Form 1

QUEENSLAND
Coroners Act 2003
Section 7(3)

Ver.9 – 22/07/11
Δ1

POLICE REPORT OF DEATH TO A CORONER

OCCURRENCE #:

SUDDEN DEATH SUMMARY

DECEASED NAME: ____,

DECEASED DOB:

TYPE OF DEATH:

DATE OF DEATH:

LOCATION OF DEATH:

MORGUE DECEASED LODGED AT:

INVESTIGATING OFFICER: Name Rank Reg. No.

FAMILY ADVISED OF DEATH: Yes ☐ No ☐

FAMILY CONCERNS TO AUTOPSY: Yes ☐ No ☐ Unable to contact family ☐

FORMAL IDENTIFICATION: Yes ☐ No ☐

HAS ANY CRIMINAL PROCEEDING BEEN COMMENCED AGAINST ANY PERSON IN RELATION TO THIS DEATH: Yes ☐ No ☐ Unknown ☐

REPORTING OFFICER'S ASSESSMENT

The death appears to be

- ☐ Death of an unknown person
- ☐ Death in suspicious circumstances
- ☐ Death in care
  If death in care, give details
- ☐ Violent or otherwise unnatural death
- ☐ Death in custody
- ☐ Death as a result of police operations
- ☐ Health care related death
- ☐ Death where cause of death certificate not issued and unlikely to be issued

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)

Dated this __________ (Day) day of __________ (Month) , __________ (Year)

________________ (Signature)

DECEASED PERSON'S DETAILS

Family name

Given name(s)

Aliases (if known)

Gender

Date of birth Age ( )

Residential Address

Common Name

Street address

Suburb/Town State Postcode

Country

Person Information

Place of birth , , (Town/state/country)

Marital status Never married ☐ Married/De facto ☐ Single ☐ Unknown ☐
Divorced ☐ Separated ☐ Widowed ☐

Citizenship

Residency Permanent ☐ Interstate visitor ☐ Homeless ☐
Itinerant ☐ Overseas visitor ☐ Unknown ☐

Occupation

Employment status: Full time ☐ Part time ☐ Casual ☐ Retired ☐ Unemployed ☐
Disability pension ☐ Unknown ☐ Time in current job:

Highest level of education: Primary/secondary ☐ TAFE ☐ University ☐ Unknown ☐

Was the deceased from a non–English speaking background? Yes ☐ No ☐ Unknown ☐
If yes, specify

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 ☐
Caucasian ☐ Asian ☐
Other ☐

History

Did the deceased have a criminal history? Yes ☐ No ☐ Unknown ☐

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? ☐ 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 State Postcode

Phone: Home Work Mobile

Date last visited doctor

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:

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

Was deceased recently treated/seen by any of the following professionals for a mental illness?

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

Has the deceased recently attended a mental health unit either volunatarily 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 behaviours that suggested they had an undiagnosed mental illness?

Yes ☐ No ☐

If yes, specify:

IDENTIFICATION DETAILS

Has the deceased been positively identified Yes ☐ No ☐

If no, what action is being taken to identify?

Method of identification

Date identified Time identified

Place identification completed

Name of person performing the identification

Street address

Suburb/Town State Postcode

Country

Phone: Home Work Mobile

Relationship to deceased (if any) How long known deceased for

Name of police officer performing identification

FAMILY MEMBER

Has the family member been advised? Yes ☐ No ☐

Family name

Given name(s)

Street address

Suburb/Town State Postcode

Country

Phone: Home Work Mobile

Relationship to deceased:

☐ Person nominated by deceased before death

☐ Spouse ☐ Adult child

☐ Parent ☐ Adult sibling

☐ ATSI family member ☐ Adult with sufficient relationship to deceased

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

AUTOPSY – ADVICE TO FAMILY

(The coroner will consider this information when deciding what form of autopsy is to be conducted.)

Has the possibility of an internal autopsy been discussed with the family?

Yes ☐ No ☐ Unable to contact family ☐

Has the family member raised any concerns about an autopsy involving an internal examination?

Yes ☐ No ☐ Unable to contact family ☐

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

INVOLVED PERSONS

Last seen alive by

Family name ____ Given name(s)

Relationship to deceased

Street address

Suburb/Town State Postcode

Country

Phone: Home Work Mobile

Person finding deceased

Family name ____ Given name(s)

Relationship to deceased

Street address

Suburb/Town State Postcode

Country

Phone: Home Work Mobile

Death reported to police by

Date Approximate time

Family name ____ Given name(s)

Street address

Suburb/Town State Postcode

Country

Phone: Home Work Mobile

INCIDENT DETAILS

Last seen alive

Date Approximate time
Street address
Suburb/Town State Postcode
Country

Incident details

Incident date Approximate time
Incident address
Suburb/Town State Postcode
Country

Place of death

Date Approximate time
Street address
Suburb/Town State Postcode
Country

REPORTING INFORMATION

Reporting officer

Family name & initials
Rank Reg. no.
Police station District
Phone: Work Mobile

Investigating officer

Family name & initials
Rank Reg. no.
Police station District
Phone: Work Mobile

Police responses

CAD/IMS job number
Other units involved **FCU** ☐ CIB ☐ Scientific ☐
SOC ☐ CPIU ☐ Ballistics ☐
Other ☐

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 ☐

Name

Phone: Work Mobile

SUMMARY OF INCIDENT

The subheadings 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

Description of Scene

Description of Body at Scene

Medications/Compliance

Usual State of Health

Recent State of Health

PRÉCIS OF STATEMENTS

Witness details

Family name

Given name(s)

Street address

Suburb/Town State Postcode

Country

Occupation

Relationship to deceased

Date of birth

Phone: Home Work Mobile

Email address

Notebook issued to

Notebook no.

Notebook pages to

Provide a brief statement of witness

INFANT/CHILD DEATH (Suspected SUDI)

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

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

If yes, provide details

Mother

Family name

Given name(s)

Aliases

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

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

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

Emergency contact (If different from above)

Name Phone

Sibling(s) of deceased

Name ____

Date of birth

Gender Male ☐ Female ☐

Relationship Biological ☐ Adoptive ☐ Step ☐ Foster ☐

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, 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 ☐

Child Safety Services

No history ☐ History ☐

To be advised by Supplementary Form 1 ☐

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

Family name ____ Given name(s)

Date of birth

Address

Phone

Identification of usual/frequent residents in premises?

Family name ____ Given name(s)

Date of birth

Address

Phone

Event information

Time found unresponsive

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 ☐

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 ☐

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

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

If yes, provide details

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

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 ☐

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 ☐

Condition of residence (inside)

Clean ☐ Dirty ☐ Tidy ☐ Untidy ☐

Type

Tin ☐ Concrete ☐ Brick ☐ Weatherboard ☐ Unknown ☐

Other ☐

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 ☐

Room where infant was found

Type of weather

Hot ☐ Cold ☐ Rainy ☐

Other ☐

Daily temperature (from newspaper) Min. Max.

Room where deceased child located

Deceased's bedroom ☐ Parents' bedroom ☐

Other ☐

Temperature in room where deceased was found

Cold ☐ Cool ☐ Warm ☐ Hot ☐

Other ☐

Humidity in room where deceased was found

Low ☐ Medium ☐ High ☐

Other ☐

Bedside humidifier/vaporiser Yes ☐ No ☐ Unknown ☐

Room ventilation

Window open ☐ Fan on ☐ Door ajar ☐ Unknown ☐

Air conditioning ☐ On ☐ Off ☐

Other ☐

Heating (on in room where deceased was found)

Electric ☐ Fireplace ☐ Natural gas ☐ None ☐

Central heating/Air conditioning ☐ On ☐ Off ☐

Other ☐

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 ☐

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 ☐

Brand/model Thickness cm

Hardness Hard ☐ Medium ☐ Soft ☐

Stains present Yes ☐ No ☐ Unknown ☐

If yes, explain

Bedding

Bedding over child	Bedding under child
Number of adult blankets	Number of adult blankets
Number of child blankets	Number of child blankets
Number of sheets	Number of sheets
Number of adult doonas	Mattress protector
Number of child doonas	Sheepskin
Other	Item directly under child
	Other

Cot protector 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 ☐

Nappy

Disposable ☐ Cloth ☐ Other ☐

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 ☐

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 ☐

Position of child when found

Supine/On back ☐ Prone/Stomach ☐ Head to right side ☐ Side ☐

Other ☐

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 ☐

Position of child at time of discovery

On top of adult ☐ Lying facing adult ☐ Lying back to adult ☐ Underneath ☐

Other ☐

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

SUSPECTED DRUG/ALCOHOL/POISON RELATED DEATH

Was there evidence of drug/alcohol/substance use? Yes ☐ No ☐

- ☐ 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
  Describe
- ☐ Statement by deceased prior to death or by witness.
  Describe
- ☐ Items related to volatile substance abuse .
  Describe
- ☐ Other

Suspected drug/substance abuse (excluding alcohol)

Apparent substance(s) used

Date of last use

Time of last use

Location of last use

Administered by Self ☐ Other ☐

Symptoms of drug use

When symptoms first appeared

Was there evidence of drug/substance administration on the deceased body? Yes ☐ No ☐

If yes, specify

Route of administration

Oral ☐ Injection ☐ Inhalation ☐ Unknown ☐

Other ☐

History

Did the deceased have a history of any of the following?

Item	Source(s) of information
☐ Abuse of alcohol	
☐ Abuse of prescription or over-the-counter drugs	
☐ Abuse of volatile substances	
☐ Exposure to poisons or gases	
☐ Drug treatment program(s)	
Abuse of other drugs ☐ Heroin or other opiates ☐ Amphetamines ☐ Cocaine ☐ Marijuana ☐ Type unknown ☐ Other	

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

HOSPITAL/HEALTH CARE RELATED DEATH

Patient

UR (hospital registration) number

Location

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

DROWNING/WATER–RELATED DEATH

Type of aquatic environment

Place

Private ☐ Public ☐ (NB – if Public please ensure workplace questions are completed)

Location

Beach (non-surf)	☐	Bathtub	☐	Spa (external)	☐
Beach (surf)	☐	Canal	☐	Spa (internal)	☐
Bucket/Container	☐	Dam	☐	Irrigation channel	☐
Cattle/Sheep dip	☐	Lake	☐	Pond/Ornamental feature	☐
Harbour/Bay	☐	Ocean	☐	Swimming pool (in ground)	☐
Wading pool	☐	River/Creek	☐	Swimming pool (above ground)	☐

Other ☐

Activity at time of incident

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	☐	Water-skiing	☐		

Other ☐

Did the activity involve any of the following?

Fell/Wandered/Jumped into water	☐	Injury/Accident	☐
Hypothermia	☐	Swept away by water	☐

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 ☐

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?

Weather	Clear ☐	Rain ☐	Unknown ☐
	Hazy ☐	Flood ☐	
	Cloudy ☐	Fog ☐	
Wind	None ☐	Strong ☐	Gale ☐
	Light ☐	Moderate ☐	Unknown ☐
Tide	In ☐	Out ☐	Unknown ☐
Waves	<1 metre ☐	1–2 metres ☐	>2 metres ☐
	Unknown ☐		

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? 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
Yes ☐ No ☐ Unknown ☐

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

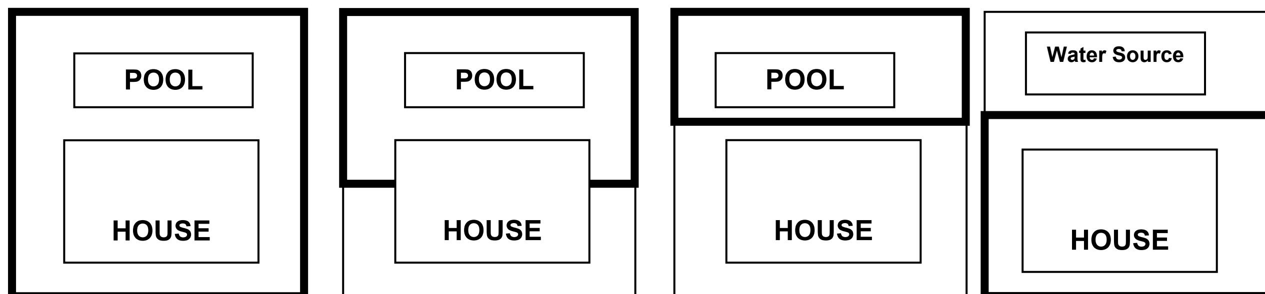
Premises – Owned/buying ☐ Renting ☐

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

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 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 the area have a visible resuscitation sign?

Yes ☐ No ☐ Yes, but not clearly visible ☐

How is visibility in the water source best described?

FIRE/BURN–RELATED DEATH

Setting of incident Private building ☐ Public building ☐ Outdoor area ☐ Other ☐

If building

Extent of building damage?	Mild ☐	Severe ☐	Total ☐
Were smoke alarms present?	Yes ☐	No ☐	To be determined ☐
If yes, were they activated?	Yes ☐	No ☐	To be determined ☐
How were alarms powered?	Battery operated ☐	Hardwired ☐	
Was a sprinkler system present?	Yes ☐	No ☐	To be determined ☐
If yes, was it activated?	Yes ☐	No ☐	To be determined ☐
Were there barriers to escape?	Yes ☐	No ☐	To be determined ☐

If yes, specify

Locked exits ☐ Barred windows ☐ Other ☐

CHILD/INFANT DEATH (Other Than a Suspected SUDI)

Age of child : 0–2 years ☐ > 2–4 years ☐ 5–14 years ☐ 15–17 years ☐

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

If yes, provide details

Mother

Family name ____

Given name(s)

Aliases

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

Phone: Home Work Mobile

Occupation Employment status

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

Father

Family name ____

Given name(s)

Aliases

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 ☐

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 ☐

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, 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 ☐

Child Safety Services

No history ☐ History ☐

To be advised by Supplementary Form 1 ☐

Identification of persons with or supervising the child/infant preceding death

Family name ____ Given name(s)

Date of Birth

Address

Phone

SUSPECTED SUICIDE

Does the family member consent to the *Australian Institute for Suicide Research and Prevention* contacting them for research purposes? Yes ☐ No ☐ Not at this time ☐

If no, please select the most relevant option from the list *below*:

- ☐ The issue is too personal to discuss with outside groups
- ☐ Felt too much pressure to be involved in this research
- ☐ My contribution would not be significant
- ☐ Contributing would not improve my situation
- ☐ Other (please specify)

Does the family member authorise *Australian Institute for Suicide Research and Prevention* to forward their name and contact details 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:		

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?

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 been hospitalised/treated for self harm? Yes ☐ No ☐ Unknown ☐

If yes, approximate number of times?

Is there any possible motive/trigger for the suicide?

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

Was the deceased being treated by any of the following professionals?

	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

Types of vehicles involved in incident

Motor vehicle ☐ Motorbike ☐ Aircraft ☐

Tram/light rail ☐ Train ☐ Bicycle ☐

Other ☐

No. of vehicles involved

Description of where the accident occurred

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 ☐

Area speed limit

Role of the deceased at time of incident?

Driver/rider or pilot ☐ Passenger ☐ Where positioned in car?

Pedestrian ☐ Cyclist ☐

Other ☐

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 ☐

Vehicle/aircraft description(s)

Vehicle	Type	Make/Model/Description	Year	Speed category
Deceased's				Within limit ☐ Possibly over ☐ Likely over ☐ Definitely over ☐ N/A ☐
Vehicle 2				Within limit ☐ Possibly over ☐ Likely over ☐ Definitely over ☐ N/A ☐
Vehicle 3				Within limit ☐ Possibly over ☐ Likely over ☐ Definitely over ☐ N/A ☐
Vehicle 4				Within limit ☐ Possibly over ☐ Likely over ☐ Definitely over ☐ N/A ☐

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
Installed	☐	☐	☐	☐	☐
Activated	☐	☐	☐	☐	☐

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

DEATH INVOLVING A WEAPON/FIREARM

Type of weapon: Firearm ☐ Bladed ☐ Other ☐

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

Firearm

Was the firearm recovered/known? Yes ☐ No ☐

Type of firearm

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

Was the bladed weapon recovered? Yes ☐ No ☐

If yes where is the weapon?

If no provide a description of the weapon if known

WORK–RELATED DEATH

Type of work related death?

- Electrocution ☐
- Fall from height ☐
- Machinery-related ☐
- Vehicle-related ☐
- Other ☐

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)

DEATH IN CARE

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

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 ☐

If yes, State/Territory:

Occurrence #:

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	Yes ☐	No ☐
Married & separated	Yes ☐	No ☐
Divorced	Yes ☐	No ☐
Reside together as a couple	Yes ☐	No ☐
Have resided together as a couple	Yes ☐	No ☐
Biological parents of a child	Yes ☐	No ☐

INTIMATE PERSONAL RELATIONSHIP

Engaged or were engaged	Yes ☐	No ☐
Betrothed or were betrothed under cultural or religious tradition	Yes ☐	No ☐
Dated or have dated and lives are or were enmeshed	Yes ☐	No ☐

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 and/or victim regards or regarded themselves as a relative

Yes ☐ No ☐

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 ☐

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.

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..

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)