

ANNEX A

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

*NOTE: This form is to be used **after** an inquest.*

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO:</p> <p>1. [REDACTED] Director of Planning, Transportation and Economic Development, Leicester City Council, New Walk Centre, Welford Place, Leicester. LE1 6ZG</p>
1	<p>CORONER</p> <p>I am Donald Coutts-Wood, assistant coroner, for the coroner area of Leicester City and South Leicestershire</p>
2	<p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p>
3	<p>INVESTIGATION and INQUEST</p> <p>On 10th December 2013 I commenced an investigation into the death of Paul Millis, dob 17/12/1957. The investigation concluded at the end of the inquest on 09/04/2014. The conclusion of the inquest was the medical cause of death was: 1a Chest and pelvic injuries sustained in a road traffic collision. The conclusion was Road traffic collision.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>The junction of Troon Way and Nicklaus Road, in Leicester, was altered in 2013, with the works being completed and the new junction operational on 25th November 2013. The incident resulting in the death of Paul Millis occurred shortly after 2200 hours on 3rd December 2013. Paul Millis was travelling in a westerly direction on Troon Way, having finished work nearby at 2200 hours. He was travelling home, and continued through the junction in that westerly direction, riding a motorbike.</p> <p>As he went through the junction he was in the outer of the two lanes that progress on Troon Way. A motor car was ahead of him in the inner lane. When the two lanes merged Mr Millis has tried to either continue to overtake the car, or has started to overtake it. He travelled onto the opposing carriageway and struck a car in that carriageway head on. Evidence was given that a further serious incident has occurred at the junction since the 25th November 2013, which did not result in a fatality.</p>
5	<p><u>CORONER'S CONCERNS</u></p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows. –</p>

	<ol style="list-style-type: none"> 1. The merger of the 2 lanes occurs within a very short distance of the junction: approximately 35 metres. The process of merger by the 2 lanes is that the traffic moves in opposite directions – i.e. the inner lane moves to the right, thereby avoiding the verge, and the outer lane is directed by arrows to the left. 2. The westbound carriageway merges as described, and then as a single lane continues to the right until it straightens out into a single carriageway adjoining the eastbound traffic. The joining of the two flows of traffic occurs only 90 metres after the junction described above. 3. The situation described in 2 above means that any vehicle either behind another vehicle, or even beside it, will have a very delayed line of sight for traffic travelling eastbound, and likewise applies to eastbound traffic's line of sight to a vehicle behind a first vehicle travelling westbound. As stated all of this movement of traffic is occurring in a very short distance and time. 4. It would appear that when the inner lane makes its sudden, very acute move to the right, that there is vacant verge area that would have allowed the lane to move less acutely.
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe you [AND/OR your organisation] have the power to take such action.</p>
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by Thursday, 12th June 2014. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons</p> <ol style="list-style-type: none"> 1. Traffic Management, Leicestershire Police, St Johns, Enderby, Leicestershire. LE19 2BR 2. [REDACTED] 3. [REDACTED] 4. [REDACTED] <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p>17/4/14 [SIGNED BY CORONER]</p>