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**DEPARTMENT OF THE NAVY**  
COMMANDER NAVAL AIR FORCE ATLANTIC  
1562 MITSCHER AVENUE SUITE 300  
NORFOLK VA 23551-2427

5830  
Ser N01L/206  
**JUL 01 2022**

FINAL ENDORSEMENT on USS GEORGE WASHINGTON (CVN 73) Itr 5830 Ser LEG/249  
of 23 May 22

From: Commander, Naval Air Force Atlantic  
To: File

Subj: ACTION OF THE FINAL REVIEWING AUTHORITY CONCERNING THE LINE OF  
DUTY INVESTIGATION INTO THE DEATH OF MASR XAVIER MITCHELL SANDOR,  
USN, ON OR ABOUT 15 APRIL 2022

1. Readdressed.
2. The underlying investigation report was reviewed in accordance with reference (a). Further endorsement is unnecessary; therefore, the investigation is final and will be retained for a period of two years. The subject line was modified to ensure proper identification of the investigation for administrative purposes.
3. The findings of fact, opinions, and recommendations of the investigating officer are approved.
4. I concur with the recommendation of the Commanding Officer, USS GEORGE WASHINGTON (CVN 73), and find MASR Mitchell Sandor's death occurred in the line of duty and not due to the member's own misconduct.
5. Per section 0229(d) of reference (a), a copy of the investigation will be forwarded to Commander, Navy Personnel Command.
6. In accordance with section 0228(b) of reference (a), upon receipt of final autopsy and medical documents, Commanding Officer, USS GEORGE WASHINGTON (CVN 73), shall forward documents by separate correspondence via the review chain, with appropriate reference to the report of investigation and forwarding endorsement.
7. The point of contact regarding this matter is Mrs. (b) (6), (b) (7)(C), Force Paralegal, who may be reached by email at (b) (6), (b) (7)(C).

  
J. F. MEIER

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**DEPARTMENT OF THE NAVY**

USS GEORGE WASHINGTON (CVN 73)  
FPO AE 09550

5830  
Ser LEG/249  
23 May 22

From: Commanding Officer, USS GEORGE WASHINGTON (CVN 73)

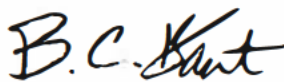
To: Commander, Naval Air Force Atlantic

Subj: LINE OF DUTY INVESTIGATION OF DEATH OF MASN XAVIER MITCHELL  
SANDOR, USN ON OR ABOUT 15 APRIL 2022

Ref: (a) JAGINST 5800.7G

Encl: (1) LT (b) (6), (b) (7)(C) ltr dtd 23 MAY 22 w/enclosures

1. Enclosure (1) documents MASN Xavier Mitchell Sandor's death resulting from a fatal gunshot wound of the head, and is forwarded for the General Court-Martial Convening Authority's line of duty determination required by paragraph 0229(d) of reference (a).
2. The Line of Duty Investigation (LODI) commenced on 19 April 2022; however, due to the ongoing investigation by the Naval Criminal Investigative Service (NCIS), the LODI was delayed pending receipt of official documentation noting manner and cause of death. MASN Mitchell Sandor's death is documented as suicide resulting from a fatal self-inflicted gunshot wound of the head. There is no indication that the incident is a result of any misconduct on the part of the Sailor.
3. Based on enclosure (1), I recommend finding that MASN Mitchell Sandor's death occurred in the line of duty and not due to the member's own misconduct as defined in paragraphs 0217 and 0229 of reference (a).

  
B. C. GAUT

23 May 22

From: LT (b) (6), (b) (7)(C), USN  
To: Commanding Officer, USS GEORGE WASHINGTON (CVN 73)  
Subj: LINE OF DUTY INVESTIGATION OF DEATH OF MASN XAVIER MITCHELL SANDOR, USN ON OR ABOUT 15 APR 2022  
Ref: (a) JAGMAN, Chapter II  
Encl: (1) Appointment Letter dtd 19 APR 22  
(2) NCIS ROI dtd 20 May 22  
(3) Death Certificate

#### Preliminary Statement

1. Pursuant to enclosure (1), and in accordance with reference (a), I conducted an investigation into the circumstances surrounding the death of MASN Xavier Mitchell Sandor that occurred on board the USS GEORGE WASHINGTON (CVN 73), Newport News, Virginia, on 15 April 2022. Due to the ongoing investigation by the Naval Criminal Investigative Service (NCIS), I was not able to collect evidence or interview potential witnesses to the incident. I was provided the NCIS Report of Investigation dtd 20 May 22 on 23 May 22. I consulted with USS GEORGE WASHINGTON's Deputy Command Judge Advocate, LT (b) (6), (b) (7)(C), JAGC, USN, for legal direction. An extension was requested and granted in order to await receipt of the member's death certificate.
2. The Office of the Chief Medical Examiner has yet to release the manner and cause of death due to the pending investigation.

#### Findings of Fact

1. On 15 Apr 22, MASN Mitchell Sandor was discovered at approximately 2105, on board USS GEORGE WASHINGTON, in the shower room located in space 2-79-2-L, suffering from a gunshot wound of the head [Encl 2].
2. Ship's medical personnel responded to the scene and performed life saving measures while awaiting emergency services [Encl 2].
3. MASN Mitchell Sandor was transported to Riverside Regional Medical Center where he succumbed to his injuries and passed away [Encl 2].
4. MASN Mitchell Sandor's death was the result of a close contact gunshot wound, consistent with suicide [Encl 2].

Subj: LINE OF DUTY INVESTIGATION OF DEATH OF MASN XAVIER MITCHELL SANDOR, USN ON OR ABOUT 15 APR 22

5. The NCIS investigation revealed MASN Mitchell Sandor sent a suicide note to his parents via text message on the evening of his death, 15 April 2022 [Encl 2].
6. An autopsy was performed on MASN Mitchell Sandor on 18 April 2022; however, the results are not yet releasable, and will not be for an extended period of time [Encl 2].
7. To date, the official Medical Examiner's report has not been released. Toxicology is still pending [Encl 2].
8. MASN Mitchell Sandor's Death Certificate was provided to the command by the next of kin on 19 May 22, and indicates the cause of death as self-inflicted gunshot wound of the head [Encl 3].

#### Opinions

1. MASN Mitchell Sandor's death was a result of a fatal gunshot wound of the head. Per reference (a), even if there was evidence of a bona fide suicide attempt, "in view of the strong human instinct for self-preservation, suicide and a bona fide suicide attempt creates a strong inference of lack of mental responsibility."
2. MASN Mitchell Sandor's death was in the line of duty. There is no indication of any misconduct on the part of the member. MASN Mitchell Sandor's death is an apparent suicide, and not the result of his own misconduct.

#### Recommendations

1. I recommend the command submit this report or a similar report to the General Court-Martial Convening Authority (Commander Naval Air Force Atlantic), detailing the circumstances of MASN Mitchell Sandor's death, with the finding that his death occurred in the line of duty and was not due to his own misconduct.

(b) (6), (b) (7)(C)





**DEPARTMENT OF THE NAVY**

USS GEORGE WASHINGTON (CVN 73)  
FPO AE 09550

5800  
19 Apr 22

From: Commanding Officer, USS GEORGE WASHINGTON (CVN 73)  
To: LT (b) (6), (b) (7)(C), USN

Subj: LINE OF DUTY INVESTIGATION INTO THE DEATH OF MASN MITCHELL SANDOR, USN ON OR ABOUT 15 APRIL 22

Ref: (a) JAGINST 5800.7F (JAGMAN)  
(b) Public Law 104-191, Health Insurance Portability and Accountability Act  
(c) DoD 6025.18, Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs

1. Per Chapter II of reference (a), you are appointed to conduct an investigation into the facts and circumstances surrounding the death of MASN Mitchell Sandor, USN, in Newport News, Virginia, on or about 15 April 2022. If you have not previously done so, read Chapter II of reference (a) in its entirety before beginning your investigation. Refer to appendix A-2-K of reference (a) for a list of matters that should be included in your investigation report, as applicable.
2. You are directed to make one of the three following determinations concerning the death of the subject service member: (1) the death occurred in the line of duty and not due to the member's own misconduct; (2) the death occurred not in the line of duty and not due to the member's own misconduct; or (3) the death occurred not in the line of duty and due to the member's own misconduct.
3. In accordance with references (b) and (c), you are hereby authorized to receive, review, and discuss protected health information with appropriate providers concerning MASN Mitchell Sandor. The specific protected health information covered is anything in MASN Mitchell Sandor's medical record or mental health records regarding the incident specified above. The disclosure of MASN Mitchell Sandor's protected health information is subject to the minimum necessary to execute the military mission of conducting this investigation.
4. Submit your written findings in the format provided in appendix A-2-e of reference (a) by **3 May 2022**. You may seek legal advice from LT (b) (6), (b) (7)(C), JAGC, USN, Deputy Command Judge Advocate, USS GEORGE WASHINGTON (CVN 73), during the course of your investigation.

(b) (6), (b) (7)(C)

By Direction

# 3685482 COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS  
COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

## MEDICAL EXAMINER'S CERTIFICATE

DATE RECORDED: APRIL 20, 2022  
STATE FILE NUMBER: 22-025789

1 FULL NAME OF DECEDENT (first) <b>XAVIER</b>		(middle) <b>HUNTER</b>		(last) <b>MITCHELL-SANDOR</b>	
2 SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED	3 DATE OF DEATH <b>APRIL 15, 2022</b>	<input checked="" type="checkbox"/> ACRIAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND	4 DATE OF BIRTH <b>MARCH 26, 2003</b>	5 AGE Year: <b>19</b>	6 UNDER 1 YEAR <input type="checkbox"/> Yes <input type="checkbox"/> No 7 UNDER 1 DAY <input type="checkbox"/> Yes <input type="checkbox"/> No
8 WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9 BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) <b>CONNECTICUT</b>	10 SOCIAL SECURITY NUMBER <b>(b) (6), (b) (7)(C)</b>	11 750 ASH CHECK APPROPRIATE BOX <input type="checkbox"/> NONE <input type="checkbox"/> NOT OBTAINABLE <input type="checkbox"/> UNKNOWN		
12 STREET ADDRESS (INCLUDE HOUSE AND/OR APT # OR ROUTE NO.) <b>(b) (6), (b) (7)(C)</b>		13 CITY OR TOWN OF RESIDENCE <b>(b) (6), (b) (7)(C)</b>		14 INSIDE CITY OR TOWN LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15 COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) <b>FAIRFIELD</b>		16 U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE <b>CONNECTICUT</b>		17 ZIP CODE <b>06484</b>	
18 RACE OF DECEDENT (CHECK ONE OR MORE) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> KOREAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (SPECIFY) <input type="checkbox"/> ARAB/BIHARIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> JAPANESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> HAWAIIAN <input type="checkbox"/> CRIMANEAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY)					
19 DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NON-US/PANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN					
20 EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ELEMENTARY/SECONDARY (K-12) <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> YEARS OF COLLEGE <input type="checkbox"/> ASSOCIATE'S DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN					
21 CITIZEN OF WHAT COUNTRY <b>UNITED STATES OF AMERICA</b>		22 USUAL OR LAST OCCUPATION <b>MASTER AT ARMS</b>		23 KIND OF BUSINESS OR INDUSTRY <b>US NAVY</b>	
24 MARITAL STATUS <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN					
25 FULL NAME OF DECEDENT'S FATHER OR PARENT II (last, middle, first, middle initial, if any) <b>(b) (6), (b) (7)(C)</b>		26 GENDER <b>MALE</b>		27 FULL NAME OF DECEDENT'S MOTHER OR PARENT I (last, middle initial, first, middle initial, if any) <b>(b) (6), (b) (7)(C)</b>	
28 INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION <b>FATHER/PARENT II</b>		29 FULL NAME OF INFORMANT OR NAME OF SOURCE <b>(b) (6), (b) (7)(C)</b>			
30 NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) <b>RIVERSIDE REGIONAL MEDICAL CENTER</b>					
31 SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY)					
32 CITY OR TOWN OF DEATH <b>NEWPORT NEWS</b>		33 STREET ADDRESS OR RT NO. OF PLACE OF DEATH <b>500 J. CLYDE MORRIS BLVD.</b>		34 ZIP CODE <b>23601</b>	
35 METHOD OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT / MAUSOLEUM <input type="checkbox"/> CREMATION / INCINERATION <input type="checkbox"/> CREMATION WITH BURIAL <input type="checkbox"/> CREMATION WITH ENTOMBMENT / MAUSOLEUM <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)					
36 PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY <b>RIVERSIDE CEMETERY</b>					
37 PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY <b>308 RIVER ROAD</b>		38 CITY/COUNTY <b>SHELTON</b>		39 STATE <b>CONNECTICUT</b>	
40 SIGNATURE OF FUNERAL DIRECTOR/LICENSE, VSAT OR NEXT OF KIN (ACTUAL SIGNATURE) <b>/S/ MARK EDWARD FISHER</b>		41 LICENSE NO. <b>0502900184</b>		42 NAME OF FUNERAL HOME OR FACILITY <b>M. E. FISHER FUNERAL HOME, INC.</b>	
43 NAME OF FUNERAL DIRECTOR / LICENSE, VSAT OR NEXT OF KIN <b>MARK EDWARD FISHER</b>		44 STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAT OR NEXT OF KIN (include street address, city, state and zip code) <b>2117 MADISON AVENUE NEWPORT NEWS VIRGINIA 23607</b>			
45 TIME OF DEATH: To the best of my knowledge, death occurred at <b>10:22</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND					
46 PART I: Enter the disease, injuries, or complete lesion that caused the death. Do not enter the mode of dying, such as suicide or respiratory arrest, shock, or heart failure. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) <b>GUNSHOT WOUND OF HEAD</b> Specify only for conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) (B) (C) (D)					
47 PART II: Enter signs or conditions contributing to death but not resulting in the underlying cause given in Part I.					
48 WAS THIS MEDICAL EXAMINER CONTACTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		49 AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		50 WERE VENDOR'S AVAILABLE TO COMPLETE CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
51 IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREGNANT WITHIN PAST YEAR		52 NOT PREGNANT BUT PREGNANT WITHIN 45 DAYS TO 1 YEAR BEFORE DEATH		53 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input type="checkbox"/> UNKNOWN	
54 IF INTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? <input checked="" type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING		55 MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING		56 INTERVAL BETWEEN ONSET AND DEATH	
57 DATE OF INJURY <b>APRIL 15, 2022</b>		58 TIME OF INJURY <b>UNKNOWN</b> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		59 INJURY AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
60 LOCATION OF INJURY (STREET ADDRESS (INCLUDE HOUSE AND/OR APT # OR ROUTE NO.)) <b>USS GEORGE WASHINGTON</b>		61 CITY / COUNTY <b>NEWPORT NEWS</b>		62 STATE <b>VIRGINIA</b>	
63 IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY)		64 PLACE OF INJURY (Home, farm, factory, store, office, Mtg. etc.) <b>NAVY SHIP</b>			
65 DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED <b>SHOT SELF IN HEAD WITH HAND GUN</b>					
66 SIGNATURE OF MEDICAL EXAMINER <b>/S/ MOLLY HOUSE</b>		67 NAME OF MEDICAL EXAMINER <b>MOLLY HOUSE</b>		68 DATE SIGNED <b>APRIL 18, 2022</b>	
69 OFFICE STREET ADDRESS (INCLUDE HOUSE AND/OR APT # OR ROUTE NO.) <b>830 SOUTHAMPTON AVENUE SUITE 100</b>		70 CITY <b>NORFOLK</b>		71 STATE <b>VIRGINIA</b>	
				72 ZIP CODE <b>23510</b>	

This is to certify that this is a true and correct reproduction or abstract of the original record filed with the Virginia Department of Health, Richmond, Virginia

DATE ISSUED **APRIL 20, 2022**

Do not accept unless on security paper with the seal of Virginia Department of Health, 5000 Gatewood or its town hall record copy Section 32.1-272 Code of Virginia, as amended.

*Janet M. Ranley*  
Janet M. Ranley, State Registrar

