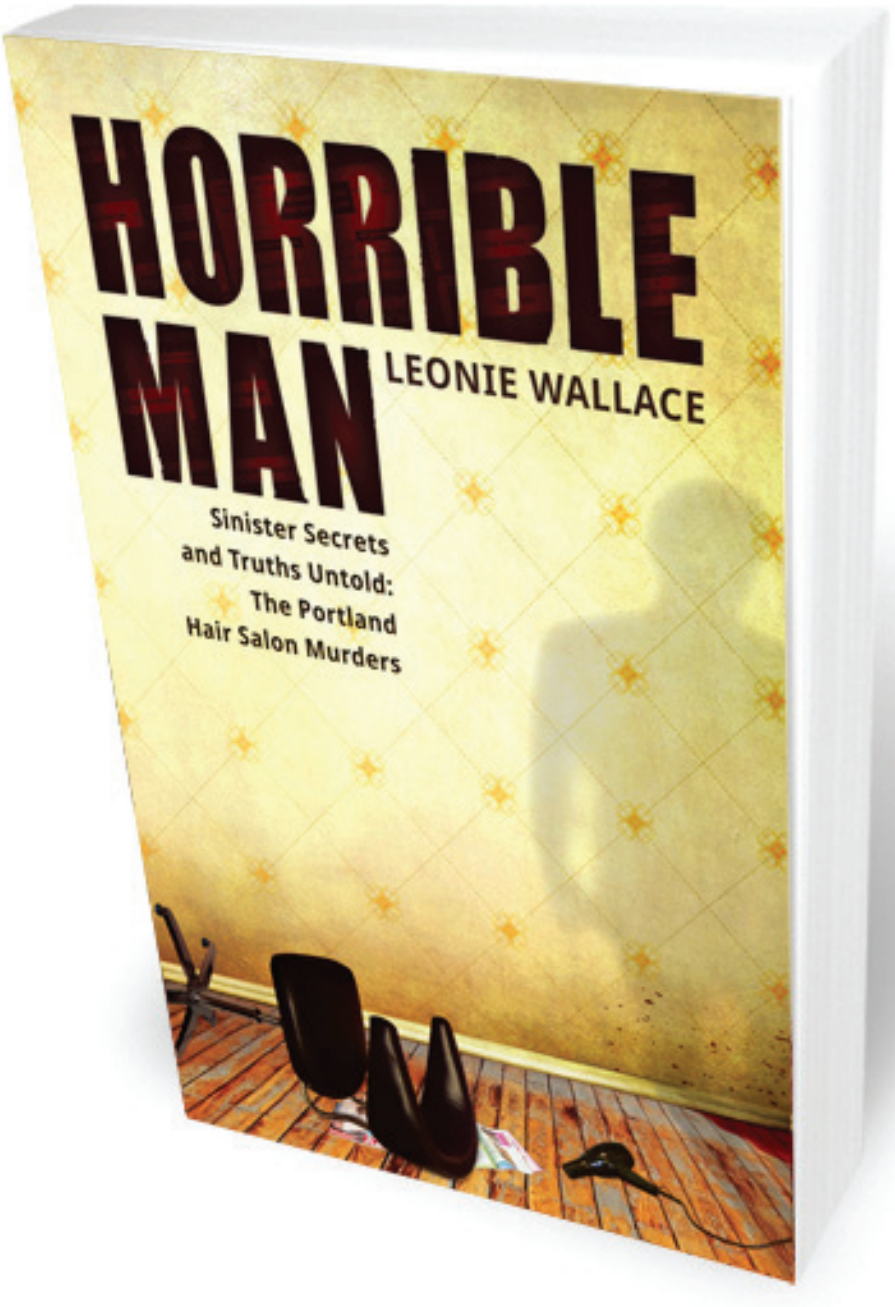
Post Mortem Examination and Coroner's Findings

Report by Leonie Wallace

www.horribleman.com



www.horribleman.com

“The person responsible – and I believe the evidence indicates there was only one person – at some stage locked both the back and front doors of the premises, which were usually left unlocked.” – Coroner, James Hanrahan.

The joint inquest into Mrs Acocks and Mrs Penny’s murders on February 21, 1995, reluctantly brought the main stakeholders back together for an unsettling reunion. Sitting in Portland, the Coroner’s Court heard a summarised version of the investigation as it stood after almost four years. The Portland courthouse was a building Tim Acocks had entered many times, only now he wasn’t wearing his uniform. He sat quietly with Linda in the front row. One-by-one detectives and witnesses confirmed the contents of their police statements. Some would be expected to answer further questions. Everyone breathed the same anxious air. The night before the inquest and again that morning, Tim had met with detectives to ask a few questions: What happened to his mother’s belongings from the crime scene? What was recovered? What was missing? Was it possible to have any of her belongings returned? Detectives allowed Tim to see selected photographs of his mother’s possessions on the proviso he agree not to ask the same questions in open court.

At the end of a single day’s proceedings, coroner James Hanrahan concluded both women died of multiple stab wounds and that the motive for their deaths and the identity of the person responsible remained a mystery.

Mr Hanrahan delivered the following finding:

"Firstly, I do not intend to go through all the facts relating to the two tragic deaths. That has been covered adequately in the evidence here today. Much of the evidence related to an attempt to fix the time at which the deaths occurred on May 3, 1991. Of the witnesses, the last person to see Mrs Acocks was Mr Jackson, who identified her as being in the vicinity and crossing the road at about 3.05pm on that day. She (Mrs Penny) was supposed to meet Mrs Endersby at 3.15pm and did not attend. Mrs Angelino passed the door of the hairdresser's salon several times between 2.50pm and 3.05pm and saw nothing untoward. The dentist, Mr Painter, heard screams at about, he thought 3.10pm, whilst Mr Leibhardt said that he heard screams around 3.30pm and later made observations of the back flywire door and the back door of the premises, and it seems that he may have just missed seeing a person leaving the premises. Mr Menzel made his sightings of a man in the vicinity between 3.30 and 4pm. In summary, I believe I ought to find that the deaths occurred about 3.30pm on May 3. The person responsible – and I believe the evidence indicates there was only one person – at some stage locked both the back and front doors of the premises, which were usually left unlocked. Some cash was taken from the premises, but there is no conclusive evidence why the two deceased persons were killed." Mr Hanrahan further explained Mrs Acocks had told several people about a 'horrible man' who attended the salon as a client and this had caused her some concern. "There is evidence that he told her that he

would return later," Mr Hanrahan told the court. "There is also evidence of the description of the man Mr Menzel saw running away from the area, which would be consistent with him being the person responsible, but certainly the evidence as to that is not conclusive. The police have conducted a most thorough and extensive investigation into the deaths, as detailed by Senior Detective Beanland, but no person has been charged, so it is fair to say that the motive for the deaths and the identity of the person responsible remain a mystery." Mr Hanrahan then directed his formal finding would be that Mrs Acocks and Mrs Penny had died on May 3, 1991, in the shampoo room of the Old London Coiffure from multiple stab wounds inflicted upon them by an unknown person.

With no answers to comfort them, family and friends shuffled out of the building before dispersing. Their only consolation would be an ongoing investigation. Tim gave an interview to the waiting media. He told me years later: "I was, and still am, always willing to speak with the media to raise awareness of the case. It generates interest and therefore, information for the investigators."

Post mortem examinations are undertaken in part to determine cause of death and to aid in the reconstruction of the circumstances surrounding someone's demise. Autopsies were conducted on the bodies of Mrs Acocks and Mrs Penny two days after their deaths by the Victorian Institute of Forensic Pathology. Toxicology tests were also undertaken. The following information was contained in the subsequent reports.

