatly appreciated.

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McDIDS

Medical Examiner/Coroner Death Investigation Data Set

Centers for Disease Control and Prevention

I. PURPOSE

This document describes items of information that are necessary or desirable to collect during death investigations conducted by medical examiners and coroners in order to facilitate a more uniform approach to death investigation, collection of information, and electronic data base development and structure.

II. USAGE

McDIDS has been developed for use by medical examiner and coroner offices or other people who wish to collect medical-legal death investigation information in a standardized format. Although it is not necessary to use the CDC's Investigator's Death Investigation Report Form (IDIRF) or Certifiers Death Investigation Report Form (CDIRF), the information items are designed to be compatible with those components of CDC's Death Investigation Report Forms (DIRFs), which are included in this McDIDS document and are available from the CDC in hard copy or electronic form.

III. SCOPE

McDIDS is a basic module for collecting death investigation information, including documentation of the types of investigative and diagnostic procedures that are performed during the investigation related to the circumstances, cause, and manner of death. McDIDS does not contain information items specifically designed for inventory, evidence tracking, payroll, billing, or other administrative functions-- nor does it contain specialized items for investigation of specific types of death (such as sudden infant death syndrome, electrocution). Specialized information items and investigative forms may be developed as ancillary modules that can be integrated with McDIDS as needed.

IV. METHODS

Specific items (fields) of information are defined, including for each a proposed:

- a) name.
- b) justification for inclusion in the data base.
- c) data type (numeric, character, other).
- d) length.
- e) description for how the information item is to be used and completed.

Information items are designed to minimize the amount of computer programming needed to generate routine reports and other documents that are based upon the data.

V. CATEGORIES OF INFORMATION

Information items are categorized as follows:

- a) **Core death-report items**-- information which is necessary to consider in every death reported, regardless of the extent of investigation, the type of death, or the office conducting the investigation.
- b) **Core items for investigated cases**-- information that is necessary to consider if the medical examiner (or coroner) will determine the cause and manner of death (i.e., investigate the case). The extent of these items depends on whether or not an injury is involved in the death.
- c) **Basic tracking and quasi-administrative items**-- information, in addition to core items, that is collected to document basic tracking of decedent identification, case status, notification of next of kin,

record retrieval from sources other than the death investigation office, and referral of case information to other agencies.

d) **Ancillary death certificate items**-- information that would only be needed if the office is responsible for completing more than the cause of death and certifier sections of the death certificate or if the office wishes to collect the information for a more complete data base.

e) **Statistical, report, and extended documentation items**-- information that would be valuable for public health or research needs or for generating more comprehensive individual-case or aggregate-data reports.

VI. STANDARD FORMATS AND SYMBOLS

Information items have been designed for consistency in structure and in the various symbols and formats used to document information. These are as follows:

a) **Dates**-- Dates are documented in month/day/year format: MM/DD/YY

b) **Times**-- Times are documented in military format: 0001-2400 (midnight)

c) **Standard symbols and abbreviations-**

Character to indicate an approximation: ~

Character to indicate that more information is contained in the CASENOTES field: |

(see CASENOTES field description in Appendix)

(Note: | is the "pipe symbol," not a colon!)

Character to indicate that information item was not applicable or not obtained: X

Character in Yes/No items to indicate "yes": Y

Character in Yes/No items to indicate "no": N

Abbreviation to indicate "found": Fnd

Abbreviation to indicate "unknown": Unk

d) **Designators**-- These are key words or phrases that are placed in the CASENOTES variable length field to indicate that a specific category of information immediately follows the key word or phrase. Such information is a continuation, clarification, or more extensive description of information referred to in other fields. The designators used in McDIDS are:

Jurisdiction 	to indicate specific reasons for accepting or declining a case
Medications 	to indicate a list of medications
Medical Comments 	to indicate medical history information
Evidence 	to indicate a description of physical evidence
Limited autopsy 	to indicate the extent of a limited autopsy
Ancillary procedures 	to indicate non-routine investigative or diagnostic procedures
Referral 	to indicate referral of case information to another agency
Follow-up 	to indicate follow-up (addenda) information

e) **Standard date/time data strategy**-- Some data bases only allow a valid date to be entered into the date field. For example, if the date on which a person was last alive is unknown, there may be no way to indicate "unknownness" in a date field. If the date is left blank, a user of the data may not know if the date was unknown or if an entry was omitted. Therefore, for most information items involving a date and time, McDIDS uses the associated time field to qualify a date and time as being "not applicable" or "unknown." Obviously, if the date of an event is unknown, the time is almost certainly unknown as well. Thus, for most date fields, if the date is unknown, the standard symbol "Unk" is entered in the associated time field and the date field is left blank. If the date field is not applicable in the case in question, the date field is left blank and an "X" is placed in the associated time field. Thus, except as noted in the appendix for the date and time of injury and the date and time of actual death, all time fields should have an entry of 1) a time expressed in military format, or 2) the "Unk" standard symbol, or 3) an "X". Following this procedure can help when programs are written to check the completeness of data and the concordance of an individual data item with other associated items. Data bases using a combined date/time field may require another approach.

VII. PICK LISTS

Some information items require the entry of key words or key phrases. Pick Lists may be developed to define a group of allowable choices. The allowable choices may be entered by using full text or by entering a specific code assigned to each choice. Text entry is preferred. CDC will be developing pick lists for some information items.

VIII. KEY ITEMS

In the electronic data base, an entry must be made in some fields (referred to as **key items**). Note that a key item differs in meaning from a core item. Core items have to do with data collection, and the investigator must evaluate, but not necessarily complete, all core items. Key items have to do with electronic data entry, and for the purpose of validating data, must contain an entry even if the data item is not relevant to the case in question. With few exceptions, all core death-report items are also key items. Key items are indicated with an asterisk (*) in Tables I-VI. Some non-core items are also key items.

IX. CONDITIONAL ITEMS

Conditional items are those for which a computer entry is made only if the item is applicable to the case. There are several types of conditional items:

"Office-conditional items" must be defined by the individual office and are based on office needs for the information items in the tracking, ancillary death certificate, and statistical categories of information.

"Cause-conditional items" are items having to do with the cause of death, and the degree to which these items are completed is determined by the nature of the cause of death statement.

"Injury-conditional items" are completed only if an injury has caused or contributed to death.

As discussed above, the degree to which tracking, ancillary death certificate, and statistical information items are included in the data base is a decision to be made by the office, and all such information items may be regarded as office-conditional ones. However, to make such data more useful, CDC recommends that some items be designated as key items if they are included in the electronic data base. Such items are indicated with an asterisk (*) in Tables IV-VI.

Cause-conditional and injury-conditional items are among the core items for investigated cases and are specifically identified in Table III.

X. ASSOCIATED ITEMS

Computer entry of some information items requires that some related information items (referred to as positive association items) also be entered, and the non-applicability of some items may mean that some other related items are also inapplicable (referred to as negative association items). For example, in a given case, injury-conditional items have either a positive association or a negative association. Some items have an inverse association with other items-- that is, entry of one item indicates that one or more other items are not applicable, or non-applicability of an item means that one or more others require an entry. Associated items and their relationships are more fully described in the Appendix.

XI. CASE CLOSURE, UPDATES, AND DATA QUALITY CHECKS

An electronic death investigation case record may be considered "closed" on the date a death is reviewed and declined for investigation or on the date on which the cause and manner of death are certified or officially determined. Of course, it may be necessary to add information to the electronic record before or after the case has come to closure, as may happen when toxicologic testing is delayed. The date of such amendments to an electronic record may be entered in the UPDATE field. It is helpful to run daily data quality assurance checks for all cases first reported, coming to closure, or updated on that particular day. Data checks also need to be developed to ensure that positive association items, negative association items, and inverse association items are cross-checked against each other to assure congruency.

XII. ELECTRONIC STORAGE REQUIREMENTS

McDIDS requires approximately 2500 bytes of disk storage space per record (per case), plus the additional storage required for whatever software and programs that are used. The amount of disk storage space required for each case will exceed 2500 bytes mainly based on the length of the CASENOTES (narrative description) field and the TOXRESULTS (toxicology results) field, which are variable length fields.

XIII. DATA MANIPULATION

For those who are unable to write computer programs to manipulate data or for those whose data base software does not perform statistical analyses, CDC's EpiInfo software may be of some use. EpiInfo

software and instruction manual are available from CDC for a nominal fee. The software can read several commonly used data base formats and automatically generate tables, graphs, and statistical analyses using simple commands. Data bases can also be created using EpiInfo, and word processing capability is also included in the software. Contact MECISP for further details.

XIV. WORKING WITH AGES

One of the most difficult information items to work with is the decedent's age. Because age may be expressed in parameters of minutes, hours, days, weeks, months, and years, it is difficult to create a field capable of handling all ages and allowing simple calculations such as average age for a selected set of decedents. McDIDS describes one system for documenting decedent age, but some manipulation of the data will be needed to perform calculations using the decedent's age.

It may be desirable for some offices to create an AGEALC field, for which the software may calculate the decedent's age in days based on the date of birth and the date of death. This, of course, will work only if the birth date and death date are known, and is limited by the fact that age cannot be specified in terms of hours or minutes. Another option is to write a program that can convert any age (expressed in minutes, hours, days, weeks, months, or years) to a decimal number that expresses the decedent's age in terms of years or the decimal fraction thereof. For example, the age for an infant 23 minutes of age could be stored in the AGEALC field as 0.000043 years (23 minutes/525600 minutes per year), and an infant 3 weeks old would be entered in the AGEALC field as 0.057692 years (3 weeks /52 weeks per year). Such a conversion program can be written based on the AGE and AGEUNIT fields described in McDIDS.

XV. RECOMMENDATIONS

CDC recommends that consideration be given to including all McDIDS fields in a death investigation data base, and at a minimum, that the core report, core investigation, and statistical fields be included--attaching the ancillary death certificate fields and tracking fields if desirable or necessary. CDC also recommends that all items marked with an asterisk (*) in Tables I-VI be used as key fields when creating an electronic data base.

XVI. ASSISTANCE

CDC staff may be able to provide assistance in creating or reviewing a data base or programs to generate reports or documents or to perform data checks. The Appendix provides further information about core items, key items, conditional items, and associated items. Several publications are available concerning automation of medical examiner offices, and one specifically addresses measures for quality assurance of data. ¹⁻⁵

XVII. REFERENCES

- 1) Hanzlick R. Survey of medical examiner office computerization. Am J Forensic Med Pathol 1994;15:110-17.
- 2) Hanzlick R. Medical examiner office management using the personal computer: the Fulton County experience. Am J Forensic Med Pathol 1990;11:267-9.
- 3) Hanzlick R, Parrish RG, Ing RT. Features of commercial computer software systems for medical examiners and coroners. Am J Forensic Med Pathol 1993;14:334-9.
- 4) Hanzlick R. Data quality assurance measures (DQAMs) for electronic death investigation data. Am J Forensic Med Pathol 1994;15:58-62.
- 5) Hanzlick R. BLURBS: a coding scheme for toxicologic data. Am J Forensic Med Pathol 1993;14:31-3.

APPENDIX

TABLES OF DATA ITEMS

IDIRF

C DIRF

INDIVIDUAL DESCRIPTIONS OF DATA ITEMS

ASSOCIATED ITEMS AND RELATIONSHIPS

TABLES OF DATA ITEMS

- I. CORE DEATH-REPORT ITEMS
(Derived from Investigator's Death Investigation Report Form (IDIRF))
- II. CORE DEATH-REPORT ITEMS
(Derived from Certifier's Death Investigation Report Form (CDIRF))
- III. CORE ITEMS FOR INVESTIGATED CASES
(Derived from CDIRF and IDIRF)
- IV. ANCILLARY DEATH CERTIFICATE ITEMS
(Derived from CDIRF and IDIRF)
- V. STATISTICAL/REPORT/EXTENDED DOCUMENTATION ITEMS
(Derived from CDIRF and IDIRF)
- VI. TRACKING AND QUASI-ADMINISTRATIVE ITEMS
(Derived from CDIRF and IDIRF)

Key items (key fields) are those which must have an entry if they are included in the data base. An asterisk (*) indicates key items.

Cause-conditional items are indicated by ** in Table III.

Injury-conditional items are indicated by *** in Table III.

Complete information for each field may be found in the sequentially numbered list of fields immediately following the Tables.

TABLE I: McDIDS CORE REPORT ITEMS DERIVED FROM IDIRF

Information item	McDIDS field name	McDIDS field number
Case number assigned to the death by medical examiner office	CASENUMBER	2*
First name of decedent	FIRSTNAME	5*
Middle name of decedent	MIDNAME	6
Last name of decedent	LASTNAME	7*
Age of decedent	AGE	8*
Age unit that clarifies decedent's age	AGEUNIT	9*
Race of decedent	RACE	10*
Gender of decedent	GENDER	11*
Residence of decedent (street number and name)	RESSTREET	15*
Residence of decedent, city	RESCITY	16*
Residence of decedent, county	RESCOUNTY	17*
Residence of decedent, state	RESSTATE	18*
Residence of decedent, zip	RESZIP	19*
Police department name that has jurisdiction	POLICEDEPT	22*
Narrative description of circumstances and follow up notes	CASENOTES	23*
Categorization of place of death (e.g., dead on scene)	DEATHPLACE	24*
Categorization code for onset of fatal events	EVENTCODES	25*
Type of place where events leading to death occurred	EVENTPLACE	26*
Date death reported to the medical examiner	REPORTDATE	27*
Time death reported to the medical examiner	REPORTTIME	28*
Person who reported death to the medical examiner	REPORTEDBY	29*
Date found dead, unconscious, or in distress (if found)	FOUNDDATE	31
Time found dead, unconscious, or in distress	FOUNDTIME	32*
Address where found dead, unconscious, or in distress	FOUNDADDR	33*
Condition when found (dead, unconscious, or in distress)	FOUNDHOW	35*
Date of injury/onset of events leading to death (if not found)	EVENTDATE	41*
Time of injury or onset of natural events leading to death	EVENTTIME	42*
Address of injury or onset of natural fatal events	EVENTADDR	43*
Apparent actual date of death (if known)	DEATHDATE	48
Apparent actual time of death	DEATHTIME	49*
Apparent address where death actually occurred	DEATHADDR	50*
Date death was pronounced (if case material is human)	PRNDATE	51
Time death was pronounced	PRNTIME	52*
Name of place where death was pronounced	PRNPLACE	53*
Address where death was pronounced (street name and number)	PRNSTREET	54*
City where death was pronounced	PRNCITY	55*
County where death was pronounced	PRNCOUNTY	56*
State where death was pronounced	PRNSTATE	57*
Zip code where death was pronounced	PRNZIP	58*
Time of scene visit by investigator	SCENETIME	62*
Disposition of case (accepted or declined)	CASEDISPO	69*

Who will sign the death certificate	WHOSIGNSDC	70*
Disposition of the body	BODYDISPO	71*
Investigator conducting investigation	IDIRFBY	76*

NOTE: Key items are indicated with an asterisk (*)

TABLE II: McDIDS CORE REPORT ITEMS DERIVED FROM CDIRF

Information item	McDIDS field name	McDIDS field number
Type of examination or case review	EXAMTYPE	87*
Person conducting examination or case review	EXAMBY	90*
Case number assigned to examination or review	EXAMNUM	91*
Date of examination or case review	EXAMDATE	88*
Ancillary procedures by medical examiner	PROCEDURES	92*

Note: Key items are indicated with an asterisk (*)

TABLE III: McDIDS CORE ITEMS FOR INVESTIGATED CASES

Information item	McDIDS field name	McDIDS field number
Top line of cause of death statement	CAUSEA	94**
Second line of cause of death statement	CAUSEB	96**
Third line of cause of death statement	CAUSEC	98**
Fourth line of cause of death statement	CAUSED	100**
Other significant conditions	OSCOND	102**
Manner of death	MANNER	103*
Certified date of injury	CINJDATE	104***
Qualification/clarification of injury date	CIDATEFLAG	105***
Certified time of injury	CINJTIME	106***
Certified explanation of how injury occurred	CHOWINJURY	107***
Certified type of place where injury occurred	CINJPLACE	108***
Certified street address of injury	CINJSTREET	109***
Certified city of injury	CINJCITY	110***
Certified county of injury	CINJCOUNTY	111***
Certified state of injury	CINJSTATE	112***
Certified zip code where injury occurred	CINJZIP	113***
Certified date of death	CDEATHDATE	114**
Qualification of certified date of death	CDEATHFLAG	115**
Certified time of death	CDEATHTIME	116**
Name of person certifying death or finalizing case	CERTIFIER	117**
Date of certification or case closure	CERTDATE	118**
Time of certification or finalization	CERTTIME	119**
Title of certifier	CERTTITLE	120**
Did the events leading to death occur while working?	ATWORK	123**
Does an injury constitute NIOSH injury at work?	JOBRELATED	124**
Status of ethanol testing and result	ETOH	128**
Specimen for which result is reported in ETOH	ETOHSPEC	129**
Status of drug testing and qualitative results	DRUGS	130**

Toxicology results	TOXRESULTS	131
Companion case numbers	COMPANIONS	75**
Date of additions/change to electronic case record	UPDATE	139*

* Key item **Cause-conditional items ***Injury-conditional items

TABLE IV: McDIDS ANCILLARY DEATH CERTIFICATE ITEMS

Information item	McDIDS field name	McDIDS field number
Ethnicity of decedent	ETHNICITY	12
Birth date of decedent	BIRTHDATE	13
Social security number	SSNUMBER	14*
Person's name who pronounced death	PRONOUNCER	59
License number of person pronouncing death	PRNLICENSE	60
Usual occupation of decedent	JOBTITLE	78
Industry or trade of decedent's occupation	INDUSTRY	79
Duration of condition on top line of cause of death	DURATIONA	95
Duration of condition on second line of cause of death	DURATIONB	97
Duration of condition on third line of cause of death	DURATIONC	99
Duration of condition on fourth line of cause of death	DURATIOND	101
Will death certificate indicate an autopsy was performed?	CAUTOPSY	121
Will certificate indicate that autopsy findings were used?	AUTOPSUSED	122
Was surgery performed?	SURGERY	125
Date of surgery, if performed	SURGDATE	126
Reasons for surgery, if performed	SURGREASON	127
Decedent's marital status at time of death	MARITAL	137

NOTE: Other than SSNUMBER, which should be used as a key item if included in the database, items in Table IV are "office-conditional items" (see Section IX) and are defined as those needed by the office to complete necessary portions of the death certificate or for other office needs.

TABLE V: McDIDS ITEMS FOR STATISTICS AND EXTENDED DOCUMENTATION

Information item	McDIDS field name	McDIDS field number
Name of or type of decedent residence	RESNAME	20*
Date last known alive or alert	LKADATE	36
Time last known alive or alert	LKATIME	37
Where decedent was last known to be alive or okay	LKAWHERE	38
Who last knew decedent to be alive or okay	LKABY	39
How decedent was last known to be alive or okay	LKAHOW	40
Number of other persons injured in this incident but not killed	NUMINJURED	73*
Number of other persons known to be dead from same incident	NUMDEAD	74*
Employment status of decedent	JOBSTATUS	80
Details of medical history	MEDICALHX	84
Are toxicology results representative of time of fatal incident?	VALID	132*

Key words or phrases to categorize decedent	PERSONKEYS	133*
Key words or phrases about the place of fatal event	PLACEKEYS	134*
Key words or phrases about the circumstances of the death	CIRCKEYS	135*

NOTE: Key items are indicated with an asterisk (*)

TABLE VI: McDIDS ITEMS FOR TRACKING AND ADMINISTRATION

Information items	McDIDS field name	McDIDS field number
Year by which case is categorized	CASEYEAR	1*
Was decedent unidentified at time of death report?	UID	3*
If unidentified, putative name if available	POSSIBLEID	4
Number assigned to police report by police department	POLICENUM	21*
Name of person who first received the death report	INTAKEBY	30*
If decedent was found dead or unconscious, who found decedent	FOUNDBY	34
Date on which decedent arrived at hospital	ATHOSPDATE	44
Time at which decedent arrived at hospital	ATHOSPTIME	45*
Name of hospital where decedent was first taken	HOSPNAME	46
Person or agency who transported decedent to hospital	TOHOSPBYP	47
Date scene investigation was conducted by investigator (if done)	SCENEDATE	61
Address at which scene investigation was conducted	SCENEADDR	63
Name of person who conducted scene visit or scene investigation	SCENEBY	64*
Date on which next of kin were notified of death	NOKDATE	65
Time at which next of kin were notified of death	NOKTIME	66
Name of next of kin who was contacted about the death	NOKNAME	67
Name of person or agency who notified next of kin	NOKNOTIFBY	68
Name of person or agency who transported body from death site	TRANSPORT	72*
Date on which investigator's report was first filed	IDIRFDATE	77*
Name of decedent's personal physician or health provider	HCPROVIDER	81*
Status of medical history investigation	MEDHXCOD	82*
Information source for medical history	INFOSOURCE	83*
Status of medication history investigation	MEDSHX	85*
Type of agonal treatment or therapy	AGONALHX	86
Time of examination or case review	EXAMTIME	89
Procedures that result in case being held as pending	PENDING	93
Status of referral of case to other agencies	REFERRAL	136
Indication of whether physical evidence was submitted for analysis	EVIDENCE	138*

NOTE: Key items are indicated with an asterisk (*)

IDIRF and CDIRF

IDIRF and CDIRF are designed so that each may be printed on a single sheet of paper using both sides of the paper.

