



CORONERS COURT OF QUEENSLAND

FINDINGS OF INQUEST

CITATION: **Inquest into the deaths of Thomas HUNT and Youngeun KIM**

TITLE OF COURT: Coroners Court of Queensland

JURISDICTION: CAIRNS

FILE NO(s): 2018/426, 2016/815

DELIVERED ON: 18 October 2019

DELIVERED AT: Cairns

HEARING DATE(s): 21 February; 8 April 2019 – 10 April 2019

FINDINGS OF: Nerida Wilson, Northern Coroner

CATCHWORDS: Josephine Falls; Ngadjon-ji traditional owners; Wooroonooran National Park; drowning deaths; bottom pool; water related fatality; rainfall; adverse weather events; adequacy of signage; international visitors; weather conditions; Mount Bartle Frere catchment; water levels; automated warning systems; mobile phone blackspot; emergency response; Swift Water rescue; Queensland Fire and Emergency Services; Queensland Police;

REPRESENTATION

Counsel Assisting the Coroner:	Mr J Crawfoot
Counsel for the family of Youngeun Kim	Mr G Gover i/b Joseph Lee; Littles Lawyers
Counsel for The Department of Environment and Science	Ms DA Holliday i/b Natalie Morrison
Counsel for The Queensland Fire and Emergency Services	Ms S Williams i/b Paul Enders
Counsel for Sergeant Douglas Godden	Mr SH Hollands
Counsel for Senior Constable Daniel Whitling	Mr SH Hollands
Senior Legal Officer for the Queensland Police Service	Mr M O'Brien

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Publication

1. Section 45 of the *Coroners Act 2003* ('the Act') provides that when an inquest is held, the coroner's written findings must be given to the family of the person in relation to whom the inquest has been held, and to each of the persons, or organisations, granted leave to appear at the inquest, and to officials with responsibility over any areas, the subject of recommendations. These are my 46 page findings in relation to the deaths of Thomas Hunt and Youngeun Kim. They will be distributed in accordance with the requirements of the Act and posted on the Coroners Court of Queensland website.

Comments of Coroner

2. Pursuant to section 46 (1) (a) and (1) (c) of the *Coroners Act 2003* a coroner may, whenever appropriate, comment on anything connected with a death investigated at an inquest that relates to:
 - *public health or safety; and*
 - *ways to prevent deaths from happening in similar circumstances in the future.*

Relevant Legislation

3. Pursuant to section 45(5) of the *Coroners Act 2003* a coroner must not include in the findings any statement that a person is, or may be:
 - *guilty of an offence; or*
 - *civilly liable for something*

Introduction

4. Although a period of two years separated the deaths of Mr Thomas Hunt and Ms Youngeun Kim, the features common to the circumstances of both deaths were such that one inquest into both deaths would most effectively deal with the issues requiring determination.
5. The inquest commenced by way of a Pre-Inquest Conference (PIC) on 21 February 2019.
6. The issues set for determination at inquest were:
 - a) The findings required by s45 of the *Coroners Act 2003*;
 - b) What if any measures can be implemented to minimise the risk of water related fatalities at Josephine Falls, located in the Wooroonooran National Park North Queensland, and to examine if:

- i. in all the circumstances the signage in relation to Josephine Falls is adequate;
 - ii. access to mobile telephone or landline communication can be improved;
 - iii. additional warnings systems, either by automatic siren, or in person, or by closing Josephine Falls to swimming during heavy rain or rapidly rising water levels, should be implemented;
 - iv. improved infrastructure is required to enhance the safety of visitors to
 - v. Josephine Falls; and
 - vi. measures are required to optimise response times for emergency services

- 7. I considered the following persons and organisations had sufficient interest to appear at and / or be represented at Inquest:
 - i The family of Miss Youngeun Kim;
 - ii The Department of Environment and Science (Queensland Parks and Wildlife Service QPWS);
 - iii Queensland Fire and Emergency Services;
 - iv Sergeant Douglas Godden;
 - v Senior Constable Daniel Whitling;
 - vi The Queensland Police Service

- 8. The family of Thomas Hunt maintained a watching brief from the United Kingdom and did not seek to join proceedings.

- 9. The inquest was conducted over three days, commencing on 8 April 2019 and concluding on 10 April 2019. Fourteen (14) witnesses provided oral evidence, they were:
 - i. Emily Blair;
 - ii. A/Senior Sergeant Douglas Godden;
 - iii. Kneisha Blackford;
 - iv. Woongjae Won;
 - v. Senior Constable Daniel Whitling;
 - vi. Senior Firefighter Justin Georgeson;
 - vii. Second Class Firefighter Christopher Magarey;
 - viii. Senior Firefighter Mark Miller;
 - ix. Senior Firefighter Malcolm Davison;
 - x. David Fuller;
 - xi. Simon Leeds;
 - xii. William Carrodous;
 - xiii. Alison Webb; and
 - xiv. Guy Thomas.

- 10. In formulating these findings and recommendations I have distilled and referred only to that evidence and material relevant to the basis for my findings and recommendations. I do not refer to all the material, evidence

or submissions available to me and contained within the coronial Brief of Evidence.

11. I have had regard to the extensive submissions of Counsel Assisting the inquest, Mr Joseph Crawfoot. In the main I have adopted and incorporated those submissions.
12. There appeared to be common ground in relation to the significant factual matters, and save for some divergence from the Kim family, the recommendations submitted by Counsel Assisting were largely supported by those with leave to appear.
13. I have had the benefit of written submissions prepared on behalf of the Queensland Parks and Wildlife Service (QPWS - Department of Science); the Queensland Fire and Emergency Services (QFES); Sgt Godden and Senior Constable Whitling, and the Kim family.

Background Information

Josephine Falls and its Catchment Area

14. Josephine Falls is located within the Wooroonooran National Park approximately 75km south west of Cairns or 30 km north west of Innisfail. The source of water for the Falls and Josephine Creek is a 12 square kilometre catchment area that includes Mt Bartle Frere.
15. Mt Bartle Frere is Queensland's highest mountain, rising steeply to 1622m. The presence of rain in the catchment area, particularly monsoonal or wet season rain, combined with that topography contributes to rapid changes in water levels and flow rate within Josephine Creek and Josephine Falls.
16. The area is also part of the Wet Tropics World Heritage Area (WTWHA) that was declared in 1988 by the United Nations Educational, Scientific and Cultural Organization (UNESCO). Josephine Falls is considered a "*pristine watercourse*" within the WTWHA. Accordingly Josephine Falls is a popular visitor destination that is promoted locally, domestically and internationally.
17. As of June 2016 Josephine Falls was receiving visitor numbers of approximately 120,000 people per year.
18. Prior to July 2017 there was limited rainfall data for the Joseph Creek catchment area. The closest recording stations utilised by the Bureau of Meteorology (BoM) were at Babinda Creek, Mt Bellenden Kerr and Innisfail. Data gathered from these stations is not necessarily reflective of conditions within the catchment area.
19. In the case of Babinda, which is approximately 16km north east of Josephine Falls, it has a mean annual rainfall of 4287mm. The months of

July, August, September, October and November on average experience the lower rainfall periods in any year although with increasing climate variability there may be changes to when and how much rain falls.

20. Since July 2017 however more accurate data for the catchment area has become available following the installation of a rainfall monitoring station on the eastern summit of Mt Bartle Frere. A comparison of the rainfall data between Innisfail and Mt Bartle Frere, taken between August 2017 and March 2018, indicates the mountain received from 1.5 to almost 4 times as much rainfall as Innisfail. In the month of January 2018 for example, the Innisfail gauge received 380.8mm of rain, however the Mt Bartle Frere gauge received 1366mm of rain, a factor of 3.59.
21. It is noted that Ms Kim's death occurred during that January 2018 period.
22. Josephine Falls itself consists of three distinct areas;
 - a) Top Pool;
 - b) Creek View; and
 - c) Bottom Pool
23. Visitors to Josephine Falls arrive at a public carpark. Visitors must then walk approximately 700m before reaching Bottom Pool. All three areas are accessible via a sealed walking trail which permits access to one side of Josephine Creek only (the visitor side). The opposite side is not accessible by any trails although visitors could swim across. Whilst this practice is not encouraged or sanctioned, it nonetheless continues to occur.
24. Top Pool was declared to be a Restricted Access Area (RAA) in 1992 (a no swimming area). Top Pool can now only be viewed from a platform that is fully enclosed by fencing. The RAA declaration is clearly signed at multiple locations within Josephine Falls. Notwithstanding that declaration, the physical barrier that has been installed and associated warning signs, visitors continue to enter the RAA and from time to time and sustain injuries.
25. There is no RAA declaration with respect of Creek View or Bottom Pool. Both areas are open to the public for swimming.
26. A defining feature of Bottom Pool is a large sloping rock face. It is smooth and slippery and the creek water flows over it, as such it is a natural rock slide that is popular with visitors.

Traditional Owners

27. The traditional owners of the Mount Bartle Frere / Josephine Falls area are the Ngadjon-Ji people. Traditional Owner and Elder, Uncle Ernie Raymont spoke on behalf of his people. Mount Bartle Frere is known as

'Choorechillum' in traditional language. The mountain is recognised as having spiritual significance as a resting place for spirits.

28. That spiritual significance extends to Josephine Falls which is located within the tribal boundary of the Ngadjon-ji people. Uncle Ernie told the court that "*the spirit of our people goes into Chooreechillum.*" It is customary for women to pray for the spirit of their deceased to be taken to Bartle Frere as the resting place. At a later time they pray for the spirit to be released. The traditional owners acknowledge the spirits of their deceased still walk Ngadjon-ji land (incorporating Josephine Falls).
29. Uncle Ernie opened evidence at the inquest and clearly stated that "*Josephine Falls belongs to everybody*". Uncle Ernie spoke of the need for visitors to Josephine Falls to be more aware and respectful of the cultural and spiritual significance of Josephine Falls. He expressed concern about the significant volume of people that visit the site. He also considered that the time after 4.00pm, and fading light, presented a greater risk to swimmers.
30. Whilst Uncle Ernie raised those concerns he also acknowledged the importance to the region for visitors to have access to the site. Uncle Ernie considered the implementation of a curfew at Josephine Falls would help improve visitor safety and strike a better balance with the need for greater respect of cultural and spiritual connections at the site.
31. Uncle Ernie suggested a sign requesting respect for the traditional owners and elders past and present be considered because "*you are walking on their land.... them old people spirit is still walking.. they're still there walking... forty seven thousand years living in that rain forest... it's been passed down.*"
32. Uncle Ernie further stated that "*put a curfew on after 4pm...*"; "*the people who are dying down there, they got caught up in the floodwater that's coming down. They've been swimming there too late. The old people are watching. The old people are angry. There's too many people and they are swimming there anytime. There has to be a limit, a curfew imposed.*" "*It gets very dark down there, the canopy is very thick, the rainforest canopy. So it's fairly dark there. So 4pm is late enough*".
33. I note that Mr Hunt was swept to his death at about 5.00pm and Ms Kim became stranded at approximately 4.00pm and was swept into the water prior to 6.00 pm.
34. I asked Uncle Ernie if a traditional person knows when it is dangerous to swim at Josephine Falls and he responded as follows:

"Well I know for sure your Honour that it's wet season. And you know the clouds are lying low. So when they hit Bartle Frere –

Chooreechillum, you know they release that water and down it come. But when it's coming through the rapids it's roaring. Surely to goodness someone should warn the people about it? The roaring sounds indicates there is floodwater coming down, it gives plenty of warning. And in that thick canopy the sound is there, and so when it is coming down over the rapids it is roaring..."

Management of Josephine Falls

35. Josephine Falls is managed by the Queensland Parks and Wildlife Service (QPWS) Northern Region which has approximately 200 staff members. QPWS sits within the Queensland Department of Environment and Science (the Department).
36. QPWS Northern Region is responsible for some 5 million hectares of protected area extending between Cape York and Townsville and west inland. The operating budget for QPWS Northern Region is \$39 million of which \$13 million is allocated to capital works.
37. Because of the World Heritage listing there is additional management by the Wet Tropics Management Authority (WETMA) which is responsible for the implementation and compliance with the Wet Tropics Management Plan (the Plan).
38. Within QPWS Northern Region there is a Principal Ranger concerned with management of the Coastal Tropics area, which extends between Port Douglas and Townsville. Reporting to that Principal Ranger are 53 staff, four of whom are allocated to Josephine Falls and the surrounding area. One of those four staff members is delegated as the Ranger-in-Charge (RIC) at Josephine Falls.
39. Whilst there is an RIC attached to Josephine Falls they do not have a permanent physical presence at the site. A permanent physical presence at Josephine, either by the RIC or a professional concerned with public safety, such as a lifeguard, is considered "*resource intensive*".

Historical Fatalities

40. Based on information obtained from the National Coronial Information System (NCIS), there have been five deaths at Josephine Falls since 2007; this includes the deaths of Mr Hunt and Ms Kim.
41. Each of these deaths were 'water related' that is, the deceased was in the water at the time of their deaths. Four of the five deaths are known to have occurred at Bottom Pool.

42. Save for the deaths of Mr Hunt and Ms Kim, I am unable to establish from the data if a rapid increase in water levels and water flow are associated with the remaining three deaths.
43. I have considered the number of fatalities as against the number of visitors the site receives each year. In the 10 year period from 2007 until 2017 it may be extrapolated on current estimates that over one million people have visited the site.

Non-Fatal Requests for Assistance

44. I also considered the number of non-fatal incidents that have required the attendance of the Queensland Fires and Emergency Services (QFES).
45. Since 23 February 2016 (the date of Mr Hunt's death) there have been twelve non-fatal incidents at Josephine Falls requiring the attendance of QFES and Swift Water Rescue crews. One of those incidents occurred on 26 February 2016, three days after Mr Hunt's death; and as recently as 7 January 2019.
46. A local newspaper, The Cairns Post, reported in August 2019 that a 15 year old Irish tourist came to trouble at Josephine Falls and was assisted by an off-duty lifeguard from "drowning in a rapidly rising torrent" and that the "rapidly rising water took the visitor by surprise". This incident occurred post inquest. The incident was not the subject of a police investigation. I also note the incident of August 2019 occurred notwithstanding the newly installed safety warning system, (referred to by me later in these findings).
47. The non-fatal incidents substantially involve visitors becoming stranded on the opposite side of Josephine Creek.

Safety Infrastructure and Safety Education Prior to 23 February 2016

48. Images of the signage as it existed at Josephine Falls at the time of Mr Hunt's death were tendered at Inquest.
49. Those signs notified visitors of the various risks at Josephine Falls; they were (and remain) positioned at different locations commencing at the visitor car park and continuing along the walking track that leads to each of the three areas.
50. The signs contain specific and general information, for example the general information involves the use of the word 'danger'. This is written in bold, white text against a red banner. The word 'danger' has been translated into German and Chinese.
51. The specific information includes warnings of the following risks:

- a) Rapidly rising water levels;
 - b) Slippery rocks; and
 - c) Submerged objects.
52. The specific information is written in English only, however there are pictograms representing each of the risks. Therefore information about the risks can be regarded as available to all visitors at Josephine Falls regardless of their English language ability or proficiency.
53. QPWS Northern Region participates in an interagency working group with the Queensland Police Service, the Queensland Fire and Emergency Service and Queensland Ambulance Service. The stakeholder working group had formed by about 2014, originating at a local level due to a shared concern and commitment by each agency regarding visitor safety.
54. The goals of the inter-agency working group were to:
- a) Discuss and implement ways to reduce search and rescue operations at Josephine Falls; and
 - b) Improve response times to any call outs to such incidents by:
 - i. Identifying any barriers collectively or individually faced by each agency; and
 - ii. Improving cooperation between the agencies by better understanding their respective roles, capabilities, responsibilities and available resources.
55. On 1 July 2014 a meeting was held by the inter-agency working group during which it was agreed to:
- a) Hold annual or biannual discussions with accommodation and tourist information providers on giving advice to visitors about the issues associated with swimming at Josephine Falls;
 - b) Obtain cost estimates and identify funding options, for the implementation of a bridge linking both sides of Josephine Creek;
 - c) Consider additional signage with QPS logo material at Josephine Falls;
 - d) Obtain additional data about incidents at Josephine Falls;
 - e) Investigate the implementation of a pool gate with signage attached; and
 - f) Review education QFES was then delivering to schools and community groups with a view to including discussion about the dangers of flooded waterways.
56. During the inquest each of the participating agencies gave evidence that the working group continues to operate to ensure the established goals are met. For example in July 2016 each agency participated in a training

exercise at Josephine Falls targeted at testing communications, practicing water rescue activities but also emphasising the role of each agency and fostering cooperation.

Safety Infrastructure and Safety Education Prior to 23 January 2018

57. In March 2016 a review was conducted by QPWS into safety signage at a number of “*high risk*” sites in Queensland National Parks; this included Josephine Falls. In June 2016 a report was prepared that gave recommendations as to how signage at Josephine Falls might be improved.
58. The report recommended an additional sign with Queensland Government and Queensland Police logo; this was consistent with the outcomes of the July 2014 inter-agency working group meeting. The recommendation was made on the basis that it would convey the message of a police presence at Josephine Falls thus reinforcing the need to comply with the RAA and also the ability to impose sanctions (pursuant to *Nature Conservation Act 1992*) for any non-compliance.
59. The Queensland Police logo sign was installed at Josephine Falls prior to 23 January 2018. Additionally in June 2017 the QPWS provided training to members of the QPS in the *Nature Conservation Act 1992* so that they could assist with legislative management / enforcement at Josephine Falls.
60. The June 2016 report also concluded that traditional danger signs may not necessarily meet the needs for deterrence. Accordingly it recommended that signage containing more ‘emotional content’ be installed so that visitors might better relate to the risks. Males aged 18-25 were seen as a particularly high-risk group having regard to the data concerning fatal and non-fatal incidents at Josephine Falls that was available to the report writers.
61. In October 2016 such signage was installed at Josephine Falls. One of those signs is located in the men’s public toilet.
62. The inquest heard that in 2016 QPWS delivered material, both in-person and by mail, to a number of backpacker accommodation service in Cairns and along the Cassowary Coast, informing them of the RAA and risks associated with other areas at Josephine Falls. Those accommodation services were also requested to assist in disseminating that material / information to their guests.
63. In August 2016 a self-closing ‘pool gate’ was installed at the platform leading onto the Bottom Pool area. The purpose of the gate, having regard to the surrounding slippery rocks, was to direct visitors to the safest path to access Bottom Pool. The gate was not installed to prevent visitors from swimming, although it was acknowledged during the Inquest that it

provided an additional, signed barrier that visitors must touch and apply pressure (as the gate is spring loaded) to pass through.

Telecommunication Services

64. It is generally accepted that there is limited mobile phone network access at Josephine Falls. Visitors may have to move some distance from the carpark back towards the main access road before being able to obtain a signal.
65. There is a landline service available to visitors within the carpark area. It is located approximately 100m from the entrance to the Josephine Falls walkway near the site of the old ranger's station. There is some signage notifying visitors of its availability. The service is limited to emergency calls only. Visitors are not required to dial '000', call automatically connects.
66. Since 23 January 2018 the phone line to that service has been upgraded to remove 'crackling' thus enhancing the audio quality. Additional measures to improve quality included the installation of a water proof phone in March 2019. Signage to the phone has also been upgraded, therefore the signage as depicted in Exhibit E3 is no longer current, although it remains relevant when considering the infrastructure in place at the times of death of Mr Hunt and Ms Kim.
67. Access to telecommunication is also a relevant issue for QPS and QFES officers responding to any incident at Josephine Falls. Direct radio signals between officers located at Bottom Pool and officers located at the car park control point were previously not possible. Prior to June 2018, communication between those locations required a relay person stationed mid-way on the walking track. The relay person would receive information from Bottom Pool then call through that information to the control point stationed at the car park.
68. Since June 2018 however a new communication tower has been installed at the Ranger's shed that has improved radio communication signals for the various emergency services. It is understood at the time of the Inquest that particular issue has now been resolved.

Availability of Rescue Equipment and Personnel

69. The only permanent rescue equipment stored at Josephine Falls is a quad bike. This is essential equipment used to transport equipment to the areas inside Josephine Falls. It is stored at a shed close to the old Ranger's residence.
70. QFES does not consider it appropriate to store any other equipment onsite at Josephine Falls on account of:

- a) Risk of it being used by untrained persons; and
- b) The need for regular checking and maintenance.

In that regard all other equipment needed to facilitate a rescue at Josephine Falls is retained at individual QFES Stations.

- 71. There are three QFES stations that are designated to respond under the Josephine Falls Local Action Plan (LAP) for Swift Water and floodwater rescue. Those stations are Babinda, Innisfail and Cairns. Each of those stations has a number of staff members that are trained in Swift Water rescue.
- 72. In accordance with the LAP a Swift Water rescue cannot be commenced without a minimum of six to eight, Level 2 trained, Swift Water personnel. This requirement is in place to ensure the safety of responding officers and the operation. No one QFES station has those minimum numbers therefore any Swift Water rescue requires a combined and coordinated effort by designated stations.

Swimming Closures and Associated Warnings

- 73. Since August 2011 the QPWS have operated a Park Alert system which allows messages and warnings to be posted on the QPWS (public) website. Since May 2018 there have been warnings permanently posted on the website in relation to Josephine Falls.
- 74. In addition to the online Park Alerts, warnings and permanent signage at Josephine Falls the QPWS will periodically install temporary 'no swimming' signage when it is considered that safe conditions at the Falls have been or will be exceeded. The temporary signage is in the form of a sandwich board. One board is located in the carpark at the path entrance. The other is located at the top of the stairs leading down to Bottom Pool.
- 75. The assessment of whether to impose a swimming closure is made by the Ranger on duty. Until recently that assessment was made based on their own experience at the site including making visual observations of water levels against certain topographical features and visual observations of weather in the Josephine Falls catchment area. Since 2017 a more objective, data-based system for measuring and assessing water safety at Josephine Falls has been developed. This system will ultimately inform an automated warning device at Josephine Falls. Whilst the measuring system was in place at the time of Ms Kim's death it was not then linked to any warning device. Developments in that area are considered below.
- 76. Having regard to all of these matters, the deaths of Mr Hunt and Ms Kim should be considered against the background of significant and substantial undertakings by QPS, QFES and QPWS prior to, during, and subsequent to this inquest, to enhance safety at Josephine Falls.

Death of Mr Thomas Hunt

Personal Details of Thomas Hunt

77. Mr Thomas Peter Hunt was born on 30 November 1990. He was aged 25 years at the time of his death.
78. Mr Hunt was a UK national who had arrived in Australia in approximately December 2015. During time spent in Melbourne before travelling to Cairns he commenced a holiday romance with Ms Emily Blair.
79. Mr Hunt had some experience as a life guard and was considered to be a good swimmer. Ms Blair was also a good swimmer and had experience as a life guard and swimming instructor. During the Inquest, Ms Blair identified her experience as having been in a pool setting which she accepted was a static / controlled environment compared to sites such as Josephine Falls. Ms Blair did however have experience swimming in dynamic conditions such as at the beach.
80. In February 2016 Mr Hunt and Ms Blair arranged to meet in Cairns. Whilst in Cairns they made the decision to visit Josephine Falls. During the inquest Ms Blair gave evidence of hearing Josephine Falls being discussed by other travellers as a place to visit. Prior to visiting Josephine Falls she made enquiries with some tourist information providers in Cairns. The risks at Josephine Falls were not raised in any of those conversations.
81. Using a hire car they travelled to Josephine Falls on 23 February 2016, leaving Cairns at about 2:30pm. Allowing for two stops (one at McDonalds another at a service station), they arrived at Josephine Falls at about 4pm. When they arrived at the car park they spent some time changing into swimming clothes before walking along the path to Bottom Pool.

Weather Conditions

82. Whilst they were at Josephine Falls the weather was overcast however it was not raining.
83. There is no primary data or independent witnesses to provide evidence of the water conditions. However based on the witness statement of Ms Blair and GoPro images taken by her there are some conclusions that may be drawn.
84. Ms Blair is the only witness to provide a description of the water conditions at the time she and Mr Hunt first entered the water. She described walking to Bottom Pool then entering the water. Ms Blair described checking the water conditions when they first entered and feeling 'safe'.

85. Whilst Ms Blair describes other visitors being present on the walkway and at the lookouts, she described only one other person, a female, being in the water at the time she and Mr Hunt arrived. The female person got out of the water at the same time Mr Hunt and Ms Blair got in, or at least shortly afterward.
86. She then described “*chilling in the water, taking photos*” before she and Mr Hunt walked across rocks then swam about four meters to reach the rock slide.
87. Ms Blair described two speeds of water flow on the slide, one ‘slow’ and one ‘fast’. Photographs obtained from the GoPro camera used by Ms Blair assist in visualising those two speeds. The photographs taken by Ms Blair depict water flowing over one section the rock slide, that closest to the visitor access side.
88. Once on the rock slide Mr Hunt and Ms Blair slid down together about two or three times without incident. They were conscious of the rate of water flow and made a decision to come down the slide where the water was “*flowing softer*”. By this time the water in Bottom Pool itself had risen up over most of the boulders, as indicated by the red line Ms Blair marked on a photo.
89. By this time Ms Blair estimates they had been in the water for about 45 minutes. Allowing for time in the car park when they arrived this would place them in Bottom Pool sometime between 4:45pm and 5pm. Within that 45 minute period the water flow had increased in speed. Mr Hunt and Ms Blair then made the decision to go down the rock slide again.

Factual Circumstances Leading to Death

90. They initially went down holding hands but became separated during the slide. Upon entering the water Ms Blair observed the current was “*really strong*” and caused her to flip three times before she could resurface. She describes trying to swim back towards the rocks where they entered but was carried further downstream. She described herself as “*struggling*” to get out of the current.
91. Ms Blair then described trying to swim back towards the rock slide because the water appeared calmer. She was unable to do so and was pulled further downstream. She marked the course of her travel on a photo using blue pen. The blue pen line indicates Ms Blair and Mr Hunt were drawn away from the visitor access bank. There are similarities in this regard with Ms Younguen Kim. Ms Blair states it took her a period of time (5 seconds) before she realised “*how serious [the] current was*”.
92. Ms Blair was ultimately able to secure herself to the visitor side of Josephine Creek after which she made visual contact with Mr Hunt. He

was still in the water and appeared to have secured himself on a rock. She was able to talk with him at that point and he asked if she was 'okay', to which she replied 'yes'. Ms Blair then observed Mr Hunt attempt to shift his position however he was unable to do so and was carried downstream.

93. Ms Blair observed Mr Hunt being carried downstream and she lost visual contact with him as he approached a "*large rock ... [with] a big current [and] an undertow beside it*".
94. After losing sight of Mr Hunt, Ms Blair got out of the water and tried to reestablish visual contact with him and called his name; she did this for no more than a minute.
95. Ms Blair had by this time become separated from the visitor path. She spent 5 to 6 minutes climbing through forest before finding the path again. Once back on the path she ran back to the car park area. She initially sought assistance from a tow truck driver but he could not obtain a mobile phone signal.
96. Ms Blair then went to the car she and Mr Hunt had travelled in and recovered her own phone. She called police and stated they arrived about 15 minutes after that call. QFES members also responded to the call.

Recovery of Mr Hunt's Body

97. QPS Officers Sergeant Godden and Constable Benvenuti were the first to respond to the incident. They attended from Babinda Police Station. After they arrived Sergeant Godden took a version of events from Ms Blair before commencing a search for Mr Hunt. When police went to Bottom Pool they observed the water level was "*high with almost all of the rock wall slide covered*".
98. When considered against Ms Blair's GoPro photos, Sergeant Godden in evidence confirmed a significant rise in water levels had occurred in the ensuing period.
99. A QFES (swiftwater rescue) crew arrived shortly after police. QFES first received notification of the incident at 5:47pm that afternoon. QFES travelled from Innisfail and arrived at Josephine Falls at 6:10pm, a response time of 23 minutes.
100. Because of fading light QFES were limited in the search they were able to conduct. There were also physical limitations on account of high water levels, a strong current, slippery rocks and generally steep terrain. The QFES searched 150m of creek bank within one hour. On account of these conditions the search for Mr Hunt was suspended at approximately 7:16pm.

101. The search for Mr Hunt resumed on 24 February 2016 at 6am. At about 11:15am Mr Hunt's body was located approximately 1.8km downstream from Bottom Pool. His body was located in a tributary off Josephine Creek; there were visible signs of trauma indicative of contact with objects in the water.

Autopsy

102. An autopsy was performed on 29 February 2016. No alcohol was detected in femoral blood or urine samples however alcohol was detected in the vitreous humour (15mg/100ml). The only other substance detected was Dextromethorphan, which is a form of cough suppressant.
103. The forensic pathologist concluded that the condition directly leading to death was:

1a. DROWNING

Review by Queensland Police Service

104. At the time of Mr Hunt's death QPS identified the following recommendations to improve visitor safety at Josephine Falls
- a) A pool fence (capable of locking) at Bottom Pool;
 - b) Water depth indicator at Bottom Pool with colour-coded interpretation;
 - c) Electronic monitoring of water levels upstream linked to an alarm system;
 - d) Additional 'escape routes' [on the opposite bank] with associated signage;
 - e) Additional access track for rescue personnel;
 - f) A bridge linking both sides of Josephine Creek; and
 - g) Closure of Josephine Falls during specific weather events of the wet season.
105. All recommendations were the subject of consideration during the inquest.
106. Subsequent to the death of Mr Hunt and prior to the death of Ms Kim items (a) and (e) above were fully implemented. Items (b) and (c) were in the process of being implemented at the time of Ms Kim's death but were not operational. Recommendation (g), the closure of Josephine Falls in certain weather conditions or events, is not considered to be necessary or viable as visitors may still access the walking tracks and enter the water against such advice.

Review by Queensland Fire and Emergency Services

107. QFES also conducted a review following the death of Mr Hunt. QFES indicated that conditions at the time they arrived (including light, water

levels and current) prevented the use of an IWP (inflatable water platform) to assist in the search. They also highlighted difficulties because of the steep terrain of the search area.

108. The QFES considered that whilst rescues at Josephine Falls are common, it was rare for a visitor to be swept downstream. This raised an additional limitation on their ability to respond as site access downstream was more restricted. It is noted that following this incident a path has been cut allowing easier access to Josephine Creek approximately 500m downstream. The path created as a result of Mr Hunt's death played a significant role in the (ease of) access to, and recovery of, Ms Kim's body in 2018.
109. QFES also highlighted issues with communication noting mobile phones and satellite phones provided unreliable signals from the carpark at Josephine Falls on this occasion. QFES relied on a radio relay system to maintain communication between crews that were at the Creek with crews at the car park.
110. At the time of Mr Hunt's death QPS identified the following recommendations to improve visitor safety at Josephine Falls:
 - a) Closure of Josephine Falls during specific weather events of the wet season;
 - b) An early warning system / alarm for rising water levels;
 - c) A bridge linking both sides of Josephine Creek; and
 - d) A landline emergency phone located at the Creek bank.
111. All recommendations were the subject of consideration during the inquest.

Death of Ms Youngeun Kim

Personal Details of Youngeun Kim

112. Ms Youngeun Kim was born on 20 October 1993. She was aged 24 years at the time of her death.
113. Ms Kim was a national of the Republic of Korea (South Korea). Prior to her death she had been residing in a dormitory complex in Cairns. She resided there with other South Korean nationals who were travelling through Australia on working holiday visas. Those nationals were:
 - i. Mr Hyun Woo BAE;
 - ii. Mr Jinseok KIM;
 - iii. Mr Yeon NAMGUNG;
 - iv. Mr Woongjae WON; and
 - v. Ms Jiyeon JUN

114. Messrs Bae, Kim, Namgung and Won were each interviewed by police on 24 January 2018. The transcripts of those interviews were tendered at the Inquest. Additionally Mr Won gave evidence by telephone.
115. During his evidence Mr Won confirmed he had the opportunity to read the transcript of his interview with police and the transcript was true and correct.
116. Based on their interviews it was established they decided as a group to leave Cairns together at about 2pm on 23 January 2018 and drive to Josephine Falls. The journey took approximately 1.5 hours; they arrived at about 3:30pm. Mr Won agreed with that timeframe in his evidence at the Inquest.
117. Some of the members of the group describe Ms Kim as not being able to swim, however video footage of her on the rock slide into Bottom Pool would suggest she may have had a very limited swimming ability.

Weather Conditions

118. The weather conditions were described as raining for the duration of the drive from Cairns to the Falls. The video footage also confirmed that it was raining at the time Ms Kim came down the rock slide.
119. Sergeant Gooden who was off-duty on the day but hiking on Mt Bartle Frere noted that weather conditions changed whilst he was hiking. He noted that when he returned to the base of the trail (at the Josephine Falls carpark) at 2pm it was "*raining heavily*".
120. At approximately 3pm on 23 January 2018 the 'no swimming' sandwich boards were posted at the path entrance leading from the carpark and at the top of the stairs leading down to Bottom Pool by the Ranger on duty.
121. A water level gauge had been installed at Bottom Pool at this time. The gauge was installed as part of the hydraulic modelling system being developed by QPWS that had commenced in July 2017. At the time of Ms Kim's visit the water level gauge did not provide any interpretation for visitors to understand risks associated with water conditions.
122. The GoPro footage also provides a clear representation of the water conditions at the time Ms Kim ventured down the slide. Prior to that it was positively established that water levels had been increasing.
123. In his interview with police, witness Hyun Woo Bae described three other people already swimming in Bottom Pool when his group arrived. He told police of a conversation he had with one person in which he was warned of the dangers of the water currents and that the water gauge should be monitored for changes.

124. During the Inquest, evidence was heard from Mr Simon Leeds who had been engaged by QPWS to develop the hydraulic modelling system. He confirmed that a water gauge was in place in Josephine Falls at the time of Ms Kim's death, however it did not provide any interpretation for visitors from which they could establish the water depth or rate of water flow.
125. Whilst Mr Bae could not have meaningfully interpreted the gauge it provided a simple visual guide as to whether water levels were increasing or decreasing. To that effect Mr Bae's observation that the water level increased whilst they were at Bottom Pool is entirely credible, indeed consistent with the data that was being recorded by the modelling system.
126. From 2pm on 23 January 2018 water levels in bottom pool had begun to increase. They were initially 0.735m but this increased to 0.8m over a period of one hour and twenty-five minutes (3:25pm). This meant water levels had begun to increase prior to Ms Kim or her companions entering the water.
127. Prior to 2pm water levels had remained steady at Bottom Pool.
128. From 3:25pm to 4:35pm the water level increased from 0.8m to 1m. Thereafter there was a further increase to 1.57m, this occurred by 5:10pm by which time Ms Kim was known to be stranded on a boulder in Bottom Pool.
129. The water level in Bottom Pool eventually peaked at 1.64m at 5:35pm, shortly before Ms Kim came off the boulder, entered the water and was lost from sight.

Factual Circumstances Leading to Death

130. How Ms Kim came to be stranded on the boulder is the subject of GoPro footage. The circumstances of her entering the water are not clear. It appears from her companions interviews that Ms Kim initially stayed out of the water whilst her companions went in. Ms Kim's companion, Jinseok Kim, told police that Ms Kim decided to come down the rock slide and her other companion, Mr Yeon Namgung offered to take her there.
131. Mr Bae recalled seeing Ms Kim and Mr Namgung at the top of the rock slide together. He observed Mr Namgung come down the slide first. As can be seen in the GoPro footage Ms Kim was alone at the top of the rock slide when she came down. That footage is the best evidence of how Ms Kim ultimately became stranded on the boulder.
132. It is unknown what if any regard Ms Kim or her companions may have had to signage that was installed at Josephine Falls. However at least one member of Ms Kim's party had an awareness of some of the risks

associated with the changing water levels (Mr Hyun Woo Bae). During the Inquest Mr Won gave evidence that he recalled the 'pool gate' had been left open when they entered the rock pool. I find it difficult to accept this version of events as the gate is a spring loaded self-closing gate.

133. It is relevant to consider the time at which Ms Kim became stranded on the boulder. The timing of this event is relevant when considering the response by Queensland Police and Queensland Fire and Emergency Services.
134. Mr Bae informed police that Ms Kim and their party arrived at Josephine Falls at about 3:30pm. Mr Won agreed with that time estimate during his evidence at the Inquest.
135. During his evidence at the Inquest Mr Won informed the Court that Ms Kim did not enter the water immediately and there was period of approximately twenty to twenty-five minutes from arriving at the Falls until she came down the slide. To that effect the earliest estimate of when Ms Kim became stranded on the boulder is approximately 3:50pm to 3:55pm.
136. Witness Kneisha Blackford was visiting Josephine Falls at the same time as Ms Kim and her party. Ms Blackford was visiting Cairns from Victoria.
137. Ms Blackford's best estimate is that she and her companion arrived at the Falls at about 4:00pm. She and her companion then walked from the carpark to the 'second level' (Middle Pool). She estimated this walk took them five minutes (4:05pm). From that position she observed a female person of Asian appearance sitting on a rock with her legs crossed. Ms Blackford described the top of the boulder upon which the female was sitting as "*a fair way above the level of the water*".
138. I accept that the person described by Ms Blackford was Ms Kim.
139. Given the time at which Mr Bae estimates Ms Kim and their party arrived at Josephine Falls, the increasing water level he observed in their time there, the known data of the water level increase between 3:25pm and 4:35pm and Ms Blackford's observations of the water level I conclude that Ms Blackford's time estimates about events are accurate.
140. From Middle Pool, Ms Blackford and her companion walked up to Top Pool. From there Ms Blackford observed water was "*crashing down from the waterfall and appeared really strong*". Ms Blackford also observed the rainfall, whilst constant during their time there, was becoming heavier. She estimates that she stayed at Top Pool for about five minutes.
141. Ms Blackford and her companion then walked back towards the carpark. On the return walk she observed Ms Kim was still on the boulder but could not recall if there was any apparent change in the water level. She

estimates they left Josephine Falls after being there for about 30 minutes (4:30pm – 4:35pm)

142. Ms Blackford states that about 10 to 15 minutes after they left Josephine Falls she made a phone call to '000'. That call was assigned to the Queensland Fire and Emergency Service.
143. The call commenced at 4:59:28pm. It was the first call any person made seeking assistance for Ms Kim. The call occurred approximately one hour after Ms Kim became stranded on the rock. The call lasted approximately 3 minutes.
144. In that call Ms Blackford told the Operator:

“There was a girl on a rock, kinda stuck. We just left and she kinda looks a bit stuck and the water was getting higher ... it just didn't look too safe”

145. Ms Blackford's call that set in motion the rescue efforts by the Queensland Fire and Emergency Service and the Queensland Police Service.
146. Exhibit JF3 was tendered at the Inquest. It set out the details of the QFES Crews that responded to Ms Blackford's '000' call. It further set out a chronology of calls that were relayed between the various responding crews and their communications centre. That chronology should be considered in conjunction with the witness statements of those that attended Josephine Falls prior to Ms Kim entering the water.
147. In addition to Exhibit JF3 it is relevant to consider when each crew departed their respective station in response to the '000' call of Ms Blackford:

Crew	Station	Dispatch Time	Distance to Josephine Falls
725A	Innisfail	17:00:17	28.5km
FY3	Innisfail	17:04:02	28.5km
721A	Babinda	17:04:02	16.5km
711L	Cairns	17:04:48	73.4km
FP11	Cairns	17:07:47	73.4km

148. Whilst all of the responding QFES crews were in transit from their Stations to Josephine Falls one of Ms Kim's companions (Ms Jiyeon Jun) made another '000' call (the second call) using a mobile phone. This call was made at approximately 5:16pm. The call duration was two minutes and five seconds. This call was assigned to Queensland Ambulance Service (QAS). For reasons unknown that call terminated unexpectedly before Ms Jun could provide any details of the incident.

149. The QAS operator then called Ms Jun back. That call commenced at 5:19pm and lasted for five minutes and twenty-eight seconds. During that call it was apparent the Operator experienced difficulties understanding Ms Jun who was nonetheless able to tell the Operator in English that assistance was needed at 'Josephine Falls'. Ms Jun also spelled out the word 'Bartle' (Frere) for the Operator.
150. It was ultimately established by the Operator that agencies were already attending Josephine Falls in relation to the incident. Ms Jun also explained during her call that she could see Police and Ambulance arriving. The Operator subsequently confirmed that Police were there. When asked by the Operator if she was still with Ms Kim, Ms Jun told the Operator: "*My other friend with her ... I cannot call you when I was in there*". It can be inferred from that statement that Ms Jun experienced difficulties obtaining a mobile phone signal when closer to Josephine Creek.
151. Having regard to the first call by Ms Jun it can be established that it took at least one hour and twenty-one minutes from when Ms Kim became stranded on the boulder before any member of her own party made a call for assistance.
152. The Queensland Police Service (SC Daniel Whitling) and Queensland Ambulance Service (Justin Cairns) were the first agencies to arrive at Josephine Falls. SC Whitling responded from Babinda Police Station having received instruction from Police Communication shortly after 5pm to attend Josephine Falls. Upon arriving at Josephine Falls, SC Whitling ran down to Bottom Pool. He described the Falls as "*roaring*", making it difficult to communicate with Ms Kim.
153. SC Whitling observed Ms Kim was sitting on a rock in the centre of Bottom Pool. The water was rushing over the rock and was up the height of Ms Kim's navel. SC Whitling signalled to Ms Kim to hold her position. At the Inquest SC Whitling gave evidence that the water level had at that time risen level with and was lapping against the platform from where visitors enter Bottom Pool.
154. Crews 725A and FY3 (both responding from Innisfail Fire Station) were the first QFES crews to arrive at Josephine Falls; they arrived at 5:24pm. There were three Level 2 trained Swift Water personnel in that compliment, FF2 Christopher Magarey, SFF Malcolm Davison and FF Mark Lawrence. The fourth officer, SO Georgeson was the incident controller.
155. Crew 721A, responding from Babinda Fire Station, arrived at Josephine Falls at 5:25pm. That crew consisted of FF2 Daniel Dimarco and auxiliary firefighter Captain Grimshaw. Neither had Level 2 training in Swift Water operations.

156. At the time those crews arrived there was three Level 2 trained Swift Water personnel at the scene. This was below the minimum requirement specified in the Local Action Plan in order to maintain safe operations.
157. Upon arrival SO Georgeson instructed the Swift Water personnel to prepare their equipment, he then proceeded to Bottom Pool and spoke with SC Whitling. He provided SC Whitling with a throwbag and give him instructions on how to deploy it. Both SO Georgeson and SC Whitling then attempted to find a position from where they might reach Ms Kim.
158. FF2 Christopher Magarey, SFF Malcolm Davison and FF Mark Lawrence, under instruction from SO Georgeson, immediately commenced preparing themselves by entering their wetsuits and applying other safety equipment such as helmets and lifejackets.
159. In addition to that equipment, and with the assistance of QAS, they retrieved a quad bike and trailer onto which they loaded an Inflatable Work Platform (IWP). They then proceeded to Bottom Pool. It took approximately 7 minutes from the time they arrived at Josephine Falls to prepare their equipment and move to Bottom Pool (approximately 5:31pm).
160. At the Inquest, SO Georgeson gave evidence that his Officers had all the equipment that was required to effect a rescue of Ms Kim however they did not have the required numbers of Swift Water trained personnel to do so safely.
161. Upon arrival at Bottom Pool, SFF Malcolm Davison commenced inflating the IWP. He commenced inflating this with assistance from members of the public who were also present. Under direction of SFF Georgeson crew members FF2 Christopher Magarey and FF Mark Lawrence moved downstream and positioned themselves to deploy their throwbags.
162. Ms Kim had observable signs of fatigue at that time. The surges in water were also impacting on her ability to hold her position on the boulder.
163. The decision by those QFES officers not to enter the water at that time, or attempt to throw a line to Ms Kim from the visitor bank at Bottom Pool was made having regard to a number of factors:
 - i Ms Kim was positioned approximately two thirds of the way across Josephine Creek towards the opposite bank;
 - ii Water level and flow rates were 'dramatically elevated';
 - iii Those water conditions meant there was a low likelihood of success of the Swift Water crew entering the water to successfully reach Ms Kim, at an extreme risk to their own life if they did so;

- iv Because of Ms Kim's distance towards the opposite bank, her observed fatigue levels, and the water conditions it was considered that Ms Kim would be placed at greater risk if they attempted to deploy a throwbag;
 - v Throwbags also work on a 'pendulum effect' such that had Ms Kim successfully held on she would have been swung downstream in an arc back towards the visitor side. This movement would have placed Ms Kim into 'strong rapids'; and
 - vi There were insufficient Level 2 trained Swift Water personnel onsite in order to facilitate any other mode of rescue at that time.
164. After giving instructions at Bottom Pool SFF Georgeson moved back towards the Josephine Falls carpark where the control centre was based. Whilst SFF Davison was still inflating the IWP he heard a scream from Ms Kim. He then looked towards her and observed her "*lose her grip on the boulder*" and being carried downstream.
165. FF2 Magarey and FF Lawrence, who were at that time positioned a short distance downstream from Ms Kim also observed her lose her position on the boulder and enter the water. FF2 Magarey shouted at her to swim to the opposite bank however Ms Kim appeared unable to swim. Both FF2 Magarey and FF Lawrence deployed their throw bags towards Ms Kim. She was briefly able to take hold of the line deployed by FF Lawrence but was unable to maintain her hold.
166. Ms Kim was carried downstream. FF2 Magarey and FF Lawrence both lost sight of her after she travelled about 20 to 35 metres.
167. At approximately 5:51pm SO Georgeson called through to the QFES communications centre and advised as follows:
- "one casualty was in the middle of the river, we've lost sight of the casualty, currently doing a search"***
168. Additional crews 711L and FP11, deployed from Cairns Fire Station, were still in transit at this time. They arrived at Josephine Falls at 18:00:49 and 18:01:42 respectively.
169. Ms Kim's body was located at approximately 7:23pm on 23 January 2018. Due to weather, water and light conditions she could not be recovered until the following day.

Recovery of Ms Kim's Body

170. Ms Kim's body was located relatively quickly on account of the access track that was cut after the death of Mr Hunt. Officers walked to the water's edge

at the end of that track and observed that Ms Kim's body had become entangled in a tree trunk. A crime scene was established and members of the Queensland Police Service (SC Daniel Whitling, Con. Justin Benvenuti and Officer Tweedie) remained at the scene on the banks of the creek overnight, keeping watch over Ms Kim's body.

171. Water levels were too high at that time to effect a safe recovery.
172. By approximately 9:00am on 24 January 2018 it was determined that water levels had receded to a sufficiently safe level to effect the recovery. QFES Officers SO Brett Jones, SFF Mark Miller, SFF Robert Darch, FF Timothy Casswell, SFF Malcolm Davison, FF2 Christopher Magarey and FF Mark Lawrence were able to wade across the river and retrieve Ms Kim's body.
173. Ms Kim's body was recovered sometime before 11:10am.
174. It was noted at the Inquest by witness Simon Leeds that water levels on 24 January 2018 dropped to a minimum of 0.82 by midday before rising again and peaking at 2.1m at 8:15pm that night. In that regard there was a relatively narrow window of opportunity within which to recover Ms Kim's body before water conditions became unsafe again.

Autopsy

175. An autopsy was performed on 30 January 2018. No alcohol was detected in the subclavian blood, vitreous humour or urine.
176. The disease or condition directly leading to death was identified by the forensic pathologist as:
 - 1a. DROWNING / IMMERSION
 - 1b. HEAD INJURY

Factual Inconsistencies

177. Four of Ms Kim's companions were interviewed by police on 24 January 2018, the day after Ms Kim's death. Those interviews did not raise any inconsistencies when compared to the evidence of Ms Blackford, the QFES, or QPS officers that were onsite attempting to facilitate the rescue.
178. Mr Won told police the rescue crew "*were only getting ready to throw ropes ... that's all they were doing*". Furthermore, "*it was obvious she was going to be swept away soon ... the rescue team's equipment weren't suitable for rescuing*". Mr Won told police: "*they brought a boat but it wasn't the right conditions to float a boat*". Mr Won considered the use of throw ropes was ineffectual because Ms Kim could not be expected to grab them "*when she can't even swim*".

179. Mr Won was also critical of the rescue crew's response / reaction after Ms Kim entered the water and was swept downstream telling police: *"after they threw the ropes, they were watching her floating away. And then one of them just walked and followed along the side. There was no sense of urgency at all"*.
180. Mr Namgung told police: *"So the water swelled and the rock where she was became submerged. The rescue team finally arrived, they arrived and threw some ropes and blew air into a boat as well, you see? So the moment they were about to do it, the water suddenly swelled and she got swept away and the rescue team threw her some ropes. They threw two ropes, she missed one and grabbed the other one. But then she lost her grip and that's how she went"*.
181. Mr Namgung also informed police that he assisted with the inflation of the IWP. He told police: *"they pointed to some of us and asked us to help if we could. And soon other people came and moved the boat-like thing. And after that more rescuers came, the ones who throw the ropes, who went onto some rocks close by. We were putting air into the boat. And then when we finished blowing up the boat she got swept away"*.
182. Mr Jinseok Kim also assisted with the inflation of the IWP and told police: *"They (rescue crews) were building a boat. They were making the boat with us. When the boat was almost done, Youngeun got swept away. And the person waiting to throw threw it but she panicked and couldn't catch it"*.
183. In that regard the statements of Mr Namgung and Mr Kim confirm active steps being taken to facilitate a rescue right up until the point when Ms Kim entered the water.

Review by Queensland Police Service

184. On 16 July 2018 a Supplementary Form 1 was produced by the Queensland Police Service for the Northern Coroner.
185. A review by Queensland Police Service confirmed that as of 24 January 2018 all signage was in good condition and legible. Notwithstanding the presence of that signage not all visitors heeded the warnings.
186. It identified that communications at Josephine Falls remain problematic with no satellite phone coverage and limited mobile phone coverage. The review identified there was a landline emergency phone at the Ranger's Station which is located a short distance from the entrance to the Falls.
187. The review identified Bottom Pool as the location for a 'majority' of rescues conducted at the area. Police identified the lack of 'reference points' by which visitors could make a judgement about water levels and water flow was problematic.

188. The review made the following suggestions for additional resources:
- i A water monitoring system with audible alarm;
 - ii Explanatory material onsite to inform visitors of the alarm;
 - iii Additional tracks to provide escape routes from the opposite bank;
Additional tracks to allow greater access by rescue services;
 - iv A bridge linking both sides of Josephine Creek;
 - v Site closures during weather events or the entire wet season;
 - vi Rescue equipment onsite that could be deployed by visitors; and
 - vii Swift water rescue equipment onsite to be used by QFES.

Review by Queensland Fire and Emergency Service

189. An 'After Action Review' completed by QFES after Ms Kim's death confirmed the continued need for a minimum number of Swift Water officers as part of any response to Josephine Falls. It also confirmed that communications between the control point and personnel within the Josephine Falls area remained problematic.
190. In addition to that Review a number of Officers gave evidence of additional measures they considered would improve safety at Josephine Falls. Consistent amongst those were the suggestions of:
- a) An early warning system;
 - b) A bridge connecting both sides of Josephine Creek;
 - c) A landline emergency phone to overcome mobile phone coverage issues;
 - d) A permanent lifeguard station; and
 - e) A zip-line to allow rescue personnel to access the opposite bank.

Analysis of safety features and proposals at Josephine Falls

Interaction with the Wet Tropics World Heritage Area

191. Because Josephine Falls is within the Wet Tropics World Heritage Area (WTWHA) any decisions as to its management must take into account the *Wet Tropics Management Plan 1998* (the Plan) which sets out:
- a) The regulation of certain activities;
 - b) How the impact of certain activities are to be assessed; and
 - c) Conditions that might be imposed to minimise the impact of those activities.
192. Activities might include:
- a) Maintenance of roads and powerlines within the WTWHA; but also
 - b) Tourism infrastructure such as walking tracks and viewing platforms etc.

193. The Inquest had the benefit of evidence from Mr William Carrodous who is employed by the Wet Tropics Management Authority (the Authority). He informed the Inquest that Josephine Falls is classified as a 'Zone D' location for the purpose of the Plan. As such it is intended that visitors be able to enter the area and appreciate its World Heritage values which in this case include:

“superlative natural phenomena or areas of exceptional natural beauty and aesthetic importance”

194. To give effect to that, the Authority must make decisions about activities within Josephine Falls (or any other place within the WTWHA) in a way that minimises impact on its World Heritage values. Guiding the Authority in that regard are principles within the Plan including those within s.53(3)(c) which provides:

“the Authority must have regard to ... the likely impact of a proposed activity on the area’s scenic amenity including, in particular, the degree of visual dominance of the activity or of any alteration of the landscape arising from the activity”

195. It is therefore relevant to consider the Plan and its principles against the proposals for improved safety raised before and during the Inquest.

Development and Implementation of an Electronic Monitoring and Warning System

196. In January 2017 Ms Alison Webb commenced as Regional Director for the QPWS Northern Region. Within that same month Regional Director Webb consulted with QPWS Rangers about fatalities and other incidents at the Falls. It was identified that the capacity of Rangers to make assessments about the safety of the Falls was based on their individual knowledge and experience at the site.

197. In response to that Regional Director Webb commenced a project to determine if an early warning system could be developed to notify visitors of changing conditions in the water. Mr Simon Leeds was engaged to develop a hydrological forecasting model. The goals of the project were:

- i To produce a forecast model to identify conditions in the pools with certainty; and
- ii To communicate the model to stakeholders for the purpose of minimising potential impacts to the safety of visitors during times of rapidly changing conditions.

198. Funding for the project was approved in April 2017.

199. The project commenced in July 2017 with the installation of a rainfall monitoring station on the eastern summit of Mount Bartle Frere and the installation of measuring gauges within Bottom Pool. Data was then gathered for the period of September 2017 to January 2018. Ms Kim's death coincided with the data gathering stage. The Inquest therefore had the benefit of precise data of water levels changes prior to and at the time of her death.
200. The project was successful in developing a modelling system to forecast water level changes however there is no uniform level of 'wash-away' risk i.e. when a person is carried by the water flow. The wash-away risk will depend on the particular conditions within the physical space being monitored and on such other factors as the age of the swimmer, their build and swimming ability.
201. However, having regard to other scientific publications, there are guidelines that provide a starting point to determine where the wash-away level of risk might be set. This is relevant to determining when any alarm might be activated. The guidelines establish the following wash-away levels:

Category	Water Level (Gauge Post)
Limit for a large child	0.74m
Moderate risk for an adult (>50kg)	0.85m
Significant risk for an adult	1.04m

202. Based on these guidelines the water levels at Josephine Falls were already at the moderate risk level shortly before Ms Kim and her companions arrived at Josephine Falls on 23 January 2019 and exceeded the significant risk levels before any '000' call had been made. The water continued to rise and exceed the significant risk level up until the time Ms Kim entered the water.
203. Based on the success of the modelling system three options were provided to QPWS Northern Region as to how that system might be linked with an alarm at Bottom Pool to give advance warning to swimmers of rising water levels.
204. The first option would provide a real time reading of water levels and the rate of water rise in Bottom Pool. In conjunction with the pre-determined wash-away risk levels an alarm system would be triggered before a certain level was about to be reached. Because this system relies on readings taken at Bottom Pool only it would provide approximately 10 to 15 minutes of advance notice for people to exit the water.
205. The cost of implementing this option was estimated at \$40,000.

206. The second option would operate in a similar manner, however additional data would be taken of rainfall occurring at the summit of Mt Bartle Frere and correlated with the water levels being measured in Bottom Pool. This would require the installation of radio communication between the two monitoring sites, which given the nature of communications at Josephine Falls would require additional upgrades to communication infrastructure. This system would provide 45 to 60 minutes advance notice for people to exit the water.
207. The cost of implementing this option was estimated at \$80,000.
208. The third option would involve the full implementation of the second option but also installation and integration of a monitoring system at Top Pool which is considered to provide the best hydraulic model at Josephine Falls. This is considered a more complex system involving maintenance of a greater number of monitoring sites.
209. The cost of implementing this option was estimated at \$135,000.
210. The project report, containing the proposals and costings, was delivered to QPWS in May 2018. One-off, additional funding was then sought for the full implementation of Option 3 as part of the Josephine Falls safety project. Funding of \$65,000 was ultimately granted towards the project. To work within that funding QPWS Northern Region proceeded with the implementation of Option 1 which also include colour-coded water level signage and a flashing light warning system. This will be fully implemented by the end of the 2018 / 2019 financial year.
211. Whilst Option 1 does not provide the longer period of advance notification the system that is being installed will have the capacity to add the other components at a later date if required. At the time of the Inquest the setting of the washaway risk levels was in the process of being finalised. Once the system is fully implemented there was be an additional 12 month monitoring period to determine if any adjustment should be made to the risk levels.

Installation of a Bridge and or Zip Wire Across Josephine Creek

212. The development of a bridge or zip wire crossing Josephine Creek was raised before and during the Inquest as a means by which people might self-rescue or improve the ability of emergency personnel to reach and provide assistance to visitors.
213. The Inquest heard evidence from Mr Carrodous how projects of that nature might be assessed against the requirements of the Plan.

214. The Inquest heard that a bridge (and with it a zip line) would impact on the visual amenity at Josephine Falls and had the potential to diminish its World Heritage values. In particular regard to a bridge, it was considered that the supporting pylons may also impact on natural flow patterns that in turn may contribute to erosion and disruption to flora and fauna.
215. In addition to the *Wet Tropics Management Plan 1998*, QPWS must also have regard to the *Nature Conservation Act 1992* which sets down management principles for national park areas. Those principles provide that a national park be managed to provide “*to the greatest possible extent, for the permanent preservation or [an] area’s natural condition*”.
216. Whilst the Inquest heard substantially about the side of Josephine Creek that is accessible to visitors some considerations was also given to the opposite bank. The opposite bank is presently not accessible to the public by any walking tracks although it was noted that visitors do sometimes voluntarily swim to the other side and on other occasions swim there as a matter of necessity for safety.
217. Like the Plan, the *Nature Conservation Act 1992* requires consideration be given to feasible alternatives that might also achieve the same objectives but have less impact on an area. The objective as heard during the inquest is to improve visitor safety at Josephine Falls and reduce the incidence of fatalities or injuries.
218. The Inquest had the benefit of evidence from Mr Guy Thomas, the Director of Asset Services. He gave evidence that a bridge would only assist with the rescue of visitors already safely on the opposite bank. In that regard it could not be regarded as a preventative measure.
219. To that effect, the electronic monitoring and warning system was viewed as more consistent with the objective of improving visitor safety but also a more feasible alternative to a bridge. Additionally the electronic monitoring and warning system was considered to provide better awareness and education to visitors about when conditions are unsafe and how quickly they can change. I accept those conclusions.
220. The installation of a bridge was also viewed as encouraging visitors to access the opposite side of Josephine Creek which to date is substantially free of any impact. Additionally, it was considered that the installation of a bridge would create an additional risk to those visitors that might engage in diving or jumping from it into Josephine Creek. A zip-line would raise similar concerns.
221. At the time of the Inquest there was no formal proposal for a bridge to be built across Josephine Creek and it had not been costed. A comparison with the suspension bridge constructed in Springbrook National Park suggested that the potential cost of a similar structure in Josephine Falls

would exceed \$1,000,000. This would represent significant expenditure by the QPWS Northern Region (in addition to the environmental impact).

Deployment of Permanent Staff at Josephine Falls

222. Prior to and during the Inquest consideration was given by various parties to placing permanent staff, either a Ranger or lifeguard(s) at Josephine Falls.
223. As per paragraph 2.3.5 of these submissions the size of the Josephine Falls and surrounding areas requiring management, and the number Rangers available, does not allow for a Ranger to be permanently placed on site. Additionally any such proposal would preclude that Ranger from consistently supervising visitors at the Falls, having regard to their other responsibilities.
224. In that regard the placement of lifeguards would provide dedicated supervision of visitors swimming at the Falls, however that would present as resource intensive exercise for the QPWS. It would require the presence of two lifeguards throughout the year for extended periods of time. The implementation of the early warning system was again viewed more education and awareness for visitors to reduce the need for them to require assistance.
225. The prospect of a permanent presence of ranger or lifeguard on site at times when the Bottom Pool was closed was canvassed during inquest. QPWS advised that the pool had been closed for the 6 days prior to inquest (to ensure public health and safety due to water conditions). It is not a case of a ranger being on site for snap closures during weather events every now and then. Such closures can be for days (perhaps weeks) at a time. I do not consider the presence of an onsite ranger to monitor the Bottom Pool during times of official closure to be viable.

Installation of a Landline Emergency Phone at Bottom Pool

226. Whilst the installation of a landline at Bottom Pool was raised during the Inquest it was considered by the QPWS that the existing emergency phone at the carpark remained suitable. Improvement of mobile phone communication is considered of greater benefit, given the extensive use of these devices as demonstrated in the matters of Mr Hunt and Ms Kim.

Analysis of the Coronial Issues

Whether in all the Circumstances, the Signage at Josephine Falls is Adequate

227. I find that the signage at Josephine Falls is adequate. The signage provides specific warnings about the nature of the risks and includes pictograms, representing those risks that are not language specific. This signage is located at multiple places within Josephine Falls and within the carpark area.
228. Additional signage placed at Josephine Falls during certain weather events also notifies visitors when swimming is not permitted.
229. An alert system posted on the Queensland Parks and Wildlife Service website provides up to date warnings and other relevant information for Josephine Falls and other National Park areas. This information is available for all members of the public to access.

Whether Additional Warning Systems Should be Implemented

230. Based on the evidence adduced at inquest it is was identified that Queensland Parks and Wildlife Service has successfully developed and in the process of implementing an electronic water monitoring and warning system.
231. The system will provide a scientifically objective basis on which Rangers can assess water conditions at Josephine Falls. Additionally the automation of the warning system will ensure that visitors at Josephine Falls will continue to receive warnings even in the absence any QPWS personnel.
232. I find that the electronic water monitoring and warning system being developed as at the date of inquest is both appropriate and adequate for the purpose of ensuring public safety at Josephine Falls.
233. Whilst I note that research, development and implementation is underway (certainly at the time of inquest) I intend to formalise a recommendation that the electronic water monitoring and warning system is implemented within the Josephine Falls National Park so as to warn swimmers when to withdraw from the water.

Whether Improved Infrastructure is Required to Enhance Visitor Safety

234. The additional infrastructure raised during the inquest included:
 - a) A bridge linking both sides of Josephine Creek;

- b) A zip line; and
 - c) A locking mechanism on the gate at Bottom Pool
235. During the course of the Inquest evidence was heard regarding the interaction of the *Wet Tropics Management Plan 1992* and the *Nature Conservation Act 1998* with the management of Josephine Falls. Having regard to both legislative instruments I find that the construction of a bridge or zip line at Josephine Falls would be inconsistent with the principles contained in each instrument.
236. Furthermore, the implementation of such infrastructure has the potential to create additional risks by visitors diving or jumping from such structures.
237. From a funding perspective, the outlay seems disproportionate to the risk being managed.
238. I am not satisfied that the implementation of this infrastructure would enhance visitor safety.

Additional recommendations submitted on behalf of the Kim family

239. In written submissions prepared on behalf of the Kim family I was asked to consider:
- 1) Locking the Bottom Pool gate at appropriate times during adverse weather events.
 - 2) Additional signage directing visitors to the landline phone located near the carpark.
 - 3) Additional signage in multiple languages.
240. I address each of the above below.

Locking Mechanism on bottom pool gate

241. The inquest considered whether a locking mechanism might be installed on the gate at Bottom Pool. I accept the submissions of Counsel Assisting and the QPWS that although such a mechanism may prevent the gate from being opened and visitors passing through, it would not of itself exclude visitors from entering the water by other means and routes.
242. I would go further and add that locking the gate may in fact encourage entry from any other point along the embankment.
243. On the evidence, it is apparent that some visitors to Josephine Falls enter the Restricted Access Area in disregard of:
- i. the obvious signage,

- ii. the notices posted onsite and
 - iii. the physical barrier with a spring loaded self-closing gate already in place.
244. Noting the many hundreds of metres of unfenced embankment leading to, and past the bottom pool, I do not consider that physically locking the spring loaded self-closing gate already in situ will detract those that wish to swim in spite of prevailing adverse conditions.
245. I am of the view that a locked gate will not of itself create an effective barrier to prevent visitors from entering the water. Whilst it may prevent visitors from entering at that location, there remains 700 - 800 metres of unsecured embankment between the bottom pool and the car park, providing unrestricted entry to the creek.
246. I also accept the submissions of the QPWS that a ranger would be required to manually lock and unlock the gate, and that the dynamic nature of the water level may require a constant or regular presence by a ranger on site at various times. I note Ms Webb's evidence that the QPWS is responsible for managing approximately 3000 watercourses in northern Queensland and that rangers are not stationed at Josephine Falls every day.
247. I am of the view that within the current structure of the QPWS it is not possible or viable to station a permanent ranger at Josephine Falls. Noting that a locked gate option would require regular on-site attendances at times by rangers I do not support a recommendation that the bottom pool gate be modified to be lockable.

Additional signage directing visitors to landline

248. I accept the evidence of Principal Ranger Fuller at inquest that there are currently two signs advising the location of the landline phone (the first junction when leaving the bottom pool and in the carpark). I accept the submissions of the QPWS the location is identified with sufficient clarity.

Additional warning signs in multiple languages

249. I accept the written submissions of the QPWS regarding the proposition put on behalf of the Kim family, that additional signs in multiple languages should be erected at Josephine Falls.
250. I extract from the written submissions of Counsel for the DES (QPWS), Ms. Holliday as follows:
- 1) Agencies have developed and installed signage that will assist visitors of all nationalities. Pictograms are the only workable means of educating visitors who speak many different languages. As detailed at the inquest, there is no issue with the upgraded signage but

unfortunately people continue to ignore the words, diagrams, representations and pictures.

- 2) It is of assistance to consider the pictograms depicted on each sign erected by QPWS that Ms Kim and her party passed (on their way from the car park to Bottom Pool) , in sequence:
 - (a) Sandwich board chained to the sign directing people to Josephine Falls, showing a pictogram of a person swimming with a prohibition circle superimposed over the top;
 - (b) Permanent sign to the right (as one walks towards Bottom Pool) showing three pictograms depicting a person being swept off their feet and losing their balance, a person striking their head on an object under water, and a person encountering flood water;
 - (c) Sandwich board chained to the fence leading down to Bottom Pool, showing a pictogram of a person swimming with a prohibition circle superimposed over the top; and
 - (d) Sign mounted to the self-closing pool gate showing three pictograms depicting a person being swept off their feet and losing their balance, a person striking their head on an object under water, and a person encountering flood water.
- 3) Mr Won did not state that he saw the signs and failed to understand them. Instead, the evidence from Mr Won was that he did not see any signs prohibiting swimming at all.
- 4) It is unknown why Mr Won did not see the signs clearly stating and depicting the dangers and that Bottom Pool was closed for swimming. However, it is known that people regularly swim in Josephine Falls even when signs clearly indicate that the area is closed for swimming. Senior Firefighter Justin Georgeson gave evidence that he has regularly seen people swimming in Bottom Pool despite clear signs prohibiting people from swimming.
- 5) The evidence of Sergeant Godden is also important to consider on this issue. He stated that if there are too many signs present in an area, people do not pay attention to them. It was for this reason that the pool gate was installed; the gate was to serve as a barrier to force people to look down and thus see the sign mounted to it.

251. I accept those submissions and conclude from the evidence that the current signage reflects contemporary best practice in relation to signage including the use of pictograms and symbols, designed for universal

understanding by any person, beyond the limitations of any particular language group.

252. **I further conclude it is, not a lack of signage, but a lack of regard for the signage already in place by visitors to Josephine Falls that remains at issue, and the unambiguous message that your life is at risk if you swim at times whilst the warning signs are displayed.**

Further considerations re: emergency response

Whether Measures are Required to Optimise Response Times for Emergency Services

253. Emergency services can only respond once they are notified of a need for assistance. It was clear from the evidence that the people who attempted to make Triple 0 using their mobile phones, experienced difficulties obtaining a signal. A permanent landline emergency phone is installed at the Josephine Falls carpark, and signage directing visitors to its availability has been improved. However, the first and closest opportunity to call for assistance will be from beside the Creek itself.
254. Improved mobile phone coverage is required at Josephine Falls. QPWS Northern Region has applied, although been unsuccessful to date, obtaining funding to resolve 'blackspot' issues for mobile phone coverage at Josephine Falls. In any given year there is potential for over 100,000 mobile phones to be on-site (as opposed to one landline 800metres from Bottom Pool), and mobile phone coverage would greatly enhance and expedite communications from that location.

Comments regarding the emergency response

255. The Queensland Fire and Emergency service acted promptly and fully discharged their duties in the attempted rescue of Ms Kim. Any perception by untrained civilian witnesses to this tragedy that QFES were in some way passive, not trying, or not doing enough, was completely dispelled at inquest. I am left in no doubt that the Swift Water rescue technicians from the QFES did all that was possible in the circumstances to effect a rescue within the constraints of the resources available on site at the time. These highly trained and skilled operatives assume a significant element of personal risk when rescuing, attempting to rescue, and / or recovering persons from Josephine Falls in dangerous environmental conditions.
256. Neither Mr Hunt and Ms Kim, nor those with whom they were in company, appreciated the danger posed by the sudden increase in the volume of water at the Bottom Pool as a result of the rainfall in the Mt Bartle Frere catchment area.

257. Both Mr Hunt and Ms Kim were taken unawares by the sudden increase in volume and turbulence of the water in Bottom Pool.

Comments in accordance with s.46 of the Coroners Act 2003

258. Section 46(1)(c) of the *Coroners Act 2003* provides for a Coroner to make comments relating to ways to prevent deaths from happening in similar circumstances in the future. I have considered the significant submissions of Counsel Assisting, the QPWS, and the Kim Family and the evidence.

259. I make the following recommendations:

RECOMMENDATION ONE

That the Department of Communications and the Arts (Cth) give priority to any funding application made by the Queensland Parks and Wildlife Service in relation to the elimination of 'black spot' issues affecting mobile phone communications at Josephine Falls. I refer these findings to the Commonwealth Department of Communications, overseeing the Commonwealth Blackspot Program.

RECOMMENDATION TWO

That the Department of Environment and Science continue to fund the development and maintenance of a water monitoring and alarm system at Mount Bartle Frere and Josephine Falls.

RECOMMENDATION THREE

That the working group comprising the following key stakeholders: Queensland Fire and Emergency Services, the Queensland Police Service, the Queensland Ambulance Service and the Queensland Parks and Wildlife Service continue to be supported financially and administratively by their respective agencies, and that the group be enlarged to include local Ngadjon-ji Elders, so as to enable continuation of education programs, training exercises and recommendations for the enhancement of visitor safety at Josephine Falls.

Further Considerations

260. I request that a copy of these findings be provided to local tour and travel companies operating in Josephine Falls and trust that all will benefit from the learnings arising from this inquest. I do so noting that neither Mr Hunt nor Ms Kim were part of any local or organised tour, they were both at Josephine Falls in a private capacity.
261. In addition to the recommendations arising from this inquest, any and all ongoing initiatives of the working group are to be encouraged and supported. It may be that proposals raised during this inquest are

considered viable at some later date, or that new safety measures are considered. My recommendations do **not** limit further safety measures or procedures being implemented in the future if appropriate to do so. The key stakeholders to the working group are best placed to assess and evaluate ongoing safety measures at Josephine Falls.

262. I also note that Uncle Ernie Raymont on behalf of the Ngadjon-ji people suggested additional signage '*requesting respect for the traditional owners and elders past and present*'. Such measures are to be encouraged, and to this end perhaps the stakeholder group might consider the viability of implementing his suggestion.

Conclusion

263. We know that Thomas was just 24 years of age and in the throes of a whirlwind holiday romance with Emily on the day he died. Emily's evidence was heartfelt, and courageous, and one could imagine on that afternoon that she and Thomas were so completely immersed in their own world that they were largely unaware, until too late, of the change in water levels.
264. Youngeon was just 23, and we have heard that she was a much loved daughter, and had no doubt saved very hard for her trip with friends, while also supporting her family back home, when she was also unexpectedly caught up in a significant weather event at Josephine Falls, and the ensuing rising waters.
265. The Queensland Police Service, the Queensland Fire and Emergency Services, and the Queensland Ambulance Service, provided an outstanding response, and recovered both Mr Hunt and Ms Kim. Mr Hunt's body was located some 1.8 kilometres downstream from the Bottom Pool, and Ms Kim was swept almost 800 metres from Bottom Pool. All agencies performed those recoveries in adverse conditions.
266. Ms Blair, concluded her evidence by acknowledging the response and the compassion of the authorities. Likewise, the Kim family did not hesitate, through Ms Gover of Counsel, to convey their thanks to all responders.
267. One cannot imagine the anxiety and the grief of parents who lose a child in a foreign country. I trust that the transparency of the inquest process conveyed to the families in the United Kingdom and the Republic of Korea our serious consideration of all of the circumstances surrounding their children's deaths.
268. A debt of gratitude is owed to the emergency crews who place themselves in peril during every one of these missions. No resource was spared, including the deployment, if required, of a state emergency helicopter on standby. I am aware that police officers remained overnight on the riverbed to maintain a vigil over Ms Kim's body until she could be recovered the next

day. Mr Hunt was stretchered out of wilderness country by emergency service personnel.

269. I acknowledge that at least two commissioned officers from the Queensland Fire and Emergency Services have remained at all times during this inquest, conveying both their respect for the process and a desire to understand and learn if necessary from the response to these tragedies
270. The inquest did not identify any concerns about the response time or actions taken by the crews or personnel involved. The extreme danger, as assessed by first responders to Ms Kim, (some giving evidence that they had not ever seen water conditions at Josephine Falls as bad), was supported by the data that the water levels at the falls for that day were at their highest at the time that Ms Kim was swept off the rock, prior to activation of the rescue proper, and whilst awaiting a full complement of Swift Water technicians
271. Local stakeholders and relevant agencies have been proactive to the point of implementing, in my view, sensible regional initiatives and many safety precautions between the time of Mr Hunt's death and Ms Kim's.
272. There is, of course, no substitute, in my view, for maintaining personal responsibility over one's own safety by maintaining personal vigilance, self-regulation, and by heeding warnings and measures that are already in place at Josephine Falls. To ignore the warnings, whether they be actual signage or the environmental conditions, places one at almost certain peril.

Acknowledgements

273. I also take this opportunity to thank counsel assisting the Northern Corner, Mr Crawfoot. I'm grateful for his efforts and outreach before and during inquest, particularly to the Hunt family in the absence of them having any legal representation.
274. I also acknowledge Mr Grice, court officer, for, as always, running an extremely efficient court, making it, in fact, look effortless.
275. I thank all at the bar table, Ms Holliday of Counsel (now of Queens Counsel), Mr Hollands of Counsel, Ms Gover of Counsel and Ms Williams of Counsel, and Mr O'Brien, and instructing solicitors, for the respect and courtesy with which you have approached these proceedings.
276. I thank Ngajdon-ji Elder Uncle Ernie Raymont for opening the inquest with the stories of his people and his country. It was apparent from the commencement of this coronial investigation that an exploration of these tragic events on Ngajdon-ji country required an understanding of the stories that shaped the land in and around Mt Bartle Frere and Josephine

Falls. Uncle Ernie's dignity, his sensitivity to his country, and his desire to share his story for the benefit of the many thousands of people who visit Josephine Falls each year, was apparent by those of us fortunate to hear him in a rare encounter with genuine oral tradition.

277. I acknowledge and offer my sincerest sympathies to Thomas Hunt's mother, and to his wider family and friends. Mr Crawfoot read a statement prepared by Thomas's mother at the conclusion of inquest. She described Thomas as *'one of a kind, with a heart of gold, and part of a most loving family.'*
278. I also acknowledge and offer my sincerest sympathies to Youngeun Kim's mother Jung-sun Kim, and to Youngeun's wider family and friends, particularly those in company with her on the day of these tragic events.
279. It became apparent during the inquest that due to language barriers and a lack of early accurate information, Ms Kim's parents only became aware of the important aspects of this matter for the first time during the course of the inquest.
280. I thank Ms Kim's solicitor and Counsel for assisting with minor matters of translation to effect resolution of some evidence at inquest (not turning on matters of fact), including translating Ms Kim's mother's statement delivered at the conclusion of the inquest. All present were left in no doubt that Youngeun was a kind, caring and loving daughter who worked hard and supported her mother in many ways including financially and throughout her mother's illness and sacrificed much for her family
281. As we are about to enter the annual wet season in Far North Queensland it is a timely reminder to all, locals and visitors alike, to properly inform themselves by heeding all warnings, including signage, water level measurement gauges or audible and visible warning systems and / or checking with the authorities about local conditions, **before** entering local creeks and rivers,

The Findings required by s.45 of the Coroners Act 2003

282. I find as follows:
- a) The identities of the deceased are:
 - i Thomas Peter Hunt; and
 - ii Youngeun Kim;
 - b) As to how the persons died:
 - i. Mr Hunt a 24 year old male with swimming ability, whilst in company with a friend swimming at Josephine Falls, elected to slide down a

popular natural rock slide located at the area known as the Bottom Pool. Mr Hunt was unaware that rainfall in the Mt Bartle Frere catchment caused a rapid change in water conditions resulting in an increase of water levels and water flow. At or about 5.00pm Mr Hunt was caught up in the turbulent conditions and was swept away from the creek bank and into rapid water. He was overwhelmed by the flow of water and was unable to secure himself or stay afloat and was swept into an undertow and downstream. He was located approximately 1.8km from the Bottom Pool. He died as a result of accidental drowning.

- ii. Youngeun Kim a 23 year old female with limited swimming ability was in company with a group of friends when she arrived at Josephine Falls at approximately 3:30pm. Her companions entered the water at Bottom Pool and Ms Kim at first remained on the Creek bank.

Two swimming closure notifications had been posted onsite by the Queensland Parks and Wildlife Service Ranger prior to their arrival. These notification were not heeded.

A rainfall event in the Josephine Creek catchment area contributed to a significant change in water levels while Ms Kim and her friends were at Bottom Pool. Sometime between 3:50pm to 3:55pm Ms Kim elected to enter the water and then slide down a popular natural rock slide located at the area known as the Bottom Pool.

As she entered the water at the bottom of the slide, Ms Kim was caught in the current and was carried her towards the far side of Josephine Creek. She managed to secure herself and sat on a boulder in the creek. Ms Kim's companions were unable to provide any assistance to her given her location and the water conditions.

The first call to emergency services for assistance was made by a visitor to the park, Ms Kneisha Blackford at 4:59pm; more than one hour after Ms Kim first became stranded. Ms Blackford and Ms Kim were not known to each other. Ms Kim's companions called Triple 0 emergency services at 5:16pm.

The delay in notifying emergency services compromised the ability of any emergency service to provide a timely and effective response.

By the time the first emergency crews arrived onsite at 5.24pm, approximately one and a half hours after Ms Kim first becoming stranded, the water level had continued to rise such that her position on the boulder was no longer secure. She was showing signs of fatigue and was buffeted by surges of water washing over the boulder she was sitting on.

Whilst emergency crew were preparing for her rescue, but before they had the required number of swift water technicians to execute a rescue Ms Kim became dislodged from the boulder and entered the water. She was carried downstream into rapids. She was unable to secure herself or maintain a hold on the throw bag deployed by rescue personnel in efforts rescue efforts. She was caught up in the undertow and turbulence and was swept downstream. Ms Kim died as a result of accidental drowning.

- c) As to when the persons died:
 - i. Thomas Hunt died on 23 February 2016 at approximately 5:00pm; and
 - ii. Youngeun Kim died on 23 January 2018 at approximately 5:51pm

- d) As to where the persons died:
 - i. Thomas Hunt and Youngeun Kim died at Josephine Falls located within the Wooroonooran National Park, Queensland.

- e) What caused the persons to die:
 - i. Thomas Hunt's death was by drowning.
 - ii. Youngeun Kim's cause of death was by drowning / immersion with head injury nominated as an underlying condition.

I close the inquest.

Nerida Wilson
Northern Coroner
CAIRNS
18 October 2019