Coroners Officer: Alexis BLIGHE



INQUEST INTO THE DEATH OF

James INGLEBY

Case Number: 02145-2023

Opened: 26 October 2023

Inquest Date: 15 December 2023

At 14:00,

Civic Centre, Crook, Co. Durham, DL15 9ES

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Opening Statement

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HM Coroner

County Durham and Darlington

OPENING STATEMENT

In the Durham and Darlington Coroner's Court on 26 October 2023, before HM Senior Coroner, Mr Chipperfield.

I, Alexis Blighe, a Coroner's Officer, make this statement on 18 October 2023 at the opening of the inquest into the death of

JAMES INGLEBY

This 53-year old male was born on 04 June 1970 at Easington, Co. Durham. His last employment status and occupation was Forklift Driver. He resided at 7 Sea View, Blackhall Colliery, Co. Durham, TS27 4AX. He died on 08 October 2023 at 7 Sea View, Blackhall Colliery, Co. Durham, TS27 4AX.

I understand the circumstances to be that Mr Ingleby passed away at his home address. He was found hanging in the garden of the home address.

On 12 October 2023, Dr. Nigel COOPER conducted a Post-Mortem Examination at Newcastle RVI Mortuary and gave the cause of death as follows:

- 1a) Pressure On The Neck
- 1b) Hanging
- 1c)
- II)

The body of the deceased was identified by Joanne Ingleby-Croft (Wife) on 08 October 2023 to PC 9564 Wilson, PC 9380 Forrest in the rear garden of home address.

The contents of this statement are true to the best of my knowledge and belief.

Alexis BLIGHE

18 October 2023

Post Mortem

follows

DEPARTMENT OF PATHOLOGY

The Royal Victoria Infirmary

Newcastle upon Tyne Hospitals NHS Trust, Newcastle upon Tyne, NE1 4LP Tel: 0191-2820982 Fax: 0191-2820980

Report on Post-Mortem Examination

Mr J Chipperfield (HM Coroner)

P.M. No.: DR001374T/23

Name of Deceased: INGLEBY, JAMES

Address:

7 SEA VIEW

BLACKHALL COLLIERY

Hospital No: Date of Birth: FRA6174722

HARTLEPOOL

Date of Death:

04/06/1970

GP:

Date of PM:

08/10/2023 12/10/2023

Place of PM:

RVI Mortuary

Issued:

19/10/2023

Pathologist:

Dr Nigel Cooper

Report Sequence:1

Having performed a post-mortem examination on the body of the above person in my opinion the cause of death was

1a. PRESSURE ON THE NECK

due to

1b. **HANGING**

due to

1c.

Contributing conditions were

 \parallel

HISTORY FROM CORONER'S REPORT AND GP SUMMARY

At about 0840 on 8th October 2023, James Ingleby's wife noticed his body hanging in the garden by a blue rope attached to a tree. She had last seen him in the living room the previous evening at around 2230, when he had been argumentative and had been drinking a large quantity of alcohol. Before she went to bed he said "you'll see what will happen".

James Ingleby had a past medical history of renal calculus, acute pyelonephritis, an attempted suicide by hanging in 2011 and malignant melanoma in 2022.

<u>IDENTIFICATION</u>

The body was identified by means of a band on the left wrist bearing the name James Ingleby, the date of birth 04/06/70 and the address 7 Sea View, Blackhall, all of

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which match the accompanying documentation.

EXTERNAL EXAMINATION

The body is that of an adult white male of appearances consistent with the stated age. He measures 1.67m in height and weighs 99kg, giving a BMI of 35.5kg/m². The head hair is short and grey. The eyes are light in colour. They are congested but there are no petechial haemorrhages. The mouth contains natural teeth in both jaws, with the tip of the tongue gripped between them. There is a moustache and beard. The face and neck are generally congested above and below a red abraded ligature mark. On the front of the neck this passes between the thyroid cartilage and the hyoid bone. On the right it passes upwards and backwards to disappear just below the angle of the jaw. On the left it passes backwards and upward to disappear just below the angle of the jaw.

There are multiple tattoos around both arms and forearms and on each hand, with another over the lower left abdomen. There are occasional tiny scabbed scratches over the right iliac fossa, and there is an occasional small abrasion over the ulna border of the right forearm up to 5mm across. There are no other recent injuries. Rigor mortis is present, with postmortem hypostasis of a red to purple colour mainly on the back of the body, but also on the front of the body and on all surfaces of the right leg. The body is accompanied by a long length of light blue rope which is about 6mm in diameter and 3 core.

Personnel present at the examination included Mr D Weston, APT.

POSTMORTEM CT SCAN

A postmortem CT scan was performed on the evening of the 10th October 2023 and reported as follows.

Date of Performance: 10/10/2023 19:10

Technique

Unenhanced head, head and neck, and chest/abdomen/pelvis/legs. Coronary artery calcium score from 3mm reconstructions.

Findings

No previous.

No evidence of significant decomposition.

Probable ligature mark around the neck, extending under the mandible and more prominent on the right.

Mildly angulated fracture of the right greater horn of the hyoid. No acute laryngeal cartilage fracture. Detached but well ossified superior horn of the thyroid cartilage on the left (not Page 2 of 5

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acute). No visible cricoid fracture.

Subcutaneous stranding over the posterior lower neck, but no convincing large haematoma. Moderate left-sided goitre.

No skull vault or base fracture. Intact cranio-cervical junction. Normal alignment of the cervical spine with no acute fracture. Some degenerative change at C1/C2 and elsewhere in the cervical spine.

Normal vertebral alignment elsewhere with some degenerative change, but no acute fracture. No acute fracture identified elsewhere. No destructive bony lesion.

The heart is not enlarged significantly thick-walled, with the left ventricle measuring 20 mm in the mid septal region. No significant pericardial effusion.

Mild coronary artery calcification, score 75, lying just beneath the 75th centile for demographics. The bulk of this lies in the right coronary artery, with some in the LAD and a little in the circumflex. No aortic valve calcification. Moderate vascular calcification elsewhere, but no aortic aneurysm, overt dissection or evidence of large vessel rupture.

No pleural effusion or pneumothorax. Minor layering post mortem change in the lungs. No visible mass or consolidation.

No asymmetrical lower limb swelling, venous distension or overt DVT. Layering post mortem clot in the central pulmonary arteries. No visible pulmonary embolus.

No biliary dilatation or gross significant focal liver lesion. Grossly normal post mortem appearances of the pancreas and spleen.

No renal tract calcification or hydronephrosis. Grossly normal renal outlines with no large mass. Small volume of urine in the bladder, estimated around 90 ml. Small prostate. No adrenal mass.

No gross mass in the oesophagus, collapsed stomach or bowel. Normal appendix.

No free fluid or gas the peritoneal cavity. No collection. No significant lymphadenopathy. Mild bilateral gynecomastia.

Impression

Probable ligature mark around the neck. Fracture of the right side of the hyoid.

No evidence of significant trauma elsewhere, and no alternative cause of death is identified. No evidence of disseminated malignancy. Incidental findings as noted above.

Rob Holmes Consultant Radiologist GMC 4523893

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Preliminary report entered by:

Rob Holmes Consultant Radiologist - GMC 4523893 at 11/10/2023 10:40:37 Final report verified by:

Rob Holmes Consultant Radiologist - GMC 4523893 at 11/10/2023 11:00:43

INTERNAL EXAMINATION

Given the postmortem CT scan findings, no invasive internal examination was performed. Samples were retrieved for toxicology in case this should prove necessary.

TOXICOLOGY

Samples of blood and urine were taken at the postmortem and will be stored in case toxicology proves necessary. They will not be sent to the laboratory without further instruction.

TISSUE AND ORGAN RETENTION

The only samples retained after the postmortem were of blood and urine which were stored in case toxicology became necessary.

REPORT SENT TO

Copies of this report have been sent to Mr J. Chipperfield, H.M. Senior Coroner.

SUMMARY AND CONCLUSIONS

James Ingleby was found dead on the morning of 8th October 2023, hanging in the garden of his house by a blue rope attached to a tree. He had been consuming alcohol the previous evening. I examined the outside of Mr Ingleby's body, and a full postmortem CT scan was performed on the evening of 10th October 2023. Samples were retained in case toxicology became necessary, but no other invasive procedure was performed.

The principal findings were as follows:

- 1. A ligature mark around the neck rising acutely as it passed backwards on either side of the neck.
- 2. No other significant injuries.
- 3. A fracture of the right greater horn of the hyoid bone.
- 4. A moderate left-sided goitre.

Thus, James Ingleby has died from pressure on the neck due to hanging, with the ligature mark typical of this and consistent with the ligature which accompanied the body, namely a narrow blue rope. There were no other injuries that might have either caused or

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contributed to death, or that might suggest that Mr Ingleby had been physically forced to do anything against his will. There was no evidence of any significant natural disease. Samples have been stored in case toxicology should become necessary.

P.N. Cooper, B.A., M.B., B.S., F.R.C.Path., D.M.J. (Path)., Senior Lecturer in Forensic Pathology,

Home Office Pathologist to the North East of England,

Honorary Consultant Pathologist to the Royal Victoria Infirmary.

16th October 2023 KN

Statements/Reports

follows

WITNESS STATEMENT

Criminal Procedure Rules, 1. 10.2, Criminal Justice	Act 1967, S. 9 Magistrates Courts Act	1980, 8.5B
	URN	
Statement of Rebecca Wilson		
Age if under 18: Over 18 (if over 18 insert 'over 18')	Occupation: Police Constable	
This statement (consisting of 2 page(s) each signed by make it knowing that, if it is tendered in evidence, I shanything which I know to be false, or do not believe to be	all be liable to prosecution if I have wilfu	
Signature Ctul	Date 08/10/23	
Tick if victim wishes to personally read their Victim Person	nal Statement aloud in Court:	
 Tick if witness evidence is visually recorded (supply witness	s details on rear)	
I am a Police Constable 9564 Rebecca WILSON of Durha PETERLEE STATION.	am Constabulary, and I am currently station	ned at
On SUNDAY 8TH OCTOBER 2023 I was on duty in unifo tasked to attend an immediate response incident occurring HARTLEPOOL, TS274AX. It was reported at 08:59hrs by INGLEBY is hanging from a tree in the garden.	g at 7 SEA VIEW, BLACKHALL COLLIERY	Υ,
I attended 7 SEA VIEW, BLACKHALL COLLIERY, HARTI Ambulance had also arrived at the same time. A female o back garden and someone will come and open the gate. I male at the back of the rear garden with a ligature around safety knife to cut the rope which was around his neck, the see and feel that the male was cold, stiff and blue in the falleady set in.	pened the front door and explained that he headed straight into the garden in which ! his neck which was also attached to the tr en laid the male on the grass. Upon doing	e was in the could see a ee. I used a this I could
I then went into the house to speak to family, in the house family members Lesley JONES and Ian JONES. Joanne porn 04/06/1970. Also was provided her details of Joanne number of Joanne explained that she last so OCTOBER 2023. Joanne has come in from work around alcohol and was being argumentative. Joanne explained twhat will happen, she believed this was a throw away corseen him in the garden hanging, she has walked to the miring a family member then the police.	provided me with the males details of James INGLEBY-CROFT born 19/12/1971, with seen James around 2330hrs on SATURDA 2040hrs, James had been drinking a large that before she went to bed he stated that ment and has went to bed. Around 0840h	es INGLEBY, her phone AY 7th quantity of You'll see nrs she has
I have then liaised with PC 9380 FORREST who has expl pronounced by a paramedic, Amber Lawson. PC 2930 ac suspicious death. I entered the home address to give the requested for Ronnie Bennett as the funeral director.	ting Sgt attended the scene and deemed a	a non-
Once complete I waited for CSI to attend to take photogra Earle attended. After photographs were conducted I seize	phs of the scene, approximately 1050hrs & the deceased mobile device, a silver Ap	3197 Lauren ple Iphone with



RESTRICTED (when complete)



MG11

a clear case at 1100hrs from his right hand side trouser pocket. Inside of the case is a Forklift Driving Permit with a photo for James INGLEBY. I have also taken his black watch from his left wrist and have gave this back to the family. At approximately 1145hrs the funeral directors arrived and took the deceased to the Royal Victoria Infirmary Newcastle. The only property the deceased had with him at the time of the funeral directors being present was his wedding ring.

I have utilised by BWV and recorded the scene, this has been uploaded onto AXON and has exhibited as RW1.

It is not believed that there has been any third-party activity or suspicious circumstances in relation to this incident and following the investigation to date leads me to the hypothesis that the deceased has taken his own life by hanging.

Signature:

Signature witnessed by:



WITNESS STATEMENT

Criminal Procedure Rules, r.	16.2; Criminal Justice	Act 1967, s. 9 Magistrates' Courts	s Act 1980, s.5B	
		URN		
Statement of PC 9380 FORREST				
Age if under 18: O'18	(if over 18 insert 'over 18')	Occupation: POLICE CONSTABL	_E	
This statement (consisting of and I make it knowing that, if it is in it, anything which I know to be fa	tendered in evidence,	d by me) is true to the best of my k I shall be liable to prosecution if I be true.		
Signature S		Date 08/10/2023		
Tick if victim wishes to personally r	ead their Victim Persona	al Statement aloud in Court:		
Tick if witness evidence is visually recorded (supply witness details on rear)				
		nam Constabulary and based at Pet NY 8 TH OCTOBER 2023 at 7 SEA V		
The deceased person is a male kn VIEW, BLACKHALL COLLIERY, T		∕, born 4 th JUNE 1970 and currently	resided at 7 SEA	
I attended the above address at ap	proximately 0910 hrs in	company with PC 9564 WILSON. A	As we arrived at the	

I attended the above address at approximately 0910 hrs in company with PC 9564 WILSON. As we arrived at the property, ambulance arrived at the same time and a female opened the door and stated something to the effect of "He's in the garden, someone will open the gate for you". We went straight to the back of the garden as you could see the deceased straight away hanging from a tree. As i was putting my gloves on I stated to PC WILSON to cut him down as she had the fish knife with her. As she cut him down paramedics stated that rigamortise had set in and that he had been there all night.

The Ambulance staff that were present were:

Amber Lawson 28219206 - Paramedic

John Bateman 28155880 - CCA

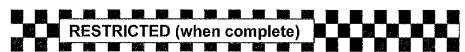
Trevor Morris 23499652 - CCA and evact 2

At 0912 hrs death was pronounced by Amber lawson. I stayed outside whilst my colleague went in and spoke to family members and to complete the CID 27. Whilst this was happening Crime Scene Investigation, Lauren Earle 8197, attened the scene to take photographs of the deceased.

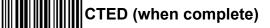
When the CID 27 was finished PC 9564 stated that the family requested Ronny Bennett as the funeral director. At approximately 1150hrs the funeral directors arrived and took the deceased to the Royal victoria Infirmary Newcastle. A phone was located in the right trouser pocket of the deceased which was seized by PC 9564. The only property the deceased had with him at the time of the funeral directors being present was a wedding ring and clothes. The watch he was wearing was given to family members.

Signature:

Signature witnessed by:







RESTRICTED (when complete)



WITNESS STATEMENT

Criminal Procedure Rules, r. 16.2; Criminal Justice Act 1967, s. 9 Magistrates' Courts Act 1980, s.5B

URN

Age if under 18: Over 18

(if over 18 insert 'over 18')

Occupation: Police Officer

This statement (consisting of 1 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it, anything which I know to be false, or do not believe to be true.

Signature	S STEPHENSON	Date 09.10.2023	
Tick if victim w	ishes to personally read their \	Victim Personal Statement aloud in Court:	
Tick if witness	evidence is visually recorded	(supply witness details on rear)	

I am Sarah Stephenson a police constable with Durham Constabulary based at Peterlee.

On Sunday 8th October 2023 I was carrying out the acting sergeant duties at Peterlee police station. At 0900 hours I was asked to attend 7 SEA VIEW, BLACKHALL COLLIERY due to reports that a male named JAMES INGLEBY was hanging at the location. PC 9380 FORREST and PC 9564 WILSON were also asked to attend. I attended the address and PC FORREST and PC WILSON were already present at the address along with ambulance. I spoke with paramedics who confirmed that INGLEBY was deceased. I walked up the drive to the house which is on the main road through BLACKHALL COLLIERY. The front door was on the side of the house on the right hand side as I was looking at it, to the right of that was a 6ft wooden fence that went around the back garden. The gate was open leading to the back garden. At the very back of the garden was a row of small treed. I spoke to PC FORREST who informed me that they had located the deceased with a blue rope around his neck, he was hanging from the tree however his body was still slouched on the floor, he stated that PC WILSON had cut him down from the tree.

I entered the rear garden and could see the deceased lying in front of a small tree, he was covered in a blue blanket which Ambulance had put over him to respect his dignity. A blue rope could be seen coming out from underneath the blue rope.

I spoke to PC WILSON who had been speaking with INGLEBYS partner JOANNE INGLEBY-CROFT. JOANNE had informed PC WILSON that the night before INGLEBY had been drinking alcohol and was drunk, she stated that she had gone to bed leaving him downstairs drinking alcohol, she said she could hear the TV on downstairs whilst she was in bed. JOANNE states she went to sleep and woke up the following morning, went into the kitchen and could see INGLEBY hanging at the back of the garden.

CSI attended the address to take pictures of the deceased, following this BENNETTS funeral directors come and removed the deceased from the garden.

Following my attendance at the address and the accounts from officers on scene and family members I do not believe there is anything suspicious or any third party involvement.

Signature: S STEPHENSON Signature witnessed by:







Silverdale Family Practice

Front Street South Hetton Durham DH6 2TH Tel: 0191517 1055

Email: nencicb-cd.a83627-eds@nhs.net

https://www.silverdalefamilypractice.nhs.uk/

20th October 2023

Private and Confidential

For the attention of the officers of H.M. Coroner for Durham and Darlington

Re: James Ingleby

Address: 07 Sea View, Blackhall Colliery, Hartlepool TS27 4AX

Date of Birth: 04 Jun 1970 **NHS No:** 402 063 5773

Dear Sir/madam,

I am writing in response to your request dated 18th October 2023.

The facts in this statement come from the computerised contemporaneous medical records. I believe that all facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Mr Ingleby has been registered at this surgery since 1996. I am the longest serving GP at the practice, and have been a GP here since August 2008. I was very sorry to hear of Mr Ingleby's death. While I did not know Mr Ingleby very well, I did see him a few times in 2011, but was not involved in his care again until 2022. I do clearly recall the last consultation I had with him on the 16th August 2022 as he was delighted when I was able to give him the news that his recent skin biopsies had come back

clear. I have referred to the medical records to prepare this statement, if you require any additional details or documents, please do not hesitate to contact me.

Between 2008 and 2023 there have been several episodes of depression and anxiety. On 14th January 2008 at a time of relationship difficulties he was seen by Dr Sanghera who noted he was drinking heavily and having difficulty sleeping. He was referred to the practice counsellor but failed to attend. On 8th December 2011 he was seen by Dr Foster with depression symptoms related to relationship and financial issues. He had some suicidal thoughts and was referred to the counsellor and started on Citalopram. On 19th December 2011 he was seen by Dr Foster again, and he confided that he had tried to hang himself 9 days earlier, but that the rope had snapped, and he had told his sister who had become very upset. An urgent mental health referral was done, and Mr Ingleby was given the contact details for the Samaritans. Dr Foster saw him again on 23rd December 2011, by which time Mr Ingleby was no longer feeling suicidal, his medication was continued, and he was given the contact details for the Crisis Team in case things got worse over the festive period and he needed urgent help. Mr Ingleby failed to attend his appointment with Dr Foster on 29th December 2011. However, he did attend his mental health team appointment on 31st January 2012 when he was seen by Community Psychiatric Nurse Jo Courtley. He was noted to be feeling a lot better, but had stopped the Citalopram tablets. He was seen again by Jo Courtley on 12th February 2012 and again there was further improvement, and a plan to continue further sessions. However, Mr Ingleby failed to engage with the mental health service again after that.

There were no more mental health issues until 2014. He was seen by Dr Moss on 28th July 2014 due to anxiety/panic symptoms. It was noted he had been using anabolic steroids earlier in the year, and also drinking alcohol 16-20 units per week. He was given a one month sick note, and also a prescription for Sertraline. It was noted that he was going to be accessing counselling through his employer. Mr Ingleby was advised to make another appointment in a month, but he did not come back. No further prescriptions for Sertraline were issued.

No further mental health issues until 13th November 2018 when he was again seen by Dr Moss, reported feeling anxious for about 3 months, difficulty sleeping, and drinking a bottle of vodka per week. There is mention again of relationship difficulties in that period. He was prescribed Mirtazapine and given a 4-week sick note, with a plan to review the situation in 2-3 weeks, but Mr Ingleby did not return, and no further prescriptions for Mirtazapine were issued.

There were no further records of mental health related issues until Mr Ingleby submitted an e-consultation on Monday 7th February 2022 regarding anxiety and depression. An explanation of NHS e-consults is on this link if that would be helpful: https://econsult.net/blog/what-is-an-online-consultation

Mr Ingleby indicated that he was feeling low while off work recovering from ankle surgery, and had worries about money and his job. The questionnaire scored him

highly for anxiety and depression symptoms, but he had answered specifically that at this time he had no thoughts of suicide or self-harm. He had requested to restart medication (Citalopram) that he had been on previously. I sent him a message in response to his e-consult late that evening after the surgery had closed and it was scheduled to be delivered at 8am the following morning 8th February 2022. When Mr Ingleby replied to this to say he would like to restart Citalopram then my colleague Dr Nicola Smith (no relation to myself) arranged his prescription and sick note as requested and advised that he be followed up in a month.

On 16th February 2022 he was seen face-to-face by Dr Moss regarding an ear infection, there is no mention of anything relating to anxiety/depression in that consultation.

On 5th April 2022 he was seen face-to-face by Dr Nicola Smith with concerns about a mole which had changed. An urgent referral was made as it was suspicious of being a malignant melanoma (which was subsequently confirmed as malignant in June 2022).

On 19th April 2022 consulted with Dr Oshodi, where his mental health was discussed. Mr Ingleby admitted that he had been drinking significant amounts of alcohol (quantity not recorded) which led to him being provided with the details of the community alcohol service for support in reducing. Mr Ingleby also mentioned that he had tried to take an overdose of Tramadol the previous week, but that he regretted it and did not have any intention of doing that again. Dr Oshodi provided Mr Ingleby with the contact details for the Crisis Team in case he was to feel suicidal again in future.

There were no further prescriptions for Citalopram issued after April 2022.

For the period 8th February 2022 to 16th May 2022 Mr Ingleby was certified unfit for work due to anxiety and depression. It would appear that Mr Ingleby was back at work after 16th May 2022. There have not been any further consultations regarding his mental health since.

5th August 2022 seen by Dr Nicola Smith, was advised to cut down his alcohol intake as he reported drinking 8 cans each night. It was noted he had returned to the gym and that this was beneficial for his mental health. Mr Ingleby declined referral to the alcohol service.

16th August 2022 seen by myself for an injection to his trigger finger. While he was in with me he asked me to look up the biopsy results (these additional biopsies were taken following his malignant melanoma diagnosis in June 2022). I can clearly remember doing this, and how pleased he was to get the news that there was no evidence of skin cancer in either biopsy.

No further GP appointments until 4th January 2023, seen by Dr Ogunnaike, regarding the scar from where the skin cancer had been removed. No mention of any mental health issue.

Final contact with GP was a telephone consultation with Dr Moss on 12th September 2023 where he was reporting symptoms of a chest infection and negative lateral flow tests for Covid19. He was advised to come for an appointment, but he declined this and wanted a prescription for antibiotics instead which was done. No mention of any mental health issues at this contact.

Over several years there is mention of Mr Ingleby using anabolic steroids as part of his participation in the sport of bodybuilding, though the last mention of it is in 2015, we have no way of knowing if this continued or not, and how the use of anabolic steroids may have contributed to his psychological issues. A recurrent theme is also his alcohol intake which was noted to be excessive in 2008, 2014, 2018, and 2022 (usually coinciding with episodes of low mood). Though in-between times his alcohol intake had been recorded as within sensible limits. However, as these levels are self-reported by the patient there is also no way of knowing the true level of consumption.

In summary, Mr Ingleby had a long history of recurrent depressive episodes, sometimes with suicidal ideation. Episodes seemed to be linked to relationship and/or alcohol issues each time. There is no documentation of any use of drugs other than anabolic steroids. During the depressive episodes it appears that he would seek help, but then when feeling better would disengage from follow-up.

Yours sincerely,

Dr Jonathan Smith

Dr Jonathan Smith

IN THE DURHAM AND DARLINGTON CORONERS COURT IN THE INVESTIGATION TOUCHING THE DEATH OF:-

INGLEB	Y, J	lames
---------------	------	-------

Deceased

WITNESS STATEMENT OF Joanne Ingleby-Croft 11th December 2023

- 1 I, Joanne Ingleby-Croft, of am wife og James Ingleby.
- The facts in this statement come from my personal knowledge save where otherwise stated. I believe that all facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

- I have made this statement by telephone to Alexis Blighe, HM Coroners Officer, on 11th December 2023.
- James worked as a fork lift driver, he worked every day and would go to the gym either before or after work. He was diagnosed with cancer 2 years ago and had 3 operations due to this. In January 2022 James was in hospital as he had an operation on his ankle and was off work for around 8 months as a result.
- 4. He would drink alcohol every day. He would drink a few glasses of wine or vodka. He had done this for as long as I have known him, which is nearly 10 years.
- 5. I am aware that James had made a previous attempt to take his life around 6 or 7 years prior to meeting me. He told me that he had tried to hang himself using a TV aerial cable but it had "snapped" and he had knocked himself out. I have also spoken to an old friend who James lived with when he was 23/24 years old. I am aware that he suffered with mental health issues then. I am also aware that James was in a physically abusive relationship some years ago, he suffered a lot of trauma from this which has played a part in his mental health. This affected his self worth.
- 6. I do not believe that he got any help after this. I think in his head he did not have any mental health issues. I am aware that around 4 years ago he was prescribed medication for his mental health. I don't think that he continued taking the medication or that he went back to the Dr about this.
- 7. The week leading to James his death he spent a lot of money on his pick-up. He ordered a whole set of new wheels and tyres and new roll bars. He appeared manic. This behaviour was unusual for him.
- 8. Around 3 months prior to James's death he was awful to live with and he was really rude to one of our close friends. This was unusual for him. He was moaning

about everything; he would nag me. If I was driving, he would moan about my driving. He was nit picking about everything. This was not like him, he was usually an easy going person.

- 9. There was nothing at the time that I think could have triggered these changes, but I have since found steroids when cleaning out a cupboard. I am aware that he used steroids years ago but was not aware that he was taking them recent to his death.
- 10. In September his son, who had not had contact with for many years, came to the house to ask for some forms to be signed. James stood on the drive talking to him. His son looked him up and down and walked off. I think that James felt rejected by this. He did not say this to me and when I asked him about he it said that he did not want to talk about it. He said he had felt used.
- 11. I last saw James on the evening of 7th October. I arrived home from work at around 8.40pm. James was drunk, he became argumentative. I was telling him about my day at work, I work in mental health and had had a bad day. He listened and then he changed, he started moaning. I said I was going to bed, he replied "I'm sick of this, watch what I do". I swore at him and went to bed.
- 12. I woke up at around 08.30am then next morning and looked out of the blinds. This is when I saw James hanging in the back garden.

I Believe that the fac	ts stated in this witness statemer	nt are true.
NAME		
SIGNED		

DATED:

IN THE DURHAM AND DARLINGTON CORONERS COURT IN THE INVESTIGATION TOUCHING THE DEATH OF:-

James	ı IN	GI	FR'	Υ
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WITNESS STATEMENT OF Catherine Wilson 30th November 2023

- 1 I, Catherine Wilson, of sister of James.
- The facts in this statement come from my personal knowledge save where otherwise stated. I believe that all facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

- 3 I will refer to James as Jim throughout this statement.
- Jim was a very happy man, he was the life and soul of everything. He was happy for go lucky. He had 3 beautiful children, and he was a very proud dad. He would go to the gym, and he had competed in a competition in body building in 2014.
- We were very close, and he was also very close to his mom and dad. We were best friends, and we had a very strong bond. He lived with me on and off for 20 years. He would stay at my house every weekend with his children even when he wasn't living with me, this was so that he could maintain consistency and stability with all his family up until 8 years ago. When we were young, we went everywhere together. His parents helped him set up home and were there for him whenever he needed anything.
- 6 He had a close relationship with his niece, Samantha and Jim would go to see bands with her. He was a family man.
- I don't believe that Jim has any mental health issues at all. He went through s rough time around 10 years ago when a relationship broke down. At that time, he was on anti-depressants. He got through it with family support, and he seemed fine after this.
- In July he visited his mother in hospital, he seemed his normal self at this time. There was nothing unusual about his behaviour. This was the last time I saw him. Jim had just been on holiday and was talking about booking another holiday.
- 9 The last time I spoke to Jim was at the end of July. He said look after yourself, I love you. This was normal for him to say this at the end of a call.

10	Over the last few years, the phone calls and texts has reduced, prior to this we would be in contact every day. The contact reduced when he was in his last relationship.
11	I know that he rang his mother regularly, he would ring weekly when she came out of hospital. My mother has never commented on any changes in Jim's behaviours.
l Believe	e that the facts stated in this witness statement are true.
NAME	

DATED: