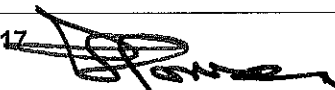


REGULATION 28: REPORT TO PREVENT FUTURE DEATHS

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO:</p> <ol style="list-style-type: none">1. Mr Jim O'Sullivan, Chief Executive, Highways England2. [REDACTED] (Daughter of the Deceased)3. Avon & Somerset Constabulary4. Chief Coroner
1	<p>CORONER</p> <p>I am Dr. Peter Harrowing, LL.M, Assistant Coroner, for the coroner Area of Avon</p>
2	<p>CORONER'S LEGAL POWERS</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>INVESTIGATION and INQUEST</p> <p>On 13th September 2016 I commenced an investigation into the death of Mrs. Margaret Joyce Jones age 74 years. The investigation concluded at the end of the inquest on 18th January 2017. The conclusion of the inquest was that the medical cause of death was I(a) Traumatic rupture of thoracic aorta. Multiple rib fractures. Fractured pelvis and the short-form conclusion was that the death was due a 'Road Traffic Collision'.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>The circumstances of Mrs. Jones' death was that on 5th September 2016 she was driving her Ford Tourneo (Registration [REDACTED] along Branch Road, Hinton Charterhouse in the direction of the A36. She was alone in the car at the time. Her daughter was driving the car ahead with two other occupants. At around 13:24 hours Mrs. Jones was emerging from the Branch Road junction on to the A36 with the intention of turning right (south east). Her daughter had just performed the same manoeuvre. As she commenced the right turn on to the A36 a collision occurred between her vehicle and a Scania R450 44 tonne articulated lorry travelling north, the driver of the lorry being unable to avoid the collision.</p> <p>As a result of the collision Mrs. Jones received serious injuries from which she died at the scene. She was pronounced dead at 14:20 hours. The driver of the lorry was physically uninjured.</p> <p>During the Inquest I heard evidence from witnesses to the collision as well as from [REDACTED] of the Collision Investigation Unit, Avon & Somerset Constabulary who conducted the collision investigation. In evidence I heard that the weather at the time of collision was dry, overcast with good visibility. The carriageway surface was mostly dry. Junction markings were worn but visible. The high friction coating of the A36 in the vicinity of the junction was worn in places. I heard evidence that the speed of the Scania R450 immediately before the collision was approximately 35 mph. The speed limit on the carriageway at the scene of the collision is 60 mph and 50mph for large goods vehicles.</p>

5	<p>The Ford Tourneo and the Scania R450 were both examined by specialist vehicle examiners of the Collision Investigation Unit who reported that there were no defects in either vehicle which would have caused or contributed to the collision. A medical episode, alcohol and mobile phone use by either driver were not factors in the collision.</p> <p>During the Inquest I heard evidence that opposite the junction were unauthorised road side traders making and selling sizeable carved wooden objects. In addition I heard that Mrs. Jones, who was following her daughter, was anxious not to lose sight of her daughter as she was unsure of the route. This anxiousness on the part of Mrs. Jones and the possible momentary distraction due to the traders opposite the junction I found to be contributory factors to the collision.</p> <p>During the course of the Inquest I heard evidence from [REDACTED] that there had been a number of road traffic collisions at this junction involving vehicles emerging from Branch Road, with both the speed of vehicles and traffic density being contributory factors. I have since been informed of 17 collisions being reported to the Police between 30th June 2008 and 5th September 2016 including the fatality of Mrs. Jones.</p> <p><u>CORONER'S CONCERNS</u></p> <p>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.</p> <p>The MATTERS OF CONCERN are as follows. –</p> <p>(1) Notwithstanding the contribution made to this collision by the factors described above there have been a number of road traffic collisions at this junction involving drivers emerging on to the A36.</p> <p>(2) The speed limit in the section of the A36 either side of Branch Road should be reduced so as to improve the safety of drivers both those on A36 and those emerging from Branch Road.</p> <p>(3) The road signs including carriageway markings should be reviewed and improved so as to provide greater warning to drivers as to the risk from this junction.</p> <p>(4) Whilst not factors in this collision appropriate repairs should be made to the high friction surface and road markings in the vicinity of the junction.</p>
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe your organisation has the power to take such action.</p>
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 19th April 2017. 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>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons: [REDACTED] (Daughter of the Deceased) as well as Avon & Somerset Constabulary.</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>22nd February 2017  Assistant Coroner</p>