| Strike Force: | | | |
|---|---|---------------|-------|
| Victim - Name | | | |
| Gender Nationality | ι | O.O.B. | |
| Relative contact (if known) | | | |
| | | | |
| Homicide Details: | | | |
| Time & Date | | | |
| Location: | | | |
| COPS Event/P40 No. | | | |
| Previous Investigation Name, Strike Force, Task Force or Operation) | | | |
| Command in charge: | | | |
| | | | |
| | | | |
| . LOCATION OF BRIEF | | er this categ | gory. |

| Brief of evidence | Yes/No | Brief of evidence location | |
|-------------------|--------|----------------------------|--|
| Available | | | |

INVESTIGATION RECORDS:

Action: - Locate and review investigation records and document your findings in the table under this category

| Investigation Records Located: | Yes/No |
|--|-------------------------------|
| Investigation Resume: | |
| Progress Reports: | |
| Post Operational Assessment: | |
| Comment: Investigation resume, coronial brief and ori | ginal running sheets located. |

| | Available Records | |
|--|-------------------|--------------------------|
| Brief of Evidence: (Criminal/Coronial) | Yes/No | |
| Information Management System: | Yes/No | |
| Coronial Court transcriptions: | Yes/No | Court location Contact: |
| Criminal Court transcriptions: | Yes/No | Court location Contact: |
| Forensic Services Group Records: | Yes/No | Location Contact: |
| Audio/Visual Recordings: | Yes/No | Location: |
| Photographs: | Yes/No | |
| Covert Records: | Yes/No | Location |
| Covert necords: | | Contact: |
| Description Other: | Yes/No | |

3. CAUSE OF DEATH:

| | See att | ached. |
|---------------------|---------|--|
| Post Mortem Result: | | |
| | A. | Time and date of death: |
| | В. | Place of death: |
| | C. | Cause of death: |
| | | 1. DIRECT CAUSE: |
| | | Disease or condition directly leading to death: |
| | | |
| | | ANTECEDENT CAUSES: |
| | | Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last: |
| | | (b) |
| | | |
| | | (c) |
| | | |
| | | 2. Other significant conditions contributing to the death but not relating to the disease or condition causing it: |
| | | |
| | | |
| | | |

4. CORONER'S INQUEST:

Action: Document your findings in the table under this category.

| Coroner's Inquest Held: | | Y/N: | Date: |
|-------------------------|--|----------|-------|
| Court: | | Coroner: | |
| Inquest Brief Located | Y/N: (This could be an issue with review submission due to the amount of time taken to obtain a copy of the brief. Contact to be made with the Coroner's office to address any issues) | | |
| Findings: | | | |

5. ORIGINAL CASE OFFICER:

Interviewed:

(This was taken out from reviews due to the 'interview technique' of those conducting the reviews. We did find this helpful as it was

Y/N:

Action: Document your findings in the table under this category.

Location:

their personal views that were sometimes not recorded in an official capacity.)

OIC Name:

Y/N:

Serving

Member:

Comment:

Other police

| Name | Role | С | urrent Location | |
|--------------------------|-------------------|---------------------|-----------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| SUSPECT/S: | | | | |
| ction: Document your fi | ndings in the tal | ole under this cate | gory. | |
| | | | | |
| Suspect Identified: | Y/N: | Name: | | |
| | | | | |
| Dalatianahia ka siatina | DOD: | CNII | Chahara | |
| Relationship to victim: | DOB: | CNI: | Status: | |
| Current location and how | confirmed: | | I | |
| | 100 | | | |
| CNI/COPS History Summa | ry: | | | |
| | | | | |
| Charges: | | | | |
| Court and Date: | | | | |
| Court Result: | | | | |
| | | | | |
| Comment: | | | | |
| | | | | |
| | | | | |

INFORMATION RECORDS/SF PALACE DOCUMENTS:

Action: Document your findings in the table under this category.

| Information Reports received by the original investigation/s: | Yes/No |
|--|--------|
| Information Reports received subsequent to the original investigation/s: | Yes/No |
| Information recorded on SF Palace: | Yes/No |

8. GOVERNMENT REWARDS:

Action: Document your findings in the table under this category.

| Reward in existence | Yes/No |
|---------------------|--------|
| Wording | |
| Date Gazetted | |
| Date Expired: | |
| Amount: | |

9. FINGERPRINTS:

Action: establish whether there is any fingerprint evidence, review that evidence and assess the possibility of re-examination based on improvements in technology. Document your findings in the table under this category.

| Fingerprints Available: | Yes/No: | |
|--------------------------|---------|--|
| Fingerprint Case Number: | | |
| | | |

| Major Crime Reference | |
|-----------------------|--|
| Number: | |
| | |
| Fingerprints Located: | |
| Person Identified: | |
| | |

10. WEAPONS: [Ballistics] [if applicable]

Action: establish whether there is any ballistic evidence, review that evidence and assess the possibility of re-examination based on improvements in technology. Document your findings in the table under this category.

| Туре: | | |
|----------------|--------|-----------|
| Recovered: | Yes/No | Location: |
| | Yes/No | |
| Further | | |
| Examination | | |
| | | |
| File Reference | | |
| Number: | | |

11. EXHIBITS:

Action: Document your findings in the table under this category.

| Exhibits have been located | Yes/No |
|---|--------|
| Exhibits have been analysed. | Yes/No |
| Date of Major Crime Forensic Review with FSG: | |
| DNA Profile Available | Yes/No |
| DNA Profile Identified as | |

| Exhibit matrix exists | Yes/No |
|-----------------------|--------|
| | |
| | |

12. WITNESSES

<u>WARNING</u> - UNDER NO CIRCUMSTANCES ARE WITNESSES TO BE CONTACTED AS PART OF THE REVIEW PROCESS

13. ASSESSMENT

The matter triaged should/should not proceed to review.

| Completed by: | | |
|---------------|--|--|
| Name: | | |
| Rank: | | |
| Date: | | |