

37DART

is the Activity Code

Saturday, November 2, 2024 | 11:15 AM - 12:15 PM
IOSME Update


[Sign-In to Get Attendance](#)

Go to www.eeds.com > Click the 'Sign-In'
Button > Enter the Code

Scan this QR Code



The Activity Code will Expire on Sunday, November 3, 2024 at 11:15 AM



Iowa Office of the State Medical Examiner Update 2024

DENNIS KLEIN M.D.

Disclosure

- ▶ I have no financial relationships to disclose pertaining to the following presentation

Mission Goals



- ▶ Conduct High Quality and Professional medical legal death investigations
- ▶ Provide and Protect credible and useful information
- ▶ Serve the public ethically and compassionately

Performance



Certificate of Death
MORTEM OBIRE MOMENTO MORI

CAUSE OF DEATH

LOCATION

NAME _____

DATE _____

SIGNED ACKNOWLEDGEMENTS
LEGALLY BINDING

DM/ GM NAME _____

PLAYER NAME _____

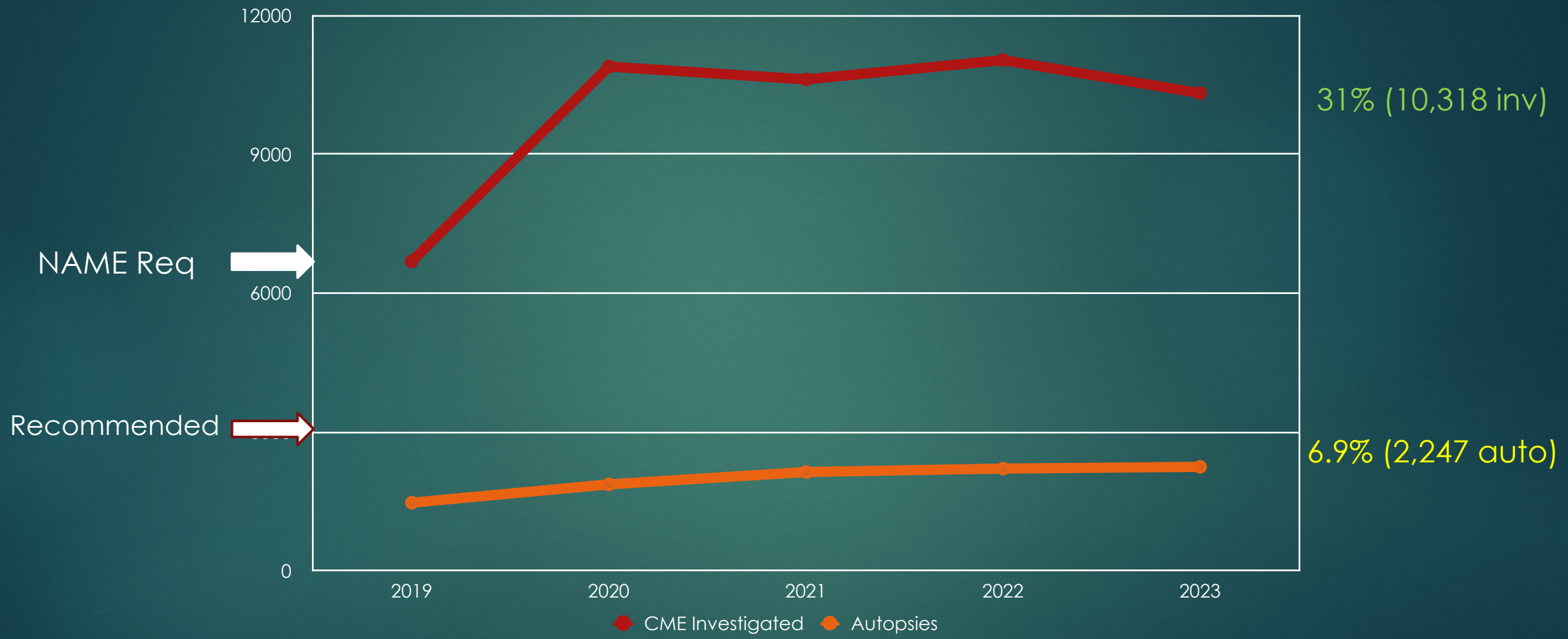


Population= 3.1 Million
Deaths (2023)= 32,335

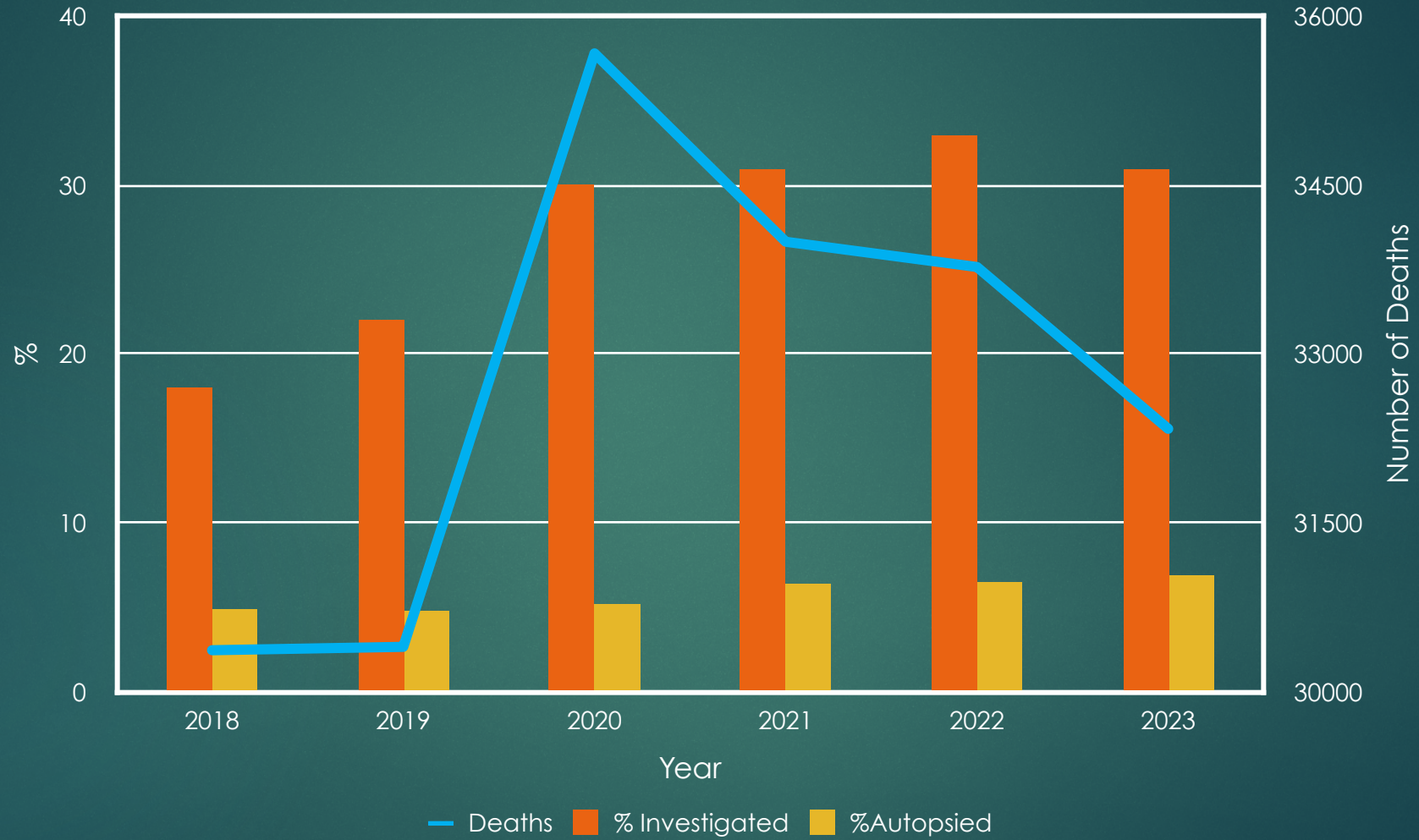


Required: 20% of deaths reported to ME
Recommend: 8-10% of deaths autopsied

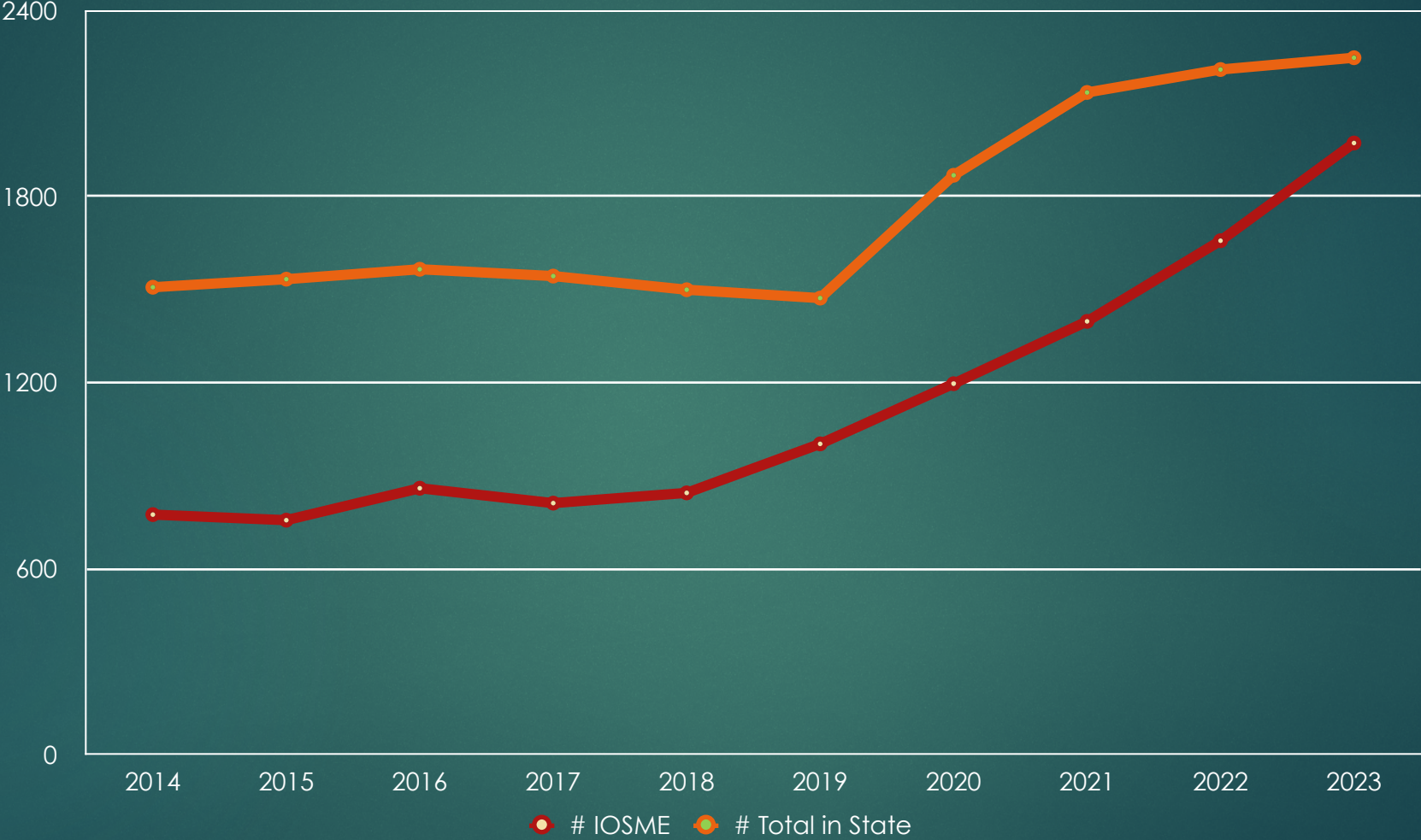
Statewide Cases Investigated and Autopsied



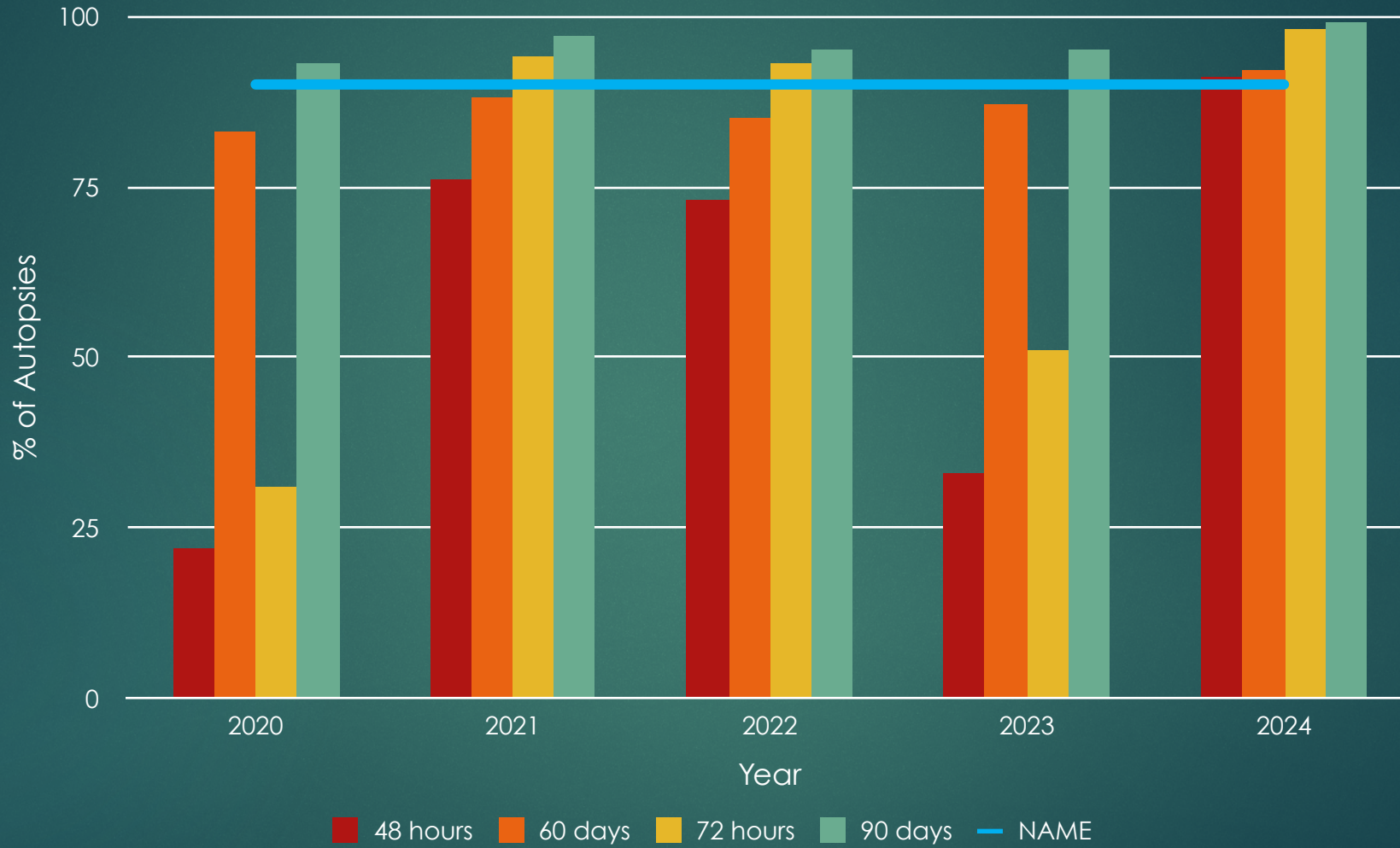
Total Deaths, % Investigated and % Autopsied



Autopsies Performed at IOSME and Total in State



IOSME Performance Measures



Phase 1 requirement

Phase 2 requirement

HOMICIDES

YEAR	Total cases	% Autopsied
2022	95	100
2023	100	99

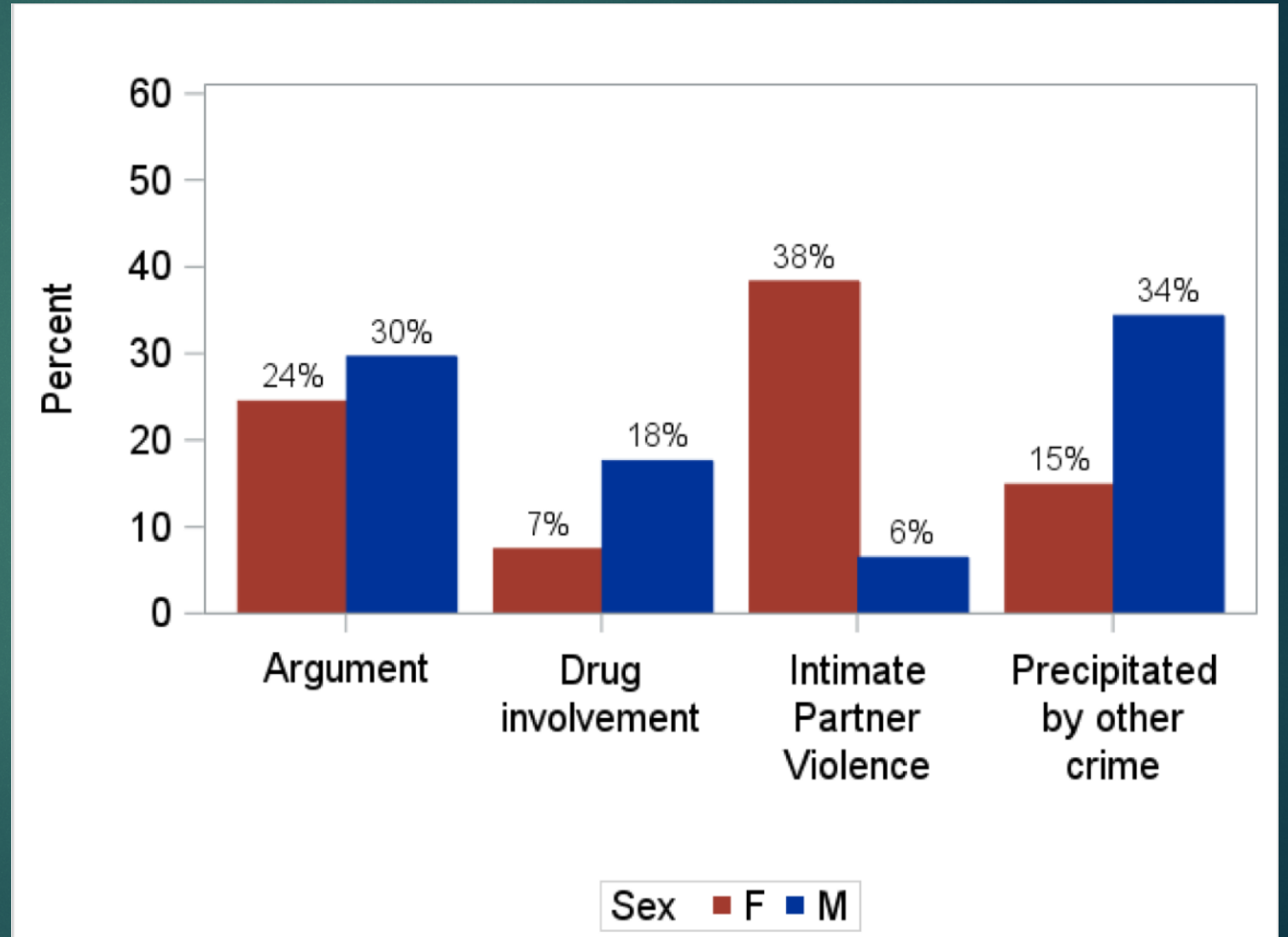
SUICIDES

Year	Total cases	% Autopsied
2022	591	69
2023	506	81

Homicides in Iowa

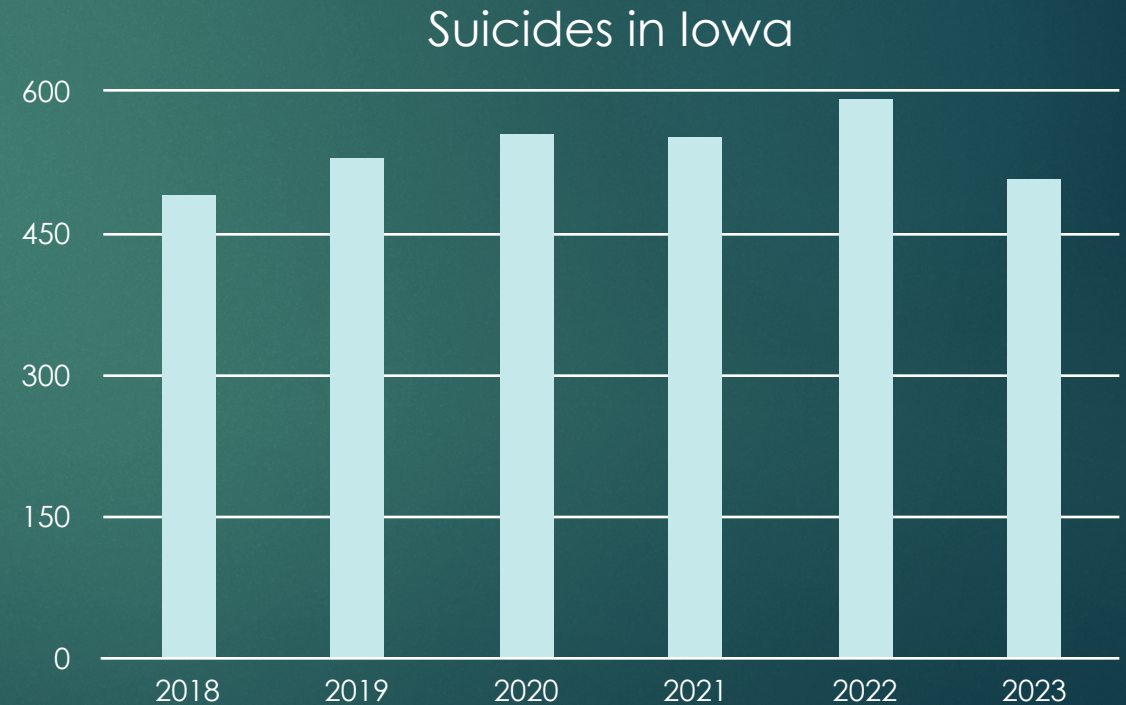
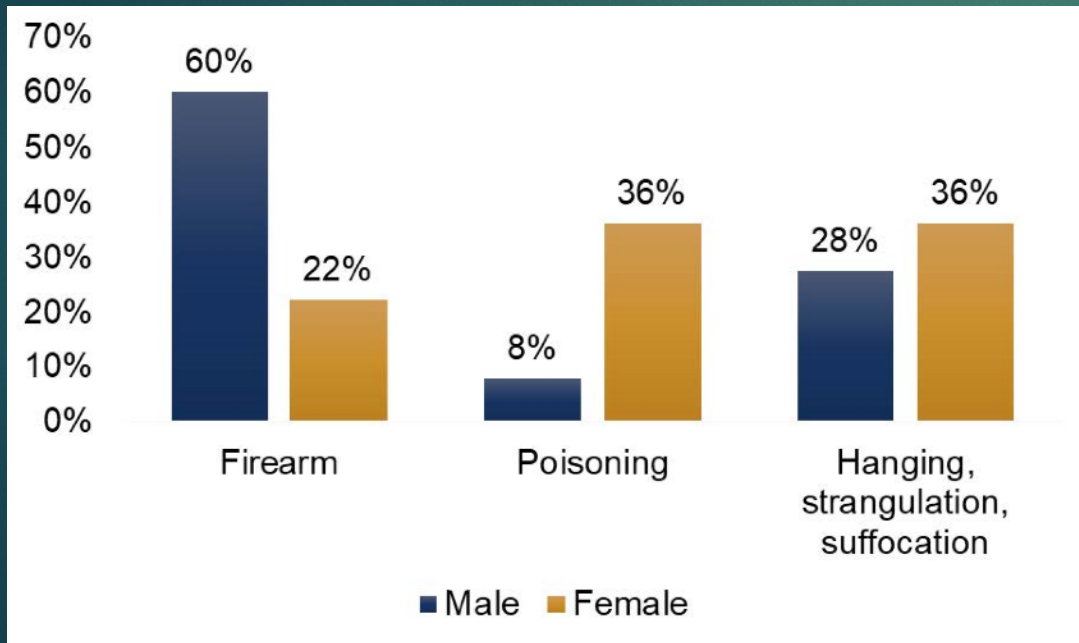
Causes:

- ▶ **Firearm (73%)**
- ▶ Sharp force (12%)
- ▶ Suffocation (6%)
- ▶ Fire/Blunt force (2%)

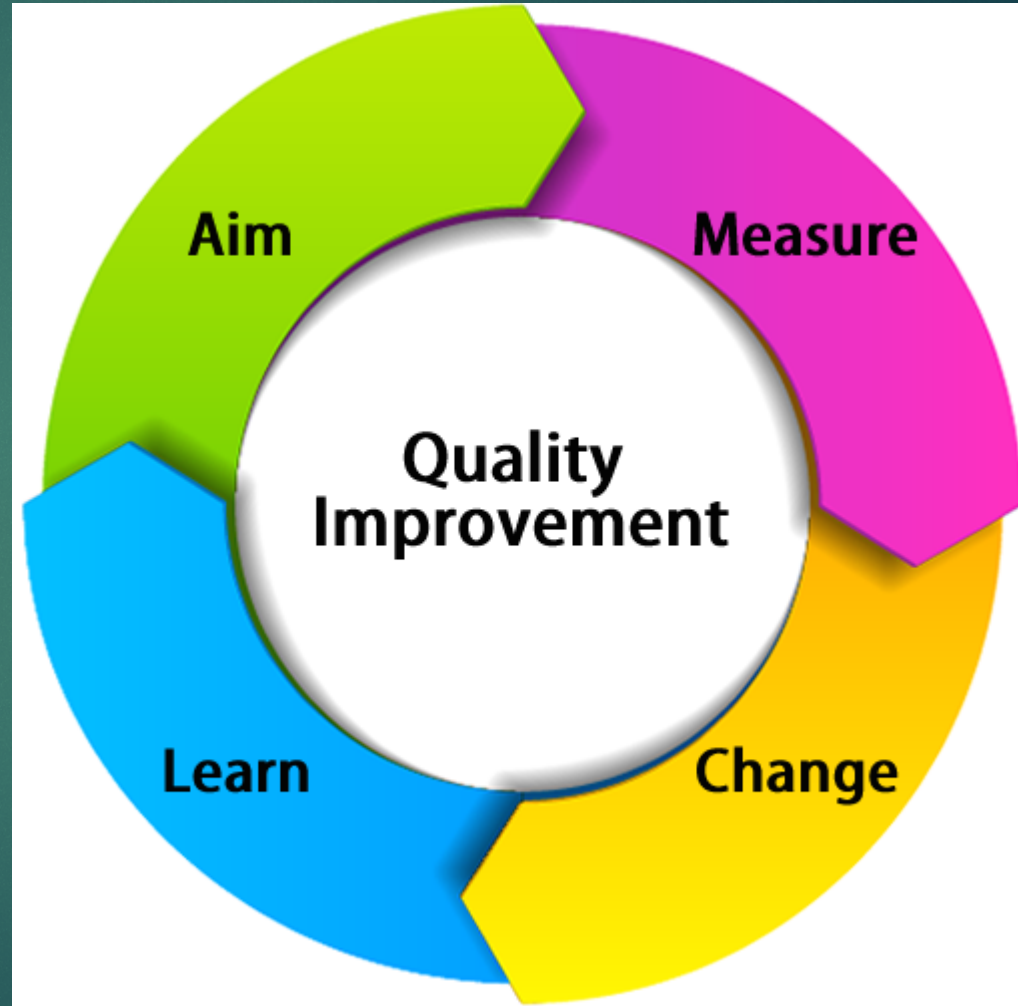


Suicides

- ▶ Suicides account for 78% of violent deaths in Iowa (IAVDRS)
- ▶ Iowa has higher than national average rate (17 vs 14 per 100,000)



Provide and Protect credible and useful information



Improve Quality of Drug Death Investigations

NAME Standards for Drug Deaths:

The forensic pathologist shall perform a forensic autopsy when:

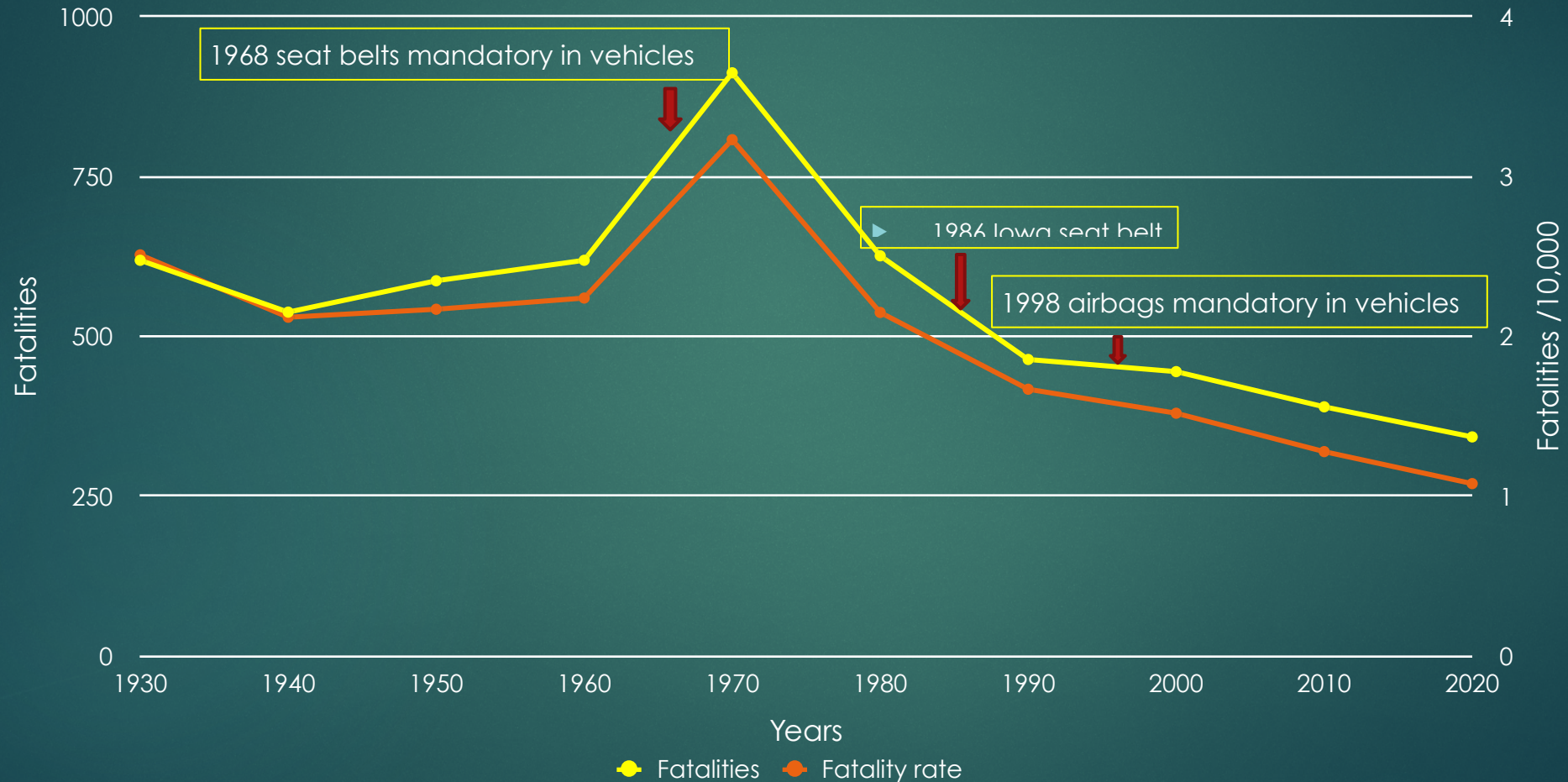
- ▶ the death is by apparent intoxication by alcohol, drugs, or poison, unless a significant interval has passed, and the medical findings and absence of trauma are well documented.

▶ WHY?

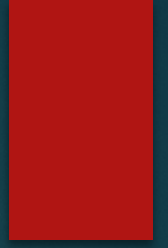
- ▶ Interpretation
- ▶ Prosecution
- ▶ Sentinel novel drugs

Vehicle Fatalities

Iowa Motor Vehicle Crash History 1930-2020



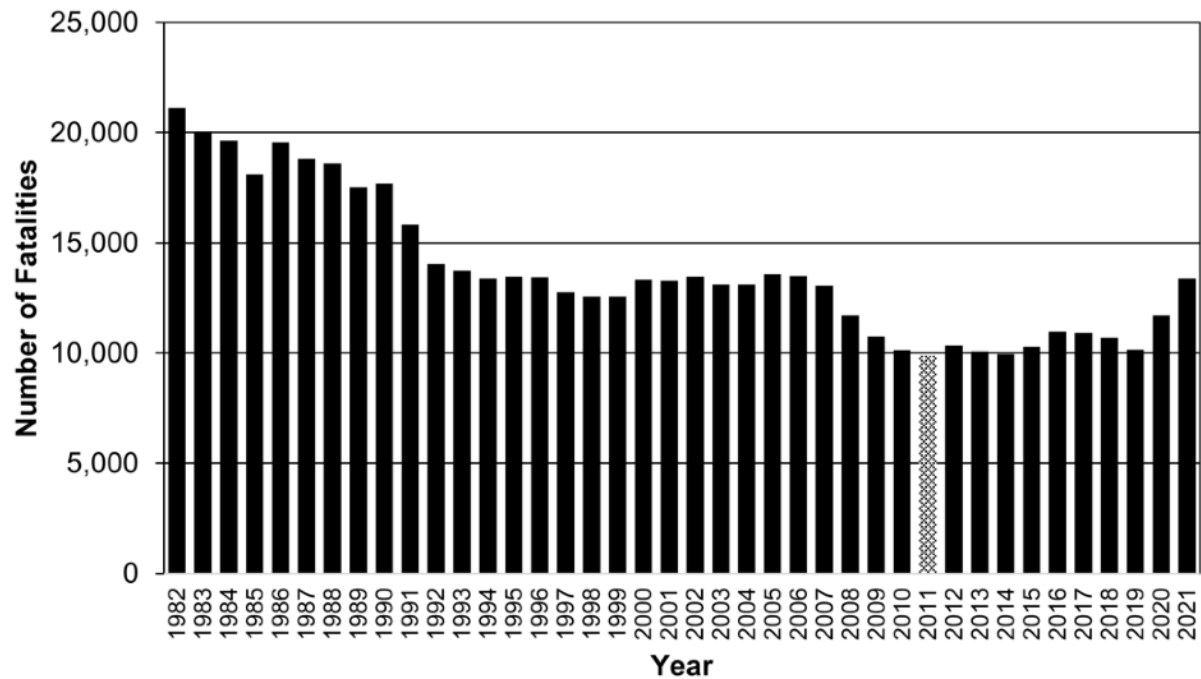
Understanding Cause of the Crash



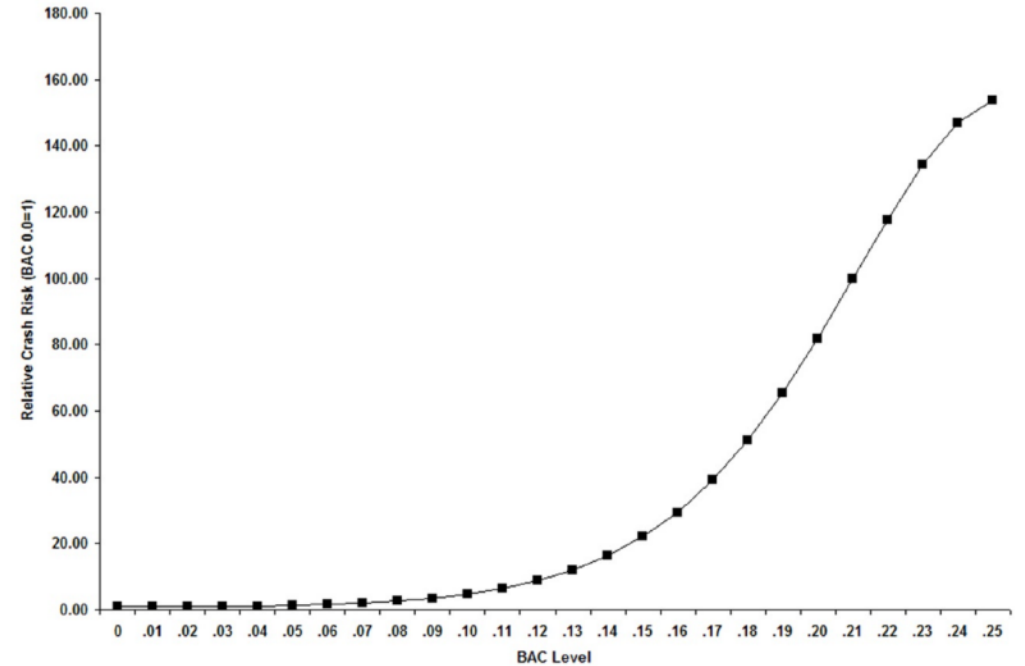
- ▶ Crash factors (time of day, day of week, type of crash and relation to roadway)
- ▶ Vehicle factors (vehicle type, role in crash)
- ▶ Person factors (age, restraint, impairment, others in vehicle)

Toxicology impact on Crashes

Alcohol Impaired Drivers



NHTSA



Source: Blomberg, Peck, Moskowitz, Burns, & Fiorentino (2005)

- ▶ 32% of traffic fatalities involve BAC > .08
- ▶ BAC of .08 4X more likely to crash than BAC of 0

Toxicology and Vehicle Crashes

Table 1. The Relative Risk Level of Serious Injury or Death for Various Substance Groups in the DRUID Project

Risk Level	Risk	Substance Group
Slightly increased risk	1–3	.01 g/dL < alcohol in blood < .05 g/dL Cannabis
Medium increased risk	2–10	.05 g/dL ≤ alcohol in blood < .08 g/dL Benzoyllecgonine Cocaine Illicit opiates Benzodiazepines and Z-drugs Medicinal opioids
Highly increased risk	5–30	.08 g/dL ≤ alcohol in blood < .12 g/dL Amphetamines Multiple drugs
Extremely increased risk	20–200	Alcohol in blood ≥ .12 g/dL Alcohol in combination with drugs

Vehicle Fatality Review

Quarterly MVC review team

- ▶ Multidisciplinary
- ▶ Identify Environmental, Roadway Engineering, Vehicle Safety Engineering and HUMAN Factors
- ▶ Support data and information for policy and legislative initiatives
 - ▶ (e.g. Teenager rear seat restraints)

Improve Quality of Motor Vehicle Crash Data

- ▶ Accurate Cause and Manner of Death
- ▶ Asking and answering questions about the cause of the accident
 - ▶ Identify human factors and drug impairment for Policy changes
 - ▶ Rule out human factors for Engineering improvements
- ▶ Autopsy all drivers
 - ▶ Recommend passengers particularly if unrestrained
- ▶ Scene photography

Upcoming Opportunities for Death Investigators

Jonathan Thompson, M.D.

Disclosure

- I have no financial relationships to disclose for this presentation.

IAC – 691.6 Duties of State Medical Examiner

The duties of the state medical examiner shall be:

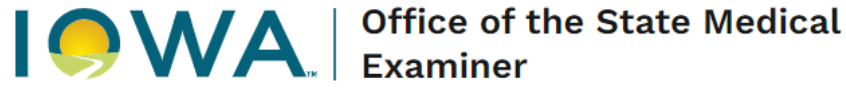
1. To provide assistance, consultation, and training to county medical examiners and law enforcement officials.

- County ME/MEIs**
- FAQs
- Families
- Funeral Homes
- Insurance Companies
- Law Enforcement
- County ME Snapshot
- Contact Us



**Establishing credibility
in death investigations**

<https://iosme.iowa.gov>



- County ME/MEIs
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County Medical Examiners and Investigators

Please follow the password enabled link below to view resources.

Secure Link <https://filecloud.idph.state.ia.us/url/wtnzsnyqap5keeew>

- Home
- County ME/MEIs
- FAQs



Password Protected Share

Access password-protected share

Input field for password, circled in yellow, with a small eye icon to its left and a clear button to its right.

Login



Shared with me

6 items

Name ^

Modified

Size

 Appointments 10-10-2023 10:43

 DC Amendment Forms 10-10-2023 11:00

 EMER-IVES Manual and Updates 19-09-2023 17:35



 Educational Materials 23-08-2024 07:56

 Investigative Materials 10-10-2023 10:47

 CME Handbook 2024.pdf 14-08-2024 18:15 925 KB



Home > Shared with me (Documents & Inform... > Educational Materials

Educational Materials

Download Folder



2 items

Name ^

Modified

Size



Environmental Deaths

23-08-2024 07:57



Natural Deaths

03-09-2024 07:19



Home > Shared with me (Documents & Inform... > Educational Materials > Environmental Deaths

Environmental Deaths

3 items



Name ^

Modified



Bodies Recovered from Water.mp4

09-10-2024 06:08



Hyperthermia Deaths.mp4

23-08-2024 07:58



Hypothermia Deaths.mp4

05-09-2024 03:54



- [County ME/MEIs](#)
- [FAQs](#)
- [Families](#)
- [Funeral Homes](#)
- [Insurance Companies](#)
- [Law Enforcement](#)
- [County ME Snapshot](#)
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**Establishing credibility
in death investigations**

County Medical Examiner Snapshot

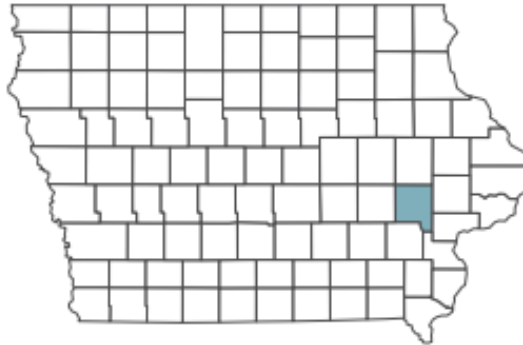
County-specific death investigation data is available for the following years:

- **2023** [.pdf](#)
- **2022** [.pdf](#)
- **2021** [.pdf](#)
- **2020** [.pdf](#)

- 🏠 **Home**
- County ME/MEIs
- FAQs
- Families

County Medical Examiner Snapshot

2023 Data

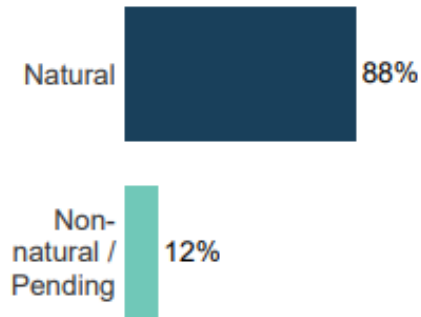


Johnson County

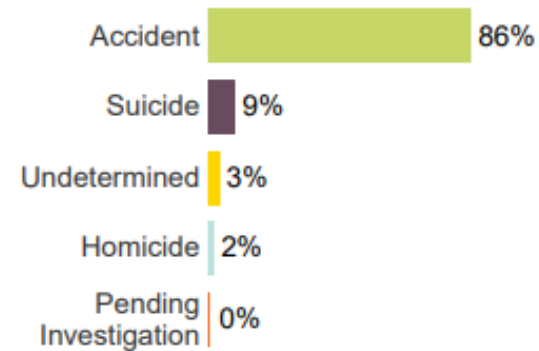
Population	157,528
Deaths	2,134
Deaths Investigated	919 (43%)
Autopsies	254 (12%)
Target Investigations *	20%
Target Autopsies	8%

* Per NAME requirements

All Manners of Death



Non-natural / Pending Manners of Death

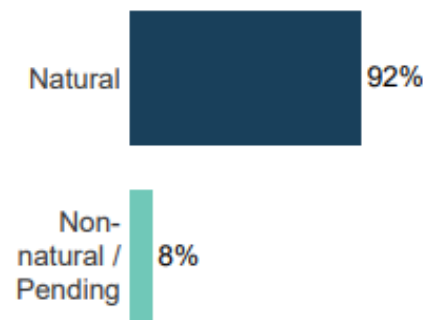


State of Iowa

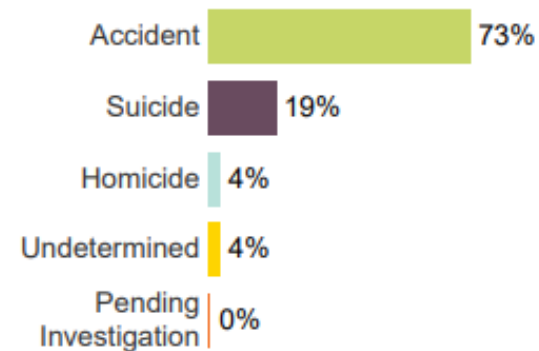
Population	3,207,004
Deaths	32,328
Deaths Investigated	10,295 (32%)
Autopsies	2,471 (8%)
Target Investigations *	20%
Target Autopsies	8%

* Per NAME requirements

All Manners of Death



Non-natural / Pending Manners of Death



Mortality Statistics

		Predicted	Actual
Mortality Rate	1%	32,070	32,328
ME Notified (EMER + JD)	33%	10,776	10,295
% Autopsied	8%	2,574	2,471

Iowa Population – 3,207,004

Mental Wellness

- Free service
- Peer to peer support group
- SAC Kristin Kotrous and
SAC Matt Pickles
- Phone # 402-289-7895
- Email kkotrous@dps.state.ia.us

The End

Special thanks to Josh Jungling and Dr Kelly Kruse.

Changes



IOSME Governance Changes

- ▶ Merged into Public Health Division in newly aligned Department of Health and Human Services
- ▶ Boards and Commissions legislation eliminated State Medical Examiner Interagency Coordinating Council
- ▶ E-mail and Calendar functions migrated from Google to MS

IOSME Staffing Additions

- ▶ New IOSME Forensic Pathologists
 - ▶ Dr. Rory Deol (January 2024)
 - ▶ Dr. Allison Hade (August 2024)
- ▶ New Autopsy Technician
 - ▶ Alex Gindt

New Position- Mark Bethel

Chief of Field Operations & Investigations

- ▶ Trainings: IACME, MDIC, monthly in house full day, travel
- ▶ Support and guidance in ME recruitment and on-boarding
- ▶ Strategy and support in communications with BOS
- ▶ Assistance with transportation contracts, difficult dispositions...

YTD 2024

New ME/DME/MEIs: 115

Staff trained at ME-101: 110

Staff trained at EMER Training: 38

New Handout Cards to Families



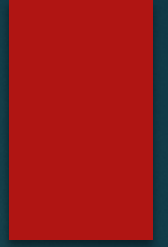
Iowa Office of the
State Medical Examiner

515-725-1400

iosme.iowa.gov

An IOSME investigator will be in touch with your family in the coming days to gather information, including your preferred funeral home, and discuss the autopsy process. Please do not hesitate to reach out to talk to an investigator if you have any immediate questions.

Chain of Custody

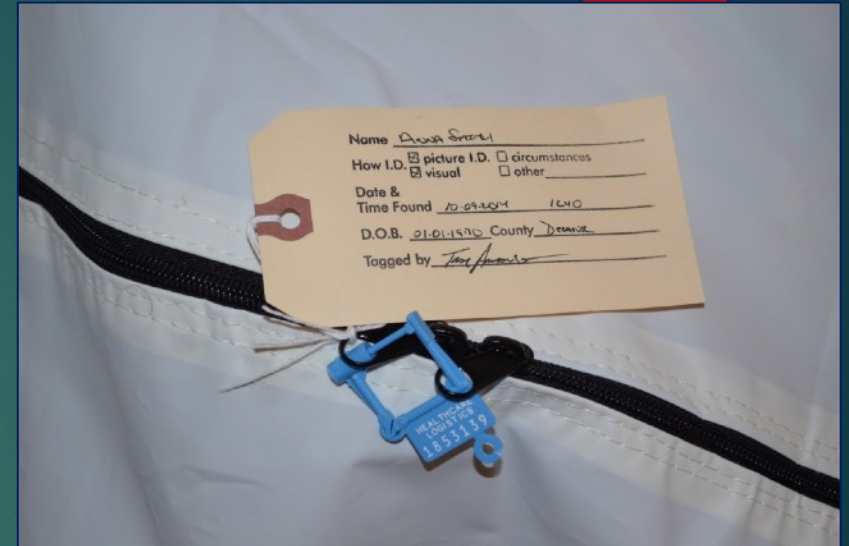


- ▶ Def: A record of how evidence is handled from the time it is collected until it is presented in court
- ▶ Body is evidence
 - ▶ Body bag seal for every case
 - ▶ Take a picture of the body bag seal and record in EMER
 - ▶ Remind driver that body bag can NOT be opened
 - ▶ Remind driver that body should be delivered directly to IOSME
- ▶ Antemortem specimens
 - ▶ Chain of custody documentation

Identification: high risk for error and legal exposure

- ▶ Every case sent for autopsy
 - ▶ Tag attached to body (“toe tag”)
 - ▶ Placed in body bag
 - ▶ Bag sealed with tag (critical for chain of custody)
 - ▶ Tag with decedent’s name on outside of body bag

- ▶ If body received without name tag on outside of body bag, morgue attendant will call MEI at time body is received



Common Law Spouse

- ▶ Iowa recognizes Common Law Marriage
- ▶ Affidavit of Common Law Marriage
 - ▶ “I declare that during the period noted above the Decedent and I publicly held ourselves out to be each other’s spouse and in so doing it was our intention to be married...”
 - ▶ Notarized

AFFIDAVIT OF COMMON LAW MARRIAGE

Iowa Office of the State Medical Examiner

I, _____, being duly sworn under oath, declare that I am
(Print Name of Affiant)

the common law spouse of the decedent, _____ (“Decedent”). On or about the date of _____, the Decedent and I agreed to live as spouses and we so lived and cohabitated from that time until the time of the Decedent’s death on _____.

I declare that during the period noted above the Decedent and I publicly held ourselves out to be each other’s spouse and in so doing it was our intention to be married. I understand that common law marriage is legally recognized in Iowa and must be terminated through a legal divorce. Neither of us had been previously married, or, if either of us had been previously married, said marriage was terminated by death, annulment, or divorce.

I grant the State of Iowa or its representative permission to investigate my marital status by interviewing people I know or people who knew the Decedent.

I understand that that further documentation may be required by the State in order to produce the records that I have requested.

(Signature of Affiant)

Subscribed to and sworn to before me this _____ day of _____, 20____.

IVES Law Enforcement Tab

- ▶ ME Decedent Info
- ▶ Mandatory field
 - ▶ Must check at least 1

Legal intervention
accounts for 1% of violent
deaths in Iowa

Law Enforcement

Law Enforcement Record of Domestic Violence

N

Law Enforcement or Corrections Related Death (Required - Must check at least one below)

Not a Law Enforcement or Corrections Related Death

Not a Law Enforcement or Corrections Related Death but death within 30 days of unrestricted release from prison or jail

Law Enforcement or Corrections Related Death

Check all below that apply

1. Pre-apprehension (pre-custody, before direct physical contact with law enforcement, e.g., vehicle pursuit, barricade)

2. Apprehension (direct physical contact between decedent and law enforcement, e.g., physical altercation)

3. Officer involved shooting

4. In custody (from arrest to sentencing)

5. Corrections custody (incarcerated in jail or prison post-sentencing), including death of prisoner in hospital

Veterans and Death Certificates

- ▶ **VA Service-connected disability:** Injury or disease incurred or aggravated during active military service, physical and mental health conditions.
- ▶ Families have **VA Disability Rating letter** documenting disability
- ▶ VA service-connected disability must be on Death Certificate for family to be eligible for Dependency and Indemnity Compensation
 - ▶ Example: PTSD in other conditions in cases of Suicide

Promises to Address Comprehensive Toxics (PACT) Act: Presumptive Diagnoses from Toxic burn pit and other toxic exposure

▶ Cancers

- ▶ Brain
- ▶ GI
- ▶ Glioblastoma
- ▶ Head
- ▶ Kidney
- ▶ Lymphoma
- ▶ Melanoma
- ▶ Neck
- ▶ Pancreatic
- ▶ Reproductive
- ▶ Respiratory

▶ Illnesses

- ▶ Asthma (dx after service)
- ▶ COPD
- ▶ Chronic Rhinitis/sinusitis
- ▶ BOOP
- ▶ Granulomatous dis
- ▶ Interstitial Lung dis
- ▶ Pleuritis
- ▶ Pulmonary fibrosis
- ▶ Sarcoidosis

Agent Orange Exposures

▶ Cancers

- ▶ Bladder
- ▶ Chronic B-cell leukemia
- ▶ MM
- ▶ Non-Hodgkins
- ▶ Prostate
- ▶ Lung
- ▶ Soft tissue sarcomas

▶ Illnesses

- ▶ Amyloidosis
- ▶ DM type 2
- ▶ Hypertension
- ▶ Hypothyroidism
- ▶ Ischemic Heart dis
- ▶ MGUS
- ▶ Parkinson's
- ▶ Peripheral neuropathy
- ▶ Porphyria cutnea tarda

Change in Law in Amending Death Certificates

- ▶ SF 2430 amended Iowa Code 144.26 3A
 - ▶ “The Department shall provide for correction to the medical certification of cause of death and substitution of is presented to the state registrar with **TWELVE MONTHS**”
 - ▶ After 12 months amendments only through court order

Child Death Review Team

- ▶ Legislation removed CDRT and incorporated into new Death Review Committee
 - ▶ Full time CDRT coordinator with full time abstractor
 - ▶ Division of Community Access and Eligibility
 - ▶ Assistance with Statistics
 - ▶ Reports more robust with specific recommendations for partners
- ▶ Infant Deaths Investigations will be moving to CDC **SUID form**

IOSME ME Building Expansion

- ▶ Legislature approved RIF for SME building expansion
- ▶ Increase # of tables
- ▶ Increase cooler capacity
- ▶ Loading dock for Mass Fatality
- ▶ CT scanner



EMER Overhaul

- ▶ Improved security-

- ▶ 3 factor authentication

- ▶ 25 character password, reset every 30 days

- ▶ 5 minute time out

- ▶ Improved training

- ▶ 2.5 hour video

- ▶ Annual in person all day cyber security training

- ▶ Improved content

- ▶ Expanded drop downs, fill ins and mandatory fields in all tab sections

- ▶ List of uncompleted fields before sign out.

JUST KIDDING!!

EMER Overhaul

PRELIMINARY MEDICAL EXAMINER REPORT

Worksheet for EMER (Electronic Medical Examiner Reporting)

IOWA OFFICE OF THE STATE MEDICAL EXAMINER
2250 South Ankeny Blvd. Ankeny, IA 515-725-1400

Jurisdiction Declined

AUTOPSY

No County

IOSME Private/Hospital

Other: _____

Facility where Autopsy Performed _____

Bag Lock #: _____

Decedent: _____ (First Name) _____ (Middle Name) _____ (Last Name)

Primary Residence: _____ (Number and Street or Route, Box No) _____ (City) _____ (State) _____ (Zip Code) _____ (County)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

Identification: _____ Method: _____

If by Viewing, Viewed By: _____ (First Name) _____ (Last Name) Relationship: _____ Phone: () _____

Next of Kin: _____ (First Name) _____ (Last Name) Relationship: _____ Phone: () _____

Age: _____ IF <2 years, give months & days _____ Date of Birth: _____ Sex: Female Male Unknown

Weight - Pounds: _____

Length - Inches: _____

HHS Infant/Dependent Adult Abuse Intake Contacted: (1-800-362-2178)

Yes No Not Applicable

Case Accepted Case Rejected Unknown

Marital Status

Married Never Married Widowed Divorced Married but Separated Common Law Unknown

INFORMATION ABOUT OCCURRENCE

Date	Time (Military)	Agency and Name of Person who made notification to ME/MEI			
ME/MEI Notified					
Went to Scene <input type="checkbox"/> Yes <input type="checkbox"/> No					
Arrived on Scene					
Lead Law Enforcement		Agency Name, Officer Name, Phone# _____ Report # _____			
EMS Responded <input type="checkbox"/> Yes <input type="checkbox"/> No		Agency Name _____ Phone () _____			
Resuscitation Efforts <input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> ACLS <input type="checkbox"/> Mechanical Compression Device <input type="checkbox"/> PALS <input type="checkbox"/> Other: _____				
Date	Time (Military)	Type of Premises (Home, Farm, Highway, etc.)	Address	By Whom	County and Zip Code
Death Pronounced					
Found					
Last Known Alive					
Injury					
Date	Time (Military)	Address			
Departed Scene					

Viewed Body Yes No If Infant, Doll Re-enactment: Performed Scheduled Denied

Scene Photography Yes No if denied, why? _____

Iowa Donor Network Notified (1-800-831-4131) Yes No

NARRATIVE SUMMARY

Premise, Location of Body within Premise, Position of Body, Additional Pertinent Scene Findings:

Body Temperature: Cold Cool Warm Not Applicable
Foam Cone: Yes No Not Applicable
Rigor: Full None Partial Not Applicable
Decomposition: Advanced Early Moderate None Not Applicable
Livor: Fixed Not Present Unfixed Not Applicable
if Fixed: Anterior Posterior Right Side Left Side
Position of Body: Supine Prone Lying on right side Lying on left side Seated Other: _____

Circumstances Leading up to Death:

MEDICAL HISTORY

Recent Health Complaints:

Past Medical History:

SOCIAL HISTORY

Tobacco Use: Yes No Unknown Describe:

ETOH: Yes No Unknown Describe:

Vaping: Yes No Unknown Describe:

