



# Victorian Institute of Forensic Medicine

Division of Clinical Forensic Medicine  
11 Moore Street, Southbank Victoria, Australia 3006

 MONASH University

**COPY**

23 October 2012

**Report prepared for**  
Detective Sergeant Peter Roddick  
Homicide Investigation Unit  
State Crime Operations Command  
Queensland Police Service

**RE**                    **Name: GERARD BADEN-CLAY**  
                              **Date of birth: 9 September 1970**

**Author of report:** David Wells

I am a medical practitioner registered with the Australian Health Practitioner Regulation Agency.

## QUALIFICATIONS

- Bachelor of Medicine and Bachelor of Surgery. (M.B.,B.S., Monash 1976)
- Master of Arts. (M.A., Melbourne 1980)
- Diploma of Medical Jurisprudence. (DMJ., Soc Apothec, London 1992)
- Diploma of the Royal Australian College of Obstetricians and Gynaecologists. (RACOG 1984)
- Graduate Certificate of Higher Education. (Monash, 2004)
- Fellowship of the Royal Australian College of General Practitioners.(FRACGP, Melbourne, 1984)

## APPOINTMENTS

- Head of Clinical Forensic Medicine at the Victorian Institute of Forensic Medicine.
- Honorary Associate Professor, Department of Forensic Medicine, Monash University.
- Honorary Associate Professor, Department of Paediatrics, Monash University.
- Sessional Consultant, Victorian Forensic Paediatric Medical Service.

## BACKGROUND

I was contacted by Detective Sergeant Roddick on the 27/08/2012. He informed that he was investigating a recent homicide and requested my assistance to review injuries sustained by an accused, Gerard Baden-Clay. Subsequently Detective Sergeant Roddick sent me materials to assist in my deliberations.

I have accessed the following materials in the preparation of this opinion:

1. An **email and letter of request for services from Detective Sergeant Roddick** dated 28 August, 2012.
2. An excerpt of a **transcript of record of interview** with the accused. This is a three page document containing elements of an interview conducted on the 20/04/2012.
3. A **statement of Dr Candice Beaven** dated the 25/05/2012. It consists of 4 pages of formal statement and a single page of typed consultation notes recording details of the interactions between the accused and medical practitioners over a period 18 March 2011 – 14 May 2012.
4. **Statements of Dr Renu Kumar**. There are two statements dated 26 & 30 April, 2012. The first of these is a two page statement, a black and white photograph purportedly of the accused and a patient visit record of typed notes of the consultation held on the 21 April, 2012. The second is two page statement and a black and white copy of a photograph of a shaving implement.
5. **Statement of Dr Leslie Griffiths**. This is an undated 5 page statement.
6. **Two statements of Dr Robert Hoskins**. The first of these is a 33 page statement dated the 19 July and the second a 10 page statement dated the 23 July, 2012.
7. **A National Injuries Database report** from the Serious Organised Crime Agency case reference number: OP064793.
8. **Two sets of photographs** emailed separately in folders. These were:
  - A set of photographs reportedly taken on the 20/04/2012. There were a total of 10 such photographs depicting elements of the face and hands of the accused and photographs of a shaving razor.
  - A series of 17 photographs taken on the 21 April, 2012. These are photographs of the accused depicting a number of views of his upper body.

## INFORMATION

From this material I have drawn the following information.

1. **Timelines.** My understanding of the sequence of events is as follows:
  - Evening of 19 April, 2012 - the wife of the accused was last seen alive.
  - 0615 hours, 20 April, 2012 - the time that accused alleges that he sustained his facial injuries whilst shaving.
  - 1000 hours, 20 April, 2012 - police interview the accused and take photographs of his facial region hands and the shaver.
  - 0830 hours, 21 April, 2012 - the accused has a consultation with Dr Beaven.
  - Morning of the 21 April, 2012 - a series of 17 photographs were taken of the accused.
  - 1600 hours 21 April, 2012 - the accused has a consultation with Dr Kumar.
  - Afternoon, 22 April, 2012 - the accused was the driver of a vehicle involved in a collision and was taken to hospital.
  - 1915 hours, 22 April 2012 - the accused was seen by Dr Griffiths.
2. **Record of interview.** The accused was asked about a cut on his hands and he indicated that this happened when a screwdriver he was using slipped off a screw and scratched his hand. He was also asked about his facial injuries and he said that they were sustained whilst shaving.
3. **Dr Beaven.** The accused informs Dr Beaven that he had sustained his facial injuries 24 hours earlier whilst using an old razor. He had been rushing and believed that the injuries may have occurred "in a few motions". It was unclear whether he had noticed any bleeding. Dr Beaven noted the presence of "3 vertical superficial abrasions to the right cheek".
4. **Dr Kumar.** During this consultation Dr Kumar identified injuries to the face, neck and chest. The accused told her that he sustained the cuts on his face when using an old razor. She also described a series of "marks on his chest" which he said were self-inflicted when he scratched himself. She describes these as scratch marks although there is no description of the injuries. She also describes a superficial abrasion on his neck which he described as being due to him scratching the area to remove a caterpillar.
5. **Dr Griffiths.** This examination took place on the evening of the 22 April, 2012 after the accused had been involved in a single vehicle collision whilst he was driving. It is unclear whether the subject sustained any injuries as a result of this collision. Further it is unclear whether Dr Griffiths' comments pertain specifically to his examination findings or his review of the photographs. Notwithstanding this he described 2 parallel linear scratch abrasions on the lower right cheek, several parallel abrasions on the right upper chest close to the armpit, a patterned abrasion to the left of the breast bone, yellow bruising on the central chest and two parallel abrasions on the left lower neck.
6. **Dr Hoskins.** Dr Hoskins report is based on information provided to police and his access to the photographs; it does not appear that he examined the accused.

7. **National Injuries Database Report.** This contains a search of the National Injuries Database for injuries purportedly sustained from either fingernail scratches or shaving from a razor. There is no specific interpretation of the injuries in this case.

8. **Photographs, 20 April, 2012.**

- **Facial views.**

The 2 photographs are confined to views of the right side of the face but capturing only the lower cheek and right side of nose mouth, neck and right ear. The photographs are of good quality with adequate lighting and clarity but do not carry a scale.

The obvious injuries are a series of abrasions on the lower right cheek. The majority of these are located roughly midway between the angle of the mouth and the ear although there are some smaller abrasions adjacent to the angle of the mouth. In addition to the abrasions there appear to be a number of other skin markings that may or may not be traumatic in origin. The facial injuries are variable sized, shaped and depth abrasions clustered on the right cheek.

The larger injuries are a series of linear and irregular shaped skin defects distributed roughly parallel with each other. Continuous with the lower margin of the lesion placed most closely to the ear are a series of fine linear abrasions or perhaps incised wounds. Closer to the angle of the mouth is a third and possibly a fourth small oval or irregular shaped skin defect.

None of these injuries show any evidence of bleeding and the surface is dry with a somewhat sealed or glazed appearance. Macroscopically I cannot detect any evidence of healing along the margins of the wounds although arguably there is a small degree of inflammation adjacent to the edges particularly to the fine linear components I mentioned earlier.

- **View of the hands**

There are four photographs depicting the hands. Two show the dorsum (back) of both hands; I am not able to detect any signs of recent injury in these views.

Another photograph depicts the palmar aspect of both hands and there is a linear area of inflammation seen on the right hand at the base of the thumb. The final photograph is a close up of this area of injury. It shows a fine linear abrasion or superficial incised wound. There is a small skin tag at its termination closest to the wrist, a moderate degree of inflammation surrounding the margins and a suggestion that the wound is not continuous through its full length.

9. **Photographs, 21 April, 2012.**

These photographs appear to have been taken approximately 24 hours after those taken on the 20 April. In these photographs there is a moderate degree of stubble present and is quite feasible that the subject has not shaved between the two episodes of photography.

- **Facial views.** The facial views once again depict the injuries described earlier. The difference between these photos and those taken earlier are:

- There is a scale present. This indicates the linear abrasions vary between approximately 2.5 cm in length and 4 cm in length and between 3 - 5 mm in width. The small irregular shaped abrasion near the corner of the mouth is approximately 2 x 4 mm.

- The material on the surface of the wounds appears to be perhaps a little more organised and the margins are more inflamed.
  - The views indicate the presence of only one small abrasion near the corner of mouth; the second lesion may be a small area of skin discoloration or pigmentation.
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- **Anterior chest wall views.** There are a number of photographs depicting the front of the chest; some from a distance and others more close up. The injuries captured here include:
    - A diffuse area of bruising on the left side of the chest roughly at the junction between the collar bone and the breast bone extending onto the chest wall laterally. The bruising is not homogenous but rather appears to consist of a multiple linear bruises that are a dark red black colour overlying an area of pale yellow discolouration. There is a suggestion of linearity in the distribution of these bruises. There does not appear to be any obvious skin breaks at this site. The area involved with this bruising is approximately 8 cm x 5 cm.
    - A further area of bruising is evident on the right side of the chest immediately above the crease of the armpit. This area of bruising measures approximately 7 cm x 3 cm and again there is a suggestion of multiple linear components orientated vertically. The bruising is of a pink red colour with a suggestion of yellow discolouration of the adjacent skin
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- **Back.** There is a single view of the back extending from the scalp down to the waistline. I could not identify any injuries on this photograph.
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- **Left side of neck.** There are a total of 4 photographs capturing views of the left side of the neck. Immediately above the middle of the left collar bone are two and possibly three vertically orientated linear bruises. The bruises are a red black colour interrupted (that is there is some normal appearance skin at various stages in the bruises) and they are parallel in relationship to each other. Again there does not appear to be any breach of the skin at the site of these bruises.

## COMMENTS

### 1. Injuries produced by fingernails.

1.1 A finger drawn forcibly across the skin may produce:

- A fine linear, curved or irregular shaped abrasion or incised wound;
- A shallow (and generally) "gouged out" linear or irregular shaped abrasion;
- A series of interrupted areas of abrasion caused by the nail having broken contact with the skin;
- Superficial bruising of varying shapes;
- Combinations of the above;
- No injuries.

1.2 The features of any resultant injuries from fingernail contact will depend on:

- The amount of force applied;
- The shape of the nail and in particular the length and the free edge.
  - Very short (chewed or cut down) nails are far less likely to produce an injury than long nails.
  - A broken nail with a rough irregular or sharp free edge is more likely to produce an injury.
- The presence or absence of any skin pathology.

1.3 It may be possible to determine the direction of the nail movement if skin tags are present on the wound. These skin tags will be located where the force contact has concluded.

1.4 When fingernails from one hand are applied across the skin then a multiple of the number of injuries described above might sustained. Generally these injuries (2-4) will be roughly parallel in their distribution.

1.5 Skin injuries resulting from fingernail contact are almost inevitably of relatively minor severity. The very superficial abrasions and bruises are likely to resolve untreated over a period of a few days. Deeper abrasions (particularly those of the "gouging variety") may take longer as will injuries that become infected, or are re-traumatised or occur in individuals with underlying skin disorders.

### 2. Injuries produced by shaving blades in the course of shaving

2.1 (The following comments refer to a type of disposable shaving razor blade that has been identified as the implement that allegedly produced the facial injuries. This device consists of a handle and a replaceable head. The latter contains three parallel single edged blades approximately 50mm long separated by 2mm. In parallel and above and below the blades are two linear plastic guards.)

2.2 The action of shaving may be supplemented or augmented by the use of shaving cream or soap. This may cause some softening of the hair stubble and reduce the friction between the blade and the skin. It is unclear if either of these substances were used in this case.

2.3 It is likely that the majority of men who shave regularly, sustain injuries as a result of this activity. Injuries are more likely to be sustained if:

- There is a disorder of the underlying skin that makes it more susceptible to trauma;
- The individual is inexperienced in the action of shaving;
- The blade is damaged.

- The blade is blunt causing the user to reshave the same area multiple times with varying degrees of force increasing the likelihood of skin irritation and inflammation.
- There are irregularities of the skin surface in particular small protuberances (e.g a mole or a protruding hair follicle), areas of previous trauma (e.g an earlier shaving injury), or within folds or areas of loose skin.

2.4 Injuries produced by shaving blades will generally have features of linear incised wounds. In this context an incised wound will be generally very shallow and of variable length but most frequently of a few millimetres. A number of shaving injuries will be too small to allow for any accurate identification of their specific features.

### 3. The facial injuries

3.1 The deep broad abrasions referred to are not injuries that I would associate with having been sustained from a shaving blade. They are the result of forceful contact with an object that has caused a gouging or scalloping of the superficial tissues. Such objects might include (but are not limited to) finger nails or vegetation (twigs or sticks).

3.2 The fine linear incised wounds at the lower end of one of the abrasions may be caused by a shaving blade but might also be due to the same implement that produced the abrasions but applied at a different angle.

3.3 The injuries are likely to have bled for a variable period after they were sustained.

3.4 The injuries seen in the photographs taken on the 20<sup>th</sup> April, appear more organised or advanced in their healing than I would normally expect if this type of injury had been sustained less than 6 hours earlier. However while the injuries have features to suggest that they have been sustained recently (hours-days), I cannot be more specific with the timing.

### 4. The neck injuries

4.1 These linear bruises are also the result of contact with a hard or firm blunt object. This could be a single object with multiple (at least two) edges, or a single edge applied repeatedly. Fingernails or some inanimate object could produce such an injury.

4.2 I cannot identify the direction of the application of the object(s).

4.3 I cannot age the injury with any certainty. Generally, such bruising will resolve over a period of days after being sustained.

### 5. The chest injuries

5.1 The bruised areas on the chest wall are the result of further applications of blunt force at those sites. Again a blunt object impacting at those sites has produced bleeding within the skin and possibly the deeper tissues.

5.2 Clothing worn by the subject at the time may be reflected in the features of these injuries. Hence:

- The bruising seen close to the right shoulder may be produced by clothing being pulled forcibly on to or over the skin at that site.
- A blow or an impact through clothing can produce a stippled or patterned type of bruise such as that seen on the left chest wall.

5.3 Again, it is not possible to age the injuries with any certainty. If the photographs (21<sup>st</sup> April) accurately represent the colour of the injuries then the apparent yellowing to the bruise on the front of the chest would indicate that this injury has been sustained at least 18 hours earlier.

## 6. The hand injury

6.1 This injury may represent the result of either sharp or blunt trauma. It has no specific features that allow me to identify possibly causative implements. It is possible that a screw driver tip moving forcibly across the skin could produce such an injury.

6.2 I am not able to provide any commentary as to when it may have been sustained.

## 7. Dr Griffiths' report

Whilst concurring with many of the observations made by Dr Griffith's there are a few issues of disagreement. The following refers to the numbered notes in Dr Griffiths' statement.

7.1 *Note 5 and Conclusions 2-5 & 7.* The injuries are described as being superficial and abrasions. My interpretation is that the chest and neck injuries are bruises; I cannot detect a breach of the skin.

7.2 *Note 6.* The facial injuries are deep abrasions that are likely to have bled.

7.3 *Note 20 and Conclusion 2.* I do not believe that the injuries can be aged with this degree of certainty.

7.4 *Note 22.* Sharp objects drawn across the skin will generally produce an incised wound of varying depth rather an abrasion.

7.5 *Notes 23, 25 & 29.* I believe these are bruises rather than abrasions.

7.6 *Notes 30 and Conclusions 5 & 7.* I don't believe the findings are indicative of the direction of the force.

## 8 Dr Hoskins' report

Similarly whilst in agreement with much of the content of this report there a few issues of divergence:

### 8.1 Report 19/07/2012

1. *Notes 47 & 53.* I do not believe that the evidence is strong enough to support the conclusion that the injuries have occurred at separate times.
2. *Note 52.* If scabbing is referring to the presence of congealed blood or clot then this can occur in considerably less time than six hours.
3. *Note 57 & 58.* I do not believe the injuries can be aged with this degree of certainty

### 8.2 Report 23/07/2012

1. *Note 14.* I cannot confidently identify the abrasions referred to.



**CONCLUSIONS**

The subject, a 42 year old male, has sustained a number of soft tissue injuries. With regard to the injuries:

- 1 I have considerable difficulty in reconciling the facial injuries as having been sustained from the action of shaving (with the implement described).
- 2 It is possible that a number of the injuries have been sustained as a result of forceful contact with a blunt implement. The injuries to the face and neck may have been produced by the application of fingernails, or some other implement with a blunt or irregular contact point.
- 3 It is possible that the injury to the left chest is due to the repeated application of a blunt implement as in (2) above. However I believe its features suggest it may be due to a forceful impact (e.g. a blow).
- 4 The injury to the right chest may be due to a blunt implement as in (2) but could also be due to forceful contact with clothing.
- 5 It is not possible to age the injuries with any certainty. It is possible that the injuries were all sustained in the same 'timeframe' or as a result of separate direct events.



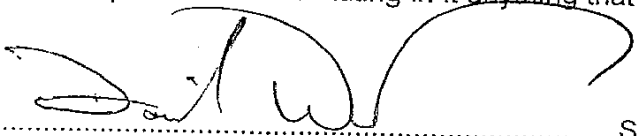
A/Professor. DAVID WELLS

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Head, Clinical Forensic Medicine

**Justices Act Acknowledgement****Justices Act 1886**

I acknowledge by virtue of section 110A(6C)(c) of the Justices Act 1886 that:

- (1) This written statement by me dated 23 OCTOBER 2012 and contained in the pages numbered 1 to 9 is true to the best of my knowledge and belief; and
- (2) I make this statement knowing that, if it were admitted as evidence, I may be liable to prosecution for stating in it anything that I know is false.



.....Signature

Signed at SOUTHBANK this 23<sup>rd</sup> day of OCTOBER 2012