

REGULATION 28 REPORT TO PREVENT FUTURE DEATHS THIS REPORT IS BEING SENT TO: 1. Sandwell Metropolitan Borough Council 2. Birmingham City Council 1 **CORONER** I am Louise Hunt Senior Coroner for Birmingham and Solihull **CORONER'S LEGAL POWERS** 2 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 21/12/2017 I commenced an investigation into the death of Imtiaz Mohammed. The investigation concluded at the end of an inquest on 29th May 2018. The conclusion of the inquest was Road Traffic Collision CIRCUMSTANCES OF THE DEATH On 17/12/17 at 01.11 a serious collision took place on Lee Bank Middleway in Birmingham. An Audi A3 registration containing 4 occupants was travelling towards Highgate having come from the traffic island on Broad Street in the City Centre. The Audi car was driving between 94 and 100mph on a road with a speed limit of 40mph. After negotiating a slight left hand bend the driver of the Audi has lost control of the vehicle, crossing the oncoming carriageway. The Audi vehicle has then rotated to collide its nearside to the front of a black Peugeot Taxi regular traveling in the opposite direction. The taxi contained the driver and two passengers. The Taxi has in turn collided with a silver Toyota Yaris reg AF07KNC and then overturned. The Audi has continued to rotate coming to rest straddling lanes 1 and 2 in the opposite carriageway. During this, all 4 occupants of the Audi were ejected from the vehicle, two from the sun roof and two from the boot. None were wearing seatbelts. One occupant from the Audi survived. The 3 occupants from the taxi all died as a result of their injuries. The cause of the collision was driving a vehicle at excessive speed with defected tyres contributed to be driving under the influence of cannabis. Following a post mortem the medical cause of death was determined to be: MULTIPLE INJURIES **CORONER'S CONCERNS** 5 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. -1. Toxicology was obtained for the deceased who was driving the Taxi involved in the collision. This confirmed the following blood levels: Cocaine 0.010mg/l Benzoylecgonine (a cocaine metabolite) 0.40mg/l

	Carboxy THC 0.10 mg/l The level of the cocaine metabolite would have resulted in the deceased being over the legal drug drive limit. This did not contribute to this collision. However West Midlands Police raised concerns at the inquest that there was presently no system in place to monitor and check whether taxi drivers are over the drug limit whilst driving. They confirmed in evidence that some sort of testing was required for the safety of passengers.
6	ACTION SHOULD BE TAKEN
9	In my opinion action should be taken to prevent future deaths and I believe you 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 27July 2018. 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 families of WMP and the Taxi's insurers. I have also sent it to Department of Transport who may find it useful or of
	interest.
	Lam 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 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	01/06/2018
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	Signature Louise Hunt Senior Coroner Birmingham and Solihull
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