

2105



NSW POLICE FORCE

P79A

Version 1.0 (04/2009)

REPORT OF DEATH TO THE CORONER

*LAC: Eastern Beaches

*OIC: Steven SURNICKY

*Phone: [REDACTED]

*COPS Event No: E38481433

*Police Body Tag No:

Morgue Admission No: 09-36873

*Report Date: 26/09/2009

Section 1 – DECEASED DETAILS

1.1 Deceased's Demographics

*a) Family Name: Unknown

*b) Given Name(s): Unknown

*c) Identification confirmed? No YES

*e) Sex: Male

d) Aliases (if known): Anthony CAWSEY

f) Date of Birth: 26/01/1972

g) Age: 37

h) Marital Status: Unknown

i) Address: 605/43 Morehead St

j) Suburb/Town: Redfern

k) Postcode: l) State: NSW

m) Country: Australia

*n) Residency: Unknown

*o) Country of Birth: Unknown

p) Usual Occupation:

q) Was the deceased of Aboriginal and/or Torres Strait Islander origin? Pls. Select

r) Deceased's doctor:

s) Phone No:

Section 2 – DETAILS OF DEATH

*a) Apparent Case Type: Homicide incision in left chest area below left nipple

*b) Apparent Cause of Death: knife of similar incision into left chest area, 20 mm in diameter

2.1 Death

a) Date of death: 26/09/2009

b) Approximate time of death: 05:55

c) Place of death: East of McKay Sports Field, Centennial Parklands

d) Suburb/Town: Randwick

e) State: NSW

f) Postcode: 2031

*g) Found By: Rodney LONG

*h) Phone No:

*i) Of Address:

*j) Postcode:

2.2 Last Seen Alive

a) Date: 25/09/2009

b) Approximate Time: 21:15

c) Location Address: [REDACTED] 43 Morehead St, Redfern

d) Suburb/Town: Redfern

e) State: NSW

f) Postcode:

g) Last Seen By: 1407

h) Phone No: [REDACTED]

i) Of Address: [REDACTED]

j) Postcode:

* Asterisk denotes Mandatory Field(s)

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Full P.M.
Full burial [Signature] 28/9 A1

2.5 Identification Information

*a) Has the deceased been formally visually identified to police? No - why? Unable to do the ID

b) Enquiries / action to follow regarding ID by: Visual

***2.6 Identification Statement** (when carried out at the scene)

I, RANK NAME, Registered No., certify that IDENTIFYING PERSON identified the body of DECEASED'S NAME to me at Place where body identified at hh:mm (24hr) on dd/mm/yyyy. The identifying person has known the deceased for years months. The deceased is known to be years of age and was known to reside at . The relationship of the identifying person to the deceased is .

Police Body Tag number was attached to the body by Police Officer, Registered No.

Identifying Person:

a) Name:

b) Date of Birth:

c) Relationship:

d) Address:

e) Postcode:

f) Phone Number: (h)

(w)

(m)

Note: Where visual identification has not been done at the scene, it must be carried out at the morgue and a 'P443 Identification Statement' submitted.

2.7 Additional Incident Information

*a) **Property/clothing found on deceased:** black boots, black trackpants, pink female underwear, black gstring, black crop top tshirt, light blu coloured light weight jacket with short sleeves. card holder with identification located in rear pocket (retained by detectives).

b) **Property handed to:** retained by Eastern Beaches Detectives

~~c) **Property booked up in misc. property/exhibit book at station:** MPB Number~~

Personal information:

d) **Unemployed** (Specify Benefits – eg. pension):

e) **Employment Status:** Rigger

*f) **Was deceased from non-English speaking background?** No

2.8 Do any of the following apply to this death?

*a) **Death in custody?** No

*b) **Death in police operation?** No

*c) i) **Death of a Child (s.13AB of the Coroners Act 1980)** Yes No

ii) **If a child death, was the child under the care DoCS or is there a DoCS 'Report of Child at Risk of Harm' in relation to the deceased or their siblings in the last three (3) years?**

Yes No

*d) i) **Death in a disability care facility? (s.13AB of the Coroners Act 1980)** Yes No

ii) **Was the deceased residing in a care facility for persons with a disability which was funded (either partially or fully) by the Government or receives service provider assistance?**

Yes No

***2.9 Documents accompanying the body**

The following documents were given to the government contractors to be transferred to the

morgue with the body (eg life pronounced extinct certificate, Form A or Form B, medical records etc):

- Certification of Search of a Deceased Body Form
 Other (specify): Example: Photocopy of Suicide letter. Form A, etc.

OR

- Police accompanied body (As no search of deceased carried out at the scene/suspicious death etc)

Section 3 – MEDICAL DETAILS

3.1 Information

*a) Did an ambulance attend the scene? Yes

*b) Was the deceased treated by ambulance officers / paramedic? No

c) Was any attempt made to resuscitate the deceased? No visual inspection only

d) Were drugs administered by ambulance officers / paramedic prior to death?

No

e) Deceased's doctor:

f) Phone No:

g) Doctor's address:

*h) Has the deceased's doctor been contacted? No

i) If yes, is the doctor going to issue a death certificate? No

j) If no, reason why: unknown identity at this stage

*k) Known Medical History: Unknown

*l) Was the deceased known to be on medication? Unknown

*m) Has the deceased had an operation or injury within 1 year and one day that may have contributed to the death?

Unknown

*n) Was the deceased suspected of having an infectious disease at time of death?

Unknown

3.2 History

*a) Did the deceased have a known history of any of the following? (tick the relevant box(es))

(Source of information may include medical record, police record, other official record, family/friends).

- | | | |
|---|--|---|
| <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Intellectual Disability | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> Time in Custody | <input type="checkbox"/> Depression | <input type="checkbox"/> No |
| <input type="checkbox"/> Time in a Mental Health institution | <input type="checkbox"/> Psychiatric Illness | |
| <input type="checkbox"/> Release from an institution within the last week | Type: | |

*Section 4 – INCIDENT DETAILS (where the incident occurred)

Recreation Area

*Section 5 – INCIDENT DETAILS (describe activity)

Unknown

Section 8 – DEATH INVOLVING A WEAPON / FIREARM

*a) Type of weapon: Other Weapon (specify): blade of some sort to causing a 20mm cut into chest area

*b) Who inflicted the fatal wound? Unknown

8.1 Firearm

a) Type of firearm: eg. make, type, action, calibre, category

b) Was the firearm registered? Pls. Select

c) Was the user licensed to use that category of firearm? Pls. Select

Section 15 - SUDDEN DEATH IN THE YOUNG (1-40 years) - Suspected Natural Causes**15.1 Medical/Background of the deceased**

*a) Activity at time of death? Other (specify): unknown

*b) Any known triggers prior to the death? Other (specify): unknown

*c) Had the deceased being recently pregnant (in the last 12 months?) No

*d) Was the deceased diagnosed with any significant illnesses? Unknown

*e) Had the deceased ever fainted or collapsed? Unknown

*f) Had the deceased ever suffered from seizures or epilepsy? Unknown

*g) Had the deceased ever suffered from palpitations, chest pain or shortness of breath?

Unknown

*h) Had the deceased had any medical procedures performed including ECG, heart ultra sound, brain scans?

Unknown

*i) Was the deceased known to smoke cigarettes? Unknown

*j) Did the deceased have any problems with cholesterol? Unknown

*k) Did the deceased have any problems with diabetes? Unknown

*l) Did the deceased have any problems with blood pressure? Unknown

*m) Did the deceased suffer from congenital deafness? Unknown

*n) Had the deceased recently used illicit drugs? (in the last 7 days) Unknown

*o) When was the last date that the deceased was seen well? Unknown

*p) Was the deceased taking any medication (including herbal supplements, vitamins and over the counter medications)?

Unknown

*q) Had the deceased recently ever nearly drowned or been found unconscious in water?

Unknown

*r) Had the deceased ever been involved in a single vehicle or multi-vehicle car crash where unconsciousness may have been a factor?

Unknown

15.2 Family History

- *a) Has there been any cases of sudden death of any family members? (especially under the age of 40)
Unknown
- *b) Have any close family members under 40 years of age been diagnosed with a medical/cardiac conditions (eg: long QT syndrome or hypertrophic cardiomyopathy?)
Unknown
- *c) Have any close family members been diagnosed with congenital deafness?
Unknown
- *d) Have any close family members suffered from epilepsy or seizures?
Unknown
- *e) Have any family members suffered from blood clotting or been treated with blood thinners (warfarin)?
Unknown
- *f) Is there any other Cardiac related family history? Unknown
- *g) Is there any family history of SIDS or still births? Unknown

Section 16 – REPORTING INFORMATION

***16.1 Death Reported to Police By**

- a) Full Name: Richard LONG
- b) Date of Birth: dd/mm/yyyy
- c) Date: 26/09/2009
- d) Time: 05:55
- e) Address:
- f) Postcode:
- g) Phone No:

***16.2 Reporting Police Officer**

- a) Surname and Initials: SURNICKY. S
- b) Rank and Regd. No: Constable [REDACTED]
- c) LAC: Eastern Beaches
- d) Ph No: [REDACTED]
- e) Fax: [REDACTED]
- f) Signature:

16.3 Quality review of report (by supervisor)

- a) Surname and Initials:
- b) Rank and Regd. No:
- c) Signature:

16.4 Investigating Police Officer (if different from 'Reporting Police Officer')

- a) Surname and Initial: BISHOP. A
- b) Rank and Regd. No: Det Sgt
- c) LAC: Eastern Beaches
- d) Ph No: [REDACTED]
- e) Fax: [REDACTED]
- f) Signature:



* Asterisk denotes Mandatory Field(s)