

FACT SHEET 3

How a Coroner investigates a death



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Initial stage

- Once a report of a death is received by the Coroner's Court, usually from the police, a doctor or a hospital, the deceased person is taken into the care of the Coroner's Court and a coroner will begin an inquest.

The gathering of information stage

- An investigation may vary with the circumstances of the death but usually includes:
 - gathering information including from police, family, friends, medical practitioners (obtaining copies of medical records), witnesses, technical experts, and any other relevant persons;
 - attending the scene of the death (if safe and appropriate to do so);
 - directing that a post-mortem examination be performed on the deceased (for more information, see Fact Sheet 9: My loved one's body info sheet), including if you wish to object to a post-mortem examination being performed); and
 - appointing an investigator to make inquiries and prepare a report on certain issues.

Making a finding

- A coronial finding is the formal document that a coroner writes after an investigation of a death, and it is usually the last step in the investigation.
- A finding usually includes:
 - that the person has died (if it is a suspected death);
 - the identity of the deceased;
 - the cause of the death;
 - when and where the death occurred;
 - the circumstances of the death; and
 - comments or recommendations made by the coroner aimed at preventing similar deaths.

- There are two kinds of findings:
 - a 'finding without an inquest', which is where a coroner makes a finding on the available information without a public hearing. Most coronial investigations end with a finding without an inquest; and
 - an 'inquest finding', which is where a coroner delivers a finding after a public hearing is held.
- A coroner **may**:
 - comment on any matter connected with a death, including matters relating to public health and safety or the administration of justice; and/or
 - make recommendations to any Minister, the Attorney General, public authority or organisation about the risks to public safety.
- If an inquest is held into a death in care or death in custody, the findings must include a comment about the quality of care, treatment and supervision of the deceased that, in the opinion of the coroner, contributed to the cause of death.

This information was last updated in December 2024 and does not constitute legal advice.



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