

CHILD ABUSE OR DOMESTIC VIOLENCE RELATED FATALITY NOTIFICATION

Within 72 hours of being notified of a DoD-related fatality known or suspected to be (1) an act of domestic violence, (2) an act of child abuse, or (3) an act of suicide related to an act of domestic violence or child abuse, the information about such a fatality shall be reported through Service or Defense Agency/DoD Field Activity channels to the Deputy Under Secretary of Defense (Military Community and Family Policy) (DUSD(MC&FP)) by fax to: 571-372-0884 (DSN 332-4977). Information contained on the form must be coordinated with the criminal investigative organization or law enforcement agency conducting the investigation, in addition to other offices or agencies having relevant information (e.g. medical examiner's office regarding cause of death). If civilian agencies have jurisdiction over the incident and are unable to share details about the fatality, information should still be submitted to the DUSD(MC&FP) in as much detail as possible.

SECTION I - ADMINISTRATIVE INFORMATION

1. DATE OF REPORT (YYYYMMDD)	2. DATE OF INCIDENT (YYYYMMDD)	3. REPORT FROM (<i>X one</i>) <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DEFENSE AGENCY/DOD FIELD ACTIVITY	
4. NAME OF INSTALLATION			
5. PERSON MAKING THIS REPORT			
a. NAME (<i>Last, First, Middle Initial</i>)		b. TITLE	
c. TELEPHONE NUMBER (<i>Include area code</i>)		d. FAX NUMBER (<i>Include area code</i>)	
(1) DSN	(2) COMMERCIAL	(1) DSN	(2) COMMERCIAL
6. INCIDENT TYPE (<i>X</i>) <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> RELATED SUICIDE	7. NUMBER OF FATALITIES a. HOMICIDE b. SUICIDE	8. LOCATION OF INCIDENT (<i>X</i>) <input type="checkbox"/> OFF INSTALLATION <input type="checkbox"/> ON INSTALLATION <input type="checkbox"/> IN VICTIM'S HOME <input type="checkbox"/> OTHER _____	

SECTION II - SUSPECT INFORMATION

9. SUSPECT NUMBER OF _____	10. AGE _____	11. SEX (<i>X one</i>) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
12. RELATIONSHIP TO DOD (<i>X one</i>) <input type="checkbox"/> ACTIVE DUTY PAY GRADE: _____ <input type="checkbox"/> CURRENT DEPENDENT OF ACTIVE DUTY MEMBER <input type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> CIVILIAN WITH NO DOD AFFILIATION		13. SERVICE (<i>X one</i>) <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NOT APPLICABLE	
14. WAS THE SUSPECT PREVIOUSLY REPORTED TO COMMAND FOR ALLEGED FAMILY VIOLENCE? (<i>X one</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		15. IS THE SUSPECT CURRENTLY IN MILITARY RESTRAINT OR CIVILIAN CUSTODY? (<i>X one</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

SECTION III - VICTIM INFORMATION

16. VICTIM NUMBER OF _____	17. AGE _____	18. SEX (<i>X one</i>) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
19. RELATIONSHIP TO DOD (<i>X one</i>) <input type="checkbox"/> ACTIVE DUTY PAY GRADE: _____ <input type="checkbox"/> CURRENT DEPENDENT OF ACTIVE DUTY MEMBER <input type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> CIVILIAN WITH NO DOD AFFILIATION		20. SERVICE (<i>X one</i>) <input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NOT APPLICABLE	
21. RELATIONSHIP TO SUSPECT (<i>X one</i>) <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> CURRENT INTIMATE PARTNER <input type="checkbox"/> FORMER INTIMATE PARTNER <input type="checkbox"/> SELF		22. SUSPECTED CAUSE OF DEATH (<i>X one</i>) <input type="checkbox"/> GUNSHOT <input type="checkbox"/> POISON <input type="checkbox"/> STABBING <input type="checkbox"/> BURNS <input type="checkbox"/> STRANGULATION <input type="checkbox"/> OTHER _____ <input type="checkbox"/> BLUNT TRAUMA <input type="checkbox"/> SHAKING <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SUFFOCATION	
23. DATE OF DEATH (YYYYMMDD)	24. WAS VICTIM PREVIOUSLY KNOWN TO THE FAMILY ADVOCACY PROGRAM? (<i>X one</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

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25. BRIEF NARRATIVE OF THE INCIDENT *(Attach additional pages if necessary.)*

**INSTRUCTIONS FOR COMPLETING
CHILD ABUSE OR DOMESTIC VIOLENCE RELATED FATALITY NOTIFICATION**

INFORMATION TO BE REPORTED:

a. Single fatality and suspect. When an individual is suspected of having committed child abuse or domestic violence that resulted in a fatality, submit completed pages 1 and 2.

b. Multiple fatalities with one suspect. Although uncommon, an individual may be suspected of having committed both child abuse and domestic violence that resulted in multiple fatalities. Alternatively, an individual may be suspected of having committed either child abuse or domestic violence that resulted in a fatality and then committed suicide. In rare instances, an individual may be suspected of having committed child abuse on several children that resulted in multiple fatalities. In any of these situations, additional copies of page 1 with completed items 16 - 24 must be submitted to ensure that "Victim Information" is submitted for each victim, as follows:

(1) Complete items 1 through 8, "Administrative Information", and items 9 - 15, "Suspect Information" sections on page 1;

(2) Complete items 16 through 24, "Victim Information" (page 1), for the first fatality;

(3) Complete additional items 16 through 24, "Victim Information", for each additional fatality, assigning each victim a new number in item 16, and

(4) Complete item 25, "Brief Narrative", on page 2.

c. One fatality with multiple suspects. In rare instances, several individuals may be suspects. Typically, this involves both parents when there is a suspected child abuse fatality, but it can involve a conspiracy to commit domestic violence against a current or former spouse or intimate partner. In any of these situations, additional copies of page 1 with completed items 9 - 15 must be submitted to ensure that "Suspect Information" is completed for each suspect, as follows:

(1) Complete items 1 through 8, "Administrative Information" section, on page 1;

(2) Complete items 9 through 15, "Suspect Information" section (page 1) for the first suspect;

(3) Complete additional items 9 through 15, "Suspect Information" (page 1), for each additional suspect, assigning each suspect a new number in item 9;

(4) Complete items 16 through 24, "Victim Information" section, and

(5) Complete item 25, "Brief Narrative", on page 2.

d. Multiple fatalities with multiple suspects. In the rare instance when several individuals may be suspected of committing multiple domestic violence or child abuse homicides, multiple copies of page 1 must be submitted to ensure that "Suspect Information" is submitted for each suspect and "Victim Information" is submitted for each victim, as follows:

(1) Complete items 1 through 8, "Administrative Information" section, on page 1;

(2) Complete items 9 through 15, "Suspect Information" section (page 1) for the first suspect;

(3) Complete items 16 through 24, "Victim Information" section (page 1), for the first victim;

(4) For each additional suspect and victim, complete an additional page 1, assigning each additional suspect a new number in item 9 and assigning each additional victim a new number in item 16, and

(5) Complete item 25, "Brief Narrative", on page 2.

**SECTION I - ADMINISTRATIVE
INFORMATION.**

1. Date of Report. Enter the date that the "Initial Notification" form is submitted to the DUSD(MC&FP) using the format YYYYMMDD.

2. Date of Incident. Enter the date on which the incident ultimately causing the child abuse or domestic violence-related fatality occurred, using the format YYYYMMDD.

3. Report From. Mark (X) in the block corresponding to the Service submitting the "Initial Notification" form to the DUSD(MC&FP). If a Defense Agency/DoD Field Activity is submitting the form, X the box labeled "Defense Agency/DoD Field Activity".

4. Name of Installation. Enter the name of the installation submitting the "Initial Notification" form.

5. Person Making This Report. Enter the name, official position, DSN and commercial voice telephone numbers, and DSN and commercial fax telephone numbers of the person submitting the "Initial Notification" form.

6. Incident Type. Mark (X) whether the fatality was due to child abuse or domestic violence. If the incident involved both child abuse and domestic violence fatalities, X both. If the incident was a suicide related to child abuse or domestic violence, X either child abuse or domestic violence, as appropriate, and suicide.

7. Number of Fatalities. Enter the number of fatalities that were suspected homicides occurring because of the incident, regardless of incident type. Enter the number of suicides if the suspect(s) allegedly committed suicide.

8. Location of the Incident. Mark (X) whether the incident ultimately causing the fatality occurred on or off the installation. X whether the incident ultimately causing the fatality occurred in the victim's home. If the incident ultimately causing the fatality occurred in a location other than the victim's residence, enter the location where the incident ultimately causing the fatality occurred.

**INSTRUCTIONS FOR COMPLETING
CHILD ABUSE OR DOMESTIC VIOLENCE RELATED FATALITY NOTIFICATION (Continued)**

SECTION II - SUSPECT INFORMATION.

Complete items 9 through 15 for each individual suspected of committing a homicide in the reported incident. If there is more than one suspect, submit an additional page 1 with completed items 9 through 15 for each additional suspect in the same incident.

9. Suspect No. ___ of ___. Assign a number for each suspect for whom information is submitted, and enter the total number of suspects. For example, if an individual is suspected of killing his spouse, enter "Suspect No. 1 of 1". If two individuals are suspected of homicide, enter "Suspect No. 1 of 2" on page 1, submit an additional page 1, and enter on it "Suspect No. 2 of 2".

10. Age. Enter the age of the suspect on his or her last birthday.

11. Sex. Mark (X) the sex of the suspect.

12. Relationship to DoD. Mark (X) whether the suspect is a member of a Military Department on active duty, a current dependent of a member of a Military Department on active duty, a civilian employee of DoD, or had no affiliation with DoD. For purposes of fatality notification, a suspect who is in the Reserve Component but not on active duty or who is a retired member of the Armed Forces shall be deemed to have had no affiliation with DoD unless the suspect is a current dependent of a member of a Military Department on active duty or a civilian employee of DoD. If the suspect is an active duty Service member, enter his/her pay grade.

13. Service. Mark (X) the suspect's Service. If the Service member is also assigned to a Defense Agency or DoD Field Activity, X the Service and on the line labeled "Other", enter "Defense Agency" or "DoD Field Activity". If this question is not applicable to the suspect, X "Not Applicable".

14. Was the suspect previously reported to command for alleged family violence? Mark (X) whether the suspect had been reported to command for alleged family violence prior to the incident ultimately causing the fatality.

15. Is the suspect currently in military restraint or civilian custody? Mark (X) whether the suspect has been apprehended (taken into custody) or placed under pre-trial restraint, or has been arrested or is being held in custody by civilian law enforcement as of the date the "Initial Notification" form is being submitted to the DUSD(MC&FP).

SECTION III - VICTIM INFORMATION.

Complete items 16 through 24 for each fatality occurring because of the reported incident. If there is more than one victim, submit an additional page 1 with completed items 16 through 24 for each additional victim in the same incident.

16. Victim No. ___ of ___. Assign a number for each victim for whom information is submitted, and enter the total number of victims. For example, if a spouse is killed by domestic violence, enter "Victim No. 1 of 1". If two individuals were fatalities, for instance when a spouse is killed and then the suspected killer commits suicide, enter "Victim No. 1 of 2" for the spouse, submit an additional page 1, and enter on it "Victim No. 2 of 2" for the suicide victim.

17. Age. Enter the age of the victim on his or her last birthday.

18. Sex. Mark (X) the sex of the victim.

19. Relationship to DoD. Mark (X) whether the victim was a member of a Military Department on active duty, a current dependent of a member of a Military Department on active duty, a civilian employee of DoD, or had no affiliation with DoD. For purposes of fatality notification, a victim who was in the Reserve Component but not on active duty or who was a retired member of the Armed Forces shall be considered to have had no affiliation with DoD unless the victim was a current dependent of a member of a Military Department on active duty or a civilian employee of DoD. If the victim was an active duty Service member, enter his/her pay grade.

20. Service. Mark (X) the victim's Service. If the Service member was also assigned to a Defense Agency or DoD Field Activity, X the Service and on the line labeled "Other", enter "Defense Agency" or "DoD Field Activity". If this question is not applicable to the victim, X "Not Applicable".

21. Relationship to Suspect. Mark (X) the relationship to the suspect.

22. Suspected Cause of Death. Mark (X) the suspected cause of the victim's death if known at the time the "Initial Notification" form is submitted. If "Other", enter the suspected cause of death. If the cause of death is unknown when submitting the "Initial Notification" form to the DUSD(MC&FP), X "Unknown". (If possible, the medical examiner should be consulted when indicating the suspected cause of death.)

23. Date of Death. Enter the date on which the victim died if known at the time the "Initial Notification" form is submitted to the DUSD(MC&FP), using the format YYYYMMDD.

24. Was victim previously known to the Family Advocacy Program? Mark (X) whether the victim was known to the Family Advocacy Program prior to the incident ultimately causing the fatality. If this is unknown when filling out the form, X "Unknown".

PAGE 2 - BRIEF NARRATIVE.

25. Brief Narrative of the Incident. Enter a description of the incident that ultimately caused the fatality/fatalities. If the space provided for the narrative is not adequate, the complete description may be submitted on an additional piece of 8-1/2 x 11 white paper. Only one item 25 needs to be completed, even if there is more than one suspect or more than one fatality.