

I am Police Constable Alan Smith. I have currently served 17 years with Police Scotland and am based at Kirkcaldy Police Office, Fife. My date of birth is [REDACTED] 1976. I refer to the questions posed within the Rule 8 Notice and would respond as follows:-

1. While within Kirkcaldy Police Station I was made aware by PC Good that there was an ongoing incident involving a male person with a knife. I am not sure why but I had not been aware of the initial transmission.

2. I was the driver of a marked Ford transit police van. I turned left out of the gate at Kirkcaldy Police Station and drove along to the junction with Dunnikier Road, turned left onto Dunnikier Road and continued until the T-type Junction with Hayfield Road, left at this junction and along Hayfield Road to the scene of the incident.

3. While on route it was only possible to carry out the most general of risk assessments. This was due to the limited nature of the information and intelligence available. In addition to this it was necessary to plan a route into the area to effectively cover the two different locations passed, as well as monitor and effectively use the radio to obtain more accurate information. In addition to this the vast majority of my attention was focused on driving safely this was particularly relevant during the later stages of the journey

The initial risk assessment was focused on the risk posed by a subject with a knife, combined with the fact that they were carrying the knife openly in public for no obvious reason, criminal or otherwise. Other considerations were things such as the fact the subject was in the open, that given the hour there would be few members of the public out and about this reducing slightly the very significant risk to the public. The risk to the subject himself was considered, due to the potential he had the knife in order to self-harm and given the lack of better information this risk was also very high. The risk

to police officers having to attend was also very high, again given the presence of the knife and the absence of any specialist support in the short or medium terms

Following the emergency transmissions and messages about an injured officer it was clear that the risk to the public and the subject had increased and the risk to officers had increased significantly. With a high probability that the officers at locus were at imminent risk of serious injury or death.

From this I decided that there was an urgent need to attend at locus as quickly as it was safely practical to do. I was content to sacrifice some of the safety that would have been afforded by approaching more slowly and carrying out observations - by moving as quickly as I could by vehicle and then on foot to assist the officers already present.

4. Training relating to assessing risk is incorporated in OST refresher training which I have received and delivered numerous times. Particularly with reference to covering the National Decision Model.

I have also received additional training as both an Authorised Firearms Officer and a Public Order Officer.

5. On my arrival at Hayfield Road the only person I saw was PC Short who appeared to be injured and in distress. The other officers and the subject were not visible to me. My risk assessment remained the same, namely that the officers at the scene were at potential at imminent risk of serious injury or death. The risk to the subject and the public was also very serious.

On tracing the other officers who were in the process of trying to restrain Mr Bayoh on the ground my assessment changed slightly. In that the risk to the officers was still very significant - there was an unaccounted for knife, the officers present were not as yet successful in restraining the subject, and it was a reasonable inference from the radio messages and what I could see that there had been a violent confrontation with the subject. The risk to the public and to the subject was now much lower but with the potential for this to escalate if restraint was not successful.

6. I have read the relevant transcript

At the time of providing my statement to the Pirc investigators I was fully aware that this radio traffic would have been recorded and would have been closely reviewed in relation to this enquiry.

7. Supporting my recollection and as per the transcript of the calls. There was no message that an ARV had been deployed, but simply a message from a controller that one was being organised. This is not the same thing. If an ARV has been deployed to an incident it would be normal practice that a clear and concise message would be passed detailing how many ARVs, from where, and for what purpose (e.g. a tactical relocation). No such message was ever passed and I am unaware of ever seeing anything indicating that an ARV was ever on route to the incident. Other than another vague message from the ACR inspector that he was monitoring from an ARV point of view I am not aware of any other mention of ARVs in relation to the call. Unlike the deployed dog handler who spoke on the channel several times. Also there was no message indicating that a deployed ARV had been stood down – although such a message may have been redundant, it would still be common practice for this to be passed.

I would also point out the message from the control room was not a definite confirmation of the deployment of a dog. In such a dynamic and high risk situation it is important that such radio messages, especially from a command and control perspective are clear and definitive and leave as little room for error in interpretation as possible. It was not until well after the emergency activations and restraint of Mr Bayoh was there a clear and unambiguous message that a dog was on route and crucially where they were coming from. When such messages are not clear and unambiguous then there is potential for inaccurate information and intelligence relating to their deployment or otherwise being factored into decision making, around use of force by officers on the ground.

The above notwithstanding, radio messages indicating anything other than a dog or ARV being on route from within the Kirkcaldy area had effectively no impact on my risk assessment for the immediate future. The likelihood was that given the number of calls coming in that the subject would be traced very quickly. This would then either result in a very speedy development and possible resolution of the situation in which the dog or ARV would play no part unless very close by, or some sort of standoff or cordon situation where there would be more leeway allowing to specialist units to arrive. This would all be very dependent on the actions of the subject when traced.

The knowledge of deployment of specialist units would be likely to play a part in any future decision making if the incident became more protracted rather than effecting a short term risk assessment.

8. On reviewing the transcript it is clear my recollection of the exact message passed was not exactly accurate, although this made no difference to my decision making. As covered above there was no confirmation that an ARV or dog had been deployed, Both the messages as exactly passed or as I later recollected them would have led me to the same conclusion that there would be no immediate or short term support

from specialist resources. As covered above unless the specialist units were imminently arriving there was no effect on my immediate risk assessment.

.The fact that the Dog unit was coming from Edinburgh was not passed until a few minutes later than I recollected. Any inconsistencies are a result of me taking in a huge amount of information over a short period of time, from various sources and relation to various risks while also being put under a significant amount of physical, mental and emotional stress.

9. None, the dog was stood down as a result of changing circumstances that I was aware of, removing the need for its deployment. I was never definitely informed of the deployment of an AVR or of one being stood down.

10. On my arrival at locus I could not see Mr Bayoh, just PC Short. As such my risk assessment had not changed. Race played no part.

11. Nothing that I can recall. As per answers above, as well as the primary focus of trying to drive safely and at speed, I was also listening to the radio, assessing risk and making decisions in respect of route.

12. I was focussed on the operational issues at hand, as well as driving.

13. To no extent.

14. Stopped my vehicle and intercepted PC Short, and very briefly interacted with her (see points 21 -24)

15. There was at least one police vehicle stopped in the road and I saw PC Short moving across the road in front of my vehicle (fully detailed in points 21 -24)

16. I attend incidents where there is information or intelligence that a persons has a knife (or other sharp or pointed article, e.g. a syringe, broken glass or tool of some sort). Or the circumstances give reasonable rise to a concern that a person may have a knife. On almost a daily basis and this has been the case most working days for the past 17 years. As an example the last incident I dealt with on the afternoon of 2nd May 2015 involved myself and PC Good having to restrain a person with a knife attempting to harm themselves. This was about 14 hours before the incident discussed here and dealing with two knife incidents in such a short time frame is far from an unusual occurrence.

17. Yes, at that point I had no concerns of my training.

18. At this point the only equipment I had used was my radio and my vehicle. To gather information about the incident and to travel quickly and safely to locus. I do not feel that there were any issues with my use of either of these. As the incident progressed several more pieces of equipment were used, but other questions better cover their use and are answered in the relevant sections below.

19. No difference.

20. I was driving North on Dunnikier Road when I became aware of 2 emergency button activations in close succession.....

21 PC Short was in the roadway on Hayfield Road. There were already vehicles parked in the road and she was to the east of them. She was staggering across the roadway and appeared to be clutching her right side. On seeing her I stopped and exited my vehicle and approached her. She was staggering and it appeared to me that her legs were about to go from under her, She seemed upset as well as confused.

22. I assisted PC Short for a very brief time. My main concern is that the injury to her had been as a result of a knife. A very quick check showed no serious external bleeding and nothing else giving a requirement for immediate first aid. I left her with PC Good.

23. I was only with PC Short for a few seconds. She indicated where the other officers were and that she had been hit to the head, I cannot recall the exact wording she used or if she said anything else to me, but I was only with her for a few seconds.

24. I do not recall passing any update about PC Short at this time. I did pass a general update a short time later saying that no person appeared to be seriously injured.

25. My Bayoh was on the ground lying generally on his left hand side at right angles to the road with his head closest to the houses. PCs Paton, Tomlinson and Walker were at his back and seemed to be struggling to get full control of him.

26. He was struggling with the officers who appeared to be having difficulty successfully restraining him. He was conscious and appeared alert and was trying to pull himself away from the other officers and get into a position where he could get to his feet.

27. It became apparent that the officers were struggling to fully control the subject. He was struggling with them and they were trying to bring his arms under control. My concern at this time was the knife did not seem to be accounted for and it could be concealed on or by his person. I moved to his front / right hand side and knelt on the ground in front of him and initially tried to get control of his hands. He remained in generally the same position as described above.

28. The general circumstances of the restrain were that on my arrival he was on the ground generally on his left hand side with the officers at his back. PCs Paton and Walker trying to get control of his arms. PC Tomlinson was trying to control his legs. It seemed that the officers were not being successful in this, he was managing to free his arms and was trying to push himself up, he was not as yet successful as the other officers kept managing to stop him but it looked to me that there was a significant risk that he would break free of their control. I considered the option of officers disengaging from him and using irritant spray, but this was quickly precluded when PC walker informed me that both PAVA and CS had been used unsuccessfully.

It seemed to me that the main priority was to gain control of his arms as the knife was not accounted for and was still the main risk factor and the only way to do this was to move in front of him and try to physically get control of his hands. I moved onto the ground in front of him, at this point I was very aware that I was at significant risk should he still have access to a knife. Myself and the other officers managed to get control of his hands and against significant resistance by him managed to move the hands

into a handcuffing position. The application of handcuffs and fastrops is covered in more detail below.

His position during this did not deviate greatly. At times he moved closer to the prone position and at times he was fully on his side. This was a result of him moving in an effort to free himself. The other officers were at times having to exert some direct downward force onto his body with theirs as he was in danger of managing to free himself. I do not think he was ever close to the prone position for more than a few seconds. Any such movement was a direct result of his resistance.

Once that handcuffs were applied it was almost impossible to him to be placed in the prone position on his front.

29. My initial position was kneeling to his front / right hand side adjacent to his upper body. Once handcuffs had been applied I moved down to his lower legs/ feet in order to apply Fastraps. Once the fastraps were applied I can recall moving away slightly and standing up at one point.

30. Initially when I was to his front and applying handcuffs I applied no weight directly onto him. Any force used was taking hold of his arms and using the strength of my arms against the strength of his to move his wrists into a position where handcuffs could be applied. When applying fastraps I applied weight to his lower legs, ankles and feet. This was not constant as it was necessary to move the legs to some extent to apply the straps. As soon as the Fastraps were applied I ceased any restraint.

31. Yes, palm to palm to the front.

32. Yes I used Fastraps and rigid handcuffs. As above the handcuffs were fixed around the subjects wrists in a palm to palm to the front position. Fastraps were applied to the legs, one at the ankle and one above the knee.

33. He resisted the restraint throughout. Pulling and struggling with his arms, to the extent that it initially it appeared to me that he would break free of the limited control of the other officers. While I was applying Fastraps he tried to move his legs as the straps were applied bending his legs at the knee. I do not recall him saying anything.

34. Not that I can recall.

35. No

36. Initially PCs Tomlinson, Paton and Walker were to the rear of the subject. PC McDonough joined a short time later and assisted in the application of fastraps.

37 PCs Tomlinson, Paton and Walker were trying to restrain him to the ground, PCs Paton and Walker assisted in the application of handcuffs, in that between us we moved his hands into a position where the cuffs could be applied. PCs Tomlinson and McDonough assist myself in the control of the subject's legs and the application of the straps.

38. I had no concerns about any of the techniques of the level of force used by any of the other officer .Not every OST situation is solved by the used of an exact technique

and in some case such as the non-compliant handcuffing in this case simply use of restraint by taking hold of the subject and use of strength to move his arms into the required position is necessary. While not falling exactly within any specific technique this does fall well within an acceptable use of force. Although as I was also directly involved I was not focussed on observing the other officers so cannot comment with absolute certainty about everything they did while I was there.

39 Normal OST training covers the use and application of handcuff and fatraps and was taught and practiced during their annual refresher as well as during officers initial OST training.

When dealing with compliant handcuffing the method used in this case (palm to palm to the front) is not taught as a recognised technique, and in fact is strongly discouraged for compliant handcuffing. The handcuffing in this case was however not compliant, there was a great deal of resistance and several other risks factors. The cuffs were secured as soon as they were in a position where they could be. In my view this was entirely appropriate and such situations are talked about during OST training.

40 As covered above.

41 As covered above.

42 The training at this time was limited to one short piece of text that briefly discussed the matter and stated it should be treated as a medical emergency. There was no in depth description of the matter and not visual aids or video footage just a short list of possible symptoms. There was no further training about different positions of restrain

etc. Although I think in any case the position he was in which is close to being in the recovery position would be suitable.

I can only speak for what I observed from when I arrived and I had not started to form any opinion about the issue of excited delirium until the subject had been fully restrained with handcuffs and fastrops and was being held on his side. However I did not have any concerns about the form of restraint in any case.

I learned about the use of PAVA and CS very shortly after arriving at locus as I had drawn my CS as a contingency and was advised that both agents had not been effective. This in itself is not an absolute indicator of excited delirium and during OST training there are a number of different reasons highlighted for why these agents might fail. It should however be a factor in further decision making around excited delirium. As I had only just arrived I was not aware of any other behaviour exhibited by the subject. Furthermore the absolute priority at this time was to gain control of the subject. His hands were still free and as far as I was aware the knife was still not accounted for and this was the sole focus of my attention.

This was a hugely stressful, physically demanding and very fast moving situation where risk at all levels was constantly being re-assessed and I was processing a huge amount of information. It was only once the restraint had successfully been applied and I was able to stand up and try and re-assess the situation. I was also aware of other officers and supervisors who had not been directly involved in the physically demanding restraint and were beginning to arrive at locus. There was now the opportunity to slow down the decision making process slightly as opposed to what were effectively snap decision's during the restraint process.

I considered a number of matters quickly, including a small injury to my hand and looking around and assenting who else was at locus and whether there were any other issues or risks close by or any casualties. The subject was restrained on his side and the risk posed by him was significantly reduced at this time. Due to the presence of supervisors at locus it is likely that any decision moving forward, other than relating to an imminent risk, would be the result of some form of consultation with them.

I then began to consider the subject and was considering the issue of excited delirium, thus far he had shown considerable strength and that irritant spray was not effective although up to this point he has shown no signs of ill health. I was still unaware of any earlier behaviour. As stated above the training at this time was fairly limited and I had never been exposed to excited delirium operationally and as such I did not immediately come to any conclusion. This thought process still only lasted a few seconds and prompted me to have a closer examination of the subject. At this point he appeared to me to be unconscious. An ambulance was contacted immediately.

43 He was lying on his left hand side with his handcuffed hands to the front, other officers had hands on him I am not sure of the level of force being used but I do not recall having any concerns about it. I do not think I was in physical contact with him but was very close. Once I established he was breathing I closely monitored him. I was not restraining him at this time. At this point PC Tomlinson made me aware he had struck the subject to the head with a baton. I checked his head for signs of any serious injury but could not find any.

44 A few minutes later it appeared to me he had stopped breathing. I had been continually monitoring him during this period and nothing else of note had happened. He was still in the same position, on his side, and while I was watching it appeared his chest had stopped moving, prompting me to voice my concern and look closer.

45. My recollection is that the other officers were kneeling and standing close to Mr Bayoh. I do not recall any real level of restraint although there may have been hands on him there was no physical force being used. I was closely monitoring him there was no real requirement for any direct assistance in this. This said, my main focus was Mr Bayoh and I was not really aware of what the other officers were doing. As I became concerned that breathing had stopped and was going forward check I heard another officer, I believe it was DS Davidson also voice a concern that he had stopped breathing, and as such I assume she was observing him closely in a similar manner to myself.

46. As soon as it was clear he was not breathing I initiated normal CPR procedures. I said to PC Walker to start chest compressions as I prepared a face shield for the purpose of giving rescue breaths. PC Walker started chest compressions. I attempted, with the assistance of PC Paton, to carry out breaths however due to difficulties experienced (see below) this was stopped and compressions only CPR was carried out. At this point I moved away for a short period. My recollection is that by the time I returned ambulance staff were in attendance.

47. Other than the difficulties with breaths as described below everything else seemed consistent with training.

48. There were difficulties in administering breaths to my Bayoh. It was initially very difficult to fit the valve into his mouth and once this was done the breaths did not appear to be going in. PC Walker carried out further chest compressions while I tried to ensure the airway was not obstructed and re-fitted the mask. I tried further breaths but these too seemed not to be working. Air seemed to be escaping around the side of the mask and the chest was not rising. I made several other similar attempts with the same result. It seemed to me that the breaths were not being effective and were

preventing chest compressions from being carried out. As such I made the decision that we would continue to carry out chest compressions only.

This seemed like a reasonable course of action, compression only CPR is a technique used when due to other risk factors it is unsafe to administer breaths, the subject had been breathing until a few seconds before CPR was commenced and I was aware an ambulance was on route and had been updated as to the circumstances.

While expediting these difficulties the mask had become heavily contaminated with fluid and mucus from the subjects mouth and nose and a quantity of this had entered my mouth. I left the other officers dealing with the casualty and moved away to address this issue, I was doing this for a few minutes and when I returned the ambulance had arrived.

49. In general the SPELS training that I had been given, reinforced with repeated practice while delivering training and previous operational experience was sufficient for this situation.

In relation to the issues with the rescue breaths I am unsure if a simple and easily taught solution to this issue exists. If it does and it could easily have been incorporated into training then obviously that would have helped greatly in this situation.

50. I was focussed on the matter at hand.

51 He was unconscious and not breathing.

52 Initially when he appeared to be unconscious it was myself. When he stopped breathing I think PS Maxwell passed that update.

53 I would estimate 10 -15 minutes but I am not too sure.

54 I did not see them arrive, they initially started some form of more advanced care for the subject, PC Walker was still carrying out chest compressions while they did this. I took over chest compressions from PC Walker and then the ambulance crew produced a wheeled stretcher and put him on it and then into the ambulance.

55 I got into the driver's seat of the ambulance, prior to leaving I realised I still had keys for vehicles at locus in my possession so I gave them to DS Davidson. I then drove onto Hendry Road, then Adamson Avenue, Lauder Road and into the grounds of the Victoria Hospital and to the ambulance doors at Accident and Emergency. I cannot recall any conversation with the crew and I think the driver's area is separate from the main body of the vehicle.

56. Although once he stopped breathing there was no real risk from the subject, once this had happened the single issue at hand was to provide emergency first aid. If there had been any indication at all that the handcuffs were hampering this then they would have been removed. This was not the case and as such were not part of my thought process given that I was solely focussed on trying to provide effective CPR.

57. The person marked as PC Smith in the relevant photograph is me.

58. No

59. I was driven back by PC Gibson from the hospital, we did not discuss the incident.

60. I was shocked and felt completely drained mentally and physically. I remained in this state for the rest of the day.

61 / 62 / 63 I went straight to the canteen and sat at a table. The other non CID officers who had been at locus were there. PI Robson was either there or came in a very short time later.

64. For the rest of the day, until the evening.

65. I was advised that it should not be spoken about to anyone by PI Robson, then various senior officers as they came and went from the canteen during the day.

66. No. There was discussion in relation to the situation which was now taking place as a result of the incident, including a great deal of speculation as to what would happen next and relation to the potential for suspension and similar matters. I do not recall being involved in or observing and discussion in which the events themselves were gone over.

67 Not applicable.

68 I can recall no such discussion and am only in a position to speak to my own recollection of anything.

69 Not that I can recall.

70 Not applicable.

71 No

72 Nothing.

73. Black trousers, black t shirt, black boots, stab proof vest and high visibility vest cover.

74 I remained wearing my uniform, and my vest and cover containing my other PPE was I think placed on the floor in the canteen. This remained the case for several hours until my equipment was recovered from me in a separate room. (as per points 75 and 76) I brought items of PPE and a radio that I recovered from the hospital and the locus, I asked CI Trickett and Inspector Coombe what I should do with them. I stated that I thought I should retain them until they were seized, however I was instructed to

leave them on the table in the canteen for the officers who were issued them to recover.

75. Initially nothing, several hours later all of the items described in point 73 as well as my baton, CS Spray, Handcuffs and radio were taken possession of by CID officers.

76. Two male officers who I think were part of a major investigation team. I do not know their names.

77 / 78 / 79. I cannot recall any formal briefing by any person as to my status or exactly how the enquiry would progress and exactly what obligations were on me at that time. There were several senior officers coming through the canteen during the course of the day, some of whom I recognised and some of whom I did not. There were continual messages of support and reminders not to discuss the details of the matter. I remember some assurance that we were not suspects although I cannot recall who gave this and I cannot recall specifically being told I was a purely witness. These visits blurred into one and I cannot recall who if anyone was giving direct information about the enquiry and who was simply offering support. It seemed to me that all the senior officers seemed unwilling to commit themselves to anything firm in respect of any matter, and the general message was that things would become clearer over the next few days. My impression was that any communication around this was being done in an effort to allay worry about being treated as a formal suspect rather than to provide clarification for the purpose of allowing further investigation into the matter, having made the subjects fully aware of their status.

In hindsight I believe the situation would have been greatly assisted by a clear and unambiguous confirmation of the status of the subject officers, along with clear guidance as to what obligations they have and as well as what rights and protections.

This was not done. There was no discussion about the difference between being a suspect and a witness in these circumstances – although clearly police officers should and do have some understanding of this - given the extremely unusual, stressful and worrying situation as well as the extreme levels of physical and mental fatigue the status along with its attendant rights and obligations should have been clearly spelled out.

In respect of the question of status but not directly replying to any question I would also like to highlight the following issue. The general circumstance of the way in which we were dealt with following the incident did not give rise to any confidence that I was being viewed purely as a witness in this matter. Primarily that other officers with an almost identical involvement to some of those segregated in that canteen were already being treated in a different manner from us. I refer in particular to DS Davidson and to a lesser extent DC Connell. Both officers had been at locus while some degree of restraint had been applied. DS Davidson had been immediately next to me while the subject was starting to give concern medically and had been extremely active on the radio throughout the incident. And as far as I could tell had been at locus and acting as a supervisor not just in an investigative capacity but in a general policing capacity. When senior officers began speaking with us they were at great pains to confirm that they knew no details of what happened and in fact did not want to know and were content for the appropriate investigation to take place before drawing any conclusions. It was therefore surprising that in what were effectively the first minutes of a massive investigation it had been determined that the CID officers who were present (and one would assume under the same constraints not to discuss the matter in any way) were not required to undergo the same scrutiny as the uniformed officers.

As such I was in a position where my freedom of movement was being curtailed, I was subject to a medical examination and stripped of my clothes while they were seized as evidence. However other officers from the same incident were for no obvious reason effectively allowed to return to their office, their freedom of movement was not restricted and they were not observed for the rest of the day to make sure they didn't

talk to each other. This certainly engendered in me a concern that we were absolutely being treated with a great deal more suspicion than other officers, and that if we were just witnesses then, whether formally recorded or not, different categories of witness seemed to exist. As such and combined with my mental and physical exhaustion and the PIM process which did nothing but lower my confidence in the competence of any investigation, I was content to await independent legal advice about the matter before I made any other decisions.

80 There were several senior officers through the canteen area during the day. The only specific instruction I can recall was from PI Robson shortly after my arrival that the matter was not to be discussed. I recall similar instructions from other senior officers whose identities I am no longer sure of and from Amanda Givan. I cannot recall any instructions over the submission or otherwise of any paperwork or the provision of statements.

81. No.

82 / 83 / 84 / 85 In normal circumstances notebook entries would be made following any incident of note – this is standard procedure although I am unsure of the exact regulation requiring this. It is part of the standard operating procedures relating to use of force that for each incident where force is used above compliant handcuffing or taking hold of a subject's arm, one use of force form should be submitted per incident prior to terminating duty. Where an officer discharges their PAVA / CS spray a discharge form should be submitted prior to terminating duty, I believe this is a legal obligation.

Operational statements are normally submitted at the request of a supervisory officer or the officer leading an investigation. In my experience these are always requested

for officers who play any part in a more serious incident. It is not normal procedure to prepare such a statement as a matter of course for every incident attended.

I did not discharge PAVA or CS and was specifically told no statement was sought at this time.

I was not clear what my obligations were in this case in respect of notebooks or use of force forms. .

I was aware that a post incident management process (PIM) was being instigated and that a post incident manager (CI Trickett) was in place in the canteen, assisted by PI Coombe, for the majority of the day.

I have not taken part in such a process before, I have however been an Authorised Firearms Officer (AFO) and my understanding is that the PIM process, at this time, was designed principally to be used in incidents where AFOs have used lethal force. I underwent training in the format of the PIM process and had instruction as to how one would be carried out. Although I have never observed on being carried out either in training or operationally. My understanding of a PIM is broadly as follows – it is a process by which officer involved in such a situation can be separated and thereafter the requirements for the welfare of the officers is balanced with the need to secure evidence in a timely and professional manner. There are provisions for forensically securing clothing and PPE, the provision of suitable advice in a clear and concise manner, the opportunity and facilities for officers to prepare notes and complete and relevant paperwork, any medical examinations required and the provision of food and welfare care.

I believed that this process followed a well organised and rehearsed model to systematically address all the evidential and welfare issues, and insure officers who may be in a distressed or confused state are fully informed of what is required of them

While there are some obvious differences to a firearms incident it did seem to me that this was a sensible move and that the process could be simply adapted for use in this situation. It was reassuring that we would be part of a managed process in which we would be kept advised of our obligations and requirements, given the opportunity to carry out any important tasks and I believed informed what was required of us in respect of the making records. In essence we put ourselves in the hands of the PIM process for the rest of the day in the expectation that we would be steered in the right direction in respect of anything we were required to do. This included the preparation of notes.

However in reality the process adopted have very little similarity to what I understood a PIM process to be.

There was no guidance about the preparation of officers' notes, the gathering of evidence and productions and the issuing of advice and instructions appeared to be done on an ad hoc basis. We were effectively made to wait in the canteen, to be visited on occasion by various senior officers who appeared keen to provide reassurance without committing themselves to any firm course of action or piece of advice. The process seemed to follow no firm plan.

Although in a normal situation I would be pro-active in the preparation of notes and the completion of paperwork. This situation was far from normal, mentally I was completely stunned and exhausted, I was physically tired and was given the circumstances not re-assured by the advice given from senior officers about whether

or not I was a suspect. I was I believed following a well manged PIM process where instructions as to what to do next would be provided in respect of completing paperwork. No such instructions were received..

In addition to this there are several smaller factors that lead me to believe that those supervising us on that day did not consider the completion of PAVA / CS or Use of Force forms to be relevant, or they had not considered them at all. Firstly these are electronic forms and we were confined in a room without computers. No mention was ever made about making computers available on order to complete these forms.

Secondly a use of force form is not the requirement of every individual officer, but is one per incident. It is effectively a collaborative effort to complete in most cases and certainly would have been in this case. Given the strict instructions not to discuss the matter I do not see how such a form could have been completed. Furthermore I think that this would have occurred to any senior officer on the day who had a serious interest in the completion of any such from and had given it any degree of thought it was never mentioned.

86 I cannot recall saying anything about this.

87. I cannot recall her saying anything about this.

88. Not prior to speaking with my initial legal adviser, Professor Watson.

89. Yes, I cannot recall who the female doctor was.

90. I cannot recall if my height and weight was recorded by the FME or provided by myself.

91. Yes.

92 I do not recall explaining anything.

93 Minor cuts and scrapes to hands and knees.

94 No.

I believe the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the inquiry and be published on the Inquiry's website.

Notwithstanding my answers above to the questions in the Rule 8 Notice I reserve my right to invoke my privilege against self incrimination in respect of any further requests for statements or the provision of oral evidence during the Inquiry Hearing due to commence on 10 May 2022,



13/04/2012

Signed:

Date: