CORONERS COURT OF SOUTH AUSTRALIA

INQUEST INTO THE DEATH OF SOHAILA MOHAMMADI

[2026] SACC 32

Inquest Findings of his Honour State Coroner Whittle

19 August 2026

CORONIAL INQUEST

Examination of the cause and circumstances of the death of a woman involved in a motor vehicle collision caused by a driver who had been advised not to drive by medical professionals due to vision issues. The inquest explored whether the obligation to notify the Registrar of Motor Vehicles of drivers with vision issues had been enlivened.

Held:

1. Sohaila Mohammadi, aged 47 years of Blair Athol, died at Elizabeth on 21 January 2022 as a result of head injuries.

2. Circumstances of death as set out in these findings.

Recommendations made.

Counsel Assisting: MR G DUDZINSKI

Interested Party: CENTRAL ADELAIDE LOCAL HEALTH NETWORK
Counsel: MR K LINDNER WITH MS E HUNTER - Solicitor: CROWN SOLICITOR

Witness: DR M BAUSILI PORTABELLA & DR G RAYMOND
Counsel: MR K LINDNER WITH MS E HUNTER - Solicitor: CROWN SOLICITOR

Hearing Date/s: 28/01/2026 & 02/03/2026

Inquest No: 41/2025 **File No/s: 0172/2022**

Contents

Introduction **1**
Content of findings **1**
Mrs Mohammadi **1**
Circumstances of the collision **1**
Cause of death **6**
Mr Mourant's vision **7**
Duty under Motor Vehicles Act **8**
Involvement of medical practitioners in the lead up to the collision **12**
Dr Grant Raymond 12
Dr Maria Bausili Portabella 17
Dr Yehudi Yeo 19
Preventability **21**
Recommendations **21**
Condolences **22**

INQUEST INTO THE DEATH OF SOHAILA MOHAMMADI [2026] SACC 32

Introduction

1 This inquest related to the tragic consequences of a vehicle collision in circumstances of dangerous driving by one of the drivers involved. The Court explored how this driver remained on the road, notwithstanding serious vision issues.

Content of findings

2 The standard of proof to be applied in coronial findings is the civil standard; the balance of probabilities. Where I express a finding of fact in these findings, I have done so on the basis that I am satisfied that that fact was proved as more likely than not on the basis of the evidence I heard and received and consider reliable, or where such a finding has already been made in the criminal jurisdiction beyond reasonable doubt. In considering making findings which imply or express criticism of individuals, I am guided by the principle enunciated in *Briginshaw v Briginshaw*[1] and I shall not make such a finding unless the evidence leads me to a comfortable level of satisfaction that the finding should be made taking into account the nature and potential consequences of the finding. Where such a finding has already been made beyond reasonable doubt, satisfaction of the *Briginshaw* considerations will be less onerous.

3 In these findings I shall not summarise all the evidence tendered or heard during the inquest but refer to it only in such detail as is warranted by its forensic significance and the interests of narrative clarity. It should not be inferred from the absence of reference to any aspect of the evidence that it has not been considered.

Mrs Mohammadi

4 Sohaila Mohammadi and her husband, Noor Ahmad, had been married for 28 years and had four children together. She was generally healthy. The family migrated to Australia from Afghanistan in 2013 and, while not formally employed, Mrs Mohammadi helped with the family business and travelled with her husband when he completed deliveries. At the same time, she devoted herself to the day-to-day care of her family.

5 Mrs Mohammadi was 47 years old when she died on 21 January 2022 after a vehicle collision that occurred when a black BMW driven by Tristan Mourant collided with a green Toyota HiAce van that was being driven by Mr Ahmad along Main North Road at Elizabeth.

Circumstances of the collision

6 On 21 January 2022, just before 7:09 pm, Mr Ahmad was driving the green Toyota HiAce van along Main North Road in a northerly direction through Elizabeth. He was travelling from Blair Athol to meet a family friend and to deliver some rugs. Mrs Mohammadi was sitting in the front passenger seat and both Mr Ahmad and Mrs Mohammadi were wearing their seatbelts.

---

[1] *Briginshaw v Briginshaw* (1938) 60 CLR 336

7 Main North Road, at the relevant location, is marked with three northbound lanes and three southbound lanes separated by a wide grass median strip, which has trees and shrubs growing on it. The speed limit on this stretch of road was 80 km/h. Mr Ahmad and Mrs Mohammadi were in the right lane in the northbound carriageway and were travelling about 75-80 km/h.

8 Mr Ahmad recalls that there were cars in front of him in the centre lane and another car basically alongside him in the left lane. None of the vehicles appeared to have been speeding.

9 Mr Ahmad recalls hearing a loud bang from the rear of his van and his body bouncing slightly. Mrs Mohammadi began screaming. Mr Ahmad did not see what had hit them, but he surmised that it was another car that had come from behind. There were no sounds before impact; no horn, or any kind of warning at all. Their van was pushed to the right, onto the grass median.

10 The next memory that Mr Ahmad has is regaining consciousness outside of the van, on the centre median strip. He saw that the van was on fire and the front of it was up against a large gum tree. There was also a street light pole on the ground. As he came to, he realised that Mrs Mohammadi was not with him. He started calling out to her and tried to get to the van but was held back by others, as the van was engulfed in flames. I am satisfied that the intensity of the flames was severe and engulfed the van so quickly that it was not possible to extricate Mrs Mohammadi.

11 Mr Ahmad was taken to the Royal Adelaide Hospital where he was treated for burns to his head, severe bruising and swelling to his right cheek, and chips and movement to his teeth.[2] Mr Ahmad also had severe lacerations to his left elbow and required ongoing follow-up for pain and swelling to his face and mouth.

12 Mr Ahmad subsequently required numerous surgeries to his face and elbow, including a skin graft. He has lost strength in his left forearm and hand and has lost sensation in his left palm. He also has permanent scarring from the burns to the rear of his head. He experiences constant numbness to the right side of his face and has ongoing issues with his eyesight. Mr Ahmad's hearing has also been affected, and he now relies on a hearing aid. He still experiences chronic pain, predominantly in his neck and lower back and experiences chronic headaches. He has been diagnosed with severe post-traumatic stress disorder, major depression, memory impairment and chronic pain disorder. He suffers from ongoing insomnia and recurring nightmares.

13 While Mr Ahmad did not see the vehicle that collided with his, a witness, David Antunez, did. He also made observations of the manner in which it was being driven moments before the collision.

14 Mr Antunez is a bus driver with some 20 years' experience. He was driving bus number 1423 north on Main North Road at the time of the collision. He recalls there being vehicles in all three lanes of the northbound carriageway. About 500 metres prior to the intersection of Main North Road, Midway and Fairfield Roads, he saw in his rear vision mirror a dark BMW approaching the rear of the bus. It was travelling faster than any other vehicle on the road and was changing lanes rapidly, overtaking other cars.

---

[2] Exhibit C6a at [4]

15 Just as the bus crossed the intersection, the BMW quickly passed it, accelerated rapidly away and changed lanes from the centre lane to the left lane in front of the bus. Mr Antunez had to slightly apply his brakes, as he was cautious to avoid the BMW sideswiping his bus.

