

8. In October 2015, I was of the rank of Detective Sergeant (“**DS**”) within MIT 1 and was appointed as the allocated Case Officer for Operation Lilford. A Case Officer on a homicide investigation is in charge of compiling the evidence and progressing the investigation on a daily basis along with preparing the evidence and key material for court.
9. In April 2016, due to the departure of DI Luke Marks from MIT 1, I became IO for Operation Lilford.
10. Due to the complex nature of Operation Lilford, I also maintained my role as Case Officer.
11. From the date of allocation of Operation Lilford to MIT 1, I was present during meetings covering all areas of the investigation where the SIO set the investigation’s structure and strategy.
12. During the course of Operation Lilford, the inquiry generated a vast amount of material separated into referenced areas and entered onto the Home Office Large Major Enquiry (“**HOLMES**”) database. This database is used to store and analyse evidence gathered in major police enquiries including homicides. The material gathered in Operation Lilford was categorised on **HOLMES** as follows:
 - (i) Written/typed statements with a section 9 declaration were each given a numerical consecutive ‘**S**’ number. These total 929 separate statements.
 - (ii) Each individual enquiry assigned to an officer was referenced as an ‘Action’ and is given a numerical consecutive ‘**A**’ number. These total 983.
 - (iii) Physical exhibits, which are stored securely and given a reference number. These total 2,243.
 - (iv) Any documents received into the incident room were allocated a ‘**D**’ reference number. These total 1,361.
 - (v) Every written piece of information submitted to the incident room which does not constitute evidence, for instance a summary of a call received into the incident room is allocated an “**M**’ reference. These total 137.

155. In her statement of 10th September 2014, Denise Stanworth provided the following information regarding her tests of Anthony Walgate's blood and urine⁴⁷:

Blood

- (i) Alcohol at low concentration less than 10mg per 100ml.
- (ii) GHB at concentration greater than 200mg per litre.
- (iii) Citalopram estimated at 0.45mg per litre (Citalopram is an anti-depressant; the level is consistent with therapeutic use).
- (iv) Diphenhydramine estimated at 0.057mg per litre (the active ingredient in Nytol; the level is consistent with therapeutic use).
- (v) Chlorphenamine estimated at 0.02mg per litre (an anti-histamine used for the relief of allergic conditions; the level is consistent with therapeutic use.)

Urine

- (vi) Alcohol at 14mg per 100ml.
- (vii) GHB at a level greater than 200mg per litre.

156. In light of these findings and a need to greater understand the levels of GHB and how it would/could interact with other drugs present and cause death it was decided that an expert overview was required.

157. Following research in the field including with the National Crime Agency, Dr Simon Elliot was identified as a GHB expert. Dr Elliot was contacted and asked a number of questions in relation to the toxicological findings. He provided a statement dated 15th July 2016⁴⁸.

Investigation into the death of Gabriel Kovari

First contact between Port and Gabriel Kovari

158. Gabriel Kovari was originally from Kosice in Slovakia but travelled on 12th July 2014 to live in England.

⁴⁷ IPC000326 (S4A)

⁴⁸ MPS000536 (S405)

307. As the death of Jack Taylor was deemed non-suspicious in the initial investigation by Barking officers, a standard post mortem examination was undertaken by pathologist Geraldine Soosay on 17th September 2015 at the Queen's Hospital in Romford, Essex.
308. In her statement of 28th January 2016 Dr Soosay gave the cause of death as a mixed drug and alcohol overdose¹²⁷.
309. Jack Taylor's body had been returned to his family and a funeral service with burial had taken place prior to MIT1's involvement.
310. As the initial post-mortem has been a standard one there were concerns that vital evidence may have been missed and as such, on 6th November 2015, the SIO took the decision to seek the exhumation of Jack Taylor for a full forensic post mortem to be conducted, in particular to obtain hair samples, swabs from the anus and genitals and to check for unusual marks, bruises or injuries.
311. On 8th December 2015 the exhumation of Jack Taylor took place from Barking Cemetery and a full forensic post mortem conducted by Dr Robert Chapman during which time further samples and fingerprints were taken¹²⁸. His conclusions were as follows:

"No evidence of injury was seen although the severity of the surface changes could have obscured previous injuries. It was not possible to identify any significant natural disease process. Examination of the tissues of the front of the right arm did not identify any evidence of a previous injection site. Again the extent of decomposition could have obscured such evidence and an injection site cannot be excluded in this location. No injuries were identified. No pathological evidence of sexual assault was found. I have seen the post mortem report from Dr SOOSAY and confirm that my findings were consistent with her examination within the limits imposed by the passage of time. In my opinion the toxicology analysis provides convincing evidence of multiple drug use and I agree that the cause of death is best regarded as: 1a Mixed Drug Toxicity."

¹²⁷ IPC000939 (S281A)

¹²⁸ IPC000936

Toxicology

312. During the first post mortem samples of blood and urine were taken from Mr Taylor and sent by the initial investigating officers for toxicology.

313. In her statement of 22nd February 2016, Dr Fiona Perry provided the following information regarding her tests of Jack Taylor's blood and urine¹²⁹:

Blood

- (i) Alcohol at low concentration less than 114mg per 100ml.
- (ii) GHB detected at 230 mg/L.
- (iii) Methyl amphetamine at a level of 0.65 mg/L.
- (iv) Clephedrone 0.067mg/L * See statement.
- (v) Propranolol was detected. ** See statement.

Urine

- (vi) Alcohol at 138mg per 100ml.
- (vii) GHB 3904 mg/L.
- (viii) Methyl amphetamine detected.
- (ix) Clephedrone detected.
- (x) Propranolol detected.
- (xi) Acetone Low concentration detected.

Living victims

314. On 22nd October 2015, due to the fact that a number of living victims of Port's sexual and drugging offending were coming to Police making allegations, the decision was taken to utilise suitably trained officers to investigate these offences alongside Operation Lilford.

¹²⁹ IPC000932 (S262B)