

# COMMANDERS SUSPECTED SUICIDE EVENT REPORT

For use of this form, see PAM 600-24; the proponent agency is DCS, G-1.

Initial

Final

Line 1	Date time group (DTG) report:
Line 2	Name ( <i>Last, First, MI</i> ):
Line 3	DTG of death: DTG and location of incident <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post    Date: Address:
Line 4	Rank:
Line 5	MOS:
Line 6	Time in service: (Years/Months)    Years:    Months:    Prior service? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous break in service? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, specify the dates:    From:    To:    - If yes, specify the dates:    From:    To:
Line 7	DOB:    Age:
Line 8	Marital/Significant other relationship and status: (check all that apply) <input type="checkbox"/> Never Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorce Pending <input type="checkbox"/> Married - Number of Years <input type="checkbox"/> Divorced - Date of Divorce <input type="checkbox"/> Significant Other <input type="checkbox"/> Number of Times Married
Line 9	Family Members (List name, address, and relationship of spouse/significant other, children, mother, father, sister(s), brother(s)):  <input type="checkbox"/> Dual Military <input type="checkbox"/> Single Parent. List sex and age of all children:  <input type="checkbox"/> Significant Health Issues for Family Member(s). List member(s) name and issue(s) for each:  <input type="checkbox"/> Significant Legal Issues for Family Member(s). (e.g., impending bankruptcy, divorce or child custody proceeding). If checked, identify member(s) and issue(s) for each:  <input type="checkbox"/> Significant Disputes Among Family Member(s) or Significant Other. Identify member(s) dispute(s) for each:  <input type="checkbox"/> Family History of Suicide Attempts/Completions. If checked, identify member(s), date(s) and how:
Line 10	Living arrangements at time of incident: (check all that apply). If both are selected additional comments are required. <input type="checkbox"/> On-Post <input type="checkbox"/> Off-Post    Explain: <input type="checkbox"/> Barracks <input type="checkbox"/> Family Housing Identify additional living arrangements conditions: <input type="checkbox"/> Living Alone <input type="checkbox"/> Family Member <input type="checkbox"/> Roommate <input type="checkbox"/> Other (Explain): <input type="checkbox"/> Living with Someone <input type="checkbox"/> Friend <input type="checkbox"/> Significant Other <input type="checkbox"/> Homeless <input type="checkbox"/> Car <input type="checkbox"/> Street <input type="checkbox"/> Shelter <input type="checkbox"/> Geographically Separated <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Other (Explain): If on-post, are emergency access procedures in place? <input type="checkbox"/> Yes <input type="checkbox"/> No If applicable, briefly describe the emergency access procedures:

Line 11	<p>Education: (Indicate highest level completed)</p> <input type="checkbox"/> GED <input type="checkbox"/> Some College Classes <input type="checkbox"/> Four Year College Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> High School Diploma <input type="checkbox"/> Two Year College Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Currently Enrolled in School
Line 12	<p>Unit and duty status</p> <p>Unit of assignment and location</p> <p>Assigned duty location and position on date of event</p> <p>Duty status at time of event: (check all that apply)</p> <input type="checkbox"/> AD <input type="checkbox"/> Trainee (Basic Training or AIT/WOCS/OBC) <input type="checkbox"/> Leave <input type="checkbox"/> ADT <input type="checkbox"/> Released from Active Duty Within Last 120 Days <input type="checkbox"/> TDY <input type="checkbox"/> IDT <input type="checkbox"/> Scheduled for Release from Active Duty Within 120 Days <input type="checkbox"/> Deployed <input type="checkbox"/> 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 <p>Drill status:</p> <input type="checkbox"/> TPU <input type="checkbox"/> Active with Regular Participation <input type="checkbox"/> Not Participating <p>Outreach: <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Dates: _____ Method: _____</p>
Line 13	Arrival date to current unit: _____
Line 14	<p>Status of unit at time of incident:</p> <input type="checkbox"/> Deployed Date: _____ <input type="checkbox"/> Redeployed Date: _____ <input type="checkbox"/> Pending Deployment Date: _____
Line 15	<p>Individual deployment history</p> <input type="checkbox"/> Pending Deployed Date: _____ <input type="checkbox"/> Direct Combat <input type="checkbox"/> Number of Deployments _____ List location(s)/date(s) of deployment(s)
Line 16	<p>PCS/leave issues</p> <p>Date of last PCS: _____ Location From: _____ To: _____</p> <input type="checkbox"/> Stressors During PCS Move Explain (financial/family/medical): _____ <p><input type="checkbox"/> Recent Non-Emergency Leave/Pass Date: _____  Purpose:  <input type="checkbox"/> Pleasure (i.e., vacation, visit family)  <input type="checkbox"/> Other (i.e., attend to sick family member) Explain: _____</p> <p><input type="checkbox"/> Recent Emergency Leave Date: _____  Emergency Leave Purpose: _____</p> <input type="checkbox"/> Any Leave Disapproved Within the Last <input type="checkbox"/> 48 Hours <input type="checkbox"/> Past Week <input type="checkbox"/> Past Month <p>Briefly Explain: _____</p>
Line 17	<p>Identify Suicide Prevention Training received within the last 12 months: _____ Date: _____</p> <p>Identify Resiliency Training received within the last 12 months: _____ Date: _____</p> <p>Identify Army Physical Fitness Training (APFT) received within the last 12 months: _____ Date: _____</p> <p>APFT Score: _____ <input type="checkbox"/> Pass                      <input type="checkbox"/> Fail</p>
Line 18	<input type="checkbox"/> Prior Self-Injury Events: (ideations, attempts, overdose, cutting, etc.). Number of events: _____
Line 19	<input type="checkbox"/> Does Suicide Date Coincide With Other Anniversary Dates (i.e., suicide or deaths of relatives, divorce, birthdays, separation, etc)? If yes, provide details: _____

Line 20	<input type="checkbox"/> Drug Involvement Related to Incident    Drug type (if known) and known details:  <input type="checkbox"/> Alcohol Involvement Related to Incident    Provide details: (i.e., bottles/pills found at scene/witness reports, etc.)																												
Line 21	Details of suspected suicide event, including suspected method of death: (i.e., hanging, drowning, overdose)																												
Line 22	<p>The questions in Line 22 are from the Beck Suicide Intent Scale and used by behavioral health providers to gauge the intent is not clearly evident from the evidence at the scene. Here are some helpful questions from that scale.</p> <p><b>Isolation:</b> Was anyone around when the Soldier died?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Somebody Was Right by Him/Her in the Same Room</td> <td><input type="checkbox"/> No One Was Around</td> </tr> <tr> <td><input type="checkbox"/> Somebody Was Able to See or Hear Him/Her</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p>Comment:</p> <p><b>Timing:</b> Was the Soldier expecting anyone? Had it occurred to the individual <u>then</u> that someone might walk in on them or interrupt them at any time?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Intervention Was Probable (timed so that someone would be around)</td> </tr> <tr> <td><input type="checkbox"/> Intervention Was Not Likely (timed it so that someone might be around, or didn't appear to have thought about timing at all with regard to possible intervention)</td> </tr> <tr> <td><input type="checkbox"/> Intervention Was Highly Unlikely (no one could have stopped him/her)</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p>Comment:</p> <p><b>Precautions against discovery/intervention:</b> Did the individual do anything to prevent others from discovering them or finding out about their plans?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> No Precautions</td> <td><input type="checkbox"/> Active Precautions (i.e., locked door)</td> </tr> <tr> <td><input type="checkbox"/> Passive Precautions (i.e., avoiding others but doing nothing to prevent their intervention; alone in room with an unlocked door)</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p>Comment:</p> <p><b>Acting to get help during the event:</b> Did the individual seek any help?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Told Someone What He/She Had Done and/or Asked for Help</td> <td><input type="checkbox"/> Did Not Contact or Notify Any Potential Helper</td> </tr> <tr> <td><input type="checkbox"/> Contacted Someone, but Did Not Say What They Had Done</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p>Comment:</p> <p><b>Anticipatory acts:</b> Did the Soldier make any preparations in the event they would not live (i.e., wills, gifts, insurance, arrangements for pets, etc.)?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Made Definite Plans or Completed Arrangements (gave things away, said goodbye, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Thought About or Made Some Arrangements</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p>Comment:</p> <p><b>Active preparatory acts:</b> Did the Soldier make deliberate preparations, for suicide? How much advance preparation did the Soldier engage in prior to the event (i.e., research of methods, efforts to obtain the necessary means or otherwise prepare?)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Extensive</td> </tr> <tr> <td><input type="checkbox"/> Minimal to Moderate</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p>Comment:</p> <p><b>Suicide note:</b> Did the individual leave a note? Did they communicate with someone about their plans?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> Note Written, but Torn Up, Deleted, or Discarded</td> <td><input type="checkbox"/> Unknown</td> </tr> </table> <p>Comment:</p>	<input type="checkbox"/> Somebody Was Right by Him/Her in the Same Room	<input type="checkbox"/> No One Was Around	<input type="checkbox"/> Somebody Was Able to See or Hear Him/Her	<input type="checkbox"/> Unknown	<input type="checkbox"/> Intervention Was Probable (timed so that someone would be around)	<input type="checkbox"/> Intervention Was Not Likely (timed it so that someone might be around, or didn't appear to have thought about timing at all with regard to possible intervention)	<input type="checkbox"/> Intervention Was Highly Unlikely (no one could have stopped him/her)	<input type="checkbox"/> Unknown	<input type="checkbox"/> No Precautions	<input type="checkbox"/> Active Precautions (i.e., locked door)	<input type="checkbox"/> Passive Precautions (i.e., avoiding others but doing nothing to prevent their intervention; alone in room with an unlocked door)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Told Someone What He/She Had Done and/or Asked for Help	<input type="checkbox"/> Did Not Contact or Notify Any Potential Helper	<input type="checkbox"/> Contacted Someone, but Did Not Say What They Had Done	<input type="checkbox"/> Unknown	<input type="checkbox"/> None	<input type="checkbox"/> Made Definite Plans or Completed Arrangements (gave things away, said goodbye, etc.)	<input type="checkbox"/> Thought About or Made Some Arrangements	<input type="checkbox"/> Unknown	<input type="checkbox"/> None	<input type="checkbox"/> Extensive	<input type="checkbox"/> Minimal to Moderate	<input type="checkbox"/> Unknown	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Note Written, but Torn Up, Deleted, or Discarded	<input type="checkbox"/> Unknown
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	<p><b>Overt communication of intent before event:</b> Had the individual warned anyone in advance?</p> <p> <input type="checkbox"/> No         <span style="margin-left: 300px;"><input type="checkbox"/> Unequivocal Communication (deliberate dialogue expressing intent)</span>  <input type="checkbox"/> Equivocal Communication (ambiguous dialogue could be portrayed as intent, but not deliberate)         <span style="margin-left: 150px;"><input type="checkbox"/> Unknown</span> </p> <p>Comment:</p>	
Line 23	<p>Behavioral/Counseling health treatment history/type (ASAP, Chaplain, Psychologist, etc)</p> <p> <input type="checkbox"/> Within 24 Hours Prior to Event    Type:  <input type="checkbox"/> Within 72 Hours Prior to Event    Type:  <input type="checkbox"/> Within 1 Week Prior to Event    Type:  <input type="checkbox"/> Within 1 Month Prior to Event    Type:  <input type="checkbox"/> Within 1 Year Prior to Event    Type:         </p> <p>Physical health treatment history</p> <p> <input type="checkbox"/> Within 24 Hours Prior to Event    Type:  <input type="checkbox"/> Within 72 Hours Prior to Event    Type:  <input type="checkbox"/> Within 1 Week Prior to Event    Type:  <input type="checkbox"/> Within 1 Month Prior to Event    Type:  <input type="checkbox"/> Within 1 Year Prior to Event    Type:         </p>	
Line 24	<p>Medications used</p> <p> <input type="checkbox"/> Within 24 Hours Prior to Event    Type:  <input type="checkbox"/> Within 72 Hours Prior to Event    Type:  <input type="checkbox"/> Within 1 Week Prior to Event    Type:  <input type="checkbox"/> Within 1 Month Prior to Event    Type:  <input type="checkbox"/> Within 90 Days Prior to Event    Type:         </p> <p>Compliance with prescription (i.e., taken as prescribed, skipped, in excess of prescription?). In different manner (i.e., crushed instead of in capsule)?</p> <p> <input type="checkbox"/> Within 24 Hours Prior to Event    Type:  <input type="checkbox"/> Within 72 Hours Prior to Event    Type:  <input type="checkbox"/> Within 1 Week Prior to Event    Type:  <input type="checkbox"/> Within 1 Month Prior to Event    Type:  <input type="checkbox"/> Within 90 Days Prior to Event    Type:         </p>	
Line 25	<p>History of drug and/or alcohol abuse</p> <p> <input type="checkbox"/> Prescription Drug Misuse/Abuse    Identify:         <span style="margin-left: 100px;"><input type="checkbox"/> Within 1 Month Prior to Event</span>  <input type="checkbox"/> Within 24 Hours Prior to Event    <span style="margin-left: 200px;"><input type="checkbox"/> Within 1 Year Prior to Event</span>  <input type="checkbox"/> Within 72 Hours Prior to Event    <span style="margin-left: 150px;"><input type="checkbox"/> More Than 1 Year Prior to Event</span>  <input type="checkbox"/> Within 1 Week Prior to Event         </p> <p> <input type="checkbox"/> Non-Prescription ("street") Drugs or Over-The-Counter    Identify:         <span style="margin-left: 100px;"><input type="checkbox"/> Within 1 Month Prior to Event</span>  <input type="checkbox"/> Within 24 Hours Prior to Event    <span style="margin-left: 200px;"><input type="checkbox"/> Within 1 Year Prior to Event</span>  <input type="checkbox"/> Within 72 Hours Prior to Event    <span style="margin-left: 150px;"><input type="checkbox"/> More Than 1 Year Prior to Event</span>  <input type="checkbox"/> Within 1 Week Prior to Event         </p> <p> <input type="checkbox"/> Alcohol Misuse/Abuse         <span style="margin-left: 100px;"><input type="checkbox"/> Within 1 Month Prior to Event</span>  <input type="checkbox"/> Within 24 Hours Prior to Event    <span style="margin-left: 200px;"><input type="checkbox"/> Within 1 Year Prior to Event</span>  <input type="checkbox"/> Within 72 Hours Prior to Event    <span style="margin-left: 150px;"><input type="checkbox"/> More Than 1 Year Prior to Event</span>  <input type="checkbox"/> Within 1 Week Prior to Event         </p>	

Line 26

Financial status issues: (check all that apply)

- Mortgage Exceeding Value of Property ("underwater" mortgage)
- Amount of Monthly Obligations Exceed Amount of Monthly Income From All Sources
- Applied/Received Military Loan
- Has More Than One Job
- Unemployed
  - Duration of unemployment:
- Underemployed/Part Time Employment
  - Duration of underemployment/part-time employment:
- Service Connected Disability
  - Percent rating?
- Involuntarily Separated From Civilian Employment Within Last 6 Months
  - Laid Off
  - Fired
  - Other (Explain):
- Evidence of Frustration in Obtaining Employment (Explain):

Line 27

Legal issues/adverse actions - (check all that apply and indicate date and nature of incident)

- Non-section for Advanced Schooling, Promotion, or Command
- Disciplinary Action
  - Flagged
  - Court Martial
  - Article 15
  - Article 32
  - Civilian Criminal Proceeding
  - Incarceration
  - Under Investigation
  - Unknown
- Security Clearance Issue
- Positive Urinalysis
- Administrative Separation Action
- Barred from Re-enlistment
- MEB/PEB
- Other Involuntary Separation Action
- AWOL/Dropped From Rolls
- Arrest
- Under Investigation
- Charged With Crime (Civilian or Military)
  - Reckless Driving
  - DUI/DWI/Public Intoxication
  - Drug Use/Possession
  - Drug Distribution
  - Abuse of Spouse/Significant Other/Child
  - Other Violent Crime
  - Other (Explain)
  - Unknown
- Divorce
- Child Custody Proceeding
- Bankruptcy
- Other (Explain)

Line 28	<p>Work related issues (check all that apply)</p> <p><input type="checkbox"/> Dispute With Supervisors, Peers or Subordinates</p> <p><input type="checkbox"/> Substandard Performance Ratings</p> <p><input type="checkbox"/> Work-Related Accidents in the Last 2 Years</p> <p><input type="checkbox"/> RC Soldiers:</p> <p><input type="checkbox"/> Impending Layoff</p> <p><input type="checkbox"/> Firing</p> <p><input type="checkbox"/> Demotion</p> <p><input type="checkbox"/> Work Reduction</p> <p><input type="checkbox"/> Reduction in Benefits</p> <p><input type="checkbox"/> Supervisor/Peer Hazing or Maltreatment</p> <p><input type="checkbox"/> Reprisals</p> <p><input type="checkbox"/> Harassment</p>
Line 29	<p><input type="checkbox"/> If Manner of Death is Gunshot Wound</p> <p><input type="checkbox"/> Government Issued Weapon</p> <p><input type="checkbox"/> Assigned to Service Member</p> <p><input type="checkbox"/> Assigned to Other Personnel</p> <p><input type="checkbox"/> Privately Owned Weapon</p> <p><input type="checkbox"/> Owned by Service Member</p> <p><input type="checkbox"/> Owned by Other Personnel</p> <p><input type="checkbox"/> Privately Owned Weapons</p> <p><input type="checkbox"/> Number of Weapons</p> <p><input type="checkbox"/> Type of Weapons</p> <p>Registered: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> On Post</p> <p>Does service member have permit (concealed carry): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
Line 30	<p>What are the unit SOPs for identifying and responding to a high risk Soldier?</p> <p>Was this SOP followed for this Soldier?</p> <p>What changes to unit SOPs could have mitigated or prevented this suicide?</p>
Line 31	<p>Comments</p>