



**STATE CORONER'S COURT  
OF NEW SOUTH WALES**

<b>Inquest:</b>	Inquest into the death of Kimberley Cherie Appleby
<b>Hearing dates:</b>	<b>20-23 October 2020, 14-15 December 2020, 7-10 June 2021</b>
<b>Date of findings:</b>	<b>7 July 2021</b>
<b>Place of findings:</b>	NSW State Coroners Court, Lidcombe
<b>Findings of:</b>	Magistrate J Baptie, Deputy State Coroner
<b>Catchwords:</b>	CORONIAL LAW – whether ingestion of fatal dose of pentobarbitone was deliberate, accidental or suspicious, referral to Unsolved Homicide Team
<b>File number:</b>	2016/165388
<b>Representation:</b>	<b>Counsel Assisting the Coroner</b> Mr Robert Ranken instructed by Mr Ian Linwood, Principal Solicitor of the Crown Solicitor's Office, Mr William Kahler, Graduate Solicitor of the Crown Solicitor's Office, Ms Aleksandra Jez, Graduate Solicitor of the Crown Solicitor's Office  <b>Mr Phillip Collingwood</b> Mr David Cohen, Solicitor
<b>Non publication order:</b>	Pursuant to s. 74(1)(b) of the <i>Coroners Act 2009</i> there is to be no publication of any personal details, including residential or work addresses, email addresses or telephone numbers of any witness in these proceedings.
<b>Findings:</b>	I find that Kimberley Cherie Appleby died between 27 and 28 May 2016 at 312/11A Lachlan Street, Waterloo. The cause of her death was acute pentobarbitone toxicity. In terms of the manner of her death I record an open finding.

<b>Recommendations:</b>	I recommend that the death of Kimberley Appleby be referred to the Unsolved Homicide Unit of the NSW Police Homicide Squad for further investigation in accordance with the protocols and procedures of that Unit. I further recommend that a copy of the brief of evidence and transcript of the Inquest into the death of Kimberley Appleby be provided to the Unsolved Homicide Team for this purpose.
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IN THE CORONERS COURT

LIDCOMBE

NEW SOUTH WALES

Section 81 *Coroners Act 2009*

## **REASONS FOR DECISION**

### **Introduction**

1. This is an inquest into the death of Ms Kimberley Appleby who died at her home in Waterloo in the State of New South Wales sometime between 1:00pm on 27 May 2016 and the early hours of 28 May 2016, as a result of acute pentobarbitone toxicity.
2. The hearing of this inquest took place at the NSW State Coroners Court and comprised three tranches of evidence over the course of the following dates: 20 to 23 October 2020, 14 to 15 December 2020 and 7 to 10 June 2021. In these proceedings, Ms Appleby has been referred to as Kimberley, to reflect the personal and less formal manner that her family and friends remember her. It is not intended as any disrespect to her or her memory.
3. Kimberley was 56 years of age at the time of her death.
4. She is survived by her parents, Gary and Shirley Appleby ("Mr and Mrs Appleby"), her daughter, Clementine Blackman ("Clementine"), former husband, Auguste Blackman ("Mr Blackman"), loving friends and by many in the community whose lives she touched.
5. In making these findings, I extend my sincere condolences to Kimberley's family and friends. Despite the logistical difficulties presented by the COVID-19 pandemic, her daughter, parents and Mr Blackman have all been present in Court on each day of these proceedings. On the final day of the hearing, the Court heard an extremely moving and powerful family statement which described Kimberley's triumphs and struggles. Her daughter Clementine told this Court that Kimberley was like a lotus flower, she could rise from the mud again and again to create great beauty. She was full of love, creativity and ambition. She had an erudite mind and left an imprint on those who she crossed paths with. It is evident that she will be sorely missed and celebrated by everyone who loved her.
6. Kimberley's death was determined to be a reportable death, pursuant to section 6 of the Coroners Act 2009 (NSW) ("the Act"), as it appeared to have been an unnatural death and may have occurred in suspicious or unusual circumstances.

### **Issues for Determination**

7. The role and statutory function of the Coroner is found within section 81 of the Act. A Coroner is required to make the following findings as to:

- a. The identity of the deceased;
- b. The date and place of the person's death;
- c. The physical or medical cause of death; and
- d. The manner of death, that is, the circumstances surrounding the person's death.

The issues in this case as to identity, date, place and cause of death are uncontroversial. The principal issues that I must consider concern the manner of Kimberley's death and are outlined in paragraphs [8]-[12] below.

8. First, was the pentobarbitone detected in Kimberley's system and which caused her death:
  - a. Ingested by Kimberley (whether on her own or with the assistance of another person), deliberately with the intention of ending her own life?
  - b. Ingested by Kimberley deliberately for a purpose other than suicide?
  - c. Administered to Kimberley by another person without her consent and/or knowledge?
9. Secondly, what was the nature and history of Kimberley's possession and use of Nembutal?
10. Thirdly, what aspects of Kimberley's personality or life stressors might have led her to ingest the pentobarbitone deliberately with an intention to end her life?
11. Fourthly, what was the nature and history of Kimberley's prior incidents of self-harm or attempt at suicide?
12. Fifthly, what role and/or knowledge, if any, did Mr Collingwood have in relation to Kimberley's ingestion of pentobarbitone on or about 27 May 2016?

## **Background**

13. Kimberley was born on 8 October 1959 to Gary and Shirley Appleby. Kimberley has a younger brother, Darren.
14. Kimberley was a student at Chiron College in Birchgrove and was close friends with Ms Genevieve De Couvreur and Ms Christabel Blackman. In Year 11, Kimberley began to rebel against her parents. In Year 12, Kimberley moved out of home.
15. After leaving school, Kimberley worked for a period at her father's business as a receptionist and personal assistant. Kimberley also commenced a relationship with Mr Blackman (who she knew from Chiron College) and they moved into a property in Woollahra together in 1977. In 1979, they travelled to the UK and were married in 1983.
16. On 17 November 1985, Kimberley gave birth to their daughter, Clementine. In around 1989, Kimberley and Mr Blackman separated, however, continued to communicate in their role as parents to Clementine.

17. Kimberley then commenced a personal relationship with Mr David Cook in the early 1990s and their marriage lasted for approximately 20 years.
18. In around 2008, Kimberley met Mr Phillip Collingwood while they were both working for Parterre Gardens, a designer outdoor garden shop in Woollahra. They developed a friendship and subsequent relationship, which was variously described by Clementine as being “very tumultuous”, by Mr Blackman as a “relationship based on substance abuse” and by Ms De Couvreur as “a torrid, co-dependent, on-again-off-again relationship”.
19. During these years, Kimberley was regarded as an accomplished and successful landscape and interior designer; as well as dealing in property renovations and art. Up until 2012, Kimberley bought a number of residential properties in Sydney, which she restored and sold for a financial gain.
20. In 2012, Kimberley relocated to Launceston, Tasmania. Kimberley’s friend, Ms De Couvreur was, by that time, domiciled in Tasmania and married to Dr Stephen Tredinnick. Kimberley purchased a handsome home and proceeded to renovate it in her usual tasteful fashion. By 2014, Kimberley had sold this property and purchased a smaller apartment. It appeared to Ms De Couvreur, that Kimberley was retreating socially and declining in her mental health over this period.
21. In September 2014, Kimberley was admitted to Launceston General Hospital. Hospital records indicate that she had been conveyed to hospital by ambulance “after an intentional overdose of pentobarbital medication which she ordered off the internet”. Kimberley later denied that this had been an attempt at self-harm. Mr Collingwood was visiting Kimberley at that time and left to return to Sydney the following day as pre-planned.
22. In late 2014, Kimberley returned to live in Sydney. She spent some time on the northern beaches, staying with friends at Palm Beach.
23. In 2015, Kimberley purchased and moved into a one-bedroom apartment at 312/11A Lachlan Street in Waterloo.
24. In around mid-2015, Mr Collingwood suffered serious burns to his legs. Shortly thereafter, Mr Collingwood moved into Kimberley’s apartment and usually slept on the lounge in the living area. He was no longer fit enough to undertake regular paid work and by 2016, was assisting Kimberley with cooking, driving her to appointments and other tasks, such as assisting with her dosage of prescribed medications. He claimed to be paying rent to Kimberley.

### ***A brief overview of Kimberley’s mental health history***

25. Kimberley’s first documented mental health referral occurred in 1992, when she was referred to a psychiatrist for depression. In August 2002, she was admitted to the Northside Clinic for alcohol rehabilitation following a suicide attempt.
26. Since her initial referral to the Northside Clinic, Kimberley was admitted to various hospitals and medical facilities over the years to assist with “alcohol and poly-substance abuse, depression, anxiety, self-harm, suspected drug overdoses and suicide attempts”. During an admission to Callan Park Mental Hospital, Kimberley was described as having been diagnosed with “borderline personality disorder or schizophrenia”.

27. Kimberley had a history of poor compliance when admitted to various rehabilitation clinics, mental health facilities and hospitals. She would regularly discharge herself contrary to medical advice or prior to the completion of relevant programs. She is also documented as having experienced unpleasant side effects to medications, particularly antidepressants.
28. The array of medical records provided to the Court as part of the documentary evidence in this matter, provide a picture of Kimberley consistently attempting to deal with alcohol and substance misuse, together with depression and anxiety, from the time of her first admission in 1992. By the time Kimberley was in her forties, she reported that her depression was deepening and felt that her behaviour had become more avoidant.
29. Medical documentation suggests that Kimberley would abstain from alcohol for a period of time, only to relapse and subsequently binge on alcohol and prescription and/or illicit substances.
30. By 2015-16, Kimberley was assessed as having a severe chronic major depression/major depressive disorder, severe anxiety, insomnia, substance misuse and possibly a borderline personality disorder. Towards the latter part of 2015, Kimberley's mental health appeared to be in decline. Kimberley had confided to Ms De Couvreur that at this time she was smoking cannabis and using cocaine.
31. On 28 August 2015, NSW Police Force ("NSWPF") officers attended Kimberley's apartment after receiving a concern for welfare report. She was transported to St Vincent's Hospital by ambulance for assessment.
32. On 22 September 2015, NSWPF officers were again called to Kimberley's apartment in response to a complaint by her of a robbery. She was described as being disoriented, confused and affected by drugs or alcohol. Kimberley was conveyed to St Vincent's Hospital and on 23 September 2015, she was transferred to Royal Prince Alfred Hospital. Whilst at Royal Prince Alfred Hospital, Kimberley's condition was assessed as being a brief psychotic episode. The clinical progress notes indicate that Kimberley responded well to the medication she was administered, being 10mg Olanzapine, and she was discharged on 28 September 2015.
33. On 3 December 2015, Kimberley was an inpatient at the Northside Clinic for drug (cocaine) and alcohol rehabilitation. She expressed some suicidal ideation and absconded but was later taken to the Royal North Shore Hospital for a risk assessment.
34. Despite aspects of avoidant behaviour and a decline in her physical and mental health, Kimberley was actively engaging with various medical and psychiatric specialists. She appeared to be resigned to attending a full-time residential rehabilitation facility shortly before her death.

#### **Kimberley's use and procurement of Nembutal**

35. Witnesses and medical records suggest that the earliest indication of Kimberley's use of Nembutal (the product name for pentobarbitone) occurred in Launceston, Tasmania in 2014.
36. It has been inferred that at this time in 2014, Kimberley had secured a vial of Nembutal from a supplier in Mexico, as it is a banned substance in Australia.

37. Mr Collingwood was visiting Kimberley in Launceston for around ten days in September 2014. On the night of 17 September 2014, Mr Collingwood said that he found Kimberley in bed and that she appeared barely conscious and incoherent, so he contacted Ms De Couvreur. Ms De Couvreur contacted an ambulance and Kimberley was transported to Launceston General Hospital. She remained an inpatient in their psychiatric ward for three days.
38. Kimberley left Tasmania approximately three weeks after being discharged from hospital and returned to Sydney. She admitted herself to the South Pacific Residential Psychiatric and Rehabilitation Facility ("South Pacific"), a private psychiatric facility in Curl Curl and remained there for around three weeks. Afterwards, she stayed with a friend in Palm Beach before moving into her own apartment in Palm Beach. Mr Collingwood visited her at Palm Beach and they discussed her use of Nembutal. Mr Collingwood gave evidence that Kimberley told him she wanted to have access to Nembutal, as it was a type of "security blanket" so that she could end her life whenever she wanted to.
39. Clementine confirmed that after the incident in Launceston, her mother was regularly purchasing supplies of Nembutal, as "a vehicle for self-harm" and would take it in small doses by having "little sips" of it. Mr Collingwood also described her ingestion as consisting of "little sips".
40. Clementine said that her mother used the Nembutal for "sleep therapy" and cocaine as her "awake therapy".
41. No further specific reference is made to Kimberley's possession or use of Nembutal until early 2016.
42. By late March 2016, Kimberley appeared to be corresponding by email with Mr Alejandro Vasquez, her Mexican supplier of Nembutal.
43. On 7 April 2016, Kimberley sent an email to Mr Vasquez stating "my partner has taken my last gift from you and hidden it from me. I will send money asap".
44. On 8 April 2016, Kimberley sent Mr Collingwood a number of text messages, accusing him of taking and hiding her bottle of Nembutal.
45. On 20, 21 and 23 April 2016, a number of emails refer to Kimberley forwarding money to Mr Vasquez via Western Union.
46. The cost of a 100mL bottle at this time was USD \$300.
47. On 5 May 2016, Kimberley and Mr Collingwood attended an appointment with Dr Allard, Consultant Psychiatrist at Mind Plasticity Pty Ltd in Woolloomooloo. During this appointment, Kimberley confided in Dr Allard that Mr Collingwood had confiscated her supply of Nembutal. Kimberley reputedly became very distressed when Dr Allard suggested that the Nembutal should be destroyed. An admission was sought to the Northside Clinic without success and Kimberley was then admitted to St Vincent's Hospital, until her discharge on 7 May 2016. On 6 May 2016, Mr Collingwood surrendered a vial of Nembutal to the staff at St Vincent's Hospital requesting that it be destroyed.
48. On 23 May 2016, Kimberley received several emails from Mr Vasquez. Mr Vasquez inquired as to how many bottles she wanted to buy this time, to which Kimberley responded, "just one". Mr Vasquez then sent instructions for payment via Western Union

or PayPal. It would appear that at this time, Kimberley had not received the shipment ordered by her in late April 2016.

49. At 6:40pm on 24 May 2016, Kimberley sent a text message to her friend, Dr Tredinnick stating, “[a]ny plans to move north have gone to dust my mother has power of attorney over my affairs I am suicidal and have the means. I am desperate please call”. The call records indicate that Kimberley and Dr Tredinnick spoke on the phone. Later that same evening, Dr Tredinnick sent the following text message:

“Thanks for the conversation last night – very informative which is what is needed. Don’t make another stupid decision. If you have just received this crap from Mexico you must have ordered it a while ago. Why would you plan to head north and stay with your mother with that sort of baggage! Commit suicide on your mother’s watch??!! What a shit of an idea! Pull your socks up. You had a bad day. Stop worrying people about your potential suicide. It’s Ban (sic) Manners and we can’t have that can we Kimberley Xm.”

50. Australian Post records confirm that just before 5:00pm on 24 May 2016, a package addressed to Kimberley was collected from the Strawberry Hills Post Office. The package had the same tracking number as a consignment Kimberley had ordered from Mr Vasquez.

### **Developments in early 2016**

51. In January 2016, Kimberley’s parents rented an apartment in Balmain East to spend more time with her. They would split their time between their properties in Queensland and Sydney.
52. In February 2016, Kimberley confided in Clementine that she was using cocaine recreationally.
53. Clementine travelled from France and spent approximately six weeks in Sydney from 18 March until 10 May 2016.
54. On 16 March 2016, Kimberley presented to the Royal Prince Alfred Hospital with a referral letter from her General Practitioner, Dr Peter Brown citing extreme anxiety. Kimberley was assessed by Dr Suzanna Goodison and released home to await private admission to the Northside Clinic.
55. On 21 March 2016, Kimberley was admitted to the Northside Clinic under the care of Dr Richard Lachlan (Chief Medical Officer) and Dr Dhyana Amano (Treating Psychiatrist). Northside Clinic medical records note Kimberley was assessed and treated for major depression, alcohol dependence and possible borderline personality disorder, but denied thoughts of self-harm. During her admission, Kimberley was described as being “generally uncooperative with treatment” and on 23 March 2016, she discharged herself against medical advice. Staff recommended a long term stay for alcohol rehabilitation.
56. On 29 March 2016, Kimberley and Clementine attended an appointment with Dr Paul Pusey, Psychologist. This session involved a discussion of how to effectively treat Kimberley’s destructive behaviours which were contributing to an estrangement between her and Clementine.



57. On 27 April 2016, Kimberley attended an appointment with Dr Allard in the company of Mr Collingwood. Dr Allard adjusted Kimberley's medication and made a referral to a mental health occupational therapist.
58. On 4 May 2016, Kimberley attended a further appointment with Dr Allard. At this time Kimberley expressed her frustration and anxiety relating to building demolition and construction next to her apartment, financial stress, having difficulties selling her apartment for a reasonable price and insomnia. Dr Allard prescribed Kimberley Agomelatine.
59. On 5 May 2016, Kimberley attended an appointment with Dr Allard in the company of Mr Collingwood (as described above in paragraph [47]).
60. After her discharge from St Vincent's Hospital on 7 May 2016, the Acute Care Team from the Eastern Suburbs Community Health Service ("Acute Care Team") attempted to engage with Kimberley on 11 May 2016. Kimberley was described as being quite difficult to engage with and reported that she has little energy as a result of leaving hospital and missing Clementine, who had returned to France. Kimberley again spoke with the Acute Care Team on 13 May 2016, and denied any suicidal intent and stated that she had been "sipping Nembutal" to help her sleep, but that a friend had subsequently confiscated the Nembutal. Again, she complained of the stress she was experiencing in relation to the nearby construction works.
61. On 13 May 2016, Kimberley attended for an individual appointment with Dr Pusey. At this time, Dr Pusey was of the view that Kimberley was not suicidal.
62. On 17 May 2016, Kimberley was discharged from the care of the Acute Care Team with a direction that she continue to consult with her regular psychiatrist and general practitioner.
63. On 20 May 2016, Kimberley attended on her general practitioner, Dr Brown. Dr Brown noted that she "showed no sign of dual personalities or alcohol odour" and recommended that she cease taking Olanzapine. He noted that Kimberley did not present as being suicidal in any way.

#### **The week leading up to Kimberley's death – 20 May to 27 May 2016**

64. As Kimberley's health continued to decline in 2016, her parents and her daughter discussed and began making arrangements for Kimberley to move to her parents' farm in Queensland. Kimberley was initially resistant to this proposal, but eventually acquiesced and seemingly embraced the proposal.
65. On 20 May 2016, Kimberley and her mother attended on Kimberley's long-time solicitor, Mr Phillip Sim to draft and execute a limited Power of Attorney in favour of her mother for the sole purpose of facilitating the sale of Kimberley's apartment. Over the ensuing days, Mrs Appleby began preparing the apartment for inspections for sale. This included liaising with the real estate agents, arranging inspections and packing Kimberley's personal possessions.
66. On 23 May 2016, Kimberley and her mother attended an appointment with her alternate general practitioner, Dr Khlentzos. Dr Khlentzos prepared a letter supporting Kimberley's application for the disability support pension and wrote a further script for the prescription medication, Seroquel. At this time, Kimberley was also prescribed Agomelatine, Lexam

and Diazepam. During this appointment, Kimberley admitted to the recent heavy use of cocaine. This reportedly came as a shock to Kimberley's mother. As a result of this admission, Kimberley's parents decided that Kimberley would need to attend a full-time residential rehabilitation service prior to her transition to their property in Queensland.

67. On 24 May 2016, Mrs Appleby assisted Kimberley to pack a number of her personal possessions and items of clothing into large blue, red and white zippered bags. The furniture was left for the upcoming property inspection.
68. On 24 May 2016, Kimberley's parents spoke with her about her forthcoming move to Queensland and their requirement that she attend a residential rehabilitation service prior to her relocation. They reported that she became angry and upset with this condition and commenced to spiral into a deeper depression. Kimberley sent her father a text message stating, "I am suicidal you have taken my hope away" and "I will throw myself under a train". Kimberley also sent an email to her daughter Clementine entitled "Destruction" stating "You again have destroyed my life".
69. On the evening of 24 May 2016, police were called to a reported domestic incident at Kimberley's apartment. Kimberley told police that she had been arguing with Mr Collingwood in relation to finances and wanted Mr Collingwood to vacate her premises.
70. Subsequently, Kimberley confirmed with her mother that she would attend a rehabilitation service at the Currumbin Clinic near the parent's farm in Queensland after 1 June 2016.
71. At 11:15am on 25 May 2016, Kimberley attended the Surry Hills Shopping Centre. Mr Collingwood had driven her there. CCTV footage depicts Kimberley entering the Australia Post Office by herself and making a purchase at the counter. Records confirm that the purchase was a Will Kit. Kimberley then went to a tobacconist before returning to her car, where Mr Collingwood had remained in the driver's seat.
72. Kimberley and Mr Collingwood then attended the Chemist Warehouse store in Surry Hills at around 1:50pm to fill Kimberley's Valpam prescription. One of the staff, Ms Swarnasri Chandrasekaran, a pharmacy intern, recalled the transaction and further recalled the relationship between Kimberley and Mr Collingwood was odd, with Mr Collingwood talking on behalf of Kimberley. Kimberley said that she felt nauseous and requested to be provided with Anagrain. The pharmacist on duty recommended Hydra-lite and Travacalm as an alternative.
73. Later that afternoon, Kimberley and Mr Collingwood attended a scheduled appointment with Dr Allard. Dr Allard discussed with Kimberley the possibility of a voluntary admission to the Sydney Clinic on 30 May 2016 for a three-week period. Mr Collingwood confirmed with Dr Allard that he had surrendered the last bottle of Nembutal to St Vincent's Hospital and that no other bottles had arrived, nor were they likely to arrive. Dr Allard prescribed Diazepam 5mg daily dose to Kimberley, as requested by her.
74. CCTV footage captured at approximately 12:30pm on 27 May 2016 depicts Kimberley and Mr Collingwood again at the Surry Hills Shopping Centre. In that footage, Kimberley appears to be unsteady on her feet and appears to require, and be given, assistance by Mr Collingwood. They entered Blooms the Chemist together and then separated within the store. Kimberley approached the counter and Mr Collingwood went to an aisle where pain medication is displayed. He stated in his recorded interview, and confirmed in oral evidence, that he went to locate, and subsequently purchased some Voltaren.

75. CCTV footage depicts Kimberley speaking with the two pharmacists on duty, Mr Yat Yeung "Herman" Wu and Ms Victoria Huang. They explained in their statements that the discussion related to witnessing Kimberley's handwritten will. Mr Wu recalled that he did not see whether the front pages of the will had been completed. Ms Huang recalled that she did not read through the document and did not recall seeing any handwriting on the first two pages of the will. Neither Mr Wu nor Ms Huang signed each page of the will and only signed the final page. Ms Huang described Kimberley as appearing a "bit unwell, tired and a bit sickly; like she lacked energy or was suffering from a terminal illness" but there were no obvious signs to Ms Huang that Kimberley was under the influence of drugs or alcohol.
76. After signing the will, CCTV footage shows Kimberley and Mr Collingwood leaving the chemist together and Kimberley appears to hand or present the will to Mr Collingwood. Mr Collingwood maintains that Kimberley did not tell him about her new will.
77. After ordering some Japanese food from a restaurant across from the chemist, Kimberley and Mr Collingwood appear to have driven home.
78. Mr Collingwood stated that he had returned to the Surry Hills Shopping Centre at around 4:00pm on 27 May 2016 to purchase some fruit juice and cigarettes for Kimberley, at her request. He stated that he returned to the apartment at 5:00pm and Kimberley was on the veranda having a cigarette. He stated that Kimberley retired to bed shortly after this at which time he brought her some fruit juice. He stated that he checked on Kimberley "every now and then".
79. At around 5:00pm on 27 May 2016, Mr Appleby arrived in Sydney from Queensland. Mr Appleby planned to join Mrs Appleby at their Balmain unit and assist Kimberley with selling her apartment and more generally. It appears his flight had been delayed due to poor weather. By the time Mr Appleby arrived, he and Shirley were both too tired and postponed their plans to visit Kimberley that evening.
80. According to Mr Collingwood, he left Kimberley's apartment from around 8:00pm until 9:30pm to get some dinner. He stated that upon his return to the apartment, Kimberley was asleep in her bedroom. He told police that a friend of his, Mr Rob Chesterfield arrived at the underground garage area of the Waterloo apartment block at around 11:00pm to deliver some extractor fans. Mr Collingwood claims he could hear Kimberley snoring as he was leaving the apartment to meet Mr Chesterfield and thought that she was asleep. Mr Collingwood said that Mr Chesterfield subsequently left and he returned upstairs to Kimberley's apartment at around 11:15pm. He continued to watch television in the lounge room, before collecting his bedding from Kimberley's bedroom and retiring back on the lounge at around 2:00am on 28 May 2016. He indicated that at this time he could not hear Kimberley "snoring but believed her to still be asleep."

