

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: COR 2024 006825

FINDING INTO DEATH WITHOUT INQUEST

Form 38 Rule 63(2)

Section 67 of the Coroners Act 2008

Findings of:	Deputy State Coroner Paresa Antoniadis Spanos
Deceased:	AQ
Date of birth:	1963
Date of death:	23 November 2024
Cause of death:	1(a) Ischaemic heart disease 1(b) Coronary artery atherosclerosis
Place of death:	Phillip Island Grand Prix Circuit, 381 Back Beach Road, Ventnor, Victoria
Key words:	Motorsport, wheeled motor sports, circuit racing, licensing body, heart attack, medical examination, fitness to compete, medical standards

INTRODUCTION

1. On 23 November 2024, AQ was 61 years old when he died at the Phillip Island Grand Prix Circuit. At the time, AQ lived with his wife and two children.
2. AQ was the second son born to his parents in England before the family migrated to Australia, where they settled in the Frankston area. His parents went on to have three more sons.
3. AQ was married to OV for about nine years, and the couple shared a son born in 2020. He also had an adult daughter from a previous marriage. He worked in the tyre industry throughout his career and was interested in motor racing, aeroplanes, and dirt bike riding.
4. AQ's medical history included ischaemic heart disease. In April 2024, he underwent stent insertion at Casey Hospital. On 30 July 2024, he attended a follow up appointment at Monash Health Heart Failure Clinic, where he was advised not to fly, or drive race cars or commercial vehicles.
5. His medications included aspirin, atorvastatin, bisoprolol, clopidogrel, colchicine, empagliflozin, eplerenone, sacubitril, and valsartan.

THE CORONIAL INVESTIGATION

6. AQ's death was reported to the Coroner as it fell within the definition of a reportable death in the *Coroners Act 2008 (the Act)*. Reportable deaths include deaths that are unexpected, unnatural or violent, or result from accident or injury.
7. The role of a coroner is to independently investigate reportable deaths to establish, if possible, identity, medical cause of death, and surrounding circumstances. Surrounding circumstances are limited to events which are sufficiently proximate and causally related to the death. The purpose of a coronial investigation is to establish the facts, not to cast blame or determine criminal or civil liability.
8. Under the Act, coroners also have the important functions of helping to prevent deaths and promoting public health and safety and the administration of justice through the making of comments or recommendations in appropriate cases about any matter connected to the death under investigation.
9. The Victoria Police assigned an officer to be the Coronial Investigator for the investigation of AQ's death. The Coronial Investigator conducted inquiries on my behalf, including taking

statements from witnesses – such as family, the forensic pathologist, treating clinicians and investigating officers – and submitted a coronial brief of evidence.

10. This finding draws on the totality of the coronial investigation into AQ’s death, including evidence contained in the coronial brief. Whilst I have reviewed all the material, I will only refer to that which is directly relevant to my findings or necessary for narrative clarity. In the coronial jurisdiction, facts must be established on the balance of probabilities.¹

MATTERS IN RELATION TO WHICH A FINDING MUST, IF POSSIBLE, BE MADE

Identity of the deceased

11. On 23 November 2024, AQ, born 1963, was visually identified by his brother, MQ, who signed a formal Statement of Identification to this effect.
12. Identity is not in dispute and requires no further investigation.

Medical cause of death

13. Forensic Pathology Registrar, Dr Daniel Hussey, from the Victorian Institute of Forensic Medicine (**VIFM**), conducted an autopsy on 27 November 2024 and provided a written report of his findings dated 1 April 2025.
14. The post-mortem examination revealed ischaemic heart disease. Dr Hussey explained that ischaemic heart disease is a condition in which there is an imbalance of supply and demand of oxygen, nutrients, and blood to the heart. It is usually caused by narrowing of the coronary arteries (blood vessels that supply the heart with blood) by cholesterol plaques in the wall (atherosclerosis). A significant blockage of a coronary artery causes ischemia (lack of oxygen) to the heart leading to cell death (infarction), which can cause fatal arrhythmia and sudden death. Earlier episodes of infarction cause scar tissue formation (fibrosis). This alters the electrical conduction of the heart which can also lead to lethal arrhythmias and sudden death.
15. The autopsy showed no evidence of any injuries that could have caused or contributed to death, and there was no evidence of other substantial natural disease.

¹ Subject to the principles enunciated in *Briginshaw v Briginshaw* (1938) 60 CLR 336. The effect of this and similar authorities is that coroners should not make adverse findings against, or comments about, individuals unless the evidence provides a comfortable level of satisfaction as to those matters taking into account the consequences of such findings or comments.

16. Routine toxicological analysis of post-mortem samples detected prescription medication bisoprolol (an antihypertensive medication) at a non-toxic level, as well as atropine² and lignocaine³. No alcohol or illicit drugs were detected.
17. Dr Hussey provided an opinion that the medical cause of death was “*I(a) Ischaemic heart disease*” secondary to “*I(b) Coronary artery atherosclerosis*” and was of the opinion the death was due to natural causes.
18. I accept Dr Hussey’s opinion.

Circumstances in which the death occurred

19. According to his brother, AQ raced cars for most of his adult life, competing in up to eight race meetings per year. At the time of his death, he held a ‘Circuit-Provisional’ licence issued by Motorsport Australia, with an expiry date of 30 September 2025.
20. On 23 November 2024, AQ was competing in the 2024 Island Magic motorsport event at Phillip Island Grand Prix Circuit. He was driving a VN Commodore, which was his own car that he had prepared for racing.
21. At about 2.37pm, during lap 5 of the Improved Production class race, AQ’s car rapidly decelerated and veered off the racetrack to the right of the main straight (Gardner Straight) and onto the grass, where it came to rest without colliding with the barrier.
22. A member of the Phillip Island Auto Racing Club recovery team attended and observed AQ unresponsive in the car with his head bowed onto his chest. He was still strapped into his racing harness and wearing his helmet. The recovery team member called for medical assistance.
23. Paramedics from the event medical team and Ambulance Victoria responded, arriving from 2.40pm, and verified AQ was in cardiac arrest. The race event chief medical officer was also in attendance.

² Atropine inhibits binding of acetylcholine to muscarinic receptors in the parasympathetic and central nervous systems. It is indicated for cardiac slowing, irritable bowel syndrome, paralysis of accommodation and pupil dilation for eye examinations, urinary incontinence, and can be used as an antidote for anticholinesterase poisoning.

³ Lignocaine is an anaesthetic used for local application and intravenously for some cardiovascular conditions.

24. At 2.44pm, AQ was extricated from the car and the medical team immediately commenced advanced life support. He could not be revived, and the chief medical officer declared him deceased at 3.20pm.
25. In his statement to the Court, the Chief Medical Officer opined that AQ's cardiac arrest was "possibly pursuant to the heat and physiological stress of racing his car on that day".
26. Victoria Police also responded, arriving at about 3.10pm. Police investigation revealed no collision had occurred and there were no external contributing factors that caused AQ to veer off the circuit.

FURTHER INVESTIGATION

27. During the coronial investigation, the Court became aware that medical examination records submitted to Motorsport Australia by AQ in 2021 and 2023 appeared to be doctored. Following this discovery, I obtained additional statements, including from Dr Goweid Goweid (AQ's general practitioner) and Motorsport Australia.
28. Motorsport Australia is one of two main motorsport licensing bodies in Australia. Records obtained from Motorsport Australia indicate AQ applied for a Provisional Clubman Circuit licence in 2013, which he renewed in 2014, 2015, 2018, 2021 and 2023. With each of these applications (except in 2015), he provided medical examination records purportedly completed by general practitioners and certifying he was medically fit to participate in motorsports.

Statement of Dr Goweid

29. Dr Goweid stated he was AQ's general practitioner from 12 February 2018 until his death. Dr Goweid's name and signature appear on AQ's Motorsport Australia medical examination records dated 14 February 2018, 14 February 2021 and 14 July 2023. On review of clinical records, he stated he believed he completed a medical examination record for motorsport licencing for AQ on 14 February 2018. However, Dr Goweid had no record or recollection of having completed an equivalent medical examination in 2021 or 2023, or of having any appointments with AQ on 14 February 2021 or 14 July 2023. He also confirmed the details (except for the date) on both later medical examination records were identical to those on the 2018 record, indicating the latter two were doctored copies of the earlier one.

30. In his statement, Dr Goweid confirmed his view that AQ was not medically fit to participate in motorsports at the time of his death. Dr Goweid was not aware that his patient held a licence to do so, or that he was intending to participate in the 2024 Island Magic event.

Statement of Motorsport Australia

31. Motorsport Australia stated it was not aware of the issues with AQ's medical examination records prior to their discovery during the coronial investigation. Furthermore, it confirmed it was unaware of AQ's diagnosis of ischaemic heart disease and coronary artery atherosclerosis, his heart attack in April 2024, or that he was prescribed several medications as a result.
32. Motorsport Australia stated it had taken the following steps since being advised of these issues by Coroners Court staff:
- (a) Investigating all current licence holders to ensure all applications are updated to the current form.
 - (b) Commenced an internal audit of approximately 2846 active licence holders to review the authenticity of medical examination forms and ensure applications were correctly approved.
 - (c) Updated the medical examination form to include the current year and Motorsport Australia watermark.
33. Motorsport Australia reported its internal audit was approximately 35 per cent complete and no further doctored applications were identified.
34. Motorsport Australia stated the circuit competitor licence application and renewal process was substantially updated in August 2024 (after AQ's final licence renewal), and the Motorsport Australia Medical Standards updated in October 2024. The Motorsport Australia Medical Standards were developed with input from Motorsport Australia's National Medical Advisory Committee (comprised of Motorsport Australia Chief Medical Assessor, medical practitioners and a paramedic) and is intended to guide medical examiners and Motorsport Australia in assessing the fitness and capacity of an applicant to be issued with a Motorsport Australia competition licence. Motorsport Australia outlined the application process before and after these changes.

Motorsport licence application process before 2024

35. Applicants applying for a circuit licence for the first time were required to undergo a medical examination (usually completed by a general practitioner) and provide a copy of the medical examination record to Motorsport Australia with their licence application. Circuit licence holders over the age of 45 were required to undergo medical examinations for their licence renewal applications every second year.
36. The medical examination record form required the examining doctor to indicate whether they were of the opinion that the applicant was “fit to participate in motor sport”.
37. The licence application form required the applicant to acknowledge a declaration that the information provided was “true and correct” and agree to advise the licencing body “immediately if any of the information is no longer true and correct”.
38. Applications were sent to Motorsport Australia by post. Administrative staff were then required to review the applications, including the medical examination records to determine whether they met the Motorsport Australia Medical Standards in place at the time. These documents were reviewed as stand-alone physical documents, without cross-referencing with digitised records from earlier applications.

Current motorsport licence application process

39. The current Motorsport Australia Medical Standards came into effect from October 2024. In relation to circuit competitors, the standards require a full medical examination to be completed for first time licence applicants. For licence renewals, applicants aged 60 or older are required to undergo medical examinations every second year. Medical examinations are not required for licence renewals for applicants aged 16 to 59. In addition, all applicants are required to complete a self-declared health statement.
40. The medical examination form was also updated. Among the changes made to this form, the doctor completing the medical examination is now required to refer to the Motorsport Australia Medical Standards and expressly indicate whether they are of the opinion that the applicant is “fit to participate in motorsport in accordance with the Motorsport Australia Medical Standards”.
41. The updated medical examination record has two parts:

- (a) Form A is a comprehensive record of medical examination, which is intended to be completed and retained by the examining medical practitioner. This is not required to be submitted to Motorsport Australia unless specifically requested (usually because a medical condition has been flagged in the applicant’s self-declaration, or Motorsport Australia otherwise becomes aware of a medical condition and needs further information).
- (b) Form B is a shorter form to be completed by the examining medical practitioner and provided to Motorsport Australia. This form requires the doctor’s signature and verification of the applicant’s fitness to participate in motorsports as outlined above.
42. Motorsport Australia stressed that it imposes a continuing duty on applicants to disclose any medical issue that may affect their physical or mental capacity to participate in motorsport events throughout the year. Motorsport Australia stated it relies on applicants to be frank and honest about any condition that could impact their ability to compete. Motorsport Australia stated if it becomes aware of a competitor suffering from a condition or injury which may render them unfit for participation, their licence is suspended until they receive a medical clearance by a qualified doctor. Motorsport Australia outlined this typically occurs via incident reporting from an event (for example, if there has been a major crash) or from other verified accounts of changes, including from officials, volunteers or the licence holder themselves under their continuing disclosure obligation.
43. Motorsport Australia stated that the changes implemented since 2024 resulted in shifting the onus onto an applicant’s general practitioner to declare that the applicant is fit to participate. These changes also resulted in reducing the personal and sensitive information the organisation holds about its members, which Motorsport Australia indicated supports its compliance with the *Privacy Act 1988* (Cth).

STANDARD OF PROOF

44. The standard of proof for coronial findings of fact is the civil standard of proof on the balance of probabilities, with the *Briginshaw* gloss or explications.⁴ Adverse findings or comments against individuals in their professional capacity, or against institutions, are not to be made

⁴ *Briginshaw v Briginshaw* (1938) 60 CLR 336 at 362-363: “The seriousness of an allegation made, the inherent unlikelihood of an occurrence of a given description, or the gravity of the consequences flowing from a particular finding, are considerations which must affect the answer to the question whether the issues had been proved to the reasonable satisfaction of the tribunal. In such matters “reasonable satisfaction” should not be produced by inexact proofs, indefinite testimony, or indirect inferences ...”.

with the benefit of hindsight but only on the basis of what was known or should reasonably have been known or done at the time, and only where the evidence supports a finding that they departed materially from the standards of their profession and, in so doing, caused or contributed to the death under investigation.

FINDINGS AND CONCLUSION

45. Having applied the standard of proof to the available evidence, I make the following findings pursuant to 67(1) of the Act:
- (a) the identity of the deceased was AQ, born 1963;
 - (b) the death occurred on 23 November 2024 at Phillip Island Grand Prix Circuit, 381 Back Beach Road, Ventnor, Victoria;
 - (c) the cause of AQ's death was from natural causes, namely ischaemic heart disease secondary to coronary artery atherosclerosis; and
 - (d) the death occurred in the circumstances described above.
46. Although AQ's death was from natural causes, it is significant that he was engaged in competitive motorsport racing at the time of his death. While clearly a hobby which he enjoyed throughout his life, motorsport is inherently risky. Apart from the stress associated with competition, racers travel at significant speeds and wear heat-resistant protective gear, all of which places additional physiological stress on their bodies and may exacerbate pre-existing health conditions.
47. The available evidence supports a finding that the fact that AQ was racing immediately before he went into cardiac arrest caused or contributed to death.
48. It is entirely fortuitous that AQ managed to leave the racing track and come to a stop without endangering other competitors, officials or members of the public.
49. The available evidence supports a finding that AQ either falsified the documents he submitted to Motorsport Australia in 2021 and 2023 himself or submitted documents that he knew to have been falsified in that they certified he was fit to participate in motorsport which he knew not to be true.
50. I convey my sincere condolences to the family and friends of AQ for their loss.

COMMENTS

Pursuant to section 67(3) of the Act, I make the following comments connected with the death.

