Department of the Air Force
Domestic Violence and Child Maltreatment
Fatality Review Board

Five Year Report
2010 – 2014

Air Force FAP Program
Mental Health Division
Air Force Medical Operations Agency
Office of the Surgeon General

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EXECUTIVE SUMMARY

As directed by the Under Secretary of Defense for Personnel and Readiness (USD P&R), the Air Force (AF) conducts an annual comprehensive multidisciplinary review of all fatalities known or suspected to have resulted from domestic violence or child maltreatment, including family maltreatment-related suicides. Since 2005 the Air Force has averaged 11 deaths per year related to family maltreatment.

The Air Force submits an annual report to USD P&R containing case specific findings and proposed recommendations. Every five years the Air Force submits a 5-year report with summary findings and formal recommendations. This report contains the summary findings and formal recommendations from the AF Fatality Review Board's (FRB) review of family maltreatment fatalities from 2010 to 2014. The board reviewed 44 maltreatment incidents which resulted in 50 deaths. The summary findings were:

1. The Board identified seven groups who appear to be at higher risk for family maltreatment and associated problems, including fatal incidents.
    a. Families with ADMs attached to tenant units or Geographically Separated Units (GSU) that are supported by a different branch of Service, including joint base locations.
    b. ADMs in high stress career fields.
    c. Male domestic violence victims.
    d. Young military parents with infants and toddlers.
    e. ADMs who have experienced an alcohol–related incident or have been identified for substance use/abuse who fail to complete assessment/treatment with ADAPT.
    f. Military families involved with state child protective services (CPS) where CPS fails to notify AF FAP of the allegations, IAW the local FAP-CPS Memorandum of Understanding (MOU).
    g. ADMs with diagnosis of Post-Traumatic Stress Disorder (PTSD).

2. The Board identified "Red flags" that were present in families of those who died, where extended family, friends, co-workers or supervisors were aware of the issues but they did not recognize their significance (the danger), so no notifications, referrals or other action was taken.
    a. ADMs with poor hygiene.
    b. ADMs who are experiencing significant marital/relationship conflict.
    c. FAP clients who have a civilian or military protective order (MPO) in place, especially when the protective order is being violated. MPOs are most effective when the ADM values his/her military career. Once the career has been irreparably harmed, adherence to the MPO is less likely.
    d. Adult males who are accused of and prosecuted for child sexual abuse.
    e. ADMs with psychiatric illnesses who are being seen by Military One Source (MOS) instead of an AF Mental Health provider.

3. The Board identified critical skills and FAP policies that FAP staff members should be trained on in order to help keep children safe.
    a. Safety planning and risk management skills.
    b. FAP provider must recommend to the attending physician that a skeletal survey be ordered for all infants with injuries.

4. AFI 40-301 para 1.14., AF Members and Civilian Employees Mandatory Reporting, states "Active duty AF members and civilian employees will report all incidents of known or suspected family maltreatment immediately to the FAP." However, in numerous cases the Board reviewed in this 5-year period, AF employees and other individuals suspected child maltreatment or domestic abuse and did not report it to FAP or any other authority.

5. The Board identified challenges in the Fatality Review Board Process from 2005-2014.
    a. None of the 78 active duty offender's unit personal information files (PIF) were available for FRB review.
    b. 31/78 cases failed to refer ADMs to the Alcohol and Drug Abuse Prevention & Treatment (ADAPT) Program and Family Advocacy Program.

The review board made the following summary recommendations:

1. Installation helping agencies' prevention efforts (e.g., marketing of support services, education around healthy relationships, outreach using current technology) and supportive services for individuals in distress must target specific at risk groups such as young military parents with infants and toddlers, ADMs in tenant units, GSUs or high stress career fields, and adult beneficiaries with substance abuse or family maltreatment issues or those who had been treated in AF Mental Health Clinics. These groups are at higher risk for lethal incidents and stand to benefit most from AF prevention efforts. Harnessing current technology (cell phone messages and applications, websites, interactive computer-based training (CBT) to reach today's young adults is essential to the effectiveness of prevention efforts. Research, development, testing, and evaluation (RDT&E) dollars are required to create standardized CBT for military communities. FAP has the ability to utilize such technology to make FAP educational strategies more effective; however, FAP is funded solely with operation and maintenance (O&M) dollars. Currently AF attorneys will not authorize use of O&M funds to develop program automation and computer based training. Recommend OSD provide the Services with FAP budgets that contain both O&M funds as well as RDT&E funds in order to effectively execute the FAP mission. Until this is possible, recommend AF provide RDT&E funds to FAP for this purpose.

2. AF leaders and wingman must learn to recognize "Red flags," or warning signs of families in distress, and make appropriate referrals to helping professionals, including follow-up contact to ensure the appointments were kept. In addition to counseling, the response to relationship discord should include strong recommendations to limit alcohol use and to secure firearms outside the residence until conflicts resolve. When unit leaders become aware of these warning signs, the problems are not brand new and have likely escalated. First Sergeants

need to know their people, where they live and who lives with them. When personal hygiene is an issue, a no-notice home visit to the ADM's home is always indicated, especially when children live there. Unsanitary living conditions require a minimum of six months of follow-up. Families who are found with unsanitary homes have a high tolerance for such, and are highly likely to allow the living conditions to deteriorate in the future.

3. When contract or civilian helping agencies (e.g., MOS, CPS, and Military Family Life Consultants) are serving military families and they do not follow contract or MOU rules, military families fail to receive the support available on the installation and commanders do not have the correct information to make fitness for duty determinations. Such contracts/MOUs must be closely monitored by AF personnel/contracting officer representatives. All breaches of the rules in these contracts/MOUs should be taken very seriously and reported to the appropriate POC to ensure adherence as well as appropriate and comprehensive care for ADMs and their families.

4. Prevention and treatment of domestic abuse and child maltreatment is a highly specialized field. Family Advocacy professionals, nurses (BSN) and social workers (MSW) should have licenses for independent practice and two years of experience in family maltreatment response to qualify for the positions. Because AF civilian personnel classifiers at AFPC will not require the 2 years of experience (language used is "preferred"), AF FAP must have effective and timely orientation training as well as ongoing training in AF policies and basic and advanced clinical skills in domestic abuse and child maltreatment prevention and intervention. AF FAP personnel need to educate Commanders about FAPs mission critical training events in order to enhance FAP client safety and improve the quality of services received. There should be training for all AF physicians, nurse practitioners and physician assistants on the assessment of abuse and neglect of children. This training must include the new AF policy that all children under 12 months old presenting with physical injury must receive a skeletal survey. Any siblings of child maltreatment victims age 3 years and under must also receive a physical exam.

5. Military personnel are held to a higher standard of personal conduct. As such, mandatory reporting requirements for child maltreatment and domestic abuse are essential to efforts to keep military families safe from family maltreatment and ensuring the ADMs' fitness for duty. AF must craft policy that will promote early identification and reporting of child maltreatment and domestic abuse without thwarting the domestic abuse victims' opportunity to request a restricted report of domestic abuse. Such policy should include consequences for active duty AF members and DoD civilian employees who fail to report suspected family maltreatment.

6. Recommend AF OSI amend OSI policy in death case investigations to always collect all information in the unit personnel information file (PIF) and include such information in the Report of Investigation (ROI) so the FRB has access to the information. ADAPT branch chief, or designee, at AFMOA will be a permanent member of the FRB.

INTRODUCTION

As directed by the Under Secretary of Defense for Personnel and Readiness (USD P&R), the AF conducts an annual comprehensive multidisciplinary review of all fatalities known or suspected to have resulted from domestic violence or child maltreatment, including family maltreatment-related suicides. Since 2005, the Air Force has averaged 11 deaths per year related to family maltreatment. AF Fatality Review Board (FRB) reviews fatalities involving AF members and their family members or intimate partners two years after the year in which the death occurred, unless the incident has not been fully investigated or adjudicated. Because the Board only reviews up to 10 fatal incidents per year, the USD P&R granted the AF permission to submit annual reports containing case specific findings and potential recommendations and a 5-year report with summary findings and formal recommendations. This report is the second 5-year report the AF has submitted to OSD. This 5-year report contains summary findings and formal recommendations regarding the maltreatment related deaths the Board reviewed from 2010 through 2014. The 2014 case summaries are located at Appendix B.

The FRB conducted both individual and group reviews of available records from the following agencies and organizations: FAP, military treatment facilities, Office of Special Investigations (OSI), Mental Health, Air Force Personnel Center (AFPC), Judge Advocate, Security Forces and civilian child protection agencies. Since 2005 the AF FRB has convened annually for five days in San Antonio, Texas. The Board was chaired by the FAP Clinical Director who oriented the Board members to their roles, responsibilities, and the review process at the opening of each meeting. Representatives from each of the following organizations participated:

- Air Force Personnel Center
- Air Force Judge Advocate
- Air Force Office of Special Investigation
- Air Force Chief of Chaplains
- Air Force Security Forces
- Air Force Chief Master Sergeant Representative (First Sergeant)
- Air Force Surgeon General:
    - Mental Health/Family Practice
        - ADAPT
    - Forensic Pediatrics
    - FAP Program
        - New Parent Support Program
        - Air Force Domestic Abuse Victim Advocate

The AF recommendations in this report are based on 44 incidents involving 50 fatalities.

- Number of maltreatment incidents involving fatalities: 44
    - 12 Partner Incidents
    - 23 Child Incidents
    - 9 Maltreatment-related suicides (without homicide)

- Total number of fatalities: 50
  - Number of child fatalities (homicides): 22
  - Number of partner fatalities (homicides): 7
  - Number of suicides: 20
    - 11 murder-suicides
    - 9 maltreatment-related suicides (without homicide)
  - Number of other deaths: 1 (ADM's current boyfriend killed her former boyfriend)

FINDINGS AND RECOMMENDATIONS

The AF FRB made numerous case-specific findings and potential recommendations over this 5-year period. The feasibility of each recommendation was considered given the costs and potential benefits. Findings and recommendations were evaluated and ranked according to frequency and areas of concern. This resulted in five overall findings with policy recommendations. The sixth finding includes recommendations to increase the efficiency of the AF FRB process. Included below some of the findings are family maltreatment correlates that identify trends and patterns associated with partner and child maltreatment fatalities. The frequency of these correlates supports the significance of these recommendations. This 5-year report covers all the fatalities the Board reviewed from 2010 to 2014, however, the percentages of the correlates are based on all cases the Board has reviewed since 2005 (10 years of data collection) which includes 40 child deaths and 25 partner homicides.

1. **Finding:** The Board identified seven groups who appear to be at higher risk for family maltreatment and associated problems, including fatal incidents.
   a. Families with ADMs attached to tenant units or GSU's that are supported by a different branch of Service, including joint base locations. Since 2005-2014, 3/78 cases had an ADM assigned to tenant unit or GSU. There may be a lack of supervisory oversight of the ADM, a lack of knowledge of how to access care from a different Service branch, or Service-related cultural barriers for families needing supportive services.

   Recommendations:
   - Institute targeted prevention outreach to tenant units and GSU's that are associated with a different branch of Service.
   - Identify and remove barriers for supported troops to receive services from supporting agencies on joint bases.

   b. ADMs in high stress career fields. Security Forces/Personal Reliability Program (SF/PRP) and missile personnel have specific challenges with resiliency and ADMs fear negative career impact when seeking help.

   Corresponding Correlates in Partner Fatality Incidents:
   - Abuser worked shift work or extended hours 4%
   - Abuser seen in Mental Health within 30 days prior to the incident 24%

[redacted]

Recommendations:

- It is important to educate personnel assigned to sensitive duty positions (e.g., PRP, flight status) about the potential "temporary" nature of being removed from their special status when participating in FAP services. Recommend that special attention be given to units that have sustained high-ops tempo and other challenges with resilience. Prevention briefings from ADAPT, FAP, Mental Health, etc., focus on building coping skills and educate members about stress management strategies. These helping agencies should increase awareness in the military community of the dangers of not accessing care for personal/family matters for fear of impacting career or unit.

c. Male domestic violence victims. Over the last decade 8 males have been fatally injured in a domestic incident with a female spouse or girlfriend while assigned to an Air Force base. Based on OSI's Report of Investigation containing many interviews of male victims' family, friends, neighbors, and co-workers, the Fatality Review Team believed that there may be a lack of understanding in our military population that domestic violence victims are often males and that domestic abuse is also perpetrated by females.

Corresponding Correlates in Partner Fatality Incidents:

- Victim of partner homicide is male: 32%

Recommendations:

- FAP Outreach Managers must develop and provide education for the military population that includes information about male domestic violence victims as well as domestic abuse perpetrated by females.

d. [redacted]

[redacted]

e. <u>ADM's who have experienced an alcohol–related incident or have been identified for substance use/abuse who fail to complete assessment/treatment with ADAPT.</u> Command failed to make appropriate FAP and ADAPT referrals and therefore did not follow through to ensure the assessment and treatment was accomplished. Mental Health providers failed to initiate ADAPT referral even though a patient was sent to in-patient detoxification twice in one month. ADAPT provider was not present for the multi-disciplinary case staffing when a patient was on the High Interest Log.

When an ADM was caught "huffing" an aerosol dusting agent while deployed, there was no documentation of an ADAPT referral in any records the Board reviewed.

Corresponding Correlates in Partner Fatality Incidents:

- Abuser under the influence of alcohol or drugs during incident 32%
- Abuser has a history of alcohol or substance abuse 36%
- Abuser abused prescription drugs 16%

[redacted]

Recommendations:

- Commanders must consistently make appropriate referrals to FAP, ADAPT and Mental Health for all airmen who have had an alcohol-related incident, domestic abuse incident, present with suicidality or other mental health behaviors that impair their ability to perform their duties; and to maintain ongoing communication with medical providers to ensure appropriate collaboration between command and the provider.
- Mental Health, ADAPT and FAP providers must offer consultation to commanders regarding the fitness for duty of individuals with career impacting conditions (e.g. suicidality, alcohol abuse, domestic violence, and other mental health diagnoses).

f. [redacted]

[redacted]

[redacted]

g. <u>ADMs with diagnosis of Post-Traumatic Stress Disorder (PTSD) or other significant mental illness.</u> When an ADM began disclosing grandiose stories of traumatic

exposure and was accused of threatening to kill himself and his family, his commander should have investigated to validate his traumatic exposure and assess his need for command-directed psychological evaluation.

Corresponding Correlates in Partner Fatality Incidents:

- Abuser has history of psychiatric hospitalization 20%
- Abuser has history of exposure to combat trauma 8%

[redacted]

Recommendations:

- Medical personnel and AF leaders at all levels must understand the significant impact PTSD can have on fitness for duty and personal relationships and accurately identify affected airmen so they can receive the level of intervention required to maintain the safety of all persons involved.
- FAP staff should educate Central Registry Board (CRB) members as well as AF leaders and supervisors on the significance of "threats to kill" as both emotional abuse and a potent lethality risk factor.

2. [redacted]

b. <u>ADMs who are experiencing significant marital/relationship conflict.</u> The presence of easily accessible loaded weapons and increased use of alcohol can turn normal arguments into fatal incidents where one or both partners die. When AF supervisors or other leaders become aware of an ADM's relationship discord, the situation has likely been present for some time and has escalated.

Corresponding Correlates in Partner Fatality Incidents:

- Family/friends/co-workers knew of partner relationship conflict 96%
- Couple seen in counseling within 30 days of incident 8%
- Abuser killed victim with a firearm 64%
- Abuser under the influence of alcohol or drugs during incident 32%
- Victim under the influence of alcohol or drugs during incident 32%

Recommendations:

- Even though ADMs cannot be command-directed to attend marriage counseling, commanders, first sergeants and supervisors should be aware of FAP prevention counseling services and promptly refer ADMs who are experiencing relationship issues for couples counseling. In addition, it is important to strongly encourage the ADM to follow through with the appointment and to allow verification that the appointment was kept.
- It is also important to strongly recommend that such a couple be informed that they should refrain from heavy alcohol use and if they possess firearms in the residence, they temporarily remove them until the relationship discord is resolved.

c. <u>FAP clients who have a civilian or military order of protection in place, especially when the protective order is being violated.</u> AF Domestic Abuse Victim Advocates (DAVA) are very involved in helping victims obtain both civilian and military orders of protection. DAVAs are very useful in communicating outcomes of court hearings that issue protective orders to first responders.

Recommendations:

- Commanders should issue written military protective orders (MPO) when civilian protective orders are in place to ensure awareness and enforcement on military installations.
- FAP should notify command and Security Forces (SF) of every civilian and MPO (due to family maltreatment) when made aware of them.
- When commanders issue an MPO or become aware of a civilian order of protection (due to family maltreatment) they should notify SF and FAP. SF should log these

civilian and MPOs in Security Forces Management Information System (SFMIS). This policy would be consistent with Public Law 110-417, Section 562 of NDAA for FY 09.

- IAW DOD policy memo "Placing Military Protective Orders in the National Crime Information Center (NCIC) Protective Order File" dated 26 Jun 14, SF should enter all MPOs involving military families who live outside the installation into NCIC so that civilian LE can notify the SF if the MPO is violated.

d. [redacted]

e. ADMs with psychiatric illnesses who are being seen by Military One Source (MOS) instead of an AF Mental Health provider. Some have been seen for as many as 24 visits when they clearly exhibit symptoms of a psychiatric illness. One of them attempted to kill his ex-wife, and then committed suicide; the other killed her infant daughter.

Recommendation:

- MOS contract providers must be closely monitored to ensure adherence to the contract rules regarding brief prevention counseling to ensure the appropriate level of care is being provided to ADMs and their families.

3. Finding: The Board identified critical skills that FAP staff members must possess and AF FAP policies that must be in place to keep children safe.

a. Safety planning and risk management. Family maltreatment intervention is a highly specialized field. FAP social workers must be licensed for independent practice and should also have at least two years of experience working in the field of family violence when they are hired. Currently AFPC does not require the two years of experience for new applicants, reportedly because federal law does not require it.

Recommendations:

- Clinical supervision, orientation training for new hires and annual clinical skills training for FAP social workers is critical in keeping family maltreatment victims safe. SAF should require this OSD-funded annual staff training rather than require that AFMOA justify such training through a stringent conference approval/exemption process.

- The latest revision of AFI 40-301, *Family Advocacy Program*, requires that FAOs attend FAO Central Registry Board Boot Camp within six months of assuming FAO duties; this requirement should also be exempt from the conference approval process.
- All FAP social workers must now staff moderate or high risk cases with a clinical supervisor prior to a decision to lower the risk status, as reflected in the revised AFI 40-301.

[redacted]

4. **Finding:** AFI 40-301 para **1.14., AF Members and Civilian Employees Mandatory Reporting** states **"**Active duty AF members and civilian employees will report all incidents of known or suspected family maltreatment immediately to the FAP." However, in numerous cases reviewed in this 5-year period, AF employees and other individuals suspected child maltreatment or domestic abuse and did not report it to FAP or any other authority.

   Recommendation:
   - Consider amending AFI 40-301; paragraph 1.14, regarding the mandatory reporting of family maltreatment by AD members and DoD civilians (including activated Reservists and Guard members), to make this a punitive provision of the instruction.

5. **Finding:** DoDI 6400.06, *Domestic Abuse Involving DoD Military and Certain Affiliated Personnel* and AFI 40-301, *Family Advocacy Program* requires educating commanders and first sergeants about FAP's range of services upon arrival at a duty station and annually thereafter. However, the restrictions AF placed on training requirements and time allotted for mandatory training hampers the FAP's ability to thoroughly cover necessary information. Many of the recommendations for the findings in this report involve training commanders, first sergeants, supervisors, first responders, and wingmen at all levels. The most cost effective and time saving strategies for training is computer-based training. AF FAP is currently exploring with research partners ways to harness technology to reach military communities with family violence prevention information. RDT&E dollars are required to create standardized CBT for military communities. FAP has the ability to utilize such technology to make FAP educational strategies more effective; however, FAP is funded

solely with O&M dollars. Currently AF attorneys will not authorize use of O&M funds to develop program automation and CBT.

Recommendation:

- Recommend OSD provide the Services with FAP budgets that contain both O&M funds as well as RDT&E funds in order to effectively execute the FAP mission. Until this is possible, recommend AF provide RDT&E funds to FAP for this purpose.

6. Findings and recommendations regarding the Fatality Review Board Process:

a. AD offender's unit PIF was not available for FRB review. The PIF may contain pertinent information (LORs, LOCs, No Contact Orders, other administrative documents) that could provide the Board insight into command involvement and whether there were any "red flags" missed.

Recommendation:

- OSI should copy and retain all documents in the ADM's unit PIF for investigative purposes as well as for review by the FRB.

b. Numerous instances of failure to refer ADMs to ADAPT.

Recommendation:

- Due to numerous instances of substance abuse and alcohol related incidents associated with the maltreatment fatalities where there is no evidence of referrals of the ADMs to ADAPT, the Board added an ADAPT representative to the fatality review process in 2014 in an effort to identify barriers to successful ADAPT referral and treatment, and formulate solutions.

FATALITY REVIEW COMMITTEE PROCESS

After completion of individual reviews, the committee conducted comprehensive group reviews of each incident. The Fatality Review Form was used as a guide for these corporate reviews. Committee members first reviewed the known Deceased and Subject demographics. Second, a detailed case timeline was constructed documenting all known facts about the Deceased, the Subject, and their immediate family members including their interactions with extended families, friends, supervisors, co-workers, and organizations or agencies. The timeline started when the ADM entered the AF and ended with the fatal incident.

Throughout the group review, committee members provided the group with information, insight, and feedback from the perspective of their specialty. Comprehensive discussions including differing perspectives about specific circumstances, recommendations, and conclusions were conducted for each incident and throughout the entire review process. The committee ended each case review by identifying case-specific systemic recommendations and conclusions.

In addition to conducting the case reviews, the committee has continually evaluated the review process focusing on opportunities for improvement. In 2014 an ADAPT representative was added to the Board and new technology was introduced to the process. Board members now send their individual review results to the master Timeline and Fatality Review Forms electronically by use of a designated FRB server.

APPENDIX A

RISK FACTORS AND CORRELATES FOR
PARTNER MALTREATMENT FATALITIES
2005-2014

ABUSER (A) FACTORS	
A Conflict with partner	**24 of 25**
A Married	**21**
A is male	**17**
A Jealous obsessive	**17**
A low marital/relationship satisfaction	**17**
A Reported anger problems	**13**
A Trained in firearms/combat	**13**
A Threatened separation/break-up	**11**
A Past history of disciplinary action i.e. LOR, LOC, Article 15	**11**
A Separation from partner	**10**
A Depressed	**10**
A Current medical problems	**10**

VICTIM (V) FACTORS	
V female	**17 of 25**
V suspected/accused of infidelity	**15**
V employed full-time	**11**
V threatened to leave assailant	**11**
V active duty	**10**
V accepts/embraces traditional gender roles	**8**
V under age	**7**
V had left assailant	**7**
V has assaulted A (other than self-defense)	**6**
V and assailant have separated before	**6**

RISK FACTORS AND CORRELATES FOR
PARTNER MALTREATMENT FATALITIES
2005-2014

FAMILY (F) FACTORS	
F family conflict	**14 of 25**
F firearms in home	**13**
F recurrent verbal arguments between family members	**10**
F both partners employed full time	**8**
F couple together less than 2 yrs.	**8**
F problems with finances	**7**
F children not by assailant residing in home	**6**
F couple married/co-habit after less than 6 mo	**6**
F blended family (children from past relationship)	**5**
F family member deployment past 12 months	**5**

INCIDENT (I) FACTORS	
I firearm(s) used	**16 of 25**
I murder/suicide	**15**
I occurred in shared residence	**15**
I death by firearm	**15**
I jealousy precipitated incident	**14**
I verbal argument preceded the incident	**13**
I occurred after 1800	**12**
I occurred between midnight and 0600	**11**
I planned/premeditated	**10**
I victim threat to leave precipitated incident	**10**

[redacted]

[redacted]	
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
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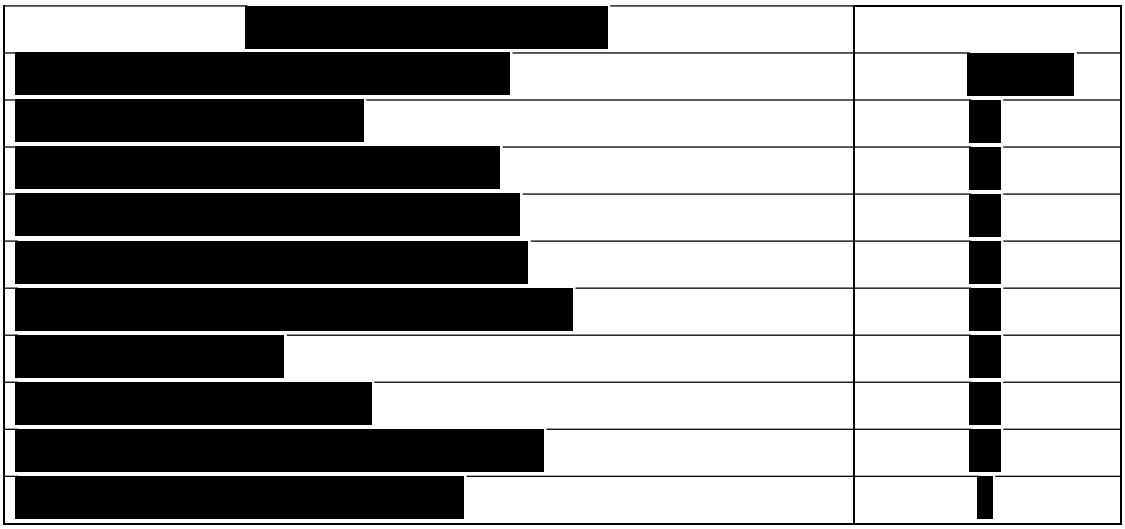
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]

[redacted]

FAMILY (F) FACTORS	
F recent change in family composition	**20 of 40**
F family conflict	**19**
F problems with finances	**17**
F unrealistic expectations of children	**17**
F infant under 6 mos in home	**17**
F home dirty/ in disrepair	**15**
F mother (step) failure to bond with child(ren)	**15**
F recurrent verbal arguments between family members	**14**
F father (step) failure to bond with child(ren)	**14**
F History of substantiated child abuse/neglect report	**13**



APPENDIX B

2014 Fatality Summaries

CASE REVIEW SUMMARY:
Case Designation: C1-2014

[redacted]

CASE REVIEW SUMMARY:
Case Designation: C2-2014

[redacted]

Brief Summary of Events and Relevant History:

[redacted]

CASE REVIEW SUMMARY:

Case Designation: C3-2014

[redacted]

CASE REVIEW SUMMARY:
Case Designation: C4-2014

[redacted]

CASE REVIEW SUMMARY:
Case Designation: C5-2014

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

CASE REVIEW SUMMARY:
Case Designation: P1-2014

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

CASE REVIEW SUMMARY:
Case Designation: SU1-2014

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

CASE REVIEW SUMMARY:
Case Designation: SU2-2014

[redacted]

CASE REVIEW SUMMARY:
Case Designation: SU3-2014

[redacted]

APPENDIX C

2014 Air Force Fatality Review Team Members

[redacted]
Air Force Office of Special Investigation
Forensic Science Consultant, Investigation
[redacted]

[redacted]
Office of the Chief Master Sergeant of the Air Force
[redacted]

[redacted] **(ADAPT)**
AFMOA/SGHW
[redacted]

[redacted]
HQ AF Security Forces Center
[redacted]

[redacted]
Child Abuse Pediatrician [redacted]
[redacted]

[redacted]
Chairperson, Air Force FAP
[redacted]

[redacted]
Chief, Aerospace Medicine
[redacted]

[redacted]
Air Force FAP
[redacted]

[redacted]
Office of the Chief Chaplains Pentagon Office
[redacted]

[redacted]
[redacted]

[redacted]
Air Force Legal Operations Agency
[redacted]

[redacted]
Air Force FAP
[redacted]

[redacted]
HR Systems Analyst (Mil Pers/Medical Records)
[redacted]

Fatality Review Administrative Support

[redacted]
Central Registry
[redacted]

[redacted]
Central Registry
[redacted]

[redacted]
Central Registry
[redacted]