APPENDIX A

PREVENTION WORKING GROUP

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Dr C Tibbs, St George's, Hospital, London
Inspector P Wotton, Metropolitan Police, London
Secretary: Mr R Rhodes (to July 1999)
Mr S Hewett
Assistant Secretary: Miss J Wright
Assisted by: Miss F Pembroke

Officials:

Home Office
Mr V Hogg
Mr J Corkery
Mr R Clifford
Scottish Executive
Mrs M Cuthbert
Northern Ireland Office
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Welsh Assembly
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Department for Education and Employment
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APPENDIX B

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Ms O Christophersen, The Office of National Statistics
Ms S Kelly, The Office of National Statistics.
Mr M Burgess, The Coroners’ Society
Mr M Blank, Surrey Alcohol and Drug Advisory Service
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Dr I Hill, Guy’s Hospital
Dr M Starck, St George’s Hospital Medical School
APPENDIX C

Coroner’s certificate after inquest (Form 99(REV) A&B - white)

<table>
<thead>
<tr>
<th>To be completed by Registrar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Register No</td>
</tr>
<tr>
<td>Entry No</td>
</tr>
</tbody>
</table>

To the Registrar of Births and Deaths

Inquest held on
at
Was a post-mortem held?

**PART I  PARTICULARS OF DECEASED** (Not still born - see separate Form 99A)

1. Date and place of death
2. Name and surname
3. Sex
4. Maiden surname of woman who has married
5. Date and place of birth
6. Occupation and usual address

Cause of death
1a
1b
1c
2
II
Verdict

**PART II  VISITING FORCES**
The inquest was adjourned on *and has not been resumed.

**PART III  BURIAL/CREMATION**
†Enter Order for Burial/Certificate E for Cremation

I have issued † on to of

**PART IV  MARITAL CONDITION etc.** All persons aged 16 and over

If married enter date of birth of surviving spouse

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

I certify that the findings of the inquest were as above.

Date Signed

Name

Appointment

Jurisdiction

* Delete as necessary
PART V  ACCIDENT OR MISADVENTURE (including deaths from neglect or from anaesthetics)

1. Place where accident occurred †
   - Home
   - Farm
   - Mine or quarry
   - Industrial place or premises
   - Place of recreation or sport
   - Street or highway
   - Public building
   - Resident institution
   - Other specified place
   - Place not known

2. To be completed for all persons aged 16 and over
   When injury was received deceased was †
   - On way to, or from work
   - At work
   - Elsewhere

3. Details of how accident happened:

4. If motor vehicle incident, deceased was †
   - Driver of motor vehicle other than motor cycle
   - Passenger in motor vehicle other than motor cycle
   - Motor cyclist
   - Passenger on motor cycle
   - Occupant of tram car
   - Rider of animal, occupant of animal-drawn vehicle
   - Pedal cyclist
   - Pedestrian
   - Other specified person
   - Not known

5. Interval between injury and death †
   - Less than one year
   - One year or more

† Please insert approximate number in box
APPENDIX D

REFERENCES

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Chapter 4


Chapter 5


Chapter 7


Chapter 8


Chapter 9


5. Gore S, personal communication.


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