

INCIDENT DETAILS		CRIME INFORMATION REPORT				N.S.W. POLICE DEPARTMENT P40	
1. SUBMITTING STATION <b>REDFERN</b>		2. PATROL WHERE OCCURRED (REGION) <b>REDFERN</b>		3. ALLOCATING STATION <b>REDFERN</b>		4. STATION PREFIX No. <b>8812093</b>	
5. NUMBER OF VEHICLE AREA		6. AREA OR AREA ORIGINALLY BEING FILED		7. ORIGINAL ALLOC. STATION		8. ORIGINAL PREFIX No.	
9. AS ORIGINALLY REPORTED OR ALTERED TO <b>REDFERN</b>		10. AS ORIGINALLY REPORTED OR ALTERED TO <b>REDFERN</b>		11. AS ORIGINALLY REPORTED OR ALTERED TO <b>REDFERN</b>		12. AS ORIGINALLY REPORTED OR ALTERED TO <b>REDFERN</b>	
13. TYPE OF INCIDENT <b>ACT OF VIOLENCE</b>		14. AS ORIGINALLY REPORTED OR ALTERED TO <b>ACT OF VIOLENCE</b>		15. AS ORIGINALLY REPORTED OR ALTERED TO <b>ACT OF VIOLENCE</b>		16. AS ORIGINALLY REPORTED OR ALTERED TO <b>ACT OF VIOLENCE</b>	
17. TIME, DAY, DATE OF INCIDENT <b>about 10.30pm 28.12.88</b>		18. PROPERTY VALUE <b>\$</b>		19. PROPERTY RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO		20. SPECIALIST SERVICES ATTENDED <b>Fingerprints, Scientific.</b>	
21. VICTIM/OWNER/OCCUPIER/FINDER (BUSINESS NAME, # BUSINESS) <b>William Emanuel ALLEN</b>		22. VICTIM OCCUPATION <b>Pensioner</b>		23. SEX <input type="checkbox"/> M <input type="checkbox"/> F		24. HAIR <input type="checkbox"/> B <input type="checkbox"/> BR <input type="checkbox"/> BL	
25. RESIDENTIAL ADDRESS & POSTCODE <b>Newton St., Alexandria</b>		26. BUSINESS ADDRESS & POSTCODE		27. NATURE OF INJURY OR CONDITION - NAME OF HOSPITAL IF ADMITTED <b>Multiple head injuries.</b>		28. FIRST LANGUAGE SPOKEN AT HOME <b>English</b>	
29. REPORTED BY <b>David OLIVER</b>		30. ADDRESS & POSTCODE		31. ADDRESS & POSTCODE		32. TIME, DAY, DATE REPORTED <b>12.30pm 29.12.88</b>	
33. WITNESSES		34. ADDRESS & POSTCODE		35. DESCRIBE PREMISES/VEHICLE OR AREA WHERE OCCURRED <b>Public street near public toilets frequented by homosexuals</b>		36. DESCRIBE WEAPON, INSTRUMENT, TRUCK OR DEVICE & METHOD OF ENTRY <b>Fists and feet.</b>	
37. BY WHOM COMMITTED OR CHARACTER ASSUMED: CONVERSATION USED OR UNUSUAL ACTS		38. ENTRY POINT <input type="checkbox"/> 1. GROUND FLOOR <input type="checkbox"/> 2. FIRST FLOOR <input type="checkbox"/> 3. ABOVE		39. <input type="checkbox"/> 1. FRONT <input type="checkbox"/> 2. SIDE <input type="checkbox"/> 3. REAR		40. <input type="checkbox"/> 1. GATE/DOOR <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> 3. CEILING/ROOF <input type="checkbox"/> 4. FLOOR <input type="checkbox"/> 5. WALL <input type="checkbox"/> 6. BALCONY	
41. STATUS <input type="checkbox"/> 1. STOLEN <input type="checkbox"/> 2. RECOVERED <input type="checkbox"/> 3. SUSPECT		42. VIN No.		43. CHASSIS No.		44. ENGINE No.	
45. STATE OF REGN		46. REGN No.		47. YEAR		48. TYPE	
49. MAKE		50. MODEL		51. COLOURS		52. CHASSIS No.	
53. PHOTO REFERENCE		54. DATE ARRESTED		55. STATION CHARGED		56. NO. OF P.O.I.	
57. SURNAME		58. ALIAS/NICKNAME		59. RESIDENTIAL ADDRESS & POSTCODE		60. BUSINESS ADDRESS & POSTCODE	
61. OCCUPATION		62. SEX		63. DOB		64. AGE	
65. HEIGHT		66. TOWN & COUNTRY OF BIRTH		67. BUILD		68. COMPLEXION	
69. EYES		70. HAIR		71. RACIAL APPEARANCE		72. PECULIARITIES - IDENTIFYING CHARACTERISTICS (UNRECORDED TATTOOS, SCARS etc.)	
73. HAS THE P.O.I. BEEN FINGERPRINTED FOR THIS INCIDENT <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO		74. FIRST LANGUAGE SPOKEN AT HOME		75. IS THIS INCIDENT <input type="checkbox"/> 1. DRUG RELATED <input type="checkbox"/> 2. ALCOHOL RELATED		76. ACTUAL KNOWN PLACES/PREMISES FREQUENTED (HOTELS, TABS etc.)	
77. ASSOCIATES (NOT CO-OFFENDERS) INCLUDE DOB		78. PECULIARITIES - IDENTIFYING CHARACTERISTICS (UNRECORDED TATTOOS, SCARS etc.)		79. REASON FOR PROSECUTION (AUTHORISING OFFICER'S) <input type="checkbox"/> 1. INDICABLE <input type="checkbox"/> 2. STOLEN MV <input type="checkbox"/> 3. OFFENCE DENIED <input type="checkbox"/> 4. DOUBT ADMISSIONS <input type="checkbox"/> 5. REFUSE CAUTION <input type="checkbox"/> 6. SERIOUS NATURE		80. ASSESSMENT BY DUTY INSP. CLASSIFICATION & WARNINGS REQUIRED FOR CIRCULATION <input type="checkbox"/> 1. MAY BE ARMED <input type="checkbox"/> 2. MAY ASSAULT POLICE <input type="checkbox"/> 3. MAY BE SUICIDAL <input type="checkbox"/> 4. MAY TRY TO ESCAPE <input type="checkbox"/> 5. EPILEPTIC <input type="checkbox"/> 6. DO NOT ARREST <input type="checkbox"/> 7. INFECTIOUS DISEASE <input type="checkbox"/> 8. OBSERVE & NOTIFY	
81. REPORTING OFFICER'S REC. <input type="checkbox"/> 1. CAUTION <input type="checkbox"/> 2. CHARGE <input type="checkbox"/> 3. SUMMONS		82. AUTH. OFFICER RECOM. <input type="checkbox"/> 1. CAUTION <input type="checkbox"/> 2. CHARGE <input type="checkbox"/> 3. SUMMONS		83. REASON FOR PROSECUTION (AUTHORISING OFFICER'S) <input type="checkbox"/> 1. INDICABLE <input type="checkbox"/> 2. STOLEN MV <input type="checkbox"/> 3. OFFENCE DENIED <input type="checkbox"/> 4. DOUBT ADMISSIONS <input type="checkbox"/> 5. REFUSE CAUTION <input type="checkbox"/> 6. SERIOUS NATURE		84. LIKELY TO COMMIT FURTHER OFFENCE <input type="checkbox"/> 1. LIKELY TO COMMIT FURTHER OFFENCE <input type="checkbox"/> 2. UNLIKELY TO ATTEND <input type="checkbox"/> 3. SERIOUS INDICABLE <input type="checkbox"/> 4. UNLIKELY TO ATTEND <input type="checkbox"/> 5. LIKELY TO COMMIT FURTHER OFFENCE <input type="checkbox"/> 6. UNLIKELY TO ATTEND	
85. SIGNATURE (AUTHORISING OFFICER)		86. NAME & RANK (AUTH. OFFICER)		87. STATION & DATE		88. AUTH. OFFICER <input type="checkbox"/> 1. IN ATTEND <input type="checkbox"/> 2. BY PHONE	
89. CLASSIFICATION		90. INVESTIGATOR/S		91. ACTION DATE		92. IS AN APPREHENDED DOMESTIC VIOLENCE ORDER IN FORCE? <input type="checkbox"/> 1. BY POLICE <input type="checkbox"/> 2. BY VICTIM <input type="checkbox"/> 3. NEITHER <input type="checkbox"/> 4. EXPIRY DATE ( )	
93. IS AN A.D.V.O. APPLIED FOR <input type="checkbox"/> 1. BY POLICE <input type="checkbox"/> 2. BY VICTIM <input type="checkbox"/> 3. NEITHER		94. IF NO ACTION (D.V.) STATE REASON		95. ARE CHILDREN/FAMILY MEMBERS AFFECTED BY THE VIOLENCE? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO		96. NO. & AGES OF CHILDREN OF HOUSEHOLD	
97. LOCATION OF CHILDREN'S SCHOOLS/CHILDCARE		98. VICTIM RELATIONSHIP TO OFFENDER		99. TYPE		100. QUANTITY	
101. VALUE		102. METHOD OF CONCEALMENT		103. PREVIOUS DRUG OFFENCES OF P.O.I? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO		104. CAS# DOCUMENTS/WEAPONS SEIZED	

**NARRATIVE**

About 12.30pm on 29.12.88 Mr David OLIVER, carpenter, went to the home of the deceased where he had been doing renovations and in the bathroom found the deceased slumped over the edge of the bath with the tap running and blood in the bottom of the bath. At the time the deceased was only wearing a 'T' shirt on the upper part of his body. The police attended shortly after and it was noticed that the deceased had a number of injuries to the eyes and face area. Dr. HOLLINGER, the G.M.O. attended and after examining the body was unable to determine if the injuries were the result of a beating or a fall. There were no signs of a struggle in the house although blood spots were found in various rooms and in the side passage way.

As a result of information received on the 11th January, 1989, police attended the