

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

Signature