	REGULATION 28 REPORT TO PREVENT FUTURE DEATHS **THIS REPORT IS BEING SENT TO:** **1. Hilton Hotel, Victoria Quays, Furnival Road, Sheffield, S4 7YA** **2. British Waterways, Canal & River Trust, Head Office, First Floor North, Station House, 500 Elder Gate, Milton Keynes, MK9 1BB**
1	**CORONER** I am David Urpeth Assistant coroner, for the coroner area of South Yorkshire West
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 16.12.15, I commenced an investigation into the death of Adam Ben Miles (Aged 20). The investigation concluded at the end of the inquest on 24.3.16. The conclusion of the inquest was Accidental Death. The medical cause of death was drowning to which alcohol intoxication contributed.
4	**CIRCUMSTANCES OF THE DEATH** On 12.12.15, Mr Miles was attending a Christmas party at the Hilton Hotel in Sheffield. At 21.48 he was seen on CCTV footage to leave the hotel by the rear door leading to the canal basin. Other CCTV footage showed Mr Mikes on the phone and smoking a cigarette. He stepped over a low chain and was seen to fall into the canal where he drowned.
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. – [BRIEF SUMMARY OF MATTERS OF CONCERN] (1) That smokers were allowed to smoke outside the hotel near the canal. (2) That there wasn't any rails or other effective barriers to segregate drinkers from the dangers of the canal (3) That the canal didn't have any means of escape for anyone who fell in.
6	**ACTION SHOULD BE TAKEN** 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.
7	**YOUR RESPONSE** You are under a duty to respond to this report within 56 days of the date of this report, namely by 15th June 2016. 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 family as Interested Persons. 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	**29th March 2016** **David Urpeth**