MEMORANDUM OF AGREEMENT

between

Michigan Public Health Institute
Data Systems, Evaluation and Training

AND

The U. S. Consumer Product Safety Commission

I. BACKGROUND INFORMATION

The U.S. Consumer Product Safety Commission (CPSC) is responsible for protecting the public from unreasonable risks of injury associated with consumer products. Thus, the Commission has established a network of injury surveillance systems to obtain data on product-related accidents, i.e., the National Electronic Injury Surveillance System (NEISS). Data from these systems are closely monitored by CPSC staff to detect products with safety problems. Information on products involved in a fatality are of particular importance in that they enable the Commission to measure the magnitude of death problems relating to those products under the Consumer Product Safety Act, 15 U.S.C. 2051 et. seq.

The Medical Examiners and Coroners Alert Program (MECAP) was designed by CPSC to obtain information on product-related deaths at the earliest possible moment from the most knowledgeable sources. Information collected from this system is particularly valuable since medical examiners and coroners can frequently provide information on the type of consumer product associated with the incident, the accident scenario, and the cause of death, while the product is still available for examination and/or evaluation. This information system has assisted in identifying a number of serious product hazards that have been addressed by the Commission.

II. OBJECTIVES

A. The objective of this program is to collect information on consumer product-related fatalities occurring in those States/Counties having a centralized system of medical examiners.

B. The Michigan Public Health Institute (MPHI) shall electronically search their database, "Michigan Medical Examiner Database Initiative", for product-related deaths and report these incidents to the CPSC. The "Michigan Medical Examiner Database Initiative" is a comprehensive, voluntary statewide database used by medical examiners in the State of Michigan to report deaths.

III. STATEMENT OF WORK

A. The MPHI shall meet with CPSC Regional Office Staff at MPHI's office in Okemos, Michigan, to determine the identifiers/elements needed to search their database.

B. The MPHI shall perform their first download of data after the meeting with CPSC staff, and present CPSC with product-related deaths from all the counties participating in the "Michigan Medical Examiner Database Initiative".

C. The MPHI shall perform a monthly search after the initial meeting with CPSC. The information shall be downloaded on a disc and sent to the following CPSC Regional Office:

U.S. Consumer Product Safety Commission
42015 Ford Road
PMB 227
Canton, Michigan 48187
ATTN: Julie A. Poyer

D. The information shall be in the format of the attached report (see Attachment 1) and shall include all elements requested by the CPSC staff during the initial meeting with the MPHI.

IV. AGREEMENT PERIOD

This Agreement is effective upon signature of both parties and commences July 1, 2001, and shall continue through September 30, 2001. Modification of this Agreement shall be by mutual consent of the parties; however, if either party desires to terminate this Agreement, a written notice to the other party shall be forwarded and received thirty (30) days in advance of the desired termination date.

V. PROJECT OFFICER

FOR CPSC: Suzanne Newman
(301) 504-0539

FOR MPHI: M. Lynn Breer, Ph.D.
(517) 324-6098

VI. PAYMENT/BILLING

A. CPSC will reimburse MPHI a one-time fee of $230.00 for the initial visit to meet with CPSC's staff, set up the search, and perform the first download of data.

B. CPSC will also reimburse MPHI a one-time fee of $100.00 to establish identifiers/elements that will be included in the database download.

C. CPSC will reimburse MPHI a monthly fee of $29.00 to perform the function of retrieving product-related deaths from their data base. If CPSC staff requests changes in the search, the search will be modified, resulting in an increase in the price for the month this request is made and the Agreement will be modified to reflect this change.

D. MPHI shall submit an invoice monthly to Ms. Debbie Peebles Hodge, Agency Payment Officer, Accounting Operations, Consumer Product Safety Commission, Room 522, Washington, D.C. 20207-0001, telephone (301) 504-0018, and chargeable to the following Accounting and Appropriation Data:

01 EXOB-PS 4310.00 0111282 25.2105

MPHI invoices will contain payee and remittance information as required.

