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PUBLIC BRIEFING—INQUIRY INTO E-MOBILITY SAFETY AND USE IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

Tuesday, 20 January 2026

Brisbane

TUESDAY, 20 JANUARY 2026

The committee met at 9.31 am.

CHAIR: Good morning. I declare open this public briefing for the inquiry into e-mobility safety and use in Queensland. I am Jim McDonald, the member for Lockyer and chair of the committee. With me today are: Ms Jonty Bush, the member for Cooper and the deputy chair; Mr Terry James, the member for Mulgrave; Mr David Kempton, the member for Cook; Mr Shane King, the member for Kurwongbah; and Mr Bart Mellish, the member for Aspley.

The purpose of today's briefing is to assist the committee with its inquiry into e-mobility safety and use in Queensland. This briefing is a proceeding of the Queensland parliament and is subject to the parliament's standing rules and orders. Only the committee and invited witnesses may participate in the proceedings. Witnesses are not required to give evidence under oath or affirmation but intentionally misleading the committee is a serious offence. Members of the public may be excluded from the briefing at the discretion of the committee. I remind committee members that officers are here to provide factual or technical information. Questions seeking an opinion about policy should be directed to the minister or left to debate on the floor of the House.

The proceedings are being recorded and broadcast live on the parliament's website. Media may be present and are subject to the committee's media rules and the chair's direction at all times. You may be filmed or photographed during the proceedings and images may also appear on the parliament's website or social media pages. Please turn your mobile phones off or to silent mode. Finally, I remind everyone to please press the microphone on before you start speaking and off when you are finished.

BARKER, Dr Ruth, Director, Queensland Injury Surveillance Unit, Queensland Health

LOCKWOOD, Dr David, Co-Chair, Queensland Trauma Clinical Network; and Director, Trauma, Princess Alexandra Hospital, Queensland Health

MITCHELL, Dr Gary, Staff Specialist, Emergency and Trauma Centre, Royal Brisbane and Women's Hospital; and Clinical Lead, E-mobility Research Program, Jamieson Trauma Institute, Metro North Queensland Health

VALLMUUR, Professor Kirsten, Chair, Trauma Surveillance and Data Analytics, Jamieson Trauma Institute, Metro North Queensland Health; and Australian Centre for Health Services Innovation, Queensland University of Technology

CHAIR: I now welcome representatives from Queensland Health and the Jamieson Trauma Institute. Would you like to make an opening statement before the committee has questions for you?

Dr Lockwood: Thanks very much. I will be leading and introducing, if that is okay. My name is David Lockwood. I spoke to you before. I am a trauma surgeon and director of the trauma service at the PA Hospital and the co-chair of the Trauma Clinical Network, which I represent today. We were advised that the committee were interested in hearing more about the nature of injuries incurred from e-mobility devices, particular areas of risk and the safety measures suggested by the health sector. At your invitation, we have combined with the Jamieson Trauma Institute to form a health sector panel, if you like, that we hope is best positioned to answer your questions. With your permission, we propose to each make a short statement. We can take points of clarification as we go but we suggest that most of the questions would be best answered as a panel at the conclusion, if that is okay.

CHAIR: Thank you, Dr Lockwood.

Dr Lockwood: The other representatives will be Dr Gary Mitchell, a staff specialist at the Royal Brisbane and Women's Hospital trauma centre and the clinical lead of the JTI e-mobility research program. He can speak further particularly to the trends in head and facial trauma. Dr Ruth Barker is the director of the Queensland Injury Surveillance Unit. Her background is as a paediatric emergency specialist at the Children's Hospital and currently she is also the President of Kidsafe Queensland. She provided a submission to this committee last year, No. 603 in those submissions. She can speak

to the trends in paediatric injuries and the considerations related to injuries and e-mobility in children. Professor Kirsten Vallmuur is the chair of Trauma Surveillance and Data Analytics at JTI. She is the academic lead of the e-mobility research program there. She led their previous submission and can speak to the contrasting characteristics seen in shared scheme devices versus private use particularly.

The trauma network previously provided a written submission in collaboration with the emergency and rehab networks. This included supporting data on paediatric e-scooter trauma and also burn injuries related to lithium ion batteries. We highlighted the significant and rapidly rising injury burden that we have seen from e-mobility use, including in one year over 6,000 hospital presentations, 60 admissions to intensive care and an immediate demonstrable cost of over $15 million, which only covers the acute portion of that care journey. The network provided some preliminary recommendations at that stage, including legislation around compliance of imports; labelling and safety warnings; minimum safety standards and age; competency and insurance requirements and locations for use by way of enforcement with speed limits, drug and alcohol limits, helmet use and device modification; improved road engineering by way of path design, signage and maintenance; and education campaigns across agencies and schools with community engagement for awareness of the legislation and the risks that go with mobility device use. We also advocated for improved data collection, which unfortunately will still somewhat limit the clarity of what we are able to present to you today particularly since the identification of injuries as e-mobility related is not automated in the data. It has to be done manually and that means that there is a limited amount that we are able to provide at relatively short notice, with apologies. Of course, research: we think there is obviously further longitudinal research recommended to determine safe operating speeds, risk factors, particulars on design and protective gear, and inform future legislation.

Since our previous briefing, we know that this committee has undertaken extensive consultation throughout Queensland and that you are nearing the end of this inquiry. With a view to that, the key areas of risk that we have identified are, No. 1, speed. Severity of injury and risk of death obviously correlate directly with speed. The physical speed limiting of devices undoubtedly reduces the injury potential but can be exceeded in certain situations and most notably can be bypassed in either imported devices or modified devices privately. The second area of risk mainly is alcohol and other drugs. Obviously these are already regulated against but consistently still prove to be a huge component of the injuries that we see presenting to our emergency departments. This is through impaired coordination and poor decision-making including not wearing helmets. We have already touched on the infrastructure and environmental considerations. For some devices, the challenge of balance is part of the attraction for using them and in some ways that is analogous to skiing or surfing in other sports. However, the combination of a power supplemented device with hard surfaces is a bit unique. There is obviously some evidence that the smaller wheels on some of these devices may add further to that risk, which further increases the potential of the environmental consideration as to make a difference. The age and the experience of the rider obviously has an impact and Dr Barker will have some further insights about that. Lastly is protective gear, most notably helmet use, including compliance with already existing regulation.

We are able to provide a brief update on the volume and nature of injuries. For the financial year ending June 2025, we had 235 major trauma cases across the state. That was dominated by head injuries at more than half—55 per cent—and 21 per cent each for facial injuries and abdominal injuries. Importantly in that data, we could only confirm use of helmets in 40 per cent of cases, so less than half. Tragically, in that 12-month period alone, there were seven deaths in people aged between 15 and 45. We have also had some early data from the Gold Coast hospital from this year. For the first 18 days of this year, they have averaged more than two presentations a day to that emergency department alone. Importantly, in that cohort, the majority of those presentations—26 of 37—are aged under 16.

We believe there are benefits for mobility device use in Queensland and, with targeted legislation regarding speed, age, protective wear and device specifications in combination with enforcement of that, education, data and further research, we think they can become a safer transport option and we hope to see a downward trend in injury and hospitalisation as a result of this inquiry. I can take any immediate questions but otherwise I will hand over to Dr Gary Mitchell.

CHAIR: We will go to Dr Mitchell, thank you.

Dr Mitchell: I want to give a picture of the ED floor and the impact of e-mobility devices. From the ED floor, these injuries are unplanned, high acuity and resource intensive. Our research started with a chart audit in 2019 after we noticed an increase in e-mobility presentations to our trauma centre. This also included at-risk groups such as the gig economy workers who were doing food

delivery at that time and using e-mobility devices. At the Royal Brisbane and Women's Hospital, we have had to introduce criteria to receive e-scooter traumas with appropriate expertise and resources, similar to patients presenting post car crashes, with penetrating trauma and other high-velocity traumas, in order to receive these patients appropriately. As mentioned by Dr Lockwood, the burden of e-mobility can be already high on our overstretched EDs, adding to potential ambulance ramping and further bed block.

Here are some focused statistics from some of our recent research to describe the problem. Approximately 30 per cent of patients are triaged as category 2, which mandates a medical response within 10 minutes. One in five patients who present post e-mobility trauma are admitted to either short stay or hospital, with 72 per cent of those patients needing following up in outpatient departments. Fractures accounted for roughly 40 per cent of our presentations, with the most prevalent body regions being the head and face in roughly a quarter of patients presenting; upper extremities, 22 per cent; and upper limbs, 12 per cent. Concerningly, one in 10 patients who require CT as part of their ED presentation have an intracranial bleed, which may require ICU admission and long-term rehabilitation if they survive the initial insult.

From an ED perspective, our research has shown that clinically significant head, face and neck trauma remains common despite the legislative changes in 2022. Facial fractures do dominate, as mentioned, especially nasal bones, dental injury and auxiliary fractures consistent with forward-facing impact mechanisms. As Dr Lockwood mentioned, multiple local and international studies have identified well-established risk factors for e-scooter related maxillofacial injuries, including intoxication, helmet noncompliance and late-night riding. The ED resource is high with roughly 90 per cent of patients requiring imaging and 50 per cent needing a CT scan in our department. When CT was needed, the patients averaged 2.8 CT studies per patient. This is a mark of high energy trauma and a driver of ED and radiology workload.

On helmet use, this was poorly recorded in ED notes in the study, needing further resources put in to be able to collect data in this area so we cannot quantify effectiveness directly of helmets. However, the pattern we see—facial fracture predominance in significant trauma—highlights that the standard bicycle helmets, if worn, do not protect the face. Of the handful of cases that responded to our survey who wore full-face helmets, they admitted to travelling at higher speeds and they also suffered a higher severity of trauma compared to other users, but this was a small number and obviously a bias in data there. Further research is needed to correlate full-face helmets and rider behaviours before any safety outcomes can be given.

Finally, I would like to mention, as in one of the other submissions from my hospital, that there is growing concern around the number of both fatal and non-fatal burns presenting to our healthcare system as a result of lithium ion batteries. This is a growing concern with up to nine deaths last year as well.

CHAIR: Thank you, Dr Mitchell. We will move on to Dr Barker.

Dr Barker: My role at the Queensland Injury Surveillance Unit is to look at injury trends across the data that we gather from participating emergency departments. Currently we collect from about 36 departments. I did send some updated data through to the committee. I do not know if you have had a chance to look at that.

CHAIR: We are just getting copies of that made for the committee now. Thank you very much. We were very keen to get that.

Dr Barker: The coloured display that I have sent through is a printout from the dashboard that we supply the data for in collaboration with JTI and have put it into a Power BI dashboard. We are sharing that information with the TMR stakeholder group. It is updated monthly. Unfortunately, we do not collect from every hospital in the state. We do have some good urban, regional and rural representation but particularly we do not collect from the Gold Coast, the PA and the Sunshine Coast so there are deficits in our data.

Having said that, we go through and analyse all of the triage texts that we get. When you turn up to an emergency department, the triage nurse writes a little description of what has happened. Usually it will say something like, 'Hit a bump, fell off e-scooter, no helmet,' if you are lucky. It is not standardised. What the triage nurses put in is based on the information that they get, and sometimes they do not get much information because the patient may have been picked up unconscious by the ambulance and they have no details. It is very variable.

Having looked through all of that data, I think the majority of e-scooter and other device related incidents are single device incidents. They do not necessarily have to run into something. Sometimes they just fall off. They have what I would call a stack. The reason behind that, as has been touched on here, is the devices accelerate really rapidly. They are navigating a lot of uncertain infrastructure—they are often crossing from the footpath across the bike lane onto the road and back across the kerb. When they are doing that, they are crossing a lot of uneven ground. The devices, unlike a bicycle, have smaller wheels and the different devices have different sizes and designs of wheels. This means that if you hit a little irregularity the wheel is more likely to rotate and, when it does that, the handlebars swivel. Sometimes we see kids get a handlebar injury because their tummy goes straight into the handlebar. The device stops and then it propels you straight over the front.

When we do analyse some of the descriptions of the injuries that occur, the good descriptions are associated with uneven ground—hit a pothole, hit the kerb, something like that. Only a small proportion in our data can identify collisions with vehicles. Obviously they are the higher severity injuries and are more likely to be fatal. We are still seeing significant injuries from stacks, if you like.

Again, across all of the data the recording of helmet use is not great. We can identify a little bit of drug and other substance use. Again, the reporting is not great in the triage text. We extract what we can and share what we can.

There is also some information there about speed. Again, it is not always recorded and it is estimated speed when the patient presents. We do still see a significant proportion who are going at much higher speeds than the regulated speed.

The last and most important point, I think, is around the escalating burden of paediatric injuries. In the early years of our data collection the under-16 proportion was around 10 per cent. It has risen to about 26 per cent. I was listening to that stat about the Gold Coast and the proportion of paediatric injuries over the first 18 days. There are probably peak periods when the kids are on school holidays. You probably have a higher proportion of kids riding around on e-scooters then.

Just as an anecdote, I have a friend whose child was a bit out of control. He had an e-scooter downstairs and he used to take off and go around town at night. It provided a way for him to get around and escape. It is a really accessible thing for the kids, to ride around late at night on e-scooters. It has created a little perfect storm in the paediatric population.

CHAIR: Thanks, Dr Barker. Can I ask you to formally table that document?

Dr Barker: Yes. Can I formally table this document?

CHAIR: Yes, you can. Is leave granted? Leave is granted, thank you. Did you want to go into that document some more?

Dr Barker: No, I think I have covered off most of it. There was also some fatality data that was collated by a researcher down in Melbourne. One-third of Australian e-scooter deaths reported in the media—and this is just e-scooters—were kids under the age of 16 and about half of those came from Queensland. I think that statistic has changed since we pooled all of that media report data.

In our dashboard data, the vast majority of PMDs are e-scooters. I think that is the bulk of the issue. You will see in that data that we cannot really tell between hire and private use. We have noted that the presenting time has shifted a little bit from a lot being in the afternoon/overnight to more in the afternoon/evening. That probably reflects more commuter use.

CHAIR: Thank you. That is a good observation. We will go to Professor Kirsten.

Prof. Vallmuur: Thank you for the invitation to come along. I will be talking a little bit about some of the work we have been doing over the last few years at JTI as part of our e-mobility work. We provided a submission in around June last year, so I will be talking to those figures and giving a bit of an update on some of the ongoing research that we are doing so you can see where we are up to with some of those findings.

Over the last few years, we have published a paper that we referred to in that work which was a retrospective chart audit over the three-year period from 2019 to 2021. That was at three hospital sites. There were around 1,000 e-mobility presentations in that and there was quite detailed information from the chart audits. We are also working with QISU on that ongoing surveillance, and we have data up until December 2025 in that dashboard. We have a prospective ED survey that we are just doing the analysis on now, so I will talk about some of the findings from that. That was across four of the major trauma centres in Queensland—the Royal Brisbane, the PA, the Gold Coast and Townsville. We have conducted around 250 ED patient surveys in those sites, and that was from May 2024 to June 2025. We have also been looking at some of the workers compensation claim data. We have compiled data for around 1,000 e-scooter claims, and that was from around 2019 to around 2024. That is really seeing an escalating rise as well.

Ruth has already touched on the rising children's numbers and the patterns that we are seeing there. We are still seeing young adults in that 16- to 34-year age group make up around 50 per cent of the presentations that we see. We are also seeing a rise in the over-35-year age group, and with that group we also see a higher severity in cases and a higher percentage admitted. Around 19 per cent of that group were admitted compared to around 13 to 15 per cent for the other groups. Those ones are associated more with private scooter use and work related commuting.

As Ruth mentioned, the patterns in the early years were that we saw presentations at the ED typically on the weekends. It was Friday nights and over the weekends. Since about 2023, we have seen a shift in the data to being mid-week presentations during the day. We were really curious about what the causes were. We could not really unpick that in the standardly collected data, so we undertook a series of studies both with workers comp and with those patient surveys. In terms of the workers comp data, we did see that back in 2019 there were around 50 claims a year. It was up to around 300 in 2024. We can gather the 2025 data, if the committee are interested in that.

Some of the risk factors have already been touched on. We can talk to some of the proportions that are of interest, and I will break it down into the share scheme riders and the private scooter riders. What came out in our survey was really distinct patterns between those two groups—quite different patterns of presentation and risk factors. We did a survey in the ED. Patients had to agree to do the survey. We had nurses in the hospitals who were inviting patients to participate. Obviously there is a bit of a bias in that patients had to be willing to participate.

We had around 250 patients participate. Around two-thirds of those were private scooter riders and around a third were public scooter riders. When we started doing the analysis and looking at what differentiates the two groups, the overall pattern that we saw with the private users is they are typically more experienced—70 per cent of them who turned up at the emergency department were riding them four days or more a week. Helmet compliance was better in this group—around 80 per cent of them said that they were wearing a helmet at the time of the incident. Around 94 per cent said that they had not been drinking prior to the incident. Almost half of them were work related commutes, so they were travelling to or from work or during the day for work. Around 55 per cent of the incidents occurred on the roads—they were riding them on the road. Around a third admitted that they were speeding over 25 kilometres at the time of the incident. They do sustain more severe injuries. With those ones, we saw that around 60 per cent had fractures compared to 39 per cent of the riders using the share scheme. Around 37 per cent required admission to hospital compared to around 20 per cent of the share scheme users.

When we looked at the share scheme users, they were that different profile that we talked about at the start. They were typically novice riders. Thirty per cent of them actually said it was the first time they had ever ridden an e-scooter when they had their incident and turned up at the ED. Around one-third admitted to being intoxicated and around one-third said they were not wearing a helmet at the time. They were typically travelling at speeds under 25 kilometres, but there is a speed limit on the share scheme devices, so we expected that. They were typically presenting at night-time—at 6 pm, at midnight and into the early hours of the morning. The majority were on the footpath—around 60 per cent said they were on the footpath at the time. They are quite distinct profiles that we see across those groups, and we think that is an interesting point for the committee.

CHAIR: It certainly is, thank you very much. I appreciate that. I did not pick up the geography of that patient survey. Was that Brisbane-centric or across the state?

Prof. Vallmuur: We collected the surveys from four different major trauma services spread across the state—Gold Coast, the Royal Brisbane, the PA and Townsville.

CHAIR: That is vital. Thank you very much. I will go to the deputy chair for the first question.

Ms BUSH: Good morning, everybody. Thank you for coming back in again with us and sharing this information. I am just having a quick look at it now, so please excuse me because I will not be across it all. I will start perhaps with one of the simpler questions. I am not sure, David, if it was you who mentioned some data. In earlier hearings we had struggled to get data around how many ED presentations were occurring across the state, but you have just rattled off a few figures for us. Can I just clarify the period was until June last year and there were 234 major trauma cases?

Dr Lockwood: That is right.

Ms BUSH: Was that for the financial year?

Dr Lockwood: That was 12 months for the financial year to June 2025.

Ms BUSH: Is that the first reporting period that you started to collect data, or do we have the period before that?

Dr Lockwood: No, it has been collected earlier than that. That is the most up-to-date data. We are certainly seeing a steady increase in the incidents.

Ms BUSH: Sorry, I might have misunderstood. I am not sure if it was with Jamieson, but I thought there was an issue around data collection and how comprehensive that was. Maybe it was around recording, language and how things were being written up. Can you remind me what that issue was?

Dr Lockwood: The completeness of data collection is an issue for all of us. We are relying on clinical staff to do it in their day-to-day duties. There are various institutions and data collection centres that are entirely dependent on how much time people have to do that and how much of what they do is automated. As we have pointed out, there is no particular flag that automatically triggers that it is an e-mobility related injury. We have all struggled to a large extent to work out what the burden is because we have had to do that fairly manually—go back through the records one record at a time and say, yes, this does seem to be an e-mobility device. That really adds to the labour intensiveness of trying to mine this data.

We are all looking for ways that we might be able to improve that in the future. Based on this inquiry, that is something that we would like to introduce. Altering a whole database—any one of these—is a fairly fundamental change and is not necessarily that easy to do.

Ms BUSH: As you sit here today, you can say with a reasonable degree of confidence that 235 fell last financial year and that we have had some degree of robustness around the recording of that for the state. How long have we been capturing that data—two, three, four years?

Dr Lockwood: I would have to defer to the people who collected that data. Kirsten will have insights about that from the JTI. For the QTDC, it would be accurate for probably three years. It is as accurate as we can make it. I am satisfied that it is a good representation.

Ms BUSH: Great. It is useful for me to frame that up. Thank you very much. Did you want to add to that, Kirsten?

Prof. Vallmuur: Yes, I am happy to comment. The Queensland Injury Surveillance Unit has been capturing the data since 2018. The dashboard that they are providing covers around 25 to 30 per cent of the EDs around the state, and that is captured via that text mining that Ruth mentioned and the cleaning that QISU does.

The Queensland trauma data collection is for the major trauma cases. As David mentioned, they have three years worth of comprehensive data. They also collect from the EDs broadly across the state. We have a statewide ED, but then there is the valuable collection in terms of the more detailed collection they do for the major trauma cases—and that is some of those figures that he was providing there. They are people who are admitted that meet a certain injury severity level to be classified as major. Then there are the other types of collections that we do to try to fill the gaps where we know that there are limitations in the data.

Ms BUSH: I have other questions, but I will pass it on because I am sure we all have lots of questions.

CHAIR: Thank you, Deputy Chair. Our summary for the hearing outlines the 6,200 injuries that were captured during that time.

Mr KEMPTON: Thank you for this information. It seems no matter how much we learn, there is always more. With the 18 per cent of under 16-year-olds who present, we do not have data in relation to hours of operation by the cohort. Obviously there might be up to 16 and then 16 to 35. There might be 10,000 hours by one cohort and 20,000 by the next. That is a critical piece of data we do not have. Given all the things you talk about—speed and helmets and so on—I just cannot see a situation for under 16-year-olds where it is safe for them to operate a mobile vehicle on the road in public places because they do not have training, they do not have licences and they do not understand the road rules. Would you care to comment on both of those two components?

Dr Barker: I think from a neurodevelopmental point of view, the majority of kids at that age do not have the skill. If you go to some of the motocross places, you will see tiny little kids fanging around on motorbikes. There are clearly some kids who have the skill. If you have kids and you have put them on bikes and compared your child riding to some other kids riding around, you realise that developmentally there is a big spectrum. Overall there is this pattern of neurocognitive development where they are able to judge relative speed. As you say, they do not know the road rules, so they are less aware of the road rules.

