

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: 2010 / 4605

FINDING INTO DEATH WITH INQUEST

Form 37 Rule 60(1)

Section 67 of the Coroners Act 2008

*Amended pursuant to s76 of the Coroners Act 2008 on 13 February 2015**

Inquest into the Death of: PHOEBE HANDSJUK

Delivered On: 10 December 2014

Delivered At: Coroners Court of Victoria
65 Kavanagh Street
Southbank Melbourne 3006

Hearing Dates: 5, 6, 9, 12, 13, 14, 15, 16, 19, 20, 21, 22, 23, 28 August 2013,
8, 9 and 10 October 2013

Findings of: PETER WHITE, Coroner.

Representation: MR S. MOGLIA appeared on behalf of relatives of the
Deceased.
MR R. GALBALLY appeared on behalf of Antony Hampel.
MR R. O'NEILL appeared on behalf of Chief Commissioner
of Police.

Counsel Assisting the Coroner MS D. SIEMENSMA was present to assist the Coroner.

MS S GEBERT solicitor, to assist the Coroner.

* Footnote 143 at page 48 and a reference to a photo at page 49 were unreferenced in the original published version of the finding.

I, PETER WHITE, Coroner, having investigated the death of PHOEBE HANDSJUK AND having held an inquest in relation to this death between 5 August 2013 and 10 October 2013, at Melbourne, find that the identity of the deceased was PHOEBE HANDSJUK born on 9 May 1986, and the death occurred on 2 December 2010, at the Ground floor, Balencia Apartment Building, 454 St Kilda Road Melbourne, 3004

In the following circumstances:

1. On 2 December 2010, between 7.06 pm and 7.09 pm, Phoebe Handsjuk (Phoebe) born on 9 May 1986, was found (believed deceased), in the bin refuse room of the Balencia Apartments situated at 454 St Kilda Road, Melbourne.¹
2. It is clear and it has not been a matter of dispute, that Phoebe entered the chute through the refuse entry point on the 12th floor, which is the same floor of the apartment block where she had previously resided with her boyfriend, Antony Hampel (Antony).
3. It is known that Phoebe was alive at 11.50 am on 2 December 2010, when she was recorded on the apartment complex Closed Circuit Television (CCTV) returning through the lobby, (following a building fire alarm), where she can be seen speaking with members of the Metropolitan Fire Brigade. She is known to have then taken the lift to the 12th floor. A second fire alarm sounded at 6.05 pm. It is unknown whether occupants left the building, at that time.
4. A computer analysis conducted by Mr Alexander Robinson, a Digital Forensic Analyst, Victoria Police E-Crime unit established that new IMac files were created at 12.01 and 12.02, (Garage Band musicians).
5. There was also recorded activity again at 2.19 pm, which may have been automated, rather than as a result of human interaction with the computer. Later files were created at 6.19 pm, 7.01 pm, 7.39 pm and 7.40 pm. I note here that Antony is recorded by the door swipe technology as returning to the building and entering the building car park at 6.09 pm.
6. These materials, when considered together with all of the rest of the evidence, establish to my satisfaction that Phoebe must have entered the chute at a point in time between 12.03 pm, and a minimum of not less than seven minutes before 7.09 pm. I further note that Phoebe's private Gmail account was still open when Antony returned to the apartment. Antony further testified that this occurred shortly after his arrival at the car park; (6.09 pm) and that on entry to the

¹ See transcript page 39. Nothing unusual had been seen or heard by Ms Ozulup or her manager Mr Giamarrio, who had been the only on duty staff that afternoon. Ms Ozulup ran back to her managers office to contact him as soon as she found Phoebe (believed deceased), in the refuse room. Her call was made at 7.11 pm. CCTV footage, which may have shown her hurried passage back to the office, ceased at 7.06 pm. Allowing for the time necessarily taken to run back to the office and to make that call, I am satisfied that she first discovered the matter, at a point between 7.06 and 7.09 pm.

apartment he found that Phoebe was not there, and that he immediately commenced to seek to find out where she was.

7. I also record here that a considerable amount of evidence has been presented touching on Phoebe and her ongoing struggle with mental illness, and alcohol and drug abuse, and in respect of the ongoing difficulties, which arose in connection with her relationship with Antony.
8. Evidence has also been led concerning whether any person, Antony included, might have had access to Phoebe during the course of the day, and whether if so, such person may have caused or contributed to her death.
9. The medical cause of death and the functional aspects of the chute and machine compactor have also been examined. At the request of the Handsjuk family, certain aspects of the police investigation have also been reviewed, with interested parties making various representations about all of these issues.

Purpose of a Coronial Investigation

10. The purpose of a coronial investigation into a reportable death is to ascertain if possible, the identity of the deceased person, the cause of death and the circumstances in which the death occurred.² In the context of a coronial investigation, it is the medical cause of death, which is important (including the mode of death), together with the context or background and the surrounding circumstances of death, which are proximate and causally relevant to the death.³
11. The broader purpose of a coronial investigation is to contribute to the reduction of the number of preventable deaths through the findings of the investigation and the making of recommendations by coroners, a matter generally referred to as the prevention role.
12. Coroners are also empowered to comment on any other matter connected with the death they have investigated including matters of public health, safety and the administration of justice; and to make recommendations to any Minister or public statutory authority on any matter connected with the death, including public health, or safety or the administration of justice. These are effectively the means by which the Courts prevention role may be advanced.
13. Detective Sergeant Butterworth of Purana Task Force on behalf of the Homicide squad was the initial investigator and he handed responsibility back to the Homicide Squad on the following morning, December 3rd, through Homicide Senior Sergeant Shane O'Connell. Later the

² See Section 67(1) of the Coroners Act 2008.

³ This is the effect of the authorities-see for example *Harmsworth v The State Coroner* (1989)VR 989; *Clancy v West* (Unreported, 17/08/1994, Supreme Court of Victoria, Harper J.)

Homicide squad, passed responsibility for the matter to the South Melbourne CIU, where Detective/Leading Senior Constable Brian Payne, assumed the role of investigator/informant.

14. I further record that I have also received assistance since, from Detective Sergeant Solomon, who was requested by the Court to review the investigation, which he did with his report becoming part of exhibit 42.
15. My finding draws on the totality of the material, the product of the coronial investigation into Phoebe's death. This then includes the investigation and Inquest brief and the statements, reports and testimony of those witnesses who testified at inquest and all of the documents tendered through these witnesses.
16. All of this material, together with the inquest transcript, will remain on the coronial file.
17. In writing this finding, I further advise that I do not purport to have summarized all of the evidence, but have referred to it only in such detail as appears warranted by its forensic significance, and in the interests of narrative clarity.

Background

Antony Hampel⁴

- Background concerning Phoebe

18. In his first statement to police, Antony stated that he was born 1 August 1967, (aged 43 at the time of the events under consideration) and that he had met Phoebe during 2009, through an acquaintance. She was 23 at this time. The couple began a friendship and saw each other over a period of approximately 6 months, following which Phoebe moved in with him at the Balencia Apartment Building. They had been together for approximately 20 months at the time of her death.⁵
19. From the commencement of the relationship, Antony stated that he felt that Phoebe suffered from, *'depression, and struggled with drugs and alcohol'*.⁶
20. She battled constantly with her illness and was seeing a therapist as well as taking anti-depressant medication. She changed doctors over the period of the relationship. At the time of her passing, her GP was a Dr David Eisan and her psychologist was Joanna Young.

⁴ A (first) witness statement was taken from Antony on the night of 2 December 2010. The witness gave evidence under an immunity provided pursuant to sect 57(5) of the Coroners Act 2008.

⁵ See second witness statement at exhibit 34(a) page 1.

⁶ See Antony's first statement at exhibit 34 page 1. This statement was completed at 11.54 pm approximately 5 hours after he learnt of Phoebe's death

21. Again according to Antony, she was improving under her new therapist but, *'she struggled every day to do the simplest things. Sometimes she could not go to work or do basic chores. When it got too much, she would drink and this is when I saw a complete personality change. She acted and spoke like someone I did not know at all and was very self-destructive. She was angry irrational, agitated and felt she was worthless. Often this state would lead us to having an argument, or she would disappear for hours or sometimes a whole night and I would not know where she was. We always spoke about her struggle and ways to work on it together and she was in the most part committed to making herself better. I spoke with her family and found out that she had these problems for much of her life. They indicated that they were at a loss as to what to do.'*⁷
22. Phoebe loved to write and kept a diary. Her notes were often full of dark thoughts when she was in, *'a bad place. Sometimes when she was drinking, she would cut herself, not seriously or dangerously but more to draw blood and get a reaction.'*⁸
23. Antony further stated that on the evening of Wednesday 1 December 2010, Phoebe had come home after having been gone over a period of two days. Her departure had followed an argument, which occurred during and after they had been out for an early dinner at the home of Julie and Mark Rockman, this on Monday 29 November 2010. When they got home Antony spoke to her about her alcohol intake and how it was a big problem. Antony went to bed and Phoebe left the apartment soon afterwards.
24. Antony got up about an hour later and after discovering she had left, he tried calling her. She kept hanging up but during one such call, he could hear people in the background and Phoebe told him she was with Brendan Hession, who was a friend of hers, and known to Antony.
25. According to Antony, she later went to her mother's house arriving at around midnight on the Monday evening.⁹ She called him the following morning. After a brief conversation, she told him she was going to work but later a call was made from her workplace (to Antony), in which he learnt that she had not been to work, and that her colleagues were calling to find out where

⁷ Ibid page 1 and 2.

I note that in later examination, Counsel representing Natalie Handsjuk, did not seek to dispute Antony's evidence concerning Phoebe's behavioural problems. See also Psychologist Joanna Young and Psychiatrist Dr Churven's, analysis of this matter, set out below.

⁸ Ibid.

⁹ The evidence of Russell Beard, the partner of her mother, tends to establish that Phoebe arrived at their home late in the evening on Monday November 29, 2010. See exhibit 42 page 149.

she was. *'Throughout the day she rang and I rang her and I could hear that again she was drinking and was wasted.'*¹⁰

26. According to Antony, Phoebe returned to his apartment at around 9 pm that evening, (Tuesday 30 November 2010), and soon after got into bed and went to sleep. I note here that the door swipe technology establishes that Phoebe actually entered the Balencia, at 12.29 am on the Wednesday morning.
27. On the Wednesday Phoebe again stayed home from work.
28. Antony further stated (in his third statement, exhibit 34 (b) that he returned mid morning, after receiving a call from her grandmother, Jeanette Campbell, to check on her, and that it was at this time that she told him that on the Tuesday she had been drinking and had taken ecstasy.
29. Antony then returned to work understanding that the cleaner, Shellie was in the apartment during the day, and would spend some time with Phoebe during her stay.
30. Phoebe also told him that she had taken two sleeping pills following her return, and was preparing to sleep on.
31. Antony took the remaining Stilnox with him when he left. Antony further testified that he was not aware as to whether Phoebe had taken Stilnox prior to December 2010.¹¹ I also note here that he later stated in the transcript page 1399, *'I believe she would have taken them (Stilnox,) before...but to my knowledge she wasn't taking them on a regular basis,'*
32. At transcript page 1401, Antony further spoke of his belief that he had bought the Stilnox back home with him on the Wednesday evening, and allowing for the toxicology report concerning this matter, he believed that Phoebe must have again accessed this medication after that time.
33. Antony returned to the apartment after work on the Wednesday evening and found Phoebe still in bed. He cooked her dinner and she took a bath, took some vitamins and went back to bed, sleeping through the night. On the morning of Thursday 2 December 2010, Antony woke and left for work at around 8.30. Phoebe slept on and their dog, Yoshi, slept near by.
34. During the course of the day, Antony tried to call her. Her mobile was broken and he found that he could not get through to her on the landline.

¹⁰ Ibid page 3. See discussion below, concerning Antony's allegation that Phoebe had misinterpreted what he said during the first phone conversation, and wrongly believed that he was telling her that the relationship was over.

¹¹ Stilnox was a sleeping pill used by Antony and made available to Phoebe, which Antony purchased for use to assist in sleeping when he travelled. See his second statement, exhibit 34(b) at page 4-5, and transcript page 1401.

According to Antony the Stilnox used on this occasion was obtained by him for their forthcoming trip to Paris, and was intended for use by them both. (Transcript page 1395-98) See also exhibit 8, Phoebe's report to her psychologist Ms Joanna Young, concerning her misuse of sleeping pills.

35. He returned home at about 6.30 pm (6.09 pm according to the building swipe technology), and found that she was not in the apartment. There were some post-it notes and lit candles, and some broken glass in the kitchen. He saw that she appeared to have been drinking vodka, and he also noticed a couple of drops of blood on the mouse of the IMac laptop computer they shared. Her bag, keys and wallet were still in the apartment. The laptop was open and her Gmail account was open.
36. Antony called her father, Dr Leonard Handsjuk, who stated that he had not heard from her. Antony was worried and hoped that she would walk in soon. He fed the dog and had a cigarette and a beer. He then ordered a take away. The deliveryman arrived and informed him that there were police in the downstairs foyer. He went downstairs and was told that a deceased person had been found.

'My heart sank as I knew it was her.'

37. He gave a description of Phoebe and identified himself. On the instructions of Police, he then went back up stairs. Soon after a detective arrived and confirmed to him that the deceased person was Phoebe.

*'I believe that as a result of Phoebe's depression and alcohol abuse she took her life tonight.'*¹²

38. In his second statement, Antony gave further details of their life together. On the night of her death, Antony returned home, *'and in the bedroom found a shrine on our bed'*.¹³
39. During the course of the relationship, Antony stated that he came to understand that Phoebe suffered from a serious depressive illness, and that she had been seeing doctors for some time. Antony went to the same GP and on one occasion had been present with Phoebe, when her condition had been discussed.
40. At his request, Phoebe had paid him \$150 per week as rent. Antony paid for all travel expenses and sometimes lent her money to buy clothes. They were meant to be heading overseas on

¹² See *ibid.* (Statement to police of Antony Hampel dated December 2, 2010 at exhibit 34).

¹³ Exhibit 34(a) page 1.

According to Antony, the shrine included a photo of himself, a photo of her cat, and some small candles by the bedside table. There were also some yellow postal notes given to police. Later evidence at transcript page 1426 tends to establish that all items were located separately, on two bedside tables. See also exhibit 16(h) photos 100-4. I further note that photographs 103-4 simply picture some posted notes and incense burner, with apparently used incense in situ, seen on one bedside table. Personal photographs were located on the second side table, found on the opposite side of the bed, photographed at photograph 100.

holiday to Paris, on 21 December 2010, which according to Antony, Phoebe was very much looking forward to.¹⁴

41. On Wednesday night Phoebe called her father (from her bed), to wish him a happy birthday and to make arrangements concerning a birthday dinner. Dr Hansjuk mentioned that he hoped they could meet for dinner the following night.
42. It appeared to Antony that during the conversation her father was lecturing Phoebe about her drinking. Phoebe was exhausted and Antony suggested that they should speak further on the following day.
43. Subsequently Antony learnt that Phoebe had spoken with her friend Vanessa Levin, (Vanessa) telling her that she, Phoebe, was upset with herself over yelling at Antony during their dinner at the Rockman home on the Monday night. According to Antony, Phoebe told Vanessa that she was thinking of jumping off the balcony. Vanessa, whom he believed was not familiar with Phoebe's illness, told her that it would be OK and that couples often argued. Phoebe told Vanessa that she wouldn't leave.
44. In a third statement to Police, Antony was invited to provide further information concerning Phoebe's phones. He offered that she had an iPhone and a Nokia phone, the latter of which she kept only because it stored all of her old numbers. She also told him that the Nokia contained numbers of contacts that she did not want to have in her life any more.¹⁵ Antony further stated that he took Phoebe's iPhone for repair on either Wednesday but more probably, the Thursday morning. He recalled that this had happened after she told him it was not functioning, during a conversation in the bedroom on the Wednesday night, which occurred at or about the same time that she phoned her father about his postponed birthday dinner.¹⁶
45. Antony further offered that the swipe card system within the apartment building meant that it was impossible to get to his floor without the use of a properly designated swipe card. The only people who were in possession of such cards were Phoebe, Shellie the cleaner, and a Mr Kurt Sari,¹⁷ who rented a car space from him.

¹⁴ See exhibit 34(a) page 2.

¹⁵ See third statement at exhibit 34(b) page 1.

¹⁶ Antony maintained this version of events in the face of contradictory evidence concerning the repair of the phone, and the implication that the phone had been used by him, (pretending to be Phoebe), to send an email to Phoebe's family members at approx 10.30 am on Wednesday 2 December 2010. Subsequent evidence supported Antony's position in regard to the timing of the iPhone repair.

¹⁷ I note Antony's evidence concerning use of this card, as corroborated by the card swipe record, does not suggest that on 2 December 2010 Mr Sari's card was used to access the buildings lift.

46. On Wednesday morning 1 December 2010, Antony and various family members received a text message from Phoebe stating:

*“Hi Family. I’m in bed about to sleep. When I awake I will transform into the most incredible human being you’ve ever seen, not. I will go to hospital. It’s much safer there and I hear the special tonight is tomato soup. Delicious, nutritious. I love you all very much but not enough to send an individual text. Sorry but its time to sleep and I must be on my way merrily, merrily, life is but a dream.”*¹⁸

47. Antony felt that this meant that she was OK, but understood why some family members may have seen it differently.

48. Antony received a call from Jeanette Campbell soon after the release of the text message. Jeanette was concerned about the contents. Antony said he would go and check on her, and was adamant (in the face of an incorrect contrary allegation), that he did in fact go home to check on Phoebe, during the mid morning.¹⁹

49. Antony was also asked by Detective Constable Payne, about a file downloaded from his computer on 19 October 2010, (an application for release of body document, under the Coroners Act), Antony stated that he had no explanation for the opening of this file; that he had no recollection of any previous contact with the Coroners Court and that Phoebe also used the computer in question.²⁰

50. In further explanation of his relationship with Phoebe and events which took place during the period leading up to her death, Antony offered the following:

- Relationship difficulty

Concerning the psychologists Joanna Young’s evidence, describing the relationship as ‘volatile’,...that this was true when she was drinking and that there were periods of instability.

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*It was very up and down ... we were very fond of each other ... we were trying to battle her illness as well... when she wasn’t drinking, which could be for weeks at a time, it was very good,... great, but when she was drinking it would become very strained.*²²

¹⁸ This was a message in fact sent to a number of her friends and family members on the Wednesday morning.

¹⁹ Subsequent evidence from the building swipe log, exhibit 3(t), established that Antony had returned to his apartment during the day, on the Wednesday, but at 12.40 pm, rather than ‘mid morning’. At this time, his swipe card record showed that he entered through the front door and then into the lift to the 12th floor, and that he left the building 10 minutes later.

²⁰ See exhibit 34(b) at page 5

²¹ Transcript page 1375.

Concerning suggestions that they had broken up 4 times in the last 6 weeks of her life, that this was broadly true but that:

*'There was never a formal breakup we had 4 short separations, probably from October up until December.'*²³

And further that references in both her mother and father's statement(s) and testimony, that Phoebe told (them) that he had thrown her out and that on one occasion that she was waiting outside on the footpath with her suitcase and a guitar, for her father to collect her, were also broadly correct, but that in truth she was never,

*'thrown out, we were trying to work through the relationship, she never took all of her belongings. She would take a few things, she would be gone 2-3 days...this occurring towards the last few weeks of her life.'*²⁴

The last six weeks of her life included a week with her grand mother in Mallacoota; her father's home for a few nights; one night at Vanessa Levin's house and one night at the Richmond home her mother shared with Russell Marriott.

Counsel assisting:

And that these all occurred because of the fact that you and Phoebe had disagreements. Do you agree with that?

Answer: 'Yes'

Vanessa said that in the last six weeks of her life, Phoebe had discussed with her, 'her intention to leave the relationship'?

Answer: *'We discussed,...we acknowledged there were problems. But we didn't... she didn't say to me the relationship was over, I'm leaving. No... And she didn't say that she was thinking of leaving.'*

That as relayed to Vanessa by Phoebe, in that last six weeks there was discussion during which, she was encouraged by Antony to stay, which was, 'a mutual decision'.

That as relayed to Vanessa by Phoebe, Phoebe may have interpreted his behaviour as, 'controlling', which opinion she had suggested to him directly, during periods when she was drinking.²⁵

²² Transcript page 1374.

²³ Ibid

²⁴ Ibid 1375-6.

- Exercise

That during their time together at the Balencia, Phoebe was very fit and would use the residents gymnasium two or three times per week depending upon her state, that she walked their dog, and rode a bike consistently, sometimes to work, that she also walked to and from work, which was all part of her conscious effort to beat her illness.

That Brendan Hession's evidence, that she liked climbing was correct, and that once, while in Bali together, he saw her climb a tree,

(she), *'must have been 15 feet of the ground, ...'*²⁶

*'I also saw her at a function once when she was quite drunk, climbing on to a rooftop outside the apartment where the function was.'*²⁷

- Phoebe's income stream

Phoebe's finances were in a poor state. She worked as a receptionist, 3 days a week in an advertising agency, owned by Michelle Sevona. Between October and December 2010, her attendance at work had been very inconsistent, sometimes not attending for days at a time. On average, she didn't attend on 1 day in 5. Phoebe did not pay rent (earlier set at \$150 per week), when she wasn't working, *'when she could afford it, she would contribute, there was no formal rental agreement.'*

Counsel Assisting:

'So if she didn't pay one week you wouldn't go after her and say you owe me 'x' amount of money ?...'

Answer: No response.

Antony was not aware of what happened to her income on the occasions she did not go to work. He was aware that she had had difficulty meeting some expenses and was being assisted by both her grandmother and her father. He was also aware of a text set out at the bottom of page 34, (message 67) where he wrote to her,

²⁵ Ibid 1377.

²⁶ See statement of Brendon Hession at exhibit 42 page 162 and his oral evidence at transcript page 498 where he testified about incidents he witnessed, in which Phoebe had climbed a fire escape, and building wall(s). He couldn't say if this was undertaken as a challenge or not.

Q 'But you remember that her interest in climbing and physical activity might play out in ways that you wouldn't normally have predicted?

A Yes that's right.'

²⁷ See transcript page 1378.

'Also don't forget you have bills to pay me and I'm not loaning you any more money, so be sure to go to work'.²⁸

Antony further stated that:

'She struggled generally because she didn't earn a lot... I am not sure that it weighed on her mind in the sense that if worst came to worst and for whatever reason she couldn't get support from her family, I would not have thought twice about paying for it (consultations with the psychologist),

No. I don't think it weighed heavily on her mind... no.²⁹

- Alcohol intake

Antony further offered that she was very sensitive to two glasses of wine, which could be enough to see her personality shift. He described her as a,

'binge drinker, who might go for up to three weeks without a drink. Her drinking to excess on sequential days was unusual. ...It would vary but it was never a large amount. No evidence of clumsiness, dropping things or stumbling...there was however, a personality shift, the way she would speak her general nature would shift. She would go from being quite reserved, (but she was also quite outgoing), through to a point where there was more laughter more giggling and from there to a point where her aggression and anger increased, (the more she drank).

And, it would become more difficult to connect with her and conversation would become more difficult. She acknowledged that she had a problem. She would not distinguish her depression, from her drinking. She saw it as all part of the same problem.

Antony noticed that from September through to December the effects of her alcohol use were becoming more severe, and that she was becoming more erratic in her behaviour.³⁰

- Illicit drug use

Counsel assisting:

'Miss Levin also said that Phoebe told her that when she just took drugs she wouldn't get depressed, but if she combined the drugs with the alcohol then she would suffer from symptoms of depression, was that something that you had observed'?

²⁸ See transcript page 1383 and exhibit text messages at exhibit 34(c). See also later evidence of psychologist Joanna Young.

²⁹ Transcript page 1380-81.

³⁰ Ibid page 1393.

Answer: *'Not that I observed no... I could assume that because many of the times she would be out drinking and in that state I wasn't with her, so I don't know what she would have been doing in that time...She told me on several occasions she'd taken a lot of drugs before, yes.'*

Court:

'She never did it in your apartment'?

Answer: *'Not to my knowledge. I could only go on what she told me she had taken'*³¹

As noted above, when he returned to check up on her following Jeanette Campbell's call on the morning of Wednesday 1 December, she told him she had used ecstasy while out over the previous day, a fact confirmed by Ben Silver.³²

- Prescribed medication use

Antony was not aware of Phoebe's use of Lexapro, or that her prescribed dosage of the anti-depressant medication, ("Cymbalta") had been increased from 30 mg to 60 mg, on the 13 September, 2010.

He was aware that she had taken Stilnox (10 mg) previously, but had been surprised to learn that she had reported to her Doctor, taking 5 sleeping tablets from his supply, over 5 days in August.³³ The sleeping medication, Immovane, prescribed to Antony, was also available to Phoebe.³⁴ See also paragraphs 30-32 above, reference her use of Stilnox.

- Occasional disappearances

Reference Phoebe's occasional disappearances, prior to the last week Phoebe had disappeared overnight on two occasions in 2010 without saying where she was going (or had been). The two nights in a row, during the last week, was unusual.

³¹ Transcript pages 1385-86. I note here that on Tuesday November 2010, two days before her death, Phoebe met with Ben Silver and is reported to have discussed with him her plans to get off, 'cocaine and speed.' See exhibit 42 page 157.

³² See 3rd statement, exhibit 34 (b). See Ben Silvers statement at exhibit 42 page 157 and transcript at page 522. As to her misuse of illicit drugs see also the evidence of Phoebe's psychologist Joanna Young, referred to below and at exhibit 8.

³³ Lexapro and Cymbalta are both anti depressant medications used in the treatment of a major depressive disorders and general anxiety disorders.

See also Antony's observations concerning Phoebe's allegedly erratic behaviour from September 2010, offered in conjunction with f/n 30 above, and the further discussion concerning her use of Stilnox, as set out above in conjunction with f/n 11. See also the evidence of Ms Young concerning Phoebe's reporting of her misuse of sleeping pills, at exhibit 8.

³⁴ See transcript page 1398. Antony thought she may have been taking sleeping pills but did not actually observe her do so. See transcript page 1399

- Suicidal Ideation

In reference to suicidal thoughts, Antony testified that Phoebe had never directly spoken to him about suicide, but they had often talked about her struggle.

'Everyday was a struggle for her...so I guess it could well be something she was thinking'.³⁵

Antony believed all the right steps were taken to assist Phoebe. She was seeing a psychologist, she was taking antidepressants and when, *'she wasn't drinking she wouldn't touch alcohol'*.

She would eat well and drink tea.

Antony was additionally questioned by Counsel Assisting, in connection with the Rockman dinner, and the argument on Monday 29 November, and Vanessa Levin's evidence that Phoebe had complained about his behaviour over dinner, this occurring when she had tried to speak to Julie Rockman, about her difficulties.

Antony's recollection was that their discussion had centred upon her drinking, and what to do next, and possibilities he had earlier discussed with her grand mother, Jeanette Campbell. Any discussion (with Phoebe) about her drinking, *'would result in a very aggressive response'*.

On the Tuesday morning, Phoebe sent a message to Vanessa Levin at 8.33 am, stating that, *'I left home last night again and I am lost'*.³⁶

A similar message was sent soon after, to her brother Tom.

Antony further recalled that they had a disagreement over the phone on the Tuesday morning, before her message went out. He offered that he believed that she had misinterpreted his words as meaning he thought it was over, rather that they had to find a way to work it out. Antony also recalled sending a message, possibly from her iPhone, to Brendon Hession, (this on Tuesday evening 30 November), seeking information as to her whereabouts.

On the Wednesday morning, the building swipe records suggest that Phoebe entered the apartment building at 12.29 am. Antony accepted this time as accurate and testified that when she got in, she was quite drunk and had the hiccups, and that she got straight into bed and

³⁵ Transcript page 1387.

³⁶ See exhibit 3(t)

didn't say anything, and nor did he.³⁷ Antony left the building to go to work at 8.11 am and returned at 12.40 pm at the request of Jeanette, to see how Phoebe was getting on.³⁸

Antony found Phoebe asleep in bed at this time and woke her. By this point Antony felt that Phoebe was in a cycle and coming out of it. She was flat but coherent.

As set out above, Phoebe spoke about her sleeping pill intake and Antony took the bottle containing the Stilnox, away from the apartment when he left.

She also told him that on the Tuesday she had taken ecstasy, while at an address in South Melbourne. Antony did not believe that this would have occurred in connection with her meeting with Ben Silver, whom he knew. He also was not aware that Phoebe had rung psychologist Joanna Young, to seek her help on the Tuesday.

When he returned to the apartment on Wednesday evening, Antony found her in what he described as, '*recovery mode*'.

She wanted to eat, she wasn't very conversational. She was still hung over. '*... it was also always the beginning of beating herself-punishing herself, beating herself up, not in a physical sense but in a mental sense... it was a real kind of self-loathing... I think she was really starting to struggle to think how she was going to stop this cycle from happening.*'³⁹

Antony further recalled showing her the tickets for Paris on the Wednesday night, as a means of trying to encourage her and to install some hope and confidence.

'She was very excited'.⁴⁰

Antony further testified that Phoebe never expressed concern to him about the trip and or the possibility that he would propose to her while they were abroad, or the possibility that she would be abandoned without funds, both of which concerns, she had earlier discussed with Vanessa Levin.⁴¹

- Thursday 2 December 2010

51. The building swipe records show that Antony accessed the building gym at 8.13 am on Thursday 2 December 2010, and that he left to go to work at 9.01 am and returned through the garage door entry at 6.06 pm. His further testimony was that he didn't lend his card to any one

³⁷ See transcript at page 1411.

³⁸ See transcript at 1411-13 and relevant building swipe records at exhibit 3(t).

³⁹ See transcript page 1416.

⁴⁰ See transcript page 1419.

⁴¹ Ibid

during the course of the day.⁴² He then gave a full account of various business related activities undertaken on that day, most of which included interaction with various associates and members of staff.⁴³

52. On his return home, Antony entered his apartment but could not recall if the apartment door was locked or not at that time.⁴⁴
53. He found her handbag and keys and the 'shrine', together with the post-it notes, written in her hand, on a bedside table, as set out at exhibit 16(h) photo 100-104). Her diary was also on the bed.⁴⁵
54. In the kitchen, he found a glass, from which he assumed she had been drinking, which smelt of vodka.⁴⁶
55. He also found evidence of a broken glass (at photograph 109), on the floor. He noticed a small droplet of blood on the mouse of the Apple iMac computer they shared.⁴⁷ Her Gmail account was open and he then used the computer between 6.19 and 6.34 pm, looking through the search history for any notes she may have left, or any website she may have referred too. He was keen to look for any clue as to where Phoebe was and what was happening.⁴⁸ He also opened his own email program, Entourage.
56. We now know that Dr Handsjuk called Phoebe on her iPhone at 6.51 pm with the phone ringing out and that Antony called Dr Handsjuk from his own phone at 6.52 pm, when they spoke for 3 and ½ minutes.
57. Antony recalled that he had dropped off Phoebe's iPhone for repair at 11.00 to 11.30 am, he believed, on the Thursday.

⁴² Transcript page 1423 records that the witness gave an inaudible response when asked about lending his building entry card on 2 December 2010. I am satisfied that in fact the witness denied this suggestion.

⁴³ I note here that several of the persons similarly involved in these events, later corroborated Antony's account of his movements after he left home on the morning of 2 December 2010.

⁴⁴ As Phoebe had left her phone, handbag and keys in the apartment, this question was initially addressed to the witness in writing to seek to add to the information concerning Phoebe's own state of mind, at the time that she left the apartment.

⁴⁵ See f/n 10. See also exhibit 16(h) photos 100-4. It is appropriate to note here that photographs 103-4 simply picture some posted notes and an incense burner, with apparently used incense in situ. Personal photographs are to be seen on the second side table, found on the opposite side of the bed, and photographed at photograph 100. See also transcript page 1473 where it is suggested that the photographs Antony was referring to may have been left on the bed.

⁴⁶ See exhibit 16(h), photo 121.

⁴⁷ Antony testified that they used the same password to open the computer but had separate email addresses with separate passwords to enter, to access those addresses. As to the blood found on the computer mouse see exhibit 16(h) at photo 86.

⁴⁸ See transcript page 1449-50.

58. He was therefore not aware of the 6.51 pm call from Dr Handsjuk and believed that it was just a coincidence that he had called him so soon after Dr Handsjuk had attempted to speak to Phoebe on her iPhone, (which Antony believed was in the repair shop at that time).⁴⁹ The phone in question was later recovered from the repairer by Antony's father, on 7 December, and given to police the same day.
59. Under further examination from Counsel Assisting, Antony stated that he believed that it was possible he may have accessed messages sent to Phoebe, before the phone was handed to police, but that he had no recollection of doing so.
60. Antony did not dispute that messages sent to Phoebe's iPhone by Vanessa Levin at 1.57 pm 2 December 2010, Sara Bruce at 4.31 pm 2 December 2010, and Jeanette Campbell at 8.16 pm, to Phoebe, had in fact been read.⁵⁰ He also testified that he owned the iPhone telephone account and following the return of the phone and phones' sim card from Victoria Police that it had been re-issued in uncertain circumstances, and could not now be located.⁵¹
61. At 8.03 pm on the Thursday, he had buzzed in the delivery man, and that soon after he discovered that Phoebe was deceased. He informed Dr Handsjuk, and later records indicate that Natalie Handsjuk called the apartment number on the landline.
62. Under further questioning Antony offered that the bag found in the waist bin on the ground floor near where it is believed that Phoebe also fell, was similar to the type of bag he believed they were using at that time.⁵² He also testified that he had never been into the buildings ground floor refuse room.

Counsel Assisting:

'Can you tell his honour whether you had any involvement in the death of Phoebe Handsjuk?

Answer: 'Absolutely not.'

Counsel for Antony Hampel.

63. Counsel for Antony Hampel then questioned his client. At the time, Phoebe moved in to the apartment in October 2009, he knew that she had been treated for depression and alcohol

⁴⁹ See discussion of Dr Handsjuk's evidence concerning this matter as set out below.

⁵⁰ See transcript page 1446.

⁵¹ See transcript page 1448.

⁵² See transcript page 1465 and photograph exhibit 16(h) at 39.

abuse. From that time up until 2 December 2010, he never asked her to leave, nor did he ever either verbally or physically abuse her.

64. Antony further testified that they never formally separated, but there were three or four occasions, when she left for up to 3 nights, all of which occurred after October 2010. During their time together, the only time they argued was about her drinking.⁵³

65. The last week of her life was the worst he had seen her, '*and it was certainly a trying time.*'

66. Antony was also again asked about the iPhone and (again) testified that he was told by Phoebe it wasn't working and dropped it in for repair the following morning, 2 December 2010, and that he hadn't called her on that number after that time, attempting to contact her instead using the apartment landline and her old Nokia line.⁵⁴

67. Antony further stated that to the best of his knowledge, Phoebe never used Stilnox prescribed to him.⁵⁵

Counsel for the Handsjuk family.⁵⁶

68. Antony agreed with Counsel that the relationship was difficult. He also agreed that a comment he made to her in late November, may have been mistakenly thought to mean that he was ending the relationship. He also accepted that her misinterpretation may have led her on 23 November, to inform her father that she had been thrown out.

69. Antony had previously spoken on a number of occasions with both her mother Natalie Handsjuk, and grandmother Jeanette Campbell, about Phoebe's medical history and her difficulties. One such conversation took place with Natalie, who was in Western Australia at the time, this about one week prior to Phoebe's death.

70. In situations when they were out together and a drink was offered, she would usually have a plan about how much she would permit herself. Antony would '*go with*' the plan but often noted that she would just try and avoid such situations and relevant people, altogether.⁵⁷ However, there were a number of engagements, which they did attend where she would begin by having a couple of drinks, but found that she could not then control her intake.

⁵³ See transcript page 1468-69.

⁵⁴ See transcript page 1470.

⁵⁵ See discussion at transcript page 1472, in respect of his taking the Stillnox bottle to work, after his return to check on Phoebe early on the Wednesday afternoon. See also footnote 11, above.

⁵⁶ Counsel represented both Natalie Handsjuk and her father Lorne Campbell, in respect of this examination. See the Courts discussion with Counsel establishing the above, at transcript page 1506.

⁵⁷ Transcript page 1478-79

71. According to Antony the Rockman dinner was a case in point, with Antony agreeing that he had messaged Phoebe on a couple of occasions about the importance to him that she attend this dinner.⁵⁸
72. Message 18 described Phoebe's response, which was that she really was not well and feeling poorly, and how it caused him to cancel the first appointment with the Rockman's.
73. Antony additionally responded to her concerns, by cancelling another dinner at the Balencia with the Rockman's set for the Thursday, and by cancelling a trip to Nagambie, the next weekend, (although he was aware that Phoebe had looked forward to the trip as she loved being in the country and away from the city).
74. In later messaging Antony agreed that he had spoken of their Paris trip and that he had included, *'I hope you will still be my partner for this adventure,'* which he agreed was indicative of the difficult previous 24 hours, between them.⁵⁹
75. Antony further stated that he was not present on Monday 29 November 2010, when she talked over the phone from the balcony, or that he had heard her speak of committing suicide then or earlier, but that he was now aware that Vanessa Levin had said that Phoebe had spoken to her about suicide, three to six months earlier.
76. Antony agreed with Counsel that he had tried to phone her 27 times during her absence in the one-hour period from 11.30 pm Monday night, until 12.30 am the next morning. He was, *'desperate and very worried'*.
77. Further after leaving for work on Wednesday 1 December 2010, (she was still asleep), he rang the home line, which she did not answer. He was not able to get through to her at all that day.
78. On the Wednesday night she was not talking a lot, but there was no friction between them.
79. His impression was that by the Thursday morning she was coming out of her cycle and getting better.
80. Antony recalled their dog Yoshi, greeting him when he came home from work on the Thursday night. He thought the incense in their room had been recently burning.

⁵⁸ This was to be the first time that she had met the Rockman's and the dinner had earlier had to be rescheduled, due to her ill health. Transcript page 1480 and messaging at exhibit 28(c), message no 32 and 33. Part of the purpose of the meeting was to introduce the Rockman's and their children to Yoshi, to see if the family felt comfortable with getting a dog of their own.

⁵⁹ See transcript page 1483.

81. He agreed that his iMac computer had him listed as the organiser for a number of upcoming events.⁶⁰ He also knew of a Matt Flynn, who was a colleague, who had called him while he waited for Phoebe that evening.

82. He also confirmed that he had thought there might be something relevant to her whereabouts on their then open computer, when he returned to the apartment.

83. Antony further stated that at some point he informed the police that he had searched the computer with the intent of finding anything relevant that Phoebe may have recorded. He confirmed that a copy of the computer hard drive was currently (August 23, 2013), with VicPol, for the purposes of analysis.

Counsel for the Commissioner for Police.

84. Antony further testified in answer to a question from Counsel for the Commissioner for Police, that to his knowledge Phoebe used two email addresses, one the Gmail address and one a work address, and that both were used by her, for social purposes.

Court.

85. In response to questions from the Court, Antony stated that some of the functions Phoebe and he attended together, were related to his work as an events organiser. She did not go to all such events in part because she did not want to, and in part because he felt that her attendance was not required. She always found social events other than those related to family, quite difficult.⁶¹

86. In response to a question connecting her financial difficulties to whether she had a concern about how she could re-establish herself, (if she chose to terminate the relationship), Antony felt that she was always independent, but did face difficulty because of her inability to work full time.

87. She was never forced to come back to him. She only ever returned after discussions they had about trying to find ways to move forward.

88. While she wasn't directly involved in his business life, she had enjoyed attending certain events.

⁶⁰ Inserting a date reminder in a meeting schedule programme will often have the event organiser listed as the author of the reminder.

⁶¹ See transcript page 507.

Natalie Handsjuk (Natalie)⁶²

- Background concerning Phoebe

89. Natalie resides in Richmond with her partner Russell Marriot, who is a chef. Natalie last saw Phoebe on September 28 2010, when she had dinner with her, her two sons Tom and Nickolai, and her partner Russell, this prior to leaving the following day on a 9 week working trip to Western Australia.
90. This was a family night and they did not talk about Phoebe's relationship with Antony.
91. Phoebe and Antony had been together for approximately two years.
92. Prior to moving in with him, she had been living with Natalie. Natalie felt that she and Phoebe had a close relationship. At this time, Phoebe was seeing psychiatrist, Dr Peter Churven.⁶³
93. Natalie further stated, confirming the version offered by Antony, that Phoebe had separated (or taken time out) from Antony, on 4 occasions in the six weeks before her death.
94. Natalie also recalled an earlier incident of instability in their relationship and detailed her knowledge of an argument, which occurred between them over the phone, while Antony was in Paris and Phoebe in her home. The next day Phoebe woke and was very distressed about her behaviour the previous night. Later she conferred with both Dr Peter Churven, her own psychiatrist, and her father, Dr Leonard Handsjuk, a psychiatrist. Hospitalisation was discussed, but finally it was decided that Phoebe would go and stay with her father.
95. Natalie further detailed how Phoebe had begun using illicit drugs, (speed, ecstasy, marijuana) and alcohol from the age of 14 years.
96. She also detailed a time when at 15 years of age, Phoebe had run away from home and stayed away for a period of 8 weeks. She had left school by this time and Phoebe later told her mother that during this period, she had lived with an unknown male, his partner and her new baby. The male had just been released from prison. Phoebe later left and returned home following an incident of domestic violence, in that household.
97. Natalie stated that she believed that Dr Churven had later prescribed Phoebe valium, '*to help her abstain from drinking*'.

⁶² Natalie Handsjuk provided 2 statements to the court concerning Phoebe, (her daughter with Leonard Handsjuk), and Phoebe's background.

At the time of the making her statements she was self employed as a candle maker and arts worker.

⁶³ Dr Peter Churven provided a statement, which is referred to below and became part of exhibit 42, at page 218.

- The days leading up to and events of 2 December 2010.

98. Natalie arrived back in Melbourne on Wednesday, 1 December 2010. At around 11 am while waiting to board a plane back to Melbourne, she had received Phoebe's text to her family members, discussed above in conjunction with Antony's evidence.⁶⁴ Natalie rang her mother straight away and indicated her concern. She asked her to ring Antony and we know from the evidence of both Antony and Jeanette that this in fact occurred.
99. After Natalie arrived back in Melbourne, she had a text message from Antony reassuring her that all was well.
100. On Thursday 2 December 2010, Natalie got up early to help prepare a party for her son Nickolai, (Nick) whose 18th birthday was to be celebrated at her home the following evening. She had not heard from Phoebe but was pre-occupied with the party and did not pay particular attention to her failure to call.
101. At around 7 pm, Phoebe's father Leonard called and said Antony had returned to the apartment and that Phoebe was missing having left her keys and her bag in the apartment, which Natalie found alarming as it was so unusual.
102. Her first thought was to call Phoebe's friend Brendan Hession, whom she often turned to, when she was upset. She rang Brendan and was informed that he had not seen her since the Monday night.
103. Soon afterwards, Natalie returned earlier missed calls from Leonard and was informed that Phoebe had died and had been found near the garbage bins at the apartment.⁶⁵

Jeanette Campbell (Jeanette)

- Background concerning Phoebe

104. Jeanette was Phoebe's maternal grandmother and lives at Murrumbidgee, south east NSW. Jeanette (and others) felt that she was probably the relative who was closest to Phoebe. Right through until the time of her death they spoke on the phone on average, three or four times per week.
105. When Phoebe was 14, she lived at home with her parents Natalie and Lenard. Jeanette lived in a studio above their garage. Phoebe at this age was described as, *quite hormonal, romantic, intuitive and very sensitive.*

⁶⁴ Set out in full at page 9 above.

⁶⁵ Ibid page 82.

106. She started drinking alcohol at this time and her grandmother felt that her mood swings were considerable. The general feeling in the family was to leave her alone when she was in one of, 'her moods'. When she was 15, Jeanette became aware that Phoebe was using drugs. Jeanette warned her about the dangers of this conduct. Jeanette and Phoebe frequently discussed Phoebe's romantic life.
107. Jeanette also observed that Phoebe was physically strong and loved any physical challenge, rock climbing, bushwalking, netball, camping and hiking.
108. By the time Phoebe was 18, Jeanette was living in Mallacoota and Phoebe in Melbourne. In their phone conversations, Phoebe would often report suffering from a hangover. When Phoebe drank, she would become verbally aggressive and, 'smart mouthed'.
109. Jeanette became aware of Phoebe's new relationship with Antony in 2009. They seemed to get along well but Jeanette was concerned about the difference in their ages.
110. At about this time Jeanette spoke to Phoebe about a cut on her arm. Phoebe admitted that she had done it deliberately, but stated that she was not suicidal. They agreed that Phoebe would contact her grandmother, at any time of day or night, if she ever had similar thoughts again. Jeanette was aware that Phoebe had been prescribed medication for depression on a regular basis, but that she would stop taking such medication as soon as she felt well. Jeanette cautioned Phoebe about this matter and also about the dangers of drinking while she was on medication.
111. Jeanette further observed that the relationship between Antony and Phoebe was often turbulent and that he was jealous over her male friends, or friends from work, as well as friends in her past. She left him at least a dozen times during their relationship.⁶⁶
112. Phoebe came to Mallacoota and stayed with her between October 21 and 24, 2010, this following a decision to leave Antony. Phoebe told her that Antony wanted to take her to Paris and that the relationship was not working and that she was very unhappy.
- 'It doesn't matter what or how much I do. I can never get it right. I am sick of it.'*
113. Following phone calls from Antony, Phoebe left Mallacoota and returned to Antony.
114. I note here that while in Mallacoota, Phoebe had been offered a job working at a local golf club, a position she had previously held and apparently enjoyed. It is also relevant that on the

⁶⁶ Ibid page 181.

evening of Monday 29 November 2010, she spoke to Brendon Hession about plans to return to Mallacoota.⁶⁷

115. On Tuesday 30 November 2010, Jeanette received a message from Antony saying Phoebe was missing and seeking any information she may have. Later that afternoon she received a message from Phoebe saying she was OK and would call tomorrow.

116. The next day she received the text from Phoebe, which was the same message sent to other family members, as discussed above. This, *'freaked her out'*, and she spoke with both Natalie and Antony who later texted back saying only that Phoebe was sleeping peacefully and that, *'Now was the time to heal, then when she feels OK we will work out a plan'*.⁶⁸

117. On the night of 2 December 2010, Jeanette, who was in Melbourne, was called to Natalie and Russell's home and informed of her granddaughter's death.

Russell Marriot:⁶⁹ (Russell)

- Background concerning Phoebe

118. Russell viewed Phoebe as someone who needed to be treated with some care. She wasn't confrontational, but she was very strong.

*'I don't think there was anyone who was close to Phoebe who did not have a spat with her, and we had a couple.'*⁷⁰

119. Russell recalled a visit from Phoebe late in October 2010. According to Phoebe, Antony had again cut himself off from her, after she had been drinking. The drinking was a major difficulty for Phoebe, which turned her into a different person, while Antony, *'would just lock him self away'*. She left shortly after the conversation and according to Russell's understanding, she returned to Antony.

120. Russell again also saw Phoebe on her way to her grandmother in Mallacoota. This occurred some 3 weeks before her death and according to Jeanette, Phoebe's stated at this time her intention was to leave Antony.

⁶⁷ See statement of Brendan Hession exhibit 9 at page 2, and transcript at page 485. As to her employment opportunity see the evidence of Keith Allan.

⁶⁸ Ibid page 182-3..

⁶⁹ Russell Marriot was the partner of Natalie Handsjuk, and had known Phoebe for three years at the time of her death.

⁷⁰ See exhibit 42 page 149.

121. She was however persuaded to return to Melbourne, to try and work things out and this she did despite having found herself with a job offer, (in familiar and previously satisfying employment), if she stayed on or chose to return to Mallacoota at a later point in time.⁷¹
122. After her return to Melbourne, she rang Russell and said that she and Antony were trying to work things out.
123. On Monday 29 November 2010, following the Rockman dinner Phoebe called and described the altercation, which had occurred. Russell was worried about her state of mind and phoned Natalie in Alice Springs. Later at around 12.30 to 12.45 am, Phoebe arrived unexpectedly at his home. She was drunk but, *'not incoherent'*.
124. Russell thought that her presentation at the time suggested that she may have taken, speed. She was functioning well however and wanted to go out. She said Brendon Hession was waiting for her nearby. They talked for *'hours'* and at approximately 3 am, Russell made up a bed for her.
- 'She told me that she loved Antony to bits but still wanted to leave him. She wanted to leave him because of the way he behaved when she was not on top of her game.'*⁷²
125. Russell got up at 7 am the next morning and went to wake Phoebe, who said that she was getting up to go to work. He told her that she was welcome to return after work and stay there, if she wanted to do so.
126. Phoebe left and later that day Antony texted him about her whereabouts.
127. On the Wednesday Russell received the family email referred to above. He considered that this was Phoebe *'venting'*, and he was concerned for her wellbeing.⁷³
- Thursday 2 December 2010
128. On the evening of the following day 2 December 2010, Russell was with Natalie, (who had arrived back from Alice Springs), when they learnt from Leonard, of Phoebe's death.
129. During the course of this day, Russell and Natalie had commenced preparing for Nick's 18th birthday, which had been planned for the following evening.⁷⁴

⁷¹ See evidence of Keith Allan, concerning Phoebe's employment opportunity in Mallacoota.

⁷² Ibid page 152.

⁷³ Transcript page 291.

⁷⁴ Nick was born on November 16, 1992. I assume that the celebration of his birthday was delayed to allow for the return of his mother, (Natalie Handsjuk).

130. In response to further questioning by the Court, Russell testified that Phoebe was proactive in trying to be better. She was always striving to recover.

131. In the week prior to her death, Phoebe had discussed with Russell, plans for her brothers party on the Friday, to be held in the back yard at their Richmond home. This was a major family event with everyone putting in an effort.

'And she was up and about and laughing and chirpy'.

132. She was coming back the day before the party and we were preparing for the party. She was to, *'lend her eye,'* to the decorations.

133. Russell further advised of his view that Phoebe and Nick were very close and that he (firmly) believed that she would not have committed suicide on the eve of such an important family event.⁷⁵

134. In additional testimony, in response to a question from Counsel for Natalie Handsjuk, Russell offered that Phoebe could be a bit clumsy when she had been drinking.

Dr Peter Churven⁷⁶

135. Dr Peter Churven was Phoebe's psychiatrist between June 2008 and December 10, 2009 and saw her on 15 occasions. In a report dated 9 February 2011, he stated that:

'Phoebe presented as an intelligent likeable, attractive young woman. I considered her to have the following issues.

- *Axis 1 - Adjustment Disorder with depression of moderate to severe degree.*

This disorder was manifest since the age of 13 to 14 years, when she went on a drinking binge with peers in school hours. At 15, she ran away from home and after that her parents, could not control her. Phoebe described periods of depression and self-loathing, often following drinking binges during which she was vulnerable to compromising relationships.

Substance abuse (moderate) Alcohol abuse (305.00) Phoebe had been binge drinking since 14 or 15. At the time of seeing me initially, she had been sober for 7 days, after a binge on vodka. She described at various times using/abusing pot, ecstasy and other drugs.

- *Axis 2*

⁷⁵ See transcript page 298. When asked if Phoebe and Nicolai were very close, Russell answered in the affirmative. In answering this question he spoke with emotion and his response on this occasion, was not successfully recorded by the transcription service.

⁷⁶ Dr Peter Churven was Phoebe's psychiatrist between June 2008 and December 10, 2009 and she saw him on a total of 15 occasions. See his report at exhibit 42 page 218.

Phoebe's behaviour and sufferings were consistent with a diagnosis of the early stages of a Borderline Personality Disorder (301.83), characterised by unstable, intense relationships, unstable identity and impulsivity in regard to substance use and sexual relations.

- *Axis 4*

Parent-child relation problems in (V61.2)

Phoebe had disrupted relations with her parents from about aged 8.⁷⁷

Partner Relational Problems

Phoebe had a pattern of becoming involved with older men.⁷⁸

The relationship with Antony was also marred by episodes of binge drinking and smoking pot. After these episodes, she would be full of depression and remorse.

- *Treatment*

At first contact Phoebe explained that she had been taking Efexor XR 37.5 tablets, plus 12.5 daily, prescribed by her GP. In the past she had been treated with Cipramil. I commenced Lexapro, initially 10mg increasing to 20 mg daily, because of her depression. At times I prescribed valium for short term use to help her when she was in withdrawal state⁷⁹. Treatment also included a strategy designed to manage substance and alcohol abuse, which included attendance at AA meetings. This was sometimes successful but after a period, Phoebe would report a return to, 'binging'.

A further goal was to seek to help Phoebe manage a stable relationship with Antony. As at December 2009, Dr Churven felt some progress had been made.

Many sessions were held concerning the breakdown of her parent's relationship. Relations with both of her parents were seen to have improved during therapy.

Efforts were made to assist Phoebe to establish a career out-let for her, many talents.

- *Suicidality*

From the outset, Phoebe described feeling suicidal at times. These occasions usually followed periods of either binge drinking or relationship difficulties, i.e. when she was drunk or feeling

⁷⁷ The history and suggested reasons for this disruption do not justify further examination in this finding.

⁷⁸ The history of this behaviour does not warrant further examination in this finding.

⁷⁹ See Dr Churvens report at exhibit 42 page 218.

remorse after drinking. She never described a suicidal plan. During his time with her, Dr Churven was never concerned that she wanted to take her own life.

- *Conclusion*

Dr Churven commented that when Phoebe,

‘was caught in a conflict about relationships and she had resorted to her usual strategy of dealing with her feelings by becoming intoxicated...At such times her judgement was predictably dysfunctional’.

136. At the conclusion of his consultations with Phoebe, Dr Churven, felt that some progress towards a successful outcome had been made.

Joanna Young⁸⁰ (Ms Young)

137. Phoebe’s psychologist Ms Young testified that she was a generalist psychologist, as distinct from a clinical psychologist, and that she was a member of the Australian Psychology Society, now in her 5th year of practise. She further testified that while not a clinical psychologist she had undertaken training in assessment and diagnosis. She felt able to deal with the issues that were raised by Phoebe, and confident in her analysis.⁸¹ This was the reason why she had not referred Phoebe for a further clinical assessment to a psychiatrist or other suitably qualified person, (this in the context of her diagnosis, which involved a major Depressive Disorder, Anxiety disorder and Elements of Border Personality Disorder). I further note here Ms Young’s later evidence (transcript 455), was to the effect that at the relevant time she had little knowledge about Border Personality Disorder. In these circumstances, I direct my self to attach little weight to her assessment of this condition.

- *Background concerning Phoebe*

138. Ms Young testified that she saw Phoebe on a total of 26 occasions, over 10 months from February 2010, to 29 November 2010.

139. She diagnosed:

- 1) Major depressive disorder, severe but without psychotic features;
- 2) Social Anxiety Disorder with symptoms of generalised anxiety;
- 3) Alcohol Abuse;

⁸⁰ See Ms Young’s statement concerning her consultations with Phoebe Handsjuk at exhibit 8.

⁸¹ Transcript page 430.

4) Partner Relational Problems;

5) Elements of Borderline Personality Disorder, and

6) Cocaine misuse and prescription drug misuse (sleeping pills).

140. Ms Young described Phoebe as an extremely sad young woman whose low self worth verged on self-loathing. She reported a history of depression and anxiety since 14 years. She further described how her depressive symptoms fluctuated over the course of the therapy and were exacerbated by her continuing misuse of alcohol, and illicit drugs. This was part of the way she had tried to cope with her interpersonal stressors, social anxiety and her self-loathing.

141. She often felt misunderstood by those who were close to her and harboured a lot of anger as a consequence. She saw her self as a failure and felt hopeless about her future.

142. She had difficulty sustaining close relationships both intimate partner relationships, or friendships with others.

143. Phoebe reported taking Lexapro an anti-depressant medication prescribed for her, as well as valium.

144. In oral testimony Ms Young further testified that '*Partner relational problems*' referred to at item 4) in her diagnosis report was a problem presented during the whole of her period of consultation, ie indicated from the first consultation, which took place in February 2010.⁸²

145. Specifically on the 15th November, '*her mood was low, she was teary. She didn't know what to do (in terms of the relationship)... She drank. Her partner got upset. She felt that she had to atone and that it was all her fault.*'⁸³

146. And more generally:

*'She had told me she was unhappy, that she felt her partner's attitude was that... "When I try to be me it is not right for him". She felt that he put her down and behaved rudely to her in public, makes her feel that that she is wrong or stupid and that things are her fault...she rarely says something because he becomes defensive or aggro.'*⁸⁴

147. According to Ms Young on the 15 November 2010, Phoebe was still undecided concerning whether she should go with Antony to Paris.

⁸² I note that the evidence from all witness tends to establish that Antony and Phoebe had been together for slightly longer than 12 months, at time of the commencement of her consultations with Ms Young.

⁸³ Transcript page 409-10

⁸⁴ Ibid page 410.

148. On Monday, 29 November, the last consultation, Phoebe stated that she had been drinking heavily for several days and that her mood was very low. She felt that she was a burden to others, but not suicidal. They discussed the relationship and Phoebe told her that following an argument she had moved out, and then come back to give it another go.

- Tuesday 30 November 2010, phone contact with Phoebe.

149. On Tuesday 30 November 2010, at midday, (following the Rockman dinner the previous night and approximately 24 hours after their most recent consultation), Phoebe called and advised (Ms Young) that she was extremely distressed about relationship issues and was drinking. She also stated that she felt '*unsafe*' (suicidal) and felt alone and helpless. Ms Young states that she talked with Phoebe for around ½ an hour after which, she was, '*calmer but still suicidal. I asked her to stop drinking but she would not agree to do so. As I had clients all afternoon and could not take further calls from her asked her if there was someone who could come and stay with her or whom she could go to but she said there was not, she said she did not want anyone to see her as she was.*

I asked her to write down the phone numbers for crisis lines she could call, (Suicide help-line, Life-line and Direct- line). She wrote them down, (I think she said she did) ..., and agreed to call them and get herself to the Alfred Hospital, if she continued to feel unsafe. She said however that she thought she would take some sleeping pills to sleep away the time and her pain, and I urged her to go to hospital instead'.⁸⁵

150. At this time, Ms Young considered Phoebe to be a high risk of suicide.⁸⁶ She agreed that in such circumstances it would have been appropriate for her to contact a CAT team.⁸⁷

- General observations

151. Ms Young further testified that at the time of the commencement of the consultations, which were set up following a referral by Phoebe's GP, that a pre arranged plan for dealing with a crisis allowing for Ms Young to make contact with a third party/family member, had not been put in place.

152. Ms Young was not aware that at the time of Phoebe's call, that Phoebe had just previously contacted the Alfred Hospital where she had remained connected for 11.5 minutes, and had also contacted her GP's office, where she remained connected for 46 seconds.⁸⁸

⁸⁵ See exhibit 8. See also discussion of this telephone conversation at transcript from page 414.

⁸⁶ See transcript page 415.

⁸⁷ Ibid page 416.

153. Ms Young agreed with Counsel Assisting that Phoebe's earlier use of five of Antony's sleeping pills on 2 August 2010, following an argument (*'I just wanted to sleep and be out of it'*)⁸⁹, coupled with her phone conversation statement regarding her plan to access his sleeping tablets again, was an additional cause for concern.
154. She further agreed that she did not follow the matter up with Phoebe on the following day or days. Her additional testimony was that she could not contact Phoebe's family or friends because she did not have their phone numbers. And more particularly, that any such contact would breach Phoebe's right to confidentiality.
155. With reference to her belief that Phoebe displayed some characteristics, which were similar to borderline personality disorder, Ms Young testified that one of the characteristics of the condition was a demonstrated inability to pick ones self up after a bout of depression. Another characteristic of the condition, (also seen in Phoebe), was that she was prone or more prone to erratic or impulsive behaviour and more likely to build up in her own mind the importance of something, which may actually have been quite trivial.
- 'The inability to regulate feelings is perhaps consistent with borderline.'*⁹⁰
156. Ms Young further stated (like Dr Churven), that in the time she treated Phoebe she never felt she was at risk of suicide, pointing out that she only talked about suicide (suicide ideation), while recovering from binge drinking or relationship difficulties, but she had never been, *'actively suicidal...'*⁹¹
157. In additional testimony, Ms Young stated that Phoebe's inter-action with various persons on the Wednesday tended to suggest that she was less distressed than on the previous day, the day of their phone conversation.⁹²
158. She was not able to offer an opinion as to whether Phoebe was suicidal on the day following but she was surprised with what occurred. She didn't think that Phoebe would have killed herself.
159. Ms Young further offered that Phoebe's poor financial state was a primary cause of her anxiety and that she felt that this issue was a big part of her underlying depressive illness.⁹³

⁸⁸ Ibid page 417.

⁸⁹ Ibid page 407.

⁹⁰ Transcript page 422.

⁹¹ Transcript page 423. Prior to her testimony, Ms Young was not aware of Dr Churven, or the contents of his report. Transcript page 430.

⁹² Transcript page 425.

Phoebe also felt unhappy that she was not an equal partner in the relationship and felt quite dependant. She was highly anxious at many of the functions they attended.⁹⁴

160. Further, Phoebe's financial situation caused her to lose confidence in her ability to pull away from Antony, and forge a life for herself.⁹⁵

161. Counsel for Mrs Handsjuk

In further examination by Mr Moglia of Counsel for Natalie Handsjuk (and assisting Dr Handsjuk), Ms Young stated that she was not comfortable in discussing '*transference therapy*', and further that rather than transference therapy that borderline personality disorder is normally treated with, '*dialectical behaviour therapy*'.

162. At the time, Ms Young had had no training in that kind of therapy.⁹⁶ She further agreed that at that time, she did not know much about the condition. She further agreed that there was now recognised to be an overlap between depression and border personality disorder, as co occurring illnesses. She did not dispute Counsel's suggestion that this may occur in up to 60% of cases.

163. She further considered that Phoebe's use of alcohol and illicit drugs were indicators of impulsivity, which was an element of borderline personality disorder. Impulsivity in regard to her relationships, was another such example, as was her intense fear of abandonment.⁹⁷

164. Generally, Ms Young saw Phoebe each Monday, on a weekly basis. Some appointments were postponed because Phoebe was hung over from the weekend.

165. In regard to Phoebe's death and her state of mind at that time, Ms Young did not agree that what she heard on 30 November, may have been a, '*trajectory towards suicide*'.⁹⁸

166. In regard to Phoebe's doctors note on 7 August 2010 that she was having difficulty with, '*Depression, on going problems with medication*'. Ms Young stated that she wasn't aware of medication issues and that this was a proper matter for her doctor.

167. Ms Young was then questioned by Counsel on the Australian Psychological Society (APS) Code of Ethics, general principal A5 on confidentiality.⁹⁹

⁹³ Transcript page 427.

⁹⁴ Transcript page 428.

⁹⁵ Transcript page 429.

⁹⁶ See reference to her subsequent training in respect of the diagnosis and treatment of this condition, at transcript page 455.

⁹⁷ Transcript page 436-37.

⁹⁸ Transcript page 442.

168. Having refreshed her memory it was now her understanding that under the code she was permitted, to breach confidence to the minimum necessary, *'to avoid an imminent risk'*.
169. The three main things she would tell clients when sessions commence were that she would not breach confidence unless her files were subpoenaed by a court; or unless there is a risk of either self-harm, or harm to another person. The risk must be imminent and serious and this assessment was carried in a suicide risk assessment.
170. In this case, Ms Young concluded during the phone conversation on 30 November, that such a risk was present, inferring that both a means to commit suicide and an immediacy about the plan, then existed.¹⁰⁰
171. Ms Young further testified that at the relevant time she was in a professional (supervision) relationship as allowed for by the code, and that she had been supervised within such a relationship since her commencement of practise 5 years earlier. At the time of her taking the phone call from Phoebe, her supervisor was Kaye Baron, who was her original supervisor, *'through my two years of probationary registration...'*

Her further testimony was,

'If I had an urgent inquiry I expect could have called her. The fact was that at this time she was on leave.

Would you have called her if she was available?

Answer: *'Probably not. No.'*¹⁰¹

172. Ms Young was then asked by Counsel whether Phoebe reference to *'feeling unsafe'*, may have meant that she faced a threat from another person. Ms Young did not understand Phoebe to be talking about another person,¹⁰² but rather that she was referring to her alcohol and pill use, and the risk of harm through that use.¹⁰³
173. Ms Young further advised in response to a question from Counsel for Antony Hampel, that she had never heard Phoebe refer to the brand name Stillnox.¹⁰⁴ The witness was then referred

⁹⁹ See exhibit 8 (b).

¹⁰⁰ See transcript page 448-49.

¹⁰¹ See transcript page 450-51

¹⁰² See transcript page 459.

¹⁰³ Transcript page 457. I note here that this interpretation tends to contradict the intentional self-harm interpretation, offered by the witness earlier in evidence, which interpretation is also found in her treatment report at exhibit 8.

¹⁰⁴ See transcript page 461.

to her handwritten contemporaneous note of the phone conversation, and her reference to, 'feeling hopeless-what is the point'.

174. Ms Young was concerned that Phoebe was suicidal.¹⁰⁵
175. In further re-examination, she was asked whether she felt that someone with a combination of elements of a border personality disorder and depression, might do something dramatic, a gesture like putting themselves into a rubbish bin.
176. She considered that a person with a full-blown disorder might do something dramatic. She didn't believe that Phoebe had such a full blown condition.
177. Ms Young further confirmed that she did not complete a suicide risk assessment when Phoebe commenced seeing her.
178. She also did not arrange a plan with Phoebe to allow for crisis intervention, at the commencement of their consultations, or at any other time. She agreed that it would have been a good idea to have done so and that the APS recommended as far back as 1999, that a crisis plan should be put in place to allow for, 'the focus to move from therapy to one of crisis management', where it is believed there is an imminent risk of self harm.¹⁰⁶
179. She further agreed that it would have been appropriate to put such a plan in place for someone suffering from chronic depression.
180. She also agreed that it would have been appropriate for her to follow up on such a patient afterwards, and that this was something that she now always did.¹⁰⁷
181. Thereafter Dr Handsjuk, asked for, and was given the opportunity to further question Ms Young.¹⁰⁸
182. In the course of that evidence, Ms Young testified that she, 'struggled to explain,' why she hadn't followed through and given Phoebe's situation the sort of 'gravitas,' consistent with her explanation of the conversation in question.

*'perhaps I felt the risk was not that great and (not that) imminent'.*¹⁰⁹

¹⁰⁵ See exhibit 8(b) and transcript page 464-65.

¹⁰⁶ See exhibit 8(d).

¹⁰⁷ At the conclusion of her evidence, Ms Young was informed of her rights in connection with the obtaining of a transcript of the evidence and about making a submission to the Court concerning her involvement in Phoebe's care. See transcript page 476.

A submission from her legal representative was subsequently received, and had been included in my consideration of this case.

¹⁰⁸ See transcript from page 473.

'That's why I suggested she contact a help line'.

183. It was then suggested to her by Dr Handsjuk, that the *'help line'* approach was also to be seen as inconsistent with her assessment that Phoebe was not capable of actualising self-care, to which question Ms Young did not respond.¹¹⁰

Dr Leonard Handsjuk¹¹¹

- Background concerning Phoebe

184. According to Dr Handsjuk, as set out in his first statement, his daughter Phoebe had a troubled life. He had hoped her relationship with Antony might provide stability and help her to settle down.

185. In late August 2010, Phoebe had been prescribed the drug *'Serquel'* by her GP, which Dr Handsjuk felt was wrongly prescribed and was making her very sick. Dr Handsjuk was aware that she had been taking Cymbalta, an anti-depressant.

186. It had also been suggested that she had an alcohol problem. Her drinking had increased when she worked as a receptionist at hair stylist Lindley Godfrey. Dr Handsjuk ceased his practise of keeping a bottle of vodka in his the fridge, to prevent Phoebe from drinking too much.¹¹²

187. While working for Lindley Godfrey, Phoebe went to see psychiatrist Dr Churven, for about six months. He prescribed anti-depressant medication.

188. Prior to seeing Dr Churven, Phoebe had not sought medical attention for any issues.

- The events of 2 December 2010

189. On 2 December 2010, Dr Handsjuk had tried to call Phoebe on her mobile about their dinner plans for the evening, but the call was not answered. He was then called by Antony and was told that Phoebe was missing, but that her phone and purse were in the house.¹¹³ This combination of events caused concern and he made several calls, including one to Natalie, seeking to establish that his daughter was safe.

¹⁰⁹ See transcript page 475

¹¹⁰ Ibid.

¹¹¹ Dr Leonard Handsjuk is a practising psychiatrist, with over 40 years of experience.

¹¹² See Dr Handsjuk's first statement at Exhibit 42 page 60.

¹¹³ I note that in a second statement dated March 9 2011, Dr Handsjuk referred again to his conversation with Antony on the Thursday evening, but did not state that Antony had said that he had found Phoebe's phone, when he returned to the apartment. See exhibit 42 page 65.

190. He was later informed by Antony, who was very upset, that Phoebe had been found deceased. Quite shattered, he then went about the duty of informing family members.
- Comment on the Report provided by Dr Churven
191. In addition to the evidence, concerning his involvement in events in the week prior to Phoebe's death Dr Handsjuk was called upon to comment on the evidence received from her psychiatrist, Dr Peter Churven.
192. Dr Handsjuk stated that Dr Churven's view that Phoebe she had '*elements of borderline personality disorder*', came as a surprise. While he was aware that Phoebe suffered from depression, he was not aware of the personality disorder diagnosis, before her death.
193. In regard to whether the above diagnosis was correct, Dr Handsjuk further offered that such a diagnosis was a vexatious one within the profession and that while Phoebe had issues around her use of alcohol relevant to the condition, '*that if affected by alcohol and really pushed cornered and confronted, Phoebe would verbally explode and get angry, but that settled, it didn't require the sort of treatment that border personality disorder requires... And it is an explosive volcanic eruption. Now I never witnessed any of that in Phoebe when she was intoxicated*'.¹¹⁴
194. He was then asked to give his opinion about the impact of an on going depressive illness, coupled with a borderline personality disorder. His view was that such a person would be, '*pretty non-functional*'.
195. In answer to questions put by Counsel for Natalie Handsjuk, Dr Handsjuk stated that he did not think there had ever been a formal diagnosis of Phoebe, which included borderline personality disorder. He did not think that someone with the symptoms described by Dr Churven, left untreated, would necessarily evolve towards borderline personality disorder. His further opinion was that the condition could not be properly diagnosed unless the symptoms were at an extreme level. If it were an explosive situation then the person would lose touch with reality for days on end, and require antipsychotic medication and often hospitalisation.

Discovery and Investigation

196. As above, the evidence establishes that the building duty concierge, Ms Betul Ozlup, found Phoebe Handsjuk on the floor of the bin refuse room at the Balencia Apartments at between 7.06 and 7.09. She informed her superior Mr Giamarrio shortly thereafter and Victoria Police were notified at 7.14 pm. Police arrived at the scene at 7.20 pm. At that time, Phoebe was

¹¹⁴ See transcript page 1363.

found, (believed deceased), lying face up on the refuse room floor a short distance from the single door allowing access in and out of the room. She was dressed in a grey singlet and blue jeans, held by a wide black leather belt. The top of her jeans had been caused to move to a position below her thighs.

197. The immediate cause of Phoebe's death was exsanguination following a severe injury to her right leg. Based upon the inferences drawn from evidence of Ms Ozlup, (who found Phoebe at between 7.06 and 7.09 pm), and the Ambulance Officers who later arrived at the ground floor refuse room at a point in time not before 7.27 pm, (see also exhibit 15(b) the police crime scene notes, which suggests the time of the ambulance officer arrival was actually 7.30 pm), Phoebe had been in the same position following her discovery, for a minimum period of 18 minutes, that is before the Ambulance Officers arrived.
198. From the evidence given by Pathologist Dr Lynch, we know that the time before a loss of consciousness would occur, followed then by the time at which the onset of death would take place, is between 5 and 10 minutes. Considering also the evidence of the officers who found her, I find that it is in fact quite clear that Phoebe was deceased by the time the Ambulance Officers, reached the scene.

Detective Sergeant Butterworth¹¹⁵

199. Detective Sergeant Butterworth was notified of the death at approximately 8 pm, on 2 December 2010, and attended at the Balencia apartments at 8.46 pm.
200. On arrival, he found Detective Sergeant Andrew Healy, Detective Senior Constable Paul Thomas and Sergeant Graham Foster in attendance. He was informed, that a young woman believed to be Phoebe Handsjuk, had been found deceased in the refuse room on the ground floor; that she was believed to be a resident on the 12th floor and that traces of blood, now secured, had been found in the refuse room on the 12th floor; that what appeared to be traces of blood had also been found in one of two elevators, that serviced the building, which had not been secured,¹¹⁶ that what appeared to be traces of blood had also been found on the concrete floor in the foyer level of level B1 (car park), which had not been secured:
201. Detective Sergeant Butterworth arranged to tape off and secure both the affected elevator as well as the affected area in the car park.

¹¹⁵ Sergeant Butterworth is a Detective Sergeant attached to the Crime Department Purana Task Force, who attended on behalf of the Homicide Squad. He remained the senior officer in charge of the investigation until his departure from the scene at 5.40 am the following morning, Friday 3 December.

¹¹⁶ See brief page 305.

202. Detective Sergeant Butterworth was then escorted to the refuse room. He there saw Phoebe Handsjuk, fully clothed, lying face up immediately adjacent to the refuse room doorway. She was not wearing any shoes or socks. I note here that at this time Detective Sergeant Butterworth observed that the top of her jeans had been caused to be moved down to a position around the lower part of her legs. Her most significant injury was the near severance of her right foot, at a point approximately 2 inches above her ankle.
203. He also observed and it is not in dispute, that the refuse room consisted of a rotating carousel in the centre of the room, on which 5 wheelie bins were meant to sit.
204. A rubbish chute was suspended above the carousel (which we now know covered a computer controlled rubbish compactor), all of which fed rubbish from the above floors into the bins held on to the carousel. One of the bins had fallen from its fitting and come to rest on the floor near to where Phoebe was found. A smeared blood trail was also found on the floor and wall, which trail extended around the carousel.
205. Later Detective Sergeant Butterworth also made arrangements to seek to prevent residents from continuing to put rubbish down the chute, while scene inquiries were continuing.
206. He then debriefed Detective Sergeant Andrew Healy concerning his earlier dealing with Antony Hampel, who had approached him at 8.10 pm with seemingly relevant information concerning his then missing girlfriend, and the possible relationship of this matter to the identity of the woman found deceased.
207. Detective Sergeant Butterworth further stated that he then took steps to obtain a copy of the Balencia Apartment's closed circuit TV tape, for that day.¹¹⁷
208. At 10 pm Detective Sergeant Butterworth briefed Leading Senior Constable Bernard Carrick from Victoria Police Forensic Services Department, as to the situation as he then understood it to be. Leading Senior Constable Carrick commenced to process the scene.
209. Photographs were taken of the scene including inside the apartment, and inside the refuse rooms on the 12th floor and the ground floor. Phoebe was photographed from various angles at this time.
210. Swabs were also sought by Leading Senior Constable Carrick from possibly relevant areas, including in respect of blood stains found in the apartment, on the floor of the refuse room on the 12th floor, as well as inside the wheelie bin, into which it is believed she fell. Additionally

¹¹⁷ See exhibit 19 the statement of Detective Sergeant Butterworth, at page 6.

swabs were taken from the floor and walls of the ground floor refuse room, where she was found.

211. Statements were taken from Antony Hampel, Dr Leonard Handsjuk and Phoebe's brother, Thomas Handsjuk.
212. At 2.40 am, the Government undertaker removed the deceased from the scene. At this time Detective Sergeant Butterworth observed a number of cuts and abrasions to her legs back and buttock area, as well as the obviously severe injury to her right leg, which he had seen earlier.
213. At 4.55 am, fingerprints were also sought from all relevant areas, including the entry to the refuse chute in the 12th floor refuse room. Leading Senior Constable Koslowski, an experienced crime scene examiner, undertook this work.
214. At 5.40 am, Detective Sergeant Butterworth cleared the scene and returned to the St Kilda Road Office, where he later briefed and handed over to Detective Senior Sergeant Shane O'Connell of the Homicide Squad.
215. In further testimony the witness stated, that the Purana task force, of which he was a member, provided support to the Homicide Squad by attending the scene on the night in question, because Homicide Squad officers were otherwise engaged at that time. During the period following notification of the death and before his arrival, Detective Sergeant Butterworth was engaged in organising his crew, making calls to arrange for the scene attendance of officers from Crime Scene Services, notifying Coronial Services and speaking to the Duty Pathologist.
216. On arrival at the Balencia building, Sergeant Healy informed him of a finding of suspected blood traces in the residents lift.¹¹⁸ According to his log, Detective Sergeant Butterworth was also in the refuse room when he heard and observed a plastic bag come down the rubbish tube, and into a plastic wheelie bin.¹¹⁹ He was not sure whether the machine was off or on at that time. Thereafter he organised for signs to be placed in each of the refuse rooms above, requesting residents not to use the chute until Police had cleared the scene.
217. He further agreed that following determination of Phoebe's identity and place of residence, that all occupants of that apartment should have been removed. And that following receipt of

¹¹⁸ The blood spots found on foyer tiles level B1 and inside the lift at level B1, were swabbed and later found to be consistent with having come from Mr Joseph Grech (statement at exhibit 42 page 40), who was a cabinet maker, who had cut himself on December 2, while in the course of his labour in the apartment basement. See exhibit 16 page 3. (See brief page 333-37). Mr Grech was ruled out of being the source of any other blood collected at the scene.

¹¹⁹ This occurred at approximately 9.22 pm. See transcript page 839. At the time the compactor machine was still in operational mode.

advice that blood had been found in the 12th floor refuse room, that he would have so informed Leading Senior Constable Carrick, an experienced crime scene examiner.¹²⁰

218. Detective Sergeant Butterworth further offered that in regard to the investigation and the Balencia Apartment's closed circuit TV tapes, that he had no knowledge of the building manager, Mr Eric Giamarrio, informing police officers on 2 December, that there was a need to start down loading that material as soon as possible as the tapes would be recorded over in two to three days time.
219. Detective Sergeant Butterworth was unable to recall if inquiries were made of the two officers who had seen some of the CCTV tapes, as to the potential value to the inquiry of downloading the tapes for later examination.
220. No arrangements were made for Police from the Forensic Science Department to come out and retrieve any of the then existing footage, this was because another officer at the scene, had already been directed to arrange for the existing tapes to be copied.¹²¹
221. He had no recollection of the note at page 1022 made on 7 December, 11 am, that he personally received CCTV from Eric Giamarrio.¹²² I note here that this note appears to refer to the limited materials for 2 December 2010, actually received from the Balencia corporate manager, (who at its own expense later sought to retrieve as much relevant tape as possible, i.e. after the taping over process had taken place). His further evidence was that at some point while in the apartment he noticed the IMac computer (shared by Phoebe and Antony), and that the computer mouse had some blood on it, but that this was not taken into custody as it had not been established that a crime had been committed. At the time of his departure from the scene, Detective Sergeant Butterworth, '*was leaning towards suicide*', as an explanation for the events that he had so far examined.¹²³
222. Information obtained at the scene about Phoebe Handsjuk and her family and other relevant background, (which was consistent in its content), came from Antony Hampel, Dr Leonard Handsjuk and Thomas Handsjuk.
223. His further testimony was that no attempt was made to seek to link the rubbish bag contents found in the bin into which it was believed Phoebe had fallen, with the apartment in which she had resided. Additionally that no information was obtained concerning whether Mr Hampel

¹²⁰ See exhibit 19 page 9 and transcript page 844.

¹²¹ See transcript page 846-47.

¹²² See transcript page 886.

¹²³ See transcript page 852-53. The underlining is mine.

had returned to the apartment after work, and found the front door open, or otherwise closed and or locked, (thus requiring a key for re-entry).

224. Detective Sergeant Butterworth worked through the night and signed off at 9 am on the morning of 3 December 2010, having orally briefed Detective Senior Sergeant Shane O'Connell. At that time, Detective Sergeant Butterworth believed that he would have indicated his view that the death was more likely to be suicide than homicide.
225. From this point Detective, Senior Sergeant O'Connell looked after the investigation. The outstanding issue in respect of the CCTV would also have been mentioned to Detective Senior Sergeant O'Connell at this time. This evidence would have been considered important to any homicide investigation.¹²⁴
226. Concerning the evidence that an Ambulance Officer was not permitted into the refuse room to examine Phoebe for signs of life, Detective Sergeant Butterworth had not arrived at the scene by the time this event took place. By the time of his arrival (8.46 pm), it seemed clear that everyone present had the strong view that she was deceased.¹²⁵
227. Detective Sergeant Butterworth continued his inquiries on behalf of the Homicide Squad on the following Monday and Tuesday. The notes that he made on the night of 2 December 2010, have not been able to be located.¹²⁶ In response to further questions from Counsel representing the Commissioner for Police, the witness testified concerning CCTV footage, that it would be usual to ask the owner to provide the footage rather than to take possession of the computer hard drive, which in this case would have adversely impacted upon the buildings security.
228. He had not heard Mr Bone, the chute systems designer, say to Police that if the, *'unit had been in auto mode it would have been necessary for someone to switch it to manual for a body to pass through in one piece'*.¹²⁷
229. And that during his handover to Detective Senior Sergeant O'Connell on 3 December, he did make mention of the surrounding circumstances he had discovered to that point, which matters he felt were not consistent with suicide.

¹²⁴ See transcript pages 860 -862.

¹²⁵ See my comments at transcript page 878 where in disallowing a question put by Counsel for Mrs Handsjuk, it was observed that a question designed to establish that police officers might have excluded Ambulance Officers from examining Phoebe in the refuse room to preserve the scene presumes,

'a fact which would be hard to comprehend, that is that police officers would put the interests of the investigation above the interests of the life and death of a victim'.

¹²⁶ See transcript page 876.

¹²⁷ See transcript page 884.

Leading Senior Constable Bernard Carrick

230. At 10 pm on 2 December 2010 Leading Senior Constable Carrick a highly experienced Crime Scene Examiner, attended the Balencia Apartments and spoke with the officer in charge Detective Sergeant Butterworth, and was shown to the refuse room on the ground floor. There he saw the body of Phoebe lying face up on the concrete floor to the right of the entrance door. He observed the severe injury to her legs in particular in the region of her right foot. He also observed a large amount of smeared blood on the floor and its proximity to an automated waste machine that was centred inside this room.
231. Four of five wheelie bins were in place on a carousel with the 5th lying on the ground alongside the deceased. He noticed further blood inside this 5th wheelie bin and a pair of Prada sunglasses on the ground near her body.
232. Leading Senior Constable Carrick also examined the waste machine and found further blood on the edge of the device just near the chute opening and on the back of the entrance door. Swab samples of these bloodstains were also taken.
233. Additional swabs were taken of bloodstains found on the lift wall and at the foyer level B1. Further swabs were taken of apparent bloodstains on the 12th floor at the refuse room and within the apartment. Medication, glass fragments, and various hand written notes and a post it note pad were taken away for forensic examination.¹²⁸

Senior Constable Martin Koslowski¹²⁹

234. Senior Constable Koslowski of the Finger print branch attended the Balencia apartments on Friday 3 December and under the direction of Detective Sergeant Butterworth, conducted an examination for latent fingerprints at both the 1st and 12th floor disposal rooms.
235. No fingerprints of any value were located.

Leading Senior Constable Scott Ellis¹³⁰

236. Leading Senior Constable Ellis attended the Balencia apartments at 10pm on 2 December 2010 and took photographs of all aspects of the apartment building and at various scenes on both the 1st and 12th floors referred to in the narrative set out above. A total of 148

¹²⁸ See LSC Carricks statement at exhibit 17.

¹²⁹ See SC Koslowski's statement at exhibit 42 page 318.

¹³⁰ See statement of police photographer LSC Ellis at exhibit 42 page 320 and the photograph descriptions by number set out therein.

photographs were produced into evidence during the testimony provided by Forensic Officer Louise Brown, and became exhibit 16(h).

Leading Senior Constable Darryl Saint¹³¹

237. Leading Senior Constable Saint's photographs of Phoebe Handsjuk became exhibit 16(g). The clothes worn by Phoebe at the time of her death, and other items collected by Leading Senior Constable Saint were handed to the Forensic Exhibit Management Unit.

Lorne Campbell¹³²

238. On Wednesday 8 December 2010, Mr Campbell was informed that the Homicide squad had, '*written off Phoebe's death as a suicide*'.

239. He considered this premature, and determined to investigate the death himself. He also considered that in the unlikely event that she had determined to kill herself that she would not have chosen to do so by climbing into the refuse disposal shaft. He later visited the apartment block and viewed the refuse entry on the 24th floor. His further view was that given her blood alcohol was measured at 0.16%, Phoebe, '*or any one at that level of intoxication would not have the necessary level of balance and co ordination to climb unaided into the chute*'.¹³³

240. On Friday 28 January 2011, Mr Campbell again visited the premises and was granted access to the 12th floor refuse chute. Also present were Senior Detective Brendan Payne, who had taken over responsibility for the investigation, and two friends of Phoebe who were thought to be of similar weight and size, and a representative of the buildings corporate manager.¹³⁴

241. At the scene, Mr Campbell secured each woman against injury before separately asking each to climb into the chute, unassisted. They both managed to do it with difficulty, and the exercise was video recorded.¹³⁵

¹³¹ L.S.C. Saint a police photographer attached to the Forensic Services Centre attended the Victorian Institute of Forensic Medicine on Friday 3 December 2010 and took photographs as instructed, during the autopsy examination of Phoebe Handsjuk.

¹³² Lorne Campbell, the maternal grand father of Phoebe, is a retired Detective Sergeant having been a sworn police officer with Victoria Police, between 1959 and 1993.

¹³³ See statement of Lorne Campbell at exhibit 7 page 1.

¹³⁴ Mr Campbell considered that the 166 cm height as measured prior to her PM was incorrect, and that Phoebe's true height as recorded by her mother was not less than 175cm. I further note that one of the two young women, Sara Howett, was described by Mr Campbell as a person with whom Phoebe trained,

'over a long period in martial arts and kickboxing'.

¹³⁵ See exhibit 7(e)

242. I note here that they both were able to sit on the back of the chute entry and hold their positions with their feet extended into the shaft. They were not asked to, and did not climb into the chute itself.¹³⁶
243. Later Mr Campbell went to the Westach Engineering Services Ltd at Hallam, and spoke with company managing director Mr Neil Bone.
- 'He was familiar with the matter... and was very concerned about it. He told me that another party must have been involved as it would not have been possible for Phoebe to pass through the compactor with the system in its normal automatic operating mode. He said he had informed police but... they appeared disinterested'.¹³⁷*
244. Mr Campbell then explained to Mr Bone the nature of the experiment he wished to conduct and Mr Bone offered to set up an exact replica of the wall and disposal hatch.
245. Later on Friday 18 February 2011, Mr Campbell together with Sarah Howlett, Viviana Bambino, Natalie's Handsjuk's friend, Russell Marriot and Jeannette Campbell, returned to the Hallam factory.
246. Both Sarah and Viviana were asked to climb into the model chute. Sarah was unable to do so because of her shoulder width while Viviana managed to get into the shaft, with great difficulty and emerge from the open bottom section of the model, which was elevated and resting on a steel frame.
247. A further experiment with Viviana lifted in a shoulder lift by Russell Marriott, and placed into the chute facing the chute wall, with her arms above her head was achieved quite easily with Viviana passing through the through the chute opening, and into the shaft.¹³⁸
248. Although the tests established that it was possible for a sober person of appropriate size to get into the chute entrance down into chute proper, Mr Campbell remained firmly of the opinion that such a feat would not be possible for a person with a 0.16% blood alcohol reading.
249. Certain further criticisms were made of the Homicide squad by Mr Campbell.
250. These included that officers had not taken a statement from Mr Neil Bone and that officers had also failed to take possession of the apartment building's computer hard drive, containing all recordings made by the CCTV system within the building, with only a small portion relating to the foyer and building entrance still available, in respect of 2 December 2010.

¹³⁶ See further discussion of Mr Campbell's observations at exhibit 7(e) page 2.

¹³⁷ Ibid.

¹³⁸ See video at exhibit 7(f).

251. One of the CCTV cameras took in a view along to the entrance of the refuse collection room on the ground floor. In view of Mr Bones advice and the inference that someone must have entered the refuse room from the ground floor entrance, (to turn off the compactor), Mr Campbell considered that the loss of the CCTV evidence, had the potential to deny the investigation material, which might become vital identification evidence.
252. Detective Senior Constable Payne co-operated with Mr Campbell and provided telephone records and phone log records. He invited Mr Campbell to contribute to his own investigation.
253. Mr Campbell and Natalie Handsjuk then prepared a chronology of events as they saw them, which became exhibit 7(b) and I note here, later became the subject of a prohibition from publication order.
254. Mr Campbell together with Natalie Handsjuk then determined to covertly record conversations later had with Antony and his family at Antony's apartment where they visited on Tuesday 7 December. These conversations were primarily concerned with the plans being made for Phoebe's funeral and the tensions between the two families, which arose over that matter. (Having listened to and again reviewed these materials, I am satisfied that the materials and commentary are largely conjectural, and are not relevant to the questions now before me).
255. Mr Campbell also raised the point that Antony's alleged return to the apartment to check on Phoebe, on the morning of Wednesday December 1, was believed to be untruthful. (I note that we now know that Antony's recollection concerning this matter has been verified by the evidence from his card swipe suggesting, as it does, that he entered the building at 12.40 pm and stayed for approximately 10 minutes.
256. Mr Campbell also considered that cushion stuffing, as well as a broken glass found on the floor of Antony's apartment was consistent with a scuffle. In addition, that bruises to Phoebe's person were consistent with an assault. He concluded that this was not a case of suicide, accident or misadventure, but rather that she was, '*criminally killed*', and that the investigation should continue until those person(s) responsible could be identified.¹³⁹
257. In oral testimony, Mr Campbell further stated that the 12th floor, system entrance door had two strong return springs.
258. He also considered that the police should have taken both computers from Antony's apartment on the night of December 2.

¹³⁹ See exhibit 7 at page 8.

259. In response to questions concerning the design of the chute he confirmed that at least one of the two young women obtained a (narrow) hand-hold at the top of the chute entrance, when climbing in.
260. He also stated that the swipe records he relied on to establish that Antony had not returned to the Apartment to check on Phoebe on the Wednesday, were found at brief pages 901-904. Mr Campbell was further questioned by Counsel for Antony Hampel, about his examination of the corrected swipe card documentation, and agreed that this material met earlier concerns about Antony's movements on the Wednesday.
261. Mr Campbell answered further questions about his investigation and his interviews of several persons who provided statements to police. These included Ms Ozulup, Mr Giamarrio and Mr Bone. He later confirmed in response to questions from Counsel Assisting, that beyond the material contained in the inquest brief that there was no further information or documentary evidence he had, that would assist the inquest and that he had nothing further to say in respect of the matter.¹⁴⁰
262. Mr Campbell further testified about attending an experiment organized by media organisation Channel 7, Melbourne, which involved putting two lamb carcasses into a chute and dropping them into a compactor from the 12th floor, in an apartment block under construction, and the extensive damage done to the carcasses as a result.¹⁴¹
263. He also agreed that the evidence Phoebe's iPhone went in for repairs on the Thursday 2 December 2010, rather than the Wednesday, (as referred to in an earlier statement by Antony), was corrected in a statement made by Antony as early as 7 December 2010.
264. He also accepted that page 90 of the exhibits brief, the telephone records indicate a phone call was made by Antony at 11.34 am on 2 December 2010, from the Abbotsford South area, which was in the vicinity of the phone repair shop and that Phoebe sent an email message to her former lecturer Vin Ryan, at 8.13 am that morning, which was within minutes of Antony leaving the building (at 8.11 am), and well before the text message, sent at 10.30 am to family members.

¹⁴⁰ See transcript pages 348-49 and 359. The audio record was evidently unable to record the answer given to Counsels question by Mr Campbell. The answer given by Mr Campbell (and subsequent answers), were to the effect that he was not in possession of further information or documentation, which he believed might be of relevance, or otherwise assist the Court.

¹⁴¹ See transcript page 354. See also discussion with Counsel at pages 355-57, concerning the relevance of this evidence having regard to the absence of evidence establishing parallel conditions, and the evidence concerning Phoebe's movement through the chute, and the relatively limited injuries she sustained as a result. He also agreed that there had been no evidence collected concerning the height and weight of the two young women who assisted with the event reconstruction. See transcript page 371.

265. I note here that this evidence (transcript 369-70), was presented by Counsel for Antony, to corroborate Antony's evidence that he was not in possession of Phoebe's phone on Wednesday December 1, at the time (Phoebe) sent her message to family and friends, which message is set out above at paragraph 46.

Forensic Officer Louise Brown¹⁴²

266. Officer Brown, received blood swabs taken at the scene and after making appropriate comparisons including DNA analysis, she concluded that the blood stains found in the study room doorway within the 12th floor apartment; the blood stains found within the 12th floor refuse room; the blood stains found on Phoebe's clothing; the blood stains found on the floor of the ground floor refuse room and on the ground floor wheelie bin; - were all consistent with the blood profile of Phoebe Handsjuk.

267. Officer Brown examined the damaged clothing and further opined that the jeans were extensively damaged and stained with apparent blood, on both the inside and outside surfaces. The underpants were also heavily bloodstained.

268. Concerning the transfer stains on the doorway to the study, that transfer stains were observed on the architrave of the doorway. Transfer stains were also observed on the desk and computer mouse pad.

269. In regard to the blood stains found in the 12th floor refuse room, there were transfer stains on the floor near the chute, with some of these stains having a smeared appearance.

270. Concerning the blood stain pattern analysis found in the ground floor refuse room her further advice was that based on her own opinion, (and that of a second authorised scientist), the body of Phoebe was located between the wall and the fallen bin to the right of the door opening, as the room was entered. There were transfer stains on the lower portion of the wall in proximity to her legs. The floor towards her feet was heavily smeared with blood, amongst which, were numerous swipe marks with apparent toe impressions. The clothing around the lower portion of her body was saturated with blood.

271. There was also flesh type tissue and transfer stains found on the opening of the garbage chute. There was smearing and pooling of blood in the area of the drain with swipe patterns moving

¹⁴² Forensic Officer Louise Brown is employed at the Forensic Services Centre Macleod Victoria, as a senior case manager and Reporting Unit Leader within the Biological Examination Branch. She has certificates of authorisation issued by Forensic Services, (the FSD) allowing for blood-stain pattern interpretation and for the reporting on and analysis of biological material in a number of genetic marker systems. She is the holder of a BSc (Hon) and in 2008, successfully completed a course in Forensic DNA profile interpretation, at the University of Washington. She has assisted with scientific examination and interpretation in over 130 cases including homicide and alleged rape scenes and given an opinion concerning more than 300 criminal investigations, across all jurisdictions.

in an anticlockwise direction away from the door. There were areas of pooled blood and transfer stains to the sides of the swipe blood trail.

272. There were transfer stains with swipe features to the lower portion of the back of the door. Inside the bin that had been overturned, there were transfer, swipe and pooled bloodstains.

There was significant staining to the floor of the ground floor refuse room with the staining observed consistent with an individual with bleeding injuries, dragging themselves in a clockwise direction around the room.¹⁴³

Mr Neil Bone¹⁴⁴

Mr Bone gave several accounts of how the incident may have occurred. His initial belief was that unless the system had been placed on manual, (suggesting the involvement of a third party) Phoebe would have sustained far more serious injury, as she was released from the compactor into the refuse bin.

With further thought and information, he later surmised that the injuries she sustained were possible with the compactor remaining in auto mode, (which he found had occurred). His evidence was that an object or person passing through the compactor would activate a light sensor, which in turn would operate the compactor blade. The compactor blade is designed to compress the rubbish bags with substantial force (hydraulic cylinder exerting a force of 3.3 tonnes) in order to form a plug ready for release into a static wheelie bin on a rotation device. There were at least two possible ways for her to be ejected. Firstly, the unit formed the view it was full and the blade could not compress the material any further.¹⁴⁵

Her injuries appear to be consistent with the operation of this compactor unit as described by Mr Bone, which operation allowed for her to pass through the compactor and be released into the wheelie bin. See also the examination of Dr Lynch on the issue of her injuries and passing through the compactor, by Counsel assisting at page 65 below.

Dr Mathew Lynch¹⁴⁶

273. Dr Lynch noted from information supplied by Detective Sergeant Butterworth, that Phoebe had been found deceased in ground floor refuse room at the St Kilda Road Apartment block in

¹⁴³ See transcript page 701.

¹⁴⁴ Mr Bone was the compactor system designer and assisted with the investigation of Phoebe's death.

¹⁴⁵ Secondly, (although less likely), that the unit had reached a maximum bag count and anything further would have been ejected at that time. See also examination of Dr Lynch by Counsel Assisting at page 65 below.

¹⁴⁶ Dr Mathew Lynch is a senior forensic pathologist at the Victorian Institute of Forensic Medicine and an honorary senior lecturer in the Department of Forensic Pathology at Monash University. Dr Lynch commenced his autopsy examination on Phoebe Handsjuk, at 1200 hrs on Friday 3 December 2010. His report became exhibit 26

jeans extensively blood stained and situated below her knees. She had resided on the 12th floor with her partner and had last been seen alive at around midday. It was suggested that she may have entered the chute on the 12th floor and fallen to the ground floor. It was further believed that she had a history of depression and alcohol abuse. It was also reported that she had been found at 7 pm and that there was a large amount of blood found on the floor of the refuse room where she had been found. Dr Lynch did not attend the scene that evening.¹⁴⁷

External Examination

- **Head**

On the right side of the forehead a yellowish parchment change, which may have been a post mortem artefact measuring 1x 0.2 cm was located.

On the forehead in the midline region some scattered abrasions measuring up to a maximum 0.2 cm.

A 1cm abrasion over the left ear and a linear abrasion 1 x 0.1 cm with adjacent bruising.

- **Neck**

An area (at the front of the neck) of 1.5 x 0.2 cm of bruising.

- **Chest**

No injuries were noted anteriorly or laterally. Linear abrasions to the right chest wall measuring up to a maximum of 5 cm, were observed.

In the lower thoracic region extending to the lumbar region of both sacroiliac joints there were multiple abrasions some of which had a distinct linear appearance.

What appears to be dirt or other foreign material is deposited over the lower thoracic and lumbar regions in association with the abrasions. See photo 64 at exhibit 16(h) scene photographs.

- **Abdomen**

There are a number of injuries on the lower abdominal wall. In the right iliac fossa an injury with complex bruising with abrasions measuring 9 x up to a maximum of 3 cm, with a further superficial laceration at the centre of the injury complex of 1x 0.2 cm.

¹⁴⁷ See exhibit 26 at page 1.

In the left iliac fossa extending to the left iliac spine and then onto the lateral aspect of the left hip an injury complex which comprises a laceration measuring 4 x 2 cm with an abrasion which extends medially and measured 4 x 0.5 cm. This extends down to the underlying skeletal muscle but does not enter the peritoneal cavity.

In the suprapubic region there are several linear abrasions with associated bruising in a linear distribution extending from below the right anterior superior iliac spine to a similar point below the left anterior iliac spine.

- **Right Upper Limb**

Scattered abrasions on the posterior right elbow extending along the ulna aspect of the right forearm.

A linear abrasion on the dorsal aspect of the right hand overlying the dorsal aspect of the right hand overlying the proximal part of the second metacarpal measuring 0.3 x 0.1 cm.

Abrasions with bruising over the dorsal aspect of the right fifth metacarpophalangeal joint.

Minor bruising and abrasion injury to the right shoulder, and a bruising injury to the dorsal aspect of the right wrist.

- **Left Upper Limb**

Scattered bruises over the superior, lateral and anterior aspects of the left shoulder, the total injury complex measuring up to 10cm in maximum dimension.

An abrasion on the posterior aspect of the left shoulder measuring 3 x 1 cm.

Scattered bruises and abrasions over the posterior aspect of the left elbow.

Scattered abrasions on the ulnar aspect of the left forearm.

Bruising dorsum left wrist 2 x 1cm.

Abrasion dorsum left hand over the first metacarpophalangeal joint 0.1cm in maximum dimension.

- **Left lower limb**

There is extensive bruising with swelling and multiple abrasions and a laceration 1 cm in maximum dimension situated over the anterolateral aspect of the left hip extending onto the left thigh where there is also bruising on the medial aspect of the mid to proximal left thigh.

Bruising, abrasions and lacerations anterior aspect left knee the total injury complex measuring up to 10 cm in maximum dimension.

Scattered bruises anterior left lower leg. Abrasions and lacerations dorsal aspect left ankle with a laceration measuring up to 3 cm in maximum dimension resulting in exposure of underlying tendons. Laceration dorsal aspect left great toe extending medially and onto the plantar aspect with associated disruption of tendons.

Extensive bruising dorsal and lateral aspects left foot with abrasion lateral aspect left mid foot extending onto the plantar surface. Note:- there is a large amount of dried blood present on the plantar aspect of the left foot.

Multiple areas of bruising over the left buttock some of which have a somewhat linear distribution.

- **Right lower limb**

Abrasions and bruising anterior, lateral and medial proximal right thigh. Abrasions, bruising and lacerations anterior right knee.

Multiple abrasions and lacerations right lower leg with palpable fractures of right tibia and fibula.

The right foot is virtually completely traumatically amputated from the distal right lower leg at the level of distal tibia and fibula. The foot remains attached to the limb by muscle tendon alone. All skeletal muscle and blood vessels have been disrupted. The margins of this injury reveal the skin to have regular edges in places associated with some abrasion suggesting the application of some form of blunt force. The ends of the fractured tibia and fibula are fragmented and irregular.

Multiple areas of linear and discoid bruising over the right buttock extending to the medial aspect of the buttock.

Blood on plantar aspect of foot.

- **Back**

Over the right scapular region there is an abrasion 3 x 2 cm.

Internal Examination

- **Cardio Vascular System**

Heart: 265 g.

Pericardium: Unremarkable. The pericardial cavity contains a small amount of serous fluid.

Epicardium: Unremarkable.

Myocardium: No macroscopic evidence of previous or recent ischaemic damage.

Endocardium: Unremarkable. No atrial or ventricular septal defect. Foramen ovale is probe patent.

No subendocardial haemorrhage.

Cardiac valves: No evidence of vegetation, stenosis or other abnormality.

Coronary arteries: Normal anatomy. Left dominant circulation. Minimal atheroma.

Aorta and its major branches: Minimal atheroma. Aorta intact.

Mediastinum: Unremarkable. No evidence of mediastinal haemorrhage.

- **Respiratory System**

Pleura: Both pleural cavities contain are dry.

No haemothorax. No effusions.

No haemorrhage on the parietal pleura.

Larynx: The hyoid bone and thyroid cartilage are intact. Strap muscle dissection performed.

No strap muscle haemorrhage noted.

Trachea and Bronchi: Contain some blood stained frothy fluid.

Lungs: Right lung 366 g., left lung 308 g. Both lungs are of normal weight and are pink in colour showing minimal anthracosis.

Minimal fluid can be expressed from their cut surfaces. The visceral pleural surfaces are intact. Neither shows any macroscopic evidence of an infective or neoplastic process.

Pulmonary Arteries: Intact. Free of thromboembolus.

Diaphragm: Intact.

- **Gastro –Intestinal System**

Peritoneal cavity: Contains a small amount of serous fluid.

No haemoperitoneum.

Oesophagus: Unremarkable.

Stomach: The stomach contains 100 ml of tan fluid. No drug residues are identified macroscopically.

Mesenteries: Unremarkable.

Duodenum: No ulceration.

Jejunum and Ileum: Opened in their entirety. Unremarkable.

The contents comprise tan fluid.

Appendix: Present.

Colon & rectum: Opened in their entirety. There is no mucosal abnormality, tumour, haemorrhage or melaena present. The contents comprise firm tan faeces.

Liver: 1101 g. Capsular intact and smooth.

Cut surface unremarkable.

Pancreas: Unremarkable. Minimal autolysis.

Gallbladder: Thin-walled and contains a small amount of bile. No calculi.

Bile ducts: Not dilated.

- **Reticuloendothelial System**

Lymph nodes: No lymphadenopathy detected.

Spleen: 57 g. The capsule is intact. Cut surface unremarkable.

Thymus: 16 g. Unremarkable.

- **Endocrine System**

Pituitary gland: Unremarkable.

Thyroid gland: 11 g. Unremarkable.

Adrenal glands: Unremarkable.

- **Genito Urinary System**

Kidneys: Right kidney 127 g., left kidney 124 g. Both renal capsules strip with ease revealing smooth cortical surfaces. There is good corticomedullary definition.

The renal pelves are not dilated. Ureters unremarkable.

Bladder: Contains a small amount of yellow urine.

Uterus: Uterine tubes and ovaries: The uterine tubes are unremarkable. The left ovary measures 4 x 4 x 2 cm and on sectioning contains a unilocular cyst 2 cm in diameter containing clear fluid. The right ovary is of normal size and contains a corpus luteum.

The uterus is of normal size. The uterine cavity is empty. The endometrium is soft and light brown in colour and measures 1 mm in thickness. No haemorrhage. Cervix unremarkable. Vagina unremarkable. No evidence of haemorrhage.

Breasts: No mass lesions identified.

- **Musco Skeletal System**

The following fractures were identified.

1. Proximal left femoral shaft.
2. Right tibia and fibula proximally and distally.
3. Proximal phalanx left great toe.

No evidence of skull or spinal column fracture. There is intramuscular haemorrhage involving the left temporalis muscle. There is also extensive haemorrhage involving the quadriceps femoris muscles on the left and right with disruption of the muscle bellies. There is extensive intramuscular haemorrhage within the muscle groups of the right lower leg. In the regions of both hips and proximal thighs there is evidence of shearing injury between skin and underlying muscle.

- **Central Nervous System**

Brain 1463 g. There is no extradural haemorrhage. There is fine film of subdural haemorrhage present over the left parietal cortex, artefact of removal of brain. No subarachnoid haemorrhage. The vessels at the base of the brain show minimal atheroma and no evidence of aneurysm formation. No contusions noted. Coronal sections of the cerebral hemispheres are unremarkable. No intraparenchymal or intraventricular haemorrhage. No petechiae noted within parasagittal white matter or corpus callosum. Serial sections of the cerebellum unremarkable. Transverse sections of the brainstem unremarkable. No petechiae noted.

Skin There was some subcutaneous haemorrhage on the scalp in the left frontotemporal region.

Examination of the face in the subcuticular plane showed no evidence of haemorrhage. Examination of the upper limbs in the subcuticular plane showed haemorrhage on the posterior aspects of the left and right elbows, corresponding to the externally described injuries. Examination of the lower limbs in the subcutaneous plane showed extensive subcutaneous haemorrhage involving both thighs and lower limbs.

Examination of the chest and abdomen in a subcutaneous plane showed no evidence of subcutaneous haemorrhage.

Examination of the back including buttocks in the subcutaneous plane showed no evidence of haemorrhage on the back but there was patchy haemorrhage over both buttocks.

Spinal cord and spinal column - Unremarkable.

- **Special Investigations**

1. Tissue taken for histopathological examination. (No whole organs retained).

Block designation as follows.

1. Appendix, pituitary, thyroid. 2. Thymus, right adrenal, right ventricle. 3. Right upper lobe. 4. Right middle lobe. 5. Right lower leg. 6. Left upper lobe. 7. Left lower leg. 8. Uterus, right ovary. 9. Kidneys. 10. Spleen, pancreas. 11. Liver. 12. Anterior and lateral LV. 13. Posterior and septal LV. 14-18. Not taken. 21. Corpus callosum. 20. Pons. 23. Midbrain. 24. Cerebellar vermis. 25. Left basal ganglia. 26. Left parietal cortex. 27. Bone marrow.

2. Toxicology

Ethanol detected in blood and vitreous humour at 0.16 grams/100 mL.

Zolpidem detected in blood at 0.2 mg/L.

Quinine detected in blood at 1.4 mg/L.

Duloxetine detected in blood at 400 ng/mL.

Dextromethorphan detected in blood.

3. FSL specimens including oroanal genital swabs.
4. FSL photography.
5. Post mortem CT scan.

Initial phase of post mortem examination concluded 1510.

- **Results**

- a) **Histology**

- Lung: Sections show congestion.

- Uterus: Sections show a low gland to stromal ratio within the endometrium.

- Brain: Sections from pons, midbrain, cerebellar vermis, basal ganglia, corpus callosum and parietal cortex were unremarkable.

- Heart: Sections from the left and right ventricle were unremarkable.

- Liver: Sections show no evidence of chronic hepatitis.

The remaining sections examined from ovary, pancreas, kidney, thyroid, pituitary, adrenal, appendix, thymus, spleen and bone marrow were unremarkable.

- 1. **Cause of Death**

- 1 (a) Multiple Injuries

- 2. **Autopsy Findings**

- 1. Multiple cutaneous bruises and abrasions affecting predominantly the lower limbs with relative sparing of upper limbs and torso.

- 2. Fractures of proximal left femur and proximal and distal right tibia and fibula with virtual amputation of right foot at ankle with severing of blood vessels and fracture of left great toe.

- 3. Probe patent foramen ovale.

- 4. Fine film left subdural haemorrhage (possible evisceration artefact).

- 5. No evidence of neck or anogenital trauma.

- 3. **Comments**

- 1. The cause of death in Phoebe Handsjuk is multiple injuries. She has sustained injuries to the left and right lower limbs with subsequent significant blood loss.

- 2. The circumstances of Phoebe's death are somewhat unusual. According to the police report she was located in the secured refuse room of an apartment block on St Kilda Road and was noted to have injuries to her lower limbs with extensive blood on the floor in the vicinity. The circumstances suggested that she had climbed into a garbage chute

on the 12th floor some time after being seen on CCTV footage at 11:44:02 on 2 December 2010. Her body was discovered at 1914 on 2 December 2010. She had a past history of depression, anxiety and an “alcohol problem”.

3. At autopsy there were significant injuries noted to the lower limbs with fracturing of the proximal left femur and proximal and distal right tibia and fibula with virtual amputation of the right foot at the level of the ankle with associated severing of blood vessels. Of note there was no evidence of neck or ano genital trauma.
4. There was no evidence of any natural disease process that might have contributed to death.
5. Toxicological analysis detected ethanol at 0.16 grams/100 mL. Also detected were the hypnotic zolpidem, quinine (a drug used for the treatment of muscle cramps and also malaria), the antidepressant duloxetine and the antitussive dextromethorphan.
6. The consumption of ethanol in patients taking zolpidem is absolutely contraindicated due to described side-effects, which include complex sleep related behaviours.
7. On 7 December 2010 I visited the scene at 454 St Kilda Road, where I was met by Mark Butterworth of the Homicide Squad and also a representative of the waste management company. I viewed the chute from the 12th floor and also from the ground floor. I formed the view that it would be possible for a woman of Ms Handsjuk’s size (57 kg., 166 cm) to enter the chute if intent on doing so.

With respect to the question as to whether any other party was involved in assisting her into the chute I make the following comments. If she was conscious and capable of defending herself I would expect to see some form of defence type injuries to the upper limbs, and none were noted. Obviously if she was incapacitated in any way (for example by the combined effects of the ethanol and prescribed medications) I am not in a position to exclude the possibility of involvement of other parties.

8. This case was reviewed by Professor Stephen Cordner, on 9 December 2010 and has been subject to the Institute’s technical review process.

In a supplementary report, Dr Lynch referred to photographs exhibit number 16(g) photographs 74 and 75, which show a number of circular and ovoid areas of bruising on the right arm.¹⁴⁸

¹⁴⁸ ‘Ovoid’ refers to an egg like shape.

- Dr Lynch gave further testimony about his findings at autopsy.¹⁴⁹

274. Re Superficial bruising to right arm and neck and grazes to her lower back

*'The appearance of the bruises are those of recent injuries of non specific appearance, that would be consistent with grip marks although certainly not specific for same'*¹⁵⁰.

275. In testimony, Dr Lynch also spoke of 'grazes' to the top layer of skin situated and over her lower back.¹⁵¹ He further stated that he could only estimate the time of death with a 95% confidence level and with a plus or minus differential of 2.8 hours.

276. Dr Lynch was also questioned about a small graze to the jaw and discolouration to her neck.¹⁵² While there was some discolouration, a closer examination revealed that this was not caused by or the result of bruising. In regard to a suggestion in his report that there was some bruising found in the region of the neck, his further testimony was that he could not see bruising and what ever it was that it was consistent with some form of blunt trauma like that caused by going down a chute rather than that caused by a throttling type injury.¹⁵³

277. In reference to bruising to the right upper arm found at exhibit 16 (a) photographs 63 and 64, and on the shoulder area at photographs 26 and 27, Dr Lynch was asked whether bruising with this level of discolouration might be attributable to some wrestling she was thought to have engaged in with Benjamin Silver, on the Tuesday some 48 hours before her death, who reportedly was attempting to restrain Phoebe. Dr Lynch agreed that this was possible and that the injuries so sustained might be indistinguishable from injuries sustained after she entered the chute. Similarly, Dr Lynch could not attribute any of the bruising injuries to an assault, or like action.¹⁵⁴ This view was later repeated in response to questioning from Counsel for Natalie Handsjuk.¹⁵⁵ In response to further questioning by Counsel for Mrs Handsjuk concerning a haematoma in the temporalis muscle in the region of the temple, Dr Lynch believed that it was probable that this injury was an artefact of post mortem (as it could not be observed from the pre

¹⁴⁹ Dr Lynch affirmed that he visited the scene on 7 December along with the system designer Mr Bone, so that he could assist in helping him to an understanding of how the compactor worked.

¹⁵⁰ See exhibit 26(b).

¹⁵¹ See exhibit 16(h) photo 64, taken at the scene, which shows graze injuries and a good deal of foreign material, which attached itself to her back and the very much cleaner back shown in exhibit 16(g) photo 1, taken at the mortuary (prior to autopsy). I note here that it appears that the dirt and other foreign material was washed off her back before the autopsy was commenced. See Dr Lynch's description of this material at transcript page 1077.

¹⁵² See exhibit 16(g) photographs 22 and 23.

¹⁵³ See transcript page 1086.

¹⁵⁴ See transcript page 1090.

¹⁵⁵ See transcript at page 1124.

post mortem CT scan), but agreed with Counsel that it might have been inflicted prior to her entry into the chute.¹⁵⁶

Re Severe injury to the right leg and lesser injuries to the abdomen and thighs.

278. In reference to her injury to the right leg and the injury with the linear appearance, across both thighs, (transcript page 1092 and by reference to exhibit 21(c), a diagram of the chute and compactus. (See also exhibit 20(d), a further series of diagrams explaining the functionality of the compacter), Dr Lynch testified that this particular injury was caused by contact with a blunt contraption with a linear edge.¹⁵⁷ A number of factors including both sharp and blunt components possibly contributed to the massive severance injury to her lower right leg, which caused her severe blood loss.

279. Re Defensive injuries to fingers and nails.

280. His further finding was that she had not sustained any injury to her fingers or fingernails, and that he found no evidence of dirt on her fingernails and had not sustained defensive injuries. In response to Counsel for Natalie Handsjuk, Dr Lynch agreed however that he could not exclude the possibility that the *'fairly minor injuries,'* to the back of her hand or elbows could be defensive injuries sustained, before she entered the chute.¹⁵⁸

281. Re Movement of Phoebe in refuse chute.

Counsel Assisting: 'Would you expect that someone who has fallen 11 stories (a drop of approximately 30 meters)¹⁵⁹ ... would we expect to see more significant damage to her internal organs, her pelvis, her chest cavity her liver her musculoskeletal system?

Answer: *'Not necessarily. I mean I consider her injuries, extensive. You know an unusual aspect would be that the fact that they are much more severe on the lower parts of her body and you know there are still injuries to her torso. And the fact that there is no significant head, chest or abdominal injuries is you know something that is observed'.*

¹⁵⁶ See transcript at page 1127-28 and response to Counsel for Antony Hampel, at transcript page 1167.

¹⁵⁷ See the linear injury across both thighs at exhibit 16 (g) photograph 17.

¹⁵⁸ See transcript page 1125. I note that Phoebe had trained extensively in kickboxing and martial arts. She was also was physically fit, and was given to pressing her views in a forceful manner.

¹⁵⁹ See transcript at page 1135.

Court: 'Given that she has come down and suffered abrasion injuries on both arms and legs, is there a possibility that she controlled her movement down the refuse tube?

Consider also that I've observed in previous cases of falling from a height, that the internal damage done on impact is usually very much more extensive with quite significant damage done to the skeletal system, and quite often with a rupture of internal organs leading to the filling of the pericardium with blood...

And having regard to the absence of such injuries, coupled with the injuries found on her arms, elbows and back, and given that the evidence suggests that following her fall she was still able to escape from the rubbish bin, into which she fell, and then crawl around the refuse room floor, I am wondering if it is appropriate to infer that this was something of a controlled fall,- where she was able to reduce the momentum of her fall by using her hands, arms and feet to apply force against the walls of the chute, to control the fall? ¹⁶⁰

Answer: *I mean... I would have no view on that... So in Ms Handsjuks case the (injuries sustained to her lower limbs) reflect the way her body has impacted ultimately as she exited the chute...*

Court: And you are not surprised by the absence of injuries to her internal organs like the liver for instance?

Answer: *Well if it was ruptured, I would say there has been some form of blunt force. There still has been force on her torso. It just hasn't manifested itself as internal structural damage. I don't think it allows me to conclude that there was a fall from a lower height, or that part of the fall was controlled followed by an uncontrolled component. That's possible, it might be possible but the pathology evidence doesn't allow me to prefer one or other of those scenarios.*

¹⁶⁰ Previous cases of falling from a height from my experience in investigating such deaths in Hong Kong, suggest that significant injury to internal organs in the chest and abdomen, and to the skeletal structure, were a common feature found in such matters. My reading of the following texts supports this pattern of injury. See Suicide by Fall from Height in Geneva, Switzerland, from 1991 to 2000 J Forensic Science July 2003, Vol 48, No 4 and Frequency and Severity of injuries in Correlation with the Height of Fall. J Forensic Science May 2005, Vol 50, no 3. See also related discussion at exhibit 26 (f).

Counsel Assisting: Mr Bone, the system designer ... speculated that Phoebe's hip became jammed in the area at the top of the compaction chamber such that her hip came into contact with the blade. And at the same time the ejection door, which we see at the base of the blade, opened such that Phoebe was (released) and fell into the bin. So both blades were open the ejection door and the compacting blade, which we see in diagram 1 exhibit 21 (c). Are you able to say whether her injuries are consistent with her coming into contact with that part of the machinery?

Answer: *So I would say that looking at the diagrams of the apparatus, the description of their being plenty of sources for blunt force, and some sort of possible source for blunt force, then the injuries I observed in Ms Handsjuk, would be consistent with her going through that apparatus'.¹⁶¹*

282. In further answer to questions from Counsel for Mrs Handsjuk, Dr Lynch could not say exactly how the bruises and abrasions were inflicted in the course of her movement through the chute, all he could say was that they were injuries which reflected some sort of blunt trauma and that they appeared to be recently inflicted.¹⁶² Dr Lynch also offered that the injuries sustained, were most likely to have been the result of her travelling down the chute feet first. Further there was nothing from his post mortem investigation, which allowed him to form a view as to when she had lapsed into a state of unconsciousness.¹⁶³

283. Dr Lynch was also questioned about the alignment of the chute and the effect of impact with the chute at an angle of 45 degrees. He would not have expected the injury to the right leg to have been caused by that impact. He was not able to say what injuries were sustained in the shaft itself only that the totality of injuries were consistent with the fall. He was not able to give a precise reconstruction of the fall. He considered that the 45 degree angle as opposed to a vertical fall, may have had a cushioning effect upon the fall, depending upon how her foot or feet actually contacted the floor of the chute. He was unable to quantify the difference in levels

¹⁶¹ See transcript pages 1096-1101 and later similar evidence in response to questions from Counsel for Mrs Handsjuk, at transcript page 1138-40 and at transcript page 1154.

'None of the injuries I observed were unequivocal, typical examples of sharp force injury... The injuries to the hip are blunt force injuries... the injuries around the right lower leg have slightly cleaner edges which invites the possibility that there was some sharp force involved in producing those'. See transcript page 1143-44.

¹⁶² See transcript page 1134.

¹⁶³ See transcript page 1131.

of force at impact, as between those possible scenarios. He was also unable to determine the effect of tube reinforcement (photo 66), upon the force of any impact.

284. Dr Lynch affirmed that he visited the scene on 7 December 2010 along with the system designer Mr Bone, so that he could assist by explaining the manner in which the compactor worked.
285. Dr Lynch emphasized however that his opinions were based not on how the machinery worked, but instead upon the injuries likely to be sustained when Phoebe came into contact with any particular part of the machine.
286. Dr Lynch then went on to explain that his view of the injuries was in a state of evolution and that he examined the chute without knowledge of her use of drugs and alcohol, or her level of physical agility and without knowledge as to the direction of the bin rotation. He also (correctly) understood that she had exited into a secure refuse room.¹⁶⁴

Re Blood loss and its relationship to cause of death

287. Dr Lynch was further questioned about Phoebe's blood loss, arising from the injury to her right leg. His evidence was that a person of her weight of 57 kgs might be expected to have approximately 7 litres of blood, and that if the injury was unattended, with no attempt to stop the bleeding, that sufficient blood loss to cause a loss of consciousness and subsequently death through hypovolemic shock, would be a '*matter of minutes*', (and later), '*five to ten minutes*', following which, the person would '*bleed out if not treated appropriately*'.¹⁶⁵
288. Dr Lynch was also questioned about indications of signs of life, and stated that the '*acid test*' was the finding of a pulse, and that you couldn't say with absolute confidence that someone was deceased, without physically examining to establish that matter.¹⁶⁶ Dr Lynch agreed that the cause of death of Phoebe Handsjuk was exsanguination.¹⁶⁷

Associate Professor Dr Naren Gunja, Professor Olaf Drummer and Dr Morris Odell.

¹⁶⁴ Exhibit 1 page 3 and transcript page 92. I also note that Ms Ozulup's testimony was that she had used a key to unlock the refuse room door, when she entered the room that night and first found Phoebe.

¹⁶⁵ See transcript from page 1104. I further note here that the evidence suggests that the refuse room was not illuminated and was almost totally dark at the relevant time, and that the only illumination came from a splinter of light, which entered the room from the narrow opening between the under surface of the door, and the floor surface beneath.

¹⁶⁶ See transcript page 1133.

¹⁶⁷ See transcript page 1183.

289. Professor Gunja offered the opinion that high doses of alcohol can act as a depressant to the central nervous system and can also lead to impaired balance and posture, as well as impaired cognition and psycho motor performance as well as impaired judgement and reasoning.

'BAC of 0.16% in the majority of individuals would cause significant sedation and impairment in cognitive and psychomotor function; most non-tolerant individuals would find it difficult to maintain posture, and gait would be effected'.¹⁶⁹

290. In regard to the use of zolpidem, Professor Gunja, stated that the drug was typically used for insomnia and can produce sedation and coma,

'an exaggeration of its intended effect which is somnolence. Since March 2007, there have been strong warnings on the prescription of zolpidem due to significant adverse reactions in some patients. Zolpidem has been associated with hallucinations, amnesia, increased suicidality, and parasomnias (complex sleep-related behaviours). These parasomnias usually take the form of automatisms that the patient is unable to remember the next morning upon awakening. Cases of sleep walking, sleep driving, sleep eating, sleep cleaning and various other sleep related behaviours have been reported. Although these events are uncommon, in a Korean study up to 5% of psychiatric outpatients reported amnesia or sleep walking from zolpidem. Zolpidem also induces imbalance and falls, with impairment continuing into the daytime well after patients take the hypnotic to go to sleep. This is observed particularly in women and the elderly, possibly due to reduced zolpidem metabolism and or heightened sensitivity to its effects.'¹⁷⁰

291. Professor Gunja further advised that therapeutic levels of the drug are usually 0.1-0.2 mg/L. We know that Phoebe who weighed just 57kg, was found to have a zolpidem level, of 0.2mg/L, at post mortem, and that this level suggests therapeutic use in the hours before death, although another possible scenario, *'would be overdose many hours prior to death'.¹⁷¹*

¹⁶⁸ Associate Professor Gunja is a clinical and forensic toxicologist based at the Sydney Medical School, Westmead campus. He testified via a video link from Sydney.

¹⁶⁹ See exhibit 24 page 4. I note here that Phoebe's use of alcohol over an extensive period would have rendered her less impaired, than someone who was non-tolerant.

¹⁷⁰ Ibid page 5.

¹⁷¹ Ibid.

292. Concerning the use of Duloxetine, Professor Gunja offered the further opinion that the high level found at post mortem does not inherently imply duloxetine overdose, or poisoning.¹⁷²

293. In regard to the circumstances of death, Professor Gunja referred to the difficulty in getting into the chute unaided. He also noted that in his experience death by suicide, by entry into a garbage chute was, extremely unusual if not unique. His further opinion was that none of the detected drug levels suggested that death resulted from poisoning. His further opinion was that given her history of alcohol use her long time tolerance, was such that any impairment may be reduced.

*'The BAC of 0.16% does not exclude the possibility, that Phoebe was physically capable of entering the garbage chute unaided.'*¹⁷³

294. Professor Gunja further reviewed the likely interaction of Phoebe's intake of zolpidem and alcohol, (ethanol). His view was that this combination would have synergistic effects causing drowsiness, altered perception and loss of balance. Her prior use of zolpidem would not have impacted her tolerance to it, as opposed to alcohol and benzodiazepines, which do induce intolerance.

295. According to Professor Gunja there are two modalities in which ethanol and zolpidem could have contributed to Phoebe's death.

'1. The drugs depressed her mood, judgement and perception – this may have promoted or exacerbated her suicidal thoughts, leading her to enter the garbage chute as a suicidal act.

*2. The drugs impaired her cognitive and motor capacity, to the extent that Phoebe would not have been physically capable of entering the garbage chute unassisted'.*¹⁷⁴

'In my opinion both ethanol and zolpidem had a contributory effect leading to the death of Phoebe Handsjuk. Both these drugs would have impaired her judgement, ability to think rationally and possibly exacerbate her suicidal ideation. They would also have impaired her psychomotor function and body balance. The issue of acute and long-term tolerance to ethanol makes definitive judgement on her ability to enter the garbage chute with a BAC of 0.16% difficult to assess. However the added synergistic effect of zolpidem with ethanol is likely to have significantly impaired,

¹⁷² Ibid page 6.

¹⁷³ Ibid page 7.

¹⁷⁴ Ibid.

*though not entirely precluded, Phoebe's ability to physically enter the chute unassisted*¹⁷⁵

Professor Olaf Drummer¹⁷⁶

296. In adding to the information provided by his 'hot-tub' colleagues, Professor Drummer referred to the unusual side effects patients taking zolpidem, sometimes endure.

'While rare, patients taking zolpidem may develop adverse neuropsychiatric reactions, such as hallucinations /sensory distortion, amnesia, sleep walking (somnambulism), and nocturnal eating'.¹⁷⁷

297. Persons with no prior history of sleep walking had walked in their sleep after taking zolpidem. Such behaviour occurs in about 5% of users. It included subjects who watched television, used the telephone and walked to a friend's house after use of the drug.¹⁷⁸

'In another matter a 43 year old man presented with repeated sleep related injuries incurred during a violent nocturnal activity, which included frenzied running, throwing punches and wielding knives, and also sleep driving'.¹⁷⁹

298. A summary of such reported episodes found at brief page 375-378, referred to by Professor Drummer, is attached to this finding as attachment 1.

299. Professor Drummer further offered that,

'An audit of calls to the Adverse Medicine Events Hotline (AME hotline) retrieved 915 calls between February and June 2007 where there was the suspected causal agent. Sleepwalking, amnesia and other parasomnia related behaviours were features in approximately 85% of these. In the remaining 15%, adverse events occurred when the person was conscious and the effects raged from dependence, toxicity-related, idiosyncratic and those predictable from the drug's pharmacology. Zolpidem was associated with triggering both isolated and repeated episodes, involving multiple different sleep-related behaviours. The audit revealed 13 deaths from zolpidem, as well as attempted murder (n=4); suicide attempt (n=12); suicidal ideation (n=14); unintentional overdose (n=20), sleep driving (n=32); 60% resulting in motor vehicle

¹⁷⁵ Ibid.

¹⁷⁶ Professor Olaf Drummer is head of the Department of Forensic Medicine at Monash University.

¹⁷⁷ See statement of Professor Drummer at exhibit 23.

¹⁷⁸ Ibid page3.

¹⁷⁹ Ibid.

accident, sleep-eating (n=36); most causing weight gain; sleep-smoking (n=5); sleep-drinking of alcohol (n=9); disinhibited behaviour on an aeroplane (n=5); withdrawal anxiety and panic (n=34); psychotic behaviour and severe self-harm (n=7); hallucinations (n=19); anterograde amnesia (n=30), and addiction and dependence (n=17).

In post marketing reports, zolpidem has been associated with a variety of bizarre sleep-related events – such as sleepwalking, sleep-eating and sleep-driving – with patients having no subsequent memory of the event. Sleep-related events have been reported with other hypnotics, but the pattern of reports with zolpidem has been interpreted by the TGA as signalling increased risk with this medicine. While these behaviours are considered rare, the incidence is uncertain. A causal link between zolpidem and these behaviours has not been established. Sleep-related events can occur with therapeutic doses of zolpidem in people without predisposing factors. However, the risk is probably increased by alcohol, other CNS depressants, and high doses of zolpidem.

In February 2008 the Therapeutic Goods Administration (TGA) placed a boxed warning on the product information of medicines containing zolpidem after receiving 1032 reports of adverse reactions of which 103 were related to sleep driving. The warning highlights potentially dangerous sleep-related behaviours that may be linked to zolpidem use, which included,

- a. Advice that zolpidem should not be taken with alcohol, and that caution is needed with concurrent use of other CNS depressants;*
- b. Recommendation to limit use to a maximum of 4 weeks;*
- c. If a sleep-related event occurs during use of zolpidem (or another hypnotic), stop the medicine to avoid potential harms to the patient and the community;*
- d. Non-drug therapies are recommended as initial treatment for insomnia;*
- e. Reserve short-acting benzodiazepines (e.g. temazepam), zolpidem, or zopiclone for short-term severe insomnia, and for intermittent use in chronic severe insomnia unresponsive to non-drug therapies'.¹⁸⁰*

¹⁸⁰ See exhibit 23 pages 3 and 4.

300. Professor Drummer also pointed out that there was no information as to how Phoebe reacted to zolpidem usually, and that it was likely that the alcohol level (over 0.15%), 'will dominate her drug-induced behaviours'.

'Alcohol over 0.15% will not only depress the central nervous system but also cause disinhibition, and reduce the ability of the individual to make informed and rational decisions...

The presence of zolpidem will only worsen any adverse effects associated with excessive alcohol, in the same way as the combined use of alcohol and benzodiazepines...

As to her ability to climb through a small waste chute, I can only comment that whatever her motive the combined effects of the drugs is likely to have adversely affected her ability to make clear and rational decisions... Death occurs not only from the associated high risk taking behaviours but also from the inability to save themselves once potentially exposed to a potentially life threatening event'.¹⁸¹

Dr Morris Odell¹⁸²

301. Dr Odell was asked for an opinion concerning the effect of alcohol and drugs upon the death of Phoebe Handsjuk.

302. In response, he offered that he did not ever physically examine her and that he understood she was found deceased at 6.50 pm on 2 December 2010, having fallen 12 floors in the refuse chute of her apartment building.

303. At post mortem toxicology samples returned the following analysis.

- | | | |
|---|---------------------|--|
| 1 | Alcohol | 0.16% in blood and fluid from the eye. |
| 2 | Zolpidem (Stillnox) | 0.2 mg/L in blood. |
| 3 | Quinine | 1.4 mg/L in blood. |
| 4 | Duloxetine | 400 ng/ml |
| 5 | Dextromethorphan | detected in blood. |

304. In regard to zolpidem, Dr Odell stated that it was a short acting sedative, which is used as a sleeping tablet. It is quick acting, dispensed on prescription only in 10 mg tablets, and that the usual dose is one per night. It is quick acting with a short duration of action of only a few

¹⁸¹ Ibid page 4 and 5.

¹⁸² Dr Morris O'Dell is a forensic physician at the Victorian Institute of Forensic Medicine. His field of speciality includes the effect of alcohol and drugs and the assessment of persons affected by both.

hours, *'and no residual sedation or hangover effect the next day...As with many sedatives there is an imprecise relationship between blood levels and effects. In this case the blood level of the drug was within the therapeutic range where an effect would be expected. Zolpidem has a blood half-life of 2-5 hours. The manufactures warning for Zolpidem warns against use with alcohol and that caution is needed with other depressant drugs. Limit use to four weeks maximum under close medical supervision.'*¹⁸³

*'A study of sleep related behaviours also identified the possibility of complex sleep related behaviours occurring during sleep with no recollection by the person after waking. The activities described included eating, sleepwalking with object manipulation, conversations, driving, sex and shopping.'*¹⁸⁴

305. Dr Odell further opined that it was not possible to tell the precise effect that her intake of alcohol and zopliDEM would have had although it would be expected that the degree of intoxication would have been exaggerated by the zopliDEM.

306. The combination of these two drugs, *'has been associated with complex activities that are either classed as somnambulism (technically sleepwalking but which includes the other activities listed above) where the person is completely asleep and unaware of and unresponsive to external stimuli, or confused sedated behaviour which can be considered as severe intoxication.'*

*In either of these states the possibility cannot be excluded, that she climbed into the garbage chute without conscious awareness of the act, or specific intent to do it.'*¹⁸⁵

The underlining is mine.

Concurrent evidence from all three expert witnesses.

307. In oral examination of Dr Odell and Professors Gunja and Drummer, (all heard together as part of a 'hot-tub' evidentiary process), the group offered that they were unable to determine when Phoebe had ingested the substances found within her system or the quantity so consumed.

308. It was also the case that toxicological examination did not indicate that she had taken a massive quantity of the pills concerned.¹⁸⁶ Her level of zolpidem was also consistent with the

¹⁸³ See exhibit 22 at page 3.

¹⁸⁴ Ibid.

¹⁸⁵ Ibid page 4.

¹⁸⁶ See transcript page 1003.

possibility that she may have taken say one tablet at night before retiring.¹⁸⁷ Depending upon the number of tablets taken the zolpidem level is also likely to reflect that she had taken the drug several hours before, rather than up to 24 hours before her death.¹⁸⁸

309. The further collective evidence was that the zolpidem has a relatively short period during which, sleep is induced, but a relatively longer period in which, it continues to effect posture, balance and the ability to perform tasks. Redistribution was not likely to have been effected by vigorous activity.
310. The three witnesses were shown Phoebe's movements as recorded on CCTV, at between 11.44 and 11.50 am, on Thursday 2 December 2010.
311. Dr Odell's opinion was that the evidence of her movement at that time was quite normal, *'for what she is doing. She doesn't look like she can find what she is looking for (in her bag) but not in a disorganised way, ...I don't think there is anything there which would indicate that she is intoxicated.'*¹⁸⁹
312. Professor Gunja's further opinion was that to achieve the levels of zolpidem and alcohol found at post mortem, that Phoebe would have had to ingest both substances after her return to the apartment at 11.50 am, this having regard to his view that the CCTV record of her entry into the building at that time, did not reveal evidence of her intoxication.¹⁹⁰
313. The group also offered that the use of the antidepressant Duloxetine (Cymbalta), to a therapeutic level, would not have impacted on function.¹⁹¹
314. Professors Gunja and Drummer further offered that the cases of bizarre behaviour from zolpidem, where individuals did things unknowingly, (parasomnia events) were in the majority of cases, concerned with behaviours that they would normally do on a daily basis. i.e. sleep cleaning, eating, driving etc. Additionally however, there were reports of people doing things they would not normally have done.¹⁹² Professor Drummer's further view was that he had seen cases both in the Coroners Court and in our Criminal Courts, where the impact of zolpidem had arisen and that it was sometimes difficult to establish the existence or non-existence of intent. His view was that where parasomnia had arisen in conjunction with other

¹⁸⁷ See statements from Professors Drummer and Gunja, at transcript pages 1005-07.

¹⁸⁸ See transcript at pages 1010-11.

¹⁸⁹ See transcript page 1017, which opinion was adopted by Professor Gunja, also at transcript page 1017.

¹⁹⁰ See transcript page 1060.

¹⁹¹ See transcript page 1018 and 1025-29.

¹⁹² See transcript page 1019-21.

than day to day activity, and that in the end it was for the Court to decide what was most likely.

315. In regard to what to look out for when seeking to establish whether a person was in an, 'automatic state', during the course of an event, Dr Odell stated that sometimes security video can assist and certainly examination by a trained professional will assist.

'The state there in is a bit like dreaming. Sometimes the person dreams of things they would be doing in their normal life but in a distorted fashion... this kind of behaviour under these drugs brings dreams to life if you like so people don't just experience dreams in their mind but go out and act on them.'¹⁹³

The underlining is mine.

316. The group was then questioned about whether one could have an adverse reaction to zolpidem after not having had a reaction to an earlier use. All agreed that there could be an adverse reaction occurring for the first time, in a second or future use of the drug.
317. As earlier, Professor Drummer further offered that the use of alcohol in conjunction with zolpidem would amplify the adverse effects of the zolpidem. This would cause an increase in sedation, and decrease the ability to think clearly as well as effect balance and posture.¹⁹⁴ Professor Drummer also spoke of the disinhibition effect that alcohol and zolpidem can have on emotions and behaviours, reducing the ability to make rationally considered decisions during the period of intoxication.¹⁹⁵
318. All witnesses agreed that the intoxication levels would not have prevented Phoebe from actually forming an intention to commit suicide. Professor Drummer further offered that her clinical state, 'could be asleep, to being conscious and being in a disordered state and doing things...such as what we have seen (in this case)'.¹⁹⁶
319. Dr Odell further testified that the fact that she was intoxicated to the extent described above would have made her efforts to enter the chute more difficult, but this did not exclude the possibility that she could have climbed into the chute, without aid. Similarly Dr Odell and Professor Drummer offered that her intoxication would make any attempt to climb down the chute (and control herself in that environment), very difficult to achieve. In answer to a question from Counsel for Mrs Handsjuk, the group further stated that based upon the

¹⁹³ See transcript at page 1023.

¹⁹⁴ See Professors Drummer and Gunja at transcript page 1024.

¹⁹⁵ See transcript page 1030.

¹⁹⁶ See transcript page 1031-32.

materials they were provided with prior to the hearing, they were unable to offer additional comment on whether she had put herself into the chute or had been placed into the chute.¹⁹⁷

320. Counsel assisting the Coroner, then took the group to the issue of the articles about zolpidem found in the brief and the United States FDA requirement that the Zolpidem recommended dosage level for women, be reduced by 50%. All members of the group agreed with the opinion of Professor Gunja that the FDA decision was based on data, which showed that women were not able to clear zolpidem as well as men, because of their altered metabolism, and that women were more prone to the sedating effects of the drug compared to men.

'So with the differential agenda susceptibility, I would agree that this should happen in Australia, worldwide really. Already there is a recommendation that elderly patients have their doses reduced by 50%, but that should be for women of all ages'.¹⁹⁸

321. Counsel then referred to the Australian Therapeutic Goods Administration, decision (February 2008) not to withdraw Stilnox from sale, following evidence concerning the extreme side effects of the drug.¹⁹⁹

322. The group's view was that Stilnox was a sleeping tablet and not a drug of addiction, and accordingly that it should properly remain a schedule 4 drug, *'where it is at the moment'*. If it were to become a schedule 8 drug, we would see its limited availability so a Dr would need a permit to issue it.

323. Instead, (in their collective view), what was needed were warnings to the profession and to the public so as to limit its prescription over a long period of time, and to reduce its dosage to certain people.

324. According to Professor Drummer warnings to doctors should also be issued about the need to closely monitor patients on zolpidem, in conjunction with any other prescription medication. Professor Gunja also informed that in the US, users of Sanofi sleeping pills, (zolpidem) were specifically cautioned against taking zolpidem as a primary therapy for depression or psychosis. In Australia we know that at the present time the TGA cautions against taking the drug with alcohol or with other CNS depressant drugs and stipulates a maximum limitation of use, to 4 weeks, *'under close medical supervision'*.²⁰⁰

¹⁹⁷ See transcript page 1061.

¹⁹⁸ See transcript at page 1041.

¹⁹⁹ See inquest brief 912. The minutes of a National Drugs and Poisons Schedule committee where the committee declined to reschedule zolpidem from a schedule 3, to a schedule 8 drug.

²⁰⁰ See transcript at page 1048.

Findings

325. Having directed my self in respect of the law on the standard of proof, and the law on circumstantial evidence and specifically as to when it is open to draw an inference as proof of a fact, or facts in issue, I make the following findings.
326. Through parts of the last several months of her life, Phoebe was sometimes thought disordered, and in a low mood. I am further satisfied that during this period she wished to end her relationship with Antony. To this end, they separated on at least four occasions, but in each instance Phoebe returned to him, at his urging.
327. I further find that throughout their relationship Phoebe suffered from depression, for which illness she was receiving treatment, from her GP.
328. It is also the case that over the last few months, Phoebe lived in a world where her life was increasingly chaotic, and that she tumbled between instances of elevated mood and high energy, and then down to the excessive use of alcohol, and drug taking, which intake often in combination, led to her lowered mood and to a crippling, lowered self esteem and self loathing.
329. This latter mindset usually arose in the context of her failure to meet behaviour standards set by Antony, who was approximately 19 years her senior and with whom she appears to have had a deeply troubled relationship.
330. It is also true as explained by Antony, and confirmed by Russell Marriott and Ben Silver, (and not disputed by her family), that Phoebe was sometimes very outspoken and difficult to deal with. I further observe that there was no history of physical violence between Phoebe and Antony and that her mother, who had been kept informed by Phoebe concerning certain details of her life with Antony, appears to have supported the relationship.
331. I further note that Antony had tried to be supportive of Phoebe and had on occasion, been generous to her friends.²⁰¹ It is additionally the case that during the last week of her life, Phoebe's behaviour caused concern to a number of those who were in contact with her, and that over this period it can be seen that Antony made a concerted effort to try to protect her from the possibility of harm.
332. I further find that Phoebe was often requested to accompany Antony, an events manager, to his work related social events. She was not comfortable attending such occasions, or indeed attending any event, which included persons other than members of her family, or her close

²⁰¹ See statement of Ben Silver at exhibit 42 page 155.

friends. She frequently resorted to alcohol to help deal with her lack of confidence and the anxiety she felt in such situations.²⁰² After such incidents and the arguments, which followed, she would sometimes continue to drink and finally then seek rest. This rest was sometimes aided by the use of un-prescribed sleeping medication.²⁰³

333. Thereafter and inevitably she would wake and spiral into a low mood period, during which she would blame herself fearing that she had misbehaved and had again failed to live up to Antony's expectations.
334. I further note that over this period her attendance at work became more and more irregular.
335. It is also the case that Phoebe informed her psychologist, whom she saw regularly over the last 12 months of her life, of her deep unease over the fact that she believed she effectively had no prospects and no financial resources. This matter was a source of ongoing anxiety for her as she increasingly recognised her financial dependence on Antony, while feeling personally insecure and uncomfortable about the future of their relationship.
336. In her last few days, she also came to feel that there was no one left to whom she could turn. I am satisfied however that throughout this period she was (in fact) well supported by her family, but finally did not feel that she could unload her troubles again on them at this time, this perhaps because she was embarrassed by her immediate past history of break-ups with Antony, followed soon after by their unsuccessful attempts to reconcile.²⁰⁴
337. I further find that it was in these circumstances, that on Tuesday afternoon, 30 November 2010, Phoebe called her psychologist and told her that she felt '*unsafe*' and sought her help. I deal with this issue below under the heading Comments.

Thursday 2 December 2010

338. On the morning of Thursday December 2, 2010, I find that Phoebe got up and left the Balencia building at 11.43 am, with their dog Yoshi, in compliance with a fire alarm exercise.

²⁰² Phoebe was more at ease when she was away from the city, in places like Mallacoota. She also particularly enjoyed visits to his family's country home.

²⁰³ According to Antony, Phoebe had used zolpidem on at least one such earlier occasion. Immovane, a sedative, had also been previously used. See transcript at page 1398.

²⁰⁴ See her discussion on this subject as reported in the statement of Ben Silver, at exhibit 42 page 158.

339. She returned at 11.50 am. At the time, she can be seen on CCTV moving in a manner, which the expert evidence suggests, does not establish that she was effected by the intake of alcohol, or zolpidem.²⁰⁵
340. Zolpidem, sold in Australia as the sleeping pill Stilnox, is an hypnotic drug with similar pharmacology to benzodazepines. As explained by Professor Drummer, Associate Professor Gunja and Dr O'Dell there have been unusual reactions associated with the use of the drug particularly when intake is associated with the use of alcohol, (which use in combination, is strongly contra indicated). Such use exaggerates both Zolpidems sedative and amnesic effects.
341. Some instances of the unusual reactions believed to be caused by Zulpidem use, are described in Attachment 1 to this finding and have been likened to sleepwalking. This activity occurs in a state of unconsciousness, while the parts of the brain that are concerned with motor control, remain active.
342. At some point on 2 December 2010, we know that Phoebe commenced to drink an alcoholic substance, probably vodka. This she consumed in addition to her intake of an uncertain quantity of the zolpidem, which remained in her system to a therapeutic level at the time of her death. As above, her blood alcohol level at post mortem was measured at 0.16%. I further note here Professor Ganja's opinion, that having regard to the toxicology results and his observations of her re entering the building, that at least the major part of her intake of alcohol and zolpidem is likely to have occurred after her return to the apartment.
343. During the course of the day it is known that she used her computer and that she checked incoming email. She also listened to music and lit candles. It seems probable that she also spent some time sleeping. While her computer use may well have extended well into the afternoon, it is certainly the case that she used it up until 12.02 pm.
344. At some stage, she dropped and broke a glass. At a later point she attempted to clean up the glass fragments and may have placed them into a plastic rubbish bag, while cutting her self in the process.
345. At some later point shoeless and without her bag and keys, she left the apartment (and her dog and the lit candles), and went to the refuse room on the same floor, where a small portion of

²⁰⁵ See the evidence of Dr O'Dell and Professor Gunja, referred to above. My own sense of the CCTV was that it did might have indicated a certain level of intoxication in Phoebe, and in these circumstances, I do not exclude as a possibility that to some extent, Phoebe was alcohol/drug, affected at this time.

Stilnox is the product name of the medication prescribed to Antony. Zolpidem is the drug name of the medication, trade named Stilnox.

blood from her earlier cut was subsequently found. She is likely to have put a bag of rubbish into the chute at this time.

346: Thereafter, in a poor condition arising from her consumption of alcohol and zolpidem, at least the latter of which was unwittingly made available to her by Antony, I find that Phoebe climbed into the chute with her bottom initially seated on the inside surface of the refuse entry door.

347: At the time I find that her mental state caused by her earlier intake was the same as the state described above by Dr O'Dell, (*similar to that of sleep-walking*), i.e. an unconscious state with a level of motor control in place, or at the very least, that she was deeply confused and quite unable to think in a rational manner.

348: Phoebe's long-term enthusiasm for climbing, and penchant for undertaking physically challenging activity was a factor in this event.²⁰⁶

349: She then levered herself into the chute while still facing away from the entry door and commenced to move down the chute cylinder, this in the initial stages at least, by pressing her extremities, and her bottom and back against opposite walls of the chute, thereby controlling herself in descent.

350: As set out above the precise effect that the combination of zolpidem and alcohol had upon her cannot be established to a great degree of certainty. I am satisfied however that her use of these substances in combination, did in fact impact upon her mental state in a significant way, and directly led to her entry into the chute. I further find my self satisfied that absent the effect of this intake that Phoebe would not have determined to take on the risk of severe injury or death, which risk was implicit in her climbing into the chute. I so conclude having particular regard to the fact that these events took place on the eve of the family celebration of her brother Nick's 18th birthday. See the evidence of Russell Marriott on this matter as set out above and the similar observations of Lorne Campbell at exhibit 7 page 7, (where I note that it is also suggested that Phoebe and her mother whom she had not seen for some eight weeks, arranged, in a skype call on Sunday November 28, to spend the following Friday together, preparing for that evening's party). Her history of occasional bouts of suicidal ideation,

²⁰⁶ See the evidence of Professor's Gunja and Drummer, and Dr O'Dell as to relevant considerations in determining the existence of 'automatic' behavior. See the evidence of Antony Hampel, Jeanette Campbell and Brendan Hession, concerning her history with reference to climbing and physical exertion. Her long-term training in martial arts and kickboxing, and participation in cliff face and other forms of recreational climbing, as testified to by her grandfather, is also noted. (See his evidence at exhibit 7 page 1, and transcript page 361). Her wrestling with, and her later playing 'chicken' with moving cars as described by Ben Silver, may also be relevant.

without an accompanying plan of actually undertaking suicide, and the availability of other options is also relevant.

351. I further find that notwithstanding her drug/alcohol intoxication and the additional difficulty in gaining entry to the chute so created, that the evidence does not suggest that she undertook this conduct either intending to end her own life,²⁰⁷ or as a result of assault by, or with the aid of, any other person.

352. My reasons for reaching these conclusions are as follows:

- It is clear that at the time of the matters under examination, Phoebe was physically fit and very strong. She exercised regularly and aggressively, in part because she had always enjoyed physical exercise, and more recently because she saw physical exertion as a means, which would assist her efforts to control her illness, a result she desperately wished to achieve. I also note that she was very agile and at 166 cm and 57 kg, was small enough to pass into the refuse cylinder, (made for the most part of pressed steel and 530 mm in diameter), and through the refuse cylinder entrance.²⁰⁸
- It is further relevant that her body, like all bodies, was irregular in shape.
- As above I note here that Phoebe was last seen alive at 11.50 am and was found deceased by Ms Ozulup, between 7.06 and 7.09 pm. It is also the case that the evidence from the card swipe data, and the limited available CCTV evidence, does not suggest that any one entered the lift to the 12th floor, without plausible cause, or otherwise accessed the 12th floor until Antony's arrival home shortly after 6.05 pm. In so finding I note that there is no evidence to suggest that any of the four management keys, (which were not programmed to register a swipe destination), were borrowed or stolen, to achieve this purpose. Similarly the evidence concerning 'buzz ups' (i.e. residents specifically permitting entrance to a visitor), between 12 noon and 7.09 pm. did not record that any visitor had entered the 12th floor in this manner.²⁰⁹

²⁰⁸ There is no evidence that the injuries sustained in her fall caused major skeletal structure damage, which if it had occurred may (or may not) have explained why her height at autopsy was less than her height in life. In the circumstances, I accept the autopsy evidence concerning Phoebe's height.

²⁰⁹ See transcript page 106-07. Evidence from Mr Giamarrio was that his understanding was that all such 'buzz ups' would normally be recorded. A test conducted in the course of the inquest also established that such 'buzz ups' would be recorded to the floor destination, but not to the apartment number. See also the discussion concerning the explained use of the building lift on 2 December, by Mr Getch at exhibit 16, Mr Theodore at exhibit 38 and evidence concerning the card used by Mr Sari at footnote 17 above.

In so finding I record that the manner in which Antony's family were able to access his apartment later that evening was not investigated and remains unexplained. I also note that there were contractors accessing different sites within the building during this time and that their cards were programmed to allow access the whole of the building.

- I further observe that the injuries both external and internal, sustained in Phoebe's movement over some 30 meters towards the ground floor, i.e. before reaching the compactor, were not typical of those she might reasonably be expected to have suffered if she had deliberately gone into free fall, or if having earlier been rendered disabled or unconscious by another, she was then released from the 12th floor and caused to fall in freefall, down the chute.
- As above I note that there were virtually no internal injuries or bleeding, that were of the severity reasonably to be expected, if she had gone into a free fall, and had then landed on a rigid or near rigid (reinforced) surface. Even allowing for the 45-degree angle change and the possible cushioning effect of this direction change (at the bottom of the chute), the absence of such internal injury persuades me instead that, at the very least, Phoebe was able to and did manage to exercise at least some control over a significant part of her fall.²¹⁰
- It is also the case that there was no evidence of skin stripping, and relatively few external collision/limb trauma type injuries, to any part of her body. Again, her right lower leg apart and left big toe apart, - her bottom, her upper thighs, her shoulders and her head for example, sustained only superficial injuries in the context of what might have been expected from contact with the chute walls if she had instead travelled down the chute, with free fall momentum.
- I further conclude that if she had got into the chute cylinder involuntarily, having been placed there by an assailant, while unconscious or otherwise defenseless, or otherwise if she had voluntarily entered intending to cause her own death by free-fall, and then gone into free-fall, that there would have been major trauma resulting in internal injuries as discussed above, as well as external injuries to her torso head and limbs.
- These later injuries being sustained as her momentum increased and as her various irregularly shaped body parts were caused through collision to come into sometimes violent contact with the walls of the cylinder, and also as they passed through the cylinder

I further note that there was no evidence to suggest that any person had a motive to cause the death of Phoebe, or to join in a conspiracy to cause her death, or that any such conspiracy could or would be planned and carried out in such an unlikely, and high risk manner. The further evidence that Antony made an unexplained return call to a Western Australian telephone number, at 6.24 pm on December 2 is of neutral value to this consideration.

²¹⁰ See discussion with Dr Lynch, and academic writings referred to above at footnote 160. I note here that for obvious reason, these writings do not purport to refer to instances of a fall from a height, through a multi-floor refuse disposal.

and over partly vacant spaces on the chute wall, into which, refuse at lower floor levels, would normally be placed.²¹¹

- I find then that the absence of major trauma to her internal organs, and (her right leg and left big toe apart), the finding of relatively superficial injuries to her torso, limbs and head, coupled with the fact that we now know that she was alive and conscious at the ground floor when she manoeuvred herself out of the bin, (and along the refuse room floor), all combine to establish to my satisfaction that her passage down the chute was at least in significant part, a controlled passage.

353. It follows that I conclude that her descent was not one caused by either the fact that she had earlier been placed in the chute while unconscious, (but not in an automatic state), or otherwise rendered unable to exercise control over her decent by an assailant.²¹² I am similarly satisfied that she did not consciously determine to undertake a descent by free fall, with the intention of bringing about her own death.²¹³

354. As above then and having regard to all of the evidence, I conclude that in an zolpidem/ alcohol induced sleep walking (automatic) like state, or while deeply confused and disorientated, Phoebe entered the chute and began to climb down towards the ground floor, this without any awareness of the dangers implicit in this behaviour.

355. In the course of this effort, she sustained a number of relatively superficial injuries to different parts of her body, as well as a fractured left big toe.

²¹¹ See Mr Bones evidence at transcript 897 and at 935-36, and also the diagram of the chute at exhibit 20(d) folio 6, which I have attached to this finding as attachment 2.

I accept from the evidence of Dr Lynch, and also from the inquiries initiated by Phoebe's grandfather, Mr Lorne Campbell and his event reconstruction, that Phoebe entered the chute feet first. Concerning her alignment within the chute, I also find that she commenced her descent having first sat on the back of the entrance door, (facing away from the entrance). This latter information follows from the evidence that both young women who commenced to enter the chute in the fall reconstruction, did so with difficulty and could not turn around having first manoeuvred their lower bodies into the chute entrance. It also follows from the position of the indentations at the lower floor refuse entry points (see again Attachment 2 and transcript pages 935-36), and the alignment of the angled section of chute, coupled with the almost complete absence of facial injuries, which injuries, may have been expected if Phoebe she had gone down the chute (in darkness), with her face positioned facing out, (which would have caused her face to come into contact with both the indented edges at the refuse entry points, and finally with the underside of the angled section of chute).

Similarly, in regard to external injury and the possibility of free fall momentum, I am satisfied that her feet first/face in alignment, coupled with the receding refuse entry indentations, at each lower floor as discussed by Mr Bone at transcript page 897 and at 935-36, would have caused substantial external injury if she had passed these points in free fall momentum. I am also satisfied that Phoebe would have also suffered an injury to the back of her head, (if she had been in free fall), when she entered the 45-degree (reinforced) angle chute section below. As we know there was no evidence from the post mortem examination suggesting the existence of external injury of this kind.

²¹² I further note from the evidence of Dr Lynch, that the absence of apparently defensive injuries, is consistent with this conclusion.

²¹³ I am also mindful of the fact that if Phoebe had actually determined to end her life, and then planned how she would do so, that she might easily have set out to achieve her objective by sleeping tablet overdose, which I note would seem a far less confronting possibility than getting into a 12th floor refuse disposal.

356. Thereafter she further suffered a catastrophic near severance injury to her lower right leg, this injury sustained as she passed into and through the refuse system compactor, situated at the bottom of the chute.
357. The course of her blood spill from this severance injury, was examined in detail during the course of my inquiry and was the subject of expert evidence from both Pathologist Dr Mathew Lynch and Forensic Officer Louise Brown.
358. Further, the internal workings of the machine's compactor located at the bottom of the chute, and the computer driven movement of the steel blade within, were also examined in detail. This examination was carried out with the considerable assistance of the system designer, Mr Neil Bone.
359. As a result, it is not now in dispute that Phoebe's blood loss from her right leg injury, (sustained as she passed through the compactor), was the major factor contributing to her death. It is also not in dispute, that Phoebe initially fell into a near-empty rubbish bin, having just sustained that injury. That is to say that following the infliction of this injury, Phoebe was not constrained within the compacting device, and was immediately released feet first into a rubbish bin, (the bin held within a rotating wheel of similar sized bins), which was situated under the chute opening.
360. Thereafter, I find that despite her pain and with circulatory shock beginning to take effect, that she managed to tip the rubbish bin over while thinking of survival and seeking to escape.
361. Having fallen to the floor and in almost total darkness, I find that Phoebe then commenced to crawl in a clockwise direction, around the floor of the refuse room.
362. I note here that the initial suspicion of investigators was that Phoebe had in fact died more or less immediately as a result of injuries sustained in her fall, and had then been dragged by the bin rotation device towards the position near the door, in which she was found. The further belief was that this had occurred in accord with the directional movement of the rotation device in a clockwise direction, which allowed for the scheduled movement of bins towards and past the machine refuse discharge chute.
363. However, the fact that the bin rotation device is now known to have rotated in an anti-clockwise direction,²¹⁴ coupled with the blood spatter evidence given by forensic analyst, Louise Brown, which establishes to my satisfaction that Phoebe herself in fact crawled in a

²¹⁴ See the second statement of Mr Bone at exhibit 20(a).

clockwise direction, (coupled with the evidence of her extensive blood loss in that place), all leads me to the different conclusion, referred to above.

364. That is, that following her release from the compactor, Phoebe fought bravely but ultimately unsuccessfully, as she managed to get out of the rubbish bin and drag herself around the centrally located bin rotation device, towards the low-level illumination at the bottom of the refuse room door.

365. It follows from all of the above that I find that Phoebe Handsjuk, a much loved and vital young woman of 24 years, died at the Balencia Apartments ground floor, in Melbourne, on 2 December 2010 from:

1 (a) Exsanguination

(b) Injuries sustained while attempting to climb from a height, in the setting of alcohol and zolpidem consumption.

Comments

1) During the course of my investigation into this matter, much criticism has been levelled at Victoria Police by Phoebe's grandfather, former officer, Lorne Campbell.

This criticism has focused on allegations that,

- a) Victoria Police failed to seek CCTV footage of the entrance, lift and foyer area, which footage had the potential to allow for the identification of any person or persons who may have been involved in perpetrating an assault upon Phoebe.
- b) Victoria Police failed to seize telephones and the two computers, from Antony's apartment on the night of 2 December 2010.
- c) Victoria Police members at the crime scene ground floor refuse room, wrongly refused to allow an Ambulance Officer, to examine Phoebe to determine if she was still alive.

In regard to criticisms a) and b) above I observe that in the circumstances as they presented at that time, the collection of the IMac Computer (subsequently analysed by a Victoria Police IT expert, with neutral result), should have occurred on the evening of 2 December 2010, this having regard to Antony's explanation that Phoebe appeared to have used the computer during that afternoon, as well as to the existence of a suspected blood droplet on the computer mouse. I further find that this did not occur, because officers considered that the evidence was suggestive of a suicide, and that the privacy rights of Antony Hampel did not justify the seizure of his

computer at that time. I also note that Phoebe's iPhone was being repaired at that time, and was obtained by Victoria Police some five days later.

Concerning the CCTV footage this should also have been interrogated and I find that this ultimately did not occur because of a failure in communication between the Apartment manager Mr Giamarrio, unidentified members of the Purana squad and the senior Homicide squad Detective who briefly took charge of the investigation.

In regard to criticism c), I am further satisfied that an ambulance officer should have immediately been given access to Phoebe on arrival at the scene. I also note however for the reasons set out in discussion of the evidence of Dr Lynch above that it is clear that Phoebe was deceased by the time the ambulance officers arrived at the scene.²¹⁵ There is also no doubt, in my view that Victoria Police will continue to prioritize the preservation of life, above the perceived possibility of damage to the integrity of a crime scene, in determining how to proceed in any particular instance.

It is also appropriate to record that these omissions have not caused a lacuna like difficulty in the circumstances of this investigation, this having particular regard to the swipe card evidence and the additional circumstantial evidence discussed above, which together with the rest of the evidence has led to a comfortable degree of certainty concerning the findings and conclusions, here set out.

- 2) Concerning the psychologist Ms Young, I further observe that her efforts made to provide protection to Phoebe, were the subject of her own self-criticism, this especially concerning her initial failure to set up an emergency management plan and later on November 30, to notify a CAT team of her concerns for Phoebe's wellbeing. I note her comments on these issues and have nothing to add.
- 3) Finally from the evidence of Professors Drummer and Gunja, and Dr Morris set out above, I am additionally satisfied that there is a need for the Australian Therapeutic Goods Administration (ATGA), to review the conditions under which Stilnox is permitted to be prescribed and sold in Australia.

Recommendations

Pursuant to section 72(2) of the **Coroners Act 2008**, I make the following recommendation(s) connected with the death:

²¹⁵ See paragraphs 197-98 above.

- Specifically, I recommend to the ATGA, that in accord with current United States FDA requirements, that the dosage of Stilnox, recommended for administration to female patients be reduced by 50%, (which may be increased in accordance with individual patient requirements). I also recommend that the RACGP examine existing prescribing practises in this area and provide practitioners with advice concerning the dangers in over prescription of this drug.
- I further recommend that henceforward only 5 mg tablets, (rather than the 5 and 10 mg tablets currently in use), become the tablet size permitted to be supplied to all users in Australia. To elaborate, that one tablet size only, should be made available to both male and female patients, (and that a 10 mg tablet, should not continue to be offered).²¹⁶

Conclusion

I thank the witnesses and interested parties together with Counsel assisting, Ms Siemensma, my Solicitor, Ms Gebert, the Informant Detective Constable Payne, and indeed all Counsel and Solicitors for their assistance in the conduct of this investigation. I also thank the witnesses for their evidence, and those others who made submissions. I also wish to thank the Forensic Services Division, Victoria Police, for responding to my request and making an IT expert available, to analyse the computer used by Phoebe before her death, this in an attempt to collect all possibly relevant evidence concerning her state of mind at that time.

Finally, it is clear that during early stages of this investigation certain assumptions were made, based upon the evidence then available, and that as a result parties became hardened in their views as to what had happened to Phoebe. We now know that several of the assumptions referred to, particularly as they related to the functioning of the refuse compactor, have been shown to be incorrect.

It is also the case that the early-established circumstances of this matter were of such an unusual nature that a considerable public interest in the investigation was provoked. Additional publicity then given to these matters, led to further speculation concerning how Phoebe died and unhelpfully, as to who might have been responsible.

It is my hope that notwithstanding the additional pressures on Phoebe's loved ones so created, that this group will in time feel able to focus upon their own personal interactions and memories of her life and

²¹⁶ Appropriate other reductions should continue to be mandated in respect of the elderly and the sick, all of which should be included in the manufacturer's product advice, together with other presently existing product information.

This recommendation is made having particular regard to anecdotal evidence concerning the frequency of the shared use of sleeping tablet medication, and of the need to seek to reduce the possibility that such behaviour, undesirable as it is, will lead to an inadvertent overdose by either a female, or an elderly or ill recipient.

contribution, which memories (rather than what is recorded above), should define who she was and what her life meant.

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

Ms Natalie Handsjuk

Dr Leonard Handsjuk

Mr Antony Hampel

Ms Jeanette Campbell

Mr Lorne Campbell

Ms Joanna Young

Professor Drummer

Associate Professor Gunja

Dr O'Dell

Dr Lynch

The Chief Executive of the Australian Therapeutic Drugs Administration

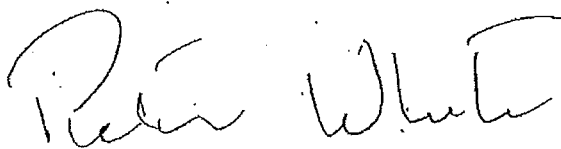
The Chief Executive of Sanofi-Aventis Pharmaceuticals, Australia Pty Ltd

The Chief Executive of the Australian Psychology Association

The Commissioner for Police, in the State of Victoria

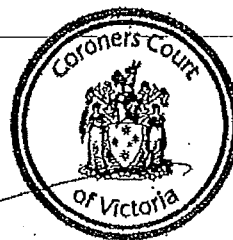
The Manager, Coroners Court Prevention Unit, Attention Mary Hyland

Signature:



PETER WHITE
CORONER

December 10, 2014.



Zolpidem-Associated Psychiatric Reactions Reported in the Literature [taken from Inagaki T, Prim Care Companion J Clin Psychiatry. 2010; 12(6)]

Case Study	Age, y/Gender	Dose (mg/d)	Symptom Onset	Psychotic Symptoms	Onset Time After Zolpidem Intake	Duration	Therapy/Recovery	Amnesia	Concomitant Drugs	Psychiatric Diagnosis
1	Toner et al ⁴	20/Male	5-10	Third day	Vivid nightmares, frightened	...	Discontinued	...	...	...
2	Toner et al ⁴	24/Female	10	First time	Visual hallucinations, confusion	3 h	Discontinued	-	Paroxetine	Depression, delirium
3	Toner et al ⁴	26/Female	10	First time	Visual hallucinations	20 min	Fell asleep	...	...	Delirium
4	Hajak et al ²	27/Female	10	First time	Visual illusions/distortion	30 min	...	+	...	...
5	Hajak et al ²	26/Female	10	First time	Visual hallucinations	20 min	...	+	Alprazolam (0.25 mg)	...
6	Iruela et al ²	20/Female	10	First time	Visual hallucinations/distortion	20 min	Changed hypnotic	-	...	Anxiety, depression
7	Katz ¹⁰	16/Female	10	First time	Hallucinations, disoriented	60 min	Discontinued	+	Paroxetine (20 mg)	Depression, delirium
8	Pies ¹¹	34/Female	5-10	First time	Sensory distortion	20 min	Discontinued	-	...	...
9	Markowitz and Brewerton ¹²	30/Female	5-10	First time	Visual hallucinations, terrified state	20 min	Fell asleep	+	Paroxetine (20 mg)	Bulimia, depression
10	Markowitz and Brewerton ¹²	36/Female	20	2 mo	Auditory hallucinations, delusions	...	Discontinued + haloperidol	...	Fluoxetine (40 mg)	Anorexia, depression
11	van Puijenbroek et al ¹²	47/Female	10	2 mo	Visual hallucinations	15 min	Fell asleep	+	Omeprazole (20 mg)	...
12	van Puijenbroek et al ¹²	30/Female	10	First time	Visual hallucinations, agitated	2 h	...	+	Fluvoxamine (150 mg)	Depression
13	Canaday ¹⁴	46/Male	5	...	Amnesia	Immediately	Fell asleep	+	Alcohol	...
14	Elko et al ¹³	20/Female	10	Fourth day	Hallucinations, disoriented	15 min	Spontaneous	...	Fluoxetine	...
15	Elko et al ¹³	27/Female	10	Second day	Visual hallucinations	45 min	Lorezapam	...	Venlafaxine (37.5 mg)	...

Case Study	Age, y/Gender	Dose (mg/d)	Symptom Onset	Psychotic Symptoms	Onset Time After Zolpidem Intake	Duration	Therapy/Recovery	Amnesia	Concomitant Drugs	Psychiatric Diagnosis
16	Elko et al ¹⁵	25/Female 10	Sporadic	Visual hallucinations	30 min	3-4 h	Spontaneous	...	Desipramine	...
17	Elko et al ¹⁵	60s/Male 20	Second day	...	1 h	1-2 h	Fell asleep	...	Sertraline	...
18	Elko et al ¹⁵	17/Male 60	First time	Visual hallucinations/distortion	...	3-4 h	Fell asleep	...	Bupropion (450 mg)	...
19	Huang et al ¹⁶	50/Female 10	First time	Visual perception distortion	20 min	30 min	Fell asleep	+	...	...
20	Kito and Koga ¹⁷	82/Female 10	Third day	Visual hallucinations	30 min	30 min	Discontinued	+	Fluvoxamine (150 mg)	Depression
21	de Haas et al ¹⁸	32/Male 10	First time	Visual hallucinations	20 min	2 h	Spontaneous	-	...	...
22	Markowitz et al ¹⁹	71/Female 20	First time	Visual hallucinations, confusion	30 min	Several hours	Discontinued	+	Trazodone (100 mg)	Depression, delirium
23	Inami et al ²⁰	31/Female 10	First time	Visual hallucinations	10-15 min	...	Fell asleep	+	Paroxetine (10 mg)	Depression
24	Brodeur and Stirling ²¹	86/Female 5	First time	Delirium	2 h	...	Haloperidol	+	...	...
25	Tsai et al ²²	34/Female 10	First time	Compulsive behavior	10-20 min	...	Discontinued	+	Trazodone (50 mg)	...
26	Tsai et al ²²	40/Female 15	...	Uncontrolled eating	...	...	Discontinued	+	...	...
27	Tsai et al ²²	50/Female 10	Several times	Compulsive behavior	...	...	Discontinued	+	...	...
28	Yang et al ²²	50s/Male 10	Third day	Sleepwalking, agitated	1 h	3 h	Fell asleep	+	...	Alcoholism
29	Mendelson ²⁰	20/Male 10	First time	Sleepwalking	...	...	...	+	...	...
30	Harazin and Berigan ³¹	46/Male 10	Fourth day	Nocturnal eating, sleepwalking	...	24 min	Fell asleep	+	...	Previous depression
31	Morgenthaler and Silber ³²	54/Female 10	Several times	Nocturnal eating, sleepwalking (3 y)	...	...	Discontinued	+	Paroxetine, dopamine agonist	Restless legs syndrome
32	Morgenthaler and Silber ³²	56/Male 15-30	Several times	Nocturnal eating (14 y)	...	...	Discontinued	+	Alprazolam, bupropion	Restless legs syndrome, obstructive sleep apnoea

Case Study	Age, y/Gender	Dose (mg/d)	Symptom Onset	Psychotic Symptoms	Onset Time After Zolpidem Intake	Duration	Therapy/Recovery	Amnesia	Concomitant Drugs	Psychiatric Diagnosis
33	Morgenthaler and Silber ³² 66/Male	5-10	Several times	Nocturnal eating (2 y)	...	...	Discontinued	+	Amitriptyline, gabapentin	Restless legs syndrome, obstructive sleep apnoea
34	Morgenthaler and Silber ³² 67/Male	10-20	Several times	Nocturnal eating (2 y)	...	...	Discontinued	+	Trazodone, fluoxetine	Restless legs syndrome, obstructive sleep apnoea
35	Morgenthaler and Silber ³² 64/Female	10	Several times	Nocturnal eating (8 y)	...	...	Discontinued	+	Pramipexole	Restless legs syndrome
36	Morgenthaler and Silber ³² 47/Female	5	Second day	Sleepwalking	30 min	1 h	Fell asleep	+	Citalopram, valproic acid	Borderline personality disorder
37	Sharma and Dewan ³⁴ 19/Male	10	A few days	Sleepwalking	...	...	Discontinued	+	Olanzapine (15 mg), venlafaxine (150 mg)	Schizoaffective disorder
38	Sansone and Sansone ³⁵ 51/Female	10	...	Sleepwalking, nocturnal eating	...	...	...	+	Citalopram (40 mg)	Depression
39	Hoque and Chesson ³⁶ 51/Female	10	First time	Sleepwalking, nocturnal eating, driving	1-2 h	...	Discontinued	+	...	...
40	Najjar ³⁷ 46/Female	6.25	3 wk	Nocturnal eating	1-1.5 h	...	Discontinued	+	Trazodone, paroxetine, lamotrigine	Sleep apnoea syndrome, depression
41	Yun and Ji ⁴⁰ 45/Male	10	Sometimes	Nocturnal eating	2 h	20-30 min	Discontinued	...	...	Restless legs syndrome
42	Tsuji et al ⁴² 66/Female	10	Sometimes	Nocturnal eating	...	...	Discontinued	+	Paroxetine (10-20 mg)	Adjustment disorder
43	Tsuji et al ⁴² 33/Female	10	4 wk later	Nocturnal eating	...	...	Discontinued	+	Fluvoxamine (150 mg)	Bipolar disorder
44	Tsuji et al ⁴² 73/Female	5	...	Nocturnal eating	...	...	Discontinued	+	...	...

Symbols: + = yes, - = no, ... = no data.

4. Toner L.C, Tsambiras B.M, Catalano G, et al. Central nervous system side effects associated with zolpidem treatment. *Clin Neuropharmacol.* 2000;23(1):54-58.

EXTRACTION FAN 240V / 0.4A
(CONT. DUTY - WIRING BY OTHERS)

ø250 PENETRATION & FLASHING BY OTHERS

ø200 GALV PIPE

REDUCTION CAP

19mm BRASS WATER SPRAY NOZZLE CONNECTION BY OTHERS.

LEVEL 23
3600 mm

ø580 PENETRATION FOR ALL LEVELS EXCEPT GROUND LEVEL BY OTHERS

LEVEL 22
3100 mm

ø530 X 1.6 GALV STEEL CHUTE

LEVELS 16 - 20
3000 mm

SPRINKLERS FITTED ONTO LEVEL
2,4,6,8,10,12,14,16,18,20,22,23

LEVELS 8 - 14
2950 mm

S/S HOPPER DOOR

LEVELS 7,15,21
3200 mm

RUBBER ISOLATION MOUNT

ø600 PENETRATION BY OTHERS

LEVELS 2 - 6
2940 mm

UNISTRUT MOUNTING

FIRE SEAL (SEALANT + PILLOWS)
LEVEL 1 ONLY

750

ECOPACK 100 COMPACTOR
WITH 5 X 240 LT ROTOFEED

LEVEL 1
3600 mm

SLIDING DOOR

Compaction blade and ejection door constantly seal the waste chute to reduce odour and also eliminate the risk of fire transfer up the waste chute.

No:	DATE	REVISION	INT.

WASTECH ENGINEERING

SPECIALISING IN: DESIGN, MANUFACTURE AND SERVICE OF WASTE DISPOSAL AND RECYCLING EQUIPMENT

21 CAPITAL DRIVE, DANDENONG VIC. 3175 PHONE (03) 97947155 FAX (03) 9794 7836

MATERIAL	A.S
QTY:	1
ALL DIMENSIONS IN MILLIMETRES U.O.N. DEBURR ALL EDGES	

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DRN A.H	TITLE CHUTE AND COMPACTOR		
CKD S.F	S.L GROUP - BALANCEA APARTMENT 4378002		
APP ---	SCALE D.N.S	CAD FILE NAME	REV.
DATE 18-09-07	IEWS ---	CT-01-06730	0