SUDDEN DEATH SUMMARY

DEATH REPORTED TO:       Brisbane Coroner
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): OTHER; 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; NDIS participant]
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

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>
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<tr>
<td>Time identified (hh:mm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place identification completed</td>
<td></td>
<td></td>
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<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>Country</td>
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<tr>
<td>Phone: Home</td>
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<tr>
<td>Work</td>
<td></td>
<td></td>
</tr>
<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>

### DETAILS OF ANY KNOWN OR SUSPECTED INFECTIOUS OR CHEMICAL HAZARDS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>(if Yes, specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the deceased person had a fever in the past week?</td>
<td></td>
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</tr>
<tr>
<td>Has the deceased had a known or suspected infectious disease recently e.g. TB, HIV, Hepatitis, Covid-19?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Was the deceased overseas in the last month?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the deceased had recent contact with a case of known or suspected infectious disease e.g. Ebola, TB, Covid-19?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Could the deceased’s body be contaminated with toxic chemicals e.g. cyanide, hydrogen sulphide, agricultural chemicals?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### FAMILY MEMBER

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>(if Yes, specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the senior / nominated family member been advised by police?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Family name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given name(s)</td>
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<td></td>
<td></td>
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<tr>
<td>Street address</td>
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<tr>
<td>Suburb/Town</td>
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<tr>
<td>State</td>
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<td>Postcode</td>
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<tr>
<td>Country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: Home</td>
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<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Mobile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Relationship to deceased: (Please select 1st available from below. Coroners Act provides for a hierarchy of next of kin)

Person nominated by deceased before death

Spouse                      Adult child
(including de facto spouse) (spouse not available)

Parent                     Adult Sibling
(spouse or adult child not available) (spouse, child, parent not available)

ATSI family member         Adult with sufficient relationship to deceased
(spoice, adult child, parent, adult sibling not available)

Is the family member from a non English speaking background? Yes  No
If Yes, specify

Is the family member a member of a faith? Yes  No  Unknown
If yes, specify

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  Who  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**

<table>
<thead>
<tr>
<th>(Name)</th>
<th>(Rank)</th>
<th>(Reg. no.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>(Police Station)</th>
<th>(Phone)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dated this ________ day of ________, ________, ________

<table>
<thead>
<tr>
<th>(Day)</th>
<th>(Month)</th>
<th>(Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
**DECEASED PERSON’S DETAILS**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td></td>
</tr>
<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>
<tr>
<td><strong>Residential Address</strong></td>
<td></td>
</tr>
<tr>
<td>Common Name</td>
<td>(e.g., hostel name, hospital)</td>
</tr>
<tr>
<td>Street address</td>
<td></td>
</tr>
<tr>
<td>Suburb/Town</td>
<td>State</td>
</tr>
<tr>
<td>Country</td>
<td>Postcode</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>
<tr>
<td><strong>Person Information</strong></td>
<td></td>
</tr>
<tr>
<td>Place of birth</td>
<td>(Town, state, country)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>Married/De facto</td>
</tr>
<tr>
<td>Divorced</td>
<td>Single</td>
</tr>
<tr>
<td>Separated</td>
<td>Widowed</td>
</tr>
<tr>
<td>Citizenship</td>
<td></td>
</tr>
<tr>
<td>Residency</td>
<td></td>
</tr>
<tr>
<td>Permanent</td>
<td>Interstate visitor</td>
</tr>
<tr>
<td>Itinerant</td>
<td>Homeless</td>
</tr>
<tr>
<td>Overseas visitor</td>
<td>Unknown</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>Employment status:</td>
<td></td>
</tr>
<tr>
<td>Full Time</td>
<td>Part Time</td>
</tr>
<tr>
<td>Casual</td>
<td>Retired</td>
</tr>
<tr>
<td>Retired</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Disability pension</td>
<td>Unknown</td>
</tr>
<tr>
<td>Time in current job:</td>
<td></td>
</tr>
<tr>
<td>Highest level of education:</td>
<td></td>
</tr>
<tr>
<td>Primary / Secondary</td>
<td>TAFE</td>
</tr>
<tr>
<td>University</td>
<td>Unknown</td>
</tr>
<tr>
<td>Unknown</td>
<td></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>
<tr>
<td>Did the deceased practice any religion?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, specify</td>
<td></td>
</tr>
<tr>
<td>What was the deceased’s ethnic origin?</td>
<td></td>
</tr>
<tr>
<td>Aboriginal origin</td>
<td>Torres Strait Islander origin</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Asian</td>
</tr>
<tr>
<td>Other</td>
<td>(specify)</td>
</tr>
</tbody>
</table>

**History**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the deceased have a criminal history?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>(Should the Coroner require further information, contact should be made with the investigating officer.)</td>
<td></td>
</tr>
<tr>
<td>Was the deceased the subject of an involuntary treatment order at time of death?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Was the deceased recently hospitalised/treated by a doctor?</th>
<th>Yes ☐ No ☐ Unknown ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, were hospital records/charts obtained?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>If Yes, where are they being held?</td>
<td></td>
</tr>
</tbody>
</table>

**Doctor**

Name
Street address
Suburb/Town		State	Postcode
Phone: Home Work Mobile

Date last visited doctor

**Dentist**

Name
Street address
Suburb/Town	State Postcode
Phone: Home Work Mobile

Date last visited dentist

<table>
<thead>
<tr>
<th>Known medical history?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Yes, specify</td>
<td></td>
</tr>
</tbody>
</table>

| 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)

☐ 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)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td></td>
</tr>
<tr>
<td>Given names</td>
<td></td>
</tr>
<tr>
<td>Relationship to deceased</td>
<td></td>
</tr>
<tr>
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<td>Postcode</td>
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<tr>
<td>Country</td>
<td></td>
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<tr>
<td>Phone:</td>
<td>Home</td>
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<tr>
<td>Work</td>
<td>Mobile</td>
</tr>
</tbody>
</table>

**Death reported to police by** (date and person who reported the death to the police)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Approximate time (hh:mm)</td>
<td></td>
</tr>
<tr>
<td>Family name</td>
<td></td>
</tr>
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<td>Given name(s)</td>
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</tr>
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<td>Mobile</td>
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</tbody>
</table>

**INCIDENT DETAILS**

**Last seen alive** (Prior to the incident)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
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<tr>
<td>Country</td>
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</tbody>
</table>

**Incident details** (If different from above eg Traffic Accident Scene)

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

**Place of death** (If not place of incident e.g hospital. If same as incident type “as above”)

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td></td>
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<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>
### REPORTING INFORMATION

**Reporting officer**

<table>
<thead>
<tr>
<th>Family name &amp; initials</th>
<th>Rank</th>
<th>Reg. no.</th>
<th>Police station</th>
<th>District</th>
<th>Phone:</th>
<th>Work</th>
<th>Mobile</th>
</tr>
</thead>
</table>

**Investigating officer**

<table>
<thead>
<tr>
<th>Family name &amp; initials</th>
<th>Rank</th>
<th>Reg. no.</th>
<th>Police station</th>
<th>District</th>
<th>Phone:</th>
<th>Work</th>
<th>Mobile</th>
</tr>
</thead>
</table>

**Police responses**

<table>
<thead>
<tr>
<th>CAD/IMS job number</th>
<th>FCU</th>
<th>CIB</th>
<th>Scientific</th>
<th>SOG</th>
<th>CPIU</th>
<th>Ballistics</th>
<th>Other</th>
<th>(specify)</th>
</tr>
</thead>
</table>

**Ambulance responses**

<table>
<thead>
<tr>
<th>Did an ambulance attend the scene?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the deceased treated by ambulance officers?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were drugs administered by medic/paramedic prior to death?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If Yes, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other agencies response**

<table>
<thead>
<tr>
<th>Agency</th>
<th>WPHS</th>
<th>QFRS</th>
<th>ATSB</th>
<th>QAS</th>
<th>Comcare</th>
<th>Other</th>
<th>(specify)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone:</th>
<th>Work</th>
<th>Mobile</th>
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</thead>
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<td></td>
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</tbody>
</table>

