

- MISC  
- Drafts  
- Notes



Royal Canadian Mounted Police Gendarmerie royale du Canada

Security Classification/Designation

Protected B

Corporal Steven BURKE  
RCMP "B" Division Major Crimes Unit (East)  
100 East White Hills Road  
P.O. Box 9700  
St. John's NL A1A 3T5

Your File

Doctor Simon AVIS  
Office of the Chief Medical Examiner  
Level 1, Room 1562  
Health Sciences Centre  
St. John's, NL A1B 3V6

Our File

2015-376186

2015-06-04

**DUNPHY, Donald: Sudden Death**  
**RCMP PROS File # 2015-376186**  
**2015-04-05**

Dr. AVIS;

RCMP Major Crimes Unit (East) are leading an investigation into the shooting death of Donald DUNPHY that occurred on April 5, 2015 in the community of Mitchell's Brook, NL. To assist us in the investigation we are requesting a copy of the Autopsy Report completed in relation to the autopsy of Mr. DUNPHY.

We appreciate your assistance in this manner. Please direct any questions to the undersigned.

Sincerely,

(S.D. BURKE) CPL  
Major Crimes Unit (East)  
Primary Investigation - Donald DUNPHY: Sudden Death  
(709) [redacted] 231  
(709) [redacted] 091 (c)

OK

**Examiner, Chief Medical**

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**From:** Steve Burke <Steve.D.Burke@[REDACTED]>  
**Sent:** Tuesday, June 09, 2015 11:09 AM  
**To:** Examiner, Chief Medical  
**Subject:** Folder 065 DUNPHY: Sudden Death RCMP File # 2015-376186

Dr. AVIS;

I am the Primary Investigator for the DUNPHY, Donald: Sudden Death investigation. For this file the RCMP has requested oversight of an Independent Observer, retired Justice David RICHE. Justice RICHE has been reviewing the investigation since the beginning and has been provided with full disclosure.

I received a call from Justice RICHE this morning requesting a meeting with you for further explanation / clarification of your Autopsy Report.

An assistance would be appreciated.

thanks,

Steve

*Sent e-mail  
Time & who  
Attending.*

**RCMP GRC** ★  

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(S.D. BURKE) Cpl.  
Supervisor/Investigator  
Major Crimes Unit (East)  
"B" Division, St. John's, NL.  
(709) [REDACTED] 231 (office)  
(709) [REDACTED] 091 (cell)  
[steve.d.burke@\[REDACTED\]](mailto:steve.d.burke@[REDACTED])

Copy made

Pathology Division



Section: Anatomical Pathology Documents and Records		Number: DOR-PAT- 017
Title: Autopsy Tissue Submitted		
Issue Date: February 7, 2011	Date Effective: February 7, 2011	Revision Dates:

Label the front of the cassette with Autopsy prefix (AU, NP, AJ, etc.) the YEAR, Block ID Number or Letter.

AUTOPSY #: FP56-15 ASSIGNED TO: Dr. Avis / Dr Karavelic DATE: April 8, 2015

Tissue submitted (Block ID number)		
1. LCA	16. <del>Pancreas</del> Spleen ?	31.
2. LAD	17. <del>Pancreas</del> Pancreas ?	32.
3. CX	18. Stomach ?	33.
4. RCA	19.	34.
5. LV post	20.	35.
6. LV lat	21.	36.
7. LV ant	22.	37.
8. Septum	23.	38.
9. RV	24.	39.
10. Kidney tumor	25.	40.
11. left lung	26.	41.
12. right lung	27.	42.
13. Liver	28.	43.
14. Gallbladder	29.	44.
15. Kidney	30.	45.

Brain tissue submitted (Block ID Letter)		
A.	G.	M.
B.	H.	N.
C.	I.	O.
D.	J.	P.
E.	K.	Q.
F.	L.	R.

ech \_\_\_\_\_

Date Completed \_\_\_\_\_

Slits Taken:  Yes

Slides Labeled:  Yes



3701 Welsh Rd. • P.O. Box 433A  
 Willow Grove, Pennsylvania 19090  
 (215) 657-4900 (800) 522-6671 FAX: (215) 657-2972  
 www.nmslabs.com

CONTROL NO.  
 11644228

ACCOUNT NO.  
 10338

ACCOUNT NAME/ADDRESS  
 NEWFOUNDLAND LABRADOR OFC. OF CHIEF  
 OCME, HSC  
 ST. JOHN'S A1B3V6  
 CANADA

CIRCUMSTANCES OF DEATH

PLEASE PRINT DECEDENT I.D. INFORMATION OR AFFIX I.D. LABEL BELOW

DECEDENT I.D. NO. T24-15 AGE 58 SEX M

DECEDENT NAME (LAST, FIRST) Dunphy Donald

**SPECIMEN TYPE(S):**

- Blood
- Cardiac
- Peripheral
- Plasma
- Serum
- Urine
- Meconium
- Hair
- Vitreous
- Bile
- Gastric
- Tissue \_\_\_\_\_ Specify \_\_\_\_\_
- Other \_\_\_\_\_ Specify \_\_\_\_\_
- Do not micro
- Do not consume
- Return Specimen (Addl. charge)

**SPECIMEN COLLECTION**

- Date: \_\_\_\_\_  
 Time: \_\_\_\_\_
- MVA
  - Homicide
  - Suicide
  - Suspected OD

**BASIC Postmortem Toxicology**

Our basic offering of Drugs of Abuse and Alcohol (confirmed & quantitated).

- 8051B (blood)
- 8051B plus 8050U (blood plus urine drug screen with 6-MAM)
- 8051U (urine)
- 8051SP (serum/plasma)
- 8051TI (tissue)
- 8051FL (fluid)

**EXPANDED Postmortem Toxicology**

Our Basic package, plus:

- Predefined selection of abused and therapeutic drugs or metabolites.
- All positive findings confirmed & quantitated.

- 8052B (blood)
- 8052B plus 8050U (blood plus urine drug screen with 6-MAM)
- 8052U (urine)
- 8052SP (serum/plasma)
- 8052TI (tissue)
- 8052FL (fluid)

**EXPERT Postmortem Toxicology**

- Largest current library of the most relevant drugs, metabolites, poisons and toxins for comprehensive death investigation.
- Case history evaluation and guidance by a leading NMS Labs toxicologist.
- Case conference participation (*exclusive to the Expert level*).

- 8092B (blood)
- 8092U (urine)
- 8092SP (serum/plasma)
- 8092TI (tissue)
- 8092FL (fluid)

**Please attach case history and include a list of all known/relevant medications.**



FILE

COPY

**ADDITIONAL TESTING**

- 1919FL Electrolytes & Glucose Panel (Vitreous)
- 2164FL Glucose, (Vitreous)
- 0170FL Alcohol Panel, (Vitreous) Fluid
- 0171B Alcohol Screen
- 1002B Carbon Monoxide
- 2413B Inhalants Panel
- 8104B Fire Death Screen
- 8103B Environmental Exposure
- 2693B Metals Poisoning, Blood
- 4177B SIDS Screen
- 9560B Synthetic Cannabinoids, Blood
- 8065B Bath Salts Screen, Blood
- 8755B Hallucinogens Screen - Expanded, Blood
- 7300SL DNA Analysis
- 7201SL Drug Identification

Other: \_\_\_\_\_

More information on these tests including specimen collection information can be found on our website at [www.nmslabs.com](http://www.nmslabs.com)

DATE	RELINQUISHED BY	RECEIVED BY	PURPOSE OF TRANSFER
15/4/17	Simon P. Anis	Yrd Ex	

NOTE: We do not provide Medicare, Medicaid or any other 3rd party billing services.



Health Information Services and Informatics

Consent for Release/Request of Personal Health Information (Submission instructions on reverse)

PATIENT / RESIDENT / CLIENT IDENTIFICATION:

Name: Donald Dunphy Health Care Number:
DOB: 1956-08-23 Mother's Name:

PLEASE COMPLETE SECTION A OR B AS APPLICABLE

A. INFORMATION REQUEST FOR ONGOING CARE & SERVICE BY TREATING HEALTHCARE PROVIDERS

Dr. Simon P. Avis, Office of the Chief Medical Examiner
Room 1562, HSC, 300 Prince Philip Dr. St. John's NL A1B 3V6
Wendy or Bonnie 402

This is an URGENT REQUEST required for care today

B. PERSONAL OR THIRD PARTY REQUESTS (See back for detailed explanation)

I hereby authorize Eastern Health to Release Request Personal Health information to from:

Name
Mailing Address City/ Province Postal Code
Name and phone number of Contact person. Purpose of Request

INFORMATION DESCRIPTION

Description of information being requested or released: Medical Records on Above-mentioned. Please give me a call first.

Limited Access or Restriction Instructions:(specify)

PERMISSION

This authorization will expire in days, and must be submitted to Eastern Health within 90 days of dated signature.

Date: Signature: Original Signature of patient/client/resident or Authorized Representative with supporting documents.

DELIVERY OF INFORMATION

Information will be mailed via Canada Post unless requestor makes arrangements for pick up in person. In emergent or urgent situations, faxing or emailing of information is available. :

Faxed to the number provided below\*\*. E-mailed to address provided below\*\*

\*\* Sending personal health information by fax or email carries a potential risk of improper or inadvertent disclosure.

Please print fax number or e-mail address in space above Signature and Date: 6/4/2015

For Office Use Only:

Processed by: Date: Program / Department:

This request will be retained as part of the Health Record

*Office of the Chief Medical Examiner*  
Health Sciences Centre  
300 Prince Philip Drive  
St. John's NL A1B 3V6  
Tel: (709) [REDACTED] 402  
Fax: (709) [REDACTED] 975  
e-mail: ocme [REDACTED]

## FAX COVER SHEET

**DATE:** April 8, 2015

**TO:** Cpl. D. Foote, RCMP

**FROM:** Bonita [REDACTED] for Dr. S. Avis

**# OF PAGES INCLUDING COVER: 2**

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Message:

Please see attached.

Have a great day!

CASE NUMBER \_\_\_\_\_ NAME OF DECEASED \_\_\_\_\_  
 AGE \_\_\_\_\_ IDENTIFICATION \_\_\_\_\_  
 AUTHORITY \_\_\_\_\_ FP56-15 Donald DUNPHY  
 Age: 58 Sex: Male  
 FINGERPRINTS \_\_\_\_\_  
 DATE OF DEATH \_\_\_\_\_ Dr. S. Avis April 7, 2015  
 PATHOLOGIST \_\_\_\_\_ ASSISTANT Kelley Nash senior Daniel Adams, + 2 rec'd  
 TIME BEGAN \_\_\_\_\_ TIME FINISHED \_\_\_\_\_  
 AUTOPSY  not today INSPECTION \_\_\_\_\_

*20MP -  
4/4*  
 Bags placed on hands  
 on opening body bag  
 less a prior to  
 11/16

- 1) - Body bag
  - 2) - body liner
  - 3)
  - 4) ① - Blue/black shirt - defect ② upper front
  - 5)
  - 6) ③ - dark plastic PT bottoms
  - 7)
  - 8) ④ - grey socks
  - 9) ⑤ - 1st boxen
- ⑥ Blue pullover  
 SS roller shirt defect ⑦ upper

Abbreviations  
 CW - cut away prior to receipt  
 R - removed prior to receipt  
 D - defect (psw, knife)  
 B - blood-stained  
 T - torn  
 F - soiled with feces  
 U - urine-stained  
 WM - white metal  
 YM - yellow metal

OTHER ITEMS WITH OR UPON BODY (NOT Rx)  
 ① Disp lighter, ② baggie 2 items  
 No Jewelry para  
 BS

EXTERNAL EXAMINATION  
 Development: Normal Other \_\_\_\_\_

Race: White Black Other \_\_\_\_\_  
 Sex: Male Female Fetus Infant Child Adolescent  
 Build: Slight x Average x Large/Muscular/Heavy set  
 Age: \_\_\_\_\_ apparent; recorded \_\_\_\_\_ years mths weeks days  
 Length: 5'9" feet \_\_\_\_\_ ins. \_\_\_\_\_ cm crown-heel \_\_\_\_\_  
 crown-rump \_\_\_\_\_ chest \_\_\_\_\_ head \_\_\_\_\_

Nutritional status: Emaciated x Average x Obese Very Obese  
 Weight: 168 lbs. \_\_\_\_\_ kg. Unclothed Clothed  
 Preservation: Good Very Early Early Moderate Advanced Bones  
 Embalmed: No Yes  
 Lividity: Absent Reduced Ill-defined Developed Well-Developed  
 Back Front Right Left Upper Lower Patchy  
 Color: Normal Other \_\_\_\_\_  
 Rigidity: None Slight Moderate Full/Well Marked/Muscular

Hairline: Normal Reeded sl. ins. On top Back of head

Head hair: grey  
amount character color length (max) ins.

Eyebrows: dash

Beard: \_\_\_\_\_ Moustache: D/S

Body hair: ~~Male~~ Female Preadolescent Slight Average Plentiful

Scalp: EI GSW (B)

Ears: ✓ Lobes pierced: right x \_\_\_\_\_ left x \_\_\_\_\_

Eyes: Closed ✓ Open Clear Slightly cloudy Cloudy Opaque

Irides blue Arcus \_\_\_\_\_ Pupils \_\_\_\_\_ mm

Lens opacities \_\_\_\_\_ Other partial AS intal

Nose: ✓

Mouth: ✓ A° C° O° L

Teeth: Edentulous Natural Dentures: ~~Upper~~ Lower

Face: ✓

Neck: ✓

Pectoral Area/Breasts: ✓

Abdomen: ✓

Limbs: Equally, Symmetrically, Developed ✓ A° C° O° L

Genitalia: Circumcised \_\_\_\_\_ Uncircumcised ✓ ↓↓

Back/Buttocks: ✓

Markings:

Scars: (diagram as required) ① Ⓡ upper thigh ② disarm ③ hand ④ Ⓡ upper arm

Tattoos: (diagram as required)

Other surface features:

Case # \_\_\_\_\_

Photos taken: Yes \_\_\_\_\_ No \_\_\_\_\_ Police  Personal

Medical Record Seen: No \_\_\_\_\_ Yes \_\_\_\_\_

Medications with body: No \_\_\_\_\_ Yes  See list \_\_\_\_\_

Evidence Submitted: No \_\_\_\_\_ Yes \_\_\_\_\_

Handwashings Head hair Standard Clothing Fingernail Clippings

Rape Kit Paint chips Glass Fibers Hairs

Shot Wads \_\_\_\_\_ Gunpowder Bullet(s) x \_\_\_\_\_

Evidence of Treatment  
(diagram as required)

Evidence of Injury  
(diagram as required)

*bullet head track*

*④ perforates left chest*

*pos LUL, R*

*pos desc aorta*

*absorbed into RUL*

*Thoracic spine level 7*

*intercostal ribs 7 #*

see E

Trachea + bronchi are up to  
Anthraxosis noted on pleura + cut  
surface. no evidence of tumor  
consolidation tumor or emboli

Internal Examination

Brain 1500 gm

Heart 450 gm

R. Lung 460 gm

L. Lung 410 gm

Liver 1560 gm

Spleen 80 gm

R. Kidney 180 gm

L. Kidney 50 gm

R. Pleural ✓ ml

L. Pleural ✓ ml

Pericardial ✓ ml

Peritoneal ✓ ml

Stomach \_\_\_\_\_ ml

PDFM

Bladder ✓ ml

Gall bladder not recov. ml

Body wall fat \_\_\_\_\_ in. (max)

Appendix: Present        Absent       

Uterus \_\_\_\_\_

Tubes \_\_\_\_\_

Ovaries \_\_\_\_\_

Special Notes:

Head

Central Nervous System

Neck

Cavities

Cardiovascular

LAD - 30%

CuE - ✓

RVA - ✓

myo - valv

Aorta - MSAC

Respiratory

OCOT OE

Hepatobiliary

Lymphoreticular

⊙ hypoplasia

Urinary

Ⓡ tan col tumor 1.5cm upper pole

Genital

Gastrointestinal

Endocrine

Musculoskeletal

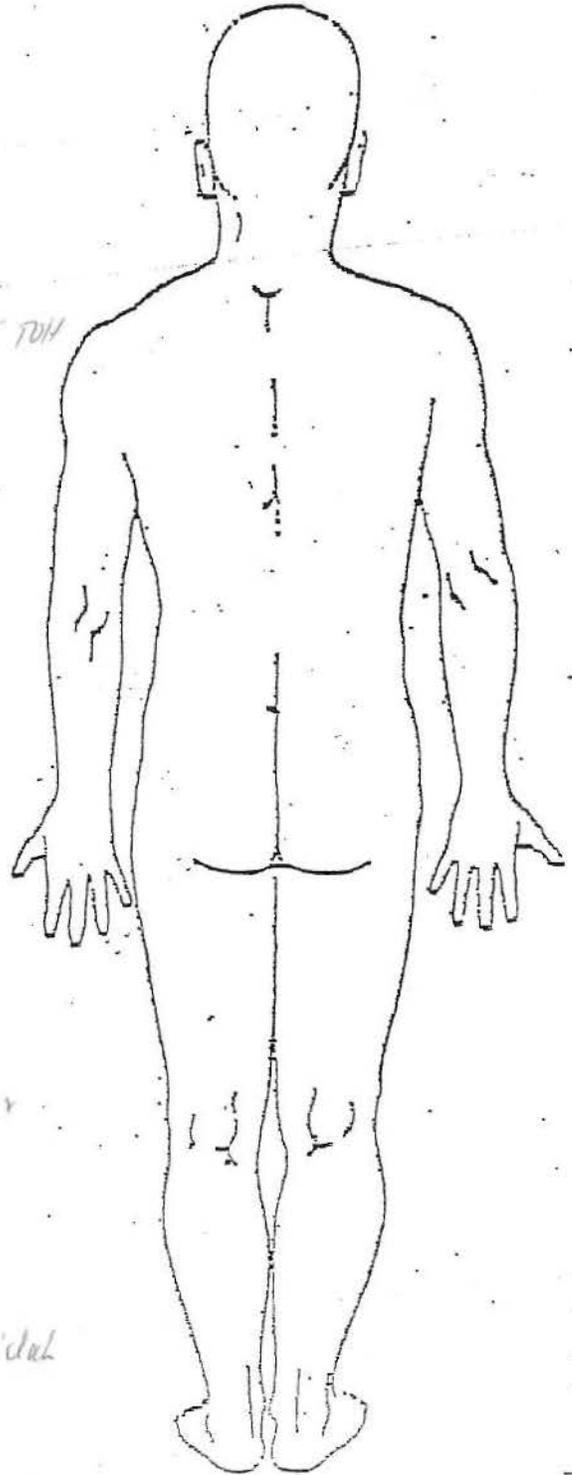
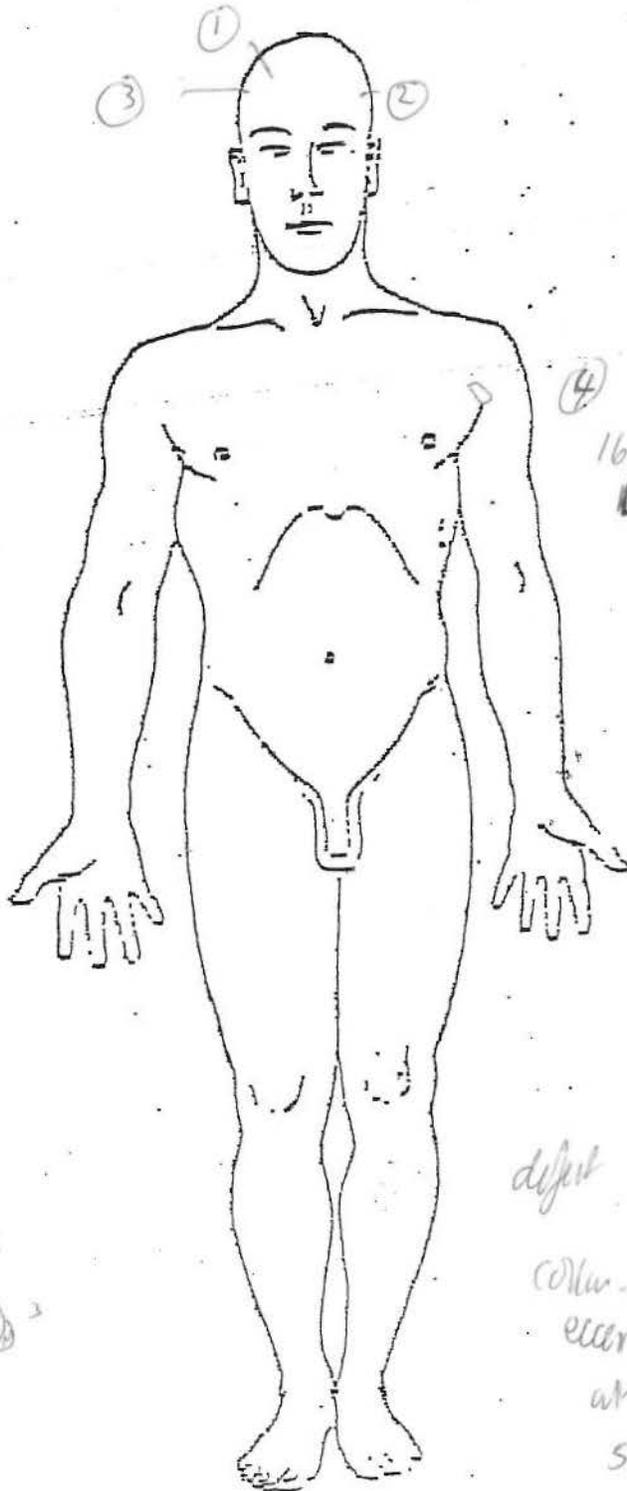
Miscellaneous

