



REPORT TO THE CORONER OF A DEATH

Occurrence Number: 2000 [REDACTED]		Checks requested:	
Officer Dealing: GWP PC [REDACTED]	OIC Unit: CHEPSTOW [REDACTED]	PNC	☒
Occurrence Area: CHEPSTOW	Date: 05/06/2020	CJD	☐
Family Liaison Officer:		Warrants	☒

1 Deceased Full Name: [REDACTED] [DECEASED]		Sex : Female
Occurrence Address: [REDACTED]		
Home address if different: [REDACTED]		
Date of birth: [REDACTED]	Place of birth: Newport	Occupation/ last known occupation: HR SECRETARY
Status: Single ☒ Co Habiting ☐ Married ☐ Widowed ☐ Divorced ☐		

If the deceased is under the age of 26, is consent given to share details of relatives with "2 Wish Upon a Star Bereavement Support"? ☐

2 Place where death confirmed: Home Address - [REDACTED]
Death confirmed on: Time: 14:35 Day: Friday Date: 05/06/20
Details of Doctor/ Paramedic Confirming: Paramedic Pin [REDACTED]

3 General Practitioner details Name: DR [REDACTED] - TOWNGATE PRACTICE, CHEPSTOW	
Address: CHEPSTOW COMMUNITY HOSPITAL, CHEPSTOW	
Last seen on:	Telephone number: 1291440065

4 Location of body Where has the body been removed to: Royal Gwent Hospital Mortuary
By whom: Blatchleys Funeral Directors
The officer must remain with the body until it is removed, the body must not be taken outside the Gwent Force Area without the permission of the coroner of the coroners officer.

Medical History:	
a) Recent medical complaints:	SUFFERS WITH COPD - ONLY DIFFICULTY WITH BREATHING ON EXERTION
b) Chest pain?	Yes ☐ No ☒
c) Difficulty in breathing?	Yes ☒ No ☒
d) Had deceased been confined to bed recently?	Yes ☐ No ☒
e) Previous relevant illness?	Yes ☐ No ☒
If yes, supply details	NONE KNOWN
f) Had the deceased been in hospital recently?	Yes ☐ No ☒
g) Any relevant operations?	Yes ☐ No ☒
If yes, supply details	N/A
h) Had the deceased been taking medication?	Yes ☒ No ☐
If so, what and if prescribed, by whom?	PRESCRIBED BY DR [REDACTED] OF TOWNGATE

	PRACTICE VARENICLINE 1MG SARIBUTAMOL 100MCG DOSE CLARITHROMYCIN 500MG VENLAFAXINE 75MG INCRUSE SIPTA 55MCG DOSE OMEPRAZOLE 20MG
i) History of recent injury	NONE KNOWN
j)Details of claim for industrial disease (if known)	NONE KNOWN
k) Any allegation of negligence?	NO
l) Any relevant complaints against authorities?	NO
m)Risk factors e.g. HIV, Hepatitis or any other you consider to be a risk	NONE KNOWN

Details surrounding Death:

Summary of events:

5 Identification confirmed by Name : XXXXXXXXXX

Telephone Number: [REDACTED]	Relationship to deceased: Family Friend
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6 Next of Kin: [REDACTED]	
Address: [REDACTED]	
Telephone Number: [REDACTED]	Relationship to deceased: Daughter

7. Funeral Director if known: BLATCHLEYS

8 If the case was reported to outside agency (eg Health and Safety Executive):		
Name: N/A		
Address:		
Telephone Number:	Time:	Date:

9 Witness details:			
	Name:	Address:	Telephone Number:
a)	[REDACTED]	[REDACTED]	[REDACTED]
b)	[REDACTED]	[REDACTED]	[REDACTED]
c)			

Officer making report:	
Rank/Number/Name: Constable Gwp Pc [REDACTED]	Signature: [REDACTED]
Details of duty supervisory officer informed of death:	
Rank/Collar number: PS [REDACTED]	Name: [REDACTED]

IF CONSENT TO SHARE WITH "2 WISH UPON A STAR BEREAVEMENT SUPPORT" HAS BEEN GIVEN,

EMAIL A COPY OF THIS FORM TO Support@2wishuponastar.org

IF DECEASED HAS A PNC RECORD, PLEASE ATTACH A COPY TO NICHE AND TASK THE PHOENIX BUREAU (61PNC)