



# VICTORIAN INSTITUTE OF FORENSIC MEDICINE

**THIS DOCUMENT DETAILS THE NATURE AND RESULTS OF  
THE MEDICAL INVESTIGATION INTO THE DEATH OF**

**SIMON BLAIR WARK  
CASE NO. A00032/23**

**THIS IS AN AMENDED REPORT AS AT 01/05/2023  
AND SUPERSEDES ANY PREVIOUS REPORTS**

My name is Linda Elizabeth ILES and my professional address is the Victorian Institute of Forensic Medicine, 65 Kavanagh Street, Southbank, Victoria 3006.

I am a registered medical practitioner practising as a specialist in forensic pathology.

My qualifications are Bachelor of Medicine (MB), Bachelor of Medical Science (B Med Sci) and Bachelor of Surgery (BS) with Honours, from the University of Tasmania. I am a Fellow of the Royal College of Pathologists of Australasia by examination in anatomical pathology. I hold the Diploma in Medical Jurisprudence in Pathology from the Society of Apothecaries of London (DMJ (Path)), and am a founding fellow of the Faculty of Post Mortem Imaging of the Royal College of Pathologists of Australasia.

I am employed as a Forensic Pathologist at the Victorian Institute of Forensic Medicine.

My practical experience in Forensic Pathology commenced in 2000. I commenced full time professional forensic pathology practice in Victoria in 2005. I was subsequently employed as a Consultant Forensic Pathologist in the Section of Forensic Medicine and Science at the University of Glasgow from March 2007 until January 2009 and received specialised training in Forensic Neuropathology at the University of Edinburgh. I resumed practicing forensic pathology in Victoria in July 2009.

I am head of Forensic Pathology Services at the Victorian Institute of Forensic Medicine and co-ordinate the Institute's neuropathology service.

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## OPINION REPORT

**Case No. A00032/23**  
**Re : WARK deceased**

I have been requested by Ms Caitlin Healey-Nash, senior solicitor assisting the Special Commission of Inquiry into LGBTIQ Hate Crimes, to review materials related to the death of Mr SIMON BLAIR WARK (known as BLAIR).

### MATERIALS PROVIDED

- P79A – Report of Death to Coroner (pre-identification)
- P79A – Report of Death to Coroner (post identification)
- Certificate of life extinct
- Identification statement
- Microscopic (forensic) examination report
- Toxicology report
- Autopsy report
- Death certificate
- First statement of Constable Lisa Gaye Ford (OIC)
- Second statement of Constable Lisa Gaye Ford
- Statement of Constable Nichole Louise Brown
- Statement of Detective Constable Michael Charles Plotecki (OIC)
- Letter to Coroner from Constable Lisa Ford and Detective Michael Plotecki responding to family's concerns
- First statement of Ian Anderson Wark (father)
- Second statement of Ian Anderson Wark
- Statement of Neil Andrew Champion (witness)
- Statement of Father [I182] (former partner)
- Unsigned statement of [I179] (friend)
- Statement of Rebecca Sharon Wark (sister)
- Letter from Dr Jeff W Sleep to [I181]
- Letter from [I181]
- Expert report of Dr Danny Sullivan (psychiatrist)

## SYNOPSIS OF MATERIALS

1. The body of Mr Wark was identified at around 9:20 am on 10 January 1990, floating face down on Dobroyd Head. Water Police subsequently attended and recovered the deceased's body. The deceased was reportedly wearing a pair of navy blue jeans, a pair of black socks and pair black lace up shoes. No apparent external injuries were observed and Mr Wark's body was conveyed to the city morgue.
2. Mr Wark's mother contacted police on Thursday 11 January 1990, indicating that her son was missing. Later that day, Mr Wark's parents positively identified the body of their son.
3. The deceased's father Mr Ian Anderson Wark indicated that his son had been distraught over the preceding days regarding the termination of a long term homosexual relationship. Mr Wark had been prescribed Prothiaden (dothiepin), an antidepressant medication.
4. On 11 January 1990, property including a white shirt, a black leather belt, a pair of metal rim glasses, a wallet, and a small amount of money were located at a cliff edge at Gap Bluff at Watsons Bay.
5. Concerns around Mr Wark's death were raised by his family, particularly in relation to matters around some clothing collected by the deceased from lost and found at David Jones, some issues around Mr Wark's psychologist, and some behaviours Mr Wark was exhibiting prior to his death, including thoughts that someone was trying to kill him.
6. An autopsy was performed by Dr Peter Broadhurst on the afternoon of 14 January 1990. Due to haemorrhages identified within Mr Wark's neck, the autopsy was stopped to allow the attendance of the Homicide Squad. The autopsy subsequently proceeded.
7. Autopsy findings are as follows:

The body was that of a well build adult male weighing 78 kg and 1.81 meters tall.

### **External injuries:**

- a. 1.5 x 1.2 cm faint crimson bruise left side of the face lateral to the left eye

- b. Three small superficial crimson bruises on the right scalp in the coronal plane, all 1.2 cm or less in greatest dimension, located 1.0 centimetres to the right of the midline, 2.5 centimetres from the midline, 4.5 centimetres to the right of the midline. Not associated with underlying scalp haemorrhage
- c. 2.0 x 1.5 cm crimson bruise back of the left upper neck associated with a small amount of underlying subcutaneous haemorrhage
- d. 6.0 x 3.0 cm crimson bruise back of the right upper arm 11 cm above the right elbow
- e. Two faint crimson bruises inner aspect right arm, each 1.5 cm in greatest dimension
- f. 1.2 x 1.2 cm faint crimson bruise lateral aspect right upper thigh
- g. 3.0 x 1.5 cm crimson bruise between the first and second right toes, dorsum right foot

#### **Internal injuries**

- a. 9.0 x 4.0 cm area of dark red haemorrhage of the right submandibular gland
- b. 3.0 x 3.0 cm haemorrhage of the left submandibular gland
- c. These areas of haemorrhage are contiguous with haemorrhage around the first cervical vertebrae (apparently uninjured)
- d. Fractures of the C6 and C7 vertebral bodies; haemorrhage associated with this injury seen to track to the clavicular end of the sternoclavicular muscles bilaterally
- e. Fractures of the 4th and 5th cervical vertebral bodies
- f. Haemorrhage lateral aspect of the left lobe of the thyroid gland
- g. Fractures of the T3, T8 and T11 vertebral bodies; haemorrhage about the vertebral column in association with these fractures; extradural haemorrhage over the spinal cord in the region of these fractures
- h. Fractures of the left 1st to 12th ribs posteriorly along the paravertebral gutter
  - i. Lateral left 5th rib fracture
  - j. mediastinal haemorrhage
  - k. left upper and left lower lobe posterior lacerations
  - l. 750 ml left haemothorax
  - m. 300 ml right hemothorax
  - n. Tear hilum right lung
  - o. Tear right parietal pleura associated with T8 vertebral body fracture
  - p. Fracture dislocation left sacroiliac joint
  - q. fracture left superior pubic ramus
  - r. multiple liver lacerations

- s. Laceration splenic hilar region
- t. 100 ml haemoperitoneum
- u. Multiple lung contusions bilaterally
- v. 20 ml of blood within the pericardium; no evidence of cardiac or great vessel injury
- w. Bilateral renal hilar haemorrhage
- x. Bilateral periadrenal haemorrhage

#### **Relevant negative observations**

- a. Laryngeal skeleton intact
- b. No significant intracranial haemorrhage
- c. No petechial haemorrhages
- d. No scalp bruising
- e. No skull fracture
- f. No evidence of abrasion or laceration around the anus, perineum, scrotum or penis.

#### **8. Toxicology:**

- a. The tricyclic antidepressant dothiepin was detected in blood, bile, liver, gastric contents. No alcohol was detected. Cannabinoid, amphetamine, methadone, opiates, benzodiazepines barbiturates, cocaine were not detected on screening of blood.
- b. Other samples:
  1. Scalp and pubic hair for matching
  2. Nail clippings from left and right hand
  3. Anal and perianal swabs and smears

It is not documented whether these trace evidence samples were analysed

#### **QUESTIONS AND REPONSES**

- Q1. *Following your review of your briefing material, please identify (a) Any additional areas of medical investigation or expert opinion you consider would assist his honour on the issues of Mr Wark's injuries and cause of death; And (b) If relevant appropriate experts from his honour may wish to seek further expert opinion*

I do not believe that further medical investigation would assist in addressing Mr Wark's injuries and cause of death as these appear to be clearly outlined in the initial autopsy report.

Q2. *View as to the adequacy of the post mortem investigations conducted with respect to Mr Wark.*

Whilst there is no photodocumentation available of Mr Wark's external injuries or the internal autopsy findings (this seems unusual given homicide squad attended the autopsy), Dr Broadhurst's injury documentation and autopsy examination appears quite comprehensive. Ideally, there should be some description of the oral cavity with regards to the presence or absence of dental or oral mucosal injury, and a subcutaneous dissection the face to exclude occult facial bruising, however this is a minor criticism of an otherwise comprehensive report. Relevant negative findings have been documented in the report, giving one confidence that the examination has been considered and comprehensive. Whilst the report is silent with regards to the presence or absence of peripheral skeletal injuries (for example feet and lower legs), without the assistance of radiological imaging, subtle injuries to the extremities can be difficult to detect at autopsy.

On re-examination following the initial autopsy, minor cutaneous injuries/marks were identified. These were not associated with underlying bruising, and in my view are unlikely to be of any significance.

Q3. *View as to the medical cause of Mr Wark's death (including, if relevant, any reasons for taking a different view to that formed by Dr Bradhurst).*

I agree with the conclusions of Dr Bradhurst. Mr Wark's cause of death can be reasonably ascribed as:

**I(a) Multiple injuries sustained in a fall from a height**

Under the circumstances in which Mr Wark was found, a contribution of drowning to death cannot be excluded, however the injuries identified to Mr Wark's body are sufficient to cause his death.

Q4. *View as to whether Mr Wark's injuries were consistent with misadventure, suicide, or foul play (including, if relevant, any reasons for taking a different view to that formed by Dr Bradhurst and/or Dr Sullivan).*

Without limiting the matters which you may consider relevant to this question, please address:

- a. The deep-seated bruising found on Mr Wark's neck.
- b. The bruising to Mr Wark's face.

Whilst Mr Wark's injuries are completely consistent with injuries sustained in a fall from a height, the medical examination provides little insight into how that fall occurred. However, the deep-seated bruising found on Mr Wark's neck about the submandibular glands, and base of the sternocleidomastoid muscles bilaterally), can be accounted for by the tracking of haemorrhage associated with trauma to the spinal cord, as per Dr Bradhurst's autopsy conclusions. The autopsy report documents only minor bruising to Mr Wark's face (adjacent to his left eye), and very superficial bruising to his scalp. These injuries appear superficial and are not typical of injuries from a sustained assault. They could have been sustained before the fall, as a result of impact, or in the process of retrieving Mr Wark's body from the water.

Bruising to the inner aspect of Mr Wark's right arm is described in the autopsy report. Likewise this bruising is not specific, and could have been sustained as per the superficial facial bruising described above. If one took the view that the bruising to Mr Wark's right arm could be interpreted as evidence of "man-handling" prior Mr Wark falling from the cliff edge (it is non-specific), this is out of keeping with the presence of Mr Wark's neatly rolled up shirt, tied up with a leather belt on the rock ledge at the bluff.

*Q5. Please provide any other comment, within the area of your expertise, regarding the likely cause of Mr Wark's death.*

As per the above, the cause of Mr Wark's death appears clear. The medical examination provides little insight into how the fall from which Mr Wark sustained his injuries, came about. The manner of Mr Wark's death is best informed by interrogation of these circumstances and psychological autopsy, falling within Dr Sullivan's expertise.

I, Dr Linda Iles, acknowledge for the purpose of Rule 31.23 of the Uniform Civil Procedure Rules 2005 that I have read the Expert Witness Code of Conduct in Schedule 7 to the said rules and agree to be bound by it.

I hereby acknowledge that this statement is true and correct and I make it in the belief that a person making a false statement in the circumstances is liable to penalties of perjury.

A handwritten signature in black ink, appearing to read "Linda", enclosed within a thin black rectangular border.

**Dr Linda E. Iles**  
**B Med Sci, MB BS (Hons), FRCPA, DMJ (Path), FFPMI (RCPA)**  
**Forensic Pathologist**  
**Head of Forensic Pathology**  
**Victorian Institute of Forensic Medicine**