



CORONERS COURT OF QUEENSLAND

FINDINGS OF INQUEST

CITATION: Inquest into the death of Seth James Luhrs

TITLE OF COURT: Coroners Court of Queensland

JURISDICTION: CAIRNS

FILE NO(s): 2018/1455

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FINDINGS OF: Nerida Wilson, Northern Coroner

CATCHWORDS: CORONERS: Coroners Inquest, accidental fall from height, hotel balcony, drug toxicity, LSD, MDMA, not suspicious.

REPRESENTATION:

Counsel Assisting the Coroner: Mr J. Crawfoot

Legal Representative for Mr Sean Clift Mr P. Bovey; Philip Bovey and Company Lawyers

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Publication

Section 45 of the *Coroners Act 2003* ('the Act') provides that when an inquest is held, the coroner's written findings must be given to the family of the person in relation to whom the inquest has been held, each of the persons or organisations granted leave to appear at the inquest, and to officials with responsibility over any areas the subject of recommendations. These are my 30-page findings in relation to Seth James Luhrs. They will be distributed in accordance with the requirements of the Act and published on the website of the Coroners Court of Queensland.

Brief introduction

1. Seth James Luhrs (referred to as Seth in these findings), was born on 18 May 1993 and died on 1 April 2018, aged 24 years.
2. On 31 March 2018 Seth, along with friends and acquaintances checked in to the Rydges Esplanade Resort Cairns to party and go nightclubbing over the Easter long weekend. In the early morning of 1 April 2018 Seth fell from a seventh floor balcony on to a metal awning below and died as a result of the injuries sustained in the fall.
3. I determined that an Inquest was necessary to establish the circumstances leading up to Seth's death, and to determine if any other person was involved. I set out my reasons and findings below.

Tribute to Seth

4. Seth's family were invited to deliver a statement at the conclusion of proceedings, and his sister Tasmin (accompanied by his mother Veronica) offered a moving tribute to Seth. Seth's death has broken the heart and soul of his grieving family.
5. I was particularly moved by Tasmin's request that her brother not be remembered solely for the behaviours exhibited prior to his death, and she beautifully conveyed that his life amounted to much more than the last hours of his life examined during this Inquest.
6. I am in no doubt that Seth was an outstanding young man, from a close knit family, in the prime of his life, and on the cusp of his new found freedom after a very significant recovery from ankylosing spondylitis, a debilitating disease that he overcome after being almost bed bound for almost two years. He had secured a job that was perfect for him and had big plans for his future.
7. I was also left in no doubt at the distress the Luhrs family experienced during the inquest proceedings. They did so with the quiet dignity I so often observe in grieving parents.

8. Seth lived within a small Tablelands community, and his death has affected all who knew him.
9. For reasons outlined below I will find that his death was a tragic accident.

Relevant Legislation

10. Pursuant to s.45 of the *Coroners Act* 2003 I must, if possible, make findings as to:
 - a) Who the deceased person is;
 - b) How the person died;
 - c) When the person died;
 - d) Where the person died; and
 - e) What caused the person to die
11. I must not include within those findings any statement that a person is, or may be:
 - a) Guilty of an offence; or
 - b) Civilly liable for something.

Standard of Proof

12. The particulars a Coroner must if possible, find under section 45 need only be made to the civil standard but on the sliding Briginshaw scale. That may well result in different standards being necessary for the various matters a coroner is required to find. For example, the exact time and place of death may have little significance and could be made on the balance of probabilities. However, the gravity of a finding that the death was caused by the actions of a nominated person would mean that a standard approaching the criminal standard should be applied because even though no criminal charge or sanction necessarily flows from such a finding, the seriousness of it and the potential harm to the reputation of that person requires a greater degree of satisfaction before it can be safely made.
13. The paragraph above was specifically contemplated by the Court of Appeal with apparent approval. The Court went on to state:

Two things must be kept in mind here. First, as Lord Lane CJ said in R v South London Coroner; ex parte Thompson, in a passage referred to with evident approval by Toohey J in Annetts v McCann: ...an inquest is a fact finding exercise and not a method of apportioning guilt ... In an inquest it should never be forgotten that there are no parties, there is no indictment, there is no prosecution, there is no defence, there is no trial, simply an attempt to establish facts. It is an inquisitorial process, a process of investigation quite unlike a trial where the prosecutor accuses and the accused defends, the judge holding the balance or the

ring, whichever metaphor one chooses to use. Secondly, the application of the sliding scale of satisfaction test explained in Briginshaw v Briginshaw does not require a tribunal of fact to treat hypotheses that are reasonably available on the evidence as precluding it from reaching the conclusion that a particular fact is more probable than not.”

The inquest

14. An examination into the circumstances surrounding Seth’s death was scheduled for inquest to commence on Monday, 20 April 2020.
15. The first pre-inquest conference was conducted on Tuesday, 3 December 2019.
16. Due to Covid-19 Queensland Court Practice directions coming into effect the Inquest was rescheduled to 3 – 5 November 2020. A second pre-inquest conference was conducted on 11 August 2020.
17. The following Issues were identified for Inquest:
 - a) The matters required by me pursuant to s.45 of the *Coroners Act 2003*, as set out above; and
 - b) *The specific circumstances surrounding the death of Seth Luhrs, particularly how he came to fall to his death.*
18. The Inquest ran over three (3) consecutive days and the following persons provided oral evidence:
 1. Detective Senior Constable Zoe Goodall
 2. Sgt Amanda Milligan
 3. Penelope Taylor
 4. Sergeant Ryan Slect
 5. Professor Olaf Drummer
 6. Dr Thomas Gibson
 7. Phillip Mooka
 8. Jeffrey Luhrs
 9. Zeb Luhrs
 10. Ashley Wharton
 11. Zaq Quadrio
 12. [REDACTED] (DR)
 13. William Coleman
 14. Detective Senior Constable Jeremy Carter
 15. Senior Constable Peter Walsh
 16. Sean Clift

Non-publication Order made at Inquest

17. I ordered as follows:

With respect of witness [REDACTED] (DR) it is ordered that his name or identity not be published in relation to these proceedings; and

Any evidence given by [REDACTED] (DR) in these proceedings may be published (without naming or identifying him).

Witnesses required to give evidence that would tend to incriminate

18. Two witnesses refused to give oral evidence at inquest because the evidence would tend to incriminate them.

19. Pursuant to section 39(2) *Coroners Act 2003* I considered that it was in the public interest for the following witnesses to give evidence that would otherwise tend to incriminate them, and I required them to give evidence:

[REDACTED]
2) Sean Clift

20. Their evidence, and any derivative evidence, is not admissible against them in any other proceeding, other than a proceeding for perjury.

The Queensland Police Investigation

21. The Queensland Police conducted a thorough criminal investigation. I have been provided with a comprehensive brief of evidence by the investigating officers. The factual matrix forming the basis of my findings is derived from

- i. the material and evidence contained within the brief of evidence (including extensive CCTV footage);
- ii. along with additional expert reports commissioned by me for the purpose of the coronial investigation; and
- iii. the oral evidence of relevant witnesses

Post mortem examination

22. An external and full internal autopsy was performed by a Senior Staff Specialist Forensic Pathologist on 2 April 2018.

23. Seth was 176cm in length and weighed 101.5kg, placing his body mass index at 33kg/m².

24. The external examination confirmed a number of areas of bruising and abrasions to the upper and lower body. The most significant injuries under external examination were displaced fractures to the left and right forearms.
25. Internal examination of the head noted bruising on over both sides of the skull and bleeding over the brain. There was also extensive fracturing to the vault and base of skull and brain surface laceration.
26. Examination of the neck and thoracic cavity confirmed fractures to the first and second, left and right ribs. Seth had normal thoracic spinal curvature consistent with his past history of **ankylosing spondylitis**, a condition that I will discuss in more detail shortly. An examination of Seth lungs identified the following features:

“The lungs showed a minimal amount of black pigment on the pleural surfaces. There was focal disruption of the right visceral pleural surfaces with confluent haemorrhage within the posterior aspect of the right lung, and with a pattern in both lungs in keeping with a degree of haemoaspiration”.
27. Examination of the abdominal and pelvic cavity confirmed varying degrees of trauma had been sustained to the liver, spleen and kidneys.
28. Toxicology samples were taken of femoral blood, urine and vitreous humour, the results of which were:

Femoral Blood

Analyte	Result
Alcohol	Not detected (less than 10mg/100ml)
Methylenedioxymethylamphetamine (MDMA)	Detected < 0.007 mg/kg
Lysergic Acid Diethylamide	0.0019 mg/kg

Urine

Analyte	Result
Alcohol	Not detected (less than 10mg/100ml)
Methylamphetamine	Detected
Methylenedioxymethylamphetamine (MDMA)	Detected
Methylenedioxyamphetamine (MDA)	Detected

Vitreous Humour

Analyte	Result
Alcohol	Not detected (less than 10mg/100ml)

29. The level of (Lysergic Acid Diethylamide) LSD detected was “*in the reported potentially toxic range*”.
30. The presence of those substances was consistent with Seth’s known use of illicit substances.
31. Whilst in the opinion of the forensic pathologist, the cause of death was multiple injuries sustained in a fall from height, he concluded that it was not possible to completely exclude concurrent drug toxicity at the time of autopsy examination.

Cause of death was given as:

1. **DIRECT CAUSE:**

Disease or condition directly leading to death:

(a) ***MULTIPLE INJURIES***

ANTECEDENT CAUSES:

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last:

(b) ***FALL FROM HEIGHT***

2. Other significant conditions contributing to the death but not related to the underlying cause given in Part 1:

MULTIPLE DRUGS (methylenedioxymethylamphetamine, lysergic acid diethylamide) INTOXICATION

32. I accept and adopt the conclusions of the forensic pathologist as to Seth’s cause of death.

Medical and Social History of Seth James Luhrs

33. In June 2014, when aged 21, Seth presented to the Mareeba Hospital with observable mobility issues and associated lumbar and lower limb pain. It was noted his condition was subject to “*flare ups*” in the past, had been occurring over a period of time and had previously been worse.
34. Following a series of orthopaedic consultations, including MRIs, Seth was diagnosed with ankylosing spondylitis in January 2015. The nature of the condition is such that affects the spine with the neck, back and pelvis becoming inflamed causing pain and stiffness.¹

¹ <https://arthritisaustralia.com.au/types-of-arthritis/ankylosing-spondylitis/> accessed 5 May 2020

35. The nature of the condition, and its progression, was such that Seth was bedridden requiring physical aids to mobilise from bed and around his house. Despite the condition Seth maintained a positive state of mental health. Seth had no history of any suicidal ideation.
36. The nature of the condition (at that time) was such that Seth was unable to continue in his work in the construction industry. He was in receipt of a disability pension for a period of time.
37. Sometime after November 2016 Seth was commenced on the drugs Humira and Methotrexate.
38. Seth's father observed an improvement in Seth's condition after that time with increased mobility and physical exercise.
39. In September 2017 Seth rejoined the workforce as Plant Operator with Egans at the Mount Emerald wind farm. His father noted that Seth was earning good money and making significant savings. Seth had recently renewed his passport and was planning to travel overseas and start a business venture in Brisbane.
40. Seth was known to periodically consume licit and illicit substances. His social history, as documented in the progress notes from the Cairns Hospital, noted that Seth was an occasional smoker of tobacco products and THC, he was also noted to "*binge drink*". After commencing on Methotrexate however, Seth was known to have reduced his alcohol intake; his work with Egans also required he be subjected to alcohol testing from time to time and have a 0.0 reading.
41. In terms of illicit substances, Seth was known to have consumed the drug LSD on at least one previous occasion. His sister also deposed that Seth had also consumed "*party drugs*" on a limited frequency. On that basis, and consistent with the toxicology results, I find that Seth had at different times consumed other illicit, psychoactive substances, in addition to LSD.
42. Such use is commonly referred to as 'recreational use'.

Events prior to the fall

43. Seth and Sean became acquainted through their employment at Egans (Mt Emerald wind farm project), and first met some 6 months prior to the events of 1 April 2018.
44. Sean was born on 29 June 1998 and was aged 19 years at the relevant time.
45. Sean and his cohort were members of a Facebook Messenger group chat, comprising mostly old school friends and people he grew up with or around on the Tablelands.

46. In the week prior to the 2018 Easter long weekend, about twelve members of the group made the decision to travel to Cairns, book into a hotel and go nightclubbing. Some members of the group travelled to Cairns from interstate. Seth was introduced to the group by Sean, and met most for the first time at this Easter rendezvous.
47. On 29 March 2018 the following messages were exchanged via Facebook Messenger between Sean and one other person (DR). These messages were not posted to the group chat but were exchanged personally between them:
- Sean: *"Oi [DR] can me and me mate gets some acid off ya"*
DR: *"Hahaha how many mates"*
Sean: *"Just 1 mate"*
Sean: *"Me and me mate from work"*
DR: *"Yeahh yep can do"*
Sean: *"Sweet I'll get em off ya in cairns Sat day arve?"*
DR: *"Yeah too easy, unless you want em in Atheron"*
48. Lysergic Acid Diethylamide (LSD) is commonly referred to as 'Acid'. The 'mate' Sean was referring to was Seth.

Events on 31 March 2018

49. On Saturday 31 March 2018 Sean and Seth checked in to room 709 at the Rydges Esplanade. They arrived at 5:48pm and entered their room at 5:55pm. CCTV footage records them exiting the hotel lobby at 5:58pm before re-entering the lobby at 6:00pm carrying a quantity of pre-mixed Rum and Cola alcoholic drinks.
50. Seth and Sean attended a room on the second floor where approximately six other members of the group, including DR, had gathered. Whilst they were in the room, Seth and Sean consumed a quantity of the pre-mixed drinks. This was the first occasion that Seth became introduced to some members of the group. While in the room DR supplied LSD to Sean. DR deposed to the following conversation with Sean:
- Sean: *"I want the tabs"*
DR: *"I wouldn't do them on a night out"*
Sean: *"I'll be alright, I've done heaps before I'll be alright"*
DR: *"I still wouldn't do them"*
51. Another member of the group (JS), who was present at the time, deposed to hearing Seth also express a willingness and intention to consume the LSD. JS also deposed that he and others in the room, warned Sean and Seth not to take the LSD that night (before they went to the nightclub) because the LSD was "very strong".

52. Other members of the group consumed MDMA (ecstasy) whilst they were in the second-floor room.
53. Sean gave evidence that he and Seth both consumed the LSD after leaving the second- floor room and en-route to their 709 room.
54. They returned to their room (709) at 7:45pm.
55. I accept that evidence and note it is entirely consistent with the evidence of the Forensic Pharmacologist, Professor Drummer regarding the timeframe for the effects of LSD.
56. Soon after, three other people joined them in room 709 and over a two hour period it was noted by others Sean and Seth's behaviour began to change in a manner that was consistent with being with being under the influence of LSD.
57. (BB) described that behaviour as "*talking and carrying on giggling*". (HM) described Seth grinning whilst sitting up on a bed, with his back leaning against the wall. The same member of group described Sean as lying on his back in another part of the room staring at the ceiling. This behaviour caused a level of concern to HM and he deposed to the following conversation with Sean:

HM: "*Are you alright. You don't look so flash*"
Sean: "*I'm alright*"
HM: "*Have you taken something?*"
Sean: "*I'm alright [HM]*"
58. HM and two others left the seventh-floor room to go to a nightclub in the city. CCTV footage records them exiting the lobby at 10:10pm. They were the last people, other than Sean, to see Seth alive.
59. Both Seth and Sean were observed to be in good spirits by others during that two hour period before the group left for the nightclubs. There was no evidence or any arguing, fighting or any disharmony between them.
60. In an eight-floor room immediately above that occupied by Sean and Seth on the seventh-floor, were two guests (CH and TC), unrelated to the group. They had the doors to their balcony closed. TC deposed that at around 9:30pm and 10:00pm he could hear the sounds of a party coming though their closed balcony door. TC deposed the noise was coming from another hotel room immediate proximate to their own, whether above, below or next door. TC deposed as follows:

"Around the time we were going to sleep I could hear what sounded like a party going on. I could hear loud talking and noises. It did not sound aggressive and sounded more like a jovial tone. It just sounded like a couple of people probably about 2 or 3 people. I thought it was only 2 or

3 people due to the noise. There was a lot of noise to indicate that it was a group of people”.

61. TC's observations are consistent with the evidence of other witnesses that attended the seventh-floor room that night.
62. TC further deposed that the noise stopped after about 30 minutes following which they and CH went to asleep at about 10:00pm.

Sean breaks his arm

63. Half an hour or so after his mates left room 709, at 10:40pm, CCTV recorded Sean entering the hotel lobby. He was wearing his jeans only. Sean exited the lobby toward the carpark area then sat for a period of time in a garden bed. At 10:45pm Sean stood up again and moved off towards the carpark. He moved out of sight of the CCTV. He is quite obviously under the influence of intoxicating substances. He appeared confused and disoriented. I find his behaviour entirely consistent with the effects of LSD, other drugs and alcohol.
64. Sean came back into CCTV range at 10:50pm (just 5 minutes later) and re-entered the lobby. He was then wearing only his underwear (boxer shorts); he also had a fractured right arm. How he came to fracture his arm and lose his jeans could not be determined. He has no memory of the circumstances. His jeans were never located. The reasonable inference is that he fell down a nearby flight of internal stairs on the premises. I find no other person caused his injury.

Assessment of the fracture

65. A Forensic Physician, Dr Griffiths, classified the fracture as a 'Bado Type 1 Monteggia Fracture' of the proximal ulna with dislocation of the opposite head of the radius.
66. The radial head articulates, or joins a rounded prominence at the bottom of the humerus about which it can rotate so as to allow the forearm to perform a swivel action. The nature of Sean's fracture was such that the radial head forced out of position from the rounded prominence of the humerus and the upper third of the ulna was fractured. Treatment of such a dislocation and fracture required realigning the radial head and stabilising the fractured ulna with plates and screws.
67. Dr Griffiths identified that, as with all Monteggia fractures and dislocations, the ability to rotate the forearm through its long axis would have been impaired. The swivelling action of Sean's right forearm, about the elbow, would have been lost which would have resulted in difficulties with simple manoeuvres such as turning a key or using a screw driver.
68. Dr Griffiths opined that whilst there would have been limits to function in Sean's right arm he considered that grip strength would have been

relatively well preserved as would shoulder movement however limitations arising from pain would still be present.

69. Dr Griffiths also opined that the pain associated with such an injury would also have acted as an inhibitor in terms of the degree of function in Sean's right arm. This would have especially been the case in any movement associated with the transmission of force along the long axis of the forearm.

Sean re-enters hotel at 10.50pm

70. Sean re-entered the hotel lobby and proceeded to the elevator where he then sat on the floor. He used his broken arm to support himself as he lowered into a seated position. He then used his broken arm again to support himself as he stood back up. CCTV recorded this event at 10:51p.m., which was approximately three hours after Sean had consumed the LSD.
71. I accept that Sean's pain threshold was altered as a result of his earlier ingestion of LSD.
72. After standing back up he entered one of the elevators.

Events of 1 April 2018 – fall from balcony

73. Sean was next recorded on CCTV footage at 12:02am (approximately 1 hour and 10 minutes later). He was recorded in an underground carpark, still wearing his underwear. In understanding the most likely sequence of events that transpired in the intervening period I am reliant on physical evidence gathered from within the Hotel.
74. As to whether Sean re-entered the seventh-floor room during the intervening period I have had regard to the absence of any room key data during that time, although I accept this does not exclude the possibility that Sean was let back in by Seth.
75. Following the fall police investigators conducted a search of the fire stairs at the Hotel. The stairwell is such that once entered, a person can only exit from ground level as the doors are locked from the inside. Inside the stairwell police located a blood droplet on a step outside the ninth-floor door. A transfer bloodstain was located outside the door to the tenth floor. A blood stain was also located on the door at the very top of the stairs leading to the rooftop. The Hotel was twelve stories high. The blood stain on the roof top door was DNA matched to Sean (100 billion times more likely to have originated from him rather than from someone other than him).
76. On the landing inside the roof top fire stair there were building materials that had been left behind including a 20kg bag of 'Bostik Flowfill Grout'. There was an additional 20kg bag of grout broken open on the stairs

below the landing (outside the door to the twelfth floor). There was evidence of footprints in the powder. Whilst I am not assisted by any analysis of who those footprints might be attributed to, I find it likely, given the presence of the DNA sample on the roof top door, that they were Sean's.

