



Medical Examiners Commission Meeting

May 13, 2025

Barbara C. Wolf, M.D. • Kenneth T. Jones • Brian Fernandes, J.D. • Charlie Cofer, J.D.

Robin Giddens Sheppard, L.F.D. • Sheriff Robert "Bob" Johnson

Joshua Stephany, M.D. • Amira Fox, J.D.

MEDICAL EXAMINERS COMMISSION MEETING

Embassy Suites by Hilton Orlando Lake Buena Vista South 4955 Kyngs Heath Rd Kissimmee, FL 34746 May 13, 2025, 10:00 AM EDT

Opening Remarks

Introduction of Commission Members and Staff

• DOH Data Collection and Reporting Project

Approval of Meeting Agenda and Minutes from previous Commission Meeting of February 4, 2025

Sunshine Law		Natalie Bielby, J.D.	
ISSL	<u>JE NUMBER</u>	PRESENTER	
1. 2. 3.	Introduction of new MEC Staff Member – Ashley Bullard Introduction of new MEC Attorney – Natalie Bielby Informational Items:	Brett Kirkland, Ph.D. Brett Kirkland, Ph.D.	
	 Status Updates: DME Appointments and Reappointments Status Update: MEC Reappointments District 8 Medical Examiner Vacancy 2024 Interim Drugs in Deceased Persons Report 2024 Annual Drugs in Deceased Persons Report 2024 Annual Workload Report 2023 Coverdell Status Update 2024 Coverdell Status Update 2025 Coverdell Status Update 2025 Legislative Update 	Brett Kirkland, Ph.D. Brett Kirkland, Ph.D. Joshua Stephany, M.D. Megan Neel Megan Neel Megan Neel Ashley Williams Ashley Williams Natalie Bielby, J.D.	
4.	Reappointment Nominations for Districts 8, 10, 12 and 14 Assessments for District 9, 11, 13 and 25	Brett Kirkland, Ph.D.	
5.	DNA Doe Project Report	Lindsay Bayer	
6.	Unidentified Deceased Initiative	Ashley Williams	
7.	Othram Info and Funding Options for LEO's and ME	Gabe Feltner	
8.	Emerging Drugs Update	Bruce Goldberger, Ph.D.	
9.	Other Business	Barbara C. Wolf, M.D.	

MEDICAL EXAMINERS COMMISSION MEETING

Orlando Marriott Lake Mary 1501 International Parkway Lake Mary, FL 32751 February 4, 2025, 10:00 AM EST

Commission Chairman Barbara C. Wolf, M.D., called the meeting of the Medical Examiners Commission to order at 10:00 AM. She advised those in the audience that the meetings of the Medical Examiners Commission are open to the public and that members of the public will be allowed five minutes to speak. She then welcomed everyone to the meeting and asked Commission members, staff, and audience members to introduce themselves.

Commission members present:

Barbara C. Wolf, M.D., Districts 5 & 24 Medical Examiner Nicholas Cox, J.D., Statewide Prosecutor, Office of the Attorney General Kenneth T. Jones, State Registrar, Department of Health Hon. Charlie Cofer, J.D., Public Defender, 4th Judicial Circuit Joshua Stephany, M.D., Districts 9 & 25 Medical Examiner Hon. Amira Fox, J.D., State Attorney, 20th Judicial Circuit Hon. Robert "Bob" Johnson, Santa Rosa County Sheriff

Commission staff present:

Brett Kirkland, Ph.D. Megan Neel Jeff Dambly, J.D. Ashley Williams

District Medical Examiners present:

Deanna Oleske, M.D. (District 1)

Catherine Miller, M.D. (District 15)

Russell S. Vega, M.D. (Districts 12 & 22)

Sajid S. Qaiser, M.D. (District 18)

Patricia A. Aronica, M.D. (District 19)

Jon R. Thogmartin, M.D. (District 6)

Other District personnel present:

Rob Padrino (District 9/25)

Sheri Blanton (District 9/25)

Lindsey Bayer (District 5/24)

Dan Schebler (District 1)

Karla Orozco (District 7)

Ralph Saccone (District 15)

Paul Petrino (District 15)

Guests present:

Matthew Sharp (FDLE) Rachel Bartolowits (Lake County Attorney's

Robert Kruger (Marion County Chief of Office)
EMS)

Heather Markuson (LifeQuest Organ

James Banta (Marion County Fire Chief) Recovery)

Cassidy Perdue (Seminole County Shane Lockwood (Florida Department of

Attorney's Office) Health, St. Johns County)

Matthew Minter (Marion County Attorney's Linda McCluskey (LifeLink of Florida)

Office) Brittany Hill (LifeLink of Florida)
Thomas Carpenter (Lake County, Assistant Jason Byrd (FEMORS)

County Manager)

Allison Thall (Seminole County Community

Kristian Swenson (Seminole County, Service Director)

Assistant County Manager)

Denise Lyn (Citrus County Attorney's Office)

Ginny McBride (Our Legacy) Darren Lahrman (LifeLink of Florida)

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE AGENDA.

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE MINUTES OF THE OCTOBER 29, 2024 MEDICAL EXAMINERS COMMISSION MEETING.

ISSUE NUMBER 1: INFORMATIONAL ITEMS:

- Election of Chair: Bureau Chief Brett Kirkland, Ph.D., informed the Commission that according to Florida Statute 406, the Commission needs to appoint a new chairman for the calendar year of 2025. Commission member Dr. Joshua Stephany nominated Dr. Barbara Wolf. The motion was made, seconded, and passed unanimously for the Commission to approve Dr. Barbara Wolf as the new Chairman. Dr. Wolf recused herself from voting.
- Status Report: MEC Appointments and Reappointments: Dr. Kirkland informed the Commission that
 he received an email from the Governor's Appointments Office regarding all appointments and
 reappointments of District Medical Examiners by the Commission. Dr. Kirkland advised that we are
 still awaiting appointments/reappointments from the Governor's Appointments Office.
- Status Report: DME Appointment and Reappointments: Dr. Kirkland informed the Commission that all district medical examiners are currently pending either appointment or reappointment. Dr. Kirkland advised we are still waiting on appointments from the Governor.
- District 8 Medical Examiner Vacancy: Joshua Stephany, M.D., informed the Commission that the
 District 8 District Medical Examiner's position is still vacant and has no news to report. Dr. Jon
 Thogmartin will continue to provide coverage. Dr. Thogmartin advised that Alachua County has two
 critical items to address before advertising the District 8 Medical Examiner position.
- 2025 Reappointments/ Assessments for District 8-14 &25: Ms. Ashley Williams informed the Commission that all ballots were sent out on January 6, 2025. The results will be presented at the May MEC meeting.
- 2023 Annual Drug Report: Ms. Megan Neel informed the Commission that 2023 Annual Drug Report was published on January 9, 2025, to the website.
- 2024 Interim Drug Report: Ms. Megan Neel informed the Commission that drug data has been received and is being complied. Ms. Neel advised the Commission that it should be published soon.
- 2024 Annual Drug Report: Ms. Neel reminded the Commission that due date for the 2024 data is now March 31, 2025. Ms. Neel advised if the districts have an issue, to reach out to her. Commission staff is aware there will be some pending cases but that can be resolved later.
- 2024 Annual Workload Report: Ms. Megan Neel advised that the deadline for the 2024 Annual Drug Report is May 31, 2025. Ms. Neel again advised if the Districts have an issue, to reach out to her.
- 2023 Paul Coverdell Forensic Science Improvement Grant Program Status Update: Ms. Ashley Williams informed the Commission that we received all but two reimbursements for 2023 Paul Coverdell Grant. Ms. Williams advised that an extension was received for the 2023 Paul Coverdell Grant but it would be closing soon.
- 2024 Paul Coverdell Forensic Science Improvement Grant Program Status Update: Ms. Ashley Williams informed the Commission that funds have been released and the FDLE Grants unit is

working on reimbursements. Ms. Williams reminded the districts to make their purchases and get the reimbursement forms submitted.

- 2025 Paul Coverdell Forensic Science Improvement Grant Program Status Update: Ms. Ashley Williams advised that proposals for the 2025 Paul Coverdell Grant will be sent out at the end of February.
- 2025 Legislative Session Update: FDLE Legal Counsel Jeff Dambly, informed the Commission of bills of interest to the Commission and the medical examiner community. Mr. Dambly advised that the Session officially begins in March, although one item to note is House Bill 231. Mr. Dambly informed that the bill has been filed, however there is no correlating Senate Bill yet. House Bill 231 provides a public record exemption of home addresses, telephone numbers, date of births, and photographs of current and former medical examiners, including the spouses and children of such medical examiners.

ISSUE NUMBER 2: Seminole and Lake County- District Presentation

- Seminole County Assistant County Manager Kristian Swenson and Lake County Assistant County Manager, Tommy Carpenter presented to the Commission requesting a redistricting of Medical Examiner District 5. Specifically, requesting that Lake County be removed from District 5 and placed with District 24. Mr. Swenson provided the Commission with information of how Districts 5 and 24 are functioning. District 5 consists of Citrus, Hernando, Lake, Marion and Sumter counties. District 24 consists of Seminole County alone. Both Districts 5 and 24 operate under an interlocal agreement that is valid until September 30, 2029. The services are provided under the medical examiner facility located in Leesburg, Florida, Lake County. The funding model of the partnership is based on population, not services received. There is a Medical Examiner Advisory Committee composed of one county commissioner from each of the six counties, each of whom have one vote. The issue presented is the funding model that is based upon population. Lake and Seminole county are subsidized, effectively leaving Lake and Seminole County paying forty nine percent of the cost but receiving only thirty-six percent of the services. The current facility is also not large enough for all the counties, however there is a new facility planned in Summerfield, Florida, Marion County. Mr. Swenson reiterated that Seminole and Lake County are only seeking a redistricting and not asking for any change to the interlocal agreement. Both Seminole and Lake County plan to operate as the same.
- Members of the Commission had follow-up questions to Mr. Swenson and Mr. Carpenter's presentation. Ms. Amira Fox inquired about the negotiations. Ms. Fox stated that per the presentation, Seminole and Lake County used the justification of money and the split of costs to propose redistricting. Ms. Fox asked if the counties attempted renegotiations for split costs after the signing of the interlocal agreement. Mr. Swenson responded, advising that this was not the Counties' first step. Mr. Swenson advised that they have spent the last two years trying to renegotiate, however, this has not been successful. Mr. Swenson stated that Lake and Seminole Counties signed the interlocal agreement to keep from having a disruption of services. Ms. Fox asked who the counties negotiated with. Mr. Swenson advised that negotiations has been attempted among the medical examiner board of District 5 and 24, with each county having one vote each. Ms. Fox asked Mr. Swenson and Mr. Carpenter if they have addressed the issues with the sheriff's offices, police agencies, funeral home directors, state attorney's or public defender's office within the jurisdictions. Ms. Fox advised that the state attorney had reached out to her, and he opposed. Sheriff Johnson also responded advising that he had spoken to two sheriffs, and they informed him that they were unaware of issues and the pending request for redistricting of districts 5 and 24. Mr. Nick Cox addressed the Commission and both Mr. Swenson and Mr. Carpenter, stating that given the information that was presented to the Commission was insufficient and further research was needed before making a decision on redistricting. Mr. Swenson stated that the Lake and Seminole County would be willing to be more

MEC Meeting Minutes February 4, 2025 Page 4

inclusive, reaching out to the sheriff's offices, funeral home directors, and state attorneys to provide additional information needed.

- James Banta, Fire Chief of Marion County Fire Rescue and the Administrative Coordinator for Medical Examiners, District 5 and 24, also addressed the Commission. Mr. Banta stated that in 2018, District 24 faced a critical challenge when they found themselves without medical examiner services. In response, an interlocal agreement was established allowing them to share medical examiner services and facilities with District 5. Recognizing the urgency of their situation, the agreement also included an annual facility offset fee for District 24 to help cover the expedited need for a new facility. Since then, the governments of both districts have remained under the oversight of the Medical Examiner's Advisory Committee. In 2020, at the request of the medical examiner, Dr. Wolf and the Advisory Committee, Marion County has been leading the effort to establish a new facility. Mr. Banta advised that the process has been transparent, with full engagement form both districts. Each milestone, including the decision to apportion cost based on population, has been unanimously approved by all members of the Advisory Committee and that has been the way the cost was apportioned. Mr. Banta stated that despite the agreement, District 24, along with Lake County, has chosen to challenge the agreed upon cost methodology and is seeking to withdraw from the plan entirely in pursuit of an independent solution. Mr. Banta informed the Commission that the withdrawal came after significant commitments have been made to date. Marion County has advanced six million dollars in total; six million for the land and three million in planning. Mr. Banta asked on behalf of Marion County and the remaining counties, that the Commission carefully consider the significant financial and legal implications of allowing Lake County to leave District 5 and join District 24.
- Matthew Minter, Marion County Attorney addressed the Commission. Mr. Minter expressed his concern that based on all the information presented to the Commission, it leaves the Commission not fully advised in the premises of what is being proposed by Lake and Seminole County. Mr. Minter is concerned about what happens to the other four counties if the redistricting moves forward. It potentially leaves the impression that the other four counties are going to be evicted, even though Seminole County said that was not their intent. Mr. Minter also informed the Commission that in 2023 the members on the Advisory Committee for Districts 5 and 24 were presented options for the funding proration. One such option was population, and then another option for autopsy, external exam, another for autopsy fees and another for autopsy death ratio. All three of the other options were a service-based options. Mr. Minster stated that there has not been effective communications between the boards of county commissioners of several counites. Mr. Minter believes that it would be advantageous to all the counties to utilize the dispute resolution provision in the agreement or perhaps get a mediator to help the counties to work through the options.
- Denise Lyn, Citrus County Attorney, addressed the Commission. Ms. Lyn reiterated everything that
 Mr. Minter stated. Ms. Lyn asked that the Commission to table the request or deny the request and
 allow the parties to get together and try to work out the logistics under the dispute resolution process.
 Ms. Lyn advised that she had been in communication with the Assistant County Attorney for
 Hernando County and informed her Hernando County was against redistricting. FDLE Legal Counsel
 Jeff Dambly advised that he received an email from the Assistant County Attorney for Hernando
 County indicating that the Hernando County Board of Commissioners opposes the redistricting as
 well.
- Ms. Amira Fox made a motion to deny Lake and Seminole Counties request for redistricting with the
 caveat that districts or the counites can bring the discussion before the Commission when more
 information is available, if they choose.

BRING THE DISCUSSION BEFORE THE COMMISSION WHEN MORE INFORMATION IS AVAILABLE.

ISSUE NUMBER 3: MASS FATALITY PLANS/ FEMORS

- Florida Emergency Mortuary Operations Response System Update: Dr. Jason Byrd, Commander for the Florida Emergency Mortuary Operations Response System (FEMORS) informed the Commission per FEMORS annual deliverable contract with the Department of Health, the review of the state mass fatality plan compared to the FEMORS field operations guide has been submitted to the Commission for consideration on some edits and changes to the mass fatality plan. Dr. Byrd stated that Dr. Joshua Stephany has worked with him and provided feedback. Dr. Stephany indicated that he would like to see updated language on the use of a CT system and medical examiner's offices instead of just traditional language. Also on the next mass fatality plan, there would be expansion on the use of RAPID DNA instrumentation. Dr. Byrd advised that he was aware of some incidents in Florida where the individual medical examiner districts have brought in RAPID DNA on their own, but there is a possibility to have a state level contract through the Department of Health for RAPID DNA as a vendor. Additionally, Dr. Byrd advised that another change he recommended was to add an appendix or addendum to the state Mass Fatality Plan. Another recommendation is the ANSI/ASB documents that have come out of the Disaster Victim Identification Committee with the National Institute of Standards and Technology, they have adopted both best practices recommendations and standards. even though the standards are not enforceable. They are looking for voluntary compliance, but those documents are reviewed on a national scale by ANSI once every five years to keep them updated. Dr. Byrd stated that in the proposed changes to the Mass Fatality Plan, links to those documents have been provided for everyone to review and he encourages all the districts to review those documents and incorporate them. Dr. Byrd clarified, there were no recommendations of procedural changes to the Mass Fatality Plan. Bureau Chief Brett Kirkland, Ph.D., inquired if Dr. Stephany would be willing to work with Commission staff to put in some of the recommendations that were mentioned on updating the CT section and working with Dr. Byrd on the RAPID DNA instrumentation to draft another iteration for the May meeting. Dr. Stephany stated he would.
- District 1 Medical Examiner, Dr. Deanna Oleske, informed the Commission that District 1 has an ANDE machine that they would be willing to deploy to whatever mass disaster that there may be in the state of Florida. Dr. Oleske proposed that maybe the Department of Health could try to get some money for the supplies, therefore when something happens, District 1 would be able to assist. Dr. Oleske stated that her staff is trained and willing to help.
- Bureau Chief Brett Kirkland, Ph.D., informed the Commission that staff has recommended an update to the Mass Fatality Plan. Dr. Kirkland advised on page 23 of the Mass Fatality Plan, staff recommends that whenever a district reports fatalities to the Commission, that the districts also include an indication of whether that death is direct or indirect. Furthermore, the actual definition of direct or indirect will be provided to the districts as defined by the US Department of Health and National Vital Statistics. Dr. Kirkland informed that often staff is put in a position where they must gain follow up information with the medical examiners, so to get the information in a timely manner, staff is requesting the information to be added to the death notification form. Dr. Kirkland indicated that there would be a check box with a definition as defined as death directly attributable to the forces of the disaster, by direct consequence of these forces, such as a structural collapse, flying debris or radiation exposure, or as an indirect related death, which occurs when an unsafe or unhealthy condition present during any phase of the disaster, such as, during the lead up to an event or preparation during the actual occurrence or post event during clean up after a disaster that contributes to the overall death. Dr. Kirkland asked the Commission to make a motion to accept the change to the Mass Fatality Plan.

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE CHANGE TO THE MASS FATALITY PLAN.

ISSUE NUMBER 4: ORGAN PROCURMENT ORGANIZATION ANNUAL REPORT

• Ms. Ginny McBride of Our Legacy presented the 2024 annual report for Florida's organ procurement organizations. Ms. McBride reported that there were no medical examiner denials in 2024 for whole and partial organ donors. Ms. McBride informed the Commission that in 2024, that there were 2,900 people who received transplants in the state of Florida. Ms. McBride also informed the Commission that fifty five percent of deceased donor transplants fell under the jurisdiction of medical examiners. Ms. McBride thanked the medical examiners for the outstanding relationship they have with the organ procurement organizations in Florida.

ISSUE NUMBER 5: EMERGING DRUGS UPDATE

 Bureau Chief Brett Kirkland, Ph.D., provided the Commission with an update on new drug trends on behalf of Bruce Goldberger, Ph.D. There were several new and significant findings of drugs in decedents during the last quarter. The directors are reporting a significant decrease in the number of fatal drug overdoses. Most notably, the prevalence of fentanyl in decedents is decreasing statewide. Novel synthetic opioids identified in casework include acetylfentanyl, carfentanil, orthomethylfentanyl, and para-fluorofentanyl. Other drugs identified in decedents include bromazolam, N,N-dimethylpentylone, N-isopropyl butylone, and MDMB-4en-PINACA.

ISSUE NUMBER 6: OTHER BUSINESS

- District 5 & 24 Medical Examiner's Office Director of Operations, Lindsey Bayer addressed the Commission regarding public records requests and the new HIPAA Law that has become problematic. Ms. Bayer informed the Commission of on-going issues since a federal initiative has been initiated and new requirements for attestation form medical examiner's offices on public records requests from medical facilities. Ms. Bayer advised that District 5 &24 received from Health and Human services and from the hospitals that an attestation now must be included with every single records request for every single person for whom medical records are needed, regardless of whether the records are being requested from hospitals, pharmacies, private practitioners or other entities. The attestations basically already have the same information that is included on regular records requests. Another issue that districts are encountering is, each entity are requesting an attestation with their name on it, and some have multiple forms. The communication among the hospitals is nonexistent and there is no standardization. This is causing turnaround time for medical records to be delayed, where before the turnaround time was twenty-four hours, now it can take up to three weeks. This is also delaying the signing off on death certificates and creating a backlog. Ms. Bayer inquired if the Commission could reach out to the surgeon general's office and ask for a standardized form that could be used across the board for record requests. Dr. Kirkland advised that staff would reach out to the available stakeholders to work towards a resolution.
- 2025 FAME Educational Conference: District 1 Medical Examiner, Dr. Deanna Oleske informed the Commission that the next FAME Conference is going to held in September 10-12, 2025, in Fort Walton Beach Conference Center in Okaloosa County.
- District 19 Medical Examiner, Dr. Patricia Aronica informed the Commission of concerns that she has been made aware of and wanted to inform other district medical examiners. Dr. Aronica advised that there have been incidences where cases fall under the medical examiner's jurisdiction however District 19 was not notified. Dr. Aronica advised that they are only finding out through record review and unfortunately, some of the cases have gone to tissue recovery and the tissue recovery teams

MEC Meeting Minutes February 4, 2025 Page 7

have not made the district aware. Dr. Aronica informed district medical examiners that it is important to communicate with the tissue recovery teams and let them know the importance of alerting the medical examiners of the cases that fall under the ME's jurisdiction.

 District 1 Medical Examiner, Dr. Deanna Oleske informed the Commission that Research Triangle Institute (RTI), on the behalf of Bureau of Statistics, has sent out a survey to all medical examiners and coroner offices throughout the country. As of the meeting, Florida has a seventy three percent response rate for all the offices. Dr. Oleske encouraged other medical examiner districts to complete and submit the survey.

With no further business to come before the Commission, the meeting was adjourned at 11:45 A.M.

Barbara C. Wolf, M.D. Chairman

District 5/24 Medical Examiner 809 Pine Street Leesburg, Florida 34748 (352) 326-5961 E: barbara.wolf@marioncountyfl.org

First Term: 8/7/2015-7/1/2019 Second Term: 2/10/2023 - 6/30/2023

Robin Giddens Sheppard, L.F.D.

Funeral Director/Vice President Hardage-Giddens Funeral Homes 4801 San Jose Boulevard Jacksonville, Florida 32207 (904) 737-7171 E: Robin.Sheppard@dignitymemorial.com First Term: 8/15/2013-7/1/2016 Second Term: 08/29/2018-07/01/2020 Third Term: 2/10/2023 - 6/30/2024

Mr. Kenneth T. Jones

State Registrar Florida Department of Health Bureau of Vital Statistics Post Office Box 210 Jacksonville, Florida 32231 (904) 359-6900 ext. 1001 E: Ken.Jones@flhealth.gov Term: Not Applicable

Honorable Amira Fox, J.D.

State Attorney 20th Judicial Circuit PO Box 399 Fort Myers, Florida 33902 (239) 533-1100 email: afox@sao20.org First Term: 2/10/2023 - 6/30/2023

Joshua Stephany, M.D.

District 9/25 Medical Examiner 2350 East Michigan Street Orlando, Florida 32806 (407) 836-9400 email: joshua.stephany@ocfl.net First Term: 2/10/2023 - 6/30/2024

Bureau Chief Brett Kirkland, Ph. D. (850) 410-8600 brettkirkland@fdle.state.fl.us

Manager II Ashley Bullard (850) 410-8639 AshleyBullard@fdle.state.fl.us

Honorable Charlie Cofer, J.D.

Public Defender, 4th Judicial Circuit 407 N. Laura Street Jacksonville, Florida 32202 (904) 255-4673 E: ccofer@pd4.coj.net First Term: 08/29/2018-07/01/2021 Second Term: 2/10/2023 - 6/30/2025

Brian Fernandes, J.D.

Chief Assistant Statewide Prosecutor Office of the Attorney General 107 West Gaines Street, Suite 531 Tallahassee, FL 32399 850-414-3300

email: Brian.Fernandes@myfloridalegal.com

Term: Not Applicable

VACANT

County Commissioner

Honorable Robert "Bob" Johnson

Sheriff Santa Rosa County 5755 East Milton Road Milton, Florida 32583 (850) 983-1100 email: rjohnson@srso.net First Term: 2/10/2023 - 6/30/2025

STAFF

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302 (850) 410-8600

Government Analyst II Megan Neel (850) 410-8664 meganneel@fdle.state.fl.us

Government Analyst II Ashley Williams (850) 410-8609 ashleywilliams@fdle.state.fl.us

Deputy General Counsel Jeff Dambly, J.D. (850) 410-7676 jeffdambly@fdle.state.fl.us

Attorney Supervisor Natalie Bielby (850) 410-7681 NatalieBielby@fdle.state.fl.us

FLORIDA DISTRICT MEDICAL EXAMINERS

District 1 Deanna Oleske, M.D.

Interim Medical Examiner 2114 Airport Blvd. Suite 1450 Pensacola, Florida 32504 Director of Operations Dan Schebler (850) 332-7300 FAX: (850) 285-0774 e-mail: contactus@d1meo.org

District 2 Thomas M. Coyne, M.D., Ph.D

Interim Medical Examiner 560 Leonard Gray Way Tallahassee, Florida 32304 Director of Operations Ricardo Camacho (850) 606-6600 FAX: (850) 606-6601 e-mail: rcamacho@Dist2ME.org

District 3

Dixie Co.

ME Services Provided by District 8 Lafavette, Madison & Suwannee Co. ME Services Provided by District 2 Columbia & Hamilton Co. ME Services Provided by District 4

District 4 B. Robert Pietak, M.D.

Interim Medical Examiner 2100 Jefferson Street Jacksonville, Florida 32206 Director of Operations Tim Crutchfield (904) 255-4000 FAX: (904) 630-0964 e-mail: tcrutchfield@coj.net

District 5 Barbara C. Wolf, M.D.

809 Pine Street Leesburg, Florida 34748 Director of Operations Lindsey Bayer (352) 326-5961 FAX: (352) 365-6438 e-mail: Lindsey.Bayer@marioncounty fl.org

District 6 Jon R. Thogmartin, M.D.

10900 Ulmerton Road Largo, Florida 33778 Chief Investigator Damon Breton (727) 582-6800 FAX: (727) 582-6820 e-mail: dbreton@co.pinellas.fl.us

District 7 (Home Rule) James W. Fulcher, M.D.

3891 Tiger Bay Road Daytona Beach, FL 32124-1001 Director of Operations Karla Orozco (386) 258-4060 FAX: (386) 258-4061 e-mail: korozco@volusia.org

District 8

Jon R. Thogmartin

Interim Medical Examiner 3217 SW 47th Avenue Gainesville, Florida 32608 (352) 273-9292 FAX: (352) 273-9288

District 9 (Home Rule) Joshua D. Stephany, M.D.

2350 East Michigan Street Orlando, Florida 32806 Program Manager Sheri Blanton (407) 836-9400 FAX:(407) 836-9450 e-mail: Sheri.Blanton@ocfl.net

District 10

Stephen J. Nelson, M.A., M.D., F.C.A.P.

1021 Jim Keene Boulevard Winter Haven, Florida 33880 Office Manager Sheli Wilson (863) 298-4600 FAX:(863) 298-5264 e-mail: StephenNelson@polk-county.net

District 11 (Home Rule) Kenneth Hutchins, M.D.

Medical Examiner Number One on Bob Hope Road Miami, Florida 33136-1133 Director of Operations Sandra Boyd (305) 545-2400 FAX: (305) 545-2412 e-mail: sandra.boyd@miamidade.gov

District 12 Russell S. Vega, M.D.

4510 Fruitville Road Sarasota, Florida 34232 Director of Operations David Winterhalter (941) 361-6909 FAX: (941) 361-6914 email: rvega@fldist12me.com

District 13 (Home Rule) Carolina McEnnan, M.D.

11025 North 46th Street Tampa, Florida 33617 Manager of Operations Harrison Cowan (813) 914-4500 FAX: (813) 914-4594 email: McEnnanC@hcfl.gov

District 14 Jay Radtke, M.D.

3737 Frankford Avenue Panama City, Florida 32405 Director of Operations Whit Majors (850) 747-5740 FAX: (850) 747-5745 e-mail: wmajors@baycountyfl.gov

District 15 (Home Rule) Catherine R. Miller, M.D.

Medical Examiner 3126 Gun Club Road West Palm Beach, Florida 33406 Forensic Supervisor Ralph Saccone (561) 688-4575 FAX: (561) 688-4588 e-mail: rsaccone@pbcgov.org

District 16

Michael Steckbauer, M.D. Interim Medical Examiner

56639 Overseas Hwy Marathon, Florida 33050 (305) 743-9011 FAX: (305) 743-9013 e-mail: meo@monroecounty-fl.gov

District 17 (Home Rule) Rebecca MacDougall, M.D.

Medical Examiner 5301 S.W. 31st Avenue Ft. Lauderdale, Florida 33312 Division Admin Assistant Heather Galvez (954) 357-5200 FAX: (954) 327-6580 e-mail: rmacdougall@broward.org

District 18 Sajid S. Qaiser, M.D.

1750 Cedar Street Rockledge, Florida 32955

Program Manager Michael Szczepanski (321) 633-1981

FAX: (321) 633-1986

e-mail: michael.szczepanski@brevardfl.gov

District 19

Patricia A. Aronica, M.D.

Interim Medical Examiner 2500 South 35th Street Ft. Pierce, Florida 34981 Operations Manager Kimberly Loucks (772) 464-7378 FAX: (772) 464-2409 e-mail: kimberly.loucks@stlucieco.gov

District 20

Marta U. Coburn, M.D.

3838 Domestic Avenue Naples, Florida 34104 Adminsitrative Coordinator Michelle Correia (239) 434-5020 FAX: (239) 434-5027 e-mail: naplesme@d20me.net

District 21

Rebecca A. Hamilton, M.D.

70 South Danley Drive Ft. Myers, Florida 33907 Director of Operations Patti Wheaton (239) 533-6339 FAX: (239) 277-5017 e-mail: pwheaton@leegov.com

District 22 Russell S. Vega, M.D.

Interim Medical Examiner 18130 Paulson Drive Pt. Charlotte, Florida 33954 Director of Operations Penny Fulton (941) 625-1111

FAX: (941) 627-0995

e-mail: pfulton@district 22me.com

District 23

Wendolyn Sneed, M.D.

Medical Examiner 4501 Avenue A St. Augustine, Florida 32095 Forensic Operations Manager Kelly Boulos (904) 209-0820 FAX: (800) 255-8617 e-mail: kboulos@sicfl.us

District 24

Barbara C. Wolf, M.D.

ME Services Provided by District 5

District 25 (Home Rule) Joshua D. Stephany, M.D.

ME Services Provided by District 9

FLORIDA ASSOCIATE MEDICAL EXAMINERS

District 1
Danielle R. Armstrong, D.O. Lorraine Lopez-Morell, M.D. Michael Pagacz, M.D. (Wilson A. Broussard, M.D.) (Thomas M. Coyne, M.D., Ph.D.) (Jennifer Dierksen, M.D.) (Emily R. Duncanson, M.D.) (Lisa Flannagan, M.D.) (Ami Murphy, D.O.) (Maneesha Pandey, M.D.) (Jay M. Radtke, M.D.) (Brandy L. Shattuck, M.D.)

District 2

(Lisa M. Flannagan, M.D.) (Jan M. Gorniak, D.O.) (Noel R. Agudo, M.D.) (Natalia Belova, M.D.) (Kailee Imperatore, M.D.) (Andrew Koopmeiners, M.D.) (Noel A. Palma, M.D.) (Heidi Reinhard, M.D.) (Jason R. Van Roo, M.D.)

District 3

Dixie Co.

ME Services Provided by District 8 Lafavette, Madison, & Suwannee Co. ME Services Provided by District 2 Columbia & Hamilton Co. ME Services Provided by District 4

<u>District 4</u> Robert Buchsbaum, M.D., J.D. Peter Gillespie, M.D. Brittany L. Glad, D.O. Sherry L. Jilinski, M.D. Aurelian Nicolaescu, M.D. Robert R. Pfalzgraf, M.D. Jason R. Van Roo, M.D. (Noel R. Agudo, M.D.) (Michael Bell, M.D.) (Leszek Chrostowski, M.D.) (William F. Hamilton, M.D.) (lana Lesnikova, M.D.) (Brandon M. Maveal, M.D.) (Deanna A. Oleske, M.D.) (Valerie J. Rao, M.D.) (Sandra A. Siller, M.D.) (Barbara C. Wolf, M.D.)

District 5 Tracey S. Corey, M.D. Rachel A. Lange, M.D. Chantel Njiwaji, M.D. Tracey L. Shipe, D.O. (Noel R. Agudo, M.D.) (Michael Bell, M.D.) (Thomas M. Coyne, M.D., Ph.D.) (James W. Fulcher, M.D.) (Susan S. Ignacio, M.D.) (Kailee Imperatore, M.D.) (Wavne D. Kurz, M.D.) (Andrew Koopmeiners, M.D.) (Stephen J. Nelson, M.D.) (Aurelian Nicolaescu, M.D.) (Noel A. Palma, M.D.) (Joshua D. Stephany, M.D.) (Jon Thogmartin, M.D.) (Jason R. Van Roo, M.D.)

<u>District 6</u> Noel R. Agudo, M.D. Susan S. Ignacio, M.D. Kailee Imperatore, M.D. Wayne D. Kurz, M.D. Andrew Koopmeiners, M.D. Noel A. Palma, M.D. Jason R. Van Roo, M.D. (Wilson A. Broussard, M.D.) (Marcela Chiste, M.D.) (Tracey S. Corey, M.D.) (Thomas M. Coyne, M.D., Ph.D.) (Rebecca A. Hamilton, M.D.) (Tera A. Jones, M.D.) (Rachel A. Lange, M.D.) (Wendy A. Lavezzi, M.D.) (Rebecca MacDougall, M.D.) (Stephen J. Nelson, M.D.) (Chantel Njiwaji, M.D.) (Shanedelle S. Norford, M.D.) (Mark J. Shuman, M.D.) (Phoutthasone Thirakul, M.D.) (Suzanne R. Utlev-Bobak, M.D.) (Russell S. Vega, M.D.) (Vera V. Volnikh, M.D.) (Barbara C. Wolf, M.D.)

<u>District 7</u> Ruth Kohlmeier, M.D. Mary G. Ripple, M.D. (Noel R. Agudo, M.D.) (Marcela Chiste, M.D.) (Susan S. Ignacio, M.D.) (Kailee Imperatore, M.D.) (Wayne D. Kurz, M.D.) (Rebecca MacDougall, M.D.) (Shanedelle S. Norford, M.D.) (Noel A. Palma, M.D.) (Jon R. Thogmartin, M.D.) (Lee Tormos, M.D.)

District 8

(Noel Agudo, M.D.) (Michael Bell, M.D.) (Natalia Belova, M.D.) (Alexander Blank, M.D.) (Thomas M. Covne, M.D., Ph.D.) (Lisa Flanagan, M.D.) (Alexis Jelinek, M.D.) (Susan S. Ignacio, M.D.) (Kailee Imperatore, M.D.) (Andrew Koopmeiners, M.D.) (Wayne D. Kurz, M.D.) (Wendy Lavezzi, M.D.) (Rebecca MacDougall, M.D.) (Shanedelle S. Norford, M.D.) (Noel Palma, M.D.) (Heidi Reinhard, M.D.) (Mark Shuman, M.D.) (Jason Van Roo, M.D.) (Barbara C. Wolf, M.D.)

<u>District 9</u> Brooke Blake, M.D. Joy Edegbe, M.D. Marie H. Hansen, M.D. Soren L. Jensen, D.O. Sandra A. Siller, M.D. Sara H. Zvdowicz, D.O. (Tracey S. Corey, M.D.) (James Fulcher, M.D.) (D. Fintan Garavan, M.D., Ph.D.) (Julia V. Hegert, M.D.) (Ruth Kohlmeier, M.D.) (Rachel A. Lange, M.D.) (Stephen J. Nelson, M.D.) (Chantel Njiwaji, M.D.) (Mary G. Ripple, M.D.) (Tracey L. Shipe, D.O.) (Saiid S. Qaiser, M.D.) (Vera V. Volnikh, M.D.) (Barbara C. Wolf, M.D.)

District 10

D. Fintan Garavan, M.D., Ph.D. Vera V. Volnikh, M.D. (Kelly G. Devers, M.D.) (Susan S. Ignacio, M.D.) (Wavne D. Kurz. M.D.) (Wendy Lavezzi, M.D.) (Rvan D. McCormick, M.D.) (Daissy C. McEnnan, M.D.) (Noel A. Palma, M.D.) (Ashley R. Perkins, D.O.) (Jon R. Thogmartin, M.D.) (Milad Webb, M.D.) (Barbara C. Wolf, M.D.)

<u>District 11</u> Nicholas Barna, M.D.

Alexander Blank, M.D. Jamie Kendrick, M.D. Katherine Kenerson, M.D. Michael Kritselis, M.D. Benjamin Mathis, M.D. Tiffany Sheganoski, M.D. Tuyet Tran, M.D. Mariana Voudouri, M.D. (Michael D. Bell, M.D.) (louri G. Boiko, M.D., Ph.D.) (Manfred Borges, M.D.) (Marcela Chiste, M.D.) (Marta Coburn, M.D.) (Gertrude M. Juste, M.D.) (Rebecca MacDougall, M.D.) (Craig Mallak, M.D.) (Linda R. O'Neil, M.D.) (Marlon S. Osbourne, M.D.) (Stephen Robinson, M.D.) (Stacey A. Simons, M.D.) (Terrill Tops, M.D.) (Lee Marie Tormos, M.D.)

District 12

Omar Ansari, M.D. Wilson A. Broussard, M.D. Phoutthasone Thirakul, M.D. Suzanne R. Utley-Bobak, M.D. (Leszek Chrostowski, M.D.) (William F. Hamilton, M.D.) (Stephen J. Nelson, M.D.) (Robert R. Pfalzgraf, M.D.) (Valerie J. Rao, M.D.) (Wendolyn Sneed, M.D.)

District 13 Omar Ansari, M.D. Kelly G. Devers, M.D. Ryan D. McCormick, M.D. Paul F. McGowan, D.O. Ashley R. Perkins, D.O. Noah D. Reilly, D.O. Milad Webb, M.D. (Leszek Chrostowski, M.D.) (Thomas M. Coyne, M.D.) (D. Fintan Garavan, M.D., Ph.D.) (Mary K. Mainland, M.D.) (Stephen J. Nelson, M.D.) (Phoutthasone Thirakul, M.D.) (Vera V. Volnikh, M.D.) (Sara H. Zvdowicz, D.O.)

<u>District 14</u> (Noel R. Agudo, M.D.) (Michael D. Bell, M.D.) (Susan S. Ignacio, M.D.) (Katherine L. Kenerson, M.D.) (Andrea N. Minyard, M.D.) (Mark J. Shuman, M.D.) (Phoutthasone Thirakul M.D.)

District 15

Natalia Belova, M.D. Marcela Chiste, M.D. Eric A. Eason, M.D. Marlon S. Osbourne, M.D. Heidi Reinhard, M.D. Terrill Tops, M.D. Lee Marie Tormos, M.D. Anthony Vinson, DO (Michael Bell, M.D.) (Kenneth D. Hutchins, M.D.) (Alexis Jelinek, M.D.) (Stacey A. Simons, M.D.) (Mark J. Shuman, M.D.) (Michael Steckbauer, M.D.) (Jon Thogmartin, M.D.)

District 16

(louri G. Boiko, M.D. Ph.D.) (Marlon S. Osbourne, M.D.) (Mark J. Shuman, M.D.)

District 17 Omar Ansari, M.D. Abigail Alexander, M.D. Iouri G. Boiko, M.D., Ph.D. Alexander Blank, M.D. Yanel De Los Santos, M.D. Frin Flv. M.D. Alexis Jelinek, M.D. Gertrude M. Juste, M.D. Brandon M. Maveal, M.D. Stephen Robinson, M.D. Darin Trelka, M.D., Ph.D. (Natalia Belova, M.D.) (Kenneth Hutchins, M.D.) (Katherine L. Kenerson, M.D.) (Emma O. Lew, M.D.) (Benjamin Mathis, M.D.) (Heidi I. Reinhard, M.D.) (Wendolyn Sneed, M.D.) (Tuvet Tran. M.D.)

District 18

John S. Daniel, M.D. Matrina J. Schmidt, M.D. (Patricia A. Aronica, M.D.) (May Jennifer Amolat-Apiado, M.D.) (Raman Baldzizhar, M.D.) (Jacqueline A. Benjamin, M.D.) (Barbara Bollinger, M.D.) (Thomas M. Coyne, M.D.) (Brandon Maveal, M.D.) (Aaron J. Rosen, M.D.) (Adrienne Sauder, M.D.)

District 19

Raman Baldzizhar. M.D. Barbara Bollinger, M.D. Stefanie J. Grewe, M.D. Adrienne Sauder, M.D. (Michael D. Bell, M.D.) (Joseph M. Curran, M.D.) (Marie H. Hansen, M.D.) (Gertrude M. Juste, M.D.) (Wendy A. Lavezzi, M.D.) (Rebecca M. MacDougall, M.D.) (Stephen J. Nelson, M.D.) (Joshua D. Stephany, M.D.) (Sajid S. Qaiser, M.D.) (Mark J. Shuman, M.D.) (Vera V. Volnikh, M.D.) (Barbara C. Wolf, M.D.) (Sara H. Zydowicz, D.O.)

District 20

Andrea N. Minyard, M.D. (Michael D. Bell, M.D.) (Rebecca A. Hamilton, M.D.) (Emma O. Lew, M.D.)

District 21

Colin D. Appleford, D.O. Noelia Alemar Hernandez, M.D. Sarah C. Thomas, M.D. (Michael D. Bell, M.D.) (Manfred C. Borges, M.D.) (Wilson A. Broussard, Jr., M.D.) (Leszek Chrostowski, M.D.) (Marta U. Coburn, M. D.) (Riazul H. Imami, M.D., Ph.D.) (Katherine L. Kenerson, M.D.) (Rachel A. Lange, M.D.) (Stephen J. Nelson, M.D.) (Valerie J. Rao. M.D.) (Mark J. Shuman, M.D.) (Phoutthasone Thirakul, M.D.) (Vera V. Volnikh, M.D.)

District 22 Omar Ansari, M.D.

Leszek Chrostowski, M.D. Valerie J. Rao, M.D. (Wilson A. Broussard, Jr., M.D.) (Phoutthasone Thirakul, M.D.) (Suzanne R. Utlev-Bobak, M.D.)

District 23

(James W. Fulcher, M.D.) (Ruth Kohlmeier, M.D.)

<u>District 24</u> ME Services Provided by District 5

District 25

ME Services Provided by District 9

Coverage Map

Florida Medical Examiner Districts

District 1
Escambia
Okaloosa
Santa Rosa
Walton

District 2

Franklin Gadsden Jefferson Leon Liberty Taylor

Wakulla

District 3 *Covered by

Columbia *4
Dixie *8
Hamilton *4
Lafayette *2
Madison *2
Suwannee *2

District 4

Clay Duval Nassau District 5

Citrus
Hernando
Lake
Marion
Sumter

District 6
Pasco

Pasco Pinellas

District 7 Volusia

District 8

Alachua Baker Bradford Gilchrist Levy Union

District 9
Orange

District 10 Hardee

Hardee Highlands Polk <u>District 11</u> Miami-Dade

District 12
DeSoto
Manatee

Sarasota

District 13

Hills borough

District 14

Bay Calhoun Gulf Holmes Jackson Washington

District 15

Palm Beach

District 16 Monroe

<u>District 17</u> Broward

District 18 Brevard District 19

Wakulla

Indian River Martin Okeechobee St. Lucie

District 20 Collier

District 21

Glades Hendry Lee

District 22 Charlotte

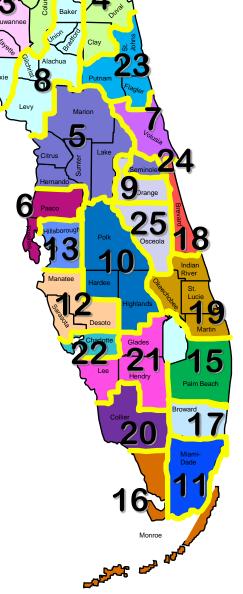
District 23

Flagler Putnam St. Johns

<u>District 24</u> *Covered by Seminole *5

District 25 *Covered by

Osceola *9





JAMES UTHMEIER ATTORNEY GENERAL

April 18, 2025

The Honorable Ron DeSantis Governor, State of Florida The Capitol 400 South Monroe Street Tallahassee, Florida 32399-0001

Dear Governor DeSantis,

Section 406.02(1)(b), Florida Statutes, pertaining to the membership of the Florida Medical Examiners Commission, provides that one member of the commission shall be the Attorney General or his designated representative. I am pleased to designate Brian Fernandes, Chief Assistant Statewide Prosecutor, as my representative to sit on the Medical Examiners Commission. You may contact Mr. Fernandes at 850-666-2390 or Brian.Fernandes@myfloridalegal.com.

Sincerely

James Uthmeler Attorney General

District 8 Reappointment - Jon R. Thogmartin, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Courts				•
State Attorney's Office 8th Judicial Circuit	X			
Public Defender's Office 8th Judicial Circuit	X			
Sheriff's Offices			I	
Alachua County Sheriff's Office			Х	
Baker County Sheriff's Office	Х			
Bradford County Sheriff's Office	Х			
Gilchrist County Sheriff's Office				
Levy County Sheriff's Office Union County Sheriff's Office	X			
Childri County Chemis Child				
Commissioners				
Alachua Board of County Commissioners				
Baker Board of County Commissioners				
Bradford County Manager Gilchrist Board of County Commissioners				
Levy Board of County Commissioners	X			
Union Board of County Commissioners				
,				
Police Departments				
Alachua Police Department				
Gainesville Police Department	X			
High Springs Police Department Lawtey Police Department	^			
Starke Police Department				
Trenton Department Of Public Safety				
Cedar Key Police Department				
Chiefland Police Department				
Williston Police Department				
Funeral Homes			I	
PINKNEY-SMITH FUNERAL HOME INC				
PINKNEY-SMITH FUNERAL HOME INC				
CHESTNUT FUNERAL HOME INC				
MILAM FUNERAL HOME INC	Х			
WASHINGTON FUNERAL HOME EVANS-CARTER FUNERAL HOME				
PINKNEY-SMITH FUNERAL HOME INC				
FOREST MEADOWS FUNERAL HOME				
D WILLIAMS MORTUARY SERVICES LLC				
WILLIAMS-THOMAS FUNERAL HOME INC				
A M WHITE MORTUARY	Х			
WILLIAMS-THOMAS FUNERAL HOME INC				
DUNCAN BROTHERS FUNERAL HM PA				
MILAM FUNERAL HOME				
WILLIAMS-THOMAS FUNERAL HOME INC				
SIGNATURE MEMORIAL FUNERAL & CREMATION SERVICES LLC				
BOOKER T HUNT FUNERAL HOME	Х			
A JEROME BROWN FUNERAL HOME				
GUERRY FUNERAL HOME FORBES FUNERAL HOME				
BLACKBURN - CURRY FUNERAL & CREMATION LLC	Х			
MEMORIAL CHAPEL				
V TODD FERREIRA FUNERAL SERVICES	1			
FERREIRA FUNERAL SERVICES				
HAILE FUNERAL HOME				
JONES-GALLAGHER FUNERAL HOME LLC				
J HADLEY FUNERAL HOME LLC				
WATSON MILTON FUNERAL HOME LLC KNAUFF FUNERAL HOMES LLC	X			
	^			
RICK GOODING FUNERAL HOME CHIEFLAND LLC KNAUFF FUNERAL HOMES LLC				
	+			
CARNEGIE FUNERAL HOME ARCHER FUNERAL HOME INC	+			
FERREIRA FUNERAL SERVICES	+			

Medical Societies		
Alachua County Medical Society	X	
Life Quest		

Contractual Services for Distri	ct 3 (Dixie Co	ounty)		
	Favorable	Non-Favorable	No Opinion	No Response
Courts				
State Attorney's Office 3rd Judicial Circuit				
Public Defender's Office 3rd Judicial Circuit				
Sheriff's Office				
Dixie County Sheriff's Office			Х	
Commissioners				
Dixie Board of County Commissioners				
Police Departments				
Cross City Police Department	Х			
Funeral Homes				
Rick Gooding Funeral Homes, Inc.				`

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable 🗵
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Comple	stad by:
Comple	(10 m 1 1 1 2 1 2 1 2 1 2 1 2 2 1 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 2 1 2
	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Name: Tothony We with the
	Agency Name: H.M. WHITE MORTUARY
	Agency Address: 1722 NIJ Both Blub, \$60, (scing ville Pl. 3260)

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

Favorabl	e □	
Please giv	e suggestions for improvement.	
Hafarran	able E	
Unfavora	re reasons for negative response.	
		S) Board and Members prefer the District 8 Medica
	within the Eighth District he represe	dily available when called upon. If Dr. Thogmartin ented, the ACMS would be in favor of his reappoint
resided No Opin	within the Eighth District he represe	idily available when called upon. If Dr. Thogmartin ented, the ACMS would be in favor of his reappointr
resided v No Opin Please ex completed by:	within the Eighth District he represe ion □ plain your response.	
resided v No Opin Please ex Completed by:	within the Eighth District he represe	
resided v No Opin Please ex Completed by:	within the Eighth District he represe ion □ plain your response.	ented, the ACMS would be in favor of his reappointrented, the ACMS would be in favor of his reappointrented.
resided v No Opin Please ex Completed by: Signature Name:	vithin the Eighth District he represe ion plain your response. Fackie Owens	ented, the ACMS would be in favor of his reappointred. **Date: February 21, 2025 **President**

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Sheriff Chad D. Scott Post Office Box 5489 • Gainesville, FL 32627

January 23, 2025

Members of the Medical Examiners Commission:

Since the appointment of Dr. Jon Thogmartin as the Interim Medical Examiner of District 8, there have been several concerns that have surfaced. It is important to note that some of these concerns are likely because Dr. Thogmartin had to hire a new staff and several of his investigators had to respond from other counties during the first few months of his appointment. It is my understanding that he now has three full time investigators working for him and response times should decrease. Members of the Alachua County Sheriff's Office (ACSO) have met with Dr. Thogmartin and expressed their concerns and many of the issues will hopefully no longer be a problem. Below are a few areas of concern that have been noted over the past 6-8 months:

- Lack of clarity regarding when an investigator from the ME will respond to a scene, specifically suicides
 and overdose deaths. Dr. Thogmartin has agreed that as a general rule, an investigator will respond to these
 scenes with some exceptions.
- Toxicology reports not being completed on a routine basis for suspected overdose deaths. ACSO Detectives
 will now communicate a request for toxicology on any case involving suspected narcotics.
- An ME investigator requiring that a decedent be undressed or "processed" on scene. This can cause us to
 lose valuable evidence and is also not always appropriate given the location of the body and proximity to
 family members or the general public. Dr. Thogmartin has stated that it will be our discretion where we
 process the body for evidence. This was an investigator who no longer works for the ME so it should not
 be a continuing problem.
- Response time of ME investigators. As stated above, this issue is hopefully resolved now that Dr. Thogmartin has three full time investigators who live in or near Alachua County.

Because of the above issues, I am hesitant to give a "favorable" recommendation for reappointment. However, Dr. Thogmartin has been very responsive to our concerns and has been communicating regularly with our Criminal Investigations Division Commander as well as attending meetings to discuss these issues. For these reasons, I can only give a "no opinion" response at this time. I am hopeful that we will continue moving forward in a positive direction and that it will be a smooth transition for the permanent Medical Examiner for District 8.

Respectfully,

Chad D. Scott

Sheriff

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable
Please give suggestions for improvement.

Unfavorable
Please give reasons for negative response.

No Opinion
Please explain your response. Please Sec attracted.

Completed by:

Signature:

Date: January 23, 2025

Name: Chad D. Scort
Agency Name: Maching County Sheriff's Office
Agency Address: 7(02) SE Hawtyone Rd., Grang Shile, To 32(04) -

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.
Favorable 🗹
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature:
Name: DAVID C. MANCINI JR
Name: DAVID C. MANCINI JR Agency Name: BAKER COUNTY SHERIFF'S OFFICE
Agency Address: 1 SHERIFF'S OFFICE DR MACCLENNY FL 32063

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable 1
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response
	No Opinion □
	Please explain your response.
Comple	eted by:
	Signature: Date 1 18 25
	Name: James M. Curry I LFD
	Agency Name: Blackburn-Curry Funeral & Cremation
	796 H. A. A. A. A. A. A. A. E.
	Agency Address: 500 Cowder St. Maccienny, FL

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable 🗵
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Comple	eted by:
Jonnpie	
	Signature:Booker T. Hunt Sr. LFD Date: 04/10/2025
	Name: Booker T. Hunt Sr. LFD
	Agency Name:Booker T. Hunt Funeral Home
	Agency Address: 24340 Newberry Lane, Newberry FL 32669

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Com	pleted by:
	Signature: Date:
	Agency Name: Bredford County Sheriffs office
	Agency Address: 945 M. Temple A. Starke El 33081

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

option below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable Please give reasons for negative response.

No Opinion D

Please explain your response.

Signature: Date: 4/14/25

Name: Tamey M. King

Agency Name: Cross City Police Dept.

Agency Address: P.O. Box 417, Cross City FL 32628

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> option below and provide comments regarding your selection.

	Favorable □
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion W NOT THE SAME LEVEL OF COMMUNICATION WITH THE STATE RUN LEGENCY
	Please explain your response.
Comp	oleted by:
	Signature:
	Name: TONY LOPRESTO (LIEUTENANT)
	Agency Name: DIXIE COUNTY SHERIFF'S OFFICE
	Agency Address: ZIY NE 351 HWY / P.O. Box 470
	CROSS CITY, FL 32628

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable X		
Please give suggestions for improvement.		
Unfavorable □		
Please give reasons for negative response.		
No Opinion □		
Please explain your response.		
Completed by:		
Signature: Ry E. Ween J	Date:	1-10-2025
Signature: Roy E. Weens, Jr. Agency Name: Knowf F Fusical Ho		
Agency Name: Kwauff Funeral He	/ 3/44<	
Agency Address: 715 w. Panh Me	Chiefland,	FL 32626

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> <u>below</u> and <u>provide</u> comments regarding your selection.

Favorable 🗹
Please give suggestions for improvement.
Not pleased with the after-hours on call Service. Significant delay in response to our calls for assistance.
Unfavorable
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by: Signature: Date: 1/14/2025
Name: Sheriff Bobby McCallum
Agency Name: Levy County Sheriff's Office
Agency Address: 9150 NE 80th Are Bronson, FL 32621

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 💢
Please give suggestions for improvement.
- UE Struggle to get timely often
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date:
Name:
Agency Name: Clu Comb Box
TO SCHOOL STOOL
Agency Address:
Bronow +C 22/02/
Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 💆
Please give suggestions for improvement. PR. Thogmartin his been excellent.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: 1/4/d5
Name: STACY A. SCOTT, Public Defender
Agency Name: Public Defender, 8th Circuit
Agency Address: 151 SW Znd AVE, GAINESVILLE, FL
32601

Return Completed Form to:

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

	Favorable
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
0	
Comple	
	Signature: Date: 2/16/25
	Name: John Murrett
	Agency Name: State Attorney 3rd Circuit
	Agency Address: 310 Pine Annue SW Live Oak FL 3 2064

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Please give suggestions for improvement.

Unfavorable □ Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by: Signature: Adam Journbeau J	Date: 01/10/2025
Name: Jordan Lounsherry	
Agency Name: Milam Funeral Home	
Agency Address: 311 S. Main Street, Gainesvi	ille, FL 32601

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

	Favorable	Non-Favorable	No Opinion	No Response
Courts State Attorney's Office 9th Judicial Circuit	Х			
Public Defender's Office 9th Judicial Circuit				
Sheriff's Offices				
Drange County Sheriff's Office				
Osceola County Sheriff's Office	X			
Commissioners				
Orange County Mayor Osceola Board of County Commissioners	Х			
Osceola Board of County Commissioners				
Police Departments				
Apopka Police Department				
City Of Belle Isle Police Department	Х			
Eatonville Police Department				
Edgewood Police Department				
Maitland Police Department	X			
Dakland Police Department	X			
Ocoee Police Department	Х			
Orlando Police Department				
Winter Cardon Police Department	 			
Winter Garden Police Department	Х			
Winter Park Police Department Kissimmee Police Department	Х			
St. Cloud Police Department	X			
St. Glodd i Glice Department				
Funeral Homes				
A ROBERT BRYANT FUNERAL AND CREMATION CHAPEL				
OOMIS FUNERAL HOME INC	Х			
BETH SHALOM MEMORIAL CHAPEL	X			
FAMILY FUNERAL CARE				
POSTELL'S MORTUARY				
GOLDEN'S FUNERAL HOME INC				
GAIL & WYNN'S MORTUARY INC				
PAX VILLA FUNERAL HOMES				
A COMMUNITY FUNERAL HOME & SUNSET CREMATIONS	Х			
BALDWIN FAIRCHILD AT CHAPEL HILL				
CELEBRATIONS OF LIFE MORTUARY & CREMATION SERVICES INC				
MITCHELL'S FUNERAL HOME				
COMPASS POINTE FUNERAL SERVICES				
BALDWIN BROTHERS				
MARVIN C ZANDERS FUNERAL HOME INC				
DEGUSIPE FUNERAL HOME & CREMATORY	+			
BALDWIN-FAIRCHILD FUNERAL HOME				
CAREY HAND COLONIAL FUNERAL HOME	X			
BALDWIN BROTHERS				
COLLISON CAREY HAND FUNERAL HOME	Х			
GOOD LIFE FUNERAL HOME & CREMATION	X			
	^			
BALDWIN-FAIRCHILD FUNERAL HOME				
BALDWIN-FAIRCHILD FUNERAL HOME BALDWIN-FAIRCHILD FUNERAL HOME				
BALDWIN-PAIRCHILD FONERAL HOME BALDWIN BROTHERS				
WOODLAWN MEMORIAL PARK & FUNERAL HOME	X			
DOBBS FUNERAL HOME				
	_			
NEWCOMER CREMATIONS, FUNERALS & RECEPTIONS				
VINTER OAK FUNERAL HOME & CREMATIONS	Х			
BALDWIN FAIRCHILD ALTERNATIVES AT ALL FAITHS				
JNITY MEMORIAL FUNERAL HOME EAST CORP				
BATTS FUNERAL HOME	X			
PORTA COELI FUNERARIA Y CREMATORIO				
FUNERARIA SAN JUAN INC				
DSCEOLA MEMORY GARDENS CEMETERY, FUNERAL HOMES & CREMATORY				
FUNERARIA BORINQUEN				
CONRAD & THOMPSON FUNERAL HOME				
DSCEOLA MEMORY GARDENS CEMETERY, FUNERAL HOME & CREMATORY				
UNERARIA SAN JUAN INC	+			

NEW HORIZON FUNERAL CHAPEL & CREMATION INC			
FISK FUNERAL HOME & CREMATORY			
GRISSOM FUNERAL HOME AND CREMATORY			
OSCEOLA MEMORY GARDENS CEMETERY, FUNERAL HOMES & CREMATORY	Х		
Medical Societies			
Physician's Society of Central Florida			
OurLegacy			

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one option</u> below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable □

Please give reasons for negative response.

No Opinion □

Please explain your response.

Completed by:

Signature:

Date:

1/20/25

Name:

Agency Name: A

1 Stopher Sott Hora

ne: Mcoimmily ty tuneral storme & Su

Agency Address:

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one
option below and provide comments regarding your selection. Favorable H Please give suggestions for improvement. Professional 4 Courteous
Please give suggestions for improvement. Professional & Courteour
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: Date:
Signature: Cynthia Batts Name: Cynthia Batts
Agency Name: Batts Lakeview Funeral Home
Agency Address: 36 North Halbe Ave arlando, FP
Return Completed Form to: 37.80 5

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

	orable 🗹
Plea	Ase give suggestions for improvement. Always Glent Sauce
Unf	avorable □
Plea	ase give reasons for negative response
	Opinion ase explain your response.
Ī	nature: Date: 1/21/25
Age	ency Name: Belle Isle PD ency Address: 121 Icla Are Belle Tsle FL 32808
	Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🖸
Please give suggestions for improvement. 16 Issues with Minu or
Please give suggestions for improvement. No Issues with how or Mis Statt. Einer To work with
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Cocy CON Date: 1/13/25
Name: Sam Odone
Agency Name: Both Shytom Memorical Chapel
Agency Address: 933 /EE Rd Suffe 101 ORPANIO
Return Completed Form to: 32810

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:
Medical Examiners Commission
Florida Department of Law Enforcement
Post Office Box 1489

Tallahassee, Florida 32302-1489

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> option below and provide comments regarding your selection.

below and provide comments regarding your selection.	
Favorable Please give suggestions for improvement. - Medical Examiner 4 The SIRFF DD A 308. No Suggestion for Improvement.	6KN5
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	

Signature:

Name:

Agency Name:

Agency Address: 3328 E. Senolan Dun, Mayer, fr. 30703

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.
Unfavorable □ Please give reasons for negative response.
No Opinion □ Please explain your response.
Completed by: Signature: Date:
Name:

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

option below and provide comments regarding your selection.
Favorable 🛱
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: Date:
L. Harrison D. L. Lander
Comment II to the formation
Agency Address: 8408 G. Colonial Drive Orlando Pt 31817-

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us_or</u> MedicalExaminersCommission@fdle.state.fl.us_or

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

	Favorable
	Please give suggestions for improvement.
	No complaints!
	Thank you guys!
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Comple	eted by:
	Signature: Date: Date:
	Signature: Mamu Sufu Date: 1/13/2025 Name: Ayanna Sexton
	Agency Name: Loom's Fineral Home.
	Agency Address: 420 W. Main Street, Apopka, Florida 32712
	Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or $\underline{Medical Examiners Commission@fdle.state.fl.us}$

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

<u> </u>
Favorable 🖾
Please give suggestions for improvement. NONE - ALL INTERACTIONS WITH THE MEDICAL EXAMINERS TEAM
HIS BEEN A POSITIVE EXPERIENCE.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: Date:
Name: KEVIN PUNCEE, CAPTAIN
Agency Name: MATTLAND POLICE DEPARTMENT
Agency Address: 1837 FENNELL ST. METCHNO, R 32751
Return Completed Form to:
Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us_or

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us_or</u> MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option

option below and provide comments regarding your selection.
Favorable 🗹
Please give suggestions for improvement. WITH LIMITED M.E. RESPONSES TO OAKLAND, I DO NOT SEE ANY AREAS FOR IMPROVEMENT.
NOT SEE ANY AREAS FOR IMPROVEMENT.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: Date:
Name: DARROND ESAN

Return Completed Form to:

Agency Address: 540 E. OAKLAD 4UE. WAKLAD F(. 34760

Agency Name: OAKLAND POLICE DEPT

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable '

Please give suggestions for improvement. We have not had any problems withe MES Office, they have seen receptive and available to us when we've called.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: (ML) Date: 2-21-25
Name: Lt. Mireya Iannuzzi
Agency Name: Ococe PD
Agency Address: 646 Ocole Commerce Pkwy, Ocole, FL 34761
Agency Address: WTW Cases Collection (1997)
Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> option below and provide comments regarding your selection.

Favorable

Please give suggestions for improvement.

My only suggestion would be to strengthen the relationship between the Medical Examiner's Office and first responders, maybe a workshop or educational meeting on forensic procedures and challenges.

Untavorable L

Please give reasons for negative response.

No Opinion □

Please explain your response.

Completed by:	1 0 11.		
Signature:	Larry Collier	Date:	02/02/2025
Name: Larry	Collier		
Agency Name:	Osceola County Fire Rescue		
Agency Addres	2586 Partin Settlement Rd.	, Kissimmee, F	L 34743

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

Favorable Please give suggestions for improvement.

Please give reasons for negative response.

No Opinion □

Please explain your response.

Unfavorable □

Signature.

Signature.

Date: 1/3/25

Name: Tom D. HANNEKEL FO 44597

Agency Name: OSCIPUB Memory GARDENS

Agency Address: 1717 OLD BOZZY CR. ROWN Kiss FL 34744

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

Favorable 🗷		7		,		
Please give suggestions for improvement.						
PLEASE	see	ATTACHED	LETTER.			
Unfavorable □	1					
Please give reaso	ons for neg	ative response.				
No Opinion □						
Please explain yo	ur respons	Se.				
eted by:	1,			· al		
Signature:	Mean	<u>~</u>	Date:	1-2	1-25	
Name:	306E	R. HUAMAI	U	-		
Agency Name:	DSCE	OLA COUN	TY SHERT	FF'S	office	
Agency Address:	260	I E. IRI				,
		Return Complete	として	SIMMEE	IFL 347	L
	Please give sugger PLEASE Unfavorable Please give reaso No Opinion Please explain you eted by: Signature: Name: Agency Name:	Please give suggestions for PLEASE SEE Unfavorable Please give reasons for neg No Opinion Please explain your response eted by: Signature: ROGE Agency Name: OSCE	Please give suggestions for improvement. PLEASE SEE ATTACHED Unfavorable Please give reasons for negative response. No Opinion Please explain your response. eted by: Signature: ROGER HUAMAN Agency Name: OSCEOLA COUN Agency Address: 2601 E. JRA	Please give suggestions for improvement. PLEASE SEE ATTACHED LETTER. Unfavorable Please give reasons for negative response. No Opinion Please explain your response. Please explain your response. Date: Name: ROGER HUAMAN Agency Name: OSCEOLA COUNTY SHERT Agency Address: 2601 E. JR10 BRONSO	Please give suggestions for improvement. PLEASE SEE ATTACHED LETTER. Unfavorable Please give reasons for negative response. No Opinion Please explain your response. Please explain your response. Date: 1-2 Name: ROGER HUAMAN Agency Name: OSCEOLA COUNTY SHERTEP'S Agency Address: 2601 E. JR10 BROWSON MEMORIESETAMEE	Please give suggestions for improvement. PLEASE SER ATTACHED LETTER. Unfavorable Please give reasons for negative response. No Opinion Please explain your response. Please explain your response. Date: 1-24-25 Name: ROGER HUAMAN Agency Name: OSCEOLA COUNTY SHERIFF'S OFFICE Agency Address: 2601 E. IR10 BROWSON MEMORIAL HIM KISSIAMEE EL 347

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:



Sheriff Marcos R. Lopez

OSCEOLA COUNTY SHERIFF'S OFFICE

2601 E. Irlo Bronson Memorial Hwy. Kissimmee, Florida 34744 Telephone: 407-348-1100 • www.osceolasheriff.org

To Whom it may concern,

Doctor Stephany and his staff at the District Nine Medical Examiner's Office are great partners in our daily operations and provide crucial assistance that goes beyond their normal duties in efforts to bring victims of homicide and their families justice. Doctor Stephany and his staff's communication and willingness to adapt while working on scenes with Osceola County Sheriff's Office detectives and forensic units have been excellent, even while encountering environmental and more complex on-site issues. Furthermore, The Osceola County Sheriff's Office recently started a cold case homicide program and met with Doctor Stephany requesting assistance and expertise. Doctor Stephany not only agreed to provide any assistance needed but volunteered to personally look into any cold case homicide that the Osceola County Sheriff's Office is currently investigating. The Osceola County Sheriff's Office appreciates all the collaboration with Doctor Stephany, and we look forward to further improving and working with the District Nine Medical Examiner's Office. Thank you

Sergeant Roger Huaman

Osceola County Sheriff's Office

1/24/25

Homicide Unit



Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable ✓ Please give suggestions for improvement.	
Unfavorable □ Please give reasons for negative response.	
No Opinion □ Please explain your response.	
Completed by: Signature: Name: CIP Sergeont / Mott Boulder Agency Name: St. Cloud Police Agency Address: 4700 Neptune 21 St.C.	Date: 1/14/25- epurtment (and R 34769

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

nings convices provided in your district? Please select one How d optio

option below and provide comments regarding your selection.
Favorable T
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: Date:
Name: WILLIAM JAY Asst. State Attorney
Agency Name: State Attorney's Office 9th CIRCUIT
Agency Address: 415 N. ORANGE AVE, ORLANDO, FL
Peturn Completed Form to: 32801

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Return Completed Form to:

Or mail to:

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

ption below and provide comments regarding your sold than
Favorable 🗹
Please give suggestions for improvement. They are always very proficient and respond in a quick han
Tooms we have worked with are very proframal.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: Date: Date: Date: Date: Date: Date: Date:
Name: Captain Scott Allen
Agency Name: Winto GozoEn Policie
Agency Address: 251 W. Plant Street W.G. FL 34787

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

This District does a great job. EVENUME There is easy to work with.

Please give reasons for negative response.

No Opinion □

Please explain your response.

Com

Favorable 13

ple	ed by: 1	
	Signature: Date:	
	vame: John Romano	
	Agency Name: Winter Oak Funeral Home	
	Agency Address: 1132 E Piant St. Wutur Garden, Fl 3478	7

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Assessment of Medical Examiner Services

Districts 9 & 25 Medical Examiner Joshua D. Stephany, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable & Extraordinary Out	tstanding
Please give suggestions for improvement.	J
I have no suggestions to	make things better. They are
always helpful, informative	make things, better. They are and work in an amazing time
Please give reasons for negative response.	Frame.

No Opinion □

Please explain your response.

Completed by:	1 2 000 - 1	1 11
Signature:	Junt Muchard	Date: 114 2025
Name:	Jennifer Michaud	
Agency Nan	ne: Woodlawn Memorial Par	rk & Funeral Home
Agency Add	ress: 400 Woodlawn Cemetery	Rood Gotha, FL
	Return Completed Form to:	211724

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

District 10 Reappointment - Stephen J. Nelson, M.A., M.D., F.C.A.P.				
	Favorable	Non-Favorable	No Opinion	No Response
Courts				'
State Attorney's Office 10th Judicial Circuit				
Public Defender's Office 10th Judicial Circuit	Х			
	_	T		T
Sheriff's Offices				
Hardee County Sheriff's Office	X			
Highlands County Sheriff's Office Polk County Sheriff's Office	X			
Polk County Sheriii's Office				
Commissioners	1		1	l .
Hardee Board of County Commissioners	Х			
Highlands County Administrator	Х			
Polk Board of County Commissioners	Х			
·				
Police Departments				
Bowling Green Police Department	Х			
Wauchula Police Department				
Lake Placid Police Department	- V			
Sebring Police Department Auburndale Police Department	X			
Bartow Police Department	X			
Davenport Police Department	X			
Haines City Police Department	X			
Lake Alfred Police Department	X			
Lake Hamilton Police Department				
Lake Wales Police Department	Х			
Lakeland Police Department	Х			
Winter Haven Police Department	Х			
	1	T	ı	T
Funeral Homes				
ROBARTS FAMILY FUNERAL HOME INC				
PONGER-KAYS-GRADY FUNERAL HOME & CREMATION SERVICES	Х			
MICHAEL A BROCHETTI FUNERAL HOME INC				
DOWDEN FUNERAL HOME	Х			
SEAN A BANKS MORTUARY & CREMATION CENTER LLC				
MORRIS FUNERAL CHAPEL				
FOUNTAIN FUNERAL HOME				
STEPHENSON-NELSON FUNERAL HOME OF AVON PARK				
SCOTT SEAWINDS FUNERAL HOME AND CREMATORY				
SWANN'S MORTUARY				
STEPHENSON-NELSON FUNERAL HOME AND CREMATORY	Х			
OAK RIDGE FUNERAL CARE				
OTT-LAUGHLIN FUNERAL HOME				
HANCOCK FUNERAL HOME INC				
HOLMES FUNERAL DIRECTORS				
WILLIAMS FUNERAL HOME IN BARTOW LLC				
LAKELAND FUNERAL HOME	Х			
H W OLDHAM FUNERAL HOME				
CHARLES A LEWIS FUNERAL HOME				
LANIER FUNERAL AND CREMATION SERVICES				
RICHARD FUNERAL SERVICES INC				
CONEY FUNERAL HOME INC	-			
STEELE'S FAMILY FUNERAL SERVICES EPPS MEMORIAL FUNERAL HOME	X			
CANNON FUNERAL HOME LLC	^			
	Х			
HEATH FUNERAL CHAPEL INC KERSEY FUNERAL HOME	X			
FAITH FUNERAL SERVICES				
GAUSE FUNERAL HOME INC	1			
DAVID-RUSSELL FUNERAL HOME				
DATE RESOLUTIONE	l	I	L	<u>l</u>

MARION NELSON FUNERAL HOME INC MCLEAN FUNERAL HOME OAK RIDGE FUNERAL CARE WHIDDEN-MCLEAN FUNERAL HOME INC MARION NELSON FUNERAL HOME OTT-LAUGHLIN FUNERAL HOME JOHNELL CAVER YOUR HOME FOR FUNERALS INC ALEXANDER FUNERAL HOME INC JOHNSON-NELSON-GILL FUNERAL HOME LLC JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL A M SEIGLER FUNERAL HOME			1	ı
OAK RIDGE FUNERAL CARE WHIDDEN-MCLEAN FUNERAL HOME INC MARION NELSON FUNERAL HOME OTT-LAUGHLIN FUNERAL HOME JOHNELL CAVER YOUR HOME FOR FUNERALS INC ALEXANDER FUNERAL HOME INC JOHNSON-NELSON-GILL FUNERAL HOME LLC JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	MARION NELSON FUNERAL HOME INC			
WHIDDEN-MCLEAN FUNERAL HOME INC MARION NELSON FUNERAL HOME OTT-LAUGHLIN FUNERAL HOME JOHNELL CAVER YOUR HOME FOR FUNERALS INC ALEXANDER FUNERAL HOME INC JOHNSON-NELSON-GILL FUNERAL HOME LLC JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	MCLEAN FUNERAL HOME	Х		
MARION NELSON FUNERAL HOME OTT-LAUGHLIN FUNERAL HOME JOHNELL CAVER YOUR HOME FOR FUNERALS INC ALEXANDER FUNERAL HOME INC JOHNSON-NELSON-GILL FUNERAL HOME LLC JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	OAK RIDGE FUNERAL CARE			
OTT-LAUGHLIN FUNERAL HOME JOHNELL CAVER YOUR HOME FOR FUNERALS INC ALEXANDER FUNERAL HOME INC JOHNSON-NELSON-GILL FUNERAL HOME LLC JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	WHIDDEN-MCLEAN FUNERAL HOME INC	Χ		
JOHNELL CAVER YOUR HOME FOR FUNERALS INC ALEXANDER FUNERAL HOME INC JOHNSON-NELSON-GILL FUNERAL HOME LLC JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	MARION NELSON FUNERAL HOME	Χ		
ALEXANDER FUNERAL HOME INC JOHNSON-NELSON-GILL FUNERAL HOME LLC JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	OTT-LAUGHLIN FUNERAL HOME			
JOHNSON-NELSON-GILL FUNERAL HOME LLC JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	JOHNELL CAVER YOUR HOME FOR FUNERALS INC			
JAMES C BOYD FUNERAL HOME CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	ALEXANDER FUNERAL HOME INC			
CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL X	JOHNSON-NELSON-GILL FUNERAL HOME LLC			
	JAMES C BOYD FUNERAL HOME			
A M SEIGLER FUNERAL HOME	CENTRAL FLORIDA CASKET STORE & FUNERAL CHAPEL	Х		
, o	A M SEIGLER FUNERAL HOME	Х		
VICTORY LIFE CELEBRATIONS FUNERAL HOME X	VICTORY LIFE CELEBRATIONS FUNERAL HOME	Х		
GENTRY MORRISON FUNERAL HOME - SOUTHSIDE	GENTRY MORRISON FUNERAL HOME - SOUTHSIDE			
GENTRY MORRISON FUNERAL HOME X	GENTRY MORRISON FUNERAL HOME	Х		
Medical Societies	Medical Societies			
Highlands County Medical Society	Highlands County Medical Society			
Polk County Medical Association	Polk County Medical Association			
LifeLink	LifeLink			

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Favorable 🔟
Please give suggestions for improvement.
Hafavanahia 🗇
Unfavorable
Please give reasons for negative response.
No Oninian II
No Opinion
Please explain your response.
Completed by:
Signature: Mark Deigler Date: 1-10-25
Name: Mark Seigler
Agency Name: A. M. Seigler Funeral Home, Inc.
Agency Address: 1300 E. Cana (St. Mulberry, Fl. 33860
Return Completed Form to:

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

ption below and provide comments regarding your selection.
Favorable
Please give suggestions for improvement.
There is no better Medical Examiner in the United States to Dr. Stephen Nelson. Unfavorable
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature:
Name:
Agency Name: Auburndale Police Department
Agency Address: 2 Bobby Green Plaza, Auburndale, FL 33823
Return Completed Form to:
Ashley Williams via e-mail: ashleywilliams@fdle state fl.us.or

y Williams via e-mail: ashleywilliams@fdle.state.fl.us or

MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

<u>otion</u> below and provide comments regarding your selection.
Favorable 🗹
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
ompleted by:
Olyman .
Name: Stephen f. Warker - other or force
Agency Name: BARTOUS POLICE SET

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

option below and provide comments regarding your selection.			
Favorable 🗓			
Please give suggestions for improvement.			
Unfavorable □			
Please give reasons for negative response.			
No Opinion □			
Please explain your response.			
Completed by:			
Signature: Blais allen	Date: _	1-10-20	25
Name: Blair Allen			
Agency Name: Law Office of the Public	Defender	- 10th Ci	nuit
Agency Address: P.O. Box 9000 - Drawer PD	Bartow, F	2 33831-	9000

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

option below and provide comments regarding your selection.	
Favorable 🖾	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	
Signature:	Date: 21-13-25
Name: John Scheel	
Agency Name: Dowling Green Al)	
Agency Address: 104 E Main St. Southy	Green FL. 33834

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable Please give suggestions for improvement.	
	Unfavorable □ Please give reasons for negative response.	
	No Opinion □ Please explain your response.	
Compl	eted by: Signature:	Date: 1/13/25
	Name: Central Florida Casket Store & Funeral Chapel	
	Agency Name 2090 East Edgewood Drive Lakeland, Florida 33803	
	Agency Addre	

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable 🖾
	Please give suggestions for improvement.
	Please give suggestions for improvement. No Suggestions for Improvement. Only High Praise for DR. I
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Comp	leted by:
Joinp	1/4/11
	Signature: Date: Date:
	Name: STEVE PARKER, CHIEF OF POLICE
	Agency Name: DAVENPORT POUCE DEPARTMENT
	Agency Address: 16 W. BAy St., DevenPORT, FL 33837
	Return Completed Form to:
	Neturi Completed Form to.

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable 🕱		
Please give suggestions for improvement.		
Unfavorable □		
Please give reasons for negative response.		
No Opinion □		
Please explain your response.		
Completed by: W.T. Dowden Jr., L.F.D. Signature:	Date: 1-13-25	
Name: W.T. DOWDEN, Je		
Agency Name: Down EUNERAL HOME		
Agency Address: 2605 Bay Vike St. Sub	KN9 FL 33810	
Peturn Completed Form to:		

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us_or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable A

i avolable
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by: Signature: Awrence 1 April Date: 1-13-3025
Name: // LAWRENCE J. ENV. JR.
Agency Name: Eps MEMOUN FUNERAL Jone
Agency Address: 445 4TH Street South, LACE WHIEF, RC
Return Completed Form to: 33803
Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? <u>option</u> below and provide comments regarding your selection.	Please select one
Favorable 🕅	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	
Signature: Date:/	-20-2025
Name: Lew Hall	
Agency Name: Gentry Morrison Funeral	Hones
Agency Address: 1727 Bartow Rd. Lakeland	EL 3380/

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or $\underline{Medical Examiners Commission@fdle.state.fl.us}$

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable 🗵
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
	, , ,
Comple	eted by:
	1/10/20
	Signature: Date:Date:
	Name: GREG GORECK
	Agency Name: Haines CITY Police DEPARTMENT
	AMERICA Address: 35400 12.5 HAY 27 N. Hims CITY FL 3

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one optio

option below and provide comments regarding your selection.
Favorable 🙀
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature. Date: 2.25.25
Name: Terry Artchley Agency Name: Hardee County BOCC
Agency Address: 412 W Orange St, Wauchula FL 33873
Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
	$\sim 10^{-1}$
Comple	eted by:
	Signature: Date:
	Name: Vincent M. Crawford
	Agency Name: Hardre County Sheriff's Office
	Agency Address: 900 E. Summi St
	Return Completed Form to:
	Ashley Williams via e-mail: ashleywilliams@fdlo.eteto.fl.us.er

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	orable Dr. Nelson is one of the best. se give suggestions for improvement.
	avorable se give reasons for negative response.
	Opinion 🗅 se explain your response.
Nan	Date:Date:
	ncy Name: Reath Funeral Chapel

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

Favorable
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.

No Opinion □

Please explain your response.

Completed by:	1
Signature: XMM W	Date:
Name: Layry A Hurger	
Agency Name: History Co BC	occ
Agency Address: 6005 Commenu	& bray & 33875

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

Favorable 🗹
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: Jay. 141, 2005
Name: Paul Blackman
Agency Name: Highlands County Sheriff's Office
Agency Address: 400 S. Eucalytus St. Sebring FL 33870

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable XXX		
Please give suggestions for improvement.		
Unfavorable □		
Please give reasons for negative response.		
No Opinion □		
Please explain your response.		
Completed by:		
Signature: Multiply Modell	Date: _January	21, 2025
Name:		
Agency Name: Kersey Funeral Home		
Agency Address: 108 Lake Stella Drive	Auburndale, FL.	33823

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🖾
Please give suggestions for improvement.
Unfavorable 🗆
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Wiff William A. Bodenheimer Date: 01/10/2024
Name: Chief William A. Bodenheimer
Agency Name: Lake Alfred Police Pepartment
Agency Address: 190 N. Seminole Ave Lake Alfred, Fl. 33850
Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

<u> </u>	
F	Favorable 🗹
F	Please give suggestions for improvement.
	I could not be more satisfied with or welson's performent the is a great asset to our circuit.
ı	Jnfavorable □
I	Please give reasons for negative response.
1	No Opinion □
I	Please explain your response.
Complete	ed by: Signature: Date: 01 10 2025
1	Name: Chris Velasquez
,	Agency Name: Lake Wales Police Dept.
,	Agency Address: 133 E. Tillman Ave. Lake Wales, FL. 33853
	Return Completed Form to:
	Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us_or
	MedicalExaminersCommission@fdle.state.fl.us

13commission@raic.state.n

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

option below and provide comments regarding your selection.	riedse <u>seiect on</u>
Favorable —	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	
Signature: Date: 02.	07, 2025

Name: Agency Name: Agency Address 2125 South Bouton Hung

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Favorable 10
Please give suggestions for improvement.
Outstanding Professional. Highly Recommend
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: 13/25
Name: Sammy/L. Taylor, Jr
Agency Name: Lakeland Police Department
Agency Address: 219 N. Massachusetts Ave. Lakelind 3380
Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> option below and provide comments regarding your selection.
Favorable
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Brenda Wybanks Date: 2-11-2025
Name: Brenda Wilbanks
Agency Name: MARION NELSON FUN HOME
Agency Address: 454 S BUCK MOURE ROAD LW, FL 33853

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? F option below and provide comments regarding your selection.	Please <u>select one</u>
Favorable 🕅	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	
Signature: Date: 2/12	12025
Name: Marc McLecn	
Agency Name: McLeen Funeral Home	
Agency Address: 306 E. Broadway Fort Medde, FL	3384/
Return Completed Form to:	

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or Medical Examiners Commission @fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection. Favorable D OUTSANDING TERSON & CIVIC SERVANT. Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: 1/10/2025
Name: VILLIAM D. BEASLEY
Agency Name: POLK COUNTY BOARD of COUNTY LOWINGSIONERS
Agency Address: 330 W. CHURCH ST. BARTOW, FL. 33831
Return Completed Form to:

APIR -------

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection. Favorable @ Please give suggestions for improvement. Unfavorable □ Please give reasons for negative response. No Opinion Please explain your response. Completed by: Date: Signature: Name:

Return Completed Form to:

KIVD

Agency Name:

Agency Address:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable Please give reasons for negative response.

No Opinion Please explain your response.

Completed by:

Signature: Signature: Please Ally son F. Christ Agency Name: Ponger Please Please Servady File Servady Fil

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

turn Completed Form to:

Agency Address:

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable X

	Please give suggestions for improvement. None	
	Unfavorable □	
	Please give reasons for negative response.	
	No Opinion □	
	Please explain your response.	
Comp	pleted by:	
	Signature: Karl Hosfurd	Date: 01/14/2025
	Name: Karl Hoglund	
	Agency Name: Sebring Police Department	
	Agency Address: 307 North Ridgewood Drive, Seb	oring, Florida 33870
	Return Completed F	Form to:
	A CO. AND CO.	

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable A
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
•
No Opinion □
Please explain your response.
Completed by:
Signature Date:
Agency Name: Steele's Family Fineral Services
Agency Address: 207 Bushs hn Water Haven Fl 33884

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable 💆
	• •
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Comple	eted by:
	Signature:
	9 3/1
	Name:
	Agency Name: Stephenson-Nelson Funeral Home of Ann Prok
	Agency Address: Ill E. Circle St. Them Ark & 33825

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection. Favorable **E** Please give suggestions for improvement. Unfavorable □ Please give reasons for negative response. No Opinion Please explain your response. Completed by: Signature Agency Address:

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one <u>opti</u>

option below and provide comments regarding your selection.
Favorable X
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Marc McLecn Date: 2/12/2025
Agency Name: Whidden-Mileca Funeral Home
Agency Address: 650 E. Main Street Bostow, Fl 33830

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 10 Medical Examiner Stephen J. Nelson, M.A., M.D., F.C.A.P.

How do you rate the quality of medical examiner services provided in your district? Please select one optio

option below and provide comments regarding your selection.	
Favorable 😭	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Seed A. A. S.	
Completed by:	
Signature: VOMC Afr	Date:
Name: Vance Monroe Jr.	
Agency Name: Winter Haven Police 1	Department
Agency Address: 125 N. Lake Silve Dc., L	Dinty Haven P1 33881
Return Completed Form	to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

District 11 Assessment (Home Rule) - Kenneth Hutchins, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Courts				
State Attorney's Office 11th Judicial Circuit Public Defender's Office 11th Judicial Circuit	X			
Commissioners				
Miami-Dade County Mayor				
Police Departments	<u> </u>			
Aventura Police Department	X			
Bal Harbour Village Police Department Bay Harbor Islands Police Department	X			
Biscayne Park Police Department	Х			
Coral Gables Police Department	x			
Doral Police Department	X			
El Portal Police Department				
Florida City Police Department	Х			
Golden Beach Police Department			Х	
Hialeah Gardens Police Department	Х			
Hialeah Police Department				
Homestead Police Department				
Indian Creek Village Public Safety Department	- v			
Key Biscayne Police Department	X			
Medley Police Department Miami Beach Police Department				
Miami Gardens Police Department Miami Gardens Police Department	1			
Miami Police Department	1			
Miami Shores Police Department	Х			
Miami Springs Police Department				
Miami-Dade Police Department - This is the SO	Х			
Miccosukee Police Department				
North Bay Village Police Department				
North Miami Beach Police Department	Х			
North Miami Police Department	Х			
Opa Locka Police Department				
Pinecrest Police Department				
South Miami Police Department			Х	
Sunny Isles Beach Police Department	Х			
Surfside Police Department	-		v	
Sweetwater Police Department			Х	
Virginia Gardens Police Department West Miami Police Department				
west Mann Fonce Department				
Funeral Homes				
MITCHELL FUNERAL HOME	Х			
ST FORT'S FUNERAL HOME INC				
BERNARDO GARCIA FUNERAL HOME(HIALEAH), INC	Х			
ROYAL FUNERAL SERVICE INC				
WE-GREGG L MASON FUNERAL HOME				
PAX-VILLA USA INC				
RIVERSIDE GORDON MEMORIAL CHAPELS AT MOUNT NEBO KENDALL	1			
FLORIDA FUNERAL HOME & CREMATORY				
MASPONS FUNERAL HOME INC BAIN - DANGE FUNERAL SERVICES DA	1			
BAIN - RANGE FUNERAL SERVICES PA JAY FUNERAL HOME	1			
JAY FUNERAL HOME RANGE FUNERAL HOME	1			
GRACE FUNERAL HOME				
EMMANUEL FUNERAL HOME				
GRACE FUNERAL HOME	Х			
BERNARDO GARCIA FUNERAL HOME KENDALL INC				
MANKER FUNERAL HOME				
FUNERARIA MEMORIAL PLAN SAN JOSE			·	
WADE FUNERAL HOME LLC				
MISTY FUNERAL HOME				
FERDINAND FUNERAL HOMES				
NATIONAL FUNERAL HOMES				
POITIER FAMILY FUNERAL HOME LLC				
AT THE CROSS DR EUGENE FUNERAL HOME LLC				
RIVERSIDE GORDON MEMORIAL CHAPELS	Х			
THE PROPERTY WE MOTH THE CONTROL OF THE PERCENT OF				

TOURLEADING MEMORIAL OFFINIOFOLLO	1	T	ı	ı
JOHN HANKS MEMORIAL SERVICES LLC				
MCCLOUD & SIDERS FUNERAL HOME LLC				
ANGELS OF PARADISE MORTUARY LLC				
O CHRISTOPHER MCLEMORE FUNERAL HOMES INC				
FUNERARIA MEMORIAL PLAN SAN JOSE PALM				
WRIGHT AND YOUNG FUNERAL HOME INC				
PARADISE FUNERAL CHAPEL LLC				
AUXILIADORA FUNERARIA NACIONAL				
FUNERARIA MEMORIAL PLAN WESTCHESTER				
FUNERARIA HIALEAH MEMORIAL INC				
LA PAZ FUNERAL HOME INC				
ARCELAYS FUNERAL SERVICES LLC				
HADLEY DAVIS FUNERAL HOME LLC				
EDEN FUNERAL SERVICES MIAMI				
FUNERARIA LATINA EMMANUEL LLC				
CABALLERO RIVERO HIALEAH				
CABALLERO RIVERO WOODLAWN SOUTH				
CABALLERO RIVERO PALMS WOODLAWN				
HADLEY DAVIS FUNERAL HOME LLC				
VISTA FUNERAL HOME				
M A HALL FUNERAL SERVICES LLC				
FUNERARIA GRACELAND, GRACELAND FUNERAL HOME				
CABALLERO RIVERO WESTCHESTER				
CABALLERO RIVERO LITTLE HAVANA				
RIYADH UL JANNAH	Х			
PARADISE MEMORIAL FUNERAL HOME LLC				
VALLES FUNERAL HOMES & CREMATORY				
STANFILL FUNERAL HOMES				
MASPONS FUNERAL HOMES				
CABALLERO RIVERO SOUTHERN				
VAN ORSDEL FUNERAL & CREMATION SERVICES	Х			
M ATHALIE RANGE CHAPEL OF PEACEFUL REST	<u> </u>			
JAY - JOHNSON'S FUNERAL HOME				
VAN ORSDEL FUNERAL & CREMATION SERVICES				
VIOR FUNERAL HOME INC	+			
VAN ORSDEL FUNERAL & CREMATION SERVICES	+			
SAMUEL'S FUNERAL HOME INC	+			
REFLEXIONS FUNERAL HOME	+			
TRINITY FUNERAL CHAPEL LLC	+			
RICHARDSON MORTUARY	+			
LEVITT-WEINSTEIN BLASBERG RUBIN-ZILBERT MEMORIAL CHAPELS				
CABALLERO RIVERO SUNSET				
LAKESIDE MEMORIAL PARK AND FUNERAL HOME	Х			
HALL FERGUSON AND HEWITT MORTUARY PA	 ^			
BERNARDO GARCIA FUNERAL HOME WESTCHESTER INC				
A J MANUEL FUNERAL HOME INC				
A DIVINIVOLE FUNERAL FICIVIE HAC				
Medical Societies				
Dade County Medical Association				
Page County Medical Association	J	l .	l	

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

option below and provide comments regarding your selection.
Favorable 🗹
Please give suggestions for improvement.
NONE - EXCEPTIONAL AND PEDFESSIONAL SERVICE.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: 1/13/2025 Name: Capton Andrew R. Smith (SPECIAL SERVICES / INVESTIGATION Agency Name: City of Aventura
Agency Address: 19200 WEST CONTRY CLUB DRIVE, AVENTURA, FL 33180
Return Completed Form to:

ns via e-mail: ashlevwilliams@fdle state flus

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> option below and provide comments regarding your selection.

	Favorable Please give suggestions for improvement.
	Unfavorable Please give reasons for negative response.
	No Opinion □ Please explain your response.
Comple	Signature: Date: 1/21/24 Name: Chief Raleigh Flowers, 50
	Agency Address: 655 96th Street Dal Habour FL 33/54

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical option below and provide comments reg		n your district? Please	select one
Favorable 🕅			
Please give suggestions for impl	rovement.		
Unfavorable □			
Please give reasons for negative	response.		
No Opinion Please explain your response.			
r louise explain your response.			•
Completed by:	•	/ /	
Signature:		Date: _//14/25	
Name:	pert Sernonder		
Agency Name:	le Courier Fine	ral Kernes,	Kendl/
Agency Address: 12050	Sw 117m Swen	we Mami;	<u>F1 33</u> 186

Return Completed Form to:

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable 🗹
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Comple	eted by:
	Signature: Date:
	Name: MARK T. STEELE, CHIEF OF POLICE
	Agency Name: BISLAYNE PARK POLICE DEPT.
	Agency Address: 600 N.E. 114 STREET, BISCAYNE PARK, FL 3316
	Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable
Please give suggestions for improvement.

Unfavorable □	
Please give reasons for negative respons	e.

No Opinion □

Please explain your response.

oleted by:	SIX	1			1.11-
Signature:	11,	V ()		Date: _	1/14/00
Name: 5.	J. Hu	OAK			
Agency Name: _	COM	CABLES	PA		
Agency Address:	41-	4			Carlotte Comment

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Favorable 🗹
Please give suggestions for improvement. TUCKEASE IN EDUCATION OF THE EXAMINED'S ROLE.
· INCLEASE COLLABORATION WITH AGENCIES TO STRENGTHOU PARTNELSHIPS WETH LOCAL LAW ENTORGEMENT, HOSPITALS, & ACADEMIC INSTITUTIONS. Unfavorable
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: 1/17/2028
Name: ALCIA NEAL
Agency Name: DORAL POLICE DEPARTMENT
Agency Address: 6100 NW 99TH AVENUE, DOLAL 33178
Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Please give reasons for negative response.

No Opinion □

Please explain your response.

Unfavorable

Signature: Pearo Faylor, Jr.

Agency Name: Florida City Police Department

Agency Address: 404 West Palm Drive, Florida City FC 33034

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion of the GBPD had no theidensons Please explain your response. In the past few years that would have repursed the Sources of the reduction examiner -
Comple	eted by:
	Signature:
	7 11 11
	Name:
	Agency Name:
	Agency Address: 100 5 Can DR, GREEN FC
	Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable Please give reasons for negative response.

No Opinion Please explain your response.

Completed by:

Return Completed Form to:

Signature:

Agency Name:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one <u>op</u>

option below and provide comments regarding your selection.
Favorable 🛱
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature:
Name: Chief Jus 162
Agency Name: Hateah Gardens Police Department
Agency Address: 1030/ NW/ 87 Au Haleah Gridens FL 330/6

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

option below and provide comments regarding your selection.
Favorable 🗹
Please give suggestions for improvement.
The ability to pay invoices using a credit card would
be great.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Downwood by the state of the st
Signature:
2. /
Name: Kenneth Peele
Agency Name: Lakeside Memorial Park and Funcial Home
Agency Address: 10301 NW ash Si, Miami, FL 33172
Return Completed Form to:
Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us_or

MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

Favorable X

Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	
Signature: Naniella Lerine Care Date: 2/	/18/25
Name: Daniella Levine Cava	
Agency Name:Miami Dade County - Office of the Mayor	
Agency Address: SPCC - 111 N.W. 1 Street, 29th Floor, Miami, FL	33128
Return Completed Form to:	

.

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable We there an approved contains a fit count and affective relations here. Between or offices. But are available to Them and They are specific available to Them and They are specified available. They are not forest depositors and trick.

They are not qualified and important apports and trick of the privalence of the privalence

Return Completed Form to:

Agency Address: 1350 NW 12 AUGNUE MIAMI FL. 33156

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🗹
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by: Signature: Date: 01/13/2025
Name: DAVID GOLT CHIEF OF POLICE
Agency Name: MIAMI SHORES POLICE DEPT.
Agency Address: 9990 NE 2 AVE MIAMI SHORES, FL33138
Barrier Control of the Control of th

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable	omments regarding your selection.		
	stions for improvement.		
4.5			
Unfavorable □			
Please give reason	s for negative response.		
No Opinion □			
Please explain you	r response.		
1000000000			
Completed by:	10	100	no and
Signature:	100 lbs	Date:	7+18020
Name:	LEMMO C. SN-	27	
rvaine.	ANS AND THE SE	Il Cos A	CC
Agency Name:	INTOWNE - DAPPE &	PULKTH 20	HICK
	Chariland -	A A	

Return Completed Form to:

7105 IW 88 8716E1

Agency Address:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

You all are doing a tremendous job. Keep up the good work
Unfavorable
Please give reasons for negative response.

No Opinion 🗆

Favorable 12

Please explain your response.

Signature: Date Date: January B. 2025

Name: Tanesha Clarke

Agency Name: Mitchell Funeral Home

Agency Address: 8080 NW 22nd Ave, Micmi, F138147.

Ashley Williams via e-mail: eshleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Return Completed Form to:

Or mail to: Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🗷	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	2.10125
Name: A'LLEN DAISE	Date: Cate: _ Cat
Agency Name: City of N. M. Agency Address: 15501 NE 197	ar NWB 33162

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

option below and provide comments regarding your selection.	our district? Please <u>select on</u>
Favorable 🖾	
Please give suggestions for improvement.	
Unfavorable ☑	,
Please give reasons for negative response.	
Please see attached.	
No Opinion □	
Please explain your response.	
Completed by:	
Signature: Da	te: 1/27/25
Name: Ransom Carter-Assistant Chief	
Agency Name: North Miami Police Department	
Agency Address: 700 NE 124 Street, North Miami, FI	33161

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Suggestions for improvement:

Our supervisors, detectives and crime scene technicians have expressed their satisfaction with the medical examiner service currently being provided. They have especially lauded the customer service of the medical examiner's office. They cite the professionalism displayed by the medical examiner's office when assisting with investigations. The only improvement they listed was that sometimes there are long wait times for the transport of the deceased. They believe this negative aspect is a product of personnel shortage rather than any inefficiency by the medical examiner's office. Consequently, they recommend adding more members to the Forensic Evidence Recovery Team (FERT) to alleviate that situation. However, in instances where there have been long waits, they said the office does advise of personnel shortages and/ or resources at their disposal for the day and the estimated time of arrival for the FERT van. The North Miami Police Department Investigative Unit enjoys a very positive relationship with the medical examiner's office.

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Favorable d
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by: Signature: Date: 2/10/2025
Name: CARLOS T. MARTINEZ
Agency Name: PUBLIC DEFENDER'S OFFICE HTG TUBICIAL CIRCUI
Agency Address: 1320 NW 14 th ST. MAMI FZ 33125
Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable 🔟
Please give suggestions for improvement.
The billing and payment isn't the best switching to using or credit cards or even maybe an electronic Payment System unfavorable improvement.
Please give reasons for negative response.
No Opinion □ Please explain your response.
Completed by:
Signature: Modification Date: 15 January 2015 Name: Name: 15 January 2015
Agency Name: Biverside Aordon Memonal Chapels Mt. New Kendall
No. Oh and the state of the sta
Agency Address: 5900 SW 77th Ave, Miami, FL 33143
Return Completed Form to:
Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or

MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

option bolow and provide commence regarding years	
Favorable D	
Please give suggestions for improvement.	He ME'S OFFICE
Please give suggestions for improvement. MONE, WE GVE VEVY HAPP	wight to
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	112725
Signature:	Date:
Name: Sodia Dondia	
Agency Name: Riyadh Ul Jama	h Funeral Home
Agency Address: 17551 NW 137th	All Hideah Fl 3301X
Agency Address: Light 1300 15 ()	AVC 1, 1110 W
Return Complete	d Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one op

option below and provide comme	ents regarding your	selection.		
Favorable □				
Please give suggestions	for improvement.			
Unfavorable □				
Please give reasons for	negative response.			
No Opinion				
Please explain your resp	oonse.			
Completed by:	1		1.010	_
Signature:	500		Date: 1/14/25)
Name: Reo B. He				
Agency Name:	th miami	Police	Department	
			South Miami, Pa	2 33193
	Return Comp	oleted Forn	n to:	

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🔯

Please give suggestions for improvement.

Unfavorable				
Please give re	easons for negative respo	onse.		
No Opinion				
Please explain	n your response.			
Completed by:	1			
Signature:			Date:	1/16/2025
Name: _Ass	ESTANT CHIEF L	UKE DUESA	Maria Control	
Agency Name	Sunny Trues	BEACH POLS	CE PEPARSME	ens
			SIB HE T	13160
Agency Addre		and the state of t		
	Return C	ompleted Form	to:	

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Medical Examiners Commission

Florida Department of Law Enforcement

Post Office Box 1489

Tallahassee, Florida 32302-1489

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one <u>opti</u>

option b	elow and provide comments regarding your selection.
	Favorable
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion 🕱
1460	Please explain your response. CAL EXAMINER CALLS ARE HANDLED/TRANSFERRED TO THE
MIRI	NO CONTACT WITH THE MIAMI DAPE MEDICAL EXAMINER'S OFFICE
Comple	ted by: Signature:
	Name: NOEL GIL, DEPUTY CHIEF OF POLICE
	Agency Name: CITY OF SWEETWATER POLICE DEPARTMENT
	Agency Address: 500 SW 109 AVE, SWEETWATER, FL 33174

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> option below and provide comments regarding your selection.

Favorable Ker has Been a Big help.

Please give suggestions for improvement.

Unfavorable ☐

Please give reasons for negative response.

No Opinion □

Please explain your response.

Signature: Donald Van Onsolel Date: 1-15-25

Name: DONALD VAN ORSDEL

Agency Name: VAN ORSDEL FAMILY FINAN Chapels, INC

Agency Address: 1/220 North Khalil Drive, Minni, 33176

Return Completed Form to:

Or mail to:

Assessment of Medical Examiner Services

Interim District 11 Medical Examiner Kenneth Hutchins, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable Please give reasons for negative response.

No Opinion □

Please explain your response.

Signature:

Name: Chief Francis Bousa

Agency Name: V: 1199E OF Key Bischyne

Agency Address: BB N. Neshine Stafft, Key Bischyne

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

District 12 Reappointment - Russell S. Vega, M.D.				
District 12 Trouppointment Traceon			No Oninion	No Decreso
Courts	Favorable	Non-Favorable	No Opinion	No Response
State Attorney's Office 12th Judicial Circuit	Х			
Public Defender's Office 12th Judicial Circuit				
Sheriff's Offices			ı	T
DeSoto County Sheriff's Office	X			
Manatee County Sheriff's Office	X			
Sarasota County Sheriff's Office	X			
Commissioners				
DeSoto County Board of County Commissioners	Х			
Manatee County Board of County Commissioners	X			
Sarasota County Board of County Commissioners				
Police Departments				
Arcadia Police Department				
Bradenton Beach Police Department			Х	
Bradenton Police Department	 			
Holmes Beach Police Department Longboat Key Police Department	X			
Palmetto Police Department	X			
North Port Police Department	X			
Sarasota Police Department	X			
Venice Police Department	<u> </u>			
Funeral Homes			<u> </u>	·
PONGER-KAYS-GRADY FUNERAL & CREMATION SERVICES	Х			
HICKSON FUNERAL HOME				
COVELL FUNERAL HOME & CREMATION SERVICES				
WESTSIDE FUNERAL HOME INC	1			
GRIFFITH-CLINE FUNERAL AND CREMATION SERVICES INC	X			
TOALE BROTHERS FUNERAL HOME SOUTH AM CREMATION & FUNERAL CARE				
BALDWIN BROTHERS	+			
ABUNDANT FAVOR MORTUARY INC	v			
BRASOTA SERVICES INC SKYWAY MEMORIAL FUNERAL HOME & CREMATION SERVICES	Х			
APOSTLE I FUNERAL HOME LLC				
GROOVER FUNERAL HOME AT MANSION MEMORIAL PARK				
ROBERT TOALE AND SONS FUNERAL HOME AT MANASOTA MEMORIAL PARK	Х			
BROWN AND SONS FUNERAL HOME				
GULF COAST CREMATION & FUNERAL SERVICES				
SHANNON FUNERAL HOMES PA	Х			
D ALAN MOORE LICENSED FUNERAL DIRECTOR				
BROWN & SONS FUNERAL HOME	Х			
NATIONAL CREMATION AND BURIAL SOCIETY				
ENGLEWOOD COMMUNITY FUNERAL HOME INC	Х			
ROBERT TOALE AND SONS FUNERAL HOME AT PALMS MEMORIAL PARK	Х			
TOALE BROTHERS FUNERAL HOME GULF GATE				
TOALE BROTHERS FUNERAL HOME COLONIAL CHAPEL				
JENNINGS FUNERAL HOME & CREMATORY	+			
LEMON BAY FUNERAL HOME AND CREMATION SERVICES	X			
KAYS-PONGER & USELTON FUNERAL HOMES AND CREMATION FARLEY FUNERAL HOMES & CREMATORY	 ^			
BALDWIN BROTHERS MEMORIAL CARE SERVICES INC	1			
ALL VETERANS - ALL FAMILIES FUNERALS & CREMATIONS LLC	1			
MALONEY FUNERAL HOME LLC	Х			
JONES FUNERAL HOME LLC	Х			
GENDRON FUNERAL & CREMATION SERVICES INC				
SOUND CHOICE CREMATION				
FARLEY FUNERAL HOMES & CREMATORY	Х			
FARLEY FUNERAL HOMES & CREMATORY				
ROBERT TOALE AND SONS FUNERAL HOME - WIEGAND CHAPEL				
GENDRON FUNERAL & CREMATION SERVICES INC				
YOUR TRADITIONS CREMATION & FUNERAL CHAPEL				
CHANDLER'S FUNERAL HOME	1			
TOALE BROTHERS INC				

District 12 Reappointment - Russell S. Vega, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
LifeLink				

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one <u>op</u>

option below and provide comments regarding your selection.
Favorable
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion
Please explain your response.
Completed by:
Signature: Date:
Name: Chief John Coshy
Agency Name: Beach Police
Agency Address: 4/03 +lightand Ase Bulenin Bouch
Return Completed Form to: FL 3/2/7

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🗹
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
ompleted by: Signature: Only 15/10-75
Name: _ Charles A Hager IV
Agency Name: Brasota Services Inc
Agency Address: 1410 Commerce Blood unit & Sarasota A
Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:
Medical Examiners Commission
Florida Department of Law Enforcement
Post Office Box 1489

Tallahassee, Florida 32302-1489

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide, comments regarding your selection.

Favorable M

Please give suggestions for improvement.

Unfavorable □

Please give reasons for negative response.

No Opinion

Please explain your response.

Completed by:

Signature:

\$ hword

FUNERM

Agency Address:

A. BROWN

15rz den ton, FL

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us_or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🏻		
Please give suggestions for improvement.		
Unfavorable □		
Please give reasons for negative response.		
No Opinion □		
Please explain your response.		
Completed by:		/ 201
Signature:	Date	1-2025
	POTTEL	
Agency Name: DE SOTO COUNTY SH		TCE
Agency Address: 08 EAST CYPRESS	ST. ARCADTA, I	EL. 3426

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> option below and provide comments regarding your selection.

option below and provide comments regarding your selection.		
Favorable 5		
Please give suggestions for improvement.		
Unfavorable □		
Please give reasons for negative response.		
No Opinion □		
Please explain your response.		
Completed by:		
Signature Date: 1-10, 2021.		
Name: David D. Gallenzine		
Agency Name: Englewood Community Funeral Home		
Agency Address: 3070 S. mc Call Ra Englawood FL 34274		
Return Completed Form to:		

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us_or

MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable 📈	
Please give sugg	gestions for improvement.
Unfavorable D	
Please give reas	ons for negative response.
No Opinion □	
Please explain yo	our response.
pleted by:	30.0
Signature:	Date: 10/2025
Name:	Bruce C. Kingsbur-1
Agency Name:	Facley Funeral Home
Agency Address:	2.1 1 0.1 626
Agency Address.	- House Here
	Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🖾	
Please give suggestions for improvement.	
Unfavorable 🛘	
Please give reasons for negative response.	
No Origina II	
No Opinion	
Please explain your response.	
Completed by:	•
·	2-1 January 10, 2025
Signature: All I Rehilm	Date:
Name: Allen L Richardson	
Agency Name: Griffith Cline Funeral and Cremation Services	
Agency Address: 720 Manatee Avenue West, Bradenton, FL 34205	
Return Completed Form to:	

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Favorable 🔯
Please give suggestions for improvement.
GREAT RELATIONS OF WATT STAFF. THEY WE KNOWN
VERY TREEPRILL WORLD CASES.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature:
Name: BRIAN HALL
Agency Name: HOUMES BEACH POLICE
Agency Address: SOCI MARINATA. HOLING BEACH. FZ 34217

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable / Please give suggestions for improvement. Unfavorable

Please give reasons for negative response.

DINES

No Opinion

Please explain your response.

Completed by:

Signature:

Agency Address:

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us_or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🗸
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by: Signature: Date: 15-05
Name: Matthew Bocker
Agency Name: Koys Ponjer (a) Uselton Funeral Heme
Agency Address: 1935 S. Caniami Trui Verce Moritici
Return Completed Form to: 34293
A-blan Williams die analis auch mille Griff auch fi

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

option below and provide comments regarding your selection.
Please give suggestions for improvement.
Unfavorable □ Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by: Signature:
Name: FRANK RUBINO INTERM CHIEF Agency Name: TOWN OF LONGBOAT KEY POUCE DEPARTMENT
Agency Address: 5460 GULF OF MEXICO DR. LBK, FL 34228

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable @ Please give suggestions for improvement. Unfavorable □ Please give reasons for negative response. No Opinion □ Please explain your response. Completed by: Name: Agency Name: Agency Address: 240/ sullemen

> Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Return Completed Form to:

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one optio

option below and provide comments regarding your selection.
Favorable 🔼
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date:
Name: Manual BIShUP
Agency Name: WWW ll (OW) 7 OVW / WYWY
Agency Address: Who Manarle Ave W, Branchon, FL 3402

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Favorable 🗹
Please give suggestions for improvement. We are blessed to have Dr. Vega eading the activities of the ME office. He and his team work very well with aw enforcement and they play a huge part in helping us solve crimes. I highly recommend his reappointment.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature:
Name: MAJOR TODO M. SUEAR
Agency Name: Manalel County Shoult's Office
Agency Address: 600 US HWY 301 BIVD. Bradenty FC
Return Completed Form to: 34205

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable 💆	
	Please give suggestions for improvement.	
	10NB	
	Unfavorable □	
	Please give reasons for negative response.	
	No Opinion □	
	Please explain your response.	
•		
Complet	ted by:	
	Signature: CHUEF A- P BARRA Date: 01-13-2025	
	Name: Tops R. GARRISON	
,	Agency Name: NORTH FOU POLICO DEPARTMENT 4980 CITY HOLL BLVD	
,	Agency Address: North Foet, FL 34256	
	Return Completed Form to:	
	Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or	

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable M	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	•
No Opinion □	
Please explain your response.	
*	
Completed by:	F 7
Signature: / wtt (). The	Date: 4/14/25
Name: Scott D. Tyle	
Agency Name: Palme Ho Police Deporta	vent
Agency Address: Fro Loth Ave W, Pal	metto FL 34221

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection. Favorable D Please give suggestions for improvement. Unfavorable □ Please give reasons for negative response. No Opinion □ Please explain your response. Completed by: Signature: Agency Address:

> Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Return Completed Form to:

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

	Favorable A
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Comp	oleted by:
	Signature: Date: - 3-ZoZs
	Name: Jate Kolone 5
	Agency Name: Robert tode & Sons Moresote
	Agency Address: 1221 5314 Ave E. Brodenby, EL 34203
	Datum Completed Forms to:

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one optic

option below and provide comments regarding your selection.	
Favorable 4	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion 🗆	
No Opinion Places explain your response	
Please explain your response.	
Completed by:	1
Signature:	Date: 1/13/25
Name: Jason Tocke	
Agency Name: Robert Toale & Sons 1	F)
Agency Address: 7454 5. Tamiami	Tul Samsona, FL 3423

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us_or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable 🗹
Please give suggestions for improvement. Great partner, Auch reprine, and drays willing to help.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date:
Name: Name:
Agency Name: Scragota Tolice Suff.
Agency Address: 2099 Adamy Ln., Sovayota, Fl. 34237
Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

general selection.
Favorable 🖽
Please give suggestions for improvement.
We work very well with Dr. Vega. He has
We work very well with Dr. Vega. He has
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by: Signature: Kut A Hoffe Date: 1-13-25
Name: KURT A. HOFFMAN, SHERIFF
Agency Name: Savasota County Sheriff Office
Agency Address: 6010 Cattle Holge Blvd. Savasuta, Fe 34237

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	provide a service regarding year estection.
Favorab	le 🗵
Please gi	ve suggestions for improvement.
Unfavor	able 🗆
Please gi	ve reasons for negative response.
No Opin	ion 🗆
Please ex	plain your response.
Completed by:	La Dela
Signature	Date: 1-15-2025
Name:	TAMMY VALENTI
Agency N	ame: 3hANNON FUNERAL HOME
Agency A	ddress: 1015 14th St. W. BRADEN tow FC 34
	Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable 🗘
Please give suggestions for improvement.
Dr. Vega communicates well with w
(sives) and makes himself & his other available
Please give suggestions for improvement. Or. Vega communicates well with won issues, and makes himself & his office available Unfavorable Toverligations and frainings.
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: 20 (hodicky Date: 1/21/2025
Name: Ed Brodsky
Agency Name: State Attornoy's Office, 12th Circuit
Agency Address: 2071 Ringling Blvd Ste 400 Saravota, FL
Return Completed Form to: 34237
Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or

MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

District 13 Assessment (Home Rule) - Kelly G. Devers, M.D.							
	Favorable	Non-Favorable	No Opinion	No Response			
Courts State Attorney's Office 13th Judicial Circuit	Х						
Public Defender's Office 13th Judicial Circuit	X						
1 dono Botondo Como Tourodalona orioda							
Sheriff's Office							
Hillsborough County Sheriff's Office							
0	T	T	T				
Commissioners Hillsborough County Board of County Commissioners	Х						
Inilisborough County Board of County Commissioners							
Police Departments							
Plant City Police Department	Х						
Tampa Police Department							
Temple Terrace Police Department	X						
Funeral Homes							
SOUTHERN FUNERAL CARE AND CREMATION SERVICES INC							
STOWERS FUNERAL HOME							
NATIONAL CREMATION AND BURIAL SOCIETY	Х						
HILLSBORO MEMORIAL FUNERAL HOME							
RAY WILLIAMS FUNERAL HOME							
SEGAL FUNERAL HOME BETH DAVID CHAPEL HOPEWELL FUNERAL HOME INC							
ZIPPERER'S FUNERAL HOME ZIPPERER'S FUNERAL HOME	+						
SWILLEY FUNERAL HOME & CREMATION SERVICE INC	х						
CHARLOW FUNERAL HOME	X						
BREWER & SONS FUNERAL, CREMATION AND CEMETERY SERVICES							
WINSLOW HONORS FUNERAL CHAPEL							
JAMES C BOYD FUNERAL HOME AND CREMATIONS INC							
LOYLESS FUNERAL HOME							
SUN CITY CENTER FUNERAL HOME							
SIMPLE, EASY, AFFORDABLE CREMATION INC							
STONE'S MEMORIAL FUNERAL PARLOR CORP	.,						
FLORIDA MORTUARY FUNERAL & CREMATION SERVICES	Х						
CREMATIONS OF GREATER TAMPA BAY INC SMART CREMATION OF FLORIDA LLC							
COMPASSIONATE CREMATIONS AND MEMORIALS LLC							
ADEN FUNERAL HOME	Х						
ADAMS & JENNINGS FUNERAL HOME							
BLOUNT & CURRY FUNERAL HOME AT GARDEN OF MEMORIES							
HAUGHT FUNERAL HOME							
SCRIVENS JOHNSON MORTUARY SERVICE LLC	v						
SUNSET FUNERAL HOME AND MEMORY GARDENS	Х						
BLOUNT & CURRY FUNERAL HOME - TERRACE OAKS CHAPEL							
JACKSON FUNERAL HOME	Х						
BRANDON CREMATION AND FUNERAL SERVICES INC							
INTEGRITY FUNERAL SERVICES OF TAMPA FL INC							
WILSON BROTHERS INCORP D/B/A WILSON FUNERAL HOME							
WELLS MEMORIAL AND EVENT CENTER							
GONZALEZ FUNERAL HOME	Х						
HARMON FUNERAL HOME INC							
WASHINGTON FUNERAL HOME							
GUDES FUNERAL HOME INC							
BOZA & ROEL FUNERAL HOME	-						
BLOUNT & CURRY FUNERAL HOMES - CARROLLWOOD CHAPEL							
BLOUNT & CURRY FUNERAL HOME, OLDSMAR/WEST HILLSBOROUGH CHAPEL	V						
BLOUNT & CURRY FUNERAL HOME-MACDILL CHAPEL DIGNITY MEMORIAL FUNERAL & CREMATION SERVICES	Х						
SERENITY MEADOWS MEMORIAL PARK FUNERAL HOME							
AIKENS FUNERAL HOME MACDONALD FUNERAL HOME & CREMATION INC							
WW. GOOD AND I DIVERSE HOWE & OILEWATION TING		<u> </u>	<u> </u>				
Medical Societies							
Hillsborough County Medical Association			Х				

LifeLink		_

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Please give suggestions for improvement. our needs due to the community was serve.
Unfavorable □
Please give reasons for negative response.
No Opinion Please explain your response.
Completed by: Date:
Name: Oryeka Ezike
Agency Name: Aden Funeral Home
Agency Address: 8037 E DR Martin Luther King &R Blvd Tamp

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable ⊠
Please give suggestions for improvement.
NO suggestions for improvement. I thoroughly enjoy
Working with the District 13 Medical Examiner office Always informative, Kind, and caring. Unfavorable 1
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by: Signature: Date: 1/14/2025
Name: Hannah Henderson -Office Manager
Agency Name: Blown + & Curry Life Event Center (MacDis
Agency Address: 605 S. Mac Dill Avenue Tampa, FL 33609
Return Completed Form to:
Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or

MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

Hov <u>opt</u>

p <u>tion</u> below and provide comments regarding your selection.
Favorable 🕱
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion Please explain your response.
Signature: Aeginald L. Davis LFD Name: Reginald L. Davis LFD
Agency Name: Charlow Funeral Home Agency Address: 1010 E. Lawra St., Plant City, FL 33563

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 💆	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by: Signature:	Date: 4-15-25
Name: Arin Rudd	
Agency Name: Florida Mortuary	
Agency Address: 4001 N. Nebraska	Ave. Tampa FL 33403

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Eavorable M

尼
ely

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your districts. option

	elow and provide comments regarding your selection.
7	Favorable
	Please give suggestions for improvement.
	EXCELLENT SERVICE PROVIDED TO COUNTY RESIDENT.
	EXCELLENT SERVICE PROVIDED TO COUNTY RESIDENT, LAW ENFORCEMENT & LOCAL GOVERNMENT STAFF.
	Jnfavorable □
ŀ	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Complete	ed by:
s	ignature:
٨	lame: GREGORY HORNE DEL DEPUTY COUNTY ADMINISTRATOR
Α	gency Name: HILLSKOROUGH COUNTY
	gency Address: 601 E. KENNEDY BLVD, TAMPA, FL 33602
	Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable

Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion 🖫
Imapplicable - unaware. However, In Devera has been a marker of the Hillsborough County Medical accounts on member of the Hillsborough (nema) since 2015
Completed by:
Signature: DEREVE ZORINO Date: 4-15-35
Agency Name:
Agency Address: 3001 W. Azzzle St. Tampa, FL 33609
Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:



Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

option below and provide comments regarding your selection.	in your district? Flease select one
Favorable 🗷	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	5
Signature: Churatto Dechson	Date: January 29, 2035
Name: Annette T. Jackson	, ,
Agency Name: Jackson Funeral Homes	
Agency Address: 4605 N. 34th Steet	Tampa, Florida 33672
	1 /

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🗹	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	
	Date: 1-20-25
Signature:	Date:
Name: Allison Boi	
Agency Name: National Cremation 4	Burial Society
Agency Address: 305 F. College Als.	Ruckin El 33570

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable 🗹
Please give suggestions for improvement.
*SEE ATTACKS ETAIL STRING THREAD.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date: Date:
Name: , Piches Kings, Jr
Agency Name: PLANT CITY POLICE DEPARTHENT
Agency Address: 1 Pouce CENTER DRIVE, PLANT CITY, FL. 33 564
Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

From: Matthew Lawson <mlawson@plantcitypolice.com>

Sent: Tuesday, January 21, 2025 10:53 AM

To: Justin Duralia < jduralia@plantcitygov.com>

Subject: Medical Examiners Evaluation

Caution:

This is an external email. Please take care when clicking links or opening attachments. If you do not recognize the sender or feel something is off, please report and delete.

As we discussed, I met with members of the Criminal Investigations Division (CID) and the Traffic Management Unit (TMU) regarding the Hillsborough County Medical Examiners Office evaluation. After speaking to several of the detectives and TMU officers, I was told by everyone I spoke with that the Hillsborough County Medical Examiner's Office provides excellent service. The Medical Examiner's Office communicates well with the PCPD, provides updated information on cases, and when asked sends over documents promptly. No detective or officer had any negative comments about the Medical Examiners Office or the service they provide.

Lieutenant Matt Lawson #263

Patrol Division Shift Commander Plant City Police Department 1 Police Place, Police Center Drive Plant City, Florida 33563

Office: (813)707-2229

mlawson@plantcitypolice.com

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable Please give reasons for negative response.

No Opinion Please explain your response.

Completed by:

Signature:

Name:

Lisa B. Mehean

Agency Name: Public Defender's Office 13th Judgad Chaudt

Return Completed Form to:

Agency Address:

Twiggs Street

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one optio

	pelow and provide comments regarding your selection.
	Favorable
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
Comple	eted by:
	Signature: Date:
	Name: Keree Murafi
	Agency Name: Office of the Stee Atomey, 13th Judiod Circu
/	Agency Address: 49 N. Pierco & Toma Pl 33602

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

option below and provide comments regarding your selection.					
Favorable Please give suggestions for improvement. Clear and Straight forward, We are able to Communicate without issues.					
Unfavorable □					
Please give reasons for negative response.					
No Opinion □					
Please explain your response.					
Completed by:					
Signature: Kathryn M Ricknes Date: 1/10/2025					
Name: Kathbyn M Rickner					
Agency Name: Swilley Funeral Home & Cremation Sucs					
Agency Address: 1602 W Waters Ave Tamfa, FL 3360					
Return Completed Form to:					

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one option below and provide comments regarding your selection.*

Favorable 🕍	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	
Signature: Date:	
Name: Sat Rachel Cholnik	
Agency Name: Tampa Police Department	
Agency Address: 411 N Franklin St. Tampa FL 33600	J
Return Completed Form to:	

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Assessment of Medical Examiner Services

District 13 Medical Examiner Kelly G. Devers, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one option</u> below and provide comments regarding your selection.

Favorable

Unfavorable □

Please give reasons for negative response.

Please give suggestions for improvement.

Please explain your response.

No Opinion

Signature: Date: 1/10/25

Name: Ken Albano

Agency Name: Templetenace PD

Agency Address: 112000 Still Still Templetenace PT

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

District 14 Reappointment - Jay Radtke, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Courts				
State Attorney's Office 14th Judicial Circuit	Х			
Public Defender's Office 14th Judicial Circuit	X			
Sheriff's Offices				
Bay County Sheriff's Office				
Calhoun County Sheriff's Office				
Gulf County Sheriff's Office	Х			
Holmes County Sheriff's Office	X			
Jackson County Sheriff's Office	X			
Washington County Sheriff's Office	X			
Commissioners				
Bay Board of County Commissioners				
Calhoun Board of County Commissioners	Х			
Gulf Board of County Commissioners				
Holmes Board of County Commissioners				
Jackson Board of County Commissioners	X			
Washington Board of County Commissioners				
Police Departments		l	1	
Police Departments Lynn Haven Police Department	Х			
Panama City Beach Police Department	^			
Panama City Police Department Panama City Police Department	X			
Parker Police Department	^			
Springfield Police Department	X			
Altha Police Department	^			
Blountstown Police Department	Х			
Port St. Joe Police Department	^			
Bonifay Police Department				
Cottondale Police Department	Х			
Graceville Police Department	X			
Marianna Police Department	X			
Sneads Police Department				
Chipley Police Department				
employ i empo populationi				
Funeral Homes				
WILSON FUNERAL HOME	Х			
HERITAGE FUNERAL HOME AND CREMATION SERVICES LLC				
SOUTHERLAND FAMILY FUNERAL HOME	Х			
AFFORDABLE FUNERAL CARE BY YORKSHIRE				
KENT FOREST LAWN FUNERAL HOME				
BATTLE MORTUARY				
THE RICHARDSON GROUP FUNERALS & CREMATIONS INC				
RUSSELL ALLEN WRIGHT SR MORTUARY				
HERITAGE SHORES FUNERAL HOME & CREMATION CENTRE				
EMERALD SHORES CREMATION CENTRE				
PASCO GAINER SR FUNERAL HOME INC				
ADAMS FUNERAL HOMES INC PEAVY FUNERAL HOME	Х			
COMFORTER FUNERAL HOME SIMS FUNERAL HOME INC				
PEEL FUNERAL HOME	X			
	Ā			
PEOPLES FUNERAL HOME	.,			
MCKINNIE FUNERAL HOME	X			
MARIANNA CHAPEL FUNERAL HOME	X			
JAMES & SIKES FUNERAL HOME MADDOX CHAPEL	Х			
VANN'S FUNERAL HOME				
JAMES & LIPFORD FUNERAL HOME	Х			
MCALPIN FUNERAL HOME			<u> </u>	
CHRISTIAN MEMORIAL CHAPEL	Х			
WILLIAMS FUNERAL HOME				
BROWN FUNERAL HOME				
COOPER FUNERAL HOME	Х			
SHANE OBERT FUNERAL HOME INC				
PEEL FUNERAL HOME VERNON CHAPEL				
Medical Societies				
Medical Societies Emerald Coast Medical Association				

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable Delease give suggestions for improvement. The entire Crew A+ District 14 is 5-5+Ars.
	Infavorable □ Please give reasons for negative response.
	No Opinion Please explain your response.
٨	Signature:
	Agency Address: 18034 MAIN St. N Blownts town, FC 32424

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable	
Please give suggestions for improvement	
Unfavorable □	
Please give reasons for negative respons	e.
No Opinion □	
Please explain your response.	
Completed by:	
Signature: Maller	Date: 1-10-25
Name: Marle Matt	ony
Agency Name: Blown to town	Police Dept.
Agency Address: 16908 NE P.	ear St. Blowntstown, Fr 32424
Return Cor	mpleted Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection. Favorable M Please give suggestions for improvement. Unfavorable □ Please give reasons for negative response. No Opinion □ Please explain your response. Completed by: February 4, 2025 Signature: Date: Darryl O'Bryan - Chairman Name: Calhoun County Board of County Commissioners Agency Name:

Return Completed Form to:

Agency Address:

20859 Central Ave, E Rm G40 Blountstown, Fl 32424

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable Please give suggestions for improvement. Keep the Same Staff.		
Unfavorable □ Please give reasons for negative response.		
No Opinion Please explain your response.		,
Completed by: Signature: Name: Date:	1/12/2025	
Name:Donald J { Pittman Agency Name:Christian Memorial Chapel Agency Address:5441 Cooper Street, Graceville,	Florid	

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Favorable 💢
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: 3am R. Cooper Name: Zannie R. Cooper Agency Name: Cooper Funeral Home
Name: Zannie R. Cooper
Agency Name: Cooper Funeral Home
Agency Address: 1220 Church Ave, / P.O. Box 66 Chipley, FL 324;
Poture Completed Form to:

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

option below and provide comments regarding your selection.
Favorable 12 Always helpful and Timely. World like to ask the guest Please give suggestions for improvement of how funeral homes picking up hodies certain cases wis medical examiners office doesn't comprimize thain of custom
Unfavorable □
Please give reasons for negative response.
No Opinion Please explain your response.
Completed by: Signature: Date: 1/13/25
Name: Nichard CAR/eg
Agency Name: Cottondale Police Dept.
Agency Address: P.O. 13x 398, Cotton dek 17. 32431
Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 12 Medical Examiner Russell S. Vega, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

<u>option</u>	below and provide comments re	egarding your select	tion.	·		
	Favorable 🗹	•				
	Please give suggestions for in	nprovement.			•	
		•		•		
	. *					5
	Unfavorable □			•	÷	
	Please give reasons for negat	ive response.			: · :	
						. دی.
						ş.·
	No Opinion □	•				
	Please explain your response.			٠.,		
			*			
		25.00				
Comple	eted by:	^				
	Signature: Mandy	Hones	· · · · · · · · · · · · · · · · · · ·	Date: 1/1	4/25	
	Name: Mandy -	lines				
	Agency Name: De Sato (County BOA	IRD OF C	DUNTY	Commis	51000
	Agency Address: 201 E.C	Jak St. Ste	201 4	rcadea	FC 3426	4

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.
Favorable
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Jason Baula Date: 2/7/2025
Name: Jason Barley
Agency Name: Graceville Police Department
Agency Address: 5348 CLIFF St. Graceville FL 32440
Return Completed Form to:
Ashley Williams via e-mail: ashleywilliama@fdla.

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one option</u> below and provide comments regarding your selection.

Favorable 🗹						
Please give suggestions for improvement.						
Or. Radthe does a great job. It would be ruce for his office to provide training apportunities to CEOs.						
Unfavorable □						
Please give reasons for negative response.						
No Opinion □						
Please explain your response.						
Completed by:						
Signature: Mike Hamson Date: 4-21-25						
Name: MIKE HARRISON						
Agency Name: GULF COUNTY SHERIFFS OFFICE						
Agency Name: GULF COUNTY SHEKIFF'S OFFICE Agency Address: 4/8 CECIL G. COSTIN SR. BLVD. PORT STJOE	J					
Return Completed Form to: FL 3243						

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 8 Interim Medical Examiner Jon R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Please give suggestions for improvement.

Unfavorable

Please give reasons for negative response.

Please explain your response.

No Opinion □

Signature: Date: 1-27/-2025

Name: Jr Antoine Sheppard Chief of Police

Agency Name: High Springs Police Dept.

Agency Address: 237 20 NW 187th Aue High Springs Personal Reserved Services Reserved Rese

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or MedicalExaminersCommission@fdle.state.fl.us

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.
Favorable 4
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date:
Name: John J. Ale
Agency Name: Holmes Co Sheraff
Agency Address: 1/73 E / Huy 90 Bonity, RC 3242
Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us_or</u> MedicalExaminersCommission@fdle.state.fl.us_

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

below and provide againmente ragaranty your concession.
Favorable 🗹
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
1/1/1/1/1/
Signature: Date:
Name: Donald L/Edunfield Sheritt
Agency Name: Jackson Canfy Shot Office
Agency Address: 4111 Gov Rich Goott Dr Mariama

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable Please give reasons for negative response.

No Opinion Please explain your response.

Completed by:

Signature:

Name:

Agency Name:

James + Sike James + Liphond

Return Completed Form to:

Agency Address:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u>or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	No Opinion □
	Please explain your response.
	$\sim \Lambda$ Λ Λ
Complet	ted by:
	Signature: Date: Date:
	Name:
	Agency Name: As & Sikes
	Agency Address: 4278 Lataye the St Mananna 7 32446

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Fav	vorable 🗵
	ase give suggestions for improvement.
Un	favorable □
Ple	ase give reasons for negative response.
No	Opinion
Plea	ase explain your response.
0	
Completed	nature: 15/2025
_	1) = 1000 M = 1000
Nar	1 Ca Dunal 10 a Para 100 1 Cara 100 C
_	incy Name: LIVEQUIT OVANT KUOVERU SUVICE
Age	incy Address: 4016 NW Ja V Delyk Gall to Ulic, FC
	Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option

option below and provide comments regarding your selection.			
Favorable 🍱			
Please give suggestions for improvement.			
Unfavorable □			
Please give reasons for negative response.			
No Opinion □			
Please explain your response.			
Completed by:			
Signature: Chul + 18	Date: 04 16 25		
Name: Chief R. Ramie			
Agency Name: LYNN HAVEN POLICE	DEPARTMENT		
Agency Address: 825 OHIO AUE, LYNN	HALEN, FL 32444		
Return Completed Form to:			

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one op

option below and provide comments regarding your selection.		Carrier of Francis Carrier
Favorable		
Please give suggestions for improvement.		
Unfavorable □		
Please give reasons for negative response.		
No Opinion □		
Please explain your response.		
Completed by:		
Signature: K. Ciry Cerb	Date:	1-13-2025
Name: R Cody Lambe		
Agency Name: Mariana Chepal Fun	real /to	Me

Return Completed Form to:

90 Mariana, FL

32446

1tis svay

3960

Agency Address:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

option below and provide comments regarding your selection.	
Favorable A	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by: Signature: 7 Sauce Basett	Date: 1-14-2025
Name: Hayes Baggett	Date. 1 1 2020
Agency Name: Marianna Police De	epartment
Agency Address: P.O. Box 936 Marian	nna, FL 32446
Return Completed Form	n to:
A 11 IAPPE	222

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable

Please give suggestions for improvement.

Unfavorable

Please give reasons for negative response.

No Opinion □

Please explain your response.

Completed by:

Agency Name:

Agency Address:

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable Please give reasons for negative response.

No Opinion Please explain your response.

Completed by:

Signature: Ampha Control Date: 12125

Name: Merk South Chief St Balase

Return Completed Form to:

Agency Address: 1269

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🛛

١	Please give suggestions for improvement. Needs to improve in trial preparation. He has been impeached several times with his own deposition. Tends to be problematic for both the State and the Defense.	Γhis		
U	Unfavorable □			
F	Please give reasons for negative response.			
N	No Opinion □			
F	Please explain your response.			
Complete	ed by:			
S	Signature: Date:			
Name: Henry Mark Sims, Public Defender				
A	Agency Name: Office of Public Defender, Fourteenth Judicial Circuit			
Agency Address: 4437 Jackson Street, Marianna, Florida 32448				
Return Completed Form to:				
Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us				

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

	Favorable X
	Please give suggestions for improvement.
	Unfavorable □
	Please give reasons for negative response.
	The design of the state of the
	No Opinion □
	Please explain your response.
Complet	ted by:
	Signature: Stallef D. Southerland Date: 1-10-25
	Name: Staller Southerland
	Agency Name: Southerland Family Funeral Home
	Agency Address: 100 E. 1945t. Panaua City FL35405

Return Completed Form to:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:
Medical Examiners Commission
Florida Department of Law Enforcement
Post Office Box 1489

Tallahassee, Florida 32302-1489

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

Fa	avorable 💢				
Ple	ease give suggestions	for improvement.			
Ur	nfavorable 🗆				
Ple	ease give reasons for r	egative response.			
No	o Opinion □				
Ple	ease explain your resp	onse.			
ompleted	1 by:	71		/	,
	gnature Durry	Roberts		Date: 1/13	2025
	gency Name: Sp	ing field	Police	Dept.	, /
An	gency Address: 45	8 School	Aue. So	ringfiel	& CI 32

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Medical Examiners Commission Florida Department of Law Enforcement Post Office Box 1489 Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one option below and provide comments regarding your selection.

Favorable Please give suggestions for improvement.

Unfavorable Please give reasons for negative response.

No Opinion Please explain your response.

Completed by:

Signature:

Name:

Signature:

Signatu

Return Completed Form to:

Agency Name:

Agency Address:

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please select one

option below and provide comments regarding your selection.
Favorable K. C.
Please give suggestions for improvement.
Unfavorable □
Please give reasons for negative response.
No Opinion □
Please explain your response.
Completed by:
Signature: Date:
Name: Kevin Crews
Agency Name: Washington Co. Sheriff's Office
Agency Address: 711 3rd Street, Chipley, FL 32428

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please select one* <u>opUon</u> below and provide comments regarding your selection.

Favorable 🛛				
Please give suggestions for improvement.				
Unfavorable □				
Please give reasons for negative response.				
No Opinion □				
Please explain your response.				
Completed by:				
Jameu Weshrook				
Signature: Jamev Wesbro5k (Feb 12, 2025 22-59 CST)	Date: <u>02/06/2025</u>			
Name:Jamey Westbrook, Chairman				
Agency Name: Jackson County Board of County Commissioners				
Agency Address: 2864 Madison, St., Marianna, FL 32448				
Return Completed Form to:				

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or

MedicalExaminersCommission.@fdle.state.fl.us

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? Please <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable 🗵	
Please give suggestions for improvement.	
Unfavorable □	
Please give reasons for negative response.	
No Opinion □	
Please explain your response.	
Completed by:	
Signature:	Date: /- /3-25
Name: John Stephen Wilson =	
Lufter (Variation)	
	21 = 00=
Agency Address: 214 AIRFORT Rd, Par	raing City FL 32405
Return Completed Form to:	

Ashley Williams via e-mail: <u>ashleywilliams@fdle.state.fl.us</u> or <u>MedicalExaminersCommission@fdle.state.fl.us</u>

Or mail to:

Recommendation for Reappointment

District 14 Medical Examiner Jay Radtke, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please* <u>select one</u> <u>option</u> below and provide comments regarding your selection.

Favorable Z

Please give suggestions for improvement.

I am writing to provide constructive feedback regarding the operations at the Medical Examiner District 14 Office, particularly concerning investigator phone interactions.

It has come to my attention that during phone conversations, there is an opportunity for improvement in professionalism and engagement. Specifically:

- 1. **Communication Clarity:** Investigators should speak clearly, confidently, and at an audible volume to ensure effective communication. This not only reflects well on the office but also fosters trust and efficiency in critical conversations.
- 2. **Professional Demeanor:** It is essential for investigators to maintain an alert and attentive tone. A professional, engaged attitude on calls reassures stakeholders and reflects the dedication expected of our office.

Thank you for considering this feedback. I believe these adjustments will enhance the reputation and efficiency of the office while ensuring all interactions reflect the professionalism we strive to uphold.

Signature: Water Notes O1-13-2025

Name: Veronica Peel Waters

Agency Name: Peel Funeral Home

Agency Address: 301 E. Evans Ave Bonifay FL 32425

Return Completed Form to:

Ashley Williams via e-mail: ashleywilliams@fdle.state.fl.us or MedicalExaminersCommission@fdle.state.fl.us

Or mail to:

Medical Examiners Commission
Florida Department of Law Enforcement
Post Office Box 1489
Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality