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 le@co.doc.state.mn.us

DOC FACILITIES ONLY

<table>
<thead>
<tr>
<th>Please Circle One:</th>
<th>Attempted Suicide</th>
<th>Suicide</th>
<th>Non-Suicide Death</th>
</tr>
</thead>
</table>

Name of Facility: ___________________________  
Telephone Number: _________________________

PART A: PERSONAL CHARACTERISTICS

1. Adult ___Certified Adult (CA) ___Extended Jurisdiction Juvenile (EJJ) ___Juvenile (Excluding CA & EJJ) ___

2. Name: 
   Last      First      Middle

3. Race/Ethnicity:     _____ Caucasian  _____ Asian American  _____ Unknown  
                       _____ African American  _____ American Indian  
                       _____ Hispanic  _____ Other (Please specify) ______________

4. Sex:     _____ Male  _____ Female

5. Date Of Birth: ________________

6. Marital Status:   _____ Single  
                     _____ Widowed  
                     _____ Married  
                     _____ Common-Law Relationship  
                     _____ Divorced  
                     _____ Separated  
                     _____ Not Applicable  
                     _____ Unknown

7. 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.

<table>
<thead>
<tr>
<th>Charge(s)</th>
<th>Detained</th>
<th>Sentenced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

8. At the time of the incident, was the person under the influence of:

   _____ Drugs Only  
   _____ Alcohol Only  
   _____ Drugs and Alcohol  
   _____ Neither Drugs or Alcohol  
   _____ Unknown

PART B: INCIDENT CHARACTERISTICS

1. What was the date and time of the incident: ____________________________  
   Time: _____ A.M. _____ P.M.  
   (Month, Day, Year)

2. What was the method and instrument used? (Answer this question only for attempted suicide or suicide.)

<table>
<thead>
<tr>
<th>METHOD</th>
<th>INSTRUMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanging</td>
<td>Shoelace</td>
</tr>
<tr>
<td>Overdose</td>
<td>Belt</td>
</tr>
<tr>
<td>Cutting</td>
<td>Other Clothing</td>
</tr>
<tr>
<td>Shooting</td>
<td>Bedding</td>
</tr>
<tr>
<td>Jumping</td>
<td>Razor Blade</td>
</tr>
<tr>
<td>Ingestion of</td>
<td>Drugs (Specify)</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>
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?
    ____________________________

**Use Additional Sheets As Needed**

Survey Completed By: _________________________________ Date Completed: _____________________
(Print Name and Title)