

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.

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"/> SUICIDE	<input type="checkbox"/> ATTEMPTED SUICIDE
<p>Are you the employing agency of the individual who attempted or committed suicide?</p> <p><input type="checkbox"/> Yes (Business Rule: Move to Part I – Administrative Data (Employing Agency Info))</p> <p><input type="checkbox"/> No (Business Rule – Move to next question)</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: _____ Address: _____ Telephone Number: (____) _____	Originating Identifier Number (ORI): _____ City/State _____ Zip Code _____ Email Address: _____
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Employing Agency: _____ Address: _____ Telephone Number: (____) _____	City/State _____ Zip Code _____ Email Address: _____
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Occupation of Individual:			
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

Age at time of suicide or attempted suicide: _____	Demographic:	Race: (choose all that apply – multi-race)
	<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
	Total law enforcement work experience at time of incident:	Position Status:
	<input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11-15 years <input type="checkbox"/> 16-20 years <input type="checkbox"/> 21-30 years <input type="checkbox"/> Over 31 years	<input type="checkbox"/> Actively Employed (Full time on duty) <input type="checkbox"/> Alternate work assignment <input type="checkbox"/> Family Medical Leave <input type="checkbox"/> Limited/Restricted Duty <input type="checkbox"/> On Approved Leave (annual/sick) <input type="checkbox"/> Part time employee <input type="checkbox"/> Reserve/In-training – Full time training duty. <input type="checkbox"/> Resigned <input type="checkbox"/> Retired – Withdrawn from occupation <input type="checkbox"/> Suspended – Out of work for disciplinary reasons. <input type="checkbox"/> Temporarily Separated (sabbatical) <input type="checkbox"/> Terminated

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

PART III – GENERAL DATA PERTAINING TO THE INCIDENT		
Agency incident or case number: _____		
Date of incident:	Time of incident: <input type="checkbox"/> Morning (6a-11:59a) <input type="checkbox"/> Afternoon (12p – 5:59p) <input type="checkbox"/> Evening (6p – 11:59p) <input type="checkbox"/> Night (12a – 5:59a)	Incident Occurred: <input type="checkbox"/> On Duty <input type="checkbox"/> Off Duty
Location of incident: _____		
	City	County State Country
Type of location of incident: <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> Public space <input type="checkbox"/> Residential <input type="checkbox"/> Other location (specify) _____	Manner of suicide or attempted suicide: <input type="checkbox"/> Firearm <input type="checkbox"/> Hanging <input type="checkbox"/> Overdose of prescription drugs <input type="checkbox"/> Overdose of illicit drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Knife/Cutting Instrument <input type="checkbox"/> Suffocation <input type="checkbox"/> Asphyxiation (i.e., ligature or carbon monoxide) <input type="checkbox"/> Jumping from high elevation <input type="checkbox"/> Death caused by what would otherwise be deemed	

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

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:

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

Individual Self-Reporting:

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

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

Agency Awareness:

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

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.