



STATEMENT BY POLICE IN CASE OF UNNATURAL DEATH

To be completed by the investigating officer, at the police station where the incident was reported.

DETAILS OF THE DECEASED

Full Name (s) and Surname: _____

ID number:

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PARTICULARS OF INCIDENT

Date of incident:

D	D	M	M	Y	Y	Y	Y
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 Time of Incident: _____

Place of incident: _____ Case number: _____

Cause of incident: _____

Police station where incident was reported: _____

Date incident was reported:

D	D	M	M	Y	Y	Y	Y
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PARTICULARS OF DEATH DUE TO MOTOR VEHICLE ACCIDENT

Deceased was a? Driver Passenger Pedestrian

Did the deceased have a valid driver's license?

YES	NO
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Was a blood alcohol test done?

YES	NO
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 Test results _____ g/100ml

PARTICULARS OF DEATH DUE TO ASSAULT

Was the deceased involved in a criminal act?

YES	NO
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Is there any reason to suspect suicide?

YES	NO
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CRIMINAL PROCEEDINGS

Has a case of murder been opened?

YES	NO
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Was or will a court case be held?

YES	NO
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If so, supply the name of the court and reference number: _____