Post Mortem Examination of Margaret Penny

At 9.20am on Sunday May 5, 1991, Mrs Penny's body was examined by Stephen Cordner, a professor of forensic medicine at Monash University and director at the Victorian Institute of Forensic Pathology. Mrs Penny's body was dressed in a blue cardigan (the back of which had been removed at the scene), a white long sleeved shirt, camisole, bra, black slacks with a brown belt, pantyhose and white underpants. In relation to jewellery Mrs Penny had pearl studs in both ears, two gold bracelets were around her right wrist and four gold rings on her fingers, one of which had a diamond. There was no mention of a watch. Mrs Penny's hands had been secured by a black towel tied in a simple one-hitch granny knot, with the knot between the bound hands and the chest. The towel was removed with ease. Mrs Penny was 169 centimetres tall, weighed 69 kilograms and her body presented as "that of a dark-haired, normally nourished, late middle-aged white female".

As part of the external examination, the following injuries were present:

Upper back: 11 stab wounds. "Seven of these were elliptical and basically horizontally oriented ranging from 1.4cm in length to 4.2cm in length. In addition, there were four puncture type wounds irregular, but basically circular in outline approximately 0.3cm in diameter surrounded by abrasions up to 1.2 x 0.4cm. Of the wounds to the upper back, seven stab wounds penetrated at least to the musculature of the back. The puncture wounds extended

to the limits of the subcutaneous fat being a depth of up to 1.5cm."

Mid and lower back: 13 injuries including four stab wounds, two puncture wounds and seven abrasions. The stab wounds ranged from 2.3 to 3cm in length and were horizontally orientated. The two puncture wounds were 0.3cm in diameter and up to 1.5cm in depth. The seven abrasions were up to 1cm in length.

Chest: A superficial puncture wound 0.3cm in length.

Abdomen: Horizontal incised type abrasion 1cm in length.

Arms: Bruising and stab wounds.

- On the back of the left upper arm, seven areas of bruising ranging from 1 to 2cm in diameter.
- On the back of the right upper arm, four horizontally orientated bruises, all measuring 1cm.
- On outer aspect of the right forearm, one horizontally orientated stab wound 3cm in length along with "a defect 0.6cm in diameter with surrounding abrasion" and bruising.
- Inner aspect of right upper forearm, an incised wound 1.6cm in length.
- Inner aspect of right upper arm, "incised wound 2.2cm in length with an isthmus of bruising 3 x 1cm connecting it to a second incised wound on the inner right upper arm 1cm in length".

- Three incised wounds ranging from 1 to 2.5cm in length on the palmar surfaces of fingers on the left hand.

Neck: Throat had been cut creating a 16cm wound "involving the front of the neck extending from 5cm to the right of the midline to 3.5cm below the left earlobe". "The trachea has been divided in this wound at the level of the lower margin of the thyroid cartilage, which has also been divided. The edges of the wound to the neck are somewhat ragged and show from five to seven tags scattered around the margins. The common carotid artery at the sinus has also been divided on the left and the wound extends down to the paravertebral muscles on the left. The belly of the sternocleidomastoid on the left has been divided, as have all the strap muscles on the left and all the anterior strap muscles on the right. The left hand half of the oesophagus was also incised in the base of the wound."

The internal examination of Ms Penny's body revealed five ribs were fractured. "There were fractured left ribs 7, 8 and 9 laterally and left rib 10 posterolaterally and these were associated with a moderate amount of haemorrhage. There was a fracture of rib 12 on the left posteriorly not associated with obvious haemorrhage. There was no bruising in the soft tissue overlying any of these fractures." Prof Cordner concluded his report describing the cause of death as "stab wound to chest and incised wound to neck".

The following information was contained under the heading, 'Dissection of Deep Stab Wounds': "Only one stab

wound penetrated the left side of the chest and this was the inferolateral wound on the left back of the chest measuring 4cm in length and which entered the chest cavity through a horizontal 3cm wound between the left 6th and 7th ribs 3cm from the midline. It entered the posterior aspect of the upper lobe of the left lung through a defect 2.5cm in length and extended through to the anterior aspect of the left upper lobe impinging on the parietal pleura with a defect 0.8cm in length. Major branches of the pulmonary artery and the bronchi were severed along its track. There was one stab wound involving the right chest cavity between the right 5^{th} and 6^{th} ribs 1cm from the midline adjacent to the vertebral body where there was a 2cm defect. However, this was not associated with any apparent soft tissue damage within the chest."

A toxicology report compiled by Dr Iain McIntyre, a chief scientist at the Victorian Institute of Forensic Pathology, indicated Mrs Penny's blood contained the following substances:

- 0.6mg/l Propoxyphene
- 1.9mg/l Norpropoxyphene
- 16mg/l Salicylate
- 0.03mg/l Diazepam
- 0.06mg/l Nordiazepam

His report provided the following information about these substances:

- Propoxyphene is an analgesic with weak narcotic properties. It is available in Australia in either tablet or capsule form in Capadex, Digesic, Paradex, Doloxene or Doloxene-Co. “In the former three formulations paracetamol (325mg) is also present per dose, while aspirin (325mg) is also present in Doloxene-Co. Doloxene only contains propoxyphene... Maximum blood plasma concentrations of propoxyphene following a dose of 130mg (4 tablets) average at 0.2mg/l. This occurs at 2 hours. Chronic daily doses of 195mg (6 tablets) produce average plasma concentrations of 0.4mg/l. In higher therapeutic doses propoxyphene concentrations are reported up to 1.1mg/l and norpropoxyphene concentrations up to 2.6mg/l. Blood concentrations of propoxyphene halve every 8 to 24 hours (average 15 hours). Propoxyphene is metabolised to norpropoxyphene. Blood concentrations of norpropoxyphene are generally similar or slightly higher than propoxyphene.”

- “Salicylate is an analgesic and is present in numerous proprietary products including aspirin either by itself (usually as acetyl salicyclic acid) or in combination with other analgesics including paracetamol, codeine, propoxyphene and oxycodone. Normal doses of salicylate may range from 200mg in a single dose to over 2g per day. Maximum blood concentrations of salicylate

following an oral dose of 1000mg range from 30 to 115mg/l (average 77mg/l)."

- Diazepam is a sedative/hypnotic drug. It can be found in drugs including Valium. "Blood concentrations of diazepam and its active metabolite nordiazepam following oral dosing of 30mg daily generally range from 0.7 to 1.5mg/l and 0.3 to 0.5mg/l, respectively."

Post Mortem Examination of Claire Acocks

Prof Cordner began an autopsy on Mrs Acocks' body at 1pm after completing his examination of Mrs Penny's body. According to his report, when first seen in the mortuary, Mrs Acocks' body was clothed in a blue petticoat, grey pantyhose, white underpants, a bra, cotton camisole, fawn button-up shirt and a navy blue and green heavy woollen cardigan. A fawn skirt was listed as having been secured at the scene. Mrs Acocks' was wearing a gold bracelet around her right wrist and there were four rings on her left ring finger. There was a gold stud in her left earlobe, but no stud in the right ear. As with Mrs Penny, there was no mention of a watch. Her body was described as "that of a normally nourished, white haired, late middle aged, white woman". Mrs Acocks was 165cm tall and weighed 58 kilograms.

As part of the external examination, the report detailed the following injuries:

Head and Neck: "On the left side of the neck commencing 1cm from the midline a gaping 11cm incised wound with 4 to 6 skin tags. 1cm medial to and above the inner margin of the wound was a 0.5cm shallow defect. In the depth of the wound it is apparent that the internal jugular vein and the common carotid artery have been completely severed and 80% severed respectively. In the lateral margin of the wound was a small strip of black plastic similar to the cape present at the scene. The strap muscles on the left had been divided and the thyroid cartilage impinged upon but not severed." There were two bruises on the left side of the forehead, one measuring 1.5cm and the other 1.2cm. There was a 3.5cm scratch near her right eyebrow.

Chest: Curved stab wound 5cm in length on left upper chest. Two abrasions on the right side of the chest measuring 0.7 and 0.4cm in diameter, both with cuts and both injuries matching "similar sized defects in the camisole". On the right side of the chest there were four intradermal bruises each measuring 0.6cm. On the left side of the chest there was also a 2.2cm stab wound.

Abdomen: On the right side of the abdomen there was a stab wound 2.5cm in length. This stab wound was believed to have caused a reddish bruise measuring 14 x 12 cm "involving the superior iliac spine and extending posteriorly over the lateral right buttock area".

Arms: 4.5cm incised wound on the back of the right hand extending from the web of the thumb. Also at the base of the right thumb there was a ragged 2cm incised wound. Two bruises, both 1cm in diameter, on the front of the left

upper arm and then "medial to this on the inner aspect of the left upper arm area of petechial bruising over 2cm in diameter".

Legs: On the right upper thigh there were two 1cm bruises. Bruises each 1.5cm in diameter on the medial aspect of the right knee and the front of the right lower leg.

The internal examination of Mrs Acocks' body revealed the stab wound on the left side of the chest penetrated to a depth of 17cm, piercing the left lung. A second stab wound to the chest penetrated to a depth of 14cm and also pierced the left lung. A wound in the right mid-abdomen region penetrated to a depth of 12 to 15cm. Prof Cordner's report described the cause of death as "stab wound to chest and abdomen and incised wound to the neck".

A toxicology report prepared by Dr McIntyre showed there were no drugs in Mrs Acocks' blood.

After reading the autopsy and toxicology reports, I had a number of questions about aspects that did not make sense to my non-medical mind. I decided to run them by Dr Shelley Robertson, who had been a guest speaker at a crime-writing course I attended through the Victorian Writers' Centre. Dr Robertson was not only a senior pathologist at the Victorian Institute of Forensic Medicine, she was also a senior lecturer in Forensic Medicine at Monash University and an honorary senior fellow at the University of Melbourne's Department of Pathology. She seemed to know a thing or two about anatomy. I emailed

Dr Robertson to see if she would mind answering my questions. She generously indicated she would be pleased to help so I hastily emailed my list and posted copies of the autopsy reports. I offered to compensate Dr Robertson for her time and expertise, but she wouldn't hear of it. Here are some of the questions and Dr Robertson's responses:

Question 1: Is it possible to determine the order in which the wounds were inflicted?
Answer: Generally, not really. On the basis of patterns of blood loss, it is sometimes possible to state that one injury occurred before another.

Question 2: Is it possible to determine which wounds were inflicted pre-death and post-death?

Answer: Generally not if they were all inflicted perimortem, that is, around the time of death.

Question 3: Does muscle and skin tissue bruise after death or does the victim have to be alive for bruising to occur?
Answer: Bruising can occur shortly after death.

Question 4: Is it possible to determine the body positioning of the offender when the wounds were inflicted? Is it possible to determine if a stab wound to the victim's chest was inflicted by an offender reaching over from behind the victim?
Answer: No, only in NCIS.

Question 5: Abrasions were found on the bodies of both victims – were these abrasions caused by the handle of a weapon? If so, what can the size of the abrasions tell us about the weapon?

Answer: These were non-specific, but may have been able to be matched with the actual weapon if that was made available to the pathologist at the time of autopsy.

Question 6: Both women had their throats cut. The wound across Mrs Penny's neck had five to seven skin tags, with the edges of the neck wound described as ragged. Mrs Acocks' neck wound had four to six skin tags. What do these skin tags tell us? Just wondering if the offender was competent with a knife.
Answer: Again, non specific. Doesn't indicate competence with a knife.

Question 7: What conclusions can be made about the weapon(s) used? For example, what type, length of blade, width of blade, curved or straight blade. There is only one reference to a curved stab wound.
Answer: Can't necessarily draw conclusions about blade from wounds. Can really only exclude or include possibility of a particular weapon being used.

Question 8: What does the blood pattern analysis of this crime scene reveal?
Answer: I don't think it was done or I certainly haven't seen the report.

Question 9: What does the amount of internal blood loss as opposed to external blood loss reveal?
Answer: Blood loss may be significant internally, but not look like much has been shed externally.

Question 10: Is it possible to determine the degree of force used to inflict the injuries?

Answer: No, only to a limited extent such as mild, moderate, severe.

Question 11: Mrs Penny had broken ribs. Was this caused by blunt force trauma or by a weapon such as a knife?
Answer: Not clear from report, but suggest that left numbers 7,8,9,10 may have been blunt force such as heavy fall to the floor or striking blunt surface.

Question 12: There was haemorrhage associated with four of Mrs Penny's fractured ribs (ribs 7,8,9,10), but no haemorrhage associated with one of her fractured ribs (rib 12). What does this suggest? There was also no bruising in the soft tissue overlying any of these fractures. What does this suggest?
Answer: 12 may have been associated with a stab wound.

Question 13: Is it likely both women were murdered by the same person? Is it possible to speculate about this based on the injury pattern on both women?
Answer: Speculate only.

Question 14: Is it possible to determine if the offender was left or right handed?
Answer: No.

Question 15: What does the extent of bruising and the pattern of bruising tell us about how this crime was committed?
Answer: Not a lot.

Question 16: Were some of the bruises caused by finger pressure (gripping)?
Answer: Possibly.

Question 17: Mrs Acocks had intradermal bruising (4 x 0.6cm). What is intradermal bruising, how is it caused and what is the significance of this injury?
Answer: Bruising beneath the surface of the skin, which may not be apparent on the skin surface.

Question 18: There was no bruising to Mrs Penny's scalp and her skull was not fractured, yet some small cerebellar contusions were noted. What does this mean?
Answer: There has been some blunt trauma to the head.

Question 19: Both women had stab wounds which penetrated the lungs. Given these injuries, would it have been possible for either of them to scream once these injuries had been inflicted?
Answer: Yes.

Question 20: Does this crime demonstrate a high degree of hatred? Both women were left with their heads covered by hairdressing capes. Does this suggest shame or guilt? Does it suggest the offender may have known the victims and didn't want to see their faces?
Answer: Realm of forensic psychiatrist (not me).

Question 21: Is the offender likely to have cut himself while inflicting the injuries?
Answer: Not necessarily.

Question 22: A photofit was created of a man seen running from the vicinity of the hairdressing salon's rear entrance and he was carrying a satchel. He was wearing dark coloured pants and a white shirt, but the witness who compiled the photofit didn't report seeing any blood. There were hand basins in the salon where he could have cleaned himself up and he could have carried a spare shirt in the bag. Do you believe this is a plausible scenario and to what extent would the offender be covered in blood?
Answer: Crime scene would have looked at basins for traces of blood. Offender doesn't have to be covered in blood.

Question 23: According to Locard's Exchange Principle, when any person comes into contact with an object or another person, a cross-transfer of physical evidence takes place – so in this case between the victims, the killer(s) and the scene. What type of physical evidence is commonly exchanged and how useful is it in identifying a suspect?
Answer: DNA, blood, hair etc and only useful if contamination etc excluded.

Question 24: Is it possible to determine if these women put up a struggle? Does the extent of bruising provide any clues?
Answer: Injuries to arms suggest that they may have.

Question 25: Why would the back of Mrs Penny's top have been removed at the scene?
Answer: Possibly to look at her back?

Question 26: Was one of the women more brutally attacked than the other?
Answer: Subjective question, can't really say.

Question 27: Mrs Penny's stab wounds were concentrated on her back. There isn't a back category under the heading 'external examination' for Mrs Acocks. Does this suggest they were attacked differently? Does this increase the likelihood of two offenders?
Answer: Not necessarily and not really.

Question 28: If there was only one offender, is it unusual for an attacker to kill two people at the same time in different ways using the same weapons?
Answer: Realm of profiler.

Question 29: Mrs Penny appears to have more stab wounds and they are shallow, while Mrs Acocks has fewer stab wounds, but hers are deeper (ranging from 12 to 17cm). Is this an accurate assessment?
Answer: Yes.

Question 30: According to Mrs Penny's husband, Mrs Penny was addicted to prescribed drugs for pain relief from a long-term back injury. Is this consistent with the drugs that were in her system?
Answer: Capadex (propoxyphene) was present.

Question 31: Is there anything unusual about the concentration levels of the drugs in Mrs Penny's system?
Answer: Consistent with therapeutic usage.

Question 32: Would the time lapse between death and blood testing in the lab affect the drug levels detected in Mrs Penny's blood?
Answer: No.

Question 33: What is your overall interpretation of this crime scene particularly in relation to whether it appeared to be a well-planned or disorganised crime, the work of a psychopath or a calculated hit?
Answer: I can't really see into the mind of a criminal, only describe the end result. You would need to talk to a criminal profiler for this sort of thing.

Question 34: To what extent is the public's perception about crime scene analysis misguided given the popularity of television shows that neatly wrap up a crime within the hour?
Answer: Greatly misguided.

I also sent Dr Robertson some autopsy questions about the Schievella/McDonald murders and a copy of the post mortem examinations to gauge if there was a link with the Portland murders in relation to the way the crimes had been committed. I was previously aware Dr Robertson had conducted the post mortem examinations on Mr Schievella and Ms McDonald. She later told me it was interesting reviewing the Schievella/McDonald reports she completed years ago when only "a baby forensic pathologist", but

conceded her methodology had not changed all that much. In one of her reply emails she wrote: “I have reviewed all the material that you have sent me and I am struggling to find any similarities between the two cases, especially from my point of view (which is not to say that the crime scene evidence may be a different story). For a start, I never had the opportunity to examine the knots in the electrical cord binding the child. That would have been crime scene stuff, as would the knots securing the others (they would have been photographed before removal). With respect to the injuries, the short answer is no, the patterns were not the same in that whilst they all involved incised injuries to the neck, the Portland victims were stabbed in the chest/abdomen as well. The main similarities that stand out to me are that there appeared to be a disregard by the perpetrator as to possible witnesses (children in the house, hairdressing salon), and there was an opportunistic element in that the ligatures all appeared to be stuff that was lying around at the time, ie clothing, electrical cord. He didn’t use cable ties or ropes or similar that he would have had to bring to the crime scenes.”

I was extremely grateful to Dr Robertson for her contribution. She wished me luck and expressed great interest in reading the book. I made a mental note to ensure I sent her a copy.

While the deceased are obviously unable to talk, physical evidence exists even when witnesses do not. This is the theory behind Locard’s Exchange Principle. “Dr. Edmond Locard (1877-1966) expressed the fundamentals of crime

examination in a brief phrase that is the guiding principle of all investigators: 'Every contact leaves a trace'. That is, every criminal unwittingly leaves something of himself at a crime scene, and unwittingly carries something away. Trace evidence at the scene, or on the person or belongings of a suspect, is of the greatest importance in the solving of a crime." (Body in Question, Exploring the Cutting Edge in Forensic Science by Brian Innes) Locard's principle was further explored in a text by Paul L. Kirk titled Crime Investigation: Physical Evidence and the Police Laboratory which stated, "Wherever he steps, whatever he touches, whatever he leaves, even unconsciously, will serve as a silent witness against him. Not only his fingerprints or his footprints, but his hair, the fibers from his clothes, the glass he breaks, the tool mark he leaves, the paint he scratches, the blood or semen he deposits or collects. All of these and more, bear mute witness against him. This is evidence that does not forget. It is not confused by the excitement of the moment. It is not absent because human witnesses are. It is factual evidence. Physical evidence cannot be wrong, it cannot perjure itself, it cannot be wholly absent. Only human failure to find it, study and understand it, can diminish its value."

www.horribleman.com