

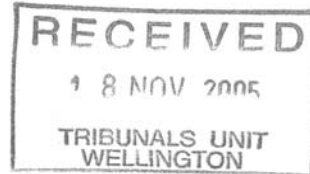
**FINDING OF CORONER  
UNDER CORONERS ACT 1988**

051249

25 NOV 2005


I, **TREVOR LESLIE SAVAGE** Coroner at Te Anau hereby certify that at an inquest completed on the 7th day of November 2005, at Te Anau Hotel, Lakefront Drive, Te Anau, having enquired into the time, place, causes and circumstances of how ALAN STUART TIPPETT of 49C LAKEVIEW TERRACE, AUCKLAND, REAL ESTATE AGENT, died. I found:

**He died in the vicinity of the John Island group of islands at the entrance to Breaksea Sound, Fiordland on 4<sup>th</sup> May 2005 from drowning during a recreational SCUBA dive after having suffered some form of cardiac arrhythmia which resulted in incapacity and drowning as a terminal event.**



**and pursuant to section 15(1)(b) of the Coroners Act 1988 I make the following recommendations or comments (if any): See attached decision.**

Dated at Wanaka this 11th day of November 2005

  
..... Coroner

*\* Delete if not applicable*

**NOTE -** *This form, together with the depositions, the prohibitions on publication and, where applicable, a certificate of registration of death, must be forwarded to the Chief Executive of the Department for Courts by the Coroner completing the inquest.*

IN THE CORONER'S COURT  
HELD AT TE ANAU

IN THE MATTER of an Inquest into the Death of  
ALAN STUART TIPPETT

Hearing: 7 November 2005  
Before: T L Savage, Coroner  
Present: Sergeant I Temple for the Police  
Witnesses  
Media Representative

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**FINDING OF CORONER T L SAVAGE**

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- [1] On 3 May 2005 Alan Tippett, an Auckland real estate agent, aged 57 years, along with nine companions began a six day fishing, diving and hunting visit in the vicinity of Dusky and Breaksea Sounds in Fiordland. They were staying on the fishing vessel 'Cindy Hardy' which they had chartered. The 'Cindy Hardy' was operated by Campbelltown Seafoods Limited, a company which has some 15 years successful experience in operating dive charters in that area.
- [2] On 3 May Mr Tippett and three others successfully and uneventfully completed a dive. On the following morning 4 May, the same four set out for a second dive in the vicinity of the John Island group of islands at the entrance to Breaksea Sound. They had previously been given a standard safety briefing by Ian Johnston the skipper of the 'Cindy Hardy'. The plan

was for two groups of two divers to commence their dive from the same spot. Two were to swim one way and the other two were to swim in the opposite direction along the north west face of the island.

- [3] Conditions were very good for diving with flat dead calm water, and little, if any, tidal current. Water temperature was nine degrees and the air temperature 14 degrees. There was good visibility and the dive was in a sheltered area of water. The first two divers went overboard and so did Mr Tippett's buddy diver, but he went down without Mr Tippett because the latter was experiencing some delays in finding some of his gear, a torch and a knife. When he was ready the boat moved to the vicinity of where the buddy's bubbles were coming up and Mr Tippett entered the water there. He swam a little way towards shore and then dived.
- [4] The first two divers came up where expected and after having been in the water for 14 minutes Mr Tippett also came up. I find from the statements that have been produced that he actually surfaced before the first two divers that had gone in came up. He was seen by the party on board the boat to be in the water lying on his back kicking and using his arms as if swimming towards the rocks. He was considered by those on board to be going to the rocks to gather seafood. None of them were alarmed, although one observer did comment to the others that he was not sure if Mr Tippett was thrashing the water or not. He appeared to be making headway and because of this the 'Cindy Hardy' moved to where the first pair who had gone in were and took them back on board before motoring towards Mr Tippett. He was then seen to be motionless lying on his back in the water, still wearing his weight belt, and he had his mask on and his buoyancy compensator device was inflated. His catch bag was drifting near him.
- [5] Because he was too close in shore to be retrieved by the boat the first two divers re-entered the water without their diving gear and towed Mr Tippett to the boat where he was retrieved in a cage and brought on board. His lips were blue and puffy and he was starting to froth from the mouth and

he appeared to have died. It was only after this had happened that Mr Tippett's buddy diver surfaced again.


- [6] Emergency services were alerted and a helicopter with a doctor and Police on board arrived and Mr Tippett was pronounced dead. His gear was seized and later examined by the Police dive squad, a member of which has produced a detailed report which shows that the gear was properly fitted, was in good order, and that there was nothing about the gear that would have contributed to the mishap.
- [7] Mr Tippett himself was an experienced diver, having begun diving in 1984. An analysis of his dive computer indicated good diving practice over the last seven dives that had been made, including the fatal dive.
- [8] A post mortem examination was carried out and the pathologist reported that the cause of death was asphyxia due to drowning. I accept that opinion as to the cause of death, but the critical issue is how, or why, that came about with an experienced diver, well equipped, diving in perfect conditions, and within established parameters as to time, depth and ascent rates.
- [9] Medical evidence from Mr Tippett's general practitioner establishes that he suffered from angina and that over the period 1997 to 2004 he had been referred on six occasions to a cardiologist and it was found that he was suffering from mild coronary disease. This was confirmed by the post mortem report. The deceased's family, and possibly also his general practitioner, had told Mr Tippett that he should not be diving.
- [10] The deceased had shown nothing untoward during or following the dive on 3 May, or on the morning of 4 May prior to his dive. He had consumed some moderate alcohol the night before but none on 4 May.
- [11] Police commissioned a report from Professor Gorman who has been certified by the Australian and New Zealand College of Anaesthetists as

being a specialist in diving and hyperbaric medicine. He reviewed the deceased's case and medical notes and came to the view that Mr Tippett was unfit for scuba diving because of his cardiac condition. He points out that had Mr Tippett been required to undergo a diving medical he would have been declared unfit for diving, but a medical is not compulsory for recreational divers.

- [12] There is no direct evidence as to what occurred during Mr Tippett's last dive, or immediately following it after he ascended to the surface, but Professor Gorman expresses a strong conclusion that almost certainly his coronary artery disease was implicated in the event. In his opinion the most likely sequence of events was some form of cardiac arrhythmia resulting in incapacity and then drowning. I accept that opinion.
- [13] I make a formal finding that Alan Stuart Tippett of 49C Lake View Terrace, Auckland, real estate agent, died in the locality of John Island group of islands at the entrance to Breaksea Sound, Fiordland, on 4 May 2005 from drowning during a recreational SCUBA dive after having suffered some form of cardiac arrhythmia which resulted in incapacity and drowning as a terminal event.
- [14] I make two comments. The first is that it is not good dive practice to dive alone. Good practice required divers to adopt a buddy system and dive in pairs. That did not happen on this occasion. Whether that affected the outcome is impossible to tell, but the fact that the deceased and his buddy were separated and that the buddy never saw Mr Tippett at all during his own dive, did deny the deceased the opportunity of the assistance that pairing is intended to provide.
- [15] The second comment is that being medically fit for diving is extremely important. It is a physically demanding activity which requires respiratory and circulatory systems to be in good health.

[16] Because I intend to recommend that this finding be published I refer in particular to portions of Professor Gorman's report in which he describes the medical process that occurs during diving and finishes by saying that bubble formation in the blood, although not unusual, would have been significant in Mr Tippett's dive, and during the process of resolution while trapped would cause an increase in pulmonary artery pressure and increase the after load on the right heart. These findings are invariable in diving and are one of the many reasons why someone with a condition such as Mr Tippett's should not have been diving. Professor Gorman makes the point that any symptomatic ischaemic heart disease is a contra indication to any form of diving and that if a person's condition is such that he or she requires beta-blockers, then that medication is by itself a contra indication to diving because it inhibits, or prevents, an appropriate exercise response. Professor Gorman points out that routinely divers may have to exercise at up to 12 times the normal metabolic rate and that someone who is genuinely beta-blocked will not be able to reach or maintain such levels of exercise.

[17] I direct that a copy of my findings be made available to Water Safety New Zealand, and also to the New Zealand Underwater Association and to the publishers of the publication Dive New Zealand in the hope that they will be published widely to those undertaking recreational diving and in the hope that this might help avoid deaths in similar circumstances in the future.

  
T L Savage  
Coroner