IDIRF and CDIRF may be easily modified electronically to tailor them for specific needs of an office. They were designed in WordPerfect 5.1 format, and an electronic copy may be obtained.

If desirable, CDC MECISP will assist those offices that wish to modify IDIRF or CDIRF to better meet office needs.

DEATH INVESTIGATION REPORT
Investigator's Form (IDIRF)12.94

Case Number _____

Decedent's Name _____

Medical Examiner's Office FIRST MIDDLE LAST

Decedent: Age _____ Race _____ Sex _____ Ethnicity _____ DOB _____
SS# _____

Home _____ Address _____

Street # Street Name City County State Zip
Police Department _____ Complaint Number _____ Police _____

ACTION	DATE	TIME	REMARKS	BY WHOM (PERSON OR AGENCY)
ME notified			Intake by:	
Scene visit			Photos? —Yes —No	
NOK notified			Person:	

DESCRIPTION OF CIRCUMSTANCES: (Include **how** the incident is thought to have occurred, decedent's **activity** at the time of the incident, the **type of place**, and the **sequence of events**). **If extra pages are used, indicate number here:**

Death Place >>> On Scene(S) Enroute/DOA(D) Emerg Rm(E) In Surgery(O) Inpatient(I)

ACTION	DATE	TIME	ADDRESS: STREET NUMBER/CITY/COUNTY/STATE/ZIP	
Injury/event				
Actual death				
Pronounced				
At hospital			Hospital: Taken by:	
Pronounced by	Person:		License#:	
IF FOUND	DATE	TIME	WHERE (NAME OF PLACE OR STREET ADDRESS)	BY WHOM
When				
Last known OK				
			Condition when found: —Not Conscious(N) —Dead(D) —In distress(I)	
			How last known alive or okay: —Seen(S) —Heard(H) —Other(O)	

Concerning the onset of fatal events >>>>>
 Witness present (W) **OR** Unwitnessed/no witnesses known (U)
 At own residence (H) **OR** Away from home/ not at own residence (A)
 Indoors (I) **OR** Out-of-doors (O)
 In vehicle (V) **OR** Not in vehicle (N) While on the job (J) **OR** Not while on job (S)
Describe TYPE OF PLACE:

Place of onset of the fatal events >>>>				
Occupation and employment status>>>	Occupation or Job Title >>>>>>> Industry or kind of business>>>> Employment Status >>> <input type="checkbox"/> Currently employed(E) <input type="checkbox"/> Self-employed(S) <input type="checkbox"/> Not employed(N)			
Health Care Provider name & phone>>>>				
Medical history >>>>	<input type="checkbox"/> Not investigated(X) <input type="checkbox"/> Unknown(U) <input type="checkbox"/> No past problems(N) <input type="checkbox"/> Medical problems(P)			
Medical informant >>>	<input type="checkbox"/> None(N) <input type="checkbox"/> Doctor(D) <input type="checkbox"/> Med Records(M) <input type="checkbox"/> Health Provider(H) <input type="checkbox"/> Family(F) <input type="checkbox"/> Other(O)			
Type of disorder	Yes	No	Unk	Specify, clarify, or comment
A) High blood pressure				
B) Heart Disease (myocardial infarction, CHF etc)				
C) Lung Disease (emphysema, asthma etc)				
D) GI Disease (ulcers, hepatitis, cirrhosis etc)				
E) Nerve System (dementia, depression, strokes etc)				
F) Substance use (alcohol, drugs, smoker etc)				
G) HIV infection				
H) Cancer or other malignancy				
I) Terminal illness				
J) Pregnant within previous 90 days				
K) Seizures (specify if due to injury, alcohol, other)				
L) Recent/old serious injury (describe)				
M) Long term effects of a previous injury (specify)				
N) Allergic reaction (specify)				
O) Other condition not in this list (specify)				
Medication history >>>	<input type="checkbox"/> Not investigated (X) <input type="checkbox"/> Unknown (U) <input type="checkbox"/> Rx meds (P) <input type="checkbox"/> OTC (O) <input type="checkbox"/> None(N)			
Drug Names (dosage, Rx number, Rx date, pharmacy, pill count, if needed): If extra pages needed, write number here:____				

AGONAL MEDICAL TREATMENT >>>	<input type="checkbox"/> None (N) <input type="checkbox"/> CPR (R) <input type="checkbox"/> Transfusion (T) <input type="checkbox"/> IV fluids (F) <input type="checkbox"/> Surgery (S)
Describe (a) dates and reasons for any surgery during final hospitalization or for surgery performed at any time for conditions that led to death, (b) injuries or conditions documented at hospital, (c) known or suspected complications of anesthesia or medical procedures, (d) other comments.	

Case disposition:>>>>			<input type="checkbox"/> DECLINE CASE (D) due to OR <input type="checkbox"/> JURISDICTION ACCEPTED (J) for <input type="checkbox"/> Topic (T) <input type="checkbox"/> Locale (L) <input type="checkbox"/> Autopsy(A) <input type="checkbox"/> Inspection(I) <input type="checkbox"/> Certification(C) <input type="checkbox"/> Crem. Review(R)		
Who will sign DC? >>>					
Body disposition:>>>			<input type="checkbox"/> Brought in for exam (E) <input type="checkbox"/> Brought in for holding/claim (C) <input type="checkbox"/> Released (R)		
Transport agency:>>>					
# Injured, not dead:		# Companion deaths:		Companion Case Numbers:	
Investigator and affiliation:			Date:		

DEATH INVESTIGATION REPORT Case Number _____

Certifier's Form (CDIRF)12.94

Decedent's Name _____

Medical Examiner's Office FIRST MIDDLE LAST

EXAM PROCEDURE		A	Autopsy (head, neck and thoracoabdominal dissection)
Date:		L	Autopsy, limited: Describe>>
Time:		E	External inspection; no dissection
By:		C	Certification or "sign-out" only; no examination of body at morgue
Exam#:		R	Review of case; confirm case as jurisdiction declined (will not certify)

PROCEDURES		S	Scene inspection by certifier or M.E.
		H	Histology
		P	Photos of examination
		I	Imaging studies (X-rays or other imaging studies)
		A	Alcohol (ethanol) determination on blood or serum
		T	Toxicology screen (tests other than ethanol)
		M	Cultures/microbiology
CERTIFICATION		L	Chemistries/clinical Lab Tests
PENDING: _____		O	Other: (consults etc) specify>>>

NOTE: DO NOT COMPLETE THE REST OF THIS FORM UNTIL DEATH IS CERTIFIED OR CASE IS FINALIZED

CAUSE OF DEATH	Duration (Opt)
-----------------------	-----------------------

Immediate:	
due to:	
due to:	
due to:	
Other Significant Conditions:	
MANNER OF DEATH	___Homicide(H) ___Suicide(S) ___Accident(A) ___Natural(N) ___Undetermined(U)

IF INJURY CAUSED OR CONTRIBUTED TO DEATH	INJURY DATE:	TIME:
How did injury occur:		
Type of place where injury occurred:		
Injury address:		

Street#	Street Name	City	County	State	ZIP	
Actual Date/Time of Death (Circle if "approx" or "found")>>>>>					DATE:	TIME:
Death Certified by:					DATE:	TIME:
Title of Certifier:						

NOTE: DO NOT COMPLETE ITEMS ON THIS PAGE UNTIL THE CASE IS BEING CERTIFIED (OR FINALIZED)

ADDITIONAL QUESTIONS RELATED TO CERTIFICATION	YES (Y)	NO (N)	UNKNOWN (U)
Was an autopsy performed anywhere else?			
Were autopsy findings used to ascribe cause or manner of death?			
Did the events leading to death occur while the person was at work?			
Does the death meet the NIOSH guidelines for "injury at work"?			
Was surgery performed within 30 days of death?			
If Surgery performed > DATE: REASON:			

ETHANOL ___N/A	Specimen:	Concentration/Units:
DRUG SCREEN ___N/A	___Positive Screen (P)	___Negative Screen (N)
Specific Drug Results (specimen, substance, concentration; include negatives if possible):		
Are concentrations representative of those at the time of the incident that led to death? ___Yes ___No ___?		

Write key words (preferably, more than one word in each category) for features of decedent, place, and circumstances that might assist in categorizing the death or indicating unique features of the death.

EXAMPLE: Person: inmate, prisoner Place: jail, city prison Circumstances: in-custody hanging with shoestring

PERSON >>	
PLACE >>	
CIRCUMSTANCES >> Include weapon if known	

CHECK IF CASE IS REPORTABLE TO ANY OF THESE AGENCIES; INDICATE DATE REPORTED

		Agency	Report Date			Agency	Report Date
	A	Local health department			F	FDA-Food	
	B	Child fatality review panel			G	FDA-Drug	
	C	NHTSA (FARS)			H	FDA-Medical Device	
	D	SAMHSA (DAWN)			I	OSHA	
	E	CPSC (MECAP)			J	OTHER >>	

ADDITIONAL COMMENTS:

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The numbers represent field numbers. The Description of Data Items (which follows) is organized sequentially by field number. The list below is included for convenience.

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INDIVIDUAL DESCRIPTIONS OF DATA ITEMS

On the pages that follow, a description of each data item is presented including instructions for how the item is to be used. Items are listed in numerical order by field number rather than by field name. For quick reference by alphabetical field name, please see the Table on the preceding page.

For each data item, after the heading "Type of Key Field," a note is made if the item is a KEY field, a CCKEY (cause-conditional key field), or an INCKEY (injury-conditional key field). Lack of an entry indicates that the data item is not a KEY, CCKEY, or ICKEY item.

