

IR-01-24-6441

8 March 2024

Ian Runciman
fyi-request-25850-4ec8cb43@requests.fyi.org.nz

Kia ora Ian,

Request for information

Thank you for your Official Information Act 1982 (OIA) request of 23 February 2024, in which you requested copies of the Police Sudden Death Form (POL47). Please see below my response to each part of your request.

A blank copy of the POL47 2020 version and the 2024 version.

Please find attached the two documents requested. Please note that:

- POL47 - Report for Coroner (2024) is the current version and was published on 20/09/2023
- POL47 - Report for Coroner (2020), was published between 19/07/2019 and 22/11/2021.

Copies of all completed POL47 forms from February 2020 to December 2023 for the Hamilton area.

As advised to you on 6 March 2024, this part of your request more closely relates to the functions of the Ministry of Justice Coroner's Office so has been transferred to that agency and you will receive a response from them in due course.

I trust this response satisfies your request.

Yours sincerely



Detective Inspector Felicity Cato
Coronial Investigations Manager
New Zealand Police

Police National Headquarters

180 Molesworth Street. PO Box 3017, Wellington 6140, New Zealand.
Telephone: 04 474 9499. Fax: 04 498 7400. www.police.govt.nz



REPORT FOR CORONER

DO NOT DISCLOSE THIS REPORT WITHOUT POLICE AND CORONER'S AGREEMENT

Deceased Information (Name only if formally identified)		Event Number (Mandatory)		P	
Deceased Surname				Title	Mr
First Name/s					
Body labelled as (Mandatory)					
Body Bag seal No. (Mandatory)					
Believed to be (If no visual ID)					
Also known As		Maiden Name			
DOB	Age	Sex	Male		
Address In Full					
Occupation (Mandatory)		Marital Status		Single	Ethnicity
Deceased Cell Ph (Mandatory)		Service Provider		Hm Ph	
Deceased Work Cell Ph		Service Provider			
Foreign National		No	Consulate Informed (Mandatory)		N/A
Victim Support Informed		No	(Mandatory)		
Location Of Death (Scene location)					
Date Of Death		Time	(or) Between Date Of Death		Time

Details of family representative(s), immediate member(s), and interested party that seek notification from Coroner in relation to the Deceased. Primary contact should be #1, immediate NOK should be #2 and #3.

1. Primary Family Representative					
Last Name		First Names		Title	Mr
Address					
Cell Ph	Hm Ph	Wk Ph			
Email		Representative advised of death			
Notification Completed		Yes	2A Event Number		P
Relationship To Deceased		Represents Following Family Members			
Date Informed of Death		Time Informed of Death			
2. Family Member					
Last Name		First Names		Title	Mr
Address					
Cell Ph	Hm Ph	Wk Ph			
Relationship to Deceased		Email			
3. Family Member					
Last Name		First Names		Title	Mr
Address					
Cell Ph	Hm Ph	Wk Ph			
Relationship to Deceased		Email			
Next of Kin Information Relevant to NIIO					
When someone dies booklet supplied		No	Date	Time	
Objection to post mortem		Yes			
Additional info for NIIO i.e. Ethnic, religious, early release, reason for objection to Post mortem					
Condition of body: (Mandatory)				Good	
Potential for contamination with body fluids				No	
Possible risk/contamination of evidence or interference with post mortem				No	
O/C File and Supervisor					
O/C Name		Rank		Constable	QID
Station		PST/Unit			
Cell Ph	Shift end date		Time		
Supervisor name		Rank		A/Sergeant	Cell ph
S/drive file path/location of saved e file					

Specialist attendance									
Suspicious Death	No	Fatal Crash			N/A				
CIB Attendance	No	Investigating SCU unit							
CIB Member		QID		SCU Member		QID			
Other Specialist		QID		Other		QID			
Police Request Forensic Post Mortem	No	SCU Request Full Post Mortem			No				
Reason For Request									
<i>(Note: MUST consult QIB, Specialist Units or DCC before Forensic Post Mortem is requested, O.C body must be appointed for forensic PM)</i>									
GP/Doctor details									
Name				Medical Centre					
Address									
Cell Ph				Wk Ph			Email		
Doctor Spoken To	No	Date			Time				
Is Doctor Prepared To Certify Death	No								
Medical Notes/Hospital Notes Obtained	No								
If Doctor not spoken to, reason why									
Person who verified death (Cor 31)									
Last Name				First names					
Address									
Date				Time					
Cell Ph				Wk Ph			Hm Ph		
Person who found Deceased (Mandatory)									
Last Name				First Names			Title	Mr	DOB
Address									
Date			Time			Relationship to Deceased			
Cell Ph				Wk Ph			Hm Ph		
Person who identified Deceased (Mandatory)									
Last Name				First Names			Title	Mr	DOB
Address									
Date			Time			Relationship to Deceased			
Cell Ph				Wk Ph			Hm Ph		
Deceased last seen alive by (Mandatory)									
Last Name				First Names			Title	Mr	DOB
Address									
Date			Time			Relationship to Deceased			
Cell Ph				Wk Ph			Hm Ph		
Exhibits and Property i.e. Medication									
Refer Schedule at rear of POL 47 or POL268									
Exhibits Seized	No	Storage Location							
Suicide Notes	Attached to file	No	Handwriting identified by witness and confirmed in FWS			No			
Well Child Book	Obtained	No							
Photographs									
Police photographer engaged	No	Photographer's name							
Photographs taken by front line staff									
Taken by	QID			Date			Time		
S/drive file path/location of stored images									
Taken by	QID			Date			Time		
S/drive file path/location of stored images									

Released under the Official Information Act 1982

Statements (mandatory)

Person who found the Deceased	Name	
Last person to see the Deceased	Name	
NOK/Friend who can provide Information/issues or evidence that may support the cause and circumstances of death	Name	
In many situations one person may be able to provide all the information.		Full FWS format required

SUMMARY AND INVESTIGATION GUIDE

Information should not be limited to guide notes only, they are a reference guide only

SUMMARY

Circumstances

Circumstances of how deceased was found

- Who found them
- Where and when found
- How and why finder discovered deceased

Released under the Official Information Act 1982

Background

Background information

- Who last saw deceased
- Movement of deceased over past days/weeks.
- Detail last 24 hours
- Relevant behaviour and/or activities
- Family violence factors
- Physical health issues (Infectious disease, asthma, heart condition)
- Medication and/or Treatments
- Under Mental Health (Compulsory Assessment & Treatment Act 1992)
- Under any custody or care orders
- Previous suicide threats and/or attempts
- Known drug and/or alcohol abuser
- Detail substances used, amounts and frequency
- Relationship issues
- Work issues
- Financial issues
- Criminal/Family/Civil Court Issues

Released under the Official Information Act 1982

Scene

Environment

- Description of scene, signs of disturbance
 - Location of exhibits in proximity to deceased
 - Surrounding environment & weather conditions
 - Lights/Appliances on or off? Evidence of prior activity (Glasses/Meals/Table Set)
 - **Drowning** Depth of water/ weather conditions / tides.
 - **Diving death**-seize all exhibits DO NOT turn off gauges, note position of gauges + gas levels. Notify NIO (Early PM may be required)
 - **Pool Drowning** fences/gates secure? Last accessed
 - **Electrocution** Signs of burns to extremities, seize tools/objects, consider Health & Safety/Experts
 - **Stabbing** do not remove object! Location of wounds, Implement used (look in rubbish tins/drawers), Indications of self-infliction
 - **Industrial + farming machinery**-Seize and check for faults where possible, consider WorkSafe /SCU
 - **Fatal vehicle crashes** - SCU / weather conditions /number of vehicles/people involved etc
 - **Aircraft Crash** - CAA advised SAR / DVI if appropriate
- Suspected Suicide
- **Notes and Letters:** Where found, by who, acquire handwriting comparison, look for diaries, failed writing attempts, seize original as exhibit (Original may be returned at Coroner's discretion)

Suspected Suicide Cont

- **Computers:** Check with deceased's associates regarding recent emails/social media entries. Note all findings - print where possible. Consider exhibiting computer with consent of NOK. Consider sending to DFU. for analysis of web sites visited & emails received
- **Mobile Phones:** Consider accessing / seizing with consent of NOK. Consider requesting via Coroner details of: Calls, TXT, PXT, Messages, Call Times, Duration and Phone Numbers
- **Hanging:** How Ropes/Ligatures knotted & secured. If possible leave ligature in place for pathologists to observe or photograph in situ.
- **Gas/Poisoning:** Car still running, position of Ignition key, car locked, garage locked, fumes, fuel remaining, catalytic converter fitted (carbon dioxide)
- **Overdose:** Search used medication packaging / bottles/ needles / syringes
- **Jump/Fall-** Approx height, Access to location, if seen at location previously
- **Solvents:** Many household items could be the cause - note smells, secure samples and exhibits, note position of containers, aerosols / gas bottles etc.
- **Shooting:** Note state and position of firearm / ammunition / casing. Preserve body for residue swabbing, Fully describe weapon and type of ammunition.

Released under the Official Information Act 1982

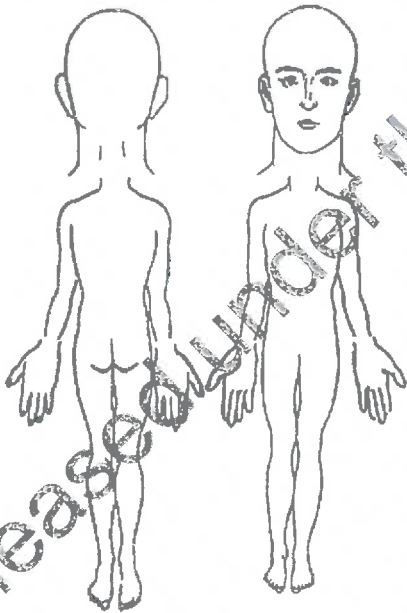
ADDITIONAL INFORMATION

Released under the Official Information Act 1982

BODY

- Where found
- Position
- Condition of body
- Surroundings
- Type of clothing worn

INJURIES/MARKS



A.

B.

C.

D.

E.

F.

G.

H.

Released under the Official Information Act 1982

Medication	Refer and attach schedule to POL268
-------------------	--

The schedule below is for the benefit of the Coroner and Pathologist. It can be used as a schedule and attached to on the POL268. Ensure that all medication and labels are photographed.

Name of Medication		Qty Issued		Qty Remaining	
Date Issued					
Issuing Pharmacy			Issuing Doctor		
Frequency and Qty to be taken					
Location found (below)					
Name of Medication		Qty Issued		Qty Remaining	
Date Issued					
Issuing Pharmacy			Issuing Doctor		
Frequency and Qty to be taken					
Location found (below)					
Name of Medication		Qty Issued		Qty Remaining	
Date Issued					
Issuing Pharmacy			Issuing Doctor		
Frequency and Qty to be taken					
Location found (below)					
Name of Medication		Qty Issued		Qty Remaining	
Date Issued					
Issuing Pharmacy			Issuing Doctor		
Frequency and Qty to be taken					
Location found (below)					
Name of Medication		Qty Issued		Qty Remaining	
Date Issued					
Issuing Pharmacy			Issuing Doctor		
Frequency and Qty to be taken					
Location found (below)					
Name of Medication		Qty Issued		Qty Remaining	
Date Issued					
Issuing Pharmacy			Issuing Doctor		
Frequency and Qty to be taken					
Location found (below)					

Released Under the Official Information Act 1982

Name of Medication		Qty Issued		Qty Remaining
Date Issued				
Issuing Pharmacy		Issuing Doctor		
Frequency and Qty to be taken				
Location found (below)				
Name of Medication		Qty Issued		Qty Remaining
Date Issued				
Issuing Pharmacy		Issuing Doctor		
Frequency and Qty to be taken				
Location found (below)				
Name of Medication		Qty Issued		Qty Remaining
Date Issued				
Issuing Pharmacy		Issuing Doctor		
Frequency and Qty to be taken				
Location found (below)				
Name of Medication		Qty Issued		Qty Remaining
Date Issued				
Issuing Pharmacy		Issuing Doctor		
Frequency and Qty to be taken				
Location found (below)				
Name of Medication		Qty Issued		Qty Remaining
Date Issued				
Issuing Pharmacy		Issuing Doctor		
Frequency and Qty to be taken				
Location found (below)				
Name of Medication		Qty Issued		Qty Remaining
Date Issued				
Issuing Pharmacy		Issuing Doctor		
Frequency and Qty to be taken				
Location found (below)				

Released under the Official Information Act 1982

COMPLETE FOLLOWING PAGES (10-12) WHEN THE DECEASED IS NOT VISUALLY IDENTIFIABLE AND THERE IS NO AFIS RECORDS

RECOVERY/IDENTIFICATION OF BODIES THAT ARE NOT VISUALLY IDENTIFIABLE

When the body is visually unidentifiable an O/C Identification is to be appointed, (contact local Coronial Services Officer for advice)

O/C Identification		QID		Cell Ph	
--------------------	--	-----	--	---------	--

When should you NOT visually identify a deceased person

- Any damage or decomposition to the facial features which alters the look of the person significantly.
- Coroners and Pathologists have very high criteria for visual identification.

Always discuss identification issues with the Duty Coroner.

OTHER MEANS OF IDENTIFICATION

- **Fingerprints:** Either on AFIS or latent prints from home address. Contact Fingerprints for assistance.
- **Circumstantial:** Ensure circumstantial evidence obtained – Full scene examination: obtain copies of bills – electricity/phone/letters/passports/drivers licence/evidence that the deceased resided at the address
- **Medical:** Obtain medical records. There must be a significant medical procedure or history to give identifying features-Implants, scarring ect.
- **Physical/Property:** Secondary identifier requires something unique and identifiable- tattoo/personal jewellery etc.
- **DNA:** Requires family member DNA for comparison.
- **Dental:** A search of the home may give details of deceased's Dentist.

Scene - Formal Written Statement Completed (to include information indicated Below)

No

Including but not limited to:
Address Details.

- Who owns address.
- Vehicles located where/Registration number/registered to/produce copy of QVR.
- Mail- Letter box-letters addressed to deceased/linked to address- itemise and photograph.
- Newspapers-date of production/location located
- Drivers licence/Passport other cards with name and or photograph on them- Photograph and seize.
- Utility bills linking the deceased to address (Power/phone/rates/invoices) Photograph and seize.
- Fridge – details of food and expiry dates- photograph and seize.
- Wallet/Purse check itemise identification documents.
- Shopping/Eftpos receipts- where located- photograph and itemise with dates on documents.
- Cell phone/emails/internet browser history/social media- photograph relevant data.

Medical / Dental - Formal Written Statement Completed	No
<ul style="list-style-type: none"> • GP Details – Contact and obtain medical records • Dental – check scene for any dental records and check with NOK (if known) 	
Schedule a summary of supporting evidence here:	

Body - Formal Written Statement Completed (to include information indicated below)	No
Including but not limited to: <ul style="list-style-type: none"> • Description of deceased • Photographs of what deceased was wearing • Jewellery – photograph and itemise • Tattoos/marks/scars- photograph and itemise 	
Schedule a summary of supporting evidence here:	

Residence - Formal Written Statement Completed (if property rented/Leased)	No
<ul style="list-style-type: none"> • Locate owner/landlord • Description of deceased • Statement to be taken from this person –obtain rental/lease agreement 	
Schedule a summary of supporting evidence here:	

Area Enquiries - Formal Written Statement Completed	No
<ul style="list-style-type: none"> • Neighbour statement/s covering (if known) when last seen/can they confirm that deceased lived alone/description of deceased/frequency of visitors. 	
<p>Schedule a summary of supporting evidence here:</p>	

Witness Statements must be formal written statement/s (No notebook statements)	
<ul style="list-style-type: none"> • Last to see Deceased • Who located Deceased • Family background info on deceased • If jewellery /tattoos are shown to the witness/family, get them to confirm in their statement that they that they belong to deceased. • If witness located deceased, cover in FWS if they recognise the body as that of.... 	
<p>Schedule a summary of supporting evidence here:</p>	

SUDDEN UNEXPLAINED DEATH IN INFANCY

COMPLETE FOLLOWING PAGES (13-14) WHEN CAUSE OF DEATH IS NOT OBVIOUS OR SUSPICIOUS
AND HAS OCCURRED WHILST CHILD UNDER 2 YEARS HAS BEEN SLEEPING

DATE AND TIME PUT TO BED

- Who put deceased to bed
- When/how was deceased found
- Reason for check-random/noise/usual

SLEEPING POSITION

- What position was deceased placed into sleep – back/side/tummy
- Position deceased was found in
- How was deceased wrapped/covered when put in cot/bed
- Was baby wrapped/covered the same way when discovered
- Description of bedding
- Type/amount of clothing

TYPE OF BED/COT

- Cot/bassinet/bed-Single/double/parents bed/moses basket/other
- Type of mattress-sponge/inner sprung/other
- Mattress cover/plastic/protector/other

TEMPERATURE OF ROOM

- Hot/warm/cold
- Method of heating
- Ventilation/air con/DVS etc
- Window(s) – open/closed
- Door (s)- open/closed
- Other- damp/mould etc

PERSONS PRESENT

- Does anybody share deceased room
- Who/Were they present
- Does anyone share deceased's bed
- Were they in deceased bed at the time
- Animals in the deceased room

FEEDING <ul style="list-style-type: none"> • When was deceased last fed • Who by • What type of feed/food/bottle/breast/solids • Amount fed • Was amount of feed taken normal 	
RECENT SICKNESS <ul style="list-style-type: none"> • Was Doctor consulted • Diagnosis • Medication given in last 48 hours • Type and amount given 	
MEDICAL <ul style="list-style-type: none"> • Type of delivery- normal/breach/caesarean/other • Gestation period • Weight at birth • Time in hospital before discharge • Under health nurse <p>Most of this information may be obtained by asking for the Plunket Book or from the hospital where the delivery occurred</p>	
Well Child Book Seized or Copied (Mandatory)	Original book obtained by Police
RESUSITATION <ul style="list-style-type: none"> • Was resuscitation attempted • Who attempted resuscitation • What was done • How long for 	
OTHER <ul style="list-style-type: none"> • Family Violence history • Vomit/blood/mucous found • Where found – on Deceased/bedding 	
HISTORY SUDDEN DEATH SYNDROME IN FAMILY <ul style="list-style-type: none"> • Previous SUDI deaths in family • Who/When 	
SMOKERS IN HOUSEHOLD <ul style="list-style-type: none"> • Numbers of smokers • What smoked- cigarettes/pipe/other 	

Released Under the Official Information Act 1982

REPORT FOR CORONER

DO NOT DISCLOSE THIS REPORT WITHOUT POLICE AND CORONER'S AGREEMENT

Deceased (Name only if formally identified)				Event Number (Mandatory)		PEnter Text	
Deceased Surname		Enter Text				Title Select Title	
First Name/s		Enter Text					
Believed to be (If no visual ID)		Enter Text					
Also Known as		Enter Text		Maiden Name		Enter Text	
NIA BDM Check		Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>		Name Recorded		Enter Text	
DOB Enter Text		Age Age		Sex Select Item		Marital Status Select Status	
Address in Full		Enter Text					
Occupation (Mandatory)		Enter Text		Ethnicity Enter Text		Iwi/Hapu Enter Text	
Deceased Cell Ph (Mandatory)		Enter Text		Other Ph Enter Text		Service Provider Enter Text	

Foreign National	Y <input type="checkbox"/>	N <input type="checkbox"/>	Consulate Informed by email (Mandatory if foreign national)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Victim Support Informed (mandatory)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Offered but declined	<input type="checkbox"/>	

Location Of Death (Scene Location)		Enter Text					
Date of Death		Date Enter Date		Time Enter Text			
(or) Between		Date Enter Date		Time Enter Text		and Date Enter Date Time Enter Text	

Ambulance Attended	Y <input type="checkbox"/>	N <input type="checkbox"/>	Summary advice sheet unique access code	# # # # # # # # # #
---------------------------	----------------------------	----------------------------	--	---------------------

GP/Doctor details							
Name Enter Text		Medical Centre Enter Text					
Contact Number/s		Enter Text					
Doctor spoken to		Y <input type="checkbox"/> N <input type="checkbox"/>		Prepared to certify death		Y <input type="checkbox"/> N <input type="checkbox"/>	
Reason GP not spoken to		Enter Text					
Reason GP not willing to issue certificate (MCCD)		Enter Text					

NOK notification (Mandatory)							
NOK Advised	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date	Enter Date.	Time	Enter Text	<i>If not advised, follow up must be a priority</i>
NOK follow up	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>	2A Event Number		Enter Text	

Primary Family Representative							
Last Name		Enter Text		First Name/s		Enter Text	
Title		Select Title		DOB		Enter DOB	
Address		Enter Text					
Cell Phone		Enter Text		Other contact number		Enter Text	
Email		Enter Text		Representative advised of death		Enter Text	
Relationship to Deceased		Enter Text		Represents Following Family Members		Enter Text	

Family Member/NOK							
Last Name	Enter Text	First Name/s	Enter Text	Title	Select Title	DOB	Enter DOB
Address	Enter Text						
Cell Phone	Enter Text	Other contact number	Enter Text				
Relationship to Deceased	Enter Text	Email	Enter Text				

Family Member/Other							
Last Name	Enter Text	First Name/s	Enter Text	Title	Select Title	DOB	Enter DOB
Address	Enter Text						
Cell Phone	Enter Text	Other contact number	Enter Text				
Relationship to Deceased	Enter Text	Email	Enter Text				

NOK provided fact sheet	Y <input type="checkbox"/>	N <input type="checkbox"/>	Date	Enter Date	Time	Enter Text	Language Version	Select Language
-------------------------	----------------------------	----------------------------	------	------------	------	------------	------------------	-----------------

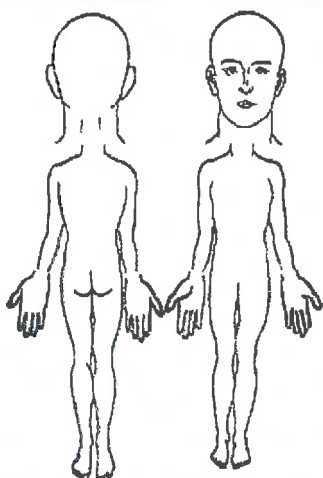
POLICE VIEW RE POST-MORTEM							
<i>If insufficient space below, include with covering 258</i>							
PM REQUESTED: Reason for request must be detailed below							
Enter Text							
O/C Body Assigned	Y <input type="checkbox"/>	N <input type="checkbox"/>	CIB member (if known)	Enter Text	Cell Ph	Enter Text	
Forensic Pathologist Consulted	Y <input type="checkbox"/>	N <input type="checkbox"/>					
Potential Criminal Offence	Y <input type="checkbox"/>	N <input type="checkbox"/>	Undetermined & under investigation at time of reporting				<input type="checkbox"/>

FAMILY VIEW RE POST-MORTEM								
Objection to PM	Y <input type="checkbox"/>	N <input type="checkbox"/>	Wishes to discuss with NIIO	Y <input type="checkbox"/>	N <input type="checkbox"/>	Wishes to consult with family	Y <input type="checkbox"/>	N <input type="checkbox"/>
Additional info for Coroner i.e., Ethnic, religious, early release, reason for objection to Post-mortem								
Enter Text								

Specialist Attendance							
CIB Attendance	Y <input type="checkbox"/>	N <input type="checkbox"/>	Consulted	Y <input type="checkbox"/>	N <input type="checkbox"/>	Name/QID	Enter Text
SCU	Y <input type="checkbox"/>	N <input type="checkbox"/>	Other Specialist	Enter Text			
Other Investigating Agency/s (if relevant)	Y <input type="checkbox"/>	N <input type="checkbox"/>	Name of Agency	Enter Text			

IDENTIFICATION							
Identification completed by							
Last Name	Enter Text	First Name/s	Enter Text	Title	Select Title	DOB	Enter DOB
Address	Enter Text						
Contact Number/s	Enter Text	Other	Enter Text				
Relationship to Deceased	Enter Text		Has known the deceased for	Enter Text			
Date last seen alive	Enter Date		Date Last had Contact with Deceased	Enter Date			

Reason Visual ID not appropriate (if applicable) <small>i.e., decomposition/facial trauma</small>	Enter Text						
O/C Identification appointed	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Name/QID	Enter Text	
When the body is visually unidentifiable an O/C Identification is to be appointed, (contact DVI/SAR or Coronial Services Officer for advice)							

BODY INFORMATION									
*Where found	*Position	*Condition of body		*Type of clothing worn	*Injuries				
		Enter Text							
Note Injuries even if photographed									
Suspected self-harm death	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Method	Enter Text			
					Ligature sent with body	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Name on Body Label (Mandatory)				Enter Text			DVI #	Enter Text	
Body Bag Seal Number (Mandatory)				Enter Text					
Condition of Body				Select Condition					
Possible contagious medical conditions (i.e., Aids/Hep B/Covid/TB)					Enter Text				
Potential for contamination with body fluids				Y	<input type="checkbox"/>	N	<input type="checkbox"/>		

Person who found deceased (Mandatory)							
Last Name	Enter Text	First Name/s	Enter Text	Title	Select Title	DOB	Enter DOB
Address	Enter Text						
Relationship to deceased	Enter Text		Date Found	Enter Date			
Contact Numbers	Cell Ph	Enter Text	Other	Enter Text	Email	Enter Text	

Deceased last seen alive by (Mandatory)							
Last Name	Enter Text	First Name/s	Enter Text	Title	Select Title	DOB	Enter DOB
Address	Enter Text						
Relationship to deceased	Enter Text	Date Last Seen Alive	Enter Date				
Contact Numbers	Cell Ph	Enter Text	Other	Enter Text	Email	Enter Text	

O/C File Name	Enter Text	Rank	Enter Text	QID	Enter Text
Station	Enter Text	District	Enter Text	PST/Unit	Enter Text
Cell Ph	Enter Text	Shift end date	Enter Date	Time	Enter Text
Supervisor name	Enter Text	Rank	Enter Text	QID	Enter Text
Cell Ph	Enter Text	Shift end date	Enter Date	Time	Enter Text
File path of saved file/Photos (Mandatory) All documents should be saved to shared drive location	Enter Text				

SUMMARY AND INVESTIGATION GUIDE		
Circumstances of how deceased was found		
* Who found them	* when found	How and why finder discovered deceased
Note: Ensure time/s, date/s and name/s included		
Enter Text		

Background		
* Who last saw deceased	* Movement of deceased over past days/weeks	* detail last 24 hours
* Relevant behaviour and / or activities	* Family violence factors	* Physical health issues (infectious disease, asthma, heart conditions etc.)
* Relationship issues	* Work issues	* Financial Issues
* Medication and / or treatment/s	* Previous suicide threats and / or attempts	* Criminal / Family / Civil Court issues
* Under any custody or care orders	* Under Mental Health (Compulsory Assessment & treatment Act 1992)	
* Known drug and / or alcohol abuser	* Detail substances used, amounts and frequency	
Enter Text		

Scene			
* Description of scene	* signs of disturbance	* Location of exhibits in proximity to Deceased	* Surrounding environment& Weather conditions
Enter Text			

Property											
Digital device/s obtained	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Passcode/s Obtained	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Code/s	Enter Text

Intention to Self-Harm Notes Located	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Original obtained	Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Copied / Photographed	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
---	---	--------------------------	---	--------------------------	--------------------------	---	--------------------------	---	--------------------------	------------------------------	---	--------------------------	---	--------------------------

NOK authority obtained to search devices	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
---	---	--------------------------	---	--------------------------

Medication (Mandatory)

Ensure that all medication and labels are photographed.

Name of Medication	Enter Text				
Date Issued	Enter Text	Qty Issued	Enter Text	Qty Remaining	Enter Text
Issuing Pharmacy	Enter Text	Issuing Doctor	Enter Text		
Frequency & Qty to be Taken	Enter Text				
Location Found	Enter Text				

NOTE: Additional medication schedules available in Police forms/Sudden death

Released under the Official Information Act 1982