

NOTE: Copyright in this transcript is reserved to the Crown. The reproduction, except under authority from the Crown, of the contents of this transcript for any purpose other than the conduct of these proceedings is prohibited.

W2004 354/98 VL-E1

NEW SOUTH WALES STATE CORONER'S COURT

SENIOR DEPUTY STATE CORONER: J ABERNETHY

TUESDAY 1 DECEMBER 1998

5

INQUEST INTO THE DEATH OF CARL GREGORY STOCKTON

Sergeant E Radzieta assisting the Coroner
Mr Stockton father of the deceased

10

RADZIETA: The officer in charge Detective Walker is here in the matter of Mr Stockton's father. He is here representing the family. He has been explained some of the procedure in relation to what is to be tendered and if any questions asked I can certainly ask them on his behalf, or if he wishes to ask anything of the detective or the doctor then he will.

15

20

<NEIL ANDREW WALKER(10.02AM)
SWORN AND EXAMINED

RADZIETA: Q. Your name, rank and station?

25

A. Neil Andrew Walker, detective senior constable Surry Hills Police Station.

Q. In relation to the death of Gregory Stockton you were the investigating officer in relation to his death?

30

A. That's correct.

Q. As a result of that you've compiled a police brief of evidence. I show you the original of that brief and also attached inside is a number of photographs of the location of the area where Mr Stockton was found and that of the post-mortem photographs, is that correct?

35

A. That's correct.

Q. Just have a look at that for me just briefly thank you. They're the photographs you refer to in relation to it is that correct?

40

A. It is.

Q. And then the brief itself is the one that's compiled by yourself with an annexure on the front of that?

45

A. That's correct.

Q. Your statement is there of some 46 pages is that correct?

50

A. That's correct.

Q. You had a look at it earlier prior to entering into court?

A. That's correct.

55

Q. Was your signature at the bottom of each of those pages?

A. It was.

~1/12/98

Government Records Repository



F006656368

1

WALKER X (RADZIETA)

014 88 20 21

W2004 354/98 VL-E1

Q. Is there anything on that statement you would like to add to or take away from?

A. No.

Q. And you say it's a true and correct statement? 5

A. That's correct.

EXHIBIT #1 BRIEF OF EVIDENCE TENDERED, ADMITTED WITHOUT OBJECTION

Q. As a result of your investigation you sought a number of medical records to be obtained? 10

A. That's correct.

Q. They're from various hospitals, The Sydney Hospital and a few others in relation to the injuries and treatment the deceased had received prior to death? 15

A. That's correct.

EXHIBIT #2 MEDICAL RECORDS TENDERED, ADMITTED WITHOUT OBJECTION 20

RADZIETA: And if I can indicate your Worship the formal papers, there is a Form A from the hospital itself. An ID statement, post-mortem result and that of toxicology. 25

EXHIBIT #3 FORMAL DOCUMENTS TENDERED, ADMITTED WITHOUT OBJECTION

Q. Just in relation to the initial stages of the movements of Mr Stockton, he was drinking at the Bar Cleveland Hotel at Redfern? 30

A. That's correct.

Q. And he was seen by a number of patrons there throughout the afternoon and evening consuming alcohol? 35

A. That's correct.

Q. Generally on his own?

A. That's correct. 40

Q. As to his exact movements or he spoke to that can't be established?

A. No. 45

Q. Later on in the evening he was taken back to that bar by a man in a pony tail?

A. Yes he had a pony tail yes.

Q. That person has not been identified? 50

A. No he hasn't.

Q. As a result this has been on Australia's Most Wanted programme in an attempt to see if someone could assist with the last movements of Mr Stockton? 55

A. That's correct.

Q. And to this date nothing has come forward in relation to that?

W2004 354/98 VL-E1

A. No.

CORONER: Q. Does it look as though he was injured between the time he left the bar and was returned to the bar?

A. That's correct.

5

RADZIETA: Q. That resulted with a black eye?

A. Yes he had a black eye yes.

Q. And as a result of being taken to the bar, Mission Beat were informed to attend?

10

A. That's correct.

Q. And they had taken him to a proclaimed place at Campbell House?

15

A. That's correct.

Q. And there's information there from the various workers that he was placed in his own bed?

A. That's correct.

20

Q. Observations were made of him and at no stage had anyone whilst he was in the proclaimed place observed any altercation between Mr Stockton or any other person at that proclaimed place?

25

A. That's correct.

Q. But it was during the course while he was there later on the following morning that Mr Stockton had vomited a few times?

30

A. That's correct.

Q. And it was sought then by Mission Beat to take him to hospital because they had some concerns as to his welfare, his wellbeing?

35

A. That's correct.

Q. Now at some stage during the investigation once it was found at the passing of Mr Stockton, police made a canvass of the various pubs, laneways?

40

A. That's correct.

Q. Virtually sat off his house at times to see whether someone may have been entering or leaving his house?

45

A. Yes.

Q. The property that was found on the deceased, his keys were there?

A. No that's the only item of property that was not located and a thorough search of both his premises internally and externally and the various routes that he may have taken to and from the Bar Cleveland to his home were searched and nothing was found.

50

Q. And various items including wine bottles were taken to be forensically tested by fingerprints and other avenues and they were all drawn a negative result?

55

A. Only came back with Mr Stockton's fingerprints on them.

W2004 354/98 VL-E1

Q. So there was nothing there scientifically or forensically in that respect, or fingerprints to indicate anyone else involved in the death of Mr Gregory?

A. No.

5

Q. There were attempts made due to the nature of his injuries, a consultant neurosurgeon was sought, that of Dr John Matheson, consultant neurosurgeon?

A. That's correct.

10

Q. And his opinion was that Mr Stockton's injuries thereby clearly point to an assault with repeated head injury and are inconsistent with the impact of a motor vehicle collision?

A. That's correct.

15

Q. Yet Dr Tony Moynham who is a doctor working for the Police Service gives a varying view, he feels that it could have been possibly caused by a motor vehicle and his opinion differs to that of Dr Matheson?

A. That's correct.

20

Q. Now at this stage as to the manner of the death of Mr Stockton, it just can't be established?

A. No that's correct.

25

Q. But there was a time whilst he was in the hospital that the initial investigating police had attended and actually spoken to Mr Stockton?

A. That's right.

30

Q. And at that stage he didn't divulge as to how he obtained those head injuries?

A. No he didn't.

35

Q. He didn't indicate that he was assaulted?

A. No he didn't.

Q. He didn't say when, how or why that injury occurred?

A. No he didn't.

40

Q. Now at this point there is nothing there that you can establish as to the manner, as to how that head injury occurred?

A. No.

45

Q. There were certain injuries made of his place of work at Chullora?

A. That's correct.

50

Q. That was going through his locker, speaking to workmates and people associated with Mr Stockton and they can take the matter no further?

A. That's correct.

55

Q. There were a number of witnesses interviewed who can't take the matter any further?

A. No.

W2004 354/98 VL-E1

Q. There is nothing there to suggest that any of the people interviewed up until this point in time had any involvement in the injury or the death of Mr Stockton?

A. No.

5

CORONER: Q. So it seems that he's drinking in the Bar Cleveland Hotel at least from 2pm, may be earlier on 5th, he leaves the hotel at about 11/11.30?

A. That's correct sir.

10

Q. He's later found by 'pony tail' in the back of the hotel, or the backyard of the hotel?

A. Well no sir he was found by the residents of the premises off the laneway at the back of the hotel and he was then moved on from out of their yard into the laneway and it's then from some point from there on that the male with the pony tail has brought him into the Bar Cleveland.

15

RADZIETA: Q. And that was Roberto Diliberto and Brigette--

A. Paroissien.

20

Q. Paroissien who located the deceased at the back of his laneway?

A. That's correct, it was when Miss Paroissien was returning from work that she located Mr Stockton.

25

Q. And he was in a seated position in the back of the yard near the laneway is that correct?

A. Yes that's correct, just inside the gate.

30

Q. But there is nothing indicated from her or this fellow Robert Diliberto has to how Mr Stockton had gotten there?

A. No.

Q. And certainly they observed nothing substantial as far as injury goes regarding the deceased that they noted at that time?

A. That's correct.

35

Q. And from there he just moved off?

A. Yes the only observation that they made was his sobriety, that he seemed to be intoxicated.

40

CORONER: Q. Just to finish it, the bar manager then calls 'pony tail' takes off and we don't see him again. The bar manager calls Mission Beat, they book him in. He tells them he doesn't know how he was injured. He goes to bed. He is assigned a bed. He goes to bed. He is noted to be pretty sick from about 7.30?

45

A. Yes becomes nauseous on two occasions.

50

Q. And at about 11 or 11.30 he's taken to hospital?

A. That's correct.

Q. That's on 6th and he's taken to Sydney Hospital?

A. Sydney Hospital and that's when his injuries have become apparent.

55

Q. And he dies when?

W2004 354/98 VL-E1

A. The eleventh.

Q. And in that time you interviewed him?

A. Not in that time sir, he was spoken to by Detective Senior Constable Moss and Sparkes. 5

Q. And he couldn't again tell them how he came by his injuries?

A. No but I mean in respect of that I mean, with the injuries that he'd sustained and his condition whether or not you can actually take to its full weight what he said to the police at that time. 10

Q. So what did he say to them? 15

RADZIETA: Well if I can indicate it was Detective Moss who had interviewed him in my running sheet your Worship. Moss attends at St Vincents Hospital asking the deceased how he suffered his injuries. How did he get his black eye and was he assaulted to which he replied "No" to all three questions. Now they were recorded in his notebook F142260 on pages 32 to 33. But police also noted that he was - this is Moss who initially attended, also noted that Mr Stockton was vague when he spoke to detectives and did not appear to understand questions asked of him at times. So whether he fully understood what was being asked by the police at the time can't really be established but he did say "No" when asked as to how those injuries and where those injuries were sustained. 20

CORONER: Q. And Australia's Most Wanted produced nothing? 25

A. No there's been no information in all press releases that we've had in relation to the identity of this unknown person that brought him off the street. 30

CORONER: I can't think of any way we can further, can you? 35

RADZIETA: Not in relation to the detective your Worship. We've spoken about it at length between myself, Detective Walker and Detective Sergeant Phillips. At this stage we seem to have drawn a blank as to the manner of death and the whereabouts prior to the injury being received upon the deceased. 40

WITNESS: It is even fairly hard to establish a motive given that all Mr Stockton's property was found upon him except his keys. 45

CORONER: Q. And his premises were all right?

A. Everything intact, nothing was missing that we could establish. 50

RADZIETA: Q. There was nothing indicated in relation to bank records or anything similar as to the movement of monies or similar? 55

A. He was the last person to access his Westpac I think Handicard it was, that was a couple of days prior to the alleged incident and then nothing since. We can't even establish that sort of motive. And all his cards were found

W2004 354/98 VL-E1

on him.

CORONER: It is Mr Stockton is it?

MR STOCKTON: Yes.

5

CORONER: You're welcome to give us your thoughts. I don't like mysteries, no Coroner likes a mystery and if you've got some thoughts please let us have them because it doesn't matter how silly they may appear they just might help.

10

MR STOCKTON: Is this the time your Worship.

CORONER: It certainly is.

15

MR STOCKTON: Let me say that the death of any member of a family brings sorrow and in a case like this even brings a sense of debt perhaps, we say to ourselves "What did we do that brought this on?" or "What could we have done to prevent it?", and our son in his early life was aware they duty of men was to love the Lord and his neighbour as himself and he was a man of kindness and didn't go looking for fights. But when he grew up he found that society didn't act that way and he was swayed by what society did and the extent of his drinking was unknown to us until after he died. But his sister went to visit him when he was unconscious and apparently made some contact with him and reminded him of early life and the benefits of it and apparently he understood what she said and indicated to her, albeit unspoken, that he recognised what she was correct and that he would die in peace.

20

25

30

CORONER: Significantly though he didn't tell her anything about how he came by his injuries.

35

MR STOCKTON: He didn't tell her anything, he didn't speak to her. He was on a life control system, or a life support system at the time and she said to him "If you can hear what I'm saying will you breathe without the machine?" and he breathed without the machine and then she asked him again if he took notice of what she was saying and she said he breathed again to indicate that he did. And I went with her to the intensive care unit that same afternoon and she spoke to the sister in charge there and said "Has there been any breathing without the support of the machine in the meantime?" and she said "No there's been none.". Just on those two or three occasions when my daughter was speaking to him he indicated to her that he had died in peace because she had come and reminded him of what he had earlier known.

40

45

50

CORONER: Well thanks for that Mr Stockton.

MR STOCKTON: If I might just go a little step further?

CORONER: Certainly.

55

MR STOCKTON: We're comforted by that and by a text in Isiah Chapter 57 which says that "The righteous die and no one knows why and merciful men are taken away and who knows that

W2004 354/98 VL-E1

they are taken away from the evil to come." and what evil that might have been we don't know. It may have been further damage done by what he learned in society. Then again he may have gone blind from glaucoma because he was a sufferer, it was a family trait and my wife is now blind. But we're suffered that the Lord doesn't make mistakes. We are also satisfied that the investigation by the agencies which society has put in place has been done thoroughly and competently. 5

CORONER: That's heartening. 10

MR STOCKTON: And I would like to pay a personal tribute to the competence and the commitment of the police force and particularly to Detective Senior Constable Neil Walker for whom I have a great respect, even an affection. 15

CORONER: Well that's heartening because the police--

MR STOCKTON: I would like also to comment that your staff has also treated me very well. 20

CORONER: Well again that's heartening because the public authorities too often are criticised and it is nice to know that even in circumstances like this the public most affected at least can say that you have done the best you can. Thanks very much for that. I've got no other questions. 25

<WITNESS RETIRED 30

<CHRISTOPHER HAMILTON LAWRENCE(10.20AM)
SWORN AND EXAMINED

RADZIETA: Q. Thank you Doctor, your name? 35
A. Christopher Hamilton Lawrence.

Q. Your qualifications?
A. I have a degree in medicine from the University of Sydney. I am a Fellow of the Royal College of Pathologists of Australasia. 40

Q. And your duties performed here at the Institute of Forensic Medicine at Glebe?
A. I work as a forensic pathologist at the New South Wales Institute of Forensic Medicine. 45

Q. And how long have you been performing those duties for?
A. Nine years. 50

Q. And the amount of, the approximate post-mortems that you have conducted in that time?
A. About 3,000.

Q. In relation to the death of Mr Stockton you performed the autopsy?
A. Yes I did. 55

Q. You have heard my comments from various reports Dr John

W2004 354/98 VL-E1

Matheson and Dr Tony Moynham as to the possible manner in relation to the death of Mr Stockton?

A. Yes.

Q. Is there anything further you can comment in relation to the head injury caused upon this gentleman? 5

A. No. The concentration of injuries to the head is always a worrying sign of a possibility of an assault. The pattern of the injuries is a bit unusual, some of the injuries are not typical injuries from an assault. The extensive fracturing at the back of the skull is not all that typical. The injury to the side of the head is quite typical of an assault. So it becomes very difficult. At least it could not have been as a result of one single fall. It could have been the result of multiple falls. It was reported to me the deceased when he had been picked up was actually in the road and I think this is where the initial concern about the motor vehicle arose. Now I've seen this occur, I worked in New Mexico for two years and I saw a number of head injuries caused by people lying in the road and sustaining quite substantial head injuries. The only rider I would say on that is that most of them didn't survive, usually the speed of the impact would be such that it would be an immediate lethal injury. So while I have considered the possibility that it could have been an impact like that, I'd have to say it's less likely I think. It still raises the possibility we could be looking at the consequence of several falls rather than one fall and we're still left with the possibility of an assault, or the possibility of a combination of an assault and fall subsequently. 10
15
20
25
30

CORONER: Q. So you're saying possibly a motor vehicle hit and run type injury, possibly?

A. It could be but again my experience with those is that most of them kill you straight away and that's the one thing against that. 35

Q. Yes, possibly and assault or assaults?

A. Yes. 40

Q. And possibly he's fallen over?

A. He's possibly fallen several times that's another possibility. I point out the alcohol we found when we looked at it, it wasn't all that high and there's issues there as to the behaviour of the person described as being intoxicated-- 45

Q. Well except the alcohol wouldn't have been taken until he got to Sydney Hospital which was about 12 hours?

A. Yes that is true-- 50

Q. What was the reading at Sydney?

A. It's 0.1, it wasn't a good specimen either, so yes--

Q. So 12 hours allowing for accretion-- 55

RADZIETA: Bearing in mind that the incident occurred on 5 November '96 and he died at the hospital on 11 November--

W2004 354/98 VL-E1

CORONER: No, no--

WITNESS: The specimen was taken--

RADZIETA: I beg your pardon--

5

WITNESS: That was the first time he was admitted to hospital.

CORONER: Q. That would have been about midday on 6th, so he's had a sleep. I would have thought from that the alcohol level at the time of the injuries was probably quite high.

10

A. It certainly could have been. The problem is again the possibility of confusion of head injuries with intoxication is the other concern that I would have.

15

RADZIETA: Q. Doctor you made mention of your experiences in New Mexico. If I can take it a step further ..(not transcribable).. any further but you've recently returned from Bosnia an obviously worn torn country as well as people being shot, are there any similar injuries disclosed on the head from people being - as you mentioned if a person had been assaulted to the severity as Mr Stockton had suffered?

20

A. It's possible to cause those sorts of injuries with striking somebody with an object but just the extent of them was an unusual one and the pattern wasn't exactly typical. As I said on the side of the head are typical but the ones at the back of the head with the extensive fractures they're an unusual fracture in an assault.

25

30

CORONER: Q. Have you seen them, it's fracturing to the back head, it's an egg shell type fracture?

A. Yes that's right.

35

Q. Have you seen that sort of thing in non homicides? I mean they'd be quite common in a homicide surely with say a hammer or?

A. Yes it would fracture significant impacts, several impacts with an object. There wasn't much in the way of laceration, as I say most of the ones I've seen are sort of egg shell type fractures, I've seen lacerations accompanying the impact so.

40

Q. You won't raise any of those three possibilities to the level of probability, you don't feel you can?

45

A. The problem is the features are just ..(not transcribable).. for me - I mean the other thing, the broken collar bone injury for an assault, it's an injury which tends to be caused when you fall on something, of course a blow, an impact to that area could do that and could fracture the ribs that accompany it, it could have occurred that way but it's not diagnostic of the one as opposed to the other.

50

55

RADZIETA: Q. You did make mention in your post-mortem result of bruising to the legs, chest and arms and some of them appeared to be old, for example the old rib fractures and the right clavicle and the ..(not transcribable)..

W2004 354/98 VL-E1

injuries is odd?

A. Yes the rib fractures I think--

Q. This is in your summing up on page 9 of 10?

A. Yes.

5

Q. So they weren't the recent injuries in line with what--

A. I'm just trying to recall the interval between the time of--

10

CORONER: Q. Take your time, there's medical records here if you want them.

A. No it's all right, I've just got to check the timing of it.

15

Q. Those healing fractures, could they have been occasioned at the time of the head injuries?

A. That's what I'm just trying to establish. They could have it would be fairly early callous formation usually takes a little time to develop, we've got six days, so yes it could start to occur.

20

RADZIETA: Q. Just in relation to the head injury itself, the main extent of the damage done to Mr Stockton was to the rear of the head?

A. Yes.

25

Q. And in an example, say an early person at a nursing home who has dementia and hasn't got a good gait, a number of falls, would that be consistent with injury there, depending on which way they fell, if they kept on falling backwards for example?

30

A. The extent of the fracture is more extensive than I'd expect from a regular fall. Remember if you fall on an irregular surface, particularly if you're intoxicated and you're not going to stop yourself. If you were to say for example to fall from your own height onto a kerb or something or a non flat surface you can actually cause substantial fracturing. So it's not your average drunk fall over backwards, strike your head. The other thing is too remember we've got the injury on the side of the head as well and this is why I'm saying you would have to have more than one episode of impact to do that because you've got one at the side and one at the back. As I say I cannot myself just from the pattern of injuries resolve this, you'd need more.

35

40

45

CORONER: Q. The neurosurgeon Dr Matheson really feels that it points to an assault. I get the impression you favour that although you're not prepared to raise it to the level of probability, I'm not asking you to?

50

A. Look we've got three options. I think that of the three options the car one is probably the least likely of the three options. What I cannot tell is whether we're dealing with several falls or an assault and several falls or a straight out assault.

55

Q. Or an assault and a fall?

A. Yes.

W2004 354/98 VL-E1

Q. I suppose some of the injuries could be sequelae to an assault, if he's assaulted--

A. Yes that would be my concern about dismissing this is as being an accidental death.

5

Q. No I'm not prepared to do that. I would rather bring in an open finding.

A. Just strictly from my own point of view I cannot myself-

NO QUESTIONS - MR STOCKTON

10

<WITNESS RETIRED AND EXCUSED

RADZIETA: I've got no further evidence to call your Worship.

15

CORONER: That is the evidence that we propose to call in this case. It has been thoroughly investigated by Detective Constable Walker. All the people he could find who were around Mr Stockton on 5th and 6th have been interviewed. The man with the pony tail cannot be located. He has attempted through press releases and Australia's Most Wanted to get people to come forward and no one has and we simply cannot ascertain how Mr Stockton came by his injuries. None of those people - no person has been able to tell the police how the injuries were sustained and sadly, although Mr Stockton lived for seven days, he couldn't or wouldn't and towards the latter stage certainly couldn't tell the police how he came by his injuries. Significantly he was unable to tell, or did not tell those at Mission Beat how he came by his injuries.

20

25

30

As I understand it he was drinking at a hotel in Redfern, the Bar Cleveland for most of the day, 5th. He left late at night and was returned after being seen by other drinkers adjacent to the rear of the hotel. He was returned from the street by a man with a pony tail. There were visible injuries including a black eye. The bar management called Mission Beat who placed him a proclaimed place for the night. He slept the night there. He was ill the next morning and by 11.30 those managing the proclaimed place were concerned enough to have him admitted to Sydney Hospital. He appeared very drunk to those when he was returned to the hotel. He did not appear drunk when he left the hotel. Of course that may be consistent with the injuries he received. He was transferred to St Vincent's Hospital but died on 11 November 1996.

35

40

45

There has been reports by his neurosurgeon and a report was obtained from the Police Medical Officer, Dr Moynhan and of course a very thorough post-mortem examination was conducted by Dr Lawrence, staff pathologist at the New South Wales Institute of Forensic Medicine. Sadly it is inconclusive, three doctors have differing views and that is not unusual. I think Dr Moynhan feels it is most likely to be some sort of injury sustained in a car accident or when run over by a car, perhaps while lying on the road. Dr Matheson, the consultant neurosurgeon feels it is more likely to be an assault consisting of several blows to the head and he feels

50

55

W2004 354/98 VL-E1

it is quite inconsistent with a motor vehicle trauma. Dr Lawrence who is a very experienced pathologist he is erring on the side of caution and frankly I do not blame him. He can only look at what he sees after the man has passed away and he notes the unusual nature of the craniocerebral injuries. There are a number of fractures to the skull and he basically gives three options, I think his most likely possibility is an assault perhaps coupled with injuries sustained as a result of the assault perhaps by hitting his head against something hard with the ground, cement, a wall, something like that and I think he favours that but he is not prepared to say that that is probably what happens, he says it is quite possibly what happened. He is not prepared to discount a car, a trauma with a motor vehicle in some way and there is a remote possibility he has fallen a number of times. I think that is unlikely, I think it is likely, it is either the car trauma which would have to be in the nature of a hit and run or more likely Mr Stockton was assaulted. The problem with that of course is that apart from his keys nothing was taken. His accommodation has never been interfered with and there are some puzzling aspects about it being an assault.

It is one of those cases where sadly I have to record an open finding as to the manner in which Mr Stockton came by those injuries. We know who he is and we know when he sustained his injuries and when he died and where he died. We know what he died of but we do not know how he came by the injuries that killed him. I am sorry to have to record an open finding, I know it gives the family cold comfort but I cannot see how the New South Wales Police Service and the New South Wales State Coroner can take this matter any further. The one benefit of an open finding I suppose is that if anything comes to the notice of the police. If anyone comes forward the police will be able to reopen the matter and they will reopen the matter and that is not just empty words, that does happen from time to time, people walk into police stations and say "I've had this on my conscience for a long time. I hit a bloke in a pub at Redfern and I found out he died and I've lived with it and I don't want to live with it anymore." I note Mr Stockton senior is a Christian, a practising Christian and he of all will realise that people have fits of guilt and want to balance the ledger and that is always a possibility.

I WILL BRING IN A FINDING THAT CARL GREGORY STOCKTON DIED ON 11 NOVEMBER 1996 AT DARLINGHURST OF CRANIOCEREBRAL INJURIES SUFFERED ON OR ABOUT 5 NOVEMBER 1996 AT REDFERN. AS TO HOW SUCH INJURIES WERE SUSTAINED THE EVIDENCE ADDUCED DOES NOT ENABLE ME TO SAY.

I make that finding this 1 December 1998 as this State's Senior Deputy State Coroner.

oOo