

Kenneth Richard BRENNAN - Previously Unknown Male E50419 PM 95/1087(va)

AUTOPSY REPORT:

Upon such examination I found:

EXTERNAL APPEARANCES:

Body weight 88 kg.
Body length 1.67 m.

The body was that of a late middle aged male of about stated age. Postmortem lividity was present on the back except for pressure points. Rigor mortis was present but subsiding in the chin, the left upper limb and both lower limbs and was mostly absent in the right upper limb.

The pubic and scrotal hair had been shaved.

There was a 140 mm transverse old surgical scar across the mid-right abdomen.

There were fifteen (15) stab wounds to the body, a number of superficial cuts and scratches, defence injuries, head and facial injuries, and other injuries. The stab wounds were mainly to chest but also to the neck and left upper limb.

Description of stab wounds:

Stab wound numbers 1, 2 and 3:

Stab wound number 3 was a 24 x 3 mm oblique but mainly transverse stab wound on the mid upper chest 1.35 m from the right heel. There was a 25 x 25 mm irregular brown abraded area of skin forming a bevel from the lower margin of this stab wound. This stab wound passed mainly upwards but slightly to the left and slightly posteriorly in the subcutaneous tissue to exit the skin as stab wound number 2 and re-enter the skin as stab wound number 1.

Stab wound number 2 was a 20 x 3 mm transverse stab wound on the front of the lower neck at the midline 1.39 m from the right heel. The sharper angle of this wound was the left lateral angle.

The track of stab wound number 3 then re-entered the neck in the form of stab wound number 1 which was a 20 x 2 mm transverse stab wound on the front of the lower neck at the midline 1.41 m from the right heel. The sharper angle of this stab wound number 1 was the left lateral angle. The re-entry of stab wound number 3 through the skin, at the site described as stab wound number 1, continued as a track mainly upwards but slightly posteriorly and slightly to the left for a distance of 135 mm, missing the common and carotid arteries and internal jugular vein on the left side but causing soft tissue and muscle haemorrhage only.

The total length of the track of stab wound number 3 was estimated as 160 mm.

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Stab wound number 4:

There was a 33 x 10 mm more or less transverse stab wound on the lower right anterior chest with a 4 mm wide abraded edge to this wound. This stab wound was 75 mm to the right of the midline and 1.23 m from the right heel. This stab track passed mainly from the right side to the left side of the body but slightly posteriorly and slightly upwards to cut through the 6th and 7th right ribs, the right dome of the diaphragm, the superior surface of the right lobe of the liver, through the lower lobe of the right lung, through the right parietal pericardium to enter the cavity of the heart through the wall of the right atrium near the insertion of the inferior vena cava.

There appeared to be a second thrust to this wound in that there was another wound through the posterior parietal pericardium to cause a small superficial cut on the right antero-lateral aspect of the 9th thoracic vertebra.

This stab track caused a 60 x 15 mm wound in the right lower thoracic cage wall, a 110 mm in length cut in the diaphragm, a 55 mm in length cut into the substance of the superior aspect of the right lobe of the liver, and a 15 mm in length cut through the wall of the right atrium.

The estimated length of this stab track was 170 mm.

Stab wound numbers 5, 6 and 7:

Stab wound numbers 5, 6 and 7 were superficial only.

Stab wound number 5 was a 5 x 2 mm oblique stab wound on the lower right anterior chest 50 mm from the midline and 1.20 m from the right heel. There was a 25 x 10 mm abraded area extending from the left margin of this wound.

Stab wound number 6 was a 9 x 2 mm oblique stab wound on the lower right anterior chest 110 mm from the midline and 1.20 m from the right heel.

Stab wound number 7 was a 13 x 5 mm more or less longitudinal stab wound on the lower right anterior chest 155 mm from the midline and 1.20 m from the right heel.

Stab wound number 8:

There was a 27 x 12 mm transverse stab wound on the lower right lateral chest along the mid-axillary line 1.16 m from the right heel. The sharper angle of this wound was probably the anterior angle. There was a 97 mm longitudinal scratch mark extending downwards from the anterior angle of this wound.

