

Witness Details

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.

Ryan, Brendan John

(Name)

Sergeant

(Rank)

5165

(Reg. no.)

Toowoomba Inquiry Office

(Police Station/Establishment)

46316337

(Contact no.)

Dated this 3rd day of February, 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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Reporting/Investigating Officer

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

<u>SERVIN, ALVYN JOHN</u> (Name)	<u>Senior Constable</u> (Rank)	<u>4007076</u> (Reg. no.)			
<u>TOOWOOMBA FCU</u> (Police Station/Establishment)		<u>46316339</u> (Contact no.)			
Dated this	<u>1st</u> (Day)	day of	<u>April</u> (Month)	,	<u>2014</u> (Year)

Caveat

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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 checked="" 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 checked="" 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 : BDMDeath@justice.qld.gov.au)
- District Officer, Police District where death occurred**
(by email to: 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)
- 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 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)
- For all deaths, the Executive Director, Patient Safety and Quality Improvement Service, Queensland Health**
(by email to: psccoronial@health.qld.gov.au)
- For all deaths, the Health Quality and Complaints Commission**
(by email to: 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***

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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.

REID, JONATHAN ANDREW

(Name)

Senior Constable

(Rank)

4020975

(Reg. no.)

GATTON STATION

(Police Station/Establishment)

07 54683266

(Contact no.)

Dated this 27th day of January, 2014
(Day) (Month) (Year)

(Signature of reporting officer)

Caveat

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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.

Amphetamines / Stimulants**	Amphetamine, methylamphetamine, pseudoephedrine, ephedrine, 3,4-Methylenedioxyamphetamine (MDA), 3,4-Methylenedioxyethylamphetamine (MDEA), 3,4-Methylenedioxymethylamphetamine (MDMA), paramethoxyamphetamine (PMA), phentermine.
Benzodiazepines	Alprazolam, bromazepam, clobazam, clonazepam / 7-aminoclonazepam, diazepam / nordiazepam, flunitrazepam / 7-aminoflunitrazepam, flurazepam / desalkylflurazepam, hydroxy alprazolam, lorazepam, midazolam, nitrazepam / 7-aminonitrazepam, oxazepam, temazepam, triazolam.
Anti-Depressants	Amitriptyline / nortriptyline, citalopram, clomipramine, dothiepin, doxepin, fluoxetine, fluvoxamine, imipramine / desipramine, mianserin, mirtazapine, moclobemide, nefazadone, paroxetine*, sertraline, trimipramine, venlafaxine.
Opiates** / Narcotic analgesics	Morphine, codeine, dextromethorphan, dextromoramide, methadone, oxycodone*, pentazocine, pethidine, pholcodine, propoxyphene, tramadol.
Anti-Psychotics/ Tranquillisers	Amisulpride*, chlorpromazine, clozapine, fluphenazine, haloperidol*, methaqualone, olanzapine, pericyazine, prochlorperazine, promazine, quetiapine, thioridazine, trifluoperazine*, zolpidem.
Anti-Histamines	Brompheniramine, chlorpheniramine, diphenhydramine, pheniramine, promethazine.
Anti-Convulsants / Barbiturates	Amylobarb, carbamazepine, lamotrigine, levetiracetam, methylphenobarbitone, oxcarbazepine, pentobarb, phenobarb, phenytoin, primidone, quinalbarb, thiopentone.
Analgesics	Diclofenac, paracetamol, salicylic acid (aspirin)
Anti-Diabetics	Chlorpropamide, gliclazide, tolbutamide.
Anti-Inflammatory	Diflunisal, ibuprofen, ketoprofen, meloxicam, naproxen, piroxicam.
Miscellaneous	Acetone, acetazolamide, amantadine, atracurium, atropine, benzotropine, 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, tranylcypamine, 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/NPD: Gas chromatograph with nitrogen phosphorus detection.

GC/MS: Gas chromatograph with mass spectral detection.

HPLC: 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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Phone (+61 7) 3274 9000
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Email FSS@health.qld.gov.au

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Anti-Depressants	Amitriptyline / nortriptyline, citalopram, clomipramine, dothiepin, doxepin, fluoxetine, fluvoxamine, imipramine / desipramine, mianserin, mirtazapine, moclobemide, nefazadone, paroxetine*, sertraline, trimipramine, venlafaxine.
Opiates** / Narcotic analgesics	Morphine, codeine, dextromethorphan, dextromoramide, methadone, oxycodone*, pentazocine, pethidine, pholcodine, propoxyphene, tramadol.
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14TF186:GBB

23143R3

File 1 Coroner's 63

Page: 3 of 3

Reporting/Investigating Officer

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

<u>SERVIN, ALVYN JOHN</u> (Name)	<u>Senior Constable</u> (Rank)	<u>4007076</u> (Reg. no.)
<u>TOOWOOMBA FCU</u> (Police Station/Establishment)		<u>46316339</u> (Contact no.)
Dated this <u>1st</u> (Day)	day of <u>April</u> (Month)	, <u>2014</u> (Year)

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