

# OPUS 2

## INTERNATIONAL

Inquests arising from the deaths in the Westminster Terror Attack of 22 March  
2017

Day 2

September 11, 2018

Opus 2 International - Official Court Reporters

Phone: 0203 008 6619

Email: [transcripts@opus2.com](mailto:transcripts@opus2.com)

Website: <https://www.opus2.com>

1 Tuesday, 11 September 2018  
 2 (10.15 am)  
 3 THE CHIEF CORONER: Good morning, Mr Hough.  
 4 MR HOUGH: Good morning, sir. Our first witness today is  
 5 Melissa Cochran, if she could come to the witness box.  
 6 MRS MELISSA ANNE COCHRAN (Affirmed)  
 7 THE CHIEF CORONER: May I call you Melissa?  
 8 A. Yes, please.  
 9 THE CHIEF CORONER: I'm grateful the screen has been moved  
 10 away because it gives me a rather better eye-line than  
 11 I had yesterday to see you.  
 12 A. Oh, good.  
 13 THE CHIEF CORONER: If you need a break at any time whilst  
 14 you are here, that's absolutely fine, we will simply  
 15 break if we need to.  
 16 A. Thank you.  
 17 Examination by MR HOUGH  
 18 MR HOUGH: Could you give your full name to the court,  
 19 please.  
 20 A. Melissa Anne Cochran.  
 21 Q. As we know, Kurt Cochran was your husband and we heard  
 22 from you about him in a pen portrait read yesterday?  
 23 A. Yes.  
 24 Q. I think you understand I'll ask questions first on  
 25 behalf of the Coroner, and then you may be asked

1

1 questions by some other lawyers.  
 2 Now, you've made a witness statement and you  
 3 certainly should refer to that if you wish to. By way  
 4 of background, I think you now live in the USA, and you  
 5 did in March 2017?  
 6 A. Correct.  
 7 Q. And on 22 March 2017, you were visiting London?  
 8 A. Correct.  
 9 Q. With your husband as part of a trip around Europe?  
 10 A. Correct.  
 11 Q. And that, I think, was for your wedding anniversary?  
 12 A. Yes.  
 13 Q. During that morning, had you visited a number of tourist  
 14 attractions in Central London?  
 15 A. Quite a few.  
 16 Q. And after that you had lunch, and I think you were in  
 17 Westminster Abbey at about 2 o'clock that afternoon?  
 18 A. That's about right.  
 19 Q. Having been there, did you then walk the short distance  
 20 towards Westminster Bridge, including a section of road  
 21 we saw you on CCTV footage walking along yesterday?  
 22 A. Correct.  
 23 Q. And did you then decide to have a walk across the  
 24 bridge?  
 25 A. Yes.

2

1 Q. Now, may I show on screen a plan just to help with your  
 2 evidence about where you reached {MP0004/1}. The plan  
 3 should come up next to you, and if it's possible, can we  
 4 blow up the section showing the actual bridge, the  
 5 middle of the plan. Now, just to orientate you,  
 6 Westminster Abbey and the Palace of Westminster are off  
 7 to the left of this plan; St Thomas' Hospital off to the  
 8 right. We know you were walking from the left to the  
 9 right, as we're looking at this plan. Can you recall  
 10 how far you walked across the bridge, how far you  
 11 reached before you came to a stop?  
 12 A. I believe we were almost to the end of the bridge.  
 13 I took a picture of some steps going down which were  
 14 right at the corner of the bridge. So we had almost  
 15 come to the very end and we were planning to go down the  
 16 steps.  
 17 Q. So looking at this plan, you had been walking from west  
 18 to east on the south pavement, and you got almost to the  
 19 far end, the bottom right as we're looking at the plan?  
 20 A. Correct.  
 21 Q. Can we now have another plan on screen {DC7960/57}.  
 22 Now, we see here the area around the end of the bridge  
 23 with the steps down to the embankment, which you  
 24 identified to the bottom left of the plan?  
 25 A. Yes.

3

1 Q. Can you recall where you reached when you took that  
 2 photograph you described?  
 3 A. We weren't quite to the end of the bridge. So,  
 4 according to this it was about where it says  
 5 "Leslie Rhodes", the red dot, that's about where I took  
 6 the picture.  
 7 Q. Where did you intend to go next?  
 8 A. We were going to turn right, down the stairs, and sit  
 9 along a bench on the Thames.  
 10 Q. After you had taken the photograph looking down towards  
 11 the embankment, what other recollections do you have?  
 12 A. I recall putting my phone in my purse. I walked to what  
 13 I recall being the end of the bridge and looked to my  
 14 right and saw a postcard stand. I was looking at the  
 15 postcard stand.  
 16 Q. Were you saying anything to Kurt at the time?  
 17 A. I'm sure.  
 18 Q. And he was near you?  
 19 A. He was to my left and just slightly behind me.  
 20 Q. What was your next recollection after that?  
 21 A. My next recollection, after reading some of the other  
 22 witness statements, I remember hearing a car revving,  
 23 I remember seeing the front of the vehicle and the next  
 24 thing I remember was on the ground with someone's hand  
 25 on my head.

4

1 Q. So from that description you didn't see the car actually  
2 strike you; it was all very sudden?  
3 A. It was very sudden, yes.  
4 Q. Now, I don't want to go into any detail about this or be  
5 intrusive, but it is right to say that you yourself were  
6 badly injured as a result of being hit by the car?  
7 A. Yes.  
8 Q. And you spent some time in hospital?  
9 A. Correct.  
10 Q. Is there anything else you would like to tell us about  
11 the events that happened to you or anything about your  
12 time in London that day?  
13 A. We were just being touristy and we had just planned on  
14 spending pretty much the entire day walking and seeing  
15 everything that we could see. We had one day in London  
16 so we were going to cram everything in that we could.  
17 We were only, I guess, about two and a half hours in  
18 London before this all happened.  
19 Q. And suddenly, tragically cut short?  
20 A. Correct.  
21 MR HOUGH: Thank you very much, those are all my questions.  
22 Examination by MR PATTERSON  
23 MR PATTERSON: Very briefly, if I may, I ask questions on  
24 behalf of Kurt's older sister, Sandra, Sandy Cochran.  
25 We know that Kurt had over his shoulders a backpack that

5

1 day, we can see it in some of the CCTV footage.  
2 Presumably it contained the usual sorts of things that  
3 tourists might have if they are spending a day  
4 sightseeing; is that right?  
5 A. That's correct.  
6 Q. And you've told us that you remember looking to your  
7 right, down in the direction of where you were intending  
8 to go to find a bench. You do have a recollection of  
9 the car approaching. Is it right that you yourself have  
10 never looked at the footage? You haven't actually  
11 looked at the CCTV footage that the police have  
12 recovered?  
13 A. I have not. I've seen still photographs.  
14 Q. Just a still, but not the actual moving image?  
15 A. Correct.  
16 Q. We know that just before the moment of impact, Kurt's  
17 arm went out, his right arm went out, and you've told us  
18 that he was to your left, you were on the river side.  
19 Do you remember the moment when he reached across and  
20 apparently pushed you out of the way?  
21 A. I do not. I do not recall that.  
22 Q. And you say the next thing you remember coming round on  
23 the ground, and the impact on you personally and your  
24 injuries, you were in hospital, I think, for nearly  
25 a month; is that right?

6

1 A. About three and a half weeks, yes.  
2 MR PATTERSON: Thank you very much. I don't have any more  
3 questions. Thank you.  
4 Examination by MR ADAMSON  
5 MR ADAMSON: Just one question from me. You've just been  
6 asked about whether you remember Kurt's hand touching  
7 you. That was typical of Kurt, wasn't it?  
8 A. Very much so.  
9 MR ADAMSON: Thank you very much.  
10 MR HOUGH: Thank you very much, Melissa. Brief evidence but  
11 very important. Thank you.  
12 THE CHIEF CORONER: Thank you very much for not only coming,  
13 but being prepared to give evidence. Thank you very  
14 much indeed.  
15 MR HOUGH: Sir, our next witness as scheduled is  
16 Kylie Smith. I don't know if she is available and able  
17 to give evidence at this moment. If not, we can take  
18 another witness out of turn.  
19 THE CHIEF CORONER: Just whilst we are dealing with that,  
20 Mr Hough, can I simply thank whoever is responsible for  
21 sorting out my screen. I think the screens which were  
22 flickering the worst were mine and the one in the  
23 witness box. I suspect counsel may be suffering still  
24 with flickering screens, my apologies, but I was just  
25 concerned that if we had a witness who was looking at

7

1 the screen, I didn't want them to be affected by a lot  
2 of flickering going on. I know the engineers have done  
3 some work, for which I'm very grateful.  
4 MS KYLIE SMITH (Sworn)  
5 THE CHIEF CORONER: May I call you Kylie?  
6 A. Of course.  
7 THE CHIEF CORONER: If you want to take a seat at any stage,  
8 that's fine. If you would like a glass of water,  
9 I'm sure my usher will provide you with water. If you  
10 want a break at any time whilst you are in court, that's  
11 absolutely fine, just let us know and we'll have a short  
12 break.  
13 A. Thank you.  
14 Examination by MR HOUGH  
15 MR HOUGH: Could you give us your full name to the court,  
16 please?  
17 A. Kylie Winter Smith.  
18 Q. I think you understand I ask questions first on behalf  
19 of the Coroner and then you may be asked some questions  
20 by others. You are here to give evidence about events  
21 that you witnessed on 22 March 2017 on  
22 Westminster Bridge, and you made a witness statement  
23 afterwards on 12 April, which you can refer to as you  
24 wish.  
25 What was your reason for visiting London that day?

8

1 A. I was taking a group of school students up to visit  
2 London.  
3 Q. And the ages of those children were, I think, in the  
4 range 14–18?  
5 A. That's right.  
6 Q. In the morning, did you go with part of the group of  
7 children to Oxford Street?  
8 A. We did.  
9 Q. And then after that, did you take them on the  
10 underground to Westminster station?  
11 A. Yes.  
12 Q. I think it was your intention to go from there and meet  
13 the rest of your group at the London Dungeon?  
14 A. That's right.  
15 Q. And that, of course, is on the south bank?  
16 A. Yes.  
17 Q. Now, can we, once again, put up on screen our main plan,  
18 {MP0004/1}. A plan should come up on the screen next to  
19 you. If we can blow up the area of the bridge once  
20 again, please. It's right to say that you would have  
21 been going across the bridge from the west to the east  
22 from the Palace of Westminster side to the St Thomas'  
23 Hospital side?  
24 A. That's right.  
25 Q. Which side of the road did you walk on as you crossed

9

1 the bridge?  
2 A. We walked on the same side as South Bank.  
3 Q. As?  
4 A. We walked on the same side of the road as South Bank.  
5 So we didn't cross the road from Westminster station.  
6 Q. So that would be the north side as we're looking at the  
7 bridge.  
8 A. Yes.  
9 Q. And what point on the bridge did you reach when you  
10 decided to stop?  
11 A. We were stood on the steps on the north side with our  
12 backs to the columns.  
13 Q. If we can put on the other plan that we looked at  
14 earlier today {DC7960/57}. If we're looking at this  
15 plan those, I think, would have been the steps over to  
16 the top left going down from the north side of the  
17 bridge down to the embankment. While you were there,  
18 did you wait a little?  
19 A. Yes, we waited for a coachload of other students to meet  
20 up with us, so we stood there and waited for them,  
21 discussing whether or not we should cross to the other  
22 side of the road to put the students that we had with  
23 us, to put their belongings into the coach before we  
24 proceeded into London Dungeons.  
25 Q. And I think some of the children with you took some

10

1 photographs and some went to a nearby McDonald's?  
2 A. That's right, yes.  
3 Q. And did you wait with a colleague and a number of the  
4 children on the north side of the bridge in the position  
5 you've identified?  
6 A. I did.  
7 Q. May we have a photograph on screen. This won't be  
8 distressing, {AV0057/3}. So looking at this photograph,  
9 I think we can locate you with the children over on the  
10 right of the picture near the lion statue?  
11 A. Yes.  
12 Q. And were there a number of tourists and other people  
13 around you as you waited?  
14 A. There was.  
15 Q. Can I have another photograph on screen, {AV0044/22}.  
16 Now, this is looking up towards the bridge from the  
17 south bank near the McDonald's, and is that your group  
18 we can see towards the top of the stairs?  
19 A. It is. No, it isn't. We're to the left slightly.  
20 THE CHIEF CORONER: At the top of the stairs but to the  
21 left?  
22 A. Yes.  
23 THE CHIEF CORONER: It may just be, if we can just have  
24 a cursor, perhaps, Mr Hough, just so the ...  
25 MR HOUGH: Yes, we can put a cursor on the screen. I can

11

1 give a closer view on another photograph.  
2 THE CHIEF CORONER: So if we go to the top of the stairs, if  
3 the operator — it's near where the cursor is now; is  
4 that right?  
5 A. Just to the left there.  
6 THE CHIEF CORONER: Just to the left of where the cursor  
7 currently is.  
8 MR HOUGH: So move the cursor to the left, and to the left  
9 a little more. Just there.  
10 A. Yes.  
11 THE CHIEF CORONER: Thank you.  
12 MR HOUGH: While you were waiting there, was your attention  
13 drawn to something happening on the other side of  
14 the road?  
15 A. Initially we were just waiting, having a look around.  
16 There was a souvenir stand on the other side of the road  
17 which I was going to go across to to buy a postcard for  
18 my son. Nothing really out of the ordinary at first  
19 until the car decided to mount the pavement.  
20 Q. Was your attention first drawn by a sight or a sound?  
21 A. I'm not sure.  
22 Q. Briefly, in your own words, what did you see and hear?  
23 A. Before the event happened, nothing. Then when the car  
24 mounted the pavement, obviously my attention was drawn  
25 to that — there was quite a lot of high revving. He

12

1 didn't seem to be driving particularly fast to start  
 2 with. It just seemed very pre-calculated. I initially  
 3 thought that he targeted the person that was stood by  
 4 the souvenir stand.  
 5 Q. So you had been looking across the road towards the  
 6 souvenir stand. You saw a car, I think you recall it  
 7 was a 4x4 car?  
 8 A. Yes.  
 9 Q. You saw it mount the kerb, and your impression at the  
 10 time, as you say, was that it was deliberately targeting  
 11 somebody on the pavement?  
 12 A. Yes.  
 13 Q. Where was the person in relation to the souvenir stand  
 14 that you were looking at?  
 15 A. Pretty much directly in front of it.  
 16 Q. If we put the previous photograph back on screen,  
 17 please, that's {AV0057/3}.  
 18 So the souvenir stand I think is the one we see over  
 19 to the left of this photograph with the Union flags and  
 20 so on at the top. Yes? And the person was near that.  
 21 You saw the car mount the kerb. What sound was the car  
 22 making?  
 23 A. Very high revving.  
 24 Q. What made you think it was being driven deliberately at  
 25 somebody?

13

1 A. It was very clearly a deliberate act the way he turned  
 2 the car to change the direction. After he impacted at  
 3 the initial point, he then -- I'm not sure if he  
 4 reversed slightly, but he adjusted the wheel to then  
 5 continue on his path.  
 6 Q. What people did you see the vehicle strike as it mounted  
 7 the pavement?  
 8 A. Sorry. (Pause).  
 9 There was a gentleman walking along the bridge and  
 10 as the car came towards him he tried to push himself  
 11 against the bridge to get out of the way. I think the  
 12 driver of the car saw that maybe he wasn't on the best  
 13 course to get as many people as he was clearly aiming to  
 14 do, so he mounted the pavement completely.  
 15 There was a couple walking hand-in-hand who I'd  
 16 previously been watching cross the bridge earlier. They  
 17 were walking along, just having -- they looked like they  
 18 were having a nice time, and as the car came towards  
 19 them, they saw it coming. The man tried to pull his --  
 20 who I assume was his girlfriend -- behind him to try to  
 21 save her from the impact, and I don't know what happened  
 22 to that lady.  
 23 Q. Take your time. You're doing very well.  
 24 A. The man went over the car, just flew up in the air.  
 25 There was people -- it was chaos, it was just chaos.

14

1 There was people trying to get out of the way but nobody  
 2 really had a chance.  
 3 Q. And I think in your witness statement you recall  
 4 specifically seeing the man thrown into the air.  
 5 Now, how did the car continue moving along the  
 6 bridge after that?  
 7 A. Initially just straight along the pavement. He didn't  
 8 really seem to swerve towards people or away from  
 9 people. I think by that point it had sped up as well,  
 10 it had started to go quite fast.  
 11 Q. After you had seen these horrific events, how did you  
 12 and your colleague react? What did you do with the  
 13 children in your care?  
 14 A. I told my colleague to run. I asked her to keep in  
 15 front of the children and pulled them down the steps  
 16 towards South Bank where we could grab the other  
 17 children. I stayed behind the children to make sure  
 18 they were safe, pushing them down the steps. We then  
 19 met our -- the other students that were at McDonald's  
 20 and told them that we needed to start moving. I think  
 21 everyone was a little bit -- not quite sure what had  
 22 just happened, and we clearly knew something very  
 23 serious was going on and I was trying to stay calm for  
 24 my colleague who was by that point beginning to get  
 25 a little bit hysterical, as well as the children, so my

15

1 primary concern was to make sure that our children were  
 2 safe and that we formulated a plan to get out of London.  
 3 I called 999, and whilst I was on the phone the  
 4 emergency services were actually turning up, the  
 5 response was phenomenal. Everyone really pulled  
 6 together.  
 7 Whilst I was on the phone to the emergency services  
 8 I was gathering the children together. My colleague  
 9 wanted to go into the London Dungeons because she felt  
 10 we would be safer. For me, I didn't feel we'd be safer  
 11 at all, I thought we were better off to get further away  
 12 before we tried to look for somewhere to wait. People  
 13 at London Dungeons were blissfully unaware of the events  
 14 that were unfolding around them and weren't particularly  
 15 keen on letting a group of students in before their  
 16 allotted time anyway, so we started to walk along the  
 17 south bank in the direction of Victory Hall, Festival  
 18 Hall.  
 19 As we were walking along I heard quite a loud bang.  
 20 I don't know what that was, and at that point I decided  
 21 that actually I needed to take charge and get the  
 22 students out quicker.  
 23 There was children everywhere. There was a group of  
 24 foreign exchange students, and one of the young girls  
 25 just stopped and started screaming, so I was trying to

16

1 get her to continue on. Obviously being French and  
 2 being scared she probably didn't have a clue what I was  
 3 saying. In the end we just kept walking, was met by the  
 4 coach possibly two hours later. The coach drivers  
 5 weren't particularly knowledgeable of London and unaware  
 6 of how London shuts down if it shuts down, so it was  
 7 a little bit of a long wait for them but eventually we  
 8 got on the coach and we took our students home.

9 MR HOUGH: Thank you very much. Difficult evidence, I know,  
 10 but thank you for assisting the court. There may be  
 11 questions from others.

12 Examination by MR PATTERSON

13 MR PATTERSON: I ask questions on behalf of the older sister  
 14 of Kurt Cochran, the man who you saw thrown into the  
 15 air. Is it Ms Smith or Mrs Smith?

16 A. Ms.

17 Q. You said that to you it appeared as though he was  
 18 deliberately targeting people on the pavement. If we  
 19 just look at the image to your left on the screen,  
 20 you've told us that you were to the right of the screen  
 21 as we look at it, near that statue of the lion, and so  
 22 you had a very good view, basically directly opposite  
 23 you, to where all this was taking place; is that  
 24 correct?

25 A. That's right.

17

1 Q. And we know that that's the 4x4 that we can see on the  
 2 screen that carried out this attack. You can see it  
 3 there just beside the bus, and so it's right, isn't it,  
 4 that the road ahead of Masood was completely empty at  
 5 that side of the bridge, wasn't it?

6 A. Yes.

7 Q. And so if this was somebody who had wanted, for example,  
 8 to get as fast as he could across to Parliament, to the  
 9 far side of the bridge, the quickest way to do that  
 10 would have been to speed straight along the roadway,  
 11 wouldn't it?

12 A. That's right.

13 Q. But he didn't do that. He veered, in the way you  
 14 described, up onto the pavement, and your impression was  
 15 deliberately trying to hit members of the public?

16 A. That's right.

17 Q. The couple that you described, you said, I think, did  
 18 I hear you correctly, you had seen them earlier walking  
 19 across the pavement, and the two of them seemed to be  
 20 having a nice time --

21 A. That's right.

22 Q. -- is that the impression you had?

23 In your statement you said that his partner was to  
 24 his right side, so on the river side, nearer the wall;  
 25 is that correct?

18

1 A. That's correct.

2 Q. And that just before the moment of impact he used his  
 3 hand to try to move her out of the way, is that what  
 4 happened?

5 A. That's right.

6 Q. And although you didn't see exactly where the person  
 7 that we now know to be Kurt went, the impression you had  
 8 was that he was going, you thought, in the direction of  
 9 the river, or over the wall; is that right?

10 A. Yes.

11 Q. You described the impact that this had on the teenagers  
 12 that you had responsibility for.

13 A. Yes.

14 Q. And your colleague. As for you yourself, I think you  
 15 said in your statement that what you did was that you  
 16 grabbed students and ran?

17 A. Yes.

18 Q. And so it wasn't just you and your colleague who had had  
 19 to witness these unimaginable scenes; it was all those  
 20 teenagers with you; is that right?

21 A. That's correct.

22 Q. Had they been there with you?

23 A. Yes.

24 Q. Just opposite all of this?

25 A. Yes, there was three or four students with us, opposite.

19

1 MR PATTERSON: Yes, thank you Ms Smith. That's all I ask.

2 Examination by MR ADAMSON

3 MR ADAMSON: Ms Smith, my name is Dominic Adamson and I ask  
 4 questions on behalf of Melissa Cochran, whom we've just  
 5 heard evidence from. Your account of that day as  
 6 a teacher leading a group of students is one of somebody  
 7 doing what, frankly, lots of teachers in your position  
 8 do every day at that location?

9 A. Yes.

10 Q. You are precisely the sort of group of people that one  
 11 would expect in that area in large numbers?

12 A. Yes.

13 Q. Every day of the year in that location?

14 A. (The witness nodded).

15 Q. Would you regard it as being a day when it was quite  
 16 busy when you were there?

17 A. Yes, it was just a normal day. It wasn't -- I mean, it  
 18 wasn't overly busy. It was just as you would expect, as  
 19 it has been multiple times at this particular location.

20 Q. People milling around on the bridge?

21 A. Yes.

22 Q. And it was a wet Wednesday as well, wasn't it?

23 A. It was a little bit drizzly, yes.

24 Q. And so one can imagine, can one not, when one looks at  
 25 that picture to your left, that on a different day it

20

1 may have been very much busier indeed?  
 2 A. Yes.  
 3 Q. And the carnage could have been even worse?  
 4 A. Yes.  
 5 MR ADAMSON: Thank you very much.  
 6 MR HOUGH: No further questions from me.  
 7 Thank you very much for giving evidence.  
 8 THE CHIEF CORONER: Thank you very much indeed for coming.  
 9 I can appreciate it's not easy to have to relive the  
 10 incidents, but it's certainly very clear to me that you  
 11 did everything you possibly could to look after those  
 12 that you were responsible for. Thank you very much for  
 13 doing so.  
 14 MR HOUGH: Sir, our next witness is Neil Hulbert.  
 15 MR NEIL PETER HULBERT (Sworn)  
 16 Examination by MR HOUGH  
 17 MR HOUGH: Would you give your full name to the court,  
 18 please?  
 19 A. Yes, it's Neil Peter Hulbert.  
 20 Q. I think you understand I'm asking questions first on  
 21 behalf of the Coroner, then you may be asked questions  
 22 by others.  
 23 You know you're here to give evidence about events  
 24 you witnessed on 22 March last year near  
 25 Westminster Bridge?

21

1 A. Yes.  
 2 Q. You made a statement, I think a week later, which you  
 3 have in front of you, I hope?  
 4 A. Yes.  
 5 Q. Now, by way of background, we don't need details of your  
 6 work, but is it right to say that you had done a night  
 7 shift in central London the night before and you had got  
 8 up around lunchtime?  
 9 A. Yes, that's right, yes.  
 10 Q. What was your plan for that afternoon?  
 11 A. I was meeting my nephew so that — we were going on the  
 12 London Eye. We had it booked for about 2.15, something  
 13 like that, so I met them at Charing Cross and we walked  
 14 across the bridge to the ticket office. There wasn't  
 15 much of a queue, so we actually got on earlier.  
 16 Q. Pardon me, sorry?  
 17 A. We actually got on the London Eye earlier because there  
 18 was very little queue.  
 19 Q. So what time do you recall being on the London Eye?  
 20 A. I think it was around sort of just before 2 o'clock  
 21 I think it probably started.  
 22 Q. And after you had been there, where did you go?  
 23 A. After that we just went to have a quick look in the  
 24 souvenir shop and then we decided which way we were  
 25 going to go after that. We were either going to go to

22

1 Covent Garden or sort of head back to Victoria, so  
 2 I just suggested we go along the south embankment to  
 3 sort of show my nephew a few of the sights along there.  
 4 Q. May we put on the screen the main plan {MP0004/1}.  
 5 I hope this is visible to you.  
 6 A. Yes.  
 7 Q. If we can zoom over to the right-hand side of the plan,  
 8 if possible, focus on the right-hand side. We see there  
 9 the south bank, confusingly going north-south in this  
 10 part of the river. Where did you intend to go with your  
 11 nephew?  
 12 A. As I say, we were walking along, we went under the  
 13 underpass of Westminster Bridge and then we just stopped  
 14 there to take some photos with my nephew with the Houses  
 15 of Parliament in the background. We were then sort of  
 16 going to head off towards sort of the MI6 building, then  
 17 cross the bridge there and head back to Victoria.  
 18 Q. So you had come from the London Eye, which is off to the  
 19 north of this plan?  
 20 A. Yes.  
 21 Q. You'd walked along the embankment and you'd gone under  
 22 the bridge?  
 23 A. Yes, that's right.  
 24 Q. You'd reached the Albert Embankment, which we see at the  
 25 bottom right of our plan, and you had taken photographs

23

1 of your nephew there?  
 2 A. Yes, that's correct.  
 3 Q. And then which direction did you walk after that?  
 4 A. After that we were then sort of heading on here south  
 5 down towards — sort of towards the MI6 building.  
 6 Q. Now may we have a photograph on screen. This isn't  
 7 a graphic photograph, {DC7958/11}. If we can zoom in on  
 8 the photograph, please. Does that show the section of  
 9 the Albert Embankment where you were, looking towards  
 10 the bridge?  
 11 A. Yes, that's correct.  
 12 Q. Keep that on screen, please. Roughly how far were you  
 13 from the bridge when your attention was drawn to  
 14 something happening?  
 15 A. Well, we had literally just finished taking the photo  
 16 and then we'd literally just sort of turned, I suppose,  
 17 what, west to walk along, and when we heard this  
 18 almighty sort of crash, it's hard to describe the sound,  
 19 and turned round and then that's where we saw the sad  
 20 sight of the gentleman flying through the air, and the  
 21 find that sort of followed.  
 22 Q. Let's take that in stages, if we may. Your attention  
 23 was first drawn by a terrible crash?  
 24 A. Yes, it was the sound.  
 25 Q. Did you immediately appreciate where it was coming from?

24

1 A. Well, it sounded behind us so we just literally turned  
2 around.  
3 Q. What was the immediate sight you saw?  
4 A. It was Mr Cochran was literally flying through the air  
5 and landed very close to where we were then standing.  
6 Q. Looking at the plan, we know that Mr Cochran was thrown  
7 over at the position at the far end of the embankment  
8 where it meets the bridge.  
9 A. Yes.  
10 Q. How far were you away from him when he landed on the  
11 embankment?  
12 A. It was probably about 2 or 3 metres.  
13 Q. Were you immediately aware what had caused him to fly  
14 over?  
15 A. No. No, I mean I guessed it must have been some vehicle  
16 or something involved, just the way that he was sort of  
17 projected over the side.  
18 Q. Do you remember anything else about his movement as he  
19 was thrown over?  
20 A. Not really. I mean, I didn't notice that there was any  
21 movement from him as such, he was fairly static, and  
22 then was just when he hit the ground with an awful ...  
23 the awful thud when he hit the ground, because it was  
24 just sort of concrete or stone. So I knew then it was  
25 going to be serious because he hadn't been able to sort

25

1 of put his arm or anything to protect his head.  
2 Q. So which part of his body did he land on?  
3 A. Well, his head I certainly -- sort of thudded straight  
4 onto the ground, unfortunately, and he sort of landed in  
5 a sideways position.  
6 Q. What were your immediate impressions of his condition?  
7 A. Just having what I had seen -- saw, I knew it was  
8 serious. I mean, there was no movement from him,  
9 unsurprisingly given what had just happened. So I went  
10 over to where he was and checked that somebody was  
11 calling the emergency services, and took my bag and  
12 camera off, handed those to my nephew, did a quick  
13 assessment and then sort of knelt down.  
14 Q. As you knelt down to take a closer look, what could you  
15 tell about his injuries and condition?  
16 A. It was clear that he was unconscious. There was blood  
17 that had started to sort of come around the area of his  
18 head, and there was also some blood coming out of his  
19 nostrils.  
20 Q. Now I'm going to show a photograph at this stage, and  
21 I'm just giving warning that anyone may wish to look  
22 away. {WS1516/9}. This photograph has been marked with  
23 your name and I think your nephew's name and  
24 Mr Cochran's name; is that right?  
25 A. Yes.

26

1 Q. And they are all correct markings, are they?  
2 A. Yes.  
3 Q. And this shows, does it, Mr Cochran having landed very  
4 shortly after the incident?  
5 A. Yes.  
6 Q. You can take that off the screen.  
7 What training or experience had you had in first aid  
8 before that day?  
9 A. I've done a first aid course and I've done military  
10 first aid courses.  
11 Q. As you looked at him more closely, were you able to form  
12 an impression of specific injuries?  
13 A. Well, as I say when I assessed before I knelt down,  
14 I mean, I could see that he had broken legs, and that  
15 was obvious. The head injury, because blood was  
16 starting to come out, and then it was just a case of  
17 listening to his breathing, it was quite laboured, but  
18 he was more or less sort of laying in a three-quarter  
19 type -- a three-quarter prone position, so there wasn't  
20 really anything that I could do to help move him to help  
21 him in that sense. I mean, I did sort of check to see  
22 if there was any signs of consciousness but there  
23 wasn't, and it was just the laboured breathing and the  
24 sight of, you know, sort of -- the blood sort of coming  
25 out of his nose meant that it was a serious injury.

27

1 Q. So you were waiting with him, you knew that the  
2 emergency services were being called?  
3 A. Yes, there was a lady who called the emergency services  
4 and was sort of relaying information between ourselves  
5 as to what was happening, his condition, certainly with  
6 the blood coming out and the fact that his breathing was  
7 becoming more difficult as time went on.  
8 Q. As you waited with him, did you notice any change or  
9 development in his condition, or any signs of his  
10 condition?  
11 A. It was just really his breathing became more laboured  
12 and there were times when I was -- I wondered if he had  
13 stopped breathing, but then he would start breathing  
14 again.  
15 Q. As the lady was making the emergency call, did you pass  
16 on information to the emergency services through her?  
17 A. Yes.  
18 Q. So information about his condition and how it was  
19 progressing?  
20 A. Yes, that he was an unconscious casualty and that he was  
21 bleeding through the nose and his breathing was  
22 laboured.  
23 Q. While you waited there and observed his condition and  
24 passed the information on, were you joined by other  
25 members of the public?

28



1 A. Towards the end, just before the paramedics arrived,  
2 another lady came.  
3 Q. Did she do anything to check on Kurt's condition?  
4 A. I think she checked his pulse.  
5 Q. May we have another photograph on screen, again, I'll  
6 give warning that this may be distressing. It's  
7 {DC5195.2/20}. Does this show the scene around this  
8 time?  
9 A. Yes.  
10 Q. Thank you. We can take that off screen too.  
11 After a time, you have referred to paramedics  
12 arriving.  
13 A. Yes.  
14 Q. Can you recall roughly how long it was before they  
15 arrived?  
16 A. Not exactly, but maybe five minutes, if that. It seemed  
17 to be quite quick anyway.  
18 Q. Did you have any conversation with them? Did you tell  
19 them anything about Kurt?  
20 A. Not particularly, I mean, I just said that, yes, he was  
21 unconscious and had been bleeding through the nose, but  
22 they just sort of took over and that was it, it was time  
23 for me to leave and let them get on to do their job.  
24 Q. So you left them to their work and I think you went  
25 first up to the bridge?

29

1 A. Yes.  
2 Q. In very brief, can you describe the scene there as you  
3 emerged onto the bridge?  
4 A. Yes, I mean there was some more casualties at the top of  
5 the bridge, just to the left as I came up the steps, who  
6 had clearly been injured and there were people with  
7 them, and there was also some -- a piece of, maybe  
8 a vehicle sort of bumper or something like that that was  
9 laying in the pathway, but it was clear that something  
10 had clearly happened along the bridge itself, and at  
11 that stage as well the police were there sort of  
12 clearing people back.  
13 MR HOUGH: Thank you very much. Those are all the questions  
14 I have. As I say, there may be questions from others.  
15 Examination by MR PATTERSON  
16 MR PATTERSON: Mr Hulbert, I ask questions on behalf of  
17 Kurt Cochran's older sister. You described the noise of  
18 what happened up above, which you obviously didn't see?  
19 A. No.  
20 Q. But clearly it was the point of impact when that 4x4  
21 banged into Kurt?  
22 A. Yes.  
23 Q. And propelled him over the top of the parapet?  
24 A. Yes.  
25 Q. And you described seeing him, you down below looking up,

30

1 seeing him, as you describe, flying through the air?  
2 A. Yes.  
3 Q. In your statement you said it was "a bit like a rag  
4 doll"?  
5 A. A little bit, yes.  
6 Q. Is that right?  
7 A. Yes, I mean there wasn't sort of any movement from  
8 Mr Cochran, there didn't appear to be anyway, as such.  
9 It was just a motionless body sort of falling.  
10 Q. At speed, presumably?  
11 A. Yes.  
12 Q. And you said that he landed -- within your statement you  
13 said "a sickening thud". That was the sound of impact  
14 on that concrete pavement; is that right?  
15 A. Yes.  
16 Q. And that he landed head-first, you said in your  
17 statement?  
18 A. Yes, I certainly saw his head hit the pavement very hard  
19 and that's when I knew straightaway it was not going to  
20 be good, because from that height hitting your head is  
21 just ... yes.  
22 Q. Yes. And we know that he had a backpack on his  
23 shoulders?  
24 A. Yes.  
25 Q. And we saw it in those photographs that you looked at

31

1 just now.  
2 The position we saw that he was in in the  
3 photographs, it was the same position in both those  
4 photographs taken, I think, at different stages of your  
5 time with him?  
6 A. Yes.  
7 Q. By the looks of things, at no stage did you move his  
8 position: he remained at all times in the position that  
9 he landed in; is that right?  
10 A. Yes. Yes, I mean I didn't think it would be sort of  
11 sensible to move him at that time.  
12 Q. Yes.  
13 A. Because of the way he landed, he could have damaged sort  
14 of the left side of his lungs or something like that.  
15 So he was sort of in a three-quarter prone position  
16 which would have given him the best way of, sort of,  
17 breathing.  
18 Q. Yes, you feared doing something that might compromise  
19 things even more?  
20 A. Yes. Yes, I wasn't qualified to do anything more.  
21 Q. No. His eyes were closed, I think you said in your  
22 statement.  
23 A. Yes.  
24 Q. Is that right?  
25 A. Yes.

32

1 Q. He didn't move; he appeared to be unconscious?  
 2 A. Yes. There was no response.  
 3 Q. Your nephew has equally made a statement about these  
 4 events, and he said that you were trying to speak to  
 5 him --  
 6 A. Yes.  
 7 Q. -- to see if there was a response, but that at no stage  
 8 did Kurt respond in any way.  
 9 A. No.  
 10 Q. Is that correct?  
 11 A. That's correct.  
 12 Q. And you described the help that was given by a woman who  
 13 was nearby, I think it was a woman with a buggy and  
 14 a small child --  
 15 A. Yes.  
 16 Q. -- who used her phone to dial 999; is that right?  
 17 A. Yes.  
 18 Q. And although there was difficulty with his breathing, he  
 19 was still breathing right up until the time that you  
 20 left him and handed him over to the paramedics who had  
 21 arrived?  
 22 A. Yes, by the time the paramedics had arrived his  
 23 breathing had sort of become very laboured and less  
 24 frequent.  
 25 Q. Less frequent?

33

1 A. Yes.  
 2 Q. But still breathing?  
 3 A. He was, as far as I'm aware, still breathing at that  
 4 time, yes.  
 5 MR PATTERSON: Yes. That's all I ask, Mr Hulbert, but  
 6 could I, on behalf of the sister of Kurt Cochran,  
 7 express her deep gratitude for the attention that you  
 8 showed to Kurt and for your assistance.  
 9 A. I'm just sorry there wasn't anything I could do.  
 10 MR PATTERSON: You did everything you could and she is  
 11 grateful. Thank you.  
 12 MR HOUGH: No questions from others and no further questions  
 13 from me. Thank you very much indeed, Mr Hulbert.  
 14 THE CHIEF CORONER: Can I, Mr Hulbert, simply echo the  
 15 comments made by Mr Patterson for doing what you did.  
 16 I appreciate at the time you knew that the situation was  
 17 not great but you certainly, I suspect, provided great  
 18 comfort to his family in staying with him and doing what  
 19 you did. Thank you very much.  
 20 A. Well, I'm just very sorry for his family as well.  
 21 Please pass my condolences to them.  
 22 THE CHIEF CORONER: Thank you.  
 23 MR HOUGH: Sir, the next witness is Tanya Henshaw. Perhaps  
 24 she can be brought to the witness box.  
 25 THE CHIEF CORONER: Thank you.

34

1 MS TANYA MARIE HENSHAW (Affirmed)  
 2 Examination by MR HOUGH  
 3 MR HOUGH: Would you give your full name to the court,  
 4 please?  
 5 A. Tanya Marie Henshaw.  
 6 Q. Ms Henshaw, I think you know that I ask questions first  
 7 on behalf of the Coroner, and then you'll be asked  
 8 questions by other lawyers, in all likelihood.  
 9 A. Yes.  
 10 Q. You know you are here to give evidence about events you  
 11 witnessed on 22 March last year near Westminster Bridge?  
 12 A. I do.  
 13 Q. You made a witness statement just over a week later on  
 14 30 March 2017, and you can refer to that if you wish.  
 15 A. Thank you.  
 16 Q. In March 2017, what was your profession?  
 17 A. I'm a clinical nurse specialist at St Thomas' Hospital.  
 18 Q. On that day, 22 March, where was your office in the  
 19 hospital?  
 20 A. My office is quite a way away, but I just so happened to  
 21 be taking patients to the pharmacy, which is by the main  
 22 entrance.  
 23 Q. So that early afternoon you were at work?  
 24 A. Yes.  
 25 Q. And you were taking a patient to the pharmacy by the

35

1 main entrance at the front of the hospital. What  
 2 happened to draw your attention to something very  
 3 unusual?  
 4 A. Well, two men came in, running off from the street  
 5 through the main entrance, we've got a reception area  
 6 there, and said there had been a terrible accident,  
 7 a terrible car accident, several people had been hurt,  
 8 and they did mention that somebody had gone over the  
 9 side and off the bridge onto the path below and I think  
 10 they were trying to get help from the reception staff.  
 11 Q. What did the reception staff say they would do?  
 12 A. After a while I think they decided to call an ambulance.  
 13 Q. What decision did you make about what you should be  
 14 doing?  
 15 A. Well, I -- there was a moment's thought: do I go back to  
 16 my office or do I do what I can? And I thought well,  
 17 I might as well just go and do what I can, no matter  
 18 what.  
 19 Q. If we can put our main plan on screen again, please,  
 20 {MP0004/1}. St Thomas' Hospital obviously to the bottom  
 21 right of this plan, and the bridge shown on the centre  
 22 of the plan. By what route did you approach the scene  
 23 of the accident?  
 24 A. I came -- I don't know if you can see -- the far right  
 25 corner, I came up this path on the left-hand side, past

36

1 the bus stop, which is along here.  
 2 Q. If we can put a cursor on the screen, please.  
 3 A. Yes. Carry along that line. I came up through that  
 4 entrance there and along the road there.  
 5 Q. So you came out of a passage way around — opposite  
 6 Belvedere Road?  
 7 A. Correct.  
 8 Q. And then you went west towards the bridge along  
 9 Westminster Bridge Road?  
 10 A. Correct.  
 11 Q. And just to illustrate the position as you reached the  
 12 start of the bridge, may we have on screen a photograph,  
 13 {AV00044/9}. Now, we can see here a souvenir stall by  
 14 the side of the pavement with steps down to the  
 15 embankment next to it. Did your route take you towards  
 16 that point on the bridge?  
 17 A. Yes, it did.  
 18 Q. As you approached that point, what did you see?  
 19 A. Well there had obviously been some impact with the  
 20 tourist stall that was on the corner. There was debris  
 21 all over the path and those racks where you see  
 22 postcards were strewn all over the path and there were  
 23 two people laying on the ground to the left and right of  
 24 that rack, approximately, and people gathering round  
 25 them.

37

1 Q. First of all, the people who were lying there, what did  
 2 their condition seem to be?  
 3 A. I could tell they were injured but they were conscious,  
 4 they were talking, or groaning, they were obviously in  
 5 pain, but there didn't seem to be any life — threatening  
 6 injuries and they had people with them trying to calm  
 7 them down.  
 8 Q. Did you have an intention or a specific priority at that  
 9 point?  
 10 A. I distinctly remember someone saying that the gentleman  
 11 had gone over the side of the bridge onto the path, and  
 12 as these ladies were conscious and awake and seemed to  
 13 be in good care, then I needed to go and try and find  
 14 the gentleman that had gone over the side of the bridge,  
 15 so that was my priority, I think. He was going to be  
 16 the worst injured.  
 17 Q. Did you look for him?  
 18 A. I did.  
 19 Q. Looking, presumably, over the balustrade?  
 20 A. I did. I went to the top of the stairs and looked over  
 21 the side and he was below.  
 22 Q. Was anyone with him as you looked down and saw him lying  
 23 below?  
 24 A. There was another gentleman that was stood very close by  
 25 him, leaning over him, and another lady who appeared to

38

1 be on the telephone.  
 2 Q. I'm again going to show a photograph I showed earlier.  
 3 It may be graphic and distressing — it is graphic, it  
 4 may be distressing, I give that warning. It's  
 5 {DC5195.2/20}. Does this image accord with your  
 6 recollection of the man we now know to be  
 7 Kurt Cochran —  
 8 A. It does.  
 9 Q. — at the bottom of the steps?  
 10 A. Yes. I'm the one in the middle with the beige top.  
 11 Q. You've answered my next question.  
 12 A. Sorry.  
 13 Q. You got down to the bottom and that was your location,  
 14 that's how you appeared?  
 15 A. It is.  
 16 Q. As you found him, what was his position?  
 17 A. He was lying on his back with his head to one side,  
 18 exactly as you see him there.  
 19 Q. We can take the photograph down now, please.  
 20 In that photograph there were people with him. What  
 21 were they doing as you approached?  
 22 A. The gentleman was trying to hold his hand and he was  
 23 saying positive things like "You're going to be all  
 24 right, mate, don't worry, the ambulance is on its way".  
 25 The lady was on her mobile phone, clearly talking to

39

1 emergency crew, and she was asking "Is he breathing? Is  
 2 he breathing?" and he was at that point.  
 3 Q. Did you make an assessment of him when you reached down  
 4 to him, as we saw in the photograph?  
 5 A. Yes. My preliminary assessment was that he obviously —  
 6 it looked like he must have had impact with his head on  
 7 the pavement from the bridge. He wasn't conscious,  
 8 there was a lot of blood. He was obviously very badly  
 9 injured.  
 10 Q. Did you form any impression of his breathing?  
 11 A. Yes. It was staggered breathing, so it was  
 12 intermittent, so it wasn't a normal, healthy breath. He  
 13 would hold his breath and then — and that is when the  
 14 body is trying to kind of cope with what was happening  
 15 to it.  
 16 Q. You describe his breathing in your statement as  
 17 "stridal". Can you explain what that means and what its  
 18 implications are to you as a clinician?  
 19 A. I've come across stridal breathing when people are at  
 20 end of life. It is when the sympathetic nervous system  
 21 takes over, you know, there is part of your breathing  
 22 that you control naturally and then there is part of  
 23 your breathing that your body naturally controls when  
 24 you are sleeping, for example, and obviously he couldn't  
 25 control his own breathing, he wasn't conscious, so that

40

1 part of the breathing was taken over by the sympathetic  
 2 nervous system and it was not smooth, it was held back.  
 3 Stridal breathing means just every now and again you're  
 4 making a gasp. So that's not normal breathing.  
 5 Q. Did you check for a pulse?  
 6 A. I did.  
 7 Q. Did you find one?  
 8 A. I couldn't find one, peripherally, no.  
 9 Q. What were your deductions at that time?  
 10 A. I could tell he was gravely injured from the amount of  
 11 blood, the fact that his hands were cold. His pallor  
 12 altogether was very grey, so there was no good  
 13 circulation, so there was no circulation in his hands,  
 14 which usually means the circulation is gathering towards  
 15 central organs, and that's usually very serious when  
 16 that happens.  
 17 Q. Now, you've referred to a woman passing information to  
 18 the emergency services over a phone.  
 19 A. Yes.  
 20 Q. Did you assist in relaying further information and your  
 21 impressions?  
 22 A. Well, she asked me "Is he breathing?" and I said "Yes,  
 23 he is still breathing", as he was at that point.  
 24 Q. Did you make any decision on whether he should be moved?  
 25 A. I decided not to move him myself because I knew from the

41

1 way he was lying and the way he had fallen, that his  
 2 neck was probably compromised and I didn't have any  
 3 equipment or anything with me to help support him.  
 4 Q. Did a time come when an ambulance crew arrived?  
 5 A. It was very quick. Very quick. I could -- while I was  
 6 talking to the lady on the telephone I could hear the  
 7 ambulance or sirens going, so I knew help was on its  
 8 way.  
 9 Q. Do you recall their immediate impressions and their  
 10 comments when they arrived?  
 11 A. I think they were as shocked as I was. It was  
 12 immediately evident that this chap was very seriously  
 13 injured.  
 14 Q. I think they expressed concern also about his airway and  
 15 one of his eyes?  
 16 A. Yes, obviously his airway was compromised, because there  
 17 were just bubbles of blood coming out of his mouth.  
 18 They checked his eyes to see his pupils and they said  
 19 his pupils are blown which means they've got no reaction  
 20 to light, which again is neurological damage.  
 21 Q. What treatment did they give while you were present?  
 22 A. We immediately, in the first instance you always try to  
 23 get the airway going, so they put a mask, an oxygen mask  
 24 on his face to try and get some oxygen into his body,  
 25 and then I think eventually we put a tube down his

42

1 throat to try and make the airway clearer to get oxygen  
 2 further into his lungs.  
 3 Q. Did you assist in those efforts?  
 4 A. I did. I used a rebreath bag, so with the tubing  
 5 connected to the mouth, there's a big bladder that you  
 6 press to push air into the lungs.  
 7 Q. While you were there assisting with the ambulance crew,  
 8 did a doctor arrive on the scene?  
 9 A. Yes. Again, pretty promptly. I presumed worked from St  
 10 Thomas' Hospital. And he inquired about whether there  
 11 were any access lines, so lines into a vein to get fluid  
 12 or blood into the body.  
 13 Q. But there weren't, obviously, by that stage?  
 14 A. Not at that point. It was too soon and we were still  
 15 trying to get the airway going.  
 16 Q. Was the doctor involved in the decision and process of  
 17 intubating?  
 18 A. No, I think the ambulance crew decided to do that  
 19 straightaway before he got there.  
 20 Q. Did somebody else with medical training and knowledge  
 21 come on to the scene?  
 22 A. There was a medical student I think who came along  
 23 later, but by that time the doctor and the ambulance  
 24 crew had kind of done everything they could do at that  
 25 point.

43

1 Q. What were the doctor's actions after he had arrived?  
 2 A. He tried to get access via the right forearm.  
 3 Q. This is for an intravenous line?  
 4 A. For an intravenous line. And, as I said before, because  
 5 you have what's called peripheral shutdown, all the  
 6 blood vessels close down, he then tried to get a larger  
 7 vein in the neck, which is the usual course, and he  
 8 couldn't get access there either, unfortunately.  
 9 Q. At this stage was Kurt's heart rate being monitored?  
 10 A. It was. I think that was one of -- the female ambulance  
 11 crew personnel had put the pads on fairly early on,  
 12 while the male crew member was dealing with the airway  
 13 and the monitor was -- there was a clear reading that  
 14 the heart was struggling.  
 15 Q. As you got to the stage that the doctor had tried  
 16 unsuccessfully to get the intravenous line into Kurt,  
 17 was any change in his heart condition noted?  
 18 A. I think it became noted that it had become very unstable  
 19 and that it wasn't going to be viable for much longer.  
 20 Q. While you were there and while the doctor was working on  
 21 him at this point, did the doctor express any views  
 22 about Kurt's condition and his prospects?  
 23 A. I think it was fairly obvious to all of us that Kurt  
 24 probably wasn't going to survive. We carried on for as  
 25 long as we could. I think at one point we thought his

44

1 heart had stopped completely and then the monitor picked  
 2 up again, so we carried on again, and by the end it was  
 3 an agreement between the ambulancemen and the doctor  
 4 that life was no longer present.  
 5 Q. You say in your witness statement that you reached  
 6 a collective decision that his heart rhythm wasn't  
 7 sustainable and that resuscitation couldn't achieve  
 8 anything?  
 9 A. Correct.  
 10 Q. And at this stage, what was the readout on the heart  
 11 monitor?  
 12 A. I can't remember.  
 13 Q. You refer in your witness statement to it going flat ,  
 14 the line going flat .  
 15 At that point, did the doctor leave to provide his  
 16 help to others?  
 17 A. He did.  
 18 Q. And did a police officer arrive to observe Kurt's  
 19 condition?  
 20 A. A female police officer came down the steps to see what  
 21 was happening, yes.  
 22 Q. And you confirmed, I think, to her that Kurt had very  
 23 sadly died?  
 24 A. Exactly, yes.  
 25 Q. Did you later establish his identity from his personal

45

1 effects?  
 2 A. I did. I looked into his jacket pocket to retrieve his  
 3 wallet and gave it to the police officer .  
 4 Q. And shortly afterwards I think you left to return to  
 5 your duties at the hospital?  
 6 A. I did.  
 7 MR HOUGH: Thank you very much. There may be some questions  
 8 from others.  
 9 Examination by MR PATTERSON  
 10 MR PATTERSON: Ms Henshaw, I ask questions on behalf of the  
 11 sister of Kurt Cochran. Can I make it plain that on her  
 12 behalf I would like to express her gratitude for  
 13 everything that you did for Kurt that afternoon.  
 14 Can I have your assistance, please, with just one or  
 15 two details, and to clarify one or two matters. First  
 16 of all, we've looked at that photograph that shows the  
 17 position that Kurt was in. It's plain, isn't it, that  
 18 he was on his side but essentially face-down on the  
 19 pavement; is that right?  
 20 A. He was actually kind of lying on his rucksack. So it  
 21 was -- I think the rucksack was tipping him slightly to  
 22 the left and his face was turning him further to the  
 23 left, so he wasn't on his front at all, he was just on  
 24 the side.  
 25 Q. Can we just see it again {DC5195.2/20} and as has been

46

1 made plain already, this is a graphic image.  
 2 We can see his right leg is uppermost, his left leg  
 3 below the right leg; is that right?  
 4 A. It's true. It seems that his legs are folded over but  
 5 his back was more twisted.  
 6 Q. So unless I'm misinterpreting the photograph, was he in  
 7 fact on his left side?  
 8 A. Yes.  
 9 Q. With his face against the pavement?  
 10 A. Yes.  
 11 Q. At any stage did you move him, or reposition him --  
 12 A. We did.  
 13 Q. -- in any way?  
 14 A. We did. Once the ambulance crew arrived, in order to  
 15 get an airway, we moved his head and I moved his legs to  
 16 make him more flat on his back, and took his rucksack  
 17 off so he could lie flat on the floor so that you can  
 18 get proper access to the airway.  
 19 Q. So that was after the paramedics arrived, but before  
 20 they arrived you yourself didn't move him in any way?  
 21 A. I didn't move him at all, no.  
 22 Q. So, for example, did you later tell the male paramedic  
 23 that you yourself had put him into the recovery  
 24 position?  
 25 A. No.

47

1 Q. You hadn't moved him before they arrived --  
 2 A. No, I hadn't touched -- no, I touched his hand for  
 3 a pulse and that was it.  
 4 Q. You've told us some of the details, and I'm grateful for  
 5 that, and what happened when the paramedics arrived, and  
 6 the treatment that was begun, and your assistance.  
 7 I want your help, please, with the heart monitor.  
 8 I think you said that the female crew member set up and  
 9 attached the pads to Kurt's chest; is that correct?  
 10 A. She did.  
 11 Q. You were helping with the bag and the intubation to try  
 12 and assist with his breathing?  
 13 A. The ambulanceman actually put the breathe mask on or the  
 14 intubator and just handed me the bag to press, so  
 15 I didn't actually put any access into the gentleman's  
 16 throat.  
 17 Q. So he intubated, you assisted, and together you were  
 18 working on his --  
 19 A. Absolutely, yes.  
 20 Q. -- breathing in the way that you have described? Next  
 21 the young, I think, male doctor arrived, I think a  
 22 Dr Vandermolen, is that correct, from St Thomas?  
 23 A. I didn't know his name at the time.  
 24 Q. You later found out that he was a colleague from  
 25 St Thomas, Dr Vandermolen, is that right?

48

1 A. I knew he was working at St Thomas', yet.  
 2 Q. And as for the heart monitor and his heart rate, even  
 3 though you had felt no pulse, there was heart  
 4 activity --  
 5 A. Correct.  
 6 Q. -- detected and being monitored by the pads; is that  
 7 correct?  
 8 A. Absolutely.  
 9 Q. And so the paramedic was aware of this, the doctor was  
 10 aware of this. You were all, no doubt, discussing what  
 11 the position was with his heart activity?  
 12 A. Well, we just carried on working.  
 13 Q. Were you all working together as a team, essentially?  
 14 A. Yes. Yes, but the ambulancemen and the doctor certainly  
 15 led discussion and any decision.  
 16 Q. Yes, yes, and can I make it plain: this isn't your  
 17 speciality, is it?  
 18 A. It's not, no.  
 19 Q. You are a dermatological nurse; have I got that right?  
 20 A. Correct.  
 21 Q. Although, as I've said, your assistance is greatly  
 22 appreciated.  
 23 I think there came a time when the doctor said in  
 24 his opinion he thought Kurt had died, or was dead; is  
 25 that right?

49

1 A. That is correct.  
 2 Q. And there was discussion as to what to do, and at that  
 3 point you say in your statement that his heart rate  
 4 picked up?  
 5 A. I think they -- the point I think -- it was  
 6 unsustainable, so there was still a heartbeat there but  
 7 we know it's going to stop at some point, and that's  
 8 when it picked up again, I think. But we didn't stop  
 9 treating, I don't think, at any point.  
 10 Q. We know you've said in your statement you continued with  
 11 the, what you describe as CPR breathing, is that the air  
 12 bag?  
 13 A. Yes.  
 14 Q. And the efforts to assist him in that way. And it might  
 15 be obvious but the reason you were continuing was  
 16 presumably because there was still the possibility and  
 17 the hope that he might be sustained to allow for further  
 18 intervention to continue?  
 19 A. Absolutely.  
 20 Q. And while he was still --  
 21 A. You are carrying on going until there is no point.  
 22 Q. Absolutely. If there is still a hope or a possibility  
 23 you will, of course, continue your efforts?  
 24 A. Correct.  
 25 Q. No chest compressions were carried out, however, at that

50

1 stage?  
 2 A. No.  
 3 Q. Is that right?  
 4 A. That's correct.  
 5 Q. Was that something that was discussed or considered as  
 6 a possibility?  
 7 A. It wasn't discussed. I think we were so busy struggling  
 8 with the airway, that's always your first priority: get  
 9 the airway going so you can get oxygen into the blood,  
 10 and then you worry about the heart to get the blood  
 11 around the body. If you can't get oxygen into the  
 12 blood, there's no point worrying about the heart to get  
 13 the oxygen round if you can't get the oxygen into the  
 14 body in the first place.  
 15 Q. And you've described how the opinion was expressed,  
 16 I think by the paramedic, that the heart rhythm that was  
 17 being detected wasn't sustainable?  
 18 A. That's correct.  
 19 Q. And how the line went flat.  
 20 At the time when the line went flat on the monitor,  
 21 at that stage was there any discussion by the doctor or  
 22 the paramedic as to trying chest compressions, or CPR?  
 23 A. No. No.  
 24 Q. If this is outside your area of expertise, please do say  
 25 so, but are you aware that the guidelines do indicate

51

1 that ordinarily if there is flatline or pulseless  
 2 electrical activity, that there should be efforts to use  
 3 chest compressions or CPR; is that something that you  
 4 are familiar with or not?  
 5 A. It's a little bit out of my realm of experience --  
 6 Q. Yes.  
 7 A. -- but I think with the neurological damage, pupil being  
 8 blown, you knew there was terrible brain damage.  
 9 Q. Yes, obviously there would be neurological damage which  
 10 may or may not be something that could be dealt with.  
 11 But so far as you are aware, there was no discussion  
 12 as to whether or not there should be the commencement of  
 13 chest compressions; that wasn't discussed?  
 14 A. No.  
 15 Q. Then I think the time came when the doctor went to help  
 16 others and, indeed, the male paramedic removed the  
 17 equipment and, likewise, went to see if he could help  
 18 others?  
 19 A. Correct.  
 20 Q. And Kurt, I think, was covered with a blanket.  
 21 A. Yes, I did.  
 22 MR PATTERSON: Yes, Ms Henshaw, that's all I ask. Thank  
 23 you, again, for what you did that afternoon.  
 24 MR ADAMSON: I appear for Melissa Cochran, I don't have any  
 25 questions. I just want to thank you for your efforts.

52

1 Thank you very much on her behalf.  
 2 Examination by MR HILL  
 3 MR HILL: I appear for the London Ambulance Service. Just  
 4 one question from me. In your witness statement, at the  
 5 end of your statement you said:  
 6 "I just know that we did our best and all that we  
 7 could."  
 8 Does that remain your view?  
 9 A. It certainly does. I think we did everything we could  
 10 with what we had, where we were, in the situation.  
 11 Q. And who do you mean by "we"?  
 12 A. The three people that were there administering to him.  
 13 I certainly felt that about myself, anyway.  
 14 MR HILL: Thank you.  
 15 MR HOUGH: No further questions from me. Thank you very  
 16 much for giving evidence and what you did.  
 17 A. Thank you.  
 18 THE CHIEF CORONER: Can I just echo the thoughts that have  
 19 been said. You said right at the beginning of what  
 20 happened that you really had two options: one to go back  
 21 to your office, or one to go and see what you could do,  
 22 and can I simply echo that you made the right choice.  
 23 You did everything that you could do in the  
 24 circumstances that faced you, and it was certainly the  
 25 right thing to have done to give whatever comfort,

53

1 assistance and help you can give, even outside your own  
 2 area of specialism. So thank you.  
 3 A. I'm really sorry we couldn't do any more.  
 4 MR HOUGH: Sir, would that be a convenient moment for our  
 5 mid-morning break?  
 6 THE CHIEF CORONER: It certainly would. Looking at the  
 7 clock behind you, Mr Hough, it's 11.35, so we'll take  
 8 a 15-minute break there and aim to sit again at 11.50.  
 9 (11.33 am)  
 10 (A short break)  
 11 (11.53 am)  
 12 MR HOUGH: Sir, the next witness is James Richards. Perhaps  
 13 he could be brought to the witness box.  
 14 THE CHIEF CORONER: Thank you.  
 15 MR JAMES ROBERT RICHARDS (Affirmed)  
 16 Examination by MR HOUGH  
 17 MR HOUGH: Would you give your full name to the court,  
 18 please?  
 19 A. James Robert Richards.  
 20 Q. Mr Richards, you understand I'm asking questions on  
 21 behalf of the Coroner and then you may be asked  
 22 questions by other lawyers?  
 23 A. Yes.  
 24 Q. You're here, you know, to give evidence about attending  
 25 the scene of the Westminster Terror Attack on 22 March

54

1 last year?  
 2 A. Yes.  
 3 Q. Try to keep your voice up --  
 4 A. I apologise.  
 5 Q. -- insofar as you can. You made witness statements to  
 6 the police on 16 May last year, and another to the  
 7 London Ambulance Service in September last year.  
 8 I think you have had access to those statements?  
 9 A. That's correct.  
 10 Q. You can refer to them if you wish.  
 11 When did you commence service as a paramedic?  
 12 A. That would be September of 2016, I believe.  
 13 Q. On 22 March 2017, were you on duty as an officer of the  
 14 London Ambulance Service and a paramedic?  
 15 A. Yes, as a paramedic.  
 16 Q. Were you on that day in a double-crewed ambulance?  
 17 A. Yes, correct.  
 18 Q. And who was your colleague in that ambulance?  
 19 A. Kimberley Bridge.  
 20 Q. Where were you in your ambulance when you were called to  
 21 an incident that day?  
 22 A. We were stationed on the exit ramp of  
 23 St Thomas' Hospital.  
 24 Q. Why were you there?  
 25 A. We had just finished dropping a patient to the hospital

55

1 and were greening-up to take another job.  
 2 Q. So preparing your ambulance for the next call?  
 3 A. That's correct, yes.  
 4 Q. Did you receive a call?  
 5 A. Yes.  
 6 Q. What was said and how was the call graded?  
 7 A. Initially the call came to us as a Red 1 priority, which  
 8 was the highest priority, and simply presented it as  
 9 mask coordinates, which is an approximate location of  
 10 the incident. It didn't have any further details at  
 11 that point, but as we proceeded to the job, more details  
 12 updated.  
 13 Q. Was that unusual just to get the coordinates of the  
 14 location, no more information?  
 15 A. At the time it was my first instance coming across that.  
 16 Q. How did you respond to the call?  
 17 A. So we responded on blue lights proceeding to the  
 18 approximate location, which updated to  
 19 Westminster Bridge.  
 20 Q. As you were leaving the hospital, were you approached by  
 21 a member of the public?  
 22 A. That's correct, yes.  
 23 Q. What did that person say?  
 24 A. The member of the public said words to the effect of she  
 25 believed that a terrorist attack had occurred.

56

1 Q. So from there you drove to the scene on blue lights, so  
2 at speed?  
3 A. Yes, correct.  
4 Q. And as you approached, did you see other emergency  
5 services, and specifically other London Ambulance  
6 Service personnel on scene?  
7 A. No, not at that point.  
8 Q. Did you say anything to your crewmate about that?  
9 A. My crewmate initially said to me that it could be  
10 a legitimate terrorist attack, and I replied that it may  
11 well be, or words to that effect.  
12 Q. Now, your call sign that day, I think, was P302?  
13 A. That's correct, yes.  
14 Q. And according to the Computer Aided Dispatch records --  
15 I don't bring them up, but for the lawyers the reference  
16 is {DC5073/3}, you arrived on the scene at 14.43, 2.43,  
17 that day, just a few minutes after the attack?  
18 A. I haven't seen those records, so I can't confirm.  
19 Q. Now, can we put the main plan, or put a plan, rather, on  
20 the screen {DC7960/57}. Did you approach the bridge  
21 from the east side, from the St Thomas' Hospital side?  
22 A. Yes, that's correct.  
23 Q. Where did you stop your vehicle?  
24 A. I believe -- sorry, I have a different image to this  
25 one.

57

1 Q. I can bring up the plan you marked, or the photograph  
2 you -- I can bring up either the plan or the photograph  
3 you marked if you wish?  
4 A. Yes, please.  
5 Q. You marked a photograph at {WS1275/6}. Does this help  
6 you to identify where you parked your vehicle?  
7 A. Yes, it would be marked B there.  
8 Q. So just at the start of the bridge, beyond the  
9 embankment from your direction?  
10 A. Yes, correct.  
11 Q. We'll leave that on screen for the moment.  
12 Did your crewmate give a situation report at that  
13 point?  
14 A. Yes. That was the first thing that she did.  
15 Q. What did you see and what did she report?  
16 A. So initially we saw several abandoned vehicles, many  
17 people moving in different directions, clusters of  
18 individuals around clearly injured people, and a general  
19 scene of chaos, if I'm honest. This is what Kimberley  
20 relayed.  
21 Q. Where did you go?  
22 A. I exited the vehicle and went up to the side of the  
23 bridge along the pavement and began to assess the  
24 patients.  
25 Q. What casualties did you find there?

58

1 A. I can't remember specifics, I am afraid. I remember  
2 approaching several casualties checking that each was  
3 conscious and breathing, moving my way down towards  
4 St Thomas' direction.  
5 Q. So you went from group to group identifying that people  
6 were conscious and breathing?  
7 A. Correct.  
8 Q. And as you did so, were you approached and told about  
9 somebody with a more serious condition?  
10 A. Yes. I was informed that someone had gone over the edge  
11 of the bridge onto the embankment below.  
12 Q. Who told you that?  
13 A. A member of the public. I am afraid I don't remember  
14 any details.  
15 Q. Did you go to investigate?  
16 A. I did, yes. I went to the edge of the bridge and looked  
17 over.  
18 Q. What could you see down below?  
19 A. I saw my patient, Mr Cochran, in a splayed out position  
20 with a couple of people around him.  
21 Q. Now, I'm going, once again, to show a photograph which  
22 is graphic and may be distressing for some  
23 {DC5195.2/20}.  
24 Now, that's a photograph, we know, taken of  
25 Mr Cochran after he had fallen. How does that accord

59

1 with your recollection of what you saw looking over the  
2 balustrade that day?  
3 A. Yes, that is the same.  
4 Q. Could we take that down now, please.  
5 What did you and your crewmate decide to do with  
6 regard to providing care to him?  
7 A. So I immediately told Kimberley to get the Lifepak,  
8 which is a monitor, defibrillator device, and  
9 I continued with my paramedic bag and the oxygen barrel  
10 bag down to the patient where I began my assessment.  
11 Q. So you went down first with the paramedic bag and the  
12 oxygen barrel bag.  
13 A. Correct.  
14 Q. And you were asking your colleague to bring the Lifepak  
15 with the defibrillator and, I think, other resuscitation  
16 equipment?  
17 A. Yes.  
18 Q. As you reached the bottom of the steps and found Kurt  
19 there, what was your immediate impression of his  
20 condition?  
21 A. My immediate impression was that he was critically  
22 injured. He was clearly unconscious and he was  
23 presenting with agonal breathing.  
24 Q. What specific injuries did you identify?  
25 A. I identified that he had a deforming leg injury and he

60



1 was showing signs of a profound head injury.  
 2 Q. What were the signs that the head injury was profound or  
 3 severe?  
 4 A. So he had a blown right pupil, approximately 7 mm.  
 5 Q. So that's severely dilated?  
 6 A. Yes, severely dilated, and his neurological state was of  
 7 unconscious. There was blood presenting around the  
 8 patient and in the patient's airway.  
 9 Q. You referred to his breathing being "agonal"?  
 10 A. Mm.  
 11 Q. Can you describe and explain that?  
 12 A. So agonal breathing is a very slow, irregular rate of  
 13 inhalation and exhalation. In this instance it was  
 14 particularly rasping and --  
 15 Q. Did you measure the number of respirations per minute?  
 16 A. It was approximately one breath every 10 seconds, so six  
 17 per minute.  
 18 Q. Did you take his pulse?  
 19 A. Yes, at that point I felt his pulse was fast and very  
 20 thready, approximately over 120 beats per minute.  
 21 Q. What pulse point did you take?  
 22 A. Carotid.  
 23 Q. What assessment did you make following the triage  
 24 procedures of the London Ambulance Service?  
 25 A. Sorry, can you repeat that question?

61

1 Q. The London Ambulance Service has specific triage  
 2 procedures, procedures for assessment of those requiring  
 3 the greatest -- those with the greatest need and so on.  
 4 What did you assess his condition according to those  
 5 procedures?  
 6 A. Initially he had a respiratory output and had a palpable  
 7 pulse, so my next step was to ascertain the state of his  
 8 airway and ensure patency.  
 9 Q. What did you do for that purpose, then?  
 10 A. So I opened his mouth, examined, found blood. Attempted  
 11 to manage with an oropharyngeal airway, a basic airway,  
 12 and also provided oxygen via a bag valve mask, whilst I  
 13 believe my crewmate at that point -- I'll just refer to  
 14 my statement for a moment.  
 15 Q. It's towards the bottom of page 2 if that helps, of your  
 16 police statement.  
 17 A. Yes, it was shortly thereafter I asked Kimberley to get  
 18 the automatic suction device, just after her attaching  
 19 the defibrillator pads in preparation and to allow  
 20 further monitoring.  
 21 Q. So you describe having using an oropharyngeal airway,  
 22 that is a plastic device which helps keep the airway  
 23 open and allow oxygen to be introduced?  
 24 A. Correct, yes.  
 25 Q. And meanwhile, Kimberley was attaching the defibrillator

62

1 pads?  
 2 A. Correct.  
 3 Q. Did the defibrillator register a particular heart rate  
 4 at that point?  
 5 A. Yes, the defibrillator did display, I believe it was  
 6 approximately 140 beats per minute, according to my  
 7 statement, and that was displayed on the screen.  
 8 Q. Did you give any further instructions to Kimberley at  
 9 that stage?  
 10 A. So I believe that was the point where I instructed  
 11 Kimberley to get the automatic suction mask, suction  
 12 unit.  
 13 Q. What's the purpose of the automatic suction unit?  
 14 A. It allows us to suction fluid and debris from an airway  
 15 for the sake of patency and further interventions.  
 16 Q. So you had sent her to get the automatic suction device.  
 17 Did, at this point, you receive any further assistance?  
 18 A. Yes. A male arrived whilst treating the patient,  
 19 identifying himself as an A&E doctor from St Thomas'.  
 20 Q. What did he try to do as soon as he got on the scene?  
 21 A. So I provided a very brief handover of the patient's  
 22 condition and the doctor attempted to gain intravenous  
 23 access.  
 24 Q. So that's trying to put an intravenous line in for the  
 25 purpose of introducing medication?

63

1 A. That's correct.  
 2 Q. And fluids. Did your colleague return with the suction  
 3 device?  
 4 A. She did, yes.  
 5 Q. Was it used?  
 6 A. Yes.  
 7 Q. The purpose, as you've said, was to suction fluids and  
 8 thereby clear the airway?  
 9 A. Correct.  
 10 Q. Having done that, what was your next step?  
 11 A. At that point, the airway was still insufficient with  
 12 the oropharyngeal device, so I proceeded to the next  
 13 airway, which is an I GEL advanced airway, which is  
 14 a supraglottic airway.  
 15 Q. That's a more advanced form of airway for use when the  
 16 oropharyngeal airway has not been successful?  
 17 A. Correct.  
 18 Q. Just to be clear, you were focused on clearing the  
 19 airway at this stage. Why was the airway -- why is the  
 20 airway a priority, according to your training?  
 21 A. Sorry, I need to think of the phrasing. (Pause).  
 22 In a formulaic approach to medical emergencies after  
 23 ascertaining a patient's level of response, the first  
 24 and foremost priority is to ascertain and maintain  
 25 an airway.

64

1 Q. Are you familiar with the acronym, ABC, airway,  
2 breathing, circulation?  
3 A. Yes.  
4 Q. So airway first priority, then to establish breathing,  
5 and then circulation?  
6 A. Correct.  
7 Q. The doctor, you say, had been attempting to gain  
8 intravenous access for medication. Was he successful?  
9 A. He was not, no.  
10 Q. Did he decide then to attempt another procedure?  
11 A. Yes. He attempted external jugular vein-puncture.  
12 Q. Can you explain what that would be?  
13 A. It is essentially the same process as attempting to gain  
14 intravenous access as you would in a more common  
15 location, like the arm, but in the jugular vein of the  
16 neck.  
17 Q. Did he carry through that procedure or was it  
18 interrupted?  
19 A. I believe he carried it through, however, it was  
20 unsuccessful.  
21 Q. Did you get some further instructions to your colleague  
22 at that stage?  
23 A. Yes. At that point I told Kimberley to find an EZ-IO  
24 device.  
25 Q. What's one of those?

65

1 A. It is an intraosseous drill which we use to insert  
2 a cannula into a patient's bones so that we may provide  
3 drugs and fluids via that route instead.  
4 Q. And that is presumably for use when attempting to gain  
5 an intravenous line has failed?  
6 A. Correct.  
7 Q. Did anything happen before she was able to return with  
8 that device?  
9 A. Yes, before Kimberley returned, the patient's pulse rate  
10 dropped very rapidly into an absolutely bradycardic  
11 rhythm and then into asystole.  
12 Q. Just to explain those terms, bradycardia is a slow heart  
13 rate?  
14 A. Correct.  
15 Q. And asystole is a heart rate lacking any rhythm.  
16 A. Lacking any rhythm. Traditionally a flat line.  
17 Q. A flat line when seen on a monitor?  
18 A. Correct.  
19 Q. What was the doctor's reaction to that state of affairs?  
20 A. To that state of affairs the doctor stated that the  
21 patient had died at that point.  
22 Q. What did you and your colleague do after that?  
23 A. So at that point there was a very brief period of time  
24 where an LAS ranked personnel on scene, I didn't know  
25 him personally, leaned over the bridge and asked me for

66

1 the status of my patient. I informed him that my  
2 patient had died and he instructed me to move on and  
3 find and treat other patients.  
4 Q. Did you follow those instructions?  
5 A. I did, yes.  
6 Q. What was the time?  
7 A. The time was 3 o'clock.  
8 Q. How do you know that?  
9 A. The chimes of Big Ben could be heard very clearly.  
10 Q. Did you or Kimberley or the doctor discuss or suggest  
11 attempting CPR?  
12 A. No explicit discussion of CPR was attempted, however,  
13 a very brief discussion was held where words to the  
14 effect of -- I am afraid I can't remember well enough to  
15 give a reliable statement, but a very brief discussion  
16 was had over the patient's treatment.  
17 Q. As best you can recall, and we appreciate it is some  
18 time ago and you attend to many emergencies, but as best  
19 you can recall, what was the nature of that discussion?  
20 A. I briefly recall once the patient's heart had stopped  
21 and he was asystolic, the doctor said words to the  
22 effect of "This patient has died". I believe he said  
23 words to the effect of "Are we in agreement?" to which  
24 I replied "Yes". Kimberley was not present at that  
25 point.

67

1 Q. You describe in your statement at that stage after that  
2 discussion terminating further treatment?  
3 A. Correct.  
4 Q. Was that an approach which you regarded as consistent  
5 with your training?  
6 A. Yes, I believe so.  
7 Q. Were you aware of any specific guidance or instruction  
8 to attempt CPR in those circumstances?  
9 A. Under our major incident protocol, any patient who is  
10 apnoeic, without any spontaneous breathing, and who has  
11 got a patent airway, which at that point my patient did,  
12 that patient is to be considered dead so that we can  
13 move on and help other patients.  
14 Q. Now, that's a procedure for situations graded as major  
15 incidents.  
16 A. Correct.  
17 Q. To your knowledge, had this situation been declared  
18 a major incident by that time?  
19 A. Yes. In fact during Kimberley's initial contact with  
20 control, one of the keywords which she stated was "major  
21 incident".  
22 Q. And that's a phrase which is a term of art, or  
23 a specific term within your profession, isn't it?  
24 A. Sorry ...  
25 Q. "Major incident" has a specific meaning?

68

1 A. Generally.  
 2 Q. And it requires a specific declaration to have been made  
 3 before people start discussing something as a major  
 4 incident?  
 5 A. I believe so.  
 6 Q. Now, you had received your instructions to go on to  
 7 treat others. Did you go and do so?  
 8 A. I did, yes.  
 9 Q. Where did you go in order to assist other casualties?  
 10 A. I made my way across Westminster Bridge toward the  
 11 Houses of Parliament, assisting several crews along the  
 12 way with minor things, whilst dealing with their  
 13 patients, until I found some patients that were at the  
 14 time unattended.  
 15 Q. And I think you assisted, specifically, a patient in the  
 16 area of Parliament Square?  
 17 A. That's correct.  
 18 MR HOUGH: Thank you very much, Mr Richards. Those are my  
 19 questions.  
 20 Examination by MR PATTERSON  
 21 MR PATTERSON: Mr Richards, I ask questions on behalf of the  
 22 sister of Kurt Cochran.  
 23 With him, when you got to him, was the last witness  
 24 from whom we heard today, Tanya Henshaw, and we saw her  
 25 in that photograph that you confirmed described the

69

1 scene as you looked over from up above. Did she tell  
 2 you that she had moved Kurt into the recovery position  
 3 before you arrived?  
 4 A. Yes, she did.  
 5 Q. And I'm looking at your statement which you made to the  
 6 police in May, so within just weeks of the incident, you  
 7 said that:  
 8 "A female made herself known to me ..."  
 9 This is the middle of page 2 of your statement.  
 10 "... she was standing next to the patient ... [she]  
 11 informed me that she was a determine technology nurse  
 12 and she had put the patient [into] the recovery  
 13 position."  
 14 Do you see that in your statement?  
 15 A. Yes.  
 16 Q. So that's correct, is it, that's what she told you she  
 17 had done before your arrival?  
 18 A. I believe so.  
 19 Q. So the position that you found him in when you first saw  
 20 him was the position we saw in that photograph where he  
 21 was essentially on his left with his left cheek down  
 22 against the pavement?  
 23 A. Yes, essentially.  
 24 Q. Which might be described as a sort of recovery position;  
 25 is that right?

70

1 A. Yes. That is the recovery position.  
 2 Q. And I think you rolled him over on to his back, having  
 3 removed the backpack, in order to assist your treatment;  
 4 is that correct?  
 5 A. That's correct, yes.  
 6 Q. And you've described the injuries and some of the  
 7 details that you recorded.  
 8 In relation to his pulse, what was the significance  
 9 of it being a rapid pulse of more than 120 per minute?  
 10 A. A rapid pulse rate in a patient who has suffered with  
 11 traumatic injuries can be indicative of quite a lot of  
 12 different things, but in his case I considered it  
 13 a pre-terminal sign.  
 14 Q. Yes. So tachycardia, is that the medical term that was  
 15 used?  
 16 A. Yes, tachycardia.  
 17 Q. So although there was difficulty with breathing, there  
 18 was breathing, yes?  
 19 A. Yes, correct.  
 20 Q. There was electrical activity from the heart, as  
 21 detected by the pulse rate; yes?  
 22 A. Correct, yes.  
 23 Q. Once the defibrillator pads were used by your colleague,  
 24 Kim, and the monitor was used, and the heart rate was  
 25 140 beats per minute; is that correct?

71

1 A. Correct, yes.  
 2 Q. And so although you have that approach of A, B, C, which  
 3 emphasises the importance of airway, it is important to  
 4 attach the electrical monitor at an early stage to see  
 5 what's happening with the heart, isn't it?  
 6 A. Yes. Whilst I was concerning myself with the airway,  
 7 the A step, Kimberley was free to attach the monitor  
 8 which gave us a more holistic view of the patient's  
 9 condition.  
 10 Q. Yes. So the heart reading isn't irrelevant?  
 11 A. No.  
 12 Q. And the beating of the heart and the electrical activity  
 13 is important in assessing his condition, isn't it?  
 14 A. Yes.  
 15 Q. Next in the chronology you describe the arrival of the  
 16 A&E doctor and his efforts to get an intravenous line  
 17 into Kurt; yes?  
 18 A. Yes, correct.  
 19 Q. And then you described that there came a time when the  
 20 pulse rate dropped?  
 21 A. Yes, significantly.  
 22 Q. Which was a significant drop. But wasn't there a time  
 23 when the heart rate then suddenly picked up again?  
 24 A. I don't remember explicitly, I'm afraid.  
 25 Q. You see, it's not something that you mention in either

72

1 of your statements; yes?  
 2 A. It's not mentioned in my statements, no.  
 3 Q. But just casting your mind back, we've heard from the  
 4 nurse already this morning, wasn't there a time when  
 5 there was a sudden increase in his heart rate again?  
 6 A. I don't remember, I am afraid.  
 7 Q. I appreciate this is nearly 18 months ago now.  
 8 Then there came a time when it dropped and it got to  
 9 the stage of being categorised as asystole, or the flat  
 10 line reading on the monitor that you have told us about.  
 11 A. Correct.  
 12 Q. Just help us with what was going on. We know that no  
 13 chest compressions were carried out. Ordinarily, what  
 14 is the purpose of chest compressions? What might they  
 15 assist the patient with?  
 16 A. Ordinarily a chest -- well, chest compressions are  
 17 carried out to fulfil the role of the heart which is no  
 18 longer beating, to spread blood around the body.  
 19 Q. Yes. And what can they -- obviously every patient is  
 20 different and all injuries are variable, but what can be  
 21 achieved by chest compressions or CPR in relation to  
 22 heart activity and keeping a patient alive until they  
 23 can get further treatment?  
 24 A. Chest compressions, aiding keeping a patient's brain  
 25 perfused, keeping the brain alive until a reversible

73

1 cause of cardiac arrest can be addressed.  
 2 Q. And where you have neurological injuries, as clearly you  
 3 did here given the head injury, which we know was  
 4 a significant injury, it can buy time, can it not, for  
 5 more detailed specialist treatment to be given to  
 6 address the problems; yes?  
 7 A. In theory, yes.  
 8 Q. And so was there any discussion of chest compressions?  
 9 Of actually starting chest compressions one way or the  
 10 other?  
 11 A. I don't remember well enough to give you an informed  
 12 answer, I'm afraid.  
 13 Q. You see, nowhere in either of your statements do you  
 14 make any mention of even a discussion about whether it  
 15 would be appropriate to try that; is that because it  
 16 wasn't at any stage discussed or even considered?  
 17 A. Unfortunately in a major incident scenario, as I've  
 18 previously stated, any patient who lacks a respiratory  
 19 output -- which he, at that time, did not -- and has  
 20 a clear patent airway, would be considered dead by  
 21 an ambulance service protocol.  
 22 Q. If it hadn't been a major incident situation, would  
 23 chest compressions have been commenced?  
 24 A. Yes, if it wasn't a major incident situation then chest  
 25 compressions would have been performed.

74

1 Q. Right, so I can take you to the resuscitation  
 2 guidelines, but I think you agree that ordinarily --  
 3 forget major incidents, ordinarily -- yes, chest  
 4 compressions would be carried out, and sometimes also  
 5 adrenaline would be used to address this sort of  
 6 situation?  
 7 A. So in a situation of an isolated single patient with  
 8 these types of injuries, chest compressions would be  
 9 carried out.  
 10 Q. Yes.  
 11 A. Adrenaline would not be administered in a traumatic  
 12 cardiac arrest.  
 13 Q. Yes, but at least chest compressions would have been  
 14 ordinarily used. So if that's what you would ordinarily  
 15 have done if this was a single victim of an incident,  
 16 but on this occasion you decided not to, does that mean  
 17 that there was thought processes going through your mind  
 18 along those lines: ordinarily I would do this, but given  
 19 the situation today I won't?  
 20 A. It's been too long for me to comment on my exact thought  
 21 processes, I'm afraid, but I was thinking very clearly  
 22 along the lines of major incident.  
 23 Q. Yes. You said that you were told as you, I think, were  
 24 travelling to the scene that a major incident had been  
 25 declared and that this was radioed to you on the way; is

75

1 that correct?  
 2 A. I don't believe it was radioed to me anywhere that  
 3 a major incident had been declared. We did have  
 4 a member of the public tell us that she believed there  
 5 had been a terrorist attack.  
 6 Q. Yes.  
 7 A. But no formal declaration of a major incident, I don't  
 8 believe.  
 9 Q. Ah, right, okay. So you weren't formally told by  
 10 a member of the London Ambulance Service before you  
 11 began treatment that there had been a major incident  
 12 declared and therefore different procedures kicked in?  
 13 A. It was evidently a major incident with the number of  
 14 casualties and the high mechanism of injury that they  
 15 had suffered.  
 16 Q. Yes, so was this a decision that you made from what you  
 17 learnt at the scene?  
 18 A. Yes, initially.  
 19 Q. Yes. And can I make it plain, I make no criticism of  
 20 you personally, you were put into a terribly difficult  
 21 situation, but just help the public perhaps to  
 22 understand: are paramedics given the discretion as  
 23 individuals to decide that a major incident has kicked  
 24 in and therefore special procedures would begin, such  
 25 as, for example, we'll not try any CPR?

76

1 A. Yes, if we believe there's that many casualties on the  
 2 scene, if we believe that the mechanism is forceful  
 3 enough, yes.  
 4 Q. Yes. Is it difficult to know when you travel to,  
 5 perhaps the scene of a fight on a Saturday night, if  
 6 there's perhaps more than one victim is it difficult to  
 7 know when major incident procedures kick in and when  
 8 they don't?  
 9 A. Obviously these are quite rare occurrences so I can't  
 10 honestly speak from any personal place apart from this  
 11 incident.  
 12 Q. Yes. But you see the point I'm driving at: that it's  
 13 a significant change from the normal procedure, and it's  
 14 left to the individual paramedic to decide when, for  
 15 example, not to do something that they would ordinarily  
 16 do to try to save lives?  
 17 A. Well, it is a very heavy responsibility and it is  
 18 a choice that no one takes lightly.  
 19 Q. Of course. Would it perhaps assist people in your  
 20 position to have perhaps greater guidance as to when you  
 21 should make that very important decision?  
 22 A. I believe that there's always more room for further  
 23 guidance and training in every element of pre-hospital  
 24 care, of course. But the very nature of a major  
 25 incident I don't think is easily classified, as

77

1 evidenced by Westminster being a very stratified scene  
 2 with patients going along a large stretch as opposed to  
 3 other major incidents, such as Grenfell, which is  
 4 an entirely different formula to it.  
 5 Q. Yes. One or two final points, if I may. Did you see  
 6 a HEMS helicopter flying over the bridge that afternoon?  
 7 A. I was aware of the helicopter.  
 8 Q. Yes. HEMS, the London Ambulance Service, it provides  
 9 an excellent service, does it not, in getting assistance  
 10 to the scene quickly with specialist treatment; that's  
 11 right, isn't it?  
 12 A. Yes.  
 13 Q. So for someone in your position, a paramedic, suddenly  
 14 you can have the assistance there at the roadside, for  
 15 example, of specialist doctors and consultants who can  
 16 carry out major operations at the scene; yes?  
 17 A. Correct, yes.  
 18 Q. At any stage did you see any HEMS doctors assisting on  
 19 the bridge when you were on the bridge dealing with the  
 20 patients?  
 21 A. I can't recall completely, but I don't believe I had any  
 22 interaction with HEMS at any point.  
 23 Q. Yes. And certainly you haven't described anyone coming  
 24 and assisting with what you were trying to do in  
 25 relation to Kurt Cochran?

78

1 A. No.  
 2 Q. Different topic, please, Mr Richards: your radios. How  
 3 did your radios work that day? Were there any  
 4 difficulties in communication?  
 5 A. I am afraid I don't remember specifics personally.  
 6 I was utilising my crew mate, Kimberley, in the  
 7 communications role. She was the one who made initial  
 8 contact with our control room via our radio. I don't  
 9 believe there were any problems there.  
 10 Q. Yes. We've seen some documents that have been provided  
 11 that suggest that in debriefings after the event,  
 12 members of the London Ambulance Service were complaining  
 13 about problems with communicating with each other with  
 14 their radios, perhaps because of the excessive need to  
 15 use radios on the day. But you yourself didn't learn of  
 16 any problems of that type?  
 17 A. I was present in those debriefs but it's not for me to  
 18 comment on.  
 19 Q. Yes. So you heard others making those sorts of  
 20 comments; is that correct?  
 21 A. That's correct.  
 22 Q. Colleagues, but you yourself had no problems?  
 23 A. No, not personally.  
 24 MR PATTERSON: Yes, Mr Richards, thank you very much for  
 25 your help.

79

1 Examination by MR ADAMSON  
 2 MR ADAMSON: Mr Richards, I ask questions on behalf of  
 3 Melissa Cochran, and I've only got one question --  
 4 you've been asked a lot of questions by Mr Patterson --  
 5 simply this: did you do your best in the circumstances?  
 6 A. Yes.  
 7 MR ADAMSON: Thank you.  
 8 Examination by MR HILL  
 9 MR HILL: Mr Richards, as you know, I ask questions on  
 10 behalf of the London Ambulance Service. Briefly, when  
 11 you first got to Kurt, your initial triage showed that  
 12 he was breathing, just?  
 13 A. Correct.  
 14 Q. And that he did have a heart rate, but an irregular  
 15 heart rate at that time?  
 16 A. Correct.  
 17 Q. We heard from Mr Hough, the time of your arrival was at  
 18 or around 2.43, and we heard from your evidence that you  
 19 ceased treatment of Kurt at around about 3 o'clock, some  
 20 17 minutes later?  
 21 A. Correct.  
 22 Q. You weren't with Kurt for all of that 17 minutes, but  
 23 did you get to him quite quickly after you left your  
 24 ambulance?  
 25 A. I'm afraid I don't remember how quickly as I did see

80

1 several patients beforehand, but I believe it was quite  
 2 timely.  
 3 Q. During your time treating Kurt, you had in mind the  
 4 ABC — airway, breathing, circulation — mnemonic that  
 5 Mr Hough raised?  
 6 A. Sorry, can you repeat the ...?  
 7 Q. You had in mind the ABC mnemonic that Mr Hough raised  
 8 with you?  
 9 A. Yes.  
 10 Q. And is it right that in your time treating Kurt, sadly  
 11 he deteriorated at the end of that period?  
 12 A. Yes, correct.  
 13 Q. By the time the decision was made to cease treatment, at  
 14 around 3 o'clock, he did have an airway patent because  
 15 you had inserted one; is that right?  
 16 A. Correct.  
 17 Q. But he wasn't breathing spontaneously?  
 18 A. No, at that point he was not breathing spontaneously.  
 19 Q. And he had no circulation at that stage?  
 20 A. No.  
 21 Q. And, according to your training, in a major incident,  
 22 he was to be triaged as dead at that stage?  
 23 A. Correct.  
 24 Q. Now, when that decision was taken to cease the treatment  
 25 you weren't on your own, were you?

81

1 A. No, I was not.  
 2 Q. Tanya Henshaw was there, who we heard from earlier.  
 3 A. Correct.  
 4 Q. She didn't say "We should do chest compressions"?  
 5 A. No, she didn't.  
 6 Q. And a doctor from St Thomas' Hospital was there, wasn't  
 7 he?  
 8 A. Yes, correct.  
 9 Q. And that doctor would have had more medical training  
 10 than you?  
 11 A. Yes.  
 12 Q. You at that time had approximately six months of  
 13 experience as a paramedic?  
 14 A. Correct, yes.  
 15 Q. You discussed the situation with the doctor but it was  
 16 the doctor who first suggested that the patient had  
 17 died; is that right?  
 18 A. Correct, yes.  
 19 Q. Now, as I understand, it you didn't disagree with that  
 20 conclusion?  
 21 A. No, I did not.  
 22 Q. But it was initially the doctor's conclusion?  
 23 A. It was initially .  
 24 Q. The doctor didn't say "We should do chest compressions",  
 25 did he?

82

1 A. No.  
 2 Q. Now, you mentioned in your evidence that after you had  
 3 treated Kurt, you looked up at the bridge and you saw  
 4 a member of the London Ambulance Service standing there.  
 5 You describe him in your statement as "LAS ranked"; what  
 6 does that mean, please?  
 7 A. I recall him being a member of the LAS wearing a tabard  
 8 indicative of at least a bronze level command role on  
 9 scene.  
 10 Q. Why do people wear tabards indicative of a bronze  
 11 commander on the scene?  
 12 A. To identify them as being in charge.  
 13 Q. And when do they put such tabards on, which kind of  
 14 incidents?  
 15 A. Major incidents.  
 16 Q. You spoke with the LAS bronze commander; that's right,  
 17 isn't it?  
 18 A. Briefly, yes.  
 19 Q. And you told him that the doctor had confirmed that your  
 20 patient was dead?  
 21 A. Yes.  
 22 Q. And at that stage, what did the LAS commander say to  
 23 you?  
 24 A. To paraphrase, he told me to move on and to find other  
 25 patients to assist and for the doctor to remain with

83

1 Kurt Cochran.  
 2 Q. Did that order come as a surprise to you?  
 3 A. No, it did not.  
 4 Q. Why not?  
 5 A. I was aware of the situation that was unfolding around  
 6 us and I was aware of the necessity for me to move on  
 7 and treat other patients.  
 8 Q. And you did go on and treat other patients, didn't you?  
 9 A. Correct.  
 10 MR HILL: Thank you. Those are the questions that I have  
 11 for you.  
 12 Further examination by MR HOUGH  
 13 MR HOUGH: Just one short matter, Mr Richards, please, in  
 14 conclusion. According to our researches, the latest NHS  
 15 definition of a major incident is:  
 16 "Any occurrence that presents serious threat to the  
 17 health of the community, disruption to the service, or  
 18 causes or is likely to cause such numbers or types of  
 19 casualties as to require special arrangements to be  
 20 implemented by hospitals, ambulance trusts or primary  
 21 care organisations."  
 22 Does that accord with your understanding now and at  
 23 the time of what a major incident is?  
 24 A. Yes.  
 25 Q. I just raise it because it is distinct, I think, in that

84

1 definition from even a serious fight in a pub on  
 2 a Saturday night?  
 3 A. Yes, it is quite distinct.  
 4 Q. We don't need to go into them now, but are you aware  
 5 that your organisation, like many healthcare  
 6 organisations, has reasonably detailed procedures for  
 7 what happens when a major incident is detected or  
 8 declared?  
 9 A. Yes, I'm aware of that.  
 10 MR HOUGH: Thank you very much. Those are all my questions.  
 11 Sir, do you have any questions of the witness?  
 12 THE CHIEF CORONER: No, I don't. Thank you very much indeed  
 13 for coming. Thank you.  
 14 MR HOUGH: Sir, our next witness is DC Osland, who is  
 15 returning to present the video compilation concerning  
 16 Leslie Rhodes.  
 17 THE CHIEF CORONER: Thank you.  
 18 DC SIMON OSLAND (Recalled)  
 19 Examination by MR HOUGH  
 20 MR HOUGH: If that compilation could be made ready.  
 21 Mr Osland, you have already given the oath, and you  
 22 understand that you are still under oath?  
 23 A. Yes, I do, yes.  
 24 Q. You have already given the court your name and rank,  
 25 your background and your role in preparing individual

85

1 compilations of footage for the victims of the  
 2 Westminster Terror Attack?  
 3 A. Yes, that's correct.  
 4 Q. And I think we're now going to show a compilation, with  
 5 your assistance, that you prepared concerning  
 6 Leslie Rhodes?  
 7 A. Yes.  
 8 Q. I think it will open with a photograph of him.  
 9 (Video played in court)  
 10 Pause there, please. Now, to identify this footage,  
 11 are we now looking from an internal CCTV camera within  
 12 the route 12 bus looking towards the doors in the  
 13 mid-section of the bus?  
 14 A. Yes, we are, yes.  
 15 Q. And to remind us, that was the bus, or one of the buses,  
 16 travelling from the south bank towards the north bank  
 17 during the incident?  
 18 A. Yes.  
 19 Q. But it will be stationary during this clip?  
 20 A. Yes.  
 21 Q. The doors open, and I think through the doors we shall  
 22 see Leslie walking along the pavement from left to  
 23 right?  
 24 A. Yes.  
 25 Q. So from the direction of the south bank to the direction

86

1 of the north bank.  
 2 A. That's correct.  
 3 Q. And we can play on. We see him walk across there.  
 4 A. Yes.  
 5 Q. Then pause, please. This second clip, I believe, is  
 6 footage from an external CCTV camera on the nearside of  
 7 the same bus, looking back along the side of the bus?  
 8 A. Yes.  
 9 Q. Directed towards St Thomas' Hospital and the south bank?  
 10 A. Yes.  
 11 Q. And we'll see Leslie walking along the pavement towards  
 12 us as we view, and he will be circled in this clip?  
 13 A. That's correct, yes.  
 14 Q. Play on, please.  
 15 And pause there, please. This clip I think is  
 16 footage from an external CCTV camera on the front of the  
 17 same bus looking down the bridge towards the  
 18 Palace of Westminster, and if we look to the left of the  
 19 screen, we're just seeing Leslie coming into view  
 20 walking along the pavement?  
 21 A. Yes, that's correct.  
 22 Q. Play on, please. And we will see the bus pass him.  
 23 There's the souvenir stall. Pause here, please.  
 24 This is, as we begin to show it, the graphic  
 25 footage, so I give that warning. This is footage from

87

1 the camera on the outside of the Marriott County Hall  
 2 hotel on the south bank, looking across the bridge to  
 3 the pavement where Leslie was walking?  
 4 A. Yes, that's right.  
 5 Q. This is, I think, the key footage. We'll see the  
 6 Hyundai vehicle driven by Masood moving from the left of  
 7 the screen along the pavement, striking Leslie, and  
 8 we'll see him carried along by the vehicle into the  
 9 carriageway.  
 10 A. Yes.  
 11 Q. And I'll pause at the point of impact. So play on,  
 12 please. There's Leslie just in view.  
 13 Pause. So has Leslie been struck along with other  
 14 pedestrians in that part of the bridge?  
 15 A. Yes, that's just at the point of impact.  
 16 Q. And --  
 17 A. Sorry, my screen is slightly different to that. That  
 18 one, yes, he's been hit already in that shot.  
 19 Q. So just to be clear, the person in the air isn't Leslie;  
 20 he's out of view just behind the vehicle?  
 21 A. That's correct. That's someone else.  
 22 Q. And we'll play on in a moment and we'll pause again as  
 23 Leslie comes to rest in the carriageway after being  
 24 carried along by the vehicle. So play on, please.  
 25 Pause. Do we see Leslie very quickly deposited in

88

1 the carriageway after being carried along?  
 2 A. Yes, that's correct.  
 3 Q. And play on, please. We will see next an image.  
 4 Just pause there, please. This has been pixilated  
 5 for sensitivity, but does this show Leslie in the  
 6 carriageway receiving initial attention from  
 7 a paramedic?  
 8 A. Yes, it does, yes.  
 9 Q. And play on, please.  
 10 Pause, please. Do we see here an image from the  
 11 Mail Online showing Leslie at a later stage in the  
 12 medical attention with the same paramedic on the right  
 13 attending to him?  
 14 A. Yes.  
 15 Q. And then play on, please.  
 16 And pause. This is, I think, footage from  
 17 a dashboard camera on a private vehicle being driven  
 18 over the bridge from the north bank towards the south,  
 19 so with St Thomas' Hospital at the far side, and we'll  
 20 see Leslie on the far side of the road being treated,  
 21 but from some distance away.  
 22 A. That's correct, yes.  
 23 Q. Play on, please.  
 24 That's, I think, the end of the compilation.  
 25 A. Yes.

89

1 MR HOUGH: Thank you very much, Mr Osland. I don't imagine  
 2 others will have questions, but if they do, this is  
 3 their opportunity.  
 4 Examination by MR PATTERSON  
 5 MR PATTERSON: Mr Osland, on behalf of the family of  
 6 Leslie Rhodes, it's clear, isn't it, that Leslie was  
 7 walking in the opposite direction to the Cochrans?  
 8 A. Yes.  
 9 Q. He was going from the south side towards the north side  
 10 of the river?  
 11 A. Yes.  
 12 Q. And he was just a little further along the bridge from  
 13 them, and I think we were given a figure of 22 metres  
 14 yesterday by Mr Crossley in his evidence?  
 15 A. Yes.  
 16 Q. Does that sound about right?  
 17 A. That's correct, yes.  
 18 Q. And if we go to the third of the clips, please, the  
 19 Marriott Hotel footage, the car approached him from  
 20 behind, but there came a time very shortly before impact  
 21 when something caused him to turn round to face and to  
 22 see what was coming up behind him; yes?  
 23 A. Yes.  
 24 Q. So if we could please go to the third clip. And if we  
 25 pause it at the point when he turns around, just before

90

1 impact. Perhaps if we could bring it back a few frames.  
 2 If we pause it now, we saw that he just looked over his  
 3 right shoulder, just a split second before impact?  
 4 A. Yes.  
 5 Q. There were three people hit at around this time, weren't  
 6 there?  
 7 A. There were, yes.  
 8 Q. There was the first person, who appears to be a tall  
 9 member of the public to the left, closer towards the  
 10 wall; yes?  
 11 A. Yes.  
 12 Q. A young man who was hit and thrown upside down in the  
 13 air. Then Les appears to have been hit in a side-on  
 14 position. He was turned so that perhaps his right leg  
 15 was closest to the car at the point of impact?  
 16 A. Yes, it appears that he was struck by the front nearside  
 17 of the vehicle, so the front passenger side of the  
 18 vehicle, perhaps when he turned round slightly, and then  
 19 he's sort of gone under the nearside as it's dragged him  
 20 along and deposited him in the carriageway.  
 21 Q. And he's wearing what appears, certainly on the footage,  
 22 to be green-coloured trousers, and you can see what  
 23 happens to him by following his trousers, can't you.  
 24 But, like the first person who was upended, so too Les  
 25 was thrown up with his legs up in the air and his head

91

1 downwards?  
 2 A. It appears so from the footage, yes.  
 3 Q. And then the third person who we can see to the right of  
 4 the car, the third person who was hit around that time,  
 5 the person in black clothing, thrown out to the right  
 6 into the roadway?  
 7 A. Yes.  
 8 Q. And this is at the time that Masood in that 4x4 is  
 9 swerving to get round that temporary road sign?  
 10 A. Yes.  
 11 Q. So where we've freeze-d it, he's on the pavement, all  
 12 four wheels on the pavement, but then he swerves round  
 13 the sign and then straight back onto the side as soon as  
 14 he can afterwards?  
 15 A. I'd say he certainly swerves back on. Whether it's as  
 16 soon as he can, I don't know.  
 17 Q. Yes. And Les has been propelled forward into the road  
 18 and then the car drives over Les on the road, so there's  
 19 an initial impact and then ultimately we see that the  
 20 left or nearside of the car going over Les on the road.  
 21 A. I'm not sure whether he was propelled forward as opposed  
 22 to he was taken with the vehicle.  
 23 Q. Taken with the vehicle?  
 24 A. He was taken with the vehicle on impact and as the  
 25 vehicle has continued and gone around the sign, that is

92



1 when it sort of picked him up and carried him some  
2 distance.  
3 Q. And then under the car?  
4 A. Yes.  
5 Q. And we were given a distance yesterday, I think, from  
6 the point of impact to the point where he finished on  
7 the road of something like 33 metres; does that sound  
8 about right?  
9 A. That sounds about right.  
10 Q. And if we just watch where he ends up, please, if we  
11 play on, and there, that's him there at the right of the  
12 screen?  
13 A. Yes, he's sort of curled up immediately by the side of  
14 the screen there.  
15 Q. So feet to the kerb, head out into the road?  
16 A. Yes, the next image that we showed, that media image  
17 which was highly pixelated, better shows the position of  
18 his body when he fell.  
19 Q. But it's to similar effect: feet essentially at the  
20 kerbside, head out into the road?  
21 A. Yes.  
22 Q. And as the footage shows, it appears to be the left or  
23 the nearside of the car that goes over him?  
24 A. Yes, and that was also consistent with DNA that was  
25 found on the vehicle.

93

1 Q. Yes. If we could have on the screen, please,  
2 {DC7960/42} we have a helpful graphic of the approximate  
3 positions where there was DNA to the passenger or left  
4 side of the car, so the driver's side is at the bottom  
5 of the screen, the passenger or nearside at the top of  
6 the screen?  
7 A. Yes.  
8 Q. So what we see in the footage is basically Masood at  
9 that stage targeting three people, coming off the  
10 pavement to get round the sign, and then back onto the  
11 pavement afterwards to target more pedestrians?  
12 A. Yes.  
13 Q. Using that car as, basically, a weapon; yes?  
14 A. Yes.  
15 MR PATTERSON: Thank you very much.  
16 MR HOUGH: Thank you very much, Mr Osland.  
17 THE CHIEF CORONER: Thank you.  
18 MR HOUGH: Sir, our next witness is Dr Gareth Lloyd but  
19 I'm aware that we only have eight minutes before the  
20 scheduled lunch break, so I am in your hands.  
21 THE CHIEF CORONER: Shall we pause there, Mr Hough. As  
22 I mentioned yesterday afternoon, I've got another case  
23 I'm going to deal with in another courtroom, so this  
24 courtroom will be available for people who wish to use  
25 it.

94

1 What I'm going to suggest, that hearing is timed for  
2 1.45. I'm going to suggest that we aim to resume here  
3 at 2.15, but I hope everyone will forgive me if I am a  
4 few minutes late, but I will get a message to you if we  
5 are going to be substantially later than 2.15, but we  
6 will take Dr Lloyd's evidence at that stage.  
7 MR HOUGH: Yes, sir, thank you.  
8 THE CHIEF CORONER: Thank you.  
9 (12.52 pm)  
10 (The Luncheon Adjournment)  
11 (2.17 pm)  
12 MR HOUGH: Sir, we have two witnesses this afternoon, the  
13 first is Gareth Lloyd.  
14 DR GARETH WILLIAM LLOYD (Affirmed)  
15 Examination by MR HOUGH  
16 MR HOUGH: Would you give your full name for the court,  
17 please?  
18 A. Gareth William Lloyd.  
19 Q. You also know I'm asking questions on behalf of the  
20 Coroner and that others may ask questions after me.  
21 A. I do.  
22 Q. And you are giving evidence about events of  
23 22 March 2017 on Westminster Bridge?  
24 A. That's correct.  
25 Q. You made a witness statement on 3 June last year, and

95

1 I think you have it in front of you. You may refer to  
2 it.  
3 A. Thank you.  
4 Q. What's your profession, Mr Lloyd?  
5 A. I'm an ear, nose and throat registrar.  
6 Q. At which hospital?  
7 A. I currently work at St George's Hospital in Tooting; at  
8 the time of the incident I was working at Guy's and  
9 St Thomas'.  
10 Q. In the early part of your surgical clinical training,  
11 did you have experience of working with a trauma team?  
12 A. Yes, I did. In my core trainee — sort of core surgical  
13 training I worked at King's College Hospital as part of  
14 their trauma team whilst I was completing an  
15 orthopaedics rotation.  
16 Q. On the day of the incident, I think you were at work?  
17 A. That's correct.  
18 Q. And what were your duties that day?  
19 A. So I was what's known as the hot registrar of the week,  
20 which meant I was on call between 8.00 am and 5.00 pm  
21 during the weekdays, covering referrals and in-patient  
22 reviews for patients with ear, nose and throat problems,  
23 primarily at Guy's Hospital, but also responsible for  
24 patients at St Thomas' and at King's College Hospital.  
25 Q. I think you were on Westminster Bridge at the time of

96

1 the attack?  
 2 A. That's correct.  
 3 Q. What had you been doing in the period immediately before  
 4 that?  
 5 A. So during the morning my duties had been over at Guy's  
 6 Hospital and I was on my way to review a patient on the  
 7 intensive care unit at St Thomas' Hospital, so I had  
 8 transferred from site to site using the  
 9 London Underground and had exited at Westminster tube  
 10 and was crossing the bridge towards St Thomas'.  
 11 Q. Once again, can we have our plan up, {MP0004/1}. Once  
 12 again, zero—in on the bridge, please. So you would have  
 13 been crossing from the north bank, the Parliament side,  
 14 to the St Thomas' side from left to right as we're  
 15 looking at the plan?  
 16 A. That's correct.  
 17 Q. And which side of the bridge were you crossing on?  
 18 A. So I was walking on what would be my left—hand side,  
 19 which is the east side.  
 20 Q. So opposite the side on which the attack took place?  
 21 A. Fortunately, yes.  
 22 Q. Leave that plan on the screen, please, for the moment.  
 23 Did a time come in your walking across the bridge when  
 24 your attention was drawn to something happening on the  
 25 other side of the road?

97

1 A. Yes, very much so. I would estimate myself being  
 2 two—thirds of the way across the bridge, and I became  
 3 aware of a loud noise, a bang sound coming from in front  
 4 and to the right of me, so in the direction where  
 5 I would be looking towards St Thomas' Hospital.  
 6 Q. How much traffic was there between you and the other  
 7 side of the road obscuring your view?  
 8 A. The traffic was relatively light. There were vehicles,  
 9 a mix of smaller vehicles and large buses, I was  
 10 intermittently obscured, but I — the traffic was  
 11 relatively light compared to how it was at the north end  
 12 of the bridge.  
 13 Q. Did you look over when you heard the bang?  
 14 A. Yes, absolutely, I looked over.  
 15 Q. What did you see?  
 16 A. So immediately into my view came a grey—coloured vehicle  
 17 that was travelling at some speed, and appeared to be  
 18 driving rather erratically. The engine was making  
 19 a loud roaring noise, suggesting that the accelerator  
 20 was being pressed. It seemed to be gathering pace  
 21 rather than stopping, and I was immediately aware that  
 22 there was some damage to the front of the car.  
 23 Q. How much damage, as far as you could see?  
 24 A. There appeared to be dents on the bonnet and bumper of  
 25 the car.

98

1 Q. What was your perception of the vehicle's speed?  
 2 A. I estimated the car was accelerating during the small  
 3 time frame when I saw it, up to a maximum, perhaps,  
 4 30 miles an hour.  
 5 Q. When you first saw it, where was it in relation to your  
 6 position on the bridge?  
 7 A. So it was on the opposite pavement and slightly ahead of  
 8 me, so further south. Diagonally across the bridge.  
 9 Q. So further towards the right—hand side of this plan?  
 10 A. That's correct.  
 11 Q. You referred to it as first being on the pavement when  
 12 you saw it; entirely on the pavement?  
 13 A. It was intermittently off and on, so some of the noises  
 14 were from it mounting the kerb and then coming back onto  
 15 the road. I think probably when I first saw it may have  
 16 been partially on. I couldn't say with absolute  
 17 certainty, though.  
 18 Q. Did you see what was happening to people on the other  
 19 side of the road?  
 20 A. Unfortunately, yes, I saw three people struck by the  
 21 vehicle.  
 22 Q. What was your response to the situation?  
 23 A. Initially, like most people, I stopped, I glanced around  
 24 me, tried to take in the situation in a matter of  
 25 a second, and then clearly there had been multiple

99

1 people injured. The context was not clear, however, it  
 2 appeared to be a deliberate act by — the process that  
 3 went through my mind was perhaps this was somebody  
 4 evading a police chase, but no police vehicle seemed to  
 5 be in pursuit, and as the vehicle disappeared from my  
 6 view and continued, it became apparent it was  
 7 a deliberate attempt at injuring pedestrians on the  
 8 pavement.  
 9 Q. What made you think it was deliberate? What was it  
 10 about the scene that gave you that impression?  
 11 A. So from the way the car was moving, it appeared to be  
 12 gathering pace, whereas if someone had lost control  
 13 I would expect the car either to be decelerating because  
 14 the driver had just collapsed, or if they had had  
 15 an accident, they would be applying the brakes. The car  
 16 was able to maintain its course, despite colliding —  
 17 I'd heard it collide once, or my impression was it had  
 18 collided once already, and then multiple times, and as  
 19 I say, it managed to drop off the kerb and back on to  
 20 the kerb with no attempt to stop.  
 21 Q. As it passed out of your view towards the  
 22 Palace of Westminster side, what did you decide to do?  
 23 A. So I stepped down off the pavement on my side. The  
 24 traffic was relatively light and there was the bus  
 25 approaching, and I put my hand up to indicate I was

100

1 going to cross the road, and I approached one of the  
 2 three people I had seen injured.  
 3 Q. And where was that man positioned in the road?  
 4 A. So he was lying on the road in what would be the bus and  
 5 cycle lane area.  
 6 Q. What was his condition?  
 7 A. He — the reason I went to him was because of the three  
 8 people I saw injured he appeared to take a significant  
 9 impact, then made no attempt to move once he had landed  
 10 on the ground, which made me feel he was unresponsive  
 11 and he needed immediate medical attention.  
 12 Q. Did you provide that attention?  
 13 A. I did.  
 14 Q. So I think before you provided your attention to him you  
 15 had seen another casualty who didn't seem to require  
 16 quite such urgent attention; is that right?  
 17 A. That's correct, there was one person further south and  
 18 one person, I recollect, slightly further north, who  
 19 were both slightly further from me and already had  
 20 people attending to them. The person who was slightly  
 21 south of me appeared to try to sit up and prop  
 22 themselves up on an elbow, so I felt that they were less  
 23 severely injured than the gentleman I was going to  
 24 attend.  
 25 Q. So he, of the three, needed your assistance most, and

101

1 you went to assist him?  
 2 A. That's correct.  
 3 Q. Had you seen what had happened to him specifically of  
 4 the three of them?  
 5 A. Sorry, can you repeat that?  
 6 Q. You told us that you had seen three people hit —  
 7 A. Yes.  
 8 Q. — and projected by the vehicle. Had you seen  
 9 specifically what had happened to the man to whom you  
 10 rendered assistance?  
 11 A. Yes, I had.  
 12 Q. And what was that?  
 13 A. So he unfortunately was in the direct path of the  
 14 vehicle and he seemed to be hit by the front bumper of  
 15 the car, then was lifted over the bonnet towards the  
 16 windscreen, which then, I believe, impacted him again,  
 17 and this elevated him further away from the road surface  
 18 and then he fell onto the road where I found him.  
 19 Q. If I may, I'm going to show you some still photographs  
 20 taken from CCTV which show Leslie when struck so that  
 21 you can identify. These are obviously distressing  
 22 photographs. It's {AV0044/31}. Now, we've seen this on  
 23 the footage already. Do you recall this scene, or does  
 24 this scene accord with your recollection of the  
 25 individuals you saw struck?

102

1 A. Yes, it does. My view was at a different angle to this.  
 2 I wouldn't say with certainty which of those two  
 3 individuals in front of the vehicle was Leslie Rhodes  
 4 without any further imaging; they look similar to me.  
 5 Q. If we can move on to {AV0044/40}, and then {AV0044/41},  
 6 and {AV0044/42}. And then {AV0044/48}. Just leave that  
 7 on screen for a moment. Does this accord with any of  
 8 your recollections about the man whom you saw hit?  
 9 A. Yes, again, from a different angle. I wouldn't know  
 10 whether the person under the front right wheel of that  
 11 car was Mr Rhodes or another person, and whether it was  
 12 one of the other three people, but I think it would  
 13 either have been the first person or it would have been  
 14 Leslie Rhodes.  
 15 Q. We can take that off the screen now.  
 16 When you went to assist Leslie, was anybody else in  
 17 the vicinity helping him?  
 18 A. Nobody had yet tended to him. Nobody had touched him or  
 19 spoken to him. As I went across the road, then just at  
 20 the barrier or the edge of the bridge, there was  
 21 a gentleman in his — perhaps middle-aged or in his 60s  
 22 who appeared to already be putting a telephone to his  
 23 ear, and we had a short discussion about whether he was  
 24 calling the ambulance, in which he said he was.  
 25 Q. What was the position of Leslie's body?

103

1 A. He was lying in a very crumpled, disorganised manner on  
 2 the road. As I say, he hadn't tried to move from the  
 3 position he landed in. When I approached him, the only  
 4 exposed body part was his right arm. The sleeve of his  
 5 jacket had ridden up slightly, but the rest of his coat  
 6 and hood had ridden up over the back of his shoulders  
 7 and head, and therefore his face and head and other  
 8 features were concealed.  
 9 He was lying on his right side. His neck and head  
 10 were bent forwards, and head turned slightly to the  
 11 right, so he was — he would have been looking pretty  
 12 much directly down at the road surface.  
 13 Q. Did you feel for a pulse?  
 14 A. Yes, I did. So initially I felt on the right arm, which  
 15 was the exposed hand. I couldn't convince myself either  
 16 way whether there was a pulse, my own pulse was racing  
 17 and I abandoned the search for a pulse there, and then  
 18 tried to feel for a pulse more centrally in the neck.  
 19 Q. Did you find one?  
 20 A. So to do this I needed to uncover Mr Rhodes from the  
 21 hood and coat that had ridden up over his head, and on  
 22 doing so, revealed an injury to his head, and at this  
 23 point another lady passerby, whose name I do not know,  
 24 had also attended with me, and I then reached in front  
 25 of Leslie's neck to try to feel for a pulse point and,

104

1 again, I couldn't convince myself either way whether  
 2 I was feeling his pulse or my pulse.  
 3 Q. How serious was the wound you saw on his head?  
 4 A. It looked very serious. It looked like an immediately  
 5 obviously life-threatening injury, and the other feature  
 6 I noted on moving his hood was that he appeared to be  
 7 an older gentleman, and I recall thinking that this  
 8 would be a significant injury for any age and with him  
 9 being an older man, the potential for significant and  
 10 life-threatening injury was severe.  
 11 Q. Did you form any view of his breathing, his respiration?  
 12 A. I did. So on my initial examination of him he was  
 13 making no effort to breathe at all.  
 14 Q. Did you make any efforts to move him?  
 15 A. Yes, I did. So I spoke to the lady who was attending  
 16 with me about moving him. She initially was reluctant,  
 17 she felt we should be waiting for the ambulance team,  
 18 and I explained to her that I was medically trained and  
 19 I was happy to take responsibility for moving him. So  
 20 with her assistance we were able to straighten him out  
 21 with myself taking responsibility for maintaining his  
 22 cervical spine and trying to make an assessment of his  
 23 breathing.  
 24 Q. Did you turn his body?  
 25 A. Yes. So initially he was lying curled and bent over to

105

1 his right-hand side, and we laid him out so that he was  
 2 flat on his back on the ground.  
 3 Q. Just in very simple terms, why did you do that? What  
 4 was the rationale behind that?  
 5 A. So the position that I found him in, he would not have  
 6 been able to survive because he was not able to breathe,  
 7 he was not able to make any respiratory effort, he would  
 8 have been unable to clear his airway, and we would not  
 9 have been able to provide any sort of resuscitation.  
 10 Q. Once you'd got him onto his back, did you notice any  
 11 other signs of injury or relevant signs of his  
 12 condition?  
 13 A. Yes, so he had an injury over the right eye, just around  
 14 the eyebrow on his right side, and this area of bruising  
 15 continued to very rapidly enlarge to the point where,  
 16 very quickly, the eye was swollen to the point where you  
 17 couldn't assess his eye anymore.  
 18 Q. What about his face? Any signs further down?  
 19 A. Yes, so he -- there were signs of blood trickling from  
 20 his nose, his nostrils, and also some blood coming from  
 21 his mouth. When we had him laying flat initially I saw  
 22 that he was attempting to breathe but couldn't do so, so  
 23 then I applied a manoeuvre which is called the  
 24 jaw-thrust manoeuvre to open his airway, and then when  
 25 he was breathing you could hear that there was some

106

1 blood or secretions in the back of his throat, which was  
 2 consistent with the blood I had seen coming from the  
 3 corner of his mouth.  
 4 Q. How, briefly, is the jaw-thrust manoeuvre carried out?  
 5 A. So that's done typically by someone sitting or standing  
 6 at the head of the patient and applying pressure to the  
 7 mandible to bring the front of the mouth and the base of  
 8 the tongue forwards to open up the airway.  
 9 Q. When you performed that manoeuvre, did he react in any  
 10 way?  
 11 A. Yes, he did, so at that point he began to breathe  
 12 spontaneously.  
 13 Q. And you've described what you saw as you continued the  
 14 manoeuvre. Did you decide that further steps were  
 15 taken -- were required by you at that point?  
 16 A. Yes, I did. The couple of things we did were to try and  
 17 remove the secretions and blood from his mouth, which  
 18 was -- with no equipment was not possible in the  
 19 position he was in, and so we rolled him slightly onto  
 20 his side, in what we term the recovery position, so that  
 21 the blood could then come out from his mouth and with my  
 22 finger I evacuated some blood clots from his mouth.  
 23 Q. You say -- you referred to equipment; that would be  
 24 suction-type equipment?  
 25 A. Exactly, yes. I had no form of suction, or any

107

1 equipment at all.  
 2 Q. At this point, after you had laid him in the recovery  
 3 position and were clearing blood from his airway, did  
 4 any paramedics or any other emergency service personnel  
 5 arrive?  
 6 A. Yes, they did. Initially on the scene was a paramedic  
 7 who arrived by motorbike.  
 8 Q. Did he assist in treating Leslie?  
 9 A. Yes, very much so.  
 10 Q. What was the action you then took collectively?  
 11 A. So with the paramedic we were able to use an aspirator  
 12 that he had on his kit to remove some of the blood from  
 13 the back of his mouth, and he had an oxygen cylinder so  
 14 therefore we were able to supply supplementary oxygen to  
 15 Mr Rhodes.  
 16 Q. I think you did that by applying an OP airway and  
 17 introducing oxygen through that?  
 18 A. Yes, so initially he had -- although he was breathing  
 19 with the jaw-thrust manoeuvre, an additional airway  
 20 adjunct is the oropharyngeal airway which is placed  
 21 through the mouth, so again, to stop the base of the  
 22 tongue flopping backwards.  
 23 Q. And because he had an oxygen cylinder, you were able to  
 24 give a very high concentration of oxygen straightaway.  
 25 A. Absolutely, yes.

108

1 Q. May we have some photographs on the screen, again, these  
2 may be distressing, I think we saw them before lunch  
3 {DC5198.2/14}.

4 In the upper photograph can we see the treatment  
5 that was being carried out, perhaps as the paramedic was  
6 arriving, and then the paramedic assisting in treating  
7 Mr Rhodes?

8 A. Yes, that's correct.

9 Q. And we see you've been marked in the photograph below;  
10 is that marking correct?

11 A. Yes, that's me.

12 Q. Okay. We can take that off screen now, please.

13 Did further assistance arrive as time went by?

14 A. Yes. Some minutes later, I don't know how many minutes,  
15 an ambulance rig arrived and there were two paramedics  
16 who came to assist us, and they had obviously more hands  
17 and more kit than we had from the motorbike.

18 Q. As far as you can recall, what was Leslie's condition at  
19 that stage?

20 A. So at the time of their arrival, or do you mean once we  
21 had made an assessment?

22 Q. At the time of their arrival, first of all?

23 A. At the time of their arrival he was maintaining his own  
24 airway and breathing high-flow oxygen, but he was  
25 unconscious, not making any efforts to communicate or

1 responding in any way.

2 Q. And what did the ambulance crew do?

3 A. So they were very helpful in being two extra pairs of  
4 hands, and so we were able to obtain intravenous access  
5 and apply monitoring to the patient, which measured his  
6 blood pressure, his pulse and his oxygen saturations.

7 We also placed two needles in the front of his chest  
8 with the aim of decompressing any chest injury, such as  
9 a tension pneumothorax and that would hopefully buy us  
10 more time before more definitive treatment.

11 Q. At that stage I gather from your statement you weren't  
12 aware whether there was a collection of air or blood in  
13 the chest?

14 A. That's right.

15 Q. This was a precautionary approach?

16 A. No, that was a cautionary approach, treating the patient  
17 empirically with the knowledge that he had had  
18 a significant trauma, and there are certain conditions  
19 that are fatal if left untreated for even a matter of  
20 minutes, and a tension pneumothorax is one of those, so  
21 the step that we took was to prevent that.

22 Q. By this stage had you formed any further views about the  
23 seriousness of his head injury?

24 A. I had in the fact that when I looked at his head  
25 initially there, the vertex of his skull at the top

1 there looked very abnormal. Within his hair there was  
2 some clotted blood and it looked as if potentially some  
3 of the normal covering of the top of the head, the  
4 scalp, had been injured to the point where perhaps some  
5 of it was missing, and I examined that with one of the  
6 ambulance crew, but we were unable to determine whether  
7 there was any exposure of the intracranial contents,  
8 which would have made the situation even more grave.  
9 However, we didn't see this and we therefore applied  
10 a dressing over the top of his head, and then continued  
11 to support his breathing.

12 Q. You've told us that, with the arrival of the ambulance  
13 crew you were able to make further observations and  
14 maintain them. How did the observations go over the  
15 minutes that followed?

16 A. So initially his observations were actually quite  
17 remarkable. I mean, each did remark to each other that  
18 his pulse, blood pressure and oxygen saturations were  
19 perhaps better than we had anticipated. He was  
20 maintaining a pulse of approximately 70 to 80 beats  
21 a minute, and his systolic blood pressure was  
22 approximately 150, and his oxygen saturations were just  
23 over 95 per cent which, given the circumstances, was  
24 surprising and made us more optimistic about his chance  
25 of survival.

1 Q. Did you give any consideration with the ambulance team  
2 to hospital treatment or hospital allocation?

3 A. Yes, absolutely. So once we had got him into a position  
4 where we had done the things we have described, it was  
5 immediately apparent that definitive treatment needed to  
6 happen rapidly, and that would be best within a trauma  
7 centre.

8 Q. And what hospital did that suggest to you as the  
9 appropriate centre?

10 A. So we were awaiting allocation of a hospital. My --  
11 I gave my opinion that King's College Hospital would be  
12 appropriate. We felt the two options were probably  
13 King's College Hospital or St Mary's, but being at the  
14 south side of the bridge and knowing that we may not be  
15 able to cross the bridge to the north side, we felt the  
16 best course of action was to head south.

17 Q. How and by whom was that decision taken?

18 A. So I think the definitive decision was likely made by  
19 a controller within London Ambulance Service. We gave  
20 our opinion on the ground. I do not know whether my  
21 opinion was relayed to the ambulance coordinators, or  
22 whether the decision was made by the paramedics who were  
23 in charge of the rig, but that is where we went.

24 Q. And if we can have on screen another photograph, again,  
25 it's reasonably graphic, {DC7958/19}. Looking at the

1 lower of the two photographs, does that show the  
 2 treatment that was being given to Leslie by you and the  
 3 motorcycle paramedic and the ambulance crew after the  
 4 ambulance had arrived?  
 5 A. Yes, it does.  
 6 Q. We can take that off the screen now.  
 7 When Leslie was taken into the ambulance and  
 8 transported to hospital, did you stay with him?  
 9 A. Yes, I did. I stayed with him for some time.  
 10 Q. On the ambulance journey, what part of the care were you  
 11 providing?  
 12 A. So throughout the transfer I remained at the head end of  
 13 the patient. We controlled his spinal movements with  
 14 blocks and putting him on a stretcher, and my role was  
 15 to maintain his airway, as we have already described.  
 16 We also had roles between us for monitoring his  
 17 saturation and his pulse, and another person within the  
 18 vehicle checked his blood sugar measurement, I recall.  
 19 Q. Was anyone else in the rear of the ambulance carrying  
 20 out any procedures to him?  
 21 A. There appeared to be a policeman who I had not noticed  
 22 before we got into ambulance, I think it may even have  
 23 pulled off before I realised he was there. He had a bag  
 24 of possessions which I found out were belonging to  
 25 Mr Rhodes, and during the ambulance journey I think he

113

1 attempted to find some identification of the patient,  
 2 but was unable to do so during that time.  
 3 Q. Were any efforts made, as the journey progressed, to  
 4 keep Mr Rhodes' airway clear?  
 5 A. Absolutely. So I was at the head end, keeping his  
 6 airway clear, with the female paramedic from the  
 7 ambulance. She had an aspirator, a suction device. The  
 8 amount of bleeding coming from his mouth seemed now less  
 9 significant, and he was able to maintain his airway.  
 10 Again, I was continuing with the jaw-thrust manoeuvre  
 11 throughout this.  
 12 Q. You referred to continuous monitoring of oxygen  
 13 saturations; what was that monitoring showing as the  
 14 journey to the hospital continued?  
 15 A. As we progressed it was slowly dropping. By the time we  
 16 reached King's College Hospital the saturations had  
 17 dropped just from 90 per cent to 89 for the first time,  
 18 so that was the first time it read below 90 as we pulled  
 19 into the bay outside of King's College Hospital.  
 20 Q. What was the length of the journey, as far as you  
 21 recall?  
 22 A. I was told it would take 8 minutes, but I don't recall  
 23 how long it actually took.  
 24 Q. And presumably the ambulance was on blue lights the  
 25 whole way?

114

1 A. Absolutely.  
 2 Q. The other observations, please, while you were en route  
 3 in the ambulance. How did pulse and blood pressure look  
 4 over that period?  
 5 A. They were again remarkably very stable. I had been  
 6 concerned that his pulse may rise and his blood pressure  
 7 may drop, but actually, the same numbers regarding his  
 8 pulse and blood pressure were consistent throughout the  
 9 trip to A&E.  
 10 Q. On arrival did you hand over to the major trauma team  
 11 there?  
 12 A. Yes, they were waiting for us in one of their resus bays  
 13 and we completed a handover to the major trauma  
 14 consultant and the team that had gathered.  
 15 Q. Did you yourself then remain at the hospital for some  
 16 time through concern for Leslie?  
 17 A. Yes, I did.  
 18 Q. Were you told while you were there anything about the  
 19 results of scans and the detail of his injuries?  
 20 A. Yes. So he went for a CT scan rapidly after arriving at  
 21 the hospital, and I have not seen the images or seen the  
 22 report of the CT scan, but I'm told he had extensive  
 23 injuries to his head, chest and abdominal organs.  
 24 Q. And I think at that stage a brain injury was feared as  
 25 well?

115

1 A. Yes, so the head injury reported to me was that this was  
 2 significant, and had caused potentially irreversible  
 3 changes to the gentleman's brain.  
 4 Q. I think you left the ITU later that evening when Leslie  
 5 was still alive?  
 6 A. That's correct. I escorted Mr Rhodes to ITU with the  
 7 A&E team and at that point, discharged my care from him.  
 8 Q. You later discovered, I think from the news, that he had  
 9 very sadly later died.  
 10 A. That's correct.  
 11 Q. In your witness statement you say you had been expecting  
 12 that news?  
 13 A. Unfortunately, yes, I think probably from the moment  
 14 that I saw his head injury on the bridge and the age of  
 15 Mr Rhodes, I feared that this was likely to be  
 16 an unsurvivable injury.  
 17 MR HOUGH: Thank you very much.  
 18 Examination by MR PATTERSON  
 19 MR PATTERSON: Mr Lloyd, I ask questions on behalf of the  
 20 family of Leslie Rhodes, and can I begin by expressing  
 21 their gratitude to you for all that you did. I think  
 22 you were with him for something like two or three hours;  
 23 is that right?  
 24 A. That's right.  
 25 Q. And you provided continuity, so there wasn't just your

116

1 assistance at the scene, but there is your assistance  
2 also at the hospital, and they're immensely grateful to  
3 you for everything that you did.

4 Can I just ask for your assistance with a few  
5 points, please. First of all, the impact such as it was  
6 and obviously such as you saw, you have made the point  
7 that you were viewing things from a different angle than  
8 the camera that captured it on CCTV, but I think your  
9 view from your statement was that he was struck  
10 sideways, and we've seen that on the CCTV he turned  
11 slightly, just before the point of impact, and so is  
12 that consistent with what you saw, that he was hit,  
13 perhaps, to the side?

14 A. I must say, at the time I don't think I had any  
15 knowledge of Mr Rhodes' body position at the time of  
16 impact other than that he was hit with considerable  
17 force.

18 Q. Yes.

19 A. I hadn't made eye contact with him or seen him in the  
20 time before the collision. I hadn't glanced over at him  
21 and seen what he was doing. I didn't know whether he  
22 was walking away from or towards St Thomas' Hospital.

23 Q. I'm just looking at your statement at page 6:  
24 "... he was struck sideways by the bumper ..."  
25 Is that what you meant when --

117

1 A. What I meant by that was he was thrown towards the road,  
2 so sideways in relation to the pavement.

3 Q. Ah, rather than his body position?

4 A. Yes.

5 Q. But certainly from what you could see, and you were  
6 further back on the bridge, you told us, there was  
7 possibly a further impact up onto the windscreen?

8 A. I felt that was likely, yes.

9 Q. Now, you have explained what you found when you got to  
10 him, and the early assistance that you gave him. It  
11 sounds from what you've described, as though he wasn't  
12 moving at any stage; is that right?

13 A. That's right, there was a moment, just as we pulled in  
14 outside King's, where -- I don't remember which  
15 intervention somebody was doing, but whether he may --  
16 I think we were moving him out of the ambulance, whether  
17 he may have moved his leg.

18 Q. Yes.

19 A. But in hindsight that could equally have been a piece of  
20 equipment catching on his leg or something. I am afraid  
21 I don't recall seeing any definitive movement from the  
22 patient.

23 Q. But apart from that at no stage did you see any movement  
24 or any responses to your words, for example?

25 A. No, he appeared unconscious throughout. We spoke to him

118

1 throughout, addressing him and reassuring him, but at no  
2 point did he respond.

3 Q. And so, for example, when you carefully rolled him on to  
4 his back in order to treat his airway, at that stage,  
5 still, no responses or signs of consciousness?

6 A. The only response was that he then began to breathe  
7 spontaneously.

8 Q. With the jaw thrusts?

9 A. Yes, but no communication.

10 Q. And you described what happened when the paramedic  
11 joined you. Just help me with the decompressions of the  
12 chest. As I understand this, this was a precautionary  
13 procedure, so there was no specific injury that you had  
14 detected that necessitated it, but it was something that  
15 was felt appropriate to be done in case there was  
16 an internal injury; is that right?

17 A. Yes, that's right. There are --

18 Q. Can you just expand upon that, please?

19 A. Yes, so there are clinical signs that would be  
20 consistent with an injury such as a tension  
21 pneumothorax. At the time I didn't elicit any of those  
22 signs, but it was suggested, I think by the members of  
23 the ambulance crew that arrived, that that -- we still  
24 had a high suspicion of a significant chest injury and  
25 the intervention, putting a needle into the front of the

119

1 chest is low risk and he wasn't going to come to any  
2 harm from that, and it may well be a life-saving  
3 measure.

4 Q. A different topic, please. The London Air Ambulance  
5 operates, as I think you will know, the HEMS service  
6 with senior doctors arriving at the scene very quickly  
7 to provide often life-saving and significant operations.  
8 I think you made mention, didn't you, while you were  
9 there on the bridge about the possibility of assistance  
10 from HEMS?

11 A. That's correct.

12 Q. Just tell us, please, about that. You raised that with  
13 who?

14 A. So I don't recall who may have initially raised it, but  
15 there was a discussion between us as a group and then  
16 another member, I believe of the ambulance service, who  
17 wasn't directly treating Mr Rhodes, about potentially  
18 being allocated the HEMS team to Mr Rhodes for his  
19 retrieval.

20 He certainly appeared to fit the criteria and type  
21 of patient that HEMS would often be deployed for.

22 Q. Yes.

23 A. And we were aware of at least one helicopter in the sky  
24 at various points, and so there was a time when we were  
25 expecting and anticipating HEMS doctors to attend with

120

1 us.  
 2 Q. Did you see a HEMS helicopter in the sky or was it  
 3 a police helicopter, or what?  
 4 A. I am afraid it could have been any helicopter. It  
 5 was -- I didn't see any distinctive markings of HEMS,  
 6 the police or, you know --  
 7 Q. You can't say one way or the other?  
 8 A. No, I understand later that the helicopter may have  
 9 landed on the north side of the bridge, but I didn't see  
 10 it coming down.  
 11 Q. But I think it's right, isn't it, that often -- I think  
 12 their average time for arrival is something like six  
 13 minutes, so within the London area they can get very  
 14 quickly to the scene?  
 15 A. Yes, they are very useful.  
 16 Q. And I think it's right, isn't it, that medics speak of  
 17 the "golden hour" and the importance of getting there  
 18 really quickly, and during that golden hour often a real  
 19 difference can be made if there is a speedy  
 20 intervention?  
 21 A. That's right.  
 22 Q. But certainly while you were there, at no stage did HEMS  
 23 land on the bridge or arrive and provide assistance to  
 24 Leslie Rhodes; is that right?  
 25 A. As far as I'm aware, we had no direct contact with HEMS.

121

1 Q. At one stage was it the understanding that they would be  
 2 coming, only for a subsequent call to be received to say  
 3 that, in fact, they wouldn't be coming?  
 4 A. That was my understanding. We had some information  
 5 passed to us as a group, again, I don't recall from  
 6 which source, that HEMS -- we were a priority for HEMS.  
 7 Q. Yes.  
 8 A. But then minutes later it became apparent that the --  
 9 they had landed on the north side and were attending the  
 10 scene there, and therefore we would not be being  
 11 retrieved by HEMS, and that's when we had the discussion  
 12 about where we should go, because we felt we had  
 13 stabilised Mr Rhodes to a point on the bridge as far as  
 14 we were able to do so and he needed definitive  
 15 management in a trauma centre.  
 16 Q. So was there a period when you were waiting rather than  
 17 leaving in the ambulance, waiting in the hope or  
 18 expectation of HEMS treatment, only then for a change of  
 19 plan to be required and the use of the ambulance to  
 20 King's?  
 21 A. Yes, there was. I would say a matter of a few minutes.  
 22 Q. Yes. But certainly Leslie Rhodes would have fitted the  
 23 bill for a priority one patient --  
 24 A. I'm certain of it, yes.  
 25 Q. -- who could usefully receive the assistance of HEMS?

122

1 At any stage were you given an explanation as to why  
 2 it was that no assistance came from HEMS?  
 3 A. It was never explained, but a passerby suggested that  
 4 there had been gunshots on the north side of the river,  
 5 so we assumed that they were attending to a more  
 6 pressing scene.  
 7 Q. From what you could tell, working as you did with the  
 8 motorcycle paramedic and with the ambulance service --  
 9 the ambulance crew, were there any problems with  
 10 communication using radios? Obviously not so much you,  
 11 but those you were working with? Could you detect any  
 12 problems of that sort?  
 13 A. No, I wasn't aware of any and I haven't been made aware  
 14 of any since.  
 15 Q. Casting your mind back, is there any more that you could  
 16 have done during the two or three hours that you spent  
 17 helping Leslie Rhodes?  
 18 A. Unfortunately I don't think there is anything I could do  
 19 to have materially changed the outcome for Mr Rhodes.  
 20 Q. The severity of the head injury in particular?  
 21 A. I think so, yes. I think -- I have, as I say, no direct  
 22 knowledge of the scan results, but from what has been  
 23 relayed to me, this appeared to be an unsurvivable  
 24 injury.  
 25 MR PATTERSON: Right. Thank you, again, for your help.

123

1 A. Thank you very much.  
 2 MR HOUGH: I don't think there are any questions from anyone  
 3 else. I don't have any further questions. Mr Lloyd,  
 4 thank you very much for giving evidence.  
 5 A. Thank you.  
 6 THE CHIEF CORONER: Mr Lloyd, just before you go, can  
 7 I simply echo the comments made by Mr Patterson in  
 8 respect of what you did in relation to -- I appreciate  
 9 you were working at the time, but even so, the situation  
 10 that confronted you is not one that you expected to find  
 11 as you were walking between the two hospitals where you  
 12 were working that day, so thank you very much indeed for  
 13 everything you did in the last moments that Mr Rhodes  
 14 had.  
 15 A. Thank you. May I also just extend some thanks to  
 16 Mr Rhodes' family who very kindly invited me to his  
 17 funeral, and it was a privilege to attend, so thank you.  
 18 MR HOUGH: Sir, our last witness today is Gary Moody.  
 19 MR GARY NORMAN MOODY (Affirmed)  
 20 Examination by MR HOUGH  
 21 MR HOUGH: Would you please give your full name to the  
 22 court?  
 23 A. Gary Norman Moody.  
 24 Q. Now, Mr Moody, I'm asking questions first on behalf of  
 25 the Coroner, then there will be questions from others.

124



1 You are here, as you know, to give evidence about  
 2 your attendance at the scene of the Westminster Terror  
 3 Attack last year.  
 4 A. Yes.  
 5 Q. Your witness statement made after the event was  
 6 25 April 2017, and you may refer to that.  
 7 A. Okay.  
 8 Q. On that day, were you on duty as an officer of the  
 9 London Ambulance Service?  
 10 A. That's correct.  
 11 Q. What was your shift that day?  
 12 A. 6.15 to 15.45, I believe. Yes.  
 13 Q. Were you working on a motorcycle?  
 14 A. That's correct.  
 15 Q. I think your call sign was MC03?  
 16 A. That's correct.  
 17 Q. Where were you based?  
 18 A. Waterloo Ambulance Station.  
 19 Q. While there, did you receive a call to an unfolding  
 20 emergency at Westminster Bridge?  
 21 A. I was given details of a road traffic collision on  
 22 Westminster Bridge.  
 23 Q. What was the time of the call?  
 24 A. Referring to my statement, 14.42.  
 25 Q. Did you travel to the scene on your motorcycle?

125

1 A. That's correct.  
 2 Q. When did you arrive?  
 3 A. Approximately two minutes later.  
 4 Q. So about 14.44?  
 5 A. That's correct.  
 6 Q. Were there any other ambulance service officers ahead of  
 7 you on the scene?  
 8 A. There was another motorcycle dispatched from the same  
 9 location as me who arrived a few moments before me on  
 10 the bridge, and they proceeded north to the other side  
 11 of the bridge.  
 12 Q. That was, I think, an officer called  
 13 Richard Webb-Stevens, from whom we'll be hearing later.  
 14 A. Yes.  
 15 Q. So you were one of the very earliest ambulance  
 16 operatives on the scene?  
 17 A. That's correct.  
 18 Q. As you approached along Westminster Bridge, what  
 19 casualties did you see?  
 20 A. I was aware of three casualties. Two appeared to be  
 21 conscious, one unconscious.  
 22 Q. Now, you would have been approaching from the south bank  
 23 side, from the St Thomas' Hospital side --  
 24 A. That's correct.  
 25 Q. -- heading towards the Palace of Westminster side,

126

1 obviously on the left --hand side of the road. Where were  
 2 the casualties you first saw, how far onto the bridge  
 3 did you have to go?  
 4 A. They were approximately just over the water, the bridge,  
 5 so about 150 yards or so onto the bridge.  
 6 Q. Where were they positioned as regards road and pavement?  
 7 A. There was one on the pavement and two on the road, to  
 8 the best of my knowledge.  
 9 Q. What was the condition of those three casualties, as you  
 10 immediately assessed it?  
 11 A. Very briefly, one was unconscious and two conscious and  
 12 sitting upright.  
 13 Q. To whom, then, did you direct your attention?  
 14 A. To the unconscious.  
 15 Q. And you know, I think, that that gentleman was  
 16 Leslie Rhodes?  
 17 A. Yes, that's correct.  
 18 Q. Was anyone already helping Leslie at the time you  
 19 arrived?  
 20 A. There was a few people around, one directly in contact  
 21 with Mr Rhodes, who I now know is Dr Lloyd, and one  
 22 other person, who I don't know who they were.  
 23 Q. Did Dr Lloyd tell you anything about what he had seen  
 24 and what he knew?  
 25 A. He told me he'd witnessed Mr Rhodes being struck by

127

1 a vehicle and landing in the carriageway.  
 2 Q. Did you then communicate any information to your control  
 3 room?  
 4 A. At that moment I updated them to say that there had been  
 5 an incident with approximately three patients at that  
 6 time. I was unaware of anything else at that moment.  
 7 Q. While you were there, did you have any exchanges with  
 8 any police officers or with Mr Webb-Stevens?  
 9 A. Later, a few moments later, my colleague, who I didn't  
 10 know was being involved with this incident, I thought he  
 11 had been cancelled on the call and that's why he had  
 12 carried on. I didn't know about anything else that was  
 13 unfolding. So he came back to me to tell me there was  
 14 more patients at the other side of the bridge, but he  
 15 was happy to deal with those if I was happy to deal with  
 16 what I had, and then a police officer informed me that  
 17 there had been reports of multiple patients on the  
 18 bridge.  
 19 Q. Until those exchanges, you had no idea that this was  
 20 a very serious incident beyond, obviously, a bad traffic  
 21 incident?  
 22 A. Yes, I was unaware of the full extent of the incident at  
 23 that time.  
 24 Q. I've been passed a note asking if you could try to keep  
 25 your voice up.

128

1 A. Sorry.  
 2 Q. Thank you. What did you decide to do, knowing that, as  
 3 you now knew, that this was a very serious incident?  
 4 A. I briefly updated the control room again to say that  
 5 there was a report of multiple, up to ten patients on  
 6 the bridge at that time.  
 7 Q. And then, having done that and made sure that the  
 8 information was with your control room, what did you  
 9 decide to do by way of helping casualties?  
 10 A. I commenced doing treatment with -- on Mr Rhodes with  
 11 the assistance of Dr Lloyd.  
 12 Q. We've seen photographs of you assisting with that  
 13 treatment, and I'm not going to show them on screen  
 14 again.  
 15 A. Sure.  
 16 Q. Do you recall what the nature of the treatment was while  
 17 you were there?  
 18 A. So I took a quick history from Dr Lloyd of what he had  
 19 found. We then rolled Mr Rhodes onto his back and  
 20 aspirated blood from his airway using the suction  
 21 device, inserting oropharyngeal and nasopharyngeal  
 22 airways into his -- to help him maintain the airway, and  
 23 then applied oxygen via a non-rebreath mask.  
 24 Q. Did you carry out any other procedures before you sought  
 25 other assistance?

129

1 A. Other ambulance crew members started to arrive on the  
 2 scene. I'm not sure exactly where they arrived in the  
 3 timescale. We gained intravenous access on Mr Rhodes in  
 4 case we had to give any medication, and then carried out  
 5 a needle chest decompression, which I think Dr Lloyd has  
 6 already explained.  
 7 Q. Now, while you were there, was any consideration given  
 8 to getting assistance from the Helicopter Emergency  
 9 Medical Service?  
 10 A. That had been requested and we were told they were on  
 11 their way. I was then aware of the helicopter above us.  
 12 It's quite a distinctive red and yellow colour. There  
 13 was some delay in them landing, and I did ask were they  
 14 coming for my patient, because we were still continuing  
 15 the treatment, there was no delay in the treatment of  
 16 Mr Rhodes. But then from the control room I was  
 17 informed that they were for another patient who had been  
 18 stabbed somewhere around Parliament, so we continued our  
 19 treatment of Mr Rhodes and packaged him for a conveyance  
 20 to hospital.  
 21 Q. Now, just pausing there, you were told that the  
 22 helicopter was being sent to somebody who had been  
 23 stabbed, as you were told, in the area of Parliament?  
 24 A. Yes.  
 25 Q. But were you aware where the helicopter ultimately

130

1 landed?  
 2 A. On -- not at that time, but since then I know they've  
 3 landed in Parliament Square.  
 4 Q. We'll hear evidence about that a little later.  
 5 You've said that the helicopter couldn't be provided  
 6 for your patient; was an ambulance reasonably rapidly on  
 7 the scene for your patient?  
 8 A. Yes, there was an ambulance on the scene quite quickly  
 9 after I had started treatment, along with Dr Lloyd.  
 10 Q. We've heard a little from Dr Lloyd about this, but was  
 11 a decision made between you and him about which hospital  
 12 was appropriate?  
 13 A. Yes, we had a discussion, obviously the close proximity  
 14 of St Thomas' was considered, but the injuries that  
 15 Mr Rhodes had presented with required treatment at  
 16 a major trauma centre, and we decided then to convey to  
 17 King's.  
 18 Q. Because King's has a major trauma treatment centre?  
 19 A. King's has major trauma facilities. The other closest  
 20 facility was north of the river, which logistically made  
 21 it very difficult.  
 22 Q. Did you remain in the ambulance with Dr Lloyd and Leslie  
 23 after the ambulance left?  
 24 A. Yes, that's correct.  
 25 Q. And at King's, do you recall, as he did, the

131

1 resuscitation team being on hand and taking over?  
 2 A. Yes, any time we pre-alert the major trauma centre of  
 3 our impending arrival, they will have a team ready to  
 4 receive us in the resuscitation room of A&E.  
 5 Q. I'm going to put on screen briefly your patient report  
 6 form for Leslie Rhodes. It is {DC7500/2}. This is,  
 7 I think, the first one of these which we have seen  
 8 during these Inquests. This is a standard form of  
 9 document for the London Ambulance Service, prepared in  
 10 relation to the attendance and treatment on any patient?  
 11 A. That's correct.  
 12 Q. And if we look up at the top of the page, do we see that  
 13 this has been completed in your call sign?  
 14 A. That's correct.  
 15 Q. By you?  
 16 A. Yes.  
 17 Q. With a dispatch time of 14.42, an on scene time of  
 18 14.44, and the patient arrival time of 14.45?  
 19 A. That's correct.  
 20 Q. Then may we zoom in on the bottom half of the screen,  
 21 please, which shows your description of treatment of the  
 22 patient. Is it possible to do that?  
 23 Do we see here that you have recorded that you  
 24 arrived on the scene behind MC01, that's your colleague,  
 25 Mr Webb-Stevens?

132

1 A. That's correct.  
 2 Q. You stopped on the south side of the bridge with three  
 3 patients lying in the street, you made a rapid  
 4 assessment, found that two were conscious and breathing  
 5 and one had a low Glasgow Coma Score, suggestive of  
 6 unconsciousness?  
 7 A. That's correct.  
 8 Q. There was a doctor on the scene with the patient and you  
 9 noted an initial respiratory arrest?  
 10 A. That's what Dr Lloyd informed me: when he first got to  
 11 Leslie, he wasn't breathing.  
 12 Q. You then recorded that Leslie had responded to the  
 13 jaw-thrust manoeuvre and was now making some spontaneous  
 14 respiration?  
 15 A. That's correct.  
 16 Q. You then referred to a windscreen report. Is that  
 17 a general scene assessment?  
 18 A. That's just a very quick overview for the controller so  
 19 they get a picture of what's happening on the scene.  
 20 Q. And that refers to 10 or more individuals knocked down  
 21 by a car on your initial assessment. Then if we move  
 22 over slightly to the right, you refer to further  
 23 resources arriving, an officer on scene, and treatment  
 24 commencing on your patient?  
 25 A. That's correct.

133

1 Q. You then refer to the fact that his conscious state  
 2 remained the same?  
 3 A. Yes.  
 4 Q. That airways were inserted, oropharyngeal and  
 5 nasopharyngeal airways?  
 6 A. That's correct, yes.  
 7 Q. With 100 per cent oxygen, and that there was then  
 8 continued spontaneous respiration?  
 9 A. That's correct.  
 10 Q. You recorded an open head injury, and you located the  
 11 position of that. You referred to the needle operation  
 12 carried out by the doctor, the thoracotomy, and then you  
 13 finally refer to him being taken on blue lights to  
 14 King's Hospital?  
 15 A. That's correct.  
 16 Q. And finally you refer to transporting, that's leaving  
 17 the scene, at 3.08 that afternoon?  
 18 A. That's correct.  
 19 Q. That's a contemporaneous record, is it, with some detail  
 20 of the treatment you carried out?  
 21 A. Yes.  
 22 Q. We can take that off the screen now, please.  
 23 After you had handed over this patient to the team  
 24 at King's, did you then return to Westminster Bridge --  
 25 A. Yes.

134

1 Q. -- with the aim of helping further?  
 2 A. We returned back to the scene in case there was anything  
 3 else we could do.  
 4 Q. In the event, was there anything else that you could do?  
 5 A. Yes.  
 6 MR HOUGH: Thank you very much.  
 7 Examination by MR PATTERSON  
 8 MR PATTERSON: Mr Moody, I ask questions on behalf of the  
 9 family of Leslie Rhodes, who are very grateful for  
 10 everything that you did that afternoon in relation to  
 11 your treatment of Leslie.  
 12 I want to ask about your efforts to try to get HEMS  
 13 to help as well.  
 14 A. Yes.  
 15 Q. And you've told us that you asked for the help of HEMS.  
 16 Leslie was a classic candidate, wasn't he, for the very  
 17 quick and significant assistance that they can provide  
 18 there on the road?  
 19 A. He would have been, yes.  
 20 Q. A P1 category, I think is how he would be triaged, given  
 21 the gravity of his head injury in particular?  
 22 A. Yes, an unconscious person is a P1.  
 23 Q. And I think it's right, isn't it, that the average time  
 24 for their arrival anywhere within London is something  
 25 like six minutes?

135

1 A. I am not sure exactly, but it is rapid.  
 2 Q. Yes. Is it your experience that they can often get to  
 3 the scene of an injury within just a few minutes of the  
 4 injury being caused?  
 5 A. Yes.  
 6 Q. Young men caught up in knife crime and suffering serious  
 7 knife injuries can often be saved by the speedy  
 8 intervention of HEMS, can't they?  
 9 A. Yes.  
 10 Q. And so from what I understand you said, you were told  
 11 that they were on their way; yes?  
 12 A. That's correct.  
 13 Q. But later you were told that they were landing  
 14 elsewhere, and you then asked: well, what about my  
 15 patient?  
 16 A. Yes. We had got to a point in Leslie's treatment where  
 17 we could do no more for him on the scene.  
 18 Q. Yes.  
 19 A. And there was no indication that the HEMS team were  
 20 anywhere near, so I spoke to control room to find out  
 21 what was happening, essentially.  
 22 Q. Yes.  
 23 A. And that was when I was informed that they were being  
 24 diverted to someone else.  
 25 Q. Yes.

136

1 A. So that's when we made the decision then to leave scene  
2 and transport to hospital.  
3 Q. I think we will hear later in the Inquest about  
4 a helicopter that did arrive and landed in  
5 Parliament Square, but at any stage was there any  
6 suggestion of a second HEMS helicopter --  
7 A. Not to my knowledge.  
8 Q. -- or another HEMS team?  
9 A. Not to my knowledge.  
10 Q. They don't only use helicopters, they also use cars, and  
11 they can arrive --  
12 A. That's correct, if helicopters aren't available or at  
13 night-time they will use response cars.  
14 Q. And, again, they're senior, highly-trained medics who  
15 can carry out operations at the scene?  
16 A. Yes, that's correct.  
17 Q. Having realised that there would be no assistance from  
18 HEMS, then the decision was made to use the ambulance  
19 and to drive him to King's College Hospital?  
20 A. That's correct.  
21 Q. We have heard from another member of the ambulance  
22 service that colleagues later in debriefings were  
23 raising concerns about poor radio communications on the  
24 day?  
25 A. Yes.

137

1 Q. And difficulties experienced in trying to communicate  
2 over radios. Did you, yourself, have any problems of  
3 that kind, or not?  
4 A. Initially at the very start of any incident as large as  
5 this there's a lot of radio traffic, and it's difficult  
6 sometimes to hear that.  
7 Q. Yes.  
8 A. So initially at the start we were unaware of what the  
9 full event was going on, and the difficulty with that  
10 would be whenever a major incident is declared, they  
11 will open a special operations room which works on  
12 a different radio channel, so you have to physically  
13 change your radio to that channel and you can sometimes  
14 fall out of the loop of what's going on.  
15 Q. So is the problem simply that you have to go to the  
16 trouble of changing channels, or is there a different  
17 technical problem that arose on the day?  
18 A. It is if they change sometimes the message -- because we  
19 on the motorbikes don't carry what's called a mobile  
20 data terminal, it's effectively a small computer screen,  
21 where if control sends messages or information or  
22 updates to ambulances, that will come up on the screen,  
23 on the dashboard. We don't carry that facility, so it  
24 comes as a text message to our radios. Now if there is  
25 lots of radio traffic and lots of messages, it's

138

1 difficult to keep up with what's going on, especially if  
2 I'm trying to treat someone, I don't have time to sit  
3 and read through all the messages. So there is a chance  
4 of falling out of the loop.  
5 Q. So it's not a technical problem; it's simply the volume  
6 of messages --  
7 A. Yes.  
8 Q. -- makes it perhaps difficult to identify the key ones  
9 that are relevant to you?  
10 A. That's correct.  
11 Q. But certainly the messages are available --  
12 A. Yes.  
13 Q. -- and the ability to speak was still there on the day?  
14 A. Yes.  
15 MR PATTERSON: Thank you, Mr Moody, that's all I ask.  
16 A. Thank you.  
17 Examination by MR HILL  
18 MR HILL: Mr Moody, you know I ask questions on behalf of  
19 London Ambulance Service. Firstly on the issue about  
20 radios that you were just asked about, was the volume of  
21 traffic, or any other problem with your radio, did that  
22 affect, in any way, your treatment of Leslie Rhodes?  
23 A. No, it would have no impact on patient care.  
24 Q. Secondly, HEMS: you are an experienced paramedic, about  
25 eight years' experience --

139

1 A. Nine years. Nine years this year.  
2 Q. And you have worked with HEMS in the past; is that  
3 right?  
4 A. That's correct.  
5 Q. I won't take you through the sequence of events on the  
6 day, but is it right that by the time you called in to  
7 discuss whether HEMS were coming to you --  
8 A. Yes.  
9 Q. -- you had managed to make a patent airway for Leslie?  
10 A. Mr Rhodes had a patent airway which was being maintained  
11 by simple measures with simple suction. We could have  
12 -- I could have personally intubated Mr Rhodes, but that  
13 would have taken another 10 or 15 minutes on the scene  
14 which, considering his condition and the length of time,  
15 it was going to be detrimental to get him to definitive  
16 care. So we had made the decision to transport with the  
17 measures that we had already taken, because they were  
18 being effective.  
19 Q. So you had maintained an effective airway?  
20 A. Yes.  
21 Q. And as we heard from Dr Lloyd's evidence, his blood  
22 pressure and his pulse were perhaps surprisingly stable?  
23 A. They were remarkable, yes.  
24 Q. If HEMS had come to you at that stage, what further  
25 treatment could they have offered Mr Rhodes?

140

1 A. They may have given Mr Rhodes an anaesthetic, so they  
 2 would take over and put a tube straight into his lungs,  
 3 effectively paralysing him and taking over his  
 4 breathing, so they can control and regulate his  
 5 breathing. That procedure does take some time and  
 6 I don't know enough about it to know whether it would  
 7 have been appropriate to give him, considering his  
 8 condition and his injuries, whether that would have been  
 9 possibly a detrimental manoeuvre to do on the scene  
 10 rather than in hospital.  
 11 Q. There is always a risk of giving an anaesthetic?  
 12 A. There is a high risk giving anaesthetic.  
 13 Q. And does it come to this: you can't say whether or not a  
 14 decision should have been made to give an anaesthetic  
 15 for a patient in that condition?  
 16 A. It's not my place to make that choice.  
 17 Q. And in any event, you were satisfied that you had  
 18 established a patent airway with the relatively minimal  
 19 measures you had taken?  
 20 A. With what we had done on scene we were happy he had a  
 21 nice, clean and clear airway. There was nothing further  
 22 we needed to do for him. We could have done stuff  
 23 ourselves, but we didn't need to at that point.  
 24 Q. At that point the priority was for you there to take him  
 25 to hospital?

141

1 A. To definitive care which would be done at King's  
 2 College.  
 3 Q. And if HEMS had been present and had taken further steps  
 4 then of course he would have remained on the bridge for  
 5 longer?  
 6 A. He would have been there for another 15 minutes,  
 7 probably.  
 8 Q. Just in terms of the times of arrivals and departures,  
 9 Mr Hough took you to the PRF form which showed that you  
 10 left the bridge at 3.08; is that correct?  
 11 A. That's correct.  
 12 Q. And could I have on screen, please, {DC5071/7}. Just  
 13 while this is being brought up, this is from the  
 14 computerised -- computer assisted dispatch note for  
 15 C2392. If we look down towards the bottom of that page,  
 16 we can see Q303. Is that the call sign of the ambulance  
 17 that you departed for King's College Hospital in?  
 18 A. That's correct, yes.  
 19 Q. If we look down the list of times, we can see a time  
 20 about halfway down, 15.18 "Estimate that vehicle is red  
 21 at hospital".  
 22 A. Yes.  
 23 Q. Does that mean arrived at hospital?  
 24 A. Yes, the vehicles are electronically tracked and when  
 25 they come within a certain distance of a facility, be it

142

1 an ambulance station or a hospital, the system will  
 2 automatically flag that they are at that location at  
 3 that time.  
 4 Q. And the entry below that, we can see "Ignition turned  
 5 off".  
 6 A. Yes, that's correct. Again, it is just time-stamped --  
 7 on the vehicle, whenever you turn the ignition off or  
 8 on, that is time stamped on the vehicle logs.  
 9 Q. So we can be fairly satisfied, can't we, that Leslie and  
 10 you had arrived at King's College Hospital by 3.18?  
 11 A. Yes, that's correct.  
 12 Q. About 10 minutes after you had left the bridge?  
 13 A. Yes.  
 14 Q. During the journey -- that can be taken off the screen,  
 15 thank you -- you had, during the journey, alerted the  
 16 hospital that you were on your way?  
 17 A. Correct.  
 18 Q. And a major trauma team was waiting for you when you  
 19 arrived?  
 20 A. Yes.  
 21 Q. During the journey, were there any difficulties with  
 22 Leslie's airway that you were aware of?  
 23 A. No, we maintained his airway just with occasional  
 24 suction en route to hospital. It was an uneventful  
 25 journey.

143

1 MR HILL: Thank you, those are the questions I have for you.  
 2 MR HOUGH: Those are all the questions everyone has for you.  
 3 Mr Moody, thank you very much.  
 4 THE CHIEF CORONER: Mr Moody, can I simply echo, again, the  
 5 gratitude that's expressed by Mr Patterson on behalf of  
 6 the family of Leslie Rhodes for all that you did that  
 7 afternoon. Thank you very much.  
 8 A. Thank you.  
 9 MR HOUGH: Sir, that is the end of our evidence for today.  
 10 THE CHIEF CORONER: Yes.  
 11 Discussion re procedural matters  
 12 MR HOUGH: There are a few procedural matters for me to  
 13 address. I'll do the first two shortly. First of all,  
 14 having been in communication with Ms Stevens and  
 15 Mr Adamson, the timetable is, for the moment, to remain  
 16 as it is, with PCs Ashby and Sanders scheduled to start  
 17 on Friday, running into Monday.  
 18 THE CHIEF CORONER: Yes.  
 19 MR HOUGH: But on the premise that all we shall do is to  
 20 hear from PC Ashby my questions and questions from  
 21 Mr Patterson and Mr Adamson. We won't go any further  
 22 than that. That's the most we will hear because that  
 23 will give Ms Stevens the opportunity to ask her  
 24 questions on Monday when she is available.  
 25 THE CHIEF CORONER: Yes.

144

1 MR HOUGH: The other procedural matter I wanted to raise is  
2 that all interested persons will have received a short  
3 note, or a short note from Ms Stevens' team, and a short  
4 responsive note from us, and there will be some legal  
5 argument on Thursday at the end of the evidence in the  
6 late afternoon.

7 THE CHIEF CORONER: Yes.

8 MR HOUGH: The third point will take a little longer, but  
9 I hope not too much longer. It concerns the anonymity  
10 applications I alluded to yesterday.

11 THE CHIEF CORONER: Yes.

12 MR HOUGH: As you know there are two applications, the first  
13 is by AA and AB. As I mentioned yesterday, one is  
14 a postgraduate student for whom Khalid Masood did some  
15 translation and other similar work, and the other is the  
16 postgraduate's partner, from whose account some payments  
17 for that work were made to Khalid Masood. These  
18 payments and the work were investigated and were found  
19 to be entirely genuine and innocuous.

20 The second application is of a witness who is being  
21 called Stacey Leicester by way of pseudonym. She is  
22 a lady who exchanged some emails with Khalid Masood over  
23 a dating site in 2012 or 2013, we believe. The emails,  
24 at least from Masood to her, have some significance  
25 because they involve him explaining certain aspects of

145

1 his life, and therefore we may go to the emails. It's  
2 relevant for me to mention that in those emails, she  
3 used an alias name for the website.

4 Sir, these individuals all made applications to be  
5 anonymised in the Inquests and various orders to be made  
6 by way of special measures. It occurred to us last week  
7 that it was very likely that no interested person would  
8 actually want to ask a question which might identify the  
9 names of any of these individuals. Specifically in  
10 relation to AA and AB, we considered that it was  
11 possible that some evidence may be given about the sort  
12 of work Masood was doing in the latter years of his  
13 life, but there need not be any reference to the names  
14 of the people for whom he was doing it.

15 THE CHIEF CORONER: Yes.

16 MR HOUGH: Equally, we considered that it was likely that  
17 there would be some reference to what Masood said in the  
18 emails in the dating communications, but it would not be  
19 necessary, or even relevant, to identify the person with  
20 whom he exchanged emails.

21 In the light of that, we have asked all interested  
22 persons whether any of them would wish to elicit the  
23 names or identifying details of any of these people, and  
24 we understand that no interested person does want to do  
25 that. In those circumstances, we are proposing

146

1 a different kind of order, which simply recognises the  
2 fact that these names are not going to be mentioned, but  
3 gives the opportunity for those individuals to make  
4 appropriate representations if anybody changes their  
5 mind.

6 THE CHIEF CORONER: Yes.

7 MR HOUGH: Or if anyone, either advocate or witness, blurts  
8 out any names.

9 So the form of order we suggest is as follows, and  
10 I'll read it out relatively slowly:

11 "1. This order concerns applicants for anonymity in  
12 these proceedings who have been referred to as AA, AB,  
13 and Stacey Leicester (the applicants).

14 "2. No interested person shall ask a question of any  
15 witness tending to reveal the name or identifying  
16 details of any of the applicants without first seeking  
17 the permission of the court.

18 "3. The names and identifying details of the  
19 applicants shall not otherwise be disclosed in the  
20 Inquests hearing, save with the permission of the court.

21 "4. The court will not make any order giving  
22 permission for the names or identifying details of any  
23 of the applicants to be disclosed in the Inquests  
24 hearing without first having given that person the  
25 opportunity to make representations.

147

1 "5. Pursuant to section 11 of the Contempt of Court  
2 Act 1981, the names and identifying details of the  
3 applicants shall not be published in connection with the  
4 Inquests, pending and subject to any further order of  
5 the court."

6 I pause there. The reason for that provision is  
7 effectively to give practical effect to the other orders  
8 by ensuring that if a name is blurted out --

9 THE CHIEF CORONER: Yes.

10 MR HOUGH: -- and the applicant wants to come to court and  
11 say it should not go any further, it isn't reported in  
12 the press in the intervening time. It doesn't in any  
13 way constrain you from allowing the evidence into the  
14 open if that's the ultimate -- if that were to be the  
15 ultimate decision. But, as I say, that's not likely to  
16 happen.

17 THE CHIEF CORONER: And just on that, Mr Hough, bearing in  
18 mind there is a transcript being provided, I'm sure the  
19 solicitors to the Inquest will be alive to making sure  
20 that if it were said, that it's removed or extracted  
21 from the transcript before that was put on the website?

22 MR HOUGH: Indeed. Indeed.

23 Then:

24 "6. In the event of an application being made in  
25 the future, under Regulation 27(2) of The Coroners'

148

1 (Investigations) Regulations 2013, for documents to be  
2 provided which contain the names or identifying details  
3 of any of the applicants. No decision will be made to  
4 the effect that such documents should be provided  
5 without the relevant applicants first having been given  
6 the opportunity to make representations.”

7 And the reason for that provision is that there is  
8 a regulation in the 2013 regulations which enables  
9 people to request material held by coroners after  
10 inquests. There are documents in the Inquest disclosure  
11 which identify these individuals, and it just gives them  
12 the protection that before such documents were released  
13 to anyone outside the circle of interested persons, they  
14 would have the right to make representations.

15 THE CHIEF CORONER: Yes.

16 MR HOUGH: So that's the order we propose and the reasons  
17 for it. I undertook to a member of the press yesterday  
18 that any journalist in court would be entitled to make  
19 any observations they wanted to about this, but this is,  
20 of course, not an order which precludes the press from  
21 reporting what happens in court, except in a situation  
22 of something happening by accident.

23 THE CHIEF CORONER: Yes.

24 MR HOUGH: It's simply providing a degree of protection for  
25 something we don't think will happen, namely the

149

1 mentioning of these names.

2 Mr Bunting sits behind me, and he is here  
3 representing AA and AB. He will no doubt tell you if  
4 I've got anything wrong by way of explanation.

5 THE CHIEF CORONER: Mr Bunting, nice to see you.

6 MR BUNTING: Good afternoon. I'm very grateful to leading  
7 counsel to the Inquest for including me in the  
8 discussions and for sending through a draft of his  
9 proposed order. I respectfully endorse that draft. AA  
10 and AB are, as you know, not witnesses, properly  
11 interested parties or important players in these  
12 proceedings, their identities are effectively irrelevant  
13 and this is a pragmatic order that doesn't interfere  
14 with open justice or Article 10 in the slightest.

15 Unless I can assist you any further, sir, I endorse  
16 the approach adopted by leading counsel to the Inquest.

17 THE CHIEF CORONER: Thank you.

18 Yes.

19 MEMBER OF THE PRESS: My Lord, this is a deft move on the  
20 part of the people involved to maintain anonymity by the  
21 back door without actually putting an anonymity order in  
22 place, and it's clear that the lady, particularly the  
23 lady who has had some online communication with  
24 Mr Masood, is going to be quite important to proceed.

25 I think we're concerned on this side of the court

150

1 that there has been a gentle drift towards granting  
2 anonymity where no explanation has been given for why  
3 that anonymity might be needed, and in the case of the  
4 7/7 Inquest in particular, there was a girlfriend  
5 involved in that case who wasn't granted anonymity  
6 because there was no need for her to be given that  
7 anonymity. Equally, there was a grant of anonymity to  
8 another girlfriend who had extenuating personal  
9 circumstances where it was granted, and the coroner in  
10 that case, Lady Justice Hallett, looked in detail into  
11 the personal circumstances in both cases and made  
12 a decision on that basis, and we would ask my Lord to do  
13 the same in this case, and not to allow anonymity via  
14 some side, you know, tactic, if you like.

15 THE CHIEF CORONER: But you accept — I think you accept, by  
16 what you are telling me, a distinction between AA and AB  
17 and the third ...

18 MEMBER OF THE PRESS: We can see that AA and AB are not,  
19 perhaps, central to the inquiries that are going on, but  
20 we make the same application where they are concerned  
21 because we don't see why there is a need for some  
22 postgraduate student to be anonymised.

23 This is a case of open justice, this is a British  
24 court, we go by the principles that the public should be  
25 allowed to hear not just what happens in this court, but

151

1 also who is involved in it, and the very process that  
2 we're going through, of course is first and foremostly  
3 for the families involved, but it's also important for  
4 the public to understand exactly what has happened in  
5 this case, and for that to happen there must be as much  
6 open justice as possible, particularly in these times  
7 when we face conspiracy theories from all sorts of  
8 quarters.

9 I leave it there from this point of view at the  
10 moment, but perhaps we could make some further  
11 submissions by email, if necessary.

12 THE CHIEF CORONER: Thank you.

13 MR HOUGH: Sir, first of all, I'm grateful for an eloquent  
14 and clear set of submissions. Just by way of context,  
15 there has been no lack of rigour on your part or on your  
16 team's part in dealing with anonymity applications in  
17 this case. You have produced two substantial rulings on  
18 anonymity applications, the first dated 12 March this  
19 year, the second dated 10 August this year, and you've  
20 ruled on quite a number of applications, and in the  
21 second of those you refused the bulk of the applications  
22 of individuals, I think almost all applications of  
23 individuals connected with Khalid Masood.

24 Open justice has been placed at a premium —

25 THE CHIEF CORONER: Yes.

152

1 MR HOUGH: --- and at an appropriate premium by your rulings,  
 2 sir.  
 3 There is, however, a difference between making  
 4 a ruling that somebody who will feature in the evidence,  
 5 whose name will feature in the evidence, should be  
 6 anonymised, thereby preventing the press from reporting  
 7 what happens in a court, and recognising that some  
 8 individuals are simply not going to be named but giving  
 9 them the opportunity to step in if unexpectedly they are  
 10 named.  
 11 THE CHIEF CORONER: Yes.  
 12 MR HOUGH: And it is the latter category of case in which we  
 13 find ourselves. There is no ruse. If there was any  
 14 intention by any interested person to name these  
 15 individuals we would be having a full blown anonymity  
 16 application for which we have made time this afternoon,  
 17 so of course we will consider further representations by  
 18 the press, but the virtue of the order we propose is  
 19 that it's one that you can reconsider on any further  
 20 representations which impress you as to their cogency.  
 21 THE CHIEF CORONER: Yes, it seems to me, Mr Hough, what I am  
 22 going to do is to make the order in the terms set out,  
 23 but I'm going to invite certainly the gentleman of the  
 24 press who addressed me to --- I'm going to give them the  
 25 opportunity to pursue any further matters they wish to,

153

1 and of course it may be that we need to come back to  
 2 this later on in any event even if I continued to say  
 3 this order should be in place, because one has to accept  
 4 that in an Inquest hearing such as this, things will  
 5 change, it has to be a fluid process. And so for the  
 6 moment the order will be put in place.  
 7 In terms of giving further time, Mr Hough, I was  
 8 going to suggest 48 hours for any further  
 9 representations to be put in written form.  
 10 I'm conscious if I say 24 hours, that sometimes isn't  
 11 long enough, but 48 hours I would have thought would be  
 12 sufficient. What I would invite you to do is to simply  
 13 send those by email to the Inquest team, and I'm sure  
 14 Mr Hough will respond to those, as, I'm sure, will  
 15 Mr Bunting if there's anything further he wishes for me  
 16 to have in mind.  
 17 But, again, I repeat that even if after that  
 18 I'm still not going to change the order, that doesn't  
 19 mean that I won't have to review it once we get further  
 20 into the evidence, and particularly that part of the  
 21 Inquest dealing with the inquiries made by the Inquest  
 22 team into Masood.  
 23 MEMBER OF THE PRESS: I am grateful, and I am, just to be  
 24 clear, aware of the previous efforts that have been gone  
 25 through by the Inquest.

154

1 THE CHIEF CORONER: Yes.  
 2 MEMBER OF THE PRESS: But as I see it at the moment, the  
 3 order would prevent us, were we to come across the name  
 4 somewhere else, from reporting it in connection with the  
 5 proceedings here either. So in effect it is  
 6 an anonymity application, even if the name were not to  
 7 be used (inaudible). If we want to make further  
 8 submissions, we will do so by email.  
 9 THE CHIEF CORONER: Thank you very much. And I think you  
 10 were kind enough to point out yesterday that the relay  
 11 wasn't working downstairs. I don't know if we have  
 12 managed to get that working.  
 13 MEMBER OF THE PRESS: It is working but it's difficult to  
 14 hear downstairs because of the amount of microphone  
 15 interruption. But I believe there are enough seats for  
 16 most people to be sitting at the back.  
 17 THE CHIEF CORONER: I think there has been sufficient space  
 18 in the main body of the court. Thank you.  
 19 MR HOUGH: Thank you. Unless any other advocate has any  
 20 other procedural matters to raise, that's our diet for  
 21 today.  
 22 THE CHIEF CORONER: Thank you. And we will sit again  
 23 tomorrow morning at 10.15 am.  
 24 MR HOUGH: Thank you, sir.  
 25 (3.46 pm)

155

1 (The court adjourned until 10.15 am on  
 2 Wednesday, 12 September 2018)

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17  
18  
19  
20  
21  
22  
23  
24  
25

156



|    |   |      |
|----|---|------|
| 1  | INDEX                                     | 159  |
| 2  |   | PAGE |
| 3  | MRS MELISSA ANNE COCHRAN (Affirmed) ..... | 1    |
| 4  | Examination by MR HOUGH .....             | 1    |
| 5  | Examination by MR PATTERSON .....         | 5    |
| 6  | Examination by MR ADAMSON .....           | 7    |
| 7  | MS KYLIE SMITH (Sworn) .....              | 8    |
| 8  | Examination by MR HOUGH .....             | 8    |
| 9  | Examination by MR PATTERSON .....         | 17   |
| 10 | Examination by MR ADAMSON .....           | 20   |
| 11 | MR NEIL PETER HULBERT (Sworn) .....       | 21   |
| 12 | Examination by MR HOUGH .....             | 21   |
| 13 | Examination by MR PATTERSON .....         | 30   |
| 14 | MS TANYA MARIE HENSHAW (Affirmed) .....   | 35   |
| 15 | Examination by MR HOUGH .....             | 35   |
| 16 | Examination by MR PATTERSON .....         | 46   |
| 17 | Examination by MR HILL .....              | 53   |
| 18 | MR JAMES ROBERT RICHARDS (Affirmed) ..... | 54   |
| 19 | Examination by MR HOUGH .....             | 54   |
| 20 | Examination by MR PATTERSON .....         | 69   |
| 21 | Examination by MR ADAMSON .....           | 80   |
| 22 | Examination by MR HILL .....              | 80   |
| 23 | Further examination by MR HOUGH .....     | 84   |
| 24 | DC SIMON OSLAND (Recalled) .....          | 85   |
| 25 | Examination by MR HOUGH .....             | 85   |

157

|   |  |     |
|---|--|-----|
| 1 | Examination by MR PATTERSON .....        | 90  |
| 2 | DR GARETH WILLIAM LLOYD (Affirmed) ..... | 95  |
| 3 | Examination by MR HOUGH .....            | 95  |
| 4 | Examination by MR PATTERSON .....        | 116 |
| 5 | MR GARY NORMAN MOODY (Affirmed) .....    | 124 |
| 6 | Examination by MR HOUGH .....            | 124 |
| 7 | Examination by MR PATTERSON .....        | 135 |
| 8 | Examination by MR HILL .....             | 139 |
| 9 | Discussion re procedural matters .....   | 144 |

10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

158

|          |   |  |   |   |  |  |
|----------|---|--|---|---|--|--|
| <b>A</b> | addressing (1) 119:1<br>adjourned (1) 156:1<br>adjournment (1) 95:10<br>adjunct (1) 108:20<br>adjusted (1) 14:4<br>administered (1) 75:11<br>administering (1) 53:12<br>adopted (1) 150:16<br>adrenaline (2) 75:5,11<br>advanced (2) 64:13,15<br>advocate (2) 147:7<br>155:19<br>ae (5) 63:19 72:16<br>115:9 116:7 132:4<br>affairs (2) 66:19,20<br>affect (1) 139:22<br>affected (1) 8:1<br>affirmed (10) 1:6 35:1<br>54:15 95:14 124:19<br>157:3,14,18 158:2,5<br>afraid (11) 59:1,13<br>67:14 72:24 73:6<br>74:12 75:21 79:5<br>80:25 118:20 121:4<br>after (41) 2:16<br>4:10,20,21 9:9 14:2<br>15:6,11 21:11<br>22:22,23,25 24:3,4<br>27:4 29:11 36:12 44:1<br>47:19 57:17 59:25<br>62:18 64:22 66:22<br>68:1 79:11 80:23 83:2<br>88:23 89:1 95:20<br>108:2 113:3 115:20<br>125:5 131:9,23 134:23<br>143:12 149:9 154:17<br>afternoon (14) 2:17<br>22:10 35:23 46:13<br>52:23 78:6 94:22<br>95:12 134:17 135:10<br>144:7 145:6 150:6<br>153:16<br>afterwards (4) 8:23<br>46:4 92:14 94:11<br>again (38) 9:17,20<br>28:14 29:5 36:19 39:2<br>41:3 42:20 43:9 45:2,2<br>46:25 50:8 52:23 54:8<br>59:21 72:23 73:5<br>88:22 97:11,12 102:16<br>103:9 105:1 108:21<br>109:1 112:24 114:10<br>115:5 122:5 123:25<br>129:4,14 137:14 143:6<br>144:4 154:17 155:22<br>against (3) 14:11 47:9<br>70:22<br>age (2) 105:8 116:14<br>ages (1) 9:3<br>ago (2) 67:18 73:7<br>agonal (3) 60:23<br>61:9,12<br>agree (1) 75:2<br>agreement (2) 45:3<br>67:23<br>ah (2) 76:9 118:3<br>ahead (3) 18:4 99:7<br>126:6<br>aid (3) 27:7,9,10<br>aided (1) 57:14<br>aiding (1) 73:24<br>aim (4) 54:8 95:2 110:8<br>135:1 | aiming (1) 14:13<br>air (13) 14:24 15:4<br>17:15 24:20 25:4 31:1<br>43:6 50:11 88:19<br>91:13,25 110:12 120:4<br>airway (58) 42:14,16,23<br>43:1,15 44:12<br>47:15,18 51:8,9 61:8<br>62:8,11,11,21,22<br>63:14<br>64:8,11,13,13,14,15,16,19,19,20,29<br>65:1,4 68:11 72:3,6<br>74:20 81:4,14<br>106:8,24 107:8<br>108:3,16,19,20 109:24<br>113:15 114:4,6,9<br>119:4 129:20,22<br>140:9,10,19 141:18,21<br>143:22,23<br>airways (3) 129:22<br>134:4,5<br>albert (2) 23:24 24:9<br>alerted (1) 143:15<br>alias (1) 146:3<br>alive (4) 73:22,25 116:5<br>148:19<br>allocated (1) 120:18<br>allocation (2) 112:2,10<br>allotted (1) 16:16<br>allow (4) 50:17<br>62:19,23 151:13<br>allowed (1) 151:25<br>allowing (1) 148:13<br>allows (1) 63:14<br>alluded (1) 145:10<br>almighty (1) 24:18<br>almost (4) 3:12,14,18<br>152:22<br>along (38) 2:21 4:9<br>14:9,17 15:5,7<br>16:16,19 18:10<br>23:2,3,12,21 24:17<br>30:10 37:1,3,4,8 43:22<br>58:23 69:11 75:18,22<br>78:2 86:22 87:7,11,20<br>88:7,8,13,24 89:1<br>90:12 91:20 126:18<br>131:9<br>already (13) 47:1 73:4<br>85:21,24 88:18 100:18<br>101:19 102:23 103:22<br>113:15 127:18 130:6<br>140:17<br>also (17) 26:18 30:7<br>42:14 62:12 75:4<br>93:24 95:19 96:23<br>104:24 106:20 110:7<br>113:16 117:2 124:15<br>137:10 152:1,3<br>although (6) 19:6 33:18<br>49:21 71:17 72:2<br>108:18<br>altogether (1) 41:12<br>always (4) 42:22 51:8<br>77:22 141:11<br>ambulance (69) 36:12<br>39:24 42:4,7<br>43:7,18,23 44:10<br>47:14 53:3<br>55:7,14,16,18,20 56:2<br>57:5 61:24 62:1 74:21<br>76:10 78:8 79:12<br>80:10,24 83:4 84:20 | 103:24 105:17 109:15<br>110:2 111:6,12<br>112:1,19,21<br>113:3,4,7,10,19,22,25<br>114:7,24 115:3 118:16<br>119:23 120:4,16<br>122:17,19 123:8,9<br>125:9,18 126:6,15<br>130:1 131:6,8,22,23<br>132:9 137:18,21<br>142:16 143:1<br>ambulance (1)<br>48:13<br>ambulance (2) 45:3<br>49:14<br>ambulances (1) 138:22<br>amount (3) 41:10 114:8<br>155:14<br>anaesthetic (4)<br>141:1,11,12,14<br>angle (3) 103:1,9 117:7<br>anne (3) 1:6,20 157:3<br>anniversary (1) 2:11<br>anonimised (3) 146:5<br>151:22 153:6<br>anonymity (14) 145:9<br>147:11 150:20,21<br>151:2,3,5,7,7,13<br>152:16,18 153:15<br>155:6<br>another (26) 3:21 7:18<br>11:15 12:1 29:2,5<br>38:24,25 55:6 56:1<br>65:10 94:22,23 101:15<br>103:11 104:23 112:24<br>113:17 120:16 126:8<br>130:17 137:8,21<br>140:13 142:6 151:8<br>answer (1) 74:12<br>answered (1) 39:11<br>anticipated (1) 111:19<br>anticipating (1) 120:25<br>anybody (2) 103:16<br>147:4<br>anymore (1) 106:17<br>anyone (8) 26:21 38:22<br>78:23 113:19 124:2<br>127:18 147:7 149:13<br>anything (23) 4:16<br>5:10,11 25:18 26:1<br>27:20 29:3,19 32:20<br>34:9 42:3 45:8 57:8<br>66:7 115:18 123:18<br>127:23 128:6,12<br>135:2,4 150:4 154:15<br>anyway (4) 16:16 29:17<br>31:8 53:13<br>anywhere (3) 76:2<br>135:24 136:20<br>apart (2) 77:10 118:23<br>apnoeic (1) 68:10<br>apologies (1) 7:24<br>apologise (1) 55:4<br>apparent (3) 100:6<br>112:5 122:8<br>apparently (1) 6:20<br>appear (3) 31:8 52:24<br>53:3<br>appeared (17) 17:17<br>33:1 38:25 39:14<br>98:17,24 100:2,11<br>101:8,21 103:22 105:6<br>113:21 118:25 120:20 | 123:23 126:20<br>appears (6)<br>91:8,13,16,21 92:2<br>93:22<br>applicant (1) 148:10<br>applicants (8)<br>147:11,13,16,19,23<br>148:3 149:3,5<br>application (5) 145:20<br>148:24 151:20 153:16<br>155:6<br>applications (8)<br>145:10,12 146:4<br>152:16,18,20,21,22<br>applied (3) 106:23<br>111:9 129:23<br>apply (1) 110:5<br>applying (3) 100:15<br>107:6 108:16<br>appreciate (6) 21:9<br>24:25 34:16 67:17<br>73:7 124:8<br>appreciated (1) 49:22<br>approach (8) 36:22<br>57:20 64:22 68:4 72:2<br>110:15,16 150:16<br>approached (9) 37:18<br>39:21 56:20 57:4 59:8<br>90:19 101:1 104:3<br>126:18<br>approaching (4) 6:9<br>59:2 100:25 126:22<br>appropriate (8) 74:15<br>112:9,12 119:15<br>131:12 141:7 147:4<br>153:1<br>approximate (3)<br>56:9,18 94:2<br>approximately (11)<br>37:24 61:4,16,20 63:6<br>82:12 111:20,22 126:3<br>127:4 128:5<br>april (2) 8:23 125:6<br>area (12) 3:22 9:19<br>20:11 26:17 36:5<br>51:24 54:2 69:16<br>101:5 106:14 121:13<br>130:23<br>arent (1) 137:12<br>argument (1) 145:5<br>arm (6) 6:17,17 26:1<br>65:15 104:4,14<br>arose (1) 138:17<br>around (29) 2:9 3:22<br>11:13 12:15 16:14<br>20:20 22:8,20 25:2<br>26:17 29:7 37:5 51:11<br>58:18 59:20 61:7<br>73:18 80:18,19 81:14<br>84:5 90:25 91:5<br>92:4,25 99:23 106:13<br>127:20 130:18<br>arrangements (1) 84:19<br>arrest (3) 74:1 75:12<br>133:9<br>arrival (12) 70:17 72:15<br>80:17 109:20,22,23<br>111:12 115:10 121:12<br>132:3,18 135:24<br>arrivals (1) 142:8<br>arrive (9) 43:8 45:18<br>108:5 109:13 121:23<br>126:2 130:1 137:4,11 | arrived (27) 29:1,15<br>33:21,22 42:4,10 44:1<br>47:14,19,20 48:1,5,21<br>57:16 63:18 70:3<br>108:7 109:15 113:4<br>119:23 126:9 127:19<br>130:2 132:24 142:23<br>143:10,19<br>arriving (5) 29:12 109:6<br>115:20 120:6 133:23<br>art (1) 68:22<br>article (1) 150:14<br>ascertain (2) 62:7 64:24<br>ascertaining (1) 64:23<br>ashby (2) 144:16,20<br>ask (26) 1:24 5:23 8:18<br>17:13 20:1,3 30:16<br>34:5 35:6 46:10 52:22<br>69:21 80:2,9 95:20<br>116:19 117:4 130:13<br>135:8,12 139:15,18<br>144:23 146:8 147:14<br>151:12<br>asked (15) 1:25 7:6<br>8:19 15:14 21:21 35:7<br>41:22 54:21 62:17<br>66:25 80:4 135:15<br>136:14 139:20 146:21<br>asking (7) 21:20 40:1<br>54:20 60:14 95:19<br>124:24 128:24<br>aspects (1) 145:25<br>aspirated (1) 129:20<br>aspirator (2) 108:11<br>114:7<br>assess (3) 58:23 62:4<br>106:17<br>assessed (2) 27:13<br>127:10<br>assessment (1) 72:13<br>assessment (11) 26:13<br>40:3,5 60:10 61:23<br>62:2 105:22 109:21<br>133:4,17,21<br>assist (14) 41:20 43:3<br>48:12 50:14 69:9 71:3<br>73:15 77:19 83:25<br>102:1 103:16 108:8<br>109:16 150:15<br>assistance (26) 34:8<br>46:14 48:6 49:21 54:1<br>63:17 78:9,14 86:5<br>101:25 102:10 105:20<br>109:13 117:1,1,4<br>118:10 120:9 121:23<br>122:25 123:2<br>129:11,25 130:8<br>135:17 137:17<br>assisted (3) 48:17 69:15<br>142:14<br>assisting (7) 17:10 43:7<br>69:11 78:18,24 109:6<br>129:12<br>assume (1) 14:20<br>assumed (1) 123:5<br>asystole (3) 66:11,15<br>73:9<br>asystolic (1) 67:21<br>attach (2) 72:4,7<br>attached (1) 48:9<br>attaching (2) 62:18,25<br>attack (10) 18:2 54:25<br>56:25 57:10,17 76:5 | 86:2 97:1,20 125:3<br>attempt (5) 65:10 68:8<br>100:7,20 101:9<br>attempted (5) 62:10<br>63:22 65:11 67:12<br>114:1<br>attempting (5) 65:7,13<br>66:4 67:11 106:22<br>attend (4) 67:18 101:24<br>120:25 124:17<br>attendance (2) 125:2<br>132:10<br>attended (1) 104:24<br>attending (6) 54:24<br>89:13 101:20 105:15<br>122:9 123:5<br>attention (15)<br>12:12,20,24 24:13,22<br>34:7 36:2 89:6,12<br>97:24 101:11,12,14,16<br>127:13<br>attractions (1) 2:14<br>august (1) 152:19<br>automatic (4) 62:18<br>63:11,13,16<br>automatically (1) 143:2<br>av000449 (1) 37:13<br>av004422 (1) 11:15<br>av004431 (1) 102:22<br>av004440 (1) 103:5<br>av004441 (1) 103:5<br>av004442 (1) 103:6<br>av004448 (1) 103:6<br>av00573 (2) 11:8 13:17<br>available (5) 7:16 94:24<br>137:12 139:11 144:24<br>average (2) 121:12<br>135:23<br>awaiting (1) 112:10<br>awake (1) 38:12<br>aware (25) 25:13 34:3<br>49:9,10 51:25 52:11<br>68:7 78:7 84:5,6<br>85:4,9 94:19 98:3,21<br>110:12 120:23 121:25<br>123:13,13 126:20<br>130:11,25 143:22<br>154:24<br>away (9) 1:10 15:8<br>16:11 25:10 26:22<br>35:20 89:21 102:17<br>117:22<br>awful (2) 25:22,23 |
|          |   |  |   |   |  | <b>B</b>   |
|          |   |  |   |   |  | b (2) 58:7 72:2<br>back (33) 13:16 23:1,17<br>30:12 36:15 39:17<br>41:2 47:5,16 53:20<br>71:2 73:3 87:7 91:1<br>92:13,15 94:10 99:14<br>100:19 104:6 106:2,10<br>107:1 108:13 118:6<br>119:4 123:15 128:13<br>129:19 135:2 150:21<br>154:1 155:16<br>background (4) 2:4<br>22:5 23:15 85:25<br>backpack (3) 5:25<br>31:22 71:3<br>backs (1) 10:12<br>backwards (1) 108:22<br>bad (1) 128:20  |

|                                |                                |                                |                                 |                                |                                 |                                |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|--------------------------------|
| <b>badly (2)</b> 5:6 40:8      | 132:1 134:13 136:4,23          | 60:18 62:15 94:4               | <b>bumper (4)</b> 30:8 98:24    | <b>carrying (2)</b> 50:21      | 54:6,14 85:12,17                | <b>cogency (1)</b> 153:20      |
| <b>bag (11)</b> 26:11 43:4     | 140:10,18 142:13               | 132:20 142:15                  | 102:14 117:24                   | 113:19                         | 94:17,21 95:8 124:6             | <b>cold (1)</b> 41:11          |
| 48:11,14 50:12                 | 145:20 148:18,24               | <b>box (4)</b> 1:5 7:23 34:24  | <b>bunting (4)</b> 150:2,5,6    | <b>cars (2)</b> 137:10,13      | 144:4,10,18,25                  | <b>collapsed (1)</b> 100:14    |
| 60:9,10,11,12 62:12            | <b>believe (25)</b> 3:12 55:12 | 54:13                          | 154:15                          | <b>cases (1)</b> 151:11        | 145:7,11 146:15 147:6           | <b>colleague (16)</b> 11:3     |
| 113:23                         | 57:24 62:13 63:5,10            | <b>bradycardia (1)</b> 66:12   | <b>bus (11)</b> 18:3 37:1       | <b>casting (2)</b> 73:3 123:15 | 148:9,17 149:15,23              | 15:12,14,24 16:8               |
| <b>balustrade (2)</b> 38:19    | 65:19 67:22 68:6 69:5          | <b>bradycardic (1)</b> 66:10   | 86:12,13,15                     | <b>casualties (12)</b> 30:4    | 150:5,17 151:15                 | 19:14,18 48:24 55:18           |
| 60:2                           | 70:18 76:2,8 77:1,2,22         | <b>brain (5)</b> 52:8 73:24,25 | 87:7,7,17,22 100:24             | 58:25 59:2 69:9 76:14          | 152:12,25 153:11,21             | 60:14 64:2 65:21               |
| <b>bang (3)</b> 16:19 98:3,13  | 78:21 79:9 81:1 87:5           | 115:24 116:3                   | 101:4                           | 77:1 84:19 126:19,20           | 155:1,9,17,22                   | 66:22 71:23 128:9              |
| <b>banged (1)</b> 30:21        | 102:16 120:16 125:12           | <b>brakes (1)</b> 100:15       | <b>buses (2)</b> 86:15 98:9     | 127:2,9 129:9                  | <b>child (1)</b> 33:14          | 132:24                         |
| <b>bank (16)</b> 9:15 10:2,4   | 145:23 155:15                  | <b>break (8)</b> 1:13,15       | <b>busier (1)</b> 21:1          | <b>casualty (2)</b> 28:20      | <b>children (13)</b> 9:3,7      | <b>colleagues (2)</b> 79:22    |
| 11:17 15:16 16:17              | <b>believed (2)</b> 56:25 76:4 | 8:10,12 54:5,8,10              | <b>busy (3)</b> 20:16,18 51:7   | 101:15                         | 10:25 11:4,9                    | 137:22                         |
| 23:9 86:16,16,25               | <b>belonging (1)</b> 113:24    | 94:20                          | <b>buy (3)</b> 12:17 74:4       | <b>catching (1)</b> 118:20     | 15:13,15,17,17,25               | <b>collection (1)</b> 110:12   |
| 87:1,9 88:2 89:18              | <b>belongings (1)</b> 10:23    | <b>breath (3)</b> 40:12,13     | 110:9                           | <b>categorised (1)</b> 73:9    | 16:1,8,23                       | <b>collective (1)</b> 45:6     |
| 97:13 126:22                   | <b>below (10)</b> 30:25 36:9   | 61:16                          | <b>C</b>                        |                                |                                 | <b>collectively (1)</b> 108:10 |
| <b>barrel (2)</b> 60:9,12      | 38:21,23 47:3                  | <b>breathe (6)</b> 48:13       | <b>c (1)</b> 72:2               | <b>category (2)</b> 135:20     | <b>choice (3)</b> 53:22 77:18   | <b>college (10)</b> 96:13,24   |
| <b>barrier (1)</b> 103:20      | 59:11,18 109:9 114:18          | 105:13 106:6,22                | <b>c2392 (1)</b> 142:15         | 153:12                         | 141:16                          | 112:11,13 114:16,19            |
| <b>base (2)</b> 107:7 108:21   | 143:4                          | 107:11 119:6                   | <b>call (18)</b> 1:7 8:5 28:15  | <b>caught (1)</b> 136:6        | <b>chronology (1)</b> 72:15     | 137:19 142:2,17                |
| <b>based (1)</b> 125:17        | <b>belvedere (1)</b> 37:6      | <b>breathing (54)</b> 27:17,23 | <b>called (10)</b> 16:3 28:2,3  | <b>cause (2)</b> 74:1 84:18    | <b>circle (1)</b> 149:13        | 143:10                         |
| <b>basic (1)</b> 62:11         | <b>ben (1)</b> 67:9            | 28:6,11,13,13,21               | 36:12 56:2,4,6,7,16             | <b>caused (4)</b> 25:13 90:21  | <b>circled (1)</b> 87:12        | <b>collide (1)</b> 100:17      |
| <b>basically (3)</b> 17:22     | <b>bench (2)</b> 4:9 6:8       | 32:17 33:18,19,23              | 57:12 96:20 122:2               | <b>causes (1)</b> 84:18        | <b>circulation (7)</b>          | <b>collided (1)</b> 100:18     |
| 94:8,13                        | <b>bent (2)</b> 104:10 105:25  | 34:2,3                         | 125:15,19,23 128:11             | <b>cautionary (1)</b> 110:16   | 41:13,13,14 65:2,5              | <b>colliding (1)</b> 100:16    |
| <b>basis (1)</b> 151:12        | <b>beside (1)</b> 18:3         | 40:1,2,10,11,16,19,21,23,25    | 132:13 142:16                   | <b>cctv (9)</b> 2:21 6:1,11    | 81:4,19                         | <b>collision (2)</b> 117:20    |
| <b>bay (1)</b> 114:19          | <b>best (9)</b> 14:12 32:16    | 41:1,3,4,22,23                 | 44:5 55:20 106:23               | 86:11 87:6,16 102:20           | <b>circumstances (7)</b> 53:24  | 125:21                         |
| <b>bays (1)</b> 115:12         | 53:6 67:17,18 80:5             | 48:12,20 50:11 59:3,6          | 126:12 138:19 140:6             | 117:8,10                       | 68:8 80:5 111:23                | <b>colour (1)</b> 130:12       |
| <b>bearing (1)</b> 148:17      | 112:6,16 127:8                 | 60:23 61:9,12 65:2,4           | 145:21                          | <b>cease (2)</b> 81:13,24      | 146:25 151:9,11                 | <b>columns (1)</b> 10:12       |
| <b>beating (2)</b> 72:12 73:18 | <b>better (4)</b> 1:10 16:11   | 68:10 71:17,18 80:12           | <b>calling (2)</b> 26:11 103:24 | <b>ceased (1)</b> 80:19        | <b>clarify (1)</b> 46:15        | <b>coma (1)</b> 133:5          |
| <b>beats (4)</b> 61:20 63:6    | 93:17 111:19                   | 81:4,17,18 105:11,23           | <b>calm (2)</b> 15:23 38:6      | <b>cent (3)</b> 111:23 114:17  | <b>classic (1)</b> 135:16       | <b>come (21)</b> 1:5 3:3,15    |
| 71:25 111:20                   | <b>between (10)</b> 28:4 45:3  | 106:25 108:18 109:24           | <b>came (22)</b> 3:11           | 134:7                          | <b>classified (1)</b> 77:25     | 9:18 23:18 26:17               |
| <b>became (5)</b> 28:11 44:18  | 96:20 98:6 113:16              | 111:11 133:4,11                | 14:10,18 29:2 30:5              | <b>central (4)</b> 2:14 22:7   | <b>clean (1)</b> 141:21         | 27:16 40:19 42:4               |
| 98:2 100:6 122:8               | 120:15 124:11 131:11           | 141:4,5                        | 36:4,24,25 37:3,5               | 41:15 151:19                   | <b>clear (17)</b> 21:10 26:16   | 43:21 84:2 97:23               |
| <b>become (2)</b> 33:23 44:18  | 151:16 153:3                   | <b>bridge (100)</b> 2:20,24    | 43:22 45:20 49:23               | <b>centrally (1)</b> 104:18    | 30:9 44:13 64:8,18              | 107:21 120:1 138:22            |
| <b>becoming (1)</b> 28:7       | <b>beyond (2)</b> 58:8 128:20  | 3:4,10,12,14,22 4:3,13         | 52:15 56:7 72:19 73:8           | <b>centre (7)</b> 36:21        | 74:20 88:19 90:6                | 140:24 141:13 142:25           |
| <b>before (41)</b> 3:11 5:18   | <b>big (2)</b> 43:5 67:9       | 8:22 9:19,21                   | 90:20 98:16 109:16              | 112:7,9 122:15                 | 100:1 106:8 114:4,6             | 148:10 154:1 155:3             |
| 6:16 10:23 12:23               | <b>bill (1)</b> 122:23         | 10:1,7,9,17 11:4,16            | 123:2 128:13                    | 131:16,18 132:2                | 141:21 150:22 152:14            | <b>comes (2)</b> 88:23 138:24  |
| 16:12,15 19:2 22:7,20          | <b>bit (7)</b> 15:21,25 17:7   | 14:9,11,16 15:6 18:5,9         | <b>camera (7)</b> 26:12 86:11   | <b>certain (4)</b> 110:18      | 154:24                          | <b>comfort (2)</b> 34:18 53:25 |
| 27:8,13 29:1,14 43:19          | 20:23 31:3,5 52:5              | 20:20 21:25 22:14              | 87:6,16 88:1 89:17              | 122:24 142:25 145:25           | <b>clearer (1)</b> 43:1         | <b>coming (25)</b> 6:22 7:12   |
| 44:4 47:19 48:1 66:7,9         | <b>black (1)</b> 92:5          | 23:13,17,22 24:10,13           | 117:8                           | <b>certainty (2)</b> 99:17     | <b>clearing (3)</b> 30:12 64:18 | 14:19 21:8 24:25               |
| 69:3 70:3,17 76:10             | <b>bladder (1)</b> 43:5        | 25:8 29:25 30:3,5,10           | <b>cancelled (1)</b> 128:11     | 103:2                          | 108:3                           | 26:18 27:24 28:6               |
| 90:20,25 91:3 94:19            | <b>blanket (1)</b> 52:20       | 35:11 36:9,21                  | <b>candidate (1)</b> 135:16     | <b>cervical (1)</b> 105:22     | <b>clearly (13)</b> 14:1,13     | 42:17 56:15 78:23              |
| 97:3 101:14 109:2              | <b>bleeding (3)</b> 28:21      | 37:8,9,12,16 38:11,14          | <b>cannula (1)</b> 66:2         | <b>chance (3)</b> 15:2 111:24  | 15:22 30:6,10,20                | 85:13 87:19 90:22              |
| 110:10 113:22,23               | 29:21 114:8                    | 40:7 55:19 56:19               | <b>cant (13)</b> 45:12          | 139:3                          | 39:25 58:18 60:22               | 94:9 98:3 99:14                |
| 117:11,20 124:6 126:9          | <b>blissfully (1)</b> 16:13    | 57:20 58:8,23                  | 51:11,13 57:18 59:1             | <b>change (9)</b> 14:2 28:8    | 67:9 74:2 75:21 99:25           | 106:20 107:2 114:8             |
| 129:24 148:21 149:12           | <b>blocks (1)</b> 113:14       | 59:11,16 66:25 69:10           | 67:14 77:9 78:21                | 44:17 77:13 122:18             | <b>clinical (3)</b> 35:17 96:10 | 121:10 122:2,3 130:14          |
| <b>beforehand (1)</b> 81:1     | <b>blood (36)</b> 26:16,18     | 78:6,19,19 83:3 87:17          | 91:23 121:7 136:8               | 138:13,18 154:5,18             | 119:19                          | 140:7                          |
| <b>began (5)</b> 58:23 60:10   | 27:15,24 28:6 40:8             | 88:2,14 89:18 90:12            | 141:13 143:9                    | <b>changed (1)</b> 123:19      | <b>clinician (1)</b> 40:18      | <b>command (1)</b> 83:8        |
| 76:11 107:11 119:6             | 41:11 42:17 43:12              | 95:23 96:25                    | <b>captured (1)</b> 117:8       | <b>changes (2)</b> 116:3 147:4 | <b>clip (5)</b> 86:19           | <b>commander (3)</b>           |
| <b>begin (3)</b> 76:24 87:24   | 44:6 51:9,10,12 61:7           | 97:10,12,17,23                 | <b>car (35)</b> 4:22 5:1,6 6:9  | <b>changing (1)</b> 138:16     | 87:5,12,15 90:24                | 83:11,16,22                    |
| 116:20                         | 62:10 73:18 106:19,20          | 98:2,12 99:6,8 103:20          | 12:19,23 13:6,7,21,21           | <b>channel (2)</b> 138:12,13   | <b>clips (1)</b> 90:18          | <b>commence (1)</b> 55:11      |
| <b>beginning (2)</b> 15:24     | 107:1,2,17,21,22               | 112:14,15 116:14               | 14:2,10,12,18,24 15:5           | <b>channels (1)</b> 138:16     | <b>clock (1)</b> 54:7           | <b>commenced (2)</b> 74:23     |
| 53:19                          | 108:3,12 110:6,12              | 118:6 120:9 121:9,23           | 36:7 90:19 91:15                | <b>chaos (3)</b> 14:25,25      | <b>close (4)</b> 25:5 38:24     | 129:10                         |
| <b>begun (1)</b> 48:6          | 111:2,18,21 113:18             | 122:13 125:20,22               | 92:4,18,20 93:3,23              | 58:19                          | 44:6 131:13                     | <b>commencement (1)</b>        |
| <b>behalf (23)</b> 1:25 5:24   | 115:3,6,8 129:20               | 126:10,11,18                   | 94:4,13 98:22,25 99:2           | <b>chap (1)</b> 42:12          | <b>closed (1)</b> 32:21         | 52:12                          |
| 8:18 17:13 20:4 21:21          | 140:21                         | 127:2,4,5 128:14,18            | 100:11,13,15 102:15             | <b>charge (3)</b> 16:21 83:12  | <b>closely (1)</b> 27:11        | <b>commencing (1)</b> 133:24   |
| 30:16 34:6 35:7                | <b>blow (2)</b> 3:4 9:19       | 129:6 133:2 134:24             | 103:11 133:21                   | 112:23                         | <b>closer (3)</b> 12:1 26:14    | <b>comment (2)</b> 75:20       |
| 46:10,12 53:1 54:21            | <b>blown (4)</b> 42:19 52:8    | 142:4,10 143:12                | <b>cardiac (2)</b> 74:1 75:12   | <b>charing (1)</b> 22:13       | 91:9                            | 79:18                          |
| 69:21 80:2,10 90:5             | 61:4 153:15                    | <b>brief (6)</b> 7:10 30:2     | <b>care (11)</b> 15:13 38:13    | <b>chase (1)</b> 100:4         | <b>closest (2)</b> 91:15 131:19 | <b>comments (4)</b> 34:15      |
| 95:19 116:19 124:24            | <b>blue (4)</b> 56:17 57:1     | 63:21 66:23 67:13,15           | 60:6 77:24 84:21 97:7           | <b>check (3)</b> 27:21 29:3    | <b>clothing (1)</b> 92:5        | 42:10 79:20 124:7              |
| 135:8 139:18 144:5             | 114:24 134:13                  | <b>briefly (9)</b> 5:23 12:22  | 113:10 116:7 139:23             | 41:5                           | <b>clots (1)</b> 107:22         | <b>common (1)</b> 65:14        |
| <b>behind (11)</b> 4:19 14:20  | <b>blurted (1)</b> 148:8       | 67:20 80:10 83:18              | 140:16 142:1                    | <b>checked (4)</b> 26:10 29:4  | <b>clotted (1)</b> 111:2        | <b>communicate (3)</b>         |
| 15:17 25:1 54:7 88:20          | <b>blurts (1)</b> 147:7        | 107:4 127:11 129:4             | <b>carefully (1)</b> 119:3      | 42:18 113:18                   | <b>clue (1)</b> 17:2            | 109:25 128:2 138:1             |
| 90:20,22 106:4 132:24          | <b>body (16)</b> 26:2 31:9     | 132:5                          | <b>carnage (1)</b> 21:3         | <b>checking (1)</b> 59:2       | <b>clusters (1)</b> 58:17       | <b>communicating (1)</b>       |
| 150:2                          | 40:14,23 42:24 43:12           | <b>bring (6)</b> 57:15 58:1,2  | <b>carotid (1)</b> 61:22        | <b>cheek (1)</b> 70:21         | <b>coach (4)</b> 10:23          | 79:13                          |
| <b>beige (1)</b> 39:10         | 51:11,14 73:18 93:18           | 60:14 91:1 107:7               | <b>carriageway (6)</b> 88:9,23  | <b>chest (28)</b> 48:9 50:25   | 17:4,4,8                        | <b>communication (5)</b>       |
| <b>being (47)</b> 4:13 5:6,13  | 103:25 104:4 105:24            | <b>british (1)</b> 151:23      | 89:1,6 91:20 128:1              | 51:22 52:3,13                  | <b>coachload (1)</b> 10:19      | 79:4 119:9 123:10              |
| 7:13 13:24 17:1,2              | 117:15 118:3 155:18            | <b>broken (1)</b> 27:14        | 73:13,14,16,16,21,24            | 73:13,14,16,16,21,24           | <b>coat (2)</b> 104:5,21        | 144:14 150:23                  |
| 20:15 22:19 28:2 44:9          | <b>bones (1)</b> 66:2          | <b>bronze (3)</b> 83:8,10,16   | 74:8,9,23,24 75:3,8,13          | 74:8,9,23,24 75:3,8,13         | <b>cochran (22)</b>             | <b>communications (3)</b>      |
| 49:6 51:17 52:7 61:9           | <b>bonnet (2)</b> 98:24        | <b>brought (3)</b> 34:24 54:13 | 82:4,24 110:7,8,13              | 82:4,24 110:7,8,13             | 1:5,6,20,21 5:24 17:14          | 79:7 137:23 146:18             |
| 71:9 73:9 78:1 83:7,12         | 102:15                         | 142:13                         | 115:23 119:12,24                | 120:1 130:5                    | 20:4 25:4,6 27:3 31:8           | <b>community (1)</b> 84:17     |
| 88:23 89:1,17,20               | <b>booked (1)</b> 22:12        | <b>bruising (1)</b> 106:14     | 88:8,24 89:1 93:1               | <b>chief (49)</b> 1:3,7,9,13   | 34:6 39:7 46:11 52:24           | <b>compared (1)</b> 98:11      |
| 98:1,20 99:11 105:9            | <b>both (3)</b> 32:3 101:19    | <b>bubbles (1)</b> 42:17       | 107:4 109:5 128:12              | 7:12,19 8:5,7 11:20,23         | 59:19,25 69:22 78:25            | <b>compilation (4)</b>         |
| 109:5 110:3 112:13             | 151:11                         | <b>buggy (1)</b> 33:13         | 130:4 134:12,20                 | 12:2,6,11 21:8                 | 80:3 84:1 157:3                 | 85:15,20 86:4 89:24            |
| 113:2 120:18 122:10            | <b>bottom (11)</b> 3:19,24     | <b>building (2)</b> 23:16 24:5 | <b>carry (7)</b> 37:3 65:17     | 34:14,22,25 53:18              | <b>cochran (3)</b> 26:24        | <b>compilations (1)</b> 86:1   |
| 127:25 128:10 130:22           | 23:25 36:20 39:9,13            | <b>bulk (1)</b> 152:21         | 78:16 129:24 137:15             |                                | 30:17 90:7                      | <b>complaining (1)</b> 79:12   |

|   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| <p>completed (2) 115:13<br/>132:13<br/>completely (4) 14:14<br/>18:4 45:1 78:21<br/>completing (1) 96:14<br/>compressions (18)<br/>50:25 51:22 52:3,13<br/>73:13,14,16,21,24<br/>74:8,9,23,25 75:4,8,13<br/>82:4,24<br/>compromise (1) 32:18<br/>compromised (2)<br/>42:2,16<br/>computer (3) 57:14<br/>138:20 142:14<br/>computerised (1)<br/>142:14<br/>concealed (1) 104:8<br/>concentration (1)<br/>108:24<br/>concern (3) 16:1 42:14<br/>115:16<br/>concerned (4) 7:25<br/>115:6 150:25 151:20<br/>concerning (3) 72:6<br/>85:15 86:5<br/>concerns (3) 137:23<br/>145:9 147:11<br/>conclusion (3) 82:20,22<br/>84:14<br/>concrete (2) 25:24<br/>31:14<br/>condition (25) 26:6,15<br/>28:5,9,10,18,23 29:3<br/>38:2 44:17,22 45:19<br/>59:9 60:20 62:4 63:22<br/>72:9,13 101:6 106:12<br/>109:18 127:9 140:14<br/>141:8,15<br/>conditions (1) 110:18<br/>condolences (1) 34:21<br/>confirm (1) 57:18<br/>confirmed (3) 45:22<br/>69:25 83:19<br/>confronted (1) 124:10<br/>confusingly (1) 23:9<br/>connected (2) 43:5<br/>152:23<br/>connection (2) 148:3<br/>155:4<br/>conscious (11) 38:3,12<br/>40:7,25 59:3,6 126:21<br/>127:11 133:4 134:1<br/>154:10<br/>consciousness (2) 27:22<br/>119:5<br/>consider (1) 153:17<br/>considerable (1) 117:16<br/>consideration (2) 112:1<br/>130:7<br/>considered (8) 51:5<br/>68:12 71:12 74:16,20<br/>131:14 146:10,16<br/>considering (2) 140:14<br/>141:7<br/>consistent (6) 68:4<br/>93:24 107:2 115:8<br/>117:12 119:20<br/>conspiracy (1) 152:7<br/>constrain (1) 148:13<br/>consultant (1) 115:14<br/>consultants (1) 78:15<br/>contact (5) 68:19 79:8</p> | <p>117:19 121:25 127:20<br/>contain (1) 149:2<br/>contained (1) 6:2<br/>contemporaneous (1)<br/>134:19<br/>contempt (1) 148:1<br/>contents (1) 111:7<br/>context (2) 100:1<br/>152:14<br/>continue (5) 14:5 15:5<br/>17:1 50:18,23<br/>continued (11) 50:10<br/>60:9 92:25 100:6<br/>106:15 107:13 111:10<br/>114:14 130:18 134:8<br/>154:2<br/>continuing (3) 50:15<br/>114:10 130:14<br/>continuity (1) 116:25<br/>continuous (1) 114:12<br/>control (12) 40:22,25<br/>68:20 79:8 100:12<br/>128:2 129:4,8 130:16<br/>136:20 138:21 141:4<br/>controlled (1) 113:13<br/>controller (2) 112:19<br/>133:18<br/>controls (1) 40:23<br/>convenient (1) 54:4<br/>conversation (1) 29:18<br/>convey (1) 131:16<br/>conveyance (1) 130:19<br/>convince (2) 104:15<br/>105:1<br/>coordinates (2) 56:9,13<br/>coordinators (1) 112:21<br/>cope (1) 40:14<br/>core (2) 96:12,12<br/>corner (4) 3:14 36:25<br/>37:20 107:3<br/>coroner (57)<br/>1:3,7,9,13,25 7:12,19<br/>8:5,7,19 11:20,23<br/>12:2,6,11 21:8,21<br/>34:14,22,25 35:7<br/>53:18 54:6,14,21<br/>85:12,17 94:17,21<br/>95:8,20 124:6,25<br/>144:4,10,18,25<br/>145:7,11 146:15 147:6<br/>148:9,17 149:15,23<br/>150:5,17 151:9,15<br/>152:12,25 153:11,21<br/>155:1,9,17,22<br/>coroners (2) 148:25<br/>149:9<br/>correct (129)<br/>2:6,8,10,22 3:20<br/>5:9,20 6:5,15 17:24<br/>18:25 19:1,21 24:2,11<br/>27:1 33:10,11 37:7,10<br/>45:9 48:9,22 49:5,7,20<br/>50:1,24 51:4,18 52:19<br/>55:9,17 56:3,22<br/>57:3,13,22 58:10 59:7<br/>60:13 62:24 63:2<br/>64:1,9,17 65:6<br/>66:6,14,18 68:3,16<br/>69:17 70:16<br/>71:4,5,19,22,25<br/>72:1,18 73:11 76:1<br/>78:17 79:20,21<br/>80:13,16,21</p> | <p>81:12,16,23<br/>82:3,8,14,18 84:9 86:3<br/>87:2,13,21 88:21<br/>89:2,22 90:17 95:24<br/>96:17 97:2,16 99:10<br/>101:17 102:2 109:8,10<br/>116:6,10 120:11<br/>125:10,14,16<br/>126:1,5,17,24 127:17<br/>131:24 132:11,14,19<br/>133:1,7,15,25<br/>134:6,9,15,18 136:12<br/>137:12,16,20 139:10<br/>140:4 142:10,11,18<br/>143:6,11,17<br/>correctly (1) 18:18<br/>couldnt (11) 40:24 41:8<br/>44:8 45:7 54:3 99:16<br/>104:15 105:1<br/>106:17,22 131:5<br/>counsel (3) 7:23<br/>150:7,16<br/>county (1) 88:1<br/>couple (4) 14:15 18:17<br/>59:20 107:16<br/>course (15) 8:6 9:15<br/>14:13 27:9 44:7 50:23<br/>77:19,24 100:16<br/>112:16 142:4 149:20<br/>152:2 153:17 154:1<br/>courses (1) 27:10<br/>courtroom (2) 94:23,24<br/>covent (1) 23:1<br/>covered (1) 52:20<br/>covering (2) 96:21<br/>111:3<br/>cpr (8) 50:11 51:22 52:3<br/>67:11,12 68:8 73:21<br/>76:25<br/>cram (1) 5:16<br/>crash (2) 24:18,23<br/>crew (17) 40:1 42:4<br/>43:7,18,24 44:11,12<br/>47:14 48:8 79:6 110:2<br/>111:6,13 113:3 119:23<br/>123:9 130:1<br/>crewmate (5) 57:8,9<br/>58:12 60:5 62:13<br/>crews (1) 69:11<br/>crime (1) 136:6<br/>criteria (1) 120:20<br/>critically (1) 60:21<br/>criticism (1) 76:19<br/>cross (7) 10:5,21 14:16<br/>22:13 23:17 101:1<br/>112:15<br/>crossed (1) 9:25<br/>crossing (3) 97:10,13,17<br/>crossley (1) 90:14<br/>crumpled (1) 104:1<br/>ct (2) 115:20,22<br/>curled (2) 93:13 105:25<br/>currently (2) 12:7 96:7<br/>cursor (6) 11:24,25<br/>12:3,6,8 37:2<br/>cut (1) 5:19<br/>cycle (1) 101:5<br/>cylinder (2) 108:13,23</p> | <p>dashboard (2) 89:17<br/>138:23<br/>data (1) 138:20<br/>dated (2) 152:18,19<br/>dating (2) 145:23<br/>146:18<br/>day (30) 5:12,14,15<br/>6:1,3 8:25<br/>20:5,8,13,15,17,25<br/>27:8 35:18 55:16,21<br/>57:12,17 60:2 79:3,15<br/>96:16,18 124:12<br/>125:8,11 137:24<br/>138:17 139:13 140:6<br/>dc (3) 85:14,18 157:24<br/>dc50717 (1) 142:12<br/>dc50733 (1) 57:16<br/>dc5195220 (4) 29:7<br/>39:5 46:25 59:23<br/>dc5198214 (1) 109:3<br/>dc75002 (1) 132:6<br/>dc795811 (1) 24:7<br/>dc795819 (1) 112:25<br/>dc796042 (1) 94:2<br/>dc796057 (3) 3:21<br/>10:14 57:20<br/>dead (5) 49:24 68:12<br/>74:20 81:22 83:20<br/>deal (3) 94:23<br/>128:15,15<br/>dealing (6) 7:19 44:12<br/>69:12 78:19 152:16<br/>154:21<br/>dealt (1) 52:10<br/>debriefings (2) 79:11<br/>137:22<br/>debriefs (1) 79:17<br/>debris (2) 37:20 63:14<br/>decelerating (1) 100:13<br/>decide (9) 2:23 60:5<br/>65:10 76:23 77:14<br/>100:22 107:14 129:2,9<br/>decided (9) 10:10 12:19<br/>16:20 22:24 36:12<br/>41:25 43:18 75:16<br/>131:16<br/>decision (20) 36:13<br/>41:24 43:16 45:6<br/>49:15 76:16 77:21<br/>81:13,24 112:17,18,22<br/>131:11 137:1,18<br/>140:16 141:14 148:15<br/>149:3 151:12<br/>declaration (2) 69:2<br/>76:7<br/>declared (6) 68:17<br/>75:25 76:3,12 85:8<br/>138:10<br/>decompressing (1)<br/>110:8<br/>decompression (1)<br/>130:5<br/>decompressions (1)<br/>119:11<br/>deductions (1) 41:9<br/>deep (1) 34:7<br/>defibrillator (7) 60:8,15<br/>62:19,25 63:3,5 71:23<br/>definition (2) 84:15<br/>85:1<br/>definitive (7) 110:10<br/>112:5,18 118:21<br/>122:14 140:15 142:1</p> | <p>deforming (1) 60:25<br/>deft (1) 150:19<br/>degree (1) 149:24<br/>delay (2) 130:13,15<br/>deliberate (4) 14:1<br/>100:2,7,9<br/>deliberately (4)<br/>13:10,24 17:18 18:15<br/>dents (1) 98:24<br/>departed (1) 142:17<br/>departures (1) 142:8<br/>deployed (1) 120:21<br/>deposited (2) 88:25<br/>91:20<br/>dermatological (1)<br/>49:19<br/>describe (10) 24:18<br/>30:2 31:1 40:16 50:11<br/>61:11 62:21 68:1<br/>72:15 83:5<br/>described (19) 4:2<br/>18:14,17 19:11<br/>30:17,25 33:12 48:20<br/>51:15 69:25 70:24<br/>71:6 72:19 78:23<br/>107:13 112:4 113:15<br/>118:11 119:10<br/>description (2) 5:1<br/>132:21<br/>despite (1) 100:16<br/>detail (4) 5:4 115:19<br/>134:19 151:10<br/>detailed (2) 74:5 85:6<br/>details (14) 22:5 46:15<br/>48:4 56:10,11 59:14<br/>71:7 125:21 146:23<br/>147:16,18,22 148:2<br/>149:2<br/>detect (1) 123:11<br/>detected (5) 49:6 51:17<br/>71:21 85:7 119:14<br/>deteriorated (1) 81:11<br/>determine (2) 70:11<br/>111:6<br/>detrimental (2) 140:15<br/>141:9<br/>development (1) 28:9<br/>device (10) 60:8<br/>62:18,22 63:16<br/>64:3,12 65:24 66:8<br/>114:7 129:21<br/>diagonally (1) 99:8<br/>dial (1) 33:16<br/>didnt (39) 5:1 8:1 10:5<br/>13:1 15:7 16:10 17:2<br/>18:13 19:6 25:20<br/>30:18 31:8 32:10 33:1<br/>38:5 42:2 47:20,21<br/>48:15,23 50:8 56:10<br/>66:24 79:15<br/>82:4,5,19,24 84:8<br/>101:15 111:9 117:21<br/>119:21 120:8 121:5,9<br/>128:9,12 141:23<br/>died (7) 45:23 49:24<br/>66:21 67:2,22 82:17<br/>116:9<br/>diet (1) 155:20<br/>difference (2) 121:19<br/>153:3<br/>different (17) 20:25<br/>32:4 57:24 58:17<br/>71:12 73:20 76:12</p> | <p>78:4 79:2 88:17<br/>103:1,9 117:7 120:4<br/>138:12,16 147:1<br/>difficult (10) 17:9 28:7<br/>76:20 77:4,6 131:21<br/>138:5 139:1,8 155:13<br/>difficulties (3) 79:4<br/>138:1 143:21<br/>difficulty (3) 33:18<br/>71:17 138:9<br/>dilated (2) 61:5,6<br/>direct (4) 102:13<br/>121:25 123:21 127:13<br/>directed (1) 87:9<br/>direction (11) 6:7 14:2<br/>16:17 19:8 24:3 58:9<br/>59:4 86:25,25 90:7<br/>98:4<br/>directions (1) 58:17<br/>directly (5) 13:15 17:22<br/>104:12 120:17 127:20<br/>disagree (1) 82:19<br/>disappeared (1) 100:5<br/>discharged (1) 116:7<br/>disclosed (2) 147:19,23<br/>disclosure (1) 149:10<br/>discovered (1) 116:8<br/>discretion (1) 76:22<br/>discuss (2) 67:10 140:7<br/>discussed (5) 51:5,7<br/>52:13 74:16 82:15<br/>discussing (3) 10:21<br/>49:10 69:3<br/>discussion (17) 49:15<br/>50:2 51:21 52:11<br/>67:12,13,15,19 68:2<br/>74:8,14 103:23 120:15<br/>122:11 131:13 144:11<br/>158:9<br/>discussions (1) 150:8<br/>disorganised (1) 104:1<br/>dispatch (3) 57:14<br/>132:17 142:14<br/>dispatched (1) 126:8<br/>display (1) 63:5<br/>displayed (1) 63:7<br/>disruption (1) 84:17<br/>distance (5) 2:19 89:21<br/>93:2,5 142:25<br/>distinct (2) 84:25 85:3<br/>distinction (1) 151:16<br/>distinctive (2) 121:5<br/>130:12<br/>distinctly (1) 38:10<br/>distressing (7) 11:8<br/>29:6 39:3,4 59:22<br/>102:21 109:2<br/>diverted (1) 136:24<br/>dna (2) 93:24 94:3<br/>doctor (30) 43:8,16,23<br/>44:15,20,21 45:3,15<br/>48:21 49:9,14,23<br/>51:21 52:15 63:19,22<br/>65:7 66:20 67:10,21<br/>72:16 82:6,9,15,16,24<br/>83:19,25 133:8 134:12<br/>doctors (7) 44:1 66:19<br/>78:15,18 82:22<br/>120:6,25<br/>document (1) 132:9<br/>documents (5) 79:10<br/>149:1,4,10,12<br/>does (26) 24:8 27:3</p> | <p>29:7 39:5,8 53:8,9<br/>58:5 59:25 75:16 78:9<br/>83:6 84:22 89:5,8<br/>90:16 93:7 102:23<br/>103:1,7 113:1,5<br/>141:5,13 142:23<br/>146:24<br/>doesnt (3) 148:12<br/>150:13 154:18<br/>doing (15) 14:23 20:7<br/>21:13 32:18 34:15,18<br/>36:14 39:21 97:3<br/>104:22 117:21 118:15<br/>129:10 146:12,14<br/>doll (1) 31:4<br/>dominic (1) 20:3<br/>done (17) 8:2 22:6<br/>27:9,9 43:24 53:25<br/>64:10 70:17 75:15<br/>107:5 112:4 119:15<br/>123:16 129:7<br/>141:20,22 142:1<br/>dont (46) 5:4 7:2,16<br/>14:21 16:20 22:5<br/>36:24 39:24 50:9<br/>52:24 57:15 59:13<br/>72:24 73:6 74:11<br/>76:2,7 77:8,25 78:21<br/>79:5,8 80:25 85:4,12<br/>90:1 92:16 109:14<br/>114:22 117:14<br/>118:14,21 120:14<br/>122:5 123:18 124:2,3<br/>127:22 137:10<br/>138:19,23 139:2 141:6<br/>149:25 151:21 155:11<br/>door (1) 150:21<br/>doors (3) 86:12,21,21<br/>dot (1) 4:5<br/>doublecrewed (1) 55:16<br/>doubt (2) 49:10 150:3<br/>down (42) 3:13,15,23<br/>4:8,10 6:7 10:16,17<br/>15:15,18 17:6 24:5<br/>26:13,14 27:13 30:25<br/>37:14 38:7,22<br/>39:13,19 40:3 42:25<br/>44:6 45:20 59:3,18<br/>60:4,10,11 70:21<br/>87:17 91:12 100:23<br/>104:12 106:18 121:10<br/>133:20 142:15,19,20<br/>downstairs (2)<br/>155:11,14<br/>downwards (1) 92:1<br/>dr (16) 48:22,25 94:18<br/>95:6,14 127:21,23<br/>129:11,18 130:5<br/>131:9,10,22 133:10<br/>140:21 158:2<br/>draft (2) 150:8,9<br/>dragged (1) 91:19<br/>draw (1) 36:2<br/>drawn (1) 12:13,20,24<br/>24:13,23 97:24<br/>dressing (1) 111:10<br/>drift (1) 151:1<br/>drill (1) 66:1<br/>drive (1) 137:19<br/>driven (3) 13:24 88:6<br/>89:17<br/>driver (2) 14:12 100:14<br/>drivers (2) 17:4 94:4</p> |
|---|--|--|--|--|--|--|

drives (1) 92:18  
 driving (3) 13:1 77:12  
 98:18  
 drizzly (1) 20:23  
 drop (3) 72:22 100:19  
 115:7  
 dropped (4) 66:10  
 72:20 73:8 114:17  
 dropping (2) 55:25  
 114:15  
 drove (1) 57:1  
 drugs (1) 66:3  
 dungeon (1) 9:13  
 dungeons (3) 10:24  
 16:9,13  
 during (16) 2:13 68:19  
 81:3 86:17,19 96:21  
 97:5 99:2 113:25  
 114:2 121:18 123:16  
 132:8 143:14,15,21  
 duties (3) 46:5 96:18  
 97:5  
 duty (2) 55:13 125:8

**E**

ear (3) 96:5,22 103:23  
 earlier (7) 10:14 14:16  
 18:18 22:15,17 39:2  
 82:2  
 earliest (1) 126:15  
 early (5) 35:23 44:11  
 72:4 96:10 118:10  
 easily (1) 77:25  
 east (4) 3:18 9:21 57:21  
 97:19  
 easy (1) 21:9  
 echo (5) 34:14 53:18,22  
 124:7 144:4  
 edge (3) 59:10,16  
 103:20  
 effect (9) 56:24 57:11  
 67:14,22,23 93:19  
 148:7 149:4 155:5  
 effective (2) 140:18,19  
 effectively (4) 138:20  
 141:3 148:7 150:12  
 effects (1) 46:1  
 effort (2) 105:13 106:7  
 efforts (11) 43:3  
 50:14,23 52:2,25  
 72:16 105:14 109:25  
 114:3 135:12 154:24  
 eight (2) 94:19 139:25  
 either (11) 22:25 44:8  
 58:2 72:25 74:13  
 100:13 103:13 104:15  
 105:1 147:7 155:5  
 elbow (1) 101:22  
 electrical (4) 52:2 71:20  
 72:4,12  
 electronically (1)  
 142:24  
 element (1) 77:23  
 elevated (1) 102:17  
 elicit (2) 119:21 146:22  
 eloquent (1) 152:13  
 else (13) 5:10 25:18  
 43:20 88:21 103:16  
 113:19 124:3 128:6,12  
 135:3,4 136:24 155:4  
 elsewhere (1) 136:14  
 email (3) 152:11 154:13  
 155:8

emails (6) 145:22,23  
 146:1,2,18,20  
 embankment (12) 3:23  
 4:11 10:17 23:2,21,24  
 24:9 25:7,11 37:15  
 58:9 59:11  
 emerged (1) 30:3  
 emergencies (2) 64:22  
 67:18  
 emergency (13) 16:4,7  
 26:11 28:2,3,15,16  
 40:1 41:18 57:4 108:4  
 125:20 130:8  
 emphasises (1) 72:3  
 empirically (1) 110:17  
 empty (1) 18:4  
 en (2) 115:2 143:24  
 enables (1) 149:8  
 end (19) 3:12,15,19,22  
 4:3,13 17:3 25:7 29:1  
 40:20 45:2 53:5 81:11  
 89:24 98:11 113:12  
 114:5 144:9 145:5  
 endorse (2) 150:9,15  
 ends (1) 93:10  
 engine (1) 98:18  
 engineers (1) 8:2  
 enlarge (1) 106:15  
 enough (7) 67:14 74:11  
 77:3 141:6 154:11  
 155:10,15  
 ensure (1) 62:8  
 ensuring (1) 148:8  
 entire (1) 5:14  
 entirely (3) 78:4 99:12  
 145:19  
 entitled (1) 149:18  
 entrance (4) 35:22  
 36:1,5 37:4  
 entry (1) 143:4  
 equally (4) 33:3 118:19  
 146:16 151:7  
 equipment (8) 42:3  
 52:17 60:16  
 107:18,23,24 108:1  
 118:20  
 erratically (1) 98:18  
 escorted (1) 116:6  
 especially (1) 139:1  
 essentially (7) 46:18  
 49:13 65:13 70:21,23  
 93:19 136:21  
 establish (2) 45:25 65:4  
 established (1) 141:18  
 estimate (2) 98:1  
 142:20  
 estimated (1) 99:2  
 europe (1) 2:9  
 evacuated (1) 107:22  
 evading (1) 100:4  
 even (15) 21:3 32:19  
 49:2 54:1 74:14,16  
 85:1 110:19 111:8  
 113:22 124:9 146:19  
 154:2,17 155:6  
 evening (1) 116:4  
 event (8) 12:23 79:11  
 125:5 135:4 138:9  
 141:17 148:24 154:2  
 events (9) 5:11 8:20  
 15:11 16:13 21:23  
 33:4 35:10 95:22  
 140:5

eventually (2) 17:7  
 42:25  
 every (6) 20:8,13 41:3  
 61:16 73:19 77:23  
 everyone (4) 15:21 16:5  
 95:3 144:2  
 everything (11) 5:15,16  
 21:11 34:10 43:24  
 46:13 53:9,23 117:3  
 124:13 135:10  
 everywhere (1) 16:23  
 evidence (28) 3:2  
 7:10,13,17 8:20 17:9  
 20:5 21:7,23 35:10  
 53:16 54:24 80:18  
 83:2 90:14 95:6,22  
 124:4 125:1 131:4  
 140:21 144:9 145:5  
 146:11 148:13 153:4,5  
 154:20  
 evidenced (1) 78:1  
 evident (1) 42:12  
 evidently (1) 76:13  
 exact (1) 75:20  
 exactly (8) 19:6 29:16  
 39:18 45:24 107:25  
 130:2 136:1 152:4  
 examination (47) 1:17  
 5:22 7:4 8:14 17:12  
 20:2 21:16 30:15 35:2  
 46:9 53:2 54:16 69:20  
 80:1,8 84:12 85:19  
 90:4 95:15 105:12  
 116:18 124:20 135:7  
 139:17  
 157:4,5,6,8,9,10,12,13,15,16  
 158:1,3,4,6,7,8  
 examined (2) 62:10  
 111:5  
 example (8) 18:7 40:24  
 47:22 76:25 77:15  
 78:15 118:24 119:3  
 excellent (1) 78:9  
 except (1) 149:21  
 excessive (1) 79:14  
 exchange (1) 16:24  
 exchanged (2) 145:22  
 146:20  
 exchanges (2) 128:7,19  
 exhalation (1) 61:13  
 exit (1) 55:22  
 exited (2) 58:22 97:9  
 expand (1) 119:18  
 expect (3) 20:11,18  
 100:13  
 expectation (1) 122:18  
 expected (1) 124:10  
 expecting (2) 116:11  
 120:25  
 experience (6) 27:7  
 52:5 82:13 96:11  
 136:2 139:25  
 experienced (2) 138:1  
 139:24  
 expertise (1) 51:24  
 explain (4) 40:17 61:11  
 65:12 66:12  
 explained (4) 105:18  
 118:9 123:3 130:6  
 explaining (1) 145:25  
 explanation (3) 123:1  
 150:4 151:2  
 explicit (1) 67:12

explicitly (1) 72:24  
 exposed (2) 104:4,15  
 exposure (1) 111:7  
 express (3) 34:7 44:21  
 46:12  
 expressed (3) 42:14  
 51:15 144:5  
 expressing (1) 116:20  
 extend (1) 124:15  
 extensive (1) 115:22  
 extent (1) 128:22  
 extenuating (1) 151:8  
 external (3) 65:11  
 87:6,16  
 extra (1) 110:3  
 extracted (1) 148:20  
 eye (8) 22:12,17,19  
 23:18 106:13,16,17  
 117:19  
 eyebrow (1) 106:14  
 eyeline (1) 1:10  
 eyes (3) 32:21 42:15,18  
 ezio (1) 65:23

**F**

face (7) 42:24 46:22  
 47:9 90:21 104:7  
 106:18 152:7  
 faced (1) 53:24  
 face-down (1) 46:18  
 facilities (1) 131:19  
 facility (3) 131:20  
 138:23 142:25  
 failed (1) 65:5  
 fairly (4) 25:21 44:11,23  
 143:9  
 fall (1) 138:14  
 fallen (2) 42:1 59:25  
 falling (2) 31:9 139:4  
 familiar (2) 52:4 65:1  
 families (1) 152:3  
 family (7) 34:18,20 90:5  
 116:20 124:16 135:9  
 144:6  
 far (18) 3:10,10,19 18:9  
 24:12 25:7,10 34:3  
 36:24 52:11 89:19,20  
 98:23 109:18 114:20  
 121:25 122:13 127:2  
 fast (4) 13:1 15:10 18:8  
 61:19  
 fatal (1) 110:19  
 feared (3) 32:18 115:24  
 116:15  
 feature (3) 105:5  
 153:4,5  
 features (1) 104:8  
 feel (5) 16:10 101:10  
 104:13,18,25  
 feeling (1) 105:2  
 feet (2) 93:15,19  
 fell (2) 93:18 102:18  
 felt (12) 16:9 49:3  
 53:13 61:19 101:22  
 104:14 105:17  
 112:12,15 118:8  
 119:15 122:12  
 female (5) 44:10 45:20  
 48:8 70:8 114:6  
 festival (1) 16:17  
 few (12) 2:15 23:3  
 57:17 91:1 95:4 117:4

122:21 126:9 127:20  
 128:9 136:3 144:12  
 fight (2) 77:5 85:1  
 figure (1) 90:13  
 final (1) 78:5  
 finally (2) 134:13,16  
 find (14) 6:8 24:21  
 38:13 41:7,8 58:25  
 65:23 67:3 83:24  
 104:19 114:1 124:10  
 136:20 153:13  
 fine (3) 1:14 8:8,11  
 finger (1) 107:22  
 finished (3) 24:15 55:25  
 93:6  
 first (49) 1:4,24 8:18  
 12:18,20 21:20 24:23  
 27:7,9,10 29:25 35:6  
 38:1 42:22 46:15  
 51:8,14 56:15 58:14  
 60:11 64:23 65:4  
 70:19 80:11 82:16  
 91:8,24 95:13  
 99:5,11,15 103:13  
 109:22 114:17,18  
 117:5 124:24 127:2  
 132:7 133:10  
 144:13,13 145:12  
 147:16,24 149:5  
 152:2,13,18  
 firstly (1) 139:19  
 fit (1) 120:20  
 fitted (1) 122:22  
 five (1) 29:16  
 flag (1) 143:2  
 flags (1) 13:19  
 flat (11) 45:13,14  
 47:16,17 51:19,20  
 66:16,17 73:9  
 106:2,21  
 flatline (1) 52:1  
 flew (1) 14:24  
 flickering (3) 7:22,24  
 8:2  
 floor (1) 47:17  
 flopping (1) 108:22  
 fluid (3) 43:11 63:14  
 154:5  
 fluids (3) 64:2,7 66:3  
 fly (1) 25:13  
 flying (4) 24:20 25:4  
 31:1 78:6  
 focus (1) 23:8  
 focused (1) 64:18  
 folded (1) 47:4  
 follow (1) 67:4  
 followed (2) 24:21  
 111:15  
 following (2) 61:23  
 91:23  
 follows (1) 147:9  
 footage (18) 2:21  
 6:1,10,11 86:1,10  
 87:6,16,25,25 88:5  
 89:16 90:19 91:21  
 92:2 93:22 94:8  
 102:23  
 force (1) 117:17  
 forceful (1) 77:2  
 forearm (1) 44:2  
 foreign (1) 16:24  
 foremost (1) 64:24  
 foremostly (1) 152:2

forget (1) 75:3  
 forgive (1) 95:3  
 form (10) 27:11 40:10  
 64:15 105:11 107:25  
 132:6,8 142:9 147:9  
 154:9  
 formal (1) 76:7  
 formally (1) 76:9  
 formed (1) 110:22  
 formula (1) 78:4  
 formulaic (1) 64:22  
 formulated (1) 16:2  
 fortunately (1) 97:21  
 forward (2) 92:17,21  
 forwards (2) 104:10  
 107:8  
 found (14) 39:16 48:24  
 60:18 62:10 69:13  
 70:19 93:25 102:18  
 106:5 113:24 118:9  
 129:19 133:4 145:18  
 four (2) 19:25 92:12  
 frame (1) 99:3  
 frames (1) 91:1  
 frankly (1) 20:7  
 free (1) 72:7  
 freed (1) 92:11  
 french (1) 17:1  
 frequent (2) 33:24,25  
 friday (1) 144:17  
 front (19) 4:23 13:15  
 15:15 22:3 36:1 46:23  
 87:16 91:16,17 96:1  
 98:3,22 102:14  
 103:3,10 104:24 107:7  
 110:7 119:25  
 fulfil (1) 73:17  
 full (10) 1:18 8:15  
 21:17 35:3 54:17  
 95:16 124:21 128:22  
 138:9 153:15  
 funeral (1) 124:17  
 further (53) 16:11 21:6  
 34:12 41:20 43:2  
 46:22 50:17 53:15  
 56:10 62:20  
 63:8,15,17 65:21 68:2  
 73:23 77:22 84:12  
 90:12 99:8,9  
 101:17,18,19 102:17  
 103:4 106:18 107:14  
 109:13 110:22 111:13  
 118:6,7 124:3 133:22  
 135:1 140:24 141:21  
 142:3 144:21 148:4,11  
 150:15 152:10  
 153:17,19,25  
 154:7,8,15,19 155:7  
 157:23  
 future (1) 148:25

**G**

gain (4) 63:22 65:7,13  
 66:4  
 gained (1) 130:3  
 garden (1) 23:1  
 Gareth (5) 94:18  
 95:13,14,18 158:2  
 gary (4) 124:18,19,23  
 158:5  
 gasp (1) 41:4  
 gather (1) 110:11  
 gathered (1) 115:14

gathering (5) 16:8  
 37:24 41:14 98:20  
 100:12  
 gave (6) 46:3 72:8  
 100:10 112:11,19  
 118:10  
 gel (1) 64:13  
 general (2) 58:18  
 133:17  
 generally (1) 69:1  
 gentle (1) 151:1  
 gentleman (11) 14:9  
 24:20 38:10,14,24  
 39:22 101:23 103:21  
 105:7 127:15 153:23  
 gentlemen (2) 48:15  
 116:3  
 genuine (1) 145:19  
 georges (1) 96:7  
 get (47) 14:11,13  
 15:1,24 16:2,11,21  
 17:1 18:8 29:23 36:10  
 42:23,24 43:1,11,15  
 44:2,6,8,16 47:15,18  
 51:8,9,10,11,12,13  
 56:13 60:7 62:17  
 63:11,16 65:21 72:16  
 73:23 80:23 92:9  
 94:10 95:4 121:13  
 133:19 135:12 136:2  
 140:15 154:19 155:12  
 getting (3) 78:9 121:17  
 130:8  
 girlfriend (3) 14:20  
 151:4,8  
 girls (1) 16:24  
 give (33) 1:18 7:13,17  
 8:15,20 12:1 21:17,23  
 29:6 35:3,10 39:4  
 42:21 53:25  
 54:1,17,24 58:12 63:8  
 67:15 74:11 87:25  
 95:16 108:24 112:1  
 124:21 125:1 130:4  
 141:7,14 144:23 148:7  
 153:24  
 given (23) 26:9 32:16  
 33:12 74:3,5 75:18  
 76:22 85:21,24 90:13  
 93:5 111:23 113:2  
 123:1 125:21 130:7  
 135:20 141:1 146:11  
 147:24 149:5 151:2,6  
 gives (3) 1:10 147:3  
 149:11  
 giving (10) 21:7 26:21  
 53:16 95:22 124:4  
 141:11,12 147:21  
 153:8 154:7  
 glanced (2) 99:23  
 117:20  
 glasgow (1) 133:5  
 glass (1) 8:8  
 goes (1) 93:23  
 going (61) 3:13 4:8  
 5:16 8:2 9:21 10:16  
 12:17 15:23 19:8  
 22:11,25,25 23:9,16  
 25:25 26:20 31:19  
 38:15 39:2,23 42:7,23  
 43:15 44:19,24  
 45:13,14 50:7,21 51:9  
 59:21 73:12 75:17

78:2 86:4 90:9 92:20  
 94:23 95:1,2,5  
 101:1,23 102:19 120:1  
 129:13 132:5 138:9,14  
 139:1 140:15 147:2  
 150:24 151:19 152:2  
 153:8,22,23,24  
 154:8,18  
**golden (2)** 121:17,18  
**gone (8)** 23:21 36:8  
 38:11,14 59:10 91:19  
 92:25 154:24  
**good (8)** 1:3,4,12 17:22  
 31:20 38:13 41:12  
 150:6  
**grab (1)** 15:16  
**grabbed (1)** 19:16  
**graded (2)** 56:6 68:14  
**grant (1)** 151:7  
**granted (2)** 151:5,9  
**granting (1)** 151:1  
**graphic (8)** 24:7 39:3,3  
 47:1 59:22 87:24 94:2  
 112:25  
**grateful (9)** 1:9 8:3  
 34:11 48:4 117:2  
 135:9 150:6 152:13  
 154:23  
**gratitude (4)** 34:7 46:12  
 116:21 144:5  
**grave (1)** 111:8  
**gravely (1)** 41:10  
**gravity (1)** 135:21  
**great (2)** 34:17,17  
**greater (1)** 77:20  
**greatest (2)** 62:3,3  
**greatly (1)** 49:21  
**greencoloured (1)** 91:22  
**greeningup (1)** 56:1  
**grenfell (1)** 78:3  
**grey (1)** 41:12  
**greycoloured (1)** 98:16  
**groaning (1)** 38:4  
**ground (9)** 4:24 6:23  
 25:22,23 26:4 37:23  
 101:10 106:2 112:20  
**group (12)** 9:1,6,13  
 11:17 16:15,23  
 20:6,10 59:5,5 120:15  
 122:5  
**guess (1)** 5:17  
**guessed (1)** 25:15  
**guidance (3)** 68:7  
 77:20,23  
**guidelines (2)** 51:25  
 75:2  
**gunshots (1)** 123:4  
**guys (3)** 96:8,23 97:5

H

**hadnt (7)** 25:25 48:1,2  
 74:22 104:2 117:19,20  
**hair (1)** 111:1  
**half (3)** 5:17 7:1 132:20  
**halfway (1)** 142:20  
**hall (3)** 16:17,18 88:1  
**hallett (1)** 151:10  
**hand (9)** 4:24 7:6 19:3  
 39:22 48:2 100:25  
 104:15 115:10 132:1  
**handed (4)** 26:12 33:20  
 48:14 134:23  
**handinhand (1)** 14:15

**handover (2)** 63:21  
 115:13  
**hands (5)** 41:11,13  
 94:20 109:16 110:4  
**happen (5)** 66:7 112:6  
 148:16 149:25 152:5  
**happened (17)** 5:11,18  
 12:23 14:21 15:22  
 19:4 26:9 30:10,18  
 35:20 36:2 48:5 53:20  
 102:3,9 119:10 152:4  
**happening (11)** 12:13  
 24:14 28:5 40:14  
 45:21 72:5 97:24  
 99:18 133:19 136:21  
 149:22  
**happens (6)** 41:16 85:7  
 91:23 149:21 151:25  
 153:7  
**happy (4)** 105:19  
 128:15,15 141:20  
**hard (2)** 24:18 31:18  
**harm (1)** 120:2  
**havent (4)** 6:10 57:18  
 78:23 123:13  
**having (16)** 2:19 12:15  
 14:17,18 18:20 26:7  
 27:3 62:21 64:10 71:2  
 129:7 137:17 144:14  
 147:24 149:5 153:15  
**head (4)** 4:25  
 23:1,16,17 26:1,3,18  
 27:15 31:18,20 39:17  
 40:6 47:15 61:1,2 74:3  
 91:25 93:15,20  
 104:7,7,9,10,21,22  
 105:3 107:6 110:23,24  
 111:3,10 112:16  
 113:12 114:5 115:23  
 116:1,14 123:20  
 134:10 135:21  
**headfirst (1)** 31:16  
**heading (2)** 24:4 126:25  
**health (1)** 84:17  
**healthcare (1)** 85:5  
**healthy (1)** 40:12  
**hear (11)** 12:22 18:18  
 42:6 106:25 131:4  
 137:3 138:6 144:20,22  
 151:25 155:14  
**heard (16)** 1:21 16:19  
 20:5 24:17 67:9 69:24  
 73:3 79:19 80:17,18  
 82:2 98:13 100:17  
 131:10 137:21 140:21  
**hearing (6)** 4:22 95:1  
 126:13 147:20,24  
 154:4  
**heart (30)** 44:9,14,17  
 45:1,6,10 48:7  
 49:2,2,3,11 50:3  
 51:10,12,16 63:3  
 66:12,15 67:20  
 71:20,24  
 72:5,10,12,23  
 73:5,17,22 80:14,15  
**heartbeat (1)** 50:6  
**heavy (1)** 77:17  
**hed (1)** 127:25  
**height (1)** 31:20  
**held (3)** 41:2 67:13  
 149:9  
**helicopter (14)** 78:6,7

120:23 121:2,3,4,8  
 130:8,11,22,25 131:5  
 137:4,6  
**helicopters (2)**  
 137:10,12  
**help (22)** 3:1 27:20,20  
 33:12 36:10 42:3,7  
 45:16 48:7 52:15,17  
 54:1 58:5 68:13 73:12  
 76:21 79:25 119:11  
 123:25 129:22  
 135:13,15  
**helpful (2)** 94:2 110:3  
**helping (6)** 48:11  
 103:17 123:17 127:18  
 129:9 135:1  
**helps (2)** 62:15,22  
**hems (31)** 78:6,8,18,22  
 120:5,10,18,21,25  
 121:2,5,22,25  
 122:6,6,11,18,25  
 123:2 135:12,15  
 136:8,19 137:6,8,18  
 139:24 140:2,7,24  
 142:3  
**henshaw (9)** 34:23  
 35:1,5,6 46:10 52:22  
 69:24 82:2 157:14  
**here (17)** 1:14 3:22  
 8:20 21:23 24:4 35:10  
 37:1,13 54:24 74:3  
 87:23 89:10 95:2  
 125:1 132:23 150:2  
 155:5  
**herself (1)** 70:8  
**hes (6)** 88:18,20  
 91:19,21 92:11 93:13  
**high (6)** 12:25 13:23  
 76:14 108:24 119:24  
 141:12  
**highest (1)** 56:8  
**highflow (1)** 109:24  
**highly (1)** 93:17  
**highlytrained (1)** 137:14  
**hill (12)** 53:2,3,14  
 80:8,9 84:10  
 139:17,18 144:1  
 157:17,22 158:8  
**himself (2)** 14:10 63:19  
**hindsight (1)** 118:19  
**history (1)** 129:18  
**hit (15)** 5:6 18:15  
 25:22,23 31:18 88:18  
 91:5,12,13 92:4  
 102:6,14 103:8  
 117:12,16  
**hitting (1)** 31:20  
**hold (2)** 39:22 40:13  
**holistic (1)** 72:8  
**home (1)** 17:8  
**honest (1)** 58:19  
**honestly (1)** 77:10  
**hood (3)** 104:6,21 105:6  
**hope (7)** 22:3 23:5  
 50:17,22 95:3 122:17  
 145:9  
**hopefully (1)** 110:9  
**horrific (1)** 15:11  
**hospital (54)** 3:7 5:8  
 6:24 9:23 35:17,19  
 36:1,20 43:10 46:5  
 55:23,25 56:20 57:21  
 82:6 87:9 89:19

96:6,7,13,23,24 97:6,7  
 98:5  
 112:2,2,8,10,11,13  
 113:8 114:14,16,19  
 115:15,21 117:2,22  
 126:23 130:20 131:11  
 134:14 137:2,19  
 141:10,25  
 142:17,21,23  
 143:1,10,16,24  
**hospitals (2)** 84:20  
 124:11  
**hotel (2)** 88:2 90:19  
**hough (87)** 1:3,4,17,18  
 5:21 7:10,15,20  
 8:14,15 11:24,25  
 12:8,12 17:9  
 21:6,14,16,17 30:13  
 34:12,23 35:2,3 46:7  
 53:15 54:4,7,12,16,17  
 69:18 80:17 81:5,7  
 84:12,13  
 85:10,14,19,20 90:1  
 94:16,18,21  
 95:7,12,15,16 116:17  
 124:2,18,20,21 135:6  
 142:9 144:2,9,12,19  
 145:1,8,12 146:16  
 147:7 148:10,17,22  
 149:16,24 152:13  
 153:1,12,21 154:7,14  
 155:19,24  
 157:4,8,12,15,19,23,25  
 158:3,6  
**hour (3)** 99:4 121:17,18  
**hours (7)** 5:17 17:4  
 116:22 123:16  
 154:8,10,11  
**houses (2)** 23:14 69:11  
**however (6)** 50:25  
 65:19 67:12 100:1  
 111:9 153:3  
**hulbert (8)** 21:14,15,19  
 30:16 34:5,13,14  
 157:11  
**hurt (1)** 36:7  
**husband (2)** 1:21 2:9  
**hysterical (1)** 15:25  
**hyundai (1)** 88:6

I

**id (3)** 14:15 92:15  
 100:17  
**idea (1)** 128:19  
**identification (1)** 114:1  
**identified (3)** 3:24 11:5  
 60:25  
**identify (9)** 58:6 60:24  
 83:12 86:10 102:21  
 139:8 146:8,19 149:11  
**identifying (8)** 59:5  
 63:19 146:23  
 147:15,18,22 148:2  
 149:2  
**identities (1)** 150:12  
**identity (1)** 45:25  
**ignition (2)** 143:4,7  
**ill (6)** 1:24 29:5 62:13  
 88:11 144:13 147:10  
**illustrate (1)** 37:11  
**im (54)** 1:9 4:17 8:3,9  
 12:21 14:3 21:20  
 26:20,21 34:3,9,20

35:17 39:2,10 47:6  
 48:4 54:3,20 58:19  
 59:21 70:5 72:24  
 74:12 75:21 77:12  
 80:25 85:9 92:21  
 94:19,23 95:1,2,19  
 96:5 102:19 115:22  
 117:23 121:25 122:24  
 124:24 129:13 130:2  
 132:5 139:2 148:18  
 150:6 152:13  
 153:23,24  
 154:10,13,14,18  
**image (9)** 6:14 17:19  
 39:5 47:1 57:24  
 89:3,10 93:16,16  
**images (1)** 115:21  
**imagine (2)** 20:24 90:1  
**imaging (1)** 103:4  
**immediate (6)** 25:3  
 26:6 42:9 60:19,21  
 101:11  
**immediately (12)** 24:25  
 25:13 42:12,22 60:7  
 93:13 97:3 98:16,21  
 105:4 112:5 127:10  
**immensely (1)** 117:2  
**impact (24)** 6:16,23  
 14:21 19:2,11 30:20  
 31:13 37:19 40:6  
 88:11,15 90:20  
 91:1,3,15 92:19,24  
 93:6 101:9  
 117:5,11,16 118:7  
 139:23  
**impacted (2)** 14:2  
 102:16  
**impending (1)** 132:3  
**implemented (1)** 84:20  
**implications (1)** 40:18  
**importance (2)** 72:3  
 121:17  
**important (7)** 7:11  
 72:3,13 77:21  
 150:11,24 152:3  
**impress (1)** 153:20  
**impression (10)** 13:9  
 18:14,22 19:7 27:12  
 40:10 60:19,21  
 100:10,17  
**impressions (3)** 26:6  
 41:21 42:9  
**inaudible (1)** 155:7  
**incident (38)** 27:4 55:21  
 56:10 68:9,18,21,25  
 69:4 70:6 74:17,22,24  
 75:15,22,24  
 76:3,7,11,13,23  
 77:11,25 81:21  
 84:15,23 85:7 86:17  
 96:8,16  
 128:5,10,20,21,22  
 129:3 138:4,10  
**incidents (6)** 21:10  
 68:15 75:3 78:3  
 83:14,15  
**including (2)** 2:20 150:7  
**increase (1)** 73:5  
**index (1)** 157:1  
**indicate (2)** 51:25  
 100:25  
**indication (1)** 136:19  
**indicative (3)** 71:11

83:8,10  
**individual (2)** 77:14  
 85:25  
**individuals (13)** 58:18  
 76:23 102:25 103:3  
 133:20 146:4,9 147:3  
 149:11 152:22,23  
 153:8,15  
**information (11)**  
 28:4,16,18,24  
 41:17,20 56:14 122:4  
 128:2 129:8 138:21  
**informed (8)** 59:10 67:1  
 70:11 74:11 128:16  
 130:17 133:10 136:23  
**inhalation (1)** 61:13  
**initial (9)** 14:3 68:19  
 79:7 80:11 89:6 92:19  
 105:12 133:9,21  
**initially (22)** 12:15 13:2  
 15:7 56:7 57:9 58:16  
 62:6 76:18 82:22,23  
 99:23 104:14  
 105:16,25 106:21  
 108:6,18 110:25  
 111:16 120:14 138:4,8  
**injured (14)** 5:6 30:6  
 38:3,16 40:9 41:10  
 42:13 58:18 60:22  
 100:1 101:2,8,23  
 111:4  
**injuries (15)** 6:24 26:15  
 27:12 38:6 60:24  
 71:6,11 73:20 74:2  
 75:8 115:19,23 131:14  
 136:7 141:8  
**injuring (1)** 100:7  
**injury (30)** 27:15,25  
 60:25 61:1,2 74:3,4  
 76:14 104:22  
 105:5,8,10 106:11,13  
 110:8,23 115:24  
 116:1,14,16  
 119:13,16,20,24  
 123:20,24 134:10  
 135:21 136:3,4  
**innocuous (1)** 145:19  
**inpatient (1)** 96:21  
**inquest (11)** 137:3  
 148:19 149:10  
 150:7,16 151:4  
 154:4,13,21,21,25  
**inquests (6)** 132:8  
 146:5 147:20,23 148:4  
 149:10  
**inquired (1)** 43:10  
**inquiries (2)** 151:19  
 154:21  
**insert (1)** 66:1  
**inserted (2)** 81:15 134:4  
**inserting (1)** 129:21  
**insofar (1)** 55:5  
**instance (3)** 42:22  
 56:15 61:13  
**instead (1)** 66:3  
**instructed (2)** 63:10  
 67:2  
**instruction (1)** 68:7  
**instructions (4)** 63:8  
 65:21 67:4 69:6  
**insufficient (1)** 64:11  
**intend (2)** 4:7 23:10  
**intending (1)** 6:7

**intensive (1)** 97:7  
**intention (3)** 9:12 38:8  
 153:14  
**interaction (1)** 78:22  
**interested (8)** 145:2  
 146:7,21,24 147:14  
 149:13 150:11 153:14  
**interfere (1)** 150:13  
**intermittent (1)** 40:12  
**intermittently (2)** 98:10  
 99:13  
**internal (2)** 86:11  
 119:16  
**interrupted (1)** 65:18  
**interruption (1)** 155:15  
**intervening (1)** 148:12  
**intervention (5)** 50:18  
 118:15 119:25 121:20  
 136:8  
**interventions (1)** 63:15  
**into (46)** 5:4 10:23,24  
 15:4 16:9 17:14 30:21  
 42:24 43:2,6,11,12  
 44:16 46:2 47:23  
 48:15 51:9,11,13  
 66:2,10,11 70:2,12  
 72:17 76:20 85:4  
 87:19 88:8 92:6,17  
 93:15,20 98:16 112:3  
 113:7,22 114:19  
 119:25 129:22 141:2  
 144:17 148:13 151:10  
 154:20,22  
**intracranial (1)** 111:7  
**intraosseous (1)** 66:1  
**intravenous (11)**  
 44:3,4,16 63:22,24  
 65:8,14 66:5 72:16  
 110:4 130:3  
**introduced (1)** 62:23  
**introducing (2)** 63:25  
 108:17  
**intrusive (1)** 5:5  
**intubated (2)** 48:17  
 140:12  
**intubating (1)** 43:17  
**intubation (1)** 48:11  
**intubator (1)** 48:14  
**investigate (1)** 59:15  
**investigated (1)** 145:18  
**investigations (1)** 149:1  
**invite (2)** 153:23 154:12  
**invited (1)** 124:16  
**involve (1)** 145:25  
**involved (7)** 25:16  
 43:16 128:10 150:20  
 151:5 152:1,3  
**irregular (2)** 61:12  
 80:14  
**irrelevant (2)** 72:10  
 150:12  
**irreversible (1)** 116:2  
**isnt (18)** 11:19 18:3  
 24:6 46:17 49:16  
 68:23 72:5,10,13  
 78:11 83:17 88:19  
 90:6 121:11,16 135:23  
 148:11 154:10  
**isolated (1)** 75:7  
**its (50)** 3:3 9:20 12:3  
 18:3 21:9,10,19 24:18  
 29:6 39:4,24 40:17  
 42:7 46:17 47:4 49:18

50:7 52:5 54:7 62:15  
72:25 73:2 75:20  
77:12,13 79:17 90:6  
91:19 92:15 93:19  
100:16 102:22 112:25  
121:11,16 130:12  
135:23 138:5,20,25  
139:5,5 141:16 146:1  
148:20 149:24 150:22  
152:3 153:19 155:13  
itself (1) 30:10  
itu (2) 116:4,6  
ive (10) 6:13 27:9,9  
40:19 49:21 74:17  
80:3 94:22 128:24  
150:4

J

jacket (2) 46:2 104:5  
james (4) 54:12,15,19  
157:18  
jaw (1) 119:8  
jawthrust (5) 106:24  
107:4 108:19 114:10  
133:13  
job (3) 29:23 56:1,11  
joined (2) 28:24 119:11  
journalist (1) 149:18  
journey (9) 113:10,25  
114:3,14,20  
143:14,15,21,25  
jugular (2) 65:11,15  
june (1) 95:25

K

keen (1) 16:15  
keep (7) 15:14 24:12  
55:3 62:22 114:4  
128:24 139:1  
keeping (4) 73:22,24,25  
114:5  
kept (1) 17:3  
kerb (6) 13:9,21 93:15  
99:14 100:19,20  
kerbside (1) 93:20  
key (2) 88:5 139:8  
keywords (1) 68:20  
khalid (4) 145:14,17,22  
152:23  
kick (1) 77:7  
kicked (2) 76:12,23  
kim (1) 71:24  
kimberley (13) 55:19  
58:19 60:7 62:17,25  
63:8,11 65:23 66:9  
67:10,24 72:7 79:6  
kimberleys (1) 68:19  
kind (7) 40:14 43:24  
46:20 83:13 138:3  
147:1 155:10  
kindly (1) 124:16  
kings (18) 96:13,24  
112:11,13 114:16,19  
118:14 122:20  
131:17,18,19,25  
134:14,24 137:19  
142:1,17 143:10  
kit (2) 108:12 109:17  
knelt (3) 26:13,14 27:13  
knew (12) 15:22 25:24  
26:7 28:1 31:19 34:16

41:25 42:7 49:1 52:8  
127:24 129:3  
knife (2) 136:6,7  
knocked (1) 133:20  
know (57) 1:21 3:8 5:25  
6:16 7:16 8:2,11 14:21  
16:20 17:9 18:1 19:7  
21:23 25:6 27:24  
31:22 35:6,10 36:24  
39:6 40:21 48:23  
54:22 57:15  
50:7,10 53:6 54:24  
59:24 66:24 67:8  
73:12 74:3 77:4,7 80:9  
92:16 95:19 103:9  
104:23 109:14 112:20  
117:21 120:5 121:6  
125:1 127:15,21,22  
128:10,12 131:2  
139:18 141:6,6 145:12  
150:10 151:14 155:11  
knowing (2) 112:14  
129:2  
knowledge (8) 43:20  
68:17 110:17 117:15  
123:22 127:8 137:7,9  
knowledgeable (1) 17:5  
known (2) 70:8 96:19  
kurt (33) 1:21 4:16 5:25  
7:7 17:14 19:7 29:19  
30:17,21 33:8 34:6,8  
39:7 44:16,23 45:22  
46:11,13,17 49:24  
52:20 60:18 69:22  
70:2 72:17 78:25  
80:11,19,22 81:3,10  
83:3 84:1  
kurts (8) 5:24 6:16 7:6  
29:3 44:9,22 45:18  
48:9  
kylie (5) 7:16 8:4,5,17  
157:7

L

laboured (5) 27:17,23  
28:11,22 33:23  
lack (1) 152:15  
lacking (2) 66:15,16  
lacks (1) 74:18  
ladies (1) 38:12  
lady (13) 14:22 28:3,15  
29:2 38:25 39:25 42:6  
104:23 105:15 145:22  
150:22,23 151:10  
laid (2) 106:1 108:2  
land (2) 26:2 121:23  
landed (15) 25:5,10  
26:4 27:3 31:12,16  
32:9,13 101:9 104:3  
121:9 122:9 131:1,3  
137:4  
landing (3) 128:1  
130:13 136:13  
lane (1) 101:5  
large (4) 20:11 78:2  
98:9 138:4  
larger (1) 44:6  
las (5) 66:24  
83:5,7,16,22  
last (11) 21:24 35:11  
55:1,6,7 69:23 95:25  
124:13,18 125:3 146:6  
late (2) 95:4 145:6  
later (25) 17:4 22:2  
35:13 43:23 45:25

47:22 48:24 80:20  
89:11 95:5 109:14  
116:4,8,9 121:8 122:8  
126:3,13 128:9,9  
131:4 136:13 137:3,22  
154:2  
latest (1) 84:14  
latter (2) 146:12 153:12  
lawyers (4) 2:1 35:8  
54:22 57:15  
laying (4) 27:18 30:9  
37:23 106:21  
leading (3) 20:6  
150:6,16  
leaned (1) 66:25  
leaning (1) 38:25  
learn (1) 79:15  
learnt (1) 76:17  
least (4) 75:13 83:8  
120:23 145:24  
leave (7) 29:23 45:15  
58:11 97:22 103:6  
137:1 152:9  
leaving (3) 56:20  
122:17 134:16  
led (1) 49:15  
left (42) 3:7,8,24 4:19  
6:18 10:16 11:19,21  
12:5,6,8,8 13:19 17:19  
20:25 29:24 30:5  
32:14 33:20 37:23  
46:4,22,23 47:2,7  
70:21,21 77:14 80:23  
86:22 87:18 88:6 91:9  
92:20 93:22 94:3  
97:14 110:19 116:4  
131:23 142:10 143:12  
lefthand (3) 36:25  
97:18 127:1  
leg (7) 47:2,2,3 60:25  
91:14 118:17,20  
legal (1) 145:4  
legitimate (1) 57:10  
legs (4) 27:14 47:4,15  
91:25  
leicester (2) 145:21  
147:13  
length (2) 114:20  
140:14  
les (5) 91:13,24  
92:17,18,20  
leslie (44) 4:5 85:16  
86:6,22 87:11,19  
88:3,7,12,13,19,23,25  
89:5,11,20 90:6,6  
102:20 103:3,14,16  
108:8 113:2,7 115:16  
116:4,20 121:24  
122:22 123:17  
127:16,18 131:22  
132:6 133:11,12  
135:9,11,16 139:22  
140:9 143:9 144:6  
leslies (5) 103:25  
104:25 109:18 136:16  
143:22  
less (5) 27:18 33:23,25  
101:22 114:8  
let (2) 8:11 29:23  
lets (1) 24:22  
letting (1) 16:15  
level (2) 64:23 83:8  
lie (1) 47:17

life (4) 40:20 45:4  
146:1,13  
lifepak (2) 60:7,14  
lifesaving (2) 120:2,7  
lifethreatening (3) 38:5  
105:5,10  
lifted (1) 102:15  
light (5) 42:20 98:8,11  
100:24 146:21  
lightly (1) 77:18  
lights (4) 56:17 57:1  
114:24 134:13  
like (20) 5:10 8:8 14:17  
22:13 30:8 31:3 32:14  
39:23 40:6 46:12  
65:15 85:5 91:24 93:7  
99:23 105:4 116:22  
121:12 135:25 151:14  
likelihood (1) 35:8  
likely (7) 84:18 112:18  
116:15 118:8 146:7,16  
148:15  
likewise (1) 52:17  
line (13) 37:3 44:3,4,16  
45:14 51:19,20 63:24  
66:5,16,17 72:16  
73:10  
lines (4) 43:11,11  
75:18,22  
lion (2) 11:10 17:21  
list (1) 142:19  
listening (1) 27:17  
literally (4) 24:15,16  
25:1,4  
little (13) 10:18 12:9  
15:21,25 17:7 20:23  
22:18 31:5 52:5 90:12  
131:4,10 145:8  
live (1) 2:4  
lives (1) 77:16  
lloyd (18) 94:18  
95:13,14,18 96:4  
116:19 124:3,6  
127:21,23 129:11,18  
130:5 131:9,10,22  
133:10 158:2  
lloyds (2) 95:6 140:21  
locate (1) 11:9  
located (1) 134:10  
location (10) 20:8,13,19  
39:13 56:9,14,18  
65:15 126:9 143:2  
logistically (1) 131:20  
logs (1) 143:8  
london (38) 2:7,14  
5:12,15,18 8:25 9:2,13  
10:24 16:2,9,13 17:5,6  
22:7,12,17,19 23:18  
53:3 55:7,14 57:5  
61:24 62:1 76:10 78:8  
79:12 80:10 83:4 97:9  
112:19 120:4 121:13  
125:9 132:9 135:24  
139:19  
long (6) 17:7 29:14  
44:25 75:20 114:23  
154:11  
longer (6) 44:19 45:4  
73:18 142:5 145:8,9  
look (16) 12:15 16:12  
17:19,21 21:11 22:23  
26:14,21 38:17 87:18  
98:13 103:4 115:3

132:12 142:15,19  
looked (23) 4:13  
6:10,11 10:13 14:17  
27:11 31:25 38:20,22  
40:6 46:2,16 59:16  
70:1 83:3 91:2 98:14  
105:4,4 110:24  
111:1,2 151:10  
looking (30) 3:9,17,19  
4:10,14 6:6 7:25  
10:6,14 11:8,16  
13:5,14 24:9 25:6  
30:25 38:19 54:6 60:1  
70:5 86:11,12 87:7,17  
88:2 97:15 98:5  
104:11 112:25 117:23  
looks (2) 20:24 32:7  
loop (2) 138:14 139:4  
lost (1) 100:12  
lot (6) 8:1 12:25 40:8  
71:11 80:4 138:5  
lots (3) 20:7 138:25,25  
loud (3) 16:19 98:3,19  
low (2) 120:1 133:5  
lower (1) 113:1  
lunch (3) 2:16 94:20  
109:2  
luncheon (1) 95:10  
lunchtime (1) 22:8  
lungs (4) 32:14 43:2,6  
141:2  
lying (10) 38:1,22 39:17  
42:1 46:20 101:4  
104:1,9 105:25 133:3

M

mail (1) 89:11  
main (8) 9:17 23:4  
35:21 36:1,5,19 57:19  
155:18  
maintain (7) 64:24  
100:16 111:14 113:15  
114:9 129:22 150:20  
maintained (3)  
140:10,19 143:23  
maintaining (3) 105:21  
109:23 111:20  
major (34)  
68:9,14,18,20,25 69:3  
74:17,22,24  
75:3,22,24  
76:3,7,11,13,23  
77:7,24 78:3,16 81:21  
83:15 84:15,23 85:7  
115:10,13  
131:16,18,19 132:2  
138:10 143:18  
makes (1) 139:8  
making (10) 13:22  
28:15 41:4 79:19  
98:18 105:13 109:25  
133:13 148:19 153:3  
48:21 52:16 63:18  
man (10) 14:19,24 15:4  
17:14 39:6 91:12  
101:3 102:9 103:8  
105:9  
manage (1) 62:11  
managed (3) 100:19  
140:9 155:12  
management (1) 122:15  
mandible (1) 107:7

manner (1) 104:1  
manoeuvre (9)  
106:23,24 107:4,9,14  
108:19 114:10 133:13  
141:9  
many (6) 14:13 58:16  
67:18 77:1 85:5  
109:14  
march (12) 2:5,7 8:21  
21:24 35:11,14,16,18  
54:25 55:13 95:23  
152:18  
marie (3) 35:1,5 157:14  
marked (6) 26:22  
58:1,3,5,7 109:9  
marking (1) 109:10  
markings (2) 27:1 121:5  
marriott (2) 88:1 90:19  
marys (1) 112:13  
mask (7) 42:23,23  
48:13 56:9 62:12  
63:11 129:23  
masood (13) 18:4 88:6  
92:8 94:8  
145:14,17,22,24  
146:12,17 150:24  
152:23 154:22  
mate (2) 39:24 79:6  
material (1) 149:9  
materially (1) 123:19  
matter (6) 36:17 84:13  
99:24 110:19 122:21  
145:1  
matters (6) 46:15  
144:11,12 153:25  
155:20 158:9  
maximum (1) 99:3  
maybe (3) 14:12 29:16  
30:7  
mc01 (1) 132:24  
mc03 (1) 125:15  
mcdonalds (3) 11:1,17  
15:19  
mean (17) 20:17  
25:15,20 26:8  
27:14,21 29:20 30:4  
31:7 32:10 53:11  
75:16 83:6 109:20  
111:17 142:23 154:19  
meaning (1) 68:25  
means (4) 40:17  
41:3,14 42:19  
meant (4) 27:25 96:20  
117:25 118:1  
meanwhile (1) 62:25  
measure (2) 61:15  
120:3  
measured (1) 110:5  
measurement (1)  
113:18  
measures (4) 140:11,17  
141:19 146:6  
mechanism (2) 76:14  
77:2  
media (1) 93:16  
medical (8) 43:20,22  
64:22 71:14 82:9  
89:12 101:11 130:9  
medically (1) 105:18  
medication (3) 63:25  
65:8 130:4  
medics (2) 121:16  
137:14

meet (2) 9:12 10:19  
meeting (1) 22:11  
meets (1) 25:8  
melissa (9) 1:5,6,7,20  
7:10 20:4 52:24 80:3  
157:3  
member (18) 44:12  
48:8 56:21,24 59:13  
76:4,10 83:4,7 91:9  
120:16 137:21 149:17  
150:19 151:18 154:23  
155:2,13  
members (5) 18:15  
28:25 79:12 119:22  
130:1  
men (2) 36:4 136:6  
mention (5) 36:8 72:25  
74:14 120:8 146:2  
mentioned (5) 73:2  
83:2 94:22 145:13  
147:2  
mentioning (1) 150:1  
message (3) 95:4  
138:18,24  
messages (5) 138:21,25  
139:3,6,11  
met (3) 15:19 17:3  
22:13  
metres (3) 25:12 90:13  
93:7  
mi6 (2) 23:16 24:5  
microphone (1) 155:14  
middle (3) 3:5 39:10  
70:9  
middleaged (1) 103:21  
midmorning (1) 54:5  
midsection (1) 86:13  
might (9) 6:3 32:18  
36:17 50:14,17 70:24  
73:14 146:8 151:3  
miles (1) 99:4  
military (1) 27:9  
milling (1) 20:20  
mind (9) 73:3 75:17  
81:3,7 100:3 123:15  
147:5 148:18 154:16  
mine (1) 7:22  
minimal (1) 141:18  
minor (1) 69:12  
minute (7) 61:15,17,20  
63:6 71:9,25 111:21  
minutes (20) 29:16  
57:17 80:20,22 94:19  
95:4 109:14,14 110:20  
111:15 114:22 121:13  
122:8,21 126:3 135:25  
136:3 140:13 142:6  
143:12  
misinterpreting (1) 47:6  
missing (1) 111:5  
mix (1) 98:9  
mm (2) 61:4,10  
mnemonic (2) 81:4,7  
mobile (2) 39:25 138:19  
moment (8) 6:16,19  
7:17 19:2 54:4 58:11  
62:14 88:22 97:22  
103:7 116:13 118:13  
128:4,6 144:15 152:10  
154:6 155:2  
moments (4) 36:15  
124:13 126:9 128:9  
monday (2) 144:17,24

monitor (12) 44:13  
 45:1,11 48:7 49:2  
 51:20 60:8 66:17  
 71:24 72:4,7 73:10  
 monitored (2) 44:9 49:6  
 monitoring (5) 62:20  
 110:5 113:16  
 114:12,13  
 month (1) 6:25  
 months (2) 73:7 82:12  
 moody (10)  
 124:18,19,23,24 135:8  
 139:15,18 144:3,4  
 158:5  
 more (36) 7:2 12:9  
 27:11,18 28:7,11 30:4  
 32:19,20 47:5,16 54:3  
 56:11,14 59:9 64:15  
 65:14 71:9 72:8 74:5  
 77:6,22 82:9 94:11  
 104:18 109:16,17  
 110:10,10 111:8,24  
 123:5,15 128:14  
 133:20 136:17  
 morning (7) 1:3,4 2:13  
 9:6 73:4 97:5 155:23  
 most (4) 99:23 101:25  
 144:22 155:16  
 motionless (1) 31:9  
 motorbike (2) 108:7  
 109:17  
 motorbikes (1) 138:19  
 motorcycle (5) 113:3  
 123:8 125:13,25 126:8  
 mount (3) 12:19  
 13:9,21  
 mounted (3) 12:24  
 14:6,14  
 mounting (1) 99:14  
 mouth (12) 42:17 43:5  
 62:10 106:21  
 107:3,7,17,21,22  
 108:13,21 114:8  
 move (20) 12:8 19:3  
 27:20 32:7,11 33:1  
 41:25 47:11,20,21  
 67:2 68:13 83:24 84:6  
 101:9 103:5 104:2  
 105:14 133:21 150:19  
 moved (7) 1:9 41:24  
 47:15,15 48:1 70:2  
 118:17  
 movement (6) 25:18,21  
 26:8 31:7 118:21,23  
 movements (1) 113:13  
 moving (12) 6:14  
 15:5,20 58:17 59:3  
 88:6 100:11  
 105:6,16,19 118:12,16  
 mp00041 (5) 3:2 9:18  
 23:4 36:20 97:11  
 ms (14) 8:4 17:15,16  
 20:1,3 35:1,6 46:10  
 52:22 144:14,23 145:3  
 157:7,14  
 much (46) 5:14,21  
 7:2,8,9,10,12,14 13:15  
 17:9 21:1,5,7,8,12  
 22:15 30:13 34:13,19  
 44:19 46:7 53:1,16  
 69:18 79:24 85:10,12  
 90:1 94:15,16  
 98:1,6,23 104:12

108:9 116:17 123:10  
 124:1,4,12 135:6  
 144:3,7 145:9 152:5  
 155:9  
 multiple (5) 20:19 99:25  
 100:18 128:17 129:5  
 must (4) 25:15 40:6  
 117:14 152:5  
 myself (7) 41:25 53:13  
 72:6 98:1 104:15  
 105:1,21  


---

N

---

 name (21) 1:18 8:15  
 20:3 21:17  
 26:23,23,24 35:3  
 48:23 54:17 85:24  
 95:16 104:23 124:21  
 146:3 147:15 148:8  
 153:5,14 155:3,6  
 named (2) 153:8,10  
 namely (1) 149:25  
 names (10) 146:9,13,23  
 147:2,8,18,22 148:2  
 149:2 150:1  
 nasopharyngeal (2)  
 129:21 134:5  
 naturally (2) 40:22,23  
 nature (3) 67:19 77:24  
 129:16  
 near (9) 4:18 11:10,17  
 12:3 13:20 17:21  
 21:24 35:11 136:20  
 nearby (2) 11:1 33:13  
 nearer (1) 18:24  
 nearly (2) 6:24 73:7  
 nearside (6) 87:6  
 91:16,19 92:20 93:23  
 94:5  
 necessary (2) 146:19  
 152:11  
 necessitated (1) 119:14  
 necessity (1) 84:6  
 neck (6) 42:2 44:7  
 65:16 104:9,18,25  
 need (12) 1:13,15 22:5  
 62:3 64:21 79:14 85:4  
 141:23 146:13  
 151:6,21 154:1  
 needed (10) 15:20  
 16:21 38:13 101:11,25  
 104:20 112:5 122:14  
 141:22 151:3  
 needle (3) 119:25 130:5  
 134:11  
 needles (1) 110:7  
 Neil (4) 21:14,15,19  
 157:11  
 nephew (7) 22:11  
 23:3,11,14 24:1 26:12  
 33:3  
 nephews (1) 26:23  
 nervous (2) 40:20 41:2  
 neurological (5) 42:20  
 52:7,9 61:6 74:2  
 never (2) 6:10 123:3  
 news (2) 116:8,12  
 next (24) 3:3  
 4:7,20,21,23 6:22 7:15  
 9:18 21:14 34:23  
 37:15 39:11 48:20  
 54:12 56:2 62:7  
 64:10,12 70:10 72:15

85:14 89:3 93:16  
 94:18  
 nhs (1) 84:14  
 nice (4) 14:18 18:20  
 141:21 150:5  
 night (4) 22:6,7 77:5  
 85:2  
 nighttime (1) 137:13  
 nine (2) 140:1,1  
 nobody (3) 15:1  
 103:18,18  
 nodded (1) 20:14  
 noise (3) 30:17 98:3,19  
 noises (1) 99:13  
 nonbreathes (1)  
 129:23  
 normal (5) 20:17 40:12  
 41:4 77:13 111:3  
 norman (3) 124:19,23  
 158:5  
 north (18) 10:6,11,16  
 11:4 23:19 86:16 87:1  
 89:18 90:9 97:13  
 98:11 101:18 112:15  
 121:9 122:9 123:4  
 126:10 131:20  
 northsouth (1) 23:9  
 nose (6) 27:25 28:21  
 29:21 96:5,22 106:20  
 nostrils (2) 26:19  
 106:20  
 note (5) 128:24 142:14  
 145:3,3,4  
 noted (4) 44:17,18  
 105:6 133:9  
 nothing (3) 12:18,23  
 141:21  
 notice (3) 25:20 28:8  
 106:10  
 noticed (1) 113:21  
 nowhere (1) 74:13  
 number (6) 2:13  
 11:3,12 61:15 76:13  
 152:20  
 numbers (3) 20:11  
 84:18 115:7  
 nurse (4) 35:17 49:19  
 70:11 73:4  


---

O

---

 oath (2) 85:21,22  
 obscured (1) 98:10  
 obscuring (1) 98:7  
 observations (5)  
 111:13,14,16 115:2  
 149:19  
 observe (1) 45:18  
 observed (1) 28:23  
 obtain (1) 110:4  
 obvious (3) 27:15 44:23  
 50:15  
 obviously (22) 12:24  
 17:1 30:18 36:20  
 37:19 38:4 40:5,8,24  
 42:16 43:13 52:9  
 73:19 77:9 102:21  
 105:5 109:16 117:6  
 123:10 127:1 128:20  
 131:13  
 occasion (1) 75:16  
 occasional (1) 143:23  
 occurred (2) 56:25  
 146:6

occurrence (1) 84:16  
 occurrences (1) 77:9  
 o'clock (5) 2:17 22:20  
 67:7 80:19 81:14  
 offered (1) 140:25  
 office (5) 22:14  
 35:18,20 36:16 53:21  
 officer (8) 45:18,20  
 46:3 55:13 125:8  
 126:12 128:16 133:23  
 officers (2) 126:6 128:8  
 often (6) 120:7,21  
 121:11,18 136:2,7  
 oh (1) 1:12  
 okay (3) 76:9 109:12  
 125:7  
 older (5) 5:24 17:13  
 30:17 105:7,9  
 once (15) 9:17,19 47:14  
 59:21 67:20 71:23  
 97:11,11 100:17,18  
 101:9 106:10 109:20  
 112:3 154:19  
 ones (1) 139:8  
 online (2) 89:11 150:23  
 onto (16) 18:14 26:4  
 30:3 36:9 38:11 59:11  
 92:13 94:10 99:14  
 102:18 106:10 107:19  
 118:7 127:2,5 129:19  
 op (1) 108:16  
 open (12) 62:23 86:8,21  
 106:24 107:8 134:10  
 138:11 148:14 150:14  
 151:23 152:6,24  
 opened (1) 62:10  
 operates (1) 120:5  
 operation (1) 134:11  
 operations (4) 78:16  
 120:7 137:15 138:11  
 operatives (1) 126:16  
 operator (1) 12:3  
 opinion (5) 49:24 51:15  
 112:11,20,21  
 opportunity (7) 90:3  
 144:23 147:3,25 149:6  
 153:9,25  
 opposed (2) 78:2 92:21  
 opposite (7) 17:22  
 19:24,25 37:5 90:7  
 97:20 99:7  
 optimistic (1) 111:24  
 options (2) 53:20  
 112:12  
 order (21) 47:14 69:9  
 71:3 84:2 119:4  
 147:1,9,11,21 148:4  
 149:16,20 150:9,13,21  
 153:18,22 154:3,6,18  
 155:3  
 orders (2) 146:5 148:7  
 ordinarily (9) 52:1  
 73:13,16  
 75:2,3,14,14,18 77:15  
 ordinary (1) 12:18  
 organisation (1) 85:5  
 organisations (2) 84:21  
 85:6  
 organs (2) 41:15 115:23  
 orientate (1) 3:5  
 oropharyngeal (7)  
 62:11,21 64:12,16  
 108:20 129:21 134:4

orthopaedics (1) 96:15  
 osland (7) 85:14,18,21  
 90:1,5 94:16 157:24  
 others (14) 8:20 17:11  
 21:22 30:14 34:12  
 45:16 46:8 52:16,18  
 69:7 79:19 90:2 95:20  
 124:25  
 otherwise (1) 147:19  
 ourselves (3) 28:4  
 141:23 153:13  
 outcome (1) 123:19  
 output (2) 62:6 74:19  
 outside (6) 51:24 54:1  
 88:1 114:19 118:14  
 149:13  
 over (64) 5:25 10:15  
 11:9 13:18 14:24 19:9  
 23:7 25:7,14,17,19  
 26:10 29:22 30:23  
 33:20 35:13 36:8  
 37:21,22  
 38:11,14,19,20,25  
 40:21 41:1,18 47:4  
 59:10,17 60:1 61:20  
 66:25 67:16 70:1 71:2  
 78:6 89:18 91:2  
 92:18,20 93:23 97:5  
 98:13,14 102:15  
 104:6,21 105:25  
 106:13 111:10,14,23  
 115:4,10 117:20 127:4  
 132:1 133:22 134:23  
 138:2 141:2,3 145:22  
 overly (1) 20:18  
 overview (1) 133:18  
 own (6) 12:22 40:25  
 54:1 81:25 104:16  
 109:23  
 oxford (1) 9:7  
 oxygen (23) 42:23,24  
 43:1 51:9,11,13,13  
 60:9,12 62:12,23  
 108:13,14,17,23,24  
 109:24 110:6  
 111:18,22 114:12  
 129:23 134:7  


---

P

---

 p1 (2) 135:20,22  
 p302 (1) 57:12  
 pace (2) 98:20 100:12  
 packaged (1) 130:19  
 pads (6) 44:11 48:9  
 49:6 62:19 63:1 71:23  
 pain (1) 38:5  
 pairs (1) 110:3  
 palace (5) 3:6 9:22  
 87:18 100:22 126:25  
 pallor (1) 41:11  
 palpable (1) 62:6  
 paralysing (1) 141:3  
 paramedic (24) 47:22  
 49:9 51:16,22 52:16  
 55:11,14,15 60:9,11  
 77:14 78:13 82:13  
 89:7,12 108:6,11  
 109:5,6 113:3 114:6  
 119:10 123:8 139:24  
 paramedics (10)  
 29:1,11 33:20,22  
 47:19 48:5 76:22  
 108:4 109:15 112:22

parapet (1) 30:23  
 paraphrase (1) 83:24  
 pardon (1) 22:16  
 parked (1) 58:6  
 parliament (9) 18:8  
 23:15 69:11,16 97:13  
 130:18,23 131:3 137:5  
 part (16) 2:9 9:6 23:10  
 26:2 40:21,22 41:1  
 88:14 96:10,13 104:4  
 113:10 150:20  
 152:15,16 154:20  
 partially (1) 99:16  
 particular (5) 20:19  
 63:3 123:20 135:21  
 151:4  
 particularly (8) 13:1  
 16:14 17:5 29:20  
 61:14 150:22 152:6  
 154:20  
 parties (1) 150:11  
 partner (2) 18:23  
 145:16  
 pass (3) 28:15 34:21  
 87:22  
 passage (1) 37:5  
 passed (4) 28:24 100:21  
 122:5 128:24  
 passerby (3) 91:17  
 94:3,5  
 passerby (2) 104:23  
 123:3  
 passing (1) 41:17  
 past (2) 36:25 140:2  
 patency (2) 62:8 63:15  
 patent (6) 68:11 74:20  
 81:14 140:9,10 141:18  
 path (7) 14:5 36:9,25  
 37:21,22 38:11 102:13  
 pathway (1) 30:9  
 patient (47) 35:25  
 55:25 59:19 60:10  
 61:8 63:18 66:21  
 67:1,2,22 68:9,11,12  
 69:15 70:10,12 71:10  
 73:15,19,22 74:18  
 75:7 82:16 83:20 97:6  
 107:6 110:5,16 113:13  
 114:1 118:22 120:21  
 122:23 130:14,17  
 131:6,7  
 132:5,10,18,22  
 133:8,24 134:23  
 136:15 139:23 141:15  
 patients (28) 35:21  
 58:24 61:8 63:21  
 64:23 66:2,9  
 67:3,16,20 68:13  
 69:13,13 72:8 73:24  
 78:2,20 81:1 83:25  
 84:7,8 96:22,24  
 128:5,14,17 129:5  
 133:3  
 patterson (38) 5:22,23  
 7:2 17:12,13 20:1  
 30:15,16 34:5,10,15  
 46:9,10 52:22  
 69:20,21 79:24 80:4  
 90:4,5 94:15  
 116:18,19 123:25  
 124:7 135:7,8 139:15  
 144:5,21  
 157:5,9,13,16,20

158:1,4,7  
 pause (17) 14:8 64:21  
 86:10 87:5,15,23  
 88:11,13,22,25  
 89:4,10,16 90:25 91:2  
 94:21 148:6  
 pausing (1) 130:21  
 pavement (35) 3:18  
 12:19,24 13:11  
 14:7,14 15:7 17:18  
 18:14,19 31:14,18  
 37:14 40:7 46:19 47:9  
 58:23 70:22 86:22  
 87:11,20 88:3,7  
 92:11,12 94:10,11  
 99:7,11,12 100:8,23  
 118:2 127:6,7  
 payments (2) 145:16,18  
 pc (1) 144:20  
 pcs (1) 144:16  
 pedestrians (3) 88:14  
 94:11 100:7  
 pen (1) 1:22  
 pending (1) 148:4  
 people (46) 11:12  
 14:6,13,25 15:1,8,9  
 16:12 17:18 20:10,20  
 30:6,12 36:7 37:23,24  
 38:1,6 39:20 40:19  
 53:12 58:17,18  
 59:5,20 69:3 77:19  
 83:10 91:5 94:9,24  
 99:18,20,23 100:1  
 101:2,8,20 102:6  
 103:12 127:20  
 146:14,23 149:9  
 150:20 155:16  
 per (9) 61:15,17,20  
 63:6 71:9,25 111:23  
 114:17 134:7  
 perception (1) 99:1  
 performed (2) 74:25  
 107:9  
 perfused (1) 73:25  
 perhaps (23) 11:24  
 34:23 54:12 76:21  
 77:5,6,19,20 79:14  
 91:1,14,18 99:3 100:3  
 103:21 109:5 111:4,19  
 117:13 139:8 140:22  
 151:19 152:10  
 period (5) 66:23 81:11  
 97:3 115:4 122:16  
 peripheral (1) 44:5  
 peripherally (1) 41:8  
 permission (3)  
 147:17,20,22  
 person (26) 13:3,13,20  
 19:6 56:23 88:19  
 91:8,24 92:3,4,5  
 101:17,18,20  
 103:10,11,13 113:17  
 127:22 135:22  
 146:7,19,24 147:14,24  
 153:14  
 personal (4) 45:25  
 77:10 151:8,11  
 personally (6) 6:23  
 66:25 76:20 79:5,23  
 140:12  
 personnel (4) 44:11  
 57:6 66:24 108:4  
 persons (3) 145:2



|                          |                          |                          |                         |                           |                           |                          |
|--------------------------|--------------------------|--------------------------|-------------------------|---------------------------|---------------------------|--------------------------|
| 146:22 149:13            | 110:9                    | 155:2,13                 | proposed (1) 150:9      | 26:2,6,14,20              | 102:3,6,8,12,19           | 131:8 150:24 152:20      |
| pete(r) (3) 21:15,19     | pocket (1) 46:2          | pressed (1) 98:20        | proposing (1) 146:25    | 27:1,3,6,11               | 103:5,15,25 104:13,19     |                          |
| 157:11                   | points (3) 78:5 117:5    | pressing (1) 123:6       | prospects (1) 44:22     | 28:1,8,15,18,23           | 105:3,11,14,24            | <b>R</b>                 |
| pharmacy (2) 35:21,25    | 120:24                   | pressure (8) 107:6       | protect (1) 26:1        | 29:3,5,10,14,18,24        | 106:3,10,18               | racing (1) 104:16        |
| phenomenal (1) 16:5      | police (14) 6:11 30:11   | 110:6 111:18,21          | protection (2)          | 30:2,20,23,25             | 107:4,9,13,23             | rack (1) 37:24           |
| phone (6) 4:12 16:3,7    | 45:18,20 46:3 55:6       | 115:3,6,8 140:22         | 149:12,24               | 31:3,6,10,12,16,22,25     | 108:2,8,10,16,23          | racks (1) 37:21          |
| 33:16 39:25 41:18        | 62:16 70:6 100:4,4       | presumably (6) 6:2       | protocol (2) 68:9 74:21 | 32:7,12,18,21,24          | 109:1,9,12,18,22          | radio (7) 79:8 137:23    |
| photo (1) 24:15          | 121:3,6 128:8,16         | 31:10 38:19 50:16        | provide (8) 8:9 45:15   | 33:1,3,7,10,12,16,18,25   | 110:2,11,15,22 111:12     | 138:5,12,13,25 139:21    |
| photograph (32) 4:2,10   | policeman (1) 113:21     | 66:4 114:24              | 66:2 101:12 106:9       | 34:2                      | 112:1,8,17,24             | radioed (2) 75:25 76:2   |
| 11:7,8,15 12:1           | poor (1) 137:23          | presumed (1) 43:9        | 120:7 121:23 135:17     | 35:6,10,13,16,18,23,25    | 113:6,10,19               | radios (8) 79:2,3,14,15  |
| 13:16,19 24:6,7,8        | portrait (1) 1:22        | preterminal (1) 71:13    | provided (10) 34:17     | 36:11,13,19               | 114:3,12,20,24            | 123:10 138:2,24          |
| 26:20,22 29:5 37:12      | position (37) 11:4 20:7  | pretty (4) 5:14 13:15    | 62:12 63:21 79:10       | 37:2,5,8,11,18            | 115:2,10,15,18,24         | 139:20                   |
| 39:2,19,20 40:4 46:16    | 25:7 26:5 27:19          | 43:9 104:11              | 101:14 116:25 131:5     | 38:1,8,17,19,22           | 116:4,8,11,25             | rag (1) 31:3             |
| 47:6 58:1,2,5 59:21,24   | 32:2,3,8,8,15 37:11      | prevent (2) 110:21       | 148:18 149:2,4          | 39:2,9,11,13,16,19        | 117:18,23                 | raise (3) 84:25 145:1    |
| 69:25 70:20 86:8         | 39:16 46:17 47:24        | 155:3                    | provides (1) 78:8       | 40:3,10,16                | 118:3,5,9,18,23           | 155:20                   |
| 109:4,9 112:24           | 49:11 59:19              | preventing (1) 153:6     | providing (3) 60:6      | 41:5,7,9,17,20,24         | 119:3,8,10,18             | raised (4) 81:5,7        |
| photographs (11) 6:13    | 70:2,13,19,20,24 71:1    | previous (2) 13:16       | 113:11 149:24           | 42:4,9,14,21              | 120:4,12,22               | 120:12,14                |
| 11:1 23:25 31:25         | 77:20 78:13 91:14        | 154:24                   | provision (2) 148:6     | 43:3,7,13,16,20           | 121:2,7,11,16,22          | raising (1) 137:23       |
| 32:3,4 102:19,22         | 93:17 99:6 103:25        | previously (2) 14:16     | 149:7                   | 44:1,3,9,15,20            | 122:1,7,16,22,25          | ramp (1) 55:22           |
| 109:1 113:1 129:12       | 104:3 106:5 107:19,20    | 74:18                    | proximity (1) 131:13    | 45:5,10,13,18,22,25       | 123:7,15,20 124:24        | ran (1) 19:16            |
| photos (1) 23:14         | 108:3 112:3 117:15       | prf (1) 142:9            | pseudonym (1) 145:21    | 46:4,25                   | 125:5,8,11,13,15,17,19,23 | range (1) 9:4            |
| phrase (1) 68:22         | 118:3 134:11             | primarily (1) 96:23      | pub (1) 85:1            | 47:6,9,11,13,19,22        | 126:2,4,6,12,15,18,22,25  | rank (1) 85:24           |
| phrasing (1) 64:21       | positioned (2) 101:3     | primary (2) 16:1 84:20   | public (10) 18:15 28:25 | 48:1,4,11,17,20,24        | 127:6,9,13,15,18,23       | ranked (2) 66:24 83:5    |
| physically (1) 138:12    | 127:6                    | principles (1) 151:24    | 56:21,24 59:13          | 49:2,6,9,13,16,19,21      | 128:2,7,19,24             | rapid (4) 71:9,10 133:3  |
| picked (5) 45:1 50:4,8   | positions (1) 94:3       | priority (11) 38:8,15    | 76:4,21 91:9 151:24     | 50:2,10,14,20,22,25       | 129:2,7,12,16,24          | 136:1                    |
| 72:23 93:1               | positive (1) 39:23       | 51:8 56:7,8 64:20,24     | 152:4                   | 51:3,5,15,19,24           | 130:7,21,25               | rapidly (5) 66:10 106:15 |
| picture (5) 3:13 4:6     | possessions (1) 113:24   | 65:4 122:6,23 141:24     | published (1) 148:3     | 52:6,9,15,20 53:11        | 131:4,10,18,22,25         | 112:6 115:20 131:6       |
| 11:10 20:25 133:19       | possibility (4) 50:16,22 | private (1) 89:17        | pull (1) 14:19          | 54:20,24                  | 132:5,12,15,17,20         | rare (1) 77:9            |
| piece (2) 30:7 118:19    | 51:6 120:9               | privilege (1) 124:17     | pulled (5) 15:15 16:5   | 55:3,5,10,13,16,18,20,24  | 133:2,8,12,16,20          | rasping (1) 61:14        |
| pixilated (2) 89:4 93:17 | possible (6) 3:3 23:8    | probably (9) 17:2 22:21  | 113:23 114:18 118:13    | 56:2,4,6,13,16,20,23      | 134:1,4,7,10,16,19,22     | rate (16) 44:9 49:2 50:3 |
| place (8) 17:23 51:14    | 107:18 132:22 146:11     | 25:12 42:2 44:24         | pulse (30) 29:4 41:5    | 57:1,4,8,12,14,19,23      | 135:1,4,15,20,23          | 61:12 63:3 66:9,13,15    |
| 77:10 97:20 141:16       | 152:6                    | 99:15 112:12 116:13      | 48:3 49:3 61:18,19,21   | 58:1,5,8,11,15,21,25      | 136:2,6,10,13,18,22,25    | 71:10,21,24 72:20,23     |
| 150:22 154:3,6           | possibly (4) 17:4 21:11  | 142:7                    | 62:7 66:9 71:8,9,10,21  | 59:5,8,12,15,18,21        | 137:3,8,10,14,17,21       | 73:5 80:14,15            |
| placed (3) 108:20 110:7  | 118:7 141:9              | problem (4) 138:15,17    | 72:20                   | 60:4,11,14,18,24          | 138:1,7,15                | rather (7) 1:10 57:19    |
| 152:24                   | postcard (3) 4:14,15     | 139:5,21                 | 104:13,16,16,17,18,25   | 61:2,5,9,11,15,18,21,23   | 139:5,8,11,13,24          | 98:18,21 118:3 122:16    |
| plain (5) 46:11,17 47:1  | 12:17                    | problems (9) 74:6        | 105:2,2 110:6           | 62:1,9,15,21,25           | 140:2,5,9,19,21,24        | 141:10                   |
| 49:16 76:19              | postcards (1) 37:22      | 79:9,13,16,22 96:22      | 111:18,20 113:17        | 63:3,8,13,16,20,24        | 141:11,13,17,24           | rationale (1) 106:4      |
| plan (32)                | postgraduate (2)         | 123:9,12 138:2           | 115:3,6,8 140:22        | 64:2,5,7,10,15,18         | 142:3,8,12,19,23          | re (2) 144:11 158:9      |
| 3:1,2,5,7,9,17,19,21,24  | 145:14 151:22            | procedural (5)           | 144:11,12 145:1         | 65:1,4,7,10,12,17,21,25   | 143:4,9,12,14,18,21       | reach (1) 10:9           |
| 9:17,18 10:13,15 16:2    | postgraduates (1)        | 144:11,12 145:1          | 155:20 158:9            | 66:4,7,12,15,17,19,22     | q303 (1) 142:16           | reached (11) 3:2,11 4:1  |
| 22:10 23:4,7,19,25       | 145:16                   | procedure (6) 65:10,17   | 68:14 77:13 119:13      | 67:4,6,8,10,17            | qualified (1) 32:20       | 6:19 23:24 37:11 40:3    |
| 25:6 36:19,21,22         | potential (1) 105:9      | 68:14 77:13 119:13       | 141:5                   | 68:1,4,7,14,17,22,25      | quarters (1) 152:8        | 45:5 60:18 104:24        |
| 57:19,19 58:1,2          | potentially (3) 111:2    | 141:5                    | procedures (10) 61:24   | 69:2,6,9,15               | question (7) 7:5 39:11    | 114:16                   |
| 97:11,15,22 99:9         | 116:2 120:17             | practical (1) 148:7      | 62:2,2,5 76:12,24 77:7  | 70:5,16,19,24             | 53:4 61:25 80:3 146:8     | react (2) 15:12 107:9    |
| 122:19                   | pragmatic (1) 150:13     | pragmatic (1) 150:13     | 85:6 113:20 129:24      | 71:2,6,14,17,20,23        | 147:14                    | reaction (2) 42:19 66:19 |
| planned (1) 5:13         | prealert (1) 132:2       | precalculated (1) 13:2   | proceed (1) 150:24      | 72:3,7,12,19              | questions (49) 1:24 2:1   | 5:21,23 7:3 8:18,19      |
| planning (1) 3:15        | precautionary (2)        | 110:15 119:12            | proceeded (4) 10:24     | 74:2,8,13,22              | 17:11,13 20:4             | 17:11,13 20:4            |
| plastic (1) 62:22        | 110:15 119:12            | precisely (1) 20:10      | 56:11 64:12 126:10      | 75:1,10,13,23             | 21:6,20,21                | reading (4) 4:21 44:13   |
| play (11) 87:3,14,22     | precludes (1) 149:20     | preludes (1) 149:20      | 62:2,2,5 76:12,24 77:7  | 76:6,9,16,19              | 30:13,14,16 34:12,12      | 72:10 73:10              |
| 88:11,22,24              | prehospital (1) 77:23    | preliminary (1) 40:5     | 85:6 113:20 129:24      | 77:4,12,19                | 35:6,8 46:7,10 52:25      | readout (1) 45:10        |
| 89:3,9,15,23 93:11       | preliminary (1) 40:5     | premise (1) 144:19       | proceed (1) 150:24      | 78:5,8,13,18,23           | 53:15 54:20,22            | ready (2) 85:20 132:3    |
| played (1) 86:9          | premier (2) 152:24       | premium (2) 152:24       | 56:11 64:12 126:10      | 79:2,10,19,22             | 69:19,21 80:2,4,9         | real (1) 121:18          |
| players (1) 150:11       | 153:1                    | 153:1                    | 100:2 152:1 154:5       | 80:14,17,22               | 84:10 85:10,11 90:2       | realised (2) 113:23      |
| please (53) 1:8,19 8:16  | preparation (1) 62:19    | preparation (1) 62:19    | 100:2 152:1 154:5       | 81:3,7,10,13,17,19,21,24  | 95:19,20 116:19           | 137:17                   |
| 9:20 13:17 21:18         | prepared (3) 7:13 86:5   | 132:9                    | 100:2 152:1 154:5       | 82:2,4,6,9,12,15,19,22,24 | 95:19,20 116:19           | really (10) 12:18 15:2,8 |
| 24:8,12 34:21 35:4       | 132:9                    | preparing (2) 56:2 85:25 | 100:2 152:1 154:5       | 83:2,10,13,16,19,22       | 124:2,3,24,25 135:8       | 16:5 25:20 27:20         |
| 36:19 37:2 39:19         | preparing (2) 56:2 85:25 | 88:12,24                 | 100:2 152:1 154:5       | 84:2,4,8,25 85:4,24       | 139:18                    | 28:11 53:20 54:3         |
| 46:14 48:7 51:24         | present (6) 42:21 45:4   | 89:3,4,9,10,15,23        | 100:2 152:1 154:5       | 86:4,8,15,19,21,25        | 144:1,2,20,20,24          | 121:18                   |
| 54:18 58:4 60:4 79:2     | 67:24 79:17 85:15        | 90:18,24 93:10 94:1      | 100:2 152:1 154:5       | 87:3,5,9,11,14,22         | queue (2) 22:15,18        | realm (1) 52:5           |
| 83:6 84:13 86:10         | 142:3                    | 95:17 97:12,22 109:12    | 100:2 152:1 154:5       | 88:5,11,16,19,22          | quick (8) 22:23 26:12     | rear (1) 113:19          |
| 87:5,14,15,22,23         | presented (2) 56:8       | 115:2 117:5 119:18       | 100:2 152:1 154:5       | 89:3,9,15,23              | 29:17 42:5,5 129:18       | reason (5) 8:25 50:15    |
| 88:12,24                 | 131:15                   | 120:4,12 124:21          | 100:2 152:1 154:5       | 90:9,12,16,18,24          | 133:18 135:17             | 101:7 148:6 149:7        |
| 89:3,4,9,10,15,23        | presenting (2) 60:23     | 132:21 134:22 142:12     | 100:2 152:1 154:5       | 91:5,8,12,21              | quicker (1) 16:22         | reasonably (3) 85:6      |
| 90:18,24 93:10 94:1      | 61:7                     | 142:3                    | 100:2 152:1 154:5       | 92:3,8,11,17,23           | quickest (1) 18:9         | 112:25 131:6             |
| 95:17 97:12,22 109:12    | presents (1) 84:16       | promptly (1) 43:9        | 100:2 152:1 154:5       | 93:3,5,10,15,19,22        | quickly (9) 78:10         | 80:23,25 88:25 106:16    |
| 115:2 117:5 119:18       | press (13) 43:6 48:14    | prone (2) 27:19 32:15    | 100:2 152:1 154:5       | 94:1,8,13 95:19,22,25     | 80:23,25 88:25 106:16     | 120:6 121:14,18 131:8    |
| 120:4,12 124:21          | 148:12 149:17,20         | prop (1) 101:21          | 100:2 152:1 154:5       | 96:4,6,10,16,18,25        | 120:6 121:14,18 131:8     | quite (21) 2:15 4:3      |
| 132:21 134:22 142:12     | 150:19 151:18            | propelled (3) 30:23      | 100:2 152:1 154:5       | 97:3,11,17,20,22          | 12:25 15:10,21 16:19      | 20:15 27:17 29:17        |
| pm (4) 95:9,11 96:20     | 153:6,18,24 154:23       | 92:17,21                 | 100:2 152:1 154:5       | 98:6,13,15,23             | 20:15 27:17 29:17         | 35:20 71:11 77:9         |
| 155:25                   | 153:6,18,24 154:23       | proper (1) 47:18         | 100:2 152:1 154:5       | 99:1,5,9,11,18,22         | 80:23 81:1 85:3           | 80:23 81:1 85:3          |
| pneumothorax (2)         | 153:6,18,24 154:23       | properly (1) 150:10      | 100:2 152:1 154:5       | 100:9,21                  | 101:16 111:16 130:12      | 101:16 111:16 130:12     |
| 110:20 119:21            | 153:6,18,24 154:23       | propose (2) 149:16       | 100:2 152:1 154:5       | 101:3,6,12,14,25          |                           |                          |
| pneumothorax (1)         | 153:6,18,24 154:23       | 153:18                   | 100:2 152:1 154:5       |                           |                           |                          |

|  |  |  |  |   |   |  |
|--|--|--|--|---|---|--|
| 114:21,22 118:21<br>120:14 122:5 129:16<br>131:25<br>recalled (2) 85:18<br>157:24<br>receive (5) 56:4 63:17<br>122:25 125:19 132:4<br>received (3) 69:6 122:2<br>145:2<br>receiving (1) 89:6<br>reception (3) 36:5,10,11<br>recognises (1) 147:1<br>recognising (1) 153:7<br>recollect (1) 101:18<br>recollection (6) 4:20,21<br>6:8 39:6 60:1 102:24<br>recollections (2) 4:11<br>103:8<br>reconsider (1) 153:19<br>record (1) 134:19<br>recorded (4) 71:7<br>132:23 133:12 134:10<br>records (2) 57:14,18<br>recovered (1) 6:12<br>recovery (7) 47:23<br>70:2,12,24 71:1<br>107:20 108:2<br>red (4) 4:5 56:7 130:12<br>142:20<br>refer (12) 2:3 8:23<br>35:14 45:13 55:10<br>62:13 96:1 125:6<br>133:22 134:1,13,16<br>reference (3) 57:15<br>146:13,17<br>referrals (1) 96:21<br>referred (9) 29:11 41:17<br>61:9 99:11 107:23<br>114:12 133:16 134:11<br>147:12<br>referring (1) 125:24<br>refers (1) 133:20<br>refused (1) 152:21<br>regard (2) 20:15 60:6<br>regarded (1) 68:4<br>regarding (1) 115:7<br>regards (1) 127:6<br>register (1) 63:3<br>registrar (2) 96:5,19<br>regulate (1) 141:4<br>regulation (2) 148:25<br>149:8<br>regulations (2) 149:1,8<br>relation (10) 13:13 71:8<br>73:21 78:25 99:5<br>118:2 124:8 132:10<br>135:10 146:10<br>relatively (5) 98:8,11<br>100:24 141:18 147:10<br>relay (1) 155:10<br>relayed (3) 58:20<br>112:21 123:23<br>relaying (2) 28:4 41:20<br>released (1) 149:12<br>relevant (5) 106:11<br>139:9 146:2,19 149:5<br>reliable (1) 67:15<br>relive (1) 21:9<br>reluctant (1) 105:16<br>remain (5) 53:8 83:25<br>115:15 131:22 144:15<br>remained (4) 32:8<br>113:12 134:2 142:4 | remark (1) 111:17<br>remarkable (2) 111:17<br>140:23<br>remarkably (1) 115:5<br>remember (20)<br>4:22,23,24 6:6,19,22<br>7:6 25:18 38:10 45:12<br>59:1,1,13 67:14 72:24<br>73:6 74:11 79:5 80:25<br>118:14<br>remind (1) 86:15<br>remove (2) 107:17<br>108:12<br>removed (3) 52:16 71:3<br>148:20<br>rendered (1) 102:10<br>repeat (4) 61:25 81:6<br>102:5 154:17<br>replied (2) 57:10 67:24<br>report (6) 58:12,15<br>115:22 129:5 132:5<br>133:16<br>reported (2) 116:1<br>148:11<br>reporting (3) 149:21<br>153:6 155:4<br>reports (1) 128:17<br>reposition (1) 47:11<br>representations (7)<br>147:4,25 149:6,14<br>153:17,20 154:9<br>representing (1) 150:3<br>request (1) 149:9<br>requested (1) 130:10<br>require (2) 84:19 101:15<br>required (3) 107:15<br>122:19 131:15<br>requires (1) 69:2<br>requiring (1) 62:2<br>researches (1) 84:14<br>resources (1) 133:23<br>respect (1) 124:8<br>respectfully (1) 150:9<br>respiration (3) 105:11<br>133:14 134:8<br>respirations (1) 61:15<br>respiratory (4) 62:6<br>74:18 106:7 133:9<br>respond (4) 33:8 56:16<br>119:2 154:14<br>responded (2) 56:17<br>133:12<br>responding (1) 110:1<br>response (7) 16:5<br>33:2,7 64:23 99:22<br>119:6 137:13<br>responses (2) 118:24<br>119:5<br>responsibility (4) 19:12<br>77:17 105:19,21<br>responsible (3) 7:20<br>21:12 96:23<br>responsive (1) 145:4<br>rest (3) 9:13 88:23<br>104:5<br>result (1) 5:6<br>results (2) 115:19<br>123:22<br>resume (1) 95:2<br>resus (1) 115:12<br>resuscitation (6) 45:7<br>60:15 75:1 106:9<br>132:1,4 | retrieval (1) 120:19<br>retrieve (1) 46:2<br>retrieved (1) 122:11<br>return (4) 46:4 64:2<br>66:7 134:24<br>returned (2) 66:9 135:2<br>returning (1) 85:15<br>reveal (1) 147:15<br>revealed (1) 104:22<br>reversed (1) 14:4<br>reversible (1) 73:25<br>review (2) 97:6 154:19<br>reviews (1) 96:22<br>revving (3) 4:22 12:25<br>13:23<br>rhodes (42) 4:5 85:16<br>86:6 90:6 103:3,11,14<br>104:20 108:15 109:7<br>113:25 114:4<br>116:6,15,20 117:15<br>120:17,18 121:24<br>122:13,22 123:17,19<br>124:13,16<br>127:16,21,25<br>129:10,19 130:3,16,19<br>131:15 132:6 135:9<br>139:22 140:10,12,25<br>141:1 144:6<br>rhythm (5) 45:6 51:16<br>66:11,15,16<br>richard (1) 126:13<br>richards (12)<br>54:12,15,19,20<br>69:18,21 79:2,24<br>80:2,9 84:13 157:18<br>ridden (3) 104:5,6,21<br>rig (2) 109:15 112:23<br>righthand (4) 23:7,8<br>99:9 106:1<br>rigour (1) 152:15<br>rise (1) 115:6<br>risk (3) 120:1 141:11,12<br>river (7) 6:18 18:24<br>19:9 23:10 90:10<br>123:4 131:20<br>road (38) 2:20 9:25<br>10:4,5,22 12:14,16<br>13:5 18:4 37:4,6,9<br>89:20 92:9,17,18,20<br>93:7,15,20 97:25 98:7<br>99:15,19 101:1,3,4<br>102:17,18 103:19<br>104:2,12 118:1 125:21<br>127:1,6,7 135:18<br>roadside (1) 78:14<br>roadway (2) 18:10 92:6<br>roaring (1) 98:19<br>robert (3) 54:15,19<br>157:18<br>role (5) 73:17 79:7 83:8<br>85:25 113:14<br>roles (1) 113:16<br>rolled (4) 71:2 107:19<br>119:3 129:19<br>room (9) 77:22 79:8<br>128:3 129:4,8 130:16<br>132:4 136:20 138:11<br>rotation (1) 96:15<br>roughly (2) 24:12 29:14<br>round (9) 6:22 24:19<br>37:24 51:13 90:21<br>91:18 92:9,12 94:10<br>route (6) 36:22 37:15 | 66:3 86:12 115:2<br>143:24<br>rucksack (3) 46:20,21<br>47:16<br>ruled (1) 152:20<br>ruling (1) 153:4<br>rulings (2) 152:17 153:1<br>run (1) 15:14<br>running (2) 36:4 144:17<br>ruse (1) 153:13<br><hr/> <hr/> <b>S</b> <hr/> <hr/> sad (1) 24:19<br>saddy (3) 45:23 81:10<br>116:9<br>safe (2) 15:18 16:2<br>safer (2) 16:10,10<br>sake (1) 63:15<br>same (13) 10:2,4 32:3<br>60:3 65:13 87:7,17<br>89:12 115:7 126:8<br>134:2 151:13,20<br>sanders (1) 144:16<br>sandra (1) 5:24<br>sandy (1) 5:24<br>satisfied (2) 141:17<br>143:9<br>saturation (1) 113:17<br>saturations (5) 110:6<br>111:18,22 114:13,16<br>saturday (2) 77:5 85:2<br>save (3) 14:21 77:16<br>147:20<br>saved (1) 136:7<br>saw (40) 2:21 4:14<br>13:6,9,21 14:12,19<br>17:14 24:19 25:3 26:7<br>31:18,25 32:2 38:22<br>40:4 58:16 59:19 60:1<br>69:24 70:19,20 83:3<br>91:2 99:3,5,12,15,20<br>101:8 102:25 103:8<br>105:3 106:21 107:13<br>109:2 116:14 117:6,12<br>127:2<br>saying (4) 4:16 17:3<br>38:10 39:23<br>scalp (1) 111:4<br>scan (3) 115:20,22<br>123:22<br>scans (1) 115:19<br>scared (1) 17:2<br>scenario (1) 74:17<br>scene (53) 29:7 30:2<br>36:22 43:8,21 54:25<br>57:1,6,16 58:19 63:20<br>66:24 70:1 75:24<br>76:17 77:2,5<br>78:1,10,16 83:9,11<br>100:10 102:23,24<br>108:6 117:1 120:6<br>121:14 122:10 123:6<br>125:2,25 126:7,16<br>130:2 131:7,8<br>132:17,24<br>133:8,17,19,23 134:17<br>135:2 136:3,17<br>137:1,15 140:13<br>141:9,20<br>scenes (1) 19:19<br>scheduled (3) 7:15<br>94:20 144:16<br>school (1) 9:1 | score (1) 133:5<br>screaming (1) 16:25<br>screen (49) 1:9 3:1,21<br>7:21 8:1 9:17,18<br>11:7,15,25 13:16<br>17:19,20 18:2 23:4<br>24:6,12 27:6 29:5,10<br>36:19 37:2,12 57:20<br>58:11 63:7 87:19<br>88:7,17 93:12,14<br>94:1,5,6 97:22<br>103:7,15 109:1,12<br>112:24 113:6 129:13<br>132:5,20 134:22<br>138:20,22 142:12<br>143:14<br>screens (2) 7:21,24<br>search (1) 104:17<br>seat (1) 8:7<br>seats (1) 155:15<br>second (7) 87:5 91:3<br>99:25 137:6 145:20<br>152:19,21<br>secondly (1) 139:24<br>seconds (1) 61:16<br>secretions (2) 107:1,17<br>section (4) 2:20 3:4<br>24:8 148:1<br>see (76) 1:11 3:22<br>5:1,15 6:1 11:18 12:22<br>13:18 14:6 18:1,2 19:6<br>23:8,24 27:14,21<br>30:18 33:7 36:24<br>37:13,18,21 39:18<br>42:18 45:20 46:25<br>47:2 52:17 53:21 57:4<br>58:15 59:18 70:14<br>72:4,25 74:13 77:12<br>78:5,18 80:25 86:22<br>87:3,11,22 88:5,8,25<br>89:3,10,20 90:22<br>91:22 92:3,19 94:8<br>98:15,23 99:18<br>109:4,9 111:9<br>118:5,23 121:2,5,9<br>126:19 132:12,23<br>142:16,19 143:4 150:5<br>151:18,21 155:2<br>seeing (7) 4:23 5:14<br>15:4 30:25 31:1 87:19<br>118:21<br>seeking (1) 147:16<br>seem (5) 13:1 15:8<br>38:2,5 101:15<br>seemed (8) 13:2 18:19<br>29:16 38:12 98:20<br>100:4 102:14 114:8<br>seems (2) 47:4 153:21<br>seen (22) 6:13 15:11<br>18:18 26:7 57:18<br>66:17 79:10 101:2,15<br>102:3,6,8,22 107:2<br>115:21,21<br>117:10,19,21 127:23<br>129:12 132:7<br>send (1) 154:13<br>sending (1) 150:8<br>sends (1) 138:21<br>senior (2) 120:6 137:14<br>sense (1) 27:21<br>sensible (1) 32:11<br>sensitivity (1) 89:5<br>sent (2) 63:16 130:22 | september (4) 1:1<br>55:7,12 156:2<br>sequence (1) 140:5<br>serious (13) 15:23 25:25<br>26:8 27:25 41:15 59:9<br>84:16 85:1 105:3,4<br>128:20 129:3 136:6<br>seriously (1) 42:12<br>seriousness (1) 110:23<br>service (26) 53:3<br>55:7,11,14 57:6 61:24<br>62:1 74:21 76:10<br>78:8,9 79:12 80:10<br>83:4 84:17 108:4<br>112:19 120:5,16 123:8<br>125:9 126:6 130:9<br>132:9 137:22 139:19<br>services (8) 16:4,7<br>26:11 28:2,3,16 41:18<br>57:5<br>set (3) 48:8 152:14<br>153:22<br>several (5) 36:7 58:16<br>59:2 69:11 81:1<br>severe (2) 61:3 105:10<br>severely (3) 61:5,6<br>101:23<br>severity (1) 123:20<br>shall (6) 86:21 94:21<br>144:19 147:14,19<br>148:3<br>shift (2) 22:7 125:11<br>shocked (1) 42:11<br>shop (1) 22:24<br>short (9) 2:19 5:19 8:11<br>54:10 84:13 103:23<br>145:2,3,3<br>shortly (5) 27:4 46:4<br>62:17 90:20 144:13<br>shot (1) 88:18<br>should (19) 2:3 3:3 9:18<br>10:21 36:13 41:24<br>52:2,12 77:21 82:4,24<br>105:17 122:12 141:14<br>148:11 149:4 151:24<br>153:5 154:3<br>shoulder (1) 91:3<br>shoulders (3) 5:25<br>31:23 104:6<br>show (14) 3:1 23:3 24:8<br>26:20 29:7 39:2 59:21<br>86:4 87:24 89:5<br>102:19,20 113:1<br>129:13<br>showed (5) 34:8 39:2<br>80:11 93:16 142:9<br>showing (4) 3:4 61:1<br>89:11 114:13<br>shown (1) 36:21<br>shows (5) 27:3 46:16<br>93:17,22 132:21<br>shutdown (1) 44:5<br>shuts (2) 17:6,6<br>sickening (1) 31:13<br>side (75) 6:18<br>9:22,23,25<br>10:2,4,6,11,16,22 11:4<br>12:13,16 18:5,9,24,24<br>23:7,8 25:17 32:14<br>36:9,25 37:14<br>38:11,14,21 39:17<br>46:18,24 47:7<br>57:21,21 58:22 87:7 | 89:19,20 90:9,9 91:17<br>92:13 93:13 94:4,4<br>97:13,14,17,18,19,20,25<br>98:7 99:9,19<br>100:22,23 104:9<br>106:1,14 107:20<br>112:14,15 117:13<br>121:9 122:9 123:4<br>126:10,23,23,25 127:1<br>128:14 133:2 150:25<br>151:14<br>sideon (1) 91:13<br>sideways (4) 26:5<br>117:10,24 118:2<br>sight (4) 12:20 24:20<br>25:3 27:24<br>sights (1) 23:3<br>sightseeing (1) 6:4<br>sign (9) 57:12 71:13<br>92:9,13,25 94:10<br>125:15 132:13 142:16<br>significance (2) 71:8<br>145:24<br>significant (12) 72:22<br>74:4 77:13 101:8<br>105:8,9 110:18 114:9<br>116:2 119:24 120:7<br>135:17<br>significantly (1) 72:21<br>signs (11) 27:22 28:9<br>61:1,2<br>106:11,11,18,19<br>119:5,19,22<br>similar (3) 93:19 103:4<br>145:15<br>simon (2) 85:18 157:24<br>simple (3) 106:3<br>140:11,11<br>since (2) 123:14 131:2<br>single (2) 75:7,15<br>sir (18) 1:4 7:15 21:14<br>34:23 54:4,12<br>85:11,14 94:18<br>95:7,12 124:18 144:9<br>146:4 150:15 152:13<br>153:2 155:24<br>siens (1) 42:7<br>sister (6) 5:24 17:13<br>30:17 34:6 46:11<br>69:22<br>sit (5) 4:8 54:8 101:21<br>139:2 155:22<br>site (3) 97:8,8 145:23<br>sits (1) 150:2<br>sitting (3) 107:5 127:12<br>155:16<br>situation (17) 34:16<br>53:10 58:12 68:17<br>74:22,24 75:6,7,19<br>76:21 82:15 84:5<br>99:22,24 111:8 124:9<br>149:21<br>situations (1) 68:14<br>six (4) 61:16 82:12<br>121:12 135:25<br>skull (1) 110:25<br>sky (2) 120:23 121:2<br>sleeping (1) 40:24<br>sleeve (1) 104:4<br>slightest (1) 150:14<br>slightly (15) 4:19 11:19<br>14:4 46:21 88:17<br>91:18 99:7 |
|--|--|--|--|---|---|--|

101:18,19,20 104:5,10  
107:19 117:11 133:22  
**slow (2)** 61:12 66:12  
**slowly (2)** 114:15  
147:10  
**small (3)** 33:14 99:2  
138:20  
**smaller (1)** 98:9  
**smith (8)** 7:16 8:4,17  
17:15,15 20:1,3 157:7  
**smooth (1)** 41:2  
**solicitors (1)** 148:19  
**somebody (12)**  
13:11,25 18:7 20:6  
26:10 36:8 43:20 59:9  
100:3 118:15 130:22  
153:4  
**someone (8)** 38:10  
59:10 78:13 88:21  
100:12 107:5 136:24  
139:2  
**someones (1)** 4:24  
**something (26)** 12:13  
15:22 22:12 24:14  
25:16 30:8,9 32:14,18  
36:2 51:5 52:3,10 69:3  
72:25 77:15 90:21  
93:7 97:24 116:22  
118:20 119:14 121:12  
135:24 149:22,25  
**sometimes (5)** 75:4  
138:6,13,18 154:10  
**somewhere (3)** 16:12  
130:18 155:4  
**son (1)** 12:18  
**soon (4)** 43:14 63:20  
92:13,16  
**sort (42)** 20:10 22:20  
23:1,3,15,16  
24:4,5,16,18,21  
25:16,24,25  
26:3,4,13,17  
27:18,21,24,24 28:4  
29:22 30:8,11 31:7,9  
32:10,13,15,16 33:23  
70:24 75:5 91:19  
93:1,13 96:12 106:9  
123:12 146:11  
**sorting (1)** 7:21  
**sorts (3)** 6:2 79:19  
152:7  
**sought (1)** 129:24  
**sound (8)** 12:20 13:21  
24:18,24 31:13 90:16  
93:7 98:3  
**sounded (1)** 25:1  
**sounds (2)** 93:9 118:11  
**source (1)** 122:6  
**south (23)** 3:18 9:15  
10:2,4 11:17 15:16  
16:17 23:2,9 24:4  
86:16,25 87:9 88:2  
89:18 90:9 99:8  
101:17,21 112:14,16  
126:22 133:2  
**souvenir (8)** 12:16  
13:4,6,13,18 22:24  
37:13 87:23  
**space (1)** 155:17  
**speak (4)** 33:4 77:10  
121:16 139:13  
**special (4)** 76:24 84:19  
138:11 146:6

**specialism (1)** 54:2  
**specialist (4)** 35:17 74:5  
78:10,15  
**speciality (1)** 49:17  
**specific (9)** 27:12 38:8  
60:24 62:1 68:7,23,25  
69:2 119:13  
**specifically (6)** 15:4  
57:5 69:15 102:3,9  
146:9  
**specifics (2)** 59:1 79:5  
**sped (1)** 15:9  
**speed (5)** 18:10 31:10  
57:2 98:17 99:1  
**speedy (2)** 121:19 136:7  
**spending (2)** 5:14 6:3  
**spent (2)** 5:8 123:16  
**spinal (1)** 113:13  
**spine (1)** 105:22  
**splayed (1)** 59:19  
**split (1)** 91:3  
**spoke (4)** 83:16 105:15  
118:25 136:20  
**spoken (1)** 103:19  
**spontaneous (3)** 68:10  
133:13 134:8  
**spontaneously (4)**  
81:17,18 107:12 119:7  
**spread (1)** 73:18  
**square (3)** 69:16 131:3  
137:5  
**st (26)** 3:7 9:22 35:17  
36:20 43:9 48:22,25  
49:1 55:23 57:21 59:4  
63:19 82:6 87:9 89:19  
96:7,9,24 97:7,10,14  
98:5 112:13 117:22  
126:23 131:14  
**stabbed (2)** 130:18,23  
**stabilised (1)** 122:13  
**stable (2)** 115:5 140:22  
**stacey (2)** 145:21  
147:13  
**staff (2)** 36:10,11  
**stage (38)** 8:7 26:20  
30:11 32:7 33:7 43:13  
44:9,15 45:10 47:11  
51:1,21 63:9 64:19  
65:22 68:1 72:4 73:9  
74:16 78:18 81:19,22  
83:22 89:11 94:9 95:6  
109:19 110:11,22  
115:24 118:12,23  
119:4 121:22 122:1  
123:1 137:5 140:24  
**stages (2)** 24:22 32:4  
**staggered (1)** 40:11  
**stairs (5)** 4:8 11:18,20  
12:2 38:20  
**stall (3)** 37:13,20 87:23  
**stamped (1)** 143:8  
**stand (7)** 4:14,15 12:16  
13:4,6,13,18  
**standard (1)** 132:8  
**standing (4)** 25:5 70:10  
83:4 107:5  
**start (9)** 13:1 15:20  
28:13 37:12 58:8 69:3  
138:4,8 144:16  
**started (7)** 15:10  
16:16,25 22:21 26:17  
130:1 131:9  
**starting (2)** 27:16 74:9

**stated (3)** 66:20 68:20  
74:18  
**statement (35)** 2:2 8:22  
15:3 18:23 19:15 22:2  
31:3,12,17 32:22 33:3  
35:13 40:16 45:5,13  
50:3,10 53:4,5  
62:14,16 63:7 67:15  
68:1 70:5,9,14 83:5  
95:25 110:11 116:11  
117:9,23 125:5,24  
**statements (6)** 4:22  
55:5,8 73:1,2 74:13  
**static (1)** 25:21  
**station (4)** 9:10 10:5  
125:18 143:1  
**stationary (1)** 86:19  
**stationed (1)** 55:22  
**statue (2)** 11:10 17:21  
**status (1)** 67:1  
**stay (2)** 15:23 113:8  
**stayed (2)** 15:17 113:9  
**staying (1)** 34:18  
**step (5)** 62:7 64:10 72:7  
110:21 153:9  
**stepped (1)** 100:23  
**steps (14)** 3:13,16,23  
10:11,15 15:15,18  
30:5 37:14 39:9 45:20  
60:18 107:14 142:3  
**stevens (3)** 144:14,23  
145:3  
**still (21)** 6:13,14 7:23  
33:19 34:2,3 41:23  
43:14 50:6,16,20,22  
64:11 85:22 102:19  
116:5 119:5,23 130:14  
139:13 154:18  
**stone (1)** 25:24  
**stood (4)** 10:11,20 13:3  
38:24  
**stop (8)** 3:11 10:10  
37:1 50:7,8 57:23  
100:20 108:21  
**stopped (7)** 16:25 23:13  
28:13 45:1 67:20  
99:23 133:2  
**stopping (1)** 98:21  
**straight (5)** 15:7 18:10  
26:3 92:13 141:2  
**straightaway (3)** 31:19  
43:19 108:24  
**straighten (1)** 105:20  
**stratified (1)** 78:1  
**street (3)** 9:7 36:4  
133:3  
**stretch (1)** 78:2  
**stretcher (1)** 113:14  
**strewn (1)** 37:22  
**stridal (3)** 40:17,19 41:3  
**strike (2)** 5:2 14:6  
**striking (1)** 88:7  
**struck (8)** 88:13 91:16  
99:20 102:20,25  
117:9,24 127:25  
**struggling (2)** 44:14  
51:7  
**student (3)** 43:22  
145:14 151:22  
**students (11)** 9:1  
10:19,22 15:19  
16:15,22,24 17:8  
19:16,25 20:6

**stuff (1)** 141:22  
**subject (1)** 148:4  
**subsequent (1)** 122:2  
**substantial (1)** 152:17  
**substantially (1)** 95:5  
**successful (2)** 64:16  
65:8  
**suction (13)** 62:18  
63:11,11,13,14,16  
64:2,7 107:25 114:7  
129:20 140:11 143:24  
**suctiontype (1)** 107:24  
**sudden (3)** 5:2,3 73:5  
**suddenly (3)** 5:19 72:23  
78:13  
**suffered (2)** 71:10 76:15  
**suffering (2)** 7:23 136:6  
**sufficient (2)** 154:12  
155:17  
**sugar (1)** 113:18  
**suggest (7)** 67:10 79:11  
95:1,2 112:8 147:9  
154:8  
**suggested (4)** 23:2  
82:16 119:22 123:3  
**suggesting (1)** 98:19  
**suggestion (1)** 137:6  
**suggestive (1)** 133:5  
**supplementary (1)**  
108:14  
**supply (1)** 108:14  
**support (2)** 42:3 111:11  
**suppose (1)** 24:16  
**supraglottic (1)** 64:14  
**sure (16)** 4:17 8:9 12:21  
14:3 15:17,21 16:1  
92:21 129:7,15 130:2  
136:1 148:18,19  
154:13,14  
**surface (2)** 102:17  
104:12  
**surgical (2)** 96:10,12  
**surprise (1)** 84:2  
**surprising (1)** 111:24  
**surprisingly (1)** 140:22  
**survival (1)** 111:25  
**survive (2)** 44:24 106:6  
**suspect (2)** 7:23 34:17  
**suspicion (1)** 119:24  
**sustainable (2)** 45:7  
51:17  
**sustained (1)** 50:17  
**swerve (1)** 15:8  
**swerves (2)** 92:12,15  
**swerving (1)** 92:9  
**swollen (1)** 106:16  
**sworn (4)** 8:4 21:15  
157:7,11  
**sympathetic (2)** 40:20  
41:1  
**system (3)** 40:20 41:2  
143:1  
**systolic (1)** 111:21

T

**tabard (1)** 83:7  
**tabards (2)** 83:10,13  
**tachycardia (2)**  
71:14,16  
**tactic (1)** 151:14  
**taken (19)** 4:10 23:25  
32:4 41:1 59:24 81:24  
92:22,23,24 102:20

107:15 112:17 113:7  
134:13 140:13,17  
141:19 142:3 143:14  
**takes (2)** 40:21 77:18  
**taking (8)** 9:1 17:23  
24:15 35:21,25 105:21  
132:1 141:3  
**talking (3)** 38:4 39:25  
42:6  
**tall (1)** 91:8  
**tanya (6)** 34:23 35:1,5  
69:24 82:2 157:14  
**target (1)** 94:11  
**targeted (1)** 13:3  
**targeting (3)** 13:10  
17:18 94:9  
**teacher (1)** 20:6  
**teachers (1)** 20:7  
**team (18)** 49:13  
96:11,14 105:17 112:1  
115:10,14 116:7  
120:18 132:1,3 134:23  
136:19 137:8 143:18  
145:3 154:13,22  
**teams (1)** 152:16  
**technical (2)** 138:17  
139:5  
**technology (1)** 70:11  
**teenagers (2)** 19:11,20  
**telephone (3)** 39:1 42:6  
103:22  
**telling (1)** 151:16  
**temporary (1)** 92:9  
**ten (1)** 129:5  
**tended (1)** 103:18  
**tending (1)** 147:15  
**tension (3)** 110:9,20  
119:20  
**term (4)** 68:22,23 71:14  
107:20  
**terminal (1)** 138:20  
**terminating (1)** 68:2  
**terms (5)** 66:12 106:3  
142:8 153:22 154:7  
**terrible (4)** 24:23 36:6,7  
52:8  
**terribly (1)** 76:20  
**terror (3)** 54:25 86:2  
125:2  
**terrorist (3)** 56:25  
57:10 76:5  
**text (1)** 138:24  
**thames (1)** 4:9  
**thank (75)** 1:16 5:21  
7:2,3,9,10,11,12,13,20  
8:13 12:11 17:9,10  
20:1 21:5,7,8,12 29:10  
30:13  
34:11,13,19,22,25  
35:15 46:7 52:22,25  
53:1,14,15,17 54:2,14  
69:18 79:24 80:7  
84:10 85:10,12,13,17  
90:1 94:15,16,17  
95:7,8 96:3 116:17  
123:25  
124:1,4,5,12,15,17  
129:2 135:6 139:15,16  
143:15 144:1,3,7,8  
150:17 152:12  
155:9,18,19,22,24  
**thanks (1)** 124:15  
**thats (132)** 1:14 2:18

4:5 6:5 8:8,10  
9:5,14,24 11:2 13:17  
17:25 18:1,12,16,21  
19:1,5,21 20:1 22:9  
23:23 24:2,11,19  
31:19 33:11 34:5  
39:14 41:4,15 50:7  
51:4,8,18 52:22 55:9  
56:3,22 57:13,22  
59:24 61:5 63:24  
64:1,15 68:14,22  
69:17 70:16,16 71:5  
75:14 78:10 79:21  
83:16 86:3 87:2,13,21  
88:4,15,21,21  
89:2,22,24 90:17  
93:11 95:24 96:17  
97:2,16 99:10 101:17  
102:2 107:5 109:8,11  
110:14 116:6,10,24  
118:13 119:17 120:11  
121:21 122:11  
125:10,14,16  
126:1,5,17,24 127:17  
128:11 131:24  
132:11,14,19,24  
133:1,7,10,15,18,25  
134:6,9,15,16,18,19  
136:12 137:1,12,16,20  
139:10,15 140:4  
142:11,18 143:6,11  
144:5,22 148:14,15  
149:16 155:20  
**themselves (1)** 101:22  
**theories (1)** 152:7  
**theory (1)** 74:7  
**thereafter (1)** 62:17  
**thereby (2)** 64:8 153:6  
**therefore (7)** 76:12,24  
104:7 108:14 111:9  
122:10 146:1  
**theres (10)** 43:5 51:12  
77:1,6,22 87:23 88:12  
92:18 138:5 154:15  
**theyre (2)** 117:2 137:14  
**theyve (2)** 42:19 131:2  
**thing (4)** 4:24 6:22  
53:25 58:14  
**thinking (2)** 75:21 105:7  
**third (6)** 90:18,24  
92:3,4 145:8 151:17  
**thomas (24)** 3:7 9:22  
35:17 36:20 43:10  
48:22,25 49:1 55:23  
57:21 59:4 63:19 82:6  
87:9 89:19 96:9,24  
97:7,10,14 98:5  
117:22 126:23 131:14  
**thoracotomy (1)** 134:12  
**though (4)** 17:17 49:3  
99:17 118:11  
**thought (11)** 13:3 16:11  
19:8 36:15,16 44:25  
49:24 75:17,20 128:10  
154:11  
**thoughts (1)** 53:18  
**thready (1)** 61:20  
**threat (1)** 84:16  
**three (18)** 7:1 19:25  
53:12 91:5 94:9 99:20  
101:2,7,25 102:4,6  
103:12 116:22 123:16  
126:20 127:9 128:5

133:2  
**threequarter (3)**  
27:18,19 32:15  
**throat (5)** 43:1 48:16  
96:5,22 107:1  
**through (21)** 24:20 25:4  
28:16,21 29:21 31:1  
36:5 37:3 65:17,19  
75:17 86:21 100:3  
108:17,21 115:16  
139:3 140:5 150:8  
152:2 154:25  
**throughout (5)** 113:12  
114:11 115:8 118:25  
119:1  
**thrown (8)** 15:4 17:14  
25:6,19 91:12,25 92:5  
118:1  
**thrusts (1)** 119:8  
**thud (2)** 25:23 31:13  
**thudded (1)** 26:3  
**thursday (1)** 145:5  
**ticket (1)** 2:14  
**time (95)** 1:13 4:16  
5:8,12 8:10 13:10  
14:18,23 16:16 18:20  
22:19 28:7 29:8,11,22  
32:5,11 33:19,22  
34:4,16 41:9 42:4  
43:23 48:23 49:23  
51:20 52:15 56:15  
66:23 67:6,7,18 68:18  
69:14 72:19,22 73:4,8  
74:4,19 80:15,17  
81:3,10,13 82:12  
84:23 90:20 91:5  
92:4,8 96:8,25 97:23  
93:9 109:13,20,22,23  
110:10 113:9  
114:2,15,17,18 115:16  
117:14,15,20 119:21  
120:24 121:12 124:9  
125:23 127:18  
128:6,23 129:6 131:2  
132:2,17,17,18 135:23  
139:2 140:6,14 141:5  
142:19 143:3,8 148:12  
153:16 154:7  
**timed (1)** 95:1  
**timely (1)** 81:2  
**times (7)** 20:19 28:12  
32:8 100:18 142:8,19  
152:6  
**timescale (1)** 130:3  
**timestamped (1)** 143:6  
**timetable (1)** 144:15  
**tiping (1)** 46:21  
**today (7)** 1:4 10:14  
69:24 75:19 124:18  
144:9 155:21  
**together (4)** 16:6,8  
48:17 49:13  
**told (29)** 6:6,17  
15:14,20 17:20 48:4  
59:8,12 60:7 65:23  
70:16 73:10 75:23  
76:9 83:19,24 102:6  
111:12 114:22  
115:18,22 118:6  
127:25 130:10,21,23  
135:15 136:10,13  
**tomorrow (1)** 155:23  
**tongue (2)** 107:8 108:22

too (5) 29:10 43:14
75:20 91:24 145:9
took (14) 3:13 4:1,5
10:25 17:8 26:11
29:22 47:16 97:20
108:10 110:21 114:23
129:18 142:9
tooting (1) 96:7
topic (2) 79:2 120:4
touched (3) 48:2,2
103:18
touching (1) 7:6
tourist (2) 2:13 37:20
tourists (2) 6:3 11:12
touristy (1) 5:13
toward (1) 69:10
towards (37) 2:20 4:10
11:16,18 13:5
14:10,18 15:8,16
23:16 24:5,5,9 29:1
37:8,15 41:14 59:3
62:15 86:12,16
87:9,11,17 89:18 90:9
91:9 97:10 98:5 99:9
100:21 102:15 117:22
118:1 126:25 142:15
151:1
tracked (1) 142:24
traditionally (1) 66:16
traffic (9) 98:6,8,10
100:24 125:21 128:20
138:5,25 139:21
tragically (1) 5:19
trained (1) 105:18
trainee (1) 96:12
training (9) 27:7 43:20
64:20 68:5 77:23
81:21 82:9 96:10,13
transcript (2) 148:18,21
transfer (1) 113:12
transferred (1) 97:8
translation (1) 145:15
transport (2) 137:2
140:16
transporting (1) 113:8
transporting (1) 134:16
trauma (12) 96:11,14
110:18 112:6
115:10,13 122:15
131:16,18,19 132:2
143:18
traumatic (2) 71:11
75:11
travel (2) 77:4 125:25
travelling (3) 75:24
86:16 98:17
treat (6) 67:3 69:7
84:7,8 119:4 139:2
treated (2) 83:3 89:20
treating (8) 50:9 63:18
81:3,10 108:8 109:6
110:16 120:17
treatment (35) 42:21
48:6 67:16 68:2 71:3
73:23 74:5 76:11
78:10 80:19 81:13,24
109:4 110:10 112:2,5
113:2 122:18
129:10,13,16
130:15,15,19
131:9,15,18 132:10,21
133:23 134:20 135:11
136:16 139:22 140:25

triage (3) 61:23 62:1
80:11
triaged (2) 81:22
135:20
trickling (1) 106:19
tried (9) 14:10,19 16:12
44:2,6,15 99:24
104:2,18
trip (2) 2:9 115:9
trouble (1) 138:16
trousers (2) 91:22,23
true (1) 47:4
trusts (1) 84:20
try (17) 14:20 19:3
38:13 42:22,24 43:1
48:11 55:3 63:20
74:15 76:25 77:16
101:21 104:25 107:16
128:24 135:12
trying (16) 15:1,23
16:25 18:15 33:4
36:10 38:6 39:22
40:14 43:15 51:22
63:24 78:24 105:22
138:1 139:2
tube (3) 42:25 97:9
141:2
tubing (1) 43:4
tuesday (1) 1:1
turn (5) 4:8 7:18 90:21
105:24 143:7
turned (9) 14:1
24:16,19 25:1
91:14,18 104:10
117:10 143:4
turning (2) 16:4 46:22
turns (1) 90:25
twisted (1) 47:5
twothirds (1) 98:2
type (3) 27:19 79:16
120:20
types (2) 75:8 84:18
typical (1) 7:7
typically (1) 107:5
U
ultimate (2) 148:14,15
ultimately (2) 92:19
130:25
unable (3) 106:8 111:6
114:2
unattended (1) 69:14
unaware (4) 16:13 17:5
128:6,22
unawares (1) 138:8
unconscious (12) 26:16
28:20 29:21 33:1
60:22 61:7 109:25
118:25 126:21
127:11,14 135:22
unconsciousness (1)
133:6
uncover (1) 104:20
underground (2) 9:10
97:9
underpass (1) 23:13
understand (12) 1:24
8:18 21:20 54:20
76:22 82:19 85:22
119:12 121:8 136:10
146:24 152:4
understanding (3)
84:22 122:1,4

undertook (1) 149:17
uneventful (1) 143:24
unexpectedly (1) 153:9
unfolding (4) 16:14
84:5 125:19 128:13
unfortunately (7) 26:4
44:8 74:17 99:20
102:13 116:13 123:18
unimaginable (1) 19:19
union (1) 13:19
unit (3) 63:12,13 97:7
unless (3) 47:6 150:15
155:19
unresponsive (1) 101:10
unstable (1) 44:18
unsuccessful (1) 65:20
unsuccessfully (1) 44:16
unsurprisingly (1) 26:9
unsurvivable (2) 116:16
123:23
unsustainable (1) 50:6
until (8) 12:19 33:19
50:21 69:13 73:22,25
128:19 156:1
untreated (1) 110:19
unusual (2) 36:3 56:13
updated (4) 56:12,18
128:4 129:4
updates (1) 138:22
upended (1) 91:24
upon (1) 119:18
upper (1) 109:4
uppermost (1) 47:2
upright (1) 127:12
upside (1) 91:12
urgent (1) 101:16
usa (1) 2:4
used (11) 19:2 33:16
43:4 64:5 71:15,23,24
75:5,14 146:3 155:7
useful (1) 121:15
usefully (1) 122:25
usher (1) 8:9
using (5) 62:21 94:13
97:8 123:10 129:20
usual (2) 6:2 44:7
usually (2) 41:14,15
utilising (1) 79:6
V
valve (1) 62:12
vandermolten (2)
48:22,25
variable (1) 73:20
various (2) 120:24 146:5
veered (1) 18:13
vehicle (31) 4:23 14:6
25:15 30:8 57:23
58:6,22 88:6,8,20,24
89:17 91:17,18
92:22,23,24,25 93:25
98:16 99:21 100:4,5
102:8,14 103:3 113:18
128:1 142:20 143:7,8
vehicles (5) 58:16
98:8,9 99:1 142:24
65:15
venepuncture (1) 65:11
vertex (1) 110:25
vessels (1) 44:6
via (6) 44:2 62:12 66:3
79:8 129:23 151:13

viable (1) 44:19
vicinity (1) 103:17
victim (2) 75:15 77:6
victims (1) 86:1
victoria (2) 23:1,17
victory (1) 16:17
video (2) 85:15 86:9
viewing (1) 117:7
views (2) 44:21 110:22
virtue (1) 153:18
visible (1) 23:5
visit (1) 9:1
visited (1) 2:13
visiting (2) 2:7 8:25
voice (2) 55:3 128:25
volume (2) 139:5,20
W
wait (4) 10:18 11:3
16:12 17:7
waited (5) 10:19,20
11:13 28:8,23
waiting (8) 12:12,15
28:1 105:17 115:12
122:16,17 143:18
walk (7) 2:19,23 9:25
16:16 24:3,17 87:3
walked (6) 3:10 4:12
10:2,4 22:13 23:21
walking (20) 2:21
3:8,17 5:14 14:9,15,17
16:19 17:3 18:18
23:12 86:22 87:11,20
88:3 90:7 97:18,23
117:22 124:11
wall (3) 18:24 19:9
91:10
wallet (1) 46:3
wants (1) 148:10
warning (4) 26:21 29:6
39:4 87:25
wasnt (38) 7:7 14:12
18:5 19:18
20:17,18,22 22:14
27:19,23 31:7 32:20
34:9 40:7,12,25
44:19,24 45:6 46:23
51:7,17 52:13 72:22
73:4 74:16,24 81:17
82:6 116:25 118:11
120:1,17 123:13
133:11 135:16 151:5
155:11
watch (1) 93:10
watching (1) 14:16
water (3) 8:8,9 127:4
waterloo (1) 125:18
way (48) 2:3 6:20
14:1,11 15:1 18:9,13
19:3 22:5,24 25:16
32:13,16 33:8 35:20
37:5 39:24 42:1,1,8
47:13,20 48:20 50:14
59:3 69:10,12 74:9
75:25 97:6 98:2
100:11 104:16 105:1
107:10 110:1 114:25
121:7 129:9 130:11
136:11 139:22 143:16
145:21 146:6 148:13
150:4 152:14
weapon (1) 94:13
wear (1) 83:10

wearing (2) 83:7 91:21
webbstevens (3) 126:13
128:8 132:25
website (2) 146:3
148:21
wed (2) 16:10 24:16
wedding (1) 2:11
wednesday (2) 20:22
156:2
week (4) 22:2 35:13
96:19 146:6
weekdays (1) 96:21
weeks (2) 7:1 70:6
went (28) 6:17,17 11:1
14:24 19:7 22:23
23:12 26:9 28:7 29:24
37:8 38:20 51:19,20
52:15,17 58:22
59:5,16 60:11 100:3
101:7 102:1 103:16,19
109:13 112:23 115:20
werent (9) 4:3 16:14
17:5 43:13 76:9 80:22
81:25 91:5 110:11
west (4) 3:17 9:21
24:17 37:8
westminster (28)
2:17,20 3:6,6 8:22
9:10,22 10:5 21:25
23:13 35:11 37:9
54:25 56:19 69:10
78:1 86:2 87:18 95:23
96:25 97:9 100:22
125:2,20,22 126:18,25
134:24
wet (1) 20:22
weve (10) 20:4 36:5
46:16 73:3 79:10
92:11 102:22 117:10
129:12 131:10
whatever (1) 53:25
whats (10) 44:5 63:13
65:25 72:5 96:4,19
133:19 138:14,19
139:1
wheel (2) 14:4 103:10
wheels (1) 92:12
whenever (2) 138:10
143:7
whereas (1) 100:12
whilst (10) 1:13 7:19
8:10 16:3,7 62:12
63:18 69:12 72:6
155:10
96:14
whoever (1) 7:20
whole (1) 114:25
whom (10) 20:4 69:24
102:9 103:8 112:17
126:13 127:13 145:14
146:14,20
whose (3) 104:23
145:16 153:5
william (3) 95:14,18
158:2
windscreen (3) 102:16
118:7 133:16
winter (1) 8:17
wish (9) 2:3 8:24 26:21
35:14 55:10 58:3
94:24 146:22 153:25
wishes (1) 154:15
witness (33) 1:4,5 2:2
4:22 7:15,18,23,25

8:22 15:3 19:19 20:14
21:14 34:23,24 35:13
45:5,13 53:4 54:12,13
55:5 69:23 85:11,14
94:18 95:25 116:11
124:18 125:5 145:20
147:7,15
witnessed (4) 8:21
21:24 35:11 127:25
witnesses (2) 95:12
150:10
woman (3) 33:12,13
41:17
wondered (1) 28:12
wont (5) 11:7 75:19
140:5 144:21 154:19
work (11) 8:3 22:6
29:24 35:23 79:3
96:7,16 145:15,17,18
146:12
worked (3) 43:9 96:13
140:2
working (15) 44:20
48:18 49:1,12,13
96:8,11 123:7,11
124:9,12 125:13
155:11,12,13
works (1) 138:11
worry (2) 39:24 51:10
worrying (1) 51:12
worse (1) 21:3
worst (2) 7:22 38:16
woudnt (4) 18:11
103:2,9 122:3
wound (1) 105:3
written (1) 154:9
wrong (1) 150:4
ws12756 (1) 58:5
ws15169 (1) 26:22
Y
yards (1) 127:5
year (11) 20:13 21:24
35:11 55:1,6,7 95:25
125:3 140:1 152:19,19
years (4) 139:25
140:1,1 146:12
yellow (1) 130:12
yesterday (10) 1:11,22
2:21 90:14 93:5 94:22
145:10,13 149:17
155:10
yet (2) 49:1 103:18
youd (4) 23:21,21,24
106:10
youll (1) 35:7
young (4) 16:24 48:21
91:12 136:6
yours (5) 14:23 21:23
39:23 41:3 54:24
yourself (9) 5:5 6:9
19:14 47:20,23
79:15,22 115:15 138:2
youve (21) 2:2 6:6,17
7:5 11:5 17:20 39:11
41:17 48:4 50:10
51:15 64:7 71:6 80:4
107:13 109:9 111:12
118:11 131:5 135:15
152:19
Z

zeroin (1) 97:12
zoom (3) 23:7 24:7
132:20
1
1 (4) 56:7 147:11
157:3,4
10 (6) 61:16 133:20
140:13 143:12 150:14
152:19
100 (1) 134:7
1015 (3) 1:2 155:23
156:1
11 (2) 1:1 148:1
1133 (1) 54:9
1135 (1) 54:7
1150 (1) 54:8
1153 (1) 54:11
116 (1) 158:4
12 (4) 8:23 86:12
152:18 156:2
120 (2) 61:20 71:9
124 (2) 158:5,6
1252 (1) 95:9
135 (1) 158:7
139 (1) 158:8
140 (2) 63:6 71:25
1418 (1) 9:4
144 (1) 158:9
1442 (2) 125:24 132:17
1443 (1) 57:16
1444 (2) 126:4 132:18
1445 (1) 132:18
145 (1) 95:2
15 (2) 140:13 142:6
150 (2) 111:22 127:5
1518 (1) 142:20
1545 (1) 125:12
15minute (1) 54:8
16 (1) 55:6
17 (3) 80:20,22 157:9
18 (1) 73:7
1981 (1) 148:2
2
2 (6) 2:17 22:20 25:12
62:15 70:9 147:14
20 (1) 157:10
2012 (1) 145:23
2013 (3) 145:23 149:1,8
2016 (1) 55:12
2017 (8) 2:5,7 8:21
35:14,16 55:13 95:23
125:6
2018 (2) 1:1 156:2
21 (2) 157:11,12
215 (3) 22:12 95:3,5
217 (1) 95:11
22 (9) 2:7 8:21 21:24
35:11,18 54:25 55:13
90:13 95:23
24 (1) 154:10
243 (2) 57:16 80:18
25 (1) 125:6
272 (1) 148:25
3
3 (6) 25:12 67:7 80:19
81:14 95:25 147:18
30 (3) 35:14 99:4
157:13

308 (2) 134:17 142:10  
318 (1) 143:10  
33 (1) 93:7  
346 (1) 155:25  
35 (2) 157:14,15

---

4

---

4 (1) 147:21  
46 (1) 157:16  
48 (2) 154:8,11  
4x4 (4) 13:7 18:1 30:20  
92:8

---

5

---

5 (2) 148:1 157:5  
500 (1) 96:20  
53 (1) 157:17  
54 (2) 157:18,19

---

6

---

6 (2) 117:23 148:24  
60s (1) 103:21  
615 (1) 125:12  
69 (1) 157:20

---

7

---

7 (2) 61:4 157:6  
70 (1) 111:20  
77 (1) 151:4

---

8

---

8 (3) 114:22 157:7,8  
80 (3) 111:20 157:21,22  
800 (1) 96:20  
84 (1) 157:23  
85 (2) 157:24,25  
89 (1) 114:17

---

9

---

90 (3) 114:17,18 158:1  
95 (3) 111:23 158:2,3  
999 (2) 16:3 33:16