



Medical Examiners Commission Meeting

May 7, 2021

AMENDED 05/03/2021

Barbara C. Wolf, M.D. • Kenneth T. Jones • Nick Cox, J.D.
Charlie Cofer, J.D. • Robin Giddens Sheppard, L.F.D.
Stephen J. Nelson, M.A., M.D., F.C.A.P. • Carol R. Whitmore, R.N.

MEDICAL EXAMINERS COMMISSION MEETING

Wyndham Grand Jupiter at Harbourside Place
122 Soundings Avenue
Jupiter, FL 33477
May 7, 2021, 10:00 AM EDT

AMENDED: 05/03/2021

Opening Remarks

Introduction of Commission Members and Staff

Approval of Meeting Agenda and Minutes from previous Commission Meeting of February 12, 2021

<u>ISSUE NUMBER</u>	<u>PRESENTER</u>
1. Informational Items:	
• Sheriff Reid Resignation from MEC	Stephen J. Nelson, M.D.
• Status Report: MEC Appointments and Reappointments	Vickie Koenig
• Status Update: DME Appointments for Districts 4 and 19 and Reappointments for Districts 8, 10, 12, 14, 16, 18, 20, 21, 22, 23, & 24	Vickie Koenig
• 2020 Interim Drugs in Deceased Persons Report	Megan Neel
• 2020 Annual MEC Reports Reminder	Megan Neel
• 2020 Coverdell Status Update	Chad Lucas
• Organ Procurement Organization Denial Update	Stephen J. Nelson, M.D.
• CJI and the MEO	Vickie Koenig
• 2021 Legislative Session Bills of Interest	Jim Martin, J.D.
2. Reappointment Nominations for Districts 2, 4*, 5, and 6 and Assessments for Districts 3 and 7	Vickie Koenig
3. Unidentified Deceased Initiative	Chad Lucas
4. Department of Health CHARTS Presentation	Ursula Weiss, Ph.D.
5. Department of Health Grant Update	Karen Card, Ph.D.
6. Emerging Drugs	Bruce A. Goldberger, Ph.D.
7. 2021 FAME Educational Conference	Bruce A. Goldberger, Ph.D.
8. Other Business	Stephen J. Nelson, M.D.
• Resolution for Honorable J. Harrell Reid, Hamilton County Sheriff	

AMENDMENT includes addition of Duval City Council Reappointment Ballot to District 4 Reappointment Ballots.

The next MEC Meeting will be August 4th in conjunction with the FAME Educational Conference in Orlando.

MEDICAL EXAMINERS COMMISSION MEETING

Orlando Marriott Lake Mary
1501 International Parkway
Lake Mary, Florida 32751
February 12, 2021 10:00 AM EST

Commission Chairman Stephen J. Nelson, M.A., M.D., F.C.A.P., called the meeting of the Medical Examiners Commission to order at **10:00 AM**. He 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. He then welcomed everyone to the meeting and asked Commission members, staff, and audience members to introduce themselves.

Commission members present:

Stephen J. Nelson, M.A., M.D., F.C.A.P., District 10 Medical Examiner
Barbara C. Wolf, M.D., District 5 & 24 Medical Examiner
Nick Cox, J.D., Statewide Prosecutor, Office of the Attorney General
Robin Giddens Sheppard, L.F.D., Funeral Director
Kenneth T. Jones, State Registrar, Department of Health
Hon. Charlie Cofer, J.D., Public Defender, 4th Judicial Circuit
Hon. Carol R. Whitmore, R.N., Manatee County Commissioner

Commission members not present:

Hon. J. Harrell Reid, Hamilton County Sheriff

Commission staff present:

Vickie Koenig
Megan Neel

Chad Lucas
James D. Martin, J.D.

District Medical Examiners present:

Patricia A. Aronica, M.D. (District 19)
Sajid S. Kaiser, M.D. (District 18)
Jon R. Thogmartin, M.D. (District 6)
Joshua D. Stephany, M.D. (District 9)
Russell S. Vega, M.D. (District 12)
Marta U. Coburn, M.D. (District 20)

Wendolyn Sneed, M.D. (District 15)
Kelly G. Devers, M.D. (District 13)
William F. Hamilton, M.D. (District 8)
Craig Mallak, M.D. (District 17)
Deanna A. Oleske, M.D. (District 1)
Michael R. Steckbauer, M.D. (District 16)

Other District personnel present:

Lindsey Bayer (Districts 5 & 24)
Ashley Perkins, D.O. (District 13)
Tiffany Poston (District 2)
Paula Greer (District 8)
Sheri Blanton (Districts 9 & 25)
Cassie Boggs M.D. (District 7)
Karla Orozco (District 7)
Jeff Martin (District 1)
Terrill Tops, M.D. (District 15)
Catherine Miller, M.D. (District 15)
Ralph Saccone (District 15)

Wendy Lavezzi, M.D. (Districts 5 & 24)
Bill Pellan (District 6)
Ricardo Camacho (District 8)
Shanedelle S. Norford, M.D. (Districts 9 & 25)
Craig Engelson (District 18)
Mary Ripple, M.D. (District 7)
Kelly Boulous (District 23)
Andrea N. Minyard, M.D. (District 20)
Lee Marie Tormos, M.D. (District 15)
Paul Petrino (District 15)
Heron Ruiz (District 15)

Guests present:

Bruce A. Goldberger, Ph.D. (UF)
Larry Cochran (LifeQuest)
Heather Hoog (LEITR)
Patricia L. Darrigan (Legacy)

Ashley Banta (UF)
Liz Lehr (LifeLink)
Jessica Zayakosky (Legacy)
Ginny McBride (OurLegacy)

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 NOVEMBER 6, 2020 MEDICAL EXAMINERS COMMISSION MEETING.

ELECTION OF CHAIRMAN

Mrs. Vickie Koenig announced that the Chairman of the Commission is elected at the first meeting of the year, and opened the floor for nominations. Commissioner Robin Giddens Sheppard nominated Dr. Nelson and Dr. Barbara Wolf seconded the nomination. Mrs. Sheppard motioned to close the nominations and Commissioner Nick Cox seconded that motion.

THE MOTION WAS PASSED UNANIMOUSLY TO ELECT STEPHEN J. NELSON, M.A., M.D., F.C.A.P., AS CHAIRMAN OF THE MEDICAL EXAMINERS COMMISSION FOR 2021.

ISSUE NUMBER 1: INFORMATIONAL ITEMS

- Commission Chairman Dr. Nelson announced that Statewide Prosecutor Nick Cox, J.D., has been appointed as the Attorney General proxy for the Medical Examiners Commission. He is replacing Honorable Wesley Heidt, J.D., on the Commission as Mr. Heidt was recently appointed as a Volusia County judge.

- Status Report: MEC Appointment and Reappointments: Mrs. Vickie Koenig informed the Commission that the reappointment paperwork for Dr. Stephen J. Nelson, Dr. Barbara C. Wolf, and Mrs. Robin Giddens Sheppard are in the Governor's Appointments Office and they have everything they need for those reappointments. Additionally, the appointment paperwork for the vacant State Attorney Seat has been submitted to the Governor's Appointments Office and they have everything they need for the appointment. We are currently awaiting approvals from the Governor's Appointments Office.

Mrs. Koenig also informed the Commission that Honorable Charlie Cofer, J.D., and Sheriff J. Harrell Reid are up for reappointment this summer. Additionally, Honorable Carol Whitmore has served two terms on the Commission and will be terming out this summer. Staff will be contacting the Florida Association of Counties for a recommendation for the county commissioner spot on the Commission.

- Status Report: DME Appointments and Reappointments: Mrs. Koenig informed the Commission that the Governor's Appointments Office has stated they have received all necessary paperwork for the reappointments of Districts 8, 10, 12, 14, 18, 20, 21, 22, 23, and 24 and appointments for districts 1, 4, 16, and 19. We are currently awaiting approvals from the Governor's Appointments Office. Mrs.

Koenig also noted that come summer, all District Medical Examiners will be pending either appointment or reappointment. Dr. Nelson stated that the District Medical Examiners still continue to perform their duties until they are either reappointed or replaced.

- **State Child Abuse Death Review Committee Appointment:** Dr. Nelson informed the Commission that he has appointed Shanedelle S. Norford M.D., to represent the Medical Examiners Commission on the State Child Abuse Death Review Committee. Dr. Norford is an Associate Medical Examiner in Districts 9 and 25 and is replacing District 2 Associate Medical Examiner Anthony Clark, M.D., who expressed that he did not wish to be reappointed to the committee.
- **2020 Surveys and Assessments for Districts 2-7:** Mr. Chad Lucas informed the Commission that ballots and assessment forms were mailed to constituents of districts 2-7 on January 8, 2021. The requested response date is February 26, 2021. If there are any constituents that do not respond by then, MEC staff will reach out to them in order to have responses for the spring Commission meeting.
- **2020 Annual MEC Reports:** Mrs. Megan Neel informed the Commission that data for the Annual Workload Report and the Annual Drugs in Deceased Persons Report is due by June 30, 2021, and asked that districts please submit their data sooner rather than later. She will begin sending out reminders in April.
- **2020 Interim Drugs in Deceased Persons Report:** Mrs. Neel reported that the data from all districts has been received and is currently going through a quality review process. She is hopeful to have all the data back from the quality review process so the report can be published in April
- **2020 Paul Coverdell Forensic Science Improvement Grant Program Status Update:** Mr. Lucas reported that the Bureau for Justice Assistance (BJA) has not yet released funding for the 2020 Coverdell Grant and that projects are still not authorized to begin yet. There are currently two withholding conditions: a revised budget and National Environmental Policy Act (NEPA) documents. All requested documents have been sent to the BJA grant manager on December 8th, and an update has been requested by FDLE's grant manager. Memoranda of Understandings have been completed, but cannot be executed by FDLE's until the budget is fully approved.
- **Bills Filed for the 2021 Legislative Session:** FDLE General Counsel Jim Martin, J.D., informed the Commission of the following bills of interest for the MEC:

Procurement of Human Organs and Tissue (HB 1087, SB 536) – These bills would prohibit for-profit entities from procuring certain human organs and tissue, with certain exceptions. It amends Sections 765.542 and 873.01, F.S., to specify that a for-profit entity may not engage in the procurement of eye, cornea, eye tissue, or corneal tissue and exempts licensed hospitals, ambulatory surgical centers, and district medical examiners.

District 1 Medical Examiner's Facility Planning and Design (HB 3639) – This is an appropriations bill filed through Santa Rosa County that aims at having the State provide \$500,000 to begin the planning and design process for a new Medical Examiner facility in District 1, which will move them out of their current location in Sacred Heart hospital.

Commissioner Ken Jones also advised the Commission of the following bills relating to physician assistants:

Practice of Physician Assistants (HB 431, SB 894) – This bill would authorize licensed physician assistants to provide signature, certification, stamp, verification, affidavit, or endorsement for specified reasons. It would allow for physician assistants to sign death records.

ISSUE NUMBER 2: ORGAN PROCUREMENT ORGANIZATION 2020 ANNUAL REPORT

Ms. Ginny McBride of OurLegacy presented the 2020 Annual Report for Florida's organ procurement organizations. Ms. McBride reported that there were again zero transplant denials reported last year for whole organ donors. However, there were two transplant denials for partial organ donors. Both denials came from the District 11 Medical Examiner's Office out of the LifeAlliance Organ Recovery Agency region. One case had lungs/intestine restricted and the other case had a heart restricted. No reason for restriction was provided for both of the denial cases. Ms. McBride thanked the medical examiners for the outstanding relationship they have with the organ procurement organizations in Florida.

ISSUE NUMBER 3: ORGAN DONATION AFTER CARDIAC DEATH

District 15 Medical Examiner Wendolyn Sneed, M.D., expressed concern about how to produce documentation for organ procurement when someone is not legally dead, specifically after cardiac death. She understands that there is a very short period of time between death and organ recovery, but her office is being asked to produce a document expressing objections, if any. She is curious how this conforms with the fact that they are not to produce documentation on someone until they are pronounced dead. She contacted the District 11 and District 17 Medical Examiner Offices to ask how they handle this specific situation. In District 11, they do a consult case. In District 17, sometimes they sign paperwork and sometimes they give a verbal.

Liz Lehr from LifeLink said that in cases involving donation after cardiac death the OPO proceeds to the OR with a donor on a ventilator with a beating heart. Per the wishes of the donor's family, the ventilator support is withdrawn and the donor is observed for a time of cardiac death. The organ recovery procedure begins five minutes after cardiac death has been declared. The OPO, under Florida Statute, has an obligation to inform the medical examiner as well as a duty not to disturb until receiving information from the medical examiner. Article 2 of the Florida Practice Guidelines for Medical Examiners states that in cases of donation under cardiac death the medical examiner will be notified of an impending death rather than a death that has occurred. The OPOs are under the belief that the normal practice is a call to the medical examiner prior to entering the OR to obtain clearance for organ donation. In most of the cases, that happens with a phone call which should not require the medical examiner to produce a document on behalf of the OPOs. The OPOs in attendance at the MEC meeting would be happy to reach out to LifeAlliance in order to discuss this.

Both Dr. Nelson and Dr. Wolf agreed that the procedure described by Ms. Lehr was correct. Dr. Sneed said that if a verbal is all that is required in these cases, that will be how her office proceeds with them from now on.

ISSUE NUMBER 4: PAUL COVERDELL FORENSIC SCIENCE IMPROVEMENT GRANTS – 2021 PROPOSALS

Mr. Lucas informed the Commission that MEC Staff sent an e-mail to all districts on January 8, 2021, soliciting proposals for the 2021 Paul Coverdell Grant. Proposals from interested districts were due

on January 22, 2021. Sixteen (16) districts submitted proposals with a total of \$50,415.01 in requested funds. As of February 10, 2021, the BJA has not yet listed the 2021 grant solicitation, and it also was not listed as a forthcoming funding opportunity. At this time, it is unknown what amount of the grant will be allotted to medical examiners. If funds are granted, staff requests that any district requesting less than the average amount be given those funds, and the remainder of the funds be divided equally among the other districts.

ISSUE NUMBER 5: UNIDENTIFIED DECEASED INITIATIVE

Mr. Lucas reported the following success story from District 20:

On July 23, 2018, hikers discovered a deceased individual inside a tent located in the Big Cypress National Preserve. Collier County Sheriff's Office investigators found that the decedent was without items of identification. At autopsy, the white male decedent was cachectic, free of injuries, devoid of tattoos, beginning to decompose, and had a faint linear vertical abdominal scar. Toxicologic analysis revealed diphenhydramine and Ibuprofen. Law Enforcement submitted fingerprints for local, state, national and international databases and no matches were found. An identification photograph was distributed throughout social media. Initially numerous individuals stated that the individual in the photographs was known to them as "Mostly Harmless" or "Denim", as in jeans. These were trail names. The internet and social media community began to take great interest in the man who had hiked along the Appalachian Trail and had been found deceased inside of a tent. The Collier County Sheriff's Office submitted DNA to the University of Texas and a submission was made to NAMUS. DNA was also submitted to a Forensic genealogy lab (Orthram, Inc.). During the time that the DNA profile was being performed, a credible piece of information revealed that this individual was from Louisiana, and a friend provided a possible name. The genealogy lab identified the DNA as possible Cajun. The Sheriff's office was able to find the decedent's mother and father. The mother's DNA matched the decedent, and the individual was identified as Vance John Rodriguez. The Collier County Sheriff's Office officially released the identification on January 12, 2021. The family has made funeral arrangements.

Dr. Wolf asked about the particulars of the identification photograph that was distributed throughout social media as it is a violation of state statute to disseminate autopsy photographs in that manner. Dr. Coburn called into the meeting and stated the photograph was a computer-generated rendering of the decedent similar to an artist sketch. The Commission agreed that this is not a violation and is the normal among medical examiner offices.

ISSUE NUMBER 6: MASS FATALITY PLANS

Dr. Nelson reminded all districts that hurricane season begins on June 1, 2021, and that everyone should make sure they have a current up-to-date mass fatality plan in place.

ISSUE NUMBER 7: FATALITY MANAGEMENT RESPONSE PLAN UPDATE

Bruce A. Goldberger, Ph.D., reported to the Commission that FEMORS revised the State of Florida Fatality Management Response Plan. In addition to some simple revisions of typographical errors and updating links and references, the major addition to the document is a section devoted to mass burial in situations where disaster results in the deaths of several hundreds or thousands of victims.

This document is not meant to be the essential fatality plan document for each medical examiner office in the state, but should be included in each office's ESF8 plan.

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE VERSION 5.0 OF THE STATE OF FLORIDA FATALITY MANAGEMENT RESPONSE PLAN.

Version 5.0 of the State of Florida Fatality Management Response Plan will be published to the Medical Examiners Commission website.

ISSUE NUMBER 8: EMERGING DRUGS

Dr. Goldberger provided the Commission with an update on new drug trends. There are numerous findings for illicitly manufactured fentanyl and synthetic cathinones such as eutylone. There are some designer benzodiazepines such as etizolam, flualprazolam, and clonazepam. There has also been an uptick in fentanyl cases that are positive for xylazine, commonly used as a large animal sedative, hypnotic, or tranquilizer. Puerto Rico had an outbreak of xylazine deaths about a decade ago, and now fentanyl cases are often positive for xylazine in the Northeast region of the United States such as Philadelphia. The toxicology lab in Gainesville has begun to develop a method to better identify and quantify it as well as assess what its roll might be.

Dr. Nelson asked if Dr. Goldberger had a sense of how the other offices around the state are looking for newer designer drugs and wondered if everyone was on the same page. Dr. Goldberger indicated that those offices who are using NMS or the lab in Gainesville are, but he wasn't sure about Stewart Reference Labs and what their scope is in reference to newer designer drugs. Axis Toxicology, the lab in Broward, and the lab in Miami-Dade also do a decent job with emerging newer psychoactive substances (NPS). He does think it's important for the medical examiner offices to talk directly with the toxicology lab to see what NPS drugs are commonly detected in order to determine the need to select a different test or to keep a lookout for the drugs.

Dr. Nelson then asked if it would be worthwhile for the medical examiner offices to do a yearly or bi-yearly query of the labs as to what they are seeing as far as NPS drugs. Dr. Goldberger said that he does feel there is a great value to organizing a meeting of the toxicology labs. Mrs. Koenig said MEC could arrange something so that the postmortem toxicology labs could meet and discuss, and Dr. Goldberger offered to help her in the organization of the toxicology lab directors meeting.

Dr. Wolf said that annual medical examiner office meeting with their toxicology labs to review the drugs that are being tested for has recently been added as an item on NAME's inspection and accreditation checklist.

Mrs. Koenig indicated that the Office of Statewide Intelligence asked about brorphine. Dr. Goldberger said the labs haven't seen any of that in Florida, but they have seen isotonitazene in a few instances in Florida and feels that the state has been spared from some of the drugs making a large impact in the central region of the country. Mrs. Koenig said that when Mrs. Neel surveyed the medical examiner offices, District 23 responded with something from NMS Labs where there were two cases of brorphine that were identified in Florida in late 2020.

Mr. Cox asked if there was a marriage between what the labs were doing and law enforcement because the Attorney General has the ability to emergency schedule new drugs. Dr. Goldberger said there used to be better communication with the Office of the Attorney General, but not lately, and

suggested that the communication be reestablished. Mr. Cox then said that the Attorney General would be very concerned if she found out there has been a downturn in communication and offered to have Shannon MacGillis from his office attend any of the toxicology lab director's meetings. Dr. Goldberger welcomed that and also suggested that someone from FDLE Office of Statewide Intelligence also be involved. Mrs. Koenig said that there is a new Special Agent in Charge of the Office of Statewide Intelligence and she can include him.

Dr. Nelson asked that the meeting possibly take place before the next MEC meeting so the Commission can hear feedback.

ISSUE NUMBER 9: 2021 FAME EDUCATIONAL CONFERENCE

Dr. Goldberger reported that the 2021 FAME Educational Conference is tentatively scheduled to be held July 21-23, 2021, at the Waldorf Astoria in Orlando, Florida. The dates of the meeting are still tentative due to ever-changing CDC and State COVID-19 protocols, but he still feels really good about the feasibility of an in-person meeting due to the availability of vaccines. At this point, he does not wish to do a virtual FAME Educational Conference. The Waldorf Astoria has already promised to accommodate the conference with a grand ballroom for proper social distancing and also have mechanisms in place to distribute food and drinks. There is still a possibility that the conference dates and location may change due to meeting room size and CDC guidelines, but FAME is still pushing forward and hopes to have the meeting in person in July. An update will be available for MEC in the next week or two.

ISSUE NUMBER 10: OTHER BUSINESS

- Dr. Nelson announced that he had a signed resolution for the Honorable Wesley Heidt, J.D.
- District 18 Medical Examiner Sajid S. Qaiser, M.D., addressed the Commission regarding cases of medical misadventure. His general concerns were how to proceed in death cases where medical misadventure occurred and what documentation he should be keeping in his files for those cases.

Dr. Wolf said that her office would typically review the medical records and find out the purpose for the procedure that led to the injury before making a jurisdictional decision on the case. If the injury was an expected complication of a procedure for natural disease, then they would not take jurisdiction.

Dr. Qaiser also said that his office takes jurisdiction of any death cases with trauma that results in broken long bones or subdural hemorrhages, make them external examinations, and then release the body. Sometimes, however, the family of the decedent insists on a full autopsy. He asked if they were supposed to do the full autopsy and then recalled a time that he thought Dr. Nelson said if the family wants a full autopsy, you must perform the autopsy.

Dr. Nelson said that he would never say that someone has to perform the autopsy in that situation. Instead, he said that since you have already assumed jurisdiction of the case, you will be the one certifying the death, and you have to be comfortable in how you are going to certify the death. The only cases where autopsies must be done are the ones spelled out in statute or administrative rule as a case that shall be autopsied. The real question is, what are you comfortable with in order to certify those cases? If you aren't running afoul of State Statute, Administrative Rule, or the Practice Guidelines, then the decision is purely discretionary on your part.

Dr. Wolf agreed with Dr. Nelson on the types of cases where autopsies are required. However, when a case does fall under the jurisdiction of a medical examiner and the family wants an autopsy her office finds it prudent to go ahead and do the autopsy. In a lot of cases it is just easier and quicker to do it that way. Many times, in cases like this, the decision is not based on statute or code, but office policy instead.

- Dr. Nelson informed the Commission that he recently received a letter from the Florida Cemetery, Cremation, and Funeral Association imploring him to consider including funeral professionals in any vaccination event that he, the counties, and/or the Department of Health may arrange for their essential workers. Dr. Nelson indicated that when he has spoken to any medical examiner in the State who has asked for assistance in getting vaccinations for their office, he has directed them to their local county health department.

Mrs. Whitmore said that her county was experiencing the same issue and their Emergency Operations Center called the State. After that phone call, she received an e-mail in the past 10 days or so stating that funeral home employees are considered essential workers. Mrs. Giddens-Sheppard asked that Mrs. Whitmore send that e-mail to her so she can see it.

Mr. Cofer said he is under the impression that the vaccines are to be distributed according to the CDC guidelines, and that the local health department must follow those. The CDC are the ones that makes that determination.

Mr. Jones advised that for each county, funeral professionals should contact the county health department and they would be able to advise, at the county level, what the State's approach is.

Mrs. Giddens-Sheppard said that, so far, the Governor has said funeral professionals are not essential workers. However, she called on Wednesday and was able to get an appointment for Monday to get her vaccine.

Dr. Nelson said that was all the more reason to call your local county health department to inquire about vaccination.

- Ms. Koenig reminded everyone that the next Medical Examiners Commission meeting is scheduled for May 7th at the Wyndham Grand Jupiter at Harbourside Place in Jupiter, FL.

With no further business to come before the Commission, the meeting was adjourned at 11:25 A.M.

Sheriff



OFFICE (386) 792-1001
M - F (386) 792-2004
JAIL (386) 792-7131
FAX (386) 792-3133

J. HARRELL REID • SHERIFF HAMILTON COUNTY
P.O. DRAWER A • JASPER, FL 32052

April 5, 2021

Honorable Bobby Schultz
President, Florida Sheriff's Association
Gilchrist County Sheriff's Office
9239 South US Hwy 129
Trenton, FL 32693-5463

Bobby
Dear Sheriff Schultz,

I am writing to you today to officially offer my resignation from the Board of the Medical Examiners Commission, effective immediately.

Due to health reasons, I feel I can no longer serve in the capacity required for the appointment. This is an important position on the Medical Examiners Commission and requires more effort than I can provide at this time.

Please know it has been an honor and privilege to be given the appointment to serve on the Board and thank you so much for the opportunity to be a part of the Medical Examiners Commission.

Very truly yours,

J. Harrell Reid

J. Harrell Reid
Sheriff, Hamilton County

Cc: Steve Casey, Executive Director
Florida Sheriffs Association

Cc: Steve Lucas, Government Analyst II
FDLE

2020 District 11 Restriction #1

INITIAL CONSULT CASE NOTE:**Donation after Cardiac Death:**

Case is being reported by Life Alliance (possible overdose). Requesting restriction for the case.

On February 02, 2020, the individual was found unresponsive on the couch of his home. Fire rescue units responded, administered resuscitation, and transported him to Kendall Regional Medical center. According to the father, the decedent suffers from depression and takes opioids. He also suffers from HLD and hypertension. Family is unsure if he tried to intentionally harm himself. The individual is NOT brain dead. Law enforcement has yet to be advised of the incident. Dr. Barna was made aware of the case and restricted intestines and lungs. He had admission blood.



Miami-Dade County
Medical Examiner Department
Number One on Bob Hope Road
Miami, FL 33136
Phone (305) 545-2400 Fax (305) 545-2418



CASE NOTES

ME Case #: **C2020-00007**

Decedent's Name: [REDACTED]

Date	Case Note By	Note
2/10/2020 10:15:01AM	CME Automatic Link	Medical Records - 2020021010150099 document has been received and linked.
2/10/2020 4:40:00PM	Zuriarrain, Aroldo	Call made to: Kendall Regional Medical Center This MDI spoke with Omar Perez in the laboratory department who advised that there is no admission blood specimen available under Account number K026280842.
2/12/2020 2:53:00AM	Wilson, Carlos	Received a call from Orestes UM life alliance(305)989-0788, Decedent is ready for pickup at KRMC in the morgue. Base on the case number gave decedent is a consult case left at Kendall Regional Med CTR in the morgue.

INITIAL CONSULT CASE NOTE:**Donation after Cardiac Death:**

Case is being reported by Life Alliance (possible overdose). Requesting restriction for the case.

On February 02, 2020, the individual was found unresponsive on the couch of his home. Fire rescue units responded, administered CPR, and transported him to Kendall Regional Medical center. According to the father, the decedent suffers from depression and takes opioids. He also suffers from HLD and hypertension. Family is unsure if he tried to intentionally harm himself. The individual is NOT brain dead. Law enforcement has yet to be advised of the incident. Dr. Barna was made aware of the case and restricted intestines and lungs. He had admission blood.

02/12/20 14:44:00, Case Note Entered By: Ramirez, Lixanette
Miami Dade Fire Rescue report requested.

02/12/20 14:36:00, Case Note Entered By: Ramirez, Lixanette
DAVID Profile printed.

02/12/20 03:39:27, INITIAL CASE NOTE - ENTERED BY: Wilson, Carlos

Decedent is possible overdose on diazepam according to Det. Khan MDPD. Decedent is ready for pickup in the morgue. This case is C2020-00007. NOK is father [REDACTED]. Det. Khan MDPD will email the ME sheet over.



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CASE NOTES

ME Case #: **2020-00480**

Decedent's Name: [REDACTED]

Date	Case Note By	Note
2/12/2020 2:36:00PM	Ramirez, Lixanette	DAVID Profile printed.
2/12/2020 2:44:00PM	Ramirez, Lixanette	Miami Dade Fire Rescue report requested.
2/12/2020 2:54:00PM	Ramirez, Lixanette	***Notes copied from C2020-00007*** 02/12/20 02:53:00, Case Note Entered By: Wilson, Carlos Received a call from Orestes UM life alliance(305)989-0788, Decedent is ready for pickup at KRMC in the morgue. Base on the case number gave decedent is a consult case left at Kendall Regional Med CTR in the morgue. 02/10/20 16:40:00, Case Note Entered By: Zuriarrain, Aroldo Call made to: Kendall Regional Medical Center This MDI spoke with Omar Perez in the laboratory department who advised that there is no admission blood specimen available under Account number K026280842. 02/10/20 10:15:01, Case Note Entered By: CME Automatic Link Medical Records - 2020021010150099 document has been received and linked. INITIAL CONSULT CASE NOTE: Donation after Cardiac Death: Case is being reported by Life Alliance (possible overdose). Requesting restriction for the case. On February 02, 2020, the individual was found unresponsive on the couch of his home. Fire rescue units responded, administered Narcan and transported him to Kendall Regional Medical center. According to the father, the decedent suffers from depression and takes opiates and benzos. He also suffers from HLD and hypertension. Family is unsure if he tried to intentionally harm himself. The individual is NOT brain dead and law enforcement has yet to be advised of the incident. Dr. Barna was made aware of the case and restricted intestines and lungs. He advised to obtain admission blood. 2/12/2020 2:56:00PM Ramirez, Lixanette Call Made To: [REDACTED] (Father) [REDACTED] No answer. This MDI recorded a voicemail requesting a call back.



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CASE NOTES

ME Case #: **2020-00480**

Decedent's Name: [REDACTED]

Date	Case Note By	Note
2/12/2020 3:10:00PM	Ramirez, Lixanette	Call Made To: [REDACTED] (Mother) [REDACTED] No answer. Voicemail recorded requesting a call back.
2/12/2020 3:41:00PM	Ramirez, Lixanette	Call Made To: Kendall Regional Medical Center 305-223-3000 This MDI was able to get in contact with the nursing supervisor who stated that no admission specimen was available since it has already been discarded. They only had specimen from 2/11/2020. This MDI consulted with ME Dr. Miller who stated that she did not need that specimen.



Miami-Dade County
Medical Examiner Department
Number One on Bob Hope Road
Miami, FL 33136
Phone (305) 545-2400 Fax (305) 545-2418



CASE NOTES

ME Case #: **2020-00480**

Decedent's Name: [REDACTED]

Date	Case Note By	Note
2/12/2020 4:43:00PM	Ramirez, Lixanette	Call Received From: [REDACTED] (Father) [REDACTED]

This MDI extended my condolences.

He provided the following information on the decedent:

SOC HX:

The decedent was born in Hialeah, FL and has been a lifelong South Florida Resident. He was divorced and did not father any children. The decedent was making a living as a Medical Assistance with the Pediatric Associates Company and resided with his parents. He was a former smoker of cigarettes who quit approximately ten years additionally, he was known to be a frequent heavy drinker of alcohol and was not known to use illicit drugs.

MED HX:

The decedent was known to suffer from herniated discs in his back. He was currently under the care of a primary care physician and a pain medicine specialist. He was currently known to take Percocet and Xanax. He was not known to have a history of any surgeries or hospitalizations in the past. He was known to suffer from Depression; although, he did not have a history of any suicidal ideations or attempts in the past. No further information was provided.

Additional Information Provided:

According to the father, the decedent was seen having breakfast on the morning on Sunday, February 2, 2020. Some time after, the decedent was found by the mother sitting on the couch, unresponsive and without a pulse. They quickly contacted emergency personnel for assistance who responded and transported the decedent to Kendall Regional Medical Center. The decedent remained hospitalized; however, his health continued to deteriorate and he was pronounced deceased on February 11, 2020. No further information was provided.

2/13/2020 9:45:00AM CME Automatic Link

Fire Rescue Report - 2020021309450274 document has been received and linked.

2/13/2020 1:00:00PM CME Automatic Link

Medical Records - 2020021313000122 document has been received and linked.

4/23/2020 1:05:00PM Miller, Catherine M.D.

Call received from [REDACTED] (Father) [REDACTED]. I called him back



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CASE NOTES

ME Case #: 2020-00480

Decedent's Name: [REDACTED]

Date	Case Note By	Note
4/23/2020 1:16:00PM	Miller, Catherine M.D.	Call received from [REDACTED] (Father) [REDACTED]. I called him back and talked to him and his wife. I explained that the cause of death will probably be a benzodiazepine overdose. I informed them that the toxicology testing will take some time because we are at half staff in the laboratory at the moment. I informed them that I will ask for the testing to be expedited, and that I will keep them updated on the progress. They asked that I talk to the insurance company from their son's work so they might be able to issue the life insurance claim. I said I would. They will email me that info. CRM
5/4/2020 2:19:00PM	Miller, Catherine M.D.	Spoke to [REDACTED]. I told them that it will still be a while before we can do gastric, liver, and brain homogenates.
5/4/2020 2:42:00PM	Miller, Catherine M.D.	Continued note from below: Spoke to [REDACTED]. I told them that it will still be a while before we can do gastric, liver, and brain homogenates. I gave them the option to wait, or to certify the death as "Probable Benzodiazepine Overdose" with a manner as "Accident". I informed them that we can change the DC when we get the tox results back from the homogenates. They want us to go ahead and certify. They also asked me to talk to the insurance agent handling their son's claim. She is [REDACTED]. I called her and left a message. CRM
6/30/2020 10:36:00AM	Hutchins, Kenneth MD	I spoke with [REDACTED] the decedents mother [REDACTED] on June 29, 2020, and discussed the cause of death and the toxicology results.
8/20/2020 2:46:00PM	Freeman, Janna	Phone call from [REDACTED] - [REDACTED]: I received a call from the decedent's father advising that he had both questions and concerns upon reviewing the autopsy report. He stated that he understood that part of the aorta would be donated with the heart donation and understands that the kidneys were donated. They inquired why the spleen and adrenal glands were only partially removed. They advised that the report stated that the decedent was uncircumcised which raised concerns for them as their son was circumcised. He stated that he was concerned that there could be other mistakes in the report. He inquired when further testing would be conducted on the liver. He also advised that he was unable to understand a majority of the report secondary to the medical terminology. He requested to speak with Dr. Lew regarding this case as she is the supervising pathologist. I advised that I would relay the information to her along with his request.



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CASE NOTES

ME Case #: 2020-00480

Decedent's Name: [REDACTED]

Date	Case Note By	Note
8/20/2020 2:47:00PM	Freeman, Janna	Phone call to Dr. Lew: I advised Dr. Lew of my conversation with the decedent's father. She advised that she would review the autopsy report and would contact the decedent's father.
8/20/2020 5:55:00PM	Lew, Emma O. MD	I called [REDACTED] (father) at [REDACTED] and spoke mostly with [REDACTED] to answer her questions regarding the autopsy findings and toxicology. I invited them to call me back if they had further questions. EOL 8/20/2020

2020 District 11 Restriction #2

09/30/20 16:03:08, INITIAL CASE NOTE - ENTERED BY: Banegas, Reyna

According to the information provided, on 9/26/2020 the decedent was transported from Mariners Hospital via air EMS to UM Hospit found unresponsive in his residence. CT scan positive subarachnoid hemorrhage. Urine screen positive for cocaine. Despite medic condition continued to deteriorate and on 9/28/2020 he was pronounced deceased by medical staff.

No injuries/trauma.

PMH- morbid obesity, bipolar disorder, cocaine abuse

Attending physician- Dr. Alejandro Mosquera

NOK- [REDACTED] (mother) [REDACTED]

Advised O. Calderin- RN to fax medical records to our office and to transfer the decedent to the hospital morgue.



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CASE NOTES

ME Case #: **2020-06063**

Decedent's Name: [REDACTED]

Date	Case Note By	Note
9/30/2020 4:10:00PM	Menendez, Ana L.	Per Orestes, the decedent is brain dead - second brain death note. Requesting restrictions for OPO procurement - Family consented.
9/30/2020 4:12:00PM	Banegas, Reyna	Note to file-the decedent was transferred from Mariners Hospital via air EMS to Baptist Hospital.
9/30/2020 4:56:00PM	Menendez, Ana L.	Baptist Hospital and Mariner's Hospital requested.
10/1/2020 4:15:00PM	CME Automatic Link	Medical Records - 2020100116150104 document has been received and linked.
10/1/2020 4:26:00PM	Banegas, Reyna	Call made to Baptist Hospital - Lab 786-596-6522 ; per Nerissa one vial (admission specimen) available.
10/1/2020 4:36:00PM	Banegas, Reyna	Call made to Dr. Schultz for restrictions for OPO procurement - No Heart. Call made to Chris Life Alliance 786-877-0855 who was advised of restriction above.
10/2/2020 5:45:00PM	CME Automatic Link	Medical Records - 2020100217450094 document has been received and linked.
10/3/2020 1:44:00PM	Marmolejo, Carlos	I called Monroe County Sheriff's Office 305-853-3211, and per operator Erika, the records department is closed. She asked this investigator to call back on Monday at 305-292-7050 and the record's clerk would fax the police report.
10/3/2020 2:06:00PM	Marmolejo, Carlos	I called MDPD, and this case was not reported to this agency.



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CASE NOTES

ME Case #: **2020-06063**

Decedent's Name: [REDACTED]

Date	Case Note By	Note
10/3/2020 2:18:00PM	Marmolejo, Carlos	<p>I contacted the decedent's mother, [REDACTED], [REDACTED], and I extended my condolences. I inquired about social and medical histories, as well as the terminal event. The decedent was born in Homestead, FL, and lived in Key Largo, FL. He was never married nor had children, and lived with his mother and grandfather; the deceased did not work but received a disability check. The decedent was an occasional drinker but did not smoke or use illicit drugs; instead, he overtook his prescribed medication.</p> <p>The decedent had a history of bipolar disorder and overweight.</p> <p>On Friday, September 25, 2020, the mother last saw him alive when he was in his room and doing well. On Saturday, September 26, 2020, she discovered him unresponsive in his bedroom. Fire Rescue responded and transported to a local hospital and then to Miami, FL, where he expired.</p> <p>[REDACTED] thinks that her son abused his medication that Friday night due to his mental condition.</p> <p>The family is working on funeral arrangements.</p>
10/6/2020 11:00:00AM	CME Automatic Link	Fire Rescue Report - 2020100611000116 document has been received and linked.
10/19/2020 12:30:00PM	CME Automatic Link	Funeral Home Release - 2020101912300083 document has been received and linked.
11/4/2020 4:13:00PM	Marmolejo, Carlos	<p>Per Monroe County Sheriff's Office -staff (Peggy), an officer responded to the call; however, no police report was writing since this was a medical event. She only had an account of the first call made by the complainant. At the time, this case did not require further action and won't need it since he expired in Miami at Baptist Hospital.</p> <p>I called MDPD, and per Det. Villano, the hospital never report this case.</p>



2021 District 11 Restriction
Miami-Dade County
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CASE NOTES

ME Case #: 2021-00567

Decedent's Name: [REDACTED]

Date	Case Note By	Note
2/14/2021 1:03:00PM	Freeman, Janna	Records requested from Aventura Hospital.
2/14/2021 1:05:00PM	Freeman, Janna	MDFR report requested.
2/14/2021 1:33:00PM	Freeman, Janna	<p>Phone call from Special Agent Borges: I was advised that the decedent approached a FHP patrol unit in the area of the 2600 block of NE 186th Street and opened fire into the car. The FHP officer returned fire and shot the decedent in the neck, face, and arm. The decedent did not have any previous psychiatric history that was diagnosed. He began to exhibit altered mental status back on December 25, 2020 but had not undergone any medical or psychiatric evaluation. He did not have a previous criminal history but there was evidence to support his involvement in fraud per Special Agent Borges. His admission specimens were preserved and he was not found to have any illicit substances on his person. He only had a history of marijuana use.</p> <p>NOK is mother - information will be forthcoming pending notification after cardiac death is achieved with withdrawal of life support.</p> <p>I provided our case number. There were no further questions and the call was terminated.</p>
2/14/2021 1:40:00PM	Freeman, Janna	<p>Phone call to Dr. Mathis: I discussed the case with him and was advised that Life Alliance can procure but no bone or tissue. I thanked him for the information.</p>
2/14/2021 1:45:00PM	Freeman, Janna	<p>Phone call to Life Alliance (305-243-9100): I left a message with the answering service requesting to speak with Christina Anteen regarding this case as I had updated information. I was advised that a message was sent to her advising her of same.</p>
2/14/2021 4:19:00PM	Freeman, Janna	<p>Phone call from Special Agent Borges: I was advised that the decedent was taken off life support at 1500 hours and cardiac death was pronounced at 1525 hours. There has been no further reference towards organ donation. I was advised to dispatch FERT for removal and that the decedent would be in the morgue. I was also advised that FDLE has the admission specimens.</p>
2/15/2021 8:23:00AM	Naser, Ivette	<p>I received a call from Special Agent Borges of FDLE, inquiring about autopsy post time. I advised someone from our office will return his call as the morning meeting is currently in process.</p>



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CASE NOTES

ME Case #: **2021-00567**

Decedent's Name: [REDACTED]

Date	Case Note By	Note
2/15/2021 10:45:00AM	CME Automatic Link	Medical Records - 2021021510450078 document has been received and linked.
2/15/2021 10:45:00AM	CME Automatic Link	Police Report - 2021021510450121 document has been received and linked.
2/15/2021 11:00:00AM	CME Automatic Link	Other Documents - 2021021511000090 document has been received and linked.
2/15/2021 12:28:00PM	Breland, Damian	Initiated a call to [REDACTED] (mother and NOK) [REDACTED]

She was able to provide me the following information:

Soc: The decedent was born in Miami, Florida, and has been a lifelong resident in the South Florida community. He was employed with UPS as a mail courier. He has never married and he does not have any children. He was known to reside at home with his mother. He was not known to smoke cigarettes or drink alcohol, but he was known to smoke Marijuana.

Med: The decedent was not known to have any medical history. He is not under the care of a medical doctor or prescribed medications. According to the family, the decedent was healthy. He has no recent complaints, mental health issues, or suicide ideations.

His mother advised she was not knowing what he was doing in the area and why he removed himself from the vehicle. he advised that she saw him that exact morning and he was fine and in good spirits. The family is working with McCleod and Snider funeral home for funeral arrangements.

2/15/2021 2:45:00PM	CME Automatic Link	Funeral Home Release - 2021021514450099 document has been received and linked.
2/15/2021 4:07:00PM	Breland, Damian	Fingerprints placed in Box.
2/15/2021 4:07:00PM	Breland, Damian	Det. Borges contact - 786-918-9045
2/16/2021 1:00:00PM	CME Automatic Link	Other Documents - 2021021613000155 document has been received and linked.
2/17/2021 10:45:00AM	CME Automatic Link	Other Documents - 2021021710450477 document has been received and linked.
2/17/2021 5:00:00PM	CME Automatic Link	Other Documents - 2021021717000382 document has been received and linked.



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CASE NOTES

ME Case #: **2021-00567**

Decedent's Name: [REDACTED]

Date	Case Note By	Note
2/17/2021 5:12:00PM	Breland, Damian	Case was released to Emmanuel Funeral home pending completion of DC. No hold placed on the body. Emmanuel funeral home aware that records will be completed once DC is finished.

From: [Koenig, Vickie](#)
To: [Kirkland, Brett](#); [Sheats, Melanie](#); [Lucas, Steven](#)
Subject: FW: PCSO/FDLE CJIS response to disclosures to the MEO
Date: Wednesday, March 31, 2021 8:38:46 AM
Attachments: [image002.png](#)

FYI – this will be an agenda item for May.

From: Register, Dean
Sent: Wednesday, March 31, 2021 8:34 AM
To: Koenig, Vickie <VickieKoenig@fdle.state.fl.us>
Subject: RE: PCSO/FDLE CJIS response to disclosures to the MEO

I'm fine with not sending to all, but I do think its worth being an informational agenda item at the next MEC meeting. We should simply ask them to let us know if they are running into obstacles regarding CJIS information and let them know that the CSO has ruled that they absolutely have rights to PPI, just not CJI. But, I still think we could argue that 406.14 clearly allows them to have that information, too. But, I'm not the CSO, thank God...

Agree that we do not want to start a fire that may not be currently burning.

Dean Register | Director
Criminal Justice Professionalism
Florida Department of Law Enforcement
deanregister@fdle.state.fl.us
(850) 410-8611 Office
(850) 251-7680 Cellular

From: Koenig, Vickie
Sent: Wednesday, March 31, 2021 8:17 AM
To: Register, Dean <DeanRegister@fdle.state.fl.us>
Subject: RE: PCSO/FDLE CJIS response to disclosures to the MEO

I was thinking of only sending this to Bill at District 6. I haven't heard of this being an issue anywhere else (I believe I would have) and I don't know that I want to bring it up if not the case (I think this got started because the Pinellas SO person was new and asked). I can send to all if you think it's needed

From: Register, Dean
Sent: Wednesday, March 31, 2021 8:10 AM
To: Koenig, Vickie <VickieKoenig@fdle.state.fl.us>
Subject: FW: PCSO/FDLE CJIS response to disclosures to the MEO

Guessing you will push this to some or all the ME's? Wonder if they changed the name of the CSO? Thought it use to be the CJIS Security Officer, not Systems... Maybe not.

Dean Register | Director
Criminal Justice Professionalism
Florida Department of Law Enforcement
deanregister@fdle.state.fl.us
(850) 410-8611 Office
(850) 251-7680 Cellular

From: Schaeffer, Charles
Sent: Tuesday, March 30, 2021 4:46 PM
To: Register, Dean <DeanRegister@fdle.state.fl.us>
Cc: Koenig, Vickie <VickieKoenig@fdle.state.fl.us>; HQ CJIS All Division Leadership <CJISDivisionLeaders@fdle.state.fl.us>
Subject: RE: PCSO/FDLE CJIS response to disclosures to the MEO

Director Register –

Please allow me to set the record straight. The position described below is a bit out of context. I believe it was in reference to ME's having direct access to state and national criminal justice systems via an ORI which would provide them with criminal history record information that is limited to criminal justice agencies.

As the CJIS Systems Officer (CSO) for Florida, I do authorized local law enforcement agencies to provide identity information to the ME's for the purposes of identifying unknown deceased persons. The local law enforcement agencies need to log this dissemination and the purpose for the dissemination for auditing documentation.

Please let me know if you need additional guidance on my position regarding the identification of unknown deceased by law enforcement agencies.

Kind Regards,

Charlie

Charles I. Schaeffer
Director | Criminal Justice Information Services
Florida Department of Law Enforcement
Office: (850) 410-7100
Assistant: (850) 410-7103



----- Original message -----

From: "Pellan, William" <wpellan@co.pinellas.fl.us>

Date: 3/28/21 8:58 AM (GMT-05:00)

To: "Koenig, Vickie" <VickieKoenig@fdle.state.fl.us>

Subject: FW: PCSO/FDLE CJIS response to disclosures to the MEO

Vickie,

Please see the information in this email string related to the Pinellas County Sheriff's Office Biometric Records Manager-AFIS Division making an inquiry with the FDLE CJIS Manager. This was provided to me on Friday and may have quite a significant impact statewide.

I don't have any information as to what may have precipitated the inquiry to Susie Murphy - FDLE CJIS ID&T Manager - Central, and apparent communication with and directive from FDLE CJIS Director Charles Schaeffer, but I am assuming a question came up with the Pinellas SO Biometric Records Manager regarding releasing/disclosing the name or identity of decedents to the Medical Examiner following an AFIS print search, including live scan in the field. If the information provided from FDLE CJIS to Pinellas County Sheriff's Office AFIS Division in the email below is implemented here locally, it would clearly be detrimental. I am thinking those involved with this are simply just not aware of Chapter 406 and unfamiliar with the Medical Examiner system in Florida.

If there is such protocol or directive from FDLE, as this email would suggest, regarding not providing the name of a decedent to the Medical Examiner following biometric or demographic AFIS searches, we would request a copy of that for our review. You can imagine the impact something like this would have on Medical Examiners, the ME system across the State, Vital Statistics, and families of the decedents if such does really exist and this is the new FDLE protocol.

Thanks,
Bill

William A. Pellan
Director of Investigations
District Six Medical Examiner Office
10900 Ulmerton Road
Largo, FL 33778
(727) 582-6800
Serving Pasco & Pinellas Counties
<http://www.pinellascounty.org/forensics>

From: Murphy, Susie [<mailto:SusieMurphy@fdle.state.fl.us>]

Sent: Thursday, March 25, 2021 12:10 PM

To: Iocolano, Mara <miocolano@pcsonet.com<<mailto:miocolano@pcsonet.com>>>; Freeman, Meghan <MeghanFreeman@fdle.state.fl.us<<mailto:MeghanFreeman@fdle.state.fl.us>>>

Cc: Hadley, Nicole <nhadley@pcsonet.com<<mailto:nhadley@pcsonet.com>>>; Tise, Meredith <mtise@pcsonet.com<<mailto:mtise@pcsonet.com>>>

Subject: RE: PCSO/FDLE CJIS response to disclosures to the MEO

Hi Mara,

This is an accurate account of our conversation this morning. Thanks for taking the time to talk with us.

Susie

Susie Murphy

CJIS ID&T Manager - Central / Southern Service Areas Florida Department of Law Enforcement
(407) 448-0978

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From: Iocolano, Mara <miocolano@pcsonet.com<<mailto:miocolano@pcsonet.com>>>

Sent: Thursday, March 25, 2021 11:51 AM

To: Murphy, Susie <SusieMurphy@fdle.state.fl.us<<mailto:SusieMurphy@fdle.state.fl.us>>>; Freeman, Meghan <MeghanFreeman@fdle.state.fl.us<<mailto:MeghanFreeman@fdle.state.fl.us>>>

Cc: Hadley, Nicole <nhadley@pcsonet.com<<mailto:nhadley@pcsonet.com>>>; Tise, Meredith <mtise@pcsonet.com<<mailto:mtise@pcsonet.com>>>

Subject: PCSO/FDLE CJIS response to disclosures to the MEO

Thank you both for taking our phone call today. I just wanted to recap what we discussed, please let me know if there are any corrections to this information.

* Per FDLE CJIS Director Charles Schaeffer-

* "The medical examiner's office, as currently structured, does not perform the administration of criminal justice and is not permitted access to CJI to include the identity portion of a record acquired by a query of any FDLE or FBI system regardless if the query is performed by a demographic search or a biometric search. This prohibition does not extend to a search of local records consisting of locally derived information but extreme caution should be taken to ensure the local records have not been intermingled or 'contaminated by' CJI derived from FDLE or the FBI. A member of a criminal justice agency involved in a death investigation, for example a police officer or a sheriff's deputy, may use Rapid ID or a demographic query to identify a deceased individual as part of the investigation but may not disclose this information to the ME."

* If the medical examiner's office (MEO) requested information from FDLE directly, FDLE will not disclose the information because the MEO is not a criminal justice agency.

* Next of kin notifications should be made by law enforcement. The next of kin may then contact the MEO to identify a body. There is no procedure if there is not a next of kin, or contact cannot be made with the next of kin.

* Palm Beach County Sheriff's Office had a similar inquiry in 2020 about releasing CJI to the medical examiner's office.

Thank you,
Mara

Mara Iocolano, CLPE
Biometric Records Manager
Pinellas County Sheriff's Office
AFIS Division
4645 145th Ave N., Clearwater, Florida 33762
Office: (727) 464-6122
miocolano@pcsonet.com<<mailto:miocolano@pcsonet.com>>

DISTRICT 2 REAPPOINTMENT - DAVID T. STEWART, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Public Defender's Office, 2nd Judicial Circuit			X	
State Attorney's Office, 2nd Judicial Circuit	X			
Franklin Board of County Commissioners	X			
Gadsden Board of County Commissioners				X
Jefferson Board of County Commissioners	X			
Leon Board of County Commissioners	X			
Liberty Board of County Commissioners			X	
Taylor Board of County Commissioners	X			
Wakulla Board of County Commissioners	X			
Franklin County Sheriff's Office	X			
Gadsden County Sheriff's Office	X			
Jefferson County Sheriff's Office	X			
Leon County Sheriff's Office	X			
Liberty County Sheriff's Office				X
Taylor County Sheriff's Office	X			
Wakulla County Sheriff's Office	X			
Apalachicola Police Department				X
Carrabelle Police Department				X
Chattahoochee Police Department	X			
Gretna Police Department				X
Havana Police Department	X			
Midway Police Department	X			
Quincy Police Department	X			
Monticello Police Department				X
Tallahassee Police Department			X	
Perry Police Department	X			
EVANS FUNERAL HOME LLC	X			
IVEY FUNERAL HOME				X
CHARLES K MCCLELLAN FUNERAL HOME	X			
INDEPENDENT FUNERAL HOME	X			
CRAWFORD AND MOULTRY				X
WILLIAMS FUNERAL HOME				X
BRADWELL MORTUARY	X			
FAITH FUNERAL HOME INC				X
REED & HALL MORTUARY CORP				X
HAGAN FUNERAL SERVICE				X
BEGGS FUNERAL HOMES INC	X			
YOUNG & FULFORD LLC	X			
BEGGS FUNERAL HOMES INC				X
SOUTHERN BELLE SERVICES LLC				X
NEPTUNE MANAGEMENT CORP				X
A L HALL FUNERAL DIRECTORS INC				X
ABBEY FUNERAL HOME	X			
FAIRCHILD FUNERAL HOME	X			
BEVIS COLONIAL FUNERAL HOME INC				X
CULLEY'S MEADOWWOOD FUNERAL HOME				X
CULLEY'S MEADOWWOOD FUNERAL HOME				X
STRONG & JONES FUNERAL HOME INC	X			
A L HALL FUNERAL DIRECTORS INC				X
BEVIS FUNERAL HOME OF BRISTOL				X
TJ BEGGS JR & SONS INC				X
NATURE COAST SERVICES LLC				X
TRINITY FUNERAL HOME OF PERRY INC	X			
EVANS-WALKER FUNERAL HOME				X
GRACE FUNERAL & CREMATION SERVICES INC				X
HARVEY-YOUNG FUNERAL HOME LLC				X

Capital Medical Society	X			
LifeQuest	X			

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: Jessica Yeary Date: 2-28-21

Name: Jessica Yeary

Agency Name: Public Defender's Office

Agency Address: 301 S Monroe St #401 32301

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: [Signature] Date: 1/22/21

Name: Jack Capell

Agency Name: State Attorney Second Circuit

Agency Address: 301 S. Monroe St Tallahassee, FL

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: Michael A. Lucas Date: 3/4/21

Name: MICHAEL MORON

Agency Name: FRANKLIN COUNTY BOARD OF COUNTY COMMISSIONERS

Agency Address: 33 MARKET STREET, APOECALICOLA, FL 32320

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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.

Difficult to offer suggestions for improvement as the service we have leaves us out of touch most of the time; which, is a good thing. In my method of leadership if the work is getting accomplished in the proper manner desired, don't try to fix the working wheel. We are fine with our service at this time.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: *Parrish Barwick*

Date: April 6, 2021

Name: *Parrish Barwick* _____

Agency Name: *Jefferson County Board of County Commissioners* _____

Agency Address: *1484 S. Jefferson St., Monticello, FL 32344* _____

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: Vincent S. Long Date: 1/14/21

Name: Vincent S. Long

Agency Name: Leon County Government

Agency Address: 301 S. Monroe St. Tallahassee FL 32301

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: 1-15-21
Name: Dwayne Brund, Chairman LCBOCC
Agency Name: LC BOCC
Agency Address: P.O. Box 399; Bristol, FL 32321

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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:

2/1/21

Name:

Thomas Demps, Chairperson

Agency Name:

Taylor County Board of County Commissioners

Agency Address:

201 E. Green Street Perry, FL. 32347

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: [Signature] Date: 1/12/21

Name: David Edwards, County Administrator

Agency Name: Wakulla County Board

Agency Address: 3093 Crawfordville Hwy., C'ville, FL 32327

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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 e-mail from Franklin BoCC.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____ Date: _____

Name: _____

Agency Name: Franklin County Sheriff's Office

Agency Address: _____

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

Lucas, Steven

From: Michael Moron <michael@franklincountyflorida.com>
Sent: Thursday, March 04, 2021 5:00 PM
To: Lucas, Steven
Cc: Jessica Gay
Subject: Medical Examiner Commission
Attachments: Medical Examiner 2021.pdf

Mr Lucas

I apologize for the lateness of this form. As directed by the County Commission I reached out to our Sheriff, A.J. Smith, and he fully supports the Medical Examiner's Office.

Michael

Michael Morón
County Coordinator
Franklin County
Board of County Commissioners
Phone (850)653-9783 Ext.155
Fax (850) 653-9799
michael@franklincountyflorida.com

Florida has a very broad Public Records Law. Most written communications to or from State and Local Officials regarding State or Local business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: 11/14/2021

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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 completely happy & satisfied with the services provided by Dr. Stewart.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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Florida Department of Law Enforcement
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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: P.E. Griffin Date: 01/28/21
Name: ASSISTANT SHERIFF PERCY GRIFFIN
Agency Name: LEON COUNTY SHERIFF'S OFFICE
Agency Address: P.O. Box 727 TALLAHASSEE, FL 32302

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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:

1/28/2021

Name:

Mary Tompkins, Undersheriff

Agency Name:

Taylor County Sheriff's Office

Agency Address:

108 N. Jefferson St Suite 103 Perry, FL 32347

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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 WORK !

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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Florida Department of Law Enforcement
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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: JCO mmm Date: 2-1-2021

Name: FREDERICK C. O'Brian

Agency Name: Chattahoochee Police Department

Agency Address: 32 Jefferson St Chattahoochee, FL 32324

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: 4/6/21
Name: Tracy Smith, Chief of Police
Agency Name: Havana Police Department
Agency Address: 121 E. 7th Ave. Havana FL 32333

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: Kristi J. Cobb Date: 1-20-2021

Name: Kristi J. Cobb

Agency Name: Midway P.D.

Agency Address: 50 MLK BLVD Midway, FL 32343

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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 have a good working relationship with the ME Office.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  _____ Date: 04/05/2021

Name: ROBERT E MIXSON, CAPTAIN

Agency Name: QUINCY POLICE DEPARTMENT

Agency Address: 121 EAST JEFFERSON STREET, QUINCY, FL 32351

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Florida Department of Law Enforcement
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Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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.

THE TALLAHASSEE POLICE DEPARTMENT WORKS
MAINLY WITH DR. FURMAN.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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 ☒

After speaking with staff and posing this question to those who interact with the Office of Medical Examiner on a frequent basis, there were suggestions presented to list concerning this request.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 04/06/2021

Name: James N. Cruse Jr.

Agency Name: Perry Police Department

Agency Address: 211 S Washington St., Perry, FL 32347

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: 1-11-2021

Name: Lee V. Evans

Agency Name: Evans Funeral Home

Agency Address: 110 South 9th Street Quincy, FL 32351

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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. STEWART AND HIS STAFF HAVE BEEN GREAT TO WORK WITH. THEY DO THEIR JOB WITH DIGNITY AND COMPASSION FOR THE FAMILIES WE SERVE. DR. STEWART IS VERY DESERVING OF RE-APPOINTMENT.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Charles K. McClellan Date: JANUARY 11, 2021

Name: CHARLES K. MCCLELLAN LFD (58 YEARS EXPERIENCE)

Agency Name: CHARLES K. MCCLELLAN FUNERAL HOME

Agency Address: 15 S. JACKSON ST.; QUINCY, FLORIDA 32351

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: Sandra Black Date: 1-15-21

Name: Sandra Black

Agency Name: Independent Funeral Home

Agency Address: 211 E. Jefferson St., Quincy, FL 32351

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: [Signature] Date: 1/15/21

Name: Antonio M. Bradwell

Agency Name: Bradwell Mortuary

Agency Address: 18300 Blue Star Hwy Quincy, FL

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: Edward C. Beggs

Date: 1/14/2021

Name: Edward C. Beggs

Agency Name: Beggs Funeral Homes Inc

Agency Address: 3322 Apalachee Pkwy Tallahassee FL 32310
485 E Dogwood St Monticello FL 32344

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: _____

Agency Name: _____

Agency Address: _____

Jackie Lee Fulford
Young Fulford Funeral Home & Crematory
4948 Six Oaks Drive Tallahassee, FL
32303

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: Rocky Ezell Date: 1-11-21

Name: Rocky Ezell

Agency Name: Abbey Funeral Home

Agency Address: 4037 N. Monroe Street
Tallahassee, Florida 32303

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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.

Open the garage door sooner
when we arrive.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:

Dan K. Fairchild

Date:

3/3/21

Name:

Dan K. Fairchild

Agency Name:

Fairchild Funeral Home

Agency Address:

2380 Centerville Rd. Tall. 32308

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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:

Linn Ann J. Griffin

Date:

*2021 JYH
Jan. 12, 2020*

Name:

Linn Ann J. Griffin

Agency Name:

Strong & Jones Funeral Home, Inc.

Agency Address:

629 W Brevard St., Tallahassee, FL 32304

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

Medical Examiners Commission
Florida Department of Law Enforcement
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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: Eric A. Brown Date: 2-9-21

Name: Eric A. Brown

Agency Name: Trinity Funeral Home, Eric A. Brown & Son Funeral Hse

Agency Address: P.O. Box 1556, Jasper, Florida 32052

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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: 1/11/2021
Name: Pam Irwin, Executive Director
Agency Name: Capital Medical Society
Agency Address: 1204 Miccosukee Rd Tallahassee, FL
32308

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 2 Medical Examiner
David T. Stewart, 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. Stewart and his office Are outstanding and supportive to work with.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 3/29/2001

Name: Lawrence Cochran

Agency Name: LifeQuest Organ Recovery Services

Agency Address: 8491 NW 39th Avenue, Gainesville, FL 32606

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

DISTRICT 3 ASSESSMENT - DAVID T. STEWART, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Public Defender's Office, 3rd Judicial Circuit			X	
State Attorney's Office, 3rd Judicial Circuit				X
Lafayette County Board of County Commissioners	X			
Madison County Board of County Commissioners				X
Suwannee County Board of County Commissioners	X			
Lafayette County Sheriff's Office	X			
Madison County Sheriff's Office	X			
Suwannee County Sheriff's Office	X			
Madison Police Department	X			
Live Oak Police Department	X			
NATURE COAST SERVICES LLC				X
HALL-MOORE FUNERAL DIRECTORS LLC				X
TJ BEGGS JR & SONS INC				X
COOKS & COOPER FUNERAL HOME INC				X
GANZY FUNERAL HOME				X
NATURE COAST SERVICES LLC				X
IVEY FUNERAL HOME LLC				X
LKDJBD INVESTMENTS INC				X
DANIELS FUNERAL HOME	X			
HARRIS FUNERAL HOME INC	X			
DOUGLAS M UDELL FUNERAL HOME	X			
BENNIE L THOMAS FUNERAL HOME				X
Madison County Memorial Hospital	X			
LifeQuest	X			

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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.

No one in my office responded when asked & I do not have personal knowledge about Dr. Stewart.

Completed by:

Signature:

[Handwritten Signature]

Date:

4/26/21

Name:

Cliff Wilson Jr.

Agency Name:

Third Cir. Public Defender

Agency Address:

173 NE Hernando Ave, Suite 115, Lake City, Florida 32055

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Florida Department of Law Enforcement
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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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:

Niki Shaw

Date:

1/14/21

Name:

Niki Shaw

Agency Name:

Lafayette County BOCC

Agency Address:

120 W Main St / PO Box 88 Mayo FL 32066

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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: January 13, 2021

Name: Paula Pennington, Administrative Associate

Agency Name: Suwannee County Board of County Commissioners

Agency Address: 13150 80th Terrace - Live Oak, FL 32060

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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: Brian N. Lamb Date: 04/02/21

Name: BRIAN N. LAMB

Agency Name: LAFAYETTE COUNTY SHERIFF'S OFFICE

Agency Address: P.O. Box 227 MAYO, FL 32066

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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: [Signature]

Date: JAN 20, 2021

Name: DAVID HARPER

Agency Name: MADISON CO. SHERIFF'S OFFICE

Agency Address: 2364 W US 90 MADISON, FL 32340

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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 very pleased with our M.E. They are always very helpful and are easy to work with.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: 

Date: 3-3-2021

Name: David Wayne Kelly

- Supervisor of Investigations

Agency Name: Sumner Co. Sheriff's Office

Agency Address: 200 S. Ohio Ave Live Oak, FL 32064

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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: 1/12/21

Name: Chief Regie Alexander

Agency Name: Madison Police Department

Agency Address: 310 SW Rutledge Madison, FL 32340

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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 HAVE ALWAYS FOUND OUR MEDICAL EXAMINER SERVICES TO BE BOTH PROFESSIONAL AND COURTEOUS. AS OF THIS TIME WE HAVE EXPERIENCED NO DEFICIENCIES THAT WOULD REQUIRE US TO PROVIDE SUGGESTION FOR IMPROVEMENT.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Capt R

Date: 01/19/2021

Name: Captain Jason Rountree

ON BEHALF OF CHIEF CECIL DAVIS

Agency Name: LIVE OAK POLICE DEPARTMENT

Agency Address: 205 SE. W.H. TC AVE LIVE OAK FL. 32064

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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 appreciate your hard work. Keeping ~~some~~ arterial system intact is always helpful.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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: 1/12/2021

Name: Roger Rathbun

Agency Name: Harris Funeral Home & Cremations, Inc.

Agency Address: 932 N. Ohio Avenue, Live Oak, Florida 32064

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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.

Very Good

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: *Daylon M. Gadd* Date: *1/12/21*

Name: *Daylon M. Gadd Juneau Home*

Agency Name: *Juneau Home*

Agency Address: *190 Walker Ave SW Line Oph, FL 32060*

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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: Callie Kevin Date: 1/18/21

Name: Callie Kevin

Agency Name: Madison County Memorial Hospital

Agency Address: 224 NW Crane Ave. Madison, FL 32340

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
David T. Stewart, 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.

Outstanding support and cooperation on a routine basis.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 03/29/2021

Name: Lawrence Cochran

Agency Name: LifeQuest Organ Recovery

Agency Address: 8491 NW 39th Avenue, Gainesville, FL 32606

Return Completed Form to:

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Florida Department of Law Enforcement

Service - Integrity - Respect - Quality

DISTRICT 3 ASSESSMENT - WILLIAM F. HAMILTON, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Public Defender's Office, 3rd Judicial Circuit	X			
State Attorney's Office, 3rd Judicial Circuit	X			
Dixie County Board of County Commissioners	X			
Dixie County Sheriff's Office	X			
Cross City Police Department				X
RICK GOODING FUNERAL HOMES INC				X
LifeQuest	X			

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
William F. Hamilton, 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.

N/A

Unfavorable ☐

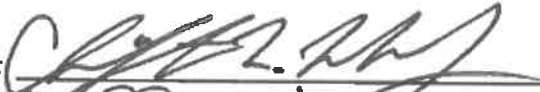
Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:



Date:

4/28/21

Name:

Cliff Wilson Jr.

Agency Name:

Third Cir. Public Defender

Agency Address:

173 NE Hernandez Ave, Suite 115, Lake City, FL 328

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
William F. Hamilton, 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.

I have no suggestions for improvement. I always
love working with Dr. Hamilton.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: 

Date: 1/13/21

Name: John N. Weed

Agency Name: 3rd Circuit State Attorney office

Agency Address: 310 SW Pine Avenue, Live Oak, FL

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
William F. Hamilton, 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: 2/25/21

Name: Deane Cannon

Agency Name: Dixie County Board of County Commissioners

Agency Address: P.O. Box 2600 Cross City FL 32628

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
William F. Hamilton, 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: LT. Tony Lopresto 5404 Date: 04/07/2021

Name: LT. TONY LOPRESTO

Agency Name: DIXIE COUNTY SHERIFF'S OFFICE

Agency Address: 214 N.E. Hwy 351 CROSS CITY, FL 32628

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Medical Examiner
William F. Hamilton, 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: 1/11/2021

Name: LAWRENCE COCHRAN

Agency Name: LIFEQUEST ORGAN RECOVERY SERVICES

Agency Address: 8491 NW 39TH AVE. GAINESVILLE, FL 32606

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Service - Integrity - Respect - Quality

DISTRICT 3 ASSESSMENT - B. ROBERT PIETAK, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Public Defender's Office, 3rd Judicial Circuit	X			
State Attorney's Office, 3rd Judicial Circuit				X
Columbia County Board of County Commissioners				X
Hamilton County Board of County Commissioners				X
Columbia County Sheriff's Office	X			
Hamilton County Sheriff's Office	X			
Lake City Police Department	X			
Jasper Police Department				X
Jennings Police Department				X
White Springs Police Department	X			
GATEWAY - FOREST LAWN FUNERAL HOME AND CREMATORY INC	X			
COOPER FUNERAL HOME				X
MIZELL FUNERAL HOME	X			
GUERRY FUNERAL HOME				X
ICS CREMATION & FUNERAL HOME INC	X			
IVEY FUNERAL HOME LLC				X
HARRY T REID FUNERAL HOME	X			
ERIC A BROWN & SON FUNERAL HOME INC	X			
LifeQuest	X			

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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.

NA

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: [Signature] Date: 4/26/21

Name: Cliff Wilson Jr.

Agency Name: Third Cir. Public Defender

Agency Address: 173 NE Hernando Ave, Suite 115, Lake City, FL 32855

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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: Mark Hunter

Date: 1/27/2021

Name: MARK Hunter

Agency Name: Columbia County Sheriff's Office

Agency Address: 4917 US Hwy E Lake City FL 32055

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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:

Agency Name:

Agency Address:

John F. Davis 01-26-2021
Major John F. Davis
Hamilton County Sheriff's Office
207 N.E. 1st St. Jasper, FL 32052

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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: Lt Andy Miles Date: 1/25/21

Name: Lt Andy Miles

Agency Name: Lake City Police Dept

Agency Address: 225 NW Main Blvd Lake City FL 32055

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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: 1/19/21

Name: Tracy Rodequena

Agency Name: White Springs Police Department

Agency Address: 10363 Bridge St. White Springs FL 32096

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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.

Treated us great. Quick approvals for cremation given.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Amy B. Guerry

Date: 1/11/2021

Name: AMY B. GUERRY

Agency Name: Gateway - Forest Lawn Funeral Home & Crematory

Agency Address: P.O. Box 2263
Lake City, FL 32056

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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: Rudolph Mizell Date: Jan. 11, 2021

Name: Rudolph Mizell

Agency Name: Mizell's Funeral Home

Agency Address: 365 N.W. Washington St.,
Lake City, Fla. 32055

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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:

Amanda Weeks

Date:

1.11.21

Name:

Amanda Weeks, LFD

Agency Name:

ICS Cremation & Funeral Home

Agency Address:

357 NW Wilks Lane, Lake City FL 32055

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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: Juana Williams Date: 3/15/21
Name: Juana Williams
Agency Name: Harry T Reid Funeral Home
Agency Address: PO Box 71 Jasper FL 32052

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MEDICAL EXAMINERS COMMISSION

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District 3 Interim Medical Examiner
B. Robert Pietak, 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: Eric A. Brown, Jr. Date: 2-9-

Name: Eric A. Brown

Agency Name: Eric A. Brown and Son Funeral Home

Agency Address: P.O. Box 1556, Jasper FL 32052

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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 ☒

Dr. Pietak and his office are a pleasure to work with and supportive of organ donation.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 03/29/2021

Name: Lawrence Cochran

Agency Name: LifeQuest Organ Recovery Services

Agency Address: 8491 NW 39th Avenue, Gainesville, FL 32606

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Florida Department of Law Enforcement
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Service - Integrity - Respect - Quality

DISTRICT 4 REAPPOINTMENT - B. ROBERT PIETAK, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Public Defender's Office, 4th Judicial Circuit	X			
State Attorney's Office, 4th Judicial Circuit	X			
Clay Board of County Commissioners			X	
Duval Board of County Commissioners	X			
Nassau Board of County Commissioners	X			
Clay County Sheriff's Office	X			
Jacksonville Sheriff's Office	X			
Nassau County Sheriff's Office	X			
Green Cove Springs Police Department	X			
Orange Park Police Department	X			
Atlantic Beach Police Department	X			
Jacksonville Beach Police Department	X			
Neptune Beach Police Department	X			
Fernandina Beach Police Department	X			
BROADUS-RAINES FUNERAL HOME				X
JACKSONVILLE MEMORY GARDENS				X
HARDAGE-GIDDENS RIVERMEAD FUNERAL HOME			X	
HARDAGE-GIDDENS HOLLY HILL FUNERAL HOME			X	
JONES-GALLAGHER FUNERAL HOME LLC				X
AABLE DEVELOPMENT INC				X
RUSSELL HAVEN OF REST CEMETERY INC				X
HELM-GALLAGHER FUNERAL HOME & CREMATION SERVICES LLC				X
FINAL WATERS LLC				X
WARREN FAMILY FUNERAL SERVICES LLC	X			
SARAH L CARTER'S FUNERAL HOME INC				X
PATTERSON CREMATION AND FUNERAL SERVICE INC				X
THE FLORIDA UNDERTAKER LLC				X
FLORIDA COLONIAL HOLDINGS INC				X
HARRY BROWN FUNERAL DIRECTORS & CREMATION SERVICE INC			X	
HARRIS MORTUARY INC				X
PHILLIPS MORTUARY	X			
ETERNITY FUNERAL HOME AND CREMATORY OF JACKSONVILLE LLC				X
A B COLEMAN MORTUARY INC				X
THE FRALIN GROUP INC				X
SARAH L CARTER'S FUNERAL HOME INC				X
HARDAGE-GIDDENS CHAPEL HILLS FUNERAL HOME				X
HOLMES-GLOVER-SOLOMON FUNERAL DIRECTORS INC				X
SCI FUNERAL SERVICES OF FLORIDA LLC				X
GEORGE H HEWELL AND SON FUNERAL HOME INC	X			
GEORGE H HEWELL AND SON FUNERAL HOME INC				X
SCI FUNERAL SERVICES OF FLORIDA LLC				X
PEEPLES FAMILY FUNERAL HOME	X			
BEACHES CHAPEL BY HARDAGE-GIDDENS				X
SCI FUNERAL SERVICES OF FLORIDA LLC				X
HARDAGE-GIDDENS	X			
HARDAGE-GIDDENS MANDARIN CHAPEL	X			
QUINN-SHALZ A FAMILY FUNERAL HOME				X
COREY-KERLIN FUNERAL HOME PA	X			

DISTRICT 4 REAPPOINTMENT - B. ROBERT PIETAK, M.D.

	Favorable	Non-Favorable	No Opinion	No Response
COREY-KERLIN FUNERAL HOME PA				X
WESTON'S MORTUARY				X
CARTHAGE CHAPEL FUNERAL HOME INC				X
JAMES GRAHAM MORTUARY				X
THE WARDEN GROUP LLC				X
Q L DOUGLAS FUNERAL HOME LLC				X
STONEMOR FLORIDA SUBSIDIARY LLC				X
INTEGRITY FUNERAL HOME AND CREMATIONS INC				X
BUGGS-BELLAMY FUNERAL SERVICES INC				X
OAKLAWN CEMETERY ASSOCIATION				X
ROBERT M NAUGLE MORTUARIES INC				X
CEDAR BAY ENTERPRISES LLC				X
EVERGREEN FUNERAL HOME INC	X			
NAUGLE SCHNAUSS FUNERAL HOME AND CREMATION SERVICES LLC	X			
D M BAKER MORTUARY LLC				X
Q L DOUGLAS FUNERAL HOME LLC				X
NEPTUNE MANAGEMENT CORP				X
BEACHES MEMORIAL SERVICES LLC				X
REGINALD R MCKINNEY				X
SCI FUNERAL SERVICES OF FLORIDA LLC				X
THE WARDEN GROUP LLC				X
CALLAHAN PROPERTY HOLDINGS LLC				X
OXLEY-HEARD FUNERAL DIRECTORS INC	X			
GREEN PINE FUNERAL HOME	X			
AARON & BURNEY BIVENS FUNERAL HOME	X			
Clay County Medical Society				X
Duval County Medical Society			X	
LifeQuest	X			

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: 1-12-2021
Name: Charlie Cofer
Agency Name: Public Defender, 4th Judicial Circuit
Agency Address: 407 N. Laura St., JAX, FL 32202

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: Stephen Lucas

Date: 1.19.21

Name: Stephen Lucas

Agency Name: State Attorney Fourth Circuit

Agency Address: 311 W. Monroe St. Jacksonville, FL

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality



MELISSA NELSON
STATE ATTORNEY'S OFFICE

January 19, 2021

Victoria G. Koenig, Deputy Director
Medical Examiners Commission Staff
PO Box 1489
Tallahassee, FL 32302-1489

RE: District 4 Medical Examiner

Dear Dep. Director Koenig:

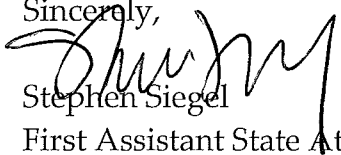
I received your memorandum dated January 8, 2021, regarding the expiration of the interim medical examiner's term in District 4. I enclose an executed Recommendation for Reappointment for Dr. B. Robert Pietak, MD.

When Dr. Rao announced her resignation, State Attorney Nelson tasked me with coordinating the District 4 Medical Examiner Search Committee. I recall Dr. Pietak's application and interviews. At that time, the Committee ranked him as the most qualified applicant and sent its recommendation to the Medical Examiners Commission. His tenure proves the Committee was correct.

After receiving your memorandum, I spoke to a few of the attorneys in my office who prosecute homicide cases, and each gave positive reviews and made favorable comments about Dr. Pietak.

Thank you for the opportunity to recommend Dr. Pietak to the Medical Examiners Commission.

Sincerely,


Stephen Siegel
First Assistant State Attorney

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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.

The Clay County Board of County Commissioners has very limited contact with the Medical Examiner.

Completed by:

Signature: 

Date: 1/29/2021

Name: Howard Wana-maker, County Manager

Agency Name: Clay County Board of County Commissioners

Agency Address: 477 Houston St, PO Box 1366, GCS
32043

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: _____

Agency Name: _____

Agency Address: _____

Tommy Hazouki

City of Jacksonville, City Council

117 West Duval Street

Suite 425
Jacksonville, FL 32202

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: March 17, 2021

Name: Thomas R. Ford

Agency Name: Nassau County Board of County Commissioners

Agency Address: County Manager, 96135 Nassau Place, Ste 6, Yulee, Florida 32097

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: Michelle E Cook Date: 01-11-2021

Name: MICHELLE E COOK

Agency Name: CLAY COUNTY SHERIFFS OFFICE

Agency Address: PO Box 548 GREEN COVE SPRINGS FL 32043

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: 2-4-21

Name: M. Williams

Agency Name: Jacksonville Sheriff's Office

Agency Address: 501 E. Bay St., Jacksonville 32202

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: Bill Leeper Date: 1-11-2021

Name: Bill Leeper

Agency Name: Nassau County Sheriff's Office

Agency Address: 77151 Citizens Cr. Yulee, FL 32097

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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 VERY SATISFIED WITH THE SERVICES PROVIDED BY THE MEDICAL EXAMINERS OFFICE.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:

Derek Asdot

Date:

1-11-21

Name:

DEREK ASDOT

Agency Name:

GREEN COVE SPRINGS POLICE DEPT

Agency Address:

1001 IDLEWILD AVE GREEN COVE SPRINGS, FL 32043

Return Completed Form to:

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

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: 1-17-21

Name: GARY A. GOBLE

Agency Name: Orange Park Police

Agency Address: 2025 South St. Orange Park FL 32073

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

Medical Examiners Commission
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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: V. Gualillo Date: 1.12.21

Name: VICTOR GUALILLO

Agency Name: ATLANTIC BEACH POLICE

Agency Address: 850 SEMINOLE RD ATLANTIC BEACH FL 32283

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: M. Smith Date: 01/12/20

Name: GENE PAUL N. SMITH

Agency Name: JACKSONVILLE BEACH POLICE DEPARTMENT

Agency Address: 101 SOUTH PENMAN RD. , JAX. BCH. FL. 32250

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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:

[Handwritten Signature]

Date: 1-12-21

Name: RICHARD J. PIKE

Agency Name: NEPTUNE BEACH POLICE DEPARTMENT

Agency Address: 200 LEMON ST. NEPTUNE BEACH, FL
32264

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

Or mail to:

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

Service - Integrity - Respect - Quality

Lucas, Steven

From: Michael Key <michaelkey@nbfl.us>
Sent: Friday, March 26, 2021 3:42 PM
To: Lucas, Steven
Subject: FW: Medical Examiner Reappointment Ballot
Attachments: ME Office Letter 2021.pdf

Importance: High

Sir,

Please see attached. The missing check mark was simply an oversight.

As a side note to be considered before the Commission,
On behalf of the NBPD and as the commanding officer of our Investigations Unit, we would like to say how extremely pleased we are with Dr. Pietak and his staff. The professionalism, cooperation and cohesion with the Medical Examiners Office, under his direction, have been superb.

Sincerely,

COMMANDER M.J. KEY
INVESTIGATIONS / SUPPORT SERVICES / INTERNAL AFFAIRS
NEPTUNE BEACH POLICE DEPARTMENT
200 LEMON ST.
NEPTUNE BEACH, FL 32266
WORK (904) 242-3435
CELL (904) 222-1372
FBI NA #268
CO-CHAIRMAN SE LInX



Follow us:   

From: Richard Pike <cop@nbfl.us>
Sent: Friday, March 26, 2021 8:21 AM
To: Michael Key <michaelkey@nbfl.us>
Subject: FW: Medical Examiner Reappointment Ballot

Would you complete the attached form.

RICHARD J PIKE, CHIEF OF POLICE
NEPTUNE BEACH POLICE DEPARTMENT
200 LEMON ST.

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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.

I have heard only positive comments regarding Dr. Pietak and M.E.'s office.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: January 13, 2021

Name: James T. Hurley

Agency Name: Fernandian Beach Police Department

Agency Address: 1525 Lime Street, Fernandina Beach, FL 32034

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION**Recommendation for Reappointment**

District 4 Interim Medical Examiner
B. Robert Pietak, 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.

Do not know him to have an opinion

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Post Office Box 1489
Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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.

Do not know him to have an opinion

Completed by:

Signature: *M. DeLuna*

Date: *1/13/2021*

Name: *Mary Adenard*

Agency Name: *HG Holly Hill FFD*

Agency Address: *3201 Old Seminoles Rd, Middleburg, FL 32068*

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: Dana Forbes Date: 1-11-2021

Name: Dana Forbes

Agency Name: Warren Funeral Services of Baldwin

Agency Address: 105 US Hwy 90 West, P.O. Box 488, Baldwin, FL
32234

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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.

Have not met this doctor to know who he is yet.

Completed by:

Signature:

Harry A. Brown

Date:

2/1/21

Name:

Harry A. Brown

Agency Name:

Harry Brown Funeral Directors

Agency Address:

2719 W. Edgewood Ave, Jacksonville, FL 32209

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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:

2/22/2021

Name:

Garcia M. Phillips, LFD

Agency Name:

Phillips Mortuary

Agency Address:

4815 Avenue B, Jacksonville, FL 32209

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: [Signature] Date: 1-15-2021

Name: Scott Myers / FD

Agency Name: George H. Hewell and Son Funeral Homes

Agency Address: 4747 Main Street, DDX FL 32206

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: 2/24/2021

Name: J. Robert Peeples, Jr.

Agency Name: Peeples Family Funeral Homes

Agency Address: 14165 N Main Street Jacksonville, FL 32218

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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:

1/12/2021

Name:

Robert Earl Moore

Agency Name:

Herday - Giddens

Agency Address:

4701 San Jos Blvd. Nax. Fl

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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.

Given the monumental task of 2020 they have performed well

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: *Brent R Perry* Date: 1-13-2021

Name: Brent R Perry

Agency Name: Hardage-Giddens Mandarin Chapel

Agency Address: 11801 SAN JOSE Blvd, Jacksonville 32223

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: Charles B. Thomas Date: 1-11-2021

Name: CHARLES B. THOMAS

Agency Name: CORREY-KERLIN F.H.

Agency Address: 940 CESERY BLVD., JAX., FL 32211

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: 1-14-2021

Name: MICHAEL S. DVNDINA

Agency Name: EVERGREEN FUNERAL HOME INC.

Agency Address: 4535 MAIN ST JACKSONVILLE FL 32206

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: Paul Cameron Naugle Jr. Date: 1/19/2021
Name: Naugle Funeral Home / Paul Cameron Naugle Jr.
Agency Name: Naugle Funeral Home
Agency Address: 1203 Hendricks Avenue Jacksonville, FL 32207

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: Kyle Adkins Date: 1-11-21

Name: Kyle Adkins

Agency Name: Oxley-Heard Funeral Directors

Agency Address: 1305 Atlantic Ave, Fernandina Beach, FL 32034

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: CL & C Date: 1-22-21

Name: CHARLIE L. CONNER

Agency Name: GREEN PINE FUNERAL HOME

Agency Address: 96281 GREEN PINE RD YULEE FL 32097

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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.

I know they're slammed. These are tough times. Likely doing the best they can.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 4 Interim Medical Examiner
B. Robert Pietak, 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: Though some of our physician members
voiced that cases they feel were
appropriate for ME evaluation are
often refused

Signature: M. Saffner Date: 4/15/2021

Name: Marissa Saffner

Agency Name: Duval County Medical Society

Agency Address: PO Box 551538, Jacksonville, FL 32255

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 3 Interim Medical Examiner
B. Robert Pietak, 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: 1/11/2021

Name: LAWRENCE COCHRAN

Agency Name: LIFEQUEST ORGAN RECOVERY SERVICES

Agency Address: 8491 NW 39TH AVE. GAINESVILLE, FL 32606

Return Completed Form to:

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Service - Integrity - Respect - Quality

DISTRICT 5 REAPPOINTMENT - BARBARA C. WOLF, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Public Defender's Office, 5th Judicial Circuit	X			
State Attorney's Office, 5th Judicial Circuit	X			
Citrus Board of County Commissioners	X			
Hernando Board of County Commissioners	X			
Lake Board of County Commissioners	X			
Marion Board of County Commissioners	X			
Sumter Board of County Commissioners	X			
Citrus County Sheriff's Office	X			
Hernando County Sheriff's Office	X			
Lake County Sheriff's Office	X			
Marion County Sheriff's Office	X			
Sumter County Sheriff's Office	X			
Astatula Police Department	X			
Clermont Police Department	X			
Eustis Police Department	X			
Fruitland Park Police Department	X			
Groveland Police Department	X			
Howey-In-The-Hills Police Department	X			
Lady Lake Police Department	X			
Leesburg Police Department	X			
Mascotte Police Department	X			
Mount Dora Police Department	X			
Tavares Police Department	X			
Umatilla Police Department				X
Bellevue Police Department				X
Dunnellon Police Department	X			
Ocala Police Department	X			
Center Hill Police Department				X
Wildwood Police Department				X
HEINZ FUNERAL HOME & CREMATION INC				X
MCGAN CREMATION SERVICE LLC				X
STRICKLAND FUNERAL HOME				X
FERO FUNERAL HOME WITH CREMATORY				X
BROWN FUNERAL HOME				X
WILDER FUNERAL HOME	X			
CHARLES E DAVIS FUNERAL HOME INC	X			
HOOPER FUNERAL HOMES INC				X
HOOPER FUNERAL HOMES INC				X
HOOPER FUNERAL HOMES INC				X
DOWNING FUNERAL HOME & CREMATION SERVICES INC				X
SELLERS FUNERAL HOME INC				X
JT CAMPBELL FUNERAL HOME AND CREMATION SERVICES				X
MACEDONIA CHAPEL LLC				X
FAMILY OWNED SERVICE COMPANY INC				X
FAMILY OWNED SERVICE COMPANY INC				X
FAMILY OWNED SERVICE COMPANY INC				X
DOWNING FUNERAL HOME AND CREMATION SERVICE INC				X
MERRITT FUNERAL HOME INC-SPRING HILL CHAPEL				X
JACOBS FUNERAL HOME LLC				X
PINECREST MARINER BOULEVARD INC	X			
SE FUNERAL HOMES OF FLORIDA LLC				X
BALDWIN BROTHERS - SPANISH SPRINGS	X			
HARDEN-PAULI FUNERAL HOME INC	X			
BEYERS FUNERAL HOME INC	X			
BECKER FUNERAL HOME				X
FAMILY OWNED SERVICE COMPANY INC				X

FAMILY OWNED SERVICE COMPANY INC				X
EASTSIDE FUNERAL HOME INC				X
BEYERS FUNERAL HOME INC	X			
HAMLIN & HILBISH FUNERAL DIRECTORS				X
PAGE-THEUS FUNERAL HOME AND CREMATION SERVICES - LEESBURG	X			
STEVERSON HAMLIN & HILBISH FUNERALS AND CREMATIONS				X
BEYERS FUNERAL HOME INC				X
BEYERS FUNERAL HOME INC				X
HAYES BROTHERS FUNERAL HOME	X			
NUR-JAIRAM FUNERAL HOME LLC				X
ROCKER-CUSACK MORTUARY				X
STONEMOR FLORIDA SUBSIDIARY LLC				X
BALDWIN BROTHERS - BURLEIGH	X			
FLOYD'S FUNERAL HOME LLC				X
BECKER FUNERAL HOME INC				X
HADLEY-BROWN FUNERAL HOME LLC				X
BALDWIN BROTHERS - WILDWOOD	X			
ROBERTS FUNERAL HOME OF DUNNELLON LLC	X			
GRATITUDE AND COMPASSION LLC				X
GRATITUDE AND COMPASSION LLC				X
BROWN MEMORIAL FUNERAL HOME & CREMATION SERVICE LLC				X
SNOW'S FUNERAL MINISTRY AND CREMATION SERVICES				X
FOREST LAWN FUNERAL HOME	X			
SUMMERS FUNERAL HOME				X
SELLERS FUNERAL HOME INC				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
D&L REAL ESTATE INVESTMENTS LLC				X
STONEMOR FLORIDA SUBSIDIARY LLC				X
NEPTUNE MANAGEMENT CORP				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
HIERS-BAXLEY FUNERAL SERVICES	X			
BALDWIN BROTHERS MEMORIAL CARE SERVICES INC				X
STONEMOR FLORIDA SUBSIDIARY LLC				X
COUNTRYSIDE FUNERAL HOME INC	X			
PURCELL CHAPEL	X			
FOUNDATION PARTNERS OF FLORIDA LLC				X
NCS MARKETING SERVICES LLC				X
BANKS PAGE-THEUS FUNERAL HOME WILDWOOD	X			
ANDERSON-HENCE FUNERAL HOME				X
BALDWIN BROTHERS MEMORIAL CARE SERVICES INC				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
Lake-Sumter Medical Society	X			
Marion Medical Society				X
LifeQuest	X			
OurLegacy	X			
LifeLink	X			

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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:

4-1-2021

Name:

MICHAEL GRAVES, PUBLIC DEFENDER

Agency Name:

PUBLIC DEFENDER FIFTH CIRCUIT

Agency Address:

PO Box 7800, TAVARES, FL 32778

Return Completed Form to:

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Or mail to:

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

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: [Signature] Date: 1/14/21

Name: William M. Gladson

Agency Name: State Attorney's Office

Agency Address: 110 NW 1st Ave, Ste 5000 Ocala FL 34475

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 4/13/2021

Name: Scott Carmona, Chairman

Agency Name: Citrus County, Florida

Agency Address: 110 W. Apopka Ave, Tavares, FL 34450

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION
Recommendation for Reappointment
District 5 Medical Examiner
Barbara C. Wolf, 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: _____

Agency Name: _____

Agency Address: _____

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 1/26/21

Name: Josh Blake
Lake County Board of County Commissioners

Agency Name: _____

Agency Address: PO Box 7800, Tavares FL 32778-7800

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 02/02/2021

Name: Jeff Gold - Chairman

Agency Name: Marion County Board of County Commissioners

Agency Address: 6001 SE 25th Ave, Ocala FL 34471

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 1/26/2021

Name: GARRY BREEDEN CHAIRMAN

Agency Name: Board of Sumter County Commissioners

Agency Address: 7375 Powell Rd, Wildwood, FL, 34785

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: Mike Prendergast Date: 1/12/21

Name: Mike Prendergast

Agency Name: Citrus County Sheriff's Office

Agency Address: 1 Dr. MLK Jr. Ave., Inverness, FL

34450

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

NONE NOTED, EXCELLENT COMMUNICATION AND RESPONSIVE TO AGENCY.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: [Signature] Date: 1/25/2021

Name: MAJOR KENNETH HAYDEN

Agency Name: HERNANDO COUNTY SHERIFF'S OFFICE

Agency Address: 18900 COTTER BLVD, BROWNSVILLE FL 34601

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 1/20/21

Name: TODD ENGLISH (INVESTIGATIONS CAPTAIN)

Agency Name: LAKE COUNTY SHERIFF'S OFFICE

Agency Address: 360 W. RUBY ST. TAVARES, FL 32778

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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:

4-5-21

Name:

Sheriff Billy Woods

Agency Name:

Marion County Sheriff's Office

Agency Address:

P.O. Box 187 Ocala, FL 34478

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: [Signature] Date: 01-14-2021

Name: Major Pat Bresson

Agency Name: Sumter County Sheriff Office

Agency Address: 7361 Powell Rd Wildwood FL 34785

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: Chief W. Hoagland Date: 01/13/21
Name: Astata Police Dept. Walter Hoagland
Agency Name: Astata Police Department
Agency Address: 25009 C.R. 561 Astata, FL. 34705

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 1-13-21

Name: Charles Broadway

Agency Name: Clermont Police Department

Agency Address: 3600 South Highway 27
Clermont, FL 34711

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

To continue to provide the professional level of service that your office is known for.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: April 8, 2021

Name: Kenneth D. Birkhofer

Agency Name: Eustis Police Department

Agency Address: 51 East Norton Avenue, Eustis, FL 32726

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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 have no complaints in reference to the performance of Dr. Wolf.

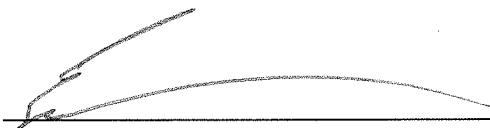
Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: 

Date: 01/14/21

Name: Erik D. Luce

Chief of Police

Agency Name: Fruitland Park Police Dept.

Agency Address: 506 W. Berckman St

Fruitland Park FL 34731

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

As a Detective with the Lee County Sheriff's Office, I worked with Dr. Wolf for many years. In 2017, when I became the Chief of the Groveland Police Department in Lake County, I was surprised, and pleased to learn that Dr. Wolf was the District 5 Medical Examiner. Dr. Wolf is very thorough, and very good at her job; she has my full confidence and continued support as the District 5 Medical Examiner.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Chief Shawn Ramsey Date: 01/14/2021

Name: Chief Shawn Ramsey

Agency Name: Groveland Police Department

Agency Address: 408 W. Orange Street, Groveland, FL 34736

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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:

11/11/2021

Name:

TRICIA THOMAS

Agency Name:

Howes in the Hills Police Dept.

Agency Address:

111 W. Palm Avenue

Howes in the Hills, FL 34737

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

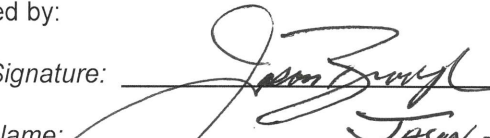
Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 4/8/11

Name: JASON BROUGH, Deputy Chief

Agency Name: Lady Lake Police Department

Agency Address: 423 FENNELL Blvd Lady Lake, FL 32159

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: Robert W. Hicks Date: 1/12/21

Name: Robert W. Hicks

Agency Name: Leesburg Police Department

Agency Address: 115 E. Magnolia St. Leesburg FL 34748

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 4/22/2001

Name: Rafael Betancourt; Lieutenant

Agency Name: Mascotte Police Department

Agency Address: 529 E Myers Blvd; Mascotte, FL 34753

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: [Signature]

Date: 4/8/2021

Name: Brett Meade

INTERIM CHIEF OF POLICE

Agency Name: Mount Dora Police Dept

Agency Address: 1300 N. Dunwoody St. Mt. Dora FL

32757

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 2-9-21

Name: STONEY LUBINS

Agency Name: TAVARES POLICE DEPT.

Agency Address: 911 GATEWAY DR. TAVARES, FL 32778

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

Results always timely, accurate and complete.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Mary Edmundson Date: 3-18-21
Name: Mary Edmundson
Agency Name: Dunnellon Police Dept.
Agency Address: 12014 S Williams St. Dunnellon FL

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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. WOLF IS AN OUTSTANDING ASSET !

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 01/13/21

Name: MICHAEL BALKEN

Agency Name: OCAIA POLICE DEPARTMENT

Agency Address: 402 S. PINE AVE. OCAIA, FL 34471

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

I SINCERELY CANNOT THINK OF EVEN ONE IMPROVEMENT.

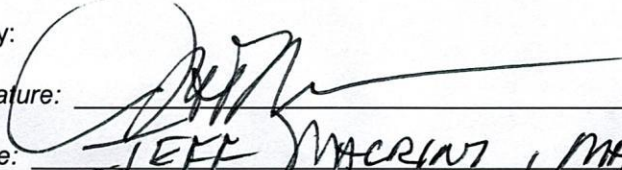
Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: 

Date: 1/12/21

Name: JEFF MACRIN, MANAGING FUNERAL DIRECTOR

Agency Name: WILSON FUNERAL HOME

Agency Address: 4890 S. SUNCOAST BLVD. HOMOSASSA FL 34446

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner

Barbara C. Wolf, 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: Fatty Moore

Date: 1/13/2021

Name: Fatty Moore

Agency Name: Pinecrest Funeral Chapel

Agency Address: 3369 Mariner Blvd,

St. FL 34609

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: Brittany Culpepper Date: 1-12-2021

Name: Brittany L. Culpepper

Agency Name: Baldwin Brothers - Spanish Springs

Agency Address: 1008 Bichara Blvd, Lady Lake, FL 32159

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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 office staff is the most helpful to us FUNERAL HOMES
As it has ever been in my 30 yrs here!

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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:

Terry L. Hensley

Date:

01-12-2021

Name:

Terry L. Hensley

Agency Name:

Begans Funeral Home

Agency Address:

134 N. Hwy 27/441, Lady Lake, FL 32159

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

THEY ARE PROFESSIONAL IN EVERY ASPECT.
HELPFUL, TIMELY WOULDNT CHANGE A
THING.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: [Signature] Date: 02/25/2021

Name: DAVID ROSENBAUM

Agency Name: BEYERS FUNERAL HOME & CREMATORY

Agency Address: 1123 W. MAIN ST; LEESBURG, FL

34748

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

STAFF IS VERY HELPFUL TO FURNISH HANG STAFF
AND CLERK FUNCTIONS,

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: 

Date: 1/18/2021

Name: William C. Lucas, MD

Agency Name: PAGE-Titus Forensic Health

Agency Address: 914 West Main Street Leesburg FL 34748

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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:

Tommy L. Hayes, Esq.

Date:

1-20-21

Name:

Tommy L. Hayes, Esq.

Agency Name:

Hayes Bros. Funeral Home

Agency Address:

28 W. Woodward Ave. Fortis, FL 32726

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: [Signature] Date: 1-12-2021

Name: Ruth Anne Yeats

Agency Name: Baldwin Brothers Funeral &

Agency Address: 1350 E. Burleigh Blvd Cremation
Tallahassee, FL 32302 Society

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: Lisa High Date: 1/12/2029

Name: Lisa High

Agency Name: Baldwin Brothers Funeral & Cremation Service

Agency Address: 3990 E SR44, Wildwood, FL 34785

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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 see attached.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: H. Jackson Roland

Agency Name: Roberts Funeral Home of Dunnellon

Agency Address: 19939 E. Pennsylvania Avenue, Dunnellon, FL 34432

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Service - Integrity - Respect - Quality



19939 East Pennsylvania Ave.,
Dunnellon, Florida 34432
Telephone: 352-489-2429
Fax: 352-489-2427

January 20, 2021

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

Re: District 5 Medical Examiner
Barbara C. Wolf, M.D.

To Whom It May Concern:

My office recently received a Recommendation for Reappointment for Barbara C. Wolf, M.D. as the District 5 Medical Examiner.

It is with great respect that I recommend Dr. Wolf to be reappointed to this position. In my career as a funeral director I have dealt with many medical examiners, but never have I had the privilege of dealing with one so professional, competent, and willing to work with both funeral homes and the public as Dr. Wolf. We in Florida are fortunate to have her and I strongly recommend that she be retained as the District 5 Medical Examiner.

Respectfully yours,

A handwritten signature in black ink, appearing to read "H. Jackson Roland". The signature is fluid and cursive, with a large, stylized initial "H".

H. Jackson Roland
General Manager, Roberts Funeral Home of Dunnellon

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 1/13/2021

Name: CHRISTOPHER A. STRICKLAND

Agency Name: FOREST LAWN FUNERAL HOME

Agency Address: 5740 S. PINE AVE, OCALA FL 34480

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: Rita Parisi Date: 1/12/2021

Name: RITA PARISI

Agency Name: HIER-S-BAXLEY FUNERAL SERVICES

Agency Address: 5946 SE ROBINSON RD, BELLEVIEW,
FL 34420

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: Laurel R. Prosoco Date: 1/11/2021

Name: Laurel R. Prosoco

Agency Name: Countryside Funeral Home

Agency Address: 9185 NE 21st Ave Anthony, FL
32017

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: 1-15-21

Name: Keith A. Sumner

Agency Name: Purcell Chapel

Agency Address: 114 W. Noble Ave. Bushnell, FL 33513

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

STAFF IS VERY HELPFUL TO FURNISH THEM STAFF
AND CLIENT FAMILIES

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 1-18-2021

Name: William C. Lucas, Jr.

Agency Name: BANKS, PNC-Texas Funeral Home

Agency Address: 410 North Webster Street, Wilton, NC 27385

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Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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:

Carol Millwater Ryan

Date:

2/12/2021

Name:

Carol Millwater Ryan

Agency Name:

Lake-Sumter Medical Society

Agency Address:

PO Box 1578, Mount Dora, FL

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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.

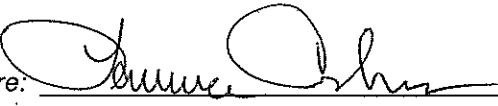
Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 1/11/2021
Name: LIFEQUEST ORGAN RECOVERY SERVICES (COOPS)
Agency Name: LAWRENCE COCHRAN
Agency Address: 8491 NW 39th AVE, GAINESVILLE, FL 32606

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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 appreciate Dr. Wolf's support

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: HAM. Bride Date: 3/28/2021
Name: Ginny McBride
Agency Name: Our Legacy
Agency Address: 601 S. Lake Destiny Rd Suite 400
Maitland, FL 32751

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 5 Medical Examiner
Barbara C. Wolf, 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: Liz Lehn Date: 11/25/2021

Name: Liz Lehn, SVP/Exec. Director

Agency Name: Lifeline of Florida

Agency Address: 91601 Delaney Creek Blvd., Tampa, FL 33619

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Service - Integrity - Respect - Quality

DISTRICT 6 REAPPOINTMENT - JON R. THOGMARTIN, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Public Defender's Office, 6th Judicial Circuit	X			
State Attorney's Office, 6th Judicial Circuit	X			
Pasco Board of County Commissioners	X			
Pinellas Board of County Commissioners	X			
Pasco County Sheriff's Office	X			
Pinellas County Sheriff's Office	X			
Dade City Police Department	X			
New Port Richey Police Department	X			
Port Richey Police Department			X	
Zephyrhills Police Department				X
Belleair Beach Marshals Office			X	
Belleair Police Department				X
Clearwater Police Department	X			
Gulfport Police Department	X			
Indian Shores Police Department	X			
Kenneth City Police Department	X			
Largo Police Department				X
Pinellas Park Police Department	X			
St. Petersburg Police Department				X
Tarpon Springs Police Department	X			
Treasure Island Police Department	X			
PREVATT FUNERAL HOME	X			
INTERNATIONAL CREMATION SERVICES	X			
COASTAL CREMATIONS - NEW PORT RICHEY	X			
FOUNDATION PARTNERS OF FLORIDA LLC				X
DIGNITY FUNERAL SERVICES INC				X
DIGNITY FUNERAL SERVICES INC				X
SEVEN SPRINGS - TRINITY CHAPEL INC				X
THOMAS B DOBIES FUNERAL HOME				X
HUDSON CHAPEL CREMATORY INC				X
TRINITY MEMORIAL GARDENS				X
NATIONAL CREMATION AND BURIAL SOCIETY				X
COASTAL CREMATIONS - LUTZ	X			
DOBIES FUNERAL HOME				X
MICHELS & LUNDQUIST FH	X			
NORTHSTAR FUNERAL SERVICES OF FLORIDA LLC				X
MORGAN FUNERAL HOME	X			
HODGES FAMILY FUNERAL HOME LLC				X
HODGES FAMILY FUNERAL HOME LLC				X
MILTON FUNERAL HOME LLC				X
FAUPEL FUNERAL HOME INC	X			
TR DALLAS FUNERAL AND CREMATION SERVICES LLC				X
SCI FUNERAL SERVICES OF FLORIDA LLC				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
SANCHEZ REHOBOTH MORTUARY LLC	X			
BEST CARE CREMATION LLC				X
NEPTUNE MANAGEMENT CORP				X
FOUNDATION PARTNERS OF FLORIDA LLC				X
THOMAS J BRETT FUNERAL HOME INC				X
DOBIES FUNERAL HOME				X
GARDEN SANCTUARY FUNERAL HOME	X			
RHODES FUNERAL DIRECTORS INC				X

ROYAL PALM NORTH FUNERAL CHAPEL				X
SMITH-YOUNG'S FUNERAL HOME INC				X
VETERANS FUNERAL CARE INC				X
SERENITY FUNERAL HOME	X			
SMITH FUNERAL HOME INC				X
CURLEW HILLS FUNERAL HOME	X			
ABBAY AFFORDABLE CREMATION & FUNERAL SERVICE				X
R LEE WILLIAMS & SON FH INC	X			
SCI FUNERAL SERVICES OF FLORIDA LLC				X
WOODY'S FUNERAL HOME INC				X
THOMAS J BRETT FUNERAL HOME INC				X
VINSON FUNERAL HOME INC				X
NORTHSTAR FUNERAL SERVICES OF FLORIDA LLC				X
PETE GRASSO JR				X
MOHN FUNERAL HOME	X			
SUNSET POINT CREMATION	X			
SE COMBINED SERVICES OF FLORIDA LLC				X
FAMILY OWNED SERVICE COMPANY INC				X
LAWSON FUNERAL HOME & CREMATION SERVICES INC				X
SORENSEN FUNERAL HOME LLC				X
SE COMBINED SERVICES OF FLORIDA LLC				X
MOSS FEASTER FUNERAL HOME - CLEARWATER	X			
NORTHSTAR FUNERAL SERVICES OF FLORIDA LLC				X
DAVIS AND DAVIS FUNERAL SERVICES LLC				X
MCRAE FUNERAL SERVICES LLC	X			
HOLLOWAY FUNERAL HOME LLC				X
COASTAL CREMATIONS - ZEPHYRHILLS	X			
Pasco Medical Society				X
Pinellas Medical Society				X
LifeLink	X			

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: R. Delinger Date: _____

Name: Bob Miller

Agency Name: Public Defender - 6th

Agency Address: 14250 49th St. N, Clearwater 32762

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

everything is fine - his office does an excellent job!

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: *B.L. Bartlett* Date: *1-11-2021*
Name: *Bruce L. Bartlett*
Agency Name: *State Attorney Office 6th Judicial Circuit*
Agency Address: *P.O. Box 5028 CLW FL 33758*

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Ronald E Oakley Date: April 7, 2021

Name: Chairman Ronald E. Oakley

Agency Name: Pasco County Board of County Commissioners

Agency Address: West Pasco Government Center, 8731 Citizens Dr.
New Port Richey, FL 34654

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

None. Dr. Thogmartin is exceptional!

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Karen Williams Seel Date: 1/11/2021

Name: Karen Williams Seel

Agency Name: Pinellas County Board of County Commissioners

Agency Address: 315 Court Street, 5th Floor, Clearwater, FL 33756

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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 ☒

(EXCELLENT)

Please give suggestions for improvement.

HE IS ALWAYS ACCESSIBLE, RESPONSIVE,
INFORMATIVE AND ALWAYS MAKES HIS
PRESENTATIONS CONCISE AND WITH A HIGH
DEGREE OF PROFESSIONALISM. ALONG
WITH A BIT OF HUMOR

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Pat Gerard Date: 1-19-2021

Name: PAT S. GERARD

Agency Name: PINELLAS COUNTY DISTRICT 2 COMMISSIONER

Agency Address: 315 COURT ST, 5th Floor, CLEARWATER, FL 33756

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Dr. Thogmartin's office delivers unmatched service. His staff and their professionalism are extraordinary, and turnaround times for information and data are incredibly fast.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: January 25, 2021

Name: Commissioner Kathleen Peters

Agency Name: Pinellas Board of County Commissioners

Agency Address: 315 Court St., Ste. 516 - A, Clearwater, FL 33756

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: _____

Date: _____

Name: Major Jeffrey Peake

Agency Name: Pasco Sheriff's Office

Agency Address: 8700 Citizen NPR, FL 34654

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

None needed. Does a Great Job!

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: [Signature]

Date: 4/1/21

Name: JOE GUANTIERI

Agency Name: Tallahassee County Sheriff

Agency Address: 10750 U.S. 90, Largo, FL 33779

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: James E. Walters

Date: 1-20-2021

Name: James E. Walters

Agency Name: Dade City Police Department

Agency Address: 38030 Meridian Ave Dade City FL 33525

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

None. We receive excellent service.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Kim S. Bogart Date: 1/12/21

Name: Kim BOGART

Agency Name: NEW PORT RICHEY POLICE DEPARTMENT

Agency Address: 6739 ADAMS ST. NEW PORT RICHEY, FL 34652

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

NO DIRECT INTERACTION W/ DR. THOGMARTIN.
ALL INTERACTION WITH HIS DEPT + STAFF HAS ALWAYS
BEEN PROFESSIONAL AND COOPERATIVE.

Completed by:

Signature: Capt. Michael Koch Date: 04/14/2021

Name: CAPT. MICHAEL KOCH

Agency Name: PORT RICHEY POLICE DEPARTMENT

Agency Address: 6333 RIDGE ROAD PORT RICHEY, FL 34668

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

NO KNOWLEDGE MEDICAL EXAMINER

Completed by:

Signature: *[Signature]* Date: 1-11-21

Name: Lynn Rives

Agency Name: City of Belleair Beach FL

Agency Address: 444 Causeway Blvd, Belleair Beach, FL 3378

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: [Signature] Date: 1/12/2024

Name: CHAD DANIEL SLAUGHTER

Agency Name: CLEARWATER POLICE DEPARTMENT

Agency Address: 645 PIERCE ST, CLEARWATER, FL 33756

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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 ☐

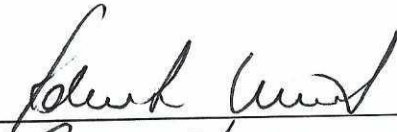
Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:



Date:

1/13/21

Name:

ROBERT VINCENT - CHIEF OF POLICE

Agency Name:

GULFPORT POLICE DEPT

Agency Address:

2401 53rd ST. SO. GULFPORT 33707

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: 

Date: 1/19/21

Name: Glen R. Smith (Captain)

Agency Name: Indian Shores Police Dept.

Agency Address: 19305 Gulf Blvd Indian Shores FL 33455

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: 

Date: 2-1-2021

Name: CHIEF EL VAZQUEZ

Agency Name: Kenneth City Police Dept

Agency Address: 4600 N 58th ST Kenneth City FL 33709

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

- WOULD LIKE TO SEE AN ~~DECREASE~~ IN TIME IT TAKES TO RECEIVE COMPLETED AUTOPSY REPORTS.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: [Signature] Date: 1/11/20

Name: SGT. M. Lynch

Agency Name: PINELLAS PARK POLICE DEPARTMENT

Agency Address: 7700 59TH ST. N. PINELLAS PARK, FL 33781

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John R. Thogmartin, M.D.

How do you rate the quality of medical examiner services provided in your district? *Please se
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: 1/14/21

Name: Chief Robert P. Kochen

Agency Name: Tarpon Springs Police Department

Agency Address: 444 S. Huey Avenue , Tarpon Springs, Florida 34689

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: _____

Date: _____

Name: John F. Barkley, Chief of Police

Agency Name: Treasure Island Police Department

Agency Address: 180 108th Avenue, Treasure Island, FL 33706

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Patricia C. Moore Date: 1/15/2021

Name: Patricia C. Moore

Agency Name: Prexatt Funeral Home

Agency Address: 7709 S.R. 52, Hudson, FL

34667

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Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

The PCME staff is wonderful and much friendlier & more helpful to Funeral Homes & families than other counties' ME offices. The only suggestion we have, if possible, would be for more detailed info on death certificates of drug overdoses (or, more detailed

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

info provided privately to the family if it can't be documented on the DC). Specifically, in terms of "Multi-Drug Toxicity" cases, as we field a lot of questions from families on these cases who feel they don't get complete answers from the ME. Special thanks to Lisa, Cherie, Dustin, & Mel who are all absolutely amazing.

Completed by:

Signature: Cheyenne Moore Date: 01/12/2021

Name: Cheyenne Moore

Agency Name: International Cremation Services

Agency Address: 4957 Marine Parkway, New Port Richey, FL
34652

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Florida Department of Law Enforcement
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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Cheryl Goodin Date: 1-11-2021

Name: Cheryl Goodin

Agency Name: Coastal Cremations

Agency Address: 4201 Grand Blvd NPR 34652

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Sel Simkins

Date: 1-21-2021

Name: Sarah Simkins

Agency Name: Coastal Cremations + Funeral Care

Agency Address: 1930 Land O' Lakes Blvd. Ste 6

Lutz, FL 33549

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Cheryl M. Silva Date: Jan 12, 21

Name: Michels + Lundquist / Cheryl Silva

Agency Name: _____

Agency Address: 5228 Trouble Creek Rd 34652
New Pt Richey FL

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Patricia C. Moore Date: 1/11/2021

Name: Patricia C. Moore

Agency Name: Morgan Funeral Home

Agency Address: 6025 Trouble Creek Road
New Port Richey, FL 34653

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature

Patty Moore

Date: 1/12/2021

Name:

Patty Moore

Agency Name:

Faupel Funeral Home

Agency Address:

7524 Ridge Road, Port Richey,

FL 34668

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

definitely

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Pen Craven Date: 1/26/2021

Name: PEN CRAVEN

Agency Name: GARDEN SAVORING TOWN HALL

Agency Address: 7950 131st St N SEMINOLE FL 33776

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Quicker time frame for cremation permits, please.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: BSJ Date: 1/11/21

Name: Brittney Taylor

Agency Name: Serenity Funeral Home

Agency Address: 13401 Indian Rocks Rd. Largo, FL

33774

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Florida Department of Law Enforcement
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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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. — NONE

Detached and well organized office. Staff is meticulous and very professional

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: *[Signature]* Date: 1/19/2021

Name: KEENAN KNOKE

Agency Name: CURLEW HILLS MEMORY GARDENS

Agency Address: 1750 CURLEW ROAD, PALM HARBOR
FL. 34683

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

They are always very helpful and Professional

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:

[Handwritten Signature]

Date:

1-12-21

Name:

Robin L. Williams

Agency Name:

R. Lee Williams & Son Funeral Home

Agency Address:

3530 49th St NW St Petersburg FL 33714

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature:  Date: 1/12/2021

Name: James Miller

Agency Name: Mohr Funeral Home

Agency Address: 9700 Seminole Blvd. Seminole, FL. 33772

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: [Signature] Date: 1/20/2021

Name: KEENAN KNOPKE

Agency Name: SUNSET POINT CREMATION

Agency Address: 2689 SUNSET POINT ROAD, CLEARWATER FL
33759

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Paul D. MacLaren Date: 1/12/2021

Name: PAUL D. MACLAREN

Agency Name: MOSS FEASTER FUNERAL HOME - CLEARWATER

Agency Address: 693 S. BELCHER RD. 33764

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: James E. Simmons Date: 1-28-21

Name: James E. Simmons

Agency Name: McRae Funeral Home

Agency Address: 1940 MLK Jr. St. So., St. Pete, Fla.

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: [Signature] Date: 1-11-2021

Name: Cory Kogler

Agency Name: Coastal Cremations & Burial Services, Inc.

Agency Address: 4911 Allen Road Zephyrhills, FL 33541

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Recommendation for Reappointment

District 6 Medical Examiner
John 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.

Completed by:

Signature: Liz Lehr Date: 1/25/2021

Name: Liz Lehr, SVP/Exec. Director

Agency Name: Lifeline of Florida

Agency Address: 9101 Delaney Creek Blvd., Tampa, FL 33619

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Service - Integrity - Respect - Quality

DISTRICT 7 ASSESSMENT - JAMES W. FULCHER, M.D.				
	Favorable	Non-Favorable	No Opinion	No Response
Public Defender's Office, 7th Judicial Circuit			X	
State Attorney's Office, 7th Judicial Circuit	X			
Volusia Board of County Commissioners	X			
Volusia County Sheriff's Office	X			
Daytona Beach Police Department	X			
Daytona Beach Shores Public Safety Department	X			
Deland Police Department	X			
Edgewater Police Department	X			
Holly Hill Police Department	X			
Lake Helen Police Department	X			
New Smyrna Beach Police Department	X			
Orange City Police Department	X			
Ormond Beach Police Department	X			
Ponce Inlet Police Department	X			
Port Orange Police Department	X			
South Daytona Police Department	X			
Volusia County Beach Safety	X			
Volusia County Department Of Public Protection	X			
ESTES FUNERAL OPTIONS LLC				X
J E CUSACK MORTUARY LLC				X
DALE WOODWARD AND SON FUNERAL HOME INC	X			
DALE WOODWARD AND SON FUNERAL HOME INC				X
SETTLE-WILDER FUNERAL HOME	X			
GILLASPIE FUNERAL SERVICES LLC				X
HAIGH-BLACK FUNERAL HOME	X			
PINELLO FUNERAL HOME INC				X
ALLEN-SUMMERHILL FUNERAL HOME INC				X
ALLEN-SUMMERHILL FUNERAL HOME INC				X
HERBERT THOMPSON FUNERAL HOME INC				X
RJ GAINOUS FUNERAL HOME INC	X			
VOLUSIA MEMORIAL - ORMOND BEACH	X			
DUDLEY FUNERAL HOME	X			
DUDLEY EDGEWATER FUNERAL CH				X
BALDAUFF FAMILY FUNERAL HOME AND CREMATORY				X
BALDWIN BROTHERS - ORMOND BEACH	X			
HALIFAX CREMATION SOCIETY				X
UNITY FUNERAL HOME				X
DELTONA MEMORIAL FUNERAL HOME				X
SHANNON MALONEY FUNERAL HOME	X			
LANKFORD FUNERAL HOME				X
GAINOUS-WYNN FUNERAL HOME INC				X
VOLUSIA MEMORIAL FUNERAL HOME	X			
BALDWIN BROTHERS MEMORIAL CARE SERVICES INC				X
BALDWIN BROTHERS MEMORIAL CARE SERVICES INC				X
STONEMOR FLORIDA SUBSIDIARY LLC - LOHMAN FH PORT ORANGE	X			
STONEMOR FLORIDA SUBSIDIARY LLC - LOHMAN FH ORMOND	X			
STONEMOR FLORIDA SUBSIDIARY LLC - LOHMAN FH DAYTONA	X			
CARDWELL, BAGGETT, & SUMMERS FUNERAL HOME	X			
STONEMOR FLORIDA SUBSIDIARY LLC				X
STONEMOR FLORIDA SUBSIDIARY LLC				X
4 TOWNS		X		
Volusia County Medical Society				X
OurLegacy	X			

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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.

I have only taken office this month and have not had the opportunity to formulate an opinion.

Completed by:

Signature: McH Metz Date: 1/13/21

Name: McH Metz

Agency Name: Public Defender 7th Circuit

Agency Address: 251 N. Redman, Daytona Beach, FL 32114

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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 Fulcher Does AN excellent JOB!

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 1-14-2020

Name: RJ LARIZZA

Agency Name: STATE ATTORNEY'S OFFICE 7th CIRCUIT

Agency Address: 251 N RIDGEWOOD AV. DAYTONA BEACH FL 32111

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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 see attached letter

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: April 5, 2021

Name: County Councilwoman Heather Post

Agency Name: Volusia County Council

Agency Address: 123 W Indiana Avenue, Room 301, DeLand, FL 32720-4621

Return Completed Form to:

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**Office of County Councilwoman Heather Post
District 4**

April 5, 2021

State of Florida Medical Examiners Commission
P.O. Box 1489
Tallahassee, FL 32302-1489

Re: Assessment of Medical Examiner Services – District 7

Dear Deputy Director Victoria Koenig:

As you know, I tenaciously championed the assessments and “rebooting” of the District 7 Medical Examiners Office in 2018. I am grateful for Commission Chairman Dr. Nelson and Public Defender Jim Purdy’s receptiveness at the time for putting additional checks and balance steps in place within the Commission in ensuring operations such as this did not go under the radar in any Florida county in the future.

In response to your request for an assessment of the quality of medical examiner services currently being provided by Dr. James W. Fulcher, I absolutely give him a Favorable rating.

The numerous operational problems that previously existed (the timeframe for completions of autopsies and being critically understaffed to name a few) have been resolved.

The County Council recently approved the building of a new, state of the art facility and steps toward accreditation are in place.

In addition to making significant positive changes, Dr. Fulcher also has made an outstanding effort to be involved in community outreach and works well with those partners.

I believe his work product thus far has been a credit to our county.

Sincerely,

Volusia County Councilwoman Heather Post
District 4

Email: hpost@volusia.org

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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: 1-12-21

Name: Michael J. Whitcomb

Agency Name: Volusia County Sheriff's Office

Agency Address: 123 W. Indian Ave. Deltona FL

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Florida Department of Law Enforcement
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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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 HAVE A GREAT WORKING RELATIONSHIP WITH M.E. OFFICE.
GREAT COMMUNICATION AND NO ISSUES.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: [Signature] Date: 01-14-21

Name: JENNIFER WHITTE, DEPUTY CHIEF

Agency Name: DAYTONA BEACH POLICE DEPARTMENT

Agency Address: 129 VALDE BLVD, DAYTONA BEACH, FL 32114

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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 M.E. Office is always available and abundantly helpful with this agency. Our reports are always received in a timely manner. This agency is very happy with their services.


Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: January 20, 2021

Name: Kelley Register

Agency Name: Daytona Beach Shores DPS

Agency Address: 3050 S. Atlantic Avenue, DBS, FL, 32118

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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 ME office provides an excellent service to our area. They are quick to respond, conduct thorough investigations and timely reports.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Chris Jacobs Date: 1/27/2021

Name: CHRIS JACOBS

Agency Name: DELAND POLICE DEPARTMENT

Agency Address: 219 W. HOWRY AVE DELAND, FL 32720

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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: 01-15-2021

Name: JOSEPH MAHONEY

Agency Name: EDGEWATER POLICE DEPARTMENT

Agency Address: 135 E. PARK AVE, EDGEWATER, FL 32132

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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 ☐

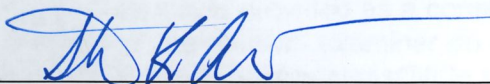
Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:



Date:

6/13/2021

Name:

STEPHEN K. ALDRICH

Agency Name:

HOLLY HILL P.D.

Agency Address:

1065 RIDGEWOOD AVE., HOLLY HILL, FL 32117

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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: _____

Agency Name: _____

Agency Address: _____

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Post Office Box 1489
Tallahassee, Florida 32302-1489

Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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: M.D. [Signature] Date: 04/12/2021

Name: M.D. [Signature]

Agency Name: NEW SMYRNA BEACH POLICE DEPARTMENT

Agency Address: 246 INDUSTRIAL PARK AV, NEW SMYRNA BEACH, FL 32168

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

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James W. Fulcher, 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.

Nothing coming to mind at the moment. Thank you for all you do!

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

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Service - Integrity - Respect - Quality

MEDICAL EXAMINERS COMMISSION

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District 7 Medical Examiner
James W. Fulcher, 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.

Service provided by ME's Office has been Outstanding. Thank you all.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: 13 #243

ate: 1-25-21

Name: Det. Sgt. Tom Larsen

Agency Name: ORLANDO BEACH Police Dept.

Agency Address: 170 W. GRAND BLVD ORLANDO Bch, FL

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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MEDICAL EXAMINERS COMMISSION

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James W. Fulcher, M.D.

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Favorable ☒

Please give suggestions for improvement.

THE ME HAS ALWAYS BEEN responsive to our needs. I do not have ANY suggestions

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

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Favorable ☒

Please give suggestions for improvement.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Capt Scott Benzio Date: 1-26-21

Name: Capt Scott Benzio

Agency Name: Post Orange PD

Agency Address: 4545 Clyde Morris Blvd. Post Orange, FL 32129

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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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: 01/14/2021

Name: Mark CHEATHAM

Agency Name: SOUTH DAYTONA POLICE DEPT.

Agency Address: 1672 S. RIDGEWOOD SOUTH DAYTONA, FL 32119

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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MEDICAL EXAMINERS COMMISSION

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District 7 Medical Examiner
James W. Fulcher, 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.

AGENCY INSERVICE TRAINING FOR OFFICERS & EMS STAFF IN DISTRICT 7

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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: 4/12/21

Name: GEORGE RECKTENWALD

Agency Name: County of Volusia

Agency Address: 123 W. INDIANA AVENUE, ROOM 301, DELAND, FL 32720

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Assessment of Medical Examiner Services – District 7

Introduction

The Public Protection Department has been asked to provide an assessment of the quality of services provided by the District 7 Medical Examiner by the State of Florida Medical Examiner's Commission. The rating form provides for a rating of "Favorable", "Unfavorable" and "No Opinion".

Contractually, the office is required to provide all "administrative, advisory, management, professional staff, and forensic services." Overall, the quality of these services are rated as favorable. However, had there been a category for "Very Favorable", then the office would certainly be deserving of it. There have been no negative comments received by the Department of Public Protection from the public, funeral homes, Florida Department of Health, the law enforcement community or others who receive services or are in collaboration with the office. Data concerning the performance of services, such as 99.8% of cases now being completed in less than 90 days and actions taken to ensure compliance with the Medical Examiners Commission directive for certification of COVID-19 related deaths are included in this report.

Background

On June 7, 2019, the Volusia County Council confirmed the appointment, effective July 6, 2019, for James Fulcher, M.D. to become the District 7 Medical Examiner assuming the remainder of the interim medical examiner FY 2018-19 contract with Dr. Jon Thogmartin. On September 17, 2019, the Volusia County Council approved a new five year contract with Dr. Fulcher that commenced on October 1, 2019 and continues through September 30, 2024. The contract provides compensation to Dr. Fulcher each year for \$2.5 million for FY 19-20 and FY 20-21 with the Volusia County Department of Public Protection managing the contract.

Currently, the office is fully staffed and consist of the following:

- Administrative Staff: 3
- Investigators: 3
- Technicians: 3
- Investigator/Technician: 3
- Pathologists: 3

COVID-19 and the District 7 Medical Examiner's Office

When the COVID-19 pandemic began, the District 7 Medical Examiner's Office, communicated with local law enforcement and other community partners to instruct them to report all suspected COVID-19 related deaths to the Medical Examiner's Office. This was done in response

to instruction provided by the Florida Medical Examiners Commission that all COVID-19 related deaths would need to be investigated and certified by medical examiners.

During the first several months of the pandemic, the office half staffed to maintain social distance and discontinued the opportunity for law enforcement and other involved entities to attend autopsies. Employees who could conduct their work from their home were instructed to do so.

The refrigerated trailer on site was used as an isolation cooler for decedents suspected to be infected with COVID-19.

A cache of personal protective equipment (PPE) was purchased in preparation for an indeterminate length of altered operations. This included multiple Power Air-Purifying Respirators (PAPR) for use in the autopsy suite. All persons involved in working with decedents within the autopsy suite were and continue to be required to wear PAPRs. The investigators working in the field were required to wear N95 masks.

Autopsy protocols were altered following CDC guidelines to limit the potential for exposure. Of note, a bone saw dust collector was purchased to eliminate the aerosolization of bone saw dust. Further, at the discretion of the assigned medical examiner and in accordance with Florida statutes and administrative codes, autopsy procedures involving opening heads were not completed. Other protocols such as the use of suction was also minimized.

A strong relationship was developed with the Volusia County Department of Health with frequent communication regarding COVID-19 cases and sharing of pertinent information.

A representative from the Medical Examiner's Office was involved with a Situational Awareness call which included various representatives from community partners (e.g. Emergency Management, Halifax Health Medical Center, AdventHealth, DOH, etc.) to stay up to date on how the county was responding to the pandemic.

On August 14, 2020, Florida's Medical Examiners Commission made a motion that Florida medical examiners need not accept jurisdiction of COVID-19 related deaths unless the provisions of Rule 11G-2.001(3), F.A.C., apply. Rule 11G-2.001(3), F.A.C., provides the following:

If a medical examiner becomes aware of a death, apparently from disease, he or she shall investigate it as a death from a disease constituting a threat to the public health, if:

The investigation is requested by an official of the Department of Health pursuant to Section 381.0011 or 381.0012, F.S., or

The medical examiner determines that additional information concerning the cause and mechanism of death, beyond that available in the decedent's medical history, is needed to protect the public health.

The District 7 Medical Examiner's Office promptly shared this information with community partners in Volusia County to ensure deaths would be reported correctly.

Over the course of the pandemic, the Medical Examiner's Office has investigated 215 cases in which the cause of death was certified as being related to COVID-19.

District 7 Medical Examiner's Office Accomplishments FY 19-20

Notable accomplishments for the year include the following:

- A new position was created to better provide coverage when there are shortages in the investigation and technician units. This position is a hybrid wherein the employee holds the knowledge and skills of both an investigator and a technician.
- A more robust training program was developed for the training of investigators to include providing more external virtual training as it has become available during the pandemic.
- Improved outreach and communication with local law enforcement.
- The turnaround time for completion of Medical Examiner reports was reduced to an average of 22 days. Of the 1,356 cases completed in FY 19-20, 99.8% were completed in less than 90 days.
- The office now has a highly rated elective for Florida State University medical students with newly produced educational activities.
- In preparation for NAME accreditation in the coming years, more detailed autopsy protocols have been developed. The use of Power Air-Purifying Respirators (PAPRs) was implemented in response to COVID-19 but will continue to be a pillar of autopsy protocols moving forward for the utmost protection, from airborne pathogens, for the staff.
- The office partnered with the International Forensic Medical Association to host an annual educational conference bringing 250 - 300 attendees to Volusia County from various countries. The last conference was held in the Daytona Beach Shores in September 2019 but the September 2020 conference was unfortunately cancelled due to the pandemic.

Conclusion

The quality of services by District 7 Medical Examiner's Office under Dr. Fulcher's leadership has been more than favorable. This is supported by positive performance data, no known negative complaints about the office and their responsiveness to request for information from the Department of Public Protection when asked.

Volusia County government looks forward to continuing its relationship with Dr. Fulcher. A new medical examiner facility is on the horizon as well as a new case management system to support their operations.

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, 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 Best!

wonderful to talk to and
very efficient!

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:



Date:

1/20/2021

Name:

Erik Perry

Agency Name:

Woodward Funeral Home

Agency Address:

167 Ridgewood Ave. Daytona Bch. FL

32117

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@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

MEDICAL EXAMINERS COMMISSION

Assessment of Medical Examiner Services

District 7 Medical Examiner
James W. Fulcher, M.D.

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Favorable ☒

Please give suggestions for improvement.

NONE NEEDED

P.S. I appreciate the helpfulness of the investigators

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:

Stephen J. Damlaugh

G.M.

Date:

1/13/2021

Name:

Stephen J. Damlaugh

Agency Name:

Settle-Wilder Funeral Home (Capstone Funeral Holdings)

Agency Address:

406 S. Orange Street, New Smyrna Beach FL 32168

Return Completed Form to:

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Medical Examiners Commission
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James W. Fulcher, 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
I very much appreciate the hard work the team at the District 7 M.E. Office do to serve our area.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: _____

Date: _____

Name: _____

Agency Name: _____

Agency Address: _____

Return Completed Form to:

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Favorable ☒

Please give suggestions for improvement.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Ajume Date: 1/12/21

Name: Alexander C Wyant III

Agency Name: R.J. Galloway Funeral Home

Agency Address: 804 Dr. Mary McLeod Bethune Blvd Dayton Beach, FL 32114

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Favorable ☒

Please give suggestions for improvement.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature:  Date: 1/15/2021

Name: Sal Passalacqua

Agency Name: Holusia Memorial - Ormond Beach

Agency Address: 548 N. Nova Rd. Ormond Beach, FL 32174

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Florida Department of Law Enforcement
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District 7 Medical Examiner
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Favorable ☒

Please give suggestions for improvement.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Debra Dudley Nelson Date: Jan 12, 2021
Name: Debra Dudley Nelson
Agency Name: Dudley Funeral Home
Agency Address: 1108 N. Dixie Freeway, New Smyrna Beach FL 32168

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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MEDICAL EXAMINERS COMMISSION

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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: Grace Vickers Date: 1-26-2021

Name: GRACE VICKERS

Agency Name: Baldwin Brothers Diamond Beach

Agency Address: 1185 W. Granada Blvd, Unit 11 Ormond Beach
FL 32174

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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MEDICAL EXAMINERS COMMISSION

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James W. Fulcher, 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.

Always quick to respond & assist. Very communicative & helpful.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: 

Date: 1-13-2021

Name: Casscandra Rhodes

Agency Name: Shannon Maloney F.H.

Agency Address: 4084 Halifax Dr., Port Orange FL 32127

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Favorable ☒

Please give suggestions for improvement.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: 

Date: 1/15/2021

Name: Juan Ramos Calao

Agency Name: Volusia Memorial

Agency Address: 4815 Clyde Morris Blvd. Port Orange FL 32129

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Favorable ☒

Please give suggestions for improvement.

- Approving Cremation Certificate
Approval's a little quicker

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: William G. Hart Date: 1-11-2021

Name: William G. Hart

Agency Name: Lohman Funeral Home Port Orange

Agency Address: 1201 Dunlawton Ave Port Orange, Fl 32127

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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Favorable ☒

Please give suggestions for improvement.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Jani Hamilton Date: 1-12-2021

Name: Jani Hamilton

Agency Name: Lohman Funeral Home - Ormond

Agency Address: 733 W. Granada Blvd. Ormond Bch., FL.
32174

Return Completed Form to:

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MEDICAL EXAMINERS COMMISSION

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James W. Fulcher, 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.

STAFF IS ALWAYS HELPFUL + ACCOMMODATING
ONLY 1 SUGGESTION: WHEN PREPPING FOR AUTOPSY, CAROTID
ARTERIES COULD BE LEFT A BIT LONGER @ INCISION POINT;
ABOVE CLAVICLE

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: [Signature] Date: 01/14/2021

Name: JOSEPH M. GARRETT

Agency Name: LEAHMAN F.H. DAYTONA

Agency Address: 1423 BELLEVUE AVE. DAYTONA BEACH, FL 32114

Return Completed Form to:

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Favorable ☒

Please give suggestions for improvement.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: Tamara L. Vanyo

Date: 1.20.2021

Name: Tamara L. Vanyo

Agency Name: Cardwell Baggett & Summers F.H

Agency Address: 301 Big Tree Road South Daytona,
FL 32119

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Service - Integrity - Respect - Quality

Also - The SHERIFF CHITWOOD..always goes on Channel 9 and is the county spokesman for the Volusia County M.E. OFFICE ? When ther was a new M.E. back 2-3 years ago..HE WAS ALWAYS ON CHANNEL 9 as the County REP..seems like that is GRANDSTANDING.. HE PROMOTING HIMSELF ..BAD IMAGE for County the county Chairman should address & be SPOKESMAN

MEDICAL EXAMINERS COMMISSION

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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 ☒

2 Reasons - I addressed these issues before years ago...

Please give reasons for negative response.

- 1 - PLEASE ..DO NOT CUT OFF the Cartoid ARTERIES - they are always cut..short..please leave them LONG..in Illinois-they even place a piece of string on them..as a courtesy..if cut short..VERY HARD to embalm head

No Opinion ☐

Please explain your response.

Also..When there is a HOME DEATH..and the family cannot or WILL NOT make a decision as to WHICH FUNERAL HOME THEY WANT, they want wait a DAY up in Illinois..the M.E. TAKES THE BODY until family make decision. HERE THE SHERIFF CALLS BOTHERS FUNERAL HOMES...THE COUNTY SHOULD TAKE IN as the M.E. OFFICE HAS REFRIGERATION N LIVERY CONTRACT WITH FIRST CALL & M E HAS 2 TRUCKS WE..the FUNERAL HOMES ARE NOT FREE LIVERY FOR VOLUSIA COUNTY !

Completed by:

Signature: Chad Lucas

Date: 11/21

Name: Chad Lucas

Agency Name: 4 of 15

Agency Address: ORANGE CITY

Return Completed Form to:

Chad Lucas via e-mail: stevenchadlucas@fdle.state.fl.us

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James W. Fulcher, 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 appreciate Dr. Fulcher's support.

Unfavorable ☐

Please give reasons for negative response.

No Opinion ☐

Please explain your response.

Completed by:

Signature: *Ginny McBride* Date: 3/28/2021

Name: Ginny McBride

Agency Name: Our Legacy

Agency Address: 601 S. Lake Destiny Rd Suite 400
Or Maitland, FL 32751

Return Completed Form to:

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Service - Integrity - Respect - Quality

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

April 21, 2021

Stephen J. Nelson, M.D, F.C.A.P
Chairman, Florida Medical Examiners Commission
District 10 Medical Examiner
1021 Jim Keene Blvd.
Winter Haven, FL 33880

Brett Kirkland, Ph.D.
Chief of Policy and Special Programs
Florida Department of Law Enforcement
2331 Phillips Road
Tallahassee, FL 32308

RE: Toxicology Funding Opportunities for District Medical Examiners 2021/2022

Drs. Nelson and Kirkland,

I wanted to thank you for taking time to meet with Florida Department of Health (Department) staff to discuss toxicology funding opportunities for Florida medical examiners on February 19, 2021.

The Department is a recipient of the Overdose Data to Action (OD2A) grant from the Centers for Disease Control and Prevention (CDC). Its purpose is to fund and improve fatal and non-fatal drug overdose surveillance and to use that information to target drug overdose prevention activities. This grant is funded currently through August 31, 2023.

The OD2A grant directs spending on medical examiners for the purpose of improving or speeding toxicology testing and reporting for suspected drug overdose fatalities. The amount Florida will distribute for this purpose in the 2021-2022 grant year is \$551,068. We anticipate additional funding opportunities will be available in the 2022-2023 grant year at the same funding level.

The Department has worked with the Florida Medical Examiner Commission since 2018 on making this funding useful, accessible and equitably distributed. In that time, the Department has tested and implemented strategies to overcome funding obstacles, including routing funding directly to the designated commercial post-mortem toxicology laboratories that provide services to medical examiner districts in Florida.

In September of this year, we propose another change that we hope will make it possible for medical examiners to accept funding into their budgets directly. Attached here you will find a drafted statement of work that allows a vendor (medical examiner district or laboratory) to fund either toxicology testing or equipment purchases, or a combination, and receive funding as reimbursement. The deliverables and required project descriptions have been made as minimal as possible. The simplicity is a refinement, and if the statements of work are made available before the beginning of a grant year, it provides a

maximum amount of time for districts to approach their governing bodies for approval. Even if local approval came in January of the next year, it provides up to six months for expenditure.

If each district elected to pursue funding, the result would be approximately \$25,000 per district for the year. If some but not all districts commit to receive funds, the excess can be redistributed to districts or routed to one of the laboratories to fund the districts indirectly. In order to be eligible to receive funding, we ask that districts commit to working towards submitting drug overdose data to the Department.

The Department is available to outline this plan and provide an update on current surveillance efforts to the Commission.

Sincerely,

A handwritten signature in black ink that reads "KSCard". The signature is stylized, with the first letters of each word being capitalized and prominent.

Karen Card, DrPH
Bureau of Emergency Medical Oversight
Florida Department of Health

The Florida Department of Health is distributing Overdose Data to Action (OD2A) funding provided by the CDC for the purpose of improving toxicological screening for suspected drug overdose fatalities or speeding the reporting of toxicologic results. The Department hopes to partner and provide your district with the benefits of the OD2A funding. Only through partnerships with all districts in Florida can we continue to address the opioid epidemic that is widespread in our state.

We invite your district to submit a proposal for spending that would help you address that goal, a plan that you could execute by June 30, 2022. Additional funds will be made available during the next grant year. Proposals must be approved by the CDC, our funding agency.

The Department will be disbursing \$551,068 in the upcoming grant year. The initial request maximum is \$25,000 for each ME district. If more funding becomes available during the funding period, we will send communication about the opportunity to recipients.

This invitation occurs simultaneously with other funding distributions the Department is making to benefit the medical examiner community in Florida, such as our partnership with commercial postmortem toxicology laboratories.

Allowable expenses include equipment purchases, consumable goods, staffing expenses, or toxicological testing. If your idea is not listed, please suggest it.

The Department will take the total funds available and attempt to fund as many proposals as possible this funding period. We intend to continue funding submitted proposals with the next disbursement, so if your proposal has approval from the CDC and is not funded this year, it will be on the list for the next round. It would benefit your district to itemize possible expenditures.

In the space below, you can briefly describe your proposal, with an explanation of how this achieves the goal of improved toxicological testing and/or reporting for suspected drug overdose fatalities in Florida. There is also space for a general budget outline.

Recipients will need to have accounts in MyFloridaMarketPlace to facilitate transfer and must designate a contact person. The funding mechanism is reimbursement.

In receiving these funds, the recipient commits to improving their participation in the Department's public health fatal surveillance in the future.

Briefly describe your proposed expenditures(s):

How will this help your district improve toxicological screening for suspected drug overdose fatalities or speed reporting of toxicologic results?

Item Description	Category	Amount

As possible, please categorize items as consumable goods, durable equipment, staffing, toxicological testing, or other general description of your choice.