Unlike a motocross track where they are all going in the same direction, that is not the situation with e-scooters out on the streets. As I said, they are navigating from footpath to bike path to being on the road, to crossing the road, and some of the kids are doing it late at night as well. I really think that they should not be allowed on them under 16. I just do not think they have the capacity. That would certainly reduce a significant burden in the paediatric hospital.

Dr Mitchell: To your second point, even if they are over 16 and they are going at extremely high speeds, alcohol or drug affected or not wearing protective equipment, no-one is going to be safe in that cohort no matter how old or young they are.

CHAIR: That is a good point.

Mr MELLISH: It sounds like a lot of work goes into manually getting the data, sorting it out and going through and making sure it has good consistency year on year. As a way forward to make it easier and so that fewer people are spending as much time on collecting this data, could you have specific PMD code when patients are admitted? Is that a whole of Queensland Health decision that that can or cannot be made? When it comes to the road toll, the data is very long term. People know how to deal with it. People know how to handle it. Is having a similar thing for PMDs a way forward that would help all of your groups and organisations you are involved in?

Prof. Vallmuur: I think having a code would definitely help the situation, although all it would give us is that we would be able to flag which cases are potentially e-mobility. There is still a lot of information that people are searching for when we look at injuries that would not be captured just by that single flag. Trying to understand helmet use, whether they are using a private or shared scooter or alcohol involvement or any of those other risk factors either takes that text mining, searching through the triage text or charts or doing specific data collections. Yes, it would help to some degree to be able to have a crude indicator. We have tried to do the best we can with what we have available, but there is still additional work that we would need to do to be able to answer the types of questions that you would have.

Mr MELLISH: Do you know whether any other states have a system where they have a specific code or whether they have a good example we can follow?

Prof. Vallmuur: None of the other states—Queensland is really leading the way with this work. They are all trying to work out a solution. There is a national project that I am involved in looking at scoping out what data is collected around the states and how we might be able to improve it. That is through the National Road Safety Action Grants Program. Ben Beck from Monash is leading that. I am happy to link you in with that if you want some further information. It is still a work in progress in other states too.

Mr JAMES: Data seems to be a common topic at all of our hearings. In your report one particular section says that you will miss cases that present at non-participating hospitals. Why are they non-participating?

Prof. Vallmuur: That is in reference to Queensland Injury Surveillance Unit data. It captures data from around 30 to 36 hospitals across the state—around 25 per cent to 30 per cent of the presentations. The ones that do not participate in QISU in that dashboard that we were talking about will not be captured in that collection. They are captured in the Queensland trauma data collection but then that more detailed coding is only done for the majors in the Queensland trauma data collection. That is what we are referring to.

Dr Barker: They do not participate because it takes extra time. It is a burden. When you present to triage, the triage nurses are supposed to triage you within two minutes. It is not like a leisurely day at the office. You have a backlog of patients and you do not know which one in the queue is perilously close to dying. You are there trying to chew through all the patients that you have and triage them in two minutes. If you then have to put in additional data or additional descriptions of what has happened or if you have a pop-up that says, 'We want collect this data about e-scooters,' it takes additional time and you have to work out where in that already really stressed system you are going to put that extra onus on time. We are really grateful to the hospitals that do collect data for us. We have tried to minimise the work for them, but there are other sites that have not agreed to participate because of the time impost, and I understand that.

CHAIR: That is the first time we have heard that—taking data when triaging in that very short time. Obviously it needs more time than that, so thank you for that.

Mr KING: You piqued my interest about helmet compliance. I think we would all agree that the hire schemes should be leading the way in setting an example. Do you think there is anything more that could be done? We found a scheme in Townsville, I think, where the helmet has pressure sensors

in it and the machine will not work without the pressure sensors activating. Do you think there is anything more that the hire schemes could be doing to lead the way? You also mentioned full-face helmets. We have heard a lot about that—the hygiene issues with hire schemes having full-face helmets. In your research is there anywhere that you have heard of hire schemes successfully using a full-face helmet?

Dr Mitchell: The answer to the first question is yes. Any way that we can enforce or encourage people to use helmets more is going to be positive. Whatever way the hire schemes can do that that is on them. I think we have shown that you are more likely to end up in hospital with an injury if you are not wearing them.

The full-face helmet around hygiene has certainly been something that we have discussed. I think more research and understanding needs to be undertaken in that. Our sample was just a small biased sample around that. With some of these higher speed devices going on the roads, the patterns of injury we are seeing are like motorbike crashes. The patients, even if they are wearing a full-face helmet, can still have life- or limb-threatening injuries. It is not going to fully prevent those injuries but potentially could reduce the facial impact.

Mr KING: The other thing to note is that one of the schemes we saw had e-scooters with two front wheels that negated what you were saying, Dr Barker, about twisting. It had a lot more stability which was impressive.

Dr Mitchell: I think Professor Vallmuur commented about the public and the private. With the legislative changes and the speed limits, potentially not needing a full-face helmet with public e-scooters is a pattern, but the private ones going at higher speeds and on all different surfaces may be different.

Dr Lockwood: Facial fractures have come up. It has been fairly striking, so to speak, to us how common they are. The importance of them is probably easily misunderstood. I do not want to understate the burden of that, but compared to the burden of head injuries that is fairly minor. They can occasionally be fatal. They certainly need a lot of resources to fix them up. They may need transfer to the major trauma centres, but I think it is important not to overstate the importance of that.

We would expect—and we do not have the data to prove—that a full-face helmet would help to prevent some of those facial fractures, but it is probably not the most important thing. We do think that there are some downsides to that—hygiene being one of them. Ruth will add a comment in just a second about the paediatric population. We foresee that there would be very major problems with compliance to that, given that we have such problems with compliance at all with helmets generally which we would not want to see made any worse. I will hand over to Ruth.

Dr Barker: The first thing about the helmet is that you have to clip it onto your head. Pressure sensors are great, but I see a lot of people riding around with the straps dangling. They need some sort of pressure sensor in there.

In the paediatric space, having seen kids come in off the motocross racing track, those kids wear full body protection. They have a helmet with face protection and then they have neck protection, body armour and so on. I do have a concern about the additional weight of a helmet, particularly if you are making kids wear them. Is that then going to increase neck injuries just because of the additional weight of the helmet? I think it is unclear. I think that the PMD riding is a different beast too. You can learn from other activities and other devices and the way they are used, but it is a completely different beast with different risk factors compared to something like motocross riding.

In terms of product safety, I do a lot of work with Standards Australia across a range of different standards committees. I did have a look at the various standards for e-scooters. Most of the standards relate to the electrical safety and some of the regulation that exists relates to electrical safety. That has come out of the lithium ion fire related risk. There is a European standard for commercial e-scooters. I think that we could look at enforcing some sort of standard for e-scooter devices that are sold here and provided for hire here. I think that would be a start. What happens with standards is that, as you gather this body of evidence around what the injury pattern is, you can evolve the standards to improve the product so that the product is safer to operate.

The other way to look at it is the parallel that has happened with quad related injuries. I do not know if any of you have any experience with inquiries related to that, but the ACCC after many years did commission some stability testing and demonstrated that quad bikes were inherently unstable. For years the quad manufacturers were saying the riders just do not ride them properly. They do not use the active riding style that you are supposed to to navigate corners. When quads flip, they flip over and if they land on you they crush you because they are 300 kilos. Eventually that stability testing

was commissioned. It demonstrated that they are just highly unstable. We knew that even experienced farmers were ending up under the quad bike. The ACCC is looking at this space. They are mainly focused on the lithium ion battery, but I think trying to tackle it through requiring certain standards and also getting the product safety regulators involved to look at the product itself and not just the battery would be one way to go.

CHAIR: Dr Barker, with regards to the new road developmental issue you talked about earlier to the member for Cook's question, is that around speed awareness or risk identification? Talk to us further about that.

Dr Barker: All of the above. If you look at paediatric injury patterns, even from a young age, boys are more likely to be injured than girls—roughly two to one. There are various papers that look at boys' estimation of their abilities. No surprise, they tend to overestimate their abilities.

CHAIR: Define 'boys'.

Dr Barker: You can see that from a very young age as well—the adventurousness and the recklessness. When my son was little, he went to kindy with a little boy who I saw in the emergency department because he leapt out of the bath at nine months of age. My son went for an excursion at age two to the art gallery and because they were short on adults, he went holding this other little boy's hand and I came into the emergency department and said, 'My son is not coming home. He has gone to this excursion holding this little boy's hand,' because I knew; he was just one of these kids. We have kids that are crash test dummies, if you like; they just go full bore. Again, it is the spectrum. However, you do not have to be that kind of young boy, reckless kid to be injured on an e-scooter; you can be a young girl who is very cautious, gets on the scooter, flips and lands on her face.

CHAIR: Thank you very much. You have all provided extra information for which we are really grateful. The thinking around these things and the management of it is maturing, and we are wanting to get the best outcomes that we possibly can. Kirsten, you mentioned before that you have new statistics for 2025. Would you like to go into them, or do you have to do a summary or would you like to take that on notice?

Prof. Vallmuur: Ruth has provided the data up to the end of 2025 in the dashboard data there.

CHAIR: Good. Did you want to talk to it further?

Prof. Vallmuur: I will let Ruth talk to that data. The new data we have is really from that patient survey. We are in the process of analysing that data currently.

CHAIR: That is what it was. I knew there was something—I made a note of that. Did you want to go to that anymore, Dr Barker?

Dr Barker: Only that you can see on the first colour slide of that that there is a steady increase year to year. I can also highlight that most of our injuries are related to riders. We have been tracking pedestrian injuries. Sometimes they can be significant. They are not a very big proportion of what we have been able to identify in the data. I do not know, Gary and David, whether that is your experience as well. Pedestrians are not a huge proportion, but—

Dr Lockwood: Not to date, but I have seen a pedestrian fatality related to a collision with an e-scooter now, so it is only a matter of time before that becomes more common.

Dr Barker: Mostly I have touched on everything else; I think. The paediatric proportion is up to about 26 per cent now of all our cases, but most of the rest of it I have touched on, I think.

CHAIR: And when you define 'paediatric, is that—

Dr Barker: Under 16.

Ms BUSH: I want to round out the question where I started. It is a little ancillary, but I would like context. I am sure I could get it from outside of yourselves, but I am looking to see how the data you have given us today and the stories you have given us today compares to motor vehicle accidents, and also total users. It is difficult to know if things are getting worse if we do not know how many people are using devices. Who is collecting the whole picture of how many people are using these and what percentage of those are getting injured? I can hear you have already done the cohort analysis. How does that compare to motor vehicles, recognising that children do not use motor vehicles, but there is a tension there that if we get people to stop using scooters and push them back into cars, is that more risky? I am looking for the broader context that sits around how people transit.

Dr Lockwood: I am not sure how we can answer that directly, but I would say that certainly the growth we are seeing in the e-mobility devices is greatly outpacing the growth in motor vehicle accidents. There is still steady growth in the motor vehicle accidents year on year, but the growth in e-mobility devices greatly outpaces what we are seeing in motor vehicles.

Ms BUSH: Given that motor vehicles have been around for decades and there have been ongoing safety improvements done, and these are new devices that are now emerging, to me that stands to reason that you would expect, as more people use them, as there is more conflict, that there would be more injuries. Then it becomes how do we make these things safer to use, I think is what you are saying, rather than how do we get people off these? It is more around how do we recognise where the risks are and treat the risks?

Dr Lockwood: Absolutely.

Ms BUSH: I am sure I will find that data somewhere else, but thank you. It is very useful.

Dr Barker: We can certainly do some comparative data for you in terms of the number of presentations in the emergency department. The problem is, as you say, you do not know what denominator is of the number of people who are driving cars and what their car hours are compared to their e-scooter hours. I would say, just at a rough guess, the proportion of injuries we are seeing related to the number of e-scooter hours vastly outnumbers the proportion of injuries we are seeing to road vehicle users and the number of hours that they are on the road. If you think about the number of people driving around Queensland and the distances they are driving, the proportion of people, for given hours, that end up with a nasty, unexpected trip to the emergency department from an e-scooter vastly outweighs what we see with road vehicles. Partly that is because the vehicles are riding on a consistent infrastructure; partly it is because of the amazing improvements in vehicle design that have occurred over the hundred years since we have been using vehicles. I could list all sorts of design features.

ANCAP has a way of assessing motor vehicle safety. I am not sure if you know about the ANCAP system, but it rates vehicles according to their safety features. Increasingly, the vehicle design has gone from just safety of the occupants to also looking at things like low-speed vehicle run-overs, reversing cameras, total surround cameras and so on, and crash detection mechanisms—so things to avoid—rear collisions and pedestrians and so on. That system continues to evolve. That is what we do not have with the e-scooter system at the moment. We do not have standards. They are not captured in the ANCAP system like motor vehicles are. I do not know if that answers your question.

Ms BUSH: Yes.

Dr Barker: Also, in terms of pushing a certain demographic back to vehicles, I think there is part of the e-scooter demographic that will not be in vehicles because they are kids, they are under 16, and then there is another part of the demographic that Gary sees late at night that will not be in vehicles because they are drunk, because they do not have a vehicle or they have come into the Valley for the night. When you do injury prevention, you always have to think about when you make one change, how it affects the whole system. I do not think pushing them back to using vehicles is necessarily a safety concern. It is an environmental question and an infrastructure and parking question, but not a safety question.

CHAIR: We will go to the member for Cook. I know we have gone a little over time, but the information is very valuable and it is a very wise panel. Thank you.

Mr KEMPTON: Leading on from my previous question, specifically, if we could have that information about motorcycles rather than vehicles generally. I think there is a lot more of them now, they are a lot faster, but they are also a lot safer and people are wearing helmets and they are riding them correctly. That would assist us to make the case about regulation. Those bikes meet design standards, whereas e-bikes do not and so on. That information in particular would be very helpful, if we could get hold of it.

Dr Barker: That is certainly something we could provide if you want some comparative analysis, looking at motorcycles and e-scooters. Again, the motorcyclists are licensed, and there is a bit of a difference between on-road motorcycle use and the sort of injuries you see—they tend to be high-speed—but we also see off-road motorcycle use. It depends how you compare them. The off-road dirt bike use is a different beast again—different population, different type of kids, different hazards, different usage.

Mr KEMPTON: But there are e-bikes on the road that are technically motorbikes. They are not all e-scooters, the problems with misuse.

Dr Barker: That is another aspect. We have trouble identifying e-bikes compared to pushbikes in our data. We have been asked that question and we have declined to do the data analysis because we just do not feel we can reliably identify e-bikes versus pushbikes. Motorbikes are a little easier to pick out of our ED data. Those motorised bikes, not e-bikes, which are a big concern to the product safety regulators, where they are souped up and you can do homemade changes to your bike, that is another beast again, and again we do not identify them particularly well in the data.