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This stab track passed directly left laterally for a distance of 60 mm causing a 20 mm length cut in the diaphragm and two stab wounds into the right side of the liver. One of these wounds was a 45 mm in length superficial cut and the other was a 25 mm in length deeper wound penetrating into the substance of the liver for a depth of 40 mm.

Stab wound number 9:

There was a 30 x 7 mm oblique stab wound on the lower anterior left chest 90 mm to the left of the midline and 1.18 m from the left heel. This wound track passed downwards, medially and posteriorly for a distance of 80 mm causing minor peritoneal haemorrhage only.

Stab wound number 10:

There was a 30 x 10 mm oblique stab wound on the lower left antero-lateral chest 155 mm from the midline and 1.25 m from the left heel. There was an 85 x 1 mm superficial tail extending downwards and laterally from the inferior angle of this wound. This stab wound entered the chest cavity in the intercostal space between the 9th and 10th ribs but cutting into the 10th rib causing a small cut into the medial aspect of the lower lobe of the left lung. The depth of this track was not estimated.

Stab wound number 10a:

There was a 10 x 5 mm oblique stab wound on the lower left antero-lateral chest just to the left of stab wound number 10. There was a 190 x 3 mm superficial scratch forming a tail from the inferior angle of this wound. The track of this wound was similar to that of stab wound number 10 but causing a separate wound in the interspace between the 9th and 10th left ribs.

Stab wound number 11:

There was a 20 x 8 mm transverse stab wound on the upper left lateral chest along the mid-axillary line 1.37 m from the left heel. This stab wound had a 12 mm in length anterior tail.

This stab wound penetrated superficial tissue only in an upward direction and did not penetrate the thoracic cavity. The length of this track was not measured.

Stab wound numbers 12 and 14:

Stab wound number 12 was a 30 x 5 mm mainly transverse stab wound on the upper lateral aspect of the left upper arm. The anterior angle was a sharper angle. The track passed medially and slightly upwards and posteriorly for a distance of 120 mm in the subcutaneous tissue and muscle to exit the skin surface as stab

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wound number 14.

Stab wound number 14 was a 17 x 4 mm oblique stab wound on the back of the left side of the upper chest 220 mm to the left of the posterior midline and 1.39 m from the left heel.

Stab wound number 13:

There was a 24 x 9 mm oblique incised wound on the upper posterior aspect of the left forearm.

The sharper angle of this wound appeared to be the superior angle.

This wound was more an incised wound than a stab wound and passed into the soft tissue only, posterior to the elbow joint.

This wound could be considered a "defence" wound.

Stab wound number 15:

There was a 45 x 10 mm oblique stab wound on the left upper posterior back 195 mm to the left of the posterior midline and 1.32 m from the left heel.

The sharper angle was the supero-lateral angle.

This stab wound track passed across the body under the skin but behind the spine for a distance of 175 mm.

There was a second track to this wound which passed upwards and medially to hit the bone of the left scapula.

Description of superficial cuts and scratches:

Some of these cuts and scratches have already been described as continuations in the form of tails to some of the stab wound just described.

As well, there was 16 x 2 mm oblique superficial cut on the upper right anterior chest.

There was a 46 x 1 mm scratch mark on the anterior right shoulder.

There was a 40 x 2 mm oblique superficial cut on the anterior right chest below and lateral to stab wound number 3.

There was a 55 x 3 mm oblique linear black abrasion on the lower left anterior chest below and medial to the left nipple.

There was a 95 x 1 mm scratch mark on the lower left anterior chest between stab wounds 9 and 10.

There were two small superficial nicks in the skin on the left side of the anterior

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abdomen just below the costal margin.

There was a 46 x 1 mm transverse scratch mark on the lower left anterior chest near the midline. This mark continued as a 130 x 5 mm transverse stippled bruise across the lower right anterior chest between stab wounds 4 and 5.

There were three small superficial cuts on the top of the left shoulder measuring 8, 10, and 15 mm in length respectively.

There was an 8 x 1 mm longitudinal superficial scratch on the posterior right upper chest 85 mm from the midline.

There was a 35 x 1 mm scratch obliquely situated on the front of the mid right upper arm.

