Public Prosecutor *v* Muhammad Faqeh Bin Abdul Wahab [2026] SGDC 140

Case Number	:	District Arrest Case No 907817 of 2025 & Anor, Magistrate's Appeal No 9083 of 2026-01, Magistrate's Appeal No 9083 of 2026-02
Decision Date	:	22 April 2026
Tribunal/Court	:	District Court
Coram	:	Cheng Yuxi
Counsel Name(s)	:	Adelle Tai (Attorney-General's Chambers) for the Public Prosecutor; Hoh Zi Bin, Mark (Hoh Law Corporation) for the accused.
Parties	:	Public Prosecutor — Muhammad Faqeh Bin Abdul Wahab

Criminal Procedure and Sentencing – Sentencing – Road Traffic Act – Driving without due care and attention causing grievous hurt – Driving under influence of drugs

[LawNet Editorial Note: An appeal to this decision has been filed in MA 9083/2026/01-02.]

22 April 2026

District Judge Cheng Yuxi:

Introduction

1 The accused, Mr Muhammad Faqeh Bin Abdul Wahab, was driving on a four-lane road at about 1.40am when he failed to maintain proper control of his motorcar. He veered from between lanes 1 and 2, crossing over lane 2 before colliding into the rear of a taxi, which was stationary in lane 3 to allow a passenger to alight. As a result of the accident, the passenger sustained a rib fracture and the taxi driver suffered neck pain and acute myocardial injury. The accused's blood sample was subsequently found to contain nine types of drugs in various concentrations, including methamphetamine, diazepam, codeine and tramadol, which individually had the potential to impair cognitive function and affect a person's ability to drive. The co-administration of these drugs could also potentiate sedation effects.

2 The accused was charged with driving without due care and attention, causing grievous hurt to the passenger, as follows:

You…are charged that you, on 7 November 2022, at about 1.40am, along Sims Avenue in the direction of Sims Avenue East near lamp post 58, Singapore, did drive motor car bearing registration number…on a road without due care and attention, *to wit*, by failing to maintain proper control of your vehicle whilst driving between lanes 1 and 2 of a 4-lane carriageway, thereby causing your vehicle to veer to the right and collide with motorcar bearing registration number…which was stationary in lane 3 whilst a passenger was alighting, and by such driving did cause grievous hurt to one Tan Say Foo (male, aged 61 years old at the material time), and you have thereby committed an offence under s 65(1)(*a*) punishable under s 65(3)(*a*) read with s 65(6)(*d*) of the Road Traffic Act 1961 ("RTA").

The accused pleaded guilty to the proceeded charge.

3 One charge of driving without due care and attention, causing hurt to the taxi driver, was taken into consideration for the purpose of sentencing:

You…are charged that you, on 7 November 2022, at about 1.40am, along Sims Avenue in the direction of Sims Avenue East near lamp post 58, Singapore, did drive motor car bearing registration number…on a road without due care and attention, *to wit*, by failing to maintain proper control of your vehicle whilst driving between lanes 1 and 2 of a 4-lane carriageway, thereby causing your vehicle to veer to the right and collide with motorcar bearing registration number…which was stationary in lane 3 whilst a passenger was alighting, and by such driving did cause hurt to Jaganath Guha S/O Ragunath Guha (Male / then 68 years old), and you have thereby committed an offence under s 65(1)(*a*) punishable under s 65(4)(*a*) of the [RTA].

4 After considering parties' submissions, I sentenced the accused to three months' imprisonment and the mandatory minimum disqualification from all classes of driving licenses ("DQAC") for five years with effect from the date of release. The following table summarises the positions of the Prosecution and the Defence, as well as the decision of the Court:

Prosecution's submission	**Defence's submission**	**Court's decision**
4½ months' imprisonment (20% discount for pleading guilty)	3 to 4 weeks' imprisonment (30% discount for pleading guilty)	3 months' imprisonment (30% discount for pleading guilty)
5 years' DQAC	5 years' DQAC	5 years' DQAC

5 The accused filed an appeal against sentence. The Prosecution subsequently also filed a cross-appeal against sentence. The Defence applied for, and I granted, a stay of execution on the accused's imprisonment term and DQAC.

6 I had provided brief oral reasons for my decision on sentence at the hearing on 2 April 2026. These are the full grounds for my decision.

Facts

7 The following facts are based on the Statement of Facts ("SOF"), which the accused admitted to without qualification.

8 On 7 November 2022, at about 1.40am, the accused was driving his motorcar along Sims Avenue towards Sims Avenue East near lamp post 58, Singapore.

9 The victims were:

(a) Jaganath Guha S/O Ragunath Guha ("A1"), a 71-year-old male Singaporean. At the material time, A1 was 68 years old and working as a taxi driver. A1 was the driver of the taxi.

(b) Tan Say Foo ("A2"), a 65-year-old male Singaporean. At the material time, he was 61 years old and was a rear seat passenger in the taxi.

10 The accused was travelling in the leftmost lane of a 4-lane carriageway when he failed to maintain proper control of his vehicle. A1's taxi was stationary in lane 3 to allow A2 to alight from the vehicle. The accused's motorcar suddenly veered from between lanes 1 and 2 of the 4-lane carriageway towards the right, crossing over lane 2, before colliding into the rear of A1's taxi, which was stationary in lane 3.

11 As a result of the accident, all parties involved were conveyed to Tan Tock Seng Hospital for medical treatment:

(a) A1 sustained neck pain and acute myocardial injury. He was warded for one day and discharged on 8 November 2022 with 14 days of hospitalisation leave from 7 November 2022 to 20 November 2022.

(b) A2 sustained a left fourth rib fracture, and therefore sustained grievous hurt (as per s 320(*g*) of the Penal Code 1871). He was discharged on the same day and given seven days of outpatient sick leave from 7 November 2022 to 13 November 2022.

(c) The accused sustained a right knee laceration over the distal quadriceps tendon. He was discharged on 8 November 2022 and given hospitalisation leave from 7 November to 25 November 2022.

12 The collision resulted in damage to both vehicles. The rear middle portion of the taxi was dented, whilst the front portion of the accused's motorcar was crumpled.

13 Post-accident pictures of the taxi are appended as follows:

14 Post-accident pictures of the accused's motorcar are appended as follows:

15 At the accident scene, the accused informed the police officer that he had consumed cough syrup at his friend's place at about 10.00pm on the day before the accident. The accused admitted in his police statement that he had taken gabapentin on the morning of 6 November 2022 at home before beginning his day. He took the medication to manage chronic lumbar spine problems. The accused was aware that drowsiness was a potential side effect of gabapentin. Further, even though he did not disclose this to the police officer at the scene, he had also consumed Tramadol even though he was aware that drowsiness was a potential side effect of Tramadol. Separately, the accused reported in his General Insurance Association of Singapore accident statement that he had blacked out and collided into the vehicle in front of him.

16 The accused consented to blood sampling for analysis. Dr Chew Chin Na Gina, an analyst from the Analytical Toxicology Laboratory of the Health Sciences Authority ("HSA"), analysed the accused's blood sample and issued report bearing Lab No. 2219869-TX-001 dated 24 November 2022. The report revealed the presence of the following substances in the accused's blood:

Drug	**Concentration**
Carisoprodol	2.5ug/ml
Codeine	0.35 ug/ml
Desmethyltramadol	Detected
Diazepam	1.2 ug/ml
Meprobamate	3.0 ug/ml
Methamphetamine	0.19 ug/ml
Nordiazepam	1.5 ug/ml
Promethazine	0.18 ug/ml
Tramadol	0.82 ug/ml

Remarks: Methamphetamine is a Class A controlled drug listed in the First Schedule to the Misuse of Drugs Act 1973.

17 A clarification report from the HSA dated 3 January 2023 stated that all the detected substances as stated above had the potential to impair cognitive function and might affect a person's ability to perform tasks such as driving. The co-administration of these drugs might also potentiate sedation effects.

18 At the time of the accident, the weather was clear, the road surface was dry, traffic flow was light, and visibility was clear.

19 By driving the motorcar along Sims Avenue in the direction of Sims Avenue East near lamp post 58, Singapore without due care and attention, *to wit*, by failing to maintain proper control of his vehicle whilst driving between lanes 1 and 2 of a 4-lane carriageway, thereby causing his motorcar to veer to the right and collide with the taxi, which was stationary in lane 3 whilst a passenger was alighting, and by such driving causing grievous hurt to A2, the accused has committed an offence under s 65(1)(*a*) punishable under s 65(3)(*a*) read with s 65(6)(*d*) of the RTA.

Parties' submissions on sentence

20 Parties agreed that the applicable sentencing framework in this case was set out in the High Court decision of *Chen Song v Public Prosecutor* [2025] 3 SLR 509 ("*Chen Song*").[note: 1] Parties were also aligned that the order of DQAC for the mandatory minimum period of five years should be imposed under s 65(6)(*d*) of the RTA as there were no special reasons for the Court to order otherwise.[note: 2]

21 In terms of harm, parties agreed that "lesser harm" was caused in this case. Specifically, A2 sustained a left fourth rib fracture. He was discharged on the same day and given a relatively short period of seven days' of outpatient sick leave. No surgical intervention was required, and there was no indication of permanent disability or long-term complications.[note: 3]

22 However, parties differed on the calibration of culpability. The Prosecution argued that the case fell within "higher culpability" due to the presence of two factors:[note: 4]

(a) First, the accused had nine different substances in his blood, including methamphetamine (a Class A controlled drug), multiple sedatives (diazepam, nordiazepam), muscle relaxants (carisoprodol), opioids (codeine, tramadol), and other impairing substances;

(a) Second, the accused's driving showed a disregard for road safety: this included driving across multiple lanes without control, approaching the stationary taxi without any signs of slowing down, and failing to respond to clear warning signals. Notably, even though the stationary taxi was highly visible (with blinking hazard lights switched on), the accused made no attempt to take evasive action.

23 The Prosecution pegged the indicative starting sentence at minimally six months' imprisonment.[note: 5]

24 In response, the Defence contended that there was only one culpability-enhancing factor, which was driving while under the influence of the nine substances in the accused's blood. The Defence accepted that the substances had the potential to impair the accused's driving and did in all likelihood lead to some drowsy effects.[note: 6] However, the Defence emphasised that the accused was not a drug abuser, and the substances were present in his blood as a result of medication he took for his back pain and flu. The impairment did not cause him to lose all psychomotor skills.[note: 7]

25 The Defence disagreed that there was a high degree of carelessness in the accused's driving, and argued that these merely constituted particulars of negligence inherent in the charge. There was no deliberate, aggressive or high-risk manoeuvring, such as racing or weaving through traffic at speed.[note: 8]

26 The Defence thus pegged the harm at the lower end of low harm, and culpability at the mid to higher end of low culpability, with a starting sentence of two to three months' imprisonment.[note: 9]

27 Parties further disagreed on the appropriate sentencing discount to be given on account of the accused's plea of guilt. The Prosecution argued that the accused had only pleaded guilty at Stage 2 of the Sentencing Advisory Panel's Guidelines on Reduction in Sentences for Guilty Pleas ("PG Guidelines"), and that he was thus only entitled to a 20% PG discount. Ultimately, however, the Prosecution left the decision of the appropriate sentencing discount to the Court. The Prosecution calibrated the eventual sentence to 4½ months' imprisonment.[note: 10]

28 The Defence contended that the accused had indicated his intention to plead guilty on 10 July 2025 and had never wavered from this intention. There was subsequently a delay in the fixing of a PG mention as a result of the accused's obtaining of a forensic report from his psychiatrist, which was purely for the purpose of mitigation (although the Defence did not ultimately rely on the report). Defence counsel had written a letter to the Court on 21 October 2025 to clarify this. The Court's records on the integrated case management system ("ICMS") also reflected an indication of intention to plead guilty at Stage 1 of the PG Guidelines. The Defence sought an eventual sentence of three to four weeks' imprisonment.[note: 11] I pause to observe that an application of a 30% discount from the Defence's starting sentence of two to three months' imprisonment should result in an eventual sentence of 1½ to two months' imprisonment, and the

Defence's submission of three to four weeks' imprisonment appeared to be an arithmetic error.

Antecedents

29 The accused has no antecedents.

Decision on sentence

The Chen Song *sentencing framework*

30 In considering the appropriate sentence, I applied the High Court framework in *Chen Song*, which set out the sentencing approach for careless driving causing grievous hurt offences punishable under s 65(3)(*a*) of the RTA.

31 The *Chen Song* framework comprised three broad sentencing bands reflecting the varying degrees of seriousness of the offence, determined on the basis of (a) the harm suffered by the victim(s); and (b) the culpability of the offender (at [123]).

32 In relation to harm, the High Court first considered primary harm factors, which pertained directly to the bodily injury suffered by the victim(s) in each case. These included (at [124] and [127]):

(a) *The nature and location of the injuries*: this factor focused on the precise nature and the location of the injury. This required a consideration of: (i) the nature and severity of injury (*eg*, simple or complex and extent of injury, *etc*); (ii) the number of injuries; (iii) whether surgical intervention was necessary (or whether the injuries were treated conservatively); (iv) the disposition of the victim post-surgery (*eg*, general ward, high dependency or intensive care unit); and (v) the location of the injury (*eg*, vulnerable location).

(b) *The degree of permanence of the injuries*: this factor considered whether the injury or injuries caused to the victim are permanent or transient. Permanent injuries included loss of a limb or permanent privation of the sight of either eye or the hearing of either ear, *etc*.

(c) *The impact of the injuries*: this factor contemplated the impact of the injury on the victim's quality of life. Considerations of: (i) the duration of stay in the hospital/rehabilitation centre; (ii) the duration of any hospitalisation/medical leave; (iii) the victim's ability to carry out daily tasks and maintain livelihood; and (iv) the duration of rehabilitation (if any), were relevant.

33 The High Court went on to consider secondary harm factors, which were unrelated to the physical injury suffered by the victim(s) but nonetheless go towards the extent of harm caused in a particular case. These factors included (at [125]):

(a) potential harm; and

(b) property damage.

34 Each primary harm factor would count as one offence-specific factor going towards harm. The extent of physical harm caused to the victim should be taken into account in the Court's assessment of whether the harm caused constituted "greater harm" or "lesser harm". It was also important for the Court to contextualise its analysis within the specific type of harm caused to the victim. For instance, injuries classified as grievous hurt were by their nature serious. Where a secondary harm factor presents itself in a significant manner, this should be considered in the determination of where the particular offence falls within the indicative sentencing band (at [126] and [127]).

35 As for culpability, the High Court set out a non-exhaustive list of factors, which each constitute one offence-specific factor going towards culpability (at [131]):

(a) Any form of dangerous driving behaviour. For instance:

(i) speeding;

(ii) driving against traffic;

(iii) driving when not fit to drive;

(iv) driving under the influence of alcohol or drugs;

(v) sleepy driving;

(vi) driving while using a mobile phone;

(vii) swerving in and out of lanes;

(viii) using a vehicle in a dangerous fashion; and

(ix) street racing.

(b) Flouting of traffic rules and regulations. For instance:

(i) failing to stop at a stop line;

(ii) failing to conform to traffic signal;

(iii) not forming up correctly to execute a turn;

(iv) changing lanes across a set of double white lines/chevron markings; and

(v) making an illegal U-turn/right turn.

(c) High degree of carelessness: This was demonstrated where there was a prolonged or sustained period of inattention (as opposed to a momentary lapse of attention), and where the offender was deliberately cavalier about certain mitigatable risks. It would also be relevant to consider the extent to which the offender's distraction was avoidable and the extent to which the offender's misjudgment was reasonable. Conduct should not be classified as exhibiting a high degree of carelessness if the offending acts were manifestations of the basic elements of the careless driving offence, or the very essence of a careless driving charge without more: at [132].

36 The Court was thus to apply the following sentencing framework for careless driving offences causing grievous hurt punishable under s 65(3)(*a*) of the RTA where the offender elected to claim trial (at [134]):

(a) First, the Court was to identify the number of offence-specific factors under the broad categories of "harm" and "culpability".

(b) Second, based on the number of offence-specific factors present, the Court was to determine whether the harm caused was "lesser harm" or "greater harm" and whether the culpability of the offender was lower culpability" or "higher culpability" and thereafter arrive at the sentencing band the offence falls within. "Lesser harm" was caused, and the offender's culpability was deemed as "lower culpability" where there is one or no harm or culpability factor respectively. "Greater harm" was caused, and the offender's culpability was deemed as "higher culpability" where there are two or more harm or culpability factors respectively.

Band	**Circumstances**	**Sentencing range**
1	Lesser harm and lower culpability	Fine and/or up to 6 months' imprisonment

2	Greater harm and lower culpability Or Lesser harm and higher culpability	6 months' to 1 year's imprisonment
3	Greater harm and higher culpability	1 to 2 years' imprisonment

(b) Third, after determining the indicative sentencing band that the offence fell within, the Court should identify an indicative starting point sentence within that range, taking into account: (a) all the primary harm factors and the culpability factors identified; and (b) the secondary harm factors.

(c) Fourth, the Court was to make adjustments to the starting point to take into account the usual gamut of offender-specific aggravating and mitigating factors.

Step 1(a): Assessment of harm

37 In relation to primary harm, A2 suffered a fracture of the left fourth rib, which was located at a vulnerable part of the body protecting vital organs such as the heart and lungs. However, I considered that the physical injury was relatively less serious when contextualised within the specific type of harm caused in this case, that is, grievous hurt. A2 was given seven days' of outpatient sick leave, no surgical intervention was required, and there was no indication of permanent injury. In terms of secondary harm, while the collision resulted in some damage to A1's taxi, there was no evidence that there was significant property damage, or any submission of high potential harm, *ie*, circumstances of the road conditions or of driving that could increase the danger posed to road users (*Chen Song* at [129]).

Step 1(b): Assessment of culpability

38 I turn to the assessment of culpability.

Driving under the influence of drugs

39 The primary factor I had regard to was driving under the influence of drugs, which was a form of dangerous driving behaviour. As set out in the SOF, the accused had nine types of drugs detected in his blood. These included:[note: 12]

(a) Methamphetamine, a Class A controlled drug listed in the First Schedule to the Misuse of Drugs Act 1973, at a concentration of 0.19μg/ml. Methamphetamine might impair the ability to engage in potentially hazardous activities such as driving a motor vehicle. Epidemiology studies on the effects of methamphetamine on driving reported behaviours such as drive-off-the-road type accidents, high speed, failing to stop, diminished divided attention, inattentive driving, impatience and high risk. In a review of 101 driving under the influence cases where methamphetamine was the *only* drug detected, blood methamphetamine concentrations ranged from <0.05-2.36 μg/ml (mean 0.35 μg/ml, median 0.23 μg/ml) in these cases. Driving and driver behaviours included speeding, lane travel, erratic driving, accidents, nervousness, rapid and non-stop speech, unintelligible speech, disorientation, agitation, staggering and awkward movements, irrational or violent behaviour and unconsciousness.

(b) Diazepam, a tranquiliser/sedative prescribed to treat symptoms of anxiety and sometimes to treat muscle spasms, convulsions or seizures, at a concentration of 1.2μg/ml. Simulator and driving studies had shown that single doses of diazepam could impair driving ability, *eg* increase lateral deviation of lane control, reduce reaction times, reduce ability to perform multiple tasks, decrease attention, adversely affect memory and cognition and increase the effects of fatigue.

(c) Nordiazepam, a likely metabolite of diazepam, is pharmacologically active and has effects similar to

that of diazepam. It was detected at a concentration of 1.5μg/ml.

(d) Codeine, a narcotic analgesic used for the management of mild pain, as a cough suppressant and anti-diarrhoea agent, at a concentration of 0.35μg/ml. Some of the reported common side effects of codeine included drowsiness, confusion and blurred or double vision.

(e) Tramadol, an analgesic used for the management of moderate to severe pain, at a concentration of 0.82μg/ml. Some of the reported possible side effects included dizziness, somnolence (sleepiness), sedation, headaches, weakness and fatigue.

(f) Desmethyltramadol, a metabolite of tramadol.

(g) Carisoprodol, used clinically as a muscle relaxant for the treatment of acute, musculoskeletal pain, at a concentration of 2.5μg/ml. Some of the reported common side effects included drowsiness, dizziness and ataxia (poor muscular coordination).

(h) Meprobamate, a metabolite of carisoprodol and is a central nervous system depressant, indicated for the management of anxiety disorders or for short-term treatment of anxiety symptoms, at a concentration of 3.0μg/ml. Some of the reported common side effects of meprobamate include drowsiness and dizziness.

(i) Promethazine, an antihistamine used for the treatment of allergic conditions, travel sickness, nausea and vomiting, and for sedation, at a concentration of 0.18μg/ml. Some reported side effects of promethazine include drowsiness, dizziness, blurred or double vision, restlessness, loss of coordination and nervousness.

40 All the drugs were reported to have potential impairment of cognitive function and might affect a person's ability to perform tasks such as driving a car. I further noted that side effects of almost all the drugs, administered *on their own*, included drowsiness, dizziness, blurred vision or other significant impairments to tasks such as driving a motor vehicle. The *co-administration* of these drugs, in particular, might also potentiate the sedation effects.

41 The circumstances of the present case were consistent with the accused driving while under the side effects of the drugs. The Defence conceded that the accused's use of the drugs led to "drowsy effects". [note: 13] The accused admitted in his General Insurance Association of Singapore accident statement that he had "blacked out" and collided into the vehicle in front of him.[note: 14] The in-car camera footages show that he drifted across lanes before the collision.[note: 15]

42 While there was no dispute that the accused consumed the drugs to manage his medical conditions, I did not accept that this was in any way mitigating. The fact remained that the accused consciously consumed cough syrup, gabapentin, and tramadol on the day of the incident, despite being aware that drowsiness was a potential side effect of each of these medications. In fact, he consciously did not reveal to the police officer at the scene that he had also consumed tramadol, another drug which could lead to sedative effects.[note: 16]

43 In my view, driving while under the influence of multiple drugs was a significant culpability-enhancing factor. This is particularly so given that the accused was aware of the risks of side effects that could impair his ability to operate a motor vehicle, and these substances did in fact impair his driving ability.

No high degree of carelessness

44 The Prosecution submitted that there was a further culpability factor, namely, that the accused's driving demonstrated a disregard for road safety, including driving across multiple lanes without control, approaching the stationary taxi without any signs of slowing down, and failing to respond to the hazard lights of the taxi.

45 I have carefully reviewed the in-car camera footages capturing the incident. These showed the

perspective from the front and rear cameras of the accused's vehicle. The footages showed that the accused was initially driving between lanes 1 and 2 of the road. He then veered right onto lane 2, and then onto lane 3. He collided with A1's taxi, which was stationary on lane 3, and had its hazard lights switched on. There was no indication that this was done at excessive speed or any repeated swerving between lanes.

46 I accepted that the footages reflected a few seconds of inattention on the part of the accused. However, I ultimately considered that these were manifestations of the basic elements of the careless driving offence for which the accused was being charged. The very essence of the charge against the accused was his failure to maintain proper control of his vehicle whilst driving between lanes 1 and 2 of a 4-lane carriageway, thereby causing his vehicle to veer to the right and collide with A1's taxi, which was stationary in lane 3 whilst a passenger was alighting. Without more, I did not consider that the accused could be said to have exhibited a high degree of carelessness as required in *Chen Song* at [132].

Step 2: Determination of the appropriate sentencing band

47 I agreed with parties' submissions that the harm caused in this case could be classified as "lesser harm" given that the injuries caused to A2 (fourth rib fracture with seven days' outpatient sick leave) was fortunately not particularly serious in the context of grievous hurt.

48 As for culpability, I was cognisant that the foremost inquiry was to assess holistically whether the offender's culpability considered as a whole should be classified as either "lower culpability" or "higher culpability" and the assessment should not be done mechanistically (*Chen Song* at 123]). In this regard, even taking into account the few seconds of inattention exhibited by the accused in veering across lanes, the most significant culpability factor I considered was still driving under the influence of drugs. The sedative effects of the combination of drugs led to the accused reporting that he had "blacked out" before the collision, likely explaining his drifting across lanes. On a holistic assessment, I considered this case to be one involving "lower culpability", although towards the higher end because of the presence of the significant number of drugs that had the potential to impede the accused's ability to drive.

49 I therefore placed this case within Band 1 of the *Chen Song* framework.

Step 3: Identification of an appropriate starting point within the sentencing band

50 Considering the harm and culpability factors, I pegged the starting sentence at around four months' imprisonment, which was about two-thirds of the maximum sentence under Band 1 of *Chen Song*.

Step 4: Make adjustments to the starting point to take into account offender-specific aggravating and mitigating factors.

51 Finally, I made adjustments to the starting sentence having regard to offender-specific aggravating and mitigating factors. First, I imposed an uplift of one month's imprisonment to account for the charge taken into consideration, which was for driving without due care and attention causing hurt to A1, an offence under s 65(1)(*a*) punishable under s 65(4)(*a*) of the RTA. A1 sustained neck pain and acute myocardial injury. He was warded for one day and discharged with 14 days of hospitalisation leave. This resulted in a sentence of five months' imprisonment.

52 At the same time, the accused pleaded guilty to the offence. In my view, the appropriate PG discount to be applied was 30%. I noted that the Prosecution did not seriously dispute this point and ultimately left the appropriate sentencing discount to the Court. I accepted that the accused had indicated his intention to plead guilty at the mention on 10 July 2025, whereupon the Court recorded on ICMS his intention to plead guilty at Stage 1 of the PG Guidelines. I had also perused the records of the subsequent hearings and observed that adjournments were primarily sought for the preparation of the forensic psychiatric report and for sending representations. However, the accused had never changed his intention to plead guilty. I also did not find that the accused had unreasonably delayed proceedings. In particular, I was guided by the illustration at Scenario 4 of para 11 of the PG Guidelines, which covered this exact scenario. Scenario 4

stated as follows:

The accused person informs the court during Stage 1 that he intends to plead guilty, but wishes to obtain a psychiatric report for the purpose of mitigation. The court may fix a later date for the plead-guilty hearing to allow the accused person to obtain the report. **The maximum reduction in sentence is 30%** (subject to the exception in relation to *Newton* hearings as set out at paragraph 13(a) below). The court may apply a lower reduction in sentence if it assesses that the accused person unreasonably delayed his guilty plea.

[emphasis added in bold]

53 Applying a 30% discount to five months' imprisonment and rounding this figure down to the nearest whole, I arrived at the eventual sentence of three months' imprisonment, as well as the mandatory minimum DQAC of five years under s 65(6)(*d*) of the RTA.

Conclusion

54 In my view, the sentence imposed was fair and proportionate to the harm caused by the accident and the accused's overall culpability.

55 The accused is presently on bail pending appeal.

[note: 1] Prosecution's Skeletal Submissions on Sentence at para 3; Mitigation Plea at para 13.

[note: 2] Prosecution's Skeletal Submissions on Sentence at paras 6-7; Mitigation Plea at para 44.

[note: 3] Prosecution's Skeletal Submissions on Sentence at paras 3 and 4(a); Mitigation Plea at para 13.

[note: 4] Prosecution's Skeletal Submissions on Sentence at para 4(b).

[note: 5] Prosecution's Skeletal Submissions on Sentence at para 4.

[note: 6] Notes of Evidence ("NEs") (2 April 2026) p 2 line 26 – p 3 line 2.

[note: 7] Mitigation Plea at para 32.

[note: 8] Mitigation Plea at paras 38 and 40.

[note: 9] Mitigation Plea at para 41; NEs (2 April 2026) p 13 lines 12-13.

[note: 10] Prosecution's Skeletal Submissions on Sentence at para 5; NEs (2 April 2026) p 10 lines 18-26.

[note: 11] Mitigation Plea at paras 43, 44 and Annex C.

[note: 12] HSA clarification memo dated 3 January 2023.

[note: 13] Notes of Evidence ("NEs") (2 April 2026) p 2 line 26 – p 3 line 2.

[note: 14] SOF at para 7.

[note: 15] Annexes A and B to the SOF.

[note: 16] SOF at para 7.