



Western

Australia

RECORD OF INVESTIGATION INTO DEATH

Ref No: 40/18

I, *Barry Paul King*, Coroner, having investigated the death of **Joseph Frederick Woods** with an inquest held at the **Perth Coroner's Court** on **20 November 2018**, find that the identity of the deceased person was **Joseph Frederick Woods** and that death occurred on **29 August 2015** at **95 Altone Road, Lockridge**, from **cardiorespiratory arrest during struggle and restraint in a man with methylamphetamine effect and focal coronary artery atherosclerosis** in the following circumstances:

Counsel Appearing:

Mr D P Jones assisted the Coroner
Mr N P van Hattem (Francis Burt Chambers, instructed by National Justice Project) appeared for the deceased's family

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INTRODUCTION

1. On the evening of 29 August 2015 Joseph Frederick Woods (the deceased) was moving about on foot in Lockridge with another man, presumably an associate of his. The two men had just gone into a carport beside a house in Altone Road when the resident of the house, Matthew Meyer, returned home from walking his dogs. Mr Meyer was a former police officer with the West Australian Police.¹
2. The deceased's associate jumped over the back wall of the carport and ran off. The deceased approached Mr Meyer, who took the deceased to the ground and restrained him face-up in a citizen's arrest while calling out to his neighbour for help to contact police.²
3. The neighbour, Anthony Holt, attended and used his mobile phone to call police. While waiting for police officers to attend, Mr Meyer turned the deceased onto his stomach and continued to restrain him.³
4. Two police officers attended within about 12 minutes. One of the officers took over the restraint of the deceased from Mr Meyer and attached handcuffs to the deceased's wrists. He then realised that the deceased was unresponsive and not breathing.⁴
5. The police officer administered CPR while his partner called for an ambulance. Ambulance paramedics attended and took the deceased to Swan District Hospital, but the deceased could not be revived.⁵
6. Toxicological analysis later revealed that the deceased had a very high blood methylamphetamine level.⁶
7. The deceased's death was a 'reportable death' under section 3 of the *Coroners Act 1996* (the Act) because it 'appears to

¹ Exhibit 1, Tabs 5 and 8

² Exhibit 1, Tab 8

³ Exhibit 1, Tabs 5 and 8

⁴ Exhibit 1, Tabs 5 and 33

⁵ Exhibit 1, Tabs 5, 28 and 32

⁶ Exhibit 1, Tabs 30 and 37

have been unexpected, unnatural or violent or to have resulted, directly or indirectly, from injury’.

8. Under section 19 of the Act, I had the jurisdiction to investigate the deceased’s death because it appeared to me that the death was or may have been a reportable death.
9. While it did not appear likely that the police officers who attended the scene had caused or contributed to the deceased’s death, it was desirable that I hold an inquest in order to provide independent oversight of the circumstances of the death, as it was possible that police officers had been present at a material time.
10. I held an inquest into the deceased’s death on 20 November 2018 at the Perth Coroner’s Court.
11. The main issues at the inquest were whether the force used by Mr Meyer or the police officer in detaining the deceased caused or contributed to the death.
12. The documentary evidence adduced at the inquest primarily comprised a brief of evidence,⁷ including a report prepared on 9 March 2017 by Detective Sergeant G C Thwaites of the Coronial Investigation Squad of the Western Australia Police (WAPOL) and a report by Professor David Joyce, physician in clinical pharmacology and toxicology.⁸
13. Oral evidence was provided by:
 - a. Mr Meyer;
 - b. Mr Holt;
 - c. First Class Constable R Waller, the first police officer at the scene;
 - d. Constable E Regan, Constable Waller’s partner; and
 - e. Dr D M Moss, forensic pathologist.

⁷ Exhibit 1

⁸ Exhibit 1, Tab 37

14. Following the evidence, the deceased's niece, Adelene Roberts, read a moving statement she had prepared, describing the deceased's life and the love that his family had for him.
15. I have found that the cause of death was cardiorespiratory arrest during struggle and restraint in a man with methylamphetamine effect and focal coronary artery atherosclerosis.
16. I have found that force used during the arrest of the deceased was reasonable and that it did not, of itself, cause or contribute to the death.

THE DECEASED

17. The deceased was born in the Gnowangerup Hospital on 18 October 1980, so he was 34 years old at the time of his death.⁹ He was the youngest of seven children. He grew up around Gnowangerup and travelled around the farming areas of the Great Southern with his family as his parents found work as farmhands.
18. The deceased attended Gnowangerup kindergarten and primary school before going on to Katanning High School. He became a talented football player for which he received awards.¹⁰
19. Unfortunately, the deceased went on to build an extensive criminal history from the age of 15, and spent most of his adult life in prison. The offences for which he was imprisoned included stealing motor vehicles, burglary of habitation, threats to harm, and stealing.¹¹
20. Despite the deceased's path in life, he was a loving son, brother and uncle, and a friend to many. While in prison he volunteered for the Deaths in Custody Watch and acted as a mentor to vulnerable new prisoners.¹²

⁹ ts 87 per Roberts, A M

¹⁰ ts 88 per Roberts, A M

¹¹ Exhibit 1, Tabs 5 and 35

¹² ts 89-90 per Roberts, A M

29 AUGUST 2015

21. At about 6.30 pm on 29 August 2015 the deceased was on a footpath on the west side of Altone Street in Lockridge. He was north of the T-junction with Weddall Road, which runs east from Altone Road. Mr Meyer, who had turned onto the footpath from Benara Road with his three large dogs, saw him cross Altone Road to the east side, still north of Weddall Road. Mr Meyer was about 100 metres to the north of him at that stage.¹³
22. As Mr Meyer continued south on the footpath, the deceased crossed Weddall Road and walked east along the fence of the property situated on the corner of Altone Road, which happened to be Mr Meyer's home. As the deceased was walking, he was yelling out.¹⁴
23. Mr Meyer had walked a bit further south and was across Altone Road from his house when the deceased walked back along Weddall Road east towards Altone Road and the front of Mr Meyer's home.¹⁵
24. The deceased then ducked into Mr Meyer's carport, where Mr Meyer's car was parked. As he did so, Mr Meyer could see that there was another man in the carport with the deceased.¹⁶
25. The other man used a stack of bricks placed against a fence at the back of the carport to climb over a fence into Mr Meyer's back yard. At this stage, Mr Meyer crossed the road with his dogs and yelled out at the deceased and the second man. He assumed that they were in the act of breaking into his house or of stealing his car.¹⁷
26. The second man was not seen again, but the deceased came out of the carport towards Mr Meyer. He had a torch in his right hand. Mr Meyer had two of his dogs on a 'Y-lead' in his left hand and the other dog on a lead in his right hand.¹⁸

¹³ Exhibit 1, Tab 8

¹⁴ Exhibit 1, Tab 8

¹⁵ Exhibit 1, Tab 8

¹⁶ Exhibit 1, Tab 8

¹⁷ Exhibit 1, Tab 8

¹⁸ Exhibit 1, Tab 8; ts 16 per Meyer, M S

27. Mr Meyer yelled at the deceased to get onto the ground. He grabbed the deceased by his upper arms and they struggled briefly. The deceased kicked out at the dogs, who then bit his legs and arms. The deceased yelled out 'Let me go' and 'I didn't know it was your house.' Mr Meyer repeatedly yelled to his next door neighbour to the south, Mr Holt.¹⁹
28. Mr Meyer took the deceased to the ground and onto his back on the front lawn, in what Mr Meyer described in court to be a textbook take-down, as he had done dozens of times when he was a front-line police officer.²⁰ He grabbed the deceased's wrists and placed his knee on the deceased's chest to hold him down.²¹ At some stage of the confrontation, Mr Meyer had let go of the dog leads, and the dogs sat down nearby.²²
29. Mr Meyer said, and I accept, that he was careful not to place weight on the deceased's chest because he, Mr Meyer, did not want to injure him. Mr Meyer weighed 120 kg and was solidly built.²³ The deceased was about 60 kg and 170 cm tall,²⁴ so it is unlikely that Mr Meyer would have had any difficulty in controlling him physically.
30. Mr Holt, who was in his bedroom on the southern side of his house watching TV, eventually heard Mr Meyer calling his name. He came out of his front door and went to Mr Meyer's driveway, at which stage Mr Meyer told him to call the police because he had just caught the deceased trying to break into his house.²⁵
31. Mr Holt could see Mr Meyer holding the deceased down on his back. The deceased was not thrashing about but was moving his legs slightly.²⁶
32. Mr Holt could see Mr Meyer's dogs walking across the driveway and sitting down.²⁷ He grabbed his mobile phone

¹⁹ Exhibit 1, Tab 8; ts 12 per Meyer, M S

²⁰ ts 9 per Meyer, M S

²¹ Exhibit 1, Tab 8; ts 27 per Meyer, M S

²² Exhibit 1, Tab 8; ts 8 per Meyer, M S; ts 55 per Holt, A A

²³ Exhibit 1, Tab 8; ts 11

²⁴ Exhibit 1, Tab 29

²⁵ Exhibit 1, Tab 9

²⁶ Exhibit 1, Tab 9

²⁷ ts 55 per Holt, A A

and at 9.16 pm called '000' to request that police attend because his friend was restraining a man who had been breaking into his house.²⁸

33. While Mr Meyer and Mr Holt waited for police to arrive, Mr Holt moved the dogs into Mr Meyer's back yard so that they would not be in any danger from passing vehicles.²⁹ Mr Meyer rolled the deceased onto his stomach and pulled his arms behind his back. The deceased resisted but eventually complied. While the deceased was on his stomach, Mr Meyer crouched beside the deceased and placed both his knees on the deceased's lower back with most of his weight on his feet so as not to hurt him.³⁰

POLICE ARRIVE

34. Constables Waller and Regan arrived at Mr Meyer's home at 9.30 pm. Constable Waller got out of the police vehicle and saw Mr Meyer holding the deceased down on the front lawn with his knee across the deceased's shoulder blades.³¹
35. Constable Waller told Mr Meyer that he would take over and handcuff the deceased. He squatted beside the deceased, placed handcuffs on his wrists and rolled him over onto his right side. He tried to speak with the deceased, but the deceased did not respond to his questions or to the application of force to a pressure point.³²
36. Constable Waller could not find the deceased's pulse, so he and Constable Regan removed the handcuffs and rolled the deceased onto his back so that they could administer CPR. At 9.32 pm Constable Regan contacted the Police Communications Centre to request an ambulance, and Constable Waller commenced chest compressions. Constable Regan obtained a face mask from the police vehicle and Constable Waller used it to provide respirations.³³

²⁸ Exhibit 1, Tab 9

²⁹ ts 61 per Holt, A A

³⁰ Exhibit 1, Tab 8

³¹ Exhibit 1, Tabs 12 and 33

³² Exhibit 1, Tab 12; ts 72 per Waller, R

³³ Exhibit 1, Tabs 12 and 13

37. Additional police officers arrived from the Kiara police station, and one of them assisted Constable Waller to administer CPR until the ambulance arrived.³⁴

PARAMEDICS ARRIVE

38. Ambulance paramedics arrived at the scene at 9.46 pm and took over the resuscitation attempts. The deceased was in asystole when they arrived. He displayed pulseless electrical activity after the administration of adrenaline, but he became asystole a short time later and showed no further sign of life.³⁵
39. The paramedics took the deceased to the emergency department at Swan District Hospital while administering CPR with a Lucas machine on the way.³⁶
40. When the deceased arrived at hospital, he was in asystole and his temperature was down to 33.7°. Medical staff continued the CPR until 10.50 pm, with no return of the deceased's spontaneous circulation. A doctor certified that he was life extinct.³⁷

CAUSE OF DEATH AND HOW DEATH OCCURRED

41. On 1 September 2015, forensic pathologist Dr D M Moss conducted a post mortem examination of the deceased's body and found extensive skin and soft tissue injuries to the limbs, consistent with dog bites. The dog bites were not sufficient to have caused the death.³⁸
42. There was mild to moderate hardening and narrowing of the blood vessels over the surface of the heart (coronary artery atherosclerosis), and the lungs were heavy and fluid-laden.³⁹ Dr Moss noted that, with chronic use,

³⁴ Exhibit 1, Tab 12

³⁵ Exhibit 1, Tab 28

³⁶ Exhibit 1, Tab 28

³⁷ Exhibit 1, Tab 32

³⁸ Exhibit 1, Tab 29; ts 37-38 per Moss, D M

³⁹ Exhibit 1, Tab 29

methylamphetamine can cause accelerated atherosclerosis in younger age groups.⁴⁰

43. Microscopic examination confirmed the presence of atherosclerosis causing focally significant stenosis, and sections of bruises showed fresh haemorrhage.⁴¹
44. Neuropathological examination showed no significant abnormalities to the brain or the spinal cord.⁴²
45. Toxicological analysis showed a blood methylamphetamine level of 1.2 mg/L and an amphetamine level of 0.06 mg/L. A low level of tetrahydrocannabinol was detected. Morphine was present and monoacetylmorphine was detected in the urine, indicating heroin use within 24 hours.⁴³
46. Dr Moss formed the opinion, which I adopt as my finding, that the cause of death was cardiorespiratory arrest during struggle and restraint in a man with methylamphetamine effect and focal coronary artery atherosclerosis.⁴⁴
47. Dr Joyce provided a report in which he noted that the deceased's blood concentration of methylamphetamine was so high that, of the 700 cases of methylamphetamine intoxication he had experience with, only a handful of cases had comparable concentrations.⁴⁵
48. Dr Joyce noted that the concentration would have put the deceased at risk of death from direct toxic effects of the stimulant on heart, circulation or brain, but that survival is probably the rule in people who are habitually using appreciable doses of methylamphetamine. However, there is a well-recognised but low incidence of sudden death occurring in amphetamine users caused by a sudden disturbance in heart rhythm, primarily in circumstances of intense physical exertion when the sympathetic nervous system delivers noradrenaline to the heart, which increases heart performance.⁴⁶

⁴⁰ ts 39-40 per Moss, D M

⁴¹ Exhibit 1, Tab 29; ts 39 per Moss, D M

⁴² Exhibit 1, Tab 31

⁴³ Exhibit 1, Tab 30

⁴⁴ Exhibit 1, Tab 29

⁴⁵ Exhibit 1, Tab 37

⁴⁶ Exhibit 1, Tab 37

49. Methylamphetamine accentuates noradrenaline effects on the heart, causing lethal disturbance of the rhythm and perhaps constricting the coronary arteries which supply blood to the heart muscles. That constriction would obstruct the heart's blood supply, predisposing to rhythm disturbances or other abnormalities.⁴⁷
50. In the deceased's case, the constriction of coronary arteries would add to the effects of the coronary artery atherosclerosis already present, creating a risk of lethal rhythm disturbance.⁴⁸
51. Dr Joyce also noted that a research paper published in 2008 recognised methylamphetamine intoxication as a cause of acute dysfunction of the left ventricle of the heart.⁴⁹
52. Dr Joyce stated that the deceased's death was the third case in his experience where death has occurred in a person who had survived a struggle and was under restraint that would not normally be expected to pose as a risk to ventilation. All three cases had exceptionally high blood concentrations of methylamphetamine.⁵⁰
53. Dr Joyce stated that Dr Moss' conclusion that the cause of death was cardiorespiratory arrest during struggle and restraint in a man with methylamphetamine effect and focal coronary artery atherosclerosis, seems to be well-supported by the toxicological analysis.⁵¹
54. In oral evidence Dr Moss said that the circumstance of exertion and stress from the encounter with Mr Meyer and his dogs would have increased the risk of an arrhythmia. The presence of coronary artery narrowing would have been a risk factor, and the high concentration of methylamphetamine would have also put stress on the heart.

⁴⁷ Exhibit 1, Tab 37

⁴⁸ Exhibit 1, Tab 37

⁴⁹ Exhibit 1, Tab 37

⁵⁰ Exhibit 1, Tab 37

⁵¹ Exhibit 1, Tab 37

55. On the basis of the information available, I am satisfied that the deceased, who had focally significant atherosclerotic coronary artery disease and was affected by methylamphetamine, struggled with Mr Meyer and his dogs, which led to cardiac arrhythmia and cardiorespiratory arrest, which caused his death.
56. I find that death occurred by way of misadventure.

DID MR MEYER ASPHYXIATE THE DECEASED?

57. Mr Meyer's evidence was that he was careful not to place much weight on the deceased,⁵² and the evidence of Mr Holt⁵³ and Constable Waller⁵⁴ supports his account.
58. Dr Joyce indicated that the type and amount of pressure applied by Mr Meyer to the deceased's chest was unlikely to have contributed to the death.⁵⁵
59. Dr Moss' found no evidence that mechanical or positional asphyxia played a role in the death. He said that it would be unlikely for a person to die from either of those causes without there being some indication on post mortem examination.⁵⁶
60. I am satisfied that the restraint Mr Meyer and Constable Waller applied to the deceased did not cause or contribute to his death.

POLICE INVOLVEMENT

61. The evidence made clear that the actions of attending police officers did not contribute to the deceased's death in any way. To the contrary, their actions, particularly Constable Waller's, in attempting to resuscitate him were exemplary.

⁵² Exhibit 1, Tab 8; ts 11 an 15 per Meyer, M S

⁵³ Exhibit 1, Tab 9

⁵⁴ Exhibit 1, Tab 12

⁵⁵ Exhibit 1, Tab 37

⁵⁶ ts 45 per Moss, D M

CONCLUSION

62. The evidence in the inquest, together with Ms Roberts' statement, provided a poignant reminder that the scourge that is methylamphetamine destroys the lives of individuals who are other people's beloved family members.
63. In addition, the evidence of Mr Meyer's experience with the deceased demonstrated that the effects of methylamphetamine use and its consequences can randomly and detrimentally affect other members of the community in unexpected ways.

B P King
Coroner
12 December 2018