For each data item, after the heading "Type of Field," the codes are as follows:

N = numeric

C = alphanumeric character

D = date

M = memo or variable length

INDIVIDUAL DESCRIPTIONS OF DATA ITEMS

Field Number: 1

Field Name: CASEYEAR

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: N

Length of Field: 4

Description: Case year in which death reported to ME/C

Comment:

This field contains the four digit year (e.g., 1994) in which the death was first reported to the medical examiner/coroner. It is included to provide a standard frame of reference between offices because case numbering and tracking systems vary and may be based on the year of death or other criteria. Whether the year assigned indicates the year in which death occurred or the year in which the death was first reported to the medical examiner may depend on office needs, but it is recommended that the year of report be used since the date of death or date found are contained in other fields and data may be sorted based on those fields, if such needs arise.

Field Number: 2

Field Name: CASENUMBER

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 10

Description: Case number assigned to this death report

Comment:

The case numbering system should be designed so case numbers are as short as possible while meeting office needs. Preferably, the case numbers should be sequential and numerical to allow easy assessment of year-to-date case load and calculation of case load during defined intervals. Case numbers should also include an indication of the year in which the death was reported. The easiest system is a numeric one in which the number begins with the year and remaining digits indicate the sequential number assigned to the case (e.g., 940001, or 19940001), although such a system may not be useful in some offices. All cases reported to the office, even if declined for investigation, should be assigned a case number for documentation purposes and to allow the reporter of a case to document a "waiver number" in their records if the case is declined by the medical examiner/coroner. This item may be automatically generated (or entered) if possible.

Field Number: 3

Field Name: UID

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 1

Description: Decedent, unidentified at time of report (Y/N)

Comment:

If a human decedent is unidentified at the time the death is reported, this field should contain a "Y" (Yes). Otherwise, an "N" should be entered. An "N" should be entered if remains are non-human. A "Y" entry should not be changed if the person is subsequently identified. Entry of a name in the LASTNAME field will signify that the body has been identified. If a tentative identification is known, that name should be listed in the POSSIBLEID field. Following this procedure will enable tabulation of cases that were initially reported as unidentified individuals and will allow preparation lists of persons who remain unidentified.

Field Number: 4

Field Name: POSSIBLEID

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 25

Description: Decedent, possible name of

Comment:

If the body is unidentified when the death is reported but a purported name is available, that name should be entered in this field. A name should not be entered in the LASTNAME field until identity of the decedent has been established. This item may be left blank if it is not applicable.

Field Number: 5**Field Name: FIRSTNAME**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 16

Description: Decedent, first name of

Comment:

This field should contain an "X" unless the identity of the decedent has been established. For non-human remains, use this field to indicate "nonhuman remains", "animal bones", "unidentified tissue" and enter an "X" in the LASTNAME and MIDNAME fields. This item should contain an entry in every case. If unidentified human remains are to be given a John Doe or Jane Doe name, use the FIRSTNAME field to enter John Doe or Jane Doe. This will allow differentiation from persons whose real last name may be Doe, as the name "Doe" will appear in the LASTNAME field.

Field Number: 6**Field Name: MIDNAME**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 15

Description: Decedent, middle name of

Comment:

Enter the middle name or initial if known. This item may be left blank, but should contain an "X" if the remains are non-human.

Field Number: 7**Field Name: LASTNAME**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 20

Description: Decedent, last name of

Comment:

Enter the last name for an identified human decedent. Otherwise, an "X" should be entered in this field. If the decedent was unidentified at the time of the initial report, the UID field should contain a "Y" and should not be changed even after the decedent is identified and the decedent's last name is entered in the LASTNAME field. If remains are nonhuman, use the FIRSTNAME field to indicate "non-human remains" or similar descriptors such as "Jane Doe" (See FIRSTNAME).

Field Number: 8**Field Name: AGE**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: N

Length of Field: 3 (no decimal)

Description: Decedent, age of

Comment:

Enter the numerical value (whole number) for the age of the decedent in minutes (if less than an hour of age), hours (if less than 24 hours of age), days (if less than 28 days of age), months (if less than 2 years of age) or years (if 2 years of age or older). If the age is unknown, the remains are nonhuman, or the decedent is a fetus or stillborn infant, enter "0" (zero). The AGEUNIT field (see below) is used to specify which of these conditions applies.

Field Number: 9**Field Name: AGEUNIT**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 2

Description: Decedent, age unit (minute, hour, day, week, month, year)

Comment:

This field is used to indicate the unit that applies to the number expressing the decedent's age. Use the following entries:

MI = less than 1 hour

HR = hours (up to and including 23 hours and 59 minutes)

DA = days (up to and including 27 days)

MO = months (28 days up to and including 23 months)

YR = years (24 months or older)

SB = stillbirth

FT = fetus

AU = Adult, unknown

CU = Child, unknown

IU = Infant, unknown

NR = nonhuman remains

AR = Archaeologic remains (or ancient bones)

Field Number: 10

Field Name: RACE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 2

Description: Decedent, race of

Comment:

Use the scheme recommended by your State Vital Records Registrar. A general scheme is as follows:

W = caucasian

B = black or African American

I = native American Indian

A = Asian or pacific islander

X = not applicable

This item must be completed in all cases.

Field Number: 11

Field Name: GENDER

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 1

Description: Decedent, sex of

Comment:

Use the following scheme:

M = male

F = female

X = not applicable

U = unknown

This item must be completed in all cases.

Field Number: 12

Field Name: ETHNICITY

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 15

Description: Decedent, ethnic origin

Comment:

This field may be used to augment the entry made in the RACE field. Example entries are Hispanic, Polish, German.

Follow local guidelines from the vital records registrar if they exist.

Field Number: 13

Field Name: BIRTHDATE

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: D

Length of Field: 8

Description: Decedent, birth date of

Comment:

Enter the date of birth in MM/DD/YY format. If your database structure allows it, enter "Unk" or "X" if the birth date is unknown or not applicable, respectively. If this is not possible, leave BIRTHDATE blank if the date of birth is not known or the item is not applicable.

Field Number: 14

Field Name: SSNUMBER

Type of Key Field: KEY

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 11

Description: Decedent, social security number of

Comment:

Enter the social security number, or enter "Unk" if the social security number is not known or "X" if the item is not applicable. This item must have an entry. It may be used to link the case to other documents.

Field Number: 15

Field Name: RESSTREET

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 60

Description: Residence of decedent, address of

Comment:

Enter the street name, number, and apartment or unit number if applicable. Also include applicable qualifying words such as "Homeless-- vacant building at 325 King St." If the address of residence is unknown, enter "Unk," updating the entry at a later time, if possible. For nonhuman remains, enter "X." This item should indicate the actual place of residence at the time of death, not necessarily the decedent's legal place of residence. This item must be completed.

Field Number: 16

Field Name: RESCITY

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 15

Description: Residence of decedent, city of

Comment:

If the decedent lived in an incorporated area, enter the name of the city or town. If the residence is in an unincorporated area, enter the city or town that appears in the decedent's residential mailing address for the actual place of residence. If unknown, enter "Unk." If not applicable, enter "X." This item must be completed.

Field Number: 17

Field Name: RESCOUNTY

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 15

Description: Residence of decedent, county of

Comment:

Enter the name of the county in which the decedent's actual place of residence was located at the time of death. Enter "Unk" if unknown, "X" if not applicable. This item must be completed.

Field Number: 18

Field Name: RESSTATE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 3

Description: Residence of decedent, state of

Comment:

Enter the postal code for the state of actual residence for the decedent at the time of death. Enter "Unk" if unknown or "X" if not applicable. This item must be completed.

Field Number: 19

Field Name: RESZIP

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 10

Description: Residence of decedent, zip code of

Comment:

Enter the zip code for the decedent's actual place of residence at the time of death. Enter "Unk" if unknown or "X" if not applicable. This item must have an entry. Zip code may be needed for geocoding.

Field Number: 20

Field Name: RESNAME

Type of Key Field: KEY

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 25

Description: Residence of decedent, name of

Comment:

If the decedent's actual place of residence has a name, such as Arbor Apartments, The Snake Hotel, enter the name here. If a specific name does not exist, enter the type of place such as "private home," "single occupancy hotel," "homeless shelter," "underpass," "abandoned car." If not applicable, enter "X," or "Unk" if unknown. This item must have an entry.

Field Number: 21

Field Name: POLICENUM

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 8

Description: Police case (report) number

Comment:

Enter the number used by the investigating police jurisdiction to uniquely identify the police report filed for this death or incident report if a police report was filed. Enter "Unk" if unknown, or "X" if not applicable. This item must have an entry.

Field Number: 22

Field Name: POLICEDEPT

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 25

Description: Police department investigating the death

Comment:

All deaths or possible crimes are subject to a response or investigation from some police or law enforcement agency. Enter the name of the police department under whose jurisdiction a police investigation would fall. The complete name may be used such as "Davidson County Police Department", or a standard set of abbreviations may be used (e.g., DCPD) or selected from a Pick List. The important point is to be consistent in method from record to record and year to year. This item must have an entry consisting of a police department name, abbreviation, or code.

Field Number: 23

Field Name: CASENOTES

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: M

Length of Field: 10

Description: Case narrative description and follow-up notes

Comment:

Use this field to enter a narrative description of the circumstances leading to and surrounding death, i.e., a description of what is thought or known to have occurred prior to death. This item may also be used to enter narrative notes as the case investigation proceeds. Each entry should include the date of the entry and the name or initials of the person who made the entry (or who prepared the original addendum for entry, such as the investigator). Special designators which indicate that clarification of information from other information items or that follow-up information has been added include the following:

Medications| (from item 85)

Medical comments| (from item 84)

Limited autopsy| (from item 87)

Ancillary procedures| (from item 92)

Referral| (from item 136)

Evidence| (from item 138)

Jurisdiction| (from item 69)

Ancillary Procedures| (from item 92)

Follow up| (any information added as case proceeds).

This item must have an entry.

Field Number: 24

Field Name: DEATHPLACE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 1

Description: Death, categorization of place

Comment:

This item should contain an entry to indicate if death (actual death, not where death pronounced) occurred at one of the following:

S = The scene

D = Enroute to a hospital or the person was dead on arrival

E = Emergency room

O = Operating room (in surgery)

I = Inpatient area

Local vital statistics requirements or death certificate needs may require that this item apply to where death was pronounced rather than where death actually occurred. However, indicating the actual place of death is preferred since the location of pronouncement is captured in other fields.

Field Number: 25

Field Name: EVENTCODES

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 5

Description: Events leading to report of death, categorization of

Comment:

This item should indicate whether the events leading to the report of death were in these categories:

Witnessed(W) or not known to be witnessed (U) "unwitnessed".

At decedent's residence (H) or not at decedent's residence (A) "away".

Indoors (I) or out-of-doors (O).

In a vehicle (V) or not in a vehicle (N).

While on the job (J) or not on the job (S)

This item reflects what is known at the time the death is reported. The applicable single letter codes are entered. For example, for a person who was seen to have been shot inside a vehicle parked in the driveway of his residence, and not while on the job, would be entered as WHOVS. For nonhuman remains, enter an "X." This item must have an entry, and if the entry is other than "X," must consist of five characters.

Field Number: 26

Field Name: EVENTPLACE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 60

Description: Events leading to death: type of place occurred

Comment:

This item should contain a brief description of the type of place where the events leading to the death occurred or, for bodies found dead or for nonhuman remains, the type of place where the body or remains was found. A few examples include "vacant building," "wooded lot adjacent to airport," "shelter for the homeless," "abandoned car in strip mine." This item is designed to allow easier key word searches, and indicates facts as they are known at the time when the death is first reported to the medical examiner. A Pick List may be helpful for this item. This item must have an entry.

Field Number: 27

Field Name: REPORTDATE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: D

Length of Field: 8

Description: Report of death to medical examiner office, date of

Comment:

This item should contain the date on which the death was first reported to the medical examiner's office. This item must always have a valid date entry.

Field Number: 28

Field Name: REPORTTIME

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: N

Length of Field: 4

Description: Report of death to the medical examiner, time of

Comment:

Enter the military time at which the death was first reported to the office. This item must always have a number ranging between 0001 and 2400 (midnight).

Field Number: 29

Field Name: REPORTEDBY

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 25

Description: Report of death, name of person reporting case to ME office

Comment:

This item should contain the name of the person who first reported the death to the medical examiner's office. This item must always have an entry consisting of the name of a person.

Field Number: 30

Field Name: INTAKEBY

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 25

Description: Report of death, name of person first receiving report

Comment:

This item should contain the name of the person who first receives the report of death on behalf of the medical examiner's office. This may be different than the person who actually conducts and documents the initial investigation (IDIRFBY, see below). This item must always have an entry consisting of the initials or preferably, the name of a person acting on behalf of the medical examiner or coroner.

Field Number: 31

Field Name: FOUNDDATE

Type of Key Field:

Field Class: CORE REPORT ITEM

Type of Field: D

Length of Field: 8

Description: Found, date when

Comment:

This item should contain the date when a person was found dead, unconscious, or in distress. Otherwise, a date should not be entered.

Field Number: 32**Field Name: FOUNDTIME**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: A

Length of Field: 4

Description: Found, time when

Comment:

This item should contain the military time when the decedent was found dead, unconscious, or in distress. Enter "X" if not applicable. This item must always have an entry.

Field Number: 33**Field Name: FOUNDADDR**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 60

Description: Found, address where

Comment:

This item should contain the address where a person was found dead, unconscious or in distress. Enter "X" if not applicable. This item must have an entry.

Field Number: 34**Field Name: FOUNDBY**

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 25

Description: Found, by whom

Comment:

Enter the name of the person who found the decedent dead, unconscious or in distress, indicating the finder's relationship to decedent, if known (e.g., Roger Smith /passerby, Sue Jones/sister). Otherwise, this item may be left blank.

Field Number: 35**Field Name: FOUNHOW**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 1

Description: Found, how decedent's condition was at time

Comment:

Enter "D" if the decedent was found "dead," "N" if found "not conscious," or "I" if found "in distress." Otherwise, enter "X." This item must have an entry.

Field Number: 36**Field Name: LKADATE**

Type of Key Field:

Field Class: STATISTICAL ITEM

Type of Field: D

Length of Field: 8

Description: Last known alive, date

Comment:

If the decedent was found dead, unconscious, or in distress, enter the date on which the decedent was last known to be alive or okay. If unknown, leave blank, but enter "Unk" in LKATIME.

Field Number: 37

Field Name: LKATIME

Type of Key Field:

Field Class: STATISTICAL ITEM

Type of Field: N

Length of Field: 4

Description: Last known alive, time

Comment:

If the decedent was found dead, unconscious, or in distress, enter the military time when the decedent was last known to be alive or okay. If unknown, enter "Unk." This item may be left blank if not applicable.

Field Number: 38

Field Name: LKAWHERE

Type of Key Field:

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 40

Description: Last known alive, where

Comment:

If the decedent was found dead, unconscious, or in distress, enter the place where the decedent was last known to be alive or okay. Include the address and type of place (e.g., "restaurant- 310 Smith Street"), if possible. Words such as "at home" are acceptable. If unknown, enter "Unk." Otherwise, this item may be left blank.

Field Number: 39

Field Name: LKABY

Type of Key Field:

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 25

Description: Last known alive, by whom (name)

Comment:

If the decedent was found dead, unconscious, or in distress, enter the name of the person who last knew the decedent to be alive or okay, including relationship to the decedent (e.g. "Joan Smith/sister"), if possible. If unknown, enter "Unk." Leave this item blank if not applicable.

Field Number: 40

Field Name: LKAHOW

Type of Key Field:

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 1

Description: Last known alive, how

Comment:

If the decedent was found dead, enter how the person was known to be alive or okay at the time he or she was last known to be alive or okay. Enter "S" for seen, "H" for heard, or "O" for other way. Leave blank if not applicable.

Field Number: 41

Field Name: EVENTDATE

Type of Key Field:

Field Class: CORE REPORT ITEM

Type of Field: D

Length of Field: 8

Description: Injury or onset of fatal event: date of (as first reported)

Comment:

If an injury (including poisoning) is thought or known to have caused death, enter the date. If no injury or poisoning is known or suspected, enter the date of onset of the fatal events. For example, if a person has chest pain and dies, enter the date of onset of the chest pain. If the body or non-human remains was found, enter the date found. This date should reflect information at the time the death is first reported to the medical examiner's office. This item must have an entry. If the decedent was found, also enter the date and time in the FOUNDDATE and FOUNDTIME fields.

Field Number: 42

Field Name: EVENTTIME

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 5

Description: Injury or onset of fatal event: time of (as first reported)

Comment:

If an injury (or poisoning) is known or suspected as having caused death, enter the military time corresponding to the time when the injury occurred. If no injury or poisoning is suspected, enter the time of onset of the events that lead to death. Use this item also to report the time at which nonhuman remains are found. An approximate time may be indicated by preceding the time with the ~ symbol. Enter "Unk" if unknown. This item reflects facts as they are known at the time the death is initially reported to the medical examiner's office. This item must have an entry.

Field Number: 43

Field Name: EVENTADDR

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 60

Description: Injury or fatal event: address of onset (as first reported)

Comment:

If an injury or poisoning is known or suspected as having caused death, enter the address where the injury occurred. If no injury or poisoning is known or suspected, enter the address where the fatal events had their onset or where a body or non-human remains were found. This item reflects facts as they are known at the time the death is initially reported to the medical examiner's office. Include the street number and name, city, county, state (2 character postal code is acceptable), and zip code. It is acceptable to write "same as home," if applicable. This item must have an entry.

Field Number: 44

Field Name: ATHOSPPDATE

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: D

Length of Field: 8

Description: Hospital, date arrived at

Comment:

If the decedent was taken to the hospital dead or alive, indicate the date at which the decedent arrived at the hospital. Leave this item blank if not applicable.

Field Number: 45

Field Name: ATHOSP TIME

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: A

Length of Field: 5

Description: Hospital, time arrived at

Comment:

If the decedent was taken to the hospital dead or alive, indicate in military time the time at which the decedent arrived at the hospital. "Unk" is acceptable, as is the "~" (approximate) qualifier, if necessary. Enter "X" if not applicable. This item must have an entry.

Field Number: 46

Field Name: HOSPNAME

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 25

Description: Hospital, name of

Comment:

If the decedent was taken to the hospital dead or alive, indicate the name of the first hospital to which the decedent was taken. This item may be left blank if not applicable.

Field Number: 47

Field Name: TOHOSPB

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 20

Description: Hospital, taken to by whom

Comment:

If the decedent was taken to the hospital dead or alive, indicate the person or agency who took the decedent to the hospital. This may include a person, the name of an ambulance service or funeral home or other appropriate name and may be left blank if not applicable.

Field Number: 48

Field Name: DEATHDATE

Type of Key Field:

Field Class: CORE REPORT ITEM

Type of Field: D

Length of Field: 8

Description: Death, actual date of as first reported

Comment:

This item should indicate the date on which death is thought to have actually occurred as opposed to the date when death was pronounced. This item reflects information as first reported to the medical examiner's office. If this information is unknown, leave the item blank.

Field Number: 49

Field Name: DEATHTIME

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 5

Description: Death, actual time of as first reported

Comment:

This item should contain the military time at which the decedent is thought to actually have died, not the time the decedent was pronounced dead. It reflects information as first reported to the medical examiner's office. If unknown, enter "Unk." If not applicable, enter "X." This item must have an entry.

Field Number: 50

Field Name: DEATHADDR

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 60

Description: Death, actual address of as first reported

Comment:

This item should contain the street name and number, city, state, and zip code for the address where death is actually thought to have occurred as first reported to the medical examiner's office. Enter "Unk" if unknown, "X" if not applicable. This item must have an entry.

Field Number: 51

Field Name: PRNDATE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: D

Length of Field: 8

Description: Pronouncement of death, date of

Comment:

Enter the date on which death was officially pronounced. For non-human remains, leave blank.

Field Number: 52

Field Name: PRNTIME

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: N

Length of Field: 4

Description: Pronouncement of death, time of

Comment:

Enter the military time at which death was officially pronounced. For non-human remains, enter "X." Do not leave blank.

Field Number: 53

Field Name: PRNPLACE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 25

Description: Pronouncement of death, place of

Comment:

Enter the name of the hospital or place where official pronouncement of death occurred. Enter "X" if not applicable.

Field Number: 54

Field Name: PRNSTREET

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 30

Description: Pronouncement of death, address of

Comment:

Enter the street number and name for the place where official pronouncement of death occurred. Enter "X" if not applicable.

Field Number: 55

Field Name: PRNCITY

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 15

Description: Pronouncement of death, city of

Comment:

Enter the name of the city in which official pronouncement of death occurred. If outside city limits, use the city or town that is used for the mailing address. Enter "X" if not applicable.

Field Number: 56

Field Name: PRNCOUNTY

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 15

Description: Pronouncement of death, county of

Comment:

Enter the name of the county in which official pronouncement of death occurred. Enter "X" if not applicable.

Field Number: 57

Field Name: PRNSTATE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 2

Description: Pronouncement of death, state of

Comment:

Enter the name of the state (using official post office state abbreviations) in which official pronouncement of death occurred. Enter "X" if not applicable.

Field Number: 58

Field Name: PRNZIP

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 10

Description: Pronouncement of death, zip code of

Comment:

Enter the zip code for the address where official pronouncement of death occurred. Enter "X" if not applicable.

Field Number: 59

Field Name: PRONOUNCER

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 25

Description: Pronouncement of death, person performing

Comment:

Enter the name of the person who made the official pronouncement of death, including a title if necessary. This is a death certificate item, and may be left blank if inapplicable.

Field Number: 60

Field Name: PRNLICENSE

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 10

Description: Pronouncement of death, license number of person performing

Comment:

Enter the medical license number of the person who performed the official pronouncement of death. This is a death certificate item that may be left blank if not applicable.

Field Number: 61

Field Name: SCENEDATE

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: D

Length of Field: 8

Description: Scene investigation, date of

Comment:

If a scene visit was conducted by an investigator or representative of the medical examiner, enter the date of the scene visit. Leave this item blank if scene investigation is not performed, and enter "X" in the SCENETIME field.

Field Number: 62

Field Name: SCENETIME

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: N

Length of Field: 4

Description: Scene investigation, time of

Comment:

If a scene visit/investigation was conducted by an investigator or representative of the medical examiner, enter the military time at which the scene visit began. If a scene investigation is not conducted, enter "X." This item must have an entry.

Field Number: 63

Field Name: SCENEADDR

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 25

Description: Scene investigation, address of

Comment:

If a scene visit/investigation was conducted by an investigator or representative of the medical examiner, enter the address where the visit was conducted. This is a tracking item and may be left blank if not applicable. "Same as home" and "same as event site" are acceptable, if applicable.

Field Number: 64

Field Name: SCENEBY

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 20

Description: Scene investigation, person conducting

Comment:

If a scene visit/investigation was conducted by an investigator or representative of the medical examiner, enter the person's name here. This is a tracking item, but an "X" should be entered if not applicable. Do not leave blank.

Field Number: 65

Field Name: NOKDATE

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: D

Length of Field: 8

Description: Next of kin, date of death notification of

Comment:

Enter the date on which the next of kin were notified of the decedent's death.

Field Number: 66

Field Name: NOKTIME

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: N

Length of Field: 4

Description: Next of kin, time of death notification of

Comment:

Enter the military time at which the next of kin were notified of the decedent's death.

Field Number: 67

Field Name: NOKNAME

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 20

Description: Next of kin: name of person notified

Comment:

Enter the name of the next of kin who was notified of the decedent's death.

Field Number: 68

Field Name: NOKNOTIFBY

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 30

Description: Next of kin, notified of death by whom

Comment:

Enter the person's name (or agency name) who notified the next of kin of the decedent's death. If other than a medical examiner employee, include the agency name.

Field Number: 69

Field Name: CASEDISPO

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 4

Description: Disposition of case

Comment:

Indicate whether the medical examiner's office has accepted the case for investigation (or death certification) or if the office has declined further investigation (or death certification). All cases reported should be classified as either: "jurisdiction accepted" (J) or "declined" (D).

Additional codes should be used to indicate if a case was declined because of its "topic" (T) or because of its geographic "location" (L) or whether a case was accepted for "autopsy" (A), "inspection" (I), or "certification or closure" only (C). Thus, a case declined because it should have been reported to another jurisdiction could be indicated as "DL" (Declined-Location). A case accepted for autopsy would be listed as "JA." Further explanations of why a case was accepted or declined may be included in the CASENOTES field preceded by the designator "Jurisdiction|." In such cases, enter a "pipe" symbol ("|") at the end of the CASEDISPO field.

Field Number: 70

Field Name: WHOSIGNSDC

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 30

Description: Certifier of death, name of

Comment:

If the case has been declined, enter the name of the person who will be signing the death certificate, including a contact phone number. If the medical examiner's office will be signing the death certificate, enter "MEO" (medical examiner's office). Do not leave this item blank.

Field Number: 71

Field Name: BODYDISPO

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 1

Description: Disposition of body

Comment:

This item should indicate whether the body or non-human remains was "released" from the site where it was at the time the death was reported (R) or whether it was brought to the morgue for "examination" (E) or "claim only" (C). This item must have an entry.

Field Number: 72

Field Name: TRANSPORT

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 20

Description: Body transported from scene, by whom

Comment:

This item should indicate who transported the body or non-human remains away from the place it was at the time the death was reported to the medical examiner's office. In some cases, this item will indicate who brought the body to the

morgue, and in other cases, it will indicate a funeral home or other authority to which the body was released. This item must have an entry.

Field Number: 73

Field Name: NUMINJURED

Type of Key Field: KEY

Field Class: STATISTICAL ITEM

Type of Field: A

Length of Field: 4

Description: Injured, number of persons

Comment:

This item should contain the number of persons who are also known to be injured, but not dead, as a result of the incident which led to the decedent's death. This is a statistical item and if included in the database, should always have an entry. Use of the "~" symbol (approximate) is acceptable.

Field Number: 74

Field Name: NUMDEAD

Type of Key Field: KEY

Field Class: STATISTICAL ITEM

Type of Field: A

Length of Field: 4

Description: Dead, number of multiple victims

Comment:

This item should indicate the number of people who are known to have died from the same incident as the decedent. This number indicates the number in addition to the decedent. It reflects information at the time the death is first reported to the medical examiner. This is a statistical item and if included in the database, should always have an entry. Use of the "~" symbol (approximate) is acceptable, if applicable.

Field Number: 75

Field Name: COMPANIONS

Type of Key Field: KEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 20

Description: Companion cases, case numbers of

Comment:

For incidents involving multiple fatalities, the case numbers assigned to the other fatalities should be entered here. It is acceptable to indicate a range. This represents information known at the time the death is first reported to the medical examiner. If a person(s) dies after another person has died from the same incident, the case number(s) from the preceding death(s) should be indicated in the case record of the subsequent death(s). If there are no companion cases, an "X" should be entered. This item should not be left blank.

Field Number: 76

Field Name: IDIRFBY

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 30

Description: Investigator's death report completed by

Comment:

This item should contain the name of the medical examiner's investigator who completes the initial investigative report. This may be different or the same as the person who received the initial intake call (INTAKEBY). The person's title may be included. This item should not be left blank.

Field Number: 77

Field Name: IDIRFDATE

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: D

Length of Field: 8

Description: Investigators death investigation report form, date of

Comment:

This item should contain the date on which the initial investigative report form is completed by the investigator. This is a tracking item, but should contain an entry if included in the data base.

Field Number: 78

Field Name: JOBTITLE

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 20

Description: Decedent, job title of

Comment:

This should contain the decedent's occupation or job title, whether or not he or she is currently employed. "Carpenter," "Administrator," "Physician," and "Clerk" are just a few examples of job titles.

Field Number: 79

Field Name: INDUSTRY

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 20

Description: Decedent: industry of usual occupation of

Comment:

This item should contain the type of industry or kind of business in which the decedent is engaged when employed, even if currently unemployed. A few examples are "Construction," "Pharmaceutical," "Professional Sports," and "Insurance."

Field Number: 80

Field Name: JOBSTATUS

Type of Key Field:

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 1

Description: Decedent, employment status of

Comment:

This item should indicate whether the decedent was employed (E), self-employed (S), or not employed (N) at the time of death.

Field Number: 81

Field Name: HCPROVIDER

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 25

Description: Health care provider, name and phone of decedent's

Comment:

Enter the name of the decedent's personal physician or health care provider, including a phone number. Indicate if "Unk," "no known provider," or "not obtained." This is a tracking field and should not be left blank if included in the data base.

Field Number: 82

Field Name: MEDHXC CODE

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 1

Description: Medical history, overall status

Comment:

Indicate whether the decedent has known medical problems (P), no known medical problems (N), or whether the decedent's medical history is unknown (U) or was not investigated (X). This is a tracking item but should always be completed if included in the data base.

Field Number: 83**Field Name: INFOSOURCE**

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 5

Description: Medical history, source of information of

Comment:

Indicate whether the decedent's medical history was supplied by the decedent's "doctor" (D), examination of "medical records" (M), a non-physician "health care provider" (H), a "family member" (F), an "other source" (O), or by "no one" (N). This is a tracking item but should be completed in all cases if included in the data base.

Field Number: 84**Field Name: MEDICALHX**

Type of Key Field:

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 10

Description: Medical history, current categorization of

Comment:

If the medical history was investigated, indicate the letters which correspond to the general categories of disease or abnormalities known to afflict the decedent. If comments or explanations are needed, they may be entered in the CASENOTES field preceded by the designation "Medical Comments|." If such notations are made, place a "pipe" symbol ("|") at the end of the MEDICALHX field to indicate that further information is available in the CASENOTES field.

Field Number: 85**Field Name: MEDSHX**

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 3

Description: Medications, status of

Comment:

Indicate whether the medication history was not investigated (X), is unknown (U), was investigated and negative for medications (N), or whether the decedent was taking prescription medicines (P) or over-the-counter medicines (O). If O or P is indicated, the medications may be entered in the CASENOTES field, preceded by the designation "Medications|." In such cases, enter "|" at the end of the MEDSHX field. Illicit drug use should be indicated in the MEDICALHX field and clarified in the CASENOTES field.

Field Number: 86**Field Name: AGONALHX**

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 5

Description: Medical treatment, agonal

Comment:

Enter "N" if there was "no agonal medical treatment," "R" ("resuscitation") if CPR was performed, "T" if blood "transfusions" were given, "F" if IV "fluids" were administered, and "S" if "surgery" was performed. Narrative comments regarding medical procedures may be entered in the CASENOTES field preceded by the designation "Medical Comments|." In such cases, enter "|" at the end of the AGONALHX field.

Field Number: 87**Field Name: EXAMTYPE**

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 2

Description: Postmortem examination, type of

Comment:

Enter A if a complete autopsy was performed, L if a limited autopsy was performed, E if only an external examination was performed, C if the case history was reviewed and the cause of death will be determined without examination of the body by the medical examiner, or R if the case history was reviewed but the medical examiner will not be making a determination of cause of death (or will not be certifying the death). Comments on the extent of a limited autopsy may be entered in the CASENOTES field preceded by the designation "Limited autopsy|." In such cases, include a "|" in the EXAMTYPE field.

Field Number: 88

Field Name: EXAMDATE

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: D

Length of Field: 8

Description: Postmortem examination, date of

Comment:

Enter the date on which the autopsy, limited autopsy, external examination, or review of case was conducted. This item must have an entry.

Field Number: 89

Field Name: EXAMTIME

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: N

Length of Field: 4

Description: Postmortem examination, time of

Comment:

Enter the military time at which the autopsy, limited autopsy, external examination, or case review was begun.

Field Number: 90

Field Name: EXAMBY

Type of Key Field:

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 20

Description: Postmortem examination, person performing

Comment:

Enter the name of the person who performed the autopsy, limited autopsy, external examination, or case review. This item must have an entry.

Field Number: 91

Field Name: EXAMNUM

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 6

Description: Postmortem examination, case number of

Comment:

Enter the unique identification number assigned to the autopsy, limited autopsy, or external examination, if different from the death investigation report number. If the same as the death investigation report number (i.e. CASENUMBER), or if no examination is performed, enter an "X." This item must have an entry.

Field Number: 92

Field Name: PROCEDURES

Type of Key Field: KEY

Field Class: CORE REPORT ITEM

Type of Field: C

Length of Field: 10

Description: Postmortem examination, ancillary procedures performed at

Comment:

Enter "S" if a medical examiner visited the scene, "H" if histology was performed, "P" if photographs of the examination were performed, "I" if imaging studies or X-rays were performed, "A" if a blood or serum alcohol determination was ordered, "T" if toxicologic tests other than blood or serum alcohol were ordered, "M" if microbiology or cultures were ordered, "L" if lab chemistries were ordered, and "O" if other ancillary tests were performed. Narrative comments regarding such procedures may be entered in the CASENOTES field preceded by the designation "Ancillary Procedures|." In such cases, include a "|" in the PROCEDURES field.

Field Number: 93

Field Name: PENDING

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 15

Description: Certification pending, reasons for

Comment:

If the cause of death and certification must be held as pending because additional information is needed, enter the reason or type of information that is awaited.

Field Number: 94

Field Name: CAUSEA

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 60

Description: Cause of death statement, top line of

Comment:

Enter the top line which appears in the cause of death statement. This is a cause-conditional key item, which must be completed if the office will officially determine the cause of death.

Field Number: 95

Field Name: DURATIONA

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 15

Description: Cause of death statement, duration of condition on top line

Comment:

Enter the duration that applies to the condition listed on the top line of the cause of death statement. "Minutes," "hours," "20 days," and "unknown" are just a few examples. This is a death certificate item.

Field Number: 96

Field Name: CAUSEB

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 60

Description: Cause of death statement, condition on 2nd line of

Comment:

Enter the condition which appears on the 2nd line of the cause of death statement. This is a cause-conditional key item.

Field Number: 97

Field Name: DURATIONB

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 15

Description: Cause of death statement, duration of condition: 2nd line of

Comment:

Enter the duration of the condition listed on the 2nd line of the cause of death statement. This is a death certificate item.

Field Number: 98

Field Name: CAUSEC

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 60

Description: Cause of death statement, condition listed on 3rd line of

Comment:

Enter the condition listed on the third line of the cause of death statement. This is a cause-conditional key item.

Field Number: 99

Field Name: DURATIONC

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 15

Description: Cause of death statement, duration of condition: 3rd line of

Comment:

Enter the duration of the condition listed on the 3rd line of the cause of death statement. This is a death certificate item.

Field Number: 100

Field Name: CAUSED

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 60

Description: Cause of death statement, condition of 4th line of

Comment:

Enter the condition listed on the 4th line of the cause of death statement. This is a cause-conditional key item.

Field Number: 101

Field Name: DURATIOND

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 15

Description: Cause of death statement, duration of condition: 4th line of

Comment:

Enter the duration of the condition listed on the 4th line of the cause of death statement. This is a death certificate item.

Field Number: 102

Field Name: OSCOND

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 60

Description: Cause of death statement, other significant conditions

Comment:

Enter the conditions listed in the "other significant conditions" area of the cause of death statement. This is a cause-conditional key item.

Field Number: 103

Field Name: MANNER

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 1

Description: Manner of death, categorization of

Comment:

Enter "H" for homicide, "S" for suicide, "A" for accidental, "N" for natural, and "U" for undetermined or could not be determined or unclassified. This is a cause-conditional key item.

Field Number: 104

Field Name: CINJDATE

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: D

Length of Field: 8

Description: Certified fatal injury, date of

Comment:

If an injury was cited in the cause of death statement, enter the date of the injury. This item is completed by the certifier and may differ from the date of injury as reported initially by the investigator (INJDATE). If the date is unknown, leave this item blank. If approximate, or if the decedent was found injured on a specific date, enter the date and use the CDATEFLAG field to indicate approximate or found. This is an injury-conditional key item.

Field Number: 105

Field Name: CDATEFLAG

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 3

Description: Certified fatal injury, date qualification of

Comment:

To indicate that the certified date of injury is unknown, enter "Unk." If the certified date of injury is approximate, enter "~." If the certified date of injury indicates the date a person was found, enter "Fnd." If not applicable, enter "X."

Field Number: 106

Field Name: CINJTIME

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 5

Description: Certified fatal injury, time of

Comment:

If an injury resulted in death, enter the military time at which the injury occurred. This item represents what the certifier of death wishes to place on the death certificate. If the time is approximate, precede the time with the character "~." If the time of injury is unknown, enter "Unk."

Field Number: 107

Field Name: CHOWINJURY

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 40

Description: Certified fatal injury: how it occurred

Comment:

If an injury caused death, enter a brief description of how the injury occurred, such as "pedestrian run over by car."

Field Number: 108

Field Name: CINJPLACE

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 25

Description: Certified fatal injury, place of

Comment:

If an injury caused death, enter the type of place where the injury occurred, such as "decedent's home," "wooded area," "another's yard," "restaurant." This wording reflects what the certifier of death wishes to have stated on the death certificate and may differ from information initially supplied by the investigator.

Field Number: 109

Field Name: CINJSTREET

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 40

Description: Certified fatal injury, address of

Comment:

If an injury resulted in death, enter the street name and address of the place where the injury leading to death occurred. This item represents what the certifier of death wishes to state on the death certificate. It may be necessary to include a statement such as "Wooded area- 400 block, Sweet Road."

Field Number: 110

Field Name: CINJCITY

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 20

Description: Certified fatal injury, city of

Comment:

If an injury resulted in death, enter the name of the city in which the injury occurred. If outside of an incorporated area, use the name of the city that would be used by the post office.

Field Number: 111

Field Name: CINJCOUNTY

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 20

Description: Certified fatal injury, county of

Comment:

If an injury resulted in death, enter the county in which the injury occurred.

Field Number: 112

Field Name: CINJSTATE

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 2

Description: Certified fatal injury, state of occurrence of

Comment:

If an injury resulted in death, enter the official post office abbreviation for the state in which the injury occurred.

Field Number: 113

Field Name: CINJZIP

Type of Key Field: ICKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 10

Description: Certified fatal injury, zip code of occurrence of

Comment:

If an injury resulted in death, enter the zip code that applies to the area where the injury occurred.

Field Number: 114

Field Name: CDEATHDATE

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: D

Length of Field: 8

Description: Certified date of death, date of occurrence of

Comment:

Enter the date on which death is actually thought to have occurred. This represents the date which the certifier of death wishes to state on the death certificate. If the date needs to be qualified as "approximate" or "found," use the CDEATHFLAG field. A date must be entered for every case that is certified by the medical examiner.

Field Number: 115

Field Name: CDEATHFLAG

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 3

Description: Certified date of death, qualification of

Comment:

If the certified date of death is approximate, enter "~." If the certified date of death indicated when the body was found, enter "Fnd."

Field Number: 116

Field Name: CDEATHTIME

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 8

Description: Certified time of death, time of occurrence of

Comment:

Enter the military time at which death is thought to have occurred. This represents what the certifier wishes to state on the death certificate. "Unk" is acceptable. If the time is an approximation, precede the time with "~." If the time represents when the body was found, precede the time with "Fnd."

Field Number: 117

Field Name: CERTIFIER

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 25

Description: Certifier of death, name of

Comment:

Enter the name of the person who is certifying the death, including degree, if applicable.

Field Number: 118

Field Name: CERTDATE

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: D

Length of Field: 8

Description: Certification of death, date of

Comment:

Enter the date on which the death is certified.

Field Number: 119

Field Name: CERTTIME

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: N

Length of Field: 4

Description: Certification of death, time of

Comment:

Enter the military time at which the death is certified by the certifier.

Field Number: 120

Field Name: CERTTITLE

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 30

Description: Certifier of death, title of

Comment:

Enter the title of the person who certified the death, such as "Coroner," or "Medical Examiner."

Field Number: 121

Field Name: CAUTOPSY

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 1

Description: Autopsy performed? (Yes or No)

Comment:

Enter "Y" if an autopsy was performed (including limited autopsy) or "N" if an autopsy was not performed. If an autopsy was not done by the medical examiner, but it is known that an autopsy was done elsewhere, enter "Y."

Field Number: 122

Field Name: AUTOPUSED

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 1

Description: Autopsy findings: were they used to determine cause of death

Comment:

Enter "Y" if an autopsy was performed and the autopsy findings were used to determine the cause of death as stated on the death certificate. Enter "N" if an autopsy was performed but the autopsy findings were not used. If an autopsy was not performed, leave this item blank.

Field Number: 123

Field Name: ATWORK

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 1

Description: At work, did events leading to death occur at

Comment:

Enter "Y" if the events leading to death occurred while the person was at work or on the job, even if the cause of death appears to have been due to natural causes. Otherwise, enter "N" or "?."

Field Number: 124

Field Name: JOBRELATED

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 1

Description: Injury at work, does a fatal injury fit definition of

Comment:

If death resulted from an injury and the circumstances meet the NIOSH criteria for being an injury at work, enter "Y." Otherwise, enter "N" or "?."

Field Number: 125

Field Name: SURGERY

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 1

Description: Surgery performed, date of

Comment:

If surgery was performed within 30 days of death for any reason or at any time for the condition which resulted in death, enter a "Y" here. Otherwise, enter "N" or "?."

Field Number: 126

Field Name: SURGDATE

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: D

Length of Field: 8

Description: Surgery, date of

Comment:

If a "Y" was entered in the SURGERY field, enter the date of the surgery in this field.