77. Sean likely did not return to the seventh-floor room during the intervening period, but instead became disorientated, entered the stairwell and made attempts to find a way out that took him to the top floor. He was ultimately able to exit into the ground level.
78. By reference to CCTV footage Sean re-entered the Hotel lobby again at 12:06am. He had a conversation with the Night Manager who confirmed his ID. Sean then used a phone at the front desk and made two attempts to call home but both calls went unanswered. At 12:17:34am Sean returned to the elevator and this time was successful in returning to the seventh-floor room.
79. There is no evidence as to what transpired between 10:40pm on 31 March 2018 and 12:17am on 1 April 2018 (a period of one hour and thirty-seven minutes) other than both Sean and Seth remained in the room together and both were under the influence of LSD, MDMA (and probably alcohol at that time).
80. The first indication of events inside the room, after Sean's return, arises from phone calls made by Seth, initially to his brother Zeb and then to his sister Tasmin. In a telephone call at 12:20:28am (lasting for 2 minutes and 29 seconds) Seth told his brother Zeb that he and Sean had "*taken a couple [my emphasis] of trips*" and that there was a female person in the room that was "*flipping out*". Zeb had a conversation with Seth about how to deal with the situation. Zeb also warned him about the potential for security to be called to attend the room. During this call Zeb was able to hear "*faint noises*" in the background but nothing that he considered to be "*bad*".
81. Seth made another call to Zeb at 12:26:49am, this call lasted for a little over 10 minutes. During this call Zeb and Seth talked about the female again. I note during this entire period Zeb did not hear any female voices. During the call Seth passed his phone to Sean and Sean spoke to Zeb. Sean told Zeb that he had hurt his elbow, shortly afterwards he passed the phone back to Seth.
82. In the absence of any evidence regarding the presence of a female in the room that night at that time I conclude that Seth was in fact hallucinating.
83. Seth and Zeb spoke again at 12:37am and again at 12:42am.
84. Throughout those call Zeb described Seth's mood as follows:

“He didn’t sound stressed or upset, pretty calm and good. He was actually having a bit of a laugh ...”

85. There was evidence of Sean making calls out during this same period. At 12:41am he made a call to a school friend Ashley Wharton who was on the Atherton Tablelands at the time. Mr Wharton deposed to the following conversation:

AW: *“Is this Sean?”*
 Clift: *“Yes”*
 AW: *“What the hell is going on?”*
 Clift: *“I think I broke my arm, I need help”*
 AW: *“What do ya mean?”*
 Clift: *“I think I broke my arm, I’ll tell ya when you get here, I’m in a pretty bad way”*
 AW: *“Righto I’m on my way”*

86. Sean and Mr Wharton then exchanged a series of SMS messages making arrangements for him to be picked up. Sean then made a number of unsuccessful calls to family but two successful calls to his sister, the first lasting 42 seconds and the second lasting 22 seconds.

87. Sean made another call to AW at 1:12am. AW deposed to the following conversation:

Clift: *“Are you on your way?”*
 AW: *“Yes we are”*
 Clift: *“How long?”*
 AW: *“Roughly forty minutes”*
 Clift: *“Rydges at Esplanade”*

88. The call then terminated.

89. During this same period of time Sean was exchanging one-on-one Facebook Messages with DR. These messages were not posted to the group chat. The messages and time stamps were as follows:

AR:	12:29:59am	You going alright?
Clift:	12:35:47am	My arms fucked
AR:	12:37:29am	It's in your head bro
Clift:	12:37:41am	Lol
AR:	12:42:18am	How ya goin'
AR:	1:18:05am	How ya going cliffy?
Clift:	1:18:47am	I need company goon 709
Clift:	1:19:35am	Room
AR:	1:19:37am	Hahaha yeah truuueee, how's your friend?
AR:	1:25:57am	Ok
Clift:	1:26:12am	Like now
AR:	1:28:03am	You want me to come?
Clift:	1:28:10am	Yeah

AR	1:28:18am	Righto
AR:	1:29:24am	I'll see if anyone wants to go back, how are Yas goin'?

Text sent at time of Seth's fall

90. At 1:29:51am Sean sent the following message to AR:

"Seth's dead"

91. At around 1.30am on 1 April 2018 Mr Mooka, a night security manager at Rydges Esplanade was on a designated break and sitting down outside the hotel entry having a cigarette. He had been in that location for some period of time (around 45 minutes).

92. Mr Mooka heard a loud bang which he thought was furniture being thrown from a balcony by a guest onto the first floor awning (apparently not an unusual event and Mr Mooka was aware there was a rowdy group in house that night).

93. Mr Mooka stubbed out his cigarette and then contemplated the situation for at least another minute or so, preparing himself to find the source of the noise and deal with the guests, before rising to his feet and walking to the lobby entrance doors which in turn set off the motion sensor in the CCTV and registered a timestamp at 1:30:00am.

CCTV time adjustment reconciled with Mr Mooka's movements

94. The CCTV timestamp was later deemed inaccurate by police investigators and was later adjusted by 44 seconds against the atomic clock linked to the Telstra phone system indicating the correct time of activation of the CCTV as **1.30.44am**.

95. This time became critical and informed the course of the police investigation. Noting that Sean's text was sent at 1:29:51 it at first appeared to investigators that his text had preceded the fall which was thought to be at 1:30:44am. (adjusted) when Mr Mooka set off the motion sensor and came into view on CCTV, some 53 seconds **after** the text.

96. In fact, Mr Mooka deposed in his oral evidence at inquest that he remained seated for at least one minute or more after stubbing out his cigarette. That accounts for the period of time in which the Seth's fall had occurred and Sean's text was sent.

97. I find that Sean's text was sent in real time, that is, immediately after becoming aware that Seth had fallen from the seventh-floor balcony and that the text "*Seth's dead*" was not pre-emptive or indicative of any premediated conduct by him.

Fall confirmed

98. Mr Mooka walked up a set of stairs to a first floor terrace where he could gain a better view of the awning. He immediately observed Seth lying on the awning. It appeared to the employee that Seth may have been *“struggling for breath”*.
99. Seth’s fall also drew the attention of two guests (ST and JT) who were staying in a second-floor room close by. JT heard a noise she described as a *“loud explosion”* that she initially thought was a *“car crash”*. She woke her husband (ST) and told him there was something outside. ST went onto the balcony and was able to see Seth. He could also see the employee on the terrace below. Both ST and the employee were calling out to Seth telling him not to move.
100. Mr Mooka requested that the Night Manager call police and an ambulance.
101. Mr Mooka ran back to Seth to watch over him and continue to provide reassurance, telling Seth that an ambulance was on its way. Seth was not responsive.
102. The guests in the eighth-floor room (CH and TC) were asleep at the time however CH deposed that at 1:30am she was woken by the noise of what she thought was glass breaking. She recalled checking her phone and confirmed the time. She then deposed as follows:

“I then [emphasis added] heard male voices yelling and screaming at each other, they also sound very aggressive/violent towards each other. I couldn’t decipher what they were saying but one sounded a lot more dominant than the other. It sounded like they were drunk because they were really loud. I would describe it as angry drunk yelling. It was that loud I could hear them through our closed balcony doors ... the yelling and screaming sounded like it was close by ... like they were just next door”.
103. TC was woken up by CH, he heard loud noises also, he described it as *“yelling and shouting”*. TC was unable to make out any specific words but did identify that *“there was definitely swearing going on between them”*. TC deposed that this lasted for a *“couple of minutes”*, he then went back to sleep. CH deposed that the yelling and screaming she heard went on for *“about a minute”*.
104. I accept the evidence of TC and CH that they both heard yelling and shouting. I accept CH’s evidence that she was woken at 1:30am by a noise that she thought was glass breaking which was followed by the sound of male voices yelling and screaming. With reference to the sequence of events though, I find that TC and CH more likely heard the immediate aftermath of Seth’s fall and a verbal exchange between ST, the employee and the Night Manager (and possibly Sean). At 1.30am

Seth was on the awning and non-responsive, he could not have been taking part in any yelling and shouting as described.

105. The call to '000' was placed at 1:32:27am.
106. Queensland Police were first to the scene. By reference to body-worn camera footage they were with Seth at 1:39:20am at which time he was observed to be unresponsive. Queensland Ambulance Paramedics arrived at 1:43am. Paramedics accessed Seth by stepping onto the awning from a first-floor room. Seth was determined to have injuries incompatible with life. He was declared deceased at the scene.
107. During this time police made enquiries to determine which room Seth came from. In discussion with the Night Manager, who informed them of Sean's earlier behaviour, police attended the seventh-floor room where they had been staying. Police arrived outside the room at 1:55:25am, some twenty-five minutes after Seth had landed on the awning.
108. In that intervening twenty-five minutes (between 1:35:33am and 1:40:39am) Sean exchanged the following SMS messages with one of his sisters:
- Sister: *"What happened?"*
 Clift: *"Idk [I don't know] I'll let you know"*
 Sister: *"Did you hurt your leg? Sorry I was asleep when you rang. Just worried about ya"*
 Clift: *"K talk later"*
 Clift: *"Think I broke my arm"*
 Sister: *"Ok are you in Cairns"*
 Clift: *"Yes I need help"*
 Sister: *"Ring ambulance and I will come and pick you up if you want"*
109. By this time police had arrived and parked near the front entrance of the Hotel.
110. One minute and twelve seconds after his last message to his sister, the following exchange took place between Sean and a member of his group William Coleman via Facebook Messenger.

WC:	01:41:51am	Oi
WC:	01:41:56am	Are you awake
Clift:	01:42:02am	Where RU
WC:	01:42:10am	I'm coming back
Clift:	01:42:16am	Come room I need help
WC:	01:42:33am	Righto I'm getting in taxi now
Clift:	01:42:47am	Quick
Clift:	01:44:56am	Everything is fucked
WC:	01:45:12am	2 mins away

Clift:	01:45:22am	Quickklilll
WC:	01:48:02am	Are you alright
Clift:	01:48:12am	No
Clift:	01:48:18am	Haaaalp
WC:	01:48:22am	I'm not allowed in
WC	01:48:38am	Cops reckon some shits going down
Clift:	01:49:42am	Seth died

111. At 1:52:42am (shortly before police were outside his door) Sean had a two minute and twenty-three second phone call with another of his sisters.
112. When police entered the room Sean was located sitting at the end of the bed closest to the bathroom door. He had no shirt on but had at this time was wearing a pair of red shorts. The light was off.
113. After police entered the room there was an initial conversation with Sean before he was cautioned and was told his rights. He was then placed under arrest for Homicide, an offence under the *Criminal Code*, placed in overalls to preserve forensic evidence, and transported to the Cairns Hospital where he received treatment for his injured arm.
114. It was noted by police when they entered the room that the sliding doors onto the balcony were open by about 15cm however the curtains were drawn across (to the centre).

The Criminal Investigation

115. Sean was arrested for Seth's murder and later released without charge. The matter has been fully investigated and no criminal proceedings have been commenced against Sean.
116. Sean maintained his legal right to silence.

Sean's evidence at Inquest

117. At Inquest, Sean gave evidence when directed to do so by me. Sean was responsive to questioning by Counsel Assisting.
118. I find that notwithstanding some irregularities that can be accounted for, Sean's evidence as to the events leading up to Seth's fall was credible and in keeping with a person who was then 19years of age, under the influence of psychoactive drugs and hallucinogens and alcohol at the relevant time. Such a combination (taking into account the expert evidence of Professor Drummer, resulted in altered thoughts and feelings). I also take into account Sean's then relative immaturity, and the likely effects of the traumatic events of 1 April 2018.

119. Seth's family left no doubt that waiting over two years to hear an account of events and for Seth's death to be acknowledged had caused them great distress.
120. Sean gave evidence that before Seth's fall he (Sean) was sitting at the foot of his bed and was texting and calling various people to get assistance for his broken arm and take him to hospital (including calling his friend on the Atherton Tablelands; his mother and sister who were at Mission Beach for the Easter long weekend; and various friends who were out at the night clubs). He heard Seth out on the balcony talking. He had earlier asked Seth several times for help to get him to hospital but Seth was talking *gibberish* and could offer no help. Sean thought Seth was on his mobile phone (Seth's phone was located inside room 709). Sean heard Seth yelling out "*this is our year, it's going to be a good year*" and then Seth went silent and Sean heard a thud.
121. Sean deposed that he did not go out on to the balcony at any time to check or look over the edge, and he couldn't recall why he sent a text saying Seth's dead.
122. Sean said he sat on the bed trying to work out if what was going on was real, he could not work out if the situation was real or not, but it did occur to him that Seth could potentially have fallen off the balcony. Sean deposed he was trying to comprehend what was going on and continued to text and call other people for assistance with his arm.
123. Sean accepted that at no time did he seek assistance for Seth. Sean also accepts that the text message "*Seth's dead*" and later to another, that "*Seth died*" were sent by him from his mobile phone.
124. While Sean did not have a clear recollection of a later conversation, (around December 2018) with his friend Zaq Quadrio (who also gave evidence) I find that a discussion did occur during which Sean indicated to Mr Quadrio that his injury was not a result of interaction with any other person; and that prior to the fall he asked Seth for help to get him to hospital, and that he heard Seth outside and then it went silent. Sean became distressed during that conversation and they did not discuss the matter further.
125. When pressed as to why he did not check to see what happened to Seth, or seek help for him, Sean's response was that he could not think for himself because he was under the effects of the drugs.
126. I accept that the effects of the drugs significantly impaired Sean's ability to make rational decisions. He was intoxicated and not of rational mind.
127. I formed a view that Sean could not reconcile in those moments, nor could he believe it to be true, that Seth had fallen to his death. I have no evidence of the effects the trauma of the event on Sean at the time, however it may well account for some of his response's, poor decision

making, and conduct, which at times could be interpreted as tending towards self-preservation.

Examination of the Hotel Room

128. The seventh-floor room where the event occurred was comprised of two beds, one close to the balcony door the other closest to the bathroom door.
129. The following relevant evidence was located in the seventh-floor room:
 - An area of vomit on the carpet against the wall near the bed closest to the bathroom;
 - Immediately above the area of vomit, a roughly circular area of damage to the plaster wall, approximately 162cm above the floor;
 - An second area of vomit on a pillow on the bed closest to the balcony;
 - A transfer blood stain on the top sheet of the bed located closest to the balcony. The blood stain was on the lateral side closest to the base of the bed;
 - Two presumptive positive blood stains on the carpet floor at the base of the same bed;
 - A bloodstain on the external surface of a carry bag on the floor in the centre of the room and
 - Two fingerprint impressions on the inside of the glass sliding door leading to the balcony.
130. No bloodstains were located on the balcony.
131. There was no evidence of any broken glass.
132. Analysis of the two fingerprint impression on the glass sliding door did not match to Sean or Seth.
133. Analysis of the two presumptive positive samples taken from the carpet floor, whilst containing some DNA, did not contain sufficient DNA for the purposes of analysis.
134. Analysis of the bloodstain on the carry bag provided a complex DNA profile that was not suitable for further interpretation.
135. Analysis of the transfer blood stain on the top sheet of the bed closest to the balcony was DNA matched to Sean. The sample was 100 billion times more likely to have originated from Sean rather than someone other than him.
136. Analysis of a tape lift sample taken from the damaged section of plaster wall provided a mixed DNA profile indicating the presence of three contributors. It was estimated that the DNA profile obtained was:

- a) Greater than 100 billion times more likely to have occurred if Seth had contributed the DNA rather than if he had not; and
 - b) Approximately 190 times more likely to have occurred if Sean had not contributed DNA rather than if he had.
137. Of the at least four other people that are known to have visited the seventh-floor room on the night of 31 March 2018 a DNA reference sample was obtained from one of them for the purposes of comparison. That person was excluded as having contributed to the mixed DNA profile.
138. I am therefore left with the possibility that one of the other people, known to have visited the room on 31 March 2018, contributed to the profile. I am satisfied that the indentation left in the plaster wall was as a result of Seth trying to find the bathroom when ill and running into the wall instead. It is probable this occurred at sometime when Sean was out of the room.

Forensic Examination of Sean Clift

139. Upon Sean's admission to the Cairns Hospital the following injuries (other than the broken arm) were documented in his progress notes:
- A small abrasion over the right knee.
140. Forensic photographs taken by police later identified the following additional features:
- 'Scribbly' abrasions extending down his right torso from nipple height to waist;
 - 'Scribbly' abrasions to the right stomach area just above the waist line
 - A 'scrape type' abrasion extending down the right side of Sean's back commencing extending shortly below the armpit and ending approximately 10cm above the waistline;
 - Abrasion to the sacrum;
 - Abrasions to the left wrist and below the left middle finger;
 - A blood drop on the left foot.
141. I am not informed as to why those additional features were not documented in his progress notes.
142. The blood drop on the foot was DNA matched to Sean. The sample was 100 billion times more likely to have originated from Sean rather than someone other than him.
143. I find that these injuries account for the presence of Sean's blood in the seventh-floor room and in the fire stairs. Noting the blood detected in

the fire stairs could only have been deposited there by Sean sometime between 10:51pm on 31 March 2018 and 12:02am on 1 April 2018 and therefore prior to his return to the seventh-floor room, I find that all his injuries were more likely acquired as a result of events outside of that room, either at the same time that he acquired his broken arm or in conjunction with another unobserved event inside the fire stairs.

144. Toxicology samples were taken of blood and urine from Sean at about 5:45pm on 1 April 2018, some 16 hours and 15 minutes after Seth had died. Relevantly, Sean had already been to theatre by that time and undergone surgery to his right arm. The results from analysis of those samples were:

Blood

Analyte	Result
Alcohol	Not detected (less than 10mg/100ml)
Morphine	<0.02 mg/kg
Total Morphine (Morphine plus Morphine Glucuronides)	Approx. 0.05 mg/kg
Paracetamol	3 mg/kg
Ropivacaine	0.31 mg/kg
Ondansetron	Detected
Lysergic acid diethylamide (LSD)	1.5 µg/kg

Urine

Analyte	Result
Creatinine	2100 mg/L
Alcohol	Not detected (less than 10mg/100ml)
Total Morphine (Morphine plus Morphine Glucuronides)	Approx. 6 mg/kg
3,4 Methylendioxyamphetamine (MDMA)	Detected <0.05 mg/kg
Fentanyl	Approx. 0.01 mg/kg
Norfentanyl	Approx. 0.01 mg/kg
Oxycodone	Approx. 1 mg/kg
Oxymorphone	Detected
Ropivacaine	Approx. 0.7 mg/kg
Paracetamol	Approx. 1000 mg/kg
Ondansetron	Detected
Lysergic acid diethylamide (LSD)	Detected

145. Relevant to this investigation were the positive results for LSD and MDMA.

146. All other analytes were accounted for by the administration of pain relief after admission to the Cairns Hospital and anaesthetic administered in theatre whilst undergoing surgery.

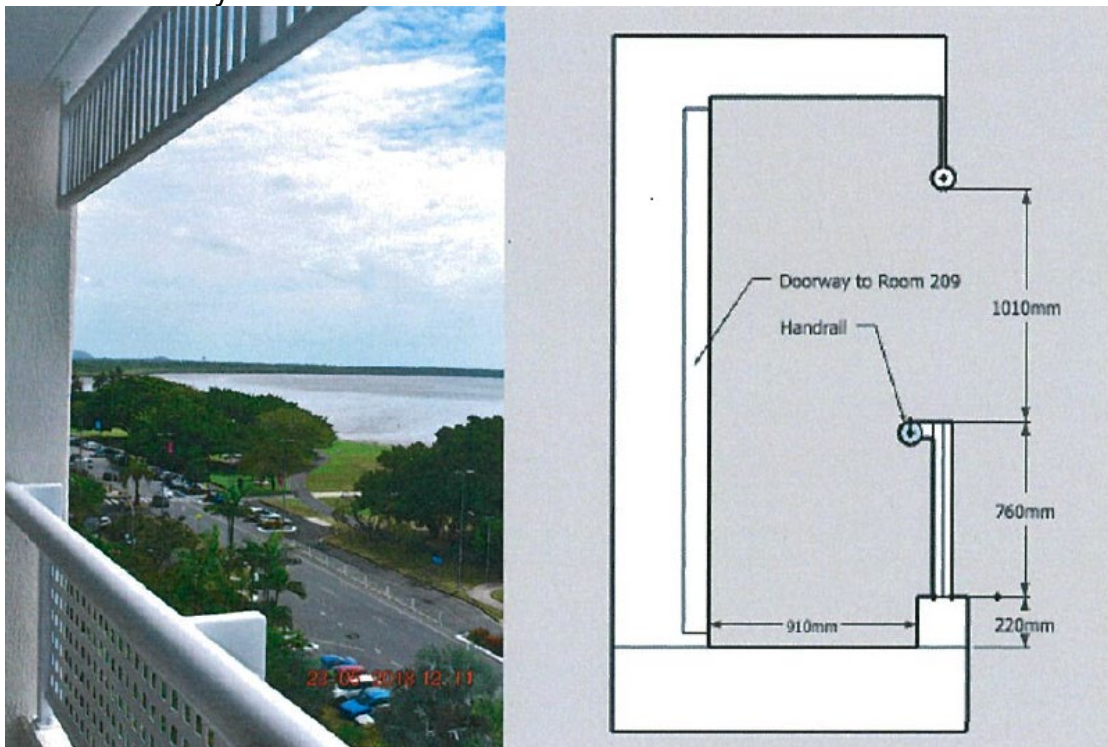
Forensic Examination of Seth Luhrs

147. Nail clippings taken from Seth's left and right fingers confirmed the presence of DNA profile from a single contributor only. That DNA profile was matched to Seth.
148. I find therefore that the abrasions that were detected on Sean's torso and stomach were not caused by Seth. I am however unable to make a finding as to the precise mechanism by which they were caused.
149. I note the following additional features from the autopsy report:
- Seth's hands, nails and feet were unremarkable and showed no evidence of injury;
 - Whilst there was focal bruising with the left and right paracentral anterior strap muscles, there was no additional focal bruising identified in the subcutis muscle or other soft tissues of the remaining neck. The hyoid bone, thyroid and cricoid cartilages showed no evidence of injury. The laryngeal and mucosal surfaces were unremarkable.
150. I note the following summary and interpretation provided by the Forensic Pathologist:
- "In plain terms, post mortem examination showed a severely smashed skull with tearing of the brain surfaces. Tearing of the major blood vessel off the heart with associated bleeding into the chest cavities, broken ribs, tearing of the liver, right kidney and adrenal, bleeding into the belly cavity and soft tissues, broken forearms and wrists. No additional injuries indicative of assault or of defensive injuries were identified".*
151. The following DNA tape lift samples were taken from Seth's body and clothing:
- a) Right hand;
 - b) Face and neck;
 - c) Inside and outside of jeans and underpants;
 - d) An area of Seth's shirt where there was a tear.
152. Hair and fibre tape lifts were also taken from Seth's jeans and underpants and a swab of a blood stain located on Seth's jeans.
153. The tape lift taken from the Seth's neck was DNA matched to Seth.

154. No DNA was detected on the tape lift taken from the outside of the underpants and the inside of the jeans worn by Seth at the time of his fall.
155. The tape lift taken from Seth's shirt was DNA matched to Seth.

Mechanics of the Fall

156. I am assisted by the expert report of Dr Thomas Gibson, an engineer with over 30 years-experience in the area of biomechanics and impact injury causation and mitigation. Dr Gibson gave oral evidence at inquest.
157. I am also assisted by Sergeant Scott Ezard of the Queensland Police (Forensic Crash Unit – FCU) with some 11 years-experience as a crash investigator.
158. Sergeant Ezard obtained relevant measurements in relation to the fall on 4 April 2018 and produced necessary scale plans. Sergeant Ezard's measurements confirmed the height of the handrail on the balcony of the seventh-floor room was 2.38m. The distance between the top of that rail to the louvered awning below was 14.68m. The distance out from the side of the building to where Seth landed was 2.24m. The depth of the impression created in the metal louvres was between 20mm and 50mm. These measurements formed the basis of the report created Dr Gibson.
159. The following diagram depicts the configuration of the railing on the balcony:



160. It is worth noting that with Seth being 176cm in height, the top of the railing (at 98cm) would have been positioned potentially 10cm above his waist height.
161. In addition to those measurements, Dr Gibson was provided access to:
- a) Five witness statements of hotel guests (not connected to Sean or Seth) and employees;
 - b) Photographic images taken of the scene;
 - c) Photographic images taken at the autopsy;
 - d) Post mortem CT scan;
 - e) Toxicology report; and
 - f) A briefing email from the Investigating Officer.
162. Based on those measurements Dr Gibson calculated that the final vertical velocity of Seth's fall was 16.96m/s which was equivalent to 61km/h. The fall required 1.73 seconds. With reference to the message sent by Sean to AR, it would have been sent some 51 seconds prior to the commencement of Seth's fall.
163. The initial horizontal velocity, that is the speed by which Seth moved away from the building when the fall commenced, was 1.29m/s which was equivalent to 4.64km/h. Dr Gibson opined that initial horizontal velocity was "*close to an average walking pace*".
164. Research, under controlled conditions, identified that the maximum horizontal distance, as distinct from horizontal velocity, achievable from an 'active jump', commencing at a height of 5m, was 5.3m (plus or minus 1.1m). A 'passive jump' from the same commencing height resulted in a shorter distance of 2.1m (plus or minus 0.7m). Lower distances were reached from a sitting position.
165. In instances where a jump or fall was contributed to by an 'external impulse', such as pushing or shoving, the distances reached in 'active' or 'passive' instances was 3.8m (plus or minus 1.3m).
166. Various studies have examined whether horizontal velocity can be calculated to determine whether or not a push contributed to a fall or jump. There are a number of variables involved in those calculations including size and weight of the falling individual, the mechanism of the push e.g. two hands or one, the point of the body at which the push is applied and also the platform from where the individual's fall commences.
167. Dr Gibson opined that whilst there were a number of ways by which a person may fall from a building, in circumstances where the only platform is narrow, such as a safety rail or balustrade, then the only means of initiating the fall or jump might be a standing jump or a dive. Wider ledges might allow for additional steps to be taken.

168. In Seth's case, an initial horizontal velocity less than 2.24m/s (in Seth's case 1.29m/s) did not allow for a distinction to be made between a push, jump or dive. Dr Gibson opined that a horizontal velocity of 1m/s can be achieved through forward rotation alone from a narrow platform. I consider that Seth's horizontal velocity was close to that achievable through forward rotation alone. In saying that, and noting the research, I would accept that Seth's horizontal velocity excluded the possibility of an 'active jump' but did not exclude the possibility of a 'passive jump'.
169. With regard to the autopsy results and the measurements of the metal louvres, Dr Gibson concluded that Seth landed on his right side primarily to the anterior and lateral aspects of his head and right shoulder. Based on all available calculations, but without reference to all the other evidence which I have, Dr Gibson considered the following possibilities were open in terms of understanding the movement that lead to the commencement of the fall:
- a) The horizontal component of a dive;
 - b) A forward fall with rotation away from the building;
 - c) A step away from the building; or
 - d) A forward folding over the balcony railing due to either forward motion or a push from behind.

Nature and Effect of Illicit Substances

170. To better understand how the substances detected in Seth's system may have interacted I am assisted by the report of Professor Olaf Drummer, a forensic pharmacologist and forensic toxicology consultant with the Victorian Institute of Forensic Medicine. Professor Drummer is also of Professor of Forensic Medical Science in the Department of Forensic Medicine, Monash University.

LSD

171. Professor Drummer identified LSD as a "*potent hallucinogen*". Common doses are between 100 and 200 micrograms. The effect of those doses would last between 6 and 10 hours depending on the person and the dose ingested. Professor Drummer identified that higher doses, i.e. those above 200 micrograms would give a more intense effect and last longer.
172. The on-set of significant effects were usually between 30 to 45 minutes depending on individual absorption. When considering that the effects of the LSD did not become observable in Sean and Seth until after they had returned to the seventh-floor room (at 7:45pm on 31 March 2018) I find that they likely ingested the LSD just prior to 7:45pm.
173. The relevance of understanding the time when the LSD was ingested is that it informs when the peak effects began to occur. I am informed by Professor Drummer that peak effects usually occur within 1 to 2.5

hours with the consumption of food being known to reduce absorption. If I apply the peak effects time frame in this case, assuming ingestion at about 7:45p.m that would suggest the peak effects began to manifest themselves between 8:45pm and 10:15pm.

174. When considering Sean's behaviour in the hotel lobby from 10:40pm and the preceding time-frame it seems more likely that he was just passing the 'peak effect' stage. However, Professor Drummer also indicated that any consumption of alcohol would exacerbate the effects of other drugs.
175. Another aspect of LSD is that users do not appear to develop tolerance to the drug, therefore, whilst Seth was known to have consumed LSD in the past this would not have inured him to effects of the LSD he had ingested on this occasion.
176. Whilst the post-mortem toxicology results provided a calculation of the level of LSD present in Seth's system then, it was not possible to do a countback to determine the strength of the LSD dosage ingested by Seth. However Professor Drummer opined that if a time of about six hours had elapsed from the time Seth ingested the LSD and the fall then a significant amount would have been removed from his body at the time of the fall. Potentially half the dose would have been consumed. On that basis Professor Drummer opined that it was possible that the dose which had been ingested by Seth was "*more than a low to moderate dose of LSD*". He further commented that the blood concentrations of LSD detected in Seth were consistent with a dose being likely to cause "*a significant pharmacological effect*".
177. That opinion would tend to align with the anecdotal evidence that the LSD was "*very strong*".
178. The physiological effects associated with the ingestion of LSD include:
 - Increased heart rate;
 - Increased blood pressure;
 - Adverse impacts on psychomotor functions such as coordination, reaction times; and
 - Small increases in body temperature.
179. The cognitive and psychological effects associated with the ingestion of LSD include:
 - Altered thinking and reasoning processes;
 - Euphoria;
 - Changes in auditory and visual senses (hallucinations);
 - Perceptual changes including illusions, pseudo-hallucinations and altered time.
180. With regard to the particular circumstances of this case Professor Drummer commented;

“Affected persons will not be aware of where they are and falls from height are unfortunately not uncommon in someone experiencing a hallucinating state”

MDMA

181. Professor Drummer identified common doses of MDMA were between 50 to 100mg. The acute effects of MDMA may last for several hours as its elimination half-life is about 7 hours.
182. The physiological effects associated with the ingestion of MDMA include:
- An increased sense of “*well-being*”;
 - Muscle spasms, including teeth grinding;
 - Increased heart rate;
 - Increased blood pressure;
 - Muscle tremor; and
 - Heightened sensation of colours and smells.
183. The cognitive and psychological effects typically include:
- Euphoria;
 - Increased talkativeness;
 - Increased empathy; and
 - Nervousness.
184. Professor Drummer opined that quantity of post-mortem MDMA detected in Seth’s system was “*small*” suggesting that the MDMA was ingested “*some time earlier*”. Professor Drummer did not have an opinion as to what that timeframe may be, however noting that other members of the group were using MDMA that night (therefore it was available to Seth), I am left with the possibility that Seth may also have acquired and ingested some MDMA at some stage during the afternoon / early evening of 31 March 2018, prior to ingesting the LSD.
185. When considering that MDMA was also detected in Sean’s system I find it likely that he and Seth ingested within a similar timeframe.

Methylamphetamine

186. Methylamphetamine is a potent amphetamine. When active, it raises blood pressure and heart rate and stimulates the central nervous system. It can sometime be present in Ecstasy as a contaminant.
187. The ingestion of Methylamphetamine is inconsistent with Seth’s known drug-taking history. The amount that was detected in his system was not

quantified and I am conscious that it was detected in the urine sample only not in the femoral blood. I would on that basis find it more likely that the presence of methylamphetamine in Seth's system could be accounted for on the basis of it being a contaminant in the MDMA he ingested.

Interaction between Substances

188. Seth had consumed alcohol during the course of the night however no alcohol was detected in the post-mortem sample.
189. Professor Drummer commented that drugs that affect serotonin levels in the brain (such as MDMA) are likely to interact adversely with LSD. However, noting the smaller amount of MDMA detected in Seth's system, relative to the LSD, Professor Drummer considered that the effects at the time of Seth's fall were likely to be "*low*" compared to the likely effects of the LSD.
190. Professor Drummer did not comment on what effects the Methylamphetamine in Seth's system may have had individually or in conjunction the other substances. I accept that in the absence of a quantified amount it was not open to Professor Drummer to draw any conclusions. However, I find its mere presence alone must account for some degree of impairment.

Conclusions

191. In preparing these findings I am required to apply the civil standard of proof and the *Briggenshaw* 'sliding scale'. The gravity of a finding that a death was caused by the actions of a person would mean that a standard approaching the criminal standard of proof should be applied, even though it is beyond the jurisdiction of this Court to commence any criminal charge or impose any criminal sanction. The seriousness of such a finding, when applying the sliding scale, requires that I be satisfied to a greater degree before such a finding can be safely made.
192. I find that Seth was suffering the effects of hallucinogenic and psychoactive drugs when he walked onto the balcony of room 709 at the Rydges Esplanade Resort just prior to 1.30am on 1 April 2018.
193. He was in a euphoric state and was heard by his room mate Sean Clift to yell out "*this is our year, it's going to be a good year*". Thereafter silence, followed by a thud. Seth died as a result of fatal injuries suffered in the fall.

Findings required by s. 45

194. Having the benefit of all the evidence, my findings are as follows:

- Identity of the deceased -** The deceased is Seth James Luhrs;
- Cause of death -** Seth died from multiple injuries following a fall from height against a background of multiple drug (methylenedioxymethylamphetamine, lysergic acid diethylamide) intoxication;
- Date of death –** Seth died on Sunday, 1 April 2018.
- Place of death –** Seth died in Cairns, in the state of Queensland;
- How he died –** On the evening of 31 March 2018 Seth consumed a quantity of lysergic acid diethylamide (LSD); the dose he ingested was more than a low to moderate dose and resulted in a significant pharmacological effect. Prior to ingesting the LSD he had also ingested a quantity of 3,4-Methylenedioxymethylamphetamine (MDMA). The MDMA would have had an effect on Seth's serotonin levels resulting in an adverse interaction with the LSD. Just prior to 1.30am on 1 April 2018 he fell from the balcony of a seventh-floor hotel room located on the Esplanade at Cairns. At the time Seth was experiencing the combined effects of LSD and MDMA which likely altered his thinking and reasoning process. He was suffering the gross intoxicating effects of a hallucinogen and a psychoactive drug.
- Whilst the exact mechanism of the fall is not known it most probably occurred as a result of any of the following:
- a. The horizontal component of a dive;
 - b. A forward fall with rotation away from the building;
 - c. A step away from the building; or an
 - d. Unassisted / unaided forward folding over the balcony.

195. Seth fall was not aided, assisted or caused or encouraged by any other person. The evidence bears out no malafides, no foul play and no direct or indirect intervention of another person.
196. I find there was no defect in the hand rail or balcony structure that might have contributed to death.
197. Seth's death is not suspicious and I find that he, by his own motion, fell whilst under the influence of drugs and alcohol, during a period of psychosis or whilst hallucinating.
198. Seth Luhrs death is a tragic accident.
199. Seth's death is a shocking reminder of the affects of recreational drugs. Young people tend to think of themselves as invincible, they are curious, are influenced by peers and believe they will be safe. Regrettably Seth is one of many who have fallen from heights to their death whilst intoxicated. Many have been shattered by his death. His family and our community will never be the same. The clear message is that good people can die young when they make choices with the potential for harm. No one could have predicted the course of events on this fateful night. No illicit drug is safe. The potency of illicit drugs differs from batch to batch and the strength is often not known by the consumer.
200. Drugs affect everyone differently and have serious adverse side effects. Seth could have been anyone's son or brother or friend.
201. I again extend my sincerest condolences to Seth's parents, his siblings and step-siblings, and his friends for their tragic loss. I trust the Inquest, and these findings will in some way, assist their healing.

Acknowledgements

202. I take this opportunity to acknowledge and thank Counsel Assisting the Northern Coroner, Mr Joseph Crawfoot for his invaluable assistance to the coronial investigation and the Inquest.

I close the inquest.

Nerida Wilson
Northern Coroner
CAIRNS
6 November 2020