



SAULT STE. MARIE POLICE SERVICE
DATA ENTRY GUIDE

HOMICIDE/SUDDEN DEATH REPORT

OCCURRENCE #:	TASK #:
AUTHOR: (DICTATING OFFICER)	REPORT TIME: (TIME OF DICTATION)
ENTERED BY: (TRANSCRIBER)	ENTERED TIME: (DEFAULTS TO PRESENT TIME)

TYPE:

<input type="checkbox"/> HOMICIDE	<input type="checkbox"/> SUDDEN DEATH	<input type="checkbox"/> SUICIDE	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> OTHER (CLARIFY)
TIME OF DEATH:		TO:		
PRONOUNCED DEAD BY:		TEL #:	TIME:	
CORONER:		TEL #:	TIME:	
PATHOLOGIST		TEL #:	TIME:	
POST-MORTEM TIME:				

NEXT OF KIN:

NAME:	TEL #:
NOTIFIED BY:	NOTIFIED TIME:

BODY:

RELEASED BY:	RELEASED TIME:
TAKEN BY:	TAKEN TIME:
TAKEN TO:	

ADDITIONAL INFORMATION TO BE ENTERED:

WEAPON:	MOTIVE:
CAUSE OF DEATH:	
IDENTITY ESTABLISHED:	
REMARKS:	

NARRATIVE:

(TRANSCRIBE HOMICIDE/SUDDEN DEATH REPORT NARRATIVE AS DICTATED)