

stay overnight and agreed to an £800 fee to stay the night. On Tuesday one of his friends says he spoke to him but did not speak to him on Wednesday. He is not known to take drugs and not known to have any medical problems, just historical childhood asthma. He is on antidepressants. His passport, oyster card and bankcard were all found. His phone is currently outstanding. A small brown bottle of 10-15ml in size was also found as well as three tablets.

Additional Information from Toxicology report

It appears that Mr Walgate had taken a quantity of 'poppers' that evening and had then engaged in consensual sexual intercourse with another man before vomiting and apparently going to sleep. The occupant of the premises had later moved Mr Walgate from inside his flat to the street before calling the emergency services.

Additional statements

I have also been provided with and read the following statements;

- o A 64 page interview transcript with Stephen PORT dated 27/06/2014, start 13.10, finish 14.55.
- o Statement of China DUNNING, student, dated 08/07/2014, 3 pages.
- o Statement of Stephen PORT, dated 19/06/2014, 2 pages.
- o Summary of interview with Stephen PORT dated 26/06/2014, start 1748 finish 19.30, exhibit NAD/1.

Summary of interview with Stephen PORT dated 26/06/2014, start 1748 finish 19.30, exhibit NAD1

Stephen Port started the interview by saying that he resides at 62 Cook Street, Barking IG11 7AF, the property is a one bedroom flat and Stephen Port purchased the property 8 years ago in August 2014. The flat was purchased under part buy part rent, and Stephen Port states that he currently has a Ben Artwinkle living at the property, and that Ben Artwinkle is the brother in law of a boyfriend. The property is a block of flats that has three floors and 4 flats on each floor. Ben Artwinkle was only supposed to be at the property for a few weeks but he has been staying there for a few months and hopefully this is coming to end soon, Ben Artwinkle is only staying there as he has problems with his girlfriend. Ben Artwinkle is currently employed by Tesco working 10pm until 6am and he has had this job for the last few weeks. Stephen Port states that he works for a catering company called OCS and they are hired by stagecoach to manage the canteen at West Ham bus garage, Stephen Port has been working for OCS for the last 16 years and that he has worked at West Ham bus garage since it opened which was about 3 years ago. Stephen Port works on a rota basis and the shift are 6am- 2pm and 2pm - 10pm, and on some occasions he has to work nights so that they can deep clean the kitchen when they have inspections visits. Stephen Port owns a Peugeot RCZ index [] DPA and is a 2 door sports car that I purchased in March this year and I purchased the vehicle with Toyota Finance and I pay £252 a month. Stephen Port has his own parking space which is C4 which is located at the rear of the property.

Stephen Port then confirmed his original account, he stated that on Wednesday he had been at work 0845pm to 0345am on Thursday morning and that he finished work and that he was at home by 4am. Stephen Port parked his car in his parking bay and that he came around to the front of the house and that he saw the young boy in the door way and that his head was leaning against the door. Stephen Port picked up the body and moved it slightly to the side

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significant steatosis, portal tract fibrosis or active / chronic hepatitis. The sections of bruising from the right and left chest muscles show extravasated red blood cells with no discernable vital reaction. The section of myocardium shows no myocyte disarray, no myocarditis, no granulomas, no amyloid, no old scars and no areas of established acute neutrophilic recent infarction. The sections of brain, stained with H & E only, are unremarkable.

TOXICOLOGICAL EXAMINATION

I have also seen a copy of the toxicological examination report provided by Denise STANWORTH of LGC Forensics Ltd, dated 10th September 2014, their ref LGC-14226217.

COMMENT

1. There was no natural disease identified either with naked eye or on histopathological examination of the major organs that may have directly caused or contributed to the death.
2. The toxicology report is comprehensive and should be referred to in full however the Conclusions of the toxicologist are reproduced below;

"Conclusions

1. *GHB was detected in Mr Walgate's blood and urine at high concentrations which could provide a toxicological explanation for death.*
2. *The presence of citalopram, diphenhydramine and chlorphenamine were also detected at concentrations broadly consistent with the use of therapeutic amounts.*
3. *A low concentration of alcohol was detected in the blood and urine which may be the residue of alcohol consumed at an earlier time as described above.*
4. *With the exception of the solvent, 1-propanol, and quinine, caffeine and nicotine, none of the other substances listed under Nature of Examination were detected and Mr Walgate would not have used such substances in significant amounts in the hours leading up to his death with the possible exception of the alkyl nitrites ('poppers').*
5. *The presence of GBL, which is converted to GHB in the body, was detected in the liquid in the brown bottle, item DGP/17."*

Thus toxicology has provided an adequate explanation for the death in the form of Gamma hydroxybutyrate intoxication. I note that the concentration of alcohol detected in the blood is stated to be low and could have arisen from microbial activity. Alcohol and GHB taken together are a particularly dangerous combination however as far as I am aware, from the information available to me at this time, as detailed above, there is no circumstantial evidence that alcohol was taken by the deceased in the hours leading up to his death.

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3. There were no typical defence wounds from a sharp force assault noted to the hands or forearms of the deceased.
4. There were no injuries to suggest that the deceased has suffered a significant blunt force trauma assault by a third party shortly prior to death in the form of rib fractures, skull fractures or long bone fractures.
- ~~5. There was no evidence either in the face or on examination of the neck structures that any significant compression of the neck has occurred.~~
6. There were no injuries to the anus or genitalia to suggest that any significant or sustained sexual assault has taken place. However the lack of injuries does not rule this out and further information on whether or not sexual acts had occurred can be sought from evaluation of intimate swabs.
7. The injuries to the left ankle raise the possibility that they may represent marks related potentially to the application of restraints. However they may easily have other explanations.
8. There are only minimal injuries to the arms and no real sign of any prolonged or significant restraint by a third party.
9. The injuries seen on deep dissection of the anterior torso (namely the bruising to the region of the left and right pectoral muscles could be consistent with moving an unconscious person from one location to another. They may however, have other explanations, and given the size of the areas of bruising identified, would not have occurred from moving a body that was already dead with no circulation. It is possible that they could have occurred by moving a moribund person / somebody in a periarrest situation.
10. Whilst the triangular shaped area of fine dot like haemorrhages to the anterior chest may represent a period where the deceased was in a face down position there are no asphyxial signs in the face to be able to realistically advance a postural asphyxia scenario (i.e. where the deceased had significant force exerted onto his torso to interfere with his ability to breath). They may potentially be explained by a postural effect and I note that the deceased was described by the suspect as being in a face down position on the bed. In addition, coupled with the fact that there is a perfectly reasonable toxicological explanation for the death there is no merit in exploring postural asphyxia any further.
11. This report is based on the information available to me at this time and my own interpretation of it. If this proves to be wrong or inaccurate, or if any new evidence comes to light, I reserve the right to review or amend my opinion.
12. This report has been subjected to a critical conclusions check.

Signature