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The two previous girls had been killed by an overdose. They had both been injected with a substance called Xanax, which had been crushed and mixed with liquid before injected like heroin. As there were only signs of the one injection on both the first victims, this showed that the killer had known what he was doing and when inserting the drug had given enough to kill the girls. It was also likely that the girls, who had both disappeared from a bar when out with friends, had been drugged at the bar with something in their drink. Assuming he had used Xanax, the drug can have the same effects as being drunk. Because of this it would be highly unlikely that any witnesses would think the girls to be anything else than just drunk and therefore wouldn't pay attention to who they were leaving with or if there was anything suspicious going on. The third girl, she was told, had disappeared in the same way. She was out celebrating her 21st birthday with some friends, and had ended up getting away from them. No one could tell where she had gone or who she had gone with. Saturday night in a city like Glasgow was not only busy, but drunk kids these days could hardly remember who they had been with when out binge drinking, so finding out who their friends were with would be next to impossible.

When she arrived at the crime scene the back alley and the area leading into it have been shut off with police tape. Two members of the Forensic Unit were already there, they're the ones who have shut the area off and at the moment are the only ones within the crime scene as they scan it for any evidence. She looks at the dirty streets as she thinks to herself how difficult it is going to be to find anything that might lead them to the killer with all this rubbish lying about. Even if they found something that looked like it could have belonged to the victim or the killer, it could have been contaminated. She scans the people who are standing looking at the forensic technicians doing their job; she makes a mental note of every single one in her head, looking for someone who would fit with the profile for their serial killer. She knows that one of the technicians would have already photographed the scene and everyone that is watching them work, and she will study the photos later. As the technicians have finished going over the area they nod for her to come over. She ducks under the tape and walks towards the dead girl lying on the ground.

The forensic detectives were finishing up photographing the victim with the Coroner, Dr Jay Kelly standing by their sides, making sure they didn't move anything before he had examined the deceased. Dr Kelly is a tall man, handsome for his age, which no one is actually sure of what is. Most people think he is around at least 65 as he has been with the force for forty years or more. His family, like hers, were from England originally, but he had been living in Glasgow all his adult life. Having started out as a general practitioner, she suspected he had started working at the morgue in Glasgow because he wasn't too fond of patients who would complain about ailments that were very insignificant in the grand scheme of things. He had probably been one of those blue eyed boys who had thought they could make a difference. To be fair, he did. He was the best coroner in Scotland, if not the entire United Kingdom and had worked a few cases for the Scotland Yard as an advisor giving a second opinion. No doubt he had seen a lot in his life, you could tell by the look in his eyes. Behind his stern but friendly exterior you could see all the pain he had witnessed, the thousands of bodies he had examined. The many family

members he had watched as they identified the victim as their mum, dad, child, husband or wife. She returned back to the real world as the coroner started swiping the body for any evidence before preparing to take it back to the morgue.

“The cause of death appears to be the same as the two previous victims. The deceased has got the marks after an injection on the left arm; we will run the victim’s blood through the tox screen for confirmation once we have moved it back to the morgue.”

Rule one of forensic work, never take anything for granted.

“There is no sign of any other possible cause of death, although the throat has got a slight bruising, which might indicate strangulation and based on the temperature of the body I would say the time of death would have been between 4-8 hours ago, depending on how long the victim has been laying outside in the chilly night temperature.”

Dr Kelly would never refer to the victim by his or her name, he would never even use the terms he or she. It was always the body, the victim, the deceased or even sometimes just ‘it’. She figured it was a way of distancing himself from them. As a forensic pathologist it was important to not let it get personal as it could cloud his judgement and affect the quality of his work. A lot of people thought Dr Kelly was a cold hearted man, but he had the biggest heart out of everyone she knew. He just knew how to keep his job and his personal life and feelings separated. For her the lines between the two were much more blurred.