

FOR OFFICIAL USE ONLY

FROM:

THRU: JFHQ Suicide Prevention Manager

TO: JFHQ-TN-EOC

SUBJECT : Suicide

1. Category: II

2. Type of incident:

3. Date/Time of incident:

4. Location:

5. Other Information:

a. Racial:

b. Trainee Involvement:

6. Personnel Involved:

a. Subject:

(1) Name:

(2) Rank or Grade:

(3) SSN:

(4) Race:

(5) Sex:

(6) Age:

(7) Position:

(8) Security Clearance:

(9) Unit and Station of Assignment:

(10) Duty Status:

b. Victim:

(1) Name:

(2) Rank or Grade:

(3) SSN:

(4) Race:

- (5) Sex:
- (6) Age:
- (7) Position:
- (8) Security Clearance:
- (9) Unit and Station of Assignment
- (10) Duty Status:

c. Witness:

- (1) Name:
- (2) Rank or Grade:
- (3) SSN:
- (4) Race:
- (5) Sex:
- (6) Age:
- (7) Position:
- (8) Security Clearance:
- (9) Unit and Station of Assignment:

d. Civilian Authority:

- (1) Name: enter if airport police involved
- (2) Agency:
- (3) Position:
- (4) Telephone Number:
- (5) Incident/Arrest Report Number:

7. Summary of Incident:

8. Remarks: 9. Publicity:

10. Commander Reporting:

11. Point of contact:

12: Downgrading Instructions:

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