51. The introduction of the Motorsport Australia Medical Standards states “Motorsport Australia aims to balance safety for all participants with inclusivity and support for those wishing to compete at all levels of motorsport”. In its statement, Motorsport Australia explained that licence suspensions for medical reasons are necessary “not just for the safety of the individual, but for the safety of all competitors on track”.
52. It is apparent that Motorsport Australia had and continues to have a responsibility for the safety of motorsport participants which required them to have rigorous requirements and processes for issuing motorsport licences and ensuring that licence holders are fit to drive competitively.
53. The changes made by Motorsport Australia to the medical examination requirements since 2024 may have other benefits but, regrettably, would not have prevented AQ from circumventing the requirements of the Motorsport Australia Medical Standards as he did, or to prevent him from being granted a licence despite not being medically fit to participate in motorsports.
54. Motorsport Australia now only requires biennial medical examinations for licence renewals for applicants aged 60 and older. This is a relaxation of the previous requirement for biennial medical examinations for those aged 45 and older. If the current requirements were in place at the time, AQ would not have been required to undergo medical examination when he renewed his licence with doctored medical examination records in 2021 and 2023. In the absence of such a requirement, Motorsport Australia is entirely reliant on applicants’ self-disclosure of relevant medical information.
55. The current requirements appear to create a system whereby an individual could undergo a medical examination when they first apply for a licence at age 16 and renew that licence every year until they turn 60 without ever being required to undergo another medical examination. It may be that medical examinations are not warranted at the same frequency for applicants aged 16 to 59 as for those aged 60 and over. However, there is a significant difference between going 2 years and 44 years between medical examinations.

56. While I acknowledge the need to balance safety with inclusivity, I do not consider regular medical examinations to be an overly onerous barrier to participation, especially given the risks inherent in motorsports.
57. At the time of submitting his doctored medical examination records in 2021 and 2023, AQ was subject to what Motorsport Australia described as a “continuing disclosure obligation”. The declaration he signed on each of those occasions stated, “Any applicant making a false declaration is liable to refusal and cancellation of licence and/or insurance cover”. It is apparent that this obligation to disclose did not dissuade AQ from not only withholding information but actively concealing relevant medical information.
58. While it may not be possible to eliminate all opportunities for individuals to conceal relevant medical information or to provide false information, the changes made by Motorsport Australia in the years since appear to place even greater reliance on applicants’ self-disclosure. This shift creates further opportunities for applicants to withhold relevant medical information, increasing the risk of licences being granted to applicants who are not medically fit to participate and the resulting risk of harm to all participants in motorsports.
59. Further, Motorsport Australia has, by its own assessment, shifted the onus of ensuring compliance with its own medical standards onto community-based medical practitioners. By reducing the quantity of medical information collected by Motorsport Australia during the licence application process, they have detracted from their ability to assess or enforce meaningful compliance with their own medical standards.
60. I commend Motorsport Australia for its cooperation with the Court throughout the investigation and for its actions in undertaking an internal audit of current licence holders. While I cannot and do not purport to impose any obligation on Motorsport Australia, I would be interested in the results of their internal audit, any recommendations made as a result and any additional changes to the licensing regime.

RECOMMENDATIONS

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

1. That Motorsport Australia considers requiring medical examinations at an appropriate frequency for licence renewal applicants aged 16 to 59 years.

2. That Motorsport Australia considers implementing an additional step in their process whereby on receiving a medical examination report 'Form B' from an applicant, Motorsport Australia contact the examining medical practitioner directly to verify the form before approving the licence or renewal application.

PUBLICATION OF FINDING

Pursuant to section 73(1A) of the Act, I order that this finding be published on the Coroners Court of Victoria website in accordance with the rules.

DISTRIBUTION OF FINDING

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

OV, Senior Next of Kin

SQ, daughter

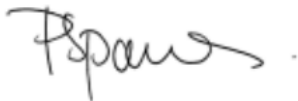
Dr Luke Smith

Dr Goweid Goweid

Motorsport Australia

Leading Senior Constable Scott St Clair, Victoria Police, Coronial Investigator

Signature:



Deputy State Coroner Paresa Antoniadis Spanos

Date: 14 May 2026

NOTE: Under section 83 of the *Coroners Act 2008* ('the Act'), a person with sufficient interest in an investigation may appeal to the Trial Division of the Supreme Court against the findings of a coroner in respect of a death after an investigation. An appeal must be made within 6 months after the day on which the determination is made, unless the Supreme Court grants leave to appeal out of time under section 86 of the Act.