VII. DELIVERY OR PERFORMANCE

The following items shall be performed or delivered in accordance with the following schedule:

Item	Delivery or Performance	Unit Price	Amount
Meet with CPSC staff search set up, first data download (one-time fee)	July 2001	$230.00	$230.00
Establish identifiers (one-time fee)	July 2001	$100.00	$100.00
Database retrieval of product-related incidents	August-Sept. 2001	$ 29.00/mo.	$ 58.00
		TOTAL	$388.00

VIII. PRIVACY ACT

This Agreement does not require the MPHI to maintain a system of records as defined in the Privacy Act of 1974. More specifically, the MPHI is not required to, and agrees not to, maintain any system of records for or on behalf of the U.S. Consumer Product Safety Commission, in which any records or any personal data are indexed by, or retrieved by, a person's name, social security number, or any other unique identification.

IX. OPTION TO EXTEND THE TERM OF THE AGREEMENT

At the option of the Government, this contract is renewable for the period October 1, 2001 through September 30, 2002, for the quantities and unit pricing as specified below, by the Contracting Officer giving written notice of renewal to the Contractor prior to the expiration date of the previous contract period; provided that, the Contracting Officer shall give preliminary notice of the Government's intention to renew at least 60 days before the contract is to expire. (Such preliminary notice shall not be deemed to commit the Government to renewals.)

X. OPTION YEAR

The Agreement will continue and include the months of October 1, 2001 through September 30, 2002 for a payment of $29.00 per month. If the CPSC staff requests a change in the data required, the search will be modified, resulting in a increase in the price for the month this request is made and the Agreement will be modified to reflect this change.

Item	Delivery of Performance	Unit Price	Amount
Database retrieval of product-related incidents	Monthly	$29.00	$348.00

XI. APPROVAL:

The signatures below signify approval of these arrangements.

THE MICHIGAN PUBLIC HEALTH INSTITUTE

DATE: 7-19-01

U.S. CONSUMER PRODUCT SAFETY COMMISSION

Doris B. Kessler
Contracting Officer

DATE: 7/24/01

DEATH SCENE INVESTIGATION REPORT

Date of Death _____

Case Number _____

Primary Rationale for Medical Examiner Activity (choose one):

- ❑ Accidental Death
- ❑ Natural/Sudden/Unexpected Death
- ❑ Violent Death
- ❑ Suspicious Circumstances
- ❑ Cause of Death Not Determinable by Attending Physician
- ❑ Cremation Authorization Permit
- ❑ No Other Physician to Sign Death Certificate
- ❑ Other (please specify):

IDENTIFICATION

Name: (Last) (First) (Middle) SS#:

Date of Birth: Age:

Gender: ❑ Male ❑ Female

Race (Check all that apply): ❑ Hispanic ❑ White (not Hispanic) ❑ African Am. (not Hispanic) ❑ Am. Indian/Alaska Native ❑ Asian/Pacific Islander ❑ Unknown

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑ Unknown

Home Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

❑ Employed ❑ Unemployed ❑ Retired ❑ Homemaker ❑ N/A

❑ Other:

Place of Employment:

Occupation:

Decedent Was Currently Under Governmental Supervision: ❑ Yes ❑ No ❑ Unknown Agency:
(i.e., Foster Care, Incarceration, Mental Health, etc.)

NEXT OF KIN

Next of Kin Notified: ❑ Yes ❑ No ❑ In Process Notifying Agency:

Relationship: ❑ Spouse ❑ Parent ❑ Sibling ❑ Child ❑ Legal Guardian ❑ Other:

Name: (Last) (First) (Middle)

Address: (Street) (City) (State) (Zip)

Phone Number:

INFORMATION ABOUT DEATH

Scene Visit Date: Time: (Military) ME Notified By:

Police on Scene: ❑ Yes ❑ No Department: Case #:

Officer(s): Photos/Video Taken: ❑ Yes ❑ No

Address of Incident:

City/Village/Township of Death: County: Zip Code:

Place of Incident (Check one):

- ❑ Decedent's Home
- ❑ Living Facility
- ❑ Other Home
- ❑ Emergency Dept.
- ❑ Hospital
- ❑ Highway
- ❑ Road/Street
- ❑ School
- ❑ On the Job
- ❑ Body of Water
- ❑ In Custody
- ❑ Unknown
- ❑ Other:

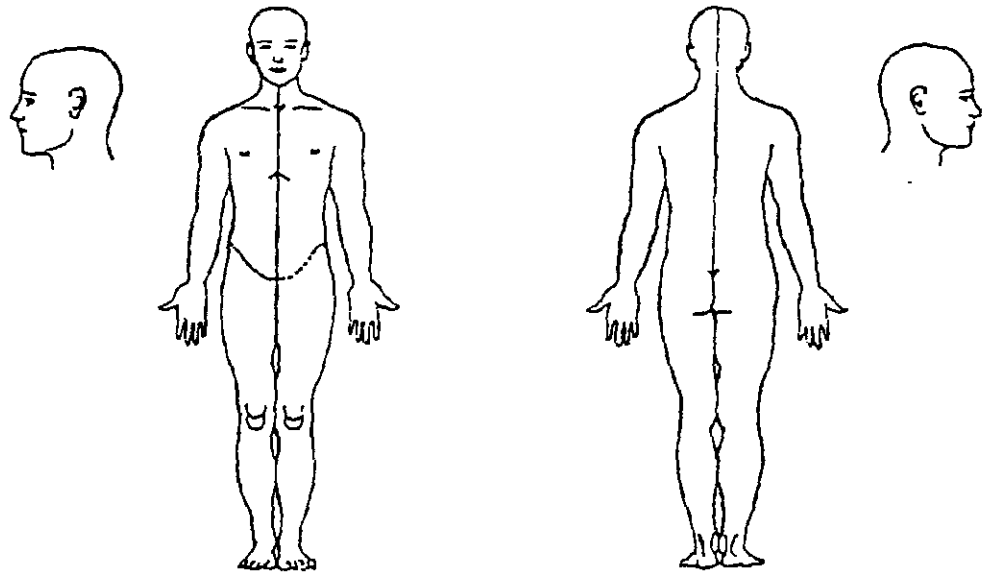
CIRCUMSTANCES SURROUNDING DEATH

Body Located: ❑ Indoors ❑ Outdoors Body Temperature (°F): _____ If *Not* Taken: ❑ Cold ❑ Warm Air Temperature (°F): _____	Position of Body: ❑ Sitting ❑ On Side ❑ Hanging ❑ On Back ❑ On Stomach ❑ Other:	Medical Treatment (Check all that apply): ❑ CPR ❑ IV Fluids ❑ ACLS ❑ Do Not Resuscitate ❑ None ❑ Other:
If *Found* Death, Rigor: ❑ None ❑ Early ❑ Moderate ❑ Advanced	If *Found* Death, Livor As Expected: ❑ Yes ❑ No (please describe):	Decedent Appropriately Clothed at Time of Death: ❑ Yes ❑ No (please describe):

Describe How Injury Occurred:

Please include information about any other individuals who were involved and their role in the incident, where the injury occurred, a general narrative of the sequence of events leading up to the incident, evidence of advanced decomposition, etc.

VISUAL INSPECTION



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

TIME OF DEATH

Death: ❑ Witnessed ❑ Found	Estimated Date of Death: Estimated Time of Death: (Military)	Pronounced Date of Death: Pronounced Time of Death: (Military)

Relationship of Witness/Person Who Found Decedent:	*If Found*, Date Last Known Alive:	Place of Death:
❑ Family Member ❑ Health Care Professional ❑ Stranger ❑ Friend/Acquaintance ❑ Other:	Time: (Military)	❑ On Scene ❑ E.D. ❑ Hospital ❑ Unknown ❑ Other:

Name/Address/Telephone of Witness or Person who Found the Decedent, if Applicable:

MEDICAL HISTORY

Information Sources (Check all that apply): ❑ Not Invest. ❑ Health Provider ❑ Medical Records ❑ Family/Friend ❑ Other:

