



# Her Majesty's Coroner Staffordshire (South) Coroner's Jurisdiction

Date: 17.11.2020

Case: [REDACTED]

## REGULATION 28 REPORT TO PREVENT FUTURE DEATHS

### THIS REPORT IS BEING SENT TO:

[REDACTED]-Team Leader [REDACTED]

Copy to: [REDACTED]

Housing of Vulnerable People -Remediation Policy and Delivery (Building Safety)

### CORONER

I am Mr Andrew A Haigh HM Senior Coroner for Staffordshire (South)

### CORONER'S LEGAL POWERS

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.

<http://www.legislation.gov.uk/ukpga/2009/25/schedule/5/paragraph/7>

<http://www.legislation.gov.uk/uksi/2013/1629/part/7/made>

### INVESTIGATION and INQUEST

On **13 February 2019** I commenced an investigation into the deaths of **Riley John HOLT, Keegan Jonathan UNITT, Tilly-Rose UNITT, and Oilly UNITT**. The investigation concluded at the end of the inquest on 12 November 2020. The conclusion of the inquest was **'fumes from fire caused by unextinguished cigarette'** with the death having resulted from **'Inhalation of products of combustion'**

### CIRCUMSTANCES OF THE DEATH:

The four children died in a fire at their home in Stafford in the early hours of 5th February 2019. They had been asleep in their beds when the fire was started by a lit cigarette igniting bedding in their parents' bedroom.

### CORONER'S CONCERNS

During the course of the inquest the evidence revealed a matter 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.

The MATTER OF CONCERN is as follows:

During the course of the evidence about these sad deaths it was reported that

children under the age of 16 (and particularly boys) do not respond to conventional smoke alarms. This adds to the argument that in England ( to copy what is already legally required in Wales) all new built properties should be required to have a fire suppression system installed.

### **ACTION SHOULD BE TAKEN**

In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.

### **YOUR RESPONSE**

You are under a duty to respond to this report within 56 days of the date of this report, namely by 12.1.2021. I, the coroner, may extend the period.

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.

### **COPIES and PUBLICATION**

I have sent a copy of my report to the Chief Coroner and to the following Interested Persons:  
**Family**

I have also sent it to other interested persons who may find it useful or of interest:

I am also under a duty to send the Chief Coroner a copy of your response.  
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.

**Dated : 17.11.2020**

**Signature**



**Andrew Haigh Senior Coroner for Staffordshire South**