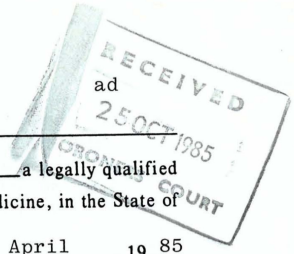


CORONERS ACT, 1980



Medical report upon the examination of the dead body of-

Name: Wayne BRANNAN 85/766

I, Thomas Howard Godfrey Oettle a legally qualified

medical practitioner, carrying on my profession at the Division of Forensic Medicine, in the State of New South Wales, do hereby certify as follows:

1. At 7.30 in the after noon, on the 30 day of April, 19 85

at Sydney in the said State, I made an internal examination of the dead body of a male identified to me by Sen. Const. S. M. Coles

of No. 3 Division

in the State aforesaid, as that of Wayne BRANNAN aged about 35 years.

2. I opened the three cavities of the body.

3. Upon such examination I found.

The body to be that of an adult Caucasian male of medium build whose appearances were consistent with his stated age. Length 177 cm. Weight 72 kg.

A bullet entry wound was present in the back of the neck, 159 cm from the right heel and 20 mm from the midline. From this entry wound a track ran forward and through the 2nd cervical vertebra across the mouth and through the left side of the mandible where an exit wound was present, also 159 cm from the left foot and 20 mm from the midline.

A further bullet entry wound was present in the upper back at the base of the neck 149 cm from the left foot immediately to the left of the midline and from this wound a track ran forward and slightly to the right through the 1st thoracic vertebra, the oesophagus and the right side of the trachea to an exit wound 20 mm from the midline and 151 cm above the heel of the right foot. Much surrounding haemorrhage was present about these tracks with extensions of haemorrhage in the deep structures of the neck more on the left than on the right.

Fragments of bone were found in the tissues immediately below the mandible.

(For continuation-see over

4. In my opinion death had taken place about 1 - day previously and the cause of death was.

BULLET WOUNDS OF THE NECK AND THORAX

I. DIRECT CAUSE-

Disease or condition directly leading to death (a) _____ (due to or following)

ANTECEDENT CAUSES-

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last (b) _____ (due to or following)

.. .. . (c) _____

II. Other significant conditions contributing to the death but not relating to the disease or condition causing it) _____

TO THE CITY CORONER, [Signature]
SYDNEY ANALYST REPORT SEEN

(Signature) [Signature]
(Date) 15 October 1985



On reflecting the scalp a rectangular bruise 45 mm x 18 mm was found overlying the left occiput, and 25 mm from the midline and running as an angle of 30° to the saggital suture. There was no evidence of fracture of the underlying skull. Bruising was present in the periostium of the skull. The brain showed a recent subarachnoid haemorrhage about the right temporal lobe.

A parchment abrasion was present under the chin on the right hand side. This was immediately below the chin and 10 mm from the midline and measuring 15 x 15 mm in size. The shape of this abrasion approximated a right angle triangle with the long side parallel and immediately below the right side of the mandible.

An area of blue bruising with soft edges was present on the upper right arm in its external aspect at the junction of the upper and the middle third and this measured 60 x 40 mm. A 10 mm crescentic parchment abrasion was present near the anterior margin which was consistent with a fingernail mark and immediately behind this was an area of 30 x 10 mm of very superficial parchment abrasion.

Minor blue bruising was present on the left iliac crest laterally.

The left hand showed an entry and exit wound with the entry wound over the 2nd metacarpal distally and the exit wound over the 4th metacarpal distally. Entry and exit wounds were 55 mm apart.

Brain: The brain which weighed 1370 g, was set aside for fixation and further examination.

Lungs: The air passages contained a small amount of fresh blood and both lungs showed a small amount of inhaled blood. The right lung weighed 410 g, and the left lung 360 g. On section the lungs showed no other remarkable features.

Heart: The heart weighed 330 g, and the left ventricular wall measured 12 mm at the base. The coronary arteries showed scattered areas of atheroma with narrowing up to 30% in the left anterior descending coronary artery. The valves were healthy. The pericardial sac was healthy. The aorta showed atheromatous change. The other arteries showed no remarkable features.

Stomach: The stomach was full of partly digested food which showed large pieces of what appeared to be steak and large pieces of vegetable material including cut potato. This had not passed the pylorus. The remainder of the gastro-intestinal system appeared healthy.

Liver: The liver weighed 1890 g and showed a yellow change. The gallbladder contained a minimal amount of bile of normal appearance. Early decompositional change was evident on the surface of the liver inferiorly.

Kidneys: The right kidney weighed 160 g, and the left 150 g. The kidneys showed pallor of the cortices, but otherwise the renal architecture was healthy. The ureters were healthy. The bladder contained approximately 150 ml of clear urine and the lining was healthy.

Spleen: The spleen weighed 160 g, and was very soft within

Wayne BRANNAN

85/766

Dr. Oettle

its capsule showing early decompositional change.

The other organs showed no remarkable features other than the pancreas which was showing some early decompositional change.

There was no evidence of injury to the anal verge.

Silicone implants were present deep to the nipples.

Blood for grouping.

Hairs which were found on the left hand are retained for matching.

Blood sent for estimation of alcohol via Const. Cleary.

A swab was taken from the anal verge. No evidence of any seminal fluid on the skin externally.

Further examination of the brain:

Macroscopic examination:

The brain was re-examined after fixation. The arteries at the base were free from atheroma; no aneurysms were found. There was a little subarachnoid haemorrhage over the lateral surface of the right temporal lobe and adjacent inferior surface of the right frontal lobe.

The cerebrum was cut coronally.

There was a very little subarachnoid blood in the midline on the inferior surface of the vermis and on the adjacent medial surface of each cerebellar hemisphere and there was a little on the posterior surface of the right cerebellar hemisphere.

There was slight discolouration of each tonsil superficially right more than left.