



# The Examiner

<http://www.wcmea.com>

Summer 2015



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## PRESIDENT'S MESSAGE

I hope that everyone is enjoying a safe summer. I have to apologize about the newsletter being late, but I wanted to wait until we had the exact language affecting Coroner and Medical Examiner fees, contained in 59.36. As most know by now, the legislature and then the Governor took far reaching steps that adversely affect the ability of all counties to adjust fees and to generate revenue to offset the cost of performing the statutorily prescribed duties of the office. This legislation impacts both constitutional office holders and appointees.

I want to thank everyone who wrote letters and made calls to the Governor's Office. I can say for sure that we were heard but obviously ignored. I also want to thank our lobbyists, Chris and Frank, for going to bat for us even though we were unsuccessful. I can say for certain that people were working right up until the governor signed the budget bill.

There has been conversation that the legislature could modify language to help counties resolve some of the fee language contained in the budget bill. I think it will be up to the membership to reach out to their individual representatives to see if we can get any interest from legislators.

The language in the budget bill basically makes the following changes to the indicated statutes:

Here is the language as it was:

**59.36 Coroner; fees.** The board shall set the fees for all services rendered by the coroner. The fees may not exceed an

amount that is reasonably related to the actual and necessary cost of providing the service.

Here is the statutory language contained in the budget bill:

**59.365 Moratorium on fee increases.**

(1) From the effective date of this subsection.... [LRB inserts date], to April 17, 2017, the board may not charge a funeral home, cemetery, or crematorium an amount that exceeds the amount that was in effect on April 17, 2015, for any of the following fees:

- (a) Fees for services rendered by a coroner.
- (b) Fees assessed for the signing of a death certificate by a coroner or medical examiner.
- (c) Fees assessed related to transportation services.

As you can see, C/ME fees are frozen for two years, and then the ability to raise fees is limited to an unrealistic amount moving forward. I have talked to several C/ME office leaders who are investigating different avenues to ameliorate the impact of the language. Some have discussed backdating the ordinance changes they put into place when the initial language was introduced. Another county is looking at the possibility of billing families directly rather than funeral homes for the fees associated with services. It seems to me that we never really billed the funeral homes but rather used them to

*Continued . . . Page 2*

**President's Message . . . Continued**

collect the fees from the families just as they do for the florist and the newspaper for obituary printing. Certainly any action should be reviewed by your individual corporation counsel.

Finally, on this topic, I would encourage all of the members to keep in mind that we need a strong relationship with our funeral home partners. After talking to many county C/ME leaders, it seems clear that this wasn't a concerted effort by the majority but rather a less open and professional effort by a few in control.

I know that we have to control costs, and we may need to take some steps locally to do that. In turn, we may be making things more difficult for funeral homes. Having said that, the families we serve are still the most important part of the equation.

On a more positive note, our Lobbyists have agreed to finish out the effort to move 979 forward without additional billing. This commitment to the effort is appreciated. Since legislators are likely going on break soon, the bill will hopefully be introduced again in the fall session. We will again be calling on members to reach out to their lawmakers to ask for support. At this point in the process we have the final draft of the bill and we think that we have significant support to move it forward. I'm sure that we will see a legislative update soon after the session begins again.

I wanted to make the membership aware of another state-wide resource. In Dane County's 2015 budget process our Chief Medical Examiner, Dr. Tranchida was able to garner support for a HRD K9 program at the Dane County ME's Office. We were also successful in obtaining additional financial support in the area of training and equipment from the State as part of the mass fatality preparedness mission.

Shiva, a 2 year old Malinois, joined the office in May, and we came back from training in late June. If you or your county finds yourself in need of a cadaver dog, please don't hesitate to reach out. This is a resource associated with D-FIRST and is available if there is a need.

Stay safe, and I hope to see everyone at the conference in October.

*Barry E. Irmey, WCMEA President*

# SAVE THE DATE

## THE 2015 WCMEA FALL CONFERENCE

**OCTOBER 26<sup>TH</sup>-28<sup>TH</sup>  
HOLIDAY INN HOTEL &  
CONVENTION CENTER,  
STEVENS POINT**

**[www.holidayinn.com/stevenspointwi](http://www.holidayinn.com/stevenspointwi)**

### WCMEA MERCHANDISE

The following items are available for purchase for minimal or reduced cost:

**YELLOW SAFETY VESTS \$27:**

"Coroner"- 22 remaining  
"Medical Examiner"- 23 remaining

**YELLOW & ORANGE SAFETY VESTS \$27:**

"Coroner"- 1 remaining  
"Medical Examiner"- 2 remaining

**NYLON SUN-VISOR SIGNS \$1:**

"Coroner"- 159 remaining  
"Medical Examiner"- 13 remaining

For more information, Please contact  
Amy DeMeter at:

**[amy.demeter@fdlco.wi.gov](mailto:amy.demeter@fdlco.wi.gov)**



## The Wisconsin Occupational Health Surveillance Program & the Coroner/Medical Examiner

The Wisconsin Occupational Health (OH) Surveillance Program tracks and promotes workers' health and aims to decrease work-related injuries and fatalities. Gathering data on occupational fatalities can be challenging, and a variety of sources are needed such as death certificates, law enforcement reports, and coroner and medical examiner investigations. As partners in the collection of OH fatality data, the coroners and medical examiners (C/MEs) in Wisconsin are instrumental to understanding and preventing occupational fatalities.



Identification of work-related fatalities by C/MEs on death certificates can significantly improve Wisconsin's occupational surveillance activities. Recent data indicate that work-related fatalities are significantly underreported. For example, in 2013, there were 58 fatal occupational injuries reported by C/MEs. In contrast, the Bureau of Labor Statistics Census of Fatal Occupational Injuries (CFOI) identified 96 occupational fatalities in Wisconsin. Relying on death certificates alone would result in an undercount of 38 work fatalities.

The OH Program uses the injury information collected in the injury section of the Death Certificate Worksheet to identify occupational fatalities (see picture below). Please pay special attention to the required injury information and the "Injury at Work" indicator. If you are unsure whether the death is work-related, please check "Unknown."

42. AUTOPSY PERFORMED	43. DATE OF INJURY	44. TIME OF INJURY (24hr)	45. INJURY AT WORK	46. PLACE OF INJURY
47. LOCATION OF INJURY				
49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.				

Especially problematic are deaths where the occupational-related factor is not immediately clear but still applies. One example is the death of a 17-year-old in 2007 in Massachusetts who was assisting his father taking down scaffolding at a construction project. He was holding a pole that made contact with a high-voltage electrical wire and he was electrocuted. This death was not immediately recognizable as a work-related fatality because he was unpaid and was assisting a family member; however, this is considered an occupational death because the teenager was engaged in a work-related activity.

OH program staff understands that the process of looking into possible work-related causes of fatalities can take additional time on the part of the coroner and medical examiners and would like to sincerely thank all who contribute to the process. Please contact Dr. Henry Anderson with any questions or requests for information at 608-266-1253 or [Henry.Anderson@Wisconsin.gov](mailto:Henry.Anderson@Wisconsin.gov).

**Submitted by Rabeeha Ghaffar, Bureau of Environmental & Occupational Health; Wisconsin Division of Public Health**

## Toxicology Testing on Small-volume Specimens

Postmortem toxicology is always challenging and issues with the specimens are often the most problematic. Unlike clinical analyses, there is often only one chance to collect specimens – another urine specimen is not just 30 minutes away – and the type and amount of specimen is dictated by the circumstances of the death. Blood loss associated with trauma may result in a very low volume specimen. Specimen dilution due to medical interventions, or analyte loss through metabolism if an individual survives an incident for many hours, may cause laboratory results from postmortem specimens to be less instructive in explaining a cause of death: In these cases the remnants of clinical specimens collected at hospital admission may be the best specimen available. Specimens collected following an unattended death, where the deceased may be undiscovered for a prolonged time, may be of both low volume and low quality. The analytical obstacles associated with small volume samples are not trivial, but with a little communication the laboratory may still be able to help you get the information you need to sign out a case investigation. This article is intended to provide a laboratory perspective on testing less-than-ideal specimens.



In a perfect world the laboratory would always receive at least 20 mL of blood when asked to do a full toxicology screen with quantitative drug analysis. In the simplest case, where no drugs are detected and no special procedures are required, the Forensic Toxicology Section at the Wisconsin State Laboratory of Hygiene (WSLH) requires about 3 – 4 mL of specimen to do this work. (The volumes given here apply only to WSLH. Other labs using different procedures may have different minimum specimen requirements.) This volume will allow for testing of ethanol and other volatiles (methanol; acetone; isopropanol; and 1,1-difluoroethane, commonly called “Dust-Off.”) The drug testing will include immunoassay screening for THC, cocaine, opiates, benzodiazepines and barbiturates. The drug screening also includes a broad-based basic (“basic” in the sense of “alkaline”) screen, which will detect many prescription, over-the-counter (“OTC”) and illicit drugs that appear in reasonable concentration and extract under alkaline conditions. Examples of prescription drugs detected include Adderall (amphetamine) and many antihistamines, anti-depressants, anti-psychotics and non-opiate analgesics. Examples of illicit drugs detected are phencyclidine (PCP), ecstasy (MDMA), and some of the emerging cathinone and other designer drugs. To repeat, 3 – 4 mL of blood will allow the laboratory to quantify the amount of ethanol (if present) and to rule out the presence of many drugs. The real challenge is when there is less than 3 mL of specimen available or when a screening test is positive for one or more drugs.

Other specimen matrices are useful when blood is in short supply. Vitreous is an excellent specimen for measuring drug concentrations but it, too, is often available in small volumes. Just a small amount of urine – One tablespoon, which is about 15 mL – is sufficient to screen for the presence of drugs. The screening tests are the same as used on blood, and the blood or vitreous not expended on screening can be used for drug quantitations. Non-additive (red-top) blood collection tubes are suitable for submitting vitreous and small-volume urine specimens, and WSLH kit #34 includes a container for collection of larger volume specimens. (Click here for more information on WSLH kits: <http://www.slh.wisc.edu/forensic/toxicology-kits/#kit34>.)

The laboratory always appreciates guidance regarding the drug(s) of interest, and this is particularly true when testing small volume specimens. WSLH currently has no instrumentation for detecting carbon monoxide, salicylate or acetaminophen, and while the specimen could be referred to another lab

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***Toxicology Continued.....***

for these tests, that request would need to be made before the specimen was exhausted in screening procedures. Some drugs, phenytoin (Dilantin) for example, require a special in-house procedure in order to be detected. Others, such as fentanyl, are active in such small doses that the analytical data require more careful searching to be sure the drug is not overlooked. Please do not hesitate to call the laboratory if you have special concerns about a particular case! It is never an inconvenience to speak with a specimen submitter.

When there is no background information available and specimen quantity is limited, the laboratory will prioritize quantitative testing based on results from screening tests and the potential toxicity of the drug(s) found. Opiates generally receive priority in testing over benzodiazepines, for example, and while THC is often a contributing factor in a death nobody ever died of a THC overdose. Conversely, an OTC medication like diphenhydramine (Benadryl) is frequently present in trivial concentrations, but there are many reports of it being used in suicidal poisoning. If the screening test suggests a diphenhydramine overdose, it may be more instructive to use the specimen to quantify that drug than a small amount of oxycodone that is detected in the same procedure. WSLH chemists may call your office if questions arise on how to best utilize small-volume specimens.

The WSLH is committed to providing Wisconsin's coroners and medical examiners the information needed to complete death investigations. It bears repeating that communication between specimen submitters and laboratory staff is the best way to achieve this goal. Please contact the WSLH at the earliest opportunity with any concerns you may have when submitting small-volume specimens, or if the laboratory can help you in any way. A chemist can be reached at (608) 224-6248.

***Submitted by Thomas Neuser, MT(ASCP) WI State Laboratory of Hygiene***

**Spring Conference Highlights**

The 2015 Spring Conference was held at the Holiday Inn Fond du Lac from April 20, 2015 through April 22, 2015. There were 42 attendees who enjoyed presentations on topics ranging from domestic violence and emergency management to forensic anthropology and crisis communications.



DHS provided updates regarding SVRIS and offered helpful tips regarding usage and productivity. WCMEA Lobbyist Chris Lenzendorf provided crucial information regarding the 979 legislation as we near introduction of the bill.

The WCMEA would like to thank our host Fond du Lac County, the Holiday Inn, as well as the many presenters and exhibitors for their time, hospitality and expertise.

The association would also like to acknowledge the following sponsors who generously supported the conference, making it a huge success: AIT Laboratories, American Tissue Services Foundation, ArchAngels Biorecovery, Inc., Blood Center of WI, Lenzendorf Winters & Associates, Lions Eye Bank, and RTI Donor Services.

**Interesting Deaths in Wisconsin.....**

- In **Sheboygan County**- A 4-year old boy died from blunt force trauma to the head. The boy was being watched by his mother's 31-year old fiancée. The man was watching the 4-year old boy at their home in the town of Mitchell after his fiancée had left for her third-shift job. The man told authorities that he was twirling the boy in the air when his head hit a carpeted area of the floor. Sheriff deputies responded to a call for a report of a boy who was not breathing and did not have a pulse. The child was eventually taken to Children's Hospital of WI where he died from his injuries. The man has since been charged with homicide.
- In **Marathon County**- A 42-year old father was driving his pregnant wife and children to the hospital for the birth of the couple's eighth child when he was killed after a deer struck their van. The deer crashed through the van's windshield on a rural highway. His wife and their seven children, ages 2 to 15, suffered minor injuries. The man was pronounced dead at St. Joseph's Hospital in Marshfield. His wife gave birth hours later to a healthy boy.
- In **Jefferson County**- Skeleton remains had been discovered by a walker who spotted the skeleton just off a dead-end road near Sullivan. An autopsy was completed which revealed no obvious signs of trauma. Pathologists believe the remains are that of a female with good teeth. The remains were later identified as those of Kelly Dwyer, a 27-year old woman who had gone missing since October 2013.
- In **Milwaukee County**- A 48-year old man was killed on a bicycle during a two-vehicle crash on Milwaukee's south side. A 61-year old woman was driving north while a 27-year old man was driving south on the same street. Police say both vehicles had a green light, and the crash happened when the woman tried to turn. The woman's car hit the man on a bicycle. He was taken to a hospital where he later died from his injuries. The man appeared to be an ice cream vendor. The crash remains under investigation.
- In **Outagamie County**- Authorities recovered the body of a 54-year old man that was floating in the Fox River near a residence on West River Road. The body had been in the water for several months. A kayaker noticed the body and notified authorities. It is not known how the body ended up in the river. An autopsy was performed, and the results are pending. According to authorities, it does not appear the death was suspicious.

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**Training Opportunities**

Fall WCMEA Conference  
Holiday Inn & Conference Center, Stevens Point  
October 26-28, 2015

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Free Online Death Investigation Training  
University of North Dakota  
<http://und.edu/academics/extended-learning/non-credit/death-investigation-training/>

Medicolegal Death Investigator Training Course  
October 26–30, 2015 at St. Louis, Missouri  
[www.medschool.slu.edu/mldi](http://www.medschool.slu.edu/mldi)

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Free Online Forensic Training  
National Institute of Justice  
[www.nij.gov/training](http://www.nij.gov/training)

**Interesting Deaths Continued.....**

- In **Fond du Lac County**- A Town of Ripon man has been charged with hiding his brother's corpse. Robert J. Diamentis, 45, is accused of hiding his 45-year old brother's corpse in a plastic barrel inside a bedroom of their home for several months and lying about it to investigators. Law enforcement officers responded to a request to check on the welfare of Robert's brother. When they entered the home in the Town of Ripon they found the body of Richard Diamentis who is believed to have been dead since February 14, 2015. The cause of death is still under investigation.
- In **Monroe County**- A 16-year old girl died after she jumped from a moving vehicle in the town of Wilton. According to the sheriff's department, the teen was in the back seat of a van driven by a 48-year old woman when she opened the door and jumped on Hwy A. The woman stopped the van and provided aid. The teen was flown to Gunderson Health System where she later died.
- In **Winnebago County**- 4 died and 1 was critically injured in a random shooting on the Trestle Trail bridge in Menasha. The gunman shot four people at close range and then turned the gun on himself. The dead include a 33-year old man, his 11-year old daughter, a 31-year old man and the 27-year old shooter. According to authorities, the gunman rode his bicycle to the trail and walked past several people before opening fire near the pavilion bridge.
- In **Sheboygan County**- A 67 year old employee died at Sheboygan Paper Box Co. The man had been working in a narrow walkway near the loading dock when a truck leaving the area struck and killed him. The death has been classified as a fatal traffic accident. No charges are being issued against the truck driver.
- In **Rock County**- A 19-year old woman was killed. The woman and a 38-year old man met through a social media site on the Internet. The man reportedly picked up the woman and took her to his home. It is believed that a physical altercation occurred at the home resulting in her death. The woman's body had been found in the garage of the man's garage with stab wounds and blunt force trauma. The man was arrested for first degree intentional homicide and hiding a corpse.
- In **Jackson County**- A 30-year old woman was killed. Sheriff's officials say they received a 911 call around 1100 hours regarding an unconscious person at a dog park in Black River Falls. When rescue personnel arrived, they found the person was dead. A 23-year old homeless man was arrested later that afternoon after authorities found him passes out on a lawn. He had "articles" in his possession that linked him to the death. Details surrounding the incident are being withheld to protect the ongoing investigation; however, the incident is believed to be isolated.
- In **Waukesha County**- A 50-year old male was shot and killed in his home. He had been alone throughout the weekend, and was last seen alive on Friday. His body was discovered in the basement of the residence on Sunday by his wife. Little information is being disclosed to protect the police investigation; however, authorities believe the suspect is someone the man knew.



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(262) 653-3869

## WISCONSIN INDIANHEAD TECHNICAL COLLEGE PRESENTS

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### An Online Medicolegal Death Investigator Training Course

Providing basic training for new investigators, and for those interested in working as a death investigator. The instructor for this class is Mary Ricci. She is a registered death investigator by the American Board of Medicolegal Death Investigators since 2008 and is the medical examiner for Barron County. Ms. Ricci is the 2nd Vice President for the Wisconsin Coroners and Medical Examiners Association. She brings many years of EMS instruction and death investigation experience with her into the classroom.

For further information contact  
Mary Ricci, D-ABMDI  
715-822-4040 or email: [mary.ricci@co.barron.wi.us](mailto:mary.ricci@co.barron.wi.us).

Class size will be limited to 24 students  
*Beginning September 22*

**Approved for 40 ABMDI credits**