# MAGISTRATES COURT TASMANIA

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#### **CORONIAL DIVISION**

## Record of Investigation into Death (Without Inquest)

Coroners Act 1995 Coroners Rules 2006 Rule 11

I, Andrew McKee, Coroner, having investigated the death of Bradley James Jones

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

- a) The identity of the deceased is Bradley James Jones;
- b) Mr Jones died as a result of injuries sustained by him when his motorcycle collided with the rear of a Kenworth Prime Mover parked on Lawson Street, Mayfield;
- c) Mr Jones' cause of death was severe multiple traumas; and
- d) Mr Jones died on 3 October 2019 at Mayfield, Tasmania.

In making the above findings I have had regard to the evidence gained in the comprehensive investigation into the death of Mr Jones. The evidence comprises:

- An opinion of the pathologist who conducted the autopsy;
- Toxicology report prepared by Forensic Science Services Tasmania;
- Police Report of Death to the Coroner;
- An affidavit of Senior Constable Rybka, a crash scene investigator;
- An affidavit of Mr W Rice, a Safety and Compliance Officer employed by the National Heavy Vehicle Regulator;
- An affidavit of Mr C Perkins, a Transport Inspector employed by the Department of State Growth;
- A report prepared by Senior Constable Rybka, a crash scene investigator;
- An affidavit of Mr D Stevens sworn 9 October 2019;
- An affidavit of Mr N Williams sworn 10 October 2019;
- An affidavit of Mr J Dudman sworn 12 October 2019;
- An affidavit of Ms T Whitney sworn 6 November 2019;
- An affidavit of Mrs A Jones sworn 5 October 2019;
- Relevant police and witness affidavits;
- Medical records and reports; and
- Forensic evidence.

Mr Jones was born in Launceston on 21 December 1994. He was 24 years of age at the date of his death. He resided with his former de-facto partner, Ms S Medwin, and their two children.

Mr Jones was educated at Ravenswood Primary School and Brooks High School. He completed grade 10. After leaving school he obtained employment at a number of vineyards. At the date of his death he was unemployed.

Mr Jones had a keen interest in motorcycles. He taught himself to ride a dirt bike at 12 years of age and continued to ride motorcycles until his death. He was proficient in the repair and maintenance of motorcycles.

Mr Jones held a Novice L2 car licence which was suspended due to non-payment of fines. He had never held a full car drivers licence or motorcycle licence. He was disqualified from holding or obtaining a drivers licence until 20 July 2021 as a result of being convicted of breaching the Road Safety Alcohol and Drugs Act 1971.

#### Circumstances Surrounding Mr Jones' Death

A consideration of the sworn affidavits of the various witnesses in the coronial investigation enables me to make the following findings regarding Mr Jones' activities on the day of his death and the manner of his driving shortly prior to his death.

On Thursday 3 October 2019 at approximately 8.00am, Mr Jones sent a text message to his friend, Mr D Stevens, requesting a lift to Kings Meadows to enable him to collect a rear tyre for his motorcycle. Mr Stevens was unable to provide a lift for Mr Jones.

Between 2.30pm and 3.00pm Mr J Binns returned home from work and parked a white Kenworth T659 prime mover, with a jinker trailer folded up and attached to the back of the prime mover, outside his neighbour's residence at 22 Lawson Street. The prime mover was facing back towards Mayfield Street.

Mr Binns parked the truck hard against the gutter and opposite the junction with Hargrave Crescent, in order to provide room for other motorists to maneuverer around the prime mover. Mr Binns regularly parked the prime mover in that location overnight. Mr Binns was unaware that it was an offence to park a heavy vehicle on a public street for a period in excess of one hour. I am satisfied having considered the affidavit of Senior Constable Rybka, and the report he prepared, that the parking of the prime mover on Lawson Street for a period in excess of one hour, in breach of the Road Rules, in no way contributed to the collision that occurred between Mr Jones' motorcycle and the prime mover.

At approximately 7.05pm Mr Jones contacted Mr Stevens by text message. Mr Stevens had difficulty understanding the contents of the text message but they had organised to meet at Mr Stevens' residence in Ravenswood. Mr Jones arrived at Mr Stevens' home somewhere between 8.30pm and 9.00pm.

Mr Jones had ridden his Honda CRF dirt bike to Mr Stevens' residence. Mr Jones was not wearing a motorcycle helmet and was dressed in a thin yellow motocross jersey. He was not wearing any protective motocross armour. He was wearing a bandanna across his face.

Mr Jones had a backpack in his possession when he arrived at Mr Stevens' residence. Mr Stevens noted that the back pack contained tools and a bike chain.

Whilst at Mr Stevens' residence, Mr Jones and Mr Stevens smoked cannabis over a period of some two to three hours. Mr Stevens estimates that they shared "2 or 3 bongs and 2 joints". They also shared a stubby of beer.

Mr Stevens was of the opinion that Mr Jones was under the influence of a substance other than cannabis. He observed an "ice pipe" in his backpack. Mr Stevens had observed Mr Jones on a number of previous occasions after he had smoked cannabis. He described his behaviour that evening as "abnormal."

Mr Jones left Mr Stevens' residence at 11.20pm. Once again he chose to ride his motorcycle without wearing any protective clothing or a helmet. Mr Jones told Mr Stevens that he intended riding his motorcycle directly to his sister's house in Newnham.

Mr Stevens attempted to stop Mr Jones from leaving and riding his motorcycle. Mr Stevens was of the opinion Mr Jones "wasn't in a state to be riding any motorbike." Mr Stevens was unable to convince Mr Jones not to ride his motorcycle and he subsequently left on his motorcycle.

#### The Collision

At about 11.55pm, Mr Williams was driving a Mazda BT50 flat tray utility on Lawson Street. It was dark and Mr Williams had his headlights on low beam. Mr Williams drove past the Kenworth prime mover. The prime mover was fitted with a dash cam that was motion sensitive. As the utility driven by Mr Williams drove past the prime mover, the dash cam commenced recording. The collision between Mr Jones' motorcycle and the prime mover is audible on the dash cam recording. Mr Williams was driving on the left hand side of the road when he passed the prime mover. He estimated his speed to be 50 km/h if not slightly less.

After he passed the truck he observed a motorcycle travelling towards him from the direction of Paringa Avenue. Mr Williams noted that the motorcycle had no headlight or taillight and that the rider was not wearing a helmet. The motorcycle was being ridden on the correct side of the roadway. The vehicles passed one another. Mr Jones' motorcycle continued in a straight line of travel on the correct side of the roadway.

Mr Williams had the radio playing in his car. He thought he heard a sound, looked in his side mirror and could not see anything. He stopped his vehicle. He started to walk back towards the prime mover when he noticed the motorcycle was under the rear of the prime mover. At that point Ms Whitley came out of her residence and Mr Williams requested her to call an ambulance.

Mr Dudman and Mr Quarrell were standing outside of Mr Quarrell's residence situated in Hargrave Crescent shortly before midnight on 3 October 2019. They both observed the prime mover situated on Lawson Street. Mr Quarrell had observed the prime mover parked in that location on a number of previous occasions on weeknights. Both Mr Quarrell and Mr Dudman observed the utility being driven by Mr Williams as it travelled along Lawson Street towards Paringa Avenue. Both noted the utility had its headlights and taillights illuminated and that it was travelling at or under the speed limit on the correct side of the roadway.

Their attention was drawn to the sound of a dirt bike. Both observed the motorcycle being ridden by Mr Jones pass the utility. Both commented to each other that it was going to be a tight fit. Both noticed that the motorcycle did not have a headlight. Neither heard the motorcycle slow down, it maintained a constant speed as the vehicles passed.

Almost immediately after the vehicles passed one another they heard a loud bang. They both went over to the log truck and observed the aftermath of the collision. Both noted that Mr Jones was not wearing a helmet. Both rendered what assistance they were able to, until paramedics arrived at the scene. Paramedics provided treatment to Mr Jones at the scene. He was declared deceased at the scene. I am satisfied attending paramedics provided appropriate treatment to Mr Jones.

#### The Condition of the Vehicles Prior to the Collision

As the prime mover was parked at the time of the collision the vehicle was inspected for compliance as to the following matters:

- a) Total mass of the combination
- b) Compliance of reflectors
- c) Compliance of marking plates

#### d) Dimension compliance

The prime mover was compliant in all respects except the width of the vehicle (however it would have complied with enforcement measuring adjustments). The width of the combination was measured at 2.51 metres. The allowable limit is 2.5 metres. The prime mover was over width by 10 mm. I accept the opinion of Mr Rice that the over width measurement of 10 mm did not cause or contribute to the collision when reference is had to the point of impact of the motorcycle.

The motorcycle driven by Mr Jones was unregistered. The motorcycle driven by him was not purposed for road use, and was not equipped with any items to make it safe to use in that manner.

Prior to the collision the vehicle would have been classified as un-roadworthy due to the following defects:

- a) Rear brake fluid level below minimum
- b) Rear brake assembly inoperable
- c) Rear brake rotor not securely mounted (fasteners missing)
- d) Rear brake calliper not securely mounted (fasteners broken)
- e) Rear tyre marked as "not for highway use"
- f) Front tyre tread depth below minimum
- g) Front suspension fork leaking oil
- h) Handlebar grip insecure
- i) No horn or mandatory light fitted

#### **Crash Investigation**

A thorough investigation of the collision was conducted by Senior Constable Rybka.

Based upon Senior Constable Rybka's affidavit I am satisfied on the balance of probabilities to make the following findings of fact:

- a) Mr Jones was wearing light weight clothing which did not provide appropriate protection for motorcycle riding;
- b) Mr Jones was not wearing a motorcycle helmet prior to the collision;
- c) The motorcycle had no headlight attached or any other form of illumination;
- d) At the time of the collision the weather was fine and the road surface was dry;
- e) Visibility was good and there was no fog;
- f) Streets lights situated near the prime mover were operational;

- g) No road or surface defects existed which may have caused or contributed to the collision;
- h) There was no oil or obstacles on the roadway when the scene was assessed post collision;
- i) Based on calculations performed by Senior Constable Rybka (making a number of assumptions) {including a driver who is unaffected by alcohol, drugs or medical conditions}, if Mr Jones had been travelling at a speed of 30km/h he would have needed 27 metres to stop in order to avoid a collision under the circumstances. Transport testing, using standard passenger car low beam headlights, shows the rear of the marker plates / reflectors of the prime mover were illuminated and visible at a distance of 45 metres. The distance the prime mover was visible on the roadway, using standard car low beam headlights was 45 metres. Travelling at an estimated speed of 30 km/h or 8.3m/s, the rear of the prime mover would have been visible for 5.422 seconds. Even when an allowance is made for a complex perception / reaction time of 3 seconds, Mr Jones clearly had sufficient time to perceive and react to the presence of the prime mover.

#### **Post-Mortem Examination and Toxicology Report**

A post-mortem examination was undertaken by Dr Terrance Brain. Dr Brain opined that the cause of Mr Jones' death was severe multiple traumas. I accept his opinion as to the cause of Mr Jones' death.

Toxicology testing of samples obtained at autopsy revealed the presence of cannabis and methylamphetamine. The report noted that methylamphetamine (a central nervous system stimulant) (CNS) and cannabis (a central nervous system depressant) may possibly impair driving ability.

The report further noted that whilst CNS stimulants and CNS depressants apparently have opposing pharmacological effects, concomitant use of CNS stimulants and CNS depressants may result in adverse effects from either drug class. It is expected that their combined use will detrimentally affect the range of skills required for safe driving, as all of these drugs act on the CNS and affect normal nervous function, thus resulting in an overall negative effect on driving ability and performance.

I am satisfied that the positioning of the prime mover on the roadway, in breach of the road rule 200(2) of the *Road Rules* 2019 in no way caused or contributed to the collision.

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Mr Jones is solely responsible for the collision between the motorcycle being ridden by himself

and the prime mover. Mr Jones chose to ride an unregistered, un-roadworthy motorcycle on a

public street whilst unlicensed.

He failed to wear the most basic of protective equipment, namely a crash helmet and any form

of protective clothing. He had consumed illicit substances, namely methylamphetamine and

cannabis.

He was riding a motorcycle at night with no illumination. The crash reconstruction indicates

that the prime mover was visible for a distance of 45 metres. He had sufficient time to avoid

the collision.

I am satisfied that all of the above factors played a role in Mr Jones colliding with the rear of the

prime mover.

I am satisfied Mr Williams in no way caused or contributed to the collision.

**Comments and Recommendations** 

I extend my appreciation to Senior Constable Rybka for his very thorough investigation and

report.

The circumstances of Mr Jones' death are not such as to require me to make any

recommendations pursuant to Section 28 of the Coroners Act 1995.

I wish to comment that this case is a further example of the consequences that flow from an

individual choosing to drive, whilst unlicensed, an unregistered and un-roadworthy motorcycle,

whilst not wearing the appropriate protective apparel after consuming illicit substances.

I again comment that members of the public were exposed to the aftermath of the collision

when they rendered assistance to Mr Jones.

I further note that this is yet another avoidable collision that exposed first responders, namely

police officers and paramedics, to another fatal collision.

I convey my sincere condolences to Mr Jones' family and loved ones.

Dated: 28 April 2020 at Hobart in the State of Tasmania.

**Andrew McKee** Coroner