16 The BMW went on rapidly accelerating and braking as it weaved between cars, using all three traffic lanes. After overtaking one car, it would tailgate the car in front until there was a gap in the lane alongside. The BMW would then veer quickly into the gap, and often the car behind would need to brake to avoid hitting it. This pattern of driving continued for about 500 to 600 metres, and Mr Antunez does not recall seeing the BMW using indicators while changing lanes on these numerous occasions.

17 Just prior to the collision, Mr Antunez saw the BMW accelerate rapidly up to the rear of a white Dodge utility, brake, and then tailgate the vehicle briefly before passing it in the left lane. The BMW then started veering all the way to the right of the carriageway, changing lanes rapidly and catching the vehicles in front of it quickly. Mr Antunez then recalls seeing the green van and thinking to himself that the BMW was going too fast and was going to hit the van.

18 As the BMW started to cross from the centre lane into the right lane, the front of the BMW collided with the left-rear passenger side of the van. The van fishtailed slightly before it left the road into the centre median, travelled straight for a short distance, collided with a light pole, then a tree, and erupted in fire.

19 Following the collision, at 7:35 pm, a driver screening test for the presence of alcohol was administered, with Mr Mourant returning a positive result. At 8:08 pm, a breath analysis test was administered by Senior Constable Phillip Black, a trained breath analysis operator. Two samples were provided, with the lower of the two results recording a blood alcohol level of 0.082.

20 Mr Mourant was then directed to provide a blood sample, which was taken at 10:55 pm at the Lyell McEwin Hospital. Toxicology results showed a blood alcohol level of not less than 0.034. There was also approximately 0.02 mg of an antidepressant drug paroxetine, however no other illicit or non-illicit substances were detected.

21 Peter Stockham, a principal forensic scientist in the toxicology section at Forensic Science SA, conducted a scientific blood alcohol back-calculation in relation to Mr Mourant. Mr Stockham cautioned that back-calculations are based on data gathered from scientific experiments and that this can only produce a ‘likely’ and ‘minimum’ level. I also note that there are significant individual variations involved. Mr Stockham expressed the opinion that Mr Mourant's blood alcohol concentration was likely about 0.05% at the time of the collision. He was also able to express that it was highly unlikely that it would have been below 0.01% at the time of the collision. This is sufficient to conclude with certainty that Mr Mourant had alcohol in his system at the time of the collision.

22 Mr Ahmad’s toxicology results were clear of alcohol and illicit or non-illicit substances.

23 The evidence of all witnesses establishes that the weather was fine and warm, the road was dry, visibility was clear and the traffic conditions were medium to heavy, with cars in all three lanes. There were no obstructions, hazards or road defects on the bitumen surface that may have caused or contributed to the collision. It was approaching sunset, but headlights were not yet needed.

24 Both vehicles were examined by Troy Sage, a vehicle examiner at the Reconstruction and Technical Examination Unit of SAPOL's Major Crash Investigation Section. In relation to the BMW, Mr Sage found that it was mechanically sound and in a satisfactory condition, such that there was nothing mechanically wrong that would have contributed towards, or caused, the collision. In relation to the van, Mr Sage was unable to form an opinion relating to the overall condition of the vehicle, due to the extensive collision and fire damage. However, of the components that he could examine, he could find nothing mechanically wrong that would have contributed towards, or caused, the collision.

25 Mr Mourant was subsequently charged with causing death by dangerous driving and causing serious harm by dangerous driving. He pleaded guilty to both offences on 18 March 2024, the first day of his trial. On 8 October 2024, Mr Mourant was sentenced to a period of imprisonment of seven years, one month and 16 days, with a non-parole period of six years, eight months and 13 days. A licence disqualification for 20 years was also imposed.

26 Given that the coronial issues under investigation do not arise from the precise circumstances of the collision, I did not examine witnesses who might shed further light on the mechanics of the collision during the inquest. Instead, I gratefully adopted as a starting point the judicial findings made by his Honour Judge Durrant in sentencing Mr Mourant. His Honour found:

> On 21 January 2022 at about 6 pm, you went to the Old Spot Hotel at Salisbury Heights. You were driving a BMW. You purchased three Woodstock & Cola cans and drank them sitting in the car. You left the hotel car park about 7 pm, travelling north along Main North Road. It was light and the road and weather conditions were fine.
>
> You drove dangerously in several ways. You were travelling faster than other cars. You tailgated other vehicles and changed lanes aggressively into small gaps. You did not generally use your indicators and you were travelling across all three lanes of Main North Road.
>
> Particularly, you tailgated a Dodge Ram utility and then overtook it in the left lane at a speed exceeding the speed limit. You advanced toward the next group of cars just ahead of you, which were travelling evenly across the three lanes of the road. Mr Ahmad, the victim of count 2, was driving the van in the right lane of that group of three vehicles. His wife, the deceased and victim of count 1, was in the passenger seat next to him. You gained on those three cars, given you were travelling faster than them, and moved across all three lanes from the far left lane to the far right lane in a single manoeuvre.
>
> As you entered the right lane, you collided with the rear left corner of the van. The collision caused the van to veer off the road and onto the median strip, colliding with a light pole and then a gum tree. Following that impact, the van then burst into flames.
>
> You stopped about 50 metres up the road. You gave to police at the scene several versions of what had happened before they had ascertained you were the driver involved. You said you had been overtaking, someone had pulled out in front of you, you had swerved and they went off the road, and you felt terrible. You said someone next to you had been overtaking and the van was suddenly there. You said someone was near you speeding. You said you knew the road was busy, another car overtook you, and the van was just there and you had the sense to pull to the right.
>
> You were formally interviewed by police later that evening after being arrested. You said you had been at work that day and had consumed two cans of Woodstock & Coke in your car and had then driven on Main North Road. You said the car was not yours and you had borrowed it from the woman you were living with. You said you were familiar with the

> car as you had been driving it for about two months. You said you had been travelling over 80 km/h and had been speeding to overtake. You said a blue car had cut you off, which had then caused you to swerve to avoid it, and that had caused you to hit the van. You said the blue car in front of you had made you do what you did. You said you did not see the van before you hit it. You said at the time of the collision, you had felt a little bit affected by alcohol and that you should not have been driving.
>
> A breath test for alcohol was taken at 10.08 pm using a non-evidentiary breath test device. A blood test taken two hours and 47 minutes later estimated your blood alcohol concentration at 10.08 pm to have been 0.082. I have accepted the expert evidence from Forensic Science SA of a count back of your blood alcohol concentration at the time of the collision at 7.09 pm of 0.05, albeit I note from the advice that it is not to be regarded as a firm figure.
>
> Mrs Mohammadi was killed at the scene. The efforts of her husband and bystanders to remove her from the wreckage of the van as it was on fire were tragically unsuccessful. Mr Ahmad suffered serious harm, he was hospitalised, treated for burns to his head, had severe swelling and bruising to his right cheek and chipped teeth. He also had a severe laceration to his left elbow and fragments of debris had to be removed from that cut.
>
> Four victim impact statements were made by Mr Ahmad and his three children. They were not read aloud in court but with their permission I will quote some parts about the very significant impact of this offending. In doing that today I acknowledge the presence of Mrs Mohammadi's family members in court and the profound and irreparable impact the loss of a loving mother and wife has had on their lives.
>
> Mr Ahmad told me of his heartache and sadness, he spoke of his vain efforts to save his wife from the burning vehicle and of his regret that he did not also perish that day. Mr Ahmad told me about the centrality of his wife in their lives and the isolation, depression and ongoing nightmares he suffers. He is deeply concerned for his children and the ongoing impact of this tragedy on them and their future welfare.
>
> Royan, the only daughter of Mrs Mohammadi told me this nightmare has crushed her soul, fractured the dynamic of the family and caused her motivation for life to plummet. She said she now has trouble sleeping and told me that the pain from the loss of her mother remains raw.
>
> Son Ali Reza also told me how this loss has shattered their family beyond repair. He described his mother as the heart and soul of the family and the glue that held it together. He told me he now grapples with his anger and depression and that he has left Adelaide to try and deal with that. He also suffers ongoing nightmares.
>
> Finally, son Ahmad Behzad told me about his and his siblings' very special and close bond with their mother. He reported the depression caused to each member of his family and how every family function feels strange and bizarre because his mother is not there.
>
> …
>
> It is the case that every road user accepts there is a risk of injury or death. Road users, like the two victims in this case though, only accepted such risks because all users of the road are expected to take the measures required to minimise and avoid identifiable risks.
>
> What you did was combine three avoidable and identifiable risks; your physical incapacity to drive, the consumption of alcohol and acts of driving dangerously. [3]

27 As his Honour observed, Mr Mourant asserted that there was another vehicle on the road that had cut him off, and he subsequently had to swerve to avoid hitting it. Without

---

[3] Exhibit C30

expressing a concluded view on this topic as it is unnecessary to do so, I note that this assertion is inconsistent with every other witness on the road that day and that it is also potentially inconsistent with Mr Mourant's eventual pleas of guilty.

28 I note his Honour's finding that there were three factors that contributed to the collision:

a. Issues with Mr Mourant's vision;

b. Mr Mourant's consumption of alcohol;

c. The manner in which Mr Mourant chose to operate his vehicle.

I will not revisit those findings which, with respect, appear to reflect a proper assessment of the circumstances surrounding the collision. I note that there was a dispute as to whether his Honour had made a positive finding that Mr Mourant's vision was a contributing factor to the collision, or whether it was merely an aspect of culpability. If his Honour did not find that Mr Mourant's vision contributed to the collision, then I make that finding now. The dynamics of the collision suggest strongly that Mr Mourant did not see Mr Ahmad and Mrs Mohammadi's van. That was, more likely than not, a result of the restrictions in his field of vision. There is no reason in logic why the other factors of dangerousness should override the vision issues to the extent of negating their effect entirely.

Cause of death

29 Senior specialist forensic pathologist Associate Professor Neil Langlois conducted an external examination of Mrs Mohammadi's body and then a limited autopsy to be certain as to the cause of her death. Dr Langlois formed the view that the cause of death was head injury. He took into account CT scan evidence of severe head trauma, with multiple fractures of the bones of the skull, and with fracture extending into the base of the skull.

30 There was also evidence of blood over the brain and blood in the ventricles of the brain, and those findings are consistent with a head injury sustained at the time of collision, and the severity of the injuries are considered to account for death.

31 There were also fractures of the upper and lower limbs, with disarticulation of the right elbow, as well as fractures of the ribs on the left side of the chest, and a minor tear on the liver with a minimum amount of blood in the abdominal cavity. It is of some note that the small amount of bleeding associated with the liver injury and the rib fracture is in keeping with rapid death following the impact injury.

32 None of the fractures were secondary to thermal effects, and instead were the results of trauma at the time of impact.

33 There was no evidence of inhalation of smoke; in particular, there was no soot in the back of the throat, voice box or main airway and, additionally, toxicology analysis reported that the blood carboxyhaemoglobin level was not elevated as would be expected after breathing combustion products of fire.

34 These were factors upon which Dr Langlois relied on, supporting the view that death occurred before exposure to fire. I also note that Dr Langlois has expressed the opinion

that, in addition to being rapidly fatal, the head injury was of such severity that it would be expected unconsciousness would have occurred before the fire.

35 It is clear, on the basis of Dr Langlois' findings, that Mrs Mohammadi could not have been saved, even if she was pulled from the van before the fire.

36 In light of the post-mortem evidence, as helpfully explained by Dr Langlois, I am satisfied that there was no involvement of fire and that Mrs Mohammadi's death was as a result of head injuries.

Mr Mourant's vision

37 At the time of the collision, Mr Mourant had bilateral retinal dystrophy, a degenerative disorder of the retina that can result in, among other things, night blindness, loss of peripheral vision and gradual vision loss.

38 His Honour Judge Durrant made the following factual findings in the sentencing process:

> The application you made to renew your licence some 10 weeks or so [after the 4 March 2021 medical certificate] was explained by your counsel as being due to some uncertainty in the advice you were given about the duration of your incapacity or as requiring a subjective assessment on your part about your ability to drive and also as reflective of your need to drive for your employment. As already noted, it was made clear to you your condition was permanent and you could not drive. You had received medical advice from two specialists and a GP to that effect. Further I am satisfied that you did not commence working again until October 2021 some five or so months after you renewed your licence. When you completed the renewal form on 23 May 2021 you noted you had no medical impediment to your ability to drive.
>
> I reject the suggestion that question invited a subjective assessment on your part, given your long standing condition which you had endured and given what you had only recently been told, that you could have been satisfied at that time that you could drive. You applied to renew your licence knowing that doing so was contrary to the clear medical advice you had received.

39 The fact that Mr Mourant was able to simply declare he had no medical impediment to driving, notwithstanding his vision condition, raises concerns about the interactions between medical assessments and the licensing authority.

40 Mr Mourant was assessed by three doctors, and all three were aware of his grossly constricted visual fields. However, not one of them notified the Registrar of Motor Vehicles pursuant to an apparent obligation under s 148 of the *Motor Vehicles Act 1959*.

41 This raises the question of whether there is a systemic issue relating to the notification of vision issues to the Registrar. This was the focus of the inquest.

Duty under Motor Vehicles Act

42 Section 148 was introduced into the *Motor Vehicles Act* by the *Motor Vehicles Amendment Act 1973* and commenced on 13 December 1973. It was substantively amended in 2004 to introduce the concept of 'health professional' and last amended in 2017 simply to remove gender specific language. It provides:

> **148—Duty of health professionals**
>
> (1) Where a health professional has reasonable cause to believe that—
>
> (a) a person whom the health professional has examined holds a driver's licence or a learner's permit; and
>
> (b) that person is suffering from a physical or mental illness, disability or deficiency such that, if the person drove a motor vehicle, the person would be likely to endanger the public,
>
> the health professional is under a duty to inform the Registrar in writing of the name and address of that person, and of the nature of the illness, disability or deficiency from which the person is believed to be suffering.
>
> (2) Where a health professional furnishes information to the Registrar in pursuance of subsection (1), the health professional must notify the person to whom the information relates of that fact and of the nature of the information furnished.
>
> (3) A person incurs no civil or criminal liability in carrying out the person's duty under subsection (1).

I will refer to this provision as 'the duty'.

43 Section 5 of the Act provides:

> ***health professional*** means a legally qualified medical practitioner, a registered optometrist or a registered physiotherapist;

44 Section 80 then relevantly provides:

> (2a) If—
>
> …
>
> (b) the Registrar is satisfied—
>
> …
>
> (ii) from information furnished to the Registrar by a health professional or from any other evidence received by the Registrar,
>
> that a person is not competent to drive a motor vehicle or a motor vehicle of a particular class,
>
> the Registrar may—
>
> (c) refuse to issue a licence or permit to a person; or
>
> (d) refuse to renew the person's licence or permit; or
>
> (e) suspend the person's licence or permit for such period as the Registrar considers necessary in the circumstances of the case, or until the person satisfies the Registrar, in such a manner as the Registrar directs, that the person is competent to drive a motor vehicle; or
>
> (f) remove a classification assigned to the person's licence, or substitute for a classification assigned to the person's licence another classification.

45 There was a dispute during the inquest as to whether s 148 provides a subjective or an objective test. This difference in approach to interpretation centred around whether the health professional needs to subjectively believe that the person would be likely to endanger the public by driving a motor vehicle.

46 The Crown's position at inquest was that s 148 provides a subjective test, but that this interpretational issue does not need to be resolved for me to publish my findings as to the cause and circumstances of Mrs Mohammadi's death. I disagree. In my view, such an approach is artificially narrow. If I am to assess the appropriateness of the actions taken by the relevant health professionals here, ultimately to determine whether to make any recommendations to prevent such an event from occurring again, then I must assess the meaning and operation of the duty as it currently exists, when properly constructed. If I was to avoid making any finding as to the meaning of s 148, or to otherwise reason that there are two alternative constructions which are equally appropriate, I would not be properly engaging with the circumstances of Mrs Mohammadi's death to the extent required to satisfy the purposes of the coronial jurisdiction.

47 In my view, this constructional choice is resolved in quite a simple manner. That is by full consideration and proper weight being given to the phrase 'reasonable cause to believe' in light of the Parliamentary intent of this particular provision. Parliament's inclusion of this phrase removes the subjective element and instead focuses the health professional's attention on whether there are reasonable grounds for believing, whether or not they actually form the belief. Section 148 is therefore an objective test.

48 That is reinforced when the purpose of the provision is considered. In reading for a second time the Bill which introduced the duty, Parliament was told:

> Perhaps the most important amendment consists of the inclusion of a provision imposing a duty upon a medical practitioner, optician or physiotherapist to inform the Registrar when one of his patients is found to be suffering from some bodily or mental disease or disability which would seriously impair his ability to drive a motor vehicle. Certain responsible medical practitioners have already felt themselves obliged, in the public interest, to give this sort of information to the Registrar in order to avert the possibility or probability of tragedy arising if a person subject to this kind of disability continues to drive a motor vehicle. This amendment should remove doubts about the legal or ethical propriety of medical practitioners following this course of action.
>
> …
>
> Clause 43 deals with the duty of medical practitioners, registered opticians and registered physiotherapists to notify the Registrar of illnesses and disabilities suffered by their patients that may seriously impair their capacity to drive a motor vehicle. [4]

49 Parliament and the Courts have both been consistent for a very long time in the position that driving is not a right, but a privilege.[5] In introducing the duty for health practitioners to report concerns and by adjusting its parameters over time, Parliament has reaffirmed that the safety of all road users is paramount, particularly over any individual's desire to drive where that may in fact be unsafe to the public. I am therefore not obliged, in approaching the constructional task, to give primary consideration to preventing the

---

4 South Australia, *Parliamentary Debates*, House of Assembly, 14 November 1973, 1781-1782

5 See, for example, South Australia, *Parliamentary Debates*, House of Assembly, 278 (in the context of introducing higher penalties for criminal driving offences), and, for example, *Sadler v Crossman* [1988] SASC 594 at 20

infringement of the rights of an individual to the extent that I would be required to favour such considerations if I was assessing provisions such as those search powers under the *Controlled Substances Act* where personal liberties are infringed. Here, Parliament has specifically ranked public safety as higher than the individual right to medical privacy and preservation of the privilege of driving. I should therefore err towards the interpretation which is consistent with the words of the duty and also supports Parliament's determination of the hierarchy of these purposes.

50 When amendments were made to the regime in 2004, Parliament was advised:

> Currently the Registrar receives approximately 50 notifications per week from health professionals that a person is suffering from a physical or mental illness, disability or deficiency such that they are likely to endanger the public if they continue to drive. The severity of their conditions is such that immediate licence suspension is warranted. In a significant proportion of these cases, it is unlikely that the person will attempt to continue to drive as they are incapacitated, significantly disabled by their illness or have heeded professional advice not to drive. However, approximately four per cent represent a significant risk to the community as they tend to wilfully ignore or defy the advice of their health professional not to drive.
>
> Licence suspension will reinforce the advice provided to the person by their health professional that they are not capable of driving safely and are likely to pose an unacceptable risk to the community and themselves should they continue to drive. [6]

51 One of the key purposes of the current regime is therefore to allow formal processes to be used to *reinforce* medical advice that a person is not fit to drive. Achievement of this purpose favours a wider interpretation where any patient given advice about not driving on medical grounds ought to be brought to the Registrar's attention to allow the Registrar to determine whether that advice ought to be formally reinforced. It must also be remembered that the consequences of a report from a medical practitioner are not automatic; the Registrar is given a discretion to suspend the person's licence for a period or until their competence to drive is assessed.[7]

52 Parliament saw fit to enact subsection (3) which removes any concern about liability arising from reporting a patient where they turn out not to have a driving incapacity. Parliament's inclusion of this subsection again reinforces that a less onerous approach is intended. The regime has envisaged that some drivers will be captured who turn out to be able to demonstrate an ability to drive.

53 In my view, it makes no material difference that this provision is not an offence provision. All those who avail themselves of the social cohesion fostered by the laws of South Australia are expected to comply with those laws. That includes health professionals. Whether or not they are liable to be punished for lack of compliance therefore has no bearing on whether I should determine the meaning and extent of the duty imposed.

54 An objective approach would also accommodate the scenario where a patient, sensing a potential report or otherwise resistant, withdraws from medical assessment to the extent required for the health practitioner to form a subjective opinion about risk. In these

---

6 South Australia, *Parliamentary Debates*, House of Assembly, 27 March 2003, 2580
7 See s 80(2a)(b)(ii) and (e) of the *Motor Vehicles Act 1959*

scenarios, where there is cause to believe there would be a risk, but the assessment is not comprehensive enough to form that belief, a report should be made. It is likely that Parliament's intention has been expressed sufficiently enough to form the conclusion that this is what Parliament would have intended in that scenario.

55 Another scenario covered by an objective approach, and potentially not covered by a subjective approach, is where concerning signs are seen but further assessments are required, potentially by another health professional, such as a specialist. Where there is reasonable cause to believe on the initial assessment, the Registrar ought to be notified of the safety issue pending assessment by the specialist. This is, once again, consistent with Parliament's expressed intention.

56 For those reasons, I have formed the view that the duty imposed on health professionals is required to be carried out when there is *objectively* reasonable *cause to believe* there would be a risk to the public, irrespective of whether that individual health practitioner has formed a subjective opinion that the risk would be present.

57 A contrast can be drawn from other legislative provisions, such as s 52(9) of the *Controlled Substances Act 1984* which adopts the phrase 'If an authorised officer … reasonably suspects…'. This is a direct requirement for a suspicion, subjectively held, which is accentuated by an objective requirement that the suspicion is reasonable.[8] Attention therefore turns to both states of affairs. Another phrase used in s 52, 'suspects on reasonable grounds' carries the same dual requirement.

58 In short, I find that Parliament did not require health professionals to 'reasonably believe', it instead required health professionals to consider whether there is 'reasonable cause to believe'. I observe that this is a fine distinction and that in many cases this distinction will be of no effect because when there are reasonable grounds to believe the patient presents a danger, the health professional will also form that belief. In any event, given that I have formed the view that the proper approach required is objective, then I am satisfied that the test provided is satisfactorily addressing the risk and that the text of the duty itself does not require amendment. I will therefore refrain from making a recommendation about that. If there continues to be any confusion about this provision, then a future Coroner may need to consider recommending amendment to the wording to provide a duty that is expressly objective.

59 This interpretation is consistent with a plain reading of the text of the legislation and supports the parliamentary purpose. It avoids unsatisfactory issues with the alternative interpretation.

60 This interpretation is also consistent with the application of law to this provision by Judge Bochner (as her Honour then was) in *Francis v Cole* [2019] SASC 179 at [32] and [37]. I respectfully agree with her Honour's reasoning. The interpretation is not consistent with a comment made by Justice McDonald in *Towle v Registrar of Motor Vehicles* [2023] SASC 99 at [62]. Given that the grounds of appeal McDonald J was dealing with did not give rise to a need to determine whether the health practitioner's referral to the Registrar was lawful or not, her Honour's comment is obiter. That is, there was no challenge to the fact a doctor had made a referral. In that context, it is apparent that her Honour did not

---

[8] See, for example, *Kalikas v The King* [2026] SASCA 60 at [15] and *R v Nguyen* (2013) 117 SASR 432 at [22]

intend to assess and pronounce upon the nature of the duty on health practitioners. Instead, her Honour was merely reciting the factual matters that resulted in the appeal against the manner in which the Registrar dealt with the appellant's licence. Consistent with the High Court's approach to such scenarios, I am not bound by her Honour's comment which was assumed as correct without argument.[9]

61 Another aspect of the duty that was not canvassed during inquest, but is relevant to determination of the issues, arises from the presence of the words 'whom the health professional has examined'. I am satisfied that the inclusion of this phrase means that for the health professional to be obliged to make a notification to the Registrar, they must conduct an examination that gives rise to the cause to believe there is a danger to the public. That is, for example, if a physiotherapist examines a patient and forms the view that a leg issue would not represent a danger to the public, they are not under an obligation to make a notification merely because they are also aware of vision issues that they have no expertise in nor have conducted any assessment of. There must be a link between the examination and the cause to believe.

62 I reject the submission made on behalf of the Crown that any emphasis on the duty detracts from a driver's own duty to report health conditions. They are unrelated. The question that arises in this inquest is how multiple medical practitioners in sequence did not make any report, not why Mr Mourant did not report himself. This inquest does not call for consideration whether the requirement for individuals to report their own condition needs to be publicised, as Judge Durrant found that Mr Mourant deliberately chose not to declare his condition, rather than there being confusion.

63 I do, admittedly, find it difficult to comprehend how the medical professionals dealing with Mr Mourant considered it appropriate to advise him not to drive, that is, they formed a belief that him driving would be risky, but nevertheless determined not to exercise their duty under s 148. That is the topic to which I now turn.

Involvement of medical practitioners in the lead up to the collision

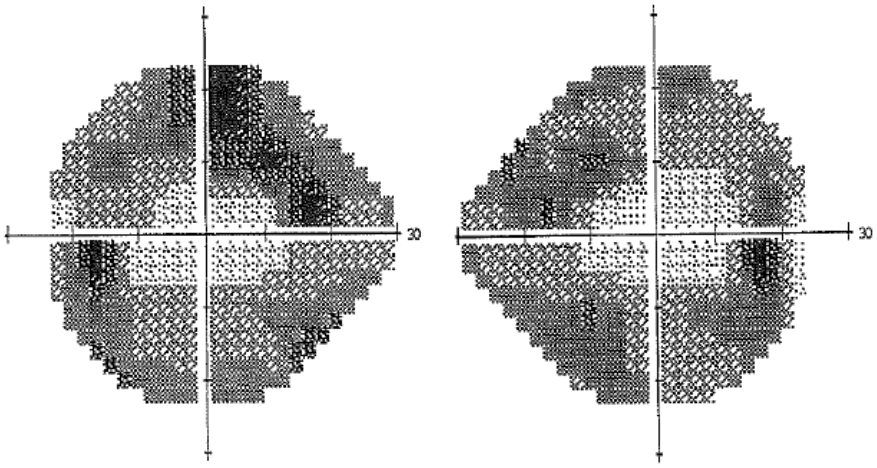
Dr Grant Raymond

64 Dr Raymond was retired at the time he gave evidence. He qualified as a doctor in 1984 and completed examinations with the Royal Australian College of Ophthalmologists in 1990, practising as a specialist ophthalmologist since that time for the remainder of his career.[10]

---

9 *CSR Limited v Eddy* (2005) 226 CLR 1 at [13]
10 T61

65 Mr Mourant saw Dr Raymond on 13 August 1999 when Dr Raymond was working at the Royal Adelaide Hospital. Mr Mourant presented with a history and signs that were consistent with retinal dystrophy. A visual fields test was conducted. The results of each eye was as follows, with the dark patches representing portions of the field of vision where Mr Mourant could not see stimuli during the test:[11]



66 Further investigations were ordered to confirm his diagnosis, however Mr Mourant failed to attend a follow-up appointment, and was subsequently lost to follow-up.[12]

67 In 2019, Mr Mourant became a patient of Dr Yehudi Yeo, a general practitioner. On 23 July 2020, Dr Yeo referred Mr Mourant back to the Ophthalmology Department at the Royal Adelaide Hospital for assessment of a complaint of deteriorating eyesight.

68 On 6 October 2020, Mr Mourant was seen at the Ophthalmology Department by Dr Jaskirat Aujla. At the time Dr Aujla was a medical retina fellow. Dr Aujla conducted an assessment and noted:

> Bilateral Retinal Dystrophy
> - no family history of blindness
>
> re-referred by GP after loss to f/u
> prev seen at RAH and by Dr Gilhotra in private rooms
> last HVF done in 1999
> old notes not available…
>
> feels gradual deterioration in vision
> ongoing photopsias
> very poor night vision
> still holds a drivers licence
> unemployed at present, previously has driven forklifts etc for work
>
> ant segs good
> no cataracts
> mild waxy discs bilateral
> attenuated arteries
> bilateral ERM
> generalised retinal atrophy outside vascular arcades predominantly – symmetrical

---

11 Exhibit C29 at 69
12 T71

> only very few pigment clumps or bone-spicules
>
> Plan:
> see 3 months – colour photos, FAF, HVF, 30-2, OCTrnf/mac, OCTA
> must have previous notes available for next visit please [13]

69 As can be seen, Dr Aujla specifically noted that Mr Mourant held a drivers licence. This reveals that he appreciated the significance of the condition and its potential relationship to driving. Dr Yeo was notified about this appointment via correspondence containing the notes.

70 On 9 February 2021, Mr Mourant was seen by Dr Raymond. Mr Mourant described deteriorating vision over the last few years, with poor night and poor peripheral vision, and poor dark adaption. Dr Raymond describes Mr Mourant as having grossly constricted visual fields, amongst other clinical findings that were consistent with a slowly progressive retinal dystrophy. Dr Raymond recorded the following notes:

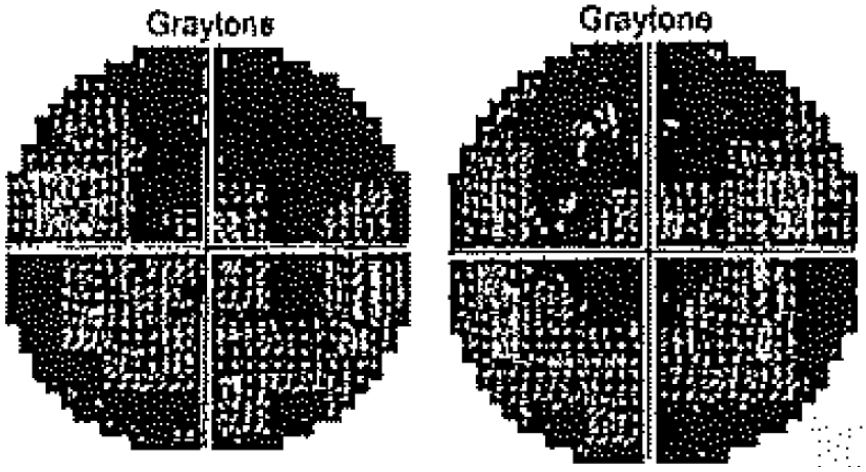
> 50 yr old retinal dystrophy patient lost to follow up NO OLD NOTES
> Feels vision has deteriorated over last few years
> Dv at 16 yrs of age
> Photopsias L/R eyes for 10+ years
> No FOHx of blindness
> Poor night and peripheral vision and dark adaptation
> Central vision relatively good
>
> Grossly constricted fields on testing and confrontation
>
> VAs R 6/6 L 6/12-1
>
> IOPs R 12 L 16
>
> OCT L atrophic with ERM 207
> R atrophic with ERM 229
>
> Clear media L/R
>
> Attenuated retinal vessels L/R
>
> Discs relatively healthy L/R
>
> Generalised chorioretinal atrophy outside vascular arcade L/R with a few bone spicule type changes
>
> IMP Chase old notes and see next week again
> Told not to drive - not driving at present/ fields too constricted
> Slowly progressive retinal dystrophy
> Nil Tx options given clear media and dry maculas
>
> PLAN Follow up regarding further investigation options - I gather pending old note review no formal diagnosis has been made previously. [14]

71 Dr Yeo was notified about this appointment via correspondence containing the notes.

---

[13] Exhibit C29 at 5
[14] Exhibit C29 at 8

72 Dr Raymond also administered a visual fields test. The results of each eye was as follows:[15]



73 Dr Raymond gave evidence that this represented Mr Mourant's vision to be 'significantly affected'. He explained that there are sometimes accuracy issues with the test, but that Mr Mourant's vision was nevertheless significantly affected by loss. Dr Raymond explained that he had also conducted a 'finger waving test' which also demonstrated quite restricted vision.[16] Dr Raymond said that an Esterman test was required to be certain about a diagnosis, but that this has to be conducted before eye drops are used, which had been administered before Dr Raymond's assessment on the basis of a visual fields test being what was ordered on the prior consultation.[17]

74 As is recorded, Dr Raymond instructed Mr Mourant not to drive. In his affidavit Dr Raymond records that, based on his clinical findings, he did not consider Mr Mourant to be fit to drive at that time.[18] This was because Mr Mourant's peripheral vision fields were too constricted to meet the visual standards for driving.[19] By the time he gave evidence and in the context of having retired, Dr Raymond had no specific recollection of seeing Mr Mourant and was only able to speak to his notes and affidavit. In light of the visual fields test results above, I find that Dr Raymond's conclusion that Mr Mourant was not fit to drive was reasonable and further that it was the only reasonable conclusion that could be drawn from assessing such results.

75 Dr Raymond was asked to describe the nature of the risk he foresaw. He said that this was quite a difficult question in the absence of the notes from the 1999 consultation,[20] which would likely have shed light on the progression of the condition, as well as further investigations. Dr Raymond nevertheless confirmed that Mr Mourant represented a danger to the public if he was to drive.

---

15 Exhibit C29 at 32 and T75
16 T76-T77
17 T87
18 Exhibit C34a at [8]
19 T64
20 T64

76 Dr Raymond explained that he wanted to conduct more investigations to be 'fully satisfied' before exercising his duty under s 148. Dr Raymond said:

> … I would never make a management recommendation - particularly removing someone's licence, which is a significant event for them in their life - without full knowledge of all of the patient's history, examination findings, and investigations. [21]

77 In light of that evidence, Dr Raymond once again clarified that 'Yes, I thought he was at risk, that's why I asked him not to drive'.[22] When the contradiction between that position and the terms of the duty were brought to Dr Raymond's attention, he said:

> I suppose my thinking was that we needed to be certain of his diagnosis and prognosis before we took away his driver's licence, and I had the scenario where I could try and get him back as quickly as possible to minimise any risk of him getting lost in the system to the clinic.
>
> …
>
> I find it, as a clinician, incredibly difficult if I don't know what the patient's got wrong with them, I don't know what they're expecting, and I've got a one-off result of a field test to then say that they need to be notified under 148. [23]

78 He then accepted that the wording of the duty had been satisfied in Mr Mourant's case.[24] However, he continued to assert that if a patient with Mr Mourant's results presented for assessment in the same circumstances today, he would not exercise the duty until a diagnosis had been made.[25]

79 I find that Dr Raymond read some things into the wording of the duty that do not exist; the concept of needing to know 'what the patient's got wrong with them' or a diagnosis, and the concept of fairness to the patient. In relation to the former, it is trite to observe that symptoms will often be observed prior to detection of the cause of those symptoms. Visual field defects are no different. They will sometimes be observed without knowing the underlying cause. The failure to have knowledge of the cause does not lessen the risk such patients pose to the public. It is likely for this reason that the wording of s 148 contains no reference to the concept of diagnosis. In relation to the latter, while it can readily be acknowledged that removing a person's licence will have a significant effect on their life, it must be remembered that the safety of all road users is at stake and the balance must be struck in favour of the greater good and, secondly, a notification by a health practitioner is not itself determinative of what happens with the patient's licence.

80 Dr Raymond spoke of the damage to a clinical relationship that exercising the duty can have:

> It's a vexed question, because it often fractures the doctor/patient relationship and so people don't tend to draw attention to it because what - as in, what happened here to a degree - the patient then opts never to return. So, it's a difficult regulation and it's - as the court's well aware - not Australia wide and I've had conversations with colleagues interstate as to whether it's problematic or not, but from a - if you're asking me after 30 years of experience

---

21 T67
22 T68
23 T68
24 T69.5
25 Noting that this was an entirely hypothetical scenario because Dr Raymond had wholly retired

> in running retinal clinics what my impression is, is that it's almost problematic with the doctor/patient relationship and it would be better if there was an external arbiter rather than the treating doctor making a decision regarding licencing. [26]

81 Once again, this overlooks that exercising the duty is not a decision to withdraw a patient's licence. It is raising a health issue with the Registrar for consideration. Dr Raymond's approach is akin to ranking the ongoing treatment of an individual patient above the safety of all other road users. A decision to notify may call for the exercise of 'soft skills'. Health professionals can approach the exercise of the duty in a caring and informative way. Comforting language can be used on the basis that the notification is mandatory, there are still parts of the process to be played out and that removal of the patient's licence is only one possible outcome. If the patient chooses not to return for further assessment and/or treatment, then the public safety has nevertheless been preserved by the Registrar's consideration of whether to take action. If the duty is not exercised when it should be, the patient might return for further assessment and/or treatment, but in the meantime there is risk to the public and the Registrar is denied the ability to measure and mitigate that risk.

82 While I accept that Dr Raymond is a highly experienced ophthalmologist who gave careful and measured evidence in light of an apparent familiarity with s 148, I am unable to accept that this means that he should not be criticised for failing to exercise the duty when, as I have concluded, that was so clearly appropriate in the circumstances that faced him.

Dr Maria Bausili Portabella

83 Dr Raymond wrote a letter to Dr Yeo informing him of his assessment, including that he had told Mr Mourant not to drive, as his fields of vision were too restricted.

84 On 23 February 2021, Mr Mourant was again seen at the Ophthalmology Department at the Royal Adelaide Hospital, this time by Ophthalmology Registrar, Dr Maria Bausili Portabella (Dr Bausili).

85 Dr Bausili is a specialist ophthalmologist. She obtained her medical qualifications in 2014 in Barcelona and practised ophthalmology in Spain until 2018 when she moved to Australia.[27] She became a fellow of the Royal Australian College of Ophthalmologists. She works in public and private practice.

86 Dr Bausili gave evidence that while she had seen Mr Mourant on 23 February 2021, she had no independent recollection of him, but she effectively assisted the Court by reference to her notes and speaking of her general practices.

87 Dr Bausili said that she would have reviewed the prior medical notes from the Royal Adelaide Hospital clinic.[28] She said that she understood the purpose of the appointment would have been to review the records and see if a final diagnosis could be made.

88 Dr Bausili reviewed the visual field test conducted on 9 February 2021 during Dr Raymond's clinic and concluded that Mr Mourant's visual fields were 'very

---

[26] T78
[27] T18
[28] T21

constricted'.[29] She said that such a patient would have difficulty seeing in the peripherals, difficulty driving and that they would be a danger to other people on the road.[30] While Dr Bausili said that an Esterman test would have been more ideal, she could identify central visual defects which would disqualify a person from holding a driver's licence on the visual field test that had been conducted. Once again, Dr Bausili did not conduct an Esterman test because eye drops had already been administered to Mr Mourant. However, I am satisfied that she did conduct an 'examination' which enlivened the duty. Dr Bausili recorded:

> On examination today,
>
> Visual Acuity: Chart used Snellen
> Visual acuity, Right Aided with contact lense/glasses; 6/12+2
> Visual acuity with pin hole, Right 6/9-2
> Visual acuity, Left Aided with contact lenses/glasses; 6/18+1
> Visual acuity with pin hole, Left 6/12
> IOP: Tonometer I-Care
> IOP: RIGHT Eye IOP 15
> IOP: LEFT Eye IOP 17
> Ophthalmic Investigation Type OCT Mac; OCT RNFL
> Ophthalmic Investigations Summary OCT Mac Angiography 3x3mm Angiography 8x8mm
> Eye Drops Both eye: tropicamide 1%; Both eye: phenylephrine 2.5%
>
> AS: cornea clear, lens ok.
> FE: attenuated retinal vessels, discs ok, No flecks seen today. Generalised chorioretinal atrophy outside vascular arcade L/R with a few bone spicule type changes.

89 Further testing and appointments were scheduled, and Dr Bausili once again told Mr Mourant not to drive. A communication was again sent to Dr Yeo, including the line 'To kindly let you know that Tristan has been advised to do not drive due to a very constricted visual field'.[31] However, Dr Bausili did not notify the Registrar pursuant to s 148.

90 Dr Bausili explained in her affidavit that she had not notified the Registrar '…because I notified the GP and the patient awaiting for confirmation of diagnose (sic)'.[32] In her oral evidence, she candidly admitted that she was not aware of s 148 at the time of her appointment.[33] She said that if she had known of the obligation, she would have exercised the duty. She said that after finding out about the extent of the duty, she had spoken about it to junior colleagues and that she felt they were not aware of the obligation.[34] She said that her perception was that all ophthalmologists did the same thing: notify the GP when a person would not be fit to drive and then notify the Registrar only if they felt the patient was not going to listen to their advice not to drive.

91 Issues with this approach are immediately apparent. The most significant is the patient who agrees not to drive in the doctor's presence but then disregards that advice upon leaving the clinic. Approaching the exercise of the duty in that way is contrary to the wording of the duty itself and is unwise. While it could be said that a patient might

---

29 Exhibit C31 at [6] and T22
30 T24-T25
31 Exhibit C29 at 15
32 Exhibit C31 at [6]
33 T27
34 T30

similarly disregard the Registrar's decision to suspend a licence, there are criminal offences associated with doing so and I consider that people are much more likely to obey the Registrar's suspension than a mere request from a health professional. I consider that there is a very good community understanding that when a licence is suspended driving is absolutely prohibited and disobedience carries significant penalties.

92 Dr Bausili later clarified that she had received training on the minimum standards for driving and that there was a procedure to notify the Registrar, but that she was not trained that an obligation was mandatory irrespective of the circumstances that led to the inability to drive safely.[35]

93 Dr Bausili said that while there might be an impact on the clinical relationship between doctor and patient, this would not be a reason to refrain from exercising the duty.

94 Dr Bausili did not approach her evidence on the basis that Dr Raymond should have exercised the duty, nor that she did not do so because she expected him to have done it. I am therefore not required to resolve the obvious issue arising; whether it would have been reasonable to form such a view. Of course, on its face, the wording of the duty does not excuse its exercise on the basis that some other person might have already done so, although this might be a practical consideration where a particular doctor might reasonably refrain from making the report if they have properly satisfied themselves that another health professional has already made the report.

95 In the end, while Dr Bausili did not properly understand the law that applies with high occurrence in her field of expertise, I appreciate that this is an issue with the training made available to her and, it appears, to many others, and not any specific performance issue. Dr Bausili gave evidence that since Mrs Mohammadi's death, she had developed a template for her own use and made about ten notifications to the Registrar.[36] I am comforted by the fact that Dr Bausili readily acknowledged that the law required her to make a report, that she would refer Mr Mourant if he attended for examination today, and that she has exercised the duty many times since.

Dr Yehudi Yeo

96 Dr Yeo obtained medical qualifications in 1994.[37] He practices as a general practitioner on his own account at Croydon. He had treated Mr Mourant since 2019. He referred Mr Mourant for vision assessment in mid-2020. He explained that this was not in light of any particular assessment but was instead based on Mr Mourant's self-reported vision issues.[38]

97 As I have set out, Dr Yeo then received correspondence from the Ophthalmology Department on two occasions raising serious concerns about Mr Mourant's vision. Dr Yeo gave evidence that upon receiving this correspondence he formed the view that Mr Mourant should not be driving.[39] Dr Yeo did not make any report to the Registrar about these issues. Of course, the wording of the duty requires the health professional to have made a relevant examination of the patient. This means that Dr Yeo was not obliged

---

35 T31
36 T32
37 Exhibit C33 at [2]
38 T39
39 T51

to exercise the duty unless and until he conducted a personal examination of Mr Mourant's vision, or of Mr Mourant generally, but in light of the advice of the specialists.

98 Dr Yeo then saw Mr Mourant on 4 March 2021 as Mr Mourant needed assistance with a Centrelink process. Dr Yeo filled in a Centrelink certificate. On that certificate, Dr Yeo recorded a diagnosis of bilateral retinal dystrophy which was certified to be 'Permanent'. Under 'Symptoms', Dr Yeo recorded:

> Blurring of vision and worsening. Night blindness and lack of light adaptation. Unable to drive due to impaired vision.[40]

99 Dr Yeo also saw Mr Mourant on 3 May 2021 and assisted him with an application for the Disability Support Pension.

100 During these appointments, Dr Yeo had knowledge of the specialists' advice. He had formed the view that Mr Mourant was a danger to the public if he drove. He had personally examined him. The examination related to his vision issues and involved a declaration of a diagnosis of bilateral retinal dystrophy. In my view, this was an examination that was sufficient to enliven the duty.

101 In his evidence, Dr Yeo agreed that Mr Mourant would likely have endangered the public if he was to drive at that time and that he was aware of this.[41] Dr Yeo said that he had not told Mr Mourant that he should not be driving, because he '…was under the impression that he already knew he shouldn't be driving, having seen the specialist'. He said that he did not make any notification to the Registrar because:

> I was under the assumption that that would have been done by the eye department, as he has been followed up with them for so long.[42]

102 Dr Yeo conceded that he should have made a notification notwithstanding his assumption that one of the specialists would have. He agreed that the wording of the duty does not allow for such an assumption. He said that with the benefit of hindsight and his current understanding of the duty, he would make the report in the same circumstances.

103 Dr Yeo gave evidence that he believed his colleagues shared a similar misapprehension that he had; that a report was not required if some other health professional had already made a report.[43]

104 I find that Dr Yeo should have exercised the duty upon his personal assessment of Mr Mourant relating to his vision issue in light of the two advices from the ophthalmology clinic, whether that would have been in addition to an ophthalmologist having already done so or not. The duty attaches to each individual practitioner and there is good reason to have it independently exercised. It may be that the Registrar receives multiple notifications for the same patient, but that is the operation of the legislation, and it acts to minimise the risk of the duty being overlooked. It is likely that the duty might be taken to be exercised if a GP in Dr Yeo's situation had received advice about the condition

---

40 Exhibit C33 at Annexure B
41 T52
42 T53
43 T56

together with an express statement that the Registrar had been notified. That did not arise and so I do not need to determine with more certainty whether that would suffice.

Preventability

105 As I have observed above, Mrs Mohammadi's death was not contributed to by the inhalation of smoke or impacted by fire. Consistent with the pathological evidence, I am satisfied that her death had occurred when the fire commenced. For that reason, there were no actions of any person after the collision that could have prevented Mrs Mohammadi's death. If there were any opportunities to prevent her death, they could only have arisen prior to the collision.

106 In relation to Mr Ahmad, all of the evidence is consistent; Mr Ahmad was driving in a perfectly reasonable and normal manner. His van was struck by Mr Mourant's vehicle suddenly and unexpectedly, consistent with Mr Mourant driving erratically and dangerously as his Honour Judge Durrant found. I am therefore satisfied that there were no actions that Mr Ahmad could have taken which could or would have prevented Mrs Mohammadi's death.

107 In relation to Mr Mourant, the situation is more difficult to resolve. Of course, Mr Mourant's episode of driving that led to Mrs Mohammadi's death encompassed three elements of dangerousness: vision issues, alcohol and the erratic operation of the vehicle. However, in my view, the suspension of Mr Mourant's licence, which I consider would have inevitably followed the exercise of the duty by any of the health professionals involved, would, on the balance of probabilities, have seen Mr Mourant not get in the car that day and would have removed all elements of dangerousness from Mrs Mohammadi's realm.

108 If he had been suspended about a year earlier, he would have become accustomed to non-independent transport and would be much less likely to have been driving. Mr Mourant knew he had medical advice not to drive. He had obtained Centrelink paperwork declaring him having a disability. Notwithstanding that, he specifically applied for a driver's licence in May 2021, declaring no medical impediment. In doing so, he demonstrated an understanding of the need to have a licence in order to drive. While he was dishonest about his condition,[44] in an overall sense, he demonstrated that he knew he needed a licence to drive. On the balance of probabilities, I am therefore satisfied that Mr Mourant would not have driven had he been suspended and Mrs Mohammadi's death would therefore have been prevented.

Recommendations

109 In light of the evidence at inquest, I am required to consider whether there are any recommendations I ought to make that might prevent or reduce the likelihood of a similar event occurring again, or that would improve public health and safety and whether such recommendations are appropriate.

110 As this inquest focused on a serious vision condition and the responses of ophthalmologists and a general practitioner I have limited the first two recommendations to the peak governing bodies of those medical practitioners, and all medical practitioners

---

[44] As found by his Honour Judge Durrant

employed by SA Health. However, as the issue is of application to all health professionals, I shall also make a recommendation to the Minister for Infrastructure and Transport to the effect that the same information be disseminated among the wider cohort.

111 I am satisfied that there is likely a widespread approach to the exercise of the duty in South Australia under s 148 that is flawed. I therefore make the following recommendation to the Royal Australian and New Zealand College of Ophthalmologists, the Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine, and the Minister for Health and Wellbeing:

One That a communique be issued to member practitioners and SA Health medical staff, notifying them of these Findings and alerting them that:

a. the duty under s 148 of the *Motor Vehicles Act 1959* requires an objective assessment of whether the patient would be likely to endanger the public if driving;

b. diagnosis of a specific medical condition is not required;

c. there is an exclusion from liability for the consequences of exercising the duty; and

d. the duty is a mandatory obligation which must be exercised personally regardless of any assumption that another practitioner will or might notify the Registrar of Motor Vehicles in relation to the same illness, disability or deficiency.

Two That future training of medical practitioners specifically addresses the matters referred to in *Recommendation One.*

112 I also make the following recommendation to the Minister for Infrastructure and Transport:

Three That consideration be given to providing guidance to all other health professionals, as defined in the *Motor Vehicles Act 1959*, which highlights the matters referred to in *Recommendation One*. This could, for example, be by information published on the Department for Infrastructure and Transport website or by bulletin to the various peak representative bodies of all health professionals, requesting further dissemination by those bodies.

Condolences

113 Mrs Mohammadi left behind a husband and children. The contents of their victim impact statements tendered in the criminal proceedings speak to the enormity of the loss. That this occurred at the hands of an individual who selfishly put his own desires above the safety of all others is deplorable. That there were missed opportunities to take him off the road is regrettable.

114 I express my sincere condolences to Mr Ahmad and to Mrs Mohammadi's children for their loss.

Keywords: Dangerous Driving; Health Professionals; Motor Vehicles Act; Vision Loss