

**SHEKU  
BAYOH  
INQUIRY**

**The Sheku Bayoh Public Inquiry**

**Witness Statement**

**Dr Rudy Crawford**

**Taken by [REDACTED] by MS Teams  
on Thursday 12 May 2022**

**Witness details and professional background**

1. My full name is Rudy Crawford. I was born in 1949. My contact details are known to the Inquiry.
2. I am a fully trained and accredited specialist in Accident and Emergency Medicine and Surgery who retired from the NHS in 2016 after more than 37 years in clinical medical practice, including 26 years as a Consultant at Glasgow Royal Infirmary. My qualifications are BSc (Hons) in Pure Science (Pathology), MB ChB, FRCS (Glasg) FRCEM. I was also a certified instructor in Advanced Trauma Life Support (ATLS) for doctors run by the Royal College of Surgeons of England and an instructor in Major Incident Medical Management and Support (MIMMS) for doctors. I was awarded an MBE in 2005 for services to charity.
3. I was also an Honorary Clinical Senior Lecturer in recognition of my teaching and training responsibilities, which included teaching and training of medical undergraduates, junior doctors and Emergency Medicine trainees. I served on the West of Scotland Postgraduate Emergency Medicine training committee

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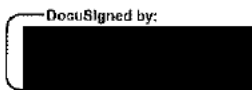
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for 8 years, including 4 years as chairman and programme director. I was responsible for the supervision and teaching of local, national and international medical students on medical electives.

4. My clinical and teaching responsibilities also included teaching, supervision and support of Emergency Nurse Practitioners both within the Emergency Department of Glasgow Royal Infirmary and in the minor injuries unit of Stobhill Hospital. I have undertaken the training and supervision of Scottish Ambulance Service Paramedics. I was a lecturer and examiner at the Scottish Ambulance Service Training College for approximately eight years and served on the local paramedic steering Committee.
5. I am a medical member of the Faculty of Prehospital Care of the Royal College of Surgeons of Edinburgh and a member of the Faculty Advisory Board. I am a medical co-author of the First Aid Manual published by the UK Voluntary Aid Societies and Chairman of St Andrew's Ambulance Association (St Andrew's First Aid) in Scotland.
6. I have published papers in peer-reviewed medical and surgical journals on topics including trauma, ultrasound, carbon monoxide poisoning and surgical conditions. I have acted as an independent peer reviewer of manuscripts submitted for publication in medical journals. I have also acted as an examiner for the Royal College of Surgeons of Edinburgh both at home and internationally.
7. The Emergency Department of Glasgow Royal Infirmary is very busy and at that time treated around 90,000 patients a year with high levels of deprivation, violence and drug and alcohol related problems. My clinical responsibilities included the assessment, diagnosis and treatment of undifferentiated patients presenting with acute illness or injury and the resuscitation of critically ill or injured patients. These included cardiac arrest, head injuries and multiple

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trauma. I had particular experience of managing injuries due to violence, including penetrating injuries such as stabbings.

8. I have extensive experience of medicolegal work for over 30 years, providing independent expert reports for personal injury, criminal injury and clinical medical negligence in both civil and criminal cases. I have given evidence in court, including murder trials and Fatal Accident Inquiries in Scotland. I have also provided expert reports in accordance with the Istanbul Protocol in relation to allegations of torture in claimants seeking asylum.
9. I have particular experience of managing head and chest injuries and provided a service for their inpatient management, and the outpatient management and follow-up of head injuries. Patients who required neurosurgical intervention were transferred to neurosurgery then returned to us for their continuing care and early rehabilitation.
10. In the management of trauma, a knowledge and understanding of injury mechanisms is absolutely crucial to the diagnosis of injuries and their treatment, because injuries occur in patterns that are directly related to how they are caused, and their severity is often related to the energy forces involved. Many injuries are obvious, but other, potentially life-threatening injuries, may be hidden and not obvious and their diagnosis may be delayed, but can be suspected because of the mechanism of injury involved. Stab wounds, for example, may appear superficial or minor but can turn out to be life-threatening because injury to underlying structures may have occurred but is not recognised. This is analogous to having knowledge of the causes of disease aiding the diagnosis of medical conditions.
11. When Strathclyde Police, as it was, set up the Violence Reduction Unit to establish a different approach to violence, I collaborated with them as I had been concerned for some time about the high levels of injuries due to violence that we were treating in the Emergency Department. Penetrating injuries due

