

New South Wales Police**Statement in the matter of : Carl STOCKTON****Place:** St Vincent's Hospital, Sydney**Date:** 21/11/1996**Name:** Dr Astika Kappagoda**Address:** C/- St Vincent's Hospital, Victoria St., Darlinghurst 2010.**Occupation:** Medical Practitioner**Tel. No:** [REDACTED]

1. This statement made by me accurately sets out the evidence which I would be prepared, if necessary, to give in court as a witness.

The statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have willfully stated in it anything which I know to be false or do not believe to be true.

2. I am 26 years of age.
3. I hereby certify, I am a Resident Medical Officer. I have a specialised knowledge based on my training, study, and experience as a Doctor for the past 2 years.

I hold qualifications in: 1. M.B. B.S.

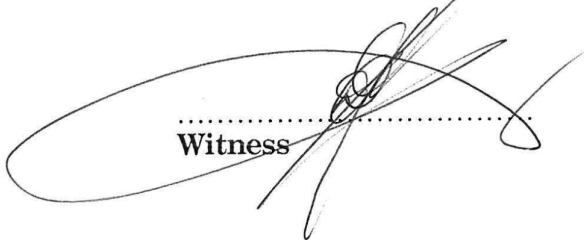
4. On the 3/11/1996, I attended to a male patient, Carl Stockton, at St. Vincent's Hospital, Sydney.
5. On admission the patient was suffering from agitation, confusion and disorientation which was the presenting problem to Sydney Hospital and on transfer to St. Vincent's Hospital. No history was obtainable from the patient to elucidate the cause of this on history and only on examination alone. In consultation with the neurosurgical registrar, there was found to be significant traumatic head injury.
6. On examination CT- scan of the head arranged at Sydney Hospital before transfer to St. Vincent's Hospital showed multiple comminuted skull fractures extending from the posterior parietal regions into the vertex. On the CT there was associated intracerebral haemorrhage in both frontal poles, the right temporal pole, both parietal regions and near the vertex, with no midline shift.

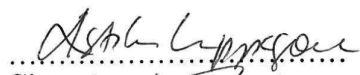
X-ray of the facial bones also demonstrated multiple facial bone fractures.

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7. Based wholly or substantially on my specialised knowledge, I am of the opinion that the findings of multiple areas of intracerebral haemorrhage associated with multiple skull fractures adequately explained the patient's clinical presentation of agitation, confusion and disorientation. In consultation with the neurosurgical registrar, the opinion was formed on the findings on CT-scan of the head were consistent with a traumatic head injury. Given the lack of history associated with the patient, at the time of presentation it could not be determined how such an injury occurred to the patient.

8. From the date of admission the patient's condition deteriorated. He ~~was~~ died on 11/11/1996.

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Witness 


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Signature