

MMMEG



Invitation to Bid – Project No. 02-26

MEDICAL EXAMINER SERVICES
Sealed Bids Due March 3, 2026, at 11:00 a.m.

Sealed Bids shall be delivered to:
Gratiot County Administrator
214 E. Center Street
Ithaca, MI 48847
Phone (989) 516-9020
tdolehanty@gratiotmi.com



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Office 231-510-6205 Fax 231-440-0806 MidMichiganMEGroup@gmail.com

Gratiot County Board and Administration,

I would like to take a moment to describe the structure of Mid Michigan Medical Examiner Group and how we believe this structure will meet Gratiot County's needs for the comprehensive delivery of full Medical Examiner Services.

We are prepared to handle every aspect of your medical examiner system. We have a solid infrastructure ready to adapt to your individual county wishes. Our 30-year expertise and continued education will guide the technical and legal aspects of unexpected deaths from beginning to end. The services of MMMEG will feel like your own in-house professional M.E. department. We believe that the tried-and-true structure, already in place with 17 mid-northern Michigan counties, will allow us to seamlessly unfold a quality M.E. system that Gratiot County can rely on for years to come.

With Mid Michigan Medical Examiner Group (MMMEG), you don't pay an extra cushion for what you might not use. The county M.E. budget will only account for two categories: MMMEG Administrative Overhead Category and As Necessary Case-Related Category. We have many years of experience estimating county death case rates and expenses. We feel this is done quite well as the majority of our counties are around the 40,000-population size. With MMMEG, you only pay for what you use in case fees and autopsies, and overhead is simply contracted based on population size.

We continue to be known for our ability to effectively communicate and collaborate with local resources while delivering exceptional quality. With this, I look forward to addressing any specific concerns you might have about our structure. The official proposal will be submitted per the RFP requirements.

Sincerely,

Dr. Paul Wagner & Lisa Kasprick



PREPARATION OF THE PROPOSAL (Satisfying RFP Page 7)

1) General

a. Independence

- MMMEG is **independent of the County of Gratiot**.
 - MMMEG and its proposed subcontractors have **no known conflicts of interest** related to this engagement.
 - MMMEG will provide **written notice** of any relevant professional relationship entered into during the term of the engagement.
-

b. License to Practice in Michigan

- MMMEG affirms that all assigned key professional staff are **properly licensed or credentialed in Michigan as applicable to their roles**.
 - **Dr. Paul A. Wagner, D.O.** is a **licensed Michigan physician (License #5101011554)** and is fully qualified under **Act 181 of 1953** to serve as County Medical Examiner.
-

c. Firm Qualifications and Experience

- MMMEG is a Michigan-based Medical Examiner services firm with its main **administrative, supply, and mass fatality office in Cadillac, Michigan**.
 - Dr. Wagner's private medical practice is located in **Hart, Michigan**, with additional remote office support used in daily operations.
 - The firm includes physician leadership, administration, investigator management, records support, systems/quality oversight, and medical staff support.
 - MMMEG also maintains a regional network of approximately **63 Medical Examiner Investigator contractors**, with **ideally 4 trained investigators assigned for primary Gratiot coverage**, plus regional backup.
-

d. Partner, Supervisory, and Staff Qualifications and Experience

Principal staff assigned to this engagement include:

- **Dr. Paul A. Wagner, D.O. — Chief Medical Examiner**
Michigan-licensed physician; 41+ years of clinical practice; approximately 30 years of County Medical Examiner experience.
- **Lisa Kaspriak, B.S. — Administrator**
Administrative and operational oversight.
- **David Turner, ABMDI-R — Chief Investigator**
Investigative leadership and scene support.
- **Nicole H. — Dedicated Funeral Home Liaison**
Funeral home coordination and logistics support.

- **Taylor M., ABMDI-D — Systems & Quality Assurance**
Database systems, education, and quality assurance oversight.
 - **Madelyn D. — Deputy Chief Investigator**
Investigative coordination and field operations support.
 - **Jennifer S. — Records Specialist**
Records processing and case finalization support.
 - **Jen. — Medical Staff Assistant**
Clerical and office support.
 - Investigator qualifications include training above national standards, ongoing education, and work toward or maintenance of National **ABMDI certification**.
 - Full names, credentials, and resumes for key staff are provided in the attachment.
-

e. Prior Engagements with the County of Gratiot

- MMMEG has had **no prior paid engagements with the County of Gratiot within the last five (5) years**.
-

f. Similar Engagements with Other Government Entities

Representative similar county engagements include:

- **Mecosta County** — ongoing Medical Examiner services
 - **Lake County** — ongoing Medical Examiner services
 - **Oceana County** — ongoing Medical Examiner services
 - **Newaygo County** — ongoing Medical Examiner services
 - **Montcalm County** — ongoing Medical Examiner services
-

g. Specific Approach

- MMMEG provides a **fully coordinated Medical Examiner system** beginning with prompt triage and scene response. MMMEG vets and recommends each county subcontractor for the complete system (Transport, MEI, Pathology, ect) MMMEG is the management group for your fully coordinated Medical Examiner System. This efficient approach has been in place for 30 years.
- Cases are evaluated pursuant to MCL 52.202, with investigator response, physician oversight, external examination, scene review, and autopsy referral when medically and legally necessary.
- Our approach emphasizes:
 - **prompt investigator response**
 - **timely release of law enforcement from the scene**
 - **strong communication with county partners**
 - **targeted use of autopsy (no need to order unnecessary transports to a morgue since more on scene investigation will be handled according to national standards)**
 - **timely report and death certificate completion**
- The County may choose either an **On-Call response model** or an **Active 911 call-in model**, depending on preferred response time and budget.

h. Identification of Anticipated Potential Challenges

Potential challenges may include:

- transition of current county practices – If there are no current MEI’s we will recruit vet and train. Until that time, we will utilize our jurisdictions neighboring MEI’s that are already vetted and trained to assist in the transition to a fully functional Gratiot system, mirroring our 17 counties.
- coordination with other services who have had to “pick up the pieces” if your current system is not running as efficiently as it could be.
- transport coordination – If all the funeral homes deny the ability to serve as an agent with the Meical Examiner Office (it is not common to not have at least one funeral home willing and excited to provide this in-county service. 16 of our counties has at least one funeral home, but in the event Gratiot does not have any willing, we have a reliable transport service already vetted.)

MMMEG addresses these through:

- 30 years of experience and national training dedicated to a variety of solutions within our industry. We have been integrating the specifics necessary in each county for over 30 years and have 17 satisfied counties, each having the opportunity to tweak the system as necessary.

MMMEG may request County assistance with:

- Making the connections with departments that depend on us.
- We have experience transitioning into counties as the new ME Service, we know what is expected from each dependent department and will coordinate this efficiently.

i. Report Format

Sample formats are attached and may include:

- scene investigation report
- external examination report
- final Medical Examiner case report
- autopsy report
- cremation permit review format
- monthly or periodic statistical summary report

Final reports are typed and generally include:

- identifying information and case number
- date/time of exam or autopsy
- relevant scene and medical history
- findings and laboratory information, as applicable
- cause and manner documentation consistent with Michigan law



Management and Qualifications

1 Fully Qualified Under Michigan Law (Act 181 of 1953)

Dr. Paul A. Wagner, DO is a licensed Michigan physician (License #5101011554) with 41+ years of clinical practice, meeting and exceeding all statutory requirements to serve as County Medical Examiner.

2 Experience and Expertise

Think about this number 30 years. We have had a relationship with Lake, Oceana, and Mecosta Counties for this long!! Providing consistent, statute-aligned oversight and death certification services.

Regional Trust & Stability

As of 2025, 17 counties contract within the regional system, reflecting sustained trust in his medical-legal judgment and administrative reliability.

Court-Proven Medical Testimony

The most recent proof of this provided clear, evidence-based testimony in a 2025 jury trial (drug delivery causing death), assisting prosecutors in securing conviction.

Comprehensive Death Investigation Expertise

Oversees investigation, certification, cremation permit authorization, and jurisdictional determinations in full compliance with Michigan law.

Strong Clinical Foundation

41-year physician career (Family Medicine) supporting accurate evaluation of natural disease, trauma, toxicology, and complex medical-legal cases.

3 See Attachment for Names and Credentials of Officers with Resumes

4 Number and Minimum Qualifications of Medical Examiner Investigators Assigned to Gratiot County
Ideally 4 trained investigators assigned for primary coverage, with regional backup available. Number is dependent upon each contractor's overall availability pattern. All investigators trained above national standards and actively working toward or maintaining ABMDI certification. Ongoing continuing education in death scene investigation, evidence handling, and courtroom documentation.

5 We have no conflicts of Interest



Management and Qualifications

6 . Provide a comprehensive description of your approach to fulfilling the requirements of this request for proposals.

- Our approach begins at the scene, not at the autopsy table. We believe proper triage starts with a trained Medical Examiner Investigator responding to the scene, evaluating the body in place, gathering witness and medical information, and helping law enforcement understand the significance of what is present before critical details are lost.
- Scene investigation matters because some evidence is time-sensitive and cannot be recreated later. Body position, lividity, rigor, environmental conditions, medication bottles, syringes, powder residue, burned foil, emesis, hidden paraphernalia, and signs suggesting the body may have been moved can immediately guide law enforcement. Additional important examples include possible carbon monoxide or other environmental exposure, medication mismanagement in AFC or hospice settings, and subtle injury patterns or scene inconsistencies that may not be apparent once the body has been transported.
- MMMEG provides prompt response and timely scene release. Law enforcement should not be left sitting on a scene for hours waiting for direction. Under our systems, an investigator will respond within either 60 minutes under our scheduled On-Call model or 90 minutes or less under our Active 911 call-in model. In either structure, the responding investigator is trained and ready to investigate according to national standards.
- We are, to our knowledge, the only known Medical Examiner group providing on-scene qualitative pre-analysis of toxicology. This allows immediate information to be developed from the scene even when drug involvement is not obvious, including situations where drugs were taken elsewhere, hidden, or not initially suspected.
- We believe counties should avoid unnecessary autopsies and transports. Based on the county data reviewed, over 40% of cases appear to be sent for outside analysis or coded as autopsy. That is well above what we consider standard and customary. Our system generally uses autopsy in approximately 10% of cases, relying first on proper scene triage, external examination, medical records, and targeted testing when appropriate. This reduces unnecessary transport, inconvenience, delay, and expense for families during an unexpected tragedy.
- We also believe families should not wait unnecessarily for final answers. Delayed autopsy completion can delay final death certificates, which families often need quickly for insurance, Social Security, banking, and other financial continuation. When possible, we work from a verbal preliminary cause of death and keep cases moving. Approximately 95% of our autopsy cases are finalized within 90 days, which meets and exceeds the expected national timeframe. We do not leave closed cases outstanding and maintain dedicated clerical follow-up to keep finalization on track.
- Our structure is flexible and tailored to county need and budget. Counties may choose our Option A On-Call model, which provides a set investigator schedule and typically faster response, or our Option B Active 911 system, which is used in most of our counties and still provides reliable response with regional backup. This allows the county to choose the balance of response speed and price point that best fits its needs.
- Our system is already tried, tested, legal, efficient, and compassionate. We coordinate the full Medical Examiner process from scene investigation through final reporting in a way that supports law enforcement, protects the county, and serves families appropriately.



Management and Qualifications

7 . Provide a comprehensive description of your approach to fulfilling the requirements of this request for proposals.

Provide at least three examples of past clients to which services of a similar nature have been provided.

- Mecosta County – comparable in county size and used in this packet as a case-volume reference point.
- Newaygo County – similar rural county structure and one of our current counties utilizing an on-call response model.
- Montcalm County – neighboring county and another example of our on-call investigator response structure.
- Otsego County – a county under 40,000 population that also chose the on-call response option based on local preference.

8 8. Provide any other information that might be beneficial to the County in awarding a contract for this project.

- The real value is that we provide trained scene investigation, rapid response, early triage, immediate law-enforcement support, fewer unnecessary transports and autopsies, faster case completion, and a system that can be tailored to the County's preferred response time and budget.
- Our office is built to reduce the pain points counties actually feel: officers left waiting on scene, missed scene circumstances, excessive outside analysis, unnecessary delay for families, and unfinished cases sitting open too long.
- We keep business local whenever possible. When county preference allows, we prefer to utilize the family's chosen funeral home for transport so that local businesses remain involved and families experience less disruption. If the county prefers otherwise, we can subcontract with a professional transport company within reasonable distance.
- We welcome verification. Commissioners are encouraged to contact county clerks, administrators, prosecutors, and law enforcement agencies in counties we currently serve to confirm our response times, professionalism, case completion, and overall reliability.



Nature of Required Services and Scope of Work

SCENE INVESTIGATIONS

Our group manages local investigators who are trained above national standards. Each investigator is continually educated toward certification in the American Board of Death Scene Investigators (ABMDI) and processes death scenes in line with national standards. From the scene, our triage coordinator and Medical Examiner of 29 years provide further medical expertise on case disposition and possibly refer the case for autopsy with one of our Board Certified Forensic Pathology partners. Each investigator is trained to draw and report certain toxicological findings from the scene without the need for lengthy transport of the patient to an autopsy facility for these minimally invasive tests. And as always, the Medical Examiner will confer with the county Prosecutor's Office, as well as all law enforcement agencies.

We adhere to quick response times as we understand the importance of releasing other county departments from the scene. 90% of our scenes are responded to within 60 minutes or less with an On Call Type of Pricing and 90 minutes or less with Active 911 Dispatched Call In . Weather and safety on the roads may occasionally play a factor in response time. MMMEG has a network of investigators in nearby jurisdictions able and ready to assist any Gratiot investigator in complex cases.

MMMEG provides continual education and training to Medical Examiner Investigators in accordance with ABMDI standards. All case evaluations are also pursuant to MCL 52.202. External exams are performed, and scene investigations adhere to national standards of death scene investigation. We will also provide education and training for law enforcement and EMS as coordinated with those departments."

Satisfying RFP Pages 1-5 Number:

1. Case Evaluation: We provide case evaluation and triage pursuant to MCL 52.202, consulting with investigators, family members, treating physicians, and other authorized representatives to determine Medical Examiner jurisdiction and the appropriate next step.
2. External Exam: We perform external examinations when autopsy is not necessary, including body viewing and review of relevant medical history, records, and scene circumstances. If questions remain after external examination, we do direct the case for autopsy.
3. Case Consultation: We provide case consultation as needed, including review of medical records, laboratory results, investigative reports, and case analysis. Routine informal guidance to law enforcement and the Prosecutor is handled as part of service, and any extensive formal review is scoped in advance by mutual agreement before work begins.
8. On-Scene Examination: We send MMMEG investigators to view decedents at the scene and perform necessary investigative services, including witness interviews and scene documentation, during and after normal business hours through our employees or contractors as part of our office structure.
18. Chain of Custody: We do maintain evidence chain of custody in a manner consistent with law enforcement, court expectations, and accepted industry standards.



Autopsy & Toxicology Services

Persuant the Michigan Statute, our Medical Examiner directs autopsies to be performed after a full case evaluation is complete. MMMEG utilizes only board certified forensic pathologists.

Our autopsy partners include the Western Michigan University Homer Stryker M.D. School of Medicine (WMED) and U of M Forensic Pathology Services. MMMEG utilizes pathologists who are willing to testify in legal proceedings. In the event that a pathologist leaves the autopsy practice, the county may be liable for any fees associated with the testimony.

For Laboratory testing, MMMEG contracts with NMS Labs. Toxicological analysis is an extremely useful tool in determining the cause of death in some cases, and we pride ourselves on this service. We order autopsies when necessary but also draw for "toxicology-only" when it makes medical sense to do so. We also draw a point-of-care toxicology sample that provides law enforcement with information at the scene, and we send the full sample to a nationally acclaimed forensic lab that stays current in the latest drug detection systems.

All cases are completed within 60 days of receiving all necessary information and clinical reports, and MMMEG has a dedicated staff member who monitors every outstanding case for prompt completion and communication. MMMEG follows the laws established by the State of Michigan and partners with Forensic Pathology services for Autopsy Performance Standards and specimen retention, as set forth by the National Association of Medical Examiners and State of Michigan Department of Health and Human Services policies. Our pathology partners have privileges in forensic neuropathology, forensic anthropology, forensic odontology, and other areas

MMMEG remains in communication with law enforcement regarding the need for an autopsy versus an external exam, as well as on-scene testing. We triage and refer the case for autopsy as necessary and participate in the coordination of viewing and education during an autopsy.

To Satisfy RFP pages 1-5 Number:

4. Autopsy: We vet and direct to have autopsies performed when the Medical Examiner or Deputy determines they are necessary, and we do advise law enforcement on whether autopsy or external examination is appropriate under accepted forensic practice.

a. Triage: We participate in case triage discussions from intake through final disposition.

b. Viewing: When requested we coordinate authorized viewing of autopsies by approved individuals or agencies when the lead law enforcement agency and the Medical Examiner or Forensic Pathologist have granted permission.

c. Explanation of Procedures: We direct the explanation of autopsy procedures and questions toward the forensic pathologist who is performing the autopsy.

d. Education: We will refer to the forensic pathologist whether or not educational guidance during autopsies is appropriate and when it does not interfere with the work being performed; any special training arrangement can be handled separately if requested.



Autopsy & Toxicology Services

To Satisfy RFP Page 1-5 Number:

5. Laboratory Testing: We do order and coordinate toxicological, bacteriological, serological, and other necessary testing through qualified laboratory partners when needed to assist in determining cause and manner of death.
6. Histology: In most instances the forensic pathology fees include cover histology testing when reasonably necessary to assist in determining cause of death. There may be special circumstances in which this would vary, however, it is rare.
19. Minimum Staffing: We do maintain access to Board Certified forensic pathology coverage sufficient to complete necessary autopsies and reviews within the required time frames.
21. Facility/Equipment: We have privileges with four board certified forensic pathology centers that provide access to equipped autopsy facilities through our contracted forensic pathology partners for autopsies and other postmortem examinations.
22. Operational Supplies: We do ensure that the supplies and equipment necessary to conduct required examinations are available through our office systems and pathology partners, including protective equipment, examination instruments, containers, and cleaning materials.
23. Laboratory Services: We provide direct coordination and payment arrangements with authorized laboratory contractors for services ordered, consistent with the practice of the forensic pathology is subcontracted by the county though vetted by MMMEG management group.
24. Histology Services: We provide direct coordination and payment arrangements with authorized laboratory contractors for services ordered, consistent with the practice of the forensic pathology is subcontracted by the county though vetted by MMMEG management group.
26. Forensics Contractors: We do obtain specialty forensic consultation as needed, including neuropathology, anthropology, odontology, and other disciplines through qualified partners. This is vetted and coordinated as a subcontracted service of the county by MMMEG.
27. Specimen/Tissue Storage: We have privileges with four board certified forensic pathology centers that provide access to specimen storage facilities through our contracted forensic pathology partners. This is rare but can be coordinated when necessary.



Deceased Transportation

MMMEG will subcontract with licensed funeral homes and transport agencies. With either option, the Chain of Custody will be maintained as required by law enforcement and the courts, aligning with industry standards and best practices.

Our current model for transportation involves utilizing local resources for necessary transportation and storage. If any local funeral home is unable to subcontract for these services, transport agencies will be utilized. However, we find that most funeral homes enjoy staying in the transportation-autopsy loop when a family has selected them for funeral services. MMMEG carefully coordinates a down-and-back appointment with the funeral home and the morgue. The funeral home is then reimbursed for the service, which keeps transportation business local and efficient.

Most of the counties MMMEG serves are similar in population to Gratiot County. After a full analysis, including our ability to do on-scene testing, we can anticipate an average of seven cases per year for autopsy transportation services in a county this size.

To Satisfy RFP Page 1-5 Number:

10. Transportation: We arrange and provide transportation associated with Medical Examiner cases through BOTH the option of local funeral homes and transport agencies, maintaining chain of custody and coordinating efficient movement of decedents as required by the case.



**Gratiot County Request for Proposals Medical Examiner Services
Project No. 02-26**

**Nature of Required Services and Scope of
Work**

LAW - RETENTION - RECORDS

We ensure 100% compliance with the Gift of Life - Michigan Anatomical Donation Law. Additionally, we maintain professional memberships and advance our field education to keep Gratiot at the forefront of new technology and national death scene investigation standards. All data and records of Gratiot County will be compiled and released as appropriate, with regular monthly reports provided to Commissioners and County Administration. Additionally, we are available to meet, even virtually, for county business meetings. Our office staff maintains office hours, and our triage staff is available 24/7.

For sudden infant death autopsies, we file reimbursement requests with the State of Michigan for applicable child autopsies to ensure repayment to Gratiot County. We also coordinate appropriate staff for attendance at countywide child death review and domestic violence review committees.

Our office is responsible for making all unclaimed decedent applications with MDHHS to ensure state coverage and provide adequate disposition for unclaimed residents. Additionally, we file the State of Michigan SER program application, ensuring that Gratiot County is not billed for the disposition of valid unclaimed decedents.

Satisfying RFP Pages 1-5 Number:

9. Examination Report: We provide a complete typed final report within 60 days after receipt of the clinical results and supporting materials needed to close the case.

a. Name of individual tested, identifying information (such as age, sex, and other vital statistics), and applicable case number. We do include the decedent's identifying information, vital statistics, and applicable case number in the final report.

b. Date external examination concluded or date and time of autopsy. We do include the date an external examination was completed or the date and time of autopsy, as applicable.

c. Description of external examination of individual/records. We include a description of the external examination and the records reviewed in reaching the case determination.

d. When an autopsy is performed, the contracted forensic pathologist provides a description of the internal examination, and follows National Association Of Medical Examiners Standards of autopsy.

e. Summary of relevant historical and scene information (when appropriate), results/findings from examinations performed, and determination of probable cause of death. We do include the relevant history, scene findings, examination results, and the probable cause of death determination.

g. Signature of forensic pathologist licensed to practice medicine in the State of Michigan. We provide vetting of the Board certified forensic pathologists. Per the contract with each forensic subcontractor they may be made available for prosecutable cases. We provide autopsy reporting signed by a licensed Michigan forensic pathologist. We cannot guarantee the Board Certified forensic pathologists are available for prosecutable cases through our pathology partner, however, the Chief Medical Examiner of MMMEG will be made available for such as coordinated and scheduled.



**Gratiot County Request for Proposals Medical Examiner Services
Project No. 02-26**

Nature of Required Services and Scope of Work

LAW - RETENTION - RECORDS cont'd

Satisfying RFP Pages 1-5 Number:

14. Expert Witness: We can direct the prosecutor toward expert testimony as subcontracted and not performed by us when subpoenaed in legal proceedings arising from cases in which our examination or contracted pathology work was performed.

17. Advice/Retention: We utilize a certified laboratory for the standards that are met in following the State of Michigan Department of Health and Human Services policy on record and specimen retention.

25. Prior Case Review: We will perform prior case review, written report work, and, when appropriate, expert testimony in cases where the original examination was not performed by a pathologist associated with our office.



Gratiot County Request for Proposals Medical Examiner Services Project No. 02-26

Nature of Required Services and Scope of Work

OFFICE ADMINISTRATION

To Satisfy RFP Pages 1-5 Number:

7. Transcription: We provide the database system for supporting the completed final reporting and case documentation by the Medical Examiner Investigator, Chief Medical Examiner, and any supporting document recovered for the case completing..

11. Sudden Unexpected Infant Death Cases (SUID): We do follow the required procedures under MCL 52.205a and any other applicable law or regulation governing sudden unexpected infant death cases. We also file for county reimbursement found for Child Death Cases through the stat, when applicable. There is a fund for that through the state.

12. County Committee Meetings: We do attend and coordinate Countywide Child Death Review, Domestic Violence Death Review, and other related meetings as scheduled through our main office, subject only to illness, court obligations, or emergency circumstances. Subcontractors may submit an additional stipend for their time as outlined in subcontractor fees through the official contract.

13. Business Meetings: We do attend meetings related to legal or public health functions as coordinated through our main office. No more than two per year are customary. Additional staff may be secured for these special circumstances and an additional fee if beyond customary in person attendance is requested. Online meetings are preferred for most special meetings when appropriate.

15. Anatomical Gifts: We cooperate with Gift of Life and support the authorized removal and disposition of donor tissue, consulting with transplant personnel and physicians when those requests arise in cases under Medical Examiner jurisdiction.

16. Staff Training: We provide education and training for law enforcement, EMS, investigators, and other personnel as coordinated with those departments, including scene expectations, safety issues, and the information needed for effective Medical Examiner case evaluation.

20. Availability: We remain available during normal business hours and off hours to consult with law enforcement and the Prosecutor regarding Medical Examiner activities.



Proposed Substitution to Contract

Proposed Indemnification:

The bidder agrees to assume all liability for any loss, damage, claims, demands, costs, or judgments arising from its activities related to the direct service delivery required under this Agreement. The bidder will be solely responsible for any liability, loss, or damage resulting from its negligent actions or failure to act, including those of its officers, employees, and agents, which specifically includes the individuals serving as Medical Examiner and Deputy Medical Examiners. However, nothing in this clause shall be construed as a waiver of any immunity to which the bidder, its officers, employees, or agents may be entitled by statute or court decisions.

In the event that any liability to third parties, loss, or damage arises as a result of joint activities conducted by both the County and the bidder in fulfillment of their responsibilities under this Agreement, the liability, loss, or damage shall be allocated between the parties based on each party's proportionate responsibility for the joint activities. However, nothing in this clause shall be construed as a waiver of any immunity by the County, the bidder, or their officers, employees, or agents, respectively, which they may be entitled to by statute or court decisions.

It should be noted that when the bidder's employees are acting as Gratiot County Medical Examiners and Deputy Medical Examiners and any necessary and incidental subordinate support employees of the same, when acting within the scope of their appointment as County Medical Examiner or Deputy Medical Examiner, such individuals are acting as agents of the County. As such, they do not forfeit any governmental immunity to which such functions are otherwise entitled, by virtue of entering into this contractual Agreement.



Subcontracting

- MMMEG will only recommend subcontractors with Board Certified Forensic Pathologists for the performance of autopsies. National Association of Medical Examiners Autopsy Standards will be met regarding Histology, Transcription, Examination Report. All Facility, equipment, and operational supplies to perform examinations are provided with this service.
- MMMEG will only recommend subcontractors with licensed funeral homes and transport agencies that meet all transportation requirements. Chain of Custody requirements are a priority and will be upheld.
- Expert Witnesses - MMMEG utilizes pathologists that are willing to testify in legal proceedings. In the event that a pathologist leaves the autopsy practice, the county might be liable for any fees associated with the testimony.
- Laboratory Services- MMMEG will only recommend a fully accredited laboratory and any testimony required for prosecution is not covered by this contract.

Exceptions:

During the term of any Agreement resulting from this RFP, the selected Contractor will be expected to furnish all labor, materials, tools, equipment, permit fees, bonds, insurance, and services necessary to perform and complete the managerial tasks. Pricing in this RFP is divided into two categories, Management and Case Related. Case Related fees are estimated utilizing 30 years of experience. Please see the budgets attached of counties of similar size for verification. Laboratory Testing (including Autopsy & Toxicology, & Histology), On-Scene Examinations, Transportation and Case Related services are contracted services directed by the MMMEG management group for the county. All medical certification and case review is certified by our Medical Examiner physician. MMMEG reviews and monitors contracts and only Case Related expenses of the county medical examiner system before submitting to the county for payment processing .

The following shall be billed separate: Expert Witnesses, Extenuating Prior Case Review, Extenuating education and training for law enforcement EMS (Routine operational guidance is included)

Transportation to be vetted then provided by a licensed Funeral Home or Transportation Company.

Neuropathology, Anthropology, Odontology, and any other specialty shall be considered the same as Forensic Case Service Category and paid as a contracted service of the county

Business Meetings shall be limited to one annual in person. Additional monthly meetings, as stated, shall be included at no cost if virtual.

Facility/Equipment: MMMEG and Dr. Paul Wagner utilize Autopsy Facilities that are certified through the National Association of Medical Examiners.

Insurance Requirements: Dr Wagner shall be included as the Appointed Medical Examiner of the County. He will maintain not less than \$1,000,000 Liability Insurance. All management staff and are included under the MMMEG policy and proof of insurance will be provided annually to the county. Performance Bond is asked to be waived due to professional services contract status. If mandated this shall be priced separately.

Cremation Permit Fees of \$50 to be paid to the county before the permit is issued; \$12.50 /of each permit reconciled to MMMEG in quarterly voucher. If another payment time frame is chosen the rate shall be \$15.

One Time Overhead Start Up Fee: \$ 7,625 Start up Fee covers equipping the Medical Examiner Investigators with Equipment Go-Bags and all supplies, Database setup, and Computer Based Training, etc.

MMMEG (Mid Michigan Medical Examiner Group)



Signature Form
Project No. 02-26
(Please Type or Print Clearly in Ink)

My signature certifies that the Proposal as submitted complies with all terms and conditions as set forth in this solicitation, except as noted herein.

I hereby certify that I am authorized to sign as a representative for the firm:

Complete legal name of firm: MidMichigan ME Group, LLC

Order from address: 2141 Plett Rd

Cadillac, MI 49601

Remit to address: 2141 Plett Rd

Cadillac, MI 49601

Federal Identification Number: 82-2503379

Signature: *Lisa Kaspiak*

Name (type/print): Lisa Kaspiak

Title: Chief Administrative Officer

Telephone: (231) 510-6205 Fax: ()

Date: March 2, 2026

Send notification of award to: Lisa Kaspiak

(First and last name)

Email address of person receiving award notification: kaspiak@gmail.com



Non-Collusion Affidavit Form

Project No. 02-26

(Please Type or Print Clearly in Ink)

I, Lisa Kaspriak, Chief Administrative Officer, of MidMichigan ME Group, LLC
(Name and Title) (Company Name)

Attest to the following:

1. That I am fully informed respecting preparation and content of the attached Proposal and of all pertinent circumstances respecting such Proposal;
2. That my Proposal is genuine and not a collusive or sham proposal;
3. Neither myself nor any of our officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, connived, or agreed directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the Contract for which the attached Proposal has been submitted or to refrain from bidding in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm, or person to fix the price or prices in the attached Proposal or of any other Proposer, or to fix any overhead, profit, or cost element of the proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the County or any person interested in the proposed Contract;
4. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any other collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Lisa Kaspriak

Signature

March 2, 2026

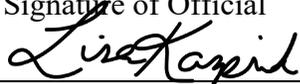
Date



Proposer Guarantees and Warranties

Project No. 02-26

1. Proposer warrants that it is willing and able to comply with State of Michigan laws with respect to foreign (non-state of Michigan) corporations.
2. Proposer warrants that it is willing and able to obtain an errors and omissions insurance policy providing a prudent amount of coverage for the willful or negligent acts or omissions of any officers, employees or agents thereof.
3. Proposer warrants that it will not delegate or subcontract its responsibilities under an agreement without the express prior written permission of the County of Gratiot.
4. Proposer warrants that all information provided by it in connection with this proposal is true and accurate.
5. Proposer certifies it can and will provide and make available, at a minimum, all services set forth in under Minimum Mandatory Requirements on page 1.

Name of Firm	
MidMichigan ME Group, LLC	
Name of Official	Title
Lisa Kaspriak	Chief Administrative Officer
Signature of Official	Date
	March 2, 2026

Page 2
Bidder Information and Acceptance

Company Profile

Official Name of Bidder Mid Michigan ME Group, LLC	Type of Entity/Organization (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Other: _____				
Street Address 2141 Plett Rd					
City Cadillac					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">State</td> <td style="width: 50%; border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">MI</td> <td style="border: none;">49601</td> </tr> </table>		State	Zip Code	MI	49601
State		Zip Code			
MI		49601			
Website www.MedicalExaminerGroup.com					
Primary Contact Name Lisa Kaspriak					
Primary Contact Phone Number 231-510-6205					
Primary Contact Email Address kaspriak@gmail.com					
Tax Identification Number 82-2503379					
Has your company been debarred by the Federal Government? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, has it been lifted and if so, when?</i>					
Has your company been debarred by State Governments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, has it been lifted and if so, when?</i>					
Signature 					
Name and Title of Signer Lisa Kaspriak, Chief Administrative Officer					
Date March 2, 2026					

Thank you for your time.

I look forward to answering any questions you may have.

Feel free to call or email

231-510-6205

kaspriak@gmail.com

Main@mmmeg.org

Lisa Kaspriak

Administrator

Mid Michigan Medical Examiner Group



Cost Proposal

Project No. 02-26

Schedule of Professional Fees and Expenses

Medical Examiner Services

Active 911 Response System - 90 Minutes or less

Pricing submitted by: Lisa Kaspriak

Service / Function	Standard Rate per Case	Estimated Annual Cases	Estimated Annual Cost
Office Administration			\$ 45,519
Investigations (case fee and mileage)			\$ 24,994
Pathology (autopsy and transport)			\$ 41,400
Other (specify)			\$
Cremation Permit Revenue			\$ (13,050)
			\$
		Subtotal	\$
Out-of-Pocket Expenses			
Transportation			
Other (specify)			
Total for Medical Examiner Services			<u>\$ 98,863</u>

Lisa Kaspriak
Signature

March 2, 2026
Date



Cost Proposal

Project No. 02-26

Schedule of Professional Fees and Expenses

Medical Examiner Services

On Call MEI System (60 min response time 90%)

Pricing submitted by: Lisa Kaspriak

Service / Function	Standard Rate per Case	Estimated Annual Cases	Estimated Annual Cost
Office Administration			\$ 45,519
Investigations (case fee and mileage)			\$ 37,347
Pathology Inc. Transportation (autopsy and transport)			\$ 41,400
Other (specify)			\$
Cremation Permit Revenue			\$ (13,050)
			\$
		Subtotal	\$
Out-of-Pocket Expenses			
Transportation			
Other (specify)			
see attachment for calculation			
Total for Medical Examiner Services			\$ 111,216

Lisa Kaspriak

Signature

March 2, 2026

Date



PRICING DETAIL ACTIVE 911 PAGE OUT SYSTEM

GRATIOT COUNTY - ACTIVE 911 Page Out System)				
Revenue		Expected Cases		Revenue
Cremation Permit County Revenue	-50	348		\$ (13,050)
Cremation Fees@25% of \$50	\$ 12.50			
Administrative Fees		41,761 POPULATION		\$ 45,519
Fixed Overhead per Capita	1.09			
(Support Staff, Doctor, Database, Training, Supplies, Licenses ect)				
Forensic Pathology		Expected Cases	Budget	\$ 41,400
Autopsy \$2,600 ea		8	\$ 30,400	
Limited \$275-\$600 ea		25	\$ 7,750	
Body Transport \$350 avg ea		10	\$ 3,250	
MEI Case Investigation (Private Contractors)		45		
Facility Cases	20	\$20	\$ 400	
Shift Holiday Premium	24	\$130	\$ 3,120	
Level 1 Investigator Cases	10	\$205	\$ 2,050	
Level 2 Investigator Cases	67	\$235	\$ 15,745	
Level 3 Investigator Cases	4	\$260	\$ 1,040	
Mileage	91	29	\$ 2,639	\$ 24,994
TOTAL MEDICAL EXAMINER SERVICES (Cases are estimated and residual)				\$ 98,863



PRICING DETAIL ON CALL SYSTEM

GRATIOT COUNTY - ON CALL SYSTEM				
Revenue		Expected Cases		Revenue
Cremation Permit County Revenue	-50	348		\$ (13,050)
Cremation Fees@25% of \$50	\$ 12.50			
Administrative Fees	41,761 POPULATION			\$ 45,519
Fixed Overhead per Capita	1.09			
(Support Staff, Doctor, Database, Training, Supplies, Licenses ect)				
Forensic Pathology	Expected Cases	Budget		\$ 41,400
Autopsy \$2,600 ea	8	\$ 30,400		
Limited \$275-\$600 ea	25	\$ 7,750		
Body Transport \$350 avg ea	10	\$ 3,250		
MEI Case Investigation (Private Contractors)				
Shift Pay	730	\$36	\$ 26,280	
Shift Holiday Premium	24	\$20	\$ 480	
Level 3 Investigator Cases	4	\$118	\$ 472	
Level 2 Investigator Cases	77	\$88	\$ 6,776	
Facility Cases	20	\$35	\$ 700	
Mileage	91	29	\$ 2,639	\$ 37,347
TOTAL MEDICAL EXAMINER SERVICES (Cases are estimated and residual \$ stays with the count				\$ 111,216



Pricing Structure

Explanation of Pricing Structures

On-Call System:

An investigator is placed on a scheduled on-call rotation dedicated to the county during assigned hours. This structure typically allows for a faster average response time (generally within 60 minutes) due to assigned coverage. It carries a higher cost because it requires guaranteed scheduled availability. 4 of our 17 Counties Operate in this manner. 3 of our 17 Counties Operate in this manner.

Active 911 Call-In System:

Investigators are notified through an integrated 911 paging system and may accept or pass a case based on availability. If no in-county investigator is available, a neighboring county investigator responds. This model provides reliable coverage with a response time of less than 90 minutes or less and is generally more cost-efficient. 14 of our 17 Counties Operate in this manner.

Counties with populations around 40,000 residents are typically at the threshold where either system may be appropriate. The decision is often based on county preference, desired response time, budget considerations, and available local resources. We are willing to discuss in detail the operational advantages, cost differences, and resource implications of each system to determine the best fit for Gratiot County.

*90% of cases response time. Extenuating circumstances (ie. weather, may occur).

At this time, we do not utilize an all-inclusive pricing model, as our experience over the past 30 years serving 17 counties has demonstrated that this structure is not the most effective or cost-efficient approach for our partner counties.

- We process Infant Death Autopsy reimbursement and funds deposited to County Account
- We assist in processing Cremation Fees (\$50 ea), funds (minus processing Fee), deposited to County
- We process all applicable Unclaimed Bodies with the state of Michigan SER Fund, no unclaimed body fees charged to the county.

Preparation of the Proposal

1. General Requirements

The proposal has been prepared in accordance with the requirements outlined in the Request for Proposal (RFP). All required documentation, statements, certifications, and supporting materials have been included and organized in the order specified by the RFP instructions.

I. Report Format

All reports generated under this proposal will follow a standardized professional format consistent with medicolegal documentation standards. Reports will include clear headings, structured sections, proper identification information, investigative summaries, findings, and determinations where applicable.

II. Sample Format for Requested Reports

Sample report formats have been included within this proposal to demonstrate the structure, organization, and level of detail provided in official documentation. These samples are representative of final reports and reflect professional standards for clarity and evidentiary documentation.

Proposal Attachment Checklist

- Sample External Examination Report
- Sample Autopsy Report (de-identified)
- Sample Case Consultation Summary (Included within Examination/Investigation Report)
- On-Scene Investigation Notes / Scene Summary (Included within Examination/Investigation Report)
- Toxicology Summary or Interpretation Example
- Chain-of-Custody Form / Evidence Log
- Specimen / Tissue Retention Log
- Training Outline or Slide (Law Enforcement / EMS)
- Expert Testimony Summary (including 2025 case)
- Facility & Equipment Capability Statement
- Transportation Capability Statement
- Record Retention Policy Compliance Statement

SAMPLE MEDICOLEGAL DEATH INVESTIGATION REPORT

De-Identified for Public Presentation

CASE OVERVIEW

County: Michigan County (Redacted)
Case Type: Scene Investigation
Disposition: Sent to Autopsy Facility
Medical Examiner Authorization: Board-Certified Forensic Pathologist
Investigator: Medicolegal Death Investigator

CIRCUMSTANCES

A 65-year-old adult female was reportedly struck by a motor vehicle while outside her vehicle on a roadway at night. Emergency services were notified and responded to the scene. Resuscitative efforts were initiated but were unsuccessful. The cause of death was determined to be blunt force trauma. The manner of death was classified as accident.

NARRATIVE SUMMARY

An investigation into the unexpected death of an adult female was conducted under statutory authority pursuant to Michigan law. Scene investigation, witness statements, and physical findings were reviewed. The decedent had exited her vehicle after pulling to the side of the roadway. A second vehicle traveling in the opposite direction struck the decedent. Law enforcement and EMS responded promptly. Scene conditions included clear weather and dry roadway surfaces.

BACKGROUND INFORMATION

Medical History: None documented at scene.
Social History: Reported daily alcohol use and tobacco use.
Medications: None reported.

EXTERNAL BODY EXAMINATION

Clothing: Dark pants, dark shoes (displaced during impact), dark top, patterned blouse, undergarments.
General Appearance: Fully developed adult female.
Medical Treatment: Resuscitative equipment present including defibrillator pads and airway adjunct.

Head: Scalp injury noted on right side; skull palpably intact.
Face: No significant deformity noted.
Eyes: Right periorbital swelling; no petechiae.
Ears: No deformity or discharge.
Nose: Bleeding from right nostril.
Mouth: No obvious trauma.
Neck: No deformity noted.
Chest: Bilateral crepitus; resuscitation device markings present.
Back: Crepitus to lower back.
Abdomen: No visible deformity.
Pelvis: Crepitus noted on right side.
Right Arm/Hand: Abrasions and laceration to hand.
Left Arm/Hand: Deformity and crepitus to upper arm; possible open fracture.
Right Leg/Foot: Abrasions; toenail avulsion noted.
Left Leg/Foot: Abrasions to toes.

POSTMORTEM OBSERVATIONS

Body Temperature: Cool
Rigor Mortis: Absent
Livor Mortis: Absent
Decomposition: None observed
Approximate Height: 61 inches
Approximate Weight: 190 lbs

CONCLUSION

Based on scene findings, investigative information, and examination findings, the cause of death was determined to be blunt force trauma. The manner of death was classified as accident.

FORENSIC AUTOPSY REPORT (DE-IDENTIFIED SAMPLE)

CAUSE OF DEATH

Blunt Force Injuries

MANNER OF DEATH

Accident

CIRCUMSTANCES AND INVESTIGATION

An adult female with reported daily alcohol consumption stopped her vehicle along a roadway and exited prior to being struck by an oncoming motor vehicle. Law enforcement and emergency medical services responded and initiated resuscitative efforts. Despite advanced life support measures, resuscitation was unsuccessful and death was pronounced at the scene.

RADIOLOGIC FINDINGS

Postmortem imaging demonstrated multiple displaced fractures involving the cervical spine, clavicle, bilateral humeri, ribs, sternum, scapula, pelvis, and sacrum. Free air was identified within the pleural and peritoneal cavities. Imaging findings were consistent with severe blunt thoracic trauma, including disruption of major vascular structures.

EXTERNAL EXAMINATION

The body is that of a well-developed adult female consistent with the reported age. The body was refrigerated and not embalmed. Rigor mortis was present; livor mortis was posterior and fixed. Evidence of medical intervention included adhesive defibrillator pads and electrocardiographic leads. External injuries included multiple scalp lacerations with partial avulsion, facial contusions and abrasions, cervical deformity consistent with fracture, extensive chest wall instability, abrasions and lacerations of the upper extremities, deformities consistent with bilateral humeral fractures, abdominal abrasions, pelvic instability, and extensive abrasions and lacerations of the lower extremities including nail avulsion.

INTERNAL EXAMINATION

Internal examination revealed extensive blunt force injuries. There were displaced fractures of the cervical spine and thoracic vertebrae. The pericardial sac was lacerated with full-thickness lacerations of the cardiac atria and right ventricle. The thoracic aorta was completely transected. Multiple bilateral rib fractures resulted in penetrating lung injuries and bilateral hemothoraces. Additional findings included hepatic capsular lacerations, mesenteric hemorrhage and lacerations, renal hilar laceration with retroperitoneal hemorrhage, and multiple pelvic fractures with associated soft tissue injury. The extremities demonstrated fracture-related hemorrhage and soft tissue trauma. Incidental findings included mild to moderate atherosclerotic cardiovascular disease, moderate aortic atherosclerosis, granular renal cortices, a small intraparenchymal hepatic mass, and a small uterine myometrial mass.

ANCILLARY STUDIES (TOXICOLOGY)

Toxicological testing detected ethanol in femoral blood (0.300%) and vitreous fluid (0.313%).

SPECIMENS COLLECTED

Specimens collected at autopsy included fingerprints, formalin-fixed tissue samples, vitreous fluid, and peripheral blood for toxicological analysis.

SUMMARY OF AUTOPSY FINDINGS

1. Blunt force injuries of the head and neck.
2. Blunt force injuries of the torso including cardiac lacerations and aortic transection.
3. Blunt force injuries of the extremities including bilateral humeral fractures.
4. Rib fractures with associated bilateral lung injuries and hemothoraces.
5. Hepatic, mesenteric, renal, and pelvic traumatic injuries.
6. Atherosclerotic cardiovascular disease (mild to moderate).
7. Incidental small hepatic and uterine masses.

CONCLUSION

Based on the autopsy examination, radiologic findings, toxicological studies, and investigative information, the cause of death is blunt force injuries sustained in a motor vehicle versus pedestrian incident. The manner of death is classified as accident.

Sample Toxicology Testing Report

Web: [REDACTED]

Phone: [REDACTED]

Laboratory Case Number: [REDACTED]

Subject's Name: [REDACTED]

Report To:

Medical Examiner Office (Michigan) – [REDACTED ADDRESS]

Agency Case #: [REDACTED]

Date of Death: [REDACTED]

Investigator: [REDACTED]

Date Received: [REDACTED]

Date Reported: [REDACTED]

Laboratory Specimen No: [REDACTED]

Container(s): Femoral Blood

Test(s): Drugs of Abuse Panel, Blood

Analyte	Result	Quantitative Result	Units
Methanol	Negative		
Ethanol	Positive	0.300	% (w/v)
Acetone	Negative		
Isopropanol	Negative		
Amphetamines	Negative		
Barbiturates	Negative		
Benzodiazepines	Negative		
Cannabinoids	Negative		
Hallucinogens	Negative		
Muscle Relaxants	Negative		
Opioid Analgesics	Negative		
Stimulants	Negative		

Specimens retained per laboratory policy. Identifiers and signatures redacted.

Sample Toxicology Testing Report

Laboratory Specimen No: [REDACTED]

Container(s): Vitreous Fluid

Analyte	Result	Quantitative Result	Units
Methanol	Negative		
Ethanol	Positive	0.313	% (w/v)
Acetone	Negative		
Isopropanol	Negative		

Certification Statement:

The specimen identified by the laboratory accession number was handled and analyzed in accordance with applicable laboratory standards. Laboratory director, reviewer, and analyst identifiers have been removed for de-identification purposes.

**Mid Michigan ME Group via Pathology at
WESTERN MICHIGAN UNIVERSITY
HOMER STRYKER M.D. SCHOOL OF
MEDICINE AUTOPSY & FORENSIC SERVICES
CHAIN OF CUSTODY / EVIDENCE LOG**

CASE INFORMATION	Case Number:
	Decedent Name:
	Date of Birth:
	Date of Death:
	Submitting Agency:
	Agency Case Number:
	Pathologist:
	Medicolegal Death Investigator:
	Autopsy Date:

EVIDENCE INVENTORY

Item #	Description	Condition	Packaging	Seal #	Collected By	Date/Time

TRANSFER / CUSTODY RECORD

Date	Time	Released By (Print & Sign)	Agency	Received By (Print & Sign)	Agency	Purpose

FINAL DISPOSITION

Disposition (check one):
Transferred to Law Enforcement
Released to Laboratory
Retained as Evidence

Destroyed (per policy)
Returned to Family
Final Disposition Date:
Authorized By (Print & Sign):
Title:

**Mid Michigan ME Group via Pathology at
WESTERN MICHIGAN UNIVERSITY
HOMER STRYKER M.D. SCHOOL OF MEDICINE
AUTOPSY & FORENSIC SERVICES
SPECIMEN / TISSUE RETENTION LOG**

CASE INFORMATION	
Decedent Name:	
Date of Autopsy:	
Pathologist:	
Medical Examiner Jurisdiction:	

SPECIMEN INVENTORY

Item #	Specimen Type	Collection Date	Container	Preservative	Qty	Initial Storage	Collected By

RETENTION STATUS TRACKING

Item #	Current Storage Location	Retention Policy (Years)	Destruction Eligible Date	Released/Destroyed Date	Authorized By	Method

RELEASE / TRANSFER DOCUMENTATION

Date	Released To	Agency/Laboratory	Purpose	Released By (Print & Sign)	Received By (Print & Sign)

DESTRUCTION CERTIFICATION

Date of Destruction:	
Method of Destruction:	
Witness (Print & Sign):	
Authorized Official (Print & Sign):	

Sample Training Outline – Forensic CT Scanner Overview

Law Enforcement Training | January 27 | Otsego County

Purpose of Training

- Introduce regional law enforcement to new forensic CT capabilities
- Explain integration into medicolegal death investigations
- Clarify case types appropriate for CT imaging
- Outline workflow and evidence preservation benefits

When CT May Be Utilized

- Firearm-related deaths
- Blunt force trauma
- Suspicious or undetermined deaths
- In-custody deaths
- Complex motor vehicle fatalities

What Forensic CT Provides

- Non-invasive 3D internal imaging
- Projectile and fragment localization
- Skeletal injury documentation
- Digital image reconstruction
- Permanent evidentiary archive

Operational Workflow Overview

- Scene investigation and transport
- Pre-autopsy CT imaging
- Image review by forensic pathologist
- Determination of autopsy necessity
- Integration into final report

Training conducted January 27 in Otsego County for regional law enforcement agencies to discuss implementation and investigative use of the Crawford County forensic CT scanner.

Expert Testimony Summary

Dr. Paul Wagner, D.O.
Forensic Pathologist

Qualifications

- Licensed physician in the State of Michigan
- Serving as Medical Examiner for multiple Michigan counties

Courtroom Experience

Dr. Wagner has provided expert testimony in Michigan Circuit Courts, District Courts, and Probate proceedings in both criminal and civil matters.

He has testified in cases involving homicide, drug toxicity and overdose, blunt force trauma, firearm injuries, asphyxia, motor vehicle fatalities, in-custody deaths, and sudden natural deaths.

Scope of Expert Testimony

Dr. Wagner has been qualified as an expert in forensic pathology, cause and manner of death determination, interpretation of toxicology results, wound interpretation, postmortem interval estimation, injury biomechanics, and death certification.

Professional Standards

All opinions are rendered in accordance with Michigan law (MCL 52.202), Michigan Rules of Evidence 702, National Association of Medical Examiners standards, and accepted forensic pathology principles.

Facility and Equipment Capability Statement

Western Michigan University Homer Stryker M.D. School of Medicine

Facility Overview

The Autopsy and Forensic Services facility is designed to support comprehensive medicolegal death investigations. The facility includes secure access-controlled areas, designated autopsy suites, evidence storage areas, specimen processing rooms, refrigeration units, and secure record storage systems. Operations are conducted in accordance with applicable Michigan law and accepted forensic pathology standards.

Autopsy & Examination Suites

The facility includes modern autopsy suites equipped with stainless steel autopsy tables, overhead lighting systems, surgical instrumentation, oscillating saws with vacuum systems, evidence collection stations, photography equipment, and digital documentation capabilities. Each suite supports full postmortem examinations and evidence preservation.

Radiologic Imaging Capabilities

The facility has access to advanced postmortem imaging capabilities including computed tomography (CT) scanning. CT imaging provides non-invasive internal documentation, projectile localization, skeletal injury assessment, and digital reconstruction for evidentiary purposes. Imaging data is securely stored and maintained for investigative and prosecutorial review.

Evidence & Specimen Handling

Secure evidence storage areas and specimen retention systems are maintained in compliance with chain-of-custody standards. The facility includes refrigeration and freezer units for temporary storage, formalin fixation areas for tissue preservation, and tracking logs for specimen retention and release.

Toxicology & Laboratory Support

Specimens collected at autopsy are submitted to accredited forensic toxicology laboratories for analysis. The facility supports proper collection, packaging, and documentation of blood, vitreous fluid, urine, tissue, and other biological samples for comprehensive forensic testing.

Digital Documentation & Records Management

The facility utilizes secure digital case management systems for documentation, image storage, report preparation, and archival retention. Access to records is restricted to authorized personnel and maintained in accordance with confidentiality requirements.

Safety & Compliance

All operations adhere to OSHA standards, biosafety protocols, and applicable state regulations. Personnel utilize appropriate personal protective equipment (PPE), and the facility maintains infection control procedures and equipment maintenance schedules.

Transportation Capability Statement

Mid Michigan Medical Examiner Group

Overview

Mid Michigan Medical Examiner Group (MMMEG) maintains a structured and reliable transportation program to ensure the secure, timely, and respectful transfer of decedents for medicolegal investigation. Transportation operations are conducted in coordination with law enforcement agencies, hospitals, emergency services, and contracted professional removal providers.

Contracted Transport Provider

MMMEG utilizes the professional services of Secure Removal Services for scheduled and on-demand decedent transport needs. Secure Removal Services provides trained personnel, appropriate transport vehicles, and established procedures designed to preserve dignity, maintain chain of custody, and ensure regulatory compliance.

Service Provider Website: <https://secureremoval.org/>

Chain of Custody & Documentation

All transports are documented through standardized logs capturing time of removal, location of transfer, personnel involved, and receiving facility intake verification. Seal numbers and identifying information are recorded when applicable to ensure evidentiary integrity and court defensibility.

Operational Readiness

MMMEG coordinates transportation services across multiple counties within its service region. Established communication protocols allow for efficient dispatch coordination, after-hours response capability, and collaboration with law enforcement and first responders.

Compliance & Safety Standards

Transportation procedures adhere to applicable Michigan statutes, public health standards, and infection control protocols. Personnel utilize appropriate protective equipment, and transport vehicles are maintained in accordance with safety and sanitation requirements.

Summary

Through coordinated logistics and partnership with Secure Removal Services, MMMEG ensures reliable decedent transport services that support medicolegal investigations, maintain chain of custody, and meet RFP performance expectations.

David G. Turner, BS, F-ABMDI, EMT-P/IC

215 West Main Street, Marion, Michigan 49665
Cell 231-667-0018
david@mmmeg.org

Professional Summary

Dedicated **Chief Medical Examiner Investigator** with over **40 years** of experience in medicolegal death investigation. Skilled in **supervision, quality assurance, training, and complex case review** for a **multi-county medical examiner system**. Proven ability to lead daily operations, ensure compliance with professional standards, and collaborate with forensic pathologists, law enforcement, and public health partners.

Professional Experience

Chief Medical Examiner Investigator – Office of the Medical Examiner 17 Counties

2017 – Present

- **Supervise** all Medical Examiner Investigators in a **multi-county** medical examiner system.
- Manage **day-to-day operations**, including employee schedules, supply levels, training programs, vehicle maintenance, and case review.
- Conduct **employee evaluation, discipline**, and quality oversight to maintain operational standards.

Medical Examiner Investigator – Osceola County, Michigan

1983 – 2017

- Led **death scene investigations** under direct supervision of the Medical Examiner.
 - Collected and documented **evidence**, interviewed witnesses, photographed scenes, and **prepared detailed investigative reports**.
-

Lisa Kaspriak - Professional Profile

Lisa Kaspriak has served as the Administrator of the Michigan Medical Examiner Group since 1997, overseeing operations for 17 rural Michigan counties. She holds a Bachelor's Degree in Healthcare Administration and brings nearly three decades of experience in medicolegal death investigation management, interagency coordination, and public health data initiatives.

She is an active member of the National Association of Medical Examiners (NAME), the International Association of Coroners & Medical Examiners (IACME), and the Michigan Association of Medical Examiners (MAME). She maintains a strong commitment to professional development, regularly attending the American Academy of Forensic Sciences (AAFS) annual scientific meetings.

Her most recent educational participation includes both domestic and international topics of high relevance to opioid mortality surveillance, toxicology, death investigation standards, and forensic science advancements:

- Leveraging Surveillance Data: Trends and drug adulteration analysis
- Mapping Mortality: Drug usage in Maryland (2014–2024)
- Death in Custody Toxicology: Ten-year retrospective review
- Postmortem Toxicology & Drug Adulteration: Casework and research needs
- Enhancing Medicolegal Death Investigations: Adoption of new practices
- Standards Implementation Across Forensic Sciences: Notes and trends
- Technology for Data Exchange: Transforming forensic communication
- Washington, DC DFS: Innovative forensic operations
- Social Belonging in Online Forensics: Community and connectedness
- Standards Development in Death Investigations: Ongoing activities
- Forensic Sciences for Social Impact: Improving population outcomes

SIMILAR COUNTIES SERVED WITH VARYING STRUCTURES AND EXCEPTIONS.

NEWAYGO 50,000 Population, On Call Structure, Higher Autopsy Rate due to Morgue Buy In with Mecosta County

05/27/2025 BUDGET REPORT FOR NEWAYGO COUNTY							
Calculations as of 09/30/2025							
		2023-24	2024-25	2024-25	2024-25	2025-26	2025-26
GL NUMBER	DESCRIPTION	ACTIVITY	ORIGINAL BUDGET	AMENDED BUDGET	ACTIVITY THRU 09/30/25	INITIAL REVIEW BUDGET	DEPT REQUESTED BUDGET
ESTIMATED REVENUES							
Dept 648.000 - MEDICAL EXAMINER							
101.000-648.000-607.000	FEES	20,200	19,200	19,200	11,800		20,300
Totals for dept 648.000 - MEDICAL EXAMINER		20,200	19,200	19,200	11,800		20,300
TOTAL ESTIMATED REVENUES		20,200	19,200	19,200	11,800		20,300
OTHER SERVICES AND CHARGES							
101.000-648.000-802.890	SERVICE FEES - CREMATIONS	4,788	4,800	4,800	2,513		5,075
101.000-648.000-835.710	SERVICE FEES - AUTOPSIES	35,081	35,540	35,540	6,965		33,606
101.000-648.000-835.730	SERVICE FEES - ME INVESTIGATORS	20,962	31,153	31,153	17,132		35,151
101.000-648.000-835.760	SERVICE FEES - TOXICOLOGY/LABS	10,151	7,445	7,445	4,916		8,060
101.000-648.000-835.770	SERVICE FEES - BODY REMOVAL	4,160	3,600	3,600	300		3,600
101.000-648.000-835.790	SERVICE FEES - ADMINISTRATIVE	55,585	57,252	57,252	28,626		58,970
101.000-648.000-864.000	MILEAGE	3,219	3,321	3,321	1,706		3,487
101.000-648.000-958.000	INDIRECT COST - CENTRAL SERV ALLOCATIC	8,300	9,397	9,707	5,482		9,998
101.000-648.000-965.200	INDIRECT COST - INSURANCE & BONDS-MM	100	121	121	71		125
OTHER SERVICES AND CHARGES		142,346	152,629	152,939	67,711		158,072
Totals for dept 648.000 - MEDICAL EXAMINER		155,650	152,629	152,939	67,711		158,072
TOTAL APPROPRIATIONS		155,650	152,629	152,939	67,711		158,072
NET OF REVENUES/APPROPRIATIONS - FUND 101.000		(135,450)	(133,429)	(133,739)	(55,911)		(137,772)

Mecosta – 40,000 Population, Owns the Morgue listed in the Autopsy Line, Active 911 Call System (Not On Call)

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Q 648

Dept 605 - COMMUNICABLE DISEASE						
101-605-735.000	MEDICAL SUPPLIES		389	4,000	500	4,000
NET OF REVENUES/APPROPRIATIONS - 605 - COMMUNICABLE DISEASE			(389)	(4,000)	(500)	(4,000)
Dept 648 - MEDICAL EXAMINER						
101-648-813.000	PROF.&CONTRACT SVCS/NON-EMPLOYEE		66,699	65,000	76,500	70,000
101-648-822.000	TELEPHONE		127	200	128	150
101-648-869.000	LICENSES/PERMITS		0	150	0	0
101-648-889.000	AUTOPSIES		35,966	60,000	60,000	62,500
NET OF REVENUES/APPROPRIATIONS - 648 - MEDICAL EXAMINER			(102,792)	(125,350)	(136,628)	(132,650)

Mecosta County		2025												FY 2025	% +/- from prev. year	FY 2024	FY 2023	FY 2022	FY 2021	FY 2020	FY 2019	FY 2018
		Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025									
# Cases Investigated by MMMEG		16	11	11	6	6	11	12	12	10	13	8	17	133	13%	118	108	141	119	133	109	95
	Scene Investigations	14	10	10	6	4	10	8	10	6	9	6	11	104	21%	86	76	108	84	102		
	Cremation Permits	28	22	20	22	23	33	22	21	26	18	15	25	275	-1%	278	243	330	316	322	197	
Manner of Death																						
	Homicide	0	0	0	0	0	1	0	0	0	0	0	0	1	0%	1	1	5	0	0	1	1
	Suicide	1	0	1	1	0	2	1	0	0	0	0	2	8	-20%	10	8	14	2	2	6	6
	Accident	1	1	1	1	2	2	3	3	1	5	1	0	21	-28%	29	16	25	18	21	15	15
	Natural	14	10	9	4	4	6	7	9	8	8	7	13	99	29%	77	83	94	99	109	86	73
	Pending	0	0	0	0	0	0	0	0	1	0	0	1	2		0	0	0	0	0	0	0
	Indeterminate	0	0	0	0	0	0	1	0	0	0	0	1	2	100%	1	0	3	0	1	1	0
Confirmed Drug Related Death																						
	Age <40yrs	0	0	0	0	0	0	0	0	0	0	0	0	0	-100%	2	2	4				
	Age >40yrs	0	0	0	0	0	1	0	0	0	0	0	0	1	-83%	6	2	5				
Special Cases																						
	UnClaimed Bodies	1	1	1	0	1	0	0	0	1	0	0	0	5	0%	5	3	2	1	1	2	1
	Unidentified Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
	Exhumations	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0
Ordered																						
	Toxicology	4	2	1	1	0	2	3	1	3	3	0	5	25	-17%	30	16	26	8	9	10	11
	Autopsy	1	0	0	1	2	2	1	2	2	3	1	2	17	113%	8	8	22	8	18	7	8
Donations																						
	Whole Body Accepted	0	0	0	0	-	-	0	1	-	-	-	-	1	0%	2	0	5	1	2	4	1
	Eyes/Cornea Accepted	0	0	0	0	-	-	0	0	-	-	-	-	0	-100%	2	0	0	1	3	2	8

Newaygo County		2025-2026												FY 24-25 Total	% +/- from prev. year	FY 24-25 Total	FY 23-24 Total	FY 22-23 Total	FY 21-22 Total	FY 20-21 Total	FY 19-20 Total	FY 18-19 Total	FY 16-17 Total	FY 15-16 Total
		Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	June 2026	July 2026	Aug 2026	Sept 2026											
# Cases Investigated by MMMEG		17	11	12	6									46	-7%	148	154	141	172	150	122	123	117	105
	Scene Investigations	16	9	11	2									38	-3%	117	117	113	141	111	92.0			
	Cremation Permits	31	22	29	24									106	-19%	391	384	362	367	349	305	250		
Manner of Death																								
	Homicide	0	0	0	0									0		0	0	0	2	1	1	1	2	0
	Suicide	2	0	2	0									4	200%	4	11	9	7	10	5	5	12	12
	Accident	3	4	0	1									8	-20%	30	37	36	31	33	30	25	13	13
	Natural	11	7	10	5									33	-12%	113	106	94	131	104	85	91	80	80
	Pending	0	0	0	0									0		0	0	0	0	0	0	0	0	0
	Indeterminate	1	0	0	0									1		0	0	2	1	2	1	1	0	0
Confirmed Drug Related Death																								
	Age <40yrs	0	0	0	0									0		0	5	2	3					
	Age >40yrs	2	1	0	0									3		3	5	7	14					
Special Cases																								
	UnClaimed Bodies	0	0	0	0									0	-100%	2	1	0	1	1	2	1		
	Unidentified Bodies	0	0	0	0									0		0	0	0	0	0	0	0		
	Exhumations	0	0	0	0									0		0	0	0	0	0	0	0		
Ordered																								
	Toxicology	3	0	3	1									7	-16%	25	39	24	25	14	12	15		
	Autopsy	6	2	1	0									9		8	10	13	12	21	17	14	40	41
Ordered																								
	CT Scan				0																			

Please find below statistical information provided by the current Medical Examiner provider for the past three years:

	2023	2024	2025
Total annual number of deaths reported to the medical examiner	102	108	111
Total annual number of autopsies	36	32	46
Total annual number of cases investigated	102	108	111

The current Medical Examiner does not produce an annual report for Gratiot County.

I hope this information is useful to you.

Timothy J. Dolehanty

Gratiot

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**Gratiot County,
Michigan and United States Residents, 2024**

Michigan Rank & Cause of Death	Number of Deaths			Age-adjusted Mortality Rates		
	Gratiot	MI	U.S.	Gratiot	MI	U.S.
All Causes of Death	465	102,848	3,072,666	847.3	775.0	744.1
1. Heart Disease	119	26,221	683,492	215.0	194.5	162.7
2. Cancer	93	21,171	619,876	163.4	150.5	143.5
3. Stroke	30	6,151	166,855	52.6	46.1	40.0
4. Unintentional Injuries	25	5,435	197,448	54.0	47.8	54.4
5. Chronic Lower Respiratory Diseases	29	5,258	145,643	49.2	36.9	33.5
6. Alzheimer's Disease	17	4,165	116,022	*	31.7	28.2
7. Diabetes Mellitus	14	3,225	94,445	*	23.5	22.3
8. Kidney Disease	11	1,966	55,081	*	14.4	13.0
9. Chronic Liver Disease and Cirrhosis	1	1,562	52,274	*	12.5	13.0
10. Intentional Self-harm (Suicide)	6	1,443	48,821	*	13.6	14.0

Mecosta

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**Mecosta County,
Michigan and United States Residents, 2024**

Michigan Rank & Cause of Death	Number of Deaths			Age-adjusted Mortality Rates		
	Mecosta	MI	U.S.	Mecosta	MI	U.S.
All Causes of Death	432	102,848	3,072,666	757.6	775.0	744.1
1. Heart Disease	108	26,221	683,492	187.1	194.5	162.7
2. Cancer	105	21,171	619,876	169.9	150.5	143.5
3. Stroke	19	6,151	166,855	*	46.1	40.0
4. Unintentional Injuries	29	5,435	197,448	64.5	47.8	54.4
5. Chronic Lower Respiratory Diseases	24	5,258	145,643	41.0	36.9	33.5
6. Alzheimer's Disease	15	4,165	116,022	*	31.7	28.2
7. Diabetes Mellitus	11	3,225	94,445	*	23.5	22.3
8. Kidney Disease	5	1,966	55,081	*	14.4	13.0
9. Chronic Liver Disease and Cirrhosis	4	1,562	52,274	*	12.5	13.0
10. Intentional Self-harm (Suicide)	8	1,443	48,821	*	13.6	14.0