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
[Triple click here to add text]

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

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

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

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

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

Attempts to obtain a cause of death certificate (if applicable)
[Triple click here to add text]
### PRÉCIS OF STATEMENTS

**Witness details**

<table>
<thead>
<tr>
<th>Family name</th>
<th>Given names</th>
<th>Street address</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Occupation</th>
<th>Relationship to deceased</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Phone:</th>
<th>Home</th>
<th>Work</th>
<th>Mobile</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Email address</th>
<th>Notebook issued to</th>
<th>Notebook no.</th>
<th>Notebook pages to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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.)
INFANT/CHILD DEATH (Suspected SUDI)

Age of child  0–12 months ☐  >12–24 months ☐

Was the child in out-of-home care? Yes ☐ No ☐

If Yes, was the child reported missing? Yes ☐ No ☐

If this infant/child death is a ‘death in care’ then the Death in Care section must also be completed.

Has any sibling predeceased this deceased child? Yes ☐ No ☐ Unknown ☐

If Yes, provide details

**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

Living with child at time of death? Yes ☐ No ☐ Unknown ☐

Emergency contact (different from above)

Sibling(s) of deceased

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)

Identification of person(s) in residence 24 hours preceding death?

Identification of usual/frequent residents in premises?
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)

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 ☐
Other ☐ (specify)

Heating (on in room where deceased was found)
Electric ☐ Fireplace ☐ Natural gas ☐ None ☐

Central heating/Air conditioning ☐ On ☐ Off ☐
Other ☐ (specify)

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  □
Other  □  (specify)

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 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>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Cot protector (e.g., side padding) present?  □  Yes  □  No  □
Was bedding soiled?  □  Yes  □  No  □
If Yes describe
Was infant swaddled (wrapped)?  □  Yes  □  No  □
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 ☐

Was there debris/object in the mouth? Yes ☐ No ☐ Unknown ☐
If Yes describe

**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>
</tbody>
</table>
| ☐ Abuse of prescription or over-the-counter drugs | }
<table>
<thead>
<tr>
<th>Item</th>
<th>Source(s) of information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse of volatile substances</td>
<td>(e.g., petrol, glue, paint)</td>
</tr>
<tr>
<td>Exposure to poisons or gases</td>
<td></td>
</tr>
<tr>
<td>Drug treatment program(s)</td>
<td></td>
</tr>
</tbody>
</table>

Abuse of other drugs

- Heroin or other opiates
- Amphetamines
- Cocaine
- Marijuana
- Type unknown
- Other (specify)

**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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position held</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Profession/Position</th>
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<tbody>
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<tr>
<th>Phone</th>
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</tbody>
</table>

To add or delete practitioners, select from dropdown box and click in checkbox □
**DROWNING/WATER–RELATED DEATH**

**Type of aquatic environment**

**Place**
- Private ☐
- Public ☒ (NB if Public please ensure workplace questions are completed)

**Location**
- Beach (non-surf) ☐
- Beach (surf) ☐
- Bucket/Container ☐
- Cattle/Sheep dip ☐
- Harbour/Bay ☐
- Wading pool ☐
- Other ☐ (specify)

- Bathtub ☐
- Canal ☐
- Dam ☐
- Lake ☐
- Ocean ☐
- River/Creek ☐
- Spa (external) ☐
- Spa (internal) ☐
- Irrigation channel ☐
- Pond/Ornamental feature ☐
- Swimming pool (in ground) ☐
- Swimming pool (above ground) ☐

**Activity at time of incident** (tick all relevant boxes)
- Board riding ☐ (e.g., surfing, body boarding)
- Diving ☐ (e.g., scuba/SSBA/platform)
- Skin diving/snorkelling ☐
- Swimming, paddling or wading ☐
- Fishing ☐
- Walking/Playing near water ☐
- 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 ☐
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>
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<tr>
<td></td>
<td>Cloudy ☐</td>
<td>Fog ☐</td>
<td></td>
</tr>
<tr>
<td>Wind</td>
<td>None ☐</td>
<td>Strong ☐</td>
<td>Gale ☐</td>
</tr>
<tr>
<td>Light</td>
<td>None ☐</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>
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<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 [ ]