Field Number: 127

Field Name: SURGREASON

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 25

Description: Surgery or operation, reason for

Comment:

If a "Y" was entered in the SURGERY field, enter the reason for the surgery in this field.

Field Number: 128

Field Name: ETOH

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 3

Description: Ethanol, status of tests and results for

Comment:

Enter "NA" if results of tests for blood or serum ethanol are "not yet available" or if blood or serum ethanol was "not assayed." If a test for blood or serum ethanol was performed and was negative, enter "NEG." If a test for blood or serum ethanol was performed and was positive, enter the concentration. Other specimens tested for ethanol, such as tests of brain or vitreous fluid, and the test results, should be specified in the TOXRESULTS field.

Field Number: 129

Field Name: ETOHSPEC

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 7

Description: Ethanol, specimen tested for

Comment:

If a blood or serum ethanol test was performed, indicate if the specimen was blood or serum. Urine, vitreous fluid, or other specimens tested for ethanol, including test results should be described in the TOXRESULTS field.

Field Number: 130

Field Name: DRUGS

Type of Key Field: CCKEY

Field Class: CORE INVESTIGATION

Type of Field: C

Length of Field: 3

Description: Drugs, status of testing and results of tests for

Comment:

Enter "NA" if tests for drugs (other than ethanol) are "not yet available" or if drugs were "not assayed." Enter "P" if tests were performed and any were positive. Enter "NEG" if tests were performed and none were positive.

Field Number: 131

Field Name: TOXRESULTS

Type of Key Field:

Field Class: CORE INVESTIGATION

Type of Field: M

Length of Field: 10

Description: Toxicology results, narrative description of

Comment:

Enter all toxicology results including all specimens that were tested, positive and negative results, and quantitative results, if performed.

Field Number: 132

Field Name: VALID

Type of Key Field: CCKEY

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 1

Description: Valid, indication whether toxicology tests are

Comment:

If toxicology tests were performed, enter "Y" if the results reflect the status of the decedent at the time of the fatal incident, "N" if they do not, and "?" if unknown.

Field Number: 133

Field Name: PERSONKEYS

Type of Key Field: CCKEY

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 60

Description: Decedent, key words about

Comment:

Enter key words or phrases which may apply to the decedent and which would help to categorize the death. Examples might be "suspected prostitute," "prisoner," "suspected serial murderer."

Field Number: 134

Field Name: PLACEKEYS

Type of Key Field: CCKEY

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 60

Description: Place of fatal event, key words for

Comment:

Enter words or phrases that describe the type of place where the events leading to death, natural or non-natural, occurred. Examples might be "fast food restaurant," "jail cell," "abandoned car in wooded area."

Field Number: 135

Field Name: CIRCCKEYS

Type of Key Field:

Field Class: STATISTICAL ITEM

Type of Field: C

Length of Field: 60

Description: Circumstances surrounding death, key words for

Comment:

Enter key words or phrases that, regarding the type of circumstances, may help categorize the death. Examples might include "murder-suicide incident," "multifatality natural disaster," "mass murder incident."

Field Number: 136

Field Name: REFERRAL

Type of Key Field:

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 5

Description: Referral to other agencies, documentation of

Comment:

Enter the letter that corresponds to each agency to which the death is referred or reported. Further details, such as the date of the report and the reason, may be entered in the CASENOTES field, preceded by the designation "Referral|."

Field Number: 137

Field Name: MARITAL

Type of Key Field:

Field Class: ANCILLARY DC ITEM

Type of Field: C

Length of Field: 1

Description: Decedent, marital status of

Comment:

Enter "M" if the decedent is married, "W" if widowed, "N" if never married, "S" if separated, "D" if divorced, and "?" if unknown.

Field Number: 138

Field Name: EVIDENCE

Type of Key Field: KEY

Field Class: TRACKING ITEM

Type of Field: C

Length of Field: 1

Description: Physical evidence, indication of submission of

Comment:

If physical evidence other than toxicologic specimens was submitted, enter "Y"; otherwise enter "N." The details of the evidence may be included in the CASENOTES field and preceded by the designation "Evidence|."

Field Number: 139

Field Name: UPDATE

Type of Key Field: KEY

Field Class: CORE INVESTIGATION

Type of Field: D

Length of Field: 10

Description: UPDATE OF CASENOTES FIELD, DATE OF

Comment:

Enter the date on which the record for this case was first added to the electronic data base. Then, replace this date with the date on which any update is made in the record, changing the UPDATE field each time an update is made.

ASSOCIATED ITEMS AND RELATIONSHIP OF ITEMS

The structure of McDIDS, in combination with the utilization of key fields, allows prediction of the presence, absence, or nature of an entry in some fields based upon the presence, absence, or nature of the entries in other data items. Recognizing such relationships enables data checks to be performed to ensure that all entries are congruent.

Recall that key fields must have an entry, consisting of an "X" if the item is not applicable to the case in question. Also recall that positive association items, negative association items, and inverse association items have been described in this McDIDS document, and are specifically defined as follows:

Positive association items: Two or more related information items which must each have an entry other than "X" (or blank field) if any of the items in the group has an entry other than "X".

Negative association items: Two or more related information items which must each have an entry of "X" if any of the items in the group has an entry of "X".

Inverse association items: Two or more information items related in the sense that an entry other than "X" in one requires than the others contain an "X" (or a blank).

NOTE: Some items have a positive, negative, or inverse association based on the specific entry made in a given field. For example, if the MANNER field contains an "S" indicating that the manner of death was "Suicide", the CINJTIME field must also have an entry other than "X" because all suicides are due to some form of injury, the time of which must be specifically stated or described as "unknown" (Unk) or "approximate" (~). Thus, the two items have a positive association on the basis of the specific character (S) entered in the MANNER field. Other examples are described below.

Data quality checks should be designed so that the information items within groups of positive association items, negative association items, and inverse association items are justified against each other. At a minimum, such checks should be made at the time a case is brought to closure.

The following comments describe the relationships of associated fields at the time of case closure. There are many associated fields, and this manual describes only the more important ones related to Core Death Report Items and Core Items for Investigated Cases.

Positive association items:

FIRSTNAME, LASTNAME

If the FIRSTNAME field contains the first name of a decedent, the LASTNAME field should contain an entry other than "X".

FOUNDTIME, FOUNDDATE, FOUNDADDR, FOUNHOW

If the FOUNDTIME field contains an entry other than "X", which would indicate that the person was found dead, unconscious, or in distress, the FOUNDDATE field should contain a valid date, and the FOUNDADDR and FOUNHOW fields should also contain an entry other than "X".

PRNTIME, PRNDATE, PRNPLACE, PRNSTREET, PRNCITY, PRNCOUNTY, PRNSTATE, PRNZIP

If the PRNTIME field contains an entry other than "X", indicating that human remains were pronounced dead, all of the following fields should also have an entry other than "X":

PRNDATE
PRNPLACE
PRNSTREET
PRNCITY
PRNCOUNTY
PRNSTATE
PRNZIP

CASEDISPO, CAUSEA, MANNER, CDEATHDATE, CDEATHTIME, CERTIFIER, CERTDATE, CERTTIME, ATWORK, UPDATE

If the CASEDISPO field contains a "J" indicating that jurisdiction was accepted, the following fields must also have an entry:

CAUSEA
MANNER

CDEATHDATE
CDEATHTIME
CERTIFIER
CERTDATE
CERTTIME
ATWORK
UPDATE

PROCEDURES, ETOH, ETOHSPEC

If the PROCEDURES field contains an "A" indicating that a blood or serum alcohol test was ordered, the ETOH field should contain an entry other than "X", and the ETOHSPEC field should contain the word "blood" or "serum".

PROCEDURES, DRUGS, TOXRESULTS

If the PROCEDURES field contains a "T" indicating that toxicology tests other than a blood or serum alcohol were performed, the DRUGS field should contain an entry other than "X" and the TOXRESULTS field should contain the results or a statement that results were "not yet available" at the time of case closure.

MANNER, injury-conditional items

If the MANNER field contains an "S", "H", or "A", indicating that the manner of death is "suicide", "homicide", or "accident" respectively, all injury-conditional key items must have an entry.

If the MANNER field contains a "U", indicating that the manner of death is "undetermined", all injury-conditional key items (see Table III) must have an entry if the CINJTIME field has an entry.

MANNER, JOBRELATED

If the MANNER field contains an "S", "A", or "H", the JOBRELATED field must contain a "Y" (for "Yes", or an "N" (for "No"). If the MANNER field contains a "U", the JOBRELATED field must contain a "Y" or "N" if the CINJTIME field has an entry.

RESSTREET, RESCITY, RESCOUNTY, RESSTATE, RESZIP

An entry other than "X" in any of these fields requires that an entry other than "X" be made in all others.

Negative association items:

LASTNAME, MIDNAME

If the LASTNAME field contains an "X" indicating that the case material is non-human, ancient, or archaeological, the MIDNAME field should also contain an "X".

RESSTREET, RESCITY, RESCOUNTY, RESSTATE, RESZIP

An entry of "X" in any of these fields (indicating that a residence address is not applicable) requires that an entry of "X" be made in all of the others.

FOUNDTIME, FOUNDDATE, FOUNDADDR, FOUNDDHOW

If the FOUNDTIME field contains an "X", which would indicate that the person was not found dead, unconscious, or in distress, the FOUNDDATE field should be blank and the FOUNDADDR and FOUNDDHOW fields should also contain an "X".

PRNTIME, PRNDATE, PRNPLACE, PRNSTREET, PRNCITY, PRNCOUNTY, PRNSTATE, PRNZIP

If the PRNTIME field contains an "X", indicating that non-human or other non-pronounced remains were involved, all of the following fields should also contain an "X":

PRNDATE
PRNPLACE
PRNSTREET
PRNCITY
PRNCOUNTY
PRNSTATE
PRNZIP

Inverse association items:

FIRSTNAME, LASTNAME, MIDNAME

If the FIRSTNAME field contains "John Doe", "Jane Doe", "Non-human remains", "Ancient relics", or some similar descriptive term, the LASTNAME and MIDNAME fields should contain an "X".

MANNER, injury-conditional items:

If the MANNER field contains an "N" indicating that the manner of death is "natural" and an injury is not included in OSCOND, all injury-conditional items should be blank.

MANNER, JOBRELATED:

If the MANNER field contains an "N" indicating that the manner of death is natural, the JOBRELATED item should be blank because no injury is involved.