

**Francesca Lilly**

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**From:** Linda Iles <[REDACTED]>  
**Sent:** Wednesday, 22 March 2023 9:53 AM  
**To:** Francesca Lilly  
**Cc:** Kate Lockery  
**Subject:** RE: Special Commission of Inquiry into LGBTIQ hate crimes: Stockton - imaging records

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Thanks Francesca

These are helpful (esp noting occipital coup-type contusions), but do not change the content of my report. I note that there are no CT or Xray facial bones reports on file, which makes me wonder if the doctor who reported multiple facial bone fractures did so in error.

Kind regards  
 Linda

**Dr Linda Iles**  
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**VICTORIAN INSTITUTE  
 OF FORENSIC MEDICINE**



**MONASH  
 University**

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**From:** Francesca Lilly <[REDACTED]>  
**Sent:** Monday, 20 March 2023 11:44 AM  
**To:** Linda Iles <[REDACTED]>  
**Cc:** Kate Lockery <[REDACTED]>  
**Subject:** Special Commission of Inquiry into LGBTIQ hate crimes: Stockton - imaging records

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Dear Dr Iles,

Thank you for providing your report in the matter of Car Stockton, it has been of much assistance.

Following enquiries with Sydney Hospital and St Vincent's Hospital, we have been advised that all images (x-rays and scans) in relation to Mr Stockton have been destroyed. However St Vincent's Hospital provided the **attached** imaging reports.

I would be grateful if you could please let me know if anything contained within these records changes the views expressed in your report in any way.

Would you be able to please advise as to same this week?

Many thanks for your assistance.

Please do not hesitate to contact me to discuss this further.

Kind regards,



**Francesca Lilly** (*she/her*)

Solicitor

**Special Commission of Inquiry into LGBTIQ hate crimes**

**Chief Secretary's Building** 121 Macquarie Street, Sydney NSW 2000

E [REDACTED]

[www.specialcommission.nsw.gov.au](http://www.specialcommission.nsw.gov.au)

I acknowledge the traditional owners and custodians of country throughout NSW and their continuing connection to the land, culture and community. I pay my respects to Elders past and present.

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**SVH Diagnostics (MI & NucMed)**

**STOCKTON, CARL**

MRN: 0213804 (SVH)

DoB: 31/10/1944 (M)



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**Full Collection** - prepared at Thu, 16 Mar 23 17:44:08 +1100

<b>CHEST. : 11 Nov 96 08:30</b> -- Accession: XRGEGE_069944	STOCKTON, CARL - MRN: 0213804 (SVH)
CXR CHEST. MOB MOBILE EXAMINATION <b>CHEST MOBILE.</b>	
The lung fields are clear.	
sd	
11/11/96	
GE 69944	
END OF REPORT	

<b>MOBILE EXAMINATION : 11 Nov 96 08:30</b> -- Accession: XRGEGE_069944	STOCKTON, CARL - MRN: 0213804 (SVH)
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<b>CHEST. : 10 Nov 96 08:30</b> -- Accession: XRAEAE_140207	STOCKTON, CARL - MRN: 0213804 (SVH)
CXR CHEST. MOB MOBILE EXAMINATION <b>CHEST MOBILE.</b>	
The lungs are clear.	
sd	
11/11/96	
AE 140207	
END OF REPORT	

MOBILE EXAMINATION : 10 Nov 96 08:30 -- Accession: XRAEAE\_140207

STOCKTON, CARL - MRN: 0213804 (SVH)

CHEST. : 09 Nov 96 08:06 -- Accession: XRAEAE\_140119

STOCKTON, CARL - MRN: 0213804 (SVH)

CXR CHEST.  
MOB MOBILE EXAMINATION  
**CHEST MOBILE.**

The lungs are clear.

