

# OPUS2

Manchester Arena Inquiry

Day 154

September 28, 2021

Opus 2 - Official Court Reporters

Phone: +44 (0)20 3008 5900

Email: [transcripts@opus2.com](mailto:transcripts@opus2.com)

Website: <https://www.opus2.com>

1 Tuesday, 28 September 2021  
 2 (9.30 am)  
 3 Evidence summary for KELLY BREWSTER  
 4 MS CARTWRIGHT: Good morning, sir. This morning we will be  
 5 dealing with the chapter 12 evidence summary for  
 6 Kelly Brewster. And as yesterday, we will be hearing  
 7 live evidence from five witnesses. Today, therefore,  
 8 before starting, we just want to again repeat that  
 9 we will be dealing with matters today that are  
 10 undoubtedly sensitive and likely to be distressing for  
 11 many, certainly Kelly's family and the witnesses who  
 12 will be called.  
 13 Just to reiterate again before we commence, we will  
 14 not at any point today be showing any CCTV or body-worn  
 15 video footage or still image. And again, as yesterday,  
 16 necessarily the questioning of the witnesses will be  
 17 focused.  
 18 SIR JOHN SAUNDERS: Thank you.  
 19 MS CARTWRIGHT: This is the chapter 12 evidence summary for  
 20 Kelly Brewster.  
 21 Present in the hearing room are: Kelly's mum and  
 22 dad, Kim and Kevin; Kelly's sister, Claire Booth;  
 23 Kelly's brother, Adam Brewster; and Kelly's niece,  
 24 Hollie Booth.  
 25 The family are supported in the hearing room by

1

1 their legal representatives, but also this pen portrait  
 2 evidence and the evidence summary will be viewed from  
 3 home by Kelly's partner, Ian Winslow, but also Kelly's  
 4 other niece, Demi Booth.  
 5 The family are also supported in the hearing room by  
 6 their friends.  
 7 Please can the photograph of Kelly be displayed?  
 8 Can I now please ask Kim Harrison from the family's  
 9 legal team to read the pen portrait summary?  
 10 KIM HARRISON: Kelly Brewster was the daughter of Kim and  
 11 Kevin Brewster, the younger sister of Claire Booth and  
 12 the elder sister of Adam Brewster, and the auntie of  
 13 Demi and Hollie Booth. Her partner was Ian Winslow and  
 14 he had a daughter called Phoebe, who Kelly was very  
 15 close to.  
 16 Kelly was born at 16.07 on 19 September 1984 at the  
 17 Jessops Hospital in Sheffield and was 32 at the time of  
 18 her death on 22 May 2017.  
 19 Kelly's family describe her as:  
 20 "A funny, intelligent, very opinionated woman who  
 21 knew what she wanted and had a thirst for life."  
 22 She was fiercely independent and private, but always  
 23 remained a home bird.  
 24 On leaving school, Kelly began working at Irwin  
 25 Mitchell as a quantum analyst and then going on to

2

1 complete accountancy courses. She then moved to work at  
 2 Aviva as an insurance claim assessor and was described  
 3 as a conscientious, knowledgeable, hard-working member  
 4 of staff, a great team player and an expert in her field  
 5 and Aviva's very own "pocket rocket".  
 6 Her family meant the world to her and she loved  
 7 celebrating birthdays and Christmas with them. She  
 8 loved being an auntie to Demi and Hollie.  
 9 Several of Kelly's friends have provided tributes to  
 10 her in which they recall her zest for life and  
 11 infectious smile as well as the care, kindness and  
 12 loyalty she showed them.  
 13 Kelly adored her nieces, Demi and Hollie, and they  
 14 spent many precious times together: sleepovers, bowling,  
 15 going shopping, and weekends of shopping, sightseeing  
 16 and shows in London.  
 17 Kelly was passionate about travel and had many  
 18 memorable trips with her friends, Alex and Tracey.  
 19 Together they travelled to New York, Las Vegas and  
 20 Hawaii. Kelly's adventurous spirit saw her travelling  
 21 around Australia and America, making new friends and  
 22 having amazing experiences.  
 23 Kelly met Ian at her 30th birthday party. They hit  
 24 it off straightaway and her family remember that it  
 25 became obvious very quickly that Kelly and Ian were made

3

1 for each other and were the true definition of  
 2 soulmates. They both loved to travel and had many  
 3 memorable trips together. Kelly was very close to  
 4 Phoebe, Ian's daughter, and introduced her to her love  
 5 of Harry Potter, which became a shared obsession.  
 6 In February 2017, Kelly, Ian and Phoebe shared  
 7 a trip to London and Disneyland Paris. Kelly planned  
 8 every detail of this trip and it was a wonderful  
 9 surprise for Phoebe.  
 10 On the morning of 22 May 2017, Kelly and Ian had had  
 11 an offer accepted on a new home, where they were to  
 12 build their future and start their new family. Kelly  
 13 was so excited about her future and her family remember  
 14 that she was the happiest she had ever been.  
 15 SIR JOHN SAUNDERS: Thank you.  
 16 MS CARTWRIGHT: Kelly had attended the concert with her  
 17 sister Claire and Claire's daughter Hollie, who was 12  
 18 at the time. They had driven to the concert together  
 19 and had spent the journey listening to Ariana Grande's  
 20 latest album and chatting.  
 21 Kelly was excited about the house that she and Ian  
 22 had just bought and was sharing photographs of it with  
 23 her sister Claire and niece Hollie. They parked the car  
 24 and went into Manchester city centre and enjoyed a meal  
 25 together.

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1 They went to the arena shortly after 19.00, entering  
2 through the Hunts Bank entrance at 19.12.28. Once  
3 inside, they went straight to the merchandise stall on  
4 the arena concourse. They then purchased some drinks  
5 before going to their seats.

6 They watched the support acts and chatted together.  
7 Claire took Hollie to the merchandise stall again and  
8 purchased a T-shirt for her. Claire recalls that  
9 Ariana Grande came on stage more or less on time and  
10 that the concert was really good, with her, Kelly and  
11 Hollie singing along and taking lots of photographs and  
12 videos.

13 During the concert, Claire started to feel unwell  
14 with a bad headache that was affecting her eyes. As she  
15 was the driver and dreading the drive home, she asked  
16 Hollie and Kelly, as soon as the last song came on, to  
17 get ready to leave immediately.

18 At the end of the last song, they left their seats  
19 and began to exit the arena.

20 DETECTIVE INSPECTOR RUSSELL: They exited the arena bowl and  
21 walked along the concourse in a line with Hollie in the  
22 middle. They followed the crowd to the nearest exit and  
23 entered the City Room at 22.30.53.

24 A member of the public began filming in the  
25 City Room shortly after detonation. Kelly can be seen

5

1 on an image captured in this footage at 22.31.50. This  
2 was approximately 50 seconds after the detonation.  
3 A number of people appear to be knelt where Kelly is  
4 positioned.

5 At 22.33.09, Claire Booth can be seen approaching  
6 Kelly as she was lying on the ground.

7 MS CARTWRIGHT: In her witness statement, Claire Booth  
8 recalls a huge yellow flash from behind her and to her  
9 right-hand side. She turned around and saw that Kelly  
10 and Hollie were both on the floor. Kelly was facing  
11 away from her and was lying on her left side and Hollie  
12 was facing towards Claire, leaning on her hands as if  
13 she was about to get up.

14 Claire picked Hollie up and shouted at Kelly to run.  
15 Claire stopped and she realised Hollie was bleeding and  
16 that Kelly was not behind them. Claire told Hollie to  
17 wait where she was and went to find Kelly.

18 Claire was able to find Kelly and went to her. She  
19 noticed that Kelly's eyes were closed, but she did not  
20 look injured or hurt. She looked like she was asleep.

21 Claire began kicking at her legs and shouting for  
22 her to get up, but Kelly did not respond at all.

23 Claire then went back to check Hollie and used her  
24 phone to call Hollie's father, Dale, and told him  
25 what was happening.

6

1 Claire recalls being in the impossible position of  
2 needing to care for both her child, Hollie, and her  
3 sister, Kelly, in the City Room.

4 Claire was herself seriously injured. Claire gave  
5 details of this when she gave evidence on 22 July 2021.

6 Claire then went to Kelly for a second time. Kelly  
7 had not moved. Claire was screaming Kelly's name.  
8 Claire realised that she herself was injured. Hollie  
9 was screaming too at this point and Claire went to help  
10 her. She was able to see Kelly from where she was with  
11 Hollie by the box office.

12 Claire described in evidence on 22 July 2021 that  
13 a man in a red jumper called Rob gave advice to her to  
14 raise Hollie's legs. Robert Grew has provided  
15 a statement, dated 13 July 2021, confirming that between  
16 22.36.26 and 22.38.02, he was assisting Claire and  
17 Hollie in the way described in his statement of  
18 11 November 2020.

19 Claire asked a member of the public,  
20 Michael Buckley, to check on Kelly. He went to Kelly  
21 and Claire saw that he stayed with her. Claire also saw  
22 that he checked Kelly's pulse and moved her from her  
23 side on to her back.

24 When he did this, Claire noticed blood flowing out  
25 from underneath her head. Claire also recalls asking

7

1 a police officer to check on Kelly, which they did.

2 DETECTIVE INSPECTOR RUSSELL: At 22.38.02, ETUK first aider  
3 Ian Parry is seen to be leant over Kelly as he is knelt  
4 alongside her. At 22.38.18, he remained stood by Kelly  
5 and appears to be holding a mobile phone or radio.

6 MS CARTWRIGHT: In his witness statement, dated  
7 10 August 2018, Ian Parry describes assessing a young  
8 girl and noticing that she had an unsurvivable head  
9 injury.

10 It is unclear who this young girl is. Ian Parry has  
11 provided a further statement following a review of his  
12 sequence of events. In this statement, dated  
13 6 September 2021, he states that following review of the  
14 available video evidence between 22.38.02 and 22.38.18,  
15 he believes he would have been following the assessment  
16 process, checking for breathing or movement, and then  
17 quickly moving on.

18 Mr Parry believes he was using his radio to seek  
19 assistance in the entry at 22.38.18, as he did not make  
20 any telephone calls during his time in the City Room.

21 DETECTIVE INSPECTOR RUSSELL: Off-duty police officer  
22 Michael Buckley can be first seen crouching next to  
23 Kelly between 22.43.11 and 22.48.27. He then went on to  
24 provide assistance to Kelly and remains with her for  
25 much of the period between then and 23.20.22.

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1 At 22.44.06, BTP Constable Danielle Ayers is seen  
 2 assisting Kelly. PC Ayers stayed with Kelly until  
 3 23.12.14.  
 4 At 22.44.38, ETUK first aider Zak Warburton walked  
 5 across the City Room towards Kelly. He was kneeling  
 6 next to her by 22.44.59, and crouched next to her at  
 7 22.45.08.  
 8 By 22.45.18, he had stood up and was leaning over  
 9 other casualties who were near to Kelly.  
 10 At 22.50.33, Kelly was being assisted by PC Ayers  
 11 and ShowSec employee Megan Balmer. By 22.51.53, ETUK  
 12 first aider Ryan Billington had joined PC Ayers and  
 13 Ms Balmer in providing assistance to Kelly. It is  
 14 unclear how long he stayed with Kelly, but he was no  
 15 longer assisting her by 22.52.36.  
 16 By 22.53.18, Megan Balmer had moved on to assist  
 17 other casualties.  
 18 Mr Billington approached Kelly again at 22.56.48.  
 19 He spoke to PC Ayers and part of the conversation is  
 20 captured on the available footage. PC Ayers is heard to  
 21 say, "It's still ", and gestured with her hands to show  
 22 something small and continue continued, "Got no  
 23 breaths". Mr Billington walked away from Kelly at  
 24 22.56.58. PC Ayers remains with Kelly.  
 25 At 22.52.24, Claire Booth, who is with her daughter

9

1 Hollie , pointed Kelly out to Philip Clegg and asked him  
 2 to check if she was all right. Mr Clegg agreed to this  
 3 and he walked over to Kelly, who was being assisted by  
 4 ETUK first aider, Marianne Gibson, Megan Balmer and  
 5 PC Ayers. Philip Clegg returned to Claire Booth at  
 6 22.52.58 and said, "She's okay for now, she's still  
 7 breathing".  
 8 Marianne Gibson can be seen assisting Kelly from  
 9 22.52.13 until approximately 22.54. She was cutting  
 10 Kelly's clothing away at 22.52.51.  
 11 By 22.55.38, Michael Buckley had returned to Kelly  
 12 and PC Ayers and was standing next to them. At  
 13 22.56.48, Sergeant Kam Hare approached Kelly at the same  
 14 time as Ryan Billington and PC Buckley unfolded a white  
 15 bandage, which was applied to Kelly's right leg at  
 16 22.57.01.  
 17 BTP Constable Dale Edwards is noted to be present  
 18 with Kelly between 22.57.33 and 22.58.28.  
 19 At 22.59.35, Sergeant Hare checks on PC Ayers and is  
 20 heard to say, "Hang in there, sweetheart, deep breaths".  
 21 At 23.03.27, BTP Constable Michelle Johnson  
 22 approached PC Ayers. They had a brief conversation and  
 23 PC Johnson then walked further into the City Room  
 24 towards the doors to the arena concourse.  
 25 At 23.04.29, PC Buckley and PC Ayers moved Kelly on

10

1 to her back in order to commence CPR. PC Ayers  
 2 commences chest compressions at 23.04.24.  
 3 At 23.04.51, PC Johnson returned to Kelly.  
 4 A colleague, PC Richard Melling, followed behind her  
 5 carrying a first aid kit. PC Johnson carried a small  
 6 blue bag. PC Ayers continues to perform chest  
 7 compressions. PC Johnson and PC Melling remain close to  
 8 Kelly and PC Ayers until PC Johnson moved across the  
 9 City Room at 23.05.04, where she is seen to approach  
 10 arena medic Zak Warburton. At this time, PC Melling  
 11 searched through a red medical kit that was beside them.  
 12 At 23.05.15, PC Johnson walked back towards Kelly  
 13 with Zak Warburton. ETUK first aiders Ian Parry and  
 14 Elizabeth Woodcock joined Mr Warburton as he approached  
 15 Kelly at 23.05.17.  
 16 At 23.05.17, Michael Buckley was performing chest  
 17 compressions on Kelly. PC Ayers was kneeling beside  
 18 Kelly and PC Johnson and PC Melling were leaning over  
 19 them. Zak Warburton, Ian Parry and Elizabeth Woodcock  
 20 were nearby.  
 21 At 23.05.27, Ian Parry and PC Ayers had  
 22 a conversation in which Ian Parry can only be heard to  
 23 say the word "bleeding". And PC Ayers says, "She  
 24 doesn't appear to be bleeding anywhere". Ian Parry  
 25 replies , "It may be internal".

11

1 PC Ayers held Kelly's hand and encouraged her as  
 2 Michael Buckley performed chest compressions.  
 3 At 23.05.34, Elizabeth Woodcock momentarily crouched  
 4 down next to Kelly before she stood up and joined  
 5 Ian Parry and Zak Warburton who were stood nearby.  
 6 Michael Buckley stopped performing chest compressions  
 7 upon Kelly at 23.05.50, and checked for a pulse on the  
 8 left side of Kelly's neck.  
 9 PC Ayers placed her hands on Kelly's chest and  
 10 appeared to detect signs of life . PC Ayers said, "Yes,  
 11 yes, yes, come on, stay with us now, try to do that  
 12 again", and she checked for a pulse on the left —hand  
 13 side of Kelly's neck.  
 14 At 23.06.11, PC Johnson told PC Michael Williams,  
 15 who had been near to Kelly and those assisting her since  
 16 23.05.39, that they needed a stretcher and said that  
 17 Kelly had a very faint pulse. PC Williams asked whether  
 18 a table would do and then moved away from Kelly.  
 19 At 23.06.34, Ian Parry walked over to Kelly and  
 20 crouched down by her head, next to PC Ayers.  
 21 Michael Buckley and BTP PCs Michelle Johnson and  
 22 Richard Melling remained with Kelly.  
 23 At 23.07.06, Ian Parry got up from his position by  
 24 Kelly's head. PC Johnson remained crouched next to  
 25 Kelly. PC Johnson looked in the blue bag that she had

12

1 brought with her, but it cannot be seen whether she took  
 2 anything out of this bag.  
 3 At 23.07.18, PC Johnson and PC Melling move away  
 4 from Kelly.  
 5 At 23.09.42, PC Ayers and Michael Buckley again  
 6 moved Kelly on to her back to prepare to perform CPR.  
 7 At 23.09.57, Michael Buckley was performing chest  
 8 compressions upon Kelly. Sergeant Kam Hare looks across  
 9 at him and said, "CPR", and went to them with  
 10 a defibrillator .  
 11 At this time, PC Ayers was kneeling next to Kelly  
 12 and was holding her head. Sergeant Hare unpacked the  
 13 defibrillator at 23.10.07, but realised that it did not  
 14 contain defibrillator pads. He then walked away to find  
 15 some defibrillator pads.  
 16 PC Ayers continued to shout encouragement to Kelly  
 17 and Michael Buckley continued to perform chest  
 18 compressions.  
 19 MS CARTWRIGHT: In his statement dated 17 March 2021, which  
 20 was prepared following a review of his sequence of  
 21 events, Sergeant Hare describes how he gave  
 22 a defibrillator to the officer assisting Kelly but  
 23 realised that it did not have any defibrillator pads.  
 24 He then began to look for defibrillator pads at  
 25 23.12.32. He obtained a defibrillator , which he took to

1 assist Kelly. By this time she had sadly died and had  
 2 been covered.  
 3 DETECTIVE INSPECTOR RUSSELL: Nwas paramedic Patrick Ennis  
 4 approached Kelly, PC Buckley and PC Ayers at 23.10.14.  
 5 PC Buckley appears to have stopped providing chest  
 6 compressions and Mr Ennis appears to have reached  
 7 forward with his left hand to assess Kelly at 23.10.24.  
 8 Mr Ennis walked away from Kelly at 23.10.42.  
 9 PC Ayers checked for any signs of life from Kelly at  
 10 23.10.53. PC Ayers then commenced chest compressions at  
 11 23.11.02. Patrick Ennis approached Kelly again at  
 12 23.11.13. He leaned over her as PC Ayers and PC Buckley  
 13 continued to treat her.  
 14 At 23.11.20, Mr Ennis was still leaning over Kelly  
 15 as PC Ayers and PC Buckley continued to treat her.  
 16 There is no audio of this interaction available .  
 17 PC Ayers stopped providing chest compressions as  
 18 Mr Ennis walked away from them at 23.11.23.  
 19 At 23.11.24, PC Johnson comforted PC Ayers, who then  
 20 walked away with PC Corke. PC Johnson remained with  
 21 Kelly.  
 22 BTP Constable Michelle Johnson started to place some  
 23 clothing over Kelly at 23.11.28.  
 24 At 23.11.52, BTP Constable Lee Owen approached Kelly  
 25 and leaned over her. Michael Buckley and PC Michelle

1 Johnson were crouched beside Kelly at this time. BTP  
 2 Constable Stephen Corke carried a white sheet towards  
 3 Kelly, which he then handed to PC Michelle Johnson.  
 4 At 23.12.02, BTP Constable Johnson opened up the  
 5 white sheet with BTP PC Corke. They used the sheet to  
 6 cover Kelly. Michael Buckley remained crouching next to  
 7 Kelly on the ground. By 23.12.14, BTP Constable Johnson  
 8 had covered Kelly with the white sheet.  
 9 MS CARTWRIGHT: PC Johnson has provided a further witness  
 10 statement dated 22 July 2021, which has been prepared  
 11 following a review of her sequence of events. In this  
 12 statement, PC Johnson confirms that she recalls speaking  
 13 to her colleague PC Ayers and that PC Ayers was  
 14 assisting Kelly. PC Johnson recalls that Kelly was  
 15 conscious when she spoke to PC Ayers. She does not  
 16 recall taking a blue bag to Kelly but believes that she  
 17 would have been using it to take medical equipment to  
 18 Kelly. She recalls that she may have asked  
 19 Zak Warburton to help Kelly.  
 20 PC Johnson remembers that Kelly stopped breathing  
 21 and PC Buckley provided chest compressions. PC Johnson  
 22 does not recall any reaction from Kelly but, having  
 23 reviewed the sequence of events, accepts that there must  
 24 have been some improvement in signs of life from Kelly  
 25 as the narrative to the sequence of events records that

1 she asked another officer for a stretcher for Kelly.  
 2 PC Johnson believes that she moved away from Kelly  
 3 as she was aware there were others assisting her and she  
 4 went to help other casualties. PC Johnson confirms she  
 5 later returned to Kelly. She does not recall  
 6 a paramedic coming over and she does not recall any  
 7 conversation about stopping CPR. She accepts from the  
 8 video evidence available that she covered Kelly with  
 9 a white sheet given to her by PC Corke. She states that  
 10 she covered Kelly out of respect for her.  
 11 In his statement, dated 25 June 2017, PC Corke  
 12 described seeing PC Ayers performing CPR on a female.  
 13 He says:  
 14 "Another female, who I now believe may have been  
 15 a doctor, asked her to stop as the female was dead."  
 16 He also describes comforting PC Ayers after she had  
 17 been performing CPR on a female.  
 18 In her statement, dated 26 June 2017, PC Ayers  
 19 recalls assisting a young girl who matches the  
 20 description of Kelly. PC Ayers recalls that PC Buckley  
 21 was with this person when she approached them. PC Ayers  
 22 tried to get a response from the young woman, but her  
 23 breathing was very weak. She would take a deep breath  
 24 and then nothing for about 10 seconds.  
 25 PC Ayers talked to her and reassured her that help

1 was on its way. She attempted to locate any serious  
 2 wounds and noticed that the woman did not blink once.  
 3 PC Ayers and PC Buckley did not find any obviously  
 4 significant wounds. They placed the woman on to her  
 5 side and checked for head injuries, but were unable to  
 6 find any. When the woman stopped breathing, PC Ayers  
 7 and PC Buckley placed her on to her back and commenced  
 8 CPR.  
 9 After two sets of chest compressions, she began to  
 10 breathe. They then placed her in the recovery position  
 11 and PC Ayers continued to talk to her and reassured her,  
 12 trying to get a response.  
 13 PC Ayers recalls that the woman then stopped  
 14 breathing again and PC Buckley commenced CPR. PC Ayers  
 15 recalls that an arena medic told them that they might as  
 16 well stop chest compressions as an ambulance was not  
 17 going to come any time soon.  
 18 PC Ayers and PC Buckley continued CPR. They checked  
 19 the woman's pulse and she was taking irregular breaths,  
 20 so they placed her into the recovery position. PC Ayers  
 21 could not understand why the paramedics were not there.  
 22 PC Ayers recalls an arena medic using scissors to  
 23 cut the woman's clothes to identify any wounds. They  
 24 placed bandages on her legs and then walked away.  
 25 PC Ayers noticed that she had stopped breathing.

17

1 She started CPR and felt a hand on her right shoulder,  
 2 from someone she describes as a senior medic due to his  
 3 different uniform. He told her that she needed to stop  
 4 CPR, saying, "You need to stop, I've seen you've done  
 5 everything you could. You need to let her go and help  
 6 someone else". This upset PC Ayers. PC Buckley then  
 7 placed Kelly's handbag on her and covered her with  
 8 T-shirts.  
 9 PC Ayers has provided a further witness statement  
 10 dated 22 July 2021. This statement was prepared  
 11 following a review of her sequence of events. In this  
 12 statement, PC Ayers confirms that the person she  
 13 described in her first statement was Kelly.  
 14 She recalls that when she first saw Kelly, she was  
 15 not moving and she had no obvious injuries. Kelly did  
 16 not respond to PC Ayers' voice. She and PC Buckley  
 17 placed Kelly on to her side and there were signs of  
 18 movement from her. PC Ayers does not recall  
 19 conversations that she had with others who came to help  
 20 Kelly.  
 21 PC Ayers does recall that Kelly was still breathing  
 22 at 22.56.54. PC Ayers believes she leaned towards  
 23 Kelly's face at 23.01.36 to check her breathing. She  
 24 recalls that she and PC Buckley commenced CPR at  
 25 23.04.29 as Kelly had stopped breathing.

18

1 She recalls encouraging Kelly to breathe and  
 2 PC Buckley was providing chest compressions. She  
 3 recalls that when she thought Kelly took a breath, she  
 4 checked her pulse and thinks she detected a faint pulse.  
 5 She remembers that she could not understand why Kelly  
 6 stopped breathing as she could not see that Kelly had  
 7 any injuries.  
 8 PC Ayers does not remember a defibrillator being  
 9 brought over. She confirms that Patrick Ennis  
 10 approached them and that he assessed Kelly and told them  
 11 to stop CPR, which upset her.  
 12 DETECTIVE INSPECTOR RUSSELL: At 23.15.32, PC Buckley  
 13 returned to Kelly, lifted up the white sheet, and then  
 14 covered her again.  
 15 MS CARTWRIGHT: In his witness statement, dated  
 16 9 March 2018, PC Buckley describes his involvement with  
 17 Kelly in the City Room. PC Buckley was at the arena to  
 18 collect his daughter from the concert. He was waiting  
 19 in his car when he heard a loud hollow booming sound at  
 20 around 22.30.  
 21 PC Buckley went into the City Room and, after  
 22 assisting other casualties, teamed up with  
 23 PC Danielle Ayers to assist someone he described as an  
 24 unconscious female.  
 25 In the days following the attack, he was made aware

19

1 that this was Kelly Brewster. PC Buckley states that  
 2 the female was on her back and was unconscious and that  
 3 the only injury visible was a gaping wound to her right  
 4 leg. Kelly stopped breathing as PC Ayers and PC Buckley  
 5 were assessing her, so they began CPR.  
 6 They managed to revive Kelly and placed her in the  
 7 recovery position. They also placed bandages on her  
 8 legs and tried to make her comfortable. They continued  
 9 to talk to her, but she remained unconscious.  
 10 PC Ayers and PC Buckley continued to monitor Kelly's  
 11 pulse and PC Buckley states that they performed CPR on  
 12 at least three occasions. Once they had detected that  
 13 Kelly had a pulse, they placed her into the recovery  
 14 position. PC Buckley recalls that as they were  
 15 performing CPR, a paramedic came over to them and told  
 16 them to stop CPR, which they did. He and PC Ayers  
 17 covered Kelly's chest, then they covered her with  
 18 a white sheet.  
 19 PC Buckley has provided a further witness statement  
 20 dated 20 July 2021. This statement was provided  
 21 following review of his sequence of events. He states  
 22 that he has no clear recollection of the first time he  
 23 checked on Kelly, though he does think that he would  
 24 have checked for signs of life and thinks he detected  
 25 a faint pulse in Kelly's neck. PC Buckley recalls

20

1 checking Kelly for signs of life when he was with  
2 PC Ayers and he states that they commenced CPR when they  
3 could not detect a pulse.

4 He recalls that they only provided chest  
5 compressions and that after approximately three cycles  
6 of chest compressions, Kelly showed signs of life . They  
7 then placed Kelly in the recovery position and commenced  
8 CPR again when she stopped breathing or when her pulse  
9 could not be detected.

10 He states that Kelly did not appear to regain  
11 consciousness and did not speak throughout. He recalls  
12 Sergeant Kam Hare approached them with a defibrillator,  
13 but states this could not be used as it had no pads.

14 They stopped chest compressions after NNAS paramedic  
15 Patrick Ennis assessed Kelly. PC Buckley recalls being  
16 angry and bitterly disappointed when Mr Ennis told them  
17 to stop chest compressions. He does not recall Mr Ennis  
18 carrying out a physical assessment of Kelly. He recalls  
19 PC Ayers walked away in tears and he covered Kelly with  
20 a sheet to give her some dignity. He placed a handbag  
21 that was next to her underneath the sheet.

22 DETECTIVE INSPECTOR RUSSELL: At 23.28.14, Hollie Booth was  
23 placed on to a makeshift stretcher and taken out of the  
24 City Room. Claire Booth was taken out of the City Room  
25 in a wheelchair at 23.28.15.

21

1 At 23.45.04, Patrick Ennis approached Kelly and  
2 lifted up the white sheet that was covering her.  
3 Mr Ennis placed a label upon Kelly's wrist at 23.45.11  
4 in order to identify her as deceased.

5 Three hours and 28 minutes after the detonation, at  
6 01.59.05, on 23 May 2017, Hollie and Claire were taken  
7 from the casualty clearing station to hospital by  
8 paramedics Erica Reynolds and Alan Mitchell in an  
9 ambulance with call sign A306. They arrived at hospital  
10 8 minutes later at 02.07.06.

11 MS CARTWRIGHT: I am now going to read a summary of the  
12 conclusions of the pathological evidence and the expert  
13 evidence.

14 The initial post-mortem for Kelly was carried out by  
15 Dr Naomi Carter at Oldham Royal Hospital mortuary. The  
16 post-mortem report is dated 5 September 2017.

17 Dr Carter details that Kelly had sustained a severe  
18 abdominal wound and a severe head wound. In her  
19 opinion, the head injury was likely to have rendered  
20 Kelly rapidly unconscious or at least her consciousness  
21 was probably very severely clouded as soon as she  
22 sustained the head injury.

23 Dr Carter also states that the rapidity of blood  
24 loss from injuries to the abdominal organs would  
25 probably have been fatal, even if Kelly had received

22

1 immediate medical attention.

2 Dr Carter provides a medical cause of death as 1A,  
3 head and abdominal injuries.

4 Turning then to the report of the blast wave expert  
5 panel. The blast wave experts' report is dated  
6 27 September 2019. The report states that Kelly  
7 sustained multiple secondary blast injuries with two of  
8 particular significance : her head injury and her  
9 abdominal injury.

10 The written conclusion of the blast wave experts is  
11 that Kelly's injuries were unsurvivable with current,  
12 2019, advanced medical treatment.

13 Finally, turning to the review by the forensic  
14 pathologists, Dr Philip Lumb and Professor Jack Crane.  
15 They provided a report in relation to Kelly dated  
16 October 2020. Dr Lumb and Professor Crane describe the  
17 mechanism of injury as the combined effects of the head  
18 and abdominal injuries.

19 They conclude that the effects of the head injury  
20 were likely to have caused rapid loss of consciousness,  
21 noting that the moderate amount of blood found in the  
22 abdominal cavity indicated that Kelly survived for  
23 a little while after the injuries were sustained.

24 They conclude that the severity of Kelly's injuries  
25 was such that she would not have survived even with

23

1 immediate medical intervention. This conclusion accords  
2 with the conclusion of the blast wave experts that  
3 Kelly's injuries were unsurvivable with current advanced  
4 medical treatment.

5 Sir, that concludes the summary of the evidence  
6 that's to be read for Kelly.

7 SIR JOHN SAUNDERS: Before you proceed, just one matter. In  
8 other cases, I have been told how far the deceased was  
9 from the explosion. I don't think it appears in this —  
10 this is not a complaint, but because it may be  
11 a relevant fact if it is known, could it be ascertained  
12 and could I please be told?

13 MS CARTWRIGHT: It's certainly known.

14 SIR JOHN SAUNDERS: I think I'm right in saying it's not  
15 in the summary at present, so I'd be grateful,  
16 thank you.

17 MS CARTWRIGHT: The intention would be, if the family are  
18 content and you are content, for DI Russell to leave the  
19 witness box and then for us to call next Police  
20 Constable Michael Buckley.

21 SIR JOHN SAUNDERS: Thank you.

22 Thank you very much.

23 MS CARTWRIGHT: And can I thank DI Russell for his  
24 assistance.

25 Could I then please call PC Buckley.

24

1 PC MICHAEL BUCKLEY (sworn)  
 2 Questions from MS CARTWRIGHT  
 3 SIR JOHN SAUNDERS: Thank you very much for coming. We are  
 4 endeavouring in this part of the inquiry to keep  
 5 questions as focused as possible, just dealing with  
 6 those matters which people need to know. Thank you.  
 7 MS CARTWRIGHT: Could you please give your full name?  
 8 A. It's Michael Ian Buckley.  
 9 Q. Thank you.  
 10 We have already had read a summary of your  
 11 involvement with Kelly on the night and we've heard that  
 12 it's right, isn't it, that you weren't on duty on  
 13 22 May 2017?  
 14 A. No, I'd gone to the arena to collect my daughter.  
 15 Q. But we know that, as of May 2017, you were a serving  
 16 Greater Manchester Police officer?  
 17 A. That's correct.  
 18 Q. Can you give us some idea of how long you'd been  
 19 a police officer?  
 20 A. At the moment I've been in the police for 25 years now.  
 21 At the time I would have been in 21.  
 22 Q. Thank you. Can I ask you very briefly, as part of your  
 23 training with Greater Manchester Police, had you  
 24 received first aid training?  
 25 A. Yes.

25

1 Q. Did you know how to perform CPR?  
 2 A. Yes.  
 3 Q. And had you been trained in the use of a defibrillator?  
 4 A. I had, yes.  
 5 Q. Had you in the course of your duties previously  
 6 performed CPR?  
 7 A. I have.  
 8 Q. Had you in the course of your duties previously used  
 9 a defibrillator?  
 10 A. No.  
 11 Q. Thank you.  
 12 We know that you, having heard the bomb from your  
 13 car, entered the City Room, entering at 22.37.39, and  
 14 that your first contact with Kelly was at 22.43.11, and  
 15 then there was a period of time when you were with her  
 16 to 22.48.24, before you returned to her at 22.55, and  
 17 when you remained with Kelly for a period of time to  
 18 23.20.  
 19 So in total, your dealings on and off with Kelly,  
 20 certainly in the last period, amounts to somewhere in  
 21 the order of 37 minutes. So when you first approached  
 22 Kelly, how did she appear?  
 23 A. She was unconscious, and I think she was lay on her  
 24 back.  
 25 Q. In terms of that, we can see that you don't commence CPR

26

1 at that time. Is that because you had had any  
 2 observations about Kelly's ability to breathe?  
 3 A. She seemed to be still breathing.  
 4 Q. We know that there came a time when you did commence  
 5 chest compressions. Can you just explain why you would  
 6 have done that?  
 7 A. No pulse and no signs of breathing.  
 8 Q. We could see on the evidence summary that was read that  
 9 chest compressions were delivered to Kelly and there's  
 10 evidence that supports that Kelly was able then to  
 11 breathe again after the chest compressions. Could you  
 12 please tell us about the effect of giving the chest  
 13 compressions on Kelly and what you saw, please?  
 14 A. We would be doing chest compressions, asking her,  
 15 begging her, pleading with her to take a breath. She  
 16 would take a gasp and start breathing again, so we'd put  
 17 her back into the recovery position.  
 18 Q. When you'd managed to get Kelly breathing, was she able  
 19 to maintain her breathing?  
 20 A. For a short period of time, then she would stop again  
 21 and the pulse would disappear, so we'd start chest  
 22 compressions again.  
 23 Q. We can see reference at one point in the summary that's  
 24 been read that an officer was going to get a stretcher  
 25 for Kelly. What was it that you understood was going to

27

1 be happening for Kelly?  
 2 A. That she'd be taken to paramedics and ambulances.  
 3 Q. At that point, had you seen any paramedic?  
 4 A. No.  
 5 Q. Was any information given to you whilst you were in the  
 6 City Room about where the paramedics were or what was  
 7 happening about the — first of all, that question: had  
 8 you been given any information about —  
 9 A. No.  
 10 Q. Was any information being given about the evacuation, in  
 11 particular of Kelly, from the City Room?  
 12 A. No.  
 13 Q. So had there been any discussion about, if a stretcher  
 14 had been brought to Kelly, what would then happen to  
 15 her?  
 16 A. Not that I can recall.  
 17 SIR JOHN SAUNDERS: Just before we go on and I know I said  
 18 we were going to focus the questions and I am now going  
 19 to break that rule. You'd gone to collect your  
 20 daughter, you were off duty, and she was in the arena?  
 21 A. Yes.  
 22 SIR JOHN SAUNDERS: At the time you were helping Kelly, did  
 23 you know where your daughter was or what had happened to  
 24 her?  
 25 A. No.

28



1 SIR JOHN SAUNDERS: Thank you.  
 2 MS CARTWRIGHT: There came a time when we have heard  
 3 reference to Sergeant Hare indicating that he would go  
 4 and get the defibrillator and brought a defibrillator ,  
 5 but it didn't have pads; do you recall that?  
 6 A. Yes.  
 7 Q. Can you tell us a little bit more about that, please?  
 8 A. Sergeant Hare came in and I think he was quite surprised  
 9 to see me, asked me, "What are you doing here?", I just  
 10 explained that I was going -- collecting my daughter.  
 11 And then he said about the defibrillator , but it had no  
 12 pads, so we couldn't use it.  
 13 Q. And had a defibrillator with pads been brought to you,  
 14 when would you have used that on Kelly?  
 15 A. If she'd stopped breathing, straightaway.  
 16 Q. We can see that during the time when you were with  
 17 Kelly, others were coming, including a time when  
 18 a bandage was placed on her leg. Do you recall any  
 19 detail of that interaction?  
 20 A. Yes. She had a couple of injuries to, I think it was  
 21 her right leg, so I put the bandage on her leg to cover  
 22 them.  
 23 Q. Just to be clear, at the time when the bandage was  
 24 placed on Kelly's leg, was she still breathing?  
 25 A. Yes.

29

1 Q. What injuries other than the injury to the leg had you  
 2 observed on Kelly?  
 3 A. I couldn't see any visible injuries apart from her leg.  
 4 Q. Did you see any movement in Kelly?  
 5 A. Only her chest moving when she was taking a breath.  
 6 Q. There came a time when paramedic Patrick Ennis came to  
 7 where you and PC Ayers were with Kelly. Can you tell us  
 8 about what you recall about that interaction between  
 9 yourself, PC Ayers, but also Patrick Ennis' interaction  
 10 with Kelly?  
 11 A. Just told us to leave her, couldn't do anything, which  
 12 I found really difficult to comprehend as to why, when  
 13 we'd still managed to get her breathing, her heart  
 14 going.  
 15 Q. So just to be clear, at the time when Paramedic Ennis  
 16 came to Kelly, is it your evidence that Kelly was still  
 17 breathing at that point?  
 18 A. Yes.  
 19 Q. So what assessment did you see Patrick Ennis perform on  
 20 Kelly?  
 21 A. None. He just seemed to stand by her feet, I think it  
 22 was, and just looked at her and told us to leave her.  
 23 Q. What did you do?  
 24 A. I found that very difficult to understand, comprehend,  
 25 as to why, when we'd as far as we were concerned, got

30

1 her back three times, just to be told to leave her  
 2 alone. It just didn't seem right or feel right.  
 3 Q. Can I ask you, in terms of the time when you'd been with  
 4 Kelly and what you had found when you delivered chest  
 5 compressions, did you tell Patrick Ennis that you had  
 6 been able, when performing chest compressions, to get  
 7 Kelly back breathing?  
 8 A. Yes, we told him that we'd got her back, we explained  
 9 what we'd done and that we'd got her back three times.  
 10 Q. How did Patrick Ennis respond to that?  
 11 A. He just told us to leave her.  
 12 Q. You have provided a witness statement in which you --  
 13 your witness statement dated 9 March 2018 in which you  
 14 say:  
 15 "As we were carrying out CPR again, following her  
 16 stopping breathing, a paramedic came across to us and  
 17 looked at the female and basically told us to stop  
 18 performing the CPR."  
 19 Can I just clarify, first of all, in that earlier  
 20 witness statement, dated 9 March 2018, you thought that  
 21 Patrick Ennis approached at a time when Kelly had  
 22 stopped breathing. Can you assist us as to that and  
 23 just the best recollection as to whether Kelly was or  
 24 wasn't breathing at the time Patrick Ennis approached?  
 25 A. I think she must have still been breathing or just come

31

1 back breathing having stopped.  
 2 Q. You go on to say, though:  
 3 "I was a bit shocked at this instruction as I hoped  
 4 we'd be able to save her, but the paramedic's assessment  
 5 was such that, in his judgement and experience, I guess,  
 6 he realised that the female had died or was so badly  
 7 injured that she would be unable to survive."  
 8 Is that correct?  
 9 A. Yes.  
 10 Q. You go on to say:  
 11 "It has taken a long time for me to be rational  
 12 about his instruction. At the time I was annoyed and  
 13 deflated at his decision to tell us to stop our CPR  
 14 efforts."  
 15 A. That's correct, yes.  
 16 MS CARTWRIGHT: Mr Buckley, that concludes my questions. If  
 17 you wait there for a moment.  
 18 Sir, do you have any questions?  
 19 SIR JOHN SAUNDERS: I don't, except to reassure you that  
 20 from the further medical evidence, which no doubt you  
 21 know about, there was in fact nothing you could have  
 22 done. You did absolutely everything you could have done  
 23 in the circumstances.  
 24 A. Thank you.  
 25 MS CARTWRIGHT: I am going to turn first to Mr Ladenburg on

32

1 behalf of GMP if he has any questions. Could I then  
2 next ask Mr Cooper to ask his questions if he has any.  
3 SIR JOHN SAUNDERS: Mr Cooper, I asked the last question to  
4 make everybody clear of the context in which your  
5 questions will be asked. They are perfectly proper  
6 ones, I have no doubt, but we all need to know the  
7 context.

8 Questions from MR COOPER

9 MR COOPER: Of course, sir, and can I say to you, officer ---  
10 as you know, I represent Kelly's family and let me say  
11 on behalf of them that they thank you for your heroic  
12 efforts in assisting Kelly.

13 A. Thank you.

14 SIR JOHN SAUNDERS: Perhaps we should also add, your  
15 daughter did turn out to be all right, I hope?

16 A. Yes. It was about 2 o'clock in the morning I finally  
17 located her.

18 SIR JOHN SAUNDERS: Sorry, it just adds to the horror of the  
19 whole ---

20 MR COOPER: Not at all, sir, it adds indeed to the  
21 commendable way this officer acted as well given the  
22 pressures that were on you as well in relation to your  
23 family. Those we represent cannot speak more highly of  
24 your actions. I hope that helps you in the time ahead,  
25 which obviously --- difficult as it is.

33

1 You understand, officer, that I have to ask you some  
2 questions to assist the family in understanding those  
3 final tragic moments as far as Kelly is concerned and  
4 just bring a few aspects together, if I may, of your  
5 evidence.

6 When you were with Kelly, you were with her for  
7 some, in the circumstances, significant period of time,  
8 weren't you?

9 A. Yes.

10 Q. Along with your colleague. And during this time, to  
11 bring certain things together, because of the attention  
12 you and your colleagues had given her, CPR, chest  
13 compressions, you'd got her breathing?

14 A. Yes.

15 Q. You'd got her showing signs of life?

16 A. Yes.

17 Q. Whatever, as the chair has rightly informed you, was the  
18 final tragic consequence, you weren't to know that, were  
19 you, or your colleagues weren't to know that?

20 A. No.

21 Q. And indeed, to be fair, Mr Ennis wasn't to know that  
22 either, was he, at that time?

23 A. I can't comment on what Mr Ennis knew.

24 Q. We obviously know from examination of her later that  
25 that was the tragic conclusion. But at the time, no one

34

1 knew that?

2 A. No.

3 Q. So this woman is effectively breathing, showing signs of  
4 life, and for all intents and purposes fighting for her  
5 life?

6 A. Yes.

7 Q. And being given the amazing assistance that you were  
8 giving her at the time. And what your work had done, as  
9 far as Kelly was concerned, was on approximately three  
10 occasions kept her breathing, kept her living?

11 A. Yes.

12 Q. Then Mr Ennis arrives on the scene, doesn't he, just  
13 after you'd got her breathing again or just after she'd  
14 stopped breathing again?

