POSTAGE PAID AUSTRALIA

For Coroner's Office Use
2011/1848

ATTEND INQUEST

QUEENSLAND
COURTS

OFFICE OF THE STATE CORONER

CORONERS

2011/1848/0001

Warrego Highway at Kholo Road exit ramp KHOLO QLD 4306 AUSTRALIA

This is what caused the person to die (this will usually be the medical cause of death):

Coroner's comments

I am of the view that:

- ☐ the death was not reasonably preventable
- ☐ there are no procedural or systemic reforms likely to reduce the occurrence of similar deaths
- ☐ the inquest has not raised any issues relating to public health or the administration of justice

OR

I make the following comments relating to public health or safety, the administration of justice or ways to prevent deaths from happening in similar circumstances in the future (use attachments if necessary or refer to full reasons/transcript of findings):

Coroner's orders about physical evidence

☒ I authorise the investigating officer to dispose of any property obtained in connection with this investigation according to law

OR

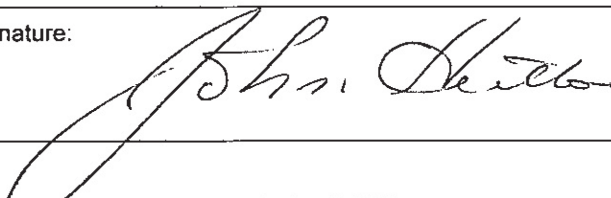
☐ I make the following directions in relation to the disposal of property obtained in connection with this investigation:.

I attach my full reasons/transcript of findings.

Name:
John Hutton

☐ State Coroner ☐ Deputy State Coroner ☒ Coroner

Signature:



RTI File No:151699 File 2 Page 13

Date: 3 November 2014

Place:

BRISBANE

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To be detached (for office use only)

Coroner's instructions to coroner's clerk

Code the Reportable Type and Death Type as follows:

* More than one option can be selected – select all relevant options
* **Reportable Type**

- ☐ Death as a result of police operations
- ☐ Death certificate not issued and not likely to issue
- ☐ Death in care
- ☐ Death in custody
- ☐ Health care related death
- ☐ Suspected death (missing person)
- ☐ Suspicious circumstances
- ☐ Unknown person
- ☒ Violent or unnatural

* **Death Type**

- ☐ Domestic accident (non work related)
- ☐ Domestic violence related
- ☐ Drowning/Water related
- ☐ Fire/Burn/Electricity related
- ☐ Hospital/Medical/Health procedures
- ☐ Interpersonal violence/Apparent homicide
- ☐ Natural causes
- ☐ Sudden Infant Death Syndrome (SIDS)
- ☐ Sudden Unexpected Death of an Infant (SUDI)
- ☐ Suspected death (missing person)
- ☐ Suspected drug/Alcohol/Poison related
- ☐ Suspected suicide
- ☐ Transport related - air
- ☐ Transport related - marine
- ☐ Transport related - other
- ☒ Transport related - road
- ☐ Transport related - train
- ☐ Unknown
- ☐ Weapon/Firearm related
- ☐ Work related

A copy of these findings/comments is to be provided to the following persons/agencies:

☒ **Registrar-General, Registry of Births, Deaths and Marriages** *(section 97 of the Coroners Act 2003)*
(by email to: BDMDeath@justice.qld.gov.au)

☒ **District Officer, Police District where death occurred**
(by email to: QPSOfficeStateCoroner@police.qld.gov.au)

☐ **The following family member**

- ☐ person nominated by the deceased before death
- ☒ spouse (including de facto spouse)
- ☐ adult child
- ☐ parent
- ☐ adult sibling
- ☐ adult with sufficiently close relationship to deceased; or
- ☐ if the deceased was an Aboriginal and Torres Strait Islander (ATSI) person, an appropriate person according to ATSI tradition and custom

☐ **Any person who appeared at the inquest**

☐ **Children's Commissioner**
(if the deceased person was a child, the findings must be provided to the Children's Commissioner under section 45(4)(c) and section 46(2)(e))
(by email to: childdeath@ccypcg.qld.gov.au)

☒ **State Coroner**
(if the coroner making the findings is not the State Coroner, the findings must be provided to the State Coroner under section 45(4)(d) and section 46(2)(c))

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If comments relate to a government entity within the meaning of section 21 of the *Public Service Act 1996*:

☐ **Minister administering the** *(insert name of government entity)*

☐ **Chief Executive of the** *(insert name of government entity)*

☐ **Attorney-General.**

For deaths in care, deaths in custody and deaths caused by police operations only:

☐ **Attorney-General**

☐ **Minister administering:**

For a death in custody:

☐ *Police Powers and Responsibilities Act 2000* (if the person was in the custody of a police officer or other law enforcement agency or in a watch house)

☐ *Corrective Services Act 2006* (if the person was detained under the *Corrective Services Act*)

☐ *Crime and Misconduct Act 2001* (if the person was in the custody of the Crime and Misconduct Commission)

☐ *Justices Act 1886* (if the person was in the custody of an officer of the court)

☐ *Juvenile Justice Act 1992* (if the person was in custody under the *Juvenile Justice Act*)

For a death in care:

☐ *Residential Services (Accreditation) Act 2002* (if the person was living in a level 3 accredited residential service)

☐ *Disability Services Act 2006* (if the person was receiving residential services operated or funded by the department administering the *Disability Services Act*)

☐ *Health Services Act 1991* (if the person was living at a place funded by the department administering the *Health Services Act*)

☐ *Mental Health Act 2000* (if the person was subject to involuntary assessment or treatment under the *Mental Health Act*)

☐ *Adoption of Children Act 1964* (if the person was awaiting adoption)

☐ *Child Protection Act 1999* (if the person was a child placed in care under the *Child Protection Act*)

For a death caused by police operations:

☐ *Police Powers and Responsibilities Act 2000*

☐ **Chief Executive of the department administering:**

For a death in custody:

☐ *Police Powers and Responsibilities Act 2000* (if the person was in the custody of a police officer or other law enforcement agency or in a watch house)

☐ *Corrective Services Act 2006* (if the person was detained under the *Corrective Services Act*)

☐ *Crime and Misconduct Act 2001* (if the person was in the custody of the Crime and Misconduct Commission)

☐ *Justices Act 1886* (if the person was in the custody of an officer of the court)

☐ *Juvenile Justice Act 1992* (if the person was in custody under the *Juvenile Justice Act*)

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☐ *Residential Services (Accreditation) Act 2002* (if the person was living in a level 3 accredited residential service)

☐ *Disability Services Act 2006* (if the person was receiving residential services operated or funded by the department administering the *Disability Services Act*)

☐ *Health Services Act 1991* (if the person was living at a place funded by the department administering the *Health Services Act*)

☐ *Mental Health Act 2000* (if the person was subject to involuntary assessment or treatment under the *Mental Health Act*)

☐ *Adoption of Children Act 1964* (if the person was awaiting adoption)

☐ *Child Protection Act 1999* (if the person was a child placed in care under the *Child Protection Act*).

For a death caused by police operations:

☐ *Police Powers and Responsibilities Act 2000*

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Queensland Government

Memorandum

Our ref 515/00108
Your ref
Date 26 May 2014

To Michael Carter

Subject **Warrego Highway - Road Design Parameters Relevant to Cyclist Use**

Further to your request with regards to the Warrego Highway near the Kholo Road interchange, we would like to advise the following with regards to design of motorways relevant to use by cyclists:

1. Motorways are a sub-section of highways.

2. Both highways and motorways can be located within urban and rural environments.

3. Urban and Rural motorways are generally:

   a. Grade separated multi-lane roads with no property access allowed.

   b. High speed, high volume roads with full control of access.

4. Urban motorway posted speed limits are usually at the lower end (typically 80-100km/h) in comparison with rural motorway posted speed limits (typically 100-110 km/h).

5. In the Memorandum from the A/Executive Director (Planning, Design and Operations) dated 24/9/2007, it is stated:

   a. *"On new urban motorways cycling will not be permitted, projects are expected to provide other high quality alternative routes or separate facilities within the corridor."*
   This advice was not reflected in the Road Planning and Design Manual (RPDM) as published at the date of the reported crash. It is now being included in the 2nd Edition of the RPDM due for publication shortly (2014).

Department of Transport and Main Roads

Enquiries Owen Arndt
Telephone **+61 7 3066 8398**
Facsimile +61 7 3066 8240
Email owen.k.arndt@tmr.qld.gov.au

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b. *"On new rural motorways, cycling will be permitted on the shoulder subject to shoulder width requirements."*
This statement was not reflected in the RPDM as published at the date of the reported crash however shoulder widths suitable for use by cyclists were defined in Figure 5.24 of Chapter 5 (August 2004) of the RPDM 1st Edition.

c. *"In urban fringe or semi-rural areas for new motorways, shoulders can be used for cyclists depending on future ramp demand. If exceeds the ramp limit then need to provide other high quality alternative routes or separate facilities within the corridor."*
This statement was not reflected in the RPDM 1st Edition as published at the date of the reported crash. The RPDM 1st Edition discusses a range of parameters in guidance for motorway cycling of which ramp volumes were one of these criteria.

6. Additional Comments relevant to motorway restrictions to cyclists.

a. Cyclist restriction on motorways were not explicitly dealt with in the first edition of the RPDM. The only statements with regards to restrictions included Chapter 4 (December 2005) which stated "Legislation allows Main Roads to preclude certain classes of vehicles from using a declared motorway providing appropriate signage is applied." Chapter 5 (August 2004) stated "As bicycles are defined as vehicles in road regulations, they have a right to use the road system unless specifically excluded (e.g. on some motorways and controlled access highways)."

b. The Transport Infrastructure (Roads) Regulations discusses the mechanisms allowing prohibition of certain road users from motorways. There is no blanket regulation prohibiting use of motorways by cyclists.

c. The Manual of Uniform Traffic Control Devices (MUTCD) provides details of the appropriate signage to implement these prohibitions where required.

7. The traffic lane and shoulder widths of rural and urban motorways are usually the same (as traffic volume determines the change in shoulder widths).

8. The general requirement for new motorways is that the minimum spacing between interchanges on four lane motorways (i.e. two lanes in each direction) is about 2km in urban areas and between 5km and 8km in rural areas. In urban areas, spacing above about 4km would not be expected. In rural areas, a spacing greater than about 12km must be carefully examined for adequacy of service.

9. A road designated as a Motorway generally requires all intersecting motorways, arterial roads, streets, collector – distributor roads and railways to be grade separated and interchanges to be provided at appropriate locations. There are exceptions.

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10. The target level of service is higher on the rural motorway (levels B and C) than the urban motorway (levels C and D).

11. Route lighting is not generally provided on urban or rural motorways. There are exceptions.

12. There is no road specific definition for the terms - Rural, Urban, Urban Fringe or Semi-rural

    a. Urban and Rural land areas are typically defined by the Local Government Planning Scheme.

    b. Austroads states – "The basic premise of whether a road is located in an urban or rural area will to a certain extent impact on the attributes that it is designed for. Rural roads generally carry lower traffic volumes and are not subject to as many constraints as urban roads. Public expectation also differs in relation to operating speeds, abutting access, geometry and cross-section."

    c. The definitions or rural, urban, urban fringe and semi-rural are therefore subjective. The following provides a subjective definition of each:

        i. A rural environment is a location of low density residential and industrial areas that may also include farms, mines, national parks and so on. It is typically denoted by the absence of kerbs in the surrounding local roads and is usually located outside town/city limits.

        ii. An urban environment is a location of higher density residential and industrial areas that may also include major shopping centres, community orientated facilities, parking areas, and so on. It is usually associated with the presence of kerbs in the surrounding local roads and is usually located within town/city limits.

        iii. An urban fringe and a semi-rural area are considered to be located at the bounds of urban and rural areas. They could be a mix of urban and rural areas. A description of this type of urban environment may be "...where development is less intense, drivers would expect to be able to maintain a high speed unless the surrounding environment (topography and/or development) dictated otherwise".

    d. There is a definition in the Queensland Road Rules for built-up areas and non-built-up areas. This is the closest formal definition available for roads.

13. The Warrego Motorway is considered to be a semi-rural motorway.

    a. The Warrego Highway at the crash location is designated as a motorway as specified by the region.

    b. The section of road was not new at the time of designation.

    c. The designation as rural or urban is subjective.

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i. There is urbanisation on one side of the motorway and mainly rural on the other.

ii. The vertical profile and shielding of the urban area gives the motorway a rural "feel".

iii. Interchange spacing is between rural and urban with spacing from 1.5 km to over 4 km thus but is mostly consistent with an urban area. Actual spacing's are:

1. Start of Motorway to River Road overpass 1.5 km
2. River Road overpass Mt Crosby Road Overpass 4.8 km
3. Mt Crosby Road Overpass to Kholo Road overpass 3.7 km
4. Kholo Road overpass to Fotheringham Road overpass 2.75 km
5. Fotheringham Road overpass to Brisbane valley 2.24 km

d. On balance this road is likely to be considered semi-rural / urban fringe.

Please contact me if you require additional information.

Dr Owen Arndt
Director (Road Design) | Geospatial, Road Design & Capability
Engineering & Technology | Department of Transport and Main Roads

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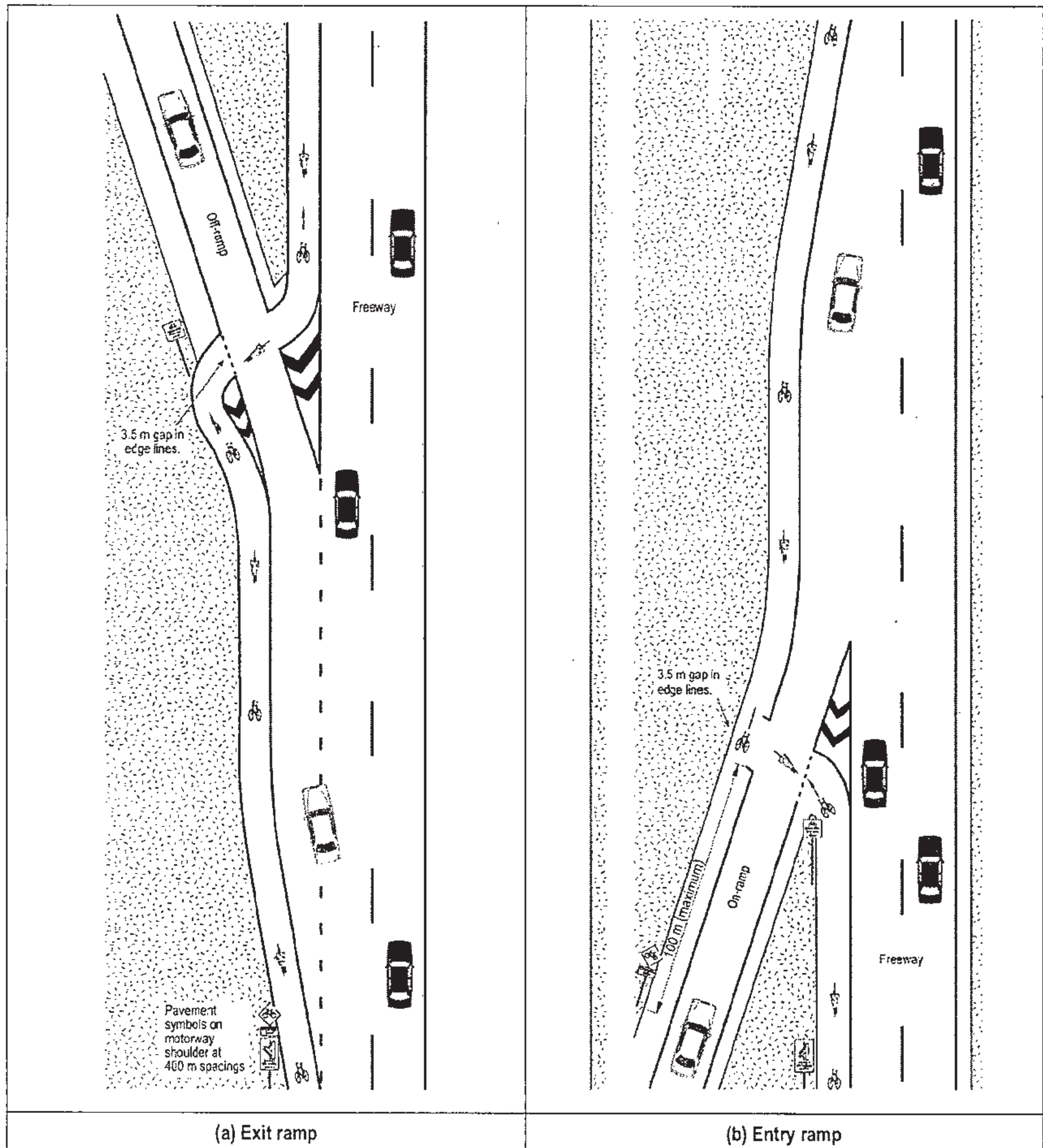
Figure 5.29: Typical at-grade treatment for cyclists at exit and entry ramps



Source: Austroads (2009e) Figure 14.2, based on Roads and Traffic Authority NSW (2005).

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9.4 Pavement Surface Colour

Green coloured pavement surfaces may be used to enhance the delineation of areas of pavement that are used for bicycle lanes. The recommended Australian Standard colour for bicycle facility surfacing is Emerald Green G13 (refer to Section 6.6, GTM 10).

An example of a bicycle lane with a green coloured surface treatment is shown in Figure 4.1 (of this document).

The surfacing is relatively expensive, and guidelines for its use vary among jurisdictions. Some road authorities are choosing to provide coloured surfacing throughout the entire area of some bicycle lanes in order to provide enhanced recognition by motorists and to improve compliance.

The use of green surfacing for bicycle lanes by some authorities may be limited to areas where cyclists experience considerable stress, such as:

- areas where the paths of motor vehicles and bicycles cross or weave, typically on the approaches and departures of intersections at the tapers to left-turn lanes and added lanes (diverge and merge areas)
- within particularly complex intersections, or very wide intersections, where enhanced delineation of the bicycle lane is essential.

Practitioners are also referred to Austroads (2011c), which found that coloured cycling facilities were of substantial benefit at signalised intersections.

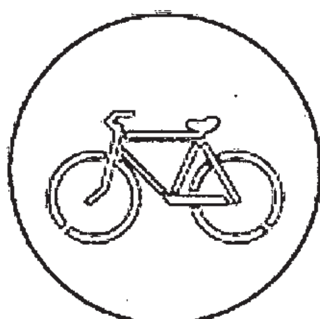
9.5 Cyclists at Traffic Signals

9.5.1 Traffic Signal Displays for Cyclists

Traffic signal displays for cyclists are discussed in Section 8.1.4 of GTM 10 and Appendix H.6 of GTM 9.

Where regulations permit, bicycle aspects can be used in a similar way to pedestrian aspects to control cyclists crossing the road, or in a similar way to vehicle aspects to control on-road cyclists at an intersection. The symbol for bicycle aspects is shown in Figure 9.2.

Figure 9.2: Bicycle signal aspect



Source: Austroads (2009c) Figure 8.1.

Two aspects, red and green, are used for road crossings (except in New Zealand). Three aspects – red, yellow and green – are used at road intersections with exclusive bicycle lanes, or at intersections of a road and exclusive bicycle path. Under the *Australian Road Rules* traffic signals relating to cycling movements are called bicycle crossing lights.

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Queensland Times, Ipswich QLD
30 Apr 2014, by Owen Jacques

General News, page 3 - 223.00 cm²
Regional - circulation 8,273 (MTWTFS-)

ID 253567917

Queensland Government

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Coroner told 'education' key to safety for cyclists

Expert argues headphones ban for riders no solution

Owen Jacques
owen.jacques@apn.com.au

WEARING headphones while cycling could have contributed to the death of Ipswich cyclist Malcolm Donald Kemp, 52, but a noise and hearing loss expert has told a Brisbane inquest that an outright ban is not the answer.

Mr Kemp was killed as he rode along the Warrego Hwy when he was struck by a semi-trailer in June 2011.

Injuries to his lungs, heart and spine in the collision proved fatal.

Mr Kemp was wearing headphones at the time.

Professor Warwick Williams from the National Acoustic Laboratories told the inquest anything that affected a rider's hearing was putting them at risk.

"If you're cycling down a road and you're not aware of what's going on around you, that presents a big hazard to you and a hazard to other people," Professor Williams said.

"Other drivers around you have to take your actions into account."

When quizzed by Counsel assisting the coroner Anthony Marinac on whether cyclists should be banned from using the inner-ear gadgets, Professor Williams said education was a better solution.

He said many would not understand why they were simply being told no.

He said a campaign explaining safe behaviours to cyclists would be far more effective.

"Trying to say 'Don't use them' – you almost look like a red flag to a bull."

Truck driver Aaron Sutton has not faced any driving or criminal charges related to the crash.

He told the court earlier this week how he attempted to avoid Mr Kemp on a narrow stretch of road but was faced with oncoming traffic.

Mr Sutton said Mr Kemp appeared to be shifting closer to the road's centre as he approached a guard rail.

Coroner John Hutton questioned on Monday why the truck driver did not slow down until traffic had passed.

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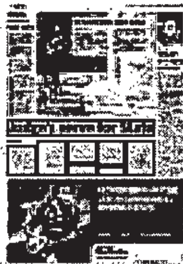

Townsville Bulletin, Townsville QLD
30 Apr 2014, by Kay Dibben

General News, page 10 - 176.00 cm²
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Queensland Government

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Judge's serve for State

KAY DIBBEN

A JUDGE has lost faith in the State's probation service for rehabilitating criminal offenders and chasing up those who do not comply with orders.

Judge Leanne Clare said it was common for no action to be taken against those on probation who did not comply with orders to attend counselling or treatment.

Attorney-General Jarrod Bleijie says he shares the judge's frustration. Queensland has more than 9000 offenders on probation orders.

Sentencing a man who played a minor part in an armed robbery last week, District Court Judge Leanne Clare expressed her dissatisfaction with probation.

"I don't think probation is now what it used to be," Judge Clare, a judge since 2008 and former director of public prosecutions for eight years, said. "The resourcing of the probation services generally doesn't extend, in my experience, beyond a 10-minute contact once or twice a week.

"On occasions, case workers will direct the probationer to get treatment or counselling. If the probationer doesn't attend, commonly no action is taken."

Judge Clare said probation was an order that had "very little impact".

"I don't place any weight on a probation order in terms of rehabilitative or support capacity any more," Judge Clare said.

Judge Clare made the comments when sentencing Anthony John Roberts, who had been involved as a getaway driver in an armed robbery of a bottle shop.

After dismissing probation, Judge Clare sentenced Roberts, who had pleaded guilty to armed robbery in company, to perform 240 hours of community service.

Mr Bleijie said there was no reduction in funds or resources for probation services.

"We share Judge Clare's frustration with current sentencing arrangements in Queensland which is why we have been setting more adequate deterrents for a range of offences," Mr Bleijie said.

"We are continuing to assist the rehabilitation of offenders but we're also making it clear it's not worth committing the crime in the first place."

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Queensland Times, Ipswich QLD
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Queensland Government

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Owen Jacques
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Mr Kemp was wearing headphones at the time.

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He said a campaign explaining safe behaviours to cyclists would be far more effective.

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Truck driver Aaron Sutton has not faced any driving or criminal charges related to the crash.

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29 Apr 2014

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Queensland Government

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Coroner issues a warning to cyclists

A CORONER will examine whether a recreational cyclist should have been allowed to ride along a section of the Warrego Hwy where he died in a semi-trailer collision.

Coroner John Hutton said riders must use the highway, near the Kholo Rd exit, at their own peril after learning there was only 80cm to 1.3m from the white fog line to the edge of the bitumen.

Counsel assisting the coroner Anthony Marinac said it was lawful for Malcolm Donald Kemp, 52, to be riding "on or even inside the fog line actually on the laneway of the road".

He said the Ipswich City Council and the Department of Transport and Main Roads had considered whether they should continue to exclude cyclists from that section of road when it changed from a highway to a motorway in 2007.

"The primary reason as I understand it was the absence of an alternative route," he said.

Mr Hutton questioned: "They decided not to extend the width of the road to accommodate cyclists, they just left them at their own peril?"

Mr Marinac said the inquest investigations had not revealed any information about changing the road width.

He said a risk assessment had been conducted since the crash that killed but a report was not due until June this year.

The inquest will also investigate the use of personal music devices while cycling and the truck driver's conduct on that fateful day in June, 2011.

Mr Kemp suffered internal injuries to his lungs, heart and spine from a collision with a semi-trailer also driving east-bound.

The inquest continues.

– Rae Wilson

The coroner's findings

The coroner must deliver written findings about the identity of the deceased; when, where and how they died; and what caused them to die. The coroner may also make recommendations about broader issues connected with the death. These are aimed at preventing similar deaths from occurring in the future. For example, the coroner may make recommendations about improving hospital procedures, safety standards or road signage. These recommendations may be based on expert evidence heard during the inquest.

The coroner cannot (under the legislation) make a finding that a person is guilty of an offence or civilly liable for something. The coroner's findings and recommendations cannot be used as evidence in any other court or tribunal.

However, the coroner is able to refer a matter to the Director of Public Prosecutions or to a disciplinary body for consideration and possible action.

The findings will be provided to the family and published on the Queensland Courts website at www.courts.qld.gov.au/courts/coroners-court. If recommendations are made, the findings will also be sent to the relevant government department.

Coronial Family Services

Coronial Family Services is based at Queensland Health Forensic and Scientific Services in Brisbane. Skilled counsellors provide information and support to the relatives of people whose deaths are being investigated by the coroner. Counsellors can help answer questions about the coronial process and provide information about local support services.

What happens at the inquest?

1. Counsel assisting and other parties introduce themselves.
2. Witnesses are called to give evidence on oath.
3. Each of the parties can ask questions and sometimes the coroner also asks questions.
4. After all of the witnesses have been heard, the evidence is closed.
5. The parties make their final submissions to the coroner.
6. The coroner will normally adjourn the hearing to allow time to consider the evidence and write their findings. Sometimes the coroner will make their findings the same day. However, usually the coroner will adjourn the hearing to a future date.
7. The parties are invited back to court to hear the coroner's findings.

Where can I get more information?

For more information about the investigation
If the person died in Brisbane, contact the Office of the State Coroner at the address below. If the person died in regional Queensland contact the investigating coroner's office at the Cairns, Mackay or Southport Magistrates Court.

For information about the coronial system contact the Office of the State Coroner at the address below or visit the website at
www.courts.qld.gov.au/courts/coroners-court

Office of the State Coroner
GPO Box 1649 BRISBANE QLD 4001
Phone: (07) 3239 6193
Outside Brisbane: 1300 304 605 (local call cost)
Fax: (07) 3239 0176
Email: state.coroner@justice.qld.gov.au

For copies of the death certificate contact the Registry of Births, Deaths and Marriages at the address below.

Registry of Births, Death and Marriages
PO Box 15188 City East QLD 4002
Phone: 1300 366 430
Email: bdm-mail@justice.qld.gov.au

Coronial Family Services
Queensland Health Forensic and Scientific Services
39 Kessels Road
COOPERS PLAINS QLD 4107
Phone: (07) 3000 9342
Fax: (07) 3274 9166
Free call: 1800 449 171
Email: fss_counsellors@health.qld.gov.au

Issued September 2013

What to expect at an inquest

A guide for families and friends

Office of the State Coroner Queensland

QUEENSLAND COURTS

RTI File No:151699 File 2 Page 229

What is an inquest?

The *Coroners' Act 2003* provides for the investigation of certain deaths by coroners and outlines the procedures for holding inquests.

An inquest is a court hearing conducted by a coroner to gather more information about the cause and circumstances of a death. Coroners may also make recommendations aimed at preventing similar deaths in the future.

An inquest is not a trial and there is no jury. It is not about deciding whether a person is guilty of an offence or civilly liable for something.

Inquests are less formal than other court hearings and coroners can gather information in any way they consider appropriate. The rules of evidence do not apply but the coroner must ensure that the proceedings are conducted fairly.

The coroner will hear evidence on oath from people who have information about the death. These witnesses can include police officers, family members, doctors, other experts, eyewitnesses and members of the public.

The inquest is usually held in the closest Magistrates Court to where the death occurred.

When is an inquest held?

Very few coronial investigations proceed to inquest. An inquest must be held if:

- the person died in custody
- the death occurred while the person was in care and there are issues about the care that was provided
- the death occurred as a result of police operations (unless the coroner believes that an inquest is not required)
- the Attorney-General directs that an inquest be held
- the state coroner orders an inquest to be held
- the District Court upholds an appeal against a coroner's decision not to hold an inquest.

The coroner may decide to hold an inquest if it is in the public interest. For example, an inquest may be ordered if:

- there is significant doubt about the cause and circumstances of death
- an inquest may help to prevent future deaths or uncover systemic issues which affect public health and safety.

Can I ask for an inquest to be held?

Yes. You can make this request by writing to the coroner outlining why you think it is in the public interest for an inquest to be held. The coroner must make a decision (and provide reasons) within six months of receiving your request. The coroner may contact you to extend the time for this decision to be made.

If the coroner refuses the request, you can apply to the state coroner or the District Court for an inquest to be held.

How will I know when the inquest will be held?

The coroner's staff will advise the family when the inquest is scheduled to begin. A notice will also be published in the law list in *The Courier-Mail* and on the Queensland Courts website at <www.courts.qld.gov.au/courts/coroners-court>.

Who can attend the inquest?

Inquests are generally open to the public so anyone can attend and listen to the proceedings. Sometimes the coroner may decide to exclude certain individuals or the public from the inquest hearing. The coroner can also prohibit the publication of evidence heard at an inquest.

Family members are not required to attend the inquest unless they have been called as witnesses. The evidence presented at the inquest can be very distressing for families as medical evidence and very personal information about a loved one may be discussed in open court. Friends can attend the inquest to support families during the process.

The Coronial Counselling Service is available to help families understand the process and prepare themselves for what might happen at the inquest.

Does the family need to be legally represented?

Anyone with a sufficient interest (including family members) can apply to the coroner to participate in the inquest. This means you can be given permission to ask questions of witnesses and make submissions at the inquest. Parties can act for themselves or they can be legally represented.

Family members may choose to be legally represented and may wish to discuss this with the lawyer or police officer assisting the coroner at the inquest (called counsel assisting). The counsel assisting is an independent person who ensures that all relevant information is presented to the coroner. Counsel assisting do not act for the family but they will be able to explain the process and the issues to be explored during the inquest.

The family may wish to obtain independent legal advice about this issue. Free legal advice can be obtained from Legal Aid Queensland by calling 1300 651 188 or from a community legal centre. Contact the National Association of Community Legal Centres on (02) 9264 9595 or visit their website at <http://www.naclc.org.au> to find your nearest community legal centre.

Will I need to be a witness?

It may be necessary for police to take a statement from you about the death. After reading your statement the coroner may decide that you need to attend the inquest to give further evidence. If you are required to give evidence you will be notified in advance. You can contact the coroner's office if you are unsure about what you need to do. You may also wish to seek legal advice.

How long will the inquest take?

The length of an inquest will vary depending on the complexity of the case, the number of witnesses and the number of parties. Often the length of time is estimated at the pre-inquest conference.

What is a pre-inquest conference?

A pre-inquest conference will usually be held after the coroner has decided to hold an inquest. At the pre-inquest conference:

- counsel assisting the coroner will outline the issues proposed to be considered at the inquest
- parties may make submissions about other issues they think should be included
- the coroner will decide on the issues to be explored at the inquest.

If a family is not legally represented, counsel assisting will discuss the issues with them and consider their other concerns. These discussions will occur before the pre-inquest conference. It is the role of counsel assisting to ensure that all relevant issues are presented to the coroner.

At the pre-inquest conference the coroner will decide who the parties are, what evidence will be called, how long the inquest will take and where it will be held.

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ATTACHMENT

DRUGS/POISONS DETECTED IN BLOOD BY FULL SCREENING

The drugs shown below would normally be detectable at therapeutic or higher concentrations unless otherwise indicated. The drugs detected include, but are not limited to those shown below.
For any drug not on the list, please contact the laboratory regarding out testing capability.

Amphetamines / Stimulants**	Amphetamine, methylamphetamine, pseudoephedrine, ephedrine, 3,4-Methylenedioxyamphetamine (MDA), 3,4-Methylenedioxyethylamphetamine (MDEA), 3,4-Methylenedioxymethylamphetamine (MDMA), paramethoxyamphetamine (PMA), phentermine.
Benzodiazepines	Alprazolam, bromazepam, clobazam, clonazepam / 7-aminoclonazepam, diazepam / nordiazepam, flunitrazepam / 7-aminoflunitrazepam, flurazepam / desalkyflurazepam, hydroxy alprazolam, lorazepam, midazolam, nitrazepam / 7-aminonitrazepam, oxazepam, temazepam, triazolam.
Anti-Depressants	Amitriptyline / nortriptyline, citalopram, clomipramine, dothiepin, doxepin, fluoxetine, fluvoxamine, imipramine / desipramine, mianserin, mirtazapine, moclobemide, nefazadone, paroxetine*, sertraline, trimipramine, venlafaxine.
Opiates / Narcotic analgestics**	Morphine, codeine, dextromethorphan, dextromoramide, methadone, oxycodone*, pentazocine, pethidine, pholcodine, propoxyphene, tramadol.
Anti-Psychotics/ Tranquillisers	Amisulpride*, chlorpromazine, clozapine, fluphenazine, haloperidol*, methaqualone, olanzapine, pericyazine, prochlorperazine, promazine, quetiapine, thioridazine, trifluperazine*, zolpidem.
Anti-Histamines	Brompheniramine, chlorpheniramine, diphenhydramine, pheniramine, promethazine.
Anti-Convulsants / Barbiturates	Amylobarb, carbamazepine, lamotrigine, levetiracetam, methylphenobarbitone, oxcarbazepine, pentobarb, phenobarb, phenytoin, primidone, quinalbarb, thiopentone.
Analgesics	Diclofenac, paracetamol, salicylic acid (aspirin)
Anti-Diabetics	Chlorpropamide, gliclazide, tolbutamide.
Anti-Inflammatory	Diflunisal, ibuprofen, ketoprofen, meloxicam, naproxen, piroxicam.
Miscellaneous	Acetone, acetozolamide, amantadine, atracurium, atropine, benztropine,bupivacaine, bupropion, caffeine, cannabinoids, cisapride, chloroquine, cotinine,cyproheptadine, diltiazem, dipyridamole, disopramide, doxylamine, ethanol, flecainide, fluconazole, frusemide, hydroxychloroquin, irbesartan, ketamine, lignocaine, methanol, metoclopramide, metoprolol*,metronidazole, mexiletine, nicotine, omeprazole, orphenadrine, pantoprazole, perhexiline, propranolol, quinine, quinidine, rabeprazole, risperidone*, strychnine, sulphamethoxazole, telmisartan, theophylline, tranylcypramine, trimethoprim, verapamil , warfarin.

* Detectable at toxic or higher concentrations
** Cocaine/cocaine metabolite and 6 mono acetyl morphine can be detected by urine immunoassay.

Legend to screening methods

GC/NPD: Gas chromatograph with nitrogen phosphorus detection.
GC/MS: Gas chromatograph with mass spectral detection.
HPLC: High performance liquid chromatography with diode array detection.
LC/MS: High performance liquid chromatography with tandem mass spectral detection.

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Best Regards

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