see ET Trache + bronchi vll.  
pleural adhesions

Office of the Chief Medical Examiner

Case Number: FS6-K

Name: \_\_\_\_\_



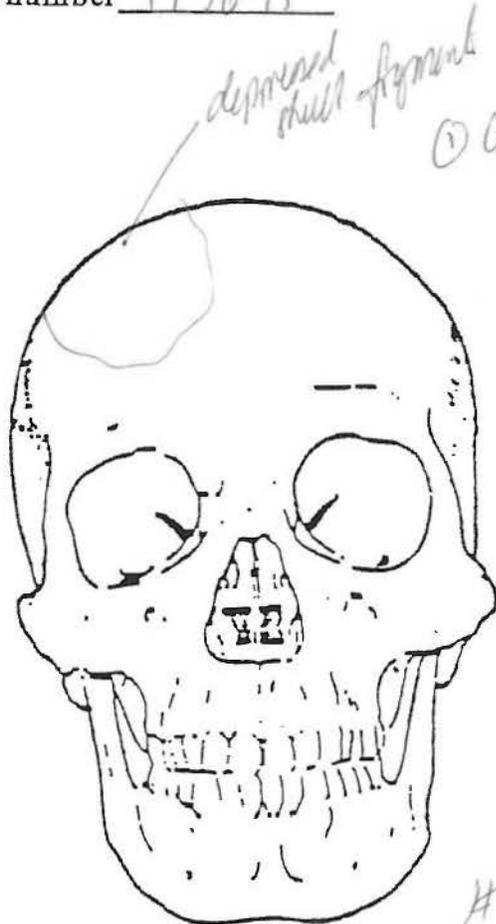
(4) 37.5 TWH  
16-5cm  
LML

defect 1.3 r  
1  
collu.  
eccentri  
at 5 o'clock  
Su

(4)  
12  
7  
0

Case number FL 56-15

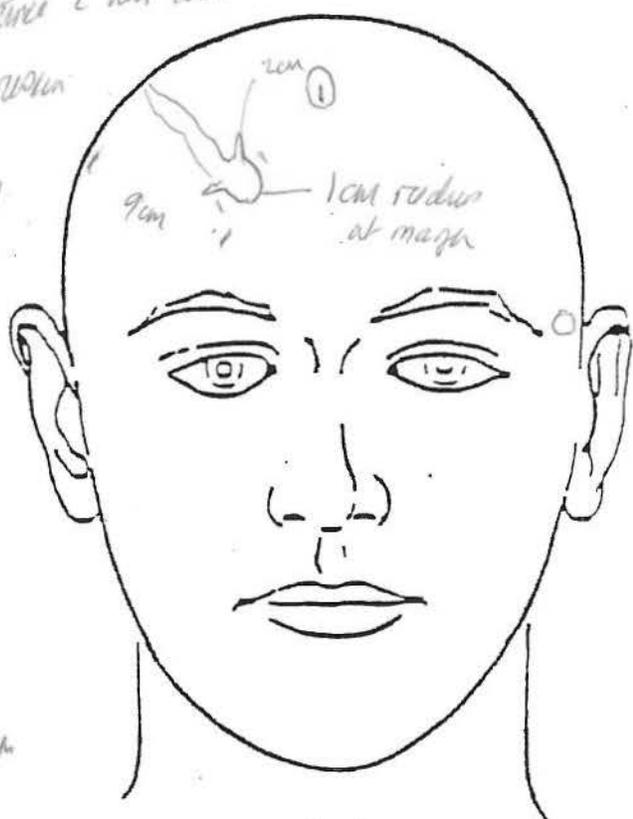
Name \_\_\_\_\_



① GSW - tangential  
- superior entrance & abt collar  
+ tail abrasion

① TDH 4.5 cm  
slight @ ML

T Lapph  
would +  
tail  
9cm

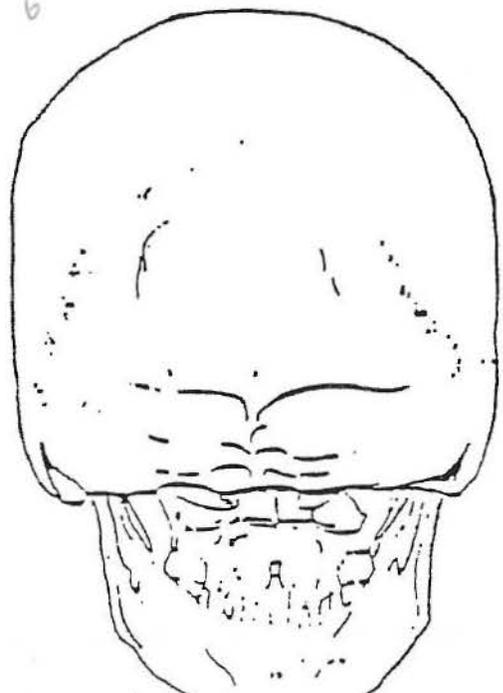


# 2 - TDH - 8cm

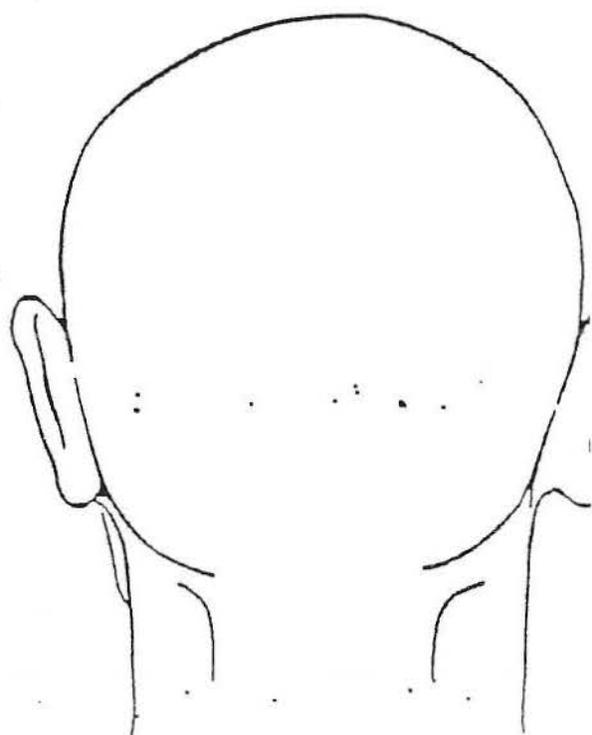
4cm ant @ ex abd can

5cm sup @ " " "

3mm at-  
11 o'clock  
9  
12  
3  
6



1 x 1 cm  
abt collar  
slight eccentric  
at 11:00 o'clock



Wound #4

- perforates (L) chest wall thru (L) 2+3
