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*New South Wales Police***STATEMENT in the matter of: Death of Carl Gregory STOCKTON**

Place: Level 4,
SYDNEY POLICE CENTRE.

Date: 21 April, 1997.

Name: Anthony Frederick MOYNHAM.

Address: SYDNEY POLICE CENTRE, 151-241 Goulburn Street,
SURRY HILLS. 2010

Tel. No.: [REDACTED]

Occupation: Director, Clinical Forensic Medicine Unit.

STATES:

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 wilfully stated in it anything which I know to be false or do not believe to be true.

My name is Anthony Frederick MOYNHAM.

I am a medical practitioner registered in New South Wales, Tasmania and Great Britain.

In April, 1977 I was appointed as a Medical Officer to the New South Wales Public Service in the Health Commission.

In March, 1981 I was appointed to the Police Medical Branch as a Police Medical Officer.

In March, 1987 I was appointed Assistant Director of Police Medical Services later known as the Police Health Services Directorate.

On 1 September, 1991 I was appointed Director of the Clinical Forensic Medicine Unit in the State Operations Support Group.

My qualifications are the following:

Bachelor of Medicine, Bachelor of Surgery. (University of Sydney).

Diploma in Medical Jurisprudence (Clinical) (Society of Apothecaries of London).

I have completed the course in Medical Jurisprudence through the University of London at the London Hospital Medical College.

Witness:

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Signature:

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STATEMENT (continued) in the matter of: **Carl Gregory STOCKTON**

Name: Anthony Frederick **MOYNHAM**.

I am a member of the Australian College of Legal Medicine.

Fellowship of the Australasian College of Biomedical Scientists.

I am a Fellow of the Royal Society of Medicine.

I am an Associate Member of the Association of Police Surgeons (Great Britain).

I have noted information in this matter.

Mr. STOCKTON was a 52 year old male person who had a history of reasonable health although it could not be said that he was free of medical problems. He had a history of occasional excessive alcohol use which caused him to be admitted to Campbell House and Hospitals in the past.

He is said to have been regularly taking Anafranil (clomipramine hydrochloride) and Valium (diazepam) as regular medication. The clomipramine is an antidepressant type of medication and the diazepam is a tranquilliser. This suggests that Mr. STOCKTON was suffering from some minor psychiatric problems. It is usual that this type of medication is prescribed by the local general practitioner.

The incident which resulted in the death of Mr. STOCKTON seems to have begun on the evening prior to his death. It seems that he had been consuming alcohol during that evening. The exact times of consumption are not known. The amount and type of alcohol consumed is not known.

It seems that he was found in an intoxicated state in Cleveland Street, Surry Hills at approximately 1.00am on 6 November, 1997. It is understood that at the time he was found he was lying down on the side of the road in the lane nearest the city side of the road. It was considered that there had been no major trauma or injuries to him at this time.

At the time he was found he was taken to Campbell House where he was admitted as an intoxicated person. Upon admission he is stated to have been assessed by an experienced carer from that centre. At that time he (the carer) is stated to have concluded that Mr. Campbell was free from any major injury and his main problem was intoxication from alcohol.

Witness:

Anthony Frederick Moynham

Signature:

Anthony Frederick Moynham

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STATEMENT (continued) in the matter of: **Carl Gregory STOCKTON**

Name: **Anthony Frederick MOYNHAM.**

This would suggest that Mr. STOCKTON had no signs of trauma such as bruises, lacerations or abrasions at the time of his admission to Campbell House. If Mr. STOCKTON had no external signs of trauma and appeared to be intoxicated then it would not be unreasonable to conclude that his mental and motor impairment at the time was caused by alcohol.

It was the following morning when it was realised that Mr. STOCKTON was in poor health and that something other than alcohol was the cause of his central nervous system depression.

Mr. STOCKTON was admitted to the Sydney Hospital from Campbell House at approximately 12.00pm midday on 6 November, 1996. Several blood tests were performed following his admission including a blood alcohol test which showed a blood alcohol level of 0.014 grams of alcohol in 100 millilitres of blood.

He was assessed by Dr. DUBENEC when he arrived at the Emergency Department of the Sydney Hospital that day. He was found to be complaining of headache and was disoriented in place but not in time or person.

He was found to have a right fractured clavicle, a right black eye and a CT scan showed a comminuted skull fracture which extended from the posterior parietal region to the vertex. There was some displacement. There were areas of intracerebral haematoma in the right temporal pole, both frontal poles, both posterior parietal regions and near the vertex on the right.

This indicated that there was a significant head injury. He was transferred to St. Vincent's Hospital where his condition worsened over the next few days. He passed away on 11 November, 1996.

The post mortem showed serious brain injuries and cerebral swelling. There were skull fractures which were displaced.

Based upon the blood alcohol concentration of 0.014 grams of alcohol in 100 millilitres of blood at approximately 12.00pm midday on the day of his admission to the Sydney Hospital at the time of his admission to Campbell House at 1.00am that morning his blood alcohol concentration would be within a range the lower limit of which would be not less than 0.157 grams of alcohol in 100 millilitres of blood and the upper limit of which would not exceed 0.290 grams of alcohol in 100 millilitres of blood. His most likely blood alcohol concentration would have been close to 0.234 grams of alcohol in 100 millilitres of blood.

This would explain his appearance of intoxication at the time he was assessed by the carer at Campbell House. The trauma of the black eye may or may not have been visible at that time. The condition of his right clavicle may or may not have been obvious.

Witness:

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Signature:

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STATEMENT (continued) in the matter of: **Carl Gregory STOCKTON**

Name: Anthony Frederick **MOYNHAM**.

Indications are that Mr. STOCKTON probably received some trauma to his right side. As the injuries were to the right side of the head and to the right clavicle it is possible that they may have occurred from a fall or from a glancing type of blow from a large object such as a motor vehicle.

The head injury may not have manifested itself to begin with which may explain his appearance upon admission to Campbell House. As time progressed following the trauma there would have been bleeding into the brain. This may not have caused depressed central nervous system function for some hours. This would explain his condition during the later part of the morning following his admission to Campbell House which caused him to be taken to the Sydney Hospital.

As a consequence of the intracranial bleeding there would have been cerebral swelling. This would have caused displacement of the multiple fractures of the skull. The appearance of Mr. STOCKTON at this time could have been different from his appearance at the time he was admitted into Campbell House.

Witness:



Signature:

