Crown Office and Procurator Fiscal Service

Procurator Fiscal's Office 10 Ballater Street, Glasgow G5 9PS

CRIMINAL ALLEGATIONS AGAINST POLICE DIVISION

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Kate Frame Police Investigations and Review Commissioner Hamilton House Hamilton Business Park Caird Park HAMILTON ML3 0QA

Enquiries:	
(from landline	es) and
	(from mobiles)
Legal Post -	

Your ref: Our ref: LAB/JMCK Date: 11 May 2015

Dear Ms Frame

DEATH OF SHEKU BAYOH

I refer to the ongoing investigation into the death of the above named. A letter has been received by COPFS from the Solicitor acting for the family of the deceased. As you are no doubt aware they have instructed Professor Anthony Busuttil and he has raised a number of issues at this stage to enable him to progress his enquiries. Some of these relate to enquiries that are already underway or have been instructed, including Neuropathological examination and Toxicological analysis.

I have been able to advise the Solicitors that no Police Casualty Surgeon was in attendance and that no photographs were taken of the body of the deceased at the scene of death by the Authorities. However, I would highlight the following questions that have been raised by the Solicitor in order that these can be covered in your investigations and so that there can be ongoing discussions with the Crown regarding appropriate disclosure.

- A request for a detailed narrative of events immediately preceding the death to be provided if possible although the Solicitor observes that various relevant statements are still to be collected from Police Officers present at the scene.
- The past medical history of the deceased should be fully looked into particularly any known familial or personal blood conditions particularly such conditions as associated with blood haemoglobin abnormalities, haemoglobinopathies such as sickle cell disease and thalassemia and also any past respiratory problems such as asthma.
- Any history of mental health problems should be looked into to exclude such conditions as excited delirium causing his demise.
- A question raised regarding recovery of white or purple tablets whether these were/





were recovered from the deceased or his home address and if so whether these have been sent for testing.

- Observation that the deceased collapsed in the course of being arrested and that he was handcuffed with leg restraints. Query as to why this was necessary, how many officers were involved and what procedures were used to enable restraint.
- Observation that he was actively resuscitated on site and in hospital with several therapeutic needle puncture marks on him. Query raised in relation to how good the resuscitation was on site and whether it was carried out expeditiously and by qualified persons.
- Whether anything removed from inside his mouth when he was being resuscitated and observing damage to mouth, lips and gums querying how this resulted.

IN RESPECT OF THE AUTOPSY EXAMINATION THE FOLLOWING POINTS WERE RAISED:-

- Observation of petechial haemorrhaging in the eyes suggestive of an element of asphyxia which would require careful examination.
- Observation that there was no evidence at autopsy of upper airway luminal obstruction and raising issues of constriction of his neck and his inability to breathe due to resistance impeding his respiratory chest and this could have resulted from his posture when being held down – a positional asphyxia or by others pinning him down.
- Observing that there is evidence of a terminal physical struggle as shown by abrasions of his face a collection of several lacerations to his lips and inside his gums and mouth.
- Querying whether level of restrain by Police was justified and observing that opinion indicates it only takes about 45 seconds to lose consciousness if the brain is starved of oxygen and a further 4 minutes or so for irreparable damage and death to occur from cerebral anoxia or hypoxemia.

I wanted to ensure that you are sighted on these issues as the enquiry proceeds.

Yours sincerely



L A BROWN Head of Criminal Allegations Against Police Division



