

## ANNEX A

### REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

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

	<p><b>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</b></p> <p><b>THIS REPORT IS BEING SENT TO:</b></p> <ol style="list-style-type: none"><li>1. Rhondda CynonTaff Highways Department</li><li>2. Chief Coroner</li><li>3. Family – [REDACTED]</li></ol>
1	<p><b>CORONER</b></p> <p>I am Sarah-Jane Richards, Assistant Coroner, for the coroner area of Powys, Bridgend and Glamorgan Valleys</p>
2	<p><b>CORONER'S LEGAL POWERS</b></p> <p>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.</p>
3	<p><b>INVESTIGATION and INQUEST</b></p> <p>On the 30<sup>th</sup> December, 2013 I commenced an investigation into the death of Mr. Marcus Szigetvari. The investigation concluded at the end of the inquest on the 6<sup>th</sup> November 2014. The conclusion of the inquest was Accidental death.</p>
4	<p><b>CIRCUMSTANCES OF THE DEATH</b></p> <p>On the 23<sup>rd</sup> December, 2014 the deceased was riding his Suzuki [REDACTED] motorcycle along the A4233 Ynyshir bypass between Aberdare and Tonyrefail when at about 18:50 he approached the junction with Llanwonno Road in Ynyshir. A Vauxhall Vectra was pulling out from the Llanwonno Road junction to complete a right hand manoeuvre onto the bypass. It was dark and weather conditions were poor with rain obscuring motorists' view. The motorcyclist was speeding at the time his motorcycle hit the car on its offside. The motorcyclist was fatally injured and life was declared extinct at the scene.</p>
5	<p><b><u>CORONER'S CONCERNS</u></b></p> <p>During the course of the inquest 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.</p> <p>The <b>MATTERS OF CONCERN</b> are as follows. –</p> <p>[BRIEF SUMMARY OF MATTERS OF CONCERN]</p> <p>(1) The road is busy especially during the 'rush hour' period resulting it drivers exiting the Llanwonno Road having to 'seize the moment' to cross oncoming traffic to enter the lane towards Aberdare. The evidence suggested that the most likely cause of the deceased losing his life was that the driver of the car mistook his motorcycle's single headlight for that of a car travelling behind him at a further distance. This was reported at the inquest to have been an easy misjudgement in dark and poor weather conditions.</p>

	(2) [REDACTED] Investigation Officer, reported nineteen other collisions on this road since 2001, two of which were fatalities.
6	<p><b>ACTION SHOULD BE TAKEN</b></p> <p>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. The consideration would be for traffic lights to be installed at the junction.</p>
7	<p><b>YOUR RESPONSE</b></p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 9<sup>th</sup> January 2014. 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	<p><b>COPIES and PUBLICATION</b></p> <p>I have sent a copy of my report to the Chief Coroner, Rhondda CynonTaff Highways Department; [REDACTED] Snr. Collision Investigator, Forensic Collision Investigation Team, Gwaleod-Y-Garth, Cardiff, South Wales Police; [REDACTED] Snr. Investigating Officer, South Wales Police and to the Legal Representative of the Szigetvari family, Ageas Law.</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</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. 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	<p><b>14<sup>th</sup> November 2014</b></p> <p><i>14<sup>th</sup> November, 2014</i></p> <p><b>SIGNED:</b></p> <p><i>S.J. Richards</i>  <b>Dr. Sarah-Jane Richards</b>  <b>HM Assistant Coroner</b></p>