UNIVERSITY OF LEICESTER

EAST MIDLANDS

FORENSIC PATHOLOGY UNIT

POST-MORTEM EXAMINATION REPORT

FP3256

DAWN STURGESS

SUMMARY REPORT

PATHOLOGIST:	PROFESSOR G N RUTTY
REVIEW PATHOLOGIST:	DR FRANCES HOLLINGBURY
CORONER:	MR D RIDLEY
POLICE FORCE:	THAMES VALLEY POLICE
IDENTIFICATION BY:	IDENTIFICATION BAG TAG

LEVEL 3 ROBERT KILPATRICK BUILDING
LEICESTER ROYAL INFIRMARY, PO BOX 65, LEICESTER, LE2 7LX

CONTENTS

Signature: PD 29 November 2018

STATEMENT OF WITNESS

(Section 9 Criminal Justice Act 1967 and Rule 16.2 Criminal Procedure Rules)

STATEMENT OF: Professor Guy N Rutty

DATE OF BIRTH: Over 18 years

This statement consisting of 17 pages signed by me is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I would be liable to prosecution if I have wilfully stated anything which I know to be false or that I do not believe to be true.

Signature : PD Date : 29 November 2018

PRIVATE AND CONFIDENTIAL, NOT TO BE DISCLOSED TO ANY PERSON WITHOUT THE CONSENT OF HM CORONER

POST-MORTEM EXAMINATION STATEMENT

FP3256

DAWN STURGESS

CAUSE OF DEATH

Ia Post cardiac arrest hypoxic brain injury and intracerebral haemorrhage

Ib Novichok toxicity

CONFLICT OF INTEREST

None.

EXAMINATION STANDARDS

Autopsy examinations at the East Midlands Forensic Pathology Unit are undertaken in line with the following standards (application of which in whole or part is case dependent):

1. Codes of Practice and Performance Standards for Forensic Pathologists in England, Wales and Northern Ireland. Royal College of Pathologists, 2012.
2. Post mortem cross sectional imaging guidance from the Royal Colleges of Radiology and Pathology, 2012.

Signature: PD 29 November 2018

3. Chief Coroner guidance on post mortem scanning, 2013.
4. Standards for Coroner's pathologists in post-mortem examinations of deaths that appear not to be suspicious. Royal College of Pathologists, 2014.
5. Information to be included in the 'history' section of a forensic pathologist's report. Forensic Science Regulator, 2014.
6. The use of time of death estimates based on heat loss from the body. Forensic Science Regulator, 2014.
7. Legal issues in Forensic Pathology and tissue retention: issue 3 guidance. Forensic Science Regulator, 2014.

STANDARD TERMINOLOGY

Where the following terminology is used within this report, it should be interpreted as per the Istanbul Protocol [Chapter V, Section D, Para 187 (a) - (e)], United Nations: New York & Geneva, 2004, which has been modified to include non-trauma pathology:

'Not consistent'	The lesion could not have been caused by the mechanism / pathology described.
'Consistent'	The lesion could have been caused by the mechanism / pathology described, but it is non-specific and there are many other possible causes.
'Highly consistent'	The lesion could have been caused by the mechanism / pathology described, and there are a few other possible causes.
'Typical of'	There is an appearance that is usually found with this type of mechanism / pathology, but there are other possible causes.
'Diagnostic of'	This appearance could not have been caused in any way other than that described.

PROFESSIONAL BACKGROUND

I am a Bachelor of Medicine and Bachelor of Surgery and have a Medical Doctorate. I am a Fellow of the Royal College of Pathologists and hold the Royal College of Pathologists Diploma in Forensic Pathology. I am a Founding Fellow of the Chartered Society of Forensic

Sciences. I am a Founding Fellow of the Faculty of Forensic and Legal Medicine at the Royal College of Physicians and have held (2015-2016) the David Jenkins Chair of the Faculty. I hold the Foundation Chair in Forensic Pathology at the University of Leicester where I am Chief Forensic Pathologist to the East Midlands Forensic Pathology Unit. I am an Honorary Consultant in Histopathology to the University Hospitals of Leicester NHS Trust and I am a Home Office Registered Forensic Pathologist, having been placed on the Home Office Accredited Register in 1996. I was awarded the Chao Tzee Cheng Visiting Professorship of the National University of Singapore in 2015. I am the Responsible Officer to the Home Office Pathology Delivery Board and the Department of Justice, Northern Ireland.

I have served as an elected member of Council of the Royal College of Pathologists and have acted as Chair and member of the Forensic Pathology Specialist Advisory Committee. I have sat on the Academic Committee of the Faculty of Forensic and Legal Medicine at the Royal College of Physicians and have been a member of their Research Committee having been the Foundation Chair of the committee. I have been a member of the Pathology Delivery Board for Forensic Pathology for the Home Office. I am a member of the Netherlands Board of Court Experts Advisory Committee for Standards for Forensic Pathology having been the first international forensic pathologist to be awarded Netherlands Forensic Pathology Court Registration (awarded 2015). I am the past Chair (office held at different levels 2014-2016) of the International Society of Forensic Radiology and Imaging and past Chair of the UK National Post Mortem Radiology Imaging Board. I am the Chair of the Scientific Advisory Board of the Ludwig Boltzmann Institute for Clinical Forensic Imaging. I am an Associate Fellow of the Higher Education Academy.

My principal work relates to the provision of forensic pathology services to HM Coroners and police forces of the East Midlands. I also provide forensic pathology services to other police forces of the United Kingdom as well as opinion work for both prosecution and defence for solicitors and police forces alike. I provide forensic pathology and mass disaster services to police forces and countries internationally. I undertake research and teaching (undergraduate, postgraduate, medical, paramedical and manage a Royal College and Home Office approved training centre for Forensic Pathology) within my academic role and have published over 293 publications including original peer reviewed papers, review articles, editorials, case reports, letters and abstracts (those related to national and international meetings), one paper of which I understand is currently ranked in the top 1% of all papers published in the world in my discipline area, as well as editing 10 autopsy related books with further books in production. I

have authored 34 book chapters (including re-editing of previously published chapters) and assisted with the writing of crime based fictional novels. I was the founder Editor-in-Chief of the International Forensic Journal, *Forensic Science, Medicine and Pathology* which I edited until December 2008 and have acted as guest editor and associate editor to the Journal of Forensic Radiology and Imaging. I am a member of speciality journal editorial boards. I am an examiner for the Royal College of Pathologists for forensic pathology.

I hold membership of appropriate forensic pathology, forensic science, histopathology and radiological associations and societies. I sit/have sat as an advisor to both association and governmental bodies in relation to forensic pathology developments and services, including the Policy Advisory Committee of the British Association in Forensic Medicine, the Home Office in relation to contaminated mass fatalities, the Department of Health in relation to forensic and mass fatality radiology and the National Police Improvement Agency Missing Person's Bureau. I have acted as Chair of the Scientific Advisory Committee of the International Commission on Missing Persons (ICMP). I have acted as Deputy Chair of the Pathology and Anthropology Working Group of the Steering Committee for Disaster Victim Identification of Interpol. I am the lead for the Forensic Imaging for this Working Group.

I received a Metropolitan Police Assistant Commissioners Commendation for my work with the European Commission funded exercise, Operation Torch in 2008. I was awarded the Member of the Order of the British Empire (MBE) in the Queen's Birthday Honours List, June 2010 for services to the police and counter terrorism.

I am a volunteer Response Doctor for East Midlands Ambulance Service (EMAS), being a member of EMICS. I hold the Certificate of the Electronic Pre Hospital Emergency Care Course (E-phec) of the Royal College of Surgeons of Edinburgh whom I am a member of the Faculty of Pre-Hospital Care. I am a member of the British Association for Immediate Care (BASICS). I hold certification in Advanced Adult (ALS) and Basic Paediatric Life Support (PLS), as well as Advanced Trauma Life Support (ATLS). I am a UK Resuscitation Council accredited Immediate Life Support (ILS) instructor.

Finally, I was the pathologist who undertook the pathological examination of the remains of King Richard III, being the principal pathological author of the principal paper that described the injuries that he sustained and proposing the most probable cause of death.

My full curriculum vitae can be provided on request.

Signature: PD 29 November 2018

EXAMINATION DETAILS

Under the authority of:	Mr D Ridley, HM Senior Coroner for Wiltshire and Swindon
Location:	[redacted] Designated mortuary
Name of deceased:	Dawn STURGESS
Date of birth:	18th June 1974 **Age:** 44 years
Address:	John Baker House, 16-18 Rollestone Street, Salisbury
Scene of incident:	9 Muggleton Road, Amesbury
Date of death:	8th July 2018 **at** 20:26 hours
Examination date:	17th July 2018
Start:	13.20 hours **Finish** 00.10 hours (18th July 2018)
Identification by:	Identification bag tag

PRESENT DURING EXAMINATION

Professor G N Rutty, Forensic Pathologist
Dr Philip Lumb, Forensic Pathologist
Ishbel Gall, duty Anatomical Pathology Technologist
[redacted] QM73, Organisation for the Prohibition of Chemical Weapons
Others : Exhibits Officers; Photographers; representatives of Thames Valley Police, Dstl, Regional HART Team and British Army

CLINICAL HISTORY

The information contained in the section entitled CLINICAL HISTORY, is my interpretation of the information that was given to me prior to the autopsy examination. This information may, or may not be, factually correct and may alter during the police investigation subsequent to the end of the autopsy examination.

On the authority of Mr D Ridley, HM Senior Coroner for Wiltshire and Swindon and at the request of Thames Valley Police, I attended the [redacted] designated mortuary on 17th July 2018 to undertake an independent autopsy on the body of the deceased, Dawn Sturgess.

Accompanying me during the examination was Dr Philip Lumb, Home Office Registered Forensic Pathologist from the Manchester Group Practice. He was instructed by HM Senior Coroner to be present throughout the autopsy examination and to provide a second independent report concerning the autopsy findings and death of Dawn Sturgess. I can confirm that Dr Lumb and I undertook the examination together, and that I have not had sight of his independent report.

The clinical history can be summarised as follows. Dawn Sturgess was a 44-year old female who lived at John Baker House, 16-18 Rollestone Street, Salisbury. She became unwell at the scene address on the morning of 30th June 2018. The ambulance service was alerted to a female at the scene who was in respiratory distress. During the ambulance journey to the scene she went into cardiac arrest. The ambulance service, as well as a HEMS team attended the scene address, providing her with resuscitation. A ROSC (return of spontaneous circulation) was established. She was taken to Salisbury hospital where she remained in an unconscious state. On 5th July 2018 the diagnosis of Novichok poisoning was recorded in the medical notes. On the days prior to her death she was diagnosed as having post cardiac arrest hypoxic brain injury with an acute intracerebral bleed. She died on 8th July 2018.

SCENE

I have not attended the scene of her collapse.

IDENTIFICATION

The body was identified to me as that of Dawn Sturgess of John Baker House, 16-18 Rollestone Street, Salisbury by means of an identification tag numbered WA166551 which was present within the body bag. This was identified to me by a Thames Valley Police Officer who attended the autopsy examination. He informed me that he had placed the tag within said wallet. This tag was photographed and retained as an exhibit (GR1). Hospital identification bracelets were present to the right lower arm (x 2) and left ankle (x 1) which I personally checked. Again, these were all photographed.

AUTOPSY EXAMINATION

The autopsy examination, comprising an external and internal examination as well as taking a number of biological specimens for further laboratory examination was undertaken at [redacted]

designated mortuary on 17th July 2018. Due to the suggestion that the deceased had been exposed to Novichok the examination was undertaken as a so called "Chemical, Biological, Radiological and Nuclear" (CBRN) examination using appropriate personal protective equipment (PPE). Prior to the examination a step by step process map detailing the order of procedures and sampling strategy was developed and agreed. This was modified, by agreement with the investigating police force, during the examination of the deceased.

SPECIMENS RETAINED

With the authorisation of HM Coroner and following discussion with the Senior Investigating Officer, fluid and tissue samples were retained for examination at the East Midlands Forensic Pathology unit as well as a number of external laboratories. The list of specimens retained is captured within the autopsy process map and the list of autopsy related exhibits.

TOXICOLOGY

Toxicological samples were examined whilst the deceased was alive in hospital. The details of the results of these examinations are found within the deceased's hospital notes.

HISTOLOGY

Three different examinations were undertaken with the tissue retained at autopsy and released by Dstl Porton Down to the East Midlands Forensic Pathology Unit.

CARDIAC PATHOLOGY

Selected tissue from the heart was retained at the autopsy examination and referred to Dr K Suvarna at the Royal Hallamshire Hospital, Sheffield.

SPECIALIST CHEMICAL AGENT ANALYSIS

Samples were taken from the body of the deceased for analysis by Dstl Porton Down, and by the Organisation for the Prohibition of Chemical Weapons.

197 **COMMENTS**

198 1. The body was that of a white adult female whose general appearance was in keeping with
199 the stated age of 44 years

200 2. The body was identified to me as that of Dawn Sturgess of John Baker House, 16-18
201 Rollestone Street, Salisbury by means of an identification tag numbered WA166551
202 which was present within the [redacted] body bag [redacted]. This was identified by the Thames
203 Valley Police Officer who attended the autopsy examination and informed me that he
204 had placed the tag within said wallet. This tag was photographed and retained as an
205 exhibit (GR1). Hospital identification bracelets were present to the right lower arm (x 2)
206 and left ankles (x 1) which I personally checked. Again, these were all photographed.

207 3. In my opinion the key elements of the medical history are that the deceased collapsed at
208 home after complaining of a headache for which she had gone to take a bath. She may
209 or may not have taken medication for this. She then went first into respiratory arrest,
210 then asystolic cardiac arrest. Those attending her at the scene noted pinpoint pupils and
211 she defecated during resuscitation. Following ROSC she was bradycardic (slow heart
212 beat) with an ECG in hospital showing prolonged QT duration. She was also noted to
213 have a large amount of saliva production and diarrhoea. Organophosphate toxicity was
214 considered, and the results of her Acetylcholinesterase (AchE) histochemistry
215 examination showed profound inhibition. The diagnosis of Novichok toxicity was made
216 around 5th July 2018. Her admission head CT scan had importantly shown no acute or
217 chronic pathology to explain the clinical presentation of a headache, specifically no
218 evidence of an intracranial or intracerebral bleed. However, the repeat head CT scan on
219 the 6/7/2018 showed hypoxic brain injury with an acute left sided intracerebral bleed.
220 This had extended on the third scan on 7th July 2018 to involve the brainstem with
221 associated cerebellar tonsil displacement. She died on 8th July 2018.

222 4. An autopsy examination was undertaken on the deceased's body under so-called
223 "CBRN" conditions. Two Home Office Registered forensic pathologists from different
224 geographic areas of the country and different group practices undertook the examination.
225 The examination was photographed, videoed and subject to international independent
226 observer observation.

227 5. The external examination documented a number of marks of medical intervention which
228 have neither caused nor contributed to death.

Signature: PD 29 November 2018

6. The external examination documented a number of historical scars and healing injuries which do not require further consideration.
7. The external examination identified no fresh marks of injury. Thus, no injuries were identified to the deceased to suggest or support that her collapse had been as a result of a blunt or sharp trauma assault.
8. The internal examination identified pathology to the brain, heart, pleural cavities, lungs, peritoneal cavity, liver, and lymph nodes as detailed within the text of the full report. A number of fractures at various stages of healing were identified to the rib cage and sternum as can arise following cardiopulmonary resuscitation.
9. No natural disease was identified at the autopsy examination or the subsequent histological or cardiac examinations to account for the presenting signs and symptoms or to be considered as her cause of death.
10. Due to period of time that the deceased has survived post ROSC in hospital and the time between death and the autopsy examination the brain's consistency had deteriorated, making it difficult to examine at autopsy. Despite this there are good clinical records in the form of the CT scans that demonstrate that the deceased's collapse was not as a result of an intracranial or intracerebral bleed. Rather the bleed that was demonstrated on CT scanning, and autopsy, developed in hospital on a background of post cardiac arrest hypoxic brain injury. In common with intracranial haemorrhage associated with organophosphate toxicity, for which I have only found one reference referring to a case of subarachnoid haemorrhage [Ref., 10.1], post cardiac arrest intracranial haemorrhage has, to my knowledge only been reported once in the literature. The paper of Cha *et al*., [Ref.,10.2] describes similar findings to this case in as much that the first CT scan undertaken 4 hours after ROSC showed no intracranial haemorrhage and yet a repeat scan undertaken 7 days later showed bilateral basal ganglia and thalami haemorrhage with subarachnoid haemorrhage. Thus, I am of the opinion that the deceased has developed a post cardiac arrest intracerebral bleed on a background of hypoxic brain injury which has extended to involve the vital cardiorespiratory centres of her brain and led to her death.

References

10.1 Gokel Y. Subarachnoid haemorrhage and rhabdomyolysis induced acute renal failure complicating organophosphate intoxication. Renal Failure, 2002, 24:6; 867-871.

Signature: PD 29 November 2018

10.2 Cha KC, Thi TN, Shin HJ, Cha YS, Kim H, Hwang SO. Bilateral intracerebral hemorrhage following CPR. Signa Vitae, 2012, 7:2; 53-55.

11. The deceased had fluid accumulations within her pericardial sac, and pleural and peritoneal cavities as well as generalised oedema (fluid) to her soft tissue and muscle compartments. Although there are a number of papers that suggest that organophosphate toxicity can cause alveolar capillary membrane breakdown leading to oedema of the lung, as well as parenchymal haemorrhage and increased risk of pneumonia, as these findings can also be seen in those not dying of organophosphate poisoning, who are in multi-organ failure from other causes, I am of the opinion that these observations, although reported in organophosphate toxicity, are not necessarily specific in their own right to organophosphate toxicity.

12. In life the deceased had a toxicological examination undertaken. This identified a number of therapeutic and non-therapeutic drugs to be present. Although I have not been provided with the levels of the drugs identified, I am not aware that there is any indication to suggest that the deceased's collapse was a direct result of the action of either a therapeutic or illicit drug.

13. I understand that there is independent laboratory evidence that the deceased was exposed to Novichok and that it is considered that this was through a dermal route.

14. Thus, I am of the opinion that the clinical presentation in terms of the signs and symptoms, as well as the in-life laboratory tests and the tests and reports received following the autopsy examination all support that Dawn Sturgess did not collapse or die from a natural medical event, an assault or the result of a therapeutic or illicit drug overdose but rather due to the complications resulting from a cardiac arrest caused by Novichok toxicity. Having been exposed to the nerve agent Novichok, which appears from the information I have been provided to have occurred through a dermal exposure route, and with the knowledge of the expected action of organophosphate nerve agents I would have expected Dawn Sturgess to have deteriorated relatively quickly. It is documented that she first went into respiratory arrest and then asystolic cardiac arrest. Although CPR was successful and resulted in a ROSC, she continued to exhibit organophosphate toxicity post ROSC. Although her cardiac function did begin to show some improvement, she had sustained severe hypoxic brain injury which developed into an intracerebral haemorrhage. The intracerebral haemorrhage then extended into the vital

cardiorespiratory areas of her brain. This was the final pathological process that, in my opinion, led to her death.

CAUSE OF DEATH

Ia Post cardiac arrest hypoxic brain injury and intracerebral haemorrhage.

Ib. Novichok toxicity

INDEX OF UNUSED MATERIAL

A list of Unused Material is provided within the full autopsy report.

DECLARATION

I, Guy Nathan Rutty, declare that:

1. I understand that my duty is to help the court to achieve the overriding objective by giving independent assistance by way of objective, unbiased opinion on matters within my expertise, both in preparing reports and giving oral evidence. I understand that this duty overrides any obligation to the party by whom I am engaged or the person who has paid or is liable to pay me. I confirm that I have complied with and will continue to comply with that duty.
2. I confirm that I have not entered into any arrangement where the amount or payment of my fees is in any way dependent on the outcome of the case.
3. I know of no conflict of interest of any kind, other than any which I have disclosed in my report.
4. I do not consider that any interest which I have disclosed affects my suitability as an expert witness on any issues on which I have given evidence.
5. I will advise the party by whom I am instructed if, between the date of my report and the trial, there is any change in circumstances which affect my answers to points 3 and 4 above.
6. I have shown the sources of all information I have used.
7. I have exercised reasonable care and skill in order to be accurate and complete in preparing this report.

Signature: PD 29 November 2018

8. I have endeavoured to include in my report those matters, of which I have knowledge or of which I have been made aware, that might adversely affect the validity of my opinion. I have clearly stated any qualifications to my opinion.

9. I have not, without forming an independent view, included or excluded anything which has been suggested to me by others including my instructing lawyers.

10. I will notify those instructing me immediately and confirm in writing if for any reason my existing report requires any correction or qualification.

11. I understand that:

(a) my report will form the evidence to be given under oath or affirmation;

(b) the court may at any stage direct a discussion to take place between experts;

(c) the court may direct that, following a discussion between the experts, a statement should be prepared showing those issues which are agreed and those issues which are not agreed, together with the reasons;

(d) I may be required to attend court to be cross-examined on my report by a cross-examiner assisted by an expert.

(e) I am likely to be the subject of public adverse criticism by the judge if the Court concludes that I have not taken reasonable care in trying to meet the standards set out above.

12. I have read Part 19 of the Criminal Procedure Rules and I have complied with its requirements.

13. I confirm that I have acted in accordance with the Code of Practice for Experts.

14. I confirm that I have read guidance contained in a booklet known as *Disclosure: Experts' Evidence, Case Management and Unused Material* which details my role and documents my responsibilities, in relation to revelation as an expert witness. I have followed the guidance and recognise the continuing nature of my responsibilities of disclosure. In accordance with my duties of disclosure, as documented in the guidance booklet, I confirm that:

(a) I have complied with my duties to record, retain and reveal material in accordance with the Criminal Procedure and Investigations Act 1996, as amended;

Signature: PD 29 November 2018

(b) I have compiled an Index of all material. I will ensure that the Index is updated in the event I am provided with or generate additional material;

(c) in the event my opinion changes on any material issue, I will inform the investigating officer as soon as reasonably practicable and give reasons.

EXPERT WITNESSES SELF CERTIFICATE

Revelation of information

(Criminal Procedure and Investigations Act 1996)

Name of expert witness: Professor GN Rutty

Date of birth: Over 21

Business address: East Midlands Forensic Pathology Unit, University of Leicester, Level 3, Robert Kilpatrick Building, Leicester Royal Infirmary, Leicester. LE2 7LX

I have been instructed to provide expert evidence in relation to the prosecution of the above-named, or an investigation into the following criminal offence:

I confirm that I have read the booklet known as Guidance Booklet for Experts - Disclosure: Experts' Evidence, Case Management and Unused Material that has been given to me with this form, and that I am aware of my responsibilities as an expert witness to reveal to the Prosecution Team any information that might undermine my evidence.

Personal Information

1.	Have you ever been convicted of, cautioned for, or received a penalty notice for any criminal offence (other than minor traffic offences)?	No
2.	Are there any proceedings pending against you in any criminal or civil court? Guidance Booklet for Experts	No
3.	Are you aware of any adverse finding by a judge, magistrate or coroner about your professional competence or credibility as a witness?	No

Signature: PD 29 November 2018

4.	Have you ever been the subject of any adverse findings by a professional or regulatory body?	No
5.	Are there any proceedings, referrals or investigations pending against you that have been brought by a professional or regulatory body?	No
6.	Are you aware of any other information that you think may adversely affect your professional competence and credibility as an expert witness?	No

Should you have any queries in relation to your answers to any of the above, please contact the investigator.

Please note that the questions above apply to any proceedings, findings or other relevant information in this or any other jurisdiction.

If you have answered **yes** to any of the questions numbered 1-6, please give details below.

Declaration

All the information I have given in this certificate is true to the best of my knowledge and belief.

I will notify those instructing me of any change in this information.

I am aware that any false or misleading information I have given in this document, or any deliberate omission of relevant information may lead to disciplinary or criminal proceedings.

I confirm that I understand my duty is to the Court and that I have complied with that duty.

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 should further factual information arise that contradicts the information provided at the time of the production of this report, upon which I have based my interpretations.

Signature: PD 29 November 2018

PD

406 **Professor Guy N RUTTY**

407 **MBE MD MBBS FRCPath DipRCPath (Forensic) FCSFS (Foundation) FFFLM (Foundation), AFHEA**

408 **Chief Forensic Pathologist**

409 **GMC Registration Number 3201440**

410 **INTERNAL CRITICAL CONCLUSIONS CHECK**

411 This report has been subjected to a Critical Conclusions Check in accordance with the Code of
412 Practice for Forensic Pathologists held by the Forensic Science Regulator. On the information
413 available to me (paperwork) the examination described and the conclusions reached in this
414 report are reasonable - Dr Frances Hollingbury 27th November 2018.

Signature: PD 29 November 2018