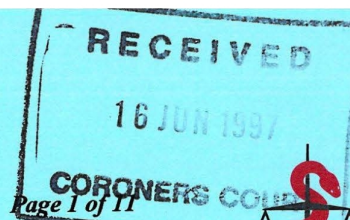


Scott Stuart MILLER

ICN: 97/3709 (va)

Dr Duflou

NSW INSTITUTE OF
FORENSIC MEDICINE42-50 PARRAMATTA ROAD
PO BOX 90
GLEBE NSW 2037
PHONE (02) 660 5977
FAX (02) 552 1613**CORONERS ACT, 1980****FINAL AUTOPSY REPORT**

Name: Scott Stuart MILLER

Institute Case No: 97/3709

Age: 21

Sex: Male

Identification Process:

Identified by Senior Constable Crowe of The Rocks Police Station

Identified to J Mullan

Identified as Scott Stuart MILLER

Method used Visual

Identity confirmed by -

Pathologist: Johan Duflou

Pathologist's qualifications: MBChB MMedPath(Forens) FRCPA DAvMed

Time of autopsy: 1500 hours

Date of autopsy: 3 March 1997

Place of autopsy: NSW Institute of Forensic Medicine, Glebe

Autopsy Assistant: G Wellburn



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



A JOINT USE FACILITY OF

NSW HEALTH
DEPARTMENTThe University
of Sydney

SCENE FINDINGS

The body was initially examined at Wharf 4, Hickson Road, Darling Harbour at approximately 10.10 hours on the 3 March 1997.

The deceased was lying face down in a small pool of blood adjacent to a cliff face.

Bloodstains were noted both on the front and back of the shirt he was wearing.

On turning over the body, a number of injuries were noted around the face and neck.

Rigor mortis was fully developed in all major muscle groups at this stage.

There was pronounced fixed ventral postmortem lividity.

A rectal swab was taken for later examination, following which a rectal temperature was taken. This temperature, at 10.20 hours was 24.9°C. The environmental temperature at this stage was 23.7°C.

Based on these findings, and later information received that the deceased was last seen alive at approximately 02.00 hours on 2 March 1997, I estimate that the likely time of death was between 02.00 hours on 2 March 1997 and approximately 08.00 hours on 2 March 1997.

The deceased was then transported to the Institute of Forensic Medicine for definitive autopsy at 15.00 hours on 3 March 1997.

POSTMORTEM EXAMINATION

The body was that of a young adult male whose appearances were consistent with the stated age of 21 years.

Body weight 87 kg. Body length 1.80 m.

Postmortem changes as described previously were still evident.

In addition, early green discolouration of the anterior abdominal wall was noted.

The deceased was dressed in the following items of clothing:

- brown shoes
- multicoloured socks
- blue jeans
- brown belt
- two white T-shirts

The deceased had very short fingernails which had probably been habitually chewed.

The hair was short brown.

The penis was circumcised.

No old scars or tattoos were noted on the surface of the body.

Description of injuries:¹**A. Head and neck**

1. There was a 30 x 20 mm area of superficial complex laceration on the forehead in the midline, 60 mm above the glabella.
2. There was a 70 x 45 mm diffuse area of abrasion on the left forehead.
3. There was a 16 x 10 mm abrasion immediately above and lateral to the left eyebrow.
4. There was a 55 x 30 mm abrasion on the forehead straddling the midline but predominantly on the right hand side and extending from the glabella superiorly. The lines of abrasion were predominantly in a vertical plane.
5. There was a 15 x 15 mm punctate area of abrasion on the right upper forehead in the mid-pupillary line.
6. There was a dense periorbital haematoma on the right limited to the upper eyelid. On the left a small periorbital haematoma was limited to the medial aspect of the lower eyelid.
7. Subconjunctival haemorrhages were noted both on the right lower eyelid and on the left on the medial conjunctiva and the upper and lower eyelids.
8. There was a 45 x 35 mm area of abrasion involving almost the entire nose with the lines of abrasion passing predominantly in a vertical plane.
9. There was a 15 x 10 mm abrasion between the nose and the lips on the left side with the lines of abrasion passing in a vertical plane.
10. There was a 45 x 10 mm abrasion on the chin straddling the midline with the lines of the abrasion passing in a vertical plane.
11. There was a 95 x 65 mm area of abrasion on the anterior surface of the neck with lines of abrasion passing predominantly vertically as well as to a more limited extent from the right side of the head towards the left trunk.

¹Conventions 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.

12. There was a 10 x 8 mm abrasion on the left side of the neck, 30 mm to the left of the midline at the level of the sternal notch.

B. Trunk

1. There was a 60 x 5 mm abrasion overlying the right clavicle.
2. There was a 50 x 40 mm area of petechial haemorrhage over the superior surface of the right shoulder.
3. There was a 160 x 50 mm area of red petechial haemorrhage over the right anterior trunk passing along the mid-clavicular line, commencing approximately at the level of the right nipple and passing downwards.
4. There were multiple ant abrasions on the right antero-lateral abdominal wall.
5. There was a 17 x 10 mm abrasion over the right shoulder blade of the posterior chest wall, 80 mm to the right of the midline and at the level of the T5 vertebra.

C. Arms

1. There was a 45 x 10 mm transverse abrasion on the ventral aspect of the left wrist.
2. There was a 6 mm superficial laceration on the tip of the left little finger at the distal most point of the fingernail.
3. There was a 3 mm superficial laceration of the middle joint of the left ring finger dorsally.
4. There was a 5 x 2 mm abrasion on the middle joint of the left little finger dorsally.
5. There was a 100 x 32 mm area of interrupted non-confluent abrasion and bruising on the dorsal surface of the right hand and wrist.
6. There was a 17 x 10 mm abrasion on the ulna surface of the right wrist.
7. There were multiple small abrasions and very superficial lacerations on the dorsal surface of the fingers of the right hand.

D. Legs

1. There were scattered punctate abrasions on the medial surface of the left calf. These abrasions may represent post mortem ant attack.

INTERNAL EXAMINATION OF THE BODY:**Head and neck:**

There was extensive recent bruising of the scalp, limited to the frontal region and the anterior parietal region.

Extensive bruising additionally involved the face.

Examination of the skull revealed extensive fracturing:

1. A large area of fracturing involved the frontal bones with an impact point centrally at approximately the level of the glabella. Semi-circular concentric fracture lines radiated from this impact point, as did one linear fracture passing superiorly into the vault of the skull.
2. The anterior cranial fossa was massively fractured.
3. There was fracturing of both orbits, the nose and both maxillae. There was separation of the lower part of the face from the remainder of the skull at the level of the maxillae as a result of fractures passing transversely through the maxillary bones bilaterally.
4. There was a fracture of the mandible in the midline passing in a vertical plane.

The dura mater was lacerated anteriorly.

There was no measurable extradural or subdural haemorrhage.

Scanty subarachnoid haemorrhage covered the surface of the brain.

The brain weighed 1600 g and demonstrated recent contusion of the anterior and inferior surfaces of the frontal lobes.

The brain was placed in formalin for later detailed examination once fixed.

Injury to the eyes have been described previously.

The ears were normal.

The nose was fractured.

Injury to the mouth has been described.

In addition, there was extensive laceration of the inner surface of the upper lip straddling the midline.

The teeth were secure in their sockets in the jaws.

Examination of the neck revealed focal but extensive areas of bruising predominantly anteriorly as well as in the sternocleidomastoid muscles bilaterally inferiorly.

There was however no injury to the bony or cartilaginous structures of the neck.

Specifically, there were no fractures of the hyoid bone, thyroid cartilage or cervical spine.

Similarly, examination of the thyroid gland, carotid arteries and jugular veins showed no abnormalities.

No residual injury to the cervical spinal column was identified.

Cardio-vascular system:

The pericardium was normal.

The heart weighed 350 g.

The atria, valves and ventricles of the heart were normal.

The atrioventricular ring and the origins and insertions of major vessels leaving and entering the heart were normal and not bruised or otherwise injured.

The free wall thickness of the right ventricle measured 3 mm and that of the left ventricle measured 14 mm.

There was no fibrosis of the myocardium.

The coronary arteries arose and distributed normally and were macroscopically free of disease.

There was no significant atherosclerosis.

The right kidney had been avulsed at the origin of the renal artery, with associated total transection of the renal vein at that level.

In part as a result of this, a very large quantity of blood was noted both in the retroperitoneal space, as well as in the abdominal cavity. It was estimated that this quantity of blood measured at least 1500 ml.

The remainder of the arterial system and venous system were normal.

The extrahepatic portal system showed no abnormalities.

As a result of injury to the liver, the intrahepatic portal vasculature was almost certainly disrupted.

The pulmonary vasculature was normal.

Respiratory system:

There was blood-stained fluid in the pharynx.

The naso and oro-pharynx were extensively disrupted.

Apart from containing blood, the laryngopharynx was normal.

The trachea and bronchi contained bloodstained fluid.

The left lung weighed 340 g and the right lung weighed 400 g.

Both lungs were well expanded and were normal apart from an area of superficial bruising on the inferior surface of the right lung measuring approximately 40 mm in diameter.

There was no laceration of lung tissue, nor was there hilar bruising.

No mass lesions were noted in the lungs.

There was no free fluid in the pleural cavity.

The chest wall showed no recent injury.

Specifically, there were no rib fractures.

The thoracic and lumbar spine were normal.

There was some irregularity of the superior third of the sternum, consistent with a previous sternal injury.

At autopsy however there was no obvious fracturing of the sternum.

Gastro-intestinal system:

The tongue, oesophagus, stomach and duodenum were normal.

The stomach contained approximately 50 ml brown fluid, as well as a number of fragments of chopped onions.

The small and large bowel were normal.

The appendix was present.

Blood, as described previously was noted in the peritoneal cavity and the retroperitoneal space.

The pelvis was normal. There was no fracturing of the pelvis nor was injury evident of the rectum and anus.

Hepato-biliary system:

The liver weighed 1120 g.

There was extensive fragmentation of the right lobe of the liver, with a very large area of laceration, almost dividing the liver in two commencing on the right lateral surface of the liver, passing predominantly in a vertical plane.

Associated with this laceration was presumed extensive bleeding into the peritoneal cavity.

There was however no bruising of the falciform ligament and the intrahepatic inferior vena cava similarly showed no abnormalities.

The gallbladder contained approximately 10 ml of thin bile and the extrahepatic biliary tree was normal.

The pancreas showed no abnormality.

Haemopoietic system:

The spleen weighed 120 g, and apart from some pallor showed no abnormality.

Specifically, there was no laceration of the capsule of the spleen, nor was there bruising at its pedicle.

There was no lymphadenopathy.

The bone marrow, macroscopically, appeared normal.

Genito-urinary system:

The left kidney weighed 130 g and the right kidney weighed 110 g.

The right kidney had been avulsed at its pedicle.

The capsules of both kidneys stripped with difficulty to reveal pale renal parenchyma, more so on the right than on the left, but no identifiable injury to the organs bilaterally apart from avulsion on the right.

Both ureters were patent and of normal calibre, ending in a normal empty urinary bladder.

The prostate gland, testes and external genitalia were normal.

Endocrine system:

The pituitary gland and thyroid gland were normal.

The right adrenal gland was disrupted. The left adrenal gland was normal.

RADIOGRAPHIC EXAMINATION:

The deceased's limbs were radiographed, revealing the following abnormalities:

1. Fractures of the right radius and ulna distally at the level of the wrist.
2. Fractures of the left radius and ulna distally at the level of the wrist.
3. Previous healed injury to the proximal left tibia with 3 surgical screws in situ.

Dissection of the deceased's right forearm revealed minimal haemorrhage in association with the fractures. No swelling of the right wrist was noted.

SPECIMENS RETAINED FOR EXAMINATION:

Tissue for histology.

Brain retained for neuropathological examination.

Tissues and fluids for toxicological examination.

Blood, hairs, saliva, swabs and smears for comparison testing.

Blood for serology and storage.

MICROSCOPIC EXAMINATION OF TISSUES:

Heart: Sections of ventricular myocardium show no histologic abnormalities.

Kidneys: Prominent autolysis, otherwise normal.

Liver: No pre-existing pathology observed. Perimortem injury is noted.

Lungs: Show a large quantity of intra-alveolar haemorrhage and disruption of tissue.

Pancreas: Autolysis.

Prostate: No abnormality detected.

Spleen: Shows early decompositional change.

Testes: No abnormality detected.

NEUROPATHOLOGY REPORT:

See attached report.

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.

PATHOLOGY SUMMARY

1. MULTIPLE INJURIES:
 MASSIVE SKULL FRACTURING
 CONTUSIONS OF THE BRAIN
 2. LACERATION OF THE LIVER
 3. AVULSION OF THE RIGHT KIDNEY
 4. INTRA-ABDOMINAL HAEMORRHAGE
 5. BILATERAL WRIST FRACTURES
 6. PULMONARY CONTUSION
 7. PREVIOUS INJURY TO STERNUM AND LEFT TIBIA
 8. ALCOHOL INTOXICATION:
 BLOOD ALCOHOL CONCENTRATION: 0.220 g/100mL
-

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

The deceased, a 21 year old male, was apparently last seen at approximately 01.30 hours on 2 March 1997 in The Rocks region. His exact movements following this are not known at the stage of writing this report, but he was found dead adjacent to a cliff face near Gate 4, Hickson Road, Darling Harbour. A relatively small amount of blood was noted around the body, and some blood was noted on the back of his shirt. Fairly dense vegetation covered the top of the cliff which was fenced off by a cyclone fence.

Examination of the deceased at the scene suggested death most likely occurred during the early morning of 2 March 1997.

At autopsy, very severe injury involved the head and abdomen, with lesser injury to the wrists. Neuropathology and microscopy of tissues were essentially non-contributory. Toxicological examination of tissues and fluids revealed a high blood alcohol concentration (0.220 g/100mL).

The manner by which the injuries were sustained remain unclear, but may have been one of the following:

1. Inflicted by one or more persons in a homicidal fashion. The head injury may represent impact with a heavy object swung against the forehead, e.g. a length of timber. Injury to the liver and kidney may similarly have been inflicted by one or more persons either kicking the deceased or hitting him with an object. Wrist injuries, in this scenario, may be an indication of defensive injury.
2. Sustained during a fall from a height. The wrist injuries, and possibly the head and abdominal injuries could have been sustained during a fall from a height. Both the head and abdominal injuries, however, are somewhat atypical for a fall from a height. Similarly, access to the top of the cliff is apparently rather difficult, and there is no evidence of disturbance of vegetation at the top of the cliff. Considering the severity of the injuries, it is extremely unlikely that the deceased moved any distance following a fall and he would have to have fallen from that part of the cliff, assuming he was not moved at a later stage.
3. A combination of scenarios 1 and 2. This would explain all the injuries satisfactorily, and the sequence would most likely have been an assault followed by a fall from a height. Nevertheless, there are some difficulties with this proposition, including the lack of disturbance of vegetation at the top of the cliff. It could be hypothesised that the deceased fell from a cliff somewhere else, and was then moved to the place he was found.

The likelihood of any of these scenarios would depend on information obtained during the non-medical part of this investigation. All possibilities described have inherent difficulties and it is unlikely that the autopsy alone will be able to offer any firm opinion as to the circumstances surrounding the death.

Scott Stuart MILLER

ICN: 97/3709 (va)

Dr Duflou

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- A. Time and date of death: Between 01.30 & 08.00 hours, 2 March 1997.
- B. Place of death: Body found at Wharf 4, Hickson Road,
Darling Harbour.
- C. Cause of death:
1. DIRECT CAUSE:
Disease or condition directly leading to death:
 - (a) MULTIPLE INJURIES

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:
-

TO THE STATE CORONER,
SYDNEY

(Signature).....

(Date) 5 June, 1997