Medical History:					
	❑ Alcoholism	❑ Cancer	❑ Dementia	❑ Depression	❑ Diabetes
	❑ Drug Abuse	❑ Emphysema	❑ Heart Disease	❑ HIV/AIDS	❑ Hypertension
	❑ Obesity	❑ Psychiatric/Mental Illness	❑ Renal Disorder	❑ Seizure Disorder	❑ Smoking
	❑ Other:				

Medications/Drugs: ❑ Yes ❑ No ❑ Unknown If Yes, ❑ Prescription ❑ Over-the-Counter ❑ Illegal

List of Medication/Drugs (name, # pills prescribed, date of prescription, # pills left in bottle, dosage):

Attending Physician/Location of Medical Care:	Phone:	Last Known Date Seen By Physician:

CASE DISPOSITION

Decedent Identified By: (Last) (First) ❑ N/A

Relationship: ❑ Family Member ❑ Police ❑ Health Care Professional ❑ Friend/Acquaintance ❑ Other: ❑ N/A

Means Identified By: ❑ Appearance ❑ ID Card ❑ Dental Records ❑ Other:

List of Valuables:

Disposition of Valuables:

Body Transported By: To Where:

Name of Funeral Home:

This information is accurate to the best of my knowledge at the time I signed this document. I am not responsible for any errors incurred in the interpretation or translation of the information on this document that have been entered into the Michigan Medical Examiners Database for this case.

FIELD INVESTIGATOR:_____ DATE:_____

CERTIFICATE OF DEATH INFORMATION

	Cause of Death	Duration
Immediate:		
Due To:		
Due To:		
Due To:		

Other Significant Conditions:

Manner of Death:

❑ Natural ❑ Accident ❑ Suicide

❑ Homicide ❑ Indeterminent ❑ Pending

Body Disposition:

❑ Burial/Entombment ❑ Cremation ❑ Donation

Autopsy: ❑ Yes ❑ No

Family Notified of Pending Autopsy: ❑ Yes ❑ No ❑ N/A

Findings Available Prior to Completion of Cause of Death:

❑ Yes ❑ No ❑ Partially ❑ N/A

Pathologist:

X-Rays: ❑ Yes ❑ No

X-Rays Taken at:

Body Site X-Rayed:

Toxicology: ❑ Yes ❑ No Type: ❑ Blood ❑ Urine ❑ Vitrious ❑ Other: Sent to:

Alcohol Found in Decedent's System (other than putrefaction): ❑ Yes ❑ No ❑ Unknown ❑ N/A

Describe/Quantity:

Drugs Found in Decedent's System (other than those consistent with therapeutic intervention): ❑ Yes ❑ No ❑ Unknown ❑ N/A

Describe/Quantity:

OTHERS INVOLVED IN INJURY

Number of Companion Deaths: Others Injured:

Were Others Actions a Potential Contributing Factor to the Cause of Death for the Decedent: ❑ Yes ❑ No ❑ N/A ❑ Unknown

List relationship(s):
(i.e., Sister/Step-Father/Stranger Unknown Boyfriend/Pedicabdriver)

If Others Were Associated with the Decedent's Death, Were Drugs Involved? ❑ Yes ❑ No ❑ Unknown
Was Alcohol Involved? ❑ Yes ❑ No ❑ Unknown

MEANS OF DEATH

1. VEHICLE
❑ N/A

	Type of Vehicle Associated With This Decedent	Other Vehicle(s) Associated With Incident
Passenger Car	❑	❑
SUV	❑	❑
Truck	❑	❑
Truck (3+axles)	❑	❑
Motorcycle	❑	❑
Bicycle	❑	❑
Snowmobile	❑	❑
Watercraft	❑	❑
Other:		

Position of Decedent *Prior* to Death:
❑ Driver Seat ❑ Back Seat ❑ Bicyclist
❑ Front Seat ❑ Pedestrian ❑ Other:

Decedent Remained in Vehicle: ❑ Yes ❑ No ❑ N/A

Safety Devises Used:
❑ Safety Belt ❑ Helmet ❑ Air Bag
❑ Child Car Seat ❑ None ❑ Unknown
❑ N/A ❑ Other:

