

Federal Bureau of Investigation  
Uniform Crime Reporting Program  
**LAW ENFORCEMENT SUICIDE  
DATA COLLECTION**



# **Suicide or Attempted Suicide**

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Prepared by:  
Global Law Enforcement Support Section  
Crime Statistics Management Unit  
Uniform Crime Reporting Program

## Definitions

**Attempted suicide** – A non-fatal act of self-harm behavior with an intent to die as a result of the behavior.

**Former** - Having previously occupied a particular role.

**Incident** – Occurrence of the suicide or attempted suicide.

**Incident Date** - Date the incident occurred, or the beginning of the time-period in which it occurred, as appropriate.

**Law enforcement agency** – A federal, state, tribal, or local agency engaged in the prevention, detection, or investigation, prosecution, or adjudication of any violation of the criminal laws of the United States, a state, tribal, or a political subdivision of a state.

**Law enforcement officer** – Any current or former LEO (including corrections LEO) agent, or employee of the United States, a state, indian tribe, or a political subdivision of a state authorized by law to engage in, or supervise the prevention, detection, investigation, or prosecution of any violation of the criminal laws of the United States, a state, indian tribe, or a political subdivision of a state.

**On duty** - A LEO is working their assigned shift at the time of incident.

**Off duty** - A LEO who is not working their assigned shift at the time of incident.

**Policy** - A standard course of action that has been officially established by an organization, business, political party, etc.

**Position Status** - Job status of LEO at time of death.

**Public Safety Telecommunicators** - Operate telephone, radio, or other communication systems to receive and communicate requests for emergency assistance at a primary Public Safety Answering Point (PSAP) (9-1-1 Center) or a secondary (non-9-1-1 Center) PSAP emergency communications centers.

**State** - Each of the several states, the District of Columbia, and any commonwealth, territory, trust land or possession of the United States.

**Suicide** - Death caused by a self-harm behavior with an intent to die as a result of the behavior.

**Traumatic** - Emotionally disturbing or distressing. Relating to or causing psychological trauma whether it is realized or not by the subject.

## Law Enforcement Killed and Assaulted SUICIDE DATA COLLECTION

This report is authorized by the Law Enforcement Suicide Data Collection Act, Title 34, § 50701 and Title 28, § 534, U.S. Code. Please use this form to report circumstances and other details regarding law enforcement officers who have attempted suicide or died by suicide. Information provided throughout this form should apply to data that was available at the time of form completion. The FBI will use this critical information for statistical purposes related to law enforcement, including research, training, and publication. Based on legislation requirements, data submitted within this questionnaire will be reported to the United States Congress and will be accessed on the Internet at <https://fbi.gov/cde>. Your accuracy, cooperation, effort, and time are critical to our mission and appreciated.

The goal of this collection is to develop, implement, collect, report, and maintain statistics on federal, state, local and tribal law enforcement suicides.

|   |   |
|---|---|
| <input type="checkbox"/> <b>SUICIDE</b> | <input type="checkbox"/> <b>ATTEMPTED SUICIDE</b> |
|---|---|

|  |  |
|--|--|
| <p>Are you the employing agency of the individual who attempted or committed suicide?</p> <p><input type="checkbox"/> <b>Yes (Business Rule: Move to Part I – Administrative Data (Employing Agency Info))</b></p> <p><input type="checkbox"/> <b>No (Business Rule – Move to next question)</b></p> | <p>Has an attempt to communicate this incident with the employing or previously employing agency been made?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
|--|--|

### PART I – ADMINISTRATIVE DATA

|                                |  |
|--------------------------------|--|
| Investigating Agency: _____    | Originating Identifier Number (ORI): _____ |
| Address: _____                 | _____                                      |
| Street/PO Box                  | City/State                      Zip Code   |
| Telephone Number: (____) _____ | Email Address: _____                       |

|                                |  |
|--------------------------------|--|
| Employing Agency: _____        | _____                                    |
| Address: _____                 | _____                                    |
| Street/PO Box                  | City/State                      Zip Code |
| Telephone Number: (____) _____ | Email Address: _____                     |

| <b>Occupation of Individual:</b>         |  |   |  |
|--|--|---|--|
| Law Enforcement Agencies                 | Corrections                                | Legal System  | Telecommunications (Check all that apply)          |
| Supervisory/Management LEO Staff         | Supervisory/Management                     | Advocate or Victim/Witness Specialist                         | Dispatcher   |
| Sworn LEO                                | Sworn LEO Staff                            | Attorney (other than Prosecutor)                              | <input type="checkbox"/> Fire                      |
| Supervisory/Management Staff (non-sworn) | Correctional Officers (not sworn LEOs)     | Inspector   | <input type="checkbox"/> Emergency Medical Service |
| Professional Staff/Support Personnel     | Investigators/Inmate Disciplinary Officers | Judge   | <input type="checkbox"/> Law Enforcement           |
| Other: (list)                            | Community/Corrections Staff                | Paralegal   | Call Taker   |
|  | Other: (list)                              | Parole Officer  | Teletype Operator                                  |
|  |  | Probation Officer   | Professional Staff                                 |
|  |  | Professional Staff (Other than those available for selection) |  |

|  |            |                |
|--|------------|----------------|
|  | Prosecutor | Primary PSAP   |
|  | Other      | Secondary PSAP |

**PART II – PERSONAL DATA RELATIVE TO THE INCIDENT**

|   |   |  |
|---|---|--|
| <b>Age at time of suicide or attempted suicide:</b> _____ | <b>Demographic:</b>   | <b>Race: (choose all that apply – multi-race)</b>  |
|   | <input type="checkbox"/> Male   | <input type="checkbox"/> White   |
|   | <input type="checkbox"/> Female   | <input type="checkbox"/> Black or African American   |
|   | <input type="checkbox"/> Non-binary   | <input type="checkbox"/> American Indian or Alaska Native  |
|   | <input type="checkbox"/> Other: (open text)   | <input type="checkbox"/> Asian   |
|   |   | <input type="checkbox"/> Native Hawaiian or other Pacific Islander   |
|   |   | <input type="checkbox"/> Hispanic or Latino  |
|   | <b>Total law enforcement work experience at time of incident:</b>   | <b>Position Status:</b>  |
|   | <input type="checkbox"/> 0-5 years<br><input type="checkbox"/> 6-10 years<br><input type="checkbox"/> 11-15 years<br><input type="checkbox"/> 16-20 years<br><input type="checkbox"/> 21-30 years<br><input type="checkbox"/> Over 31 years | <input type="checkbox"/> Actively Employed (Full time on duty)<br><input type="checkbox"/> Alternate work assignment<br><input type="checkbox"/> Family Medical Leave<br><input type="checkbox"/> Limited/Restricted Duty<br><input type="checkbox"/> On Approved Leave (annual/sick)<br><input type="checkbox"/> Part time employee<br><input type="checkbox"/> Reserve/In-training – Full time training duty.<br><input type="checkbox"/> Resigned<br><input type="checkbox"/> Retired – Withdrawn from occupation<br><input type="checkbox"/> Suspended – Out of work for disciplinary reasons.<br><input type="checkbox"/> Temporarily Separated (sabbatical)<br><input type="checkbox"/> Terminated |

|   |   |  |
|---|---|--|
|   |   | <b>Children:</b>   |
|   |   | <input type="checkbox"/> <b>Juvenile (child/grandchild/other)</b><br><b>BUSINESS RULE: MOVE TO NUMBER OF CHILDREN</b><br><input type="checkbox"/> <b>Adult (child/grandchild/other)</b><br><b>BUSINESS RULE: MOVE TO NUMBER OF CHILDREN</b><br><input type="checkbox"/> <b>No</b><br><input type="checkbox"/> <b>Unknown</b> |
| <b>Military Veteran:</b>  | <b>Marital Status at time of incident:</b>                    |  |
| <input type="checkbox"/> <b>Yes (BUSINESS RULE: MOVE TO BRANCH OF SERVICE)</b>  | <input type="checkbox"/> <b>Single/Never Married</b>          | <b>Number of Children: (open text # only)</b>  |
| <input type="checkbox"/> <b>No (BUSINESS RULE: SKIP TO MARITAL STATUS)</b>      | <input type="checkbox"/> <b>Married</b>                       |  |
| <input type="checkbox"/> <b>Unknown (BUSINESS RULE: SKIP TO MARITAL STATUS)</b> | <input type="checkbox"/> <b>Divorced/Not Remarried</b>        |  |
|   | <input type="checkbox"/> <b>Divorced/Remarried</b>            |  |
| <b>Branch of Service:</b>   | <input type="checkbox"/> <b>Widowed/Not Remarried</b>         |  |
| <b>Air Force</b>  | <input type="checkbox"/> <b>Widowed/Remarried</b>             |  |
| <b>Army</b>   | <input type="checkbox"/> <b>Separated</b>                     |  |
| <b>Coast Guard</b>  | <input type="checkbox"/> <b>Living with Significant Other</b> |  |
| <b>Marine Corps</b>   | <input type="checkbox"/> <b>Domestic partnership</b>          |  |
| <b>Navy</b>   |   |  |
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**PART III – GENERAL DATA PERTAINING TO THE INCIDENT**

Agency incident or case number: \_\_\_\_\_

|                          |  |  |
|--------------------------|--|--|
| <b>Date of incident:</b> | <b>Time of incident:</b><br><input type="checkbox"/> <b>Morning (6a-11:59a)</b><br><input type="checkbox"/> <b>Afternoon (12p – 5:59p)</b><br><input type="checkbox"/> <b>Evening (6p – 11:59p)</b><br><input type="checkbox"/> <b>Night (12a – 5:59a)</b> | <b>Incident Occurred:</b><br><input type="checkbox"/> <b>On Duty</b><br><input type="checkbox"/> <b>Off Duty</b> |
|--------------------------|--|--|

**Location of incident:** \_\_\_\_\_  
City
County
State
Country

|   |  |
|---|--|
| <b>Type of location of incident:</b><br><input type="checkbox"/> <b>Commercial</b><br><input type="checkbox"/> <b>Government</b><br><input type="checkbox"/> <b>Public space</b><br><input type="checkbox"/> <b>Residential</b><br><input type="checkbox"/> <b>Other location (specify) _____</b> | <b>Manner of suicide or attempted suicide:</b><br><input type="checkbox"/> <b>Firearm</b><br><input type="checkbox"/> <b>Hanging</b><br><input type="checkbox"/> <b>Overdose of prescription drugs</b><br><input type="checkbox"/> <b>Overdose of illicit drugs</b><br><input type="checkbox"/> <b>Alcohol</b><br><input type="checkbox"/> <b>Knife/Cutting Instrument</b><br><input type="checkbox"/> <b>Suffocation</b><br><input type="checkbox"/> <b>Asphyxiation (i.e., ligature or carbon monoxide)</b><br><input type="checkbox"/> <b>Jumping from high elevation</b><br><input type="checkbox"/> <b>Death caused by what would otherwise be deemed</b> |
|---|--|

|   |   |
|---|---|
|   | <input type="checkbox"/> accidental (specify/describe)<br><input type="checkbox"/> Purposely committing an act resulting in death<br><input type="checkbox"/> Other (specify)   |
| <b>Was this a murder/suicide or an attempted murder/suicide?</b><br><input type="checkbox"/> Yes (BUSINESS RULE: MOVE TO HOW MANY VICTIMS)<br><input type="checkbox"/> No (BUSINESS RULE: MOVE TO NOTICE QUESTION)<br><input type="checkbox"/> Unknown (BUSINESS RULE: MOVE TO NOTICE QUESTION)<br><br><b>How many victims?</b> _____<br><br><b>Type of victims (choose all that apply)</b><br><input type="checkbox"/> Family Members<br><input type="checkbox"/> Coworkers<br><input type="checkbox"/> Strangers<br><input type="checkbox"/> Other (please explain) | <b>Did the individual leave an explanation of the suicide or attempted suicide?</b><br><input type="checkbox"/> Yes (BUSINESS RULE: MOVE TO NEXT QUESTION)<br><input type="checkbox"/> No (BUSINESS RULE: MOVE TO NEXT SECTION)<br><input type="checkbox"/> Unknown (BUSINESS RULE: MOVE TO NEXT SECTION) |

**What type of explanation was left behind?**

- Note/written correspondence
- Text message
- Social media
- Phone call/voice message
- Video
- Audio recording
- Email correspondence
- Other (Specify) \_\_\_\_\_

**PART IV– CIRCUMSTANCES OF THE INCIDENT**

**Incident:**

| <b>Did the individual report - or was known to have experienced - any of the following within the last year? (check all that apply)</b> |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
|   | <b>YES</b>               | <b>NO</b>                | <b>UNKNOWN</b>           |
| <b>Direct or Indirect involvement of an incident resulting in the death or serious injury of an individual</b>                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Experienced the death of a close colleague, friend, or family member</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Survivors guilt</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Threats of violence resulting from job performance results</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Burnout/Secondary trauma collapse</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other (specify)</b>  |                          |                          |                          |

**Individual Self-Reporting:**

| <b>Did the individual report they (is/was) experiencing from any of the following? (check all that apply)</b> |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
|   | <b>YES</b>               | <b>NO</b>                | <b>UNKNOWN</b>           |
| <b>Post-traumatic stress disorder</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Depression</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Substance Use Disorder</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Physical illness/injury impacting subject's ability to perform in the capacity of the job.</b>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Concern over impending retirement</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                              |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Domestic violence</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Chronic illness</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Financial problems</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Relationship problems</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Compassion Fatigue</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Vicarious Trauma</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other (specify)</b>       |                          |                          |                          |

Agency Awareness:

| <b>Are you aware if the individual exhibited any mental health/warning signs prior to the incident? (check all that apply)</b> |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | <b>YES</b>               | <b>NO</b>                | <b>UNKNOWN</b>           |
| <b>Making threats to harm or kill themselves</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Seeking abnormal access to drugs/weapons or other items that could cause harm</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Excessively/consistently talking about death and/or dying</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Expressing hopelessness, rage/anger, or anxiety</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Engaging in risky behavior (reckless)</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Increasing use of alcohol or drugs</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Chronic/Increased absence from work</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Increased work issues and/or complaints</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Prior suicide attempts</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Increased Social Isolation</b>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>No reports of any warning signs/None indicated to colleagues/agency</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other (specify)</b>   |                          |                          |                          |

**Did the individual report a pending investigation against their employing agency? (BUSINESS RULE: APPLICABLE IF THE REPORTING AGENCY IS NOT THE EMPLOYING AGENCY)**

- Yes
- No
- Unknown

**Is/was the individual(s) unit/office/division of employment under investigation? (BUSINESS RULE: APPLICABLE IF THE REPORTING AGENCY IS NOT THE EMPLOYING AGENCY)**

- Yes
- No
- Unknown

**Was the individual the subject of a criminal investigation??**

- Yes
- No
- Unknown

**Has/is the individual (been/being) charged for a crime?**

- Yes
- No
- Unknown

**Was the individual the subject of an administrative investigation?**

- Yes
- No
- Unknown

**Is/was the individual a witness in an investigation involving their colleague?**

- Yes
- No
- Unknown

**Has the individual been disciplined (or pending discipline) for a violation of policy?**

- Yes
- No
- Unknown

**Is/was the individual scheduled to stand trial, in civil, administrative, or criminal litigation, for an offense they allegedly committed?**

- Yes (BUSINESS RULE: PROCEED TO NEXT QUESTION)
- No (BUSINESS RULE: SKIP TO "WAS THE INDIVIDUAL ON A PROMOTIONAL LIST")
- Unknown (BUSINESS RULE: SKIP TO "WAS THE INDIVIDUAL ON A PROMOTIONAL LIST")

**Would a guilty verdict preclude further service or employment by the individual?**

- Yes
- No
- Unknown

**Was the individual on a promotional list?**

- Yes
- No
- Unknown

**Was the individual recently denied a promotion or transfer?**

- Yes
- No
- Unknown

**Was the individual recently demoted or moved to another assignment?**

- Yes
- No
- Unknown

**PART V WELLNESS POLICY AND TRAINING**

**Does your agency have a formal well-being or resiliency program?**

- Yes
- No
- Unknown

**Does your agency have a law enforcement competent formal well-being or resiliency program? (BUSINESS RULE: THIS QUESTION NEEDS TO BE APPLICABLE TO LEO AND CORRECTIONS – WILL NOT BE APPLICABLE TO LEGAL OR TELECOMMUNICATIONS)**

- Yes
- No
- Unknown

**Does your agency provide training on secondary trauma, burnout, and suicide risk?**

- Yes
- No
- Unknown

**Does your agency provide a peer-connection support program or platform?**

- Yes
- No
- Unknown

**Does your agency provide training and opportunities for critical incident processing after significant traumatic work events?**

- Yes
- No
- Unknown

**Does your agency provide mental health and counseling resources?**

- Yes
- No
- Unknown

Prepared by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**NOTE:** If there are any questions concerning the completion of this form, contact the staff of the FBI UCR Program at 304-625-5370 or email at LESDC@fbi.gov.

### Privacy Act Statement

**Authority:** The collection of this information is authorized under the Law Enforcement Suicide Data Collection Act, 34 U.S.C. § 50701; 28 U.S.C. § 534; 34 U.S.C. § 10211; 44 U.S.C. § 3101; and the general record keeping provision of the Administrative Procedures Act (5 U.S.C. § 301). Providing your contact information is voluntary; however, failure to provide your contact information may inhibit the FBI's ability to verify or clarify information in your incident submission.

**Principal Purpose:** Providing your contact information allows the FBI to contact you with any clarifying questions regarding your submission. This allows the FBI to verify submitted information and ensure the accuracy of the data.

**Routine Uses:** All contact information will be maintained in accordance with the Privacy Act of 1974. Your information may be disclosed with your consent, and may be disclosed without your consent as permitted by all applicable routine uses as published in the *Federal Register* (FR), including the routine uses for *The FBI Central Records System* (JUSTICE/FBI-002), published at 63 FR 8659, 671 (Feb. 20, 1998) and amended at 66 FR 8425 (Jan. 31, 2001), 66 FR 17200 (Mar. 29, 2001), and 82 FR 24147 (May 25, 2017), and the *FBI Online Collaboration Systems* (JUSTICE/FBI-004), published at 82 FR 57291 (Dec. 4, 2017). Routine uses may include sharing information with other federal, state, local, tribal, or territorial law enforcement agencies.