

Autopsy Report

Newfoundland & Labrador
Office of the Chief Medical Examiner

Form ME 3

FINAL REPORT

File Number 15me.0504

Name Donald Dunphy Age 58 Sex m Date of Birth 1956-08-23

Date of Death April 5, 2015 Place of Death Residence (Mitchell's Brook)

Address Mitchell's Brook, NL

Occupation Unemployed

Immediate cause of death (a) Gunshot wound
DUE TO or as a consequence of

(b) _____
DUE TO or as a consequence of

Other significant conditions contributing to the death but not casually related to the immediate cause (a) (c) _____

Autopsy: Yes No Name of Pathologist Dr. S. Aulis

Manner of Death: Natural Accident Suicide Homicide Undetermined

Circumstances of Death:
58yr old male involved in police shooting.

In your opinion was this death preventable? Yes No

Public inquiry recommended Yes No

Comments:

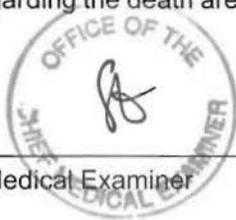
Name and Address of attending Physician _____

Date body released _____ Funeral Home _____

I, Simon V. Aulis a medical examiner for the Province of Newfoundland and Labrador, appointed under the Fatalities Investigations Act, do certify that I did make all reasonable investigations to ascertain the cause and manner of death and that the facts contained herein regarding the death are true and correct to the best of my knowledge and belief.

[Signature]
Medical Examiner

15/6/4
Date

Chief Medical Examiner


**OFFICE OF THE CHIEF MEDICAL EXAMINER
PROVINCE OF NEWFOUNDLAND AND LABRADOR**

Health Sciences Centre, St. John's, NL A1B 3V6

CASE NUMBER: FP56-15

NAME: Donald DUNPHY

AGE: 58

SEX: Male

AUTHORITY: Dr. S. Avis

IDENTIFICATION: RCMP

INVESTIGATOR: Cpl. Steve Burke, RCMP Holyrood

FINGERPRINTS: Cpl. Kelly. Lee, Forensic Identification Section, RCMP
Clareville

PHOTOGRAPHY: Dr. S. Avis and Cpl. Kelly Lee, Forensic Identification Section,
RCMP Clareville.

DATE OF DEATH: April 5, 2015

AUTOPSY DATE: April 7, 2015

PATHOLOGIST: Dr. Simon P. Avis

PROSECTOR: Dr. Adnan Karavelic

PRESENT AT AUTOPSY: Dr. S. Avis, Dr. Nebojsa Denic, Dr. Adnan Karavelic, Mr.
Daniel Reid, Cpl. Kelly Lee, Forensic identification Section, RCMP Clareville, Cst.
John Galway, RCMP Holyrood, Cst. S. Seward, RCMP Holyrood.

AUTOPSY REPORT

FINDINGS:

1. Gunshot wounds to head (2).
2. Gunshot wound to torso.

CAUSE OF DEATH:

Gunshot wound.

MANNER OF DEATH:

Homicide.

TOXICOLOGY:

Blood ethanol: **Negative.**

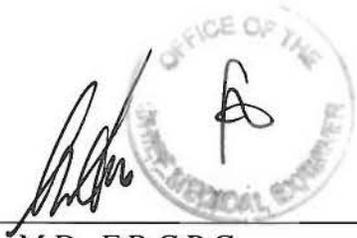
Drug screening: **Non-contributory (see report).**

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Donald DUNPHY

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15/6/3
Date



Simon P. Avis, M.D., F.R.C.P.C.
Chief Medical Examiner
Province of Newfoundland and Labrador

Donald DUNPHY

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CLOTHING:

The body is contained within a body liner inside a green body bag.

The body is clothed in:

1. blue and black long-sleeved shirt (defect noted on the left upper front panel and blood staining in the same area)
2. blue patent short-sleeved colored shirt (note is made of a defect in the left upper panel and blood staining in the same area)
3. dark black pajama bottoms
4. red boxer underwear
5. grey socks

Note: Paper bags are placed over the hands after opening the body bag and prior to removal of any clothing. The bags are removed to allow for primer residue on both as per **RECEIPT FOR EVIDENCE OF PROPERTY**.

OTHER ITEMS WITH OR UPON BODY:

Accompanying the body are:

1. one disposable lighter
2. baggy containing tissue.

No other valuables or jewelry accompanies the body.

EXTERNAL EXAMINATION:

The body is that of a normally developed, fifty-eight year old white male of average build and average nutritional status measuring 5 ft. 9 ins. in length and weighing 168 lbs. Preservation is good. There is no embalming. Lividity is developed, distributed on the back and is of normal color. Rigidity is moderate at the time of autopsy.

The hairline is slightly receded with a growth of grey hair. Eyebrows are dark. There is a dark and grey moustache present. Body hair is that of a male of average amount.

For description of the scalp see **EVIDENCE OF INJURY**; otherwise unremarkable.

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EXTERNAL EXAMINATION: (CONT'D)

Examination of the ears are unremarkable.

The eyes are closed; the irides are blue. There is partial arcus senilis bilaterally. The bulbar and tarsal conjunctiva is unremarkable with no evidence of petechiae or scleral hemorrhage.

Examination of the nose is unremarkable. No evidence of abrasions, contusions or lacerations are noted.

Examination of the mouth is unremarkable. There is no evidence of abrasions, contusions or lacerations to the lips, buccal mucosa, frenulum or tongue. Dentures are present in the upper and lower jaw.

Examination of the face is unremarkable with no evidence of abrasions, contusions or lacerations.

Examination of the neck is unremarkable with no evidence of abrasions, contusions or lacerations.

For description of the chest see **EVIDENCE OF INJURY**; otherwise unremarkable with no other injuries noted.

Examination of the abdomen is unremarkable with no evidence of abrasions, contusions or lacerations.

The limbs are equally and symmetrically developed. The upper extremities are unremarkable with no evidence of abrasions, contusions or lacerations to the upper arm, lower arm or hand. The fingernails are intact and otherwise unremarkable. Examination of the lower extremities is unremarkable with no evidence of abrasions, contusions or lacerations.

The genitalia are that of an uncircumcised male with both testicles present in the scrotum. No evidence of abrasions, contusions or lacerations.

Examination of the back and buttocks is unremarkable with no evidence of abrasions, contusions or lacerations.

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MARKINGS:

Scars:

1. There is a scar to the right lower thigh and right inguinal area.
2. There is a faint scar to the dorsum of the right hand.

Tattoos: None visible.

Other surface features: None visible.

PHOTOGRAPHY:

Photographs are taken by Dr. S. Avis and Cpl. Kelly Lee, Forensic Identification Section, RCMP Clarendville.

