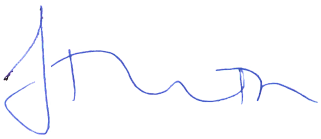
Regulation 28: REPORT TO PREVENT FUTURE DEATHS

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

	REGULATION 28 REPORT TO PREVENT DEATHS **THIS REPORT IS BEING SENT TO:** **1 [redacted], Chief Executive of East Sussex County Council**
1	**CORONER** I am James HEALY-PRATT, Assistant Coroner for the coroner area of East Sussex
2	**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.
3	**INVESTIGATION and INQUEST** On 01 April 2021 I commenced an investigation into the death of Jennifer Ann DYER aged 36. The investigation concluded at the end of the inquest on 12 May 2022. The conclusion of the inquest was that: This young lady and mother lost her life due to a collision between her bicycle and a van. That collision was solely and proximately caused by a defective pothole, 58mm deep, in the road surface of the B2188, Cherry, Gardens Hill, Groombridge. Her death was avoidable.
4	**CIRCUMSTANCES OF THE DEATH** This young woman was catapulted from her bicycle when it hit a pothole, camouflaged by dappled sunlight and tree branch shadows. The pothole was 0.45m by 0.80m at its widest and broadest, and 5.8cm at its deepest point. The pothole evidenced a history of failed repairs since late 2019, with numerous concerns being raised about the continuing danger that it posed to road users, especially motorbikes and bicycles. The Sussex Police Forensic Reconstruction Report FC1/012/21 concluded that it was highly likely that the collision was as a result of the defect to the road, and the pothole specifically.
5	**CORONER'S CONCERNS** During the course of the investigation my inquiries revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you. The **MATTERS OF CONCERN** are as follows: (brief summary of matters of concern) Under the East Sussex Highway Asset Inspection Manual, this pothole fell within the definition of Cat 3 - LOW for risk and remedial works. The definition is "Greater than 40mm and less than 59mm deep and at least 300mm in all directions". Clearly, this pothole was the proximate cause of the death of a young woman, and the categorisation of potholes in East Sussex requires significant review, to prevent future avoidable deaths within the County.
6	**ACTION SHOULD BE TAKEN**

	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.
7	**YOUR RESPONSE** You are under a duty to respond to this report within 56 days of the date of this report, namely by 5 August 2022. 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.
8	**COPIES and PUBLICATION** I have sent a copy of my report to the Chief Coroner and to the following Interested Persons [redacted] I have also sent it to who may find it useful or of interest. I am also under a duty to send a copy of your response to the Chief Coroner and all interested persons who in my opinion should receive it. I may also send a copy of your response to any person who I believe may find it useful or of interest. 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.
9	**Dated: 09/06/2022**  **James HEALY-PRATT** **Assistant Coroner for** **East Sussex**