

# REPORT OF DEATH TO CORONER

MANLY

Police Station

13/12/88

, 19

The Coroner,

GLEBE

SUBJECT: Death of Andrew Ronald CURRIE D.O.B. 5/8/59 Age 29  
Marital state Single Address [REDACTED] Waine St, Harbord

Time and date of death: Between 11pm 12/12/88 & 7.15am 13/12/88

Place of death: Toilet block, Nolans Reserve, Nth Manly (Near hardcourts)

By whom found: GB Address: [REDACTED] Manly Vale

By whom reported to Police: GB Address: " " " " "

By whom last seen alive: " " " " " Address: " " " " "

When last seen alive: Between 10pm & 11pm 12/12/88

Deceased a native of (County and District): Australia

Occupation Unemployed - Sickness Benefits

(If pensioner state type and include whether appropriate authorities informed)

If Military or Invalid pensioner, state disability: NIL

Name and address of nearest relative and relationship: Margaret SMITH (Formally CURRIE)  
[REDACTED] (Mother) [REDACTED]

Name and address of identifying person: GB, [REDACTED], Manly Vale  
(Long time friend)

Police present when deceased identified: Constable GREENHALGH, Manly Police Station

Did deceased leave a will? NO

By whom burial or cremation is being arranged: Relatives

Property and clothing found on and with the deceased. (Attach inventory if space insufficient):

Clothing; 1 x brown 'V'neck jumper, 1 x yellow T-shirt, 1 x pair blue jeans  
1 x pair blue underpants, 1 x pair black/red/grey thongs.

Property; 1 x concession card, 3 keys on 'Windfield keyring', 1 yellow cig  
lighter, 2 blue handkerchief, 1 pouch tobacco.

Miscellaneous Property Book Reference: Property only A111631

How property and clothing disposed of and on whose authority: Relatives

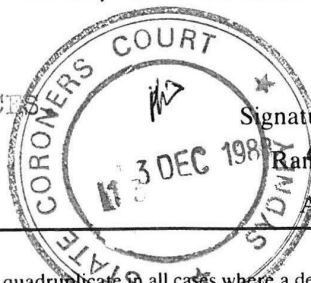
Circumstances under which death took place. (If any previous illness, and deceased seen by doctor, particulars should be given. Where treated by a doctor a note should be obtained giving particulars of treatment from such doctor):

Deceased was located in the mentioned area lying face down in a very shallow puddle of water by GB, GB and the deceased's mother went looking for him after he did not return home the previous night from GB's residence. The location was a normal meeting venue for GB and the deceased.

The deceased is a drug user for many years and had admitted to GB on the 12th that he had used 25 'Nembudaine' tablets. He has come under Police notice numerous times for his drug use. When the deceased had left GB's residence he did have further 'Nembudaine' tablets but when located Police could not locate any drugs.

It appears that the deceased had attended the location, which is on route from GB's residence to his own home, and overdosed and fallen down onto the concrete ground, face down, and became unconscious.

NO SUSPICIOUS CIRCUMSTANCES



Signature: [Signature] GREENHALGH

Rank: CONSTABLE

(Continued overleaf)

Annual leave from \_\_\_\_\_ to \_\_\_\_\_

**NOTE:**

- (1) This form should be prepared in quadruplicate in all cases where a death is reported to the Coroner. The original and two copies should be forwarded to the Coroner. All statements in duplicate should be lodged with the Coroner at least 7 days before the date of the inquest.
- (2) The full name and address of all persons and the registered number of all motor vehicles concerned should be indicated.

**POISONING—**

- (a) Was death apparently from (i) poison, (ii) drug \_\_\_\_\_
- (b) Name poison or drug (if known) \_\_\_\_\_
- (c) Apparently administered by whom? Name: \_\_\_\_\_ Address: \_\_\_\_\_

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- (d) Date and time \_\_\_\_/\_\_\_\_/19\_\_\_\_, at \_\_\_\_\_ a.m./p.m.
- (e) When symptoms first showed \_\_\_\_/\_\_\_\_/19\_\_\_\_, at \_\_\_\_\_ a.m./p.m.
- (f) Detail symptoms: \_\_\_\_\_
- (g) State recently prescribed medicine: \_\_\_\_\_
- (h) Prescribing Doctor: Name: \_\_\_\_\_ Address: \_\_\_\_\_
- (i) When prescribed? \_\_\_\_/\_\_\_\_/19\_\_\_\_. (j) Quantity prescribed: \_\_\_\_\_
- (k) How much remains now? \_\_\_\_\_ (l) Dispensing chemist: \_\_\_\_\_
- Name and address: \_\_\_\_\_

**GAS POISONING—**

- (a) Did gas come from coal-gas supply, brazier, or car? \_\_\_\_\_
- (b) Where in building was body found? \_\_\_\_\_
- (c) In what position was body found? \_\_\_\_\_
- (d) State appliance gas had escaped from: \_\_\_\_\_
- (e) Was gas still escaping? \_\_\_\_\_
- (f) If room sealed, how? \_\_\_\_\_
- (g) Was food being prepared? \_\_\_\_\_
- (h) Who in Gas Company notified? Name: \_\_\_\_\_

**ELECTROCUTION—**

- (a) What had caused shock? \_\_\_\_\_
- (b) Where in building was body found? \_\_\_\_\_ (c) Position? \_\_\_\_\_
- (d) State appliance "shock" received from: \_\_\_\_\_
- (e) Was appliance still "alive"? \_\_\_\_\_
- (f) Detail any burns: \_\_\_\_\_
- (g) Who in Electricity Commission of supplying Authority notified? \_\_\_\_\_

**UNIDENTIFIED CASES (The following information should be furnished)—**

Sex, Age, Height, Build, Complexion, Hair, Eyes, Nose, Face: \_\_\_\_\_

Peculiarities, marks, scars, tattoos, deformities, etc.: \_\_\_\_\_

What steps have been taken to establish identification (Reference to \_\_\_\_\_ Department file): \_\_\_\_\_

**REPORT OF INQUEST**  
*(or Magisterial Inquiry)*

Date and place of Inquest: \_\_\_\_\_

Name of Coroner or Magistrate: \_\_\_\_\_

VERDICT: \_\_\_\_\_

**INQUEST NOT HELD**

Inquest disposed of on: \_\_\_\_\_

By whom: \_\_\_\_\_

Cause of death: \_\_\_\_\_

Signature: \_\_\_\_\_

Rank: \_\_\_\_\_ Reg'd No. \_\_\_\_\_

Date: \_\_\_\_\_