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to stabbings were a particular problem at that time and the rate of such injuries in the population was the highest in western Europe and had been for many years. Much of this was gang-related, and due to social factors including poverty, deprivation, alcohol and drug misuse.

### **Report instructed by the Crown**

12. I have read my report relating to PC Nicole Short dated 16 August 2019 (COPFS-00085). I signed the report on page 26. My personal contemporaneous notes I took when I prepared the report have been confidentially destroyed.
13. I haven't retained my letter of instruction from the Crown. I usually copy my instructions verbatim, but sometimes change the tense in the paragraph. Page 3 paragraph 1.1.2 of my report will be an accurate reflection of the instructions.
14. I have no recollection of speaking to anyone about the report. Since I gave this report I haven't made any statements relating to it. What I do remember is that when I was approached by the Crown I had a meeting with [REDACTED] and Les Brown at Hamilton. They explained that PIRC were doing an investigation into this and they wished me to view some video footage and also some items. I was to do a report based on these instructions.
15. They were very strict about what I was told and what was being said. When I went to PIRC's offices in Hamilton, they had some items and documents, and they showed me video footage. [REDACTED] was present and they were strict about what they told me. I asked questions about general matters but was often not given answers to them. I feel that they wanted me to see the immediate video footage, items and the documents provided, statements productions etc, but I felt they were a bit guarded if I wanted more general information. I felt they were being careful that they did all the right things.

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They were very careful not to influence me one way or another. For example when I had difficulties with the footage in recognising some of the actors and asked for clarification they said I just had to view it myself and make up my own mind. That was the only contact that I had.

16. My report involved PC Nicole Short. I was hoping that I would be able to see the mechanism of what was happening to her but the resolution of the video was poor and the view was partially obscured. I could not say with certainty what happened. The footage was very brief and I don't know if there was more footage that could give me a better picture. I could make out some footage, including where Mr Bayoh was being restrained by police officers and I could see who I thought was PC Short at some point but the view was obscured and I could not see what happened when she was down.

17. I can't remember if [REDACTED] was there all the time when I was viewing with PIRC, but she was certainly there for part of it.

18. I don't think I was questioned on the report. It's very common for solicitors to seek a clarification of certain points or if there's any factual inaccuracies. I've no recollection of receiving anything back or any questions.

19. My duties and responsibilities in this capacity are to the Court to provide an independent and unbiased opinion regardless of who has instructed me, based on my expertise and not to stray outwith my expertise. I must assist the Court with the medical matters and my opinion is not contingent on any payment received. I have been instructed for both complainers and defenders but the majority are for those representing complainers.

#### **Accounts of witnesses**

20. I have listed the statements I've received on page 4 of my report. There were themes running through the accounts. There was variations. Eye-witness

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accounts can be very variable and unreliable at times. It doesn't surprise me that eye-witness accounts can vary. Professionally I know these things can be unreliable. There were themes that are broadly similar. I was focused particularly on the descriptions given by the individuals in relation to what happened to PC Nicole Short from these different perspectives. I was looking for any "showstoppers", inconsistencies that would completely rule out something. My approach would be to look for inconsistencies. If none, I would look to the consistencies and compare them to the injuries and the medical aspects and compare those and reach a view.

21. The Crown didn't talk me through the accounts, they gave me the papers to read. They were careful not to tell me anything. I was given two statements of Kevin Nelson. I remember Kevin Nelson's first statement. He said he missed a bit of the incident when he moved from his living room to his garden. He didn't say anything about stamping in his account of what happened to PC Short. The second statement I was provided of Kevin Nelson dated 26 August 2015 isn't relevant to this issue.

22. I have been told that there are different accounts of the stamping in the Inquiry evidence: PC Tomlinson's account is that Sheku Bayoh stomped on Nicole Short while she is on the ground; Nicole Short's account is that she cannot remember what happened; and Kevin Nelson's account is that he saw the whole interaction between Sheku Bayoh and Nicole Short and there was no stamping. I have been asked if the medical evidence supports any of these accounts.

23. I have been referred to PC Tomlinson's account in his statement to PIRC dated 4 June 2015 (PIRC-00263) on page 3: *"I ran over to assist her, but before I got there, he stomped on her back with his foot with a great deal of force. He put his full bodyweight into the stomp and used his arms to gain leverage. After he did this she went back to the floor and never moved. I*

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*thought he had killed her. He stomped on her back again with the same force and she wasn't moving."*

24. There certainly wasn't any evidence of serious injuries caused by stamping. From my point of view, stamping is a very dangerous and potentially lethal injury mechanism, it can cause very serious life changing injuries. I've seen people with this. Stamping to the head or body, people have died as a result of that. It's potentially life-threatening. It's fair to say, in my opinion, there is no evidence of serious injuries or gross injuries consistent with a serious or life-threatening stamping injury.
25. Nicole Short has no recollection of it. It's possible that this could be explained by amnesia. Given the description of the stamping, I would have thought there would have been evidence of it, such as fractured ribs or significant blunt force injury or pattern bruising.
26. However the caveat is that she was wearing a protective vest and clothing that could have afforded protection in terms of some of the severity of the injury. In other words it may have explained why there was no visible evidence of injury to her body.
27. Often in stamping you get imprints, pattern bruises from the stamping, either from the footwear or from the clothing. If pattern imprints are left on the body these are signs of quite severe force. If you see pattern in bruising then you have to assume high force. She didn't have any of this. This could be explained by the vest and clothing affording protection, or alternatively, if she was stamped on it wouldn't have been with the degree of force implied.
28. The third possibility is that it didn't occur at all. If she was stamped on it wasn't as severely as the description of PC Tomlinson would suggest or because of clothing she had on, or it didn't happen.

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29. If PC Tomlinson's description occurred, I would expect clinical evidence of rib fractures or extreme chest pain. But sometimes you can get delayed onset of pain. The next day she described all over body pain. That would be consistent with significant but not life-threatening injuries. So that could be consistent. The description of the stamping was quite dramatic. If it happened it perhaps wasn't as severe as described. I can't rule out the possibility that it didn't happen.
30. All over body pain is a lay description. If I was seeing a patient I would ask specific questions to localise the pain. I would be looking for musculoskeletal pain. The back also includes the chest, not just the spine. If you stamp on someone's back on the ground, you can fracture ribs, damage the lungs and cause internal bleeding. She obviously didn't have any of that. It's often difficult to identify a fractured rib or a bruise. The description of all over body pain is not helpful but it could be helpful for physical exertion. It could be generalised musculoskeletal pain.
31. We often quote the patient's presenting complaint and then you should really focus in to see what symptoms or signs she may have.
32. If I was seeing a patient I would be looking at the patient for visible injury. But I would check for tenderness that would suggest musculoskeletal injury. I would spring the chest back and front and sideways to see if it would cause pain. That's not specified but the A&E doctors examined her spine. Spring means to put hands on ribcage on both sides and push in. I would do this back and front. I'm compressing the ribcage sideways and back and forward. If you've got fractures or less severe injuries then that would show. It would be normal for me. But I'd expect the patient to say I've been stamped on the back and it hurts when I breathe or to say I'm in pain. If someone says they've been stamped on the back but with no symptoms then I wouldn't follow up with that. If she's said all over body pain then her torso would be painful, so you would do that kind of examination to see for acute pain or if it was mild.

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33. I don't know if Kevin Nelson has a clear view or not. The statements I had showed an unclear view. I have been asked if this affects my medico-legal opinion. I'm looking for evidence for the mechanism of injury. All I'm saying is that, from the statement he has given, if he's not seen any stamping it doesn't exclude it from a medical point of view. I'm not adding weight or taking away, it's for the court to decide, I can't use that as supportive or negative evidence that she was or wasn't stamped on. I think it's for the court to decide on the evidence that she wasn't stamped on. If the court decides that she wasn't stamped on, I would happily accept that.

34. She can't tell that she was stamped on, she can't remember, and other witnesses say different things. I can't rule it in or out. What I do know is there's no physical evidence to say that she was definitely stamped on. It was based on symptoms rather than signs. There were no signs.

35. I have been asked if in my experience the vest and clothes could fully prevent injury in a stamping attack as described by PC Tomlinson. Nicole Short is wearing a Kevlar-type vest, all these things are compressible forces that can absorb energy. To me there is a lot of uncertainty as to whether she was stamped on and the severity of that. The account that some of the officers give could be consistent with her presentation and complaints, I can't rule it out. Equally there was no objective physical evidence that could rule it in.

36. PC Nicole Short gives a description of receiving blows to the back of the head, and physical injuries that were entirely consistent with that. Abrasions on the elbows and knees consistent with falling onto the ground. She curled into a ball. She has amnesia for some reason. She can't remember events. You can argue about reasons for that. She has abrasions to hands and knees that adds credibility to the description of what happened to her.

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### Consistency between accounts and injuries

37. I have been referred to my report at page 24 paragraph 14.0b: *"In my opinion, the complaint of all over body pain the following day would also be consistent with this account, as well as the effects of extreme physical exertion in a "fight or flight" situation."* I have been asked specifically which account this is referring to and what makes it consistent.
38. The account it refers to is being struck from behind and falling to the ground onto her hands and knees. Maybe in retrospect what I'm saying at paragraph 14.0b is that a stamping type injury, to me, would not have been a severe injury because I'd expect there to be injury visible at the time. Clearly, if the stamping occurred it would not have been a severe force. It could've been a glancing blow. There are all sorts of scenarios. If it's accepted she was stamped on it could've been a glancing blow or something I would equally be happy if someone said she wasn't stamped on.
39. What she's been through, extreme physical exertion, the forces involved in a fight or flight situation, it wouldn't surprise me if someone had generalised musculoskeletal pain. If you go to the gym and exercise you feel fine and then later you have pain.
40. The physical contact with Sheku Bayoh could cause the pain. The physical exertion involved in the incident could cause that. It's due to microtrauma in the muscles. You can't feel it in the time it happens but could evolve over a day or two.
41. I have been asked if I would expect the doctors examining Nicole Short to discover any visible injuries on her back or side in A&E on 3 or 4 May 2015, when she saw the Force Medical Examiner and when she saw her GP on 5 May 2015.

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42. Clearly PC Short didn't have broken ribs, punctured lungs, internal bleeding and things like that. If it happened she would've had bruising, straining, soft tissue injuries. You may feel it at the time or may not feel it at the time. You might not be aware of the pain or injury but only later all the adrenaline and things wear off. Over a period of time because muscles and tissue suffer microtrauma, they can stiffen up within a day, two days. 24 to 36 hours, that's when you get maximum symptoms as the changes in the tissues cause that. A light injury could take several days to a week or longer to settle. Severely bruised ribs or broken ribs can take 6 weeks or longer to get better. You would get stiffness. It would take several days to resolve. It depends on your level of fitness and what you're used to having.

#### **Stamp to the head**

43. I have been referred to my report at page 24 paragraph 14.0b: *"In my view, however, if she had had been stamped on several times she could have sustained a concussive head injury with a brief loss of conscious at that point, that would result in a brief retrograde and anterograde post-traumatic amnesia and she would have no recollection of this event. In my view, on the balance of probabilities, this would explain the minor concussive head injury rather than the initial blows to the back of the head, of which the claimant had a full recollection, which would not be consistent with causing a concussive head injury."*

44. My opinion in the report is that either one or more stamps could have been to the head, or when she was stamped on and the body was shaking or moving, the neck moved and injured the brain. Either when she's knocked to the ground or when she's on the ground, brain shaking could occur that could cause concussion. The head is very heavy and on the neck. It can be shaken back and forward. The skull is a fixed box with a cushion of fluid between the brain and skull. When you have motion the brain moves and it can hit off the skull and cause injury. You can never say never in medicine.

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45. As a general rule, the patient would have no recollection of the blow that causes concussion. There's a brief period of amnesia, including not remembering the actual blow, and then brief period of post-traumatic amnesia. You don't remember the actual strike, the blow that caused it. In this case she says she remembers being struck on the head by Sheku but then, to me, I'd have been surprised if that would've caused concussive injury.
46. It might have been the fall to the ground, or the stamp, causing a shaking of the brain. It can be caused by direct force or indirect force. Anterograde amnesia refers to the period after a concussive injury to the head when initially they may remember what happens as it is in their short-term memory, but it is not laid down in their permanent long term memory and they subsequently cannot recall it. Retrograde amnesia is the loss of memory for events prior to the injury that caused the brain injury.
47. She remembers curling up into a ball, but it's not entirely clear when she did that. It is not clear if she actually lost consciousness. It could have been caused by brain shaking as she was propelled towards the ground or when she landed, or it could have been movement caused by being stamped on.
48. I have been asked how hard the stamping to the body would need to be to cause a brain injury in the manner I've described. The energy force generated by the head moving on the neck relative to the body can generate significant forces due to angular momentum that injure the brain when it comes into contact with the inside of the skull when the head stops moving. When the head stops moving. This could've happened with a very forceful push onto the ground. She landed on her hands and knees, but was she lying prone, or on her side, there's a lot we don't know.
49. It's less likely that it was a stamp, I've got to say. It's more likely that she was given a forceful push to knock her to the ground. If she's curled into a ball she

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must've been on her side at some point. Part of the motion of being propelled downwards, the angular momentum can cause a concussion. The head has got to stop at some point.

50. I've seen people with serious head injuries with being stamped or kicked in the head. If she was stamped vigorously to the body then the head moving would be a possibility. On the balance of probabilities I don't think it's the first blow that would cause that head injury.

51. In order to get movement of the head required to get a brain injury the stamping would need to be significantly forceful. There being no chest injury suggests that this is less likely. I would accept that if she wasn't stamped on at all I would say yes it's possible.

**Opinion**

52. My opinion is more detailed in this statement because whilst I'm saying these things are consistent, I can't rule out other things that might be put to me. I've not seen Kevin Nelson's Inquiry statement. All I've seen is that in his PIRC statements there was a period of time when he went downstairs. In my report I'm not excluding other possibilities.

53. I've not had any leading by the Crown to form my conclusions. I've only been provided with the statements and looking at the injuries and mechanisms and sequences of events and correlating that with the symptoms that have been documented. I couldn't say that she definitely was stamped on in my report.

**Media**

54. I don't follow anything like this on social media. The only things I have heard recently on the news about the issue of the mother wanting to know if race is a factor in this.

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55. I have to declare that quite clearly I was, from a professional point of view at the time, interested in the cause of death in this case because the issue of restraint asphyxia. This is something I've taken a professional interest over the years. I've reviewed the literature on this. It's a particular issue in law enforcement. It also happens in the UK in police and medical settings. In psychiatric settings, I have a professional interest in this.
56. People have postulated excited delirium, which is interesting because it's a hypothesis with no science or evidence behind it. This comes from police force in Miami and Florida, people taking huge amounts of cocaine, being restrained and dying. They blamed it on excited delirium but this is never a medical diagnosis.
57. I'm not involved in that and I've not been asked to express an opinion. I've taken a professional interest because it's an interesting subject. So I just want to declare that professional interest. I have been asked if this professional interest has influenced my opinion in any way. No, it wouldn't influence it at all, that hasn't been a consideration.
58. 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.

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