

## EXHIBIT

Devonwall Police

Ref OT/14

Op CURLEW · Report of post-mortem examination  
Produced by DC 4188 O. Trevena

NHS

Tamarside & Moor NHS Foundation Trust  
Tamarside Mortuary, Department of Cellular PathologyTamarside General Hospital, Crownhill, Plymouth PL6 8DH  
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## REPORT OF POST-MORTEM EXAMINATION

Forensic autopsy conducted under the direction of HM Coroner - CONFIDENTIAL

DECEASED	Matilda ROWE
DATE OF BIRTH / AGE / SEX	12 Apr 2010 · 16 years · Female
LAST KNOWN ADDRESS	14 Bannawell Court, Tavistock PL19 0FA
NHS NUMBER	624 153 9087
MORTUARY / PM REFERENCE	PM-26-0613
PATHOLOGIST	Dr Imogen R. Carlyon - MB ChB, FRCPath, DMJ(Path) - Home Office Registered Forensic Pathologist
EXAMINATION DATE & PLACE	14 Jun 2026, 09:40 · Tamarside Mortuary, Plymouth
INSTRUCTED BY	HM Senior Coroner for Devonwall, at the request of Devonwall Police MCIT · Coroner's ref DC/2026/0231

This examination was carried out as a special (forensic) post-mortem on the authority of HM Coroner, the death having been reported as unexpected and potentially unnatural. The following were present: the reporting pathologist; an anatomical pathology technologist; the coroner's officer; and a police officer maintaining continuity of identification. Samples retained are listed at the foot of this report.

## 1. Identification

- The body was that of a well-nourished young female (adolescent) presenting as the stated age. Identity was established as Matilda ROWE by DC 4188 O. Trevena (continuity) and Mr A. Rowe (father), by visual identification. A hospital identification band and a police continuity label bearing exhibit reference OT/14 were present and intact on receipt.
- The body measured 1.63 m in length and weighed 54.1 kg. Rigor mortis was fully established and hypostasis was fixed and anterior, consistent with the body having lain face-down in the position in which it was found and not subsequently turned. Body temperature on first attendance at scene, taken with ambient moorland conditions, supported a post-mortem interval broadly consistent with death in the late evening of 12 June 2026, in the window of approximately 23:15 to 00:15.

## 2. External examination

- Clothing comprised a denim jacket, a hooded sweatshirt, jeans and trainers; these were damp from ground contact and were removed, examined and retained for the police as a separate exhibit. There was grass and peat staining to the front of the garments and to the face, consistent with the body having come to rest face-down.
- There was a single area of injury to the back of the head, in the occipital region (detailed in section 5), with matting of the hair by blood. Notably, there were no grazes or bruises to the palms of the hands, the knees, the forearms or the forehead. There were no natural disease stigmata of note externally. Therapeutic intervention marks were absent; no attempt at resuscitation had been recorded.
- The hands were bagged at the scene. Examination of the nails showed no gross foreign material and no broken nails; nail clippings and swabs were nonetheless taken for the laboratory.

### 3. Internal examination (by system)

<b>Head &amp; central nervous system</b>	A focal occipital scalp laceration with an underlying depressed comminuted fracture of the occipital bone (see section 5). Beneath it, localised subdural and subarachnoid haemorrhage with cerebral contusion; a smaller contre-coup contusion of the frontal lobes. Brain 1,290 g, swollen. The face, jaw and neck were free of injury.
<b>Cardiovascular</b>	Heart 248 g, structurally normal for age; valves and myocardium unremarkable. No congenital or acquired cardiac disease.
<b>Respiratory</b>	Larynx and trachea patent; no aspirated material. Lungs unremarkable and not congested; no petechiae.
<b>Gastrointestinal</b>	Stomach contained ~200 mL of partly digested food with an odour suggestive of alcohol; retained for analysis. Liver normal. No abdominal injury.
<b>Genitourinary &amp; other</b>	Kidneys, spleen, pancreas and endocrine organs unremarkable. No other natural disease identified.

Histology of brain, heart, lung, liver and kidney was taken and is reported under reference PM-26-0613/H. Toxicology (femoral blood, urine, vitreous, stomach contents) was submitted to Trelawny Forensic Services under their reference TFS/26/0421.

### 4. Toxicology & ancillary results (interim)

**Interim laboratory findings.** Femoral blood ethanol 138 mg/100 mL, consistent with the recent consumption of a moderate quantity of alcohol. No drugs of abuse and no medicinal drugs were detected. Final certified toxicology will follow under Trelawny Forensic Services ref TFS/26/0421 and does not alter the conclusions below.

### 5. Injuries

Injuries are numbered for reference only; numbering does not imply order of infliction. Each is described with its forensic significance.

NO.	DESCRIPTION	SIGNIFICANCE
1	A single 3.5 cm Y-shaped laceration to the back of the head (occipital region), with bruised, abraded margins and an underlying depressed comminuted fracture of the occipital bone driven inward over an area of about 5 cm.	A single forceful impact to the back of the head by a firm object with a rounded surface (such as a moorland stone). The fatal injury. Its site, on the back of the head, is not where a forward stumble strikes.
2	Localised subdural and subarachnoid haemorrhage beneath the fracture, with cerebral contusion, and a smaller contre-coup contusion of the frontal poles of the brain.	Internal corroboration of a heavy blow to the back of the head; the contre-coup pattern indicates the head was moving or was struck while upright, not a low-energy contact.
3	No grazes, bruising or fractures to the palms of the hands, the wrists, the knees, the forearms or the front of the face.	The absence of any protective or contact injury is against a trip or fall: a person who stumbles forward typically marks the outstretched hands, knees or forehead. None is present.
4	A faint 2 cm graze to the left cheek and soiling of the face with grass and peat, the body found prone.	Peri-mortem ground contact as the body came to rest face-down after the blow from behind; not independently significant and not a cause of death.

## CAUSE OF DEATH

1A - IMMEDIATE CAUSE

**Cerebral laceration and contusion with subdural haemorrhage**

1B - DUE TO (OR AS A CONSEQUENCE OF)

**Blunt force trauma to the head (single impact to the occiput)**

1C - DUE TO (OR AS A CONSEQUENCE OF)

2 - CONTRIBUTING (NOT PART OF 1)

**Acute alcohol intoxication**

## 6. Commentary & opinion

1. Death was caused by a single heavy impact to the back of the head (injuries 1 and 2), producing a depressed occipital fracture and underlying brain injury. The impact is of a kind produced by a firm object with a rounded striking surface, such as a moorland stone; a loose stone of suitable size and weight was recovered from the locus by crime-scene examiners. There is no natural disease sufficient to account for death.
2. In my opinion this was not an accidental fall. The fatal wound is on the back of the head, whereas a person who trips or stumbles forward strikes the front of the body, and would be expected to show contact injuries to the outstretched hands, knees or forehead. None is present (injury 3). The combination - a single occipital impact, the contre-coup pattern, and the complete absence of protective injuries - indicates the deceased was struck from behind while upright and then fell or was allowed to come to rest face-down (injury 4). The scene appearance of a drunken fall is not borne out by the pathology.
3. Alcohol intoxication (Part 2) is likely to have reduced the deceased's awareness and capacity to react, but is not a cause of death in its own right. In my opinion the death was unnatural and the medical findings are those of an unlawful killing; the determination of the manner of death is a matter for HM Coroner and, where appropriate, the criminal court.

**Retained material.** Histology blocks and slides (brain, heart, lung, liver, kidney); a sample of fractured occipital bone; femoral blood, urine, vitreous humour and stomach contents for toxicology (Trelawny Forensic Services ref TFS/26/0421); fingernail clippings and swabs; clothing (separate police exhibit). Retention is in accordance with the Human Tissue Act 2004 and the Coroners (Investigations) Regulations 2013, on the authority of HM Coroner.

### STATEMENT OF THE PATHOLOGIST

*I conducted the post-mortem examination recorded above and the findings and opinions expressed are my own and within my professional competence. I am aware that this report may be relied upon in coronial and criminal proceedings, and I confirm that it is true to the best of my knowledge and belief.*

Dr Imogen R.  
Carlyon

MB CHB, FRCPATH, DMJ(PATH) - HOME  
OFFICE REGISTERED FORENSIC  
PATHOLOGIST · GMC 6184072

DATE - 15 JUN 2026

REPORTING PATHOLOGIST - SIGNATURE