CHAIR: Thank you. They are very much a part of our focus. I might help you out in terms of the statistics. We might be able to get those statistics from transport and/or the police as well to be able to compare, so you do not have to do that homework for us. Dr Barker, I cannot get to the end of this session, though, without saying it is the first time I have heard anybody refer to 'fanging it' and 'stacks', so thank you for the colloquial terms that the children aspire to and putting it in common language. Thank you very much.

Thank you again to all of you for providing this vital information. If there are any other things that come to light, please share them with us and we will be in touch with you as well. I think you said also that this is about changing one part of the system with unintended consequences for another part, and that is something that the committee is being very thoughtful about. Thank you again for some very valuable information. No questions have been taken on notice. Thank you for appearing before the committee today and for the information you have provided.

BOSLEY, Inspector Gareth, Queensland Police Service

GUILD, Assistant Commissioner Adam, Queensland Police Service

STREAM, Deputy Commissioner Chris APM, Queensland Police Service

CHAIR: I now welcome representatives from the Queensland Police Service. Deputy Commissioner, I invite you to make a short opening statement, after which the committee will have some questions for you.

Deputy Commissioner Stream: In the interests of time, I refer to my previous opening statement. I have two colleagues with me. Inspector Bosley we regard as one of our subject matter experts. It was very interesting to listen to the previous evidence provided, particularly around some of the data that they have collected. I support your comments, Chair, with regard to any information or further statistics that we can share.

I note the reference to boys and their interest in risky behaviour. Certainly we see that ourselves. Of great concern to us is what is commonly referred to as rideouts where we see large groups of individual riders coming together and the focus seems to be on risky behaviour, filming it and uploading that to social media. The greater the tricks and the more risky the tricks that they perform, they get more likes and views. We do see a focus on that behaviour in general. On PMDs and other devices, I would not say we see equal usage but we do see greater usage across both genders.

It is interesting to note, with reference to speed, that we actually do have some recorded speeds of PMD devices passing through our speed cameras and other speed detection devices. Some of them are going over 100 kilometres per hour. That has been captured and can be provided as evidence because it is that standard of camera that is used to record that. Thank you, Chair and committee, for your time. We are open to questions.

CHAIR: Thank you very much. I will go to the deputy chair for the first question but so that you can put your thinking caps on certainly I am very interested in the recent enforcement actions. Thank you for that. We have seen some great outcomes there. I am very interested to see the learnings from that. Having said those opening remarks, I will go to the deputy chair.

Ms BUSH: I will pass to the member for Aspley.

Mr MELLISH: Thanks again for appearing before the committee. I think this is your third time. In the interests of saving time, what has changed since we last met? I saw there was some really good compliance action over Christmas and new year. I note the comments around rideouts. Deputy Commissioner, I was on the balcony here in the last parliamentary sitting and saw one go past. It must be really difficult to enforce once they already have their hands on these devices. It must be really difficult from a police perspective. What do you do when you see one because you do not want to make a bad situation worse?

Assistant Commissioner Guild: Operation X-Ray Surety, as you know and I mentioned last time, commenced on 3 November and will conclude on 26 January. That was a focused effort and a surge effort across the state to target e-mobility devices. So far, for the rolling operation, the figures up until yesterday are there have been a total of 4,950 officer hours associated with that operation. There has been a total issuance of 2,706 infringements for PMDs—that is, PMDs and e-bikes categorised by our TIN codes. Concerningly, of that data, 78 per cent of those infringements relate to noncompliance with wearing a helmet. During that operation we have also seen the seizure of 60 e-bicycles and 78 PMDs.

You mentioned the challenges. When we commenced the operation, schools were still in operation before the school holidays. A lot of our work was on the enforcement and engagement piece and education, which was conducted successfully with the assistance of schools. Operationally, the challenge we have found through this operation is the ability to stop these riders. When we talk about the rideouts and risky behaviours associated with what is occurring, basically the people riding noncompliant devices, upon seeing police, will turn around and go in a different direction. For us, it is a really tricky situation to identify appropriate safe strategies to intercept and take enforcement action.

Where we have had the most success in that is in the South Brisbane district. There is a whole range of bikeways and paths that we target for specific enforcement purposes and where we have identified the most noncompliant riders. Certainly, looking at public spaces on the Gold Coast and in similar open spaces like that, when we approach a group of riders we get instant dispersal, which causes frustration for our frontline officers and an inability to stop that particular rider and take enforcement action.

What we are doing, though, with those rideout events and other activities like that is to try to identify riders through other means. It is a very labour-intensive approach reviewing CCTV, looking at ways in which they have assembled at a certain location through social media and looking at other alternatives to take enforcement action across that time. As I mentioned, that operation will continue until 26 January this year. Notwithstanding that, operational activities will continue in districts but this specific operation will cease on that date.

Mr MELLISH: Thanks for that extra data. You might not have it and no worries if you do not, but is there any breakup of those infringement notices in terms of what is private use and what is hire scheme? I assume it is mostly private use.

Assistant Commissioner Guild: No, our data is not broken up into private versus hire.

Mr KEMPTON: On the TV show *Top Gear*, Richard Hammond crashed a Rimac electric car that continued to burn for two weeks because it had 8,000 cells in it. Does the confiscation and removal, particularly of these scooters, pose a particular hazard for police given that you do not know the state of those batteries? How do you deal with that?

Insp. Bosley: Yes, it is a significant risk that we need to manage. There are a couple of risks around it. Firstly, we do not know the quality of the manufacture and the compliance to standards, particularly with safeguarding around thermal runaway which is what you cite there. The other issue is how we make those devices safe when they are stored in police property points. With the removal of those batteries from the devices, there are myriad devices out there and they all have different systems for batteries being fitted so it is how we actually disconnect that from the device safely, considering that there is significant voltage within those batteries, and how we manage that electrical safety hazard. It is then how we go about disposing of those batteries. Obviously some local governments have battery collection arrangements in place. However, most of the commercial providers operate interstate. We would have to look at how we dispose of those batteries safely as they cannot be disposed of in normal rubbish or through traditional means.

Mr KING: Personally, and I know that the rest of the committee will agree, I have seen the strict enforcement over that period, which has been really good to see. In my area I have seen the big signs warning riders that these activities are going on. It goes without saying that we could help by recommending resourcing and funding that would assist you. Are there any learnings from that operation that we could perhaps recommend to help make this safer, stop the rideouts and that sort of thing? If there is anything along those lines then we would love to hear it.

Insp. Bosley: There are obviously a couple of constraints around managing the risk and the type of use. As I have discussed before, there are different definitions between the devices. Most of these compliant devices are a 'vehicle' versus a 'motor vehicle'. There are legislative provisions that apply to both. With motor vehicles, we have additional powers in relation to breath and drug testing. We also have type 1 and type 2 provisions that apply to motor vehicles. Those provisions do not apply to a vehicle. There is greater latitude for us to deal with devices that are motor vehicles, particularly in terms of seizure. The definition of the device is a point that can constrain enforcement or that requires different approaches.

Deputy Commissioner Stream: In summary, there are current laws that are applicable to a motor vehicle. In particular, an issue for us has been being able to require a breath or drug sample. That could be applied if that definition was changed and we have processes and policy in place already.

Insp. Bosley: To build on that, there are also provisions that have been brought in in relation to hooning around attendance at hooning events, the recording of vision and the posting of vision. Obviously that relates to a motor vehicle as well. A change in definition of the vehicle type for e-devices to be deemed a 'motor vehicle' would allow those additional things around building social capital, which we particularly see these rideout events focus on. It is about profile and it is about behaviours, similar to hooning. The ability to control what is posted and filmed would help to assist, arguably, in managing the worst effects of the rideouts.

