

Dr Lumb

Dear Dr Lumb

My name is Mark Williams-Thomas. I am a criminologist and former police detective now turned investigative reporter.

I have my own crime series The Investigator on ITV and Netflix and am currently making a NEW Podcast series called The Detective.

The purpose of the series is to look at unsolved cases and potential miscarriages of justice by examining all the known evidence and consider what if any new evidence can be obtained through investigation.

The first case we will be re-examining is the death of Sana Ali (DOB: 05.12.1989).

The brief circumstances are that on Friday 11th May 2007, Sana was found by her sister's in law at her home address: [REDACTED], Bury with 43 injuries.

The initial information received by the 999 call handlers was twofold – one source stated that Sana had stabbed herself and the other that Sana had killed herself.

It is clear that Sana's family were concerned for her well being given that there were 17 missed calls to her phone between 13.56 and 16.01 on the afternoon of the 11th May.

When Sana was found she was systolic, with no rigor mortis and no sign of hypostasis. She was face up on the floor, with the knife beside her and her clothes undamaged from cuts. No disturbance was visible in the room and no blood was transferred out of the room.

The crime scene and the initial witness information from her family very clearly painted a picture of suicide. Sana had a history of self-harming, although to challenge suicide as being a cause of death was the sheer scale of the injuries, some 43 in total.

On the 12th May you undertook a post-mortem at Royal Oldham Hospital and the cause of death was established to be stab wounds to her chest and abdomen.

The injuries on Sana were confined to specific parts of the body:

- The left side of the neck, 5 wounds, the deepest being 4cm
- The right hand (front and back) and lower forearm, 17 incised wounds all superficial
- The left hand (front and back) and lower forearm, 14 incised wounds
- The right breast, 2 wounds one an incised wound the other a stab wound

- Above the left breast and in the upper chest, a deep stab wound 14 cm
- Abdomen a deep stab wound 19cm

Sana presented with no injuries to her face, upper arms, below her waist, legs front or rear, or her back.

Furthermore, she had no injuries to her shins or legs from kicking out.

All the injuries to Sana were in a position on her body that she could reach herself.

My initial observation was that 43 injuries, and crucially stab wounds to such a depth could only be as a result of homicide. I have also spoken to other colleagues in the criminal justice field and they agree that this is the conclusion that they would probably come to.

However, when reviewing a case, I have the added advantage of being able to consider all the facts and evidence. Information and evidence that is almost never available at the time of the post mortem.

In this case I have the full account from Mindy Sanghera (who was convicted of murder) and the knowledge that no blood was found on any items she wore whilst in the house or used on that day. The police view is that she wore a full forensic suit, mask, shoes and had two pairs of gloves. I am unaware of any other case where a female has come to the crime scene and put on a full forensic suit to carry out a murder. No suit was found by police nor any evidence of the purchase of a full forensic suit. The knife could not be attributed to belonging to Mindy, but the SIO accepts there is every possibility this belonged to Sana.

Also, crucially the psychological background to Sana is that she had previously self-harmed and also threatened to self-harm.

Given this background information I have sought to research other cases where individuals suffered injuries similar to the ones that Sana sustained to see how they have been investigated and concluded.

It is fair to say that in all cases where multiple injuries have occurred, they have always been considered as homicide, however it is also now clear that cases exist where self-inflicted injuries have amounted to as many as 120 wounds.

An example would be the case below which has striking similarities (paper attached)

A 48-year-old male physio therapist found in his house, lying in a pool of blood with the knife beside him. He had multiple stab wounds to his chest and abdomen, With superficial cuts to his neck and left wrist. In total he had 35 wounds to his body, the chest wound being a depth of 15cm. He was clothed but had no knife cuts to his clothing, his shirt having been opened at the front. The cause of death being blood loss from the injuries

The similarities between this and Sana's death are clear even to the fact that Sana had no knife cuts to her clothing.

But when one looks further into the psychological background to Sana and the case study the similarities increase.

The 48-year-old man was married and having an affair, something his wife had only just discovered. On the day of the death the man had been threatened by the person whom he

was having an affair and a heated argument took place. The man did leave a suicide note but had no history of previous self-harming or threats to self-harm.

In Sana's situation, her husband was having multiple affairs and on the day of her death she was confronted with this by one of her husbands' lovers. Sana was pregnant, and one has to assume not happy to be carrying her unfaithful husbands' child. In Sana's case she also had a history of self-harming and threats to self-harm.

In the attached paper you will see how valuable the research undertaken by Dr Vella has been.

Fatalities due to sharp force are more frequently homicidal, whereas they account for only 2-3 % of suicide means. In an Australian study 15.7% of suicides using sharp weapon showed multiple wounds, whereas in a Japanese's series the frequency was 70.8% and a German study reported a similar proportion. More than fifteen stab wounds is uncommon, however there have been cases reporting more than ninety wounds.

I note from the PM the injuries are described as self defence, however this is not supported by a disturbed crime scene. There is no evidence of 'fight' or 'flight', kicking out, hitting the assailant, screaming, calling for help or simply running out of the room. In fact, the injuries could just as easily be caused by Sana cutting herself or pulling the blade across her hand or forearm.

I fully accept that when presented with a deceased person who has 43 injuries it would at face value look like a homicide. To make it clear I have no criticism of your work and hold you in high esteem as a pathologist. I am simply presenting you with all the known facts as I would like you to re-consider your findings given the further information and research available.

My central aim is one of justice. Mindy has from day one maintained her innocence and if this was never a case of murder but suicide, then she is innocent, and I am sure you will agree should not be in jail.

What I am seeking to explore is that when all the facts are known, and other similar cases are considered that Sana's death was in fact not murder but a tragic suicide.

I would like to interview you for the podcast and hope that you can see the merit in doing this.

I look forward to hearing from you

Yours sincerely