DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF CHIEF MEDICAL EXAMINER

WHAT WE DO

The Office of Chief Medical Examiner (OCME) serves public health and the justice system through forensic science. OCME's impartial investigations of deaths and thorough analysis of evidence offer answers to families and communities during times of profound need. OCME is responsible for investigating deaths that result from criminal violence, accident, or suicide; that occur suddenly and when in apparent good health; when unattended by a physician; in a correctional facility or in custody of any criminal justice entity; in any suspicious or unusual manner; or that are a threat to public health. These types of cases are referred to as being under "Medical Examiner jurisdiction." The Office also reviews all applications for permits to cremate the body of a person who dies in New York City. The Office provides additional forensic services to support investigations through its Forensic Biology, Forensic Toxicology, Histology, Anthropology and Molecular Genetics laboratories. OCME also manages all functions of the City mortuary, including the retrieval and processing of unclaimed decedents, and facilitates final disposition. Finally, OCME maintains a specialized mass fatality management team ready to support the City in responding to mass fatalities and other disasters.

FOCUS ON EQUITY

To best serve all New Yorkers—regardless of economic ability—OCME operates Family Services Centers in all five boroughs so that all communities have equal service access. At these centers, staff interact with family members, medical practitioners, and other advisors to receive and verify information that will assist in determining the identity of deceased persons and aid in final disposition. Family services are also offered and provided remotely in the interest of convenience and comfort. For families who may need or choose interment of their loved ones in the City cemetery, OCME provides an opportunity for a final viewing before burial upon request. In addition, OCME serves as the impartial pathologist for families by performing its own death investigations and autopsies, free from influence by legal or medical communities or law enforcement. OCME also offers language translation services, including for informational materials, to ensure all New Yorkers receive the support they need, regardless of language.

OCME additionally focuses on racial equity work in service delivery beyond the traditional role of Medical Examiner, addressing unmet needs and reducing disparities. The OCME Drug Intelligence & Intervention Group (DIIG) is a first-of-its kind model that combines epidemiologic data management with support and guidance for the families and social networks of individuals who died from a drug overdose. Through this initiative, OCME social workers and healthcare professionals provide wide-ranging services and referrals to potentially lifesaving interventions, including grief counseling, substance use services, housing assistance services, and health care, to traditionally underserved populations.

OCME develops and maintains a workplace culture in which employment and advancement decisions are made fairly and employees are treated equitably, regardless of race/ethnicity, age, gender, religion/creed, national origin, disability, or sexual orientation. This is accomplished through Agency-wide training and continual engagement with managers to ensure familiarity with the City's Equal Employment Opportunity, diversity and inclusion policies, and through incorporating these policies into recruitment, selection, promotion, as well as workplace activities so that all employees feel welcome and inspired to succeed.

OUR SERVICES AND GOALS

SERVICE 1 Perform the processes necessary to certify deaths falling within the agency's jurisdiction.

- Goal 1a Respond promptly to scenes of reportable fatalities and conduct related investigations.
- Goal 1b Perform autopsies and examinations necessary to determine cause and manner of death.
- Goal 1c Provide diligent investigation for all cremation requests.
- Goal 1d Certify death certificates in a timely manner.

SERVICE 2 Provide mortuary services to the City.

- Goal 2a Recover and transport unclaimed and Medical Examiner decedents to City mortuary facilities in a timely manner.

SERVICE 3 Respond to disasters and emergencies when fatalities are involved.

- Goal 3a Provide rapid response and safe fatality management services to the City.
- Goal 3b Identify victims of disasters and return their remains to families in a timely manner.

SERVICE 4 Provide services to the City for forensic purposes.

- Goal 4a Provide timely and accurate laboratory services for criminal justice purposes.

SERVICE 5 Provide preventative and supportive fatality-related services to New Yorkers.

- Goal 5a Conduct outreach efforts to families and close contacts of victims of overdose deaths.

HOW WE PERFORMED

- In the first four months of Fiscal 2026, the number of autopsies performed decreased by 41 percent, while the number of external examinations performed increased by 45 percent compared to the first four months of Fiscal 2025. An external examination is performed when the investigative, clinical, imaging and laboratory information provide a sufficient basis to determine the accurate cause and manner of death without the need for internal examination by OCME. The increase in external examinations is largely due to an adjustment in the triage process and the introduction of postmortem CT scans, which have been fully integrated into the autopsy process by the end of Fiscal 2025.

- The median time to complete autopsy reports increased by 46 percent in the first four months of Fiscal 2026 compared to the same period Fiscal 2025, reaching 122.5 days. This is primarily due to the loss of one-third of the Medical Examiner (ME) staff through retirements, recruitment by other jurisdictions, and a nationwide shortage of MEs—a highly competitive and specialized profession. This loss required the remaining personnel to take on the outstanding casework that those former MEs left behind. These additional responsibilities created substantial administrative, diagnostic, and legal testimony workloads for current ME staff, which delayed the completion of autopsy reports.

- The median time from OCME's receipt of decedents' remains to when those remains are processed and considered "Ready to Release" for final disposition was 10 hours in the first four months of Fiscal 2026—a 46-minute increase compared to the same period of Fiscal 2025. Once the decedents' remains are ready to be released, OCME must follow strict protocols before they can be transferred out of OCME custody. The median time from when funeral directors arrive at an OCME facility to when they are cleared to depart with the correct remains similarly increased for the third consecutive year, reaching 46 minutes in the first four months of Fiscal 2026, compared with 40 minutes during the same period in Fiscal 2025. These increases are largely attributable to operational factors, including the restructuring of forensic pathology operations in September 2024 in response to the nationwide shortage of board-certified forensic pathologists. As part of this restructuring, autopsy operations were temporarily consolidated from three facilities to two, resulting in higher caseloads and an increased volume of case releases at the remaining sites, which contributed to longer release times. Additionally, the onboarding and training of three new Forensic Quality Specialists between June and September 2025 temporarily slowed workflows, though this investment is expected to strengthen staffing capacity and improve operational stability over the long term now that new staff are trained.

- The Forensic Biology Laboratory, which is responsible for all types of DNA case testing, continues to outperform the 90-day targets for all turnaround times. However, several turnaround times increased for the second consecutive four month reporting period. Relative to the first four months of Fiscal 2025, the median time to complete an analysis of a DNA case rose 55 percent in the first four months of Fiscal 2026—from 51 to 79 days. Similarly, median turnaround times rose from 51 to 90 days for homicide cases, from 38 to 65 days for sexual assault cases, and from 24 to about 70 days for gun crime cases. These increases are largely due to an ongoing quality investigation into an instance of case-to-case contamination that happened in August 2024, as well as the implementation of a new Laboratory Information Management System (LIMS) in July 2025. The LIMS transition required extensive staff training and workflow adjustments, temporarily reducing productivity across all case types. Additionally, several initial system coding issues—most of which have since been resolved—limited the Laboratory's ability to process and finalize cases within the new paperless system, resulting in a temporarily lower number of cases that could be completed. The Laboratory continues to address remaining system issues and refine the platform to support efficient case processing and appropriate case distribution. The Laboratory remains focused on maintaining quality assurance, restoring operational stability, and returning to normal processing timelines.

- In the first four months of Fiscal 2026, the number of DNA gun crime samples tested dropped to just over 2,500 samples, down 16 percent compared to the same period in Fiscal 2025. The volume of firearm-related evidence submitted to the Forensic Biology Laboratory fluctuates in response to overall crime trends within the City. In coordination with NYPD and the District Attorney's Offices, the Laboratory prioritizes the testing of firearm-related evidence when needed for active criminal proceedings. Accordingly, this metric reflects deliberate workload prioritization, with a focus on cases specifically requested by prosecutors to ensure timely and efficient delivery of results for firearm-related prosecutions.

- The median time to complete DNA property crime cases improved by 26 percent from 365 days in the first four months of Fiscal 2025 to about 271 days in the first four months of Fiscal 2026. There is no target for property crime turnaround times as they are governed by a timeline appropriate for the judicial system. During the first four months of Fiscal 2026, 100 percent of DNA property crime samples submitted to OCME were processed and ready when needed for trial.
- The Forensic Toxicology Laboratory, which is responsible for all types of toxicology case testing, maintained consistent service delivery over the last reporting period, with all turnaround times below the 90-day targets. While the median time to complete toxicology cases increased by 15 percent from 40 days in the first four months of Fiscal 2025 to 46 days in the first four months of Fiscal 2026, this remains far below the elevated levels recorded between Fiscal 2021 and Fiscal 2024—including when turnaround times peaked in Fiscal 2021 at 115 days. Median turnaround times for Driving Under the Influence (DUI) cases improved, decreasing from 40 days to 35 days, while completion times for toxicology sexual assault cases increased slightly from 62 to 67 days from the first four months of Fiscal 2025 to the same period in Fiscal 2026. These fluctuations in the turnaround times for all case types reflect the Laboratory's ongoing development and validation of new test methods, as well as staff training needs, all while managing continuous casework demand. Ultimately, these testing changes are intended to expand the Laboratory's capabilities and improve long-term efficiency, with the goal of continuing to reduce turnaround times.
- The OCME Drug Intelligence & Intervention Group (DIIG) is a first-of-its kind initiative that was piloted prior to its full expansion in September 2022 as a new and innovative way for the City to fight the fentanyl-driven opioid crisis. During the first four months of Fiscal 2026, DIIG reached 474 individuals to offer support services and referrals, 35 percent less compared to the same period of Fiscal 2025, yet still significantly more than the 264 reached in first four months of Fiscal 2024. OCME'S DIIG focuses on providing support to surviving family members and close contacts of those who died from a drug overdose to offer a wide range of potentially lifesaving services and referrals, including grief counseling, substance use services, housing assistance, health care and more. DIIG's Family Support Team contacted fewer families because of the overall decline in citywide overdose deaths in Calendar 2024 (as reported by the New York City Department of Health and Mental Hygiene) and a 50 percent staffing reduction that limited the team's service capacity. Despite staffing challenges, 81 percent of families reached (384 clients) accepted and were provided with support services in the first four months of Fiscal 2026, up from 76 percent (552 clients) during the same period in Fiscal 2025.

SERVICE 1 Perform the processes necessary to certify deaths falling within the agency's jurisdiction.

Goal 1a Respond promptly to scenes of reportable fatalities and conduct related investigations.

	Actual			Target		4-Month Actual	
Performance Indicators	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Median time for scene arrivals by medicolegal investigators (hours:minutes)	1:37	2:13	2:37	*	*	2:25	2:36
Deaths reported	39,308	39,298	39,066	*	*	12,440	12,221
★ Cases where Medical Examiner takes jurisdiction and certifies death at an OCME facility	8,879	9,004	8,111	*	*	2,684	2,591
★ Cases where Medical Examiner investigates, takes jurisdiction and certifies death at scene or a health care facility	3,383	3,298	3,523	*	*	1,071	1,102
Cases where Medical Examiner declines jurisdiction	3,163	3,322	3,325	*	*	1,046	1,097

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 1b Perform autopsies and examinations necessary to determine cause and manner of death.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ Median time to complete autopsy reports (days)	110.0	118.0	92.0	90.0	90.0	84.0	122.5
Autopsies performed	6,544	6,170	3,928	*	*	1,504	893
External examinations performed	2,335	2,769	4,082	*	*	1,154	1,670

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 1c Provide diligent investigation for all cremation requests.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Cremation requests received and investigated as requirement of processing	18,904	18,670	19,193	*	*	6,057	6,114
★ Cremation requests rejected after investigation and turned over to Medical Examiner jurisdiction	170	201	214	*	*	67	82

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 1d Certify death certificates in a timely manner.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ Median time to certify death certificates after initial receipt of decedents' remains (hours:minutes)	15:06	15:31	15:07	72:00	72:00	15:58	15:02

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

SERVICE 2 Provide mortuary services to the City.

Goal 2a Recover and transport unclaimed and Medical Examiner decedents to City mortuary facilities in a timely manner.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Decedents' remains transported and stored by OCME	14,067	14,112	12,893	*	*	4,212	4,022
★ Median time from OCME receipt of decedents' remains to "Ready to Release" status (hours:minutes)	9:45	9:59	9:28	*	*	9:14	10:00
Median time to release a decedent remains to a funeral director (minutes)	39	41	44	*	*	40	46

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

SERVICE 3 Respond to disasters and emergencies when fatalities are involved.

Goal 3a Provide rapid response and safe fatality management services to the City.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ Fatalities handled by OCME following a mass fatality event	0	0	0	*	*	0	0

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

Goal 3b Identify victims of disasters and return their remains to families in a timely manner.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ Remains identified following the September 11, 2001 attacks (cumulative)	14,867	14,914	14,933	⇧	⇧	14,914	14,939

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

SERVICE 4 Provide services to the City for forensic purposes.

Goal 4a Provide timely and accurate laboratory services for criminal justice purposes.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Median time to complete analysis of a DNA case (days)	54.0	42.0	108.0	90.0	90.0	51.0	79.0
★ Median time to complete DNA homicide cases from evidence submission to report (days)	69.0	47.0	79.0	90.0	90.0	51.0	90.0
★ Median time to complete DNA sexual assault cases from evidence submission to report (days)	51.0	40.0	61.0	90.0	90.0	38.0	65.0
Median time to complete DNA gun crime cases from evidence submission to report (days)	24.0	28.0	106.0	*	*	24.0	69.5
DNA gun crime samples tested	8,821	8,717	7,861	*	*	3,052	2,562
Median time to complete DNA property crime cases from evidence submission to report (days)	176.0	466.0	318.0	*	*	365.0	270.5
★ DNA property crime cases that are completed on-time for trial (%)	100%	100%	100%	100%	100%	100%	100%
DNA matches with profiles in database	4,781	6,111	5,737	*	*	1,676	1,673
★ Median time to complete toxicology cases (days)	73.0	77.0	41.0	90.0	90.0	40.0	46.0
Median time to complete toxicology DUI cases (days)	49.0	77.0	43.0	90.0	90.0	40.0	35.0
Median time to complete toxicology sexual assault cases (days)	94.0	153.0	60.0	90.0	90.0	62.0	67.0

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

SERVICE 5 Provide preventative and supportive fatality-related services to New Yorkers.

Goal 5a Conduct outreach efforts to families and close contacts of victims of overdose deaths.

Performance Indicators	Actual			Target		4-Month Actual	
	FY23	FY24	FY25	FY26	FY27	FY25	FY26
★ Drug Intelligence and Intervention Group clients reached	NA	1,364	1,874	⇧	⇧	728	474
★ Drug Intelligence and Intervention Group clients provided services	NA	995	1,435	⇧	⇧	552	384

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual			Target		4-Month Actual	
Customer Experience	FY23	FY24	FY25	FY26	FY27	FY25	FY26
Completed requests for interpretation	1,375	1,326	1,217	*	*	331	1,177
Letters responded to within 14 days (%)	100%	100%	100%	*	*	100%	100%
E-mails responded to within 14 days (%)	100%	100%	100%	*	*	100%	100%

★ Critical Indicator ✹ Equity Indicator "NA" Not Available ⇧⇩ Directional Target * None

AGENCY RESOURCES

	Actual			Sept. 2025 MMR Plan	Updated Plan	Plan	4-Month Actual	
Resource Indicators	FY23	FY24	FY25	FY26	FY26[1]	FY27[1]	FY25	FY26
Expenditures ($000,000)[2]	$99.5	$106.5	$108.1	$120.7	$127.9	$121.6	$41.1	$41.2
Revenues ($000)	$38.3	$0.4	$0.8	$50.0	$50.0	$50.0	$0.3	$0.3
Personnel	716	737	731	864	906	882	739	744
Overtime paid ($000,000)	$9.8	$9.8	$10.1	$2.5	$7.1	$6.5	$2.8	$2.7

[1]February 2026 Financial Plan. [2]Expenditures include all funds "NA" - Not Available The figures shown in the table above are subtotals of the Department of Health and Mental Hygiene totals that appear in the DOHMH chapter of this report.

SPENDING AND BUDGET INFORMATION

Unit of Appropriation	Expenditures FY25[1] ($000,000)	February 2026 Financial Plan FY26[2] ($000,000)	Applicable MMR Goals[3]
106 - Office of Chief Medical Examiner (Personal Services)	$83.9	$94.3	All
116 - Office of Chief Medical Examiner (Other Than Personal Services)	$24.1	$33.5	All
Agency Total[1]	$108.1	$127.9	

[1]OCME is contained within the Department of Health and Mental Hygiene and appropriations are made through that agency. [2]Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2025. Includes all funds. [3]Refer to agency goals listed at front of chapter.

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

None.

ADDITIONAL RESOURCES

For more information on the agency, please visit: www.nyc.gov/ocme.