Mr KING: You mentioned helmet noncompliance at 70 per cent. That is an actual breaking of the law, as is the other. It is really handy to hear about the definition and I know we have mentioned it before, but we are getting to the pointy end now. Thanks very much.

Mr JAMES: You mentioned that you heard the doctors talking about data collection, which seems to be a big issue, and the mismatch of data throughout different agencies. Do the police have the same issue in that data collection and staff time do not match? Is that an issue?

Insp. Bosley: Yes, it is with the emerging nature of these devices moving from traditional bicycles to e-assisted bicycles to PMDs to e-motorcycles and the background systems that facilitate the recording of that data. We have recently looked at changing our QPRIME system to better record the device type, whether it be a PMD or an e-motorcycle. Some of those changes have been developed but are on hold until the findings of the committee so that we do not have any unintended consequences with that data collection. Certainly at the moment we do have issues separating those devices, particularly when it comes to e-motorcycles and traditional motorcycles because going back 18 months we did not have that category of vehicle in existence. It is something we are looking at and adapting to.

Ms BUSH: I will ask you a general question. We are getting closer to making recommendations. There is an important role for the police in enforcement but I would imagine—I do not want to put words in your mouth—you would be looking more so for recommendations that actually deal with this at a more structural level so better design specifications, more education around road rules and so on. I guess what I am saying is that the police do not want to spend their time having to do this when there are DV and other things that are very important and need to be responded to. In addition to enforcement, would you acknowledge that a big chunk of the recommendations sit in what we can do to improve the overall safety and correct behaviour of people using these things lawfully?

Assistant Commissioner Guild: I would add that the issues that we are experiencing are the same across every policing jurisdiction in Australia. We have a meeting on 2 February with our colleagues from other jurisdictions to discuss some of the recommendations that have recently come out of Western Australia and New South Wales, to have a further exploratory look into what that means operationally on the ground.

Ms BUSH: When were you having that meeting?

Assistant Commissioner Guild: On 2 February.

Deputy Commissioner Stream: Deputy Chair, I have suggested that that material is shared with the committee—that everything that is obtained through that jurisdictional meeting is shared.

Insp. Bosley: I think it is vital that a systems approach is taken. One of the key findings from Operation X-Ray Surety has been that ability to interact with users, particularly those on devices which we know are illegal devices. Typically the ones who are willing to interact are on compliant devices or on the fringe. Those who know they are blatantly offending will not interact and they use enforcement as a point of encouragement for others to see who can outdo riding past the police on the back wheel whilst presenting certain gestures. It is not something we can purely enforce our way out of.

Whilst we do provide that enforcement and will provide that enforcement, there is an opportunity cost associated with that. Whilst we had a significant surge towards Operation X-Ray Surety, at that time a lot of those resources we were surging would otherwise have been dealing with the Christmas road toll campaign. There is an opportunity cost. We need to look at it, as you say, as a systems piece, reducing the access to those devices potentially which are difficult to enforce—through regulation, education and what other departments can do in relation to assisting with this—rather than it simply being focused on enforcement only.

Ms BUSH: Thank you, Gareth, for cleaning up my very sloppy question. You did a much better job of putting it eloquently. In terms of some of those structures that you are talking about—the intra and interdepartmental information sharing—is that where you would like it to be at the moment? Are you satisfied with where that is at? Should there be more work done there? Is it a temporary arrangement? Should the committee be thinking about making things permanent? What can you tell us about that intra and interdepartmental piece?

Insp. Bosley: As I said before, this is an emerging means of transport, so there has to be adaptability across the board, whether it be in import controls, in vehicle design specifications, in education around safe riding, in engagement around health outcomes in treating some of this behaviour. As we have discussed before, with juvenile males particularly engaging in riskier behaviours, there is a health approach that needs to be taken to it.

Enforcement needs to be seen as a backstop. We need to look at what other departments—whether it be health, transport or consumer affairs—can contribute to the front end to reduce the load required to be addressed through enforcement, which we will continue to do. If we purely rely on enforcement, often unfortunately that is the back end of the problem and sometimes it is too late. We need to look at a proactive systems-based approach where we have controls in place throughout—

accessing the device, using the device, education around the device—to reduce that risk progressively where we deal with the upper end of that behaviour which is obviously driven by those who do not wish to comply but have been given every opportunity to do so.

CHAIR: Thank you. That is a very good summary. That is why we have spent so much time looking at the Office of Fair Trading on all of those other safety issues as well. We are looking at that systems approach. Deputy Commissioner, I would like to take the opportunity to explore what you said earlier today about statistics regarding some of these PMDS going through speed cameras and also what you have learnt from Operation X-Ray Surety. You are obviously seizing a number of devices. What are you doing with them at the moment? What would make that better? How could the committee consider the storage of batteries—such as the deployment of batteries to local government—before going to court? There are issues around seizing and holding things for a long time if you are having to wait to go to court. For me, if there is an illegal rider on an illegal device doing the wrong thing, they have had sufficient opportunity and should lose that device in the first instance. That is my opinion.

Insp. Bosley: There are a couple of parts to that. Firstly, in relation to what we are seeing with offending through speed cameras, I can mention a couple of matters off the top of my head. We have a photo of a small bike—are you familiar with the pit bike motorcycle size of devices? We have a photo of one of those on the Gateway Motorway travelling at 114 kilometres an hour, and you can actually see the 100-kilometre-hour sign in front of them. We have another photo, for example, on the Gold Coast Highway at night. One of the motorcycles was black and the rider was in all black. I cannot recall the speed off the top of my head, but that was on the Gold Coast Highway at night. There were clearly issues around visibility and the potential for a collision involved there. We have had previous instances with one of the solo-wheel unicycle devices on Breakfast Creek Road at night, travelling approximately I think it was 90 kilometres an hour overtaking a bus in live traffic. There is significant use there—and daily. Yesterday there were two e-bikes riding down Sandgate Road at Virginia in traffic with juvenile riders riding on those devices.

Arising from Operation X-Ray Surety, to address the battery component of the question, the devices are currently being seized and put in police property points. That obviously creates significant risks for us in storing them in property points where we have other goods with them. There have been a range of options around the state trial such as the use of shipping containers to store them on police grounds. It is the separation of those devices from other dangerous goods. If you have them being stored with solvents, chemicals or ammunition, you obviously have a significant multiplication in risk and you have a potential thermal chain there to create an issue.

The other option we have is for the seizure and storage in tow yards where that is offered. Some towing companies have dedicated e-device storage areas, but of course there are costs associated with that. When it comes to juveniles—so 16- to 17-year-olds—currently they are not liable for any costs associated with the seizure of those devices and storage. The Queensland Police Service bears those costs. As you say, where a device is seized—let's say it is an e-motorcycle and it is held pending court outcomes—there are significant storage costs associated with that and that is borne by the service. There is no additional funding stream to deal with that.

We see the issues from Operation X-Ray Surety particularly in that juvenile cohort—that 16- and 17-year-old cohort. As discussed before, the interactions between the Youth Justice Act provisions and enforcement of these devices and ensuring that there is clear deterrent consequences for this behaviour to prevent the reoccurrence of behaviour. These rideouts, which we have spoken about, are social media driven events designed around noncompliance. They seek to ride often on the roads where they are not supposed to be in live traffic. We have had events where they travel the wrong way down one-way streets. They are very difficult to manage. We have to manage the events for the safety of the riders rather than from an enforcement perspective because there is that unintended consequence that our actions could actually provoke more severe behaviour which is of higher risk.

We do see complications within that enforcement space because of the application of the Youth Justice Act, yet we need to ensure there are opportunities to cease that behaviour quickly and to take definitive action. As we have spoken about before, the use of a change of definition to motor vehicle would enliven type 1 and type 2 towing provisions. However, again, currently those costs would be on police. Probably the most frequently used system at the moment is through storage yards, which is a fee cost to QPS.

CHAIR: Would it be helpful, rather than seize and store, to be able to seize and destroy?

Insp. Bosley: It certainly would be helpful. I could not comment though on the natural justice provisions around that. Being able to dispose of the devices immediately is obviously a risk management strategy to reduce the risks we have in storage of thermal runaway and associated risks of offgassing. The risk is obviously not just fires but also offgassing of volatile chemical from the batteries as well.

CHAIR: Deputy Commissioner, did you have any comment regarding the worst of the offenders and things that we could look for within the system to stop these worst of the worst offenders?

Deputy Commissioner Stream: It is complicated, but I will compare it to our overall enforcement strategies for road trauma—and I can even relate that to motorcycles. We do see people that have long or extended traffic histories. The statistics and the evidence say that they are more likely to be involved in road trauma. Obviously we have an end objective to reduce road trauma both fatalities in injury accidents and the associated costs on the broader community for that.

You could apply the current systems. We are putting them before the courts. We are escalating infringements, obviously with the pinnacle being an appearance before court. We do have a number of matters currently before the courts where riders have been charged with multiple dangerous operation offences. There is a similar application there. Policy and guidelines do exist.

Inspector Bosley did highlight some of the issues with the application with regard to juvenile offenders and the complications there with the Youth Justice Act. That does leave us with some complexities there.

The other piece of it—and it is similar to what we see in vehicle and motorcycle offending as well—is that it comes down to immaturity but also their maturity around realising consequences. Particularly with the juvenile offenders we are seeing and largely male juvenile offenders with the rideouts and even other individuals behaving, there is little thought about consequences of injury to themselves or risk to the broader community. That is also evident in the fact that they wear limited, if not zero, protective equipment.

Assistant Commissioner Guild: I will add just add to that. Our data shows that over the last few years, but particularly the 2024 data, 75 per cent of those lives lost were attributed to one of the fatal 5 causes. Risky behaviour in our cohort riding e-mobility devices translates into when they get their licence and so on. We are still seeing risky behaviour. It is a choice in a lot of these instances of what people do, whether it is on an e-mobility device or in a vehicle. A lot of those causal factors relate to that choice of taking that risky behaviour.

Deputy Commissioner Stream: Chair, going back to your other point, in some cases—and we have had a detailed discussion around point of sale and what can occur with that—it is about accessibility to some of these devices. We have several thousand dollar e-motorcycles, but we also have cheaper devices with modification that are accessible to juveniles, and quite often they are purchased by their parents because it is an accessible mode of transport. In fact, we had a discussion from an enforcement perspective around conducting enforcement at schools. We like to use what we commonly refer to as 'choke points' because we can often get better compliance. As we highlighted earlier, a lot of these offenders know that they are going to be subject to enforcement action if they are intercepted, so they will do everything they can to avoid stopping for the police. We have looked at a number of those different measures there as well.

Insp. Bosley: There is also a risk that this becomes a training ground. We are talking about juveniles who are forming road use behaviours. We are talking about 15-, 16- and 17-year-olds pre-licensing where they are in their formative years and they are learning both cultural and behavioural aspects in relation to their own self-control and their own conduct. The inappropriate use of these devices in earlier ages is influencing their behaviour as they enter the licensing system. Potentially, because it becomes learnt behaviour, that is leading to worse road trauma outcomes as they move through their late teens to early twenties because they have developed a mindset where they have little notion of personal risk and of consequence of behavioural and societal standards around the use of devices. Then that potentially transitions into what we see in that hoon sector and similar social media driven behaviour in hoon groups as rideouts. It is simply a different means of undertaking that behaviour, so there is the potential for worsening road trauma stats in those younger cohorts who are already significantly over-represented in our road trauma outcomes.

Mr MELLISH: I think resourcing was mentioned before. It was mentioned that some 4,000 hours that went into Operation X-Ray Surety would have come from road safety campaigns and things like that, given that we just had our worst road toll in 16 years or so. Were Queensland police asked to resource e-scooter campaigns in lieu of usual road safety work?

Assistant Commissioner Guild: All of our road safety engagement is based on intelligence-led, evidence-based approaches. We do have a tasking coordination group that sits within the road policing group to pre-deploy particularly the state highway patrol across the state to destinations that are over-represented in lives lost. Operation X-Ray Surety built on some of the local district action plans that were already being undertaken but provided a coordinated approach in relation to the stats gathering and also the ability for us to surge in resources to specific districts at specific times to assist the local districts. It was still part of the charter in relation to the trends that they were seeing and the evidence they were seeing at the time in relation to the increased use of e-mobility. Notwithstanding that, it certainly did not take away all of their resources, so to speak, in relation to other priorities in relation to road safety.

Mr KEMPTON: Is a young offender's juvenile history taken into account when they apply to get their licence? If not, would it be a deterrent if they know that by playing up at 15 they may not get a driver's licence for some time? Is that an issue?

Insp. Bosley: Under the Youth Justice Act, the only matters that are recorded are those which go before the Childrens Court and where there is a finding of guilt and the matter is recorded. Matters that are resolved through cautioning or other means do not count towards their traffic histories.

Mr KEMPTON: Should they?

Insp. Bosley: That would be a policy question for the minister.

CHAIR: You were here earlier when we heard from the doctors about the issue of speed being a predominant issue. Operationally police cannot have speed cameras out there everywhere, but it is pretty easy to tell whether somebody is doing 25 kilometres over the speed limit. Are there sufficient provisions for police if you find somebody doing 25 kilometres over the speed limit that you can intercept them or is that again the issue of the definition of a motor vehicle?

Insp. Bosley: We can certainly intercept. The issue is in taking action where we need to prove the speed. We need to prove to the court's satisfaction that they were speeding. If that speed is recorded on a certified speed measuring device, we have that evidential proof. Where it is an estimation, that is up to the court to be satisfied that the estimation is accurate, and that comes down to the prosecution.

CHAIR: For sure. Obviously, if there is a video of that, that may be helpful. Do you have any other thoughts with regard to that issue of 25 kilometres an hour over the limit and any means by which we can assist or are they all policy matters if changes are made?

Insp. Bosley: Where we may have photographic evidence of a device doing more than 25 kilometres an hour, it is identifying that device and the rider to be able to take action. At the moment there is insufficient information in that photo to be able to track down that device and the rider who may have been on it at the time.

CHAIR: A number of my questions might be hypothetical, but we find ourselves in a situation where we did not create the problem. These things got away and they have been very accessible across the state. I am trying to slice off slithers that we might be able to do to make it easy for the greater majority of people out there who are doing the right thing to comply and to draw attention to those who are not doing the right thing. Were there any final questions? No.

Deputy Commissioner, Assistant Commissioner and Inspector, thank you again for appearing before us and sharing with us that vital information. If there is anything further that comes to light, please reach out to the committee because we want to make sure that we get this right. There are no questions on notice. Thank you for appearing today and enjoy the balance of your day. That concludes this briefing. Thank you for your participation today. Thank you to our Hansard reporters, our secretarial staff and our broadcast staff for their assistance. A transcript of today's briefing will be available on the committee's webpage in due course. I declare this public briefing closed.

The committee adjourned at 11.06 am.