

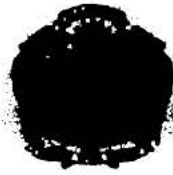


REPUBLIC OF NAURU

INQUESTS ACT 1977 INQUESTS RULES 1977

ARRANGEMENT OF RULES

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REPUBLIC OF NAURU

INQUESTS ACT 1977 INQUESTS RULES 1977

IN EXERCISE of the powers conferred on me by section 20 of the Inquests Act 1977, I hereby make the following Rules—

TITLE AND COMMENCEMENT

1. These Rules may be cited as the Inquests Rules 1977 and shall come into force on 6th May, 1977.

REGISTERS

2. (1) The Clerk of the District Court shall keep an indexed register of all deaths reported to the resident magistrate under paragraph (b) of subsection (1) of section 4 of the Act; the register shall contain the particulars specified in the First Schedule to these Rules.

(2) The Clerk of the District Court shall keep an indexed register of all inquests held by the resident magistrate under the Act; the register shall contain the particulars specified in the Second Schedule to these Rules.

FORMS

3. The forms set out in the Third Schedule to these Rules shall be used, with such modifications, if any, as the circumstances require, for the purposes stated in them.

Made this 6th day of May, 1977.

I.R. Thompson,
Chief Justice.

FORM No. 2

INQUESTS ACT 1977
(Section 4(1)(c))

NOTICE OF REQUIREMENT OF POST-MORTEM EXAMINATION

To the Director of Health and Medical Services.

Pursuant to the provisions of section 4(1)(c) of the Inquests Act 1977 I have caused a male*/female body*/believed to be the body of _____ */found at about _____ hours on _____, 19____, at _____ to be taken*/sent to _____; a post-mortem examination of the body is required to be carried out in accordance with section 5 of the Act.

Attention is drawn to the requirements of sections 5 and 6 of the Act.

Officer-in-charge,
Nauru Police Station.
Date:
Time:

*Delete whichever is not applicable.

+ Delete if not applicable.

FORM No. 3

INQUESTS ACT 1977
(Section 4(1)(d))

REPORT OF RESULTS OF INVESTIGATION

To the Resident Magistrate.

Investigation Report No. _____ of 19 _____

Death reported in Death Report No. _____ of 19 _____

Facts ascertained:

1. Name of deceased:
2. Sex:
3. Age:
4. Place of birth:
5. How long resident in Nauru:
6. Race:
7. Date and time of death:
8. Place of death:
9. Cause of death as stated in report of post-mortem examination (if made):
10. Was death the result of illness:
If so, what illness:
11. Was deceased attended before death by a medical practitioner for treatment of the illness or condition which caused death:
If so, when, where and by whom:
If not, why:
12. Where and when was deceased last seen alive:
By whom:
13. Are there any circumstances leading to a suspicion of—
 - (a) murder or manslaughter:
 - (b) suicide:
 - (c) death caused by injury resulting from act or omission of the deceased or any other person in the course of his employment or business:
 - (d) death caused by an industrial disease:
14. If so, state the relevant circumstances briefly:

* The body was not taken or sent for a post-mortem examination.

Officer-in-charge,
Nauru Police Station.
Date:
Time:

Note: This report is to be accompanied by the report of the post-mortem examination (Form No. 4) (unless the body was not taken or sent for post-mortem examination).

* Delete if not applicable.

FORM No. 4

INQUESTS ACT 1977
(Section 6(1)(a))

REPORT OF POST-MORTEM EXAMINATION

Post-mortem examination required by _____ on _____, 19 ____
Name of deceased:
Body identified by _____ as that of his*/her _____ named _____

Observer(s) present at examination:
Date and time of examination:
Place where examination performed:
Estimated time of death:

EXTERNAL EXAMINATION

Apparent age:
Height:
Rigor mortis:
Nourishment:
Clothing:
Marks of violence, or identification, e.g. tattoo marks, old scars:

INTERNAL EXAMINATION

Scalp and skull:
Cranial cavity:
 Brain, meninges, etc.
Thoracic cavity:
 Mouth, tongue, oesophagus, larynx, trachea, lungs and pleurae:

 Pericardium, heart and blood vessels:
Abdominal cavity:
 Stomach and contents:
 Peritoneum, intestines and mesenteric glands:
 Liver and gall bladder:
 Pancreas:
 Spleen:
 Kidneys and ureters:
 Bladders and urine:
 Generative organs:
Are all other organs healthy:
If not, which are not:

In my opinion the cause of death was:

<p style="text-align: center;">I</p> <p>Disease or condition directly leading to death (a)</p> <p>Antecedent causes) Morbid conditions, if any, giving rise to the) above cause (the underlying condition to be) stated last)</p>	<p style="text-align: center;">I</p> <p>(a) due to (or as a consequence of) (b) due to (or as a consequence of)</p>
<p style="text-align: center;">II</p> <p>Other significant conditions contributing to the) death, but not related to the disease or con-) dition causing it (b)</p>	<p style="text-align: center;">II</p>

Has any part of the body been sent for analysis:
 If so, when and to whom:
 Has a report of the analysis been received:
 Any further remarks:

Director of Health and Medical
 Services*/Medical Officer
 Date:

Note: If any part of the body has been sent for analysis, the report of the analyst, if available, should be attached to this report; otherwise it should be sent to the Officer-in-Charge, Nauru Police Station, as soon as possible after it is received, and should be accompanied by a written statement whether as a result of that report the person making this report has altered any opinion expressed herein.

(a) This does not mean the mode of dying, such as, e.g. heart failure, asphyxia, asthenica, etc., it means the disease, injury or complication which caused death.

(b) Conditions which do not in the opinion of the person performing the post-mortem examination contribute materially to the death should not be included under this heading.

*Delete whichever is not required.

FORM No. 5

INQUESTS ACT 1977
 (Section 6(1)(b))

CERTIFICATE OF CAUSE OF DEATH

To the Registrar of Births and Deaths

Having on _____, 19____, made a post-mortem examination of the body of
 of _____ aged _____ who died on _____ at _____, I hereby certify that
 the cause of his*/her death was _____

Director of Health and Medical
 Services*/Medical Officer
 Date:

*Delete whichever is not applicable.

INQUESTS ACT 1977
(Section 7(2))

DIRECTION FOR FURTHER INVESTIGATION

To the Officer-in-Charge,
Nauru Police Station.

I refer to your Investigation Report No. _____ of 19 ____ and direct that you make or cause some other police officer to make forthwith further investigation into the death referred to therein as follows: (Nature of further investigations required to be stated).

Your written report of the further investigation is to be sent to me as soon as is reasonably practicable.

Resident Magistrate
Date:

INQUESTS ACT 1977
(Section 7(2))

DIRECTION FOR POST-MORTEM*/FURTHER POST-MORTEM EXAMINATION

To the Director of Health and Medical Services.

I refer to your report/the report of _____ dated _____, 19 ____, of the post-mortem examination of the body of _____, deceased.

I direct that you carry out or cause another medical officer to carry out forthwith a post-mortem examination*/a further post-mortem examination of the said body*/the body of _____, deceased.

*The further examination is required for the following purpose:

The report of the examination*/further examination is to be sent to me as soon as is reasonably practicable.

Resident Magistrate.
Date:

*Delete whichever is not applicable.

† Delete if not applicable.

INQUESTS ACT 1977
(Section 8)

EXHUMATION ORDER

To the Officer-in-Charge,
Nauru Police Station.

Having received under section 4(1)(b) of the Inquests Act 1977 a report on the death of _____ and being informed that the body of the said _____ has been buried in the cemetery at _____, I consider it necessary that the said body be exhumed in order that a post-mortem examination*/a further post-mortem examination of it may be made.

Accordingly I hereby authorise and require you or other police officers under your supervision to ~~exhume the said body and to take it to~~ for a post-mortem examination*/a further post-mortem examination of it to be made by the Director of Health and Medical Services or another medical officer in accordance with the said Act.

Resident Magistrate

Date:

*Delete whichever is not applicable.