

## Ben Williams

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**From:** McCarthy Eugene - KG  
**Sent:** 06 October 2014 15:33  
**To:** O'Donnell Martin - KG  
**Subject:** FW: WALGATE Toxicology & FLO

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**From:** McCarthy Eugene - KG  
**Sent:** 16 September 2014 04:41  
**To:** O'Donnell Martin - KG; Parish David G - KG; Slaymaker Paul R - KG  
**Cc:** Turrell Debbie - KG; Kirk Tony - KG  
**Subject:** WALGATE Toxicology & FLO

All,

In relation to suspicious death of Mr WALGATE, I was recently forwarded a copy of the toxicology report. The deceased is shown to have a high concentration of GHB in his body and the report concludes that this may have caused the death. (Copy attached).

There are a couple of issues at this time as to how to proceed:

### SUSPECT:

The suspect in this case remains on bail. He has had admissions in relation to concealing his actions / moving body etc. There are still unexplained issues about how he paid / was to pay for the service. From memory, there would be sufficient evidence to charge / caution with Wasting Police Time or Perverting the Course of Justice. If considering a caution, police could decide on the former and I believe that the latter would still have to go to the CPS for authorisation. If we were to go for a charge, the both would have to go to the CPS.

### FLO:

Having spoken with Paul, the family are either aware or have been informed that the toxicology result is imminent. I am not too sure on how best this should be relayed to the family.

### PROPOSED:

#### Toxicology Report:

I am open to discussion, but I think we should relay the current information i.e. toxicology result, back to the MIT that provided the original advice / assistance - MIT 20. They should be able to just give a heads up as to any other enquiries to be conducted in light of the findings and any other current relevant information or should we be completing a Coroner's Report at this time.

### FLO:

Advice on what should be relayed and the best method for doing so e.g. personal visit.

### ACTIONS:

Martin / Dave: Could you try and get the referral done asap. I think that time is of the essence due to potential issues with the family. I have attached a copy of all the previous MIT advice in this case. Also attached is the last Current Situation Report (CSR) that I completed in June (not as current as I would have liked). I have highlighted the areas in RED that need an update. If you can provide me with the information I will update. Alternatively, if you are in a position to update, then it can be forwarded to the MIT for their information.

Paul / Debbie: Can you please provide a current update on the status of the family and FLO issues. Hopefully the MIT will be able to give some practical guidance to assist.

I will be back in the office on Thursday/Friday and will catch up.

Regards,

Eugene

Now that we have the report

Toxicology Report: