

MASTER TAPE NO. 12890

APPLICATION NO. 506/87

WOLLONGONG CORONER'S COURT

15TH MAY, 1987

BEFORE: W G SODEN, CORONER

(INQUEST TOUCHING THE DEATH OF WILLIAM ANTONY ROONEY)

APPEARANCES BY LEAVE OF THE CORONER

SERGEANT T WALL

Appears for the purpose of
assisting the Coroner

NO APPEARANCE OF RELATIVES OF THE DECEASED

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VINCENT VERZOSA
(Sworn, examined as under)

SERGEANT WALL: Q. Doctor could you give your full name please?
A. Vincent Verzosa.

Q. Your occupation? A. I am the Forensic Pathologist of the Department of Health, Illawarra Region, Wollongong.

Q. Doctor, your brief resume of your qualifications?
A. Yes.

Q. Would you have a copy there? A. I'll just briefly state it, I am a qualified Medical Practitioner, practicing in the Wollongong, and Illawarra area, I hold the degree of PhD in Anatomy and Pathology from the University of Knotworse(?) University, Chicago, Illinois. I had a Certificate of Training specialising in Histology and Biology University of New York, Syracuse(?) New York. I hold a degree of MBBS, and MD degree from the University of the Phillipines. I have been, (Inaudible) the Medical Faculty Papua New Guinea, and I have been a Senior Lecturer in Human Biology, Surgery, Medicine, University of Papua New Guinea Faculty of Medicine, and since 1978 I have been appointed the Government Medical Officer of the Illawarra Region for the then Health Commission of New South Wales.

(Witness shown Exhibit "3" - Post Mortem Report, together with several photographs)

(Sergeant Wall approaches the witness)

Q. Firstly, that's the report you completed in relation to the deceased? A. Yes this is the report I made.

Q. You've read that today? A. Yes.

Q. Also the photographs in relation to the deceased.

(Witness looks through photographs)

I show you photograph 1, it indicates the area where the deceased was on this day, and also photograph. Doctor I show you several photographs in relation to the deceased and the certain injuries are depicted on the deceased body, could you tell the court through your expertise how you say they may have, how they come to be there, or most likely cause, taking into consideration the photographs that depict the area where the deceased was located also? A. Yes, I've seen them.

Q. The injuries you can see on those photographs, are they consistent with a person falling and landing on an area which is depicted in the photographs? A. The ones that I have mentioned in my report, if, I will read them, on the body, one on the chest wall, I described a small oval grayish green haematoma which is depicted in picture number 23, at that time when I examined it the colouration was grayish green, it was an oval haematoma one inch in diameter about four seen arranged in a lineal manner on the lower region of the right chest close to the coastal arch, meaning the lower portion of the right chest towards the border

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WITNESS CONT'D: of the arching of the ribs. Since the colour was gray green the age of this lesion would, I would put to be about maybe three to five days, which would not be the same as the age of the actual injuries that the person has on his body which I claim are the cause of his death. Now the principal injury was the one that I found on the head, most of the fractures that I saw on the head were confined inside at the base of the skull, meaning that the outside portion of the skull was intact, but most of the breaks or fracture were all confined within the floor of the cranial cavity which I made detail description which is, if you will allow me to read it, "On the skull it showed basal linear fractures seen on the posterior and medial cranial fossa". Posterior meaning the floor of the skull is divided into three compartments, one is in front which we call frontal and then a pair of oval floor called the medial cranial fossa and then the last one behind this would be called the posterior cranial fossa where the brain sits on. Now this structural part of this skull are the weakest points of the skull, taken together the covering or the top portion of the skull which we call the skull cap again we name them from the front the frontal, the top and sides is called the parietal, the sides is the temporal and the back portion which is the thickest is the occipital portion. Now this are very thick part of the skull. When I examined the head as a whole the principal lesion that I describe on the scalp would be a diffuse haematoma, that means the accumulation of blood in the soft tissue forming the scalp, this was seen on the backside of the head which I call the occipital region. The extension of this haematoma was from, covers the whole back of his head from side to side, meaning from the left to the right, the extension or the fusion of the haematoma was more or less uniform on the back of the head. Now this portion of the head is thickly covered with the muscle attachment of the muscles that one finds in the back of the neck, they're attached to the back bone, which we call the occipital bone of the scalp, therefore this area of the head is well protected by muscular attachments. Now the skull fracture as I mentioned there was no depression or shattering, or any defect on the surface of the skull when I removed or opened the scalp which is the routine way of opening or examining the scalp, the surface of the occipital bone which is underneath the haematoma was perfect, meaning there was no destruction of the surface of the bone. When I opened the cranial cavity that is when I discovered all the fractures that I have described here. To describe them I started with the back fossa, meaning the posterior fossa. The posterior fossa showed a horizontal fracture running around the whole length of the lower portion of the occipital bone, meaning that that line like fracture, or what we call linear fracture extended from side to side crossing the floor, or the back fossa or the posterior cranial fossa. Now this extended upwards to the floor of the temporal fossa, the temporal fossa is the middle ones between the front and the back fossa. Now this bone is also thin and the portion of this temporal fossa on its side, that will be opposite the ear is what we call the petrous temporal bone, this was also split by the running lineal fracture crossing the back fossa going to the middle upwards towards the front and reaching the margin of what we call for the foramen magnum. The foramen magnum is the hole on the middle of the posterior cranial fossa who have this spinal cord passes through coming from the brain, this was

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WITNESS CONT'D: also split by the lineal fracture running and ending on it, on its posterior margin. Now with the fracture of the medial cranial fossa there is a big artery that runs on the inside of the bone on the side of the head on the floor of the medial cranial fossa. Now the fracture as it ran across the floor tore this artery which we call the medial meningeal artery. The diameter of this artery would be likened to about the size of a matchstick, so that the bleeding or the haemorrhage that followed with the tear of this artery would be more or less severe. Both sides, or both arteries the right and the left were torn by the fracture which occurred on the posterior fossa and involved both medial cranial fossa. Now on examining the brain I found the whole brain was covered with massive blood clots which covered almost the entire surfaces of both cerebral hemispheres. We call hemispheres the totals of the brain, and then beside the cerebral hemisphere there is a smaller lobe that sits below the back portion of its cerebral hemisphere, we call this the cerebellum. The cerebellum was also completely covered with blood clot and when I lift it and removed the brain the whole floor of the cranial cavity was also covered with blood clot, this was eventually removed, washed, so that I could clearly delineate and describe the fracture lines that were found on the floor of the cranial fossa. The bleeding from the ear was due to the blood that seeped out through the petrous temporal bone that was fractured or involved in a fracture. Now most of the damage was well confined to the back, or back portion of the skull. But as I've said earlier, there was nothing externally disturbed on the surface of the skull. There was one principal lesion that I found on the extremities, there were two. The left upper limb, this showed an oval abrasion contusion, meaning the surface of the skin was abraded, the lesion was oval in shape, measuring three and a half inches to about three inches wide, it is shown also in this picture, picture number, there was one picture number 17 I think and number 18. There was one picture here that showed clearly the abrasion contusion on the left elbow.

Q. Doctor, the injuries you saw on the deceased?

A. Yes on the left elbow region, oval on the inside part at the back of the upper extremity on the left side, this was a fresh contusion abrasion on the backside, and then another one which I described on the right knee was abraded which was also shown in picture number 20.

Q. You're aware doctor that the area where the deceased was found? A. Yes.

Q. And the surrounding areas where he was found, like the side of the wall and the shed area? A. I presumed that he was found on a hard cemented area?

Q. Yes that's correct, the injuries you observed on the deceased would they be consistent by falling and striking either of those objects to hit the ground? A. In my opinion I am of the strong belief that that would be caused by the head hitting a flat hard surface, with the back of the head hitting the flat hard surface, and the back of the elbow maybe also a part of the fall where reflex where the deceased might have tried to break his fall or reflex if elbow hit the ground first before the head.

