

OPUS2

Fishmongers' Hall Inquests

Day 4

April 15, 2021

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1 Thursday, 15 April 2021
 2 (10.00 am)
 3 (In the absence of the jury)
 4 JUDGE LUCRAFT: Mr Hough, at the end of yesterday the jury
 5 asked, through the usher, about what would happen
 6 towards the end of the hearings and in reaching
 7 a conclusion.
 8 What I have done overnight is, in fact, to provide
 9 to each juror a copy of the opening address that I gave,
 10 and what I propose to do is not to read it again, but
 11 simply take the jury's attention to the parts of that
 12 document which deal with the purpose of the Inquests and
 13 their particular role, dealing with the four questions
 14 and points thereafter, but I'll say to them I'm not
 15 going to read it, they've got their own copies, they can
 16 look at it in their own time.
 17 The second thing I will simply make clear is we're
 18 not expecting Ms Barton to collapse in asking her
 19 questions that she's surrounded by a number of people
 20 from the ambulance service, but I was simply going to
 21 indicate, really to follow up on what I said yesterday,
 22 that the families are present for this hearing today by
 23 remote link, and they have very kindly agreed that the
 24 seats that they would otherwise occupy can be used by
 25 others who are here to support other people giving

1

1 evidence, so I'll simply say that too.
 2 MR HOUGH: Sir, just for your information, some of those
 3 sitting in the families' seats will be witnesses.
 4 JUDGE LUCRAFT: Yes.
 5 (In the presence of the jury)
 6 Good morning, everyone. Very nice to see you. Can
 7 I just deal with one question which you raised
 8 yesterday, and my usher has passed on to me, which is
 9 just really wanting some further clarification about
 10 this issue of reaching a conclusion.
 11 What I have provided to you, and there are copies
 12 for each of you to have, is a copy of what I said at the
 13 beginning of the Inquest by way of opening, and I'm not
 14 going to read it through, so you've got copies, you can
 15 look at it in your own time, but can I just perhaps draw
 16 your attention to a couple of sections.
 17 You will see, if we start on page 1, it deals with
 18 the history of what a coroner does. If you turn over to
 19 page 2, you will see that I have then set out the
 20 summary of the case from paragraphs 7 onwards.
 21 If you turn on to page 4, I then introduced you to
 22 the various interested persons and their legal
 23 representatives, and then starting at paragraph 19,
 24 I turned to the purpose of the Inquests, and then you
 25 will see at paragraph 22, at the bottom of that page,

2

1 the four questions which, in fact, are set out on the
 2 following page, page 6. Then in particular,
 3 paragraph 23, the last question:
 4 "How did he or she come by his or her death is the
 5 most significant one in this, as in most Inquest
 6 hearings. I shall give you legal directions in due
 7 course about the scope of that question and how you are
 8 to answer it."
 9 I then go on to deal with the Record of Inquest and
 10 the procedure. So please don't be concerned, so you've
 11 got this, you can look at it as we go through, I hope it
 12 will be helpful, but when we get to the stage of having
 13 finished the evidence, I will give you a very detailed
 14 document setting out how it is that you approach your
 15 task and how you go about dealing with that. So I hope
 16 that's helpful to you and answers the query that you
 17 raised yesterday.
 18 The second thing just to mention before we start is,
 19 please don't be concerned about the number of NHS people
 20 sitting behind Ms Barton. As I have said, it's not that
 21 we're expecting her to keel over when she asks
 22 a question. In fact some of the people sitting there
 23 will be giving evidence during the course of today,
 24 others are here to support their colleagues who are
 25 giving evidence and, as I mentioned to you yesterday,

3

1 the families are going to be here on days, and sometimes
 2 they're going to be following these proceedings via
 3 a remote link to where they live, and today they're not
 4 going to be here, and they very kindly have agreed that
 5 we can use those seats for people to be present in this
 6 room and also be socially distant from others, so that
 7 explains that presence there, and I know Ms Barton is
 8 greatly relieved that that's why they're there rather
 9 than any other reason.
 10 Mr Hough, I think we're now ready to continue with
 11 the evidence.
 12 MR HOUGH: Yes, sir. The first witness today is
 13 Police Sergeant James Minney.
 14 PS JAMES MINNEY (sworn)
 15 JUDGE LUCRAFT: Good morning, officer. If you wish to sit
 16 for your evidence, that's absolutely fine, there's
 17 a seat just to your side, and there is a microphone at
 18 that desk too. So if you wouldn't mind just pulling the
 19 microphone just towards you, it will help to amplify
 20 your voice.
 21 The documents that you may be shown will appear
 22 either on the small screen in front of you or on the
 23 larger screen in court, all right?
 24 Questions by MR HOUGH QC
 25 MR HOUGH: Would you please give your full name and rank for

4

1 the court.
 2 A. Certainly, sir. It's James Minney, police sergeant, on
 3 the Support Group, City of London Police.
 4 Q. You understand, Mr Minney, that I'm asking you questions
 5 first on behalf of the Coroner and then it may be that
 6 you have some questions from others?
 7 A. Yes, sir.
 8 Q. You made a witness statement about the matters we're
 9 going to be dealing with on 12 February 2020, and we may
 10 refer to that.
 11 A. Yes, sir.
 12 Q. You have told us that you are an officer in the City of
 13 London Police. Were you on duty on 29 November 2019?
 14 A. I was, sir.
 15 Q. And what time of day, approximately, did you start duty
 16 that day?
 17 A. It was around about 1 o'clock. I was early. I was
 18 meant to be on the late turn shift, so I was early for
 19 the late turn.
 20 Q. At around 2 o'clock that day, so about an hour after you
 21 started duty, where were you?
 22 A. I was on the eighth floor at Wood Street Police Station.
 23 Q. We've heard that various others were also on the eighth
 24 floor, from whom we heard yesterday, including
 25 PC Langtry and PS Murphy?

5

1 A. That's correct.
 2 Q. As you were there, did you hear any radio messages
 3 coming through which required your particular attention?
 4 A. There was a radio call to a stabbing on London Bridge.
 5 Q. Did it at that point have any more information?
 6 A. Not at that time, sir.
 7 Q. What did you and your colleagues then do?
 8 A. We made our way to the rear yard to get into the van,
 9 and as we were down there, there was a further call that
 10 shots had been fired by police.
 11 Q. Did you at that stage understand what sort of incident
 12 you were responding to?
 13 A. At that stage, no, sir.
 14 Q. Did you then travel to the scene in one of the police
 15 vans there?
 16 A. We did, yes.
 17 Q. Which colleagues were with you?
 18 A. PS Murphy, PC Langtry, PC Parke and PC Bennett.
 19 Q. We have heard that that vehicle approached from the
 20 north, coming towards the bridge.
 21 A. That's correct.
 22 Q. And may we put on screen a photograph the jury will now
 23 be very familiar with, {PH0002/25}. We can see here
 24 an aerial view with the viewer above the middle of
 25 London Bridge looking north towards the junction with

6

1 Cannon Street in the far distance?
 2 A. Yes.
 3 Q. Where did your van come to a halt?
 4 A. It's just if you see to the top of the picture by the
 5 scaffolding on the northbound carriageway, just at the
 6 top of the bridge.
 7 Q. Leaving the vehicle, where did you go initially?
 8 A. We ran southbound in the northbound carriageway towards
 9 the marked police vehicles.
 10 Q. You refer to marked police vehicles: how many, and where
 11 were they?
 12 A. I believe there was two at the time and they were just
 13 outside the entrance to Fishmongers' Hall.
 14 Q. In the northbound or southbound carriageway?
 15 A. Correct.
 16 Q. In which carriageway?
 17 A. Sorry, the northbound carriageway.
 18 Q. So you had brought your vehicle to a halt near the
 19 scaffolding and you ran along the carriageway towards
 20 vehicles which were parked near the entrance to
 21 Fishmongers' Hall?
 22 A. Yes.
 23 Q. As you were going, were any of the officers already
 24 there telling you anything or directing you?
 25 A. I think it was when we got down to the armed officers

7

1 and we've asked what they wanted us to do and they've
 2 said to clear the bridge.
 3 Q. So as you approached it was evident that there were
 4 armed officers present?
 5 A. Yes.
 6 Q. And they told you to clear the bridge?
 7 A. They did, yes.
 8 Q. Could you see what the officers were concerned with and
 9 anything else that told you more about the scene you
 10 were dealing with?
 11 A. Sir, the officers had their guns drawn, they were
 12 pointing towards a male that was down in the prone
 13 position on the floor on the footway, and, like I say,
 14 they had their weapons drawn towards him.
 15 Q. There's no mystery or controversy about the position of
 16 that figure, I think that figure was where we now see
 17 the blue and yellow tent that's closest to us, so the
 18 one on the bridge rather than the one near the entrance
 19 to Fishmongers' Hall.
 20 A. That's correct, sir.
 21 Q. At that point could you make an assessment or guess as
 22 to what was going on?
 23 A. At that stage no, sir, it's still -- obviously we've
 24 turned up, the officers, the armed officers were
 25 engaging the suspect and at that point we were just told

8

1 to clear the bridge.
 2 Q. What do you then do to clear the bridge?
 3 A. I started giving loud verbal commands with my
 4 colleagues, and at that point, the crowds of people that
 5 were there just bomb burst north and south and it
 6 created a large sterile area.
 7 Q. In practical terms, what did you, personally, do to
 8 clear people out of the way and create that sterile
 9 area?
 10 A. Shouted "Clear the bridge, clear the bridge".
 11 Q. Were you clearing only pedestrians, or vehicles as well?
 12 A. A mixture of pedestrians and drivers to get out their
 13 vehicles.
 14 Q. So you had, just to visualise the scene, pedestrians
 15 running in both directions to get off the bridge and
 16 drivers getting out of their cars and vans and trucks
 17 and running in both directions?
 18 A. That's correct.
 19 Q. After you had been doing that for a time, did you go
 20 elsewhere?
 21 A. I did. I went back towards the armed officers and at
 22 that point, somebody came out of Fishmongers' and
 23 shouted for a defib.
 24 Q. We can see the entrance to Fishmongers' Hall if we put
 25 on the screen {PH0050/1}. Here is the main entrance to

9

1 the building. Where was the person who you say called
 2 out to you?
 3 A. They were at the top of the steps, just in the doorway
 4 to Fishmongers'.
 5 Q. What sort of person was it?
 6 A. I can't remember if it was a police officer or a member
 7 of staff.
 8 Q. You say that the request was for a defib, a
 9 defibrillator ?
 10 A. That's correct, sir.
 11 Q. Did that then tell you that there were injured people
 12 inside?
 13 A. It did, yes.
 14 Q. Did you previously know that there were injured people
 15 inside?
 16 A. Not at this stage, no.
 17 Q. So what did you do about getting a defibrillator?
 18 A. I have asked the armed officers if they had
 19 a defibrillator and somebody has thrown a first aid bag
 20 towards me.
 21 Q. Where did you then go?
 22 A. I then went into Fishmongers' Hall.
 23 Q. The jury have seen footage showing you going into
 24 Fishmongers' Hall at 14.07.32, so 2.07 in the afternoon,
 25 which would be eight minutes after the first emergency

10

1 call, suggesting that everything you've described,
 2 running downstairs, getting to the scene and clearing
 3 the bridge, had happened in a small number of minutes?
 4 A. Yes.
 5 Q. If we put on screen {PH0057/2} we will see the scene
 6 that immediately greeted the viewer inside
 7 Fishmongers' Hall, but cleared of people, of course.
 8 Looking at that scene, how did it appear to you when you
 9 entered?
 10 A. So there was quite a few people within -- this is the
 11 foyer within Fishmongers'. There was an injured female
 12 down to the left. There was a walking wounded male just
 13 to the right on a chair. There was quite a bit of blood
 14 on the tiles on the floor.
 15 Q. We know that the injured female over to the left was
 16 Izzy Rowbotham. I think you know that now?
 17 A. That's correct, sir.
 18 Q. Was the injured male on the right in the seat
 19 a uniformed member of staff?
 20 A. Yes, sir.
 21 Q. We understand that to be Lukasz, the porter. I don't
 22 know if you are aware of that.
 23 A. No.
 24 Q. Where did you then go having entered that foyer?
 25 A. I could also see there was an injured female through the

11

1 left-hand door which was at the foot of the stairs, and
 2 that was Saskia.
 3 Q. Did you go to her or elsewhere?
 4 A. I went towards her and then I asked if there was anyone
 5 else that was injured, and I was directed towards the
 6 security room, which is just to the right of that
 7 picture.
 8 Q. We can look at that if we move to page 7 of the same
 9 file {PH0057/7}. That, I think, is the entrance to the
 10 office?
 11 A. That is, sir.
 12 Q. And then next page, {PH0057/8}, a view from further into
 13 the office. When you looked in, what did you see there?
 14 A. I could see a male that was laid on the floor, who I now
 15 know to be Jack, and there were several members of staff
 16 trying to assist him.
 17 Q. What sort of assistance were they giving?
 18 A. They were putting pressure on wounds.
 19 Q. Where were the wounds?
 20 A. I could see there was one on his chest.
 21 Q. How did his condition appear to you when you went in at
 22 that immediate point?
 23 A. Not in a good way, sir. I think I've described it as
 24 that there was no colour in his body and his eyes were
 25 rolling in his head.

12

1 Q. What did you then do to get assistance?
 2 A. I have then gone back to the entrance to
 3 Fishmongers' and shouted for more officers to come and
 4 join me inside.
 5 Q. Again, we have seen video footage which indicates that
 6 you were at the door to Fishmongers' shouting for that
 7 about 30 seconds after you had originally entered.
 8 A. Yes.
 9 Q. Does that square with your memory of things?
 10 A. It does indeed, sir .
 11 Q. Did other officers respond to your call?
 12 A. They did, they came towards me.
 13 Q. Who were those officers?
 14 A. There was PS Murphy, PC Langtry, PC Nash and PC Parke.
 15 Q. We have seen footage of them entering at 14.08, so very
 16 quickly in response to your call ; is that right?
 17 A. That's correct.
 18 Q. Where did you direct them?
 19 A. I directed the first officers into the security room
 20 because I thought Jack was in the worst condition.
 21 Q. Did you also do anything to provide them with equipment?
 22 A. I recall I threw another first aid bag in there with
 23 them.
 24 Q. So threw a first aid bag into the office where
 25 Jack Merritt was being treated?

13

1 A. That's correct.
 2 Q. And where had you got that bag from?
 3 A. I believe it was one that had been passed from one of
 4 the firearms officers .
 5 Q. Did you provide medical equipment to any of the other
 6 officers assisting with any of the other injured?
 7 A. I believe I took another medical bag towards the
 8 officers that were dealing with Saskia as well , and Izzy
 9 as well just to the left .
 10 Q. Around this time, did you become aware of anything going
 11 on outside the building?
 12 A. I could hear on my radio there was talk of an IED, and
 13 also talk of a critical shot being requested to be
 14 authorised.
 15 Q. We heard those requests on the footage taken from the
 16 helicopter overlooking the scene, and those can be timed
 17 to about 14.09. So about a minute or so after PS Murphy
 18 and PC Langtry had entered; again, does that sound
 19 sensible to you?
 20 A. It does, sir .
 21 Q. As the shout was heard over the radio requesting
 22 critical shot authorisation, what directions were you
 23 giving in and around the hall?
 24 A. For people to get down.
 25 Q. Because you knew shots were about to be fired?

14

1 A. Yes.
 2 Q. Did people respond to those requests or instructions
 3 inside the hall?
 4 A. They did. I mean there were several officers that were
 5 giving first aid so they were down on the floor anyway,
 6 but then everyone else that was in the foyer crouched
 7 down.
 8 Q. What did you then do?
 9 A. If I remember it, recall , sir , I crouched down myself by
 10 the doorway.
 11 Q. Were shots then heard?
 12 A. Multiple shots were fired at that point.
 13 Q. Did you come to a point in time when you thought it was
 14 safe to get up, or at least that it was right to get up?
 15 A. I did believe so, yes, sir .
 16 Q. What made you decide that either it was safe or that it
 17 was the right thing to do to get up?
 18 A. I think at that point the shots had ceased.
 19 Q. So there was a volley of shots, is this right , and then
 20 there was a long pause, and at that point you decided it
 21 must be safe to get up?
 22 A. Yes, sir .
 23 Q. What did you then proceed to do?
 24 A. I think I then tried to, if I remember rightly, sir ,
 25 I've got a piece of paper and I started to write down

15

1 the number and nature of casualties that we had.
 2 Q. I think we can bring up that piece of paper {WS0628/15}.
 3 Is this the piece of paper with your handwriting on it?
 4 A. That is correct , sir , yes.
 5 Q. Now, it's part of the delegate pack for the event, so
 6 can we assume that you would have picked it up inside as
 7 a convenient bit of paper?
 8 A. That's correct. There was a large mahogany table which
 9 had a load of paper on there and I've just picked it up
 10 from that table.
 11 Q. Obviously these are rough notes from you. Can you
 12 interpret them for us?
 13 A. So at the top that is four times casualties , and then
 14 I've got one female, I think that's unconscious,
 15 non-responsive, having CPR. It's one unconscious, CPR,
 16 not breathing. Further down it's one female, conscious,
 17 breathing. I can't remember what the 2 is there, and
 18 then I've got one male, conscious, breathing, and
 19 I think is one stab wound, and a bit further down
 20 I think it changes to five casualties .
 21 Q. So you initially thought that there were four
 22 casualties , and the first you recorded was a female
 23 casualty who was receiving CPR and was not responsive?
 24 A. Correct.
 25 Q. So does that tell us at that stage you were noting down

16

1 information from colleagues dealing with Saskia?
 2 A. That's correct, sir.
 3 Q. And that she wasn't responsive?
 4 A. Yes, sir.
 5 Q. And then we have a further casualty identified receiving
 6 CPR, who was not breathing at that stage. Is that
 7 a reference to the man in the reception office,
 8 Jack Merritt?
 9 A. That's correct.
 10 Q. By the time you were writing this down, the information
 11 coming to you must have been that he wasn't breathing?
 12 A. Correct.
 13 Q. Then we have one female casualty mentioned who was
 14 conscious and breathing. Do we take that to be
 15 a reference to Izzy Rowbotham?
 16 A. That's correct, sir.
 17 Q. And then one male, conscious and breathing, with a stab
 18 wound, a reference, I presume, to Lukasz --
 19 A. Yes, sir.
 20 Q. -- the walking wounded?
 21 Then you've added further down, another casualty who
 22 presumably came to your attention later. A female
 23 casualty, and we can take that, I think, by a process of
 24 elimination to be Stephanie Szcotko.
 25 A. That's correct, sir.

17

1 Q. Did you also try to discover some information about the
 2 suspect?
 3 A. I did, sir. I was quite conscious whether or not this
 4 was a lone suspect or whether or not there was anyone
 5 else concerned, and whether or not it had originated
 6 from within, or had come in off the street.
 7 Q. Because one of the critical things with a marauding
 8 terrorist attack is to establish the number and position
 9 of all attackers?
 10 A. That's correct, sir.
 11 Q. May we go to the previous page, {WS0628/14} and if we
 12 can turn it around by 180 degrees, and just look at the
 13 bottom of it where you have jotted some notes upside
 14 down.
 15 Can you interpret these notes for us, please?
 16 A. I can, sir, but I'm just trying to remember whether
 17 these were done at the scene or whether or not it was at
 18 the survivor reception centre but as I can remember
 19 rightly, this was given to somebody who wrote -- that's
 20 not my handwriting -- I think it was given by somebody,
 21 from memory, who the suspect was.
 22 Q. So somebody told you that the suspect was Usman Khan,
 23 aged 28 or 29, who had served eight years in prison and
 24 had been in Whitemoor Prison?
 25 A. Correct.

18

1 Q. And the name of Kenneth Skelton, who was Usman Khan's
 2 probation officer, was given to you?
 3 A. That's correct, sir.
 4 Q. We can take that off screen now.
 5 So is this right, we've got a picture of you trying
 6 to give some direction while officers are dealing with
 7 each of those who have been injured?
 8 A. That's correct, sir.
 9 Q. After a time, did some firearms officers enter the
 10 building?
 11 A. They did, yes.
 12 Q. We've seen footage suggesting that that happened at
 13 around 2.19 pm, so after you had been in the building
 14 for a little over 10 minutes?
 15 A. Yes, sir.
 16 Q. Did other emergency services personnel start coming in
 17 as well?
 18 A. I'm trying to remember the timeline, but there was
 19 a time when the HEMS doctors and the LAS have turned up.
 20 Q. We've seen footage showing that the LAS medics came in
 21 a minute or so before the HEMS clinicians, the LAS at
 22 14.21, the HEMS clinicians at 14.22.
 23 A. Yes, sir.
 24 Q. But in any event, you saw them coming in?
 25 A. I did, sir, yes.

19

1 Q. Where did the LAS medics initially go?
 2 A. Into the security room where Jack was.
 3 Q. Is that because they had been directed by you and
 4 others, or don't you know?
 5 A. I can't recall, sir.
 6 Q. Did medical staff also go to the assistance of the woman
 7 in critical condition at the foot of the main staircase?
 8 A. They did, sir, yes.
 9 Q. As time went by, did further firearms officers enter the
 10 building?
 11 A. They did.
 12 Q. It may be obvious to you, but for our benefit, what were
 13 those officers doing?
 14 A. So they were clearing and searching the venue.
 15 Q. We've heard that members of the public were evacuated
 16 out of the building in a number of stages, first of all
 17 some people leaving really very quickly, and then others
 18 being taken out by police officers.
 19 A. That's correct.
 20 Q. That's how you recall it, is it?
 21 A. Yes.
 22 Q. Did you provide any assistance with that process?
 23 A. Sir, the injured have gone out of the front of
 24 Fishmongers', and then I've gathered all the witnesses
 25 and police officers that were still left within the --

20

1 unarmed police officers that were left within
 2 Fishmongers', gathered them all together, and then we've
 3 looked to go out via the rear of Fishmongers'.
 4 Q. And as you have indicated, ultimately taken to
 5 a survivor reception centre?
 6 A. That's correct, sir.
 7 Q. And just to be clear, the reason why you were seeking
 8 information about the suspect, including at the survivor
 9 reception centre, is that in the aftermath of
 10 a terrorist attack, it is very important to get
 11 information about the suspect and make investigations
 12 immediately?
 13 A. That's correct, sir.
 14 MR HOUGH: Thank you very much. Those are all the questions
 15 that I have. It may be that others will have questions.
 16 I see heads shaking.
 17 JUDGE LUCRAFT: Again, thank you very much indeed, officer,
 18 for coming along and giving us your account of what
 19 happened on that day. Thank you very much.
 20 A. Thank you, sir.
 21 MR HOUGH: Sir, the next witness is Carlton Cullinan of the
 22 London Ambulance Service. I think the witness table
 23 will just be wiped down before you are asked to occupy
 24 it.
 25

21

1 MR CARLTON CULLINAN (affirmed)
 2 JUDGE LUCRAFT: Mr Cullinan, good morning.
 3 A. Good morning.
 4 JUDGE LUCRAFT: As you have seen with the previous witness,
 5 if you wish to stand, that's fine, if you wish to take
 6 a seat, that's equally fine, whichever you would be most
 7 comfortable doing.
 8 A. I think I'll sit.
 9 JUDGE LUCRAFT: Thank you. And again, Mr Cullinan, you have
 10 been in the room to know that the microphone will help
 11 amplify your voice, so speak clearly into that, that
 12 will help us all. Thank you very much.
 13 A. Yes, sir.
 14 Questions by MR HOUGH QC
 15 MR HOUGH: Would you please give your full name for the
 16 court record.
 17 A. Carlton Gabriel Cullinan.
 18 Q. Mr Cullinan, you will understand that I am asking
 19 questions first on behalf of the Coroner, and then you
 20 may or may not receive questions from others?
 21 A. Yes.
 22 Q. You also know that you made a witness statement about
 23 matters we are concerned with on 9 February last year.
 24 You have, I think, that with you, and you may refer to
 25 it as you wish.

22

1 A. Yes, sir.
 2 Q. What is your occupation?
 3 A. Paramedic.
 4 Q. For the London Ambulance Service?
 5 A. Yes, correct.
 6 Q. By the time of the attack we're concerned with
 7 in November 2019, how long had you been a paramedic?
 8 A. Just short of four years.
 9 Q. Were you a member of something called the Tactical
 10 Response Unit?
 11 A. Yes, that's correct.
 12 Q. What is that and what are its functions?
 13 A. So the Tactical Response Unit, we primarily work as
 14 solely responders, responding to normal 999 calls, and
 15 we also receive extra training and extra PPE, protective
 16 equipment, that allows us or enables us to work in
 17 a warm zone.
 18 Q. So as well as working as solo responder paramedics in
 19 the ordinary way, you also have special ballistic
 20 armour.
 21 A. That's correct.
 22 Q. And you can be deployed as a result of that and as
 23 a result of your special training into a warm zone?
 24 A. Yes, an MTA warm zone.
 25 JUDGE LUCRAFT: Some of us might detect a very faint

23

1 Australian accent.
 2 A. Yes, that's correct, sir.
 3 JUDGE LUCRAFT: And you probably trained back in Australia?
 4 A. Yes, I did my bachelor's degree in Australia and then
 5 came over as a graduate.
 6 JUDGE LUCRAFT: Thank you.
 7 MR HOUGH: Warm zones the jury have heard referred to
 8 already. Is that a term to describe an area where
 9 a terrorist attacker has been and to which they may
 10 return?
 11 A. Yes, correct.
 12 Q. On 29 November 2019, were you on duty in your usual
 13 capacity as a solo unit?
 14 A. Yes.
 15 Q. What was your call sign on that day?
 16 A. It would have been Yankee 953.
 17 Q. At around 2 o'clock on that day, where were you and what
 18 were you doing?
 19 A. I had met up with a colleague who also works in TRU for
 20 lunch on Cheapside.
 21 Q. Was that Nick Eve?
 22 A. Yes, correct.
 23 Q. Another LAS solo paramedic and member of the TRU team?
 24 A. Correct.
 25 Q. Did either of you receive any messages while you were

24

1 having lunch?
 2 A. So, yes, Nick Eve received a call on his radio asking
 3 him if he had received a call down his screen.
 4 Q. Had he been aware of a message on his mobile data
 5 terminal?
 6 A. No.
 7 Q. Did he then check it?
 8 A. Yes.
 9 Q. What did it tell him?
 10 A. It told him a female stabbed, I believe male shot as
 11 well.
 12 Q. Did the message say where this had happened?
 13 A. It said just London Bridge.
 14 Q. Now you, I think, wrote up a log which we're going to
 15 look at now.
 16 A. Mm—hm.
 17 Q. And we're going to keep that on the screen and use it to
 18 identify various of the things that happened.
 19 A. Okay.
 20 Q. {DC6151/10}, please. Is this your
 21 London Ambulance Service log?
 22 A. Yes, correct.
 23 Q. When did you write up this log?
 24 A. This was written up the day after.
 25 Q. What did you use to establish the times on this log?

25

1 A. So we used the call log which was printed by the control
 2 room to be able to get the times.
 3 Q. Is this right, we may look at this a little later, the
 4 London Ambulance Service produces a call log for
 5 an incident with details for each call sign, when the
 6 vehicle moved and when it arrived at the destination and
 7 so on?
 8 A. Yes, correct.
 9 Q. So looking at this first of all, 14.06, what happened at
 10 that time?
 11 A. So that was the time that we were told — Nick received
 12 the call on his radio to say that he had received
 13 a call.
 14 Q. Where did you and he then go?
 15 A. He got in his car, which we were standing next to, and
 16 I went towards my vehicle, which was parked down
 17 the road a bit further.
 18 Q. Did you have far to go?
 19 A. No, not far, maybe 30 seconds.
 20 Q. I think you had been having lunch with him on Cheapside?
 21 A. Yes, correct.
 22 Q. And so a very short distance from there to
 23 London Bridge?
 24 A. Yes.
 25 Q. What time did you arrive at the scene?

26

1 A. 14.09.
 2 Q. Where did you come to a halt?
 3 A. I initially pulled up next to Nick Eve's car, which was
 4 on the southbound side of London Bridge, or King William
 5 Street, at the intersection, as the road was blocked by
 6 a police vehicle. I reversed back slightly and then
 7 ended up parking next to a police van that was on the
 8 northbound side of the road.
 9 Q. What did you do on arrival?
 10 A. I went straight to Nick's vehicle, as we weren't sure
 11 what was going on at this point, why the road was
 12 blocked, and went to liaise with him to try and find out
 13 more information.
 14 Q. Now, the log that you prepared notes at 14.10 you
 15 liaising with Y958 to establish what was happening; is
 16 that the time of your initial discussion with Mr Eve?
 17 A. Approximately, yes. It's based on what time we arrived,
 18 I assumed it would be about — around then.
 19 Q. What was going on around you?
 20 A. Just lots of — lots of police running to the scene.
 21 There were a lot of City Police yelling to clear,
 22 pushing people back down the tube entrance and saying
 23 not to come out, to stay back down, and just generally
 24 a lot of noise and alarms and police running towards the
 25 bridge.

27

1 Q. We can take your log off screen for a moment, we will
 2 return to it, but just to look at a photograph of the
 3 scene, {PH0002/25}. We're now looking from the middle
 4 of London Bridge north towards the junction at Monument
 5 station. Just using that photograph, can you identify
 6 where you were and what was going on around you?
 7 A. Yes, so right to the top, on the northbound side you can
 8 see a vehicle right at the end. That would be
 9 approximately where I was parked at that intersection.
 10 Q. So are you identifying the area at the junction with
 11 Monument or closer to us, just closer than the
 12 scaffolding?
 13 A. No, further away from the scaffolding.
 14 Q. So you were further to the north of the scaffolding —
 15 A. Correct.
 16 Q. — up near the junction at Monument station?
 17 A. Correct.
 18 Q. You were about to tell us what was going on around you
 19 at that point.
 20 A. When I arrived, sorry?
 21 Q. When you were having your discussion with Mr Eve.
 22 A. Okay, yes. So Nick had told me, again, someone had been
 23 shot. As we were discussing what could possibly be
 24 happening, we heard more gunfire, at which point there
 25 was a bit of confusion because we thought — I think

28

1 I assumed that someone had been stabbed and then the
 2 person that was shot was most likely the person that had
 3 been attacking, and then it was confusing as to why
 4 there was more gunfire. So we were speculating as to
 5 who that could be, if that was police shooting at
 6 someone or someone shooting at police, so at that point
 7 it was, yes, just confusion really .
 8 Q. How did you react to the fact that gunfire was going on?
 9 What did you do to prepare yourself?
 10 A. So Nick started reporting back to our control room what
 11 was happening, so I didn't bother to add on to that,
 12 there's no point repeating information, so I went back
 13 to where my car was parked and started putting on my
 14 ballistic equipment or protection.
 15 Q. If we return to your log, {DC6151/11}. We see you have
 16 timed to approximately 14.11 when you heard the gunfire,
 17 which we know is an accurate timing, and that you then
 18 took your ballistic PPE from your vehicle.
 19 A. Correct.
 20 Q. You then refer in the log to the gunfire stopping
 21 briefly and then continuing again for one to two minutes
 22 before stopping completely?
 23 A. Yes, we heard — the initial shots sounded like single
 24 shots, just one, then followed briefly by another, and
 25 then there seemed to be more of a flurry of shots quite

29

1 quickly together, and then as I was putting my ballistic
 2 equipment on, another single shot from there.
 3 Q. Were there police officers around you at this point?
 4 A. We could see police officers but not within sort of
 5 talking distance, no.
 6 Q. After the gunfire had stopped, what did you do or where
 7 did you go?
 8 A. So again it was — we stayed where we were. Obviously
 9 there was the police van, which I stood behind, to
 10 provide a bit of cover from view if there was still
 11 someone shooting at police, if there was an assailant,
 12 and then it was just waiting there to essentially see
 13 what would happen or where we could go, what we could
 14 do.
 15 We started to set up an area where, if people were
 16 to come — injured people were to come out to us, we
 17 could start treating them with some basic haemorrhage
 18 control bandages, different things like that, getting
 19 things out of the cars ready, just in case, and then
 20 HEMS arrived shortly after that.
 21 Q. HEMS arrived; that's a medical team from the Helicopter
 22 Emergency Medical Service?
 23 A. Yes, correct.
 24 Q. But not in a helicopter?
 25 A. No, on a car.

30

1 Q. Just to be clear, because this may not be something the
 2 jury are familiar with, HEMS also operates fast—response
 3 road vehicles, cars, as well as helicopters?
 4 A. That's correct.
 5 Q. And the team from HEMS arrived on the scene. Their call
 6 sign, I think, is DM01, a call sign we see referred to
 7 in the next log entry.
 8 A. Correct.
 9 Q. And you give the timing of 14.15 of those medics being
 10 on the scene. Once they arrived, do you have any
 11 conversation with them?
 12 A. Not myself personally. I stayed where Nick's vehicle
 13 was and Nick went to approach their vehicle, as we had
 14 just heard the gunfire, to basically say: this is what's
 15 happened, there's still active gunfire, so we don't,
 16 essentially, put ourselves at risk, so he has gone to
 17 fill them in on everything that we knew, which at this
 18 point wasn't very much. I believe he had some clue of
 19 the casualties, I'm not sure how, which he then passed
 20 on to them as well.
 21 Q. In your log you record that he, Y958, was providing the
 22 emergency operations centre with updates by his radio?
 23 A. Correct.
 24 Q. In the period that followed, did you get some
 25 information and directions from the police?

31

1 A. Yes. So I approached a female City police officer who
 2 told us we had five casualties and that two were in
 3 traumatic cardiac arrest, and that the assailant had
 4 been shot.
 5 Q. Did the officer give you any indication about what you
 6 should do?
 7 A. No, not at that stage.
 8 Q. Did you decide to remain in position or to move forward?
 9 A. We decided to stay where we were still, and we were
 10 still putting on some of our protective equipment as
 11 well, so we have the vest and the helmet, but we also
 12 have ear protectors which hook up to our radio. They
 13 take a bit of time to set up.
 14 Q. And of course as you've told us, you had also been
 15 setting up equipment in order to provide medical care if
 16 casualties were brought to you?
 17 A. Yes.
 18 Q. Did a time come shortly after that that you became aware
 19 you could go forward?
 20 A. Yes, we were approached by an armed police officer who
 21 was yelling out to us for LAS, and that we should come
 22 forward with him. He, again, gave us a very brief
 23 overview of the situation, which was basically a repeat
 24 of the City police officer, which was five casualties,
 25 two in cardiac arrest, that we would be going into

32

1 a warm zone and that we were safe to go with him.
 2 Q. Is this right: even Tactical Response Unit officers such
 3 as yourself would go into a warm zone with armed police
 4 protection ordinarily?
 5 A. Correct.
 6 Q. May we go to the next page of your log, {DC6151/12}, you
 7 time to 14.21 the time that you were approached by the
 8 armed officers and told you could go forward to
 9 London Bridge with armed police protection?
 10 A. Yes. That was the time on the call log. I believe it
 11 may have actually been a few minutes before that, but
 12 due to them typing it up on the call log itself, was
 13 slightly delayed.
 14 Q. As you prepared to go forward, did you have any further
 15 discussions with the HEMS medics?
 16 A. Yes, so we thought we were going on to the bridge --
 17 sorry, I forgot to mention as well, we were told
 18 about -- and the IED. So we were told -- we thought we
 19 were going onto the bridge and our plan was, which we
 20 made with HEMS as well, was for us to go forward into
 21 the warm zone with the officer and to extricate the two
 22 patients in cardiac arrest back to a safer distance away
 23 from what was happening.
 24 Q. Just so we can understand, what's the rationale behind
 25 taking patients in cardiac arrest out of the scene to

33

1 a HEMS team outside?
 2 A. Purely from the danger aspect, so we are able to, with
 3 the extra equipment, go into a warm zone with a bit more
 4 safety, with the idea that if we then drag them out,
 5 they're able to receive more care than what they would
 6 from us as we only carry basics into a warm zone. By
 7 taking them out, they're able to get extra care, they're
 8 closer to ambulances that will be able to convey to
 9 hospital, as they're not -- it's not safe in the warm
 10 zone.
 11 Q. Is this right, just so the jury can understand the
 12 different levels of expertise and equipment: police
 13 officers like those they have been hearing from can
 14 provide first aid and CPR with their training?
 15 A. Mm--hm.
 16 Q. And can use the equipment in a police medical bag or
 17 a defibrillator?
 18 A. Correct.
 19 Q. You in your vehicles will have more equipment, a more
 20 sophisticated defibrillator and medication and so on?
 21 A. Yes, and just more monitoring, so blood pressure, oxygen
 22 saturations, et cetera.
 23 Q. Whereas HEMS, at the other end of the spectrum, have the
 24 equipment to undertake surgery on scene, have blood for
 25 transfusion and so on?

34

1 A. Exactly. Yes, correct.
 2 Q. Were you then taken by the armed officers down towards
 3 Fishmongers' Hall?
 4 A. Yes, correct.
 5 Q. At that point did you know precisely where you were
 6 going?
 7 A. No, I still assumed we were heading towards the bridge
 8 in the open.
 9 Q. As you went, was that assumption changed?
 10 A. It was only changed once we were nearly at the base of
 11 the stairs leading into Fishmongers' Hall.
 12 Q. At that point were you told by one of the armed officers
 13 it's into this building?
 14 A. Yes, correct.
 15 Q. We can time you and Mr Eve entering Fishmongers' Hall to
 16 14.21.19 precisely. So that, again, would suggest that
 17 this entry which you've timed at 14.21 is in fact
 18 a little bit later than the discussion actually
 19 happened?
 20 A. Yes.
 21 Q. May we put on screen a photograph of the entrance foyer
 22 of Fishmongers' Hall, {PH0057/2} another photograph
 23 familiar to the jury. What did you see on entering that
 24 scene?
 25 A. So this scene, obviously a lot more police, it was very

35

1 crowded, a lot of blood. There was blood down the
 2 staircase at the front, and then a patient to the left
 3 who I treated afterwards and now know is Isobel, who was
 4 being treated by some armed police already and, yes,
 5 just generally messy and chaotic.
 6 Q. Where were you directed to go?
 7 A. To the right, to a room to the right--hand side.
 8 Q. May we put on screen {PH0057/8}, so page 8 of the same
 9 file. Is this a view of the office, obviously without
 10 the people who were in when you entered?
 11 A. Yes, correct.
 12 Q. Who was inside when you entered?
 13 A. Police. I'm not sure who. I remember specifically one
 14 female police officer.
 15 Q. Was there a casualty in the room?
 16 A. Yes. There was the male who I now know is Jack, he was
 17 laying with his feet towards the entrance and his head
 18 towards the right--hand side.
 19 Q. You had been told that there were patients in cardiac
 20 arrest; what did you immediately work out about this man
 21 and his condition?
 22 A. So as I've entered the room, there was police performing
 23 compressions, chest compressions, and also providing
 24 ventilation with a little plastic device and giving
 25 mouth--to--mouth to Jack. It was, yes, quite a calm scene

36

1 by the time I arrived, to be honest. There was a lot of
 2 blood, and I remember seeing dressings on his chest and
 3 tourniquets that the police had already applied.
 4 Q. The fact that he was receiving CPR of course told you
 5 that he had gone into cardiac arrest?
 6 A. Yes.
 7 Q. Was a defibrillator in use?
 8 A. Yes, there was.
 9 Q. Was it giving out any messages?
 10 A. Yes, so as I've arrived, they've paused compressions,
 11 that was from the female, I believe, who said to stand
 12 back, it's analysing, or it's checking, it's about to
 13 shock, I think is what she said, and then it's -- the
 14 defibrillator has analysed and advised no shock.
 15 Q. What did you tell the officers?
 16 A. From that point it was just to continue what they were
 17 doing, and that our plan was to extricate Jack to our
 18 CCP we created, or collection point, casualty collection
 19 point, which was near our cars.
 20 Q. So that casualty collection point was up towards the
 21 junction at Monument station?
 22 A. Correct.
 23 Q. Did you tell the officers how to get Jack there?
 24 A. So we have as part of the Tactical Response Unit these
 25 devices called a Sked, and I was instructing them on how

37

1 to get him onto that. So we rolled it out, it's quite
 2 unfamiliar, I think, to a lot of police, and it's
 3 designed to be dragged, so it was a case of just to keep
 4 going with what they were doing, and then once we were
 5 putting him onto the Sked, to stop all attempts at
 6 anything, because you can't do chest compressions and
 7 extricate, to put him onto the Sked and to slide him out
 8 and straight out to our cars.
 9 Q. May we return to your log, please, {DC6151/13}. We see
 10 an entry at 14.22 referring to you entering
 11 Fishmongers' Hall. As I say, we know it was 14.21 that
 12 you entered, that you record in your log that you were
 13 directed to a small room to the right of the entrance,
 14 the police were performing CPR, that there was
 15 a significant amount of blood, and that the
 16 defibrillator which was attached was advising no shock?
 17 A. Correct.
 18 Q. You then record that you told the police of the plan to
 19 extricate the patient and take him to the HEMS team,
 20 call sign DM01?
 21 A. Correct.
 22 Q. And you record that you assisted in putting him onto the
 23 Sked, the yellow drag sheet?
 24 A. Yes, that's correct.
 25 Q. Did the officers then proceed to take him out of the

38

1 building and convey him north?
 2 A. Yes, correct.
 3 Q. Again, it's very obvious to you as a professional in
 4 this area, but just for our benefit, what's the
 5 rationale behind taking somebody out of the scene, even
 6 when that involves ceasing CPR, and when there are lots
 7 of police around to protect them at the scene?
 8 A. So the rationale is to get out of the warm zone to
 9 somewhere more safe. My understanding was that as TRU,
 10 and also HART, we can work in a warm zone, but not
 11 anyone else can, so the idea is to get these patients
 12 out for more extensive treatment from more advanced
 13 clinicians and doctors who can perform surgeries, and
 14 potentially help save the patient.
 15 Q. And, again, an obvious question for you, why is it so
 16 important for somebody who has sustained a lot of blood
 17 loss to receive urgent surgical treatment, and the kind
 18 of specialist clinical care which the HEMS team can
 19 provide?
 20 A. So the HEMS team are also able to give blood to then
 21 help with the circulation, and provide oxygen to tissue.
 22 Q. Now, we know that in fact a HEMS team came into the
 23 building very shortly after you did --
 24 A. Correct.
 25 Q. -- even though it was a warm zone. Did you become aware

39

1 of that?
 2 A. Yes. As -- just after we had put Jack on the Sked, we
 3 were dragging -- our plan was to drag the two out to our
 4 cars, HEMS were in the foyer, so that's when I was aware
 5 that they had come in as well.
 6 Q. That was a little unexpected, was it, in view of your
 7 plan to take casualties to them at Monument?
 8 A. Yes, it did confuse me slightly, yes.
 9 Q. After the police had taken Jack out of the building, did
 10 you remain there?
 11 A. Yes. I think just with a bit of -- with the extra
 12 confusion I remember yelling for them to stop, for the
 13 police, but at this point they were already down the
 14 stairs and going, and then I was directed to Isobel, or
 15 asked to check on her condition, and report back.
 16 Q. We don't need to hear about her injuries because our
 17 focus is on those who died.
 18 A. Mm--hm.
 19 Q. And because we don't need to go into the detail of her
 20 care.
 21 A. Okay.
 22 Q. But is it right that you, first of all, provided care to
 23 her and then assisted in getting her out of the
 24 building?
 25 A. That's correct.

40

1 MR HOUGH: Thank you very much. Those are the questions
 2 I have at this stage. I'll look to see if anyone else
 3 has any.
 4 No. Thank you very much for your evidence.
 5 A. Thank you, sir.
 6 JUDGE LUCRAFT: Thank you very much indeed.
 7 A. Thank you.
 8 MR HOUGH: Sir, the next witness is PC Harvey Sampford.
 9 JUDGE LUCRAFT: Thank you.
 10 PC HARVEY SAMPFORD (affirmed)
 11 JUDGE LUCRAFT: Again, officer, please do take a seat.
 12 I'm just going to ask you to make sure the microphone is
 13 there. Thank you very much.
 14 Questions by MR HOUGH QC
 15 MR HOUGH: Could you give your full name and rank for the
 16 court?
 17 A. It's PC Harvey Sampford, a constable with the City of
 18 London Police.
 19 Q. PC Sampford, you appreciate I'm asking you questions
 20 first on behalf of the Coroner?
 21 A. Yes.
 22 Q. You made a witness statement about the matters we're
 23 concerned with on 17 December 2019. We can go to that
 24 as necessary.
 25 You have told us that you were a City of London

41

1 police officer; were you on duty on 29 November 2019?
 2 A. Yes, sir.
 3 Q. What time of day did you start duty?
 4 A. About 1 o'clock in the afternoon.
 5 Q. At about 2 o'clock that day, where were you?
 6 A. I was coming up from a neighbouring police building,
 7 coming up through the basement passage into the main
 8 building of Bishopsgate Police Station.
 9 Q. Did you receive a call to your radio at that time?
 10 A. Yes, so coming between the two buildings there's a drop
 11 in radio signal, so as I've come up and regained signal,
 12 I have then heard that shots had been fired.
 13 Q. Did the initial call tell you where those shots had been
 14 fired?
 15 A. I didn't hear.
 16 Q. What did you then do about responding to that message?
 17 A. So I've then run down to the front of Bishopsgate Police
 18 Station, identified the duty inspector at the time who
 19 has then requested me to try and get a vehicle so that
 20 we can get down there, at which point that is what I've
 21 done, I've obtained two vehicles from our CID.
 22 Q. Were those unmarked vehicles?
 23 A. Yes, they were.
 24 Q. Did you drive one of those vehicles?
 25 A. I was a passenger in the vehicle. A police sergeant,

42

1 John Jeffery, drove with the duty inspector and another
 2 sergeant.
 3 Q. Did you head to the scene with the lights and sirens on?
 4 A. Yes, we did.
 5 Q. As you were going to the scene, did you get any more
 6 information either from your radio or from your
 7 colleagues?
 8 A. I don't recall.
 9 Q. If we can put on the screen the photograph of the scene,
 10 {PH0002/25}. You know this scene very well, a view from
 11 the middle of London Bridge towards the junction up at
 12 Monument station. From which direction did you arrive?
 13 A. So we arrived from what would be the right of this
 14 picture, the top right-hand side, which would be
 15 Gracechurch. We've then swung into the northbound
 16 carriageway and parked facing southbound in the
 17 northbound carriageway.
 18 Q. Now, where did you get down to on King William Street
 19 and London Bridge?
 20 A. So it would be -- at the top left-hand side there was
 21 some kind of shoring or construction work, it was just
 22 north of that.
 23 Q. Were there any other police vehicles in that area when
 24 you arrived?
 25 A. Yes, there were a number of police vehicles. There was

43

1 our support group vehicle that was parked somewhere up
 2 the bridge, and some other response vehicles as well,
 3 our firearms vehicles.
 4 Q. At that point as you arrived, did you know what was
 5 going on at the scene?
 6 A. From the scene and what I'd been told, I had come to the
 7 conclusion that there had been a stabbing and an attack,
 8 but obviously I was not aware at the time of the extent
 9 of it.
 10 Q. Did you receive any instructions?
 11 A. From the duty inspector, Inspector Lewis, he gave
 12 direction to start clearing the buildings that were up
 13 to where we were, and to set in a cordon so that no
 14 members of the public could go further onto the bridge.
 15 Q. What do you do specifically about putting those
 16 instructions into effect?
 17 A. So I got some police tape and closed off the road, put
 18 the tape completely across the road to stop any vehicles
 19 going down that weren't meant to and stop any civilians,
 20 to make it clear that no one should enter the bridge,
 21 and then I began to assist in clearing the buildings to
 22 the right, of any civilians in there, and directing them
 23 away from the bridge.
 24 Q. You refer to putting police tape across the road. Is
 25 that putting it across the mouth of King William Street

44

1 up near the junction?
 2 A. Yes. So it would have been from the nearest tie point
 3 we had, which would have been a lamppost, and that would
 4 have been across both carriageways to make it clear that
 5 no one should go past.
 6 Q. You say you were asked to clear buildings. Which
 7 buildings did you go to in order to clear the public
 8 away?
 9 A. So from memory there was a coffee shop and then a small
 10 bar on the right—hand side. I can't remember their
 11 names.
 12 Q. Where were you directing members of the public to go?
 13 A. I was directing them up northbound towards Cannon
 14 Street, towards other police officers who could then
 15 direct them further to a safe point.
 16 Q. Were you then asked to clear another specific road?
 17 A. So I then noticed that members of the public had been
 18 coming from a small side street, again, just north of
 19 the construction work, from memory it was called
 20 Arthur Street, so I've then run down Arthur Street and
 21 begun to clear members of the public away from
 22 London Bridge.
 23 Q. If we could put on screen a plan, {DC8000/29}, we can
 24 see the Monument junction is over on the right of the
 25 plan, and we can see Arthur Street curving from King

45

1 William Street towards Lower Thames Street. That's
 2 the road you were clearing?
 3 A. Yes, sir.
 4 Q. After that, where did you go?
 5 A. I've then come back up Arthur Street onto the bridge and
 6 taken some, what we call street furniture, some boarders
 7 and things, and placed them in front to stop people
 8 coming back out again onto the bridge and then I've
 9 walked back up towards the junction of King William
 10 Street.
 11 Q. From that position, so at the north end of King William
 12 Street, did you see any police officers helping
 13 casualties?
 14 A. So a short period of time afterwards I've then seen some
 15 City of London police officers bringing out a casualty
 16 on a drag sheet, it was a bright yellow drag sheet, and
 17 calling for assistance, so I've then run down southbound
 18 on London Bridge towards them.
 19 Q. Where did you get to in meeting them?
 20 A. I believe just south of the construction shoring.
 21 Q. If we could put on screen a photograph, {PH0006/3}. We
 22 can see the construction scaffolding over on the left.
 23 You say you got to a point just north of that
 24 scaffolding area?
 25 A. So it was pretty much in line with it or just south of

46

1 the tall part.
 2 Q. When you reached them, what did you do?
 3 A. So I then took over from one of the officers who was
 4 bringing the casualty out, it was the top left—hand side
 5 of the drag sheet, and began to assist evacuating the
 6 casualty up northbound.
 7 Q. How did the condition of the casualty seem to you when
 8 you first grabbed hold of the drag sheet?
 9 A. So the casualty was only in his boxers — it was
 10 a male — he was in his boxers only, he looked very
 11 grey, his eyes were rolled back into his head, and he
 12 didn't look like he was breathing.
 13 Q. He looked like he was?
 14 A. He didn't look like he was breathing.
 15 Q. Thank you. Where did you take the drag sheet?
 16 A. So I assisted in evacuating the casualty up northbound,
 17 it was along to the junction of Cannon Street/King
 18 William Street, it's just round the corner.
 19 Q. Were there any other emergency services vehicles round
 20 there at that point?
 21 A. Yes, a number more had arrived. There was an LAS
 22 vehicle that was parked up on the left of the corner and
 23 that's where we had taken him just in front of.
 24 Q. Were there any LAS staff around the ambulance?
 25 A. Yes, there were two LAS staff who were inside the

47

1 vehicle and got out as we got there.
 2 Q. As you brought the drag sheet to a halt, what did you
 3 and the other officers do for Jack Merritt who was on
 4 the drag sheet, of course?
 5 A. So once he had been evacuated we then commenced CPR
 6 again, waiting for LAS to then set up and continue
 7 assisting.
 8 Q. What part did you play in the CPR?
 9 A. So I did some chest compressions, roughly two to three
 10 round, I believe, in between the defib analysing, and
 11 then continued on until told otherwise.
 12 I also removed the defib pads from the defib that
 13 had been placed on in Fishmongers' and assisted in
 14 placing on the LAS defib.
 15 Q. Again, that was being switched over because, as we've
 16 heard, the LAS have more sophisticated defibrillators;
 17 is that right?
 18 A. That's correct.
 19 Q. During this time, while you were performing CPR, were
 20 there any vital signs from the man?
 21 A. Not that I'm aware of.
 22 Q. While you were there, did the defibrillator that was
 23 used advise a shock at any stage?
 24 A. I can't remember.
 25 Q. In your statement you refer to, at one point, a shock

48

1 being administered and you and other officers moving
 2 back. Is that likely to be right as something in
 3 a statement you wrote closer to the time?
 4 A. Yes, close to the time, yes.
 5 Q. How long did you continue CPR?
 6 A. I couldn't say. It was three to four rounds, and each
 7 time we would swap out.
 8 Q. What caused you to stop CPR?
 9 A. So once someone else would take over, to stop people
 10 getting tired and to make sure that it was maintained,
 11 every time someone would take over I would stop, and
 12 then once I believed that there was sufficient there,
 13 I then moved on to see if there was anyone else I could
 14 help.
 15 Q. Were you aware of other clinicians coming over to help?
 16 A. I was aware of other LAS staff. I then left for a short
 17 period of time to attend other casualties, and when
 18 I returned, there was then HEMS on scene.
 19 Q. May we look briefly at some transcript entries from your
 20 body-worn video footage, {DC6725}, and this is just in
 21 order to pin down timings.
 22 You, like other City of London officers we've heard
 23 from, had a body-worn camera?
 24 A. Yes.
 25 Q. Yours was activated and working?

49

1 A. Yes, sir.
 2 Q. We have a transcript of that, and if we look on page 1
 3 at 14.24.39, we see an entry for Sergeant Murphy calling
 4 "Come to us". So does it tell us that it was at that
 5 time that Sergeant Murphy was calling you over to help
 6 with the drag sled?
 7 A. Yes, sir.
 8 Q. And then if we move to page 2, we can see 14.25.30, the
 9 CPR count taking place {DC6725/2}, so is it right that
 10 by that time, you had reached the junction and CPR was
 11 starting again on Jack?
 12 A. Yes, sir.
 13 Q. Then {DC6725/3}, please. If we look towards the bottom
 14 of the page, 14.26.34, there's a member of LAS staff
 15 saying that they are going to swap; is that a reference
 16 to swapping over the defibrillator pads?
 17 A. Yes, it is, sir.
 18 Q. We can time the change of defibrillator to 14.26. Next
 19 page, {DC6725/4}. Can we see there that at 14.27 --
 20 14.26.57, the CPR count is going on again, so CPR is
 21 continuing?
 22 A. Yes, sir.
 23 Q. Then {DC6725/5}, please. At the top of the page we can
 24 see 14.27.50, a message of shock advised, that suggests,
 25 as your statement indicated, that the LAS defibrillator

50

1 did advise a shock at one stage, and there's a shout to
 2 stand back, which is the right procedure when
 3 a defibrillator is about to administer a shock?
 4 A. Yes, sir.
 5 Q. And then page 6, please {DC6725/6}, if we look towards
 6 the bottom of the page, we can see that by 14.29 there
 7 are a number of HEMS clinicians in the area speaking
 8 about the medical care of the patients.
 9 A. Yes, sir.
 10 MR HOUGH: Thank you very much. Those are all the questions
 11 I have for you, it may be that others have something.
 12 JUDGE LUCRAFT: No.
 13 MR HOUGH: Thank you very much.
 14 JUDGE LUCRAFT: Thank you very much indeed for coming to
 15 give evidence, and also thank you very much for what you
 16 did that day. Thank you.
 17 A. Thank you, sir.
 18 MR HOUGH: Sir, would that be a convenient moment?
 19 JUDGE LUCRAFT: It would, we will take our mid-morning break
 20 there. Thank you very much.
 21 (11.17 am)
 22 (A short break)
 23 (11.40 am)
 24 (In the presence of the jury)
 25 JUDGE LUCRAFT: Mr Hough, I think we're now ready to have

51

1 the next witness.
 2 MR HOUGH: Veronica Merchant, please.
 3 MS VERONICA MERCHANT (affirmed)
 4 JUDGE LUCRAFT: Good morning. Please do take a seat if you
 5 would prefer. I think I detect another Australian
 6 accent.
 7 A. Yes. Yes, sir.
 8 Questions by MR HOUGH QC
 9 MR HOUGH: Would you please give your full name for the
 10 court record?
 11 A. Yes, it's -- excuse me, it's Veronica Merchant.
 12 Q. You understand I'm asking you questions first on behalf
 13 of the Coroner and then you may or may not have other
 14 questions from others?
 15 A. Yes.
 16 Q. Your witness statement was made on 10 February 2020 and
 17 you may refer to that, I think you have it in front of
 18 you?
 19 A. Yes.
 20 Q. In November 2019, what was your occupation?
 21 A. I was a paramedic.
 22 Q. For how long had you been a paramedic with the
 23 London Ambulance Service?
 24 A. I joined in June 2018, so almost 18 months.
 25 Q. Were you on duty on 29 November 2019 along with

52

1 a colleague?
 2 A. Yes, I was.
 3 Q. Was that colleague Joanna Tew?
 4 A. Yes.
 5 Q. Was your call sign on that day E204?
 6 A. Yes.
 7 Q. During that day at around 2.00 pm, where were you when
 8 you received some information about an incident to
 9 attend?
 10 A. We had just finished a job near Piccadilly, and we
 11 received a new call at 14.06.
 12 Q. You received a call at 14.06. Where was your vehicle at
 13 that time?
 14 A. On Piccadilly.
 15 Q. Was that a radio call or a message to your mobile data
 16 terminal?
 17 A. To the MDT.
 18 Q. What did it tell you about the incident and where it was
 19 taking place?
 20 A. It was initially a category 2 and it said that a single
 21 female had been stabbed.
 22 Q. What does a category 2 mean?
 23 A. A category 2 is, so every time a call comes in it gets
 24 categorised, category 2 is the second highest category
 25 of a call. It is LAS needs to be on scene within

1 18 minutes.
 2 Q. Did you then travel to the scene on lights and sirens?
 3 A. Yes.
 4 Q. If we can bring up the call log, {DC6079/5}. This is
 5 a document the jury heard referred to earlier. Is it
 6 right that for each London Ambulance Service call sign,
 7 whether that was a vehicle or an individual, the call
 8 log records the time of different events, including
 9 automated timings such as when the vehicle ignition is
 10 turned on and off?
 11 A. Yes.
 12 Q. May we look at, further down the page, the timings for
 13 E204. So right at the bottom. Thank you. We can see
 14 there that the dispatch event is 14.06.
 15 A. Yes.
 16 Q. And that you're described as being en route to the scene
 17 immediately after that?
 18 A. Yes.
 19 Q. Refreshing your memory from that call log if you wish,
 20 how long did it take you to get to the scene?
 21 A. So we arrived on scene at 14.24.
 22 Q. We can bring up a photograph to see where you reached,
 23 {PH0006/4}. There's an aerial overview of the scene,
 24 just to orientate you, right at the top in the middle of
 25 the page is the junction between Cannon Street and King

1 William Street where Monument station is?
 2 A. Yes.
 3 Q. Where did you bring your vehicle into that scene?
 4 A. So I drove down Cannon Street and stopped just on the
 5 left—hand side of that junction as I'm looking at it.
 6 Q. Were there any other emergency service vehicles there
 7 when you arrived?
 8 A. There was a lot of police vehicles that I could see.
 9 Q. Any other LAS vehicles?
 10 A. I did not see them at the time.
 11 Q. Did you get any instructions or information from the
 12 police officers as you arrived?
 13 A. I was motioned forward by the police and I could see
 14 that they were dragging up a male patient on a Sked, so
 15 I stopped my ambulance and met them at the junction.
 16 Q. Did you provide an update to your emergency operations
 17 centre?
 18 A. Yes, I did. I did a windscreen report immediately.
 19 Q. As you brought your vehicle to a halt, how close was the
 20 male casualty?
 21 A. It was immediately in front of the ambulance.
 22 Q. What did you then do about assisting that casualty?
 23 A. So my crew mate at this point had already gotten out of
 24 the ambulance while I gave the windscreen report.
 25 I then joined her and started to lead the scene in terms

1 of getting an airway and instructing the police and my
 2 crewmate on what to do.
 3 Q. Had your crewmate, Joanna Tew, got any equipment out by
 4 that stage?
 5 A. Yes, she had gotten a suction unit out and the Lifepak.
 6 Q. Lifepak is a brand name for a defibrillator?
 7 A. Yes.
 8 Q. What did Joanna Tew then do?
 9 A. Jo instructed the police to swap over the defib pads so
 10 that we could get monitoring on our Lifepak, and when
 11 I got there, I instructed Jo to get out a kit that
 12 I would need to insert an airway.
 13 Q. We've timed by body-worn footage that the jury saw
 14 earlier the swap-over of the defibrillator to 14.26 so
 15 within a minute or two of your arrival on scene?
 16 A. Yes.
 17 Q. Were you able to assess the state of the casualty?
 18 A. Yes, I could immediately see the patient was in
 19 traumatic cardiac arrest and he had multiple stab
 20 wounds.
 21 Q. Could you determine at that stage what the most
 22 significant stab wounds were?
 23 A. No, not at the time.
 24 Q. What was your assessment of him from the point of view
 25 of circulation?

1 A. He — I determined him to be fully exsanguinated, so
 2 I assumed that he had no blood left in his body.
 3 Q. So very pale in complexion?
 4 A. Yes.
 5 Q. Were any of his wounds stressed?
 6 A. There were police dressings on some chest wounds — on
 7 a chest wound, and he had a tourniquet.
 8 Q. We can see a radio transmission you made at this point,
 9 {DC5335/56}. That's page 6. Can we go to page 56 of
 10 the same file, please. Thank you.
 11 So this is a recording of a call made from your call
 12 sign, E204. Is this you speaking?
 13 A. Yes, it is.
 14 Q. We see at 14.25.44 you're telling your EOC that you have
 15 a man in cardiac arrest, traumatic cardiac arrest, and
 16 that you're calling for further assistance?
 17 A. Yes.
 18 Q. You identify your location as the King William Street
 19 end of London Bridge?
 20 A. Yes.
 21 Q. Take that down, please.
 22 What did you then do to treat Jack Merritt?
 23 A. I inserted an advanced airway called an i—gel, and
 24 that's all I did at this point. Other resources turned
 25 up, other HEMS resources.

57

1 Q. The maintenance of an airway is very important for
 2 somebody in this condition?
 3 A. Yes.
 4 Q. You used a piece of equipment, an i—gel airway, to keep
 5 the airway open?
 6 A. Yes.
 7 Q. And also to allow ventilation?
 8 A. Yes.
 9 Q. Were there any police officers around assisting by this
 10 stage?
 11 A. Yes, there were. I instructed them to do compressions.
 12 Q. So they were performing CPR compressions?
 13 A. Yes.
 14 Q. Did you give any instructions about ventilation?
 15 A. No. I was doing the ventilation, and my colleague was.
 16 Q. In your witness statement, I'm looking at page 2, nearly
 17 halfway down, you say that you instructed a police
 18 officer to perform a jaw thrust and ventilate the
 19 patient with a bag valve mask?
 20 A. Yes, so that was before I inserted the i—gel.
 21 Q. So before you inserted the i—gel as a preparatory stage
 22 to doing so?
 23 A. Yes.
 24 Q. Were you giving any air at that stage?
 25 A. Yes, he was receiving oxygen through the bag valve mask.

58

1 Q. While this was happening, was your defibrillator
 2 connected?
 3 A. Yes.
 4 Q. Was it giving any messages?
 5 A. It did say that it was charging. It was on a two—minute
 6 cycle. I did not hear that it was charging, so it —
 7 sorry, not charging, that it was analysing the rhythm,
 8 so compressions continued during the analyse phase.
 9 When I did hear the Lifepak, it said "shock
 10 advised", at which point I told the police to step back
 11 and told everyone to step back and delivered a shock.
 12 Q. Now, we have timed that using body—worn video footage to
 13 14.27. What is the normal significance of the
 14 defibrillator announcing shock advised; what does that
 15 normally tell you as a clinician?
 16 A. It normally indicates that it is a shockable rhythm that
 17 needs to be reset, essentially.
 18 Q. So that would suggest that the person wasn't in cardiac
 19 arrest at that point?
 20 A. No, so when people are in cardiac arrest, they can
 21 either be in a shockable rhythm or a non—shockable
 22 rhythm, and the defibrillator analyses which one it is,
 23 and then advises us to shock.
 24 Q. Do you think that the message was on this occasion
 25 indicating that Jack's rhythm was shockable?

59

1 A. So at the time I recognised that the Lifepak was reading
 2 artefact from the compressions being done during the
 3 analyse phase. However, we're taught if the machine
 4 tells you to shock, shock it, so I did so. After the
 5 event, I did write down in my PRF what happened and said
 6 that the shock was most probably not a shockable rhythm,
 7 but I gave it anyway.
 8 Q. Is that something that can sometimes happen: that the
 9 effect of chest compressions taking place at the time of
 10 the analyse phase can give an impression that the
 11 patient is in ventricular fibrillation when in fact they
 12 have no shockable rhythm?
 13 A. Yes, that's correct.
 14 Q. Did chest compressions resume after the shock had been
 15 delivered?
 16 A. Yes.
 17 Q. What were you doing over this period?
 18 A. This was when I was getting the i—gel ready and
 19 inspecting the airway.
 20 Q. Now, you say that a time came shortly after this when
 21 HEMS doctors arrived?
 22 A. That's correct.
 23 Q. We'll hear that that's Dr Sadek and Dr Milne. Did you
 24 give them a summary of the situation?
 25 A. Yes, I gave them a brief handover.

60

1 Q. What did they then proceed to do?
 2 A. They then proceeded to do a thoracotomy.
 3 Q. Which is cutting open the chest to perform surgery and
 4 investigations within?
 5 A. That's correct.
 6 Q. Did you help with that surgical procedure?
 7 A. I did.
 8 Q. What did you do? What was your role in that procedure?
 9 A. The doctor advised me on and guided my hand in the
 10 patient's chest to, I believe, occlude the aorta so he
 11 could assess the heart.
 12 Q. Did you hear what the doctor had to say about the
 13 condition of the heart?
 14 A. Yes, he said there was no blood in the heart and
 15 therefore we would stop resuscitation attempts.
 16 Q. Now, is this right: one of the purposes of open-chest
 17 surgery in this situation is to check whether the
 18 problem which is preventing a proper heart rhythm is air
 19 or fluid in the chest?
 20 A. That's correct.
 21 Q. Is it right that the doctors worked out that that wasn't
 22 the problem, that there wasn't an excess of air or fluid
 23 in the chest, but there was something more irreversible?
 24 A. That was my understanding at the time.
 25 Q. And did the doctor then make a decision?

61

1 A. Yes.
 2 Q. What was that decision?
 3 A. To cease resuscitation attempts.
 4 Q. Did the doctor then pronounce life extinct?
 5 A. That's correct, yes.
 6 Q. We can look briefly at your patient report form which
 7 you completed on this patient under your call sign,
 8 that's {DC6090/1}. Now, if we look at the middle column
 9 on this page, headed "Observations", we can see that you
 10 made a series of observations at 14.25.
 11 A. Yes.
 12 Q. And do we see that you recorded no respiration and no
 13 pulse?
 14 A. Yes, correct.
 15 Q. And a cyanosed colour, so a pale complexion?
 16 A. Yes.
 17 Q. Then over to {DC6090/2} the second page, please. You
 18 referred earlier to having noted on your patient report
 19 form what your observations were, and in particular,
 20 your explanation of the shock delivered?
 21 A. Yes.
 22 Q. If we look at the right-hand column, we can see that, as
 23 you say, you noted one shock administered, believed to
 24 be interference by bystanders.
 25 A. Yes.

62

1 Q. And by that you mean the effects of the CPR?
 2 A. Yes.
 3 Q. Thank you very much, we can take that off screen now.
 4 After Jack Merritt had been pronounced deceased, did
 5 you then go to the assistance of another casualty?
 6 A. Yes, I did.
 7 MR HOUGH: I don't need to ask you about that or, indeed,
 8 anything else.
 9 A. Okay.
 10 MR HOUGH: Thank you very much. I look to see if anyone
 11 else has any questions.
 12 JUDGE LUCRAFT: Thank you very much indeed for coming.
 13 Thank you for explaining what you did. Thank you.
 14 A. Thank you.
 15 MR HOUGH: Sir, the next witness is Dr Andrew Milne.
 16 DR ANDREW MILNE (affirmed)
 17 JUDGE LUCRAFT: Good morning. Thank you, Dr Milne. Again,
 18 as with other witnesses, if you would prefer to sit,
 19 that's fine with me. Whether you stand or sit doesn't
 20 matter, but the most important thing is, if you just
 21 bring the microphone — if you are going to sit down,
 22 that's fine, just have the microphone closer to you,
 23 that will help amplify your voice. Thank you.
 24 Questions by MR HOUGH QC
 25 MR HOUGH: Will you please give your full name for the

63

1 court?
 2 A. It's Andrew Henry Milne.
 3 Q. You understand I'm asking you questions first on behalf
 4 of the Coroner?
 5 A. I understand.
 6 Q. Your witness statement was made on 19 January 2020. We
 7 can go to that as necessary.
 8 What was your occupation in November 2019?
 9 A. I was a registrar with London's Air Ambulance.
 10 Q. Were you therefore a doctor specialising in pre-hospital
 11 emergency care?
 12 A. Yes.
 13 Q. The jury have heard a little about London's Air
 14 Ambulance, but in a sentence or two, what is it and what
 15 does it do?
 16 A. So it's an organisation with links to Barts Health NHS
 17 Trust and a charitable organisation that provides
 18 emergency medicine at the scene of injury and critical
 19 care and extrication and transport of the patient to
 20 hospital.
 21 Q. How is a typical HEMS team made up? What personnel does
 22 it have?
 23 A. Typically it contains a doctor and a paramedic. More
 24 often than not these days we have two doctors, usually
 25 a consultant and a registrar.

64

1 Q. We have seen you and your colleagues on footage,
 2 recognisable by orange uniforms; is that the standard
 3 HEMS uniform?
 4 A. It is.
 5 Q. Is it also right that you and your colleagues are able
 6 to provide more advanced care at the scene of
 7 an incident than London Ambulance teams?
 8 A. It is. It's quoted as being similar to the level of
 9 care you would receive in the emergency department.
 10 Q. In particular, what sorts of interventions, so the jury
 11 can understand, can you perform which LAS medics can't?
 12 A. So advanced airway interventions, including endotracheal
 13 intubation, and pre-hospital anaesthesia, plus advanced
 14 intravenous access, so lines into the vein to allow us
 15 to deliver another intervention, the blood transfusions,
 16 and also advanced measures to stop bleeding, which
 17 include the open-heart surgery you've mentioned, the
 18 thoracotomy, management of the air accumulation in the
 19 wrong part of the chest, which is thoracostomy, which is
 20 a smaller incision that relieves the air from the chest,
 21 plus other interventions to help address major
 22 haemorrhage.
 23 Q. And tragically, working in this city, do you and your
 24 colleagues have considerable experience of treating stab
 25 victims on a time-critical basis?

1 A. A lot of experience. Almost on a daily basis.
 2 Q. On 29 November 2019, were you working in a HEMS team
 3 with colleagues?
 4 A. I was.
 5 Q. Who were those colleagues?
 6 A. Samy Sadek and Laura Pugsley.
 7 Q. Dr Sadek, a consultant, and Ms Pugsley, a paramedic?
 8 A. That's right.
 9 Q. Was your call sign either DM01 or Medic 1?
 10 A. That's correct.
 11 Q. What are the rules governing when and how HEMS teams can
 12 enter dangerous areas?
 13 A. So there's no hard-and-fast rule among our standard
 14 operating protocol. They are approached on
 15 a case-by-case basis, and the team on the ground make
 16 a dynamic risk assessment as to the best way to proceed
 17 in these instances, potentially guided if there is
 18 senior LAS command on scene, they would help guide us as
 19 well.
 20 Q. The jury have heard about Operation Plato procedures for
 21 marauding terrorist attacks where areas are designated
 22 as either hot zones, of the greatest danger where
 23 attackers may be, and warm zones, also dangerous areas
 24 adjacent, typically, to hot zones.
 25 Are there any rules about you and your colleagues

1 entering either hot zones or warm zones?
 2 A. So again, there's no specific guidance. No HEMS team,
 3 as far as I'm aware, had entered a warm zone before this
 4 day, but there is no hard-and-fast rule among London's
 5 Air Ambulance standing operating protocols to say that
 6 we couldn't.
 7 Q. Now, we'll hear that you did enter what was a warm zone,
 8 and you've told us that that was unprecedented?
 9 A. That's correct.
 10 Q. At shortly after 2 o'clock on 29 November 2019, did you
 11 receive a call summoning you to an event?
 12 A. We did.
 13 Q. What was the time of that call and what was said?
 14 A. Sorry, repeat the second part of that question, sorry?
 15 Q. What was the time of the call and what was said?
 16 A. Okay, sorry. So we were activated around 14.05,
 17 2.05 pm, and we were told we were going to see a woman
 18 that had been stabbed in the neck.
 19 Q. In what vehicle did you respond?
 20 A. In the fast-response car.
 21 Q. Did you travel to a rendezvous point near Monument
 22 station?
 23 A. We did.
 24 Q. May we again put on screen a photograph with an aerial
 25 view of the scene, {PH0006/4}. We can see at the top of

1 the screen here the junction that I was just referring
 2 to near Monument station. Where did your fast-response
 3 vehicle stop?
 4 A. It was just to the east of that yellow car at the top of
 5 the north end of the road there, so just to the right of
 6 the screen, sorry.
 7 Q. What other emergency service vehicles were there at that
 8 time?
 9 A. There was a car with the TRU, the Tactical Response
 10 Unit, from LAS, and there were multiple police cars,
 11 both marked and unmarked.
 12 Q. If we look at the call log, {DC6079/5}, we can see right
 13 at the bottom of the page, at the very, very bottom,
 14 DM01. Is that your call sign?
 15 A. It is.
 16 Q. We can see that the dispatch event is timed to 14.05, as
 17 you've told us. Then over the page {DC6079/6}, right up
 18 at the top, you're identified as transporting at 14.14
 19 and on scene at 14.20. Can you remember, or do you know
 20 from other sources, when your vehicle arrived? I think
 21 in your witness statement you time it to 14.18?
 22 A. Yes, I was just checking that, and it's 14.18.
 23 Q. Once again, as we have heard from the last witness, is
 24 it possible sometimes for the call log to be a minute or
 25 two after the time of an event because of the time taken

1 to make the entry?
 2 A. That's correct.
 3 Q. As you arrived, did you receive any information from the
 4 other emergency services personnel who were on the
 5 scene?
 6 A. Yes, we met with the two — the paramedics from the TRU.
 7 Q. They were Mr Cullinan and Mr Eve; what did they tell
 8 you?
 9 A. I can't remember the exact information that they
 10 provided, but I believe they gave us a brief description
 11 of hearing gunshots, and the presence of a potential IED
 12 on the suspect. That's all I can remember.
 13 Q. Did you receive any information from armed police at the
 14 scene?
 15 A. Yes. There was one officer that was instructing us on
 16 the number of casualties, I believe he said five
 17 critical, including two in cardiac arrest.
 18 Q. You can take the document off screen now, thank you.
 19 Were you told where the scene was and whether it was
 20 safe?
 21 A. We were told where it was. He used a — very
 22 specifically said it was a warm zone but also very
 23 specifically said it was safe.
 24 Q. What did you decide to do?
 25 A. So between Dr Sadek, Ms Pugsley and myself, we decided

69

1 to follow the police into the Fishmongers' Hall.
 2 Q. Now, the CCTV footage shows you going forward at about
 3 14.20, and then entering Fishmongers' Hall about two
 4 minutes later, 14.22, and there is some evidence that
 5 we'll hear that you paused at one point en route; is
 6 that something you remember?
 7 A. Vaguely. I can't say — I can't remember specifically
 8 pausing, but yes.
 9 Q. Was there any discussion that you recall about the
 10 possibility of casualties being brought out to you?
 11 A. I don't recall specifically having that plan set in
 12 place.
 13 Q. In any event, very shortly after your vehicle arrived on
 14 scene, did you find yourselves entering
 15 Fishmongers' Hall?
 16 A. That's correct.
 17 Q. And if we put on screen {PH0050/4}, and then to the next
 18 page, {PH0050/5}, this gives us a view of the entrance
 19 hall. What did you see when you first entered there?
 20 A. I believe the first thing I saw was — well, the first
 21 person I saw was the patient I now know to be
 22 Izzy Rowbotham, who was immediately to my left as we
 23 entered the vestibule there. There was also multiple
 24 police, both armed and unarmed, and the two TRU
 25 paramedics were around there as well.

70

1 Q. Could you see any other casualties when you first
 2 entered?
 3 A. There was a man, walking wounded, with a stab wound.
 4 I don't — I can't recall exactly at what point I saw
 5 the lady I now know to be Saskia, but quite rapidly
 6 I saw her after entering as well.
 7 Q. Did you and your colleagues form a plan as to what to
 8 do?
 9 A. So yes, our initial actions were to inform our decision,
 10 so in any scene in which there are multiple patients,
 11 the HEMS team will typically do a walk-around, to walk
 12 past each patient to do a rapid assessment and identify
 13 priorities for further assessment and management.
 14 Q. In the course of doing that, are you carrying out
 15 a triage?
 16 A. In essence, yes.
 17 Q. What, in that situation, are the basic rules of that
 18 triage? What are you prioritising?
 19 A. So trying to identify who were the sickest of the
 20 patients there, and also identify if there needs to be
 21 immediate intervention for those patients.
 22 Q. As you did that walk-around, did you visit all four of
 23 those casualties you've mentioned already?
 24 A. We did. We walked past all four. The gentleman I now
 25 know to be Jack was being pulled out of the room as we

71

1 were finishing our walk around in that area, and we
 2 didn't really get hands on to the walking wounded
 3 because the moment you see he was walking, he became
 4 less of a priority.
 5 Q. Based on the answers you have given so far, what
 6 I gather is this: that you first of all in your
 7 walk-around went to Izzy, Izzy Rowbotham, and then went
 8 further into the building and saw Saskia being worked
 9 on.
 10 A. Mm.
 11 Q. That you then moved back into the entrance foyer and saw
 12 Jack Merritt in the reception room; is that correct? Is
 13 that the order?
 14 A. That's correct.
 15 Q. And on the basis of that walk-around and that
 16 assessment, what did you conclude about each of those
 17 three victims?
 18 A. That Izzy had lost a lot of blood but was breathing and
 19 talking; that Saskia had received a stab wound to the
 20 neck, had lost a lot of blood, no longer had a cardiac
 21 output, was in cardiac arrest, had been for 15 minutes;
 22 and then Jack had received stab wounds to the arms and
 23 the chest, had lost output moments or minutes before
 24 we'd arrived, and CPR was ongoing.
 25 Q. Now, you told us that that assessment would inform any

72

1 decisions you made and any instructions you gave to
 2 others; what decisions did you then make?
 3 A. Given the hazards of that scene, specifically the
 4 potential IED on the perpetrator, we felt everybody
 5 needed to — we felt that we needed to get the patients
 6 that we had a chance of helping out to the casualty
 7 clearing area at the north end of the road leading from
 8 London Bridge, as fast as possible.
 9 Q. And in that context, which patients were the priority in
 10 terms of getting to that casualty clearing point?
 11 A. So at that point, in my mind, Saskia didn't have
 12 any meaningful chance of — have a chance of recovery if
 13 she had been in cardiac arrest for too long, and the
 14 nature of the blood loss and the region where she had
 15 been stabbed meant that I felt that she didn't have
 16 a hope of reversing — we didn't have a hope of
 17 reversing a cardiac arrest.
 18 Jack was in cardiac arrest. The region — the area
 19 of where he had been stabbed and the briefer duration of
 20 his cardiac arrest meant in my mind we had
 21 a potential — we had a chance to reverse the cardiac
 22 arrest, and so I wanted him to be taken out first.
 23 Izzy also had lost a lot of blood and we needed to
 24 assess and correct her — resuscitate her as rapidly as
 25 possible as well.

1 Q. Those decisions, those rapid life and death decisions,
 2 are your stock in trade?
 3 A. They are.
 4 Q. Having given those, having made those decisions and
 5 given those directions, how did you then help to carry
 6 them out?
 7 A. So after the walk-around, I've — I can't recall who —
 8 I think it was Dr Sadek who allocated us individual
 9 patients to assess and to facilitate the extrication of,
 10 so I went to Izzy, where there was also a couple of
 11 police medics there, they were in the midst of putting
 12 her onto a Sked, I believe, or a carry sheet. I very
 13 briefly assessed her breathing and assessed the
 14 effectiveness of the haemorrhage control measures that
 15 had been in place, and then again the HEMS team came
 16 back together and left the scene together.
 17 Q. Now, timings from body-worn and other footage indicate
 18 that you left Fishmongers' Hall at about 14.26, so that
 19 you had been inside for about four minutes, making those
 20 assessments, giving those directions, and then helping
 21 take Izzy out. Does that accord with your recollection?
 22 A. Yes, it does.
 23 Q. Did you go from there to the casualty clearing point
 24 near where your vehicle had stopped?
 25 A. Yes, I did.

1 Q. When you got there, which patient did you proceed to
 2 treat?
 3 A. I went to Jack with Dr Sadek.
 4 Q. We know that your involvement with him began around
 5 14.28, 14.29. What did you do?
 6 A. Dr Sadek and I performed a thoracotomy, Dr Sadek
 7 focusing on the right-hand side of the chest and I was
 8 on the left-hand side of the chest.
 9 Q. We've heard a little about this from the last witness,
 10 but can you tell us what that operation was and what its
 11 purpose was in this context with a patient in this sort
 12 of condition?
 13 A. So its full name is a clamshell thoracotomy. You open
 14 the left-hand side of the chest and the right-hand side
 15 of the chest, initially with a smaller incision, about
 16 5 cm across, which opens the thoracic cavity. That
 17 initial opening, if there is a build-up of air, ie
 18 a collapsed lung, a pneumothorax, you will usually get a
 19 hiss of air being released under tension. You may also
 20 get a release of blood, which would suggest intra —
 21 well, thoracic bleeding. There wasn't any in this
 22 instance in Jack.
 23 If that does not occur, you continue and extend
 24 those incisions to cover half the chest and cut through
 25 the sternum to open the chest fully. You then assess

1 the sac which contains the heart and then open the sac
 2 that contains the heart, the pericardium. That is, and
 3 this is one of the main reasons why we were doing this
 4 for Jack, because one of the wounds appeared to be in
 5 a place that could lead to bleeding around the heart,
 6 and bleeding around the heart is the most immediately
 7 reversible cause of traumatic cardiac arrest with
 8 penetrating chest trauma. Unfortunately we didn't find
 9 any bleeding around Jack's heart, there was no
 10 tamponade, there was no big sources of — big pools of
 11 blood within his chest at all.
 12 So at that point you assess the volume within
 13 circulation, so you ask one of the — I asked the
 14 paramedic that you have just heard from to put aortic
 15 occlusion on, so that's putting fingers across the main
 16 blood vessel which carries blood away from the heart.
 17 That allows blood to pressure backwards and help
 18 improves the blood supply to the heart, and at the same
 19 time I'm doing — I do — I did internal cardiac
 20 compressions, cardiac massage, and at that point I can
 21 feel that the heart is completely empty, very empty, and
 22 at that point I knew that this was a hypovolemic cardiac
 23 arrest, so the patient had bled to their death, Jack had
 24 bled to death.
 25 Q. Just to be clear, one of the reasons you carried out the

1 operation, as you have said, was to determine whether
 2 there was a build-up of blood in the thoracic cavity on
 3 the basis that that is a quickly reversible cause of
 4 cardiac arrest. Is that because one can drain the blood
 5 which might be causing pressure on the heart, preventing
 6 it beating properly?
 7 A. That's correct. Specifically it's around the
 8 pericardium that accumulates and squashes the heart and
 9 prevents it from contracting effectively, and by opening
 10 the chest, you can remove that clot, just as you said.
 11 Q. But, having established that there wasn't a cardiac
 12 tamponade, a build-up of blood, and having established
 13 that there wasn't a build-up of air preventing the heart
 14 beating properly, you then had to focus on the condition
 15 of the heart itself, and that told you that the heart
 16 was empty and that there was nothing that could be done?
 17 A. That's correct.
 18 Q. Did you therefore take the decision formally to
 19 pronounce Jack deceased?
 20 A. I did.
 21 Q. We know that that was 14.33, suggesting that the
 22 operation took about four or five minutes; is that
 23 right?
 24 A. That's correct.
 25 Q. Did you then move on to assist others in the care of

77

1 Izzy Rowbotham?
 2 A. I did.
 3 MR HOUGH: Thank you very much. Those are all the questions
 4 I have. I look to see if anyone else has any questions.
 5 Thank you, sir.
 6 JUDGE LUCRAFT: Dr Milne, can I just say this: I think all
 7 of us who live in London are acutely aware of the skills
 8 that you have when you are called as part of the HEMS
 9 team, and I know that on every occasion you can't
 10 necessarily perform miracles, but I am conscious not
 11 only in my role in this, but in the other role that
 12 I perform, that in many cases the skills that you have
 13 and the ability to carry out really quite complicated
 14 surgeries on the street, do have life-saving qualities,
 15 and I just wanted to record my thanks. I'm sure all of
 16 us are very grateful for what you do day-by-day as your
 17 job.
 18 A. Thank you, sir.
 19 JUDGE LUCRAFT: Thank you.
 20 MR HOUGH: Sir, the next witness is Laura Pugsley.
 21 MS LAURA PUGSLEY (affirmed)
 22 JUDGE LUCRAFT: Thank you. Again, please sit or stand,
 23 whichever you feel most comfortable doing.
 24 Questions by MR HOUGH QC
 25 MR HOUGH: Would you please give your name for the court?

78

1 A. My name is Laura Pugsley.
 2 Q. Ms Pugsley, you understand I'm asking you questions
 3 first on behalf of the Coroner?
 4 A. Yes.
 5 Q. You made a witness statement on 19 January last year,
 6 and we'll refer to that as necessary.
 7 What is your occupation or, rather, what was it
 8 in November 2019?
 9 A. I was a paramedic for London HEMS.
 10 Q. On 29 November 2019, were you on duty?
 11 A. Yes, I was.
 12 Q. With whom were you teamed?
 13 A. I was with Dr Andy Milne and Dr Samy Sadek.
 14 Q. And we've heard your call sign was Medic 1 or DM01?
 15 A. Yes, it was.
 16 Q. We've also heard that there was a radio call, to which
 17 you responded at 14.05?
 18 A. Yes.
 19 Q. We've also heard that your team responded in the
 20 fast-response vehicle, the car. Were you driving?
 21 A. Yes, I was.
 22 Q. We've seen that your vehicle left shortly after the
 23 call. If we bring up on screen, please, {DC5335/8}.
 24 I think we can see reference 14.09.54, "Medic 1, we are
 25 en route." So that is you calling for Medic 1, is it?

79

1 A. Yes.
 2 Q. So you are en route just before 14.10. Where do you
 3 travel to?
 4 A. We travelled to the north side of London Bridge,
 5 stopping at the junction with Gracechurch -- King
 6 William Street at, I think it's Eastcheap.
 7 Q. I'm referring to it as the junction near Monument tube
 8 station, as there are so many roads that meet there.
 9 A. Yes, it's that junction.
 10 Q. Did you park up there?
 11 A. Yes, we did.
 12 Q. When had you arrived?
 13 A. When did I arrive?
 14 Q. Yes, when did you arrive?
 15 A. If I can refer to my statement.
 16 Q. Yes, it's the first page, towards the end of the second
 17 paragraph.
 18 A. 14.16, so 2.16 in the afternoon.
 19 Q. We can take the document off the screen.
 20 When you arrived, were there any other LAS or police
 21 present?
 22 A. Yes, the first LAS I saw was Nick Eve from the TRU, who
 23 started approaching the car before we'd got out.
 24 Q. Did you have a discussion with Mr Eve?
 25 A. Yes, I did.

80

1 Q. What did he tell you?
 2 A. He told me that he had just arrived on scene with
 3 another TRU colleague and that since he had been there,
 4 he had heard shots fired and didn't have much more
 5 information at that point about what was going on.
 6 Q. Did you then receive some further information from your
 7 control room?
 8 A. I'll have to refer to my statement.
 9 Q. Towards the bottom of your page 5 you say that Dr Sadek
 10 received some information from the dispatching paramedic
 11 in the control room.
 12 A. Oh yes. So just background on the way we operate is
 13 that the person that drives the car to scene doesn't get
 14 any information about what's going on, other than that
 15 we were told to don stab vests, so we know that we're
 16 going either to a stabbing or a shooting. So it's only
 17 once we arrive at scene that we start to get the further
 18 information, which was when Samy was told that it was
 19 an intentional attack, somebody had been stabbed, and we
 20 had got from Nick Eve that he had also heard shots
 21 fired.
 22 Q. How did you prepare yourself to attend to the incident?
 23 A. So we took our normal equipment from the car. We
 24 proceeded only slightly forward a few metres to where
 25 the police cordon was. At this point I think we were

1 still with Nick, Carlton was putting his ballistic
 2 protective equipment on, and then we were held at that
 3 cordon waiting for further information about what was
 4 going to happen. We had a discussion about setting out
 5 a casualty clearing point which had been made very clear
 6 by the way that cars had parked had created a good
 7 clearing for a casualty collection point and we said
 8 that that is where patients would be received and they
 9 started emptying some kit out of the car, like bandages,
 10 ready for that to happen.
 11 Q. Why did you decide that that was to be the casualty
 12 collection point?
 13 A. Because it was behind a police cordon, so we were in
 14 a safe area far enough back, and it was a natural
 15 clearing that made sense to receive people. It also
 16 would allow ambulances to come in and to leave.
 17 Q. So space, accessibility, and safety?
 18 A. Yes.
 19 Q. While you were in that location, so near the cordon,
 20 were you making further plans?
 21 A. Yes, we were only there for a short while, so there was
 22 no sort of extended time to have discussions, but just
 23 as we'd set out that casualty clearing point, we were
 24 approached by an armed police officer and told to move
 25 forward.

1 Q. Did he tell you where you were to go to?
 2 A. Yes, he said we were to follow him into the hall. It
 3 was a warm zone and it was safe.
 4 Q. How did you respond?
 5 A. So the two TRU paramedics responded to this and started
 6 moving forward. I was very hesitant, as I'm aware that
 7 it's TRU who are supposed to operate in that area, not
 8 necessarily people who have not had that training. The
 9 police officer was very keen for us to move forward and
 10 kept saying: it's safe, it's warm, move forward.
 11 So I hesitated, started to follow, and that is the
 12 pause on the bridge, is when I speak to Samy Sadek and
 13 to Andy Milne to say: I don't think we're supposed to be
 14 operating in this area, we've now started moving
 15 forward, we will assess and withdraw back as soon as
 16 possible.
 17 Q. So let's take this in stages. TRU paramedics like
 18 Mr Eve and Mr Cullinan receive special training and wear
 19 special protective equipment to allow them to go into
 20 warm zones with police protection?
 21 A. Yes.
 22 Q. HEMS teams do not have such training and do not have
 23 such armour?
 24 A. No, have good awareness but not specifically --
 25 specifically we don't exercise it, we don't practice

1 doing it.
 2 Q. And of course going into situations where there may be
 3 marauding terrorists nearby requires special training?
 4 A. Yes.
 5 Q. As Dr Milne has just told us, it was unprecedented for
 6 a HEMS team to go into a warm zone?
 7 A. Yes.
 8 Q. And so when you were told initially to go forward into
 9 an area that was a warm zone, you were hesitant?
 10 A. Yes.
 11 Q. You told us that you initially moved forward from your
 12 position at the casualty clearing point, as it was to
 13 become, and that you paused at one point to discuss with
 14 Dr Milne and Dr Sadek what you were being asked to do?
 15 A. Yes.
 16 Q. What was the outcome of that discussion?
 17 A. That we all agreed that that was a sensible plan in that
 18 we would move forward and then withdraw as soon as
 19 possible.
 20 Q. Now, we can see a transcript of what was said,
 21 {DC6498/9}. Now this is {DC6498/9} and if we look at
 22 the bottom of the page, this is a transcript of
 23 body-worn video footage from an armed officer who has
 24 been given the pseudonym YX97. We see at the bottom of
 25 the page you asking whether the patients are going to be

1 dragged back to you at 14.20, and the officer
 2 responding:
 3 "HEMS on me, it's been declared a warm zone."
 4 A. Yes, and that was the point that we moved forward.
 5 Q. And the next page, please, {DC6498/10}. There is
 6 discussion about you entering the building. If we go
 7 down the page, we see YX97 again saying "It's declared
 8 a warm zone" and giving directions. That's 14.20.
 9 Then the next page, page 11, the top of the page
 10 {DC6498/11}, at 14.21, it's not a complete recording,
 11 but you are recorded as saying briefly :
 12 "We are not allowed to work in a warm zone. What we
 13 can do..."
 14 And then the recording evidently cuts out. So that
 15 was the time at which you had a slight pause, is it?
 16 But, in any event, we know from the video footage
 17 that your team entered Fishmongers' Hall at 14.22.
 18 A. Yes.
 19 Q. So this was on any view not a long pause?
 20 A. No.
 21 Q. How long do you remember it being?
 22 A. 60 seconds. Not long. I was very aware of what this
 23 police officer was saying, and he was very keen for us
 24 to come forward and didn't seem to understand the
 25 hesitancy in us coming forward.

85

1 Q. Is it right that you had to consider not only your
 2 safety and the safety of your team, but also the
 3 conditions in which you could properly operate?
 4 A. Yes.
 5 Q. We can take that document off screen now.
 6 As you entered Fishmongers' Hall, what casualties
 7 did you find?
 8 A. To the right—hand side of where we entered in a small
 9 room was a male who I now know is Jack. He was with
 10 Carlton, and some police officers with ongoing CPR, and
 11 I was told that he had lost signs of life a few moments
 12 ago, a few minutes ago.
 13 By then Samy Sadek, Andy Milne and I then make this
 14 concerted effort to stick together, to go around and see
 15 all the patients as we would normally do. We often go
 16 to scenes with multiple patients and that is how we
 17 would normally approach it.
 18 Q. So you went from patient to patient performing, as
 19 Dr Milne has described, a quick triage?
 20 A. Very quick.
 21 Q. What was the next patient you went to? Who was the next
 22 patient you went to after Jack?
 23 A. I can't remember the specific order.
 24 Q. Do you remember seeing Saskia Jones —
 25 A. Yes.

86

1 Q. — the woman at the bottom of the staircase?
 2 A. Yes.
 3 Q. And what was her condition, as you recall?
 4 A. She was in cardiac arrest with a wound on her neck. She
 5 was ashen pale and we were told that she had been in
 6 cardiac arrest for some time.
 7 Q. And the third patient in a critical condition,
 8 Izzy Rowbotham, do you remember seeing her in the
 9 entrance foyer?
 10 A. Yes, I do, and was aware that she was moving.
 11 Q. What instructions did you and your team then give?
 12 A. So I immediately asked for Jack to be removed with the
 13 idea that he would get a thoracotomy, and we then agreed
 14 with the decision that had been made to stop
 15 resuscitative efforts to Saskia and then also to remove
 16 Izzy Rowbotham.
 17 Q. In your statement you say that it was Dr Sadek who spoke
 18 to the team who were looking after Saskia to say that
 19 she had been in cardiac arrest —
 20 A. Yes.
 21 Q. — so long in her condition, that nothing could be done?
 22 A. Yes, I think Samy was there prior to — I was there too,
 23 but I think he was there before me and had spoken to
 24 them prior to me getting there.
 25 Q. We'll hear from Dr Sadek next week about his discussions

87

1 concerning Saskia.
 2 After you had participated in that triage and made
 3 those decisions, where did you then go?
 4 A. We all left the hall together at the same time to make
 5 our way back to where we'd come from, the casualty
 6 clearing point to Jack, and was aware that the other
 7 patient, Izzy, was following just behind us.
 8 Q. If we put on screen {DC5335/59}. We can see your update
 9 at 14.26 to your control room. Do we see that you're
 10 recorded as saying:
 11 "We've got one patient traumatic cardiac arrest who
 12 we have not assessed on London Bridge. We have
 13 a further two patients in traumatic cardiac arrest from
 14 Fishmongers' Hall. We have a further two P1
 15 patients ... "
 16 Is that priority 1?
 17 A. Yes.
 18 Q. "... one P1."
 19 Then you correct that to two P1 patients and one P2
 20 patient.
 21 A. Yes.
 22 Q. Were the priority 1 patients Jack and Izzy?
 23 A. Yes.
 24 Q. The P2 patient at that stage presumably Lukasz?
 25 A. Lukasz.

88

1 Q. And Saskia not identified at that stage because the
2 decision had been taken to cease treatment?
3 A. Yes.
4 Q. We can take that off screen now.
5 While you're at the casualty clearing point, were
6 you present when Dr Milne began his thoracotomy?
7 A. No, sir, I was very close by. It was a small area so
8 I was very close by, but I didn't become involved in the
9 thoracotomy. Dr Sadek and Dr Milne started that and
10 I waited to receive Izzy.
11 Q. After you had been helping with, first of all,
12 assessment and then treatment of Izzy, did you look back
13 or go back to Jack Merritt at any point?
14 A. Yes, I did. So by this point I knew that they'd started
15 the thoracotomy, but I wasn't sure where that was going
16 to go next, so I went to find out what was happening
17 because I needed one of them to come and help with Izzy,
18 and at that point I was told that -- I was told what
19 Andy Milne had found when he'd got into the chest, and
20 I agreed with his decision to stop.
21 Q. And having agreed with that decision, did you then
22 return to looking after Izzy?
23 A. Yes, I did.
24 MR HOUGH: Thank you very much. Those are all the questions
25 I have for you at this stage. I'll look to see if

89

1 others have questions for you.
2 JUDGE LUCRAFT: And I know you were in court a few minutes
3 ago when I spoke to Dr Milne. What I said to him
4 applies equally to you: I know it's part of a team
5 effort when you go to these events, but thank you very
6 much indeed.
7 A. Thank you, sir.
8 MR HOUGH: Sir, we have two more live witnesses and one
9 statement to be read today.
10 JUDGE LUCRAFT: Yes.
11 MR HOUGH: I am in your hands, we could have the witness
12 statement read at this stage or we could break off for
13 lunch now and deal with all three this afternoon.
14 JUDGE LUCRAFT: Shall we break for lunch there, Mr Hough,
15 because I think we're making quite good progress --
16 MR HOUGH: We are.
17 JUDGE LUCRAFT: -- through what we've got to cover today,
18 and of course we will endeavour obviously to finish the
19 witnesses we have got planned for the day and there is
20 no risk of us not doing that --
21 MR HOUGH: No risk at all.
22 JUDGE LUCRAFT: -- because we are not here tomorrow, and we
23 will pick up on Monday.
24 Ladies and gentlemen, we will take our break there,
25 thank you.

90

1 (12.51 pm)
2 (The short adjournment)
3 (2.01 pm)
4 (In the presence of the jury)
5 JUDGE LUCRAFT: Thank you, Mr Hough.
6 MR HOUGH: Sir, the next witness is PS Pete Cade.
7 PS PETER CADE (sworn)
8 JUDGE LUCRAFT: Good afternoon, officer. If you are happy
9 to take your mask off, please do. If you would prefer
10 to keep it on, that's absolutely fine. And whether you
11 wish to sit or stand whilst giving your evidence is
12 a matter for your personal choice, you can do either.
13 A. I'm happy to stand, sir, thank you.
14 Questions by MR HOUGH QC
15 MR HOUGH: Would you please give your name and rank for the
16 court?
17 A. My name is Peter Cade and I'm a sergeant from the
18 Metropolitan Police Service Specialist Firearms Command.
19 Q. You appreciate, Mr Cade, that I will be asking you
20 questions first and then that other advocates have the
21 opportunity to ask you questions?
22 A. Yes.
23 Q. You made a witness statement about the matters we're
24 concerned with on 29 November 2019, the day of the
25 attack, and you may refer to that as you wish.

91

1 A. Thank you.
2 Q. Were you on duty on that day in a vehicle with call sign
3 TJ92A?
4 A. Yes, I was sir.
5 Q. Were you accompanied with other officers?
6 A. Yes, there was two other operators in my vehicle on the
7 day.
8 Q. At around 2 o'clock that day, did you receive a call to
9 an incident?
10 A. Yes, I did.
11 Q. Where were you and your colleagues when you received
12 that call?
13 A. We were in the area of Oxford Circus at the time that
14 the call originated.
15 Q. What information were you given about the incident and
16 what was required?
17 A. I heard a call over the radio that Trojan City 2 were in
18 need of support at the Fishmongers' Hall, London Bridge,
19 and there had been a knife attack and possible shots
20 fired by police.
21 Q. The call sign Trojan City 2, would that tell you that
22 this was an armed response vehicle?
23 A. Yes, it would, sir.
24 Q. Did you respond immediately?
25 A. Yes, we did.

92

1 Q. Was your vehicle marked or unmarked?
 2 A. We were in a marked armed response vehicle.
 3 Q. From what direction did you approach the scene?
 4 A. We approached from the west on the north side of the
 5 bridge, where we stopped around Cannon Street, at the
 6 junction of -- well, it's at the bottom of
 7 London Bridge, the junction with Cannon Street.
 8 Q. If we put on screen {PH0002/25}, a photograph the jury
 9 have seen many times today, this is the view from the
 10 middle of London Bridge looking north, and I think it's
 11 the junction at the far end which is the junction with
 12 Cannon Street and also Eastcheap?
 13 A. Yes, that's correct, sir.
 14 Q. So you parked up initially in that area, did you?
 15 A. Yes, we did.
 16 Q. And on your route to the scene, had you received further
 17 radio messages telling you what you were to expect?
 18 A. Yes, there was a number of updates on the City Ops radio
 19 channel, the most relevant was that the subject male was
 20 possibly wearing an IED, and I had heard repeated shouts
 21 of "critical shots" over the radio. I also heard what
 22 sounded like gunfire on the radio whilst we were
 23 en route.
 24 Q. Now, we know that the request for critical shot
 25 authorisation came through at about 14.09, 2.09, and

1 that the shots which followed it were between 14.10 and
 2 14.11. Just using those times to orientate yourself in
 3 time, how long after that did you arrive at the scene?
 4 A. A matter of minutes, sir. Two minutes or so, I would
 5 estimate.
 6 Q. Where did you go after parking up your vehicle?
 7 A. So we deployed on foot from the top of the screen there,
 8 and ran down the west footway, which is on the left-hand
 9 side of the screen. I directed my driver to bring
 10 a medic bag, and I took a ballistic shield, and we made
 11 our way immediately to the front entrance of
 12 Fishmongers' Hall.
 13 Q. By that time were there already police, including armed
 14 police units, there?
 15 A. Yes, there were.
 16 Q. As you approached the entrance to Fishmongers' Hall,
 17 which is just near the upper of the two blue tents on
 18 the screen, as you approached there, did you see other
 19 officers in fixed positions?
 20 A. Yes, I did. I saw a number of armed officers in front
 21 of me on the bridge. I could see firearms being pointed
 22 down the bridge, south along that west footway, and
 23 I went and joined one of those officers at the bottom of
 24 the steps, which is just by the top blue tent, and
 25 I spoke to him there.

1 Q. Could you see from that vantage point who or what the
 2 officers were covering with their firearms?
 3 A. Yes, I could. I could see an individual some 50 metres
 4 away to the south on the footway, lying on his side.
 5 I spoke to the armed officer about that individual, and
 6 established that that was the suspect in question that
 7 we'd heard on the radio, and he informed me that he was
 8 wearing an IED-type device.
 9 Q. The officer you spoke to, I think that's an officer who
 10 has been given the pseudonym YX97 for our purposes; is
 11 that right?
 12 A. That's as I understand it, sir, yes.
 13 Q. He told you that the man on the bridge was wearing what
 14 was understood to be an improvised explosive device; did
 15 he say what had happened to that man by that stage?
 16 A. Yes, I believe that he gave an account that they had
 17 delivered shots on that individual and that in his
 18 opinion, that he had been neutralised.
 19 Q. What did you ask?
 20 A. My immediate question to him was: are there any
 21 outstanding suspects that we need to be aware of, or is
 22 that suspect the only suspect in question.
 23 Q. What was his response?
 24 A. He confirmed for me that there was only one suspect, as
 25 much as he understood it.

1 Q. Did he tell you anything else about the scene?
 2 A. He also told me that there was a number of injured
 3 parties close to where we were, and that they were
 4 located inside the Fishmongers' Hall.
 5 Q. Did you know at that stage where other emergency
 6 services, and in particular, the ambulance services,
 7 were?
 8 A. At that stage no, I was unaware, I couldn't see any
 9 immediately around me outside the Fishmongers' Hall
 10 area.
 11 Q. Did you receive any more information from any police
 12 officers at that point?
 13 A. Yes, there was a... there was another officer that came
 14 and spoke to me, I believe to be a female, an armed
 15 officer, and she spoke to me and informed me as well
 16 that the LAS were present, further up the road, back
 17 towards the RVP where we had parked, and that they were
 18 asking for permission to come to our location.
 19 Q. You say RVP: rendezvous point?
 20 A. Yes, sir.
 21 Q. Would it be normal, or at least commonplace in this sort
 22 of situation, to have ambulances initially held at
 23 a point regarded as safe, potentially a short distance
 24 away from the epicentre of the incident?
 25 A. Yes, it would be.

1 Q. Did you make any decision, based on what you knew, about
 2 what could happen with the emergency care at that point?
 3 A. Yes, I conducted a very quick assessment of what we had
 4 in front of us with regards to the one suspect that we
 5 were aware of, and the potential IED threat from him
 6 that was 50 metres or so away, and I directed the female
 7 officer to bring the LAS forward to our location, and
 8 I outlined to her that they would need to be aware that
 9 there was an IED threat. And I asked her to --
 10 Q. You were, is this right, trying to balance the need to
 11 save lives in the building against the risk of
 12 an unassessed suspected IED 50 metres away?
 13 A. Yes, that's correct, sir.
 14 Q. And you concluded, based on your professional
 15 understanding, that the best solution was to try to save
 16 lives in the building by getting the medics in?
 17 A. That's correct, based on the -- I was aware that there
 18 was two individuals receiving CPR at that point, so
 19 I understood that their condition was critical at that
 20 stage.
 21 Q. We can go to a transcript of body-worn video footage
 22 taken by YX97, the armed police officer to whom you
 23 spoke, just to pin down some of the timings.
 24 {DC6498/5}, please. If we look at the upper part of the
 25 screen, do we see at 14.15.29, YX97 tells you that

1 there's a male down on the bridge at the moment, and
 2 then goes on to say:
 3 "[That's] our suspect, believed strapped with
 4 an IED. Critical shots have now been fired."
 5 Then in response to your question for confirmation
 6 that this was an IED, YX97 says:
 7 "Yes ... [and that there are] multiple injured in
 8 there, defib[ri]llators] have gone in. We've got
 9 possibly two have been defibbed..."
 10 So two patients requiring defibrillation :
 11 "Have you got anybody spare that's advanced..."
 12 And was he asking there about officers with advanced
 13 medical treatment?
 14 A. I believe that's what he's asking, sir, yes.
 15 Q. And then if we go, please, to just a little further down
 16 the page, we can see at 14.15.57 you ask whether first
 17 aid is being given, and the officer tells you:
 18 "By local units ..."
 19 So at that point YX97 is telling you that local City
 20 uniformed officers are assisting with first aid within
 21 the building.
 22 A. Yes, sir.
 23 Q. But, is this right: that armed response officers have
 24 additional training in certain forms of first aid which
 25 might be of assistance?

1 A. Yes, that's correct. ARV officers are given ballistic
 2 first aid training, an enhanced form of training to the
 3 emergency life support training that all police officers
 4 receive. Some are First Aid at Work trained, which is
 5 a national qualification, and we also have a medic
 6 course as well, which is a week-long course that some
 7 ARV officers are trained in the use of oxygen and other
 8 critical care.
 9 Q. So that's one of the reasons why you're discussing
 10 medical care with this officer, because one option, as
 11 well as getting the ambulance paramedics in, is to send
 12 in armed officers with that additional training.
 13 A. Yes, that is correct.
 14 Q. Then if we go to page 6, please, of that same document
 15 {DC6498/6} we can see that at 14.16.34 you're heard
 16 saying:
 17 "Cass--evac, cass--evac them out."
 18 And that's an instruction for evacuation of
 19 casualties?
 20 A. That's correct.
 21 Q. Then further down the page, 14.16.41, you have been
 22 asked by a police colleague Rebecca Ors whether she
 23 should bring London Ambulance Service down and you
 24 express a preference to get the casualties out of the
 25 building?

1 A. Yes, initially.
 2 Q. And why was that your initial preference?
 3 A. So, my initial threat assessment was a concern for the
 4 suspected IED, the recommendation being that we should
 5 be at least 100 metres away from a device of that size,
 6 so it would be preferable for me that we extricate
 7 casualties from the area as opposed to bringing other
 8 responders into that potential blast area.
 9 Q. Then you are told towards the bottom of the page that
 10 CPR is actually going on on the two casualties as you
 11 spoke?
 12 A. Yes, that's correct.
 13 Q. Then over the page, please {DC6498/7}. So after you've
 14 been told that, you say:
 15 "So they're critical."
 16 And Ms Ors then asks:
 17 "Can we bring LAS down, or is it not safe yet?"
 18 And you give the instruction at that point,
 19 14.17.04, to bring down LAS because there were enough
 20 armed officers.
 21 A. That's correct.
 22 Q. But you make clear that the ambulance medics need to be
 23 aware of the IED threat.
 24 A. That's right.
 25 Q. So is this right, your initial preference was to get

1 casualties out of the building to a place of safety, but
 2 then when you were told that there were people in
 3 critical condition receiving CPR, you decided that the
 4 ambulance paramedics should be sent in?
 5 A. Yes, that's correct.
 6 Q. We can take that off screen now.
 7 After you had had those discussions and made those
 8 decisions, where did you go?
 9 A. So I then went in to assess the scene for myself within
 10 the Fishmongers' Hall, and entered in through the main
 11 entrance into the main foyer.
 12 Q. We'll put a photograph on screen, again, very familiar
 13 to the jury by now, {PH0050/4}. That would be the view
 14 immediately to the left as you enter the entrance foyer.
 15 And the next page, please, {PH0050/5}. This would be
 16 the view further round to the right, looking into the
 17 building.
 18 What did you see first in that area when you
 19 entered?
 20 A. Immediately to my left as I entered in through the
 21 building I saw a male injured party lying on the floor
 22 receiving CPR. There was a large amount of blood on the
 23 floor, and in my opinion, he was in a critical
 24 condition.
 25 Q. Did you remain with that person or did you go elsewhere

101

1 in the building?
 2 A. I moved on and I asked members of staff if there was any
 3 other injured parties within the premises, and I was
 4 directed through the main doors towards a large
 5 staircase area. As I moved through into that area,
 6 I saw a female injured party, also being given CPR, at
 7 the bottom of the staircase.
 8 Q. If we put on screen page 152 of the same file,
 9 {PH0050/152}, there we see the large staircase you are
 10 referring to. Where was the further young person
 11 receiving CPR?
 12 A. As I recall, it was directly in front of the main
 13 staircase on the floor, which would be in the centre of
 14 the picture there.
 15 Q. As you were there, did you see or hear anything to tell
 16 you what was required elsewhere in the building?
 17 A. Yes, so I heard a shout from an ARV officer which was
 18 coming from upstairs for a medic kit. I immediately
 19 went back outside and retrieved our medic kit and
 20 assisted him upstairs with another female casualty.
 21 Q. And was that somebody who might be described as walking
 22 wounded?
 23 A. She was, albeit she did have what could have been quite
 24 serious injuries. I assisted my colleague with
 25 providing her with treatment for a number of stab

102

1 injuries to her stomach area, and arms.
 2 Q. We understand that to be Stephanie Szczotko, a young
 3 lady in a white top?
 4 A. That's the name that she gave me at the time, Stephanie.
 5 I recorded that she gave her age as 25.
 6 Q. To summarise what then followed, after you had provided
 7 her with assistance, did you later leave the building?
 8 A. After, yes, completing first aid with her, I left the
 9 building and went back outside to assess what was
 10 happening outside.
 11 Q. Did a time come a little later while you provided
 12 firearms cover over the suspect while explosives
 13 officers assessed him?
 14 A. Yes, I did.
 15 Q. What conclusion did the explosives officers reach about
 16 the viability of the device?
 17 A. After examination, the explosive ordnance disposal
 18 officer said to me that he believed the device to be
 19 fake and a non-viable device.
 20 MR HOUGH: Thank you very much. Those are all the questions
 21 I have for you. I'll look to my right to see if anyone
 22 else has any questions.
 23 JUDGE LUCRAFT: No. Thank you very much indeed, officer,
 24 for coming.
 25 A. That's all right, sir. Thank you.

103

1 JUDGE LUCRAFT: Thank you.
 2 MR HOUGH: Sir, the next evidence is a witness statement to
 3 be read from Officer YX97.
 4 JUDGE LUCRAFT: Thank you.
 5 MR HOUGH: Mr Moss will read the statement after giving the
 6 appropriate introduction.
 7 MR MOSS: Sir, the statement is YX97's statement. It's
 8 dated 3 December 2019. As with other statements which
 9 have been read, it's one which you are admitting under
 10 Rule 23 of the Coroners (Inquests) Rules 2013. The
 11 nature of the written evidence has been communicated to
 12 interested persons through disclosure, and all
 13 interested persons have had the opportunity to view the
 14 statement on the electronic disclosure platform, and
 15 indeed, they could have objected to it being read, but
 16 they haven't.
 17 JUDGE LUCRAFT: Thank you.
 18 YX97 (read)
 19 MR MOSS: YX97 says:
 20 "I have been a police officer since 2007..."
 21 And he then goes on to set out his career history
 22 which I shan't read.
 23 "At 7 o'clock in the morning on Friday
 24 29 November 2019, I commenced my duty as an armed
 25 response vehicle officer in full uniform at Bishopsgate

104

1 Police Station in London. As the substantive team
 2 sergeant was out of the office for the day I had been
 3 asked by him to perform the role of acting sergeant.
 4 This involves organising the vehicle crews for the day,
 5 supervising the arming-up procedure, and having a basic
 6 overview of the day-to-day operations, ensuring that all
 7 the day's taskings are dealt with.
 8 "Around 2.00 pm, a call was put over the Airwave
 9 radio from control asking for units to attend
 10 London Bridge as there had been reports of a female
 11 stabbed at the location. We were at Bishopsgate Police
 12 Station at the time and I heard Trojan City 2 deploy.
 13 Due to the brief circumstances given, I also called
 14 control over the Airwave radio that Trojan City 1 would
 15 also deploy. I asked for the inspector to review the
 16 incident as the brief information received suggested
 17 there was a person with a weapon who was otherwise so
 18 dangerous, therefore the criteria to deploy armed
 19 resources was met. I was informed it was being reviewed
 20 shortly after information was given over the Airwave
 21 radio that a firearms authority had been given.
 22 Therefore we were able to attend the scene with
 23 conventional firearms and less lethal options, and
 24 deploy the tactic given to maximise the safety of the
 25 public.

105

1 "At this point an unarmed unit stated that they were
 2 responding. As it was a declared firearms incident,
 3 I asked for control to relay the 'stay safe' message to
 4 unarmed units and asked for them to hold until
 5 a firearms unit was on scene. This was so the safety of
 6 unarmed officers could be maximised. We were then given
 7 over the Airwave radio the tactic that I recall to be
 8 either a foot interception or pedestrian stop, I can't
 9 recall exactly what terminology was used. However,
 10 before I could clarify, almost immediately I recall
 11 a transmission about either members of the public had
 12 been stabbed or were still being stabbed.
 13 "Around a minute later we were travelling under
 14 emergency conditions, utilising the siren and blue
 15 lights on the vehicle, along Bishopsgate towards
 16 London Bridge when I heard a transmission come over the
 17 radio in the car saying words to the effect of 'shots
 18 fired, shots fired'. As we monitor a number of
 19 different Airwave channels in the vehicle I'm unsure
 20 what channel it came across, however I recognised the
 21 voice as belonging to YX16, so I knew instantly that it
 22 was related to the incident that we were attending.
 23 "I felt an immediate sense of urgency to get there
 24 as quickly as possible, as I knew my colleagues would
 25 need immediate support and in order to assist giving

106

1 immediate first aid to what I now believed to be more
 2 than one casualty. On arrival, due to the congested
 3 traffic, I drove southbound on the northbound
 4 carriageway of the road, just past Fishmongers' Hall.
 5 I saw WS5 on his own, pointing his G36 at a subject who
 6 was on the floor around 15 or 20 metres away. Having
 7 immediately formed the opinion that the subject was the
 8 person who had been shot and would need detaining and
 9 giving immediate first aid, I exited the vehicle as
 10 quickly as I could and moved straight to WS5 to support
 11 him.
 12 "I had no real information other than the subject
 13 had stabbed people, therefore believing he was armed and
 14 not knowing how injured he was, but realising we have
 15 a duty of care to move forward whilst maximising our
 16 safety and that of others, to detain him and administer
 17 first aid I drew my side arm from my holster and took
 18 aim at the subject. I did this as I believed we would
 19 move forward to him and detain him. However, I was
 20 afraid that he would still be able to get up and attack
 21 us once we got close, so pointed my weapon in order to
 22 protect myself and the other officers so that we could
 23 facilitate the subject being detained in a safe and
 24 controlled manner.
 25 "I said to WS5 words to the effect of 'we need to

107

1 move forward to him and secure him'. From what I could
 2 see at this point I would describe the subject as male,
 3 dark skin, wearing dark clothing. His jacket was open
 4 and I could see he was wearing something dark and bulky
 5 underneath. WS5 shouted words to the effect of 'no, we
 6 need to get back, he's got an IED'. I took this to mean
 7 the male has an improvised explosive device. Having
 8 previously been a licensed police search team member, a
 9 bulk of our training was centred around searching for
 10 improvised explosive devices, therefore I have been
 11 exposed in the past to videos of such devices being
 12 detonated and the sheer devastation they can cause.
 13 I felt a wave of dread pass over me at the time.
 14 I immediately realised that should the subject detonate
 15 a device in the close proximity that we were to him, my
 16 colleagues, members of the public who were still nearby,
 17 and myself, would almost certainly be killed or
 18 seriously injured. I believed the subject to still pose
 19 this risk as I could see his arms still moving slightly.
 20 "At this point we were joined by another officer
 21 from my vehicle who I do not recall, who also took up
 22 covering the subject with his G36. We were all shouting
 23 he had an IED and we needed to move back.
 24 "At this point I ran towards the back of our
 25 vehicle, holstering my weapon as I went. We carry

108

1 ballistic shields in the back of the vehicle which would
 2 afford us slight protection as we withdraw. However, my
 3 understanding is these are more to protect against
 4 bullets than explosive devices, but something was better
 5 than nothing as we still had to try and protect the
 6 public.
 7 "As I ran to the vehicle there were still members of
 8 the public around and I was shouting them to run and
 9 take cover, directing them away from the subject. As
 10 I was removing shields from the rear of the vehicle,
 11 I became aware of uniformed officers shouting from the
 12 stairs to Fishmongers' Hall that they had multiple
 13 casualties inside and needed a defib and first aid.
 14 I do not recall exactly who it was but could hear the
 15 panic in their voice.
 16 "I left the shields against our car and grabbed the
 17 first aid kit and defib and ran it to the entrance of
 18 Fishmongers' Hall, still telling members of the public
 19 to run and take cover as I went to get rid of everybody
 20 in the vicinity for their own safety.
 21 "I literally threw the first aid kit and defib at
 22 the officer and said words to the effect of 'keep
 23 everyone inside, he has an IED'. I recall something
 24 being said about five casualties and two were critical.
 25 I believe this was said at that point.

109

1 "As I headed back to our vehicle an unmarked Met
 2 Police ARV arrived. I ran to the driver's door and said
 3 words to the effect of 'subject is down, he has an IED.
 4 We have five casualties inside who need help'. I recall
 5 one response officer's car behind them being empty with
 6 the sirens still on, drowning out people's voices, so
 7 ran over to them to turn them off. As I did, another
 8 vehicle was arriving and I recall shouting some
 9 information at them about what was going on. I took
 10 another first aid kit off someone at this point, again,
 11 running it again to uniformed officers at
 12 Fishmongers' Hall.
 13 "By this point the team had moved back to
 14 Fishmongers' Hall and were covering the subject from
 15 just in front of the entrance. We couldn't move further
 16 back from here as there were still members of the public
 17 and uniformed officers inside the building, and this is
 18 the furthest we could withdraw to still keeping armed
 19 officers between them and the threat of the subject."
 20 Sir, in the next couple of paragraphs the witness
 21 describes being on the stairs outside Fishmongers' Hall
 22 where he and his colleagues kept their weapons trained
 23 on Usman Khan and at that point shots were fired, and
 24 I pick it up at the bottom of the page:
 25 "At this point a number of ARVs began arriving and

110

1 I briefed a sergeant who has arrived there that
 2 casualties were inside who needed immediate attention.
 3 He suggested that as the subject has a device we should
 4 really be 100 metres away, but we were well within that.
 5 We would need to evacuate the casualties.
 6 "Moving towards a group of ARVs who were arranging
 7 sending an explosive dog up to the subject, I was
 8 looking for ballistic shields and people to help move
 9 the casualties. I spoke to one of the operational
 10 firearms commanders KH16 and explained about the
 11 casualties inside and two were critical, at which point
 12 he declared it to be a warm zone and to get help into
 13 them.
 14 "Along with another ARV and some unarmed colleagues,
 15 we ran to the junction of London Bridge with Gracechurch
 16 Street and King William Street where there were two
 17 paramedics waiting. On arrival, a CTSFO team was
 18 arriving and I gave them a very brief overview of the
 19 situation and they made their way to Fishmongers' Hall.
 20 We told the paramedics it was a warm zone and they
 21 stated they would come in to help extract the
 22 casualties. At that point, a HEMS crew arrived.
 23 However, they did not come with us as they stated they
 24 do not work in warm zones and casualties had to come out
 25 to them. I tried to impress how desperate the situation

111

1 was and made my way back.
 2 "I went into Fishmongers' Hall again and we tried to
 3 start clearing a route out. I went into a room on my
 4 right where I saw a young male being put on a stretcher
 5 and I said words to the effect of 'We need to scope and
 6 run'. The male appeared to be deceased.
 7 "By this point, the HEMS crew had also entered the
 8 building. I saw another two injured, one walking
 9 wounded being worked on in the foyer area, it was
 10 a scene of devastation with blood everywhere, and armed
 11 and unarmed officers doing their best to help people.
 12 My natural reaction was sadness at what I was seeing,
 13 and I clearly could see that someone had already died,
 14 however, I knew we still had a job to do.
 15 "More officers arrived and I told them no firearms
 16 search of the building had been done. I began
 17 conducting an emergency search with officers to clear
 18 the ground floor. I ended up searching for around
 19 an hour and a half, most of which was spent guarding
 20 a stairwell."
 21 And, sir, that's the end of the statement.
 22 JUDGE LUCRAFT: Thank you very much, Mr Moss.
 23 MR HOUGH: The final witness today is Acting Inspector
 24 Darren Settle.
 25

112

1 ACTING INSPECTOR DARREN SETTLE (sworn)
 2 A. Good afternoon, sir.
 3 JUDGE LUCRAFT: Good afternoon. Officer, if you are happy
 4 to do so, please take your mask off. If you would
 5 prefer to leave it on, that's fine with me, and, again,
 6 whether you wish to sit or stand, that's your choice,
 7 you can do either.
 8 A. Thank you, sir.
 9 Questions by MR HOUGH QC
 10 MR HOUGH: Would you please give your full name and rank for
 11 the court?
 12 A. My name is Sergeant Darren Settle from SCO19, the force
 13 firearms unit, Metropolitan Police.
 14 Q. You understand, Mr Settle, that I'm asking you questions
 15 first on behalf of the Coroner, and then others may have
 16 the chance to ask you some questions?
 17 A. Yes, sir.
 18 Q. You made a witness statement about the matters we're
 19 concerned with on the day of the attack itself,
 20 29 November 2019.
 21 A. Yes, sir.
 22 Q. You have told us that you are a sergeant in the firearms
 23 division of the Metropolitan Police. In that capacity,
 24 are you trained as a Tactical Firearms Commander?
 25 A. I am indeed, sir, and on the day in question I was

113

1 acting inspector.
 2 Q. In a sentence or two, what is the role of a Tactical
 3 Firearms Commander in relation to either a preplanned or
 4 a non-planned firearms operation?
 5 A. Sir, a Tactical Firearms Commander's main responsibility
 6 is to develop a sort of threat and risk working strategy
 7 to see how we're then going to go on and what tactics we
 8 are going to deploy in order to bring the events to
 9 a safe conclusion.
 10 Q. On 29 November 2019, as you've told us that you were
 11 an acting inspector, were you on duty in uniform in
 12 an armed response vehicle?
 13 A. Yes, sir.
 14 Q. Were you accompanied by any colleague?
 15 A. I was, sir, Acting Inspector Mark Atkins.
 16 Q. What was your call sign that day?
 17 A. That day we were Trojan 1, which is the duty officer's
 18 car.
 19 Q. You were then the duty Tactical Firearms Commander who
 20 could be sent to any scene.
 21 A. Yes, sir.
 22 Q. What was your equipment that day?
 23 A. Personally I had my firearms with me, which is
 24 a self-loading pistol, Glock, 34 rounds. I also had in
 25 the car my carbine rifle, which is a Sig MCX. We carry

114

1 extra kit and equipment also, further rounds, shields,
 2 et cetera.
 3 Q. And a non-lethal option?
 4 A. Yes, absolutely. Less lethal options of the taser.
 5 Q. At around 2 o'clock on the day of the attack did you
 6 become aware of a radio message telling you of
 7 an incident?
 8 A. Yes, sir.
 9 Q. What did that initial radio message say?
 10 A. It was a panicked message that came over our inter-op
 11 channel, which is our pursuits channel, so it's unusual
 12 certainly to hear a message like that, but essentially
 13 it came out with "Shots fired, shots fired".
 14 Q. Did the immediate message tell you where the shots had
 15 been fired?
 16 A. I can't remember if it told us exactly where, but we did
 17 start heading to London Bridge as quickly as we could,
 18 it did eventually evolve.
 19 Q. How long did it take you to get there?
 20 A. I would estimate it took between 5 to 10 minutes.
 21 Q. We can put on screen a photograph of the general area,
 22 {PH0002/25}. This is a view looking north from
 23 a position mid-way over London Bridge towards the
 24 junction with Cannon Street at Monument station. Where
 25 did you enter the scene?

115

1 A. We came from the west side at the top end of your
 2 picture towards the left-hand side, so the west
 3 travelling east, and we got out of our vehicles at the
 4 north side of the picture as you're looking at it, at
 5 the very top on the left-hand side.
 6 Q. By that stage, were there other police and emergency
 7 services vehicles on hand?
 8 A. There was, yes.
 9 Q. How many?
 10 A. I couldn't tell you the exact answer, but there was
 11 a number of vehicles.
 12 Q. Were there any officers around you taking charge at that
 13 stage?
 14 A. No.
 15 Q. What did you do on arrival?
 16 A. So on arrival essentially my job was to set up
 17 a control, to try to establish the facts of what was
 18 going on as we were in an intelligence
 19 information-gathering stage, so we could make a good
 20 assessment of what we had in order to resolve the
 21 situation as safely as we could.
 22 Q. At that stage, did you know where the threat was?
 23 A. I knew the threat was towards London Bridge, but that's
 24 all I knew.
 25 Q. Did you know anything about the nature or source of the

116

1 threat?
 2 A. Yes. En route we heard over the radio that the person
 3 was wearing a viable IED, and we also knew that the
 4 person had committed a number of stabbings.
 5 Q. Did you know whether there were or might be further
 6 attackers?
 7 A. I didn't, no.
 8 Q. Did you know at that stage how many police resources
 9 were in the area?
 10 A. Not at that stage, no.
 11 Q. What did you then proceed to do in order to perform your
 12 role as the Tactical Firearms Commander?
 13 A. So I tried to establish as many facts as I could.
 14 I initially set up a control towards the north side of
 15 the bridge. I requested over the radio that I wanted
 16 various units to come and join me, including explosive
 17 officers, as we knew there was a device on scene.
 18 London Ambulance Service, I requested for the CTSFO, IRT
 19 to come and join us as well, asking people to come to
 20 the north side of that bridge.
 21 Q. Having been told that there was an IED in the area, did
 22 you have to make any directions for public safety?
 23 A. Yes, absolutely. En route to the incident, as I was
 24 talking to the control room, I asked whether Operation
 25 Plato had been declared, knowing that this would

117

1 activate a multi-agency response to the scene, and get
 2 a message out to all the relevant authorities that would
 3 start running to assist us.
 4 Q. And what was the response when you asked about that?
 5 A. It returned back to me that: yes, this is confirmed
 6 a Plato, confirmed a Plato.
 7 Q. As far as you were aware, was that the first declaration
 8 of Operation Plato?
 9 A. Yes, sir.
 10 Q. And the jury have heard a little about Plato, that it is
 11 a set of procedures which is engaged by that declaration
 12 and provides for a response to a marauding terrorist
 13 attack, but is it right that the procedures governing
 14 Plato, when they kick into action, bring a whole series
 15 of resources to the scene for the purpose of dealing
 16 with the kind of attack that can happen when terrorists
 17 are at large?
 18 A. Yes, sir.
 19 Q. And the value of having that declaration is that you get
 20 a series of resources to the scene without having to set
 21 them all out in detail?
 22 A. Absolutely.
 23 Q. When you were at the scene, knowing that Operation Plato
 24 had been declared, did you give any other particular
 25 directions to ensure the safety of people in the area?

118

1 A. My first deployment was to send my colleague down
 2 towards the scene to make a ground assessment, to feed
 3 that information back to me. This is a colleague who is
 4 also a trained Tactical Firearms Commander who is in
 5 possession and knows what information would help us
 6 proceed, so we sent him forward to make that assessment.
 7 While we were doing that, also we tried our best to
 8 deploy the ARVs and people we had there to clear the
 9 bridge, clear the buses, the vehicles, and then we
 10 started to look at the buildings, both on the east and
 11 west side of the footway, running north on the north
 12 side to see what we could do to start to get people out
 13 of the area.
 14 Q. Did you have LAS and fire brigade colleagues on hand by
 15 that stage?
 16 A. I believe LAS were at the north side at the junction
 17 with Cannon Street, we'd driven past certainly just one
 18 vehicle, but as we set up what we would call a forward
 19 command point at the junction with Monument, we had no
 20 LAS or LFB with us at that command point at that stage.
 21 Q. At that point did you know if you were dealing with any
 22 casualties in the area?
 23 A. Yes, we knew we had casualties, and again, on one of --
 24 that initial radio transmission when I was asking for
 25 resources, I particularly asked for LAS to come to me

119

1 knowing that I couldn't deploy them yet because the area
 2 wasn't safe for them to move forward.
 3 Q. May we please look at a transcript of some audio on the
 4 helicopter footage which the jury saw earlier, which can
 5 just identify some of the instructions you gave and the
 6 requests you made. {WS0521A}. If we can go to
 7 {WS0521A/4}, please. Now, we can see Metro Alpha, the
 8 command centre, asking if you, Trojan 1 -- asking you,
 9 Trojan 1, to go ahead, and you are identifying yourself
 10 as en route.
 11 A. Yes, sir.
 12 Q. And that's 14.08.
 13 Then further down the page, please. 14.09, you're
 14 recorded saying:
 15 "Have we consider[ed] this now Plato?"
 16 Then 14.09.45:
 17 "Yes, this is declared Plato."
 18 So that's the point in time, is it, when you asked
 19 about the Plato declaration and that was confirmed?
 20 A. Yes, sir.
 21 Q. {WS0521A/6}, please, and the lower part of the page.
 22 14.12, you're recorded as saying this:
 23 "I want LAS immediately to me north side of the
 24 river, we going to have to do something in order we got
 25 some victims who appear to have been stabbed nearby.

120

1 Obviously I need expo immediately to my position."
 2 So you are asking your command centre to direct
 3 ambulances to you on the north side of the river so that
 4 you can send them forward as you told us?
 5 A. Yes, sir .
 6 Q. And you're also asking for explosives officers as soon
 7 as possible to your area because of the suspected IED?
 8 A. Yes, sir .
 9 Q. And then {WS0521A/7}, please, towards the bottom of the
 10 page, do we see you at 14.14 confirming that you are
 11 taking the role of ground–assigned Tactical Firearms
 12 Commander?
 13 A. Yes, sir .
 14 Q. By that stage is it right that you were at the scene?
 15 A. Yes.
 16 Q. Then {WS0521A/8}, please, top of the page, we see you
 17 saying at 14.14:
 18 " ... I've just deployed someone forward to go and
 19 access what's going on immediately to see how close we
 20 can get. Obviously I need everyone out the way. The
 21 IED is the big problem at the moment."
 22 A. Yes, sir .
 23 Q. So was that the point in time when you had sent Acting
 24 Inspection Atkins forward to assess the situation to
 25 determine how close you and the other emergency services

121

1 could go, your big problem being the suspected IED which
 2 prevented you getting close?
 3 A. That's correct, sir .
 4 Q. And then may we please have on screen {DC6496/5}. And
 5 we can see... sorry, may we try {DC6496/4}, please? My
 6 reference might be wrong. And zoom out and look at the
 7 entire page, please. I think my reference is wrong. We
 8 can take that down.
 9 You were the assigned Tactical Firearms Commander
 10 for the Metropolitan Police at the scene. There were
 11 obviously a lot of City of London armed officers at the
 12 scene. Were you, at this point, liaising with the City
 13 firearms authorities as well?
 14 A. Yes, I did speak to a City inspector at the scene, and
 15 from that I then chose that it would be the best if
 16 I took charge of that to make sure we could set up the
 17 appropriate control.
 18 Q. Did Inspector Atkins come back and tell you what the
 19 situation was and how close you could get?
 20 A. I think the next update I got from Inspector Atkins was
 21 over the radio. I can't quite recall if it was one when
 22 he came back, which essentially gave me a brief of what
 23 was going on, and then the first time I then received
 24 the information that a bomb dog had had a look or
 25 a sniff of the suspect and given no clear indications .

122

1 Q. But could you be confident from the explosive dog's
 2 reaction that the scene was safe?
 3 A. Essentially , no. We can trust an animal to a degree,
 4 but to make that IED completely safe, it's a person who
 5 is trained in explosives that you want to render that
 6 device safe to give you complete satisfaction. However,
 7 it can change the risk I was prepared to take in terms
 8 of sending forward other assets.
 9 Q. Armed with that additional information, did you make any
 10 further decisions about sending people forward, whether
 11 police or medics?
 12 A. Yes, at that point, Inspector Atkins had said that it
 13 was suitable to have a warm zone up to the front of
 14 Fishmongers' Hall, which is essentially a zone that we
 15 can go forward and work, multi–agency together. So as
 16 soon as I had that message, it was the point to send the
 17 LAS and as many sort of lifesavers forward as we could.
 18 Q. We can bring a plan on screen, {DC8000/29}. We see
 19 a plan of the scene there. Which area did you
 20 understand was being suggested for designation as a warm
 21 zone?
 22 A. So I was told that we could have a warm zone up to the
 23 entrance of Fishmongers' Hall, so essentially I later
 24 found out that the explosive dog had had a sniff of the
 25 body, gave no clear indication , but that then told me we

123

1 had unknown areas of danger inside Fishmongers', so
 2 I agreed to go with the officers on the ground, trusted
 3 their decision—making, the warm zone to the entrance
 4 I think was the first one to Fishmongers' Hall, which
 5 then got pushed inside quite quickly after, I believe .
 6 Q. So is this right : at first the warm zone was declared to
 7 cover King William Street from where you were at the
 8 rendezvous point down to the entrance of
 9 Fishmongers' Hall?
 10 A. Yes, sir .
 11 Q. The area south of that was still a hot zone because of
 12 the presence of the attacker and the suspected IED; is
 13 that right?
 14 A. Yes, sir .
 15 Q. And then the intention was, based on what you've told
 16 us, that the warm zone would be extended further into
 17 Fishmongers' Hall as officers went in and could make
 18 an assessment of the scene?
 19 A. Yes, sir .
 20 Q. And of course, the value of declaring that area a warm
 21 zone and declaring parts of Fishmongers' Hall a warm
 22 zone is that LAS Tactical Response Unit paramedics with
 23 training could be sent in and could provide that
 24 additional level of medical care inside?
 25 A. Absolutely, sir , yes.

124

1 Q. By that stage, were you aware that there were casualties
2 inside Fishmongers' Hall and whether they required
3 urgent assistance?
4 A. I was aware that we did have further casualties.
5 Q. But not their precise locations?
6 A. Not the precise locations.
7 Q. Was the presence or potential presence of further
8 casualties a reason for you wanting to make an urgent
9 decision about designating a warm zone as far as
10 Fishmongers' Hall?
11 A. Yes, absolutely. It's a priority to try and change
12 the zone from a hot zone into a warm zone to get more
13 people forward in order to save those lives.
14 Q. Did you then make or were you party to making decisions
15 about sending medics into Fishmongers' Hall?
16 A. Yes, sir.
17 Q. What were those decisions?
18 A. Essentially as soon as that message came back from
19 Inspector Atkins that we had that warm zone, I wanted
20 LAS straight down to the scene.
21 Q. And are you in fact aware that the
22 London Ambulance Service medics went in to
23 Fishmongers' Hall very shortly after you had made that
24 declaration?
25 A. Yes, almost immediately, sir.

125

1 Q. At a later stage, were you involved in making the
2 directions for the explosives officers to assess the
3 device on Usman Khan?
4 A. Yes, sir.
5 Q. And over the time that you remained at the scene, did
6 you proceed to give a whole host of directions for the
7 armed officers and others around to both ensure public
8 safety and assess the threat?
9 A. Yes, sir.
10 MR HOUGH: Those are all the questions I have of you at this
11 stage. I'll look quickly around to see if there are
12 further questions.
13 No. Ah, sorry.
14 JUDGE LUCRAFT: Mr Butt, again, if you wouldn't mind just
15 introducing yourself. Thank you very much.
16 Questions by MR BUTT QC
17 MR BUTT: Inspector, as you know, my name is Matthew Butt,
18 I represent the Metropolitan Police Service.
19 Is it right that the Metropolitan Police Service
20 have armed response vehicles patrolling London 24/7?
21 A. Yes, sir.
22 Q. And do those vehicles patrolling the capital include
23 vehicles containing trained Tactical Firearms Commanders
24 like you?
25 A. Yes, sir.

126

1 Q. And there has been a significant uplift in the number of
2 armed response vehicles in recent years in order to
3 respond to incidents just like this?
4 A. Yes, sir.
5 Q. Can we look briefly, please, at document {DC6162/12},
6 please. Are you familiar with this document? These are
7 the joint operating principles that relate to the three
8 emergency services: police, fire and ambulance, in
9 response to Operation Plato?
10 A. Yes, sir.
11 Q. Because of the higher number of patrolling vehicles and
12 Tactical Firearms Commanders, is it quite normal that
13 the first commander on the scene of an incident like
14 this will be police rather than fire or ambulance?
15 A. Yes, indeed.
16 Q. And obviously this was the case here that when you
17 arrived, you were the first commander from any of the
18 three services?
19 A. Yes, that's correct, sir.
20 Q. Do the police play the role of lead agency upon arrival,
21 especially in the absence of other commanders?
22 A. Yes, sir.
23 Q. If we look, please, at paragraph 4.3 of this guidance to
24 all three services:
25 "The absence of an on-scene commander from one or

127

1 more of the emergency services should not delay this
2 process that may significantly impact any deployment
3 decisions. The absent of key information and
4 intelligence at a FCP (or RVP) may affect deployment
5 decisions by [fire] and ambulance, however proactive
6 measures should be taken to enable responder
7 deployment."
8 So is the training that just because you don't have
9 all three commanders present should not delay the
10 provision of emergency first aid, including paramedics
11 where possible?
12 A. Absolutely, sir.
13 JUDGE LUCRAFT: Mr Butt, I was just going to ask you to help
14 us with FCP. I think we know what RVP is, but just help
15 us who are not always familiar with the acronyms.
16 Rendezvous point is obviously RVP.
17 MR BUTT: Yes, sir.
18 When you begin to manage the scene, will there be a
19 point where ideally all the ambulances, all the police
20 and all the fire vehicles will gather?
21 A. Yes, generally all the services will come to the RVP,
22 the rendezvous point, sir, and then we would set up
23 a forward command point, which would include the
24 commanders from the emergency services.
25 Q. And that is FCP, obviously, forward command point?

128

1 A. Yes.
 2 Q. And you were based at the forward command point, were
 3 you?
 4 A. Yes, sir.
 5 Q. Whose responsibility was it to make sure that if the
 6 ambulance were to push forward, they would be safe when
 7 they pushed forward?
 8 A. That would be mine, sir.
 9 Q. And presumably that is a responsibility you take very
 10 seriously?
 11 A. Absolutely, yes.
 12 Q. You would not be able to deploy paramedics into a hot
 13 zone, is that right?
 14 A. That's right.
 15 Q. If we look to the bottom of the page, please. Hot zone
 16 is defined as:
 17 "An area assessed to contain a credible and
 18 continuing threat to life, including the presence of
 19 attackers with weapons."
 20 Yes?
 21 A. Yes.
 22 Q. Would that include an improvised explosive device?
 23 A. Yes, it would, very much so.
 24 Q. Warm zone:
 25 "An area where the attackers are not believed to be

129

1 present at this time, but an identified threat remains."
 2 A. That's correct, sir.
 3 Q. How far should police and the public be, as a minimum,
 4 from a device of this size?
 5 A. Ideally 100 metres.
 6 Q. The distance from where Khan was to the entrance to
 7 Fishmongers' was around 50 metres; is that correct?
 8 A. That's correct.
 9 Q. You've mentioned that an explosives dog was able to
 10 inspect Mr Khan's body and gave no indication of
 11 an explosive device being present?
 12 A. That's correct.
 13 Q. Is it right that if a dog indicates there is
 14 an explosive, that can give you quite some reassurance
 15 that there is, but if it gives no indication, that does
 16 not mean there is no explosive?
 17 A. That's correct.
 18 Q. But balancing the need to save life with the need to
 19 protect responders, you and Inspector Atkins concluded,
 20 once the dog had given no indication, then you could
 21 justify sending paramedics forward in order to save life
 22 in Fishmongers'?
 23 A. Yes, sir.
 24 Q. When we met earlier, I know that you said to me there
 25 was something you would like to say to the victims of

130

1 this attack.
 2 A. Yes. To the family and friends of Saskia and Jack,
 3 I would like to offer my deepest condolences.
 4 MR BUTT: Inspector, thank you very much.
 5 A. Thank you very much.
 6 JUDGE LUCRAFT: Thank you very much indeed, officer. Thank
 7 you for coming.
 8 MR HOUGH: Sir, that's all our evidence for today and this
 9 week. It may just help the jury briefly to know what
 10 we're moving on to next week.
 11 JUDGE LUCRAFT: Yes.
 12 MR HOUGH: So far we have heard obviously the introductory
 13 evidence of DCI Brown. We've heard the evidence of
 14 witnesses setting the scene for the attack, such as
 15 Amy Coop and Catherine Jaquiss, and we have heard
 16 a series of witnesses speaking about the emergency care
 17 provided, specifically to Jack Merritt, but inevitably
 18 touching on broader subjects.
 19 Next week we will be moving to witnesses focusing
 20 particularly on the attack on Saskia Jones --
 21 JUDGE LUCRAFT: Yes.
 22 MR HOUGH: -- and the emergency care efforts in her regard.
 23 Then witnesses to the attack within Fishmongers' Hall,
 24 including some of those involved in responding to
 25 Usman Khan's attack, and then witnesses concerning the

131

1 events on the bridge and the arrival of the armed
 2 response officers.
 3 At that point towards the end of next week, we shall
 4 turn to evidence concerning Usman Khan's involvement
 5 with Learning Together and then into other matters of
 6 background and the management and monitoring of
 7 Usman Khan. I hope that helps the jury understand where
 8 we're going from here.
 9 JUDGE LUCRAFT: Thank you very much indeed, Mr Hough.
 10 Ladies and gentlemen, can I -- this is the first
 11 time we're going to part company for more than just
 12 overnight. Can I just remind you of what I said right
 13 at the beginning, which is to not be tempted to discuss
 14 the evidence you've heard during the course of this week
 15 with those at home. You have got a day tomorrow when
 16 you can do what you like, you're not going to be here,
 17 and then we have got the weekend ahead.
 18 Can I make this suggestion, really born out of my
 19 experience from other situations. If you can imagine a
 20 sort of pause button in your mind. If you just press
 21 that pause button now and get on with the rest of your
 22 lives away from your services as a juror, and then the
 23 time to take that finger off that pause button is when
 24 we resume on Monday morning so that you are not really
 25 focusing on what you have been listening to this week,

132

1 but you are getting about your normal weekend activities
 2 and what you might be doing tomorrow. So that's really
 3 just my experience from other things. It's quite
 4 healthy for all of us just to really take a pause on
 5 what we've been dealing with, think about other things,
 6 and then come back to it refreshed on Monday morning.

7 Since we started this afternoon it was really quite
 8 grey and wet outside, but I am pleased to say that the
 9 sun is now shining, so please enjoy the weekend, have
 10 a break, and we'll look forward to seeing you all for
 11 10 o'clock on Monday.

12 Your timekeeping so far is excellent. I know that
 13 Jo, my usher, will make sure that there is no slippage
 14 with people turning up late, but I know that she will be
 15 the first to say to me that actually if we get people
 16 like you turning up on time each day, it really does
 17 help us enormously, so thank you very much. Enjoy
 18 a well deserved break, see you on Monday.

19 (In the absence of the jury)

20 I will rise.

21 (3.09 pm)

22 (The court adjourned until 10.00 am on
 23 Monday, 19 April 2021)

24
 25

1
 2 INDEX
 3 PAGE
 4 PS JAMES MINNEY (sworn)4
 5 Questions by MR HOUGH QC4
 6 MR CARLTON CULLINAN (affirmed)22
 7 Questions by MR HOUGH QC22
 8 PC HARVEY SAMPFORD (affirmed)41
 9 Questions by MR HOUGH QC41
 10 MS VERONICA MERCHANT (affirmed)52
 11 Questions by MR HOUGH QC52
 12 DR ANDREW MILNE (affirmed)63
 13 Questions by MR HOUGH QC63
 14 MS LAURA PUGSLEY (affirmed)78
 15 Questions by MR HOUGH QC78
 16 PS PETER CADE (sworn)91
 17 Questions by MR HOUGH QC91
 18 YX97 (read)104
 19 ACTING INSPECTOR DARREN SETTLE113
 (sworn)

20 Questions by MR HOUGH QC113

21 Questions by MR BUTT QC126

22
 23
 24
 25

<p>A</p> <p>ability (1) 78:13</p> <p>able (12) 26:2 34:2,5,7,8 39:20 56:17 65:5 105:22 107:20 129:12 130:9</p> <p>above (1) 6:24</p> <p>absence (4) 1:3 127:21,25 133:19</p> <p>absent (1) 128:3</p> <p>absolutely (9) 4:16 91:10 115:4 117:23 118:22 124:25 125:11 128:12 129:11</p> <p>accent (2) 24:1 52:6</p> <p>access (2) 65:14 121:19</p> <p>accessibility (1) 82:17</p> <p>accompanied (2) 92:5 114:14</p> <p>accord (1) 74:21</p> <p>account (2) 21:18 95:16</p> <p>accumulates (1) 77:8</p> <p>accumulation (1) 65:18 134:19</p> <p>accurate (1) 29:17</p> <p>acronyms (1) 128:15</p> <p>across (7) 44:18,24,25 45:4 75:16 76:15 106:20</p> <p>acting (8) 105:3 112:23 113:1 114:1,11,15 121:23 134:19</p> <p>action (1) 118:14</p> <p>actions (1) 71:9</p> <p>activate (1) 118:1</p> <p>activated (2) 49:25 67:16</p> <p>active (1) 31:15</p> <p>activities (1) 133:1</p> <p>actually (4) 33:11 35:18 100:10 133:15</p> <p>acutely (1) 78:7</p> <p>add (1) 29:11</p> <p>added (1) 17:21</p> <p>additional (4) 98:24 99:12 123:9 124:24</p> <p>address (2) 1:9 65:21</p> <p>adjacent (1) 66:24</p> <p>adjoined (1) 133:22</p> <p>adjustment (1) 91:2</p> <p>administer (2) 51:3 107:16</p> <p>administered (2) 49:1 62:23</p> <p>admitting (1) 104:9</p> <p>advanced (8) 39:12 57:23 65:6,12,13,16 98:11,12</p> <p>advise (2) 48:23 51:1</p> <p>advised (5) 37:14 50:24 59:10,14 61:9</p> <p>advises (1) 59:23</p> <p>advising (1) 38:16</p> <p>advocates (1) 91:20</p> <p>aerial (3) 6:24 54:23 67:24</p> <p>affect (1) 128:4</p> <p>affirmed (10) 22:1 41:10 52:3 63:16 78:21 134:6,8,10,12,14</p> <p>afford (1) 109:2</p> <p>afraid (1) 107:20</p> <p>after (42) 5:20 9:19 10:25 13:7 14:17 19:9,13 25:24 30:6,20 32:18 39:23 40:2,9 46:4 54:17 60:4,14,20 63:4 67:10 68:25 70:13 71:6 74:7 79:22 86:22 87:18 88:2 89:11,22 94:3,6 100:13 101:7 103:6,8,17 104:5 105:20 124:5 125:23</p> <p>aftermath (1) 21:9</p> <p>afternoon (8) 10:24 42:4 80:18 90:13 91:8 113:2,3 133:7</p> <p>afterwards (2) 36:3 46:14</p> <p>again (33) 1:10 13:5 14:18 21:17 22:9 28:22 29:21 30:8 32:22 35:16 39:3,15 41:11 45:18 46:8 48:6,15 50:11,20 63:17 67:2,24 68:23 74:15 78:22 85:7 101:12 110:10,11 112:2</p>	<p>113:5 119:23 126:14</p> <p>against (3) 97:11 109:3,16</p> <p>age (1) 103:5</p> <p>aged (1) 18:23</p> <p>agency (1) 127:20</p> <p>ago (3) 86:12,12 90:3</p> <p>agreed (7) 1:23 4:4 84:17 87:13 89:20,21 124:2</p> <p>ah (1) 126:13</p> <p>ahead (2) 120:9 132:17</p> <p>aid (19) 10:19 13:22,24 15:5 34:14 98:17,20,24 99:2,4 103:8 107:1,9,17 109:13,17,21 110:10 128:10</p> <p>aim (1) 107:18</p> <p>air (11) 58:24 61:18,22 64:9,13 65:18,20 67:5 75:17,19 77:13</p> <p>airwave (5) 105:8,14,20 106:7,19</p> <p>airway (8) 56:1,12 57:23 58:1,4,5 60:19 65:12</p> <p>alarms (1) 27:24</p> <p>albeit (1) 102:23</p> <p>allocated (1) 74:8</p> <p>allow (4) 58:7 65:14 82:16 83:19</p> <p>allowed (1) 85:12</p> <p>allows (2) 23:16 76:17</p> <p>almost (5) 52:24 66:1 106:10 108:17 125:25</p> <p>along (7) 7:19 21:18 47:17 52:25 94:22 106:15 111:14</p> <p>alpha (1) 120:7</p> <p>already (9) 7:23 24:8 36:4 37:3 40:13 55:23 71:23 94:13 112:13</p> <p>also (50) 4:6 5:23 11:25 13:21 14:13 18:1 20:6 22:22 23:15,19 24:19 31:2 32:11,14 36:23 39:10,20 48:12 51:15 58:7 65:5,16 66:23 69:22 70:23 71:20 73:23 74:10 75:19 79:16,19 81:20 82:15 86:2 87:15 93:12,21 96:2 99:5 102:6 105:13,15 108:21 112:7 114:24 115:1 117:3 119:4,7 121:6</p> <p>always (1) 128:15</p> <p>ambulance (26) 1:20 21:22 23:4 25:21 26:4 47:24 52:23 54:6 55:15,21,24 64:9,14 65:7 67:5 96:6 99:11,23 100:22 101:4 117:18 125:22 127:8,14 128:5 129:6</p> <p>ambulances (5) 34:8 82:16 96:22 121:3 128:19</p> <p>among (2) 66:13 67:4</p> <p>amount (2) 38:15 101:22</p> <p>amplify (3) 4:19 22:11 63:23</p> <p>amy (1) 131:15</p> <p>anaesthesia (1) 65:13</p> <p>analyse (3) 59:8 60:3,10</p> <p>analysed (1) 37:14</p> <p>analyses (1) 59:22</p> <p>analysing (3) 37:12 48:10 59:7</p> <p>andrew (4) 63:15,16 64:2 134:12</p> <p>andy (4) 79:13 83:13 86:13 89:19</p> <p>animal (1) 123:3</p> <p>announcing (1) 59:14</p> <p>another (20) 13:22 14:7 17:21 24:23 29:24 30:2 35:22 43:1 45:16 52:5 63:5 65:15 81:3 96:13 102:20 108:20 110:7,10 111:14 112:8</p> <p>answer (2) 3:8 116:10</p> <p>answers (2) 3:16 72:5</p> <p>anybody (1) 98:11</p> <p>anyone (8) 12:4 18:4 39:11</p>	<p>41:2 49:13 63:10 78:4 103:21</p> <p>anything (9) 7:24 8:9 13:21 14:10 38:6 63:8 96:1 102:15 116:25</p> <p>anyway (2) 15:5 60:7</p> <p>aorta (1) 61:10</p> <p>aortic (1) 76:14</p> <p>appear (4) 4:21 11:8 12:21 120:25</p> <p>appeared (2) 76:4 112:6</p> <p>applied (1) 37:3</p> <p>applies (1) 90:4</p> <p>appreciate (2) 41:19 91:19</p> <p>approach (4) 3:14 31:13 86:17 93:3</p> <p>approached (10) 6:19 8:3 32:1,20 33:7 66:14 82:24 93:4 94:16,18</p> <p>approaching (1) 80:23</p> <p>appropriate (2) 104:6 122:17</p> <p>approximately (4) 5:15 27:17 28:9 29:16</p> <p>april (2) 1:1 133:23</p> <p>area (40) 9:6,9 24:8 28:10 30:15 39:4 43:23 46:24 51:7 72:1 73:18 82:14 83:7,14 84:9 89:7 92:13 93:14 96:10 100:7,8 101:18 102:5,5 103:1 112:9 115:21 117:9,21 118:25 119:13,22 120:1 121:7 123:19 124:11,20 129:17,25</p> <p>areas (4) 66:12,21,23 124:1</p> <p>arm (1) 107:17</p> <p>armed (38) 7:25 8:4,24 9:21 10:18 32:20 33:3,8,9 35:2,12 36:4 69:13 70:24 82:24 84:23 92:22 93:2 94:13,20 95:5 96:14 97:22 98:23 99:12 100:20 104:24 105:18 107:13 110:18 112:10 114:12 122:11 123:9 126:7,20 127:2 132:1</p> <p>armingup (1) 105:5</p> <p>armour (2) 23:20 83:23</p> <p>arms (3) 72:22 103:1 108:19</p> <p>around (39) 5:17,20 14:10,23 18:12 19:13 24:17 27:18,19 28:6,18 30:3 39:7 47:24 53:7 58:9 67:16 70:25 72:1 75:4 76:5,6,9 77:7 86:14 92:8 93:5 96:9 105:8 106:13 107:6 108:9 109:8 112:18 115:5 116:12 126:7,11 130:7</p> <p>arranging (1) 111:6</p> <p>arrest (26) 32:3,25 33:22,25 36:20 37:5 56:19 57:15,15 59:19,20 69:17 72:21 73:13,17,18,20,22 76:7,23 77:4 87:4,6,19 88:11,13 arrival (8) 27:9 56:15 107:2 111:17 116:15,16 127:20 132:1</p> <p>arrive (6) 26:25 43:12 80:13,14 81:17 94:3</p> <p>arrived (29) 26:6 27:17 28:20 30:20,21 31:5,10 37:1,10 43:13,24 44:4 47:21 54:21 55:7,12 60:21 68:20 69:3 70:13 72:24 80:12,20 81:2 110:2 111:1,22 112:15 127:17 arriving (3) 110:8,25 111:18</p> <p>artefact (1) 60:2</p> <p>arthur (4) 45:20,20,25 46:5</p> <p>arv (5) 99:1,7 102:17 110:2 111:14</p> <p>arvs (3) 110:25 111:6 119:8</p> <p>ashen (1) 87:5</p> <p>ask (8) 41:12 63:7 76:13 91:21 95:19 98:16 113:16 128:13</p>	<p>asked (22) 1:5 8:1 10:18 12:4 21:23 40:15 45:6,16 76:13 84:14 87:12 97:9 99:22 102:2 105:3,15 106:3,4 117:24 118:4 119:25 120:18</p> <p>asking (21) 1:18 5:4 22:18 25:2 41:19 52:12 64:3 79:2 84:25 91:19 96:18 98:12,14 105:9 113:14 117:19 119:24 120:8,8 121:2,6</p> <p>asks (2) 3:21 100:16</p> <p>aspect (1) 34:2</p> <p>assailant (2) 30:11 32:3</p> <p>assess (12) 56:17 61:11 73:24 74:9 75:25 76:12 83:15 101:9 103:9 121:24 126:2,8</p> <p>assessed (5) 74:13,13 88:12 103:13 129:17</p> <p>assessment (14) 8:21 56:24 66:16 71:12,13 72:16,25 89:12 97:3 100:3 116:20 119:2,6 124:18</p> <p>assessments (1) 74:20</p> <p>assets (1) 123:8</p> <p>assigned (1) 122:9</p> <p>assist (6) 12:16 44:21 47:5 77:25 106:25 118:3</p> <p>assistance (10) 12:17 13:1 20:6,22 46:17 57:16 63:5 98:25 103:7 125:3</p> <p>assisted (6) 38:22 40:23 47:16 48:13 102:20,24</p> <p>assisting (5) 14:6 48:7 55:22 58:9 98:20</p> <p>assume (1) 16:6</p> <p>assumed (4) 27:18 29:1 35:7 57:2</p> <p>assumption (1) 35:9</p> <p>atkins (7) 114:15 121:24 122:18,20 123:12 125:19 130:19</p> <p>attached (1) 38:16</p> <p>attack (17) 18:8 21:10 23:6 44:7 81:19 91:25 92:19 107:20 113:19 115:5 118:13,16 131:1,14,20,23,25 attacker (2) 24:9 124:12</p> <p>attackers (5) 18:9 66:23 117:6 129:19,25</p> <p>attacking (1) 29:3</p> <p>attacks (1) 66:21</p> <p>attempts (3) 38:5 61:15 62:3</p> <p>attend (5) 49:17 53:9 82:22 105:9,22</p> <p>attending (1) 106:22</p> <p>attention (5) 1:11 2:16 6:3 17:22 111:2</p> <p>audio (1) 120:3</p> <p>australia (2) 24:3,4</p> <p>australian (2) 24:1 52:5</p> <p>authorisation (2) 14:22 93:25</p> <p>authorised (1) 14:14</p> <p>authorities (2) 118:2 122:13</p> <p>authority (1) 105:21</p> <p>automated (1) 54:9</p> <p>aware (27) 11:22 14:10 25:4 32:18 39:25 40:4 44:8 48:21 49:15,16 67:3 78:7 83:6 85:22 87:10 88:6 95:21 97:5,8,17 100:23 109:11 115:6 118:7 125:1,4,21</p> <p>awareness (1) 83:24</p> <p>aware (15) 28:13 33:22 44:23 45:8,21 76:16 95:4 96:24 97:6,12 100:5 107:6 109:9 111:4 132:22</p>	<p>back (44) 9:21 13:2 24:3 27:6,22,23 29:10,12 33:22 37:12 40:15 46:5,8,9 47:11 49:2 51:2 59:10,11 72:11 74:16 82:14 83:15 85:1 88:5 89:12,13 96:16 102:19 103:9 108:6,23,24 109:1 110:1,13,16 112:1 118:5 119:3 122:18,22 125:18 133:6</p> <p>background (2) 81:12 132:6</p> <p>backwards (1) 76:17</p> <p>bag (9) 10:19 13:22,24 14:2,7 34:16 58:19,25 94:10</p> <p>balance (1) 97:10</p> <p>balancing (1) 130:18</p> <p>ballistic (9) 23:19 29:14,18 30:1 82:1 94:10 99:1 109:1 111:8</p> <p>bandages (2) 30:18 82:9</p> <p>bar (1) 45:10</p> <p>barton (3) 1:18 3:20 4:7</p> <p>barts (1) 64:16</p> <p>base (1) 35:10</p> <p>based (7) 27:17 72:5 97:1,14,17 124:15 129:2</p> <p>basement (1) 42:7</p> <p>basic (3) 30:17 71:17 105:5</p> <p>basically (2) 31:14 32:23</p> <p>basics (1) 34:6</p> <p>basis (5) 65:25 66:1,15 72:15 77:3</p> <p>beating (2) 77:6,14</p> <p>became (3) 32:18 72:3 109:11</p> <p>become (5) 14:10 39:25 84:13 89:8 115:6</p> <p>before (13) 3:18 19:21 21:23 29:22 33:11 58:20,21 67:3 72:23 80:2,23 87:23 106:10</p> <p>began (6) 44:21 47:5 75:4 89:6 110:25 112:16 115:17,23 116:16</p> <p>beginning (2) 2:13 132:13</p> <p>begun (1) 45:21</p> <p>behalf (7) 5:5 22:19 41:20 52:12 64:3 79:3 113:15</p> <p>behind (7) 3:20 30:9 33:24 39:5 82:13 88:7 110:5</p> <p>being (33) 13:25 14:13 20:18 31:9 36:4 48:15 49:1 54:16 60:2 65:8 70:10 71:25 72:8 75:19 84:14 85:21 94:21 98:17 100:4 102:6 104:15 105:19 106:12 107:23 108:11 109:24 110:5,21 112:4,9 122:1 123:20 130:11</p> <p>believe (21) 7:12 14:3,7 15:15 25:10 31:18 33:10 37:11 46:20 48:10 61:10 69:10,16 70:20 74:12 95:16 96:14 98:14 109:25 119:16 124:5</p> <p>believed (8) 49:12 62:23 98:3 103:18 107:1,18 108:18 129:25</p> <p>believing (1) 107:13</p> <p>belonging (1) 106:21</p> <p>benefit (2) 20:12 39:4</p> <p>bennett (1) 6:18</p> <p>best (5) 66:16 97:15 112:11 119:7 122:15</p> <p>better (1) 109:4</p> <p>between (7) 42:10 48:10 54:25 69:25 94:1 110:19 115:20</p> <p>big (4) 76:10,10 121:21 122:1</p> <p>bishopsgate (5) 42:8,17 104:25 105:11 106:15</p> <p>bit (10) 11:13 16:7,19 26:17 28:25 30:10 32:13 34:3 35:18 40:11</p>	<p>blast (1) 100:8</p> <p>bled (2) 76:23,24</p> <p>bleeding (5) 65:16 75:21 76:5,6,9</p> <p>blocked (2) 27:5,12</p> <p>blood (27) 11:13 34:21,24 36:1,1 37:2 38:15 39:16,20 57:2 61:14 65:15 72:18,20 73:14,23 75:20 76:11,16,16,17,18 77:2,4,12 101:22 112:10</p> <p>blue (4) 8:17 94:17,24 106:14</p> <p>boarders (1) 46:6</p> <p>body (4) 12:24 57:2 123:25 130:10</p> <p>bodyworn (7) 49:20,23 56:13 59:12 74:17 84:23 97:21</p> <p>bomb (2) 9:5 122:24</p> <p>born (1) 132:18</p> <p>both (7) 9:15,17 45:4 68:11 70:24 119:10 126:7</p> <p>bother (1) 29:11</p> <p>bottom (18) 2:25 18:13 50:13 51:6 54:13 68:13,13 81:9 84:22,24 87:1 93:6 94:23 100:9 102:7 110:24 121:9 129:15</p> <p>boxers (2) 47:9,10</p> <p>brand (1) 56:6</p> <p>break (7) 51:19,22 90:12,14,24 133:10,18</p> <p>breathing (11) 16:16,17,18 17:6,11,14,17 47:12,14 72:18 74:13</p> <p>bride (55) 6:4,20,25 7:6 8:2,6,18 9:1,2,10,10,15 11:5 23:13 26:23 27:4,25 28:4 33:9,16,19 35:7 43:11,19 44:2,14,20,23 45:22 46:5,8,18 57:19 73:8 80:4 83:12 88:12 92:18 93:5 7:10 94:21,22 95:13 98:1 105:10 106:16 111:15 115:17,23 116:23</p> <p>brief (7) 32:22 60:25 69:10 105:13,16 111:18 122:22</p> <p>briefed (1) 111:1</p> <p>briefier (1) 73:19</p> <p>briefly (8) 29:21,24 49:19 62:6 74:13 85:11 127:5 131:9</p> <p>brigade (1) 119:14</p> <p>bright (1) 46:16</p> <p>bring (14) 16:2 54:4,22 55:3 63:21 79:23 94:9 97:7 99:23 100:17,19 114:8 118:14 123:18</p> <p>bringing (3) 46:15 47:4 100:7</p> <p>broader (1) 131:18</p> <p>brought (5) 7:18 32:16 48:2 55:19 70:10</p> <p>brown (1) 131:13</p> <p>building (29) 10:1 14:11 19:10,13 20:10,16 35:13 39:1,23 40:9,24 42:6,8 72:8 85:6 97:11,16 98:21 99:25 101:1,17,21 102:1,16 103:7,9 110:17 112:8,16</p> <p>buildings (6) 42:10 44:12,21 45:6,7 119:10</p> <p>buildup (4) 75:17 77:2,12,13 110:11</p> <p>bulky (1) 108:4</p> <p>bullets (1) 109:4</p> <p>burst (1) 9:5</p> <p>buses (1) 119:9</p> <p>butt (8) 126:14,16,17,17 128:13,17 131:4 134:21</p> <p>button (3) 132:20,21,23</p> <p>bystanders (1) 62:24</p>	<p>call (53) 6:4,9 11:1 13:11,16 24:15 25:2,3 26:1,4,5,12,13 31:5,6 33:10 112:38 120:4,9,13 46:6 53:5,11 12:15,23,25 54:4,6,7,19 57:11,11 62:7 66:9 67:11,13,15 68:12,14,24 79:14,16,23 92:2,8,12,14,17,21 105:8 114:16 119:18</p> <p>called (7) 10:1 23:9 37:25 45:19 57:23 78:8 105:13</p> <p>calling (5) 46:17 50:3,5 57:16 79:25</p> <p>calls (1) 23:14</p> <p>calm (1) 36:25</p> <p>came (16) 9:22 13:12 17:22 19:20 24:5 39:22 60:20 74:15 93:25 96:13 106:20 115:10,13 116:1 122:22 125:18</p> <p>camera (1) 49:23</p> <p>cannon (10) 7:1 45:13</p>
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cavity (2) 75:16 77:2
 ccp (1) 37:18
 cctv (1) 70:2
 cease (2) 62:3 89:2
 ceased (1) 15:18
 ceasing (1) 39:6
 centre (8) 18:18 21:5,9
 31:22 55:17 102:13 120:8
 121:2
 centred (1) 108:9
 certain (1) 98:24
 cetera (2) 34:22 115:2
 chair (1) 11:13
 chance (5) 73:6,12,12,21
 113:16
 change (3) 50:18 123:7
 125:11
 changed (2) 35:9,10
 changes (1) 16:20
 channel (4) 93:19 106:20
 115:11,11
 channels (1) 106:19
 chaotic (1) 36:5
 charge (2) 116:12 122:16
 charging (3) 59:5,6,7
 charitable (1) 64:17
 cheapside (2) 24:20 26:20
 check (3) 25:7 40:15 61:17
 checking (2) 37:12 68:22
 chest (26) 12:20 36:23 37:2
 38:6 48:9 57:6,7 60:9,14
 61:3,10,19,23 65:19,20
 72:23 75:7,8,14,15,24,25
 76:8,11 77:10 89:19
 choice (2) 91:12 113:6
 chose (1) 122:15
 cid (1) 42:21
 circulation (3) 39:21 56:25
 76:13
 circumstances (1) 105:13
 circus (1) 92:13
 city (19) 5:3,12 27:21
 32:1,24 41:17,25 46:15
 49:22 65:23 92:17,21
 93:18 99:19 105:12,14
 122:11,12,14
 civilians (2) 44:19,22
 clamshell (1) 75:13
 clarification (1) 2:9
 clarify (1) 106:10
 clear (25) 1:17 8:2,6
 9:1,2,8,10,10 21:7 27:21
 31:1 44:20 45:4,6,7,16,21
 76:25 82:5 100:22 112:17
 119:8,9 122:25 123:25
 cleared (1) 11:7
 clearing (17) 9:11 11:2 20:14
 44:12,21 46:2 73:7,10
 74:23 82:5,7,15,23 84:12
 88:6 89:5 112:3
 clearly (2) 22:11 112:13
 clinical (1) 39:18
 clinician (1) 59:15
 clinicians (5) 19:21,22 39:13
 49:15 51:7
 close (11) 49:4 55:19 89:7,8
 96:3 107:21 108:15
 121:19,25 122:2,19
 closed (1) 44:17
 closer (5) 28:11,11 34:8 49:3
 63:22
 closest (1) 8:17
 clot (1) 77:10
 clothing (1) 108:3
 clue (1) 31:18
 cm (1) 75:16
 coffee (1) 45:9
 collapse (1) 1:18
 collapsed (1) 75:18
 colleague (10) 24:19 53:1,3
 58:15 81:3 99:22 102:24
 114:14 119:1,3
 colleagues (19) 3:24 6:7,17
 9:4 17:1 43:7 65:1,5,24
 66:3,5,25 71:7 92:11
 106:24 108:16 110:22

111:14 119:14
 collection (5) 37:18,18,20
 82:7,12
 colour (2) 12:24 62:15
 column (2) 62:8,22
 come (33) 3:4 7:3 13:3 15:13
 18:6 27:2,23 30:16,16
 32:18,21 40:5 42:11 44:6
 46:5 50:4 82:16 85:24 88:5
 89:17 96:18 103:11 106:16
 111:21,23,24 117:16,19,19
 119:25 122:18 128:21
 133:6
 comes (1) 53:23
 comfortable (2) 22:7 78:23
 coming (18) 6:3,20 17:11
 19:16,24 21:18 42:6,7,10
 45:18 46:8 49:15 51:14
 63:12 85:25 102:18 103:24
 131:7
 command (9) 66:18 91:18
 119:19,20 120:8 121:2
 128:23,25 129:2
 commander (10) 113:24
 114:3,19 117:12 119:4
 121:12 122:9 127:13,17,25
 commanders (7) 111:10
 114:5 126:23 127:12,21
 128:9,24
 commands (1) 9:3
 commenced (2) 48:5 104:24
 committed (1) 117:4
 commonplace (1) 96:21
 communicated (1) 104:11
 company (1) 132:11
 complete (2) 85:10 123:6
 completed (1) 62:7
 completely (4) 29:22 44:18
 76:21 123:4
 completing (1) 103:8
 complex (2) 57:3 62:15
 complicated (1) 78:13
 compressions (12) 36:23,23
 37:10 38:6 48:9 58:11,12
 59:8 60:2,9,14 76:20
 concern (1) 100:3
 concerned (9) 3:10,19 8:8
 18:5 22:23 23:6 41:23
 91:24 113:19
 concerning (3) 88:1 131:25
 132:4
 concerted (1) 86:14
 conclude (1) 72:16
 concluded (2) 97:14 130:19
 conclusion (5) 1:7 2:10 44:7
 103:15 114:9
 condition (16) 12:21 13:20
 20:7 36:21 40:15 47:7 58:2
 61:13 75:12 77:14
 87:3,7,21 97:19 101:3,24
 conditions (2) 86:3 106:14
 condolences (1) 131:3
 conducted (1) 97:3
 conducting (1) 112:17
 confident (1) 123:1
 confirmation (1) 98:5
 confirmed (4) 95:24 118:5,6
 120:19
 confirming (1) 121:10
 confuse (1) 40:8
 confusing (1) 29:3
 confusion (3) 28:25 29:7
 40:12
 congested (1) 107:2
 connected (1) 59:2
 conscious (6) 16:16,18
 17:14,17 18:3 78:10
 consider (1) 86:1
 considerable (1) 65:24
 considered (1) 120:15
 constable (1) 41:17
 construction (4) 43:21 45:19
 46:20,22
 consultant (2) 64:25 66:7
 contain (1) 129:17
 containing (1) 126:23

contains (3) 64:23 76:1,2
 context (2) 73:9 75:11
 continue (5) 4:10 37:16 48:6
 49:5 75:23
 continued (2) 48:11 59:8
 continuing (3) 29:21 50:21
 129:18
 contracting (1) 77:9
 control (14) 26:1 29:10
 30:18 74:14 81:7,11 88:9
 105:9,14 106:3 116:17
 117:14,24 122:17
 controlled (1) 107:24
 controversy (1) 8:15
 convenient (2) 16:7 51:18
 conventional (1) 105:23
 conversation (1) 31:11
 convey (2) 34:8 39:1
 coop (1) 131:15
 copies (3) 1:15 2:11,14
 copy (2) 1:9 2:12
 cordon (5) 44:13 81:25
 82:3,13,19
 corner (2) 47:18,22
 coroner (8) 2:18 5:5 22:19
 41:20 52:13 64:4 79:3
 113:15
 coroners (1) 104:10
 correct (88) 6:1,21 7:15 8:20
 9:18 10:10 11:17 13:17
 14:1 16:4,8,24
 17:2,9,12,16,25 18:10,25
 19:3,8 20:19 21:6,13
 23:5,11,21 24:2,11,22,24
 25:22 26:8,21 28:15,17
 29:19 30:23 31:4,8,23 33:5
 34:18 35:1,4,14 36:11
 37:22 38:17,21,24 39:2,24
 40:25 48:18 60:13,22
 61:5,20 62:5,14 66:10 67:9
 69:2 70:16 72:12,14 73:24
 77:7,17,24 88:19 93:13
 97:13,17 99:1,13,20
 100:12,21 101:5 122:3
 127:19 130:2,7,8,12,17
 couldnt (6) 49:6 67:6 96:8
 110:15 116:10 120:1
 count (2) 50:9,20
 couple (3) 2:16 74:10 110:20
 course (13) 3:7,23 11:7
 32:14 37:4 48:4 71:14 84:2
 90:18 99:6,6 124:20
 132:14
 cover (7) 30:10 75:24 90:17
 103:12 109:9,19 124:7
 covering (3) 95:2 108:22
 110:14
 cpr (27) 16:15,15,23 17:6
 34:14 37:4 38:14 39:6
 48:5,8,19 49:5,8
 50:9,10,20,20 58:12 63:1
 72:24 86:10 97:18 100:10
 101:3,22 102:6,11
 create (1) 9:8
 created (3) 9:6 37:18 82:6
 credible (1) 129:17
 crew (3) 55:23 111:22 112:7
 crewmate (2) 56:2,3
 crews (1) 105:4
 criteria (1) 105:18
 critical (17) 14:13,22 18:7
 20:7 64:18 69:17 87:7
 93:21,24 97:19 98:4 99:8
 100:15 101:3,23 109:24
 111:11
 crouched (2) 15:6,9
 crowded (1) 36:1
 crowds (1) 9:4
 ctsfo (2) 111:17 117:18
 cullinan (9) 21:21
 22:1,2,9,17,18 69:7 83:18
 134:6
 curving (1) 45:25
 cut (1) 75:24
 cuts (1) 85:14
 cutting (1) 61:3

cyanoised (1) 62:15
 cycle (1) 59:6
 D
 daily (1) 66:1
 danger (3) 34:2 66:22 124:1
 dangerous (3) 66:12,23
 105:18
 dark (3) 108:3,3,4
 darren (4) 112:24 113:1,12
 134:19
 data (2) 25:4 53:15
 dated (1) 104:8
 day (28) 5:15,16,20 21:19
 24:15,17 25:24 42:3,5
 51:16 53:5,7 67:4 90:19
 91:24 92:2,7,8 105:2,4
 113:19,25 114:16,17,22
 115:5 132:15 133:16
 daybyday (1) 78:16
 days (3) 4:1 64:24 105:7
 daytoday (1) 105:6
 dc533556 (1) 57:9
 dc533559 (1) 88:8
 dc53358 (1) 79:23
 dc60795 (2) 54:4 68:12
 dc60796 (1) 68:17
 dc60901 (1) 62:8
 dc60902 (1) 62:17
 dc615110 (1) 25:20
 dc615111 (1) 29:15
 dc615112 (1) 33:6
 dc615113 (1) 38:9
 dc616212 (1) 127:5
 dc64964 (1) 122:5
 dc64965 (1) 122:4
 dc649810 (1) 85:5
 dc649811 (1) 85:10
 dc64985 (1) 97:24
 dc64986 (1) 99:15
 dc64987 (1) 100:13
 dc64989 (2) 84:21,21
 dc6725 (1) 49:20
 dc67252 (1) 50:9
 dc67253 (1) 50:13
 dc67254 (1) 50:19
 dc67255 (1) 50:23
 dc67256 (1) 51:5
 dc800029 (2) 45:23 123:18
 dci (1) 131:13
 deal (4) 1:12 2:7 3:9 90:13
 dealing (10) 1:13 3:15 5:9
 8:10 14:8 17:1 19:6 118:15
 119:21 133:5
 deals (1) 2:17
 dealt (1) 105:7
 death (4) 3:4 74:1 76:23,24
 deceased (3) 63:4 77:19
 112:6
 december (2) 41:23 104:8
 decide (4) 15:16 32:8 69:24
 82:11
 decided (4) 15:20 32:9 69:25
 101:3
 decision (10) 61:25 62:2
 71:9 77:18 87:14
 89:2,20,21 97:1 125:9
 decisionmaking (1) 124:3
 decisions (12) 73:1,2
 74:1,1,4 88:3 101:8 123:10
 125:14,17 128:3,5
 declaration (5) 118:7,11,19
 120:19 125:24
 declared (8) 85:3,7 106:2
 111:12 117:25 118:24
 120:17 124:6
 declaring (2) 124:20,21
 deepest (1) 131:3
 defib (10) 9:23 10:8
 48:10,12,12,14 56:9
 109:13,17,21
 defibbed (1) 98:9
 defibrillation (1) 98:10
 defibrillator (18) 10:9,17,19
 34:17,20 37:7,14 38:16

48:22 50:16,18,25 51:3
 56:6,14 59:1,14,22
 defibrillators (2) 48:16 98:8
 defined (1) 129:16
 degree (2) 24:4 123:3
 degrees (1) 18:12
 delay (2) 128:1,9
 delayed (1) 33:13
 delegate (1) 16:5
 deliver (1) 65:15
 delivered (4) 59:11 60:15
 62:20 95:17
 department (1) 65:9
 deploy (8) 105:12,15,18,24
 114:8 119:8 120:1 129:12
 deployed (3) 23:22 94:7
 121:18
 deployment (4) 119:1
 128:2,4,7
 describe (2) 24:8 108:2
 described (5) 11:1 12:23
 54:16 86:19 102:21
 describes (1) 110:21
 description (1) 69:10
 deserved (1) 133:18
 designated (1) 66:21
 designating (1) 125:9
 designation (1) 123:20
 designed (1) 38:3
 desk (1) 4:18
 desperate (1) 111:25
 destination (1) 26:6
 detail (2) 40:19 118:21
 detailed (1) 3:13
 details (1) 26:5
 detain (2) 107:16,19
 detained (1) 107:23
 detaining (1) 107:8
 detect (2) 23:25 52:5
 determine (3) 56:21 77:1
 121:25
 determined (1) 57:1
 detonate (1) 108:14
 detonated (1) 108:12
 devastation (2) 108:12
 112:10
 develop (1) 114:6
 device (16) 36:24 95:8,14
 100:5 103:16,18,19
 106:7,15 111:3 117:17
 123:6 126:3 129:22
 130:4,11
 devices (4) 37:25 108:10,11
 109:4
 didnt (13) 29:11 42:15
 47:12,14 72:2 73:11,15,16
 76:8 81:4 85:24 89:8 117:7
 died (2) 40:17 112:13
 different (4) 30:18 34:12
 54:8 106:19
 direct (3) 13:18 45:15 121:2
 directed (9) 12:5 13:19 20:3
 36:6 38:13 40:14 94:9 97:6
 102:4
 directing (5) 7:24 44:22
 45:12,13 109:9
 direction (4) 19:6 43:12
 44:12 93:3
 directions (12) 3:6 9:15,17
 14:22 31:25 74:5,20 85:8
 117:22 118:25 126:2,6
 directly (1) 102:12
 disclosure (2) 104:12,14
 discover (1) 18:1
 discuss (2) 84:13 132:13
 discussing (2) 28:23 99:9
 discussion (8) 27:16 28:21
 35:18 70:9 80:24 82:4
 84:16 85:6
 discussions (4) 33:15 82:22
 87:25 101:7
 dispatch (2) 54:14 68:16
 dispatching (1) 81:10
 disposal (1) 103:17
 distance (6) 7:1 26:22 30:5
 33:22 96:23 130:6

distant (1) 4:6
 division (1) 113:23
 dm01 (5) 31:6 38:20 66:9
 68:14 79:14
 doctor (6) 61:9,12,25 62:4
 64:10,23
 doctors (5) 19:19 39:13
 60:21 61:21 64:24
 document (9) 1:12 3:14 54:5
 69:18 80:19 86:5 99:14
 127:5,6
 documents (1) 4:21
 does (16) 2:18 13:9,10
 14:18,20 16:25 50:4 53:22
 59:14 64:15,21 74:21,22
 75:23 130:15 133:16
 doesnt (2) 63:19 81:13
 dog (6) 111:7 122:24 123:24
 130:9,13,20
 dogs (1) 123:1
 doing (18) 19:9 20:13 22:7
 24:18 37:17 38:4 58:15,22
 60:17 71:14 76:3,19 78:23
 84:1 90:20 112:11 119:7
 133:2
 don (1) 81:15
 done (7) 1:8 18:17 42:21
 60:2 77:16 87:21 112:16
 dont (15) 3:10,19 11:21 20:4
 31:15 40:16,19 43:8 63:7
 70:11 71:4 83:13,25,25
 128:8
 door (3) 12:1 13:6 110:2
 doors (1) 102:4
 doorway (2) 10:3 15:10
 down (52) 6:9 7:25 8:12
 11:12 14:24 15:5,7,9,25
 16:16,19,25 17:10,21
 18:14 21:23 25:3 26:16
 27:22,23 35:2 36:1 40:13
 42:17,20 43:18 44:19
 45:20 46:17 49:21 54:12
 55:4 57:21 58:17 60:5
 63:21 85:7 94:8,22 97:23
 98:1,15 99:21,23
 100:17,19 110:3 119:1
 120:13 122:8 124:8 125:20
 downstairs (1) 11:2
 dr (26) 60:23,23 63:15,16,17
 66:7 69:25 74:8 75:3,6,6
 78:6 79:13,13 81:9
 84:5,14,14 86:19 87:17,25
 89:6,9 90:3 134:12
 drag (11) 34:4 38:23 40:3
 46:16,16 47:5,8,15 48:2,4
 50:6
 dragged (2) 38:3 85:1
 dragging (2) 40:3 55:14
 drain (1) 77:4
 draw (1) 2:15
 drawn (2) 8:11,14
 dread (1) 108:13
 dressings (2) 37:2 57:6
 drew (1) 107:17
 drive (1) 42:24
 driven (1) 119:17
 driver (1) 94:9
 drivers (3) 9:12,16 110:2
 drives (1) 81:13
 driving (1) 79:20
 drop (1) 42:10
 drove (3) 43:1 55:4 107:3
 drowning (1) 110:6
 due (4) 3:6 33:12 105:13
 107:2
 duration (1) 73:19
 during (6) 3:23 48:19 53:7
 59:8 60:2 132:14
 duty (17) 5:13,15,21 24:12
 42:1,3 18:3 43:1 44:11 52:25
 79:10 92:2 104:24 107:15
 114:11,17,19
 dynamic (1) 66:16

E

e204 (3) 53:5 54:13 57:12

ear (1) 32:12
 earlier (5) 54:5 56:14 62:18
 120:4 130:24
 early (2) 5:17,18
 east (3) 68:4 116:3 119:10
 eastcheap (2) 80:6 93:12
 effect (8) 44:16 60:9 106:17
 107:25 108:5 109:22 110:3
 112:5
 effectively (1) 77:9
 effectiveness (1) 74:14
 effects (1) 63:1
 effort (2) 86:14 90:5
 efforts (2) 87:15 131:22
 eight (2) 10:25 18:23
 eighth (2) 5:22,23
 either (14) 4:22 15:16 24:25
 43:6 59:21 66:9,22 67:1
 81:16 91:12 106:8,11
 113:7 114:3
 electronic (1) 104:14
 elimination (1) 17:24
 else (13) 8:9 12:5 15:6 18:5
 39:11 41:2 49:9,13 63:8,11
 78:4 96:1 103:22
 elsewhere (4) 9:20 12:3
 101:25 102:16
 emergency (25) 10:25 19:16
 30:22 31:22 47:19 55:6,16
 64:11,18 65:9 68:7 69:4
 96:5 97:2 99:3 106:14
 112:17 116:6 121:25 127:8
 128:11,10,24 131:16,22
 empty (4) 76:21,21 77:16
 110:5
 emptying (1) 82:9
 en (8) 54:16 70:5 79:25 80:2
 93:23 117:2,23 120:10
 enable (1) 128:6
 enables (1) 23:16
 end (13) 1:4,6 28:8 34:23
 46:11 57:19 68:5 73:7
 80:16 93:11 112:21 116:1
 132:3
 endeavour (1) 90:18
 ended (2) 27:7 112:18
 endotracheal (1) 65:12
 engaged (1) 118:11
 engaging (1) 8:25
 enhanced (1) 99:2
 enjoy (2) 133:9,17
 enormously (1) 133:17
 enough (2) 82:14 100:19
 ensure (2) 118:25 126:7
 ensuring (1) 105:6
 enter (7) 19:9 20:9 44:20
 66:12 67:7 101:14 115:25
 entered (19) 11:9,24 13:7
 14:18 36:10,12,22 38:12
 67:3 70:19,23 71:2 85:17
 86:6,8 101:10,19,20 112:7
 entering (9) 13:15 35:15,23
 38:10 67:1 70:3,14 71:6
 85:6
 entire (1) 122:7
 entrance (24) 7:13,20 8:18
 9:24,25 12:9 13:2 27:22
 35:21 36:17 38:13 70:18
 72:11 87:9 94:11,16
 101:11,14 109:17 110:15
 123:23 124:8,8 130:6
 entries (1) 49:19
 entry (5) 31:7 35:17 38:10
 50:3 69:1
 eoc (1) 57:14
 epicentre (1) 96:24
 equally (2) 22:6 90:21
 equipment (19) 13:21 14:5
 23:16 29:14 30:2 32:10,15
 34:3,12,16,19,24 56:3 58:4
 81:23 82:2 83:19 114:22
 115:1
 especially (1) 127:21
 essence (1) 71:16
 essentially (10) 30:12 31:16
 59:17 115:12 116:16

122:22 123:3,14,23 125:18
establish (5) 18:8 25:25
 27:15 116:17 117:13
established (3) 77:11,12 95:6
estimate (2) 94:5 115:20
et (2) 34:22 115:2
evacuate (1) 111:5
evacuated (2) 20:15 48:5
evacuating (2) 47:5,16
evacuation (1) 99:18
eve (10) 24:21 25:2 27:16
 28:21 35:15 69:7 80:22,24
 81:20 83:18
even (3) 33:2 39:5,25
event (9) 16:5 19:24 54:14
 60:5 67:11 68:16,25 70:13
 85:16
events (4) 54:8 90:5 114:8
 132:1
eventually (1) 115:18
every (3) 49:11 53:23 78:9
everybody (2) 73:4 109:19
everyone (5) 2:6 15:6 59:11
 109:23 121:20
everything (2) 11:1 31:17
everywhere (1) 112:10
eves (1) 27:3
evidence (17) 2:1 3:13,23,25
 4:11,16 41:4 51:15 70:4
 91:11 104:2,11
 131:8,13,13 132:4,14
evident (1) 8:3
evidently (1) 85:14
evolve (1) 115:18
exact (2) 69:9 116:10
exactly (5) 35:1 71:4 106:9
 109:14 115:16
examination (1) 103:17
excellent (1) 133:12
excess (1) 61:22
excuse (1) 52:11
exercise (1) 83:25
exited (1) 107:9
expect (1) 93:17
expecting (2) 1:18 3:21
experience (4) 65:24 66:1
 132:19 133:3
expertise (1) 34:12
explained (1) 111:10
explaining (1) 63:13
explains (1) 4:7
explanation (1) 62:20
explosive (13) 95:14 103:17
 108:7,10 109:4 111:7
 117:16 123:1,24 129:22
 130:11,14,16
explosives (6) 103:12,15
 121:6 123:5 126:2 130:9
expo (1) 121:1
exposed (1) 108:11
express (1) 99:24
exsanguinated (1) 57:1
extend (1) 75:23
extended (2) 82:22 124:16
extensive (1) 39:12
extent (1) 44:8
extinct (1) 62:4
extra (6) 23:15,15 34:3,7
 40:11 115:1
extract (1) 111:21
extricate (5) 33:21 37:17
 38:7,19 100:6
extrication (2) 64:19 74:9
eyes (2) 12:24 47:11

F

facilitate (2) 74:9 107:23
facing (1) 43:16
faint (1) 23:25
fake (1) 103:19
familiar (6) 6:23 31:2 35:23
 101:12 127:6 128:15
families (3) 1:22 2:3 4:1
family (1) 131:2
far (12) 7:1 26:18,19 67:3
 72:5 82:14 93:11 118:7

125:9 130:3 131:12 133:12
fast (1) 73:8
fastresponse (4) 31:2 67:20
 68:2 79:20
fcp (3) 128:4,14,25
february (3) 5:9 22:23 52:16
feel (1) 119:2
feel (2) 76:21 78:23
feet (1) 36:17
felt (5) 73:4,5,15 106:23
 108:13
female (18) 11:11,15,25
 16:14,16,22 17:13,22
 25:10 32:1 36:14 37:11
 53:21 96:14 97:6 102:6,20
 105:10
few (6) 11:10 33:11 81:24
 86:11,12 90:2
fibrillation (1) 60:11
figure (2) 8:16,16
file (4) 12:9 36:9 57:10 102:8
fill (1) 31:17
final (1) 112:23
find (5) 27:12 70:14 76:8
 86:7 89:16
fine (7) 4:16 22:5,6 63:19,22
 91:10 113:5
finger (1) 132:23
fingers (1) 76:15
finish (1) 90:18
finished (2) 3:13 53:10
finishing (1) 72:1
fire (5) 119:14 127:8,14
 128:5,20
firearms (29) 14:4 19:9 20:9
 44:3 91:18 94:21 95:2
 103:12 105:21,23 106:2,5
 111:10 112:15
 113:13,22,24
 114:3,4,5,19,23 117:12
 119:4 121:11 122:9,13
 126:23 127:12
fired (15) 6:10 14:25 15:12
 42:12,14 81:4,21 92:20
 98:4 106:18,18 110:23
 115:13,13,15
first (54) 4:12 5:5 10:19,25
 13:19,22,24 15:5 16:22
 20:16 22:19 26:9 34:14
 40:22 41:20 47:8 52:12
 64:3 70:19,20 71:1 72:6
 73:22 79:3 80:16,22 89:11
 91:20 98:16,20,24 99:2,4
 101:18 103:8 107:1,9,17
 109:13,17,21 110:10
 113:15 118:7 119:1 122:23
 124:4,6 127:13,17 128:10
 132:10 133:15
fishmongers (56) 7:13,21
 8:19 9:22,24 10:4,22,24
 11:7,11 13:3,6 20:24
 21:2,3 35:3,11,15,22 38:11
 48:13 70:1,3,15 74:18
 85:17 86:6 88:14 92:18
 94:12,16 96:4,9 101:10
 107:4 109:12,18
 110:12,14,21 111:19 112:2
 123:14,23 124:1,4,9,17,21
 125:2,10,15,23 130:7,22
 131:23
five (7) 16:20 32:2,4 69:16
 77:22 109:24 110:4
fixed (1) 94:19
floor (11) 5:22,24 8:13 11:14
 12:14 15:5 101:21,23
 102:13 107:6 112:18
fluid (2) 61:19,22
furry (1) 29:25
focus (2) 40:17 77:14
focusing (3) 75:7 131:19
 132:25
follow (4) 1:21 70:1 83:2,11
followed (4) 29:24 31:24
 94:1 103:6
following (3) 3:2 4:2 88:7
foot (4) 12:1 20:7 94:7 106:8

footage (16) 10:23 13:5,15
 14:15 19:12,20 49:20
 56:13 59:12 65:1 70:2
 74:17 84:23 85:16 97:21
 120:4
footway (5) 8:13 94:8,22
 95:4 119:11
force (1) 113:12
forgot (1) 33:17
form (4) 62:6,19 71:7 99:2
formally (1) 77:18
formed (1) 107:7
forms (1) 98:24
forward (42) 32:8,19,22
 33:8,14,20 55:13 70:2
 81:24 82:25 83:6,9,10,15
 84:8,11,18 85:4,24,25 97:7
 107:15,19 108:1 119:6,18
 120:2 121:4,18,24
 123:8,10,15,17 125:13
 128:23,25 129:2,6,7
 130:21 133:10
found (2) 89:19 123:24
four (10) 1:13 3:1 16:13,21
 23:8 49:6 71:22,24 74:19
 77:22
foyer (10) 11:11,24 15:6
 35:21 40:4 72:11 87:9
 101:11,14 112:9
friday (1) 104:23
friends (1) 131:2
front (14) 4:22 20:23 36:2
 42:17 46:7 47:23 52:17
 55:21 94:11,20 97:4
 102:12 110:15 123:13
full (8) 4:25 22:15 41:15 52:9
 63:25 75:13 104:25 113:10
fully (2) 57:1 75:25
functions (1) 23:12
furniture (1) 46:6
further (39) 2:9 6:9 12:12
 16:16,19 17:5,21 20:9
 26:17 28:13,14 33:14
 44:14 45:15 54:12 57:16
 71:13 72:8 81:6,17 82:3,20
 88:13,14 93:16 96:16
 98:15 99:21 101:16 102:10
 110:15 115:1 117:5 120:13
 123:10 124:16 125:4,7
 126:12
furthest (1) 110:18

G

g36 (2) 107:5 108:22
gabriel (1) 22:17
gather (2) 72:6 128:20
gathered (2) 20:24 21:2
gave (16) 1:9 32:22 44:11
 55:24 60:7,25 69:10 73:1
 95:16 103:4,5 111:18
 120:5 122:22 123:25
 130:10
general (1) 115:21
generally (3) 27:23 36:5
 128:21
gentleman (1) 71:24
gentlemen (2) 90:24 132:10
get (50) 3:12 6:8 9:12,15
 13:1 14:24 15:14,14,17,21
 21:10 26:2 31:24 34:7
 37:23 38:1 39:8,11
 42:19,20 43:5,18 46:19
 54:20 55:11 56:10,11 72:2
 73:5 75:18,20 81:13,17
 87:13 99:24 100:25 106:23
 107:20 108:6 109:19
 111:12 115:19 118:1,19
 119:12 121:20 122:19
 125:12 132:21 133:15
gets (1) 53:23
getting (14) 9:16 10:17 11:2
 30:18 40:23 49:10 56:1
 60:18 73:10 87:24 97:16
 99:11 122:2 133:1
give (24) 3:6,13 4:25 19:6
 22:15 31:9 32:5 39:20

41:15 51:15 52:9 58:14
 60:10,24 63:25 78:25
 87:11 91:15 100:18 113:10
 118:24 123:6 126:6 130:14
given (20) 18:19,20 19:2
 72:5 73:3 74:4,5 84:24
 92:15 95:10 98:17 99:1
 102:6 105:13,20,21,24
 106:6 122:25 130:20
gives (2) 70:18 130:15
giving (18) 1:25 3:23,25 9:3
 12:17 14:23 15:5 21:18
 36:24 37:9 58:24 59:4
 74:20 85:8 91:11 104:5
 106:25 107:9
glock (1) 114:24
goes (2) 98:2 104:21
going (52) 1:15,20 2:14
 4:1,2,4 5:9 7:23 8:22 10:23
 14:10 25:14,17 27:11,19
 28:6,18 29:8 32:25
 33:16,19 35:6 38:4 40:14
 41:12 43:5 44:5,19
 50:15,20 63:21 67:17 70:2
 81:5,14,16 82:4 84:2,25
 89:15 100:10 110:9
 114:7,8 116:18 120:24
 121:19 122:23 128:13
 132:8,11,16
gone (5) 13:2 20:23 31:16
 37:5 98:8
good (14) 2:6 4:15 12:23
 22:2,3 52:4 63:17 82:6
 83:24 90:15 91:8 113:2,3
 116:19
gotten (2) 55:23 56:5
governing (2) 66:11 118:13
grabbed (2) 47:8 109:16
gracechurch (3) 43:15 80:5
 111:15
graduate (1) 24:5
grateful (1) 78:16
greatest (1) 66:22
greatly (1) 4:8
greeted (1) 11:6
grey (2) 47:11 133:8
ground (4) 66:15 112:18
 119:2 124:2
groundassigned (1) 121:11
group (3) 5:3 44:1 111:6
guarding (1) 112:19
guess (1) 8:21
guidance (2) 67:2 127:23
guide (1) 66:18
guided (2) 61:9 66:17
gunfire (9) 28:24
gathered (2) 20:24 31:14,15
 93:22
guns (1) 8:11
gunshots (1) 69:11

H

haemorrhage (3) 30:17
 65:22 74:14
half (2) 75:24 112:19
halfway (1) 58:17
hall (49) 7:13,21 8:19 9:24
 10:22,24 11:7 14:23 15:3
 35:3,11,15,22 38:11
 70:1,3,15,19 74:18 83:2
 85:17 86:6 88:4,14 92:18
 94:12,16 96:4,9 101:10
 107:4 109:12,18
 110:12,14,21 111:19 112:2
 123:14,23 124:4,9,17,21
 125:2,10,15,23 131:23
halt (5) 7:3,18 27:2 48:2
 55:19
hand (3) 61:9 116:7 119:14
handover (1) 60:25
hands (2) 72:2 90:11
handwriting (2) 16:3 18:20
happen (7) 1:5 30:13 60:8
 82:4,10 97:2 118:16
happened (10) 11:3 19:12
 21:19 25:12,18 26:9 31:15

35:19 60:5 95:15
happening (7) 27:15 28:24
 29:11 33:23 59:1 89:16
 103:10
happy (3) 91:8,13 113:3
hardandfast (2) 66:13 67:4
hart (1) 39:10
harvey (4) 41:8,10,17 134:8
havent (1) 104:16
having (19) 3:12 11:24 16:15
 25:1 26:20 28:21 62:18
 70:11 74:4,4 77:11,12
 89:21 105:5 107:6 108:7
 117:21 118:19,20
hazards (1) 73:3
head (4) 12:25 36:17 43:3
 47:11
headed (2) 62:9 110:1
heading (2) 35:7 115:17
heads (1) 21:16
health (1) 64:16
healthy (1) 133:4
hear (14) 6:2 14:12 40:16
 42:15 59:6,9 60:23 61:12
 67:7 70:5 87:25 102:15
 109:14 115:12
hear (40) 5:23,24 6:19
 14:15,21 15:11 20:15 24:7
 28:24 29:16,23 31:14
 42:12 48:16 49:22 54:5
 64:13 66:20 68:23 75:9
 76:14 79:14,16,19 81:4,20
 92:17 93:20,21 95:7 99:15
 102:17 105:12 106:16
 117:2 118:10 131:12,13,15
 132:14
hearing (3) 1:22 34:13 69:11
hearings (2) 1:6 3:6
hear (17) 6:11 21:22 8:14,18
 76:1,2,5,6,9,16,18,21
 77:5,8,13,15,15
hed (1) 89:19
held (2) 82:2 96:22
helicopter (4) 14:16
 30:21,24 120:4
helicopters (1) 31:3
helmet (1) 32:11
help (25) 4:19 22:10,12
 39:14,21 49:14,15 50:5
 61:6 63:23 65:21 66:18
 74:5 76:17 89:17 110:4
 111:8,12,21 112:11 119:5
 128:13,14 131:9 133:17
helpful (2) 3:12,16
helping (4) 46:12 73:6 74:20
 89:11
helps (1) 132:7
hems (34) 19:19,21,22
 30:20,21 31:2,5 33:15,20
 34:1,23 38:19 39:18,20,22
 40:4 49:18 51:7 57:25
 60:21 64:21 65:3 66:2,11
 67:2 71:11 74:15 78:8 79:9
 83:22 84:6 85:3 111:22
 112:7
henry (1) 64:2
here (12) 1:25 3:24 4:1,4
 6:23 9:25 68:1 90:22
 110:16 127:16 132:8,16
hes (2) 98:14 108:6
hesitancy (1) 85:25
hesitant (2) 83:6 84:9
hesitated (1) 83:11
higher (1) 127:11
highest (1) 53:24
hiss (1) 75:19
history (2) 2:18 104:21
hold (2) 47:8 106:4
holster (1) 107:17
holstering (1) 108:25
home (1) 132:15
honest (1) 37:1
hook (1) 32:12
hope (5) 3:11,15 73:16,16
 132:7
hospital (2) 34:9 64:20

host (1) 126:6
hough (6) 1:4 2:2
 4:10,12,24,25 21:14,21
 22:14,15 24:7 41:1,8,14,15
 51:10,13,18,25 52:2,8,9
 63:7,10,15,24,25
 78:3,20,24,25 89:24
 90:8,11,14,16,21
 91:5,6,14,15 103:20
 104:2,5 112:23 113:9,10
 126:10 131:8,12,22 132:9
 134:5,9,11,13,15,17,20
hour (2) 5:20 112:19
however (9) 60:3 106:9,20
 107:19 109:2 111:23
 112:14 123:6 128:5
hypovolemic (1) 76:22

I

id (1) 44:6
idea (3) 34:4 39:11 87:13
ideally (2) 128:19 130:5
identified (5) 17:5 42:18
 68:18 89:1 130:1
identify (7) 25:18 28:5 57:18
 71:12,19,20 120:5
identifying (2) 28:10 120:9
ie (1) 75:17
ied (23) 14:12 13:18 69:11
 73:4 93:20 97:5,9,12
 98:4,6 100:4,23 108:6,23
 109:23 110:3 117:3,21
 121:7,21 122:1 123:4
 124:12
iedtype (1) 95:8
igel (5) 57:23 58:4,20,21
 60:18
ignition (1) 54:9
ill (8) 1:14 2:1 22:8 41:2
 81:8 89:25 103:21 126:11
im (24) 1:14 2:13 5:4 18:16
 19:18 31:19 36:13
 41:12,19 48:21 52:12 55:5
 58:16 64:3 67:3 76:19
 78:15 79:2 80:7 83:6
 91:13,17 106:19 113:14
imagine (1) 132:19
immediate (9) 12:22 71:21
 95:20 106:23,25 107:1,9
 111:2 115:14
immediately (23) 11:6 21:12
 36:20 54:17 55:18,21
 56:18 70:22 76:6 87:12
 92:24 94:11 96:9
 101:14,20 102:18 106:10
 107:7 108:14 120:23
 121:1,19 125:25
impact (1) 128:2
important (4) 21:10 39:16
 58:1 63:20
impress (1) 111:25
impression (1) 60:10
improves (1) 76:18
improved (4) 95:14
 108:7,10 129:22
incident (15) 6:11 26:5
 53:8,18 65:7 81:22 92:9,15
 96:24 105:16 106:2,22
 115:7 117:23 127:13
incidents (1) 127:3
incision (2) 65:20 75:15
incisions (1) 75:24
include (4) 65:17 126:22
 128:23 129:22
including (10) 5:24 21:8 54:8
 65:12 69:17 94:13 117:16
 128:10 129:18 131:24
index (1) 134:2
indicate (2) 1:21 74:17
indicated (2) 21:4 50:25
indicates (3) 13:5 59:16
 130:13
indicating (1) 59:25
indication (5) 32:5 123:25
 130:10,15,20
indications (1) 122:25

individual (5) 54:7 74:8
 95:3,5,17
individuals (1) 97:18
inevitably (1) 131:17
inform (2) 71:9 72:25
information (33) 2:2 6:5
 17:1,10 18

intravenous (1) 65:14
 introduced (1) 2:21
 introducing (1) 126:15
 introduction (1) 104:6
 introductory (1) 131:12
 intubation (1) 65:13
 investigations (2) 21:11 61:4
 involved (3) 89:8 126:1
 131:24
 involvement (2) 75:4 132:4
 involves (2) 39:6 105:4
 irreversible (1) 61:23
 irt (1) 117:18
 isobel (2) 36:3 40:14
 its (48) 3:20 5:2 7:4 8:23
 16:5,15,16 23:12 27:17
 34:9 35:13 37:12,12,12,13
 38:1,2 39:3 41:17 47:18
 52:11,11 64:2,16 65:8
 68:22 75:10,13 77:7
 80:6,9,16 81:16 83:7,10,10
 85:3,7,10 90:4 93:6,10
 104:7,9 115:11 123:4
 125:11 133:3
 itself (3) 33:12 77:15 113:19
 ive (19) 12:23 15:25
 16:9,14,18 20:24 36:22
 37:10 42:11,17,20,21
 45:20 46:5,8,14,17 74:7
 121:18
 izzy (19) 11:16 14:8 17:15
 70:22 72:7,7,18 73:23
 74:10,21 78:1 87:8,16
 88:7,22 89:10,12,17,22

J

jack (32) 12:15 13:20,25
 17:8 20:2 36:16,25
 37:17,23 40:2,9 48:3 50:11
 57:22 63:4 71:25 72:12,22
 73:18 75:3,22 76:4,23
 77:19 86:9,22 87:12
 88:6,22 89:13 131:2,17
 jacket (1) 108:3
 jackets (2) 59:25 76:9
 james (4) 4:13,14 5:2 134:4
 january (2) 64:6 79:5
 jaquiss (1) 131:15
 jaw (1) 58:18
 jeffery (1) 43:1
 jo (3) 56:9,11 133:13
 joanna (3) 53:3 56:3,8
 job (4) 53:10 78:17 112:14
 116:16
 john (1) 43:1
 john (3) 13:4 117:16,19
 joined (4) 52:24 55:25 94:23
 108:20
 joint (1) 127:7
 jones (2) 86:24 131:20
 jotted (1) 18:13
 judge (42) 1:4 2:4 4:15 21:17
 22:2,4,9 23:25 24:3,6
 41:6,9,11 51:12,14,19,25
 52:4 63:12,17 78:6,19,22
 90:2,10,14,17,22 91:5,8
 103:23 104:1,4,17 112:22
 113:3 126:14 128:13
 131:6,11,21 132:9
 junction (26) 6:25
 28:4,10,16 37:21 43:11
 45:1,24 46:9 47:17 50:10
 54:25 55:5,15 68:1
 80:5,7,9 93:6,7,11,11
 111:15 115:24 119:16,19
 june (1) 52:24
 juror (2) 1:9 132:22
 jury (23) 1:3,4 2:5 6:22
 10:23 24:7 31:2 34:11
 35:23 51:24 54:5 56:13
 64:13 65:10 66:20 91:4
 93:8 101:13 118:10 120:4
 131:9 132:7 133:19
 jurors (1) 1:11
 justify (1) 130:21

K

keel (1) 3:21
 keen (2) 83:9 85:23
 keep (5) 25:17 38:3 58:4
 91:10 109:22
 keeping (1) 110:18
 kenneth (1) 19:1
 kept (2) 83:10 110:22
 key (1) 128:3
 kh16 (1) 111:10
 khan (5) 18:22 110:23 126:3
 130:6 132:7
 khans (4) 19:1 130:10
 131:25 132:4
 kick (1) 118:14
 killed (1) 108:17
 kind (3) 39:17 43:21 118:16
 kindly (2) 1:23 4:4
 king (11) 27:4 43:18 44:25
 45:25 46:9,11 54:25 57:18
 80:5 111:16 124:7
 kit (8) 56:11 82:9 102:18,19
 109:17,21 110:10 115:1
 knew (13) 14:25 31:17 76:22
 89:14 97:1 106:21,24
 112:14 116:23,24 117:3,17
 119:23
 knife (1) 92:19
 know (42) 4:7 10:14
 11:15,16,22 12:15 20:4
 22:10,22 29:17 35:5
 36:3,16 38:11 39:22 43:10
 44:4 68:19 70:21 71:5,25
 75:4 77:21 78:9 81:15
 85:16 86:9 90:2,4 93:24
 96:5 116:22,25 117:5,8
 119:21 126:17 128:14
 130:24 131:9 133:12,14
 knowing (4) 107:14 117:25
 118:23 120:1
 knows (1) 119:5

L

ladies (2) 90:24 132:10
 lady (2) 71:5 103:3
 laid (1) 12:14
 lamppost (1) 45:3
 langtry (4) 5:25 6:18 13:14
 14:18
 large (6) 9:6 16:8 101:22
 102:4,9 118:17
 larger (1) 4:23
 las (34) 19:19,20,21 20:1
 24:23 32:21 47:21,24,25
 48:6,14,16 49:16 50:14,25
 53:25 55:9 65:11 66:18
 68:10 80:20,22 96:16 97:7
 100:17,19 119:14,16,20,25
 120:23 123:17 124:22
 125:20
 last (5) 3:3 22:23 68:23 75:9
 79:5
 late (3) 5:18,19 133:14
 later (9) 17:22 26:3 35:18
 70:4 103:7,11 106:13
 123:23 126:1
 laura (5) 66:6 78:20,21 79:1
 134:14
 laying (1) 36:17
 lead (3) 55:25 76:5 127:20
 leading (2) 35:11 73:7
 learning (1) 132:5
 least (3) 15:14 96:21 100:5
 leave (3) 82:16 103:7 113:5
 leaving (2) 7:7 20:17
 left (19) 11:12,15 14:9 20:25
 21:1 36:2 46:22 47:22
 49:16 57:2 70:22 74:16,18
 79:22 88:4 101:14,20
 103:8 109:16
 lefthand (9) 12:1 43:20 47:4
 55:5 75:8,14 94:8 116:2,5
 legal (2) 2:22 3:6
 less (3) 72:4 105:23 115:4

lethal (2) 105:23 115:4
 lets (1) 83:17
 level (2) 65:8 124:24
 levels (1) 34:12
 lewis (1) 44:11
 lfb (1) 119:20
 liaise (1) 27:12
 liaising (2) 27:15 122:12
 licensed (1) 108:8
 life (7) 62:4 74:1 86:11 99:3
 129:18 130:18,21
 lifepak (5) 56:5,6,10 59:9
 60:1
 lifesavers (1) 123:17
 lifesaving (1) 78:14
 lights (3) 43:3 54:2 106:15
 like (19) 8:13 29:23 30:18
 34:13 47:12,13,14 49:22
 82:9 83:17 93:22 115:12
 126:24 127:3,13 130:25
 131:3 132:16 133:16
 likely (2) 29:2 49:2
 line (1) 46:25
 lines (1) 65:14
 link (2) 1:23 4:3
 links (1) 64:16
 listening (1) 132:25
 literally (1) 109:21
 little (10) 19:14 26:3 35:18
 36:24 40:6 64:13 75:9
 98:15 103:11 118:10
 live (3) 4:3 78:7 90:8
 lives (4) 97:11,16 125:13
 132:22
 load (1) 16:9
 local (2) 98:18,19
 located (1) 96:4
 location (5) 57:18 82:19
 96:18 97:7 105:11
 93:9 116:9 117:8,13
 123:17
 locations (2) 125:5,6
 log (22) 25:14,21,23,25
 26:1,4 27:14 28:1 29:15,20
 31:7,21 33:6,10,12 38:9,12
 54:4,8,19 68:12,24
 london (45) 5:3,13 6:4,25
 21:22 23:4 25:13,21
 26:4,23 27:4 28:4 33:9
 41:18,25 43:11,19 45:22
 46:15,18 49:22 52:23 54:6
 57:19 65:7 73:8 78:7 79:9
 80:4 88:12 92:18 93:7,10
 99:23 105:1,10 106:16
 111:15 115:17,23 116:23
 117:18 122:11 125:22
 126:20
 londons (3) 64:9,13 67:4
 lone (1) 18:4
 long (12) 15:20 23:7 49:5
 52:22 54:20 73:13
 85:19,21,22 87:21 94:3
 115:19
 longer (1) 72:20
 look (36) 1:16 2:15 3:11 12:8
 18:12 25:15 26:3 28:2 41:2
 47:12,14 49:19 50:2,13
 51:5 54:12 62:6,8,22 63:10
 68:12 78:4 84:21 89:12,25
 97:24 103:21 119:10 120:3
 122:6,24 126:11 127:5,23
 129:15 133:10
 looked (4) 12:13 21:3
 47:10,13
 looking (13) 6:25 11:8 26:9
 28:3 55:5 58:16 87:18
 89:22 93:10 101:16 111:8
 115:22 116:4
 loss (2) 39:17 73:14
 lost (5) 72:18,20,23 73:23
 86:11
 lot (13) 27:21,24 35:25 36:1
 37:1 38:2 39:16 55:8 66:1
 72:18,20 73:23 122:11
 lots (3) 27:20 39:6
 loud (1) 9:3
 lower (2) 46:1 120:21
 lucraft (42) 1:4 2:4 4:15

21:17 22:2,4,9 23:25
 24:3,6 41:6,9,11
 51:12,14,19,25 52:4
 63:12,17 78:6,19,22
 90:2,10,14,17,22 91:5,8
 103:23 104:1,4,17 112:22
 113:3 126:14 128:13
 131:6,11,21 132:9
 lukasz (4) 11:21 17:18
 88:24,25
 lunch (5) 24:20 25:1 26:20
 90:13,14
 lung (1) 75:18
 lying (2) 95:4 101:21

M

machine (1) 60:3
 mahogany (1) 16:8
 main (10) 9:25 20:7 42:7
 76:3,15 101:10,11
 102:4,12 114:5
 maintained (1) 49:10
 maintenance (1) 58:1
 major (1) 65:21
 making (5) 74:19 82:20
 90:15 125:14 126:1
 male (19) 8:12 11:12,18
 12:14 16:18 17:17 25:10
 36:16 47:10 55:14,20 86:9
 93:19 98:1 101:21 108:2,7
 112:4,6
 man (7) 17:7 36:20 48:20
 57:15 71:3 95:13,15
 manage (1) 128:18
 management (3) 65:18
 71:13 132:6
 manner (1) 107:24
 many (8) 7:10 78:12 80:8
 93:9 116:9 117:8,13
 123:17
 marauding (4) 18:7 66:21
 84:3 118:12
 mark (1) 114:15
 marked (5) 7:9,10 68:11
 93:1,2
 mask (4) 58:19,25 91:9
 113:4
 massage (1) 76:20
 mate (1) 55:23
 matter (3) 63:20 91:12 94:4
 matters (6) 5:8 22:23 41:22
 91:23 113:18 132:5
 matthew (1) 126:17
 maximise (1) 105:24
 maximised (1) 106:6
 maximising (1) 107:15
 maybe (1) 26:19
 mcx (1) 114:25
 mdt (1) 53:17
 mean (5) 15:4 53:22 63:1
 108:6 130:16
 meaningful (1) 73:12
 meant (4) 5:18 44:19
 73:15,20
 measures (3) 65:16 74:14
 128:6
 medic (8) 66:9 79:14,24,25
 94:10 99:5 102:18,19
 medical (11) 14:5,7 20:6
 30:21,22 32:15 34:16 51:8
 98:13 99:10 124:24
 medication (1) 34:20
 medicine (1) 64:18
 medics (11) 19:20 20:1 31:9
 33:15 65:11 74:11 97:16
 100:22 123:11 125:15,22
 meet (1) 80:8
 meeting (1) 46:19
 member (6) 10:6 11:9 23:9
 24:23 50:14 108:8
 members (12) 12:15 20:15
 44:14 45:12,17,21 102:2
 106:11 108:16 109:7,18
 110:16
 memory (5) 13:9 18:21
 45:9,19 54:19

mention (2) 3:18 33:17
 mentioned (5) 3:25 17:13
 65:17 71:23 130:9
 merchant (4) 52:2,3,11
 134:10
 merritt (8) 13:25 17:8 48:3
 57:22 63:4 72:12 89:13
 131:17
 message (15) 25:4,12 42:16
 50:24 53:15 59:24 106:3
 115:6,9,10,12,14 118:2
 123:16 125:18
 messages (5) 6:2 24:25 37:9
 59:4 93:17
 messy (1) 36:5
 met (6) 24:19 55:15 69:6
 105:19 110:1 130:24
 metres (9) 81:24 95:3
 97:6,12 100:5 107:6 111:4
 130:5,7
 metro (1) 120:7
 metropolitan (6) 91:18
 113:13,23 122:10
 126:18,19
 microphone (6) 4:17,19
 22:10 41:12 63:21,22
 middle (6) 6:24 28:3 43:11
 54:24 62:8 93:10
 midmorning (1) 51:19
 midst (1) 74:11
 midway (1) 115:23
 might (7) 23:25 77:5 98:25
 102:21 117:5 122:6 133:2
 milne (17) 60:23 63:15,16,17
 64:2 78:6 79:13 83:13
 84:5,14 86:13,19 89:6,9,19
 90:3 134:12
 mind (5) 4:18 73:11,20
 126:14 132:20
 mine (1) 129:8
 minimum (1) 130:3
 minney (5) 4:13,14 5:2,4
 134:4
 minute (5) 14:17 19:21
 56:15 68:24 106:13
 minutes (16) 10:25 11:3
 19:14 29:21 33:11 54:1
 70:4 72:21,23 74:19 77:22
 86:12 90:2 94:4,4 115:20
 miracles (1) 78:10
 mixture (1) 9:12
 mm (1) 72:10
 mmhm (3) 25:16 34:15
 40:18
 mobile (2) 25:4 53:15
 moment (5) 28:1 51:18 72:3
 98:1 121:21
 moments (2) 72:23 86:11
 monday (6) 90:23 132:24
 133:6,11,18,23
 monitor (1) 106:18
 monitoring (3) 34:21 56:10
 132:6
 months (1) 52:24
 monument (13) 28:4,11,16
 37:21 40:7 43:12 45:24
 55:1 67:21 68:2 80:7
 115:24 119:19
 more (31) 6:5 8:9 13:3 27:13
 28:24 29:4,25
 34:3,5,19,19,21 35:25
 39:9,12,12 43:5 47:21
 48:16 61:23 64:23 65:6
 81:4 90:8 96:11 107:1
 109:3 112:15 125:12 128:1
 132:11
 morning (9) 2:6 4:15 22:2,3
 52:4 63:17 104:23 132:24
 133:6
 moss (4) 104:5,7,19 112:22
 most (11) 3:5,5 22:6 29:2
 56:21 60:6 63:20 76:6
 78:23 93:19 112:19
 motioned (1) 55:13
 mouth (1) 44:25
 mouthtooth (1) 36:25

move (15) 12:8 32:8 50:8
 77:25 82:24 83:9,10 84:18
 107:15,19 108:1,23 110:15
 111:8 120:2
 moved (9) 26:6 49:13 72:11
 84:11 85:4 102:2,5 107:10
 110:13
 moving (8) 49:1 83:6,14
 87:10 108:19 111:6
 131:10,19
 ms (11) 1:18 3:20 4:7 5:2,3
 66:7 69:25 78:21 79:2
 100:16 134:10,14
 mta (1) 23:24
 much (33) 21:14,17,19 22:12
 31:18 41:1,4,6,13 46:25
 51:10,13,14,15,20
 63:3,10,12 78:3 81:4 89:24
 90:6 95:25 103:20,23
 112:22 126:15 129:23
 131:4,5,6 132:9 133:17
 multiagency (2) 118:1
 123:15
 multiple (8) 15:12 56:19
 68:10 70:23 71:10 86:16
 98:7 109:12
 murphy (6) 5:25 6:18 13:14
 14:17 50:3,5
 must (2) 15:21 17:11
 myself (6) 15:9 31:12 69:25
 101:9 107:22 108:17
 mystery (1) 8:15

N

name (16) 4:25 19:1 22:15
 41:15 52:9 56:6 63:25
 75:13 78:25 79:1 91:15,17
 103:4 113:10,12 126:17
 names (1) 45:11
 nash (1) 13:14
 national (1) 99:5
 natural (2) 82:14 112:12
 nature (4) 16:1 73:14 104:11
 116:25
 near (13) 7:18,20 8:18 28:16
 37:19 45:1 53:10 67:21
 68:2 74:24 80:7 82:19
 94:17
 nearby (3) 84:3 108:16
 120:25
 nearest (1) 45:2
 nearly (2) 35:10 58:16
 necessarily (2) 78:10 83:8
 necessary (3) 41:24 64:7
 79:6
 neck (3) 67:18 72:20 87:4
 need (20) 40:16,19 56:12
 63:7 92:18 95:21 97:8,10
 100:22 106:25 107:8,25
 108:6 110:4 111:5 112:5
 121:1,20 130:18,18
 needed (7) 73:5,23 89:17
 108:23 109:13 111:2
 needs (3) 53:25 59:17 71:20
 neighbouring (1) 42:6
 neutralised (1) 95:18
 next (27) 12:12 21:21 26:15
 27:3,7 31:7 33:6 41:8
 50:18 52:1 63:15 70:17
 78:20 85:9, 86:21,21
 87:25 89:16 91:6 101:15
 104:2 110:20 122:20
 131:10,19 132:3
 nhs (2) 3:19 64:16
 nice (1) 2:6
 nick (10) 24:21 25:2 26:11
 27:3 28:22 29:10 31:13
 80:22 81:20 82:1
 nicks (2) 27:10 31:12
 noise (1) 27:24
 nonlethal (1) 115:3
 nonplanned (1) 114:4
 nonresponsive (1) 16:15
 nonshockable (1) 59:21
 nonviable (1) 103:19

normal (6) 23:14 59:13
 81:23 96:21 127:12 133:1
 normally (4) 59:15,16
 86:15,17
 north (4) 6:20,25 9:5
 28:4,14 39:1 43:22 45:18
 46:11,23 68:5 73:7 80:4
 93:4,10 115:22 116:4
 117:14,20 119:11,11,16
 120:23 121:3
 northbound (12) 7:5,8,14,17
 27:8 28:7 43:15,17 45:13
 47:6,16 107:3
 noted (2) 62:18,23
 notes (4) 16:11 18:13,15
 27:14
 nothing (3) 77:16 87:21
 109:5
 noticed (1) 45:17
 noting (1) 16:25
 november (15) 5:13 23:7
 24:12 42:1 52:20,25 61:8
 66:2 67:10 79:8,10 91:24
 104:24 113:20 114:10
 number (20) 1:19 3:19 11:3
 16:1 18:8 20:16 43:25
 47:21 51:7 69:16 93:18
 94:20 96:2 102:25 106:18
 110:25 116:11 117:4
 127:1,11

O

objected (1) 104:15
 observations (3) 62:9,10,19
 obtained (1) 42:21
 obvious (3) 20:12 39:3,15
 obviously (14) 8:23 16:11
 30:8 35:25 36:9 44:8 90:18
 121:1,20 122:11 127:16
 128:16,25 131:12
 occasion (2) 59:24 78:9
 occlude (1) 61:10
 occlusion (1) 76:15
 occupation (4) 23:2 52:20
 64:8 79:7
 occupy (2) 1:24 21:23
 occur (1) 75:23
 oclock (10) 5:17,20 24:17
 42:4,5 67:10 92:8 104:23
 115:5 133:11

ongoing (2) 72:24 86:10
 onscene (1) 127:25
 onto (9) 33:19 38:1,5,7,22
 44:14 46:5,8 74:12
 onwards (1) 2:20
 open (7) 35:8 58:5 61:3
 75:13,25 76:1 108:3
 openchest (1) 61:16
 openheart (1) 65:17
 opening (4) 1:9 2:13 75:17
 77:9
 opens (1) 75:16
 operate (3) 81:12 83:7 86:3
 operates (1) 31:2
 operating (4) 66:14 67:5
 83:14 127:7
 operation (9) 66:20 75:10
 77:1,22 114:4 117:24
 118:8,23 127:9
 operational (1) 111:9
 operations (3) 31:22 55:16
 105:6
 operators (1) 92:6
 opinion (3) 95:18 101:23
 107:7
 opportunity (2) 91:21 104:13
 opposed (1) 100:7
 ops (1) 93:18
 option (2) 99:10 115:3
 options (2) 105:23 115:4
 orange (1) 65:2
 order (14) 32:15 45:7 49:21
 72:13 86:23 106:25 107:21
 114:8 116:20 117:11
 120:24 125:13 127:2
 130:21
 ordinarily (1) 33:4
 ordinary (1) 23:19
 ordnance (1) 103:17
 organising (1) 105:4
 orientate (2) 54:24 94:2
 originally (1) 13:7
 originated (2) 18:5 92:14
 ors (2) 99:22 100:16
 others (17) 1:25 3:24 4:6
 5:6,23 20:4,17 21:15 22:20
 51:11 52:14 73:2 77:25
 90:1 107:16 113:15 126:7
 otherwise (3) 1:24 48:11
 105:17
 ourselves (1) 31:16
 outcome (1) 84:16
 outlined (1) 97:8
 output (2) 72:21,23
 outside (9) 7:13 14:11 34:1
 96:9 102:19 103:9,10
 110:21 133:8
 outstanding (1) 95:21
 over (36) 2:18 3:21 11:15
 14:21 19:14 24:5 45:24
 46:22 47:3 48:15
 49:9,11,15 50:5,16 56:9
 60:17 62:17 68:17 92:17
 93:21 100:13 103:12
 105:8,14,20 106:7,16
 108:13 110:7 115:10,23
 117:2,15 122:21 126:5
 overlocking (1) 14:16
 overnight (2) 1:8 132:12
 overview (4) 32:23 54:23
 105:6 111:18
 own (5) 1:15,16 2:15 107:5
 109:20
 oxford (1) 92:13
 oxygen (4) 34:21 39:21
 58:25 99:7

P

p1 (3) 88:14,18,19
 p2 (2) 88:19,24
 pack (1) 16:5
 pads (3) 48:12 50:16 56:9
 pale (3) 57:3 62:15 87:5
 panic (1) 109:15
 panicked (1) 115:10

paper (5) 15:25 16:2,3,7,9
 paragon (5) 2:23,25 3:3
 80:17 127:23
 paragraphs (2) 2:20 110:20
 paramedic (10) 23:3,7 24:23
 52:21,22 64:23 66:7 76:14
 79:9 81:10
 paramedics (13) 23:18 69:6
 70:25 83:5,17 99:11 101:4
 111:17,20 124:22 128:10
 129:12 130:21
 park (1) 80:10
 parke (2) 6:18 13:14
 parked (10) 7:20 26:16 28:9
 29:13 43:16 44:1 47:22
 82:6 93:14 96:17
 parking (2) 27:7 94:6
 part (11) 16:5 37:24 47:1
 48:8 65:19 67:14 78:8 90:4
 97:24 120:21 132:11
 participated (1) 88:2
 particular (7) 1:13 3:2 6:3
 62:19 65:10 96:6 118:24
 particularly (2) 119:25
 131:20
 parties (2) 96:3 102:3
 parts (2) 1:11 124:21
 party (3) 101:21 102:6
 125:14
 pass (1) 108:13
 passage (1) 42:7
 passed (3) 2:8 14:3 31:19
 passenger (1) 42:25
 past (6) 45:5 71:12,24 107:4
 108:11 119:17
 patient (25) 36:2 38:19
 39:14 55:14 56:18 58:19
 60:11 62:6,7,18 64:19
 70:21 71:12 75:1,11 76:23
 86:18,18,21,22 87:7
 88:7,11,20,24
 patients (21) 33:22,25 36:19
 39:11 51:8 61:10
 71:10,20,21 73:5,9 74:9
 82:8 84:25 86:15,16
 88:13,15,19,22 98:10
 patrolling (3) 126:20,22
 127:11
 pause (8) 15:20 83:12
 85:15,19 132:20,21,23
 133:4
 paused (3) 37:10 70:5 84:13
 pausing (1) 70:8
 pc (13) 5:25 6:18,18,18
 13:14,14,14 14:18
 41:8,10,17,19 134:8
 pedestrian (1) 106:8
 pedestrians (3) 9:11,12,14
 penetrating (1) 76:8
 people (35) 1:19,25 3:19,22
 4:5 9:4,8 10:11,14 11:7,10
 14:24 15:2 20:17 27:22
 30:15,16 36:10 46:7 49:9
 59:20 82:15 83:8 101:2
 107:13 111:8 112:11
 117:19 118:25 119:8,12
 123:10 125:13 133:14,15
 peoples (1) 110:6
 perform (8) 39:13 58:18 61:3
 65:11 78:10,12 105:3
 117:11
 performed (1) 75:6
 performing (5) 36:22 38:14
 48:19 58:12 86:18
 perhaps (1) 2:15
 pericardium (2) 76:2 77:8
 period (4) 31:24 46:14 49:17
 60:17
 permission (1) 96:18
 perpetrator (1) 73:4
 person (14) 10:1,5 29:2,2
 59:18 70:21 81:13 101:25
 102:10 105:17 107:8
 117:2,4 123:4
 personal (1) 91:12
 personally (3) 9:7 31:12

114:23
 person (3) 19:16 64:21
 69:4
 persons (3) 2:22 104:12,13
 pete (1) 91:6
 peter (3) 91:7,17 134:16
 ph000225 (5) 6:23 28:3
 43:10 93:8 115:22
 ph00063 (1) 46:21
 ph00064 (2) 54:23 67:25
 ph00501 (1) 9:25
 ph0050152 (1) 102:9
 ph00504 (2) 70:17 101:13
 ph00505 (2) 70:18 101:15
 ph00572 (2) 11:5 35:22
 ph00577 (1) 12:9
 ph00578 (2) 12:12 36:8
 phase (3) 59:8 60:3,10
 photograph (12) 6:22 28:2,5
 35:21,22 43:9 46:21 54:22
 67:24 93:8 101:12 115:21
 piccadilly (2) 53:10,14
 pick (2) 90:23 110:24
 picked (2) 16:6,9
 picture (7) 7:4 12:7 19:5
 43:14 102:14 116:2,4
 piece (4) 15:25 16:2,3 58:4
 pin (2) 49:21 97:23
 pistol (1) 114:24
 place (7) 50:9 53:19 60:9
 70:12 74:15 76:5 101:1
 placed (2) 46:7 48:13
 placing (1) 48:14
 plan (12) 33:19 37:17 38:18
 40:3,7 45:23,25 70:11 71:7
 84:17 123:18,19
 planned (1) 90:19
 plans (1) 82:20
 plastic (1) 36:24
 platform (1) 104:14
 plato (12) 66:20 117:25
 118:6,6,8,10,14,23
 120:15,17,19 127:9
 play (2) 48:8 127:20
 please (45) 3:10,19 4:25
 18:15 22:15 25:20 38:9
 41:11 50:13,23 51:5
 52:2,4,9 57:10,21 62:17
 63:25 78:22,25 79:23 85:5
 91:9,15 97:24 98:15 99:14
 100:13 101:15 113:4,10
 120:3,7,13,21 121:9,16
 122:4,5,7 127:5,6,23
 129:15 133:9
 pleased (1) 133:8
 plus (2) 65:13,21
 pm (7) 19:13 53:7 67:17
 91:1,3 105:8 133:21
 pneumothorax (1) 75:18
 pointed (2) 94:21 107:21
 pointing (2) 8:12 107:5
 points (1) 1:14
 police (105) 4:13 5:2,3,13,22
 6:10,14 7:9,10 10:6
 20:18,25 21:1
 27:6,7,20,21,24 29:5,6
 30:3,4,9,11 31:25
 32:1,20,24 33:3,9 34:12,16
 35:25 36:4,13,14,22 37:3
 38:2,14,18 39:7 40:9,13
 41:18 42:1,6,8,17,25
 43:23,25 44:17,24 45:14
 46:12,15 55:8,12,13 56:1,9
 57:6 58:9,17 59:10 68:10
 69:13 70:1,24 74:11 80:20
 81:25 82:13,24 83:9,20
 85:23 86:10 91:18 92:20
 94:13,14 96:11 97:22
 99:3,22 104:20 105:1,11
 108:8 110:2 113:13,23
 116:6 117:8 122:10 123:11
 126:18,19 127:8,14,20
 128:19 130:3
 pools (1) 76:10
 porter (1) 11:21
 pose (1) 108:18

position (8) 8:13,15 18:8
 32:8 46:11 84:12 115:23
 121:1
 positions (1) 94:19
 possession (1) 119:5
 possibility (1) 70:10
 possible (9) 68:24 73:8,25
 83:16 84:19 92:19 106:24
 121:7 128:11
 possibly (3) 28:23 93:20 98:9
 potential (6) 69:11 73:4,21
 97:5 100:8 125:7
 potentially (3) 39:14 66:17
 96:23
 ppe (2) 23:15 29:18
 practical (1) 9:7
 practice (1) 83:25
 precise (2) 125:5,6
 precisely (2) 35:5,16
 prefer (4) 52:5 63:18 91:9
 113:5
 preferable (1) 100:6
 preference (3) 99:24
 100:2,25
 prehospital (2) 64:10 65:13
 premises (1) 102:3
 preparatory (1) 58:21
 prepare (2) 29:9 81:22
 prepared (3) 27:14 33:14
 123:7
 preplanned (1) 114:3
 presence (9) 2:5 4:7 51:24
 69:11 91:4 124:12 125:7,7
 129:18
 present (9) 1:22 4:5 8:4
 80:21 89:6 96:16 128:9
 130:1,11
 press (1) 132:20
 pressure (4) 12:18 34:21
 76:17 77:5
 presumably (3) 17:22 88:24
 129:9
 presume (1) 17:18
 pretty (1) 46:25
 prevented (1) 122:2
 preventing (3) 61:18 77:5,13
 prevents (1) 77:9
 previous (2) 18:11 22:4
 previously (2) 10:14 108:8
 prf (1) 60:5
 primarily (1) 23:13
 principles (1) 127:7
 printed (1) 26:1
 prior (2) 87:22,24
 prioritising (1) 71:13
 prioritising (1) 71:18
 priority (5) 72:4 73:9
 88:16,22 125:11
 prison (2) 18:23,24
 proactive (1) 128:5
 probably (2) 24:3 60:6
 probation (1) 19:2
 problem (4) 61:18,22 121:21
 122:1
 procedure (5) 3:10 51:2
 61:6,8 105:5
 procedures (3) 66:20
 118:11,13
 proceed (8) 15:23 38:25 61:1
 66:16 75:1 117:11 119:6
 126:6
 proceeded (2) 61:2 81:24
 proceedings (1) 4:2
 process (3) 17:23 20:22
 128:2
 produces (1) 26:4
 professional (2) 39:3 97:14
 progress (1) 90:15
 prone (1) 8:12
 pronounce (2) 62:4 77:19
 pronounced (1) 63:4
 proper (1) 61:18
 properly (3) 77:6,14 86:3
 propose (1) 1:10
 protect (5) 39:7 107:22
 109:3,5 130:19

protection (5) 29:14 33:4,9
 83:20 109:2
 protective (4) 23:15 32:10
 82:2 83:19
 protectors (1) 32:12
 protocol (1) 66:14
 protocols (1) 67:5
 provide (12) 1:8 13:21 14:5
 20:22 30:10 32:15 34:14
 39:19,21 55:16 65:6
 124:23
 provided (6) 2:11 40:22
 69:10 103:6,11 131:17
 provides (2) 64:17 118:12
 providing (3) 31:21 36:23
 102:25
 provision (1) 128:10
 proximity (1) 108:15
 ps (9) 4:14 5:25 6:18 13:14
 14:17 91:6,7 134:4,16
 pseudonym (2) 84:24 95:10
 public (16) 20:15 44:14
 45:7,12,17,21 105:25
 106:11 108:16 109:6,8,18
 110:16 117:22 126:7 130:3
 pugsley (8) 66:6,7 69:25
 78:20,21 79:1,2 134:14
 pulled (2) 27:3 71:25
 pulling (1) 4:18
 pulse (1) 62:13
 purely (1) 34:2
 purpose (4) 1:12 2:24 75:11
 118:15
 pursuits (2) 61:16 95:10
 pursuits (1) 115:11
 push (1) 129:6
 pushed (2) 124:5 129:7
 pushing (1) 27:22
 pushing (12) 12:18 29:13
 30:1 32:10 38:5,22
 44:15,24,25 74:11 76:15
 82:1

Q

q (565) 5:4,8,12,15,20,23
 6:2,5,7,11,14,17,19,22
 7:3,7,10,16,18,23
 8:3,6,8,15,21
 9:2,7,11,14,19,24
 10:5,8,11,14,17,21,23
 11:5,15,18,21,24
 12:3,8,12,17,19,21
 13:1,5,9,11,13,15,18,21,24
 14:2,5,10,15,21,25
 15:2,8,11,13,16,19,23
 16:2,5,11,21,25
 17:3,5,10,13,17,20
 18:1,7,11,22
 19:1,4,9,12,16,20,24
 20:1,3,6,9,12,15,20,22
 21:4,7 22:18,22
 23:2,4,6,9,12,18,22
 24:12,15,17,21,23,25
 25:4,7,9,12,14,17,20,23,25
 26:3,9,14,18,20,22,25
 27:2,9,14,19
 28:3,10,14,16,18,21
 29:8,15,20 30:3,6,21,24
 31:1,5,9,21,24
 32:5,8,14,18 33:2,6,14,24
 34:11,16,19,23
 35:2,5,9,12,15,21
 36:6,8,12,15,19
 37:4,7,9,15,20,23
 38:9,18,22,25
 39:3,15,22,25
 40:6,9,16,19,22 41:19,22
 42:3,5,9,13,16,22,24
 43:3,5,9,18,23
 44:4,10,15,24
 45:6,12,16,23
 46:4,11,19,21
 47:2,7,13,15,19,24
 48:2,8,15,19,22,25
 49:5,8,15,19,25
 50:2,8,13,18,23 51:5

52:12,16,20,22,25
 53:5,7,12,15,18,22
 54:2,4,12,16,19,22
 55:3,6,9,11,16,19,22
 56:3,6,8,13,17,21,24
 57:3,5,8,14,18,21
 58:1,4,7,9,12,14,16,21,24
 59:1,4,12,18,24
 60:8,14,17,20,23
 61:1,3,6,8,12,16,21,25
 62:2,4,6,12,15,17,22
 63:1,3,6,4,3,6,10,13,21
 65:1,5,10,23
 66:2,5,7,9,11,20
 67:7,10,13,15,19,21,24
 68:7,12,16,23
 69:3,7,13,18,24
 70:2,9,13,17
 71:1,7,14,17,22
 72:5,11,15,25 73:9
 74:1,4,17,23 75:1,4,9
 76:25 77:11,18,21,25
 79:2,5,10,12,14,16,19,22
 80:2,7,10,12,14,16,19,24
 81:1,6,9,22 82:11,17,19
 83:1,4,17,22
 84:2,5,8,11,16,20
 85:5,19,21 86:1,5,18,21,24
 87:1,3,7,11,17,19,21
 88:8,18,22,24 89:1,4,11,21
 91:19,23
 92:2,5,8,11,15,21,24
 93:1,3,8,14,16,24
 94:6,13,16 95:1,9,13,19,23
 96:1,5,11,19,21
 97:1,10,14,21 98:15,23
 99:9,14,21
 100:2,9,13,22,25
 101:6,12,25 102:8,15,21
 103:2,6,11,15
 113:14,18,22
 114:2,10,14,16,19,22
 115:3,5,9,14,19,21
 116:6,9,12,15,22,25
 117:5,8,11,21
 118:4,7,10,19,23
 119:14,21 120:3,12,21
 121:6,9,14,16,23 122:4,18
 123:1,9,18 124:6,11,15,20
 125:1,5,7,14,17,21
 126:1,5,22
 127:1,5,11,16,20,23
 128:25
 129:2,5,9,12,15,22,24
 130:3,6,9,13,18,24
 131:4,22 132:14 41:14
 52:8 63:24 78:24 91:14
 113:9 126:16
 134:5,7,9,11,13,15,17,20,21
 135:15 (1) 99:5
 qualities (1) 78:14
 query (1) 31:6
 question (11) 2:7 3:3,7,22
 39:15 67:14 95:6,20,22
 98:5 113:25
 questions (47) 1:13,19 3:1
 4:24 5:4,6 21:14,15
 22:14,19,20 41:1,14,19
 51:10 52:8,12,14 63:11,24
 64:3 78:3,4,24 79:2 89:24
 90:1 91:14,20,21
 103:20,22 113:9,14,16
 126:10,12,16
 134:5,7,9,11,13,15,17,20,21
 quick (3) 86:19,20 97:3
 quickly (9) 13:16 20:17 30:1
 77:3 106:24 107:10 115:17
 124:5 126:11
 quite (16) 11:10,13 18:3
 29:25 36:25 38:1 71:5
 78:13 90:15 102:23 122:21
 124:5 127:12 130:14
 133:3,7
 quoted (1) 65:8

R

radio (31) 6:2,4 14:12,21
 25:2 26:12 31:22 32:12
 42:9,11 43:6 53:15 57:8
 79:16 92:17
 93:17,18,21,22 95:7
 105:9,14,21 106:7,17
 115:6,9 117:2,15 119:24
 122:21
 raised (2) 2:7 3:17
 ran (9) 7:8,19 94:8 108:24
 109:7,17 110:2,7 111:15
 rank (4) 4:25 41:15 91:15
 113:10
 rapid (2) 71:12 74:1
 rapidly (2) 71:5 73:24
 rather (4) 4:8 8:18 79:7
 127:14
 rationale (3) 33:24 39:5,8
 reach (1) 103:15
 reaching (3) 4:7 50:10 54:22
 reached (2) 1:6 2:10
 react (1) 29:8
 reaction (2) 112:12 123:2
 read (12) 1:10,15 2:14
 90:9,12 104:3,5,9,15,18,22
 134:18
 reading (1) 60:1
 ready (5) 4:10 30:19 51:25
 60:18 82:10
 real (1) 107:12
 realised (1) 108:14
 realising (1) 107:14
 really (13) 1:21 2:9 20:17
 29:7 72:2 78:13 111:4
 132:18,24 133:2,4,7,16
 134:3 6:8 21:3 109:10
 reasons (3) 4:9 21:7 125:8
 reassurance (1) 130:14
 rebecca (1) 99:22
 recall (20) 13:22 15:9
 20:5,20 43:8 70:9,11 71:4
 74:7 87:3 102:12
 106:7,9,10 108:21
 109:14,23 110:4,8 122:21
 receive (18) 22:20 23:15
 24:25 34:5 39:17 42:9
 44:10 65:9 67:11 69:3,13
 81:6 82:15 83:18 89:10
 92:8 96:11 99:4
 received (15) 25:2,3
 26:11,12 53:8,11,12
 72:19,22 81:10 82:8 92:11
 93:16 105:16 122:23
 receiving (8) 16:23 17:5 37:4
 58:25 99:18 101:3,22
 102:11
 recent (1) 127:2
 recognisable (5) 17:7 18:18
 21:5,9 72:12
 recognisable (1) 65:2
 recognised (2) 60:1 106:20
 recollection (1) 74:21
 recommendation (1) 100:4
 record (8) 3:9 22:16 31:21
 38:12,18,22 52:10 78:15
 recorded (7) 16:22 62:12

regards (1) 97:4
 region (2) 73:14,18
 registrar (2) 64:9,25
 relate (1) 127:7
 related (1) 106:22
 relation (1) 114:3
 relay (1) 106:3
 release (1) 75:20
 released (1) 75:19
 relevant (2) 93:19 118:2
 relieved (1) 4:8
 relieves (1) 65:20
 remain (3) 32:8 40:10 101:25
 remained (1) 126:5
 remains (1) 130:1
 remember (22) 10:6 15:9,24
 16:17 18:16,18 19:18
 36:13 37:2 40:12 45:10
 48:24 68:19 69:9,12 70:6,7
 85:21 86:23,24 87:8
 115:16
 remind (1) 132:12
 remote (2) 1:23 4:3
 remove (2) 77:10 87:15
 removed (2) 48:12 87:12
 removing (1) 109:10
 render (1) 123:5
 rendezvous (5) 67:21 96:19
 124:8 128:16,22
 repeat (2) 32:23 67:14
 repeated (1) 93:20
 repeating (1) 29:12
 report (5) 40:15 55:18,24
 62:6,18
 reporting (1) 29:10
 reports (1) 105:10
 represent (1) 126:18
 representatives (1) 2:23
 request (2) 10:8 93:24
 requested (4) 14:13 42:19
 117:15,18
 requesting (1) 14:21
 requests (3) 14:15 15:2
 120:6
 required (4) 6:3 92:16
 102:16 125:2
 requiring (1) 84:3
 requires (1) 98:10
 reset (1) 59:17
 resolve (1) 116:20
 resources (7) 57:24,25
 105:19 117:8 118:15,20
 119:25
 respiration (1) 62:12
 respond (6) 13:11 15:2 67:19
 83:4 92:24 127:3
 responded (3) 79:17,19 83:5
 responder (2) 23:18 128:6
 responders (3) 23:14 100:8
 130:19
 responding (6) 6:12 23:14
 42:16 85:2 106:2 131:24
 response (23) 13:16
 23:10,13 33:2 37:24 44:2
 68:9 92:22 93:2 95:23
 98:5,23 104:25 110:5
 114:12 118:1,4,12 124:22
 126:20 127:2,9 132:2
 responsibility (3) 114:5
 129:5,9
 responsive (2) 16:23 17:3
 rest (1) 132:21
 result (2) 23:22,23
 resume (2) 60:14 132:24
 resuscitate (1) 73:24
 resuscitation (2) 61:15 62:3
 resuscitative (1) 87:15
 retrieved (1) 102:19
 return (5) 24:10 28:2 29:15
 38:9 89:22
 returned (2) 49:18 118:5
 reverse (1) 73:21
 reversed (1) 27:6
 reversible (2) 76:7 77:3
 reversing (2) 73:16,17
 review (1) 105:15

reviewed (1) 105:19
 rhythm (8) 59:7,16,21,22,25
 60:6,12 61:18
 ria (1) 109:19
 rifle (1) 114:25
 righthand (8) 36:7,18 43:14
 45:10 62:22 75:7,14 86:8
 rightly (2) 15:24 18:19
 rise (1) 133:20
 risk (8) 31:16 66:16 90:20,21
 97:11 108:19 114:6 123:7
 river (2) 120:24 121:3
 road (14) 26:17 27:5,8,11
 31:3 44:17,18,24 45:16
 46:2 68:5 73:7 96:16 107:4
 roads (1) 80:8
 role (9) 1:13 61:8 78:11,11
 105:3 114:2 117:12 121:11
 127:20
 rolled (2) 38:1 47:11
 rolling (1) 12:25
 room (19) 4:6 12:6 13:19
 20:2 22:10 26:2 29:10
 36:7,15,22 38:13 71:25
 72:12 81:7,11 86:9 88:9
 112:3 117:24
 rough (1) 16:11
 roughly (1) 48:9
 round (4) 47:18,19 48:10
 101:16
 rounds (3) 49:6 114:24 115:1
 route (10) 54:16 70:5 79:25
 80:2 93:16,23 112:3
 117:2,23 120:10
 rowbotham (7) 11:16 17:15
 70:22 72:7 78:1 87:8,16
 rules (4) 66:11,25 71:17
 104:10
 run (6) 42:17 45:20 46:17
 109:8,19 112:6
 running (8) 9:15,17 11:2
 27:20,24 110:11 118:3
 119:11
 rvp (6) 96:17,19
 128:4,14,16,21

S

sac (2) 76:1,1
 sadek (16) 60:23 66:6,7
 69:25 74:8 75:3,6,6 79:13
 81:9 83:12 84:14 86:13
 87:17,25 89:9
 sadness (1) 112:12
 safe (22) 15:14,16,21 33:1
 34:9 39:9 45:15 69:20,23
 82:14 83:3,10 96:23
 100:17 106:3 107:23 114:9
 120:2 123:2,4,6 129:6
 safely (1) 116:21
 safer (1) 33:22
 safety (12) 34:4 82:17 86:2,2
 101:1 105:24 106:5 107:16
 109:20 117:22 118:25
 126:8
 same (7) 12:8 36:8 57:10
 76:18 88:4 99:14 102:8
 sampford (5) 41:8,10,17,19
 134:8
 samy (6) 66:6 79:13 81:18
 83:12 86:13 87:22
 saskia (14) 12:2 14:8 17:1
 71:5 72:8,19 73:11 86:24
 87:15,18 88:1 89:1
 131:2,20
 satisfaction (1) 123:6
 saturations (1) 34:22
 save (6) 39:14 97:11,15
 125:13 130:18,21
 saw (16) 19:24 56:13
 70:20,21 71:4,6 72:8,11
 80:22 94:20 101:21 102:6
 107:5 112:4,8 120:4
 saying (12) 27:22 50:15
 83:10 85:7,11,23 88:10
 99:16 106:17 120:14,22
 121:17

scaffolding (7) 7:5,19
 28:12,13,14 46:22,24
 scene (79) 6:14 8:9 9:14
 11:2,5,8 14:16 18:17 26:25
 27:20 28:3 31:5,10 33:25
 34:24 35:24,25 36:25
 39:5,7 43:3,5,9,10 44:5,6
 49:18 53:25
 54:2,16,20,21,23 55:3,25
 56:15 64:18 65:6 66:18
 67:25 68:19 69:5,14,19
 70:14 71:10 73:3 74:16
 81:2,13,17 93:3,16 94:3
 96:1 101:9 105:22 106:5
 112:10 114:20 115:25
 117:17 118:1,15,20,23
 119:2 121:14 122:10,12,14
 123:2,19 124:18 125:20
 126:5 127:13 128:18
 131:14
 scenes (1) 86:16
 sco19 (1) 113:12
 scope (2) 3:7 112:5
 screen (36) 4:22,23 6:22
 9:25 11:5 19:4 25:3,17
 28:1 35:21 36:8 43:9 45:23
 46:21 63:3 67:24 68:1,6
 69:18 70:17 79:23 80:19
 86:5 88:8 89:4 93:8
 94:7,9,18 97:25 101:6,12
 102:8 115:21 122:4 123:18
 search (3) 108:8 112:16,17
 searching (3) 20:14 108:9
 112:18
 seat (5) 4:17 11:8 22:6
 41:11 52:4
 seats (3) 1:24 2:3 4:5
 second (6) 1:17 3:18 53:24
 62:17 67:14 80:16
 seconds (3) 13:7 26:19 85:22
 sections (1) 2:16
 secure (1) 108:1
 security (3) 12:6 13:19 20:2
 see (87) 2:6,17,19,25 6:23
 7:4 8:8,16 9:24 11:5,25
 12:13,14,20 21:16 28:8
 29:15 30:4,12 31:6 35:23
 38:9 41:2 45:24,25
 46:12,22 49:13
 50:3,8,19,24 51:6 54:13,22
 55:8,10,13 56:18 57:8,14
 62:9,12,22 63:10 67:17,25
 68:12,16 70:19 71:1 72:3
 78:4 79:24 84:20 24 85:7
 86:14 88:8,9 89:25
 94:18,21 95:1,3 96:8 97:25
 98:16 99:15 101:18
 102:9,15 103:21
 108:2,4,19 112:13 114:7
 119:12 120:7 121:10,16,19
 122:5 123:18 126:11
 133:18
 seeing (5) 37:2 86:24 87:8
 112:12 133:10
 seeking (1) 21:7
 seem (2) 47:7 85:24
 seemed (1) 29:25
 seen (10) 10:23 13:5,15
 19:12,20 22:4 46:14 65:1
 79:22 93:9
 selfloading (1) 114:24
 send (4) 99:11 119:1 121:4
 123:16
 sending (5) 111:7 123:8,10
 125:15 130:21
 senior (1) 66:18
 sense (2) 82:15 106:23
 sensible (2) 14:19 84:17
 sent (5) 101:4 114:20 119:6
 121:23 124:23
 sentence (2) 64:14 114:2
 sergeant (12) 4:13 5:2 42:25
 43:2 50:3,5 91:17 105:2,3
 111:1 113:12,22
 series (4) 62:10 118:14,20
 131:16

serious (1) 102:24
 seriously (2) 108:18 129:10
 served (1) 18:23
 service (16) 1:20 21:22 23:4
 25:21 26:4 30:22 52:23
 54:6 55:6 68:7 91:18 99:23
 117:18 125:22 126:18,19
 services (14) 19:16 47:19
 69:4 96:6,6 116:7 121:25
 127:8,18,24 128:1,21,24
 132:22
 set (16) 2:19 3:1 30:15
 32:13 44:13 48:6 70:11
 82:23 104:21 116:16
 117:14 118:11,20 119:18
 122:16 128:22
 setting (4) 3:14 32:15 82:4
 131:14
 settle (5) 112:24 113:1,12,14
 134:19
 several (2) 12:15 15:4
 shaking (1) 21:16
 shall (3) 3:6 90:14 132:3
 shant (1) 104:22
 sheer (1) 108:12
 sheet (9) 38:23 46:16,16
 47:5,8,15 48:2,4 74:12
 shes (1) 1:19
 shield (1) 94:10
 shields (5) 109:1,10,16 111:8
 115:1
 shift (1) 5:18
 shining (1) 133:9
 shock (18) 37:13,14 38:16
 48:23,25 50:24 51:1,3
 59:9,11,14,23 60:4,4,6,14
 62:20,23
 shockable (5) 59:16,21,25
 60:6,12
 shooting (4) 29:5,6 30:11
 81:16
 shop (1) 45:9
 shoring (2) 43:21 46:20
 short (8) 23:8 26:22 46:14
 49:16 51:22 82:21 91:2
 96:23
 shortly (9) 30:20 32:18 39:23
 60:20 67:10 70:13 79:22
 105:20 125:23
 shot (9) 14:13,22 25:10
 28:23 29:2 30:2 32:3 93:24
 107:8
 shots (24) 6:10 14:25
 15:11,12,18,19
 29:23,24,25 42:12,13
 81:4,20 92:19 93:21 94:1
 95:17 98:4 106:17,18
 110:23 115:13,13,14
 should (13) 32:6,21 44:20
 45:5 99:23 100:4 101:4
 108:14 111:3 128:1,6,9
 130:3
 shout (3) 14:21 51:1 102:17
 shouted (4) 9:10,23 13:3
 108:5
 shouting (5) 13:6 108:22
 109:8,11 110:8
 shouts (1) 93:20
 showing (2) 10:23 19:20
 shown (1) 4:21
 shows (1) 70:2
 sickest (1) 71:19
 side (33) 4:17 27:4,8 28:7
 36:7,18 43:14,20 45:10,18
 47:4 55:5 75:7,8,14,14
 80:4 86:8 93:4 94:9 95:4
 107:17 116:1,2,4,5
 117:14,20 119:11,12,16
 120:23 121:3
 sig (1) 114:25
 sign (15) 24:15 26:5 31:6,6
 38:20 53:5 54:6 57:12 62:7
 66:9 68:14 79:14 92:2,21
 114:16
 signal (2) 42:11,11
 significance (1) 59:13

significant (4) 3:5 38:15
 56:22 127:1
 significantly (1) 128:2
 signs (2) 48:20 86:11
 similar (1) 65:8
 since (3) 81:3 104:20 133:7
 single (3) 29:23 30:2 53:20
 sir (124) 2:2 4:12 5:2,7,11,14
 6:6,13 8:11,20,23 10:10
 11:17,20 12:11,23 13:10
 14:20 15:9,15,22,24 16:4
 17:2,4,16,19,25 18:3,10,16
 19:3,8,15,23,25 20:5,8,23
 21:6,13,20,21 22:13 23:1
 24:2 41:5,8 42:2 46:3
 50:1,7,12,17,22
 51:4,9,17,18 52:7 63:15
 78:5,18,20 89:7 90:7,8
 91:6,13 92:4,23 93:13 94:4
 95:12 96:20 97:13
 98:14,22 103:25 104:2,7
 110:20 112:21
 113:2,8,17,21,25
 114:5,13,15,21 115:8
 118:9,18 120:11,20
 121:5,8,13,22 122:3
 124:10,14,19,25 125:16,25
 126:4,9,21,25
 127:4,10,19,22
 128:12,17,22 129:4,8
 130:2,23 131:8
 siren (1) 106:14
 sirens (3) 43:3 54:2 110:6
 sit (8) 4:15 22:8 63:18,19,21
 78:22 91:11 113:6
 sitting (3) 2:3 3:20,22
 situation (10) 32:23 60:24
 61:17 71:17 96:22
 111:19,25 116:21 121:24
 122:19
 situations (2) 84:2 132:19
 size (2) 100:5 130:4
 sked (7) 37:25 38:5,7,23
 40:2 55:14 74:12
 skelton (1) 19:1
 skills (2) 78:7,12
 skin (1) 108:3
 sled (1) 50:6
 slide (1) 38:7
 slight (2) 85:15 109:2
 slightly (5) 27:6 33:13 40:8
 81:24 108:19
 slippage (1) 133:13
 small (7) 4:22 11:3 38:13
 45:9,18 86:8 89:7
 smaller (2) 65:20 75:15
 sniff (2) 122:25 123:24
 socially (1) 4:6
 solely (1) 23:14
 solo (3) 23:18 24:13,23
 solution (1) 97:15
 somebody (10) 9:22 10:19
 18:19,20,22 39:5,16 58:2
 81:19 102:21
 someone (10) 28:22 29:1,6,6
 30:11 49:9,11 110:10
 112:13 121:18
 something (12) 23:9 31:1
 49:2 51:11 60:8 61:23 70:6
 108:4 109:4,23 120:24
 130:25
 sometimes (3) 4:1 60:8
 68:24
 somewhere (2) 39:9 44:1
 soon (5) 83:15 84:18 121:6
 123:16 125:18
 sophisticated (2) 34:20
 48:16
 sort (10) 6:11 10:5 12:17
 30:4 75:11 82:22 96:21
 114:6 123:17 132:20
 sorts (1) 65:10
 sound (1) 14:18
 sounded (2) 29:23 93:22
 114:16
 source (1) 116:25
 sources (2) 68:20 76:10

south (6) 9:5 46:20,25 94:22
 95:4 124:11
 southbound (6) 7:8,14 27:4
 43:16 46:17 107:3
 space (1) 82:7
 spare (1) 98:11
 speak (3) 22:11 83:12 122:14
 speaking (3) 51:7 57:12
 131:16
 special (5) 23:19,23 83:18,19
 84:3
 specialising (1) 64:10
 specialist (2) 39:18 91:18
 specific (3) 45:16 67:2 86:23
 specifically (11) 36:13 44:15
 69:22,23 70:7,11 73:3 77:7
 83:24,25 131:17
 spectrum (1) 34:23
 speculating (1) 29:4
 spent (1) 112:19
 spoke (10) 87:17 90:3 94:25
 95:9 96:14,15 97:23
 100:11 111:9
 spoken (1) 87:23
 square (1) 13:9
 squashes (1) 77:8
 stab (10) 16:19 17:17
 56:19,22 65:24 71:3
 72:19,22 81:15 102:25
 stabbed (12) 25:10 29:1
 53:21 67:18 73:15,19
 81:19 105:11 106:12,12
 107:13 120:25
 stabbing (3) 6:4 44:7 81:16
 stabblings (1) 117:4
 staff (9) 10:7 11:19 12:15
 20:6 47:24,25 49:16 50:14
 102:2
 stage (36) 3:12 6:11,13 8:23
 10:16 16:25 17:6 32:7 41:2
 48:23 51:1 56:4,21
 58:10,21,24 88:24 89:1,25
 90:12 95:15 96:5,8 97:20
 116:6,13,19,22 117:8,10
 119:15,20 121:14 125:1
 126:1,11
 stages (2) 20:16 83:17
 staircase (7) 20:7 36:2 87:1
 102:5,7,9,13
 stairs (5) 12:1 35:11 40:14
 109:12 110:21
 stairwell (1) 112:20
 stand (8) 22:5 37:11 51:2
 63:19 78:22 91:11,13
 113:6
 standard (2) 65:2 66:13
 standing (2) 26:15 67:5
 start (12) 2:17 3:18 5:15
 19:16 30:17 42:3 44:12
 81:17 112:3 115:17 118:3
 119:12
 started (16) 5:21 9:3 15:25
 29:10,13 30:15 55:25
 80:23 82:9 83:5,11,14
 89:9,14 119:10 133:7
 starting (2) 2:23 50:11
 stated (3) 106:1 111:21,23
 statement (24) 5:8 22:22
 41:22 48:25 49:3 50:25
 52:16 58:16 64:6 68:21
 79:5 80:15 81:8 87:17
 90:9,12 91:23
 104:2,5,7,7,14 112:21
 113:18
 statements (1) 104:8
 station (14) 5:22 28:5,16
 37:21 42:8,18 43:12 55:1
 67:22 68:2 80:8 105:1,12
 115:24
 stay (3) 27:23 32:9 106:3
 stayed (2) 30:8 31:2
 step (2) 59:10,11
 stephanie (3) 17:24 103:2,4
 steps (2) 10:3 94:24
 sterile (2) 9:6,8
 sternum (1) 75:25

stick (1) 86:14
 still (21) 8:23 20:25 30:10
 31:15 32:9,10 35:7 82:1
 106:12 107:20
 108:16,18,19 109:5,7,18
 110:6,16,18 112:14 124:11
 stock (1) 74:2
 stomach (1) 103:1
 stood (1) 30:9
 stop (14) 38:5 40:12
 44:18,19 46:7 49:8,9,11
 61:15 65:16 68:3 87:14
 89:20 106:8
 stopped (5) 30:6 55:4,15
 74:24 93:5
 stopping (3) 29:20,22 80:5
 straight (4) 27:10 38:8
 107:10 125:20
 strapped (1) 98:3
 strategy (1) 114:6
 street (32) 5:22 7:1 18:6
 27:5 43:18 44:25
 45:14,18,20,20,25
 46:1,1,5,6,10,12 47:18
 54:25 55:1,4 57:18 78:14
 80:6 93:5,7,12 111:16,16
 115:24 119:17 124:7
 streeting (1) 47:17
 stressed (1) 57:5
 stretcher (1) 112:4
 subject (16) 93:19
 107:5,7,12,18,23
 108:2,14,18,22 109:9
 110:3,14,19 111:3,7
 subjects (1) 131:18
 substantive (1) 105:1
 suction (1) 56:5
 sufficient (1) 49:12
 suggest (3) 35:16 59:18
 75:20
 suggested (3) 105:16 111:3
 123:20
 suggesting (3) 11:1 19:12
 77:21
 suggestion (1) 132:18
 suggests (1) 50:24
 suitable (1) 123:13
 summarise (1) 103:6
 summary (2) 2:20 60:24
 summoning (1) 67:11
 sun (1) 133:9
 supervising (1) 105:5
 supply (1) 76:18
 support (8) 1:25 3:24 5:3
 44:1 92:18 99:3 106:25
 107:10
 supposed (2) 83:7,13
 sure (10) 27:10 31:19 36:13
 41:12 49:10 78:15 89:15
 95:6,22,22,24 97:4 98:3
 103:12 122:25
 suspected (5) 97:12 100:4
 121:7 122:1 124:12
 suspects (1) 95:21
 sustained (1) 39:16
 swap (3) 49:7 50:15 56:9
 swapover (1) 56:14

tactical (16) 23:9,13 33:2
37:24 68:9 113:24
114:2,5,19 117:12 119:4
121:11 122:9 124:22
126:23 127:11
tactics (1) 114:7
taken (12) 14:15 20:18 21:4
35:2 40:9 46:6 47:23 68:25
73:22 89:2 97:22 128:6
taking (8) 33:25 34:7 39:5
50:9 53:19 60:9 116:12
121:11
talk (2) 14:12,13
talking (3) 30:5 72:19 117:24
tall (1) 47:1
tamponade (2) 76:10 77:12
tape (3) 44:17,18,24
taser (1) 115:4
task (1) 3:15
taskings (1) 105:7
taught (1) 60:3
team (26) 24:23 30:21 31:5
34:1 38:19 39:18,20,22
64:21 66:2,15 67:2 71:11
74:15 78:9 79:19 84:6
85:17 86:2 87:11,18 90:4
105:1 108:8 110:13 111:17
teamed (1) 79:12
teams (3) 65:7 66:11 83:22
telling (6) 7:24 57:14 93:17
98:19 109:18 115:6
tells (3) 60:4 97:25 98:17
tempted (1) 132:13
tension (1) 75:19
tent (2) 8:17 94:24
tents (1) 94:17
term (1) 24:8
terminal (2) 25:5 53:16
terminology (1) 106:9
terms (4) 9:7 55:25 73:10
123:7
terrorist (5) 18:8 21:10 24:9
66:21 118:12
terrorists (2) 84:3 118:16
tew (3) 53:3 56:3,8
thames (1) 46:1
thank (60) 21:14,17,19,20
22:9,12 24:6
41:1,4,5,6,7,9,13 47:15
51:10,13,14,15,16,17,20
54:13 57:10
63:3,10,12,13,13,14,17,23
69:18 78:3,5,18,19,22
89:24 90:5,7,25 91:5,13
92:1 103:20,23,25
104:1,4,17 112:22 113:8
126:15 131:4,5,6,6 132:9
133:17
thanks (1) 78:15
thats (96) 3:16 4:8,16 6:1,21
8:17,20 9:18 10:10 11:17
13:17 14:1 16:8,14
17:2,9,16,25 18:10,19
19:3,8 20:19,20 21:6,13
22:5,6 23:11,21 24:2 30:21
31:4 38:24 40:4,25 46:1
47:23 48:18 57:9,24
60:13,22,23 61:5,20 62:5,8
63:19,22 66:8,10 67:9
69:2,12 70:16 72:14 76:15
77:7,17,24 85:8 91:10
93:13 95:9,12 97:13,17
98:3,11,14 99:1,9,18,20
100:12,21,24 101:5
103:4,25 112:21 113:5,6
116:23 120:12,18 122:3
127:19 129:14
130:2,8,12,17 131:8 133:2
thereafter (1) 1:14
therefore (7) 61:15 64:10
77:18 105:18,22 107:13
108:10
theres (11) 4:16 8:15 29:12
31:15 42:10 50:14 51:1
54:23 66:13 67:2 98:1
theyd (1) 89:14

theyre (8) 4:2,3,8 34:5,7,7,9
100:15
theyve (3) 1:15 8:1 37:10
thing (5) 1:17 3:18 15:17
63:20 70:20
third (1) 87:7
thoracic (3) 75:16,21 77:2
thoracostomy (1) 65:19
thoracotomy (8) 61:2 65:18
75:6,13 87:13 89:6,9,15
though (1) 39:25
thought (6) 13:20 15:13
16:21 28:25 33:16,18
threat (12) 97:5,9 100:3,23
110:19 114:6 116:22,23
117:1 126:8 129:18 130:1
three (8) 48:9 49:6 72:17
90:13 127:7,18,24 128:9
through (3) 13:22,24 109:21
throw (15) 1:5 2:14 3:11
6:3 11:25 42:7 58:25 75:24
90:17 93:25 101:10,20
102:4,5 104:12
thrown (1) 10:19
thrust (1) 58:18
thursday (1) 1:1
tie (1) 45:2
tiles (1) 11:14
time (74) 1:16 2:15 5:15 6:6
7:12 9:19 14:10 15:13
17:10 19:9,19 20:9 23:6
26:10,11,25 27:16,17
32:13,18 33:7,10 35:15
37:1 42:3,9,18 44:8 46:14
48:19 49:3,4,7,11,17
50:5,10,18 53:13,23 54:8
55:10 56:23 60:1,9,20
61:24 67:13,15
68:8,21,25,25 76:19 82:22
85:15 87:6 88:4 92:13
94:3,13 103:4,11 105:12
108:13 120:18 121:23
122:23 126:5 130:1
132:11,23 133:16
timecritical (1) 65:25
timed (6) 14:16 29:16 35:17
56:13 59:12 68:16
timekeeping (1) 133:12
timeline (1) 19:18
times (5) 16:13 25:25 26:2
93:9 94:2
timing (2) 29:17 31:9
timings (5) 49:21 54:9,12
74:17 97:23
tired (1) 49:10
tissue (1) 39:21
tj92a (1) 92:3
today (9) 1:22 3:23 4:3,12
90:9,17 93:9 112:23 131:8
together (8) 2:12 30:1
74:16,16 86:14 88:4
123:15 132:5
told (55) 5:12 8:6,9,25 18:22
25:10 26:11 28:22 32:2,14
33:8,17,18 35:12 36:19
37:4 38:18 41:25 44:6
48:11 59:10,11 67:8,17
68:17 69:19,21 72:25
77:15 81:2,15,18 82:24
84:5,8,11 86:11 87:5
89:18,18 95:13 96:2
100:9,14 101:2 111:20
112:15 113:22 114:10
115:16 117:21 121:4
123:22,25 124:15
tomorrow (3) 90:22 132:15
133:2
too (4) 2:1 4:18 73:13 87:22
took (12) 14:7 29:18 47:3
77:22 81:23 94:10 107:17
108:6,21 110:9 115:20
122:16
touching (1) 131:18
tourniquet (1) 57:7
tourniquets (1) 37:3
towards (55) 1:6 4:19

6:20,25 7:8,19 8:12,14
9:21 10:20 12:4,5 13:12
14:7 26:16 27:24 28:4
35:2,7 36:17,18 37:20
43:11 45:13,14 46:1,9,18
50:13 51:5 80:16 81:9
96:17 100:9 102:4 106:15
108:24 111:6 115:23
116:2,23 117:14 119:2
121:9 132:3
trade (1) 74:2
traffic (1) 107:3
tragically (1) 65:23
trained (8) 24:3 99:4,7
110:22 113:24 119:4 123:5
126:23
training (15) 23:15,23 34:14
83:8,18,22 84:3 98:24
99:2,2,3,12 108:9 124:23
128:8
transcript (6) 49:19 50:2
84:20,22 97:21 120:3
transfusion (1) 34:25
transfusions (1) 65:15
transmission (4) 57:8
106:11,16 119:24
transport (1) 64:19
transporting (1) 68:18
trauma (1) 76:8
traumatic (6) 32:3 56:19
57:15 76:7 88:11,13
travel (4) 6:14 54:2 67:21
80:3
travelled (1) 80:4
travelling (2) 106:13 116:3
treat (2) 57:22 75:2
treated (3) 13:25 36:3,4
treating (2) 30:17 65:24
treatment (6) 39:12,17
89:2,12 98:13 102:25
triage (4) 71:15,18 86:19
88:2
tried (5) 15:24 111:25 112:2
117:13 119:7
trojan (7) 92:17,21
105:12,14 114:17 120:8,9
tru (11) 24:19,23 39:9 68:9
69:6 70:24 80:22 81:3
83:5,7,17
trucks (1) 9:16
trust (2) 64:17 123:3
trusted (1) 124:2
try (8) 18:1 27:12 42:19
97:15 109:5 116:17 122:5
125:11
trying (6) 12:16 18:16
19:5,18 71:19 97:10
tube (2) 27:22 80:7
turn (7) 2:18,21 5:18,19
18:12 110:7 132:4
turned (5) 2:24 8:24 19:19
54:10 57:24
turning (2) 133:14,16
twominute (1) 59:5
typical (1) 64:21
typically (3) 64:23 66:24
71:11
typing (1) 33:12

ultimately (1) 21:4
unarmed (7) 21:1 70:24
106:1,4,6 111:14 112:11
unassessed (1) 97:12
unaware (1) 96:8
unconscious (2) 16:14,15
underneath (1) 108:5
understand (17) 5:4 6:11
11:21 22:18 33:24 34:11
52:12 64:3,5 65:11 79:2
85:24 95:12 103:2 113:14
123:20 132:7
understanding (4) 39:9
61:24 97:15 109:3
understood (3) 95:14,25
97:19

undertake (1) 34:24
unexpected (1) 40:6
unfamiliar (1) 38:2
unfortunately (1) 76:8
uniform (3) 65:3 104:25
114:11
uniformed (5) 11:19 98:20
109:11 110:11,17
uniforms (1) 65:2
unit (11) 23:10,13 24:13
33:2 37:24 56:5 68:10
106:1,5 113:13 124:22
units (5) 94:14 98:18 105:9
106:4 117:16
unknown (1) 124:1
unmarked (4) 42:22 68:11
93:1 110:1
unprecedented (2) 67:8 84:5
unsure (1) 106:19
until (3) 48:11 106:4 133:22
unusual (1) 115:11
update (3) 55:16 88:8
122:20
updates (2) 31:22 93:18
uplift (1) 127:1
upon (1) 127:20
upper (2) 94:17 97:24
upside (1) 18:13
upstairs (2) 102:18,20
urgency (1) 106:23
urgent (3) 39:17 125:3,8
used (6) 1:24 26:1 48:23
58:4 69:21 106:9
usher (3) 1:5 2:8 133:13
using (3) 28:5 59:12 94:2
usman (7) 18:22 19:1 110:23
126:3 131:25 132:4,7
usual (1) 24:12
usually (2) 64:24 75:18
utilising (1) 106:14

vaguely (1) 70:7
valve (2) 118:19 124:20
value (2) 58:19,25
van (4) 6:8 7:3 27:7 30:9
vans (2) 6:15 9:16
vantage (1) 95:1
various (4) 2:22 5:23 25:18
117:16
vehicle (48) 6:19 7:7,18
26:6,16 27:6,10 28:8 29:18
31:12,13 42:19,25 44:1
47:22 48:1 53:12 54:7,9
55:3,19 67:19 68:3,20
70:13 74:24 79:20,22
92:2,6,22 93:1,2 94:6
104:25 105:4 106:15,19
107:9 108:21,25
109:1,7,10 110:1,8 114:12
119:18
vehicles (30) 7:9,10,20
9:11,13 31:3 34:19
42:21,22,24 43:23,25
44:2,3,18 47:19 55:6,8,9
68:7 116:3,7,11 119:9
126:20,22,23 127:2,11
128:20
vein (1) 65:14
ventilate (1) 58:18
ventilation (4) 36:24
58:7,14,15
ventricular (1) 60:11
venue (1) 20:14
verbal (1) 9:3
veronica (4) 5:2,2,3,11
134:10
vessel (1) 76:16
vest (1) 32:11
vestibule (1) 70:23
vests (1) 81:15
via (2) 4:2 21:3
viability (1) 103:16
viable (1) 117:3
vicinity (1) 109:20

victims (4) 65:25 72:17
120:25 130:25
video (6) 13:5 49:20 59:12
84:23 85:16 97:21
videos (1) 108:11
viewer (2) 6:24 11:6
visit (1) 71:22
visualise (1) 9:14
vital (1) 48:20
voice (5) 4:20 22:11 63:23
106:21 109:15
voices (1) 110:6
volley (1) 15:19
volume (1) 76:12

W

waited (1) 89:10
waiting (4) 30:12 48:6 82:3
111:17
walk (2) 71:11 72:1
walkaround (5) 71:11,22
72:7,15 74:7
walked (2) 46:9 71:24
walking (7) 11:12 17:20 71:3
72:2,3 102:21 112:8
wanting (2) 2:9 125:8
warm (41) 23:17,23,24 24:7
33:1,3,21 34:3,6,9
39:8,10,25 66:23 67:1,3,7
69:22 83:3,10,20 84:6,9
85:3,8,12 111:12,20,24
123:13,20,22
124:3,6,16,20,21
125:9,12,19 129:24
wasnt (11) 17:3,11 31:18
59:18 61:21,22 75:21
77:11,13 89:15 120:2
wave (1) 108:13
way (13) 2:13 6:8 9:8 12:23
23:19 66:16 81:12 82:6
88:5 94:11 111:19 112:1
121:20
weapon (3) 105:17 107:21
108:25
weapons (3) 8:14 110:22
129:19
wear (1) 83:18
wearing (6) 93:20 95:8,13
108:3,4 117:3
wed (6) 72:24 80:23 82:23
88:5 95:7 119:17
week (7) 87:25 131:9,10,19
132:3,14,25
weekend (3) 132:17 133:1,9
weeklong (1) 99:6
went (29) 9:21 10:22 12:4,21
20:9 26:16 27:10,12 29:12
31:13 35:9 72:7,7 74:10
75:3 86:18,21,22 89:16
94:23 101:9 102:19 103:9
108:25 109:19 112:2,3
124:17 125:22
werent (2) 27:10 44:19
west (6) 93:4 94:8,22
116:1,2 119:11
wet (1) 133:8
weve (23) 5:23 8:1,23
19:5,12,20 20:15 21:2
43:15 48:15 49:22 56:13
75:9 79:14,16,19,22 83:14
88:11 90:17 98:8 131:13
133:5
whats (5) 31:14 33:24 39:4
81:14 121:19
whereas (1) 34:23
whichever (2) 22:6 78:23
whilst (3) 91:11 93:22
107:15
white (1) 103:3
whitemoor (1) 18:24
whole (2) 118:14 126:6
whom (3) 5:24 79:12 97:22
whose (1) 129:5
william (12) 27:4 43:18
44:25 46:1,9,11 47:18 55:1
57:18 80:6 111:16 124:7

Y

y958 (2) 27:15 31:21
yankee (1) 24:16
yard (1) 6:8
year (2) 22:23 79:5
years (3) 18:23 23:8 127:2
yelling (3) 27:21 32:21 40:12
yellow (4) 8:17 38:23 46:16
68:4
yesterday (6) 1:4,21 2:8
3:17,25 5:24
yet (2) 100:17 120:1
young (3) 102:10 103:2
112:4
yours (13) 54:16 57:14,16
68:18 88:9 89:5 99:9,15
116:4 120:13,22 121:6
132:16
yours (1) 49:25
yourself (6) 29:9 33:3 81:22
94:2 120:9 126:15
yourselves (1) 70:14
youve (15) 2:14 3:10 11:1
17:21 32:14 35:17 65:17
67:8 68:17 71:23 100:13
114:10 124:15 130:9
132:14
yx16 (1) 106:21
yx97 (11) 84:24 85:7 95:10
97:22,25 98:6,19
104:3,18,19 134:18
yx97s (1) 104:7

Z

zone (41) 23:17,23,24
33:1,3,21 34:3,6,10
39:8,10,25 67:3,7 69:22
83:3 84:6,9 85:3,8,12
111:12,20 123:13,14,21,22

I

124:3,6,11,16,21,22
125:9,12,12,12,19
129:13,15,24
zones (8) 24:7 66:22,23,24
67:1,1 83:20 111:24
zoom (1) 122:6

2

2 (17) 2:19 5:20 16:17 24:17
42:5 50:8 53:20,22,23,24
58:16 67:10 92:8,17,21
105:12 115:5
20 (1) 107:6
200 (2) 53:7 105:8
2007 (1) 104:20
201 (1) 91:3
2013 (1) 104:10
2018 (1) 52:24
2019 (17) 5:13 23:7 24:12
41:23 42:1 52:20,25 64:8
66:2 67:10 79:8,10 91:24
104:8,24 113:20 114:10

2020 (3) 5:9 52:16 64:6
2021 (2) 1:1 133:23
205 (1) 67:17
207 (1) 10:24
209 (1) 93:25
216 (1) 80:18
219 (1) 19:13
22 (3) 2:25 134:6,7
23 (2) 3:3 104:10
247 (1) 126:20
25 (1) 103:5
28 (1) 18:23
29 (12) 5:13 18:23 24:12
42:1 52:25 66:2 67:10
79:10 91:24 104:24 113:20
114:10

3

3 (1) 104:8
30 (2) 13:7 26:19
309 (1) 133:21
34 (1) 114:24

4

4 (3) 2:21 134:4,5
41 (2) 134:8,9
43 (1) 127:23

5

5 (3) 75:16 81:9 115:20
50 (4) 95:3 97:6,12 130:7
52 (2) 134:10,11
56 (1) 57:9

6

6 (4) 3:2 51:5 57:9 99:14
60 (1) 85:22
63 (2) 134:12,13

7

7 (3) 2:20 12:8 104:23
78 (2) 134:14,15

8

8 (1) 36:8

9

9 (1) 22:23
91 (2) 134:16,17
953 (1) 24:16
999 (1) 23:14