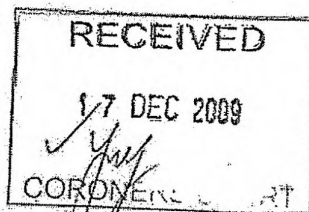


Department of
Forensic Medicine

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

**AUTOPSY REPORT
FOR THE CORONER**

Name: Anthony CAWSEY
Institute Case No: 09/36873
Coroner's Case No: 2785/09
Age: 37
Sex: Male



Identification Process:

Identified by Constable Surnicky of Maroubra Police Station to
P Toula-Burn of Flanagan Mortuary Transfers
Identified to Leah Easthorpe
Identified as Anthony CAWSEY (prev U/K Male, Maroubra)
Method used Visual

Pathologist: Rebecca Irvine
Pathologist's qualifications: MD
Time & date of autopsy: 0940 hours on the 29th September 2009
Place of autopsy: Department of Forensic Medicine, Glebe
Autopsy Assistant: Belinda Harrison
Also present at the autopsy: S/C R Crimmins (Sydney Crime Scene),
Det S/C F Frame (Homicide Squad),
Plain Clothes Const R Malkoun (Eastern Beaches LAC)

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OPINION

I acknowledge that I have read the Expert Witness Code of Conduct in Schedule 7 of the NSW Uniform Civil Procedure Rules 2005; and agree to be bound by the Code.

Based on what I have observed, my experience and training, and the information supplied to me:

Anthony CAWSEY, died between 25th and 26th September 2009 at McKay Sports ground, Centennial Parklands and that the cause of death is as follows:

1. **DIRECT CAUSE:**
Disease or condition directly leading to death:
 - (a) HAEMOPERICARDIUM

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

 - (b) STAB WOUND OF THE LEFT CHEST
 - (c)
2. Other significant conditions contributing to the death but not relating to the disease or condition causing it:

REPORT SUMMARY:

This 37 year old male, Anthony CAWSEY, died of haemopericardium due to a stab wound of the left chest.

His body was found by joggers at approximately 6 am on the 26th September, 2009, in Centennial Park near a duck pond. The scene was visited by myself, commencing at 11:08 am, 26th September, 2009. The weather at that time was very windy, temperate and sunny.

The decedent was lying prone on mowed grass, approximately 0.5 metres off a wide, flat sandy path, with his feet closest to the path. There were palm and paperbark trees nearby. His head was turned slightly leftward, and was dependent, on an approximately ten degree incline. A few drops of apparent blood were noted beside the left pant leg, with heavy blood saturation of the left lower side and back of his shirt.

He was clad in a light blue short sleeved shirt, a cut-off black short sleeved t-shirt, black thong underpants, red and pink underpants, blue athletic pants, brown suede boots with fringe and a black baseball style cap (with the bill portion under his forehead). The black

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thong underwear were in place but the pink underpants and athletic pants were pulled down to the top of the thighs. There was homogenous, faint dark grey discolouration of the skin of the upper buttocks and natal cleft (below the posterior waistband of the black thong underwear). The body was cool with fully developed livor mortis and blanchable anterior livor mortis. The surrounding ground appeared undisturbed. The upper left back of the shirt had bird or bat excrement on it and the fabric of the upper back of the shirt had small defects with frayed edges and apparent linear rust stains. The body was log-rolled to reveal that the outer shirt was secured by the lower most [Velcro] closure. The left breast pocket contained a white metal cell phone, which was transferred to the custody of law enforcement. The decedent wore a black lanyard with a single key around his neck, which was left in place. His left hand was tucked into the lower right outer shirt edge at the waist line.

The upper body garments were lifted to reveal a single stab wound on the left lower chest and two defects with cut edges in the lower left blue shirt. No other injuries were immediately apparent. An oral swab was performed at the scene. Visual identification was expected. The decedent was pronounced dead at 11:55 am and an ID tag was placed on the left wrist by myself.

Autopsy revealed an otherwise healthy appearing young adult man with a single stab wound of the left chest. The single edged blade was inserted upward and backward into the body, perforating the pericardium and the anterior wall of the right ventricle. The pericardial sac contained 400 ml of blood and clot. Routine screening for Hepatitis C virus and HIV was non-reactive. An anteroposterior x-ray of the chest revealed a modestly increased cardiac silhouette with no internal radio-opaque fragments.

Toxicological examination revealed a modest (0.005 g/100ml) concentration of alcohol and the presence of cannabinoids and methamphetamine.

~~No significant natural disease was identified.~~

SUMMARY OF SIGNIFICANT POSTMORTEM FINDINGS:

1. STAB WOUND OF LEFT CHEST:
 - a) 2.7 cm long with 0.3 cm blunt end (re-approximated);
 - b) Two adjacent abrasions;
 - c) Path: skin and subcutaneous tissue, left 4th intercostal space at costosternal margin, pericardium and anterior wall of right ventricle;
 - d) Associated injury:
 - Haemopericardium (400 ml of blood and clot);
 - Left haemothorax (100 ml)
 - e) Direction: front to back, upward, not significantly leftward nor rightward.
 - f) Approximate depth: 10 cm
2. PRESENCE OF ALCOHOL, CANNABINOIDS AND METHAMPHETAMINE ON TOXICOLOGICAL EXAMINATION
3. PROBE PATENT FOREMEN OVALE.

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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. NSW Police Service Identification Statement.
 3. Life Pronounced Extinct Certificate, Department of Forensic Medicine.
 4. Certification of search of a deceased body.
-

SPECIMENS RETAINED FOR FURTHER EXAMINATION:

Tissue for microscopic examination.
Block-sized tissue pieces for fixed storage.
Blood, urine, liver, stomach contents and bile for toxicological examination.
Blood for storage.
Bone/cartilage surrounding left 4th intercostal space (stab defect) for fixed storage.
Photographs by self and law enforcement.
No whole organs were retained.

EVIDENCE TRANSFERRED TO POLICE CUSTODY:

Bilateral hand swabs;
~~Bilateral fingernail clippings;~~
Bilateral hand bags;
Pubic hair;
Head hair;
General trace evidence (anterior and posterior);
Botanical debris from underwear, pubic combing, buttocks combing, anal and penile swabs.
Accompanying effects: black elastic hair tie, lanyard (ring and key), clothing (underwear x 2, pants, t shirt, shirt, boots).

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AUTOPSY FINDINGS

EXTERNAL EXAMINATION OF THE BODY:

The body was that of a well developed, well nourished young adult with medium tan skin who weighed 65.5 kg, was 1.76 m in length and appeared compatible with the reported age of 37 years.

There were two identification bands around the left wrist, including mine, bearing the name of the decedent.

The body was received clad in:

A short sleeved grey green shirt with Velcro closures;
A black t-shirt with a cut, rolled hem;
Black thong underpants (with some botanical debris inside);
A pair of red and pink underwear (worn at the level of the lower crotch);
A pair of blue nylon athletic pull on pants (worn at mid thigh);
A pair of brown suede fringed boots.

The athletic pants had a vertical defect with cut edges on the mesh lining at the front of the crotch. The pink, giraffe pattern synthetic underpants had lace elastic at the waist band and legs, with a small amount of blood on the upper anterior waist band.

The hands were enclosed in paper bags.

Accompanying personal effects included a black lanyard with a metal key ring and single key, and a black hair tie, worn around the wrist.

The body was cool

Rigor mortis was minimally present in the jaw and the small and large muscle groups, and easily broken.

Fixed, pink livor mortis extended over the posterior dependent areas of the body, except in areas exposed to pressure.

Evidence of very early post mortem change included drying of the scrotum and green discoloration of the skin of the lower abdomen, right side greater than left.

The scalp hair was fine, thin, red/brown, wavy and measured up to 2 cm in length over the crown. There was moderate male pattern baldness.

The irides were grey/green.

The pupils were round.

The cornea were translucent.

The sclera and conjunctive were clear and pale.

There were bilateral *tache noir* drying patterns on the ocular globes.

There were a few delicate petechiae on the sclera and conjunctiva of the left eye, to be further described.

The nose was normally formed, with a seborrhoeic-like eruption within the alae.

The ears were normally formed.

The decedent wore red/brown "soul patch" beard and had short brown beard stubble.

The anterior teeth were natural and in good repair.

The neck was unremarkable.

The thorax was well developed and symmetrical.

The abdomen was flat.

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The anus normally formed and was free of lesions.
The spine was normally formed and the surface of the back was free of lesions.
No injury was identified on the anus or external genitalia.
The external genitalia were those of a normal adult male.
The upper and lower extremities were well developed and symmetrical without absence of digits.
The fingernails were slightly uneven (especially the left thumb nail), short and soiled.
Both antecubital fossae had 0.6 x 0.6 cm slightly grey, round depressed scars over the general distribution of the basallic veins.

Identifying marks and scars included:

A 9.5 x 9 cm professional tattoo of the head of a leopard over the right scapula,
A 7 x 4 cm professional blue tattoo, most likely of a bird, on the right posterior shoulder.

There was no evidence of acute medical intervention.

Evidence of Injury:

A) Stab wound of left chest¹:

On the left anterior chest, centred 5.5 cm left of the anterior midline, 51 cm below the top of the head and 8 cm radially to the 8 o'clock position of the left nipple, was a 2 cm long crescentic stab wound, gaping to 0.7 cm.

On re-approximation, the wound had a length of 2.7 cm, and a superior blunt edge, measuring 0.3 cm.

At the 7 o'clock position of the stab wound was a 0.2 cm diameter round, pink abrasion.

~~At the 6 o'clock position of the stab wound was a 0.5 x 0.1 cm pink abrasion.~~

The wound track travelled upward and backward, perforating skin, soft tissue, the left 4th intercostal space (at the costosternal margin), the anterior pericardium and the anterior free wall of the right ventricle. The defect on the pericardial membrane measured 2 cm in length. The epicardial defect was oblique, measured 1.4 cm in length and perforated the mid upper anterior right ventricle, 2.5 cm right and superior to the left anterior descending coronary artery and 5.0 cm below the atrioventricular groove. The endocardial defect was oblique, measured 1.2 cm in length and was centred within the right ventricular outflow track, adjacent to the moderator band. Associated injuries included a 400 ml pericardial effusion consisting of blood and clot (which caused the pericardial membrane to be taut *in situ*) and a haemorrhagic effusion within the left pleural cavity, measuring 100 ml. The wound tract had an approximate depth of 10 cm.

Associated injury also included delicate red petechiae within the eyes, more prominent on the left, as well as across the forehead, peri ocular skin, anterior neck and left upper lateral chest, adjacent to the axilla.

¹ Conventions used in description of injuries:

1. The body is described in the Standard Anatomical Position. Reference is to this position only.
2. All injuries are perimortem, unless otherwise specified.

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B) Description of defects to shirt:

There was bird or bat excrement on the left posterior shoulder of the grey/green, short sleeved shirt. There were multiple defects on the upper back of the shirt, including a 3 x 1 cm "L" shaped defect on the left upper back, a 2.1 cm linear defect with bridging threads on the right upper back and an elliptical, 3 cm long defect on the right upper back; all the aforementioned defects, however, had worn edges. There were sparse, linear rust marks, possibly in the pattern of a metal zipper, on the bilateral upper shoulder regions.

On the left lower front of the shirt, within a 4 x 4 cm area, centred 12 cm above the front hem and 44 cm below the left shoulder seam, was a 2 cm long shallow "V" shaped defect and a 2 x 0.6 cm notched defect. Both of these defects had cut edges.

C) Other injuries / findings:

On the underside of the chin was a 4 x 2 cm interrupted, superficial red abrasion. On the proximal posterior ulnar forearm was a 3.2 x 0.6 cm superficial, vertical pink abrasion.

At the distal end of this abrasion was a 0.6 x 0.3 cm ovoid, superficial pink abrasion. There were sparse, tan dot abrasions on the right dorsal hand and wrist, which may represent post mortem artefact from ants.

On the left mid shin, just medial to the anterior midline, was an 8 cm diameter area of interrupted, red dot abrasions and sparse, adjacent superficial red excoriation. There was a 0.7 cm diameter lesion at the distal, medial border of the left great toenail with an adjacent, wavy, 1 cm superficial possible sharp force injury.

On the left mid anterior thigh was a 0.4 x 0.2 cm pink dot abrasion, 1.5 cm above the 12 o'clock position.

On the left proximal shin was a 0.4 cm red abrasion.

On the left mid shin was a vertical, 0.4 cm crusted tan abrasion.

On the left distal shin was a 0.3 x 0.2 cm pink abrasion.

The blue/grey homogenous discolouration of the upper buttocks and natal cleft appeared to have an inferior transverse pattern consistent with an elastic waistband; this pattern was at the lower border of the discolouration, and was not grossly consistent with the waist band of the two pairs of underwear received on the body. Further, there was sparing of the area covered by the thong underpants. The significance of this area of discolouration was unclear.

INTERNAL EXAMINATION OF THE BODY:

Apart from a focal fibrous adhesion on the lateral aspect of the lower lobe of the right lung, and haemorrhagic collections within the pericardium and left pleural cavity as previously described, no adhesions or abnormal collections of fluid were noted in any of the body cavities.

All body organs were in normal and anatomic position without surgical absences. The serous surfaces were smooth and glistening. The diaphragm was intact.

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Central nervous system:

The brain weighed 1406 g (fresh).

The dura mater and falx cerebri were intact, and not adherent to the brain.
The leptomeninges were thin and transparent.
There were no epidural, subdural or subarachnoid haemorrhages.
The cerebral hemispheres were symmetrical.
The structures at the base of the brain, including cranial nerves and blood vessels were free of abnormality.

Coronal sections through the cerebral hemispheres revealed no lesions within the cortex, subcortical white matter, or deep parenchyma of either hemisphere.
The cerebral ventricles were of normal calibre.
Sections through the brainstem and cerebellum revealed no lesions.
Specifically, no mass lesions were identified.
The spinal cord was not removed or grossly examined.

Neck:

Examination of the soft tissues of the neck, including strap muscles and large vessels, revealed no abnormalities.
The hyoid bone and larynx were intact.
The tongue was normal.

Cardiovascular system:

The heart weighed 326 g.

The pericardial sac was distended and taut with 400 ml of measurable blood and clot, as previously described.

The pericardial surfaces were smooth and glistening.
The coronary arteries arose normally and followed the usual distribution of a right dominant pattern with no significant atherosclerosis.
The chambers and valves were proportionate.

No acute changes (thrombosis, plaque haemorrhage or dissection) were grossly apparent.
The valves were normally formed, thin and pliable and free of vegetations and degenerative changes.
The myocardium was dark red-brown, firm, and free of focal or regional fibrosis, erythema, pallor or softening.
The ventricular septum was intact.
The foramen ovale was probe patent.
The ventricular septum and free walls were free of muscular bulges.
The aorta and its major branches arose normally and followed the usual course with no significant atherosclerosis.
The orifices of the major aortic vascular branches (carotid, renal, coeliac and mesenteric) were patent.
The vena cava and its major tributaries were patent and returned to the heart in the usual distribution.

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Respiratory system:

The left and right lungs weighed 614 g and 736 g, respectively.

The upper and lower airways were unobstructed and the mucosal surfaces were smooth and yellow tan.

The airways contained no grossly apparent blood.

The pleural surfaces were smooth and glistening.

The pulmonary parenchyma was medium red/pink and the cut surfaces exuded moderate amounts of blood and frothy fluid.

There was no gross evidence of haemoaspiration and the pulmonary parenchyma did not appear collapsed.

The pulmonary arteries were normally developed and without thromboemboli and atherosclerosis.

Liver and biliary system:

The liver weighed 1458 g.

The hepatic capsule was smooth, glistening and intact covering red-brown parenchyma without mass lesions.

The gallbladder contained a small amount of tan/yellow viscous bile without stones and the cystic duct was patent.

The extrahepatic biliary tree was patent.

Alimentary tract:

The oesophagus was lined by grey-white smooth mucosa.

The gastric mucosa was arranged in the usual rugal folds and the lumen contained 200 ml of tan, partially digested food fragments.

The serosa of the small and large bowel was smooth and glistening.

The proximal small bowel contained partially digested food.

There were no mucosal lesions of the proximal small bowel and rectum.

The colon contained formed stools.

The rectum was free of injury and neoplasia.

The appendix was present and uninfamed.

The pancreas had a normal tan lobulated appearance.

Genitourinary tract:

The left and right kidneys weighed 168 g and 138 g, respectively.

The renal capsules were smooth, thin, semitransparent and stripped with ease from the underlying smooth, red-brown, firm, cortical surface.

The cortices were of normal thickness and delineated from the medullary pyramids.

The calyces, pelves, and ureters were non-dilated, of grossly normal calibre and free of stones.

The urinary bladder contained a moderate amount of clear, straw coloured urine; the mucosa was grey-tan and smooth.

The prostate was not enlarged.

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Reticuloendothelial system:

The spleen weighed 180 g and had a smooth intact capsule covering red-purple moderately firm parenchyma.

The splenic white pulp was grossly prominent.
The bone marrow (vertebral) was red-purple and macroscopically normal.
There was no focal or regional lymphadenopathy.

Endocrine system:

The pituitary gland was of normal size.
The thyroid gland was of normal position, size and texture.
The adrenal glands had normal cut surfaces with yellow cortex and grey medulla.

Musculoskeletal system:

The bony framework, supporting musculature and soft tissues are not unusual. There was no fracture associated with perforation of the left 4th intercostal space near the costosternal margin; this area was, however, excised and saved in formalin due to possible tool markings on the cartilage.
The cervical spinal column was stable on internal palpation.

MICROSCOPIC DESCRIPTION:

Heart (septum and biventricular free walls): Unremarkable

Lungs: Inspissated mucous; scattered pigment-laden macrophages; no significant polarisable interstitial crystals

Liver: Unremarkable

Spleen: Unremarkable

Pancreas: Severe autolysis, islets not identifiable

Kidney: Incidental microscopic simple cyst in left kidney

Thyroid: Unremarkable

Parathyroid glands (x2): Unremarkable

Brain (hippocampus, cerebellum with dentate, basal ganglia, middle frontal gyrus and adjacent meninges): Unremarkable

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ANALYTICAL TOXICOLOGY REPORT:

See attached report (T2902537).

Results of screening tests:

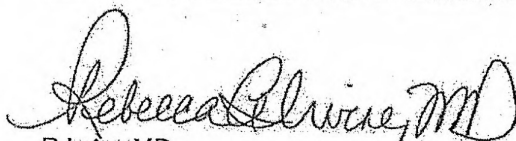
Blood Preserved	Amphetamines	Detected
Blood Preserved	Barbiturates	ND
Blood Preserved	Benzodiazepines	ND
Blood Preserved	Cannabinoids	Detected
Blood Preserved	Cocaine metabolite	ND
Blood Preserved	Comp. Screen	Detected
Blood Preserved	Methadone	ND
Blood Preserved	Opiates	ND
Urine	Comp. screen	Detected

(ND = Not detected Comp. screen = Broad chromatographic screen for common drugs)

Results of quantitative tests:

Blood Preserved	Alcohol	0.005 g/100mL
Blood Preserved	Delta-9-tetrahydrocannabinol	0.010 mg/L
Blood Preserved	Delta-9-THC Acid	0.025 mg/L
Blood Preserved	Methylamphetamine	0.2 mg/L

The screening and quantitative tests reported by laboratory staff of the Division of Analytical Laboratories, I.C.P.M.R. 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.



R Irvine MD
Staff Specialist Forensic Pathologist
Department of Forensic Medicine

14 December 2009 (ym)