

<p>1 Tuesday, 12 October 2021</p> <p>2</p> <p>3 DR OLAF JAMES BIEDRZYCKI (sworn)2</p> <p>4 Questions from MR O'CONNOR2</p> <p>5 Questions from THE JURY63</p> <p>6 Questions from MS HILL67</p> <p>7 Questions from MS DOBBIN77</p> <p>8 Questions from MR BERRY83</p> <p>9 Further questions from MR O'CONNOR90</p> <p>10 Witness statements of91</p> <p>11 MR ANTHONY DAVIDSON (read)</p> <p>12 MR WAYNE SOUTHON (sworn)97</p> <p>13 Questions from MS COLLIER97</p> <p>14 Questions from MS DOBBIN136</p> <p>15 Questions from MR BERRY139</p> <p>16 Questions from THE JURY145</p> <p>17 Statement of MR GLEN ALDWINCKLE149</p> <p>18 (read)</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p style="text-align: center;">Page 1</p>	<p>1 the death of Anthony Walgate in June 2014?</p> <p>2 A. That's correct.</p> <p>3 Q. That, of course, was over seven years ago now?</p> <p>4 A. Yes.</p> <p>5 Q. May I just ask you, do you have an independent memory of</p> <p>6 those events or are you reliant on the records that were</p> <p>7 made at the time?</p> <p>8 A. No, I -- lots of cases do blend into one, but I remember</p> <p>9 this one.</p> <p>10 Q. You prepared a report detailing your findings some</p> <p>11 months later and we will hear about the sequence of</p> <p>12 events which led to you preparing that report but your</p> <p>13 report is dated 23 December 2014.</p> <p>14 A. That's right.</p> <p>15 Q. I will be taking you through that document in a little</p> <p>16 detail later on.</p> <p>17 Finally by way of introduction, it is also right to</p> <p>18 say, is it not, that you gave evidence at the trial of</p> <p>19 Stephen Port at the Old Bailey --</p> <p>20 A. That's right.</p> <p>21 Q. -- in 2016?</p> <p>22 A. I can't remember, but if that is what --</p> <p>23 Q. The jury have heard that is when it happened, yes.</p> <p>24 May I just ask you then, doctor, before we get into</p> <p>25 the detail of the post mortem that you conducted, just</p> <p style="text-align: center;">Page 3</p>
<p>1</p> <p>2 (10.06 am)</p> <p>3 (In the presence of the jury)</p> <p>4 THE CORONER: Good morning, members of the jury.</p> <p>5 Yes, Mr O'Connor.</p> <p>6 MR O'CONNOR: I am grateful, madam. May we please call</p> <p>7 Dr Biedrzycki.</p> <p>8 DR OLAF JAMES BIEDRZYCKI (sworn)</p> <p>9 Questions from MR O'CONNOR</p> <p>10 MR O'CONNOR: Thank you, Dr Biedrzycki. Do sit down.</p> <p>11 A. Thank you.</p> <p>12 Q. Can you give us your full name, please?</p> <p>13 A. Yes, it is Dr Olaf James Biedrzycki.</p> <p>14 Q. You are a medical doctor?</p> <p>15 A. That's correct, yes.</p> <p>16 Q. You became a member of the Royal College of Pathologists</p> <p>17 in 2007?</p> <p>18 A. That's correct.</p> <p>19 Q. And you were appointed as a Home Office pathologist</p> <p>20 a few years later in 2010?</p> <p>21 A. That's correct.</p> <p>22 Q. I am going to come back and ask you a few questions</p> <p>23 about the significance of that particular role.</p> <p>24 You are here, doctor, as you know to give evidence</p> <p>25 about a special post mortem you conducted in relation to</p> <p style="text-align: center;">Page 2</p>	<p>1 some general questions.</p> <p>2 First of all, can you just tell the jury a little</p> <p>3 bit about, first of all, the work of a pathologist in</p> <p>4 general and, secondly, what is special about the role of</p> <p>5 a Home Office pathologist and the particular work that</p> <p>6 they conduct.</p> <p>7 A. So pathology is really the study of disease of the body</p> <p>8 and the vast majority of pathologists in this country</p> <p>9 are what is known as histopathologists -- "histo" means</p> <p>10 tissue -- and they work in hospitals all around the</p> <p>11 country, wherever there is a surgeon that takes pieces</p> <p>12 of tissue from your body, someone has to look at that</p> <p>13 tissue and decide (a) what it is, is it a cancer, what</p> <p>14 type of cancer is it, how bad is that cancer likely to</p> <p>15 be, has the cancer been completely removed?</p> <p>16 That is by far and away what the job of many</p> <p>17 histopathologists is, they look at any cells or tissue</p> <p>18 that are removed from a body and tell the surgeon if</p> <p>19 they have done a brilliant job and got it all out or if</p> <p>20 there is a little bit left at one edge. That is what</p> <p>21 histopathologists do.</p> <p>22 An awful lot of them in addition do what are known</p> <p>23 as routine post mortems. So there are basically two</p> <p>24 types of post mortems -- there are three types, but</p> <p>25 really there are only two types for our purposes that</p> <p style="text-align: center;">Page 4</p>

<p>1 are ordered. One is a routine coronial post mortem, one 2 is a Home Office forensic post mortem. 3 We have a high post mortem rate in this country. 4 Basically you can be very ill with lots and lots of 5 different medical conditions but if you haven't seen 6 your GP for a long time and you die suddenly in bed, 7 someone has to decide which of those conditions actually 8 killed you. That is often how a routine post mortem is 9 ordered. Very often -- so for a routine post mortem to 10 be ordered, the initial attending ambulance people and 11 police have to be satisfied that there are no suspicious 12 circumstances. 13 If there are suspicious circumstances and the police 14 agree that the suspicious circumstances are of 15 suspicious enough nature, they will order a Home Office 16 forensic post mortem, which is then carried out by 17 someone who has to be a Home Office registered 18 pathologist, and that is a forensic pathologist. That 19 is someone like me, and I have been doing that job since 20 2010. 21 The difference between a Home Office forensic post 22 mortem examination and a routine coroner's post mortem 23 report is that the routine coroner's post mortem report, 24 it just has to provide the coroner with a cause of death 25 on a balance of probability. So it is quite -- well, it</p> <p style="text-align: center;">Page 5</p>	<p>1 mostly for coroners in south London. 2 Q. Thank you. Just to clarify one point, you referred to 3 two types of post mortem as "routine post mortem" and 4 "forensic" or "Home Office post mortem". The jury have 5 heard about something called a "special post mortem". 6 A. That is what a Home Office post mortem is. 7 There is also a grey area which shouldn't exist, 8 which is called a "coroner's special post mortem", where 9 it is just a grey area that I don't believe in. It is 10 either suspicious or it is not. 11 Q. Just to be clear, the special post mortem, as we will 12 come to hear in this case and indeed the jury will hear 13 evidence about another special post mortem were both at 14 the behest of the police? 15 A. That's right. 16 Q. It would be right then that those are both unequivocally 17 what you have just described as forensic post mortems? 18 A. Correct. 19 Q. You have described then the process of a special post 20 mortem, doctor, and the need to involve the police and 21 take exhibits and so on. Would it be fair to say that 22 when you are conducting a post mortem of that nature you 23 are, as it were, very much part of the investigative 24 process that the police are engaged in? 25 A. That's right. We get a briefing and that is fine, it is</p> <p style="text-align: center;">Page 7</p>
<p>1 is really a very low test, so what is the cause of death 2 more likely than not? Whereas a Home Office forensic 3 post mortem, the aim of that is to produce a report 4 which can go to a criminal trial and be read as beyond 5 any reasonable doubt. 6 So what that also means is that (a) the post mortems 7 take vastly longer, because they are far more detailed, 8 and numerous additional dissections are carried out in 9 a Home Office forensic post mortem that would not be 10 carried out in a routine coroner's post mortem. You 11 will hear about these dissections in due course, because 12 they were carried out in this case. 13 So I have been doing it for over 10 years now. 14 I have probably done over 1,000 Home Office post mortem 15 examinations and well over 10,000 routine coroner's post 16 mortems. 17 Q. Thank you very much, doctor, that is very clear. 18 What you said right at the end there sort of 19 pre-empted my next question, which was just to give us 20 an idea of how many post mortems you do in say a year, 21 but it sounds from what you say as though maybe 100 22 forensic post mortems? 23 A. Quite a lot. I used to do that. I have done 10 years 24 of that and I am cutting down to about 60 now, but I do 25 do a lot of routine coroner's post mortems as well,</p> <p style="text-align: center;">Page 6</p>	<p>1 a briefing, it is very preliminary information, and 2 I take the briefing and I think about it but I keep 3 a completely open mind as to what I may or may not find. 4 Q. We will come to see that certainly in this case you were 5 in fact provided with more documentation relating to the 6 police investigation after you had conducted the post 7 mortem itself? 8 A. I believe so, yes. 9 Q. Is that something that happens regularly? 10 A. You normally get a preliminary briefing and sometimes if 11 other things turn up then you are provided with those as 12 well. 13 Q. Just help us with this. Is it part of your job when you 14 are conducting that post mortem and involved in a case 15 where you have conducted a special post mortem to have 16 a dialogue with the police about issues that arise? 17 A. There are only about 37 forensic pathologists in the 18 whole country, so there are not that many of us. I work 19 in a group called Forensic Pathology Services where 20 there are 12 of us in total. Everyone is different, so 21 everyone works in different ways. Some pathologists 22 speak very little during the post mortem and have a very 23 formal debrief at the end. I tend to be more of a -- 24 I chat through what I am looking at, what I am looking 25 for and what I am seeing during the post mortem.</p> <p style="text-align: center;">Page 8</p>

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<p>1 So, for me, I show them what is important, what is 2 not, and then we have a formal debrief at the end. 3 Q. It may or may not have happened in this case but just 4 speaking generally, does it happen from time to time 5 that you might make a suggestion to the police about 6 a possible line of enquiry or forensic opportunities or 7 anything of that nature? 8 A. You might see something and think it is (a) and then 9 later when you do more dissecting find it is not (a) but 10 it is (b). So that is probably why some pathologists 11 say nothing until the very end, but I am more of a, 12 look -- I am more into showing them what is important 13 and what is not and what I have found. 14 Q. Might you, for example, as you are going through the 15 process, suggest to the police that a particular type of 16 forensic examination of an exhibit might be useful to 17 them? Knowing what you know about the case? 18 A. Potentially, yes. 19 Q. In your experience, is that something that the police 20 would normally pursue or -- 21 A. We always discuss the forensic strategy at the start of 22 a post mortem, so we discuss what we should or shouldn't 23 do and that would have been done here. 24 Q. All right. 25 Just moving on slightly but staying with some</p> <p style="text-align: center;">Page 9</p>	<p>1 a minute. Just in terms of the sequencing, the position 2 was that immediately following the post mortem, you were 3 not able to tell the police with any confidence what had 4 caused Anthony's death? 5 A. No, and if the circumstances were different and didn't 6 suggest that there may be a toxicological cause of 7 death, the heart and brain would have been sent straight 8 away, but in this case we felt it was likely to be 9 a toxicological cause of death. 10 Q. Not being able to give them a clear view at that stage 11 as you have said, there was then this process of 12 testing, which culminated in your report which we will 13 look at in a moment? 14 A. Yes. 15 Q. Just in general terms, is that something that happens 16 very rarely or in fact is that something that is very 17 common? 18 A. That is the very standard way. In a lot of these cases 19 which are suspicious, certainly my practice is to have 20 a low threshold to do formal investigations of the heart 21 and brain, toxicology is almost always done unless it is 22 not indicated, because the incident happened a month 23 before someone died in hospital, then there is no point 24 taking any blood from someone who has been in hospital 25 for a few weeks because any compounds that happened at</p> <p style="text-align: center;">Page 11</p>
<p>1 general questions, I mentioned when I asked you about 2 your report that that in fact was dated December 2014? 3 A. That's correct, yes, so some six months after the death. 4 Q. Exactly. So we will see that the sequence of events in 5 this case was that you conducted your post mortem in 6 June. 7 A. Yes. 8 Q. And that it was then necessary to conduct a number of 9 tests to help you establish what the cause of death was. 10 A. Yes, essentially I had a young gentleman who had had 11 a full post mortem, there was no obvious natural disease 12 that could be seen. He had a heavy brain and heavy 13 lungs, which are potential signs of a drug intoxication 14 related death. 15 We had obviously the circumstances, so in this case 16 the whole brain was kept and the whole heart was kept 17 until we knew the results of the toxicology examination. 18 Once the results of the toxicology examination were back 19 and showed a fatal level of this drug, I thought it 20 reasonable to cut the brain and the heart myself, so 21 that was subsequently done and then all the sections 22 were examined under a microscope. So I am fairly 23 confident that there is no natural disease to explain 24 the death. 25 Q. Thank you, and we will come back to the detail in</p> <p style="text-align: center;">Page 10</p>	<p>1 the time of the incident will have been metabolised and 2 passed away. So all of these tests are almost always 3 done in Home Office post mortems. 4 Q. With the consequent delay in provision of your final 5 report? 6 A. Yes, I would say to you that six months is pretty 7 standard. Sometimes it can take a lot longer. We have 8 a big problem in this country with bone pathologists, 9 who are very important when we need to age fractures in 10 ribs, there is only one person that is willing to do 11 that and give evidence in court, so he has a massive 12 backlog, so the problem we now have is that if it is 13 a bone aging problem, it can take a year or longer to 14 produce my final report, because it is heavily dependent 15 on the bone pathologist's findings. 16 Q. That is one problem we will not have to face in this, 17 because I don't think there is any bone pathology in any 18 of the cases we are looking at. 19 A. No. 20 Q. I am going to take you to your report in a moment, as 21 I say, and go through it, but before I do that, I will 22 just ask you about three, I think, other documents, at 23 least two of which the jury have already seen. 24 Doctor, could I just ask you to try and keep your 25 voice up when you are giving evidence. I think the</p> <p style="text-align: center;">Page 12</p>

<p>1 microphones have been turned up as much as they can be, 2 but I think there may be people struggling to hear. If 3 you could keep your voice up when you give your answers. 4 A. Is that better? 5 Q. That sounds a lot better. 6 A. Okay. 7 Q. The first document I would ask you to look at, doctor, 8 and it will come up on screen, so perhaps try that 9 first, although if you want to look at it in hard copy, 10 it will be in the larger white bundle in front of you. 11 For the jury, it is jury bundle B/1, tab 6. 12 Doctor, I don't suppose you have seen this document 13 before, but these are notes that Ms Kynaston took of the 14 post mortem. 15 A. Yes, I literally just had a flick through them in a few 16 seconds while I was sitting outside. I have not 17 formally read them. 18 Q. I don't want to ask you about these in any detail, 19 doctor, because clearly they are not your notes but 20 I just wanted to take you to a couple of places in these 21 notes and ask you whether in general terms what 22 Ms Kynaston recorded accords with your memory of how the 23 post mortem went. 24 If first of all, please, and for the screen this is 25 MPS1098, and if we could start on page 9, please. This</p> <p style="text-align: center;">Page 13</p>	<p>1 you decided or was it something that the police -- 2 A. We would jointly discuss it and decide what to do. 3 Q. In terms of what we see here, these are issues that are 4 to be explored? 5 A. Absolutely, yes. 6 Q. Is that something that is driven by the police, or you 7 or both? 8 A. I think both really. 9 Q. Right. As you say, we then, casting our eyes down, we 10 see the notes of all the various steps that were taken 11 and I am going to come back to that by looking at your 12 report. 13 A. Okay. 14 Q. If you could just turn over, in fact it is two pages, 15 although one of them is blank in the hard copy, so we go 16 to page 11 of the document, please. This brings us to 17 the end of the process and Ms Kynaston has made notes of 18 what appears to have been a debrief. You mentioned when 19 you explained to the jury how the special post mortem 20 works and how you tend to conduct them, that you are in 21 the habit of having a debrief at the end of the process? 22 A. Yes. 23 Q. Again, these are the notes that Ms Kynaston has made, 24 "No compression to neck, no trauma, no sexual assault 25 visible, await toxicology".</p> <p style="text-align: center;">Page 15</p>
<p>1 picks the notes up towards the beginning of 2 Ms Kynaston's notes of your post mortem, doctor and you 3 see where it says on the left "12.25"? 4 A. Yes. 5 Q. We see, do we not, she has recorded "Start", and then 6 "Strategy" and then she has written three points down: 7 "Establish cause of death. 8 "Establish if third party involvement. 9 "Establish if drugs or weapon used." 10 A. That's right. 11 Q. Does that accord with your memory and does that seem 12 a fairly normal start to a post mortem with -- 13 A. Yes, and then we proceed to do all the trace evidence 14 gathering by swabbing the face, neck and hands and all 15 the exposed areas, nose, mouth and then the sexual swabs 16 are obviously taken in the circumstances. 17 Q. Yes, we will come to that. 18 A. Okay. 19 Q. As far as the strategy is concerned, that is a standard 20 way of commencing the process, is it? 21 A. Yes, you almost always have a forensic strategy. 22 Sometimes it is vitally important, sometimes, like just 23 yesterday, if someone has been in hospital for a month, 24 the forensic opportunities are minimal. 25 Q. Whose strategy was this, doctor, was this something that</p> <p style="text-align: center;">Page 14</p>	<p>1 A. Yes. 2 Q. "Brain, heart ..." 3 A. Not sure what that word says, but the brain and heart 4 were retained and then she has brackets, "May require if 5 tox ..." What she means is we may need to examine the 6 heart and brain formally if the tox doesn't give a cause 7 of death, but I can't quite read the last word. 8 Q. It also underneath says, "Note brain and lungs enlarged, 9 possible drug use", that is something you have already 10 mentioned? 11 A. That is what I have mentioned, yes. 12 Q. Then this: 13 "No sign assault, but bruising under arms, possibly 14 due to being moved while still alive." 15 That was a feature of this case, doctor, was it not 16 and that is something you mentioned in your report and 17 I will come back to that point. 18 Is that consistent at least with whatever memory you 19 have of the type of debrief you gave in this case? 20 A. Yes. 21 Q. Thank you. That is all I wanted to show you in that 22 document. 23 I want to ask you to look now at a document the jury 24 haven't seen before, which is behind tab 16 in this 25 bundle.</p> <p style="text-align: center;">Page 16</p>

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<p>1 Doctor, I am just wondering whether the problem with 2 the microphone might be that you are sitting quite 3 a long way from it and your head is down. I know you 4 are trying to look at the jury and that is very 5 helpful --</p> <p>6 A. It is particularly hard in this court, because you are 7 so far away and they are so far away.</p> <p>8 Q. That's absolutely right, the layout is not ideal, but 9 perhaps it would help if you could just stay a bit 10 closer to the microphone.</p> <p>11 At tab 16, and for the screen it is IPC526. This is 12 a two-page document, we see at the top, three lines 13 down, it is described as a post mortem briefing.</p> <p>14 A. Yes.</p> <p>15 Q. We will look at the content in a moment. But may I just 16 ask you, are you familiar with this document, do you 17 think you may have seen it before?</p> <p>18 A. Yes, I think so, yes.</p> <p>19 Q. We have heard from other witnesses, we may hear from 20 others that a factual briefing was given to you at the 21 start.</p> <p>22 A. Yes.</p> <p>23 Q. Do you think that that was done as it were orally or do 24 you think you may actually have been given a copy of 25 this document at the start of the post mortem?</p> <p style="text-align: center;">Page 17</p>	<p>1 then, if we look at the second page of this document, we 2 see just at the end of the briefing that there is 3 a subtitle "Witness accounts" and then there are two 4 statements referred to, and in fact quoted from.</p> <p>5 One is the statement given by Mr Stephen Port, and 6 the jury -- this is an extract from the statement which 7 the jury have in fact had read to them, and we know that 8 that is the statement he gave just before 8.00 on the 9 Thursday morning, the day before your post mortem.</p> <p>10 Then there is also an extract from the statement 11 that was given also at the scene, at about the same 12 time, by Mr Neil the ambulance service technician who 13 attended.</p> <p>14 We don't need to read these out, the jury already 15 have this material well in mind, but we can just note 16 that in the extract from the statement by Mr Port there 17 is a reference to Mr Port having tried to rouse Anthony 18 by slapping his face -- I am looking four lines down in 19 the extract. He didn't wake up but he made a gurgling 20 noise, yes?</p> <p>21 A. Yes.</p> <p>22 Q. Then just casting our eyes down to the statement by 23 Mr Neil, there is a reference there to Anthony when he 24 examined him being extremely cold to touch. Again, the 25 next line, he says he went to move him but he was cold</p> <p style="text-align: center;">Page 19</p>
<p>1 A. I think, let me just double check, I am pretty sure that 2 I was given that document -- yes, because that is the 3 document that is in my --</p> <p>4 Q. You certainly seem to quote from it in your report.</p> <p>5 A. Yes, and also, if you look at page 3 of my report, 6 additional information from briefing prior to the start 7 of the post mortem, and I have the original piece of 8 paper there, if you want to see it, I have the document 9 and I have got -- I have not noted who told me but the 10 additional verbal information that I was given and that 11 is basically -- the additional verbal information was: 12 "There is no blood distribution at the scene, no 13 reports of a fight, noise or disturbance, the deceased 14 is a well-established male prostitute on a website known 15 as Grindr, he usually tells his friends where he is 16 going, received a call on Sunday to stay at ..." 17 That is the additional verbal information.</p> <p>18 Q. We will come to that detail, doctor, but just so the 19 jury have it clear then, it appears to have been you 20 were given this in writing and then there was some --</p> <p>21 A. Additional verbal.</p> <p>22 Q. An update given to you orally by the police just before 23 you started.</p> <p>24 I would like to just ask you about one issue which 25 arises from this document. Just let's note first of all</p> <p style="text-align: center;">Page 18</p>	<p>1 to touch. Then in the line below that, Mr Neil 2 describes having found what he describes as post mortem 3 staining on his body. When Mr Neil gave evidence to us, 4 I think it was clear what he was describing was 5 hypostasis, in fact he used that term and is that what 6 you yourself would infer from the reference to "post 7 mortem staining"?</p> <p>8 A. I would imagine so, yes.</p> <p>9 Q. All right, I am going to ask you about that and an issue 10 that arises in relation to it but just before we do, can 11 we just call up on screen one other document, just for 12 completeness. That is a note that was prepared at the 13 scene by the forensic medical examiner. That is IPC530, 14 I am not going to ask people to turn this up.</p> <p>15 Doctor, were you shown either at the post mortem or 16 in fact at any time this document?</p> <p>17 A. I only saw that this morning, shown by you.</p> <p>18 Q. Before you came in I showed it to you, just so you were 19 not ambushed with it but your evidence is that you 20 hadn't seen that at the time of the post mortem?</p> <p>21 A. I don't recall seeing that, no.</p> <p>22 Q. Let's take that down then, and let's look back if we can 23 at IPC526. There is no reference in this document, 24 doctor, to the timings where both -- first of all 25 Stephen Port and then, secondly, Mr Neil had contact</p> <p style="text-align: center;">Page 20</p>

5 (Pages 17 to 20)

<p>1 with Anthony that morning. But let me tell you now that 2 Stephen Port made the call to the ambulance service 3 shortly after 4.00 that morning.</p> <p>4 A. Yes.</p> <p>5 Q. As we can see, he is describing Anthony apparently 6 gurgling at very much that time.</p> <p>7 Mr Neil was on scene within 10 or 15 minutes and the 8 examination that he is describing therefore was let's 9 say 15 minutes after Mr Port.</p> <p>10 I have two questions.</p> <p>11 First of all, were you asked to consider at the post 12 mortem any possible inconsistency between those two 13 accounts or any issue as to whether it was in fact 14 possible or likely that if Anthony was indeed extremely 15 cold to the touch and showing signs of hypostasis at 16 4.15 or 4.20 in the morning, he could have been gurgling 17 15 minutes earlier, is that something that was raised 18 with you?</p> <p>19 A. Let me just --</p> <p>20 Q. Doctor, I am going to ask you a follow-on question.</p> <p>21 A. It was raised, can I just say the gurgling is in my mind 22 irrelevant. If you move a body when it is dead, you 23 might get gurgling sounds coming from the airways. 24 Quite often the mode of death in this case is acute left 25 ventricular failure, so the heart just suddenly stops</p> <p style="text-align: center;">Page 21</p>	<p>1 finding that Mr Neil did record and told us about, and 2 that was that he measured Anthony's temperature using 3 an ear thermometer at very much the same time at 4 24 degrees.</p> <p>5 Again, clearly you were not told about -- perhaps 6 I should ask you, were you told about that even though 7 it is not on this document?</p> <p>8 A. I wasn't told about that, no.</p> <p>9 Q. Does that affect this analysis, just knowing now that 10 that recording was made?</p> <p>11 A. Again, this all comes down to time of death and like 12 a lot of forensic pathology, the reality of assessing 13 that is vastly different to what you see on the TV. 14 Really, the only way that you could expect a pathologist 15 to give a usefully accurate window of the time of death 16 would be for us to be at the scene as soon as possible, 17 to measure the rectal temperature, to measure the 18 outdoor temperature and then to have probably another 19 few readings and the time that you made those readings 20 and we then -- the proper way to do it is you use 21 something called a Henssge nomogram, which you add in 22 all the different variables of what the scene was like 23 and then you get a window, which is wide, with very wide 24 confidence limits indicating that this really is very, 25 very difficult to sort of properly estimate. We have</p> <p style="text-align: center;">Page 23</p>
<p>1 meeting. When that happens fluid builds up in the lungs 2 and fluid builds up in the airways and if you move 3 a body, whether it's alive or dead, you can get airway 4 sounds, so they do not indicate fatality. That is the 5 first thing.</p> <p>6 The second thing, the post mortem hypostasis, I will 7 just -- I presume the jury haven't had this explained 8 yet?</p> <p>9 Q. They have had a general explanation, but do give us your 10 own interpretation.</p> <p>11 A. The moment you die, gravity starts working on the blood 12 in your blood vessels, so if you die -- easy way to 13 explain it. If I died on this chair in the next few 14 minutes and my face slumps forward like this, all the 15 blood in my head would start rushing down into my face 16 and my face would become red and blotchy because all the 17 blood vessels would be congested in my face, and that is 18 gravitational hypostasis.</p> <p>19 Now, it doesn't come on instantly but it does come 20 on relatively quickly. You know, 15 minutes, half 21 an hour, you could start to see hypostasis developing. 22 15 minutes is on the fast side, but I couldn't exclude 23 it.</p> <p>24 Q. All right. Just for completeness on this issue, the 25 summary that is on this document doesn't include another</p> <p style="text-align: center;">Page 22</p>	<p>1 an ear temperature of 24 degrees. That is low, but 2 I don't know -- I don't take ear temperatures, so the 3 only temperatures I would take would be rectal 4 temperatures. I don't know if it was pushed in fully 5 enough or not. Presumably if it was done correctly -- 6 24 degrees is low, the normal body temperature is 36. 7 A very rough rule is that the body cools about just 8 under 1 degree C per hour but it is a very rough rule 9 and I don't think I would be happy to use any of these 10 minor pieces of information to greatly narrow when this 11 body was deposited outside.</p> <p>12 I don't know the -- it was June, but the outdoor 13 temperature is vitally important. It is the same as 14 when you are asked by families to try and tell them when 15 the person died based on the amount of decomposition, 16 and that is so dependent on so many variables but a key 17 variable is the temperature of the room. If you are 18 found in summer, in a bathroom fully closed, and the 19 place is 40 degrees you will decompose so rapidly. 20 Whereas if you were found in the same bathroom in winter 21 and the temperature is 8 degrees you might not decompose 22 at all for a couple of weeks. These things are very 23 difficult to quantify with useful timings for a court.</p> <p>24 Q. Thank you, doctor, that is all I want to ask you, at 25 least for the moment, about that issue.</p> <p style="text-align: center;">Page 24</p>

6 (Pages 21 to 24)

<p>1 I will now ask if you, and indeed the jury, will 2 turn up your report. I think you have your own copy of 3 it, doctor, but for the jury it is in the same bundle at 4 tab 45. 5 Doctor, just by way of introduction, it is right, 6 isn't it, that in this report you first of all summarise 7 the information you were given by the police? 8 A. Yes. 9 Q. Then you go through in some detail the findings that you 10 made at the post mortem. 11 A. Yes. 12 Q. Then, finally, you set out in some detail, your 13 conclusions. 14 A. Correct. 15 Q. What I am proposing to do is to go through the report 16 but move relatively rapidly through the first two 17 sections, the information you were given by the police 18 and the detailed findings, but then take you rather more 19 slowly through your conclusions, and if necessary of 20 course we can go back to some of the earlier material. 21 I should say, when we get there, I will call up on 22 the screen so that we can all see the conclusions but 23 I am not going to call up the detailed findings. 24 As you said, if we just look together, if we can 25 just look perhaps at the second page, we see there,</p> <p style="text-align: center;">Page 25</p>	<p>1 Q. Then, looking at the next page, there is a subtitle 2 saying "Additional statements". It appears that you 3 were provided with some material after your post 4 mortem -- we know that your post mortem was on that 5 Friday, 20 June. 6 A. Yes. 7 Q. The jury will hear that the next week Stephen Port was 8 interviewed on two occasions and you have been provided 9 with records of those two interviews -- 10 A. That's right. 11 Q. -- and also one of Anthony's friends, China Dunning, 12 gave a statement on 8 July and you were also provided 13 with that? 14 A. That's right. 15 Q. Does it seem that in this case, in that period after the 16 post mortem, but while the toxicology tests were being 17 done and before your final report, the police carried on 18 providing you with information as it became available? 19 A. Yes, which is how things happen, really, and sometimes 20 you get to the end -- you get to the stage where you are 21 writing your report and you feel that you should have 22 statements from X, Y and Z, and so you sometimes request 23 them right at the end before producing your report. 24 Q. That, as you have said, is a -- 25 A. Perfectly normal.</p> <p style="text-align: center;">Page 27</p>
<p>1 don't we, you have given some details of Anthony's name 2 and details. You have also put down your conclusion of 3 factors to cause of death. The jury have already heard 4 that your conclusion was in layman's terms that Anthony 5 died of poisoning, if you like, from this drug, GHB. 6 A. Yes. 7 Q. We will of course come back to that at the very end of 8 the report. 9 You then, as I have said, set out over two or three 10 pages the information that you were provided with by the 11 police. 12 A. Yes. 13 Q. As you have said, first of all you in fact quote from 14 the briefing sheet we have just looked at? 15 A. That's right. 16 Q. Then just looking at the bottom of page 3, there is that 17 subtitle you drew our attention to, "Additional 18 information from briefing prior to start of the post 19 mortem", so you were provided orally with an update on 20 that. 21 A. Yes. 22 Q. We know it was a Friday morning, with some information 23 the police had obtained, presumably since that briefing 24 had been written? 25 A. Yes.</p> <p style="text-align: center;">Page 26</p>	<p>1 Q. Is part of the fact that you are involved in the 2 investigative process? 3 A. That's right. 4 Q. There is then two or three pages where you summarise the 5 material that you were provided with by the police and 6 when we come to page 6 of the document, there is a bold 7 heading "External examination"? 8 A. That's correct. 9 Q. This, is it not, is the start of the passage in your 10 report where you detail the precise findings at that 11 post mortem in June? 12 A. Yes. 13 Q. As say, I am not going to read all of this out by any 14 means, but I will ask you just to look at a few points 15 along the way. 16 Towards the bottom of page 6, you are describing 17 Anthony's body in general terms but you yourself refer 18 to post mortem hypostasis, which is what we have just 19 been discussing. 20 A. That's right. 21 Q. The hypostasis that the jury had heard about that was 22 seen on Anthony's body on the Thursday morning, was on 23 the abdomen, on the chest. In fact it seems that the 24 police officers who first attended the scene thought it 25 might be a footprint on his chest, but it was later</p> <p style="text-align: center;">Page 28</p>

7 (Pages 25 to 28)

<p>1 realised that actually it was hypostasis.</p> <p>2 A. That's right, yes.</p> <p>3 Q. You appear to have found hypostasis in a different part</p> <p>4 of his body?</p> <p>5 A. Yes, now on his back because he would have been lying --</p> <p>6 after he had been found, he would then have been placed</p> <p>7 on a trolley, so the hypostasis would then become</p> <p>8 posterior.</p> <p>9 Q. The jury have heard that it is pooling of blood. It</p> <p>10 moves around after death; is that right?</p> <p>11 A. It does for a period of time, and then it becomes fixed,</p> <p>12 yes.</p> <p>13 I noted that he was of slim build, 182-centimetres,</p> <p>14 6 foot 0, 61.5 kg gave him a body mass index of 18.6.</p> <p>15 So he was a normal body mass index, but he was very much</p> <p>16 towards the slim side.</p> <p>17 Q. Just looking over on to the next page -- looking at six</p> <p>18 lines down from the top -- you have noted that there</p> <p>19 were some bloodstained secretions in the mouth?</p> <p>20 A. Yes.</p> <p>21 Q. The jury have heard that some of the police officers who</p> <p>22 were on the scene, and also in fact Dr Munro, found</p> <p>23 something that I think some of them in fact just</p> <p>24 described as blood in the mouth. Is there a distinction</p> <p>25 between bloodstain secretions and blood or do you think</p> <p style="text-align: center;">Page 29</p>	<p>1 to front.</p> <p>2 A. Yes, and I do remember this:</p> <p>3 "The underwear was inside out, back to front with</p> <p>4 the back label at the front and externally, black size</p> <p>5 small, made by Cedarwood State."</p> <p>6 It was a feature, because there is a specific</p> <p>7 photograph just detailing that specific area.</p> <p>8 Q. Just reflecting on that for a moment, doctor, we are not</p> <p>9 here talking about a finding in his body or a medical</p> <p>10 sign. Presumably if you were doing a routine post</p> <p>11 mortem you wouldn't detail in this sort of detail at</p> <p>12 least the clothing of the body?</p> <p>13 A. Obviously, you know, when you look at what has happened,</p> <p>14 you wonder could I or should I have said that this must</p> <p>15 have been someone redressing him. But I can't have said</p> <p>16 it must have been someone redressing, it may well have</p> <p>17 been but on itself it cannot be used to say it must have</p> <p>18 been a third party.</p> <p>19 Q. But because this was a forensic post mortem, this --</p> <p>20 A. This was noted.</p> <p>21 Q. -- feature was noted?</p> <p>22 A. Yes.</p> <p>23 Q. Do you remember now whether there was any discussion</p> <p>24 about it amongst those present at the post mortem or</p> <p>25 not?</p> <p style="text-align: center;">Page 31</p>
<p>1 you are referring to very much the same thing?</p> <p>2 A. It is difficult to know. Obviously blood is blood, and</p> <p>3 bloodstain secretions are probably a mixture of saliva</p> <p>4 and blood. That is probably more what I was meaning</p> <p>5 here but, as I said to you, this is a common minding in</p> <p>6 many deaths because very often a common factor in the</p> <p>7 end of the death is that the heart starts failing, fluid</p> <p>8 starts building up within the lungs. Fluid builds up</p> <p>9 within the airways and it is quite common to get this.</p> <p>10 Sometimes you literally get frothy pink secretions</p> <p>11 coming out of the mouth in someone who is dying of heart</p> <p>12 failure.</p> <p>13 Q. Thank you.</p> <p>14 Moving a little further down the page, you have</p> <p>15 noted in some detail the clothing that Anthony was</p> <p>16 wearing.</p> <p>17 A. Yes.</p> <p>18 Q. Is that normal procedure?</p> <p>19 A. It is for me. Some people just write, "Jeans, top ..."</p> <p>20 I just like to write everything that I find. So UK</p> <p>21 size 7 trainers, black with laces done up, wearing to</p> <p>22 the soles, grey socks --</p> <p>23 Q. We don't need to go through it all, but we will just</p> <p>24 look at the fourth bullet point down, where there is</p> <p>25 a reference to the underwear being inside out and back</p> <p style="text-align: center;">Page 30</p>	<p>1 A. I honestly cannot remember, but it is noted there and</p> <p>2 there is a specific photograph of it. So, as I said to</p> <p>3 you, I tend to sort of involve the people there in what</p> <p>4 I am finding, so there may well have been but I honestly</p> <p>5 cannot remember for sure.</p> <p>6 Q. Yes.</p> <p>7 Moving on in the document, doctor, there is then</p> <p>8 a section headed "Signs of injury", with a fairly long</p> <p>9 list of things that have been noted.</p> <p>10 A. It is a long list of predominantly fairly trivial</p> <p>11 injuries.</p> <p>12 Q. Presumably, if you subject bodies to minute examination,</p> <p>13 you will always find signs?</p> <p>14 A. The difference between a Home Office forensic post</p> <p>15 mortem and a routine coroner's, we are expected to note</p> <p>16 all the blemishes and marks and minor injuries on the</p> <p>17 body. That is why there is a list of very minor marks</p> <p>18 and injuries. I would probably just draw the jury's</p> <p>19 attention to just a few of them, if you want me to do</p> <p>20 that.</p> <p>21 Q. I was just going to ask, is it right that there are</p> <p>22 obviously some that are of some significance but would</p> <p>23 those be covered in the later sections of your report?</p> <p>24 A. They probably are, yes.</p> <p>25 Q. Let's leave them for a moment. If we need to go back we</p> <p style="text-align: center;">Page 32</p>

<p>1 can.</p> <p>2 Turning over the page, there is a heading "Marks of</p> <p>3 treatment", and you haven't found any of those?</p> <p>4 A. No.</p> <p>5 Q. Then "Other marks and scars", you refer to a tattoo,</p> <p>6 also multiple transverse and oblique scars to the</p> <p>7 thighs?</p> <p>8 A. Yes, there were tattoos to each inner aspect of each</p> <p>9 forearm and they were covering multiple transverse</p> <p>10 scars, so multiple linear scars going across the arm and</p> <p>11 similar transverse and oblique scars to the thighs. So</p> <p>12 when you have numerous scars next to each other,</p> <p>13 particularly in the forearms but you can get them in the</p> <p>14 thighs, you can get them on the chest, when they are all</p> <p>15 similar and parallel, they are fairly typical of acts of</p> <p>16 previous deliberate self harm.</p> <p>17 Q. Thank you. I think the jury have heard some evidence</p> <p>18 that -- I think Dr Munro drew that conclusion.</p> <p>19 A. Sure.</p> <p>20 Q. You have simply noted what you saw, which was those</p> <p>21 scars.</p> <p>22 Moving down, there is a section which details in</p> <p>23 some detail, or refers in some detail, to the question</p> <p>24 of bruising on the sort of shoulder/upper torso of</p> <p>25 Anthony's body. I think just before we get into the</p> <p style="text-align: center;">Page 33</p>	<p>1 if you watch that bruise for a day or two, it starts</p> <p>2 going yellowish and green and then, after a couple of</p> <p>3 weeks, it disappears.</p> <p>4 But if you have a bruise that happens deep within</p> <p>5 the body, so say if a blood vessel bursts deep within</p> <p>6 a muscle of the body, because it is far away from the</p> <p>7 skin you could have lots and lots of bruising within</p> <p>8 a muscle of the back and not be able to see anything on</p> <p>9 the outside skin's surface and that is particularly true</p> <p>10 the darker the skin is, because the darker the skin the</p> <p>11 harder it is to see bruising. So what we have to do is</p> <p>12 do something called a subcutaneous dissection, where we</p> <p>13 cut along the top of the back and down the whole back</p> <p>14 and reflect the skin and the fat off so we can see the</p> <p>15 muscles of the back and we can see if there is bruising</p> <p>16 in those muscles. And we can then take the muscles off</p> <p>17 layer by layer, see if there is bruising in deeper</p> <p>18 muscles.</p> <p>19 That examination was carried out to his back,</p> <p>20 because if you can imagine if you were on someone's back</p> <p>21 holding them down with your knees forcefully, that might</p> <p>22 generate bruising deep within the muscles of the back</p> <p>23 that you cannot see from the outside. So that</p> <p>24 examination was done and there was no deep bruising in</p> <p>25 his back to suggest he had been forcefully held down.</p> <p style="text-align: center;">Page 35</p>
<p>1 detail, it looks as though this part of the report goes</p> <p>2 ahead a little bit and details not just what you found</p> <p>3 at the special post mortem on that morning but the</p> <p>4 results of some further examination that was conducted</p> <p>5 subsequently. Is that right?</p> <p>6 A. I can't quite remember -- no, I would imagine this</p> <p>7 was -- this is a paragraph termed "A subcutaneous</p> <p>8 dissection of the skin of the back, the arms and face</p> <p>9 was performed". I reviewed the photographs last night,</p> <p>10 this would have been carried out at the original post</p> <p>11 mortem.</p> <p>12 The first part of the post mortem is looking</p> <p>13 externally at all of the parts of the body, noting</p> <p>14 marks, blemishes, injuries, all the signs we have been</p> <p>15 talking about and then -- there is no nice way of saying</p> <p>16 it, but what we have to do is make sure there is no</p> <p>17 bruising on the body to the arms or to the back that we</p> <p>18 cannot see from the outside.</p> <p>19 A bruise is simply if you have a blunt impact on</p> <p>20 a part of the body, and if the blunt impact is of enough</p> <p>21 energy to tear a blood vessel, the blood vessel will</p> <p>22 tear and blood will start seeping out of the blood</p> <p>23 vessel into the surrounding soft tissues. If that</p> <p>24 happens quite close to the skin's surface you will see</p> <p>25 that relatively quickly as a reddish purple bruise and</p> <p style="text-align: center;">Page 34</p>	<p>1 The same examination is done to the arms, because we</p> <p>2 might see what we would call restraint or grappling-type</p> <p>3 bruising and that is where you see a cluster of oval</p> <p>4 bruises to the upper arms, a cluster of oval bruises</p> <p>5 because if you restrain someone, you grab them like</p> <p>6 this, you press hard and it leaves clusters of oval</p> <p>7 bruises to the inner upper arms. But maybe those</p> <p>8 bruises only occurred within the muscles, so we want to</p> <p>9 make sure we have dissected the arms to see if there was</p> <p>10 bruising there and there was no restraint-type bruising</p> <p>11 to his upper limbs. But what I did find when I did the</p> <p>12 same dissection of the front of his chest were</p> <p>13 a significant number of bruises.</p> <p>14 Do you want me to go through those?</p> <p>15 Q. Just in summary, and looking back at the document, you</p> <p>16 describe the analysis, the dissections you have</p> <p>17 performed.</p> <p>18 We can see then the first bullet point, "No bruising</p> <p>19 found on the back".</p> <p>20 Jumping down to the last but one bullet point, "No</p> <p>21 other [we will come back to the one before] bruising on</p> <p>22 the face".</p> <p>23 The very last bullet point, "No bruising on either</p> <p>24 of the arms".</p> <p>25 That leaves the two bullet points we have missed.</p> <p style="text-align: center;">Page 36</p>

<p>1 The second bullet point talks about, as you have 2 said, bruising that was found on what you describe as 3 the anterior torso, which is the front of the upper 4 body? 5 A. Yes. 6 Q. Then also the third bullet point, some bruising on the 7 chin? 8 A. Yes. 9 Q. We are going to come to the whole question of the 10 bruising on the torso in your conclusions. 11 A. Okay. 12 Q. Unless you think we need to go into the very fine detail 13 of these dissections and what they showed now, 14 briefly -- 15 A. No, I just think it is worth just the jury knowing 16 exactly where they are. 17 Q. Yes. 18 A. So you dissect the front of the body with a line like 19 this. You then do lines like this, so that you can then 20 fully dissect the neck. And when I started looking at 21 the front of the torso, there was a 7 by 3-centimetre 22 bruise, so something like this by this, just underneath 23 the outer lower pectoralis major muscle on the left, so 24 in this region here, a bruise about this big by this 25 big.</p> <p style="text-align: center;">Page 37</p>	<p>1 Q. Is it fair to say that you went through the normal 2 process of looking at different parts of the body and, 3 with some exceptions, very little of significance was 4 found? 5 A. Yes, it was a negative post mortem from a natural 6 disease point of view. 7 Q. We can see just the headlines, you looked at the central 8 nervous system, the cardiovascular system, the heart and 9 the blood vessels, the respiratory system. The 10 gastrointestinal system, the first few words there says, 11 "The tongue was uninjured". I just wanted to ask you 12 about that, because the jury heard some evidence from 13 Dr Munro at the scene who thought, having seen the blood 14 in Anthony's mouth, he thought he identified that 15 Anthony had bitten his tongue. 16 Is there anything you can say about that? 17 A. Well, he may well have by then his tongue but it may not 18 have left an actual injury to see. 19 If you bite your tongue, the injuries you could get 20 is you could get a laceration. I will just explain 21 a bit more there. Lacerations are not caused by sharp 22 objects or knives, they are caused by blunt force 23 trauma, so a bluntish tooth biting into a tongue if you 24 are having a fit would cause a tear of the tongue and 25 that would be called a laceration, so you could get</p> <p style="text-align: center;">Page 39</p>
<p>1 A 2-centimetre bruise overlying the upper mid left 2 pectoralis muscle, so a smaller bruise about this big 3 just here. 4 A 3 by 2-centimetre bruise to the inner upper left 5 pectoralis muscle, so you have a major muscle and 6 a minor muscle, so there was another bruise there. 7 The other main one was an 8 by 3-centimetre bruise 8 just underneath the outer lower right pectoralis major 9 muscle, so bruising in this region here. 10 Then another bruise even deeper to the pectoralis 11 minor muscle on the right, measuring 2 and 2-centimetres 12 on the left and 4 by 4-centimetres on the right. 13 So basically they were bilateral, that means bruises 14 on both sides of the upper chest muscles. 15 Q. Yes, and we will come back to what you -- well, we will 16 come back to what you said about them and some further 17 investigation that was conducted in respect of those. 18 Just before we leave it, there is a much shorter 19 reference to some bruising on the face on the chin? 20 A. Yes, some bruising in the tissue underneath the skin 21 just to the right of the midline of the chin measuring 22 2.5 by 1.3-centimetres, a little area of bruising here. 23 Q. Moving on, there is then a section of the report which 24 details the internal examination of the body. 25 A. That's right.</p> <p style="text-align: center;">Page 38</p>	<p>1 that. 2 Or the tooth could cause damage to a blood vessel 3 and leave a bruise to the tongue. I didn't see any of 4 those injuries, but it doesn't mean that his tongue 5 couldn't be quite often, in cases, the tongue does 6 protrude between the teeth but there is no damage to the 7 tongue. 8 Q. Thank you. Just moving on in the report? 9 THE CORONER: Can I ask a point on that. If he had bitten 10 his tongue and it had bled, would you have seen a sign 11 of that or might you not have done? 12 A. If the blood stain secretions in his mouth were from 13 a tear to his tongue, I imagine I would have noted that 14 tear. 15 I normally take a picture of that right at the end, 16 so I may be able to confirm that. 17 MR O'CONNOR: Moving on in your report, Dr Biedrzycki, other 18 areas you have looked at and as you said found to be 19 unremarkable -- 20 A. I think the important thing for the jury to know is the 21 neck is examined right at the end of a post mortem and 22 we are looking for -- one of the things you are always 23 worried about is has there been fatal compression of the 24 neck. Just to cut it short, there were two minor areas 25 of bruising but there is no pattern of injury, and</p> <p style="text-align: center;">Page 40</p>

<p>1 I don't know if you want me to go into the whole 2 asphyxial bit of it now?</p> <p>3 Q. I don't think so.</p> <p>4 A. There is no evidence of compression of the neck.</p> <p>5 Q. Thank you.</p> <p>6 A. The other thing is the ribs, all of the ribcage was 7 intact, so there was no evidence of any blunt trauma 8 causing any broken ribs.</p> <p>9 Q. You then, I'm now looking at page 10 of your report, 10 list the swabs that were taken and those were taken and, 11 as we can see, given exhibit numbers by the police. 12 That was for the purpose of further testing that might 13 be done in due course; is that right?</p> <p>14 A. That's right. So swabbing of all the exposed areas for 15 DNA, the sex-related swabs and the various samples for 16 toxicology and the heart and the brain provisionally 17 kept, and then histology, that means I looked at the 18 lung, the kidney, the liver and the bruises from the 19 left and right chest, as well as samples of heart and 20 samples of brain under a microscope.</p> <p>21 The main thing, just to tell the jury, is looking at 22 bruises didn't show what is called discernable vital 23 reaction. When you are trying to age bruises, again 24 like lots of things in forensic medicine, it is a very 25 inexact science. Basically if they look a bit yellow,</p> <p style="text-align: center;">Page 41</p>	<p>1 vessel. If you are completely dead, then if you injure 2 a blood vessel a tiny bit of blood may come out, but you 3 don't have a blood pulse or a blood pressure to push the 4 blood out lots and lots to form bruises, some of these 5 are 7 or 8 centimetres.</p> <p>6 So in my opinion, I don't think bruising of that 7 size and nature could have occurred in a completely 8 deceased person. He may have been quite ill, with some 9 kind of blood pressure but I don't think he was 10 completely deceased with no blood pressure.</p> <p>11 It is the same thing with if you get stabbed, the 12 fat -- when you get stabbed, you get an elliptical wound 13 on the skin's surface and you can usually see the fat 14 underneath and the fat becomes pink, because you don't 15 die immediately, you have some -- the vessels are cut 16 and the fat becomes basically stained pink because of 17 the bleeding because you are still alive.</p> <p>18 When I make an incision to a body at the post 19 mortem, the fat underneath the skin is bright yellow, 20 you know, very, very yellow, and it stays yellow, it 21 doesn't become pink because there is no bleeding into it 22 because there is no blood pressure.</p> <p>23 MR O'CONNOR: Thank you.</p> <p>24 Just then moving on in the report, there is a box 25 which indicates organ weights, so clearly as part of the</p> <p style="text-align: center;">Page 43</p>
<p>1 they are around at least 12 to 18 hours old, but that is 2 all you can say. With bruises within the chest muscles, 3 they obviously don't change colour. The only thing you 4 can do is look at them under a microscope and after 5 a certain period of time, cells called neutrophils start 6 coming in to start mopping up the blood that has been 7 spilled. That generally takes at least 12 to 24 hours.</p> <p>8 There wasn't any sign of that change in this case, so 9 the bruising to his chest happened, you know, less than 10 12 to 24 hours before he died. It was not bruising that 11 had been there for a few days, is what I can tell you.</p> <p>12 Q. Yes.</p> <p>13 A. And it may have happened a few hours after he died -- 14 a few hours before, or it may have happened as he was 15 dying.</p> <p>16 Q. Those are matters which you address in another 17 statement, which I will take you to briefly but thank 18 you for explaining that.</p> <p>19 THE CORONER: Can I ask one of the jurors' questions which 20 is on that topic, is it possible that the bruising under 21 Anthony's arms could have happened after his death?</p> <p>22 A. This is the thing. A bruise is blood leaking out of 23 a blood vessel. What makes the blood leak out of 24 a blood vessel? It is the fact that you have a blood 25 pressure and that is pumping blood out of a blood</p> <p style="text-align: center;">Page 42</p>	<p>1 process you have weighed each of the organs. Again, 2 let's not go into detail but when we looked at 3 Ms Kynaston's notes, she had recorded, obviously, 4 a comment from you about the enlarged size of the brain 5 and the heart and that being at least an indication --</p> <p>6 A. The brain and the lungs.</p> <p>7 Q. Sorry, it was the brain and the lungs, an indication of 8 drugs possibly being a factor in this death?</p> <p>9 A. That's correct.</p> <p>10 Q. Is that where we take this from?</p> <p>11 A. Yes.</p> <p>12 Q. The next section is entitled "Histopathological 13 examination", you said to the jury histopathology is the 14 examination of tissue taken from the body. Is it right 15 that the various -- in the main at least, the various 16 tissues that were examined were unremarkable and did not 17 assist? There is a reference again to the bruising 18 which you have covered already.</p> <p>19 A. Yes, that's correct. The tissues of the various organs 20 were normal under a microscope.</p> <p>21 Q. We then get to the part of the report which takes into 22 account the testing that was done after the post mortem, 23 in particular the toxicology testing that was done by 24 a lady called Ms Stanworth, who the jury will be hearing 25 from, on the blood samples that were taken during the</p> <p style="text-align: center;">Page 44</p>

<p>1 post mortem. Is that right?</p> <p>2 A. That's correct.</p> <p>3 Q. You refer to her report, and I am going to bring it up</p> <p>4 and we will look at it together in a moment, in fact the</p> <p>5 jury saw it yesterday. But then you have set out --</p> <p>6 well, there is then the comments section of your report,</p> <p>7 and perhaps we can bring this up on screen.</p> <p>8 It is IPC339, page 11.</p> <p>9 As I say, we see the comment section, the numbered</p> <p>10 point, the first two points on this page, and I am not</p> <p>11 asking you to turn the page but we will find up to 12</p> <p>12 numbered points going over onto the next page. Are</p> <p>13 these in effect your conclusions?</p> <p>14 A. Yes, this is where you bring together the findings from</p> <p>15 all the various investigations and arrive at a cause of</p> <p>16 death.</p> <p>17 Q. These are your conclusions in December, taking into</p> <p>18 account not only what happened in June at the post</p> <p>19 mortem but further information, in particular the</p> <p>20 toxicology results, that you had received in the</p> <p>21 meantime?</p> <p>22 A. That's correct.</p> <p>23 Q. The first finding then is that there was no natural</p> <p>24 disease identified, either with the naked eye or in the</p> <p>25 histopathological examination of the major organs that</p> <p style="text-align: center;">Page 45</p>	<p>1 A. Yes.</p> <p>2 Q. Finally, at point 5, the jury will remember that there</p> <p>3 was a small brown bottle found at the scene, which had</p> <p>4 a liquid inside it and that was sent to be examined and</p> <p>5 Ms Stanworth states that that bottle, on examination,</p> <p>6 contained a substance known as GBL.</p> <p>7 A. Yes, which is converted to GHB in the body.</p> <p>8 Q. Yes. So just to explain what that means, is it right</p> <p>9 that if one was to consume the drug GBL and then one was</p> <p>10 to have one's blood and urine tested, it might be</p> <p>11 positive for GHB, because it had been converted in the</p> <p>12 body from one to the other?</p> <p>13 A. Yes, that is my understanding of it, yes.</p> <p>14 Q. You then comment:</p> <p>15 "Toxicology has provided an adequate explanation for</p> <p>16 the death in the form of GHB intoxication. I note that</p> <p>17 the concentration of alcohol detected in the blood is</p> <p>18 stated to be low and could have arisen from microbial</p> <p>19 activity."</p> <p>20 A. That just means that, once you die, bugs start forming</p> <p>21 in the blood and, as part of all the different</p> <p>22 processes, they can start making small amounts of</p> <p>23 alcohol within your blood.</p> <p>24 Q. So one must not assume from the toxicology results in</p> <p>25 fact that Anthony had drunk alcohol at all?</p> <p style="text-align: center;">Page 47</p>
<p>1 may have directly caused or contributed to the death?</p> <p>2 A. That's correct.</p> <p>3 Q. You are excluding in fact a very wide range of possible</p> <p>4 causes of death, but no natural cause that you had</p> <p>5 identified?</p> <p>6 A. No.</p> <p>7 Q. You then refer at point 2 to the toxicology report and</p> <p>8 you say it is comprehensive and should be referred to in</p> <p>9 full, but then you set out Ms Stanworth's conclusions,</p> <p>10 as we can see. The most important perhaps being the</p> <p>11 first:</p> <p>12 "GHB was detected in Mr Walgate's blood and urine at</p> <p>13 high concentrations which could provide a toxicological</p> <p>14 explanation for death."</p> <p>15 A. That's correct.</p> <p>16 Q. I am going to show you her report in a minute and we</p> <p>17 will see a little bit more detail about that. She</p> <p>18 refers in her conclusions that you have set out to other</p> <p>19 findings that she made about other toxicology results</p> <p>20 that she had found?</p> <p>21 A. Yes, she essentially didn't find anything else of</p> <p>22 particular significance.</p> <p>23 Q. She does mention, this is at point 3 here, that there</p> <p>24 was a low concentration of alcohol, and we will see more</p> <p>25 about that in her report.</p> <p style="text-align: center;">Page 46</p>	<p>1 A. Not given the low levels, no.</p> <p>2 Q. You go on to observe that alcohol and GHB taken together</p> <p>3 are a particularly dangerous combination, but you add</p> <p>4 that as far as you are aware there is no evidence that</p> <p>5 in fact Anthony had taken alcohol in the hours leading</p> <p>6 up to his death?</p> <p>7 A. Yes, that is my understanding, yes.</p> <p>8 Q. Before we look at your other conclusions, let's just</p> <p>9 look if we may at Ms Stanworth's report.</p> <p>10 In the bundle, the large bundle that the jury have</p> <p>11 and you have doctor, it is at tab 41.</p> <p>12 A. Is that at A or B?</p> <p>13 Q. It is jury bundle B, the larger of the two bundles. For</p> <p>14 the screen, it is IPC326.</p> <p>15 Just to be clear, doctor, we are now looking at the</p> <p>16 document that you would have been sent by the police, is</p> <p>17 that right or do you get it directly?</p> <p>18 A. That's right, yes.</p> <p>19 Q. As I said, Ms Stanworth is going to come and give</p> <p>20 evidence, so I am not going to go through this report in</p> <p>21 minute detail with you but if we could look at page 4,</p> <p>22 please, at the top. Are those simply the results of the</p> <p>23 tests which Ms Stanworth conducted on the blood and</p> <p>24 urine samples that she had been provided with?</p> <p>25 A. Yes, and the principal finding is that this GHB level is</p> <p style="text-align: center;">Page 48</p>

12 (Pages 45 to 48)

<p>1 greater than 200 milligram per litre in both the blood</p> <p>2 and the urine.</p> <p>3 Q. Yes, and there is also a reference to low concentration</p> <p>4 of alcohol?</p> <p>5 A. Yes, 14 milligram per 100 millilitres, so the legal</p> <p>6 limit for driving is 80 so that is less than a quarter</p> <p>7 of the legal limit for driving, so that could easily be</p> <p>8 bugs making a small amount of alcohol.</p> <p>9 Q. Thank you, and then if we go to the next page, please,</p> <p>10 there is a section at the top which addresses alcohol</p> <p>11 and really Ms Stanworth there is making the point that</p> <p>12 you just made, doctor, that 14 milligrams is very much</p> <p>13 lower than the driving limit of 80.</p> <p>14 She adds it either could have been the result of</p> <p>15 alcohol consumed a long time before Anthony's death or</p> <p>16 the microbial activity that you have referred to.</p> <p>17 A. Yes.</p> <p>18 Q. At the bottom of the page, there is a section on gamma</p> <p>19 hydroxybutyrate, GHB, and Ms Stanworth says:</p> <p>20 "GHB is an anaesthetic drug with primary sedative</p> <p>21 properties, originally developed as a pre medication</p> <p>22 prior to surgery. It gained popularity in the 1980s</p> <p>23 among bodybuilders for its ability to stimulate muscle</p> <p>24 development. More recently it gained popularity as a</p> <p>25 recreational drug, particularly on the dance and club</p> <p style="text-align: center;">Page 49</p>	<p>1 "At higher doses euphoria gives way to sedation,</p> <p>2 which may lead to unrouseable sleep, dizzying, nausea</p> <p>3 and vomiting, amnesia and visual disturbances have also</p> <p>4 been reported."</p> <p>5 She says that these effects, which are similar to</p> <p>6 those of alcohol, start about 15 minutes after</p> <p>7 administration and may last for several hours.</p> <p>8 In broad terms, doctor, is it right that GHB like</p> <p>9 alcohol is a depressant?</p> <p>10 A. Yes, and the worry is that it depresses you so much that</p> <p>11 you go into a comma and have fatal respiratory</p> <p>12 depression.</p> <p>13 Q. You are talking away from the microphone again.</p> <p>14 A. Yes, the main problem is it puts you into such a big</p> <p>15 sleep that you don't wake up.</p> <p>16 Q. Then, finally, if we can just look over the page,</p> <p>17 please, the second paragraph there:</p> <p>18 "The concentration of GHB detected in Mr Walgate's</p> <p>19 blood is high and within the range at which deaths from</p> <p>20 GHB intoxication have been reported and could therefore</p> <p>21 account for Mr Walgate's death. I note that Mr Walgate</p> <p>22 may have lain unconscious for several hours and</p> <p>23 therefore the concentration of GHB in his blood could</p> <p>24 have been higher at an earlier time."</p> <p>25 Is that paragraph really that you were relying on</p> <p style="text-align: center;">Page 51</p>
<p>1 scene and has also been implicated in date rape</p> <p>2 incidents. GBL is a related substance that is rapidly</p> <p>3 converted to GHB in the body. I am therefore unable to</p> <p>4 say whether GHB or GBL was the substance originally</p> <p>5 taken by Mr Walgate."</p> <p>6 She is making the point you just explained to us.</p> <p>7 A. Yes.</p> <p>8 Q. In terms of the earlier sentences of that paragraph and</p> <p>9 the description of GHB and its history, is that</p> <p>10 something you are familiar with?</p> <p>11 A. I didn't know it was used by bodybuilders, actually, but</p> <p>12 I know it is a drug that is notorious for its -- I am</p> <p>13 going to be very brief on this, because I think you are</p> <p>14 going to hear from the toxicologist but it is notorious</p> <p>15 for the fact that a certain dose can mean you are okay</p> <p>16 and a very slightly higher dose can mean you are very</p> <p>17 much not okay. It is particularly bad if mixed with</p> <p>18 alcohol, but I will leave it there, I think, if you are</p> <p>19 going to hear from the toxicologist.</p> <p>20 Q. Yes. We come to see that Ms Stanworth, in the final</p> <p>21 paragraph on this page, describes the effect of GHB, she</p> <p>22 says:</p> <p>23 "It is reported to produce euphoria, to lower social</p> <p>24 inhibitions and increase libido."</p> <p>25 But she adds:</p> <p style="text-align: center;">Page 50</p>	<p>1 when you said in your report that the GHB findings</p> <p>2 provided I think what you described as an adequate</p> <p>3 explanation for Mr Walgate's death?</p> <p>4 A. Yes, I mean we have no traumatic injuries as such, we</p> <p>5 have no signs of compression of the neck. We have</p> <p>6 a potentially fatal GHB level. So essentially, yes,</p> <p>7 that is the cause of death --</p> <p>8 Q. And it is --</p> <p>9 A. -- because other causes have been excluded.</p> <p>10 Q. In terms of the range that she describes and the other</p> <p>11 cases, it may be that is something we need to ask her</p> <p>12 about. That is something she is saying on the basis of</p> <p>13 her expertise?</p> <p>14 A. Yes, I think you could go into detail on that with her.</p> <p>15 Q. Thank you.</p> <p>16 We can take Ms Stanworth's report down then.</p> <p>17 Lastly, then, I want to go through the remaining</p> <p>18 points in your conclusion. We need to go back to your</p> <p>19 report, please, which is tab 45 of the bundle. If we</p> <p>20 can go on the screen to IPC339, page 12.</p> <p>21 Some of these points, doctor, we have covered.</p> <p>22 Point 3, there were no typical defence wounds from</p> <p>23 a sharp force assault noted to the hands or forearms.</p> <p>24 Is that your point about your findings, in particular</p> <p>25 the lack of bruises?</p> <p style="text-align: center;">Page 52</p>

<p>1 A. That particular point is there was no evidence that any 2 sharp instrument has left any defensive injuries to his 3 hands, so no evidence that he has got any cuts to his 4 hands or forearms from trying to shield himself from 5 something like a knife. 6 And the next point is no injuries to suggest the 7 deceased has suffered a significant blunt force trauma 8 assault by a third party shortly prior to death in the 9 form of rib fractures, skull fractures or long bone 10 fractures. So no evidence that he has been the victim 11 of kicking, stamping or violence, blunt assault by 12 someone else, punching, none of those injuries. 13 Q. It was perhaps the next one that was more connected with 14 bruises. 15 Point 5, again a point which we have covered, 16 I think: 17 "No evidence, either in the face or on examination 18 of the neck, that any significant compression of the 19 neck has occurred." 20 A. Yes, so when we are considering a third party pressing 21 on your neck, one of the big things that we need to look 22 for is: is there evidence of what are called asphyxial 23 signs in the face? Asphyxia is not a very helpful word, 24 it just means lack of pulse, but essentially asphyxia 25 means a problem with breathing or respiration. I don't</p> <p style="text-align: center;">Page 53</p>	<p>1 you refer to injuries to the left ankle, raising the 2 possibility that they may represent marks related 3 potentially to the application of restraints and you add 4 that they may easily have had other explanations. 5 A. This is injuries 12, 13, and 14, it's the three parallel 6 linear red marks near his ankle. They may be that, but 7 they may be many other things. 8 Q. Right. 9 A. I think 8 we have covered, there is a single area of 10 bruising to the left upper arm, which could potentially 11 be a grappling mark but the overall pattern -- that was 12 the only area on the upper arms. I don't think there is 13 evidence of prolonged grappling or restraint by a third 14 party. 15 Q. Thank you. I want to jump over 9 -- we will come back 16 to it in a moment -- and just look at 10. 17 You refer to, "A triangular-shaped area of fine 18 dot-like haemorrhages to the anterior chest". 19 A. Yes, so he had this triangular area to his chest of fine 20 dot-like haemorrhages, I said they may represent 21 a period when he is a face-down position. There are no 22 asphyxial signs in the face to be able to realistically 23 advance a postural asphyxial scenario. That is where if 24 you sit on someone's chest and apply enough pressure to 25 stop their ribs going in and out, you can basically kill</p> <p style="text-align: center;">Page 55</p>
<p>1 know how much you want me to go into this? 2 Q. No, I think that is enough for our purposes, at least 3 for the moment? 4 A. In a compression of the neck situation, what happens is 5 you press on the neck, you basically -- the veins are 6 very thin and the arteries are much thicker and you 7 produce a situation where the pressure within the head 8 and neck increases and tiny little blood vessels burst 9 and you have a bright red face with tiny little blood 10 vessels. And that is because you have been pressing on 11 someone's neck. There is no evidence that that had 12 occurred and no evidence of any damage in here to 13 suggest that, so we can leave compression of the neck 14 out. 15 Q. Thank you. 16 Point 6, you say there were no injuries to the anus 17 or genitalia to suggest that any significant or 18 sustained sexual assault had taken place, that is your 19 visible interpretation -- 20 A. There is no positive pathological findings, but it is 21 perfectly possible to assault someone and not cause any 22 damage. And for that reason we took all the various 23 swabs that we took. 24 Q. Thank you. 25 Next point, something we haven't addressed so far,</p> <p style="text-align: center;">Page 54</p>	<p>1 them by a mode of asphyxia, in other words kill them by 2 interfering with their ability to breath by preventing 3 their chest expanding. 4 Does everyone follow that? The ribs are not able to 5 move in and out, so they cannot breath because of that 6 reason. But we didn't have petechial haemorrhages and 7 I don't think we can really advance that any further. 8 Q. You add that there is another explanation for the cause 9 of death, the GHB? 10 A. Exactly, yes. 11 Q. Just going back to 9, this is the bruising on the upper 12 body that in fact you have explained to the jury in 13 a little bit of detail. You refer to the fact that 14 a deep dissection of that part of the body had taken 15 place. You say that what you found, picking up on the 16 second line, "... could be consistent with moving 17 an unconscious person from one location to another". 18 A. Yes. 19 Q. "They may [that is the bruises] however have other 20 explanations and given the size of the areas of bruising 21 identified, would not have occurred from moving a body 22 that was already dead with no circulation." 23 That is a point you have made in response to 24 a question from one of the members of the jury. It is 25 possible you say that they could have occurred by moving</p> <p style="text-align: center;">Page 56</p>

14 (Pages 53 to 56)

<p>1 a moribund person or someone in a peri-arrest situation.</p> <p>2 Could you just explain the meaning of those two</p> <p>3 words, please?</p> <p>4 A. Sure.</p> <p>5 I said to you in my opinion I don't think he was</p> <p>6 dead when those bruises developed, because I don't</p> <p>7 think, having no pulse or blood pressure can lead to</p> <p>8 bruising of that size, but if he was quite unwell with</p> <p>9 low pulse, low blood pressure because of the GHB that he</p> <p>10 had taken, so if he was in the process of dying, it is</p> <p>11 possible they could have formed. I think they need some</p> <p>12 kind of blood pressure to be present.</p> <p>13 Q. Thank you.</p> <p>14 Just for completeness on this issue, I wonder if we</p> <p>15 could have on screen, please, FPS1.</p> <p>16 Doctor, much more recently, I think we in fact see</p> <p>17 it was the summer of this year, August of this year.</p> <p>18 A. Yes.</p> <p>19 Q. I am going to call it up on screen, so you don't need to</p> <p>20 have it in front of you if you don't want to.</p> <p>21 A. Okay.</p> <p>22 Q. You were asked, were you not, by the inquest team just</p> <p>23 to provide a further statement on this very issue?</p> <p>24 A. Yes.</p> <p>25 Q. If we can turn to page 3, please, we can see you have</p> <p style="text-align: center;">Page 57</p>	<p>1 vessel and none of the body's vital reactions have</p> <p>2 occurred.</p> <p>3 Q. You have then made a further comment about that</p> <p>4 sentence, you said:</p> <p>5 "This sentence indicates that they [I think you mean</p> <p>6 the bruises] have not occurred three or four days prior</p> <p>7 to his death, but rather within the last 12 to 24 hours</p> <p>8 prior to his death, including around the time of his</p> <p>9 death or when he was in a moribund state."</p> <p>10 You describe the meaning of that word.</p> <p>11 A. Yes.</p> <p>12 Q. Thank you. We can take that down, please.</p> <p>13 Then, lastly, doctor, if we go back to your main</p> <p>14 report, please, if the jury still have it open and, for</p> <p>15 the screen, it is IPC339, page 12.</p> <p>16 At the bottom of that page, point 11, you refer to</p> <p>17 the fact the report is based on the information</p> <p>18 available to you and your own interpretation. You say</p> <p>19 you will review your opinion if any further information</p> <p>20 comes to light.</p> <p>21 A. Yes, the last two are standard caveats.</p> <p>22 Q. Just tell us, number 12, "This report has been subjected</p> <p>23 to a critical conclusions check". What does that mean?</p> <p>24 A. Well it just means, you saw when the FPS report was</p> <p>25 added, it had a list of the various members of our</p> <p style="text-align: center;">Page 59</p>
<p>1 quoted paragraph 9, which we have just been looking at,</p> <p>2 and you were asked to address the particular point about</p> <p>3 whether this bruising could have taken place after</p> <p>4 death.</p> <p>5 You describe, as you have described to the jury, the</p> <p>6 way you conduct post mortems and the discussions you</p> <p>7 have with police officers. Then I think perhaps the</p> <p>8 most important paragraph is the next one, you say:</p> <p>9 "All that I can add to paragraph 9 [the paragraph of</p> <p>10 your report we have just been looking at] is that I have</p> <p>11 specifically stated would not have occurred from moving</p> <p>12 a body that was already dead with no circulation. Hence</p> <p>13 I would imagine that I stated this at the time of the</p> <p>14 post mortem examination debrief."</p> <p>15 In fact we have seen Ms Kynaston's notes to that</p> <p>16 effect.</p> <p>17 "Histology was taken of these bruises, so their</p> <p>18 presence was considered to be significant enough for me</p> <p>19 to want to prove histologically that they were recent</p> <p>20 bruises."</p> <p>21 You have quoted:</p> <p>22 "The sections of bruising from the right and left</p> <p>23 chest muscles show extravasated red blood vessels with</p> <p>24 no discernible vital reactions."</p> <p>25 A. That just means blood that has come out of a blood</p> <p style="text-align: center;">Page 58</p>	<p>1 partnership. It just means that another person, one of</p> <p>2 my colleagues, has read through the report and agrees</p> <p>3 with the critical conclusions.</p> <p>4 Q. You mentioned, doctor, right at the start of your</p> <p>5 evidence, that one thing that happens in all post</p> <p>6 mortems, in fact perhaps the main purpose of them, what</p> <p>7 unites routine post mortems and special post mortems is</p> <p>8 that the pathologist is expected to provide an opinion</p> <p>9 on cause of death.</p> <p>10 A. Yes.</p> <p>11 Q. You have explained that in a routine post mortem there</p> <p>12 is one standard that is applied and in forensic post</p> <p>13 mortems it is different.</p> <p>14 It is also right, isn't it, that it is possible for</p> <p>15 a pathologist to give quite a detailed view about</p> <p>16 different causes, one thing may have caused another</p> <p>17 thing, may have led to a different condition which</p> <p>18 ultimately caused death.</p> <p>19 A. Things do get very complicated. To be honest, this is</p> <p>20 a fairly straightforward pathological case, we have</p> <p>21 excluded natural disease, we have excluded trauma, we</p> <p>22 have excluded compression of the neck. The only thing</p> <p>23 you cannot exclude, and you can never exclude, is if</p> <p>24 someone is lying semicomatose because they have drunk</p> <p>25 a bottle of wine or they have taken GHB and you put</p> <p style="text-align: center;">Page 60</p>

<p>1 a pillow over their face, you can never exclude as</p> <p>2 a pathologist that that didn't help, or in other words</p> <p>3 smothering is impossible to exclude at post mortem, but</p> <p>4 that is the only thing.</p> <p>5 Q. Leaving that to one side, what we see --</p> <p>6 A. What we see --</p> <p>7 Q. Under cause of death is simply one statement, not --</p> <p>8 A. It is one factor in the death, yes, not like often you</p> <p>9 have, you know, someone is -- you can have very</p> <p>10 complicated causes of death, sometimes.</p> <p>11 Q. In this case you have provided a simple explanation,</p> <p>12 which is GHB intoxication?</p> <p>13 A. Yes.</p> <p>14 Q. Very lastly, doctor, I want to ask you about a subject</p> <p>15 we have touched on already which is the time of death.</p> <p>16 A. Yes.</p> <p>17 Q. Two questions in fact.</p> <p>18 Before I do, just to go back to the chronology which</p> <p>19 the jury are aware of and we will hear more evidence</p> <p>20 about, the evidence is, and will be, that Anthony was</p> <p>21 alive on Tuesday, 17 June, and we will hear evidence</p> <p>22 that he was in touch with some of his friends towards</p> <p>23 the end of that day and went to Barking that evening,</p> <p>24 where we know he met Stephen Port. As we have heard,</p> <p>25 his body was found early in the morning of the Thursday,</p> <p style="text-align: center;">Page 61</p>	<p>1 (11.46 am)</p> <p>2 (In the presence of the jury)</p> <p>3 Questions from THE JURY</p> <p>4 THE CORONER: Yes, I am just going to ask you some of the</p> <p>5 questions that have come from the jury, doctor.</p> <p>6 A. Of course.</p> <p>7 THE CORONER: The first question, I don't know whether we</p> <p>8 have understood it correctly, but I am going to attempt</p> <p>9 to interpret it. It reads:</p> <p>10 "How long did it take to examine the body to see if</p> <p>11 it is dead?"</p> <p>12 I suspect that relates to an examination of the</p> <p>13 scene and a question as to how long you would anticipate</p> <p>14 that sort of examination might take.</p> <p>15 A. We are very rarely called to scenes, unlike the TV.</p> <p>16 I mean I have examined plenty of people on the wards and</p> <p>17 asked to certify death and you go through a set number</p> <p>18 of things you check. It usually takes about a minute</p> <p>19 and a half.</p> <p>20 THE CORONER: Right, thank you very much.</p> <p>21 A. You have to check there is no pulse, for I think it was</p> <p>22 30 seconds -- it is a long time since I have done it,</p> <p>23 but I have done it many times.</p> <p>24 THE CORONER: Thank you.</p> <p>25 The next question relates to this question about</p> <p style="text-align: center;">Page 63</p>
<p>1 the 19th.</p> <p>2 I will ask the two questions, perhaps you can answer</p> <p>3 them together. The first question is whether, back in</p> <p>4 2014, you were asked to provide an opinion as to when,</p> <p>5 within that period of time, of a day and a half, let's</p> <p>6 say, Anthony may have died?</p> <p>7 A. I was not, no.</p> <p>8 Q. And the second question is whether you can give a view</p> <p>9 on that now?</p> <p>10 A. I don't think pathology is helpful to be able to narrow</p> <p>11 this down. I would imagine what is most helpful would</p> <p>12 be if there was a body at the entrance to block of flats</p> <p>13 on Wednesday morning, people might have seen it.</p> <p>14 Q. That makes a number of assumptions which we don't need</p> <p>15 to get into -- but as far as you are concerned --</p> <p>16 A. The pathology, I don't think I would want to narrow it</p> <p>17 down for you.</p> <p>18 MR O'CONNOR: Thank you very much, doctor.</p> <p>19 Madam, I see the time. Perhaps this would be</p> <p>20 an appropriate time for a break.</p> <p>21 THE CORONER: Yes, we will take a short break at this stage.</p> <p>22 We will take a short break, members of the jury.</p> <p>23 Thank you.</p> <p>24 (11.30 am)</p> <p>25 (A short adjournment)</p> <p style="text-align: center;">Page 62</p>	<p>1 blood in the mouth.</p> <p>2 A. Yes.</p> <p>3 THE CORONER: Because Dr Munro, the forensic medical</p> <p>4 examiner, and the London Ambulance Service, Mr Neil,</p> <p>5 stated that there was blood to the mouth. The question</p> <p>6 for you is: do you know where that blood came from?</p> <p>7 A. Yes, like I said, I described it as bloodstain</p> <p>8 secretions. Very often when you die because -- what</p> <p>9 happens in these cases is the drug makes you breathe</p> <p>10 slower and slower and slower. As that happens, the</p> <p>11 level of oxygen within your blood becomes lower and</p> <p>12 lower and lower. And then eventually the heart says,</p> <p>13 "Right, well I can't cope with this rubbish level of</p> <p>14 oxygen" and it goes into a funny rhythm, which is</p> <p>15 usually ventricular fibrillation where instead of</p> <p>16 beating properly it shivers like a jelly. And that</p> <p>17 causes a build up of pressure within the lungs, you get</p> <p>18 heavy, wet lungs, what we have, and quite often you get</p> <p>19 pink frothy secretions in the airways and, like I said</p> <p>20 to you, sometimes they come out of the mouth as proper</p> <p>21 full-on foam. I suspect that is the likely source of</p> <p>22 the blood in the mouth.</p> <p>23 I have literally just had a look at the tongue and</p> <p>24 I can't see any evidence of any major injury to the</p> <p>25 tongue.</p> <p style="text-align: center;">Page 64</p>

16 (Pages 61 to 64)

<p>1 THE CORONER: Thank you very much.</p> <p>2 The next question is: did any other part of</p> <p>3 Anthony's body show signs of it being dragged?</p> <p>4 A. No. There are no injuries suggestive of drag marks, but</p> <p>5 he was fully clothed so that doesn't mean he wasn't</p> <p>6 dragged.</p> <p>7 THE CORONER: The next question relates to page 6 of your</p> <p>8 report. I don't know if you would like to turn that up,</p> <p>9 under the heading "External examination".</p> <p>10 A. Yes.</p> <p>11 THE CORONER: Second paragraph, bottom of page 6, and I will</p> <p>12 read the question:</p> <p>13 "The FME and LAS stated Anthony showed signs of</p> <p>14 rigor mortis. Your report states that rigor mortis is</p> <p>15 no longer present. Is that normal and over what period</p> <p>16 of time would this happen?</p> <p>17 A. Yes, again it is greatly variable, it depends on a great</p> <p>18 number of factors, yes, it is pretty normal. It tends</p> <p>19 to fade after 24 to 36 hours, but it depends on your</p> <p>20 build, the temperature, lots and lots of things.</p> <p>21 THE CORONER: Was any of the bruising typical with being</p> <p>22 restrained or signs of force?</p> <p>23 A. Only one area of bruising to the left upper arm that</p> <p>24 could have been restraint. I am just trying to find</p> <p>25 which number it is -- number 2. We didn't read out all</p> <p style="text-align: center;">Page 65</p>	<p>1 with moving a body, yes.</p> <p>2 THE CORONER: The final question is: did you confirm at the</p> <p>3 time of the post mortem that there was no sign of</p> <p>4 a seizure?"</p> <p>5 A. You can't. It is impossible to say if someone has had</p> <p>6 a seizure or not. If you have a seizure and you bite</p> <p>7 your tongue you might leave a bruise on the tongue, but</p> <p>8 the fact that you don't have a bruised tongue doesn't</p> <p>9 mean you haven't had a seizure. Even if you send the</p> <p>10 brain off -- in people who are known to have epilepsy,</p> <p>11 quite often we send the whole brain off to see if there</p> <p>12 is an underlying structural component that could explain</p> <p>13 the epilepsy and very often there is not, so you cannot</p> <p>14 determine that for sure.</p> <p>15 THE CORONER: The subsequent question is was this</p> <p>16 information passed to the officers in attendance -- in</p> <p>17 other words did you tell the police officers there was</p> <p>18 no sign of a seizure or was it not mentioned by you?</p> <p>19 A. I honestly cannot remember if they asked me or if I told</p> <p>20 them, but it is not something you can prove or disprove</p> <p>21 at post mortem.</p> <p>22 THE CORONER: Thank you very much.</p> <p>23 Questions from MS HILL</p> <p>24 MS HILL: Doctor, good morning, I ask questions on behalf</p> <p>25 the families of those who were murdered, save for</p> <p style="text-align: center;">Page 67</p>
<p>1 of the injuries, there was an ill-defined oval reddish</p> <p>2 purple area of bruising, measuring 6 by 3.5 centimetres</p> <p>3 to the inner upper left arm, centered 8 centimetres</p> <p>4 above the elbow. So above the elbow 8 centimetres, area</p> <p>5 of bruising here measuring 6 by 3.5, so that could have</p> <p>6 been a grip mark potentially.</p> <p>7 THE CORONER: Also, did you have any theories on the cause</p> <p>8 of any of the bruising?</p> <p>9 A. I had a theory there that that could have been a grip</p> <p>10 mark bruise. There were these three parallel marks</p> <p>11 which were a little bit odd, possibly could have been</p> <p>12 a restraint mark from some kind of device but certainly</p> <p>13 could have been many other things.</p> <p>14 THE CORONER: You were pointing to you ankle then, is that</p> <p>15 right?</p> <p>16 A. Yes.</p> <p>17 THE CORONER: Which number is that?</p> <p>18 A. Yes, that is 12, 13, and 14.</p> <p>19 THE CORONER: Yes.</p> <p>20 A. And the rest of them are extremely trivial marks, which</p> <p>21 are non-specific.</p> <p>22 THE CORONER: What about the ones that you have described</p> <p>23 over the pectoral area?</p> <p>24 A. These, these ones, obviously, given that I was told that</p> <p>25 he had been gripped by that area, they are consistent</p> <p style="text-align: center;">Page 66</p>	<p>1 Daniel Whitworth's partner who has his own lawyer.</p> <p>2 I have four broad topics for you, if I may.</p> <p>3 First of all, can I ask you to look at your report</p> <p>4 please and some of the details of the external</p> <p>5 examination. Internal page 6, I think if the jury wish</p> <p>6 to go back to your report, it is in their bundle.</p> <p>7 Internal page 6 of your report, at the foot of that</p> <p>8 page. You noted Anthony was of slim build, is that</p> <p>9 right?</p> <p>10 A. Yes.</p> <p>11 Q. BMI 18.6 is quite slim, isn't it?</p> <p>12 A. Anything below -- the normal BMI is 18 to 25, anything</p> <p>13 below 18 is abnormal.</p> <p>14 Q. Over the page, you have noted in his clothing that the</p> <p>15 jeans he was wearing, it says on internal page 8, were</p> <p>16 stretched skinny size 30, so quite tight jeans, is that</p> <p>17 right?</p> <p>18 A. Yes.</p> <p>19 Q. Then in the list of clothing, you have noted here</p> <p>20 "Lonsdale detail T-shirt size large with orange</p> <p>21 detailing", is that right?</p> <p>22 A. That is what I have noted, yes.</p> <p>23 Q. We have seen reference in the evidence, doctor, to</p> <p>24 tablets being seized from Anthony's body. Does that</p> <p>25 ring any bells with you and can you help us at all with</p> <p style="text-align: center;">Page 68</p>

<p>1 how they were analysed?</p> <p>2 A. I really cannot remember that, I am sorry.</p> <p>3 Q. Next question, please. In answer to the learned</p> <p>4 coroner's counsel, you talked about GHB being notorious</p> <p>5 because of the -- if I have understood it correctly --</p> <p>6 the difference between a dose that is not going to kill</p> <p>7 you and a dose that is going to kill you?</p> <p>8 A. Being quite small.</p> <p>9 Q. Is there anything else you can tell us about that within</p> <p>10 the areas of your expertise, other than it is quite</p> <p>11 a small difference?</p> <p>12 A. It is a small -- I think it is called a therapeutic</p> <p>13 window, the difference between the amount that is good</p> <p>14 and the amount that is bad is quite small for this drug,</p> <p>15 but you can quiz the toxicologist at length on it.</p> <p>16 Q. Thank you.</p> <p>17 Third area, please, just going back to your report,</p> <p>18 can you look at internal page 7, please.</p> <p>19 A. Yes.</p> <p>20 Q. At the end of the narrative of information that you were</p> <p>21 given, in fact if we just go back we will see it in</p> <p>22 full, if we go to internal page 5, and using your</p> <p>23 numbering, not the IPC numbering, so internal page 5,</p> <p>24 you have copied I think in full the summary of the</p> <p>25 interview with Mr Port from 26 June. Is that right?</p> <p style="text-align: center;">Page 69</p>	<p>1 about the 26th interview. If you had something similar</p> <p>2 for the 27th, you would have put it in your report here,</p> <p>3 wouldn't you?</p> <p>4 A. I would have thought so, but I couldn't say for sure.</p> <p>5 Q. Just to be clear, if we look back at the list of</p> <p>6 material that you are given under the additional</p> <p>7 statements --</p> <p>8 A. That says that I had the 64-page interview dated the</p> <p>9 27th, yes, but I do not have it with me now.</p> <p>10 THE CORONER: Sorry, where is that?</p> <p>11 A. That is page 4.</p> <p>12 MS HILL: If I have understood it correctly, I'm sorry if</p> <p>13 I am not being clear, my understanding is that you had</p> <p>14 a summary of the 26th that you were given, is that</p> <p>15 right?</p> <p>16 A. Yes.</p> <p>17 Q. Then I think, is this right, the full transcript of the</p> <p>18 27th but not a summary?</p> <p>19 A. Not a summary, no.</p> <p>20 Q. Yes.</p> <p>21 In relation to that transcript, do you have any</p> <p>22 recollection of officers summarising verbally to you</p> <p>23 what was in it?</p> <p>24 A. For the 27th?</p> <p>25 Q. Yes.</p> <p style="text-align: center;">Page 71</p>
<p>1 A. That's right.</p> <p>2 Q. I think the jury have that in their bundle. Does it</p> <p>3 follow from that that at the very end of that summary,</p> <p>4 which we see on internal page 7, you were aware of this:</p> <p>5 "Stephen Port stated that he went back inside the</p> <p>6 flat and got Anthony's bag and took the bag out to the</p> <p>7 body, he moved the body as he was unsure where to leave</p> <p>8 Anthony. Port stated that he did not assault or kill</p> <p>9 Anthony and that the reason he did not leave him in the</p> <p>10 bed as it would look suspicious just like last time."</p> <p>11 Do you see that?</p> <p>12 A. I see that.</p> <p>13 Q. Do you remember there being any discussion about what</p> <p>14 that might have meant, "just like last time"?</p> <p>15 A. No, but I have underlined it in my report just now, but</p> <p>16 I don't remember if there was a formal discussion about</p> <p>17 it.</p> <p>18 Q. We know, doctor, that Port was interviewed again the</p> <p>19 following day, on the 27th. Does it follow from how you</p> <p>20 summarised the material given you to that you didn't</p> <p>21 have a summary of the interview on the 27th as well?</p> <p>22 A. I really don't know. Sorry.</p> <p>23 Q. Looking at what you have done with the interview of the</p> <p>24 26th, you have provided a copy -- I think it is a cut</p> <p>25 and paste in fairness -- of what the police told you</p> <p style="text-align: center;">Page 70</p>	<p>1 A. No.</p> <p>2 Q. I appreciate it is perhaps above and beyond, but that</p> <p>3 67-page transcript, is it right to assume that you</p> <p>4 wouldn't have read through that prior to the post</p> <p>5 mortem?</p> <p>6 A. Well, it is impossible, isn't it. As it happens after</p> <p>7 the post mortem.</p> <p>8 I obviously read it at some point, but I haven't</p> <p>9 read it for a long time.</p> <p>10 Q. I would just like to try and understand a little bit</p> <p>11 about one of the parts of Port's account if I can and</p> <p>12 how that fits with what you said about the bruising. It</p> <p>13 may be that you can look at it now. I don't know if you</p> <p>14 could be given the transcript of the 27th interview. It</p> <p>15 is within the jury's bundle, just bear with me, I will</p> <p>16 get the tab reference -- I think it is 34 from memory.</p> <p>17 Yes, it is 34. I appreciate you may not have looked</p> <p>18 at this for some time, doctor.</p> <p>19 A. No, I haven't.</p> <p>20 Q. If you can go, please, within it, to quite a way in, but</p> <p>21 looking at the numbering at the top, can you find within</p> <p>22 it page 51 of 67?</p> <p>23 A. Sure.</p> <p>24 Q. You can see that Port is giving his account here in this</p> <p>25 interview of how he came to move Anthony, and you can</p> <p style="text-align: center;">Page 72</p>

<p>1 see about six lines down from the top he says: 2 "I put my arm around him to see if he was all right, 3 felt a lot more [although it is written as 'ridged', I 4 think it should be 'rigid'] than he did before, stiffer, 5 I tried to move his arm but it was quite stiff, like he 6 was just very [inaudible] panicked, check if he is all 7 right." 8 Then there is discussion with Port about whether or 9 not he is familiar with rigor mortis, et cetera. 10 Then if you go over the page it says, about six 11 lines down from the top, Port then says: 12 "I will just move him, move him to the hallway, 13 I will just put him outside the door and then go back 14 and get his bag." 15 Then further down: 16 "He was very heavy, he was very heavy when I managed 17 to -- I would carry him but he was heavier than I would 18 have expected a person to be." 19 He describes how he was carrying him, the officer 20 puts to him that it's almost in a front cradle. That's 21 correct, over the page he describes as if he was picking 22 up a child. 23 If I have understood your evidence correctly, 24 doctor, your view, I think is that the bruising is more 25 likely to have been caused either when Anthony was</p> <p style="text-align: center;">Page 73</p>	<p>1 officers, which I think you will find at tab 17 of the 2 jury bundle. You will see, doctor, if you look at the 3 beginning of that document, that it is a record of the 4 post mortem, it is a standard I think Barking and 5 Dagenham form. It's at tab 17. 6 A. Yes. 7 Q. Are you familiar with this sort of document? 8 A. Yes. 9 Q. Within that document, there is lots of pages that 10 illustrate things that are happening throughout the post 11 mortem. At the very end there are some notes I think 12 that have been made by DS O'Donnell, in handwriting, 13 just freehand writing, it's IPC000750013, if you can 14 find that? 15 A. Yes. 16 Q. There are a list of things on the right-hand side with 17 asterisks next to them, do you see that, a little hard 18 to read? 19 A. Yes. 20 Q. There is a list of things, can you see, about the third 21 or fourth down, there is, "PNC prints (DEC) IIP DEC, IIP 22 Port. 23 A. Yes, I have no idea what that means. 24 Q. If it helps you, we heard some evidence during last week 25 from an inspector that the IIP is a police intelligence</p> <p style="text-align: center;">Page 75</p>
<p>1 unconscious or when he was alive. It has been caused 2 before he is completely dead; is that right? 3 A. That is my opinion, yes. 4 Q. Based on this account that Port has given of describing 5 moving a very stiff and heavy body, that is more 6 consistent with moving a body that is already dead, 7 isn't it? 8 A. If -- is he saying like this? Is that -- 9 Q. We have this account. It describes, if you look at the 10 foot of internal 52 of 67: 11 "How were you carrying him? 12 "Put his arm around my neck, his head here, legs. 13 "All right, so you had him almost in a front cradle? 14 "Yes, as if you were picking up a child almost. 15 "Okay, so his legs were over one arm, his head on 16 the other, he has one arm over your shoulder? 17 "That's correct." 18 How does that help us, if at all? 19 A. Well, the easiest way to explain this bruising is by 20 moving someone like this, who is still alive. This 21 cradling position is not consistent with the bruising, 22 really. 23 Q. Thank you. 24 Finally, could I ask you to look, please, at the 25 notes of the post mortem that were taken by one of the</p> <p style="text-align: center;">Page 74</p>	<p>1 system that searches across a series of platforms, 2 including the CAD and the CRIS, so the IIP is some kind 3 of intelligence check. 4 A. Right. 5 Q. Inspector Learmonth was asked questions about that last 6 week, because we know from separate evidence that a CRIS 7 record was kept of a previous occasion when Port had 8 been accused of drug-induced rape on his partner, former 9 partner. Was that discussed at all with you in the post 10 mortem? 11 A. No. 12 Q. Doing the best I can with this handwriting, I am sure we 13 will hear more about it, but going down, it looks as if 14 there is reference to the bottle. Do you see that? 15 A. Something "brownish bottle", does that say? It is 16 difficult to read, isn't it? 17 Q. It is very difficult, I agree. Doing the best I can and 18 the next line is quite hard to read, but the next one 19 with the star -- 20 A. I suspect that says "fast track". 21 Q. Thank you. 22 What does that relate to? 23 A. I would imagine it means they would want to find out 24 what was in the bottle as soon as possible. 25 Q. Is that a system you are familiar with?</p> <p style="text-align: center;">Page 76</p>

<p>1 A. I know how -- I know what samples they take and, you 2 know, sometimes samples are very urgent. I would, you 3 know, perhaps this means that they have got this 4 brownish bottle and the fast track immediately below it 5 means they should look at it as soon as possible, but 6 you would best ask the person who wrote it. 7 Q. Finally for you then, just because these are in the post 8 mortem notes, was there any discussion about that with 9 you, about that potential fast track of the bottle, if 10 that is what it says? 11 A. I really cannot remember. 12 MS HILL: All right, bear with me a second, please. 13 Thank you very much. 14 A. Thank you. 15 Questions from MS DOBBIN 16 MS DOBBIN: Doctor I ask questions on behalf of some of the 17 Barking officers. 18 Can I go back to some of the information you were 19 provided with on 20 June, it's IPC526 and it's the jury 20 bundle at tab 16. We've seen this already, doctor, this 21 is the briefing. 22 A. Yes. 23 Q. If we just go over to page 2 of that, we have already 24 seen the information that you were provided with from 25 Mr Port, and Mr Neil. So it is the evidence that talks</p> <p style="text-align: center;">Page 77</p>	<p>1 Q. It does say "extremely cold to touch": 2 "He appeared deceased as he wasn't breathing and was 3 extremely cold to touch. He didn't have a pulse." 4 A. We just generally -- I don't attach -- it is not 5 something that I would have picked up on particularly, 6 no. 7 Q. It wouldn't have prompted you to say anything at the 8 initial meeting or at the post mortem on the 20th, that 9 the time of death was something that needed greater 10 consideration, or needed to be thought about more in 11 relation to what Mr Port had said? 12 A. No, it hasn't, no. 13 Q. Can I move on then, please to the information that you 14 were provided with just at the time of the post mortem 15 and then following on from that, and obviously we have 16 picked that up from your full post mortem report, which 17 is at the jury bundle, tab 45. 18 We know you were provided with the two initial 19 accounts. This is document IPC339, please. 20 If we go to page 4, when we look at the additional 21 statements, it is said that you have been provided with 22 and read the following statements. It must follow from 23 that, doctor, that you had read the 64-page interview 24 that you were taken to by my learned friend Ms Hill? 25 A. I would have read it at the time of preparing the final</p> <p style="text-align: center;">Page 79</p>
<p>1 about him gurgling. 2 A. Yes. 3 Q. Can I just ask you a bit more about any inconsistency 4 between that information. We can see, can't we, from 5 what Mr Port said, that he called 999. That is in the 6 very last line? 7 A. Yes. 8 Q. Then we obviously have what Mr Neil said, the paramedic, 9 we have already seen that he referred to Anthony being 10 extremely cold to touch? 11 A. Yes. 12 Q. Can I just ask you, you said that that didn't help very 13 much with timing the death. But given that this was 14 June time, and given that you knew that Mr Walgate was 15 fully dressed, and indeed that he had both a T-shirt on 16 and a hooded top, did that not raise your index of 17 suspicion at all about the time of death? 18 A. Not really, because these statements, we see these all 19 the time, people describe cold -- it doesn't say where 20 he touched him, we don't attach much meaning to these 21 statements, really. 22 Q. Even though it is from a paramedic describing the body 23 as extremely cold to touch? 24 A. Well, he has said he is "cold to touch", he doesn't say 25 "extremely".</p> <p style="text-align: center;">Page 78</p>	<p>1 report, yes. 2 Q. The post mortem was on 20 June, that interview took 3 place on 27 June? 4 A. Yes. 5 Q. So you would have read that in order to be able to 6 provide this report? 7 A. Yes, but I couldn't tell you exactly when between 7 June 8 and the end of December I read it. Probably towards the 9 end of that period of time. 10 Q. Presumably the reason why all of this information is 11 important and relevant to you is because you would be 12 looking for inconsistencies in the evidence that has 13 been presented and your pathological findings, correct? 14 A. Yes. 15 Q. You were taken to parts of the Port interview, and 16 I wondered if I could just go back to that to ask you 17 a bit more about it. It is at tab 34 of the jury 18 bundle. I think that you were taken to page 51, that is 19 IPC137 at page 51. 20 I think my learned friend took you to the part -- it 21 is the second paragraph on that page, where Port 22 mentioned that Anthony felt stiffer, but then if we 23 follow it on down the page, if we look a couple of 24 paragraphs down, he was asked: 25 "What did it make you think?"</p> <p style="text-align: center;">Page 80</p>

20 (Pages 77 to 80)

<p>1 And he said:</p> <p>2 "It was like he was in a deep kind of coma."</p> <p>3 A. Yes.</p> <p>4 Q. I will not read out all of the page, doctor, but if we</p> <p>5 go right to the bottom, he was then asked and this is by</p> <p>6 Detective Constable Holt:</p> <p>7 "But you are concerned, you think he is in a deep</p> <p>8 sleep?"</p> <p>9 If we go over the page to page 52, Port said, "Yes"</p> <p>10 and then it was put to him, "Or a coma? All right, so</p> <p>11 you are panicking a bit?"</p> <p>12 So he seemed to be suggesting in that part of the</p> <p>13 interview that Anthony was in a state of deep sleep or</p> <p>14 coma. Is that how it appears to you?</p> <p>15 A. That is what he seems to be saying, yes.</p> <p>16 Q. Yes. If we go over the page to page 53, please, thank</p> <p>17 you, this was the bit that, again, Ms Hill put to you</p> <p>18 where he described picking up Anthony as though he were</p> <p>19 picking up a child.</p> <p>20 Then again, if we go down to the bit that says --</p> <p>21 this is the timing, 1.22.07, it says:</p> <p>22 "Is that how you moved in the beginning, from the</p> <p>23 bed to the hall and the hall to the outside?"</p> <p>24 A. Yes.</p> <p>25 Q. Then again, if we follow that on down, it says:</p> <p style="text-align: center;">Page 81</p>	<p>1 given of dragging?</p> <p>2 A. Not necessarily dragging, but with the account of</p> <p>3 grabbing someone by the armpit area and moving them.</p> <p>4 Whether dragging was involved or not, I don't know.</p> <p>5 Q. If those findings had been inconsistent with the account</p> <p>6 that Port had given, presumably you would have indicated</p> <p>7 that in this part of your report?</p> <p>8 A. All I can say is that he had bruising in that area that</p> <p>9 was potentially explainable by this part of the account.</p> <p>10 MS DOBBIN: I am grateful, thank you.</p> <p>11 Questions from MR BERRY</p> <p>12 MR BERRY: Dr Biedrzycki, I ask questions on behalf of the</p> <p>13 Metropolitan Police. You were asked by Ms Hill whether</p> <p>14 the contents or some of the contents of Port's first</p> <p>15 interview were brought to your attention and you said</p> <p>16 no. Then you were asked whether you had read the second</p> <p>17 interview, and you said it would have been impossible.</p> <p>18 The special post mortem was on 20 June, wasn't it?</p> <p>19 A. Yes.</p> <p>20 Q. The first interview was on 26 June, wasn't it?</p> <p>21 A. Yes.</p> <p>22 Q. The second interview was on 27 June, wasn't it?</p> <p>23 A. That's right.</p> <p>24 Q. So you could not have read or had any parts of these</p> <p>25 interviews put to you at the special post mortem, could</p> <p style="text-align: center;">Page 83</p>
<p>1 "At first I put him under his shoulders ..."</p> <p>2 Sorry, "Outside the communal room", if we go back to</p> <p>3 what DCH said:</p> <p>4 "Did you have to drag him out at any point or lift</p> <p>5 him in a different ..."</p> <p>6 It tails off. Then it says:</p> <p>7 "At first I put him under the shoulders.</p> <p>8 "Under the arms from the bed to the hall?"</p> <p>9 "Yes, so that I can get his weight, until I can get</p> <p>10 his legs."</p> <p>11 This is what DC Holt puts to him:</p> <p>12 "Okay, so from the front you have put your hands</p> <p>13 either side of his ribcage, underneath towards where his</p> <p>14 armpits are, you start to manoeuvre him in the first</p> <p>15 instance?"</p> <p>16 Does that suggest as though he were giving</p> <p>17 an account of dragging Anthony?</p> <p>18 A. Yes, that is what I would -- that is the kind of motion</p> <p>19 that you would think could explain the bruising in the</p> <p>20 armpit areas.</p> <p>21 Q. That's what I wanted to ask you about, so if we go back</p> <p>22 to your post mortem report, and to your conclusion at 9,</p> <p>23 and this is IPC339, page 12. Is this essentially where</p> <p>24 you are signifying to the reader, doctor, that your</p> <p>25 findings are consistent with the account that had been</p> <p style="text-align: center;">Page 82</p>	<p>1 you?</p> <p>2 A. No, that must be error. I'm sorry.</p> <p>3 MS HILL: Forgive me, that was my error -- I didn't mean to</p> <p>4 put it in quite that way, and I am sorry if that was</p> <p>5 unclear. I understand the dates, what I was trying to</p> <p>6 put to the doctor was the difference in the material he</p> <p>7 was given before he read his report. I sorry if that is</p> <p>8 confusing. I accept the dates, of course.</p> <p>9 MR BERRY: Thank you very much for that.</p> <p>10 The record of both of the interviews was provided to</p> <p>11 you in due course in the usual way, wasn't it?</p> <p>12 A. Eventually yes, but clearly I cannot have seen either of</p> <p>13 them at the time of the post mortem.</p> <p>14 Q. Yes, but you had seen them by the time you had provided</p> <p>15 your final report?</p> <p>16 A. Yes.</p> <p>17 Q. You were asked by Ms Hill about one of Port's accounts</p> <p>18 of carrying Anthony, but Port also gave an account of</p> <p>19 lifting Anthony up under his armpits and propping him</p> <p>20 against the wall, didn't he?</p> <p>21 A. He did, indeed.</p> <p>22 Q. That was indeed the account that was in front of you in</p> <p>23 the post mortem briefing, wasn't it?</p> <p>24 A. Yes, and that, again, lifting by the armpits is</p> <p>25 an explanation for the bruising.</p> <p style="text-align: center;">Page 84</p>

<p>1 Q. Thank you.</p> <p>2 Could I ask for MPS1098 to be called up. It is</p> <p>3 tab 6 of the jury's bundle and it is CSM Kynaston's</p> <p>4 notes. I would like, please, for page 7 to be brought</p> <p>5 up.</p> <p>6 I will wait for you to find that, Dr Biedrzycki. It</p> <p>7 is on your screen, if that helps.</p> <p>8 A. Thank you.</p> <p>9 Q. You were taken by counsel to the inquest to the next</p> <p>10 page of this document, but if you could just look at the</p> <p>11 page on the screen, towards the bottom, SPM Queen's</p> <p>12 Mortuary, that is where the post mortem took place,</p> <p>13 isn't it?</p> <p>14 A. Yes.</p> <p>15 Q. Then the very bottom words on that page, "Briefed</p> <p>16 pathologist".</p> <p>17 A. Yes.</p> <p>18 Q. Then if we could go over to page 8, please.</p> <p>19 Sorry, page 9, which we are on. There is then</p> <p>20 an entry at the top, "Updated: deceased male prostitute</p> <p>21 ..." And then when we go down to 12.25, we have the</p> <p>22 entry "Start", which is what you were taken to by</p> <p>23 counsel to the inquest.</p> <p>24 Is that consistent with your evidence today, and</p> <p>25 indeed your post mortem report, that you were given</p> <p style="text-align: center;">Page 85</p>	<p>1 different styles, I tend to discuss a lot during the</p> <p>2 post mortem, so I would imagine it was the same as in</p> <p>3 every post mortem.</p> <p>4 Q. Thank you.</p> <p>5 Would it be fair to say that the officers, having</p> <p>6 had your debrief at the end, would have left the special</p> <p>7 post mortem with the understanding that, 1, the cause of</p> <p>8 death was unascertained at that time?</p> <p>9 A. Yes.</p> <p>10 Q. 2, that the brain and lungs were heavy, which could</p> <p>11 suggest a drug overdose but that would need to be</p> <p>12 confirmed on toxicology in first instance?</p> <p>13 A. That's right.</p> <p>14 Q. And, 3, that there was no sign of assault?</p> <p>15 A. There was no sign of assault.</p> <p>16 Q. The jury have seen, and will be seeing later today, the</p> <p>17 homicide command's note of the special post mortem,</p> <p>18 which says and records:</p> <p>19 "There is nothing to suggest the victim has been</p> <p>20 assaulted."</p> <p>21 That is accurate, isn't it?</p> <p>22 A. Yes.</p> <p>23 Q. In terms of the possible sign of restraint to the left</p> <p>24 ankle --</p> <p>25 A. Left arm, upper left arm.</p> <p style="text-align: center;">Page 87</p>
<p>1 a written briefing and then an officer gave you an oral</p> <p>2 update to that written briefing before the post mortem</p> <p>3 started?</p> <p>4 A. I have the document here and I have the handwritten</p> <p>5 additional notes from the briefing.</p> <p>6 Q. Thank you very much.</p> <p>7 Just staying on that page, start strategy, the</p> <p>8 strategy you said was agreed between you and those</p> <p>9 present, including the crime scene manager. Was that</p> <p>10 strategy a normal and appropriate strategy in the</p> <p>11 circumstances of this case?</p> <p>12 A. I think it was. I mean the opportunities for forensic</p> <p>13 DNA recovery were satisfied, we did sex swabs, and, like</p> <p>14 I said, had there not been a history of probable drug</p> <p>15 use, the only difference would have been that the heart</p> <p>16 and brain would have been sent off straight away, but in</p> <p>17 this case, once the toxicology was back, there was no</p> <p>18 real need for that.</p> <p>19 Q. Thank you.</p> <p>20 In terms of the level of dialogue between the</p> <p>21 officers, the crime scene manager and you at Anthony's</p> <p>22 special post mortem, was that normal for your experience</p> <p>23 of special post mortems?</p> <p>24 A. I think you can probably ask most of the teams in London</p> <p>25 who I have worked with for 10 years, we do have</p> <p style="text-align: center;">Page 86</p>	<p>1 Q. I am asking about the ankle.</p> <p>2 A. Oh, the ankle, sorry, yes.</p> <p>3 Q. My understanding of your answer to Mr O'Connor's</p> <p>4 question about this was that you did not think that was</p> <p>5 a significant finding, it could possibly have been</p> <p>6 a restraint mark, but it could possibly have been many</p> <p>7 other things?</p> <p>8 A. It could.</p> <p>9 Q. Is it likely that you mentioned this to the officers at</p> <p>10 the special post mortem?</p> <p>11 A. I really cannot remember. I may have done, if what was</p> <p>12 going through my mind was that it was a restraint mark,</p> <p>13 but I cannot remember for sure.</p> <p>14 Q. You may not have done?</p> <p>15 A. Yes, I really cannot remember.</p> <p>16 Q. The reason I am pushing on this, doctor, is there are</p> <p>17 notes taken either at or shortly after the post mortem</p> <p>18 by three of the people present, two of the officers and</p> <p>19 the crime scene manager and not one of them records any</p> <p>20 reference made to restraint.</p> <p>21 So with that knowledge, do you think it is likely</p> <p>22 that you mentioned restraint to the officers?</p> <p>23 A. I simply don't know.</p> <p>24 Q. Thank you.</p> <p>25 If it had been mentioned, would it have been</p> <p style="text-align: center;">Page 88</p>

<p>1 mentioned with the same caveats you gave today, 2 ie possible restraint but possibly many other things? 3 A. Absolutely, yes. 4 This was not a mark, a clear encircling mark of 5 a wrist or of an ankle that made you just think this is 6 definitely handcuffs or any mark as clear as that. 7 Q. Thank you. 8 After the special post mortem, you were given 9 further information, Mr O'Connor took you through that, 10 but it included the account of Anthony's friend 11 China Dunning, Port's three accounts, one statement and 12 his two interviews, and also the histopathology and the 13 toxicology, yes? 14 A. Yes. 15 Q. The information read out to you from Port's interviews 16 by Ms Hill a few moments ago, you had that before you -- 17 A. Before the final post mortem, yes. 18 Q. After reviewing all of that material, including all the 19 material you have been asked about today, it was your 20 conclusion that the cause of death was GHB intoxication? 21 A. Yes. 22 MR BERRY: Thank you very much, doctor, I have no further 23 questions. 24 25</p> <p style="text-align: center;">Page 89</p>	<p>1 just as a matter of fact there was no further meetings 2 with the officers in this case? 3 A. No. 4 MR O'CONNOR: Thank you. 5 That was all I wanted you to ask. 6 THE CORONER: Yes, thank you very much indeed, 7 Dr Biedrzycki. 8 You are free to go, thank you. 9 A. Thank you very much. 10 MR O'CONNOR: Madam, we are now going to have a read 11 statement, Ms Collier is going to read it. 12 THE CORONER: Thank you. 13 Witness statements of MR ANTHONY DAVIDSON (read) 14 MS COLLIER: Members of the jury, I am going to read to you 15 two witness statements from Anthony Davidson, the first 16 dated 18 August 2020, and the second dated 17 21 October 2020. Both of these statements are supported 18 by a statement of truth where Mr Davidson confirms that 19 the facts stated in his witness statements are true and 20 that he understands that proceedings for contempt of 21 court may be brought against anyone who makes or causes 22 to be made a false statement in a document verified by 23 a statement of truth. 24 This is his first statement: 25 "I, Anthony Davidson, formerly of the</p> <p style="text-align: center;">Page 91</p>
<p>1 Further questions from MR O'CONNOR 2 MR O'CONNOR: Doctor, just one point from me, just to be 3 sure that the jury are clear about the sequence of 4 events. 5 We have talked about the facts and we have seen the 6 written briefing you had. You have answered some 7 questions then about the oral briefing at the special 8 post mortem and the discussions you had with the 9 officers. 10 We have then seen reference to the other documents 11 you got afterwards and you have been taken to the 12 interview transcripts and so on and you have explained 13 that you think it likely that you would have looked at 14 those documents probably closer to December than June, 15 and perhaps when you were doing your final report? 16 A. Yes. 17 Q. Just this. Was there any point after June, but before 18 December, when you had an opportunity to discuss these 19 further matters with the officers? Was there any 20 further meeting with the officers in the case or were 21 you simply presented with these documents and, as it 22 were, left to your own devices to read them and then -- 23 A. No, there was no further meeting. But there 24 generally -- that doesn't generally happen. 25 Q. No, I was not asking you to comment on the generality,</p> <p style="text-align: center;">Page 90</p>	<p>1 Metropolitan Police Service, was in June 2019 a 2 detective constable on major investigation team 20, MIT 3 20, within the homicide and serious crime command. 4 I stopped working for the Metropolitan Police in 5 September 2017, I am now a driving instructor for heavy 6 goods vehicles. 7 "I have been asked to provide this statement for the 8 inquests into the deaths of Anthony Walgate, 9 Gabriel Kovari, Daniel Whitworth and Jack Taylor. My 10 only involvement relates to the investigation into the 11 death of Anthony Walgate." 12 Then he goes on to say that given the amount of time 13 that has passed since the events in 2014, he has 14 refreshed his memory by reference to a number of 15 documents, two witness statements that he prepared in 16 June 2014, a copy of the CRIS which you have in your 17 jury bundle, HAT returns, which you have seen or will 18 see and then a copy of the post mortem briefing, which, 19 again, is a document you have been taken to today. 20 He goes on: 21 "On 19 June 2014 I was assigned to HAT car east 22 along with Detective Constable Dave Hardy. At 23 0920 hours we attended Cooke Street, Barking after the 24 body of Anthony Walgate had been found outside the 25 premises of 47 Cooke Street. During my time at the</p> <p style="text-align: center;">Page 92</p>

<p>1 scene, which was 9.20 to 10.30 in the morning, I was 2 tasked with dealing with exhibits. I worked alongside 3 CSM (crime scene manager) Cheryl Kynaston searching 4 through the clothing of Mr Walgate in order to locate 5 personal property. I assisted in placing Mr Walgate in 6 a body bag. I seized a number of exhibits and handed 7 these over to DC Malcolm Young before I returned to 8 Hertford House. I had no other involvement with the 9 investigation for the remainder of that day.</p> <p>10 "I do not recall seeing any injuries on Mr Walgate's 11 body. If I had seen an injury I would have raised this 12 with CSM Cheryl Kynaston. I was informed that a special 13 post mortem was going to be arranged for the following 14 day and was asked to assist to help the borough exhibits 15 officer. A special post mortem was normally arranged 16 when the death was unexplained, as in this case. As 17 a detective constable, I am not involved in these 18 decisions.</p> <p>19 "On 20 June 2014, along with Detective Sergeant 20 Wayne Southon, I attended Queen's Mortuary for the 21 special post mortem of Anthony Walgate. The other 22 persons present were Dr Olaf Biedrzycki, the 23 pathologist, CSM Cheryl Kynaston, Detective Sergeant 24 Martin O'Donnell and Detective Constable Dave Parish. 25 I believe that Detective Sergeant O'Donnell briefed the</p> <p style="text-align: center;">Page 93</p>	<p>1 knowledge of the MG3."</p> <p>2 Which is a document, members of the jury, that we 3 will be coming to in due course:</p> <p>4 "In providing this statement, I have considered all 5 material available to me and can confirm that I do not 6 hold any further material, either physically or 7 electronically, that refers to these matters."</p> <p>8 Second statement of Mr Davidson:</p> <p>9 "I am a former detective constable on major 10 investigation team 20 within the homicides and serious 11 crime command. I have been asked to provide this 12 further statement by the inquest legal team for the 13 inquests into the deaths of Anthony Walgate, 14 Gabriel Kovari, Daniel Whitworth and Jack Taylor. 15 I have been asked by the inquest team to answer this 16 question: do I recall Dr Biedrzycki mentioning the 17 bruising to Anthony Walgate's body during the post 18 mortem? And, if so, when?</p> <p>19 "Having identified the body to Dr Olaf Biedrzycki at 20 the start of the special post mortem process, for the 21 remainder of the post mortem I was with DC Dave Parish 22 at one end of the room, assisting with exhibits. At the 23 other end of the room were Dr Biedrzycki and 24 Cheryl Kynaston, the crime scene manager. During the 25 course of the special post mortem Dr Biedrzycki, who was</p> <p style="text-align: center;">Page 95</p>
<p>1 pathologist at the post mortem, I did not have any 2 involvement in it. I believe that the briefing involved 3 reading out the briefing written by Acting Detective 4 Inspector McCarthy.</p> <p>5 "Following the briefing, DS Southon and DS O'Donnell 6 remained in the viewing area. My involvement in the 7 post mortem was limited to identifying Anthony Walgate 8 as the person I had placed in a body bag the previous 9 day and assisting DC Dave Parish with any exhibits 10 seized that day, such as clothing, samples, et cetera. 11 I was there in an advisory role assisting DC Parish. 12 I had no other input or responsibilities with regards to 13 the post mortem or requests asked of the pathologist 14 that day. I do not recall anything further about the 15 post mortem.</p> <p>16 "After it was finished, I returned to Hertford 17 House. I was not involved in any of the decision making 18 around the investigation. I was tasked with gathering 19 exhibits. I am unaware if officers at the time had any 20 suspicion of Stephen Port. At the time of my 21 involvement, I don't recall being aware of his name.</p> <p>22 "After completing these assigned duties, I had no 23 further role with regards to the investigation into the 24 death of Anthony Walgate. I was not informed that 25 toxicology was undertaken on Mr Walgate and had no</p> <p style="text-align: center;">Page 94</p>	<p>1 situated near to the crime scene manager Kynaston, would 2 provide instruction to her on the exhibits and she would 3 then provide DC Parish and I with these exhibits.</p> <p>4 "My recollection is that it was CSM Kynaston who 5 gave the exhibits to us, but it may have been 6 Dr Biedrzycki. I had no direct engagement with 7 Dr Biedrzycki about any findings during the special post 8 mortem, nor afterwards. I believe that he was dealing 9 with Detective Sergeant Wayne Southon and Detective 10 Sergeant Martin O'Donnell, who would have been 11 positioned in a separate viewing area. At no time 12 during nor after the special post mortem did I hear any 13 comments by Dr Biedrzycki including any specific 14 reference to bruising."</p> <p>15 Madam, that concludes the two statements from 16 Mr Davidson.</p> <p>17 THE CORONER: Thank you.</p> <p>18 MS COLLIER: Perhaps I can suggest an early lunch now and we 19 will continue with Detective Sergeant Southon this 20 afternoon?</p> <p>21 THE CORONER: Yes, can we start him any time before 2.00 or 22 not?</p> <p>23 MS COLLIER: Yes, he is here.</p> <p>24 THE CORONER: He is here.</p> <p>25 If I say 1.45 then.</p> <p style="text-align: center;">Page 96</p>

<p>1 Members of the jury, we will break now for lunch 2 until 1.45, thank you. 3 (12.35 pm) 4 (The Luncheon Adjournment) 5 (1.45 pm) 6 (In the presence of the jury) 7 THE CORONER: Yes. 8 MS COLLIER: May I call Mr Wayne Southon. 9 MR WAYNE SOUTHON (sworn) 10 A. Detective Inspector Wayne Southon. 11 Questions from MS COLLIER 12 MS COLLIER: Inspector, do have a seat. 13 You just gave your name as Detective Inspector 14 Wayne Southon? 15 A. Yes, I did. 16 Q. In 2014, you were a detective sergeant, so you have 17 since been promoted to inspector, but you are now 18 working in a different part of the MPS, is that right? 19 A. That's correct, yes. 20 Q. In 2014, you were serving with SC&O1, homicide command, 21 is that right? 22 A. I was, yes. 23 Q. You were part of major investigation team 20? 24 A. Yes, that's correct. 25 Q. Known as MIT 20?</p> <p style="text-align: center;">Page 97</p>	<p>1 There was four. 2 Q. Perhaps if you can look at the jury bundle A, which is 3 the smaller one, the one underneath, and tab 3, please. 4 This is so that the jury can understand -- 5 A. Yes, there is two detective sergeants on that list. 6 However, there were others on the team. 7 Q. Yes, it could be that this organogram refers to homicide 8 command officers who were involved in the matters that 9 we are concerned with. 10 A. Yes, I see that, yes. 11 Q. But, at any rate, it is right that you were on a team 12 that was headed up by DCI Jones and included two 13 detective inspectors, or included detective inspectors, 14 yourself and some constables? 15 A. Yes. Yes, it did. 16 Q. DCI Jones said yesterday, or he described HAT as 17 specialist homicide investigators. Would you agree with 18 that description? Do you think that is right? 19 A. Yes, I would. 20 Q. The jury has heard that the policy that was in place in 21 June 2014 for the investigation of homicides was the 22 ACPO murder investigation manual. Does that accord with 23 your recollection -- I know you have moved on? 24 A. Yes, it does. 25 Q. As a specialist homicide detective, would you have been</p> <p style="text-align: center;">Page 99</p>
<p>1 A. Yes. 2 Q. I see you have a blue folder there in front of you, does 3 that contain your witness statements for these -- 4 A. It does. 5 Q. You should know you should feel free to refer to those 6 at any stage if you want to in giving your evidence. 7 A. Thank you. 8 Q. Then also, there will be reference to two bundles. If 9 you look in the boxes, and you may receive some 10 assistance with that. 11 Firstly, jury bundle A -- it may be an idea to get 12 that out ready -- and jury bundle B/I are the ones that 13 you will need. 14 A. Yes. 15 Q. The documents that I refer to will come up on the screen 16 as well, so it is whichever you feel most comfortable 17 with, tab references or the screen. 18 A. Okay. 19 Q. The jury heard evidence yesterday from Detective Chief 20 Inspector Jones, who was the HAT DCI at the time of the 21 events that we are concerned with, that is to say in 22 June 2014. He was your boss, that's right, isn't it? 23 A. That's correct, yes. 24 Q. You were one of two detective sergeants on his team? 25 A. I think there was actually more than two on the team.</p> <p style="text-align: center;">Page 98</p>	<p>1 expected to be aware of that policy? 2 A. It would have been something that we would have read, 3 but it wasn't referred to much by the rank probably 4 below the senior investigating officer, or perhaps the 5 DIs. 6 Q. Right. As you know, you are here to give evidence today 7 about the investigation into Anthony Walgate's death. 8 In particular, the special post mortem that was held on 9 20 June 2014, which you attended? 10 A. Yes, I did, yes. 11 Q. Then, secondly, I want to ask you questions, as well as 12 asking you questions about the special post mortem, 13 I would like to ask you questions about the advice that 14 you completed on the evening of the 20th, so that is the 15 same day that you attended the special post mortem, you 16 then prepared a written advice? 17 A. Yes, I did, yes. 18 Q. To be clear for the jury, you were not involved at all 19 on Thursday, 19 June. Is that right? 20 A. That's correct, yes. 21 Q. You didn't attend the scene where Anthony's body was 22 found, or play any part in the investigation on the 23 19th? 24 A. No, I didn't. 25 Q. However, you will obviously be aware, and the jury has</p> <p style="text-align: center;">Page 100</p>

25 (Pages 97 to 100)

<p>1 heard evidence, that on the day of the discovery of</p> <p>2 Anthony's body, DCI Jones -- it was DCI Jones who</p> <p>3 directed that a special post mortem take place?</p> <p>4 A. Yes, I am aware of that.</p> <p>5 Q. You were asked to attend that special post mortem, which</p> <p>6 took place at about 12.30 pm on the afternoon of</p> <p>7 20 June.</p> <p>8 A. Yes, that's correct.</p> <p>9 Q. The people who were attending the special post mortem</p> <p>10 included Barking officers from the borough, CSM</p> <p>11 Cheryl Kynaston and HAT officers -- that is to say</p> <p>12 yourself and one of your colleagues?</p> <p>13 A. Yes.</p> <p>14 Q. As well as a photographer and of course the pathologist.</p> <p>15 A. Yes.</p> <p>16 Q. The pathologist was Dr Biedrzycki. Do you remember him?</p> <p>17 A. Yes, I do.</p> <p>18 Q. You may or may not know that the jury heard from</p> <p>19 Dr Biedrzycki this morning, he gave his evidence this</p> <p>20 morning.</p> <p>21 A. Yes.</p> <p>22 Q. As the detective sergeant, you were the more senior of</p> <p>23 the two HAT officers who attended. The other was</p> <p>24 Detective Constable Tony Davidson?</p> <p>25 A. That's correct, yes.</p> <p style="text-align: center;">Page 101</p>	<p>1 that you would supervise DC Davidson and assist in the</p> <p>2 interpretation. Is it possible to elaborate on that,</p> <p>3 what actually happens and what do you do there?</p> <p>4 A. The process, the process in this situation, where the</p> <p>5 unexplained death is sat with borough would be to go</p> <p>6 along, you would be briefed by the borough officer, who</p> <p>7 has got an overview of the investigation. The</p> <p>8 pathologist may ask some questions at that point and it</p> <p>9 would be down to either myself or a person with</p> <p>10 knowledge at that post mortem to answer those questions.</p> <p>11 Like you say, I wasn't at the scene.</p> <p>12 As the examination takes place, there are a number</p> <p>13 of exhibits that are taken and on occasion the post</p> <p>14 mortems may actually be stopped to bring something to</p> <p>15 your attention -- or to my attention, the attention of</p> <p>16 the crime scene manager and other persons present and at</p> <p>17 the conclusion of the post mortem, there would be -- the</p> <p>18 pathologist would give his findings and that would be</p> <p>19 an opportunity to clarify anything you are unsure of.</p> <p>20 Sometimes there is sort of medical jargon that is</p> <p>21 difficult to understand and it would be to ask the</p> <p>22 pathologist in sort of layman's terms really as to what</p> <p>23 he means by that.</p> <p>24 Following that post mortem, it would be down to</p> <p>25 myself to report the findings back to my team and also</p> <p style="text-align: center;">Page 103</p>
<p>1 Q. Again, you may or may not know that the jury heard</p> <p>2 evidence, written statements read from Tony Davidson,</p> <p>3 this morning.</p> <p>4 Can I ask you, officer, how would you describe your</p> <p>5 role as the HAT sergeant, detective sergeant, at the</p> <p>6 special post mortem?</p> <p>7 A. At the special post mortem my role would be to represent</p> <p>8 the homicide command, it would be to liaise with the</p> <p>9 persons present, particularly the pathologist and the</p> <p>10 crime scene manager, also sort of the supervision of</p> <p>11 Tony Davidson, and really to assist in the</p> <p>12 interpretation of the findings from the pathologist, in</p> <p>13 conjunction with the borough DS and the crime scene</p> <p>14 manager.</p> <p>15 Q. Would it be fair to say that you are there to support</p> <p>16 the borough in their communications with the</p> <p>17 pathologist, in the special post mortem?</p> <p>18 A. Yes, it would.</p> <p>19 Q. Is the point that you were to bring the experience and</p> <p>20 expertise that you have as a specialist homicide</p> <p>21 detective to bear on whatever happens at the special</p> <p>22 post mortem?</p> <p>23 A. Yes, that is one of the reasons that I would be present.</p> <p>24 Q. Can I ask what that would actually entail? You have</p> <p>25 explained that you would liaise with persons present and</p> <p style="text-align: center;">Page 102</p>	<p>1 to provide a sort of briefing to the borough officers.</p> <p>2 Q. Thank you, Mr Southon, that is a very helpful overview.</p> <p>3 You mentioned a briefing that you would have</p> <p>4 received from the borough officers. Can we look at</p> <p>5 this, please. It is tab 16 in jury bundle B/1, and, for</p> <p>6 the screen, IPC526. We will come on to look at it in</p> <p>7 a bit more detail, but first I simply wanted to know --</p> <p>8 you may not be able to remember but when would this have</p> <p>9 been provided to you? You said that the -- well, we</p> <p>10 know that the special post mortem started just before</p> <p>11 12.30 on Friday the 20th?</p> <p>12 A. It is a possibility that it may have been emailed</p> <p>13 across, I can't remember, but I certainly would have</p> <p>14 been briefed at the time if not.</p> <p>15 Q. What does that mean, you would have been handed the</p> <p>16 document? Would you have read that at the hospital</p> <p>17 mortuary?</p> <p>18 A. Yes, I can't remember whether we would all be given</p> <p>19 a document each or whether it would be read or whether</p> <p>20 I was sent one. I can't recall.</p> <p>21 Q. If we turn over the page to the second page of this</p> <p>22 briefing, we see it says "Witness accounts" and then</p> <p>23 there are extracts from two witness statements, one from</p> <p>24 Stephen Port and one from Anthony Neil of the London</p> <p>25 Ambulance Service.</p> <p style="text-align: center;">Page 104</p>

26 (Pages 101 to 104)

<p>1 I don't need you to read the extracts at the moment.</p> <p>2 I just wanted to ask you, did you see the actual witness</p> <p>3 statements that had been taken from these two</p> <p>4 individuals, Port and Anthony Neil?</p> <p>5 A. No, I did not.</p> <p>6 Q. Do you know whether you saw the HAT advice which had</p> <p>7 been given the day before by DCI Jones? I can show you</p> <p>8 a copy of that if it would help you.</p> <p>9 A. No, I believe I would have seen that. That is sort of</p> <p>10 something -- a document that you would ordinarily read</p> <p>11 when you come on duty, just so you get up to speed with</p> <p>12 the previous events.</p> <p>13 Q. When did you come on duty then, would you know? Perhaps</p> <p>14 it is not possible to say. Can you tell?</p> <p>15 A. I can't recall.</p> <p>16 Q. Would you have read the HAT advice, do you think, prior</p> <p>17 to travelling to the hospital?</p> <p>18 A. I believe so, yes.</p> <p>19 Q. Do you know if there were any other documents that you</p> <p>20 will have looked at prior to travelling to the hospital?</p> <p>21 A. I can't be sure, but I certainly would have seen this</p> <p>22 briefing, or at least been told the briefing and the</p> <p>23 previous HAT advice.</p> <p>24 Q. Then we heard this morning from Dr Biedrzycki that there</p> <p>25 was an oral briefing. Do you remember that at all?</p> <p style="text-align: center;">Page 105</p>	<p>1 that is the information that you were told as part of</p> <p>2 the oral briefing?</p> <p>3 A. It does, yes.</p> <p>4 Q. We have covered some of the documents that you will have</p> <p>5 seen, and what you were told when you reached the</p> <p>6 hospital. Is there anything else that you would have</p> <p>7 done to inform yourself about the case before you</p> <p>8 attended?</p> <p>9 A. Not that I recall, no.</p> <p>10 Q. I am going to come now then to ask you some questions</p> <p>11 about what was discussed between yourself, the other</p> <p>12 officers and the pathologist at the post mortem.</p> <p>13 Dr Biedrzycki said that he would always discuss the</p> <p>14 forensic strategy at the beginning with the police</p> <p>15 officers present and the crime scene manager, is that</p> <p>16 something that you can recall happening? Do you</p> <p>17 remember that?</p> <p>18 A. It has been a while since I have done one, but I know</p> <p>19 the crime scene manager is responsible for setting the</p> <p>20 forensic strategy, and it makes sense that he would be</p> <p>21 told prior to that post mortem what he would be looking</p> <p>22 for.</p> <p>23 Q. The pathologist needs to know the forensic strategy, so</p> <p>24 that it is understood?</p> <p>25 A. Yes.</p> <p style="text-align: center;">Page 107</p>
<p>1 An oral briefing that was separate to the written</p> <p>2 briefing that I have shown you?</p> <p>3 A. I don't personally remember it, however I have read some</p> <p>4 documents since, but --</p> <p>5 Q. Sorry to cut across you, maybe I can show you one and</p> <p>6 you can tell me if that is what it is.</p> <p>7 Can we look at tab 6 in the jury bundle and it is</p> <p>8 MPS1098. These are the notes -- do you have it?</p> <p>9 A. Yes, I've got it, yes.</p> <p>10 Q. These are the notes of Ms Kynaston, who was the crime</p> <p>11 scene manager.</p> <p>12 A. Yes.</p> <p>13 Q. Then if we turn forward, please, to page 7, do you see</p> <p>14 at the bottom of the page, where it says there is the</p> <p>15 date and the date and time column, 20/6/14, SPM, Queen's</p> <p>16 Mortuary; do you have that?</p> <p>17 A. Yes, I've got that, yes.</p> <p>18 Q. Then, at the very last line, it says "Briefed</p> <p>19 pathologist"?</p> <p>20 A. Yes.</p> <p>21 Q. Then over the page, page 9, at the top of the page it</p> <p>22 says "Updated" and then, "Deceased male prostitute,</p> <p>23 Sunday client, £800 overnight, same postcode as found</p> <p>24 ..."</p> <p>25 Looking at those notes, now, does it seem likely</p> <p style="text-align: center;">Page 106</p>	<p>1 Q. What he is, as you say, what he is looking for, what the</p> <p>2 police are interested in?</p> <p>3 A. Yes, to some extent, yes.</p> <p>4 Q. To some extent, don't let me put words in your mouth</p> <p>5 then, what --</p> <p>6 A. Yes, I mean obviously the pathologists are the experts,</p> <p>7 they are doing these post mortems very regularly and</p> <p>8 I would suggest that they are pretty much aware of what</p> <p>9 you are looking for in a post mortem, in that you are</p> <p>10 looking for a cause of death, the weapons used,</p> <p>11 et cetera.</p> <p>12 Q. Understood.</p> <p>13 Ms Kynaston, she gave evidence and as you have said</p> <p>14 told us that she had identified a strategy for the post</p> <p>15 mortem.</p> <p>16 That strategy was.</p> <p>17 1, establish the cause of death.</p> <p>18 2, establish whether a third party had been involved</p> <p>19 in Anthony's death -- I see you are looking at your</p> <p>20 notes, if you want to look at the notes it is on there</p> <p>21 on page 9 if you can see that?</p> <p>22 A. I've got that, yes.</p> <p>23 Q. Then, 3, to establish if drugs or a weapon was used.</p> <p>24 A. Yes.</p> <p>25 Q. Then you are satisfied that those were indeed the aims</p> <p style="text-align: center;">Page 108</p>

27 (Pages 105 to 108)

<p>1 of the post mortem?</p> <p>2 A. Yes, I am.</p> <p>3 Q. As you have said, one very important aim of the post</p> <p>4 mortem was to examine Anthony's body and to try and work</p> <p>5 out what had caused his death?</p> <p>6 A. Yes.</p> <p>7 Q. Because that would assist the police in their</p> <p>8 investigation.</p> <p>9 A. Yes.</p> <p>10 Q. At the end of the process, the pathologist will provide</p> <p>11 a report but we have heard this morning from</p> <p>12 Dr Biedrzycki that the pathologist's report will</p> <p>13 generally not be available for some weeks or indeed</p> <p>14 months. Does that accord with your experience?</p> <p>15 A. Yes, that's correct, yes.</p> <p>16 Q. He said that six months would be pretty standard in</p> <p>17 terms of the delay between the actual post mortem and</p> <p>18 then the final report that he would prepare?</p> <p>19 A. Yes.</p> <p>20 Q. Particularly if toxicology --</p> <p>21 A. Yes, I believe it was a slow process, yes.</p> <p>22 Q. Yes, if toxicological investigations are required.</p> <p>23 Would you agree therefore that it's the discussion</p> <p>24 at the special post mortem which is going to be critical</p> <p>25 to assisting the borough officers with their</p> <p style="text-align: center;">Page 109</p>	<p>1 Q. Did you discuss drugs overdose as a possible cause of</p> <p>2 death then?</p> <p>3 A. Yes, I think that was -- all the indications were at</p> <p>4 that time that drugs overdose was likely the cause of</p> <p>5 death. I cannot recall any sort of specific questions</p> <p>6 or answers in discussion, but from his findings and the</p> <p>7 way it was presented at the debrief that was clear.</p> <p>8 Q. That was going to be the likely --</p> <p>9 A. That was going to be the likely cause of death yes.</p> <p>10 Q. What was going to assist in discovering whether that was</p> <p>11 indeed the cause of death? What needed to be done?</p> <p>12 A. Further toxicology tests.</p> <p>13 Q. Noting that one of the aims of the post mortem was to</p> <p>14 establish whether there was any third party involvement,</p> <p>15 did you discuss the possibility of a drugs overdose in</p> <p>16 the context of any third party?</p> <p>17 A. I can't recall that, no.</p> <p>18 Q. Was it therefore the impression that you had, did you</p> <p>19 form the impression that if a drug overdose was the</p> <p>20 cause of death, then it would be a drugs overdose that</p> <p>21 Anthony had taken himself?</p> <p>22 A. I think, prior to coming to that, there was still</p> <p>23 a number of things that needed investigation --</p> <p>24 investigating. It wouldn't be fair to say that at the</p> <p>25 conclusion of that post mortem we all walked away saying</p> <p style="text-align: center;">Page 111</p>
<p>1 investigation? What I mean is --</p> <p>2 A. Yes, it is important, yes.</p> <p>3 Q. Because they will not have a report for months and</p> <p>4 months, but meanwhile they need to investigate.</p> <p>5 A. Yes.</p> <p>6 Q. So I would like to ask you some questions about what was</p> <p>7 said.</p> <p>8 Firstly, and importantly, what conclusions was</p> <p>9 Dr Biedrzycki able to come to about the cause of</p> <p>10 Anthony's death?</p> <p>11 A. He said that there was -- my recollection was that there</p> <p>12 was no sign of assault, or restraint.</p> <p>13 That the brain and lungs were enlarged, which would</p> <p>14 indicate possible drugs overdose.</p> <p>15 I know he pointed out bruising to the pectoral</p> <p>16 muscles.</p> <p>17 Q. Was he able to -- sorry to interrupt you, but was he</p> <p>18 able to identify at this point a definitive cause of</p> <p>19 death?</p> <p>20 A. No, there was no cause -- no definitive cause of death.</p> <p>21 Q. You have mentioned that he was able to discover that the</p> <p>22 brain and lungs were enlarged. You have said that that,</p> <p>23 or he informed you that that might be a result of drug</p> <p>24 use.</p> <p>25 A. Yes.</p> <p style="text-align: center;">Page 110</p>	<p>1 it was a drugs overdose and that was the end the</p> <p>2 enquiry.</p> <p>3 I don't recall any specific conversation in respect</p> <p>4 of any third party involvement in respect of the drugs,</p> <p>5 but the other findings from the post mortem, I believed</p> <p>6 that there was no third party involvement indicated.</p> <p>7 Q. Let's look at that then.</p> <p>8 Was the pathologist at this stage able to rule out</p> <p>9 some causes of death, so, for example, a blunt force</p> <p>10 trauma?</p> <p>11 A. Yes, there was no obvious signs of assault or injury</p> <p>12 that had caused that death.</p> <p>13 Q. Then perhaps if we look at the post mortem now, which is</p> <p>14 behind tab 45, and it is IPC339, and page 12, please.</p> <p>15 The last page, bar the cause of death and signature.</p> <p>16 Just to be clear, as you will be aware, the date of</p> <p>17 this document, officer, is 23 December 2014. This is,</p> <p>18 as we have just spoken about, the final report that was</p> <p>19 provided after several months.</p> <p>20 A. Yes.</p> <p>21 Q. But we see, picking it up at number 3, that there were</p> <p>22 no typical defence wounds from a sharp force assault?</p> <p>23 A. That's correct, yes.</p> <p>24 Q. Do you remember discussing specifically a sharp force</p> <p>25 assault at all or not?</p> <p style="text-align: center;">Page 112</p>

<p>1 A. No.</p> <p>2 Q. Then at 4, we have already touched upon a blunt force</p> <p>3 trauma assault, and again, the pathologist ruled that</p> <p>4 out on 20 June, he was able to rule that out on 20 June?</p> <p>5 A. Yes.</p> <p>6 Q. Then, at point 5, there was no evidence of compression</p> <p>7 of the neck. Is that something that you discussed on</p> <p>8 the 20th?</p> <p>9 A. No, that wouldn't be discussed. It was just something</p> <p>10 that he hadn't found. You wouldn't ordinarily go</p> <p>11 through all the negatives, because you would expect that</p> <p>12 if pathologists had discovered that an individual had</p> <p>13 been strangled, then that would have been brought to</p> <p>14 your attention straight away.</p> <p>15 Q. I understand, so it is the things you don't find, the</p> <p>16 things the pathologist doesn't find are not necessarily</p> <p>17 brought to your attention?</p> <p>18 A. Not necessarily, no.</p> <p>19 Q. What about point 6 then, where the pathologist has</p> <p>20 recorded that there is no injury to the anus or</p> <p>21 genitalia to suggest sexual assault, but he observes</p> <p>22 that the lack of injuries doesn't rule that out. Was</p> <p>23 there any discussion of that at the post mortem?</p> <p>24 A. Not that I recall, no.</p> <p>25 Q. He mentions at point 6 the evaluation of intimate swabs.</p> <p style="text-align: center;">Page 113</p>	<p>1 Q. Yes.</p> <p>2 Then, if we look at point 9 of the post mortem</p> <p>3 report, we see that bruising to the torso was noted by</p> <p>4 Dr Biedrzycki. That is something that you mentioned</p> <p>5 earlier. What about the timing of bruising, was that</p> <p>6 discussed?</p> <p>7 A. I don't recall mention of the timing of the bruising.</p> <p>8 I recollect the bruising was -- the cause of the</p> <p>9 bruising was discussed, but that was consistent with</p> <p>10 being lifted up under the arms.</p> <p>11 Q. Then I am going to take you back to Ms Kynaston's notes,</p> <p>12 which are behind tab 6. For the screen, 1098, and it is</p> <p>13 page 9 that I want you to look at, please.</p> <p>14 Do you have that?</p> <p>15 A. Page 9?</p> <p>16 Q. Yes.</p> <p>17 A. Yes.</p> <p>18 Q. Clothing was seized and what Ms Kynaston has noted,</p> <p>19 right at the bottom of the page, is that the pants were</p> <p>20 on inside out and back to front. She recorded that fact</p> <p>21 in her notes, do you see there at the bottom?</p> <p>22 A. Yes, I do.</p> <p>23 Q. In her evidence she said it struck her as, her word was</p> <p>24 "unusual" and Dr Biedrzycki also said that it was</p> <p>25 a feature. Is it something that struck you at all, do</p> <p style="text-align: center;">Page 115</p>
<p>1 A. Yes.</p> <p>2 Q. Was there any discussion of that?</p> <p>3 A. No, that -- I can't recall. I can't recall whether that</p> <p>4 was discussed with the crime scene manager or with the</p> <p>5 pathologist, and a decision would later be made as to</p> <p>6 whether sexual assault -- sexual swabs should be sent</p> <p>7 off.</p> <p>8 Q. What does sending the sexual swabs off help tell you?</p> <p>9 What would you aim to discover by doing that?</p> <p>10 A. From that you would be able to ascertain whether there</p> <p>11 was any sexual contact, potentially you could get DNA</p> <p>12 from samples and identify individuals that had engaged</p> <p>13 in sexual intercourse.</p> <p>14 Q. Then, at point 7, the pathologist notes injuries to the</p> <p>15 left ankle.</p> <p>16 It has been pointed out this morning that neither</p> <p>17 Ms Kynaston's notes, nor DS O'Donnell's notes, nor your</p> <p>18 HAT return refer to those. Can I ask you, do you have</p> <p>19 any recollection of that?</p> <p>20 A. No, I don't. All I can say is that the only mark that</p> <p>21 was raised as being significant in relation to an injury</p> <p>22 to an ankle was by the pathologist. And, again, I am</p> <p>23 going from documentation, I can't recall it from the</p> <p>24 time. That would suggest that the mark present was</p> <p>25 a self harm, a self-harm injury. Yes.</p> <p style="text-align: center;">Page 114</p>	<p>1 you know?</p> <p>2 A. I don't recall that at all.</p> <p>3 Q. Do you think that, nevertheless, it was a relevant</p> <p>4 detail, bearing in mind that one of the aims of the post</p> <p>5 mortem was to investigate whether or not there was third</p> <p>6 party involvement in Anthony's death?</p> <p>7 A. Yes, it is relevant.</p> <p>8 Q. Why do you say that?</p> <p>9 A. Well, I think at the conclusion of that post mortem</p> <p>10 I was satisfied, as were other people in that room, that</p> <p>11 there was no third party involvement with regards to</p> <p>12 assault, that the cause of death was likely to be</p> <p>13 a drugs overdose, that the bruising under the pectorals</p> <p>14 was consistent with him being picked up, as described by</p> <p>15 Stephen Port.</p> <p>16 I appreciate now, particularly with hindsight, that</p> <p>17 that is a relevant part, a point that may need to be</p> <p>18 clarification. It wasn't on my HAT return and with</p> <p>19 hindsight I agree that probably should have been.</p> <p>20 I would say that that information wasn't lost to the</p> <p>21 investigation, it was recorded and it would have been</p> <p>22 part of the borough investigation and would have been</p> <p>23 included on their crime report, and the crime report is</p> <p>24 the full sort of live living document of a borough</p> <p>25 investigation.</p> <p style="text-align: center;">Page 116</p>

<p>1 Q. That may be the case but, nevertheless, I am sure you 2 would agree that your advice is really supposed to 3 reflect what occurred at the special post mortem, isn't 4 that right?</p> <p>5 A. Yes.</p> <p>6 Q. It is an early stage of the investigation, so it would 7 be important to capture all the details that might turn 8 out in due course to be relevant?</p> <p>9 A. Yes.</p> <p>10 Q. I am going to return to the post mortem briefing, which 11 was prepared by the Barking borough officers. It is at 12 tab 16 of your bundle. That is IPC526. Again, it is 13 over the page that I would like you to look at, page 2 14 of that, because I want to return to the witness 15 accounts.</p> <p>16 In the first account, from Stephen Port, he explains 17 how he approached the door to the block, he says, and, 18 "Saw a male lying on the floor" and describes the 19 position of the body. He says he tried to rouse him by 20 slapping his face and: 21 "He didn't wake up but he made a gurgling noise. 22 I lifted him up putting my hands under his armpits and 23 sat him upright." 24 Then the second statement from Anthony Neil, who was 25 the emergency medical technician who responded to the</p> <p style="text-align: center;">Page 117</p>	<p>1 these were just brief sort of statements taken at the 2 scene.</p> <p>3 Q. Yes, so really all you had to go on was this briefing?</p> <p>4 A. The information, yes.</p> <p>5 Q. Do you agree that if Mr Neil's view was that Anthony had 6 been dead for a couple of hours was inconsistent with 7 what Port said, that Anthony was gurgling when he moved 8 him, is that not something that is worthy of exploration 9 at the special post mortem?</p> <p>10 A. Yes, I wasn't aware of the further detail from the LAS 11 member.</p> <p>12 Q. No, that is right. You didn't know that he had put the 13 time at two hours --</p> <p>14 A. No.</p> <p>15 Q. -- but you would have been aware that he said that 16 Anthony's body, when he got there, 15 minutes after Port 17 had made the 999 call, was extremely cold to the touch?</p> <p>18 A. Yes, and someone saying that somebody was cold -- 19 I wouldn't really necessarily understand the full 20 meaning of that. Are they justifying the fact that they 21 were dead and didn't have to give CPR or just from that 22 sense extremely cold, does it mean he has been for there 23 a long while? I don't think I would really have 24 appreciated what he was trying to say from that 25 statement.</p> <p style="text-align: center;">Page 119</p>
<p>1 999 call at about 4.04 in the morning, he says -- you 2 may know the chronology is that Stephen Port made 3 a phone call at around about 4.00 in the morning, 4.04 4 in the morning on 19 June.</p> <p>5 A. Yes.</p> <p>6 Q. It was Mr Neil who responded to that 999 call, getting 7 on the scene about 15 minutes later.</p> <p>8 A. Yes.</p> <p>9 Q. He provided a witness statement that morning explaining 10 what he had found. He says that Anthony: 11 "... appeared deceased. As he wasn't breathing and 12 was extremely cold to touch. He didn't have a pulse. 13 I went to move him but he was cold to touch." 14 Then he observes that there was post mortem staining 15 on Anthony's body.</p> <p>16 You said that you didn't have the opportunity to 17 read the MG11s that were taken from both Mr Stephen Port 18 and Mr Neil, it is right for you to know that 19 Anthony Neil says that he thought that Anthony had been 20 there for about two hours?</p> <p>21 A. Okay.</p> <p>22 Q. Obviously, you wouldn't have known that if you didn't 23 see the MG11s.</p> <p>24 A. No, to be fair, I might not have even realised the full 25 statements had been taken at that point, and whether</p> <p style="text-align: center;">Page 118</p>	<p>1 Q. Do you think, however, that exploring with the 2 pathologist the likely time of death of Anthony would 3 have been a useful thing to do?</p> <p>4 A. Yes, I am trying to -- I can't recall at the time I went 5 to the post mortem if the timing of the death was 6 an issue or not. But I appreciate that it would be 7 useful.</p> <p>8 Q. Yes. I mean it is a very early stage of the 9 investigation. So the police haven't yet been able to 10 try and identify the last person or people to see 11 Anthony alive. Would it not be important to understand 12 as much as possible about the likely time of death in 13 order to be able to compare that with any accounts 14 given?</p> <p>15 A. Yes, it would.</p> <p>16 Q. Do you know why it wasn't something that was explored?</p> <p>17 A. Only as I have said before, that the information I was 18 aware of was quite scant. Maybe I didn't appreciate, or 19 the people there didn't appreciate that there was 20 an issue with regards to timing. The crime scene 21 manager was at the crime scene and she was at the post 22 mortem and I don't recall it being raised at all.</p> <p>23 Q. We can put that document away and we can turn now to the 24 written advice that you prepared following the post 25 mortem.</p> <p style="text-align: center;">Page 120</p>

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<p>1 It is at tab 18 of the bundle and the reference for 2 the screen is IPC525. 3 A. Yes, I've got that. 4 Q. Do we see there that you are there identified as the 5 homicide command advising officer? 6 A. Yes, I am. 7 Q. It is detective sergeant Martin O'Donnell who is the 8 borough officer to whom your advice is addressed? 9 A. Yes. 10 Q. He was the sergeant from the borough who attended the 11 post mortem with you? 12 A. Yes. 13 Q. If we sort of take it in order of the document, the 14 first thing on the document is "Further information". 15 If you have a look through that, we can see that there 16 was important information that the investigation had 17 received from China Dunning. It says, "Since the 18 initial HAT call out ..." 19 The initial HAT call out being at around 5.00 on the 20 morning of Thursday, the 19th: 21 "... concerned friends of the deceased contacted 22 police after Anthony had failed to contact them, as he 23 would do ordinarily. They disclosed that Walgate worked 24 as a sex worker and on Sunday he had made contact with 25 a client who had agreed to pay him £800 for his</p> <p style="text-align: center;">Page 121</p>	<p>1 and I believe that also would have been given to me, 2 with regards to Walgate from DS O'Donnell. It is 3 possible that it could have come from someone on the MIT 4 team but more than likely I think DS O'Donnell. 5 Q. Then, over the page, you have provided a summary of the 6 post mortem. You have identified that the post mortem 7 was inconclusive, as you have discussed today in your 8 evidence. 9 A. Yes. 10 Q. Then you have recorded that the brain and lungs were 11 found to be heavy, and this could suggest a drugs 12 overdose, and that sex swabs should be obtained. Then 13 you come on to say, "No signs of assault or restraint". 14 That doesn't accurately capture what Dr Biedrzycki 15 said, does it? 16 A. I believe that there were no signs of assault or 17 restraint. And I believe that that has come from the 18 pathologist. 19 Q. Well, he found evidence of bruising to the pectoral 20 muscles on both sides of Anthony's body, something which 21 you have accepted was discussed and mentioned. 22 A. Yes. 23 Q. He said that the bruising could only have occurred when 24 Anthony was alive or in a moribund state. 25 A. I wasn't aware of that at that time.</p> <p style="text-align: center;">Page 123</p>
<p>1 services. It was believed that the appointment was made 2 for Tuesday night, which is when Walgate's friends last 3 had contact with him. He told them he was on his way to 4 meet a customer." 5 Then it goes on to say that Anthony would normally 6 get a client to text him their details and that he would 7 then forward that on to his friends so this they would 8 know where he had gone. 9 In this case his friends told the police that the 10 man he had arranged to meet had provided the details 11 Joe Dean, with a date of birth, and then an address, 12 with a postcode IG11 7AF. It is noted there, isn't it, 13 in your further information, that that postcode provided 14 by Joe Dean was the same postcode as Cooke Street, where 15 Anthony's body was found? 16 A. Yes, it is. 17 Q. Then it goes on to say there is a suspicion that the 18 person who alerted police to Walgate on the 19th may 19 have been Walgate's client. 20 Can I ask where you think you got that information 21 from? 22 A. I believe that -- up until that sentence, the first 23 three paragraphs looks like it has come from 24 DS O'Donnell prior to the post mortem. It is very 25 similar information that was relayed to the pathologist,</p> <p style="text-align: center;">Page 122</p>	<p>1 Q. Let me then just refer you back to Ms Kynaston's notes, 2 which are at tab 6. At page 11, so for the screen 1098, 3 here it says in the middle of the page, underneath it 4 says: 5 "Brain heart OTT." 6 Then underneath that: 7 "No sign of assault but bruising under arms possibly 8 due to being moved while still alive." 9 It may be that it was the way I put the question, 10 because I think we have discussed this, that 11 Dr Biedrzycki had found, hadn't he, evidence of 12 bruising -- 13 A. Yes, he had. 14 Q. Dr Biedrzycki explained this morning to the jury that 15 bruising would only occur when there was still blood 16 pumping in the veins, when there was blood pressure, so 17 it could only occur when Anthony was either alive or 18 very unwell but still alive. 19 A. Yes, I think -- yes, there he says it was possibly 20 occurred and later on I think he is quite adamant, quite 21 strong around that it can only have been caused while he 22 was alive or moribund. 23 However, my understanding and I can't speak for the 24 other people present at that post mortem, but I believe 25 we had a discussion and that everyone there was under</p> <p style="text-align: center;">Page 124</p>

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<p>1 the impression and had come to the conclusion, as did</p> <p>2 the pathologist, that that bruising was consistent with</p> <p>3 Port's account of picking him up.</p> <p>4 Q. I see, so perhaps the issue is over the word "assault"?</p> <p>5 A. Yes, possibly.</p> <p>6 Q. The bruising does show, doesn't it, that somebody or</p> <p>7 something applied pressure to Anthony's chest muscles?</p> <p>8 A. Yes, and if someone applies force to someone without</p> <p>9 their consent, technically it is an assault. It is not</p> <p>10 what I would consider an assault, as in he hasn't been</p> <p>11 stabbed, shot or beaten, but I appreciate that</p> <p>12 technically that could be an assault, but I believe that</p> <p>13 it wasn't considered as such at that post mortem by any</p> <p>14 person present.</p> <p>15 Q. Because you had an explanation that had been provided?</p> <p>16 A. Yes, potentially --</p> <p>17 Q. Yes.</p> <p>18 A. -- and it was consistent with being picked up and you</p> <p>19 wouldn't necessarily correlate being picked up with</p> <p>20 an assault.</p> <p>21 Q. You might call it being manhandled though, don't you</p> <p>22 agree, if he had been picked up and dragged from one</p> <p>23 location to another, would that not --</p> <p>24 A. Yes, you could say that.</p> <p>25 Q. Isn't that in turn relevant to the question of primacy,</p> <p style="text-align: center;">Page 125</p>	<p>1 these lines of enquiry?</p> <p>2 A. I don't recall -- some of them would have come from</p> <p>3 either the pathologist or the crime scene manager. Some</p> <p>4 may have come from my supervisor, Ken Hughes, or they</p> <p>5 could have come from, you know, a combination of those</p> <p>6 people.</p> <p>7 Q. For the screen, this is IPC525, page 2.</p> <p>8 The first point then, under further advice, "Appoint</p> <p>9 an FLO", can you explain what an FLO is?</p> <p>10 A. Yes, A FLO stands for a family liaison officer. They</p> <p>11 are an officer that is pretty much dedicated to deal</p> <p>12 with the family. They are very useful in getting sort</p> <p>13 of background information which could be useful for the</p> <p>14 enquiry and also sort of generally keeping the family up</p> <p>15 to date with the position of the enquiry and what is</p> <p>16 ongoing.</p> <p>17 Q. Then, "Submit samples for toxicology". I think you have</p> <p>18 answered this really, but what was the purpose of</p> <p>19 submitting samples for toxicology?</p> <p>20 A. Just to sort of ascertain what drugs and alcohol was in</p> <p>21 Mr Walgate's system.</p> <p>22 Q. You have explained what the purpose of submitting sex</p> <p>23 swabs were. What about the bottle that was found in</p> <p>24 Anthony's possession? What are you advising the borough</p> <p>25 officers to do there, what is the purpose of that?</p> <p style="text-align: center;">Page 127</p>
<p>1 if Anthony had been manhandled in the hours before</p> <p>2 death, or just at the point of death, isn't that</p> <p>3 a factor that HAT would need to take into account when</p> <p>4 making a decision as to primacy?</p> <p>5 A. I think the fact that he had been picked up, at that</p> <p>6 point -- again I am going back to that point, and it</p> <p>7 looked like it was consistent with Port's account of</p> <p>8 being picked up and moved. Later on as I think the</p> <p>9 investigation progressed, obviously it did become a lot</p> <p>10 more significant.</p> <p>11 Q. At any rate, I think you agreed that it ought to have</p> <p>12 been included in your post mortem summary, you have put,</p> <p>13 "No signs of assault or restraint", but you haven't</p> <p>14 recorded that, in fact, bilateral bruising was</p> <p>15 discovered?</p> <p>16 A. No, I haven't, although this advice was obviously going</p> <p>17 to DS O'Donnell, who would have been fully aware of</p> <p>18 that, because he was present.</p> <p>19 Again, I just reiterate my previous answer really,</p> <p>20 that at that time I believe that it was a consensus from</p> <p>21 everyone there that that was caused by being picked up.</p> <p>22 Q. Can I turn then to the advice that you provided in your</p> <p>23 document, which is set out there under the heading</p> <p>24 "Further advice".</p> <p>25 Firstly, can I ask, was it you who came up with</p> <p style="text-align: center;">Page 126</p>	<p>1 A. The purpose of that is to identify exactly what was in</p> <p>2 the bottle and fingerprinting would help ascertain who</p> <p>3 has handled that bottle.</p> <p>4 Q. Then you have suggested enquiries to locate Anthony's</p> <p>5 telephone. You have said conduct enquiries here, but</p> <p>6 what enquiries should they have done, do you think?</p> <p>7 A. I think that would be sort of obvious to a borough</p> <p>8 officer in relation to finding a telephone, which is</p> <p>9 quite common in lots of offences and it would be, you</p> <p>10 know, just to search the scene, to conduct billing to</p> <p>11 ascertain whether it has been used since it has been</p> <p>12 missing, conduct enquiries with regards to lost property</p> <p>13 to see if it has been handed in, look at CCTV and</p> <p>14 witnesses to see when it was -- was he in possession of</p> <p>15 the telephone at any given point? There are numerous</p> <p>16 enquiries that could be taken on in relation to finding</p> <p>17 that.</p> <p>18 Q. You have identified financial enquiries, but then I want</p> <p>19 to turn to, "Complete research on informant and</p> <p>20 Joe Dean".</p> <p>21 You have asked for research into Joe Dean, and so</p> <p>22 you must have known about the theory that Port might be</p> <p>23 Joe Dean?</p> <p>24 A. Yes, I think -- yes, I mean that would have come --</p> <p>25 there is a suspicion that the person who alerted police</p> <p style="text-align: center;">Page 128</p>

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<p>1 to Walgate may have been Walgate's client, so that would</p> <p>2 have come from probably the DS present at the post</p> <p>3 mortem.</p> <p>4 Q. Yes, you said that -- I'm sorry, go on.</p> <p>5 A. Yes.</p> <p>6 Q. What did you think needed to be researched then?</p> <p>7 A. Starting off, I would start -- I am not a research</p> <p>8 expert by the way. On the murder team, you used to have</p> <p>9 an intelligence desk where you could sort of go to them</p> <p>10 and ask them to conduct research, so it is not something</p> <p>11 I would have done myself at that time. Borough officers</p> <p>12 do their own research.</p> <p>13 But they would have done sort of a local crime</p> <p>14 enquiry checks, like previous crime reports.</p> <p>15 There is a system called the CRIMINT, which is</p> <p>16 criminal intelligence, which if people are stopped by</p> <p>17 police their details can be put on the system,</p> <p>18 information from various sources can go on there.</p> <p>19 There is an IIP search -- I don't know what it</p> <p>20 stands for -- that can pull information from a variety</p> <p>21 of different police computers and maybe missing persons</p> <p>22 reports, CRIMINT, CRIS, that sort of thing.</p> <p>23 Q. You said that the borough officers would have their own</p> <p>24 way of researching, but isn't it part of your role to</p> <p>25 support and assist them in knowing what to do?</p> <p style="text-align: center;">Page 129</p>	<p>1 itemise what further work needed to be done on the</p> <p>2 report for the officers?</p> <p>3 A. I don't think that was my position, as a DS on the MIT</p> <p>4 team, who's dealt primarily with the post mortem, to</p> <p>5 conduct a full review of the investigation thus far, and</p> <p>6 come out with real detailed actions.</p> <p>7 Q. Whose responsibility is that then?</p> <p>8 A. I think that would go back to the borough and they would</p> <p>9 look at what information they had and carry out what</p> <p>10 they thought would be feasible.</p> <p>11 Q. The last paragraph there, of your further advice</p> <p>12 section, says in capitals and bold, "There is nothing to</p> <p>13 suggest that the victim has been assaulted".</p> <p>14 We have spoken about that?</p> <p>15 A. Yes.</p> <p>16 Q. The next sentence reads:</p> <p>17 "This investigation remains with Barking and SC&O1</p> <p>18 involvement is complete."</p> <p>19 That sounds like a decision. Was it your decision</p> <p>20 to make?</p> <p>21 A. No, I wouldn't have been responsible for that decision.</p> <p>22 Q. Maybe I should take a step back.</p> <p>23 First of all, is it a decision that SC&O1</p> <p>24 involvement is complete? Was that signaling that was</p> <p>25 the end of SC&O1 involvement in the investigation?</p> <p style="text-align: center;">Page 131</p>
<p>1 A. Yes, but if they were to conduct local research, they</p> <p>2 would know what to do and how to do that.</p> <p>3 What I am saying is I think from my role, because</p> <p>4 I have been on a murder team for eight or nine years,</p> <p>5 I wasn't really as au fait as probably borough officers</p> <p>6 in relation to researching.</p> <p>7 Q. What if police did establish that the 999 caller was</p> <p>8 indeed Joe Dean? What do you think would happen then?</p> <p>9 What --</p> <p>10 A. Well, he would obviously have lied to police. There is</p> <p>11 a variety of reasons why people lie to police and he</p> <p>12 would have to be either arrested and re-interviewed.</p> <p>13 Q. You have said there, "Consider offences committed", what</p> <p>14 offences do you think might have been committed at that</p> <p>15 point? At that point what offences did you think might</p> <p>16 have been committed?</p> <p>17 A. Based on the information known to me, it could be</p> <p>18 perverting the course of justice at that time.</p> <p>19 Obviously I think this was very early days and there was</p> <p>20 a suspicion that Joe Dean was identified with Port.</p> <p>21 I don't know how strong that was at that time. And</p> <p>22 I think there was further work that needed to go into</p> <p>23 that to ascertain whether that was the case and even why</p> <p>24 that was the case and where that had come from.</p> <p>25 Q. Do you think that it would have been helpful to actually</p> <p style="text-align: center;">Page 130</p>	<p>1 A. Yes, I can't recall exactly what SC&O1's involvement was</p> <p>2 at that time. I have since seen documents to suggest</p> <p>3 that they were doing house to house and potential CCTV.</p> <p>4 Maybe that was complete at that time, and in light of</p> <p>5 that post mortem, there was no further sort of physical</p> <p>6 assistance being given at that time. However, that is</p> <p>7 always subject to change.</p> <p>8 Q. You said that you wouldn't actually have made the</p> <p>9 decision. Who would then?</p> <p>10 A. Probably DI Ken Hughes, his name is on as the adviser,</p> <p>11 and I would have discussed this advice with him, in</p> <p>12 completing this document.</p> <p>13 Q. Obviously you cannot answer for DI Ken Hughes, but you</p> <p>14 will have discussed, you say, the advice given in the</p> <p>15 document with him?</p> <p>16 A. Yes.</p> <p>17 Q. Was it because there was no sign of blunt trauma assault</p> <p>18 that it was stated that the investigation was going to</p> <p>19 remain with the borough and not have further SC&O1</p> <p>20 involvement?</p> <p>21 A. I think that obviously would have played a large part in</p> <p>22 it, that there was no obvious cause of death. There was</p> <p>23 nothing at that time to say he had been unlawfully</p> <p>24 killed. There was clearly further actions and further</p> <p>25 investigation ongoing, but at that point, yes, it</p> <p style="text-align: center;">Page 132</p>

<p>1 probably did have a lot to do with it but again</p> <p>2 Ken Hughes would have sort of helped come to that</p> <p>3 conclusion.</p> <p>4 Q. The post mortem had identified that a drugs overdose was</p> <p>5 a likely cause of death.</p> <p>6 A. Yes.</p> <p>7 Q. You have said that you didn't, as far as you recall,</p> <p>8 consider whether Anthony might have died because he had</p> <p>9 been drugged by somebody else. Is that right?</p> <p>10 A. Yes.</p> <p>11 Q. Can I take you to a page of the murder investigation</p> <p>12 manual, please. It is in the other bundle there, A, at</p> <p>13 tab 23.</p> <p>14 If you look at the first page that you find on</p> <p>15 tab 23, are you okay? Do you have it?</p> <p>16 A. No, I've got jury bundle A.</p> <p>17 Q. Yes, and there should be tab 23. It is --</p> <p>18 A. Sorry, yes.</p> <p>19 Q. It is IPC127 for the screen.</p> <p>20 Then, over the page to internal page 33, please,</p> <p>21 there at the moment, at 2.2.1, it says "Instigation".</p> <p>22 A. Yes.</p> <p>23 Q. Sorry, yes, that is right on the screen now. Thank you.</p> <p>24 2.2.1, instigation. To be clear -- so that you are</p> <p>25 that aware -- this falls under, you see the bold heading</p> <p style="text-align: center;">Page 133</p>	<p>1 As I have said, this part of the policy is directed</p> <p>2 at the very first responders to an incident.</p> <p>3 A. Yes.</p> <p>4 Q. Bearing in mind what it says about drugs-related deaths</p> <p>5 being less obvious as far as homicide is concerned, do</p> <p>6 you think that given the information that Anthony had</p> <p>7 been engaged as an escort by Joe Dean, firstly.</p> <p>8 Secondly, the suspicion that Port might in fact be</p> <p>9 Joe Dean.</p> <p>10 Thirdly, the fact that Port had called 999.</p> <p>11 Fourthly, if it is right that Port was Joe Dean, he</p> <p>12 had lied to the police.</p> <p>13 Does that mean that it was too soon, do you think,</p> <p>14 to rule out homicide at this point?</p> <p>15 A. Yes, I think there is still a lot of enquiries that need</p> <p>16 to be undertaken prior to getting that point. I mean</p> <p>17 I appreciate that Port lied to police. There are lots</p> <p>18 of reasons police are lied to and there is lots of</p> <p>19 reasons people try to stay away from police and do not</p> <p>20 like having dealings with police. Just because someone</p> <p>21 has lied to police, it doesn't automatically mean that</p> <p>22 they are guilty of murder but again it is something that</p> <p>23 needs to be investigated, it needs to be explored and</p> <p>24 I believe that that would continue, this wasn't the end</p> <p>25 of the investigation by any means. There was a number</p> <p style="text-align: center;">Page 135</p>
<p>1 above 2.2 "Instigation and initial response". So this</p> <p>2 part of the policy is directed towards initial</p> <p>3 responders and I would like to take you to a passage in</p> <p>4 it to see if you think it applies at this stage as well.</p> <p>5 A. Okay.</p> <p>6 Q. It says there that it is not always obvious from the</p> <p>7 initial report of an incident that it involves homicide.</p> <p>8 Then goes on to say that reports of bodies found with</p> <p>9 injuries that may have been caused by assault are</p> <p>10 relatively straightforward, and that is what we have</p> <p>11 been talking about this afternoon, isn't it, that with</p> <p>12 Anthony's body there was no obvious assault?</p> <p>13 A. That's correct, yes.</p> <p>14 Q. But if you turn over the page, it says:</p> <p>15 "Less obvious scenarios include ..."</p> <p>16 Then right at the bottom, "drugs-related deaths ..."</p> <p>17 A. Yes.</p> <p>18 Q. Then underneath it goes on to say:</p> <p>19 "If the potential for these reports to involve</p> <p>20 homicide is overlook, opportunities to gather</p> <p>21 significant material may be lost."</p> <p>22 It goes on to say:</p> <p>23 "Where death or serious injury is reported or the</p> <p>24 circumstances appear or the circumstances appear</p> <p>25 suspicious, call handlers should always Think Murder."</p> <p style="text-align: center;">Page 134</p>	<p>1 of enquiries that were still ongoing.</p> <p>2 You know, to try and find out exactly what had</p> <p>3 happened.</p> <p>4 Q. Do you not think that homicide command as the specialist</p> <p>5 murder investigators would be better placed to carry out</p> <p>6 those investigations?</p> <p>7 A. I don't think that is a matter for me but, you know,</p> <p>8 there are detectives and senior detectives on borough</p> <p>9 that are capable of carrying out an investigation. So,</p> <p>10 no, I mean it is not really down to me to make those</p> <p>11 decisions.</p> <p>12 MS COLLIER: Thank you, I have no further questions.</p> <p>13 MR STOATE: Ma'am, thank you. On behalf of the families</p> <p>14 there are no further questions at this stage.</p> <p>15 Questions from MS DOBBIN</p> <p>16 MS DOBBIN: Officer, I represent some of the Barking</p> <p>17 officers. Can you help me please, in 2014 how many post</p> <p>18 mortems had you been to?</p> <p>19 A. In 2014? I don't recall. I would say some years you</p> <p>20 wouldn't go to anyway, you could go to two in quick</p> <p>21 succession.</p> <p>22 I would estimate that over my eight- or nine-year</p> <p>23 period on SC&O1 I probably went to about 25 in the</p> <p>24 nine-year period?</p> <p>25 Q. Right, so you are quite used to them then, yes?</p> <p style="text-align: center;">Page 136</p>

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<p>1 A. Yes.</p> <p>2 Q. I think we can see, if we look at the record of the post</p> <p>3 mortem, and we have this at IPC 75, page 1, so this is</p> <p>4 the police record of the post mortem. If we go forward,</p> <p>5 please, to page 9 of it, we can see the record of the</p> <p>6 cause of death. This is a record that has been made by</p> <p>7 DS O'Donnell, so we can see the reference there to heavy</p> <p>8 brain and lungs, "possibly points to drugs" and we can</p> <p>9 see starred underneath "Drugs overdose", correct?</p> <p>10 A. Yes.</p> <p>11 Q. We can see he has already recorded, "Bruising bilateral</p> <p>12 to the pectoral major muscle", yes?</p> <p>13 A. Yes.</p> <p>14 Q. Then we see the reference to, "No blunt force trauma, no</p> <p>15 obvious cause of death". Then I think the final</p> <p>16 reference there, just below "Deliberate self-harm", is</p> <p>17 "Bruise on chin"?</p> <p>18 A. Yes.</p> <p>19 Q. We see that the officer who has recorded that is, as</p> <p>20 I have said, DS O'Donnell. Then you have countersigned</p> <p>21 it as the senior SCG officer present.</p> <p>22 A. Yes.</p> <p>23 Q. What does SCG mean?</p> <p>24 A. I think that is probably an old acronym. I am not even</p> <p>25 sure what that means, I take it that SCG is the serious</p> <p style="text-align: center;">Page 137</p>	<p>1 A. You used to have -- I don't know if that is still the</p> <p>2 case -- officers dedicated to that role.</p> <p>3 Q. In 2014 you had that resource, didn't you?</p> <p>4 A. Yes.</p> <p>5 Q. When you say that you were not routinely creating</p> <p>6 intelligence and profiles or checking intelligence --</p> <p>7 A. Yes.</p> <p>8 Q. -- the fact is that your team would have had</p> <p>9 a significant resource to research intelligence and to</p> <p>10 create profiles on individuals?</p> <p>11 A. Yes, there was -- I say significant, there was probably</p> <p>12 a couple of individuals on that team that would be</p> <p>13 responsible for research.</p> <p>14 Q. A couple of individuals on your team alone would have</p> <p>15 had that capability?</p> <p>16 A. Yes. Yes.</p> <p>17 MS DOBBIN: Thank you, that is all my questions, thank you.</p> <p>18 Questions from MR BERRY</p> <p>19 MR BERRY: Detective Inspector Southon, I am asking</p> <p>20 questions on behalf of the Metropolitan Police.</p> <p>21 You explain that you have attended a number of</p> <p>22 special post mortems. Would some of those be special</p> <p>23 post mortems where MIT had primacy for the</p> <p>24 investigation?</p> <p>25 A. Yes.</p> <p style="text-align: center;">Page 139</p>
<p>1 crime group maybe.</p> <p>2 Q. Old terminology possibly for SC&O1?</p> <p>3 A. But I signed it as being the senior present from the</p> <p>4 murder investigations team.</p> <p>5 Q. Presumably means that you were signing off that the</p> <p>6 record that had been made was accurate?</p> <p>7 A. Yes -- yes, in relation to that cause of death,</p> <p>8 I believe that is probably what was said by the</p> <p>9 pathologist. Looking at the terminology used.</p> <p>10 Q. One of the things that you said in answer to a question</p> <p>11 about research was that you had been in the murder squad</p> <p>12 for eight or nine years and that you thought</p> <p>13 researching/intelligence might be something that was</p> <p>14 more familiar to borough officers?</p> <p>15 A. Yes, I probably didn't explain myself as well as perhaps</p> <p>16 I could have done.</p> <p>17 Q. No. Can I just ask you a question about that first?</p> <p>18 A. Yes.</p> <p>19 Q. Gathering of intelligence is absolutely critical, isn't</p> <p>20 it, to homicide investigations?</p> <p>21 A. Yes, it is.</p> <p>22 Q. I think that you have specialist officers who gather</p> <p>23 intelligence for you and create intelligence profiles?</p> <p>24 A. Yes, you have.</p> <p>25 Q. Correct?</p> <p style="text-align: center;">Page 138</p>	<p>1 Q. Would others be cases where borough had primacy for the</p> <p>2 investigation but you, on behalf of MIT, were there to</p> <p>3 provide some support?</p> <p>4 A. Yes.</p> <p>5 Q. Was that the case with Anthony's special post mortem?</p> <p>6 A. Yes, it was.</p> <p>7 Q. In those special post mortems where borough has primacy,</p> <p>8 is it the borough investigator who completes the formal</p> <p>9 record of post mortem?</p> <p>10 A. Yes, it is their investigation, they would complete that</p> <p>11 form.</p> <p>12 Q. The document at tab 17 of the jury bundle, that my</p> <p>13 learned friend Ms Dobbin just showed you, that was the</p> <p>14 formal record of post mortem that was completed at the</p> <p>15 time by detective sergeant Martin O'Donnell, wasn't it?</p> <p>16 A. Yes, it would have been.</p> <p>17 Q. In addition to that formal record of post mortem, would</p> <p>18 you expect a summary to be entered on to the CRIS system</p> <p>19 by the borough officers?</p> <p>20 A. Yes, I would.</p> <p>21 Q. Are you aware that that did indeed happen, DS O'Donnell</p> <p>22 did that in this case?</p> <p>23 A. Yes, it did. Yes, he did.</p> <p>24 Q. Can I ask you to turn up your HAT return, so for the</p> <p>25 jury it is tab 18. For the screen it is IPC000525. The</p> <p style="text-align: center;">Page 140</p>

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<p>1 second page of that document, please, so 002.</p> <p>2 At the bottom in block capitals you have said there</p> <p>3 there is nothing that suggests that the victim had been</p> <p>4 assaulted. Do you see that?</p> <p>5 A. Yes.</p> <p>6 Q. This morning Dr Biedrzycki confirmed that there was no</p> <p>7 evidence of assault and that your document was therefore</p> <p>8 accurate, where it said this, but when you wrote those</p> <p>9 words, were you recording the opinion that the</p> <p>10 pathologist expressed to you?</p> <p>11 A. Yes.</p> <p>12 Q. As an additional point, you have accepted that with</p> <p>13 hindsight you should have recorded the fact that</p> <p>14 bruising had been identified?</p> <p>15 A. Yes.</p> <p>16 Q. To be clear, was that bruising being described by the</p> <p>17 pathologist as evidence of assault?</p> <p>18 A. No, it wasn't.</p> <p>19 Q. Was that bruising being described by the pathologist as</p> <p>20 anything suspicious?</p> <p>21 A. No.</p> <p>22 Q. At the time, did the bruising strike you as an important</p> <p>23 detail?</p> <p>24 A. Not at that time. It tended to corroborate what was</p> <p>25 said by the person that found Mr Walgate.</p> <p style="text-align: center;">Page 141</p>	<p>1 with your line manager?</p> <p>2 A. No, not at all.</p> <p>3 Q. Is one of the purposes for you, as a MIT officer, being</p> <p>4 present at the special post mortem so that MIT can take</p> <p>5 immediate primacy if needs be?</p> <p>6 A. Yes, if necessary, you could make a mobile telephone</p> <p>7 direct to the DCI and say, "This has been found, it is</p> <p>8 clearly a murder", and we would take on that</p> <p>9 investigation almost immediately.</p> <p>10 Q. In terms of the further advice and the words, "Complete</p> <p>11 research on informant and Joe Dean", is that standard</p> <p>12 advice?</p> <p>13 A. Yes, it is standard for people to -- yes, to complete</p> <p>14 research on a daily basis.</p> <p>15 Q. Is that a particularly complex exercise?</p> <p>16 A. No, it is not complex.</p> <p>17 Q. Is it anything special to a murder investigation or is</p> <p>18 research on informants and suspects common in</p> <p>19 investigations of a variety of criminal offences?</p> <p>20 A. Yes, that is common. I think what I was trying to say,</p> <p>21 because of my role, I hadn't conducted any research for</p> <p>22 a number of years and, in all honesty, I probably</p> <p>23 couldn't even log on to the system at that time with</p> <p>24 passwords, et cetera.</p> <p>25 Q. That is because there is a dedicated or there were</p> <p style="text-align: center;">Page 143</p>
<p>1 Q. If it had struck you as an important detail, would you</p> <p>2 have recorded it on the HAT return?</p> <p>3 A. Yes.</p> <p>4 Q. More generally, did the pathologist say anything that</p> <p>5 led to you believe that Anthony's death was suspicious?</p> <p>6 A. No, not at all.</p> <p>7 Q. Did the others present, and in particular crime scene</p> <p>8 manager Kynaston and DS O'Donnell, say anything at the</p> <p>9 post mortem that led you to believe that Anthony's death</p> <p>10 was suspicious?</p> <p>11 A. No, as I said, we were all, I believe, under the same --</p> <p>12 come to the same conclusion.</p> <p>13 Q. One thing mentioned by counsel to the inquest in her</p> <p>14 questions to you was the possibility of involuntary</p> <p>15 overdose, so someone administering a drug to Anthony</p> <p>16 without his consent.</p> <p>17 Did the pathologist or anyone else present say</p> <p>18 anything about that possibility?</p> <p>19 A. No, it wasn't mentioned.</p> <p>20 Q. If anything had arisen at the special post mortem that</p> <p>21 led you to believe that Anthony's death was suspicious,</p> <p>22 what would you have done?</p> <p>23 A. I would have recorded it and raised it with my line</p> <p>24 manager.</p> <p>25 Q. Would there have been any difficulty with you raising it</p> <p style="text-align: center;">Page 142</p>	<p>1 dedicated intel officers in MIT?</p> <p>2 A. Yes.</p> <p>3 Q. Just to return to my question, is intel research on</p> <p>4 informants and suspects a common part of investigations</p> <p>5 of many different types of criminal activity?</p> <p>6 A. Yes, that is day to day.</p> <p>7 Q. Where you wrote in block capitals, again at the end of</p> <p>8 page 2 of the HAT return, "The investigation remains</p> <p>9 with KG and SC&O1 involvement is complete". You said</p> <p>10 that you would have discussed that with DI Hughes. As</p> <p>11 a detective sergeant, could you in fact have taken that</p> <p>12 decision yourself?</p> <p>13 A. No.</p> <p>14 Q. Would the decision in fact have been taken by DI Hughes?</p> <p>15 A. Yes.</p> <p>16 Q. We can see from the next page that he has signed off</p> <p>17 this advice, hasn't he?</p> <p>18 A. Yes.</p> <p>19 Q. When you completed the HAT return, was it your</p> <p>20 understanding that there was an active ongoing borough</p> <p>21 investigation into Anthony's death?</p> <p>22 A. Yes.</p> <p>23 Q. Were borough free to come back for further advice from</p> <p>24 the HAT at any time?</p> <p>25 A. Yes, they were.</p> <p style="text-align: center;">Page 144</p>

<p>1 Q. Are you aware from in fact an email you received a few 2 days later that borough officers did come back to the 3 HAT for further advice five days later?</p> <p>4 A. Yes, I did.</p> <p>5 MR BERRY: Thank you, I have no further questions.</p> <p>6 MS COLLIER: Nothing further from me.</p> <p>7 Questions from THE JURY</p> <p>8 THE CORONER: We have a number of questions from the jury. 9 If you don't feel they are in your remit, please say so 10 but they have come up during your evidence, so it is 11 only right I should put them to you.</p> <p>12 The first is: if Anthony did not get assaulted, how 13 else did he suffer bruising?</p> <p>14 I can see that might not be a question for you, but 15 can you articulate how you could say that there was 16 bruising but it was not an assault?</p> <p>17 A. Yes, I think I explained that what I meant as an assault 18 is being punched, kicked stabbed, shot, that sort of 19 thing. The bruising I think you are referring to is the 20 bruising that was on the chest -- and that is being 21 picked up, that was just bruising, as I understood it, 22 solely from being picked up.</p> <p>23 THE CORONER: Thank you.</p> <p>24 The second half of that question is not for you, so 25 I don't propose to ask it of you.</p> <p style="text-align: center;">Page 145</p>	<p>1 to do that themselves.</p> <p>2 THE CORONER: The second part of the question is would the 3 use of those resources, in other words your resources, 4 help speed up the process?</p> <p>5 A. I think -- when I say there was resources on that team, 6 they were fully employed on other matters, so, yes, you 7 know, additional resources I think would always usually 8 speed stuff up, but it could also slow other stuff down 9 that we already had ongoing. It is not a sort of box of 10 people that sit around with nothing to do, if you like.</p> <p>11 THE CORONER: Before I ask this question I am just going to 12 ask, did you know -- you had the report, or you knew 13 about what had been said by the ambulance man, the 14 paramedic?</p> <p>15 A. I knew the small paragraph.</p> <p>16 THE CORONER: And you knew what Port's first account was?</p> <p>17 A. Yes, again that small paragraph.</p> <p>18 THE CORONER: The question is: with us already aware and 19 having heard the original call made by Port to the 20 London Ambulance Service, had you heard the 999 call?</p> <p>21 A. No, I had had no involvement in that investigation, up 22 until really that briefing was given to me.</p> <p>23 THE CORONER: In that case you cannot answer the rest of 24 that question and we will keep it back for somebody who 25 can.</p> <p style="text-align: center;">Page 147</p>
<p>1 This is a hypothetical question but winding the 2 clock forward, once it was understood that this was 3 a drug-related death, do you think the murder 4 investigation team should have taken over at that stage?</p> <p>5 A. No. No, unfortunately I haven't got figures, but drugs 6 overdoses are common and I think if a murder 7 investigation team took on all of those investigations, 8 there would be no one left to investigate, you know, 9 your more common murders, your stabbings, et cetera.</p> <p>10 THE CORONER: Do you mean in that answer self-administered 11 drug overdoses?</p> <p>12 A. Yes.</p> <p>13 THE CORONER: Did the borough officers have access to your 14 resources in order to complete their research into 15 informant Joe Dean?</p> <p>16 A. They would have -- again, I am sorry, I am not massively 17 up on research because of the roles I perform, but there 18 is a number of standalone systems, one would be the 19 crime reporting system, one would be the criminal 20 intelligence system, with information and they would 21 have access to all of those -- the same systems. It is 22 just that we would have had a dedicated person to do 23 that. You could go up to someone and say, "Could you 24 please research this individual?" And they would 25 conduct research, whereas a borough officer would have</p> <p style="text-align: center;">Page 146</p>	<p>1 The remaining two questions are certainly not 2 questions for you officer.</p> <p>3 Thank you very much.</p> <p>4 MS COLLIER: Nothing arising.</p> <p>5 THE CORONER: All right, thank you very much indeed. 6 I will just deal though with two of these questions, 7 because we can help the jury, I think Mr O'Connor, 8 correct me if I get anything wrong.</p> <p>9 Question: did Anthony text a friend with the client 10 details? And, if so, do we know time and date the 11 message was sent? The answer to that is yes and you are 12 going to hear details of the messages Anthony sent about 13 where he was going and we know the times of them, so we 14 will get that evidence in due course.</p> <p>15 Secondly: if Anthony was charging £800 and 16 Stephen Port was proven to be the client, did anyone 17 find proof Stephen Port in the cash or intended to pay 18 for the services? Again, you are going to hear evidence 19 about that in due course.</p> <p>20 MR O'CONNOR: I can add, that as far as the first of those 21 issues, the question of Anthony's communications with 22 his friends, that is evidence that the jury will hear 23 tomorrow morning.</p> <p>24 THE CORONER: Yes, so you won't have to wait very long for 25 that.</p> <p style="text-align: center;">Page 148</p>

37 (Pages 145 to 148)

<p>1 Is that as far as we can take it today?</p> <p>2 Statement of MR GLEN ALDWINCKLE (read)</p> <p>3 MR O'CONNOR: There is one more matter, which is reading one</p> <p>4 more statement, the statement is a statement made by</p> <p>5 a man called Glen Aldwinckle.</p> <p>6 Before I read it, I thought I would just remind the</p> <p>7 jury of where it fits into the narrative. To do that,</p> <p>8 I wonder if the jury could look at a couple of</p> <p>9 references in the large jury bundle, B/1.</p> <p>10 First of all, if we just go briefly to tab 15, I am</p> <p>11 sure the jury may remember this was a Merlin report made</p> <p>12 by officer Benson. In fact, if you look at the second</p> <p>13 page of that document, this was a page I took</p> <p>14 Mr Learmonth to, as it were, help him tell the story of</p> <p>15 what happened at the scene with the sequence of events</p> <p>16 running up to the statement being taken from</p> <p>17 Mr Stephen Port.</p> <p>18 We see there that the explanation given, I am</p> <p>19 looking about halfway down the page:</p> <p>20 "Whilst officers were standing on the crime scene,</p> <p>21 an occupier of 62 Cooke Street attended the scene and</p> <p>22 stated that he resided at 62 and that his flatmate</p> <p>23 normally works at night so may not be at the venue at</p> <p>24 present. The male was spoken to by officers of SC&O1</p> <p>25 and eventually escorted to his flat by KG5N, who was</p> <p style="text-align: center;">Page 149</p>	<p>1 will be further ciphering. In fact X1 is mentioned and</p> <p>2 also another person who was in a relationship with</p> <p>3 Stephen Port, who has been ciphered as X10.</p> <p>4 Madam, as I say, this is a statement made by</p> <p>5 Glen Aldwinckle, it is signed and dated on 27 June 2014</p> <p>6 and it is supported by a statement indicating that</p> <p>7 Mr Aldwinckle asserted that the statement was true to</p> <p>8 the best of his knowledge and belief and that he made</p> <p>9 this statement knowing that if it was tendered in</p> <p>10 evidence he would be liable to prosecution if he had</p> <p>11 wilfully stated anything in it which he knew to be false</p> <p>12 or did not believe to be true. He states:</p> <p>13 "This statement refers to an incident where</p> <p>14 I arrived home to discover a number of police outside</p> <p>15 the block of flats where I live in Barking. On</p> <p>16 Wednesday, 18 June 2014, I was working at Tesco,</p> <p>17 Purfleet, Essex. I work the night shift and my hours</p> <p>18 are from 10.00 pm until 6.00 am. I was given a lift</p> <p>19 home by a work colleague, who dropped me off by a bus</p> <p>20 stop close to my home address.</p> <p>21 "On arriving home at 62 Cooke Street, Barking,</p> <p>22 I immediately noticed a large police presence.</p> <p>23 I approached the cordon and spoke to a male police</p> <p>24 officer. I explained to this officer I lived at number</p> <p>25 62 Cooke Street, Barking and needed to access the</p> <p style="text-align: center;">Page 151</p>
<p>1 a police officer."</p> <p>2 This man was Stephen Port's flatmate, Mr Aldwinckle,</p> <p>3 so that is how he first came on the scene.</p> <p>4 Then just one other reference, tab 27, this was</p> <p>5 a document we looked at yesterday with Chief Inspector</p> <p>6 Jones. It is the HAT report a week later, on 26 June.</p> <p>7 It records that meeting between Mr Jones and Mr McCarthy</p> <p>8 on that date. Just to see that at the bottom of that</p> <p>9 first page we see a paragraph reading:</p> <p>10 "There is also another male who made himself known</p> <p>11 to the cordon officers, who stated that he also resided</p> <p>12 at Port's address. Enquiries are in hand to identify</p> <p>13 this male and obtain a statement from him as</p> <p>14 a significant witness."</p> <p>15 That is the chronology and the statement I am going</p> <p>16 to read is in fact dated 27 June, so that is the Friday.</p> <p>17 We see, as I say, that enquiries were in hand the day</p> <p>18 before that, the Thursday, to take this statement.</p> <p>19 One other point just before I read it, the jury will</p> <p>20 I think be familiar with the fact that they have already</p> <p>21 seen, certainly in the CRIS relating to the previous</p> <p>22 incident which gave rise to the allegations against</p> <p>23 Stephen Port of rape, that the name on that occasion of</p> <p>24 the complainant has been ciphered and they may recall</p> <p>25 the cipher was X1. While I read this statement, there</p> <p style="text-align: center;">Page 150</p>	<p>1 property. I was tired and just wanted to sleep.</p> <p>2 I asked the officer what had happened. He told me that</p> <p>3 a male had been found unconscious outside the block</p> <p>4 where I live, he indicated towards a white tent.</p> <p>5 "I became concerned that it was my flatmate Stephen</p> <p>6 or my girlfriend's brother, X10. I asked the officer to</p> <p>7 describe the male, as I thought the person in the tent</p> <p>8 could have been one of them. The officer was able to</p> <p>9 describe the male to me. From this I recognised it was</p> <p>10 neither Stephen nor X10. Initially I was relieved, but</p> <p>11 also sad for the family and friends of the male who had</p> <p>12 been found. I asked the police officer if I could go</p> <p>13 into the flat but was told I should wait while he sought</p> <p>14 advice.</p> <p>15 "I waited for about one hour. While waiting I was</p> <p>16 having general conversations with the police officer.</p> <p>17 After waiting, I was advised that police had been trying</p> <p>18 to locate my flatmate Stephen. They had been unable to</p> <p>19 contact him and needed to speak with him. I told him</p> <p>20 Stephen was probably in the flat asleep. I told the</p> <p>21 officer I had the key and could check the property.</p> <p>22 I went with the police officer into the flat and found</p> <p>23 Stephen asleep in his bed. I woke him. Immediately his</p> <p>24 eyes opened and he appeared alert. I told him that</p> <p>25 police were in the flat and needed to talk to him.</p> <p style="text-align: center;">Page 152</p>

<p>1 I could see Stephen was wearing his usual three-quarter 2 length nightwear trousers. Stephen spoke with the 3 police officers, while I pottered around the flat making 4 tea for everyone. I heard Stephen speaking with the 5 police officers, telling them he returned home around 6 4.00 am and found a male slumped unconscious in the 7 communal entrance to the block, 59 to 70. I heard 8 Stephen go on to say that he had propped this male 9 against the wall, called for an ambulance and then went 10 into the flat to sleep.</p> <p>11 "After police left I did the clothes washing. This 12 includes washing Stephen's clothes. I have always done 13 Stephen's washing since moving in. There was a pair of 14 Stephen's jeans, a black and orange top was already in 15 the washing machine and there was other clothing, 16 including underwear, in the washing basket, which is 17 located by the front door. Stephen is a tidy person, so 18 no clothing is left lying around the floor. Generally 19 he hangs up his clothing or folds it and puts it away in 20 his bedroom drawer. I have lived at the address for the 21 last three months. I pay him around £200 per month 22 rent. The address itself is a one-bedroom ground floor 23 flat. I sleep on the sofa in the open plan living room 24 kitchen. Stephen has a double bed in his room, with 25 a cupboard which I share with him. My clothes are on</p> <p style="text-align: center;">Page 153</p>	<p>1 bowling, but other than that he is not a very social 2 person.</p> <p>3 "I have been to the local pub with him, but don't 4 tend to socialise with him. Stephen has a friend [the 5 name of the friend is given] who is also gay. He has 6 a partner [and the name of that partner is given]. 7 I have met the first person as he has been at the 8 address on occasions when I have been present. I am not 9 sure of where he lives, but believe it is half an hour 10 walk from Barking. The last time I saw Stephen was on 11 Saturday, 14 June 2014, around 2.00 pm.</p> <p>12 "I have been staying at my girlfriend's, X10's 13 sister's, home address in Aveley ever since and have not 14 returned to the address until Wednesday, 18 June. 15 Stephen works at a catering facility inside Barking bus 16 depot, Longbridge Road, Barking. His work shifts with 17 one week of starting work at 6.00 am until 2.00 pm and 18 one week of late turn, 2.00 pm until 10.00 pm. 19 Sometimes Stephen covers extra hours for training, but 20 I am not sure what hours this covers. I have known 21 Stephen to return home at 4.00 am on one previous 22 occasion. I was awake when he came home. He told me he 23 had been out with friends.</p> <p>24 "I don't take drugs. My current employers carry out 25 drug tests on employees. I have no interest in drugs.</p> <p style="text-align: center;">Page 155</p>
<p>1 the right-hand side of the wardrobe.</p> <p>2 "I met Stephen through my girlfriend's brother, X10, 3 who had been in a relationship with Stephen. X10 now 4 lives at the family home with his parents and sister.</p> <p>5 "X10 and Stephen had met at new year, got engaged 6 but split about three weeks ago after a massive 7 argument. Stephen was desperate to rekindle the 8 relationship with X10 but being unsuccessful. Since the 9 breakup Stephen has seen his ex-partner, X1, whom he was 10 in a relationship with for one and a half years.</p> <p>11 I believe X1 is what has caused arguments between X10 12 and Stephen, which resulted in the breakdown in their 13 relationship. I don't know very much about X1, and only 14 ever had polite conversation with him. I don't know 15 where he lives. All I know is he has a red Ka.</p> <p>16 "Since the breakup with Stephen X10 has gone to 17 Manchester to get over the breakdown in the 18 relationship. Stephen is openly gay and his family are 19 aware of his sexuality. There has never been any 20 concerns raised regarding this. I haven't seen much of 21 his family, I believe his mother is suffering from 22 dementia and his dad doesn't like me. I don't know why 23 this is. Stephen also has a sister, but I don't know 24 anything about her. I would describe Stephen as a very 25 quiet person with very few friends. He liked to go</p> <p style="text-align: center;">Page 154</p>	<p>1 I have never seen Stephen take drugs and have never seen 2 any drugs in his flat. I didn't ask him if he did use 3 drugs, as it was not my place to. It is not my 4 business.</p> <p>5 "I don't know who Anthony Walgate is. I have never 6 met anyone with this name. I have not heard this name 7 ever mentioned by Stephen before. On the day police 8 were in the flat I did not notice anything untoward in 9 the property. The sofa had been left mucky, by that I 10 mean the cover was untidy and it was apparent Stephen 11 had been laying on the sofa, as he places a pillow on 12 the sofa to put his feet up. Since the male being found 13 Stephen has not spoken about the incident. I have not 14 asked him anything about it. If Stephen has any 15 concerns, he talks about it with me. He is not one to 16 keep things close to his chest. Stephen has a small 17 Samsung mobile phone [and the mobile phone number was 18 given, ending in 105]."</p> <p>19 Madam, that is the end of Mr Aldwinckle's statement 20 and that is the end of the evidence for today.</p> <p>21 THE CORONER: All right, thank you very much indeed, members 22 of the jury, we will stop there for the day. 23 10.00 tomorrow, see you tomorrow. 24 (3.17 pm) 25 (The inquests adjourned until 10.00 am the following day)</p> <p style="text-align: center;">Page 156</p>

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