



MAGISTRATES COURT of TASMANIA
CORONIAL DIVISION



Record of Investigation into Death (With Inquest)

Coroners Act 1995
Coroners Rules 2006
Rule 11

I, Olivia McTaggart, Coroner, having investigated the death of Rita Sally Greer

With an inquest held in Hobart

Hearing Dates:

1, 2, 3 and 30 November 2016; 5 and 8 December 2016

Representation:

Counsel Assisting the Coroner: Ms Rebecca Lancaster

Counsel for Ms Pauline Greer: Ms Barbara Etter

Counsel for Mr Samuel Greer: Ms Phillipa Morgan

Counsel for Mr Robert Greer: Mr Roger Baker

Introduction:

Rita Sally Greer was born on 30 September 1944 and was aged 62 years at the time of death. She was the mother of four adult children – Robert Greer, Pauline Greer, Sharon Greer and Julie White.

Mrs Greer died between 10 and 11 September 2007 inside her small home at 100 Crosswells Road Pelterata. She was located deceased by her husband Samuel Greer (“Samuel”), from whom she was separated but to whom she remained close. Samuel and their son, Robert Greer (“Robert”), then aged 42 years, lived in another residence on the property. Samuel located the clothed body of Mrs Greer in the shower at about 10.45am on 11 September 2007, when he went to check on her. A kitchen knife was protruding from her neck. Her home was found to be in some disarray, with food and other items strewn across the main room. He called Robert, who in turn called emergency services. Police attended and commenced an investigation of the scene and the circumstances of death. Mrs Greer died as a result of multiple stab wounds to her upper body and neck. Mrs Greer had suffered schizophrenia for many years. Her condition involved severe delusional episodes. On 10 September 2007, when she was last seen, the evidence indicates that she was suffering such an episode.

Coroner Chris Webster investigated Mrs Greer’s death. He decided not to hold a public inquest, and delivered an in chambers finding on 11 April 2008. In the finding Coroner Webster found that Mrs Greer inflicted the fatal wounds upon herself with the specific intention of ending her life.

The original coronial finding

It is appropriate, given the issues involved in the inquest, to reproduce the entirety of the original finding.

"Rita Sally GREER (Mrs Greer) died between the 10th and the 11th of September 2007 at 100 Crosswells Road, Pelverata.

Mrs Greer was born in India on 30 September 1944 and was aged 62 (sic) years. She was a married lady who was separated from her husband at the time of her death.

I find that Mrs Greer died as a result of self-inflicted stab wounds to the neck.

CIRCUMSTANCES SURROUNDING THE DEATH:

Mr and Mrs Greer moved to Australia from the United Kingdom in 1970, settling in Western Australia, before moving to Tasmania in 2002.

In 1990 Mrs Greer began to develop psychological problems and was diagnosed with schizophrenia. According to information gathered during the course of the investigation, she rarely took her medication.

In 1995 Mr and Mrs Greer officially separated but remained close.

Whilst in Western Australia Mrs Greer was admitted to mental health treatment facilities between 1992 and 2002 to receive treatment for what was diagnosed as paranoid delusional disorder, drug related organic delusional disorder, mood disorder and bipolar affective disorder manic episode with psychotic features.

From the information obtained during the investigation it appears that Mrs Greer has not been treated for her mental health conditions since 2002 and has not taken any medication.

Since 2005, Mrs Greer has resided in a front residence located on the property situated at 100 Crosswells Road, Pelverata. Also living on this property in a separate residence was Mrs Greer's estranged husband Samuel Greer (Mr Greer) and one of their children, son Robert. Mrs Greer was self-sufficient and often cooked and cleaned for her husband and son.

At about 10.45am on Tuesday 11 September 2007 Mr Greer walked to his wife's residence. Upon arrival he discovered the lights to be on and doors locked. On entering he found the residence to be in disarray with several pieces of KFC on the floor, several items of crockery broken and a bag of rice had been emptied on the kitchen floor. Mr Greer called out to his wife but did not get a response. He heard the sound of the bathroom fan and upon entering the bathroom located the body of his wife in the shower. He initially assumed that she had collapsed but upon fully opening the shower door observed a knife sticking out of her neck. He felt for a pulse but could not locate one and found his wife to be cold to the touch. It was apparent that she was deceased.

Emergency personnel services attended but were unable to do anything to assist Mrs Greer. The scene was cordoned off and a full and detailed investigation was undertaken of the scene.

A subsequent post mortem examination was carried out by the Pathologist who ascertained the cause of death as being stab wounds to the neck. There were 17 penetrating stab wounds of the neck, thorax and abdomen with the wounds to the left side of the neck producing significant injury to cause death. The post mortem examination also ascertained that there were no injuries consistent with a sexual assault and that the wounds were self-inflicted.

Toxicology analysis revealed traces of THC in the blood of Mrs Greer which indicated the use of cannabis, most likely within the previous several hours prior to her death.

COMMENTS:

I am satisfied that a full and detailed investigation has been carried out in relation to the death of Mrs Greer and that there are no suspicious circumstances.

It is apparent that Mrs Greer was a deeply troubled woman suffering from severe mental health issues which ultimately led to her taking her own life.

I hereby find that Mrs Greer died sometime between 9.00pm on 10 September 2007 and 10.45am on 11 September 2007 at 100 Crosswells Road, Pelverata as a result of stab wounds to the neck. I am also satisfied that these wounds were self-inflicted by Mrs Greer and were done so with the specific intention of taking her own life. I am content that no third party was involved in the death of Mrs Greer.

I wish to conclude by conveying my sincere condolences to the family of Mrs Greer.”

Re-opening of the investigation and re-examination of findings

On 22 September 2012 the Coroner’s Office received correspondence from Mrs Greer’s daughter, Pauline Greer (“Pauline”), stating that she was estranged from the family but believed that Mrs Greer’s death was not suicide, but instead murder, after a long period of gross neglect by Samuel and Robert. Shortly thereafter, the Coroner’s Office, with the consent of the Coroner, supplied Pauline with copies of the documentary evidence in the investigation conducted by Coroner Webster. She subsequently foreshadowed an application to re-open the concluded investigation.

On 24 June 2014 Ms Barbara Etter, legal practitioner, advised the Coroner’s Office that she represented Pauline in relation to the proposed application under section 58 of the *Coroners Act* 1995 to re-open the investigation and to have the findings re-examined.

There followed a further lengthy course of contact and correspondence by Ms Etter with the Coroner’s Office preparatory to making the application.

Ms Etter’s correspondence involved seeking information from, or providing allegedly relevant evidence to, the Coroner’s Office and attempting to compile an application under section 58 of the Act. Much of the contact from both Ms Etter and her client was unnecessary, repetitive and confusing. For example, there were duplicate requests for documents already supplied, multiple questions by Ms Etter concerning how the coronial process worked, correspondence of marginal relevance to the application (such as querying why Coroner Webster’s findings were not on the website).

On 6 May 2015 the section 58 application was submitted by Ms Etter in the form of written submissions accompanied by affidavits and documents. The evidence had been forwarded in piecemeal fashion over a lengthy period of time. I found it necessary to require an undertaking from Ms Etter that the evidence and submissions were complete and that no more material would be sent. The time occupied by the staff of the Coroner’s Office in handling the voluminous emails and requests was, unfortunately, considerable. The submissions ran to 23 pages, were difficult to read and understand, and lacked structure. The accompanying affidavits were characterised by most serious allegations against Samuel and Robert. They were, in the main, based on unfounded hearsay pertaining to the treatment of Mrs Greer by Samuel and Robert. Many of the allegations were historically remote. The application took a “scatter gun” approach, citing several contradictory alternative scenarios as being realistic hypotheses in the circumstances surrounding death. In distilling the application to its essentials, the grounds were as follows:

- a) That there were grounds to suspect “foul play”; that is that Robert and/or Samuel may have had a direct role in Mrs Greer’s death. This was due to the unusually violent nature of the death and an alleged propensity of Samuel to be violent towards Mrs Greer during their marriage. Alternatively, Ms Etter submitted another person may have been responsible for the infliction of the wounds. She submitted that there were questions left “unanswered” by virtue of an investigation that was not sufficiently thorough. The questions left “unanswered” were said by Ms Etter to be numerous. They included:
- a. Allegations of financial motives of Samuel and Robert Greer in respect of the death of Mrs Greer.
 - b. Many incongruities and deficits regarding evidence from the scene. These included issues surrounding clothing worn by Samuel, that there was no blood on Samuel’s shoes even though he probably stepped into the shower cubicle to check Mrs Greer’s pulse, the missing knife tip, the injury to Samuel Greer’s back not matching the blood stains on his seized blue polo shirt, Mrs Greer’s allegedly missing shoes and a broken false nail tip found at the base of the shower.
 - c. The possibility that a person called “Adrian” (who was referred to in the evidence) was directly involved in the death.
 - d. The video records of interview made by Robert and Samuel to police, that were not considered by Coroner Webster, contained inconsistencies with respect to their own affidavits and each other’s interviews.
- b) That, if Robert and/or Samuel did not have a direct role in Mrs Greer’s death, then they contributed to her death through a prolonged history of mistreatment/abuse/neglect and violence. Pauline alleged that her mother was “trapped” into living at Pelverata, isolated from others by Robert and Samuel. She alleged that Robert and Samuel kept Mrs Greer financially dependent, would not allow her to make telephone calls unsupervised, deprived her of access to a vehicle by removing the car keys, prevented her from seeing her friends, did not provide her with dental care and so she could not eat properly, allowed her to become malnourished with hypothermia possibly contributing to her death, and failed to provide her with basic medical and mental health treatment.
- c) That, if Mrs Greer inflicted the wounds upon herself, Mrs Greer did not have the capacity to form an intention to take her own life due to her mental illness.

Notwithstanding the unsatisfactory nature of the application and supporting evidence, I directed that the investigation into the death of Mrs Greer be re-opened and the findings re-examined. In determining to re-open the investigation I found that:

- Pursuant to s 58(1)(b) of the Act, the investigation was not sufficiently thorough in that there was no opinion, or sufficiently reasoned opinion, from the forensic pathologist that the wounds of Mrs Greer were self-inflicted; and that Coroner Webster did not consider the recorded police interviews of Samuel and Robert Greer. In this regard, those interviews were not included in the original investigation file presented to the coroner but they were referred to in the investigating officer’s report to the coroner.
- Pursuant to s 58(1)(e) of the Act, the findings of the coroner that the deceased had the specific intention of taking her own life was not supported by evidence.

- Pursuant to s 58(1)(f) of the Act, the coroner did not provide adequate reasons for his findings that the deceased inflicted the knife wounds upon herself.
- Pursuant to s 58(1)(d) of the Act, I was satisfied that new evidence had come to light – which included the affidavit of Pauline Greer and other affidavits and material supplied in support of the application to re-open the investigation. This ground of itself, in light of the nature of the affidavits, would not have likely been sufficient to persuade me to re-open the investigation.

Under my direction, the investigation was reviewed by Detective Senior Constable Robyn Button to determine whether and what further evidence was required, apart from the video records of interview. After that investigation, there were three further major pieces of evidence that were obtained by Senior Constable Button on my behalf. Those were:

- Two affidavits from forensic pathologist, Dr Donald Ritchey, providing a reasoned opinion that the cause of death was likely to be suicide.
- A report from Dr Ian Sale as to the mental state of Mrs Greer prior to and at the time of her death, in which he stated that she was delusional at the time of her death.
- A forensic biology examination report and blood stain pattern analysis, provided by Forensic Scientist Ana Flonta, in which she concludes that the blood stain pattern in the vicinity of Mrs Greer was consistent with self-inflicted stab wounds.

I determined that a public inquest was appropriate in the circumstances. As noted, the allegations by Pauline directly and through Ms Etter, were made over a long period of time in correspondence with the Coroner's Office, and with a concerning level of frequency and unnecessary repetition. The allegations by Pauline against Robert and Samuel were most serious. Other family members who supplied affidavits in the application were also of the view that Robert and Samuel may have played a direct role in Mrs Greer's death. The contents of the affidavits also raised the question whether Pauline Greer had exerted influence in the making of those affidavits. All such matters required open scrutiny in a public forum.

Further, Ms Etter had, for a lengthy period of time before the inquest, foreshadowed submitting expert evidence to counter the scientific evidence gathered in the investigation. Therefore there was good reason to believe that such evidence would be forthcoming to cast doubt over aspects of the investigation. However, shortly before inquest, Ms Etter advised that she did not intend to adduce any further evidence, scientific or otherwise, to contradict the very strong evidence in the investigation that the injuries were self-inflicted.

On 25 August 2015, whilst my decision on the application was still pending, Ms Etter forwarded an email to the Coroner's Office stating inter alia *"in the event that the matter is not able to be addressed in the near future, I have been instructed to make an application to the Supreme Court under section 58A of the Coroners Act 1995."* I observe that Section 58A could never found a successful application. It relates only to the impugning of inquest findings. Coroner Webster did not hold an inquest.

On 15 September 2015, again whilst my decision on the section 58 application was still pending, I received a letter from a Mr Ross Coulthart of the Nine Network's 60 Minutes program. This letter advised me that 60 Minutes had received permission from Pauline Greer to investigate the death of her mother. The letter set out a list of questions that the author believed made the death suspicious. Those questions effectively replicated the long list of "unanswered questions" raised by Ms Etter's submissions in her application. Mr Coulthart also stated that *"I hope you see fit to explain to our TV audience the reasons for a finding of*

suicide and why a public inquest is not justified". In the letter the author indicated that information provided to 60 Minutes had come from Pauline Greer and her legal advisor. Needless to say the reply by the Administrator of Courts was to indicate that the matter was awaiting determination.

The conclusion is inescapable that both communications were attempts to influence my decision and the timing of it.

Regrettably, I found it necessary, at a case management conference before inquest, to direct Ms Etter to refrain from unnecessary and repetitive requests and correspondence with the Coroner's Office. The effect of one interested party being in such a high level of contact may well create a perception by others of preferential or partial treatment in a process that must be, and must be seen to be, impartial.

Scope of inquest

After hearing from all interested persons, I determined that the focus of the inquest was to be upon the following issues:

1. Whether any other person was involved in the fatal injuries sustained by the deceased;
2. The intention of the deceased in inflicting the injuries;
3. The circumstances leading to death;
4. The nature of the deceased's mental health issues and general history of mental health to the extent that such pertained to her death;
5. The reasons for the deceased's lack of mental health treatment; and
6. Any living conditions or inability to access treatment relevant to death.

The evidence at inquest

I was satisfied that the evidence was comprehensive. In addition to the evidence before Coroner Webster, I had regard to the additional expert evidence noted above, the video recorded interviews of Samuel and Robert, selected bank records of Mrs Greer, additional medical records of Mrs Greer, and affidavits of family members. Twelve witnesses were called to give oral evidence at the inquest.

In correspondence, submissions and cross-examination, leading up to and at inquest, Ms Etter persisted in alleging that the investigation was not thorough. Various particulars of this assertion were made by her throughout the process without linking such deficits to any rational hypothesis that anyone else was involved in the circumstances of death. At the initial case management conference Ms Etter applied to have Senior Constable Button removed from the investigation. The main ground for the application was that she was biased, and presumably was not likely to investigate thoroughly. This was apparently because Senior Constable Button had worked at the Kingston Station with Sergeant Scott Kregor, the original officer investigating the scene. Such application was utterly without merit and a baseless attack upon the professionalism of Senior Constable Button. Further, Ms Etter failed to appreciate the legal framework that, as a Coroner's Officer under the Act, Senior Constable Button was investigating the matter at my direction. This application would appear to be another inappropriate attempt to obtain some type of forensic advantage.

I now set out the following facts about Mrs Greer that can be found upon the evidence.

In 1970 Samuel and Mrs Greer moved to Australia from the United Kingdom. They lived in Western Australia between 1970 and 2002. In 1995 they separated but remained close. In 2002 they then moved to Tasmania with Robert.

In 1990, whilst living in Western Australia, Mrs Greer began to suffer symptoms of mental illness. She was diagnosed with schizophrenia and prescribed medication although she rarely took it. She was a heavy user of alcohol and cannabis, the use of which continued until her death.

Between 13 August 1992 and 14 September 1992 Mrs Greer was an inpatient at Graylands Selby-Lemnos and Special Care Health Services in Western Australia ("Graylands"). She was admitted as a voluntary patient but subsequently became an involuntary patient. Mrs Greer was diagnosed with paranoid delusional disorder at that time.

Between 7 December 1994 and 15 December 1994 Mrs Greer was an inpatient at Graylands. Her discharge diagnosis was organic mood disorder secondary to marijuana use and alcohol abuse. Between 3 May 1996 and 7 May 1996 Mrs Greer was an inpatient at Graylands. The records note that Mrs Greer may have been suffering a delusional disorder, drug-related organic delusional disorder and mood disorder. Between 12 March 2002 and 3 April 2002 Mrs Greer was an inpatient at the Joondalup Mental Health Unit in Western Australia. Her discharge diagnosis was bipolar affective disorder. It was noted that she suffered manic episode with psychotic features.

From April 2002 onwards Mrs Greer was not treated for her mental health condition. As will be described further, Mrs Greer suffered regular delusional episodes involving imaginary friends and grandiose powers. Mrs Greer was not known to be violent towards any other person. She had suffered an episode of self-harm prior to 2000 in Western Australia by slitting her wrists with a sharp object.

Between 2002 and 2005 Mrs Greer lived at Main Road, Southport. She became close friends with Mr Kerry Bradburn, who assisted her with day to day activities.

In 2005 Mrs Greer moved into her one-bedroom house at Peverata on the property of Samuel and Robert. It was clear upon the evidence that Mrs Greer was encouraged to move to this residence due to fears for her safety at Southport. While she required a level of assistant care, she was significantly self-sufficient. She received a disability pension for her condition. She had a driver's licence and car.

I now summarise the evidence.

Friends/associates of deceased

Mr Kerry Bradburn (who swore two affidavits but was deceased at the time of the inquest) was one of Mrs Greer's closest friends. They spent a considerable amount of time together when Mrs Greer resided at Southport. He provided insight into the mental health of Mrs Greer when she first moved to Southport. He stated that she would often scream and smash items in her home. She would also tell him that she was talking to her imaginary friend, whom she named "Boomer". Mr Bradburn stated that Mrs Greer believed on occasions that she could control the weather. She refused to see a doctor for treatment of her condition when Mr Bradburn suggested it. Despite her delusions, she was described by Mr Bradburn as friendly and well-liked by everyone. She was missed by neighbours when she moved away from Southport and they hoped that one day she would move back there.

Mr Bradburn believed that Mrs Greer was happy and lived a simple life. He last saw her around the end of August 2007 when she drove to Southport in her vehicle. She told Mr Bradburn that "Boomer" had sent her

a message telling her he was sick. He believed that over time Mrs Greer's mental health had become worse. Samuel called whilst she was visiting Mr Bradburn on this occasion to check to see if Mrs Greer was with him. I infer this was to ensure her safety.

Mrs Suzanne Ford was a neighbour of Mrs Greer when she was living at Southport. She could often hear Mrs Greer shouting and banging from inside her house. She described her as always being friendly and having a good relationship with everyone in the area. She last saw Mrs Greer at around the start of August 2007. She described her as fine and chatty. At that time Mrs Greer was talking about someone in space.

Witnesses who saw Mrs Greer before her death

Mr Kane Nichols, who provided affidavit and oral evidence to the inquest, was the last non-family member to see Mrs Greer alive. He lived in the neighbouring property to the Greers. He was aware that Mrs Greer suffered severely from mental illness. He saw her on the afternoon of 10 September 2007 when he found Mrs Greer at the bottom of his driveway. Mrs Greer told Mr Nichols that she had fallen in the swamp while she was eating berries. She was described as being totally disorientated. Mr Nichols drove her back to her property. He advised Samuel of the situation. Mr Nichols' evidence was sound and credible.

Robert Greer provided an affidavit to police the day after Mrs Greer's death, and participated in a video recorded interview with police on 11 September 2007. He also gave oral evidence at the inquest that was clear and consistent. Robert was thoughtful and articulate in his presentation, and clearly loved his mother greatly.

Robert spent time with Mrs Greer on 10 September 2007, the day before she was discovered deceased. He visited her at around 8:00am in the morning and they had coffee together as was their routine. She appeared to be in good spirits. Robert then went out for the day with his father, returning to the property at about 3:30pm. His mother was not there when they returned home and he noticed some items – a cigarette lighter and a packet of cigarettes that he recognised as his mother's – on the driveway. He left for a few hours and returned at 6:30pm. Whilst he was out his father telephoned him and told him that Mrs Greer had been brought home by Mr Nichols. When he returned home his father told him that Mrs Greer had come at him with a knife whilst they were having a cup of tea. Samuel showed Robert his back, which had a cut on it that had been bleeding.

Samuel Greer provided an affidavit to police the day after Mrs Greer's death, and participated in a video recorded interview with police on 11 September 2007. He presented as both firm and caring in respect of managing Mrs Greer. He spoke of her most fondly. His evidence at the inquest was credible and, except in minor respects, accorded with Robert's evidence.

Samuel spent time with Mrs Greer the afternoon and evening prior to her death. When he saw her in the afternoon she had just been returned to the property by Mr Nichols. Mr Greer went into the house and Mrs Greer asked if he wanted a cup of tea. It was at this time that she came at him with a knife and they became engaged in a struggle. Mr Greer managed to secure the knife. However, Mrs Greer had something in her other hand and managed to hit Mr Greer in the back with it. He asked her what she was doing and she said that the Bandidos asked her to kill him. She then apologised to him but insisted that she, Samuel and Robert would all be killed. Samuel took the knife from Mrs Greer. He returned to his house. Samuel went back to check Mrs Greer and brought her to his house at about 8:30pm. It was obvious to them that she was suffering a delusional episode, with Robert stating that she was ranting about people trying to attack her, as well as Robert and Samuel. She asked them to turn all the lights off and close the curtains in their house. She remained there for less than an hour and then was taken back home by Samuel at about 9.00pm. That was the last time he saw Mrs Greer alive. She was discovered by Samuel the following morning deceased in her home.

I have no hesitation in fully accepting the entirety of the evidence of Samuel and Robert as to the events leading to Mrs Greer's death. They loved her and cared for her in the full awareness of the severity of her mental illness. Ms Etter questioned both Samuel and Robert on discrete points that appeared not to have any real relevance, put in isolation with no context. There were no alternative scenarios put to Robert and Samuel regarding the circumstances of death. In responding to questions in cross-examination they did so with detailed and convincing explanations, consistent with their previous statements. Their evidence accords with the evidence of other witnesses and evidence from the scene.

Ms Etter's cross-examination comprised a series of disjointed questions, many of marginal relevance. Ms Etter's cross-examination was subject to objections by counsel and intervention by myself to try and ensure clear, relevant questions were put to the witnesses. At one stage, Robert Greer himself suggested to Ms Etter the appropriate framing of the question to him. There was no serious attempt to discredit them, as would have been expected in light of the case that Pauline had attempted to mount, that they had played a direct role in Mrs Greer's death. I felt it necessary to take the unusual step of directly addressing Pauline Greer to ensure that the questions reflected her instructions.

Police investigation witnesses

Numerous police officers attended the scene of Mrs Greer's death to commence the investigation. The police investigation included securing, photographing and examining the scene and taking fingerprints and DNA from various locations. Police officers were also involved in the collecting of exhibits such as bedding, kitchen implements and the shower sliding door. Police officers also attended Samuel and Robert's residence and conducted a thorough search. They also obtained affidavits from relevant witnesses.

The substance of the evidence of Senior Constable Button and Sergeant Kregor was that a thorough investigation into the circumstances of the death of Mrs Greer had occurred, and there was proper treatment of evidence, as if required for a homicide. Most notably, the last people to see Mrs Greer alive, being Robert and Samuel Greer, were video interviewed under caution and had their clothes removed for examination. The evidence of Sergeant Kregor was that the scene was treated as a crime scene. The investigation was comprehensive, and moreover, there has been no evidence presented to refute or cast any question over any aspect of it. Most notably, there was no significant challenge to the forensic findings of the evidence of the scene. Both officers, after reviewing all the evidence were of the view that Mrs Greer's wounds were self-inflicted. I give their opinion significant weight as experienced criminal investigators.

Forensic expert opinion regarding scene

Forensic scientists and the forensic pathologist also attended the scene.

The evidence of Dr Ritchey, Ana Flonta (Forensic Biology Examination and Blood Stain Pattern Analysis), and Carl Grosser (DNA profiling report), assists me in finding that no other person was involved in the death of Mrs Greer.

Dr Ritchey concluded that it was the constellation of his findings, rather than any particular piece of evidence, that indicated to him that Mrs Greer's wounds were self-inflicted. Those findings included the weapon being located at the scene, the weapon protruding from the fatal injury of the neck, the injuries in places accessible to Mrs Greer with none being in area/s inaccessible to her, an absence of defensive injuries, the presence of hesitation injuries and the absence of cuts or perforations to the clothing, and body in a slumped position not appearing to have been moved. Dr Ritchey stated that all of these findings together support a conclusion that the wounds were self-inflicted and were difficult to attribute to an assault by another person. His evidence was tested at the inquest. His opinions given in evidence were sound,

convincing and not shaken. Ms Etter attempted to question Dr Ritchey by putting to him the suggestion that self-harm was not the mode of death, citing the violent nature of circumstances. This attempt was wholly unsuccessful. I note that Dr Ritchey has encountered several examples of deaths in Tasmania by self-inflicted stabbing involving multiple stab wounds. The article annexed to Dr Sale's report in fact describes self-stabbing as a well-recognised method of suicide, particularly where psychosis is involved.

Ms Flonta concluded, in her comprehensive report, that there was nothing from the scene examination and items examined in the laboratory to contradict the proposal that the injuries were self-inflicted. There was no supportive evidence, from the biological testing and the blood stain pattern analysis performed, of the involvement of any other person in causing the injuries to Mrs Greer. Ms Flonta's summary conclusions were as follows:

1. The weapon, a black handled filleting knife, was found in Mrs Greer's neck.
2. No other blood stains apart from in the bathroom were seen in the granny flat.
3. DNA testing of numerous representative blood stains from the bathroom matched the DNA profile of Rita Greer. DNA from another contributor was not detected.
4. Blood staining present in the bathroom is consistent with Mrs Greer's bleeding injuries.
5. Movement of the victim while bleeding externally appeared to be restricted to the shower cubicle and the floor and mat just in front of the shower given the lack of bloodstaining elsewhere in the granny flat. Apart from the complex spatter pattern on the shower cubicle wall, the bloodstaining visible once the body was removed appeared to have originated from passive blood shedding events where no external force other than gravity was involved.
6. The body does not appear to have been moved from its final resting position, bleeding over a period of time.
7. The complex possible cast off spatter pattern on the wall of the shower cubicle to the left of Mrs Greer's head consisted of stains with a directionality pointing mostly upwards and away from the neck of the deceased as found. One possibility is that they had been deposited during the infliction of the stabbing injuries in this area of the deceased.
8. No blood staining was seen in the main house (other than on two towels that were collected for testing) and DNA testing of items of interest collected from the main house and from Samuel and Robert Greer did not provide a DNA profile that matched the profile of Rita Greer.

For completeness, it was the evidence of Mr Carl Grosser that no DNA from Samuel or Robert was present on any exhibit tested from Mrs Greer's home, including the knife. Conversely, there was no DNA of Mrs Greer present on any exhibit tested from Samuel and Robert's home.

At the inquest, Ms Flonta was cross-examined. Ms Etter barely challenged Ms Flonta's conclusions, or suggested any alternative scenario. She raised in questioning the possibility that Ms Flonta may have been affected by cognitive bias in respect of her conclusion. However, her evidence demonstrated that she was not affected by bias as those briefing her informed her that it was a stabbing with the husband as the main suspect, and a possible argument occurring the previous night, this scenario being diametrically opposed to her ultimate conclusion. Ms Etter touched upon the alleged "unanswered" questions regarding the scene; Ms Flonta provided thorough reasoned explanations and did not alter her conclusions. For example, there was some focus on an acrylic fingernail located at the scene, but no connection as to how this touched

upon relevant issues. There was clear evidence from Ms Flonta that she located the fingernail and telephoned the pathologist and was told that Mrs Greer had no broken fingernails. There was also clear evidence that there were no signs of anyone else being in the bathroom at the time of death.

She was asked by Ms Etter whether there was any evidence of any one else having been at the scene and she said there was not. This was as high as the cross-examination on this point was put. The questioning only elucidated the high quality of Ms Flonta's expert opinion.

Psychiatrist's opinion

Dr Ian Sale provided a report in August 2016 which was supplemental to the affidavits he provided in September 2007. In providing his reports he considered the tendered exhibits as well as various written and drawn material that was located in Mrs Greer's unit. He formed the opinion that Mrs Greer suffered schizophrenia. His opinion was that the night before her death Mrs Greer may have experienced a command hallucination - which he explained as involving a hallucinatory voice directing the person to perform certain acts. In support of this he provided that Mrs Greer had attacked Mr Greer with a knife without provocation and made reference to the Bandidos telling her to do it. His opinion was also that it may not have been Mrs Greer's intention to commit suicide and indeed there is no way of knowing what her thought content was at the time. He stated that it may be that at the time she was stabbing herself she might have believed she was possessed. He found that the most likely reason for her death was that she was in a severely disorganised psychotic state at the time and there were indications that her mental health had been deteriorating prior to her death.

There was no challenge to his findings in cross-examination. I accept Dr Sale's opinion. I cannot be satisfied that Mrs Greer formed an intention to take her own life.

At the inquest, Dr Sale was questioned about the steps that would have had to have been taken for Mrs Greer to receive treatment, given the documented and anecdotal evidence of her resistance to treatment. He told the court that that treatment would have required the intervention of the police and having her committed to a hospital against her wishes. He was of the view that this should have occurred. I will deal shortly with Dr Sale's evidence regarding the desirability of treatment for Mrs Greer's condition.

Family members

A number of family members gave affidavit and oral evidence at the inquest. These were: Pauline Greer (daughter), Dale Quinliven (brother), Julie Greer (daughter) and Kacey White (granddaughter).

Pauline Greer

In 2015 Pauline provided a lengthy affidavit making very serious claims against Samuel and Robert. These included an allegedly long history of violence by Samuel, that Mrs Greer was "trapped" into living on the Pelverata property, that Samuel and Robert encouraged Mrs Greer not to take medication for her condition, that they took her to Tasmania against her will, that they neglected her care, and subjected her to financial abuse. As discussed earlier, the basis for many of such claims was not apparent. The affidavit contained highly prejudicial, baseless and speculative allegations. Whilst I accepted it for the purpose of the section 58 application, it was inappropriate that such an unfounded attack, effectively amounting to a tirade, upon two witnesses should be permitted into evidence. It is concerning that Ms Etter did not appreciate the serious evidentiary defects in the affidavit and the inevitable damage and hurt that would inevitably arise from its contents. I therefore required the filing of a new affidavit limited to those matters within the scope of the inquest. That affidavit was filed on 20 October 2016 by Ms Etter, in which some speculative allegations and prejudicial material were still included. Various paragraphs were therefore required to be removed from

evidence. For example, there were included continued allegations that the investigation was not thorough, historical allegations of family violence and ‘beliefs’ about her mother being kept isolated in various ways in Pelterata without deposing to any basis for such beliefs. To simply cite “concerns”, “beliefs”, and “understandings” without evidentiary basis demonstrates a fundamental lack of understanding of the curial process. Similarly, the remedy for an investigation said not to be “thorough” is to call evidence rather than citing these mantras in an affidavit. Unfortunately, Pauline’s affidavits typified the obfuscation of the issues that characterised her involvement, and that of her counsel.

At the inquest Pauline was questioned by Ms Etter and all counsel. Despite exhibiting from the written application an apparent knowledge of her mother’s life, upon questioning it became obvious that she had a poor knowledge of her mother’s situation at any relevant time, most notably in Tasmania. She had no contact with her mother whatsoever from the time she moved to Tasmania. It was evident in the questioning that she had attempted to conduct her own investigation into the death of her mother. She stated that this investigation started in 2009. I observe that very little useful information was obtained by her in 7 years. It was also apparent in her evidence that she had little to do with other family members at the inquest and had almost no communication with them with regards to any of her mother’s issues, from about 2001.

I do not stay to discuss Pauline’s evidence in detail. It could not, and did not, assist in the investigation and inquest. She presented as defensive and unable to give a coherent account of relevant dates and events. She also presented as hostile to her father who she said told her as a teenager “she was no child of his”. Evidence given about Samuel was tainted with her own bitter view and not reliable. She referred to her own mental illness which she attributed to issues from her upbringing and the treatment of her mother by Samuel. As stated, it is not my function to make unnecessary findings regarding the marital relationship and the family relationships historically. The evidence is clear that Mrs Greer was in Tasmania of her own free will and was treated with care and respect. To the extent that Mrs Greer may have made any statements that Samuel would harm her, I do not accept that they had any rational basis. The evidence of Pauline lacked content and, given through the prism of her own suffering and guilt, also lacked credibility.

Despite all of the allegations against Robert and Samuel, voiced vigorously by Pauline and Ms Etter over a lengthy period, in Ms Etter’s final submissions she stated that *“it appears that no other person was involved in the fatal injuries sustained by the deceased”*. The concession was, at last, an acknowledgement of the inevitable finding.

Dale Quinliven

Dr Quinliven, Mrs Greer’s brother, was involved in Mrs Greer’s admission to Joondalup Hospital in 2001.

Dr Quinliven had no contact with Mrs Greer after she left the Joondalup Hospital in 2002, except to see her very briefly on one occasion when she was visiting Julie Greer. Unfortunately Mrs Greer refused to have further contact with him as a result of his involvement with her hospital admission, notwithstanding his benevolent motivation.

Dr Quinliven’s affidavit of 14 November 2014 was tendered into evidence. That affidavit was sworn for the section 58 application at the request of Pauline Greer. In that affidavit he refers to a history of violence on the part of Samuel to Mrs Greer. His affidavit was originally provided at Pauline’s request in her application to re-open. The inquest, in its scope, was not able to examine this issue. All of the evidence gathered in the investigation did not provide any indication that in her years in Tasmania, Mrs Greer was subject to violence by Samuel or that the decision to take Mrs Greer to Tasmanian was against her will.

At the conclusion of the inquest Dr Quinliven submitted:

- That the evidence does not permit a conclusion that no-one else was involved in Mrs Greer's death;
- That Mrs Greer's move to Tasmania initiated by Samuel and Robert had the effect of removing her from access to community supports that existed after her admission to Joondalup; and
- That the actions of Samuel, Robert and Julie in not seeking professional help for Mrs Greer, should be subject to criticism, given her inability to make such decisions for herself.

Dr Quinliven was an articulate witness who was in the difficult position of having lost the trust of Mrs Greer with resultant lack of contact and no doubt feelings of helplessness. However, like Pauline, he was not able to assist in respect of the critical time period when Mrs Greer was in Tasmania.

I do not accept, for the reasons given, his submission that the evidence indicates that another person may have been involved in her death.

Julie Greer

Julie Greer presented as a calm, rational and balanced witness who bore no malice to other members of the family. She did not provide an affidavit in the section 58 application at Pauline's request. Julie Greer lived in Western Australia but visited her mother on two or three occasions in Tasmania, including at Pelverata. She was happy with the regime of care that was provided to her mother by Samuel and Robert. She told the court that they gave her more freedom than she would have done. She also told the court that she was supportive of her mother not receiving treatment. She said that she was initially involved in one of the occasions when Mrs Greer was admitted to hospital for treatment. She felt that she had lied to her mother and that it broke trust with her. She stated that she never wanted to repeat that again and she said she would rather just have "her mother as her mother" and that she would try to manage the situation rather than fighting with her about taking medication. Julie described the difficulties in managing her mother's behaviour during her episodes. In particular, she described Mrs Greer's anti-government stance, and commensurate escalation of behaviour when taking her to government services, such as for the purpose of social security benefits.

The last time Julie saw Mrs Greer was approximately 12 months before her death in Western Australia but she remained in contact with her via email and telephone. By contrast, Pauline did not make such an effort, purportedly because it would have meant having contact with her father and brother.

Julie gave evidence that over a period of several years in Western Australia, all family members tried to encourage Mrs Greer to have treatment and medication. Ultimately, she said, all family members individually decided not to force Mrs Greer to undergo mental health treatment, but to assist her managing her illness.

Julie's final submissions placed emphasis upon the fact that all the family members, and not only Robert and Samuel, decided not to enforce treatment or medication. She also submitted that Samuel and Robert cared well for Mrs Greer and that she had freedom and the ability to live her life as she wished. She stated that she was not unnecessarily denied phone contact, and had full access to her vehicle when she required it. She fully accepted that her mother's wounds were self-inflicted and that no-one else was involved. She submitted that none of the other members of the family who lived interstate made welfare calls to any agency in respect to Mrs Greer. I accept her submission.

Kacey White

Kacey White, the granddaughter of Mrs Greer and daughter of Julie, was 16-years-old at the time of Mrs Greer's death. She initially made an affidavit that suggested that Mrs Greer was subject to abuse and neglect by Samuel and Robert. In that affidavit, she stated that Mrs Greer was isolated at Pelverata,

apparently malnourished and cut off from others and that she was not able to contact anyone by telephone, as it was disconnected by Robert and Samuel. She also stated that Mrs Greer had limited access to her car as Samuel would deprive her of the keys for the purpose of stopping her seeing her friends. She deposed to the fact that she observed such treatment of Mrs Greer whilst in Tasmania.

In a second affidavit, sworn shortly prior to the inquest, Kacey retracted the allegations of abuse and neglect in their entirety. She stated that her grandmother was well cared for. She retracted that she looked malnourished and stated that there was good reasons for the decisions of Samuel and Robert regarding her care. There was significant cross-examination about her change in evidence, and any influence exerted by her aunt Pauline Greer, in the original affidavit.

Ms White's first affidavit was made on 19 November 2014 at a time when she was living with Pauline, who was instigating the re-investigation of the matter. I am not able to find that Pauline deliberately influenced Kacey to swear a false affidavit. Kacey denied this was the case. However, Pauline's fixed views created in her niece an unbalanced and unfair view of the facts, that Kacey ultimately persuaded herself were correct.

In her evidence at inquest, it was apparent that Kacey, like her mother, was not aligned with any particular part of the family. She greatly cared for and was close to her grandmother. Ms White visited Mrs Greer in Tasmania in 2006, which was the last time she saw her. Ms White travelled to Tasmania on 3 separate occasions, including travelling with Mrs Greer from Western Australia to Tasmania to ensure she was safe. She observed the living conditions of her grandmother and was an important witness in this regard, because she and her mother Julie were the only family members to do so. Her evidence was genuine that Mrs Greer was being well cared for. She was able to recount many details of the care by Samuel and Robert. Her oral evidence fully reinforced the contents of her second affidavit, and I accept these accounts as honestly given and accurate.

I summarise my conclusions regarding Mrs Greer's death as follows:

1 Whether any other person was involved in the fatal injuries sustained by Mrs Greer

I am satisfied that Mrs Greer died alone in inflicting the knife wounds upon herself. I am satisfied that no other person was involved.

2 The intention of the deceased in inflicting the fatal injuries

I cannot find that Mrs Greer intended to end her life. She was in a severely disorganised psychotic state at the time of her death. She did not have the capacity to form such intent at the time. I cannot determine her thought content at the time of her death.

3 The circumstances leading to death

On 10 September 2007 Mrs Greer was suffering a severe psychotic episode. That afternoon Mr Nichols located her in a confused and disorientated state at the bottom of his driveway. Mr Nichols brought her home. Whilst Samuel was attempting to settle her, she tried to stab him with a knife, citing a direction from the Bandidos to kill him. Samuel removed the knife from Mrs Greer and left. Mrs Greer became calmer. He returned later, at about 8.30pm, to check her and brought her back to his house. Whilst at his house Mrs Greer was very frightened, speaking of them all being killed and behaving strangely. Samuel dropped her off at about 9.00pm to her house. Once inside she locked the door. She continued to suffer severe delusional symptoms that resulted in her throwing food items around the house. At an unknown time between 9.00pm on 10 September 2007 and 10.45am on 11 September 2007 she stabbed herself in the shower with a kitchen knife on 17

occasions whilst still in the grip of the psychosis. Many of the stab wounds were delivered to the abdomen. However, the fatal wound was to the neck.

I now turn to the final issues in the inquest.

The nature of Mrs Greer's mental health issues and general history of mental health relevant to her death

I have already set out in general terms the diagnoses given of Mrs Greer's conditions, and the four periods of her treatment as both a voluntary and involuntary patient. This evidence of her admissions is contained in the medical records tendered at inquest. Her condition was marked by grandiose and paranoid delusions, flight of ideas, pressure of speech and lack of insight. For example, in her last hospital admission in 2002, Mrs Greer's beliefs involved contact with persons of high status and involvement in world affairs. Her episodes were often marked with confusion and abusive behaviour. Apart from generally abusive behaviour, there is no evidence of any real propensity to perpetrate actual violence or suicidal intent.

The medical records and affidavits also bear out an inability of Mrs Greer to accept that she was unwell and required treatment. She was non-compliant with medication and follow up support. She complained that the antipsychotic medication "numbed her brain".

Mrs Greer was not medicated from her last admission in 2002 until her death. I am clearly able to find on the evidence that, despite the likely benefits of medication in controlling her severe condition, Mrs Greer would have refused to take it. I also find that she would have refused to accept any other form of professional support, at least whilst unmedicated, that might be arranged for her. Enquiries in the re-investigation of this matter revealed that Mrs Greer did not visit any doctors or hospitals whilst living in Tasmania, whether in relation to her physical or mental health. This accords with her reluctance to be medically treated.

I accept the evidence of Samuel, Robert and Julie in relation to Mrs Greer's day-to-day behaviour and difficulties encountered by them relating to her illness. All spoke most warmly about her engaging and caring personality and her artistic talents. However, in the acute stages of her mania and psychosis, rational communication with her was almost impossible. Mr Bradburn, in his affidavit, sets out Mrs Greer's beliefs that she controlled the weather, created Cyclone Tracy, had built the pyramids, was in communication with a spiritual guide named "Boomer", and that Conrad Black was her friend.

The evidence indicates that over the last two years before her death, her mental health had deteriorated. Her imaginary friend, "Boomer", had been replaced by another entity named "IO", to whom she spoke regularly. Mrs Greer consumed a significant amount of alcohol, although Samuel and Robert attempted to limit her consumption. She smoked cigarettes and cannabis. Robert observed that her conditions worsened when using cannabis. I find that Robert and Samuel did not condone her use of cannabis, which Mrs Greer was able to purchase from others. When Mrs Greer suffered a serious episode, she could be heard in her house shouting and banging. Mr Bradburn stated that Mrs Greer engaged in bizarre behaviour involving imaginary people. He stated that Mrs Greer would have a turn every day.

Robert was of the view that his mother's mental health remained stable whilst she was in Tasmania. His view may have been overly optimistic, but I can accept that any downturn in Mrs Greer's mental health was not noticeably severe. He stated that he observed a cycle of his mother being relatively normal for six or eight days followed by several days when she was completely out of touch with reality and hearing voices.

The evidence indicates that Mrs Greer was well liked, but prone to social trouble affecting her safety. It became apparent that there were particular issues with Mrs Greer living by herself at Southport. Her car was stolen and written off, locals had been taking money from her and she was assaulted by a female at the Southport Tavern by being pushed through a plate-glass window.

From all the evidence, however, I can conclude that for much of her life she lived happily in the manner that she desired.

The reasons for Mrs Greer's lack of mental health treatment

The medical records show clearly that there was a history of Mrs Greer refusing treatment, refusing to take medication and her refusal to acknowledge that she had any condition that required treatment or medication. These entrenched beliefs were described by Julie Greer in her evidence. Julie described her involvement in one of the admissions to hospital where she stated that trust was lost with her mother. She stated that, from that point on, her mother made her wishes very clear that she would not be treated or medicated.

The dilemma faced by the family regarding treatment was expressed poignantly by Robert in evidence. He described the care that he and Samuel provided, the likely loss of trust if they enforced treatment, the fact that they were able to assist Mrs Greer in living a life that was one she wished to live, and his perception of poor ongoing support following hospitalisations. He said in evidence, however, that he would have reviewed whether it was still appropriate to provide care to his mother without formal treatment after her attack on his father with a knife. However, he stated he never had the chance to reconsider due to his mother's death.

Dr Sale gave evidence at inquest that Samuel and Robert should have had Mrs Greer treated against her wishes as they knew of her condition and were in a caring role. His evidence was that treatment for her type of disorder usually has good effect and it is always appropriate for the protection of the person concerned and others that treatment occur. He did not waiver from this position even when it was put to him that there was a regime of care in place for her, good reasons to believe that involuntary treatment would cause a permanent severing of vital familial relationships, and that previous behaviour had not involved danger to herself or others.

The knife attack upon Samuel occurred the night before or on the night of Mrs Greer's death. If there had been other similar behaviour I find that Robert and Samuel would have most likely sought involuntary treatment and reassessed their ability to look after Mrs Greer. I find that their acceptance of Mrs Greer not being treated would not have extended to situations that involved danger to herself and others. Their decision to move her from Southport to a safer environment typifies such an attitude.

The situation involving Mrs Greer's mental health issues was a complex one. She had already cut ties with family members who had tried to have her treated. Moreover, the involuntary treatment did not result in resolution of her condition subsequent to any of her four admissions. All family members still involved in her care saw no option but to look after her without treatment and to do the best they could to provide her with a happy and safe life.

From a psychiatrist's point of view, Dr Sale's approach is no doubt sound, but in this case does not sufficiently emphasise the very difficult dilemma faced by the family over many years. Any forced attempt to treat by Robert and Samuel would necessarily have resulted in a loss of family support for her after the conclusion of the treatment. That would have effectively left her alone in Tasmania with no available family support. It is speculation to consider the course of Mrs Greer's life if forced treatment occurred. Perhaps

she may have become a resident in a care facility. It is possible that with dedicated inpatient and community support she may have improved, but unlikely. The key to her improvement was continued medication. Having considered all the evidence, I cannot imagine that she would have ever voluntarily committed to this course.

The evidence of Robert and Samuel indicates success in managing Mrs Greer within the chosen framework. I find that her death could not have been foreseen by them. Dr Sale suggested that after Mrs Greer attacked Samuel with the knife before her death, appropriate services, including the police, should have been immediately called to Mrs Greer. Again, whilst I accept his stance on intervention, it judges the situation with a too onerous hindsight perspective, in light of the tragic event that subsequently occurred. The fact that her violent outburst had apparently de-escalated, the fact of it being out of character, and the fact that police would be required, are factors that render it understandable that Robert and Samuel did not immediately call the police with a view to involuntary treatment. Samuel gave evidence that he considered such action but decided against it. This decision was reasonable in the circumstances.

I make no criticism of Robert and Samuel in any respect. They devoted themselves to the care of their mother and wife respectively. The decision not to enforce treatment was borne out of love and devotion and not neglect or ill will.

Mrs Greer's living conditions and ability to access treatment

I have already dealt with Mrs Greer's living conditions generally. Robert and Samuel provided her with a comfortable residence with heating available. She was provided with food and help when she needed it. She was free to come and go as she pleased. She travelled back to Western Australia on one occasion. She pursued creative leisure activities. She enjoyed a close relationship with Robert and Samuel. They assisted her dealing with government agencies such as Centrelink and Service Tasmania. They provided her with a high level of care and support. The evidence establishes that she had access to a vehicle and used it to visit friends at Southport up until the time of her death. She could have driven her vehicle to visit health professionals but she did not.

The evidence indicated that Mrs Greer did not have a phone in her residence due to her propensity to make telephone calls to such organisations as the Federal Police and United Nations. She nevertheless had access to a telephone in Samuel's residence and, as noted by Julie, had access to email. I make no criticism of the decision to not allow her to have a telephone in her residence. This was a necessary action in the circumstances.

The fact that Mrs Greer did not receive any medical treatment for any condition at all whilst in Tasmania is explained by her abject refusal to see any medical professional, to deal with persons in authority and to do anything against her wishes. I categorically reject the submission of Pauline, through Ms Etter, that Samuel and Robert deprived Mrs Greer of medical treatment. Equally, the submission that Mrs Greer was malnourished is completely unfounded. The evidence, including from the medical records, demonstrated Mrs Greer was careful to maintain her weight and was well-fed.

The findings that I have made are based upon overwhelming credible evidence from numerous witnesses. It was not subject to any effective challenge. In particular, Ms Etter did not suggest in cross-examination to Robert and Samuel any particular scenarios or facts involving a lack of care. The cross-examination was ineffective, and reflected the lack of any contrary evidence in the investigation or from her client.

Conclusion

As far as possible it must be the aim of the coronial process to minimise the distress upon those affected by it, particularly the bereaved families. Unfortunately, the re-opening of any investigation after a lengthy time period can cause the resurfacing of hurt and sadness. In this case the issues surrounding the finding rendered re-opening necessary.

Before the re-opening of the investigation Ms Etter submitted that her client held "legitimate" concerns about her mother's death. With respect to Ms Etter, by the time the matter came to inquest there was no other conclusion open but that Mrs Greer's wounds were self-inflicted and that she would simply not accept medical treatment for her mental health condition. It should have also been apparent that she was well looked after at Pelterata. Ms Etter adduced no additional evidence at inquest to support her client's contentions, as was foreshadowed. The fact that Ms Etter and her client continued advancing such submissions has caused additional hurt and distress in the family. In particular, that distress must have been keenly felt by Samuel and Robert Greer against whom the many baseless allegations were made. They had no option but to be involved in a public process leading up to and at inquest. To their credit, they participated in the process with respect and dignity.

In this case, it is not appropriate to make any recommendations.

I convey my condolences to all members of the family. Mrs Greer was a warm and vibrant person who was much loved by them.

I extend my appreciation to Senior Constable Robyn Button for her assistance.

I am grateful to Ms Lancaster, counsel assisting, for her diligent efforts.

I am also appreciative of the assistance provided by Mr Baker and Mrs Morgan.

Dated 23 February 2017 at Hobart in the State of Tasmania.

Olivia McTaggart
Coroner