MERSEYSIDE POLICE

Form 104

File No:

Division: 'C' Division 24 August 1992

Station: Lower Lane

From: D/Supt Humphreys Tel Ext 6360

To: D/Ch/Supt Baxter CID(OPS)

Subject: A Review Of The Initial Police Response To the Death of Paula Gilfoyle.

1. Introduction.

1.1 I have completed my review of the initial police response to the death of Paula Gilfoyle and the subsequent scene management at 6 Grafton Drive, Upton, Wirral.

1.2 All the police officers who were involved in the initial response have been interviewed and have given a detailed account of their recollection of events. Sergeant 5108 'G' Caddick, who was related to the deceased by marriage and who discovered her body, was not interviewed. At the time of this inquiry he was suffering from emotional stress. I have therefore had to rely on his statement to the investigation team.

1.3 Having considered all the circumstances I have compiled a policy document for best practice, see Appendix D.

2. Circumstances.

2.1 At 7.00pm on Thursday 4th June 1992, Sergeant Caddick was off duty at his home when he received a telephone call from his father-in-law, Norman Gilfoyle. He told Sergeant Caddick that his sons wife, Paula, who at the time was 38 weeks pregnant, was missing. As a result Sergeant Caddick went to 6 Grafton Drive, Upton, the home address of Edward and Paula Gilfoyle.

2.2 On arrival he was met by Norman Gilfoyle, his wife, and their son Edward Gilfoyle. Edward Gilfoyle was in an emotional and disturbed state. Sergeant Caddick was shown two letters, apparently written by Paula Gilfoyle, one of which indicated her intention to take her own life, see Appendix A. The Gilfoyles stated that they had searched the house but had found no trace of Paula.

Humphreys Report – Pages 1-8

2.3 Sergeant Caddick commenced his own search of the premises and at approximately 7.20pm he telephoned Upton police station and spoke to Constable 5928 'G' Tosney, whom he knew personally. He asked him to attend 6 Grafton Drive with a Missing From Home form. Constable Tosney attended as requested, but at that time did not advise his supervision or the Divisional Control Room. On arrival at 6 Grafton Drive, Constable Tosney was met by Sergeant Caddick on the driveway of the house.

2.4 The premises is a three bedroom semi-detached dwelling with a brick built adjoining garage. Access to the garage is gained via opening double doors to the front but there is no access directly to the living accommodation.

2.5 Sergeant Caddick appraised Constable Tosney of the situation and told him that he had searched the house but that he was still trying to locate the key to the garage. Constable Tosney entered the house and was introduced to Edward Gilfoyle. The officer had just commenced to make out the Missing From Home report when Sergeant Caddick called him outside and told him that he had just found Paula Gilfoyle hanging in the garage.

2.6 Constable Tosney went to the garage and looked through the door which was slightly ajar. He could see the body of Paula Gilfoyle hanging from a wooden ceiling beam by a rope attached to her neck. The officer considered she was obviously dead and closed the garage door. He immediately informed the Divisional Control Room, advising them of the nature of the incident and requesting the presence of the C.I.D. and a Scenes of Crime Officer.

2.7 Constable Tosney remained outside the garage doors whilst Sergeant Caddick returned into the house and Edward Gilfoyle was told of the discovery of his wife's body. Shortly afterwards Sergeant Caddick approached Constable Tosney and told him that Edward Gilfoyle was upset and that his parents were taking him to their home. Norman Gilfoyle, his wife and Edward Gilfoyle were allowed to leave the scene without any further questioning.

2.8 On receipt of Constables Tosney's radio call, timed at 1939 hrs, an incident log was initialised by the Divisional Control Room staff on the Command and Control system, see Appendix B.

2.9 The Divisional Control Room staff made contact with the police surgeon, Dr Roberts at 1944 hrs, and the Coroners Officer, Detective Constable 1786 Jones at 1945 hrs. However, it was not until 1948 hrs that attempts were made to contact the C.I.D. at Upton police station. Both telephone extensions in the C.I.D. office were engaged and contact was subsequently made with Detective Sergeant 2683 'G' Webster at 1959 hrs via the enquiry office in the station. Detective Sergeant Webster stated that he would attend immediately and requested that the duty Detective Inspector, Mr Fitzsimmons be informed. The S.O.C.O., Detective Constable 3045 Finegan, was paged at 1956 hrs and responded at 1958 hrs stating that he too would attend immediately.

2.10 Detective Inspector Fitzsimmons was contacted by Divisional Control Room staff at Hoylake Police Station at 2010 hrs. He immediately made arrangements to attend the scene and as he was about to leave the station was again contacted by the Divisional Control Room staff advising him of a message from detective Sergeant Webster that the matter was a suicide and his presence was not required. However, he chose to attend and made his way to Grafton Drive.

2.11 The Coroners Officer, Detective Constable Jones, was the first to arrive of those called to the scene. He was briefed by Sergeant Caddick and Constable Tosney and all three entered the garage where Sergeant Caddick identified the body of Paula Gilfoyle.

2.12 Detective Constable Jones states that Paula Gilfoyle, who was obviously heavily pregnant, was hanging by a rope around her neck from a wooden ceiling beam. Her feet were resting on the bottom tread of a pair of step ladders, one foot hooked over the other. He expressed the view that she could easily have touched the ground with her feet.

2.13 Following his identification of the body, Sergeant Caddick returned to the house with Detective Constable Jones and showed him the two letters. After perusing the letters Detective Constable Jones came to the conclusion that Paula Gilfoyle had taken her own life and returned to the garage where, with the assistance of Constable Tosney, he cut Paula Gilfoyle down by making an incision through the rope above the knot and lay the body prone on the floor. He states that he cut the body down to 'preserve her dignity'. Without further disturbing the scene both officers then left the garage and the door was locked.

2.14 A short while later Detective Sergeant Webster and Detective Constable 7242 'G' Leeman attended at the premises. They entered the house and spoke with Detective Constable Jones who gave the view that there was 'nothing for you'. Detective Sergeant Webster was shown the letters and spoke with Sergeant Caddick about the imminent confinement of Paula Gilfoyle. He then went to the garage and viewed the body, following which the garage door was again locked, and the officer returned inside the house.

2.15 At 2020 hrs, the Scenes of Crime Officer, Detective Constable Finegan, arrived and was admitted to the scene by Detective Constable Jones. He viewed the scene and noted that a pile of builders sand was deposited in front of the garage doors.

2.16 Following the arrival of Detective Constable Finegan, the police surgeon Dr Roberts attended and made a thorough examination of the body. Detective Constable Finegan also examined the body and noted that there were no signs of a struggle, but was unhappy about the fact that a 38 week pregnant woman should kill herself. He asked if any suicide notes had been left but received no reply, following which he was told by Detective Constable Jones that there was no need for photographs as the Wirral Coroner did not require them. No

further requests were made of him by either the Coroners Officer or the CID and therefore Detective Constable Finegan resumed his normal duties.

2) MGI, Section 21, Paragraph 17&18.

In every case of a sudden death the CID must be informed as soon as possible but where there is the slightest cause for suspicion, the death must be treated from the outset as a case of murder, and the Divisional CID informed immediately. There may be good reason for treating a suspected suicide as murder, but there is no excuse for treating a suspected murder as suicide....If there is anything suspicious about a death, everyone present should be excluded from the room or place but kept at the scene pending the arrival of CID Officers.

3) MGI, Section 21, Paragraph.

In all cases of unnatural or violent deaths where the body is still in situ, the attendance of a police photographer should be requested.

Initial Police Response.

3.3 Although Sergeant Caddick was the person to find the body, the alarm was initially raised by Edward Gilfoyle. He was the last known person to see her alive and together with his parents had apparently conducted their own search of the house before the arrival of Sergeant Caddick but had ommitted to look in the garage. Following the discovery of the body all three were allowed to leave the premises without any further questioning.

3.4 It is quite apparent from the Command and Control log that contact with the CID was low on the list of priorities of the Divisional Control Room staff. In this case the Coroners Officer and Police Surgeon were both contacted before the CID.

3.5 The early attendance of the Coroners Officer caused further difficulties. On arrival, Detective Constable Jones assumed the role of investigating officer and made a conscious decision, on the basis of his examination of the scene and the letters apparently written by the deceased, that the death was a suicide. It has to be said that the fact that Paula Gilfoyle was 38 weeks pregnant should have given considerable concern alone and should have been sufficiently suspicious in itself to cause a full enquiry to be made, regardless of the scene or any letters.

3.6 Constable Tosney states that he was unhappy with the situation and stated that he felt the matter was 'still up in the air.' He was not convinced it was a case of suicide and told Detective Constable Jones that he had called the CID and SOCO but to no avail.

3.7 Upon arrival at the scene Detective Sergeant Webster and Detective Constable Leeman both felt that they were faced with a fait accompli, and the decision had already been made that the matter was one of suicide. They were

also under the impression that Edward Gilfoyle had been interviewed and subsequently that the SOCO had taken photographs. This was incorrect and steps should have been taken by the officers to investigate the incident thoroughly and ensure that all relevant matters had been attended to.

3.8 It would appear that it is common practice for the Coroners Officer to be first on the scene of a sudden death in the Wirral area and for him to make decisions regarding the manner in which the death is to be treated.

3.9 I have discussed this aspect of the inquiry with Detective Inspector Whalley, Coroners Department, who states that a previous Wirral Coroner insisted on the attendance of a Coroners Officer at the scenes of all sudden deaths and fatal traffic accidents and that the practice has continued to the present. He explained the purpose of adopting this procedure as being to ensure continuity of identification, advice, and to ensure a line of communication between the Coroner and the police and other agencies. He also stated that he has previously advised all his staff that they must not become part of the initial investigation.

Scene Management.

3.10 Having made the decision that the death was a suicide, Detective Constable Jones set about the formal identification of the body by Sergeant Caddick, which required them both to enter the scene again, possibly destroying valuable evidence. Detective Constable Jones then took it upon himself to cut the body down, without having first given the CID the opportunity of viewing it in situ and examining the feasibility of suicide, or the opportunity for the SOCO to take photographs. He enlisted the aid of Constable Tosney to carry out the task, which again necessitated another person entering the scene.

3.11 Detective Constable Finegan, the SOCO, on his attendance noted the number of people who had entered the scene and also made comment regarding the pile of builders sand outside the garage doors. He stated that the sand had been well trampled by persons entering and leaving the garage thereby destroying any possible footprint evidence.

3.12 Despite the fact that the body had been cut down, photographic evidence may well have been helpful. However, the decision by Detective Constable Jones that photographs were unnecessary precluded that possibility.

3.13 The examination of the body by the Police Surgeon, Dr Roberts, was thorough and no defence injuries were found. However, his prolonged presence at the scene and thorough examination of the body could well have disturbed, or indeed destroyed evidence. It should be been borne in mind that the role of the Police Surgeon is purely to certify life extinct.

3.14 The destruction of the ligature following post mortem is inexplicable. In most circumstances a Coroners Officer would have been present at the

mortuary at the time of their examination. However, on the morning of 5th June 1992, Detective Constable Jones, who should have attended the post mortem was suddenly taken ill and admitted to hospital suffering from a severe migraine which resulted in a black-out. It may well be that the onset of this illness had commenced the previous evening and had contributed to his lack of judgement. However, in the event there was no Coroners Officers present when the ligature was removed and, contrary to normal practice was disposed of by the mortuary attendant.

4. Summary.

4.1 It is evident from the facts that the actions of personnel involved in the initial investigation of this matter contributed to an unsatisfactory result viz. -

The initial officer attending the scene allowing Edward Gilfoyle and his parents to leave before the arrival of the CID.

The incorrect prioritising of the call out by the Divisional Control Room staff.

The lack of scene preservation and destruction of potential evidence by personnel attending the scene.

The Coroners Officer making crucial decisions about the investigation and mode of death before the arrival of the CID.

The cutting down of the body by the Coroners Officer.

The decision of the Coroners Officer with regards to photographic evidence of the body in situ.

The lack of consideration by personnel attending the scene with regards to the advanced pregnant condition of the deceased and interview of potential witnesses and suspects.

The lack of communication between personnel present as to what had been attended to and by whom.

The destruction of the ligature following post mortem.

5. Conclusion.

5.1 It is a matter of conjecture as to whether any further evidence would have been obtained in this case had the initial police response been appropriate. What is clear, however, is that the response was not in line with the procedure

laid down in the MGI. I have therefore prepared a document of best practice, see Appendix D, which I suggest is circulated through appropriate channels to all personnel, both uniform and CID.

E. Humphreys.
Detective Superintendent.