



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

MAR 4 2005

PERSONNEL AND
READINESS

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
INSPECTOR GENERAL OF THE DEPARTMENT OF
DEFENSE
DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Notification of Department of Defense-Related Fatalities Due to Domestic
Violence or Child Abuse

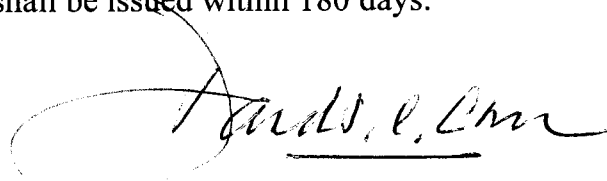
This directive-type memorandum assigns responsibilities and prescribes procedures regarding the notification to the Deputy Under Secretary of Defense (Military Community & Family Policy) (DUSD(MC&FP)) of DoD-related fatalities known or suspected to result from: (1) an act of domestic violence, (2) an act of child abuse, or (3) an act of suicide related to an act of domestic violence or child abuse, as defined in Attachment 1.

Each Service and Defense Agency/DoD Field Activity shall report all such fatalities through Service or Defense Agency/DoD Field Activity channels to the DUSD(MC&FP) by fax or electronically within 72 hours of notification of the fatality, using the Initial Notification form in Attachment 2. Information contained on the form must be coordinated with the criminal investigative organization or law enforcement agency having jurisdiction over the investigation, in addition to other offices or agencies having relevant information.

The information in items 1 through 8 of Attachment 2 will be retained by the DUSD(MC&FP) for two calendar years after receipt. This information will be used to ascertain whether the appropriate Service or Defense Agency/DoD Field Activity has conducted a fatality review in accordance with the directive-type memorandum, "Domestic Violence and Child Abuse Fatality Reviews," issued on February 12, 2004. All remaining items on Attachment 2 will be retained by the DUSD(MC&FP) for two weeks after receipt to ensure that the appropriate DoD component has logged in the fatality for a future fatality review.



This memorandum is effective immediately. A DoD publication incorporating the substance of this memorandum shall be issued within 180 days.

A handwritten signature in black ink, appearing to read "David S. C. Chu", with a large, sweeping flourish on the left side.

David S. C. Chu

Attachments:
As stated

ATTACHMENT 1
DEFINITIONS

Child Abuse. The physical or mental injury, sexual abuse or exploitation, or negligent treatment of a child. It does not include discipline administered by a parent or legal guardian to his or her child provided it is reasonable in manner and moderate in degree and otherwise does not constitute cruelty.

DoD-related Fatality. The death of

- (1) a member of a Military Department on active duty,
- (2) a current or former dependent of a member of a Military Department on active duty,
or
- (3) a current or former intimate partner who has a child in common or has shared a common domicile with a member of a Military Department on active duty.

Domestic Violence is an offense under the United States Code, the Uniform Code of Military Justice, or State law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or a violation of a lawful order issued for the protection of a person of the opposite sex, who is (a) a current or former spouse; (b) a person with whom the abuser shares a child in common; or (c) a current or former intimate partner with whom the abuser shares or has shared a common domicile.

Homicide. The killing of one person by another, whether lawfully or unlawfully. When death is determined to be homicide, it is a death that results from intentional or grossly reckless behavior of another person or persons. The term is not synonymous with murder or other crimes, which is a legal determination; and includes both criminal actions and excusable incidents (e.g., self-defense, law enforcement, and combat actions).

Suicide related to an act of domestic violence or child abuse. (1) A person's intentional taking of his or her own life (1) that is known or is reasonably suggested by the circumstances to have some connection with an act of domestic violence or child abuse he or she recently committed, or (2) that is known or is reasonably suggested by the circumstances to have some connection with a recent act of domestic violence or child abuse in a DoD-related context in which he or she was the victim.

ATTACHMENT 2
CHILD ABUSE AND DOMESTIC VIOLENCE FATALITIES
INITIAL 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, as defined in attachment 1, 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 703: 602-4983 (DSN 332-4983) or electronically. 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. The attached 2-page form shall be used to submit that report.

INSTRUCTIONS FOR COMPLETING "CHILD ABUSE OR DOMESTIC VIOLENCE RELATED FATALITY INITIAL NOTIFICATION" FORM

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," (page 1) for each additional fatality, assigning each victim a new number in item "16;" and

(4) Complete the "25. Brief Narrative" section (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 submitted 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 (page 1); and
- (5) Complete the “25. Brief Narrative” section (page 2).

c. 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 the “25. Brief Narrative” section (page 2).

Page 1 – Administrative Information

1. Date of report. Write the date that the “Initial Notification” form is submitted to the DUSD(MC&FP) using the format YYYY/MM/DD.
2. Date of Incident. Write the date on which the incident ultimately causing the child abuse or domestic violence-related fatality occurred, using the format YYYY/MM/DD.

3. Report from. Check the name of the Service submitting the “Initial Notification” form to the DUSD(MC&FP). If a Defense Agency/DoD Field Activity is submitting the form, check the line labeled “Defense Agency/DoD Field Activity.”
4. Name of Installation. Write the name of the installation submitting the “Initial Notification” form.
5. Name, title, telephone number and fax number of the person completing the report. Write 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. Check whether the fatality was due to child abuse or domestic violence. If the incident involved both child abuse and domestic violence fatalities, check both. If the incident was a suicide related to child abuse or domestic violence, check either child abuse or domestic violence, as appropriate, and suicide.
7. Number of fatalities. Write the number of fatalities that were suspected homicides occurring because of the incident, regardless of incident type. Write the number of suicides if the suspect(s) allegedly committed suicide.
8. Location of the Incident. Check whether the incident ultimately causing the fatality occurred on or off the installation. Check 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, write the location where the incident ultimately causing the fatality occurred.

Page 1 – 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 write the total number of suspects. For example, if an individual is suspected of killing his spouse, write “Suspect No. 1 of 1.” If two individuals are suspected of homicide, write “Suspect No. 1 of 2” on page 1, submit an additional page 1, and write on it “Suspect No. 2 of 2.”
10. Age. Write the age of the suspect on his or her last birthday.
11. Gender. Check the gender of the suspect.
12. Relationship to DoD. Check 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, write his/her pay grade.

13. Service: Check the suspect's Service. If the Service member is also assigned to a Defense Agency or DoD Field Activity, check the Service and on the line labeled "Other," write "Defense Agency" or "DoD Field Activity." If this question is not applicable to the suspect, check "Not Applicable."
14. Was the suspect previously reported to command for alleged family violence? Check 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? Check 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 submitted to the DUSD(MC&FP).

Page 1 – 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 17 through 26 for each additional victim in the same incident.

16. Victim No. of . Assign a number for each victim for whom information is submitted, and write the total number of victims. For example, if a spouse is killed by domestic violence, write "Victim No. 1 of 1." If two individuals were fatalities, for instance when a spouse is killed and then the suspected killer commits suicide, write "Victim No. 1 of 2" for the spouse, submit an additional page 1, and write on it "Victim No. 2 of 2" for the suicide victim.
17. Age. Write the age of the victim on his or her last birthday.
18. Gender. Check the gender of the victim.
19. Relationship to DoD. Check 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, write his/her pay grade.

20. Service: Check the victim's Service. If the Service member is also assigned to a Defense Agency or DoD Field Activity, check the Service and on the line labeled "Other," write "Defense Agency" or "DoD Field Activity." If this question is not applicable to the suspect, check "Not Applicable."
21. Relationship to suspect. Check the relationship of the victim to the suspect, using the definitions in attachment 1.
22. Suspected cause of death. Check the suspected cause of the victim's death if known at the time the "Initial Notification" form is submitted. If "other," write the suspected cause of death. If the cause of death is unknown when submitting the "Initial Notification" form to the DUSD(MC&FP), check "Unknown." (If possible, the medical examiner should be consulted when indicating the suspected cause of death.)
23. Date of Death. Write 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 YYYY/MM/DD.
24. Was victim previously known to the Family Advocacy Program? Check 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, check "Unknown."

Page 2 – Brief Narrative

25. Brief Narrative of the Incident. Write 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 ½ 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.

**CHILD ABUSE OR DOMESTIC VIOLENCE RELATED FATALITY
INITIAL NOTIFICATION**

**REPORT CONTROL SYMBOL
DD-P&R(Q)2052**

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: 703 602-4983 (DSN 332-4983). 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 (X one)	
		<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 (Last, First, Middle Initial)	b. TITLE
c. TELEPHONE NUMBER (Include area code)	d. FAX NUMBER (Include area code)
(1) DSN	(2) COMMERCIAL
(1) DSN	(2) COMMERCIAL

6. INCIDENT TYPE (X)	7. NUMBER OF FATALITIES	8. LOCATION OF INCIDENT (X)	
		<input type="checkbox"/> OFF INSTALLATION	<input type="checkbox"/> ON INSTALLATION
<input type="checkbox"/> CHILD ABUSE	a. HOMICIDE	<input type="checkbox"/> IN VICTIM'S HOME	
<input type="checkbox"/> DOMESTIC VIOLENCE	b. SUICIDE	<input type="checkbox"/> OTHER	
<input type="checkbox"/> RELATED SUICIDE			

SECTION II - SUSPECT INFORMATION

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

SECTION III - VICTIM INFORMATION

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

**CHILD ABUSE OR DOMESTIC VIOLENCE RELATED FATALITY
INITIAL NOTIFICATION**

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

**INSTRUCTIONS FOR COMPLETING CHILD ABUSE OR DOMESTIC VIOLENCE RELATED FATALITY
INITIAL 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
INITIAL 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. Gender. Mark (X) the gender 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. Gender. Mark (X) the gender 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.