



IN THE CORONERS COURT  
OF VICTORIA  
AT MELBOURNE

Court Reference: COR 2016 0260

### **FINDING INTO DEATH WITHOUT INQUEST**

*Form 38 Rule 60(2)*

*Section 67 of the Coroners Act 2008*

I, AUDREY JAMIESON, Coroner having investigated the death of DARREN MARK GAVIN WATTS

without holding an inquest:

find that the identity of the deceased was DARREN MARK GAVIN WATTS

born 4 June 1974

and the death occurred on or about 17 January 2016

at Dandenong Creek, near Kyla Avenue, Dandenong Victoria 3175

**from:**

1 (a) DROWNING

Pursuant to section 67(1) of the **Coroners Act 2008**, I make findings with respect to **the following circumstances:**

1. Darren Mark Gavin Watts was 41 years of age at the time of his death. He lived in Wantirna South with his wife, Kellie and their young daughter. Mr Watts was not known to be unwell. He had a family with a history of ischaemic heart disease.
2. At approximately 10.30am on Sunday 17 January 2016, Mr Watts left his home address to go for a bike ride, having informed his wife he would be back before lunch time. At about 12.30pm, Mrs Watts sent her husband a text message to see how long he would be before he

returned home, but he did not respond. Over the next three hours, she tried unsuccessfully to contact him and she alerted his parents. At approximately 4.00pm, Mr Watts's parents telephoned the Knox Police Station to report that their son was missing.

3. At approximately 9.25am on Monday 18 January 2016, Mr Watts was located in the Dandenong Creek by a passer-by, who was walking along the adjacent EastLink Trail and observed a bicycle helmet on top of the water. The passer-by alerted two other men in the vicinity and emergency services were contacted.
4. Police attended at about 9.30am and observed that Mr Watts was located one metre south of a footbridge that formed part of the EastLink Trail.<sup>1</sup> Mr Watts was almost upright in the creek, with the top of his head out of the water. It was apparent that Mr Watts could not be revived. He was wearing a bicycle helmet, with the straps done up. Mr Watts was located centrally in the creek, at the deepest part, approximately chest depth. A bicycle was found in the creek, in between Mr Watts and the footbridge, slightly closer to the eastern bank of the creek. Police located a number of items with Mr Watts, including a glasses case, \$20 cash, nine house keys and two bicycle repair kits.

## INVESTIGATIONS

5. By way of Form 8, issued pursuant to section 24 of the *Coroners Act 2008* (Vic) and dated 1 February 2016, the identity of the deceased, Darren Watts, was determined by DNA analysis.

### *Forensic Pathology investigation*

6. Dr Khamis Almazrooei, Forensic Pathology Registrar at the Victorian Institute of Forensic Medicine, under the supervision of Senior Forensic Pathologist Dr Matthew Lynch, performed a full post mortem examination upon the body of Mr Watts, reviewed a post mortem computed tomography (CT) scan and referred to the Victoria Police Report of Death, Form 83. At autopsy, Dr Almazrooei observed a fractured right clavicle and bilateral pleural effusion. Toxicological analysis of Mr Watts' post mortem blood did not detect alcohol, common drugs or poisons. Dr Almazrooei opined that it was possible Mr Watts became unconscious when, for unknown reason, his bicycle swerved from the bicycle path down into the creek. Of note, while there was no evidence of head injury, this could not be excluded due to post mortem changes. Dr Almazrooei found no evidence of natural diseases (specifically, no heart diseases) which

---

<sup>1</sup> The EastLink Trail connects with the Dandenong Creek Trail approximately 100m south of the footbridge.

could have contributed to Mr Watts' death. Dr Almazrooei ascribed the cause of Mr Watts' death to drowning.

#### *Police investigation*

7. Upon attending the Dandenong Creek after Mr Watts' death, Victoria Police did not identify any signs of third party involvement.
8. First Constable (F/C) Michaela Orchard, the nominated coroner's investigator,<sup>2</sup> conducted an investigation of the circumstances surrounding Mr Watts' death, at my direction, including the preparation of the coronial brief. The coronial brief contained, *inter alia*, statements made by Mr Watts' wife Kellie Watts, the three men who located Mr Watts, and a number of staff at the medical clinics: Access Medical Group in Wantirna South and Doctors @ Knox.
9. Mrs Watts reported that her husband was quite healthy and did not take any prescription medications. She believed that Mr Watts suffered from sleep apnoea, but he was not receiving treatment for this condition. Statements made by five general practitioners at two clinics, and Mr Watts' medical records from Access Medical Group, indicated that he had only attended for sporadic, routine appointments.
10. Mrs Watts stated that her husband was motivated to take up cycling after his father had a heart attack approximately two years ago. Mr Watts was an experienced cyclist and would tell his wife where he was riding; he would text or ring to advise where he was and how far he was from home. Mrs Watts said that he kept his bike clean and well maintained; he was safety conscious. She noted that Mr Watts would often ride along the Dandenong Creek Trail.
11. Mrs Watts said that after her husband's death, a number of people had noted that the Dandenong Creek Trail was known to be a dangerous, accident prone area.
12. Detective Senior Constable Luke Shore attended the scene and noted that the EastLink Trail's concrete footpath was dusty, covered by dry dirt and was somewhat slippery under foot. This was particularly true of the footpath going from north to south, prior to the footbridge. He opined that the incline in the footpath as it approached the nearby footbridge, and the dust covering it, would make it dangerous to turn onto the bridge if approached at speed. Similarly,

---

<sup>2</sup> A coroner's investigator is a police officer nominated by the Chief Commissioner of Police or any other person nominated by the coroner to assist the coroner with his/her investigation into a reportable death. The coroner's investigator takes instructions direction from a coroner and carries out the role subject to the direction of a corner.

F/C Orchard observed that the bike path heading towards the footbridge was on a downward slope, with quite a sharp bend to the left, leading onto the footbridge.

13. Detective Acting (DA) Sergeant Philip Frith of the Major Collision Investigation Unit also attended the scene and noted that the Dandenong Creek is an open storm water drain that is subject to significant and sudden changes in depth and flow following rain. On 18 January 2016 there had been no rain in recent days, and the level was quite low with almost no detectable water flow.
14. After examining the scene, DA Sergeant Frith noted that the EastLink Trail was a wide concrete path that ran generally parallel with the EastLink Freeway and Dandenong Creek, and at this location crossed the creek using a wide concrete bridge. The concrete path and bridge were a smooth surface that was in good condition. On the path, on the western side of the bridge, DA Sergeant Frith observed a single tyre skid mark that appeared to have been left by a bicycle. The width of the initial part of the mark suggested that it had been made by a tyre fitted to a road-type bicycle. The position of the skid mark on the path, indicated to DA Sergeant Frith that the rider had entered the left hand bend while travelling too fast, had drifted to the outside of the bend and applied emergency braking in an attempt to avoid running off the path. Scrapes on a raised concrete block and marker posts, closest to the western edge of the bridge, were consistent with the bicycle having come into contact with them.
15. DA Sergeant Frith examined Mr Watts' bicycle and noted that it was a road bike, and its rear wheel had a significant buckle in it that prevented it from rotating properly; a significant 'flat spot' was evident on the rear tyre; and the chain had come off the crank set. Scrape marks on the crank set were consistent with the marks identified on the raised concrete block on the bridge. The front and rear brakes appeared to be functioning correctly, and DA Sergeant Frith was unable to detect any other damage or faults with the bicycle.
16. F/C Orchard noted that on either side of the footbridge were plastic pylon pillars with reflectors. When travelling south on the bike path, there is a sign signalling that there is an upcoming bend to the left hand side. There is also a sign stating that the path is subject to flooding. F/C Orchard opined that more safety measures could be implemented to prevent future collisions, such as speed bumps to slow down riders before crossing the bridge and the installation of signs in the area leading up to the bend in the path, warning riders to slow down. F/C Orchard also suggested the option of more safety pillars on the bridge, or fencing on the edge of the bridge behind the pillars, that creates an extra barrier.

## FINDINGS

The evidence gathered in the course of the investigation has identified that Mr Watts was most likely cycling south along the EastLink Trail in Dandenong, when he approached the footbridge that crosses the Dandenong Creek, entering the left bend at speed, so that the bicycle contacted with raised marker posts on the western edge of the bridge, before running off the path and into the creek.

The investigation has failed to identify any evidence that Mr Watts suffered a medical event which contributed to the cause of the collision. Moreover, I note that the forensic pathology examination has not identified why Mr Watts was unable to extricate himself from the relatively shallow water, save for the possibility that he may have become unconscious after the bicycle swerved into the creek.

I accept and adopt the medical cause of death as identified by Dr Kamis Almazrooei, and find that Darren Mark Gavin Watts died in the Dandenong Creek, from drowning, in circumstances related to the riding of a bicycle.

## RECOMMENDATIONS

Pursuant to section 72(2) of the **Coroners Act 2008**, I make the following recommendations:

1. With the aim of preventing injuries and like deaths, **I recommend** that the ConnectEast Group,<sup>3</sup> conduct a risk assessment of the EastLink Trail's footbridge which crosses the Dandenong Creek and review any opportunities for safety improvements, such as, but not limited to, warning signs regarding speed, speed bumps, and additional fencing.

---

<sup>3</sup> The ConnectEast Group is the operator of the EastLink motorway and has responsibility for the maintenance and management of the EastLink Trail.

Pursuant to section 73(1A) of the *Coroners Act 2008*, I order that this Finding be published on the internet.

I direct that a copy of this finding be provided to the following:

Ms Kellie Watts

Mr John Watts

Mr Murray Keen, Risk and Safety Manager, ConnectEast Group

First Constable Michaela Orchard

Signature:

AUDREY JAMIESON  
CORONER

**Date: 1 February 2017**

