REGULATION 28 REPORT TO PREVENT FUTURE DEATHS

THIS REPORT IS BEING SENT TO:

 Mr S Garlick, Chief Executive, Durham County Council, County Hall, Durham

1 CORONER

I am ANDREW TWEDDLE, senior coroner, for the coroner area of County Durham and Darlington

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. (see attached sheet)

3 INVESTIGATION and INQUEST

On 2nd April 2014 I commenced an investigation into the death of MELVIN BANDTOCK, Aged 55 years. The investigation concluded at the end of the inquest on 2nd April 2014. The conclusion of the inquest was "Accidental Death".

4 CIRCUMSTANCES OF THE DEATH

The deceased lost control of his motorcycle at approximately 09.11 hours on the morning of Saturday 28th December 2013 on the B6313 Craghead Lane, Craghead, County Durham road when he was travelling in an Easterly direction and when he lost control of his motorcycle after encountering a piece of black ice on the road which resulted in him being propelled down the road crossing onto the opposite carriageway and colliding with the front of a bus which was travelling in the opposite direction. At the time of the incident the bus was travelling at a speed of approximately 20 miles an hour and the motorcycle at a speed of approximately 28 miles an hour. The road had not been treated by the local authority as part of its gritting/salting regime.

5 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. -

Evidence was given that there is a Duty Manager on call to assess changing weather reports and the collation of information obtained from other sources, in particular the police, in order to decide whether salting/gritting machines should be deployed either on a local or County wide basis. On the day in question the Duty Manager believed that weather temperatures would increase in a relatively short period of time whereas in reality they did not do so. There were a high number of collision incidents reported to the police that morning some of which resulted in report being made to the County Council. Some gritting/salting vehicles were deployed. It will take about an hour for gritting/salting lorries to be able to commence their work and a route would take up to three hours to complete. The time that it therefore takes to complete a gritting/salting run is a factor which is considered by the Duty Manager on the question of whether to deploy or not in conjunction with the weather condition reports and as a result of information gleaned from road temperature monitoring. It was said that this procedure had been in place for many years and was tried and tested. A Regulation 28 report is being sent to Durham Constabulary and a copy provided to the local authority herewith and the evidence indicates that a better collective sharing of information between the two organisations may well be of benefit together with a review of the County

Council's own practices and procedures to ensure that a timely and proportionate response to potentially dangerous road conditions can be delivered to promote the safety of all road users. The Highways Manager indicated that with the information that the Duty Manager had following receipt of the 6.00 a.m. weather report his decision not to deploy gritting/salting vehicles was a reasonable one but that with the benefit of hindsight knowing what happened with regard to ambient temperature conditions and incidents around the County on the road network this decision was regrettable. I confirmed that it was not my intention to blame or be seen to blame any individual for the death in this case but it was my statutory obligation to draw to the appropriate authorities attention relevant issues that might be appropriate to prevent future deaths. I also recognised that English weather can be unpredictable.

6 ACTION SHOULD BE TAKEN

In my opinion action should be taken to prevent future deaths and I believe 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 10th June 2014. 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:-

Durham Constabulary

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.

9 **3rd of April 2014**

Andrew Tweddle LLB
HM Senior Coroner
County Durham and Darlington