

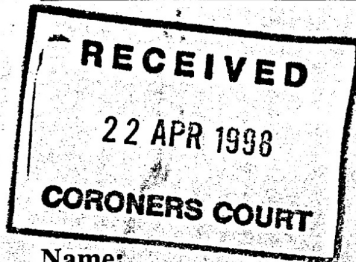
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David Samuel ROSE

ICN: 97/6054 (cc)

Dr C Lawrence

Page 1 of 9

**CORONERS ACT, 1980****AUTOPSY REPORT**NSW INSTITUTE OF  
FORENSIC MEDICINE42-50 PARRAMATTA ROAD  
PO BOX 90  
GLEBE NSW 2037  
PHONE (02) 9660 5977  
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Name: David Samuel ROSE

Institute Case No: 97/6054

Age: 41

Sex: Male

**Identification Process:**

Identified by: Detective Senior Constable Goddard of Maroubra Police Station

Identified to: Darren Carruthers

Identified as: David Samuel ROSE

Method used: Visual

Identity confirmed by: -

Pathologist: Christopher Hamilton Lawrence

Pathologist's qualifications: MBBS Bsc(Med) FRCPA

Time of autopsy: 1400 hours

Date of autopsy: 22 December 1997

Place of autopsy: Institute of Forensic Medicine, Glebe

Autopsy Assistant: Gerrard Nicholson



This laboratory is registered under the registration scheme of the National Association of Testing Authorities, Australia and The Royal College of Pathologists of Australasia.

The University  
of Sydney

**OPINION:**

In my opinion, based on what I have observed myself, my experience and training, and the information supplied to me:

A. Time and date of death: Between 1000 hours 20/12/97 & 1115 hours 22/12/97

B. Place of death: [REDACTED] Addison Street Kensington

C. Cause of death:

1. **DIRECT CAUSE:**

Disease or condition directly leading to death:

(a) **HEAD INJURY**

**ANTECEDENT CAUSES:**

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last:

(b)

(c)

2. **Other significant conditions contributing to the death but not relating to the disease or condition causing it:**

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**REPORT SUMMARY:**

This 41 year old male, David Samuel Rose, died as a result of head injuries.

The decedent was found lying on his back on the floor of his unit. Furniture and items were scattered around the unit in a state of disarray. The decedent is reported to have been last seen at 10.00 am 20/12/97.

Autopsy reveals significant injuries to the head with subdural haematoma and an extradural haematoma, fractures on the left temple region, fractures in the occipital region and bruising on the back of the head. There appears to be at least one impact site on the right cheek, the left cheek and probably at least two impact sites on the back of the head. The pattern of the injuries is strongly suggestive of an assault. Toxicology is negative.

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**PATHOLOGY SUMMARY**

1. BLUNT FORCE HEAD INJURIES
    - a. left temporal fracture
    - b. left extradural haematoma
    - c. occipital fracture
    - d. multiple cerebral contusions, right inferior frontal, lateral temporal, bilateral.
    - e. primary traumatic brain stem haemorrhage, rostral tegmentum and dorsal basis pontis.
    - f. traumatic subarachnoid haemorrhage.
    - g. diffuse cerebral oedema.
    - h. bruising around the back of the head
    - i. bilateral black eyes
    - j. bilateral orbital fractures
    - k. subdural haematoma
    - i. haemo-aspiration
  2. BLUNT FORCE INJURIES OF THE RIGHT SHOULDER
  3. EARLY DECOMPOSITIONAL CHANGE
- 

**DOCUMENTATION AND OTHER MATERIAL AVAILABLE:**

At the time of the autopsy, the following documentation and material relating to the case had been made available to me:

1. Form P79A - Report of death to the Coroner.
2. Information supplied by Detective Senior Constable Goddard.
3. Information provided by Senior Constables Love and Van Leeuwin of East Sydney Crime Scene.

The following reports relating to this case have previously been compiled:

1. Interim Autopsy Report - Date: 22 December 1997
  2. Provisional Autopsy Report - Date: 23 December 1997
- 

**SPECIMENS RETAINED FOR FURTHER EXAMINATION:**

Tissue for histology.

Brain retained for neuropathological examination.

Clothing, scalp hair, pubic hair, fingernails and blood taken for evidence.

Liver, blood, urine, bile and stomach contents taken for toxicological examination.

Blood for grouping, serology and storage.

### CRIME SCENE:

At 1300 hours 22/12/97, I attended a scene at [REDACTED] Addison Street Kensington. There I observed a body later identified to me as the decedent. The body was lying on its back. The body was cold to touch. Rigor mortis had passed off. There was early decompositional change with early fly larvae infestation around the face and eggs on the nose and mouth. There was an amount of brown fluid on the face. There were a number of spatters of brown fluid on the floor. The surrounding house showed a degree of disarray.

### AUTOPSY FINDINGS

#### EXTERNAL EXAMINATION:

The body is that of a well developed, adult Caucasoid male who weighs 58.5 kg, is 1.55 m in height and appears compatible with the stated age of 41 years.

The body is received clad in a white tee shirt with the words "PEACE" and the word "SHALOM" on it.

The body is wearing a short orange skirt, white lace underpants and a white lace bra.

The legs are shaved.

There are 8 silver bracelets on the right wrist.

There are 5 plastic bangles on the left wrist.

The finger and toenails are painted with red polish.

Around the neck is a yellow metal chain with a "D" on it; the "D" contains multiple white and slightly blue stones.

There is brown-red fluid running across the left side of the face.

The scalp hair is brown and measures to 200 in length over the crown.

The irides are brown.

The cornea are slightly opaque.

The conjunctivae are unremarkable.

There are no petechial haemorrhages.

The nose shows some injury and some early insect infestation.

The teeth are in fair repair.

The neck is unremarkable.

The chest is well developed and symmetrical.

The abdomen is slightly distended.  
The anus and back are unremarkable.

The testes are bilaterally descended within the scrotum.

The upper and lower extremities bilaterally are well developed and symmetrical, without absence of digits.

**Identifying marks and scars include:**

- no identifying marks or scars are readily apparent.

**Evidence of medical intervention includes:**

- there is no evidence of medical intervention.

**Evidence of injury:<sup>1</sup>**

**Head & neck:**

On the left cheek is an ill defined 40 x 15 mm red bruise; deep to this there is an extensive bruise over the left zygoma and the left temple region, this is associated with a left periorbital haematoma and fracturing of the left orbital plate.

In the left temporal region there is a linear fracture running through the petrous-temporal bone, associated with a 5 ml extradural haematoma.

The fracture extends into the left middle cranial fossa.

The fracture extends posteriorly, running across the occiput to the right temple region.

Running continuously from the region of the left ear to the right ear is a confluent red bruise.

On the skin over the left occipital region is an area of petechial haemorrhages immediately behind the ear.

On the right occipital region there is a compression mark and two small lacerations.

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<sup>1</sup>Conventions used in description of injuries:

1. The body is described in the Standard Anatomical Position. Reference is to this position only.
2. Injuries are numbered for reference purposes only. This is arbitrary and does not correspond to any order in which they have been incurred.
3. All injuries are perimortem, unless otherwise specified.

On the right cheek is a 30 x 15 mm brown abrasion; this associated with bruising of the right cheek, a right periorbital haematoma and fracture of the right orbital plate. There is a rectangular abrasion, 20 x 5 mm on the lateral right cheek and a slight abrasion over the left ear.

There is approximately 30 ml of subdural haematoma; this is predominantly over the left frontal and basal region. There is a 5 ml left temporal extradural haematoma. There are also contusions of the right inferior frontal lobe, the right inferior and lateral temporal lobes and the left lateral temporal lobe.

There is slight bruising on the inner aspect of the upper lip.

There are multiple small areas of abrasion on the upper and lower lips with an almost confluent area of abrasion, 30 x 10 mm, immediately beneath the lower lip; there does not appear to be significant bruising in this region.

There is a large amount of blood in the nasopharynx, the nasal bones appear to be intact to palpation.

There is a haemorrhagic abrasion on the left nares.

#### **Chest & abdomen:**

On the lateral right shoulder is a 100 mm diameter blue bruise.

On the medial aspect of the right upper arm is a 10 mm blue bruise.

On the posterior aspect of the right forearm is a haemorrhagic superficial abrasion.

On the left forearm is a brown, relatively non haemorrhagic abrasion.

On the sacrum to the right of the midline is a 40 mm diameter blue bruise with a haemorrhagic superficial abrasion.

#### **Lower extremities:**

There is a haemorrhagic abrasion on the dorsum of the right foot.

### **INTERNAL EXAMINATION:**

#### **Body cavities:**

The blood in the cranial cavity has been described above.

There is no free fluid in the other body cavities.

All body organs are present in a normal anatomical position.

The subcutaneous fat layer of the abdominal wall is 2 cm thick.

**Head (central nervous system):**

The brain weighs 1400 g. There is a 5 ml extradural haematoma and a 30 ml subdural haematoma.

The left middle cranial fossa is fractured as described above; this fracture runs through the right and left sides of the occipital bone.

The dura mater is intact.

The leptomeninges are blood stained.

The cerebral hemispheres show the contusions in the right inferior frontal, right inferior lateral temporal lobes and the left lateral temporal lobe.

The brain is fixed for later detailed examination.

The spinal cord is not further examined

**Neck:**

Examination of the soft tissues of the neck including strap muscles and large vessels, reveal no abnormalities.

The hyoid bone and larynx are intact.

The tongue is normal.

**Cardio-vascular system:**

The heart weighs 320 g.

The pericardial surfaces are smooth, glistening and unremarkable.

The pericardial sac is free of significant fluid or adhesions.

The coronary arteries arise normally, follow the usual distribution.

The chambers and valves bear the usual size/position relationship and are unremarkable.

The myocardium is dark red-brown, firm, and unremarkable.

The atrial and ventricular septa are intact.

The aorta and its major branches arise normally and follow the usual course, with minimal atherosclerosis.

The vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

**Respiratory system:**

The right and left lungs weigh 710 g and 630 g, respectively.

The upper airways contain blood.

The pleural surfaces of both lungs show mottling, consistent with haemo-aspiration.

The cut surface reveals congestion, consistent with haemo-aspiration.

The pulmonary arteries are normal

**Liver and biliary system:**

The liver weighs 960 g.

The parenchyma appears slightly autolysed and pale.

The gallbladder contains thick bile.

The extrahepatic biliary tree is normal.

**Alimentary tract:**

The oesophagus is normal.

The stomach contains 100 ml of brownish fluid with some white flecks in it.

The small and large bowel are unremarkable.

The appendix is not identified.

The colon contains unformed stools.

The pancreas is autolysed.

**Genito-urinary tract:**

The right and left kidneys weigh 110 g and 130 g, respectively.

The cortex is slightly autolysed.

The calyces, pelves and ureters are unremarkable.

The urinary bladder contains approximately 50 ml of cloudy yellow urine.

The mucosa is tan-grey and smooth.

The prostate is unremarkable.

There are no apparent traumatic lesions to the rectum.

**Reticulo-endothelial system:**

The spleen weighs 100 g.

The splenic lymphoid follicles are unremarkable.

The regional lymph nodes appear normal.

**Endocrine system:**

The pituitary, thyroid and adrenal glands are unremarkable.

**Musculo-skeletal system:**

Except as otherwise stated, the bony framework, supporting musculature and soft tissues are not unusual.

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**MICROSCOPIC EXAMINATION OF TISSUES:**

Heart: Normal.

Kidney: Mild autolysis.

Liver: Autolysed, normal architecture.

Lung: Intra-alveolar and intra bronchial haemorrhage.

Spleen: Autolysis.

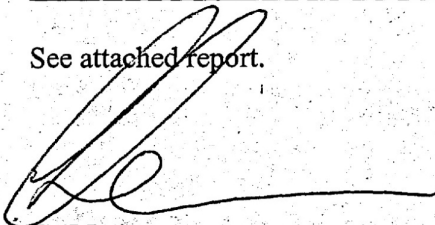
**ANALYTICAL TOXICOLOGY REPORT:**

See attached report.

The screening and quantitative tests reported by laboratory staff of the Division of Analytical Laboratories, NSW Health Department were selected by the laboratory staff with due regard to the information supplied and the Laboratory's objectives: to detect toxic levels of poisons. Furthermore, neither minor drug levels nor all specimens may have been fully examined.

**NEUROPATHOLOGY REPORT:**

See attached report.



C H Lawrence  
Forensic Pathologist and Clinical Lecturer  
NSW Institute of Forensic Medicine

17 April, 1998