Other Drug History: Yes No Unknown Describe:

PHYSICIAN Doctor: _____ Facility: _____ City: _____	PHYSICIAN Doctor: _____ Facility: _____ City: _____	DENTIST Doctor: _____ Facility: _____ City: _____
Law Enforcement Related Deaths: <input type="checkbox"/> Not a Law Enforcement Death <input type="checkbox"/> Not a Law Enforcement Death - but within 30 days <input type="checkbox"/> Law Enforcement Death: <input type="checkbox"/> Pre-Apprehension <input type="checkbox"/> Apprehension <input type="checkbox"/> Officer involved Shooting <input type="checkbox"/> In custody (from arrest to sentencing) <input type="checkbox"/> Corrections custody (Post sentencing)		
Transporting Agency for Autopsy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ () Agency Name Phone		
Non-Autopsy - Direct transfer to Funeral Home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other Facility: _____ () Agency Name Phone		
Funeral Home Chosen by Family: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ () Funeral Home Name Phone		

APPARENT TYPE OF DEATH

Asphyxiation Fall Hanging Suicide Other: _____
 Carbon Monoxide-Dwelling Fire/Thermal Natural Suspected Abuse/Neglect
 Drowning Firearm Pedestrian Vehicle

MANNER OF DEATH

Natural Homicide Accident Suicide Undetermined Pending Investigation

Probable Cause of Death:

Due to:

Due to:

Contributing Factor(s):

How Injury Occurred (required for death certificate):

ME/MD Conducting Investigation:

Name _____ Agency Name _____ Contact Number _____

ME/MD EMER Approver:

Name _____ County of Appointment _____ ME/MD Entry Complete Date _____

ASPHYXIATION

Asphyxiation By: Bedding Compression Confinement Crushing Food/Drink Manual Strangulation Positional Unknown

Possible Autoerotic: Yes No Unknown

CARBON MONOXIDE - DWELLING

Dwelling Type: Apartment House Mobile Home Other

Source of Carbon Monoxide: Fireplace Furnace Generator Grill Fireplace Vehicle Unknown

Additional Details: Animals were harmed Natural Disaster Others were harmed

Heating System Type: Central Heating System Gas Furnace Oil Furnace Space Heater Wood Stove Other Unknown

Additional Details: Heating System On Recent Heating Problems

Working Carbon Monoxide Detector: Yes No Unknown

DROWNING

Location: Bath tub Creek Ditch Hot Tub Lake Pond Pool River Well Other

Flotation Device/Life Jacket: Available, in Use Available, Not in Use Not Available Unknown Not Applicable

Swimming Skill: Able Not Able Unknown Not Applicable

If child, supervised: Yes No Unknown

FALL

Fall Height - Feet: _____

Fall Reason: Jumped Medical Condition Pushed Slipped Structure Failure Tripped Unknown

Fell From: Ladder Roof Sitting Stairs Standing Window Unknown

FIRE/THERMAL

Cause: Appliance Candles Cigarettes Explosive/Explosion Faulty Wiring/Electrical Grease Intentional Lighter Matches Unknown Other

Thermal Injuries Cause: Chemical Fire Scalding Liquid Steam Unknown Other

Burning Object Type: Clothing Home Vehicle Other

Working Smoke Alarm: Yes No Unknown

FIREARM

Firearm Type: Handgun Muzzleloader Pistol Revolver Rifle Shotgun Unknown

Firearm Make: Barrett Firearms Sattaglia Benelli Beretta Bernardelli Bersa Blaser Browning Bryco Bushmaster Canik Colt Glock Handmade Heckler & Koch Hi-Point Firearms Jennings Jimenez Arms Kahr Arms Kal-Tec Keystone Sporting Arms Larcin Molot Mossberg Norinco Panther Arms Para USA Patriot Ordnance Factory Raven Arms Remington Rizzini Ruger Savage Arms SCCY Seraphim Armoury (SA) SIG Sauer Smith and Wesson Springfield Armory Stag Arms Steyr Taurus TOZ TskIB SOD (Russian) Tula Arms Plant Walther Arms Weatherby Winchester Unknown

Decedent Is Firearm Owner: Yes No Unknown

Familiar with Operation: Yes No Unknown Not Applicable

Was Firearm Stored in Secure Location: Yes No Unknown

Was Firearm Moved: Yes No Unknown

Activity: Hunting Playing Recreation Not Applicable Other Unknown

Circumstances: Legal Intervention Domestic Violence Self Defense Unknown

Serial Number, if available: _____

HANGING

Suspension: Partial Full

Possible Autoerotic Asphyxiation: Yes No

Platform Present: Yes No Unknown

PEDESTRIAN

Pedestrian Circumstances: Hit and Run Hit and Stop Intentional Unknown

Pedestrian Activity/Location: Child Run Over Crossing Intersection Crossing Non-Intersection Cycling Entering Vehicle Exiting Vehicle In Course of Employment On Sidewalk Playing Running Standing/Otherwise Immobile Walking Working on Vehicle Unknown Other

SUICIDE

History of: Check all that apply

Agricultural Being Bullied Being Victim of Domestic Violence Drug or Alcohol Addiction Financial Stress Health Housing Mental Disorder Past Suicide Attempts Poor Grades Questioning Sexuality and/or Gender Identity Recent Break Up or Divorce Recent Loss of Employment Suicide Ideations Treatment for Mental Disorder Veteran Other

If Dependent Minor (17 and under):

Caregiver: _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Date of Birth)

Residence: _____ (Number and Street or Route, Box No) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone)

Relationship to Decedent: _____ How Long Cared for Child: _____

SUSPECTED ABUSE/NEGLECT

Is this Death Suspicious for: Financial Abuse Inappropriate Care Insurance Collection Neglect Physical Abuse Sexual Abuse

VEHICLE

Construction Zone: Yes No Unknown

At Intersection: Yes No Unknown

Railroad: Yes No

Crash Type: Head On Angle Driver Side Impact Passenger Side Impact Rollover Rear End Left Roadway Other

Vehicle Type: Aircraft ATV Boat/Watercraft Bus Car Farm Equipment Minivan Motorcycle Pickup RV/Motor Home Semitruck (18-wheel) Snowmobile Sport Utility Vehicle Train UTV Van Not Applicable Other

Other Involved Vehicle Type(s): Aircraft ATV Boat/Watercraft Bus Car Farm Equipment Minivan Motorcycle Pickup RV/Motor Home Semitruck (18-wheel) Snowmobile Sport Utility Vehicle Train UTV Van Not Applicable Other

If Driver is Under 18, was number of vehicle occupants more than 2? Yes No

Restraint used in Vehicle: Restrained in Vehicle Unrestrained in Vehicle Unknown if Restraint Used Ejected from Vehicle Partially Ejected from Vehicle Not Applicable

Airbags: Air Bags in Vehicle Air Bags Deployed Not Applicable

Child Seat: Booster Seat Forward Facing Car Seat Rear Facing Car Seat Not Applicable

Helmet Worn: Yes No Not Applicable

INFANT (0-12 Months)

REQUIRED: SUIDI (Sudden Infant Death Investigation) Form Complete: Yes No *Send completed form to iosme.me1@hhs.iowa.gov*

Infant Doll Examination: Performed Scheduled Denied If Denied, why? _____

Caregiver at Time of Incident: _____ (First Name) _____ (Middle Name) _____ (Last Name) _____ (Date of Birth)

Residence: _____ (Number and Street or Route, Box No) _____ (City) _____ (State) _____ (Zip Code) _____ (Phone)

Relationship to Decedent: _____ How Long Cared for Child: _____

SUIDI form

Midwest Death Investigation Course



- 4th MDIC course with Practicums
- When: June
- Where: DMACC Ankeny
- Cost: Tuition \$499
- Funding available: Tuition and lodging
- Meets MEI training requirements (Admin code 127.7)



Mark Your Calendars

- ▶ 4th MDIC course with Practicums
- ▶ When: June
- ▶ Where: DMACC Ankeny
- ▶ Cost: Tuition \$499
- ▶ Funding available: Tuition and lodging
- ▶ Meets MEI training requirements (Admin code 127.7)

37DART

is the Activity Code

Saturday, November 2, 2024 | 11:15 AM - 12:15 PM
IOSME Update

[Sign-In to Get Attendance](#)

Go to www.eeds.com > Click the 'Sign-In'
Button > Enter the Code

Scan this QR Code



The Activity Code will Expire on Sunday, November 3, 2024 at 11:15 AM