Did Device Contribute to Death? ❑ Yes ❑ No ❑ Unknown
If Yes, Did Device: ❑ Fail
❑ Was Not in Use
❑ In Use, Activated Incorrectly
❑ In Use, Activated Correctly

Make/Model/Year of Vehicle Associated with Decedent:

Road/Weather Conditions:

Crash Type: ❑ Head On ❑ Angle ❑ Rear End
❑ Sideswipe ❑ Broadside ❑ Roll-over
❑ Other:

Single Car Impact with Fixed Object: ❑ Yes ❑ No
Indicate Object:

2. FIREARM
❑ N/A

Type of Firearm:
❑ Handgun ❑ Rifle ❑ Shotgun
❑ Unknown ❑ Other:

Caliber/Gauge of Firearm:

Age of Person Handling Firearm:

Use of Weapon at Time of Incident (check all that apply):
❑ Hunting/Recreation ❑ Self-defense ❑ Other:
❑ Legal Intervention ❑ Playing
❑ Domestic Violence ❑ Self-inflicted
❑ Criminal/Assault ❑ Unknown

3. INSTRUMENT
❑ N/A

❑ Blunt ❑ Sharp ❑ Unknown Describe:

Activity at Time of Injury:

4. POISONING
❑ N/A

Poisoned By: ❑ Alcohol ❑ Prescription Medication ❑ Over-the-Counter Medication ❑ Illegal Drugs
❑ Food ❑ Carbon Monoxide ❑ Other:

Name of Substance(s):

Safety Device In Use: ❑ Yes ❑ No ❑ Unknown ❑ N/A

MEANS OF DEATH CONTINUED

5. DROWNING/ SUBMERSION
❑ N/A

Place:
❑ Pond/Lake/River ❑ Well ❑ Bath Tub
❑ Drainage Ditch ❑ Pool ❑ Other:

Floatation Device:
❑ Available, but not used ❑ In Use
❑ Not Available ❑ Unknown

Activity at Time:
❑ Working ❑ Boating ❑ Swimming/Playing
❑ Bathing ❑ Driving ❑ Other:

Able to Swim:
❑ Yes ❑ No ❑ Unknown

6. FIRE/BURN
❑ N/A

Activity of Person Starting Fire:
❑ Smoking ❑ Playing ❑ Unknown ❑ N/A ❑ Other:
❑ Cooking ❑ Arson (if yes, previous history of arson ❑ Yes ❑ No ❑ Unknown)

Object on Fire:
❑ Vehicle ❑ Clothing
❑ Home ❑ Other:

Source:
❑ Cigs./Matches ❑ Appliance ❑ Faulty Wiring
❑ Explosives ❑ Gas Explosion ❑ Unknown
❑ Other:

Functional Smoke Detector:
❑ Yes ❑ No ❑ Unknown ❑ N/A

7. FALL
❑ N/A

Reason for Fall:
❑ Tripped/Slipped ❑ Pushed ❑ Jumped
❑ Structure Gave Way ❑ Medical Condition
❑ Other:

Height of Fall:

From:
❑ Standing Height ❑ Window ❑ Roof ❑ Ladder
❑ Natural Elevation ❑ Bridge ❑ Stairs
❑ Furniture ❑ Other:

Surface Conditions:

8. ASPHYXIA
❑ N/A

Suffocated By:
❑ Bedding ❑ Hands ❑ Food/Drink
❑ Ligature Strangulation ❑ Other:
❑ Trapped/Confined Space

Circumstance:
❑ Covered by Object ❑ Swallowing
❑ Self-Inflicted ❑ Strangled by Other Person
❑ Playing ❑ Other:

9. OTHER
❑ N/A

❑ Crushing of any Kind ❑ Farm Equipment ❑ Manufacturing Equipment ❑ Abuse/Neglect
❑ Exposure to the Elements ❑ Electrocution ❑ Air Craft ❑ Animal Bite
❑ SIDS ❑ Other: