

COMMANDERS SUSPECTED SUICIDE EVENT REPORT

For use of this form, see AR 600-92; the proponent agency is DCS, G-9.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013, Secretary of the Army, 10 USC 7381, Fatality reviews and DA Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention.

PRINCIPAL PURPOSE: To record information on every suicide or equivocal death which is investigated as a possible suicide.

NOTE: This system of records contains protected health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974, as amended, or mentioned in this system of records notice. For additional information see the System of Records Notice(s) A0600-63 DAPE G-1, Commander's Risk Reduction Toolkit (May 01, 2014, 79 FR 24690) at (<https://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-wide-SORN-Article-View/Article/570760/a0600-63-dape-g-1/>).

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary. However, failure to provide information may result in incorrect identification.

SECTIONS I, II & III TO BE COMPLETED BY THE COMMANDER

COMMANDER	LAST NAME	FIRST NAME	MI	RANK
	INSTALLATION	UNIT		UIC
DATE TIME GROUP (DTG) OF REPORT	LOCAL DTG			

SECTION I - SERIOUS INCIDENT REPORT (SIR)

(See AR 600-63, paragraph 4-10a.(1); AR 190-45)

SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 24 hours of the incident, IAW AR 190-45, para 9-2b

In accordance with AR 25-22, AR 190-45, and DOD 5400.7-R, information contained in this report is law-enforcement sensitive, confidential and private in nature, and any further distribution (*forwarding to unauthorized personnel*) without the authorization of the reporting command's installation PM or DES will be in violation of the UCMJ and USC.

Line 1	DATE OF INCIDENT:
Line 2	TIME OF INCIDENT:
Line 3	LOCATION OF INCIDENT: <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post

DECEDENT'S INFORMATION

Line 4	<p>a. NAME: _____ (Last) _____ (First) _____ (MI)</p> <p>b. RANK: _____</p> <p>c. DOD ID: _____</p> <p>d. COMPONENT/DUTY STATUS: _____ / _____</p> <p>e. PMOS/BRANCH: _____ / _____</p> <p>f. SEX: _____</p> <p>g. DATE OF BIRTH (YYYYMMDD): _____</p> <p>h. AGE: _____</p> <p>i. RACE/ETHNICITY: _____ / _____</p> <p>j. UNIT: _____</p>
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Line 5	SUMMARY OF INCIDENT (Limited to 250 words. Use continuation page as necessary.)
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NEXT OF KIN NOTIFICATION IAW AR 638-8, CHAPTER 4

Line 6	<p>a. NAME: _____</p> <p>b. RELATIONSHIP: _____</p> <p>c. NOTIFIED: _____</p>
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UNIT POINT OF CONTACT

Line 7	<p>a. NAME: _____</p> <p>b. RANK: _____</p> <p>c. E-MAIL: _____</p> <p>d. TELEPHONE: _____</p>
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SECTION I - SERIOUS INCIDENT REPORT (SIR)

COMMANDER'S SIGNATURE	DATE
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SECTION II – COMMANDER'S INITIAL REPORT (Page 1 of 11)

(All data points for Section II are contained within the Commander's Risk Reduction Toolkit (CRRT))

SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 5 days of the incident, IAW AR 600-63, para 4-10a.(2)(e)

COMMANDER	LAST NAME	FIRST NAME	MI	RANK
	INSTALLATION	UNIT	UIC	
DECEDENT	LAST NAME	FIRST NAME	MI	RANK
	DOD ID	DATE OF DEATH	UNIT	

Line A **TIME IN SERVICE:** YEARS: _____ MONTHS: _____

Line B **EDUCATION:** *(Indicate highest level completed)*

GED
 High School Diploma
 Some College Classes
 Bachelor's Degree
 Master's Degree
 Doctoral Degree
 Civilian Higher Education

Line C **UNIT AND DUTY LOCATION:**

Unit of assignment and location: _____

Assigned duty location and positions on date of event: _____

STATUS AT TIME OF EVENT: *(check all that apply)*

<input type="checkbox"/> Active Duty (AD)	<input type="checkbox"/> Trainee (Basic Training or AIT/WOCS/OBC)	<input type="checkbox"/> Leave
<input type="checkbox"/> Active Duty Training	<input type="checkbox"/> Release from Active Duty Within 120 Days	<input type="checkbox"/> TDY
<input type="checkbox"/> In-Active Duty Training	<input type="checkbox"/> Scheduled for Released from Active Duty Within Last 120 Days	<input type="checkbox"/> Deployed
<input type="checkbox"/> Active Guard Reserve (AGR)	<input type="checkbox"/> Retired Guard or Reserve not on AD or Drill Status	<input type="checkbox"/> AWOL
<input type="checkbox"/> Mobilized Guard or Reserve	<input type="checkbox"/> Hospitalized	

DRILL STATUS:

Troop Program Unit (TPU)
 Active with Regular Participation
 Not Participating
 M-day Soldier

Line D **ARRIVAL DATE TO CURRENT UNIT:** _____

Was the Service Member new to unit *(arrived within six months prior to death)*? Yes No

Line E **STATUS OF UNIT AT TIME OF INCIDENT:**

Deployed Date: _____
 Redeployed Date: _____
 Pending Deployment Date: _____
 N/A

Line F **INDIVIDUAL DEPLOYMENT HISTORY:**

Pending Deployment Date: _____
 Currently Deployed
 Number of Deployments: _____

Line G **PCS/LEAVE ISSUES:**

Date of last PCS: _____ Location From: _____ To: _____ N/A
 Stressors During PCS Move
 Explain *(financial/family/medical)*: _____

SECTION II - TRAINING

Line H	Resiliency Training	Had the decedent received resiliency training within the last 12 months? If so, which? <input type="checkbox"/> Hunt the Good Stuff <input type="checkbox"/> Real-Time Resilience <input type="checkbox"/> Problem Solving <input type="checkbox"/> Put It In Perspective <input type="checkbox"/> Avoid Thinking Traps <input type="checkbox"/> Detect Icebergs <input type="checkbox"/> Mental Games <input type="checkbox"/> Strengths in Challenges <input type="checkbox"/> Assertive Communication <input type="checkbox"/> Identify Strength in Self and Others <input type="checkbox"/> Active Constructive Responding and Effective Praise <input type="checkbox"/> Activating Events – Thoughts – Consequences <input type="checkbox"/> Other Regulatory Required Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line I	Suicide Prevention/Awareness/Deterrence	Had the decedent taken suicide training within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line J	Army Physical Fitness Test (APFT)	Had the decedent taken an APFT within the last 12 months: APFT Score: _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line K	Failure to meet Army Body Composition Program (ABCP)	Had the decedent been counseled on or enrolled in ABCP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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SECTION II – COMMANDER’S INITIAL REPORT (Page I of II)

(All data points for Section II are contained within the Commander’s Risk Reduction Toolkit (CRRT))

SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 5 days of the incident, IAW AR 600-63, para 4-10a.(2)(e)

SECTION II - LEGAL ISSUES

Line L	Article 15 (Pending or Completed)	Did the decedent have any documented non-judicial punishment (Article 15s) on his/her record that was either forthcoming or already applied within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line M	Court Martial (Pending or Completed)	Had charges been preferred against the decedent or had they been court-martialed in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line N	Under Investigation	Was the decedent under investigation (a unit preliminary inquiry or AR 15-6; CID; or MPI)? If YES : Date Investigation Began: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line O	Civilian Felony Charges	Was the decedent facing civilian misdemeanor or felony charges at the time of his/her death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line P	Crime Involving Minor	Was the decedent facing charges for child abuse, kidnapping a minor, sexual misconduct with a minor, possessing child pornography, or any other crime involving a person under the age of full legal responsibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line Q	Arrest Warrant	Was there an outstanding arrest warrant for the decedent at the time of death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line R	Prior Incarceration	Had the decedent spent any time in jail for any previous crimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION II - SLEEP ISSUES

Line S	Diagnosed Sleep Disorder	Was the decedent diagnosed by a medical or behavioral health professional with a sleep disorder of some kind such as sleep apnea, insomnia, narcolepsy, parasomnia, etc. whether mild or severe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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SECTION II - BEHAVIORAL HEALTH ISSUES / ASSESSMENT

Line T	Pre-Existing Mental Health	Are you aware if the decedent had mental health issues prior to enlistment or commissioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line U	Behavioral Health Physical Profile (DA Form 3349)	If the decedent had a Behavioral Health condition with duty limitation was there a DA Form 3349, Physical Profile?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line V	TBI (Traumatic Brain Injury) (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with TBI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION II - WORK ISSUES

Line W	Disciplinary (AWOL/FTR)	Had the decedent been reported as absent without leave (AWOL)/Failure to Report (FTR) prior to taking his/her own life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line X	Suspension of Favorable Personnel Action (FLAG)	Was the decedent flagged under AR 600-8-2 for any other reason? If yes, why? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line Y	Deployment Issues (Include multiple deployments)	Had the decedent experienced elevated stress levels or home and/or family issues due to extended time in combat, multiple deployments, etc. that were noted as stressors contributing to the decedent deciding to take his/her own life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line Z	TDY Issues (i.e. schools, training)	Had the decedent experienced elevated stress levels or home and/or family issues due to government imposed separation from family, i.e. temporary duty such as schooling, training, etc. that were noted as stressors contributing to the decedent deciding to take his/her own life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION II – COMMANDER’S INITIAL REPORT (Page I and II)

COMMANDER'S SIGNATURE		DATE
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SECTION III – COMMANDER’S FINAL REPORT

SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 60 days of the incident

DECEDENT	LAST NAME	FIRST NAME	MI	RANK
	DOD ID	DATE OF DEATH	UNIT	

SECTION III - RELATIONSHIPS

Line 1 **FAMILY MEMBERS** (List name, address, and relationship of next of kin (i.e. spouse, natural, adopted, step, and illegitimate children, parents, persons standing in loco parentis, sisters, brothers, grandparents). Limit interviewees to 10 or less Family members. Use separate sheet if necessary.)

Dual Military Single Parent

Line 2 **MARITAL/SIGNIFICANT OTHER RELATIONSHIP AND STATUS** (check all that apply):

Never Married Separated/Estranged Divorce Pending Significant Other

Married – Number of Years: _____ Number of Times Married: _____ Divorced – Date of Divorce: _____

Line 3	Marital Status Change of Decedent	Was the decedent involved in a legal separation or divorce at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 4	Marital Status Change of Decedent Parents	Were the parents of the decedent involved in a legal separation or divorce at any time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 5	Non-Marital Relationship Change (Opposite Sex)	Was the decedent involved in the separation or breakup of an opposite sex cohabitation relationship with a significant other, or in the involuntary termination of a relationship with significant other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 6	Non-Marital Relationship Change (Same Sex)	Was the decedent involved in the separation or breakup of a same-sex cohabitation relationship with a significant other, or in the involuntary termination of a relationship with a significant other?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 7	Loss of Child Custody	Did the decedent experience the loss of custody of a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 8	Altercation (Physical or Verbal)	Was the decedent involved in one or more verbal or physical altercations within the last 3 months with a family member, as defined in the parentheses? Family Member: (father, mother, spouse, domestic partner, (opposite or same sex), son, daughter, grandfather, grandmother)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 9	Domestic Abuse of the Decedent	Was the decedent the victim of any form of domestic abuse within the last 3 months: physical, psychological or sexual (childhood, adolescence, or adulthood) prior to death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 10	Domestic Abuse by Decedent on Family	Was the decedent the perpetrator of domestic abuse on any family member at any time within the last 3 months: physical, psychological or sexual (childhood, adolescence, or adulthood) prior to death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 11	Infidelity of Spouse or Significant Other (Actual)	Did the spouse or significant other have sexual relations with anyone other than the decedent within the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 12	Infidelity of Spouse or Significant Other (Suspected)	Was the decedent upset or seemingly negatively affected by suspected but unproven infidelity of the spouse or significant other within the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Line 13	Physical/Geographical Separation (Self-Imposed)	Was the spouse or significant other no longer domiciled with the decedent resulting in a self-imposed, or family-imposed status of “geo-bachelor” that was reported to have possibly influenced the attitudes or actions of the decedent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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SECTION III – LIVING ARRANGEMENTS

LIVING ARRANGEMENTS AT TIME OF INCIDENT: (check all that apply). If both are selected additional comments are required.

- On Post Off-Post Explain: _____
 Barracks
 Family Housing

IDENTIFY ADDITIONAL LIVING ARRANGEMENTS CONDITIONS:

- Living Alone
 Living with Someone
 Family Member Roommate Friend Significant Other
 Homeless
 Shelter Car Street Other (Explain): _____
 Other (Explain): _____

SECTION III – PREVIOUS SUICIDE ATTEMPTS / SELF INJURY

Line 15	Number of Previous Suicide Attempts	How many times had the decedent previously attempted to end his/her life? _____
Line 16	Prior Self-Injury Events (ideations, attempts, overdose, cutting, etc.)	Number of events: _____

SECTION III – SUICIDE INDICATOR(S)

Line 17	Suicide Ideations	Was there any evidence the decedent had thoughts of engaging in suicide-related behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 18	Suicide Plans	Was there any evidence the decedent had made any plans regarding a self-initiated action that facilitates self-harm or a suicide attempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 19	Suicide Attempts	Was there any evidence the decedent carried out a self-directed potentially injurious behavior with the intent to die?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 20	Denied Ideations	Did spouse, family members, friends, workmates, significant others, or bystanders believe decedent showed suicidal behavior yet subject denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – SUICIDE CONCERN

Line 21	Behavioral Health Professional/ Paraprofessional Expressed Concern	Were behavioral health personnel aware of any of the indicators cited in the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 22	Chaplain or Clergy Expressed Concern	Were chaplain or clergy, aware of any of the indicators cited in the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 23	Chain of Command Expressed Concern	Was chain of command aware of any of the indicators cited in the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 24	Battle Buddy or Friend Expressed Concern	Were friends or battle buddies aware of any of the indicators cited in the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 25	Family Members Expressed Concern	Were family members aware of any of the indicators cited in the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – SUICIDE NOTE

Line 26	Suicide Note Mentioned	Is the existence of a suicide note mentioned in the report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 27	Suicide Note Narrative	Is the suicide note included in the report? A “note” can consist of electronic text messages authored prior to the suicide, or a handwritten or typed note of any length.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – SUICIDE NOTE (Continued)

Line 28	Suicide Date Coincide With Key Dates	Does Suicide Date Coincide with other anniversary dates (i.e., suicide or deaths of relatives, divorce, birthdays, separation, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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SECTION III – DEATH EXPOSURE

Line 29	Suicide Exposure - Family Member	Had the decedent lost a family member to suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 30	Suicide Exposure – Non-Family	Had the decedent lost a fellow Soldier up to battalion level, civilian friend, coworker, or other important person (non-family member) to suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 31	Suicide Ideation - Family Member	Had the decedent been exposed to suicide ideations, planned suicide, or attempts by a family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 32	Suicide Ideation – Non-Family Member	Had the decedent been exposed to suicide ideations, planned suicide, or attempts by a non-family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 33	Non-Suicide Death - Family Member	Had the decedent experienced the death of a family member (father, mother, spouse, domestic partner (opposite sex or same-sex), parent of domestic partner, son, daughter, grandfather, grandmother)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 34	Non-Suicide Death Non-Family	Had the decedent experienced the non-suicidal death of a fellow Soldier, civilian friend, coworker, or other important person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – SLEEP ISSUES

Line 35	Sleep Cycle Disturbance	Did the investigating officer report the interruption of a normal sleep cycle as part of the complex of negative issues leading up to the suicide or were there any reported issues of the decedent having sleeplessness, nightmares, suddenly waking, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 36	Prescription or OTC Drug Use	Was the decedent prescribed, or did the decedent take a prescription or over-the-counter (OTC) sleep aid medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – BEHAVIORAL HEALTH ISSUES / ASSESSMENT

Line 37	Depression (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with a condition labeled as “depression,” whether mild or severe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 38	eProfile (Behavioral Health)	If there was an eProfile documenting decedent’s Behavioral Health condition with duty limitations, was the Command Team aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 39	Depression (Self -Reported)	Did the decedent label himself or herself as “depressed” or suffering from “depression,” whether mild or severe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 40	Anxiety (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with a condition labeled as “anxiety,” whether mild or severe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 41	Anxiety (Self-Reported)	Did the decedent label himself or herself as “anxious” or suffering from “anxiety,” whether mild or severe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 42	PTSD (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with a condition labeled as Post-Traumatic Stress Disorder (PTSD) whether mild or severe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 43	Undisclosed (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with a behavioral health (BH) condition other than those named immediately above that was named or unnamed but referred to as probably influencing the decision to attempt and complete suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 44	Behavioral Health Appointment No-Show	Did the decedent fail to keep one or more scheduled appointments with a (BH) professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 45	High Risk Previously Unknown Due to Transfer	a) Had the decedent been labeled as “high risk” prior to joining the unit where the suicide was completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		b) Was this “high risk” characterization unknown to the current command until after the suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – BEHAVIORAL HEALTH ISSUES / ASSESSMENT (Continued)

Line 46	Victim of Teasing, Bullying or Hazing	Was the victim the object of teasing, bullying or hazing for any reason (racial, sexual, religious, etc.) by leaders or peers, or for any other reason identified by the IO, while assigned to the current unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 47	Prolonged Stress	Did the investigation determine that the decedent had been subjected to continuous stress or high stress for an unspecified but significant period of time prior to the suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 48	Violent Behavior as Perpetrator	Did the decedent have a criminal history or record, military or civilian, of violent behavior against non-family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 49	Prior Self-Injury Events Such As Cutting	Had the decedent engaged in cutting or other forms of self-mutilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – BEHAVIORAL HEALTH ISSUES / ASSESSMENT - POST DEPLOYMENT

Line 50	Post Deployment Health Assessment Last 12 Months	Did the decedent take the Post Deployment Health Assessment or Post Deployment Health Reassessment within the 12 months prior to the suicide? (This question and the two immediately following assess the utility of the DHAP family of assessments.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 51	Post Deployment Health Assessment Issues	If the decedent did take either or both of the assessments, were any behavioral health issues identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 52	Post Deployment Health Assessment Follow Up	If the decedent took either of the assessments and BH issues were identified, did the decedent and the command follow up and complete all of the treatments recommended issues or prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – WORK ISSUES

Line 53	Toxic Leadership	Was the decedent subjected to a toxic work environment by superiors at the time of death?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 54	High Stress Work Related	Was the decedent in a job in which he/she was subjected to constant high stress? Was the decedent threatened with adverse action if performance declined? If the answer to either question is "Yes," then the response is "Yes."	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 55	Responsible for Battle Buddy	Did the decedent express grief/remorse and feel responsible for the injury or death of a battle buddy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 56	Substandard Military Performance	Had the decedent been cited/counseled for substandard military work performance by leadership? The insertion of word "military" clarifies for Reservists that this question is not about civilian employment, but military.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 57	Security Clearance Difficulties	Did the decedent have a security clearance revoked/denied due to personal, behavioral, legal, financial issues, or did he/she fear it would be revoked or denied if he/she came forward?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 58	Academic Failure or Non-Selection	Did the decedent experience a decline/failure in academic or job-related work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 59	Deployment Issues (Include Multiple Deploy)	Had the decedent experienced elevated stress levels or home and/or family issues due to extended time in combat, multiple deployments, etc. that were noted as stressors contributing to the decedent deciding to take his/her own life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 60	Deployment Pending With Orders Received	Had the decedent received official notification of deployment through the receipt of orders (verbal or written)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – WORK ISSUES (Continued)

Line 61	Potential Forced Separation	a) Was the decedent facing non-voluntary separation from the Army? b) Had the decedent been barred from reenlistment either from an administrative separation (non-judicial) or a punitive discharge (court-martial)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 62	Elected Separation or Retirement	Had the decedent voluntarily decided to separate or retire from the Army, and was experiencing anxiety over the anticipated difficulty of adjusting to civilian life?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 63	Unemployment Underemployment (RC Only)	RC Specific: When not on AD or ADT, was decedent unemployed, underemployed, or involuntarily employed just part time? (This question pertains only to ARNG and USAR Soldiers. It pertains to those whose most enduring employment is short or long tours with the Army and to whom civilian employment is a stop gap situation while awaiting the next tour. (Active Guard/ Reserve (AGR)/Mday/troop program unit (TPU) assignments).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 64	Unemployment Forced (RC Only)	RC Specific: Was there civilian employment layoff; firing; demotion; work reduction; reduction in benefits? (This question pertains only to ARNG and USAR Soldiers. It pertains to those whose most enduring employment is civilian employment, and for whom AD or ADT tours may be considered an interruption of civilian career progression. Was there a layoff; firing; demotion; work reduction; reduction in benefits or loss of hours? This question complements and completes the picture derived from previous RC question, developing an understanding of the degree to which civilian employment was source of uncertainty and stress.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – SOCIAL ISOLATION

Line 65	Lack of Social Skills	Did the decedent have more difficulty than most peers interacting/ conversing with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 66	Sense of Inadequacy	Did the decedent show any signs of feeling like a failure; feelings of not being “good enough”, low self-worth, incompetence, powerlessness, and even shame; or less successful than peers and/or subordinates?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 67	Service Member Self-Isolated	Did the decedent seem to withdraw from his/her normal level of social interaction? Was he/she seen as a loner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 68	Behavioral Change Worsen	Did the Soldier's behavior (eating, sleeping, social interactions, alcohol/drug use, gambling, fighting, spending, etc.) or attitudes change for the worse prior to his/her death? (The question immediately below asks if the decedent’s behavior or attitudes improved shortly before the suicide. This question asks about the more frequent symptom where behavior and attitudes worsen before the suicide as the individual feels ever more hopeless.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 69	Behavioral Change Improve	Did the decedent show improved behavior, mood, social interactions or work performance shortly before the suicide because the evident decision to commit suicide presented a “solution” and had “resolved” the decedent’s problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – FINANCIAL ISSUES

Line 70	Indebtedness	Did the decedent express concerns of excessive debt or was there known or reported excessive debt? (Not credit card debt.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 71	Bankruptcy	Was decedent facing or did he/she file for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 72	Credit Card Issues	Did the decedent express concerns of excessive credit card debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – COMMANDER'S FINAL REPORT (Continued)
SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 60 days of the incident

SECTION III – FINANCIAL ISSUES (Continued)

Line 73	SGLI or Civilian Life Insurance Motivated	Did the decedent seem to be motivated to commit suicide due to the belief that the family would be better taken care of because of an existing life insurance policy (SGLI or civilian)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 74	Theft of Assets by Family Member(s)	Did the decedent claim or report that family member(s) were depleting/had depleted bank accounts or other assets without permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 75	Applied or Received Personal Loan	Had the decedent applied for or received a personal loan? This refers to an AER or a loan from a business, but not a loan from a private person.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – MEDICAL / DRUG ISSUES

Line 76	Pain Requiring Medication	Had the decedent experienced any health issues that required pain medication either prescribed or OTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 77	Significant Health Issues for Family Members	Was a family member of the decedent facing significant health issues in the judgment of the decedent or competent medical authority, and needing extra care for their condition and, if so, did this seem to impose a physical, emotional or time burden on the decedent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 78	Medical Responsibility for Family	Was the decedent responsible for providing care for and/or covering medical costs for Family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 79	Decedent Facing Serious Illness	Was the decedent confronted with a serious illness or medical condition that could significantly impair his/her current life style or employment prospects, military or civilian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 80	Decedent Facing Medical Evaluation Board (MEB); Physical Evaluation Board (PEB); MOS/Medical Retention Board (MMRB)	Was the decedent facing a MEB, PEB, or MMRB for a medical condition that potentially jeopardized the decedent's ability to do his/her job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – DRUG / ALCOHOL ISSUES

Line 81	History of Drug Abuse	Were there any known or recorded past abuses of drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 82	Drug Presence TOD	Were illegal, prescription or over-the-counter drugs present at the scene or noted as present in the toxicology report from the autopsy at the time of death (TOD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 83	History of Alcohol Abuse	Were there known or recorded past instances of abuse or excessive consumption of alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 84	Alcohol Presence TOD	Was alcohol present at the scene or noted as present in the toxicology report from the autopsy at the time of death (TOD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 85	Mood Altering Medications	Had the decedent been prescribed psychotropic drugs for emotional or mental disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – LEADERSHIP / FAMILY ENGAGEMENT

Line 86	Engaged with Behavioral Health Professional/Paraprofessional	Did the decedent undergo treatment by trained behavioral health professionals who are credentialed or licensed as psychiatrists, clinical or counseling psychologists, social workers, or psychiatric clinical nurse specialists to receive help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 87	Engaged With Chaplain Clergy	Did the decedent meet or speak with a unit or installation Chaplain or civilian Clergy to receive necessary help? (Guard Confidential Communications per AR 165-1, Chapter 16)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 88	Command Visibility	Was there evidence that leaders of the command (company or battalion) were aware of the decedent's propensity for high risk or suicidal behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – LEADERSHIP / FAMILY ENGAGEMENT *(Continued)*

Line 89	Engaged with Chain of Command	Was the Chain of Command active in helping the decedent in receiving necessary services or program assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 90	Engaged with Battle Buddy or Friend	Did a Battle Buddy assist the decedent in getting help or reporting the situation to Chain of Command?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 91	Engaged With Spouse or Significant Other	Did the spouse/domestic partner assist the decedent in getting help or reporting situation to Chain of Command?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 92	Engaged With Family (Non-Spouse)	Did family members assist the decedent in getting help or reporting situation to Chain of Command?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 93	Engaged with Others	Did other persons assist the decedent in getting help or reporting situation to Chain of Command?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION III – GUN SHOT WOUND ISSUE(S)

Line 94	Military Weapon	Was the weapon a military weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 95	Private Weapon Owned	Was the weapon owned by the decedent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 96	Private Weapon Borrowed	Was the weapon borrowed by the decedent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Line 97	Registered With Installation or Unit	Was the weapon registered on the installation or in the unit? (On-post weapons only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

CONTINUATION / ADDITIONAL COMMENTING:

SECTION III – COMMANDER'S FINAL REPORT

COMMANDER'S SIGNATURE		DATE
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