

# ATTEMPTED SUICIDE/SUICIDE/NON-SUICIDE DEATH SURVEY FORM

Send completed form to:

Minnesota Department of Corrections, Inspection and Enforcement Unit, 1450 Energy Park Drive, Suite 200, St. Paul, Minnesota 55108-5219, FAX: (651) 642-0314 or email [ie@co.doc.state.mn.us](mailto:ie@co.doc.state.mn.us)

## DOC FACILITIES ONLY

LICENSING  
ID# \_\_\_\_\_

Please Circle One:      **Attempted Suicide**      **Suicide**      **Non-Suicide Death**

Name of Facility: \_\_\_\_\_ Telephone Number \_\_\_\_\_

### PART A: PERSONAL CHARACTERISTICS

- Adult  Certified Adult (CA)  Extended Jurisdiction Juvenile (EJJ)  Juvenile (Excluding CA & EJJ)
- Name: \_\_\_\_\_  
Last First Middle
- Race/Ethnicity:  Caucasian  Asian American  Unknown  
 African American  American Indian  
 Hispanic  Other (Please specify) \_\_\_\_\_
- Sex:  Male  Female      5. Date Of Birth: \_\_\_\_\_
- Marital Status:  Single  Widowed  Not Applicable  
 Married  Common-Law Relationship  Unknown  
 Divorced  Separated
- Please specify charge(s) for which person was placed/incarcerated at the time of the incident and whether person was being detained or had been sentenced.

<u>Charge(s)</u>	<u>Detained</u>	<u>Sentenced</u>
_____	_____	_____
_____	_____	_____

- At the time of the incident, was the person under the influence of:  
 Drugs Only  Neither Drugs or Alcohol  
 Alcohol Only  Unknown  
 Drugs and Alcohol

### PART B: INCIDENT CHARACTERISTICS

- What was the date and time of the incident: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
(Month, Day, Year)
- What was the method and instrument used? (Answer this question only for attempted suicide or suicide.)

#### METHOD

Hanging  
 Overdose  
 Cutting  
 Shooting  
 Jumping  
 Ingestion of \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_  
 Unknown

#### INSTRUMENT

Shoelace  Towel  
 Belt  Knife  
 Other Clothing  Gun  
 Bedding  Rope  
 Razor Blade  Unknown  
 Drugs (Specify) \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

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3. Non-suicide death: \_\_\_\_\_ Death by natural causes (cause if known) \_\_\_\_\_  
\_\_\_\_\_ Death by other causes (list cause) \_\_\_\_\_
4. What was the time span between the incident and finding of the person?  
\_\_\_\_\_ Less than 15 minutes      \_\_\_\_\_ Between 1 and 3 hours  
\_\_\_\_\_ Between 15 and 30 minutes      \_\_\_\_\_ Greater than 3 hours  
\_\_\_\_\_ Between 30 and 60 minutes      \_\_\_\_\_ Unknown
5. Was the person isolated from other residents at the time of the incident?  
\_\_\_\_\_ Yes      If "yes", explain the type of isolation. \_\_\_\_\_  
\_\_\_\_\_ No      \_\_\_\_\_ Unknown
6. Were there any known previous suicide attempts by the person?  
\_\_\_\_\_ Yes      If "yes", how many? \_\_\_\_\_  
\_\_\_\_\_ No      \_\_\_\_\_ Unknown
7. Were there any indications of mental illness in the person prior to the incident?  
\_\_\_\_\_ Yes      If "yes", explain these indications and method(s) by which they were identified.  
\_\_\_\_\_  
\_\_\_\_\_ No      \_\_\_\_\_ Unknown
8. Was the person classified as a vulnerable person under MN Statute?      \_\_\_\_\_ Yes      \_\_\_\_\_ No
9. When did the resident enter the facility?      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_ AM PM
10. What was the resident capacity of your facility at the time of the incident?      \_\_\_\_\_
11. What was the resident population at the time of the incident?      \_\_\_\_\_
12. How many residents were in custody in the facility at the time of the incident?  
(Exclude those out to court or on work release status)      \_\_\_\_\_
13. How many employees were on duty in the facility at the time of the incident?      \_\_\_\_\_

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***Use Additional Sheets As Needed***

Survey Completed By: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
(Print Name and Title)