




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 National Highways Company Limited National Traffic Operations Centre 3 Ridgeway Quinton Business Park Birmingham B32 1AF
1	CORONER I am M D FLEMING, HM Senior Coroner for the coroner area of West Yorkshire Western Coroner Area
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 22 December 2023 I commenced an investigation into the death of Mason John PORTMAN aged 21. The investigation concluded at the end of the inquest on 13 August 2024. The conclusion of the inquest was that: I found that the cause of death to be: - 1a. Multiple injuries I arrived at a conclusion of road traffic collision
4	CIRCUMSTANCES OF THE DEATH At approximately 6.10am on 17/12/23, Mason John Portman, who was driver and sole occupant, lost control of his motor vehicle as he exited the slip road at junction 22 on the east bound carriageway to the M62, and collided with a wooden fence and road sign, prior to travelling across the moorland and towards the A672, where it collided with an unoccupied motor vehicle parked on the layby, before then tumbling across the A672 where it came to rest, causing him to sustain fatal injuries. At post-mortem he was found to have taken cocaine (less than 0.10mg/L) and his blood alcohol was 211 mg/dL.
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)



	<p>During the inquest I heard that as Mason approached the location of the collision via the slip road that there were no road markings or signs displayed to advise on appropriate speed or road curvature ahead.</p> <p>The MATTER OF CONCERN is as follows. –</p> <ul style="list-style-type: none">• To review the safety of the road conditions at this location and to consider the merits of the placement of appropriate road markings and signage.
6	ACTION SHOULD BE TAKEN <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	YOUR RESPONSE <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by October 17, 2024. 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	COPIES and PUBLICATION <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons</p> <p>I have also sent it to</p> <ul style="list-style-type: none">– Mason's mother– Mason's uncle <p>who may find it useful or of interest.</p> <p>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.</p> <p>I may also send a copy of your response to any person who I believe may find it useful or of interest.</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.</p> <p>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	Dated: 27/08/2024  M D FLEMING HM Senior Coroner for West Yorkshire Western Coroner Area