

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
Bureau of Child, Family Community Wellness
Suicide Event Review Presentation Data Collection Tool

Death Event Number: Year. Sequence	2014.00	Effective Date:	
1. Individual's Name/Locations		Last Name:	
First Name:		Middle Initial/Name:	
Zip Code of Residence	89151	Zip Code, Location of Incident (Death)	89131
City of Residence	Las Vegas	City of Residence	Las Vegas
City of Death	Clark	County of Death	Clark
2. Dates/Age		Age at Date Death:	12
Date of Birth:	8-Aug-87	Date of Death:	7-Dec-99
Place of Birth (State)	Idaho		
3. Gender:		4. Sexual Orientation:	Heterosexual
5. Relationship Status:	Married		
6. Sibling Status: Sisters	UNKNOWN	Brothers	UNKNOWN
7. Children Status: Girls	NO	Boys	YES
		John Jr. Doe	13
8. Employment History		Occupation/Profession	CC Animal Control
Currently Employed	YES	Laid Off (date)	
Quit (date)		Retired (date)	12-Dec-10
Fired (date)		Disabled (date)	
9. Military Status (Affiliation)		Branch Service	Marines
# of Deployments and when		Related to Military Member or Veteran	YES
8	12-Mar-99	Military Era	Op. Iraqi Freedom
# of Combat deployments and when		Military Era	Op. Enduring Freedom
3	5-Nov-06	Military Era	Desert Shield/Storm
Type of Discharge and When		Characterization of Service	
Job Title		Tank Commander	
10. Community Connectedness			
Member of Clubs/Social Organizations		AA 12 Step	
Religious Affiliation	YES	Other Support Groups	
11. Education Attending School		Education Level	4th Year College
12. Race and Ethnicity		Asian	
13. Recent Medical Health Care Involvement		Prescribed Medication Current and Past	
Recent visit to Doctor			
Approximate Date of last Visit			
Diagnosis			
Approximate Last ER visit			
Type of Doctor (specialty)			

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14. Suicide Attempts or History of Thoughts of Suicide		Time Between Last Attempt/Death	
Previous Suicide Attempts	NO	Legal 2K Actions (Date)	
Number of Attempts		Same Method and Means	NO
15. Communicating thoughts of Suicide		Healthcare Provider	
Suicide Note	YES	Witnesses	NO
Social Media Entries	NO	Other	
16. Division, Bureau or Institution Eligibility Last Service Received Date [check the primary bureau or institution in which the individual has been eligible for services]			
Community Based Care Services		Children, Youth, Elder and Families	
Behavioral Health (Yes Date Received)		Protective Services (Yes Date)	
Developmental (Yes Date Received)		Foster/Adult care (Yes Date)	
Drug & Alcohol (Yes Date Received)		Abuse or Neglect (Yes Date)	
Elderly & Adult (Yes Date Received)		Adult and Juvenile Justice Services	
Homeless & Housing (Yes Date Received)		Current Incarceration (location Date)	
Hospital (Yes Date Received)		Previous Incarceration (location Date)	
Mental Disability (Yes Date Received)		Probation (location Date)	
Physical Disability (Yes Date Received)		Parole (location Date)	
VA Benefits (Yes Date Received)	15-Dec-12	Facing Possible Charges (Describe)	DUI
17. Current or Past Life Situations Which Could have Lead to the Suicide, Tox report?			NO
Alcohol Intoxication at Time of Death	NO	Loss of Job (or threat)	YES
Under Drug Influence at Time of Death	NO	Problems with Work	YES
Interpersonal (Domestic) Disputes	UNKNOWN	Problems with School	N/A
Divorce (# of times)	1	Financial Issues	YES
Death of a Family Member	YES	Gambling Problems	YES
Thoughts of Suicide or actions by Family	NO	Family History of Substance Abuse	UNKNOWN
Current Self Harm	NO	Home Foreclosure (or pending)	YES
Homelessness	NO	Thoughts of Suicide/actions by Friend/Peer	UNKNOWN
History of Substance abuse	YES	Self Harm in the Past	NO
18. Location & Method (action or technics to carry out the act) and Means (instrument or object used to carry out the act)			
LOCATION		SUFFOCATION/STRANGULATION	
Own Residence		JUMPING	Building/Structure
Traveled < 1 Mile		OVERDOSE	
Traveled > 1 Mile	17.1	HANGING	
Left Town, Miles		DROWNING/SUBMERSION	
HOMICIDE/SUICIDE		POISONING	
Multiple Homicides/Suicide	NO	CUTTING	
Single Homicide/Suicide	NO	INTENTIONAL VEHICLE CRASH	
OWNER OF THE INSTRUMENT		FIREARM	
		LEGAL INTERVENTION	
		Other	

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19. Narrative of the case:

20. Death Review Presenter

First Name	Rick	Last Name	Egan
Middle Initial:	NMI	Name of Agency	OSP