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Production Book Ref. No. \_\_\_\_\_

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Forensic Lab Ref No. \_\_\_\_\_

Investigator I/C Case \_\_\_\_\_

Officer(s) Seizing \_\_\_\_\_

CASE OF

DEATH OF  
SHEKU BAYOH

Owner

PBW LAW

Address

18 WOODSIDE PLACE

GLASGOW

Tel No. \_\_\_\_\_

Signature \_\_\_\_\_

Case Against/Incident

DEATH OF

SHEKU BAYOH.

Description of Article

ORIGINAL

MEDICAL REPORT ON

NICOLE SHOOT INJURED 21 MAY 2015

Where Found

PBW LAW 18

WOODSIDE PLACE GLASGOW

At

1110

on

9-7-2015

COURT PRODUCTION NO.

PIRC

Signature(s) or person(s) identifying article

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Print Name

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2	E MILES
3	JAMES BOYD MC
4	ALISTAIR DUNN
5	I.W.R. ANDERSON

Print Name

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# MEDICAL REPORT

on

NICOLE SHORT

D.O.B. [REDACTED] 86

Prepared on: 21 May 2015

Prepared by: Mr I W R Anderson, FRCS FRCP FCEM

For: PBW Law  
18 Woodside Place  
Glasgow  
G2 7QF

Ref: [REDACTED]

I, Mr Ian W R Anderson, am a Registered Medical Practitioner and have been in clinical practice since 1976. I have been a Consultant in Accident & Emergency since 1984. I am:-

- Consultant in Accident & Emergency Medicine for 27 years until August 2011.
- Fellow of the College of Emergency Medicine.
- Fellow of the Royal College of Physicians and Surgeons of Glasgow.
- Fellow of the Royal College of Surgeons of Edinburgh
- Fellow of the Royal College of Surgeons of England.
- Fellow of the Royal College of Physicians of London.
- Fellow of the Royal College of Physicians of Edinburgh.
- Honorary Fellow of the American College of Physicians
- Past Honorary Clinical Senior Lecturer, University of Glasgow.
- Past President of the United Kingdom Faculty of Accident & Emergency Medicine, now Royal College of Emergency Medicine.
- Past President of the Royal College of Physicians and Surgeons of Glasgow.

Acting on the instruction of PBW Law, Solicitors, I reviewed medical records on Nicole Short (d.o.b. [REDACTED] 86), obtained by her Solicitor with her permission.

## HISTORY

Nicole Short was a 29 year old Police Officer who was assaulted whilst on duty on the morning of 3 May 2015.

She and colleagues had been called to an incident where an adult male had allegedly been behaving in a threatening manner and had allegedly been brandishing a knife.

The individual had not responded to verbal requests by the Police and one of the Officers had required to use a topical spray as a personal safety measure, but to no effect.

Ms Short had drawn her baton and had swung the baton in air in front of herself, in accordance with her training, in a bid to create space between the threatening individual who was advancing towards her and herself but again to no effect.

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She was fearful for her personal safety and made to run from the immediate scene only to be pursued by the individual. She was aware of being struck forcibly over the back of her head with the result that she fell to the ground onto her hands and knees. In an effort to avoid further injury she, in her own words, "*curled into a ball*", and her next recollection was of being picked up by a colleague and instructed to return to her Police vehicle.

She was subsequently taken from the scene later that morning at about 0740 was taken to the Accident & Emergency Department of the Victoria Hospital, Kirkcaldy..

At hospital she gave an account of being struck over the back of her head and remembered falling to the ground but had a hazy recollection of following events.

She was noted to be orientated in time, place and person and it was recorded that she had suffered abrasions to her elbows and knees and also an abrasion to her left hand.

No further investigations and no imaging were performed at that time and she was discharged from the Accident & Emergency Department at 09:45 hrs on 3 May 2015 to the care of her family Doctor.

She contacted the NHS 24 helpline at 14:33 hrs on 4 May 2015 and was subsequently referred back to the Accident & Emergency Department of the Victoria Hospital, Kirkcaldy, where she attended at 15:40 hrs on 4 May 2015.

At that time she was noted to be suffering from a subjective feeling of light headedness and was noted to have some right sided facial swelling. She complained of generalised pain in her limbs and torso.

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The examining Doctor considered that [REDACTED] Short [REDACTED] there was no indication for further investigations in the way of imaging, in particular a CT scan.

[REDACTED]

She was reviewed by her family Doctor on 5 May 2015 and at that time was considered to be suffering the residual effects of limb soft tissue injuries and also had clinical evidence of post-concussional symptoms, for which she was reassured and advised to rest and to take analgesics.

[REDACTED]

She contacted the NHS out-of-hours service on 10 May 2015 at 21:10 hrs and was referred to the Acute Medical Assessment Unit at the Victoria Hospital, Kirkcaldy.

Following initial assessment and clinical examination she was noted to have some alteration in sensation over the right side of her face and also had some right sided facial weakness, together with headache and neck pain.

She was admitted for rest and observation and the following day underwent a CT scan of her head and neck.

The CT scan revealed no evidence of intracranial haemorrhage nor focal brain contusions.

She was allowed home on 11 May 2015 to the care of her family Doctor.

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At a consultation with her family Doctor on 15 May 2015 she was noted to have clear evidence of some right sided facial weakness and her family Doctor contacted the Hospital for advice on her ongoing management.

Arrangements were made for her to be reviewed as an out-patient at the Maxillofacial Department, which she subsequently attended and her right sided facial weakness was confirmed at that time. Arrangements were made for her to undergo further out-patient investigations and imaging.

### **PRESENT CONDITION**

I interviewed and examined Nicole Short at the request of PBW Law, Solicitors and with her permission, on 21 May 2015.

She gave an account of a harrowing ordeal in which she remembered being assaulted whilst on duty as a Police Officer on the morning of 3 May 2015.

She told me she had been aware of being struck at least once, if not several times, over the back of her head with such force as to cause her to fall to the ground. She remembered curling into a ball in a bid to protect herself against further injury. She had a hazy recollection of being struck over the torso. She had been wearing a protective stab vest at the time of the assault.

She remembered being picked up by a colleague and also remembered struggling to stand on her feet, only to be told to make her way as quickly as possible back to her Police vehicle.

She remembered being taken to her Police station and then subsequently attending hospital for further assessment.

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She gave a clear account of her attendances at hospital and at consultations with her family Doctor, as detailed above.

In the days following her assault she had been aware of local pain over her arms, elbows and knees following soft tissue injuries sustained at the time of her fall. She had suffered pain in her neck and over her torso in addition to ongoing headache.

She told me she continued to have a subjective feeling of weakness in her right arm and right leg. She told me that she was unable to trust the grip strength of her right hand and not infrequently dropped objects from the grasp of her right hand. She continued to be aware of a subjective feeling of a slight droopiness over the right side of her face.

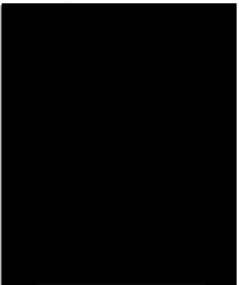
She described ongoing troublesome symptoms of headache together with neck discomfort and stiffness. She described discomfort and tenderness over the right side of her torso.

She was accompanied by [REDACTED] at interview who told me that [REDACTED] had been concerned that [REDACTED] speech had been affected in the days following her assault and she appeared to be struggling to find appropriate words. [REDACTED] had also been aware that the right side of [REDACTED] face had shown some weakness.

[REDACTED]

[REDACTED]

[REDACTED]



## CLINICAL EXAMINATION

When I examined Nicole Short I confirmed that she was some 5' 2" in height and 7½ stone in weight.

She had no residual scarring nor induration over her face. She had some objective evidence of some right sided facial muscle weakness. She had no residual bony tenderness over the upper third, middle third or lower thirds of her face.

Some resolving induration was noted over her right pinna or external ear and also over her right mastoid area, that is, the area behind her right external ear in front of the back of her scalp.

No postural deformity was noted over her neck but she had localised tenderness on either side of the midline over the back of her neck and over the upper borders of both shoulder girdles. Although she had no restriction in the active range of movements of her neck there was clearly some accompanying discomfort at the limit of the active range of movements of her neck.

No residual bruising was noted on either side of her rib cage but localised tenderness was noted over the outer aspect of the right side of her lower rib cage. Auscultation of her chest using a stethoscope revealed normal breath sounds.

She had no additional signs nor symptoms of injury about her abdomen or pelvis.

Clinical examination of her left upper limb and left hand was normal.

Examination of her right upper limb revealed no restriction in the active range of movements of her right shoulder nor of her right elbow nor right wrist. She had some slight weakness in the muscle compartments of her right arm and right forearm and had some impairment in the grip strength of her right hand.

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I confirmed she had no ongoing signs nor symptoms of injury about either lower limb. She was able to fully weight bear and walked with a normal gait.

## OPINION

Nicole Short was a 29 year old Police Officer who suffered injuries consistent with having been caused in a violent assault whilst on duty on the morning of 3 May 2015.

She suffered a blunt head injury and contusions to the back of the right side of her scalp and over her right external ear.

She suffered an associated neck sprain injury.

She suffered contusions to the right side of her torso, particularly over her lower right rib cage, consistent with having been caused by blunt injury.

She suffered abrasions and soft tissue injuries over her knees and elbows, consistent with having been caused when she fell to the ground after being struck over the head.

She attended hospital on 3 and 4 May 2015 and on neither occasion was the standard of initial assessment and clinical management adequate given the mechanism of injury recently sustained.

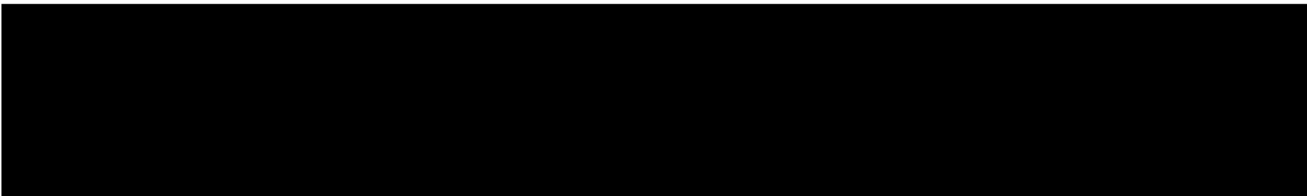
It was not until 10 May 2015 that she underwent appropriate imaging of her head and neck, despite her having suffered a period of post-traumatic amnesia in the aftermath of her head injury and also given ongoing post-concussional symptoms following her assault.

She suffered some right sided facial weakness and which, on the balance of probabilities, has been the result of local injury to the main nerve supply to the muscles over the right side of the face as it exits through the base of the skull.

The injury at that site would be entirely consistent with having been caused by a blunt injury.

When I reviewed her on 21 May 2015, some 18 days following her assault she clearly was continuing to suffer genuine and troublesome concussional symptoms together with slowly resolving right sided facial weakness and, on the balance of probabilities, some resolving focal neurological signs of weakness affecting her right upper limb.

She is likely to suffer from post concessional symptoms for some six months or so following her assault. Her facial weakness will gradually ease over the course of some three months following her assault and during that time her upper limb symptoms will gradually settle.



I confirm that insofar as the facts stated in my report are within my knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.



I W R ANDERSON FRCS FRCP FCEM