

## To be detached (for office use only)

### Coroner's instructions to coroner's clerk

Code the Reportable Type and Death Type as follows:

\* More than one option can be selected – select all relevant options

\* **Reportable Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Death as a result of police operations               | <input type="checkbox"/> Suspected death (missing person) |
| <input type="checkbox"/> Death certificate not issued and not likely to issue | <input type="checkbox"/> Suspicious circumstances         |
| <input type="checkbox"/> Death in care  | <input type="checkbox"/> Unknown person                   |
| <input type="checkbox"/> Death in custody                                     | <input type="checkbox"/> Violent or unnatural             |
| <input type="checkbox"/> Health care related death                            |   |

\* **Death Type**

- |  |  |
|--|--|
| <input type="checkbox"/> Domestic accident (non work related)        | <input type="checkbox"/> Suspected drug/Alcohol/Poison related |
| <input type="checkbox"/> Domestic violence related                   | <input type="checkbox"/> Suspected suicide                     |
| <input type="checkbox"/> Drowning/Water related                      | <input type="checkbox"/> Transport related - air               |
| <input type="checkbox"/> Fire/Burn/Electricity related               | <input type="checkbox"/> Transport related - marine            |
| <input type="checkbox"/> Hospital/Medical/Health procedures          | <input type="checkbox"/> Transport related - other             |
| <input type="checkbox"/> Interpersonal violence/Apparent homicide    | <input type="checkbox"/> Transport related - road              |
| <input type="checkbox"/> Natural causes                              | <input type="checkbox"/> Transport related - train             |
| <input type="checkbox"/> Sudden Infant Death Syndrome (SIDS)         | <input type="checkbox"/> Unknown                               |
| <input type="checkbox"/> Sudden Unexpected Death of an Infant (SUDI) | <input type="checkbox"/> Weapon/Firearm related                |
| <input type="checkbox"/> Suspected death (missing person)            | <input type="checkbox"/> Work related                          |

A copy of these findings is to be provided to the following persons/agencies:

- ☐ **Registrar-General, Registry of Births, Deaths and Marriages** (*section 97 of the Coroners Act 2003*)  
(by email to : [BDMDDeath@justice.qld.gov.au](mailto:BDMDDeath@justice.qld.gov.au))
- ☐ **District Officer, Police District where death occurred**  
(by email to: [QPSOfficeStateCoroner@police.qld.gov.au](mailto:QPSOfficeStateCoroner@police.qld.gov.au))
- ☐ **The following family member**
- ☐ person nominated by the deceased before death
  - ☐ spouse (including de facto spouse)
  - ☐ adult child
  - ☐ parent
  - ☐ adult sibling
  - ☐ adult with sufficiently close relationship to deceased; or
  - ☐ if the deceased was an Aboriginal and Torres Strait Islander (ATSI) person, an appropriate person according to ATSI tradition and custom
- ☐ **Children's Commissioner**  
(if the deceased person was a child, the findings must be provided to the Children's Commissioner under section 45(4)(c))  
(by email to: [childdeath@ccypcg.qld.gov.au](mailto:childdeath@ccypcg.qld.gov.au))
- ☐ **State Coroner**  
(if the coroner making the findings is not the State Coroner, the findings must be provided to the State Coroner under section 45(4)(d)).

**For deaths in care only:**

- ☐ **Attorney-General**
- ☐ **Minister administering:**
- ☐ *Residential Services (Accreditation) Act 2002* (if the person was living in a level 3 accredited residential service)
  - ☐ *Disability Services Act 2006* (if the person was receiving residential services operated or funded by the department administering the *Disability Services Act*)
  - ☐ *Health Services Act 1991* (if the person was living at a place funded by the department administering the *Health Services Act*)
  - ☐ *Mental Health Act 2000* (if the person was subject to involuntary assessment or treatment under the *Mental Health Act*)
  - ☐ *Adoption of Children Act 1964* (if the person was awaiting adoption)
  - ☐ *Child Protection Act 1999* (if the person was a child placed in care under the *Child Protection Act*)
- ☐ **Chief Executive of the department administering:**
- ☐ *Residential Services (Accreditation) Act 2002* (if the person was living in a level 3 accredited residential service)
  - ☐ *Disability Services Act 2006* (if the person was receiving residential services operated or funded by the department administering the *Disability Services Act*)
  - ☐ *Health Services Act 1991* (if the person was living at a place funded by the department administering the *Health Services Act*)
  - ☐ *Mental Health Act 2000* (if the person was subject to involuntary assessment or treatment under the *Mental Health Act*)
  - ☐ *Adoption of Children Act 1964* (if the person was awaiting adoption)
  - ☐ *Child Protection Act 1999* (if the person was a child placed in care under the *Child Protection Act*).

**For deaths following treatment in a hospital or medical facility only:**

- ☐ **For Queensland Health facilities, the district manager of the health service district responsible for the facility**  
(refer to [www.health.qld.gov.au/healthservices/byfacility.asp](http://www.health.qld.gov.au/healthservices/byfacility.asp) for a list of Queensland Health facilities)
- ☐ **For private facilities, the Chief Executive Officer of the facility**  
(by email to: [Private\\_Health@health.qld.gov.au](mailto:Private_Health@health.qld.gov.au))
- ☐ **For all deaths, the Executive Director, Patient Safety and Quality Improvement Service, Queensland Health**  
(by email to: [psccoronial@health.qld.gov.au](mailto:psccoronial@health.qld.gov.au))
- ☐ **For all deaths, the Health Quality and Complaints Commission**  
(by email to: [quality.improvement@hqcc.qld.gov.au](mailto:quality.improvement@hqcc.qld.gov.au)).

**For deaths that occur in the course of, or as a result of, police operations only:**

- ☐ **Attorney-General**
- ☐ **Minister administering the *Police Powers and Responsibilities Act 2000***
- ☐ **Chief Executive of the department administering the *Police Powers and Responsibilities Act 2000***

## ATTACHMENT

## DRUGS/POISONS DETECTED IN BLOOD BY FULL SCREENING

The drugs shown below would normally be detectable at therapeutic or higher concentrations unless otherwise indicated. The drugs detected include, but are not limited to those shown below.

For any drug not on the list, please contact the laboratory regarding our testing capability.

<b>Amphetamines / Stimulants**</b>	Amphetamine, methylamphetamine, pseudoephedrine, ephedrine, 3,4-Methylenedioxyamphetamine (MDA), 3,4-Methylenedioxyethylamphetamine (MDEA), 3,4-Methylenedioxymethylamphetamine (MDMA), paramethoxyamphetamine (PMA), phentermine.
<b>Benzodiazepines</b>	Alprazolam, bromazepam, clobazam, clonazepam / 7-aminoclonazepam, diazepam / nordiazepam, flunitrazepam / 7-aminoflunitrazepam, flurazepam / desalkylflurazepam, hydroxy alprazolam, lorazepam, midazolam, nitrazepam / 7-aminonitrazepam, oxazepam, temazepam, triazolam.
<b>Anti-Depressants</b>	Amitriptyline / nortriptyline, citalopram, clomipramine, dothiepin, doxepin, fluoxetine, fluvoxamine, imipramine / desipramine, mianserin, mirtazapine, moclobemide, nefazadone, paroxetine*, sertraline, trimipramine, venlafaxine.
<b>Opiates** / Narcotic analgesics</b>	Morphine, codeine, dextromethorphan, dextromoramide, methadone, oxycodone*, pentazocine, pethidine, pholcodine, propoxyphene, tramadol.
<b>Anti-Psychotics/ Tranquillisers</b>	Amisulpride*, chlorpromazine, clozapine, fluphenazine, haloperidol*, methaqualone, olanzapine, pericyazine, prochlorperazine, promazine, quetiapine, thioridazine, trifluoperazine*, zolpidem.
<b>Anti-Histamines</b>	Brompheniramine, chlorpheniramine, diphenhydramine, pheniramine, promethazine.
<b>Anti-Convulsants / Barbiturates</b>	Amylobarb, carbamazepine, lamotrigine, levetiracetam, methylphenobarbitone, oxcarbazepine, pentobarb, phenobarb, phenytoin, primidone, quinalbarb, thiopentone.
<b>Analgesics</b>	Diclofenac, paracetamol, salicylic acid (aspirin)
<b>Anti-Diabetics</b>	Chlorpropamide, gliclazide, tolbutamide.
<b>Anti-Inflammatory</b>	Diflunisal, ibuprofen, ketoprofen, meloxicam, naproxen, piroxicam.
<b>Miscellaneous</b>	Acetone, acetazolamide, amantadine, atracurium, atropine, benztropine, bupivacaine, bupropion, caffeine, cannabinoids, cisapride, chloroquine, cotinine, cyproheptadine, diltiazem, dipyridamole, disopramide, doxylamine, ethanol, flecainide, fluconazole, frusemide, hydroxychloroquin, irbesartan, ketamine, lignocaine, methanol, metoclopramide, metoprolol*, metronidazole, mexiletine, nicotine, omeprazole, orphenadrine, pantoprazole, perhexiline, propranolol, quinine, quinidine, rabeprazole, risperidone*, strychnine, sulphamethoxazole, telmisartan, theophylline, tranlycypamine, trimethoprim, verapamil, warfarin.

\* Detectable at toxic or higher concentrations

\*\* Cocaine/cocaine metabolite and 6 mono acetyl morphine can be detected by urine immunoassay.

## Legend to screening methods

GC/MS: Gas chromatograph with mass spectral detection.

HPLC/DAD: High performance liquid chromatography with diode array detection.

LC/MS: High performance liquid chromatography with tandem mass spectral detection.

## NATA Accredited Laboratory 41

The results relate solely to the item(s) and/or sample(s) as received.

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Coopers Plains QLD 4108  
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14TF1806:SLMF1

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Archerfield QLD 4108  
AUSTRALIA

23143R3

Phone (+61 7) 3274 9000  
Fax (+61 7) 3000 9628  
Email Forensics@health.qld.gov.au

**Additional Précis Of Statements** (If applicable)**Witness Details**Name: **LAST NAME, First Name**

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone no.: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email address: \_\_\_\_\_

Notebook no.: \_\_\_\_\_ Notebook pages: \_\_\_\_\_ to \_\_\_\_\_

**Reporting/Investigating Officer**

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

**Anthony James NOBLE**

(Name)

**Senior Constable**

(Rank)

**9534**

(Reg. no.)

**Sunshine Coast Forensic Crash Unit**

(Police Station/Establishment)

**54590284**

(Contact no.)

Dated this **29th** day of **December**, **2014**

(Day)

(Month)

(Year)

  
 (Signature of reporting officer)
**Caveat**

"The information in this form is disclosed pursuant to Information Privacy Principle 11(1)(b) in Schedule 3 of the *Information Privacy Act 2009*. Under Information Privacy Principle 11(3), a person, body or agency to whom personal information is disclosed shall not use or disclose the information for a purpose other than the purpose for which the information was given to the person, body or agency."



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Page: 3 of 3

**Reporting/Investigating Officer****35**

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**A.J NOBLE**

(Name)

**Senior Constable**

(Rank)

**9534**

(Reg. no.)

**Sunshine Coast Forensic Crash Unit**

(Police Station/Establishment)

**54590280**

(Contact no.)

Dated this

**12th**

(Day)

day of

**December**

(Month)

,

**2014**

(Year)

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