



MAGISTRATES COURT *of* TASMANIA

CORONIAL DIVISION

Record of Investigation into Death (Without Inquest)

*Coroners Act 1995
Coroners Rules 2006
Rule 11*

(These findings have been de-identified in relation to the name of the deceased, family, friends, youths and others by direction of the Coroner pursuant to s57(1)(c) of the Coroners Act 1995)

I, Robert Webster, Coroner, having investigated the death of TJ

Find, pursuant to Section 28(1) of the Coroners Act 1995, that

- a) The identity of the deceased is TJ;
- b) TJ died as a result of action taken by him alone, with the intention of ending his own life;
- c) TJ's cause of death was a self-inflicted partial contact shotgun wound of the head;
and
- d) TJ died on 14 May 2022 at Mountain River, Tasmania.

In making the above findings I have had regard to the evidence gained in the investigation into TJ's death which includes:

- The Police Report of Death for the Coroner;
- Affidavits as to identity;
- Affidavit of the forensic pathologist Dr Christopher Lawrence;
- Affidavit of the Forensic Scientist Neil McLachlan-Troup of Forensic Science Service Tasmania;
- Medical records obtained from TJ's general practitioner;
- Medical records obtained from the Royal Hobart Hospital (RHH);
- Affidavit of AC;
- Affidavit of FD;
- Affidavit of Senior Constable Simon Taylor;
- Affidavit of First-Class Constable Matthew Streat;
- Affidavit of First-Class Constable Oliver Mundy-Castle;

- Affidavit of Francis About, police officer (rank not stated); and
- Photographs, and forensic evidence.

Background

TJ was 82 years of age (date of birth 17 November 1939), married and retired at the date of his death. He was married to AC for 65 years and they had four children together; two boys and two girls. TJ and AC lived at Mountain River for about 50 years.

TJ was a very hard worker during his life. He worked at the Electrolytic Zinc Works, Clennets Mill, Dennis Packer Orchards and he was a handyman at Sunnyside Nursing Home. In addition he did a lot of seasonal work and general labouring work. He continued to work for himself even after he retired at about 55 years of age.

TJ and AC owned a large amount of land at Mountain River which, over the years, was sold off in parcels which eventually left them with about 20 acres. TJ did a lot of landscaping and he used materials from the area to perform that work. He installed irrigation systems and planted extensive gardens including vegetable gardens. He loved being active and he had a number of workshops on his property. One of the workshops was for his boats and another was filled with farm equipment like tractors and slashers. He had sheds for animals and a shed for his cars. He also had a workshop. He was a very independent person.

The records of his general practitioner indicate he had been diagnosed with ischaemic heart disease, hypertension and asthma in 2002. He also suffered from reflux oesophagitis and chronic obstructive pulmonary disease. In addition he was diagnosed with prostate cancer in 2015 and bilateral glaucoma and macular degeneration in 2019. That year he was also diagnosed with a pulmonary embolism.

In December 2021 TJ was diagnosed with myeloma which is a type of blood cancer that develops from plasma cells in the bone marrow. TJ was referred to the RHH and underwent treatment almost immediately. He was badly affected by the chemotherapy treatment and this resulted in a deterioration in his mental state. He had difficulties concentrating and he was fatigued all the time. About six weeks before his death he had to have all his teeth removed because of the treatment. The surgery to remove his teeth was completed and following a checkup he was told it was successful. However about two weeks later TJ told his doctors he could feel some pieces of teeth still in his gums. He therefore required further surgery to remove the remnants of his teeth. In the two months prior to his death he was attending the hospital very regularly for treatment.

On 10 May 2022 TJ fell over in the lounge room and could not get up. TJ had broken his collarbone. He called out to AC and she went to his aid. He was taken to hospital where he remained overnight. Hospital staff wanted to keep him in hospital longer but he wanted to go home. He was discharged. In the week prior to his death his wife could see that his situation was getting to him. He was depressed and he told her he was “over it.” He appeared to his family to be very frustrated. He had always been very independent and he did not like people doing things for him. He resented how the illness was making him feel. One of his sons says his father was aware that his mother was struggling to look after him and he says his father would not have liked that. In the week prior to his death TJ was speaking to one of his sons and one of his daughters. He broke down and started crying. His daughter was very surprised at this because her father had always been a very stoic man.

Circumstances Leading to Death

At 4:00am on 14 May 2022 TJ got out of his chair which was in the lounge room which was the room he was sleeping in. AC thought he got up to go to the toilet. Instead he walked to his gun safe which was in the room beside the toilet and took out a 410 shotgun. He loaded that gun and he placed a spare cartridge in a pocket in the top he was wearing. TJ then placed the rifle on an outdoor table and sat down on a raised garden bed/retaining wall that runs along the back of his home.

At approximately 7:45 am TJ held the shotgun to the left side of his head with his right hand while the rifle remained supported on the table. He then used his left hand and depressed the trigger discharging the firearm. AC heard a noise and went outside. She immediately called police and an ambulance. As a result of the gunshot wound TJ passed away.

Investigation

Police were tasked with attending TJ and AC's home where they spoke to AC. She advised them TJ was deceased. Officers from CIB, forensics and ballistics were also tasked to attend. TJ and the scene were inspected and examined. TJ was laying in the garden bed with his legs hanging over the retaining wall. He was slumped backwards away from the table and the shotgun which was placed on the table beside him. Marks on the patio indicate TJ had moved the table to the position it was found in recently. No sign of a suicide note was found at the scene. TJ's firearms safe was left unsecured and the spent shotgun shell in the firearm matched the shotgun shell in the pocket of TJ's top and the shells that were kept in the safe.

As a result of investigations and discussions with the family, police formed the conclusion that the incident which led to TJ's death did not involve any other person or external influence. There is no evidence the suicide was completed with any assistance or specific prior knowledge of TJ's family and friends. The ballistics expert Senior Constable Taylor concluded, after his examination of the firearm and shotgun cartridge, that the fired cartridge case had been discharged by the single barrel shotgun found next to TJ.

TJ was a licensed firearm owner and he had a number of firearms including the firearm the subject of this investigation.

Dr Lawrence performed a post-mortem examination on 16 May 2022. As a result of that examination and after considering the results of toxicology and microbiology Dr Lawrence formed the opinion TJ died of a partial contact shotgun wound of the head. Dr Lawrence says *"[i]t appears he has put the shotgun on the left side of himself and used the table to support it and pulled the trigger with the left hand. There is a sling around the right shoulder which presumably was supporting the fractured right clavicle. It is unlikely he would have been able to pull the trigger with his right hand. He has indicated his intention not to proceed with further medical treatment but there was no suicide note. The appearances are entirely consistent with a self-inflicted shotgun wound to the head and there are no other injuries."* I accept the opinion of Dr Lawrence.

Toxicology was positive for multiple prescribed medications at non-toxic concentrations. These medications did not cause or contribute in any way to TJ's death.

After being diagnosed with myeloma TJ visited his general practitioner on five occasions. On 21 January 2022 TJ told his general practitioner the treatment he was receiving made him feel terrible and that he'd rather be dead. Apart from that note there is no mention anywhere of self-harm or suicidal ideation. In fact there is no note of any history provided by TJ or opinion of the general practitioner in the records, which span a period of almost 22 years, of him ever suffering from depression.

Comments and Recommendations

I am satisfied that there are no suspicious circumstances surrounding TJ's death and nobody else was involved. I find he took the action of shooting himself alone with the intention of ending his life. From the evidence I am satisfied his poor health which had caused him great distress, pain and immobility led him to the decision to take his own life.

I note Constable Glancy has said TJ's access to firearms made this method of suicide possible. He noted there was no pathway for medical professionals treating patients to inform police of any increased risk of suicide. In this case he noted the comment made to the general practitioner on 21 January 2022 referred to above and said had there been a pathway for a medical practitioner to notify Firearms Services about the increased chance of self-harm then police could act and remove the firearms from a person's property thereby reducing the risk of suicide by that method. This is a suggestion worthy of consideration.

The *Firearms Act 1996* requires, by section 158A, a medical practitioner, who has reasonable cause to suspect, in relation to a person whom he or she has seen in his or her professional capacity, that the person is suffering from a wound inflicted by a firearm, to report that matter to police. It is an offence not to comply with that section. This section of course does not cover the circumstances in this case and there is no other like provision in the Act. In this case, as I have mentioned above, there is no comment by a doctor or history provided by TJ which suggests self-harm or suicidal ideation apart from the comment on 21 January 2022. In addition there is no evidence any of TJ's doctors knew he had a firearms licence or that he had access to firearms. Had this been known and had the general practitioner considered TJ was depressed and as a result held a reasonable suspicion that he might take his life, then the suggestion of Constable Glancy has merit. In those circumstances I **recommend** Tasmania Police consider this issue and determine whether or not an amendment to the *Firearms Act 1996* along these lines ought be pursued.

I extend my appreciation to investigating officer Constable Lyndon Glancy for his investigation and report.

The circumstances of TJ's death are not such as to require me to make any comments or recommendations pursuant to Section 28 of the *Coroners Act 1995*.

I convey my sincere condolences to the family and loved ones of TJ.

Dated: 5 August 2024 at Hobart, in the State of Tasmania.

Magistrate Robert Webster
Coroner