



Law Enforcement Suicide Case Study: Psychological Autopsy Investigations Template

Basic Demographic/Personal Information

1. Full name (first, middle, last) if female married (maiden name)	
2. DOB and Age at time of death	
3. Gender assigned at birth	
4. Does the Decedent identify as other gender? If so, how does the Decedent identify: agender, bigender, gender neutral, non-binary or genderqueer. (Definition of each?)	
5. Decedent's sexual orientation: heterosexual/straight, gay/lesbian, bisexual, pansexual, asexual, queer/questioning (Source: www.utdallas.edu/counseling/sexualidentity/)	
6. Race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White/Caucasian) (Source: https://ir.aa.ufl.edu/surveys/race-and-ethnicity-survey/)	
7. How strongly did the Decedent identify with his or her race? (AAS template)	
8. Ethnicity (Hispanic or Latino or Spanish Origin or Not Hispanic or Latino or Spanish) (Source: https://ir.aa.ufl.edu/surveys/race-and-ethnicity-survey/)	
9. How strongly did Decedent identify with his or her ethnicity? (AAS template)	
10. Did the Decedent identify with a certain religion or belief system? If so, what was it?	
11. How long had the Decedent identified with this religion/belief system?	

Birth Information

12. Decedent Born in what country, county, city, state (if not the same state, what brought them to the current address?)	
13. Was the Decedent a US citizen? If not, when did they come to the US?	
14. Decedent's biological mother (name, age, address, are they alive?)	
15. Decedent's biological father (name, age, address, are they alive?)	
16. Was decedent adopted?	
17. If so, what year?	
18. Adoptive mothers name (first, middle, last)	
19. Adoptive father's name (first, middle, last)	
20. Did Decedent have any biological siblings? (Name, age, sex)	
21. Did Decedent have any adopted siblings? (Name, age, sex)	
22. Elementary School/Middle School/High School	
23. Did the Decedent have many friends or more acquaintances?	

Decedent's Physical Appearance/Wellness

24. Did the Decedent ever face any physical, emotional, psychological, or sexual abuse as a child (until age 18)?	
25. If so, by whom? (relationship to Decedent) and when did the alleged abuse occur? (year)	
26. What kind of impact did the abuse have on the Decedent? (Explain)	
27. Did the abuse have any impact on why the Decedent took his or her life?	
28. Did the Decedent ever engage in intentional "self-harm" activities (e.g., cutting, burning, or other risk behaviors)	

29. Description of Decedents physical appearance at time of death, month prior, week prior, and day prior if known).	
30. Did the Decedent suffer from any known medial or health problems?	
31. If so, did these health problems disrupt his or her lifestyle or daily functioning? If so, how.	
32. Describe the Decedent's overall "personality" or "mood"	
33. Any notable changes in behavior? (If so, what?)	
34. Age at time of death	
35. Date-Of-Birth (month/day/year)	
36. Height (feet and inches)	
37. Weight (lbs.)	
38. BMI/Classification (underweight, normal, overweight, obese)	
39. Was Decedent trying to gain or lose weight? (why)	
40. Was the Decedent getting 7-8 hours of restful sleep a night?	
41. If the Decedent was not sleeping well, was He or She taking anything to help with sleep (OTC, prescription, other). If so, what were they taking, amount taken per night, and for how long?	

42. Did the Decedent appear to have a healthy appetite in the month preceding death?	
43. In the 30 days preceding death, did the Decedent have issues concentrating?	
44. Did the Decedent struggle with any of the following issues:	
<ul style="list-style-type: none"> · Cardiovascular (e.g., heart palpitations, feeling faint, heart felt like it was skipping a beat, chest pains, etc.) · Gastrointestinal (e.g., abdominal pain or bloating, problems swallowing, feeling full, nausea, vomiting, loose stools, constipation, weight loss or gain, etc.) · Genitourinary (e.g., urgency or frequency of urination, missed or absence of menstrual period, prolonged or unusually heavy menstrual period, premature ejaculation, impotence, lack of or loss of libido, etc.). 	
<ul style="list-style-type: none"> · Respiratory (e.g., shortness of breath, heaviness or constriction of chest, feeling like they were choking, etc.) 	
<ul style="list-style-type: none"> · Autonomic (e.g., Flushing of the skin or paleness, dry mouth, sweating, tension-like headaches, etc.). · Additional (e.g., “fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor [face was pale], swallowing, etc.” (Citation: 2015-14-12 USSOCOM Individual Form, AAS Template, p. A-25) 	
45. Has the Decedent had any major health issues which required hospitalization? If so, when and for what?	
46. Had the Decedent seen a physician for any reason in the past six-months?	

47. Had the Decedent been diagnosed with a terminal illness? If so, when, and what was the diagnosis?	
48. What was the Decedent's view of death and dying?	
49. Did the Decedent experience hallucinations or delusions prior to death?	
50. If so, what did he or she see or experience?	
51. Was the Decedent afraid of contracting COVID?	
52. Was the Decedent in a monogamous relationship at the time of death?	
53. If so, was the Decedent being monogamous?	
54. If not, was He or She practicing safe sex?	
55. Had the Decedent contracted COVID?	
56. Did the Decedent take precautions on and off duty to prevent contraction?	

Primary Residence

57. Decedent's current home address.	
58. County of residence.	

59. Is the current address the primary residence, if not, what is the primary address?	
60. Why was Decedent not staying at primary residence?	
61. Does the Decedent own or rent?	
62. Who physically resided with the Decedent at the time of death?	

Marital Status/Children

63. Was the Decedent in a significant relationship at the time of death (Source: 2015-14-12 USSOCOM Individual Form)	
64. Decedent's marital status: single (never married); married (number of years); divorced (number of years); widowed (number of years)	
65. Was there any mention by the Decedent or others about pending break-ups, separation, divorce?	
66. Was the Decedent of significant other(s) pregnant at the time of death? If so, how far along? Due date?	
67. If pregnant, who was the father?	
68. Was there any mention of infidelity on the part of the Decedent or significant other(s) at the time of death? If so, which party(s) were accused? How long had the infidelity been going on?	
69. If infidelity was suspected, did the outside party(s) involvement add additional stress or discomfort to the situation?	

70. Name/Age/Relationship of anyone living with Decedent (or lived alone)	
71. If married, did Decedent and spouse/partner/significant other live together? If not, how long had they lived apart?	
72. Did the Decedent have any children? If so, how many, genders, ages, and were they biological, adopted, or step?	
73. Did the children live with the Decedent? If not, with whom did they reside (specify which child)	
74. Who raised the children? (specify each child)	

Education

75. Highest level of education obtained: (High School/GED/Associates/Bachelors/Masters/Doctorate/Trade School)	
76. Did the Decedent obtain a degree?	
77. What type of degree was obtained?	
78. What year was the degree obtained?	
79. Was the Decedent attending college or classes at the time of death?	

Occupational Information

80. What was the Decedent's primary occupation?	
81. Standard Occupational Code	

82. What was the Decedent's primary occupation?	
83. Standard Occupational Code	
84. Was the Decedent required to carry a firearm in the commission of His or Her duties?	
85. Does agency policy require the wearing of seatbelts and bullet-resistant vests while on-duty?	
86. Did the Decedent comply with these policies?	
87. Decedent's rank/position/title at time of death.	
88. Number of years at primary occupation.	
89. What shift did the Decedent work?	
90. On average, how many hours did the Decedent work?	
91. Did the Decedent work over-time or was over-time mandated?	
92. Did the Decedent have a recent change in occupations?	
93. Was the Decedent terminated, facing termination, or under investigation or facing disciplinary action at the time of death? If so, explain the surrounding circumstances.	
94. When had the Decedent worked last (on-duty) and last go off-duty?	
95. What shift did the Decedent work?	

96. On average, how many hours did the Decedent work?	
97. Did the Decedent work over-time or was over-time mandated?	
98. Did the Decedent have a recent change in occupations?	
99. Was the Decedent terminated, facing termination, or under investigation or facing disciplinary action at the time of death? If so, explain the surrounding circumstances.	

Military Service

100. Was the Decedent ever a member of the U.S. Military? If so, what branch or branches?	
101. Was He or She currently serving? If so, where was His or Her current duty station? (Name of Base, City, and State) and how long was He or She stationed there?	
102. If not currently serving, states of service.	
103. What State did the Decedent join the military in?	
104. Military Occupational Specialty Code (MOS):	

105. If more than one MOS (list all):	
106. If MOS changed, reason for change and date of change:	
107. If currently serving at time of death what was the rank, and if not currently serving rank at time of discharge.	
108. In what capacity did the Decedent currently or formerly serve? Circle all that apply: (Active duty, reserve, Guard)	
109. If in veteran status, what type of discharge was received? (Circle all that apply: Honorable, General Under Honorable Conditions, Other Than Honorable, Bad Conduct, Dishonorable, Other, Medical) (See DD214)	
110. Were there any notable issues in the Decedent's military service? (Explain)	
111. Was the Decedent ever deployed? If so, where and for how long?	
112. Was the Decedent ever in a wartime deployment? If so, when, where, and how long?	

<p>113. Did the Decedent ever see combat? If so, when, where, how long, what campaign?</p>	
<p>114. Did the Decedent ever witness any of the following: enemy fire, fired a gun, killed someone (whether enemy, civilian, friendly fire, accidental), witnessed injury, dying, dead people or dead bodies, handled or was exposed to death and dead bodies (Source in-part: 2015-14-12 USSOCOM Individual ' Form p. A-6)</p>	
<p>115. Was the Decedent ever injured while serving? If so, please explain (type of injury, where on body, limited movement, able to work/serve)?</p>	
<p>116. Did the Decedent have a service-connected disability? If so, what type of disability or disabilities and what percent?</p>	
<p>117. Did the Decedent have any know or upcoming deployments? If so, to where and length of deployment?</p>	

Financial

<p>118. Did the Decedent face any financial challenges? If so, what kind and when. (Source in-part: 2015-14-12 USSOCOM Individual Form) (No financial pressures, had significant debt, Other, or do not know)</p>	
<p>119. Did the Decedent recently face any threats to his or her financial stability or situation (loss of job, loss of partner or partner's job, major financial purchase, medical bills, etc.)</p>	
<p>120. Did the Decedent have a known gambling problem?</p>	
<p>121. Was the Decedent receiving calls from debt collectors, were wages being garnished for unpaid bills or child support, etc.</p>	
<p>122. Did the Decedent receive any statements or notices from banking institutions regarding overdrawn accounts?</p>	
<p>123. Was the Decedent living above His or Her means?</p>	
<p>124. Did the Decedent make any frivolous or recent large purchases? If so, what items were purchased?</p>	
<p>125. Was the Decedent facing any legal challenges or problems?</p>	

Mental Health and Wellness

126. Was there a family history of mental illness?	
127. Family history of suicide deaths.	
128. History of previous attempts by Decedent.	
129. Did the Decedent have a mental health diagnosis.	
130. Was the Decedent diagnosed with PTSD? If so, when?	
131. In the 30 days preceding death, did the Decedent have any known suicidal ideations thoughts about dying, suicide, or death in general?	
132. Did the Decedent express a desire to die, be dead, or to not be here?	
133. In the 30 days preceding death, was the Decedent actively suicidal or had he or she threatened suicide?	
134. Was there any indication that the Decedent prepared for or planned the suicide attempt?	
135. What was the Decedent's beliefs or attitude about suicide?	
136. Was the Decedent ever hospitalized for mental health issues? If so, when, where, and what for?	

137. In the past year, had the Decedent been referred to or attended any type of counseling or therapy? (if so, indicate in-patient, out-patient, other, or do not know)	
138. Was the Decedent ever diagnosed with a mental illness (Citation: 2015-14-12 USSOCOM Individual Form, p. A-30)	
139. Was the Decedent at the time of death seeing a mental health professional (counselor, therapist, psychiatrist, etc.?)	
140. In the past year, had the Decedent been referred to or attended any type of counseling or therapy? (if so, indicate in-patient, out-patient, other, or do not know)	
141. Was the Decedent on any medication at the time of death? If so, name, amount, when prescribed, what was it prescribed for, and prescribed by whom?)	

142. Was the Decedent taking the medication as prescribed? (What does toxicology show?)	
143. Was the Decedent in therapy at the time of His or Her passing? If So, how often and for how long were the sessions?	

144. Did the Decedent have any known “barriers” to seeking mental health care? If so, what were the barriers? (Source: AAS Template)	
145. Did the Decedent seek out any additional mental health resources (e.g., medical doctors, chaplains, other programs) prior to death?	
146. Was the Decedent facing any type of addiction issues at time of death (alcohol, drugs, shopping, sexual, pornography, etc.)	
147. Had the Decedent ever received Suicide Prevention Training? If so, when, where, and by whom?	
148. Was the Decedent able to regulate emotions?	

Support Systems

149. Was the Decedent well-liked personally and professionally?	
150. Did the Decedent have close friends or confidants? If so, did they speak regularly, and about sensitive topics?	
151. How would you describe the Decedents circle of friends? (e.g., known acquaintances, a small circle of close friends, only a few close friends, no close friends, other, unknown?)	

152. Did the Decedent ever share personal issues with others? If so, with whom and the general types of information being shared.	
153. Did the Decedent feel supported by those closest to him or her? If no, why not?	
154. Did the Decedent have hobby(s)? If so, what kind and when was the last time, they participated in this hobby?	
155. What was the Decedent's overall personality and mood in the month, week, and Days prior to death?	
156. Was this a change to his or her normal behavior?	
157. Did the Decedent appear to be in good spirits and happy near the time of death? If not, what was this a change in behavior? If so, when did this occur?	
158. Was the Decedent aware of support system resources?	
159. Was the Decedent under investigation at the time of death? (Explain)	
160. If so, was the investigation due to personal or professional issues?	
161. Was the Decedent worried about losing his or her job, marriage or relationship, going to jail/prison, facing fines, etc.?	

Reckless Behavior

162. Did the Decedent participate in reckless or risk-taking behaviors, if so, what kinds of behaviors.	
163. Did the Decedent ever drive under the influence of drugs and/or alcohol?	
164. Did the Decedent wear a seatbelt while driving?	
165. Did the Decedent drive over the speed limit on a regular basis?	
166. Did the Decedent ever face criminal charges due to reckless driving?	
167. Did the Decedent wear a helmet and other protective gear while riding a motorcycle, ATV, or other such vehicle?	
168. Did the Decedent gamble (was it excessive and/or did it cause financial hardship, was the Decedent suffering from a gambling addiction?	
169. Did the Decedent smoke cigarettes, chew tobacco, use marijuana, or drink high sugar energy drinks at the time of death? If so, how long had he or she done each of these, how many?	
170. Was the Decedent trying to quit any of the behaviors noted in 171?	
171. Was the Decedent impulsive in nature?	

172. Was the Decedent involved in any criminal activity or were police involved prior to death? If so, obtain a copy of the police report and supplemental reports.	
173. What was the Decedent's credit score at the time of death?	
174. Did the Decedent make any large or impulsive purchases prior to death (e.g., car, boat, home, gun, etc.)?	
175. Did the Decedent ever go on shopping sprees and spend large amounts of cash and credit? If so, when was the last time He or She did so?	
176. Did the Decedent commonly speed?	
177. Did the Decedent commonly speed in excess of 10 – 15 – 20 – or more above the speed limit? (circle all that apply).	
178. Was the Decedent described as a careless or reckless driver? If so, explain.	
179. Had the Decedent ever been in a vehicular accident? If so, what year and what was the outcome? Who was at-fault?	
180. If involved in any accidents, did any of them result in injury? If so, which accidents and who was injured?	

181. Did any of the accidents result in death? If so, which accident (date) and who died?

Substance Use and Abuse

182. Did the Decedent consume alcohol?

183. How many alcoholic beverages did the Decedent consume daily?

184. How often did the Decedent consume 6 or more alcoholic beverages in one sitting?

185. Did the Decedent use illegal drugs, misuse prescription drugs, or take questionable substances? If so, what did the Decedent consume or ingest and how often?

186. Did the Decedent ever take these substances while on-duty?	
187. Did the Decedent ever use steroids? If so, when and how did it affect him or her?	

Clustering/Contagion/Final Preparations

188. Was the Decedent preoccupied with death at the time of passing?	
189. Was the Decedent exposed to death personally? If so, what was the relationship to the Decedent, when did the death occur, and under what circumstances?	
190. Was the Decedent exposed to death professionally (at work or in the military)? If so, how were the individuals related? When did the death occur, and under what circumstances?	
191. Did the Decedent have a Will in place at the time of death?	
192. When was the Will prepared and by whom?	
193. Was the Will recently redone or produced? If so, why?	

194. Was the Will redone or produced because the Decedent was planning to take His or Her life?	
195. Did the Decedent experience a significantly life-changing event in the month, week, or days prior to death? If so, what was the event.	
196. Did the Decedent verbalize, complain, talk about, express concern with anything in the month, weeks, or days preceding death? (Explain).	

Clustering/Contagion/Final Preparations

197. Did the Decedent leave a suicide note? If so, what were the contents (If possible, get a copy of note).	
198. What was the note written on and with?	
199. Did the Decedent leave a suicide note? If so, what were the contents (If possible, get a copy of note).	
200. What was the note written on and with?	
201. When was the note written? (Date/time)	
202. Was there more than one note? If so, explain where each note was located, to whom they were addressed and written, dates and times and content.	

Suicidal Ideation & Suicide Risk Factors

203. Did Decedent report any of the following in 30 days preceding death?

Hopelessness	
Helplessness	
Sadness	
Fear	
Anger	
Agitation	
Depression/Feeling depressed	
Despondent	
Tension	
Stress	
Anxiety	
Emotional	
Destress	

Autopsy/Toxicology Findings

204. Manner and Means of death	
205. Was an autopsy conducted?	
206. Was a toxicology conducted?	

207. Toxicology results	
208. Where was the Decedent discovered? If in residence, what room/area.	
209. Who discovered the Decedent?	
210. What date and time of day was Decedent discovered and/or pronounced?	
211. Was a note located? If so, where in proximity to the Decedent.	

212. Was anyone else present at the scene? If so, who and relationship to Decedent.	
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Protective Factors

213. Did the Decedent have family and friends that were important to Him or Her? If so, who and what was the relationship between each?	
214. If so, how often did the Decedent have interaction or contact with these individuals?	
215. Was the Decedent financially stable?	
216. Did the Decedent appear in good spirits and optimistic at time of death?	

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