CORONERS COURT
OF NEW SOUTH WALES

Inquest:	Inquest into the death of SK
Hearing dates:	1-5 December 2025, 9-12 December 2025
Date of findings:	23 June 2026
Place of findings:	Coroners Court of New South Wales, Lidcombe
Findings of:	Judge Joan Baptie, Deputy State Coroner
Catchwords:	CORONIAL LAW – death in police operation – police shooting – use of force – adequacy and appropriateness of response by NSW Police – use of body worn video by tactical officers – mental health condition – engagement with Community Mental Health Service – use and sale of gel blaster firearms – recommendations
File number:	2024/00014330
Representation:	Counsel assisting the Coroner: Ms S Callan SC and Ms C Brain, instructed by Ms C Healey-Nash and Ms S Tait of the NSW Crown Solicitor's Office Commissioner of Police, NSW Police Force: Mr D Lloyd SC and Mr S De Brennan, instructed by Ms R Atherton and Ms C Waterhouse of the Office of the General Counsel, NSW Police Force TORS 1: Mr B Haverfield, instructed by Mr M Treharne of McNally Jones Staff Lawyers

	TORS 2: Ms I Hogan, instructed by Mr W Anderson and Ms B Fitzpatrick of Anderson Boemi Lawyers TORS 3, TORS 4 and Detective Chief Inspector David Cockram: Mr A Moutasallem, instructed by Ms C Young of the Police Association of NSW Illawarra Shoalhaven Local Health District: Mr P Rooney, instructed by Ms C Blair of Makinson d'Apice Lawyers
Non-publication orders:	A significant number of pseudonym orders, non-disclosure orders and non-publication orders have been made in this inquest. A copy of these orders can be found on the Registry file.
Findings:	**Identity** The person who died was [redacted] **Date of death** [redacted] died on 10 January 2024 **Place of death** [redacted] died at the Junction Street Family Practice, Nowra, NSW **Cause of death** The cause of [redacted] death was multiple gunshot wounds **Manner of death** [redacted] was shot by NSW Police tactical officers after he raised a gel blaster replica firearm towards officers, following a lengthy period of negotiation with NSW Police officers.
Recommendations:	**To the Commissioner of Police, NSW Police Force** 1. The Commissioner of Police prioritise necessary steps to implement the mandatory use of body-worn video by tactical operatives within the NSW Police Force. 2. The Commissioner of Police give consideration to – in training delivered to Tactical Operations Regional Support and Tactical Operations Unit operatives:

	a. additional emphasis on the need to provide and receive accurate briefings when deployed to an incident; and b. additional training in relation to mental health (akin to the Mental Health Intervention Officers training previously available). 3. The Commissioner of Police give consideration to specific training for officers in relation to "suicide by cop". 4. Formal recognition be given to Senior Constable Laura Mitchell and Senior Constable Kyle Lavender for the exceptional bravery and professionalism they exhibited during the discharge of their duties on 10 January 2024. **To the Chief Executive, Illawarra Shoalhaven Local Health District** 1. The Illawarra Shoalhaven Local Health District Community Mental Health Service review its processes to ensure: a. appropriate assessment of denials of thoughts of self-harm or suicide to risk of same (based on current relevant peer reviewed literature).

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The Coroners Act 2009 (NSW) pursuant to section 81(1) requires that when an inquest is held, the coroner must record in writing his or her findings as to various aspects of the death. These are the findings of an inquest into the death of "SK".

Introduction

1 This inquest concerns the death of [redacted] who is known by the pseudonym "SK" in these proceedings.

2 SK was born on 12 November 1989. He died at his former doctor's surgery at 45 Junction Street, Nowra, on 10 January 2024, at the age of 34 years.

3 At the time of his death, SK was armed with replica Glock "gel blaster" pistol, which he told police was real and which closely resembled a real firearm. He was also in the midst of a psychotic episode associated with his history of chronic schizophrenia and other mental health conditions.

4 SK died from "multiple gunshot wounds" sustained as a result of his engagement with tactically trained and armed NSW Police officers.

5 The identity, place and date of SK's death are not in dispute. Similarly, SK's cause of death is not in dispute. This inquest has focused on the manner of SK's death, particularly the circumstances of his death as a result of his actions, and those of the police officers, and whether his death could have been avoided.

6 SK has been described as a "funny, intelligent and charismatic" person. He experienced significant psychological and mental health issues since he was 13 years of age.

7 Members of his family have advocated on his behalf during these proceedings and have been unwavering in their determination to ascertain the reason for his death. Various family members have participated and contributed during these proceedings, and I acknowledge the profound loss and anguish felt and experienced by them.

8 In these findings, I have referred to SK as "[redacted]", at the request of his family.

9 I would like to express my sincere condolences to [redacted] family for the loss of [redacted] I hope that [redacted] memory has been honoured by the careful examination of the circumstances surrounding his death and the lessons that have been learned from the circumstances of his passing.

The role of the Coroner and the scope of the inquest

10 A coroner is required to investigate all reportable deaths and to make findings as to the person's identity; as well as when and how the person died. A coroner is also required to identify the manner and cause of the person's death. In addition, a coroner may make recommendations, based on the evidence presented during the inquest, which may improve public health and safety.

11 This inquest into SK's death is mandatory as his death occurred as a result of police operations. Sections 23(1)(c) and 23(2) of the *Coroners Act 2009* (the **Act**) invoke the Court's jurisdiction and section 27(1)(b) of the Act imposes an obligation to hold a mandatory inquest where the death occurred pursuant to section 23. A "police operation" is defined in section 23(2) of the Act as "any activity engaged in by a police officer while exercising the functions of police officer other than an activity for the purpose of a search and rescue operation."

12 During these proceedings, a 17-volume brief of evidence containing statements, body worn video, photographs and other documentation, was tendered in court and admitted into evidence. In addition, oral evidence was received from numerous witnesses. Written and oral expert evidence was received from Dr Kerri Eagle.

13 All the material placed before the Court has been thoroughly reviewed and considered. I have been greatly assisted by the written submissions prepared by counsel assisting, Ms Sophie Callan SC and Ms Chelsea Brain, Mr David Lloyd SC and Mr Sebastian De Brennan on behalf of the Commissioner of Police, SK's mother, Mr Patrick Rooney on behalf of the Illawarra Shoalhaven Local health District (**LHD**), Mr Brent Haverfield on behalf of TORS 1, Ms Imogen Hogan on behalf of TORS 2, and Mr Ahmad Moutasallem on behalf of TORS 3, TORS 4 and Detective Chief Inspector (**DCI**) Cockram. At times, I have embraced their descriptions in these findings.

A brief overview of SK's life

14 SK was born on 12 November 1989 to his parents, [redacted]. SK has two brothers, one older and one younger than him.

15 SK's mother recalled that he began to suffer from excruciating headaches when he was 13 or 14 years of age. He was diagnosed with cluster headaches by a neurologist and prescribed Oxycontin for the pain. When he was experiencing the cluster headaches it was noted that the "left side of his face (would) droop, and his eye would water."

16 In 2006, when SK was 17 years of age, he complained to his mother that [redacted]. He subsequently reported the allegations to NSW Police in June 2013 and provided a detailed statement. Ultimately, no charges were proffered.

17 In 2009, he was hospitalised in Queensland and diagnosed with borderline personality disorder.

18 In 2014, SK consulted with a psychiatrist, Dr Davies, who subsequently diagnosed SK with a schizophrenic disorder with delusional ideation. In December 2014, SK was admitted to hospital to detoxify from his prescription medication, being Oxycontin. On discharge from hospital, he continued to use Oxycontin.

19 SK had two significant personal relationships. The first relationship lasted for four years and the second for seven years, ending in March 2021. His second partner noted SK's mental health declined over time and recalled that SK would discuss committing suicide on occasions. He indicated that SK was fascinated with authority, guns and police, including police uniforms and equipment.

20 After completing his School Certificate, SK worked as a telemarketer and a parking ranger. After moving to Queensland in 2009, his employment history is unclear. He relocated to various cities and towns, including Adelaide, Melbourne, the ACT, Sydney, Corrimal and Wollongong over the course of a number of years. At times, he experienced homelessness. SK's mother indicated that he had been involved in share trading and had undertaken a security course when he returned to Sydney.

21 Between 2020 and 2022, SK began offering and providing legal services without a practicing certificate. He was charged with engaging in legal practice and advertising himself as a lawyer when he was unqualified. He pleaded guilty to the charges and was placed on a Community Corrections Order for a period of 18 months and ordered to pay fines totalling $3500. A condition of his Community Corrections Order required him to attend ongoing appointments with Dr Davies "with respect to his mental health."

22 He agreed to appear on the "A Current Affair" program and indicated during the interview that he genuinely believed he was entitled to practice as a lawyer as he had purchased a practicing certificate online. He also stated that he wanted to help people and that he had been experiencing psychosis associated with his schizophrenia.

23 At the time of his death, SK was facing further charges in South Australia relating to allegations that he had been unlawfully practicing as a lawyer in that state.

24 SK registered a number of business names and corporate entities between 2018 and 2023. The businesses offered private investigation services, financial and legal services. One of the businesses was described as an "independent, not-for-profit organisation committed to the investigation and referral for prosecution of NSW sex offenders" and was named "Caught for Court."

25 In 2021, a senior police officer, Inspector Hogan, spoke to SK about his organisation "Caught for Court", which SK stated was "a registered not for profit organisation to identify and bring to justice those who offend against kids." Inspector Hogan described SK to be wearing "paramilitary" style clothing, namely a black long sleeve shirt, black cargo pants, a thick military/police style belt and black lace up boots. Inspector Hogan concluded that SK "presented as a very fixated individual in relation to these issues."

SK's mental health history in the first half of 2023

26 On 19 January 2023, SK presented to the St Vincent's Hospital Emergency Department (**ED**) in Victoria stating that he had had no sleep for four days, had lost his job and was homeless, on a background of schizophrenia. He reported visual and auditory hallucinations and was suicidal. SK was assessed by a psychiatry registrar who felt he had "suspect[ed] MS [mental state] deterioration in context of no sleep and multiple psycho social stressors" and was "[m]ildly paranoid regarding being labelled a paedophile". He was offered a voluntary admission but was discharged by the ED.

27 The following day, 20 January 2023, he again presented to St Vincent's ED due to an overdose of Concerta (methylphenidate). He left the hospital the following day and went to a pharmacy where he ingested 110 tablets of various medications. The pharmacist contacted police. SK informed the police that he was a member of the NSW Law Society and the Victoria Police. Police returned him to hospital under the mental health provisions.

28 The hospital noted that he had,

> "Documented hx [history] of schizophrenia
> Several psychotic presentations
> ...
> Treated with aripiprazole and depot
> No longer taking antipsychotic medication..."

29 On review, a decision was made that he was "unlikely to benefit from psych[iatric] admission", because his recent presentations were "in keeping with antisocial

personality traits rather than [an] acute psychiatric condition." He was treated for an overdose of his medications and discharged on 22 January 2023.

30 On 22 January 2023, SK attended another pharmacy in his hospital gown asking for methadone. Police were called and attended and SK walked away from them. He was later seen attempting or threatening to throw himself under a tram. He was taken by police to hospital where he was witnessed to be "fixated" on obtaining methadone. He was reported to be hearing voices and exhibiting signs of paranoia by the nursing staff. He was discharged as a voluntary patient and referred to Dr Davies in NSW for follow up.

31 In late March 2023, SK was admitted to the Shoalhaven District Memorial Hospital and the Shellharbour Hospital on multiple occasions. On each occasion he reported intermittent auditory hallucinations and suicidal thoughts. On at least one occasion, he reported that he had taken an overdose of Concerta to end his life. He was admitted as a mentally disordered patient on several occasions during this period. He was assessed, and it was determined that he was not exhibiting signs of psychosis and was ultimately discharged into his mother's care.

32 On 4 April 2023, Illawarra Shoalhaven LHD Community Mental Health Service (**CMHS**) notes record a diagnosis of severe cluster B personality disorder with prominent narcissistic and psychopathic traits rather than schizophrenia.

33 On 7 April 2023, SK was brought in by ambulance to hospital after reportedly overdosing on cough syrup so that he could jump in front of a train. He reportedly told police that he wanted police to "end it" for him; as well as stating "can you just shoot me? I've had enough."

34 Medical records dated 18 April 2023 indicate that SK declined any further contact with the CMHS. He was discharged into the care of his then GP on 20 April 2023.

35 In July 2023, SK attempted to complete suicide by jumping from the Seacliff Bridge at Clifton. He was hospitalised at Wollongong Hospital and referred to the CMHS. SK denied any thoughts of self-harm and attributed the attempt to his chronic pain and social isolation. The clinical notes made by a registered nurse at CMHS recorded, "nil imminent risks" but "chronic and dynamic risks of harm self" and that "these risks cannot be mitigated by further involvement by ICMHS". He was discharged on 17 July 2023 into the care of his mother, with the CMHS notes stating that he denied any acute concerns.

SK attends the Junction Street Family Practice and is treated by Dr Benjamin Pearce during 2023

36 Dr Benjamin Pearce began working at the Junction Street Family Practice (**JSFP**) in February 2022. He finished his General Practice training in March 2023. Dr Pearce provided a statement to police dated 10 January 2024, and gave evidence during this inquest on 1 December 2025.

37 Dr Pearce saw SK for the first time on 4 April 2023. He recalled that SK had sought treatment for chronic pain associated with cluster headaches that he had experienced since he was 14 years of age.

38 Dr Pearce stated that SK had seen a number of neurologists over the years and was prescribed significant doses of opioids. Dr Pearce understood that SK commenced on substitution therapy about 8 years earlier to reduce the risk of overdose and addiction.

39 Dr Pearce recalled referring SK to a neurologist, and although SK attended the appointment, he was not prepared to accept the clinical directions suggested by the neurologist.

40 SK indicated to Dr Pearce that he had experienced some issues with another medical practice and was interested in recommencing on opioids to manage his pain. He also indicated that he had thoughts of suicide. Dr Pearce perceived that many of SK issues were associated with his cluster headaches and decided to commence him on a low dose of OxyContin. As part of the therapy contract, Dr Pearce also made a referral for SK to attend on a pain specialist at the Pain Clinic at either Shoalhaven or Port Kembla Hospital.

41 Dr Pearce recalled that while SK was on the agreed program of increased titration of the opioids, SK indicated that he was still experiencing significant pain and reported suicidal ideation. On 3 July 2023, SK stated that he was "feeling he is at the end of his ropes" and that he had booked a ticket to Belgium and "applied for euthanasia."

42 As noted above, on 7 July 2023 SK was admitted to Wollongong Hospital after telling police and hospital staff that he had jumped off the Seacliff Bridge. He was treated for sternal and T3 vertebral fractures. Dr Pearce recalled reciprocating a "hug" from SK after this suicide attempt as he was "trying to calm him when he was upset."

43 Dr Pearce indicated that he has always attempted to,

> "be kind and caring and empathetic towards my patients, so the problem arose when SK began to misinterpret that as sort of love and extra General Practitioner relationship that was not present. I did not treat SK in any way

different to the way I treat all my patients. I believe that SK took my kind, caring, empathetic nature the wrong way."

44 On numerous occasions, Dr Pearce recalled SK telling him that he loved him and that he was his "knight in shining armour," and that he no longer saw Dr Pearce as his GP, but only as "Ben".

45 Dr Pearce's treatment notes confirm that on 13 September 2023, SK stated that he had developed a strong emotional connection to Dr Pearce and felt dependent and suicidal if Dr Pearce was sick or otherwise unavailable. Dr Pearce stated that he tried to explain to SK that he could only continue to treat him if he accepted the professional boundaries between doctor and patient. Dr Pearce discussed with SK that he may be assisted with a referral to a psychologist to discuss his feelings.

46 On 30 September 2023, SK again told Dr Pearce that he loved him. Dr Pearce recorded in his treatment notes that they then engaged in a "long discussion ... about the boundaries of a doctor-patient relationship." He indicated that he would have to terminate the professional relationship if SK could not respect the professional boundaries.

47 On 24 October 2023, SK told Dr Pearce that he would kill himself if Dr Pearce "cut him off". Dr Pearce then referred SK to CMHS.

48 On 27 October 2023, Dr Pearce terminated the treatment relationship, after receiving professional advice from his medical insurer and senior colleagues. During the meeting, SK perceived that Dr Pearce thought that he was a paedophile. After the consultation, Dr Pearce contacted the CMHS again, due to his concerns regarding SK's deteriorating mental health and the need for close monitoring of his circumstances.

49 Dr Pearce made a referral to another GP at the Woonona Medical Practice. SK spoke with Dr Cameron at that practice on 30 October 2023. SK described his mental health as the worst it had ever been and that he was "struggling with thoughts, voices, intrusive thoughts, feels he can't stop walking." Dr Cameron refused to prescribe opioids to SK and recommended that he seek drug and alcohol treatment.

50 Dr Pearce became aware early the following week that SK had deteriorated into a depressive suicidal crisis, after either his mother or SK had contacted the JSFP. Dr Pearce did not engage with SK at this time, however, arranged for one of his colleagues, Dr Purser, to engage in SK's treatment.

51 SK consulted Dr Purser on 31 October 2023, 1 November 2023, 8 November 2023, 13 November 2023 and 11 December 2023.

52 SK made further attempts to contact Dr Pearce in late 2023. On 12 November 2023, he wrote a letter to Dr Pearce on his security company letterhead, "ACT Investigations", apologising for his behaviour and asking Dr Pearce to reconsider his decision to terminate the professional relationship. In his letter, SK indicated that he accepted that he had been in denial regarding his schizophrenia, as well as his refusal to accept antipsychotic medication. He stated that he was moving to Canberra to work as a private investigator.

53 On 15 November 2023, SK sent a message to Dr Pearce via a LinkedIn message, asking that they remain friends and that he loved Dr Pearce. Dr Pearce did not respond to this message.

54 SK's mother confirmed in her statement to police that SK had become infatuated with Dr Pearce. She recalled SK saying to her, "I got him … I mean I've got him now he loves me."

SK's relocation in late 2023

55 SK moved to Canberra in late 2023. He shared a house with a housemate.

56 SK advertised online as a private investigator. He acted for a small number of clients. Two of those clients have provided statements in this inquest.

57 On 15 November 2023, SK rented a desk space at a co-working office for his business, "ACT Investigations." On 23 November 2023, SK purchased a "licenced investigator" badge from an online store.

58 SK attended numerous appointments with various GPs in Canberra in November and December 2023. He also attended the Canberra Hospital Alcohol and Drug Service and was prescribed methadone. SK continued to attend appointments with Dr Purser.

59 On 21 November 2023, SK sent a text message to his mother saying, "I love who I am on antipsychotics and hate who I am when I am not". He told her that his Olanzapine medication was working well.

60 On 21 December 2023, he sent his mother a text message stating, "I just took my last Oxycontin ever. It marks the end of the craziest year of my life. Court, homelessness, Ben, Sea Cliff Bridge – it has been hell and I can't wait for the beginning of 2024."

61 In late December 2023, SK's housemate asked him to leave. SK moved into budget lodgings in Canberra. He told his mother that he was feeling lonely. Evidence tendered in the inquest suggested he was socially isolated and experiencing financial stress.

62 SK forwarded a Christmas card to Dr Pearce sometime in December 2023.

63 On 27 December 2023, SK sent an email to the JSFP asking for Dr Pearce to telephone him. JSFP staff told SK that he should contact his GP practice and not the JSFP. SK then insinuated that he was considering making a complaint against Dr Pearce but wished to speak to him in an attempt to mediate his complaint. Later that day, the JSFP sent a letter to SK indicating that they would no longer respond to any of his communications as they had transferred his care to a medical practice in Belconnen, ACT.

64 On 4 January 2024, SK contacted his mother and told her that he wanted to commit suicide. SK's mother recalled that he was crying and indicated "I got a plan and it's going to be really big." He also indicated to her that he was contemplating going to Belgium or the US to have an injection to kill himself. Later he sent a message to his mother, stating "I don't have a plan, it keeps changing. I'll be fine for at least a few years. I'm thinking about Belgium again actually."

65 SK attempted to contact the JSFP on 6 January 2024. On 8 January 2024, he contacted the practice on eleven occasions. There is no evidence that he spoke with any of the staff on either occasion.

66 Pharmaceutical Benefits Scheme records confirm that during December 2023, SK filled the following prescriptions:

a. Oxycodone (a long-acting narcotic analgesia for pain) – 7 December 2023

b. Propranolol (a blood pressure medication) – 7 December 2023

c. Benztropine (anticholinergic medication used to treat movement disorders caused by antipsychotic drugs) – 7 December 2023

d. Clonidine (a blood pressure medication) – 31 December 2023

e. Olanzapine (an antipsychotic medication) – 31 December 2023.

The purchase of a gel blaster and other planning for 10 January 2024

67 SK's telephone records confirmed that from the end of December 2023, he was actively searching online for gel blasters and "camera chest mounts".

68 Gel blasters cannot be legally sold in NSW as they are a deemed to be a prohibited weapon. They can, however, be sold legally in Queensland for collector or organised recreational purposes.

69 On 6 January 2024, SK flew from Canberra to Coolangatta in Queensland. He hired a car and drove to a retail store called TacToys in Southport. TacToys sold gel blaster firearms and gun holsters.

70 SK spoke with Mr Morgan Rapley, a salesperson at the Southport TacToys store. SK asked for a black "Glock 18C" model, however, the store did not have any of this model in stock at that time. Mr Rapley asked SK if he would be interested in another model. SK indicated that the gel blaster "has to be black." Mr Rapley then contacted staff at the TacToys store in Archerfield who confirmed that they had a black Glock 18C in stock.

71 SK then attended the Archerfield TacToys store and spoke with Mr Christian Whalan and Mr Brett Hockey about acquiring a gel blaster.

72 Mr Whalan provided a statement to police dated 16 January 2024. According to his usual practice, Mr Whalan enquired of SK what he intended to do with the replica pistol. SK indicated that he wanted it for "display purposes".

73 Mr Hockey also provided a statement to police, dated 16 January 2024. He recalled SK stated that "I just like the look of it. I just want to use it as a toy, display."

74 Mr Whalan indicated that he then discussed the legal restrictions relating to the storage of gel blasters in Queensland, as well as reinforcing the importance of not misusing the replica or taking it into a public area. Mr Whalan and Mr Hockey then showed SK how to use the gel blaster.

75 SK declined to provide his personal details for warranty purposes. Mr Whalan confirmed that this is not unusual with customers.

76 SK asked Mr Hockey to remove a plastic orange tip from the barrel of the blaster. Mr Hockey stated in his statement:

> "After processing the payment, the male asked me "what about that orange tip? Does that come out?" The male was referring to a plastic orange tip threaded into the barrel of the blaster. This orange tip comes with the blaster to signify that it is a replica. Every gel blaster comes with this tip. I told the male I could and removed it with a pair of pliers. This type of request is extremely common."

77 SK also purchased a holster for the gel blaster.

78 SK told Mr Hockey that he had flown to Queensland specifically to purchase the gel blaster.

79 SK then drove his hire vehicle from Brisbane to Canberra overnight. Inferentially, it could be concluded that this was because he was aware that he could not transport the gel blaster on an aircraft into the ACT.

80 On 9 January 2024, SK purchased a chest-mounted camera and SD card from JB HiFi in Canberra.

81 Police interrogated SK's mobile phone and located an application known as "Zoho." In the Zoho app, the police found a series of notes, indicative of his thoughts and planning involving the JSFP and the NSW Police on 10 January 2024.

82 Each of the notes appeared under various captions, such as, "Bodycam", "Attention!!!", "Exact Conversation", "Plan A", "Title", "Shopping List", "God", "Point of Difference", "Decision", "Interim Work", "Pride", "Parents", "Mum", "Ben's Feelings", "Glamorous", "Duty", "Mentality", "Circumstances", "Plan" and "Benefits".

83 Under the caption "Plan", he wrote,

> "Pre:
>
> Confirm attendance with pharmacy call.
>
> Confirm office.
>
> 1. Walk in 100% confident, straight to office.
>
> 2. Greet with smile and hug.
>
> Under no circumstances admit fake."

84 Under the caption, "Bodycam", he wrote,

> "Absolutely do bodycam with intro explaining love for Ben, situation with Mum, Police brief if (sic) evidence and no fault. Explain Caught for Court and inadvertent damage to reputation. Explain full intention to die. Absolutely necessary for evidence if failed attempt. Play audio of Mum into Bodycam. Place blame on NSW Police for brief of evidence months after suicide attempt. Explain harm reduction."

85 Under the caption, "Attention!!!", he wrote,

> "Do it fucking properly!!!
>
> Gun
>
> Bodycam
>
> Suit

Nice smell

Haircut

Be your absolute best!"

86 Under the caption "Decision", he wrote,

> "I have made the decision to do it because I just couldn't think of a better way to go. I really couldn't. Providing it is done skilfully and with control, it'll be beautiful. I get everything I like. Police, Ben, Hug, Cluster Headaches. I get the answers, say goodbye to my boy."

87 Under the caption "Interim Work" he wrote,

> "It's really simple. You do and say whatever it takes to make this happen ASAP. Glockenspiel, rental suit and hire car. You're not going home. Methadone vital as fail safe."

88 Under the caption "Mentality" he wrote,

> "I must be 100% focused on hug and bullet. I must be calm and in FULL control with force if necessary but minimising psychological harm."

89 And later under the same heading,

> "Seriously, mentality cannot be overestimated. This operation is 99% getting shot and demonstrating you are a 100% confident, charismatic and militarised man. Smell excellent!! Look extremely sharp, haircut, new clothes."

SK's attendance at the JSFP on 10 January 2024.

90 At 12:32pm on 10 January 2024, SK parked on Junction Street, inside the Nowra Showground, which was a short drive from the JSFP. At that time, he was wearing his chest-mounted camera, a Zero-X Action camera. His camera was similar to a "GoPro" camera and was capable of recording contemporaneous events, including video and audio recordings. His camera commenced recording at 12:32pm and ceased recording at 1:52pm.

91 A copy of the chest-mounted camera footage was tendered in evidence and played during these proceedings. The following detail appeared in that footage.

92 At 12:32pm, SK called the JSFP from his mobile phone and introduced himself as "David" from the "Priceline" pharmacy at Wollstonecraft. He asked to speak with Dr Pearce regarding a patient, with the fictional name of Caroline McEwan.

By chance, the practice had a patient with the surname McEwan and SK was transferred to Dr Pearce.

93 SK was recorded as saying,

> "Ben, it's SK Please don't hang up. I'm dying today. All I want to do is come in and say goodbye. Can I please just come into your office and say goodbye, please? I'm out the front. I'll be two minutes. I just want to say goodbye, Ben. Please?"

94 Dr Pearce told him he was with a patient but would come outside to see him. In his oral evidence, Dr Pearce indicated that he told SK to wait outside as he had not seen him in a number of months and was not sure what his mental state would be. As such, he thought it would be safer for others in the JSFP if he told SK to wait outside the practice.

95 At 12:45pm, SK entered the JSFP and walked straight past the receptionist who was located directly opposite the front door of the practice.

96 SK was wearing a black shirt, black pants and was carrying a compendium. Several witnesses who saw SK at this time described his appearance as being consistent with a security guard, police officer or a detective. Witnesses noted that he had a firearm in a holster on his belt and a badge on his belt.

97 SK sat in the waiting area on the left-hand side of the building for three minutes. Dr Pearce's consulting room was located at the rear of the building on the left-hand side. He then entered Dr Pearce's consulting room shortly after Dr Pearce's patient left his surgery.

98 SK said, "I'm not leaving here alive" and "I'm done. I'm over it". He then opened his notebook containing some paper and stated, "I just wanted to make peace. Like, I wanted to, I wrote, I wrote you a note. I can't think at the moment because I've probably got, like, two minutes before police arrive." Dr Pearce asked, "Have the police been called?" and SK responded, "Ah, I'm not sure. You're welcome to call them if you want."

99 Dr Pearce had observed that SK had a gun in a holster. He then activated the duress alarm and told SK that he was not feeling comfortable and was going to leave the consulting room. He asked SK if he had a gun, and SK responded, "yeah". SK then moved to a seat next to Dr Pearce and started to remove his gun from his holster. Dr Pearce stood up and SK asked him not to leave.

100 Dr Pearce then left his room and told staff to evacuate the building. He then contacted triple zero at 12:50pm and spoke to the operator while standing at the reception desk. Dr Pearce left the building shortly afterwards and noted that police were already in attendance outside the building. He advised police that

SK had been a patient and that he had a history of schizophrenia and chronic pain.

101 At 12:52pm, NSW Police Computer Aided Dispatch (**CAD**) messages commenced relaying information received from triple zero calls. The CAD messages included the following,

> "Dr has pressed emergency alarm, Dr has come out and states patient has a gun poss in patients bag inside the room."
>
> "Inft stated POI said he had a gun and that he wasn't going to leave there alive."
>
> "Inft saw him holding something that looked like a gun was being held in a holster that was on his right hip."
>
> "Patient named SK 12111989."
>
> "POI MH schizophrenia and history of chronic pain."

102 At 12:53pm, SK left Dr Pearce's consulting room and spoke with a group of doctors and staff that were standing in the administration room. One of the doctors, Dr Starkey, had previously treated SK and recalled that he had mental health issues. Dr Starkey described SK as being calm and deliberate.

103 SK told the group that he just wanted to speak with "Ben". He was encouraged to surrender his firearm; however, he refused. Another doctor suggested to SK that he return to Dr Pearce's consulting room, which he did. The group then evacuated the building safely.

Arrival of police at the JSFP

104 Senior Constable (**SC**) Kyle Lavender and SC Laura Mitchell were located at the Post Office on Junction Street when the VKG (police radio) call came through at 12:52pm regarding the "job" at the JSFP. Both officers immediately attended the medical practice and spoke briefly with Dr Pearce. During that brief conversation they were told SK's name and that he had a gun in his possession.

105 SC Lavender positioned himself on the right-hand side of the glass sliding entrance door. SK told SC Lavender to "get back". SC Mitchell positioned herself to SC Lavender's left, using her foot to prevent the glass sliding door from closing while SC Lavender commenced speaking with SK

106 SC Lavender could see a black object on the side of SK's leg and asked him if he had a firearm. SK confirmed that he had a firearm and that it was holstered on his right hip. He further informed police that he was a private investigator,

investigating Worker Compensation claims. SC Lavender asked SK to remove his firearm. SK refused.

107 Both officers had drawn their police issued firearms and raised them towards SK on the basis that SK was armed with a firearm.

108 At 1:01pm, SC Lavender and SC Mitchell were joined by another officer, known by the pseudonym "TORS 4" in these proceedings. TORS 4 was a trained Tactical Operations Regional Support (**TORS**) operative, as well as a general duties police officer. TORS 4 had heard the police broadcast of an active armed offender situation at the JSFP and had sought approval from a senior officer to arm himself with a long-arm rifle in his capacity as a TORS officer.

109 SC Mitchell was wearing a police issued body worn video (**BWV**) camera, which she activated at the commencement of their engagement with SK

110 Counsel assisting provided a precis of the interactions between SK SC Lavender, SC Mitchell and TORS 4 as contained on SC Mitchell's BWV. The summary of the BWV includes the following:

a. SC Lavender introduced himself to SK and repeatedly asked SK to put his gun on the ground, which he declined to do. SC Lavender said he wanted to have a conversation with SK without escalating things;

b. SK said he was a private investigator and had the gun for work. He said he was investigating his doctor;

c. At 1:03pm SK approached SC Lavender with his compendium to show him something. SC Lavender attempted to lean inside and grab him, which caused SK to escalate in his behaviour towards police. He told SC Lavender, "that was a bad fucken idea man", "why would you do that?" and "I can't trust you now." At this point, SK removed the gun from his holster (but did not raise it), prompting police to yell for him to put it down. He re-holstered it shortly after, but left the holster unclipped;

d. Shortly after this, SC Mitchell asked SC Lavender if she could speak to SK She introduced herself by her first name and asked about his work. She explained in her oral evidence that she asked for permission to start talking from SC Lavender because she did not want to talk over him, and it can make the offender aggressive. She said she used her first name to build rapport. TORS 4 also introduced himself to SK and asked how he was. TORS 4 asked him what type of gun it was and SK said it was a "Glock 18."

e. SC Lavender and SK discussed the people who were still inside the surgery and about removing them. An impasse developed, as SK requested several times that police remove anyone inside, but SC Lavender said they could not

do so while SK had the gun. SK repeatedly said that he did not want anyone inside and did not want to hurt anyone. He offered to sit in an office somewhere while the remaining patients and staff were removed. At 1:21pm, SK said, "I'm just going to get them out myself man" and walked to the treatment room where three people remained. He opened the door and said, "You guys are welcome to come out…", telling them that he was not going to harm or hurt them, and apologising to them. The group left through the front entrance safely. SK then walked around the premises, checking to see if any other members of the public remained. By this point in time one staff member, Ms Muller, was still inside, however neither police nor SK were aware of this. She was eventually evacuated safely through a rear window;

f. SK expressed frustration with police for not getting people out of the building earlier. SC Lavender said, "Mate, the safety of police is what's paramount," prompting SK to say, "well, that's fucked, man. The safety of the public is what's paramount" and "Well, I'm telling you now. I don't give a fuck about my safety and I don't give a fuck about your safety. This is the job you signed up for, mate…". His tone at this point was described by counsel assisting as "exasperated, but not overly aggressive".

g. Once SK believed that everyone was out of the building, SK began to tell the officers about his grievances with a brief of evidence he had received in respect of a charge laid in September 2023 in connection with his unlawful legal practise in South Australia. He had a copy of the brief in his compendium and told SC Lavender it included a photograph of him in a hospital bed after an overdose when he had written a tweet about "Victoria Police investigating my deathbed complaint asking the nursing staff why all other patients in the Hub … told incorrectly that I was a paedo forcing me to self-discharge." SK appeared frustrated that the image had been included in the brief, asking "why the fuck would you include that on a, on a charge for dishonestly obtain financial advantage by deception mate? … that's fucken ridiculous" and said "You knew I'd just jumped off Sea Cliff Bridge, 41 metre bridge, three months earlier";

h. SC Lavender (who did not know anything about the brief) offered to go to the station and review the brief of evidence with him. SK said, "that's not going to happen, man", "I'm over the whole fucken thing, bro" and "I just want to die today … so who wants to do the deed?" SC Lavender and SC Mitchell assured him that nobody wanted him to die, or to hurt him. SK said, "I want to be shot though. That's what I'm saying", "just want a bullet in the head" and when SC Lavender and SC Mitchell continued to make clear they would not hurt him or shoot him he said, "Like, bring in, like, one of the highway guys are normally

fucken pretty Ramboish. Get one of them to come in and just shoot me in the head."

i. SK expressed a belief that police thought he was a paedophile, saying "Like, I'm so fucken over this ... bullshit fucken paedo shit. You guys are obsessed with me being a fucken paedo." He described having set up a not-for-profit organisation through which he referred sex offenders to the AFP (he appears to have been referring to "Caught for Court") and said that his security and investigation licences had been cancelled because of this. He said his life had been destroyed because people thought he was a "paedo" as a result of his involvement with the not-for-profit and reiterated his frustration that it had been put in a brief of evidence for something unrelated. He told police he was in love with Dr Pearce and also referred to Dr Pearce cutting him off after he said "Ben, I hope you don't think I'm a paedo." When SC Lavender again offered to speak to SK about the brief of evidence at the station, SK said, "that's not happening. I'm dying today." He told police he did not have the courage to use his own gun. He repeated that he was "not leaving here alive", "I just want to fucking die" and asked police "can you just fucken do it" and told them "that's your job man...".

j. SK expressed grievances about his childhood and his parents, playing SC Lavender a recorded conversation with his mother on his phone. He referred to [redacted] which he says attracted him to the idea of "prosecuting sex offenders" and also alluded to [redacted] He expressed feeling isolated from his family while he had been living in Canberra, as well as being cut off from Dr Pearce;

k. At 1:54pm (shortly after SK's footage ended), SK withdrew his firearm from its holster and pointed it at the ground. The three officers yelled at SK to put the gun down. SK asked police again to shoot him, saying amongst other things, "Fire the fucking gun ... fucking do it" and "this is exactly what you were trained not to do ... don't get emotional Senior Constable ... fucking shoot your weapon."

l. At 1:58pm, SC Mitchell asked SK if he would like a drink or something. He said, "I just want you to fucking shoot me" before putting the firearm back in its holster. He asked for a cigarette, which the officers agreed to. SK gave police his car keys to get his cigarettes from his car. Police provided SK with water and a cigarette, and continued to engage with him in conversation, reiterating that they wanted to help him and asking him what he had come to speak to Dr Pearce about. He said, "I literally just wanted him to hold my hand while you guys came and blew my head off";

m. SK said that he did not want to "build up too much rapport" with the officers because he was "dying today". Police continued to encourage him to surrender by putting his firearm down and coming out. They spoke with him about his schizophrenia. He then said "You know, like, I am dying today. You know, I'll set a time, so you guys know. By 4 o'clock, I will be dead."

n. The officers offered SK another cigarette in an attempt to negotiate with him. As he smoked, they asked about his work, family and interests. It was clear that the officers had succeeded in building rapport with SK At times they joked with him. For instance, at 2:20pm the following exchange occurred:

> P.2 (Lavender) No one wants to hurt you. Everyone wants the same thing that we want.
>
> P.4 (TORS 4) And that is you to come out, unarmed.
>
> V.1 (SK) No.
>
> P.4 That's what we want, mate.
>
> V.1 Can we get the other officers on please, you guys are nice (CHUCKLING)
>
> P.4 Yeah, well, mate, every off, every cop's nice, mate. But, hopefully....
>
> V.1 Where's Highway....
>
> P.4 Mate, they're out probably right, there's probably school zones goin' somewhere (LAUGHTER)
>
> P.2 And I don't even think they leave the highway.

o. At 2:23pm, SC Lavender told SK if he surrendered, SC Lavender would not finish his shift until he knew SK had spoken to someone about his mental health. SK continued to reiterate, however, that he would not come out and that they would "never" get to the point of him surrendering;

p. Shortly after this, SK escalated in his behaviour causing the officers to implore him again to put his gun down. SC Mitchell gave evidence that escalation was in response to the arrival of TORS operatives who SK could see behind her. She said to him, "... Now, SK Look at me, don't worry about them. Now, we explained to you, if you didn't put that firearm, OK, and come out, we have to get further police here, OK. Now this can all be resolved if you put that firearm down, and come out towards us, SK

q. SC Mitchell and SC Lavender were then moved from the entry to the JSFP by TORS operatives. SC Mitchell commented to SC Lavender as they walked away that "he's gunna want to, either me or you, cause he's not gunna want anyone

else. Oh, fuck. They're gunna have to do it." In her oral evidence, SC Mitchell explained that she said this is because "we've had the conversation with him or the communication with him and he was pretty good with us" so she thought that he would probably want them to talk to him again.

111 From just after 1:00pm, a number of other police attended the vicinity of the JSFP.

112 At 12:59pm, the police CAD log recorded a request to "organise negotiators and TOU/TORS please."

113 Some of the additional police that attended were qualified tactical officers, known as TORS officers. The TORS is a part time force consisting of police officers who are trained tactical officers and deployed in regional areas of NSW to deal with high-risk incidents and armed offender situations. They are often a complementary unit to the full time Tactical Operations Unit (**TOU**). A number of local TORS operatives responded to the radio call to attend the scene.

114 The TOU is a specialist unit within NSW Police, comprised of full-time operatives who are tasked with the primary responsibility for attending and resolving high risk situations in metropolitan and non-metropolitan areas of NSW. A number of TOU operatives and specialist negotiators were assembled and were en route by aeroplane to the JSFP in response to senior command requests.

115 DCI David Cockram performed the role of "Police Forward Commander". According to the TORS Standard Operating Procedures (**TORS SOPs**), the Police Forward Commander has [redacted].

116 TORS 1 fulfilled the role of the TORS Field Supervisor. This role is defined in the TORS SOPs as being [redacted]

117 At 2:14pm, the first of the specialist negotiators arrived at the scene and commenced a police briefing.

118 Two more TORS officers, known as "TORS 2" and "TORS 8", arrived at JSFP at 2:12pm and approached the entry to the surgery at 2:25pm. At 2:25pm, TORS 2 swapped positions with SC Lavender and TORS 8 swapped positions with SC Mitchell. As SC Mitchell moved from her position, TORS 8 used a ballistic shield to prop open the front glass automatic door to the practice.

119 At this time, SK appeared to become agitated with the arrival of TORS 2 and TORS 8 and the presence of the ballistic shield at the open doorway.

120 At around 2:40pm, SK reached forward and picked up the ballistic shield and then retreated back into the JSFP.

121 A short time later, SK stepped outside the door of the practice and threw the ballistic shield into the garden at the side of the building. He then re-entered the building.

122 After SK re-entered the building, TORS 2, TORS 4 and TORS 8 resumed their positions at the front doorway of the building. They were joined shortly afterwards by TORS 3, TORS 5, TORS 6 and TORS 7, who had recently arrived at the premises.

123 At just after 2:41pm, shots were fired within the building. The shooting was captured on BWV worn by Detective Senior Constable Watters.

124 SK sustained 12 gunshot wounds to his head, chest, arm back and legs. He was pronounced deceased at 3:21pm. The subsequent investigation confirmed that TORS 4, TORS 2 and TORS 3 had discharged their firearms at SK

List of issues considered during the inquest

125 The following list of issues was prepared before the proceedings commenced and were considered and provided focus during the inquest, namely:

1. The statutory findings required under section 81 of the *Coroners Act 2009* (NSW) – namely the date, place, identity, manner and cause of SK's death.
2. Whether SK was suffering from a mental health condition(s) on 10 January 2024.
3. Whether there were any deficiencies in the conduct of the Illawarra Shoalhaven Local Health District Community Mental Health Service between 24 October 2023 and the time of SK's death arising from their engagements with him, and whether any such deficiencies may have contributed to SK's conduct on 10 January 2024.
4. Whether the use of force by NSW Police in shooting SK was reasonable in the circumstances.
5. The adequacy and appropriateness of the response by NSW Police to SK's actions on 10 January 2024, including:
    a. command, decision-making and planning;
    b. availability and use of specialist resources – including negotiators; and
    c. having regard to available information as to his mental health.

6. Use of body worn video by NSW Police including Tactical Operations Regional Support and Tactical Operations Unit officers.

7. Compliance with and adequacy of relevant NSW Police policies, procedure and training, including in relation to:

    a. use of force;

    b. mental health;

    c. body worn video; and

    d. the handling of critical incidents (including integrity of evidence) immediately after SK's death (that is, up to approximately 5.00pm on 10 January 2024).

8. The sale of gel blaster firearms in Queensland, including the sale of a modified gel blaster to SK by TacToys.

9. Is it necessary or desirable to make any recommendations in relation to any matter connected with SK's death?

SC Lavender and SC Mitchell – Training and experience

SC Lavender

126 SC Lavender had been a police officer for 17 years as of January 2024. He had performed general duties for the majority of his police career.

127 In his experience he had attended "countless" jobs involving mental health patients and those dealing with mental illness. SC Lavender had participated in various Mental Health workshops and training, both in person and online as part of his ongoing police training.

128 SC Lavender was also a qualified weapons trainer, having qualified in December 2008 after undertaking an eight-week course. The course included defensive tactics, use of force, firearms and communication. He had instructed other officers as a weapons trainer on "numerous defensive tactics scenarios involving mental health."

129 SC Lavender provided a directed statement as an "witness officer" to police on 11 January 2024 and gave oral evidence at the inquest on 2 December 2025.

130 SC Lavender confirmed that as he approached the JSFP with SC Mitchell he donned his ballistic vest, and after briefly speaking with Dr Pearce took up his position to the right-hand side of the front sliding door of the medical practice.

SC Mitchell was to his left-hand side, and TORS 4 joined them shortly afterwards and was positioned behind him.

131 SC Lavender indicated that as he had arrived at the entrance first, he commenced communicating with SK He confirmed that he then assumed the role of primary negotiator or communicator with SK He confirmed that his police training reinforced the fact that only one officer should engage in communication at any one time, as "it's not good to have like officers always jumping over the top of one another" and have police all speaking to the person of interest at the same time.

132 SC Lavender stated in his oral evidence that after about five to ten minutes of speaking with SK he formed the opinion that SK may have some kind of mental health issue. He stated that he could not recall if SK had told him that he had been diagnosed with schizophrenia.

133 In his oral evidence, SC Lavender confirmed that at times, SK appeared frustrated with the situation. These included when he was wanting to ensure that all occupants of the building were evacuated and when he was asking for police to shoot him.

134 SC Lavender agreed that he had established "some rapport" with SK during the 90 minutes of engagement they had had, and was trying to give SK options, such as seeking medical help and assistance with his legal issues.

135 SC Lavender confirmed that he continued to speak with SK but at times, felt that he was getting into "verbal looping" with SK He described feeling like he hit a "bit of a stalemate at some point" where SK continually indicated that he wanted to die and was not going to live past 4:00pm.

136 In his statement, SC Lavender recalled the following:

> "Around 1:55pm, SK was positioned just inside the doorway of the building approximately 5 metres away from me. Senior Constable TORS 4 was next to me on my left and Senior Constable Mitchell next to him. I heard SK say, "Just shoot me". The fabric retaining strap of the holster was open at this stage and I saw SK grab hold of the receiver of the firearm. As he was doing this, I said "Don't do it SK don't draw it". SK drew his firearm straight up and left it down by the side of his right leg without pointing it at me or anyone else. I said, "Drop the gun" and "put the gun down". I heard Senior Constable TORS 4 repeat to SK "Drop the gun" continually to SK said to us "Just shoot me already". SK moved the gun in front of his body however the firearm was still pointing down to the ground. I heard Senior Constable TORS 4 continue to say "drop the gun" to SK I saw the firearm to be completely black and look almost identical to

my Glock service firearm except for some pattern on the top of the ejection port. SK kept saying to us "Just shoot me". I remember at one point SK said to us "Just shoot me because I don't have the courage to shoot myself". After about 4 minutes, I saw SK re-holster his firearm and clip the fabric retaining strap back over the firearm. SK said to us as he was doing this "It's hard to clip the strap because it's a cheap one I bought off the internet". SK has moved further back and said "can you get police that will shoot me then. We have been here for a while now". I saw SK look at his watch and he said, "I'm going to be dead by 4:00pm today". I heard Senior Constable Mitchell say to SK "We need you to put down the gun" however SK just refused."

137 At one stage during the negotiation, SK told SC Lavender,

A. "It's too late now. There's no way I am going to jail for all of this"

SC L. "We don't know you will go to jail"

A. "There is no way I won't go to jail for the rest of my life for all of this"

SC L. "At this stage you haven't hurt anyone. You will just be looking at unregistered and unlicensed firearm charges. Not something you will go to jail for the rest of your life for. It doesn't have to end like this. I can get you some help and promise I won't end my shift until you get the chance to speak with a mental health practitioner".

138 SC Lavender confirmed that he was very familiar with the "Use of Force Procedure" and policy deployed by the NSW Police Force.

139 He confirmed that he was familiar with the Tactical Options Model.

140 The Tactical Options Model provides officers with a series of options to consider when presented with a situation where an officer is required to contemplate using force. The model is comprised of a wheel of options, with the words "communication" and "safety first, assess and reassess" at the hub of the wheel. On the outer edge of the wheel the words "risk assessment", "take charge, "plan" and "action" appear, together with various options such as "contain and negotiate", as well as weapon and weapon less options available to police.

141 SC Lavender agreed that this model has "no hierarchy of options as a police officer" when dealing with a situation. He stated in his oral evidence,

"Yes, that's correct, there's no one that you should go to over another. Obviously every situation is different and depending on what's occurring is what dictates your response to that situation."

142 In relation to "communication", SC Lavender stated,

> "Yes, it's one thing that I always stress at training is that communication is one of the most effective tools that police have, and it can result in not needing to use additional use of force options which are around the circle if good communication is used. Obviously, sometimes that situation doesn't eventuate but I do try and emphasise that communication is the best possible way to resolve a situation."

143 SC Lavender also confirmed that he was familiar with the dynamic risk assessment model, known by the acronym STOPAR. STOPAR is a critical thinking model designed to assist with police when they are responding to a policing situation. The acronym stands for:

"Stop	Apply some critical thinking
Think	How do your approach the problem without escalating the risk to self or others?
Observe	Your priority is public safety and safety of self
Plan	Gather all available information, plan your approach, communicate with your partner, advise police radio of the situation
Act	Adapt your approach based on the risks and components observed
Review	Continually review your plan. Is what you are doing still effective? Are there any other strategies you can use?"

144 SC Lavender indicated that he had applied the STOPAR review process during his time at the JSFP, including multiple reviews involving the presence of patients within the building and how he was dealing with a dynamic set of circumstances involving SK and other police.

145 In terms of his communication with SK SC Lavender gave oral evidence that,

> "I was trying to get him to put his firearm down and leave the premises with me. As I said, early on I kind of established that there was other issues going on in his life and that he would need further assistance as well as resolving the situation there. Past that situation was to get him additional help through a medical practitioner or doctor."

146 SC Lavender gave evidence about SK saying on various occasions that he wanted police to shoot him, including, "Get the riot squad here, and they can shoot me. Either way I'm going to die today."

147 SC Lavender confirmed that he understood SK to be indicating that he wanted police to shoot him dead and that:

> "I told TORS 4 to relay that information back to the command post that he was saying that he wanted police to shoot him, basically suicide by the police."

148 He agreed when examined by the legal representative for TORS 4 that he had not specifically indicated to TORS 4 that an explicit warning should be given to the officers in command about introducing or changing the category of police at the front door.

149 SC Lavender confirmed that he believed that SK's demeanour would escalate with the arrival of other police, such as the riot police. He stated in evidence,

> "At the time yeah, I was just trying to – I thought that I could resolve it by communicating..."

150 SC Lavender indicated that he knew that members of the TOU and specialist negotiators were on their way, saying,

> "Yeah, that is I guess kind of the standard practice. The people who have been trained and have those specialist skills such as negotiators to take over from front line police at these kind of high risk jobs is the general thing that happens with these kinds of jobs."

151 SC Lavender confirmed that no plan had been communicated to him when the TORS operatives presented at the front door of the premises and told him that he was being relieved. In particular, nothing was communicated to him about who would assume his position as primary communicator with SK once he had been relieved from his position and no handover was undertaken between himself and the TORS operatives.

SC Mitchell

152 SC Mitchell joined the NSW Police in 2007. During her 17 years of service, her primary role had been as a general duties officer.

153 SC Mitchell confirmed that she had attended many incidents where a person was suffering from mental health issues. She recalled at least four incidents which involved high risk situations in the preceding 18 months, where a person was armed with knives or machetes. On one of those occasions, she had received a police commendation for her conduct.

154 SC Mitchell provided a directed statement as a "witness officer" on 11 January 2024 (which was signed on 29 January 2024), and gave evidence in these proceedings on 2 December 2025.

155 SC Mitchell confirmed that she was familiar with both the concept of STOPAR and the Tactical Options Model of risk assessment. SC Mitchell indicated that she most commonly deployed the "contain and negotiate" tactic when attending an incident. SC Mitchell stated that she had also attended active armed offender training.

156 SC Mitchell confirmed that she had attended the JSFP in the company of SC Lavender and had donned her ballistic vest. She immediately activated her police issued BWV.

157 SC Mitchell stated that they were aware from medical centre staff that there was a person inside the practise that was possibly in possession of a firearm. They were not certain about the person's mental health status.

158 SC Mitchell indicated that later she formed the view that SK may have some mental health issues due to his behaviour "and the way he was talking to us on tangents on certain topics and he was quite agitated at times".

159 She recalled that SK told her at some stage that he had been diagnosed with schizophrenia. SC Mitchell confirmed that prior to him advising her of his diagnosis, she was not in possession of that information.

160 At the time SC Mitchell and SC Lavender approached the front door of the medical centre, SK was to their left and down a glass hallway. SC Mitchell placed herself to the left of SC Lavender and used her foot to keep the glass sliding front door open so they could speak with SK

161 SC Mitchell recalled SK would not talk with them and was very insistent that all the persons in the building needed to be evacuated before he would speak with the police.

162 After the three patients and staff had been evacuated, SK began speaking with SC Mitchell and SC Lavender and moved closer to the front door. SC Mitchell saw a female member of staff "poke her head up from behind the front desk" and was able to gesture to "her to head out the back."

163 SK repositioned himself directly in front of the glass sliding door, which placed SC Mitchell in the direct line of fire. SC Mitchell remained in that position for 90 minutes.

164 SC Mitchell confirmed that SK had told them that he was "not going to kill himself but instead it will be 'suicide by cop'". SC Mitchell perceived that SK seemed "to

know a fair bit about police policy and procedures when it came to police negotiating with him".

165 SC Mitchell confirmed that she asked SC Lavender if she could speak with SK to give him a break.

166 SC Mitchell stated that in her experience having multiple officers talking to a person may make "the offender aggressive".

167 SC Mitchell indicated that SK removed his gun from his holster on numerous occasions and pointed it towards the floor.

168 She confirmed that at one time, SK was not responding to their directions to "put the gun away" and they asked SK if he wanted water and a cigarette. This appeared to de-escalate his heightened state on two separate occasions.

169 SC Mitchell stated that during the 90 minutes she was at the front door of the premises, there were periods when SK was calm and periods when he was agitated. At one stage, SC Mitchell yelled to other police, "can you turn the sirens off?" as she could hear sirens and had concerns that the sirens would exacerbate SK's mood.

170 SC Mitchell told the Court that when TORS 2 and TORS 8 appeared next to her, she told SK to "Look at me, don't worry about them" and "He looked like he was starting to get agitated, knowing that TORS are coming in".

171 SC Mitchell indicated that at the time the other TORS officers arrived, she perceived her already precarious position at the front door had become more "risky", and she was pulled out from her position.

172 After SC Mitchell was relieved from her position, she spoke with TORS 1. SC Mitchell stated that she was prepared to be recalled to continue to assist with negotiations until trained negotiators arrived.

173 SC Mitchell's evidence was corroborated by her BWV and the evidence of SC Lavender.

Expert assessment of SC Lavender and SC Mitchell's conduct

174 Dr Kerri Eagle and Detective Chief Inspector (**DCI**) Glen Browne were asked their opinions regarding the performance of both SC Lavender and SC Mitchell during their 90-minute interaction with SK

175 Dr Eagle, a consultant Forensic Psychiatrist, provided two reports for these proceedings, dated 14 October 2025 and 7 November 2025. Dr Eagle also gave oral evidence during these proceedings on 5 December 2025.

176 Dr Eagle opined:

> "NSWPF officers took appropriate steps in my view to de-escalate Mr SK in the circumstances. They remained composed and respectful throughout the lengthy negotiation with Mr SK, expressed empathy, provided him with various options to resolve the situation, maintained a continuous level of engagement with Mr SK and were not antagonistic or hostile. In my view, every opportunity to safely de-escalate SK was taken by the NSWPF officers in a highly challenging situation. It is noted that Mr SK was shot after the NSWPF officers Senior Constable Mitchell and Lavender were asked to disengage. From a psychiatric perspective, Mr SK appeared to have developed a level of meaningful engagement with the officers, after a prolonged period of communication, and it may have been of benefit for Mr SK to continue that engagement with the same officers. However, I am unable to comment on the strategies or policies of the NSWPF."

177 DCI Browne was attached to the Homicide Squad at the State Crime Command and was the 'on call' Homicide Squad Inspector on 10 January 2024. He was subsequently appointed as the Senior Critical Incident Investigator and conducted the investigation into SK's death. He provided a statement dated 13 June 2025 and gave oral evidence on 1 December 2025.

178 DCI Browne expressed the view that both officers performed their duties to a high standard over the course of negotiating and conversing with SK He also stated that in his view, SK appeared reluctant to escalate the situation while speaking to both officers, as compared to the TORS operatives.

179 DCI Browne also commented in his oral evidence that:

> "I hold the personal belief that Senior Constables Lavender and Mitchell were in an incredibly dangerous position, it was far more appropriate for officers trained to confront those situations to replace them and take control of it, they were poorly armed, poorly resourced as opposed to trained TORS operatives so the longer they stayed engaged, effectively taking cover behind a glass door, they were in grave danger. When the TORS operatives arrived, they were armed with better equipment, ballistic shields and were better trained to deal with high-risk situations".

TORS 4's evidence

180 TORS 4 participated in a directed interview as an involved officer with investigating police on 15 January 2024. He also gave oral evidence at the inquest on 3 December 2025.

181 TORS 4 had been a police officer for 14 years, mainly acting as a general duties officer. He agreed that he had undertaken the basic TORS training course.

182 TORS 4 confirmed that he had received training in respect of dealing with persons with mental health issues, as well as active armed offender scenarios.

183 TORS 4 described how he applied that training to the developing situation on 10 January 2024. He said, "without being medically trained, it's about how you approach them, listen, try and ask open questions, get as much detail as possible in relation to dealing with them".

184 TORS 4 was en route to Nowra Police Station on 10 January 2024, when he heard the "police radio job" describing a "male armed with a firearm" at the JSFP.

185 TORS 4 acknowledged the job and then sought permission from a senior officer to take a rifle to the job. He stated that he sought that permission as he understood that he may be attending an "active armed offender" scenario, which may require a more pro-active approach to neutralising the risk as compared with a contain and negotiate approach. In addition, because this was a high-risk incident he recognised that he needed to treat the situation as potentially volatile and respond accordingly.

186 TORS 4 recalled arriving at the JSFP and enquiring whether the male was contained inside the medical clinic. In addition, he asked if the male was armed. He was told, "Yes, he's got a gun," at which time TORS 4 loaded his rifle.

187 TORS 4 perceived at that time he was still responding in his capacity as a general duties officer rather than a TORS operative. He could not recall the time that he was approved as a Special Weapons and Tactics (**SWAT**) operative.

188 At the initial stage, TORS 4 understood that Sergeant Anthony Grasso was in charge. Later, he understood that DCI Cockram had assumed command as the Police Forward Commander.

189 TORS 4 spoke to Dr Pearce to obtain as much information about the gun as possible. He also made enquiries to ensure that SK was contained within the medical practice and how many staff were still within the premises.

190 TORS 4 joined SC Lavender and SC Mitchell at the front glass doors of the JSFP. He noted that "SC Lavender was in a good position, but Laura [SC Mitchell] was in a really shit position." He further described the situation, by indicating that SC

Lavender was “behind hard cover” but SC Mitchell “was standing essentially in a crossfire position if there was rounds engaged plus she had no protection [or hard cover] whatsoever.” TORS 4 indicated that he had his rifle in a “low ready position” so he could see what was happening and if a threat presented then he could respond appropriately.

191 TORS 4 assessed the risk to police and members of the community as a “pretty high-level risk to be honest”.

192 TORS 4 was initially only able to see SK's holster but not his gun. He asked SK “Have you got a gun, buddy”. SK replied in the affirmative and told him it was a Glock 18. At this time, TORS 4 was of the opinion that SK's gun was a working firearm.

193 TORS 4 was of the view that the circumstances at that time could not be described as an “active armed offender” scenario, as SK “wasn’t actively harming people.” He described the situation as being a siege.

194 TORS 4 confirmed that it was consistent with his police training that it was appropriate to continue to be armed with his long arm rifle even though it was considered a siege. His training in terms of use of force dictated that he should incapacitate the offender to stop any serious threat if necessary.

195 TORS 4 became aware that three members of the public were still within the building. TORS 4 formulated an Immediate Action (**IA**) plan, which he shared with SC Lavender and TORS 1. The IA plan was recorded on SC Mitchell’s BWV recording as, “If he goes to town, you, me and [TORS 1] are going in.” He confirmed that his TORS training required him to swiftly formulate an IA plan to deal with a high-risk incident.

196 TORS 4 indicated that the IA plan was his plan rather than TORS 1’s plan and that TORS 1 “will formulate an EA [Emergency Action] plan which is when that becomes a more formalised, formal, a formalised plan.” He further confirmed that the EA plan should be formulated by the Field Supervisor with advice and assistance from other police and in conjunction with the Police Forward Commander. TORS 4 was asked if it was possible that he had spoken with TORS 1 around this time, given TORS 4 had included him in the IA plan. TORS 4 indicated that “I can’t recall to be honest.”

197 TORS 4 stated that the command post was approximately 20 metres from the front door of the JSFP. He could see DCI Cockram at the command post but not TORS 1. TORS 4 said that “It would probably be more appropriate that the PFC [Police Forward Commander] would be with the Field Supervisor”.

198 TORS 4 was not able to communicate with the command post by either the general police radio or the TORS special radio channel, due to losing one of his radios and the batteries going flat on the other.

199 He was assisted by Constable Fagerland, who was relaying information from TORS 4 to the command post, and from the command post to TORS 4. TORS 4 could not "specifically recall" receiving any directions or questions from the command post.

200 TORS 4 confirmed that he had no specialist training as a negotiator, although he had a reasonable level of experience in de-escalating situations. He said that SC Lavender was "doing a phenomenal job at negotiating with SK."

201 TORS 4 indicated that his first priority was to evacuate the civilians inside the medical practice, and he was considering various options to resolve the incident, including using "a level of force", although their "primary role was [to] contain and negotiate". TORS 4 had considered whether they should enter the building, however, there was nothing SK was doing which warranted him entering the building at that time.

202 SK was not communicating very much with the police prior to the evacuation of the members of the public. After they were evacuated, he perceived that SK "seemed more relieved that there was nobody inside the building but still quite heightened ... still very agitated, very heightened."

203 TORS 4 perceived that SK was exhibiting signs of a mental illness. He described SK's demeanour as being,

> "heightened, it was erratic, he was emotional. At times he would laugh at moments of seriousness. Like he would – he would start to laugh at – he challenged us to shoot him. He was just all over the place. At points you could be talking to him, but he was just staring through you ... you couldn't speak to him, but then it was like something clicked and he went back to just like where Kyle [SC Lavender] could talk to him sort of. It was like a bit of rapport, but then it was all lost and he had to try and rebuild it."

204 TORS 4 agreed that SC Lavender, SC Mitchell and himself tried numerous strategies to calm SK when his behaviour began to escalate. One of those strategies was to provide SK with water and a cigarette. TORS 4 had sought the approval for this from the Police Forward Commander.

205 TORS 4 indicated that SK was telling them that he wanted to die that day and that he wanted the police to shoot him dead. He confirmed that he asked Constable Fagerland to relay this information to the Police Forward Commander. TORS 4

stated that he had never encountered a similar situation in his career as a police officer.

206 TORS 4 perceived that although the two general duties police officers were negotiating effectively with SK it would ultimately be a situation where TORS operatives would take control, as they were "most suited to potentially deal with the situation" as it was a "high risk job" and "it's outside of the scope or the training of general duties police."

207 TORS 4 agreed that there may be a risk of escalation if the general duties police were replaced by tactical officers at the front door, however, it was "most appropriate that we [TORS/TOU operatives] resolve or deal with a high-risk situation".

208 TORS 4 was very conscious of the dangerous position that SC Mitchell was in. He was also aware that he needed to keep the front door open to allow for effective communication, but also "every time it went to go shut he lost it. He got so angry with the fact that he thought we were trying to trap him or something like that".

209 TORS 4 was also aware that SK became very irate when two Public Order and Riot Squad (**PORS**) officers walked past the front door dressed in black SWAT uniforms. TORS 4 noted that SK was "trying to identify someone that he thought might shoot him", and these two PORS officers had "walked straight across a potential firing line".

210 TORS 4 indicated that this had annoyed him as "it felt like the good that Laura [SC Mitchell] and Kyle [SC Lavender] had done in conversation, as well as myself, we felt like that was rapport building, and that just escalated him. Felt like it was all undone".

211 TORS 4 agreed that SK's heightened response to the arrival of police in tactical uniforms was important information for those in command. He was unable to confirm or deny whether he had communicated that information to the command post.

212 Similarly, TORS 4 did not recall communicating with the command post that SC Mitchell was in an extremely precarious position and how she may be extracted from the front door without causing SK's behaviour to escalate.

213 TORS 4 explained that he did not discuss any plan with those in command as he was at the front door and expected that when TORS 8 arrived at the door, he would be advised of the plan developed by the Police Forward Commander and TORS 1 to extricate SC Mitchell from her position.

214 He confirmed that TORS 8 did not relay any plan to him and that he had no role in the decision-making process to withdraw SC Mitchell from her position.

215 He further confirmed that when TORS 8 and TORS 2 arrived at the front door he was told to take over the role of primary communicator, even though he "absolutely" would have preferred that SC Lavender continued in that role.

216 TORS 4 recalled that the attendance of TORS 8 and TORS 2 appeared to cause SK to escalate to the same level he had exhibited at the sight of the PORS officers. SK also appeared annoyed by the presence of the ballistic shield which had been placed on the ground to stop the glass sliding door from closing.

217 TORS 4 recalled SK walking towards him, with his gun holstered. TORS 4 stated that at this time he was considering either tackling SK to the ground or firing his taser. He confirmed that if SK had his gun unholstered, he would not consider either of these options.

218 TORS 4's assessment of the situation changed when SK took hold of the ballistic shield which was on the ground holding back the sliding door. He indicated that SK now had a tactical advantage, given that he had access to a firearm and a ballistic shield. In addition, the safety of members of the public and police was now significantly challenged as he was no longer contained within the building.

219 In his interview with police, TORS 4 recounted offering SK another cigarette after the ballistic shield incident. TORS 4 conceded in his oral evidence that he may have the timing wrong regarding the cigarette, given that the ballistic shield sequence occurred at 2:40pm and SK was shot at 2:42pm.

220 TORS 4 recalled after the TORS officers returned to their positions at the front door, SK removed the gun from his holster and pointed the gun downwards. TORS 4 said that SK "sort of half chuckled" and then raised the gun straight in their direction. He stated, "He sort of took some deep breaths, like as if he was psyching himself up, removed the firearm, kept going through that process and then as he lifted the firearm he just started advancing towards us".

221 TORS 4 challenged SK telling him to "put the firearm down". He recalled other officers yelling at SK

222 He recalled SK raising his gun to the level of his belt. He believed SK's actions amounted to an immediate risk to his life in terms of his being shot and TORS 4 fired one shot at SK

Tactical Action Planning

223 The TORS SOPs direct the Field Supervisor to [redacted]

[redacted]. The TORS SOPs state that the Field Supervisor is also [redacted]

a. [redacted]

b. [redacted]

224 The TORS SOPs contemplate the preparation of three types of Tactical Action Plans, if required. The three plans are referred to as an "Immediate Action" (**IA**) Plan, an "Emergency Action" (**EA**) Plan and a "Deliberate Action" (**DA**) Plan.

225 An IA Plan [redacted]

226 An EA Plan [redacted]

227 An EA Plan [redacted]

228 [redacted]

229 A DA Plan [redacted]

230 [redacted]

231 TORS 4 gave oral evidence that he had formulated an IA Plan whilst the three civilians were still inside the medical centre. His IA Plan was "if he [SK] goes to town" (meaning if SK posed an imminent threat), then "You [being SC Lavender],

me and [TORS 1] are going in". He agreed that the Field Supervisor would then formulate an EA Plan, which he stated is a more formalised plan, based on advice and assistance at the scene and "in conjunction with the PFC [Police Forward Commander]".

232 Two TORS officers, namely TORS 8 and TORS 9, provided statements to investigating police indicating that TORS 4 had been given an IA Plan and a surrender plan sometime between 1:45pm and 2:35pm. The IA Plan was to the effect that the trigger for activation of that plan was an [redacted] The surrender plan was for [redacted].

233 TORS 1 also confirmed the existence of an IA Plan and a surrender plan while giving evidence. [redacted].

234 In his directed interview with investigating police, TORS 1 was asked to describe the nature of an EA Plan. He is recorded as saying that an EA Plan is "[redacted]".

235 TORS 1 stated in his interview that he had discussed an EA Plan with TORS 4 at the front door of the stronghold. He stated that at the time he had this conversation with TORS 4, he turned off his BWV. TORS 1 was unable to recall the contents of the EA Plan when questioned during his police interview, however he maintained that the entire objective by police at the scene that day was to "contain and negotiate".

236 Despite the TORS SOPs requiring [redacted] TORS 1 could not recall if he had spoken to DCI Cockram about the EA Plan.

TORS 1's evidence

237 TORS 1 participated in a directed interview as an involved officer, which was electronically recorded with investigating police on 17 January 2024. A copy of his BWV footage was exhibited in evidence. He gave evidence in these proceedings on 9 and 10 December 2025.

238 TORS 1 had been a police officer since 1991 and had been a general duties officer for approximately 20 years. He was an acting inspector of police, and the general duties capacity shift supervisor, at the time of this incident.

239 TORS 1's accreditation as a TORS operator had ceased in December 2023, due to injuries, age and fitness, however, he was still able to be deployed as a "Field Supervisor" on 10 January 2024.

240 TORS 1 had completed a Tactical Team Instructor's course in 2008 and a Field Supervisor's course for the TORS in 2017. He indicated that he had undertaken the role of Field Supervisor on two or three occasions prior to this incident.

241 TORS 1 stated that although he had been deployed 20 to 30 times as a TORS officer during his service, he had not attended any high-risk scenarios that involved a "suicide by cop" threat. He had, however, encountered situations where persons of interest had made "veiled threats" such as "go ahead, shoot me."

242 TORS 1 confirmed that the TORS Field Supervisor is "[redacted]". He stated that the last time that he was deployed as a Field Supervisor was in 2018.

243 He indicated that the last time he had reviewed the TORS SOPs was "probably in 2017 when I conducted or participated in the course".

244 TORS 1 confirmed that he attended the scene in the company of DCI Cockram. DCI Cockram took the role of Police Forward Commander and TORS 1 assumed the position of the TORS Field Supervisor as there were no other officers stationed at Nowra Police Station who had received that training.

245 TORS 1 agreed that part of the responsibility of a Field Supervisor was to provide updates, advice and briefings to the Police Forward Commander.

246 TORS 1 was initially provided with information that three civilians were still inside the medical practice and that SK appeared to be armed with a firearm. At this time, TORS 1 indicated that he was satisfied that SK was contained within the building and that two general duties officers and TORS 4 were negotiating with him.

247 At some point in time, TORS 1 became aware of SK's threats to take his own life, which TORS 1 viewed as being "inflammatory" rather than serious. He also became aware that there were concerns that SK may have had some mental health issues.

248 TORS 1 somewhat belatedly confirmed in his oral evidence that he had left the command post and the scene sometime between 1:09pm and 1:54pm to return to Nowra Police Station to obtain further equipment. He was unable to indicate what time he left. He believed that he had informed DCI Cockram that he was

leaving, however he had no specific recollection of telling DCI Cockram that he was leaving the scene.

249 TORS 1 agreed that at the time he left the scene there was no other officer fulfilling the role of Field Supervisor. He confirmed that the only TORS trained officer at the scene at that time was TORS 4, and he could not be sure if he had spoken to TORS 4 about leaving the scene.

250 TORS 1 indicated that when he returned to the scene, he rejoined DCI Cockram at the command post. He stated that they communicated face to face rather than by police radio.

251 The evidence is unclear, however, it would appear that at some time after 2:00pm, TORS 1 left the command post and established a second command post across the road from the first command post. This coincided with TORS 2 and TORS 8 arriving in their TORS vehicle and parking the vehicle on the other side of the road. TORS 1 stated that "I moved there so I could obviously gather the documentation, speak with the TORS operators as they arrived and give them information in relation to the incident. My role as the field supervisor is to, to manage the TORS operators and, and their resources".

252 TORS 1 stated that he was communicating with the three officers at the door of the JSFP "primarily [by] radio transmission" although on one occasion he had "made my way down there and verbally spoke with TORS 4". He was asked if there was a police officer who was tasked with relaying information from the three officers at the front door back to the command post, and he responded, "there may have been".

253 TORS 1 agreed that he had not spoken with TORS 4 prior to 2:00pm, despite arriving on scene at 1:09pm.

254 TORS 1 accepted in his oral evidence that he should have spoken to TORS 4 about the IA Plan as [redacted]. He agreed that up until 2:00pm, there was no IA Plan as far as he was aware.

255 TORS 1 was questioned as to whether the IA Plan was formulated by TORS 4. TORS 1 responded that "I would agree that he came up with the plan, but in consultation with me. He may have constructed the majority portion of the immediate emergency action plan and I confirmed with him about that plan". TORS 1 eventually agreed that the plan ought to have been confirmed earlier that 2:00pm.

256 Subsequently, TORS 1 indicated in his oral evidence that he may have spoken to TORS 4 prior to 2:00pm in regard to the three members of the public still inside the

building. He then suggested that he may have also spoken to TORS 4 at this time about the IA Plan, as well as SK's firearm. TORS 1 estimated that the entirety of this conversation did not exceed one minute and his BWV was turned off at this time.

257 TORS 1 agreed that his BWV recorded a conversation with Constable Fagerland, who said, "Not sure if it's a gel blaster or a firearm," and TORS 1 responding, "Well, it doesn't matter". TORS 1 agreed that this conversation may have precipitated the conversation with TORS 4 about the nature of SK's gun.

258 TORS 1 was clear that at no stage had TORS 4 told him that he wasn't sure if SK's gun was a gel blaster or a real firearm.

259 TORS 1 was asked if he discussed the location of SC Lavender and SC Mitchell with TORS 4 during the 2:00pm conversation. TORS 1 indicated in his oral evidence, "I can't recall". He later indicated that he had spoken to TORS 4 about the two officers during that 2:00pm conversation, despite not referring to that conversation in his police interview.

260 TORS 1 then indicated that he had held concerns for their safety from the time he first arrived at the scene, however he was content for them to remain in their positions to continue with their efforts at negotiation. TORS 1 agreed that negotiation was likely to be the best method for a safe resolution of the situation and that negotiation outweighed the risk to the safety of SC Lavender and SC Mitchell.

261 TORS1 confirmed that it was his view that once other TORS officers arrived, he would begin "stripping people off the [inner] perimeter," leaving SC Lavender, SC Mitchell and TORS 4 at the front door of the JSFP. He indicated that he understood that DCI Cockram agreed with this plan.

262 TORS 1 was taken to the transcript of the recording of his BWV, where he was being advised that SK had said that "By 4pm today, I'll be dead" and TORS 1 responded, "That's – that demand is it. He's just saying by 4 o'clock this afternoon he'll be dead, so it's just a shitty demand".

263 TORS 1 agreed that this information suggested that SK was suicidal. He was asked if this conversation affected his view as to what the TORS operators should do when they arrived, and he stated, "that I would have to change my planning around the white door 1, the front door to the medical centre, and that it may be that those police that weren't TORS trained would have to be removed for their safety".

264 He agreed that he had previously been advised that SK had been expressing a desire to be killed by police, and at that time he believed "it was preferable for the GDs to remain at the front door of the stronghold".

265 At 2:03pm, TORS 4 sought permission from DCI Cockram to provide SK with water and a cigarette. DCI Cockram approved the request. TORS 1 did not appear to have been consulted and did not agree that SK should be provided with a cigarette as that would provide him with a source of ignition inside the building. It is unclear why TORS 1 was not consulted.

266 After the arrival of TORS 2 and TORS 8, TORS 1 had a conversation or briefing with the two officers.

267 TORS 1's BWV camera was lying on the front seat of the TORS vehicle and inadvertently recorded the following conversation with TORS 2 and TORS 8:

> "He's in that medical centre over there. TORS 4's on the front door. He's got a weapons instructor. He's got an OSG operator and he's got a good bloke on the taser. He's a short little bloke. Looks like you ... but fucking heaps better looking. And he's got what appears to be a pistol. TORS 4 sort of seems to think it looks like gel blaster ... they've been high ready a couple of times with him, negotiating with him .... No hostages. We've got a full perimeter in place ... Every window is covered. Every side is covered. He's just there. He's been sitting down. He's been up and down from a chair, talking to them. And obviously there's rapport being built between [SC Lavender], moreso and [SC Mitchell] who are on the front door ... [SC Mitchell's] had a few negotiations lately and been very successful so I'm very happy that she's there on the front door. Obviously we just want to swap out ... some of the perimeter teams ..."

268 TORS 1 confirmed that the above conversation encapsulated the entirety of the briefing that he provided to TORS 2 and TORS 8.

269 TORS 1 was asked if this conversation was in some way different to the one he had with TORS 4 (during which he had deliberately turned his BWV off due to his understanding that BWV "is not to be utilised" in relation to "TORS-related and TOU-related matters"). He stated "No" and that he just neglected to turn the BWV off during the briefing with TORS 2 and TORS 8.

270 TORS 1 agreed that at no time did he tell or direct TORS 2 and TORS 8 to take up positions at the front door. He further agreed that the actions of TORS 2 and TORS 8 were contrary to his briefing direction. Despite that, he indicated that "even though they had gone against what the intention was, that it was still at that time appropriate they go to white door 1 [being the front door]."

271 TORS 1 accepted that because TORS 2 and TORS 8 had positioned themselves at the front door, he had not had an opportunity to communicate with TORS 4, SC Lavender and SC Mitchell that SC Lavender and SC Mitchell were to be replaced, and that TORS 4 was to become the primary communicator. He further agreed that those officers were not given an opportunity to advise TORS 1 of how the transition could be affected with minimal escalation to SK

272 TORS 1 was asked why he had told investigating police that he had told TORS 2 and TORS 8 to "pretty much to obviously to go down there and – um – start replacing the GD staff and obviously remove them". He indicated that at the time of his interview, he couldn't recall the direction he had given TORS 2 and TORS 8.

273 TORS 1 was asked when he participated in his police interview, did he think he had told the TORS officers to replace the general duties officers at the door, and he replied "No".

274 In his oral evidence, he was asked "Whose decision was it to relieve the GDs and replace them with the TORS officers?" and he responded, "I don't know". He agreed that that decision should have been made by the Police Forward Commander on the advice of the Field Supervisor.

275 TORS 1 indicated that he made various enquiries as to whether SK's firearm was real or a replica. He stated that TORS 4 had told him that the gun was a legitimate firearm and he "couldn't tell if it was a gel blaster or not. He couldn't see the cutouts" on the slide of the pistol. TORS 1 confirmed that he made the enquiry with TORS 4 as there had been a number of replica guns seized in recent times by police as part of their regular duties.

276 TORS 1 further stated,

> "My concern was that it was a legitimate firearm and obviously I was concerned about the safety of the police and the community. However, I can't discount the fact that it may have been a gel blaster. But on face value I have to, have to acknowledge that what's been presented is a legitimate firearm."

277 He continued, stating,

> "I wanted to satisfy myself that the firearm was a legitimate firearm and wasn't a gel blaster as it could affect the way the, the – the outcome of this police operation."

278 Later in his oral evidence, TORS 1 was asked if he recalled telling TORS 2 and TORS 8, "And he's got what appears to be a pistol. TORS 4 sort of seems to think it looks like gel blaster. They've been high ready couple of times with him negotiating with him." TORS 1 indicated that he was attempting to give TORS 2 and TORS 8

accurate information. When he was reminded that he had told them that "TORS 4 sort of seems to think it looks like a gel blaster", he conceded "that would be me not giving the correct information."

279 TORS 1 was then taken to his police interview where he indicated that "TORS 4 said he couldn't tell. He couldn't see if it was a gel blaster or not". TORS 1 stated in his oral evidence that his version in court was the correct version and that it "does reflect poorly upon me, yes".

280 In addition, TORS 1 agreed that he told another officer during a phone conversation on 10 January 2024 that TORS 4 "seems to think it looks like a Glock. He seems to think it might be a gel blaster." In his oral evidence he conceded that this information was incorrect and that he was relying on his oral evidence before the court.

281 TORS 1 gave oral evidence that there were problems with how "we operated that day as police forward commander and the field supervisor". He continued, "I don't think we worked together as a team that we should have. At times we were, - we were apart, we should have been together more often. There are issues obviously around the command post and some of the decision-making process".

DCI Cockram's evidence

282 After the arrival of the "entry team" comprising SC Lavender, SC Mitchell and TORS 4, a number of other NSWPF officers arrived on the scene. Sergeant Grasso was initially the most senior officer on scene and assumed control of the police operation at that time.

283 At 12:59pm, a request was made for the deployment of TORS operators and specialist negotiators to the JSFP.

284 At 1:09pm, DCI Cockram and TORS 1 arrived on scene. DCI Cockram immediately assumed the command of the scene from Sergeant Grasso.

285 DCI Cockram confirmed that after arriving at the location with TORS 1, they were advised by Sergeant Grasso that there were still three civilians in the JSFP and that Sergeant Grasso was in the process of establishing a police perimeter around the building.

286 DCI Cockram assumed the role of Police Forward Commander due to his substantive rank of chief inspector and officer in charge at Nowra Police Station. He also was responsible for reporting command issues to the commander of the South Coast Police District.

287 Operationally and ordinarily, the Police Forward Commander has overall operational command of the incident.

288 As an involved officer, DCI Cockram gave an electronically recorded directed interview to investigating police on 12 January 2024. He gave evidence in these proceedings on 4, 5 and 10 December 2025.

289 DCI Cockram confirmed that he did not have any specific training regarding high-risk incidents, but would usually attend high risk incidents in his capacity as a DCI and take on the role of Police Forward Commander.

290 DCI Cockram initially indicated that he could "count on two hands" how many sieges or similar incidents he had been to prior to this incident. He stated that he had attended various mental health jobs which are a part of everyday policing.

291 Later in his oral evidence, DCI Cockram clarified that he had performed the role of Police Forward Commander on three to four occasions, and on each of those occasions, he did not recall having TORS officers present.

292 He stated that he had planned to attend a High-Risk Commander's Course prior to January 2024, however, was unable to attend due to COVID restrictions. He further indicated he did not attend any subsequent course, due to being busy or not considering it.

293 A command post was established approximately 30 metres from the front door of the medical centre. DCI Cockram and TORS 1 were co-located at this command post. DCI Cockram indicated that whilst he didn't have a clear view of the entrance to the JSFP from his location, he could see SC Lavender and SC Mitchell with their pistols drawn. He was unable to see SK

294 DCI Cockram stated that he was able to verbally communicate with TORS 4 at the entrance door, either when TORS 4 turned his head or when another officer, Constable Fagerland, relayed information from TORS 4 to the command post and back.

295 DCI Cockram said that he conveyed to the entry team that they should adopt a "contain and negotiate" strategy and that he "wanted no direct action or deliberate action toward that individual at this time", but they would take "emergency action" if SK [redacted] and then reasonable steps would be required to stop that threat.

296 DCI Cockram confirmed that he was at the command post with TORS 1 until TORS 1 relocated across the road after the arrival of TORS 2 and TORS 8's vehicle. He indicated that he and TORS 1 moved between the two command posts and that there were no issues with their ability to communicate with each other. He also confirmed that he did not have access to the TORS radio communication.

297 Later in his evidence, DCI Cockram was asked the following questions:

> Q. Do you recall after arriving on scene with TORS 1 that at a point in time he left to get more TORS equipment?
>
> A. Yes.
>
> Q. During that period of time there was no field supervisor on scene. Who had tactical command in that period of time?
>
> A. I probably should clarify. I wasn't aware that TORS 1 left to get the equipment. I just thought – I just was aware that somebody was going to get more equipment. I wasn't aware it was going to be TORS 1.
>
> Q. At a point in time did you realise he had left the scene?
>
> A. No
>
> Q. So you weren't aware that he'd left and come back?
>
> A. No.
>
> Q. Do you accept it's certainly desirable that as forward commander you be told if the field supervisor is going to leave the scene?
>
> A. Yes.

298 DCI Cockram agreed that this reflected a breakdown of communication, at least on the topic of TORS 1 leaving the scene.

299 During that period of time, a taser was provided to TORS 4 at 1:27pm and he sought command approval to utilise the taser. DCI Cockram declined the request and indicated that the police at the door were to maintain a "contain and negotiate" strategy.

300 DCI Cockram confirmed that he was supportive of the contain and negotiate strategy. He indicated that he had been advised that police had sighted SK in possession of a Glock firearm and that SK wanted to engage in "suicide by cop".

301 DCI Cockram stated that despite SK's assertion that he wanted the police to shoot him, DCI Cockram's view did not change in terms of the need for specialist police resources. He noted,

> "regardless of what this fellow's saying, he's in possession of a firearm. He's clearly not well. To my mind, the resources regardless of his intent would be deployed, like our, our TORS and TOU, and our NEGS would be responding regardless."

302 DCI Cockram was asked what information he had received regarding SK's mental health. He stated in his oral evidence that he received an "email from the real-time intelligence unit with a profile of SK on my phone. From memory I got, I got to see a partial bit about that. It was just so bright that day I couldn't see my phone, so I didn't have an opportunity to see that or really have a look at it."

303 Later in his oral evidence, DCI Cockram agreed that the information contained in that email may have provided valuable information regarding SK He was asked again why he didn't read the email, and he stated,

> "I couldn't read it. I tried. I opened the profile which was some form of attachment and the writing was small and just because of the light I couldn't read what was on there."

304 He was asked why he hadn't moved to a location where he could read the email properly, and he responded, "It didn't occur to me to do that." He also later accepted that he could have made the text larger, but he had not done that either.

305 At 2:12pm, TORS 2 and TORS 8 arrived together in a TORS vehicle. TORS 1 established a second command post next to the newly arrived TORS vehicle and across the road from the first command post where DCI Cockram was located.

306 On one occasion, DCI Cockram walked across the road to speak with TORS 1. Neither officer was communicating with the other by radio, although both clearly had access to radio communications.

307 At this point in time, the evidence of both DCI Cockram and TORS 1 was that they were both of the view that it was appropriate for SC Lavender, SC Mitchell and TORS 4 to continue to negotiate with SK notwithstanding the arrival of TORS 2 and TORS 8.

308 DCI Cockram indicated in his interview with investigating police that:

> "I went over to speak to him [TORS 1] and say, "What's the plan? You know we got our guys where they are. Um, your resources are here now. What, what, what's our, what's the next steps look like? … I just said to him that our guys are doing such a good job at the entry team, I said, we're probably best to swap out our perimeter police and have our specialist guys go in and take on that inner perimeter, um, the ones that have that specialist training and, you know, all that sort of, and experience. Um, yeah, and then I, we, after that conversation I just walked back to the command post…"

309 DCI Cockram agreed that the above plan was not implemented. He stated, "it escalated very quickly after, after – you know, reasonably quickly after the, the TORS guys swapped out our GDs". He further stated, "I didn't actually provide a

command, I suppose, for the TORS guys to move in and swap out the GDs. It just played out that way".

310 DCI Cockram agreed that he spoke with SC Mitchell after the shooting. He confirmed that SC Mitchell told him that SK had said that "he didn't want them to have to be the ones to shoot him". DCI Cockram indicated that that was the first time that he had heard that information. He agreed that it was relevant information, and it "could've been done differently but I don't think it would've changed the outcome".

311 DCI Cockram maintained that over that 90-minute period there was no real opportunity for an EA Plan and a DA Plan to be devised. He stated that, "the plan was to continue with contain and negotiate principles. We'd, we'd communicated the – what I term the emergency action. [redacted]. Failing that we would maintain our perimeter until specialist police took over".

312 DCI Cockram stated that he expected as the Police Forward Commander that he would be briefed by TORS 1, particularly if TORS 1 was considering deploying TORS officers to the front door of the building. He reaffirmed that they had discussed swapping out the perimeter team with TORS operatives as opposed to the entry team.

313 DCI Cockram confirmed that he had no discussion with TORS 1 about when to replace the two general duties officers. DCI Cockram indicated that he was aware the two general duties officers were in a risky position, however, hadn't been aware of "how acutely they were at risk in terms of their lack of cover".

314 DCI Cockram indicated that he was unaware that SC Mitchell was in the line of fire, that she was also trying to find a way of propping the door open and that SK had left the building carrying a ballistic shield.

The removal of SC Lavender and SC Mitchell

315 As outlined above, TORS 1 gave oral evidence that he left the command post and returned to Nowra Police Station to obtain "some equipment to supplement TORS 4."

316 He was unable to indicate what time he left the command post but agreed that he returned to the command post at 1:52pm. TORS 1 estimated that he was away from the command post for 15 to 20 minutes, although the evidence suggests that he may have been away for as long as 30 minutes.

317 TORS 1 gave oral evidence that he believed that he had told DCI Cockram that he was leaving the scene to obtain the additional specialist equipment. DCI Cockram indicated that he was unaware of the fact that TORS 1 had left the scene.

318 It is unclear whether this period of TORS 1's absence also coincided with TORS 4's attempt to relay his IA Plan to the command post. In his oral evidence, TORS 4 indicated that when he looked towards the command post he was unable to see TORS 1, although he could see DCI Cockram.

319 TORS 1 provided a different version of these events to investigating police during his directed interview. In his interview he said that he told the TORS operatives that he wanted them to:

> "supplement, um, obviously TORS 4 at the, the front of the premises. Um, and obviously, um, to bolster the, uh, the police resources at the, at the front of the, the stronghold".

320 In his interview, TORS 1 was asked three concurrent questions regarding TORS 2 and TORS 8 moving towards the stronghold and relieving SC Lavender and SC Mitchell. He was asked if that happened due to discussions, or whether they did it of their own accord, or whether they were trained to act accordingly. He responded:

> "Th, pretty much to, obviously, um, to go down there and, um, s, start replacing the GD staff, and obviously remove them, obviously, from the, the risk that, um, Mr SK , um, poses. Uh, the TORS operators have obviously better, have b, better training, um, and obviously better equipment, um, to protect themselves, other police and, and the community."

321 In his interview, TORS 1 was asked if he had any discussion with TORS 2 and TORS 8 regarding an EA Plan. He indicated that he couldn't recall whether he had said to them that TORS 4 was at the front of the stronghold and,

> "he would just give them, um, the Emergency Action Plan that, just that he and I had agreed on previously."

322 TORS 8 recalled in his statement, being told by TORS 1,

> "Yep TORS 4's up there, he's got an IA plan and a surrender plan. TOU are on their way they are being flown down."

323 TORS 2 stated in his interview that he was provided with a "very short brief" from TORS 1, from which he understood that he and TORS 8 were going to "team up with TORS 4". TORS 8 would be the "team leader" and TORS 2 would be armed with a ballistics shield and his police issued Glock pistol rather than a long arm rifle.

324 TORS 8 confirmed with TORS 1 and the trainee Field Supervisor, TORS 9, that they would be able to communicate by using a TORS radio channel, with the call signs [redacted].

325 At 2:23pm, TORS 2 and TORS 8 approached the front door of the medical practice. At this time, SK's behaviour escalated, apparently in response to the appearance of the additional TORS officers. TORS 2 swapped positions with SC Lavender and TORS 8 swapped with SC Mitchell. TORS 8 used a ballistic shield that was leaning up against a wall next to SC Lavender to prop open the glass sliding door.

326 TORS 4 recalled seeing SK's behaviour escalate after the removal of SC Lavender and SC Mitchell. In his interview, TORS 4 stated that SK appeared annoyed by TORS 2's ballistic shield and became "furious" when the second shield was placed in the doorway by TORS 8.

327 TORS 4 said that he tried to calm SK down because "the same response that he got from the PORS blokes walkin' behind us, was the same sort of escalation he went to when TORS 8 and TORS 2 were there ... he heightened his response ... it was probably the highest I'd seen in that whole point."

328 TORS 1 also observed SK to escalate at this time. He gave oral evidence that even though he did not give TORS 2 or TORS 8 a direction to go to the doorway, he was comfortable with what they had done because "even though they had gone against what the intention was, that it was still at that time appropriate that they go to [the entrance]."

329 TORS 4 agreed that with the removal of SC Lavender, he had taken over the primary negotiating role as he had developed a "second rapport" with SK although he acknowledged that he had not been as involved as SC Lavender had been in negotiating with SK TORS 4 stated that nobody had spoken to him about assuming the role of lead negotiator on the removal of SC Lavender and that it would have been preferable for a trained specialist negotiator to have assumed that role.

330 Over the following 20 minutes, TORS 8 communicated with TORS 1 via TORS radio. During these communications, TORS 8 indicated that SK was asking repeatedly for the police to "just pull the trigger". He also asked for a cigarette.

331 Shortly after TORS 8 arrived at the front door, TORS 1 radioed him asking if he wanted SC Mitchell to "come back up and continue negotiations". TORS 8 declined the offer, stating, "no I am happy for our guys to keep speaking with him, he's not really conversing." TORS 8 then asked TORS 4 to "keep trying to talk to him".

332 Shortly afterwards, TORS 8 radioed TORS 1 asking, “Mate just checking you’re happy with the IA and can I confirm the triggers”. TORS 1 responded, confirming the triggers. TORS 8 then confirmed with TORS 2 and TORS 4 if they were “good with the IA and the surrender plan?”

333 At 2:36pm, TORS 1 radioed TORS 8 indicating that TORS 5, TORS 7 and TORS 3 had arrived. TORS 6 had also arrived but was not referenced in the radio call.

334 TORS 3 and TORS 5 travelled together to the scene. TORS 3 had been a police officer for 14 years and a TORS accredited operative for 10 years, as well as being qualified as a tactical team instructor. TORS 5 had been a police officer for 33 years and a TORS accredited officer for 21 years. He was also an accredited Field Supervisor.

335 TORS 3 accessed operational police information enroute to the scene via iSurv, which is a software application used by TOUs/TORS as a tactical intelligence log which records details about a tactical job. He also able to access other messages and Team chats. After consulting with these information sources, TORS 3 was aware of SK's criminal history and that he had a history of mental health issues. TORS 3 relayed this information to TORS 5 as he was driving. He was also aware of an intelligence report to the effect that SK was armed with a firearm.

336 TORS 6 and TORS 7 arrived together and made their way to the second command post. TORS 6 had been a police officer since 2012 and a TORS accredited operative since January 2023. TORS 7 had been a police officer since 2017 and a TORS trained operative since May 2023.

337 All four TORS officers commenced “kitting up” in their tactical uniforms. TORS 7 had a brief conversation with TORS 9, the assistant Field Supervisor, who told him to “get your kit on as quick as you can and meet the other boys near the front door”. The other three TORS officers had no further direction or briefing from TORS 1, when they heard yelling and the words “he’s coming out, he’s coming out”.

338 At 2:40pm, two additional specialist police negotiators arrived at the scene.

The confrontation with TORS officers and the shooting

339 At 2:40pm, SK walked towards the TORS officers at the front door of the medical centre. His firearm was holstered and the TORS officers told him not to come any closer. SK stopped and then reached forward and picked up the ballistic shield which was placed on the floor adjacent to the glass sliding door. He drew his firearm but did not raise it towards the police. SK stood facing the police with his gun in his right hand and the shield in his left hand. The TORS officers commenced yelling, “He’s coming out, he’s coming out.”

340 The three TORS officers then retreated from the door of the medical centre, given the tactical advantage that SK's possession of the shield provided to him. The police continued to train their firearms on SK as they took cover behind a parked vehicle.

341 SK then walked from the front door of the medical centre and threw the ballistic shield into the garden area next to the entrance door. He then immediately returned inside the medical centre and said to the police "don't fuckin' do that ever again". TORS 8 told SK to get on the ground while he aimed his rifle at him, however, SK did not comply. SK's right hand remained near his holstered pistol. TORS 7 ran to the front door yelling, "get on the fucking ground now. Get on the ground. Keep your hands up".

342 At this time, TORS 5, TORS 4, TORS 3 and TORS 2 positioned themselves at the front entrance. TORS 4 enquired with TORS 8 about the current location of the TOU operatives and was advised they had landed at the airport.

343 TORS 4 offered SK another cigarette, noting that he appeared "furious", and tried to reinitiate a conversation with him. SK accepted the cigarette and they discussed what SK would give TORS 4 in return, such as agreeing to surrender.

344 Shortly after finishing the cigarette, TORS 4 perceived that SK was becoming "extremely irate, extremely aggressive" and had "removed his firearm, and he was just extremely aggressive". TORS 4 told him to "drop the firearm" and then he "tried to get him to de-escalate and I offered him another cigarette". SK responded, "get me a smoke and I'll, and I'll fuckin' put it down". Another cigarette was provided to SK and he put the firearm away.

345 TORS 4 stated that SK was responsive to being provided with a cigarette but was largely unresponsive otherwise.

346 TORS 4 indicated that as the other TORS officers relocated themselves, the entrance door kept closing and partially opening repeatedly, as there was "nothing physically propping it" open.

347 After finishing the third cigarette, TORS 4 recalled that SK "just started to look blank. Like, even though he was looking it was like he was just not there" and "Lights on, nobody home. He started to sort of chuckle..."

348 TORS 4 kept telling SK to focus on him rather than the other TORS operatives, and TORS 4 stated,

> "He seemed to escalate. He removed the firearm again from his holster at which stage we had all called to him to put the firearm down. He sort of half chuckled. Like, it was, it was kind of a disturbing thought to go back through and he just raised it straight in our direction."

349 TORS 4 continued,

> "He had come forward towards the chair, so he started to walk 'cause he pulled, drew the firearm and he just raised it. Um, yeah, and then, um, I yelled at him, like, I yelled out, gun, so everyone was aware that he had a gun in his hand, and he was raising it. I'd challenged him, police don't move, drop the gun, and he just kept going and just the look on his face, like, I can't begin to tell ya. Like, it was just, he was no longer there. Um, I actioned my weapon and, um challenged him again and when it got to his belt line, to me, there was a, um, imminent risk of serious injury of the life of, in other police that were there, um, and there was no other way of preventing the risk and, ah, I took aim and took a shot, at which stage TORS 2 um, cause I saw he had shot and somebody else had shot."

350 In his oral evidence, TORS 4 described himself yelling at SK to put his firearm down and seeing him still raising his firearm to a point where it was at "about his belt line".

351 In his directed interview with investigating police, TORS 2 recalled SK picking up the ballistic shield from the doorway and exiting the building after the TORS operatives had retreated from the front of the building. TORS 2 indicated that this meant that SK had breached the stronghold and TORS 2 [redacted] ensuring that he was contained "back into the stronghold. Once he's in the stronghold it's contain, negotiate."

352 TORS 2 advanced with the other TORS officers and he recalled that SK "stood outside and he was just staring straight at us. Did not move a muscle." TORS 2 saw that SK still had his pistol holstered and called for a taser. He saw two dots from a taser and he was waiting for the taser to fire.

353 TORS 2 then stated,

> "The pistol was in his holster and I was just waiting at cover. And within a moment his eyes shifted like that and he has drawn as quick as, as quick as anyone has, I've seen drawn that holster, that pistol out of the holster and point it directly at my face and my team members. Directly at us. And I discharged my weapon."

354 TORS 2 discharged 13 rounds from his Glock firearm. He indicated in his interview that he fired at SK until "he went down" and that it was his intention to "stop his threat". He said that when he fired, SK moved backwards and twisted his body,

however "his gun was still pointed in our direction" and it was only when "he fell back and I, I ceased fire."

355 In his oral evidence, TORS 2 stated,

> "So my intention was to incapacitate SK and prevent him from using lethal force upon us. And I fired my weapon. I don't recall firing thirteen times."

356 TORS 2's account that SK was outside the glass entry doors at the time SK raised his gun appears to be inconsistent with the BWV of Detective Senior Constable (**DSC**) Shane Watters, and the evidence of the other TORS officers who witnessed the shooting.

357 TORS 3 participated in a directed interview as an involved officer on 16 January 2024. TORS 3 recalled being in the process of dressing in his TORS kit when he heard others yelling, "He's coming out, he's coming out." He said at that stage he only had his vest on and no helmet. He ran to the front of the premises and drew his Glock firearm when he realised that SK was not surrendering.

358 TORS 3 recalled SK "kept with his right hand touching the … pistol grip and letting it go."

359 TORS 3 continued, stating,

> "I can't remember how long that sort of went for. And the next thing I remember is he's grabbed the gun; he's pulled it out. As he's pulled it out, I've straight away, this guy's, he's going to shoot us. Ah, or and he shoot the other guys that were there. Within that same period of time, I've heard gunshots. I've then just looked at centre scene mass and thought this guy is gunna kill the guys or myself and then I fired."

360 TORS 3 stated that he could not remember how high SK had raised his firearm but could definitely recall him pulling the gun out. TORS 3 stated that he felt that he had shot at SK "two, maybe three times."

361 TORS 3 said,

> "There was lots of rounds going off, and I didn't know where they were all coming from. When he pulled that gun I, I thought he was discharging as well. He was still standing. He wa, he, he's hadn't changed, um and yeah, but I believe I fired two, maybe three shots. And that's when he then went down."

362 In his oral evidence on 3 December 2025, TORS 3 stated that SK removed his gun from the holster and brought the gun up to eye level, and then he heard "don't do it" and a number of gun shots. He believed that he was being shot at and discharged his firearm at this time.

363 TORS 8, TORS 7 and TORS 6 did not witness SK's actions immediately prior to him being shot by the other officers.

364 TORS 8 heard one of the other TORS officers yelling, "I'm handsfree", meaning that that officer was not armed and had the capacity to physically restrain SK He also heard someone yell, "taser, taser" and believed that one of the TORS officers was about to deploy a taser, however there was no deployment of any taser.

365 TORS 8 then considered whether he was in a position to taser SK given SK still had his gun holstered and that he was within an optional range to deploy his taser and he had a clear shot of SK's left-hand side. TORS 8 activated his taser and was trying to establish a "sight picture" on SK when he heard a gunshot. TORS 8 heard further gunshots but was uncertain whether these were coming from SK or other TORS officers. He deactivated his taser and saw that SK was moving back into the foyer area. After the shooting ceased, he saw SK lying on his back.

366 TORS 7 provided a statement to police dated 18 January 2024. He indicated that after he ran over to join the other TORS officers and began yelling "Get on the fucking ground now. Get on the ground. Keep your hands up", that SK "had both arms folded and was smirking while I was giving him the surrender directions." TORS 7 heard TORS 5 ask, "[redacted]" and TORS 7 then secured his longarm rifle and indicated [redacted]. TORS 7 stated that [redacted].

367 TORS 7 recalled that while SK was being given directions, SK appeared agitated and had placed a hand on his firearm and was yelling in response "Get back". At this time, TORS 7 saw that SK had "his right hand on the butt of [his] firearm and thumb near the holster release. This indicated to me he was ready to draw his firearm toward all of us."

368 TORS 7 began considering other tactical options and decided that discharging a taser at SK was justified in the circumstances. TORS 7 called for a taser, but none of the tactical team had access to a taser, so he left his position to obtain a taser from another officer further away from the stronghold. As he left his position, he heard gunshots.

369 TORS 6 did not see the holster with the gun prior to the shooting. He thought SK appeared calm and relaxed and perceived that he was a hostage. At the time of the shooting, SK was out of the line of TORS 6's sight.

Detective Senior Constable Watters' BWV of the shooting of SK

370 It is current police practice that TORS/TOU operatives do not wear or record incidents on their BWV cameras during a tactical operation, although it is noted

that TORS 1's BWV camera continued to record after it had been removed by TORS 1 from his uniform and placed in the TORS vehicle at the second command post.

371 Somewhat unusually therefore, BWV footage of the shooting was captured on a BWV camera worn by a detective who responded to the police radio call of the incident at the JSFP, DSC Watters.

372 DSC Watters provided a witness statement to investigating police dated 17 January 2024 and gave oral evidence in these proceedings on 4 December 2025.

373 DSC Watters assumed numerous positions around the perimeter of the building from the time of his arrival at the scene, shortly after 1:00pm.

374 After the arrival of the TORS officers, DSC Watters was positioned on the southwestern corner of the building, approximately 10 metres away from SK His vision was unimpeded as he was looking through a glassed area.

375 DSC Watters told police that,

> "I then saw [Mr] SK start walking backwards into the building, with the TORS operators still telling him to drop the gun. I watched [Mr] SK raise his right hand whilst holding the firearm and pointing it directly at the TORS operators. I looked back at the front door and heard an unknown number of gun shots coming from the direction of the TORS operators."

376 In his oral evidence, DSC Watters recalled,

> "So SK, he had his hand down by the side then he pulled his firearm out and had it down by his side. He approached the front door. And then he got close to the front door. Then he started backing away and lifted the firearm up and pointed it directly at police at the front door."

377 The BWV footage was viewed on a number of occasions. The footage contains both audio and visual recordings. The quality of the footage is somewhat lacking; however, it appears that 1 to 2 seconds before gun shots were fired, SK's left arm and hand are outstretched towards the TORS operatives. He then raises his right arm very quickly. His right arm is bent at the elbow, with the gun in his hand. He appears to level his gun at chest height towards the TORS officers.

378 The BWV footage appears consistent with the accounts of the shooting given by TORS 2, TORS 3 and TORS 4.

The aftermath of the shooting

379 After the foyer area was secured by police, five paramedics entered the building and commenced treating SK Senior Paramedic Lawrence Knight recalled SK was "taking some breaths. He had a pulse. He was unconscious with his eyes open but not responsive."

380 The attending paramedics applied torniquets to each of his limbs, compression seals and prepared him for transportation to a waiting emergency retrieval helicopter located on the Nowra Showground. The paramedic team handed over care to the critical care doctor who had arrived on the retrieval helicopter, Rescue 203. SK suddenly went into cardiac arrest. CPR was commenced and continued for 21 minutes, before SK was pronounced deceased.

381 Investigating police located a note amongst other documents in SK's possession at the medical clinic. The note read:

> "It is over, it is done – it is finished. Tomorrow, providing Dr Benjamin Pearce attends work, I'm going to get shot by the NSW Police Force and god willing – die. I have absolutely had enough of being thought of as a schizophrenic, narcissist pedo – what an absolute load of horrible shit perpetuated by my mother of all people and believed now by some other. I cannot live like this, I tried so hard to be a good person help others and live a good life.
>
> I am so proud of the person I am. I have worked as a Local Govt. Tanger, Private Investigator, Criminal Defence lawyer and regrettable (but not for the kids I saved) started a NFP responsible for the referral of approx. 30 sex offenders. I did fucking awesome considering the horrific childhood I had and die proud. God take me home to heaven!"

Cause of SK's death

382 On 15 January 2024, Dr Bernard I'Ons, Forensic Pathologist, performed an autopsy on SK Dr I'Ons prepared a post mortem report dated 7 June 2024.

383 Dr I'Ons noted that there were 12 separate gunshot wounds and extensive evidence of medical intervention.

384 He described gunshot wounds to the head, chest, right forearm, right back, left leg and right leg. He also noted minor injuries "including probable shrapnel abrasions of the right chest and left thigh".

385 Dr I'Ons commented that there "was no soot, searing, tattooing or muzzle abrasions with any of the gunshot wounds".

386 Dr I'Ons noted that the toxicological examination detected the presence of methadone only. Olanzapine was not detected, although SK was prescribed the medication.

387 Dr I'Ons was of the opinion and recommended that SK's cause of death be recorded as being due to "multiple gunshot wounds."

Was SK's gun real or a replica and should that have impacted on the police response?

388 Dr Pearce stated that when SK entered his consulting room he noticed that he appeared to have a gun in a holster on his right hip. After some discussion, Dr Pearce believed that SK was removing the gun from the holster and left the room. Dr Pearce told other members of staff that his patient had a gun and to leave the premises. Dr Pearce then contacted triple zero. A receptionist at the JSFP also contacted triple zero.

389 The CAD log records, "Dr has pressed emergency alarm, Dr has come out and states patient has a gun in patients bag inside the room" and "Inft stated POI said he had a gun and that he wasn't going to leave there alive".

390 SC Lavender had been a qualified weapons trainer since December 2008. He recalled the police broadcast indicated that the person of interest was armed with a firearm. He also recalled having a brief conversation with Dr Pearce who indicated that he believed that SK had a gun.

391 Upon arrival at the front door of the JSFP, SC Lavender asked SK if he had a gun, and he responded that he did.

392 At 1:55pm, SC Lavender was approximately five metres away from SK and he saw the firearm was "completely black and look[ed] almost identical to my Glock service firearm except for some pattern on the top of the ejection port".

393 In his oral evidence, SC Lavender was asked if he proceeded to deal with SK on the basis that he was in possession of a real firearm, to which SC Lavender answered, "yes." He further indicated that at no time did he doubt that assessment.

394 Similarly, SC Mitchell had formed the opinion that SK was armed with a "fully functioning" firearm and never doubted her assessment during the entirety of her interaction with him.

395 The other TORS officers, with the exception of TORS 6, described SK's firearm variously as being a "black Glock pistol", "a black handgun" and a "pistol".

396 TORS 2 indicated in his interview with police that "the way he handled the Glock, it was what I'd expect someone to handle a, a loaded, a loaded gun."

397 TORS 2 recalled being told by TORS 1, during his briefing with TORS 8, that the "pistol may be a gel blaster". TORS 2 indicated that, "so the relevance being that a gel blaster may – it may look different from a real firearm. So the, the reference that I took was make an observation of what it may look like and take that into consideration." He later stated, "My observations was it looked identical, identical to our Glock pistol".

398 TORS 4 asked SK about his gun, and SK responded that it was a Glock 18.

399 TORS 4 stated in his police interview that he "got a better look at the firearm" and he noted that it had "two dots on the rear of the firearm" which are for rear sight, which was similar to TORS 4's nine millimetre (Glock). He also said he "got a better look at the base plate. The slide, it looked like a, a Glock."

400 In his oral evidence, TORS 4 stated that he never considered that SK's gun could have been a Gel blaster. He indicated that he had seen a Gel blaster prior to 10 January 2024 and some of them look very similar to a real Glock firearm.

401 TORS 4 was asked if he wasn't sure if SK's gun was real or a replica, would he have changed his approach. He responded,

> "I, I'd treat it at the highest level. If they've told me it's a gun, it's a gun."

402 TORS 4 denied that he had told any of his police colleagues that SK's gun may be a Gel blaster replica. He further stated that at no time did it cross his mind that the gun may have been a Gel blaster.

403 In TORS 1's BWV, Constable Fagerland tells TORS 1, "Not sure if it's a gel blaster or a firearm". TORS 1 responds, "Well it doesn't matter". Constable Fagerland then says, "Yeah, no. Yeah, I know. I'm just saying."

404 TORS 4 denied telling Constable Fagerland that he believed the gun was a Gel blaster.

405 As indicated above, TORS 1 then relayed to TORS 2 and TORS 8 that TORS 4 has raised the possibility that the gun was a replica.

406 Operator 164 is an Inspector (Tactical Commander/Coordinator) with the TOU. He provided a statement dated 11 September 2024 and gave oral evidence on 10 and 11 December 2025.

407 Operator 164 indicated in his oral evidence that this incident was regarded as a high-risk situation due to the presence of a firearm in SK's possession.

408 Operator 164 was asked if there was a possibility that the firearm was in fact a Gel blaster and whether that would affect any assessment of risk. Operator 164 stated, "in this instance a gel blaster, is almost impossible from the item from this incident to differentiate from a functional firearm," in terms of a visual observation.

409 He further stated that in such a situation, the firearm (or replica) "would be treated as a firearm until discounted."

410 He indicated that this would require "sufficient information to confirm that it was a gel blaster and a non-functioning firearm." Operator 164 did not perceive that the police in this situation had sufficient information to confirm that SK's gun was a non-functioning firearm.

SK's mental health treatment and engagement with CMHS during 2023

411 As noted above (at paragraphs [32]–[35]), SK was referred to CMHS by the Shoalhaven District Memorial Hospital in late March 2023.

412 On 26, 27 and 28 March 2023, SK was assessed by a psychiatrist, a registrar and a junior medical officer. The medical team spoke with SK's mother, who confirmed that he "could appear paranoid and feel cameras were watching him when unwell" and that "he felt unsafe and think people are thinking he is a paedophile. He has had multiple suicide attempts. In between episodes, he presents as clever, manipulative and able to talk himself out of everything."

413 The medical team were apparently aware of his history of schizophrenia, however, resolved to embrace a working diagnosis of "substance induced psychotic disorder in someone with a comorbid narcissistic personality disorder (some malignant features) operating at a borderline level of functioning."

414 SK was referred to the CMHS on a number of occasions from July–October 2023, after apparent attempts to self-harm. Invariably, SK would advise CMHS medical staff that he was feeling better and denied current thoughts of suicide.

415 One entry in the CMHS records noted that SK discussed previous engagement with services, "however advised that during these interactions, he was only thinking about how to say things to be able to leave or get discharged."

416 In September 2023, the CMHS assessed SK as presenting with a high risk of suicide or self-harm because of his recent "high lethality attempts". The assessment noted that his "supports/strengths" were his mother, although she was experiencing burnout.

417 SK's case was discussed at a Clinical Review Meeting (**CRM**), according to CMHS records from 11 September 2023. The review noted that SK was engaged with his GP and had a mental health care plan. He was described as being stable and discharged into the care of his GP.

418 On 24 October 2023, Dr Pearce again referred SK to the CMHS, when SK had threatened to kill himself if his GP was changed. On 25 October 2023, the CMHS spoke to SK's mother who stated that he was "the worst he has ever been", and that she was concerned for his safety. The CMHS notes indicated that contact was then made with SK who reported that "he was not wanting to see ACT [Acute Care Team] currently."

419 Despite these indications, a psychiatrist recommended the next day that consideration should be given to "discharge from ACT" because "nil indication of current acute risk".

420 On 26 October 2023, SK's case was discussed at a CRM, and a recommendation was made to discharge him due to "nil indication of current acute risk" and "risk of misadventure not mitigated by ACT intervention and SK refusing to engage..." A plan was made to follow up with SK

421 Later that day, contact was made with SK by a registered nurse at the CMHS. SK stated that he was going through a rough time, was homeless and had a court hearing coming up. He said he "felt depressed but had no plan". He denied thoughts of self-harm at the time of the call and said he did not find psychology helpful. The CMHS spoke with SK's mother again, who said he had told her that he was feeling suicidal, and that she was unsure if there was an acute ongoing risk.

422 On 27 October 2023, Dr Pearce called the CMHS to advise that he had terminated his treatment relationship with SK and that SK became angry, upset and accused Dr Pearce of believing that SK was a paedophile. Despite that update, SK was discharged the same day with a plan to "send notes to GP."

423 On 30 October 2023, SK's mother contacted the CMHS, seeking a referral due to his reported suicidal ideation and that he was expressing a belief that his GP had committed suicide in order to "save" him. In addition, she reported that he was seeing family members when they were not present. His mother indicated that he last expressed suicidal intent on 27 October 2023.

424 The CMHS then contacted SK by telephone, and he denied suicidal thoughts, paranoia or hallucinations. He told the CMHS that he was being supported by Dr Cameron at Woonona Medical Practice.

425 Of note, that same day, Dr Cameron had contacted the mental health line and reported that SK needed community team psychiatry input, as he was struggling with intrusive thoughts, believed that people were accusing him of being a paedophile and that the police were after him.

426 The following day, 1 November 2023, the CMHS contacted SK and he agreed to undertake a mental health assessment by saying "yes please, that would be great".

427 The assessment was conducted on 4 November 2023 by a Mental Health Clinical Nurse Consultant (**MHCNC**). The MHCNC noted SK's previous diagnosis of schizophrenia and his reported auditory hallucinations involving Dr Pearce. The MHCNC also noted that SK had not seen his psychiatrist, Dr Davies, for four months and raised the need for a psychiatric appointment.

428 During a CRM on 7 November 2023, consideration of psychiatric review was discussed with an ACT clinician who determined, "Nil indication for ACT psychiatrist review". SK was discharged from the CMHS on 8 November 2023 without psychiatric review.

Expert evidence of Dr Kerri Eagle, forensic psychiatrist

429 Dr Eagle was engaged to provide a "structured retrospective psychiatric assessment" or what is also known as a "psychiatric autopsy" in relation to SK As such, Dr Eagle had never met with SK prior to his death and undertook a review of medical and clinical documentation, as well as witness statements and accounts.

430 Dr Eagle described SK's diagnostic formulation as complex. Dr Eagle was of the opinion that SK had schizophrenia.

431 Dr Eagle noted that SK had been diagnosed with both schizophrenia and a substance induced psychotic disorder.

432 Dr Eagle observed that SK had presented to acute hospital settings on several occasions with positive symptoms of psychosis that included,

a. auditory hallucinations (hearing his own thoughts spoken out loud, hearing his GP's voice, derogatory and abusive voices),

b. persecutory delusions (including that others believed he was a paedophile, that he was being followed by police, and a belief he was on the Truman show),

c. grandiose delusions (believed he was a criminal lawyer),

d. passivity phenomena (thought insertion), disorganised thought processes and behaviour, bizarre behaviours, and an erotomanic delusion involving his GP.

He was also described as having "racing and intrusive thoughts."

433 Dr Eagle noted that SK reported that he had used methylamphetamines on at least one occasion and acknowledged that he was abusing his ADHD stimulant treatment, known as Concerta, both of which may have "precipitated and exacerbated relapses of psychosis."

434 Dr Eagle observed that SK was diagnosed with schizophrenia by his regular psychiatrist, Dr Davies, who prescribed antipsychotic medication. Dr Eagle commented that his mother and others observed that his mental health appeared to improve when he was on antipsychotic medication and deteriorate when he was not. Dr Eagle noted that "Symptoms of psychosis appeared to persist beyond any period of intoxication or withdrawal associated with a substance known to cause psychosis."

435 Dr Eagle noted that SK had been able to maintain employment and a personal relationship until 2021, when he appeared to have,

> "deteriorated overall in his level of function, becoming increasingly socially isolated and pursuing what appears to be grandiose schemes, such as purporting to be a lawyer and a private investigator."

436 Dr Eagle was of the opinion that SK also had a severe opioid use disorder. Dr Eagle noted that he consistently sought opioids from medical practitioners and unsuccessful attempts were made to wean him off opioids. Although he had a brief history of methylamphetamine use and abuse of his prescribed stimulant medication (Concerta) as well as prescription analgesia, his opioid use disorder appeared to be the "predominant substance use issue". Dr Eagle noted that SK was treated with methadone, an "opioid replacement therapy and methadone was in his post mortem blood."

437 Dr Eagle also noted that SK had been diagnosed with attention deficit hyperactivity disorder (**ADHD**) by a psychiatrist when he was an adult. He was prescribed stimulant treatment which SK claimed exacerbated his symptoms of psychosis. Dr Eagle commented that "It is unclear what symptoms or features of ADHD Mr SK experienced and I am unable to confirm or dispute the diagnosis."

438 Dr Eagle referred to SK's diagnosis of a personality disorder, with borderline and narcissistic traits by mental health services, as well as complex post traumatic stress disorder (**cPTSD**). Dr Eagle opined that;

> "Borderline personality disorder traits, and symptoms of complex PTSD can have shared symptoms or features, including features demonstrated by Mr SK such as emotional dysregulation, chronic suicidality, helplessness and low self-worth, unstable relationships and poor impulse control."

439 Dr Eagle considered whether SK had displayed psychopathic traits. Dr Eagle stated as follows:

> "It is not apparent that a structured assessment for psychopathy has been conducted by any qualified practitioner utilising a recommended and appropriate instrument such as the Psychopathy Checklist – Revised (**PCLR**). Cross-sectional and impressionistic diagnoses of psychopathy are likely to be unreliable, particularly in the context of other psychopathology, such as mood disturbance or psychotic symptoms. The diagnosis is also highly prejudicial and can be a barrier to care. The information available does not suggest sufficient information to consider a diagnosis of psychopathy base on the PCLR."

440 Dr Eagle was of the view that SK

> "had a chronic psychotic disorder at the time of his death that was most likely schizophrenia and was experiencing a relapse of psychosis at the time of his death".

441 Dr Eagle commented on SK's "fixation and perceived romantic attachment to his GP, Dr Pearce." Dr Eagle opined that the,

> "unrequited feelings for Dr Pearce may also have been part of an erotomanic delusion. An erotomanic delusion is a fixed erroneous belief that a person, usually someone of high status, is in love with them despite having little evidence or contact with that person."

442 Dr Eagle noted that SK's interpretation of their relationship was clearly distorted, and not in keeping with reality, and consistent with being a delusion associated with his schizophrenia.

443 Dr Eagle reviewed and considered the mental health treatment SK received in 2023.

444 Dr Eagle noted that SK last consulted with Dr Davies, psychiatrist, in May 2023, and at that time, SK appeared to be stable in terms of his mental state. Dr Eagle stated that,

> "As a private individual practitioner, Dr Davies is limited in his ability to facilitate coordinated care and relies on voluntary attendance at

appointments. He appeared to be justified in his diagnosis of schizophrenia and attempted to treat Mr SK's psychotic disorder and other disorders appropriately."

445 Dr Eagle reviewed the treatment provided by both Dr Pearce and Dr Purser at the JSFP and concluded that they,

> "appeared to take all reasonable steps to manage SK's complex presentation and attempted to facilitate access to appropriate mental health treatment and support within the limitations of their role."

This included referring SK to the CMHS in October 2023.

446 Dr Eagle noted in her oral evidence that Dr Pearce,

> "recognised, it seems, that SK had significant mental health symptoms and needs that were not able to be addressed by the GP, understandably, and he was concerned about his risk to himself and so referred him back again for further support in treating or managing SK."

447 SK had been a patient with the CMHS since at least March 2023, and the treatment notes confirm that the CMHS was aware of the demonstrated risks with which he was presenting.

448 Dr Eagle stated that,

> "[SK should have been referred for CMHS care coordination under the oversight of a psychiatrist at least following his discharge from hospital on 28 March 2023 to ensure the diagnostic formulation was appropriate."

449 Dr Eagle opined that,

> "Mr SK should have been referred and accepted for a period of assertive care coordination by CMHS, rather than provided with crisis management by Acute Care Services."

450 Dr Eagle further noted that,

> "[SK had also experienced episodes of psychosis with associated significant risks, and in my view this was not capable of being effectively treated and managed by a GP."

451 Dr Eagle opined that,

> "Mr SK should have had a psychiatric review of his treatment and care after being referred by his GP to CMHS ACT on 24 October [2023], and in particular after he was then re-referred by his mother on 30 October 2023.

> The clinical records indicate that the concerns of the GPs at the JSFP were communicated to CMHS."

452 Dr Eagle continued, stating:

> "Those concerns warranted at least a psychiatric review, if not further assertive mental health follow up and support for the GPs left to manage such a complex psychiatric presentation with significant associated risks. Collateral information from the GPs should have been incorporated into the review of his treatment. Consideration could have been given to obtaining a forensic psychiatric assessment. I am of the view that the failure to facilitate a psychiatric assessment of Mr SK after he was referred to CMHS by his GP was a deficiency in his care and treatment."

453 Dr Eagle expressed her opinion that SK needed a face-to-face assessment at this time rather than merely telephone contact from the service. Dr Eagle indicated that the face-to-face assessment should have been conducted by an experienced mental health clinician, ideally a psychiatric registrar or psychiatrist. Dr Eagle perceived that the factors demonstrating the need for this 'in person' assessment included SK's reluctance to engage, his depressed mood, major stressors in his life, and a longstanding medical problem which caused him to be on pain medication with associated fluctuations in his mood.

454 The notes from the CRM on 26 October 2023 included the following:

> "Consider discharge from ACT - Nil indication of current acute risk. Risk of misadventure not mitigated by ACT intervention and SK refusing to engage with ACT"

455 Dr Eagle stated in her oral evidence that she did not think that the CRM note was "necessarily a sound impression", given SK's "pattern of contact with the mental health services over the last six months" where he had made at least three serious attempts on his life, his mother's claim that he was suicidal in October 2023, his "GP's concerned about his risk", and an experienced clinical nurse had "identified a recent history of suicidal ideation and concerns about his risk".

456 Dr Eagle also noted that the role of the ACT "actually is to go out and respond to crises and assess people even if they aren't going to agree" so there was no reason for not continuing to engage with SK

457 Dr Eagle further noted that at times SK was prepared to engage with services, and at other times expressed disinterest or reluctance, which was not uncommon in patients with mental health conditions, and which is part of the job of mental health practitioners to attempt to engage with patients.

458 Dr Eagle was asked for her opinion regarding SK's denial of any suicidal ideation during the phone call to him on 26 October 2023 and the significance of his denial that he had any suicidal ideation in terms of treatment decisions. Dr Eagle responded,

> "this reliance on denial of suicidal ideation is not clinically sound or evidence based. There's literature that indicates that denials of suicidal ideation are not relevant or informative in a suicide risk assessment. Suicidal ideation, expression of suicidal ideation is. Denials are not. And in one study in particular recently that looked at 22 recent studies or previous studies showed that 50% of people who completed suicide had expressed – had denied suicidal ideation in the week or month prior to completing suicide. So I don't think it's necessarily protective or mitigative – mitigating the risk. We need to ask it because if someone says they are suicidal then that is a risk indicator."

459 Dr Eagle considered the further referral to the CMHS made on 30 October 2023, including the request for review by his mother who was concerned about SK's suicidality. Dr Eagle also noted that when Dr Cameron was contacted by the mental health nurse in relation to the referral, Dr Cameron indicated that she was "very concerned about him" and that she was from another GP practice, and that this should have raised the level of concern significantly for his wellbeing. Dr Eagle opined that this raised level of concern, together with SK's pattern of clinical deterioration over the previous 12 months, warranted a psychiatric review.

460 Indeed, Dr Eagle noted that SK had at least three serious suicide attempts and 14 or 15 presentations to mental health from February until November 2023. Dr Eagle stated that "This is a person who's clinically deteriorating, and his level of risk and level of concern is increasing."

461 Dr Eagle indicated that during his psychiatric review in September 2023, SK was not,

> "considered to be demonstrating signs of psychosis. More information has come to light from GPs and SK's mother that has indicated that there is concern that he might actually be experiencing psychosis, and psychosis is a psychiatric emergency really that needs to be properly assessed and managed."

462 Dr David Alcorn, the Acting Executive Director Medical Services and Clinical Governance, Illawarra Shoalhaven LHD provided two witness statements dated 28 November 2025 and 5 December 2025.

463 Dr Alcorn stated that the CMHS was made up of two teams, being the ACT and the Care Coordination Team (**CCT**). He explained that a CRM would usually involve a discussion of 25-35 mental health consumers each day.

464 Dr Alcorn indicated that patients who are discharged from the care of the ACT are normally discharged into the care of their "general practitioner, private mental health practitioners, community managed organisations or stepped down to the CCT (in the case of consumers with enduring and serious psychotic illness). Consumers may also be discharged to their own care if the consumer does not wish to have further treatment."

465 Dr Alcorn was of the opinion that the "ACT care between 24 October and 8 November 2023 included appropriate triage, mental state assessment, CRM meetings and formal discharge arrangements (including discharge letter). Based on his contemporaneous self-report, Mr SK continued to carry a long-standing and significant risk of suicide."

466 Dr Alcorn observed that a psychiatric review had been undertaken in September 2023, and no psychosis had been noted. He indicated that for the further admission on 30 October 2023, psychiatrists participated in the CRMs to discuss SK's care, although there was no separate psychiatric assessment undertaken at that time.

467 Dr Alcorn stated that the ACT "relied upon Mr SK's self-report that he was not acutely suicidal", and that because he was not reporting suicidality at the time, "there may not have been a basis to create a formal safety plan" for him. Dr Alcorn indicated that it was unclear to him the reason why the ACT determined that there was "nil indication for psychiatric review."

468 Dr Alcorn confirmed in his supplementary statement that it would appear that he was involved in SK's psychiatric assessment on 6 September 2023, possibly in the context that he had been contacted by the psychiatric registrar who undertook the assessment.

469 Dr Eagle acknowledged that there are resource limitations and psychiatry shortages which impact on the resources available to the CMHS. Dr Eagle however indicated in her oral evidence that, "It is a resource issue but it's important that there be more robust prioritisation and governance about who gets seen and who doesn't when you have poor resources … And if we're having a practice of discharging people with complex disorders to GPs and they need to have an avenue to refer back and get appropriate care, that , that would be my proviso."

470 Dr Eagle also opined that, "There's an overreliance in all of the documentation in terms of assessing risk on denial of suicidal ideation. I think that's not sound practice and that from a governance perspective there needs to be more education around what is a relevant risk factor for suicide and what isn't. So that is not necessarily a retrospective bias. I think that's a pattern that's a problem and could be a barrier to appropriately identifying and triaging people at risk."

471 Dr Eagle opined that while "it is never possible to understand with certainty what an individual may have been intending or thinking, having regard to all the available information, I am of the view that it appears reasonably clear that Mr SK was exhibiting a genuine suicidal intent at the time of this interactions with NSWPF on 10 January 2024."

Mental Health Training within the NSW Police Force

472 Superintendent Kirsty Hales is the Commander of the Mental Health Command, Capability Performance and Youth Command (**the Command**) within the NSW Police Force and has held that role since the Command was established in June 2024.

473 The Command provides strategic oversight and guidance around training, policy and deployment regarding mental health. The Command also coordinates the 'Mental Health Working Group' which brings together different organisational units within the NSW Police Force, including the Tactical Operations Group (**TOG** – within which the TOU and Negotiation Unit sits). The purpose of the working group is to ensure consistency regarding mental health training across the various units, including the TOG, specifically because it includes the Negotiation Unit.

474 Superintendent Hales provided a statement dated 15 July 2025 and gave oral evidence at the inquest on 5 December 2025. Superintendent Hales holds various qualifications including a Bachelor of Nursing specialising in Acute Psychiatric Nursing, Master of Forensic Psychology, Master of Clinical Psychology, and an Advanced Diploma in Police Negotiation. Superintendent Hales is also a registered Forensic Psychologist.

475 Superintendent Hales indicated that, in

> "the 2020/2021 training year, all operational police officers were required to complete the online training package titled '*Mental Health – STOPAR'*, being the mandatory mental health training package for that period. The training outcomes of the program include:

- Use of the STOPAR (Stop, Think, Observe, Plan, Act, Review) model as an approach to de-escalation of situations involving POIs with possible mental illness;
- Identify behaviours associated with mental illness;
- Appreciate the dynamic requirements of communication in responding appropriately to changing situations;
- Use the STOPAR model in the decision-making process to determine a range of appropriate actions and communications; and
- Identify other supporting agencies you may need to engage with when dealing with POIs with a possible mental illness."

476 This training course ran for approximately 20 minutes.

477 Superintendent Hales confirmed that "in the 2022/2023 training year, mental health training was not delivered as part of the mandatory training requirements for that training year due to the impacts of the COVID pandemic".

478 Superintendent Hales confirmed that since June 2023, every police officer in NSW is required to undertake annual mandatory mental health training, whereas prior to 2023, there was mandated mental health training but there was no requirement that that training was undertaken annually. Superintendent Hales indicated that prior to 2023, the mental health intervention training course was well respected and enjoyed by most participants but was only delivered to around 300 officers per year from an organisation of around 18,000 officers. She confirmed that officers could elect to undertake that course, and that priority was given to frontline officers.

479 Superintendent Hales indicated that in,

> "the 2023/2024 training year, all operational police officers were required to complete mandatory online mental health training titled '*Mental Health – Signs, Symptoms and De-Escalation'*. That training also taught *the 'Listen Pause Response'* model instead of the previous "STOPAR" mental health training. The training outcomes included:
>
> - Recall symptoms of common mental health diagnoses, including psychosis;
> - Identify symptoms of common mental illness, including psychosis;
> - Identify signs of self-harm and suicidal ideation;
> - Define de-escalation in a mental health context;
> - Understand the benefits and purpose of de-escalation; and
> - Utilise empathy and emotional intelligence across various situations."

480 Superintendent Hales confirmed that the 2023/2024 model did not supersede the STOPAR model, but rather focused more on elements of communication and de-escalation. Police officers were required to complete the training by 30 June 2024.

481 The course involved two modules, each of which took approximately 45 minutes to complete. The model was based on the FBI's Behaviour Change Staircase Model, which includes active listening, empathy, rapport, influence and behavioural change. One of the slides guided officers to consider managing the environment by trying to eliminate background noise and distraction, having only one person manage communication and removing anyone or anything that may trigger aggression. Another slide encouraged officers to let the subject express their feelings and vent in order to understand what has caused their escalation, to use positive, non-threatening body language and to express empathy. A slide on empathy referred to the need to attempt to understand a person's situation and to demonstrate those efforts in order to build rapport. Another slide suggests that once an officer has built a relationship with a person, they have a greater capacity to make suggestions or recommend a course of action to resolve the situation.

482 Superintendent Hales agreed that as of 10 January 2024, some officers may have completed the 2023/2024 course, but others may not have undertaken the course.

483 The evidence suggests that neither SC Lavender nor SC Mitchell had completed the 2023/2024 module as at 10 January 2024, however, it is clear from their conduct that they understood the nature of communication and de-escalation.

484 In addition, the guidance given through this mandatory course *'Mental Health – Signs, Symptoms and De-Escalation'* is consistent with Dr Eagle's opinion on methods for de-escalating a mentally ill person.

485 Superintendent Hales was not aware whether additional mental health training was provided to tactical officers but was able to confirm that police negotiators participated in additional mental health training. Operator 164 confirmed that there was no specific mental health training provided to TORS operative beyond the mandatory training provided to all serving NSW police officers.

486 Superintendent Hales confirmed that there is no specific suicide intervention training, though scenarios involving suicide or suicide by police had been included in their last training package in 2024/2025, known as '*Mental Health – Communicate to Connect'*.

Issues considered during the inquest

Issue 4: Whether the use of force by NSW Police in shooting SK was reasonable in the circumstances, and

Issue 7: Compliance with and adequacy of relevant NSW Police policies, procedure and training, including in relation to: a. use of force.

487 TORS 2 and TORS 3 both believed that SK was in possession of a real firearm. TORS 4 gave evidence that he believed that the firearm was real, although there was some tension between the accounts of TORS 4 and TORS 1 regarding the possibility that the firearm was non-functional.

488 The expert evidence from Operator 164 was that there was insufficient information to confirm that it was a gel blaster, and as such, the firearm in SK's possession needed to be treated as a real firearm.

489 TORS 2, TORS 3 and TORS 4 all saw SK raise his firearm towards them. Each of the three officers gave evidence that at that time they perceived an immediate risk of serious injury either to themselves or someone else. They also perceived that there was no other means available to prevent that immediate risk.

490 The post mortem report confirmed that SK sustained 12 separate gunshot wounds to various parts of his body.

491 The evidence indicated that TORS 4 and TORS 3 each discharged one bullet, possibly two, and that TORS 2 discharged 13 bullets.

492 TORS 2 stated, "So my intention was to incapacitate SK and prevent him from using lethal force upon us. And I fired my weapon. I don't recall firing thirteen times."

493 TORS 2 further stated, "I was met with lethal force. So lethal force, is met by, by us. There's – that's the only way to, to meet something like that, and that's the only option that I had. Being at the front of the team, I could see what, what I saw, so I responded to protect myself and my teammates."

494 Operator 164 stated, "Police are trained to fire until they perceive that the threat has stopped." He agreed that different officers may well have different perceptions in the circumstances.

495 The number of gunshots suggests that the force used may have been excessive and certainly SK's family have made written submissions to that effect.

496 Consideration has been given to whether there were any alternative, less lethal options which could have been deployed that day. Three options were explored during these proceedings, and included,

a. tasers,

b. beanbag munition round, also referred to as a "Super-Sock" Bean Bag Impact Munition, and

c. 'flashbang' sound flash grenade.

497 The deployment of a taser was considered by a number of officers during the incident. These included TORS 4, TORS 8 and DCI Cockram.

498 At 1:30pm, TORS 4 had a conversation with Sergeant Grasso about using his taser. Sergeant Grasso responded, stating, "no, not if you can't get a good shot as he may use his firearm."

499 A further consideration was whether the deployment of a taser prior to the arrival of the other TORS officers may have created a further significant risk to SC Lavender, SC Mitchell and TORS 4, given their lack of cover. After the arrival of the other TORS officers, SK's emotional state was heightened, and this may have increased the risks associated with using the taser.

500 TORS 3 indicated that he would not have considered using a taser or a beanbag round, as it was not a suitable response to the presence of SK's firearm. He stated,

> "We've been trained, like, bring, you know, even a knife situation, it's ... yeah, a taser wouldn't have been ... sufficient at that time. Um, he, he had that retaining strap down. I could clearly tell that was a gun. I was not going to, to play around with a taser when he pulls a gun. And he was, he was taunting us, showing us that he was going to pull it out. He wasn't hands up. You know, he was ready to go."

501 Operator 164 considered the appropriateness of the use of a taser during the incident. He indicated that whilst the firearm was holstered, the "presence of that tactical option was appropriate," as perceived by the operator at that time. He went on to explain that that perception is informed by a range of factors, including whether the use of a taser may cause the offender to escalate in terms of their behaviour and the likelihood that the taser will operate effectively.

502 Operator 164 indicated that the use of a taser would not be justified in response to SK raising his firearm because of the threat to the life of the officer. He elaborated by stating, "Because it is a potentially ineffective option to incapacitate the offender who is posing a threat to the life of the police." He also

stated that a taser may not be "sufficiently effective or accurate enough" in such a situation.

503 Operator 164 stated, "As to the justification not to discharge the Taser upon [Mr] SK , it is my opinion that, it was in line with policy and procedures, with particular reference to the justification for use ... including consideration of the environment, the situation and the tactical options available to them at the time, and within the scope of training."

504 On 19 September 2023, NSW Police withdrew the "Super-Sock" Bean Bag munition from operational use due to an incident where it was deployed, resulting in fatal injuries to a person. [redacted]

505 [redacted]

506 Superintendent Rochester indicated [redacted], and it would have been very unlikely that the beanbag munition would have been available on 10 January 2024.

507 Operator 164 stated that "It is my opinion that the decision for TORS not to deploy with a special weapon 12-gauge shotgun for Super-Sock Bean Bag impact munition deployment was in accordance with the authorities granted by Assistant Commissioner Cotter. I cannot determine if deployment with 12-gauge shotgun for impact munition (Super-sock) deployment would have affected the outcome of this matter. It should be noted beanbag (impact) munitions were not approved for use on 10 January 2024."

508 In his oral evidence, Operator 164 agreed that discharging or the use of the beanbag munition would not have been commensurate to the risk posed when SK raised or levelled his firearm. He further stated that it "can be ineffective as a tactical option in rapidly incapacitating."

509 Operator 164 confirmed that as part of an IA Plan, an EA Plan or a DA Plan, "flashbangs" may be deployed as a tactical option.

510 Operator 164 was of the opinion that given the timeframe that the officers were facing, "I don't believe [that] would have afforded them the opportunity to deploy a sound flash grenade."

Issue 6: Use of body worn video by NSW Police including Tactical Operations Regional Support (TORS) and Tactical Operations Unit (TOU) officers

511 The use of BWV cameras remains a discretionary, rather than a mandatory, consideration for NSW Police officers.

512 The most recent Standard Operating Procedures for the use of BWV cameras (**BWV SOPs**) were introduced in November 2023 and were current at the time of this incident.

513 BWV cameras can be used by NSW Police officers in the lawful execution of their duties and must be activated in an obvious and overt manner. BWV can be used to gather evidence and lawfully record conversations with members of the public and fellow officers. The BWV SOPs provide that;

> "All police officers wearing police uniform, whilst engaged in duties of operational response, must, where practicable, wear as part of their uniform, a BWV camera for use in accordance with these SOPs. Police engaged in proactive and/or investigative duties should also take and use BWV cameras in support of their policing activities."

514 The SOPs note that a police officer should use,

> "their own judgement and take into account a number of factors, including:
>
> - officer safety and protection
> - the need to capture evidence
> - accountability
> - community expectations
> - contentious situations
> - involvement of vulnerable people
> - protection for offenders and the community
> - any other relevant factors that exist."

515 On 10 January 2024, SC Mitchell was wearing a BWV camera and recorded the entirety of her involvement and engagement with SK

516 SC Lavender was not wearing a BWV camera when he attended at the JSFP. SC Lavender stated,

> "There was limited (sic) of body worn cameras available. There were some that were not functioning, which has kind of been a bit of an issue with the body worn cameras system. I think we're just changing over now to the exfog but the body worn camera system had a number of problems with them where they would not always be available for police due to not working, or there not being enough of them."

517 The BWV SOPs indicate that it may not be appropriate to use BWV to record "Professional Conversations". The SOPs state,

> "Police should not record images or conversations dealing with strategy, methodology, tactics and lines of enquiry or other case-related issues. Officers should, where possible, avoid recording police specialist equipment, preparation and execution of tactical activities, discussions with other police or personnel from other agencies at incidents or major operations."

518 Although all of the TORS officers that responded to the call to attend the incident on 10 January 2024 were engaged with other duties as uniformed officers prior to the call (with the exception of TORS 3 who was on leave), none of the TORS officers were wearing a BWV camera when they attended the scene, with the exception of TORS 1.

519 It can be inferred that the TORS officers were complying with their understanding of the SOPs referenced above regarding "Professional Conversations," although the officers' understanding as to the limitation on recording tactical activities was variable.

520 TORS 1 arrived on the scene at 1:09pm but didn't activate his BWV until 1:53pm. He was asked why he didn't activate the camera earlier and he stated that "I think maybe because I was conducting TORS duties at that time." He subsequently indicated that it may have been because he left the command post and returned to Nowra Police Station to obtain more equipment.

521 He agreed that it is less likely that a BWV camera could be accidentally or unintentionally activated as there is a beeping noise and a red light which is activated when the recording commences.

522 TORS 1 recorded various discussions involving strategy, methodology and tactics. Some of those conversations occurred when TORS 1's BWV camera was being worn by him and related to the initial phases of the operation and the IA Plan. Later conversations included a period of time when TORS 1 had removed his BWV and

placed it in the front seat of the TORS vehicle at the second command post. The recordings during that period of time related to "a tactical briefing" with TORS 2 and TORS 8.

523 None of those captured conversations on TORS 1's BWV resulted in the exposure of police methodology or tactics. Indeed, the recordings captured the lack of methodology or tactical preparedness prior to the engagement by TORS 3, TORS 5 and TORS 6; as well as the limited engagement with DCI Cockram in his role as Police Forward Commander.

524 The evidence suggests that TORS 1 was in communication with the Tactical Coordinator of the TOU or delegate. The Field Supervisor in a high-risk situation is expected to [redacted] TORS 1 did not appear to have been recording those conversations on his BWV.

525 The BWV SOPs in fact identify the benefits of using the devices to ensure the transparency and accountability of police officers. In addition, a BWV recording provides police officers with a real time corroboration of their actions and may assist to determine that they acted lawfully in the circumstances of a disputed scenario. This is particularly so when legal issues relating to use of force or self-defence of a person or property are in dispute.

526 In this case, it is somewhat fortuitous for the TORS officers that DSC Watters was wearing and recording on his BWV at the time of the shooting. Although DSC Watters' BWV recording is taken from an angle which places limits on what can be discerned from the footage, it shows that SK appeared to raise his left hand first and then raised his right hand above his waist and levelled his gun directly at the police stationed at the front door.

527 The only other footage that was available from the time of the shooting was footage taken from premises across the road from the JSFP. This footage shows the backs of five TORS officers aligned at the front door of the JSFP. SK cannot be seen from the angle of the footage. It is impossible to discern what SK may or may not have been doing at this time inside the medical clinic.

528 It cannot be understated that if any of the TORS officers had been wearing and recording with a BWV, their physical perspective, and their subjective considerations could have been more effectively determined when considering issues relating to use of force and the immediate risk of serious injury to themselves or others.

529 Generally, the availability of a contemporaneous video recording may well provide both the family of a deceased person and the tactical police officers with greater clarity, thereby reducing the retraumatising of family and witnesses.

530 The Coroners Court of NSW has considered the issue of tactical operatives wearing BWV in two recent inquests, being the inquest into the death of Mr Tateolena Tauaifaga (**Tauifaga inquest**) and the inquest into the death of Mr Todd McKenzie (**McKenzie inquest**).

531 In the Tauifaga inquest, Deputy State Coroner Ryan delivered her findings on 31 April 2022. Her Honour recommended the Commissioner of Police should continue to investigate the ways in which TOU operatives could be equipped with a recording device to be carried on their person with the capacity to visually and audially record their operations.

532 In the McKenzie inquest, Deputy State Coroner Grahame delivered her findings on 5 April 2024. Her Honour recommended that tactical police should be required to wear BWV, a recommendation the (then) Commissioner of Police supported in principle.

533 In March 2025, the Law Enforcement Conduct Commission (**LECC**) made a number of recommendations regarding the mandatory use of BWV by all NSW Police officers, including tactical operation officers (TORS/TOU).

534 On 2 June 2026, Assistant Commissioner Peter Cotter indicated in a media release that there was a "review underway" regarding the use of BWV due to a number of adverse incidents involving police officers not wearing and/or activating their BWV. Assistant Commissioner Cotter was quoted as indicating that this had not received formal approval from the Commissioner of Police. It was unclear whether this press announcement related only to non-tactical police officers or not.

535 As noted above, Superintendent Rochester is commander of the TOG. He provided two statements dated 10 October 2024 and 10 December 2025. He also gave oral evidence on 11 December 2025.

536 Superintendent Rochester confirmed that he created the TOG BWV working group (the **'working group'**) as a result of the recommendations made in the Tauaifaga inquest in 2022 and the McKenzie inquest in 2024. The TOG BWV working group is reviewing the use of BWV in a "tactical environment", specifically the recommendations that "tactical police should be required to wear body-worn video".

537 Superintendent Rochester indicated that the 'working group' has been guided by its terms of reference and has met on three occasions in late 2024, and three occasions in 2025. A further meeting was scheduled for the beginning of 2026.

538 Superintendent Rochester stated that one of the impediments the 'working group' have been considering related to the application of the *Surveillance Devices Act 2007*, [redacted].

539 Superintendent Rochester confirmed that a legislative amendment is likely to be necessary and the 'working group' submitted a proposal for a legislative amendment in June 2025 to the NSW Police Legislation and Policy branch. At the time of giving his evidence, Superintendent Rochester confirmed that the proposal was still under consideration by the Legislation and Policy branch.

540 Superintendent Rochester testified that

> "I need a clear position and I suppose regardless of what that position is that gives me the position to then move forward in relation to the other issues that we've raised."

541 Those issues include the following:

a. disclosure of methodology and how that could be managed;

b. recording vulnerable people;

c. security of the storage of information captured by BWV including capacity of storage and the use of encrypted servers;

d. recording of unintended conversations;

e. other relevant legislative considerations;

f. a concern which was the subject of a non-disclosure order in these proceedings;

g. risks to police safety; and

h. revision of the BWV SOPs including exemptions for the TOG.

542 Superintendent Rochester stated that,

> "some of those issues will still take an amount of time to work through and resolve and again once we've got a clear position in relation to the legislative requirements."

543 He agreed with the proposition that,

> "subject to getting the legislative advice, and working through the legal concerns, you don't regard any of the other issues being considered by the working group as creating any impediment to tactical officers wearing body-worn video. It's about working through and resolving the way in which it might be achieved..."

544 He did subsequently qualify his response by stating that,

> "the in-depth consideration of the further impediments or the further issues hasn't been undertaken by the working group yet whilst we're awaiting the outcome of the legal advice."

545 Superintendent Rochester was unable to indicate when the NSW Police Legislation and Policy branch was likely to respond to the working group's legislative proposal.

546 In addition, Superintendent Rochester was unable to provide a timeframe for the resolution of the other issues, due to the involvement of third-party suppliers and additional research and development.

547 Superintendent Rochester was asked if he regarded this issue as a priority issue for the TOG. He responded,

> "Well it's, it sits with the same level of priority that all requests from the Commissioner's executive team gets and it's dealt with as efficiently as, as we can in line with our operational activities and the, the availability of working group members."

548 Many Courts in NSW have repeatedly and consistently implored the NSW Police to wear and activate their BWV cameras.

549 The Courts are continually met with excuses as to why an officer was not wearing a BWV camera or that the BWV camera was not functional at the time of a crucial evidence gathering exercise.

550 The existence of a BWV recording can provide a police officer or officers with independent evidence which may corroborate their actions and exonerate them by showing that their actions were lawful and appropriate. Most importantly, it provides a record in "real" time, which reflects subjective pressures and considerations, and provides transparency and accountability. This is particularly so in situations such as high-risk and unpredictable scenarios.

551 The same rationale must apply to situations involving tactical police officers. This matter, relating to the manner of SK's death, is a case in point.

552 Without DSC Watters' BWV in this matter, the outcome for three police officers, TORS 2, TORS 3 and TORS 4 may have be remarkably different. BWV protects both the police and the community.

553 It is noted that the working group was established in 2024 and there is still no resolution of the mandating of the use of BWV cameras by tactical officers.

554 The legislative issue referred to by Superintendent Rochester would appear capable of resolution. The other issues could not be perceived as being insurmountable or complex.

555 Superintendent Rochester's comment, reproduced at paragraph [547] above, raises concerns for this Court that there is not the same sense of urgency being applied to the review of tactical officers wearing BWV as there was for the re-introduction of the "Super-sock" beanbag munition.

556 One of the impediments to the implementation of the use BWV is the disclosure of methodology relating to the tactical operations of TORS/TOU officers. It is plain that any such disclosure can be managed by appropriate protocols, including public interest immunity claims and non-disclosure/non-publication orders, as has occurred in this matter.

557 I would encourage the Commissioner of Police to consider the expeditious implementation of mandatory use of BWV by all officers, including tactical officers.

558 To that end, it is proposed pursuant to section 82 of the Act to make the following recommendation that,

> the Commissioner of Police prioritise necessary steps to implement the mandatory use of body-worn video by tactical operatives within the NSW Police Force.

559 On behalf of the Commissioner of Police, it is submitted that "a further recommendation in this area would risk duplicating work already being undertaken within the NSWPF in response to the coronial recommendations made in the *Inquest into the death of Tateolena Tauaifaga* and the *Inquest into the death of Todd McKenzie*."

560 On behalf of TORS 2, the BWV recommendation is supported.

Issue 5: The adequacy and appropriateness of the response by NSW Police to SK's actions on 10 January 2024, including:

a. command, decision-making and planning;

b. availability and use of specialist resources – including negotiators; and

c. having regard to available information as to his mental health

561 As the Forward Police Commander and the Field Supervisor, it is apparent that both DCI Cockram and TORS 1 should have been and remained co-located during this operation.

562 DCI Cockram was lacking tactical training and experience; however, it has been submitted on behalf of the Commissioner of Police that this may "operate as a form of check and balance within the command structure. Consistent with that role, DCI Cockram ultimately exercised command responsibility and made the decision to provide SK with a cigarette as a means of engagement."

563 Interestingly, it was this very action by DCI Cockram that caused TORS 1 to state when being asked if he was the boss by TORS 9, "No, he's over, mate, he's over there doing that, like he's fucking – this is the problem, buddy, he's over there fucking giving them stuff."

564 NSW Police have "developed three specialist commanders courses relating to public order, major events and, relevantly, high-risk incidents." DCI Cockram attended the high-risk course in February 2024.

565 In terms of command responsibility, DCI Cockram relayed information via police radio and had a scribe record other information later in the proceedings.

566 DCI Cockram failed to appreciate the significantly dangerous position that both SC Lavender and SC Mitchell were in at the front door of the medical clinic and appears to have made little or no enquiry in that regard. He indicated that he had only become aware of the significance of their danger when he attended Court to give evidence.

567 DCI Cockram was unable to read the real-time intelligence information being provided to him on his phone and did not either move locations or manipulate his screen to access this important operational information. When questioned, he was not really sure what the real-time information contained, apart from some COPS events. Such information is invariably vital and beneficial given that it accesses real-time, rather than historical information. In SK's case, this may well have been extremely useful, particularly if it related to his mental health history.

568 DCI Cockram was unaware that TORS 1 had left the command post for at least half an hour. It is unclear whether DCI Cockram was aware of the IA Plan at this time.

569 After TORS 1 returned he set up a separate command post across the road from DCI Cockram. Apart from one occasion, where DCI Cockram walked across the road to the second command post, there appeared to have been no further communication between DCI Cockram and TORS 1.

570 DCI Cockram did not appear to appreciate during his oral evidence that his actions on the day fell below standard expectations.

571 TORS 1, however, stated, "I don't think we worked together as a team that we should have. At times we were – we were apart, we should have been together more often. There are issues obviously around the command post and some of the decision-making process."

572 Operator 164 indicated in his oral evidence that the communication at the scene was "at the standard and below the standard at times." He was of the opinion that the failure of the Police Forward Commander and the Field Supervisor to co-locate and TORS 1 leaving the scene were below standard.

573 He stated that the command and control at the incident was of a standard expected of a NSW Police officer.

574 Operator 164 was of the view that the briefing of TORS 2 and TORS 8 by TORS 1 was below standard.

575 Operator 164 also indicated that DCI Cockram and TORS 1 did not have sufficient time to develop an EA Plan. [redacted].

576 [redacted].

577 Operator 164 agreed that the two general duties officers should have been replaced, although this should occur only "when appropriate."

578 The actions of both TORS 2 and TORS 8 were clearly contrary to the details provided to them in that briefing, however, it could not be said that they deliberately disobeyed commands. The briefing itself was perceived to be unclear in terms of what constituted the inner perimeter, and no communication was

directed to TORS 4 as to the substitution of the general duties officers and his assumed role of primary communicator.

579 It is proposed to make a second recommendation to the NSW Commissioner of Police as follows;

> the Commissioner of Police give consideration to – in training delivered to TORS and TOU operatives:
>
> a. additional emphasis on the need to provide and receive accurate briefings when deployed to an incident;

NSW Police mental health training

580 The Command has achieved significant changes to strategic oversight and guidance around training, policy and deployment regarding mental health since 2024.

581 The Command now has mandatory annual training for all serving police officers in various aspects of mental health training and awareness. The Command and the Commissioner of Police should be congratulated for such dedication to a very difficult aspect of policing.

582 The evidence in this inquest confirmed that the police witnesses were clear in their understanding of STOPAR and mental health interventions and their role in terms of communication and demeanour.

583 SC Lavender and other police witnesses indicated that they found the earlier, multi-day course called 'Mental Health Intervention Officers' course, particularly helpful. It is understood that this course only had the capacity to cater to approximately 300 officers each year. Superintendent Hales observed that the program was not meeting the broader capability and operational capacity requirements of NSW Police. It has also been submitted that funding constraints meant that it would be difficult to run that program in the longer term.

584 Whilst acknowledging the above, it would appear to be of benefit to provide that type of course to TORS/TOU operatives, to afford them greater protection in situations involving mentally ill persons.

585 In addition, Superintendent Hales has confirmed that the upcoming mandatory training module contains some material on "suicide by cop".

586 It would seem that any additional training that could be provided to the tactical officers would be of benefit to them as well as the community.

587 For those reasons, it is proposed to make to further recommendations to the Commissioner of Police, as follows;

> the Commissioner of Police give consideration to – in training delivered to TORS and TOU operatives:
>
> b. additional training in relation to mental health (akin to the Mental Health Intervention Officers training previously available), and
>
> the Commissioner of Police give consideration to specific training for officers in relation to "suicide by cop".

Illawarra Shoalhaven LHD CMHS

588 Dr Eagle provided an opinion regarding the treatment that SK received at the CMHS in 2023, particularly the period between 24 October and 8 November 2023.

589 In Dr Eagle's expert opinion, the CMHS missed opportunities to provide care to SK including failing to have him psychiatrically reviewed after concerns and referrals were made to the service by two of his GPs and his mother.

590 It is accepted that after his discharge from the service on 8 November 2023, SK relocated to Canberra and consulted with medical practitioners over the following weeks. It cannot be said that there was any causal connection between the failures that Dr Eagle identified on the part of the CMHS and SK's death.

591 On behalf of the LHD it is acknowledged that there were shortcomings in SK's treatment during that period.

592 It is submitted by the LHD that the recommendations proposed by counsel assisting are not necessary or desirable due to significant policy changes relating to care planning and discharge planning, which includes both consumers and carers.

593 The new policy does not appear to contain changes to the relevant policy relating to denials of suicidal ideation. This remains a significant concern.

594 It is proposed to make one recommendation to the Illawarra Shoalhaven LHD CMHS as follows;

> the Illawarra LHD CMHS review its processes to ensure:
>
> a. appropriate assessment of denials of thoughts of self-harm or suicide to risk of same (based on current relevant peer reviewed literature).

Recommendations proposed by SK's mother

595 SK's mother provided cogent written submissions at the conclusion of the evidence. In addition, SK's mother proposed seven recommendations, including,

1. Mental Health Identification and Briefing,
2. Continuity of Negotiation,
3. Mandatory De-Escalation Planning Timeframes,
4. Use of Less-Lethal Force,
5. Body-Worn Camera Compliance,
6. Mental Health Crisis Response Integration,
7. Training on Suicide-by-Cop Scenarios.

596 In relation to recommendation 1, it was submitted that NSW Police implement mandatory procedures requiring that, where a person is suspected or known to suffer from serious mental illness, "the information is formally recorded and communicated to all incoming officers, including specialist units" and "mental health status and suicidal intent be treated as critical operational intelligence for briefing purposes."

597 This recommendation is valid. The evidence suggests that SK's mental health history was provided to officers at an early stage, however, it does not appear to have formed any part of the briefing that TORS 1 provided to other TORS operatives at the scene. The real-time intelligence email that was forwarded to DCI Cockram would have likely included this information, however, DCI Cockram indicated that he did not read the material.

598 This recommendation is similar in theme and substance to two of the proposed recommendations provided by counsel assisting.

599 The second recommendation proposed by SK's mother is as follows; "That NSW Police Force policy be reviewed to prioritise continuity of engagement with officers who have successfully established rapport with a mentally ill or suicidal person, unless there are compelling operational reasons to discontinue that engagement."

600 This proposed recommendation is also reflected in counsel assisting's proposed recommendations.

601 The third proposed recommendation is "That NSW Police Force require the formal development and documentation of an Emergency Action Plan and De-Escalation

Strategy in incidents involving barricaded or suicidal persons where police presence exceeds a defined timeframe."

602 This proposed recommendation is aligned to the "contain and negotiate" principle which forms part of the NSW Police Force policy. The current policy also contains a direction to [redacted]

603 The fourth proposed recommendation is "That NSW Police Force reinforce training and operational guidance requiring officers to:

- actively consider and document the feasibility of less-lethal options prior to the use of firearms; and
- ensure that requests for less-lethal options (such as tasers) are communicated to and acknowledged by the Field Supervisor."

604 This proposed recommendation is caught by the recommendations proposed by counsel assisting.

605 Similarly, the fifth proposed recommendation relating to BWV is already an accepted recommendation.

606 The sixth proposed recommendation is "That NSW Police Force and NSW Health jointly review protocols for real-time mental health consultation during police responses to psychiatric crises, including improved access to mental health clinicians or negotiators at an early stage."

607 The evidence suggests that two police negotiators had taken steps to obtain information about SK whilst en route to JSFP, in particular, his mental health history, including his diagnosis of schizophrenia and his treating psychiatrist.

608 Recommendation 7 submits that "NSW Police Force enhance training for specialist and general duties officers in identifying and responding to "suicide by cop" presentations, with emphasis on preservation of life and avoidance of escalation."

609 This proposed recommendation is similar to a recommendation that will be made.

Considerations

610 SK had a significantly complex mental health history. He had engaged in treatment over a number of years with varying degrees of success.

611 His mental health was deteriorating and appeared to spiral in the 12 to 18 months prior to 10 January 2024.

612 He was referred to various medical practitioners and hospitals which were often overwhelmed or lacking the expertise to treat such a complex presentation. SK appeared to have a reasonable therapeutic relationship with Dr Davies, his psychiatrist, however, he had not consulted with him since May 2023.

613 According to Dr Eagle, SK was exhibiting genuine suicidal intent and demonstrating signs of psychosis on 10 January 2024.

614 Prior to his attendance at the JSFP, the evidence indicates that SK planned his demise. This included attending the TacToys store in Queensland, as well as purchasing a holster and a chest mounted camera. He made recordings of his thoughts and motivation to end his life at the JSFP.

615 From the time of his arrival at JSFP on 10 January 2024, SK appeared focused on ensuring that any civilians in the building were evacuated and refused to engage with the police until that evacuation occurred.

616 The staff and patients showed courage and resilience during this period of time.

617 SC Lavender and SC Mitchell immediately responded to the police radio call and placed themselves at significant physical risk. They remained exposed to that risk for 90 minutes. During that time, they conducted themselves with exceptional professionalism, empathy and candour. They also displayed an appreciation of potential triggers and the associated escalation in SK's behaviour.

618 SC Mitchell also showed incredible endurance to continue to physically restrict the sliding door for 90 minutes.

619 It is very clear that SC Mitchell's actions displayed exceptional bravery given that she had no personal protective equipment and was in the direct firing line from SK

620 Operator 164 noted that SC Lavender was also in a precarious position given that his location only provided him with concealment but not protective cover.

621 I am of the view that it is appropriate to make a recommendation to the Commissioner of Police that both SC Mitchell and SC Lavender be formally recognised for their exceptional bravery and professionalism on 10 January 2024.

622 Despite their exposure, the two officers were prepared to continue to assist with negotiations after they had been relieved from their posts.

623 At that time, they were working together with TORS 4, who had also engaged meaningfully with SK over that period of time. He described trying to de-escalate the situation. He acknowledged that he was not a trained negotiator, however he expressed an understanding and empathy of the situation. He recalled SK was

"like waves in the ocean. Every now and then you'd have a big wave, a small wave, flat, was in between sets."

624 During that time, SK was erratic, unpredictable and conversely calm.

625 The evidence of both the Police Forward Commander and the Field Supervisor revealed shortcomings in terms of police command, control and decision-making during the operation.

626 It remains unclear whether the dysfunction exhibited between the Police Forward Commander and the Field Supervisor was simply personal or systemic. The concessions made by TORS 1 during his oral evidence, suggested that it was personal and not systemic.

627 The lack of situational awareness by DCI Cockram was particularly concerning regarding the unsafe predicament of both SC Lavender and SC Mitchell. It appeared that DCI Cockram was only cognisant of their perilous physical state when he gave his oral evidence in Court.

628 TORS 1 provided a briefing to TORS 2 and TORS 8. This briefing was not required to be a formal briefing but was required to be a clear and concise indication of their tactical tasks. TORS 2 and TORS 8 did not take a position at the inner perimeter but rather located at the front of the JSFP, contrary to the briefing.

629 The fact that the two TORS officers apparently misunderstood their task suggests that they had either wilfully defied their briefing or that the instructions were unclear and imprecise. On the available evidence, it does not appear that either officer wilfully disobeyed orders.

630 It is accepted that these events occurred in a high risk, ever evolving scenario. In such a situation, it is even more imperative that information is imparted in the most concise and informative fashion.

631 It also placed SC Lavender and SC Mitchell at a much greater risk, given the likely escalation in SK's behaviour on seeing additional TORS operatives.

632 Due to significant safety issues, it was imperative that the two general duties officers were replaced with TORS officers who were better resourced and trained in terms of high-risk situations.

633 The need to ensure the safety of these two officers meant that there should have been clear planning and communication with SC Lavender, SC Mitchell, TORS 4, TORS 1 and the TORS officers replacing the general duties officers. This did not occur.

634 The possibility that the de-escalation methods displayed by SC Lavender, SC Mitchell and TORS 4 continued with SK were significantly undermined.

635 The lack of planning, or the planning that was misinterpreted, played into the psychosis the SK was experiencing, which included his determination to die at the hands of the police.

636 Unfortunately, by this time, SK was extremely heightened by the presence of the additional TORS operatives, as well as the ballistic shield at the front door. TORS 4 was placed in an invidious position, attempting to continue to contain and negotiate with SK

637 At the time SK levelled his firearm at the police at the front door, it was inevitable that his action would be met by lethal force.

638 It is difficult to conceptualise the perceived need to shoot a person 13 times. It is exactly this difficult dilemma that amplifies the need for BWV to be mandatory for all officers, including TORS/TOU officers.

639 It is accepted that some of the police actively considered the use of non-lethal weapons. Unfortunately, non-lethal weapons could not be utilised due to the escalating situation.

640 I am not of the view that TORS 4, TORS 2 or TORS 3 acted contrary to police policy.

641 SK's death was unnecessary but could not have be prevented.

Family statements

642 At the conclusion of the evidence, SK's mother and his two brothers provided eloquent, empathetic and generous statements.

643 These statements highlighted the pain and frustration that families experience dealing with inadequate medical support and interventions.

644 The statements provided an insightful analysis of the impact the events of 10 January 2024 had on so many people, including staff at the clinic and police.

645 One of SK's brothers stated:

> "Whenever anybody chooses to take their own life it is traumatic for those involved. However, I would like to acknowledge just how traumatising and far reaching the impact of the method in which SK went about this was. It is my view that the vast majority of Police officers in NSW take up their role with good intentions, to protect life and property and uphold law and order in our society, and they acknowledge there are certain risks associated with those tasks. However, even the Officers of the NSW Police do not go to work anticipating that they will be involved, whether directly or indirectly, in ending somebody's life. The trauma all officers involved with this event have experienced is evident and I

would like to express my sympathy and gratitude to them for putting themselves in that position of vulnerability both physically and mentally, on that day.

In particular, there are certain officers who have left the Police force as a result of this incident. I would like to offer my sincere appreciation for their efforts to serve our community both on the 10th of January 2024 specifically but also throughout their careers prior to that afternoon. I would also like to acknowledge how challenging this entire ordeal must be for them and their families. For those who do it well, policing becomes more than just a job, it is an identity and to have to give that up following these circumstances must elicit a trauma all of its own.

I would also like to specifically acknowledge the General Duties officers who were first on scene that day and began engaging with SK for what would turn out to be a period of over 90 minutes. As I've already mentioned, I am grateful that those officers would consider putting themselves at risk of imminent harm for the benefit of our community, and yet not only did they seek to protect others, they very clearly through their actions and words had SK's safety and wellbeing front of mind as well. Both officers managed to conduct themselves with incredible levels of professionalism by building a rapport with SK that, I believe, went beyond what their training demanded and demonstrated their genuine concern for SK's welfare despite his hostile demeanor and actions. It is of great comfort to me to know that there are Officers within the NSW Police that are able to have enough insight into members of the community that they can see the 'real people' behind the behaviours that those persons may be exhibiting in a particular moment. The fact that right up until his last moments, there were at least 3 officers in direct communication with SK that showed genuine intent of helping him out of the situation he was in is a comfort to me.

Of course, SK's actions that day affected the wider community, not just Police Officers who attended. I wish to offer my heartfelt apologies and sympathies to the patients and staff present at the Junction Street Medical Practice that afternoon. Although SK attempted to minimise the harm caused to those present, they were still presented with a situation in which they had very little control and may have been fearing for their own personal safety, if not their lives. Again, the trauma that comes from experiencing an event like this is not lost on us as a family and I personally, wish each and every person impacted by this trauma a speedy recovery and hope the impact on their everyday lives and families is as small as possible and continues to lessen over time.

One such staff member present was the GP whom SK became infatuated with as part of his delusional state. I am frankly, in awe of the way he conducted himself in the lead up to and during the events of 10th January 2024 in incredibly stressful professional and personal circumstances. To learn as part of these proceedings that he had fellowed as a qualified GP less than 12 months earlier only highlighted to me the extent to which his actions on that day are a genuine reflection of the incredible person he is. I am so grateful for the professional care

he offered to SK in the months leading up to January. He clearly sought to offer empathy and kindness to SK as a patient and unfortunately this was somehow misconstrued by SK

I am fearful that this experience will change the way that he seeks to practice medicine. I am fearful because, SK's case holds a tragic irony that shows exactly why we need medical practitioners who do offer sympathy, kindness and understanding to their patients. I hope that he is not discouraged to continue to develop meaningful professional relationships with his patients through which he can continue to offer treatment that is made all the more effective by those relationships. SK's wellbeing was clearly his primary concern at all times. Even when confronted with an incredibly stressful and fearful situation this doctor's actions highlighted his concern for SK and others in the medical centre over and above his own personal safety. It is my sincere hope that he continues to have a long and meaningful career in medicine and that this event has the most minimal impact on him professionally and personally as possible."

646 SK's other brother stated:

"From what we have seen, SK planned the events of January 10, 2024, and the police and medical centre staff found themselves responding, as best they could, to a situation that SK was largely in control of. For this reason, we don't harbour any anger or resentment towards those who acted with courage when they perceived that their lives, and the lives of others around them, were under imminent threat. We want to acknowledge that, in the face of that danger, Dr Pearce raised the alarm and removed as many people as possible from harm's way. With incredible bravery and skill, Senior Constables Lavender and Mitchell, along with the officer known as TORS4, took time, under intense pressure and at enormous risk to themselves, to do everything they could to resolve the situation without anyone being harmed, including SK And we understand that the officers known as TORS2, TORS3, and TORS4, believed their lives, the lives of their colleagues, and ultimately the lives of members of the public to be at risk, and took the actions that they saw were necessary to defend those lives, which tragically resulted in SK losing his, as he had intended.

As our Mum has said in her statement, SK's mental health deteriorated over the last few years of his life, and it became increasingly difficult to know what he truly thought or believed. But I think it's fair to say that there was at least some part of SK that did not want anyone to be harmed by his actions on that day. He wanted the medical centre to be emptied of patients and staff, and he was armed with a non-lethal weapon. However, SK failed to take into account the effects of the trauma that he has put many people through. This was tragically ironic, given the significant psychological pain he himself suffered. Along with our grief for SK we as a family have been distressed to hear at this inquest, about the harm that police have suffered as a result of that incident. Sadly, we expect that others, including medical centre staff and patients, have likewise been affected. We are

truly sorry for the price you paid on that day, and we wish you all full and complete healing."

647 The generosity of these sentiments in circumstances where a family has lost a son and a brother is truly remarkable but encapsulates the decency and dignity that SK's family displayed during these proceedings.

Conclusions

648 The Coroners Court in NSW has repeatedly made recommendations relating to the vexed question of the use of BWV by both tactical and non-tactical officers.

649 It is hoped that the efforts made so far by the BWV working group will come to fruition in the foreseeable future.

650 Before turning to the Findings that I am required to make, I would like to acknowledge my gratitude to Ms Sophie Callan of Senior Counsel, Ms Chelsea Brain of Counsel, Ms Caitlin Healey-Nash, Principal Solicitor, and Ms Sarah Tait, Senior Solicitor for the Crown Solicitor's Office, for their significant assistance, commitment, support and preparation of this case.

651 I would also like to acknowledge and thank the officer in charge of the investigation, Detective Chief Inspector Glen Browne, as well as Detective Sergeant Josephine (Rosie) Allen.

652 Finally, I would like to again record my most sincere condolences to SK's family.

Findings pursuant to section 81(1) of the *Coroners Act 2009* (NSW)

653 I make the following findings pursuant to section 81(1) of the *Coroners Act 2009* (NSW):

Identity
The person who died was SK

Date of death
SK died on 10 January 2024

Place of death
SK died at the Junction Street Family Practice, Nowra, NSW

Cause of death
The cause of SK's death was multiple gunshot wounds

Manner of death

SK was shot by NSW Police tactical officers after he raised a gel blaster replica firearm towards officers, following a lengthy period of negotiation with NSW Police officers.

Recommendations pursuant to section 82 of the *Coroners Act 2009* (NSW)

654 I make the following recommendations pursuant to section 82 of *the Coroners Act 2009* (NSW):

To the Commissioner of Police, NSW Police Force

1. The Commissioner of Police prioritise necessary steps to implement the mandatory use of body-worn video by tactical operatives within the NSW Police Force.
2. The Commissioner of Police give consideration to – in training delivered to Tactical Operations Regional Support and Tactical Operations Unit operatives:
    a. additional emphasis on the need to provide and receive accurate briefings when deployed to an incident; and
    b. additional training in relation to mental health (akin to the Mental Health Intervention Officers training previously available).
3. The Commissioner of Police give consideration to specific training for officers in relation to "suicide by cop".
4. Formal recognition be given to Senior Constable Laura Mitchell and Senior Constable Kyle Lavender for the exceptional bravery and professionalism they exhibited during the discharge of their duties on 10 January 2024.

To the Chief Executive, Illawarra Shoalhaven Local Health District

1. The Illawarra Shoalhaven Local Health District Community Mental Health Service review its processes to ensure:
    a. appropriate assessment of denials of thoughts of self-harm or suicide to risk of same (based on current relevant peer reviewed literature).

655 I now close this inquest.

Judge Joan Baptie

Deputy State Coroner

23 June 2026