WITNESS STATEMENT

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

Statement of: Russell James Delaney
Age if under 18: Over 18 years

This statement consisting of 9 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 shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature: ..... Date: 7th August 2018

POST MORTEM EXAMINATION REPORT

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

NAME:	Scott LAFFERTY
DATE OF BIRTH:	25.04.1957
AGE:	61 years
SEX:	Male
ADDRESS:	21 Calton Walk, Bath
POST MORTEM NUMBER:	P41-2018
DATE & TIME OF DEATH:	Discovered 14.05.2018
DATE OF EXAMINATION:	15.05.2018
PLACE OF EXAMINATION:	Flax Bourton Public Mortuary
CORONER:	Ms Voisin - Avon
POLICE FORCE:	Avon & Somerset
OFFICER IN CHARGE:	DI Bunting

PROFESSIONAL STATEMENT

I am a fully registered medical practitioner (GMC number 4285836) and my name appears on the GMC Specialist Register for Histopathology (Forensic Pathology). I hold the degrees of Bachelor of Medicine and Bachelor of Surgery awarded by The University of Birmingham in 1996. I am a Member of the Royal College of Surgeons of England and a Fellow of the Royal College of Pathologists by examination in Forensic Pathology. I was appointed to the Home Office list of Forensic Pathologists in March 2009. I am currently a full time Forensic Pathologist working in the South West of England as part of the South West Regional Forensic Pathology Group Practice.

This report has been subjected to a Critical Conclusions Check in accordance with the Code of Practice for Home Office Registered Forensic Pathologists held by the Forensic Science Regulator.

I, Dr Russell James Delaney 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.

Signed: (Dr R J Delaney) Date: 7th August 2018

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.

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 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;
(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.

I confirm that the contents of this report are true to the best of my knowledge and belief and that I make this report 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.

HISTORY

Prior to the post mortem examination I met with the officers listed below. I was told that police attended Scott Lafferty's home address at around 2130hrs on 14th May 2018 after a business associate in Dorset had raised concern for his welfare. Entry was forced and the body of a badly decomposing male was found on the top floor of the property with a small knife close to the body. It was believed that Scott Lafferty was living in the top floor as the other floors were being renovated. Near the body

were dog faeces, maggots and flies. It appeared as though a dog had eaten part of his face. His lower jaw was around 1 metre away on the hallway floor. There was a possible puncture wound on his chest.

He was last seen around a month ago by his GP. At that stage he was very emotional and believed that people were trying to access his accounts. He believed that he had Asperger's syndrome. He said that he was going to hire a bodyguard.

He was not known to police. There were no signs of a burglary. There were no financial irregularities. There were no signs of assault at the scene. He was initially in a face down position and then was turned by the police search team.

Photographs from the scene showed a small kitchen-type knife close to the bedroom door. It had a black handle. The blade was narrow and relatively short. It had a single cutting edge. The tip appeared relatively sharp. There were dog hairs on the knife. There were no bloodstains.

GP Notes

Scott Lafferty registered with his GP in October 2017. At that time his height was 1.7m (5 feet, 7 inches) and his weight 76kg (12 stone). There was a history of psychosis and he was treated with risperidone. In August 2017 he had been admitted to a mental health unit in Cardiff with paranoia.

In January 18 he was off his risperidone as he had run out. In March 2018 he was emotional and had a 1 hour consultation at which point he declared he believed he had Asperger's. In May 2018 an MRI scan was discussed to rule out a space-occupying lesion.

POST MORTEM EXAMINATION

On 15th May 2018, at the request of Avon & Somerset Police and on the instructions of Ms Voisin, HM Coroner for Avon, I attended the Flax Bourton Public Mortuary and performed a post mortem examination on an unidentified male body believed to be that of Scott Lafferty.
The examination commenced at 1545hrs.
The following persons were present during the examination:

- DC 3222 Binney
- CSIS 7273 Hampson
- CSI 8720 Parker
- CSI 8773 Frost
- K Wade Medical Student
- APTs S Derrick and G Best

Photographs were taken under my direction by CSI Frost.

EXTERNAL EXAMINATION

The body was received in 3 black body bags. The middle bag was sealed with a tag 0791461.

In a separate plastic bag between the middle and inner body bags was a mandible containing 7 teeth on the right and 6 on the left. The bone was stripped of soft tissue.

The inner body bag was sealed with a tag 0791997.
The body was lying on and partly wrapped in a white sheet.
There was a clear bag around the head with a fly inside.

The body was that of a moderately built, white skinned adult male.
The body length was 172cm (5 feet, 8 inches).
The body weight was not recorded due to faulty equipment.

Rigor mortis had passed in all muscle groups.

There was a 'Believed to be' tag around the left wrist bearing the details of Scott Lafferty.

Clothing:

- A pair of blue-grey check pyjama trousers, 'F+F' size UK medium. There were some bloodstains over the front of the right leg together with white dog hairs and a number of fly larvae.
- A pair of black trunk-type underpants, 'TU' size large, contaminated with decomposition fluid and faeces.

Marks of Injury:
On the left side of the front of the chest roughly midway between the sternal notch and the xiphisternum, approximately 135cm above the heel, was a roughly horizontal wound measuring 2.5cm across x 1.5cm vertical. It appeared to be shelved inferiorly. The inner corner was approximately 2cm from the midline and 9cm below the sternal notch. There was maggot activity within the wound. 0.8cm lateral to that wound was a second defect, 1.0cm across x 0.5cm vertical. There appeared to be blood tracking superiorly from the wounds to the top of the left shoulder and the base of the neck. Blood leaked from the wounds on turning the body.

The larger wound passed through the chest wall at the inner edge of the left pectoralis minor muscle belly with a defect 2.7cm long. It passed between the 3rd and 4th ribs, which were undamaged.
There was a 1.0cm wound on the inner edge of the left upper lobe.
There were 3 defects in the left side of the pericardial sac, 2.0cm, 1.3cm and 1.3cm long. All 3 were boat-shaped.
There were 3 defects in the anterior wall of the left ventricle, 2.0cm long just above the apex (partial thickness), 1.5cm long (full thickness) and 1.0cm long mid left ventricle (partial thickness).
There was no posterior heart wound.
There was a left-sided haemothorax - approximately 1000mL of fluid blood and blood clot.
There was bleeding in the soft tissues of the left side of the chest wall extending around and lateral to the wound.
The wound depth was estimated at least 2.5cm long.

The second wound did not pass into the chest cavity.

Remainder of Regional Examination:
Head & Neck
The skin and soft tissue were completely absent over the face and the top and sides of the head.
The eyes were absent.
The skin and soft tissue at the front of the neck were absent effectively to a level around 7cm above the sternal notch. There was a small amount of decomposing soft tissue in front of the cervical vertebrae.
The ears were absent.
There was some grey scalp hair posteriorly up to 12cm long.
There were 6 teeth in the right upper jaw; the 6th tooth was long absent.

There were 7 teeth in the left upper jaw with evidence of white dental work.
There was dry leathery skin over the back of the neck.

Trunk
Much of the anterior trunk was black and brown with parchment-like consistency apart from the right iliac fossa and flank, which were white-green.
The nipples were not visible.
There was a normal male adult distribution of body hair with post mortem slip.
There was post mortem change of the external genitalia and the perianal area without obvious injury.
The skin of the back was dry and leathery. There was no penetrating injury.

Right Upper Limb
There was dry parchment-like skin over the front, outer and inner aspects of the upper arm.
There was a diamond-shaped area of white sparing in the crook of the elbow.
There was skin slip and dry parchment-like change over the back of the forearm.
The fingers were mummified and rigid. They were flexed at the proximal interphalangeal joints (PIPJs - second knuckles).
The index fingernail was present. The rest were absent.
The palm of the hand was dry with no ridge detail.
No wounds were identified.

Left Upper Limb
There was similar skin slip and drying.
The fingernails were present and uninjured.
No wounds were identified.

Right Lower Limb
There was skin slip and drying over the inner thigh.
There was dry brown skin over the outer and front aspects of the thigh.
There was green discolouration of the lower thigh, knee and shin.
The skin of the foot was dry.

Left Lower Limb
There was skin slip and parchment-like drying of the front of the thigh with maggots within the margins of the skin slip.
There was possible hypostasis over the front of the knee.
The skin over the lower leg was intact with some post mortem change.
There was post mortem drying of the sole of the foot, the tops of the toes and the medial edge of the foot.

INTERNAL EXAMINATION
All of the internal organs showed varying degrees of post mortem decomposition.

Head and Neck

Scalp:	No other injury.
Skull:	Intact.
Meninges:	Post mortem change. No suggestion of haemorrhage.
Vessels at base of brain:	Normal.
Brain:	495g. Grey and of liquid consistency. No suggestion of intracerebral haemorrhage.
Spinal cord:	Not examined.
Pituitary gland:	Not identified.
Middle ears:	Not examined.

Eyes:	Not dissected.
Face:	Intact.
Neck muscles:	The lower parts of the sternocleidomastoid muscles were present. There was post mortem change. No other anterior neck muscles were present.
Hyoid bone:	Absent.
Larynx:	Absent.
Thyroid gland:	Absent.
Major arteries:	Inferior segments only.
Internal jugular veins:	Inferior segments only.
Mouth:	Soft tissue absent.
Tongue:	Absent.
Pharynx:	Absent.
Cervical spine:	Intact.
Chest	
Chest wall:	Left-sided penetrating defect described. Background decomposition.
Pleural cavities:	Left-sided haemothorax described.
Trachea + main bronchi:	Post mortem change only.
Lungs:	Right 244g, left 220g. Left-sided stab wound defect described. Otherwise post mortem change only.
Pulmonary vasculature:	Patent and free of thrombo-embolism.
Pericardium:	Stab wound defects described.
Heart:	254g. Stab wound defects described. Significant external and internal post mortem change. The atria were otherwise normal. The cardiac valves were normal. There was no ventricular hypertrophy. The myocardium was pale. There was no fibrotic scarring. There were no signs of acute myocardial infarction.
Coronary arteries:	Significant decomposition. Where assessable the vessels were thin walled without significant atheroma.
Thoracic aorta:	Intact. No significant atheroma.
Oesophagus:	Normal.
Sternum:	Intact.
Ribs:	Intact.
Thoracic spine:	Intact.
Abdomen	
Abdominal wall:	No penetrating defect. Post mortem change.
Peritoneal cavity:	Contained decomposing fatty fluid. No blood.
Stomach:	Contained a smear of liquid. The lining showed post mortem change only.
Duodenum:	Post mortem change only.
Small intestine:	Post mortem change only.
Large intestine:	Post mortem change only.
Appendix:	Present.
Rectum:	Post mortem change only.
Liver:	570g. The capsule was intact. Section revealed post mortem change only.
Gallbladder:	Post mortem change only.
Extra-hepatic biliary tree:	Normal.
Pancreas:	Post mortem change only.
Spleen:	88g. The capsule was intact. Section revealed post mortem change.

Abdominal aorta:	Minimal atheroma. The openings of the major arteries were patent.
Inferior vena cava:	Normal.
Adrenal glands:	Adrenal glands.
Kidneys:	Right 84g, left 103g. The capsules stripped easily. There was post mortem change of the cortical surfaces and a cyst on the left. Section revealed post mortem change of the cortices and medullae.
Ureters:	Normal.
Bladder:	Contained a small amount of pink urine. The lining was normal.
Prostate:	Normal.
Testes:	Post mortem change only.
Lumbar spine:	Intact.
Pelvis:	Intact.

The examination concluded at 1900hrs.

EXHIBITS
The following items were retained during the examination:

0001RJD1	Pyjama bottoms
0001RJD2	Black boxer shorts
0001RJD3	Urine
0001RJD4	Plain blood left chest cavity
0001RJD5	Blood - DNA left chest cavity
0001RJD6	2 x blood fluoride oxalate left chest cavity
0001RJD7	Muscle sample for DNA
0001RJD8	Blood fluoride oxalate right femoral vein
0001RJD9	Histology pot
0001RJD10	Sample of maggots

Exhibits 0001RJD1, 0001RJD2, 0001RJD5, 0001RJD7 and 0001RJD10 were handed to DC Binney at the end of the examination.
I took possession of the remaining exhibits. The fluid samples were taken to the Department of Toxicology at Southmead Hospital.
The histology pot contained small tissue samples from the right adrenal gland, spleen, right kidney, liver, lungs and heart. No whole organs were retained. The tissue samples were processed at the Department of Cellular Pathology, Southmead Hospital, Bristol (11 blocks; laboratory reference 18D00000564). The blocks and slides are currently stored in Southmead Hospital pending further instructions.

HISTOLOGY
All of the samples showed severe post mortem autolysis, which precluded any further comment.

FURTHER INFORMATION
I was subsequently told by DI Bunting that it would appear as though Scott Lafferty's mental health had been deteriorating with paranoia and psychosis although no obvious suicidal signs. He had hired a bodyguard for 3 months and believed that people planned to kill him. He was wealthy having been involved in the development of sonar software. At the address the doors opened to bodily pressure. There were no signs of a disturbance.

TOXICOLOGY

The analysis was reported by Mr P Beresford, Head of Toxicology at Southmead Hospital. The results were:

Blood	
Ethanol	131 milligrams per 100 millilitres
Risperidone	not detected
9-OH Risperidone	not detected
Salicylate	not detected
Paracetamol	not detected
Vitreous humour	
Ethanol	56 milligrams per 100 millilitres

Blood screens were negative for benzodiazepines, opiates, amphetamines, cocaine metabolites, cannabinoids, methadone and barbiturates.

The interpretation provided by Mr Beresford was:
'The blood ethanol limit for driving is 80 milligrams per 100 millilitres, levels greater than 300 milligrams per 100 millilitres may be associated with serious toxicity.
It is difficult to predict the exact effect on an individual of the reported ethanol concentration, as this will depend on a number of factors including tolerance. Effects are likely to be less marked in persons accustomed to a regular high intake of alcohol.
At blood levels within the range 100 – 200 milligrams per 100 millilitres, typical effects may include lack of coordination with slower reaction times, obvious drunkenness with nausea and vomiting in some people.'

COMMENTS

1. Scott Lafferty's body showed significant signs of decomposition in keeping with a prolonged post mortem interval. It is not inconsistent with the date that he was last confirmed to be alive but it is not possible on consideration of the pathological findings in isolation to determine the precise date of his death.

2. He died as a result of a stab wound to the left side of the chest, which entered over the front of the chest and passed backwards causing damage to the left lung and more significantly the heart. There were three defects in the pericardial sac and three in the front wall of the left ventricle of the heart (main pumping chamber), two of which were partial thickness and one full thickness. The defects to the heart resulted in the accumulation of a large volume of blood in the left side of the chest, which would have led relatively rapidly and progressively to unconsciousness and death. The three defects in the heart muscle from the single penetrating defect to the chest is indicative of a degree of movement such as could be produced by withdrawing and reinserting the knife.

3. The internal appearances were indicative of a knife with a single cutting edge. In my opinion the knife in the scene photographs could have caused the wound track although I have not been provided with scaled images.

4. There appeared to be a second small defect on the chest wall adjacent to the main wound. This could represent a second puncture wound caused by the knife, which has not penetrated into the chest cavity although it could not be excluded that this was due to maggot activity.

5. No defence-type wounds were seen on the upper limbs although the possibility of superficial glancing contact from a knife subsequently obscured by decomposition cannot be excluded.

6. There was no soft tissue remaining over the face, most of the head and the front of the neck such that injuries to those sites cannot be completely excluded. The soft tissue loss and detachment of the mandible (lower jaw) are in keeping with post mortem animal activity. There was no other injury to the facial skeleton, no skull fracture and no suggestion of intracranial haemorrhage.

7. Analysis of a post mortem blood sample identified a blood alcohol level of 131 milligrams per 100 millilitres which is just over 1½ times the legal limit for driving. Some but probably not all of this may have been due to post mortem bacterial fermentation. If entirely due to ante mortem consumption then I would not have expected this to result in his incapacitation. Risperidone, a prescribed antipsychotic, was not detected; this may correlate with the history of deteriorating mental health.

8. There was no evidence of significant pre-existing natural disease that could have contributed to his death within the limitations imposed by the degree of decomposition.

9. The pathological findings taken in isolation cannot exclude the possibility of the involvement of another person in his death; the post mortem findings need to be correlated with the overall findings of the investigation with regard to the manner of his death. However, the wound was in a position such that it could have been self-inflicted. The second possible wound adjacent to the main wound if genuine could represent a superficial puncture from a tentative or hesitation movement of the type associated with self-infliction (testing of the sharpness of the tip of the weapon or 'building up courage' to make the main wound). The repeated movement of the knife whilst in the main wound in the absence of signs of significant movement on the skin surface would support self-infliction.

CAUSE OF DEATH
Ia Stab wound to the left side of the chest

Dr Russell J Delaney
MB ChB, MRCS, FRCPath
Home Office Registered Forensic Pathologist