



Form B8 - Apparent homicide

Method	<input type="checkbox"/> Strangulation, asphyxiation or drowning <input type="checkbox"/> Shooting <input type="checkbox"/> Sharp instrument <input type="checkbox"/> Hitting or kicking <input type="checkbox"/> Blunt instrument <input type="checkbox"/> Fire <input type="checkbox"/> Poisoning, (specify type): <input type="checkbox"/> Other, (specify type): <input type="checkbox"/> Not known
Relationship of perpetrator	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other family member <input type="checkbox"/> Unrelated, known to child <input type="checkbox"/> Stranger <input type="checkbox"/> Not known