Description of "defence" injuries:

There was stab wound number 13 on the upper dorsal left forearm as described above.

Close to this stab wound number 13 there were two superficial cuts one measuring 38 x 1 mm and the other measuring 18 x 2 mm.

There was a 20 x 1 mm oblique incised wound on the dorsal aspect of the right middle finger.

There was a 15 x 10 mm area of denuded skin with a small incised cut along its superior margin on the dorsal aspect of the right index finger.

There was a 15 x 3 mm deep transverse cut on the inside of the right thumb.

Description of head and facial injuries:

There was a 40 x 20 mm area of fine petechial haemorrhages on the right forehead just above the right eyebrow.

There was a 35 x 20 mm area of fine petechial haemorrhages on the left mid forehead.

There were no eyelid or conjunctival petechial haemorrhages.

There were a number of small red abrasions on the upper right cheek, the right side of the nose near the bridge of the nasal and on the tip of the nose. The largest of these abrasions measured 10 x 8 mm.

There was a 10 x 5 mm laceration, together with a red abrasion, on the centre and

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just to the left of the midline, of the lower lip.

There was a second laceration on the inside of the lower lip.

There was a 70 x 50 mm area of very faint patchy bruising on the anterior aspect of the chin below the lower lip. Within this area of bruising there were a number of small abrasions.

There was a small area of periosteal haemorrhage over the right fronto-parietal skull but without any overlying skin bruising.

There were no facial bone fractures.

There was no evidence of any damage to the natural lower teeth.

The deceased was wearing a complete upper denture.

There was no evidence of any skull fracture.

There was no extradural or subdural haemorrhage or evidence of brain injury.

Other injuries:

There was a fracture of the body of the 2nd thoracic vertebra with a small amount of recent dark red haemorrhage over the anterior surface of the body of this vertebra.

There was no evidence of any damage to the spinal cord at this level.

There was no extradural or subdural haemorrhage about the spinal cord at this site.

There was a 25 mm in length transverse intimal aortic tear of the thoracic aorta close to the diaphragm.

There were numerous small "ladder" tears of the intima of the aorta above this larger intimal tear.

There was virtually no mediastinal haemorrhage associated with these intimal tears.

This vertebral body fracture and the aortic tears were consistent with an injury caused by hyperextension of the spine due to some type of fall or due to hyperextension of the body during the perimortem period.

There was no evidence of any skin bruising over the back of the body.

There was a 112 x 20 mm more or less transverse faint crimson bruise on the lower right antero-lateral chest.

There was a 30 x 18 mm faint crimson bruise on the medial aspect of the lower left forearm.

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Examination of a knife blade:

A bloodstained knife blade was shown to me.
The blade was bent to form a curve with further bending at the tip.
The total blade length was 190 mm.
The blade width was 25 mm at its widest point.
The blade had a single sharp edge.

The stab wounds, superficial cuts and scratches were consistent with having been caused by a knife such as this.

INTERNAL EXAMINATION:

Skull, scalp and dura:

There was the periosteal bruising as described above.
There was no evidence of any injury to the scalp itself.
There was no skull fracture.
There was no extradural or subdural haemorrhage.

Brain:

Weight 1460 g.
The brain was fixed whole in formalin for examination at a later date.

Dissection of the neck:

The anterior and antero-lateral aspects of the neck were dissected layer by layer.
There was haemorrhage within the soft tissues of the left antero-lateral aspect of the neck associated with the track of stab wound number 3 described above.
There was no evidence of any injury to the hyoid bone or the thyroid or cricoid cartilages.

Thyroid:

No abnormality detected.

Larynx, trachea and main bronchi:

No abnormality detected.

Lungs:

Weight left 530 g, right 240 g.
The right lung was collapsed.
Both lungs showed a mild degree of carbon deposition.

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Pleura and pleural cavities:

900 ml of blood was present in the right pleural cavity and 25 ml of blood in the left pleural cavity.

Thoracic cage, vertebral column and pelvis:

There were the injuries to the thoracic cage described under stab wound numbers 4, 10, and 10a described above.

There was a recent fracture of the body of the 2nd thoracic vertebra as described above.

There was no evidence of any injury to the pelvis.

Mediastinum:

No abnormality detected.

Pericardium and pericardial cavity:

There were stab wounds through the right lateral and posterior parietal pericardium as described above under stab wound number 4.

The pericardial cavity contained a small volume of clotted blood.

Heart:

Weight 430 g.

Myocardial thickness: left ventricle 13 mm;
 right ventricle 4 mm.

There was a stab wound through the wall of the right atrium as described above. The coronary arteries showed a mild degree of atheroma but had good patency throughout.

The myocardium was brown in colour and firm in consistency.

No abnormality detected in the endocardium or cardiac valves.

Great vessels:

There was an intimal tear of the lower thoracic aorta and numerous smaller ladder intimal tears as described above.

The aorta was relatively free of atheroma.

No abnormality detected in the iliac or renal arteries or the inferior vena cava.

There was no evidence of pulmonary embolus.

Pertoneum and abdominal cavity:

There was a small film of blood in the abdominal cavity associated with stab wound numbers 9, 4, and 8 described above.

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Lymph nodes:

The lymph nodes were not enlarged.

Tongue:

No abnormality detected.

Oesophagus:

No abnormality detected.

Stomach:

No abnormality detected.

The stomach contained 350 ml of brown fluid and fragments of food.

Small and large intestines:

No abnormality detected.

Liver:

Weight 1860 g.

The liver was yellowish-brown in colour and soft in consistency.

There were wounds in the liver associated with stab wound numbers 4 and 8 described above.

Gallbladder:

No abnormality detected.

The gallbladder contained a small amount of bile and the bile duct was patent.

Spleen:

Weight 200 g.

The spleen was reddish-pink in colour and soft in consistency.

Pancreas:

No abnormality apart from postmortem discolouration.

Adrenals:

No abnormality detected.

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Kidneys:

Weight left 170 g, right 160 g.
The capsule of each kidney stripped easily.
Thickness of renal cortex 7 mm on each side.
Neither kidney showed evidence of pre-existing disease.

Ureters, bladder and prostate:

No abnormality detected.
The bladder contained 100 to 150 ml of straw coloured urine.

Examination of the penis, scrotum, testes, perineum, anus and rectum:

The anus, rectum and perineum were removed "en bloc".
There was no evidence of any injury to the perineum, anus or rectum.
The scrotum, penis and testes were examined.
There was no evidence of any injury to these structures.
There was no evidence of sexual assault.

PRESENT AT THE AUTOPSY:

Present at the autopsy were Det Sen Const Damien Loone of Kings Cross Detectives, Det Sen Const Rob Ford of East Sydney Crime Scene Unit, Det Sen Const Thurtell and Constables Gair and Dewling of Homicide Unit Major Crime Squad South.

SPECIMENS RETAINED FOR FURTHER EXAMINATION:

Tissues for histology.
Brain retained for neuropathological examination.
Tissues and fluids for toxicological examination.
Blood for grouping and bone and muscle for DNA analysis.
Scalp and suprapubic hairs for matching.
Nail clippings from right and left hands for examination.
Loose hairs and fibres from the hands and feet.
Mouth and rectal swabs and smears.
Blood for serology and storage.

RE-EXAMINATION OF THE BODY:

The body was re-examined on 16 June 1995.

Further bruising had developed on the right side of the face which, together with

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the abrasions already described, gave rise to a patterned injury resembling a shoe print. The area involved in this injury measured 110 x 65 mm and extended down from the right eyebrow. The pattern was made up as follows:

There was an 85 x 20 mm area of banded bruising involving the skin of the lateral aspect of the right eyebrow and the skin between this eyebrow and the right ear. The banding came from areas spared of bruising. There were two obvious bands and another two probable bands. Each band measured 5 mm in width with 10 to 15 mm wide bruises between the bands.

There was a 10 x 1 mm red abrasion on the right cheek in front the right ear.

There was a 12 x 12 mm crimson bruise on the right cheek just below and lateral to the right eye.

There was a yellow abrasion on the right cheek below the right eye.

There was a 10 x 8 mm red abrasion on the right side of the bridge of the nose.

The left scapula was cleaned. There was an 8 mm deep cut into the medial edge of this scapula 20 mm below the spine of the scapula. This cut was consistent with having been caused by one of the thrusts of stab wound number 15.

MICROSCOPIC EXAMINATION:**Thyroid:**

Mild autolysis of acinar epithelium but no evidence of pre-existing disease.

Stab wound junction of right atrium and inferior vena cava:

Section shows the stab wound above which there is a little epicardial haemorrhage. Below the stab wound is considerable haemorrhage in the adventitia of the inferior vena cava.

Heart:

There are occasional lymphocytes in the epicardium but no evidence of significant pre-existing disease.

Lungs:

One lung section shows a stab wound on each side of which are areas of collapse. The other lung section shows congestion, patchy pulmonary oedema, and mild

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patchy red cell extravasation into alveoli.

Aorta:

Section shows the intimal tears associated with which, in the media, are small haemorrhages.

Within the media of the aorta are several small areas of capillary vascularisation with a mild lymphocytic perivascular inflammatory infiltrate. The appearances indicate a mild aortitis.

There is a scattering of red cells in the adventitia.

Liver:

The section shows the deep part of a stab wound associated with which is only minimal parenchymal haemorrhage.

The liver parenchyma shows moderate to marked fatty change (macrovesicular steatosis). There is possibly a mild degree of periportal fibrosis but no evidence of cirrhosis.

Spleen:

There is a paucity of red cells in the red pulp. There are two areas of fibrosis containing small elongated particles of slightly refractile but non-birefringent foreign material and deposits of haemosiderin pigment.

Pancreas:

Moderate autolysis.

Adrenal:

Two small cortical haemorrhages.

Prostate:

Autolysis of acinar epithelium and occasional corpora amylacea.

Testes:

No abnormality detected.

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Upper thoracic spinal cord:

No abnormality detected.

MACROSCOPIC AND MICROSCOPIC EXAMINATION OF THE BRAIN:

See attached report.

TOXICOLOGY:

See attached report.

PATHOLOGY SUMMARY:

1. MULTIPLE (15) STAB WOUNDS MAINLY TO CHEST, ONE QUICKLY LETHAL INJURING LIVER, DIAPHRAGM, LUNG AND HEART, AND TWO POTENTIALLY LETHAL IF LEFT UNATTENDED.
2. "DEFENCE" INJURIES ON LEFT FOREARM AND RIGHT HAND.
3. THORACIC VERTEBRAL FRACTURE AND AORTIC INTIMAL TEARS MOST LIKELY OCCURRING IN PERIMORTEM PERIOD.
4. SUPERFICIAL CUTS AND SCRATCHES.
5. MINOR FACIAL AND HEAD INJURIES INCLUDING A PATTERNED BRUISE AND ABRASION INJURY RESEMBLING A SHOE PRINT ON THE RIGHT SIDE OF THE FACE.
6. BILATERAL HAEMOTHORAX.
7. COLLAPSED RIGHT LUNG.
8. HAEMOPERICARDIUM.
9. MODERATE TO MARKED FATTY CHANGE IN THE LIVER.
10. A SMALL AMOUNT OF ALCOHOL DETECTED IN THE BLOOD.
11. A THERAPEUTIC LEVEL OF METOPROLOL DETECTED IN THE BODY.

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

Kenneth Richard Brennan was found lying, naked, in the lounge room of his unit. There were numerous stab wounds to his body. Post mortem examination showed he had died of stab wounds to his chest. There were a number of other injuries to his body including injuries, consistent with "defence" injuries, on his left forearm and right hand.

A. Time and date of death: Anytime 5.00 pm to midnight Sunday 11th June 1995 or even a little earlier or later than this.

B. Place of death: [REDACTED] Onslow Avenue, Elizabeth Bay.

C. Cause of death:

**1. DIRECT CAUSE:
Disease or condition directly leading to death:**

(a) STAB WOUNDS TO CHEST

**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)..... *PC. Bradburn*

(Date) 6 October 1995

*Analyst Report Seen
PC*