	REPORT TO PREVENT FUTURE DEATHS **REGULATION 28 OF THE CORONERS (INVESTIGATIONS) REGULATIONS 2013**
1.	**CORONER** Susan Ridge. Assistant Coroner for Surrey
2.	**DATE OF REPORT** 7 August 2026
3.	**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.
4.	**THIS REPORT IS BEING SENT TO** 1.Secretary of State, Ministry of Housing, Communities and Local Government 2.Chief Executive, Guildford Borough Council You are under a duty to respond to this report within 56 days of the date of this report, namely by 2 October 2026. I, the coroner, may extend the period if an appropriate application is made.
5.	**YOUR RESPONSE** 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. I have a duty to send a copy of your response to the Chief Coroner. In accordance with the Chief Coroner's Publication Policy, you should send me any representations regarding publication of your response. These representations should be made at the same time as the response is provided. I will pass any representations received to the Chief Coroner for a decision. **Please note any links to webpages included in the response will not be checked for sensitive information prior to publication, as the information is already online.** The names of those who do not respond to PFD reports are regularly published on the Chief Coroner's webpages Non-responses to Prevention of Future Death (PFD) reports - Courts and Tribunals Judiciary.
6.	**SUMMARY OF CORONER'S CONCERN** During my investigation, inquiries raised concerns about the safety of multi-storey car parks in Guildford and more widely, over the risk of accidental falls and prevention of suicide from height.
7.	**ACTION SHOULD BE TAKEN** In my opinion unless action is taken to address the above concerns then there is a significant risk of future deaths and I believe each of you have the power to take such action.
8.	**INVESTIGATION AND INQUEST**

	On 20 March 2025, an investigation commenced into the death of Thomas Andrew James Combeer aged 17 years and concluded on 30 July 2026. The medical cause of death was Head and Torso Injuries How, when and where: Thomas Andrew James COMBEER died in the early hours of 8 March 2025 at York Road Car Park, Guildford in Surrey from head and torso injuries having taken steps to fall from [redacted] the car park for reasons that remain unknown. Shortly before his death Mr Combeer sent two farewell messages, one to his family and one to his friends. Conclusion: Suicide
9.	**CIRCUMSTANCES OF DEATH** At around 01:50 hours on 8 March 2025 Thomas walked into York Road Car Park in Guildford. He had unfettered access to the car park which was open 24 hours. Thomas walked up [redacted] the car park, sent two messages, one to his family and one to his friends and then at 0155 hours either [redacted] drop to his death. There were no suspicious circumstances and toxicology revealed alcohol levels below the current legal driving limit and no drugs. His jacket, tablet and keys were found on the [redacted].
10.	**CORONER'S CONCERNS** 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: a. The multi-storey car parks in Guildford owned by Guildford Borough Council present a safety risk to the public (including children) of falling and that there are insufficient measures in place to prevent suicide b. More widely, current Building Regulations guidance and the British Standards guidance may conflict about the height of guarding. c. Building Regulations are not retrospective and therefore older multi-storey car parks built before Building Regulations 2010, Guidance: Approved Document K came into force in 2013 may not have or are not required to have the current edge protection height of 110cms. The court heard that in relation to Guildford Borough Council multi-storey car parks: a. There have been at least 4 deaths from York Road Car Park and one other multi-storey car park in Guildford since 2020. Although a report in 2020 recommended safety measures including increased guard height, the majority of the recommendations were not implemented for cost reasons. b. The public, including children, have unfettered access to those car parks, day and night. c. The higher levels of the York Road Car Park is popular with skateboarders because of the higher ceilings d. The guard edge at the York Road Car Park is 95 cms from the bottom of the parapet wall to the top of the handrail. e. The guard edge does not meet the minimum height (110cm) required under Approved Document K to Building Regulations. f. Security staff are not located on individual car park premises at night but at a central control office from which they operate patrols g. Guildford multi-storey car parks have limited CCTV coverage.

	And that in relation to multi-storey car parks more widely; a. There is a potential conflict between Building Regulations 2010, Guidance: Approved Document K and British Standards, Code of Practice for barriers in and about buildings. It is not clear from the guidance and standards where the start point for the measurement of the barrier is to be taken, whether floor level or top of parapet. b. Multi-storey car parks built before Building Regulations Approved Document K (Section 2) came into force in 2013 may not meet the current guard height.
11.	**COPIES AND PUBLICATION OF THIS REPORT** I have a duty to send a copy of my report to every Interested Person who in my opinion should receive it. I also may send a copy of the report to any other person who I believe may find it useful or of interest. I can confirm I have sent the report to: 1.Chief Executive British Parking Association 2. 3. I also have a duty to send a copy of the report to the Chief Coroner. You may make representations to me, the coroner, about the publication of the contents of this report in line with Chief Coroner's PFD Publication Policy (2026). Any representations will be sent to the Chief Coroner alongside the report. Please refer to box 4 above for additional information relating to the publication of reports and responses.
	SIGNATURE **Susan Ridge** **Assistant Coroner for Surrey**