**POLICE REPORT OF DEATH TO A CORONER**

### SUDDEN DEATH SUMMARY

**DECEASED NAME:**  
**DECEASED DOB:**

**TYPE OF DEATH:**  
- Death due to natural/non violent causes: [Natural causes – cause of death unknown; Unexpected Infant/child death (SUIDI)]
- Violent/unnatural death: [Drug/alcohol/poison related death; Drowning/water-related death; Fire/burn-related death; Other (specify); Child/infant death (Non SUIDI); Suspected suicide; Transport-related death; Unknown; Weapon/firearm death; Work-related death]
- Death resulting from health procedure
- Death due to suspicious circumstances: [Known suspect investigation continuing; Unknown suspect investigation continuing; Suspect already in custody]
- Death in care: [Disabled person cared for by a funded carer; Person under Mental Health Act ( Undertaking supervised community treatment) (Being detained by Court Order) (Being taken/detained to a Mental Health Service) (Being transported to a Mental Health Service); The person was a child in a placement with the consent of a parent or guardian; Child under licensed care service or in foster care; Child under guardianship or custody of Chief Executive]
- Death in custody/detention: [The deceased was in custody: (In a police watchhouse/station) (In a corrective services facility) (Under the escort of a corrective services officer) (Under ss. 41, 43,120 or 121 of the Juvenile Justice Act 1992; or); The deceased was trying to avoid being put into custody; The deceased was escaping, or trying to escape, from custody (As a result of a Police operation)]
- Death of unknown person
- Domestic and family violence related death

(Click Type of Death button to update)

**DATE OF DEATH:**

**LOCATION OF DEATH:**

**MORGUE DECEASED LODGED AT:**

**INVESTIGATING OFFICER:**  
Name  
Rank  
Reg. No.
**IDENTIFICATION DETAILS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the deceased been positively identified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If No, what action is being taken to identify?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method of identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date identified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time identified (hh:mm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place identification completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of person performing the identification</td>
<td></td>
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</tr>
<tr>
<td>Street address</td>
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<tr>
<td>Suburb/Town</td>
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<td>State</td>
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<td>Postcode</td>
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<td>Country</td>
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<tr>
<td>Phone:</td>
<td></td>
<td></td>
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<tr>
<td>Home</td>
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<tr>
<td>Work</td>
<td></td>
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<tr>
<td>Mobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship to deceased (if any)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long known deceased for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of police officer performing identification</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FAMILY MEMBER**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the senior / nominated family member been advised by police?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given name(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Please ensure address and contact numbers imported from Qprime are correct)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street address</td>
<td></td>
<td></td>
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<tr>
<td>Suburb/Town</td>
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<td>State</td>
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<td>Postcode</td>
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<td>Country</td>
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<tr>
<td>Phone:</td>
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<tr>
<td>Home</td>
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<td>Work</td>
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<tr>
<td>Mobile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship to deceased: (Please select 1st available from below. Coroners Act provides for a hierarchy of next of kin)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Person nominated by deceased before death</td>
<td></td>
</tr>
<tr>
<td>Spouse (including de facto spouse)</td>
<td></td>
</tr>
<tr>
<td>Adult child (spouse not available)</td>
<td></td>
</tr>
<tr>
<td>Parent (spouse or adult child not available)</td>
<td></td>
</tr>
<tr>
<td>Adult Sibling (spouse, child, parent not available)</td>
<td></td>
</tr>
<tr>
<td>ATSI family member (spouse, adult child, parent, adult sibling not available)</td>
<td></td>
</tr>
<tr>
<td>Adult with sufficient relationship to deceased</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the family member from a non English speaking background?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the family member a member of a faith?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, specify</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Field below filled in on print out or saving

Police Report Of Death To A Coroner

Page 2 of 34
Is the family member of Aboriginal or Torres Strait Islander origin?  Yes ☐  No ☐  Unknown ☐

If Yes, ☐ Aboriginal origin  ☐ Torres Strait Islander origin (If both, tick both)

Is the family member Male ☐  Female ☐

AUTOPSY – ADVICE TO FAMILY
(The coroner will consider this information when deciding what form of autopsy is to be conducted.)

Have police discussed the possibility of an internal autopsy with the nominated family / senior family member spokesperson?
Yes ☐  No ☐  Unable to contact family ☐ (to be advised by Supplementary Form 1)

Has the family member raised any concerns about an autopsy involving an internal examination?
Yes ☐  No ☐  Unable to contact family ☐ (to be advised by Supplementary Form 1)

If Yes, specify:
Religious/Cultural reasons ☐
An invasive and unnecessary procedure ☐
Unnecessary due to pre-existing illnesses ☐
Concerned over appearance of deceased after autopsy ☐
Unnecessary as cause of death believed to be known ☐
Other- ☐

If Other, specify

REPORTING OFFICER’S ASSESSMENT (Choose applicable option(s))

The death appears to be-

Death of an unknown person ☐  Violent or otherwise unnatural death ☐
Death in suspicious circumstances ☐  Death in custody ☐
Death in care ☐  Death as a result of Police operations ☐

If death in care, give details

(Give details of issues been raised about the care of the deceased person including name and contact details of the person raising the concerns)

Health care related death ☐

Death where cause of death certificate not issued and unlikely to be issued ☐

HAS ANY CRIMINAL PROCEEDING BEEN COMMENCED AGAINST ANY PERSON IN RELATION TO THIS DEATH:

Yes ☐  No ☐  Unknown ☐

I, the reporting officer, declare this information is true and correct to the best of my knowledge and belief.

Reporting officer

(Name) (Rank) (Reg. no.)

(Police Station) (Phone)

Field below filled in on print out or saving

Police Report Of Death To A Coroner
### DECEASED PERSON’S DETAILS

<table>
<thead>
<tr>
<th>Family name</th>
<th>_____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given name(s)</td>
<td></td>
</tr>
<tr>
<td>Aliases (if known)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>Age ( ) (Note – if under 18 to be treated as a child death)</td>
</tr>
</tbody>
</table>

#### Residential Address

<table>
<thead>
<tr>
<th>Common Name</th>
<th>(e.g., hostel name, hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town</td>
<td>State</td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Name of care facility / boarding house / hostel / nursing home (if relevant)</td>
<td></td>
</tr>
</tbody>
</table>

#### Person Information

<table>
<thead>
<tr>
<th>Place of birth</th>
<th>(Town, state, country)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td>Never married □</td>
</tr>
<tr>
<td></td>
<td>Divorced □</td>
</tr>
<tr>
<td>Citizenship</td>
<td></td>
</tr>
<tr>
<td>Residency</td>
<td>Permanent □</td>
</tr>
<tr>
<td></td>
<td>Itinerant □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment status:</td>
<td>Full Time □</td>
</tr>
<tr>
<td>Disability pension □</td>
<td>Unknown □</td>
</tr>
<tr>
<td>Highest level of education:</td>
<td>Primary / Secondary □</td>
</tr>
<tr>
<td>Was the deceased from a non–English speaking background?</td>
<td>Yes □</td>
</tr>
<tr>
<td>If yes, specify</td>
<td></td>
</tr>
</tbody>
</table>

| Did the deceased practice any religion? | Yes □ | No □ | Unknown □ |
| If yes, specify |        |

| What was the deceased’s ethnic origin? |        |
| Aboriginal origin □ | Torres Strait Islander origin □ | (If both, tick both) |
| Caucasian □ | Asian □ | (tick all relevant boxes) |
| Other □ | (specify) |

### History

| Did the deceased have a criminal history? | Yes □ | No □ | Unknown □ (only ticked if unknown deceased or nil QPRIME access) |
| (Should the Coroner require further information, contact should be made with the investigating officer.) |        |

| Was the deceased the subject of an involuntary treatment order at time of death? | Yes □ | No □ | Unknown □ |
| Was there an emergency examination order or authority to return in place at the time of death? |        |
Yes □ No □

If the deceased was a child, was the child:
- □ under guardianship or custody of Chief Executive? (Department of Communities – Child Safety)
- □ under licensed care service or in foster care?
- □ in a placement with the consent of a parent or guardian?

MEDICAL INFORMATION

Was the deceased recently hospitalised/treated by a doctor?  Yes □ No □ Unknown □

If Yes, were hospital records/charts obtained? Yes □ No □

If Yes, where are they being held?

Doctor

Name
Street address
Suburb/Town
Phone: Home Work Mobile

Date last visited doctor

Dentist

Name
Street address
Suburb/Town
Phone: Home Work Mobile

Date last visited dentist

Known medical history? Yes □ No □
If Yes, specify

Known mental health history? Yes □ No □
If Yes, specify

Was the deceased known to be on medication? Yes □ No □
If Yes, specify

Was the deceased suspected of having an infectious disease at time of death? Yes □ No □
If Yes, specify including details of source

UR (hospital registration) number

Location (e.g. hospital)

MENTAL HEALTH INFORMATION

Has the deceased been diagnosed with a mental illness? Yes □ No □ Unknown □
If Yes: Depression ☐ Bipolar ☐ Schizophrenia ☐ Substance abuse ☐ Anxiety ☐ Personality disorder ☐ Other (Specify)

Was the deceased recently hospitalised for a psychiatric condition?  Yes ☐ No ☐ Unknown ☐

Was the deceased recently treated/seen by any of the following professionals for a mental illness? (Tick all relevant boxes)

Name Contact number
☐ Doctor
☐ Psychiatrist
☐ Psychologist
☐ Case manager

Has the deceased recently attended a mental health unit either voluntarily or due to police action under the Mental Health Act?  Yes ☐ No ☐

If Yes, specify

Was the deceased a Forensic or Classified person under the Mental Health Act?  Yes ☐ No ☐

Was the deceased known to be on medication for a psychiatric illness?  Yes ☐ No ☐

If Yes, specify

Did the deceased show any behaviour that suggested they had an undiagnosed mental illness?  Yes ☐ No ☐

If Yes, specify

---

**INVOLVED PERSONS**

*Last seen alive by* (prior to the incident)

Family name ________ Given names ________
Relationship to deceased ________
Street address ________
Suburb/Town ________ State ________ Postcode ________
Country ________
Phone: Home ________ Work ________ Mobile ________

*Person finding deceased* (found by)

Family name ________ Given names ________
Relationship to deceased ________
Street address ________
Suburb/Town ________ State ________ Postcode ________
Country ________
Phone: Home ________ Work ________ Mobile ________
## Death reported to police by

<table>
<thead>
<tr>
<th>Date</th>
<th>Approximate time (hh:mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td>Given name(s)</td>
</tr>
<tr>
<td>Street address</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town</td>
<td>State</td>
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<tr>
<td>Country</td>
<td>Postcode</td>
</tr>
<tr>
<td>Phone:</td>
<td>Home</td>
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<tr>
<td></td>
<td>Work</td>
</tr>
<tr>
<td></td>
<td>Mobile</td>
</tr>
</tbody>
</table>

## INCIDENT DETAILS

### Last seen alive

<table>
<thead>
<tr>
<th>Date</th>
<th>Approximate time (hh:mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town</td>
<td>State</td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

### Incident details

<table>
<thead>
<tr>
<th>Incident date</th>
<th>Approximate time (hh:mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident address</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town</td>
<td>State</td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Name of care facility / boarding house</td>
<td></td>
</tr>
<tr>
<td>hostel / nursing home (if relevant)</td>
<td></td>
</tr>
</tbody>
</table>

### Place of death

<table>
<thead>
<tr>
<th>Date</th>
<th>Approximate time (hh:mm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town</td>
<td>State</td>
</tr>
<tr>
<td>Country</td>
<td></td>
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</tbody>
</table>

## REPORTING INFORMATION

### Reporting officer

<table>
<thead>
<tr>
<th>Family name &amp; initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
</tr>
<tr>
<td>Police station</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Investigating officer

<table>
<thead>
<tr>
<th>Family name &amp; initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank</td>
</tr>
<tr>
<td>Police station</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
Police responses
CAD/IMS job number
Other units involved
FCU □ CIB □ Scientific □
SOC □ CPIU □ Ballistics □
Other □ (specify)

Ambulance responses
Did an ambulance attend the scene? Yes □ No □
Was the deceased treated by ambulance officers? Yes □ No □
Were drugs administered by medic/paramedic prior to death? Yes □ No □ Unknown □
If Yes, specify

Other agencies response
Agency WPHS □ QFRS □ ATSB □ QAS □ Comcare □
Other □ (specify)

Name
Phone: Work Mobile

To add or delete agencies, select from dropdown list and click in checkbox
SUMMARY OF INCIDENT

When completing this summary please provide the information in a chronological order and provide the source of the information and what you believe to be the validity and reliability of the information. Should this information be a speculation or a suspicion, please indicate.

(Provide sufficient details so that the Coroner/Pathologist are able to fully appreciate the circumstances leading up to and surrounding the death)

The sub-headings below are the minimal information required at each sudden death. The Sudden Death Aide Memoir, located on the Coronial Support Unit website, provides further guidance for specific types of sudden deaths.

Summary of circumstances
[Trip click here to add text]

Description of Scene:
[Trip click here to add text]

Description of Body at Scene:
[Trip click here to add text]

Medications/Compliance:
[Trip click here to add text]

Usual State of Health:
[Trip click here to add text]

Recent State of Health:
[Trip click here to add text]

Attempts to obtain a cause of death certificate (if applicable)
[Trip click here to add text]
<table>
<thead>
<tr>
<th>Witness details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
</tr>
<tr>
<td>Given names</td>
</tr>
<tr>
<td>Street address</td>
</tr>
<tr>
<td>Suburb/Town</td>
</tr>
<tr>
<td>Country</td>
</tr>
<tr>
<td>Occupation</td>
</tr>
<tr>
<td>Relationship to deceased</td>
</tr>
<tr>
<td>Date of birth</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>Email address</td>
</tr>
<tr>
<td>Notebook issued to</td>
</tr>
<tr>
<td>Notebook no.</td>
</tr>
<tr>
<td>Notebook pages from to</td>
</tr>
</tbody>
</table>

Provide a brief statement of witness

(If not a resident of Queensland, include the temporary address in Queensland and date intending to leave Queensland.)
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of child 0–12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;12–24 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the child in out-of-home care?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If Yes, was the child reported missing?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If this infant/child death is a ‘death in care’ then the Death in Care section must also be completed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has any sibling predeceased this deceased child?</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>If Yes, provide details</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mother**

Family name: 
Given name(s): 
Aliases (if known): 
Parental status: Biological: Adoptive: Step: Foster: 
Date of birth: Age ( )
Place of birth: Town/state/country: 
Marital status: Never married: Divorced: Single: Married/De facto: Separated: Unknown: 
Street Address: 
Suburb/Town: State: Postcode: 
Country: 
Ethnicity: Australian: If other, specify: 
Phone: Home: Work: Mobile: 
Occupation: Employment status: 
Living with child at time of death? Yes: No: Unknown: 

**Father**

Family name: 
Given name(s): 
Aliases (if known): 
Parental status: Biological: Adoptive: Step: Foster: 
Date of birth: Age ( )
Place of birth: Town/state/country: 
Marital status: Never married: Divorced: Single: Married/De facto: Separated: Unknown: 
Address: 
Suburb/Town: State: Postcode: 
Country: 
Ethnicity: Australian: If other, specify: 
Phone: Home: Work: Mobile: 
Occupation: Employment status: 

Field below filled in on print out or saving
Police Report Of Death To A Coroner
Living with child at time of death? Yes ☐ No ☐ Unknown ☐

**Emergency contact** (different from above)
Name ☐ Phone ☐

**Sibling(s) of deceased**
Name ☐
Date of birth ☐
Gender Male ☐ Female ☐
Relationship Biological ☐ Adoptive ☐ Step ☐ Foster ☐

To add or delete siblings, select from dropdown box and click in checkbox ☐

**RESULTS OF AGENCY CHECKS REGARDING DECEASED AND DECEASED’S FAMILY**
(Investigator to provide Child Safety Services response to the Pathologist and Coroner prior to autopsy.)
First response officer is to contact Child Safety After Hours Service Centre (phone (07) 3235 9902) and complete ‘QPS Child Death Information Request’ Form (Forms Select has a link to form on CSU webpage), email form to CSAH_PIC.checks@communities.qld.gov.au

What were the results of the inquiries with these departments?

**Queensland Police Service**
No history ☐ History ☐ (specify)

**Child Safety Services**
No history ☐ History ☐ (specify)

To be advised by Supplementary Form 1 ☐

**Identification of person(s) in residence 24 hours preceding death?**
Family name ☐ Given names ☐
Date of birth ☐
Address ☐
Phone ☐

To add or delete persons in residence, select from dropdown box and click in checkbox ☐

**Identification of usual/frequent residents in premises?**
Family name ☐ Given names ☐
Date of birth ☐
Address ☐
Phone ☐

To add or delete usual/frequent residents, select from dropdown box and click in checkbox ☐

**Event information**
Time found unresponsive (hh:mm) ☐
Date found unresponsive ☐
Ambulance called Yes ☐ No ☐
Caregiver/person who found child unresponsive

Mother ☐  Father ☐  Other ☐ state name/relationship to child

Last seen alive: ☐ Time  ☐ Date  ☐ By whom?

Medical information

Did the child have any of the following during the past two weeks prior to the event?

- Cold ☐  Wheezing ☐  Recent injury or other illness ☐
- Sniffles ☐  Vomiting ☐  Recent inoculation ☐
- Cough ☐  Diarrhoea ☐  Fever ☐
- Other ☐  (specify)

Was the child known to have
- Medical equipment in use ☐  Recent hospital visits ☐
- Abnormal development ☐  Known allergies ☐
- Any known medical problems ☐  Exposure to contagious disease ☐

Explain

Did the child have any changes in behaviour over the last 48–72 hours prior to the event?
- No ☐  Yes ☐

If Yes, explain

Did the child receive, in the past 24 hours any prescription or over the counter medications?
- No ☐  Yes ☐

If Yes, describe

Child’s paediatrician/maternal child health nurse/health care provider

Name ☐  Phone ☐
Name ☐  Phone ☐
Name ☐  Phone ☐

Child’s health book present ☐ Yes ☐  No ☐ (Child’s health book should be seized.)

History of family illness

Has there been any history of a family illness affecting the mother, father or siblings of deceased child?
- Yes ☐  No ☐

If Yes, provide details  (e.g., mental/physical illness)

Have there been any other children die in the family?
- Yes ☐  No ☐

If Yes, provide details  (e.g., mental/physical illness, unexplained infant death, suicide)

Birth information

Place of birth
Birth weight ☐  Gestational age ☐  weeks
Number of pregnancies ☐  Premature births
Birth abnormalities ☐  Yes ☐  No ☐  Unknown ☐

If Yes, explain
Multiple births
Yes ☐ No ☐ Unknown ☐
If Yes, explain

Method of delivery
Vaginal ☐ C-section ☐ Unknown ☐

When was child last fed? Not applicable ☐
Time (hh:mm)

Date

Last fed by whom?

Was the child breast fed?
In the past ☐ Currently ☐ Unknown ☐
Was the child formula fed?
In the past ☐ Currently ☐ Unknown ☐
Did the child eat solid food prior to death?
Yes ☐ No ☐ Unknown ☐
If Yes, describe-

After eating did the child:
Vomit ☐ Gag ☐ Turn blue ☐ None ☐
Other (specify)

Location of event
Normal place of residence Yes ☐ No ☐ Unknown ☐
If No identify location and circumstances

Identify place
House ☐ Flat/Unit ☐ Hospital ☐ Caravan/Mobile home ☐
Other (specify)

Condition of residence (inside)
Clean ☐ Dirty ☐ Tidy ☐ Untidy ☐

Type
Tin ☐ Concrete ☐ Brick ☐ Weatherboard ☐ Unknown ☐
Other (specify)

Number of rooms

Estimated number of residents

Signs of habitual smoking at location of event
Yes ☐ No ☐ Unknown ☐

Any evidence of alcohol or drug use at location of event
Yes ☐ No ☐ Unknown ☐

Any history of family violence
Yes ☐ No ☐ Unknown ☐
If Yes please explain

Did event occur during childbirth? No ☐ Yes ☐ (if Yes, this section is now complete)
### Room where infant was found

**Type of weather**
- Hot [ ]
- Cold [ ]
- Rainy [ ]
- Other [ ] (specify)

**Daily temperature (from newspaper)**
- Min. [ ]
- Max. [ ]

**Room where deceased child located**
- Deceased’s bedroom [ ]
- Parents’ bedroom [ ]
- Other [ ] (specify)

**Temperature in room where deceased was found**
- Cold [ ]
- Cool [ ]
- Warm [ ]
- Hot [ ]
- Other [ ] (specify)

**Humidity in room where deceased was found**
- Low [ ]
- Medium [ ]
- High [ ]
- Other [ ] (specify)

**Bedside humidifier/vaporiser**
- Yes [ ]
- No [ ]
- Unknown [ ]

### Room ventilation

**Window open** [ ]
**Fan on** [ ]
**Door ajar** [ ]
- Unknown [ ]

**Air conditioning**
- On [ ]
- Off [ ]
- Unknown [ ]

### Heating (on in room where deceased was found)

- Electric [ ]
- Fireplace [ ]
- Natural gas [ ]
- None [ ]

**Central heating/Air conditioning**
- On [ ]
- Off [ ]
- Unknown [ ]

### Type of surface infant/child was found on

- Bed [ ]
- Bassinet [ ]
- Couch [ ]
- Pram/Stroller [ ]
- Bean bag [ ]
- Cot [ ]
- Water bed [ ]
- Cradle [ ]
- Baby capsule [ ]
- Floor [ ]
- Mattress on floor [ ]
- Pillow on floor [ ]
- Other [ ] (specify)

**If a cradle**
(a) Identify the maximum angle of tilt
(b) The position of the security pin

### Type of mattress

- Foam [ ]
- Fabric covered foam [ ]
- Water [ ]
- Innerspring [ ]

**Brand/model**

**Thickness** cm

**Hardness**
- Hard [ ]
- Medium [ ]
- Soft [ ]

**Stains present**
- Yes [ ]
- No [ ]
- Unknown [ ]

If Yes, explain
## Bedding

<table>
<thead>
<tr>
<th>Bedding over child</th>
<th>Bedding under child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adult blankets</td>
<td>Number of adult blankets</td>
</tr>
<tr>
<td>Number of adult blankets</td>
<td>Number of adult blankets</td>
</tr>
<tr>
<td>Number of child blankets</td>
<td>Number of child blankets</td>
</tr>
<tr>
<td>Number of sheets</td>
<td>Number of sheets</td>
</tr>
<tr>
<td>Number of adult doonas</td>
<td>Mattress protector (describe)</td>
</tr>
<tr>
<td>Number of child doonas</td>
<td>Sheepskin</td>
</tr>
<tr>
<td>Other</td>
<td>Item directly under child (please identify)</td>
</tr>
</tbody>
</table>

**Other**

- Cot protector (e.g., side padding) present? Yes ☐ No ☐
- Was bedding soiled? Yes ☐ No ☐
  - If Yes describe
- Was infant swaddled (wrapped)? Yes ☐ No ☐
  - If Yes list items
- Were any items covering the head? Yes ☐ No ☐
  - If Yes list items
- Was the bedding tucked in at the sides? Yes ☐ No ☐

## Clothing on child

- Singlet ☐ Pyjamas ☐ Jumper ☐ Jumpsuit ☐ Socks ☐
- Tracksuit pants ☐ T-shirt ☐ Cardigan ☐
- Other ☐ (specify)

## Nappy

- Disposable ☐ Cloth ☐ Other ☐ (specify)
- Was it soiled? Yes ☐ No ☐ Unknown ☐
  - If Yes describe

## Circumstances of the event

- Was the child moved from the time found to the time of the first responder’s arrival? Yes ☐ No ☐
- Was resuscitation attempted by first responder? Yes ☐ No ☐ Unknown ☐

## Characteristics of the child when found

- Mottled ☐ Cold ☐ Sweaty ☐ Blue ☐
  - Other ☐ (specify)

## When infant/child was found, was there any discharge around the mouth (blood/froth)?

- Yes ☐ No ☐ Unknown ☐

## Position of child when put down

- Supine/On back ☐ Prone/Stomach ☐ Head to right side ☐ Side ☐
  - Other ☐ (specify)
Position of child when found
Supine/On back ☐     Prone/Stomach ☐     Head to right side ☐     Side ☐
Other (specify)

Was child sleeping alone?
Yes ☐   No ☐

If No, with whom?

Position of child at commencement of co-sleeping
Lying back to adult ☐     On top of adult ☐     Lying facing adult ☐
Other (specify)

Position of child at time of discovery
On top of adult ☐     Lying facing adult ☐     Lying back to adult ☐     Underneath ☐
(including partially)
Other (specify)

Was child between adults at commencement? Yes ☐   No ☐
Was child between adults when discovered? Yes ☐   No ☐

Duration of normal sleeping pattern (hours)

Normal sleeping arrangement

Recent changes in sleeping pattern

Frequency of co-sleeping (nights per week)

Normal duration of co-sleeping per night (hours)

Was the child found in an unusual position? Yes ☐   No ☐
If Yes, please explain

Any other comments
Was there evidence of drug/alcohol/substance use?  Yes ☐ No ☐ (tick all relevant boxes)

☐ Alcohol or empty containers.
Describe

☐ Prescription or over-the-counter drugs.
Describe

☐ Illicit/prohibited drugs.
Describe

☐ Poisons or gases (including carbon monoxide).
Describe

☐ Injecting or other drug paraphernalia (e.g., needle, syringe, tourniquet, bong, straw).
Describe

☐ Statement by deceased prior to death or by witness.
Describe

☐ Items related to volatile substance abuse (e.g., petrol, paint, glue).
Describe

Other: (specify)

Suspected drug/substance abuse (excluding alcohol)
Apparent substance(s) used (if known)

Date of last use
Time of last use (hh:mm)
Location of last use
Administered by Self ☐ Other ☐ (specify)

Symptoms of drug use
When symptoms first appeared

Was there evidence of drug/substance administration on the deceased body?  Yes ☐ No ☐
If Yes, specify (e.g., injection marks, powder on nose)

Route of administration (tick all relevant boxes)
Oral ☐ Injection ☐ Inhalation ☐ Unknown ☐
Other ☐ (specify)

History
Did the deceased have a history of any of the following?
Tick all relevant boxes. Sources of information may include medical records, police records, other official records, or family/friends.

<table>
<thead>
<tr>
<th>Item</th>
<th>Source(s) of information</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Abuse of alcohol</td>
<td></td>
</tr>
<tr>
<td>☐ Abuse of prescription or over-the-counter drugs</td>
<td></td>
</tr>
<tr>
<td>☐ Abuse of volatile substances</td>
<td>(e.g., petrol, glue, paint)</td>
</tr>
</tbody>
</table>

Field below filled in on print out or saving
Police Report Of Death To A Coroner

Page 19 of 34
<table>
<thead>
<tr>
<th>Item</th>
<th>Source(s) of information</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Exposure to poisons or gases</td>
<td></td>
</tr>
<tr>
<td>☐ Drug treatment program(s)</td>
<td></td>
</tr>
<tr>
<td>Abuse of other drugs</td>
<td></td>
</tr>
<tr>
<td>☐ Heroin or other opiates</td>
<td></td>
</tr>
<tr>
<td>☐ Amphetamines</td>
<td></td>
</tr>
<tr>
<td>☐ Cocaine</td>
<td></td>
</tr>
<tr>
<td>☐ Marijuana</td>
<td></td>
</tr>
<tr>
<td>☐ Type unknown</td>
<td></td>
</tr>
<tr>
<td>☐ Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

**Prescription medication**

Was there evidence or advice the deceased was recently prescribed any medication?  Yes ☐ No ☐

If Yes, date obtained from chemist

Prescribing doctor

Address

Phone

Facsimile

Date last visited doctor

**Particulars of prescribed drugs**

Name of drug

Quantity prescribed

Amount located

To add or delete drugs, select from dropdown box and click in checkbox ☐
HOSPITAL/HEALTH CARE RELATED DEATH

For deaths connected with any health procedure or any care, treatment, advice, service or goods provided for the benefit of human health. A health procedure includes any dental, medical, surgical or other health related procedure including giving an anaesthetic, analgesic, sedative or other drug. It includes deaths resulting from a failure to provide health care. (Refer to Medical Information in Part One of this Form).

**Patient**

UR (hospital registration) number

Location (e.g., hospital)

The reason for the health procedure

Specify health procedure involved

**Person providing information to police**

Name

Position held

Phone: Home

Work

Mobile

**What practitioner(s) was/were involved?**

Name

Profession/Position

Phone

To add or delete practitioners, select from dropdown box and click in checkbox
### Type of aquatic environment

**Place**

<table>
<thead>
<tr>
<th>Private</th>
<th>Public</th>
<th>(NB if Public please ensure workplace questions are completed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Location**

<table>
<thead>
<tr>
<th>Beach (non-surf)</th>
<th>Bathub</th>
<th>Spa (external)</th>
<th>Spa (internal)</th>
<th>Canal</th>
<th>Dam</th>
<th>Irrigation channel</th>
<th>Canyon</th>
<th>Lake</th>
<th>Pond/Ornamental feature</th>
<th>Beach (surf)</th>
<th>Dam</th>
<th>Ocean</th>
<th>Swimming pool (in ground)</th>
<th>Swimming pool (above ground)</th>
<th>River/Creek</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Activity at time of incident** (tick all relevant boxes)

- **Board riding**
- **Diving**
- **Skin diving/snorkelling**
- **Swimming, paddling or wading**
- **Fishing**
- **Unknown, no witness**
- **Walking/Playing near water**
- **Bathing**
- **Attempting a rescue**
- **Incident involving a water vessel**
- **Other (specify)**

**Did the activity involve any of the following?** (tick all relevant boxes)

- **Fell/Wandered/Jumped into water**
- **Injury/Accident**
- **Hypothermia**
- **Swept away by water** (e.g., off rocks, by rip or flood)

**Deceased’s swimming ability**

- **Strong**
- **Competent**
- **Unknown**
- **Weak**
- **Non-swimmer**

**Death involving a water vessel**

- **Did the death involve a water vessel**
  - **Yes**
  - **No**
    - **If Yes, how many vessels**
      - **If Yes, was the vessel**
        - **A motorised personal water vessel (PWV) (e.g. jet ski)**
        - **A motorised water vessel**
        - **A non-motorised water vessel**
    - **Type of vessel:**
      - **Commercial**
      - **Recreational**
      - **Unknown**

- **Number of people on board the vessel**
- **Number of people vessel registered to carry**

- **Were life jackets/personal flotation devices available on the vessel?**
  - **Yes**
  - **No**
    - **If Yes, was a life jacket/personal flotation device worn by the deceased?**
      - **Yes**
      - **No**

- **Did the driver/rider have a current licence authorising operation of that vessel?**
  - **Yes**
  - **No**

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Police Report Of Death To A Coroner

Page 23 of 34

Classified as OFFICIAL
**Supervision**

Was the deceased under supervision?  Yes ☐  No ☐

If Yes, by whom?

How many persons were in the pool?

What was the ratio of supervisors to swimmers (approximately)?

**Level of the supervision**

Was the deceased in direct line of sight of supervisor?  Yes ☐  No ☐

If No, explain extent of supervision

Was the area being patrolled by life guards at the time?  Yes ☐  No ☐  N/A ☐

What qualifications did the life guards have?

**Conditions at time of the incident**

What were the prevailing environmental conditions where the death occurred?

<table>
<thead>
<tr>
<th>Weather</th>
<th>Clear ☐</th>
<th>Rain ☐</th>
<th>Unknown ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hazy ☐</td>
<td>Flood ☐</td>
<td></td>
</tr>
<tr>
<td>Wind</td>
<td>None ☐</td>
<td>Strong ☐</td>
<td>Gale ☐</td>
</tr>
<tr>
<td></td>
<td>Light ☐</td>
<td>Moderate ☐</td>
<td>Unknown ☐</td>
</tr>
<tr>
<td>Tide</td>
<td>In ☐</td>
<td>Out ☐</td>
<td>Unknown ☐</td>
</tr>
<tr>
<td>Waves</td>
<td>&lt;1 metre ☐</td>
<td>1–2 metres ☐</td>
<td>&gt;2 metres ☐</td>
</tr>
<tr>
<td>Unknown</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rescue and resuscitation**

Was any attempt made to rescue the deceased?  Yes ☐  No ☐

If Yes, by whom?

What equipment was used to assist in this rescue?

Was any attempt made to resuscitate the deceased?  Yes ☐  No ☐

If Yes, by whom?

Was the person trained in resuscitation (other than QAS)?  Yes ☐  No ☐  Unknown ☐

**Signage**

Were there warning signs in the area where the death occurred?  Yes ☐  No ☐  N/A ☐

If Yes, specify

**Marine animals**

Was the death caused by a water animal? (e.g., shark, croc., box jelly fish)  Yes ☐  No ☐

If Yes, specify

**Swimming pools/spas/dam/pond**

Was the pool/spa/dam fenced?  Yes ☐  No ☐

If No, were there any other barriers restricting access from the house to the pool/dam/spa (e.g., doors or windows with child-resistant locks, spa covers, or house yard fenced)?  Yes ☐  No ☐  Unknown ☐

Field below filled in on print out or saving

Police Report Of Death To A Coroner  Page 24 of 34

Classified as OFFICIAL
If pool is situated at a private residence please answer the following:

Premises – Owned/buying □  Renting □

How long has the occupant resided at the residence?  □ < 3 months □ 6-12 months □  □ > 12 months □

Was the deceased an occupant of the residence?  Yes □ No □

If No, specify circumstances of deceased being at location

If the pool/dam/spa was fenced, please complete these questions

Please indicate which diagram best fits the fence configuration   1 □  2 □  3 □  4 □

Was there a door allowing direct access from the house to the pool?  Yes □ No □

Was the fence defective?  Yes □ No □  To be determined □

Were all the gates/doors allowing access to the pool/dam/spa self-closing and self-latching?  Yes □ No □

If No, please describe

Were all of the gates/doors allowing access to the pool/dam/spa in good working order?  Yes □ No □

If no, please describe

Was the gate or door open (e.g., propped or tied open) at the time of the incident?  Yes □ No □  Unknown □

If Yes, who opened gate/door?

Was there a final inspection of the pool barrier?  Yes □ No □  Unknown □

Is there a certificate of compliance in relation to the pool barrier?  Yes □ No □  Unknown □

How is the pool barrier best described?

Did the pool area have a visible resuscitation sign?  Yes □ No □  Yes, but not clearly visible □

How is visibility in the water source best described?

Field below filled in on print out or saving

Police Report Of Death To A Coroner  Page 25 of 34

Classified as OFFICIAL
### FIRE/BURN–RELATED DEATH

<table>
<thead>
<tr>
<th>Setting of incident</th>
<th>Private building</th>
<th>Public building</th>
<th>Outdoor area</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

#### If building

<table>
<thead>
<tr>
<th>Extent of building damage?</th>
<th>Mild</th>
<th>Severe</th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Were smoke alarms present?</td>
<td>Yes</td>
<td>No</td>
<td>To be determined</td>
<td></td>
</tr>
<tr>
<td>If Yes, were they activated?</td>
<td>Yes</td>
<td>No</td>
<td>To be determined</td>
<td></td>
</tr>
<tr>
<td>How were alarms powered?</td>
<td>Battery operated</td>
<td>Hardwired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a sprinkler system present?</td>
<td>Yes</td>
<td>No</td>
<td>To be determined</td>
<td></td>
</tr>
<tr>
<td>If Yes, was it activated?</td>
<td>Yes</td>
<td>No</td>
<td>To be determined</td>
<td></td>
</tr>
<tr>
<td>Were there barriers to escape?</td>
<td>Yes</td>
<td>No</td>
<td>To be determined</td>
<td></td>
</tr>
<tr>
<td>If Yes, specify</td>
<td>Locked exits</td>
<td>Barred windows</td>
<td>Other</td>
<td>(specify)</td>
</tr>
<tr>
<td>Age of child (one option only):</td>
<td>0–2 years</td>
<td>&gt; 2–4 years</td>
<td>5–14 years</td>
<td>15–17 years</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------</td>
<td>-------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Was the child in out-of-home care?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If Yes, was the child reported missing?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If this child death is a 'death in care', 'transport related', 'drowning', etc., then those relevant sections must also be completed.

<table>
<thead>
<tr>
<th>Has any sibling predeceased this deceased child?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, provide details</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Mother**

- Family name
- Given name(s)
- Aliases (if known)
- Parental status: Biological, Adoptive, Step, Foster
- Date of birth
- Place of birth: Town/state/country
- Marital status: Never married, Divorced, Single, Married/De facto, Separated, Unknown
- Street Address
- Suburb/Town
- State
- Postcode
- Country
- Ethnicity: Australian, Other (specify)
- Phone: Home, Work, Mobile
- Occupation
- Employment status
- Living with child at time of death? Yes, No, Unknown

**Father**

- Family name
- Given name(s)
- Aliases (if known)
- Parental status: Biological, Adoptive, Step, Foster
- Date of birth
- Place of birth: Town/state/country
- Marital status: Never married, Divorced, Single, Married/De facto, Separated, Unknown
- Street Address
- Suburb/Town
- State
- Postcode
- Country
- Ethnicity: Australian, Other (specify)
- Phone: Home, Work, Mobile
- Occupation
- Employment status
- Living with child at time of death? Yes, No, Unknown
Emergency contact (different from above)
Name               Phone

Siblings of deceased
Name
Date of birth
Gender         Male     Female
Relationship    Biological  Adoptive  Step  Foster

To add or delete siblings, select from dropdown box and click in checkbox

RESULTS OF AGENCY CHECKS REGARDING DECEASED AND DECEASED’S FAMILY
(Investigator to provide Child Safety Services response to the Pathologist and Coroner prior to autopsy.)
First response officer is to contact Child Safety After Hours Service Centre (phone (07) 3235 9902) and complete ‘QPS Child Death Information Request’ Form (Forms Select has a link to form on CSU webpage), email form to CSAH_PIC.checks@communities.qld.gov.au
What were the results of the inquiries with these departments?
Queensland Police Service
No history     History     (specify)
Child Safety Services
No history     History     (specify)
To be advised by Supplementary Form 1

Identification of persons with or supervising the child/infant preceding death
Family name               Given names
Date of Birth
Address
Phone

To add or delete persons, select from dropdown box and click in checkbox

SUSPECTED SUICIDE
Does the family member authorise for their name and contact details to be provided to Lifeline Brisbane StandBy Response Service Support (for people bereaved by suicide) who, with my permission, will contact me?   Yes     No
Method of suspected suicide?
Hanging     Fall from height     Carbon monoxide poisoning
Weapon     Motor vehicle     Drugs/Alcohol/Poison overdose
Train     Incised wounds     (stabbing/cutting)
Other     Fire

Did the deceased leave a suicide note / letter / recording?
Yes     No     Unknown

Field below filled in on print out or saving
Police Report Of Death To A Coroner
Has the deceased been identified as the author of the note / letter / recording? Yes ☐ No ☐

If Yes, by whom

Relationship of identifier to deceased?

If No, what action is being undertaken to identify the author?

Copies of all suicide notes must be forwarded with the Form 1 to the Coroner.

Has the deceased previously communicated an intent to suicide? Yes ☐ No ☐ Unknown ☐

If Yes, who did they say this to?

Has the deceased previously attempted suicide? Yes ☐ No ☐ Unknown ☐

If Yes, approximate dates, number of times and method’s used?

Has the deceased previously been hospitalised/treated for self harm? Yes ☐ No ☐ Unknown ☐

If Yes, approximate number of times

Is there any possible motive/trigger for the suicide? (tick all relevant boxes)

| Physical illness | | Mental illness |
| Domestic violence | | Recent unemployment |
| Sexual abuse | | Prospect of criminal sanction |
| Gambling | | Relationship breakdown |
| Child custody issues | | Alcohol/Drug dependency |
| Financial problems | | Bereavement/Loss of a loved one |
| Unknown | |

Other (specify)

Was deceased being treated/seen by any of the following professionals? (Tick all relevant boxes)

| Name | Contact Number |
| ☐ Doctor | |
| ☐ Psychiatrist | |
| ☐ Psychologist | |
| ☐ Case manager | |

Was the death accompanied by the murder/suicide of other person(s)? Yes ☐ No ☐

If yes, what was the relationship between the deceased and the person(s)?

TRANSPORT–RELATED DEATH

Does not include water vessel. Describe road/rail and weather conditions in summary of incident section above.

Types of vehicles involved in incident (tick all relevant boxes)

| Motor vehicle | Motorbike | Quad bike | Aircraft | Tram/light rail | Train |
| Bicycle | |
| Other (specify) | |

No. of vehicles involved

Description of where the accident occurred (tick all relevant boxes)

| Residential street (up to 60km/h) | Major street/road (60 to 90 km/h) |
| Highway (100 km/h or above) | Private property (no posted limits) |
| Off-road (no posted limits) | |
Other (specify)

Area speed limit

Role of the deceased at time of incident?
- Driver/rider or pilot
- Passenger
- Where positioned in car?
- Pedestrian
- Cyclist
- Other (specify)

Did the driver/rider have a current licence authorising operation of that vehicle? Yes ☐ No ☐

Does initial assessment indicate that any of these factors may have contributed to the incident?
- Driver/Rider fatigue
- Drugs/Alcohol
- Excessive speed
- Driver/Rider lack of ability
- Environmental factors
- Physical factors
- Other (specify) (e.g., road works)

Vehicle/aircraft description(s)

<table>
<thead>
<tr>
<th>Vehicle</th>
<th>Type (e.g., car, plane, motorbike)</th>
<th>Make/Model/Description</th>
<th>Year</th>
<th>Speed category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceased’s</td>
<td></td>
<td></td>
<td></td>
<td>Within limit ☐ Possibly over ☐ Likely over ☐ Definitely over ☐ N/A ☐</td>
</tr>
<tr>
<td>Vehicle 2</td>
<td></td>
<td></td>
<td></td>
<td>Within limit ☐ Possibly over ☐ Likely over ☐ Definitely over ☐ N/A ☐</td>
</tr>
<tr>
<td>Vehicle 3</td>
<td></td>
<td></td>
<td></td>
<td>Within limit ☐ Possibly over ☐ Likely over ☐ Definitely over ☐ N/A ☐</td>
</tr>
<tr>
<td>Vehicle 4</td>
<td></td>
<td></td>
<td></td>
<td>Within limit ☐ Possibly over ☐ Likely over ☐ Definitely over ☐ N/A ☐</td>
</tr>
</tbody>
</table>

Was the deceased wearing a seat belt? Yes ☐ No ☐ Unknown ☐ N/A ☐

If a deceased child, was the child restrained in an age appropriate restraint? Yes ☐ No ☐

Were airbags installed/activated? Yes ☐ No ☐ N/A ☐

If Yes, specify:
- Driver: Installed ☐ Activated ☐
- Front pass.: ☐
- Right side: ☐
- Left side: ☐
- Other: (specify)

If cycle rider, was helmet being worn? Yes ☐ No ☐

DEATH INVOLVING A WEAPON/FIREARM

Type of weapon: Firearm ☐ Bladed ☐ Other ☐ (specify)

Who inflicted the fatal wound? Deceased ☐ Other person ☐ Unknown ☐

Firearm

Was the firearm recovered/known? Yes ☐ No ☐ (if yes, complete below)

Type of firearm (e.g., make, model, type, action, calibre, category)

Was the firearm registered in Queensland? Yes ☐ No ☐

If Yes, to whom? Deceased ☐ User (if not deceased) ☐ Other ☐ (specify)

If Yes, what was the weapon index number?
Was the user licensed to use that category of firearm?  
Yes ☐  No ☐  Unknown ☐

If Yes, what was the weapon index number?

**Bladed**

Type of blade (e.g., knife, box cutter, machete)

Was the bladed weapon recovered?  
Yes ☐  No ☐

If Yes where is the weapon?  
If No provide a description of the weapon if known

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**WORK–RELATED DEATH**

At work, travelling to/from work or travelling as part of work.

**Type of work related death?**

- Electrocution ☐
- Fall from height ☐
- Machinery-related ☐
- Vehicle-related ☐
- Other ☐  (specify)

Did death occur while

- Working (including travelling for work) ☐
- Travelling to/from work (commuting) ☐
- Not known if working or commuting ☐

Activity at time of death

Industry involved in

Has Workplace Health and Safety or **Comcare** been advised  
Yes ☐  No ☐

Appointed WH&S or **Comcare** investigators details  
(if known)

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**DEATH IN CARE**

For definition of ‘death in care’, see s. 9 of the **Coroners Act 2003**.

**Note:** A ‘death in care’ is determined by the legal status of the deceased not the location or circumstances of the death.

Name of person or agency with care of person

Relationship to person

Street Address

Suburb/Town  State  Postcode

Phone

Identify the government department that controls or funds the carers or agency that cares, treats and supervises the deceased

Duration of care leading up to death

If No, please explain

---
Have any initial issues regarding the care, treatment and supervision been identified?

Yes ☐  No ☐  Unknown ☐

If Yes, please provide details (as provided to you)

Did a doctor complete a cause of death certificate (Form 9)?  Yes ☐  No ☐

Doctor’s name
Address
Suburb/Town
State
Postcode
Phone:  Home
Work  Mobile
DOMESTIC AND FAMILY VIOLENCE RELATED

Was a domestic violence order (or application) registered involving the deceased or a parent/caregiver of the deceased in place at the time of death?

Yes ☐ No ☐ Unknown ☐ (only ticked if unknown deceased or nil QPrime access)

If Yes, State / Territory:

QPrime Occ #:

Has a suspect been identified:  Yes ☐ No ☐ N/A (i.e. suicide) ☐

If Yes:

Family name
Given name(s)
Street Address
Suburb/Town  State  Postcode
Phone

If Yes, what is the relationship of the deceased to the suspect?

SPOUSAL RELATIONSHIP

Married ☐
Married & separated ☐
Divorced ☐
Reside together as a couple ☐
Have resided together as a couple ☐
Biological parents of a child ☐

INTIMATE PERSONAL RELATIONSHIP

Engaged or were engaged ☐
Betrothed or were betrothed under cultural or religious tradition ☐
Dated or have dated and lives are or were enmeshed ☐

FAMILY RELATIONSHIP

Relative of deceased by blood or marriage (eg. sibling, grandparent, aunt, nephew, child including an adult child over 18 years, stepchild, parent, cousin) or Suspect or victim regards or regarded themselves as a relative

INFORMAL CARE RELATIONSHIP

Was the deceased dependent on the suspect to help the person in an activity of daily living due to disability, illness or impairment with no fee being paid?  Yes ☐ No ☐

Did the deceased have impaired capacity?  Yes ☐ No ☐
If Yes, has the Adult Guardian been informed?  Yes ☐ No ☐

Does the suspect have impaired capacity?  Yes ☐ No ☐
If Yes, has the Adult Guardian been informed?  Yes ☐ No ☐
Custodial Circumstances:

Legal status:
- [ ] Sentenced: no appeal current
- [ ] Sentenced: awaiting determination of any appeal (verdict or sentence)
- [ ] Detained as unfit to plead, not guilty on grounds of insanity
- [ ] Awaiting court hearing/trial extradition, purging of contempt, etc.
- [ ] Convicted but awaiting sentence
- [ ] Awaiting deportation
- [ ] Protective custody (i.e. for drunkenness where not an offence)
- [ ] Held for questioning/inquiries
- [ ] Unknown
- [ ] Other (please specify) e.g. escorting under mental health legislation, a siege or pursuit situation.

Has this person been granted bail?  Yes [ ]  No [ ]

If not, why was this person not granted bail, e.g. too intoxicated; seriousness of offence; bail refused by court.

Full details of most serious offence relating to final period of custody or police operation, e.g. theft from dwelling, importing illegal drugs, assault with weapon. (Note: In some cases this would be the offence for which the person would most likely have been charged had he or she not died.)

Length of time in custody (where applicable):
Time that the person was taken into custody (24hr clock)
Date that the person was taken into custody (24hr clock)
For sentenced prisoners only- estimated earliest date of release
For sentenced prisoners only-length of sentence bestowed by the court

Please indicate below the apparent general cause of death:
- [ ] Suicide/self-inflicted
- [ ] Natural causes
- [ ] Accident
- [ ] Homicide
- [ ] Other (Please explain)