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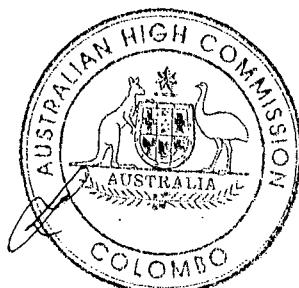
Victorian Institute of Forensic Medicine

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 MONASH University

INDEPENDENT FORENSIC INVESTIGATION OF THE MUTTUR MASSACRE SRI LANKA AUGUST 2006

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Table of Abbreviations

ACF	-	Action Contre la Faim
AFP	-	Australian Federal Police
AHC	-	Australian High Commission
CID	-	Criminal Investigation Department
GoSL	-	Government of Sri Lanka
JMO	-	Judicial Medical Officer
LTTE	-	Liberation Tigers of Tamil Eelam
NGO	-	Non Governmental Organisation
PMI	-	Post Mortem Interval
SF	-	Security Forces
SLA	-	Sri Lankan Army
VIFM	-	Victorian Institute of Forensic Medicine



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Introduction/Scenario

It has been alleged that on or about the 4th or 5th of August 2006, seventeen (17) Tamil speaking employees of the French Non-Governmental Organisation (NGO), Action Contre la Faim (ACF) were shot and killed outside the ACF Compound near the town of Muttur in Northern Sri Lanka.

The person or persons, and indeed group(s) and/or faction(s) responsible for this atrocity have yet to be identified. There have been claims and counter claims as to the group responsible.

I am led to believe that the Minister for Disaster and Human Rights of the Government of Sri Lanka (GOSL) had requested forensic assistance from the Australian Federal Police (AFP) to investigate this event.

Dr DL Waidyaratne – Judicial Medical Officer (JMO) from Anuradhapura Hospital, together with a junior colleague performed post mortem examinations of all seventeen (17) bodies retrieved from Muttur on the 8th of August.

The autopsies were conducted at the hospital in Trincomalee in approximately five hours in less than optimal conditions.

Given the time constraints, duress from massing bereaved relatives and essential lack of radiological facilities, the post mortem examinations consisted of an external examination with limited comment regarding internal trauma.

Radiological facilities were not available to define the presence and location of projectiles and fragments.

Dr Waidyaratne produced seventeen post mortem reports which were later reviewed by the independent Australian team (see later).

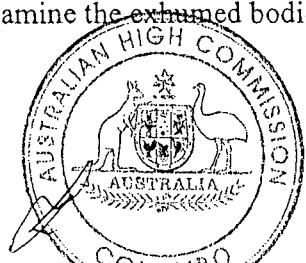
It is my understanding that these original post mortem reports are not in dispute and will be tendered as evidence in any forthcoming inquest or trial.

After discussions between the Sri Lankan and Australian Governments, it was decided to send a small team to Sri Lanka to assist in the re-examination of all seventeen cases.

The bodies by now had been buried and returned to the relatives concerned.

Mission 1 10-15 August 2006 (discussions and logistics)

On the 9th of August 2006, myself, Dr Malcolm Dodd (Senior Consultant Forensic Pathologist from the Victorian Institute of Forensic Medicine – VIFM) together with Mr James Heywood (Forensic Technician – VIFM) and Eric Davies (Firearms Examiner and Ballistics Analyst – Australian Federal Police (AFP) arrived in Colombo with the intent of reviewing the post mortem reports produced by Dr Waidyaratne and within the time available to us, re-examine the exhumed bodies.



Due to logistical concerns regarding the tracing of relatives to secure permission for exhumation and re-examination, transportation of bodies from the North to Colombo and escalating military activity between the Liberation Tigers of Tamil Eelam (LTTE) and Sri Lankan Security Forces (SF), the exhumations and re-examinations did not eventuate.

Furthermore, several events within Colombo City (two car bombs and one gunshot homicide) within close proximity to the hotel at which the team was staying, required evacuation under direct orders from the Australian High Commission (AHC).

Between the time of arrival and departure (10-15 August), time was not wasted.

Over the following days, the team had many useful meetings with the AHC, Judicial Medical Officers (JMO), Minister of Disaster and Human Rights, Senior Superintendent of Police (Criminal Investigations Department – CID), Inspector General of Police, representatives from the Attorney General's Department and the Government Analyst.

This also included a detailed discussion with the relevant JMO's regarding their post mortem findings and examination of the original reports and body map diagrams.

Several important questions needed to be addressed, the first being the choice of facility to be used for the re-examination of the seventeen exhumed bodies and the second being the capability of the Government Analyst Department in handling any retrieved projectiles or fragments.

After extensive discussions with various agencies, the dissection hall of the Anatomy School of the University of Colombo was decided as the location for the post mortem re-examinations.

This decision was taken on the basis that the JMO's facility nearby was undergoing a process of renovation and further, this facility was used for examination of victims of assault, rape etc. (living victims) and the odour of decomposition would be upsetting to the staff at that particular facility.

It was also decided that an X-ray facility would be provided at the time of re-examination.

This facility would be obtained from one of the nearby Government hospitals.

After these arrangements had been organised, the team departed Sri Lanka on the 16th of August 2006.

The return mission had one specific purpose.

Myself, as Consultant Forensic Pathologist, would act as an impartial international forensic expert present purely to assist and observe the re-examination process by JMO Dr Waidyaratne.



At this stage in the report, I would like to acknowledge the excellent efforts of Dr Waidyaratne and his assistant in performing the seventeen examinations in the time frame allowed and under suboptimal condition and duress as described previously.

It is my understanding that the original seventeen reports produced by Dr Waidyaratne will be submitted in full and the purpose of re-examination (under the observation of the international team) will further enhance the value of these reports, especially given that radiological facilities were not available at the time of first examination.

The following diagrams (see p. 6 and 7) represent a cumulative aggregate of putative bullet entry wounds gained from the examination of the initial post mortem reports of all seventeen slain victims.

As the report discloses, there would appear to be at least twenty nine (29) individual gunshot entry points in seventeen victims examined by Dr Waidyaratne.

In the next section of this report (Mission 2), eleven (11) of the seventeen (17) bodies re-examined will be detailed in the form of body maps which include the original external trauma as outlined by Dr Waidyaratne with superimposed locations of projectiles and projectile fragments as demonstrated by radiological examination.

Each case will be dealt with individually and comments made regarding trauma, bullet entry wound, trajectory of projectile and characteristics of all ballistic evidence retrieved.

Mission 2 22-28 October 2006

On the 22nd of October at 0230 hours, I returned to Colombo to assist in the re-examination of the seventeen (17) slain victims from Muttur.

On this occasion, I travelled alone.

It was deemed that the assistance of a forensic technician would not be required as several technicians were available at the JMO facility in Colombo.

Mr Eric Davies (Ballistics Analyst) did not accompany me on this occasion.

It was decided that any ballistic evidence retrieved at the time of re-examination would be either submitted to the Government Analysts Department or, pending instructions from the Sri Lankan Government or indeed from the Government Analysts Department, ballistic evidence may be examined externally, perhaps in Australia.

This latter comment is entirely dependent on the capabilities of the Government Analysts Department in pursuing meaningful comparison analysis from projectiles retrieved at autopsy compared to those from questioned and seized firearms.

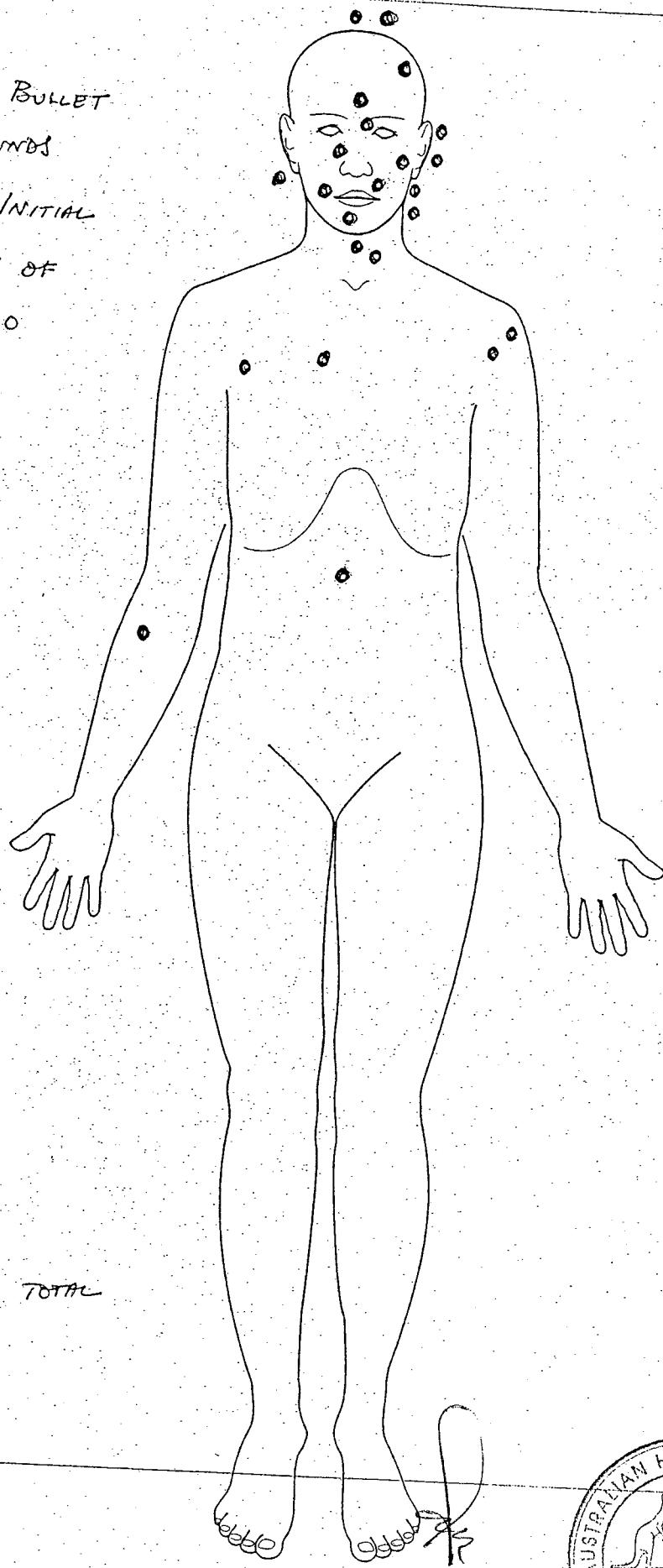


AGGREGATE GUNSHOT WOUNDS OF ENTRY

Figure (i)

= PUTATIVE BULLET
ENTRY WOUNDS

(BASED ON INITIAL
EXAMINATION OF
ORIGINAL JMO
POST MORTEM
REPORTS)



= 29 IN A TOTAL

= 17 VICTIMS.

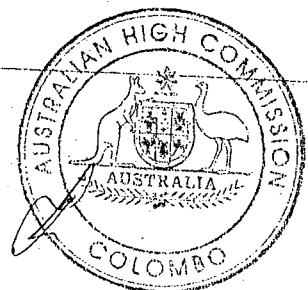
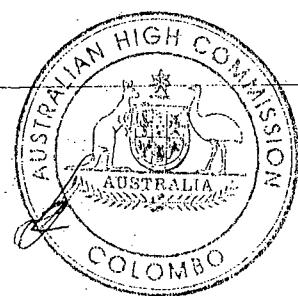
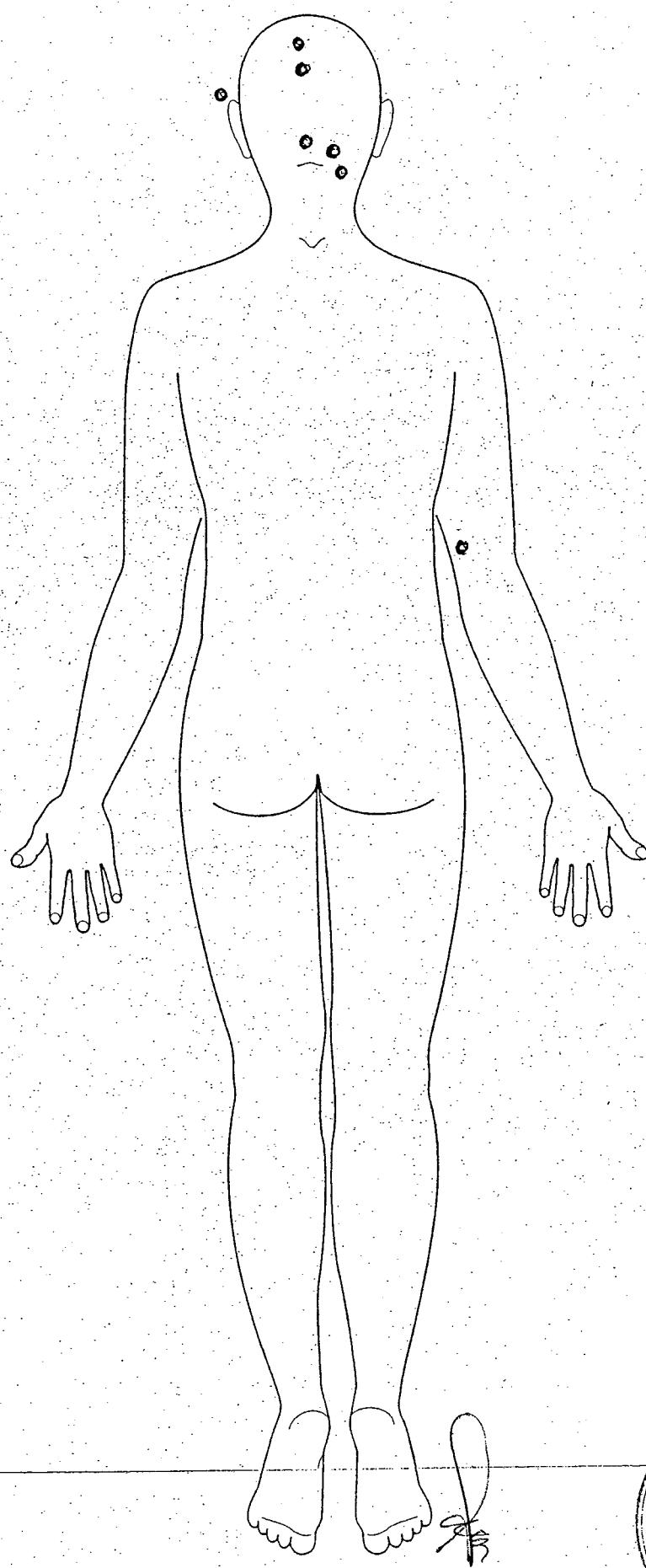


Figure (ii)



Facilities and Equipment

Contrary to the decisions made during the time of Mission 1, the Anatomy School was not ultimately available as the location for the repeat post mortem examinations.

This decision was made largely in part due to the students undertaking active tuition at the time of our second mission.

It was then decided that the bodies would be examined in the mortuary area of the JMO facility in Colombo in spite of early protestations by the Senior Consultant JMO, Dr de Alwis.

A side room adjacent to the main dissecting area was set aside for our specific purposes.

The bodies had been stored in a refrigerated container adjacent to the JMO facility.

Contrary to prior instructions regarding refrigeration temperatures (i.e. all bodies to be removed from the deep freeze compartment prior to my arrival), it was learnt, unfortunately, that the bodies had remained in a frozen state.

At the time of this discovery, I instructed certain people to remove the bodies overnight to allow sufficient thawing prior to X-ray and repeat post mortem examination.

The following morning we realised that the bodies had not been removed from the refrigerated container and thus remained in a frozen state.

The room was cleared of sundry material allowing sufficient space for the installation of the image intensifier and examination table.

The frozen state of the bodies did not, however, impede the radiological examination.

The image intensifier was obtained from a local government hospital.

The use of the image intensifier (known locally as a C-arm) is an X-ray machine which allows examination of the image on a television monitor in real time and in addition, any areas of interest, particularly those containing projectiles or bullet fragments, can be immediately printed and retained as evidence.

A further problem encountered was a dedicated table to be used in conjunction with the X-ray machine.

A nearby carpenter's table (obtained from a construction site adjacent to the JMO facility) was seized for this purpose.

Once the machine was switched on and was proved to be operational, all eleven bodies were examined on the 24th of October.

Each body on average, took approximately ten minutes to scan from head to toe.



X-ray prints were taken of all fragments and intact projectiles and where the body was deemed to be radiologically negative, X-rays were taken of the areas demonstrating obvious gunshot injury at the time of first post mortem examination.

In the majority of cases, these areas consisted of head, neck and chest.

The following day (25 October) was set aside for post mortem re-examination. Basic post mortem equipment was required; this was gained from the mortuary facility next door.

Protocols and Team Members

On the 25th of October 2006, all bodies, as previously stated, were submitted to radiological examination.

The radiological examination commenced at 0930 hours and was concluded at approximately 1500 hours.

The team consisted of

- Dr Malcolm Dodd – Forensic Pathologist – Australia
- Dr D Waidyaratne – JMO – Sri Lanka
- Sanjaya Perera – Sri Lanka – CID
- K. Wimalasiri Perera – Mortuary Technician – Sri Lanka
- K. Sunil Perera – Forensic Technician – Sri Lanka
- W.A. Balasuriya – Photographer – CID – Sri Lanka
- W. Bandara – Police Constable – CID – Sri Lanka
- B.A.D. Jayalath – Radiographer – Sri Lanka

As per international protocol, the bodies were given individual accession numbers (see autopsies), photographed, all radiological images given individual accession numbers and seized as evidence, bodies re-examined to confirm the point of bullet entry, exit and transit path, all ballistic evidence retrieved from the body, photographed with accession number and seized and individually labeled and sealed in containers for later analysis prior to the return of the bodies to the family.

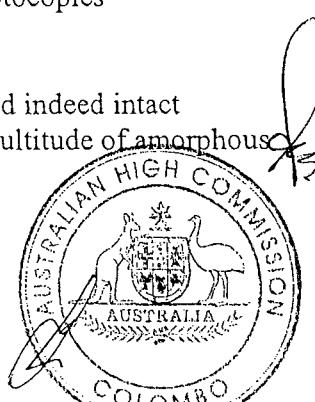
Radiological Examination of all Eleven (of Seventeen) Cases Received

All bodies were examined using the image intensifier.

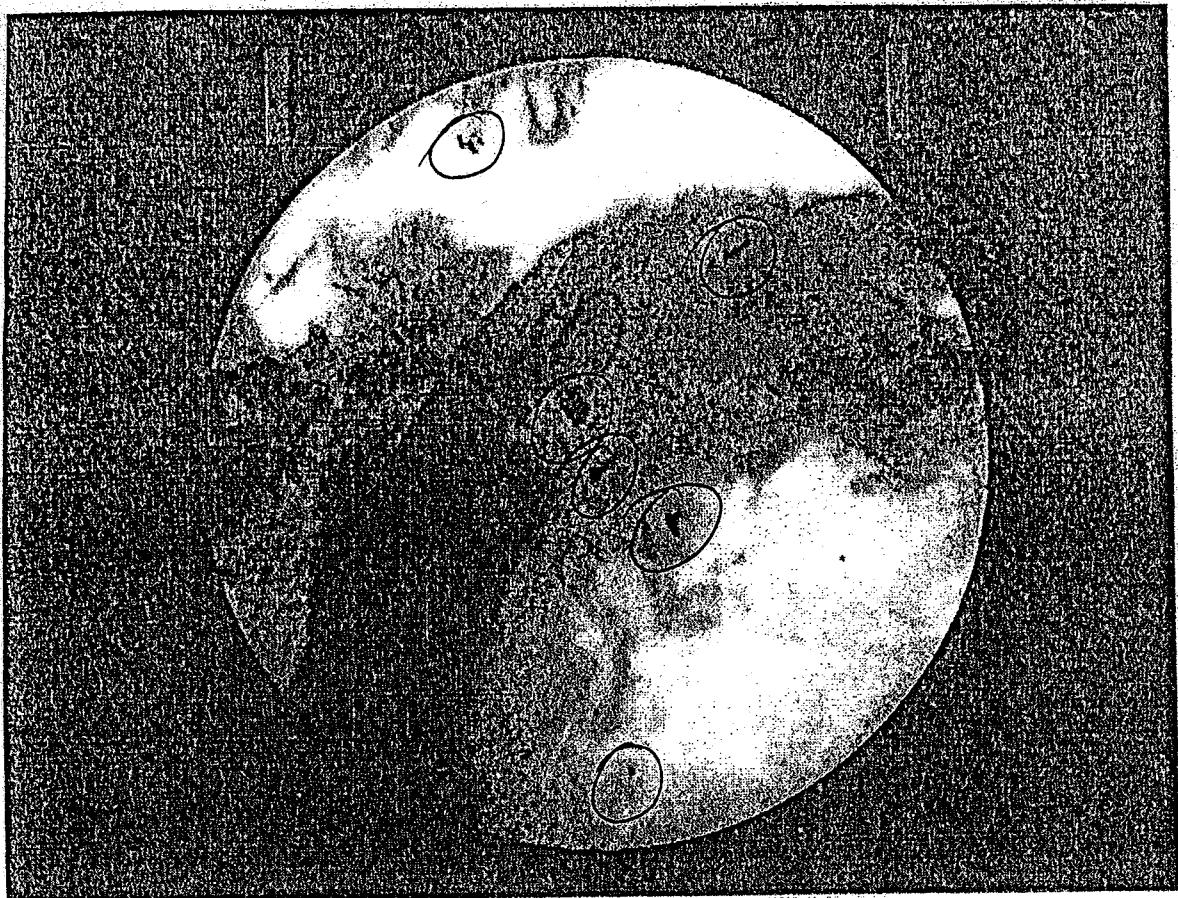
Both "positive" and "negative" X-ray images were taken, printed and labeled accordingly.

These images are now produced as the following series of photocopies (see pages 10 - 27).

Many images indicate the presence of minimally deformed and indeed intact projectiles together with several deformed projectiles and a multitude of amorphous small metallic particles.



TR 01 - 2006 (1/2)



TR 01/2006

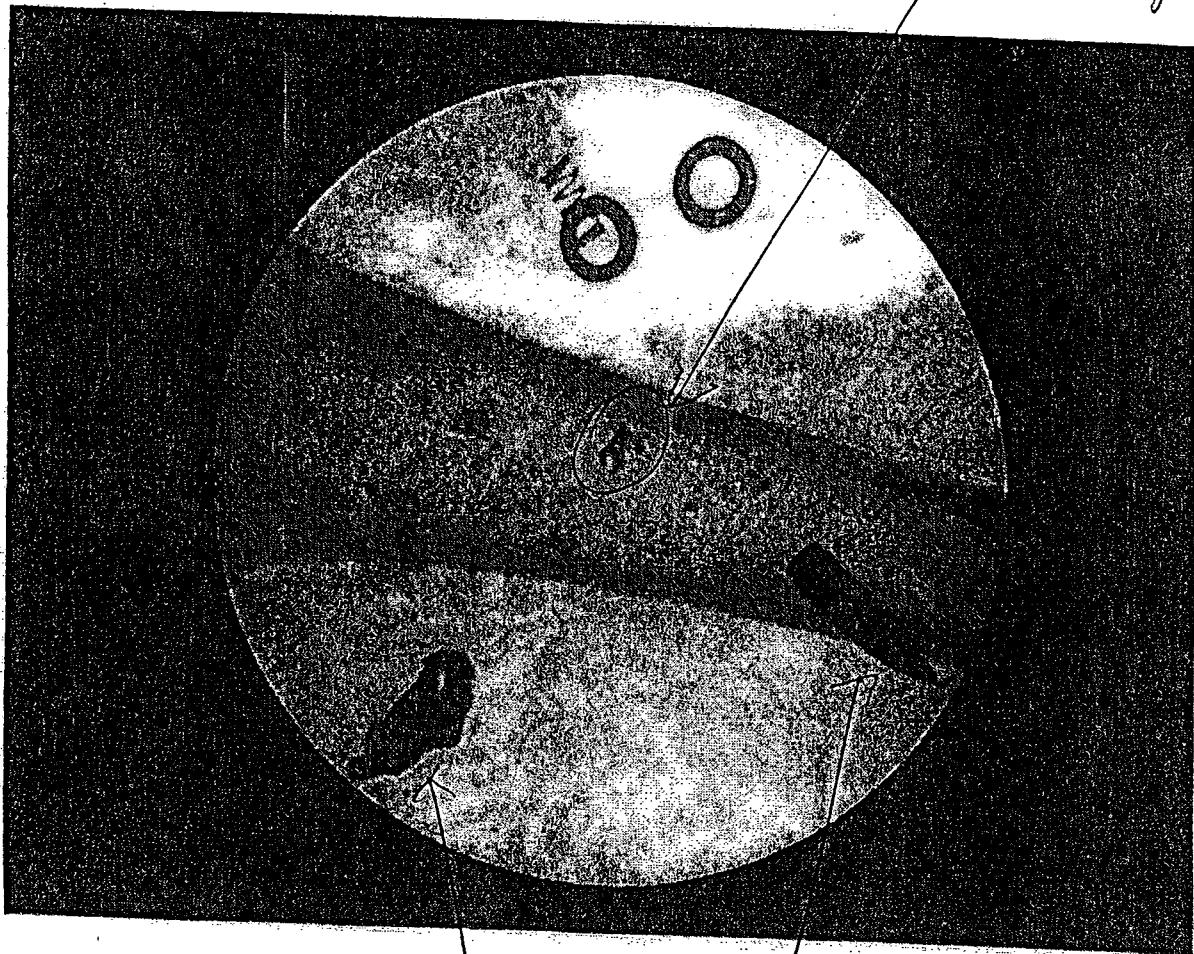
O = metal fragments in cranium. —

NONE RETRIEVED ✓



TR 01 - 2006

(2/2)



Metal fragment.

10 45 AM

24/10/06

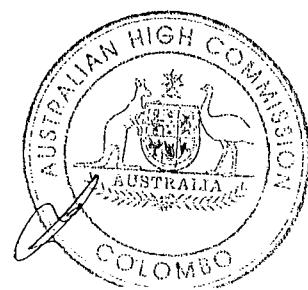
TR 01/2006

Intact 7.62 cal. projectile.

Deformed 7.62 cal. projectile.

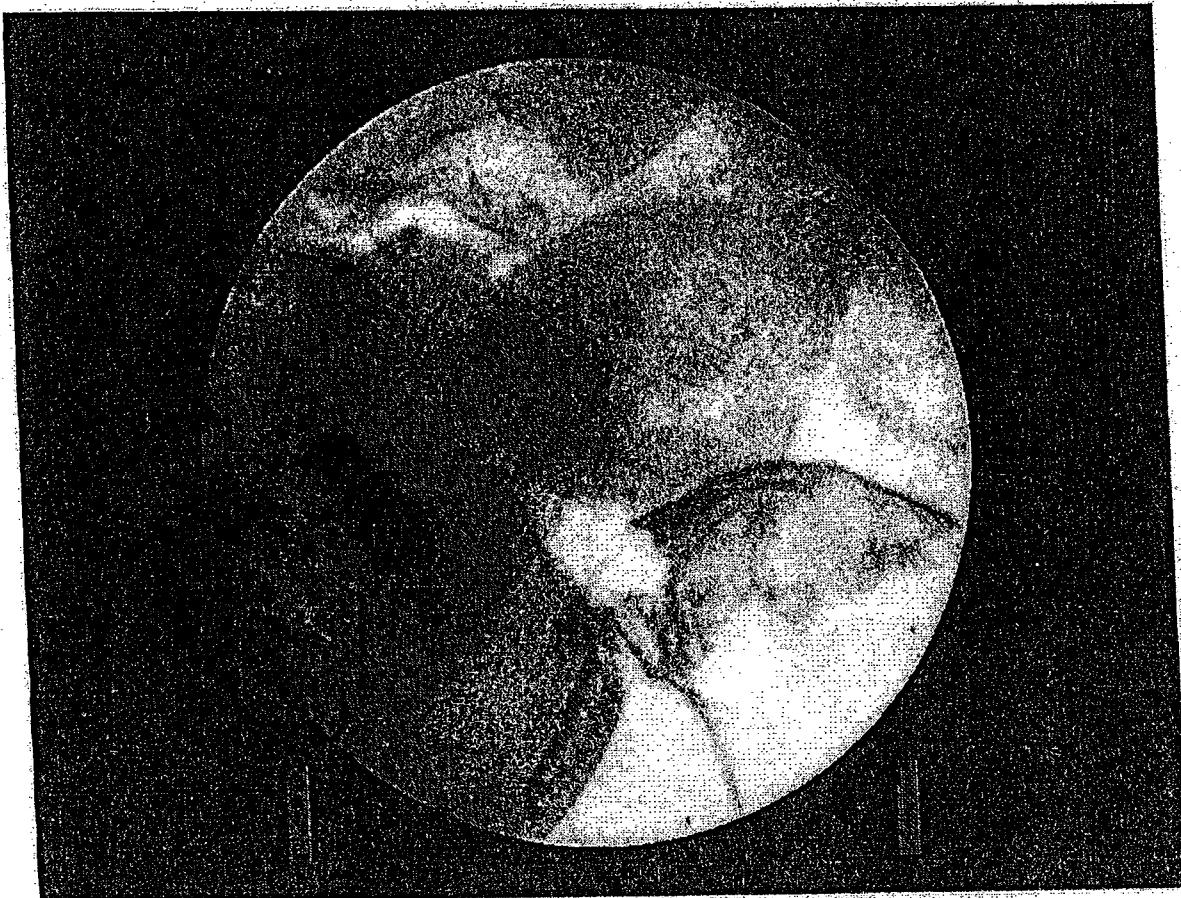
All Retrieved.

LEFT KNEE



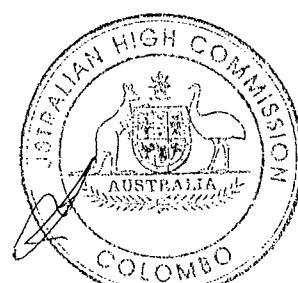
TR 03 - 2006 (1/1)

12.30
29/10/06 TR 03 | 2006.

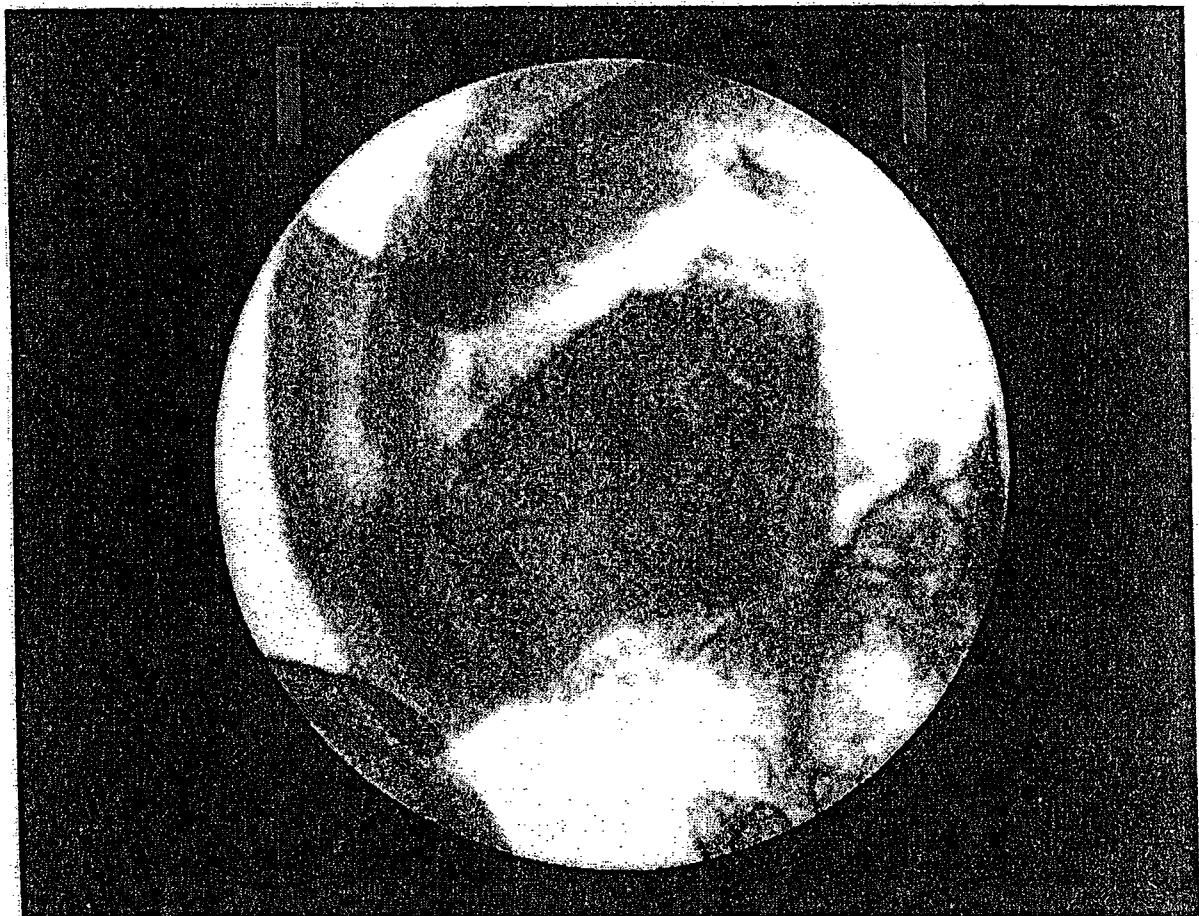


CRANUM.

—
NO METALLIC OBJECTS.



TR 04 - 2006 (1/3)



~~13.00
24/10/06~~

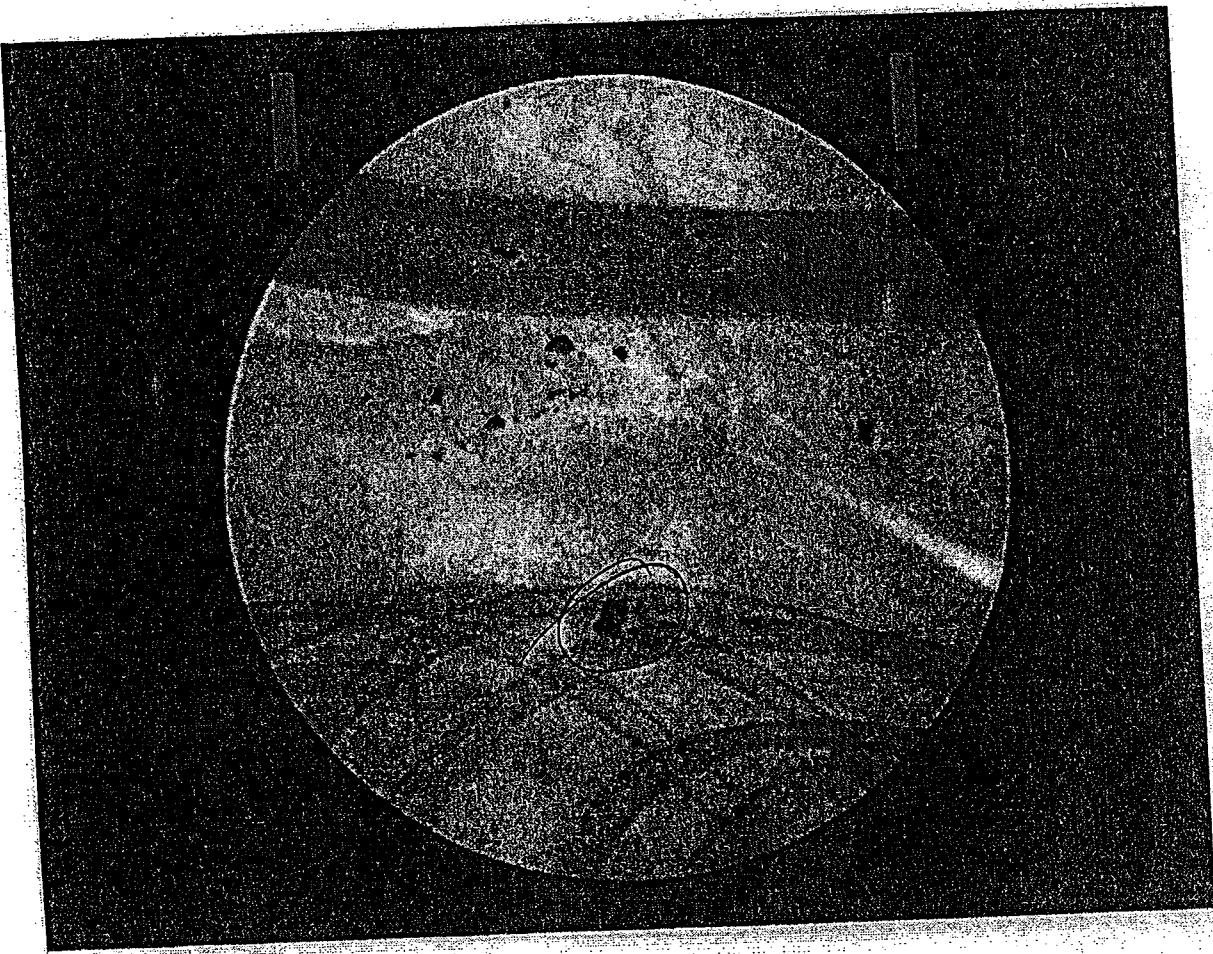
TR 04/2006

CRANIUM

NO METALLIC OBJECTS.



TR 04-2006 (2/3)



13⁰²
24/10/06

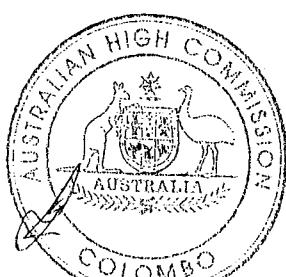
TR 04/2006

RIGHT CHEST. and adjacent upper arm.

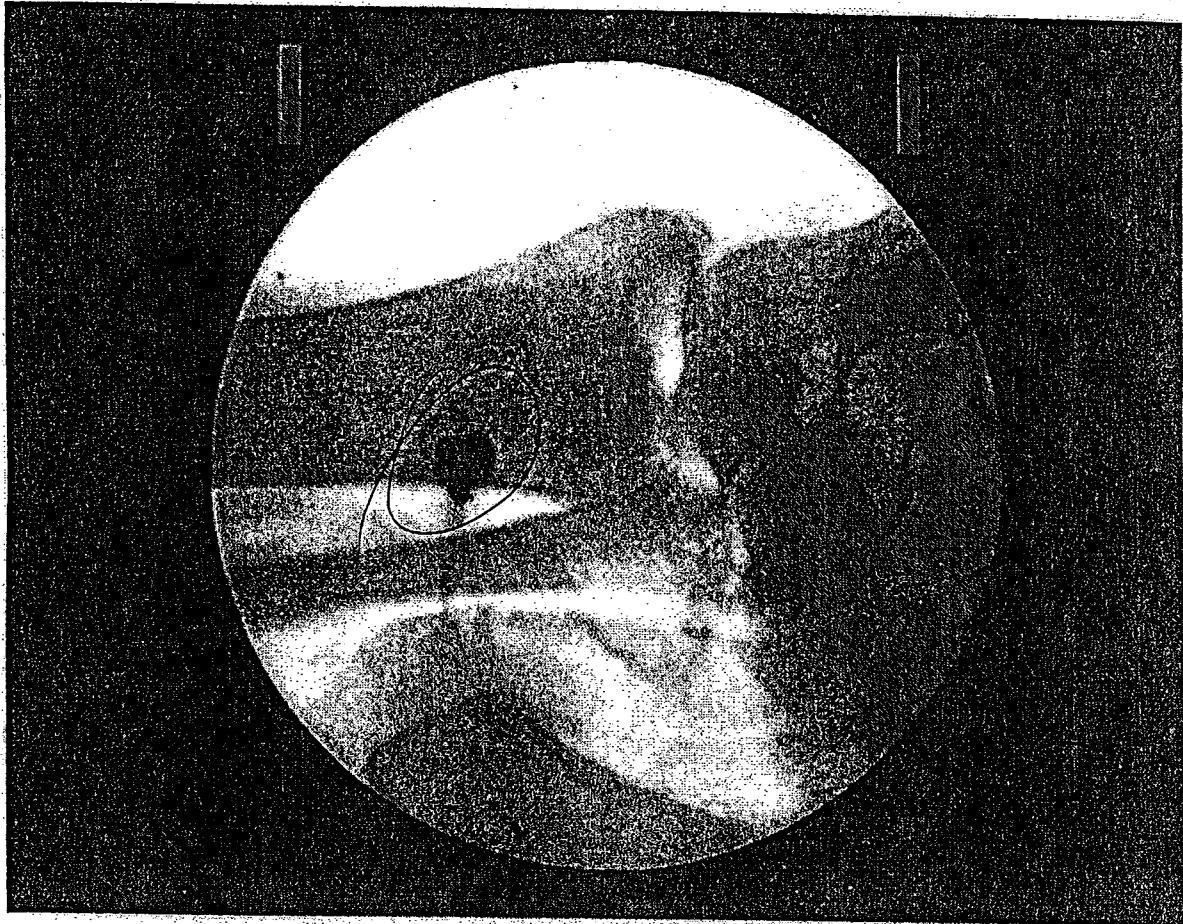
MULTIPLE METALLIC FRAGMENTS.

O = RETRIEVED

X



TR 04-2006 (3/3)

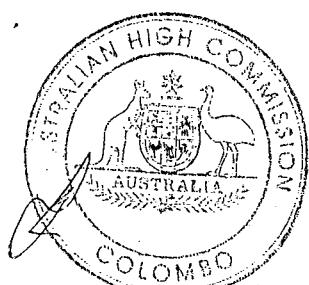


~~13.00~~
~~24.10.06~~ TR 04 / 2006

RIGHT ANKLE.

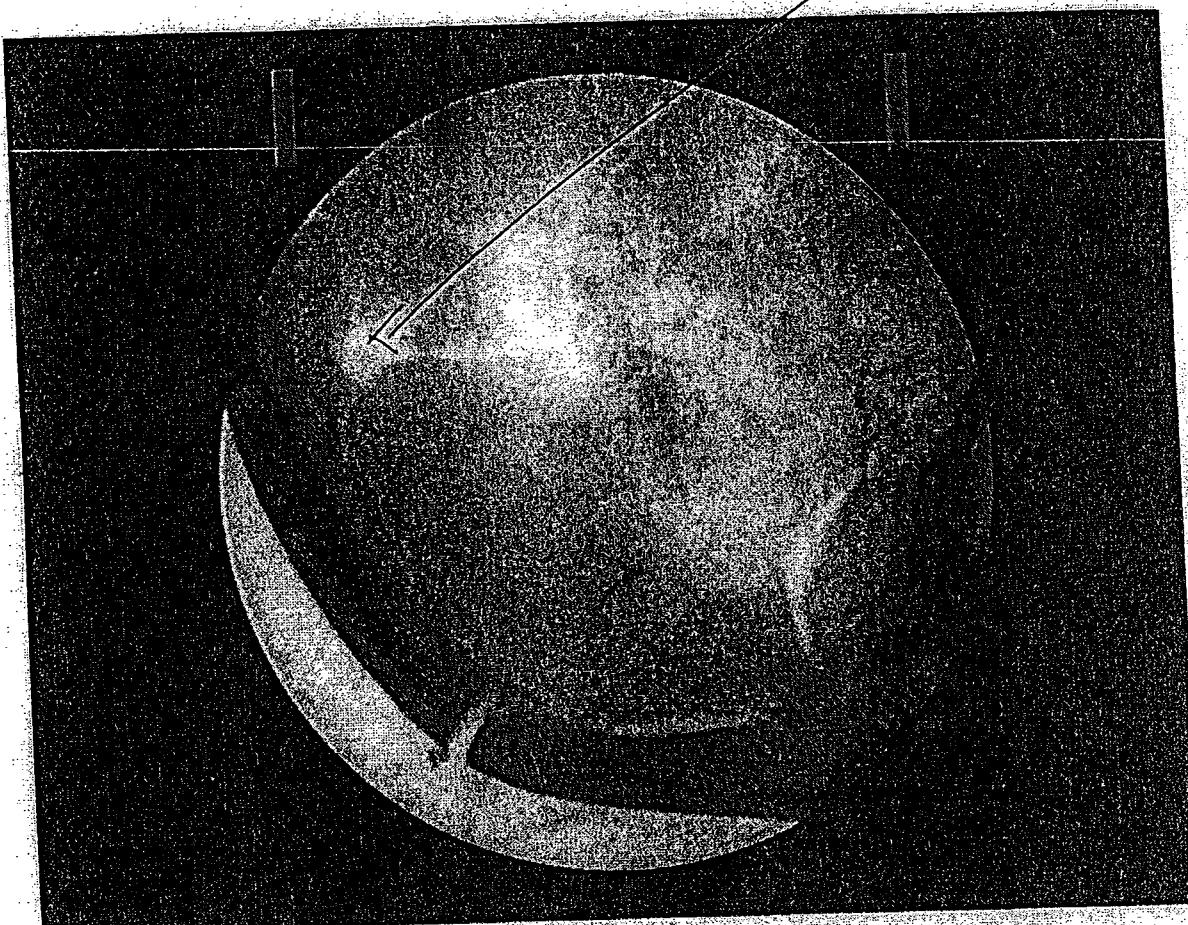
Metallic object is a ZIPPER RUNNER.

This is not a projectile!



TR 05-2006 (1/2)

"Keyhole" entry defect



~~14/00
29/10/06~~

GR 07/2006

CRANUM

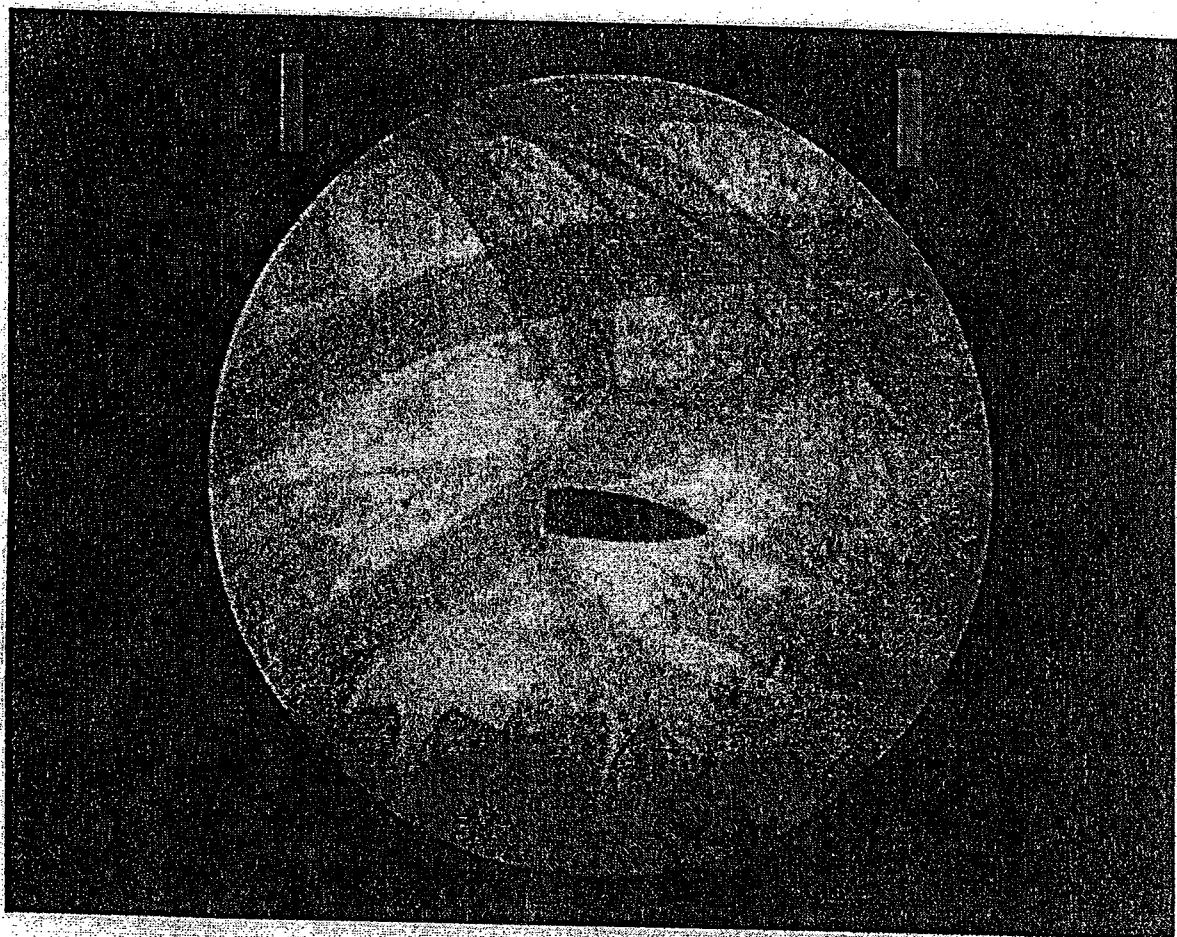
Showing previously undetected tangential bullet entry defect to right parieto-occipital skull.

and additional points of fracture.



TR 05-2006

(2/2)



1400

~~29.10.2006~~

TR 05/2006

LEFT UPPER ABDOMEN / LOWER CHEST.

INTACT 7.6L cal FMJ projectile



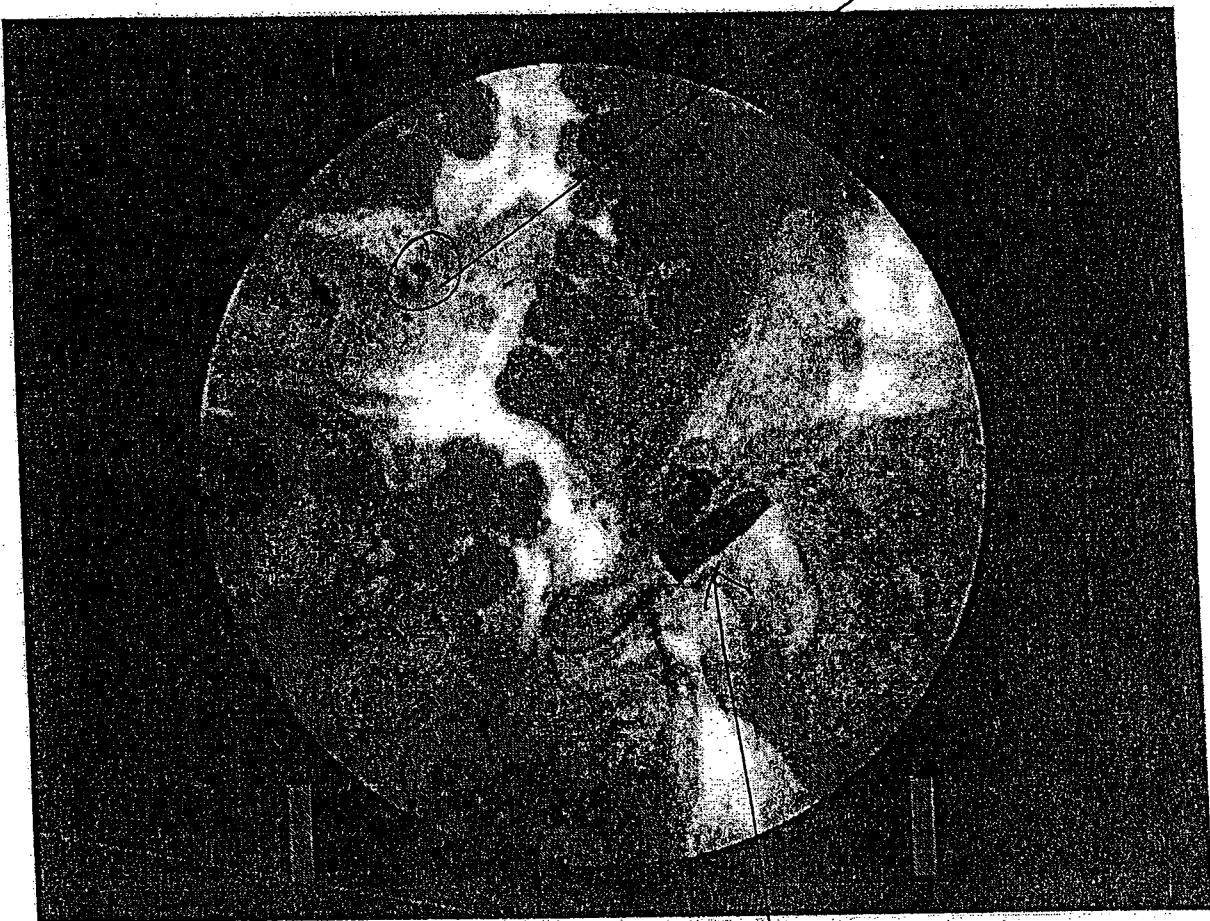
TR 06-2006 (1/1)

12.45

29/10/06

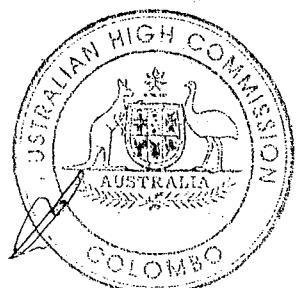
TR 06/2006.

Fragment.



Relatively intact 5.56 cal.
projectile and tip

SKULL/MANDIBLE

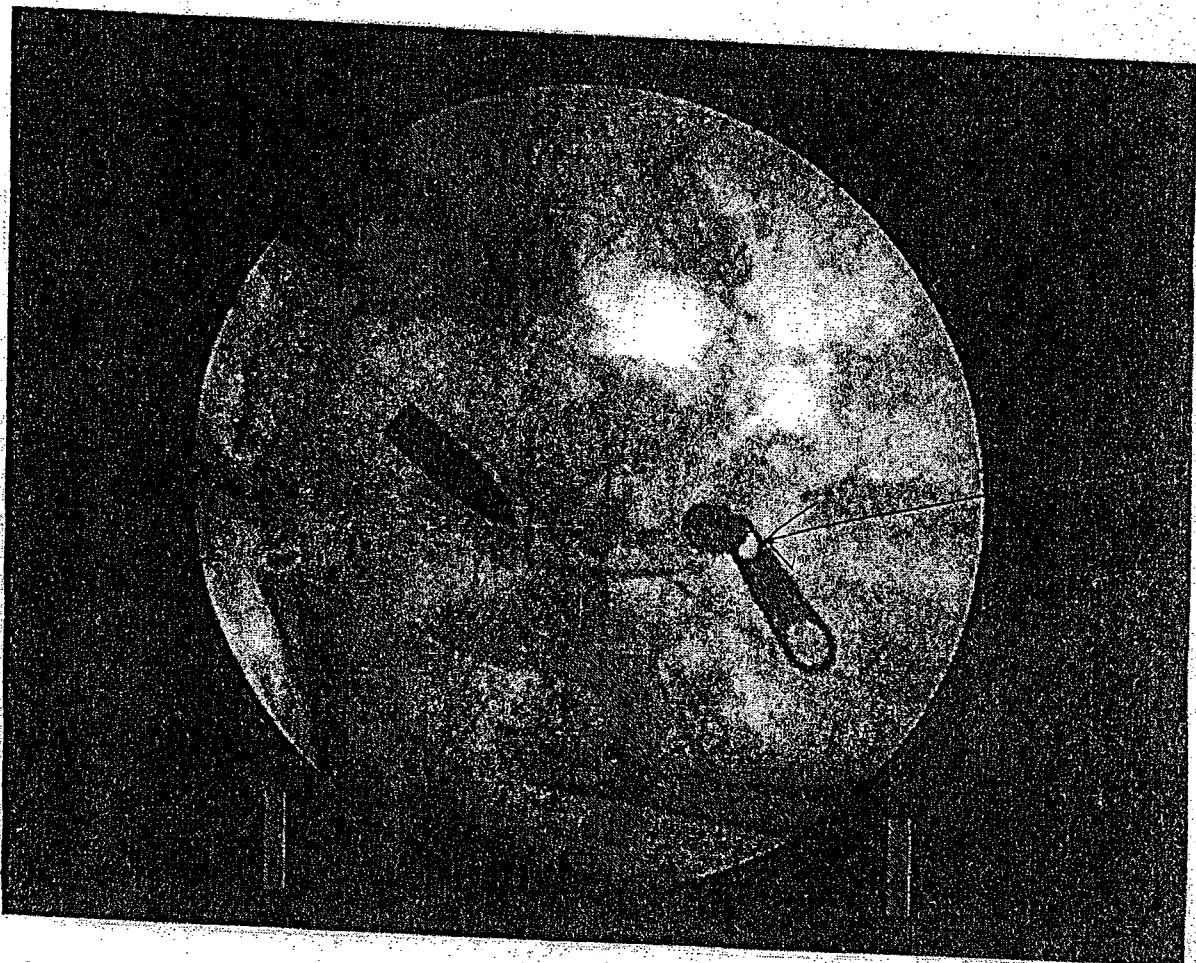


TR 08-2006 (111)

12.20 pm

24/10/06

TR 08/2006

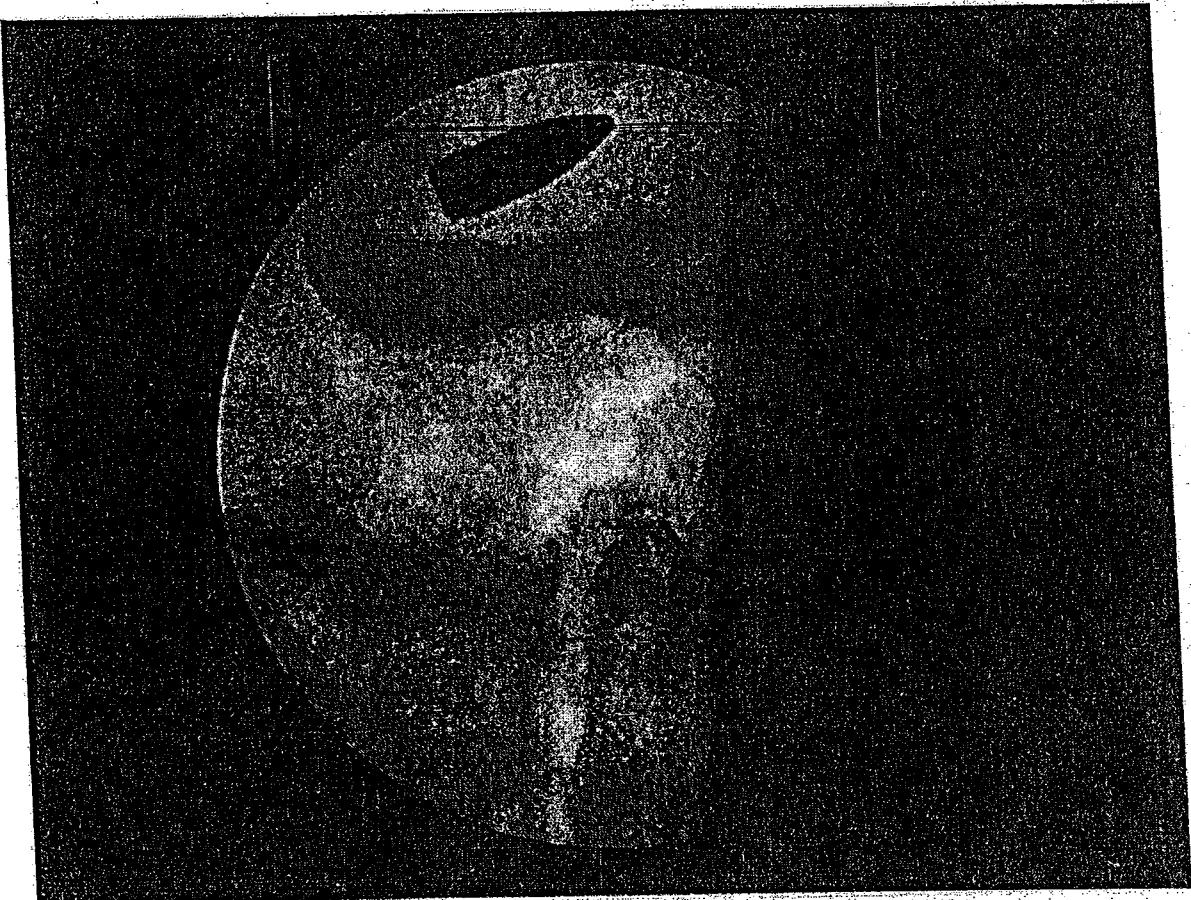


CRANUM

Infect 7.62 cal. FMJ projectile.



TR 12 - 2006 (1/2)



10.30 Am

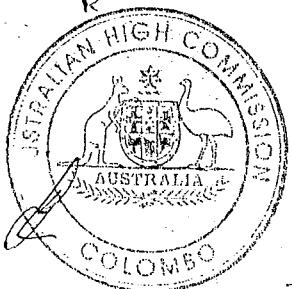
24/10/06

TR / 12 / 2006

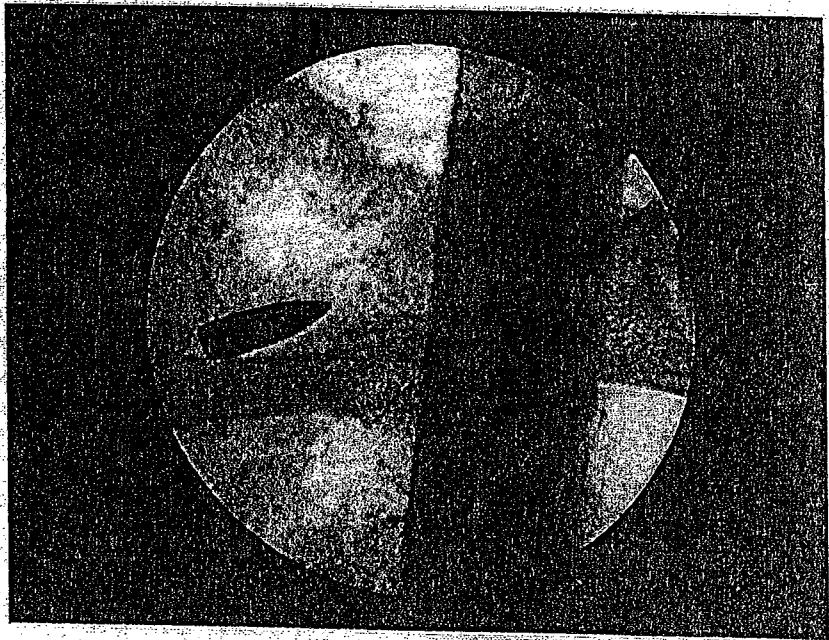
R | HIP

RICOT HIP

Intact 7.62 cal. FMJ projectile.



TR 12 -2006 (2/2)



TR 12 / 2006

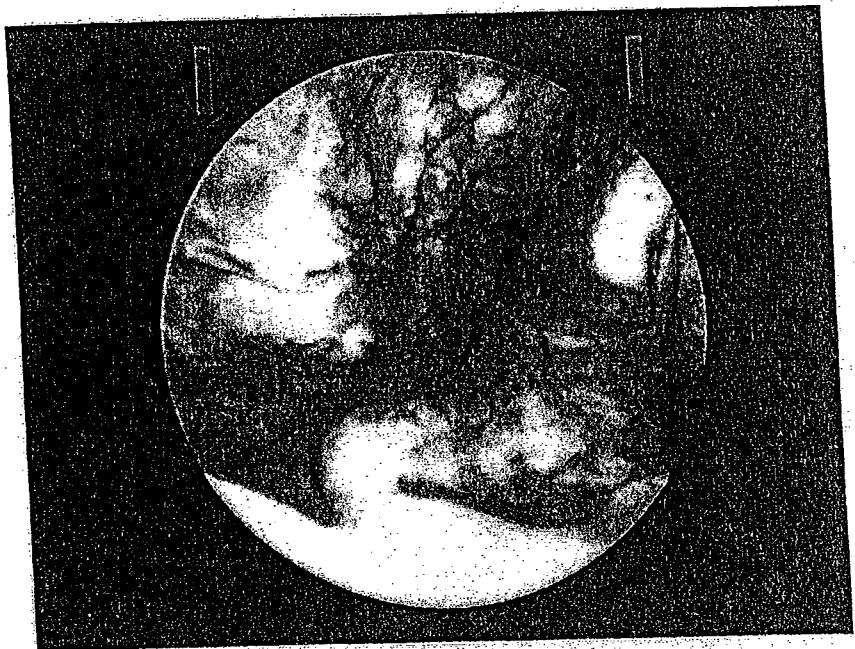
RIGHT HIP.

23

Same projectile - different view.



TR 13-2006 (1/3)



~~13.50~~
244100106

TR 13-2006

CRANUM



No metallic projectiles / fragments



TR 13-2006 X (2/3)



1356
24/10/06

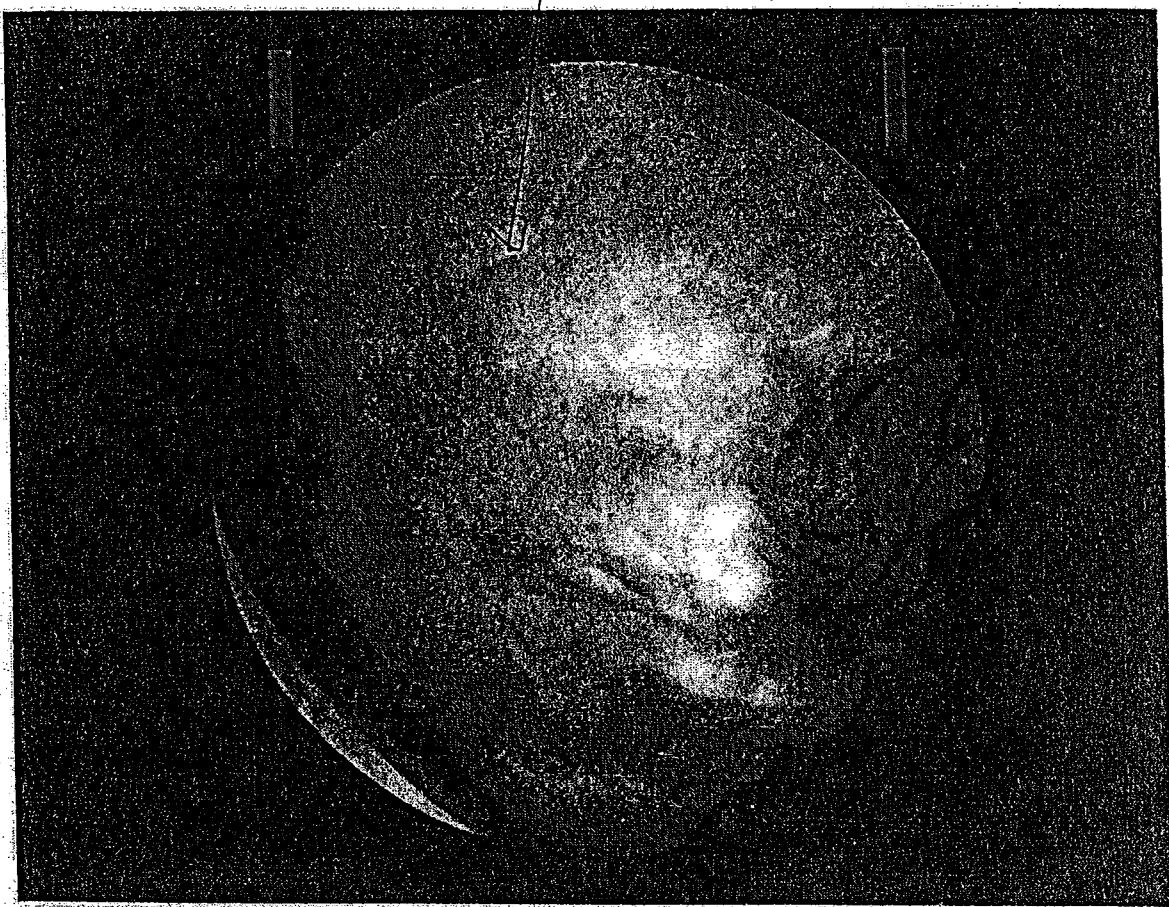
TR 13 | 2006.

CRANUM showing fracture lines

JF



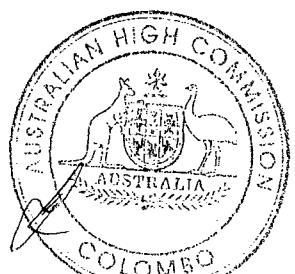
TR 13-2006 (2/3)



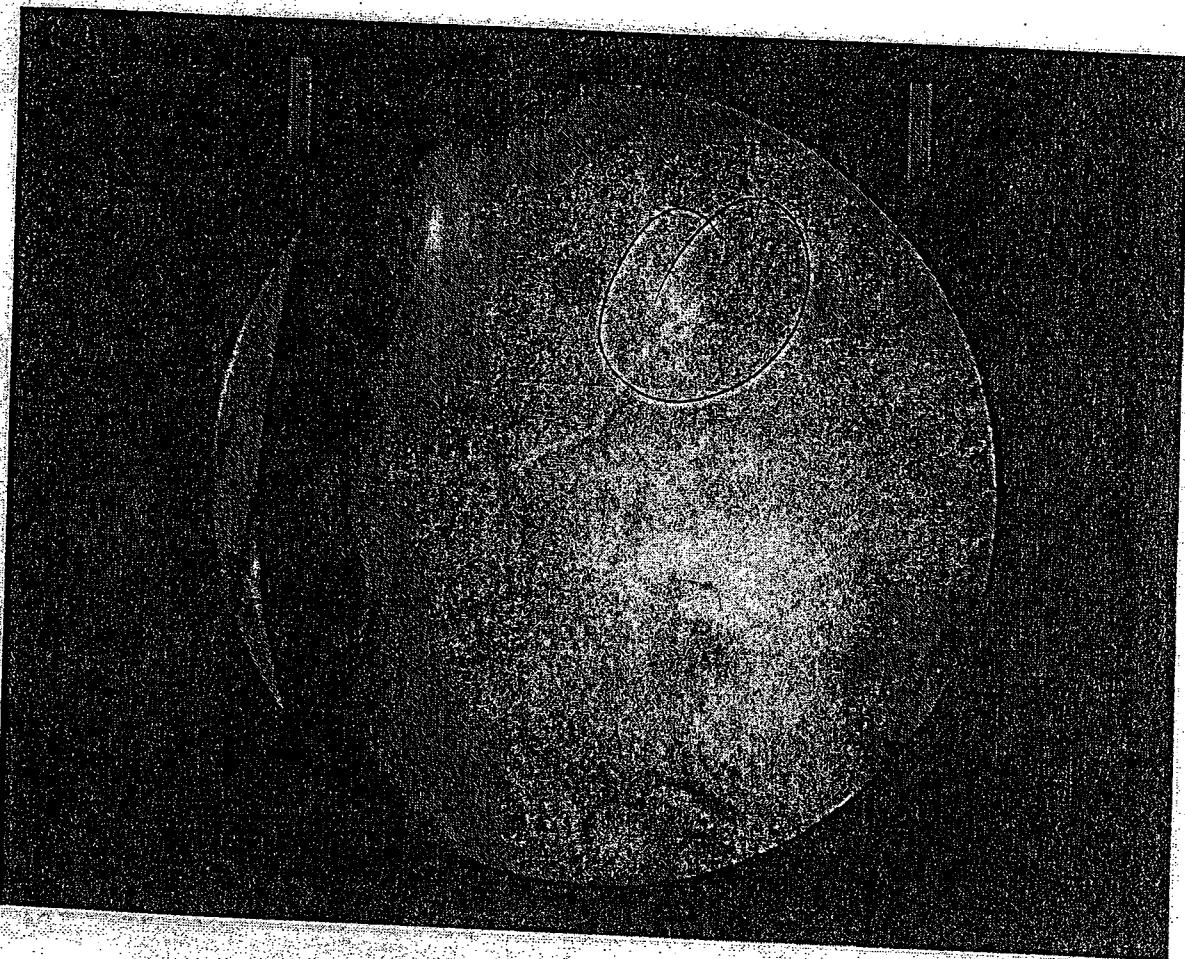
~~1350
24/10/06~~

TR 13 | 2006.

CRANUM showing fracture lines



TR 13-2006 (3/3)

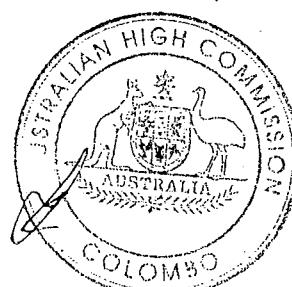


~~1250~~
~~2006/10/06~~

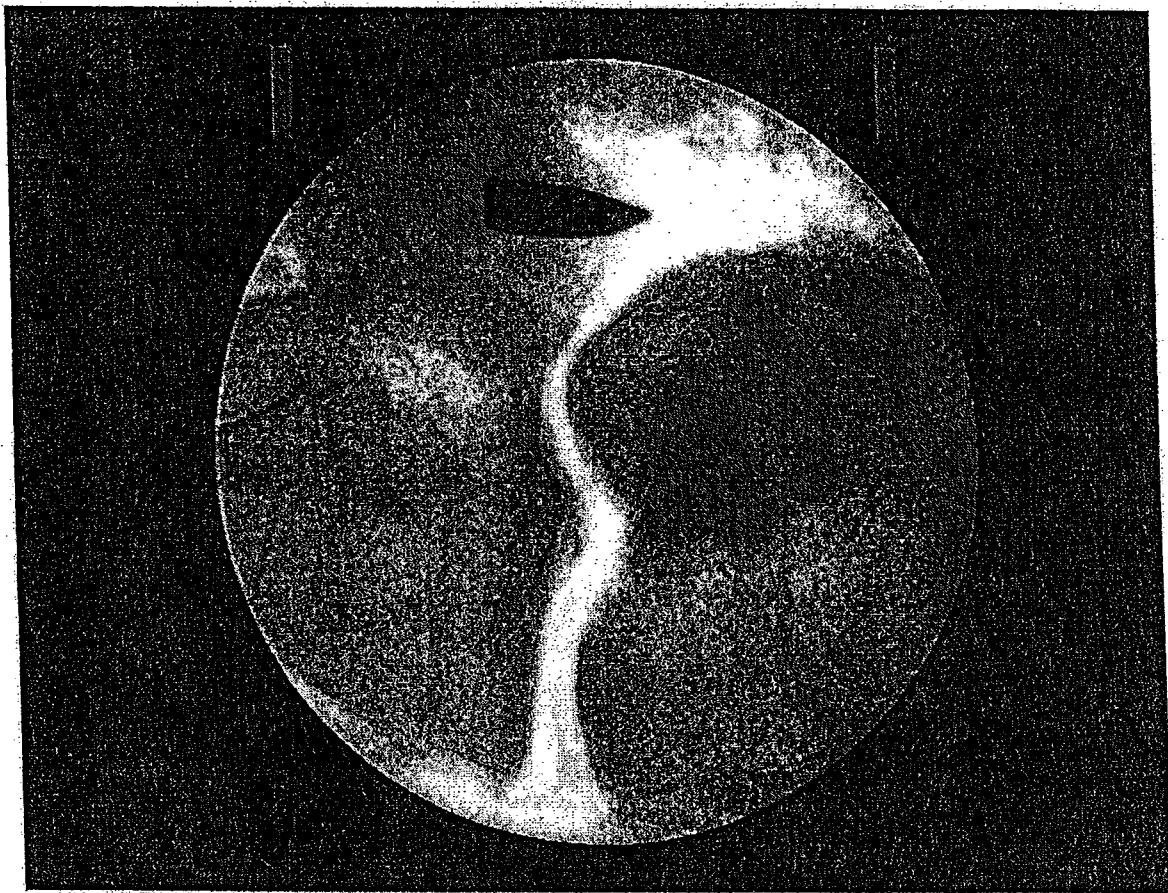
TR 13/2006

CRANUM

Showing entry point and radiating fractures 



TR 14 - 2006 (1/1)



TR 14/2006 : 13.40
24.10.06

Radiographer: Mr. B.A.D Jayalath

Ord. Labourer: Mr. A.C. Wijesoma

LEFT KNEE

Intraet 7.62 cal. FMJ projectile



TR 15-2006 (11)

1100
24/10/06

TR 15/06

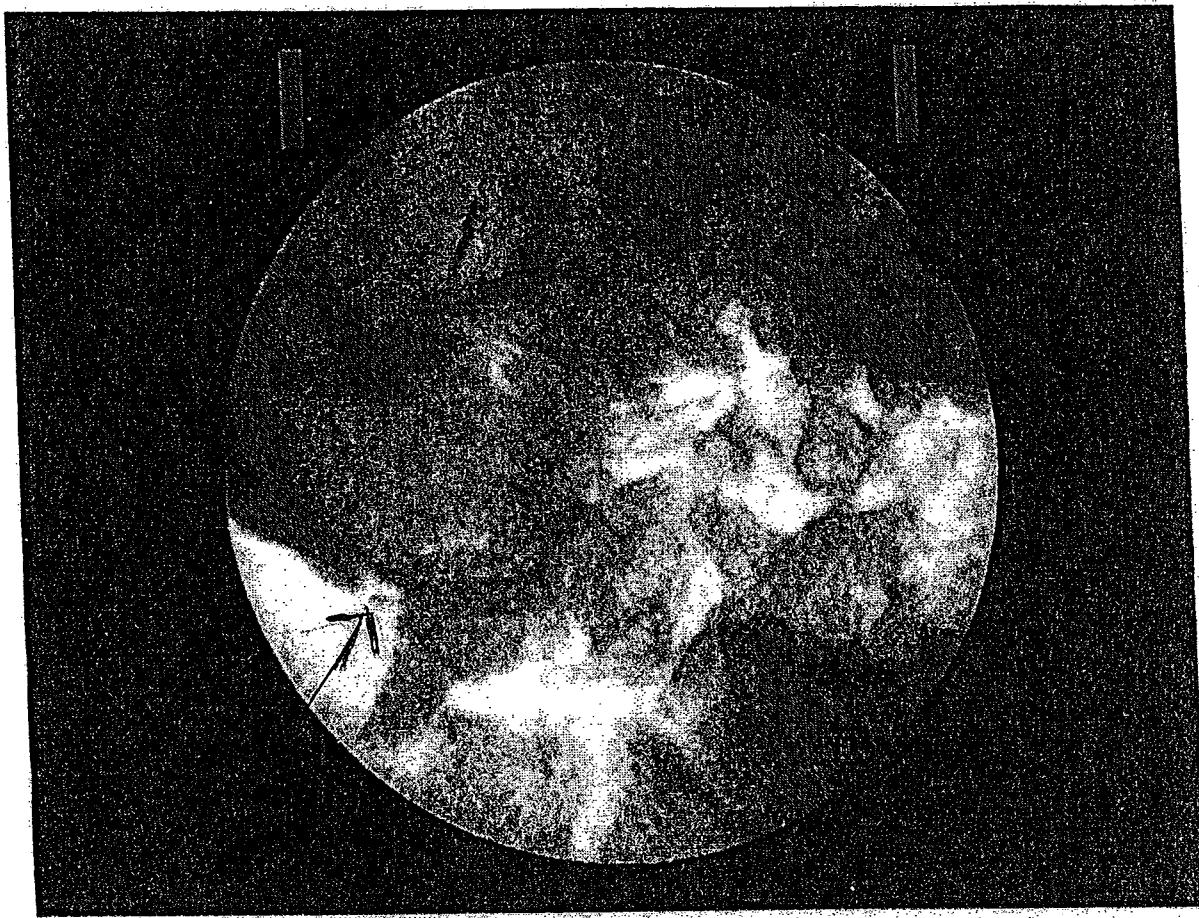


CRANUM and FACIAL SKELETON.

No metatarsal fragments seen 



TR 16-2006 (1/1)



1308
24.10.06 TR 16 { 2006

CRANUM

Showing bullet entry point and extensive fractures



The interpretation of these radiological images will be integrated into the autopsy reports that will follow later in this report.

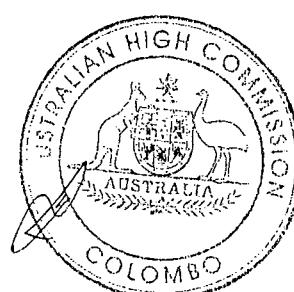
The Autopsies

- Explanation of individual post mortem reports:-

The eleven bodies (of the seventeen received for repeat examination) were examined externally, radiologically and then internally to confirm bullet point of entry, exit, trajectory and to anatomically locate all metallic objects as seen on radiological examination.

The format of the following eleven cases will consist of:

1. Transposition of original areas of trauma as indicated by the JMO - dimensions and locations printed in **BLACK**.
2. All metallic fragments and projectiles superimposed on body maps in **RED**.
3. Retrieval of ballistic evidence logged at the end of each report plus a comment regarding the interpretation of injury patterns and cause and manner of death.



TR1-2006

Yogaraja KOTHEESWARAN. M 31.

Post mortem examination commenced at 10:50 hours on the 25th of October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. Penetrating injury to mid forehead measuring 15 x 1 cm.
2. Penetrating injury between eyebrows measuring 2 x 2 cm.
3. Penetrating injury to middle third of face measuring 8 x 6 cm.
4. Area of laceration measuring 14 x 5 cm over right mandibular/chin area.
5. Area of laceration measuring 3 x 2 cm beneath the chin.
6. Evidence of bullet entry wound to upper right anterior chest measuring 5 x 5 cm.
7. Longitudinal vertically oriented laceration over anterior surface of left upper arm measuring 15 x 5 cm.
8. Large irregular vertically oriented laceration to the midline of the back of the head measuring 14 x 5 cm.

Internal Examination

Examination of the cranium disclosed extensive comminuted fracturing with gross separation of the cranial skeleton.

The fractures appeared maximal on the posterior, left temporoparietal and middle third of face areas.

A mandibular fracture was also identified.

Reconstruction of the cranial fragments disclosed a catastrophic explosive expansion of the cranial fragments which appeared to radiate from the apex of the skull.

The metal fragments seen on X-ray were small and irregular but could not be retrieved on internal examination due to their small size.

The radiological image is submitted as evidence of trauma to this area.



Radiology

- 1 At least six (6) small irregular metallic fragments are identified in the region of the right side of the cranium.
2. An intact full metal jacket military round was retrieved immediately superior to the left knee.
In addition, two further fragments were retrieved from this anatomical location.

Comment

The interpretation indicates multiple gunshot trauma to the head and upper right chest areas.

There is the suggestion of at least three (3) independent entry wounds to the mid facial area with a common irregular large exit through the back of the head.

A further putative point of entry is identified at the area of the upper right anterior chest.

It would appear that this particular projectile had travelled superoinferiorly through the torso and has come to rest at level of the left knee.

Cause of Death **Multiple high velocity gunshot injury**

Manner of Death **Homicide**

Retained evidence

1. Intact 7.62 calibre full metal jacket projectile – left knee.
2. Deformed 7.62 calibre projectile – left knee.
3. Single amorphous metallic fragment – left knee.



TR 01-2006

Figure (i)

Yogaraja KOTHEESWARAN

25.10.2006

10:50 HR.

MULTIPLE SMALL METALLIC

FRAGMENTS (NOT RETRIEVED)

① 15x1 cm — RELY ON X-RAY
IMAGE ONLY.

② 2x2 cm

③ 8x6 cm

⑤ 3x2 cm

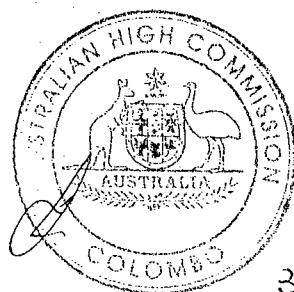
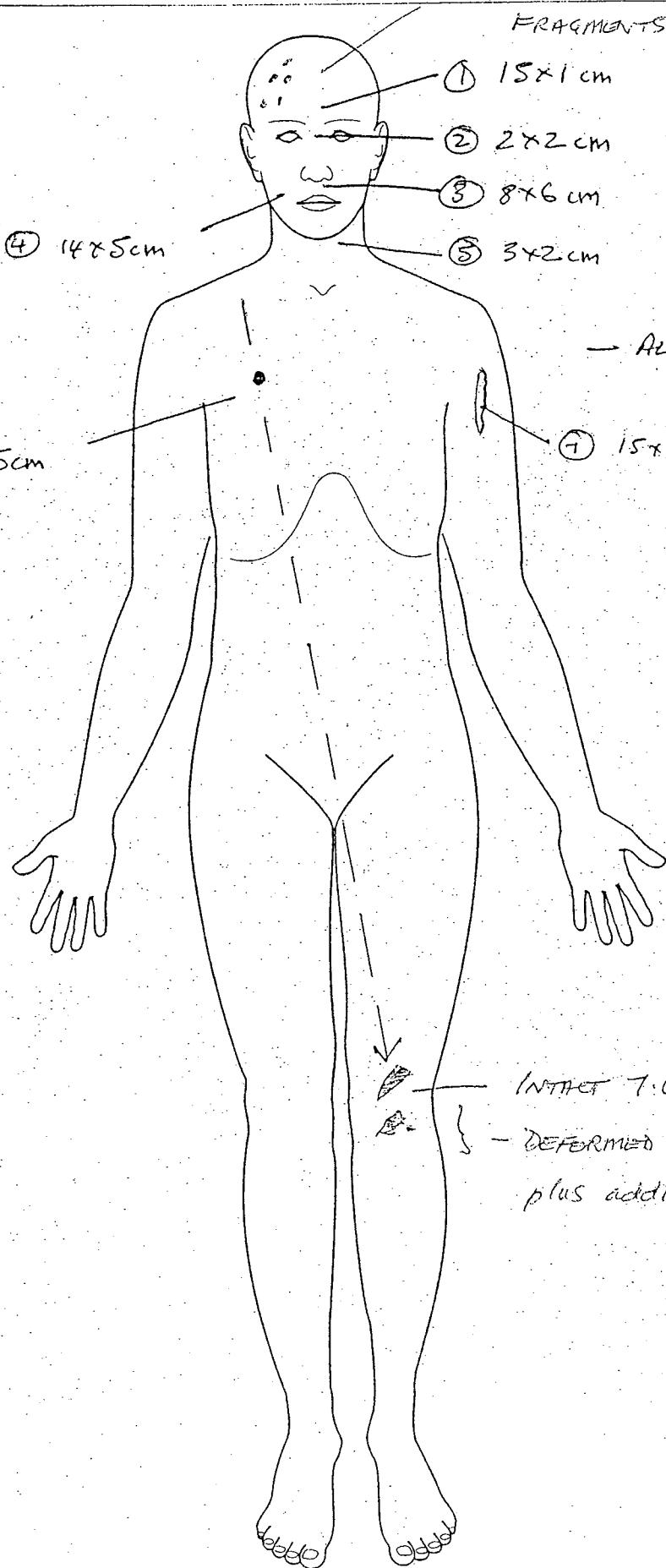
④ 14x5 cm

— All Anterior TO
POSTERIOR.

⑥ 5x5 cm

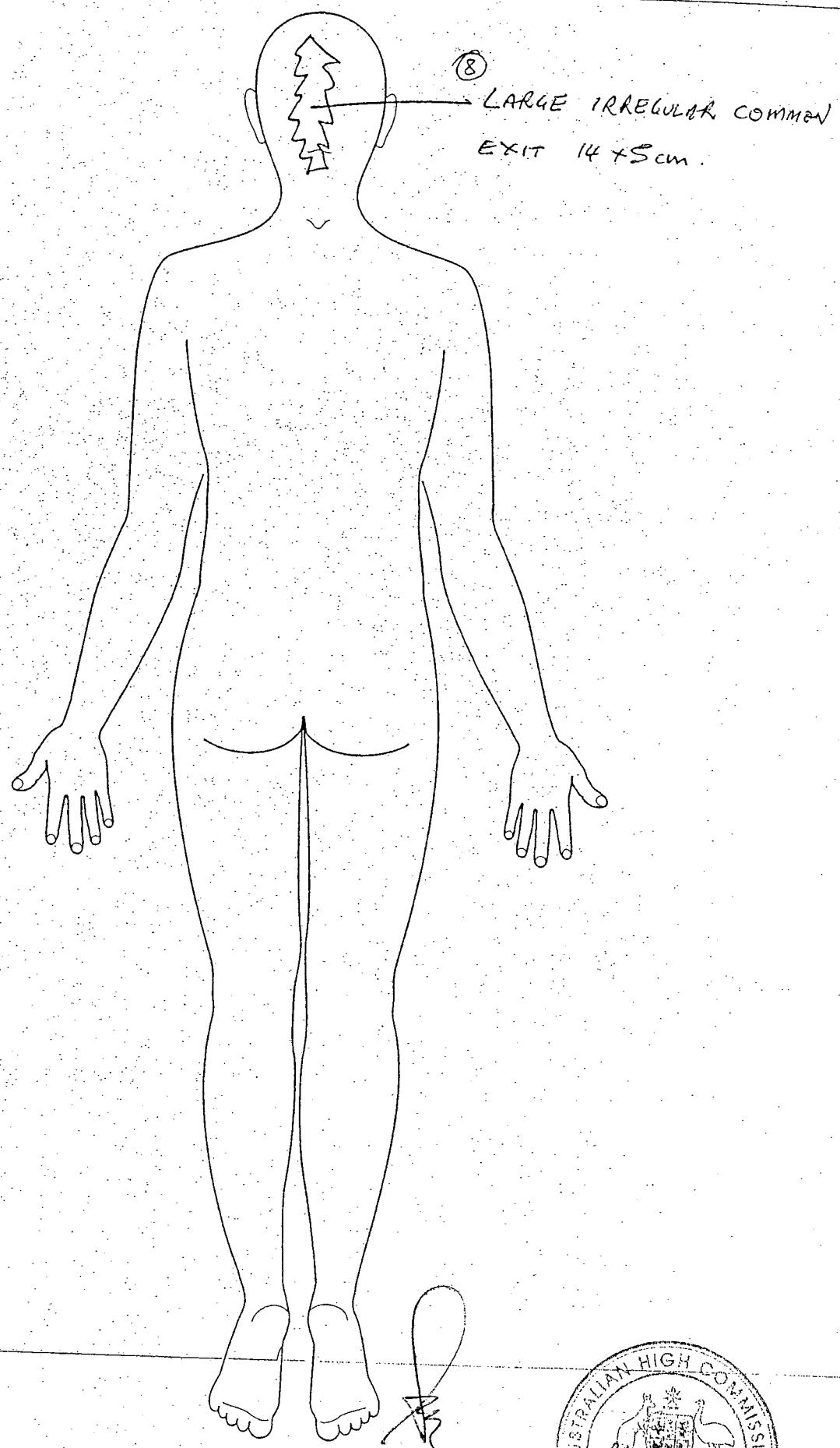
⑦ 15x5 cm

INTEGR 7.62 cal. PROTECTIVE
— DEFERRED 7.62 cal " "
plus additional fragment



TR 01-2006

Figure (ii)



TR3 - 2006

Gangatharan SRITHARAN. M 36.

Post mortem examination commenced at 11:04 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. Bullet point of entry located over right side of jaw measuring 1 cm in diameter.
2. Bullet point of exit through the left side of the face (inferolateral to left eye) measuring 4 x 3 cm in tandem with extensive cranial fracture.
3. Defect measuring 1 cm in greatest dimension located over upper left shoulder/chest area.
4. Defect over the upper anterior aspect of left arm measuring 2 cm in greatest dimension.

Internal Examination

Examination of the skull disclosed extensive comminuted fracturing with bone dissociation of the middle third of the face.

Extensive bony fragmentation noted on both right and left sides of the cranium consistent with a bullet entry and exit through right and left side of face/skull respectively.

No areas of subjacent injury noted to the upper left chest/shoulder injury – these areas of trauma may indicate post mortem animal feeding activity or nonspecific trauma.

Radiology

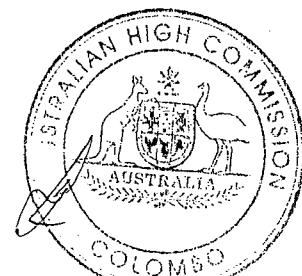
A total body X-ray failed to disclose evidence of projectiles or metal fragments.

Comment

The findings indicate the presence of at least one through and through high velocity gunshot injury extending from the right side of the face to left periauricular area respectively.

Cause of Death High Velocity Gunshot Injury

Manner of Death Homicide



Retained Evidence

1. No projectiles or fragments identified or recovered.
2. Radiological images only retained.

✓ ✓

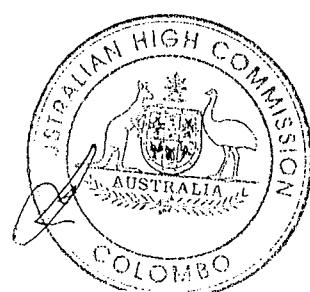


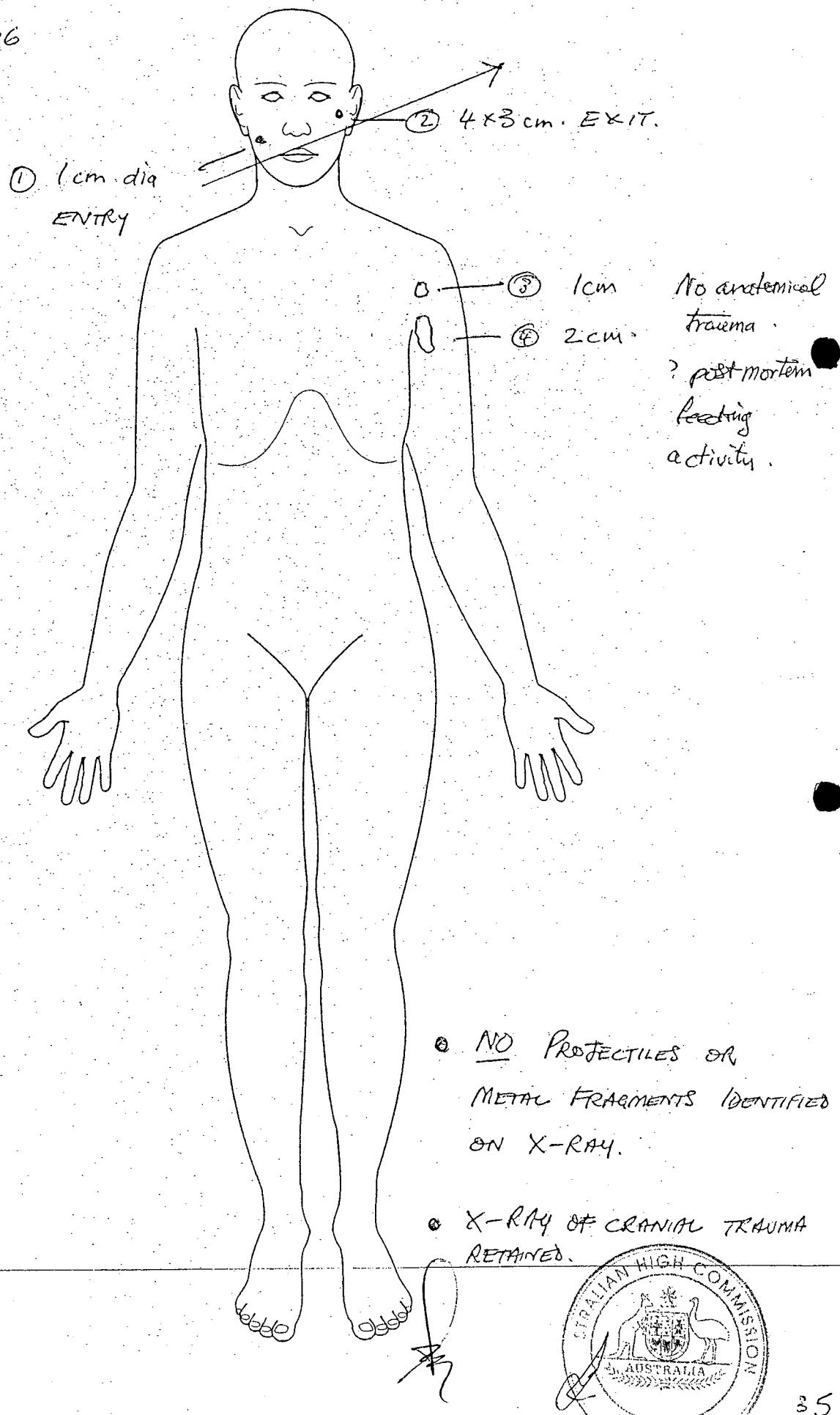
Figure (i)

TR 3 - 2006

Gangatharan SRITHARAN

25.10.2006

11:04 HR.



TR4 - 2006

Wairamuththu KOKILAWATHANI. F 29.

Post mortem examination commenced at 14:45 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. Bullet point of entry measuring 2 x 2 cm through left side of face.
2. Bullet point of exit measuring 15 x 8 cm through middle third of face.
3. Vertically oriented irregular laceration over the right upper anterolateral chest measuring 14 x 6 cm.

Internal Examination

There is extensive cranial fracturing with separation of many bone fragments in tandem with a comminuted fracture of the middle third of face and hard palate.

The findings are in keeping with entry and exit (left side face/middle third of face respectively) from a high velocity military projectile.

There is limited rib disruption in the area of bullet fragmentation as seen on radiological examination.

Radiology

Multiple metallic fragments are identified in the area of the upper to mid right chest area.

The largest of these fragments was retained as evidence.

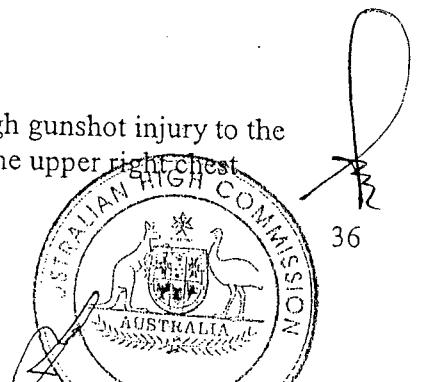
A metallic object was identified in the area of the right ankle.

Initial impressions indicated that this may be a deformed handgun projectile but later examination proved this to be zipper on the body bag seen at right angles.

This radiological image is to be disregarded as an artefact.

Comment

The cause of death in this case is one of a through and through gunshot injury to the head in tandem with a further penetrating gunshot injury to the upper right chest.

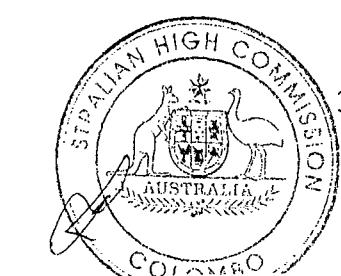


Cause of Death Multiple high velocity gunshot injury

Manner of Death Homicide

Retained Evidence

The largest of the small metallic fragments retrieved from the right chest measuring approximately 5 x 4 mm was retained and handed to the CID.



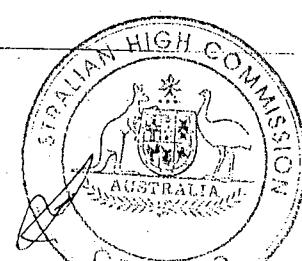
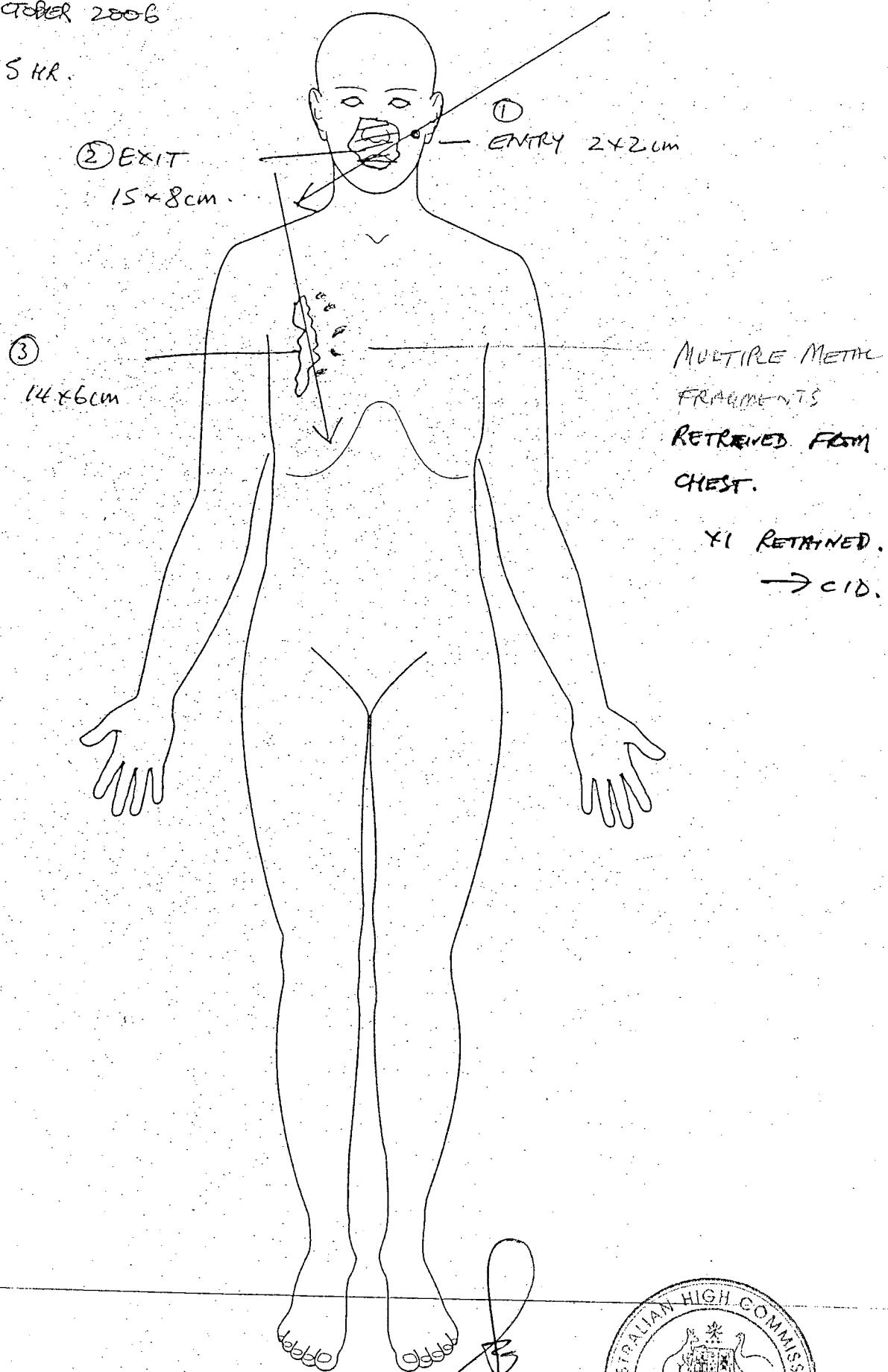
TR 4-2006

Wairamuththu KOKILAWATHANI

Figure (i)

26. OCTOBER 2006

14:45 HR.



TR5 - 2006

Muththulingam NARMATHAN. M 24.

Post mortem examination commenced at 11:50 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. Bullet point of entry to right side of face measuring 3 x 2 cm.
2. Corresponding exit wound to left side of face measuring 6 x 6 cm.
3. Circular defect through upper right chest measuring 3 x 2 cm.
4. Circular defect through mid right chest measuring 4 x 2 cm.
5. Circular defect measuring 1 x 1 cm through right hypochondrium.
6. Mandibular fracture noted.

Internal Examination

Preliminary radiological examination disclosed an unrecognised bullet point of entry through the right parietooccipital cranium.

The bullet entry wound is a so called "key hole" defect indicating that the bullet has passed in a somewhat tangential fashion from right to left anteriorly.

Examination of the facial skeleton discloses extensive disruption and fracturing of the middle third of face and mandible in keeping with the bullet passing from right to left as per initial examination.

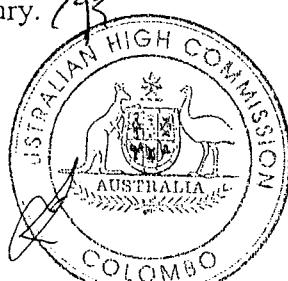
Radiology

No metallic fragments were identified within the cranium or neck.

A single well preserved full metal jacket 7.62 calibre projectile was identified in the upper lower left chest/upper abdominal region.

Comment

The cause of death in this case is one of multiple gunshot injury.



The examination discloses the passage of at least three (3) projectiles, two relating to the head and one relating to the mid torso region.

A single projectile has passed through the back of the head and exited through the left facial region probably via a preexisting exit wound (Injury 2).

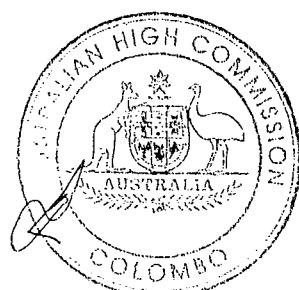
Cause of Death Multiple high velocity gunshot injury

Manner of Death Homicide

Retained Evidence

The intact 7.62 calibre projectile extracted from the lower left chest area was seized and handed to the CID.

[Signature]



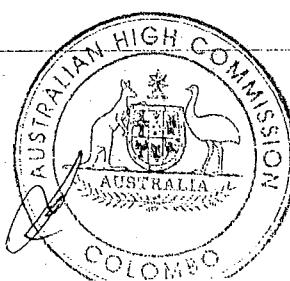
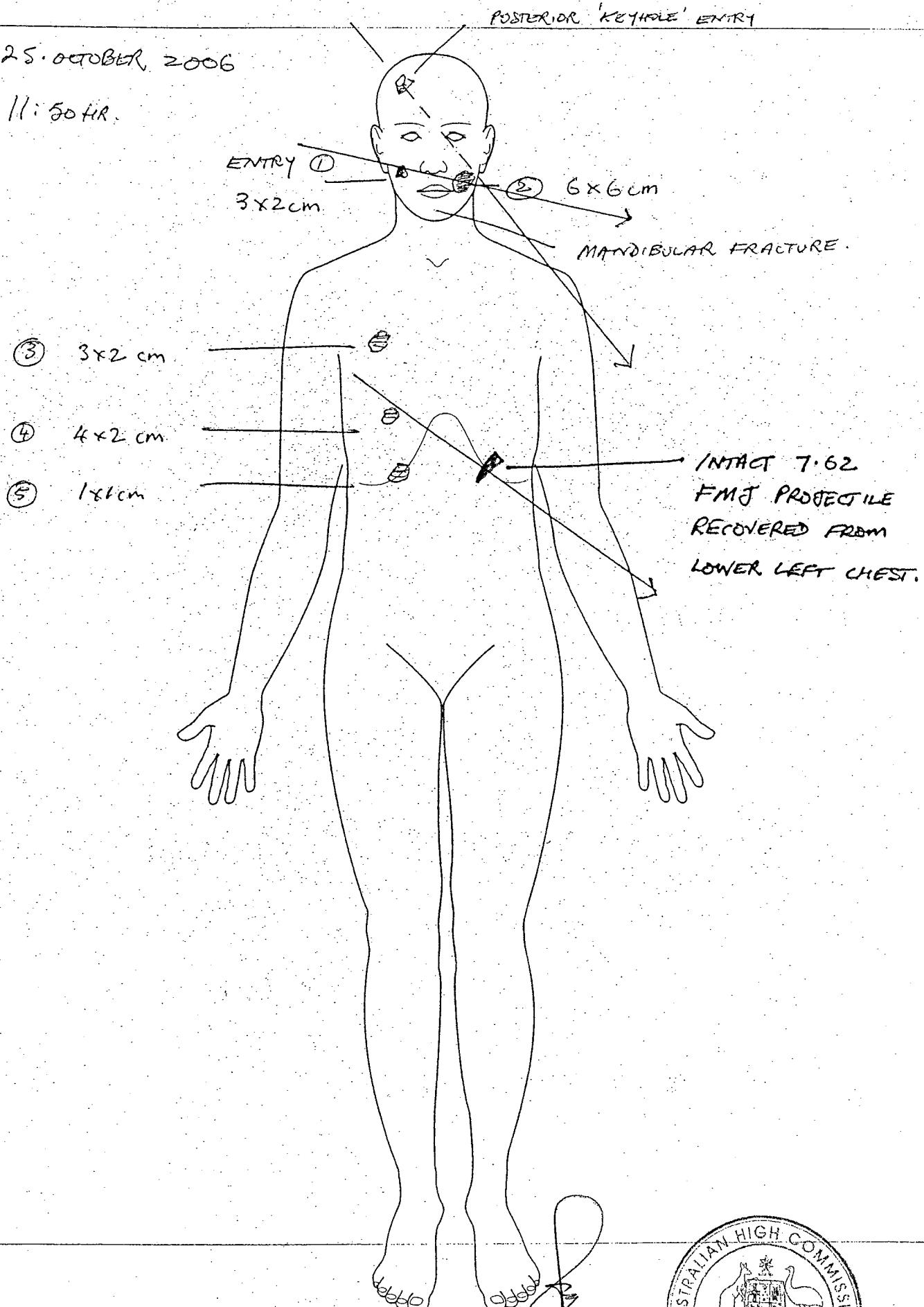
1 N 2 - 2006

Figure (i)

Muththulingam NARMATHIAN

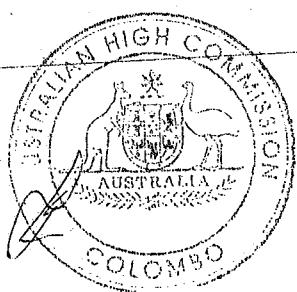
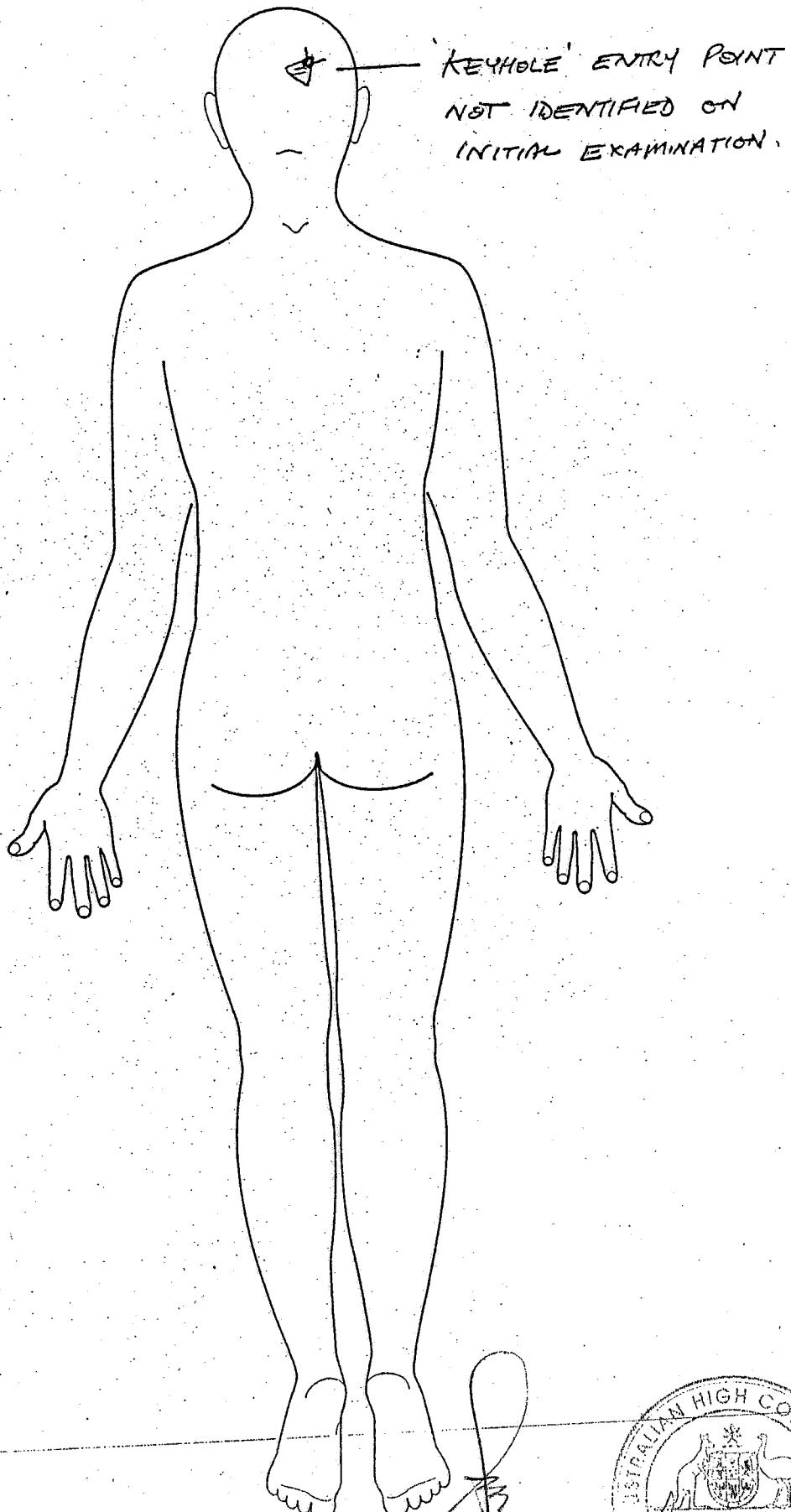
25 OCTOBER 2006

11:50 HR.



TR 5-2006

FIGURE 111



42

TR6-2006

Sivapragasam ROMILA. F 25.

Post mortem examination commenced at 11:10 hours on the 25th October 2006:

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. Bullet point of entry located through left frontoparietal cranium measuring 2 x 1 cm.
2. Bullet point of exit through mid posterior neck measuring 3 x 2 cm.
3. Bullet point of entry through mid anterior right upper arm measuring 1.5 x 1 cm.
4. Bullet point of exit through mid forearm measuring 3 x 2 cm.
5. Left arm missing (in keeping with post mortem animal feeding activity).

Internal Examination

Examination of the cranium disclosed extensive fracture of the facial skeleton and disassociation of bone fragments in keeping with a through and through gunshot injury via left frontoparietal cranium and exit through the posterior cervical spine.

Radiology

Examination of the cranium discloses three (3) discreet metal objects comprising of a deformed 7.62 calibre full metal jacket projectile, a 5.56 calibre projectile and an additional amorphous metallic fragment.

Comment

The cause of death in this case is one of multiple high velocity gunshot injury.

The first bullet point of entry through the left frontoparietal scalp has exited through the mid posterior neck area (Injury No. 2).

A through and through bullet entry wound is identified through the right upper extremity.

Radiological examination disclosed a deformed 7.62 calibre projectile which on X-ray appeared to be present within the cranium but in reality was enmeshed in thick dark hair.



This projectile has not entered the body and therefore possibly represents a projectile involved in a through and through defect relating to another victim or possibly, a ricochet.

There is however a minimally deformed 5.56 calibre projectile within the cranium.

In addition, a further metallic fragment was identified in close proximity.

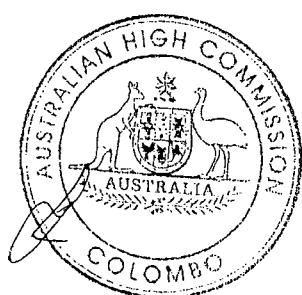
All projectiles retained were submitted to CID.

Cause of Death Multiple high velocity gunshot injury

Manner of Death Homicide

Retained Evidence

1. Deformed 7.62 calibre projectile (found in hair of deceased).
2. Relatively intact 5.56 calibre projectile (cranium).
3. Metallic fragment possibly representing tip of 5.56 calibre projectile (cranium).



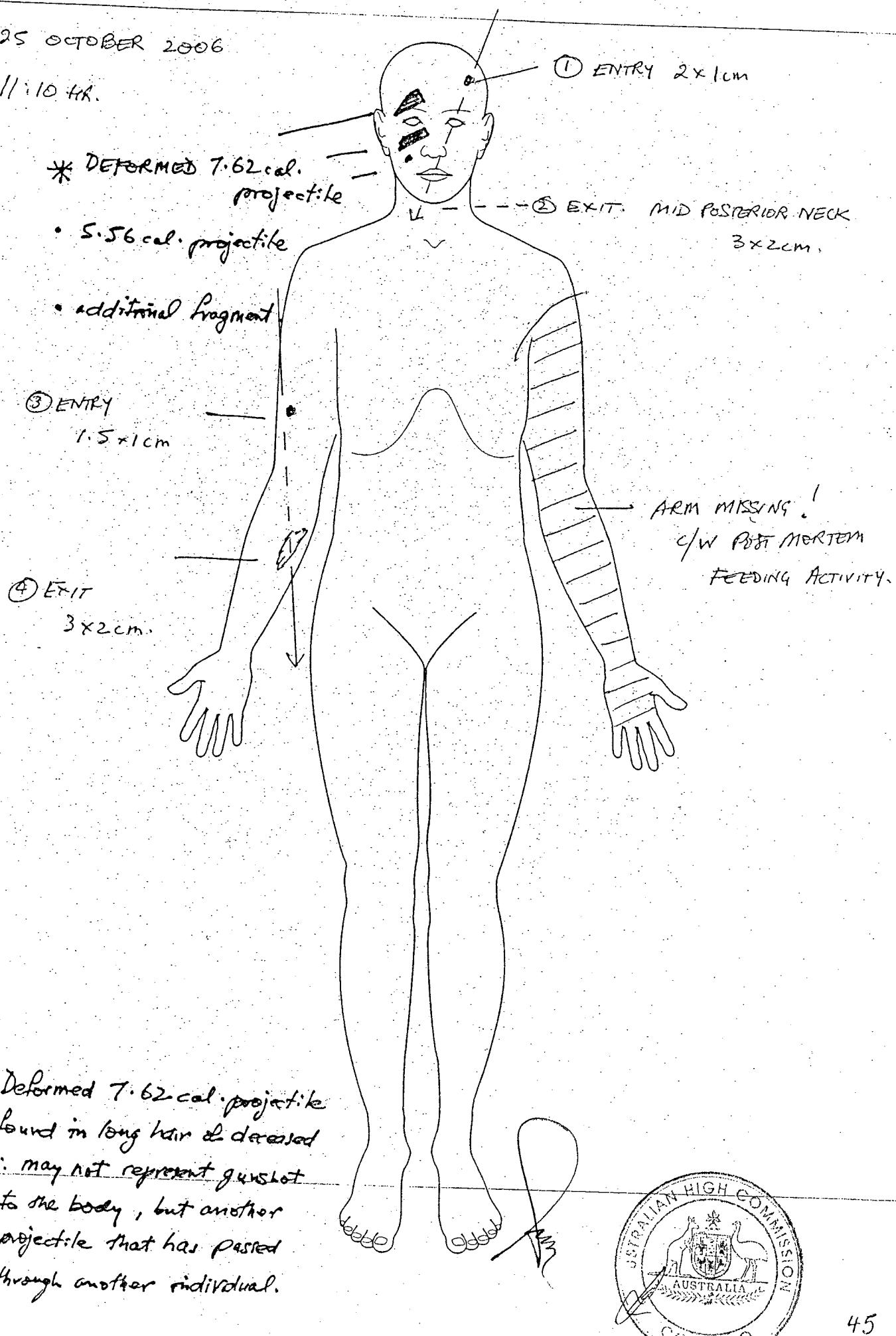
TK 6 -2006

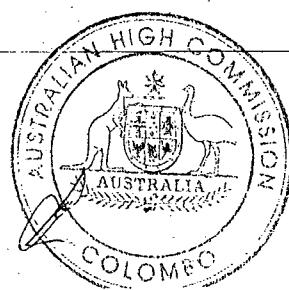
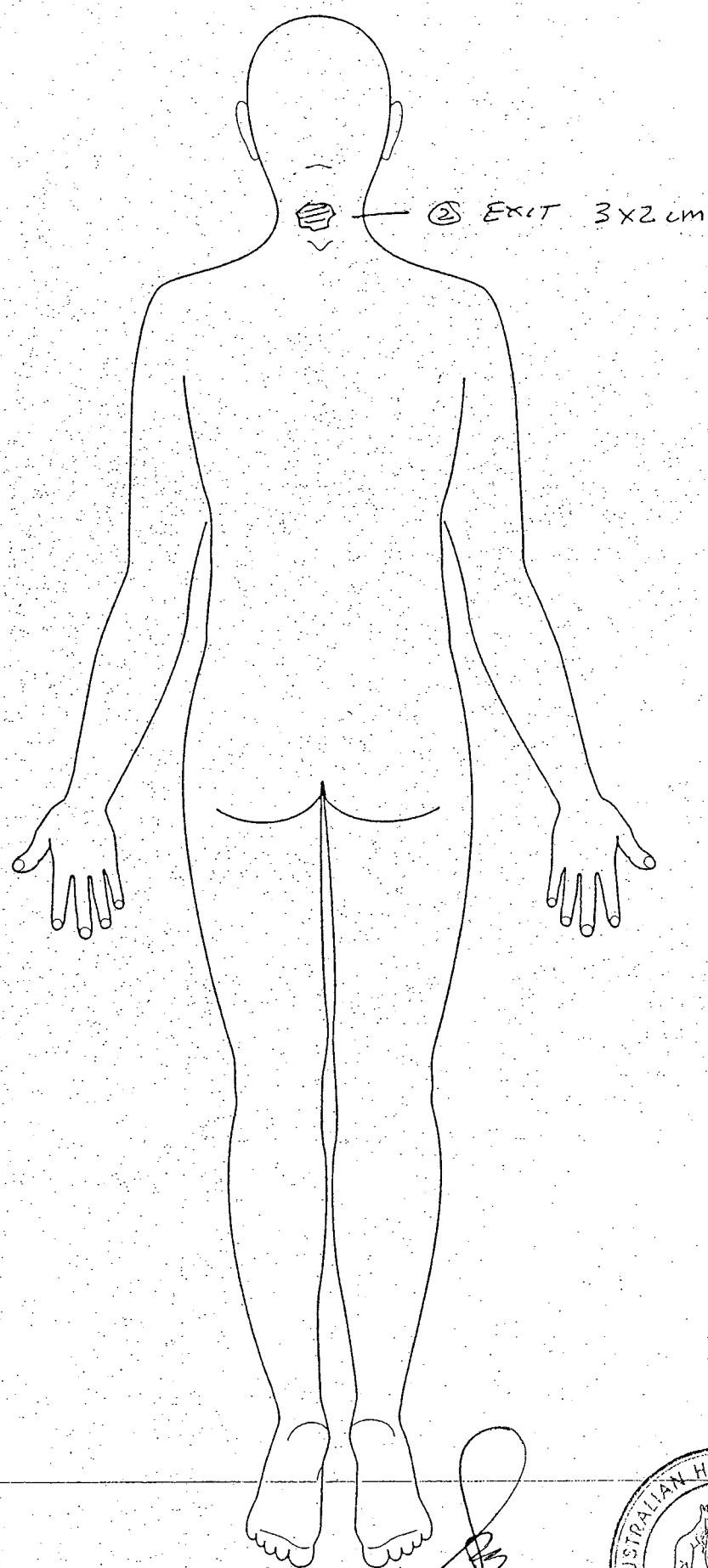
Sivapragasam ROMILA

Figure (i)

25 OCTOBER 2006

11:10 HR.





TR8 - 2006

Mohanathasa Ravichanthran RISHIKESHAN. M28.

Post mortem commenced at 10:56 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. A circular point of bullet entry through the apex of the cranium in association with radiating fractures and regional loss of overlying scalp soft tissues (possibly exacerbated by post mortem feeding activity).
2. Bullet point of entry through left frontotemporal cranium measuring 1 cm in diameter.
3. Circular defect through left mid neck measuring 1 cm in diameter.
4. Ovoid defect beneath chin measuring 4 x 3 cm.
5. Circular defect through right lateral neck measuring 2 x 2 cm.
6. Ovoid defect through right preauricular region measuring 2 x 1.5 cm.
7. Ovoid defect through mid right chest measuring 2 x 1 cm.
8. Elongated soft tissue defect through mid right neck areas measuring 6 x 2 cm.
9. Ovoid area through lower right neck/upper chest area measuring 6 x 2 cm.

Internal Examination

Examination of the apex of the skull discloses a circular defect in keeping with a gunshot point of entry.

The point of entry gives rise to several radiating fractures.

There is extensive disassociation of the right side of the cranium with an extensive split which symmetrically divides the facial skeleton.

The findings are in keeping with multiple points of entry and exit through the head region as a result of high velocity gunshot discharge.



Radiology

An intact 7.62 calibre full metal jacketed projectile was identified within the cranial contents.

No projectiles or fragments were identified in chest, abdomen or extremities.

Comment

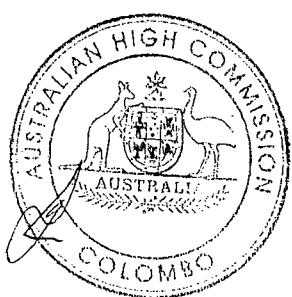
The cause of death in this case is one of multiple high velocity gunshot discharge.

Cause of Death Multiple high velocity gunshot injury

Manner of Death Homicide

Retained Evidence

A single intact 7.62 calibre full metal jacket projectile retrieved from the cranium.



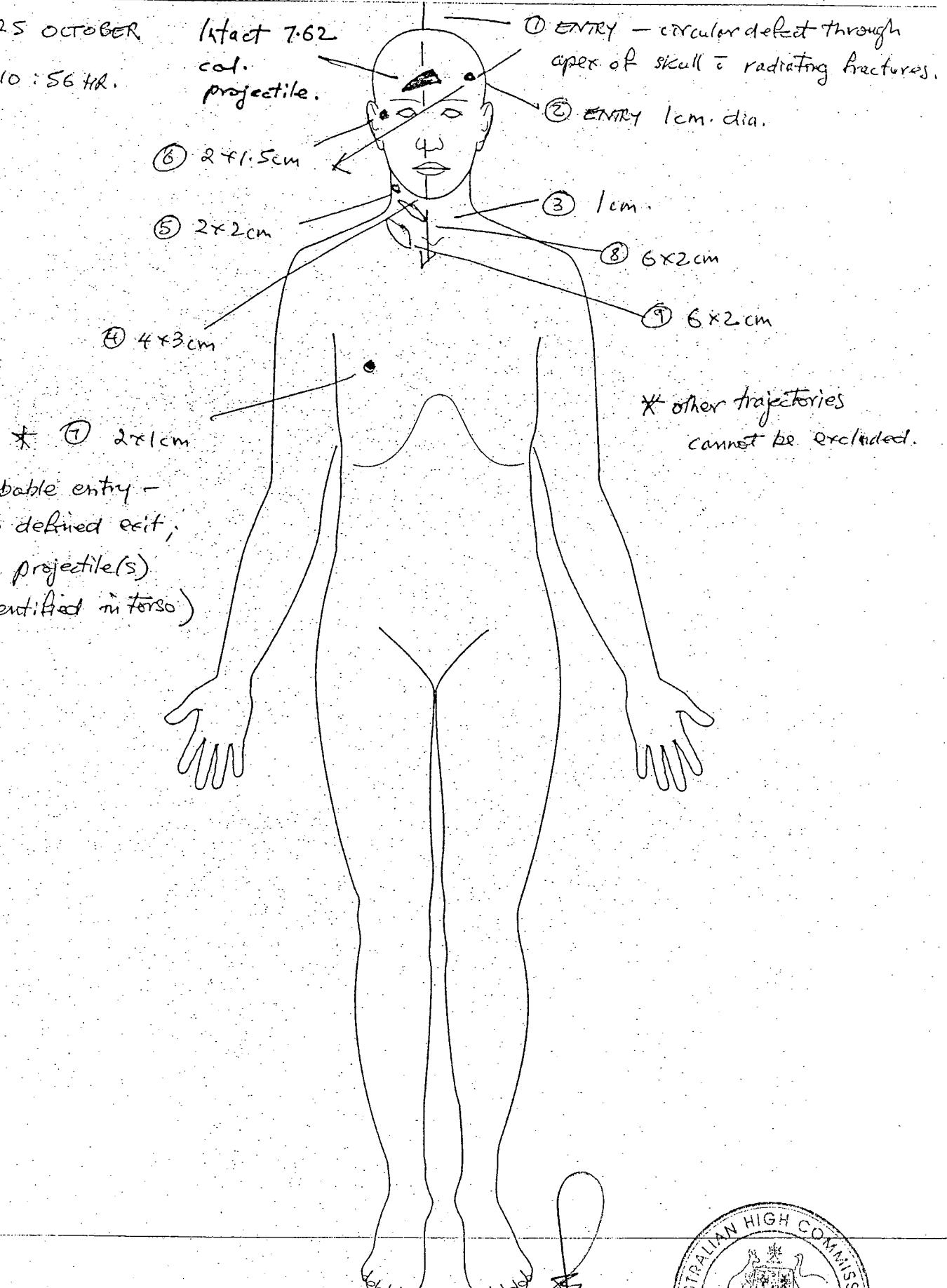
11.8 - 2006

Figure (i)

Mohanathasa Ravichanthran RISHIKESHAN

25 OCTOBER 1997
10:56 HR.

1st act 7.62
cal.
projectile.



TR12 - 2006

Ganesh KAVEETHA. F 27.

Post mortem commenced at 10:05 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. Bullet point of entry through left frontoparietal scalp measuring 1 cm in diameter.
2. Bullet point of exit measuring 8 x 8 cm through right side of face/mandibular area.
3. Bullet point of entry measuring 1 cm in diameter through posterolateral surface of right elbow.
4. Bullet point of exit measuring 2.3 cm through distal one-third of anteromedial right forearm.

Internal Examination

Examination of the facial skeleton and cranium discloses and confirms the bullet point of entry as the left side of the head.

A circular defect is noted in tandem with radiating fractures and associated displaced bony fragments.

A large defect is identified through the right facial skeleton in keeping with the exit point of the projectile.

Examination of the right arm discloses a fracture through the distal one-third of the humerus in keeping with a through and through gunshot injury as disclosed on external examination.

Radiology

An intact 7.62 calibre projectile is identified in the region of the right hip.

Exploration of this area failed to disclose a bullet point of entry to correspond to the recovered projectile.

The projectile in fact was located in clothing beneath the body and therefore may represent a projectile that has passed through another victim and/or ricochet.



Comment

The cause of death is one of multiple gunshot injury.

The first projectile has passed from left to right in an anteroinferior direction to exit through the right facial area.

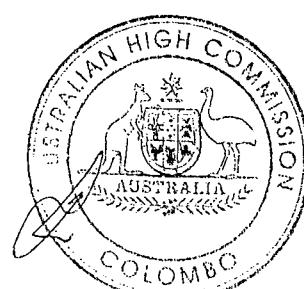
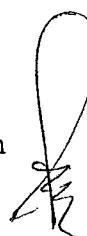
The second projectile has passed through the right arm but has not re-entered the torso.

Cause of Death Multiple high velocity gunshot injury

Manner of Death Homicide

Retained Evidence

1. A single well preserved 7.62 calibre full metal jacket projectile located in clothing (beneath the body) – right hip region.



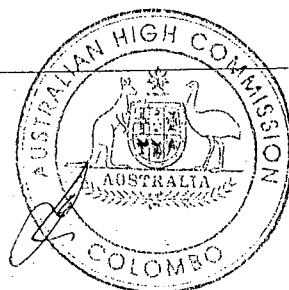
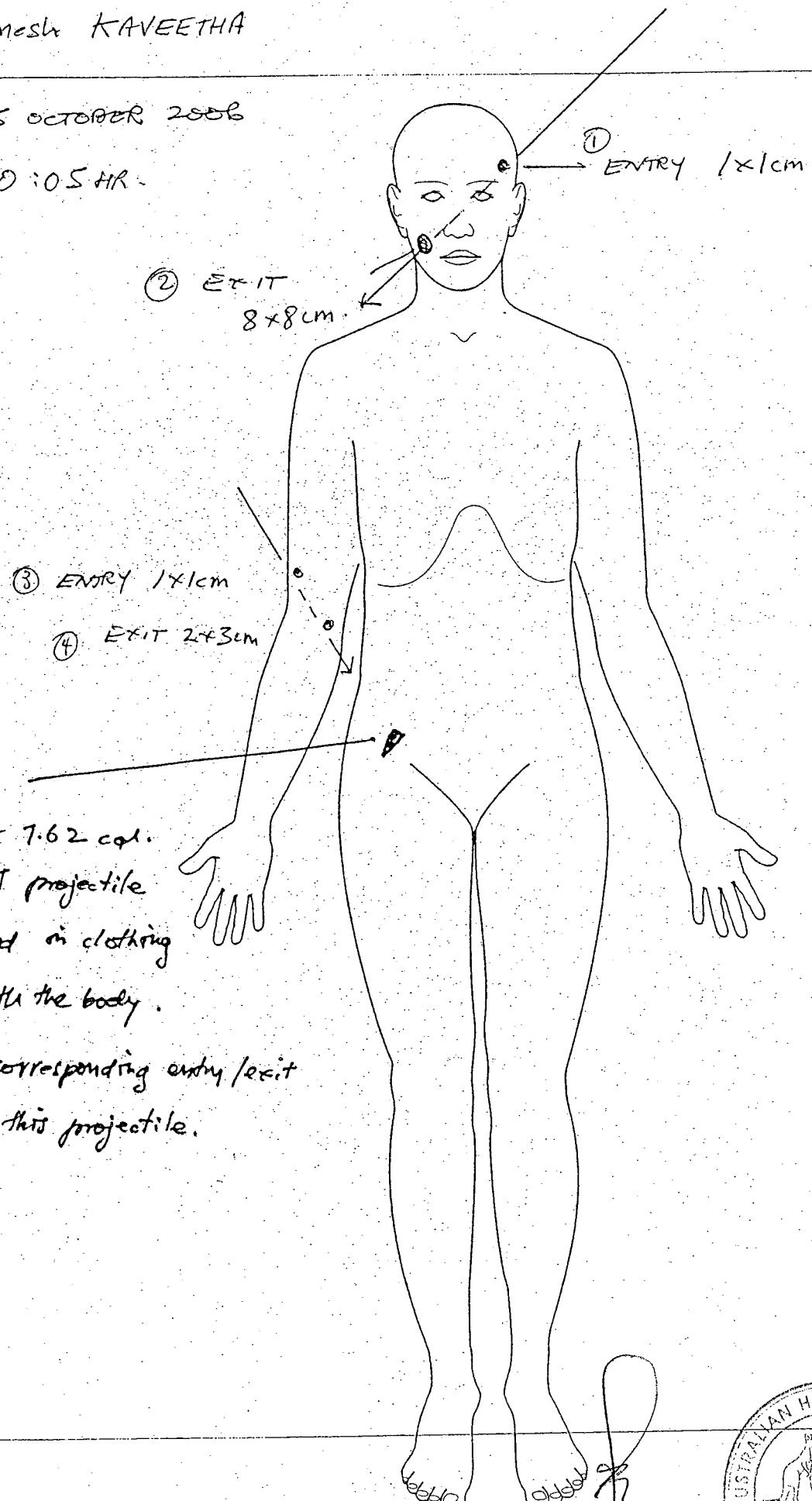
TR 12-2006

Figure (i)

Ganesh KAVEETHA

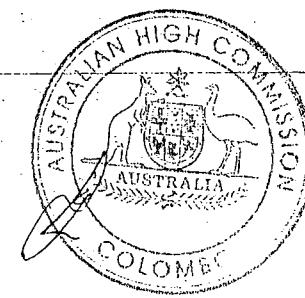
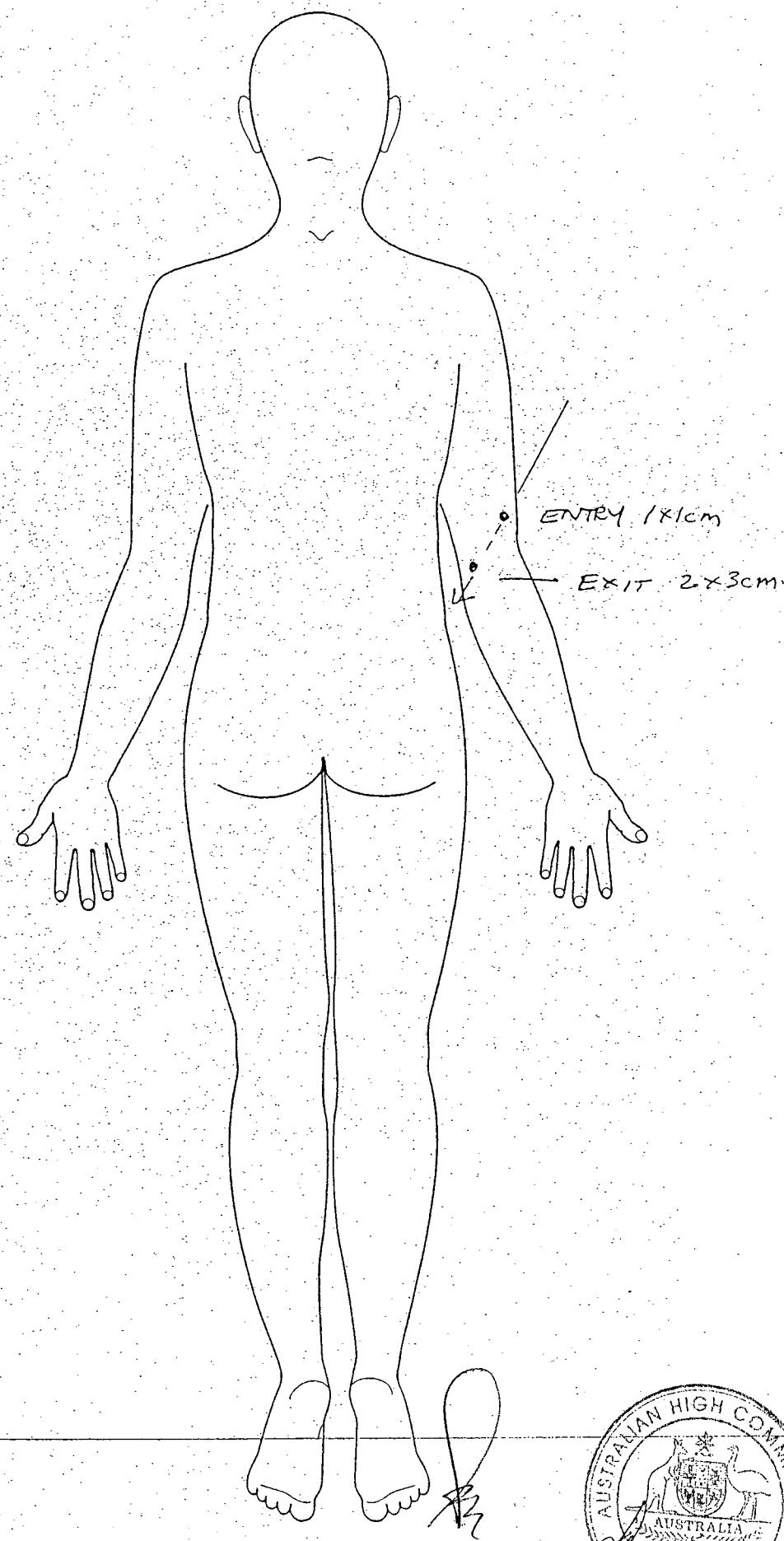
25 OCTOBER 2006

10:05 HR.



TR 12 -2006

Figure (ii)



53

TR13 - 2006

Madhawarajah KETHEESHWARAN. M 36.

Post mortem commenced at 11:38 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. A bullet point of entry measuring 2 x 2 cm is identified through the right parietooccipital cranium.

The central circular defect is surrounded by radial fracture lines.

2. A bullet point of exit measuring 8 x 8 cm is identified through the right facial area.

The diameter of the apparent wound may be exacerbated by post mortem animal feeding activity

3. A "slip shot" is identified above the left ear.

The trauma is typified by an elongated loss of skin and subcutaneous soft tissues in keeping with a tangential bullet transit that has not penetrated the cranium (i.e. a "graze").

Internal Examination

Examination of the cranium disclosed, as mentioned previously, a well defined circular point of entry with radiating fracture lines.

The exit point is typified by a large irregular defect through the right infraorbital and maxillary soft tissues and facial skeleton.

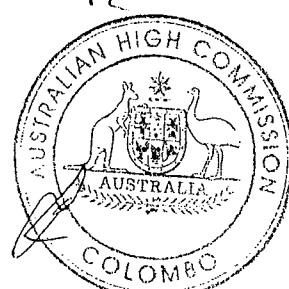
Radiology

No projectiles or metal particles were identified after a full body scan.

Comment

The cause of death in this case is one of a single high velocity gunshot injury to the head.

A further superficial tangential graze is noted above the left ear.



Cause of Death Single penetrating high velocity gunshot injury to the head

Manner of Death Homicide

Evidence

No projectiles were discovered or retained.

A cranial radiograph is submitted as evidence of trauma in this case.



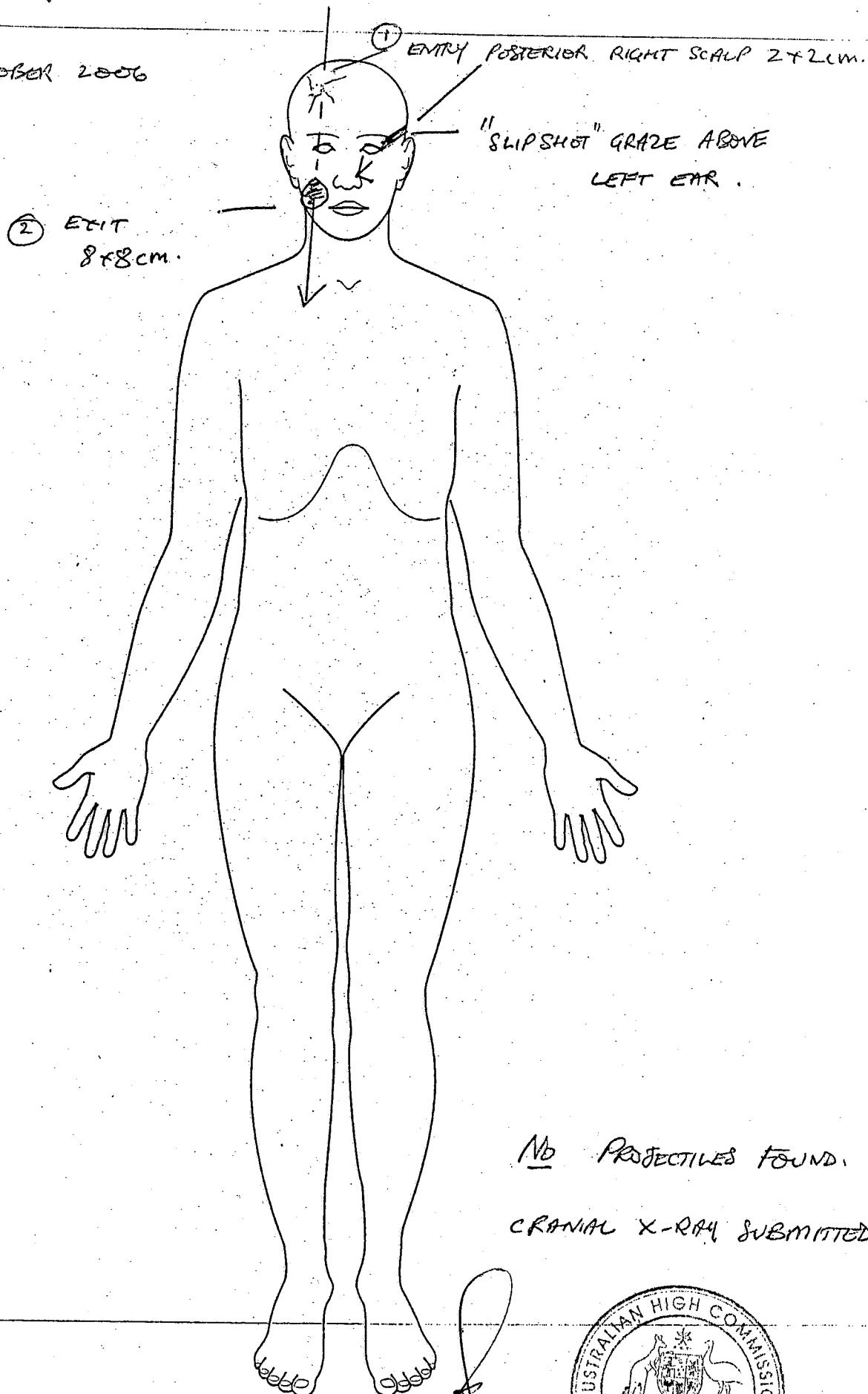
TR 13 - 2006

Figure (i)

Madhawarajah KETHEESHWARAN

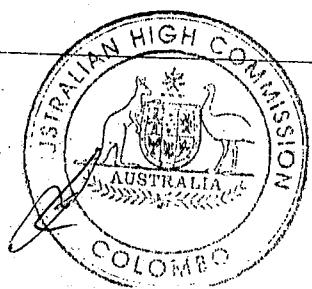
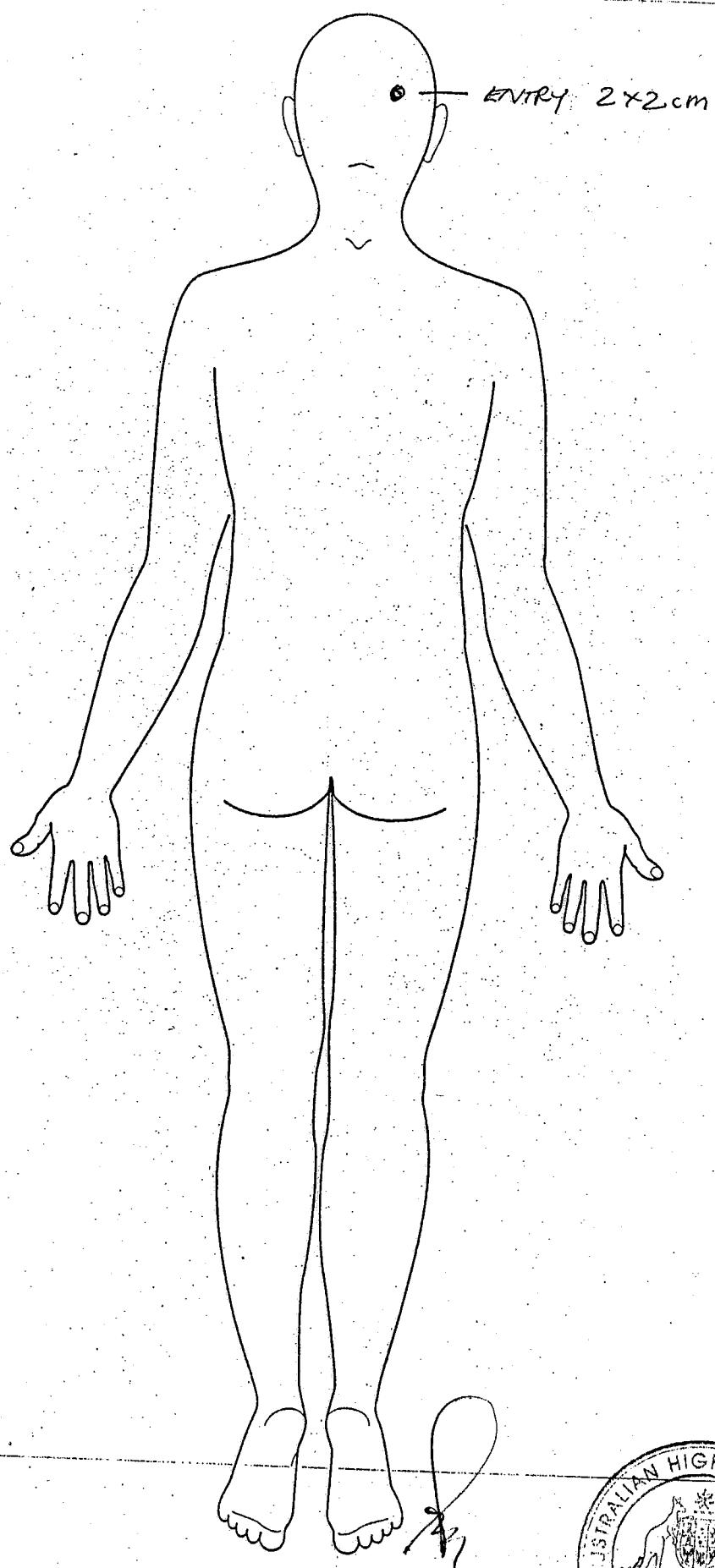
25. OCTOBER 2006

11:38 HR.



TR 13 - 2006

Figure (ii)



51

TR14 - 2006

Thureiraja PRADEEPAN. M 27.

Post mortem commenced at 11:26 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. A bullet point of entry is identified through the mid posterosuperior part of the cranium measuring 2 x 2 cm.
2. A bullet point of exit measuring 8 x 6 cm is identified through the left orbit and maxillary areas.

The extent of this exit wound may have been exacerbated by post mortem animal feeding activity.

Internal Examination

Examination of the cranium discloses and confirms the midline posterior cranium as the point of entry.

The bullet has perforated immediately superior to the junction of the sagittal and lambdoid sutures.

An area of well developed internal beveling is noted confirming this as the point of bullet entry.

The facial skeleton has undergone extensive fragmentation and dissociation in keeping with a high velocity projectile exit.

Radiology

An intact 7.62 calibre full metal jacket projectile is identified immediately above the left knee.

The external examination failed to disclose evidence of a defined entry or exit point for this projectile.

It is possible that the advanced stages of decomposition of this body have masked the trauma relating to the projectile entry.



Comment

The cause of death in this case is one of a single high velocity gunshot injury to the head resulting in extensive cranial trauma.

An additional projectile was located within the left knee.

The point of entry of this projectile may have been masked by extensive decomposition.

Cause of Death **Multiple high velocity gunshot injury**

Manner of Death **Homicide**

Retained Evidence

A single well preserved 7.26 calibre full metal jacket projectile was retrieved from above the left knee and seized and retained by CID.



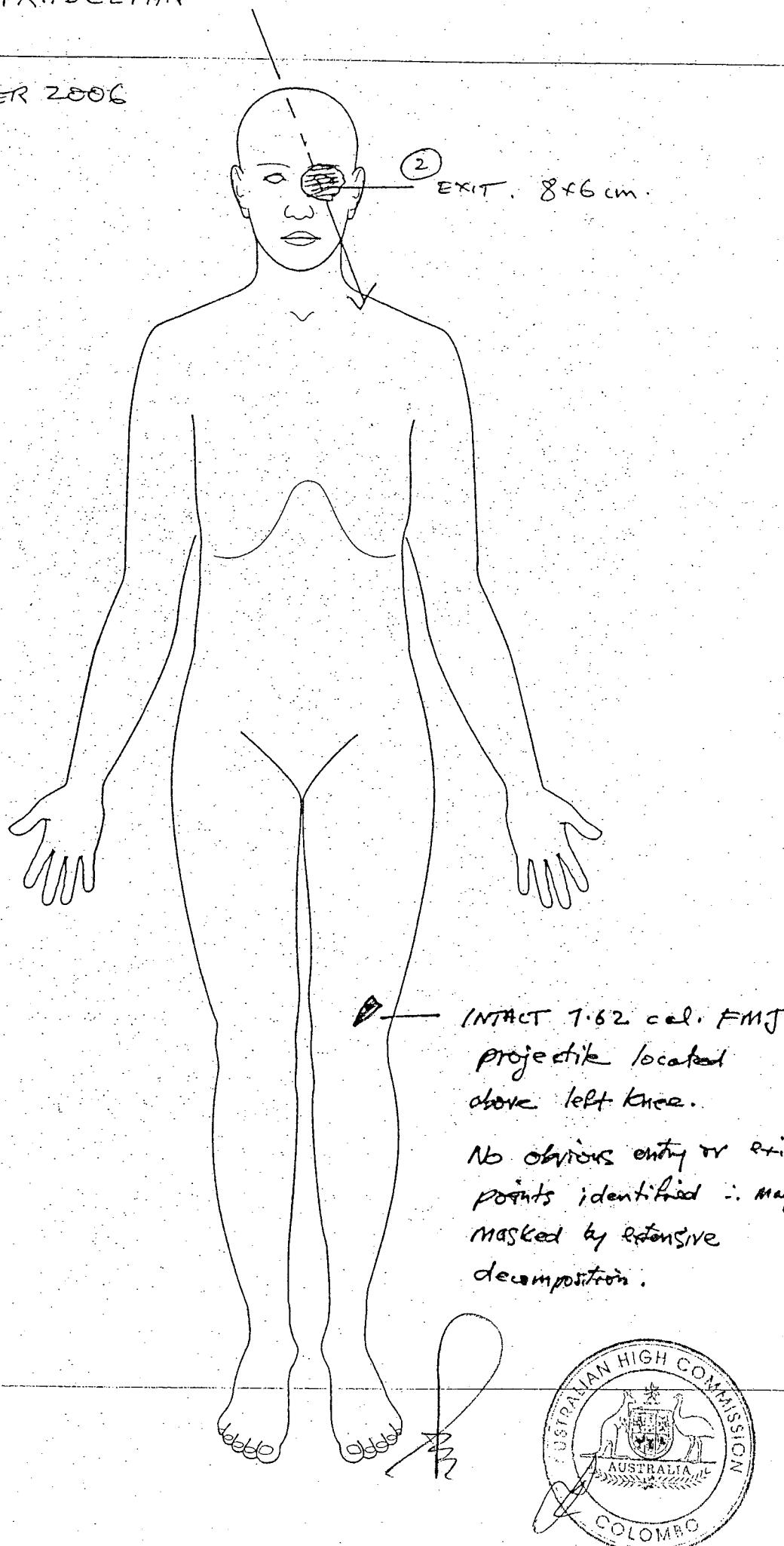
TR 14 -2006

Figure (i)

Thuniraja PRADEEPAN

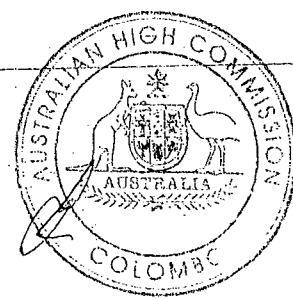
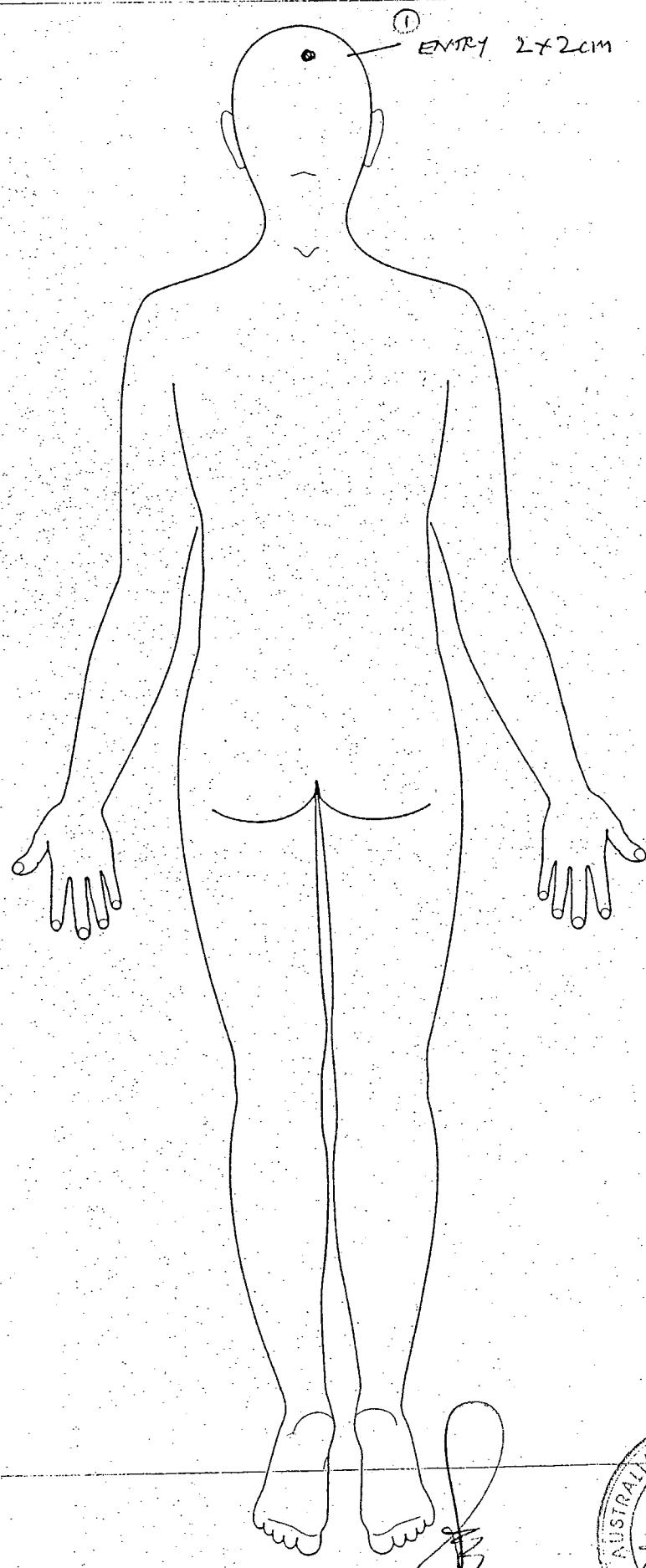
25 OCTOBER 2006

11:26 HR.



TR - 14.2006

Figure (ii)



TR15 - 2006

Ambigapathy JASEELAN.

Post mortem commenced at 10:55 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Injuries

1. A bullet point of entry is identified immediately superomedial to the left eye measuring 3 x 3 cm.

The larger dimension of this point of entry may have been exacerbated by post mortem animal feeding activity.

2. A bullet point of exit measuring 6 x 6 cm is identified through the right temporal cranium.

Internal Examination

Examination of the skull confirms the bullet point of entry as being above the left orbit.

A large complex exit point is confirmed through the right side of the cranium.

There is extensive bone fracture and disassociation of fragments in tandem with wide separation of the coronal suture.

The fracture extends through the midline of the frontal cranium.

Radiology

No projectiles or metallic fragments were identified on full radiological examination of the body.

Comment

The cause of death in this case is one of a single high velocity gunshot injury to the head.

No projectiles were recovered.

Cause of Death Single high velocity gunshot injury to the head

Manner of Death Homicide

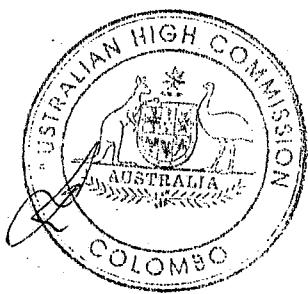


Evidence

No projectiles or metal fragments were identified at autopsy.

A cranial radiograph is submitted as evidence.

APZ



TR 15 -2006

Ambigapathy JASEELAN.

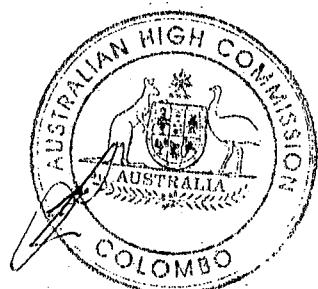
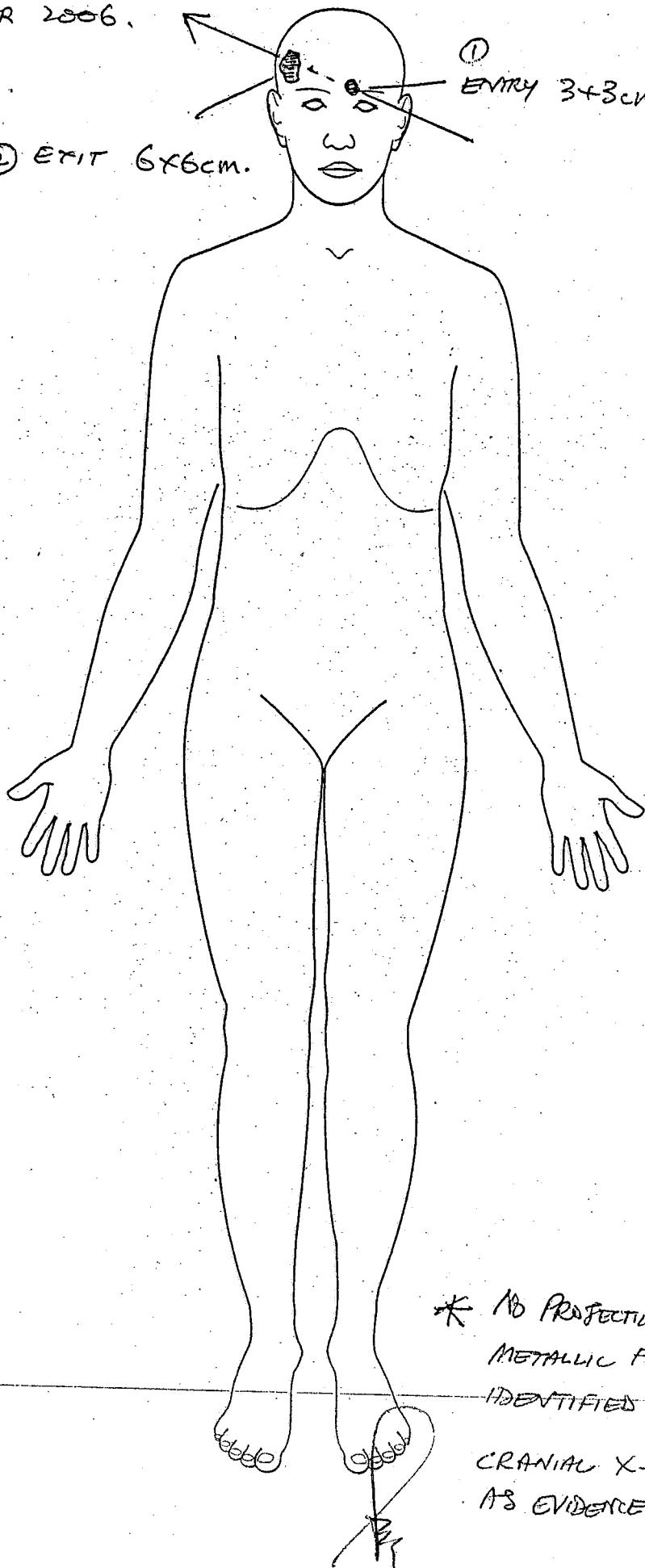
Figure (i)

25 OCTOBER 2006.

10:50 HR.

(2) EXIT 6x6cm.

(1) ENTRY 3x3cm.



* NO PROTECTIVE OR
METALLIC FRAGMENTS
IDENTIFIED.

CRANIAL X-RAY SUBMITTED
AS EVIDENCE OF GUNSHOT.

TR16 - 2006

Sellaiya GANESH. M 54.

Post mortem commenced at 11:45 hours on the 25th October 2006.

Post mortem interval (PMI): 82 days.

State of Body: Gross decomposition.

Internal Examination

1. A bullet point of entry measuring 1 cm in diameter is identified through the right occipital cranium.

The defect is represented as a well defined circular area with limited regional fracturing.

2. The exit wound is confirmed through the left maxillary area, extending somewhat into the squamous temporal bone.

The exit point is represented by extensive comminuted fracturing of the facial skeleton with loss of bone fragments.

Radiology

No projectiles or metal fragments were identified after a full radiological examination of the body.

Comment

The cause of death in this case is one of a single high velocity gunshot injury to the head.

The entry point is the right occiput; the exit point is via the left maxilla.

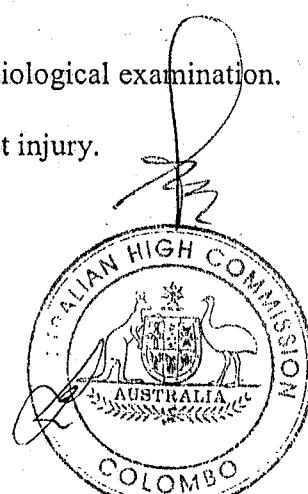
Cause of Death Single high velocity gunshot injury to the head

Manner of Death Homicide

Evidence

No projectiles or metal fragments were identified on radiological examination.

A cranial radiograph is submitted as evidence of gunshot injury.



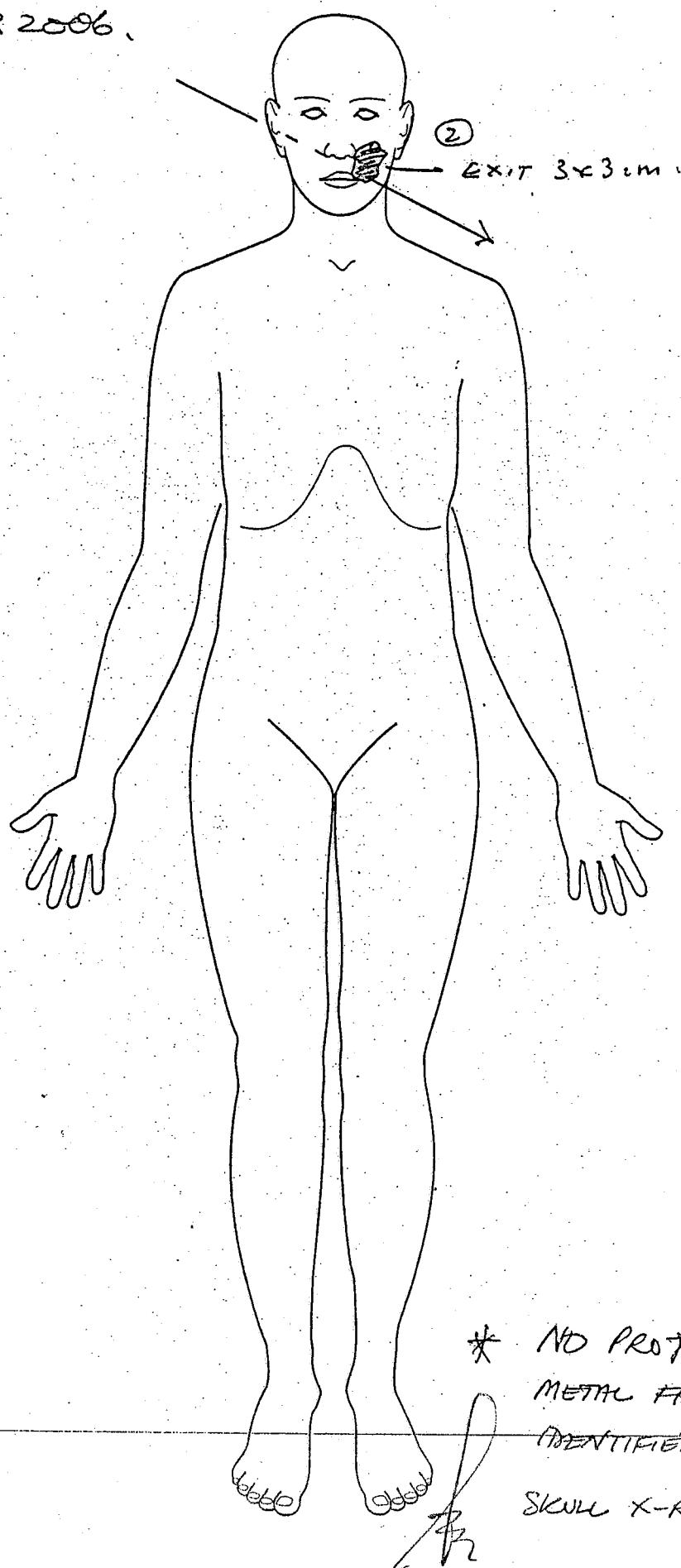
IK 16-2006

Sellaiya GANESH

Figure (i)

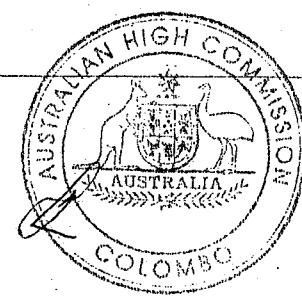
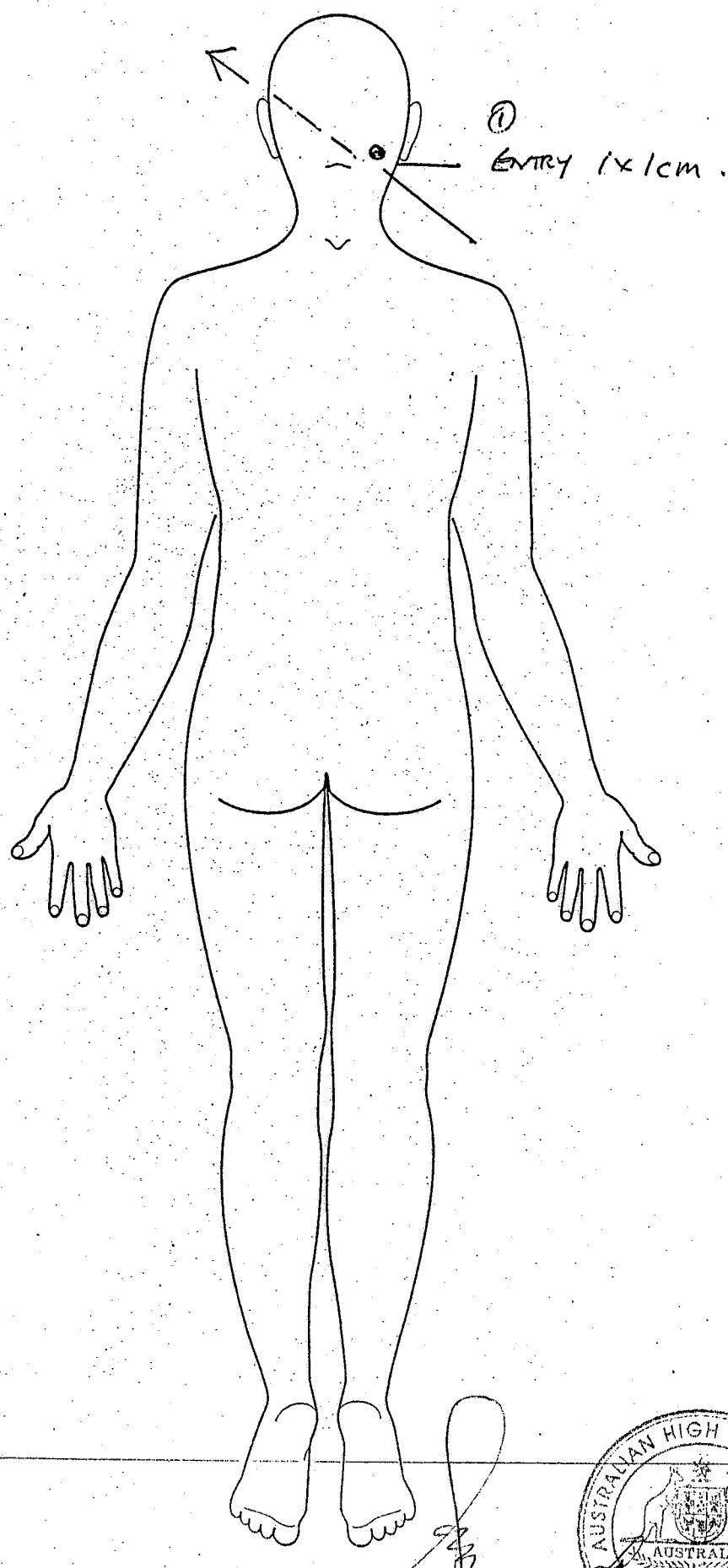
25 OCTOBER 2006.

11:45 HR.



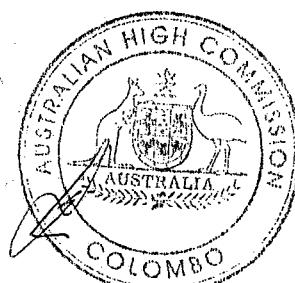
TR 16-2006

Figure (ii)



SUMMARY OF RESULTS AND BALLISTIC EVIDENCE IDENTIFIED

- Seventeen (17) bodies were exhumed and initially examined by the JMO (August 2006).
The conclusion of the JMO was that all victims had been shot.
- Eleven (11) bodies were received in the JMO mortuary facility at Colombo for re-examination (October 2006).
All bodies examined exhibit signs of single or multiple gunshot injury.
- Four (4) of the eleven (11) bodies examined radiologically did not disclose evidence of retained projectiles or metal fragments.
- Six (6) of the eleven (11) bodies examined contained well preserved and minimally deformed projectiles.
Excluding fragments identified on X-ray and those tiny fragments not recovered, eight (8) projectiles were retained of which two appeared deformed.
- All eleven (11) bodies examined died of gunshot injury.
- Five (5) intact 7.62 calibre projectiles and two (2) deformed 7.62 calibre projectiles have been recovered.
- A single 5.56 calibre projectile was recovered.
- The above evidence shows that two (2) distinct calibers have been used in this event, and therefore, by inference, two distinct types of weapons.
- It cannot be defined from examination at this level as to whether all 7.62 calibre projectiles have been fired from a single weapon or multiple weapons.
- Detailed ballistic analysis is required to identify if more than one 7.62 calibre weapon has been discharged, based on individual lands and grooves (rifling) on the body of the projectile(s).
- By extrapolation, it would be reasonable to conclude that the remaining six (6) bodies not received for examination have suffered similar gunshot trauma by similar weapons.
- Examination of the crime scene photographs indicate that fifteen (15) of the seventeen (17) slain victims were discovered outside the ACF compound, the majority of which were lying in a more or less parallel and prone position. Information provided to me indicates that a further two bodies were located in a van parked nearby. Both had been shot.



Analysis of the gunshot injury indicates that the majority of the victims have been shot in the region of the head and neck with a fewer number dying from gunshot injury to the chest.

The majority of projectiles have travelled in a superoinferior direction indicating that at the time of discharge, the majority of victims would were lying in a prone position.

Examination of the schematics on p. 6 and 7 (assessment of initial putative entry wounds of all 17 victims) and later, individual body maps of the 11 victims examined in October strongly indicate summary execution rather than victims being shot "on the run".

The "pathological" range of fire (that is, the distance from the muzzle of the gun to the skin) is deemed to be DISTANT. Having said this, the degree of decomposition (at the time of initial post mortem, and certainly now) may have obscured and obliterated any subtle evidence of soot and powder deposition that would be needed to reduce the range to intermediate or contact/near contact.

JL

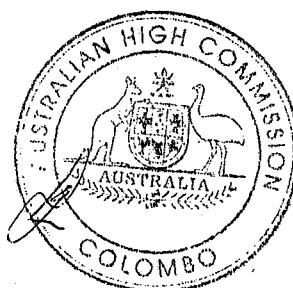


TABLE OF BALLISTIC EVIDENCE RETAINED AND SUBMITTED TO CID

CASE	PRODUCTION	SITE
TR1/06	Intact 7.62 cal projectile Deformed 7.62 projectile Additional Fragment	Left knee Left knee Left knee
TR4/06	Metal fragment	Right chest
TR5/06	7.62 cal projectile	Left chest
TR6/06	Deformed 7.62 cal projectile 5.56 cal projectile Metal fragment (bullet tip)	Skull Skull Skull
TR8/06	7.62 cal projectile	Skull
TR12/06	7.62 cal projectile	Right hip
TR14/06	7.62 cal projectile	Left knee



RECOMMENDATIONS

- Dr D Waidyaratne and his colleague performed the initial examinations of all seventeen victims in less than satisfactory conditions. Information provided to me indicates that the scene was unsecured and the pathologist was under duress from massing and grieved family members and relatives.

In addition, radiological examination was not available.

It is strongly recommended that should a further or similar event occur then two qualified forensic pathologists should undertake the post mortem examinations in a totally secured, quiet and controlled environment without time constraints.

It is my understanding that all seventeen cases were concluded in five hours. It would appear that this five hour time frame was governed directly by the circumstances imposed on the JMO's.

The forensic examination of gunshot victims must be conducted in a quiet and controlled environment and should proceed in a time frame entirely in keeping with the complexity of the case.

- To meet international standards, detailed photographic images should be taken at all stages of the autopsy, first detailing the external examination (including clothing items) and injuries and further, the internal examination disclosing the trajectory of the projectile and damage caused by its passage. For this to occur, again, the examination needs to proceed in a controlled, secured and quite environment.

- Radiological facilities were not available at the time of initial examination. It is strongly recommended that radiological facilities be provided and optimally, an image intensifier (C-arm) be available at centres likely to receive victims of gunshot injury. It is further recommended that a C-arm be provided at the mortuary facilities at Galle, Colombo, Anuradhapura, and possibly Trincomalee. The use of the C-arm is vastly superior to conventional radiology in that images can be observed in real time during the scanning of the body and printed images can be produced literally at the push of a button. These images can then be submitted as evidence for both defense and prosecution. Furthermore, the use of the C-arm negates the need for wet/dry processing of X-ray plates in the conventional sense.

An additional report is required relating to the adequacy of the Government Analyst's Ballistics Section to cope with the exacting nature of comparison work of retrieved and questioned projectiles. It is my understanding that a report will be forwarded regarding this adequacy from an impartial external international expert. It is beyond my professional expertise to comment further on this matter.

