2009

MARCH







From the Marine Corps Center for Lessons Learned

March 25, 2009



This Issue of the Safety Corner Highlights Mental Health.

From the Director: This is my first Safety Newsletter as the Marine Corps Center for Lessons Learned Director. This newsletter is an enduring tribute to my predecessor, Colonel Monte Dunard, who established this valuable method to "get the word out" to all Marines and their families about pertinent safety and safety related topics.

The focus of this month's newsletter is Mental Health. Often taken for granted, mental health is an issue, if ignored, marginalized, or smothered has dire effects not only on our sailors and Marines and their commands, but on their families as well. Sometimes the extent of the mental anguish manifests itself in the form of suicide. Feeling that there is no alternative or help available, the person then takes his or her own life. For the families, friends and fellow sailors and Marines who knew, served with, or loved the individual, it can begin a life time full of, "...if I had only listened..." or "... he tried to talk to me but...". The warning signs or indicators of someone in mental distress and contemplating self destruction were there. We just didn't know what the warning signals were. While we didn't talk about suicide before as much as we likely should have, we realize that we all have personal and professional equity at stake to stop any notion of there being no other alternatives and "no way out".

Unfortunately, suicide incidents are increasing. During the last decade, suicide among the Sea Services has been on the rise. In the last year alone, the suicide rate among our fellow Marines and shipmates approached 50 per service. What can the dramatic increase be attributed to? There are a bevy of factors, many of them contributing to one another. Whether they include extended family separations, combat deployments, personal financial difficulties, or the loss of a personal relationship, these factors are all additive...and destructive.

OK, so we identified the issue, now what? It is incumbent on all of us, regardless if you wear cammies or "Charlies", a set of coveralls or a flight suit, a cotton suit or business casual, to become familiar with the warning signals and get involved. Regardless, if you merely listen to someone's problems and let them know that you care or refer them to people who are professionally trained to deal with these issues, we all have to get involved.

(continued)

We welcome suggestions and comments on this Safety Corner. Please send your comments via e-mail to feedback, or you may contact us at (703) 432-1279.

Related Articles:

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Did You Know?

The strongest risk factor for suicide is depression.

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Directors Comments (continued)

You don't want to be in the position many years from now, as you look back on your service and remember the names and the faces of your friends and fellow Marines and Sailors, and say "... that Jones was a great guy. But if only I'd taken the time to try to get him help, maybe he wouldn't have done that to himself, to his family and to us...Why'd he do it? He had so much to live for...".

In addition to mental health this issue provides an update on motorcycle safety and measures to take to get your cycle ready for the road. Please read and pass this newsletter on to your fellow Marines, Sailors, and your families. You can access previously published editions of the MCCLL Safety Corners and Newsletters on our website.

During my tenure as Director, we'll get it right just about all of the time. And there will be times when we don't get it as right as we'd like or be of any value to you. Please let us know how we're doing so we can deliver the information that you need to accomplish your missions and take care of yourselves, your families, and one another.

Log on to www.mccll.usmc.mil to download previous editions of the Marine Corps Center for Lessons Learned Safety Corner as well as our Monthly Newsletters. I look forward to receiving your comments and feedback so we can raise awareness, reduce risk and maintain a high level of readiness.

Semper Fidelis, C. H. Sonntag Director MCCLL

Your ideas can be directed to the Marine Corps
Center for Lessons Learned (MCCLL),
MCCLL OPS

Suicide Prevention Myth or Fact Quiz

Suicide Prevention

A person who appears

suicidal should not be left alone.

1. People who talk about suicide don't do it, suicide happens without warning. Myth or Fact?

See Answers on page 4

- Talking about suicide may give someone the idea. Myth or Fact?
- 3. There are more suicides than homicides. Myth or Fact?
- 4. Suicide rates are higher for people of low income. Myth or Fact?
- 5. More men commit suicide than women. Myth or Fact?
- 6. Most suicidal people are undecided about living or dying. They gamble with death, leaving it to others to save them. **Myth or Fact?**
- 7. Once a person is suicidal, he/she is suicidal forever. Myth or Fact?
- 8. If a person really wants to kill him/herself, no one has the right to stop him/her. Myth or Fact?
- 9. Most suicides are caused by a single dramatic and traumatic event. Myth or Fact?
- 10. There is no genetic predisposition to suicide. Myth or Fact?
- 11. Improvement following a serious personal crisis or serious depression means that the risk of suicide is over. Myth or Fact?

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Suicide Hotlines



The National Suicide Prevention Lifeline is a **24-hour, toll-free** suicide prevention service available to anyone in suicidal crisis. If you need help, **please dial 1-800-273-TALK (8255).** You will be routed to the closest possible crisis center in your area.

- Para obtener asistencia en español durante las 24 horas, llame al 1-888-628-9454.
- ♦ Para información en español haga clic aquí.

Did you know Military OneSource offers FREE help 24x7? Military OneSource 1-800-342-9647

The Department of Veterans Affairs' (VA) <u>Veterans Health Administration (VHA)</u> has founded a national suicide prevention hotline to ensure veterans in emotional crisis have free, 24/7 access to trained counselors. To operate the Veterans Hotline, the VA has partnered with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Suicide Prevention Lifeline. Veterans can call the Lifeline number, **1-800-273-TALK (8255**), and press "1" to be routed to the Veterans Hotline.

<u>Veterans Resource Locator</u> provides suicide prevention coordinators, general inpatient and outpatient psychiatric services at medical centers and community-based outpatient clinics.

TTY Users: If you are a TTY user, please use our TTY number: 1-800-799-4TTY (4889)



Did You Know?

By 2010, depression will be the #1 disability in the world. (World Health Organization)

What Are The Risk Factors for Suicide?

National Institutes of Health

Research shows that risk factors for suicide include:

Depression and other mental disorders or a substance-abuse disorder (often in combination with other mental disorders).

More than 90 percent of people who die by suicide have these risk factors.

- Stressful life events, in combination with other risk factors.
- Depression.

However, suicide and suicidal behavior are not normal responses to stress; many people have these risk factors, but are not suicidal. Other factors include:

- Prior suicide attempt
- Family history of mental disorder or substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Firearms in the home (the method used in more than half of suicides)
- Incarceration
- Exposure to the suicidal behavior of others, such as family members, peers, or media figures

Possible Warning Signs

Suicide Prevention

- Talking about dying.
- Recent loss
- Change in personality
- ♦ Change in behavior
- Change in sleep patterns
- Change in eating habits
- Diminished sexual interest
- Fear of losing control
- Low self esteem
- No hope for the future
- Anxiety (restlessness, irritability)
- Recklessness (high risk-taking behavior)
- Withdrawal (from family, friends, work, school, activities, hobbies)
- Mood disturbance (dramatic changes in mood)

Other Things to look for:

- Suicidal impulses
- Making out wills
- Statements
- Arranging for the care of pets
- Plans for giving away favorite things
- Extravagant spending
- Previous suicide attempts
- Agitation
- Substance abuse
- Hyperactivity
 - Restlessness or lethargy



The loss of any individual Marine Is a tragedy.

More Marines committed suicide in 2008 than any other year in the 21st century. Headquarters Marine Corps reported in a 2008 Suicide Prevention Program update that 187 Marines attempted suicide last year; 41 were successful. The majority had previously deployed. Seven took their own lives while deployed.

Serious emotional distress often requires help from an outside source. However, many Marines are in fear of ruining their career by seeking help, said Lt. Angela Coriano, clinical psychologist at Cherry Point's Naval Health Clinic. Coriano said, a Marine should not avoid getting help because of fear of their record being affected.

"We only report if you threaten to hurt yourself or someone else," said Coriano. "If someone is just depressed, not suicidal, then we'll do therapy with them. As long as there's no concern for safety and the mission, it will stay here at the clinic."

According to Cherry Point officials, reducing the number of suicides begins with suicide prevention and that often means ensuring Marines understand their value in the community.

"Suicide is a tough, tough topic and we find most of the people just couldn't handle the burdens in their life and maybe felt lonely," said Frances Seybold, director of Marine Corps Family Team Building here. "If we can capture Marines and families early and get them involved in the base then maybe they won't feel so alone."

Seybold said the air station offers many programs for Marines and their families that many don't even know about. There are life skills classes, communication courses for couples, family care plan classes, family readiness training and many more courses, trips and events.

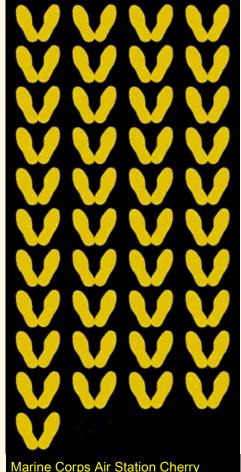
"With these courses, a Marine can navigate through the Marine Corps lifestyle and maintain a more healthy and better mental state," said Seybold. "We can help you meet those challenges and you might have less stress, less conflict and less burdens in your life."

Often, a Marine can be helped by talking through his or her problems. Capt William Lesak, a chaplain here at Cherry Point, said he and other chaplains are always here to help Marines and Sailors through tough times.

"One of the things we try to do is to get them to talk," said Lesak. Lesak said the solution isn't just sitting down with the Marine, but ensuring the Marine knows he is important to the Corps, his shop and his fellow Marines. Lesak said, as leaders, Marines must look out for each other, and give fellow Marines the opportunity to speak up and talk about their feelings.

The goal of suicide prevention is to help Marines find ways to improve their mental state and live to understand they're not alone, said Coriano. "It's a good feeling to see someone from the beginning where they may have

come in and been suicidal and now they're feeling better and seeing the positive outlooks of life," said Coriano.



Marine Corps Air Station Cherry Point-41 yellow footprints represent the Marines who committed suicide in 2008. More Marines took their own life in 2008 than in other year in the 21st century. Sgt. Steve Cushman

Answers to Suicide Prevention Myth or Fact

- 1. People who talk about suicide don't do it; suicide happens without warning. MYTH
- 2. Talking about suicide may give someone the idea. MYTH
- 3. There are more suicides than homicides. FACT
- 4. Suicide rates are higher for people of low income. MYTH
- 5. More men commit suicide than women. FACT
- Most suicidal people are undecided about living or dying, and they gamble with death, leaving it to others to save them. FACT
- 7. Once a person is suicidal, he/she is suicidal forever. MYTH



Know the facts and get help.

(continued)

Answers to Suicide Prevention Myth or Fact (continued)

- 8. If a person really wants to kill him/herself, no one has the right to stop him/her. MYTH
- 9. Most suicides are caused by a single dramatic and traumatic event. MYTH
- 10. There is no genetic predisposition to suicide. FACT
- 11. Improvement following a serious personal crisis or serious depression means that the risk of suicide is over. MYTH
- 12. It's unhelpful to talk about suicide to a person who is depressed. MYTH
- 13. People who commit suicide have not sought medical help prior to their attempt. MYTH

Inspect Your Motorcycle

Seasoned Rider From

The temperature is rising and it's the time of year that motorcycle enthusiasts dream about all winter; revving up those cc's. Before you hit the road, inspect your motorcycle:

- 1. Review orders from your Services, Base, Station, or Unit for any changes before you ride.
- 2. Clean the bike.
- 3. Check your PPE, tires, brakes, chain, lights, horn, mirrors.
- 4. Check your battery and recharge it if needed
- 5. Check engine oil levels.
- 6. Check your coolant level if your bike is liquid-cooled.
- 7. Change the air filter.
- 8. Change spark plugs and check connections for cracks.
- 9. Take a few short rides (5 minutes or less) to get yourself acclimated.
- 10. Get any state, base, or station's inspections renewed.
- 11. Be smart, be safe, and I will be looking for you on my next ride.



If you want to stay upright inspect your bike.

Motorcycle Fatalities

Naval Safety Center

Marine Corps

17 Oct 08 (Phoenix, AZ) E-7 died in a motorcycle accident when he ran into the side of a vehicle that failed to stop at a red light. 03 Nov 08 (Pensacola, FL) E-2 died in a motorcycle accident when he lost control and struck a tree.

13 Jan 09 (Salton City, CA) E-4 died in a motorcycle accident when he failed to negotiate a turn and he departed the roadway.

15 Jan 09 (Sneads Ferry, NC) E-4 died in a motorcycle mishap when he lost control of the motorcycle and collided with an oncoming vehicle.

07 Mar 09 (Imperial Sand Dunes, CA) E-4 died in an ATV mishap.

Navy

05 Oct 08 (Spring View, CA) E-5 died from injuries sustained in a motorcycle accident.

08 Nov 08 (Big Bear, CA) CW05 on terminal leave died when his cruiser motorcycle drifted into oncoming traffic while rounding a

10 Jan 09 (Ojai, CA) E-6 died in motorcycle mishap when he drifted over the center line and collided with an oncoming vehicle during a group ride.

14 mar 09 (Salerno, IT) E-5 died in motorcycle mishap.

07 Mar 09 (Norfolk, VA) E-4 died when his motorcycle struck another vehicle.



Did You Know?

Failure of a Marine to wear required PPE while riding a motorcycle is punishable under the UMCJ and may also be considered misconduct during line of duty.

Safety Corner Feedback

Thank you for the excellent source of information "The Safety Corner"... the Marine Corps Center for Lesson Learned. I came across it as I was searching CDC and other sources. It's a great source I use to educate folks here as they're attending their Right-Start briefings at FOB camp, KIRKUK. Thank you again sir.

SSgt Cortez USAF KIRKUK REGIONAL AIR BASE, IRAQ

I think the article is a good thing to open someone's eyes to what can go wrong with a tattoo. I have three tattoo's and never read anything before I went in. I am not saying that it would have changed my mind, but I definitely would have thought about everything in this article; looked around and asked them if they were licensed. Now that I have read this article, I will definitely keep it in mind before, during, and after my next tattoo. Just wanted to say thanks, because military personnel have enough to worry about. Thanks again and I hope to see more articles like this on different topics.

SGT. Thibault USMC/0331

Anatomy of a Tragedy

Her badly cut right arm hung out her damaged door, which had been close to the point of impact when the vehicle spun off the road and slammed into a tree at nearly 60 mph. Soot from a controlled burn had covered the tree's trunk. Now it smudged her face and right shoulder heartbreaking testimony to her last few moments.

I clicked again. A young man in a brightly striped shirt sat in the middle of the back-seat. His head was resting against the seat's top the vehicle's roof crushed down upon him. The headliner in front of him was smeared with blood. With his mouth open and his eyes closed, he appeared to be in a deep sleep. If only it could have been that.

Once more I clicked. A white sheet partially covered a Soldier lying near the vehicle. His nose and mouth were bloody and his eyes, half closed, stared into nowhere. He'd been thrown from the vehicle and landed in a bed of pine needles. I'd looked at his picture in the memorial program. His smile made him look like he had the world by the tail. He was a motivated young Soldier who served on unit funeral details to honor the fallen. Now, sadly, he had become one.

I pondered what it meant for these three to die in their teens. How do you measure what they lost? What would they give to change a decision and live another 60 or 70 years? But that choice had swiftly and unexpectedly slipped away from them. And they will never have it again.

I clicked to look at the vehicle. I could barely recognize it as a large sport utility vehicle (SUV). The impact had crushed most of the right side in some places as deep as 18 inches. The roof was so badly crushed rescuers had to cut it off to reach those inside. I stopped clicking. Instead, I asked myself, "How on earth or maybe in hell did this happen?"

Peeling Back the Onion

Accidents are rarely random, unrelated events. Therefore, it's important to look at what happened and ask, "Why?" Let's begin peeling back the onion by returning to the weekend of this accident to see what contributed to this tragic event. To respect the privacy of the Soldiers and their Families, the Soldiers have been given fictional names.

The Weekend

It was a Friday going into a normal twoday weekend. The battalion commander and his command sergeant major gave a safety briefing to the Soldiers during a formation held that afternoon. Additional safety talks from company commanders and first sergeants emphasized the key points don't drink and drive and be respectful in your personal relationships. The message was fairly standard one

Bob Van Elsberg

which many Soldiers could easily recite. (Is this a routine that sounds familiar to you?) Spc Randy Chambers missed the safety briefings that afternoon. Busy with an administrative job in his unit, he wasn't released until 7 p.m. But before he left, his supervisor gave him a safety talk.



Chambers then headed to his barracks room, where he relaxed and played video games until after midnight. He then crashed and slept until about 11:30 a.m. When he woke up, he grabbed some lunch and headed back to his room to play video games with his friend, Pfc Derrick Wilson.



(continued)

Anatomy of a Tragedy (continued)

It was just after midnight when they talked another friend, Pfc Tonya Ellison, into driving them to a club in Chambers' SUV. She agreed and had another friend, Spc. Tony Martinez, follow in her car. Ellison was too young to drink and chose to wait outside the club in her car with Martinez.

When the club was raided about 3 a.m., Wilson and Chambers ran out and jumped into the SUV. Before Ellison could stop them, they sped off, going too fast for her and Martinez to catch up. Fortunately, both vehicles made it back safely to the barracks and the Soldiers went to their rooms.

The Accident

It was about noon on Sunday when Chambers woke up. He ate snacks, drank and played video games well into the evening. Wilson and Ellison came to his room that evening, but Ellison left about 10 p.m. after Wilson repeatedly asked her to drive the three of them to a club.

Chambers and Wilson quickly headed downstairs to the parking lot where Chambers kept his SUV. As they passed a picnic table in front of the barracks, three other Soldiers Pfc Angela Metcalf, Pfc Michelle Harris and Pfc Michael Harmon asked if they could tag along. Chambers agreed, and they all piled into his SUV. Metcalf sat up front and buckled herself in. Harmon, Wilson and Harris piled into the backseat, choosing not to wear their seat belts. Chambers pulled out of the parking lot and headed onto a road that would take them off post. After stopping for a red light at an intersection, Chambers hit the gas, accelerating to at least 60 mph well above the 35-mph speed limit.

As he raced down the eastbound lanes, something flew through the open driverside window and hit Chambers in the face. As he was momentarily distracted, his SUV began drifting toward the right shoulder. Realizing he was about to go off the road, he cut left on the steering

wheel. But he cut too hard and sent the SUV spinning counterclockwise across the road into the westbound lanes. The tires, still under power, left rubber "shudder" marks across the white-painted road markings.

The SUV careened rear-first across the westbound lanes, hitting the curb first with the right-front wheel and then the rear wheel. The impact popped the vehicle above the curb. The SUV's front piv-





oted sharply to the right as the vehicle hurtled toward the trees. The shoulder dropped away and the SUV became airborne and began rolling to the right. Less than a quarter-second later, it smashed into a large pine tree, impacting just behind the right-front tire. The SUV pivoted around the tree, crushing the vehicle's right side between the front and back wheels and destroying Metcalf and Harmon's survivable space. Still trying to roll to the right, the vehicle's roof caught the tree and crushed down upon Wilson. The rear wheel then caught the tree and caused the SUV to rebound, spinning violently to the right and ejecting Harmon.

The Aftermath

Chambers had only minor injuries. He

tried to open his door, but it was stuck. A passing motorist saw the accident, called 911 and helped Chambers out of the vehicle. Chambers checked Metcalf, Wilson and Harmon and found them unresponsive. He heard Harris moaning in the back of the truck, but she was trapped inside the crushed vehicle, lying in the cargo area with her legs over the backseat. First responders helped Chambers to the curb, where he could be treated by medical personnel. Post emergency medical services personnel arrived quickly and, after assessing all the victims, focused their efforts on saving Harris. After cutting the roof off the vehicle, they removed her and transported her for treatment. She survived, but possibly with permanently disabling injuries a hard reality for any 19-year-old woman.



Why?

Why did this accident happen? When you look closely, you find several factors. First, Chambers chose to drive when he was intoxicated and fatigued. That combination severely impaired his judgment and rendered him incapable of safely handling his vehicle. Second, Chambers was overconfident in his driving abilities and showed indiscipline by speeding. His use of alcohol impaired not only his skills but also his judgment and he wound up killing three Soldiers and crippling a fourth. Whatever the legal actions taken against him, he will live with the memory of what he did that night. Third, there were the passengers who rode with him. While Metcalf buckled up in the front seat, none of the three backseat passengers chose to wear a seat belt. (continued)

Anatomy of a Tragedy (continued)

How often had they heard about the importance of wearing seat belts in surviving accidents? Nor did Chambers ensure they buckled up before taking off. As the driver, he was responsible to make sure that happened. While the survivable space for Metcalf, Harmon and Wilson was destroyed during the accident, the backseat position where Harris sat was not. However, because she was unrestrained, she flailed about inside the SUV, increasing the severity of her injuries.



Lessons Learned

Remember how the unit's Soldiers described their weekend safety briefings?

The prominent safety message was don't drink and drive. There's a reason why that message is stressed. Perhaps it is best expressed in the words of a former Virginia state trooper who watched helplessly as a drunken sergeant slammed into a concrete barrier in 2001.

"When you drink alcohol from the very first sip it affects your judgment," he said. "Before it changes your physical handeye coordination, it affects your reasoning and your thought process. If you've had a few drinks and you're walking out to your car telling yourself, 'I can make it this time,' remember you're talking to a drunk."

The passengers were responsible to wear their seat belts but that wasn't their only responsibility. They had a responsibility to evaluate the driver's condition and ask themselves whether riding with him was a wise choice. Before getting into someone else's vehicle, look at the driver and ask yourself, "Would I be willing to accompany them in combat

if they were in this condition?" If not, why accompany them in a car? In either situation, your life is in their hands. Then take it one step further. If you wouldn't trust them with your life, don't just walk away so they can drive off and kill themselves or others. Confront them tactfully. If need be, take away the keys. Sure, they may get angry at the moment, but later they'll be grateful to be alive.

At the core of the onion, everyone involved in this accident was responsible for safety in some way. When everyone starts taking that responsibility, stories like this will end.



Per MCO 5100.19E

The following PPE is mandatory for all people operating or riding as a passenger on a motorcycle on all DoD installations, and for all military personnel operating or riding on a motorcycle off installations, on and off road, in uniform or in civilian clothes:

Helmet: A properly fastened (under the chin) protective helmet which meets the standards of the Snell Memorial Foundation (SNELL), the American National Standards Institute (ANSI), or the Department of Transportation (DOT).

Goggles: Impact or shatter resistant goggles or full-face shield attached to the helmet. A windshield, eyeglasses or fairing alone is not considered proper eye protection.

Vest: A brightly colored outer upper garment during the day and a reflective upper garment at night or a commercially available mesh/fabric vest that is bright yellow, international orange or lime green with two 1 1/2" to 2" wide vertical or horizontal reflective strips front and back. The vest is authorized for wear by Marines in uniform, and should be removed as soon as the Marine gets off the motorcycle. The garment must not be covered or concealed, such as by a backpack.

Footwear: Hard-soled shoes with heels. The use of leather boots or over the ankle shoes is encouraged.

Long Sleeves: Properly worn, brightly colored long-sleeved shirt or jacket.

Pants: Long trousers.

Gloves: Full-fingered gloves or mittens.

The PPE for motorcycle operators during off-road operations should also include knee and shin guards or off-road Marine Corps boots and padded full-fingered gloves. A Marine, a service member of any Service attached to a Marine Corps command, and a service member of any Service while aboard a U.S. Marine Corps installation, who violates the terms of this paragraph is subject to punitive action under the UCMJ for violation of this paragraph. Any such person who operates a motorcycle with a passenger who is not in compliance with the requirements of this paragraph is also subject to punishment.

Motorcycle Courses

Basic Rider Course (BRC) - Motorcycle Safety Course, (16 hours, 2 days). Motorcycle Safety Foundation (MSF) approved course. Mandatory initial motorcycle safety training for all active duty military personnel who operate a motorcycle on/off base (on/off-duty), and DoD civilian personnel who operate a motorcycle on base.

Experienced Rider Course (ERC) – Motorcycle Safety Course (5 hours, 1 day). MSF approved course. Mandatory recertification every three (3) years for all active duty military personnel who operate a motorcycle on/off base (on/off duty) and all DoD civilian personnel who operate a motorcycle on base. Group riding suite is included in this training. Successful completion of BRC is required.

Military Sport Bike Rider Course (MSRC) – Motorcycle Safety Course (8 hours, 1 day). MSF approved course designed specifically for sport bike riders (active duty military on/off base, DoD civilian personnel on base). Course satisfies the mandatory recertification requirements for sport biker riders, however riders shall attend this course as soon as possible. The priorities for training are: 1) First year riders (regardless of age); 2) Riders under 26 years old; and 3) All other sport bike riders

All-Terrain Vehicle (ATV) Rider Course (8 hours, 1 day). Operators of government-owned all-terrain vehicles (ATVs) shall successfully complete this course prior to operating these vehicles on any Navy installation.

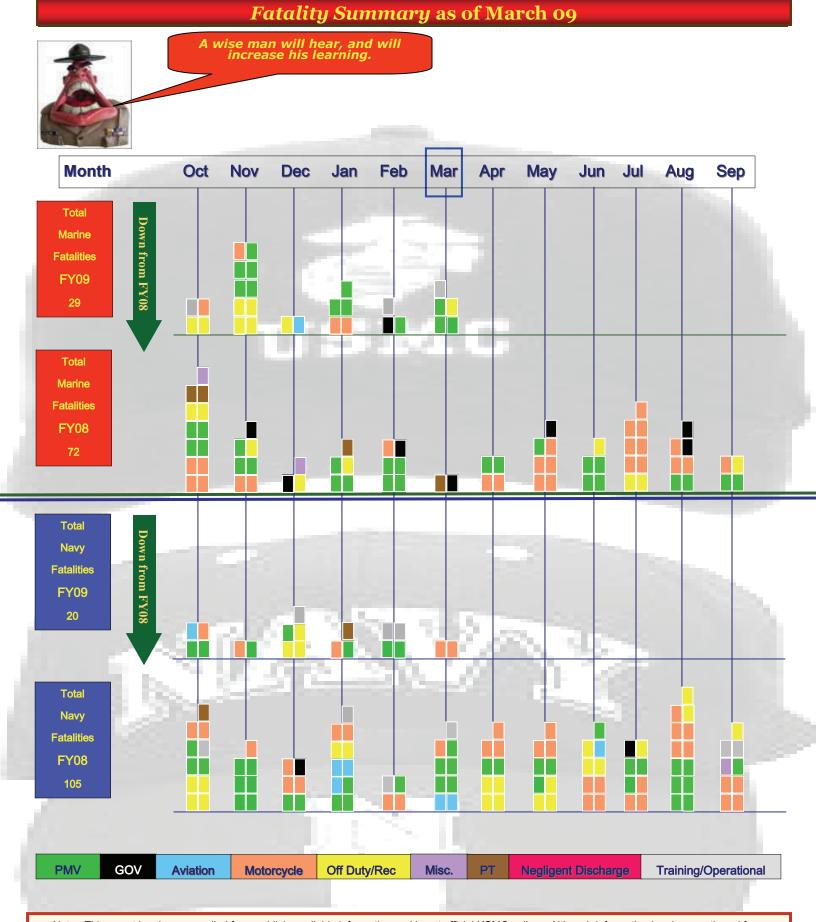
American Automobile Association/Driver Improvement Program (AAA/DIP) (8 hours, 1 day). Classroom instruction in traffic safety designed to establish and reinforce a positive attitude toward safe driving. This course is mandatory for (1) all military and DoD civilian personnel who operate a GMV more than 8 hours a week as part of their incidental duties; (2) all military and DoD civilian personnel who have been convicted of a serious moving traffic violation (i.e., reckless driving, driving while impaired, speeding, following too closely, and failure to yield) while operating a GMV; (3) all military and DoD civilian personnel who have been determined to be at fault in a traffic mishap while operating a GMV on/ off a DoD installation; (4) all military and DON civilian personnel who have been convicted of a serious moving traffic violation while operating a PMV on a DON installation; (5) all military and DON civilian personnel who have been determined to be at fault in a traffic mishap on a DON installation while operating a PMV.

Driver Awareness Safety Training (DAST) (4 hours, 1 day). Classroom instruction in traffic safety designed to establish and reinforce safe driving habits with emphasis on individual responsibility and correct response to routine and emergency driving situations.



Suicide

The third leading cause of death in the U.S. Navy



Note: This report has been compiled from publicly available information and is not official USMC policy. Although information has been gathered from reliable sources the currency and completeness of the information reported herein is subject to change and cannot be guaranteed.