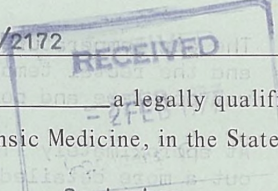


CORONERS ACT, 1960

Medical report upon the examination of the dead body of--

Name: Barry Richard JONES 76/2172



I William Harold Brighton 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 10.00 in the fore noon, on the 27th day of September, 1976

at Sydney in the said State, I made an internal examination of the dead body of a male identified to me by Detective Senior Constable Quinn of 9 Division in the State aforesaid, as that of Barry Richard JONES aged about 41 years.

2. I opened the three cavities of the body.

3. Upon such examination I found.

When first seen at approximately 10.00am on 27 September 1976 the body was lying on the concrete deck at the top of the grand stand in Five Dock park, fully clothed and the clothing normally positioned and fastened. It was lying supine. The left front of the chest showed a large gaping wound and the overlying clothing had been cut through over the same region. On turning the body it was noted that there were numerous stab wounds through the clothing and chest wall over the left side and back. It was noted that blood had run in long streaks directly away from the body, down the steps in the grandstand toward the bottom of the stand. It was further noted that bloodstaining was present on the wall adjacent to where the body was lying and the pattern of bloodstaining indicated that at some stage after the wounding had occurred the body had been resting against the wall and had slid down the wall and away from its previous location to where it was found lying on the floor.

Protruding from the lower right chest there was the handle of a hunting type sheath knife and the entire blade of the knife, which on extraction was found to measure 13 cm in length to the tip, was driven completely into the body.

The throat region showed an incised wound in the central zone just below the larynx which was approximately 10 cm in length and undercutting the skin of the throat towards the Adam's apple. Just above this incised wound there was a narrow linear parallel brownish parchment-like abrasion and passing upwards from the main cut in the throat there was a further curved superficial cut going up over the side of the jaw. This throat wound appeared to be a post mortem wound judging by the absence of haemorrhage into the tissues and the absence of any significant amount of blood on the skin surface surrounding the wound edges.

(For continuation--see over)

4. In my opinion death had taken place about 12 Hours previously and the cause of death was. *R. J. Scott*

- I. DIRECT CAUSE--
 - Disease or condition directly leading to death (a) HAEMORRHAGE & RESPIRATORY FAILURE.
(due to or following)
 - ANTECEDENT CAUSES--
 - Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last (b) MULTIPLE STAB WOUNDS TO THE CHEST & ABDOMEN.
(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,
SYDNEY

(Signature) William H. Brighton
(Date) 27 October 1976

The air temperature at 6 minutes past 10.00am at the scene was 17 degrees Celsius and the rectal temperature of the body was 19 degrees Celsius. Rigor mortis was complete and post mortem lividity was fixed on the posterior surface.

At approximately 11.00am at the Division of Forensic Medicine Mortuary I carried out a more detailed examination of the wounds on the body and found as follows:-

Throat:

The throat wound measured approximately 10 cm from end to end and the skin and subcutaneous tissue of the throat had been undercut in a bevelled up fashion towards the Adam's apple from the lower level of the thyroid cartilage. The incision had not carried through into the larynx or trachea so that the air passages were left intact at this point of injury and the great vessels of the neck were also unharmed though the sterno-mastoid muscles and the strap muscles of the anterior throat region had been incised.

Anterior chest wall:

The tissue overlying much of the left side of the anterior chest wall showed multiple incised wounds criss crossing and parallel to each other which had carried through the skin and subcutaneous tissues and through the ribs and intercostal muscles in such a fashion as to totally destroy the chest wall leaving a large gaping irregularly shaped wound covering an area of approximately 14 x 10 cm wide. It was possible to see the interior of the chest including the collapsed left lung and part of the heart through the opening in the chest wall without difficulty. Several of the incised wounds leading directly towards the large open wound measured 4 or 5 cm in length and were passing through the tissues in a vertical direction from the head in towards the feet end of the body.

Left side and back of chest:

More or less in continuity with the incised wounds to the anterior left chest wall, the left lateral aspect and back of the chest on the left side showed a large number of stab wounds of varying depths and directions but all showing similar characteristics in so far that they had been caused by a knife or knife-like object with sharp point and a single cutting edge and one blunt edge to the blade. The maximum width of the stab wounds at the skin surface was between 2 and 3 cm in length and those wounds which were deeply penetrating through the chest wall had passed into the left lung or through the diaphragm into the spleen and stomach. One such wound had penetrated as far as the left ventricle of the heart but had not completely penetrated the wall. Though the lung was collapsed it was evident from the many tracts within the lung that many of the stab wounds had in fact penetrated to a depth of between 9-13 cm from the skin surface. Altogether there were in the order of fifty three separate stab wounds over the left side of back of chest. A number of other relatively superficial stab wounds were present on the inner aspect and back of the left arm also having characteristics similar to those described over the back of the chest.

Hands:

There were no defensive cuts on the hands although there was a single stab wound in the region of the left wrist.

Central lower chest & right anterior chest wall:

Apart from the main group of stab wounds described above two separate stab wounds which had the appearance of being post mortem wounds were present as follows:- One at nipple level on the right side being about 2½ cm in length showing the same characteristic shape as the other stab wounds but showing no bleeding on the skin or into the tissues where the wound showed penetration through the wall into the right lung. The other wound was that in which the knife was still lying at the time of my examination and this passed through the lower right chest wall just above the costal margin on the right side directly backwards into the substance of the liver. This wound was also post mortem in appearance with absence of any significant amount of haemorrhage either into or about the wound.

In respect to the wounds on the left side of the chest involving the left lung there was not a great deal of free blood remaining in the chest cavity due to extensive drainage from the cavity at the scene of wounding. Blood was present in the substance of the left lung and had entered the air passages where it had also passed in part into the right lung which showed blood present in the lung substance and it was also present in the main air passages, the trachea and in the oro-pharynx and had entered the stomach from being swallowed.

All the organs were pale from blood loss.
 Body height 178 cm and post mortem body weight 59 kg.
 The build was average and the nutritional state appeared normal.

The macroscopic appearance of the organs was as follows:-

Brain (1650 g): No gross abnormality.
 Skull and scalp: No remarkable features.
 Heart (345 g): Normal in shape and size and showing no significant disease.
 Aorta and branches: Minimal atheroma present.

Lungs and air passages:
 (left 310 g right 285 g):
 No gross disease present in the lung tissues. The increased weight of the left lung was due to the presence of blood in the tissues described above.

Liver (1840): Apart from pallor showed no gross abnormality.
 Gallbladder and bile ducts showed no remarkable features.

Kidneys (left 100 g right 130 g):
 Showed pallor of the cortex, no other gross abnormality.
 Ureters, bladder and prostate normal.

Spleen (110 g): No remarkable features.
 Pancreas: No remarkable features.

Gastro-intestinal tract:
 Showed no disease. Apart from a small quantity of mucus the stomach was empty.

Endocrine glands and lymph nodes:
 No remarkable features.

Blood has been sent for grouping and hair from the head for comparison matching if required. Finger nail clippings have been sent for microscopic examination. Swabs from the anal verge and from the penile orifice have been taken and smears made from the swabs and submitted to the Forensic Biologist for microscopic examination.

Blood has been sent for the estimation of alcohol and for analysis together with the liver, stomach and contents and a specimen of bile for chemical analysis via Constable Stengalis.

EXHIBIT "2"

Inquest touching the death

of Jones

Coroner Court, 44-46

Parramatta Road, Glebe

(Date) 26/1/78

(Dep. Clerk)

[Faint, mostly illegible text from the reverse side of the document is visible through the paper. The text appears to be a transcript or report, possibly containing names and dates, but is too light to transcribe accurately.]