

46613.

REPORT OF DEATH TO CORONER

Kogarah Police Station
25 December, 19 93

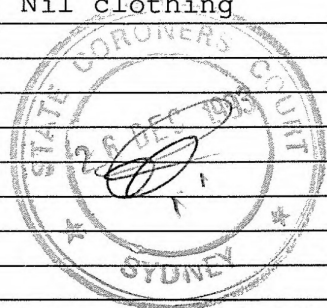
The Coroner,

SUBJECT: Death of Crispin DYE Age 41
 Marital state Single Address: [REDACTED] Holloways
 Time and date of death: 6.30pm Saturday 25.12.93 Beach
 Place of death: St George Hospital, Kogarah
 By whom found: Dr Kim Address: St George Hospital, Kogarah
 By whom reported to Police: Dianne Stanley Address: Surry Hills Police
 By whom last seen alive: Dr Kim Address: St George Hospital, Kogarah
 When last seen alive: 6.30pm Sat 25.12.93
 Deceased a native of (County and District): _____
 Occupation: Music Publisher

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

If Military or Invalid pensioner, state disability: _____
 Name, address and telephone no. of nearest relative and relationship: Jean DYE [REDACTED]
[REDACTED] Ph. [REDACTED] / MOTHER
 Name and address of identifying person: Brendon DYE [REDACTED]

Police present when deceased identified: Cst Portlock
 Did deceased leave a will? Yes
 By whom burial or cremation is being arranged: Family
 Property and clothing found on and with the deceased. (Attach inventory if space insufficient): Nil clothing
Nil Property



Miscellaneous Property Book Reference: _____
 How property and clothing disposed of and on whose authority: _____

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):

The deceased is the victim of an assault which occurred in the early morning of Thursday the 23.12.93. He was found at 4.30am 23.12.93 in Cambell St, Surry Hills. Ambulance Officers attended and managed to revive the deceased, where they then transported him to St Vincints Hospital. He was stabalized and then further transported to St George Hospital on the 23.12.93, where he was admitted into ICU. The deceased was apparantly out drinking with friends on Thursday morning the 23.12.93, and was last seen at about 2.00am by his friends. Due to the injuries sustained from the attack it is believed that the deceased had bleeding on the brain. Life pronounced extinct 6.30pm Saturday 25.12.93

SURRY HILLS DETECTIVES IN CHARGE: DET. S/SRT KNIGHT / STANLEY

Ward

Signature: Mark Portlock
 Rank: Cst

(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: _____
- (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: _____