

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

STATE LAW LIBRARY
AUGUSTA, MAINE

MAINE MEDICAL EXAMINERS MANUAL

prepared for use in the State of Maine by
Henry F. Ryan, M.D., Chief Medical Examiner
1980

AUG 23 1993

INTRODUCTION

The Maine Medical Examiner's Manual is distributed in loose leaf form to permit revision of sections.

The manual is primarily intended for medical examiners but will also be useful for attorneys and law enforcement personnel.

The manual is divided into two sections. The first deals chiefly with administrative matters including statutes, regulations, general policy, interaction with police, examples of forms and certificates, and a directory of medical examiners and officials whom the medical examiners may have reason to write or call. The second section will be expanded with time but currently only deals with gunshot cases and is provided as an appendix. It deals with specific problems of the medical legal examination according to the type of case, and offers recommendations based upon current thinking in forensic pathology.

No text or manual can be exhaustive. Problems will undoubtedly arise which can not be solved by consulting the manual. Individuals faced with such problems can often resolve them by using their own common sense and professional experience. A full time forensic pathologist employed by the Chief Medical Examiner's Office is available at all times for consultation should additional technical assistance be required and can be reached by calling our office 289-2993 during regular business hours or 1-800-452-8744 on nights, holidays and weekends.

Since the manual is in loose leaf form to permit periodic revision as the need arises, please keep the pages bound together in a folder and replace obsolete pages as new ones are received.

STATE OF MAINE

Medical Examiner's Handbook

Table of Contents
Part 1

I. Introduction.....

II. Statutes.....

III. Rules.....

IV. Medical Examiner Administration - General Policy.....

V. Police and Law Enforcement Agencies and Medical Examiners -
General Police.....

VI. Forms and Certificates - Samples.....

VII. Directory

State Agencies - Chief Medical Examiner, Attorney General, Public
Health Laboratory, Public Safety Department and State Police.....

Local Police Departments, County Sheriffs.....

District Attorneys.....

Hospitals.....

Funeral Homes.....

Federal Aviation Examiners.....

VIII. Understanding Regarding Transport of Bodies.....

Appendix I - Gunshot Wounds - Review.....

17 M.R.S.A. §508. Abuse of Corpse

1. A person is guilty of abuse of corpse if he intentionally and unlawfully disinters, digs up, removes, conceals, mutilates or destroys a human corpse, or any part or the ashes thereof.

2. It is a defense to prosecution under this section that the actor was a physician, scientist or student who had in his possession, or used human bodies or parts thereof lawfully obtained, for anatomical, physiological or other scientific investigation or instruction.

3. Abuse of corpse is a Class D crime.

Sec. 1. 22 M.R.S.A. §2705

4. Amendment by the Office of the Chief Medical Examiner. Completions or amendments to certificates of death in medical examiner cases, as defined in section 3025, shall be as provided in section 2842, subsection 4.

22 M.R.S.A. §2841

3. Medical certificate by medical examiner. When the fetal death occurs without medical attendance upon the mother at or after delivery, or when inquiry as to the cause of fetal death is required by law, the medical examiner shall complete and sign the medical certification within 24 hours after delivery.

22 M.R.S.A. §2842 Registration of deaths

3. Medical certificate by medical examiner. When a death occurs under circumstances which make it a medical examiner case as defined in section 3025, or when inquiry as to the cause of death is required by law, the medical examiner shall complete and sign the medical certification within 24 hours of the time he is notified of the death, unless the remains must be held longer before release to complete studies or investigation.

The medical examiner shall be responsible for the identity of the deceased and the time, date, place, cause, manner and circumstances of death on the death certificate. Entries may be left "pending" if further study is needed. Notwithstanding section 2706, subsection 4, this information for which the medical examiner is responsible may be made available to the general public by the Office of the Chief Medical Examiner.

4. Correction of errors on death statistic records filed under chapter 711. Certificates of death in medical examiner cases, as defined in section 3025, may be completed or amended at any time by means of forms provided by the department to the Office of Chief Medical Examiner. Either the Chief Medical Examiner or the medical examiner assigned to the case may sign the forms. The medical examiner assigned shall submit the form to the Office of

the Chief Medical Examiner for filing with the State Registrar of Vital Statistics. These forms may be filed at any time after death and need not include a summary description of the evidence in support of the completion or amendment.

22 M.R.S.A. §2845 Certificate of death typewritten or printed

Any death certificate required to be filed by this chapter shall be typewritten or printed prior to such filing.

22 M.R.S.A. §3021.

This chapter shall be referred to as the Medical Examiner Act.

22 M.R.S.A. §3022 Office of Chief Medical Examiner

1. Appointment and qualifications of the Chief Medical Examiner. There is created, in the Department of Attorney General, the Office of Chief Medical Examiner for the State. The Chief Medical Examiner shall be appointed by the Governor for a term of 7 years and until his successor is appointed and qualified. The Chief Medical Examiner shall possess a degree of doctor of medicine or doctor of osteopathy, be licensed to practice in the State and be expert in the specialty of forensic pathology. Expertise in the specialty of forensic pathology may be established, either by certification in forensic pathology by the American Board of Pathology or the American Osteopathic Board of Pathology, or by successful completion of any examination to test expertise in forensic pathology, designed for the State by acknowledged experts in the field selected by the Governor. Any vacancy in the Office of the Chief Medical Examiner shall be filled by appointment by the Governor for a full term of 7 years. The Chief Medical Examiner may hire, subject to the Personnel Law, necessary office and laboratory personnel in order to carry out the proper functioning of his office.

2. Appointment and qualifications of the Deputy Chief Medical Examiner. The Chief Medical Examiner may select one or more of the medical examiners to serve as deputy chief medical examiners. The Deputy Chief Medical Examiner shall serve at the pleasure of the Chief Medical Examiner and if salaried shall be unclassified. In the event of his temporary absence, the Chief Medical Examiner or, if he is unavailable, the Attorney General may designate one of the deputy chief medical examiners to serve as acting Chief Medical Examiner. The acting Chief Medical Examiner shall have all of the powers and responsibilities of the Chief Medical Examiner.

3. Certification and completion of reports of deaths. The Office of Chief Medical Examiner shall be responsible for certification and completion of reports of deaths identified as medical examiner cases by section 3025. This shall be accomplished by examination of bodies and useful objects and by investigation and inquiry into the circumstances surrounding the deaths. The Office of Chief Medical Examiner may compile and preserve records and data relating to criminal prosecution, public health, public safety and vital statistics, as these relate to his responsibilities.

4. Judgments of the medical examiners. Judgments of the medical examiners as to the identity of the deceased and as to the cause, manner, date, time and place of death shall be made with reasonable care based on a preponderance of the evidence.

5. Custodian of records. The Chief Medical Examiner shall be the custodian of the records of the Office of Chief Medical Examiner. Copies of those records not declared confidential in subsection 8 shall be available upon written request.

6. Certificate as evidence. Notwithstanding any other provision of law or rule of evidence, the certificate of the Chief Medical Examiner, under seal of the State, shall be received in any court as prima facie evidence of any fact stated in the certificate or documents attached thereto. The certificate under the seal shall be presumed to be that of the Chief Medical Examiner. A facsimile of the signature of the Chief Medical Examiner imprinted on any certificate described in the preceding sentence shall have the same validity as his written signature and shall be admissible in court.

7. Medical records provided. In any medical examiner case, upon oral or written request of the medical examiner, any individual, partnership, association, corporation, institution or governmental entity which has rendered treatment pertaining to the medical examiner case shall forthwith provide the medical examiner with all medical records pertaining to the person and the treatment provided.

8. Certain information confidential. When in the custody of a medical examiner, contents of suicide notes, reproductions of medical reports and reports compiled by the police incorporated into the file, communications with the Department of Attorney General, death certificates and any amendments made thereto, except for the information for which the medical examiner is responsible, as listed in the section 2842, subsection 3, and reports pertaining to cases under investigation by the Attorney General's office shall be confidential.

9. Release of medical examiner's reports. State, county and local agencies and institutions, public and private, in possession of reports of the Office of the Chief Medical Examiner shall not release them, but shall refer all the requests to the Office of the Chief Medical Examiner. The Office of the Chief Medical Examiner need not release medical examiner reports to the public until a next of kin has been contacted.

10. Cooperation with research requests. The Office of Chief Medical Examiner shall cooperate with research requests by supplying abstracted data and copies of reports to interested persons and agencies, consistent with the available resources of the office.

22 M.R.S.A. §3023 Medical Examiners; appointment; jurisdiction

The Chief Medical Examiner shall appoint medical examiners, who shall have statewide jurisdiction and shall serve at the pleasure of the Chief Medical Examiner and subject to his control and the regulations promulgated by him. The medical examiners shall be learned in the science of medicine and

anatomy, licensed as physicians in this State and bona fide residents of this State. Each medical examiner before entering upon the duties of his office shall be duly sworn to the faithful performance of his duty.

The Chief Medical Examiner may in his discretion make temporary appointments when he deems it is in the public interest. Temporary medical examiners shall serve as a case-by-case basis and must be licensed as physicians by the State, but do not need to be residents of the State nor take an oath of office.

The Chief Medical Examiner may retain official consultants to serve the various needs of the office. These consultants shall possess a high degree of integrity and be learned in their fields. They need not reside within the State nor take an oath of office. They shall serve at the pleasure of the Chief Medical Examiner.

22 M.R.S.A. §3024 Salaries; fees; expenses

The salary of the Chief Medical Examiner of the State of Maine shall be set by the Governor. Other non-salaried medical examiners shall, upon the submission of their completed report to the Chief Medical Examiner, be paid a fee of \$45 for an inspection and view and shall receive travel expenses to be calculated at the mileage rate currently paid to state employees pursuant to Title 5, Section 8.

An additional fee of \$20 may be authorized by the Chief Medical Examiner for payment to other non-salaried medical examiners for visits to death scenes other than hospitals.

The fees for autopsies performed by pathologists, at the request of a medical examiner or the Chief Medical Examiner, shall be set by the Chief Medical Examiner at a level which shall provide reasonable payment for necessary costs and a reasonable fee in light of prevailing rates for the services of a pathologist in Maine.

The Chief Medical Examiner, using his discretion, may in an unusual circumstance to be determined by him, prescribe a special fee for the service of a medical examiner or for any consultant service which he deems necessary.

The Chief Medical Examiner, using his discretion, may authorize any other expenses necessary to carry out his duties.

If the Chief Medical Examiner or employees of his office, at their discretion, provide expert opinion or testimony relating to Maine medical examiner cases on behalf of private litigants, the Chief Medical Examiner may, at his discretion, set a reasonable fee for these services, preparation leading to them and expenses incurred in providing them. All fees, charges or other receipts shall be credited to the General Fund. Medical examiners and consultants who serve the State on a fee per case basis are excluded from this paragraph and may make private arrangements for these services.

LAWS

M.R.S.A. §3025 Medical examiner case

1. Circumstances of death constituting medical examiner case. A medical examiner case exists when remains are found which may be human and raise suspicion that death has occurred under any of the following circumstances:

A. Violence or poisoning;

B. Suddenly when the person is in apparent good health and has no specific natural disease sufficient to explain death;

C. During diagnostic or therapeutic procedures under circumstances indicating gross negligence or when clearly due to trauma or poisoning unrelated to the ordinary risks of those procedures;

D. Death when the person is in custody pursuant to an arrest, confined in a state correctional facility, county institution, facility or local lockup, unless clearly certifiable by an attending physician as due to specific natural causes;

E. Death while the person is a patient or resident of a facility of the Department of Mental Health and Mental Retardation or residential care facility maintained or licensed by the Department of Human Services, unless clearly certifiable by an attending physician as due to specific natural causes;

F. Death suspected of being due to a threat to the public health when the authority of the medical examiner is needed to adequately study the case for the protection of the public health;

G. Death suspected of not having been certified, including, but not limited to, bodies brought into the State and any buried remains uncovered other than by legal exhumation;

H. Deaths suspected of being medical examiner cases which may have been improperly certified or inadequately examined, including, but not limited to, bodies brought into the State under these circumstances;

I. Sudden infant death syndrome deaths and all other deaths of children under the age of 18 unless clearly certifiable by an attending physician as due to specific natural causes unrelated to abuse or neglect;

J. Whenever human or possibly human remains are discovered not properly interred or disposed of, for which the responsibility to do so cannot be readily determined; or

K. Any cause when there is no attending physician capable of certifying the death as due to natural causes. When a person dies who is under the care of a religious practitioner who uses prayer and spiritual means of healing, the fact that the deceased has been under such religious care does not warrant suspicion of foul play or investigation beyond that warranted by the other facts of the case.

22 M.R.S.A. §3025 Medical examiner case

1. Circumstances of death constituting medical examiner case. A medical examiner case exists when remains are found which may be human and raise suspicion that death has occurred under any of the following circumstances:

- A. Violence or poisoning;
- B. Suddenly when the person is in apparent good health and has no specific natural disease sufficient to explain death;
- C. During diagnostic or therapeutic procedures under circumstances indicating gross negligence or when clearly due to trauma or poisoning unrelated to the ordinary risks of those procedures;
- D. Death when the person is in custody pursuant to an arrest, confined in a state correctional facility, county institution, facility or local lockup, unless clearly certifiable by an attending physician as due to specific natural causes;
- E. Death while the person is a patient or resident of a facility of the Department of Mental Health and Mental Retardation or residential care facility maintained or licensed by the Department of Human Services, unless clearly certifiable by an attending physician as due to specific natural causes;
- F. Death suspected of being due to a threat to the public health when the authority of the medical examiner is needed to adequately study the case for the protection of the public health;
- G. Death suspected of not having been certified, including, but not limited to, bodies brought into the State and any buried remains uncovered other than by legal exhumation;
- H. Deaths suspected of being medical examiner cases which have been certified by other than medical examiners or the equivalent of a medical examiner, including, but not limited to, bodies brought into the State under those circumstances;
- I. Sudden infant death syndrome deaths and all other deaths of children under the age of 18 unless clearly certifiable by an attending physician as due to specific natural causes unrelated to abuse or neglect;
- J. Whenever human or possibly human remains are discovered not properly interred or disposed of, for which the responsibility to do so cannot be readily determined; or
- K. Any cause when there is no attending physician capable of certifying the death as due to natural causes. When a person dies who is under the care of a religious practitioner who uses prayer and spiritual means of healing, the fact that the deceased has been under such religious care does not warrant suspicion of foul play or investigation beyond that warranted by the other facts of the case.

2. Attendance by physician. A medical examiner case exists whenever the death is wholly or in part ascribable to violence or poisoning, regardless of whether the deceased had been attended by a physician, was a patient in a hospital, survived for considerable time or died with the terminal natural causes consequent to and following from the injury or poisoning.

3. Transplant operations. No operation for the transplant of an organ or a portion of any organ may take place, when the donor's death occurs under circumstances indicating a medical examiner case, without approval of the medical examiner. Any doctor performing a transplant operation when the donor has died under these circumstances shall note the condition of the vital organs in the region of surgery and shall include this notation in a written report of the operation and manner in which death was pronounced, with the report to be given to the medical examiner upon his request. The medical examiner may choose to be present during the removal of the donated organ.

4. Questionable cases and cases which may constitute exceptions. All questionable cases shall be reported. Acceptance of any questionable case is to be determined by the Chief Medical Examiner unless acceptance is specifically ordered by the Attorney General or district attorney having jurisdiction.

Deaths due to the consequence of long-term alcohol use, long-term exposure to environmental or occupational toxins or long-term exposure to carcinogens shall be reported, but need not be accepted.

Sudden natural deaths in the elderly who have not had previous specific symptoms or who were not under treatment by a physician for the specific natural cause that is considered to be the cause of death shall be reported to the Office of the Chief Medical Examiner. These cases may be referred back to the attending physician by the Chief Medical Examiner for certification of the death, even though the attending physician has not treated the patient for the specific natural disease that he will enter as his diagnosis as required in section 2842, subsection 2.

5. Delayed reports. When a death has occurred that falls under this law as a medical examiner case and the body has already been released for final disposition, the case may be accepted and the body ordered held for examination by a medical examiner, but no exhumation may take place when the body has been finally interred, except pursuant to section 3029.

22 M.R.S.A. §3026 Reports of death

1. Persons suspecting medical examiner case. Any person who has become aware of a suspected medical examiner case shall immediately notify a law enforcement officer, medical examiner or the Office of the Chief Medical Examiner.

2. Law enforcement officers suspecting medical examiner case. Any law enforcement officer who has become aware of a suspected medical examiner case shall immediately notify a medical examiner or the Office of the Chief Medical Examiner.

3. Medical examiners suspecting medical examiner case. Any medical examiner who has become aware of a death involving violence, or in which violence is suspected, shall immediately notify the appropriate law enforcement agency. The agency shall notify the district attorney for the district in which the body is located.

4. Cases involving criminal violence. Any law enforcement officer or medical examiner who has become aware of a death involving criminal violence, or in which criminal violence is suspected, other than by motor vehicle, shall immediately notify the Attorney General and the Chief Medical Examiner.

22 M.R.S.A. §3027 Procedure at scene of death

1. Except as otherwise provided in this section:

A. In any medical examiner case no person shall move or alter the body or any objects at the scene of death prior to the arrival, or without the express authorization, of the medical examiner or Office of the Chief Medical Examiner;

B. In any medical examiner case in which non-criminal violence is suspected, or in which any violence by motor vehicle is suspected, no person shall move or alter the body or any objects at the scene of death prior to the arrival, or without the express authorization, of the district attorney for the district in which the body is located or his authorized representative; and

C. In any medical examiner case in which criminal violence other than by motor vehicle is suspected, no person shall move or alter the body or any objects at the scene of death prior to the arrival, or without the express authorization, of the Attorney General or his authorized representative.

2. Preservation or removal of body. In any medical examiner case where the body is in danger of being destroyed or lost, or the location of the body renders it a serious threat to the safety or health of others, any person may take whatever steps are reasonably necessary for the retention or preservation of the body prior to the arrival or authorization of the medical examiner or Office of the Chief Medical Examiner, provided that such person shall first, whenever practicable, exactly mark the location and position of the body.

In any medical examiner case where criminal violence other than by motor vehicle is not suspected, and the presence of the body is likely to cause hardship or outrage, and a medical examiner or the Office of the Chief Medical Examiner cannot be reached in a reasonable period of time, the district attorney for the district in which the body is located, or his authorized representative, may authorize removal of the body by the law enforcement officer in charge of the scene, provided that the officer shall first, whenever practicable, exactly mark the location and position of the body.

A. When death occurs in a medical facility such as a hospital or an ambulance, the body may be removed to a mortuary under the following conditions:

- 1) The incident causing the death did not occur in the medical facility.
- 2) The body is transported to a secure place in the same condition as when death occurred; and
- 3) The only alterations are the disconnecting of fixed medical equipment.

3. Procedures. Before removal of the body as provided in subsection 2, the law enforcement officer shall whenever possible arrange for photographs, measurements and a record of the location and position of the body.

Where the death is suspected of involving criminal violence other than by motor vehicle, the procedure in this subsection shall be undertaken with the supervision of an authorized representative of the Attorney General.

In all medical examiner cases in which criminal violence other than by motor vehicle is suspected, the procedure in this subsection may be waived concurrently by the Chief Medical Examiner and the Attorney General or his authorized representative.

In all other medical examiner cases the procedure in this subsection may be waived concurrently by the medical examiner and the district attorney for the district in which the body is located or his authorized representative.

22 M.R.S.A. §3028 Investigation; autopsy

1. Authority to conduct investigation. The medical examiner shall have authority to conduct an investigation and inquiry into the cause, manner and circumstances of death in a medical examiner case. He shall, if deemed necessary, immediately proceed to the scene and, subject to the authority of the Attorney General, assume custody of the body for the purposes of the investigation, and shall retain custody until the investigation has been completed or until the Chief Medical Examiner has assumed charge of the case.

2. Investigation by law enforcement officer. Where death is not suspected to be the result of criminal violence, the medical examiner may elect not to proceed to the scene, or the Chief Medical Examiner may elect not to dispatch a medical examiner to the scene. If either so elect, the law enforcement officer in charge of the scene shall investigate the scene and remove the body in accordance with the instructions of the medical examiner or Office of the Chief Medical Examiner. The officer shall make a report of the investigation available to the medical examiner or Office of the Chief Medical Examiner.

3. Assistance of law enforcement agency. The medical examiner, or the pathologist as described in subsection 8, may request the assistance and use of the facilities of the law enforcement agency having jurisdiction over the case for the purposes of photographing, fingerprinting or otherwise identifying the body. That agency shall provide the medical examiner or pathologist with a written report of the steps taken in providing the assistance.

4. Possession of useful objects. Except as otherwise directed by the Attorney General, his deputies or his assistants, the medical examiner may direct that a law enforcement officer at the scene take possession of all objects which in the medical examiner's opinion may be useful in establishing the cause and manner of death.

5. Requests for objects. Any person having possession of any object or objects, as described in subsection 4, shall at the request of the medical examiner give that object or objects to a law enforcement officer. Original written or recorded material that might express suicidal intent shall be sent to the Office of the Chief Medical Examiner. The Chief Medical Examiner may elect to accept copies in place of originals.

6. Examination of body. In all cases except those requiring a report on a body already disposed of and not to be exhumed for examination, the medical examiner shall conduct a thorough examination of the body.

7. Written report. Upon completing his investigation, the medical examiner shall submit a written report of his findings to the Chief Medical Examiner on forms provided for that purpose. The medical examiner shall retain one copy of the report.

8. Autopsy. If, in any medical examiner case, in the opinion of the medical examiner, the Chief Medical Examiner, the district attorney for the district in which the death has occurred or the Attorney General, it is advisable and in the public interest that an autopsy be made, the autopsy shall be conducted by the Chief Medical Examiner or by such pathologist as the Chief Medical Examiner may designate. That person shall make a complete report of the findings of the autopsy and shall transmit the report to the medical examiner and the Office of the Chief Medical Examiner, retaining one copy thereof.

9. Autopsy of child. In the case of a child under the age of 3 years, when death occurs without medical attendance or, if attended, without a specific natural cause, the medical examiner shall order an autopsy. The autopsy may be waived by the Chief Medical Examiner, provided he includes the reason for the waiver in the record.

10. Chief Medical Examiner; jurisdiction. The Chief Medical Examiner may assume jurisdiction over a medical examiner case, and may recertify the death, when he finds that it is in the public interest for him to do so. He shall include his reasons for so doing in the record.

11. Final release of body. In any medical examiner case the body shall not be finally released for embalming or burial except by order of the medical examiner in charge of the case, or by the Chief Medical Examiner. No medical examiner may release a body without first ensuring that the case has been reported to the Office of Chief Medical Examiner.

§3028-A. Disposal of unidentified remains

Whenever unidentified human skeletal remains are recovered, the Chief Medical Examiner may store the remains, release them to an educational institution, inter them in an appropriate resting place or have them cremated. Ashes of remains cremated may be disposed of in any appropriate manner. Human skeletal remains uncovered in a cared-for cemetery or known to be Indian remains are excluded from the operation of this section.

§3028-B. Retention of body fragments and body fluids.

A medical examiner or his designated pathologist may retain body fragments or body fluids for evidence, further study or documentation.

§3028-C. Disposal of nonsubstantial fragments and fluids; disposal of substantial fragments.

1. Disposal of nonsubstantial body fragments and body fluids. Body fragments or body fluids retained for evidence, further study or documentation, or those which have been recovered after the body has been released from the custody of the medical examiner, may be disposed of according to the practices of the laboratory responsible for analysis, by the Office of the Chief Medical Examiner, or by the medical examiner or pathologist retaining those fragments or fluids, unless claimed in writing by the person responsible for burial.

2. Disposal of substantial body fragments. The Chief Medical Examiner may dispose of substantial fragments of bodies that have been retained for evidence, further study or documentation or that have been recovered after the rest of the body has been finally released, in accordance with section 3028-A, unless claimed by the person responsible for burial.

22 M.R.S.A. §3029 Body buried without inquiry

1. Notification of district attorney or Attorney General. If in any medical examiner case:

A. The body is buried:

- 1) Without inquiry or examination by the medical examiner;
- 2) Before the inquiry or examination has been completed to the satisfaction of the medical examiner; or
- 3) Without an autopsy if such was advisable pursuant to section 3028; and

B. The body is required for that inquiry, examination, completion or autopsy, the medical examiner shall notify the district attorney, for the district in which the body was found, or the Attorney General.

2. Petition for order of exhumation. The district attorney or Attorney General may, under the circumstances enumerated in subsection 1, and if he finds it to be in the public interest, petition a Justice of the Superior Court for an order of exhumation.

3. Report of findings. The medical examiner, Chief Medical Examiner or pathologist who completes the inquiry, examination or autopsy shall report his findings to the justice and to the Office of the Chief Medical Examiner.

22 M.R.S.A. §3030 Repealed 1977 (dealt with living victims of violent assault)

22 M.R.S.A. §3031 Facilities and services available to medical examiners.

The facilities of all laboratories, under the control of any state agency or department and the services of the professional staffs thereof, shall be made available to the Chief Medical Examiner with the cooperation of the head of the agency involved.

22 M.S.R.A. §3032 Rules

The Chief Medical Examiner is authorized and empowered to carry into effect this chapter, and in pursuance thereof, to make and enforce such reasonable rules consistent with this chapter as he may deem necessary. A copy of the rules and any amendments thereto shall be filed in the office of the Secretary of State.

§3033 Limitation on liability of medical examiners and pathologists.

Notwithstanding any other provision of law, no medical examiner shall be held liable for damages for any injury or damage which results from the exercise and discharge of any of his official duties, unless it can be shown that such injury or damage resulted from gross negligence on the part of the medical examiner. Notwithstanding any other provision of law, no pathologist, performing an autopsy at the request of a medical examiner or the Chief Medical Examiner, shall be held liable for damage for any injury or damage which results from the performance of the autopsy, unless it can be shown that such injury or damage which results from the performance of the autopsy, unless it can be shown that such injury or damage resulted from the gross negligence of the pathologist. Notwithstanding any other provision of law, no professional consultant, who at the request of the medical examiner or Chief Medical Examiner conducts an examination and renders a report as part of the record, shall be held liable for damages for any injury or damage which results from the performance of the examination unless it can be shown that such injury or damage resulted from the gross negligence of the consultant.

PART E

REQUIREMENT TO REPORT THE ABUSE OF
ELDERLY OR INCAPACITATED ADULTS

§3478. Mandatory reporting to medical examiner for postmortem investigation.

A person required to report cases of known or suspected abuse or neglect, who knows or has reasonable cause to suspect that an adult has died as a result of abuse or neglect, shall report that fact to the appropriate authority as provided in Section 3026. An adult shall not be considered to be abused or neglected solely because he was provided with treatment by spiritual means by an accredited practitioner of a recognized religious organization.

22 M.R.S.A. §4720 Indian Bones

From October 3, 1973 and thereafter all Indian skeletons and bones that come into the possession of any person, state department or organization, whether public or private, shall be transferred to appropriate Indian Tribes in Maine for reburial.

Prior to the time of transferral to the Indian Tribes, any such Indian bones or skeletons found may be subjected to scientific study by persons skilled in the anthropological and archaeological fields, but in no instance may such study continue longer than one year from the time of the bones discovery, before being transferred to the Indian Tribe.

22 M.R.S.A.§4013. Mandatory reporting to a medical examiner and a postmortem investigation

A person required to report cases of known or suspected abuse or neglect under section 3853, who know or has reasonable cause to suspect that a child has died as a result of child abuse or neglect, shall report that fact to the appropriate authority as provided in section 3026. A child shall not be considered to be abused or neglected solely because he was provided with treatment by spiritual means by an accredited practitioner or a recognized religious organization.

32 M.R.S.A. Section 1404 Medical Examiner case; no embalming until release.

When a person has died under circumstances which constitute a medical examiner case as defined in Title 22, Section 3025, no person may inject into any cavity or artery of the body any fluid or substance, or submerge the body in or place, pour or spray on the body any preservative, deodorant, insecticide, cosmetic or other chemical until a legal certificate as to the cause of death has been obtained from the medical examiner, or until permission to do so has been given by the medical examiner.

32 M.R.S.A. Section 1404-A No Embalming When Autopsy Authorized

The next of kin or legal representative of a person who has died may authorize an autopsy. If an autopsy is authorized, no person shall inject into or remove from any artery, vein, or cavity of the body of the person who has died any fluid, gas or other substance except by or with the permission of a pathologist, medical examiner or licensed physician in attendance.

On completion of the autopsy, the body shall be released for normal handling.

The provisions of this section do not apply to deaths within the jurisdiction of medical examiners or autopsies as authorized in Title 22, Chapter 711.

A violation of this section is a Class E crime.

Cremation

32 M.R.S.A. §1405

The body of a deceased person shall not be cremated within 48 hours after his decease unless he died of a contagious or infectious disease and in no event shall the body of a deceased person be cremated, buried at sea, used for medical science or removed from the State until the person, firm or corporation in charge of the disposition has received a certificate from a duly appointed medical examiner that he has made personal inquiry into the cause and manner of death and is satisfied that no further examination or judicial inquiry concerning the same is necessary. This certificate, a certified copy of the death certificate and a burial transit permit when presented by the authorized person as defined in Title 22, section 2846, shall be sufficient authority for cremation, burial at sea, use by medical science or removal from the State and the person, firm or corporation in charge of the disposition shall not refuse to cremate or otherwise dispose of the body solely because these documents are presented by such an authorized person. The certificate shall be retained by the person, firm or corporation in charge of the cremation or disposition for a period of 15 years. For the certificate, the medical examiner shall receive a fee of \$15 payable by the person requesting same.

No dead human body shall be removed, transported or shipped to any crematory unless encased in a casket or other suitable container.

Reporting of Deaths in State Institutions32 M.R.S.A. § 1092-A Confidentiality of Communication Between Patients and Dentists.

4. Exceptions. Notwithstanding any other provisions of law, the following are exceptions.

C. There is no privilege under this section as to information regarding any patient which is sought by the Chief Medical Examiner or his designee in a medical examiner case, as defined by Title 22, section 3025, in a which the Chief Medical Examiner or his designee has reason to believe that information relating to dental treatment may assist in determining the identity of a deceased person.

34 M.R.S.A. §3045. Unnatural death of committed offender

When the death of any committed offender in any correctional facility is not clearly the result of natural causes, an examination and inquest shall be held as in other cases, and the commissioner or the chief administrative officer of the facility shall cause a medical examiner to be immediately notified for that purpose.

Excerpts From Selected Federal StatutesI. National Transportation Safety Act of 1974Duties of Board

49 U.S.C.A. §1903 (a) The Board shall:

1) Investigate or cause to be investigated (in such detail as it shall prescribe), and determine the facts, conditions, and circumstances and the cause or probable cause or causes of any -

- A) aircraft accident . . . (with the exception of military aircraft),
- B) highway accident . . . ,
- C) railroad accident . . . ,
- D) pipeline accident . . . ,
- E) major marine casualty . . . (with some exceptions),

F) other accident which occurs in connection with the transportation of people or property which, in the judgment of the Board, is catastrophic, involves problems of a recurring character, or would otherwise carry out the policy of this chapter.

. . . establish by regulation requirements binding on persons reporting accidents subject to the Board's investigatory jurisdiction under this subsection;

2) . . . Powers of Board - Any employee of the Board, upon presenting appropriate credentials and a written notice of inspection authority, is authorized to enter any property wherein a transportation accident has occurred or wreckage from any such accident is located and do all things therein necessary for a proper investigation, . . .

5) . . . The Board is authorized to obtain, and shall be furnished, with or without reimbursement, a copy of the report of the autopsy performed by state or local officials on any person who dies as a result of having been involved in a transportation accident within the jurisdiction of the Board and, if necessary, the Board may order the autopsy or seek other tests of such persons as may be necessary to the investigation of the accident: Provided, that to the extent consistent with the need of the accident investigation, provisions of local law protecting religious beliefs with respect to autopsies shall be observed.

6) The Board is authorized to (A) use, on a reimbursement basis or otherwise, when appropriate, available services, equipment, personnel, and facilities of the Department of Transportation and of other civilian or military agencies and instrumentalities of the Federal Government; (B) confer with employees and use available services, records, and facilities of state, municipal, or local governments and agencies; (C) employ expert and consultants in accordance with section 3109 of title 5, United States Code.

CHAPTER 84 - PRESIDENTIAL ASSASSINATION,
KIDNAPPING, AND ASSAULT

18 U.S.C.A. §1751. Presidential assassination, kidnapping, and assault;
penalties.

a) Whoever kills (1) any individual who is the President of the United States, the President-elect, the Vice President, or, if there is no Vice President, the officer next in the order of succession to the office of President of the United States, the Vice President-elect, or any individual who is acting as President under the Constitution and laws of the United States or (2) any person appointed under section 105(a)(2)(A) of title 3 employed in the Executive Office of the President or appointed under section 106(a)(1)(A) of title 3 employed in the Office of the Vice President, shall be punished as provided by sections 1111 and 1112 of this title.

h) If federal investigative or prosecutive jurisdiction is asserted for a violation of this section, such assertion shall suspend the exercise of jurisdiction by a state or local authority, under any applicable state or local law, until federal action is terminated.

i) Violations of this section shall be investigated by the Federal Bureau of Investigation. Assistance may be requested from any federal, state or local agency, including the Army, Navy, and Air Force, any statute, rule or regulation to the contrary notwithstanding.

CHAPTER 18 - CONGRESSIONAL ASSASSINATION

KIDNAPPING, AND ASSAULT

§351. Congressional assassination, kidnapping, and assault; penalties.

a) Whoever kills any individual who is a member of Congress or a member of Congress-elect, a member of the executive branch of the Government who is the head, or a person nominated to be head during the pendency of such nomination, of a department listed in section 101 of title 5 or the second ranking official in such department, the Director (or a person nominated to be Director during the pendency of such nomination) or Deputy Director of Central Intelligence, or a Justice of the United States, as defined in section 451 of title 28, or a person nominated to be a Justice of the United States, during the pendency of such nomination, shall be punished as provided by sections 1111 and 1112 of this title.

f) If federal investigative or prosecutive jurisdiction is asserted for a violation of this section, such assertion shall suspend the exercise of jurisdiction by a state or local authority, under any applicable state or local law, until federal action is terminated.

g) Violations of this section shall be investigated by the Federal Bureau of Investigation. Assistance may be requested from any federal, state or local agency, including the Army, Navy, and Air Force, any statute, rule or regulation to the contrary notwithstanding.

RULES IN GENERAL:

The following are the only specific and published rules for medical examiners. They are in accordance with the law (22 M.R.S.A. §3032) which gives such power to the department and are to be taken as seriously as the laws themselves. Since the central office maintains no records of cremation type permits and does not review when and how they are issued in each case, it is important that these rules be promulgated and observed.

1. CREMATION PERMITS:

The signing of a permit to cremate, bury at sea, dissect or transport a body out of state is a serious responsibility. You, in your official capacity, are authorizing that the body be disposed of beyond our reach for further study. You must be sure that it is not needed further by the medical examiner system. To that end you must:

A) DETERMINE THAT, IF THE CASE IS A MEDICAL EXAMINER CASE, IT IS READY FOR RELEASE.

If you are not the medical examiner, the presence of a certificate usually suffices. In its absence a call to the medical examiner must be made.

B) DETERMINE THAT A CASE NOT ACCEPTED BY A MEDICAL EXAMINER (regardless of whether the certificate indicates it was reported) IS NOT A MEDICAL EXAMINER CASE.

If there is a certificate, it should be certified as death due to natural causes only and those causes must be specific (not "cardiopulmonary arrest" or "natural disease," etc.) and reasonable considering the person's age, etc. If there is no certificate, a call must be made to the physician who will certify the death.

C) BE PREPARED TO DOCUMENT WHAT PERMITS YOU SIGNED AND ON WHAT BASIS.

While the Office of Chief Medical Examiner does not require permits to be filed centrally, for your own protection and good practice, you should retain a copy with notes as to what you did to verify the above, e.g. "Certificate signed by Dr. Jones, "myocardial infarct."

July 16, 1986 - Office Of Chief Medical Examiner.

IV
MEDICAL EXAMINER ADMINISTRATION

Herein is contained the general administrative policy of medical examiner functioning. This material is intended as guidance. Mandatory practices pursuant to 22 MRSA Section 3032 are contained in the preceding section on regulations.

AdministrationGeneral Considerations

The medical examiner's responsibility is to certify the identity of the deceased, the cause of death, time - date - and place of death, and circumstances of death when death has occurred due to other than natural causes or when it is not clear whether death is due to natural causes because the deceased was not attended by a physician.

The medical examiner has certain authority in order for him to meet his responsibility:

- a) The medical examiner has charge of the body. The body must not be moved or altered without the authorization of the medical examiner, or Office of the Chief Medical Examiner.
- b) The medical examiner is authorized to order an autopsy and all other reasonable examinations and studies that are required for him to reach a proper conclusion.
- c) The medical examiner is entitled to investigative information from other sources to the extent that it is necessary for him to reach a proper conclusion.

The medical examiner functions in a quasi-judicial manner in arriving at the circumstances of death, a decision which depends largely upon a reasonable interpretation of the investigative findings. Therefore, the medical examiner's report must include a brief narrative summary of the investigative findings including the source of the information. Since the investigative findings are so important for the judgements of the medical examiner, he must be extremely careful to be sure that an adequate investigation is undertaken. It is in the interest of the medical examiner that the scene of death not be disturbed in such a way as to hamper this investigation prior to the arrival of crime lab personnel.

The interpretation of the medical history and the physical examination of the body are the two areas where the specific knowledge and experience of the physician are most needed. It is because of the importance of a thorough examination of the body and interpretation of past medical history and symptoms just prior to death that the medical examiners must be selected only from persons licensed to practice medicine.

Administration

Previously the coroner was responsible for the medical examiner functions and coroners did not have to be knowledgeable in medicine. The government now recognizes the necessity of medical expertise and there is no purpose to having physician-medical examiners if they are not going to thoroughly examine the body of the deceased.

The first responsibility of anyone coming upon a body is to determine if the individual is beyond saving, and life must be presumed until it can be determined beyond any doubt that the person is dead. This depends somewhat upon the skill of the examiner, especially one who is not trained in medicine or first aid. While it is often possible to make a quick mental note of the position of the body and conduct further examination of the body with minimal disturbance, preserving life is the first responsibility of anyone coming upon a body not known with certainty to be dead and all other considerations are secondary.

The medical examiner is not supposed to be called prior to death (except for potential organ donors) and is not in the business of pronouncing death. If there is any doubt, emergency medical services should be sought and liability depends upon this decision regardless of whether or not a medical examiner arriving later pronounces death. Since death must be certain before the medical examiner is called and no law requires that in every case a physician formally pronounce death there is no reason to call a medical examiner to a scene merely for this purpose.

Administration

Appointment of Medical Examiners

Appointing Authority -- Medical Examiners are appointed by the Chief Medical Examiner, and their names are recorded by the Secretary of State.

Duration in Office -- Medical Examiners serve for an indefinite term at the pleasure of the Chief Medical Examiner, (and should submit a written resignation if they wish to resign.)

Jurisdiction -- Regardless of the county in which they normally practice, all medical examiners have state-wide jurisdiction.

Qualifications -- Medical Examiners must be licensed as physicians in the State of Maine, be a resident and citizen of the state, and must take the oath of office.

Oath -- As provided in the constitution and witnessed by a dedimus justice.

Recompense -- Medical Examiners are paid \$45 per case, an additional \$20 is paid for a scene visit, and travel expenses at the state mileage rate (\$.22/mile). Unusual expenses may rarely occur, and further payment to cover these expenses may be authorized by the Chief Medical Examiner in rare instances. Ordinary expenses such as secretarial help, postage, brief phone calls, etc., are to be considered covered by the fee. (See special section of cremation permits.) An additional fee can be charged for internal examination even though a complete autopsy is not done. The amount depends upon the individual case. Up to \$20 can be billed for procuring toxicology specimens, completing the toxicology requisition and seeing to the transporting of the specimens through the mail, via the police, etc. The specimens must, however, be personally procured by the medical examiner in order for him to collect this fee, and the fact that they were taken noted on the medical examiner report. Invoice forms are provided.

Availability -- Medical Examiners are not full time employees of the state and have other responsibilities, many of which are urgent. While it is expected that medical examiners will be available for service as needed, it is

Administration

understood that other responsibilities may make it impossible for the medical examiner to take a case at a given time. All medical examiners are physicians and as such are bound to perform their duties according to the highest standards of ethics; therefore, it will be left to their judgement whether they can or can not take the responsibility of a case in the face of other important matters. Since all medical examiners are volunteers, it can be safely assumed that they will not shirk service to the community. A few medical examiners, because of advanced age, ill health, in-hospital or clinic contractual obligations may not be able to take certain cases.

Liability--Refer to section on law regarding liability of medical examiners and pathologists while performing their duties for the medical examiner system. (22 M.R.S.A. Sect. 3033.)

MEDICAL EXAMINER CASES

A medical examiner case exists when remains are found indicating a human has died and that death is suspected as resulting from:

- A. Violence of any kind;
- B. Any cause where the death occurs suddenly while the person is in apparent good health;
- C. Any cause when there is no attending physician capable of certifying the death as due to natural causes;
- D. Poisoning, either chronic or acute;
- E. Disease, injury or a toxic agent related to employment;
- F. Diagnostic or therapeutic procedures under circumstances indicating gross negligence or unforeseen clearly traumatic causes;
- G. Any cause while the person is in custody or confinement, unless clearly certifiable by an attending physician as due to natural causes;
- H. Disease or pathological process constituting a

Administration

threat to public health;

- I. Any cause when the death is not known to have been properly certified, including, but not limited to, any body brought into the State without proper certification, and any buried remains uncovered other than under an exhumation order;
- J. In the case of a child under the age of 3 years, any cause, including sudden infant death syndrome, unless the death is clearly due to a specific natural cause; or
- K. Any cause when a body already certified, but not yet buried or cremated, is suspected of having been improperly certified as to the cause or manner of death.

NOTES ON TYPES OF MEDICAL EXAMINER CASESHomicides:

It is not necessary for the deceased to have been physically touched by an assailant for the possibility of homicide to arise. When upon the threat of violence, sufficient fear is created as to lead to death - this case should be considered a medical examiners case.

Poisoning and Addiction:

All deaths due to poisoning are medical examiner cases, and this includes the illegal use of drugs -- chronic addictions and intoxications as well as acute poisoning. In many instances when the affects of chronic alcoholism are the cause of death, the case is not referred to the medical examiner; however, the attending physician ought note the relationship to chronic alcoholism on the death certificate.

Deaths in Custody: (Including State Institutions)

Deaths of persons in custody and confinement, and in state institutions, except when clearly due to natural causes and attended by a physician, should be investigated by the medical examiner both as a protection for those so help

Administration

and protection for the custodians. Death in a nursing home is not included in this category and is not a medical examiner's case unless it meets other criteria. (See 34 M.R.S.A. Sect. 1 in Section II Laws of this manual regarding deaths in State Institutions.)

Procedures:

All deaths due to medical, surgical, and diagnostic procedures should be referred to the medical examiner. In most instances there is no indication of gross negligence or illegal procedures, nor is there evidence of clearly traumatic causes such as would occur in an anesthetic explosion. In such instances the medical examiner, after making an initial inquiry, may refer the case back to the attending physician.

Children:

All deaths in young children, unless attended by a physician and clearly due to specific natural causes, are medical examiner cases. All Sudden Infant Death Syndrome deaths are medical examiner cases and an autopsy should always be ordered. (See 22 M.R.S.A. Sect. 3028(9) in part II.)

Unattended Deaths:

Sudden deaths when in apparent good health are medical examiner's cases, as are all unattended deaths. In these instances there are no attending physicians who can adequately certify the death and they are the responsibility of the medical examiner.

Definition of "Attended":

There is considerable confusion over the meaning "attended by a physician". A person should be considered attended by a physician when the physician has been regularly caring for the person and is knowledgeable regarding his state of health and has seen the patient fairly recently. How recently can not be fixed precisely in time, but it is best stated as recently enough to have a clear knowledge of the patient's general state of health and any serious disease he may have had. Obviously an attending physician can not certify cause of death if in his clinical judgement, so far as his examination and history provides, there is no indication of serious natural disease. "Attended" does

Administration

not mean that the physician had to be present at the bedside when the patient died.

Deaths due to natural causes can be considered attended by a physician even if the physician has not previously seen the patient, so long as the physician at the time of the terminal illness has enough clinical evidence before death as to be able to come to a reasonable conclusion of natural causation. This means that there is no fixed time at which a case is considered to be a medical examiner's case in that the attending physician might only be attending the patient for a few minutes. Some persons believe that death occurring in less than 24 hours after admission to a hospital constitutes a medical examiner's case. This is clearly not so, so long as the death can reasonably be ascribed to natural processes. However, if the ultimate cause of death is trauma, the case remains a medical examiner's case regardless of how long the patient survives in a hospital and failure to report such a case is foolish and illegal, but occurs frequently.

Absence of Attending:

In many instances an attending physician is not available who would otherwise be able to certify a death that ordinarily would not be a medical examiner's case. In the interest of the public, since someone must take the responsibility of certifying the death, the matter becomes a medical examiner case, due to the absence of the attending physician. This type of case can be quite annoying, but the medical examiner should handle them as a public service. However, the medical profession should not take advantage of the few who volunteer as medical examiners by deliberately being unavailable for certification of death of their patients. Should this be the frequent practice of any physician, the medical examiner should report this conduct thru proper channels as such practice is unethical. (The law requires "the physician in charge of the patient's care....." to complete a certificate "within 24 hours." See 22 M.R.S.A. § 2842 in part II of manual.)

General Notes:Delayed Traumatic Deaths:

It should be noted that any death resulting from violence,

Administration

even if the death occurs many years after the initial incident is still a medical examiner case. It does not matter how long after the injury death occurs so long as back through the chain of pathological processes the death may ultimately be ascribed to the injury, though the immediate cause may be natural such as infectious disease, for example: trauma to the upper cervical spine resulting in paralysis with death occurring many years later due to renal failure and pyelonephritis from an ascending urinary tract infection. This is still a medical examiner's case!

Under Care of Religious Practitioner:

When a person dies who is under the care of a religious practitioner who uses prayer and spiritual means of healing this case is a medical examiner case as there is no one who can certify the death but the mere fact that the deceased has been under such religious care does not in and of itself warrent suspicion of foul play or investigation beyond that warrented by the other facts of the case.

Cremation:

Bodies to be cremated are not medical examiner cases in the same sense of all other instances previously mentioned. The law specifically provides that the medical examiner should issue a cremation permit prior to cremation, and that the medical examiner is to receive a fee of \$15 payable to him by the person requesting the cremation permit. The issuance of a cremation permit does not make the matter a medical examiner case in the sense that a report must be filed at the Office of the Chief Medical Examiner and other procedures as outlined in the accompanying discussions and regulations must be followed, unless, upon review of the case, prior to the issuing of a permit, it is discovered that the previously noted criteria for medical examiner cases are met. It is to uncover medical examiner cases before destruction of the body that cremation permits are required. The issuer of the cremation permit must be sure that the death has been properly certified, which means that a certificate has been issued and certifies the death as due to natural causes, the death has been certified by a medical examiner. If the certificate was not signed by a medical examiner and the certificate does not indicate that the body has been examined it would be well to do so before authorizing cremation. An exception might be death in a hospital where

Administration

the attending physician did not examine the body. Care must be taken not to accept terminal mechanisms as causes of death, e.g., cardiopulmonary arrest or cardiac arrhythmia. A certificate so certified is not acceptable and the cremation permit may not be issued. Similarly any inconsistent cause of death should be explored further with the attending physician, e.g., atherosclerotic heart disease in a 23 year old female. Finally anything which makes the matter a medical examiner case where it has not been so certified precludes cremation and requires a full medical legal investigation. This includes all trauma, all deaths where the certifier has not attended the deceased, all S.I.D.S., etc. Do not merely refuse to sign the cremation permit but also you should accept the case and report it to the Office of the Chief Medical Examiner.

Obviously you must be able to inspect the death certificate before you sign the cremation permit and you must be able to inspect the body if necessary. Report any hesitancy regarding this on the part of the funeral director or crematory to the Office of the Chief Medical Examiner. It will not do to have anyone shop about in the hope of finding a less scrupulous medical examiner as might be the case if you merely refuse to sign and take no further action.

The new law includes bodies for dissection and burial at sea under the provisions that require a cremation-type permit. Expenses incurred in the handling of these cases can not be billed to the Office of the Chief Medical Examiner. (See 32 MRSA §1405).

AdministrationFEDERAL JURISDICTIONINTRODUCTION

There are two basic categories of federal jurisdiction with regard to medical examiner function and an additional category where cooperation is expected or where, after investigation, reporting is required.

- I. LAND AREAS - where federal jurisdiction is dependent upon boundaries. These are subdivided into two groups.
 - 1) MILITARY INSTALLATIONS.
 - 2) OTHER FEDERAL LANDS.
 - a) Large areas such as parks.
 - b) Small installations such as post offices.
- II. SPECIFIC TYPES OF CASES - in which, regardless of where the death occurs, due to the nature of the matter, the federal government has jurisdiction by law.
 - 1) TRANSPORTATION ACCIDENTS.
 - 2) DEATHS OF CERTAIN FEDERAL OFFICIALS.

It is in the best of interests of all concerned that deaths occurring under any of the above categories be properly dealt with and there is no reason for controversy so long as all parties understand their responsibilities. This department believes that it must attend to all its legal responsibilities, but it also should provide the federal officials with whatever services they may request.

- III. OTHER COOPERATIVE EFFORTS - in addition to the above every effort should be made to inform and cooperate with federal officials in any matter in which they have concern. Examples include:

- 1) SPECIAL PROCEDURES FOR ACTIVE DUTY MILITARY PERSONNEL dying outside areas of federal jurisdiction.
- 2) TIMELY COMPLETION AND FORWARDING OF REPORTS to interested federal agencies such as Veterans Administration, Social Security Office, U.S. Consumer Product Safety Commission, Justice Department (for claims on active duty law enforcement officers killed on duty, etc.).

Administration

3) Any incident involving persons of interest to the federal government - foreign diplomats, etc.

DETAILS

I. LAND AREAS - there are areas of exclusive and areas of concurrent or shared jurisdiction. A complete listing of such areas in Maine is beyond the scope of this manual. In case of doubt consult directly with the Attorney General's Office.

1) MILITARY INSTALLATIONS with exclusive jurisdiction. All deaths occurring in such an area are fully the responsibility of the federal authorities under the commander of the installation. The services of medical examiner and pathologists may be requested and such requests should be honored.

Investigation - federal responsibility.

Certification - federal responsibility.

Maine Medical Examiners - consultants upon request.

The commander of the installation may authorize a civilian consultant to certify the death. Note that for medical-legal investigation and certification the place of death determines jurisdiction. However, if the incident leading to death occurs off federal property, investigation and prosecution is the responsibility of local officials. As a matter of practice, when an injured civilian is brought onto a military installation where he dies, the commander may request help from civilian medical examiners and pathologists.

If an active duty military person dies off-post the commander of the installation is not responsible for the medical-legal investigation and certification. However, in such instances certain procedures should be followed - see Category III. The military installations in Maine are not equipped with medical-legal expertise and the Posse Comitatus act prohibits certain military personnel from certain acts in regard to civilian crimes.

2) OTHER FEDERAL LANDS - each case must be considered in light of the type of federal jurisdiction, exclusive or shared.

Administration

General practice has it that:

Veterans Hospital - being an area of exclusive jurisdiction and being equipped with medical personnel, the State has no jurisdiction and State officials are rarely called in consultation.

Investigation - Veterans Administration.

Certification - Veterans Administration.

Maine Medical Examiners - generally no consultations.

National Parks, etc.:

Investigation by federal officials.

Certification - generally by Maine physicians.

Maine Medical Examiners - almost always consulted.

1. Specific Types of Cases:

1) Transportation Accidents Public Law 93-633 provides for the National Transportation Safety Board and gives them authority to investigate transportation accidents as follows: (Sec. 304)

a) Aircraft accidents - civilian (Military aircraft accidents off federal lands are not included).

b) Highway accidents - as selected by the board.

c) Railroad accidents.

d) Pipeline accidents.

e) Major Marine casualties (several restrictions in the law).

f) Other transportation accidents.

The law further provides the Board with authority to:

1) Make regulations binding on persons to report accidents. (Sec. 304 a(6)).

2) Inspect scenes, records and materials relevant to the accident thru the Board's authorized and appropriately identified employee (Sec. 304 b(2)).

Administration

- 3) Enforce their subpoena, order or inspection notice thru the federal district courts (Sec. 304 b (3)).
- 4) Obtain a copy of the autopsy report or order an autopsy. Note copies may be acquired with or without reimbursement. (Sec. 304 B (5)). The law does not allow the Board to order any specific person to do the autopsy if such person refuses, but in Maine it is expected that those people who ordinarily perform such tasks will cooperate fully with the requests of the Federal Officials, bill the State and otherwise treat the case as a regular M.E. case.
- 5) Reimburse for costs incurred and confer with local officials (Sec. 304 b (6)).

Summary:

It is clear that in transportation accidents, as they select, (military aircraft and some marine accidents excluded) the Transportation Safety Board or their representatives have legal powers to take primary jurisdiction over the accident investigation and have the authority to order autopsies and demand reports. Usually they are interested in Aviation Accidents (for which they use the F.A.A. investigators) and other transportation disasters. Other specific types of accidents are selected from time to time, such as railroad grade crossing accidents, but they do not have the personnel to study all transportation accidents. They must have access to available records.

It is most important to note that the Board was established for the purpose of accident investigation and they have primary authority to that end. THE INVESTIGATION AND CERTIFICATION OF THE DEATH IS STILL THE RESPONSIBILITY OF THE STATE MEDICAL EXAMINER SYSTEM and legally the State is entitled to make its investigation, do autopsies and conduct laboratory studies as needed. All transportation deaths must be reported to a medical examiner and certified by him. He is responsible for the identification of the remains. He must file a report and the federal authorities cannot prevent him from executing his responsibilities including obtaining an autopsy, nor will an F.A.A. physician replace a state appointed medical examiner unless he serves in both capacities. THE BOARD INVESTIGATES ACCIDENTS; THE MEDICAL EXAMINERS CERTIFY DEATH.

Administration

DEATHS OF CERTAIN FEDERAL OFFICIALS - Federal Law Title 18 United States Code sections 351 and 1751 provide that when the President, President-elect, Vice President, Vice President-elect, officer next in order to the office of the President or who is acting as President, a member of congress or a member of congress-elect dies due to trauma or dies unexpectedly the F.B.I. has authority to investigate such death and the federal prosecutors also have jurisdiction and this suspends the exercise of State or local authority.

The law does not state who certifies the death nor does it mention medical examiner or coroner's powers. A memorandum of agreement with the Armed Forces Institute of Pathology provides for their services for autopsy and this seems to indicate that the federal government intends to fully handle the matter. Unquestionably in instances such as the above a great stir will be generated and all sorts of knowledgeable officials will be available.

III. Other Cooperative Efforts

- 1) Active duty military personnel dying off post:
 - a) The commander should be notified.
 - b) His representative should be invited to the autopsy, if any.
 - c) Notification of the next of kin should be made thru the military channels.
 - d) The release of the body for transportation and/or embalming should be coordinated with the Commander or Casualty Assistance and Mortuary Affairs Officer.
 - e) Our records will be made available to the military thru the Office of Chief Medical Examiner
- 2) Reports - requests for records from federal agencies should be referred to the Office of the Chief Medical Examiner. Copies of federal forms completed by medical examiners should be sent to the Office of the Chief Medical Examiner for filing with the case record.
- 3) Other matters - every effort should be made to assist federal officials with reference to persons of interest to them such as foreign diplomats, fugitives, aliens, etc. to insure proper identification, return of the remains etc., but diplomatic

Administration

immunity does not permit blocking of an autopsy of a foreign official who dies outside of the embassy and who for serious reasons, must be autopsied.

Summary

The law provides that certain matters that would ordinarily come under the State's medical examiner system be handled by federal officials exclusively or concurrently. In practice, in Maine, we have had a most satisfactory relationship with the federal government in these matters. They frequently turn to us for help and we often use their services and facilities. It is anticipated that future relations will remain cordial and cooperative. Hopefully the foregoing will help explain the legal and practical basis of this cooperation.

AdministrationPROCEDURESHow Cases Are Reported - The Call Diverter 1-800-452-8744

All cases should be reported to our central # 1-800-452-8744
This number is manned 24 hours per day, 7 days per week by the Office of the Chief Medical Examiner. The number is to be used for case reporting only during regular business hours and for all matters on nights and weekends. please do not tie up this phone with routine business during the regular business day, despite the fact that it is toll free.

This phone is connected to an automatic diverter. When you call you'll hear a few rings while the diverter is dialing the number the call is to be switched to, then some clicking as the circuit is being bridged followed by more rings which represent the first time a manned phone is ringing. Since these are home phones please allow several rings (4 for the diverter and a few after that) since the phone is always manned. A busy signal after a few rings means the phone the call is being diverted to is busy. Hang up and try again. If the phone is consistently busy or otherwise fails to operate call State Police Headquarters in Augusta, 289-2155, for help. This is where the switching mechanism is located.

Reasons for the Diverter:

The diverter was installed: to aid the police in that they no longer needed to search for a medical examiner and could get immediate attention; to aid the medical examiners by screening out unnecessary calls and providing better distribution of cases while avoiding confrontations with law enforcement officials over policy; and to aid the Office of the Chief Medical Examiner in becoming involved in cases in a timely fashion. Accessioning of cases can now be chronological.

How the Medical Examiner is Called:

After the call comes into the Office it is screened for appropriate action. The Office then locates a medical examiner. He is either advised of the circumstances and the location of the scene or, if there is no scene, where the body can be found.

AdministrationAcceptance of Case:

The usual criteria should be used. Whether you can accept a case or not depends upon the immediate needs of your practice, state of health and other serious considerations.

Scene Visit:

While it is desirable that every case have a scene visit this is not always possible.

a) No scene: death is in a hospital; the body has been moved to save it from destruction; the body was found floating in a lake or river; the call came in after the body was already moved or no medical examiner could be reached and the office ordered the body moved.

b) Scene visit not mandatory: while in certain types of cases a scene visit should always be made, i.e., suicide, sudden death in young people, homicides and complicated non-motor vehicle accidents and airplane crashes, in other cases a scene visit isn't necessary. Motor vehicle accidents, fires, natural deaths, etc. may not require a scene visit.

During the day into evening, unless the body needed to be moved immediately or there was no scene, you will be called and asked if you can make a scene visit. If you can't and the case does not require one an appointment will be made for you to examine the body later at a funeral home or hospital. The investigator will be told to contact you directly. If he does not, report this to the Office.

Some medical examiners may wish to be called at any hour regardless of the nature of the case. Please advise the Office of your wishes otherwise you may not be called between 11 p.m. and 7 a.m. as many medical examiners would prefer not to be called late at night or early in the morning unless absolutely necessary.

We would like your home phone for our Office directory. The number will not be given out if you advise us that it is unpublished or unlisted.

AdministrationCall Directly From Police or Other Person or Agencies:

Every effort should be made to discourage such direct calls and you should refuse them referring the caller to the 800#. On rare occasions you may be called directly due to the failure of the telephone system - use your judgement in such cases but don't be taken advantage of. Families and some ambulance services may not know of the 800#. You can take a call directly from them but please report the case thru the 800# yourself.

(This new system has reduced unnecessary calls to medical examiners for non-M.E. cases substantially!)

THE ACCEPTED CASE

The moment the medical examiner accepts a case his responsibility begins. The date and time of notification and the party notifying must be recorded as called for in the form. The medical examiner immediately becomes custodian of the body upon such notification.

Scene Visit - Preliminaries:

- a) Get directions to scene.
- b) Assemble equipment necessary - depending upon the type of scene, boots, warm clothing, etc.
- c) Advise the caller when you expect to arrive there. It may be best not to go immediately as the police may need some time for photographs, etc. which would only delay you if you arrive too early.
- d) It may be necessary to arrange transportation with the police or warden's service - boats, planes, snowmobiles, etc.

Note: IT IS NOT NECESSARY TO MAKE A SCENE VISIT MERELY TO PRONOUNCE DEATH - If the police have any doubt they should call an ambulance.

Non-Scene Visit - Preliminaries:

- a) Note the facts of the case from the caller.
- b) Arrange for a time and location for examining the body.

Administration

- c) Arrange for an appointment with the investigator at that time and if this isn't possible at least find out where he can be reached should you have any further questions.

At the Scene:

The investigation of the scene of death is a complex task which taps the entire range of your experience as a physician and otherwise. There are no easy guides to scene investigation due to the vast amount of information that can be derived from a scene and the enormous differences from one case to another. A few general guidelines are herein offered.

- 1) Relax - There is no great rush and don't become overwhelmed or intimidated by the task.

- 2) Formulate Questions - What am I here for? In this way direction and purpose is introduced into the investigation and limits are set for your role. Basically you are there to decide what happened, to whom and when. Occasionally you get into why and where. Only indirectly are you concerned with who did it: thus you examine the body and the scene, interview relatives and friends and inquire of the police to determine facts on which you base your opinions.

- 3) Do no harm to the evidence - before entering the scene.

- a) Determine the extent of the scene - The room the body lies in, the whole house, the yard and driveway.

- b) Ask if the police are ready to let the scene be entered - have photographs been taken, what evidence should I be careful not to step upon or touch?

- c) Ask to be directed to the body - try to leave nothing and take nothing.

- 4) Observe: what is amiss due to:

- a) Life having been interrupted e.g., deceased was apparently eating, was dressed for bed, had just taken a bath, etc.

- b) Changes due to the inquiry process or the dying: e.g., bullet hole in wall, attempt to open nitro-

Administration

glycerine bottle, bloody vomitus in toilet bowl, chair upset when victim fell against it.

c) Changes due to post mortem events: e.g., body cold with rigor and livor mortis, mail accumulating for 3 days, wood stove cold, fire out, house plants drying from lack of water, fly eggs on mouth, eyes and nose.

d) General types of living - medicine cabinet, contents of garbage and liquor bottles, very disorderly house, etc.

5) Examine the body for: (see Examination of Body for more details)

a) Clues as to time of death, rigor, livor, decomposition, temperature and drying - of course these findings must be coupled with notations on the environment.

b) Note its position at the scene.

c) Injuries - bullet wounds of entrance and exit so that a search can be made for exited bullets.

- hidden injuries so that investigations can be guided as to the probable nature of the death.

- any injury so that it can be noted, but not detailed, before the body is moved.

Do not tear clothing or disturb it too much if body is to be autopsied later. Be careful to preserve and give to the police any evidence such as bullets which you find as you examine the body.

6) General description at Scene - not in detail at the scene unless light and the ability to undress permit a full exam and the body is not to be examined further.

7) Note items at the scene that may have caused injury, e.g., victim had heart attack, fell striking head on something causing a gash. Body is right by table corner of which has a few hairs adherent. But be careful not to destroy evidence for fingerprints or tamper with a weapon before examination by Forensic Laboratories experts can be performed.

8) Interview relatives regarding:

Administration

- a) Past medical history, including medications and faithfulness to them, and including psychiatric
- b) Health recently including mental status.
- c) Terminal symptoms and how victim died.
- d) Resusitative or therapeutic measures tried before or after death.
- e) Any other matters you feel important.

9) Inquire of the police regarding:

- a) Any additional information they might have.
- b) Anything they observed that you missed.
- c) What the ambulance attendants did if they have left.
- d) Known background of deceased and family, e.g., heavy drinkers.
- e) Their general impression of the goings-on.

10) Decide if

- a) An autopsy is needed.
- b) Toxicology is needed.
- c) The body should be re-examined.
- d) The body should be held until a few investigative points are cleared up or you get in touch with the family doctor.

In making the decision consult with the police and prosecutor but don't be railroaded. It is good to be conservative and not over use the powers to order an autopsy, and yet the body, once disposed of, can not be recalled if cremated and to exhume is expensive and unsatisfactory. If the D.A. wants the autopsy and you don't put him down as ordering it but if the autopsy is clearly indicated don't wait for him to order it. Use the guidelines for toxicology and autopsies that are in this manual. Consult with the Chief Medical

(Revised 9/83)

Administration

Examiner or the Deputy Chief Medical Examiner is still in doubt.

11) Write down immediately your observations. The best investigation in the world is worthless if all the careful observations have been forgotten! Always include the source of any parts of your report that are not your direct observations. This is one area that from time to time causes trouble for medical examiners. If the source denies saying whatever it was, well so be it, at least you have the source noted.

12) Take leave of the scene; the relatives: expressing condolence; the police: reminding them of any unfinished business or need for future contact. Note the name of the funeral home handling the body and give them the death certificate if ready.

13) Call the Medical Examiner's Office if they need further information on the case and arrange for the autopsy if it is to be done locally.

14) Mail out your report. (It helps to take the M.E. form right to the scene. Then it is finished when you are through processing the scene.)

15) A few special notes:

a) Hands may be wrapped in bags at scene to permit recovery of trace evidence later at autopsy.

b) Suicide notes and possible poisonous substances must be taken as evidence. Drugs and poisons should be brought to the autopsy or directly to the lab if there is to be no autopsy.

c) For dismembered or skeletonized remains you must take inventory and advise the police of what is still missing.

d) Be sure the body is not undressed, fingerprinted or embalmed and no toxicology is taken from it before autopsy - you have legal custody of the body. Insist upon this!

AdministrationEXAMINATION OF BODY

Either at the scene or preferably in a more complete manner later, the body should be examined as outlined on the medical examiner form. This form contains the necessary points of the examination. NO CASE SHOULD BE SIGNED OUT WITHOUT SUCH AN EXAMINATION.

The examination includes brief note of clothing and physical examination of the body and accessible cavities including inspection and palpation. The examination is primarily intended to uncover evidence of trauma sometimes very subtle as in the petechia seen in the conjunctiva in cases of asphyxiation. (This may be the only clue to a homicidal asphyxiation on the surface of the body.) It also serves to record any evidence of natural disease, such as breast carcinoma and identifying marks such as scars and tattoos. If an autopsy is to be performed, the examination by the medical examiner is not needed except as to note what should be recorded at the scene as outlined in this previous section on scene investigation. The reason for this is that it is good to avoid conflict with the more detailed examination expected of the pathologist. If the body has been examined at the scene, it is still necessary to make some notation of the appearance of the body prior to its being moved - once the body is moved the blood stains may cease to be a clue as to the position of the body immediately after injury, livor mortis may shift, and rigor mortis may be broken. It is often impossible to interpret accurately the signs which indicate the approximate time of death after the body has been transported and left over night in a mortuary facility.

If an autopsy is not going to be performed, yet the medical examiner wishes to inspect some internal structures or wishes to obtain samples from inside the body, he may make an incision. However, since this in fact amounts to a partial autopsy and most medical examiners are not pathologists, this practice should be limited to a very few specific instances. He may bill in addition for a partial autopsy. The medical examiner is expected to procure any specimens such as samples for toxicology and subcutaneous bullets, if there is to be no autopsy. The state will not reimburse others such as lab technicians or nurses for these services but will pay up to \$20 to medical examiners for this extra service.

Administration

AUTOPSY

Toxicology

With reference to toxicology appropriate specimens should be taken whenever needed for diagnosis. Details of what samples are needed are to be found in the portion of this manual addressed to pathologists. Medical Examiners are referred to that section for further reference. In general toxicology is needed in the following cases - though this is not an exhaustive list.

1) All cases of death due to drug or poison unless the death is delayed from the time the substance is taken such that no trace would be left. This varies with the substance from a few hours or less to several days. Clinical specimens can be used in lieu of post-mortem specimens in these cases. It is important to save vomitus and material found at the scene and material pumped from the stomach at the hospital. Post mortem samples should be appropriate for the substances sought as per the pathologist's Section. Cases of suicidal poisoning should not be signed out on the basis of circumstances above when analysis is possible.

2) Cases of Carbon Monoxide Poisoning - auto exhaust inhalation and fire deaths should have carboxyhemoglobin testing done. BLOOD NOT VITREOUS IS REQUIRED.

3) All Motor Vehicle Fatalities - driver, passenger or pedestrian, 14 years or over, dying within 2 hours of the incident. This is a regulation of the office.

4) Suicides in General - should have a blood alcohol regardless of the method of suicide.

5) Deaths Associated with Bizarre Behavior - that suggest the use of such substances as P.C.P.

6) Sudden Deaths in Young People.

Blood samples may not suffice for complicated toxicology - see pathologist section for details.

Blood for alcohol should be taken in fluoride tubes - this ensures proper preservation.

Blood for toxicology should be taken from within a vessel

not from blood in cavities. This ensures freedom from contamination. If blood can not be obtained from in a vessel for alcohol vitreous fluid can be used and is collected in a fluoride tube.

A completed toxicology form (see page IV 27) should accompany the specimen. The police can forward the sample or it can be mailed. Clean equipment should be used. Samples from funeral homes show contamination with methanol, formaldehyde when analyzed on sophisticated equipment and are then of little use.

The medical examiners office can not pay anyone but a medical examiner for taking the sample. To ensure payment the fee should be noted on the bill, and toxicology pending on the medical examiner report.

The medical examiner should be present at the autopsy or advise the prosecutor of the facts of the case. A pathologist should not be expected to do an autopsy without sufficient information regarding the case prior to his beginning the autopsy. He should not be expected to wait all day for such information necessitating a rush to complete the autopsy in the late afternoon.

DECISION TO AUTOPSY

PRINCIPLES

The medical examiner has the authority to order an autopsy if needed, even over the objection of the next of kin in cases that come under the medical examiners jurisdiction. It is unethical for anyone to deceive a medical examiner in such a way as to cause him, for the purpose of obtaining an autopsy examination, to order an autopsy when he would not have done so otherwise.

Reasons for Autopsy

Because it is unnecessary and in practice impossible, all medical examiner cases are not autopsied. In general, autopsies are ordered to establish the cause of death and obtain additional evidence needed for criminal prosecution. Thus, all criminal deaths should be autopsied to exhaust all avenues of pursuit for the cause of death and to allow thorough and accurate information to be gathered. For example: while it may be obvious a bullet wound of the heart was the cause of death, it is important to know the direction of the track, to recover the bullet itself, and

Continued IV 28

CME TOX 1/83

STATE OF MAINE

ME CASE # _____

MEDICAL EXAMINER'S REQUEST FOR TOXICOLOGY

DECEASED NAME _____ AGE _____

AUTOPSIED AT _____ BY DR. _____ DATE _____

CIRCUMSTANCES OF DEATH PERTINENT TO TOXICOLOGICAL STUDIES AND OTHER DIRECTION OR REQUESTS: (e.g. Probable cause of death, drugs or chemicals found at scene, medication prescribed for deceased, list any known symptoms preceding death.)

REPORT TO: Chief Medical Examiner

M.E. _____ Pathologist
Police
Officer _____ Department

SPECIMEN:

BLOOD Tubes with anticoagulant # _____ Tubes without # _____ FROM SITE _____

URINE _____ LIVER (1) _____

BILE _____ LUNG (1) _____

GASTRIC (measure % total) _____ OTHER _____

VITREOUS _____

(1) May be frozen but should not be placed in any preservatives.

TESTS REQUIRED

ALCOHOL _____ HEAVY METALS _____

BARBITURATES _____ DRUG SCREEN* _____

CARBON MONOXIDE _____ OTHER _____

* Please indicate types of drugs to be tested, if any specifically suspected

SPECIAL INSTRUCTIONS _____

SIGNATURE OF PATHOLOGIST or MEDICAL EXAMINER _____

NAME AND AGENCY OF PERSON
DELIVERING SPECIMEN TO LAB _____

DATE & TIME DELIVERED

SIGNATURE OF PERSON DELIVERING SPECIMEN

Administration

be sure the deceased was not suffering from a condition such as a ruptured berry aneurysm that may have made him aggressive and irrational.

In cases of natural death where clinical history or the reasonable use of statistical information provides a probable cause of death, an autopsy is not necessary to establish the cause with certainty. If there is question as to whether the death is traumatic or natural or if there is a question as to which of a choice of accidental causes was responsible especially if liability differs, an autopsy should be ordered to resolve the matter. If the autopsy is required to document both cause and circumstances as in suicidal poisoning, an autopsy is required. In certain cases which generate great public concern such as the death of a prisoner or notorious public figure, the autopsy should be ordered to allay suspicion as completely as possible.

Autopsies should be ordered in the following instances:

- 1) All cases of natural death in which the cause of death can not be established by other means, statistical or clinical history.
- 2) All homicides and suspicious cases regardless of how clear the cause of death might be.
- 3) Cases in which the cause of death must be precisely documented for legal reasons and can not be so documented by other means; for example: suicides due to ingestion of drugs.
- 4) Cases in which there may be charges against another relating to the death. Many motor vehicle deaths fit in this category when the driver of an involved vehicle survives.
- 5) Cases in which a precise natural cause can not be ascribed if the deceased was a prisoner or otherwise in custody, or notorious, or the object of great public attention such as to later generate reports of suspicious circumstances.
- 6) Cases in which trauma is present but natural disease may nevertheless be the underlying cause of death, for example a one car accident in which the deceased shows

Administration

only minor external injury and death may be due to heart attack.

7) All deaths in children unless clearly due to accident in which there was no negligence. Note: Attended natural deaths except S.I.D.S. are not medical examiner cases. It should be noted that the law provides specifically that "in the case of a child under the age of 3 years, when death occurs without medical attendance or, if attended, without a specific natural cause, the medical examiner shall order an autopsy. The autopsy may be waived by the Chief Medical Examiner, provided he includes the reason for the waiver in the record."

8) All gunshot wounds thought to be accidental unless the accidental nature is absolutely certain since the accidental nature is very difficult to positively ascertain.

9) Gunshot wounds in which a projectile remains in the body that may be suitable for ballistic comparison unless the death is certainly suicidal.

10) All decomposed and severely burned bodies since adequate external examination is often impossible in these cases. An exception can be made if the death is accidental and was witnessed by reliable observers. In certain cases when carbon monoxide poisoning is suspected, a rapid screening test may be used to confirm it and distinguish from the bright pink livor caused by the cold. See Pathologist Section V-21 for details.

11) All possibly occupational related deaths if there is reason to believe that trauma from occupational hazard was the cause unless the cause is absolutely certain.

12) All cases of suspected drug overdose or poisoning, (for cases of asphyxiation due to carbon monoxide in which the circumstances clearly indicate it to be the cause of death and there is no possibility of other concurrent pathology - a blood sample may suffice in such suicides and accidents. See 10 above regarding carboxyhemoglobin screen.)

13) All cases in which the Attorney General or District Attorney requests an autopsy.

14) Cases in which the family requests an autopsy - the request of the family is a very unusual event, often it should

Administration

arouse suspicion of unmentioned factors. In any event, this is the last opportunity for the family to have an autopsy. The family may be referred to a private pathologist to arrange for an autopsy if it is not indicated for other reasons. Obviously if such an autopsy is performed, even at private expense, the findings must be made available to the medical examiner certifying death the same as pre-mortem clinical information is given. It is in the interest of the family that the certificate be accurate as well as the interest of society.

15) Drivers dying naturally or in an accident while operating vehicles or crafts of public transportation.

16) pilots and co-pilots in all airplane crashes.

These are guidelines that should be taken to indicate what cases definitely should be autopsied. These guidelines by no means exclude autopsies in other instances. IT IS ALWAYS BETTER TO ORDER AN AUTOPSY IF THERE IS ANY DOUBT.

Permission From Family

Permission for autopsies should not be sought from the family until the medical examiner has decided upon the case. If he declines ordering an autopsy, permission can be sought and if granted the autopsy findings should be made available to the medical examiner, the same as any other medical record.

If the family objects to an autopsy, and the medical examiner orders one, the necessity for the medical examiners decision should be carefully explained to the family.

COMPLETION OF RECORDS

The first page of the medical examiner forms should be scrupulously completed. All the information requested is needed for our files. OBVIOUSLY THE RECORD IS USEFUL ONLY IF LEGIBLE; THEREFORE, IT IS SUGGESTED THAT NOTATIONS BE MADE BY PRINTING CAREFULLY. The original should be sent to the Chief Medical Examiner's Office.

With reference to the forms, the person notifying is almost always the Chief Medical Examiner's Office and is not the informant in most cases. The informant is the member of the family or police officer or other party who supplies the

Administration

principle information for the investigative section of the medical examiners report. The place of death should include a specific address and type of location if significant to the incident, for example, 30 Maple Lane, Baltimore, Home of parents; 12 River Road, New York, factory of employment; open field off Route 62, Boston. Place of examination - hospital, funeral parlor, scene, etc.

Cause of death - this is almost identical to the death certificate and should be completed exactly as the death certificate was completed. Disposition of case - if the case is not a medical examiner case, the fact should be noted the reason why the case was rejected, and who the physician was that certified the death. The cause of death could be noted in the appropriate box for cause of death, but it must be noted that it was not the medical examiner who so certified.

Body released to - this refers to the funeral director or other official, as in the case of death at home the body could be released simply to the family who would subsequently make funeral arrangements.

Toxicology and other studies - list toxicology, serology, X-rays, etc., or anything else that may be pending so that adequate follow-up can be done on these studies.

The remainder of the form is self-explanatory and the preprinted section may be used if convenient. This preprinted section indicates the type of information that is sought but if a narrative is preferred it can be inserted in the blank spaces at the option of the medical examiner. Additional paper can be used if the form is inadequate for the complete report. The original of the report should be forwarded to the Office of the Chief Medical Examiner as soon as possible. The report should be signed, dated, and the county of death, rather than appointment, recorded at the bottom.

Additional points on the Forms

Complete them as you are doing the investigation:

This way they will be ready for mailing immediately. We have far too many reports long overdue. There is no reason for this and it causes delays in settling insurance claims depriving families of financial help they are entitled to.

REPORT OF INQUIRY AND EXAMINATION BY MEDICAL EXAMINER

DECEDENT _____ AGE: _____ SEX: _____ RACE: _____

ADDRESS _____ M W S D: _____

NOTIFIED BY: _____ DATE AND TIME: _____

POLICE INVESTIGATOR: _____ DEPT. _____
Write None if Applicable

INFORMANT: Including Relationship to Deceased _____

PLACE OF DEATH: _____

SCENE VISIT: _____ DATE AND TIME: _____

PLACE BODY EXAMINED: _____ DATE AND TIME: _____

DEATH WAS CAUSED BY: (Please complete exactly as on certificate) _____ INTERVAL

IMMEDIATE CAUSE	
(a) DUE TO, OR AS A CONSEQUENCE OF:	
(b) DUE TO, OR AS A CONSEQUENCE OF:	
(c)	

OTHER SIGNIFICANT CONDITIONS: _____ AUTOPSY

ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING.	DATE OF INJURY	HOUR	HOW INJURY OCCURRED
INJURY AT WORK	PLACE OF INJURY	LOCATION	

DATE AND TIME OF DEATH: _____ OF PRONOUNCEMENT: _____

DATE AND TIME LAST SEEN ALIVE: _____

AUTOPSY AUTHORIZED BY: _____ PATHOLOGIST: _____

BODY RELEASED TO: _____

TOXICOLOGY OR OTHER STUDIES PENDING: _____

I hereby declare that the information contained herein regarding this death is true and correct to the best of my knowledge and belief, as is the information contained on the death certificate if signed by me.

Date County of Death Signature of Medical Examiner

MEDICAL AND OTHER PERSONAL HISTORY: Including Name of Physician or Institution, Diagnosis, Date and Previous Injuries

DESCRIPTION OF BODY

POSITION: _____

CLOTHING AND OTHER ITEMS ON BODY: _____

APPARENT AGE: _____ SEX: _____ COLOR: _____

DEVELOPMENT: _____ NUTRITION: _____ HEIGHT: _____ WEIGHT: _____

HAIR—SCALP: _____ FACE: _____

EYES—COLOR: _____ PETECHIAE: _____ OTHER: _____

MOUTH—DENTITION: _____ FLUID: _____

EXTERNAL GENITALIA: _____

SCARS, TATOOS, ANOMALIES: _____

PRESERVATION: _____ HEAT: _____

RIGIDITY—DEGREE AND LOCATION: _____

LIVIDITY—COLOR AND LOCATION: _____

EXTERNAL PATHOLOGY AND OTHER FINDINGS:

(Diagram may be used to supplement description—if an autopsy has been ordered, less detailed description of the body may suffice)

*for **fractures**—note location and extent

cuts—cleanly incised or irregular, location, length, depth

gunshot wounds—location, size, powder burns, smoke marks, shape of holes, exit and entrance, approximate track and direction, if projectile recovered, marks on clothing

blunt trauma and ligature marks—size, pattern, location

burns—extent in depth and area

NARRATIVE SUMMARY OF CIRCUMSTANCES AND DESCRIPTION OF SCENE: include as applicable description of premises, temperature, weather if outdoors, alcoholism, drug use, type of weapons at scene, indication of **suicide** — note, despondent over, verbal threats, etc. **Auto accident** — driver, passenger, pedestrian, etc., single car or other vehicles.

Administration

(Revised 5/82)

They must be originals and legible: We send copies to interested parties who must be able to read them.

Medical history from physician or hospital should be in the area provided. This permits us to delete such information from the reports should the primary interests of the deceased need protection. To mix past medical history from a physician or hospital with the rest of the narrative makes this safeguard impossible and mandates abstracting the report.

Reports should be released only thru the Office of the Chief Medical Examiner.

Final plea: While in many cases no great trouble arises it should be remembered that your reports may be of great interest for legal reasons. They should be accurate, detailed especially with reference to the observations of the body and filed promptly.

One can pass a stop sign at a rarely used intersection with impunity many times but only one collision by chance is a tragedy. Remember the importance of what you are doing. Criminal prosecution or thousands of dollars in a civil suit might hinge upon your description of livor mortis, rigor mortis, some injury or the circumstances or time of death. Even when there is no legal action the report may be read by the family and should be written with dignity. A very late report may provoke a suit against the office and you! The Office of the Chief Medical Examiner spends a disgraceful amount of time pursuing late and incomplete reports.

COMPLETION OF DEATH CERTIFICATESGeneral Provisions

The certificate should be completed as soon as the body is ready for release - you can carry a supply and for sign-outs at the scene leave them with the funeral director when they pick up the body. There is no reason to delay a certificate. If the cause or manner of death is under and awaiting further study but the body can be released complete the certificate as "pending" investigation (Investigative Information) or further study (e.g., toxicology).

The certificate should be typed or printed and enough pressure used so that all copies are clear.

Administration

We often do not get them but even when we do they are often not readable. It is also surprising how often what is on the facsimile of the death certificate on the medical examiners report differs considerably from what is on the certificate. Since we can not release copies of the certificate we need an exact duplication on the M.E. report form to what is on the certificate.

Items To Be Completed

Before the medical examiner signs the certificate it must have: all items not blocked out on the sample attached completed.

1) Name - Print name, middle name can be left out if not known but leave a space for it to be added later. Be sure of correct spelling.

2) Sex - Almost always determinable even for badly burned bodies and skeletal remains.

3) Date of Death - Give your best estimate but if completely unknown you can enter "found" and the day the body was discovered.

7a) County of Death - Presume person died where found unless evidence indicates to the contrary.

7b) City, Town or Location of Death - This box is not for a specific address. It is for "Portland, Rumford, T-14 R5", etc.

7c) Hospital or Other Institution or Street Address of Residence, etc. - "St. Joseph's Hospital, Augusta Mental Health Institute, 465 Elm Street", etc.

7d) If Hosp. Indicate, etc. - This is self-explanatory except for D.O.A. put down D.O.A., not E.R. The victim must have been alive upon arrival for the place to be given as E.R.

22a) Signature & Title - Do not sign until you are satisfied with all other items you are responsible for. Never pre-sign certificate.

If the case is handled as a medical examiners case use items 22a-e, not 21 even if you were also the attending physician.

ORIGINAL COPY STATE

STATE OF MAINE DEPARTMENT OF HUMAN SERVICES CERTIFICATE OF DEATH

1. DECEASED - NAME FIRST MIDDLE LAST			2. SEX	3. DATE OF DEATH (Mo., Day, Yr.)
7b. CITY, TOWN OR LOCATION OF DEATH			7a. COUNTY OF DEATH	
7c. HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)		7d. IF HOSP. OR INST. Indicate DOA OP/Emer. Rm., Inpatient (Specify)		
DECEASED				
PARENTS				
DISPOSITION				
To be Completed by CERTIFYING PHYSICIAN Only		To be Completed by MEDICAL EXAMINER Only		
22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		(Signature and Title)		
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour) M		
22d. ON		22e. AT M		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)				
23. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST				
24. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).] Interval between onset and death				
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				
CAUSE OF DEATH				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			25. AUTOPSY (Specify Yes or No)	26. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No)
27a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)	27b. DATE OF INJURY (Mo., Day, Yr.)	27c. HOUR OF INJURY M	27d. DESCRIBE HOW INJURY OCCURRED	
27e. INJURY AT WORK (Specify, Yes or No)	27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	27g. LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE

VS-3 R978

Administration

22b) Date signed - Self-explanatory - this does not refer to date body was examined.

22c) Hour of Death - Use estimate unless known fairly accurately, e.g. "About 5 A.M."; "early P.M."; "found 6 P.M."

22d) Pronounced Dead (Date) - Use time you saw body or when it was first decided that the person was dead even if the decision was not made by a physician.

22e) Pronounced Dead (Hour) - See 22d above.

23) Name & Address of Certifier - This is for typed or printed information - do not sign in this box.

24) Cause of Death - The accurate certification of death in medico-legal cases is an art -- booklets have been written about it and the experts debate the finer points at great length. This manual will touch upon it in 2 ways: the basic principles followed by samples from cases commonly encountered. The manner of death is similarly completed and the samples will include manner of death.

General Principles - Cause of Death

I. Dual Purpose of Death Certificate

a) A document registering the death of a certain person. As such it has considerable legal significance and precise wording is necessary.

b) A source of data for Vital Statistics.

The format has been devised primarily for purpose (b) and in the words of the National Association of Medical Examiners book Standards For Inspection and Accreditation of a Modern Medical Legal Investigative System, "...and where the administrative format of the available certificate is such that it does not permit a proper expression of the cause and manner of death, then such a format may be disregarded." Of course we do have an obligation to the keeper of vital records and must provide him with the information he needs for his work. We must also understand that our role is inherited from the coroners who were quasi-judicial officers and what judge forces his opinions into neat little boxes for the convenience of a statistician? Fortunately,

Administration

with a little care, head-on confrontations between medical examiners and the vital records statistician can be avoided. It should also be realized that there are far more natural deaths under a physician's care than medico-legal deaths, and by and large the certificate format serves those attended natural deaths quite well. A separate certificate for coroners and medical examiners is in use in some states but we in Maine did not really think it was necessary.

II. What is Required is a Probable Diagnosis.

This it is not necessary to sort out whether an old person found dead in bed had a stroke, a heart attack, a ruptured aortic aneurysm, pneumonia or what. A good guess based upon detailed studies indicates most of these deaths are due to arteriosclerotic heart disease or if you wish to broaden it -- arteriosclerotic cardiovascular disease. Yes, such a diagnosis is a guess, but the odds are heavily in favor of it being correct. It is unnecessary to put down "probable arteriosclerotic heart disease". "Probable" is understood as what you put down is an opinion.

III. This opinion as to the cause of death does not rest solely on medical observations or statistics.

You can base your judgement on non-medical circumstances, e.g. the body of a boy who disappears while swimming is later found floating in the water decomposed. Circumstances permit you to diagnose drowning.

IV. The cause of death should be a specific entity not a terminal mechanism or popular expression.

"Cardiopulmonary arrest" simply means that the person is dead and is not a cause of death. Making it sound more detailed by adding "acute heart failure, terminal arrhythmia, heart attack, acute congestion" and the like doesn't help. Use a specific disease process like arteriosclerosis. And if you must use terminal mechanisms, which forensic experts generally don't you, can say, "acute arrhythmia, due to coronary insufficiency due to coronary arteriosclerosis". Note the last, not the first item is the underlying cause coded by Vital Records. Simply "Natural Causes" is not acceptable.

AdministrationV. The cause of death need not be a grocery list.

For multiple lacerations, fractures, bruises, etc. sustained in an airplane accident the cause can be "multiple internal and external injuries".

VI. Avoid guesses as to duration or time interval.

Just leave that blank rather than "cerebral anemia - 5 minutes due to internal hemorrhage 7½ minutes due to lacerated aorta 7 3/4 minutes." The cause is simple: "lacerated aorta; hemorrhage and shock."

VII. The cause need not be "due to due to".

A run on sentence using as many lines as needed will do. "Bullet wounds of head trunk and extremities" rather than "cerebral anoxia and mechanical disruption due to lacerations of brain, organs and blood vessels, due to bullet tract".

VIII. Where the format fits you can use it, such as when death is delayed -- e.g., pneumonia, due to aspiration while in coma, due to subdural hemorrhage and cerebral contusions.

IX. Where multiple different types of injuries exist, do not try to sort out the worst for the death certificate. e.g., victim is stabbed in the chest and his wrists are cut. Do not write stab wound of chest and ignore wrist. The death is due to hemorrhage and both wounds contribute. Instead write stab wound of chest and cuts on wrist.

X. Be specific on poisons - "Acute barbiturate poisoning" not "drug overdose".

XI. There are some options and individual freedom, e.g., some experts say "Bullet wound thru chest wall, left lung, heart, thoracic spine; hemorrhage and shock". Others say "Bullet wound of chest". Each style has its merits.

XII. If the cause is unknown and further study is awaited. Don't guess at the cause; write "pending further study" not undetermined - this way you advise whoever sees the certificate that they can expect later clarification.

Administration

XIII. If the cause is unknown and all studies are done write Undetermined and add the reason, e.g., "Undetermined - skeletal remains"; "Undetermined - autopsy, investigation and laboratory studies reveal no significant pathology." This way you advise the user of the certificate not only of the fact that you couldn't give a cause but also why and what steps were taken to arrive at it.

XIV. Use of Narrative Cause - Occasionally you will need to use a narrative cause, e.g., "Immediate cause of death is pulmonary embolism due to thrombophlebitis of right leg. Patient fractured right leg but also had left sided cere-broncular insufficiency and hemorrhage leading to paralysis of right lower extremity." Such an impossibly complicated situation had best be left in narrative form since both the trauma and the stroke probably simultaneously contributed to the clot in the veins of the leg and inflammation of the vein which accompanied it.

XV. Part II Other significant conditions. This box may be used for just that - other significant conditions contributing to death, e.g., C.O.D. - "Arteriosclerotic heart disease", other significant conditions: "Diabetes mellitus". C.O.D. "Fractured skull cerebral contusions", other significant conditions "severe ethanol intoxication". Do not put it down as "Fractured skull and cerebral contusions, due to fall, due to acute ethanol intoxication". While the sequence will be correct it is not a correct expression of the cause of death. He died of head injury and possibly did not survive the head injury because of his intoxication but the cause of the head injury is circumstantially not pathologically the ethanol intoxication. This box may also be used for significant conditions like "Cancer of the lung" in a suicide patient or "Glioblastoma" in a patient dying of a heart attack.

25) Autopsy - yes - no - consider a partial autopsy as "yes".

26) Referred to Medical Examiner - yes - even if not accepted as a medical examiner case.

27a) Accident Suicide, etc. - Again a few guidelines.

I. Your decision is a probability not beyond a reasonable doubt.

- II. Your decision is largely based upon circumstances as determined by your investigation and inquiry. Hence you can use what people tell you. In court that is hearsay but when you are making inquiry that is direct testimony. The manner of death frequently cannot be told from the autopsy, e.g., it does not matter if a person falls, is pushed or jumps from a cliff he sustains the same injuries or cause of death when he hits the bottom. The manner, accident, homicide, suicide cannot be told from the autopsy.
- III. Motor vehicle accidents - They must technically be vehicular homicides but are conventionally called "accidents." Usually "hit and runs" are not labeled simply as accidents as the circumstances are not clear. Some label them "homicides" others "hit and run" others "hit and run accident", others "hit and run undetermined." The last two are generally used in Maine.
- IV. Reckless behavior - Generally evidence of intent to kill oneself is required before "suicide" is used. Extreme recklessness leading to the reckless one's own death is not considered "suicide." However, extreme recklessness, for example with a firearm, leading to another's death may be classified homicide. Note the term homicide means that the death of one human being was caused by another human being and is not a term that designates murder as opposed to manslaughter. The latter terms are legal terms not used on the certificate. There is some inconsistency in the use of the term "homicide" in that, by well understood convention, we classify some deaths as "accidents" even though they may have been caused by another if intent and recklessness are clearly absent. We do not reserve accident for "acts of God."
- V. Undetermined and Pending Investigation - These terms are used as above under cause of death. One for the final determination, the other when more results are expected.
- VI. Combined Accident and Natural - The previous example under "narrative cause of death" is an example of a time when one might use "combined accident and natural."
- VII. Unclassified - We do not use this term in Maine though it is used elsewhere for such cases as acute heroin poisoning in a known addict without other information. It is best not to classify these as accident - they may well be suicide even homicide - we use "undetermined."
- VIII. Alcoholism - We conventionally do not classify such deaths as accidental.
- IX. Accidental Homicide and Accidental Suicide - These terms should not be used.

Administration

ALL DEATHS THAT ARE NOT NATURAL NEED FULL COMPLETION OF ITEMS 27a - g.

27b) Date of injury - as best as known, you can say "about or approximately" to designate uncertainty; if not known write unknown - do not leave blank.

27c) Hour of injury - often same as hour of death - see 27b for how to complete.

27d) Describe How Injury Occurred - do just that. "Shot self"; "ingested lye"; "driver of truck which left road and struck tree". AVOID shot by jealous husband. We should not get into who did it in a homicide or into motives.

27e) Injury at work - yes or no: be careful of employee driving a company vehicle as this is an on-job injury.

27f) place - this does not mean an address. It means home, public road, lake, etc., not Moosehead Lake, 113 South Street, Rte. 66, St. Mary's Hospital, etc. It does mean, lake, home, public road, hospital.

27g) Location - here is where the above specific designations are used and the town and state added.

Almost always the place and date of injury are known. In every suicide, accident, homicide or other non-natural death the entire 27a-g must be completed - use "unknown" if not known. Despite this obvious requirement the Chief Medical Examiners Office must issue supplemental cause of death reports daily because this information is repeatedly left out. Natural deaths need no entry in 27a-g.

Specific Cases - In More DetailAlcoholism:

Alcoholism if significant in the death should be listed. Cirrhosis, ruptured varices, liver failure, fatty liver, etc., are causes of death, but if known to be due to ethanolism it should be included in the cause of death. In some instances certificates have been filed as aspiration pneumonia, or pneumonitis, or acute aspiration of gastric contents when in fact they are more properly ascribed to the underlying cause acute ethanolism with aspiration of gastric contents and pneumonitis.

Administration

Sometimes the cause of death is acute and chronic ethanolism when the person is a long-standing alcoholic who has been drinking heavily. Acute ethanolism refers to a heavy drinker, perhaps with a fatty liver who has been drinking heavily and dies. Acute ethanol poisoning has been used for the non-drinker who dies after chug-a-lugging a fifth on a bet or a dare but the distinction is hard to make but important since this is clearly an accidental death. Always identify the alcohol if you write acute alcohol poisoning as other alcohols can be involved.

Note Acute Aspiration should not be used as a cause of death as it is due to some underlying problem except in drowning.

Fires:

In fires death is usually due to asphyxiation due to the inhalation of carbon monoxide. However, hot gases and other toxic fumes especially when plastics or synthetics are burned may contribute to death. Deaths in typical fires, due to the fire, should be signed out "Inhalation of products of combustion including carbon monoxide", the carbon monoxide being the most significant toxin. Some fires, especially outdoor fires fed by gasoline or other volatile fuels, cause death due to burns and inhalation of hot gases and these should be signed out in a different manner. Care should be taken in classifying the circumstances of death as an arson investigation may be pending.

Strokes:

Strokes or cerebrovascular accidents - better called spontaneous intracerebral hemorrhage as they are not accidents - are rarely the cause of sudden death. (Even ruptured berry aneurysms often survive for a short time with headache, confusion, and like symptoms). Unless well documented by history or autopsy, this diagnosis is rarely correct in truly sudden death while in apparent good health. The term "shock" should not be used as it is liable to be confused with electrocution.

Mixed Causes:

Occasional cases are very difficult to classify precisely. For example, an elderly man falls off a tractor and is taken to the hospital. He is found to have a right sided

Administration

cerebrovascular accident and a fracture of the left leg. He is put to bed and dies a few days later of pneumonia and with pulmonary infarcts from pulmonary thrombo-emboli from the left leg where thrombosis is noted. It is noted that he has severe prostatitis and cystitis with the same organism as found in the lung. Did the pneumonia come from the genital urinary tract independent of the infarcts of the lung? Did the infarcts come from a thrombus caused by the paralysis due to the stroke or the fracture with injury and immobilization? Is the death accidental or natural? In such cases it is best to list all the factors, and note the case as having accidental and natural components. A simpler and more frequent case is, for example, the man with the bad heart who has fallen down the stairs and sustained minor injuries. Did he have a heart attack and fall? Did he have a heart attack due to the stress of the fall? Is the death accidental or natural? Similar problems occur with a sick elderly person found dead in a filled bathtub. Again a choice may be made. Cause of death "atherosclerotic cardiovascular disease with terminal fall down flight of stairs causing fracture of the skull and slight subarachnoid hemorrhage", or the fall if there is no evidence of intracranial injury could be left out entirely depending upon the individual medical examiner's judgement of its importance. Autopsy is generally not justified in the very elderly in such cases as there is unlikely to be an accidental death benefit policy in force.

Narcotics and Drugs of Abuse:

Deaths due to narcotics and drugs of abuse should not be classified as suicide, accident, or homicide unless very strong support can be had from the investigation for one or the other circumstance. With regard to overdose, the term overdose is to be avoided as it implies that there is a therapeutic dose which has been exceeded. Therefore, in the drugs of abuse, it is often felt more appropriate to sign the cause of death as acute narcotism or acute heroin-morphine poisoning, or some similar designation rather than use the term "overdose." Since the combined affects of long term use and the problems of lost tolerance may play a role - acute and chronic narcotism is preferred and acute and chronic intravenous narcotism better still if such be the case.

AdministrationSuicides:

Suicides must be classified as such if that is what they plainly are regardless of the problems this may create. It is the legal and ethical responsibility of the medical examiner, but he should be reasonably careful about such a decision. Insurance, public health and social reasons mandate an honest decision.

Sexual Asphyxiation:

Deaths, usually in teenagers or young adult males due to hangings or ligatures without evidence of suicide and often not suspended from floor but with evidence of sexual overtones, nudity, transvesticism, fecal smearing, binding or chains, sexual literature, mirrors or self-made pictures, and evidence of previous use of such ligatures should not be signed out as suicides.- they are accidents while at play or while experimenting sexually.

*Involuntary Suicides and Recklessness:

So called "involuntary" suicides and deaths due to the deceased's recklessness should not be classified as suicide even though the death is caused by the dead person himself. Only deliberate, successful attempts to take the deceased's own life should be considered suicide and cases should be so classified even if a diagnosis of insanity has been previously made.

*Homicides Due to Carelessness:

By convention the term "homicide" should not be used on the death certificate when classifying deaths apparently due to the careless operation of a motor vehicle or other careless behavior, the conventional procedure is to classify them as accident. This classification on the certificate should not influence the prosecution of such a case since the determination on the death certificate is made according to conventional procedures for amassing vital statistics and does not close the matter. The court may handle the matter

*These two sections illustrate the concept that in the classification of the manner of an incident the medical examiner uses broad categories and is not expected to have fully explored all the subtle legal issues regarding culpability.

Administration

differently for the purposes of criminal prosecution or civil litigation. It may also occur that a person responsible for the death may be tried and not be found guilty of murder or manslaughter - the classification of homicide on a death certificate, however, still stands because the circumstances of death fit into this category regardless of the outcome of the trial. For example, the defendant may be found not guilty by reason of insanity, yet the death is still classified as a homicide.

Sudden Infant Death Syndrome:

This is a natural death. Avoid accidental asphyxia without very solid evidence as it is rarely correct. Infants are not smothered by blankets, animals unless rolled on by an adult, or positioning face down in an ordinary crib though be careful of loose mattress or pillow stuffing which may cause such a death.

Motor Vehicle Deaths item 27d:

For example: (1) Motor Vehicle "Driver of car which hit tree and burned."

The elements are:

- a) Driver - as opposed to passenger, pedestrian..
- b) Car - as opposed to motorcycle, truck, bus, etc.
- c) Hit tree - as opposed to head on collision, rear end collision, etc.
- d) Burned - added detail similar to "turned over, sank in river, ejected, etc."

"Motor Vehicle Accident" does not suffice.

Other Accidents:

- a) "Shot while hunting." Hunting further clarifies the nature of the accident.
- b) Fell off ladder while painting. Fell off ladder as opposed to off roof, cliff, etc., while painting as opposed to eloping, burglarizing, etc., further clarify.

Administration

It is a bit of an art to succinctly yet fully characterize accidents.

Check to see if 4th copy of Death Certificate is legible to send in with your Medical Examiners Report.

Supplemental Death Certificates

A supplemental death certificate should be filed promptly as soon as information is received that permits the finalization of a certificate left pending or indicates that the original certificate was in error and needs correction. This supplemental cause of death report must be made on the certificate provided for this purpose and sent to the Chief Medical Examiner who will incorporate a copy into the case file and send the original to the Vital Records Department.

Certifier

Only duly appointed medical examiners may certify deaths on medical examiner cases. Any physician may pronounce death. The time of pronouncement should be recorded for the certificate. This means that if a physician not a medical examiner pronounces death prior to the arrival of the medical examiner the time he so pronounced is the time required in item 22b) not the time the medical examiner ascertained the body was dead.

Toxicology Forms (see IV 27)

The toxicology form for the most part is self explanatory. See the pathologist section of this manual under the heading Toxicology for instructions, V 10-12 indications and procedures relating to toxicology. Alcohol on urines should not be ordered - use blood for alcohol determinations. Reports should be requested for the medical examiner on all cases, pathologist on autopsy cases, District Attorney on cases involving prosecution, and police on motor vehicle deaths and others in which toxicology is pertinent or not incorporated into the final medical examiner report or autopsy report. It should be noted that there is a place for the signature of the pathologist or medical examiner in this toxicology request. It is expected that medical examiners and pathologists will personally initiate the toxicology forms so as to ensure the optimal selection of tests and provide the laboratory with sufficient information

Administration

to adequately handle the specimen. Obviously the name and agency of the person delivering the specimen and date and time are filled out when the specimen is actually delivered. The medical examiner's request for toxicology form is left with the specimen in the State Laboratory.

See reproduced sample of toxicology form.

The Media

In their official capacity medical examiners handle matters and make determinations of interest to the press, radio news, and television news. The following guidelines are offered in regard to media inquiries (see also section on regulations section III).

1) In homicide or suspicious cases only the information contained on the death certificate should be disclosed. Further questions and requests for information should be referred to the Attorney General's Office.

2) The medical examiner should be careful about releasing information assembled by other agencies such as state and local police, sheriff's offices, etc. Inquiries regarding aspects of an investigation not specifically relating to the cause of death should be referred to these agencies.

3) The public's right to know should not be taken lightly but must be balanced by ethical considerations.

4) The specific wording of suicide notes is often very personal and should not be disclosed by medical examiners.

RECORDSCorrections:

Any correction should be made on the records by crossing out with a thin line, leaving the original still legible, and inserting the correction with the initials or signature of person correcting and the date of the correction.

Originals and Copies:

By regulation, the original record, except for the death certificate, is filed in the Chief Medical Examiner's Office.

Administration

CME TOX 1/83

STATE OF MAINE

ME CASE # _____

MEDICAL EXAMINER'S REQUEST FOR TOXICOLOGY

DECEASED NAME _____ AGE _____

AUTOPSIED AT _____ BY DR. _____ DATE _____

CIRCUMSTANCES OF DEATH PERTINENT TO TOXICOLOGICAL STUDIES AND OTHER DIRECTION OR REQUESTS: (e.g. Probable cause of death, drugs or chemicals found at scene, medication prescribed for deceased, list any known symptoms preceding death.)

REPORT TO: Chief Medical Examiner

M.E. _____ Pathologist
Police
Officer _____ Department

SPECIMEN:

BLOOD Tubes with anticoagulant # _____ Tubes without # _____ FROM SITE _____

URINE _____ LIVER (1) _____

BILE _____ LUNG (1) _____

GASTRIC (measure % total) _____ OTHER _____

VITREOUS _____

(1) May be frozen but should not be placed in any preservatives.

TESTS REQUIRED

ALCOHOL _____ HEAVY METALS _____

BARBITURATES _____ DRUG SCREEN* _____

CARBON MONOXIDE _____ OTHER _____

* Please indicate types of drugs to be tested, if any specifically suspected

SPECIAL INSTRUCTIONS _____

SIGNATURE OF PATHOLOGIST or MEDICAL EXAMINER _____

NAME AND AGENCY OF PERSON
DELIVERING SPECIMEN TO LAB _____

DATE & TIME DELIVERED

SIGNATURE OF PERSON DELIVERING SPECIMEN

AdministrationRetention:

Records are kept in the Chief Medical Examiner's Office for about two years. They are then sent to the record center and are archived for a total period of retention of at least 50 years.

Disclosure and Copies:

Death certificates are public documents in all cases and their contents can be freely disclosed. Copies are obtained thru the Registrar of the town where death occurred or the Vital Records Department of the State. The State Vital Records Department usually does not have records sooner than one month after death.

Homicide records, other than the death certificate, are released only thru the Attorney General's Office. The contents of these records may be discussed with the police investigators and the medical facts with the attending physician. All other inquiries are to be referred to the Attorney General's Office. No copies are to be made for anyone except for or by the Attorney General.

Reports of investigative agencies must be obtained thru the investigative agency. Copies of investigative reports sent to medical examiners are for their use only, and should not be reproduced for other parties. Parties requesting such material should be referred to the initiating agency.

All other records are public records and copies can be obtained thru the Office of the Chief Medical Examiner, State House, Augusta, Maine 04333. All inquiries should be so forwarded. There is at present no charge.

Filing with the Chief Medical Examiners Office:

All records - M.E. reports, lab studies, and autopsy reports should be filed as soon as possible. Delay in receiving such records causes considerable difficulty for the Chief Medical Examiner with families, insurance companies, and the press. Families often need these records soon for insurance and other financial purposes. Please do not accumulate reports before mailing them into Augusta.

AdministrationTransplants:

Many medical examiner cases involve limited trauma to the head and especially in otherwise young and healthy individuals, they may be suitable donors for transplant. Whenever possible the medical examiner should allow such procedures provided they do not interfere with his legal responsibility. The following points should be noted:

1. The medical examiner must be notified prior to any transplant when the anticipated death makes the matter a medical examiner's case as spelled out elsewhere in this section.
2. The medical examiner does not take the responsibility of pronouncing death. He should receive a report or summary of the criteria used to determine death and by whom and when death was pronounced.
3. The medical examiner must authorize the dissection of the body at transplant being certain that it will not interfere with the execution of his responsibilities.
4. permission for the transplant must be obtained by the hospital staff either from the donor as provided by law (Uniform Anatomical Gift Act) or from next of kin.
5. The medical examiner must be informed of the time and place of the organ removal and either he, or a physician designated by him shall have the option of being present as an observer to the operation for the removal of the donation.
6. The medical examiner shall be supplied with a signed full summary of the operation for removal of the donation and follow-up information on the success of the transplant and status of the transplanted organ including copies of any pathology examination.
7. The pathologist performing the autopsy following transplant should be fully advised of the details of the donation, removal, and include the fact of such removal in his report including any operative artifacts produced by it.
8. If the medical examiner does not authorize an autopsy, the hospital must obtain proper permission before

(Revised 9/83)

Administration

having one performed. The medical examiner should have access to the report of such an autopsy.

While every effort should be made to facilitate transplants, the ability of the medical examiner to authorize them will depend upon how scrupulously the hospital staff complies with the above. If everyone cooperates to the fullest, a great service to humanity can result without thwarting the processes of justice.

FEES

Medical Examiner (Statutory).....	\$ 45.00
Scene visit (other than hospital).....	\$ 20.00
To Medical Examiner or Pathologist only (Toxicology, samples taken, test ordered)	
Alcohol.....	\$ 10.00
Other.....	up to \$ 20.00
Medical Examiner - partial autopsy, special cases and expenses on per case basis	
Mileage for private vehicle use.....	\$.22 mile
Autopsy.....	\$200.00
Under special circumstances, autopsy fees may be higher.	
Use of hospital for autopsy, including body storage, morgue assistant if available, histopathology preparation and secretarial service.....	\$ 75.00
X-ray and radiology consultations and special extra lab tests on per case basis.....	
Services of funeral parlor and livery services - see Section IX.....	

M.M.E.M.

Administration

CHIEF MEDICAL EXAMINER'S OFFICE
STATE OF MAINE

POLICE IDENTIFICATION OF BODY

1) _____ of _____
(Name of Officer) (Department)

states that (s)he first saw the person of the deceased
_____ in the
(Name of Deceased)

course of an investigation on _____
(Date & Time)

at _____
(Location)

and who died at _____
(Location)

2) That (s) he identified the body of the deceased to

_____ at _____
(Pathologist)

(Location)

Date and Time of Identification _____

Signature of above Police Officer _____

Signature of Pathologist(s) _____

Administration

CHIEF MEDICAL EXAMINER'S OFFICE
STATE OF MAINE

IDENTIFICATION OF BODY

_____ residing at _____
(Name of Identifier)

_____ states that (s)he is the
(Address of Identifier)

_____ of the person whose body was
(Relationship or Association)

found at _____
(Location)

on _____ and believes that the body now
(Date)

viewed at _____
(Location of Identification)

is _____ who was
(Name of Deceased)

last seen or heard from by the deponent on _____
(Date)

Identified to: _____
(Name of Officer)

(Department)

Signed _____
(Deponent - Identifier)

Date _____ Time _____

MEDICAL EXAMINER

This section is intended for use by both medical examiners and law enforcement personnel. It is vitally important that law enforcement personnel familiarize themselves with this section. Many of the problems that law enforcement officers have are caused by misunderstandings in their relationship with medical examiners. This section has been independently distributed to medical examiners exactly as incorporated in this manual.

PURPOSE OF A MEDICAL EXAMINER SYSTEM:

To establish the cause, manner, time and place of death, and the identity of the deceased in instances of violent death, unexpected death, unattended death, or death under unusual conditions or where suspicion might be entertained and to provide further information necessary for criminal prosecution, clearing innocent suspects, documenting public health hazards, and processing vital statistics. Medical examiner records may also assist in settling insurance and civil liability matters.

The cause of death is the medical pathology; for example, atherosclerosis or hemorrhage. The manner of death is whether the death is accidental, suicidal, homicidal or natural.

BASICS OF A MEDICAL EXAMINER LAW

- 1) Provides the authority for medical examiners.
- 2) Decides in whom the authority is vested.
- 3) Determines the scope of the authority.
- 4) Sets down the responsibilities.

MAINE LAW - PROVISIONS

Maine law provides that all medical examiners:

- 1) Are licensed to practice medicine or osteopathic medicine (as distinct from lay coroners).
- 2) Serve the entire state (county lines notwithstanding).
- 3) Are appointed by the Chief Medical Examiner.
- 4) Serve as volunteers for a statutory fixed fee on a per case basis.
- 5) Have the option of visiting the scene before the body is disturbed.
- 6) Have custody of the body.
- 7) Can order an autopsy or further studies is needed.
- 8) Must file a death certificate with the identity of the deceased, date of death, cause and manner, including circumstances of death.
- 9) Must file a report with the Chief Medical Examiner.
- 10) Are state officials, who are sworn in by the oath provided by the Constitution and who represent the State as provided in law.

CASES UNDER THE MEDICAL EXAMINERS JURISDICTION

- 1) All homicides, suicides, accidents, deaths by violence, injury or poisoning.

These deaths are medical examiner cases because they are due to other than natural causes. IT DOES NOT MATTER HOW LONG A PERSON MAY BE UNDER A DOCTOR'S CARE OR HOW LONG IN THE HOSPITAL if the death is ultimately due to violence it is a medical examiner case.

- 2) Deaths under suspicious circumstances; suddenly while in apparent health; when unattended by a physician; or if the death cannot be reasonably certified as due to natural cause by an attending physician, when in legal custody or confinement, or at work.

These deaths are medical examiner cases because they may be due to other than natural causes.

NOT ALL DEATHS IN WHICH A DOCTOR IS NOT PRESENT ARE M.E. CASES. FOR APPARENT NATURAL DEATHS, WITHOUT SUSPICIOUS CIRCUMSTANCES OR VIOLENCE, THE DECEASED'S PHYSICIAN SHOULD BE CALLED FIRST AND ASKED TO CERTIFY THE DEATH.

UNATTENDED DEATHS

Medical examiners are called to certify far too many deaths due to natural causes. This arises from the mistaken idea on the part of some police officers, physicians, and families that if the deceased's private physician is not present when the death occurs the death is "unattended" and a medical examiner must be called. As a result, medical examiners are burdened with many unnecessary calls, often requiring considerable travel, when the private physician is much closer and can certify death. Private physicians often want to be advised of the death of a patient and can offer greater help to the grief stricken relatives than a stranger. Some physicians may not wish to be bothered but it is a matter of ethics, human decency, and law that they certify the natural deaths of their patients. Of course, it is an exception when the patient is young and in apparent good health. Thus sudden infant death syndrome cases are to be referred to the medical examiner.

UNATTENDED DEATH MEANS THAT THERE IS NO REGULAR ATTENDING PHYSICIAN - IT DOES NOT MEAN THAT EVERY DEATH WITHOUT A PHYSICIAN PRESENT IS UNATTENDED.

When called to a home or other place where a death has occurred without a physician present (including nursing homes) before calling the Chief Medical Examiner's Office ascertain:

- a) Is there anything which suggests that the death is due to other than natural causes? If any such suspicion exists the Chief Medical Examiner's Office must be called.

b) If the death is apparently natural, try and ascertain who the deceased's physician was, if he had any. Relatives, friends, business associates should be asked. Appointment slips or names of physicians in an address book can provide this information. The name of the prescribing physician on prescription bottles should not be overlooked as a source of information.

c) Contact, or have a member of the family or funeral home contact, the physician and explain that his patient has died. He should be asked to certify the death. (This applies to clinic staffs and specialists as well as family or general practitioners). The physician need not come to the home or scene of death. If they refuse to certify, ask them why and make a note. If they cannot be reached or refuse, proceed to call the Office of the Chief Medical Examiner.

Respect for Religious Views. A medical examiner, law enforcement officer or law enforcement agency in the exercise of duties in conducting an investigation of a medical examiner case shall respect the beliefs and/or religious views of the deceased, and where the investigation is for reason only that the deceased has not had medical attendance prior to his death, shall recognize that the exercise of this free choice is not in itself reason for further investigation or autopsy, beyond that which would ordinarily be conducted in a case of unattended death. The fact that the deceased was under treatment by spiritual means and prayer in accordance with the tenets and practices of a recognized church or religious denomination rather than a medical doctor does not make the matter suspicious.

General Precautions:

OF COURSE IF THERE IS ANY SUSPICION THAT DEATH IS DUE TO OTHER THAN NATURAL CAUSES, DEATH MUST BE CERTIFIED BY A MEDICAL EXAMINER (the family doctor may still wish to come to the home and see the family).

IF THERE IS ANY DOUBT ABOUT THE FACT OF DEATH, LIFE MUST BE PRESUMED AND THE NEAREST AVAILABLE MEDICAL CARE PROCURED. DO NOT WAIT FOR A MEDICAL EXAMINER TO PRONOUNCE DEATH IN ANY CASE IF THERE IS A CHANCE OF LIFE.

MANNER OF REPORTING A CASE

Once it has been determined that the death is due to suspicious circumstances, trauma, injury or poisoning, whether suicidal, accidental or homicidal or is an apparent natural death for which no attending physician can be located who can

certify, the Office of the Chief Medical Examiner should be called through the toll free number: 1-800-452-8744. The officer, or if the call must be made through a dispatcher, the dispatcher, should be able to give the Office of the Chief Medical Examiner enough information about the circumstances of the death and location of the body so that a proper judgment can be made regarding the notification of a medical examiner. For example - for a homicide, usually the Chief Medical Examiner or Deputy Chief personally responds. For suicides, a local medical examiner generally visits the scene. In motor vehicle accidents and natural deaths a medical examiner may not be needed at the scene and the Office of the Chief Medical Examiner may ask that the body be removed to be seen later by a medical examiner.

NOTIFY 1-800-452-8744 AS SOON AS IT HAS BEEN DETERMINED THAT A MEDICAL EXAMINER CASE EXISTS. DO NOT CALL A LOCAL MEDICAL EXAMINER.

Please Note the Following

- 1) The Office of the Chief Medical Examiner should be notified promptly.
- 2) A local medical examiner should not be called directly. (They have been advised to refuse such direct calls.)
- 3) The Chief Medical Examiner's Office should not be called to "send a medical examiner". Enough information should be given so the office personnel can make that decision. (The name need not be given and should not be given over the radio until the next of kin is notified.)
- 4) The body should not be removed unless it is in danger of loss or destruction until the Office of the Chief Medical Examiner has authorized same.
- 5) The District Attorney should be notified of all deaths not due to natural causes and the Attorney General should be notified in cases suspicious for homicide.
- 6) The District Attorney should be asked if he wishes to visit the scene. If he does not, the body still can not be removed without authorization from the Office of Chief Medical Examiner.

AUTHORITY OF MEDICAL EXAMINER

In order to complete his responsibilities in certifying these deaths, the medical examiner must logically:

1) Have control over the body - no one else can disturb it before he agrees. A medical examiner, for sufficient reason, may choose not to visit the scene of death and can authorize removal without being personally present (in homicides or suspicious cases the Chief Medical Examiner must be consulted).

2) Examine the body - for injury, disease, and post mortem changes; and if this is not enough:

3) Have the option of technical study - such as autopsy and chemistry.

4) Be appraised of the investigative findings by the police and have access to suicide notes and other evidence relating to the cause and manner of death.

Custody of Body: This means:

1) The body cannot be moved except as needed to save it from loss or destruction or determine if it is dead until the Office of the Chief Medical Examiner or a medical examiner authorizes removal.

NOTE: THE MEDICAL EXAMINER SHOULD NOT BE CALLED TO PRONOUNCE DEATH. WHEN THERE IS ANY DOUBT AN AMBULANCE OR OTHER EMERGENCY MEDICAL SERVICE OR PHYSICIAN SHOULD BE CALLED AND RESUSCITATIVE MEASURES STARTED. MEDICAL EXAMINERS ARE CALLED ONLY WHEN THE FACT OF DEATH IS CERTAIN AND THE FACT OF DEATH NEED NOT BE DETERMINED BY A PHYSICIAN UNLESS THERE IS DOUBT.

2) No specimen - blood alcohol or otherwise - and no clothing or personal effects should be removed from the body without the authorization of the medical examiner or the Office of the Chief Medical Examiner.

3) The medical examiner should be assisted by the police in seeing to proper removal and storage.

4) The body must be labelled with the correctly spelled name before removal if a medical examiner does not go to the scene.

Examine the body:

1) This need not be done at the scene in every case but the option lies with the medical examiner.

2) If the body is to be examined later, the wallet may be removed to provide identification, but then, the name (correctly spelled) address and date of birth should be written on a tag or piece of paper left with the body..

3) The medical examiner must be given full details regarding the case whenever the body is to be examined later and every effort should be made to meet with the medical examiner when he makes such an examination. If this is impossible he should have a number where he can reach the investigating officer and arrangements should be made for transporting any specimen or evidence the medical examiner wishes to have further examined. If the officer will not be available when the examination takes place full information concerning name, age, address of victim and circumstances of death must be given to the office of Chief Medical Examiner. N.B. This has often been neglected making it impossible for the medical examiner to properly handle the case and certify (as required by law within 24 hours) the death. Often the police fail to call back with details after reporting a case and then can not be reached when needed.

Have option of technical study:

1) Autopsies, toxicology and evidence removed from the body - hair, fingernail scrapings, etc. can only be ordered performed or removed by the medical examiner, Attorney General (not his police representative) or District Attorney. The latter two, Attorney General and District Attorney, execute their orders through the medical examiner.

2) Police personnel should be available at any autopsy where their presence is required - see responsibilities at autopsy.

3) Police personnel should take the responsibility of transporting or sending specimens and evidence at the request of the medical examiner. The name of the medical examiner should be included on all blood alcohol and toxicology requests. When the police officer does not anticipate being present when the medical examiner views the body and a blood test is needed, the officer should send a standard blood drawing kit with the body. He should not have the blood drawn before the medical examiner views the body.

Be appraised of investigative findings and have access to suicide notes and other evidence:

1) The suicide note should be shown to the medical examiner and a copy sent to the Office of the Chief Medical Examiner. If it is not the policy of the department to keep the originals of such notes permanently, the original should be sent, with precautions as used for any evidence, to the Office of the Chief Medical Examiner. THE ORIGINAL SUICIDE NOTE SHOULD NOT BE RETURNED TO THE FAMILY.

2) Items needed by the medical examiner to determine the cause and manner of death should be shown to him and saved as evidence at his request. Care should be taken that the medical examiner be advised not to spoil fingerprints on firearms or other evidence for further study.

3) Photos and reports should be made available to the medical examiner as well as investigative information but he should be cautioned that he should not show or release this material to anyone else referring requests for police records to the department.

4) Medical Examiner Reports are not obtained directly from the medical examiner. Requests for such reports should be made to the Office of the Chief Medical Examiner and, when received, these reports, according to law, should not be released with the police report to outside parties. Requests for medical examiner reports should be referred to the Office of the Chief Medical Examiner.

REASONS FOR AUTOPSY

In general autopsies are indicated for the following principle reasons:

1) To establish the cause of death. Ususally the medical examiner orders the autopsy to establish the cause of death.

2) Rule out or document criminality in suspicious deaths. Usually the District Attorney or Attorney General orders autopsies in these cases.

No one except a medical examiner can release a body falling under the medical jurisdiction. The advice of the District Attorney or Attorney General may be exceedingly important in making such a decision, but they do not determine that the body can be released without an autopsy, they advise that in so far as they are concerned no autopsy is needed. Should the police believe that it would be in the interest of the District Attorney or Attorney General, that further studies be done, they should appropriately advise these parties if the medical examiner has expressed the intention of not proceeding in such manner.

IDENTITY OF THE DECEASED

Often this is obvious - relatives are present and the officer takes their names. When the identity is unknown a search must be made for relatives and fingerprints, dental records, etc. procured. The medical examiner has neither the time nor the resources to carry out this search. It is up to the police to do so. Regardless of the nature of the case, criminal or not, the body must be identified for proper certification by the medical examiner and burial.

NOTIFICATION OF NEXT OF KIN

The police are responsible for notifying the next of kin of the death.

SELECTION OF A FUNERAL HOME

The funeral Home to which a body is removed is determined by the family or other personal representative. If not present at the scene of death they should be asked their preference when contacted. If the family is not available the police determine the funeral home according to department policy unless the medical examiner's office, for specific reason dictates otherwise.

TELETYPE REPORTING SYSTEM

For all deaths in which the police investigate and a medical examiner is called a teletype is sent to State Police Headquarters in Augusta to the attention of the Chief Medical Examiner. This teletype will include:

- 1) VICTIM _____

LAST NAME	FIRST	MIDDLE	DOB
-----------	-------	--------	-----

 ADDRESS _____
- 2) COMPLAINANT _____

PERSON OR DEPT.	ADDRESS	TELEPHONE
-----------------	---------	-----------

DATE OF OCCURENCE	PLACE	TIME
-------------------	-------	------
- 3) MED. EXAMINER _____
 NAME
- 4) ASSIGNMENT _____

NAME	DEPARTMENT	PHONE
------	------------	-------
- 5) OFFICIAL CAUSE OF DEATH AS TO APPEAR
 ON DEATH CERTIFICATE _____
- 6) CLASSIFICATION _____

ACCIDENT	SUICIDE	UNDETERMINED	HOMICIDE
----------	---------	--------------	----------
- 7) AUTOPSY/YES-NO/BY _____

NAME	PLACE
------	-------
- 8) BODY RELEASED TO _____
- 9) BRIEF NARRATIVE SYNOPSIS _____

IF ALL THE INFORMATION IS NOT AVAILABLE AT THE TIME OF FILING TIME OF THE TELETYPE, FILE A SUPPLEMENTAL TELETYPE WITH THE ADDITIONAL INFO AS SOON AS POSSIBLE.

On motor vehicle accidents - the "first report of fatal" will suffice provided that the following items are added.

- 16) AUTOPSY/YES-NO.
- 17) MEDICAL EXAMINER'S - NAME.

THIS TELETYPE COMMUNICATION DOES NOT SUPPLANT THE RESPONSIBILITY OF THE POLICE TO SECURE A MEDICAL EXAMINER BY CALLING 1-800-452-8744.

REVIEW OF POLICE RESPONSIBILITIES AT A SCENE

- 1) Ascertain fact of death.
- 2) Determine if the case is a medical examiner case.
- 3) Call the Office of the Chief Medical Examiner - 800-452-8744, supplying enough information for them to properly proceed.
- 4) Photograph and investigate scene without disturbing the body.
- 5) Secure evidence.
- 6) Select a funeral home according to family wishes or, in absence of family, department policy, label the body if a medical examiner does not come to scene.
- 7) Notify next of kin if not present.
- 8) Follow up on toxicology etc.

Special Circumstances

Badly decomposed bodies are especially fragile and must not be moved by untrained personnel. It may be difficult to keep evidence intact unless the body is carefully bagged at the scene under the supervision of a medical examiner.

The collection of scattered skeletal or dismembered remains may require a medical examiner to be sure all material has been found. The Office of the Chief Medical Examiner should be called whenever skeletal remains are found before they are removed.

Projecting weapons should be left in place until the medical examiner arrives. It would be best to leave them in place until the autopsy, but such may not be possible, due to the hazards of transit. The police should assist the medical examiner in assuring safe transit of the body to the location of autopsy. Clothing should not be removed from bodies prior to autopsy. Fingerprints should not be taken before autopsy, and in cases involving gunshot wounds, the hands should be wrapped loosely in paper bags before transportation of the body.

As mentioned in the item "Custody of the Body", the medical examiner may request help in transporting and securing the body.

THE AUTOPSY

A police officer knowledgeable in the circumstances leading to death and appearance of the scene should be present for the autopsy. His responsibilities are:

a) Advise the pathologist of the investigative information he may require in order to determine the extent and manner of the autopsy, especially any anticipated problems that the autopsy might be expected to resolve.

b) Be prepared to formally identify the body to the pathologist. This includes three different identifications:

1) That this is the body removed from the scene - to tie in the police investigation to the autopsy.

2) That this is the body of so and so. The officer should record when and from whom he took an identification. In all criminal or suspicious cases, a person knowing the deceased, who is not suspected of the crime, and who preferably lives nearby, should view the body and identify it to the police officer who will record the name and address of the person identifying the body, those officials present at the identification, the time and date of the identification, the relationship of the person to the deceased (employer, friend, etc., will suffice), when the identifier last saw the deceased alive, and where the body was found.

3) The physical evidence of identity. This includes:

I) A photograph of the head and neck taken after the body is cleaned and, if possible, with injuries covered. Note: since cleaning should not take place before the autopsy, this must take place after the initial examination by the pathologist.

II) Full body picture for scars and deformities.

III) Fingerprints and general description.

Fingerprints must be taken after the body has been autopsied. The process of fingerprinting disturbs the hands and fingers, contaminates them, and obscures pathology. Height, weight, and general description, including identifying scars, marks, tattoos and deformities, should be recorded in conjunction with the pathologist.

c) Photograph the body, including all injuries both before and after wounds are cleaned. (Bear in mind that it is the pathologist who testifies to the nature of the injuries; the photographs should be taken under his direction to ensure that this evidence is recognizable to him and a fair representation of the described injuries). These photographs should be taken with a ruler and identification marker in the field of the picture as close as possible to the lesion but not obscuring it. Photographs of the internal appearance of the body are rarely helpful and often confusing. These should be taken only when requested by the pathologist. The pathologist may request special photographs of organs of the body, photographs of foreign bodies in or near the wound, or the probed tract of bullets, etc. The photographer should be able to make clear close-ups without over exposure from the flash. Color is very helpful.

d) Receive evidence taken by pathologist. Such evidence should be recorded, placed in an appropriate container, be labeled for identification, and properly preserved and conveyed to the appropriate laboratory for analysis or place of storage with scrupulous attention to the chain of custody.

Soiled and wet material should be dried before being bagged. It may be put in paper bags, or if very wet, plastic bags for transport. Terrible odors and destruction of the material for future analysis can occur due to the action of rot and mildew if wet evidence is stored without prior drying.

Blood, body fluid and tissue may require refrigeration or freezing unless taken immediately to the laboratory. The directions of the pathologist must be followed in these matters. All containers must be chemically clean. The extent of analysis should be determined by the pathologist. No portions or samples from the body should ever be removed without the permission of the pathologist or medical examiner. Blood should not be taken from the heart prior to autopsy under any circumstances!

Samples may include: (see homicide checklist)

1) Trace Evidence - Trace evidence should be carefully removed and saved before it is lost. The body is examined for trace evidence in the presence of the pathologist, both before and after the clothing is removed.

2) Clothing - if removed prior to autopsy, should be brought to the autopsy for examination by the autopsy surgeon. For later storage, see above.

3) Blood for typing and grouping.

4) Hair - pulled by the roots from scalp, pubic region and trunk, and fingernail scrapings.

5) Smears and fluid from mouth, rectum and vagina in suspected sexual abuse.

6) Blood, urine, bile, stomach contents, cerebrospinal and fluid from the eye, portions of liver, brain, kidney, lungs, injection sites as indicated and collected by the pathologist for analysis as requested by the pathologist (specific testing or general unknown). (Only tests ordered by a pathologist or medical examiner for analysis at a laboratory will be paid for by the office of the Chief Medical Examiner). Ordinarily, all toxicology samples removed at autopsy will be taken to the toxicology laboratory of the Human Services Department. At the discretion of the pathologist, medical examiner or Chief Medical Examiner, other laboratories may be used. For example, chlorides in drowning, insulin and digoxin levels are not ordinarily done at the state lab and should be sent elsewhere, and blood alcohol in cases with no other toxicology required might be more conveniently handled locally, avoiding the necessity of a trip to Augusta.

e) Record and convey findings of the pathologist to superior officers and other members of the investigation team. The police should be present for the entire autopsy and not ask for findings or cause of death prior to its completion. It is not wise for police to attempt their own autopsy protocol - duplicating and perhaps conflicting with the pathologist's report. Great care must be taken when making notes at the autopsy. The officer must be sure that he fully understands the findings. He should check his notes with the pathologist. Generally, the information recorded consists of the number, location, and type of wounds, with special attention to any problems anticipated by the prior investigation. Bullet wounds are recorded as to location, direction in body, distance from barrel, and if projectile recovered. It is important to be sure that the cause of death is precisely understood. Often the death certificate is filed by the medical examiner, not the pathologist. The police officer should note the exact wording of the death certificate and the precise opinion of the pathologist.

f) Conflicts between medical examiners or pathologist and police or other officials should be referred to the Chief Medical Examiner. While autopsies may be ordered by various officials, no pathologist is obliged to perform such an autopsy, and the Chief Medical Examiner must be called in case of refusal. (Pathologists serve voluntarily for a fee.)

Great tact must be used in cases of conflict with the pathologist during an autopsy over the manner in which he conducts his examination.

The Chief Medical Examiner is available to assist in all of these problems; his judgments arise from his position of authority in the Attorney General's Office and knowledge of forensic pathology and ensure that the best possible procedure will be followed in scenes and subsequent examination of bodies and parts thereof from both a medical and legal point of view.

The State of Maine wishes to utilize its own resources internally before turning to outside agencies. In that regard, no material from a body in a medical examiner case should be transported or sent to any laboratory out of the state unless authorized by the Chief Medical Examiner.

NOTE: The foregoing presents the official manner of handling deaths under the jurisdiction of the medical examiner as provided for in statute and from policy of the Office of the Chief Medical Examiner with reference to the utilization of the medical examiner's services and his jurisdiction over the body and evidence relating to the cause and manner of death and supersedes all other departmental regulations and protocol. Conflicts should be brought to the attention of senior department officials and the Office of the Chief Medical Examiner for resolution.

CHECKLIST FOR POLICE OFFICIALS IN HOMICIDE CASES

Scene:

- 1) Secure scene until proper examination can be made including photographs, measurements, and securing of evidence.
- 2) Notify Attorney General and Chief Medical Examiner promptly. (Either or both may wish to view the scene before it is disturbed and delay in calling them only causes a delay in completing the scene investigation.)
- 3) Co-ordinate with the medical examiner as to the transportation and security of the body prior to autopsy. Remove, in the presence of the medical examiner, any trace evidence that may be lost and bag the body in a clean body bag.
- 4) Ascertain the time and place of autopsy and arrange for an officer or team to be present who is familiar with the investigation, can take photographs, fingerprints, and evidence and properly execute the identification (see below).

Autopsy:

- 1) Advise pathologist as to circumstances surrounding death.
- 2) Identify body to pathologist and medical examiner on form provided.
 - a) Who the deceased was.
 - b) That this is the body from the scene.

Note: Personal identification can be made after the autopsy but should be made to an officer who saw the body at the same time as the medical examiner and pathologist.

- 3) Photograph body for
 - a) Identification.
 - b) Evidence.
- 4) Fingerprint body.
- 5) Obtain hair samples (scalp, body and pubic).
- 6) Secure and transport to the appropriate lab, any other samples taken in evidence as conveyed by the pathologist. Including blood for typing - standard for all homicides.
- 7) Secure and transport appropriately any clothing, trace evidence or other materials needed for evidence and transported with the body.

See earlier parts of this section of the manual for details on the above.

MISSING PERSONS

Whenever a department gains knowledge of a missing person who, for any of a number of reasons, is suspected to have died within the State of Maine, the office of Chief Medical Examiner should be notified and the appropriate followup materials and information should be obtained. This is necessary because the identification of bodies is the responsibility of the medical examiner system and the information needed to identify bodies found long after death is different from that recorded in routine missing persons reports.

CRITERIA FOR REPORTING DIRECTLY TO CHIEF MEDICAL EXAMINER'S OFFICE:

I. Those missing who are infirm, ill or of an age incompatible with survival for long without care. This includes the senile, the severely ill, the psychotic, retarded and young children.

II. Those missing under circumstances that suggest they will not return. This includes overdue aircraft, occupants of boats that have overturned, swimmers missing, hunters long missing, etc.

III. Those whose background or circumstances suggest violence, criminal or otherwise. These include persons threatened, those missing under circumstances suggesting violence or abduction, the suicidal etc.

In some instances it may be wise to wait a while before considering the person dead such as overdue hunters. In other instances the matter is immediately of concern such as a swimmer disappearing. A few days may go by before the case is reported to the Office of Chief Medical Examiner as the victim may turn up alive or dead but easily recognizable.

Even if the disappearance took place years before, the case should be reported.

REPORTING:

The Office of Chief Medical Examiner can be called, 289-2993, or written to concerning the details of the disappearance. They will get back concerning the need for further action including the completion of a detailed form for identification purposes and the procuring of medical and dental x-rays and records through the next of kin. It should be noted that x-rays are not permanently kept by medical facilities and may be the only way of identifying a skeletonized or decomposed body.

FORMS

Sample forms are attached to this document. A supply can be obtained from the Office of the Chief Medical Examiner.

MEDICAL EXAMINER'S REQUEST FOR TOXICOLOGY

DECEASED NAME _____ AGE _____

AUTOPSIED AT _____ BY DR. _____ DATE _____

CIRCUMSTANCES OF DEATH PERTINENT TO TOXICOLOGICAL STUDIES AND OTHER DIRECTION OR REQUESTS: (e.g. Probable cause of death, drugs or chemicals found at scene, medication prescribed for deceased, list any known symptoms preceding death.)

REPORT TO: Chief Medical Examiner

M.E. _____ Pathologist
Police
Officer _____ Department

SPECIMEN:

BLOOD Tubes with anticoagulant # _____ Tubes without # _____ FROM SITE _____

URINE _____ LIVER (1) _____

BILE _____ LUNG (1) _____

GASTRIC (measure % total) _____ OTHER _____

VITREOUS _____

(1) May be frozen but should not be placed in any preservatives.

TESTS REQUIRED

ALCOHOL _____ HEAVY METALS _____

BARBITURATES _____ DRUG SCREEN* _____

CARBON MONOXIDE _____ OTHER _____

* Please indicate types of drugs to be tested, if any specifically suspected

SPECIAL INSTRUCTIONS _____

SIGNATURE OF PATHOLOGIST or MEDICAL EXAMINER _____

NAME AND AGENCY OF PERSON
DELIVERING SPECIMEN TO LAB _____

DATE & TIME DELIVERED

SIGNATURE OF PERSON DELIVERING SPECIMEN

CHIEF MEDICAL EXAMINER'S OFFICE
STATE OF MAINE

IDENTIFICATION OF BODY

_____ residing at _____
(Name of Identifier)

_____ states that (s)he is the
(Address of Identifier)

_____ of the person whose body was
(Relationship or Association)

found at _____
(Location)

on _____ and believes that the body now viewed at _____
(Date)

_____ (Location of Identification)

is _____ who was
(Name of Deceased)

last seen or heard from by the deponent on _____
(Date)

Identified to:

(Name of Officer)

(Department)

Signed: _____
(Deponent - Identifier)

Date: _____ Time: _____

CHIEF MEDICAL EXAMINER'S OFFICE
STATE OF MAINE

POLICE IDENTIFICATION OF BODY

1) _____ of _____
(Name of Officer) (Department)

states that (s)he first saw the person of the deceased _____

_____ in the course of an investigation
(Name of Deceased)

on _____ at _____
(Date and Time) (Location)

and who died at _____
(Location)

2) That (s)he identified the body of the deceased to _____
_____ at
(Pathologist)

_____ at
(Location)

Date and Time of Identification: _____

Signature of above Police Officer: _____

Signature of Pathologist(s): _____

Appendix IQUESTIONS FREQUENTLY ASKED

- 1) Who can serve as Medical Examiners in Maine?

Ans. Only licensed physicians. They serve on a per case basis for a small fee.

- 2) Are the Medical Examiners restricted to a county?

Ans. No, they all have statewide jurisdiction.

- 3) Who appoints them?

Ans. The Chief Medical Examiner.

- 4) What are Medical Examiner cases?

Ans. a) All deaths from injury and poisoning or under suspicious circumstances.
b) Deaths without evidence of injury if there is no regular physician available to certify.
c) Certain other special types of deaths such as those occurring in custody unless a natural cause of death can readily be determined by a physician.
d) Sudden and unexpected deaths in young healthy persons, including Sudden Infant Death Syndrome.

- 5) What is meant by an attending physician?

Ans. A physician who regularly cares for the patient (all nursing homes have an attending physician for their clients).

- 6) If he is not present at the time of death, does that make the death a medical examiner case?

Ans. No. So long as there is nothing violent or suspicious about the death and there is a regular attending private physician, he can certify the death without calling a medical examiner.

- 7) Need the private attending physician go to the scene?

Ans. No. How he certifies the death is his responsibility.

- 8) What are the first things an officer should do when called to the scene of death?

Ans. Check that there is no hazard to himself or others at the scene (such as downed electrical wires) and ascertain if the victim is really dead.

- 9) If an officer is not sure if the victim is dead, what should he do?

Ans. Immediately call for emergency medical assistance, begin resuscitation and transport if necessary.

- 10) Should a medical examiner be called to pronounce death?

Ans. No. If there is any doubt whether the victim is dead, emergency medical services, not a medical examiner should be called. Calling a medical examiner to a scene to pronounce death serves no legal purpose and if the person isn't dead waiting for a medical examiner is foolish. Call an ambulance.

11. Can a non-physician pronounce death?

Ans. A non-physician can decide that a person is dead and if a policeman, ambulance attendant or whatever decides not to resuscitate or transport a victim they have decided the fact of death and acted upon it and this is, in effect, a pronouncement.

- 12) Doesn't the law require that a physician pronounce death?

Ans. No. The law provides that only a physician may certify death.

- 13) If I don't have a physician pronounce death, can I be sued?

Ans. Whenever you decide against calling an ambulance or if an ambulance is called but it is decided that the victim should not be moved or resuscitated, the question of whether the victim is in fact dead or alive at that point in time can be raised. Having a doctor arrive to pronounce death 10 minutes to an hour later doesn't matter since the issue is whether the victim was dead or alive when the decision was made not to move the body or attempt resuscitation.

- 14) Nevertheless, if I would feel better if a doctor came to the scene, why can't I have a medical examiner respond?

Ans. There are too few medical examiners and they are not able to respond in a timely fashion. If, under these circumstances, you do call a physician, he cannot respond as a medical examiner and is entitled to his usual fee which cannot be paid by the Chief Medical Examiner's Office. The fee will then be the responsibility of the party that called him.

15) What else should an officer do before calling a medical examiner?

Ans. He should determine if there has been injury or if there is anything suspicious about the death. If not, he should try and contact the deceased's private physician before calling a medical examiner.

16) Why not call a medical examiner even if he has a private physician?

Ans. Certifying such a death is not the responsibility of the medical examiner and there are too few medical examiners. Often they must come quite a bit farther than the private physician. Further, private physicians want to know about their patients and families resent the intrusion by the medical examiner.

17) Can a body be moved before a medical examiner is called?

Ans. Yes, but only if there is danger of destruction such as in fires, in water, or on the railroad tracks.

18) How do I reach a medical examiner?

Ans. All calls for a medical examiner should be made to the Chief Medical Examiner's Office thru a toll free #, 1-800-452-8744, 24 hours per day, 7 days per week, not to local medical examiners directly.

19) Who do I reach when I call that number?

Ans. Personnel of the Chief Medical Examiner's Office, after getting preliminary information from you sufficient to make a decision, will call a local medical examiner, the Chief Medical Examiner, or ask you to arrange to have the body brought to a hospital or funeral home.

20) When I call 1-800-452-8744, it rings a few times, I hear some clicking and then it rings again or I get a busy signal. How come?

Ans. The line is equipped with an automatic diverter that permits one number to hook up with any telephone. The first rings take place while the diverter is dialing the number it is switching the call to; the clicking occurs while the circuit is bridging to the second phone (usually the home phone of the person taking call), then the second phone rings or is busy. Thus, you should allow several rings (4 are required for diversion alone before the manned phone even begins to ring) to allow for diversion and the on-call person to reach his home phone. All this is normal operation. If the busy signal comes on, dial again in a short time.

21) Are these calls charged to the phone I am calling from?

Ans. No. This is a toll free number.

22) What if this number is busy for a long time or doesn't seem to operate properly?

Ans. Call State Capitol Security, 289-4153; the circuits are controlled from there and they can help you get thru. State Police Headquarters in Augusta, 289-2155, may also be of help.

23) Can I use this number whenever I call the medical examiner's office?

Ans. No. Please reserve this number for case reporting or contact with the office on nights and weekends only. The 1-800-452-8744 # is for case reporting and emergencies only. Its use for other business ties up the line. During the regular business day call 289-2993. Never give the 1-800 number to private parties for routine calls.

24) Can I call a local medical examiner if he is close by rather than going thru the 800 #?

Ans. No. Medical examiners have been advised to refuse the call unless it comes thru the Office.

25) Should the 1-800-452-8744 # be called immediately upon finding the body?

Ans. Not immediately, but as soon as enough information is developed so that the office can decide how to

appropriately respond. Basically a 25 word or less summary of what has apparently happened, and, in the case of a natural death, whether there is a private family physician will suffice.

26) Need a medical examiner respond to the scene of death?

Ans. Not always. After the call is received by the Office of the Chief Medical Examiner, it may be decided that the medical examiner will first view the body after it has been removed to a funeral home or hospital.

27) Who decides if a medical examiner must come to the scene?

Ans. This is decided by the personnel of the Chief Medical Examiner's Office according to guidelines established by the Chief and is resolved during discussion of the case with the investigator.

28) Need a medical examiner respond to the scene of a motor vehicle death?

Ans. Not necessarily. The Office should be contacted and we may elect to have the body examined later. We generally consult the assigned medical examiner before making a decision.

29) How does a medical examiner get enough facts to certify death?

Ans. By his examination of the body, his investigation, investigative information from the police, and thru an autopsy and laboratory studies.

30) Who can order an autopsy?

Ans. Medical examiners, district attorneys, and the Attorney General.

31) Can any of those persons who can order an autopsy cancel the order for an autopsy by another person with such authority?

Ans. No.

32) If the State Police, Fire Marshall, or Wardens are considered for investigative purposes, representatives of the Attorney General, can they order an autopsy on their authority alone?

Ans. No.

33) Who performs autopsies?

Ans. Pathologists.

34) Who are pathologists?

Ans. Medical specialists in pathology who are asked to perform autopsies for a fee.

35) Are all pathologists medical examiner?

Ans. No.

36) Can the district attorney or the police select a non-medical examiner to serve as a medical examiner?

Ans. No.

37) Who is responsible for the custody of the body?

Ans. The medical examiner.

38) In addition to notifying the medical examiner and helping him with the investigation, what else should the police do?

Ans. a) Send a teletype reporting the death to the Chief Medical Examiner.
b) Photograph the scene and body.
c) Transport evidence, including toxicology, and secure evidence.
d) Arrange for proper identification of the body.

39) Who is responsible for ordering toxicology and obtaining the samples?

Ans. The medical examiner or pathologist.

40) Can a nurse, emergency room doctor or funeral director be asked to take a blood sample from the body?

Ans. No. This request must come thru the medical examiner. If he approves, such others can take the sample. However, in no case should blood samples be taken before an autopsy and persons other than a medical examiner cannot be paid for this service.

41) Shouldn't the sample for blood alcohol be taken from the body within 2 hours?

Ans. No. The 2 hour rule does not apply to dead bodies.

- 42) Won't the alcohol level change if blood is not taken within 2 hours?

Ans. No. The alcohol level is stable in dead bodies.

- 43) What if department regulations require that a blood alcohol or other toxicology sample be taken?

Ans. State law gives custody of the body to the medical examiner. Taking blood without his permission violates that law.

- 44) What if the person isn't dead on arrival at the hospital?

Ans. Then the medical examiner system is not in effect and you should proceed according to department guidelines. For living persons, the sooner the sample for blood alcohol is taken the better.

- 45) How are homicides and suspicious deaths handled?

Ans. After the officer has determined that no danger persists for living persons, that the victim is dead, and the case is a homicide or suspicious death he should arrange to have the Chief Medical Examiner and Attorney General notified by phone. The 1-800-452-8744 # will be the best way of reaching the Chief Medical Examiner who can then notify the on call Assistant Attorney General.

- 46) When are autopsies performed?

Ans. When the cause of death is unclear or when the criminal justice system requires full and precise information and evidence.

- 47) Need all motor vehicle fatalities be autopsied?

Ans. No. Autopsies are required if there is a surviving driver likely to be charged with a crime relating to the death or when there is insufficient injury to be sure of the cause of death.

- 48) Why should a police officer attend the autopsy on a case he investigates?

- Ans. a) To identify the body to the pathologist.
b) To advise the pathologist of the facts uncovered by investigation.
c) To learn of any important medical details uncovered at autopsies.
d) To take photographs and take custody of evidence.

49) What should be done with suicide notes?

- Ans. a) The original should be kept permanently by the police and a copy sent to the Chief Medical Examiner or the original sent to the Chief Medical Examiner.
b) In no instance should an original note be returned to the family.

50) What should be done with skeletal remains?

- Ans. The Chief Medical Examiner's Office should be called. In no instance should the bones be picked up and bagged before consulting with the Chief Medical Examiner unless there is danger of their being lost such as below high tide level.

51) How should hunting accident gunshot wound deaths be treated?

- Ans. As suspicious cases.

52) How should fire deaths be treated?

- Ans. a) The death should be treated as suspicious unless clearly accidental.
b) Unrecognizable burned bodies should be treated as cases requiring positive identification thru objective means such as dental records, fingerprints, etc.
c) At least a partial autopsy to document soot in the airways and X-rays, if needed, should be undertaken to establish the cause of death and absence of other injury.

53) If a person dies of injury or poisoning after being under the care of a doctor or in a hospital must a medical examiner be called?

- Ans. Yes, regardless of how long the survival period.

54) Need drowning victims be left in the water for the arrival of a medical examiner?

Ans. No.

- 55) How long must a patient be under a doctor's care before he can certify a natural death?

Ans. No time limit. He can certify the death even if he has only seen the patient alive a few minutes if he is sure the death is natural.

- 56) How long since the last time the doctor saw the patient makes the death a medical examiner case?

Ans. No time limit. In an apparent natural death the doctor can certify so long as he has clinical knowledge of the patient and can reasonably certify the cause of death.

- 57) What do I do if I disagree with the manner in which the medical examiner is handling the case?

Ans. Call the Chief Medical Examiner.

- 58) If I disagree with the way a medical examiner is handling a case and cannot immediately call the Chief Medical Examiner what should I do?

Ans. Because medical examiners may not be as familiar with death investigation as police officers, it is appropriate to diplomatically advise them of procedures. While their responsibilities and authority are somewhat different the complete workup of the case requires team-work and cooperation. In suspicious cases and homicides there is a need to maintain the scene. Some medical examiners may create problems, that is one reason why they should not be called before checking with the Chief Medical Examiner.

- 59) Who is responsible for determining if the death is a suicide for the official records?

Ans. The medical examiner.

- 60) How can reports of the medical examiner and autopsy reports be obtained?

Ans. By writing to the Chief Medical Examiner except for homicides in which cases the Attorney General releases the records. Records should not be requested from medical examiners.

61) Should bodies be undressed prior to autopsy?

Ans. No. Once it has been determined that an autopsy is to be performed the body should be disturbed as little as possible. It should not be fingerprinted or undressed and toxicology samples should not be taken before autopsy.

62) What about photographs and notes taken by the police at autopsy?

Ans. See the police section of the medical Examiner's Manual. Care should be taken that photographs do not misrepresent the evidence and detailed notes taken at the autopsy should be checked with the pathologist for accuracy.

63) Who is responsible for the property of the deceased?

Ans. Property on the body should be left with the body. If it is evidence it can be taken when the autopsy is performed, if not it is returned with the body to the Funeral Director. Some items of immediate need are sometimes taken earlier, e.g., house or car keys. The medical examiners of this state have no public administrator functions and are not responsible for property not on the body. See department regulations and procedures.

64) Who notifies the next of kin?

Ans. Generally the police, however in hospitals the hospital may do so and for active duty servicemen the military. The names of the deceased should not be given to the media or put over the police radio until the next of kin have been notified.

65) Who selects the funeral home?

Ans. The next of kin or equivalent. If no one representing the family is present the police select according to Department policy. Rarely the Office of Chief Medical Examiner may advise on a funeral home because of certain operational problems.

66) Who pays for the transportation of bodies by undertakers?

Ans. The State in strict accordance with published regulations, but, only if the body is moved solely for the purpose of the medical examiner system.

67) Should the Office of Chief Medical Examiner be notified of missing persons?

Ans. Yes, if they are presumed dead.

68) How should the Office of Chief Medical Examiner be notified of missing persons presumed dead?

Ans. Telephone 289-2993 or write to Chief Medical Examiner's Office, State House Station #37, Augusta, Maine 04333, with the information within a short period of time of the disappearance, as soon as it is clear that the victim is probably dead and will not be found alive or in an easily identifiable state. No more than a month should go by before notification. The office will then follow up by requesting that you obtain further identification information and medical and dental x-rays and records.

REPORT OF INQUIRY AND EXAMINATION BY MEDICAL EXAMINER

PRECEDENT _____ AGE: _____ SEX: _____ RACE: _____

ADDRESS _____ M W S D: _____

NOTIFIED BY: _____ DATE AND TIME: _____

POLICE INVESTIGATOR: _____ DEPT. _____
Write None if Applicable

INFORMANT: Including Relationship to Deceased

PLACE OF DEATH: _____

SCENE VISIT: _____ DATE AND TIME: _____

PLACE BODY EXAMINED: _____ DATE AND TIME: _____

DEATH WAS CAUSED BY: (Please complete exactly as on certificate) INTERVAL

IMMEDIATE CAUSE	
(a) DUE TO, OR AS A CONSEQUENCE OF:	
(b) DUE TO, OR AS A CONSEQUENCE OF:	
(c)	

OTHER SIGNIFICANT CONDITIONS:	AUTOPSY
-------------------------------	---------

ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING.	DATE OF INJURY	HOUR	HOW INJURY OCCURRED
INJURY AT WORK	PLACE OF INJURY	m.	LOCATION

DATE AND TIME OF DEATH: _____ OF PRONOUNCEMENT: _____

DATE AND TIME LAST SEEN ALIVE: _____

AUTOPSY AUTHORIZED BY: _____ PATHOLOGIST: _____

BODY RELEASED TO: _____

TOXICOLOGY OR OTHER STUDIES PENDING: _____

I hereby declare that the information contained herein regarding this death is true and correct to the best of my knowledge and belief, as is the information contained on the death certificate if signed by me.

Date

County of Death

Signature of Medical Examiner

MEDICAL AND OTHER PERSONAL HISTORY: Including Name of Physician or Institution, Diagnosis, Date and Previous Injuries

DESCRIPTION OF BODY

POSITION: _____

CLOTHING AND OTHER ITEMS ON BODY: _____

APPARENT AGE: _____ SEX: _____ COLOR: _____

DEVELOPMENT: _____ NUTRITION: _____ HEIGHT: _____ WEIGHT: _____

HAIR—SCALP: _____ FACE: _____

EYES—COLOR: _____ PETECHIAE: _____ OTHER: _____

MOUTH—DENTITION: _____ FLUID: _____

EXTERNAL GENITALIA: _____

SCARS, TATOOS, ANOMALIES: _____

PRESERVATION: _____ HEAT: _____

RIGIDITY—DEGREE AND LOCATION: _____

LIVIDITY—COLOR AND LOCATION: _____

EXTERNAL PATHOLOGY AND OTHER FINDINGS:

(Diagram may be used to supplement description—if an autopsy has been ordered, less detailed description of the body may suffice)

*for **fractures**—note location and extent

cuts—cleanly incised or irregular, location, length, depth

gunshot wounds—location, size, powder burns, smoke marks, shape of holes, exit and entrance, approximate track and direction, if projectile recovered, marks on clothing

blunt trauma and ligature marks—size, pattern, location

burns—extent in depth and area

NARRATIVE SUMMARY OF CIRCUMSTANCES AND DESCRIPTION OF SCENE: include as applicable description of premises, temperature, weather if outdoors, alcoholism, drug use, type of weapons at scene, indication of **suicide** — note, despondent over, verbal threats, etc. **Auto accident** — driver, passenger, pedestrian, etc., single car or other vehicles.

CME TOX 1/83

STATE OF MAINE

ME CASE # _____

MEDICAL EXAMINER'S REQUEST FOR TOXICOLOGY

DECEASED NAME _____ AGE _____

AUTOPSIED AT _____ BY DR. _____ DATE _____

CIRCUMSTANCES OF DEATH PERTINENT TO TOXICOLOGICAL STUDIES AND OTHER DIRECTION OR REQUESTS: (e.g. Probable cause of death, drugs or chemicals found at scene, medication prescribed for deceased, list any known symptoms preceding death.)

REPORT TO: Chief Medical Examiner

M.E. _____ Pathologist
Police
Officer _____ Department

SPECIMEN:

BLOOD Tubes with anticoagulant # _____ Tubes without # _____ FROM SITE _____

URINE _____ LIVER (1) _____

BILE _____ LUNG (1) _____

GASTRIC (measure % total) _____ OTHER _____

VITREOUS _____

(1) May be frozen but should not be placed in any preservatives.

TESTS REQUIRED

ALCOHOL _____ HEAVY METALS _____

BARBITURATES _____ DRUG SCREEN* _____

CARBON MONOXIDE _____ OTHER _____

* Please indicate types of drugs to be tested, if any specifically suspected

SPECIAL INSTRUCTIONS _____

SIGNATURE OF PATHOLOGIST or MEDICAL EXAMINER _____

NAME AND AGENCY OF PERSON
DELIVERING SPECIMEN TO LAB _____

DATE & TIME DELIVERED _____

SIGNATURE OF PERSON DELIVERING SPECIMEN _____

CHIEF MEDICAL EXAMINER'S OFFICE
STATE OF MAINE

IDENTIFICATION OF BODY

_____ residing at _____
(Name of Identifier)

_____ states that (s)he is the
(Address of Identifier)

_____ of the person whose body was
(Relationship or Association)

found at _____
(Location)

on _____ and believes that the body now
(Date)

viewed at _____
(Location of Identification)

is _____ who was
(Name of Deceased)

last seen or heard from by the deponent on _____
(Date)

Identified to: _____
(Name of Officer)

(Department)

Signed _____
(Deponent - Identifier)

Date _____ Time _____

CHIEF MEDICAL EXAMINER'S OFFICE
STATE OF MAINE

POLICE IDENTIFICATION OF BODY

1) _____ of _____
(Name of Officer) (Department)

states that (s)he first saw the person of the deceased
_____ in the
(Name of Deceased)

course of an investigation on _____
(Date + Time)

at _____
(Location)

and who died at _____
(Location)

2) That (s) he identified the body of the deceased to
_____ at
(Pathologist)

(Location)

Date and Time of Identification _____

Signature of above Police Officer _____

Signature of Pathologist(s) _____

STATE AGENCIES

Office of Chief Medical Examiner
State House Station #37
Augusta, Maine 04333
289-2993

Henry F. Ryan, M.D.
Chief Medical Examiner
Home: 622-5354

Ronald P. Roy, M.D.
Deputy Chief Medical Examiner
Home: 865-4283

Patrick Toman
Ass't. to Chief Medical Examiner

Robert Goodrich
Ass't. to Chief Medical Examiner

Sandra Hickey
Medical Secretary

Sheila Thayer
Clerk-Typist III

Case Reporting Only
1-800-452-8744

Department of Attorney General
State House Station #6
Augusta, Maine 04333

Administration: 289-3661

Criminal: 289-3661
Fern LaRoche, Deputy A.G.

Criminal Investigation: 289-3661
William Pearson, Chief Investigator

Toxicology Laboratory
Dept. of Human Services
State House Station #12
Augusta, Maine 04333
289-2727

Tom Dwyer, Acting Director
Forensic Toxicology

State Fire Marshal
Donald Bisset, Fire Marshal
99 Western Avenue
State House Station #52
Augusta, Maine 04333
289-2481

Bureau of Aeronautics
Philip Simpson, Chief Inspector
State House Station #16
Augusta, Maine 04333

Maine State Police
State House Station #42
Augusta, Maine 04333
289-2155

Allan Weeks, Chief

Laboratory: 289-2410
Traffic: 289-3394

State Police Barracks:
Augusta - 289-2155
Houlton - 289-2100/532-2261
Orono - 289-3415/866-2122
Scarborough - 289-3041/883-3473
Thomaston - 289-2500

POLICE DEPARTMENTS

ALLAGASH (Aroostook)
Linwood Flora, Constable
Box 127
Allagash, ME 04774
398-3198

ASHLAND (Aroostook)
Chief Clifford Braley, Sr.
Municipal Building
Bridgham Street
P.O. Drawer A
Ashland, ME 04732
435-6626

AUBURN (Androscoggin)
Chief Peter Mador
One Minot Avenue
Auburn, ME 04210
784-7331

AUGUSTA (Kennebec)
Chief Richard Griffin
1 Cony Street
Augusta, ME 04330
626-2370

BAILEYVILLE (Washington)
Chief George Hammond
27 Broadway
Woodland, ME 04694
427-6992

BANGOR (Penobscot)
Chief Francis J. Woodhead
35 Court Street
Bangor, ME 04401
947-7384

BAR HARBOR (Hancock)
Chief Dan Herrick
38 Rodick Street
Bar Harbor, ME 04609
288-3391

BATH (Sagadahoc)
Chief Thomas Landers
55 Front Street
Bath, ME 04530
443-5563

BELFAST (Waldo)
Chief Robert B. Keating
71 Church Street.
Belfast, ME 04915
338-2420/338-2484

BERWICK (York)
Chief Asa Morse
Sullivan Square
P.O. Box 644
Berwick, ME 03901
698-1136/698-1567

BETHEL (Oxford)
Chief Robert Stearns
P.O. Box 595
Bethel, ME 04217
824-2669

BIDDEFORD (York)
Chief Roger Beaupre
39 Alfred Street
Biddeford, ME 04005
282-5127

BINGHAM (Somerset)
Chief Frank Longley
Main Street
P.O. Box 266
Bingham, ME 04920
672-4050

BOOTHBAY HARBOR (Lincoln)
Chief Floyd McDunnah
15 McKown Street
P.O. Box B
Boothbay Harbor, ME 04538
633-2451

BREWER (Penobscot)
Chief David P. Koman
122 South Main Street
P.O. Box 298
Brewer, ME 04412
989-7001/989-2707

BRIDGTON (Cumberland)
Chief Robert C. Bell
48 Main Street
Bridgton, ME 04009
647-2293/647-2331

BROWNVILLE (Piscataquis)
Acting Chief David E. Cota
Town Office
Brownville, ME 04414
965-2561

BRUNSWICK (Cumberland)
Chief Donald Girardin
28 Federal Street
Brunswick, ME 04011
725-5521/729-1600

BUCKSPORT (Hancock)
Chief Douglas E. Gray
P.O. Box C-1
Bucksport, ME 04416
469-7951

BUXTON (York)
Chief Calvin Fox
P.O. Box 18
Bar Mills, ME 04004
929-6612

CALAIS (Washington)
Chief James D. Johnson
North Street
Calais, ME 04619
454-2161/454-2162

CAMDEN (Knox)
Chief Albert Smith
Washington Street
Box 697
Camden, ME 04843
236-3030

CAPE ELIZABETH (Cumberland)
Chief David W. Pickering
325 Ocean House Road
Cape Elizabeth, ME 04107
767-3323

CARIBOU (Aroostook)
Chief Verne B. McKenney
25 High Street
Caribou, ME 04736
493-3301

CHERRYFIELD (Washington)
Chief Murray Seavey, Sr.
Academy Building
Cherryfield, ME 04622

CUMBERLAND (Cumberland)
Chief Leon H. Planche
6 Blanchard Road
P.O. Box 235
Cumberland, ME 04021
829-3140

DAMARISCOTTA (Lincoln)
Chief George R. Hutchings
P.O. Box 274
Town Office
Danariscotta, ME 04543
563-3200

DEXTER (Penobscot)
Chief David A. Clukey
Main Street
P.O. Box 313
Dexter, ME 04930
924-7322

DIXFIELD (Oxford)
Chief Rodney Cross
Main Street
P.O. Box 0.
Dixfield, ME 04224
562-4517

DOVER-FOXCROFT (Piscataquis)
Chief Dennis Dyer
34 East Main Street
Dover-Foxcroft, ME 04426
564-8021

EAST MILLINOCKET (Penobscot)
Chief John H. Doe
125 Main Street
P.O. Box 471
East Millinocket, ME 04430
746-9951

EASTPORT (Washington)
Chief Richard Young
78 High Street
Eastport, ME 04631
853-4353

ELIOT (York)
Chief Thomas Barr
141 State Road
Eliot, ME 03903
439-1179

ELLSWORTH (Hancock)
Chief Albert E. Carter
Church Street
P.O. Box 586
Ellsworth, ME 04605
667-2133/667-8959/667-2168

FAIRFIELD (Somerset)
Chief Robert Bromley
74 Water Street
Fairfield, ME 04937
453-9321/453-9322

FALMOUTH (Cumberland)
Chief Craig B. Hall
271 Falmouth Road
Falmouth, ME 04105
781-4242

FARMINGTON (Franklin)
Chief Sheridan S. Smith
147 Lower Main Street
Farmington, ME 04938
778-6311

FORT FAIRFIELD (Aroostook)
Chief Neil Saucier
79 Main Street
P.O. Box 451
Fort Fairfield, ME 04742
472-3631/3641

FORT KENT (Aroostook)
Chief Kenneth C. Michaud
West Main Street
Fort Kent, ME 04743
834-5678

FREEPORT (Cumberland)
Chief William R. Stone
16 Main Street
Freeport, ME 04032
865-4212

FRIENDSHIP (Knox)
Chief Scott Bramhall
Main Street
Friendship, ME 04547
832-5775

FRYEBURG (Oxford)
Chief Fred A. Gould
96 Main Street
Fryeburg, ME 04037
925-3038

GARDINER (Kennebec)
Chief Gordon M. Glidden
2 Church Hill
Gardiner, ME 04345
582-3211/582-5150

GORHAM (Cumberland)
Chief David Kurz
270 Main Street
Gorham, ME 04038
839-5581

GREENVILLE (Piscataquis)
Chief Maxim Squires
Minden Street
Greenville, ME 04441
695-3835

HALLOWELL (Kennebec)
Chief Rodney Myrick
1 Winthrop Street
Hallowell, ME 04347
623-3131

HAMPDEN (Penobscot)
Chief Roland L. Huston
106 Main Road South
Hampden, ME 04444
862-3300/862-4000

HANCOCK (Hancock)
Chief Charles R. Wheeler
Town Hall
Hancock, ME 04640
422-3388

HARRISON (Cumberland)
Acting Chief Arnold C. Packard
Front Street
Harrison, ME 04040
583-2241

HOULTON (Aroostook)
Chief Darrell Malone
95 Military Street
Houlton, ME 04730
532-2287

HOWLAND (Penobscot)
Chief Carl E. Smith
Main Street
P.O. Box 312
Howland, ME 04448
732-3167

JAY (Franklin)
Chief Erland Farrington
1 School Street
Box 30
Jay, ME 04239
897-5545/897-6766

JONESPORT (Washington)
Chief John Crowley
Main Street
P.O. Box 301
Jonesport, ME 04649
497-5926

KENNEBUNK (York)
Chief James Lavalley
P.O. Box 247
Kennebunk, ME 04043
985-6121

KENNEBUNKPORT (York)
Chief John A. Prescott
P.O. Box 175
Kennebunkport, ME 04046
967-2454

KITTERY (York)
Chief Edward Strong
P.O. Box 359
Kittery, Maine 03904
439-1638

LAMOINE (Hancock)
Chief Reginald McDevitt
RFD#2
Ellsworth, ME 04605
667-8046

LEBANON (York)
Chief Stephen P. Cobbett
P.O. Box 35
Lebanon, ME 04027
457-6421

LEWISTON (Androscoggin)
Chief Gregory Hanscom
Park Street
Lewiston, ME 04240
784-6421

LIMESTONE (Aroostook)
Chief Jean Michaud
27 Church Street
Limestone, ME 04750
325-3121

LINCOLN (Penobscot)
Chief Robert Crockett
1 Adams Street
Lincoln, ME 04457
794-2221/794-4404

LISBON (Androscoggin)
Chief David Brooks
24 Main Street.
Lisbon, ME 04252
353-2500

LITCHFIELD (Kennebec)
Chief Dale Cook
Hallowell Road
Litchfield, ME 04345

LIVERMORE FALLS (Androscoggin)
Chief Charles Keene
2 Main Street
Livermore Falls, ME 04254
897-3424

LUBEC (Washington)
 Chief John W. Fuller, III
 School Street
 P.O. Box 66
 Lubec, ME 04652
 733-4321/5532

MACHIAS (Washington)
 Chief Fernard T. Russell
 P.O. Box 418
 Machias, ME 04654
 255-8683

MADAWASKA (Aroostook)
 Chief Ronald Pelletier
 344 East Main Street
 Madawaska, ME 04756
 728-6356

MADISON (Somerset)
 Chief Harley Dunlop
 P.O. Box 190
 Madison, ME 04950
 696-5373/696-5374

MATTAWAMKEAG (Penobscot)
 Chief Terry Thompson
 Box 103, Maine Street
 Mattawamkeag, ME 04459
 736-2660/736-2464

MECHANIC FALLS (Androscoggin)
 Chief John Loring
 90 Lewiston Street
 Mechanic Falls, ME 04256
 345-9021

MEDWAY (Penobscot)
 Chief Scott Inman
 HCR 86 Box 320
 Medway, ME 04460
 746-3370

MEXICO (Oxford)
 Chief Gregory W. Gallant
 Main Street, P.O. Drawer C
 Mexico, ME 04257
 364-7971

MILBRIDGE (Washington)
 Chief Colin Haskell
 Town Office
 Milbridge, ME 04658
 546-2422

MILLINOCKET (Penobscot)
 Chief Frank C. Friel
 197 Penobscot Avenue
 P.O. Box 959
 Millinocket, ME 04462
 723-9731

MILO (Piscataquis)
 Chief William Else
 Pleasant Street
 Milo, ME 04463
 943-2522

MONMOUTH (Kennebec)
 Chief Daniel McGinley
 Box 208
 Town Office
 Monmouth, ME 04259
 933-4446

MT. DESERT - SEE NORTHEAST HARBOR PD

NEW GLOUCESTER (Cumberland)
 Chief Herbert E. Thompson, Jr.
 Box 274
 Gloucester Hill Road
 New Gloucester, ME 04260
 926-4463

NEWPORT (Somerset)
 Chief James Ricker
 27 Water Street
 Newport, ME 04953
 368-5575/368-4400

NORRIDGEWOCK (Somerset)
 Chief of Police
 Perkins Street
 Norridgewock, ME 04957
 634-4041

NORTH BERWICK (York)
 Chief Daniel R. Shejen
 Main Street
 North Berwick, ME 03906
 676-2751

NORTHEAST HARBOR/MT. DESERT (Hancock)
 Chief Ed Mandell
 Sea Street
 Northeast Harbor, ME 04662
 276-5111

NORWAY (Oxford)
Chief James R. DeNormandie
116 Main Street
P.O. Box 111
Norway, ME 04268
743-6623

OAKLAND (Kennebec)
Chief Joel R. Abbott
P.O. Box 187
Oakland, ME 04963
465-2202

OGUNQUIT (York)
Chief William Hancock
School Street
Ogunquit, ME 03907
646-9361

OLD ORCHARD BEACH (York)
Chief Paul Tibbetts
Saco Avenue
Old Orchard Beach, ME 04064
934-4911/883-6162

OLD TOWN (Penobscot)
Chief Dale A. Gauthier
51 North Brunswick Street
Old Town, ME 04468
827-6358

ORONO (Penobscot)
Chief David Dekanich
P.O. Box 130
Municipal Building
Orono, ME 04473
866-4451

OXFORD (Oxford)
Chief Ronald Kugell
P.O. Box 353
Oxford, ME 04270
539-4431

PARIS (Oxford)
Chief Lloyd C. Herrick
1 East Main Street
South Paris, ME 04281
743-2501

PENOBSCOT INDIAN (Penobscot)
Chief Charles Smith
River Road
P.O. Box 342
Old Town, Maine 04468
827-6336

PITTSFIELD (Somerset)
Chief Spencer R. Havey
P.O. Box 579
Pittsfield, ME 04967
487-3101

PLEASANT POINT PD. (Washington)
Police Chief
P.O. Box 118
Perry, ME 04667

PORT CLYDE (Knox)
Chief Albert Hanson
St. George Police Department
Port Clyde, ME 04855

PORTLAND (Cumberland)
Chief Francis Amoroso
109 Middle Street
Portland, ME 04111
775-6361

PRESQUE ISLE (Aroostook)
Chief Ronald Lavway
P.O. Box 743
Presque Isle, ME 04769
764-4476/764-4485, Ext. 34

PRINCETON (Washington)
Chief Norman C. Dow
Depot Street, P.O. Box 408
Princeton, ME 04668
796-2813

PRINCETON (Washington)
Indian Township Police
P.O. Box 128
Princeton, ME 04668
796-2334

RICHMOND (Sagadahoc)
Chief Donald MacKenzie
P.O. Box 93
Gardiner Street
Richmond, ME 04357
737-8518

ROCKLAND (Knox)
Chief Bertram Snow
P.O. Box 546
Rockland, ME 04841
596-6617/596-0415

ROCKPORT (Knox)
Chief Forest B. Doucette
85 Main Street
P.O. Box 42
Rockport, ME 04856
236-2027

RUMFORD (Oxford)
Chief Dewey Robinson
River Street
Rumford, ME 04276
364-4551

SABATTUS (Androscoggin)
Chief Guy Desjardins
14 Main Street
Sabattus, Maine 04280
375-6952

SACO (York)
Chief Richard Nason
308 Main Street
Saco, ME 04072
284-4535

SANFORD (York)
Chief James Sweeney
1 Roberts Street
Sanford, ME 04073
324-3644

SCARBOROUGH (York)
Chief Hollis Dixon
Rt.#1, Box 341
Scarborough, ME 04074
883-5116

SEARSPORT (Waldo)
Chief Roger Ouellette
Reservoir Street
Town Office
Searsport, ME 04974
548-6372

SKOWHEGAN (Somerset)
Chief Larry Jones
90 Water Street
Skowhegan, ME 04976
474-3151

SOUTH BERWICK (York)
Chief Dana Lajoie
180 Main Street
South Berwick, ME 03908
384-2254

SOUTH PORTLAND (Cumberland)
Chief Robert Schwartz
30 Antoine Street
So. Portland, ME 04106
799-5511

SOUTHWEST HARBOR (Hancock)
Chief John Carroll
Main Street
P.O. Box 810
Southwest Harbor, ME 04679
244-5552

STOCKTON SPRINGS (Waldo)
Chief Ralph J. Quinn
Main Street
Stockton Springs, ME 04981

STONINGTON (Hancock)
Chief Steve Ashley
P.O. Box 284
Stonington, ME 04681
367-5585

THOMASTON (Knox)
Chief Burton Gale
Knox Street
P.O. Box 299
Thomaston, ME 04861
354-2511

TOPSHAM (Sagadahoc)
Chief Paul Lessard
22 Elm Street
Topsham, ME 04086
725-4337

U of M FARMINGTON (Franklin)
Chief Robert Harper
U of M Campus Police & Security
Farmington, ME 04938
778-6565

U of M ORONO (Penobscot)
Director Alan G. Reynolds
U of M Dept. of Police
166 College Avenue
Orono, ME 04469
581-4048/4053

U of SOUTHERN MAINE (Cumberland)
Chief Coin Hauk
U of M Dept. of Police
37 College Avenue
Gorham, ME 04038
780-5211

VAN BUREN (Aroostook)
Chief Herman Pelletier
65 Main Street
Van Buren, Maine 04785
868-3481

VEAZIE (Penobscot)
Chief Joseph Friedman
MRB 274-A
Bangor, ME 04401
947-2781

WALDOBORO (Lincoln)
Chief Leroy Jones
P.O. Box J
Waldoboro, ME 04572
832-4500

WASHBURN (Aroostook)
Chief Gary Sanfacon
P.O. Box 505
Washburn, ME 04786
455-4043

WATERVILLE (Kennebec)
Chief David Veneziano
1 Common Street
Waterville, ME 04901
872-5551

WELLS (York)
Chief William Zachular
Post Road
P.O. Box 398
Wells, ME 04090
646-9355

WESTBROOK (Cumberland)
Chief Carmine Russo
419 Warren Avenue
Westbrook, ME 04092
854-2531/2374

WILTON (Franklin)
Chief James Parker
Weld Street - Box 300
Wilton, ME 04294
645-4961

WINDHAM (Cumberland)
Chief Michael McDonough
RR#3, P.O. Box 33
South Windham, ME 04082
892-2525

WINSLOW (Kennebec)
Chief Ronald L. Whary
16 Benton Avenue
Winslow, ME 04902
872-5215

WINTHROP (Kennebec)
Chief Joseph Young
57 Main Street
Winthrop, ME 04364
377-8770/2226

WISCASSET (Lincoln)
Chief Michael J. Reidy
Route #1 - Box 328
Wiscasset, ME 04578
882-5542/5598

YARMOUTH (Cumberland)
Chief Richard Perry
Main Street
P.O. Box 445
Yarmouth, ME 04096
846-3333

YORK (York)
Chief N. Douglas Starbird
York Street
P.O. Box 9
York, ME 043909
363-4444

SHERIFF'S OFFICES

ANDROSCOGGIN

Sheriff Ronald Gagnon
2 Turner Street
P.O. Box 23
Auburn, ME 04210
784-7361

AROOSTOOK

Sheriff Edgar Wheeler
Corner of Military & School
P.O. Box 803
Houlton, ME 04730
532-3471

CUMBERLAND

Sheriff Martin Joyce
122 Federal Street
Portland, ME 04112
774-1444

FRANKLIN

Sheriff Ronald Durrell
RFD33 - Box 3160
Farmington, ME 04938
778-2680/3032

HANCOCK

Sheriff William Clark
60 State Street
P.O. Box 785
Ellsworth, ME 04605
667-7575

KENNEBEC

Sheriff Frank Hackett
18 Perham Street
Augusta, ME 04330
623-3591

KNOX

Sheriff Daniel Davey
7 Masonic Street
P.O. Box 703
Rockland, ME 04841
594-5656/596-6878

LINCOLN

Sheriff William C. Carter
P.O. Box 611
Lincoln County Jail
Wiscasset, ME 04578
882-7332

OXFORD

Sheriff Alton L. Howe
26 Western Avenue
P.O. Box 179
South Paris, ME 04281
743-8934

PENOBSCOT

Sheriff Ed Reynolds
85 Hammond Street
Bangor, ME 04401
947-4585

PISCATAQUIS

Sheriff Frank H. Murch
17 Court Street
Dover-Foxcroft, ME 04426
564-3304

SAGADAHOC

Sheriff Arthur E. Tainter
752 High Street
P.O. Box 246
Bath, ME 04530
443-9711

SOMERSET

Sheriff William T. Wright
P.O. Box 336
Skowhegan, ME 04976
474-9591

WALDO

Sheriff Stanley E. Knox
19 Congress Street
P.O. Box 264
Belfast, ME 04915
338-2040/2080

WASHINGTON

Sheriff Harold A. Prescott
Court Street
P.O. Box 312
Machias, ME 04654
255-3434

YORK

Sheriff C. Wesley Phinney, Jr.
R.R.#1
Box 64
Alfred, ME 04002
424-1111

DISTRICT ATTORNEYSDISTRICT I - (York County)

Gene Libby, D.A.
 York County Courthouse.....324-8001
 Alfred, Maine 04002

DISTRICT II - (Cumberland County)

Paul Aranson, D.A.
 Cumberland County Courthouse.....772-2838
 142 Federal Street
 Portland, Maine 04101

DISTRICT III - (Androscoggin, Franklin, Oxford Counties)

Janet T. Mills, D.A.
 Androscoggin County Courthouse.....784-1397
 Two Turner Street
 Auburn, Maine 04210

DISTRICT IV - (Kennebec, Somerset Counties)

David W. Crook, D.A.
 Kennebec County Courthouse.....623-1156
 State Street
 Augusta, Maine 04330

DISTRICT V - (Penobscot, Piscataquis Counties)

R. Christopher Almy, D.A.
 Penobscot County Courthouse.....942-8552
 97 Hammond Street
 Bangor, Maine 04401

DISTRICT VI - (Knox, Sagadahoc, Lincoln, Waldo Counties)

John R. Atwood, D.A.
 Knox County Courthouse.....594-2610
 62 Union Street
 Rockland, Maine 04841

DISTRICT VII - (Hancock, Washington Counties)

Michael E. Povich, D.A.
 Hancock County Courthouse.....667-4621
 60 State Street
 Ellsworth, Maine 04605

DISTRICT VIII - (Aroostook)

John D. McElwee, D.A.
 Aroostook County Courthouse.....498-2557
 240 Sweden Street
 Caribou, Maine 04736

MEDICAL SERVICES - Hospitals

AUGUSTA

K.V.M.C. 623-4711
 Augusta State 622-3751

BANGOR

Bangor State 947-6981
 E.M.M.C. 947-3711
 St. Joseph 947-8311
 James Taylor
 Osteopathic 942-5286

BAR HARBOR

Mount Desert Island 288-5081

BATH

Bath Memorial 443-5524

BELFAST

Waldo County
 General 338-2500

BIDDEFORD

Southern Maine 283-3663
 Medical Center

BLUE HILL

Blue Hill
 Memorial 374-2836

BOOTHBAY HARBOR

St. Andrews 633-2121

BRIDGTON

Northern Cumberland
 Memorial 647-8841

BRUNSWICK

Parkview Memorial 729-1641
 Regional Memorial 729-0181

CALAIS

Calais Regional 454-7521

CAMDEN

Camden Community 236-8381

CARIBOU

Cary Memorial 498-3111

CASTINE

Castine Community 326-4348

DAMARISCOTTA

Miles Memorial 563-1234

DEXTER

Plummer Memorial 924-7313

DOVER-FOXCROFT

Mayo Memorial 564-8401

EASTPORT

Eastport Memorial 853-2531

ELLSWORTH

Maine Coast Memorial 667-5311

FARMINGTON

Franklin County
 Memorial 778-6031

FORT FAIRFIELD

Community Hospital 472-3811

FORT KENT

Northern Maine
 Med. Center 834-3155

GARDINER

Gardiner General 582-4000

GREENVILLE JUNC.

Charles A. Dean
 Memorial 695-2223

HOULTON

Houlton Regional 532-9471

JACKMAN STATION

Marie Joseph 668-2691

LEWISTON

Central Maine Med.
 Center 795-0111
 St. Mary's Gen'l 786-2901

LINCOLN

Penobscot Valley 794-3321

<u>MACHIAS</u> Down East Comm.	255-3356	<u>SKOWHEGAN</u> Redington-Fairview General	474-5121
<u>MARS HILL</u> Aroostook Health Center	425-3871	<u>TOGUS</u> Veterans Adm. Center	623-8411
<u>MILLINOCKET</u> Millinocket Comm.	723-5161	<u>VAN BUREN</u> Van Buren Comm.	868-2796
<u>MILO</u> Milo Comm.	943-7363	<u>WATERVILLE</u> Mid-Maine Med. Center	872-1000
<u>NORWAY</u> Stephens Memorial	743-5933	Waterville Osteopathic	873-0731
<u>ORONO</u> Student Health Center	581-7511	<u>WESTBROOK</u> Westbrook Comm.	854-8464
<u>PITTSFIELD</u> Sebasticook Valley	487-5141	<u>YORK</u> York Hospital	363-4321
<u>PORTLAND</u> Maine Med. Ctr.	871-0111		
Mercy	774-1461		
Osteopathic Hosp. of Maine	774-3921		
Portland City	774-2623		
<u>POWNAI</u> Pineland	688-4811		
<u>PRESQUE ISLE</u> The Aroostook Medical Center	769-4000		
<u>ROCKLAND</u> Penobscot Bay Med. Center	594-9511		
<u>RUMFORD</u> Rumford Comm.	364-4581		
<u>SANFORD</u> Henrietta D. Goodall	324-4310		

ANDROSCOGGIN COUNTY

AUBURN - Dillingham 784-6449
 Plummer & Merrill 783-8545
 LEWISTON - Albert & Burpee 782-7201
 Allied Medical 783-2266
 Fahey 782-8221
 Fortin 784-4584
 Pinette 784-4023
 Teague-Finley 782-5631
 LISBON FALLS - Crossman 353-4951
 LIVERMORE FALLS - L.B. Brown 897-3588
 O'Donnell 897-3456
 MECHANIC FALLS - Raymond 345-5691

AROOSTOOK COUNTY

ASHLAND - Stimson 834-3176
 CARIBOU - Lancaster-Morgan 492-2171
 Mockler 492-9385
 FORT FAIRFIELD - Dorsey 472-4731
 FORT KENT - Daigle 834-3176
 HOULTON - Dunn 532-7403
 ISLAND FALLS - Bowers 365-4262
 MADAWASKA - Daigle 728-4333
 MARS HILL - Duncan 425-5711
 PRESQUE ISLE - Graves 764-0625
 Wight & Son 768-8771
 SHERMAN MILLS - Bowers 365-4262
 ST. AGATHA - Michaud 543-6666
 VAN BUREN - Thibeault 868-2794

CUMBERLAND COUNTY

BRIDGTON - Raymond 647-5502
 BRUNSWICK - Brackett 725-5511
 Demers 725-4381
 Stetson 725-4341
 CASCO - Hall 627-4538
 FREEPORT - Lindquist 846-4011
 GORHAM - Neal & York 839-3221
 GRAY - Wilson 657-3204
 PORTLAND - Conroy-Tully 773-6511
 Hay & Peabody 772-5463
 Jones, Rich, Hutchins 775-3763
 SOUTH PORTLAND - Hobbs 799-4472
 SOUTH WINDHAM - Dolby 892-6342
 WESTBROOK - Blais 854-2341
 Chase 854-4301
 Hay 854-2581
 WEST SCARBORO - Hay & Peabody 883-2887
 YARMOUTH - Lindquist 846-4011

FRANKLIN COUNTY

FARMINGTON - Adams 778-3350
 Keegan 778-6365
 KINGFIELD - Edwards 696-3961
 PHILLIPS - Adams 778-3350
 RANGELEY - Thibault 864-3384
 WILTON - Edwards-Wiles 645-2033

HANCOCK COUNTY

BAR HARBOR - McFarland 288-3731
 BLUE HILL - Healey 374-2144
 BUCKSPORT - Mitchell & Tweedie 469-3177
 ELLSWORTH - Bragdon 667-8325
 Jordan 667-2521
 MT. DESERT - Fernald 244-3183
 STONINGTON - Bragdon 367-2233

KENNEBEC COUNTY

AUGUSTA - Knowlton & Hewins 623-8722
 Plummer 622-9311
 CLINTON - Redington 426-3011
 GARDINER - Amesbury-White 582-6252
 Staples 582-3102
 HALLOWELL - Knowlton & Hewin 622-0021
 MONMOUTH - Bragdon-Flanders 933-4444
 OAKLAND - Wheeler 465-3011
 WATERVILLE - Gallant 873-3393
 Redington 873-3611
 Veilleux 872-7676
 WINDSOR - Gray 445-2076
 WINSLOW - Redington 873-3611
 WINTHROP - Roberts 377-8696

KNOX COUNTY

CAMDEN - Laite 236-3365
 ROCKLAND - Burpee 594-4212
 Carpenter 596-6474
 THOMASTON - Davis 354-6475

LINCOLN COUNTY

BOOTHBAY HARBOR - Simmons & Harrington 633-2171
 DAMARISCOTTA - Strong 563-3550
 WALDOBORO - Hall 832-5541
 WISCASSET - Mid Coast 882-7350

OXFORD COUNTY

BETHEL - Greenleaf 824-2100
 BUCKFIELD - Andrews 336-2121
 DIXFIELD - Hawthorne 562-7211
 FRYEBURG - Wood 935-2325
 MEXICO - Hawthorne 364-3753
 NORWAY - Raymond 743-2561
 RUMFORD - Meader & Son 364-4545
 Thibault 364-4366
 SOUTH PARIS - Raymond 743-8402
 WEST PARIS - Andrews 674-2846

FUNERAL HOMES - Page 2PENOBSCOT COUNTY

BANGOR - Brookings-Smith	942-8815
Clark-Mitchell	942-0392
Crowe	942-1543
Greenlawn	947-7870
BREWER - Harvard Clark	989-7970
Kiley	989-3311
Philip Piper	989-5142
CARMEL - Harvey's	848-5521
CORINNA - Crosby	278-2262
Thompson	285-3377
DEXTER - Crosby	924-6890
EAST CORINTH - Thompson	285-3377
EAST MILLINOCKET - Dowd	746-3817
HAMPDEN - Hampden F.H.	862-3660
LINCOLN - Barton	794-2941
Clay	794-2941
MILLINOCKET - Dowd	723-4000
Bouchard-Wyse	723-5511
NEWPORT - Brown	368-5380
Crosby	368-4331
OLD TOWN - Baillargeon	827-7752
ORONO - Joseph LaBeau	866-2550
PATTEN - Bowers	365-4262

PISCATAQUIS COUNTY

DOVER FOXCROFT - Lary	564-3391
GREENVILLE - Harvey	695-2212
GUILFORD - Neal	876-3388
MILO - Lary	943-2231

SAGadahoc COUNTY

BATH - Curtis & Hill	443-3675
Desmond	443-4567
Mayo & Son	443-3061
RICHMOND - Richmond Memorial	737-4395

SOMERSET COUNTY

BINGHAM - Giberson	672-5563
FAIRFIELD - Lawry	453-6049
HARTLAND - Donald Shorey	487-5106
MADISON - Edwards	696-3961
NORRIDGEWOCK - Nelson Smart	634-3691
NORTH ANSON - Partridge	635-2186
PITTSFIELD - Donald Shorey	487-5106
SKOWHEGAN - Edwards	474-3500
Smart	474-3357

WALDO COUNTY

BELFAST - Coombs	338-1040
Rackliffe	338-1050
SEARSPORT - Young's	548-2545
UNITY - Lawry	948-6282
WINTERPORT - Foley	223-5533

WASHINGTON COUNTY

CALAIS - Scholl	454-3101
Scott-Wilson	454-3141
CERRYFIELD - Campbell	546-2515
DANFORTH - Bartlett	448-2322
EASTPORT - Flagg	853-4240
JONESPORT - Miller	497-5524
MACHIAS - Gardner	255-3985
MILBRIDGE - Warren	546-2435

YORK COUNTY

BERWICK - Laing	698-1105
BIDDEFORD - Bolduc	284-8870
Cosgrove	284-6021
Emond & Conroy	282-1818
Sansoucy & Blais	283-3653
KENNEBUNK - Bibber	985-2752
KENNEBUNKPORT - Bibber	967-2381
KEZAR FALLS - Neal & York	625-4614
KITTERY - James Earle & Sons	439-1667
Wilson	439-0608
LIMERICK - Dockendorff	793-8675
NORTH BERWICK - Johnson	676-2622
OLD ORCHARD BEACH - Old Orchard	934-2698
SACO - Cote	284-4464
Dennett & Craig	282-0562
Shumway-Gross	284-5611
SANFORD - LaFrance-Boisvert	324-3090
Sanford	324-5252
SOUTH BERWICK - McIntire & McCooey	384-2373
SPRINGVALE - Heald	324-4104
YORK - Lucas & Eaton	363-3531

PATHOLOGISTS

	Benziger, John, MD	MMMC, Waterville	873-0621
	Blackburn, Nelson, MD	Bath Mem. Hospital, Bath	443-5524
	Bryant, Ronald, MD	EMMC, Bangor	947-3711
*	Chapman, Frank, MD	EMMC, Bangor	947-3711
	Charland, Wayne, MD	Pen Bay, Rockland	594-9511
*	Chase, George, MD	EMMC, Bangor	945-7616
*	Chowning, John, MD	MMMC, Waterville	873-0621
*	Dahl, Bernhoff, MD	EMMC, Bangor	947-3711
+	Dorfman, Irving, MD	Goodall Hospital, Sanford	324-4310
	Fanning, Joseph, MD	MMC, Portland	871-2843
	Fichthorn, Joseph, MD	Redington-Fairview, Skowhegan	474-5121
	Ginn, Fred, MD	MMC, Portland	871-2843
	Gross, Irwin, MD	EMMC, Bangor	947-3711
+	Halladjian, Hagop, MD	Rumford Comm. Hospital	364-4581
+	Haq, Badi, MD	Webber Hospital, Biddeford	283-3663
	Hayes, James, MD	KVMC, Augusta	623-4711
*	Houle, Joseph, MD	Franklin Co. Mem., Farmington	778-6031
	Howard, Donald, MD	MMC, Portland	871-2724
	Kaiser, John, MD	EMMC, Bangor	947-3711
*	Kindig, Warren, MD	KVMC, Augusta	623-4711
+	Leck, Richard, MD	Bath Mem. Hospital, Bath	443-5524
	Luke, Robert, MD	MMC, Portland	871-2843
*	Malvesta, Robert, MD	EMMC, Bangor	947-3711
*	Mann, Bernard, MD	Lincolville Beach	789-5756
+	Manning, Charles, MD	Bath Mem. Hospital, Bath	443-5524
	Miller, Waldo, DO	Taylor Osteopathic, Bangor	942-5286
	Nishiyama, Ronald, MD	MMC, Portland	871-2843
+	Novak, Dennis, MD	CMMC, Lewiston	795-2429
	O'Callaghan, Terence, MD	EMMC, Bangor	947-3711
*	O'Keefe, Thomas, MD	AMC, Presque Isle	768-4209
+	Opredek, John, MD	MMMC, Waterville	873-0621
	Pailoor, Sharade, MD	Webber Hospital, Biddeford	283-3663
+	Phaneuf, Gerald, MD	CMMC, Lewiston	795-2357
	Porensky, Richard, MD	MMC, Portland	871-2886
	Rice, John, MD	Mercy Hospital, Portland	774-1461
*	Roberts, Lloyd, MD	Pen-Bay, Rockland	594-9511
*	Roe, Joseph, MD	AMC, Presque Isle	769-2511
*	Roy, Ronald, MD	DCME, Augusta	289-2993
*	Ryan, Henry F., MD	CME, Augusta	289-2993
*	Sodhi, Harbans, MD	Stephens Mem., Norway	743-5933
+	Solander, Allen, MD	St. Mary's, Lewiston	786-2901
	Stocks, Joseph, MD	MMC, Portland	871-2707
*	Sweeney, James, MD	KVMC, Augusta	623-4711
	Taxiarchis, Louis, MD	MMC, Portland	871-2843
	Taylor, Richard, MD	Redington-Fairview, Skowhegan	474-5121
+	Tucker, Donald, MD	Goodall Hospital, Sanford	324-4310
	VanDerburgh, Arthur, DO	Osteopathic Hospital, Portland	774-3921
*	Wakana, Minoru, MD	Cary Mem. Hospital, Caribou	498-3111
+	Wakefield, Robert, MD	Auburn	783-2464
	Wilhoite, Robert, MD	Mercy Hospital, Portland	774-1461
	Wlodarski, Fred, MD	EMMC, Bangor	947-3711
	Wongchaowart, Boonleing, MD	Cary Mem. Hospital, Caribou	498-3131

* = Medical Examiner

+ = Do not use for autopsies

FEDERAL AVIATION EXAMINERS

(authorized as aircraft accident investigators)

ANDROSCOGGIN

Cummings, Paul, M.D.	Lewiston	784-9176
Eule, Mark, M.D.	Lewiston	784-7321
Wolf, Kenneth, M.D.	Lewiston	784-6466

AROOSTOOK COUNTY

Higgins, George, M.D.	Presque Isle	762-0452
Noble, Donald, M.D.	Madawaska	834-6122
* White, Leland, M.D.	Caribou	496-8181
Williams, Edward, M.D.	Houlton	532-6080
Young, Craig, M.D.	Presque Isle	764-0376

CUMBERLAND COUNTY

Clark, Paul, M.D.	Portland	773-1220
Cucco, Luigi, D.O.	Standish	642-3441
Miller, Buell, M.D.	S. Portland	774-5941
Norzow, Alex, M.D.	Brunswick	729-0169
* Penta, Walter, M.D.	Portland	772-8935
* Vander Putten, Carl, D.O.	Gray	657-4923

FRANKLIN COUNTY

* Sharp, Page, M.D.	Rangeley	864-2231
---------------------	----------	----------

HANCOCK COUNTY

Serpell, Barry, M.D.	Northeast Harbor	276-3331
Williams, Larry, M.D.	Orland	469-3959

KENNEBEC COUNTY

* Amalfitano, Albert, D.O.	Waterville	873-0644
* Barron, Richard, M.D.	Winthrop	377-2111
Leadley, Peter, M.D.	Manchester	622-9368
Shaw, John, M.D.	Augusta	623-4586

KNOX COUNTY

Gluck, Charles, M.D.	Rockland	594-2609
----------------------	----------	----------

LINCOLN COUNTY

* Long, Douglas, M.D.	Boothbay Harbor	633-2538
* Sheldon, Frank, M.D.	Bath	443-4010
	Wiscasset	882-5400

OXFORD COUNTY

Hamilton, Kenneth, M.D.	Norway	743-8304
-------------------------	--------	----------

PENOBSCOT COUNTY

* Atkins, Henry, M.D.	Bangor	947-0768
Densmore, Margaret, M.D.	Bangor	947-3341

PISCATAQUIS COUNTY

* Fichtner, Paul, M.D.	Greenville	695-2223
------------------------	------------	----------

SAGADAHOC COUNTY

Hill, David, M.D.	Bath	443-6211
-------------------	------	----------

SOMERSET COUNTY

* Dow, John, M.D.	Pittsfield	487-3331
Suske, Chester, D.O.	Fairfield	453-7790
* Sy, Vincente, M.D.	Skowhegan	474-5106

WALDO COUNTY

* Aldrich, Harrison, D.O.	Unity	948-3815
---------------------------	-------	----------

WASHINGTON COUNTY

Gladnick, Marshall, M.D.	Calais	454-3772
--------------------------	--------	----------

* = Maine Medical Examiners

UNDERSTANDING REGARDING TRANSPORT OF BODIES

(Amended 1 February, 1982)

Introduction

Funeral homes, livery services and other agencies are frequently called upon to transport bodies that must be certified as medical examiner cases. In general such removals are the responsibility of the person handling the burial arrangements, usually a member of the family, and must be performed whether the case is medical examiner or not. Often, the removal is requested by a medical examiner or police officer in the absence of the next of kin or before the next of kin can be located and consulted. This does not change the fundamental principle that the state does not pay for removal services that would have to be performed anyway. However, on occasion, the medical examiner must have the body transported some distance for an autopsy far out of the local area for autopsy or the funeral home is used for an autopsy. These are services provided to the state and can be billed to the state as per the following guidelines. Upon accepting the body for transport the funeral home or other person or agency agrees to the following.

I Invoice Date

All invoices must include:

- a) Name and address of vendor of service.
- b) Date of service and date of billing.
- c) Name of person transported.
- d) Place transported from and to.
- e) Mileage for trip.
- f) Additional fees of any as authorized in the following.
- g) Name of medical examiner responsible for case.

Address all invoices to Office of Chief Medical Examiner, State House Station #37, Augusta, Maine 04333. Do not bill to Dr. Henry Ryan.

II Body From Scene For Autopsy

In instances where, for the purpose of a medical legal autopsy the body is moved from the scene of death to a hospital or other place for autopsy the Chief Medical Examiner's Office will pay for the removal at the rate of \$1.25 per loaded mile for the entire trip from the scene and return trip to the funeral parlor of the family's choice up to the mileage equal to the distance of the trip from the scene provided that the funeral home of choice is not farther from the scene than the place of autopsy in the same direction. In such a case the removal from the hospital or place of autopsy would have been a shorter trip than removal from the place of death and will not be reimbursed by the State. No reimbursement will be made by the Chief Medical Examiner's Office if the place of autopsy is the nearest available facility for temporary storage of the remains.

III Body From Funeral Parlor for Autopsy

The Chief Medical Examiner's Office will pay for removal and return of a body when it is taken from the funeral home of the family's choice to a hospital for autopsy or between hospitals for autopsy. The rate for such reimbursement will be \$30 for the first 20 miles or fraction thereof and \$1.25 per loaded mile beyond 20 miles. Waiting time is reimbursed at \$5.00 per hour.

IV More Than One Body At Scene

The fees outlined in II and III above apply to the transportation of up to and including three bodies in multiple death incidents. An additional fee is paid for every three bodies beyond the first three in the same amount unless all bodies are moved in one vehicle.

V Autopsy At Funeral Parlor

The Chief Medical Examiner's Office will pay \$60 per case to the funeral home for the use of its facilities and help of its staff for an autopsy performed at the funeral home and \$30 per case for the use of the funeral home without assistance from its staff.

VI Examination Other Than Complete Autopsy

The Chief Medical Examiner's Office will pay for the use of the funeral home facilities for an autopsy but not for mere examination of the body externally. Such "external" examination may include toxicology sample procurement, dental examination or fingerprinting as well as other limited procedures.

VII Other Fees

No other fees are authorized. The Chief Medical Examiner's Office does not pay specific additional expenses - such as tow truck for stuck hearse, dry cleaning of clothing soiled in removal, use of equipment to extract and transport the body (e.g. body bags, etc.) as these are felt to be included in the standard rates.

VIII Rates are as of Date of Removal

Reimbursement is made on the basis of the rates prevailing at the time of the removal.

IX Removal Without Authorization

The Chief Medical Examiner's Office does not pay for expenses incurred as a result of the removal of a body to a distant location by a funeral home prior to its release by the medical examiner.

X Unclaimed Remains

The Chief Medical Examiner's Office does not pay for expenses relating to unclaimed bodies beyond those specifically provided for herein.

XI Invoices Paid as Submitted

The Chief Medical Examiner's Office will pay invoices submitted for amounts less than the standard rate. It will be assumed that full payment of same will cancel the debt without later recourse to a higher amount at the standard rate.

XII Rates Inclusive of Services of Other Parties

Unless agreed upon by prior arrangements, all personnel and subcontractor costs will be assumed by the responsible funeral director and only he or his firm will be reimbursed according to the rates herein contained.

XIII Timely Submission of Invoices

All invoices must be received within 90 days of the date upon which the beginning of the service was rendered for each case.

XIV Persons, Agencies and Firms Other Than Funeral Directors

Ambulances, persons, and firms other than funeral directors, providing services as included in the rate schedule will be considered in the same light as funeral directors.

XV Services Must be Authorized by Medical Examiner

Only removals authorized by a medical examiner can be billed to the State.

XVI Removal Supposes Acceptance of Terms

The acceptance of the body for services as outlined in the fee schedule and the rendering of these services shall constitute proof that the rates and rules herein contained are acceptable to the party rendering the service.

XVII Other Contracts

Nothing in the foregoing or in the rate schedule shall preclude the State Medical Examiner's Office from entering into an agreement prior to the service being rendered stipulating different arrangements on rates.

Appendix I

Forensic Science Seminar August 1981

GUNSHOT WOUNDS - REVIEW

INTRODUCTION:

The topic, Gunshot Wounds, is extremely important to medical examiners and death due to same typically exceeds all other single causation categories in rural systems, except natural and motor vehicle accidents. A complete course, even at an intermediate level, customarily takes about three to five hours. This review will not attempt to be exhaustive but will stress what is expected of the medical examiner rather than the details of the appearance of wounds.

When confronted with a gunshot wound, the medical examiner is expected to:

DESCRIBE THE WOUND:

The description might be narrative, diagramatic or both. The description should include:

- 1) Location - both distance from the heel and from local anatomic land marks.
- 2) Shape - round, oval, stellate, slit shaped, scalloped, etc.
- 3) Size - dimensions.
4. Features - Heat change - charring of edges or deep tissues.
 - Bullet wipe - grey stain from sides of bullet including lead, grease and debris carried from the barrel.
 - Abrasion - From bullet, barrel, intermediate target.
 - Stippling - Embedded powder grains, unburnt or partially burnt and burns from powder completely burnt. Describe spread dimensions and density. Does not wash off when wound is cleaned.
 - Powder grains - Present on surface
 - Soot - smoke - fine gray stain easily wiped off
 - Spread of pellets - Measurements.
 - Internal Contaminants - From intermediate targets and parts of projectile package - wadding, jacket etc

POINTS OF INFORMATION REQUIRED OF THE MEDICAL EXAMINER:

- 1) Projectile Size & Type - be very careful not to be too precise. Skin stretches; wounds vary in size with other factors.
- 2) Projectile Velocity - estimate of high versus low; not precise.
- 3) Entrance Wound(s) - number and location.
- 4) Exit Wound(s) - number and location - with above, determines minimum number of shots fired and whether to look for bullets at scene.
- 5) Track Through Body - Angles in three planes and organs passed through. Do not probe!
- 6) Distance of Wound from Barrel - Rough estimate, tight contact, loose contact, close, distant. Watch for filter effect of intermediate target especially clothing.
- 7) Life Span after Shot - Could person move under own steam?

It is very surprising how much a fatally wounded person can do before dying.

- 8) Could Wound be Self-inflicted? If so, that does not mean that it was.

OTHER RESPONSIBILITIES:

- 1) Recover Projectile - Core, jacket, wadding, fragments, parts of intermediate targets.
- 2) Order X-Rays - may suffice rather than autopsy. Good idea even if an autopsy is contemplated.
- 3) Order Autopsy

CAUTIONS:

- 1) Beware of so-called "experts" who have had great experience with guns. Many physicians know little about guns but many officers, hunters, etc. know a great deal about guns but little about wounds. Be careful of "experts" who do not have actual experience with wounds.
- 2) Bullet wounds show myriad variations - refer to a good text or a consultant for difficult interpretations or unusual wounds.
- 3) Do not assume "instant" death even with serious wounds including through and through wounds of the head, unless the brain is clearly destroyed.

4) The examination is not complete and the wound cannot be described until the wound is washed free of blood.* Of course, if an autopsy is to follow and the matter is not critical, the washing of the wound can be deferred until the autopsy. Soot can be removed by such washing but not powder stippling. *Also shave hair at wound.

5) Do not confuse entrance with exit and vice versa. It may be extremely difficult to distinguish especially in decomposed bodies and full autopsy and expert review may be needed. The wounds can be dissected out and put in formalin or embalming fluid for further study if necessary. At least a hand lens but still better a dissecting microscope should be used for examination.

6) Internal ricochets are infrequent except under certain circumstances. They are much over-diagnosed by the novice.

7) Do not neglect the clothing. Clothing may be more valuable to your assessment of the incident than the skin. If the body has been undressed before you see it, you should insist upon seeing the clothing. You have a serious responsibility that cannot be put off onto others and fear of offending or inconveniencing the police should not prevent a thorough examination. You will be more respected in the long run for such interest.

8) Examine the weapon. Again, it may be that the police have removed it but you should see it and note blood on or in barrel, inquire number of shots fired and have type of weapon and ammunition identified to you. In the long run you will acquire increasing knowledge of weapons only if you see them and inquire about them.

9) Examine other parts of body such as hands for back spatter of blood. Such evidence may be altered by movement of the body and you can't rely upon the pathologist later seeing a true picture. Hands may be bagged. Residues can be tested for chemically.

10) Beware of slit shaped exit wounds. They are a sign of low velocity and the bullet in such cases often does not exit the clothing. It may be lost as the body is moved unless this is realized. Further, in bare areas, the bullet may well be close by at the scene and is worth looking for.

11) Beware of decomposed bodies. Bullet wounds are difficult to see and if the flesh is badly destroyed the bullet may fall out unnoticed as the body is moved.

12) Beware of being too precise about caliber even upon examining the projectile and beware of precise distance determinations from stippling spread. Variations with ammunition, weapons, type of powder and contour of target make precision very difficult.

13) In general beware of being too certain.

14) Treat all gunshot wounds in which the deceased did not fire the weapon as homicides unless otherwise proven. No case is more often resurrected for review of possible criminal nature than the "accidental" gunshot wound.

TYPICAL DESCRIPTION:

External: Lesion #6 There is a bullet wound of entrance in the right upper chest, 4.5 inches above the heel, two inches lateral to the mid line and an inch above the center of the right nipple. The central perforation is oval with the long axis measuring 7mm oriented transversely and the short axis measuring 4 mm. There is a crescent shaped zone of abrasion extending due lateral from the central perforation. The abrasion is dried dark and progressively deeper toward the central cavity. This abrasion measures 6 mm in greatest width. The skin is undermined medially. The edges of the wound show no bullet wipe. A very thin, less than a millimeter to barely perceptible zone of abrasion continues almost circumferentially, but is absent from the medial edge. There are no heat changes of the edges of the wound or deep tissue visible in the wound. Soot is not seen on the skin and there is no evidence of stippling. Examination with the hand lens shows no powder grains on the skin.

Examination of a brown leather jacket shows a perforation in the upper right side anterior, 2 inches below the collar and 3 inches to the right of the front right edge. The perforation is oval with the long axis transverse measuring about 9 mm by 6 mm with slight scraping along the lateral margin. There is an eccentric zone of greyish discoloration chiefly to the right of the central perforation but extending a bit along the perforation margins. This easily wipes off the garment. The total area covered by this discoloration is about 3 cm by 2.8 cm. Close inspection of the area of perforation shows that there are some small burns, pinpoint in size, clustering most densely about the lateral aspect of the central perforation. The dense area is about 1 cm but stippling is seen up to 3 cm. away from the central perforation. With the hand lens fine flakes of gray material are seen free but also associated with these defects of the jacket. On the superior edge of the central perforation a somewhat glistening greyish area of soiling is seen.

Internal: The track begins at the wound of entrance (Lesion #6 on the external description) and passes through the anterior chest wall between ribs three and four, not apparently touching the bones themselves but passing entirely through the intercostal space causing an elongated tear surrounded by hemorrhage. The track continues through the upper lobe of the right lung ending at the medial margin. It is surrounded by hemorrhage. The track continues through the mediastinum with laceration of the aorta, ascending portion, a cm. above the heart, and through the left lung lower portion of the upper lobe with tearing of major vessels to end behind the seventh rib in the posterior lateral chest after fracturing the seventh rib. The bullet is recovered under the previously described area of hemorrhage and swelling of the left side of the back, lesion #2, by an incision through the skin. The

projectile recovered is an approximately 32 caliber lead projectile slightly distorted on the nose and is given immediately to Sgt. Sherlock Holmes of the Maine State Police.

The track is from right to left, from anterior to posterior at approximately a 30° angle and approximately in the transverse plane. The length of the track in the body is about 11 inches.

After making such detailed description of the clothing, external and internal appearances of the bullet wound and track, it is wise to summarize the findings:

Bullet wound of right upper chest, through right lung upper lobe, lacerating aorta and passing through left lung upper lobe to end in left lateral back behind seventh rib.

Direction: Right to left, front to back at about 30° angle and approximately along the transverse plane. (Lesion #6 to Lesion #2).

Projectile recovered: Approximately 32 caliber lead, slightly distorted, given to Sgt. Holmes at autopsy.

Distance - close shot with soot and powder residue and stippling on clothing.

Of course, without an autopsy the specifics of the internal track are not available but the rest of the information is. Lesion numbering is arbitrary and the exit may be a smaller number than the entrance. For multiple tracts they can also be numbered separately from the lesion numbers used on external or designated by letters or roman numerals.

For the cause of death it may be stated as: "Bullet wound of chest with hemorrhage and shock." Some like to include the mentioned terminal mechanisms and others leave them out. Occasionally one is asked in court to explain why the person died of the bullet wound and the hemorrhage and shock covers that.

A diagram may be helpful and need not be a work of art or precisely to scale.