

SA Police Report

Section A : Deceased information														
Deceased ID number													Age at time of death	
Deceased first name(s)														
Deceased surname														
Cause of death														
Is Suicide in questions as a possible cause of death?	Yes <input type="checkbox"/> No <input type="checkbox"/>													
Place of death														
Date of death	D	D	M	M	Y	Y	Y	Y	Approximate time of death					
Treating doctor at time of death if applicable									Telephone number of treating doctor					
SAPS case number									Police station					
Name of investigating officer														

Section B : Additional information	
Was a blood alcohol test performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Results of blood alcohol test	
Where there any witnesses to the accident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", give names and contact numbers	
Was the deceased involved in an assault?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", did it take place during the execution of his/her duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the deceased an innocent party?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has or will an inquest be held?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", name the court and provide inquest number and reference	
Has or will a criminal charge be instituted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" what will be the charge?	

Section C : Description of the circumstances of the death

Investigating Officer Signature Contact Number Date _____

