WITNESS STATEMENT

Agency Ref:	S081A
PF Ref :	
Agency Ref:	
PF Ref :	
Surname : PICKERIN	NG Other or previous surname :
Forenames : Gillian	DoB: //1982 Age: 33
Occupation : Registra	ar Doctor Other Occupation :
Police Station :	Years Service :
Disclosable address	:
Post Code:	
This statement was t	aken :

WITNESS STATEMENT

Date and time: 15th of June 2015.

By: DSI EDWARD MILES

Place: Within Victoria Hospital, Kirkcaldy

In the presence of: LYNN UNGI

I have/the witness signed/refused to sign this and all other pages

It was/not read over to the witness and was/not recorded on Audio tape and/or Video tape

States:

My name is Gillian Pickering and I am a Doctor Registrar ST5. I am a Speciality Trainee in Emergency Medicine. I have previously given a statement to officers/investigators from the PIRC regarding the resuscitation efforts by a team of medical and nursing staff on Sunday 3rd May 2015 when a male patient I now know to be Sheku Bayoh was brought into the A & E Dept.

In a statement earlier provided by me I mentioned that when the male had been brought into the Dept on an ambulance trolley there were police present. The male was lying on his back and was handcuffed. He did have a large chest and his arms were positioned lower on his stomach. This would not have impeded in any way attempts to perform CPR as this requires work on the sternum. The officers who performed CPR whilst trying to revive him on the pavement could not have known any different and as he was not breathing and was in fact in respiratory arrest upon

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arrival at the hospital. This would not have put the patient into cardiac arrest. He would have went into cardiac arrest in any case.

The fact that the patient was in leg restraints would have not interfered with his treatment. The only reason I wished the handcuffs and restraints removed was to be able to fully examine and gain access intravenously.

able to fully examine and gain acc	cess intravenously.
This is a true and accurate accou	nt.
Signed :	(Witness)

WITNESS STATEMENT

CONFIDENTIAL MATERIAL - NOT TO BE DISCLOSED

Surname : PICKERING	Forenames: Gillian
Alias/known as :	
Place of birth :	Age: over 18
	Telephone :
Home address :	
Post code :	
	Telephone :
Business address : Victori	a Hospital
Hayfield Road	
Kirkcaldy	
Post Code: KY2 5BD	
Mobile :	
Email :	
Fax/Pager :	
Other:	
Dates when unavailable in	next 12 months :

OFFICIAL – SENSITIVE WITNESS STATEMENT

Other Confidential Material: