



MAGISTRATES COURT *of* TASMANIA

CORONIAL DIVISION

Record of Investigation into Death (Without Inquest)

*Coroners Act 1995
Coroners Rules 2006
Rule 11*

I, Olivia McTaggart, Coroner, having investigated the death of BL

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

- a) The identity of the deceased is BL;
- b) BL was born on 16 August 1973 and was 47 years of age at his death. He was single, lived in Port Sorrell and worked as a store hand at Bunnings in Devonport. He was divorced from his wife in 2018 and subsequently became engaged to his partner, QT. In the period before his death, his relationship with QT was breaking down, likely caused by mental health issues on the part of BL. In November 2020, about three weeks before BL's death, QT ended the relationship and moved out of his home.

The evidence does not disclose the extent to which BL had been diagnosed with or treated for mental health issues during the course of his life. However, QT said that during the course of their relationship he regularly threatened self-harm or suicide. BL's mental state deteriorated in the days before QT moved out of the home. On 11 November he presented to the Mersey Community Hospital with suicidal thoughts. On 12 November he presented to his regular general practitioner and was diagnosed with severe depression and anxiety due to the breakdown of his relationship with QT. His general practitioner prescribed him medication and arranged follow-up support. On 15 November, the day the separation with QT became final, BL was taken by ambulance to the Launceston General Hospital indicating that he planned to stab himself. He was assessed for suicide risk, provided with additional medications, and CAT team follow-up was arranged. On 18 November his general practitioner prepared a Mental Health Plan and referred BL to a psychologist for further assistance. Over the following two weeks, BL's mood vacillated between high and low. However, he received a great deal of support from his mother, his workplace managers and good friends. He

made diary entries concerning starting a new chapter of his life and his plans for the future. He also told his friends and others of future plans.

On 29 November at 12.13pm, BL posted a message on Facebook addressed to QT, indicating that he was about to end his life. Shortly after doing so, his workplace manager, GK, became aware of the message and travelled to his house to offer him support. Whilst driving there, she telephoned BL and noted that he was talking irrationally about killing himself and stating that he had bought petrol and gas and was going to “create hell”. GK kept attempting to engage BL in conversation but eventually she was unable to understand what he was saying. As she entered his street she heard on the phone a large “whooshing” sound and the phone was disconnected. She then saw smoke rising from the direction of BL’s house. By this time, GK’s colleagues and others had telephoned police to attend. A neighbour had already arrived at the property and located BL just outside his burning residence with severe burns to his body and saying that he wanted to go back into the house and die. Police officers, firefighters and ambulance paramedics attended and found the house fully engulfed in fire and that BL had extensive burns to his body. He expressed to them a wish to die on a number of occasions. BL was transported to the Mersey Community Hospital and then airlifted to the Royal Hobart Hospital. The following day, he was transferred to the Royal Alfred Hospital in Melbourne where he was treated. However, due to his extensive injuries, he died on 2 December.

The evidence in this investigation, including a fire investigator’s report, indicates that BL distributed accelerant (fuel) and positioned two gas bottles within his house with the intention of burning the house and ending his life. He likely turned on the stove to ignite the fire. Alternatively, he may have used a mobile ignition source. He had pre-prepared a suicide note dated 29 November which he placed in his vehicle. The note outlined that he used gas bottles and fuel to destroy himself. It also contained instructions concerning the sale and disposition of his assets and provided his electronic passcodes. He expressed feelings of guilt and shame in respect of his relationship with QT.

- c) The cause of death was extensive burns sustained in the fire of 29 November 2020.
- d) BL died on 2 December 2020 at the Alfred Hospital, Melbourne, Victoria.



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In making the above findings I have had regard to the evidence gained in the comprehensive investigation into BL's death. The evidence includes:

- Tasmania Police Report of Death;
- Report regarding DNA identification;
- Forensic pathologist's post-mortem report;
- Photographs of BL by Victoria Police;
- Affidavits of family and friends;
- Affidavit of QT, BL's partner;
- Affidavits of GK and VA, BL's managers at Bunnings;
- Affidavits of police officers attending the scene, together with body worn camera footage, drone footage and photographs;
- Ambulance Tasmania records;
- BL's general practitioner and hospital records (Tasmania);
- BL's hospital records (Victoria);
- Fire investigator's report;
- Notes and diary entries by BL written before his death; and
- Tasmania Police records and BL's Facebook posts.

Comments and Recommendations

Unfortunately, BL suffered a decline in his mental state before his death and was affected by suicidal ideation. He received a great deal of support from those around him and was receiving professional assistance. His death could not have been reasonably prevented.

I acknowledge the actions of all persons at the scene in assisting BL, in extinguishing the fire and in investigating what was a dangerous and tragic incident.

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

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

Dated: 22 February 2022 at Hobart Coroners Court in the State of Tasmania.

Olivia McTaggart
Coroner