



DEPARTMENT OF THE ARMY
OFFICE OF THE VICE CHIEF OF STAFF
201 ARMY PENTAGON
WASHINGTON, DC 20310-201

REPLY TO
ATTENTION OF:

DAVCS-AHPRRTF

16 February 2011

MEMORANDUM FOR RECORD

SUBJECT: Commander's Suspected Suicide Event Report

1. I approve the attached Commander's Suspected Suicide Event Report (CSSER).
2. This CSSER supersedes all previous versions and facilitates standardized equivocal death collection protocols. This revised format will be utilized by CID during the course of investigations involving suspected suicide and will be integrated into pending changes to Department of the Army Pamphlet 600-24 for use by Commanders.
3. The point of contact for this action is LTC Mark Jackson, 703-571-5619.

A handwritten signature in black ink, appearing to read "Colleen L. McGuire".

Encl
as

COLLEEN L. MCGUIRE
Brigadier General, USA
Director, Army Health Promotion &
Risk Reduction Task Force

	<input type="checkbox"/> Living with friend(s) – Identify friend(s): <input type="checkbox"/> Homeless: Y/N – Car – Shelter <input type="checkbox"/> Other
Line 11	Education: (indicate all that apply) <input type="checkbox"/> GED <input type="checkbox"/> High School diploma <input type="checkbox"/> Two-year college degree <input type="checkbox"/> Four-year college degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctoral degree
Line 12	Unit and Duty Status <ul style="list-style-type: none"> • Unit of assignment: • Assigned duty position on date of event: Duty status at time of event (select all that apply): <input type="checkbox"/> AD <input type="checkbox"/> ADT <input type="checkbox"/> IDT <input type="checkbox"/> AGR <input type="checkbox"/> Mobilized Guard or Reserve <input type="checkbox"/> Trainee (Basic Training or AIT) <input type="checkbox"/> Released from active duty within last 120 days <input type="checkbox"/> Scheduled for release from active duty within 120 days <input type="checkbox"/> Retired Guard or Reserve not on AD or drill status <input type="checkbox"/> Hospitalized <input type="checkbox"/> Leave <input type="checkbox"/> TDY <input type="checkbox"/> Garrison <input type="checkbox"/> Deployed <input type="checkbox"/> AWOL Drill Status: <input type="checkbox"/> TPU <input type="checkbox"/> Active with regular participation <input type="checkbox"/> Not participating – Outreach (Y/N), dates, method:
Line 13	Arrival Date to Current Unit: (YYYY/MM/DD)

Line 14*	<p>Status of Unit at time of Incident:</p> <p><input type="checkbox"/> Deployed? Y/N Date: (YYYY/MM/DD)</p> <p><input type="checkbox"/> Redeployed? Y/N Date: (YYYY/MM/DD)</p> <p><input type="checkbox"/> Pending Deployment? Y/N Date: (YYYY/MM/DD)</p>
Line 15*	<p>Individual Deployment History</p> <p><input type="checkbox"/> Pending Deployment ? Y/N Date: (YYYY/MM/DD)</p> <p><input type="checkbox"/> Number of deployments:</p> <p><input type="checkbox"/> Location / Date(s) of deployment(s): From: To:</p> <p><input type="checkbox"/> Direct Combat? Y/N</p>
Line 16	<p>PCS/Leave issues</p> <p><input type="checkbox"/> Date of last PCS: (YYYY/MM/DD)</p> <p><input type="checkbox"/> Location From: To:</p> <p><input type="checkbox"/> Stressors during PCS move? Y/N</p> <p> - Explain (financial / family / medical):</p> <p><input type="checkbox"/> Recent Leave date: (YYYY/MM/DD)</p> <p><input type="checkbox"/> Leave Location:</p> <p><input type="checkbox"/> Any leave disapproved within last 48 hours? Week? Month?</p>
Line 17	Identify Suicide Prevention Training received within the last 12 months:
Line 18	DTG Completed Suicide Stand-Down/Training (Phase #1):
Line 19	DTG Completed Suicide Chain-Teach/Training (Phase #2):
Line 20	<p>Prior self-injury events(ideations, attempts: cutting , etc.): Y/N</p> <p>Number / Type of events:</p>
Line 21	<p>Does suicide date coincide with other anniversary dates (Suicide or Deaths of Relatives, Divorce, Birthdays, etc): Y/N</p> <p>If yes what is event:</p>
Line 22*	<p>Drug involvement related to incident? Y/N</p> <p>Alcohol involvement related to incident? Y/N</p> <p>Provide details in Line 23 (e.g., bottles/pills found at Scene/Witness Reports, etc.)</p>
Line 23	Details of suspected suicide event, including suspected method of death (e.g. hanging, drowning, overdose):
Line 24*	<p>The Beck Suicide Intent Scale (modified) is used by behavioral health providers to gauge the intent of the victim when intent is not clearly evident from the evidence at the scene.</p> <p>Isolation: Was anyone around when the individual died?</p> <p><input type="checkbox"/> Somebody was right by him/her in the same room.</p> <p><input type="checkbox"/> Somebody was able to see or hear him/her.</p> <p><input type="checkbox"/> No one was around.</p> <p><input type="checkbox"/> Unknown</p>

Timing: Was the Soldier expecting anyone? Had the thought occurred to the individual then that someone might walk in on them or interrupt them at any time?

- Intervention was probable (timed so that someone would be around)
- 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)
- Intervention was highly unlikely (no one could have stopped him/her).
- Unknown

Precautions against discovery/intervention: Did the individual do anything to prevent others from discovering them or finding out about their plans?

- No precautions
- Passive precautions (e.g., avoiding others but doing nothing to prevent their intervention; alone in room with an unlocked door)
- Active precautions (e.g., locked door)
- Unknown

Acting to get help during the event: Did the individual seek any help?

- Told someone what he/she had done and/or asked for help.
- Contacted someone, but did not say what had done
- Did not contact or notify any potential helper
- Unknown

Anticipatory acts: Did the Soldier make any preparations in the event they would not live (i.e. wills, gifts, insurance, etc.)?

- None
- Thought about or made some arrangements
- Made definite plans or completed arrangements (gave things away, said goodbye, etc.)
- Unknown

Active preparatory acts: Did the individual make deliberate preparations, for suicide? How much advance preparation did the individual engage in prior to the event (e.g., research of methods, efforts to obtain the necessary means or otherwise prepare?)

- None
- Minimal to moderate
- Extensive
- Unknown

Suicide note: Did the individual leave a note? Did they communicate with someone about their plans?

- No
- Note written, but torn up, deleted, or discarded
- Yes
- Unknown

Overt communication of intent before event: Had the individual warned anyone in advance?

- No
- Equivocal communication (ambiguous dialogue could be portrayed as intent, but not deliberate)
- Unequivocal communication (deliberate dialogue expressing intent)
- Unknown

Line 25

Behavioral Health Treatment History / Type (ASAP, Chaplain, Psychologist, etc):

- Within 24 hours prior to event Type:
- Within 72 hours prior to event Type:
- Within 1 week prior to event Type:
- Within 1 month prior to event Type:
- Within 1 year prior to event Type:

Physical Health Treatment History

- Within 24 hours prior to event
- Within 72 hours prior to event
- Within 1 week prior to event
- Within 1 month prior to event
- Within 1 year prior to event

Line 26

Medications used

- Within 24 hours prior to event Type:
- Within 72 hours prior to event Type:
- Within 1 week prior to event Type:
- Within 1 month prior to event Type:
- Within 90 days prior to event Type:

	<p>Compliance with prescription (e.g., taken as prescribed? Skipped? In excess of prescription?) In different manner (e.g., crushed instead of in capsule)?</p> <p><input type="checkbox"/> Within 24 hours prior to event How:</p> <p><input type="checkbox"/> Within 72 hours prior to event How:</p> <p><input type="checkbox"/> Within 1 week prior to event How:</p> <p><input type="checkbox"/> Within 1 month prior to event How:</p> <p><input type="checkbox"/> Within 90 days prior to event How:</p>
Line 27	<p>History of Drug and/or Alcohol Abuse:</p> <p><input type="checkbox"/> Prescription drugs</p> <p><input type="checkbox"/> Within 24 hours prior to event</p> <p><input type="checkbox"/> Within 72 hours prior to event</p> <p><input type="checkbox"/> Within 1 week prior to event</p> <p><input type="checkbox"/> Within 1 month prior to event</p> <p><input type="checkbox"/> Within 1 year prior to event</p> <p><input type="checkbox"/> More than 1 year prior to event</p> <p><input type="checkbox"/> Non-prescription ("street") drugs</p> <p><input type="checkbox"/> Within 24 hours prior to event</p> <p><input type="checkbox"/> Within 72 hours prior to event</p> <p><input type="checkbox"/> Within 1 week prior to event</p> <p><input type="checkbox"/> Within 1 month prior to event</p> <p><input type="checkbox"/> Within 1 year prior to event</p> <p><input type="checkbox"/> More than 1 year prior to event</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Within 24 hours prior to event</p> <p><input type="checkbox"/> Within 72 hours prior to event</p> <p><input type="checkbox"/> Within 1 week prior to event</p> <p><input type="checkbox"/> Within 1 month prior to event</p> <p><input type="checkbox"/> Within 1 year prior to event</p> <p><input type="checkbox"/> More than 1 year prior to event</p>
Line 28	<p>Financial Status issues (indicate all that apply):</p> <p><input type="checkbox"/> Mortgage exceeding value of property ("underwater" mortgage)? Y/N</p> <p><input type="checkbox"/> Amount of monthly obligations exceed amount of monthly income from all Sources? RC Soldiers</p> <p><input type="checkbox"/> Unemployed? Y/N</p> <p> – Duration of unemployment:</p> <p><input type="checkbox"/> Underemployed/part time employment only? Y/N</p> <p> – Duration of underemployment/part time employment:</p>

- Service connected disability? Y/N
 - If yes, percent rating?

- Involuntarily separated from civilian employment within last 6 months? Y/N
 - If yes,
 - Laid off
 - Fired
 - Other (describe):

- Evidence of frustration in obtaining employment? Y/N
 - If yes, describe:

Line 29

- Legal Issues / Adverse Actions (indicate all that apply)
- Non-selection for advanced schooling, promotion, or command
 - Security clearance issue
 - Positive urinalysis
 - Administrative separation action
 - MEB/PEB
 - Other involuntary separation action
 - AWOL / dropped from rolls
 - Arrest
 - Under investigation
 - Charged with crime (civilian or military)
 - Reckless driving
 - DUI
 - Drug use/possession
 - Drug distribution
 - Abuse of spouse/significant other/child
 - Other violent crime
 - Other
 - Unknown
 - Court-martial
 - Article 15
 - Article 32
 - Civilian criminal proceeding
 - Divorce
 - Child custody proceeding
 - Bankruptcy
 - Incarceration
 - Other

Line 30	Work Related Issues (indicate all that apply) <input type="checkbox"/> Dispute with supervisors, peers or subordinates <input type="checkbox"/> Substandard performance ratings <input type="checkbox"/> Work-related accidents in the last 2 years <input type="checkbox"/> RC Soldiers: impending layoff, firing, demotion, work reduction or reduction in benefits <input type="checkbox"/> Supervisor / Peer Hazing or Maltreatment: Y/N
Line 31	Privately Owned Weapons: <input type="checkbox"/> Number <input type="checkbox"/> Type <input type="checkbox"/> Registered (Federal / State / On Post): Y/N <input type="checkbox"/> Permit (concealed carry) Y/N/UNK