15 A. I think it would have been I'd just got her breathing.  
16 I can't exactly recall.

17 Q. So possibly Mr Ennis arrives on the scene as she had  
18 started breathing again?

19 A. Yes.

20 Q. Again, because of your work and again because of CPR;  
21 correct?

22 A. Yes.

23 Q. And then he told you to stop?

24 A. Yes.

25 Q. And then she died?

35

1 A. I believe so.

2 Q. Did you see Mr Ennis touch her at all or physically  
3 examine her at all?

4 A. No.

5 Q. Apart from when he applied the label on her to say she  
6 was deceased?

7 A. I don't think I was present at that point.

8 Q. We established yesterday that the sole purpose of CPR is  
9 to assist people in breathing who are having problems  
10 with breathing.

11 A. Yes.

12 Q. As far as stretchers are concerned, did you see any form  
13 of stretcher coming to assist Kelly or any form that  
14 could be used to carry her to the urgent treatment she  
15 may have needed?

16 A. The only thing I saw being used were like metal  
17 barriers, hoardings, anything that could be used.

18 Q. Kelly was --- and I realise you had a degree of first aid  
19 training, but you're not medically trained. But from  
20 what you could see, Kelly was in a very serious  
21 condition, wasn't she?

22 A. I believe so.

23 Q. And if anything, even from your assessment, should have  
24 been given priority treatment to be removed urgently  
25 from the scene?

36

1 A. I would have thought so.  
 2 Q. We are aware that others were being removed from the  
 3 scene with lesser injuries? Did you know that or did  
 4 you observe that?  
 5 A. No.  
 6 Q. Did you ever hear anyone say something like, "Stop chest  
 7 compressions because no ambulance is coming soon"?  
 8 A. No.  
 9 Q. Just a few questions on the defibrillator . The  
 10 defibrillator that was provided was effectively useless?  
 11 A. It would have been without pads, yes.  
 12 Q. And that defibrillator came at a very critical time  
 13 in the care and treatment of Kelly, didn't it?  
 14 A. Yes.  
 15 Q. And had that defibrillator been allowed to be applied to  
 16 her, again it may have restored her or assisted her in  
 17 fighting for her life?  
 18 A. It may have done, I really can't answer that one.  
 19 Q. You see ---  
 20 SIR JOHN SAUNDERS: Again, Mr Cooper, this is an important  
 21 issue and I well understand it. First of all, the  
 22 defibrillator could not have saved her life .  
 23 MR COOPER: That's not my point, sir. It's the quality of  
 24 final moments.  
 25 SIR JOHN SAUNDERS: I absolutely know that and I do

1 understand it. Clearly, it is important if  
 2 defibrillators are there which don't have pads so can't  
 3 be used --- my concern is we are exploring it at a stage,  
 4 as it were, when that bit of the evidence has gone by.  
 5 I will ask for further enquiries to be made as to why  
 6 this is that the defibrillator didn't have the pads.  
 7 I well recognise the importance of it, but I also  
 8 recognise, as you will, the importance of looking into  
 9 these matters properly.  
 10 MR COOPER: The only purpose of asking that question at this  
 11 stage was simply for this reason: I'm examining not  
 12 necessarily the survivability of Kelly, others will do  
 13 that in due course when the expert gives evidence, I'm  
 14 dealing with the quality of this woman's final moments,  
 15 her comfort, assisting her in these final moments where  
 16 she's fighting for her life .  
 17 SIR JOHN SAUNDERS: Mr Cooper, I assume you're addressing  
 18 these remarks to me.  
 19 MR COOPER: That was a question, sir.  
 20 SIR JOHN SAUNDERS: Well, I well understand why it's being  
 21 asked and they're perfectly proper ones and  
 22 defibrillators should be in these places and they should  
 23 be obviously usable. What I'm concerned about is we  
 24 need to enquire at some stage why, and what I'm saying  
 25 is I will direct that some enquiries are made so we can

1 get to the bottom of it. Carry on with your question,  
 2 if you have one. I hadn't understood it was a question.  
 3 MR COOPER: I'll put it in a question form and very simply  
 4 to you, if I can. A defibrillator was needed if for  
 5 nothing else to have made Kelly more comfortable? Would  
 6 that be right?  
 7 A. Possibly, yes, it would have assisted.  
 8 MR COOPER: Thank you, sir.  
 9 SIR JOHN SAUNDERS: Thank you, Mr Cooper.  
 10 MS CARTWRIGHT: Could I ask Ms Roberts if she has any  
 11 questions.  
 12 MS ROBERTS: I have no questions. Thank you very much.  
 13 MS CARTWRIGHT: Sir, can I just apologise to Mr Ladenburg,  
 14 I should have gone to him last. Can I check there are  
 15 no matters arising? Thank you.  
 16 Sir, that would then conclude the evidence of  
 17 PC Buckley. Could I ask that we take a morning break at  
 18 this stage for 15 minutes, please?  
 19 SIR JOHN SAUNDERS: Yes. Thank you.  
 20 Thank you very much for your evidence. Everyone has  
 21 congratulated you for what you did and thanks you for  
 22 it .  
 23 (10.40 am)  
 24 (A short break)  
 25 (11.04 am)

1 MS CARTWRIGHT: Sir, it's confirmed that Kelly was 9 metres  
 2 from the detonation at the time of the bomb.  
 3 Could I then please ask for the witness to be sworn.  
 4 PC DANIELLE AYERS (affirmed)  
 5 Questions from MS CARTWRIGHT  
 6 MS CARTWRIGHT: Could you please tell the inquiry your full  
 7 name?  
 8 A. Danielle Marie Ayers.  
 9 Q. And it's right, isn't it, PC Ayers, that you were, on  
 10 22 May 2017, a serving police constable with British  
 11 Transport Police?  
 12 A. That's correct.  
 13 Q. Can you give us some idea as to how long you'd been  
 14 a BTP PC at that time, please?  
 15 A. About 18 months.  
 16 Q. Can I ask you in the course of your training to be  
 17 a police constable, had you had first aid training?  
 18 A. Yes, I had, yes.  
 19 Q. And did you know how to perform CPR?  
 20 A. Yes.  
 21 Q. And had you been trained in how to use a defibrillator?  
 22 A. Yes.  
 23 Q. And had you in the course of your duties ever had to  
 24 perform CPR before?  
 25 A. No.

1 Q. And had you ever used a defibrillator before in the  
2 course of your duties?  
3 A. No.  
4 Q. Thank you. Before you have come to give evidence today  
5 we have already heard a lot of evidence read about what  
6 you did and your involvement that night. I think it's  
7 right, isn't it, at the time the bomb was detonated, you  
8 were in a police van outside the station?  
9 A. Outside Piccadilly Station, yes.  
10 Q. We know then that you attended at the arena and are  
11 captured entering the City Room at 22.35.34.  
12 A. Yes.  
13 Q. We also have heard evidence read that there came a time,  
14 as well as the assistance you provided to others in the  
15 City Room, that you went and provided the first  
16 assistance to Kelly at 22.44 and remained with her for  
17 a period of 28 minutes, providing assistance.  
18 A. Yes, that's correct.  
19 Q. So before asking you these questions, I want you to know  
20 that we've heard the evidence about the detail of what  
21 you did for Kelly. Can I ask you then, when you first  
22 went to Kelly, what did you notice about her  
23 presentation?  
24 A. She wasn't moving, so I just wanted to try and help her.  
25 She was a young female. I went over to her with

41

1 PC Buckley and we just tried to do whatever we could.  
2 SIR JOHN SAUNDERS: Did you know him before?  
3 A. No, I'd never met him.  
4 SIR JOHN SAUNDERS: He was off duty, as we heard.  
5 A. Yes, he identified himself to me.  
6 MS CARTWRIGHT: When you first went to Kelly, you've  
7 described that she wasn't moving. Did you notice  
8 whether she was able to breathe for herself initially?  
9 A. When I got a bit closer, yes, she was taking random,  
10 short, deep breaths.  
11 Q. I think we've also heard from the summary you also  
12 checked whether Kelly had a pulse. What do you recall  
13 about that, please?  
14 A. It was very faint and weak.  
15 Q. When you were with Kelly, did you observe anything about  
16 any injuries she had?  
17 A. There was nothing obvious. She had a few marks on her  
18 body, just small marks, but there was nothing  
19 significant. Myself and Mick tried to find anything  
20 obvious, but we couldn't find anything obvious, like  
21 significant bleeding or obvious trauma, we couldn't find  
22 anything.  
23 Q. We know that there came a time when chest compressions  
24 were commenced. Could you tell us then, when the chest  
25 compressions were performed on Kelly, did they assist

42

1 her in terms of — tell us about that, please.  
2 A. Yes. We initially put her in the recovery position  
3 because she was breathing intermittently, we then  
4 noticed she had stopped breathing, so we put her on to  
5 her back and started CPR. I think maybe did one set and  
6 she did a breath again, so she responded to the CPR, so  
7 we again put her on to her side, into the recovery  
8 position again because she started the intermittent  
9 breathing again.  
10 Q. We've heard read in the summary that there was an  
11 indication at one point that someone went to look for  
12 a stretcher for Kelly; do you remember that?  
13 A. I don't, no, sorry.  
14 Q. Do you recall at any time whether there was any  
15 discussion with anyone or from anyone about evacuation  
16 of Kelly from the City Room?  
17 A. No.  
18 Q. There was a time, we can see, when a bandage was applied  
19 to Kelly by others. Can you recall that being done to  
20 Kelly?  
21 A. No, I can't recall any other persons apart from myself  
22 and PC Buckley.  
23 Q. We know that there came a time when Patrick Ennis from  
24 North West Ambulance Service came to where you,  
25 PC Buckley and Kelly were; do you recall that?

43

1 A. Was that the paramedic that told me to stop?  
2 Q. Yes.  
3 A. Yes, I do remember that are.  
4 Q. First of all, when Mr Ennis came to where you were, do  
5 you recall what Kelly was doing at that time, please?  
6 A. We were doing CPR on her and she wasn't breathing, she  
7 wasn't responding and then — I didn't see Mr Ennis,  
8 I just remember feeling him on my shoulder and him  
9 telling me to stop.  
10 Q. But certainly your recollection is that as he approached  
11 you were performing CPR on Kelly and it's your  
12 recollection that she wasn't breathing?  
13 A. Mm—hm.  
14 Q. So we have heard in the summary that there were  
15 occasions when chest compressions were being performed,  
16 as you have just told us, then her breaths would return.  
17 But are you clear on this occasion when the chest  
18 compressions were being performed that Kelly didn't  
19 breathe following on from them?  
20 A. Yes, because we just didn't know what was going on, we  
21 hadn't seen any paramedics or anything like that and  
22 then Mr Ennis, when I saw him, I thought, "Right, he's  
23 obviously a senior medic", so I've tried everything.  
24 Q. Do you recall then what happened when Mr Ennis came?  
25 A. I just remember him putting his hand on my shoulder and

44

1 telling me to stop.  
 2 Q. Did you see what, if any, assessment of Kelly  
 3 Patrick Ennis made?  
 4 A. No.  
 5 Q. In the first witness statement that you have provided to  
 6 the inquiry, dated 26 June 2017, you describe what  
 7 you have just told us about feeling the hand on your  
 8 shoulder and you say that the senior paramedic told you:  
 9 "You need to stop. I have seen you have done  
 10 everything you could. You need to let her go and help  
 11 someone else."  
 12 Were those additional words said to you at that  
 13 time?  
 14 A. Yes.  
 15 Q. What did you do when you were told to stop?  
 16 A. I left the room for a minute and got a bit upset because  
 17 I just wanted to help her, help get her out.  
 18 Q. Can I ask you, do you recall, before that time,  
 19 a defibrillator being brought to Kelly that couldn't be  
 20 used because it didn't have pads?  
 21 A. No, I don't recall that at all.  
 22 SIR JOHN SAUNDERS: Obviously if you want a break at any  
 23 time we can have one but I am not sure it is going to be  
 24 any better when you start again, is it?  
 25 A. No, it's fine, I've come prepared.

1 SIR JOHN SAUNDERS: Thank you.  
 2 MS CARTWRIGHT: Can I ask you then, when you were told to  
 3 stop, and you have told us then you left, was any  
 4 information sought from you and PC Buckley about what  
 5 you had done for Kelly and the care you'd provided to  
 6 her and what you had observed of Kelly?  
 7 A. No. I just left the City Room for a second with one of  
 8 the sergeants and then had a minute and then came back  
 9 in.  
 10 MS CARTWRIGHT: Thank you.  
 11 Sir, do you have any additional questions you would  
 12 like to ask?  
 13 SIR JOHN SAUNDERS: No, thank you very much.  
 14 MS CARTWRIGHT: Could I then please turn, first of all, to  
 15 Mr Cooper to ask any questions he has, please.  
 16 Questions from MR COOPER  
 17 MR COOPER: You know what the first thing I want to let you  
 18 know is? The family think you're a star and they want  
 19 to thank you for everything --  
 20 SIR JOHN SAUNDERS: I think you're not going to stop her  
 21 crying! I think it might make it worse.  
 22 MR COOPER: Let's make that clear: the family think you're  
 23 a star, you did everything you could.  
 24 A. I appreciate that. I did what everyone else would have  
 25 done.

1 Q. You did, and in the time going forward, as I said to  
 2 your colleague Mr Buckley, take that with you. I don't  
 3 want you to be upset with me -- you'll get me crying.  
 4 I just have a few questions to ask you, just to  
 5 clarify a few things, if I can, and it'll be over in  
 6 minutes.  
 7 One of the things you said in your statement, which  
 8 you made on 22 July 2021, was that Ian Parry said to  
 9 you -- paragraph 30 for those that want to see it -- he  
 10 said:  
 11 "An ambulance won't be coming for her any time soon,  
 12 so you might as well stop."  
 13 Do you remember him saying that?  
 14 A. Yes.  
 15 Q. And that's what Mr Parry said to you:  
 16 "An ambulance won't be coming for her any time soon,  
 17 so I (sic) might as well stop."  
 18 And you say -- this was in relation to  
 19 Kelly Brewster:  
 20 "I cannot recall anything more about the  
 21 conversation other than me getting a little annoyed as  
 22 I was thinking how he would know that no ambulance was  
 23 coming."  
 24 SIR JOHN SAUNDERS: Just help me about identifying Mr Parry  
 25 from that, will you? I can see it's mentioned he's

1 a senior medic, but I haven't got the part in the  
 2 statement which identifies Mr Parry.  
 3 MR COOPER: Sir, you may well be right. The reference is  
 4 {INQ041756/5}, paragraph 30.  
 5 SIR JOHN SAUNDERS: I'm not suggesting you're wrong. You're  
 6 quite right. In the first statement he's not  
 7 identified.  
 8 MR COOPER: No, sir, but {INQ041756/5}, paragraph 30.  
 9 You take a pulse, don't you, and indeed your  
 10 colleague PC Buckley took a pulse as well and you felt  
 11 a pulse?  
 12 A. Yes.  
 13 Q. That's normal police practice, I presume, to take  
 14 a pulse in these situations and check for signs of life?  
 15 A. Yes.  
 16 Q. Did anyone ask you at all whether you'd taken a pulse?  
 17 A. No.  
 18 Q. I promised you it would be a few minutes, didn't I?  
 19 Always trust a lawyer!  
 20 SIR JOHN SAUNDERS: That could be difficult, but fine,  
 21 thank you.  
 22 MS CARTWRIGHT: Can I just check Mr Ladenburg has no  
 23 questions.  
 24 Does Ms Roberts have any questions?  
 25 MS ROBERTS: No, I don't, thank you very much.

1 MS CARTWRIGHT: Could I ask Ms Hollos whether she has any  
 2 questions.  
 3 That would then conclude the evidence of PC Ayers.  
 4 Sir, I am going to have to ask if we could have another  
 5 short break, please, of maybe 10 minutes.  
 6 SIR JOHN SAUNDERS: Thank you for doing all that you could  
 7 on the night and for coming today.  
 8 A. Thank you.  
 9 (11.16 am)  
 10 (A short break)  
 11 (11.28 am)  
 12 MS CARTWRIGHT: Sir, the gentleman in the witness box is  
 13 Ryan Billington, who has given evidence on a number of  
 14 occasions and does not need to be sworn.  
 15 SIR JOHN SAUNDERS: Thank you very much for coming back.  
 16 I am sorry we can't do all your evidence in one piece.  
 17 MR RYAN BILLINGTON (recalled)  
 18 Questions from MS CARTWRIGHT  
 19 MS CARTWRIGHT: Mr Billington, your evidence today is to  
 20 deal with Kelly Brewster and I think you're anxious for  
 21 it to be known at the outset that you actually don't  
 22 have a recollection of Kelly herself and the  
 23 interactions you had.  
 24 A. Yes, that's correct.  
 25 Q. And you are anxious that no disrespect is seen from that

49

1 being the position.  
 2 A. Yes.  
 3 Q. To set in context, again, the two occasions where you  
 4 are captured going to assist Kelly, the first one of  
 5 those is at 22.51.53 when you are captured at a time  
 6 when Kelly was with a ShowSec member of staff called  
 7 Megan Balmer. You are seen to be bending down,  
 8 performing some form of check on Kelly.  
 9 Do you have any recollection of what you were doing  
 10 and what check you were performing on Kelly at that  
 11 time?  
 12 A. I remember an interaction with a member of ShowSec  
 13 staff, I remember them being a female member. I don't  
 14 remember any interaction with Kelly, I don't remember  
 15 what check I was performing.  
 16 Q. So would you have any recollection as to whether Kelly  
 17 would have been breathing at that time?  
 18 A. Unfortunately not, no.  
 19 Q. Then, please, if we can move forward to the next  
 20 occasion where you're captured going to Kelly at a time  
 21 when she is being assisted by PC Ayers at 22.56.48,  
 22 where there's an aspect of conversation that's captured  
 23 with PC Ayers, including part of a conversation which  
 24 includes, "Got no breaths". Do you recall that  
 25 interaction with PC Ayers?

50

1 A. Unfortunately, no, I don't.  
 2 Q. And can you assist us at all as to what Kelly's  
 3 condition would have been at that stage and whether she  
 4 would be able to breathe?  
 5 A. I don't mean any offence, but I saw a number of patients  
 6 that night, all with very similar injuries, and I don't  
 7 remember Kelly, unfortunately.  
 8 MR COOPER: Thank you.  
 9 Mr Billington I'm going to ask Mr Cooper to ask any  
 10 questions of you that he has.  
 11 Questions from MR COOPER  
 12 MR COOPER: Thank you.  
 13 Just this, Mr Billington, it's a general question:  
 14 were you aware of directions given, for instance  
 15 generally, a policy by NWAS that was passed on to those  
 16 of you who were working in the field as to how to react  
 17 to casualties in a major incident?  
 18 A. I'm aware of the general major incident policy that NWAS  
 19 follow, but I don't remember NWAS specifically giving  
 20 ETUK any directions to follow.  
 21 SIR JOHN SAUNDERS: Mr Cooper, just so I know, are you  
 22 considering directions on the night or just in general  
 23 terms?  
 24 MR COOPER: The policy when it comes to triage, if I can put  
 25 it as delicately as possible, and decisions to be made

51

1 as to when to continue or not to continue.  
 2 SIR JOHN SAUNDERS: Okay, thank you.  
 3 MR COOPER: Just on that.  
 4 I'm trying to be as sensitive as I can, but  
 5 obviously there was a directive, a policy, what  
 6 you will, that NWAS undertook, and we've heard from  
 7 Mr Ennis about it. Was that a policy, when it came to  
 8 making decisions as to whether to continue or to  
 9 discontinue treatment, was that something that you were  
 10 using on the night?  
 11 A. Yes, in my own mind I was using the sieve and sort  
 12 protocol when assessing patients.  
 13 Q. Yes. Was that protocol passed on to you either on the  
 14 night or in previous training?  
 15 A. In previous training, yes.  
 16 SIR JOHN SAUNDERS: We know you worked as a paramedic, don't  
 17 we; is that right?  
 18 A. I was a student paramedic with the Ambulance Service  
 19 at the time.  
 20 SIR JOHN SAUNDERS: That's where you got the training from?  
 21 A. Yes, that's right.  
 22 MR COOPER: And that's where you understood the protocol  
 23 from, of when and when not to continue treatment?  
 24 A. Yes.  
 25 Q. And you've just said, let me be clear about this, that

52

1 was the protocol that you were using on the night at the  
 2 arena, is it?  
 3 A. Yes. It's a national protocol, so I was using it that  
 4 night.  
 5 MR COOPER: Thank you, sir. I have no further questions?  
 6 SIR JOHN SAUNDERS: Thank you, Mr Cooper.  
 7 MS CARTWRIGHT: Can I ask if Ms Roberts has any questions,  
 8 please?  
 9 MS ROBERTS: No, I don't, thank you very much.  
 10 MS CARTWRIGHT: Mr Ladenburg? No.  
 11 That concludes Mr Billington's evidence today.  
 12 SIR JOHN SAUNDERS: Thank you very much for coming. I think  
 13 you may be coming back.  
 14 A. Yes, sir, on Thursday and next week.  
 15 SIR JOHN SAUNDERS: Thank you. If you'd like to leave now.  
 16 MS CARTWRIGHT: Could I ask for Marianne Gibson to be  
 17 called.  
 18 MS MARIANNE GIBSON (affirmed)  
 19 Questions from MS CARTWRIGHT  
 20 MS CARTWRIGHT: Can you please tell the inquiry your full  
 21 name?  
 22 A. It's Marianne Ellen Gibson.  
 23 Q. Ms Gibson, we know that you were working for ETUK at the  
 24 Ariana Grande concert on 22 May 2017. Can I briefly  
 25 then ask you about the training that you had had? It's

53

1 right, isn't it, that you had started work at the arena  
 2 in 2008?  
 3 A. Yes.  
 4 Q. And you tell us in the witness statement from September  
 5 of 2017 you were a student nurse at that time?  
 6 A. Yes.  
 7 Q. But is it right that you hadn't commenced becoming  
 8 a student nurse, the training, on the night of the arena  
 9 attack?  
 10 A. That's correct.  
 11 Q. So what was your day job at that time, please?  
 12 A. I was a secondary physical education and science  
 13 teacher.  
 14 Q. Can you tell us, as part of that work in a school, had  
 15 you undergone first aid training?  
 16 A. Yes, we'd have regular in-house training. Also I would  
 17 undertake, at least every 3 years, a three-day First Aid  
 18 at Work course and separate paediatric modules  
 19 considering I was working with children as well as  
 20 adults.  
 21 Q. Can I ask you, during the time when you'd worked for  
 22 ETUK, had you had additional training with them?  
 23 A. Yes. So Mr Parry would put on ad hoc sessions, things  
 24 like observation taking. They weren't regular, but I do  
 25 remember there were some on occasions, sort of in-house

54

1 training over the time that I was there.  
 2 Q. You tell us in the witness statement that you had been  
 3 initially a first aider for ETUK, but you'd also been  
 4 promoted so that you could perform the role of an  
 5 emergency medical technician.  
 6 A. Yes, that's correct.  
 7 Q. Can you tell us when you were able then to perform the  
 8 role of an EMT at the arena?  
 9 A. As I understand it, for all events there should be two  
 10 EMTs present, with the rest of the medical team made up  
 11 of first aiders.  
 12 Q. Thank you. Had you had any additional training through  
 13 the work of ETUK that assisted you in your duties on  
 14 22 May 2017? Had you undergone -- I think you  
 15 referenced an FPOS course.  
 16 A. Yes, my FPOS course, which is a BTEC course, which  
 17 stands for first person on scene, is a five-day course.  
 18 I did mine down in Essex with a company called  
 19 Alpha Training, but that wasn't with ETUK. I did that  
 20 in January 2017.  
 21 Q. Thank you. Just to confirm, what role were you working  
 22 in for ETUK on 22 May? Was it as a first aider or as an  
 23 EMT?  
 24 A. I was working as a first aider, as I believe Ian Parry  
 25 classed himself and Ryan Billington as the EMTs, but on

55

1 some other nights I would have been named as the EMT.  
 2 Q. Thank you. Then finally before we move to deal with the  
 3 relevant evidence you have today for Kelly Brewster, can  
 4 I ask you, with the training that you had at that time,  
 5 were you confident in performing CPR?  
 6 A. Yes.  
 7 Q. And did you know how to use a defibrillator?  
 8 A. Yes, certainly.  
 9 Q. Thank you.  
 10 Ms Gibson, before you have come into the hearing  
 11 room today to give evidence, we've heard a summary of  
 12 the assistance that was provided to Kelly, so I am just  
 13 going to ask you now questions about whether you can  
 14 assist with giving any further clarity about the time  
 15 you're seen assisting Kelly at 22.52.13. Can I just  
 16 before doing that make clear that you weren't in the  
 17 City Room at the time of the detonation but we know that  
 18 you entered at 22.40.30. At that time then you went to  
 19 provide assistance to a number of casualties and before  
 20 directly going to Kelly, you had spent a period of time  
 21 in particular assisting Jane Tweddle.  
 22 A. Yes.  
 23 Q. So can I ask you, do you have a recollection of  
 24 assisting Kelly at 22.52.13?  
 25 A. No, I don't.

56

1 Q. We can see from the sequence of events footage that  
 2 you are seen cutting away Kelly's clothing and then  
 3 remain with her at 22.52.51. So can you assist as to  
 4 why you would have been cutting away Kelly's clothing at  
 5 that time?  
 6 A. So even though I don't remember, I have a recollection  
 7 of cutting Kelly's clothing. I would have done so to  
 8 expose any areas which would have otherwise been unseen  
 9 fully clothed, such as checking for areas where blood  
 10 loss may be coming out, injuries that wouldn't be  
 11 visible with clothing on, as part of my ABCDE approach,  
 12 E for exposure, in assessing casualties.  
 13 Q. In terms of the mnemonic, is that airway, breathing,  
 14 circulation, disability and exposure?  
 15 A. That's right, yes.  
 16 Q. And I think you describe in your witness statement that  
 17 that's doing a top-to-toe check for any injuries?  
 18 A. That's right, yes, a top-to-toe check, so I would have  
 19 done that.  
 20 Q. Can you assist us then from -- we can see after you cut  
 21 away Kelly's clothing, very shortly after that time you  
 22 move on. Can you assist as to whether that helps us as  
 23 to what you would have observed in Kelly at that time?  
 24 SIR JOHN SAUNDERS: If you can't, say you can't. Don't  
 25 guess. If you can help, then do.

57

1 A. Absolutely. So I believe from what I hear, I cut  
 2 Kelly's clothing and I moved on. I don't know why,  
 3 I just know that there were multiple casualties and  
 4 I must have moved on.  
 5 MS CARTWRIGHT: Can I ask you, if you'd come upon a casualty  
 6 that was unconscious but not breathing, would you have  
 7 gone on to perform CPR?  
 8 A. Yes, I would have done. However, we were at the time  
 9 having lots of casualties and not enough responders, so  
 10 it may well have been there were other people around  
 11 with bleeding that could be stopped and I imagine I was  
 12 at the time going casualty to casualty to casualty. But  
 13 yes, in the normal course of events, without it being  
 14 multiple casualties, I would have gone straight on CPR,  
 15 with a non-breathing casualty, and called for a defib.  
 16 MS CARTWRIGHT: Thank you. Can you wait there? There may  
 17 be other questions. Sir, do you have any questions?  
 18 SIR JOHN SAUNDERS: No, thank you very much.  
 19 MS CARTWRIGHT: Can I ask Mr Cooper to ask his questions,  
 20 please.  
 21 Questions from MR COOPER  
 22 MR COOPER: Very briefly, if I can. I represent the family  
 23 of Kelly Brewster.  
 24 I just want to ask you, please, Ms Gibson, on just  
 25 one defined area, and that's on multi-casualty triage.

58

1 You said in one of your statements, I don't need to take  
 2 you to it, I will read the relevant parts of it:  
 3 "There was instruction given over the radio, which  
 4 said: catastrophic bleeding only, we're stopping  
 5 catastrophic bleeding only; if they're not breathing,  
 6 leave them."  
 7 And you say:  
 8 "It sounds harsh, but those are the rules of  
 9 multi-casualty triage."  
 10 Sir, for your information I'm getting that paragraph  
 11 from {INQ005103/4} of 7.  
 12 SIR JOHN SAUNDERS: Thank you.  
 13 MR COOPER: I'm only asking you, obviously, about that  
 14 defined few sentences. You arrived at the scene at  
 15 around about 22.40, I think we've heard. When was that  
 16 instruction given?  
 17 A. I believe, I can't put an exact time on it, it was  
 18 either on the way to the City Room or probably in the  
 19 City Room. So myself and my partner, we had a radio  
 20 between us, I had the radio and an earpiece, and  
 21 it would have been given through my earpiece on the  
 22 radio.  
 23 Q. Who gave you that instruction? Can you remember?  
 24 A. I believe it was Ryan Billington.  
 25 Q. You think it may have been very shortly after you

59

1 arrived at 22.40?  
 2 A. I think so and I think I was given the instruction --  
 3 again, I'm not sure again who by.  
 4 Q. In that radio that you had, was it a two-way radio?  
 5 Can you respond on it or do you just receive  
 6 information?  
 7 A. No, indeed it was a two-way radio.  
 8 Q. Did you respond to that direction or simply take it on  
 9 board and work by it?  
 10 A. So I did not respond. I may have said -- I can't  
 11 remember what medic call sign I was, but, "Medic  
 12 [so-and-so] received". I just remember hearing it.  
 13 Q. You said in the short piece I read to you that you were  
 14 told, all your colleagues were told: if they're not  
 15 breathing, leave them. I presume from that, it was  
 16 understood, if they are breathing, help them?  
 17 A. Yes.  
 18 Q. So even, for instance, if they'd stopped breathing and  
 19 CPR and chest compressions had got them breathing again,  
 20 you'd certainly stay with them and keep working?  
 21 A. Absolutely, yes.  
 22 Q. Thank you. You refer to it being the rule of  
 23 multi-casualty triage -- this is the rule laid down by  
 24 NWSA, I presume?  
 25 A. It's something they get taught briefly on a three-day

60



1 first aid course and I believe NWAS follow similar  
 2 protocols.  
 3 Q. Do you know where the rule comes from? It maybe another  
 4 witness I should ask this to, but obviously NWAS  
 5 propagate it and utilise it. Is it an NWAS rule or does  
 6 it come — as far as you're aware — from anywhere else?  
 7 A. I believe globally it's a practice used and I believe it  
 8 comes from sort of war zone type situations, where  
 9 perhaps an explosion happens, multiple casualties, and  
 10 then you've got the army medic who has to make them  
 11 difficult decisions. I believe that's where it comes  
 12 from.  
 13 SIR JOHN SAUNDERS: Let me clarify about your connection  
 14 with NWAS. You have no connection with NWAS, as  
 15 I understand it?  
 16 A. No, I worked for ETUK, which was a private  
 17 ambulance service.  
 18 SIR JOHN SAUNDERS: You've also been trained as a nurse,  
 19 haven't you?  
 20 A. No, I began — I have had some nurse training, I'm not  
 21 a qualified nurse at present.  
 22 SIR JOHN SAUNDERS: Okay, but you began the studying at the  
 23 University of Sheffield, I think?  
 24 A. That's right, a few months after the arena incident,  
 25 yes.

61

1 SIR JOHN SAUNDERS: So any connections you've had haven't  
 2 been directly from NWAS and you're just saying what the  
 3 general teaching appears to be?  
 4 A. No, I've never been employed by NWAS, but I've got  
 5 an appreciation of their working practices because we  
 6 work with them as a private provider.  
 7 SIR JOHN SAUNDERS: Of course, thank you.  
 8 MR COOPER: I understand you're not working for them, I'm  
 9 asking about the rule itself, whether it's given to  
 10 people as: this is the NWAS rule, they've adopted it  
 11 from war zones and this is what we're universally  
 12 expected to operate by. Is that the sort of thing —  
 13 A. So speaking for myself, it had just been from general  
 14 knowledge and knowledge from the various first aid  
 15 courses I've been on about multi-casualty triage. But  
 16 what you have to remember is there were more and more  
 17 specifically police officers coming pouring into the  
 18 City Room at various intervals and with more and more  
 19 responders, that rule of multi-casualty triage... That  
 20 was when maybe more attempts could be made on the people  
 21 that weren't breathing. Does that make any sense?  
 22 Q. It makes perfect sense, if I may say so. So the actual  
 23 multi-casualty triage thing is supposed to be revisited  
 24 regularly given changing circumstances?  
 25 A. Well, I think it's different, like for example going —

62

1 sorry to be off topic, but like an army medic going in  
 2 and there's 30 people on the floor — when BTP were just  
 3 — and Travel Safe officers were like loads and  
 4 literally, "What do you want us to do", there's no point  
 5 saying, "Don't do anything", it's worth a go. So it's  
 6 that and then with the, like, triage algorithm in your  
 7 head as well.  
 8 Q. We're aware of algorithms and how they can work and  
 9 sometimes not work in education and things like that.  
 10 But would you, and this is my final question, and you  
 11 were there, and if you can help me, would it have helped  
 12 perhaps for people like you, doing your best in  
 13 difficult circumstances, that the multi-casualty triage  
 14 system was a little more flexible? It's not a war zone  
 15 after all. It might look like one but it is different  
 16 to a war zone.  
 17 A. I just think it's very hard for the families to hear,  
 18 but if someone is not breathing, they're deceased and  
 19 they're dead, we don't do anything for them, but we're  
 20 not doctors —  
 21 Q. I understand.  
 22 A. — and I myself at the time wasn't a healthcare  
 23 professional, let alone a medical doctor —  
 24 Q. Of course.  
 25 A. — and if there's people willing and able and for

63

1 future, if anything like this happens again, that there  
 2 is room in that algorithm — that's a personal —  
 3 Q. Of course.  
 4 A. — thing that I've thought about over the last few  
 5 years.  
 6 MR COOPER: I'm glad I asked you the question then.  
 7 Thank you.  
 8 MS CARTWRIGHT: Ms Roberts, do you have any questions,  
 9 please?  
 10 MS ROBERTS: No, thank you very much.  
 11 MS CARTWRIGHT: That would conclude Marianne Gibson's  
 12 evidence today. She is scheduled to return, sir.  
 13 SIR JOHN SAUNDERS: Sorry you have to come back, but  
 14 thank you very much for coming.  
 15 MS CARTWRIGHT: Sir, can I ask that you remain on the bench  
 16 while we call the final witness for Kelly's evidence,  
 17 Patrick Ennis, please?  
 18 MR PATRICK ENNIS (recalled)  
 19 MS CARTWRIGHT: Good morning, Mr Ennis. You're aware you  
 20 attend today the inquiry hearing room to provide  
 21 evidence in respect of your interaction with  
 22 Kelly Brewster?  
 23 A. Yes.  
 24 Q. Before today, it's right, isn't it, Mr Ennis, that  
 25 you have had shown to you the timings that relate to

64

1 your interaction with Kelly?  
 2 A. Yes, I have, yes.  
 3 Q. And you confirmed in that witness statement that you  
 4 cannot recall your interaction with Kelly?  
 5 A. I'm not sure that's entirely correct. I might have at  
 6 one point in one of the statements not been able to  
 7 recall specifically, but actually this interaction I do  
 8 recall quite well; I just didn't necessarily at the time  
 9 have the context of exactly who this was this relation  
 10 to.  
 11 Q. Perhaps then if I just clarify that question. So you  
 12 provided a witness statement dated 17 September 2021,  
 13 when officers dealt with the chronology relating to  
 14 Kelly and you say:  
 15 "My interactions with Kelly Brewster occurred  
 16 between 23.10.14 and 23.11.20. Unfortunately, I am  
 17 unable to recall any interaction with Kelly Brewster."  
 18 A. I think at the time there was -- I had... I had two  
 19 strong recollections afterwards about interactions with  
 20 police officers and patients who I had had to,  
 21 unfortunately, stop the police from doing CPR on because  
 22 it was unsuccessful and at the time I wasn't sure  
 23 exactly who that related to. I have since been made  
 24 aware from the detailed sequence of events that one of  
 25 these recollections is in relation to Kelly Brewster,

65

1 but I perhaps didn't know that at the time, at the time  
 2 that statement was taken.  
 3 Q. So that was -- the statement was provided in September  
 4 of this year. Is it subsequent to that statement that  
 5 you have realised you have a recollection that does link  
 6 to Kelly?  
 7 A. I have a recollection of the details that we will be  
 8 discussing in terms of... You know, in terms of the  
 9 interaction, particularly with the police officers,  
 10 around the question that they stop CPR and then having  
 11 to revisit that, so I do recall that, yes.  
 12 Q. Perhaps then if we just set those in context and then  
 13 I can ask you whether you can assist us as to any  
 14 recollection about that decision-making, please.  
 15 We have had read before you came into the hearing  
 16 room that you approached PC Buckley and PC Ayers at  
 17 23.10.14 at a time when PC Buckley had stopped providing  
 18 chest compressions. The sequence of events captures you  
 19 reaching forward with your left hand to assess Kelly at  
 20 23.10.24 and then it describes you walking away from  
 21 Kelly at 23.10.42.  
 22 So in terms of that first interaction, can I ask you  
 23 what you recall about that, please, and what you were  
 24 doing?  
 25 A. As I recall, CPR, so chest compressions, from the BTP

66

1 and off-duty GMP officer were ongoing. They paused the  
 2 chest compressions in order for me to assess.  
 3 Unfortunately, there were no signs of life, there was no  
 4 breathing.  
 5 Q. So when you're captured leaning forward with your left  
 6 hand towards Kelly, are you able to assist us as to what  
 7 you were doing at that time?  
 8 A. I don't specifically recall and I've looked at the  
 9 sequence of events to see if that could provide a bit  
 10 more clarity. It's possible that I was checking for  
 11 a pulse or ensuring that her airway was open in order to  
 12 be able to ascertain definitively whether she was  
 13 breathing or not. That would have been -- my main aim  
 14 was to work out if she was breathing.  
 15 Q. After you are seen leaving Kelly at 23.10.42, the  
 16 sequence of events captures PC Ayers checking for signs  
 17 of life from Kelly at 23.10.53 and then commencing again  
 18 chest compressions at 23.11.02, and then you approaching  
 19 Kelly at 23.11.13, leaning over PC Ayers, and PC Buckley  
 20 continuing to treat Kelly. Then at 23.11.20, again you  
 21 still leaning over Kelly, and then you leaving at  
 22 23.11.23, so essentially a 1-minute interaction. But  
 23 when you left the chest compressions stopped. Can you  
 24 assist us as to that interaction, please, and what was  
 25 taking place?

67

1 A. I understand or I recall that after my initial  
 2 suggestion that unfortunately she was dead and CPR or  
 3 chest compressions should stop that the police officers  
 4 decided to, completely understandably, carry on chest  
 5 compressions. When I returned it was to reconfirm that  
 6 she was in cardiac arrest and that it wasn't appropriate  
 7 to carry on chest compressions. I believe that my --  
 8 although I don't remember the specifics of what I said,  
 9 I believe I said something along the lines of, "You've  
 10 done everything you can, unfortunately she's beyond  
 11 help, we've got other people we need you to help with".  
 12 Q. So is it your recollection that on that first occasion  
 13 you had told PC Buckley and PC Ayers to stop and that  
 14 Kelly was dead?  
 15 A. Yes.  
 16 Q. And are you clear about that?  
 17 A. The first interaction?  
 18 Q. So between 23.10.14 and 23.10.24, with you leaving then  
 19 at 23.10.42.  
 20 A. Yes.  
 21 Q. So can I ask you then, in terms of that first  
 22 interaction, that lasted just under 30 seconds, how you  
 23 were confident to be able to say that Kelly was dead?  
 24 A. Chest compressions were being given, there was no  
 25 response that I could see to those chest compressions,

68

1 and at the time that I assessed her, there was no  
 2 breathing and there were no signs of life .  
 3 Q. Can I ask you, would it have been important to — were  
 4 you given information that they had managed to, when  
 5 performing chest compressions earlier, to cause Kelly to  
 6 breathe again when those chest compressions were  
 7 performed?  
 8 A. It wouldn't alter the decision that was made because the  
 9 decision is made at that time. So at the time that  
 10 somebody is assessed, if they aren't breathing, then  
 11 unfortunately they are in this context dead. So it  
 12 potentially — the point that they stop breathing could  
 13 have been some minutes earlier or some seconds earlier,  
 14 but the decision would still be the same, unfortunately.  
 15 It is a very, very difficult thing to judge whether  
 16 or not there's a response to CPR, but CPR is very much  
 17 a measure to try and provide some circulating blood  
 18 volume to try and buy some time until definitive care  
 19 can be provided, which in this context would be trauma  
 20 resuscitation with intravenous fluids, preferably blood  
 21 products, oxygenation and other invasive procedures.  
 22 None of that would have been available, so the chance of  
 23 CPR alone taking someone in this context from cardiac  
 24 arrest back to having a return of spontaneous  
 25 circulation is very unlikely .

69

1 Q. Can I ask you, in terms of the observations then you  
 2 made of Kelly before you arrived after that first —  
 3 your evidence after that first interaction when you had  
 4 told PC Ayers and PC Buckley that Kelly was deceased,  
 5 we can see that you put your hand out and touched Kelly,  
 6 but there doesn't seem to be any form of top-to-toe  
 7 assessment of the injuries of Kelly to understand how  
 8 she was in the state that she was.  
 9 A. Unfortunately, being a mass casualty situation, the  
 10 protocol is based around a very, very simple assessment  
 11 because it's a complex situation with many, many  
 12 casualties. So the assessment calls for the airway to  
 13 be opened and an assessment then of whether the person  
 14 is breathing or not, not an assessment of the injuries,  
 15 because the injuries could be potentially very minimal,  
 16 but if the person is in cardiac arrest as a result of  
 17 that, the decision would still be the same.  
 18 The Resuscitation Council, their guidance calls for  
 19 us to make a decision about whether somebody is in  
 20 cardiac arrest in under 10 seconds. That's a time  
 21 period that in a normal resuscitation we would be  
 22 expected to make a decision as to whether somebody is in  
 23 cardiac arrest or not. This is what we're trained to  
 24 do.  
 25 As a Resus Council advanced life support and

70

1 paediatric advanced life support instructor, I'm able to  
 2 make these decisions in a short period of time. So  
 3 I don't want the fact that it was a short period of time  
 4 to seem a flippant amount of time. As a trained  
 5 professional, it takes a very short window of time to be  
 6 able to determine whether somebody is in cardiac arrest,  
 7 and actually within the context of a mass casualty  
 8 incident, it isn't actually defined that you have to  
 9 determine that they're in cardiac arrest, simply that  
 10 they're not breathing.  
 11 Q. We know that before you had gone to Kelly, someone had  
 12 brought a defibrillator to her, which couldn't be used  
 13 because it didn't have pads on it. But were you aware  
 14 at the time when you arrived at your decision that Kelly  
 15 had died that she had not had the opportunity of  
 16 a defibrillator being used on her?  
 17 A. I wasn't. I'm sure I would have been aware that there  
 18 wasn't a defib attached to her. That would have been  
 19 something that I was aware of. However, a defibrillator  
 20 would not have been something that I would have expected  
 21 to be used, actually, in that situation. It isn't  
 22 a piece of equipment that would have been useful in that  
 23 situation.  
 24 Q. Can you then just clarify why you would not expect that  
 25 equipment to be used?

71

1 A. Certainly. So a defibrillator is a very useful piece of  
 2 equipment, but it's for a very, very specific type of  
 3 cardiac arrest in which the heart, for whatever reason,  
 4 either an electrical problem or as a result of  
 5 a blockage somewhere, a cardiac infarction, would go  
 6 into an abnormal heart rhythm.  
 7 There are only two heart rhythms that it's designed  
 8 to shock: one is ventricular fibrillation and one is  
 9 ventricular tachycardia. This is designed for a primary  
 10 cardiac cause of cardiac arrest. So this is something  
 11 that for a medical cardiac arrest, which would be far  
 12 more likely, generally, than a traumatic one, it may be  
 13 useful. But it would still only actually be of benefit  
 14 in a medical cardiac arrest with a rhythm that was  
 15 ventricular fibrillation or ventricular tachycardia.  
 16 In the context of a traumatic cardiac arrest, the  
 17 causes of cardiac arrest are invariably not a heart  
 18 problem but invariably down to either blood loss or  
 19 oxygenation or some kind of obstruction to the blood  
 20 going round the heart, so for instance a tension  
 21 pneumothorax.  
 22 So our trauma cardiac arrest management centres  
 23 around ensuring that a person that is resuscitated with  
 24 hypovolaemia — sorry, with fluids and blood products,  
 25 that oxygen is provided, and also that there is chest

72

1 decompressions bilaterally to ensure there's no tension  
 2 pneumothorax.  
 3 That would be the mainstay treatment outside of  
 4 a mass casualty situation for a traumatic cardiac  
 5 reference and actually chest compressions would  
 6 generally be performed after those initial treatments  
 7 have been undertaken and only when they've not been  
 8 successful.  
 9 A defibrillator is not something that would be used  
 10 or would be beneficial.  
 11 SIR JOHN SAUNDERS: I just want to ask you about -- we're  
 12 going a bit outside what we were expecting to deal with,  
 13 but obviously it's quite important and we can make  
 14 further enquiries about it. You're saying in effect  
 15 that on this night, in the City Room, although  
 16 defibrillators were used, they were of limited if any  
 17 value?  
 18 A. I would say, yes, of limited if any value.  
 19 Unfortunately, everybody who wasn't breathing, it was as  
 20 a result of traumatic injuries --  
 21 SIR JOHN SAUNDERS: I'm going to stop you. I understand  
 22 that and we will obviously look for further guidance  
 23 about it as well.  
 24 A. So I don't think that AEDs would have been of really any  
 25 value in that situation.

73

1 SIR JOHN SAUNDERS: Okay, thank you.  
 2 So what would have been of value would be blood  
 3 products, oxygen?  
 4 A. Yes.  
 5 SIR JOHN SAUNDERS: All of which were downstairs?  
 6 A. Well, blood products wouldn't have been available at  
 7 all.  
 8 SIR JOHN SAUNDERS: Whatever, at the scene?  
 9 A. Not at the scene, no. At the time, they weren't carried  
 10 at all in a pre-hospital environment. They are  
 11 currently carried by the air ambulances but that's  
 12 a fairly recent thing because it's very complex to give  
 13 blood products in pre-hospital care.  
 14 SIR JOHN SAUNDERS: So if you can't give blood products you  
 15 need to give oxygen?  
 16 A. Yes, so intravenous fluids, oxygen, and then also  
 17 procedures such as chest decompression.  
 18 SIR JOHN SAUNDERS: So we know that intravenous fluid would  
 19 have been downstairs?  
 20 A. Yes.  
 21 SIR JOHN SAUNDERS: Oxygen was downstairs?  
 22 A. Yes, and the means of delivering the oxygen as well. So  
 23 an oxygen mask would be suitable for someone who was  
 24 spontaneously breathing. However, if somebody wasn't  
 25 breathing then a method of delivering that, which is

74

1 a bag valve mask potentially, some kind of advanced  
 2 airway.  
 3 SIR JOHN SAUNDERS: So the alternatives there are: get some  
 4 of those things from downstairs upstairs or get the  
 5 patients downstairs?  
 6 A. Potentially, but in order to perform -- full trauma  
 7 resuscitation is something that would take a lot of time  
 8 and a lot of resources, so simply to give fluids would  
 9 involve somebody being able to perform intravenous  
 10 cannulation, which involves a lot of bits of equipment,  
 11 and then fluids, and then that's then somebody's job to  
 12 then hold the fluids because there's nothing as simple  
 13 as a drip hanger.  
 14 In order to provide oxygen to someone who's not  
 15 breathing then oxygen and a bag valve mask to be able to  
 16 deliver the oxygen and somebody then is tasked with that  
 17 job then.  
 18 SIR JOHN SAUNDERS: So it's obviously possible with enough  
 19 resources to get it to the City Room but it may be  
 20 easier to get the patient to the equipment downstairs?  
 21 A. So potentially, but in the context of somebody who's in  
 22 cardiac arrest as a result of traumatic injuries in  
 23 a mass casualty situation, unfortunately the established  
 24 NWS, but also national and international policy,  
 25 is that in that situation, anybody who isn't breathing

75

1 is unfortunately --  
 2 SIR JOHN SAUNDERS: Yes, okay.  
 3 A. -- beyond help, so those efforts wouldn't be performed.  
 4 SIR JOHN SAUNDERS: Okay. I have diverted because it's  
 5 a subject which will be of interest and which we'll need  
 6 to perhaps look at in more detail, but thank you very  
 7 much.  
 8 MS CARTWRIGHT: Can I then confirm, Mr Ennis, at the time  
 9 when you assessed that Kelly had died, can I just have  
 10 absolute clarity, was there any evidence of breathing at  
 11 all?  
 12 A. No, not at the time. Chest compressions had been being  
 13 administered with no response and at the time the chest  
 14 compressions stopped there was no breathing and there  
 15 were no signs of life.  
 16 Q. But it's right, isn't it, that for an unconscious  
 17 patient who is breathing that would put them in the  
 18 category of a P1 patient?  
 19 A. Yes, it is.  
 20 Q. So had you come upon Kelly at an earlier point in the  
 21 City Room when she was unconscious or breathing, your  
 22 assessment would have been that she was a P1 patient?  
 23 A. Sorry, she wasn't conscious but breathing?  
 24 Q. Unconscious but breathing (overspeaking) --  
 25 A. Yes, she would have been priority 1 immediately, yes.

76

1 Q. Can I just have absolute clarity because a comment that  
 2 Danielle Ayers attributes to you almost gives the  
 3 impression that maybe there was still evidence that  
 4 Kelly was alive. Danielle Ayers recalls you telling  
 5 her:  
 6 "You need to stop. I've seen you've done everything  
 7 you could. You need to let her go."  
 8 Can I just ask, do you recall whether you would have  
 9 said, "You need to let her go"? Because that somehow  
 10 implies that there's some evidence that Kelly was still  
 11 alive in some way.  
 12 A. I certainly wouldn't have meant it in that way at all,  
 13 no. The decision to stop chest compressions was very  
 14 much a black-and-white one based on the fact that she  
 15 wasn't breathing. There were no signs of life. So what  
 16 I -- I don't recall --  
 17 SIR JOHN SAUNDERS: If you said it, you meant it in a --  
 18 A. I meant it in a sensitive way because I was aware -- my  
 19 recollection is that PC Ayers was very upset and I was  
 20 aware this was a very, very difficult thing for her  
 21 to -- she was doing a very difficult thing in trying to  
 22 perform chest compressions, I was aware that they were  
 23 unfortunately futile, but I was also aware that although  
 24 this was, unfortunately, a black-and-white decision, it  
 25 wasn't one that any of us take lightly, least of all

77

1 myself. I was very aware that in asking her or  
 2 instructing her to stop that actually this is a very  
 3 difficult thing. So my efforts there were to try and  
 4 support her or reassure her that she'd done everything  
 5 she could but also that she should stop.  
 6 MS CARTWRIGHT: Then finally, Mr Ennis, can I just have  
 7 clarification on one topic we covered yesterday about  
 8 the application of a dead card. Having checked the  
 9 cards that we do have available, it does appear that  
 10 there wasn't anything that you'd need to fill in, on the  
 11 cards that we've had, at the time and I just want to  
 12 check. It seems simply it would be a label that  
 13 identifies a patient as dead.  
 14 A. The cards in use at the time were simply a black card,  
 15 so black on both sides with unfortunately just the word  
 16 "dead" written on, just to be as clear as possible.  
 17 What we actually did on the cards was put our initials  
 18 and, I believe it was the time that it was applied.  
 19 Now, what has come out of the learning from this  
 20 is that actually they need a box on there that actually  
 21 prompts us to write certain information, such as the  
 22 details of the person who's applied it and the time it's  
 23 applied. So although the card itself at the time didn't  
 24 have those prompts, actually there were things that  
 25 needed to be written on there so that then it could be

78

1 identified who had placed it there.  
 2 Q. But I think in any event, we know that notwithstanding  
 3 you'd done your initial sweep of the City Room and been  
 4 back downstairs and then at the time you see Kelly you  
 5 had been back in the room, you did not have the triage  
 6 cards or the dead cards with you still at this time?  
 7 A. No.  
 8 MS CARTWRIGHT: Thank you, Mr Ennis. Could I ask Mr Cooper  
 9 to ask any questions he has, please.  
 10 Questions from MR COOPER  
 11 MR COOPER: Yes, Mr Ennis. As you will assume, I represent  
 12 the family of Kelly Brewster.  
 13 Let me just go back to these protocols that  
 14 obviously played an important part in how you acted on  
 15 the night.  
 16 To your credit, you were there and you were one of  
 17 the first to be there with two other people effectively,  
 18 weren't you?  
 19 A. From the Ambulance Service, yes.  
 20 Q. From the Ambulance Service, of course, I'm focusing on  
 21 the Ambulance Service. So without any doubt whatsoever,  
 22 you would agree that there were limited personnel from  
 23 the Ambulance Service there?  
 24 A. Yes, there were.  
 25 Q. The HART team were not there until much later?

79

1 A. Yes.  
 2 Q. And there were limited resources as far as medical  
 3 professionals are concerned on the scene as well?  
 4 A. Yes, there were, yes.  
 5 Q. All of that meant that the pressure on this protocol,  
 6 multi-casualty protocol, was even more acute?  
 7 A. Yes, it was very necessary to utilise that, yes.  
 8 Q. Because of the matters I have just raised with you?  
 9 A. Yes.  
 10 Q. Lack of NWAS, lack of HART and lack of resources?  
 11 A. Yes.  
 12 Q. Putting the pressure on you, to be fair to you, to have  
 13 to activate this multi-casualty protocol?  
 14 A. Yes. The fact was that there were far more casualties  
 15 than there were people able to render help, which very  
 16 clearly meant that this mass casualty triage sieve  
 17 protocol was required, yes.  
 18 Q. Because we heard from the last witness that the mass  
 19 casualty triage is a fluid thing and the more people and  
 20 the more resources that come on to scene, the less it  
 21 might be needed?  
 22 A. I wouldn't say it's a fluid thing. It is something that  
 23 could change but it's still a black-and-white thing  
 24 in the sense that we've invoked this triage sieve,  
 25 we have made a decision with each person based on that.

80

1 That will be revisited , but what wouldn't be revisited  
 2 was a decision to -- so for instance, if there suddenly  
 3 became a situation where there were far more rescuers  
 4 than casualties , then potentially it may have been  
 5 possible to then treat a person how we perhaps would do  
 6 outside of a mass casualty situation . That wasn't the  
 7 situation that ever occurred in the City Room, nor  
 8 indeed that night at any point, and once a decision had  
 9 been made that unfortunately somebody is dead,  
 10 revisiting that decision 10 minutes later would not be  
 11 one that would benefit somebody.  
 12 Q. I understand that, but I thought the point you were  
 13 accepting was that that black-and-white protocol, as  
 14 you've described it , might not have been necessary if  
 15 there were more people on the scene and more resources  
 16 on the scene.  
 17 SIR JOHN SAUNDERS: And I think he has accepted that. You  
 18 said if there were more people there to treat people,  
 19 then more people would be devoted to each person.  
 20 A. Yes, this is true, but the amount of people that would  
 21 be required would be a great number --  
 22 SIR JOHN SAUNDERS: We can work that out. Thank you.  
 23 MR COOPER: HART certainly would have been a significant  
 24 benefit, wouldn't they, as far as the execution of this  
 25 policy is concerned or the lessening of the need for it?

1 A. If we're talking about the ability to be able to carry  
 2 out full trauma resuscitation of anybody who is not  
 3 breathing then you'd be needing a minimum of four  
 4 rescuers, really , to be able to perform adequate trauma  
 5 resuscitation for every one of the individuals , plus  
 6 also have enough people, enough rescuers to render aid  
 7 to each of the priority 1 casualties , the priority 2  
 8 casualties and the priority 3 --  
 9 SIR JOHN SAUNDERS: Let's just stop for a moment.  
 10 Mr Cooper, I have already reached a very firm conclusion  
 11 about the use of HART and so... Thank you.  
 12 MR COOPER: I'll move on.  
 13 This actual protocol itself , though, it's a mixture  
 14 of national protocols and local NWS protocols, isn't  
 15 it?  
 16 A. No, it's not a mixture. The NWS protocol is taken  
 17 directly from the established ambulance resilience, so  
 18 the NARU teachings throughout the UK, which are taken  
 19 from -- or which align with international trauma  
 20 management and mass casualty management, so across the  
 21 world.  
 22 Q. This international management is based upon how people  
 23 react in war zones; is that right?  
 24 A. It's based on teachings that have come from the military  
 25 because, obviously, with the Iraq and Afghanistan

1 experiences of the military , there was a huge leap  
 2 forward in trauma knowledge and research and management.  
 3 And as a result of that, policies across the world have  
 4 changed in line with the evidence from the military .  
 5 It's still applicable, obviously, in this situation ,  
 6 it's applicable in a variety of mass casualty  
 7 situations , but very much applicable to a situation  
 8 where unfortunately an improvised explosive device has  
 9 been detonated. It's very applicable to a military  
 10 situation .  
 11 Q. You say applicable, so far as you can help us, and this  
 12 is the time for you to help us, not in a combative sort  
 13 of way but to assist us, is there any way you might be  
 14 able to suggest or recommend that this protocol, which  
 15 is born of war zone experiences, might be nuanced or  
 16 developed, bearing in mind those lessons, but also  
 17 bearing in mind that there are nuances when one deals  
 18 with civilian casualties in civilian situations?  
 19 A. I can't think of any situation in which I think it  
 20 should be adapted. Possibly the only thing that springs  
 21 to mind is potentially the use of perhaps tourniquets  
 22 that are able to be administered by the zero responders.  
 23 That's probably about the only area I can think of. So  
 24 in a military situation , there is likely to be a number  
 25 of military personnel there who have all been trained in

1 trauma management. In a civilian situation we're  
 2 talking about an area where there are perhaps police  
 3 officers taught to render first aid in invariably  
 4 medical but not traumatic situations, members of the  
 5 public with the same, and even -- no disrespect to the  
 6 ETUK staff, but also they're very much trained around  
 7 medical causes of injury or medical issues rather than  
 8 traumatic injuries .  
 9 In terms of the actual protocol, though, I don't see  
 10 any change or adaptation that is required. I think it's  
 11 an appropriate thing in this situation or in any other  
 12 mass casualty situation .  
 13 Q. I was asking you more specifically , and it's my fault  
 14 for not being specific , in terms of guidance as to how  
 15 to declare when someone is dead and to discontinue  
 16 treatment. Would there be views you can give as to  
 17 whether in civilian situations that guidance, that  
 18 black-and-white guidance, which as you have acknowledged  
 19 can seem very harsh to the public, can be in some way  
 20 modified without losing its effect ?  
 21 A. I am not sure how you'd suggest modifying it.  
 22 SIR JOHN SAUNDERS: It's a big question and obviously we'll  
 23 get submissions about it. If you do have any  
 24 recommendations from your experience of what happened on  
 25 this night as to how the protocol could be adapted so it

1 might have a better outcome, then please tell us. Take  
2 time to think about it.

3 A. No, of course. I'm happy to say that I think that the  
4 protocol is correct. I think, unfortunately, if  
5 somebody is not breathing, then within the context of  
6 a traumatic mass casualty situation, unfortunately  
7 I think that the decision that they are dead is correct.  
8 Things like pulse checks, I don't know whether you're  
9 alluding to those, I don't think they are a reliable  
10 means of determining whether somebody is in cardiac  
11 arrest or not because this for anybody is a very, very  
12 heightened and stressful situation and pulse checks  
13 are --

14 SIR JOHN SAUNDERS: I think you have given us this evidence  
15 actually the last time you came.

16 A. Sorry.

17 MR COOPER: On the subject of pulse checks you said you  
18 wouldn't expect the police to take a pulse and you  
19 wouldn't even ask them about it. That's what you said  
20 last time to me, anyway.

21 A. Yes, because it's something that we -- I've worked  
22 in the Ambulance Service for a long time and I work in  
23 hospital. We deal with a lot of cardiac arrests. Pulse  
24 checks are notoriously difficult and unreliable and  
25 certainly in a situation such as that, with somebody who

85

1 has presumably significantly less experience at dealing  
2 with cardiac arrests, the ability to be able to  
3 accurately determine whether a pulse is present or not,  
4 as opposed to feeling their own pulse because of the  
5 increased sympathetic nervous system response, is very  
6 unlikely to be accurate, whereas other things that can  
7 be visualised, such as any response, any breathing, are  
8 far more accurate.

9 Q. Let me be clear because I'm going to move on to the  
10 personal circumstances of Kelly now that it may be that  
11 you were put in a very invidious position on that night  
12 to act quickly by this policy and sometimes perhaps act  
13 too quickly, driven by the policy.

14 A. No, I wouldn't agree with that. I think that the driver  
15 was the number of casualties and that a decision was  
16 made, rapidly but accurately, that there was no  
17 breathing and no signs of life by myself, and I think  
18 that that decision was correct. I don't think that  
19 taking more time over the decision would have rendered  
20 a different outcome.

21 Q. Did you ever, when you were examining Kelly, touch her?

22 A. My recollection is that I did, but I appreciate that on  
23 the sequence of events it can't be accurately seen.  
24 I think it suggests that I knelt down next to her and  
25 leaned forward with my left hand, which would suggest

86

1 that I did, but I can't say with all certainty. But  
2 I was certainly very close to her when I assessed her.

3 Q. Your conclusion that she had life-saving help  
4 discontinued was based on how many seconds of your  
5 examination of her?

6 A. Well, as I said, I am trained in trying to make that  
7 decision --

8 Q. I'm sure.

9 A. -- in under 10 seconds. I think the time I spent was  
10 slightly over that but obviously I don't know the exact  
11 numbers.

12 Q. Given that you made that decision in maybe just over  
13 10 seconds, would it not have been helpful, however  
14 in extremis everyone was, for you to have a short  
15 history of the last 30 minutes of Kelly?

16 A. As I say, the factors leading up to that, leading up to  
17 the point where she is not breathing as a result of her  
18 injuries, would be very relevant in a situation where  
19 she was the only casualty, but unfortunately in  
20 a situation where there were many other casualties, that  
21 information wasn't needed at that time to make that  
22 decision.

23 Q. I'm interested in your response, "It would have been  
24 very relevant in those situations". How would it have  
25 been very relevant?

87

1 A. If she'd been the only casualty?

2 Q. Yes. Why would it have been very relevant if Kelly had  
3 been the only casualty, the history, the 30-minute  
4 history?

5 A. Because if she was the only casualty, then we wouldn't  
6 have been utilising the mass casualty protocol --

7 Q. I know that. I'm asking you why you said having that  
8 information would have been very relevant to her  
9 treatment.

10 A. Because in that situation it would have been appropriate  
11 to resuscitate her, therefore --

12 Q. Thank you. So the relevance of that knowledge of her  
13 condition over the last 30 minutes would have been  
14 relevant to a decision to resuscitate? You have just  
15 said that.

16 A. Yes, it would have been --

17 Q. Yes.

18 A. -- outside of a mass casualty --

19 Q. So outside of a mass casualty situation, attempts would  
20 have been continued to resuscitate Kelly?

21 A. Yes, they would, yes.

22 Q. Because the history I'm talking about is the fact that  
23 for at least 30 minutes, up until 11.00 at night, she  
24 had been showing signs of breathing; yes?

25 A. Yes.

88

1 Q. You didn't know that at the time, did you?  
 2 A. No. As I say I wasn't something that --  
 3 Q. No?  
 4 A. -- was required in order to make the decision. Outside  
 5 of a mass casualty situation, that would have been  
 6 relevant as opposed to somebody who, say, had not shown  
 7 any signs of life for more than 20 minutes, perhaps it  
 8 would have been appropriate to --  
 9 Q. I hope you understand, Mr Ennis, that I'm not personally  
 10 criticising you, I am asking about the policy that was  
 11 driving you to the decisions that you made. This policy  
 12 drove you to not consider asking about how effective CPR  
 13 had been for half an hour, that is that it had got her  
 14 breathing on at least three occasions.  
 15 A. I think it's unlikely. No disrespect meant to anybody,  
 16 but I think it's unlikely that CPR got her breathing  
 17 again. I think it's quite likely that she was either  
 18 exhibiting agonal breathing, which is an abnormal  
 19 pattern of breathing associated with cardiac arrest,  
 20 or --  
 21 SIR JOHN SAUNDERS: Okay. I understand that. It may be  
 22 a false sign, but I don't think that actually comes into  
 23 whether or not you would be enquiring into it because  
 24 under the policy you didn't and I understand that if  
 25 you have one patient only that you're dealing with then

89

1 you're going to go into it, because you have the ability  
 2 to do it --  
 3 A. Yes.  
 4 SIR JOHN SAUNDERS: -- to go into a great deal more detail  
 5 and if you have got a lot of casualties, then you would  
 6 do it much quicker, and that's the distinction.  
 7 I think speculating about it when we don't actually  
 8 know what you would have been told or what you would  
 9 have thought at the time may not be helpful.  
 10 A. Can I just quickly add as well? I think it's important  
 11 to add that a successful outcome from traumatic cardiac  
 12 arrest is incredibly, incredibly rare. So even in  
 13 situations outside of this, where a person is in cardiac  
 14 arrest as a result of trauma and is not breathing with  
 15 no signs of life, the chance of successfully  
 16 resuscitating them is very low -- and that's assuming  
 17 that we've got all the necessary resources.  
 18 MR COOPER: It might be low, it might be rare, but you do  
 19 it, don't you, you fight for them? But the policy  
 20 stopped you.  
 21 A. No, not at all. The number of casualties versus the  
 22 number of rescuers --  
 23 SIR JOHN SAUNDERS: I'm actually going to stop this.  
 24 I understand the point very well and I just remind that,  
 25 tragically, she could not be resuscitated --

90

1 MR COOPER: I know, sir, of course.  
 2 SIR JOHN SAUNDERS: -- but I do understand the point  
 3 perfectly well and of course we'll look at it.  
 4 MR COOPER: The families are very concerned --  
 5 SIR JOHN SAUNDERS: I understand their concern, it's the  
 6 same as mine as well. Maybe they are looking at this  
 7 not happening to other people as well, so we are exactly  
 8 on the same page, as they say, Mr Cooper.  
 9 MR COOPER: As far as the defibrillator is concerned, your  
 10 evidence is that it wouldn't have made any difference in  
 11 any event; is that right?  
 12 A. Yes.  
 13 Q. Do you by any way know how it came about that  
 14 a defibrillator was on the scene without any pads, how  
 15 can this happen? They're just not with them in the  
 16 first place, taken or what? How can that happen?  
 17 A. I'm not sure. I am assuming that the defibrillator  
 18 either belonged to the station or to the arena or to the  
 19 police officers but presumably it had been used at some  
 20 point and no one had replaced the pads, but obviously  
 21 I couldn't speculate on how that occurred really.  
 22 Q. Last question and I'll just go back to the protocol  
 23 again because I just want to be clear about this. In  
 24 terms of the training to understand the protocol, who is  
 25 trained on the protocol, is it people of your seniority

91

1 or is it training given to others and how often is that  
 2 training given?  
 3 A. I think it would probably depend on the role, but  
 4 everybody who works for the Ambulance Service, everybody  
 5 from emergency medical technician, paramedic, advanced  
 6 paramedic, everybody has had major incident training.  
 7 This is covered in mandatory training, which is a yearly  
 8 update, and then at my level I'd also taken part in some  
 9 additional major incident training. Every member of  
 10 NWSA staff who is operational would receive some major  
 11 incident training on a yearly basis and --  
 12 Q. Thank you, Mr Ennis. I make it very clear, although  
 13 I've been putting questions that concern the families to  
 14 you, this is not to be taken -- the fact that you were  
 15 actually on the scene and you were there and you were  
 16 getting involved. So please don't take anything away  
 17 from that positive work that you did on the night.  
 18 SIR JOHN SAUNDERS: Thank you, Mr Cooper.  
 19 MS CARTWRIGHT: Can I finally ask if Ms Roberts has any  
 20 questions, please, sir.  
 21 MS ROBERTS: I don't. Thank you very much.  
 22 MS CARTWRIGHT: That concludes Mr Ennis' evidence today.  
 23 SIR JOHN SAUNDERS: Thank you for coming back and we'll see  
 24 you again.  
 25 MS CARTWRIGHT: Perhaps then if Mr Ennis could just leave

92



1 the witness box. Thank you.  
 2 (The witness withdrew)  
 3 MS CARTWRIGHT: Sir, I know before we formally close this  
 4 chapter 12 evidence for Kelly, Mr Cooper would like to  
 5 say a few words, please.  
 6 MR COOPER: I'm grateful again to my learned friend.  
 7 I indicated to her that those that we represent, the  
 8 family of Kelly Brewster, would like me to read this  
 9 short note:  
 10 "Our family would like to thank everyone who tried  
 11 so hard to save Kelly that night and to those who  
 12 provided her with dignity at the end. We would also  
 13 like to thank everyone who came to Claire and Hollie's  
 14 aid. You will be forever in our thoughts."  
 15 SIR JOHN SAUNDERS: Thank you to the families for that.  
 16 Thank you.  
 17 MS CARTWRIGHT: That would then conclude the chapter 12  
 18 evidence for Kelly Brewster.  
 19 SIR JOHN SAUNDERS: Thank you.  
 20 The death of Kelly Brewster has clearly left an  
 21 enormous gap in the lives of her family, her partner and  
 22 her friends. As one of those said in an earlier  
 23 tribute:  
 24 "We have lost Kelly's future — and what a future it  
 25 promised to be."

93

1 Kelly had already, by the time of her death,  
 2 achieved a great deal. She was an adventurous  
 3 traveller, she was a determined lady, and she combined  
 4 that with a lively sense of fun. She had a successful  
 5 career and a fulfilling family life. I have been told  
 6 that she was the happiest she had ever been at the time  
 7 of her death, about to embark on a new and exciting  
 8 chapter in her life. That doesn't make her death any  
 9 easier to bear for those left behind.  
 10 (12.35 pm)  
 11 (Adjournment)  
 12 (3.30 pm)  
 13 Evidence summary for CHLOE RUTHERFORD AND LIAM CURRY  
 14 MS CARTWRIGHT: Sir, this is the chapter 12 evidence summary  
 15 for Chloe Rutherford and Liam Curry.  
 16 Present in the hearing room are Chloe's mum and dad,  
 17 Lisa and Mark Rutherford, and Liam Curry's mum,  
 18 Caroline Curry.  
 19 The families are supported in the hearing room by  
 20 their legal representatives, but also by their friends.  
 21 Watching from home are family and friends of Chloe and  
 22 Liam.  
 23 Please can the photographs be displayed?  
 24 Please could I ask Duncan Atkinson of Queen's  
 25 Counsel to read the pen portrait summary for Chloe and

94

1 Liam.  
 2 MR ATKINSON: Liam Thomas Curry was the son of Caroline and  
 3 Andrew Curry and the brother of Zack. He was born at  
 4 1.23 am on the morning of 13 December 1997 at  
 5 South Tyneside Hospital. He was 19 years old at the  
 6 time of his death on 22 May 2017.  
 7 Chloe Ann Rutherford was the daughter of Lisa and  
 8 Mark Rutherford and the sister of Scott Rutherford. She  
 9 was born on 21 August of 1999 in South Tyneside Hospital  
 10 in South Shields. She was 17 at the time of her death  
 11 on 22 May 2017.  
 12 In a pen portrait tribute, "Together Forever Love  
 13 Story", read by Caroline Curry and Mark and  
 14 Lisa Rutherford on 17 September of 2020, the family told  
 15 Chloe and Liam's story from their births at the same  
 16 hospital, almost 2 years apart, their early years,  
 17 growing up, connections, Chloe and Liam starting to go  
 18 out in October 2014, and then falling in love.  
 19 Liam attended St Peter and Paul Nursery and Primary  
 20 School and then St Wilfrid's RC College, Gateshead  
 21 College, and then Northumbria University. Liam was  
 22 always a kind, thoughtful pupil, who worked hard and  
 23 participated fully in academic life.  
 24 One of Caroline's proudest days was when Liam  
 25 received his GCSE results, seven As, three of which were

95

1 A star, four Bs and a C, which she states was not bad  
 2 for a boy who was diagnosed so late with dyslexia and  
 3 dyspraxia.  
 4 Liam had worked out how to make the most out of each  
 5 day at school and with a strong work ethic. A triple  
 6 distinction star in sports and science from  
 7 Gateshead College followed. In May 2017, Liam sat his  
 8 exams for his degree and was awarded his projected  
 9 result of a first class honours Bachelor of Science  
 10 degree. Liam had decided he wished a career in the  
 11 police.  
 12 Liam was a talented cricketer, playing for Marsden  
 13 Cricket Club and Durham County. At Marsden Cricket Club  
 14 Liam made his first connection with the Rutherford  
 15 family, playing cricket with Chloe's brother, Scott.  
 16 Chloe attended Harton nursery school, Harton primary  
 17 school and then Harton Technology College. Chloe was  
 18 a model student, never giving any cause for concern and  
 19 achieving 10 GCSEs at grades A to C.  
 20 Chloe was studying music performance at  
 21 Newcastle College, which was her passion. Chloe was  
 22 a talented singer, songwriter and loved to play piano.  
 23 She also loved to dance and from the age of 2 to 15  
 24 attended dance and performance schools and also appeared  
 25 in stage productions. Chloe would fundraise for many

96

1 charities .  
 2 Chloe was also interested in travel and any spare  
 3 time she had was spent at Westoe Travel Agency, gaining  
 4 as much experience ready for her apprenticeship, which  
 5 was to begin in the summer of 2017.  
 6 Both families recall how Chloe and Liam were made  
 7 for each other, just completely at their best when they  
 8 were together.  
 9 They shared good times, but also sad times. Liam's  
 10 father, Andrew, suffered ill health from 2012, a time  
 11 during which saw Liam and Andrew's bond deepen. Liam,  
 12 on top of his school work and cricket, would fundraise  
 13 for the Sir Bobby Robson Foundation, completing coast to  
 14 coast and other bike rides to raise money.  
 15 Chloe was also a very supportive daughter to her own  
 16 mother with her health difficulties . Andrew sadly died  
 17 in March of 2017. Chloe was at Liam's side to support  
 18 him as he took those first tentative steps without his  
 19 dad, who he loved so much. Chloe was there to hold  
 20 Liam, to comfort him and to talk and to listen. She was  
 21 his rock and their love for each other was getting  
 22 stronger.  
 23 Liam was there to provide strength and love to his  
 24 mam, Caroline, and his brother:  
 25 "... whilst assuming a new responsibility, a new

97

1 role. He was the man of the house for his family, there  
 2 to protect and take care of us. He carried the meaning  
 3 of the task with great dignity and courage."  
 4 In Chloe and Liam's love story, read on  
 5 17 September 2020, Chloe and Liam's family shared:  
 6 "A love story about two bairns who fell in love, two  
 7 beautiful young people with so much love in their hearts  
 8 and so much hope for their lives together and to share  
 9 with their beautiful families, who have now and would  
 10 have become one."  
 11 Chloe and Liam came into the world with nothing,  
 12 nothing at all, but have left it with nothing but love.  
 13 They remain with us as part of our lives always.  
 14 The parents of Chloe and Liam would like to thank  
 15 Philip Clegg and Gareth Chapman for treating their  
 16 beautiful children with the respect and dignity they so  
 17 deserved.  
 18 Thank you, sir.  
 19 SIR JOHN SAUNDERS: Thank you.  
 20 MS CARTWRIGHT: Mark and Lisa Rutherford had bought the  
 21 tickets to the Ariana Grande concert as a Christmas  
 22 present for Chloe.  
 23 Liam had arranged accommodation for them at the  
 24 Hilton overnight.  
 25 On 22 May 2017, Chloe and Liam travelled to

98

1 Manchester, did some shopping, and then arrived at the  
 2 hotel. Chloe and Liam sent texts and pictures during  
 3 the day to their mothers of them in the room at the  
 4 hotel, in the restaurant, and then in their seats at the  
 5 arena.  
 6 Chloe and Liam entered the arena at 19.23 through  
 7 the Hunts Bank entrance.  
 8 DETECTIVE INSPECTOR RUSSELL: Chloe and Liam left the arena  
 9 and entered the City Room at 22.30.49.  
 10 Chloe and Liam walked across the City Room side by  
 11 side. Following the detonation, CCTV shows Chloe and  
 12 Liam side by side at 22.31.58 and showing no apparent  
 13 signs of life .  
 14 At 22.36.12, Travel Safe officer Philip Clegg leaned  
 15 over Chloe and spoke to her, but Chloe made no response.  
 16 At 22.36.22, Mr Clegg leaned over Liam and spoke to  
 17 him, but Liam made no response.  
 18 Mr Clegg's body-worn video shows Chloe again at  
 19 22.42.59. She was in the same position as she had been  
 20 at 22.36.12. Gareth Chapman is captured approaching  
 21 Chloe and covering her with concert T-shirts. At  
 22 22.43.10, Mr Clegg's body-worn video captures  
 23 Gareth Chapman approaching Liam and covering him with  
 24 concert T-shirts.  
 25 At 23.40.15, Christopher Hargreaves and Lea Vaughan

99

1 briefly lift the T-shirt covering Chloe before moving to  
 2 another casualty.  
 3 At 23.40.49, Lea Vaughan crouches down beside Chloe  
 4 and attaches a label to her arm, indicating that she is  
 5 deceased.  
 6 MS CARTWRIGHT: In her witness statement dated 20 July 2021,  
 7 that was prepared following a review of her sequence of  
 8 events, Lea Vaughan confirms the label that she attached  
 9 to Chloe bears the time 23.40 and the initials LV.  
 10 DETECTIVE INSPECTOR RUSSELL: At 23.44.46, Lea Vaughan  
 11 kneels down next to Liam and attaches a label to him,  
 12 indicating that he is deceased.  
 13 MS CARTWRIGHT: In her statement dated 20 July 2021,  
 14 Lea Vaughan confirms that the label that she attached to  
 15 Liam bears the time 23.43 and the initials LV.  
 16 I will now read a brief summary of the conclusions  
 17 of the pathological evidence and the expert evidence.  
 18 Turning first to the initial post-mortem for Chloe.  
 19 Dr Lumb identifies that the injuries Chloe sustained  
 20 would have rendered her immediately unconscious and  
 21 death would have occurred very quickly.  
 22 Dr Lumb provides a medical cause of death for Chloe  
 23 of 1A, multiple injuries .  
 24 Turning then to Liam. Dr Lumb identifies that the  
 25 injuries Liam sustained would have rendered him

100

1 immediately unconscious and death would have occurred  
 2 very quickly. Dr Lumb provides a medical cause of death  
 3 for Liam of 1A, multiple injuries .  
 4 Turning then to the conclusions of the blast wave  
 5 expert panel for Chloe. The written conclusion of the  
 6 blast wave experts is that Chloe's injuries were  
 7 unsurvivable with current, as at 2019, advanced medical  
 8 treatment.  
 9 For Liam, the written conclusion of the blast wave  
 10 experts is that Liam's injuries were unsurvivable with  
 11 current 2019 advanced medical treatment.  
 12 Finally, the review by the forensic pathologists,  
 13 Dr Philip Lumb and Professor Jack Crane. Dr Lumb and  
 14 Professor Crane state that death as a result of the  
 15 injuries sustained by Chloe and Liam would have been  
 16 almost immediate. They conclude that Chloe and Liam's  
 17 injuries were unsurvivable.  
 18 Sir, that concludes the chapter 12 evidence summary  
 19 for Chloe and Liam.  
 20 SIR JOHN SAUNDERS: Thank you.  
 21 The deaths of these two talented young people, Chloe  
 22 and Liam, are tragic, but the families in their moving  
 23 tributes have told the wonderful and inspiring story of  
 24 their lives .  
 25 Chloe and Liam's relationship was very special .

101

1 After a short period of time together, their greatest  
 2 wish was that they would never be separated. They  
 3 weren't. That doesn't make it any easier for the  
 4 families and friends.  
 5 (3.45 pm)  
 6 (The inquiry adjourned until 9.30 am  
 7 on Wednesday, 29 September 2021)  
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 21  
 22  
 23  
 24  
 25

102

1 I N D E X  
 2  
 3 Evidence summary for KELLY BREWSTER .....1  
 4  
 5 PC MICHAEL BUCKLEY (sworn) .....25  
 6 Questions from MS CARTWRIGHT .....25  
 7 Questions from MR COOPER .....33  
 8  
 9 PC DANIELLE AYERS (affirmed) .....40  
 10 Questions from MS CARTWRIGHT .....40  
 11 Questions from MR COOPER .....46  
 12  
 13 MR RYAN BILLINGTON (recalled) .....49  
 14 Questions from MS CARTWRIGHT .....49  
 15 Questions from MR COOPER .....51  
 16  
 17 MS MARIANNE GIBSON (affirmed) .....53  
 18 Questions from MS CARTWRIGHT .....53  
 19 Questions from MR COOPER .....58  
 20  
 21 MR PATRICK ENNIS (recalled) .....64  
 22 Questions from MR COOPER .....79  
 23  
 24 Evidence summary for CHLOE .....94  
 25 RUTHERFORD AND LIAM CURRY

103

104

A
a306 (1) 22:9
abcde (1) 57:11
abdominal (6) 22:18,24
23:3,9,18,22
ability (4) 27:2 82:1 86:2
90:1
able (24) 6:18 7:10 27:10,18
31:6 32:4 42:8 51:4 55:7
63:25 65:6 67:6,12 68:23
71:1,6 75:9,15 80:15
82:1,4 83:14,22 86:2
abnormal (2) 72:6 89:18
absolute (2) 76:10 77:1
absolutely (4) 32:22 37:25
58:1 60:21
academic (1) 95:23
accepted (2) 4:11 81:17
accepting (1) 81:13
accepts (2) 15:23 16:7
accommodation (1) 98:23
accords (1) 24:1
accountancy (1) 3:1
accurate (2) 86:6,8
accurately (3) 86:3,16,23
achieved (1) 94:2
achieving (1) 96:19
acknowledged (1) 84:18
across (7) 9:5 11:8 13:8
31:16 82:20 83:3 99:10
acted (2) 33:21 79:14
actions (1) 33:24
activate (1) 80:13
acts (1) 5:6
actual (3) 62:22 82:13 84:9
actually (17) 49:21 65:7
71:7,8,21 72:13 73:5
78:2,17,20,20,24 85:15
89:22 90:7,23 92:15
acute (1) 80:6
ad (1) 54:23
adam (2) 1:23 2:12
adaptation (1) 84:10
adapted (2) 83:20 84:25
add (3) 33:14 90:10,11
additional (5) 45:12 46:11
54:22 55:12 92:9
addressing (1) 38:17
adds (2) 33:18,20
adequate (1) 82:4
adjourned (1) 102:6
adjournment (1) 94:11
administered (2) 76:13 83:22
adopted (1) 62:10
adored (1) 3:13
adults (1) 54:20
advanced (8) 23:12 24:3
70:25 71:1 75:1 92:5
101:7,11
adventurous (2) 3:20 94:2
advice (1) 7:13
aeds (1) 73:24
affecting (1) 5:14
affirmed (4) 40:4 53:18
103:9,17
afghanistan (1) 82:25
after (24) 5:1,25 6:2 16:16
17:9 19:21 21:5,14 22:5
23:23 27:11 35:13,13
57:20,21 59:25 61:24
63:15 67:15 68:1 70:2,3
73:6 102:1
afterwards (1) 65:19
again (41) 1:8,13,15 5:7 9:18
12:12 13:5 14:11 17:14
19:14 21:8 27:11,16,20,22
31:15 35:13,14,18,20,20
37:16,20 43:6,7,8,9 45:24
50:3 60:3,3,19 64:1
67:17,20 69:6 89:17 91:23
92:24 93:6 99:18
age (1) 96:23
agency (1) 97:3
agonal (1) 89:18
agree (2) 79:22 86:14

agreed (1) 10:2
ahead (1) 33:24
aid (11) 11:5 25:24 36:18
40:17 54:15,17 61:1 62:14
82:6 84:3 93:14
aider (7) 8:2 9:4,12 10:4
55:3,22,24
aiders (2) 11:13 55:11
aim (1) 67:13
air (1) 74:11
airway (4) 57:13 67:11 70:12
75:2
alan (1) 22:8
album (1) 4:20
alex (1) 3:18
algorithm (2) 63:6 64:2
algorithms (1) 63:8
align (1) 82:19
alive (2) 77:4,11
allowed (1) 37:15
alluding (1) 85:9
almost (3) 77:2 95:16 101:16
alone (3) 31:2 63:23 69:23
along (4) 5:11,21 34:10 68:9
alongside (1) 8:4
alpha (1) 55:19
already (4) 25:10 41:5 82:10
94:1
also (33) 2:1,3,5 7:21,25
16:16 20:7 22:23 30:9
33:14 38:7 41:13 42:11,11
54:16 55:3 61:18 72:25
74:16 75:24 77:23 78:5
82:6 83:16 84:6 92:8 93:12
94:20 96:23,24 97:2,9,15
alter (1) 69:8
alternatives (1) 75:3
although (5) 68:8 73:15
77:23 78:23 92:12
always (4) 2:22 48:19 95:22
98:13
amazing (2) 3:22 35:7
ambulance (16) 17:16 22:9
37:7 43:24 47:11,16,22
52:18 61:17
79:19,20,21,23 82:17
85:22 92:4
ambulances (2) 28:2 74:11
america (1) 3:21
amount (3) 23:21 71:4 81:20
amounts (1) 26:20
analyst (1) 2:25
andrew (3) 95:3 97:10,16
andrews (1) 97:11
angry (1) 21:16
ann (1) 95:7
annoyed (2) 32:12 47:21
another (5) 16:1,14 49:4
61:3 100:2
answer (1) 37:18
anxious (2) 49:20,25
anybody (4) 75:25 82:2
85:11 89:15
anyone (4) 37:6 43:15,15
48:16
anything (15) 13:2 30:11
36:17,23 42:15,19,20,22
44:21 47:20 63:5,19 64:1
78:10 92:16
anyway (1) 85:20
anywhere (2) 11:24 61:6
apart (4) 30:3 36:5 43:21
95:16
apologise (1) 39:13
apparent (1) 99:12
appear (5) 6:3 11:24 21:10
26:22 78:9
appeared (2) 12:10 96:24
appears (5) 8:5 14:5,6 24:9
62:3
applicable (5) 83:5,6,7,9,11
application (1) 78:8
applied (7) 10:15 36:5 37:15
43:18 78:18,22,23
appreciate (2) 46:24 86:22
appreciation (1) 62:5

apprenticeship (1) 97:4
approach (2) 11:9 57:11
approached (16) 9:18
10:13,22 11:14 14:4,11,24
16:21 19:10 21:12 22:1
26:21 31:21,24 44:10
66:16
approaching (4) 6:5 67:18
99:20,23
appropriate (4) 68:6 84:11
88:10 89:8
approximately (4) 6:2 10:9
21:5 35:9
area (3) 58:25 83:23 84:2
areas (2) 57:8,9
arena (21) 5:1,4,19,20 10:24
11:10 17:15,22 19:17
25:14 28:20 41:10 53:2
54:1,8 55:8 61:24 91:18
99:5,6,8
arent (1) 69:10
ariana (4) 4:19 5:9 53:24
98:21
arising (1) 39:15
arm (1) 100:4
army (2) 61:10 63:1
around (9) 3:21 6:9 19:20
58:10 59:15 66:10 70:10
72:23 84:6
arranged (1) 98:23
arrest (19) 68:6 69:24
70:16,20,23 71:6,9
72:3,10,11,14,16,17,22
75:22 85:11 89:19
90:12,14
arrests (2) 85:23 86:2
arrived (6) 22:9 59:14 60:1
70:2 71:14 99:1
arrives (2) 35:12,17
ascertain (1) 67:12
ascertained (1) 24:11
ask (47) 2:8 25:22 31:3
33:2,2 34:1 38:5 39:10,17
40:3,16 41:21 45:18
46:2,12,15 47:4 48:16
49:1,4 51:9,9 53:7,16,25
54:21 56:4,13,23
58:5,19,19,24 61:4 64:15
66:13,22 68:21 69:3 70:1
73:11 77:8 79:8,9 85:19
92:19 94:24
asked (12) 5:15 7:19 10:1
12:17 15:18 16:1,15 29:9
33:3,5 38:21 64:6
asking (11) 7:25 27:14 38:10
41:19 59:13 62:9 78:1
84:13 88:7 89:10,12
asleep (1) 6:20
aspect (1) 50:22
aspects (1) 34:4
assess (3) 14:7 66:19 67:2
assessed (6) 19:10 21:15
69:1,10 76:9 87:2
assessing (4) 8:7 20:5 52:12
57:12
assessment (12) 8:15 21:18
30:19 32:4 36:23 45:2
70:7,10,12,13,14 76:22
78:10 92:16
assessor (1) 3:2
assist (18) 9:16 14:1 19:23
31:22 34:2 36:9,13 42:25
50:4 51:2 56:14 57:3,20,22
66:13 67:6,24 83:13
assistance (10) 8:19,24 9:13
24:24 35:7 41:14,16,17
56:12,19
assisted (6) 9:10 10:3 37:16
39:7 50:21 55:13
assisting (15) 7:16 9:2,15
10:8 12:15 13:22 15:14
16:3,19 19:22 33:12 38:15
56:15,21,24
associated (1) 89:19
assume (2) 38:17 79:11
assuming (3) 90:16 91:17
97:25

atkinson (2) 94:24 95:2
attached (3) 71:18 100:8,14
attaches (2) 100:4,11
attack (2) 19:25 54:9
58:13 60:22 68:24 70:9
attempted (1) 17:1
attempts (2) 62:20 88:19
attend (1) 64:20
attended (5) 4:16 41:10
95:19 96:16,24
attention (2) 23:1 34:11
attributes (1) 77:2
audio (1) 14:16
august (2) 8:7 95:9
auntie (2) 2:12 3:8
australia (1) 3:21
available (7) 8:14 9:20 14:16
16:8 69:22 74:6 78:9
aviva (1) 3:2
avivas (1) 3:5
awarded (1) 96:8
aware (17) 16:3 19:25 37:2
51:14,18 61:6 63:8 64:19
65:24 71:13,17,19
77:18,20,22,23 78:1
away (17) 6:11 9:23 10:10
12:18 13:3,14 14:8,18,20
16:2 17:24 21:19 57:2,4,21
66:20 92:16
ayers (82)
9:1,2,10,12,19,20,24
10:5,12,19,22,25
11:1,6,8,17,21,23
12:1,9,10,20 13:5,11,16
14:4,9,10,12,15,17,19
15:13,13,15
16:12,16,18,20,21,25
17:3,6,11,13,14,18,20,22,25
18:6,9,12,16,18,21,22
19:8,23 20:4,10,16 21:2,19
30:7,9 40:4,8,9 49:3
50:21,23,25 66:16
67:16,19 68:13 70:4
77:2,4,19 103:9

B

bachelor (1) 96:9
back (25) 6:23 7:23 11:1,12
13:6 17:7 20:2 26:24 27:17
31:1,7,8,9 32:1 43:5 46:8
49:15 53:13 64:13 69:24
79:4,5,13 91:22 92:23
bad (2) 5:14 96:1
badly (1) 32:6
bag (6) 11:6 12:25 13:2
15:16 75:1,15
bairns (1) 98:6
balmer (5) 9:11,13,16 10:4
50:7
bandage (5) 10:15
29:18,21,23 43:18
bandages (2) 17:24 20:7
bank (2) 5:2 99:7
barriers (1) 36:17
based (6) 70:10 77:14 80:25
82:22,24 87:4
basically (1) 31:17
basis (1) 92:11
bear (1) 94:9
bearing (2) 83:16,17
bears (2) 100:9,15
beautiful (3) 98:7,9,16
became (3) 3:25 4:5 81:3
become (1) 98:10
becoming (1) 54:7
before (23) 1:8,13 5:5 12:4
24:7 26:16 28:17 40:24
41:1,4,19 42:2 45:18
56:2,10,16,19 64:24 66:15
70:2 71:11 93:3 100:1
began (9) 2:24 5:19,24 6:21
13:24 17:9 20:5 61:20,22
begging (1) 27:15
begin (1) 97:5
behalf (2) 33:1,11
behind (4) 6:8,16 11:4 94:9

being (26) 3:8 7:1 9:10 10:3
19:8 21:15 28:10 35:7
36:16 37:2 38:20 43:19
44:15,18 45:19 50:1,13,21
58:13 60:22 68:24 70:9
71:16 75:9 76:12 84:14
believe (14) 16:14 36:1,22
55:24 58:1 59:17,24
61:1,7,7,11 68:7,9 78:18
believes (5) 8:15,18 15:16
16:2 18:22
belonged (1) 91:18
bench (1) 64:15
bending (1) 50:7
beneficial (1) 73:10
benefit (3) 72:13 81:11,24
beside (4) 11:11,17 15:1
100:3
best (3) 31:23 63:12 97:7
better (2) 45:24 85:1
between (9) 7:15 8:14,23,25
10:18 30:8 59:20 65:16
68:18
beyond (2) 68:10 76:3
big (1) 84:22
bike (1) 97:14
bilaterally (1) 73:1
billington (12) 9:12,18,23
10:14 49:13,17,19 51:9,13
55:25 59:24 103:13
billingtons (1) 53:11
bird (1) 2:23
birthday (1) 3:23
birthdays (1) 3:7
births (1) 95:15
bit (7) 29:7 32:3 38:4 42:9
45:16 67:9 73:12
bits (1) 75:10
bitter (1) 21:16
black (2) 78:14,15
blackandwhite (5) 77:14,24
80:23 81:13 84:18
blast (8) 23:4,5,7,10 24:2
101:4,6,9
bleeding (7) 6:15 11:23,24
42:21 58:11 59:4,5
blink (1) 17:2
blockage (1) 72:5
blood (13) 7:24 22:23 23:21
57:9 69:17,20 72:18,19,24
74:2,6,13,14
blue (3) 11:6 12:25 15:16
board (1) 60:9
bobby (1) 97:13
body (1) 42:18
bodyworn (3) 1:14 99:18,22
bomb (3) 26:12 40:2 41:7
bond (1) 97:11
booming (1) 19:19
booth (11) 1:22,24 2:4,11,13
6:5,7 9:25 10:5 21:22,24
born (4) 2:16 83:15 95:3,9
both (5) 4:2 6:10 7:2 78:15
97:6
bottom (1) 39:1
bought (2) 4:22 98:20
bowl (1) 5:20
bowling (1) 3:14
box (5) 7:11 24:19 49:12
78:20 93:1
boy (1) 96:2
break (6) 28:19 39:17,24
45:22 49:5,10
breath (5) 16:23 19:3 27:15
30:5 43:6
72:3,10,10,11,14,16,17,22
73:4 75:22 85:10,23 86:2
89:19 90:11,13
cardial (1) 72:5
cards (6) 78:9,11,14,17
79:6,6
care (7) 3:11 7:2 37:13 46:5
69:18 74:13 98:2
career (2) 94:5 96:10
caroline (4) 94:18 95:2,13
97:24
carolines (1) 95:24

50:17 57:13 58:6 59:5
60:15,16,18,19 62:21
63:18 67:4,13,14
69:2,10,12 70:14 71:10
73:19 74:24,25 75:15,25
76:10,14,17,21,23,24
77:15 82:3 85:5 86:7,17
87:17 88:24
89:14,16,18,19 90:14
breaths (6) 9:23 10:20 17:19
42:10 44:16 50:24
brewster (21) 1:3,6,20,23
2:10,11,12 20:1 47:19
49:20 56:3 58:23 64:22
65:15,17,25 79:12
93:8,18,20 103:3
brief (2) 10:22 100:16
briefs (5) 25:22 53:24 58:22
60:25 100:1
bring (2) 34:4,11
british (1) 40:10
brother (4) 1:23 95:3 96:15
97:24
brought (7) 13:1 19:9 28:14
29:4,13 45:19 71:12
bs (1) 96:1
btcc (1) 55:16
btp (13) 9:1 10:17,21 12:21
14:22,24 15:1,4,5,7 40:14
63:2 66:25
buckley (58) 7:20 8:22
10:11,14,25 11:16
12:2,6,21 13:5,7,17
14:4,5,12,15,25 15:6,21
16:20 17:3,7,14,18
18:6,16,24
20:1,4,10,11,14,19,25
21:15 24:20,25 25:1,8
32:16 39:17 42:1 43:22,25
46:4 47:2 48:10 66:16,17
67:19 68:13 70:4 103:5
build (1) 4:12
buy (1) 69:18

C

c (2) 96:1,19
call (6) 6:24 22:9 24:19,25
60:11 64:16
called (7) 1:12 2:14 7:13
50:6 53:17 55:18 58:15
calls (3) 8:20 70:12,18
came (25) 5:9,16 18:19
20:15 27:4 29:2,8
30:6,6,16 31:16 37:12
41:13 42:23 43:23,24
44:4,24 46:8 52:7 66:15
85:15 91:13 93:13 98:11
cannot (4) 13:1 33:23 47:20
65:4
cancellation (1) 75:10
cant (14) 34:23 35:16 37:18
38:2 43:21 49:16 57:24,24
59:17 60:10 74:14 83:19
86:23 87:1
captured (9) 6:1 9:20 41:11
50:4,5,20,22 67:5 99:20
captures (3) 66:18 67:16
99:22
car (3) 4:23 19:19 26:13
card (3) 78:8,14,23
cardiac (23) 68:6 69:23
70:16,20,23 71:6,9
72:3,10,10,11,14,16,17,22
73:4 75:22 85:10,23 86:2
89:19 90:11,13
cardial (1) 72:5
cards (6) 78:9,11,14,17
79:6,6
care (7) 3:11 7:2 37:13 46:5
69:18 74:13 98:2
career (2) 94:5 96:10
caroline (4) 94:18 95:2,13
97:24
carolines (1) 95:24

carried (6) 11:5 15:2 22:14
74:9,11 98:2
carry (5) 36:14 39:1 68:4,7
82:1
carrying (3) 11:5 21:18 31:15
carter (4) 22:15,17,23 23:2
cartwright (59) 1:4,19 4:16
6:7 8:6 13:19 15:9 19:15
22:11 24:13,17,23 25:2,7
29:2 32:16,25 39:10,13
40:1,5,6 42:6 46:2,10,14
48:22 49:1,12,18,19
53:7,10,16,19,20
58:5,16,19 64:8,11,15,19
76:8 78:6 79:8 92:19,22,25
93:3,17 94:14 98:20
100:6,13 103:6,10,14,18
cases (1) 24:8
casualties (20) 9:9,17 16:4
19:22 51:17 56:19 57:12
58:3,9,14 61:9 70:12 80:14
81:4 82:7 83:18 86:15
87:20 90:5,21
casualty (26) 2:7
58:5,12,12,12,15 70:9 71:7
73:4 75:23 80:16,19 81:6
82:20 83:6 84:12 85:6
87:19 88:1,3,5,6,18,19
89:5 100:2
catastrophic (2) 59:4,5
category (1) 76:18
causalities (1) 82:8
cause (6) 23:2 62:5 72:10
96:18 100:22 101:2
caused (1) 23:20
causes (2) 72:17 84:7
cavity (1) 23:22
cctv (2) 1:14 99:11
celebrating (1) 3:7
centre (1) 4:24
centres (1) 72:22
certain (2) 34:11 78:21
certainty (1) 87:1
chair (1) 34:17
chance (2) 69:22 90:15
change (2) 80:23 84:10
changed (1) 83:4
changing (1) 62:24
chapman (3) 98:15 99:20,23
chapter (7) 1:5,19 93:4,17
94:8,14 101:18
charities (1) 97:1
chatted (1) 5:6
chatting (1) 4:20
check (14) 6:23 7:20 8:1
10:2 18:23 39:14 48:14,22
50:8,10,15 57:17,18 78:12
checked (11) 7:22 12:7,12
14:9 17:5,18 19:4 20:23,24
42:12 78:8
checking (5) 8:16 21:1 57:9
67:10,16
checks (5) 10:19
85:8,12,17,24
chest (55) 11:2,6,16 12:2,6,9
13:7,17 14:5,10,17 15:21
17:9,16 19:2 20:17
21:4,6,14,17
27:5,9,11,12,14,21 30:5
31:4,6 34:12 37:6 42:23,24
44:15,17 60:19 66:18,25
67:2,18,23 68:3,4,7,24,25
69:5,6 72:25 73:5 74:17
76:12,13 77:13,22
child (1) 7:2
children (2) 54:19 98:16
chloe (45) 94:13,15,21,25
95:7,15,17
96:16,17,20,21,25
97:2,6,15,17,19
98:4,5,11,14,22,25
99:2,6,8,10,11,15,15,18,21
100:1,3,9,18,19,22
101:5,15,16,19,21,25
103:24
chloes (3) 94:16 96:15 101:6

christmas (2) 3:7 98:21  
christopher (1) 99:25  
chronology (1) 65:13  
circulating (1) 69:17  
circulation (2) 57:14 69:25  
circumstances (5) 32:23  
34:7 62:24 63:13 86:10  
city (30) 4:24 5:23,25 7:3  
8:20 9:5 10:23 11:9  
19:17 21 21:24,24 26:13  
28:6,11 41:11,15 43:16  
46:7 56:17 59:18,19 62:18  
73:15 75:19 76:21 79:3  
81:7 99:9,10  
civilian (4) 83:18 84:1,17  
claire (5) 1:22 2:11 4:17,23  
3:7,8,13  
6:5,7,12,14,15,16,18,21,23  
7:1,4,4,6,7,8,9,12,16,19,21,21,24,25,18 53:24 98:21  
9:25 10:5 21:24 22:6 93:13  
claires (1) 4:17  
clarification (1) 78:7  
clarify (5) 31:19 47:5 61:13  
65:11 71:24  
clarity (4) 56:14 67:10 76:10  
77:1  
class (1) 96:9  
classed (1) 55:25  
clear (13) 20:22 29:23 30:15  
33:4 44:17 46:22 52:25  
56:16 68:16 78:16 86:9  
91:23 92:12  
clearing (1) 22:7  
clearly (3) 38:1 80:16 93:20  
clegg (6) 10:1,2,5 98:15  
99:14,16  
cleggs (2) 99:18,22  
close (5) 2:15 4:3 11:7 87:2  
93:3  
closed (1) 6:19  
closer (1) 42:9  
clothed (1) 57:9  
clothes (1) 17:23  
clothing (8) 10:10 14:23  
57:2,4,7,11,21 58:2  
clouded (1) 22:21  
club (2) 96:13,13  
coast (2) 97:13,14  
colleague (5) 11:4 15:13  
34:10 47:2 48:10  
colleagues (3) 34:12,19  
60:14  
collect (3) 19:18 25:14 28:19  
collecting (1) 29:10  
college (5) 95:20,21  
96:7,17,21  
combative (1) 83:12  
combined (2) 23:17 94:3  
come (13) 12:11 17:17 31:25  
41:4 45:25 56:10 58:5 61:6  
64:13 76:20 78:19 80:20  
82:24  
comes (5) 51:24 61:3,8,11  
89:22  
comfort (2) 38:15 97:20  
comfortable (2) 20:8 39:5  
comforted (1) 14:19  
comforting (1) 16:16  
coming (16) 16:6 25:3 29:17  
36:13 37:7 47:11,16,23  
49:7,15 53:12,13 57:10  
62:17 64:14 92:23  
commence (4) 1:13 11:1  
26:25 27:4  
commenced (8) 14:10  
17:7,14 18:24 21:2,7 42:24  
54:7  
commences (1) 11:2  
commencing (1) 67:17  
commendable (1) 33:21  
comment (2) 34:23 77:1  
company (1) 55:18  
complaint (1) 24:10  
complete (1) 3:1  
completely (2) 68:4 97:7  
completing (1) 97:13

complex (2) 70:11 74:12  
comprehend (2) 30:12,24  
compressions (50) 11:2,7,17  
12:2,6 13:8,18 14:6,10,17  
15:21 17:9,16 19:2  
21:5,6,14,17  
27:5,9,11,13,14,22 31:5,6  
34:13 37:7 42:23,25  
44:15,18 60:19 66:18,25  
67:2,18,23 68:3,5,7,24,25  
69:5,6 73:5 76:12,14  
77:13,22  
concern (4) 38:3 91:5 92:13  
96:18  
concerned (9) 30:25 34:3  
35:9 36:12 38:23 80:3  
81:25 91:4,9  
concert (9) 4:16,18 5:10,13  
24,25,18 53:24 98:21  
99:21,24  
conclude (7) 23:19,24 39:16  
49:3 64:11 93:17 101:16  
concludes (5) 24:5 32:16  
53:11 92:22 101:18  
conclusion (8) 23:10 24:1,2  
34:25 82:10 87:3 101:5,9  
conclusions (3) 22:12 100:16  
101:4  
concourse (3) 5:4,21 10:24  
condition (3) 36:21 51:3  
88:13  
confident (2) 56:5 68:23  
confirm (2) 55:21 76:8  
confirmed (2) 40:1 65:3  
confirming (1) 7:15  
confirms (6) 15:12 16:4  
18:12 19:9 100:8,14  
congratulated (1) 39:21  
connection (3) 61:13,14  
96:14  
connections (2) 62:1 95:17  
conscientious (1) 3:3  
conscious (2) 15:15 76:23  
consciousness (3) 21:11  
22:20 23:20  
consequence (1) 34:18  
consider (1) 89:12  
considering (2) 51:22 54:19  
constable (11) 9:1 10:17,21  
14:22,24 15:2,4,7 24:20  
40:10,17  
contact (1) 26:14  
contain (1) 13:14  
content (2) 24:18,18  
context (12) 33:4,7 50:3  
65:9 66:12 69:11,19,23  
71:7 72:16 75:21 85:5  
continue (5) 9:22 52:1,1,8,23  
continued (10) 9:22  
13:16,17 14:13,15  
17:11,18 20:8,10 88:20  
continues (1) 11:6  
continuing (1) 67:20  
conversation (7) 9:19 10:22  
11:22 16:7 47:21 50:22,23  
conversations (1) 18:19  
cooper (55) 33:2,3,8,9,20  
37:20,23 38:10,17,19  
39:3,8,9 46:15,16,17,22  
48:3,8 51:8,9,11,12,21,24  
52:3,22 53:5,6 58:19,21,22  
59:13 62:8 64:6 79:8,10,11  
81:23 82:10,12 85:17  
90:18 91:1,4,8,9 92:18  
93:4,6 103:7,11,15,19,22  
corke (5) 14:20 15:2,5  
16:9,11  
correct (13) 25:17 32:8,15  
35:21 40:12 41:18 49:24  
54:10 55:6 65:5 85:4,7  
86:18  
couldnt (8) 29:12 30:3,11  
42:20,21 45:19 71:12  
91:21  
council (2) 70:18,25  
counsel (1) 94:25

county (1) 96:13  
couple (1) 29:20  
courage (1) 98:3  
course (21) 26:5,8 33:9  
38:13 40:16,23 41:2 54:18  
55:15,16,16,17 58:13 61:1  
62:7 63:24 64:3 79:20 85:3  
91:1,3  
courses (2) 3:1 62:15  
cover (2) 15:6 29:21  
covered (11) 14:2 15:8  
16:8,10 18:7 19:14  
20:17,17 21:19 78:7 92:7  
covering (4) 22:2 99:21,23  
100:1  
cpr (47) 11:1 13:6,9  
16:7,12,17 17:8,14,18  
18:1,4,24 19:11  
20:5,11,15,16 21:2,8  
26:1,6,25 31:15,18 32:13  
34:12 35:20 36:8 40:19,24  
43:5,6 44:6,11 56:5  
58:7,14 60:19 65:21  
66:10,25 68:2 69:16,16,23  
89:12,16  
crane (4) 23:14,16 101:13,14  
credit (1) 79:16  
cricket (4) 96:13,13,15 97:12  
cricketer (1) 96:12  
critical (1) 37:12  
criticising (1) 89:10  
crouched (5) 9:6 12:3,20,24  
15:1  
crouches (1) 100:3  
crouching (2) 8:22 15:6  
crowd (1) 5:22  
crying (2) 46:21 47:3  
current (4) 23:11 24:3  
101:7,11  
currently (1) 74:11  
curry (7) 94:13,15,18  
95:2,3,13 103:25  
currys (1) 94:17  
cut (3) 17:23 57:20 58:1  
cutting (4) 10:9 57:2,4,7  
cycles (1) 21:5

D

d (1) 103:1  
dad (3) 1:22 94:16 97:19  
dale (2) 6:24 10:17  
dance (2) 96:23,24  
danielle (7) 9:1 19:23 40:4,8  
77:2,4 103:9  
dated (19) 7:15 8:6,12 13:19  
15:10 16:11,18 18:10  
19:15 20:20 22:16 23:5,15  
31:13,20 45:6 65:12  
100:6,13  
daughter (13) 2:10,14 4:4,17  
9:25 19:18 25:14 28:20,23  
29:10 33:15 95:7 97:15  
day (3) 54:11 96:5 99:3  
days (2) 19:25 95:24  
dead (13) 16:15 63:19  
68:2,14,23 69:11  
78:8,13,16 79:6 81:9 84:15  
85:7  
deal (6) 49:20 56:2 73:12  
85:23 90:4 94:2  
dealing (6) 1:5,9 25:5 38:14  
86:1 89:25  
dealings (1) 26:19  
deals (1) 83:17  
dealt (1) 65:13  
death (13) 2:18 23:2 93:20  
94:1,7,8 95:6,10 100:21,22  
101:1,2,14  
deaths (1) 101:21  
deceased (7) 22:4 24:8 36:6  
63:18 70:4 100:5,12  
december (1) 95:4  
decided (2) 68:4 96:10  
decision (32) 23:13  
69:8,9,14 70:17,19,22  
71:14 77:13,24 80:25

