

## POLICE REPORT FOR ASSESSMENT OF DEATH CLAIM

To be completed by the Investigating Officer and will be considered Strictly Confidential

Police Station where the death was reported

Case reference number

### Deceased Details

Name/s & Surname

Identity number  Date of Birth

Passport number  Country of issue

### Details of Death

Date of death  Time of death

Place of death

Please indicate circumstances of death

Assault   
  MVA   
  Driver   
  Murder  
 Suicide / Self-Inflicted   
  Unknown - Still being investigated

Please provide details / circumstances of death

  
  
  


Please indicate the main suspect's name and surname in every case, along with whether or not they are a family member.

  
  
  


Was a Post Mortem held? *(if available please provide a copy)*

Yes     No

If 'YES' please provide details i.e. results/reference etc.

**Authorisation**

Name/s & Surname of Investigating Officer

Position/Rank

Email address

Contact number

Address of Business / Police Station

Signature

**Official Stamp**