### **Events on 28 May 2016**

81. Mr Collingwood said that on the morning of Saturday 28 May 2016, he was woken by Kimberley's dog, Jassie at 5:30am. He took Jassie outside for a toilet break and returned to the lounge where he went back to sleep. He was again woken by Jassie at 7:30am and again took her outside. He says that he returned with Jassie sometime between 8:00am and 8:45am and started making toast.

82. He stated that at around 8:45am, he entered Kimberley's bedroom to see if she wanted breakfast and found her to be cold and non-responsive. He tried to lift her arm, however, it was stiff.
83. Call records confirm that Mr Collingwood contacted Triple Zero at 8:54am. He stated to the operator that he thought his partner had overdosed as she had been depressed.
84. NSW Ambulance officers attended at 9:16am in response to the Triple Zero call. Kimberley was found lying "right lateral in bed, she had a warm left arm however cold abdomen face and other extremities". On arrival, Kimberley was declared deceased by attending paramedics. However, a formal declaration that Kimberley was life extinct did not occur until 1:00pm, after she was conveyed to Royal Prince Alfred Hospital.
85. NSWPF officers subsequently attended. A NSWPF crime scene officer, Senior Constable Charlotte Moran, initially examined the apartment. She took photographs of glasses of fruit juice and an empty, small opaque bottle on Kimberley's bedside table (located on the eastern side of her bed). None of these items were seized or further processed by police.
86. In his recorded interview, Mr Collingwood does not suggest that he told NSWPF officers that he believed that Kimberley may have ingested Nembutal. Rather, when asked about the contents of Kimberley's phone which was being reviewed by two NSWPF officers, he was asked whether she had received something from Mexico, to which he replied "Yes, .... I think it might, maybe its Nembutal".
87. Mr Collingwood later told police during his recorded interview that he only noticed the bottle next to Kimberley's bed after the police had left the apartment. He did not contact the police at that time to report this to them. He later disposed of the empty bottle.
88. Telephone records indicate that following Kimberley's death, Mr Collingwood had telephone contact with Mr Chesterfield at around 11:00 am. At 11:17am, he sent a text message to Mr Appleby asking, "Did u make it down to Syd?".
89. Mr Collingwood telephoned Mr Appleby at 12:01pm to advise of Kimberley's death.

### **Evidence from witnesses involved on 28 May 2016**

#### **Triple Zero call transcript**

90. Triple Zero call records indicate that Mr Collingwood placed a Triple Zero call at 8:55am on 28 May 2016. The transcript of the call refers to him sobbing as he described the situation. He told the operator, "I just came to wake my partner up and she's cold", "I can't find a pulse" and "she's stiff".
91. He went on to say, "...she's probably taken an overdose, she's depressed". When asked by the operator what she might have overdosed on, he responded "I don't know, I'm not sure ... she's, she's been in bed for two days. She's been really depressed... She's on anti-depressants and all sorts of stuff and I, I don't know, she, she's dead."

## Evidence of Ms Anne Lennard and Mr Julian Amesbury

92. Ms Anne Lennard and Mr Julian Amesbury were the two paramedics who responded to the urgent broadcast at 8:55am on 28 May 2016, subsequently attending Kimberley's Waterloo apartment. Mr Amesbury provided a statement to police dated 13 July 2018. He was not called to give oral evidence in these proceedings. Ms Lennard provided a statement to police on 8 July 2018. Ms Lennard gave evidence during these proceedings on 20 October 2020. The initial broadcast had indicated that they were responding to a "Cardiac or Resp Arrest".<sup>25</sup> En route this advice was downgraded to due to an obvious death. Upon arrival at the scene at around 9:16am, they recall entering the apartment prior to the police.
93. Ms Lennard noted in her police statement:
- "We were met outside of the location by the partner of the patient and he advised that the patient had depression and was last seen by him at 11:00pm last night snoring in bed after having a fight with her mother over the phone who allegedly told the patient she was better off dead which had upset her. The patient's partner did not appear to be distressed or upset... Julian and I entered the apartment and I remember thinking it was odd that someone so depressed had such a clean house and that her partner was dressed similar to a band roadie."
94. Ms Lennard continued:
- "The patient's partner advised that the patient had a history of depression, she had not left the house in some days due to being in a depressed state, she had a history of suicide attempts and alcohol abuse. She was due for voluntary admission to private psychiatric ward on Monday. There were no empty tablet packets near bedside or signs of trauma... I remember thinking it was odd, that the patient's partner had mentioned the use of pills by the patient in previous suicide attempts and I did not find any empty pill packets in her room. I would normally expect to find this evidence when a patient overdoses."
95. Ms Lennard recorded in her statement that the patient was "taking the following medications: Agomelatin, Quetiapine fumarate, Escitalopram and Diazepam. She noted that "these medications are anti-depressants". However, she did not "recall whether [she] actually saw the medications or was provided this information by the patient's partner".
96. In her oral evidence, Ms Lennard confirmed a number of the details contained in her statement. Ms Lennard recalled Mr Collingwood telling her and Mr Amesbury about the conversation that allegedly took place between Kimberley and Mrs Appleby (as outlined in her statement). Although Ms Lennard was unable to recall whether her understanding was that this conversation had occurred just prior to 11:00pm on 27 May 2016 or earlier, she believed it occurred on the same night, that is, 27 May 2016, "from the way I've written this".
97. Ms Lennard was questioned as to her recollection of any mention of Nembutal and whether she would have recorded an exchange of that type. Ms Lennard stated that "I generally would have. I can't promise that four years ago I was as thorough as I am now, but it's something I would have".
98. Ms Lennard confirmed that at the time of her attendance at Kimberley's apartment, she was unfamiliar with the drug Nembutal. Ms Lennard stated in her evidence that "I normally, even if I don't know the medication, I normally would enter it in, but there is a possibility that I didn't enter because I – because it wasn't in the pre-options of medications and that I didn't know the medication, that is an option".

99. Ms Lennard was questioned by Mr Cohen in relation to her recollection of the conversation between herself and Mr Collingwood. In particular, Ms Lennard was asked about Kimberley's history of overdoses and specifically whether Mr Collingwood had mentioned anything about pills during their conversation. Ms Lennard conceded that Mr Collingwood may have only mentioned Kimberley's history of overdoses to her and not specifically pills, stating, "I'm sorry, that could have been what he said. That's what I recall when I did my statement".

100. Mr Amesbury noted in his statement:

"My recollection isn't strong. I recall that I think he had a beard and was an older male. He told us that she was dead. Going off the notes, I believe he told us that he she (sic) had an argument with her mother over the phone and taken an overdose. The notes on the record state that he said 'She had an argument with her mother that night in which he (sic) mother had said she would be better off dead.' He didn't say what she had overdosed on. He didn't appear too distressed and I even though (sic) perhaps a little Blaise (sic). He wasn't crying and took (sic) upstairs to the unit."

101. He stated that he noticed "there was a lack of tablets or packets of tablets that I would usually associate with an overdose. Everything appeared neat and tidy". Mr Amesbury further stated that the male had not indicated what she had overdosed on previously. Mr Amesbury made no comment about seeing or being directed to the drug Nembutal at any time during his attendance at Kimberley's apartment.

#### **Evidence of Senior Constable Michael Welch**

102. Senior Constable Michael Welch (as he then was) and his partner, Leading Senior Constable Corey Lay were the first police officers on scene at approximately 9:30am on 28 May 2016.

103. Upon arrival at the scene, Senior Constable Welch commenced making notes in his police issued notebook. These notes, beginning at page 97, contained information gleaned from Mr Collingwood. Senior Constable Welch also made notebook entries based on his independent observation of Kimberley's apartment. He described Kimberley's bedroom and recorded that "On top of the bed side table to the right, was what appeared to be a half empty glass [of] juice, a full glass of what appeared to be orange juice, [an] 'Up & Go' breakfast drink carton and a white coloured plastic bottle container with the lid off".

104. Senior Constable Welch also obtained a notebook statement from Mr Collingwood, which appears from page 104 of his police notebook. He confirmed that he commenced that statement after both Detectives Byrne and McLennan had left the apartment. Senior Constable Welch also confirmed that Mr Collingwood signed his notebook at around 11.30 hours, whilst crime scene officers were examining Kimberley's bedroom.

105. Senior Constable Welch confirmed that the Scene of Crime Officers left at around 11:55am.

106. Senior Constable Welch confirmed that he had not previously heard of a suicide drug called Nembutal or "Nubutol" (as he has recorded it in his police notebook). He confirmed that he was told the name of this drug by Mr Collingwood in the context of "Deceased ordered 'Nubutol' or similar online from Mexico, possibly as suicide drug. NOK (Mr Collingwood) found out and took it. Surrendered it to St Vincent's (PIC Unit)".

107. Senior Constable Welch confirmed that Mr Collingwood provided him with the information that Kimberley had “spent most of the days in bed” and that “mum + deceased had argument on phone a few days ago. Mum said ‘you’ll probably be better off dead””.
108. Senior Constable Welch confirmed that Mr Collingwood provided him with the details of the prescription medications that he recorded in his notebook. He stated that he searched Kimberley’s bedroom, including the bedside table and drawers, the kitchen drawers and generally, in search of the missing prescription medications.
109. Senior Constable Welch indicated that Mr Collingwood directed him to a Facebook post Kimberley made on 23 January 2016. He stated that his usual practice is to go through text messages but not Facebook unless specifically directed to it. Kimberley’s Facebook post was in the following terms:

“Can’t say it enough...Many people think that a suicide attempt is a selfish move because the person just does not care about the people left behind. I can tell you that when a person gets to that point, they truly believe that their loved ones will be much better off with them gone. This is mental illness, not selfishness. TRUTH: Depression is a terrible disease and seems relentless. A lot of us have been close to that edge, or dealt with family member s in a crisis, and some have lost friends and loved ones. Let’s look out for each other and stop sweeping mental illness under the rug...”

#### **Evidence of Detective Sergeant Robert McLennan**

110. Detective Sergeant McLennan provided a statement in these proceedings dated 2 June 2016. He described arriving at the scene with Detective Senior Constable Eamonn Byrne at 9:38am on 28 May 2016. He stated that on arrival, he noted Sergeant Mark Griffiths, Leading Senior Constable Michael Welch, Constable Cory Lay and Phillip Collingwood were already present.
111. Detective Sergeant McLennan stated that he sat down with Mr Collingwood in the living/dining room area. He noted that there was bedding on the lounge, consistent with the account provided to him by Mr Collingwood, that he had slept on the lounge from around 2:00am – 3:00am that morning. Detective McLennan stated that he recorded the conversation in his notebook. At the same time, he noted that Senior Constable Welch and Detective Senior Constable Byrne were examining prescription medication packaging near the kitchen bench.
112. Detective McLennan stated that Mr Collingwood told him:

“She was trying to get a referral from Centrelink to get into the Northside Clinic at Greenwich. She sees Dr Ben Allard, Crown Street, Woolloomooloo. She was seeking admission. There’s a suicide message on her phone. She got into this argument with her mother because she had cocaine in her system. She was scheduled for three or four days at PIC, St Vincent’s, mid April, 2016.”

113. Detective Sergeant McLennan then stated that:

“Detective Byrne showed me several messages on a mobile telephone that were consistent with text messages being sent by a depressed person. Detective Byrne also said ‘I’ve googled this medication (Whilst holding up a small cardboard packet). You can overdose on this if you take too much. It is only dated a couple of days ago and there is plenty missing.”

114. Detective McLennan gave evidence in these proceedings on 20 October 2020. He confirmed that when he spoke with Mr Collingwood in the lounge area of Kimberley's apartment, Detective Senior Constable Byrne was close by.
115. Detective McLennan confirmed that he was making notes in his notebook whilst speaking with Mr Collingwood, however, these notes were not verbatim. He confirmed that Detective Senior Constable Byrne and another police officer appeared to be looking through Kimberley's mobile phone. However, he could not recall if there was an exchange at around this time involving Mr Collingwood and the two police officers as to the contents of the phone.
116. Detective McLennan confirmed that he was told by Mr Collingwood that Kimberley had talked of suicide after an alleged conversation with her mother. Detective McLennan was unable to say when this falling out had occurred, "My notes are that she just had. I don't know – I haven't got a time or date stamp for that".
117. Detective Sergeant McLennan was asked if he ever recalled hearing Mr Collingwood mention the word Nembutal. He responded that "My memory is Fentanyl".
118. Detective McLennan confirmed that he had heard of Fentanyl and Nembutal. In relation to Nembutal, he stated "I have heard of that drug [Nembutal], but even now I don't know what it's – if it's an anaesthetic. I just don't know".
119. He confirmed that another NSWPF officer may have mentioned Fentanyl and that if Mr Collingwood had mentioned either Fentanyl or Nembutal he would have written it in his police notebook:
- "Yeah, if he had have said it, I would have written it, because I'm reading my notebook now and he mentioned Voltaren and going to Redfern to get Voltaren, so if he'd have said 'Fentanyl', I would have written that down in my notebook at that time."
120. Detective Sergeant McLennan was then asked whether his practice of making a particular notebook entry would also apply to Mr Collingwood mentioning Nembutal, to which he responded "yes". It was later suggested to him by Mr Cohen that Mr Collingwood did in fact say words to the effect "Yes. It might be Nembutal". Detective Sergeant McLennan replied:
- "If he had said that, I would have written that in my notebook because I've written 'Voltaren' and I've also written in my notebook 'cocaine'. If he had mentioned another drug, I would have written it down."
121. During the course of his evidence, Detective Sergeant McLennan was also asked whether he recalled a conversation between other NSWPF officers concerning Kimberley's possible acquisition of something from Mexico. He indicated that, "I've heard this conversation, but I don't know when it occurred".

### **Evidence of Detective Senior Constable Eamonn Byrne**

122. Detective Byrne provided a statement dated 14 August 2016. He confirmed the detail provided by his partner, Detective McLennan. He described the bedside table to the right side of the bed if looking from the bedroom door contained "an Up and Go popper, half a glass of a yellow coloured drinking liquid, a full glass of an orange coloured drinking liquid and a clear plastic bottle."



123. Detective Senior Constable Byrne also confirmed that he and Senior Constable Welch returned to the living area/ kitchen area and commenced reviewing the medications located in the kitchen at the same time that Detective McLennan was sitting on the lounge talking with Mr Collingwood. Detective Senior Constable Byrne could not recall the conversation between Detective Sergeant McClennan and Mr Collingwood. However, he made a record of the following medications which were prescribed to Kimberley:
- a. Apo Quetiapine 25mg, prescribed on 20 May 2016 by Dr Peter Brown. He noted that the “box holds 60 tablets, however there were 65 tablets in the box in several blister packs. I googled this drug and a brief overview is that it treats symptoms of schizophrenia, manic episodes associated with bipolar disorder, and depressive episodes associated with bipolar disorder”.
  - b. Agomelatine (Valdoxan) 25mg, prescribed by Dr Allard on 5 May 2016. “The box holds 28 tablets, however there were only 4 tablets in the box in a blister pack. I googled this drug and a brief overview is that it treats for (sic) depression”.
  - c. Valpam (Diazepam) 5mg, prescribed by Dr Allard on 25 May 2016. “This box was empty and LSC Welch and I could not locate any tablets or empty blister pack relating to this medication. I googled this drug and a brief overview is that it treats anxiety and relieve (sic) symptoms associated with alcohol withdrawal”.
  - d. Apo Escitalopram 10mg, prescribed by Dr Richard Lachlan. “One prescribed on 5/4/16 with 23 tablets left and (sic) second box prescribed on 12/4/16 with 22 tablets left. Both boxes hold 28 tablets. I googled this drug and a brief overview is that it treats for anxiety and depression”.
124. Detective Senior Constable Byrne also recorded in his statement that he went through a silver-coloured Apple iPhone 6, which Mr Collingwood told him belonged to Kimberley. He stated that “There were several Facebook posts and text messages to ‘Stephen’ and ‘Dad’ making reference to suicide. I relayed this information along with the information regarding the prescription medication to Detective Sergeant McLennan”.
125. During the course of his oral evidence on 21 October 2020, Detective Senior Constable Byrne confirmed that he was aware that the Crime Scene Officers were en route and for that reason he did not disturb any items in Kimberley’s bedroom. Detective Senior Constable Byrne was asked whether “anybody, either Mr Collingwood, or any of the other police officers, [pointed] out of [sic] any matters of particular interest in the room to you”, to which he responded “No, not from the room” (being Kimberley’s bedroom).
126. He confirmed that he perused the silver-coloured Apple iPhone 6 and had the impression that the information that the phone belonged to Kimberley had been provided by Mr Collingwood, but does not recall having that conversation with Mr Collingwood. Detective Senior Constable Byrne recalled that he had looked through the phone entries which “[f]rom memory, it was just the Facebook messages and text messages” which included the messages to “Steven” and “Dad”.
127. Detective Senior Constable Byrne remained steadfast that he had only reviewed the Facebook messages and text messages, and denied having reviewed the emails at the time he was at the apartment. He confirmed that he recalled hearing Detective McLennan and Mr Collingwood discussing ‘Mexico’, but did not recall hearing any conversation relating to Nembutal. Detective Byrne confirmed that the reference to ‘Mexico’ may have been gleaned from the text message between Kimberley and ‘Steven’.

128. Detective Byrne stated that on 3 June 2016, he applied for, and was granted, a Coronial Investigation Scene order, which was executed at Kimberley's apartment at 2:20pm that day. He stated that Mr Collingwood was present during the search of the premises.
129. He confirmed that the following items were seized pursuant to the order:
- a. 1 x box of Quetiopine, 2 x boxes of Apo-Escitalopram, 1 x box of Agomelatine and 1 x box of Valpam, located in the kitchen drawer.
  - b. 1 x small container of green vegetable matter (likely cannabis). Located in a brown bag on a table in the hallway.
  - c. 1 x black Apple iPhone in a flower case located in a cabinet of a table in the main hallway.
  - d. 1 x Australian passport in the name of Kimberley Appleby.
  - e. 3 x empty blister packets of 'Valpam' located in the bedroom.
  - f. 1 x Telstra 4G mobile phone located on the kitchen table.
130. Detective Senior Constable Byrne was unable to recall whilst giving evidence whether the black Apple iPhone which was seized on 3 June 2016 was the same phone as the phone described as a silver iPhone 6 from 28 May 2016, or whether there were two phones.

#### **Evidence of Senior Constable Moran, Crime Scene Officer**

131. Senior Constable Charlotte Moran arrived at the scene at 11:20am, together with Crime Scene Officer, Philip Austin. Senior Constable Moran took a number of photographs in the apartment and within the bedroom. She stated that she examined the drawers of the bedside table; as well as the items located on top of the bedside table, which she described as "a tall lamp, a small piece of paper, a small white plastic bottle with its lid off, an open liquid breakfast popper, and two drinking glasses containing yellow and orange liquids".
132. Senior Constable Moran had a conversation with other police at the scene and was directed to a number of prescription packets located in the kitchen area. Senior Constable Moran photographed these items.

#### **Communications between Mr Collingwood and Kimberley's family**

133. During the course of his evidence, Mr Collingwood confirmed that he had sent a text message to Kimberley's father at 11:17am on 28 May 2016. Mr Appleby stated that he responded with "Yes, why?", however did not receive a response. Mr Collingwood could not give a cogent reason as to why he had not contacted Kimberley's parents earlier after discovering Kimberley's body. However, he agreed that he called Mr Appleby at 12:01pm and informed him of Kimberley's death.
134. At the time of receiving this call, Mrs Appleby was shopping at the Rozelle markets and Mr Appleby was nearby reading the paper. Mr Appleby became very distraught upon receiving the news and handed the phone to Mrs Appleby who had a further conversation with Mr Collingwood. In her statement dated 3 June 2016, she stated that she asked, "What's happened?", to which Mr Collingwood replied, "They're taking the body away now. The police have been grilling me for three hours". Mrs Appleby again

asked, "What happened?", and he replied, "I tried to wake her at 8:30 with toast, but she didn't respond". Mrs Appleby asked, "When did you last speak to her?" and he replied, "She was alright at 5 o'clock in the afternoon, and at 11 o'clock when I went to go to bed in the lounge. I'd just come in. She was snoring happily. I tried to wake her at 8:30". Mrs Appleby then asked, "Did she have bad news? Did something happen?".

135. Mr and Mrs Appleby returned to their apartment at Balmain and contacted Mr Blackman and their son, Darren. Mr Blackman was living in Kiama and contacted his sister, Christabel Blackman ("Ms Blackman") who was residing in Sydney. Ms Blackman immediately went to Kimberley's apartment and rang the doorbell twice but received no response. At this time, Ms Blackman believed that Kimberley had committed suicide. She followed another resident in through the front security door and travelled with that person to the fifth floor. She then took the fire stairs to the third floor and was on the phone to Mrs Appleby who confirmed she was at Balmain and not at Waterloo. At that time, Mr Collingwood entered the fire stairwell. Ms Blackman recognised him from years before and started conversing. Ms Blackman thought it was odd that he was not answering the intercom and was travelling via the fire stairs rather than the elevator. Ms Blackman stated in her statement that "Phil and I both walked down the stairs and we spoke at the bottom for about fifteen minutes during which time I decided I needed to talk with the police. Phil appeared confused and nervous. There was no structure to his sentences. It was a scrambled mess of conversation". Ms Blackman also became concerned when Mr Collingwood commented that he'd put himself down as Kimberley's next of kin.
136. Ms Blackman left Mr Collingwood and travelled to Redfern Police Station and spoke with Senior Constable Welch, confirming with him the issue of next of kin. Ms Blackman believed that her niece, Clementine was Kimberley's next of kin.
137. On Sunday morning, 29 May 2016, Mrs Appleby sent a text message to Mr Collingwood saying, "Hope you are feeling a little better after this terrible shock both Gary and I have had a dreadful night. Clementine will arrive 8pm Mon please let us know when we can plan to come over today kind regards Gary and Shirley". Mrs Appleby stated that she received no response from Mr Collingwood to her text message.
138. Later that morning, Mr and Mrs Appleby and Mr Blackman all attended the Commonwealth Bank at Broadway and arranged to freeze all of Kimberley's bank accounts.
139. The three then travelled together to Kimberley's apartment. On arrival they saw Mr Collingwood with Jassie, Kimberley's dog, in the local park. They indicated that they would like to gain access to Kimberley's apartment and commented that Mr Collingwood appeared resistant to their request, stating that they should have made an appointment.
140. After gaining access to the apartment, Mrs Appleby walked out onto the veranda and commented to Mr Appleby that all the demolition and re-development in the area "could have tipped her over the edge".
141. Mr and Mrs Appleby and Mr Blackman all made comments in their police statements to the effect that Mr Collingwood was very aggressive and really angry and was talking over Mrs Appleby. They managed to collect some jewellery and papers, including a typed Will. Mrs Appleby noted that all of the clothing she and Kimberley had previously packed into red, white and blue bags had been placed back in Kimberley's wardrobe. The clothing appeared to be placed back in a neat fashion, consistent with Kimberley's tidy nature. They also observed that the rest of the apartment looked uncharacteristically untidy, with animal excreta throughout the apartment.

142. On 28 June 2016, Ms De Couvreur received a text message from Mr Blackman informing her that Kimberley had died. On the following evening, Ms De Couvreur telephoned Mr Collingwood and he confirmed that he had been staying at Kimberley's apartment for the last six months, paying rent and sleeping on the lounge. Ms De Couvreur stated that Mr Collingwood mentioned that he was going to tell Kimberley's solicitor that he was her de facto partner, and that her family were acting suspiciously towards him. He stated that they had removed items of jewellery and documents from Kimberley's apartment. Ms De Couvreur indicated to Mr Collingwood that she had a copy of the current Will dated 2015 and would ring the solicitor the following morning and ask if there were any other Wills. She stated that he indicated that he too would contact the solicitor.
143. On 30 May 2016, Mr and Mrs Appleby attended on Kimberley's solicitor's office at around 1:00pm. Kimberley's solicitor, Mr Phillip Sim was not available and they dealt with Mrs Kerry Sim, who is also a solicitor in the firm. Sometime later in the afternoon, Mr Sim spoke with them and explained that Mr Collingwood had produced a new Will which named Mr Sim as Kimberley's executor, which precluded him from acting on behalf of Mr and Mrs Appleby.
144. Ms De Couvreur stated, "I was aware that she had made more than one Will and had always made her Wills through her solicitor. Kimberley had a good relationship with her solicitor and would ring to make changes to her Will. On Monday the 30 June (sic) 2016, I rang the solicitor and asked is the Will I have Kimberley's current Will, and they said yes. That Will named me the executor and trustee and Clementine the sole beneficiary, apart from me getting the dogs."
145. Later that day Ms De Couvreur was advised by Mr Blackman that a new Will had been produced by Mr Collingwood, signed the day before her death and bequeathing her entire estate to Mr Collingwood.

### **Evidence of Mr Phillip Sim**

146. Mr Sim began providing legal advice and acting on behalf of Kimberley from the late 1990s, when he was an employed solicitor. In January 2003, Mr Sim established his own firm, Philip Sim and Associates which later became known as Crowther Sim Lawyers.
147. Mr Sim indicated that he received a telephone call from Clementine at around 3:00pm on 28 May 2016, telling him that Kimberley had died and that she was flying back to Australia on Sunday. Mr Sim stated that Clementine told him, "Mum has been found in the house. It looks like she has taken some tablets". She also expressed to Mr Sim that she believed there were some suspicious circumstances surrounding Kimberley's death. Clementine then provided Mr Sim with the name of one of the police officers at Redfern Police Station, Constable Lay, whom he later contacted.
148. Mr Sim stated that he received a telephone call from Mr Collingwood on Sunday 29 May 2016, asking for an appointment on Monday. Mr Sim subsequently confirmed that he may have been mistaken about the timing of that phone call and conceded that he may have received it on Monday, 30 May 2016.
149. Mr Sim confirmed that he saw Mr Collingwood at about 11:10am on 30 May 2016 and asked him to confirm his identity by way of a driver's licence, which was produced and copied. Mr Sim asked Mr Collingwood how he could help.

150. Mr Sim stated that Mr Collingwood produced a Will Kit booklet and stated words to the effect “I have just found this. He produced a blue book, which was a single Will Kit booklet. I opened the booklet and could see there was a Will at the rear of the booklet. I read the Will, which provided that I act as Executor. I could see that the major beneficiary of the Will was Philip Collingwood.”
151. Mr Sim stated that the following conversation then occurred:
- Mr Sim: “When was this Will done?”
  - Mr Collingwood: “It was only done on Friday”.
  - Mr Sim: “This is very unusual because I have always done Wills for Kimberley and I am surprised that she would go off and organise a Will”.
  - Mr Collingwood: “Yeah, I couldn’t believe it. I was looking around things at home and found this blue booklet. Then I remembered that she had the booklet at the chemist shop on Friday”.
152. Mr Sim then says he sought and obtained Mr Collingwood’s permission to record their conversation. Mr Sim recorded the conversation on his Dictaphone and had the conversation transcribed. He did not retain a copy of the recording itself, but indicated in his oral evidence that he read and confirmed the accuracy of the transcript before taping over the relevant file.
153. During the course of the recorded conversation, it appears Mr Sim indicated to Mr Collingwood that he was now the nominated Executor of Kimberley’s estate and no longer acted in any capacity as a solicitor. He then proceeded to attend on the Australia Post Office store and Bloom’s the Chemist in Surry Hills, where he made enquiries about the Will Kit and spoke with the signatories to Kimberley’s handwritten Will. He requested access to the CCTV footage from Bloom’s the Chemist, which was provided by the store. Mr Sim had also arranged to attend at Kimberley’s apartment to itemise her possessions as an inventory. Mr Sim states that he also asked Mr Collingwood whether Kimberley had left a note, to which Mr Collingwood responded, “No there’s nothing”.
154. Mr Sim gave evidence during these proceedings confirming that he was the only solicitor that Kimberley had retained for her property transactions and the preparation of her Will. He confirmed that he had prepared the Will on 19 September 2011, which named Mr David Cooke, Kimberley’s former husband as the sole beneficiary of her estate, on the basis that “David would make provision for Clementine.”
155. Mr Sim confirmed that he started having concerns about Kimberley’s mental health in early 2016. During their association, Kimberley had been residing in substantial properties, however, in more recent times he had noted that she had been continuing to ‘downsize’ her property holdings. He also had become concerned that she was experiencing stress from her physical living environment with significant development in her immediate area, and the associated noise. He understood that these factors had led Kimberley to consider the prospect of moving to Queensland to live on or near her parent’s property.
156. Mr Sim confirmed that he had an appointment with Mrs Appleby and Kimberley on 20 May 2016 to draw up a limited Power of Attorney, in favour of Mrs Appleby. At this appointment, Mr Sim recalled that Kimberley’s appearance appeared to have diminished in that she:
- “...appeared as though she was under some sort of prescription drugs or something of that nature. She was a bit slow in reacting, she seemed very – not vague. Vague? No, vague’s the wrong word. She just seemed very, not necessarily with it.... She was just perhaps

slow in thinking. Slow in talking. Slow in all ways, as though something was holding her back in being, you know, in being a quick talker, she always spoke extremely well. She expressed herself well, always expressed herself well. She always dressed extremely well. This was a Kimberley who wasn't necessarily taking care of herself as well as she could, as she usually did."

157. Mr Sim continued:

"[T]here is the history of difficulties, mental health difficulties that Kimberley has experienced, and I just saw this as one of those positions where she had stresses in her life, which was primarily I think the sale of the property in my mind, and that was becoming a huge stress for her, so much so that her mother was assisting her in that process and whether it was to be putting her into some sort of facility at least to get herself better, and that's why I think taking the weight off her by having that power of attorney simply for the sale of the property was a way of her taking that weight off her to alleviate some of that. She was quite – she was comfortable in that, she was definitely comfortable in that process. I had no problems in signing and witnessing that."

158. Mr Sim confirmed that the Power of Attorney agreement was not of a general nature, in the sense that Kimberley had not assigned all of her power in the agreement to her mother and could still actively make her own decisions, and that "Kimberley was aware of that".

159. Mr Sim confirmed that he had received a telephone call from Kimberley on 20 May 2016, wanting to withdraw the Power of Attorney. He stated that Kimberley felt that she had assigned all of her rights to her mother and that she had no remaining decision-making power in relation to the sale of her apartment. Mr Sim said that he had suggested that Kimberley call him in the morning to discuss the situation further. He confirmed that she agreed, however, he did not hear from her further on this matter.

160. Mr Sim confirmed that if Kimberley had indicated to him during their earlier conference on 20 May 2016 that she wanted to revoke her earlier 2015 Will and make a new Will would that have been done immediately. Mr Sim confirmed that she could have done it immediately. He said, "I think any practitioner realises the importance if a person asks you if they want to do a Will, you don't do it tomorrow, you do it as soon as you can, because if something happens to that person in the interim, you know, you've got some liability consequences as a lawyer."

161. Mr Sim further stated that Kimberley did not contact him to confirm whether he would be prepared to act as her Executor. He also indicated that it is not his custom to agree to be the Executor of his clients' estates.

### **Kimberley's apartment on 31 May 2016**

162. On 31 May 2016, Clementine arrived from France and attended her mother's apartment in the company Mr Blackman. Clementine sent a text message to Mr Collingwood requesting access before attending.

163. Upon arrival at the apartment, Clementine and Mr Blackman entered Kimberley's bedroom. Mr Blackman moved one of the pillows believing it to have blood on it and wanting to protect his daughter. As he moved the pillow, he discovered three empty blister packets of Valpam. Mr Blackman photographed the empty packets and asked Mr Collingwood how the police had missed those empty packets. Mr Collingwood allegedly replied: "Oh, the coppers probably missed it. They're not that thorough. They're not very good".

164. Clementine indicated that, "Phillip conveyed to me that he thought that she had overdosed on Nembutal and that there was a bottle, an empty bottle, and that the police had not seized that empty bottle and that he had disposed of it.....in the rubbish". Clementine says she then told Mr Collingwood they needed to search for the bottle and they proceeded (together with Mr Blackman) to the basement area to look through both communal and dedicated bins.

165. Clementine also stated:

"At that time when I arrived at the apartment I seemed to have interrupted him disposing of a large amount of rubbish from the apartment into moving boxes, which had been acquired by my mother for her intention to move, and he was doing up the moving boxes and using them as trash receptacles, so we went through the three or four boxes that were packaged up by the front door to look through them for the bottle of Nembutal."

166. In his statement dated 1 June 2016, Mr Blackman provided a corroborative version to that of his daughter.

### **Detective Sergeant Michael Egan assigned as Officer in Charge**

167. After a number of issues were raised by the family and Mr Sim, Detective Sergeant Egan was assigned as the Officer in Charge of this matter.

168. Detective Sergeant Egan conducted a recorded interview with Clementine on 1 June 2016; as well as taking a number of statements from potential witnesses.

169. On 27 July 2016, Detective Sergeant Egan also conducted a recorded interview with Mr Collingwood. During that interview, Mr Collingwood provided similar details to those provided to Senior Constable Welch on 28 May 2016. Mr Collingwood denied any knowledge of Kimberley's intention to self-harm, denied offering any assistance in that regard, and denied any involvement in her death.

### **Evidence of Sergeant Dean Swift – Document Examiner**

170. Sergeant Dean Swift is a Forensic Document Examiner, attached to the Document Examination Unit within the NSW Police.

171. Sergeant Swift was asked to examine the questioned item (Q1 X0002744622), being the handwritten two-page Will in the name of Kimberley Appleby dated 27 May 2016 ("handwritten Will" and marked as Exhibit X0002744622). That handwritten Will was located inside a "Prepare your Own Legal Will" booklet. Within that document he considered two areas being:

- Q1a: Handwriting in sections 1 – 8, not including Q1b;
- Q1b: Handwriting in section 4 other than the entry on the first line "To Phillip David Collingwood".

172. He described the scope of his examination was to "compare the inks used in Q1a and Q1b to determine whether or not the same ink was used in the writing of both portions of Q1".

173. Sergeant Swift explained the examination process, which included an initial visual inspection to determine if there were any obvious signs of different inks being used. He then proceeded to examine the document by using a Video Spectral Comparator

("VSC") which is "an instrument capable of viewing and recording the response of the substrates and inks of documents when exposed to light of varying wavelengths, including visible, infrared, ultraviolet, transmitted, coaxial and oblique lighting.....Observed differences in reaction can indicate documents do not share a common origin or that a document has been manipulated in some way. A VSC examination can be undertaken to help distinguish between two apparently similar inks associated with different writers or print processes". Effectively, this process can determine if two different inks were used at the same time, or if the same ink was used at different times.

174. At page 4 of his report, Sergeant Swift reproduced the VSC, which showed that there was a difference in intensity of the luminescence between the other entries in section 4 of the specimen document (the handwritten Will) and the entry "To Phillip David Collingwood". Sergeant Swift concluded that the entry in the first dotted line was not written with the same pen at the same time as the remainder of the entries.
175. Sergeant Swift also conducted a handwriting examination of the same sample document, Q1 X0002744622 (the handwritten Will), focusing on Q1a and Q1b. In addition, he was provided with five specimen items, S1 – S5 to assist with his examination. Document S2 was excluded from the examination due to its incompatibility.
176. He was then asked to:
  - a. Compare the handwriting on Q1 to the specimen handwriting on S1 – S2;
  - b. Compare the handwriting Q1a to Q1b; and
  - c. Compare the testator/testatrix signature on Q1 to the "KC Appleby signatures on S3 – S5.
177. Sergeant Swift provided the following opinion:
  - a. Q1a consists of a handwritten will which appears to be homogenous. The writing is disconnected printing and is consistent throughout. It is written slowly and deliberately. The skill level is poor with a distinct lack of fluency in the ink line.
  - b. Q1b is inconsistent in skill, spatial characteristics and appearance compared to Q1a. It displays very poor spelling and is partially illegible. The writing displays examples of letter formations being repeated, for example "mmy" "entiirrely". This is possibly an indication of age or infirmity. The positioning of the writing is suggestive of Q1b being an insertion.
  - c. The questioned signature is fundamentally dissimilar to the specimen signature which, though limited in number, are consistent with each other. The specimen signatures display a good degree of fluency and are freely written while the questioned signature displays a poorer skill level.

### **Post-Mortem Examination**

178. On 2 June 2016, Dr Istvan Szentmariay, Forensic Pathologist, performed a post-mortem examination and concluded that the direct cause of death was acute pentobarbitone toxicity. This conclusion was based on the "large amount of Pentobarbitone detected in the post-mortem obtained blood sample (level falling into the reported lethal range). Pentobarbitone was also detected (but not quantitated) in the gastric content. Numerous benzodiazepines were identified in the blood at non-toxic levels".



179. The toxicology results detected the following substances:

- 25mg of pentobarbitone per litre of blood.
- 0.28 mg/L of diazepam.
- 0.20 mg/L of nordiazepam (the breakdown product of diazepam).
- 0.03mg/L of temazepam.

180. No alcohol was detected in the toxicology results.

### **Evidence of Dr John Farrar – Forensic Pharmacologist**

181. Dr John Farrar provided an expert report in these proceedings dated 28 June 2016. In addition, he gave evidence in these proceedings on 20 October 2020 and 14 December 2020, respectively.

182. During the course of his evidence on 20 October 2020, Dr Farrar described the drug Pentobarbitone as follows:

“Pentobarbitone (also known as pentobarbital, and by brand names such as Nembutal) is a short-acting barbiturate derivative used clinically as a sedative and hypnotic drug. The term “short-acting” refers to the rate of onset of sedation, not the duration of the sedative effect. The half-life of pentobarbitone is 15 to 48 hours.”

183. Dr Farrar noted that pentobarbitone “was used clinically in this country to cause sedation, to produce sedation, it was used as a muscle relaxant and to treat anxiety. It is no longer used clinically in this country. It actually has very little clinical use worldwide.” He stated that it is “only permitted for use in this country in veterinary practice, and the sole purpose of its use in veterinary practice is to euthanise animals.”

184. Dr Farrar also stated that “barbiturates have a low therapeutic index, and have consequently been largely replaced by other drugs, such as benzodiazepines in cases where clinical sedation, anxiolysis or anti-convulsant medication is required.” He described that a low therapeutic index means that “the dose required to have a therapeutic effect, that is to cause mild sedation, is not very much different than the dose that can be fatal. So when it’s not used by clinicians, it can be actually a dangerous drug, and people did die from its use, even when it was used clinically.”

185. Dr Farrar confirmed that the effects of pentobarbitone persist for a significant period of time. He stated that the drug has a half life of 15 hours, meaning that “it takes at least 15 hours for the blood concentration to be halved and then another 15 hours for it to be halved again, so the duration of action of the drug is prolonged.”

186. Dr Farrar confirmed that “I am aware that the pentobarbitone under the brand name Nembutal is available in bottles that contain 100 millilitres and a concentration of 50 milligrams per millilitre. Now that means the bottle contains 5 grams of pentobarbitone.”

187. Dr Farrar discussed the accepted fatal range associated with this drug as follows:

“There have been many reports in the literature, in the medical literature, of people who have died as a consequence of this drug, and the blood concentrations in those cases range from 12 milligrams per litre, that is less than half of the concentration in this case,

up to 65 milligrams per litre. So one can comfortably say that that is the fatal range. I need to say too that if a person injects the drug, the blood concentration is going to be higher than a person who consumes the drug orally because usually a person will die before all of the drug has been absorbed from the gastrointestinal tract, which will produce a lower blood concentration. When they die, in other words, some of it will remain in the gastrointestinal tract.”

188. Dr Farrar confirmed that the average fatal dose was 25 milligrams per litre, which was consistent with Kimberley’s reading.

189. During the course of his oral evidence, Dr Farrar was asked to comment on whether he believed that it was possible to build up to a particular dose by taking a number of small sips of pentobarbitone to achieve a fatal dose or a blood concentration of 25 milligrams. Dr Farrar commented that he did not believe that was possible because:

“...if a person were to consume the drug in small sips, they would reach a state of sedation wherein they would discontinue taking the drug in small sips and after some time they would recover from that state. It’s possible that a person could consume it in doses larger than small sips, say, a third of the doses I’ve described, a third of, say, 30 millilitres of the solution I’ve described, and then shortly afterwards another 30 and then shortly afterwards another 30, but that’s almost the same as taking 100 millilitres in one hit. So actually, I don’t really think that it’s possible for a person to die as a consequence of taking this drug in small sips on an occasional or regular basis.”

190. Dr Farrar confirmed that Nembutal does not have any smell or odour but is a very bitter substance to taste. He confirmed for that reason, it is often ingested with orange or fruit juices.

191. Dr Farrar considered the presence of the other substances in her system and commented that “Valpam is a brand name for diazepam. Nordiazepam is a metabolite of diazepam and so is Temazepam. So my interpretation of this is that Ms Appleby in consumed diazepam(sic). The quantities in the blood sample indicate therapeutic dosage; that is a dose within the therapeutic range, and it indicates to me that the drug was consumed long enough prior to her death that these metabolites were produced, so it hadn’t just been taken shortly before she died.”

192. Dr Farrar was of the opinion that the “diazepam will cause a small amount of sedation but relative to the pentobarbitone it is insignificant.”

193. Dr Farrar was asked to comment on whether she could have developed a tolerance to diazepam, to which he stated, “Yes, she would. These concentrations are not sufficient to cause significant sedation, even in their own right. They wouldn’t have made her groggy, they would not have, in my opinion, have reduced her cognitive function much at all, if anything.”

### **Perceptions of Kimberley’s risk of suicide and relationship with Mr Collingwood**

#### **Evidence of Ms Christabel Blackman**

194. Ms Blackman is Clementine’s aunt and was a close personal friend of Kimberley’s from 1975. Ms Blackman described Kimberley as “an acutely intelligent, deep thinking person, who took life to its limits emotionally and socially. She was hard working with a very creative edge. She was well read and well educated”. In 1984, Ms Blackman moved to Europe but maintained a friendship.

195. Ms Blackman is a sister of Kimberley's first husband, Mr Blackman, who first raised with Ms Blackman Kimberley's addiction to alcohol. Ms Blackman met Kimberley's second husband, Mr David Cook, who she described as "a lovely gentleman". She surmised that this relationship ended "I think because she was too needy, and probably when her aggressive behaviour started along with her serious drinking."
196. Ms Blackman stated that she first met Mr Collingwood in November 2010, when she visited from Spain and stayed in Kimberley's home. Ms Blackman thought the relationship was uncharacteristic for Kimberley.
197. Ms Blackman became concerned that Kimberley was the victim of domestic violence when she noticed bruising on both sides of Kimberley's neck. She stated that Kimberley told her that Mr Collingwood had assaulted her and that the police were called.
198. Ms Blackman stated that Kimberley initially told her that "he was a gardener but later told me that he was her drug dealer." It should be noted that Mr Collingwood has no criminal convictions. He has one matter which was proven on his record, being a charge of Goods in Custody in 2001, which resulted in a non-conviction good behaviour bond being imposed by the Local Court.
199. Ms Blackman stated that Kimberley told her "the drugs she used were Cocaine and Ecstasy (sic) . I knew Kimberley was drinking during this period because I recognised alcohol abuse when I saw it. She mostly drank white wine."
200. By 2011, Ms Blackman "severed the relationship with Kimberley because of her irrational behaviour and the way she was treating her daughter Clementine. Kimberley had abused Clementine on Facebook for the world to see. Kimberley tried to re-establish contact with me but I refused. I did however maintain contact with Clementine."

#### **Evidence of Ms Genevieve De Couvreur**

201. Ms De Couvreur had remained close friends with Kimberley after they left school. Ms De Couvreur married Kimberley's father-in-law, Mr Charles Blackman. They saw less of one another after Kimberley commenced a relationship with Mr Collingwood, although they would speak over the telephone.
202. In 2012, Kimberley sold her property in Redfern and purchased a property in Launceston, where Ms De Couvreur was domiciled. She noted that Mr Collingwood did not make the move to Tasmania with Kimberley, and she assumed that they had "gone their separate ways." Ms De Couvreur stated that Kimberley appeared "depressed, battling with self worth and drinking quite a bit. Kimberley was trying to live her life free of medication."
203. Ms De Couvreur also noted that Kimberley was "Maybe smoking some pot or some (sic) maybe having some cocaine." In 2014, Kimberley sold her house and purchased an apartment, which required some renovation work before she could move in. Kimberley asked to stay with Ms De Couvreur and her husband, Dr Stephen Tredinnick. Ms De Couvreur recalls that, "We told her that she had to go and get some help for her mental health before she could come and stay with us. She was admitted to St Luke's Private Psychiatric ward, she failed to participate in the programs ran by the facility and discharged herself after about one week. She moved in with me for a short period, once her apartment renovations were completed, I had to persuade her to move in there. While living in her Launceston unit, Kimberley was heavily medicated and drinking excessively. Kimberley contacted Phillip to come down and help her, he stayed for a

week and then he went away. Kimberley was getting worse, medicated on very heavy medication through her psychiatrist, and not looking after herself.”

204. Ms De Couvreur recalls being told by Kimberley during her time in Launceston that she “had managed to get some [Nembutal], she told me that she had it and mentioned on more than one occasion her intentions of using it to take her own life. I wasn’t sure whether to believe her, about having the [Nembutal].”
205. Ms De Couvreur stated that she had not heard of Nembutal previously, but noted that Kimberley had said “it’s an exit drug, it’s what I can use when I want to leave, it gives me the option of leaving.” Ms De Couvreur noted that Kimberley “had talked about suicide for many years before, prior to coming to Launceston, so it was not an unusual thing for me to hear that from her, but I’d never heard her talk about a way of how she was going to do it, so specifically a (sic) using Nembutal.”
206. Ms De Couvreur recalled receiving a telephone call from Mr Collingwood on the night of 17 September 2014. At that time, he was still residing in Sydney and had come to Launceston to visit Kimberley for around ten days. He stated that he was concerned that Kimberley had taken something as she was acting strangely. Ms De Couvreur arrived at Kimberley’s and called an ambulance. Ms De Couvreur commented that Mr Collingwood said that he “suspected she had taken a ‘swig’ of Nembutal.” Kimberley was transported to Launceston General Hospital and eventually admitted to the psychiatric ward for three days. Mr Collingwood returned to Sydney, as planned, the following day.
207. Ms De Couvreur provided a second statement to police dated 19 October 2020, in which she recounted a conversation between herself, Kimberley and Mr Collingwood, sometime closer to when Mr Collingwood arrived on 7 September 2014. She recalls Kimberley stating, “I am not good, I won’t be here long” and then saying to Mr Collingwood “you will hold me in your arms won’t you, Bubba when I go.”
208. Ms De Couvreur recalls having a conversation with Kimberley after her discharge from hospital, that she “had had a swig [of Nembutal], she didn’t want to commit suicide, she’d had a swig of it just so she could go to sleep, and she’d told me and she said, it’s also used as a sleeping draft. “I had a swig.””
209. Ms De Couvreur described accompanying Kimberley to her apartment to dispose of the Nembutal. The Nembutal was stored in Kimberley’s fridge and Ms De Couvreur:

“...saw a small clear bottle with a clear liquid in it. It was a very benign looking bottle. I remember it was  $\frac{3}{4}$  full. In my opinion the bottle was quite small, and I would say maybe 50 to 100 millilitres of liquid was in it. I made her take the bottle out of the fridge and I witnessed her pour it down the toilet.”
210. Ms De Couvreur confirmed that after her discharge from hospital, Kimberley stayed with Ms De Couvreur for around three weeks whilst she waited for a bed to become available at the South Pacific Residential Psychiatric and Rehabilitation Facility (“South Pacific”) at Dee Why in Sydney. During that three-week period, Kimberley sold her apartment in Launceston. After her stay at South Pacific, Kimberley moved to a friend’s place, Ms Susie Rudd, in Palm Beach. Ms De Couvreur stated that “Kimberley knew that Susie and I were in contact and she didn’t like that, she turned on Susie, becoming quite nasty towards her.”

211. Ms De Couvreur described Kimberley as being impulsive and stated that she would often be compliant with Kimberley as she could be very difficult. During Kimberley's time at Palm Beach, Ms De Couvreur:

"..stepped back from Kimberley during this time as she was becoming too difficult and I had other things going on in my life at the time. She sent me some nice messages apologising and thanking me for my help. I would purposefully not answer as her calls (sic) due to the difficulty of the situation."

212. Ms De Couvreur last spoke with Kimberley around three weeks prior to her death. She stated that Kimberley said, "Don't be unhappy when I'm gone". In oral evidence she commented:

"I think it was just the overall sadness that she just couldn't find the means within herself to keep going, but I didn't know whether this was serious or – I mean how serious is it? You know, it's very hard when you've heard something a number of times as when is the moment when it is serious."

213. Ms De Couvreur commented that she was not made aware by Kimberley that she was planning to move to Queensland with her parents. She also confirmed that Kimberley had not mentioned Mr Collingwood in recent times. She confirmed that Kimberley had not mentioned having possession of Nembutal.

214. It was also noted in Ms De Couvreur's evidence that when she spoke to Kimberley about Clementine, Kimberley "was really happy that they had had their reunion, that they were happy and that they had resumed. She had contact with Clementine."

#### **Evidence of Dr Stephen Tredinnick**

215. Dr Tredinnick practises as a medical practitioner in Launceston, Tasmania and is married to Ms De Couvreur. He met Kimberley a number of years ago through Ms De Couvreur. In his statement dated 8 March 2019, he described Kimberley as follows:

"She was interesting. She was intelligent. She was an excellent cook. She could be great fun and a great entertainer. I liked her a lot. But she could occasionally behave like a monster."

216. He assessed that she suffered from "traits of a Borderline Personality Disorder (hence her tumultuous relationships with her parents, her daughter, her male partners, her friends and herself), Depression, and episodic excessive alcohol and illicit drug use. This is not an uncommon combination in people with mental illness and it is difficult to treat."

217. Dr Tredinnick noted that Kimberley had a flair for renovating properties and had made a substantial sum of money in Sydney from that work. He noted that she purchased a beautiful house in Launceston, however, was of the view that she had overspent on the purchase of the house and that this had coincided with her being retrenched. He noticed that both her physical and mental health deteriorated and she was forced to sell her home and purchase a much smaller apartment.

218. Dr Tredinnick confirmed that Kimberley had been admitted to St Luke's psychiatric ward and the Launceston General Hospital whilst in Tasmania, and at times appeared to him to be over-medicated.

219. Dr Tredinnick agreed that he had met Mr Collingwood on a number of occasions and formed the view that the relationship was "not good for [Kimberley]".

220. Dr Tredinnick stated that he first heard of the drug, Nembutal, from Ms De Couvreur around ten years before Kimberley's death when he was told that she had imported it from Mexico via the internet. He stated that:

"Genevieve told me that Kimberley had previously told her parents and friends at times that she had bought Nembutal and would use it to commit suicide. Kimberley used the drug as a threat, a weapon to let family and friends know that she could take her own life if she chose to."

221. Dr Tredinnick confirmed that he became aware that:

"Kimberley had accused her daughter, Clementine, of having stolen and sold and pocketed the proceeds of paintings that Kimberley claimed she owned, and was very angry at Clementine for having done that .....I think it quite possible that Kimberley planned to take her own life and leave all her assets to Collingwood, thus deeply wounding her daughter, Clementine. Kimberley had expressed to me her anger and even hatred of Clementine, concerning her alleged theft and sale of Kimberley's paintings."

222. Dr Tredinnick confirmed that he had had a telephone conversation with Kimberley on 23 May 2016. He stated that he knew "she was down and she was very unhappy and she planned to move – as she had done on a number of occasions before, to dry out, to get her life back together, to get her head back together, to move up to her parent's place – either her mother or father's – and have a stable environment up there, that she, hopefully, would get back together. I know that she didn't tell me that Philip Collingwood was living with her and I know she didn't tell me that she had decided to change her will."

223. Dr Tredinnick confirmed that he recalls the message sent by Kimberley on 24 May 2016, which read, "All my plans to move north have gone to dust. My mother has power of attorney over my affairs. I am suicidal and have the means. I am desperate. Please call". He stated that he knew that "things had gone really bad for Kimberley and she was pretty desperate to head north." He understood that there had been a stipulation that she had to attend a residential rehabilitation facility prior to going to Queensland and that he was aware that she had attended similar types of facilities at various times over the years. He was of the view that he "doubted that the stipulation by her parents was so significant to have tipped her over".

224. Dr Tredinnick was uncertain as to why Kimberley's mother had been given power of attorney, however he noted that at that time "Kimberley's behaviour had become – and her dealings had become quite disorganised."

### **Evidence of Mrs Shirley Appleby**

225. Mrs Appleby described Kimberley as being "a beautiful, caring person and then have a sudden mood swing and turn into someone else completely. I think she has a split personality disorder, and I think she may have been diagnosed with some mental health problems." Mrs Appleby confirmed that Kimberley had been complaining about the construction works near her apartment; as well as the difficulties she had experienced trying to sell her apartment. Mrs Appleby was aware that she was struggling with her mental health, which was plain from her appearance at times.

226. Mrs Appleby confirmed that Kimberley was not happy with the ultimatum that she attend a rehabilitation centre, stating that "Well, she resisted, yes. You know, even though she wasn't well, she would never admit that she was – she'd say I'm not well', but she wouldn't admit that she was needy of hospitalisation".

227. Mrs Appleby agreed that if Kimberley was being resistant to an idea or a proposal that she would become angry and lash out verbally. Mrs Appleby stated that “over the years I’ve coped with an awful lot and you know, I didn’t really – I tried not to react because sometimes it was years or months before she rang, but I always started off with good terms with her”.
228. Mrs Appleby was asked if she had ever used the words attributed to her by Mr Collingwood when talking to Kimberley on 24 May 2016, that “she would be better off dead”. Mrs Appleby became understandably quite emotional, stating “No. I would never make a statement like that, in all my life would I ever say anything like that. There isn’t one person in the world that would say – I could ever say anything like that to my only daughter.”
229. Mrs Appleby noted that Kimberley “..began asking me for help to get her out of this property, and we came up with an idea that we would sell her Waterloo apartment and move up north to Queensland near us. I spoke with my real estate agent and were going to buy a property which would be divided, allowing Kim to live in one portion of the property, while she could derive an income from renting out another portion of the property. She told me she wanted to keep \$50,000 from the sale of the house in order to go and visit Clementine in France.”
230. Mrs Appleby noted that “I began making preparations to sell the unit, and spoke with the real estate agent Darren Davis from Richard, Elliot and Co. He told me that they did not have a key for the premises and that they had trouble accessing the property as Phil would not let them into the unit. This was the first time that I realised that Phil was actually living at this unit.”

### **Evidence of Mr Gary Appleby**

231. Mr Appleby commented that “Over the last twenty years Kim has been admitted to various hospitals, medical facilities, and rehabilitation centres for a variety of things including: alcohol abuse, drug use and depression. These stays would only last a couple of weeks and then she appeared to get better and bring herself back up. Probably half a dozen times I have received calls from Kim telling me that she wanted to kill herself. I would then call the police or hospital to get her help. The first couple of times this happened I thought she was serious about hurting herself and was really worried, but as she did it more and more I realised she just needed medical care and did not really want to kill herself. Three or four years ago Kim and Shirley spent Mother’s Day together. When Shirley returned back to our home she received a message from Kim, showing bleeding cuts on both of Kim’s wrists. It looked like she had done this herself. She sent a caption with the message that said: “this is your mother’s day present.”
232. In a similar vein, Mr Appleby stated that on “Tuesday 24 May 2016, after I told her over text how important it is that she get long term help, she responded: ‘I am suicidal you have taken my hope away’ and ‘I will throw myself under a train.’ I did not think she would go through with this as she has threatened it so many times in the past. Eventually, Kim agreed this was the best thing for her and decided to sell her Waterloo unit and come and complete a term at Currumbin Clinic, a rehab clinic in Queensland near us.”
233. Mr Appleby agreed that Kimberley’s response, referred to above, was not necessarily out of character for her when she had received news that she didn’t want to hear.

## Evidence of Ms Clementine Blackman

234. In her record of interview, Clementine described her mother's mental health, noting she was diagnosed by several different psychiatrists as having been:

“... at different times as having borderline personality disorder. Um and in other times bipolar II disorder. And you know, the possibility of that being co-morbid. Ah which makes having a relationship with Kimberley extraordinarily difficult because it has been so inconsistent and she just really, really requires a huge amount of a kind of reassurance that doesn't even really exist in the world. So, ah, she, she's cycled through relationships very kind of rapidly with friends and things like that. And she would be extremely generous and then believe that she was entitled to be kind of, have a reciprocity in that without understanding the parameters of relationships. So mum found herself in quite a transient sort of a state in the last year or two.....our relationship is patchy over the last few years because of my unwillingness to accept her self-destruction and my need for self-preservation.”

235. Clementine also described a number of occasions where Kimberley had been admitted to hospital and rehabilitation. She also was aware of at least one other occasion where she had attempted to gas herself in her car. During the course of the proceedings, Clementine gave oral evidence that she was aware of her mother's previous possession of Nembutal and had been led to believe (by Kimberley) that she was in possession of the substance to assist her with sleep therapy and insomnia. Clementine stated that her mother had told her that “she was using cocaine (as her awake therapy) and that she was having the Nembutal again for sleep therapy”.

236. Clementine also gave evidence that Kimberley “told me that she always intended to end her life. This was something that she was – that she spoke about frequently. It was dramatic, but I'm not sure that it was necessarily true”. She felt that her mother was “more at risk of dangerous behaviour around expressions of suicidal ideation or self-harm”.

237. Clementine said that Kimberley:

“...would send text messages or make telephone calls. Despite us not being in direct contact in 2014, I was receiving emails from her and I believe that there were emails referencing the upcoming incident, there were frequent expressions of suicidal ideation to other family members. Yes, I believe that she had done that before the 2014 incident, but in general, yes, she made people aware of her actions... she forecast them, yes”.

238. Clementine believed that her mother was attempting to obtain supplies of Nembutal in 2016, and whilst visiting Australia in May 2016, she says she spoke with Mr Collingwood and “we also discussed that if Nembutal was to arrive, that he knew what it looked like because of having surrendered it to the hospital, which was something that I found out while I was in Australia, and that he was able to recognise it and would be able to intercept it or dispose of it”.

239. Clementine confirmed that she spoke with Mr Collingwood about what had caused her death. She stated that Mr Collingwood said that “she had pulled a sneaky on us” which she “understood to mean that he believed she had surreptitiously ingested a lethal dose of something”. Clementine was of the view that “it was probably a combination of drugs given her prescription drugs, alcohol and at that time I had no knowledge of her having access to Nembutal”.

240. Clementine agreed that “Over the course of many years we had periods of separation and also of intense togetherness and mutual devotion”. One of those periods included



December 2010 to January 2012, when amongst other issues, Kimberley believed that her daughter had sold one of her paintings without her permission. The emails sent from Kimberley during that period of time to Clementine were truly dreadful and hurtful missives that no-one should receive, least one's own child. It would also appear that Kimberley was concerned that Clementine owed her money from her trip in April to May 2016.

241. Clementine also expressed the view that “if you look at a longer history of Kimberley’s acts of self-harm you will see that – you would see that she has a high level of engagement in the lead up to that”. Clementine expressed her concern that Kimberley had spoken with Dr Tredinnick “48 hours prior to, and then she has no use of her mobile phone, which is highly unusual”.

### **Evidence of Dr Paul Pusey**

242. Dr Pusey is a Clinical and Forensic Psychologist. He provided a report dated 11 May 2017, in response to a request from Ms Keryn Sim, Solicitor, dated 9 May 2017. This report was requested in relation to the Supreme Court litigation concerning Kimberley’s competing Wills.
243. Clementine had been a client of Dr Pusey prior to 2016. On 29 March 2016, Kimberley attended, together with Clementine for a joint session. On 13 May 2016, Kimberley attended for individual treatment, without Clementine.
244. On 29 March 2016, Kimberley was provided with an assessment tool which she was to review and complete prior to their session on 13 May 2016. Kimberley presented with a pattern of avoidance; as well as overt “vulnerability, anger, inability to develop strategies and impulsive behaviours”.
245. Kimberley also presented with a dominant theme associated with Clementine. She had indicated that she felt a sense of distress with her lack of access to Clementine, given that she was domiciled in France and she was unsure when she might return to Australia on a more permanent basis. She had described her contact with Clementine on that Mother’s Day as a “highly treasured experience”.
246. He stated that Kimberley had:

“[d]enied being suicidal and denied that she was experiencing thoughts or deliberate self-harm, however, she did acknowledge experience of these thoughts within the 2 weeks prior to her assessment. She agreed that she needed to continue to take her prescribed medications but acknowledged that she was unsure of what in addition to medication would support her recovery but identified that she wanted to independently relocate to alternative accommodation stating “the peace and quiet would help me to recover”.

### **Evidence of Dr Andrew Ellis**

247. Dr Andrew Ellis is a Forensic Psychiatrist, practising in both public and private practice. He is currently the Clinical Director and Medical Superintendent of The Forensic Hospital and the Long Bay Hospital. He has provided an expert report in these proceedings dated 6 September 2020.
248. Dr Ellis was engaged to provide a ‘psychiatric autopsy’ of Kimberley. During the course of Dr Ellis’ oral evidence on 23 October 2020, he noted at the outset that there are

inherent limitations associated with a psychiatric autopsy. He stated that the main limitation is that:

“you are not able to conduct an examination, a medical and psychiatric examination of the person in order to construct, one, a diagnosis, and formulation of the person’s problems, and the second is if you’re wanting to form some sort of prognosis, like a risk of suicide, which relies on that diagnosis, that examination’s not able to be done. Sometimes there’s information that’s missing, that’s simply not available, that you would otherwise explore with a person examining their responses and their demeanour during an evaluation”.

249. Dr Ellis confirmed that, in his view, there is no scientifically valid method to conclude that a person may have committed suicide based on particular risk factors. Dr Ellis stated that there was a large amount of clinical information available in Kimberley’s case and because of the availability of that information “over a long period of time so you could get a picture of the history of the presentation. I think that there was enough information to reasonably conclude the diagnosis that I came to”. He stated that “I think that occasionally you get an advantage of hindsight and you get an advantage of seeing all the records in the one place”.

250. Dr Ellis observed that Kimberley did not give the same history each time to each clinician. He stated that risk factors for suicide include both static or historical factors which are unchangeable in the person, and then there are dynamic factors, which are more difficult to measure as they fluctuate over time. He stated that “as a general rule, someone with many historical factors for suicide has a risk of suicide over a lengthy period of time, but it’s very difficult to say when over that period of time those risks might increase, but those risks are more likely to increase when there are dynamic risk factors added to those static risk factors”.

251. Dr Ellis identified Kimberley’s risk factors to include:

“...history of having engaged in deliberate self-harm, so harmful behaviours that aren’t suicidal, and in her case cutting herself. Having had hospitalisations in the past for suicide attempts, and there were a number of examples of those. Having a diagnosis of a mental disorder, so she has had a diagnosis of a mood disorder. Having had a diagnosis of a substance use disorder, which she’d also had, having a diagnosis of a personality disorder and being single in relationship status, so they were the – so those risk factors were present for most of her life.... and the more risk factors a person has, the greater chance of suicide”.

252. Dr Ellis was asked to comment on Kimberley’s hospitalisation in Launceston on 17 September 2014 after having consumed Nembutal. After some qualification, he stated that:

“overall I concluded that it was more likely to have been an attempt in a state of distress with, partly to call attention to her distress at that time, but it certainly was with a potentially lethal means, but it was also fairly promptly discovered, which was I think that people were aware that it had happened and she was taken to hospital fairly promptly. I think that it might be considered a serious and potentially lethal suicide attempt in which case you could move it to being a present risk factor. If I did that, I don’t think it would alter my overall conclusion as there were many other static risk factors present as well”.

253. Dr Ellis identified 11 dynamic risk factors for suicidal behaviour in Kimberley’s case, including suicidal ideation (her text messages), hopeless ideation, active psychological symptoms, poor treatment adherence, ongoing substance use, a recent psychiatric admission, ongoing stress in the form of a planned move of accommodation,

unemployment and poor relationships with family and Mr Collingwood, limited problem solving skills and her general health was poor. Dr Ellis stated that he:

“...formed the view that she had most of these dynamic risk factors for a long period of time. That for this type of mental state and stressful events were quite typical for her over at least the later years of her life. In that view, in her individual situation, they might then be less determinative in tipping that balance with the static risk factors. Because what you can't see is a very clear shift in her circumstances at any one point in time in the years before her death”.

254. Dr Ellis noted that research suggests that a suicide note is left in only 25% of cases where a person commits suicide. He considered whether a change of Will was indicative of a suicidal intent and opined that it was more likely an impulsive act rather than it being essentially a suicide note. He further commented that a change of Will in her case was “more related to impulsive decision making rather than making a will in preparation to die and it being essentially a suicide note”. Dr Ellis stated that he looked for future planning, where a person takes precautions to avoid rescue. In Kimberley's case, he noted that Mr Collingwood was in the next room and she had not attempted to barricade herself in her room to avoid rescue.
255. Dr Ellis stated that “impulsivity is a core feature of borderline personality disorder and I think throughout the clinical information and the description of people who knew her, I think impulsive decisions were a feature of her presentation”.
256. Dr Ellis continued, stating that:

“I think it's more likely to have rendered her more impulsive and generally distressed in her mental state and interactions, but I wouldn't discount that it did also tip her to the point where she'd intended suicide. I don't think that the overall pattern I think lends more to an impulsive or reckless overdose without specifically intending to die. I think because of some of those – I think the factors that are most strong for me are those, in this case, are the ones around the scene itself, but the intent could be there and it's just not telegraphed to us and for us to be able to see it clearly”.

### **Consideration of the evidence**

257. It is clear on the evidence before me that Kimberley was a dynamic, creative and gifted individual. She struggled for many years with major and significant mental health issues, including suicidal ideation and frequent threats of self harm. However, she remained well supported by family and friends despite her often difficult behaviour.

### ***Did Kimberly ingest the pentobarbitone deliberately with the intention of ending her own life?***

258. The first issue which requires resolution is whether this Court is satisfied, on the balance of probabilities, that Kimberley ingested pentobarbitone with the intention of ending her own life.
259. As outlined above at paragraph [90], Mr Collingwood made a Triple Zero call at 8:55am on 28 May 2016. He indicated to the operator that that Kimberley might have overdosed and suggested “she's probably taken her own life, she's depressed”.

260. As a result of Mr Collingwood's Triple Zero call, the Sydney Ambulance Centre made an urgent broadcast which directed paramedics to a "Cardiac or Resp Arrest". However, the incident status was subsequently downgraded "due to obvious death". By this stage, Ms Lennard and Mr Amesbury were already en route to Kimberly's apartment. Upon their arrival at Kimberly's apartment, Ms Lennard and Mr Amesbury remarked on the dearth of prescription medication in close proximity to Kimberly, and noted the demeanour of Mr Collingwood.
261. NSWPF officers attended the scene shortly after paramedics arrived.
262. Following the arrival of responding paramedics and NSWPF officers, Mr Collingwood proffered information that suggested Kimberly had a history of self-harm, was addicted to prescription medication and alcohol, was upset with her family and their attempts to have her relocate, had been abused by her mother in the days prior, and was distressed that her mother had control over her decision making pursuant to a Power of Attorney.
263. NSWPF Crime Scene Officers attended Kimberly's apartment but did not seize any of the items on the bedside table, including the plastic bottle which we now know was the likely receptacle for the Nembutal. Other NSWPF made enquiries but were unable to account for a number of recently purchased prescription medications.
264. On 31 May 2020, Clementine and Mr Blackman attended Kimberly's apartment. When they entered Kimberly's bedroom, and looked under her pillow, they located several empty blister packets of prescription medication. At that time, Mr Collingwood indicated that he had disposed of the (empty) bottle on the bedside table, which he perceived had contained Nembutal.
265. At the time Clementine and Mr Blackman attended the apartment, the post-mortem report together with the toxicology results were not available. Those results subsequently revealed that Kimberly had died from acute pentobarbitone toxicity.
266. Despite having disposed of a bottle of Nembutal in the days or weeks preceding Kimberly's death, Mr Collingwood did not raise with NSWPF officers or attending paramedics the possibility that Kimberly procured an additional bottle. However, Mr Collingwood did indicate to both Senior Constable Welch and Dr Allard (at different times) that he had dispensed with the earlier bottle of Nembutal which Kimberly had ordered from Mexico.
267. During the course of his oral evidence, Mr Collingwood stated that he was aware Kimberly had ordered some more Nembutal from Mexico. However, in consultation with Dr Allard on 25 May 2016 (referred to above at paragraph [73]), Mr Collingwood indicated that he got rid of Kimberly's Nembutal and that another batch had not arrived and was not likely to. To that end, Mr Collingwood gave evidence to the effect that he was attentive to the possibility of intercepting any such package of Nembutal. Mr Collingwood also gave evidence concerning a Western Union Transfer Slip, which related to a transfer of money to Mexico.
268. In the weeks leading up to her death, Kimberly was under significant stress. Local demolition works and construction noise along with financial and domestic concerns were impacting heavily on her mental wellbeing.
269. On 24 May 2016, NSWPF officers were called to Kimberly's apartment in relation to an alleged domestic violence incident. The details of this incident are outlined above at paragraph [69]. On 25 May 2016, the Domestic Violence Liaison Unit telephoned Kimberly, despite the fact she did not want NSWPF officers to pursue charges or an

Apprehended Domestic Violence Order against Mr Collingwood in relation to the incident. That call went unanswered.

270. Kimberley's toxicology results did not detect the presence of alcohol. It has been suggested, particularly by Mr Collingwood, that in the lead up to her death Kimberley was upset and attempting to shun her required rehabilitation. If Kimberley was determined not to attend rehabilitation, it is somewhat surprising, given her long history of alcohol addiction, and with all the associated stress that she was experiencing, that she was not drinking.
271. Additionally, Kimberley had engaged Mr Sim as her solicitor for a number of years. She had changed her wishes and bequests at different times in the past but always retained Mr Sim's legal services. Kimberley had also never sought to name Mr Sim as the Executor of her estate. The use of a handwritten and shop purchased Will did not appear consistent with her history and nature. It is also clear from the CCTV footage at Blooms the Chemist on 27 May 2016 that Mr Collingwood was shown, or was in possession, of the then witnessed handwritten will, as he and Kimberley left the pharmacy.
272. The evidence of Sergeant Swift, handwriting and document expert also raises questions concerning the handwritten Will. Whilst he cannot specifically determine authorship of paragraph four of the handwritten Will (by which the estate was purportedly left to Mr Collingwood), he has provided evidence which makes the veracity of the document highly questionable.
273. Kimberley had a long-standing history of contacting friends and family to warn them that she was suicidal. For two days prior to her demise, no outgoing calls or text messages are logged on Kimberley's mobile service. Mr Collingwood told various NSWPF officers that Kimberley spent most of her time in bed in the few days before her death. However, on 25 May 2020, CCTV footage depicts Kimberley at the Surry Hills Shopping Centre, where she entered the Australia Post Office alone and purchased the Will Kit. Kimberley's captured movements appear inconsistent with some of Mr Collingwood's assertions.
274. Further, the evidence of Dr Ellis provides an insight into a most complex patient. He notes from medical records and family accounts of Kimberley, that she was a person conforming to a pattern of risk taking, impetuous and impulsive behaviour. He noted that such behaviour is typical and consistent with her various medical diagnoses. He concludes, albeit with a number of professional constraints, that the scene did not provide him with a conclusive level of satisfaction that Kimberley deliberately took her own life.
275. The standard of proof that must be applied in coronial matters, is the civil standard, being the balance of probabilities. In relation to suicide, the civil standard applies, as per *Briginshaw v Briginshaw* (1938) 60 CLR 336. This method was described by his Honour Justice Dixon in *Briginshaw* as:

"But reasonable satisfaction is not a state of mind that is attained or established independently of the nature and consequence of the fact or facts to be proved. The seriousness of an allegation made, the inherent unlikelihood of an occurrence of a given description, or the gravity of the consequences flowing from a particular finding are considerations which must affect the answer to the question whether the issue has been proved to the reasonable satisfaction of the tribunal. In such matters 'reasonable satisfaction' should not be produced by inexact proofs, indefinite testimony, or indirect inferences."

276. In the case of the Inquest into the death of Scott Russell Johnson, the then State Coroner, Magistrate Barnes stated that “the fact-finding task for the Court is not a matter of weighing up the probabilities in favour of one possible explanation of the manner of Scott’s death as against those in favour of another and accepting that the most probable should necessarily be found as the manner of death”.
277. Applying the abovementioned standard, this Court could not be satisfied on the balance of probabilities that Kimberley ingested pentobarbitone deliberately with the intention of ending her own life.

***Did Kimberley ingest the pentobarbitone deliberately, with a purpose other than suicide?***

278. The Court also has to consider whether Kimberley ingested the pentobarbitone intentionally for a purpose other than suicide, such as an accidental overdose of pentobarbitone. The expert evidence of Dr Ellis suggests, on the balance of probabilities that this may have occurred.
279. However, there is a competing inference. The person who last saw her alive has given inconsistent and varying versions at different times. It would be inappropriate, in those circumstances to comment further.
280. Against that backdrop, I am satisfied on the balance of probabilities that Ms Kimberley Appleby died sometime between 27 – 28 May 2016, at Waterloo from acute pentobarbitone toxicity. In relation to the manner of her death, I hand down an open finding.
281. I would once again like to acknowledge the heartfelt family statement presented on behalf of Kimberley’s family, and delivered so eloquently by her daughter, Clementine, during these proceedings.
282. I would like to acknowledge and thank Counsel Assisting and his three instructing solicitors for their extensive assistance in this matter.
283. I would like to acknowledge the assistance of Mr David Cohen, solicitor, appearing for and on behalf of Mr Phillip Collingwood.
284. I would also like to acknowledge and thank Detective Sergeant Egan for his diligent efforts during the coronial investigation.

**FINDINGS**

285. The findings I make under section 81 (1) are:

**Identity**

The person who died was Kimberley Cherie Appleby

**Date of Death**

Kimberley died sometime from 27 May to the 28 May 2016

**Place of Death**

Lachlan Street, Waterloo

**Cause of Death**

Acute Pentobarbitone Toxicity

**Manner of Death**

I record an open finding

**RECOMMENDATION:**

I recommend that the death of Kimberley Appleby be referred to the Unsolved Homicide Unit of the NSW Police Homicide Squad for further investigation in accordance with the protocols and procedures of that Unit. I further recommend that a copy of the brief of evidence and transcript of the Inquest into the death of Kimberley Appleby be provided to the Unsolved Homicide Team for this purpose.