- perf LUL
- tears desc aorta
- perforates body of T7
- tears supra RUL
- exits chest cavity through ribs # 7 (c #)
- located in ST chest wall.

considered

① - fragmentation of Right calvarium = fracture line extending to wound ③  
 lac to ④ PL.

multiple # to base of skull

#2 - bone shows comminuted # = multiple fragments

④ temporal lobe marked laceration + pulp  
 cerebellum - fragmented, BS fragments

#4 - bullet located in ST in area behind ④ superior

continued

① - fragmentation of Right calvarium = fracture line extending to wound ③  
 loc to ④ PL.

multiple # to base of skull.

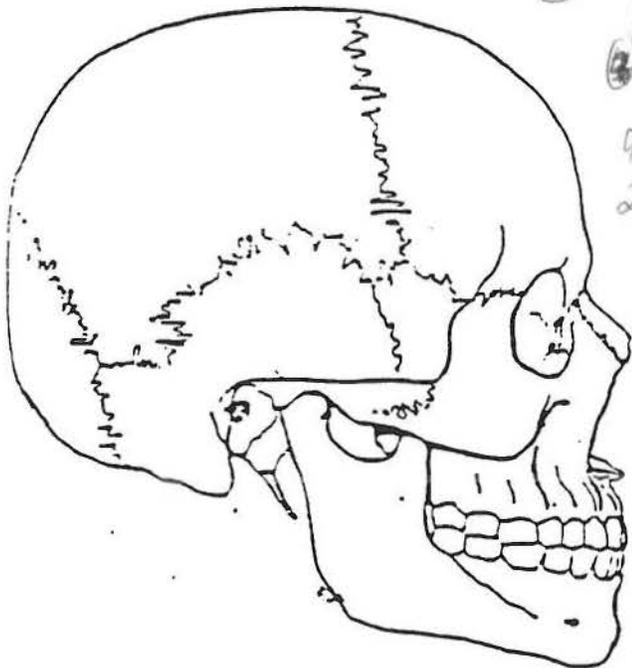
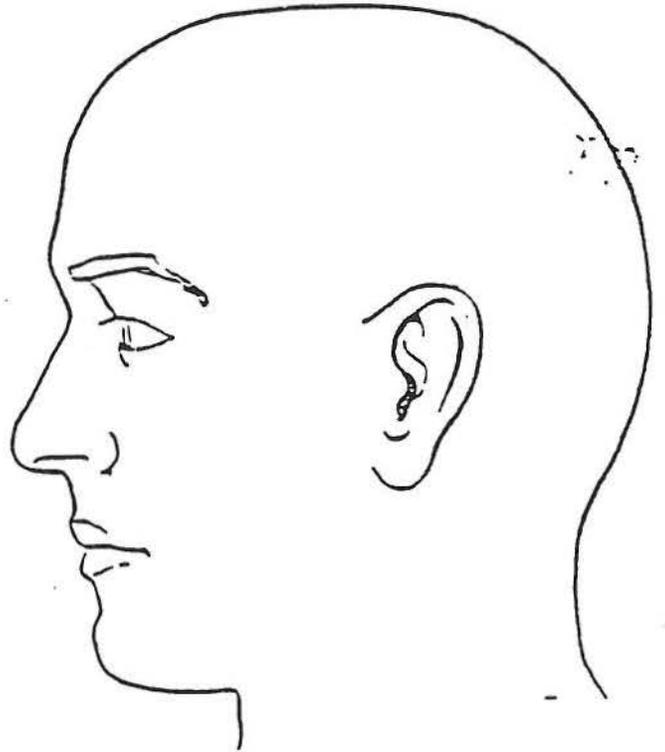
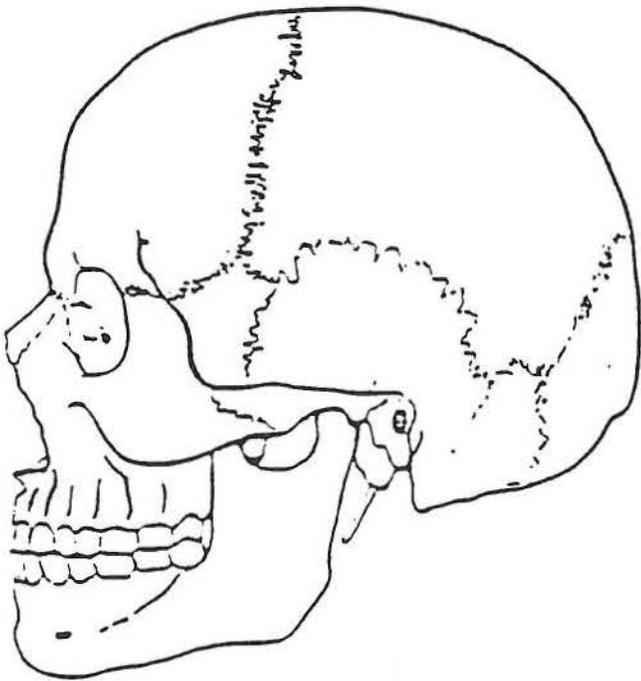
#2 - bone shows comminuted # = multiple fragments

④ temporal lobe marked laceration + pulps  
 cerebellum - fragmented, BS fragments

#4 - bullet located in ST in area behind ④ superior

Case number FRSB-15

Name \_\_\_\_\_



③ Irregular wound. ③ TO R  
④ TOH 3.5cm  
9cm sup to ④ eye and 10  
2.5 ant. ...



frag of bone found at  
same locality.

For report only

Donald DUNPHY

FP56-15

**EVIDENCE OF INJURY:**

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

1. Head: 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 a slight 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 by 9 cm posteriorly. The skull around the injury is depressed with palpable fractures. 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 recovered associated with this wound. No large metal fragment is identified either visually or by x-ray. There is no evidence of a burn collar or powder tattooing associated with wound #1.
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 with multiple fragments to the left temporal bone, with marked lacerations and palpation of the left temporal lobe, cerebellum and brain stem. A projectile 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 injury 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).

*key hole configuration is identified to the calvarium*

*There is no burn collar or powder tattooing*

*lead*

*identified in proximity to the*

*Fragment  
fragmentation  
palpation*

*The direction of the wound is from front to back & left to right*

Donald DUNPHY

FP56-15

*There is no burn collar or powder tattooing*

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

- 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. 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, and 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. *No burn collar or powder tattooing is identified.* 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

*A lead bullet is*

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.

Donald DUNPHY

FP56-15

**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. ~~Head~~: 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 with fragmentation of the left temporal bone, marked lacerations and palpation of the left temporal lobe, cerebellum and brain stem. A ~~projectile~~ 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 ~~injury~~ is from left to right, front to back and down. bullet
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).

Donald DUNPHY

FP56-15

**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.

FP-56-15

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 tumour: Papillary renal cell carcinoma

Spleen: Unremarkable

Pancreas: Autolytic changes

Stomach: Autolytic changes in mucosa

Pathology Division



Section: Anatomical Pathology Documents and Records		Number: DOR-PAT- 017
Title: Autopsy Tissue Submitted		
Issue Date: February 7, 2011	Date Effective: February 7, 2011	Revision Dates:

Label the front of the cassette with Autopsy prefix (AU, NP, AJ, etc.) the YEAR, Block ID Number or Letter.

AUTOPSY #: FP56-15 ASSIGNED TO: Dr. Avis/Dr. Karavelic DATE: April 8, 2015

Tissue submitted (Block ID number)		
1. LCA	16. <u>Spleen</u>	31.
2. LAD	17. <u>Pancreas</u>	32.
3. CX	18. <u>Stomach</u>	33.
4. RCA	19.	34.
5. LV post	20.	35.
6. LV lat	21.	36.
7. LV ant	22.	37.
8. Septum	23.	38.
9. RV	24.	39.
10. <u>kidney tumor</u>	25.	40.
11. <u>left lung</u>	26.	41.
12. <u>right lung</u>	27.	42.
13. <u>liver</u>	28.	43.
14. <u>kidney</u>	29.	44.
15. <u>kidney</u>	30.	45.

Brain tissue submitted (Block ID Letter)		
A.	G.	M.
B.	H.	N.
C.	I.	O.
D.	J.	P.
E.	K.	Q.
F.	L.	R.

Each \_\_\_\_\_ Date Completed \_\_\_\_\_

Slides Taken:  Yes Slides Labeled:  Yes

**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 2 GSW ~~to~~ to head .  
② GSW to torso .

**CAUSE OF DEATH:**

Gsw.

**MANNER OF DEATH:**

Homocide

**TOXICOLOGY:**

Blood ethanol: **Negative.**

Tox - non contributory (see report)

Donald DUNPHY

FP56-15

**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 ~~from~~ both hands 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.

Donald DUNPHY

FP56-15

**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 <sup>and</sup> fragmentation of the left temporal bone, marked lacerations and palpation 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).

REC-115  
11/2/15



Royal Canadian Mounted Police  
Gendarmerie royale du Canada

Security Classification/Designation

Forensic Identification Section  
174 Trans Canada Highway  
Clarenville, Newfoundland & Labrador  
A5A 1T2

Your File

Office of the Chief Medical Examiner  
Province of Newfoundland & Labrador  
Health Sciences Centre  
300 Prince Philip Drive  
St. John's, Newfoundland & Labrador, A1B 3V6

Our File

2015-04-28

*File*

Dear Dr. Avis:

**Re: Sudden Death of Donald DUNPHY  
Mitchell's Brook, NL  
2015-April-5**

Please find enclosed disc of photographs I took during the post-mortem examination of Donald DUNPHY on April 7, 2015.

Should you require any prints of any photos, or need anything further, please feel free to contact me at any time.

Regards,

Cpl. Kelly Lee  
Forensic Identification Specialist



Individual Claims Department
London Terminal 195
Montreal Suite 2050

Proof of death - Physician's statement

London Life Insurance Company - Head Office, 255 Dufferin Avenue, London, Ontario, Canada N6A 4K1
London Life Insurance Company - Quebec Administrative Centre, 2001 University Street, Montreal, Quebec, Canada H3A 1T9

Note: The Claimant is responsible for securing this form and for any charge made for its completion.

Policy(s):

Full name of deceased: Donald James Dunphy Age at death or date of birth: 58

Date of death: April 5, 2015 Residence at death: Route 93, Mitchell's Brook, NL

Place of death: Private residence, Mitchell's Brook, NL (if Hospital or Institution, give name)

Cause of death (Enter only one cause for each of a, b, and c.)

Disease or condition leading to death: (This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) Gunshot wound

If death due to cancer, please give date of diagnosis of primary cancer.

Antecedent causes. (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)

(b) due to (or as a consequence of)

(c) due to (or as a consequence of)

Other significant conditions: (Contributing to the death but not related to the disease or condition causing death.)

(d) Did the deceased use tobacco products? Unknown
If so, how long?

Interval between onset and death

(a) Immediate

(b)

(c)

(d) Yes No
Don't know

Date of first attendance in last illness: Not applicable Date of last attendance in last illness: Sudden unexpected

If death was due to accident, suicide or homicide, specify which. Describe briefly. Homicide.

Was an inquest held? Yes No

Was an autopsy performed? Yes No

If so, by whom and with what findings? Dr. Simon P. Aris
See cause of death stated above

Have you treated or advised the deceased during the last 3 years, prior to last illness? Yes No

Did the deceased, to your knowledge, receive treatment during the last 3 years from any other physician, or in any Hospital or Institution? Unknown

If "Yes" to either question, please furnish the following:

Name Address Nature of illness or injury Dates

These statements are true and complete to the best of my knowledge and belief.

Date April 27th, 2015

Signature of attending physician

OCME. Rm. 1562, 11SC, 300 Prince Philip Dr., St. John's NL A1B3Y6

Financial centre

Financial security advisor

17-0733 (1/03)

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April 20, 2015

→ Meghan met  
with Dr. Avis  
she picked up  
a true copy  
of D. Cert.,  
as well.

Dr. S. Avis  
Chief Medical Examiner  
Health Sciences Centre  
St. John's NL A1B 3V6

Dear Dr. Avis:

I, Meghan Dunphy, daughter to the late Donald Dunphy (date of birth: August 23<sup>rd</sup>, 1956), who passed away on April 5<sup>th</sup>, 2015, in Mitchell's Brook, NL., would like to request a true copy of the Registration of Death.

Yours truly,

  
Meghan Dunphy

/wt

**Examiner, Chief Medical**

---

**From:** Examiner, Chief Medical  
**To:** Erin Breen  
**Subject:** RE: Inquiry on behalf of Meghan Dunphy re: Mr. Donald Dunphy

**From:** Erin Breen [mailto:ebreen@ocme.nfld.gov] [REDACTED]  
**Sent:** Monday, April 13, 2015 12:52 PM  
**To:** Examiner, Chief Medical  
**Subject:** RE: Inquiry on behalf of Meghan Dunphy re: Mr. Donald Dunphy

Hi Wendy:  
Thanks. Could you give me a date and time that Dr. Avis could meet with her? She is available at anytime except from 10:30-12 tomorrow.  
Erin Breen

---

**From:** Examiner, Chief Medical [mailto:ocme@ocme.nfld.gov] [REDACTED]  
**Sent:** April-13-15 12:48 PM  
**To:** 'Erin Breen'  
**Subject:** RE: Inquiry on behalf of Meghan Dunphy re: Mr. Donald Dunphy

Ms. Breen:

As per Dr. S. Avis:

“Yes, we can meet. We cannot release any documentation, and there are still “tests” we need to complete but if she wishes to contact our office and arrange to meet that is not a problem.”

Thank you.

Wendy

**Wendy** [REDACTED]  
**Administrative Officer I**

**Office of the Chief Medical Examiner**  
Health Sciences Centre  
300 Prince Philip Drive  
St. John's NL A1B 3V6  
Tel: (709) [REDACTED] 402  
Fax: (709) [REDACTED] 975  
E-mail: ocme@ocme.nfld.gov [REDACTED]

*E-mailed this to Erin + this is now ? April 20th / 15 @ 2:30 PM*

*From [REDACTED] Monday pm*

*Confirmed + scheduled on calendar*

**Examiner, Chief Medical**

---

**From:** Erin Breen <ebreen@[REDACTED]>  
**Sent:** Monday, April 13, 2015 11:04 AM  
**To:** Examiner, Chief Medical  
**Subject:** Inquiry on behalf of Meghan Dunphy re: Mr. Donald Dunphy

Hello:

I represent Ms. Meghan Dunphy, daughter of Donald Dunphy. Mr. Dunphy's autopsy was conducted on Monday or Tuesday of last week. Ms. Dunphy is requesting to meet with the pathologist who conducted her father's autopsy so that she may receive some information regarding his death. Could you please let me know if this is possible?

Thanks.

Erin Breen  
Simmonds + Partners Defence  
(709) [REDACTED] 141

*Yes, we can meet. We cannot release any documentation, and there are still "kinks" we need to complete but if she wishes to contact our office + arrange to meet that is not a problem.*

*Replied back to her. (Erin)*

**Examiner, Chief Medical**

---

**From:** Bailey, Sue <Sue.Bailey@██████████>  
**Sent:** Friday, May 01, 2015 4:38 PM  
**To:** Examiner, Chief Medical  
**Subject:** RE: Media question re: Don Dunphy autopsy

Hi Bonita,  
I just wondered if there's any update please on this previous response?  
Thanks again,  
Sue

Sue Bailey  
Newfoundland and Labrador Correspondent  
The Canadian Press  
Twitter: @suebailey  
Direct: 709-██████████687  
Mobile: 709-██████████619  
Fax: 709-██████████049

---

**From:** Examiner, Chief Medical [<mailto:ocme@██████████>]  
**Sent:** April-13-15 10:05 AM  
**To:** Bailey, Sue  
**Subject:** RE: Media question re: Don Dunphy autopsy

Your Welcome.

Bonita

Bonita ██████████

Stenographer II  
Office of the Chief Medical Examiner  
Health Sciences Centre  
300 Prince Philip Drive  
St. John's NL A1B 3V6  
Tel: (709) ██████████402  
Fax: (709) ██████████975  
E-mail: [ocme@██████████](mailto:ocme@██████████)

---

**From:** Bailey, Sue [<mailto:Sue.Bailey@██████████>]  
**Sent:** Monday, April 13, 2015 10:05 AM  
**To:** Examiner, Chief Medical  
**Subject:** Re: Media question re: Don Dunphy autopsy

Thank you.  
Sue

Sue Bailey  
Correspondent for Newfoundland and Labrador  
The Canadian Press  
Twitter: @suebailey  
Mobile: 709-████████619  
Direct: 709-████████687

On Apr 13, 2015, at 9:23 AM, "Examiner, Chief Medical" <ocme@██████████> wrote:

Ms. Bailey:

The Cause and Manner of Death has been established. There are further tests to perform before an autopsy would be considered complete. Given that the Death is under police investigation, no information would be released at this time.

Bonita ██████████

Stenographer II  
Office of the Chief Medical Examiner  
Health Sciences Centre  
300 Prince Philip Drive  
St. John's NL A1B 3V6  
Tel: (709) ██████████402  
Fax: (709) ██████████975  
E-mail: ocme@██████████

---

**From:** Bailey, Sue [mailto:Sue.Bailey@██████████]  
**Sent:** Thursday, April 09, 2015 1:05 PM  
**To:** Examiner, Chief Medical  
**Subject:** Media question re: Don Dunphy autopsy

Hello,  
RCMP investigators say the autopsy for Mr. Dunphy was completed Tuesday but that they still don't have the results.  
Can I confirm please if the autopsy is complete and whether results may be publicly released?  
I need to clarify please how the process usually works, given the public interest in this case.  
Thank you for any help with this.  
All best,  
Sue

Sue Bailey  
Newfoundland and Labrador Correspondent  
The Canadian Press  
Twitter: @suebailey  
Direct: 709-████████687

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**Examiner, Chief Medical**

---

**From:** Examiner, Chief Medical  
**Sent:** Monday, April 13, 2015 9:21 AM  
**To:** 'Bailey, Sue'  
**Subject:** RE: Media question re: Don Dunphy autopsy

Ms. Bailey:

The Cause and Manner of Death has been established. There are further tests to perform before an autopsy would be considered complete. Given that the Death is under police investigation, no information would be released at this time.

Bonita [REDACTED]

Stenographer II  
Office of the Chief Medical Examiner  
Health Sciences Centre  
300 Prince Philip Drive  
St. John's NL A1B 3V6  
Tel: (709) [REDACTED] 402  
Fax: (709) [REDACTED] 975  
E-mail: [ocme@\[REDACTED\]](mailto:ocme@[REDACTED])

---

**From:** Bailey, Sue [[mailto:Sue.Bailey@\[REDACTED\]](mailto:Sue.Bailey@[REDACTED])]  
**Sent:** Thursday, April 09, 2015 1:05 PM  
**To:** Examiner, Chief Medical  
**Subject:** Media question re: Don Dunphy autopsy

Hello,  
RCMP investigators say the autopsy for Mr. Dunphy was completed Tuesday but that they still don't have the results. Can I confirm please if the autopsy is complete and whether results may be publicly released?  
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Thank you for any help with this.  
All best,  
Sue

Sue Bailey  
Newfoundland and Labrador Correspondent  
The Canadian Press  
Twitter: @suebailey  
Direct: 709 [REDACTED] 687  
Mobile: 709 [REDACTED] 619  
Fax: 709 [REDACTED] 049

**Examiner, Chief Medical**

---

**From:** Bailey, Sue <Sue.Bailey@[REDACTED]>  
**Sent:** Thursday, April 09, 2015 1:05 PM  
**To:** Examiner, Chief Medical  
**Subject:** Media question re: Don Dunphy autopsy

Hello,  
RCMP investigators say the autopsy for Mr. Dunphy was completed Tuesday but that they still don't have the results. Can I confirm please if the autopsy is complete and whether results may be publicly released?  
I need to clarify please how the process usually works, given the public interest in this case.  
Thank you for any help with this.  
All best,  
Sue

Sue Bailey  
Newfoundland and Labrador Correspondent  
The Canadian Press  
Twitter: @suebailey  
Direct: 709-[REDACTED]687  
Mobile: 709-[REDACTED]619  
Fax: 709-[REDACTED]049

*The cause + manner of death has been established. There are further tests to perform before an autopsy would be considered complete. Given that the death is under police investigation no information would be released. As per the order at this time*



Royal Canadian Gendarmerie royale  
Mounted Police du Canada

**Notification of Death of Person  
Known to Have a Criminal Record**

RCMP Canadian Criminal Real Time  
Identification Services  
NPS Building  
1200 Vanier Parkway  
Ottawa ON K1A 0R2

**Avis de décès d'un individu reconnu  
comme ayant un dossier judiciaire**

Services canadiens d'identification  
criminelle en temps réel - GRC  
Immeuble SNP  
1200, promenade Vanier  
Ottawa ON K1A 0R2

		Date
Name (by which person is known to have record) - Nom (sous lequel le dossier de l'individu était établi)		DOB - DDN yyyy - aaaa      mm - mm      dd - jj
FPS No. - N° FPS	Ref. No. (Police Dept. or Penal Institution) N° de réf. (service de police ou établissement pénitentiaire)	Date of Death - Date du décès

**Finger Impression(s) - State Finger(s)  
Empreinte(s) digitale(s) - Indiquer de quel(s) doigt(s) il s'agit**

**Note:** Record at least one print. If FPS number unknown, attach complete set (C-216).  
Apposer au moins une empreinte. Si le n° FPS est inconnu, joindre les empreintes au complet (C-216).

Submitted by (Name, Rank and Police Dept./Det.)  
Transmis par (nom, grade et service de police ou détachement)

OFFICE OF THE CHIEF MEDICAL EXAMINER  
Level 1, Room 1562  
Health Sciences Centre  
300 Prince Philip Drive  
St. John's NL A1B 3V6

Case number: FP56-15

Name: Donald Dunphy

Receipt for Evidence or Property

Receipt of the following is hereby acknowledged:

- |     |          |     |
|-----|----------|-----|
| 1)  | 9 Photos | 11) |
| 2)  |          | 12) |
| 3)  |          | 13) |
| 4)  |          | 14) |
| 5)  |          | 15) |
| 6)  |          | 16) |
| 7)  |          | 17) |
| 8)  |          | 18) |
| 9)  |          | 19) |
| 10) |          | 20) |

First Change:

Person releasing custody: Bonita [redacted]

Person accepting custody: [Signature] (S.D. Burke) cpl RCMP

Date: June 10, 2015

Time: 10:10 AM

Second Change:

Person releasing custody:

Person accepting custody:

Date:

Time: