IN THE CORONERS' COURT OF THE NORTHERN TERRITORY

Rel No: D0060/2024

Police No: 24 24886

CORONERS FINDINGS

ROAD DEATH 13 OF 2024

*Section 34 of the **Coroners Act 1993***

I, Elisabeth Armitage, Coroner, having investigated the death of **a 77 year old Caucasian male** and without holding an inquest, find that he was born on **3 November 1946** and that his **death occurred on 10 March 2024 at the intersection of Stuart Highway and Lambrick Avenue, Howard Springs in the Northern Territory.**

Introduction:

These findings concern the 13th road death of 2024, the death of a 77 year old male. This sober driver ran into the back of another vehicle and passed away as a result of his injuries. The vehicle was travelling above the posted speed limit moments before the crash but braked before impact. Based on the driver's medical history, a medical episode prior to the collision could not be excluded.

Cause of death:

1(a)	Disease or condition leading directly to death:	**Blunt force head and chest injuries**
1(b)	Morbid conditions giving rise to the above cause:	**Reported motor vehicle collision (driver)**
2	Other significant conditions contributing to death but not related to the condition causing death:	**Presence of multiple prescription drugs at therapeutic concentrations and previous history of seizures**

Following an autopsy on 11 March 2024 Forensic Pathologist, Dr Salona Roopan commented:

Comments

- The opinion as to the cause of death is based on the available police and medical information, and a full post-mortem examination including ancillary investigations.
- The decedent was the sole occupant in a vehicle when at about 10h00 on 10/03/2024, he reportedly appeared to have driven without braking into the

back of a stationary truck at a red traffic light, pushing the truck into the intersection and trapping the decedent into the vehicle. Emergency services attended and commenced resuscitation however he was pronounced deceased at the scene.

- From the Northern Territory health records that could be obtained electronically, the decedent had a previous history of seizures in September 2017 and February 2023 which was attributed to infections.
- At autopsy, the decedent had significant blunt force head and chest injuries present with vital reaction. Internal and histological examination showed mild coronary atherosclerosis, complicated systemic atherosclerosis, cardiomegaly and chronic interstitial nephritis but no features of acute myocardial ischaemia or infarction were seen.
- Toxicological analysis showed the presence of therapeutic levels of lamotrigine and citalopram and non-toxic concentrations of Mirtazapine. Citalopram and Lamotrigine are considered to have moderate drug to drug interaction. Citalopram can reduce seizure threshold thus reducing the efficacy of anti-epileptic drugs such as Lamotrigine. Mirtazapine can cause drowsiness and sedation impairing co-ordination.
- In my opinion, in the presence of a history where the decedent did not appear to be braking, an acute medical episode such as a seizure cannot be completely excluded especially in the presence of prescription medication that may have lowered seizure threshold and impaired concentration in an individual with previous history of seizures.

Medication

Prescribed medication included Alendronate, Calcium Caronate, Cholecalciferol, Citalopram, Lamotrigine, Metformin, Pramipexole, Rosuvastatin, Telmisartan, Mirtazapine.

Police investigation:

A coronial investigation by police found no suspicious circumstances surrounding this death.

Circumstances:

This 77 year old male driver (the driver) was born in Austria and moved to Australia as a young adult. He was married and had a son. He was a hard worker and an avid fisherman.

His health records documented a history of Type II Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Dyslipidemia, Benign Prostatic Hypertension, depression, neurogenic claudication and restless legs. His records also indicate he experienced seizures in 2017 and 2023, which were investigated and attributed to infection. He was on anti-seizure medication (Lamotrigine) at the time of his death as well as other medications including an anti-depressant (Citalopram).

At 8.07am on Sunday, 10 March 2024, the driver departed Humpty Doo and drove to Bunnings on Tulagi Road in Palmerston. He was driving his black 2010 Holden Colorado which was fitted with a dash camera that recorded his movements that day.

At 8.50am the dash camera footage captures the driver departing Bunnings and travelling south on the Stuart Highway back towards Humpty Doo, maintaining a speed of between 70 and 75 km/h (under the 80 km/h posted speed limit).

As he approached the intersection of Stuart Highway and Temple Terrace, the amber wig wag warning lights illuminated. He initially reduced his speed to around 65 km/h, but subsequently accelerated, entered the intersection after the lights had turned amber and continued through as they changed to red.

After passing through the intersection, he reduced his speed before gradually accelerating to around 90 km/h (under the 100 km/h posted speed limit of this section of the roadway). He was travelling in the left lane of the two outbound lanes and as his vehicle reached 90 km/h it began to veer slightly to the left and right.

As the vehicle passed the bus stop at 15 Mile, it was travelling at about 140 km/h and then veered suddenly leaving the lane. It veered again across the dividing line with the driver's side of the vehicle entering the right lane for a brief period and then re-entering the left lane and negotiating a slight left bend prior to approaching the Howard Springs Road and Lambrick Avenue intersection.

The vehicle approached the intersection travelling in the centre lane. The amber wig wag warning lights were activated, the traffic light ahead was red and traffic was stopped. A 2008 Isuzu NPS 300 truck was stopped ahead of the vehicle in the centre lane with both rear brake lights illuminated. Two vehicles were stopped in the right lane and there was a vehicle on approach to the intersection in the left lane.

As the driver neared the intersection, about 5 seconds before the collision with the Isuzu truck, his dash camera recorded a speed of 157 km/hr. Roughly 2-3 seconds prior to impact, he applied the brakes and swerved to the right. The final recorded speed before impact was 108 km/hr.

The front passenger side of the Holden Colorado impacted heavily with the rear right side of the Isuzu truck. The front airbags in the Holden Colorado deployed on impact and it slid about 22 metres before coming to rest inside the intersection. The driver suffered significant head and chest injuries in the crash and was trapped in the driver's seat.

Motorists stopped to render assistance and emergency services were contacted at 9.03am. Fire service members and St John Ambulance paramedics extracted the driver from his vehicle and provided medical assistance, however he succumbed to his injuries.

NT Police Major Crash Investigators attended the scene and took carriage of the investigation. Their investigation noted that the crash occurred at the Stuart Highway & Lambrick Avenue intersection which is controlled by a set of traffic lights. Installed along the approach to the intersection on both sides of the road are two "Wig Wag" signs with flashing amber lights to prepare drivers to stop when approaching an intersection. At the time of the crash both the traffic lights and the wig wag signs were working correctly, it was daytime, the weather was fine and visibility was good.

The investigation found that the condition of the Isuzu was not considered to be causal to the crash and the truck driver tested negative to alcohol and drugs. An assessment of the dash camera footage indicated that the Holden Colorado was also in good working order prior to the crash event.

An autopsy found that the cause of death was blunt force head and chest injuries. However, an acute medical episode such as a seizure was unable to be excluded as the cause of the crash. Toxicological analysis showed the presence of therapeutic levels of lamotrigine and

citalopram and non-toxic concentrations of mirtazapine. It was noted that citalopram and lamotrigime are considered to have moderate drug to drug interaction, and that citalopram can reduce seizure threshold thus reducing the efficacy of anti-epileptic drugs such as lamotrigine. Mirtazapine can cause drowsiness and sedation impairing co-ordination.

Review of medical records:

The driver's medical record indicates a past history of seizures.

The first was documented at hospital in September 2017 and was found to be a "generalized tonic clonic seizure" in the setting of a urinary tract infection. He had another seizure on 23 November 2017 in the context of community acquired pneumonia and at that time he was commenced on an anticonvulsant, Levetiracetam, then Valproate. However he had negative side effects from the medication, and it was subsequently changed to Lamotrigine.

Between 1 December 2017 and 1 August 2018 his licence was medically suspended by MVR.

In August 2019 the driver attended the neurology clinic for his annual review of his class C driver's licence on a background of known epilepsy. It was noted that he had remained seizure free and was compliant with lamotrigine which he is tolerating without any significant side effects. The neurologist determined that he met the criteria for licence renewal subject to ongoing annual review and that his lamotrigine should continue at the current dose.

On 5 December 2020 the driver attended an emergency department with chest pain where he was documented to have two generalised seizures with no cause identified.

In 2021 the driver was placed on antidepressant medication, citalopram.

In February 2023 the driver had a witnessed seizure that was presumed to be provoked by high temperature and possible infection.

On 9 March 2023 the driver presented to hospital following an unwitnessed fall on a background of postural hypotension and recurrent seizures that occurred on 6 March 2023. The neurologist increased his lamotrigine dose to 150mg daily and advised him not to drive for 3 months.

His driver's license was suspended from 30 March 2023 to 15 June 2023.

On 25 March 2023, he had a home medication review following a referral from his GP .

On 10 May 2023 the driver attended his GP. During the consultation it was discussed that he had "lost his driving license – neurology initiated due to seizures". At this consultation he was prescribed Citalopram (28, 5 repeats). This was the last prescription he received for Citalopram.

On 29 May 2023 the driver was seen by a consultant neurologist in the general neurology clinic at hospital. The neurologist recorded that the driver was compliant with antiepileptic medications and takes lamotrigine in the evening.

On 1 June 2023 the driver attended his GP for neuropathic pain and to discuss the medication management review. His blood pressure medication was changed to Telmesartan. He was on citalopram 20mg tablet (every morning) and Lamotrigine (Lamitan) 100mg chewable tablets (1.5 once daily) amongst other medications.

On 2 June 2023 the neurologist wrote a letter to MVR, and copied in his GP. The neurologist determined that the driver was fit to hold a conditional class C driving license subject to

annual review by the neurology team and he was flagged for follow up in 12 months (June 2024). The letter stated:

> *"He has not had anything suggestive of seizures since the 23rd February 2023 when he had a presumed fit provoked by high temperature and possible infection. He remains adherent to his anticonvulsant and the most recent EEG (27/02/2023) did not show epileptiform discharges. The last seizure before the event in February 2023 occurred in 2020."*

On 16 June 2023 his licence was re-instated by MVR.

In August 2023 the driver attended his GP describing depression and feeling low.

On 7 September 2023 the driver saw his GP again and said he had had no recent falls.

On 24 November 2023, he attended a phone consultation with his GP and reported he was doing better, and his mood was improving on sertraline. His script for mirtazapine 15mg was continued.

At GP consultations in December 2023 and January 2024, no seizures were noted.

On 29 January 2024, he saw his GP. Prescriptions were provided for citalopram 20mg tablet OM and lamotrigine 100mg chewable tablet 1.5 OD.

On 7 February 2024, he saw his GP and discussed his angiogram results from January 2024 which identified calcified and non-calcified plaques resulting in mild 3 vessel CAD with high plaque burden. Long term low dose aspirin and aggressive lipid lowering therapy was recommended. He was to return for follow up at the end of March to assess his response. No further GP consultations were recorded.

Decision not to hold an inquest:

Under section 16(1) of the *Coroners Act 1993* I decided not to hold an inquest because the investigations into the death disclosed the time, place and cause of death and the relevant circumstances concerning the death. I do not consider that the holding of an inquest would elicit any information additional to that disclosed in the investigation to date and the circumstances do not require a mandatory inquest because:

- The deceased was not, immediately before death, a person held in care or custody; and
- The death was not caused or contributed to by injuries sustained while the deceased was held in custody; and
- The identity of the deceased is known.