Coroners Act 1996
[Section 26(1)]

Coroner's Court of Western Australia

RECORD OF INVESTIGATION INTO DEATH

Ref: 17 /19

I, Sarah Helen Linton, Coroner, having investigated the death of ***Frederick John COLLARD*** *with an inquest held at the* ***Perth Coroner's Court, Court 85, CLC Building, 501 Hay Street, Perth*** *on* ***6 and 7 May 2019*** *find that the identity of the deceased person was* ***Frederick John COLLARD*** *and that death occurred on* ***18 June 2016*** *at* ***Fiona Stanley Hospital*** *as a result of* ***atherosclerotic heart disease with methylamphetamine in a man under physical restraint*** *in the following circumstances:*

Counsel Appearing:

Mr T Bishop assisting the Coroner.
Ms R Hartley (State Solicitor's Office) appearing on behalf of the WA Police.
Ms E Langoulant (ALS) appearing on behalf of the family of the deceased.

TABLE OF CONTENTS

INTRODUCTION 2
GENERAL BACKGROUND 3
MEDICAL BACKGROUND 4
EVENTS LEADING UP TO POLICE ATTENDANCE 5
ATTENDANCE BY POLICE AND PARAMEDICS 8
RESTRAINT AND SEDATION OF FRED 12
CAUSE AND MANNER OF DEATH 15
Post Mortem Examination 15
Evidence of Professor Joyce 16
Manner of Death 19
COMMENTS ON POLICE CONDUCT 19
Internal Investigation 19
The Alert 21
Contacting Fred's father 22
Plan for getting Fred off the roof 24
REVIEW BY SJA 25
CONCLUSION 26

INTRODUCTION

1. On 18 June 2016 police and ambulance officers were called to attend an address in Brentwood due to the behaviour of the deceased, whom the family have asked to be referred to as Fred. Fred had been behaving strangely and aggressively in the hours before and had eventually climbed onto the roof of the house and begun to throw items, causing his family and neighbours to become concerned and call emergency services. It was believed his behaviour was due to the effect of drugs.

2. When the police and ambulance officers arrived at the house, Fred threw tiles from the roof of the house towards them. He remained on the roof, in an agitated state, for approximately an hour before he eventually climbed down voluntarily. When he reached the ground police officers restrained him so that he could be sedated by ambulance staff. After being sedated, and while still in restraint, Fred suddenly stopped struggling and went limp. The police officers immediately released him and placed Fred in the recovery position. He was put onto a stretcher and taken into the ambulance, where tests showed his heart had stopped. The ambulance officers commenced cardiopulmonary resuscitation.

3. Fred was taken by ambulance to Fiona Stanley Hospital in Murdoch. He was still in asystole (no electrical activity in his heart) on arrival at the hospital. His care was handed over to hospital staff. Despite significant further resuscitation efforts, Fred could not be revived, and his death was declared at 7.15 am on 18 June 2016.

4. A post mortem examination found the death was caused by the combination of methylamphetamine effect and Fred's known pre-existing heart disease while he was restrained. Fred had experienced a heart attack on 20 April 2016, less than two months prior to his death, and had been told by doctors that he needed to stop using illicit drugs or risk further cardiac events. His cause of death suggests he ignored that medical advice.

5. Due to the involvement of police officers with Fred immediately prior to his collapse, the death required a public inquest in order to investigate whether the death was caused or contributed to by any action of a member of the police force, pursuant to s22(1)b) the *Coroners Act 1996* (WA). I held an inquest at the Perth Coroner's Court on 6 and 7 May 2019.

6. The inquest focused primarily on the circumstances surrounding the restraint and sedation of Fred, prior to him becoming unresponsive, to determine whether it played any role in his death. Fred's parents also raised some concerns about why they were not contacted and other matters, which were addressed with witnesses.

7. As well as a large amount of documentary exhibits,[1] I heard evidence from the police officers who attended the scene and restrained Fred, a senior Detective from Internal Affairs Unit involved in a review of the death, a senior St John Ambulance officer who reviewed the paramedics' conduct and

[1] Exhibits 1 and 2.

Professor David Joyce, who provided expert evidence on the effect of the sedatives administered to Fred by the paramedics and the drugs he had taken.

8. At the conclusion of the evidence, I indicated that I was satisfied that Fred had voluntarily taken drugs and put himself at risk of a heart attack. His behaviour while affected by drugs was such that it required the police to take action to try to restrain him, for his own safety and the safety of others. Sadly, the combination of the methylamphetamine he had taken, his physical exertion and the police restraint was too much for his heart and he died. I indicated I would not make any adverse findings against the police officers or paramedics, but I was willing to receive submissions and additional information about some concerns raised by the family.

9. The additional information was provided on behalf of the WA Police on 17 June 2019.[2]

GENERAL BACKGROUND

10. Fred was born on 6 August 1980. He was a member of a large family and grew up with his siblings playing football and basketball in the South Lake area. He didn't really enjoy school, but attended school so that he could continue to play sport, which was his real passion. Throughout his life Fred played sports with many local teams, including the Brookton Pingelly Panthers Football Club, the Narrogin Hawks Football Club and the Seabrook Cricket Club.[3] However, by the time of his death he was not really exercising any more, given his health issues.[4]

11. After finishing school Fred worked for various businesses in a variety of jobs, including as a shearer, labourer and at the Narrogin abattoir.[5] He had a history of criminal convictions, including drug offences and violent assaults, and had served various periods in custody. At the time of his death he was unemployed.[6]

12. Fred was married and had six children from two previous relationships. For as long as his wife had known him, Fred had smoked cigarettes, drunk a lot of alcohol and injected speed (amphetamines).[7] His wife had encouraged him to stop abusing substances, especially illicit drugs, but he continued to use them when he could access them. In the past, Fred had heard voices when he was intoxicated and would become paranoid and violent and damage things. If people tried to talk to him about it, he would become very angry.[8] Fred had a significant history of domestic violence incidents, sometimes requiring police attendance, and which had led to violence restraining orders being taken out against him.[9]

[2] Email to JSO dated 17 June 2019.
[3] Exhibit 1, Tab 8, pp. 2 – 3.
[4] Exhibit 1, Tab 13 [9].
[5] Exhibit 1, Tab 8, p. 3.
[6] Exhibit 1, Tab 1.
[7] Exhibit 1, Tab 12 [7] – [9].
[8] Exhibit 1, Tab 12 [10] – [12], [22] and Tab 13 [12].
[9] Exhibit 1, Tab 8, p. 18.

MEDICAL BACKGROUND

13. Fred did not see a general practitioner regularly, but he did occasionally attend Lakes Medical in South Lake.[10] It was known that Fred had a very significant past medical history of ischaemic heart disease.

14. On 9 July 2010 Fred suffered a myocardial infarction (heart attack) and was treated at Royal Perth Hospital. He was found to have occlusion of the left anterior descending coronary artery. He underwent coronary artery angioplasty and stenting.[11]

15. Fred had a documented second episode of chest pain and was seen at Fremantle Hospital on 1 August 2011. A coronary angiogram was performed that suggested ischaemic cardiomyopathy and left ventricular dysfunction. He self-reported drinking 40 standard drinks per week and had an acknowledged history of intravenous drug use. He discharged himself against medical advice and was advised to follow up with his GP to address risk factors for heart disease.[12]

16. In April 2014 Fred attended the RPH Cardiology ward while he was being held in prison. He advised medical staff he was well and claimed to have stopped smoking cigarettes a month before. He had further appointments with the cardiology team scheduled for January and March 2016 but he did not attend these appointments.[13]

17. Fred last attended Lakes Medical on 8 March 2016.[14]

18. On 20 April 2016 Fred had a cardiac arrest due to ventricular fibrillation. He was at home with family when he appeared to have a seizure then stopped breathing. Family members commenced CPR until ambulance officers arrived and took over his care. He was in asystole and was given shocks from a defibrillator until his circulation returned.[15]

19. He was treated at Fiona Stanley Hospital. His left anterior descending artery stent was found to be occluded and re-stenting was performed. Fred's medical records noted he had issues with compliance with his medication while in the coronary care unit and he admitted to medical staff that he intended to continue his illicit drug use upon discharge, although he claimed he would try to decrease the amount of drugs he used.[16]

20. Because of his history and intention to continue using drugs, Fred was deemed to be a poor candidate for an implantable cardioverter defibrillator.

[10] Exhibit 1, Tab 30.
[11] Exhibit 1, Tab 30.
[12] Exhibit 1, Tab 30.
[13] Exhibit 1, Tab 8, p. 3.
[14] Exhibit 1, Tab 30.
[15] Exhibit 1, Tab 8 and Tab 30.
[16] Exhibit 1, Tab 8, p. 4.

21. He was eventually discharged home on 27 April 2016 on a significant medication regime, involving six different daily medications aimed at preventing further heart attacks or strokes by managing his hypertension, cholesterol and heart disease. It was noted that the hospital staff organised a referral for Fred to see an Aboriginal alcohol and drug service.[17] It's not clear if he ever attended.

22. Fred's wife did not visit him while he was in hospital, but after he was discharged they started spending a lot more time together. Prior to his death Fred had been living with his wife, Claudia Collard, at the homes of relatives in Perth.[18]

23. Mrs Collard said around this time Fred was chain smoking and drinking heavily and had increased his illicit drug use. He had also talked to his wife about wanting to kill himself, as he felt the drugs made him a "horrible person."[19]

24. At the time of his death a high alert had been placed against Fred's details on the WA Police computer, which read, "This person can be very unpredictable and will assault PO [police officers], will become aggressive. This person also has a heart problem and requires medication. All care when dealing with this offender. Possible undiagnosed mental disorder."[20] The alert was entered by a police officer following an incident where Fred smashed up a house during a domestic incident and became violent during his interaction with police who attended.[21]

EVENTS LEADING UP TO POLICE ATTENDANCE

25. Approximately four days prior to his death, Fred and his wife moved to live with Fred's cousin, Deborah MacIntyre, in Brentwood. They borrowed Fred's mother's car to drive there. Shortly after they moved in, Fred began behaving strangely. He started cutting into the seats of his mother's car and also appeared to be quite paranoid. For example, he would make Mrs Collard pull over when she was driving as he thought people were following him. Mrs Collard was concerned about his behaviour but didn't say anything to him as she didn't want to have an argument with him.[22]

26. Fred was also showing signs that he was experiencing chest pain, but when Mrs Collard asked him about it he denied it.[23] Mrs Collard was aware he was supposed to be taking medications for his health conditions and she would ask him if he was taking them. He told her he was taking his medications, but she suspected that he was not telling the truth.[24]

[17] Exhibit 1, Tab 8 and Tab 30.
[18] Exhibit 1, Tab 12.
[19] Exhibit 1, Tab 12 [15], [27]
[20] Exhibit 1, Tab 8, p. 18.
[21] Exhibit 1, Tab 8, p. 18.
[22] Exhibit 1, Tab 12.
[23] Exhibit 1, Tab 12 [39].
[24] Exhibit 1, Tab 12 [31].

27. On 16 June 2016 Fred's cousin Ms MacIntyre got a lift with him and his wife to the local shops. She noticed a large number of loose tablets and blister packs of medication in the passenger foot well of the car. She asked Fred if he was taking the medication and he said he didn't take them and told her to throw them away, which she did. This supported Mrs Collard's belief that Fred was not compliant with his medication.[25] In addition, no evidence of his main heart medication, metropolol, was found in his blood after he died, further confirming he was not taking it prior to his death.[26]

28. At about 7.00 or 8.00 pm on the evening of Friday, 17 June 2016, Fred accompanied his wife to her doctor's appointment in Rockingham. He was drinking alcohol, having started drinking earlier in the afternoon while watching the football. He appeared happy and talkative at that stage. He was also chain smoking. After the doctor's visit, Fred still appeared to be in a good mood and they decided to visit his cousin who lived in Rockingham. However, she was not at home so they continued on.[27]

29. They went next to Mrs Collard's brother's house, where they stayed for two to three hours. During the visit Fred was still drinking alcohol and smoking. They shared some dinner before eventually deciding to leave so that Fred could visit his sister. He apparently wanted to get some money from her. They drove to Fred's sister's house in South Lake and Mrs Collard parked around the corner while Fred went into the house. He was gone for about 20 minutes.[28]

30. When Fred returned to the car, Mrs Collard immediately noticed that Fred's mood had changed and he was starting to appear paranoid again. He was talking about cars following them and people looking for them. They drove to the Bull Creek Shopping Centre, where his paranoia increased. They were intending to go to a fast food store, but Fred instead made Mrs Collard follow people around and wouldn't let her go in to the store to buy anything. She didn't want to argue with him as she was aware he could sometimes become violent and agitated when in this state.[29]

31. They left the shopping centre and drove home to Ms MacIntyre's house in Brentwood. Mrs Collard was uncertain of the time, but believed it was around 2.00 to 3.00 am. On arriving home she noticed that Fred was talking a lot, but not making any sense. He was also walking inside and outside the house and didn't seem able to sit still. He eventually said he was going to go to South Lake for a rest and drove away in his mother's car. Mrs Collard estimated he was gone for about half an hour. Mrs Collard heard the sound of the car returning but she did not think Fred did not come back into the house. However, he did speak to his cousin, and told her he had seen a police van and had turned around as he didn't have a driver's licence.[30]

[25] Exhibit 1, Tab 13 [17] – [19].
[26] T 78.
[27] Exhibit 1, Tab 12 [40] – [45].
[28] Exhibit 1, Tab 12 [46] – [52].
[29] Exhibit 1, Tab 12 [53] – [58].
[30] Exhibit 1, Tab 12 [59] – [65] and Tab 13 [26].

32. Ms MacIntyre went to back to bed, but was then disturbed by the sound of the back door opening and closing. She came out to investigate the noise and asked Fred what he was doing. He pulled a large knife from the waistband of his trousers and held it towards her, saying "You know what you are doing?"[31] Ms MacIntyre was frightened and quickly closed the back door, locking Fred outside. She then went and spoke to Mrs Collard and told her that Fred appeared unwell and was "going off."[32] She suggested Mrs Collard should call the police and an ambulance.

33. Mrs Collard recalled Ms MacIntyre came and told her she should go outside and check on her husband. Mrs Collard could hear him yelling for help from the backyard of the house. She got up and looked outside the back sliding door and saw Fred outside. He was holding a knife and moving around quickly. He was also pulling up wooden sticks and other things and throwing them at the fence. Mrs Collard said she was scared and didn't want to go outside, although he was calling her name. He was also asking for his Dad and other people. Mrs Collard decided to try to get him some help and telephoned to request that an ambulance attend.[33]

34. Mrs Collard eventually cut the call short as Fred was asking for her phone. She gave him the phone through a gap in the door, without opening the door itself. He continued to shout out her name, as well as Ms MacIntyre's and his Dad's name. Mrs Collard said she was scared to look out too much, in case this aggravated him and he tried to smash his way inside.[34]

35. While still inside the house, Mrs Collard heard the noise of someone on the roof and realised it was her husband. She could tell it was him as she could hear him still yelling for help. Ms MacIntyre spoke to her and said she should go out and get him down from the roof. Mrs Collard went outside and tried to talk Fred into coming down. She could see him on the roof and said he was moving around very fast. At one stage she heard the sound of tiles and thought he had slipped off and fallen to the ground, but it seems he remained on the roof. Mrs Collard became scared and knocked on the front door to go back inside the house. Ms MacIntyre let her back in and they stood at the lounge room window, calling out through the window to ask him to come down.[35]

36. There were other family members, including children, in the house and they were concerned for everyone's welfare due to Fred's erratic behaviour.[36] His behaviour was described by one relative as "next level"[37] and it was assumed he was behaving that way because he was affected by drugs.

[31] Exhibit 1, Tab 13 [27] – [30].
[32] Exhibit 1, Tab 13 [32]
[33] Exhibit 1, Tab 12 [66] – [71].
[34] Exhibit 1, Tab 12 [72] – [74].
[35] Exhibit 1, Tab 12 [75] – [81]
[36] Exhibit 1, Tab 14 [14].
[37] Exhibit 1, Tab 14 [56].

ATTENDANCE BY POLICE AND PARAMEDICS

37. Evidence was heard at the inquest from a number of police officers who attended the address, in response to the call for emergency services to attend. They understood that they were being tasked to assist St John Ambulance officers. The job to attend Cambey Way, Brentwood, went out at around 5.42 am and two police cars attended.

38. Police Constable Wayne Marriott and Police Constable Michael Pepper were the first car to arrive on the scene. They attended as a priority 2 with lights and sirens. Constable Pepper understood they were attending due to a 35 year old male present at the property having a psychotic episode, possibly armed with a knife.[38] They considered their role at that stage would be primarily to protect the St John Ambulance staff to make sure they could do their job of treating the person without fear of being hurt.[39]

39. As soon as they pulled into the driveway of the house their attention was drawn to a male person on the tiled roof of the house who was pacing up and down. Mrs Collard came outside the house and spoke to First Class Constable Pepper and told him Fred's full name and date of birth before returning to the doorway of the house.[40] She could see Fred still up on the roof and noticed his "movements were getting faster and faster."[41] Ms MacIntyre believed Fred's behaviour had become worse following the arrival of the police.[42]

40. The two police officers could hear Fred calling out, "Help me. Help me."[43] He was seen to be walking back and forth the length of the roof and the officers were concerned he might fall off the roof.[44] It seemed he had a torch with him. The police officers could not see a knife but a person in the house confirmed that he had threatened her with a knife prior to climbing on the roof, so they were uncertain if he still had a knife with him.[45]

41. A paramedic and student ambulance officer from St John Ambulance arrived a few minutes after the first police arrived at the scene.[46] The paramedic spoke briefly to Mrs Collard, who said that Fred was "a bit mental" but did not provide any other information about his medical history or mental health history.[47]

42. Constable Marriott recalled that Fred seemed oblivious to his requests and calls to come down off the roof. He remembered Fred asking to speak to his father and he told Fred at the time, "Look, we're trying to get a hold of your father. We're just trying to get hold of him now. If you come down off the

[38] Exhibit 1, Tab 17 [3].
[39] T 9.
[40] Exhibit 1, Tab 17 [7].
[41] Exhibit 1, Tab 12 [83].
[42] Exhibit 1, Tab 13 [38].
[43] T 22.
[44] T 22.
[45] Exhibit 1, Tab 17 [14].
[46] Exhibit 1, Tab 17 [13], Exhibit 2, Tab 1.
[47] Exhibit 2, Tab 1 [37] – [42].

roof, we can give you a phone call to your father."[48] The paramedic also called out to Fred that he could use the phone in the ambulance if he came down from the roof.[49]

43. Constable Pepper also spoke to Fred and asked what he could do to help him. Fred asked him to call his father and indicated he would come down once he'd spoken to him.[50] Constable Pepper indicated that he would contact someone to try to get a telephone number for Fred's father. Constable Pepper spoke to someone at the South Metro District Control Centre and was given three possible contact numbers for Fred's father. Constable Pepper told Fred he would attempt to call his father.[51] Constable Pepper asked the person at the District Control Centre if they could attempt to contact Fred's father and it was agreed that this would be done. Constable Pepper understood those attempts to contact Fred's father were unsuccessful as the numbers were old and he did not receive a response back.[52] There is information that a telephone call was made to a police sergeant at the centre but no more information is available as to the results of the calls, other than Constable Pepper's understanding that they were unsuccessful.[53]

44. In any event, Constable Pepper formed the impression that Fred had largely forgotten about his request at this stage and from that time it was largely impossible to have a conversation with him.[54]

45. Around this time, Fred became more agitated and was increasingly difficult to communicate with. He began to pick up roof tiles and throw them forcibly off the roof onto a car that was parked in front of the address. The car windscreen smashed from the force of the tiles and the bonnet was seen to cave in.[55] Constable Pepper requested further police units attend the scene to assist.[56] Constable Pepper also moved his police vehicle off the driveway to prevent it being damaged.[57]

46. Mrs Collard and Ms MacIntyre could see and hear the police trying to talk him into coming down, telling him that they were there to help him. The police were heard by the family to be saying, "Come on Fred, get down, you're scaring the kids,"[58] but Fred kept shouting and throwing tiles.

47. First Class Constable Rohan Baker and Police Constable Matthew Leitch attended to assist as a back-up unit at about this time.[59] First Class Constable Baker gave evidence the first thing he noticed on arrival was a man on the roof of the house and a large number of roof tiles on the ground. He recalled that after they had arrived they spoke to the other police officers

[48] T 22 – 23.
[49] Exhibit 2, Tab 1 [44] – [45].
[50] Exhibit 1, Tab 17 [16].
[51] Exhibit 1, Tab 17 [16] – [18].
[52] T 43 - 44.
[53] Email from Ms Hartley to JSO, dated 17 June 2019.
[54] T 48.
[55] T 23.
[56] Exhibit 1, Tab 17 [22].
[57] Exhibit 1, Tab 17 [25].
[58] Exhibit 1, Tab 15 [13].
[59] T 7.

and the paramedic and a plan was devised to try to get the man, who we know was Fred, off the roof and then sedate him.[60]

48. The police officers gave evidence that it was not practical or safe for any of the police officers to go up onto the roof to get Fred down. There had been reports that he had a knife and he was seen with something in his hands.[61] It was also felt that taser was not an option because Fred would have been likely to fall off the roof.[62] Constable Marriott gave evidence that in his experience in most cases people can be talked down off the roof, but indicated that in rare cases it would require escalation to other police units with more expertise in these situations.[63]

49. The police officers discussed the fact that someone needed to guard the back of the house, in case he fell or climbed down at the rear of the property. There was a dog at the property that had to be secured, and once that was done First Class Constable Baker and Constable Leitch went through the house into the backyard.[64]

50. Fred continued to hurl tiles to the ground and call out. He was throwing the tiles with significant force, sending them up to 20 metres away and it was clear he was physically exerting himself.[65] The police officers kept trying to communicate with him but he seemed totally oblivious to what they were saying and they were unable to get him to engage with them.[66]

51. It was early in the morning in mid-June, and the evidence was that it was freezing cold and all the police were warmly clothed in jackets and jumpers. In contrast, Fred was seen by this stage to be wearing only a t-shirt and jeans, and yet his t-shirt was drenched in sweat. This was a sign to the police officers that he was likely to be affected by drugs, based on their training. He was also extremely agitated and incoherent. Because Fred was calling out for help, including help from the police. Constable Leitch shone his torch down onto his jacket and lit up his high visibility police badge to indicate to Fred that the police were present, while calling out, "We are the police." Fred's repeated response was, "No, you're not. Help me. Police." This reinforced to the police officers that he was most likely affected by methylamphetamine.[67]

52. Fred's behaviour around this time was so extreme that the police officers became concerned that he was experiencing a medical emergency. Even without knowing about Fred's particular cardiac history, they were aware that there is a high risk when a person is experiencing drug-induced psychosis and they are using so much energy, it can lead to sudden death. One of the police officers said he wouldn't have been surprised, based upon what he could see, if Fred had suffered a heart attack while on the roof.[68]

[60] T 24.
[61] T 23, 37.
[62] T 30.
[63] T 37.
[64] T 23.
[65] T 55.
[66] T 24; Exhibit 1, Tab 17 [28].
[67] T 54.
[68] T 55.

53. Constable Marriott recalled that Fred continued generally with his erratic behaviour except when he started to stop and "take a bit of a break"[69] at times. He was seen to lie down on the roof for short periods and take a couple of deep breaths and then he would get back up and carry on removing tiles and throwing them, including onto a neighbouring property. Constable Marriott remembered Fred lay down three or four times.[70] His behaviour suggests he may have already been experiencing some cardiac issues by this time.

54. Mrs Collard and Ms MacIntyre were hiding inside the house with a number of children. While inside the house they could still hear tiles smashing and the banging sounded like it was getting worse.[71] The police tried to help them out of the house but they had to run back inside due to more tiles being thrown around.[72]

55. The police became concerned that Fred had taken so many tiles off the roof that he could actually slip and fall through one of the gaps and possibly fall into the roof space and all the way through the ceiling into the house. It was felt this could place the safety of the home occupants at risk either from his fall and/or the potential for him to behave violently towards them. Constable Pepper went to the front door and told Mrs Collard and the other family members to be quiet and prepare to leave the property.[73]

56. When Constable Pepper could hear Fred had gone to the other side of the roof he got the family to walk outside the house and under the carport roof. He instructed them to remain quiet but the adults in the group began shouting abuse at Fred, alerting him to their location.[74] Fred came closer and then walked away. Constable Pepper took the opportunity to assist the children over the fence and the family fled to the relative safety of the road. Fred was still on the roof at this stage. Constable Pepper went with the family and began taking their details.[75]

57. The police could be heard by Fred's family trying to communicate with Fred and they encouraged him to listen to police and let the police help him, but it did not appear that Fred was listening or understanding.[76]

58. Fred continued to yell out for help and was moving quickly around on the roof. Mrs Collard was on the street and trying to give the police some details about her husband to help them manage the situation.[77]

59. Suddenly, without any obvious sign that he was responding to prompting by police,[78] Fred walked along the roof of the house and stepped onto the

[69] T 24.
[70] T 24.
[71] Exhibit 1, Tab 12 [91] – [92].
[72] Exhibit 1, Tab 12 [93] – [95].
[73] T 41; Exhibit 1, Tab 17 [37].
[74] Exhibit 1, Tab 17 [37] – [40].
[75] Exhibit 1, Tab 12 [93] – [95] and Tab 17 [43] – [46].
[76] Exhibit 1, Tab 14 [38].
[77] Exhibit 1, Tab 12 [85] – [89].
[78] T 33.

carport roof at the front of the property. He then put his hands on the carport roof and lowered himself down onto the front bonnet of a vehicle parked at the front of the carport.[79] The police officers were surprised, but reacted quickly. Constable Marriott said he shouted out, "Off roof, off roof,"[80] to alert the other officers to the fact that Fred had come down from the roof.

60. Mrs Collard and Ms MacIntyre heard a loud bang and saw police officers running towards the house. Mrs Collard, Ms MacIntyre and their families were up the street giving details to Constable Pepper and could not see Fred but understood that the police were going towards him. Ms MacIntyre commented that she "thought the faster he was restrained and in the ambulance the better for everyone."[81]

61. Constable Marriott immediately approached Fred. Fred was initially quite calm, but it was still felt that it was necessary to sedate him given his unpredictable behaviour up to that time and the concern he still might have a need. His behaviour was viewed as indicating a mental health emergency, and the prominent need was to ensure he could receive medical treatment safely.[82]

62. Constable Marriott placed his hands on Fred underneath his arm and lifted the sleeve of Fred's t-shirt. He was joined by Constable Sherrit, who had arrived in a third police car. Constable Sherrit took hold of Fred's other arm. Fred did not make any attempt to struggle at that stage.[83] Constable Marriott then asked the SJA staff whether they could give him an injection there, indicating Fred's left arm. The SJA paramedic said, "No. We need to give it to him in the buttocks." The paramedic later explained that this was because Fred was moving so much she felt it would not be safe for Fred, the police officers or herself to try to inject into his arm.[84]

63. It appeared to the police officers that Fred responded adversely to hearing he would have an injection. Constable Marriott and Constable Sherrit noted Fred immediately reacted to this conversation and began fighting against his grip and struggling violently.[85] The other police officers joined Constable Marriott to try to restrain Fred and enable the SJA staff to sedate him.

RESTRAINT AND SEDATION OF FRED

64. The evidence of the police officers was that, based on their training, they were all cognisant to prevent the risk of positional asphyxia and spoke of this amongst themselves at the time. They were aware that Fred's behaviour on the roof was consistent with the symptoms of a person suffering from excited delirium, which can result from drug-induced psychosis.[86]

[79] T 24 – 25.
[80] T 28.
[81] Exhibit 1, Tab 13 [44].
[82] T 28, 34, 45, 57.
[83] T 28.
[84] Exhibit 2, Tab 1 [110].
[85] T 29.
[86] Exhibit 1, Tab 7, p. 5.

Constable Marriott said he had attended jobs before where people were suffering from drug induced psychosis and he believed Fred was behaving in a similar, but heightened manner, to those people.[87]

65. Constable Pepper also gave evidence that dealing with people experiencing drug induced psychosis is unfortunately something they do regularly, and based upon his behaviour Constable Pepper suspected Fred was affected by amphetamine or methylamphetamine. He was, therefore, conscious of avoiding positional asphyxia as there is a risk it can occur when restraining someone who is physically strong, violent and drug-affected, as they require a number of people to restrain them.[88] In this case, there were six police officers required to restrain one man.

66. Fred was restrained by the police officers and lifted from the car and then placed on the ground on his left side.[89] Constable Sherrit described Fred as being in "almost a textbook recovery position, which was advantageous for us because it meant that there was no direct pressure over his chest."[90]

67. The police officers worked together to restrain Fred while lowering his jeans and holding him still so he could be injected in the buttocks. Constable Marriott took hold of Fred's legs to stop him from kicking and Constable Leitch assisted him. Constable Pepper handcuffed Fred to the front while Constable Baker took charge of Fred's head and monitored his airways and breathing.[91] Constable Baker noted that Fred was breathing quite heavily at this stage, but believed it was due to exertion.[92]

68. The police officers all gave evidence they were discussing throughout the need to maintain the correct position and make sure Fred could breathe. The point was made that he was definitely breathing for most of the time he was restrained as he was violently resisting throughout.[93] Constable Baker was positioned near Fred's head and was advising the other officers that Fred's airway was good and he was still breathing.[94] Constable Baker was clear in his evidence that Fred remained breathing throughout the time he was restrained by police.[95]

69. The paramedic indicated that she could hear the police officers saying words to the effect, "watch his breathing, make sure his face is clear and don't put pressure on his chest." These words made it very clear to her that the police officers were conscious of positional asphyxia.[96] The student ambulance officer was also watching closer and could see clearly that the police officers were not crushing Fred's chest or airway and were not using excessive force.[97]

---

[87] T 26 - 27.
[88] T 44, 46 - 47.
[89] Exhibit 1, Tab 7, p. 5.
[90] T 67.
[91] T 46, 59.
[92] T 8.
[93] T 47.
[94] T 67.
[95] T 13.
[96] Exhibit 2, Tab 1, [95] - [96].
[97] Exhibit 2, Tab 2.

70. The SJA paramedic came over to administer the first injection. Constable Sherrit made sure there was a safe area for her to administer the drugs to Fred.[98]

71. The paramedic was unable to perform any vital sign checks on Fred due to his violent struggling.[99] She had already prepared two sedatives to use intramuscularly (by injection): 10 mg of midazolam and ketamine. The dose of ketamine was double checked with SJA Clinical Practice Guidelines and confirmed to be 2mg/kg of body weight to a maximum of 200mg. The paramedic estimated Fred's weight as 100kg and drew up a conservative dose of 160mg of ketamine (1.6mls) to be administered intramuscularly, if needed. Both syringes were labelled ready for use.[100]

72. The paramedic pulled down Fred's jeans and exposed his right buttock. Fred was first administered 10mg of midazolam by injection intramuscularly into his buttock at 6.16 am. There was no apparent effect after five minutes had elapsed and Fred was still extremely combative.[101] He continued to violently struggle and call out for help. The evidence of the police officers was that it took all of them to restrain him.

73. While restraining Fred all of the police officers were talking about his welfare and ensuring his airway was being watched.[102]

74. As there appeared to be no sedative effect at all from the first injection, Fred was then administered the 160mg of ketamine by injection intramuscularly into the buttock region at 6.21 am. He initially remained combative and then after about two minutes had elapsed he was noted to suddenly become unresponsive.[103]

75. Around the time of the second injection a number of the police officers had released Fred, as they were conscious that having so many people involved was a risk factor.[104] Constable Baker had noticed after the second injection that Fred's breathing had gone from extremely heavy to a very light breathing, but he was still breathing.[105] He informed the paramedics of this.

76. When Fred became unresponsive the other police officers who were still holding Fred released him and assisted to place Fred on a stretcher on his back. The police officers did not immediately appreciate that anything was wrong and were released to go about their other duties.[106]

77. Once in the ambulance the paramedic and SJA officer put a bag and mask on Fred and started breathing for him. No carotid pulse was detected and an ECG showed asystole, indicating Fred's heart had stopped. The paramedic began doing chest compressions. Fred's handcuffs were removed and an

[98] T 67.
[99] Exhibit 2, Tab 1 [101] – [103].
[100] Exhibit 2, Tab 1 [56] – [74].
[101] Exhibit 2, Tab 1 [125] – [128].
[102] T 25, 59.
[103] Exhibit 2, Tab 1.
[104] T 8.
[105] T 8.
[106] T 9.

intravenous line was inserted and adrenaline was given three times. Intubation was attempted but failed and a laryngeal mask airway was inserted. Bag and mask respirations were continued with good effect.[107] Other paramedics had arrived to assist at this stage.

78. The ambulance departed at 6.41 am and arrived at Fiona Stanley Hospital at 6.46 am. Fred was still in asystole at that time and had fixed dilated pupils. He was administered Flumazenil and Narcan to reverse any drug sedating effects, with no improvement. A further five doses of adrenaline were also administered. Fluids and bicarbonate were given and he was intubated and ventilated. Further resuscitation efforts continued but he did not respond. A decision was made to cease all resuscitation efforts and he was declared deceased at 7.15 am.[108]

79. Fred's wife and other relatives saw Fred being put into the ambulance and understood that the paramedics were trying to give him medical treatment. A police officer pulled Mrs Collard to one side and told her that Fred's prognosis was not good. Eventually the family were allowed to return to the house. After some time had passed, a police officer came in and spoke to Mrs Collard and informed her that Fred had passed away.[109]

CAUSE AND MANNER OF DEATH

Post Mortem Examination

80. A post mortem examination was conducted by a very experienced forensic pathologist, Dr White, on 21 and 22 June 2016. Dr White found evidence of medical intervention and scattered soft tissue injuries, in the form of cuts and bruising.[110] It is not clear how Fred sustained the soft tissue injuries, but it is possible he could have sustained some when he was on the roof and potentially some when he resisted attempts to restrain him.

81. Post-mortem findings confirmed advanced ischaemic heart disease and coronary artery stent placement. The findings included extensive scarring of the left ventricle wall from previous heart attack, consistent with Fred's past history of cardiac events. No acute coronary obstruction was identified.[111]

82. Gross examination of the brain showed no significant abnormalities with no macroscopic features of a recent or old traumatic brain injury.[112]

83. Toxicology showed traces of ketamine and midazolam in the blood, consistent with the sedative medications administered by the paramedics. Methylamphetamine was also detected at 0.92mg/l in an ante mortem blood sample. The post mortem examination found needle marks in the right arm

[107] Exhibit 2, Tab 1.
[108] Exhibit 2, Tab 1.
[109] Exhibit 1, Tab 12 [96] – [108].
[110] Exhibit 1, Tab 4.
[111] Exhibit 1, Tab 4 and Tab 10.
[112] Exhibit 1, Tab 4.

that are consistent with Fred's intravenous drug use. No alcohol was detected.[113]

Evidence of Professor Joyce

84. Professor Joyce is a highly regarded physician, clinical pharmacologist and toxicologist who frequently provides expert opinions in coronial cases where the death raises questions about the possible contribution of drugs or other substances.

85. Professor Joyce was provided with relevant materials in relation to Fred's death, including his medical records and information about the events on the day of his death. Professor Joyce then provided a written opinion to the Court, and also gave oral evidence at the inquest.

86. Professor Joyce noted Fred's documented history of coronary artery disease and recent hospital admission in that regard. He also noted Fred's history of tobacco smoking, heavy alcohol use and ongoing intravenous use of methylamphetamine. Professor Joyce explained that Fred's state of health at that time, prior to the day of his death, had already placed him into a high risk category to have a cardiac arrest.[114] He had already suffered ventricular fibrillation causing his heart to stop outside hospital in the months prior to his death, and Professor Joyce gave evidence that very few people survive such an event. Having unusually survived and been discharged from hospital, Fred had increased his risk of a similar event by not taking his prescribed medications and by taking methylamphetamine.[115]

87. Professor Joyce indicated that Fred's period of escalating paranoia and hostility prior to his death, as described by his wife, was consistent with chronic methylamphetamine intoxication and the emergence of delusional psychosis.[116]

88. Consistent with the beliefs of the police officers, Professor Joyce expressed the opinion that Fred's behaviour on the roof strongly implied acute methylamphetamine intoxication, superimposed on amphetamine-induced delusional psychosis. His shouts for help were presumed to be in response to delusional beliefs or hallucinatory experiences and he showed signs of amphetamine-induced hyperactivity. This included his sweating and elevated body temperature recorded on arrival at Fiona Stanley Hospital, despite the overnight temperature dropping to 6.2°C.[117]

89. Professor Joyce commented that Fred's other unusual behaviour of stopping his activities on the roof and lying down at times was not well explained by amphetamine toxicity, and might instead indicate episodes of serious cardiac impairment.[118]

[113] Exhibit 1, Tab 4 and Tab 5.
[114] T 75 – 76.
[115] T 77.
[116] Exhibit 1, Tab 10.
[117] Exhibit 1, Tab 10.
[118] Exhibit 1, Tab 10.

90. Professor Joyce considered the results of toxicological analysis of samples taken from Fred at the hospital and also at the mortuary. He noted that the blood concentration of methylamphetamine was very high. He also noted that, from the results, it indicated that an appreciable amount of the methylamphetamine had been taken recently.[119] Professor Joyce concluded Fred would have inevitably been intoxicated given the amount of methylamphetamine in his blood and the concentration was in the range associated with violent and irrational behaviour, death by violence and even death by direct drug intoxication, although the majority of people would survive.[120] In addition, it put him at risk of death from direct toxic effects of stimulants on the heart, circulation or brain, which is relevant to Fred, given his severe coronary artery disease.[121]

91. Professor Joyce described Fred's clinical course on the night of 17 to 18 June 2016 as following the now familiar pattern of death during violent exertion while intoxicated with methylamphetamine, with the violent exertion commonly being struggle against restraint. Professor Joyce explained that in such cases, the cause of death is understood to be a sudden disturbance in heart rhythm, which can be ventricular fibrillation or ventricular tachycardia. Unless circulation can be restored, ventricular fibrillation leads to asystole and death.[122]

92. Professor Joyce noted that in Fred's case, there was already a proven risk of lethal ventricular tachyarrhythmia (the term for abnormal fast rhythms), including ventricular fibrillation. Fred had documented ventricular fibrillation at the time of his cardiac arrest, two months prior to his death. He would have been an appropriate candidate for an implantable defibrillator if not for the unacceptably high risk of device infection given his persistent intravenous drug use.[123] Therefore, Fred already presented as at increased risk of ventricular fibrillation and the addition of a high concentration of methylamphetamine and the intense stimulation of violent physical activity would have amplified the risk of ventricular tachyarrhythmia he already faced.[124] Professor Joyce described the risk that Fred would experience a cardiac event that morning as "exceptionally high."[125]

93. Professor Joyce noted that in some cases, there may be a contribution from restraint-imposed positional asphyxia to the terminal lethal arrhythmia, although the description of the level of physical restraint in this case would not be expected to cause positional asphyxia.[126] In many such cases, it is common to note the presence of advanced coronary artery disease for the person's age, which was present in Fred's case.[127]

94. Professor Joyce explained that post mortem examination will not detect evidence from coronary artery spasm, disturbed ventricular contraction and

[119] Exhibit 1, Tab 10.
[120] Exhibit 1, Tab 10.
[121] Exhibit 1, Tab 10.
[122] Exhibit 1, Tab 10.
[123] Exhibit 1, Tab 10.
[124] Exhibit 1, Tab 10.
[125] T 77.
[126] Exhibit 1, Tab 10.
[127] Exhibit 1, Tab 10.

ventricular arrhythmia that may lead to death during methylamphetamine intoxication, with or without associated violent exertion.[128]

95. Professor Joyce gave consideration to whether the doses of midazolam and ketamine may have also played a role in the death. He noted that the doses were within the range that is "conventionally used to settle severe, methylamphetamine-induced agitation."[129] Professor Joyce noted there is a theoretical reason to avoid using ketamine in a patient with known heart failure or a recent heart attack, because it can increase blood pressure, which can be detrimental to a failing heart. However, Professor Joyce also commented that concern would not prevent its use in a person who was facing serious harm from severe, methylamphetamine-induced agitation,[130] Professor Joyce agreed that the risk that Fred was going to suffer a cardiac event was so high that it warranted dramatic action to control it and there was a greater importance in bringing Fred's behaviour under control than in providing any theoretical small degree of protection to cardiac function.[131]

96. In any event, Professor Joyce gave evidence that the effects of the ketamine and midazolam would have been limited in this case. That is because absorption into the bloodstream is needed for a drug to exercise its therapeutic and toxic effects, and drugs administered by the intramuscular route enter the circulation much more slowly. Further, intramuscular administration through the buttocks is less predictable than other sites and may be largely deposited in the fat around the buttock. Therefore, the fact that Fred receives the drugs intramuscularly through the buttocks meant the drugs had not had sufficient opportunity to be absorbed before he experienced the cardiac event. This is shown by the results of the toxicological analysis, which found neither ketamine nor midazolam in a quantifiable concentration at the time he was admitted to hospital. From those results, Professor Joyce concluded that Fred failed to absorb he midazolam and ketamine doses into his circulation prior to his death and he did not experience a therapeutic or toxic effect from them.[132]

97. In relation to the contribution of drugs to Fred's death, Professor Joyce indicated that neither midazolam nor ketamine played a role. However, he indicated his view that methylamphetamine was an indispensable contributor to Fred's death.[133]

98. In conclusion, Professor Joyce expressed the opinion that the clinical history, toxicology and post-mortem findings are consistent with Fred's cause of death being methylamphetamine-related cardiac arrhythmia, in a man predisposed by ischaemic heart disease and known propensity to ventricular fibrillation.[134]

99. At the conclusion of all investigations, and taking into account Professor Joyce's expert opinion on the toxicology, I note that Dr White

[128] Exhibit 1, Tab 10.
[129] Exhibit 1, Tab 10, p.8.
[130] Exhibit 1, Tab 10.
[131] T 78, 89.
[132] T 84; Exhibit 1, Tab 10.
[133] Exhibit 1, Tab 10.
[134] Exhibit 1, Tab 10.

formed the opinion the cause of death was atherosclerotic heart disease with methylamphetamine effect in a man under physical restraint. I accept and adopt Dr White's opinion as to the cause of death.[135]

Manner of Death

100. Although Fred suffered a cardiac event while being restrained by police and chemically sedated, there is no evidence the drugs administered by the paramedic, nor the restraint in and of itself, was the cause of Fred's death. On the evidence available I am satisfied that Fred's decision to take methylamphetamine was the primary contributor to his death. It caused him to behave in an agitated and erratic manner and physically exert himself beyond the limits of his compromised heart.

101. I find that death occurred by way of misadventure.

COMMENTS ON POLICE CONDUCT

Internal Investigation

102. Officers from the Major Crime Squad attended the incident scene and conducted an investigation into the criminal aspects of the incident. The police officers, paramedics and civilian witnesses present were all spoken to and statements taken. No criminality was identified and no charges were laid.[136]

103. As the death fell within the category of a critical incident involving police, officers from the Internal Affairs Unit (IAU) conducted an investigation to identify if the attending police officers had complied with relevant WA Police policies, procedures and training relating to the use of force. This included obtaining an expert opinion from the WA Police use of force advisor, who concluded that the use of 'empty hand tactics' and the use of handcuffs "in order to reduce the threat and regain control of Fred were reasonable in the circumstances as reported."[137] No managerial issues were identified in that investigation relating to the use of restraint or force against Fred and no breach of policy was identified. No action was taken against any of the police officers involved.[138]

104. All of the officers involved were current in critical skills 1, 2 and 3, which includes a qualification in life support.[139] This training is provided to all police officers, with additional annual refresher training.[140] There is also a training manual section on excited delirium, which is treated by police as a medical emergency, and its association with positional asphyxia is emphasised in the training.[141]

---

[135] Exhibit 1, Tab 4.
[136] Exhibit 1, Tab 7, p. 2.
[137] Exhibit 1, Tab 7, pp. 4 - 6.
[138] Exhibit 1, Tab 7, p. 2.
[139] Exhibit 1, Tab 7, p. 3.
[140] T 108.
[141] T 106 – 109.

105. The evidence in this case is that the police were conscious that Fred was likely suffering from excited delirium and they were very mindful of the risk of positional asphyxia when restraining him.

106. Constable Marriott gave evidence that he felt the police officers had all worked well together to focus on Fred's welfare while trying to restrain him for his safety.[142] He described how his training had bred into him the ability to recognise signs and symptoms classed as excited delirium, such as the person becoming extremely hot and exhibiting great strength, which would lead to taking measures to take steps to ensure their breathing is not inhibited by cuffing them to the front, placing them in the recovery position, making sure there is no pressure on their chest, monitoring their airways and communicating with them.[143] In Constable Marriott's opinion, they couldn't have done anything more in the circumstances.[144] The other police officers gave similar evidence and the paramedic and trainee ambulance officer supported the police officers' opinions.

107. Given his behaviour leading up to his descent from the roof, I am satisfied the process of restraining Fred was necessary. If he had not been restrained, it is highly likely he would have continued to behave in an erratic and aggressive manner, which put him at risk of hurting himself and/or harming others. Given his heart condition, drug use and exertion, he was already at high risk of a cardiac event, even before he was restrained, and he needed to be sedated for his own safety.

108. Fred's own family who were at the house appeared to understand that. Fred's cousin Ms MacIntyre, with whom he was close, estimated he had been up on the roof with the police trying to get him down for at least an hour. She commented that it must have used a lot of energy and felt "it's no wonder his heart gave in."[145] She also, as I noted before, "thought the faster he was restrained and in the ambulance the better for everyone."[146]

109. I find the actions of the police officers in restraining Fred were reasonable and appropriate in the circumstances and there was no evidence of the use of any excessive force beyond what was necessary in the circumstances.

110. As to the police training in regard to restraint of people experiencing a drug-induced psychotic episode, I note that on 17 November 2016 the WA Deputy State Coroner delivered a finding in relation to the death of Shannon Murphy in April 2012.[147] The circumstances were similar, in that the deceased died of a cardiac event while intoxicated with methylamphetamine, following restraint by police. In that case, the deceased did not have any history of pre-existing cardiac disease, but the methylamphetamine led to agitated delirium and extreme exertion, which induced cardiac arrhythmia. Her Honour reviewed the police training

[142] T 30 – 31.
[143] T 31 - 32.
[144] T 33,
[145] Exhibit 1, Tab 13 [40].
[146] Exhibit 1, Tab 13 [44].
[147] *Inquest into the death of Shannon Elizabeth Murphy*, delivered 17 November 2016, Deputy State Coroner Vicker.

manuals and module related to the use of force and methods of restraint and their effect on a person's wellbeing, particularly where the person appears effected by psychostimulants. Her Honour found that the training of police to confront situations of people with methylamphetamine toxicity had moved with the times and no recommendations were required.[148] I have been provided with the relevant policies[149] and I respectfully agree with her Honour's view.

The Alert

111. I noted at the beginning of the finding that there was an alert on the WA Police computer system that indicated, amongst other things, that Fred had a heart condition and required medication for that condition.

112. The police officers who restrained Fred were unaware of the alert at the time they were dealing with him. Some explanations were given as to why that was the case, including the lack of details known about Fred, which made it difficult to identify him on the system,[150] the speed at which the police officers arrived at the scene and focussed their attention upon Fred on the roof (the first car arriving within one minute of being despatched),[151] the fact the cars were some distance away and the difficulty operating the system itself.

113. Constable Marriott's evidence was that he did not think in this instance the information in the alert would have changed anything he did personally in that job.[152] Constable Leitch, Constable Sherrit and the other police officers all expressed a similar view.[153] Senior Constable Baldwin was adamant that it would have made no difference to the police conduct, as they will always put safety first.[154] Constable Baker also indicated that the actions they took in terms of putting Fred in the recovery position and monitoring his airways are the same sorts of things they would have done if they had known he was suffering from a heart condition.[155]

114. Constable Leitch, who is now a detective, also gave evidence that it is his understanding that the information on the alert would be more relevant to Fred's situation if he was actually taken into custody and taken to a lock up. In that case, it would be important to know he had a heart condition and required heart medications to alert the police officers to the possibility he might require medical treatment.[156]

115. Constable Pepper gave evidence he thought, when calling the District Office, that someone would have told him if there were any important alerts he should know, as that is a common event, but no alert was mentioned.[157]

[148] Ibid, pp. 40, 43.
[149] Exhibit 2, Tab 24 and Tab 25.
[150] T 26.
[151] T 48 – 50.
[152] T 26.
[153] T 60, 69.
[154] T 71.
[155] T 21.
[156] T 60 - 61.
[157] T 49.

However, like Constable Marriott, Constable Pepper's evidence was that he did not think the information in the alert would have changed anything he did on the night.[158]

116. There was evidence put before me that radio dispatchers at the Police Operations Centre (POC) are trained to verbally convey IMS warnings to attending vehicles, which is consistent with Constable Pepper's understanding.[159] It is perhaps because Constable Pepper's call went to the District Office, rather than the POC, that the usual practice was not followed.

117. In this case, I accept the evidence of the police officers that the information in the alert would not have altered their conduct on the day.

118. There was evidence that the paramedic may have adopted a slightly different course if told of Fred's heart condition, given it is a contraindication for ketamine in the relevant SJA guidelines. However, it was also indicated that they would then adopt a course of contacting an on-call staff doctor, and in the review an SJA Ambulance Service Medical Advisor was contacted and he confirmed that if he had been consulted he would have advised administration of an even larger dose of ketamine than had been given. Professor Joyce also confirmed that ketamine was appropriate given Fred's psychotic state despite his heart condition.

119. Therefore, based on all the evidence before me I am satisfied that even if the alert information had been made available to the police officers and SJA staff at the scene, it would not have altered their conduct on the day.

120. However, I do note that, as a matter of general practice, the WA Police should encourage their staff to relay any relevant alerts to police officers at the scene where it is available, given the evidence before me as to the difficulty with police on the scene easily accessing that information at times.

Contacting Fred's father

121. Fred's family raised a concern at the inquest that, despite Fred asking to speak to his father, Fred's father was not contacted by police that morning.

122. As detailed above, other evidence was put before the court that Constable Pepper did make an attempt to get contact details for Fred's father that morning and he understood someone at the South Metro District Control Centre would attempt to contact Fred's father. Constable Pepper understood those attempts to contact Fred's father were unsuccessful as the numbers were old and he did not receive a response back.[160] In any event, Constable Pepper formed the impression that Fred had largely forgotten about his request at this stage and from that time it was largely impossible to have a conversation with him.[161]

[158] T 52.
[159] Email to Counsel Assisting dated 17.6.2019.
[160] T 43 - 44.
[161] T 48.

123. Constable Marriott's evidence was that they were telling Fred they would call his father, in the hope of placating him and getting him down from the roof as quickly as possible. He felt they needed to get Fred down off the roof for his health and welfare, as he could slip off at any time. While taking steps to get Fred's father's number, they still needed to get him down as a priority.[162] Constable Marriott attempted to reassure him that they would get his father on the line, but Fred was "totally non-responsive" [163] to everything Constable Marriott said to him, in any event.

124. The SJA paramedic gave evidence she told Fred if he came down he could use the ambulance phone to call his father, but he did not seem to react to this.[164]

125. Asked in a more general sense, the police officers expressed the opinion from their past experience and based on what was happening that morning, that getting Fred's family involved would not necessarily have helped. The members of Fred's family who were on the scene, including his wife, were clearly frightened and upset and they were not an appropriate option to try to help him down.[165] It was felt possible other family members would react in a similar way. Constable Marriott noted that sometimes there can be emotional issues amongst family members and bringing a family member into the situation may heighten the problem rather than lowering it, which was certainly the case with the family at the scene, and was possibly the case if they had called Fred's father.[166] Constable Baker expressed a similar view.[167]

126. Constable Pepper, who had initially been able to engage with Fred briefly and discuss Fred's desire to speak to his father, said he did not think having Fred's father there to try and talk him down would have assisted. Constable Pepper indicated that from Fred's demeanour he appeared extremely unpredictable with a very short attention span and kept moving on to other things. He had quickly forgotten he had asked to speak to his father and was impossible to engage thereafter.[168] Although Constable Pepper said he made an effort to get hold of contact numbers for Fred's father, in his opinion it would not have made much difference at that stage.[169]

127. Constable Leitch also expressed his personal view that he did not think a phone call would have succeeded in calming Fred down at that stage. He appeared to be so affected by methylamphetamine that he was incoherent and unlikely to be able to communicate with anyone.[170]

128. An experienced paramedic also gave evidence at the inquest that, in his experience, people who are experiencing methylamphetamine drug-induced

[162] T 27.
[163] T 28.
[164] Exhibit 2, Tab 1 [44] – [45].
[165] T 63.
[166] T 38.
[167] T 17 - 18.
[168] T 50.
[169] T 52.
[170] T 63.

psychosis are very erratic and unpredictable and difficult to reason with at times. He noted that sometimes they "seem to be off in another place, in another world."[171]

129. Professor Joyce was asked about the contribution of restraint to Fred's death and his opinion as to whether Fred could still have suffered a heart attack if he had been de-escalated by a negotiator of family member from the roof earlier. Professor Joyce queried the likelihood that someone acutely intoxicated with methylamphetamine might settle with any sort of attempts to talk him down. He noted that the general experience from "encountering people with acute methylamphetamine intoxication in hospital emergency centres would say that it's not often a very successful way of settling the over activity and violence"[172] caused by the drug. In a hospital setting, in a controlled emergency situation, hospital staff will utilise trained security staff and sedation to try manage very violent methylamphetamine intoxicated people and yet they are still "very, very difficult to … get under control."[173]

130. Nevertheless, Professor Joyce agreed it might be a sensible thing to try to get trusted people to try to help talk to him, "even if one couldn't start off with … a great deal of hope."[174] Unfortunately Professor Joyce indicated that in his experience, and in general experience, someone with acute methylamphetamine intoxication is unlikely to listen to reason.[175]

131. Even though the general tenor of the evidence was that it was unlikely a family member would have been able to talk Fred down in his psychotic state, I completely understand why Fred's family have expressed concern that Fred's father was not contacted on the morning, given the evidence Fred was asking for him.

132. The evidence heard at the inquest indicates that some attempt was made to do so and, when it was impractical for Constable Pepper to continue with this course, he properly asked someone else to pursue it. Unfortunately, the attempts were not successful in the time period before Fred came down.

Plan for getting Fred off the roof

133. It was suggested in questioning on behalf of Fred's family that there was a failure by the police to have a plan to get Fred down off the roof. The police officers acknowledged there was no particular plan, other than trying to talk him down, which in their experience would generally work. As I've noted earlier, other immediate options such as going up onto the roof or using other means of force to remove Fred from the roof were ruled out for safety reasons. It was noted that ultimately, if Fred had not come down voluntarily, the matter may have escalated to involve more specialised police units, such

[171] T 102.
[172] T 86.
[173] T 86.
[174] T 86.
[175] T 91.

as the TRG. However, as I understand is common, it did not get that far as Fred did what most people do, and came down of his own accord.[176]

134. In the first instance, the main plan was to "cordon and contain"[177] while they tried to convince Fred to come down voluntarily. In terms of other actions at the time, Constable Pepper gave evidence they were taking action to get extra units in and remove the children from the house.[178]

135. It was acknowledged that it was an extraordinarily dynamic and stressful situation and the police officers were frontline officers making decisions as best they could, based on the limited options available to them.[179] There was talk of bringing in a trained negotiator or the TRG to get him down, but that takes time to arrange and in the meantime the police officers on the scene had to deal with the situation on their own.[180]

136. I am satisfied that the police officers who were on the scene behaved appropriately, prioritising their own safety and Fred's safety, in trying to talk him into coming down voluntarily from the roof. Whether or not Fred was acting in response to their requests is difficult to discern but the reality is that he did come down without the situation having to escalate.

REVIEW BY SJA

137. For the sake of completeness, I note that St John Ambulance performed its own clinical incident review in respect of Fred's death. Mr Markus Pitter, who is currently the Clinical Quality Manager for SJA and was previously an ambulance paramedic, conducted the review. The review was to consider whether the paramedics had acted in accordance with the company guidelines and that the treatment provided was correct and adequate.[181]

138. It was noted by Mr Pitter that a lot of these situations that are faced by paramedics are "quite dynamic in their nature, and sometimes the paramedics have to make the best decision they can with the information they have available to them."[182] In the circumstances, the review concluded that the paramedic who was in company with a trainee officer acted appropriately and in accordance with the relevant policies. Although the injection site of the buttocks was outside the normal protocol, it was felt the choice of that location was reasonable in the volatile circumstances as they presented that day. The paramedic was also considered to have shown excellent leadership at such a difficult scene.[183]

139. I am satisfied on the available evidence that the conduct of the SJA staff was reasonable and appropriate and, based on the evidence of Professor Joyce, the sedatives they administered played no role in Fred's death.

---

[176] T 37.
[177] T 62.
[178] T 49.
[179] T 38 – 39, 49.
[180] T 7, 62 – 63.
[181] T 97; Exhibit 1, Tab 9.
[182] T 97.
[183] T 101; Exhibit 1, Tab 9.

CONCLUSION

140. Fred was a 35 year old man with known significant pre-existing ischaemic heart disease. In spite of his known cardiac condition he continued to chain smoke cigarettes and abuse alcohol and drugs. He was also non-compliant with his medication for his heart condition. All of that behaviour put Fred at risk of suffering another cardiac event at any time.

141. On the evening of 17 June 2015 Fred had been drinking and smoking and using methylamphetamine, contrary to medical advice. He had also been showing signs of chest pains in the preceding days, which was a warning sign given his history of heart disease. Overnight Fred displayed increasingly agitated and erratic behaviour, which frightened his family. He eventually climbed onto the roof of a house in the early hours of the morning and began throwing roof tiles, putting himself and others at risk. His family were quite rightly concerned for his health and safety and their own, so they called emergency services for assistance while they took shelter inside the house.

142. Police officers and ambulance paramedics attended promptly and found Fred still on the roof behaving in an aggressive and erratic manner. The police officers tried to calm him and talk him into coming down from the roof, without success. It became apparent he needed to be restrained and sedated for his safety and the safety of others.

143. When Fred suddenly came down from the roof, landing heavily on a car bonnet, police officers sprang into action and restrained him. It took four police officers to try to control him because of his highly aroused state. Sedating medications were given in accordance with SJA protocol, to try to reduce the unacceptable risk of injury Fred presented to himself and others. The first sedative seemed to have no effect, so a second sedative was given. Shortly after the second sedative was administered Fred went into cardiac arrest and could not be resuscitated.

144. A forensic pathologist and a clinical pharmacologist concluded his death was a result of the effect of methylamphetamine in combination with his pre-existing heart disease in combination with the his exertion on the roof and his violent struggles against the physical restraint, which would have put his heart under further stress. While it might be said, therefore, that the police conduct potentially contributed to Fred's death in the sense of the restraint, that must be viewed in the context of his behaviour, which required the police to restrain him, both for his own safety and the safety of others. Sadly, Fred was the primary cause of his own death, through his neglect of his own health and his decision to continue to abuse illicit drugs contrary to medical advice.

S H Linton
Coroner
26 June 2019