

OPUS 2

INTERNATIONAL

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

Day 20

October 10, 2018

Opus 2 International - Official Court Reporters

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1 Wednesday, 10 October 2018
 2 (11.30 am)
 3 (Proceedings delayed)
 4 (In the absence of the jury)
 5 (11.43 am)
 6 THE CHIEF CORONER: Good morning, Mr Hough.
 7 MR HOUGH: Sir, before the jury are brought in there is
 8 a short matter of law --
 9 THE CHIEF CORONER: Yes.
 10 MR HOUGH: -- which is just to address your ruling in
 11 relation to our first two witnesses today.
 12 THE CHIEF CORONER: Yes.
 13 MR HOUGH: They are SB73 and SA74, the two close protection
 14 officers involved in the confrontation with
 15 Khalid Masood on 22 March 2017.
 16 In a ruling which you made dated 12 March 2018, and
 17 which is available on the website, you concluded that
 18 those officers should be anonymised and granted special
 19 measures, primarily because their job requires them to
 20 have their identities protected.
 21 THE CHIEF CORONER: Yes.
 22 MR HOUGH: And they would be unable to do that job in its
 23 current form and the Metropolitan Police Service would
 24 be deprived of services of experienced officers.
 25 So there were readily explicable reasons for the

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1 decision.
 2 The order which you made is as follows, and I'll
 3 read it out in full so that all know what you decided.
 4 First, the name and identifying details of each of SA74
 5 and SB73 shall be withheld in disclosure and evidence
 6 within the Inquests.
 7 Secondly, pseudonyms shall be used for both those
 8 officers for the purposes of the Inquests.
 9 Thirdly, when each of those officers is giving
 10 evidence, no question may be asked which might lead to
 11 their identification.
 12 Fourthly, pursuant to Rule 18 of The Coroners
 13 (Inquests) Rules 2013, when each of those officers is
 14 giving evidence, he shall be screened from the public
 15 gallery, although not from interested persons, their
 16 lawyers or members of the jury.
 17 Fifthly, when each of those officers attends to give
 18 evidence he shall be permitted to enter and exit the
 19 court by an appropriate non-public route.
 20 Sixthly, this of relevance to those reporting,
 21 pursuant to section 11 of the Contempt of Court Act 1981
 22 there shall be no publication of the name of either of
 23 the officers known as SA74 or SB73, or identifying
 24 information about those officers, including images of
 25 them in connection with these Inquests or their subject

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1 matter. That order shall have effect for the duration
 2 of the Inquests and thereafter, subject to any further
 3 order of the court.
 4 So I set those out for the benefit of all those
 5 listening and reporting.
 6 There is one variation which we propose to the
 7 fourth part of that order, concerning the screening of
 8 the officers. In practical terms it's proposed that
 9 each officer gives evidence from behind me, underneath
 10 the public gallery.
 11 THE CHIEF CORONER: Yes.
 12 MR HOUGH: As was the case with Mrs Ajao and Rohey Hydera in
 13 the Inquests of the victims.
 14 So the variation we propose is to permit some
 15 identified visitors to the court, who I think you're
 16 aware of --
 17 THE CHIEF CORONER: Yes.
 18 MR HOUGH: -- to see the witnesses while they are giving
 19 evidence. I don't understand there to be any objection
 20 to that modest variation.
 21 THE CHIEF CORONER: Thank you. I will make that variation,
 22 Mr Hough, to the order.
 23 MR HOUGH: Thank you, sir.
 24 THE CHIEF CORONER: And certainly when we used the makeshift
 25 witness box, if I can call it that, under the public

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1 gallery in the previous Inquests it worked pretty well.
 2 MR HOUGH: Yes.
 3 THE CHIEF CORONER: Here, obviously, it will mean that the
 4 person asking the questions will have their back to the
 5 jury, but I'm sure the jury will understand why it is
 6 that the witnesses are where they are and we'll be able
 7 to follow the evidence more easily.
 8 MR HOUGH: Yes, we can explain that to the jury before we
 9 start.
 10 THE CHIEF CORONER: Thank you.
 11 I know that when I came in, Mr Hough, we were
 12 awaiting the arrival of a juror and they are all now
 13 here. So what I would suggest we do is either -- do we
 14 need to close the court for the witness to come in?
 15 MR HOUGH: I think -- let me just check. (Pause).
 16 I think the witness can come in as matters stand
 17 because the only people sitting in the part of the
 18 public gallery who could see the witness are themselves
 19 police officers.
 20 THE CHIEF CORONER: Right. In which case that makes life
 21 logistically rather easier. What I'm going to suggest,
 22 then, is my usher goes to collect the jury and brings
 23 them in first of all.
 24 MR HOUGH: Yes. (Pause).
 25 (In the presence of the jury)

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1 THE CHIEF CORONER: Good morning, ladies and gentlemen.
 2 Nice to see you all .
 3 Mr Hough, we're going to have a slight change to the
 4 format of the court for good reason.
 5 MR HOUGH: Yes, sir. The two first witnesses today are the
 6 two close protection officers who were involved in the
 7 confrontation with Masood. They have been granted
 8 anonymity and what are called special measures, because
 9 their identities need to be protected for them to do the
 10 job they do.
 11 THE CHIEF CORONER: Yes.
 12 MR HOUGH: As a result, they will be giving evidence behind
 13 me, under the public gallery, so that they can be seen
 14 by the jury and those in court but not by the press and
 15 public.
 16 THE CHIEF CORONER: Yes.
 17 MR HOUGH: So I will be asking questions with my back to the
 18 jury but no discourtesy is intended.
 19 THE CHIEF CORONER: I'm sure the jury follow that and, as
 20 I say, those special measures are made for very good
 21 reason. Members of the jury, it is for you to assess
 22 the evidence in a way that you would any other evidence,
 23 so that's the measure we're going to take. My usher
 24 will disappear probably on one side and reappear on the
 25 other. Thank you.

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1 SB73 (Sworn)
 2 THE CHIEF CORONER: Sir, I'm going to suggest if you take
 3 a seat it might be more comfortable for you to sit down.
 4 A. Thank you.
 5 Examination by MR HOUGH QC
 6 MR HOUGH: You are, I think, being referred to as SB73 in
 7 these proceedings?
 8 A. That's correct, sir.
 9 Q. If you can try to keep your voice up, this room doesn't
 10 have the best acoustics.
 11 You appreciate I'm asking you questions first on
 12 behalf of the Coroner and then you may be asked
 13 questions by others.
 14 A. Okay.
 15 Q. You are here to give evidence, you understand, about
 16 events in New Palace Yard in Westminster on 22 March
 17 last year?
 18 A. Yes, sir.
 19 Q. You made witness statements about those matters on 22
 20 and 25 March last year, the second of which is more
 21 detailed, and you may refer to those as you wish.
 22 A. Thank you.
 23 Q. Beginning with your background, is it right that you
 24 have been a police officer since 2001?
 25 A. Yes, sir.

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1 Q. Is it right also that you have been a trained firearms
 2 officer for some years before March of last year?
 3 A. Yes, sir.
 4 Q. Is it right that you became a close protection officer
 5 in July 2016?
 6 A. Yes.
 7 Q. And that in order to take that role, you required -- had
 8 to undergo further training, about which the jury has
 9 heard?
 10 A. That's correct.
 11 Q. In broad terms, is the role of a close protection
 12 officer looking after government ministers and other
 13 senior people?
 14 A. Yes.
 15 Q. Moving to 22 March last year, were you on duty that day?
 16 A. Yes.
 17 Q. When did you arrive for duty?
 18 A. About 1.30.
 19 Q. Where did you go first?
 20 A. To our HQ in Lambeth.
 21 Q. From there, did you travel on to the
 22 Palace of Westminster with a colleague, whom we're
 23 calling SA74?
 24 A. I did, yes.
 25 Q. Were you both going to be guarding the same principal

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1 that day?
 2 A. We were, yes.
 3 Q. Were you both carrying a firearm?
 4 A. Yes.
 5 Q. A pistol, I think?
 6 A. Yes.
 7 Q. Did you draw your weapons from the armoury at your
 8 Lambeth headquarters after going on duty that day?
 9 A. I did, yes.
 10 Q. Did you arrive in the same vehicle with your colleague
 11 at the Palace of Westminster shortly after 2.00 pm?
 12 A. That's correct, yes.
 13 Q. Now, if we can bring up on the screen to my left, your
 14 right, {DC7989/1}. This is a view of the
 15 Palace of Westminster in which we see over on the right
 16 of the screen New Palace Yard with the grassed area in
 17 the centre; do you see that?
 18 A. Yes, sir.
 19 Q. Once again, if you can try to keep your voice up and
 20 speak into the microphone because it does amplify.
 21 Where did you enter the Palace of Westminster that
 22 day?
 23 A. Through the vehicle gates.
 24 Q. That we're looking at at the moment, the Carriage Gates
 25 entrance to New Palace Yard?

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1 A. Yes, sir.
 2 Q. Did you then park your vehicle in the grounds of the
 3 Palace of Westminster?
 4 A. Yes.
 5 Q. Having done so, did you go for a short refreshment break
 6 in the grounds of the Palace?
 7 A. We did.
 8 Q. Did you then return to near your vehicle to wait for
 9 your principal?
 10 A. That's correct.
 11 Q. What was the time by the time that you returned to wait
 12 for your principal?
 13 A. Around 2.20, 2.05.
 14 THE CHIEF CORONER: Mr Hough, I'm just going to suggest,
 15 I think my usher is just going to adjust the microphone,
 16 thank you.
 17 MR HOUGH: We can put on screen a plan {DC7989/80}. If you
 18 see on the large plan, we're looking at an overhead view
 19 of New Palace Yard. Can you tell us where the vehicle
 20 was parked which you were using that day?
 21 A. Down towards the main building, sort of as you look at
 22 the screen over to the right-hand side, bottom
 23 right-hand corner.
 24 Q. Near, I think, to the area we've been referred to as
 25 members' entrance?

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1 A. Yes, sir.
 2 Q. Were you waiting there with your colleague, SA74?
 3 A. Yes.
 4 Q. While you were there, did anything happen to draw your
 5 attention?
 6 A. There was a large crash, bang, on Westminster Bridge
 7 Road.
 8 Q. Westminster Bridge Road, I think, is the road running
 9 west-east at the top of this plan; is that right?
 10 A. That's correct.
 11 Q. What did the bang sound like and what did you think had
 12 happened?
 13 A. It sounded like a car crash.
 14 Q. Could you see anything outside from your perspective,
 15 standing at that corner of New Palace Yard?
 16 A. No. The area is raised slightly so we could actually
 17 see what's going on.
 18 Q. When you say the area is raised slightly, do you mean
 19 the road outside?
 20 A. The road outside is raised slightly, yes.
 21 Q. Did you do anything at that stage?
 22 A. Not straightaway, no.
 23 Q. Did you hear any further sounds following the crash?
 24 A. Started hearing shouting and screaming.
 25 Q. From which direction?

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1 A. From the direction of where the crash had been.
 2 Q. At that stage, did you decide to do anything?
 3 A. We started walking towards the gates.
 4 Q. Looking at the plan, what route did you follow in
 5 New Palace Yard to get to the gates?
 6 A. I followed the grass area but in the roadway, so over to
 7 the right-hand side.
 8 Q. If we could put a cursor on the screen just at the
 9 right-hand side, we should see an arrow come up shortly.
 10 Just at the bottom right-hand corner of the grassed
 11 area, and if we can move that to the left alongside the
 12 grassed area, please, just following the southern
 13 perimeter of the grassed area, please. If we can just
 14 move that to the left, please. Is that the route that
 15 you were following?
 16 A. Yes.
 17 Q. What was your purpose in doing so?
 18 A. We were reacting spontaneously to information that, you
 19 know, something had gone wrong. So we were walking
 20 towards the entrance of the gates.
 21 Q. Was your colleague walking with you?
 22 A. He was. He was slightly ahead of me.
 23 Q. What did you think was happening at that stage, if you
 24 had a view on that at all?
 25 A. We knew -- there was obviously something going on from

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1 the shouting and screaming and the panic that was around
 2 in the air. So we were heading towards the gates to see
 3 what was going on.
 4 Q. May we bring up a photograph on screen, {DC7989/74}.
 5 This, I think, shows the view of somebody walking from
 6 the location of your car towards the gates; is that
 7 right?
 8 A. That's correct, and I was over to the right-hand side.
 9 Q. Keeping that on the screen, you've told us that your
 10 colleague was slightly ahead of you. Where was he
 11 positioned in the cobbled roadway as regards right and
 12 left?
 13 A. So over towards the left-hand side where you see the
 14 railings.
 15 Q. How close were you to the central grassed area?
 16 A. I was quite close to the grass area.
 17 Q. Was there a particular reason for you and he positioning
 18 yourselves in this way?
 19 A. The road bends round to the right-hand side, we're not
 20 going to walk up the same side of the road, technically
 21 it wouldn't work if there is anything going on, so we've
 22 positioned ourselves either side of the road to deal
 23 with the road bending round to the right-hand side.
 24 Q. Had you drawn your weapons at this stage?
 25 A. Not at that stage, no.

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1 Q. How fast were you moving?
 2 A. A walking pace of three miles an hour, maybe.
 3 Q. Now, because your colleague, SA74, was ahead and to your
 4 left, is it correct to say that he would have had
 5 an earlier clear view of the channel through which
 6 vehicles left, which we can just see at the far end of
 7 the view on this photograph?
 8 A. That's correct, yes.
 9 Q. So he would have had the earlier view towards Carriage
 10 Gates through that channel?
 11 A. Yes, sir.
 12 Q. Did you come to a point as you walked down that cobbled
 13 roadway when something happened to make you take action?
 14 A. Yes. There was obviously people running towards us at
 15 that stage. My colleague shouted "Knife".
 16 Q. How far had you got towards the vehicle barrier when he
 17 shouted that?
 18 A. It's hard for me to say, but I -- you know, he was
 19 further ahead of me and had the vision round to the
 20 right-hand side. I was slightly more back and didn't
 21 have the vision that he had seen. He obviously saw
 22 something that made him react, and I was reacting to his
 23 words, as it were.
 24 Q. How did you react to that shout from him?
 25 A. As soon as he shouted "Knife", I reached for my weapon

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1 and drew my weapon.
 2 Q. Was that a hip holster?
 3 A. Yes.
 4 Q. In the moments that followed, what did you see?
 5 A. Unarmed police officers running towards us, and then
 6 I --
 7 Q. Where were they running from?
 8 A. They were running from Carriage Gates.
 9 Q. Through the channel where vehicles leave?
 10 A. Yes.
 11 Q. What did you then see?
 12 A. I then saw the subject coming towards us with knives in
 13 both hands.
 14 Q. You refer to "the subject": what description can you
 15 give of him from that initial view?
 16 A. Male IC3, a black male, 6-foot-ish, wearing dark
 17 clothing.
 18 Q. You say he had knives: knives in both hands?
 19 A. He did.
 20 Q. How clearly could you see them?
 21 A. Very clearly.
 22 Q. Did you have any view on how large those knives were?
 23 A. They appeared to be large kitchen knives.
 24 Q. How did he seem to be moving when you first saw him?
 25 A. He was moving towards us. He was coming towards us

14

1 through the gates.
 2 Q. Through which gates are you referring to?
 3 A. He was already through the gates, through the Carriage
 4 Gates, he was already in New Palace Yard.
 5 Q. Coming to you through the area of the vehicle exit
 6 barrier?
 7 A. And where unarmed police officers had run from.
 8 Q. How fast was he moving?
 9 A. He was moving at a pace. He was coming towards us.
 10 It's hard for me to gauge how quickly he was moving.
 11 A fast walk. Not a run, but a fast walk.
 12 Q. How far was he away from both your colleague and you
 13 when you first saw him moving in this way?
 14 A. Again, it's difficult for me to say how far away he was.
 15 Maybe 4 or 5 metres.
 16 Q. What were your immediate thoughts about where he had
 17 come from and what he was doing?
 18 A. My immediate thought was that he had obviously used
 19 force to get through those gates, as I know there's
 20 police officers staffing those gates.
 21 Q. What did you think his intention was?
 22 A. To injure and kill people.
 23 Q. What did you do or say at that point?
 24 A. I shouted a verbal warning, I can't be sure of what
 25 I actually said, but I shouted some verbal warning of

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1 "Armed police" or, "Stop, drop the knives", something
 2 along those lines.
 3 Q. How were you holding your weapon at this point?
 4 A. Two-handed, pointing out in front of me.
 5 Q. Were you aware of your colleague saying or shouting
 6 anything?
 7 A. I'm unsure if he was saying anything or not. He had
 8 already shouted "Knife", so I'm sure he was probably
 9 shouting lots of other verbal commands as well, but
 10 I don't recall.
 11 Q. Could you actually see your colleague? I appreciate
 12 that your attention was drawn to the man, but could you
 13 see your colleague to the side?
 14 A. In my peripheral vision slightly, because he was
 15 slightly ahead of me as well, and to the left-hand side.
 16 Q. Could you see what he was doing?
 17 A. He was pointing his service weapon as well.
 18 Q. How did the man react to the two of you having come
 19 forward and pointing your weapons at him?
 20 A. He reacted by keep coming forward, he seemed to sort
 21 of -- it didn't stop him at all with our verbal stunning
 22 or shouting.
 23 Q. Was he therefore closing down the distance between
 24 himself and your colleague?
 25 A. He was, yes.

16

1 Q. At that moment, as he was closing down the distance,
 2 what did you think the man would do?
 3 A. I thought he was either going to seriously injure or
 4 kill one or both of us if he could.
 5 Q. What did you then decide to do?
 6 A. I was ready to take action by shooting the individual.
 7 Q. Did you make any preparation, physical preparation, to
 8 do that?
 9 A. I believe I took an aim, ready to take a shot, and
 10 placed my finger onto the -- near or onto the trigger.
 11 Q. In the next moment, what happened?
 12 A. My colleague fired a number of shots which stopped the
 13 male.
 14 Q. Were you aware how many shots?
 15 A. No.
 16 Q. I presume, given your description, that you heard the
 17 shots first?
 18 A. Yes, I heard the shots and the male slumped to the
 19 ground.
 20 Q. Did you therefore realise in that moment that you
 21 wouldn't need to take a shot?
 22 A. Yes.
 23 Q. Just to be clear, if the man had not been stopped by
 24 your colleague's shot, would you have fired?
 25 A. Yes.

17

1 Q. Would you have fired at what we've heard referred to as
 2 the "Central body mass", the torso?
 3 A. Yes.
 4 Q. Could you see any alternative?
 5 A. No.
 6 Q. Now, if we may, we're going to just look briefly at the
 7 footage that we have of these events, some of which
 8 I think you have seen. If we can bring up AVO091, play
 9 it from the start, and we'll pause as necessary. We'll
 10 begin with a ground-level, side-on view which shows you
 11 and your colleague.
 12 (Video played in court)
 13 Pause there, please. Now, this is a camera pointing
 14 from the direction of the central grassed area towards
 15 the Palace of Westminster. So is it right to say that
 16 the right-hand figure on the screen now, the one further
 17 away from the central grassed area, is your colleague?
 18 A. Yes.
 19 Q. And the figure on the left, closer, is you?
 20 A. Yes.
 21 Q. And we can see your mouth opening in this shot.
 22 We also saw a few moments ago your colleague moving
 23 slightly backwards and then forwards. Were you aware of
 24 him doing that at the time?
 25 A. No.

18

1 Q. But is that consistent with attempting to maintain
 2 a reactionary gap?
 3 A. He's backing away to try and stop the person from coming
 4 forward and giving him an opportunity to come forward.
 5 He's stepped away from somebody coming forward towards
 6 him.
 7 Q. Play on, please.
 8 Pause here.
 9 We're now going to look at footage from an overview
 10 camera looking down towards the vehicle barrier, and
 11 we'll see your colleague coming forward and you,
 12 I think, will be out of shot to the right, but I'll ask
 13 you to confirm that. Play on, please.
 14 (Video played in court)
 15 In the top right corner we're seeing the assailant
 16 entered. Officers, some of them moving away. Then the
 17 assailant pursuing the officers through.
 18 Pause there.
 19 Could we see in the last couple of seconds your
 20 colleague pictured, coming from the right of screen
 21 towards the attacker?
 22 A. Yes.
 23 Q. And we'll see in the moments that follow, the attacker
 24 continuing to come forward before being shot. We can
 25 continue in this way.

19

1 Pause there.
 2 Do we now see that you have come into shot from the
 3 right, indicating where you had been before?
 4 A. Yes.
 5 Q. Did we see, just for the record, that right up to the
 6 moment of the shot and the collapse, the attacker didn't
 7 stop at any moment?
 8 A. No.
 9 Q. Play on, please.
 10 That's the end of the footage.
 11 In the aftermath of the shooting did you and your
 12 colleague keep your weapons trained on him, as we've
 13 seen in that last shot, initially?
 14 A. Initially, yes.
 15 Q. We've heard that another officer, called PC Carlisle,
 16 came forward to handcuff the attacker, the man who had
 17 just been shot. Do you recall that happening?
 18 A. Yes.
 19 Q. Did you assist in handcuffing the man?
 20 A. I did.
 21 Q. Is it right that PC Carlisle handcuffed one wrist but
 22 you came forward to handcuff another, which the man had
 23 been lying on?
 24 A. The male was still lying on his hand and I was unsure
 25 whether he still had a knife in his hand or not.

20

1 Q. Just to be clear, when you came forward to do this and
 2 handcuff him, it's right to say there was a risk that he
 3 would have another weapon which he might use?
 4 A. Yes.
 5 Q. It's right to say that there was a risk, given the
 6 circumstances, that he might have a bomb?
 7 A. Yes.
 8 Q. So you took personal risk when you went forward to do
 9 that?
 10 A. Yes, sir.
 11 Q. While securing him with the cuffs, did you become aware
 12 that he was bleeding from the gunshot wounds?
 13 A. Yes.
 14 Q. Did you then proceed to check him for injuries and find
 15 some injuries?
 16 A. I did.
 17 Q. And what were those injuries?
 18 A. He had two gunshot wounds to his upper torso.
 19 Q. In the minutes that followed, did you assist in the
 20 early stages of first aid?
 21 A. Yes.
 22 Q. Did that involve you making attempts to close bullet
 23 holes with medical equipment?
 24 A. It did, yes.
 25 Q. At that point in time, what did his condition seem to

21

1 you?
 2 A. At that time he was still breathing. His chest was
 3 still rising and falling. He was going a grey colour.
 4 I was conscious that I wanted to get some sort of
 5 dressing on to stop air being sucked into his lungs.
 6 Q. After helping with the dressings, what did you do?
 7 A. He basically stopped breathing, so I started CPR.
 8 Q. What part of the CPR job were you doing?
 9 A. Chest compressions.
 10 Q. Did an officer with medical equipment take a face mask
 11 and provide resuscitation breaths?
 12 A. Yes.
 13 Q. In the time that followed, did further officers arrive
 14 with a defibrillator?
 15 A. Yes.
 16 Q. Do you recall any problem with the first defibrillator
 17 that was brought?
 18 A. Yes, the first one was faulty.
 19 Q. As that was noticed, were you continuing with your chest
 20 compressions?
 21 A. Yes.
 22 Q. Was a second defibrillator brought?
 23 A. It was, yes.
 24 Q. How long did that take?
 25 A. Not very long. I don't know, minutes.

22

1 Q. What did that defibrillator indicate, if you can recall?
 2 A. Once I put that defib on and set it all up, it said "No
 3 shock advised", and to keep -- carry on CPR.
 4 Q. So when a defibrillator indicates that no shock is
 5 advised, it's indicating that you should effectively
 6 continue with CPR and not attempt to use the
 7 defibrillator?
 8 A. Yes.
 9 Q. Did a time come when you were relieved in the task of
 10 performing chest compressions by another police officer?
 11 A. It did, yes.
 12 Q. From there, were you taken to a secure area?
 13 A. Yes.
 14 Q. And then did you go through the appropriate post
 15 incident procedure in which your initial account was
 16 obtained?
 17 A. Yes.
 18 Q. Is it also right that you had to be seen in hospital
 19 because you had been covered with the man's blood?
 20 A. Yes.
 21 MR HOUGH: Thank you very much. Those are all my questions.
 22 As I say, there may be some more.
 23 A. Thank you, sir.
 24 Examination by MR KEITH QC
 25 MR KEITH: SB73, as a firearms officer, a close protection

23

1 officer, are you trained to shout a warning or
 2 a challenge before you are forced to fire?
 3 A. If it's appropriate to do so, yes.
 4 Q. In this instance it appears that Masood neither changed
 5 direction nor changed his speed and slowed down, but
 6 carried on straight at SA74 and yourself?
 7 A. He did.
 8 Q. But did you shout challenges, both of you, nevertheless?
 9 A. Yes, sir.
 10 Q. Is that because you, of course, hoped that if he obeyed
 11 the challenge, if he responded, he would not have to be
 12 fired upon?
 13 A. Yes.
 14 Q. So the purpose of shouting or challenging is to try to
 15 see whether the attacker, the threat, will stop of their
 16 own accord?
 17 A. You're hoping you're going to verbally stun them and
 18 they're going to stop their actions.
 19 Q. Did he respond in any way at all to the shouts from you
 20 and SA74?
 21 A. No.
 22 Q. And you would have wanted to have shouted, wouldn't you,
 23 because you, of course, would hope that he would stop
 24 and cease his forward movement and stop presenting the
 25 threat that he did?

24

1 A. Yes, of course.
 2 Q. Of course.
 3 We've just seen from the clip of AV0091 that before
 4 he fired, SA74 did actually step back a little. He
 5 appears to have moved himself away from Masood.
 6 A. He did.
 7 Q. Was Masood so close to SA74 and you that if SA74 hadn't
 8 moved back a bit or hadn't fired, he and you would have
 9 been in grave danger?
 10 A. Yes.
 11 Q. And did you have any doubt at all about Masood's
 12 intentions?
 13 A. No, sir. He was intent on getting through those gates
 14 and causing as much damage as possible.
 15 Q. You say in your statement that you knew you would have
 16 to use deadly force if he didn't stop?
 17 A. Yes.
 18 Q. Would you have wanted to use deadly force yourself?
 19 A. No.
 20 Q. But he continued to close down on SA74 even though SA74
 21 had, as we can see, stepped back a little?
 22 A. He did and he was very close.
 23 Q. If he had not fired, what do you fear would have
 24 happened to SA74?
 25 A. He could have been seriously injured or killed.

25

1 Q. In terms of, we know from other evidence, the issues of
 2 immediacy and proximity of threat, can you imagine
 3 a more immediate threat or closer proximity?
 4 A. No. Reviewing the footage now, he's a lot closer than
 5 I actually remember on the day.
 6 Q. Can you think of a greater justification for having to
 7 fire?
 8 A. No, sir.
 9 Q. Having fired, was it feasible for SA74 to simply remain
 10 standing and wait to see what the consequence of that
 11 shot would be, or was he obliged to stop Masood and to
 12 keep firing until Masood stopped?
 13 A. If I was in his shoes I would have carried on firing
 14 until that threat had gone, that threat had been
 15 stopped.
 16 Q. Because, of course, if Masood, having been shot once,
 17 continued to come forward with his knives, SA74 would
 18 still be in the same grave danger, would he not?
 19 A. Yes, sir.
 20 Q. And then afterwards, just in the same way that you would
 21 have had the duty to fire if SA74 had not done so, you
 22 also had the duty to try to save life?
 23 A. Yes, sir.
 24 Q. And is that why you went forward to try to save Masood's
 25 life?

26

1 A. Yes.
 2 Q. Because it was your job?
 3 A. Yes.
 4 Q. And you did so, notwithstanding that you must have
 5 appreciated the equally grave risk that Masood had
 6 a bomb on him and could have then killed you and
 7 everybody around you by detonating a device as you bent
 8 over him to offer aid and to handcuff him?
 9 A. Yes.
 10 Q. So that took some courage, did it not, SB73?
 11 A. Sir.
 12 MR KEITH: Thank you very much.
 13 MR HOUGH: Those are all the questions we have for you.
 14 Thank you very much for your evidence.
 15 A. Thank you.
 16 THE CHIEF CORONER: Thank you very much indeed for coming.
 17 A. Thank you, sir.
 18 MR HOUGH: Sir, the next witness is SA74.
 19 THE CHIEF CORONER: Thank you.
 20 SA74 (Sworn)
 21 THE CHIEF CORONER: Sir, I'm going to suggest you take
 22 a seat and the microphone will amplify your voice.
 23 A. Thank you.
 24 THE CHIEF CORONER: But if you need to draw it slightly
 25 closer towards you, please do so.

27

1 A. Certainly sir, thank you.
 2 Examination by MR HOUGH QC
 3 MR HOUGH: You are being referred to in these proceedings as
 4 SA74; is that right?
 5 A. Yes, sir, that's correct.
 6 Q. Officer, I ask questions on behalf of the Coroner and
 7 then there may be questions from other lawyers; do you
 8 understand?
 9 A. I do, yes.
 10 Q. You also understand, I think, that you are here to give
 11 evidence about events in New Palace Yard, in
 12 Westminster, on 22 March last year?
 13 A. Yes, sir.
 14 Q. You made witness statements about those events on the
 15 day, the 22nd, and also on 24 March, the latter more
 16 detailed, and you may refer to those as you wish.
 17 A. Thank you.
 18 Q. By way of background, have you been a police officer in
 19 the Metropolitan Police Service since 2002?
 20 A. Yes, sir, I have.
 21 Q. Have you been an authorised firearms officer from 2008?
 22 A. Yes, sir, that's correct.
 23 Q. From 2015, have you been serving as a close protection
 24 officer?
 25 A. Yes, sir, I have.

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1 Q. That is a role, as we have heard, that requires
2 additional training beyond standard firearms training?
3 A. That's correct, sir, yes.
4 Q. We've also heard that the role, broadly speaking,
5 involves looking after dignitaries?
6 A. Yes, sir, it does.
7 Q. On 22 March last year, were you on duty?
8 A. Yes, sir.
9 Q. When and where did you report for duty that day?
10 A. I reported at Lambeth, which is our operational
11 headquarters.
12 Q. And at what time?
13 A. To the best of my recollection, probably about
14 12 o'clock I was in the building to start my shift at
15 2.00.
16 Q. What equipment did you collect there?
17 A. I collected all of my personal protective equipment and
18 also keys for a vehicle.
19 Q. Did that personal protective equipment include
20 a firearm?
21 A. Yes, sir, it did.
22 Q. A Glock pistol, I believe?
23 A. That's correct, sir, yes.
24 Q. Did you meet a colleague, whom we're calling SB73, with
25 whom you would be working that day?

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1 A. I did sir, yes.
2 Q. Did you drive with him to the Palace of Westminster to
3 meet your principal for your duty later that afternoon?
4 A. Yes, sir, I did.
5 Q. If we can bring up on the screen a plan {DC7989/80},
6 with which we're very familiar. We're looking on the
7 screen to your right at a plan of the New Palace Yard
8 entrance which contains vehicle gates giving access to
9 the Palace estate. Did you enter through those vehicle
10 gates?
11 A. Yes, I did, sir.
12 THE CHIEF CORONER: I'm just going to pause for a moment,
13 Mr Hough, because I think the small screens currently
14 are not showing ... (Pause).
15 I think we are all familiar with the plan, Mr Hough,
16 but it was more that I suspect we're going to go on to
17 other images and material --
18 MR HOUGH: Yes, sir.
19 THE CHIEF CORONER: -- so we will need the screens.
20 (Pause).
21 Thank you.
22 MR HOUGH: Looking at that plan, where did you park your
23 vehicle that day?
24 A. On the bottom right-hand corner.
25 Q. So the south-east corner near members' entrance?

30

1 A. That's correct, sir, yes.
2 Q. When you initially arrived, did you receive a handover
3 from your principal's previous team?
4 A. Yes, sir, I did.
5 Q. Did you then go for refreshments in a canteen within the
6 Palace grounds?
7 A. Yes, sir.
8 Q. Before returning to your principal?
9 A. That's correct, sir, yes.
10 Q. Did that take you back to the New Palace Yard area?
11 A. Yes, sir, it did.
12 Q. By what time?
13 A. Again, to the best of my recollection, about 2.30 in the
14 afternoon.
15 Q. Were you going there to wait for your principal to
16 arrive?
17 A. Yes, indeed.
18 Q. Where in the yard did you stand to wait for your
19 principal?
20 A. In the same place as where the vehicle was parked, which
21 is the bottom right-hand corner by members' entrance,
22 sir.
23 Q. If we can look at the photograph we have seen a number
24 of times before showing the view from that position
25 towards Carriage Gates, which is {DC7989/74}. Do we see

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1 there, although this image is taken towards the end of
2 the day, a picture showing the view from that corner of
3 the yard towards the main vehicle entrance gates,
4 Carriage Gates?
5 A. Indeed, sir, yes.
6 Q. We can leave that on screen, please.
7 While you were standing there with that view to
8 Carriage Gates, did anything happen to draw your
9 attention?
10 A. It did, sir, yes.
11 Q. What was that?
12 A. I became aware of an incredibly loud noise, I could only
13 describe that as an explosion or similar, which was
14 directly in front of me, looking towards
15 Westminster Bridge.
16 Q. So that's to the right, for somebody standing with the
17 view we see in this photograph?
18 A. Yes, sir, that's correct.
19 Q. You said it sounded like an explosion; what did you
20 think had happened?
21 A. I had no idea what had taken place at the time.
22 I couldn't clearly see, but I then became aware of a lot
23 of incredibly loud screaming and shouting and people
24 moving to my left towards Parliament Square.
25 Q. So we know that the cobbled area in New Palace Yard is

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1 set at a lower level than Westminster Bridge Road to the
 2 north. We also know that between you in your position
 3 and that road, there were railings and pillars?
 4 A. Indeed, sir, that's correct.
 5 Q. So you have indicated that you couldn't clearly see what
 6 was going on initially, but that you then heard
 7 shouting?
 8 A. I did, sir, yes.
 9 Q. And were aware of people moving from your right to your
 10 left as you looked towards Westminster Bridge Road; is
 11 that right?
 12 A. Yes, sir, that's correct.
 13 Q. What sort of numbers of people?
 14 A. I couldn't clearly see or give you clear numbers, but
 15 significant numbers of people, based on the amount of
 16 noise and commotion coming from that area.
 17 Q. Did that give you any impression as to what was going
 18 on?
 19 A. I was certainly very concerned.
 20 Q. Did you do anything at that stage?
 21 A. I did, sir, yes.
 22 Q. What?
 23 A. I moved along the cobbled area in the direction of
 24 Parliament Square.
 25 Q. So moving from members' entrance towards Carriage Gates?

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1 A. Yes, sir.
 2 Q. Going, as we look at this photograph, further along the
 3 cobbled area towards the gates at the far end?
 4 A. Yes, sir, that's correct.
 5 Q. What sort of speed were you going at?
 6 A. I was jogging.
 7 Q. Which part of the cobbled road were you going down as
 8 regards right and left?
 9 A. Pretty much down the centre of that image that you're
 10 looking at, towards the gates in the distance in that
 11 image.
 12 Q. Were you aware what your colleague was doing?
 13 A. Not entirely, sir, no.
 14 Q. At that stage was your pistol drawn?
 15 A. Not initially, sir, no.
 16 Q. As you moved closer to the vehicle exit barrier, which
 17 is between members' entrance and the gates, what could
 18 you see happening up ahead of you?
 19 A. Immediately in front of me I was aware of shouts which
 20 I perceived and understood to be of police officers,
 21 they are very distinctive and it's what we're taught in
 22 all of our training. And I was also aware of a number
 23 of uniformed police and members of the public running
 24 back in towards me, back in towards members' entrance.
 25 Q. Now, you say that the shouts were distinctively those of

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1 police officers, and you made reference to your
 2 training. Why were they distinctively of police
 3 officers and what sort of things were they indicating?
 4 A. They were clear commands of "Get back", which is every
 5 part of our training, and it's what we will shout to
 6 instruct someone to behave in a certain manner.
 7 Q. As you saw the officers and others running towards you,
 8 could you see anything from their expressions or from
 9 what they were doing?
 10 A. Yes, sir.
 11 Q. What was that?
 12 A. The uniformed police had batons drawn. The batons were
 13 extended and they were frantically moving towards me,
 14 trying to get away from something or someone.
 15 Q. What, at this point, did you think was happening?
 16 A. Again, I simply didn't know what was happening, but
 17 I was now certain that ...
 18 Q. Officer, if you need a break, we can give you one.
 19 A. I was certain that something terrible was happening.
 20 Q. What did you see next?
 21 A. As I approached what I call the vehicle blocker, the
 22 large solid steel object you can just make out in the
 23 centre, in the distance, I saw a large black male
 24 running --
 25 Q. Sorry, go on.

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1 A. -- running purposefully towards me. He was carrying two
 2 large knives, like so (indicates).
 3 Q. You are holding them up above shoulder level on each
 4 side?
 5 A. Yes, sir. And I could clearly see that they were
 6 covered in blood.
 7 Q. How far was he away from you when you first saw him
 8 moving towards you, very roughly?
 9 A. My best recollection would be perhaps 7 to 10 metres,
 10 but I was going towards him and he was coming towards
 11 me, so that distance is incredibly difficult to give you
 12 any clearer.
 13 Q. You say he was moving purposefully. Are you able to say
 14 anything about his speed of movement?
 15 A. Well, he was running towards me.
 16 Q. What did you do or say next?
 17 A. I shouted at him to drop the knife or drop the knives,
 18 I don't recollect the precise word I used. It had no
 19 effect, sir.
 20 Q. What, then, did he do or continue to do?
 21 A. He continued to move towards me, sir.
 22 Q. What did you think he was going to do?
 23 A. He was going to kill me.
 24 Q. How did you move in those moments?
 25 A. I tried to create some distance, and my pistol was now

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1 out and pointing towards him.
 2 Q. Are you able to tell us at what point you drew your
 3 pistol first of all?
 4 A. As soon as I saw that threat, my pistol was withdrawn
 5 and I was pointing it at him.
 6 Q. Did the man react at all, or change his course at all,
 7 in reaction to anything you said or to the movement of
 8 your arm and pistol?
 9 A. No, sir.
 10 Q. As he continued to come forward, closing down that short
 11 distance, what did you do?
 12 A. After shouting at him to drop the knives and receiving
 13 no change in his demeanour, I fired my pistol.
 14 Q. Are you able to describe the shots? I know that
 15 firearms officers are able to describe shots in
 16 different ways; can you give us an impression of how you
 17 fired?
 18 A. It was a quick succession of shots, sir, until the
 19 threat was no longer present.
 20 Q. In your witness statement you say that the shots weren't
 21 slowly, carefully – aimed shots; you used a rapidly
 22 acquired sight picture; can you explain that, please, in
 23 a sentence or so?
 24 A. Certainly, sir.
 25 In all of our training we use a fore sight and rear

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1 sight in order to gain the best possible sight on
 2 a target. In this instance I simply had no time to do
 3 that, so the fore sight of the weapon is placed in the
 4 centre mass of the subject and the shots are discharged.
 5 Q. Were you aware at the time how many shots you fired?
 6 A. I was aware of a number of shots.
 7 Q. It may be obvious to you in your line of work, but why
 8 did you keep on firing beyond the first shot?
 9 A. The subject was still present and still posed a threat
 10 to me, and I continued to fire until that threat was no
 11 longer there.
 12 Q. Until he had been stopped?
 13 A. Yes, sir, that's correct.
 14 Q. You have told us that you targeted the central body
 15 mass, the central torso area. What's the reason for
 16 targeting that area?
 17 A. Sir, that's -- everything we do in our training, it has
 18 the strongest likelihood of stopping a subject.
 19 Q. Did you then see the man go down?
 20 A. Yes, sir.
 21 Q. Now, if we may, we're going to look at the footage which
 22 shows the confrontation. I think you have seen this
 23 already, or at least parts of it?
 24 A. I believe so, sir.
 25 Q. AV0091, please. We'll begin with footage from a ground

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1 view camera looking side-on to you and your colleague.
 2 Pause there. We're seeing it on the large screens
 3 but not on the small screens, so we will let that come
 4 on now. Play on, please.
 5 (Video played in court)
 6 This is a camera looking out from the central area
 7 of New Palace Yard towards the Palace of Westminster.
 8 Pause there, please.
 9 Obviously, officer, this is slow motion footage. Is
 10 it right to say that you are the officer we see on the
 11 right-hand side of the screen, further away from the
 12 camera?
 13 A. Yes, sir, that's correct.
 14 Q. And that your colleague is the officer we see closer to
 15 the camera on the left-hand side of the screen now?
 16 A. That's correct, sir, yes.
 17 Q. In the few seconds we have just seen, the slow motion
 18 footage showed you moving slightly back before moving
 19 forwards again. Do you think that that was depicting
 20 the moments where you moved slightly away from the man
 21 as you described?
 22 A. Yes, sir.
 23 Q. Play on, please.
 24 Now pause here. We are now looking from the
 25 perspective of an overview camera mounted high on the

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1 Palace of Westminster with the Carriage Gates in the top
 2 right of the screen, and I think we'll see you entering,
 3 from overhead at the bottom right. Play on, please. We
 4 are now seeing the attacker entering top right, some of
 5 the uniformed officers moving away.
 6 Pause there.
 7 Did we see in those moments how quickly these events
 8 took place, officer?
 9 A. Yes, sir.
 10 Q. And how the man continued moving towards you until the
 11 shots were fired?
 12 A. Yes, sir.
 13 Q. Thank you very much, we can take that off the screen.
 14 After the man had gone down, did you assist your
 15 colleagues in securing him?
 16 A. I did, sir, yes.
 17 Q. Did you also take part in the early stages of first aid
 18 on the man?
 19 A. I did, sir, yes.
 20 Q. You, I think, passed items of medical equipment to
 21 others who were tending to his injuries?
 22 A. Yes, sir.
 23 Q. After assisting in that way for a short time, were you
 24 directed away and given the appropriate post-incident
 25 procedural warnings?

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1 A. Yes, sir, that's correct.
 2 Q. You gave, I think, your initial account of events that
 3 day, as is good practice?
 4 A. Yes, sir.
 5 MR HOUGH: Thank you very much, officer, those are all my
 6 questions, as I say, there may be a few more.
 7 Examination by MR KEITH QC
 8 MR KEITH: SA74, there are very few further questions for
 9 you. Just one or two, please, about the training that
 10 you have undergone.
 11 Is the requirement to shout at an attacker coming
 12 towards you completely ingrained in your training? That
 13 you need to shout at somebody coming towards you who
 14 presents a threat in order to try to avoid having to
 15 fire?
 16 A. Where practicable, sir, yes.
 17 Q. You didn't want to fire; you had no option but to shout
 18 at Masood, as did SB73, in the hope that firing would
 19 not be necessary?
 20 A. Yes, sir.
 21 Q. Do the words that you shout matter, or is it a question
 22 of ensuring that they understand that they must stop and
 23 that you are armed?
 24 A. Indeed, sir, yes.
 25 Q. So what sort of words do you believe you used? Would

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1 they have referred to the fact you were armed? The fact
 2 that he had to stop?
 3 A. Indeed they do, sir, yes.
 4 Q. And no doubt you carried on screaming because you would
 5 have wished him to stop?
 6 A. Of course, sir, yes.
 7 Q. But you knew that if he did not stop, you would likely
 8 have to use force?
 9 A. Yes, sir.
 10 Q. And you also moved backwards, did you not, because we
 11 have seen that on the clip, so you were trying to give
 12 him the chance to stop before you were forced to fire?
 13 A. That's correct, sir.
 14 Q. But if you hadn't fired, he was by then so close as to
 15 have likely killed you?
 16 A. Yes, sir.
 17 Q. And you had no doubt, did you, about his plain and
 18 obvious intention?
 19 A. Sadly, sir, that's correct.
 20 Q. He never changed direction, he never slowed down; he
 21 kept on coming at you?
 22 A. He did, sir.
 23 Q. In fact, he came at you so rapidly, even though you had
 24 taken a step back, that you didn't have time to make the
 25 careful aim that you might have wished; you were forced

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1 to use a rapidly acquired sight picture?
 2 A. That's correct sir, yes.
 3 Q. And you didn't want to shoot, but you had to keep
 4 shooting until he was stopped?
 5 A. That's correct, sir.
 6 Q. Can you think of a more immediate threat or greater
 7 justification for firing than the need to protect your
 8 life and the lives of those around you?
 9 A. None at all, sir.
 10 Q. And then just as in the same way you fired to protect
 11 life, so your officer's duty obligated you to help save
 12 Masood's life, which is why you went to get the medical
 13 bag.
 14 A. Yes, sir.
 15 Q. Both aspects central parts of your duty?
 16 A. Yes, sir.
 17 MR KEITH: Thank you very much.
 18 MR HOUGH: Thank you very much, those are all the questions
 19 we have for you. Thank you very much for giving
 20 evidence.
 21 THE CHIEF CORONER: Yes, thank you very much indeed for
 22 coming. Thank you.
 23 A. Thank you, sir.
 24 THE CHIEF CORONER: Mr Hough, I'm going to suggest that
 25 perhaps we might break there.

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1 MR HOUGH: Sir, I was going to suggest that we start without
 2 the jury a little early this afternoon to deal with the
 3 media request for the image.
 4 THE CHIEF CORONER: Certainly.
 5 Members of the jury, we'll break there and there's
 6 a legal issue that I need to deal with, so I don't need
 7 to trouble you. What I'm going to suggest is if you are
 8 back, please, for 2.15, we will then pick up on the
 9 evidence then and we will reconfigure the court so the
 10 other evidence will be coming from the usual witness
 11 box. So 2.15.
 12 (In the absence of the jury)
 13 THE CHIEF CORONER: I suggest we convene at 2 o'clock. I've
 14 seen, Mr Hough, some written submissions. I don't know
 15 if there is going to be anything further in addition to
 16 that?
 17 MR HOUGH: Sir, I was going to set out the issues and the
 18 position of your team on the request.
 19 THE CHIEF CORONER: Yes.
 20 MR HOUGH: And it may be that a representative of the media
 21 will want to address you briefly.
 22 THE CHIEF CORONER: Very good. I'll rise.
 23 (12.53 pm)
 24 (The Luncheon Adjournment)
 25 (2.07 pm)

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1 Submissions by MR HOUGH QC
 2 THE CHIEF CORONER: Yes, Mr Hough.
 3 MR HOUGH: Sir, you are sitting without the jury to deal
 4 with an issue about provision of a document to the
 5 media.
 6 THE CHIEF CORONER: Yes.
 7 MR HOUGH: May I say at the outset that there has in general
 8 been complete agreement between the media and your team
 9 concerning the material to be provided to them. We have
 10 recognised that the material deployed in open court
 11 should usually be provided to the media; they, in their
 12 turn, have not requested distressing images such as
 13 those showing the car striking pedestrians or people
 14 in extremis. So the present issue is a rare request
 15 being made which raises any controversy at all.
 16 On 5 October we received a request from the BBC to
 17 be provided with an image showing Khalid Masood
 18 advancing on PC Palmer by the low wall in
 19 New Palace Yard wielding his knives. I don't ask for it
 20 to be put on screen, but the reference, for your note,
 21 sir, is {DC5259/28}, the lower image on the page. Sir,
 22 I know you are familiar with it. It is part of
 23 a photograph provided to the police by Mr Shoebridge.
 24 THE CHIEF CORONER: Yes.
 25 MR HOUGH: Which was put on screen during his evidence.

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1 Sir, in our submission it shouldn't be provided.
 2 I know that's the position of PC Palmer's widow, his
 3 parents and siblings, and the Metropolitan Police
 4 Service, and you have received some written submissions
 5 which have been circulated.
 6 The legal principles can be shortly stated by
 7 reference to R (On the Application of Guardian News and
 8 Media Limited) v Westminster Magistrates Court [2013] QB
 9 618 at paragraphs 85 and following.
 10 Where documents have been placed before a judge and
 11 referred to in proceedings, the default position is that
 12 the documents should be provided to the media. However,
 13 countervailing considerations may mean that they are not
 14 provided. The court has:
 15 "... to carry out a proportionality exercise which
 16 may be fact-specific".
 17 Central to that valuation will be:
 18 "... the purpose of the open justice principle and
 19 conversely any risk of harm which access to the
 20 documents may cause to the legitimate interests of
 21 others."
 22 Subsequent paragraphs make clear, sir, that
 23 distress, or potential distress to interested
 24 individuals, may be a relevant factor.
 25 That approach, sir, applies both under the common

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1 law and by reference to the competing interests
 2 protected by Articles 10 and 8 of the European
 3 Convention of Human Rights. The purpose of the open
 4 justice principle is of course to allow proceedings to
 5 be reported in a well informed and accessible way.
 6 Sir, against that legal background we accept the
 7 point made by the BBC that the release of this image
 8 would provide a vivid illustration of an incident of
 9 public interest. That's no doubt why the request was
 10 made, and we respect the position that has been taken by
 11 the BBC. We consider that two competing considerations
 12 justify refusing the request.
 13 First, the release of this image would cause
 14 distress to PC Palmer's family. It would inevitably be
 15 published widely as showing the attacker about to
 16 inflict his savage and fatal assault on PC Palmer. It
 17 would be described, and correctly described, as showing
 18 Masood about to attack the officer after he had
 19 stumbled. One can only imagine how distressing the
 20 family could find this image greeting them from news
 21 pages and from websites, both now and in the future.
 22 Their submissions make clear the anguish that it would
 23 in fact cause. Their Article 8 rights are engaged and
 24 represent a powerful interest in this case.
 25 Secondly, sir, the release of this image would

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1 likely result in its being used as a propaganda tool by
 2 extremists. That is a point which has been made by the
 3 Metropolitan Police, which has put in statements showing
 4 that Masood's monstrous attack was celebrated in
 5 jihadist publications. It is, again, only too easy to
 6 envisage this image of a knife-wielding attacker within
 7 the grounds of the Palace of Westminster and on the
 8 verge of killing a police officer being used to glorify
 9 his crime.
 10 The SO16 officers are experts in this terrible field
 11 and they endorse the view that this image could be used
 12 in terrorist propaganda.
 13 Sir, the public interest in depriving the terrorists
 14 of this tool is a further factor to weigh in the balance
 15 having regard to their statements.
 16 So, taking those two factors together, we submit
 17 that the request should be refused but, as I say, that
 18 does not -- that should not be taken as suggesting that
 19 the request was in any way irresponsible. The approach
 20 of the media has, as I say, in general been very
 21 responsible in their requests for material.
 22 THE CHIEF CORONER: Yes. And, as you have indicated,
 23 Mr Hough, I've got certain representations that have
 24 been made by Mr Keith and Mr Butt on behalf of the
 25 Metropolitan Police, and I've seen the observations that

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1 have been made by PC Palmer's wider family in terms of
2 their concerns, and I've got the initial letter, which
3 I think came from Mr Sandford, who I know is sitting in
4 court. What I was going to do, Mr Hough, is simply to
5 give Mr Sandford, or indeed, anybody else from the press
6 the opportunity if there is anything they wish to add to
7 what's been placed before me.

8 MR SANDFORD: (Comments inaudible).

9 THE CHIEF CORONER: Yes. Thank you very much. I rather
10 thought, Mr Sandford, that might be your approach, and
11 it seemed to me a perfectly proper request that you made
12 not only on behalf of yourself but of the other press
13 agencies covering this Inquest, and quite rightly my
14 team sent it to all of the other IPs just to see what
15 their views were, but thank you very much for that.

16 Had you persisted with the application, I am afraid
17 it was one that I was likely to refuse on the basis of
18 the two points, really, made by Mr Hough: one, the
19 concern of the distress, or potential distress, to the
20 wider family if it was shown, and it is the sort of
21 image that would, it seems to me, gather quite a lot of
22 steam, be covered quite a lot ...

23 But also the second point, very much made by
24 Mr Keith, which Mr Hough has referred to, which is the
25 way it might be used by others as some form of

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1 propaganda. One wouldn't want that, I don't think, of
2 an image of that sort being used in that way whatever
3 the views of the family might have been.

4 MR HOUGH: Sir, that's the only legal matter. I think we're
5 ready for the jury otherwise.

6 THE CHIEF CORONER: Thank you.

7 Just whilst the jury are coming in, Mr Hough, I was
8 passed a note from a juror when we were last here on
9 Monday which reads as follows:

10 "Will we be given a transcript or similar to help us
11 when we retire? I have taken notes but there's been
12 a lot of technical evidence, not all of it being easy to
13 see or hear."

14 So I am just going to say to the jury don't worry,
15 part of my function is to remind them of the salient
16 parts of the evidence and I will aim to do so,
17 including, but I suspect there is a reference to the
18 Temporary Chief Inspector's evidence about the training
19 on firearms officers.

20 MR HOUGH: Yes, sir. Mr Keith and I have discussed this and
21 we're both of the view that that's the approach you
22 should take.

23 (In the presence of the jury)

24 THE CHIEF CORONER: Good afternoon, everyone. I meant to
25 deal with this this morning. One of your number sent me

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1 a note on Monday which I will just read. It says:

2 "Will we be given a transcript or similar to help us
3 when we retire? I've taken notes but there has been
4 a lot of technical evidence, not all of it was easy to
5 hear or see."

6 I will be summarising the evidence that you have
7 heard in the course of my summary to you at the end of
8 the evidence and I will deal -- I think this was
9 probably a note that came just after the Temporary Chief
10 Inspector had dealt with the firearms training and the
11 issues about how firearms were to be used. That will be
12 covered in my summary, so whichever of you was concerned
13 about that, please don't worry, as I say, part of my
14 function is to remind you of all of the evidence, but
15 I appreciate some of that was taken as a fair speed too,
16 but the salient parts, do not worry, I will remind you
17 of it. Thank you.

18 MR HOUGH: Sir, the first witness this afternoon is
19 PC Dunmore.

20 THE CHIEF CORONER: Thank you.

21 PC ANDREW DUNMORE (Sworn)

22 THE CHIEF CORONER: Good afternoon, Mr Dunmore.

23 A. Afternoon, sir.

24 THE CHIEF CORONER: Please take a seat if you would prefer,
25 that's absolutely fine, make yourself comfortable.

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1 I think you have a glass of water there. And, as with
2 any other witness, if you would like a break at any
3 time, just let us know and we'll take a short break.

4 A. Thank you, sir.

5 THE CHIEF CORONER: Thank you.

6 Examination by MR HOUGH QC

7 MR HOUGH: Would you please give your name and rank for the
8 court.

9 A. It is PC Andy Dunmore, currently attached to
10 Parliamentary and Diplomatic Protection arm.

11 Q. Officer, you understand I'm asking questions first on
12 behalf of the Coroner and then you may have some
13 questions from others?

14 A. Yes, sir.

15 Q. You're here to give evidence, you know, about events on
16 22 March last year in the Palace of Westminster?

17 A. That's correct.

18 Q. You made a witness statement on 7 April last year of six
19 pages, and you may refer to that as you wish.

20 A. Thank you.

21 Q. When did you begin service as a police officer?

22 A. 29 September 1997.

23 Q. Since that time, in broad terms what posts have held?

24 A. I was six years on two different boroughs, seven years
25 as an armed officer for Diplomatic Protection Group, and

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1 seven years as an unarmed officer at Parliamentary
 2 Protection.
 3 Q. In the course of that service what first aid training
 4 have you had, again, in broad terms?
 5 A. I was a public order medic whilst on borough, and I was
 6 enhanced first aid as an officer.
 7 Q. On 22 March last year, were you on duty in uniform in
 8 the Palace of Westminster?
 9 A. Yes, I was, sir.
 10 Q. What was your role there?
 11 A. I was a member of the Counter Terrorism Search Team.
 12 Q. In a sentence or two, what are the duties of the Counter
 13 Terrorism Search Team?
 14 A. We would search the parliamentary estate prior to the
 15 House sitting, visiting high dignitaries and deal with
 16 any suspect packages that may arrive on the estate.
 17 Q. How many officers were there on your team?
 18 A. There was one sergeant and seven police officers.
 19 Q. At around 2.40 in the afternoon of that day, were you
 20 with colleagues in your office?
 21 A. Yes, I was, sir.
 22 Q. What was the location of that office within the estate?
 23 A. It is a location called Annie's Bar, which is just off
 24 of Cash Corridor.
 25 Q. While you were there, did you hear a message over the

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1 police radio which gave you concern and caused you to
 2 take some action?
 3 A. Yes, it did, sir.
 4 Q. What was that message?
 5 A. I heard a call from a colleague of mine in a stressful
 6 manner, some kind of attack onto the estate.
 7 Q. You say that it was from a colleague of yours; could you
 8 recognise the colleague's voice?
 9 A. Yes, I can.
 10 Q. Who was that?
 11 A. It was PC Doug Glaze.
 12 Q. You say that his voice sounded stressed. How clear was
 13 the message?
 14 A. Very.
 15 Q. Was he saying anything or asking for anything that you
 16 could make out?
 17 A. May I refer to my statement?
 18 Q. Yes, of course. It's on the first page just over
 19 halfway down, I think. You say he was calling for
 20 assistance.
 21 A. He was calling for assistance at Carriage Gates.
 22 Q. How did you respond to that message?
 23 A. I ran out of the office towards the location.
 24 Q. How long did it take you to get to New Palace Yard?
 25 A. A matter of seconds.

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1 Q. If we can bring up a plan on screen, {DC7960/26}. Now,
 2 we can see New Palace Yard in the middle of the screen,
 3 and just below and to the right, an area described as
 4 Star Chamber Court. Is that the direction from which
 5 you came?
 6 A. It is, sir.
 7 Q. As you were on your way from that direction into
 8 New Palace Yard, did you hear anything of note?
 9 A. I did, I heard what I believed to be two shots from
 10 a firearm.
 11 Q. Where were you when you heard those gunshots?
 12 A. I was by Star Chamber Court into New Palace Yard by some
 13 large wooden oak doors.
 14 Q. After you heard those shots ring out, did you continue
 15 on your way towards New Palace Yard?
 16 A. Yes, I did, sir.
 17 Q. Into which part of New Palace Yard did you emerge?
 18 A. I turned left into New Palace Yard, heading towards
 19 Carriage Gates, past members' entrance.
 20 Q. If we can bring up on screen {DC7989/74}, it's an image
 21 that the jury will be very familiar with. This,
 22 I think, is the view from the area into which you
 23 emerged towards Carriage Gates; is that right?
 24 A. That is correct, sir.
 25 Q. What did you first notice ahead of you as you came out

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1 into that area?
 2 A. On the right-hand side was a white bundle and further
 3 ahead was somebody standing in a suit with a firearm,
 4 leaning over somebody on the floor dressed in black.
 5 Q. What was your immediate view about what was happening?
 6 A. That a colleague of mine was on the floor who was the
 7 person dressed in black and was being attacked by
 8 a person with a firearm.
 9 Q. So your immediate view was that the group over on the
 10 left and further away from you were a policeman on the
 11 floor and an attacker standing over him or her with
 12 a firearm?
 13 A. That is correct.
 14 Q. You shortly discovered that that wasn't actually right,
 15 didn't you?
 16 A. As I got closer, yes.
 17 Q. As you moved towards the group, I think you had to
 18 direct some people outside Westminster Hall to get out
 19 of the way; is that right?
 20 A. There was a group of teenagers, 14, 15 years of age,
 21 stood to the left-hand side of those railings filming on
 22 their mobile devices.
 23 Q. Did you shout at them to get inside and out of danger?
 24 A. Yes, I did.
 25 Q. As you approached what you had initially thought was

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1 an attacker standing over a policeman, did you notice
 2 anything to cause you to change your view?
 3 A. I noticed the firearm he had was a Glock, which is -- as
 4 an armed officer that's what I used to carry, and he
 5 said something to me which I'm unable to recall that
 6 indicated that he was in fact a police officer.
 7 Q. As you came closer, could you see who or what was on the
 8 floor?
 9 A. It was a dark-skinned male dressed in dark clothing.
 10 Q. Was he moving at all?
 11 A. He was fidgeting and agitated.
 12 Q. Could you see any sign of injury to him?
 13 A. Not immediately, no, until I cut his clothes off later.
 14 Q. As you approached, did you ask anything of your
 15 colleagues about what was happening?
 16 A. I recall that I asked for a first aid kit to be thrown
 17 to me and I asked in generalisation what had happened,
 18 where the response was that he had been shot.
 19 Q. As the first aid kit was thrown to you, did you then
 20 break the seal and put on gloves from the kit?
 21 A. Yes, I did, sir.
 22 Q. What did you then do in order to provide assistance?
 23 A. I then stripped and cut his clothing to get down to skin
 24 level to establish that -- to carry out a primary survey
 25 to establish where the injuries were.

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1 Q. At this point in time, had the man been handcuffed?
 2 A. I don't recall.
 3 Q. Now, you say that you cut open his clothing to see his
 4 wounds. What wounds could you see?
 5 A. There was two gunshots on his chest.
 6 Q. We will hear that one of those was on the right-hand
 7 side and one on the left, slightly lower?
 8 A. That's correct.
 9 Q. Did you then also roll the man over to see whether there
 10 were any exit wounds?
 11 A. That is correct, sir.
 12 Q. Did you then also start to apply dressings to his
 13 wounds?
 14 A. Yes.
 15 Q. At that point in time, was he breathing and were there
 16 signs of his chest moving?
 17 A. Yes, there were signs of life.
 18 Q. Could you notice anything about his eye movement or lack
 19 of it?
 20 A. His eyes were sort of rolling to the back of his head
 21 and flickering.
 22 Q. Did you feel for a pulse?
 23 A. Yes, I did.
 24 Q. Could you find one?
 25 A. No, sir.

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1 Q. Were further efforts by you and others made to find
 2 a pulse?
 3 A. Yes, it was, sir.
 4 Q. Did those succeed?
 5 A. No.
 6 Q. What did you then do?
 7 A. May I refer to my statement?
 8 Q. Yes, you may. This is the third page of your statement,
 9 about two-thirds of the way down describing the start of
 10 CPR.
 11 A. I was unable to find the pulse, CPR was started at
 12 a rate of 30:2.
 13 Q. What, if any, role did you take in that?
 14 A. I continued with the mouth-to-mouth on the suspect.
 15 Q. At that stage, were you joined by a man who identified
 16 himself as a doctor?
 17 A. Yes, I was.
 18 Q. Did he ask about whether there was any oxygen at the
 19 scene?
 20 A. Yes, he did, and it was called for.
 21 Q. How long did it take for the oxygen to arrive?
 22 A. I believe it was a matter of minutes.
 23 Q. Meanwhile, we've heard that a defibrillator was brought
 24 to the scene; is that something you recall?
 25 A. Yes, it was. The first one was faulty and we tried to

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1 establish where a second one -- to get a second one
 2 from, and I recall shouting out "the tube station". One
 3 was obtained, but I don't know where it was from, sir.
 4 Q. So you suggested that a defibrillator could be obtained
 5 from the underground station, and one was got from
 6 there.
 7 A. One was obtained, but I don't know where it was from.
 8 Q. Was an effort then made to use the second defibrillator?
 9 A. It was, sir.
 10 Q. What was the result of that effort?
 11 A. The defibrillator was put on the suspect and it was no
 12 shock advised, so we continued with CPR.
 13 Q. So when the second defibrillator was brought to the
 14 scene, the message from that defibrillator showed that
 15 it couldn't be used anyway?
 16 A. Yes.
 17 Q. Throughout all this time, were you continuing with CPR,
 18 except when the pads were actually placed on the man's
 19 chest?
 20 A. Yes, I was.
 21 Q. As the CPR continued, how did the man's condition
 22 develop?
 23 A. It started to deteriorate.
 24 Q. In very broad terms, what were the signs of the
 25 deterioration?

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1 A. He started to go cold and clammy, unresponsive, and his
2 eyes went into the back of his head.
3 Q. As you were continuing the CPR, did you become aware of
4 what the man had done?
5 A. Yes, I did.
6 Q. Namely that he had stormed the entrance to
7 New Palace Yard and attacked an officer before being
8 shot?
9 A. Yes, I had.
10 Q. You became aware also, I think, that there was
11 an injured officer in New Palace Yard?
12 A. That is correct.
13 Q. Were further attempts later made to use the
14 defibrillator?
15 A. Not that I recall.
16 Q. Did you, however, continue with your role in the CPR
17 providing rescue breaths?
18 A. Yes, I did, sir.
19 Q. After a time, were you aware of being joined by
20 paramedics?
21 A. Yes, I was, sir.
22 Q. In a sentence or two, what did they do when they
23 arrived?
24 A. They took over the mouth-to-mouth with some bag
25 equipment, where I then carried on with the

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1 compressions, and they set up the mouth-to-mouth piece
2 of equipment along with the oxygen on the suspect.
3 Q. After a time, were you told that the man on whom you had
4 been working was going to be transferred into
5 an ambulance?
6 A. Yes, I was, sir.
7 Q. Did you assist with that task?
8 A. Yes, I did.
9 Q. As you did this, at around this time, did you become
10 aware that the police officer who was injured elsewhere
11 in the square had died?
12 A. Yes, I was.
13 Q. We know from evidence at his Inquest that that happened
14 at 3.15 pm. You may not recollect, but does that accord
15 with any recollection you have of the timings?
16 A. It does, yes.
17 Q. After the man on whom you had been working was
18 transferred into the ambulance, did it then leave the
19 parliamentary estate?
20 A. Yes, it did, with armed officers on board.
21 Q. I think after it had left, you used cones to mark out
22 the two knives which the attacker had had with him, and
23 one bullet slug?
24 A. That is correct, sir.
25 Q. You also assisted, I think, in placing blankets over the

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1 deceased officer's body to preserve his dignity?
2 A. Yes, I did.
3 Q. Thereafter, I think you remained at the scene inside the
4 cordon for some time?
5 A. That's correct, sir.
6 MR HOUGH: Thank you very much for your evidence. There may
7 be questions from others.
8 MR KEITH: PC Dunmore, I have no questions for you. Thank
9 you very much.
10 MR HOUGH: It turns out nobody else does have any questions
11 for you. Thank you very much for coming to give
12 evidence, it's appreciated.
13 THE CHIEF CORONER: Thank you very much, Mr Dunmore, for
14 coming. Thank you very much indeed.
15 A. Thank you, sir.
16 MR HOUGH: Sir, the next witness is Douglas Hope.
17 MR DOUGLAS HOPE (Affirmed)
18 THE CHIEF CORONER: As with anyone else, Mr Hope, if you
19 wish to sit, please do. What I'm going to ask is you
20 might just pull that larger microphone towards you. You
21 are quite softly spoken, that will help amplify, if you
22 can keep your voice raised.
23 A. Sure, thank you.
24 Examination by MR HOUGH QC
25 MR HOUGH: Would you please give your full name for the

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1 court?
2 A. My name is Douglas Hope.
3 Q. Mr Hope, you understand I'm asking questions first on
4 behalf of the Coroner and then there may be some
5 questions from others?
6 A. Yes.
7 Q. You are aware that you're here to give evidence about
8 events on 22 March last year at the
9 Palace of Westminster?
10 A. Yes.
11 Q. You made a witness statement for the police on 17 May of
12 last year, and another one for your own employer, the
13 London Ambulance Service, in September of last year?
14 You may refer to those as you want.
15 A. Yes, thank you.
16 Q. In March of last year, were you working as an ambulance
17 paramedic for the London Ambulance Service?
18 A. Yes.
19 Q. For how long had you worked in that role?
20 A. I started on February 15, 2016.
21 Q. That day, were you working with a colleague?
22 A. Yes, Matthew Turner.
23 Q. I think the call sign of your ambulance was F185; is
24 that right?
25 A. Yes, correct.

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1 Q. Where were you when you received a callout to the
 2 incident with which we're concerned?
 3 A. We were in the vicinity of Knightsbridge.
 4 Q. In your ambulance?
 5 A. In our ambulance.
 6 Q. What time was that?
 7 A. I believe we received the call at 14.46.
 8 Q. That's confirmed by the Computer Aided Dispatch log.
 9 What did the call, the first call, indicate?
 10 A. The first -- we first received a call that was something
 11 querying a shooting and then we were cancelled from that
 12 call and redispached to a second call. The channel log
 13 is something about chest pain, bleeding, shooting or
 14 stabbed.
 15 Q. So the first call referred to a shooting. That was then
 16 cancelled?
 17 A. Correct.
 18 Q. And you were given a new call referring to a possible
 19 shooting or stabbing?
 20 A. Yes.
 21 Q. What location was given that you should go to?
 22 A. It was given as Richmond Terrace, SW1.
 23 Q. Did your approach route take you to or near to
 24 Parliament Square?
 25 A. Yes.

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1 Q. As you got there, what did you find?
 2 A. We approached, travelling north on Millbank, and as we
 3 were approaching Parliament Square I was beckoned by
 4 a few police officers to drive into Parliament Square.
 5 Q. As you went into Parliament Square, did you receive
 6 further directions from police?
 7 A. Yes. Initially we were told to drive around the
 8 circular road to the patient that was further away, but
 9 then a second officer re-directed to the closer patient,
 10 we turned to the left and reversed towards the patient.
 11 Q. Let's take this in stages. Were you directed first of
 12 all in through the gates, into the
 13 Palace of Westminster?
 14 A. Yes.
 15 Q. And once inside, in the New Palace Yard area, you were
 16 further directed?
 17 A. Correct.
 18 Q. The arrival time of your vehicle at the scene in the
 19 Computer Aided Dispatch log is given as 14.54, 2.54 pm,
 20 about eight minutes after you received the initial call;
 21 does that accord with what you recall?
 22 A. Yes.
 23 Q. May we bring up a photograph which you marked when
 24 making your witness statement, {WS1289/7}. In the
 25 centre of this photograph we see the grassed area,

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1 New Palace Yard. Using this area, how did you
 2 originally drive around the yard and where were you
 3 directed to?
 4 A. So we approached from the bottom right of the picture,
 5 and I drove in through the first gate that was towards
 6 me.
 7 THE CHIEF CORONER: Is that where we see the "A"?
 8 A. The A, yes.
 9 MR HOUGH: And which direction did you go from there?
 10 A. So we met the police officer at the gate, that directed
 11 us. Matthew Taylor exited the vehicle with some
 12 response bags. I then turned to the left and reversed
 13 with the back towards where the B is.
 14 Q. As you were there, were you aware of other emergency
 15 services personnel inside the yard?
 16 A. Yes. I recognised the HEMS orange jumpsuit.
 17 Q. HEMS are the Helicopter Emergency Medical Service
 18 doctors and paramedics; is that right?
 19 A. Correct.
 20 Q. And you recognised them in their distinctive orange
 21 uniforms?
 22 A. Yes.
 23 Q. Other emergency services personnel as well?
 24 A. I recognised a lot of police officers on the scene as
 25 well.

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1 Q. Did you become aware of casualties and people assisting
 2 casualties?
 3 A. I could see two groups of people with patients on the
 4 ground: one further away with HEMS around them, and one
 5 closer towards us with police officers.
 6 Q. If we can bring up a photograph on screen, {PH0401/1}.
 7 If you look over to the left of the screen now, this is
 8 a photograph showing the two groups of people around the
 9 casualties before the arrival of the ambulances.
 10 From your description, you had come to a halt not
 11 far from the Carriage Gates; is that right?
 12 A. Sorry, could you repeat?
 13 Q. From your description so far, you had stopped your
 14 ambulance not far from the gated entrance which we see
 15 at the far end?
 16 A. Yes, correct.
 17 Q. Which group of casualties, looking at this photograph,
 18 did you then move to?
 19 A. We moved to the further away group in the photo, the one
 20 closer to the gates.
 21 Q. Which of you got out of the vehicle first: you or your
 22 colleague?
 23 A. My colleague, Matthew.
 24 Q. Did you then get out after him?
 25 A. Yes, after positioning the vehicle I got out.

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1 Q. As you approached the group, as you've said, closer to
2 you, the group further away as we're looking at this
3 photograph, what did you find there?
4 A. As we approached my colleague Matthew was already at the
5 head of the patient, noticed a number of police officers
6 around starting chest compressions, and an oxygen mask
7 on his face, and there was another gentleman in some
8 blue pants and a white cotton shirt that we later know
9 is Dr Jeeves.
10 Q. So as you arrived, you saw that the patient was already
11 receiving medical attention in the form of the oxygen
12 mask and CPR taking place?
13 A. Yes.
14 Q. Did you notice anything else about the patient or his
15 condition immediately?
16 A. I noticed that his shirt had been cut off, and he had
17 some dressings applied to his chest.
18 Q. At that stage was he wearing handcuffs?
19 A. Yes.
20 Q. You've told us that you became aware of a man standing
21 nearby who introduced himself as a doctor?
22 A. Yes.
23 Q. Did he provide some information to you as you reached
24 the scene?
25 A. Yes, he gave us a quick handover.

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1 Q. What did he tell you?
2 A. He told us that the patient was in cardiac arrest, had
3 been shot twice in the chest, and he had received
4 approximately 7 minutes of CPR and they had
5 a defibrillator attached that had advised no shocks.
6 Q. May we bring up a document on screen, please,
7 {DC5258/1}. Now, this document is a standard form of
8 London Ambulance Service form, isn't it, Mr Hope?
9 A. Yes.
10 Q. It's a patient report form which records various
11 information about your callout to the scene and your
12 attendance at the patient?
13 A. Yes.
14 Q. If we look at the top part in the middle, can we see
15 that you have entered, or your colleague has entered
16 that you were on the scene at 14.54 and that you arrived
17 at the patient at 14.55?
18 A. Yes.
19 Q. Then do we see in the middle of the page a column headed
20 "Observations"; do you see that?
21 A. Yes.
22 Q. And over on the left-hand side, a set of observations
23 for the time 14.55.
24 A. Yes.
25 Q. If we go right down to the bottom of that column, we see

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1 "GCS" followed by three 1s. GCS is Glasgow Coma Score;
2 is that right?
3 A. That's correct.
4 Q. What do the three 1s signify?
5 A. They signify that -- it's a way of telling a person's
6 level of consciousness, or brain activity, and the E
7 stands for the eye activity, V is the verbal activity,
8 and the M is the motor activity.
9 Q. And what does the score of 3, 1 in each of those
10 categories mean?
11 A. It means that the patient was unresponsive.
12 Q. The next entry is "ECG rhythm", which is concerned with
13 heart rate; is that right?
14 A. Yes.
15 Q. And that says "Asystole". What does asystole mean?
16 A. Asystole is a rhythm of the electrical activity on the
17 heart, and there's essentially no activity. The heart
18 is not --
19 Q. A flat line.
20 A. -- flatlining and the heart is not beating.
21 Q. We can take that off the screen now, please.
22 Did the police continue CPR while you were initially
23 there?
24 A. Yes.
25 Q. Did you discuss with your colleague and with the doctor

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1 what treatment to provide?
2 A. Yes, we all discussed together.
3 Q. What did you decide upon?
4 A. We decided that Matthew would secure an airway for the
5 patient, I would assist Matt, and Dr Jeeves would
6 attempt to gain IV access.
7 Q. So you were going to secure the patient's airway. What
8 does that mean and why was it important?
9 A. It means that you would -- we, in this case, would put
10 a tube into the patient's throat to be able to ventilate
11 the patient and oxygenate their blood.
12 Q. Is it right to say that paramedics generally have
13 training and instructions to secure the airway as the
14 first priority with any patient in a bad condition?
15 A. Yes.
16 Q. You say that the doctor, Dr Jeeves, decided to try to
17 gain IV access.
18 A. Yes.
19 Q. Is that a reference to gaining intravenous access so
20 that drugs and fluids can be provided directly into the
21 body?
22 A. Correct.
23 Q. What did you get in order to help secure the airway?
24 A. I laid out some equipment to help Matt perform the --
25 perform it accurately and with speed.

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1 Q. Pardon me, sorry?
 2 A. Sorry. I laid out equipment so Matt would be able to
 3 secure the airway with speed.
 4 Q. What was that equipment and, briefly, what was the
 5 procedure you were going to carry out?
 6 A. So it was a tube that's essentially put into the
 7 patient's throat, some securing devices to keep it in
 8 place, a bacteria filter to help keep fluids from coming
 9 backwards, and an end-tidal carbon dioxide monitor to be
 10 able to make sure it is in the right position and make
 11 sure chest compressions are adequate.
 12 Q. Did you get anything else from your ambulance?
 13 A. I also got the Lifepak 15, which is a defibrillator
 14 monitor.
 15 Q. As you returned to the scene, was the doctor succeeding
 16 in getting intravenous access?
 17 A. No, he was unsuccessful at two attempts.
 18 Q. Now, the patient report form says that the reason was
 19 "poor patient perfusion"; is that right?
 20 A. Yes.
 21 Q. And I think that means poor arterial blood flow to the
 22 extremities of the body?
 23 A. Yes, it means there was a low level of blood flow.
 24 Q. As you returned, were you able to use the Lifepak, your
 25 defibrillator monitor, to check the patient's heart

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1 rate?
 2 A. Yes. So we swapped from the AED, which is the
 3 defibrillator that was already on the patient, to our
 4 one, to the Lifepak 15.
 5 Q. And with the additional monitoring features of that
 6 piece of equipment, what did you learn?
 7 A. We could see the rhythm that the patient was in was
 8 still asystole and we were not going to shock that.
 9 Q. What view did you form at that point about the patient's
 10 condition and prospects?
 11 A. We had the view that there was very little chance of
 12 survival, and I believe soon after that we learned that
 13 the -- there were other patients and it had been
 14 declared a major incident.
 15 Q. What view then did you express?
 16 A. We discussed amongst ourselves stopping resuscitation
 17 and moving onto further patients.
 18 Q. In brief, why, at that stage, would it have been right
 19 to stop resuscitation?
 20 A. In a major incident protocol we try to preserve as much
 21 life as we can.
 22 Q. So is this right: you had the patient whom you were with
 23 who had had a long period of CPR, but his heart remained
 24 in flatline?
 25 A. Correct.

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1 Q. Whereas you had potentially other patients elsewhere
 2 whom you could actually help?
 3 A. Yes.
 4 Q. Having decided, then, or formed the view that it might
 5 be appropriate to stop CPR, did you seek advice from
 6 anybody else?
 7 A. Yes, we requested advice from the HEMS team nearby.
 8 Q. Is that because they have, between them, a greater level
 9 of experience and expertise in dealing with situations
 10 of this kind?
 11 A. Yes.
 12 Q. What advice did they give you?
 13 A. They told us to take the patient to a major trauma
 14 centre.
 15 Q. Did you then take steps to have the patient transferred
 16 to hospital?
 17 A. Yes. We started loading the patient in.
 18 Q. If we can bring up a photograph on screen, {WS1393A/6}.
 19 Do we see here an image of Khalid Masood being
 20 transferred into the ambulance?
 21 A. Yes.
 22 Q. During the transition to the ambulance is it right that
 23 you needed to suction his airway in order to maintain
 24 that and clear it of blood and vomit?
 25 A. Yes.

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1 Q. Did you, having done that, achieve a good airway again?
 2 A. Yes.
 3 Q. Which hospital did you and your colleagues decide to
 4 take the patient to?
 5 A. We decided to take the patient to St Mary's Hospital due
 6 to Westminster Bridge being closed.
 7 Q. So although it might not have been the closest major
 8 trauma centre, it was the one easiest to get to, bearing
 9 in mind the closure of the bridge?
 10 A. Yes.
 11 Q. Your patient report form gives your departure time as
 12 15.21, 3.21; is that right?
 13 A. Yes.
 14 Q. Up to the time of Khalid Masood being put in the
 15 ambulance, did chest compressions continue, that CPR
 16 provided by the police officers?
 17 A. Yes.
 18 Q. After that, after he had been placed in the ambulance,
 19 did CPR continue?
 20 A. Yes.
 21 Q. Who was performing the chest compressions and rescue
 22 breaths then?
 23 A. In the ambulance on the way to the hospital, it was
 24 rotated between myself, Dr Jeeves, and I believe Matt as
 25 well.

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1 Q. Did you also perform any other care on the patient
2 during the journey to hospital?
3 A. We replaced his dressings on his wounds and also
4 received an intraosseous infusion kit and I placed
5 an intraosseous device into his shin.
6 Q. An intraosseous system, is that a means of putting
7 a line into the body where an intravenous line can't
8 readily be got in?
9 A. Yes.
10 Q. The purpose being to infuse fluids and drugs directly
11 into the bones; is that right?
12 A. Yes. Into the bloodstream through the bone.
13 Q. In fact, were any fluids or drugs given by means of that
14 line?
15 A. No.
16 Q. Your patient report form indicates that you arrived at
17 hospital at 15.35, 3.35 pm; is that correct?
18 A. Yes.
19 Q. As you arrived there, did you take the patient into the
20 resus area?
21 A. Yes.
22 Q. Was a handover then performed?
23 A. Yes.
24 Q. Were you aware of the hospital doctors making any
25 decision about the patient's condition and care?

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1 A. I was aware that soon after we had handed over the
2 patient, they stopped the resuscitation effort.
3 Q. Were you aware of the reason for that and its effect?
4 A. I was aware that the resuscitation effort was futile,
5 given the period of time the patient had been in cardiac
6 arrest.
7 Q. Did you then remain with the body for a period in
8 hospital?
9 A. Yes.
10 MR HOUGH: Thank you very much. Those are my questions.
11 There may be some more.
12 MR KEITH: I have no questions.
13 MR HOUGH: Those are all the questions we have for you.
14 Thank you very much, Mr Hope, for giving your evidence.
15 A. Thank you.
16 THE CHIEF CORONER: Thank you very much. You're free to go,
17 thank you.
18 MR HOUGH: Sir, the final witness, the final live witness is
19 Dr Simon Poole.
20 THE CHIEF CORONER: Yes. And Dr Poole is the pathologist.
21 MR HOUGH: He is. He is the pathologist who carried out the
22 post mortem examination on Khalid Masood.
23 THE CHIEF CORONER: Yes.
24 Can I just say, members of the jury, you are going
25 to see some images. They are not graphic, they are

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1 simply body images. We saw one, you remember, the other
2 day which just showed where they are. I normally tell
3 this to people because some people, Dr Poole will have
4 seen many photographs taken during the course of
5 a post mortem, but we don't show those in court, so you
6 are not going to see anything particularly distressing.
7 DR SIMON POOLE (Affirmed)
8 THE CHIEF CORONER: Dr Poole, as with anyone else, please
9 take a seat if you are more comfortable, or stand,
10 whichever you prefer?
11 A. I'll stand, your Honour, thank you.
12 Examination by MR HOUGH QC
13 MR HOUGH: Would you please give your full name for the
14 court.
15 A. Simon Maurice Poole.
16 Q. Dr Poole, you know I ask questions first on behalf of
17 the Coroner and then you may receive some questions from
18 others.
19 A. Yes.
20 Q. By profession are you a Home Office forensic
21 pathologist?
22 A. Yes.
23 Q. In a sentence or two, what are your relevant
24 qualifications?
25 A. I hold the degrees of bachelor of science, the bachelor

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1 of medicine and surgery, the diploma in medical
2 jurisprudence and pathology, and I'm a fellow of the
3 Royal College of Pathologists.
4 Q. Did you perform a post mortem examination on
5 Khalid Masood for the coroner?
6 A. Yes, I did.
7 Q. You made a report, I think, which is dated
8 11 September 2017.
9 A. Yes.
10 Q. You may refer to that report as you wish.
11 A. Thank you.
12 Q. Now, looking at page 3 of that report, before you
13 carried out the examination, were you informed that
14 Khalid Masood had been incapacitated and fatally wounded
15 after three rounds from a Glock pistol had been
16 discharged at him at 20 metres' range?
17 A. Yes, that was my understanding.
18 Q. And in the course of your examination, did you perform
19 an external examination to identify marks over
20 Khalid Masood's body?
21 A. I did.
22 Q. As the learned Coroner has indicated, we're going to
23 look at some body map images, some stylised images,
24 which identify the location of the wounds, and we'll
25 just look at the main ones if we may.

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1 A. Of course.
 2 Q. First of all, may we have on screen {AV0090/2}. This
 3 image, I think, is the overview image prepared with your
 4 assistance to indicate the areas of the wounds; is that
 5 right?
 6 A. Yes, thank you.
 7 Q. May we move to {AV0090/3} of the same document. Looking
 8 at your report, page 4, section 1.1, could you please
 9 describe the wound which is highlighted by the box and
 10 to which you have given the reference 1.1?
 11 A. Yes, this is a gunshot entry wound, as you can see from
 12 the overview it's to the front and right-hand side of
 13 the deceased's chest. The entry site clearly is the
 14 approximately circular darker area that's surrounded by
 15 a halo of more purple discolouration, which is bruising.
 16 Q. And then on the next page, please, {AV0090/4}, this is
 17 a slightly profile view showing the second significant
 18 wound, to which you have given the reference 1.2.
 19 Looking at your report, can you describe the path of
 20 that wound?
 21 A. Yes, just briefly to describe, this is another example
 22 of a gunshot entry wound. So this is another shot which
 23 has entered the body, and the path or the direction of
 24 this particular wound was from the deceased's front to
 25 his back, slightly downwards, and left to right.

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1 Q. And then may we move, please, to page 8 {AV0090/8}.
 2 Looking at your report, specifically paragraph 2.4 on
 3 page 5.
 4 A. Yes.
 5 Q. Can you describe any significant wounds on the right
 6 hand?
 7 A. Yes. As counsel has indicated, 2.4 is the significant
 8 wound. In my view, it's on the back of the hand around
 9 the knuckle of the middle finger, and this is an example
 10 of another gunshot entry wound.
 11 Q. Did you, in fact, find small fragments of metal in the
 12 soft tissues of the hand which made clear that a bullet
 13 had connected with the right hand?
 14 A. Yes, that was evident when I dissected the back of the
 15 hand.
 16 Q. You noted, I think, various other more minor cuts and
 17 bruises over the deceased's body?
 18 A. Yes.
 19 Q. Are there any you wish to draw attention to?
 20 A. No.
 21 Q. We can take that off the screen now.
 22 Having performed an external examination, did you in
 23 the usual way perform an internal examination, including
 24 to the major organs?
 25 A. I did.

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1 Q. Focusing first on the cardiovascular system, were there
 2 any signs of injury to that, and specifically to the
 3 heart?
 4 A. Yes, there was, and the trauma to the heart, in my view
 5 was associated with the first gunshot wound we saw on
 6 the screen, that is 1.1.
 7 Q. What was the nature of that trauma or injury in
 8 a sentence or two?
 9 A. There was damage to the right-hand side chambers, the
 10 atrium and the ventricle of the heart.
 11 Q. Did you also in the course of your examination identify
 12 a quantity of blood in the chest cavity?
 13 A. Yes, I did. In the right-hand side of the chest, that
 14 is the side where the two injuries were found, there was
 15 450 millilitres of blood recovered, and that's
 16 approximately one pint of fluid.
 17 Q. Did you make any other findings of significance in your
 18 internal examination?
 19 A. Yes, I did. Also in association with injury 1.1, there
 20 was injury to the right lung.
 21 Q. What was the nature of that injury?
 22 A. There was a perforating gunshot injury.
 23 Q. Were there any other signs of injury to the internal
 24 organs and systems?
 25 A. Yes, there was. With regard to the second entrance

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1 wound we saw on the screen, there was a perforating
 2 wound to the liver. So if you recall, 1.2, the entry
 3 site was lower than 1.1, and in association with 1.2
 4 there was trauma to the liver, and again, that was
 5 a perforating gunshot wound track.
 6 Q. In the course of an examination such as this, you
 7 examine all the major organs to determine whether there
 8 was any relevant pre-existing disease or condition?
 9 A. Yes.
 10 Q. Was there any?
 11 A. Yes, there were certainly no features of any significant
 12 natural disease to the deceased.
 13 Q. Turning, then, to your conclusions on page 9 of your
 14 report, what did you conclude based on the examination
 15 findings you have summarised?
 16 A. I wrote a total of seven comments, the first of which
 17 I wrote:
 18 "Three gunshot wound tracks were found at autopsy."
 19 Number 2:
 20 "Two entry sites were seen on the front of the
 21 chest. The uppermost (1.1) was associated with trauma
 22 to the heart and right lung. In my view, this was the
 23 fatal injury."
 24 Comment number 3:
 25 "Two retained projectiles were associated with the

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1 truncal wounds.”
 2 THE CHIEF CORONER: Just putting that in sort of simple
 3 language, Dr Poole, you've got these projectiles which
 4 you take out when you are carrying out the post
 5 mortem —
 6 A. Yes.
 7 THE CHIEF CORONER: — and those are the two wounds which
 8 you have told us about, 1.1 and 1.2?
 9 A. Yes. In plain language, I found two bullets.
 10 THE CHIEF CORONER: Yes.
 11 A. I'm sorry to sound long-winded. And these were
 12 exhibited and handed to an officer during the course of
 13 the examination.
 14 THE CHIEF CORONER: Thank you.
 15 A. Point number 4:
 16 “The remaining gunshot wound track affected the
 17 right hand/wrist. Minute fragments of metal (presumed
 18 bullet core) were noted in the soft tissues of the hand,
 19 although no large retained projectile was identified.
 20 The appearances were strongly suggestive of the
 21 perforating (through—and—through) type injury.”
 22 THE CHIEF CORONER: And, again, Dr Poole, that's pretty much
 23 as it sounds: the bullet has passed through?
 24 A. Yes, absolutely. In this case, another way of
 25 describing it would be an in—and—out wound: it's gone in

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1 on the back of the hand, and although I didn't say
 2 earlier in evidence, it exited on the front of the
 3 wrist, or lower part of the forearm.
 4 THE CHIEF CORONER: Thank you.
 5 A. Point number 5:
 6 “Injury 2.4 ...”
 7 That's the gunshot injury to the back of the hand:
 8 “... could be regarded as 'defensive' in nature.”
 9 THE CHIEF CORONER: Dr Poole, what do you mean by that?
 10 A. In forensic practice so-called defence injuries are
 11 sometimes encountered when somebody makes an instinctive
 12 reaction to protect themselves.
 13 THE CHIEF CORONER: Yes.
 14 A. In doing so, a person will commonly raise their arm to
 15 protect or deflect an incoming blow, say from a knife or
 16 a fist. In doing so, if that part of your body becomes
 17 sandwiched between the incoming object, you can sustain
 18 a wound or a defensive wound. So it's an injury
 19 sustained in the course of attempting to defend
 20 yourself.
 21 Number 6:
 22 “No features of significant natural disease were
 23 found which could have directly caused, or contributed
 24 to, Mr Masood's death.”
 25 And, finally, point number 7:

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1 “Reference should be made to any reports from the
 2 firearms laboratory for comment on the range of
 3 discharge, the calibre of the projectiles which caused
 4 the gunshot wounds, and the type of weapon used.”
 5 MR HOUGH: So, in summary, is this right: there were three
 6 gunshot wounds?
 7 A. Yes.
 8 Q. One to the front of the chest?
 9 A. Yes.
 10 Q. Which was the fatal injury and which injured the heart
 11 and lung?
 12 A. That's correct.
 13 Q. A second one, which you do not consider was the fatal
 14 injury, but which nevertheless perforated the liver?
 15 A. Yes.
 16 Q. And the third a through—and—through injury to the right
 17 hand.
 18 A. Yes.
 19 Q. Which did not have such serious effects?
 20 A. I agree, yes.
 21 Q. What cause of death did you give formally?
 22 A. Gunshot wound to the chest.
 23 MR HOUGH: Thank you very much, Dr Poole. Those are all my
 24 questions. It may be that others may have some
 25 questions for you.

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1 MR KEITH: I have no questions.
 2 MR HOUGH: None do. Thank you very much.
 3 THE CHIEF CORONER: Thank you very much, Dr Poole, for
 4 coming. Thank you.
 5 MR HOUGH: Sir, those are all the live witnesses we have for
 6 today.
 7 THE CHIEF CORONER: Yes.
 8 MR HOUGH: We have two witness statements which are to be
 9 read into the record.
 10 THE CHIEF CORONER: Yes.
 11 MR HOUGH: Under Rule 23 of The Coroners (Inquests) Rules
 12 2013. My learned friend Mr Moss will be reading them.
 13 They are the witness statements of Dr Jeeves Wijesuriya
 14 and Dr Barbara Cleaver. Before admitting such written
 15 evidence it must be announced what the name of the maker
 16 of the written evidence is, I've announced those, the
 17 nature of the written evidence, they are both witnesses
 18 giving evidence as to the condition and medical
 19 treatment given to Khalid Masood. It must be announced
 20 that any interested person may object to the admission
 21 of any such written evidence, and that facility is now
 22 given, and it must be announced that any interested
 23 person is entitled to see a copy of any written
 24 evidence, and all interested persons have had access to
 25 copies of these statements through the Opus document

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1 management system.
 2 THE CHIEF CORONER: Thank you very much.
 3 MR HOUGH: So absent any objection, Mr Moss will now read
 4 those statements.
 5 THE CHIEF CORONER: Thank you, Mr Moss.
 6 MR MOSS: Sir, then the first of those two statements is the
 7 statement of Dr Jeeves Christopher Wijesuriya and please
 8 can we have on screen the exhibit to that statement,
 9 {WS1297/6}.

10 DR JEEVES WIJESURIYA (Read)

11 MR MOSS: The doctor, at the time, giving his statement on
 12 23 May 2017, was a junior doctor who was specialising in
 13 general practice and paediatrics. He studied medicine
 14 at St Barts and he previously worked in an accident and
 15 emergency setting in the Leicester Royal Infirmary.

16 And at the time his role was the Chair of the Junior
 17 Doctors Committee of the BMA. The doctor begins in his
 18 statement by describing where he was on the day, that
 19 he was in the lobby of the BBC building at 4 Millbank,
 20 and that that is a short distance from the
 21 Palace of Westminster. Then in his own words he writes
 22 this:

23 "Whilst I was on the phone I saw a female run into
 24 the building. She was a brunette lady with long hair
 25 wearing a suit, top and shirt. She was caucasian and

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1 aged in her thirties. Initially I thought she might be
 2 running late but then I could see that she looked
 3 terrified and had been crying. The female said loudly
 4 so that the whole room could hear 'Oh my God! I need to
 5 hide, someone's been shot, can I hide here?' The female
 6 went with one of the two security guards to the back of
 7 the building where there is a restaurant. The other
 8 security guard and I went to the front to look outside
 9 to see what was going on. I was still to the phone to
 10 Eloise at this point. I said to her that something was
 11 going on. She said that I should stay in the building
 12 and asked if I could stay on the phone to her. As
 13 I spoke with Eloise I could see dozens of people running
 14 past outside. They were running from my left to right,
 15 meaning that the River Thames was on their left [—hand]
 16 side. They were running away from the direction of
 17 Parliament. I could also see a police officer in
 18 a fluorescent jacket some 100–200 yards behind, shooing
 19 the group away. The security guard I was with began to
 20 bolt the doors. At that moment I thought that I would
 21 rather be outside so I exited the building and ended the
 22 [phone] call ...

23 "I made my way over to the police officer. I told
 24 him I was a doctor and asked if he needed any help. The
 25 police officer was telling people to get clear so his

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1 first reaction was to tell me to get away. Whilst
 2 I spoke with this officer two undercover police officers
 3 appeared at my side suddenly. I can only describe one
 4 of these officers as Afro–Caribbean, clean shaven with a
 5 shaved head. He was wearing a bomber jacket. The two
 6 undercover officers asked if I was a doctor and
 7 I produced my ID. The officers checked on their
 8 walkie–talkies whether a doctor was needed and they
 9 asked me to wait. The three of us then set off in the
 10 direction of Parliament. The two officers ran on the
 11 outside with me in the middle. I do not remember the
 12 route we took. It was on the path as lots of police
 13 vehicles were zipping through ... the road. The
 14 undercover officers kept on having to show their ID to
 15 other armed officers. The area was completely deserted
 16 apart from police officers. We ran for around 3
 17 minutes. Whilst running I was thinking about medical
 18 protocols. I have worked in an A&E setting before so
 19 I was running things through my head. At the same time
 20 it all seemed very surreal. I felt isolated. I was all
 21 on my own and had no medical equipment. I didn't know
 22 what I was running into. In preparation I tucked in my
 23 tie and rolled up my sleeves.

24 "When we arrived at Parliament we entered through
 25 the gates. I am not sure exactly what gates these were

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1 but I do not remember any pedestrian barriers or
 2 turnstiles. I ran through an open gate. I have marked
 3 the position I entered on the image, exhibit JCW/1."

4 And, sir, that's what we see on the map and we can
 5 see bottom left the point of entry is marked with an
 6 arrow going towards the gates.

7 THE CHIEF CORONER: Yes.

8 MR MOSS: "There were no paramedics or ambulances on scene,
 9 just lots of police officers. I could see two
 10 casualties on the floor. This area became the centre of
 11 my focus. I did not really know what was happening
 12 although there did seem to be concern amongst some of
 13 the police about what was going on around them. My
 14 intention was to triage the casualties.

15 "I made my way to one of the casualties who I now
 16 know to be the deceased police officer. I have marked
 17 his location on the exhibit and labelled it as officer.
 18 He was laying on the floor with his head closer to the
 19 Parliament buildings. I asked someone to tell me what
 20 was going on. A stocky brunette male wearing a blue
 21 shirt with grey trousers informed me that one of the
 22 males had been stabbed twice and the other guy had been
 23 shot twice. The male stated that this happened 5–6
 24 minutes ago. A few days later I discovered that the
 25 male I was speaking to was called Mike and [he] was

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1 ex-army. I could see that people were performing CPR.
 2 I could see seal dressings on a wound in the centre of
 3 his chest and one in the upper thorax region at the
 4 side. I cannot remember if this was on the right or
 5 left side. I asked what equipment was available. There
 6 were no fluids, drugs, lines or saturation monitors.
 7 The casualty was connected to oxygen, had a bag valve
 8 mask and the quality of CPR was good. I took a pulse
 9 from his left hand. I could not detect a pulse.
 10 I checked the oxygen which was on high flow. I was with
 11 the first casualty for about 3–4 minutes. I thought
 12 that it was important to carry on CPR until support
 13 arrived. I told the gentlemen performing CPR to swap
 14 and made sure they kept pressure on the wound.
 15 I thought the quality of the CPR being performed was
 16 excellent.
 17 "I then walked over to the second male. I have
 18 marked his position on [the] exhibit ... and labelled it
 19 as assailant."
 20 THE CHIEF CORONER: And I think, Mr Moss, we can just see
 21 the word "Assailant" --
 22 MR MOSS: Yes, bottom right.
 23 THE CHIEF CORONER: -- written on the road with the arrow
 24 pointing into the yard.
 25 MR MOSS: Yes, I'm not sure we quite see where the arrow

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1 ends up but the word "Assailant" I can see.
 2 THE CHIEF CORONER: Thank you.
 3 MR MOSS: "This casualty was around 45 years old,
 4 Afro-Caribbean and overweight. He had a scraggly beard
 5 and was wearing a dark t-shirt and jacket/hoodie. This
 6 casualty had very similar wounds to the first -- a wound
 7 to his chest and side. As I entered the
 8 Palace of Westminster I half clocked a knife near this
 9 male."
 10 Sir, that isn't actually referred to in the
 11 statement as being marked but I think we can see it
 12 marked, the word "knife" is on the right-hand side.
 13 "It was within touching distance of his left arm.
 14 It looked like the largest of a set of a five piece set
 15 of kitchen knives. It had a silver handled blade and in
 16 total in length it was the same as the length of A4
 17 piece of paper. I could also see a small piece of metal
 18 close to the male which I took to be a bullet shell.
 19 I remember kneeling down and thinking that there was a
 20 shell so at least we had an exit wound. I saw that this
 21 male was still in handcuffs. I asked for the handcuffs
 22 to be removed so the male could be put into a position
 23 for effective CPR and to get a line into him. The male
 24 was moved onto his side whilst one of the police
 25 officers removed the handcuffs. There was a pool of

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1 blood beneath the male. This casualty was attached to
 2 a defibrillator and had a bag valve mask but there was
 3 no oxygen. This male did not have a pulse. I ran back
 4 over to the officer casualty and from somewhere
 5 a cylinder of oxygen was found. I connected tubing to
 6 this and attached it to the male. I cranked it up to
 7 10 litres. I noticed how professional and calm the
 8 police were. This male was also received good quality
 9 CPR. Both victims during rhythm check were asystole.
 10 "It was thoroughly isolating trying to treat the
 11 males without equipment. Whilst I was triaging both
 12 casualties I could hear police officers talking about
 13 other assailants and an IED in the car but as there were
 14 so many police about I thought [it] would be safe and
 15 I was concentrating entirely on the casualties.
 16 "A short time later the paramedics arrived. I had
 17 a sense of relief when they arrived because I knew they
 18 would have equipment. I did not know any of the
 19 paramedics names but I came to know them later. The
 20 first paramedic to arrive was Steve. He was followed by
 21 Doug and Matt who were in the same ambulance. I have
 22 marked the position of their ambulance on the exhibit.
 23 We were able to get an airway adjunct into the
 24 assailant. This is a tube in the throat to get oxygen
 25 supply.

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1 "Within two minutes HEMS arrived. HEMS were
 2 phenomenal. To have three emergency doctors with
 3 experience and equipment was a relief. All of the HEMS
 4 doctors were called Tony. I explained to a male I now
 5 know as Tony Joy what the [system] was. By this time
 6 around 15 minutes had passed. The HEMS doctors took
 7 over with the officer casualty whilst the paramedics
 8 dealt with the assailant. Over the course of this time
 9 I was running between the two casualties. The HEMS
 10 doctors very quickly decided to perform a clamshell
 11 thoracotomy on the officer to get access to the heart.
 12 I think over the course of the procedure they tied off
 13 the right lung.
 14 "Whilst HEMS treated the officer I attempted to get
 15 a line into the assailant. The periphery of his
 16 circulatory system had shut down so it was very
 17 difficult. I tried a grey coloured (wide) cannula and
 18 a pink coloured (medium) cannula without success. Given
 19 the assailant had been in asystole for 20–25 minutes I
 20 was thinking that he was probably deceased. I did not
 21 feel comfortable with declaring him dead. It was
 22 a stressful situation and I decided that we should do
 23 everything we could. Whilst I was treating the
 24 assailant the HEMS doctors walked past. I could see
 25 that the officer had been covered with a blanket and had

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1 been called by the HEMS doctors, meaning he was
 2 deceased. The HEMS doctors told me that they were going
 3 to treat any other casualties. I was instructed to
 4 continue CPR and get the assailant to the hospital. As
 5 we loaded him into the ambulance, we managed to secure
 6 an IO line by drilling into his shin. The ambulance
 7 journey was very windy. Matt, Doug and I continued to
 8 perform CPR on the casualty. I assume Steve was
 9 driving. There were three police officers in the
 10 ambulance with us. They physically held us upright so
 11 we could stand and work on the assailant. Matt and
 12 I swapped between compressions and Doug checked the IO
 13 line.

14 "When we arrived at St Mary's Hospital we continued
 15 CPR as we unloaded the assailant. St Mary's had gone
 16 into mass incident protocol so they were completely
 17 ready. I explained to the consultant that we had been
 18 performing 52 minutes of CPR with no CO2 output, no
 19 tidal volume and asystole throughout. The consultant
 20 took two looks at the assailant and said he'd gone. By
 21 this time I was physically shattered."

22 Sir, I shall now read the report of
 23 Dr Barbara Cleaver, and we can take the exhibit off the
 24 screen.
 25

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1 DR BARBARA CLEAVER (Read)
 2 MR MOSS: "I, Dr Barbara Cleaver have been asked to
 3 [provide] a report for the Coroner regarding my
 4 involvement in the care of Khalid Masood.
 5 "I am currently employed as a substantive consultant
 6 in emergency medicine at Imperial College Healthcare NHS
 7 Trust."
 8 And the doctor goes on to give her qualifications,
 9 she says she has been a substantive consultant for four
 10 years:
 11 "As part of my regular duties I'm a trauma team
 12 leader at St Mary's Hospital ... London, W2 -- which is
 13 one of London's major trauma centres.
 14 "On 22 March 2017 at 15.35, I attended to a patient
 15 known to me as Victor Erase (a designated 'trauma name')
 16 ... who was subsequently identified as Khalid Masood
 17 [and the doctor gives his date of birth].
 18 "I remember the events of Wednesday 22 March 2017
 19 well and clearly remember attending to Mr Masood however
 20 I've also referred to the contemporaneous trauma notes
 21 in order to write this report.
 22 "Prior to Mr Masood arriving St Mary's Hospital has
 23 been placed on major incident 'stand-by' by the London
 24 Ambulance Service. A major incident had not yet been
 25 declared for the hospital.

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1 "We received a call in the emergency department ...
 2 at 15.25 to pre-alert us that a patient was arriving in
 3 ten minutes who was in cardiac arrest and had gunshot
 4 wounds to the chest. As the designated TTI instigated
 5 a Code Red Trauma Call, which mandates the immediate
 6 presence of a code red consultant surgeon, a full trauma
 7 team and blood products. The trauma team quickly
 8 assembled and we made preparations to receive the
 9 patient. Our preparations included briefing all team
 10 members of their roles in the team, setting up for
 11 a massive blood transfusion and opening a thoracotomy
 12 surgical set.

13 "Mr Masood arrived at 15.35 with a London Ambulance
 14 Service crew and a doctor (who had been present at the
 15 scene). The LAS crew told the trauma team that
 16 Mr Masood had been shot in the chest at the scene and
 17 that he had been in cardiac arrest for fifty minutes.
 18 Cardio-pulmonary resuscitation had been commenced and
 19 was ongoing but there had not been any return of
 20 spontaneous circulation for at least fifty minutes.

21 "After transferring Mr Masood to our trolley in the
 22 resuscitation room the team first confirmed cardiac
 23 arrest. There was no spontaneous breathing and no
 24 palpable central pulse. We performed an immediate
 25 echocardiogram to look for cardiac motion and found the

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1 heart to be in asystole. Two penetrating wounds were
 2 noted, one over the centre of the sternum and the other
 3 on the right lateral chest wall, both wounds were
 4 consistent with gunshot entry wounds. As the patient
 5 was in cardiac arrest and had not had any cardiac output
 6 for at least fifty minutes, a decision was taken by me
 7 and the code red consultant surgeon, Mr Morgan McMonagle
 8 to stop resuscitation.

9 "Mr Masood was pronounced dead at 15.37 on 22 March
 10 2017 by me, his body was moved to a secure area in the
 11 [emergency department] and he remained with an armed
 12 police guard at all times.

13 "In summary, Mr Masood was brought to the emergency
 14 department at St Mary's Hospital on 22 March 2017 by the
 15 London Ambulance Service after having been found
 16 unresponsive in the grounds of the
 17 Palace of Westminster. He had gunshot wounds to his
 18 chest and no cardiac output. He was declared dead on
 19 arrival at St Mary's Hospital Emergency Department."

20 And Dr Cleaver writes she believes the facts
 21 included in this report are true.

22 THE CHIEF CORONER: Thank you very much, Mr Moss.

23 MR HOUGH: Sir, that's all the evidence we have for today.

24 THE CHIEF CORONER: Yes.

25 MR HOUGH: There will be one substantive witness tomorrow,

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1 which will be DCI Brown from the SO15 investigation
2 team, to give a summary of Khalid Masood's life and
3 background, and also to give some evidence about his
4 planning and preparations for the attack.
5 THE CHIEF CORONER: Yes.
6 MR HOUGH: There will then be very brief evidence from
7 Detective Superintendent Crossley, just to confirm
8 Khalid Masood's personal details for the purposes of the
9 record of Inquest.
10 THE CHIEF CORONER: Yes.
11 MR HOUGH: And I would imagine that all that evidence will
12 conclude comfortably within the morning.
13 THE CHIEF CORONER: Yes.
14 MR HOUGH: And I understand that it would then be your
15 intention to sum up the case to the jury on Friday
16 morning.
17 THE CHIEF CORONER: That would be my plan. So, members of
18 the jury, Mr Hough has set out what's left, simply so
19 you know that we are ahead of time and so the evidence
20 will conclude during the course of tomorrow and then on
21 Friday morning I will summarise the evidence you have
22 heard, and that is when it's likely that I will then
23 invite you to retire and consider your deliberations in
24 this Inquest. So that's just to set the scene for you.
25 Mr Hough, in terms of start time tomorrow, I was

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1 going to suggest we start at 10 o'clock tomorrow
2 morning, as we have so far, and we will see how long the
3 evidence takes. Certainly it may well be that we finish
4 either earlier than a full day or we may even finish in
5 the morning, but we will just see how we do in terms of
6 questions that are posed.

7 MR HOUGH: Yes.
8 THE CHIEF CORONER: So, members of the jury, thank you very
9 much for your attendance today. We will meet you again
10 tomorrow morning, please, at 10 o'clock. Thank you.

11 I will rise.

12 (3.29 pm)

13 (The court adjourned until 10.00 am on
14 Thursday, 11 October 2018)

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