

IR-01-24-6441

8 March 2024

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

Kia ora lan,

Request for information

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

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

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

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

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

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

I trust this response satisfies your request.

Yours sincerely

Detective Inspector Felicity Cato Coronial Investigations Manager

New Zealand Police

Felicity Cato



REPORT FOR CORONER

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

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Background

Background Information

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- Who last saw deceased
- Movement of deceased over past days/weeks.
- Detail last 24 hours
- Relevant behaviour and/or activities
- Family violence factors

- art issues

 out is
- Under any custody or care orders
- Previous suicide threats and/or attempts
- Known drug and/or alcohol abuser
 - Detail substances used, amounts and frequency
 - Relationship issues

Scene

Environment

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

Suspected Suicide Cont

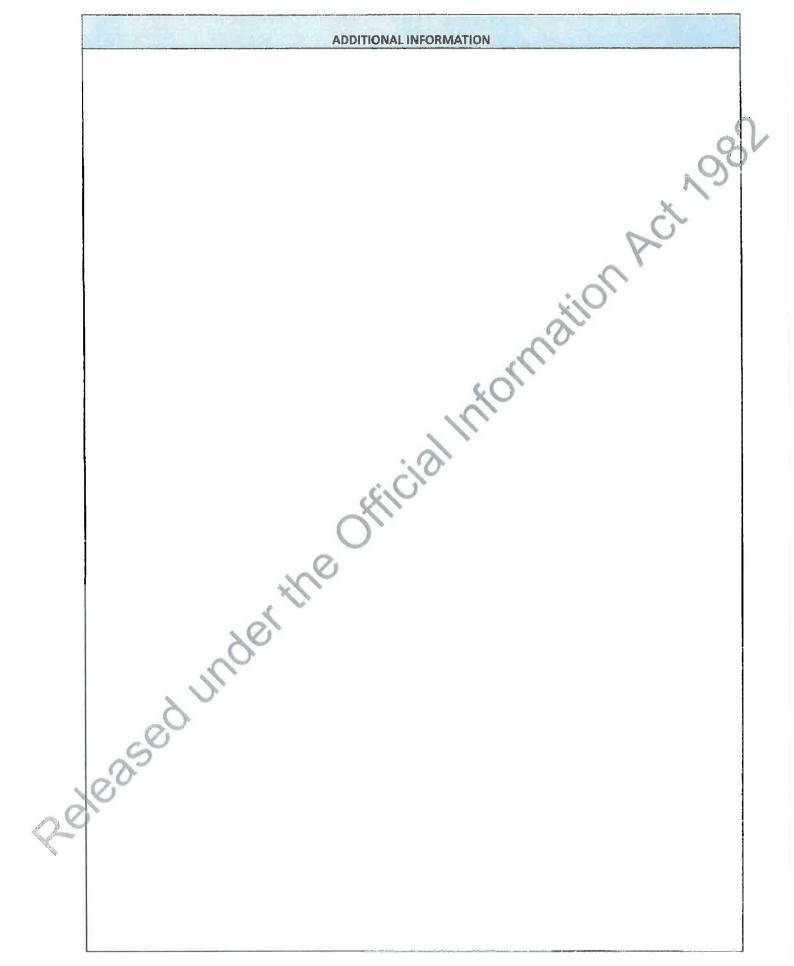
- Computers: Check with deceased's associates regarding recent emails/social media entries. Note all findings - print where possible. Consider exhibiting computer with consent of NOK. Consider sending to DFU. for analysis of web sites visited & emails received
- Mobile Phones: Consider accessing / seizing with consent of NOK. Consider requesting via Coroner details of: Calls TXT, PXT, Messages, Call Times, Duration and Phone Numbers
- Hanging: How Ropes/Ligatures knotted & secured. If possible leave ligature in place for pathologists to observe or photograph in situ.
- Gas/Poisoning: Car still running, position of Ignition key, car locked, garage locked, fumes, fuel remaining, catalytic converter fitted (carbon dioxide)

 Overdose: Search used medication packaging / bottles/
- needles / syringes

 Jump/Fall- Approx height. Access to location, if seen at location previously

 Solvents: Many tousehold items could be the cause note
- smells, secure camples and exhibits, note position of
- containers / acrosols / gas bottles etc.

 Shooting: Note state and position of firearm / ammunition / casings. Preserve body for residue swabbing, Fully describe weapon and type of ammunition.



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COMPLETE FOLLOWING PAGES (10-12) WHEN THE DECEASED IS NOT VISUALLY IDENTIFIABLE AND THERE IS NO AFIS RECORDS RECOVERY/IDENTIFICATION OF BODIES THAT ARE NOT **VISUALLY IDENTIFIABLE** When the body is visually unidentifiable an O/C Identification is to be appointed, (contact local Coronial Services Officer for advice) Cell Ph O/C Identification OID When should you NOT visually identify a deceased person Any damage or decomposition to the facial features which alters the look of the person significantly. Coroners and Pathologists have very high criteria for visual identification. Always discuss identification issues with the Duty Coroner. OTHER MEANS OF IDENTIFICATION Fingerprints: Either on AFIS or latent prints from home address. Contact Fingerprints for assistance. Circumstantial: Ensure circumstantial evidence obtained - Full scene examination: obtain copies of bills electricity/phone/letters/passports/drivers licence/evidence that the deceased resided at the address Medical: Obtain medical records. There must be a significant medical procedure or history to give identifying features-Implants, scarring ect. Physical/Property: Secondary identifier requires something unique and identifiable- tattoo/personal iewellerv etc. DNA: Requires family member DNA for comparison. Dental: A search of the home may give details of deceased's Dentist. Scene - Formal Written Statement Completed (to include information indicated No Below) Including but not limited to: Official Address Details. Who owns address Vehicles located where/Registration number/registered to/produce copy of QVR. Mail- Letter box-letters addressed to deceased/linked to addressitemise and photograph. Newspapers-date of production/location located Drivers licence/Passport other cards with name and or photograph on them-Photograph and seizes Utility bills linking the deceased to address (Power/phone/rates/invoices) Photograph and seize. Fridge - details of food and expiry dates- photograph and selze. Wallet/Purse check itemise identification documents. Shopping/Eftpos receiptswhere located-photograph and itemise with dates on documents. Cell phone/emails/internet browser history/social media- photograph relevant

Medical / Dental - Formal Written Statement Completed No GP Details - Contact and obtain medical records Dental - check scene for any dental records and check with NOK (if known) Schedule a summary of supporting evidence here: Body - Formal Written Statement Completed (to include information indicated below) including but not limited to: Description of deceased Photographs of what deceased was wearing Jewellery - photograph and itemise Tattoos/marks/scars-photograph and itemise Schedule a summary of supporting evidence here: Residence - Formal Written Statement Completed (If property rented/Leased) No

Description of description Statement to be taken from this person –obtain rental/lease agreement Schedule a summary obsumporting evidence here:

Locate owner/landloru

| Area Enquiries - Formal Written Statement Completed | No |
|---|---|
| Neighbour statement/s covering (if known) when last sed deceased/frequency of visitors. | een/can they confirm that deceased lived alone/description of |
| Schedule a summary of supporting evidence here: | |
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Witness Statements must be formal written statement/s (No notebook statements)

- Last to see Deceased
- Who located Deceased
- Family background info on deceased
- If jewellery /tattoos are shown to the witness/family, get them to confirm in their statement that they that they belong
- If witness located deceased, cover in FWS if they recognise the body as that of.....

a, cove ding evidence Schedule a summary of supporting evidence here:

SUDDEN UNEXPLAINED DEATH IN INFANCY COMPLETE FOLLOWING PAGES (13-14) WHEN CAUSE OF DEATH IS NOT OBVIOUS OR SUSPICIOUS AND HAS OCCURRED WHILST CHILD UNDER 2 YEARS HAS BEEN SLEEPING Official Month attornation and a second and a second attornation and a second and a DATE AND TIME PUT TO BED Who put deceased to bed When/how was deceased found Reason for check-random/noise/usual SLEEPING POSITION What position was deceased placed into sleep - back/slde/tummy Position deceased was found in How was deceased wrapped/covered when put in cot/bed Was baby wrapped/covered the same way when discovered Description of bedding Type/amount of clothing TYPE OF BED/COT Cot/bassinette/bed-Single/double/parents bed/moses basket/other Type of mattress-sponge/inner sprung/other Mattress cover/plastic/protector/other NE TEMPETURE OF ROOM Hot/warm/cold Method of heating Ventilation/air con/DVS etc Window(s) - open/closed Door (s)- open/closed Other-damp/moulded PERSONS PRESENT Does anybody share deceased room Who were they present Does anyone share deceased's bed Were they in deceased bed at the time Animals in the deceased room

| FEEE | MAIC | |
|----------|---|----------------------------------|
| FEEC | JING | |
| | When was deceased last fed | |
| | Who by | |
| | What type of feed/food/bottle/breast/solids | |
| | Amount fed | |
| | Was amount of feed taken normal | |
| | aves amount of feed taken normal | O |
| REC | ENT SICKNESS | ,0)' |
| | Was Doctor consulted | |
| | Diagnosis | X. |
| | Medication given in last 48 hours | ~ C* |
| | Type and amount given | |
| | | |
| ME | DICAL | : 0 |
| | Type of delivery- | ROKMatilo |
| 1 | normal/breach/caesarean/other | |
| | Gestation period | |
| | Weight at birth | |
| | Time in hospital before discharge | |
| | · | XO |
| • | Under health nurse | 10 |
| | Most of this information may be obtained by | 4 |
| | asking for the Plunket Book or from the | |
| | hospital where the delivery occurred | |
| 14/0 | II Child Book Seized or Copied | |
| | indatory) | Original book obtained by Police |
| | | |
| RES | USITATION | |
| | Was resuscitation attempted | |
| | Who attempted resuscitation | |
| | What was done | |
| | | |
| • | How long for | |
| ОТІ | 1ER | |
| 1 | | |
| • | Family Violence history | |
| | Vomit/blood/inucous found | |
| • | Where found – on Deceased/bedding | |
| HIS | TORY SUDDEN DEATH SYNDROME IN | |
| 10 Table | ally | |
| | ¥ : | |
| | Previous SUDI deaths in family | |
| • | Who/When | |
| SM | OKERS IN HOUSEHOLD | |
| | | |
| • | Numbers of smokers | |
| | What smoked- cigarettes/pipe/other | |
| | | |



REPORT FOR CORONER

| Daniel | | 21 - 1 - 1 | | | DISCLUSE | HIS REP | ORT W | THOUTP | OLICE | | | S AGREEMENT | | | | | |
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| Deceased (Non | | formally | | | | | | | | Event | Num | ber (Mandatory) | PEnter | | | | |
| Deceased Sur | name | | | er Te | | | | | | | | | Title | Select Title | | | |
| First Name/s | | | | er Te | | | | | | | | | | | | | |
| Believed to be | | sual ID) | | er Te | | | | | | | | | | <u> </u> | | | |
| Also Known a | | | + | er Te | | | | Maid | | | _ | er Text | | <u> </u> | | | |
| NIA BDM Che | | | Υ | | N 🗆 | N/A | | Name | | orded | Ent | er Text | ext | | | | |
| DOB Enter | | | Age | | Age | Sex | Sele | ect Item | n | | Ma | rital Status | Select | Status | | | |
| Address in Ful | | | | er Te | | | | | | | | | | , CO | | | |
| Occupation (M | | | Ente | er Te | ext | Ethni | city | E | nter 1 | Text | | lwi/Hapu | È | nter Text | | | |
| Deceased Cell | Ph (Mai | ndatory) | Ente | er Te | ext | Othe | r Ph | E | nter : | Гехt | | Service Provid | et E | nter Text | | | |
| | | | | | | | | | | | | + (| 3) | | | | |
| Foreign Nation | nal Y | | N [| | Consulat | te Info | rmed | by em | ail (M | andatory | if fore | ign national | 4 | N 🗆 | | | |
| Victim Suppor | t Infor | med (m | andator | - | Y 🔲 | N 🗆 | _ | fered b | | | | | | Half-rill | | | |
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| Location Of De | ath (so | ene Loca t | tion) | Ente | er Text | | | | | | 4 | | | | | | |
| Date of Death | | Da | te | Ente | er Date | Ti | me | Enter | Text | - (| .(6) | | | | | | |
| (or) Between | | Da | te | Ente | er Date | Tic | me | Enter* | Text | and | Da | te Enter Date | Ti | me Enter Text | | | |
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| Ambulance At | tended | Y | | V [| □ Sum | mary a | advic | e sheet | t uĥic | ue acc | ess c | ode # # | # # # | # # # # # # | | | |
| | | | | | | - | | | 67 | | | | | | | | |
| | | | | | | | GP/D | octor c | ietail | 5 | | | | | | | |
| Name Enter | ext | | | | N | iedical | Cen | tre E | nter | Text | | | | | | | |
| Contact Number | er/s | Enter 1 | ext | | | | X | 1 3 | | | | | | | | | |
| Doctor spoken | to | Y 🗆 | N | | Prepare | d to ce | ertify | death | Y | | N | | | | | | |
| Reason GP not | spoke | n to | Enter ' | Text | | 1000 | | | | | | | | | | | |
| Reason GP not | willing | to | Enter ' | Text | | 1/3 | | | | | | | | | | | |
| issue certificate | (MCC | D) | | | 15/1 | 1 | | | | | | | | | | | |
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| NOK Advised | Y | N | | Date | Er | iter Da | te. | Time | E | nter Te | ext | If not advise | d, follow u | p must be a priority | | | |
| NOK follow up | Y | □ N | | N/A | □ 2 <i>4</i> | Event | t Nun | nber | E | nter Te | xt | | | TEMES TO SEE | | | |
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| Primary Family | Repres | entati | ve | | | | | 100 | | | | | | | | | |
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| Cell Phone E | | | | | 0 | ther co | ntac | t numb | er | | | Enter Tex | t | | | | |
| | ter Tex | | | | Re | prese | ntati | ve advi | sed o | f death | 1 | Enter Tex | t | | | | |
| Relationship to | Deceas | sed E | nter T | ext | Re | eprese | nts F | ollowin | g Far | nily Me | embe | ers Enter Text | t | | | | |
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| amily Mem | ber/NO | < | | | | | | | Section 14 | | | | | | | | Charles Paradia | |
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