

Report to Environment and Licensing Committee

Subject: Coroner's Inquest into the death of M Buckley

Date: 6 September 2016

Author: Service Manager, Public Protection

Purpose of the Report

To make members of the Environment & Licensing Committee aware of the Coroner's Inquest, into the death of Mark Buckley as a result of a road traffic collision involving a Mansfield District Council Licensed vehicle.

Background

A private hire driver (Mr W) was driving a vehicle operated by Aaeron Cars licensed by Mansfield District Council. He had been employed by them for some years with a clean record.

On 30 March 2014 at about 0300 hours Mr W was booked to take a family to the airport. Mr W collected them and drove so erratically that the passengers were concerned for their safety. When they got out of the taxi they reported this to the operator, expressing view that the driver's reactions were so slow and erratic that they believed him to be on some form of drugs.

On the return journey from the airport, Mr W (who had no passengers in the vehicle) collided with another vehicle on the A611 Derby Road. The driver of the other vehicle was killed in the accident. Mr W was charged with causing death by dangerous driving and pleaded guilty. He was sentenced to 45 months imprisonment and disqualified from driving for 5 years.

An inquest was held into the death of the other driver; the Judge who sentenced the driver referred the matter back to the Coroner, highlighting matters of general public interest which warranted further scrutiny by the Coroner in line with her duty to prevent further deaths.

The driver concerned is licensed with Mansfield District Council and the Coroner has required information from them about their licensing procedures, to see if there is anything which could have been done to prevent this incident. Gedling

Borough Council (along with all other Nottinghamshire Licensing Authorities) has been named as Proper Interested Parties in the Inquest. This means that we have to respond to the Coroner as and when she requests with information about how we, as a licensing authority, are making changes to ensure such an incident does not recur.

A report for the coroner has to be produced by 6 September setting out the current position in Gedling. A further report has to be submitted by 14 October setting out steps taken/ to be taken to protect the public in situations such as occurred here.

Proposal

Officers in licensing and legal are working on the reports and reviewing relevant policy. A further report will be brought to committee with any recommended changes.

Recommendation

To note the information in the report.