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SERGEANT WALL CONT'D: Q. And then, are you able to say that those injuries are not consistent with being struck with any object to the back of the head? A. In my experience battering of the head with hard instruments, whether wood or metal usually, maybe 99 percent of them the skin is split open together with the fracturing of the skull, and in most instances the surface of the skull following a blow from a very hard object would show by some destruction of the surface of the skull.

Q. And this was not observed? A. No, this part of the head, well we cannot entirely discount a forcible, a forceful blow being the part where it is covered by muscle, yet if the force was that strong in many instances the fracture would be a shattering and a depression of the fractured area which was caused, which was the result of a forcible blow, and since there is only one, I tried to examine the other lesions shown in the face were little ones, small ones, like scratches, which would, I discounted that that would be a part of a multiple blow inflicted on the head, usually also in violence whereby blows are inflicted on the head, there would be more than one major blow inflicted on the head.

Q. And there was no dramatic splits in the skin on the back of the deceased's skull? A. No, the skin was perfectly intact, so were the surface of the skull opposite the haematoma which was diffusely and evenly spread at the back of the head. There was no localisation of destruction as one might expect from a battering with a hard instrument.

NO CROSS EXAMINATION

(Witness retired and excused)

SERGEANT WALL: Your Worship I will have another person called, I can indicate that this person has mentioned to me that he wishes to have his name suppressed.

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[REDACTED]

(Sworn, examined as under)

SERGEANT WALL: Q. Sir it's correct that you do not wish to have your name disclosed? A. Yes.

Q. Sir, if I give you a piece of paper and a pen would you be able to write your name and address and occupation on that piece of paper please?

CORONER: Yes, while that's being done, I do make an order under s.44 by memory of the Coroner's Act, that any information leading to disclose the identity of this witness is prohibited from publication. Yes sergeant?

SERGEANT WALL: Yes I seek to tender that document Sir.

CORONER: Yes.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Q. Is there anything else you wish to add to this matter now before the court that may assist the Coroner?

A. Not really.

Q. Do you know the area where he was found? A. Yes.

Q. Could you give any opinion as to why he'd be around that area at that time of the night? A. None whatsoever, I pointed out to the detectives investigating the situation that it in fact was quite out of character for Bill to be in that area, in sort of where he was found, that particularly in the light of it

[REDACTED]

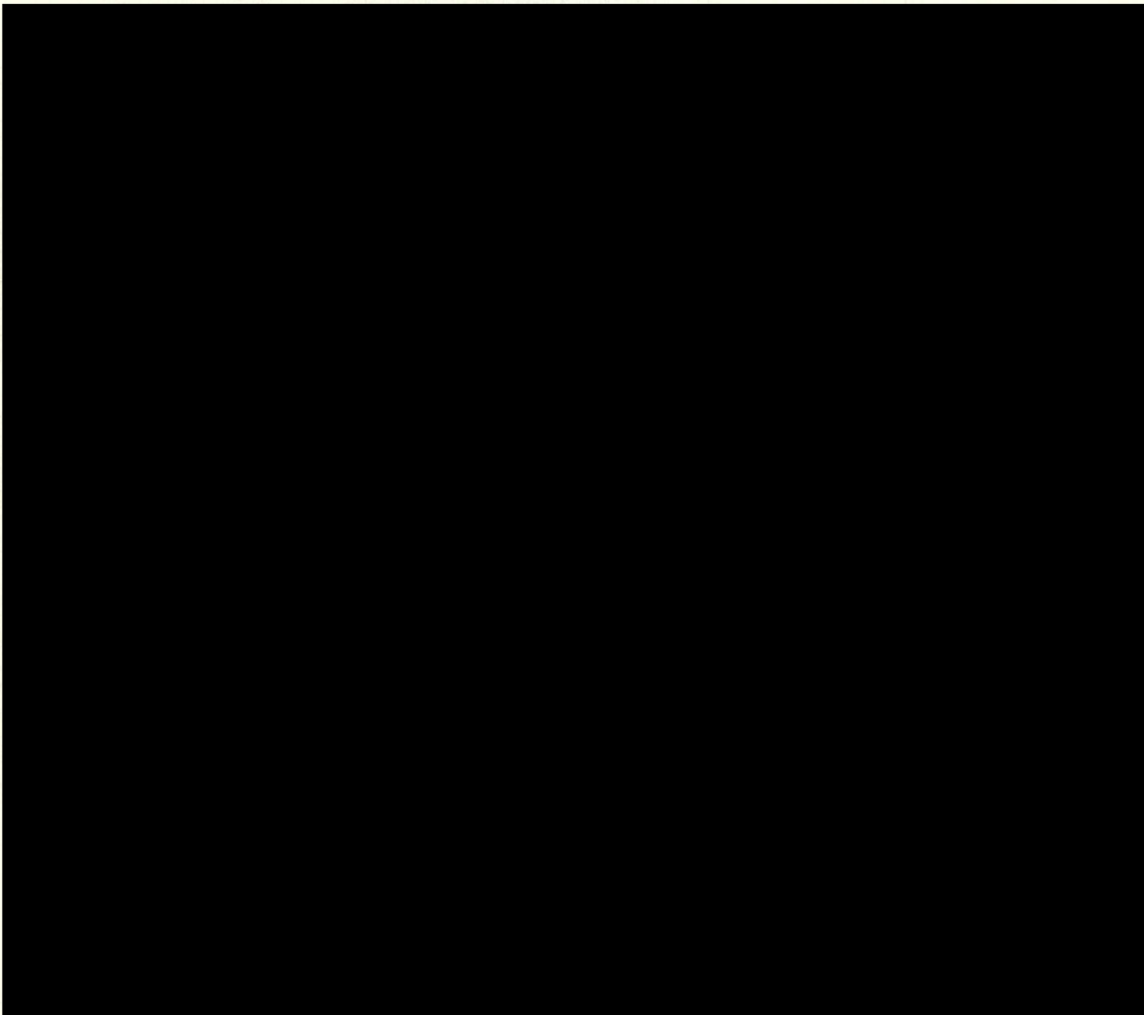
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WITNESS CONT'D: Bill [REDACTED] attacked at one stage for being homosexual [REDACTED] in Wollongong, and he, as a result of that had a fear of being in out of the way places.

Q. Did at any time after [REDACTED] [REDACTED] Bill ever mention to you that he had fears that someone was after him, or trying to get at him? A. Only in the general sense of the old sort of context of being a homosexual person in a town that is fairly aggressive towards homosexual people.


Q. At this time are you aware whether Bill had any other close male or female friends? A. Close in a platonic sense, many.



Q. You're aware that the entry to Annabelles is very close to where Bill was found? A. Well aware of it, yes.

Q. Just a matter of twenty, thirty metres? A. Yes, well aware of it.

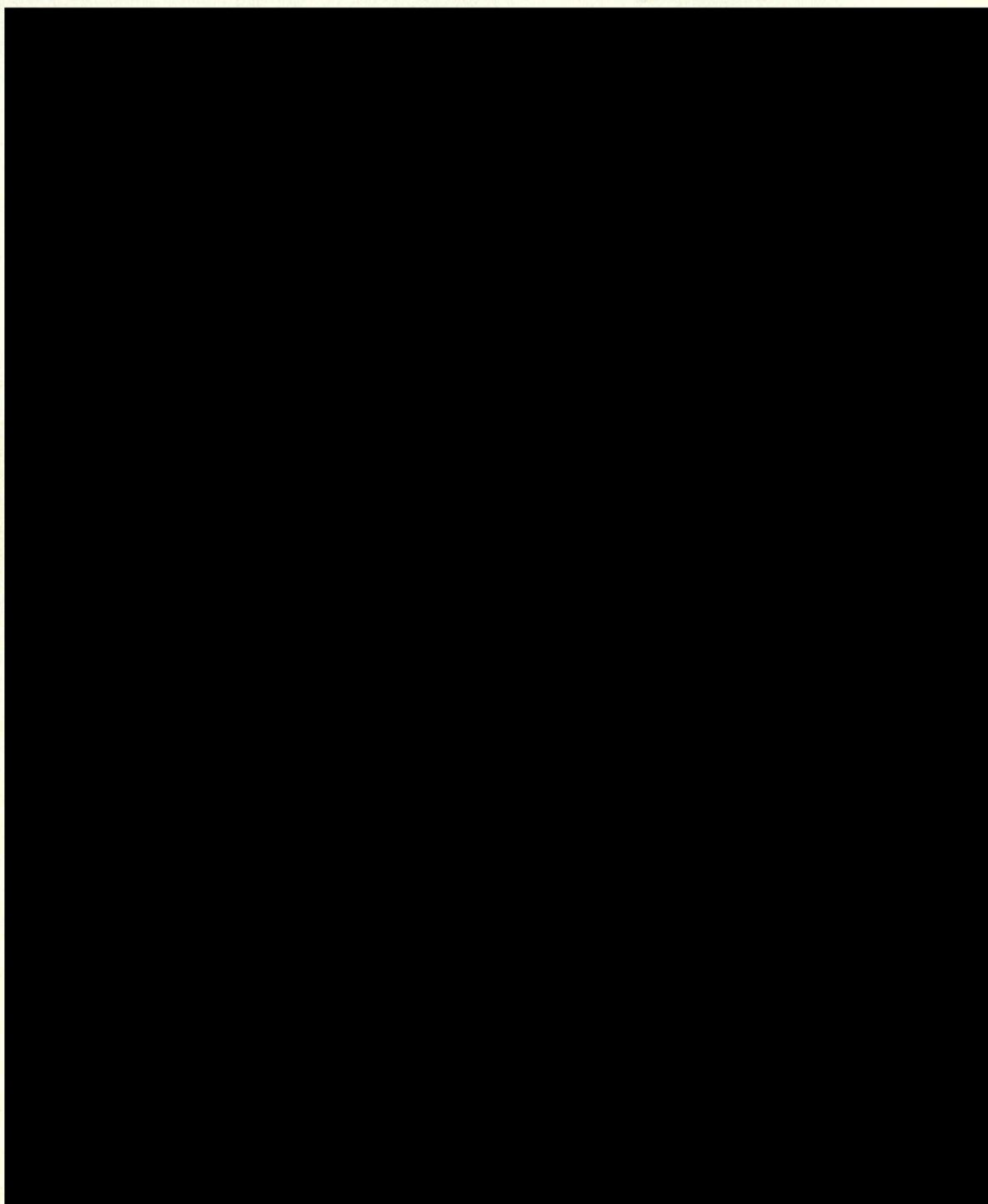
Q. To your knowledge is Annabelles a place where homosexuals or heterosexuals, if I can use the term hang out at night?
A. There's not really any place in Wollongong where homosexuals people hang out as such. You know, no, you know like there's,



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WITNESS CONT'D: it's, Annabelles is a typical Wollongong nightclub, it's not a place where people of particular sexual orientational preference hang out, it's just a place where people who like to go out and dance to disco music and drink beer and what have we.

Q. Bill had been there on prior occasions for dancing and drinking and things of that nature? A. Yes, yes. Bill had quite a number of friends who worked at Annabelles.



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[REDACTED]

A. Yes. If I may make one comment Sir?

Q. Yes? A. I guess we're all creatures of habit, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] and he was just habitual in the context of his movements. He would, there's just nothing in my mind that's rational in context of Bill being where he was found injured, I just can't understand how he would have come to be there. I'm quite sure he wouldn't have gone there on his own volition, even though it was only thirty metres up the road.

NO CROSS EXAMINATION

(Witness retired)

CORONER: Yes sergeant, any other?

SERGEANT WALL: Your Worship there is one statement, that of Detective Tate he's unavailable today because of other commitments, I'd be seeking whether that statement could just be read onto the record your Worship?

CORONER: Yes, if it could be read on the record please.

(Statement of J R Tate read aloud in open court by Sergeant Wall)

SERGEANT WALL: I seek to tender that document your Worship.

(Statement of J R Tate tendered, admitted and marked Exhibit "16")

SERGEANT WALL: Your Worship that is all the available evidence I have to put before you in this matter.

CORONER: Yes, thank you sergeant.

Yes, well this is the second time this inquiry has been before this court. On the past occasion evidence was given in the form of statements and oral evidence trying to establish the movements of the deceased on this particular night. Another doctor gave evidence as to an indication of the injuries that were suffered by the deceased, and Dr Verzosa here today who's given very clear evidence as to the injuries that he saw on the deceased Mr Rooney. As I indicated on the last occasion this is a matter that causes me some concern, my duty as a Coroner is to determine, not only the formal parts that I must find under the Coroner's Act, which is the date, place, identity and medical cause, but I'm also bound to inquire as to the manner

[REDACTED] (Coroner), ret.
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CORONER CONT'D: of the medical cause, that is the circumstances that led to the medical cause of death. The evidence in relation to the medical cause is quite clear, the deceased has died as a result of head injuries, in fact fracturing of the, as the doctor indicated the basal area of the skull. But as to the manner in which those injuries were received, there's been no evidence placed before me of any witnesses that saw the event. There was evidence placed before me on the last occasion of a person lying in the grass in the vicinity of Annabelles, but I have dismissed that evidence as not being relevant to this inquiry, because it seems to be the wrong time and the wrong place, and the clothing that that particular person was wearing doesn't appear to match the clothing that the deceased was wearing on this particular night, so I disregard the evidence of a person that was seen lying in the grass in the vicinity of Annabelles. There's been further evidence today that there's no explanation for the deceased being in this particular area and evidence has been given that the deceased was a creature of habit so to speak and would not have headed that particular way after leaving Annabelles. Evidence given that the deceased had expressed some fear in the past as a result of violence that had been carried out to other people in similar circumstances. As I've indicated this is still a matter that concerns me, but my duty as a Coroner is to obtain as much information as I can, but the information that I'm left with is open ended so to speak. I have no evidence of witnesses that have seen the event and I'm in a position where I cannot establish with any clarity the manner in which those injuries were suffered. There's some suggestion that the deceased was intoxicated to the extent that the death was accidental. That's a possibility, alternatively the deceased has been involved in some action involving foul play. I'm left with those two alternatives and as a result of being left with those two alternatives, my only option as a Coroner is to bring an open finding. It is a matter of concern in the circumstances, especially after hearing the evidence today of one particular witness. So I'll just now note my formal finding in this matter. Just before announcing my formal finding, I might just indicate to the people that have been present here in relation to this inquiry that my announcing the formal finding in this matter in no way means that any future inquiries into these circumstances won't be carried out. So if the relevant authorities are appraised of any further information that this court has not had the availability of hearing, further inquiries will certainly be carried out. My formal finding is this, William Antony Rooney on 20th February, 1986 at Wollongong Hospital died of the effects of head injuries sustained on 14th February, 1986, but whether such injuries were received accidentally or otherwise the evidence does not enable me to say. That is my formal finding in this matter.

WILLIAM ANTONY ROONEY ON 20TH FEBRUARY, 1986 AT WOLLONGONG HOSPITAL DIED OF THE EFFECTS OF HEAD INJURIES SUSTAINED ON 14TH FEBRUARY, 1986, BUT WHETHER SUCH INJURIES WERE RECEIVED ACCIDENTALLY OR OTHERWISE THE EVIDENCE DOES NOT ENABLE ME TO SAY.

Address (Coroner)
Finding.