



Western

Australia

RECORD OF INVESTIGATION INTO DEATH

Ref No: 10/16

*I, Evelyn Felicia Vicker, Deputy State Coroner, having investigated the deaths of **Mahdi ARJOMAND, Kyal Peter HIRON and William Craig DEAN**, with an Inquest held at the Perth Coroners Court, Court 58 Central Law Courts, 501 Hay Street, Perth, on 21 & 22 March 2016 find the identity of the deceased persons were **Mahdi ARJOMAND**, who died as a result of head injury; **Kyal Peter HIRON**, who died as a result of chest and abdominal injuries in a man with probable acute drug effect and **William Craig DEAN**, who died of abdominal injuries in a man with probable multiple drug effect and that the deaths occurred on 15 October 2012 at Mumballup, off the Donnybrook-Boyup Brook Road, in the following circumstances:*

Counsel Appearing :

Ms K Ellson assisted the Deputy State Coroner
Ms G Taylor (Tottle Partners) appeared on behalf of the Transport Accident Commission

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INTRODUCTION

Sometime after 3am on Monday 15 October 2012 the three, now deceased, men Mahdi Arjomand (Arjomand), Kyal Peter Hiron (Hiron) and William Craig Dean (Dean) were the occupants of a Volkswagen Passat sedan motor vehicle (Passat) which crashed into a tree down an embankment off the verge of the southbound carriage way of the Donnybrook-Boyup Brook Road, approximately 1.5km east of the Mumballup Tavern.

The crashed Passat was not located until about 8:30am that morning by which time all three men had died at the scene of the crash. Once paramedics had confirmed all three men were deceased the scene was closed and not forensically examined for a number of hours due to concerns there were unidentified chemicals in the Passat.

Once the scene had been declared safe at approximately 9:30pm forensic officers examined the scene before removal of the deceased men, and again after the deceased had been transported to the Bunbury Mortuary before transport to the State Mortuary for examination by a forensic pathologist.

The scene and the Passat were further investigated individually in an attempt to clarify the circumstances of the crash.

Post mortem examinations were conducted on all three deceased men to establish their causes of death. When it was confirmed all three deaths were entirely consistent with the scene, concerns were raised by the families of Mr Dean and Mr Hiron that the crash was staged and the three men had been murdered.

Mr Arjomand was 30 years of age.

Mr Hiron was 37 years of age.

Mr Dean was 35 years of age.

The State Coroner then directed (section 21 (2) *Coroners Act 1996*) ('the Act') an Inquest be held pursuant to section 22 & section 40 of the Act to explore the causes of death in the context of the effect of drugs on the injuries suffered by the deceased men Mr Hiron and Mr Dean. Mr Arjomand was included for completeness.

THE DECEASED

Mahdi Arjomand

Mr Arjomand was born on 20 July 1982 in Turkey and was educated there. He had three brothers, four sisters and his father is deceased, while his mother now lives in Iran.

He worked as a painter in Iran and married in Turkey although he and his wife did not live together.

Mr Arjomand came to Australia in November 2007 where he had extended family. He immediately divorced his wife.

They did not have any children. When in Australia Mr Arjomand worked both as a painter and in the food industry. He also assisted in a night club. He enjoyed soccer and supported Barcelona.

Mr Arjomand was generally considered to be healthy, was outgoing, friendly and full of life, although his family were concerned he may be depressed. He had recently incurred a serious debt after damaging a hire car.

He was living in Joondalup at the time of his death and was only incidentally known to police.

Kyal Peter Hiron

Mr Hiron was born on 13 December 1974 in Attadale, Western Australia.

He had been educated to year 11 in Western Australia and had originally worked in Manjimup. He had pain in his left shoulder which required strong pain killers and was a known drug user. He had spent periods of time in custody and there further educated himself in Business Studies and Occupational Health and Safety, as well as developed friendships and contacts he continued when out of prison. He enjoyed football and body building.

Mr Hiron had two children who did not live with him, a 17 year old daughter and 10 year old son.

In October 2012 Mr Hiron was living with his parents in Northam and had recently resumed contact with Chondelle Heron. She had children of her own and lived in Bunbury and his parents described Mr Hiron as being much improved in demeanour on renewed contact with Ms Heron. While both Ms Heron and his parents acknowledged Mr Hiron's drug use, including amphetamines, Ms Heron was adamant he did not use drugs when associated with her or her children. He was on bail with reporting conditions in Northam for possession of drugs at the time of his death.

Both Ms Heron and Mr Hiron's parents were told the deceased had employment (in different places) but Ms Heron reported that in the time they had re-established contact she had only known him to work for one day.

William Craig Dean

Mr Dean was born on 15 February 1977 in Wales, United Kingdom.

He came to Australia with his family when he was 15 years of age and completed his education up to year 10. He was considered to be generally fit and healthy.

Mr Dean was a known drug user and had spent time in custody where he met a number of his associates. He enjoyed travelling overseas and practised martial arts.

Mr Dean had been in a long term relationship and owned a home in Clarkson with his former partner. They had no children. That relationship ended in November 2011 and the deceased commenced a live-in relationship with Melissa Attard. Ms Attard has two children and the deceased treated the two boys as his own. In April 2012 Ms Attard, her children and Mr Dean moved into the Clarkson property together and were all living there at the time of his death.

THE PASSAT

The motor vehicle involved in the crash was a Volkswagen Passat TSI registration number ZFR375, registered in Victoria. It was a hire vehicle owned by Europcar Australia and had been hired in Perth by Mahdi Arjomand on 9 October 2012, with a return date of 16 October 2012.

This was not the first vehicle Mr Arjomand had hired from Europcar in this period of time. It appears he hired different vehicles from Europcar in the months preceding the week of his death.¹

The Passat was seen at approximately 2:50am on 15 October 2012 on Abel Street, Boyup Brook approximately 150 metres from a Commonwealth automatic teller machine (ATM).² It was seen by John Culverston who noted it to be stationary and apparently empty until he shone a torch into it and saw a male in the driver's seat, trying to screen himself from view. Initially, when reported to police

¹ Ex 1, tab 36

² Ex 1, tab 17

Mr Culverston was unable to describe the driver other than to say it was a male with short cropped hair, however, later he added the person was possibly fair or blonde.³ Mr Culverston took a note of the registration number before returning home and had no further involvement with the Passat.

The Passat was located at approximately 8:30am on 15 October 2012 by Timothy Jones, a Ranger with the Shires of Donnybrook and Boyup Brook. Mr Jones was driving towards Boyup Brook when, approximately 1.5km past the Mumballup Tavern he noticed the crashed Passat off to his left hand side of the road. Mr Jones parked on the side of the road and went back to investigate and found the Passat approximately 100 metres down the embankment into the bush with its front end badly damaged. The damage was so extensive Mr Jones was concerned there would be a difficult situation to deal with and initially he was unable to see very much because of the airbags which had deployed. He then noticed a person in the driver's seat who was obviously deceased and a person in the back left hand passenger seat who also appeared to be deceased.

Mr Jones returned to his vehicle to ask for help and then returned to the crashed Passat when he noticed a third person, lying approximately 5 metres from the left front passenger seat, who appeared to be dead. His attention had been drawn to that side of the car as both the left hand

³ Ex 1, tab 22

doors were open. The vehicle was not running but he did not check it to see whether it was still warm.

Mr Jones then returned to his vehicle to wait for rescue personnel to arrive. A helicopter was ordered to assist at the scene despite Mr Jones advising he believed it would be unlikely anybody would need the assistance of the rescue helicopter.⁴

Following the initial investigation of the scene the Passat was left in place due to concerns the area may be contaminated due to the location of items in the car police were concerned might relate to a clandestine methylamphetamine laboratory and be dangerous. It was then photographed extensively both with the three deceased in situ and later, after they had been removed, it was towed to a holding yard for forensic examination.

The Passat was examined by forensic officers for any information to be ascertained from a comprehensive forensic search of the vehicle.⁵

Following the forensic examination the vehicle was examined by motor vehicle examiners to assess the damage to the vehicle. The motor vehicle examiners were of the view the damage to the Passat was consistent with a high front end impact, with no evidence of any other vehicle being involved or there being any explanation for the crash other

⁴ Ex 1, tab 23

⁵ Ex 1, tab 34

than driver error. There were no defects with the vehicle which would account for the crash and it was apparent from the friction marks on the seatbelts all three occupants had been wearing seatbelts at the time of the impact.⁶

THE EVENT

There was some speculation prior to the inquest the occupants of the Passat did not know one another. It is clear all three were together in the Passat at the time it crashed, sometime after it was seen at Boyup Brook just before 3am. From the evidence located in the Passat of equipment suitable for carrying out an ATM explosion and raid it would appear some of the occupants of the Passat at least must have been known to one another.

While the evidence of Ms Heron is in the form of an unsigned statement it does give an account of how the three men came to be together.⁷ This, in conjunction with an email written by Ms Attard to the police, and her evidence in court⁸ would certainly support the fact that Mr Dean and Mr Hiron, at least, knew one another very well and had served time together in Hakea Prison where they had heard stories about ATM raids.⁹ While the equipment located in the Passat was not entirely consistent with other raids, it was consistent with a raid of itself with the equipment to enable an explosion.

⁶ Ex 1, tab 29 & 30

⁷ Ex 1, tab 21

⁸ Incident Report; t 21.03.16, p15-28

⁹ t 21.03.16, p19

The evidence overall also indicates all three men needed additional finances.

I have no reason to disbelieve the unsigned statement of Ms Heron, and for the relevant parts it is consistent with the evidence of Ms Attard. The account of Ms Attard's movements during the day of 14 October 2012, are broadly consistent with Ms Heron although there are discrepancies between the two in the times at which Ms Attard alleges she was with Mr Dean and Mr Hiron. I do not believe these are relevant to the overall explanation of how the three men came to be in the Passat in the early hours of 15 October 2012.

The evidence indicates Ms Heron lived in Bunbury with her children. On Friday 12 October 2012 Ms Heron and Mr Hiron travelled from Northam, where Mr Hiron's parents lived, to Bunbury, Ms Heron's home. They left on the Friday to allow Mr Hiron to report to the Northam Police Station before he went away for the weekend. Ms Heron reported that on their return to Bunbury they had a normal weekend with Mr Hiron spending time with Ms Heron and her children.

On Sunday 14 October 2012 Mr Dean, Ms Attard and Ms Attard's children arrived at the Bunbury home of Ms Heron after leaving Clarkson, and Mr Dean reporting to

the Joondalup Police Station for his daily reporting conditions.

Ms Heron stated she had not met Ms Attard's children before and Ms Attard stated Mr Dean wished to travel to Bunbury so Ms Attard's children and Ms Heron's children could spend time together for one of Ms Heron's children's birthdays.

Ms Heron stated they arrived sometime shortly before lunch and there was some movement during the rest of the day with Mr Dean and Mr Hiron leaving the house for long periods of time and all the children being cared for by Ms Heron. Later in the evening Mr Dean and Mr Hiron left in Mr Dean's car and Ms Attard indicated in an email to the police they were looking for a driver to drive a vehicle for a planned ATM raid. Ms Heron did not know what was happening with the comings and goings from her home and was frustrated by the whole situation. Ms Attard stated Mr Hiron could not obtain a driver for the plan and as a consequence Mr Dean rang his friend Matty, Mahdi Arjomand, and asked him to drive down to Bunbury to assist them as a driver.

Ms Heron confirmed "*their friend Mahdi*" showed up¹⁰ and that she had not met Mr Arjomand before. She did not know what type of vehicle he was driving but when he

¹⁰ Ex 1, tab 21

arrived it was shortly after midnight on Monday 15 October 2012.

After some talking and toing and froing the three men now present in the Bunbury house told Ms Heron they were going out. As far as she was concerned Mr Hiron, Mr Dean and Mr Arjomand all left in a vehicle she believed to be a Passat at approximately 12:45am on 15 October 2012. That was the last time Ms Heron saw any of those men alive and at that time she is sure Mr Hiron at least was sober and had not been drinking. She had not seen him take any drugs in front of her. She observed Ms Attard and her children going to bed shortly after the men had left her house.

Following the three men leaving the Bunbury house the evidence of Ms Attard was she received two telephone calls over the next few hours. One from Mr Dean to say everything was okay, and another later, which she missed at 3:45am because she was asleep.¹¹

There is also the sighting of the Passat by Mr Culverston around 3am in Boyup Brook and nothing further until Mr Jones located the crashed Passat.

Ms Heron's statement says she was woken up at approximately 6:45am by Ms Attard and her son looking for the bathroom. Ms Heron and Ms Attard were concerned because neither Mr Dean, Mr Hiron nor Mr Arjomand had

¹¹ t 21.03.16, p19

returned to the house and they concluded something must have happened.

Ms Heron accessed her computer searching for news and discovered there had been a single car crash in Mumballup. Mumballup was approximately 30-40 minutes from her home in Bunbury. Ms Heron stated that at about mid-morning Ms Attard left to see if she could find out more about what had happened and Ms Heron stayed at home looking after the children. She received a phone call sometime later from Ms Attard telling her the crashed car was the vehicle in which the men had been travelling and they were all dead.

The police running sheet of the incident certainly confirms Ms Attard was at the exclusion zone for the crash during the day asking questions of the police officers to identify both the vehicle and the occupants. Apparently Ms Attard also rang Mr Dean's family at some point.

Ms Heron was unable to get to the scene until after 6pm that evening due to needing to take care of the children. Both Ms Heron and Ms Attard were noted at the Mumballup Tavern after 6pm by the publican, Mr Edwards, who confirmed the presence of two women in the tavern talking about their partners, deceased in the crash, and the understanding of Ms Attard the intention had been to blow up an ATM.

THE CRASH SCENE

Following the discovery of the crashed Passat by Mr Jones, police from the Donnybrook Police Station attended the scene at approximately 8:40am, and then contacted the Major Crash Investigation Section (MCIS). Paramedics from the Collie substation attended the scene at approximately 9am and were advised it was believed all the occupants of the vehicle were dead. John Masters, an experienced paramedic, went to the crashed car and examined all three of the deceased with his partner. It was confirmed nothing could be done for the three men who had been in the vehicle at the time of the crash and they were to be left in place for the investigators.

Attending police and investigators raised concerns about some of the paraphernalia located within the vehicle. There were gas cylinders and other material which suggested to police there may have been the involvement of items relating to a clandestine drug laboratory. The concern was the possibility of explosions if the scene was not made safe. Police cleared all personnel from the vicinity of the crashed car and requested the attendance of the Organised Crime Squad (OCS) chemical operations team to ensure safety of the area. Major Crash and the local police ensured the area remained safe pending the arrival of the OCS.

The OCS arrived with a senior Chemistry Centre WA chemist, Oliver Locos¹² Mr Locos is employed as a chemist in the illicit drugs section, resources and chemistry precinct of the WA ChemCentre. He had been asked to attend the scene and provide assistance to the police in determining whether there were any items in the car which would be chemically hazardous or related to drug manufacture.

Following his inspection of the crashed car Mr Locos was satisfied the items located within the car were not related to drug manufacture, and that there were no noxious gases within the vehicle to contaminate the scene. He noted an oxygen gas cylinder, an acetylene gas cylinder and a white container containing a clear bubbly fluid. The fluid did not give off any noxious gas and had a neutral pH. It was considered non-hazardous, although it had not been identified at that stage. Mr Locos took a sample of the liquid which was later analysed and discovered to be triethylene glycol (TEG) and propylene glycol.¹³

Mr Locos also noted the deceased passenger in the rear of the vehicle smelt strongly of an organic solvent. That appears to have dissipated by the time the investigation continued and no traces were located on the clothing of the backseat passenger.

Following clearance by the OCS and Mr Locos the scene was opened for examination to the Major Crash Investigators

¹² Ex 1, tab 33

¹³ Ex 1, tab 37

and the deceased men removed at approximately 9:30pm to the Bunbury Mortuary.

It was established the driver of the Passat at the time of the crash was Mr Arjomand. The rear seat passenger still in the vehicle was Mr Hiron and the passenger outside the vehicle, Mr Dean.

Forensic examination of the scene for the dynamics of the crash indicated the Passat had been travelling towards Mumballup (north west) and approaching a gentle left hand curve when the driver failed to respond to the road and continued in a straight line across the southbound carriageway and off the northern gravel shoulder, down an embankment and into a large tree. There was no sign of braking or steering input on behalf of the driver of the car once the tyre marks became apparent in the gravel verge off road. The tracks led directly to the Passat and would indicate the driver was either asleep or unconscious at the time of impact. The fact the trajectory back corresponded to a vehicle travelling in the northbound lane, north west towards Mumballup would indicate the driver had not responded to the road conditions and continued in a straight line at high speed.

There was significant front end damage to the Passat and corresponding damage to the base of the tree.

Senior Constable Daisley concluded that the *“tyre marks coming off the road on the entry to a left hand bend and lack of gravel being dragged in the tyre marks or vegetation being dragged forward would suggest the Passat was rolling and not braked as it left the road. The lack of evidence to suggest braking or steering input before the Passat hit the tree would suggest the driver was in an unresponsive state in the Passat as it left the road. This is consistent with the driver being asleep or in an unconscious state. Due to the distance travelled over rough terrain and lack of response, it is more probable that the driver was in an unconscious state and not asleep”*... *“In my view the damage is consistent with the Passat travelling around the allowable speed limit of 110km/h. There is no evidence to suggest any other vehicle was involved in this collision”*.¹⁴

The damage to the vehicle indicated significant damage with the front of the vehicle being forced rearward into the body of the car. The damage to the tree was to the extent and at the height one would expect from a high force impact.¹⁵ Senior Constable Daisley also noted on initial inspection of the crash scene there appeared to be a strong smell of solvent in the vicinity of the vehicle on his first examination of the scene prior to the attendance of the chemist. That solvent smell appears to have dissipated by later in the evening when he re-examined the vehicle post OCS and removal of the deceased.

¹⁴ Ex 1, tab 18-4

¹⁵ Ex 1, tab 29

TEG is a colourless odourless viscous liquid used as a plasticiser for vinyl. It is also used as an air sanitiser and as an aerosol as a disinfectant. It is used as a base for smoke machine fluid in entertainment and is an additive for hydraulic fluids and brake fluids as an anti-freeze. It is only poisonous if ingested and does not vaporise easily at room temperature. It is rarely involved in poisoning. TEG is often mistaken by drug manufacturers as Phenylacetone (P2P) used in the manufacture of methylamphetamines.¹⁶ Neither TEG nor P2P were located in the toxicology reports of the three deceased.

POST MORTEM EXAMINATIONS

All three post mortem examinations were undertaken by State Pathologist, Dr D Moss. They were conducted on 18 October 2012 at the State Mortuary.¹⁷ One of the functions of a forensic pathologist is to examine deceased persons for anomalies in post mortem examinations which are not consistent with the given history, and may provide evidence of a different scenario or explanation for the cause of death.¹⁸

Mahdi Arjomand

Dr Moss noted Mr Arjomand had a non-survivable head injury,¹⁹ with abdominal injuries and that there was no evidence of significant natural disease.

¹⁶ Ex 1, tab 17

¹⁷ Ex 1, tabs 4, 7 & 10

¹⁸ t 22.03.16, p70

¹⁹ t 22.03.16, p61

Dr Moss located blood staining on Mr Arjomand's clothes, two zip lock style plastic bags containing tablets and a fine white powder in the jeans pocket and fly eggs deposited on the blood staining on the t-shirt.²⁰

Toxicology revealed a blood methylamphetamine level of 3.5mg/L with an amphetamine level of 0.48mg/L. This is a high level of amphetamines and indicates the metabolism of methamphetamine to amphetamine. MDMA (ecstasy) was present at a level of 0.2mg/L, with no alcohol and a not significantly raised level of carbon monoxide.²¹

There was nothing in the post mortem examination of Mr Arjomand to cause Dr Moss to doubt he died as the result of a high speed motor vehicle crash.²²

Kyal Peter Hiron

The post mortem examination of Mr Hiron revealed extensive injuries to Mr Hiron's chest and abdomen with bleeding into the chest and abdominal cavities, multiple rib fractures and injuries to the liver, kidney and mesentery. Again in Mr Hiron there was no evidence of significant natural disease.²³

In the case of Mr Hiron microscopic examination of the right arm showed both acute (recent) and chronic (long standing)

²⁰ Ex 1, tab 4,

²¹ Ex 1, tab 5, 1

²² † 22.03.16, p61

²³ Ex 1, tab 10

injection sites. This would indicate Mr Hiron was a long term IV drug user.²⁴

Mr Hiron was the back seat passenger of the Passat and his injuries are consistent with both the lap and sash part of, typically seen, seat belt injuries in fatalities but do not indicate death was instantaneous. It is likely the levels of drug exhibited by Mr Hiron contributed to his death hence the given cause of death as chest and abdominal injuries in a man with probable acute drug effect.²⁵

Toxicology showed a methylamphetamine level of 3.0mg/L with an amphetamine level of 0.52mg/L. These levels are above “*normal recreational use*”. In the case of Mr Hiron tetrahydrocannabinol and carboxytetrahydrocannabinol were also detected while morphine, both free and total, was also present. Mr Hiron did not have MDMA or MDA in his system. Benzodiazepines were also detected in the form of diazepam, temazepam and desmethyldiazepam and the carbon monoxide levels were not raised.²⁶

The levels of morphine are within the reported fatal ranges for naïve opioid users, although the evidence does not indicate Mr Hiron was a naïve user, due to his ongoing shoulder pain.

²⁴ † 22.03.16, p64

²⁵ † 22.03.16, p62

²⁶ Ex 1, tab 11

William Craig Dean

In the case of Mr Dean, Dr Moss was satisfied his injuries, which consisted of extensive internal haemorrhage in the abdomen and associated multiple injuries to the supporting structures for the small and large bowel (large mesenteric tears) were entirely consistent with a high speed motor vehicle crash.²⁷

There was no evidence of significant natural disease and microscopic investigations showed possible early bronchopneumonia focally. This would indicate Mr Dean was likely to have survived his injuries for a short period of time and that was consistent with him being located outside the crashed vehicle.

Mr Dean had maggots in his mouth at the scene, noted again in his post mortem report. As he was located outside the crashed car there would have been more opportunity for a fly strike. The evidence of fly eggs and maggots is not a precise way to time deaths without specific knowledge of the relevant environment at the time of strike.²⁸

Toxicology in the case of Mr Dean revealed low levels of benzodiazepines, diazepam and desmethyldiazepam. Methylamphetamine was present at a level of 2.7mg/L which is above the upper end of “*normal recreational use*” and amphetamine, as a metabolite of methylamphetamine.

²⁷ † 22.03.16, p67

²⁸ Ex 1, tab 7

There was a low level of MDMA (ecstasy) and its metabolite in his system and ephedrine.²⁹

Dr Moss felt that the injuries of Mr Dean were potentially survivable had he been provided with immediate and sophisticated medical intervention. This obviously was not the case and without medical intervention he was likely to have died. The drugs in his system would have exacerbated that likelihood.³⁰

Dr David Joyce

Evidence was heard from Dr David Joyce, Physician in Clinical Pharmacology and Toxicology at QEII Medical Centre.

From Dr Joyce's perspective all three deceased were intoxicated with stimulants, most importantly methylamphetamine, although they all had different combinations of drugs on board. The morphine in the case of Mr Hiron was also of a high and intoxicating level, while benzodiazepines and cannabinoids were not important contributors to any of the deaths.

The general intoxicating effects of methylamphetamines would have been shared by all three deceased, but the exact extent to which they were each intoxicated would have depended on their dose, the time at which they took the dose and their normal pattern of use. Acute intoxication

²⁹ Ex 1, tab 9

³⁰ t 22.03.16, p66

generally lasts 6-10 hours after a dose and is characterised by euphoria, increased confidence, increased physical activity, agitation, risk taking behaviour, propensity to violence and propensity to paranoia. Dr Joyce pointed out death in accidents related to speeding cars and risk taking are common for those intoxicated with methylamphetamines. There is also a high risk of violence and death through homicide or suicide at these levels of methylamphetamine intoxication.

With sufficiently high doses, depending upon the recipient's normal pattern of drug taking, there is also a risk of death through direct toxic effects of the drugs on the heart, circulation or brain. All three of the deceased had blood concentrations that would be in the range associated with death from methylamphetamine intoxication alone. However, these concentrations are probably encountered quite commonly shortly after IV injections or smoking high doses of methylamphetamine so survival is the general rule.

Withdrawal, which may take several days, can also be interrupted by another dose. Following a period of acute stimulation the users pass into a stage of slowness, inattention, impaired reactions and lowered mood. That then gives way to the overwhelming tendency to suddenly fall asleep. Chronic high level of use of methylamphetamine which escalates quickly with habituation, places users in a constant state of intoxication, passing through the stimulated and withdrawing phases where they continually

re-dose. Psychiatric effects particularly in chronic heavy use are apparent in all phases, and paranoia is characteristic. Violence is common, as is involvement in criminal activity.

In all three deceased the amphetamine concentration to the methylamphetamine concentration is high, indicating there has been sufficient time for a large amount of methylamphetamine to be metabolised. That again is characteristic of chronic heavy use, not a single overdose. In Dr Joyce's view even for heavy users the levels found in all three deceased's blood were high enough to indicate all three were in the acute, stimulated state.

As a result, in Dr Joyce's opinion, all three deceased were intoxicated with methylamphetamine, with contributions from other stimulants to differing degrees. All three were at increased risk of common place causes of death during methylamphetamine intoxication, that is accident, violence and suicide. In addition, all three were at risk of death from the direct toxic effects of the stimulants on the heart, circulation or brain, but survival was generally the rule at these concentrations in heavy users.

Mahdi Arjomand

Dr Joyce advised the court Mr Arjomand's toxicology indicated four intoxicating drugs of the stimulant family related to methamphetamines. While he advised both methylamphetamine and MDMA are subject to post mortem redistribution this would not affect interpretation of the

overall effects. As the driver of the Passat Mr Arjomand's driving would have been influenced in both physiological and behavioural ways. Speeding, reckless driving, high speed pursuits and crashes are common manifestations of intoxication after amphetamine use.

“Defects in vehicle control arising from inattention, impaired reactions and sudden sleep underlie the increased accident risk late after methylamphetamine use. Complete failure to recognise a hazard in traffic, and respond to it, is a well-recognised cause for crashes in stimulant-affected drivers. Methylamphetamine-intoxicated drivers are well known for completely failing to appreciate the presence of critical information in their paths, such as signage, other road-users and changes in the road itself. We also regularly see examples of driving behaviours that defy all reason. These include driving on the wrong side of the road, racing through red traffic signals, complete indifference to the outcome of a crash, giving attention to some completely incidental activity rather than attending to the driving of the vehicle and proceeding in the face of overwhelming danger.”³¹

Dr Joyce was satisfied Mr Arjomand's driving was impaired with the level of methylamphetamine derived intoxicants in his system and was at a greatly increased risk of crashing a motor vehicle while driving.³² While the levels in Mr Arjomand were high enough to account for death in themselves due to sudden and unexpected death in

³¹ Ex 1, tab 6

³² † 21.03.16, p31

methylamphetamine intoxication, Dr Joyce indicated chronic heavy users acquire tolerance to the acute stimulating effects of the drugs and need larger amounts to cause them.

Dr Joyce noted sometimes there are examples of risky driving with a low blood concentration of amphetamines, or habituated drivers falling asleep with concentrations which would threaten the life of a naïve user through over stimulation and sudden cardiac death. The mechanism of sudden and unexpected death from methylamphetamine/amphetamine intoxication is a direct toxic action of the drug causing an epileptic seizure or heart rhythm disturbance which renders a driver unconscious before a crash.

In Dr Joyce's opinion the levels of methylamphetamine in Mr Arjomand's system were indicative of a heavy long term user and the level of MDMA would indicate he had used ecstasy in the preceding 12 hours.

Kyal Peter Hiron

The toxicology results for Mr Hiron indicated that, while he had high concentrations of amphetamines and methylamphetamine, he had not taken any MDMA or MDA (methylenedioxyamphetamine). Drugs falling within the amphetamine group are stimulants and amphetamines and MDA, while drugs in their own right, are also metabolites of methylamphetamine and ecstasy. The concentration of the

stimulant amphetamine based drugs were so unambiguously high Dr Joyce did not feel post mortem redistribution would have any impact on his interpretation of the amphetamine results for Mr Hiron and they were consistent with long term high use, and acute intoxication at the time of death.³³

In Dr Joyce's opinion the concentration of benzodiazepines in Mr Hiron were unlikely to have made any material contribution to his state of intoxication. He believed the desmethyldiazepam and temazepam were formed as a result of his metabolism of diazepam (Valium). Similarly low concentrations of tetrahydrocannabinol and carboxytetrahydrocannabinol indicate it was likely to be in the form of residual use from previous heavy use and so would not have been relevant to impairment at the time of his death or made any material contribution to his state of intoxication.³⁴

Mr Hiron was the only one of the three deceased to have high levels of opioids (respiratory depressant) in his system at the time of death. Due to the absence of codeine and monoacetylmorphine it is unlikely it was derived from heroin and is likely to have been morphine in its own right, also an opiate.³⁵ Dr Joyce pointed out pharmaceutical grade morphine is widely abused either taken by mouth or injection. Due to the fact Mr Hiron had exsanguinated into his abdominal cavity, from where blood was collected for

³³ † 21.03.16, p37

³⁴ † 21.03.16, p33

³⁵ † 21.03.16, p34

analysis, Dr Joyce indicated caution was needed due to post mortem redistribution.

The fact there was no detectable level of morphine in Mr Hiron's stomach contents would imply he had taken the morphine by way of voluntary injection.³⁶

The levels of morphine in Mr Hiron and the percentages of free to total morphine indicated it was likely he had taken the morphine by way of injection and it was likely to have been within 30 minutes of his death. This would put him in a state of morphine intoxication at the time of death and the levels are within the range associated with death by morphine intoxication, although less so in the case of an habitual user. The levels seen in Mr Hiron would be survivable for an habitual user and the histology of the injection sites would indicate that was the case.

Due to the blood from Mr Hiron having been taken from the abdominal cavity there is also the possibility it reflects an oral dose, which would indicate a state of morphine intoxication at the time of death and a theoretical possibility of death from morphine intoxication alone although in Dr Joyce's opinion there was a reasonable probability the levels over estimated the concentrations in blood while still alive.

³⁶ t 21.03.16, p35

Simultaneous intoxication with a stimulant and respiratory depressant leads to a substantial physical and mental impairment, but there is no evidence the effects of the opposing types of intoxicant ameliorate one another.³⁷

William Craig Dean

In Dr Joyce's opinion, while the interaction between severe trauma and stimulant intoxication has not been explicitly studied, the high concentrations of methylamphetamine and amphetamine in Mr Dean's system would substantially affect cardiovascular control reflexes. The normal physiological responses to trauma and major blood loss (internal) are importantly dependant on intact capacity for regular heart output, regional blood flow and blood pressure. In Dr Joyce's view it was entirely reasonable that a person with high concentrations of methylamphetamine on board would be less able to survive major trauma and blood loss.³⁸

Dr Joyce was in no doubt Mr Dean was intoxicated with stimulants at the time of his death and that the contributions from the other drugs he had on board would have been immaterial against the levels of stimulant, amphetamine derived drugs. The level of diazepam would indicate it had been taken sometime earlier due to its low concentration. The fact of the high concentration of amphetamine meant there had been enough time since

³⁷ t 21.03.16, p36

³⁸ Ex 1, tab 6 & t 21.03.16, p41

Mr Dean had taken the drug for it to have metabolised from methylamphetamine into amphetamine.

Dr Joyce considered this implied consistent heavy methylamphetamine use, rather than a single very large dose. The ratio of amphetamine to methylamphetamine was typical for a person who has a consistent habit of methylamphetamine use and heavy methylamphetamine users tend to repeatedly dose throughout the day. It is likely Mr Dean had dosed himself with methylamphetamine in the hours before his death. The presence of both those drugs in his urine does not assist with the interpretation.

As Dr Joyce pointed out the proportion of amphetamine to methylamphetamine indicated long term use and that would reflect the voluntary ingestion of methylamphetamines long term. Also the level of diazepam indicated it was not a recent ingestion and therefore likely to have been voluntary. The forced administration of stimulants does not cause the respondee to be sedated or stupefied, but rather makes them enraged and combative so would not be the drugs of choice for forced administration to cause intoxication.³⁹

Unfortunately, the fact Mr Dean had spent some time incarcerated does not immediately negate his ability to obtain stimulant intoxicants in the form of methylamphetamines.

³⁹ Ex 1, tab 6

The level of methylamphetamine in Mr Dean required high regular doses, usually taken by way of injection or smoking, which enables a higher concentration than achievable reasonably by oral administration.

Dr Sudhakar Rao

Evidence was heard from Dr Sudhakar Rao, State Director of Trauma, State Trauma Office Royal Perth Hospital and Chairman of the WA Trauma Committee.

Dr Rao was of the view all three deceased exhibited injuries typical of “*a single vehicle/multiple fatality*” death, resulting from a high impact crash. Dr Rao had been provided with a photograph of the scene as well as a number of reports. In his view the differences in the injuries seen in the three deceased are significant and typical depending upon the forces in action at the time of impact. He had no doubt the driver died instantaneously and his injuries were consistent with being inflicted by the steering wheel at the point of impact and rebound.

There was nothing in the post mortem examinations of the three deceased which gave Dr Rao any reason to believe their injuries had been sustained in any other manner than as the direct result of a high impact crash and there was no evidence they had been overcome by force at some time prior to the inflicting of those injuries, which all appeared to have been received at the same time.

The different injuries the deceased men sustained are entirely consistent with a car crash and their positions in the vehicles. In the case of Mr Arjomand, death was instantaneous. In the case of Mr Hiron the injuries were serious, and likely to cause death in the absence of treatment, even without the drugs, while those of Mr Dean were the least serious, but still not survivable without prompt first aid and specialised surgical care, excluding the drugs on board.

In Dr Rao's view all three deceased suffered unsurvivable injuries in the absence of aggressive intervention which was obviously not forthcoming.⁴⁰

Mahdi Arjomand

In the case of Mr Arjomand Dr Rao was satisfied his injuries were entirely consistent with those of a driver in a high impact collision.⁴¹ His injuries were the most serious of the three deceased and likely to cause immediate death.⁴²

Kyal Peter Hiron

In the opinion of Dr Rao, the severe injuries to Mr Hiron's thorax and abdomen were entirely consistent with a motor vehicle crash causing "*multisystem trauma*".

The external lacerations, abrasions and haematomas are typical of external injuries seen in a motor vehicle accident,

⁴⁰ † 21.03.16, p52-53

⁴¹ Ex 1, tab 12

⁴² † 21.03.16, p47

while the severe abdominal injuries are caused by mesenteric lacerations (small and large intestine). Dr Rao described these as “forces transmitted through the abdomen or thorax” and the end result is internal tears resulting in loss of blood, bowel perforation, laceration of the muscles, internal organs and subcutaneous fat and shear injury internally, which may look innocent externally.

Mr Hiron’s injuries were consistent with injuries caused by the sash and lap of a seatbelt and there was nothing about his injuries which caused Dr Rao to believe they were caused in any way other than the motor vehicle crash.⁴³

William Craig Dean

In Mr Dean’s case, Dr Rao was confident the injuries seen in the case of Mr Dean were typical seat belt injuries resulting in large tears to the mesentery or his small and large bowel and associated haemorrhage. Dr Rao was of the opinion that even without other injuries, Mr Dean’s abdominal injury was enough to put him into immediate haemorrhagic shock. Allowing for the fact he was a young fit male he would have had the physiological reserves to compensate for his blood loss initially and continue to function, assuming there were no other injuries that could stop him from moving, for a period of time.⁴⁴ However his ability to compensate for blood loss would reach a plateau and at that point he would have crashed very quickly into

⁴³ † 21.03.16, p48

⁴⁴ † 21.03.16, p50

unconsciousness and then death without adequate intervention.

Dr Rao was of the view that in the absence of prompt first aid and early specialised surgical (trauma) care the injuries sustained by Mr Dean were not compatible with survival, even without the addition of the drugs he had on board.⁴⁵ Dr Rao was satisfied Mr Dean's injuries were consistent with a car crash, although his were the least extensive of the three.

CONCLUSION

I am satisfied that during the day of 14 October 2012 Mr Hiron and Mr Dean commenced preparation for a planned raid on a bank automatic teller machine (ATM). Their plan required an additional person to assist by driving a getaway car and, late on 14 October 2012, Mr Arjomand was added to the plan.

Mr Arjomand arrived at the home of Ms Heron, where Mr Dean and Mr Hiron were staying, shortly after midnight on 15 October 2012. He was driving the Passat he had hired earlier that week.

All three men then left in Mr Arjomand's hire vehicle. The evidence suggests their target was the ATM located at the Commonwealth bank in Boyup Brook. The Passat was seen in the vicinity of that ATM around 3am on 15 October 2012.

⁴⁵ Ex 1, tab 12

There is no evidence the ATM was raided, nor that any money was obtained by the three deceased men.

I am satisfied all three deceased men were under the influence of drugs in the early hours of 15 October 2012. While the level and mixture of drugs in each deceased was different, all were intoxicated to a significant degree, even for experienced users, and were at risk of sudden death due to stimulant intoxication by way of cardiac disturbance in and of itself.

The levels of methylamphetamine in Mr Arjomand were within the range to seriously impair his judgement and elevate his risk taking behaviour when in control of the Passat as its driver at the time of the crash. This included a tendency to black out or fall suddenly asleep. The evidence indicated he was under the influence of drugs at the time of death, which was instantaneous. All the evidence is consistent with him being the driver of the Passat at the time it left the road, travelled down the embankment and crashed with the tree.

The levels of methylamphetamine in Mr Hiron, back seat passenger, and Mr Dean, front seat passenger, were in the range to have significant impact on their behaviour by way of risk taking and feelings of invincibility.

Those levels of drugs also affect the physiology of the user, while intoxicated, to render them vulnerable to abnormal

cardiac and respiratory responses. This would act to decrease their capacity to compensate in times of serious physiological stress such as that incurred in a motor vehicle crash and resulting injuries and so affect their survival times.

In the case of Mr Hiron the evidence indicated he was under the influence of drugs when he received the injuries which caused his death. His injuries were consistent with those of a passenger, wearing a seatbelt. Those injuries were critical internal injuries, not obvious externally.

The injuries seen externally would not have caused death, but are typically the result of different contacts during the course of the impact. The internal injuries were serious enough that, without prompt sophisticated medical intervention, death was inevitable.⁴⁶ The level of drugs in his system would have reduced his survival time.⁴⁷

In the case of Mr Dean the evidence indicated he too was under the influence of drugs at the time he received the injuries which later caused his death. He also had injuries consistent with the wearing of a seatbelt at the time of impact. Those injuries were serious enough to cause death without medical intervention.⁴⁸ The level of drugs in his system would have reduced his survival time although it is clear his injuries allowed him to exit the Passat and move a few metres before he collapsed. It is impossible to

⁴⁶ † 21.03.16, p48/49

⁴⁷ † 21.03.16, p37

⁴⁸ † 21.03.16, p50

determine how long he survived after exiting the vehicle, or even if he exited immediately or after a period of unconsciousness following impact.

There is nothing in the evidence at the scene, the vehicle or the three deceased men to indicate there was any factor in their deaths other than the outcome of a serious motor vehicle crash involving three men, all under the influence of significant levels of illicit substances.

Any other explanation of the deaths is based on speculation with no supporting evidence.

MANNER AND CAUSE OF DEATH

Mahdi Arjomand

I am satisfied Mr Arjomand died as a result of an unsurvivable head injury incurred at the time of impact of the Passat with the tree.

I find Mr Arjomand's death occurred by way of Accident.

Kyal Peter Hiron

I am satisfied Mr Hiron died as the result of the chest and abdominal injuries he received when the Passat crashed, exacerbated by his high drug levels.

I find Mr Hiron's death occurred by way of Accident.

Willian Craig Dean

I am satisfied Mr Dean's death was caused by the abdominal injury he suffered when the Passat crashed and that his death was exacerbated by the effect of the illicit drugs he had consumed.

I find Mr Dean's death occurred by way of Accident.

E F Vicker
Deputy State Coroner
25 May 2016