MEDICAL RECORD SEEN:

Medical Records are reviewed.

MEDICATIONS WITH BODY:

A number of medication bottles accompany the body. A note is made that there is a discrepancy between the bottle label and bottle contents. Of note are empty bottles of Percocet and a prescription for Venlafaxine xr 75 mg. Full toxicology will be completed.

EVIDENCE SUBMITTED:

See **RECEIPT FOR EVIDENCE OF PROPERTY.**

EVIDENCE OF TREATMENT:

None.

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EVIDENCE OF INJURY:

There are two gunshot wounds to the head and one gunshot wound to the left upper torso as described below:

Head:

1. Wound #1 is a tangential entrance gunshot wound, located 4.5 cm from the top of the head, just slightly right of the midline. The wound configuration consists of a semi-circular wound with an abrasion collar, skin splits pointing posteriorly with an irregular abrasion tail. The semi-circular component has a diameter of 1 cm. The irregular superficial tail extends 9 cm posteriorly. There is no burn collar or powder tattooing. The skull around the injury is depressed with palpable fractures. Keyhole configuration is identified to the calvarium. The wound is associated with comminuted fracture and fragmentation of the right calvarium. A linear fracture line extends to wound #3. There is extensive laceration to the right frontal lobe; small fragments of lead are identified in proximity to this wound. No large lead fragment is identified either visually or by x-ray. The direction of the wound is from front to back, left to right.
2. Wound #2 is a gunshot entrance wound to the left temple area located 8 cm from the top of the head, 4 cm anterior and 5 cm superior to the left external auditory canal. The entrance wound is circular measuring 1 cm in diameter with an eccentric abrasion collar at the 11 o'clock position extending 3 mm. There is no burn collar or powder tattooing. The wound is associated with comminuted fractures and fragmentation of the left temporal bone, marked lacerations and pulpation of the left temporal lobe, cerebellum and brain stem. A bullet is recovered between the outer table of the skull and the soft tissue at the base of the skull, posterior to the right ear. The direction of the wound is from left to right, front to back and down.
3. Wound #3 is an irregular wound to the right temporal area located 3.5 cm from the top of the head, 9 cm superior to and 2.5 cm anterior to the right external auditory canal. The wound is irregular in shape with no abrasion collar measuring 5 cm x 1.5 cm at its greatest dimensions. The wound is associated with comminuted fractures to the right calvarium and is connected by skull fractures to wound # 1. Small fragments of lead are identified with this wound. The wound has a configuration of an exit wound. (A fragment of skull was found in proximity to the body at the scene).

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EVIDENCE OF INJURY: (CONT'D)**Torso:**

4. Wound # 4 is a gunshot entrance wound to the left upper chest area located 37.5 cm from the top of the head, 16.5 cm to the left of the midline. The entrance wound measures 1.3 x 1 cm and has an eccentric abrasion collar at the 5 o'clock position extending for approximately 5 mm. There is no burn collar or powder tattooing. The wound perforates the left chest wall through left ribs 2 and 3, perforates the left upper lobe, tears the descending aorta, perforates the body of T7, tears the surface of the right upper lobe, exits the right chest cavity through rib # 7, which is fractured. A lead bullet is located in the soft tissue of the chest wall adjacent to the scapula. Bilateral hemothoraces, for a total of approximately 1.5 litres of blood is associated with this wound. The direction of wounding is from left to right, front to back and down.

INTERNAL EXAMINATION:**Organ Weights**

Brain	1500 gm
Heart	450 gm
R. Lung	460 gm
L. Lung	410 gm
Liver	1560 gm
Spleen	180 gm
R. Kidney	180 gm
L. Kidney	50 gm

Head: See **EVIDENCE OF INJURY.**

Central Nervous System: See **EVIDENCE OF INJURY.** There is no evidence of epidural, subdural or subarachnoid hemorrhage. No evidence of natural disease.

Neck: The neck organs are unremarkable.

Cavities: For description of the right and left pleural cavity see **EVIDENCE OF INJURY.** The pericardial cavity is unremarkable. The peritoneal cavity is physiologically moist.

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INTERNAL EXAMINATION: (CONT'D)

Cardiovascular System: The heart is normal in size and shape. The epicardial surface of the heart is unremarkable. All four valves and all four chambers are unremarkable. The myocardium is sectioned with no evidence of recent or remote myocardial infarction or evidence of intrinsic muscle disease. The ostia of the right and left main stem coronary vessels are patent. The LAD shows 30% atherosclerotic narrowing. The circumflex and right coronary artery is patent. The aorta shows moderately severe atherosclerosis predominantly in its abdominal portion; also see **EVIDENCE OF INJURY**.

Respiratory System: See **EVIDENCE OF INJURY**. The trachea and main stem bronchi are unremarkable. Anthracosis is noted on pleura and cut surface. On sectioning there is no evidence of consolidation, tumor or emboli.

Hepatobiliary System: The capsule of the liver is unremarkable. On sectioning there is no evidence of focal or diffuse lesions. The gallbladder could not be identified.

Lymphoreticular System: The capsule of the spleen is unremarkable. On sectioning there is no evidence of focal or diffuse lesions.

Genitourinary System: The capsules of the right and left kidney strip easily. The left kidney is hyperplastic. The right kidney shows otherwise unremarkable cortical ribbon. A tanned colored well-circumscribed lesion measuring 1.5 cm in diameter is located in the upper pole of the kidney. The ureter, bladder and prostate appear unremarkable.

Gastrointestinal System: The esophagus, stomach, small bowel, large bowel and rectum are unremarkable throughout their length. The pancreas is unremarkable on sectioning. The stomach contains partially digested food material at the time of autopsy.

Endocrine System: The thyroid and left and right adrenals are unremarkable.

Musculoskeletal System: See **EVIDENCE OF INJURY**.

SPECIAL NOTES:

X-ray evaluation is performed on the skull and chest.

Donald DUNPHY

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INTERNAL EXAMINATION: (CONT'D)

MICROSCOPY:

Coronary arteries: Evidence of atherosclerosis in the left main coronary artery, left anterior descending artery and left circumflex artery.

Heart: Mild perivascular fibrosis.

Lungs: Interstitial lung fibrosis; smoking related changes.

Liver: Unremarkable.

Kidneys: Autolytic changes.

Kidney tumor: Papillary renal cell carcinoma.

Spleen: Unremarkable.

Pancreas: Autolytic changes.

Stomach: Autolytic changes in mucosa.

RUN DATE: 08/04/15
RUN TIME: 0646
RUN USER: LABBKJOB

LOCATION
LAB FACILITY - REFERRED IN

LABORATORY MEDICINE REPORT
EASTERN HEALTH REGIONAL AUTHORITY
HEALTH SCIENCE CENTRE

Name: FORENSIC, PATH, (56-15) Age/Sex: 58/M Attend Dr: AVIS, DR. SIMON PAUL
Unit#: S00000013604 REG: 07/04/15 DOB: Loc: HLA R
HCN #: Status: REG REF ACCT# LR000066/15 Disch:

Ordering Site: HEALTH SCIENCE CENTRE

Specimen: 0704:CH02162R Collected: 07/04/15-UNK Status: COMP Req#: 16239990
Received: 07/04/15-1118 Subm Dr: AVIS, DR. SIMON PAUL

Ordered: BLOOD ETHANOL
Comments: SOURCE:
LAB SITE: H
AVIS, DR. SIMON PAUL

Test	Result	Flag	Reference	Site
> BLOOD ETHANOL	<1.0		mmol/L	HSC
A value less than 1.0 mmol/L is considered negative.				

@HSC - HEALTH SCIENCE CENTRE
ST. JOHN'S, NL, A1B 3V6, 709-875

Patient: FORENSIC, PATH, (56-15) Age/Sex: 58/M Acct#LR000066/15 Unit#S000000136



NMS Labs

CONFIDENTIAL

3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD. F-ABFT. DABCC-TC. Laboratory Director

Toxicology Report

Report Issued 04/30/2015 13:39

Last Report Issued 04/30/2015 13:00

To: 10338
 Newfoundland Labrador Office of the Chief Medical
 Attn: Dr. Simon P. Avis
 OCME, HSC
 St. John's, Newfoundland A1B 3V6
 Canada

Patient Name DUNPHY, DONALD
 Patient ID T24-15
 Chain 11644228
 Age 58 Y DOB Not Given
 Gender Male
 Workorder 15115114

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Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Delta-9 THC	20	ng/mL	001 - Peripheral Blood
Delta-9 Carboxy THC	51	ng/mL	001 - Peripheral Blood
11-Hydroxy Delta-9 THC	5.5	ng/mL	001 - Peripheral Blood
Oxycodone - Free	37	ng/mL	001 - Peripheral Blood

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
6052B	Postmortem Toxicology - Expanded, Blood (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Vial	3.75 mL	Not Given	Peripheral Blood	
002	Gray Vial	3.5 mL	Not Given	Peripheral Blood	

All sample volumes/weights are approximations.

Specimens received on 04/21/2015.



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Workorder 15115114

Chain 11644228

Patient ID T24-15

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Delta-9 THC	20	ng/mL	1.0	001 - Peripheral Blood	GC-GC-GC/MS
Delta-9 Carboxy THC	51	ng/mL	5.0	001 - Peripheral Blood	GC-GC-GC/MS
11-Hydroxy Delta-9 THC	5.5	ng/mL	5.0	001 - Peripheral Blood	GC-GC-GC/MS
Oxycodone - Free	37	ng/mL	5.0	001 - Peripheral Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. 11-Hydroxy Delta-9 THC (Active Metabolite) - Peripheral Blood:

11-Hydroxy Delta-9 THC is an active intermediate metabolite of tetrahydrocannabinol (THC) the active component of marijuana.

2. Delta-9 Carboxy THC (Inactive Metabolite) - Peripheral Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users. THCC is usually not detectable after passive inhalation.

3. Delta-9 THC (Active Ingredient of Marijuana) - Peripheral Blood:

Marijuana is a DEA Schedule I hallucinogen. Pharmacologically, it has depressant and reality distorting effects. Collectively, the chemical compounds that comprise marijuana are known as Cannabinoids.

Delta-9-THC is the principle psychoactive ingredient of marijuana/hashish. It rapidly leaves the blood, even during smoking, falling to below detectable levels within several hours. THC concentrations in blood are usually about one-half that of serum/plasma concentrations. The active metabolite, 11-hydroxy-THC, may also fall below detectable levels shortly after inhalation. Delta-9-carboxy-THC (THCC) is the inactive metabolite of THC with peak concentrations attained 32 to 240 minutes after smoking and may be detected for up to one day or more in blood. Both delta-9-THC and THCC may be present substantially longer in chronic users.

Reported usual peak THC concentrations in serum after smoking 1.75% or 3.55% THC marijuana cigarettes are 50 - 270 ng/mL after beginning of smoking, decreasing to less than 5 ng/mL by 2 hrs. Corresponding delta-9-carboxy-THC concentrations range from 10 - 101 ng/mL about 32 to 240 minutes after the beginning of smoking and decline slowly. Passive inhalation of marijuana smoke has been reported to produce blood THC concentrations up to 2 ng/mL. Delta-9-carboxy THC concentrations in blood may not be present following passive inhalation of marijuana smoke.

4. Oxycodone - Free (OxyContin®; Roxicodone®) - Peripheral Blood:

Oxycodone is a DEA Schedule II controlled semi-synthetic narcotic analgesic. It is used to control pain associated with such ailments as bursitis, injuries, simple fractures and neuralgia. The addiction liability of oxycodone is about the same as for morphine. This compound should be administered in the smallest effective dose and as infrequently as possible. The usual adult dose of the hydrochloride salt is 5 mg every 6 hr.

Following the oral administration of oxycodone as both sustained-release (Oxycontin®) and regular formulations, peak plasma concentrations of the compound are generally less than 100 ng/mL; however, the sustained-release preparation may also result in peak concentrations of oxycodone less than 10 ng/mL serum. Oxymorphone is a pharmacologically active metabolite of oxycodone that may be seen in blood in very low concentrations.



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Workorder 15115114

Chain 11644228

Patient ID T24-15

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Reference Comments:

In overdose, oxycodone can produce stupor, coma, muscle flaccidity, severe respiratory depression, hypotension and cardiac arrest. In twelve oxycodone-related deaths, blood concentrations averaged 1600 ng/mL (range 240 to 8400 ng/mL). However, sustained-release preparations appear to produce adverse reactions, up to and including death, at concentrations of oxycodone well below 1000 ng/mL, especially in combination with other central nervous system depressants, depending on use pattern and route of administration.

Chain of custody documentation has been maintained for the analyses performed by NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report, and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 15115114 was electronically signed on 04/30/2015 12:42 by:

Denice M. Teem,
Certifying Scientist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50013B - Cannabinoids Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by Multi-dimensional Gas Chromatography/Mass Spectrometry (GC-GC-MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
11-Hydroxy Delta-9 THC	5.0 ng/mL	Delta-9 THC	1.0 ng/mL
Delta-9 Carboxy THC	5.0 ng/mL		

Acode 50016B - Opiates - Free (Unconjugated) Confirmation, Blood (Forensic) - Peripheral Blood

-Analysis by High Performance Liquid Chromatography/Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
6-Monoacetylmorphine - Free	1.0 ng/mL	Hydromorphone - Free	1.0 ng/mL
Codeine - Free	5.0 ng/mL	Morphine - Free	5.0 ng/mL
Dihydrocodeine / Hydrocodol - Free	5.0 ng/mL	Oxycodone - Free	5.0 ng/mL
Hydrocodone - Free	5.0 ng/mL	Oxymorphone - Free	2.0 ng/mL

Acode 8052B - Postmortem Toxicology - Expanded, Blood (Forensic) - Peripheral Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Barbiturates	0.040 mcg/mL	Salicylates	120 mcg/mL
Cannabinoids	10 ng/mL		

-Analysis by Headspace Gas Chromatography (GC) for:



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Workorder 15115114
Chain 11644228
Patient ID T24-15

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Analysis Summary and Reporting Limits :

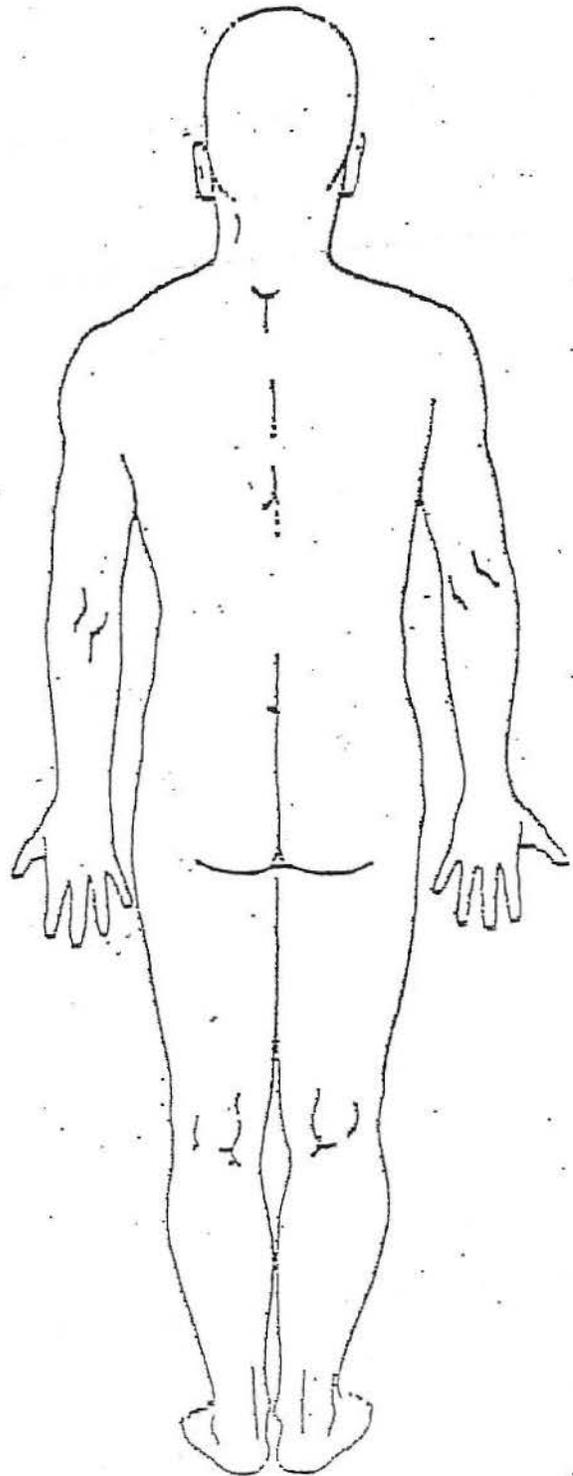
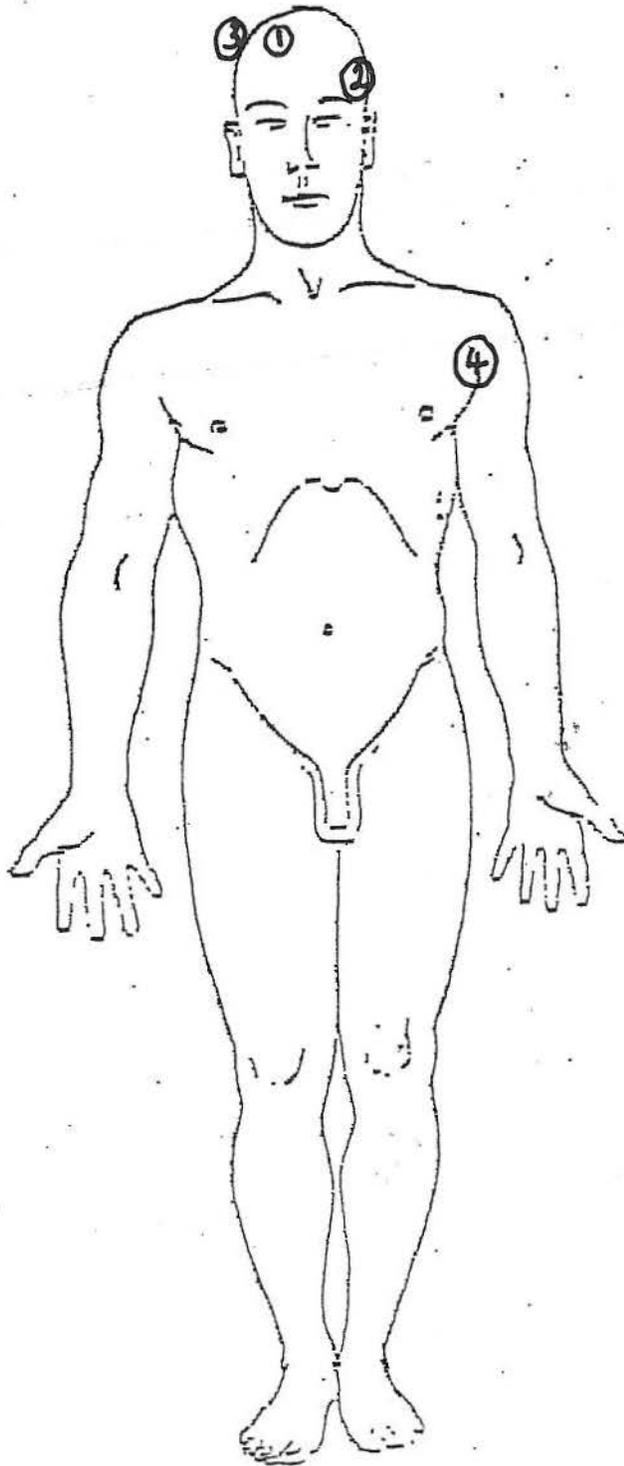
<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/
Time of Flight-Mass Spectrometry (LC/TOF-MS) for. The following is a general list of compound classes included
in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in
each specified compound class are included. Some specific analytes outside these classes are also included.
For a detailed list of all analytes and reporting limits, please contact NMS Labs.
Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS
Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotics, Hypoglycemics, Muscle Relaxants, Non-
Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Office of the Chief Medical Examiner

Case Number: FP56-15

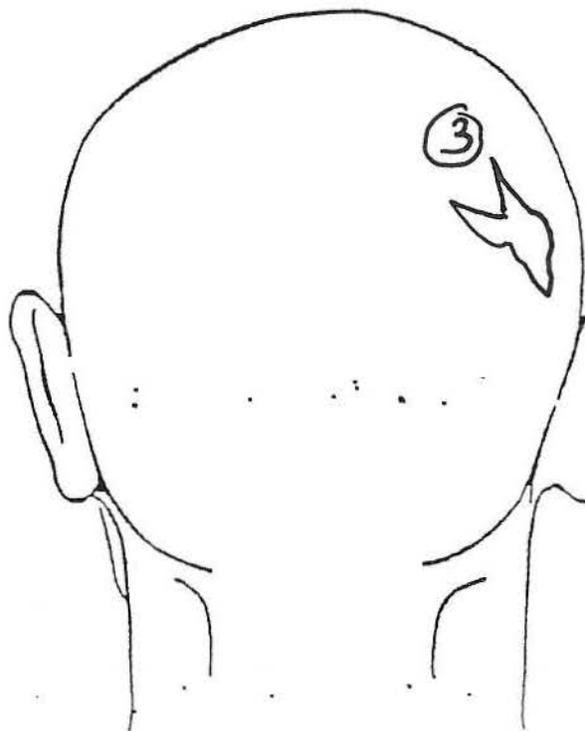
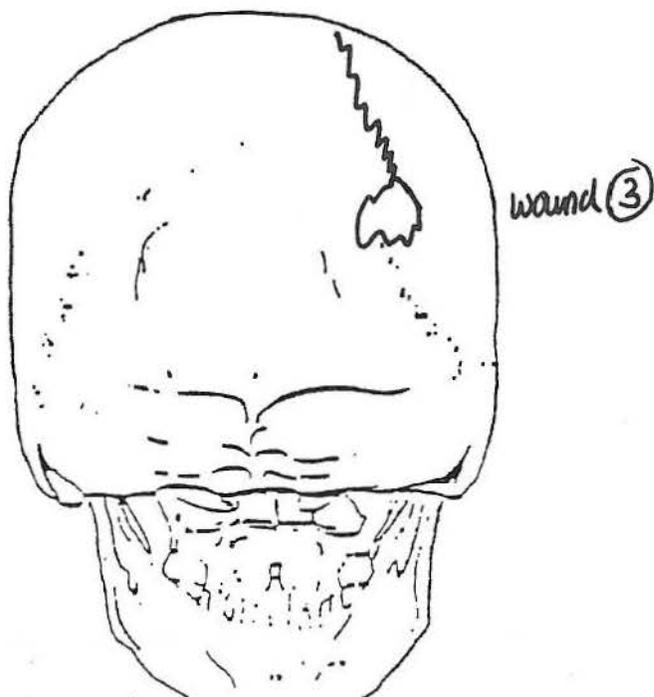
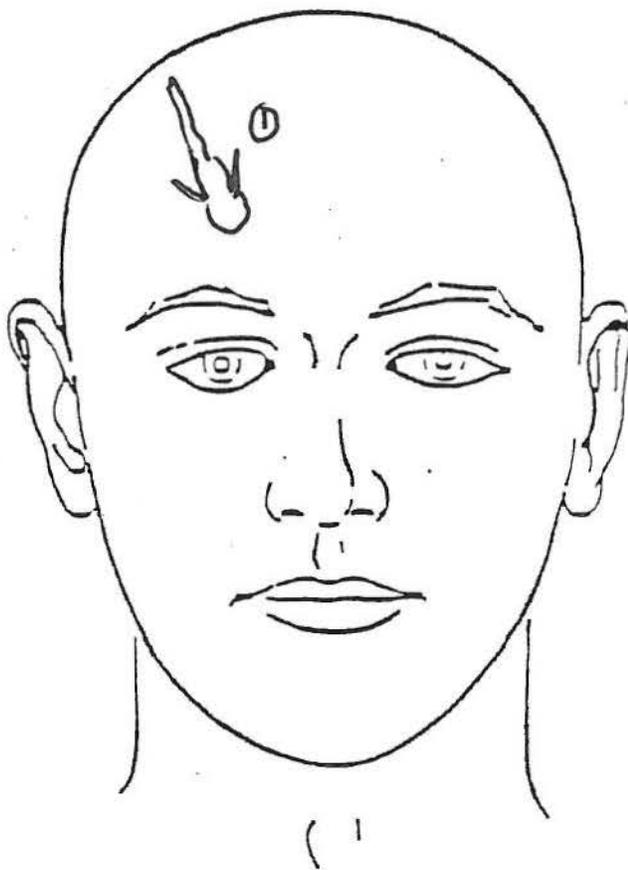
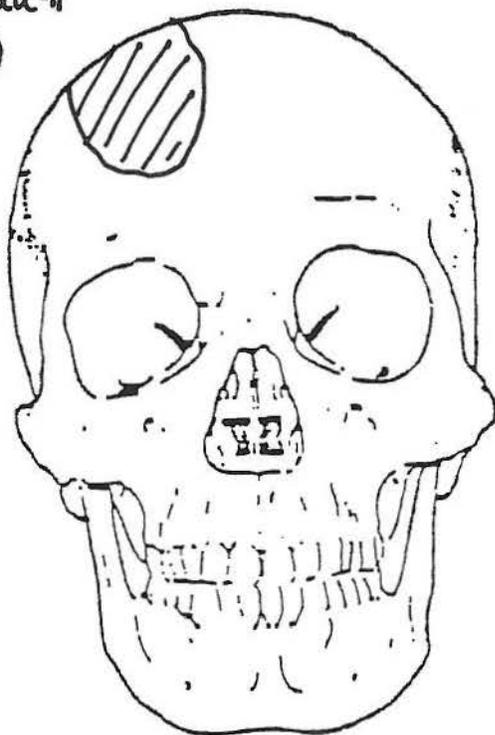
Name: Donald Dunphy



Case number FP56-15

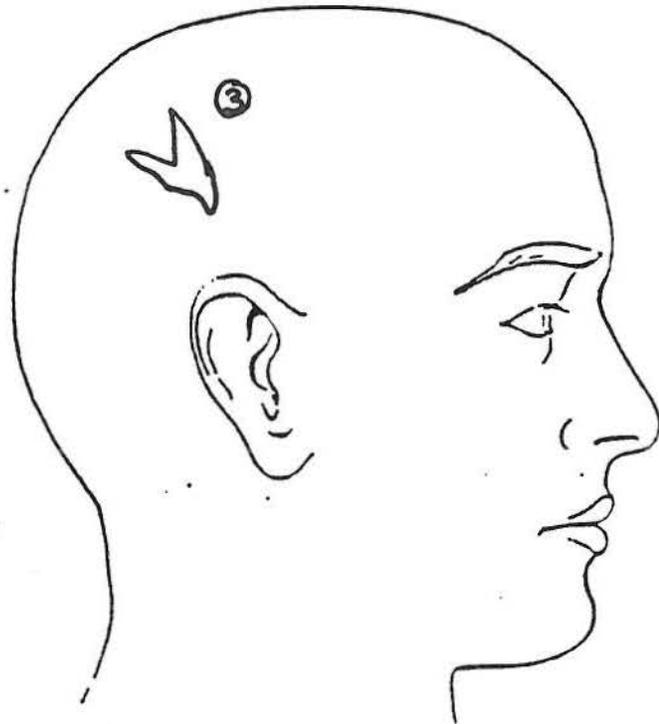
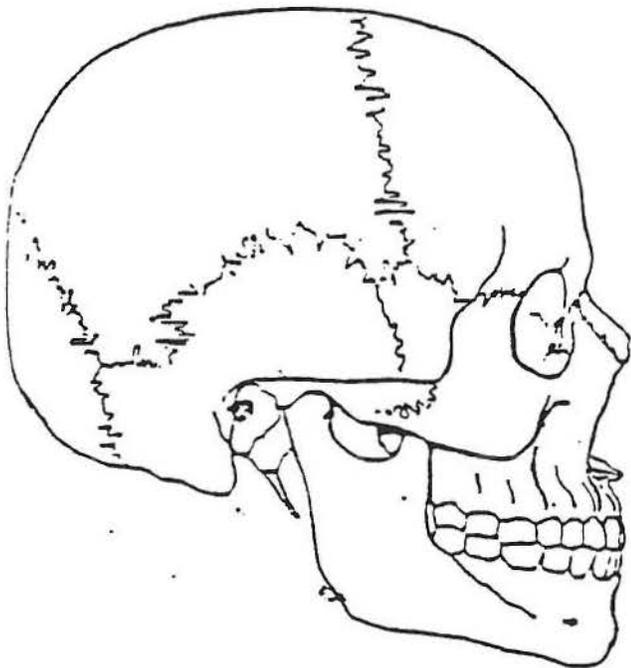
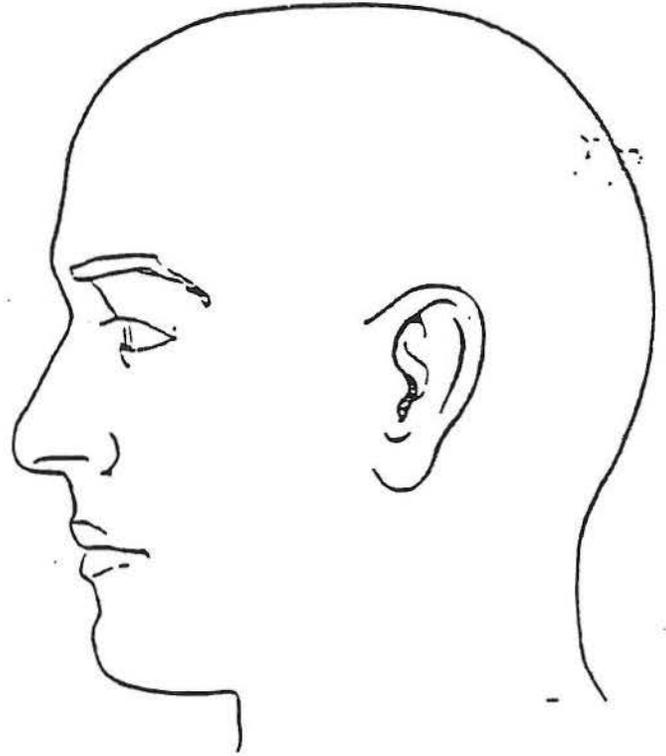
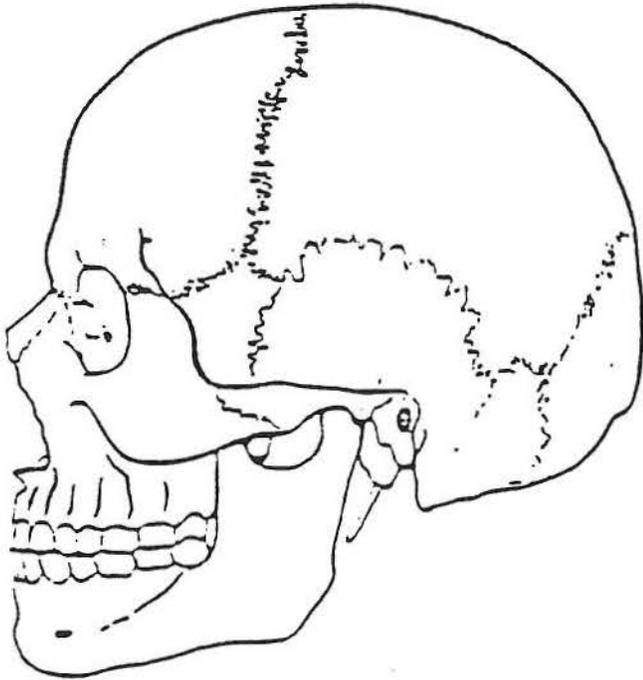
Name Donald Doody

depressed #
wound ①



Case number FP56-15

Name Donald .Dunphy



For report only.

Office of the Chief Medical Examiner

Health Sciences Centre
St. John's
Newfoundland A1B 3V6
Tel (709) [redacted] 402
Fax (709) [redacted] 975

FP56-15 Donald DUNPHY
Age: 58 Sex: Male
Dr. S. Avis April 7, 2015

Receipt for Evidence or Property

Receipt of the following is hereby acknowledged:

- 1) Lifts for PR both hands (L) & (R)
- 2) lifts from facial area (R) & (L)
- 3) SOCKS
- 4) PJ bottoms
- 5) Red boxes
- 6) deep lighter + baggie
- 7) shirt
- 8) short sleeve shirt
- 9) DNA swabs (blood)
- 10) fragments of bullet from soft tissue + skull wound # 3

- 11) Bullet from wound # 2.
- 12) Bullet from wound # 4
- 13)
- 14)
- 15)
- 16)
- 17)
- 18)
- 19)
- 20)

First Change:

Person releasing custody: Dr. S.P. Avis

Person accepting custody: Cst. John Galway

Date: 15/4/7

Time: 1:30 pm

Second Change:

Person releasing custody:

Person accepting custody:

Date:

Time:

Newfoundland & Labrador
Office of the Chief Medical Examiner

Form ME 1

SCENE REPORT

File Number 2015-376186

Name Donald DUNPHY Age 58 Sex Male Date of Birth 1956-08-23 Race Caucasian

Address RTE 93, Mitchell's Brook, NL Phone Number 709-765-6476

Occupation unemployed Employer N/A

Next of Kin Meghan Dunphy Address Salmonier line Phone Number 709- [REDACTED] 682

Relationship daughter Notified 2015-04-05 By Ablyrood RCMP

Source of identification Sgt. Joe Smyth (RNC) Positive Tentative Unknown Confirmed

Place of Death Inside DUNPHY's residence

Hospital DOA ER OR PORR IN-PATIENT NURSING HOME OTHER

Last seen alive 2015-04-05 Time 14:25 By Sgt. Joe SMYTH (RNC) Phone _____

Death occurred 2015-04-05 Time 14:25 Witness Sgt. Joe SMYTH Phone _____

Found dead _____ Time _____ By _____ Phone _____

Pronounced 2015-04-05 Time 14:25 By Sgt. Joe SMYTH (RNC) Phone _____

Incident of trauma Gunshot wounds Date 2015-04-05 At work _____ Location DUNPHY residence

Doctor at scene No Name _____ Officer at scene Yes Name Sgt. Joe SMYTH (RNC)

Attending or Family Physician _____ Address _____

Pertinent Medical History:

Circumstances surrounding death:

Sgt. Joe SMYTH (RNC) attended the DUNPHY residence, in relation to an RNC investigational file. DUNPHY had threatened SMYTH with a firearm, causing SMYTH to draw his pistol, and fire multiple shots, killing DUNPHY.

Scene diagram:

Temperature _____ Outside weather _____

SCENE REPORT (Cont'd)

File Number:
2015-376186

Location of occurrence or death: Donald DUNPHY residence - RTE 93, Mitchell's Brook, NL	Date: 2015-04-05	Time 14:25
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DECEASED PERSON

Name: Donald DUNPHY	DOB: 1956-08-23	Address: RTE 93, Mitchell's Brook, NL
Position in vehicle (if applicable) N/A	Seat Belts Worn: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONS INJURED

Name:	DOB:	Address:
Position in vehicle (if applicable)	Seat Belts Worn: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:	DOB:	Address:
Position in vehicle (if applicable)	Seat Belts Worn: <input type="checkbox"/> Yes <input type="checkbox"/> No	

VEHICLE DESCRIPTION

Make:	Model:	Province	Year	Registered Owner:
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Road Conditions:

Name of Next of Kin Notified	Date	Time:
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Offences being investigated or charges anticipated:

Nco i/c advised: (Name, Date & Time)

S/Sgt. Rod TILLER, 2015-04-05 @ 15:00

Traffic Specialist/Supervisor Advised (if applicable): (Name, Date and Time)

N/A

Name of Units Assisting:

Holyrood RCMP, RCMP Traffic Services East, RCMP Major Crime Unit East, RCMP Forensic Identification Section

Investigator's Summary:

Sgt. Joe SMYTH (RNC) attended the DUNPHY residence, in relation to an RNC investigational file. DUNPHY had threatened SMYTH with a firearm, causing SMYTH to draw his pistol, and fire multiple shots, killing DUNPHY. SMYTH then notified Holyrood RCMP.

Investigating Member:

Cst. John GALWAY



Royal Canadian Mounted Police
Gendarmerie royale du Canada

FACSIMILE / MESSAGE TRANSMITTAL **ENVOI D'UN MESSAGE PAR TÉLÉCOPIEUR**

Security Classification/Designation Classification/désignation
Precedence - Priorité

TO À	Office of the Chief Medical Examiner	Date	2015-04-06
	Attn: Dr. DENIC	Reference No. - N° de référence	
		Your File - Votre n° de dossier	

FOR YOUR INFO. POUR VOTRE INFORM.	FROM DE	Name - Nom Cst. Adrian COX	Our File - Notre n° de dossier 2015376186		
	Div. B	Sub-Div. - S.-div.	Branch - Service	PIRS ORI IND SRRJ	CPIC ORI IND CIPC
	Section Avalon East District - Holyrood Det.	Unit - Unité	Unit Coll. - Code d'interclass. de serv. B1142		

SENDER - EXPÉDITEUR		RECIPIENT - DESTINATAIRE			
Fax No. - N° de téléc.	Tel. No. - N° de tél.	Fax No. - N° de téléc.	Bus. Tel. No. - N° de tél. bur.	Res. Tel. No. - N° de tél. rés.	
709-311	709-892	709-975			

SUBJECT OBJET	Mitchell's Brook Shooting - 2015-04-05	Total number of pages including this one: Nombre total de pages, y comprise celle-ci.	4
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COMMENTS
COMMENTAIRES

Dr. DENIC,

Please find attached my preliminary report for the police involved shooting in Mitchell's Brook, NL on 2015-04-05. If you require anything further please do not hesitate to contact me.

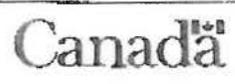
Thanks,

Cst. Adrian COX
Avalon East District
Holyrood Detachment

This message is intended for the use of the addressee. Disclosure of message content may breach one or more laws. If you have received this communication in error, notify the sender immediately by telephone.

Cette communication est exclusivement destinée à qui elle est adressée. La divulgation de son contenu peut constituer une infraction à une ou plusieurs lois. Si vous avez reçu cette communication par erreur, veuillez en aviser immédiatement l'expéditeur par téléphone.

Operator - Opérateur		Telephone No. - N° de téléphone	Daily No. - N° quotidien
TO BE DELIVERED BY À LIVRER D'ICI LE	Date	Time - Heure	Authorizing Signature - Signature de l'approbateur
REPLY REQUIRED BY RÉPONSE D'ICI LE			Date 2015-04-06
			Time - Heure



Supplementary Occurrence Report

RCMP-GRC, B Division

Printed: 2015/04/06 11:53 by 000129874

Occurrence: 2015376186 Pointing a firearm 87(2) CC (FIP) @2015/04/05 14:28

Author: #000129874 COX, A.

Report time: 2015/04/05 16:36

Entered by: #000129874 COX, A.

Entered time: 2015/04/05 16:36

Report:

2015-04-05 hours

On the above noted date and time the Holyrood RCMP received a call from Sgt. Joe SMYTH of the RNC in St. John's reporting that he had fired multiple shots at a suspect in a residence in Mount Carmel, NL. He was requesting immediate assistance at the scene.

Please note that prior to Sgt. SMYTH attending this residence he called the Holyrood Detachment and spoke to Cst. COX. He informed Cst. COX that he was going to the residence of Donald DUNPHY (DOB: 1956-07-26) of #270 Main Road, Mitchells Brook, NL. He asked Cst. COX if the RCMP had any files on their system relating to DUNPHY as he had to speak to him about threats that he made against the Premier. Cst. COX checked PROS and noted that there were 3 files associated to DUNPHY none of which were in relation to violence. Cst. COX informed Sgt. SMYTH of this and then asked Sgt. SMYTH if he wanted Cst. COX to attend the residence with him. Sgt. SMYTH stated that he didn't think that he needed Cst. COX to attend and stated that he thought that the marked police car and police uniform might set DUNPHY off. Cst. COX told Sgt. SMYTH to call if he needed anything.

Immediate patrol made to the scene by Cst. COX, Cpl. O'KEEFE, Cst. DOWNEY, Cst. [REDACTED] and Cst. WILLIAMS. While en route to the scene members determined through OCC that Sgt. SMYTH was not injured and that DUNPHY was deceased as a result of gunshots sustained to his person from Sgt. SMYTH's service pistol. IDENT was contacted en route and requested at the scene as this was an officer involved shooting in the RCMP's jurisdiction.

At 1455 hours Cst. COX arrived on scene and was the first member to arrive. Cst. COX immediately noted that Sgt. SMYTH was standing in the driveway of the residence next to the black Yukon that he had previously told Cst. COX that he was driving. Cst. COX noted that Sgt. SMYTH was dressed in plain clothes. When Cst. COX approached Sgt. SMYTH he pulled the right bottom of his leather jacket to the side and showed Cst. COX his RNC badge that was attached to his belt. Cst. COX spoke to Sgt. SMYTH and asked him if he was injured and he stated that he was not injured however, DUNPHY was deceased inside the residence. Cst. COX approached the front window of the residence and looked through the living room picture window. Cst. COX did observe a male sitting in a recliner style chair on the left hand side of the living room window inside the living room. The male who was identified to Cst. COX as DUNPHY by Sgt. SMYTH had one visible wound to the right front part of his forehead that Cst. COX could see from the window.

Cst. COX returned to speak to Sgt. SMYTH and asked him what happened. He informed Cst. COX that he was standing in the living room speaking to DUNPHY and DUNPHY was becoming increasingly agitated while speaking to him. He said that then DUNPHY reached down along side of his chair and picked up a firearm and started to point it at Sgt. SMYTH. He said that he kept saying to DUNPHY, "NO NO NO". Sgt. SMYTH proceeded to move and while doing so discharged his service pistol at DUNPHY as he moved because DUNPHY was following Cst. SMYTH with his firearm.

Cst. COX took Sgt. SMYTH to his police vehicle and had him wait inside the vehicle until Cpl. O'KEEFE arrived. Sgt. SMYTH informed Cst. COX that the residence wasn't completely cleared after the shooting.

At 1501 hours Cst. DOWNEY arrived on scene.

Protected B

Protected B

At 1502 hours Cpl. O'KEEFE arrived on scene and met with Cst. COX and Cst. SMYTH.

At 1507 hours Cst. COX and Cpl. O'KEEFE made entry into the residence via that front door for the purpose of clearing the residence of further persons. Upon entry into the residence Cst. COX noted that the the living room where DUNPHY was located was on the right hand side of the front hallway. Cst. COX made his way to the left and cleared each room of the residence starting with the washroom and continuing back to the front hallway again. While clearing the residence Cst. COX noted that there was a closed door on the left hand side of the hallway at the end of the hallway. Cst. COX opened the door and noted that there was an active marijuana grow inside that room and the lights were still on for the grow. Cst. COX then proceeded into the kitchen area in the rear of the residence and found a second marijuana grow in the little room off the rear right of the kitchen. No other persons were located inside the residence.

At 1510 hours DUNPHY was checked by paramedics while he sat in the chair in the living room where he was when Cst. COX arrived on scene. Paramedics were Nancy LINEHAN and Kevin BISHOP. No vital signs were noted for DUNPHY.

At 1513 hours Cst. COX, Cpl. O'KEEFE and both paramedics exited the residence. No one left inside the residence other than DUNPHY.

Cst COX and Cst. DOWNEY secured the property and scene with yellow police line.

Once the scene was secure with the police line no persons entered the scene.

Cst. COX spoke to S/Sgt. TILLER and updated him on the situation.

At 1649 hours Cpl. FOOTE arrived on scene.

At 1651 hours Cpl. FOOTE and Cpl. O'KEEFE crossed the scene tape and proceeded up the driveway. Cpl. FOOTE proceeded further into the scene out of sight.

At 1707 hours Cpl. O'KEEFE exited the scene.

At 1907 hours Cpl. Steve BURKE and Cpl. Monty HENSTRIDGE into the scene and S/Sgt. CONOHAN. Cpl. O'KEEFE cross scene tape as well.

At 1909 hours Cpl. O'KEEFE bck out of scene across scene tape.

At 1919 hours Cpl. BURKE and Cpl. HENSTRIDGE out of the scene and past the scene tape.

At 1921 hours S/Sgt. CONOHAN outside the scene tape.

At 2037 hours Ident arrived on scene. Cpl. SEWARD and Cst. GALWAY also on scene.

At 2051 hours Cst. GALWAY entered the scene crossing the scene tape.

At 2053 hours Cst. GALWAY back outside scene again.

At 2053 hours Sgt. SAUNDERS and Cpl. LEE entered scene crossing scene tape.

At 2054 hours Cpl. LEE exited scene then went right back in seconds later.

At 2057 hours Sgt. SAUNDERS and Cpl. LEE exited the scene.

At 2105 hours Sgt. SAUNDERS and Cpl. LEE entered the scene.

Protected B

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At 2107 hours Cpl. FOOTE exited the scene.

At 2136 hours Sgt. SAUNDERS out of the scene past the scene tape. Spoke to Sgt. SAUNDERS and he asked to have the RNC Yukon remain inside the scene until they are able to process it in the daylight tomorrow.

At 2142 hours Sgt. SAUNDERS re entered the scene.

At 2214 hours Cpl. LEE exited the scene.

At 2222 hours Cpl. LEE re entered the scene.

At 2229 hours Sgt. SAUNDERS exited scene.

At 2229 hours Cst. [REDACTED] on scene to relieve Cst. COX.

At 2230 hours Cst. COX turned this scene log over to Cst [REDACTED]

At 2230 Cst. COX departed scene.

TL - FIR. ac 56125

Protected B

Examiner, Chief Medical

Subject: Dr. Avis meeting with Erin Breen and Meghan Dunphy RE: our file #15ME0504
Location: OCME

Start: Tue 15/11/24 1:30 PM
End: Tue 15/11/24 2:30 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Examiner, Chief Medical

Required Attendees: 'savis [REDACTED]

1:30 p.m. confirmed with Erin Breen