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

1. Please indicate which diagram best fits the fence configuration
   - 1 [ ]
   - 2 [ ]
   - 3 [ ]
   - 4 [ ]

2. Was there a door allowing direct access from the house to the pool?
   - Yes [ ]
   - No  [ ]

3. Was the fence defective?
   - Yes [ ]
   - No  [ ]
   - To be determined [ ]

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

If No, please describe

5. Were all of the gates/doors allowing access to the pool/dam/spa in good working order?
   - Yes [ ]
   - No  [ ]

If no, please describe

6. 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?
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was there a final inspection of the pool barrier?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a certificate of compliance in relation to the pool barrier?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is the pool barrier best described?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the pool area have a visible resuscitation sign?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is visibility in the water source best described?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting of incident</td>
<td>Private building</td>
<td>☐</td>
<td>Public building</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------</td>
<td>---</td>
<td>----------------</td>
</tr>
<tr>
<td>Other</td>
<td>(specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If building**

<table>
<thead>
<tr>
<th>Extent of building damage?</th>
<th>Mild</th>
<th>☐</th>
<th>Severe</th>
<th>☐</th>
<th>Total</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were smoke alarms present?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☐</td>
<td>To be determined</td>
<td>☐</td>
</tr>
<tr>
<td>If Yes, were they activated?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☐</td>
<td>To be determined</td>
<td>☐</td>
</tr>
<tr>
<td>How were alarms powered?</td>
<td>Battery operated</td>
<td>☐</td>
<td>Hardwired</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a sprinkler system present?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☐</td>
<td>To be determined</td>
<td>☐</td>
</tr>
<tr>
<td>If Yes, was it activated?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☐</td>
<td>To be determined</td>
<td>☐</td>
</tr>
<tr>
<td>Were there barriers to escape?</td>
<td>Yes</td>
<td>☐</td>
<td>No</td>
<td>☐</td>
<td>To be determined</td>
<td>☐</td>
</tr>
<tr>
<td>If Yes, specify</td>
<td>Locked exits</td>
<td>☐</td>
<td>Barred windows</td>
<td>☐</td>
<td>Other</td>
<td>☐</td>
</tr>
</tbody>
</table>
**CHILD/INFANT DEATH (Other Than Suspected SUDI)**

Age of child (one option only): 0–2 years ☐ > 2–4 years ☐ 5–14 years ☐ 15–17 years ☐

Was the child in out-of-home care? Yes ☐ No ☐

If Yes, was the child reported missing? Yes ☐ No ☐

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

Has any sibling predeceased this deceased child? Yes ☐ No ☐ Unknown ☐

If Yes, provide details

**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 ☐ 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 ☐

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) Fire ☐
Other (specify)

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

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 60 km/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
- Pedestrian
- Cyclist
- Other (specify)

Where positioned in car?

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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Likely over</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Vehicle 2</td>
<td></td>
<td></td>
<td></td>
<td>Within limit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Likely over</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Vehicle 3</td>
<td></td>
<td></td>
<td></td>
<td>Within limit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Likely over</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Vehicle 4</td>
<td></td>
<td></td>
<td></td>
<td>Within limit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Likely over</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>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
- Front pass.
- Right side
- Left side
- Other: (specify)
  - Installed
  - Activated

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
<table>
<thead>
<tr>
<th>Street Address</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Was the deceased a NDIS participant who was not living in a private dwelling or an aged care facility?

- Yes ☐
- No ☐

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

<table>
<thead>
<tr>
<th>Address</th>
<th>Suburb/Town</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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

DOB:

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 ☐
DEATH IN CUSTODY OR AS A RESULT OF A POLICE OPERATION

**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:

- [ ] a. Suicide/self-inflicted
- [ ] b. Natural causes
- [ ] c. Accident
- [ ] d. Homicide
- [ ] e. Other (Please explain)