

# POLICE REPORT

Statement by Police in case of Unnatural Death

One form per claim

Call Centre 0861 001 788

TO BE COMPLETED BY THE INVESTIGATING OFFICER AT THE SPECIFIC POLICE STATION WHERE THE INCIDENT WAS REPORTED

Deceased's Full Name \_\_\_\_\_

Deceased's Identity Number

1. Date, time and place of incident             \_\_\_\_\_

2. Date, time and place of death             \_\_\_\_\_

3. Magisterial District \_\_\_\_\_

4. Is there suspicion that the Deceased committed suicide?  YES  NO

5. If 'yes', was a suicide note left?  YES  NO

6. Was the insured involved in a motor vehicle accident?  YES  NO

7. Was the insured the driver, a passenger or a pedestrian?  YES  NO

8. If the driver, was he / she in possession of a valid driver's license?  YES  NO

9. Was a blood alcohol test done?  YES  NO

10. What was the result of the blood alcohol test? \_\_\_\_\_ g / 100ml

11. Was the insured involved in an assault?  YES  NO

12. Was the insured assaulted during the performance of his duties?  YES  NO

13. Was the insured an innocent bystander?  YES  NO

14. Was or will a court proceeding be held in this regard?  YES  NO

15. Name of court \_\_\_\_\_

16. Reference number of court / inquest proceedings

17. Was or will criminal proceedings be instituted in this regard? \_\_\_\_\_

18. What is the charge? \_\_\_\_\_

19. Verdict, if known? \_\_\_\_\_

20. Name of police station where death / accident was reported \_\_\_\_\_

21. Case reference number

22. Investigating Officer \_\_\_\_\_

23. Rank / Number

24. Telephone number

25. If possible, give a short description of the circumstances of the death / accident \_\_\_\_\_

\_\_\_\_\_

<b>X</b>		
Signature of Investigating Officer	Name	Date

