GRAEME HUGHES

HIS MAJESTY'S SENIOR CORONER

SOUTH WALES CENTRAL CORONER AREA



CORONER'S OFFICE
THE OLD COURTHOUSE
COURTHOUSE STREET
PONTYPRIDD
CF37 1JW

	Telephone:	
Email:		

ANNEX A

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

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

	REGULATION 28 REPORT TO PREVENT FUTURE DEATHS THIS REPORT IS BEING SENT TO: The Chief Executive, Bridgend County Borough Council Welsh Government, Cathays Park, Cardiff
1	CORONER
	I am Patricia Morgan Area Coroner, for the coroner area of South Wales Central.
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 31 December 2020 I commenced an investigation into the death of Donald John Drummond MITCHELL. The investigation concluded at the end of the inquest 17/01/2025. The conclusion of the inquest was Road Traffic Collision. The medical Cause of Death was:- 1a Blunt Head Injury, including Transection of both Internal Carotid Arteries 1b 1c

Coroner's	Office,	The	Old	Courthouse,	Courthouse	Street,	Pontypridd,	CF37	1JW
	Phone/	/Ffôn			Fax/Ffa	acs			

CIRCUMSTANCES OF THE DEATH

These were recorded as :-

Donald John Drummond Mitchell was cycling from his place of work to his home on 17 December 2020. Whilst cycling along the A48 road in an eastbound direction, between the Laleston roundabout and the junction of Well Street, Mr Mitchell was struck by a vehicle travelling in the same direction. Mr Michell suffered catastrophic head injuries as a consequence of the collision and was sadly pronounced deceased at the scene.

Conclusion: Road Traffic Collision

CORONER'S CONCERNS

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.

The MATTERS OF CONCERN are as follows.

- (1) Between 2015 and 2024, along the A48 between Pyle and Ewenny which is a 5.75 mile stretch of road, there have been 4 fatal collisions and 8 serious collisions. 5 Of these collisions, 5 involved cyclists.
 - (2) On the basis of the evidence of the nature of the road between Ewenny roundabout and Pyle roundabout (which varies between a single and dual carriageway), the speed limit in place (which varies between 40mph and up to national speed limit), the current absence of an active travel route or modifications to the route to specifically cater for cyclist safety, along with the data available as to the number of collisions along this route relating to cyclist, I remain concerned that there is a risk of future deaths occurring along this route unless action is taken.

ACTION SHOULD BE TAKEN

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

YOUR RESPONSE

6

You are under a duty to respond to this report within 56 days of the date of this report, namely by . I, the Coroner, may extend the period. 7

Your g out the timeta

response must contain details of action taken or proposed to be taken, settleable for action. Otherwise you must explain why no action is proposed.	' '\
Coroner's Office, The Old Courthouse, Courthouse Street, Pontypridd, CF37 1JW	1
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COPIES and PUBLICATION I have sent a copy of my report to family 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. 17 January 2025 SIGNED:

Patricia Morgan Area Coroner for South Wales Central Coroner Area

Coroner's Office, The Old Courthouse, Courthouse Street, Pontypridd, CF37 1JW