

Name Redacted Details seemed to match those of the drunk male found in the graveyard on 20th September 2014.

I was informed that Gabriel Covari had undergone a routine coroner's post mortem examination and that material for toxicological analyses was retained and his body had been repatriated to Slovakia for cremation.

Following a discussion regarding the forensic strategy, the post mortem examination commenced.

POST MORTEM EXAMINATION

PERSONS PRESENT

Stuart Denley	IO
Neil Gallagher	CSM
PC Mark Yexley	Continuity Officer
A/DI Rolf Schamberger	
Andrew Goddard	Photographer
DC Hooper	Exhibits Officer

EXTERNAL APPEARANCE

The body was presented wrapped in white sheeting being that of a white adult male, (Height 189cm (6'2) Weight 61.4kg (9st10)). ECG electrodes had been placed on the back of the left hand and on the hip region. An identity band was present to the right wrist confirming the identity of the deceased which was also identified to me at the start of the post mortem examination by the Identification Officer in attendance.

The head hair was brown measuring up to 5cm in length, shorter at the sides and back. There were numerous fly eggs present in the right temporal region. The ears were normal. The nose was palpably intact with what appeared to be gastric contents at the nostrils and an abrasion towards the top of the nose as described below. The eyes were clouded preventing positive identification of colour difficult, though they appeared to be brown. Numerous petechiae were present around both eyes. However, only occasional fine petechiae were identified upon eversion of the tarsal plates and lower eyelids, Small petechiae were present behind both ears, but none could be identified within the buccal mucosa. Bruising was present in the midline of the neck as described below. There were numerous acneiform-type lesions to the right side of the forehead, the cheeks and the neck. Bloodstained secretions were noted at the left side of the edge of the hood which was pulled up and on the front of the left shoulder and biceps with a smaller amount on the edge of the front pockets of the zipped up hooded top.

The fingernails were short and relatively clean showing no evidence of traumatic injury. The genitals were normal with a foreskin present. There was prominent vascularity to the anus with discolouration to the anal margin at the "9 to 12 to 3 o'clock" positions (lithotomy position): there were no lacerations or abrasions. Following *en bloc* dissection of the anal canal, there was blotchy areas of subserosal haemorrhage within the para-rectal tissue only. The body hair had been shaved short, particularly to the abdomen, but it also appeared to have been shaved to the lower legs. The legs themselves were as described, else normal. There was purple/blue discolouration to the right ring and little fingers and the ulnar edge of the hand. This discolouration has possibly arisen from the wet jeans.

Signature

6. Toxicological analyses have revealed the presence of a concentration of Gamma hydroxybutyrate (GHB) at a concentration considered likely fatal. It would appear that this has arisen following ingestion of Gamma butyrolactone (GBL, a pro-drug that is rapidly metabolised into GHB): a small bottle found upon the deceased was tested and shown to contain GBL.

GHB acts as an anaesthetic drug producing a sedative effect and has been implicated in "date-rape" cases. Ingested in high concentrations, GBL/GHB may lead to coma and result in respiratory depression and inhibition of the protective airways reflex, such that a person may experience terminal aspiration of vomit; indeed, gastric content was identifiable within the upper and lower airways suggesting such a terminal episode.

Diphenhydramine was also present, being an antihistamine medication that may also be used for its mild sedative action in treating insomnia.

7. There were no marks of an offensive, defensive or restraint-type nature.
8. At the debriefing, it was strongly recommended that further examination of the bed sheet within which he was apparently wrapped be examined and positive confirmation made of the handwriting, to ensure that the body of the deceased had not been moved into the position within which it was found by a third party, either whilst the deceased was in a moribund state or already dead. I have, to date, not been made aware of any of these findings.
9. This report has been subjected to a Critical Conclusions Check in accordance with the Code of Practice for Forensic Pathologists held by the Forensic Science Regulator.

CAUSE OF DEATH²

1a. **Gammahydroxybutyrate Toxicity**

Signature

**Dr. Benjamin Swift MB ChB MD FRCPath(Forensic) MFFLM
Consultant Forensic Pathologist
Member of the Home Secretary's Register of Forensic Pathologists**

EXHIBITS LIST

- BS/1 Fingernails left hand
- BS/2 Fingernails right hand
- BS/3 Right trainer
- BS/4 Left trainer

² The information given within this report represents my understanding of the views, opinions and circumstances of this case based on the information that I have received to date, either in writing (all forms) or by oral communication. I recognise that in part this may reproduce or rely upon witness statements, oral communications or hearsay evidence of second parties and that the information given to me by others may or may not be factually correct at the time of my consideration.

I reserve the right to reconsider any aspect of this report should a significant typographical or grammatical error, or factual inconsistency, be identified that could be misinterpreted by a reader. I also reserve the right to reconsider any aspect of this report, including the cause of death, should further factual information arise that contradicts the information provided at the time of the post-mortem examination, upon which I have based my interpretations.

Signature