Note is made of the fracture through the medial third of the right clavicle.

sd

11/11/96

AE 140119

END OF REPORT

MOBILE EXAMINATION : 09 Nov 96 08:06 -- Accession: XRAEAE\_140119

STOCKTON, CARL - MRN: 0213804 (SVH)

CT BRAIN NO CONTRAST. : 08 Nov 96 08:58 -- Accession: XRCTCT\_023511

STOCKTON, CARL - MRN: 0213804 (SVH)

CTB CT BRAIN NO CONTRAST.  
**CT BRAIN WITHOUT CONTRAST.**

**Technique:**

Fine slices were taken through the posterior fossa with contiguous 10mm slices taken above to the skull vertex.

Comparison made to the study of 07/11/96. History of trauma and of recent right fronto-temporal craniectomy.

A large right sided craniotomy defect is evident. A pressure monitor has been inserted across this site. The previously evident intraventricular drain has been removed (gas being evident along the drain track).

A surgical defect is now seen at the anterior aspect of the right temporal lobe.

Extensive haemorrhagic contusion is again demonstrated at the anterior and posterior aspects of both hemispheres and within deep white matter of the right frontal lobe, subjacent to the craniotomy defect. This haemorrhagic contusion is little changed in appearance (aside from removal of the contused anterior right temporal lobe). Note is made of a small volume of intraventricular blood lying within the occipital horns.



Changes of raised intracranial pressure are present. These include sulcul effacement over both hemispheres and effacement of basal cisterns. There is bowing of midline structures toward the right, the septum pellucidum being deviated by approximately 1cm.

The left lateral ventricle may be marginally bigger than was evident on the previous study. The right lateral ventricle is marginally more effaced. Extensive skull fractures are again evident.

**COMMENT.**

The intra-ventricular drain has been removed. A large right craniotomy defect is now present. The anterior right temporal lobe has been removed. A pressure monitor has been inserted.

There is now a small volume of intraventricular blood in addition to the extensive haemorrhagic contusion previously evident. Intracranial mass effect persists.

PT  
11/11/96

END OF REPORT

CHEST. : 08 Nov 96 07:20 -- Accession: XRAEAE\_140061

STOCKTON, CARL - MRN: 0213804 (SVH)

CXR CHEST.  
MOB MOBILE EXAMINATION

**CHEST.**

An endotracheal tube has its tip projected clear of the carina. A nasogastric tube has its tip projected beneath the left hemi-diaphragm. A right central line has its tip projected over the superior vena cava.

Minor subsegmental atelectasis is evident at the left base peripherally. The lungs and pleural otherwise are clear.

The cardiac size is stable.

PT  
11/11/96

END OF REPORT

MOBILE EXAMINATION : 08 Nov 96 07:20 -- Accession: XRAEAE\_140061 STOCKTON, CARL - MRN: 0213804 (SVH)

MOBILE EXAMINATION : 08 Nov 96 02:00 -- Accession: XRAEAE\_140055 STOCKTON, CARL - MRN: 0213804 (SVH)

PELVIS. : 08 Nov 96 02:00 -- Accession: XRAEAE\_140055 STOCKTON, CARL - MRN: 0213804 (SVH)

PEL PELVIS.  
MOB MOBILE EXAMINATION  
**PELVIS MOBILE**

No bony or joint abnormality is seen.

sd

11/11/96

AE 140055

END OF REPORT

CHEST. : 07 Nov 96 22:23 -- Accession: XRAEAE\_140041 STOCKTON, CARL - MRN: 0213804 (SVH)

CXR CHEST.  
MOB MOBILE EXAMINATION  
**CHEST (MOBILE) .**

The right longline has been removed. A right central line has been inserted. The tip of this is positioned over the superior vena cava.

An endotracheal tube and a nasogastric tube appear unchanged in position.

The lungs remain clear. Cardiac size lies within normal limits. There is no evident pneumothorax.

A fracture through the middle third of the right clavicle is again noted.

PT  
12/11/96

END OF REPORT

MOBILE EXAMINATION : 07 Nov 96 22:23 -- Accession: XRAEAE\_140041

STOCKTON, CARL - MRN: 0213804 (SVH)

CT BRAIN NO CONTRAST. : 07 Nov 96 18:30 -- Accession: XRCTCT\_023509

STOCKTON, CARL - MRN: 0213804 (SVH)

CTB CT BRAIN NO CONTRAST.  
**CT BRAIN WITHOUT CONTRAST.**

**Technique:**

Fine slices were taken through the posterior fossa with contiguous 10mm slices taken above to the skull vertex.

Previous films unavailable.

Extensive cranial vault fractures are present. There is a comminuted fracture of the occipital bone, most extensive near the skull vertex. There is diastasis of the sagittal suture. A linear fracture is also seen in the region of the left coronal suture. A left sided occipital fracture extends toward the skull base posteriorly. Aside from this no involvement of the skull base is seen.

There is very extensive haemorrhagic contusion. This involves both occipital lobes posteriorly, the base of both frontal lobes and the right temporal lobe, particularly anteriorly. A high density haematoma is also seen nearer the vertex within deep white matter of the right frontal lobe.

There is marked increased intracranial pressure. This is evidence by complete sulcul effacement over both hemispheres and by effacement of basal cisterns. No shift to midline structures is evident.

A right intraventricular drain has been inserted. The tip of this projected within the left frontal horn. No gross hydrocephalus evident. No intraventricular blood identified.

**COMMENT.** Extensive fracture of the skull vault including diastasis at the sagittal suture. Very extensive haemorrhagic contusion evident bilaterally. Changes of increased intracranial pressure are demonstrated.

A right intraventricular drain has its tip within the left frontal horn. No gross hydrocephalus evident.

PT  
11/11/96

END OF REPORT

CERVICAL SPINE. : 07 Nov 96 17:30 -- Accession: XRAEAE\_140020

STOCKTON, CARL - MRN: 0213804 (SVH)

CHEST. : 07 Nov 96 17:30 -- Accession: XRAEAE\_140020

STOCKTON, CARL - MRN: 0213804 (SVH)

CXR CHEST.  
CS CERVICAL SPINE.  
MOB MOBILE EXAMINATION

**CHEST.**

An endotracheal tube has its tip projected approximately 4.5cm clear of the carina. A nasogastric tube has its tip projected over the stomach.

A right longline has its tip projected just above the medial end of the right clavicle.

The lungs are well expanded and clear. Cardiac and mediastinal contours outline normally.

Fracture through the proximal third of the right clavicle is present.

**CERVICAL SPINE.**

Lateral film including the region C1 to the top of T1.

No fracture or bony malalignment is demonstrated.

PT  
12/11/96

END OF REPORT

CT BRAIN + AND - CONTRAST. : 07 Nov 96 08:44 -- Accession: XRCTCT\_023502 STOCKTON, CARL - MRN: 0213804 (SVH)

CTB2 CT BRAIN + AND - CONTRAST.

**CT BRAIN WITH CONTRAST.**

10mm contiguous axial scans were performed from base of skull to vertex, with the finer cuts through the posterior fossa, without intravenous contrast.

The examination was performed as progress scan, following head trauma, and was compared to the previous (private) scan of the 06/11/96.

There are extensive areas of intracerebral contusion/haematoma. These are located in the right temporal lobe, both frontal lobes, and both occipital lobes, with a further region in the superior fronto-parietal region. In comparison to yesterday's scan, these show the expected tendency to confluence, and there is also the expected increased definition of surrounding oedema.

There is overall mass effect, with compression of the basal cisterns. This shows slight deterioration, in comparison to yesterday's scan.

There is also distortion of the frontal horns. There is no significant midline shift (this is measured at less than 3mm shift to the right). There is no hydrocephalus.

There is no intraventricular haemorrhage defined. The extensive skull fractures are again noted.

**COMMENT.**

Extensive areas of intracerebral haematoma/contusion. This shows the expected progressive appearances, in comparison to yesterday's scan. There is significant overall mass effect, which appears to have slightly increased since the previous scan.

PT  
08/11/96

END OF REPORT

CERVICAL SPINE. : 06 Nov 96 17:51 -- Accession: XRAEAE\_139977

STOCKTON, CARL - MRN: 0213804 (SVH)

CS CERVICAL SPINE.

**CERVICAL SPINE.**

Films include the region C1 to C6.

Within this region no fracture or bony malalignment is demonstrated.

PT  
12/11/96

END OF REPORT