

CORONERS ACT, 1980

92/865

Medical report upon the examination of the dead body of-

Name: Brian Wayne SCHMIDT also known as Brian Wayne WALKER

I Peter S.J. ELLIS a legally qualified medical practitioner, carrying on my profession at the I.C.P.M.R., Westmead, in the State of New South Wales, do hereby certify as follows:

1. At 9.00 in the fore noon, on the 24th day of July, 19 92 at Westmead in the said State, I made an external/internal examination of the dead body of a male identified to me by Senior Constable PLEDGE of Merrylands Police Station in the State aforesaid, as that of Brian Wayne Schmidt aged about 30 years.

2. I opened the three cavities of the body.

3. Upon such examination I found.

EXTERNAL EXAMINATION

The body is that of a Caucasian male adult 165 cm long and weighing 70 kg. At the time of autopsy the deceased is wearing a blue/grey corduroy shirt, blue workers singlet, turquoise briefs, dark grey long tracksuit pants, blue dungarees and black jogging shoes. The shirt is part inverted but the left hand is still attached. There is noted to be some blood staining on the inner surface of the right sleeve. There is noted to be some soiling by faeces and a small patch of dampness in the front of the briefs. There is a monocolour tattoo over the right shoulder and right upper arm. The hair is brown and medium length. The teeth are natural and in fairly good condition. Rigor mortis is just detectable. Hypostatic staining is noted on the back of the body. The upper part of the trunk is noted to be congested and this congestion extends up to the head. It is noted that this congestion is intensified during the duration of the autopsy and is particularly prominent when the body is turned on its face.

(For continuation-see over)

4. In my opinion death had taken place about 32 HOURS previously and the cause of death was.

I. DIRECT CAUSE-

Disease or condition directly leading to death ... } (a) UPPER CERVICAL INJURY (TORN SPINAL LIGAMENT)
(due to or following)

ANTECEDENT CAUSES-

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last ... } (b) _____
(due to or following)

II. Other significant conditions contributing to the death but ~~not~~ relating to the disease or condition causing it } TRAUMATIC (CRUSH) ASPHYXIA, HEAD INJURY.

TO THE CORONER,

(Signature) P.S.J. Ellis

WESTMEAD

(Date) 8th Sept 1992

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There are a number of injuries noted on the surface of the body.

Head

A number of abrasions are noted on the right side of the forehead and the right upper cheek. The largest of these is located near the hair line on the right forehead approximately 6.5 cm above the outer angle of the right eye. This is a roughly rectangular abrasion measuring 1.5 cm in horizontal width and 1.6 cm in vertical height. Approximately 1.5 cm below this is a rectangular, longitudinal abrasion 1.5 cm in horizontal width and 1.2 cm in vertical height. Between these two larger abrasions and slightly anterior to them, is a smaller linear abrasion approximately 0.6 cm in length. Below this patch of 3 abrasions, but above the right eyebrow and slightly posterior to it, are 2 smaller abrasions. The lower of the two larger abrasions is located 4 cm above the outer angle of the right eye.

There is linear abrasion vertically orientated just below the outer angle of the right eye. It measures 2.5 cm in vertical length. Just above the outer angle of the right eye and in the lateral part of the right upper eyelid is an ill-defined area of bruising 1.5 cm long.

Three small abrasions are noted on the right side of the nose just above the right nostril and located on the anterior part of the right ala nasi.

On the left temple there are two small abrasions each approximately 0.2 cm in vertical length. The lower of these two is located 3 cm posterior and just above the outer angle of the left eye.

On shaving the head, there is observed a bruise 0.5 cm on the right side of the back of the scalp just above the occiput. This bruise 0.5 x 0.5 cm is located 6 cm above a line joining the upper ends of both ears and 1 cm to the right of the midline.

There is an old healed vertical scar 2.5 cm long on the posterior left parietal scalp. No other externally visible injuries are observed on the scalp.

Examination of the eyes show them to be brown in colour and the conjunctivae are not significantly congested. No conjunctival haemorrhages are observed.

There are no injuries to the nostrils and no evidence of haemorrhage or mucosal congestion of the external nares.

The lips are normal with no evidence of injury.

Neck

There is no evidence of injury to the neck with no bruises, abrasions or lacerations visible on the skin.

Trunk

On the anterior surface of the trunk located in the upper abdomen just to the right of the midline is a horizontal linear bruise 4 cm in length. It is located 105 cm above the heel. Situated above this on the skin of the lower chest especially on the left side are several very faint ill-defined bruised lines extending in a rough horizontal direction. No other obvious injuries are observed on the front of the trunk.

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There are a number of ill-defined faint graze type abrasions on the posterior surface of the chest. These are most significant over the right scapula where there are a number of patches of gravel-type abrasions. The largest of these is an area measuring 4 x 2 cm which is located near the posterior corner of the right scapula and which is situated 124 cm above the heel and 13 cm to the right of the midline. Towards the top of the right side of the back is another ill-defined abraded area of the graze type 139 cm above the heel and 13 cm to the right of the midline. This measures 4 x 2.5 cm. A number of very superficial transverse grazes are located on the left upper back just to the left of the vertebral column.

There is an oblique linear scratch type abrasion on the left side of the back just below the axilla. It is located 114 cm above the heel and is 3.5 cm long. It is roughly horizontal. Also noted on the left side of the trunk just below the axilla are 3 other abrasions. The longest of these is a slightly curved, roughly horizontal scratch type abrasion 8 cm long which is situated 119 cm above the heel in the anterior axillary line. Close examination of this scratch shows the heaping of the skin to indicate a back-to-front direction of scratching.

There is a smaller roughly vertical abrasion situated 9 cm below this. It is 2.5 cm long. Between these two larger abrasions are two very small abrasions 0.4 and 0.8 cm respectively.

Just anterior to the upper curved scratch is a rather faint linear and rather oblique bruise approximately 7 cm long.

There is a bruise 0.5 x 0.6 cm in diameter which is located in the lower part of the back just above and to the left of the sacrum.

Arms

A number of injuries are noted on the right arm. There are no significant injuries to the right upper arm but a number of bruises and small abrasions are observed on the right forearm. Starting from the elbow there is a bruise 1.6 cm in diameter on the posterior surface just distal to the tip of the elbow. This is 1.0 cm in horizontal width.

16 cm distal to the tip of the elbow on the radial border of the forearm is a bruise 1.4 cm in horizontal width and 1.6 cm in vertical height. A number of smaller abrasions are noted on the anterior surface of the right forearm between this bruise and the wrist. These measure 0.2 to 0.4 cm in diameter.

On the back of the right forearm just proximal to the wrist (25.5 cm distal to the elbow) is an abrasion 0.7 x 1 cm. Just distal to this actually on the posterior surface of the right wrist is a bruise 1.6 x 1.0 cm in diameter.

There are two abrasions located on the medial surface of the tip of the right elbow. The proximal abrasion is 1 cm in length and the distal one only slightly separated from the proximal one is 0.8 cm in diameter.

Examination of the left arm shows no injury of the left upper arm. On the tip of the left elbow is an abrasion 0.5 cm in diameter. Just distal to this are two bruises measuring 3 x 2 and 1.5 x 1.5 cm in diameter.

There is a bruise 1 cm in diameter on the anterior surface of the left forearm approximately 5 cm proximal to the left wrist.

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Hands

The nails of both hands are fairly closely bitten. There are no obvious injuries to the tips of the fingers.

On the left hand there is an incised wound 1.2 cm in length. This is located on the back of the right finger just proximal to the fingernail. The margins are dried and this may be an old incised wound.

There is a small abrasion 0.5 cm in diameter on the dorsal surface of the left ring finger knuckle. At the base of the left thumb is a fairly deep incised wound 2.5 cm in length. This extends from the ventral surface of the left thumb upwards and around the base to terminate just above the webbing of the thumb. The proximal part of this incised wound is deeper and it becomes shallower around towards the dorsal surface. This is a recent incised wound.

Examination of the right hand shows a number of bruises on the dorsal surface. There are all approximately the same shape and size in that they are all round or oval and are approximately 1 cm in diameter. They are located at the base of the right little finger, near the space between the right index and middle finger, at the base of the right middle finger and more proximal over the right 1st and 2nd metacarpal.

There is a small abrasion 0.2 cm in diameter over the proximal interphalangeal joint of the right ring finger. There is a small incised wound 0.3 cm long near the base of the right little finger.

There is an old possibly healing laceration or incised wound 0.7 cm long on the palm of the right hand near the base of the right index and middle fingers.

Legs

Examination of the right leg reveals a number of bruises. Starting from below there is a bruise 4 x 3.5 cm on the lower part of the right shin just above the ankle 12 cm above the heel. In the middle of the shin there is an abrasion 3 x 6 cm in diameter situated 22 cm above the heel. On the front of the right shin below the right knee, 33 cm above the heel, is a bruise 1.5 cm in diameter. Above this is another small bruise and just above this on the lower margin of the right knee, are two small abrasions. These are located 38.5 cm above the heel. Above these and on the anterior surface of the right knee but on the medial margin is a fairly large bruise 4 cm in vertical height and 2.5 cm in horizontal width. Above and slightly to the right of this but also located on the front of the right knee although on the upper margin, is another bruise 2.3 x 3 cm in diameter. This is situated 42 cm above the heel. Above this bruise is another small abrasion 0.3 cm in diameter.

On the medial surface of the right calf is an area of ill-defined bruising approximately 2.5 x 2.5 cm in diameter. This is located 30 cm above the heel.

Also noted are two small abrasions on the medial surface of the right ankle, one measuring 0.1 cm and one which is posterior measuring 0.3 cm in diameter. No other abnormalities are noted on the right foot. Examination of the lateral surface of the right knee reveals two small abrasions 1.0 and 1.5 cm in diameter.

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Examination of the left leg reveals fairly extensive bruising over the front of the left knee and extending down onto the front and medial surface of the left shin and calf. The largest of these bruises is a patch of bruising situated on the centre of the front of the left shin. It is 12 cm in vertical height and 4 cm in horizontal width. The lower corner of this bruise is 22 cm above the heel. Approximately 1 cm above this large bruise is another oval bruise which has a central pale apparently unbruised area. This oval bruise is 7.5 cm in vertical height x 3.5 cm in horizontal width and contains a central circle 2.6 cm in diameter. Just below this oval bruise and located at a point 30 cm above the heel on the medial surface of the left calf, is another ill-defined bruised area approximately 3 cm in diameter.

A number of other smaller bruises and abrasions are noted on the front of the left knee, the largest of these measures 3.5 x 4 cm in diameter.

There is a small bruise 3.6 cm in diameter located just above the right ankle on the centre of the lower shin 14 cm above the heel.

There are no injuries observed on the left foot.

Examination of the genitalia shows no evidence of injury to the penis or scrotum and although there is faecal soiling around the anus, there is no evidence of injury to the anal verge.

The overall appearance of the deceased is consistent with his stated age.

INTERNAL EXAMINATION

Cardiovascular system - The pericardium is normal and there is no blood or excess fluid within the pericardial cavity. The heart weighs 350 grams. It has a normal external surface with no evidence of pericarditis or injury. Examination of the heart shows it to have a closed left ventricular chamber surrounded by a muscle which is of normal thickness and appearance with no fibrosis or recent infarct. The right ventricular myocardium appears normal. There is no mural thrombus and the cardiac valves are normal with no vegetations, calcification or valve rupture.

The coronary arteries are all fairly small but are widely patent with no evidence of atheroma or stenosis.

The carotid arteries show some atheroma especially around their bifurcations but there is no evidence of stenosis or thrombus and no injury.

The aorta is normal with minimal atheroma and no calcification or aneurysm.

Respiratory system - Examination of the mouth reveals no evidence of injury to the lips although there is a tiny patch of bruising on the buccal margin near the left angle of mouth. The teeth are intact and show no evidence of injury. The tongue is normal.

There is no laryngeal obstruction and no evidence of mucosal injury in the oropharynx or laryngeal area. The mucosal surface of the larynx and trachea are normal.

Careful examination of the soft tissues of the neck show no evidence of injury or haemorrhage in the strap muscles or around the larynx. The hyoid bone and laryngeal cartilages are intact.

There is no blood or excess fluid in either side of the chest and no evidence of pneumothorax or adhesions. The right lung weighs 570 grams and the left lung weighs 450 grams. Both lungs are well aerated and show no evidence of obvious injury. There is no pulmonary thrombo-embolism or bronchial obstruction and no evidence of induration or consolidation.

Gastro-Intestinal system - The oesophagus is normal.

There is no blood or fluid within the abdominal cavity. The stomach contains a small to moderate amount of mostly solid food with little extra fluid. The mucosal surface of the stomach is normal with no ulceration or haemorrhage.

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The small and large intestine are normal with no evidence of injury or disease. The mesentery is normal.

The liver weighs 1685 grams. It has a normal external and cut surface with no evidence of primary injury or disease. The gallbladder is normal containing a small amount of dark brown bile and no stones. The pancreas is normal.

Genito-Urinary system - The right kidney 150 grams; left kidney 175 grams. Both kidneys have smooth capsular surfaces and a normal cut appearance. The ureters are normal. The bladder is distended with very clear urine and shows no evidence of injury. The prostate is not significantly enlarged.

Miscellaneous - The spleen weighs 170 grams and is normal. The thyroid gland is not enlarged and shows no evidence of injury or disease. There is no generalised lymphadenopathy and the portal lymph nodes are not significantly enlarged. Both adrenal glands are normal.

Central Nervous system - Examination of the scalp reveals an area of bruising over the posterior parietal scalp. This area of bruising measures approximately 3 cm in diameter and is not associated with any cutaneously visible bruise. Also examination of the undersurface of the scalp reveals some prominent petechial haemorrhages and some congestion of the scalp veins. In addition there are some small haemorrhages each approximately 0.4 cm in diameter on the anterior and posterior subgaleal surfaces.

Examination of the skull shows it to be of normal thickness. There is no evidence of fracture in the vault or base of the skull.

There is a small quantity of acute subdural haemorrhage on the right side. This is measured at approximately 20 mls and the thickness of this haemorrhage is no more than 2 mm. There is no left sided haemorrhage.

The brain weighs 1135 grams.

External examination of the fixed brain - reveals no obvious meningeal haemorrhage or opacity. There is no evidence of raised intracranial pressure and the cerebral vessels are small and show no obvious disease.

Examination of the brain stem reveals no discrete abnormality and one representative section of pons is embedded in block 14.

Examination of the cerebellum reveals no discrete abnormality and one representative section of cerebellar cortex is embedded in block 15.

Examination of the cerebral hemispheres reveals no discrete abnormality. The hemispheres are symmetrical and there is no evidence of haemorrhage or cerebral laceration.

Block 16 - frontal cortex; Block 17 - corpus callosum; Block 18 - hippocampus.

Skeletal system - Examination of the cervical spine and the foramen magnum reveals partial tearing of the posterior atlanto-occipital ligament with some bruising within this ligament. In addition there is a small amount of haemorrhage in the right lateral atlanto-axial ligament. No evidence of bony fracture is detected in the cervical spine.

There is a fracture of the right 5th rib in the antero-lateral position and this is associated with some localized intercostal bruising.

No other bony injury or disease is detected.

SCENE EXAMINATION

At approximately 4 am on 23/7/1992 the deceased first observed in the rear yard of 97 Burnett Street, Merrylands. At that time the deceased observed lying on his back with the upper part of the body naked although the clothes still attached to the right arm and left hand as described at autopsy. The lower part of the body is astride an upright roof support. At that time oral and rectal swabs taken.

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At 4.20 am the rectal temperature was 32°C. Ambient air temperature was 4°C.
On the basis of these observations, death was estimated as having occurred 2 to 4 hours previously that is approximately between midnight and 2 am on 23/7/1992.

HISTOLOGY

Liver - Normal.

Lungs - Congested with focal pulmonary haemorrhage especially in peribronchial zone.

Kidney - Normal.

Heart - Normal.

Stomach - Normal.

Skin - Left shin - Deep subcutaneous haemorrhage with no inflammation. Consistent with recent bruise.

- Left Knee (Lower) - Subcutaneous haemorrhage. No inflammation. Consistent with recent bruise.

- Left Knee (Upper) - Very slight recent subcutaneous haemorrhage.

- Right Knee - Subcutaneous haemorrhage. No inflammation. Recent haemorrhage.

Brain - The sections reveal multiple small haemorrhages in the corpus callosum. No other significant abnormality is observed.

TOXICOLOGY

Results of screening tests:

Comprehensive screening tests for drugs and other common poisons were negative.

Quantitative procedure results:

BLOOD ALCOHOL: 0.216g per 100mL of blood (preserved)

URINE Alcohol: 0.329g/100mL