81:2,8,10 85:7 86:15,18,19  
87:7,12,22 88:14 89:4  
decisionmaking (1) 66:14  
decisions (5) 51:25 52:8  
61:11 71:2 89:11  
declare (1) 84:15  
decompression (1) 74:17  
decompressions (1) 73:1  
deep (3) 10:20 16:23 42:10  
deepen (1) 97:11  
defib (2) 58:15 71:18  
defibrillator (35)  
13:10,13,14,15,22,23,24,25  
19:8 21:12 26:3,9  
29:4,4,11,13  
37:9,10,12,15,22 38:6 39:4  
40:21 41:1 45:19 56:7  
71:12,16,19 72:1 73:9  
91:9,14,17  
defibrillators (3) 38:2,22  
73:16  
defined (3) 58:25 59:14 71:8  
definition (1) 4:1  
definitive (1) 69:18  
definitively (1) 67:12  
deflated (1) 32:13  
degree (3) 36:18 96:8,10  
delicately (1) 51:25  
deliver (1) 75:16  
delivered (2) 27:9 31:4  
delivering (2) 74:22,25  
demi (4) 2:4,13 3:8,13  
depend (1) 92:3  
describe (4) 2:19 23:16 45:6  
57:16  
described (8) 3:2 7:12,17  
16:12 18:13 19:23 42:7  
81:14  
describes (6) 8:7 13:21  
16:16 18:2 19:16 66:20  
description (1) 16:20  
deserved (1) 98:17  
designed (2) 72:7,9  
detail (5) 4:8 29:19 41:20  
76:6 90:4  
detailed (1) 65:24  
details (4) 7:5 22:17 66:7  
78:22  
detect (2) 12:10 21:3  
detected (4) 19:4 20:12,24  
21:9  
detective (8) 5:20 8:2,21  
14:3 19:12 21:22 99:8  
100:10  
determine (3) 71:6,9 86:3  
determined (1) 94:3  
determining (1) 85:10  
detonated (2) 41:7 83:9  
detonation (6) 5:25 6:2 22:5  
40:2 56:17 99:11  
developed (1) 83:16  
device (1) 83:8  
devoted (1) 81:19  
di (2) 24:18,23  
diagnosed (1) 96:2  
didnt (15) 29:5 31:2 37:13  
38:6 44:7,18,20 45:20  
48:18 65:8 66:1 71:13  
78:23 89:1,24  
died (6) 14:1 32:6 35:25  
71:15 76:9 97:16  
difference (1) 91:10  
different (4) 18:3 62:25  
63:15 86:20  
difficult (11) 30:12,24 33:25  
48:20 61:11 63:13 69:15  
77:20,21 78:3 85:24  
difficulties (1) 97:16  
dignity (4) 21:20 93:12  
98:3,16  
direct (1) 38:25  
direction (1) 60:8  
directions (3) 51:14,20,22  
directive (1) 52:5  
directly (3) 56:20 62:2 82:17  
disability (1) 57:14

disappear (1) 27:21  
disappointed (1) 21:16  
discontinue (2) 52:9 84:15  
discontinued (1) 87:4  
discussing (1) 66:8  
discussion (2) 28:13 43:15  
disneyland (1) 4:7  
displayed (2) 2:7 94:23  
disrespect (3) 49:25 84:5  
89:15  
distinction (2) 90:6 96:6  
distressing (1) 1:10  
diverted (1) 76:4  
doctor (2) 16:15 63:23  
doctors (1) 63:20  
does (15) 15:15,22 16:5,6  
18:18,21 19:8 20:23 21:17  
48:24 49:14 61:5 62:21  
66:5 78:9  
doesnt (5) 11:24 35:12 70:6  
94:8 102:3  
doing (13) 27:14 29:9 44:5,6  
49:6 50:9 56:16 57:17  
63:12 65:21 66:24 67:7  
77:21  
done (18) 18:4 27:6 31:9  
32:22,22 35:8 37:18 43:19  
45:9 46:5,25 57:7,19 58:8  
68:10 77:6 78:4 79:3  
done (41) 24:9 26:25 32:19  
36:7 38:2 43:13 45:21 47:2  
48:9,25 49:21 50:13,14  
51:1,5,6,19 52:16 53:9  
56:25 57:6,24 58:2 59:1  
63:5,19 67:8 68:8 71:3  
73:24 77:16 84:9 85:8,9  
86:18 87:10 89:22 90:7,19  
92:16,21  
doors (1) 10:24  
doubt (3) 32:20 33:6 79:21  
doubt (9) 12:4,20 50:7 55:18  
60:23 72:18 86:24  
100:3,11  
downstairs (7) 74:5,19,21  
75:4,5,20 79:4  
dr (12) 22:15,17,23  
23:2,14,16 100:19,22,24  
78:22  
dreading (1) 5:15  
drinks (1) 5:4  
drip (1) 75:13  
drive (1) 5:15  
driven (2) 4:18 86:13  
driver (2) 5:15 86:14  
driving (1) 89:11  
drove (1) 89:12  
due (2) 18:2 38:13  
duncan (1) 94:24  
durham (1) 96:13  
during (7) 5:13 8:20 29:16  
34:10 54:21 97:11 99:2  
durations (5) 26:5,8 40:23 41:2  
55:13  
duty (3) 25:12 28:20 42:4  
dyslexia (1) 96:2  
dyspraxia (1) 96:3

E

(2) 57:12 103:1  
earlier (6) 31:19 69:5,13,13  
76:20 93:22  
early (1) 95:16  
earpiece (2) 59:20,21  
easier (3) 75:20 94:9 102:3  
education (2) 54:12 63:9  
educations (1) 10:17  
effect (3) 27:12 73:14 84:20  
effective (1) 89:12  
effectively (3) 35:3 37:10  
79:17  
effects (2) 23:17,19  
efforts (4) 32:14 33:12 76:3  
78:3  
either (7) 34:22 52:13 59:18  
72:4,18 89:17 91:18  
elder (1) 2:12

electrical (1) 72:4  
elizabeth (3) 11:14,19 12:3  
ellen (1) 53:22  
else (5) 18:6 39:5 45:11  
46:24 61:6  
embark (1) 94:7  
emergency (2) 55:5 92:5  
employed (1) 62:4  
employee (1) 9:11  
emt (3) 55:8,23 56:1  
encouraged (1) 12:1  
encouragement (1) 13:16  
encouraging (1) 19:1  
end (2) 5:18 93:12  
endeavouring (1) 25:4  
enjoyed (1) 4:24  
enjoy (45) 14:3,6,8,11,14,18  
19:9 21:15,16,17 22:1,3  
30:6,9,15,19 31:5,10,21,24  
34:21,23 35:12,17 36:2  
43:23 44:4,7,22,24 45:3  
52:7 64:17,18,19,24 76:8  
78:6 79:8,11 89:9  
92:12,22,25 103:21  
enormous (1) 93:21  
enough (4) 58:9 75:18 82:6,6  
enquire (1) 38:24  
enquiries (3) 38:5,25 73:14  
enquiring (1) 89:23  
ensure (1) 73:1  
ensuring (2) 67:11 72:23  
entered (5) 5:23 26:13 56:18  
99:6,9  
entering (3) 5:1 26:13 41:11  
entirely (1) 65:5  
entrance (2) 5:2 99:7  
entry (1) 8:19  
environment (1) 74:10  
equipment (6) 15:17  
71:22,25 72:2 75:10,20  
erica (1) 22:8  
essentially (1) 67:22  
essex (1) 55:18  
established (3) 36:8 75:23  
82:17  
ethic (1) 96:5  
etuk (14) 8:2 9:4,11 10:4  
11:13 51:20 53:23 54:22  
55:3,13,19,22 61:16 84:6  
evacuation (2) 28:10 43:15  
even (9) 22:25 23:25 36:23  
57:6 60:18 80:6 84:5 85:9  
90:12  
event (2) 79:2 91:11  
events (16) 8:12 13:21  
15:11,23,25 18:11 20:21  
55:9 57:1 58:13 65:24  
66:18 67:9,16 86:23 100:8  
ever (7) 4:14 37:6 40:23  
41:1 81:7 86:21 94:6  
every (4) 4:8 54:17 82:5 92:9  
everybody (5) 33:4 73:19  
92:4,4,6  
everyone (5) 39:20 46:24  
87:14 93:10,13  
everything (9) 18:5 32:22  
44:23 45:10 46:19,23  
68:10 77:6 78:4  
evidence (53) 1:3,5,7,19  
2:2,2 7:5,12 8:14 16:8  
22:12,13 24:5 27:8,10  
30:16 32:20 34:5 38:4,13  
39:16,20 41:4,5,13,20  
49:3,13,16,19 53:11  
56:3,11 64:12,16,21 70:3  
76:10 77:3,10 83:4 85:14  
91:10 92:22 93:4,18  
94:13,14 100:17,17 101:18  
103:3,24  
exact (2) 59:17 87:10  
exactly (4) 35:16 65:9,23  
91:7  
examination (2) 34:24 87:5  
examine (1) 36:3  
examining (2) 38:11 86:21

example (1) 62:25  
exams (1) 96:8  
except (1) 32:19  
excited (2) 4:13,21  
exciting (1) 94:7  
execution (1) 81:24  
exhibiting (1) 89:18  
exit (2) 5:19,22  
exited (1) 5:20  
expect (2) 71:24 85:18  
expected (3) 62:12 70:22  
71:20  
expecting (1) 73:12  
experience (4) 32:5 84:24  
86:1 97:4  
experiences (3) 3:22 83:1,15  
expert (6) 3:4 22:12 23:4  
38:13 100:17 101:5  
experts (5) 23:5,10 24:2  
101:6,10  
explain (1) 27:5  
explained (2) 29:10 31:8  
exploring (1) 38:3  
explosion (2) 24:9 61:9  
explosive (1) 83:8  
expose (1) 57:8  
exposure (2) 57:12,14  
extremis (1) 87:14  
eyes (2) 5:14 6:19

---

F

face (1) 18:23  
facing (2) 6:10,12  
factors (1) 87:16  
faint (4) 12:17 19:4 20:25  
42:14  
fair (2) 34:21 80:12  
fairly (1) 74:12  
falling (1) 95:18  
false (1) 89:22  
families (9) 63:17 91:4 92:13  
93:15 94:19 97:6 98:9  
101:22 102:4  
family (25) 1:11,25 2:5,19  
3:6,24 4:12,13 24:17  
33:10,23 34:2 46:18,22  
58:22 79:12 93:8,10,21  
94:5,21 95:14 96:15 98:1,5  
98:11  
famils (1) 2:8  
far (14) 2:8 30:25 34:3 35:9  
36:12 61:6 72:11 80:2,14  
81:3,24 83:11 86:8 91:9  
fatal (1) 22:25  
father (2) 6:24 97:10  
fault (1) 84:13  
february (1) 4:6  
feel (2) 5:13 31:2  
feeling (3) 44:8 45:7 86:4  
feet (1) 30:21  
fell (1) 98:6  
felt (2) 18:1 48:10  
female (10) 16:12,14,15,17  
19:24 20:2 31:17 32:6  
41:25 50:13  
few (10) 34:4 37:9 42:17  
47:4,5 48:18 59:14 61:24  
64:4 93:5  
fibrillation (2) 72:8,15  
field (2) 3:4 51:16  
fiercely (1) 2:22  
fight (1) 90:19  
fighting (3) 35:4 37:17 38:16  
fill (1) 78:10  
filming (1) 5:24  
final (7) 34:3,18 37:24  
38:14,15 63:10 64:16  
finally (6) 23:13 33:16 56:2  
78:6 92:19 101:12  
find (8) 6:17,18 13:14 17:3,6  
42:19,20,21  
fine (2) 45:25 48:20  
firm (1) 82:10  
first (50) 8:2,22 9:4,12 10:4  
11:5,13 18:13,14 20:22  
25:24 26:14,21 28:7 31:19  
32:25 36:18 37:21 40:17

41:15,21 42:6 44:4 45:5  
 46:14,17 48:6 50:4  
 54:15,17 55:3,11,17,22,24  
 61:1 62:14 66:22  
 68:12,17,21 70:2,3 79:17  
 84:3 91:16 96:9,14 97:18  
 100:18  
**five** (1) 1:7  
**five**(day (1) 55:17  
**flash** (1) 6:8  
**flexible** (1) 63:14  
**flippant** (1) 71:4  
**floor** (2) 6:10 63:2  
**flowing** (1) 7:24  
**fluid** (3) 74:18 80:19,22  
**fluids** (6) 69:20 72:24 74:16  
 75:8,11,12  
**focus** (1) 28:18  
**focused** (2) 1:17 25:5  
**focusing** (1) 79:20  
**follow** (3) 51:19,20 61:1  
**followed** (3) 5:22 11:4 96:7  
**following** (12) 8:11,13,15  
 13:20 15:11 18:11 19:25  
 20:21 31:15 44:19 99:11  
 100:7  
**footage** (4) 1:15 6:1 9:20  
 57:1  
**forensic** (2) 23:13 101:12  
**forever** (2) 93:14 95:12  
**form** (5) 36:12,13 39:3 50:8  
 70:6  
**formally** (1) 93:3  
**forward** (7) 14:7 47:1 50:19  
 66:19 67:5 83:2 86:25  
**found** (4) 23:21 30:12,24  
 31:4  
**foundation** (1) 97:13  
**four** (2) 82:3 96:1  
**fpos** (2) 55:15,16  
**friends** (8) 2:6 3:9,18,21  
 93:22 94:20,21 102:4  
**fulfilling** (1) 94:5  
**full** (5) 25:7 40:6 53:20 75:6  
 82:2  
**fully** (2) 57:9 95:23  
**fun** (1) 94:4  
**fundraise** (2) 96:25 97:12  
**funny** (1) 2:20  
**further** (11) 8:11 10:23 15:9  
 18:9 20:19 32:20 38:5 53:5  
 56:14 73:14,22  
**future** (1) 77:23  
**future** (5) 4:12,13 64:1  
 93:24,24  


---

**G**

---

**gaining** (1) 97:3  
**gap** (1) 93:21  
**gaping** (1) 20:3  
**gareth** (3) 98:15 99:20,23  
**gasp** (1) 27:16  
**gateshead** (2) 95:20 96:7  
**gave** (5) 7:4,5,13 13:21  
 59:23  
**gcse** (1) 95:25  
**gcses** (1) 96:19  
**general** (5) 51:13,18,22  
 62:3,13  
**generally** (3) 51:15 72:12  
 73:6  
**gentleman** (1) 49:12  
**gestured** (1) 9:21  
**get** (19) 5:17 6:13,22 16:22  
 17:12 27:18,24 29:4 30:13  
 31:6 39:1 45:17 47:3 60:25  
 75:3,4,19,20 84:23  
**getting** (4) 47:21 59:10  
 92:16 97:21  
**gibson** (9) 10:4,8  
 53:16,18,22,23 56:10  
 58:24 103:17  
**gibsons** (1) 64:11  
**girl** (3) 8:8,10 16:19  
**give** (11) 21:20 25:7,18  
 40:13 41:4 56:11

74:12,14,15 75:8 84:16  
**given** (22) 16:9 28:5,8,10  
 33:21 34:12 35:7 36:24  
 49:13 51:14 59:3,16,21  
 60:2 62:9,24 68:24 69:4  
 85:14 87:12 92:1,2  
**gives** (2) 38:13 77:2  
**giving** (5) 27:12 35:8 51:19  
 56:14 96:18  
**glad** (1) 64:6  
**globally** (1) 61:7  
**globe** (2) 33:1 67:1  
**going** (31) 2:25 3:15 5:5  
 17:17 22:11 27:24,25  
 28:18,18 29:10 30:14  
 32:25 44:20 45:23 46:20  
 47:1 49:4 50:4,20 51:9  
 56:13,20 58:12 62:25 63:1  
 72:20 73:12,21 86:9  
 90:1,23  
**gone** (7) 25:14 28:19 38:4  
 39:14 58:7,14 71:11  
**good** (4) 1:4 5:10 64:19 97:9  
**grades** (1) 96:19  
**grande** (3) 5:9 53:24 98:21  
**grandes** (1) 4:19  
**grateful** (2) 24:15 93:6  
**great** (3) 5:4 81:21 90:4 94:2  
 98:3  
**greater** (2) 25:16,23  
**greatest** (1) 102:1  
**grew** (1) 7:14  
**ground** (2) 6:6 15:7  
**growing** (1) 95:17  
**guess** (2) 32:5 57:25  
**guidance** (5) 70:18 73:22  
 84:14,17,18  


---

**H**

---

**hadnt** (3) 39:2 44:21 54:7  
**half** (1) 89:13  
**hand** (9) 12:1 14:7 18:1  
 44:25 45:7 66:19 67:6 70:5  
 86:25  
**handbag** (2) 18:7 21:20  
**handed** (1) 15:3  
**hands** (3) 6:12 9:21 12:9  
**hang** (1) 10:20  
**hanger** (1) 75:13  
**happen** (3) 28:14 91:15,16  
**happened** (3) 28:23 44:24  
 84:24  
**happening** (4) 6:25 28:1,7  
 91:7  
**happens** (2) 61:9 64:1  
**happiest** (2) 4:14 94:6  
**happy** (1) 85:3  
**hard** (3) 63:17 93:11 95:22  
**hardworking** (1) 3:3  
**hare** (8) 10:13,19 13:8,12,21  
 21:12 29:3,8  
**hargreaves** (1) 99:25  
**harrison** (2) 2:8,10  
**harry** (1) 4:5  
**harsh** (2) 59:8 84:19  
**hart** (4) 79:25 80:10 81:23  
 82:11  
**harton** (3) 96:16,16,17  
**havent** (3) 48:1 61:19 62:1  
**having** (10) 3:22 15:22 26:12  
 32:1 36:9 58:9 66:10 69:24  
 78:8 88:7  
**hawaii** (1) 3:20  
**head** (14) 7:25 8:8 12:20,24  
 13:12 17:5 22:18,19,22  
 23:3,8,17,19 63:7  
**headache** (1) 5:14  
**health** (2) 97:10,16  
**healthcare** (1) 63:22  
**hear** (3) 37:6 58:1 63:17  
**heard** (18) 9:20 10:20 11:22  
 19:19 25:11 26:12 29:2  
 41:5,13,20 42:4,11 43:10  
 44:14 52:6 56:11 59:15  
 80:18

**hearing** (10) 1:6,21,25 2:5  
 56:10 60:12 64:20 66:15  
 94:16,19  
**heart** (6) 30:13  
 72:3,6,7,17,20  
**hearts** (1) 98:7  
**heightened** (1) 85:12  
**held** (1) 12:1  
**help** (21) 7:9 15:19 16:4,25  
 18:5,19 41:24 45:10,17,17  
 47:24 57:25 60:16 63:11  
 68:11,11 76:3 80:15  
 83:11,12 87:3  
**helped** (1) 63:11  
**helpful** (2) 87:13 90:9  
**helping** (1) 28:22  
**helps** (2) 33:24 57:22  
**here** (1) 29:9  
**heroic** (1) 33:11  
**herself** (4) 7:4,8 42:8 49:22  
**hes** (3) 44:22 47:25 48:6  
**highly** (1) 33:23  
**hilton** (1) 98:24  
**himself** (2) 42:5 55:25  
**history** (4) 87:15 88:3,4,22  
**hit** (1) 3:23  
**hoardings** (1) 36:17  
**hoc** (1) 54:23  
**hold** (2) 75:12 97:19  
**holding** (2) 8:5 13:12  
**hollie** (23) 1:24 2:13 3:8,13  
 4:17,23 5:7,11,16,21  
 6:10,11,14,15,16,23  
 7:2,8,11,17 10:1 21:22  
 22:6  
**hollies** (3) 6:24 7:14 93:13  
**hollis** (1) 49:1  
**hollow** (1) 19:19  
**home** (5) 2:3,23 4:11 5:15  
 94:21  
**honours** (1) 96:9  
**hope** (4) 33:15,24 89:9 98:8  
**hoped** (1) 32:3  
**horror** (1) 33:18  
**hospital** (8) 2:17 22:7,9,15  
 85:23 95:5,9,16  
**hotel** (2) 99:2,4  
**hour** (1) 89:13  
**hours** (1) 22:5  
**house** (2) 4:21 98:1  
**however** (4) 58:8 71:19  
 74:24 87:13  
**huge** (2) 6:8 83:1  
**hunts** (2) 5:2 99:7  
**hurt** (1) 6:20  
**hypovolaemia** (1) 72:24  


---

**I**

---

**ian** (21) 2:3,13 3:23,25  
 4:6,10,21 8:3,7,10  
 11:13,19,21,22,24  
 12:5,19,23 25:8 47:8 55:24  
**ians** (1) 4:4  
**id** (5) 24:15 25:14 35:15 42:3  
 92:8  
**idea** (2) 25:18 40:13  
**identified** (3) 42:5 48:7 79:1  
**identifies** (4) 48:2 78:13  
 100:19,24  
**identify** (2) 17:23 22:4  
**identifying** (1) 47:24  
**ill** (4) 39:3 82:12 91:22 97:10  
**im** (30) 24:14 38:11,13,23,24  
 48:5 51:9,18 52:4 59:10,13  
 60:3 61:20 62:8 64:6 65:5  
 71:1,17 73:21 79:20 85:3  
 86:9 87:8,23 88:7,22 89:9  
 90:23 91:17 93:6  
**image** (2) 1:15 6:1  
**imagine** (1) 58:11  
**immediate** (3) 23:1 24:1  
 101:16  
**immediately** (4) 5:17 76:25  
 100:20 101:1  
**implies** (1) 77:10  
**importance** (2) 38:7,8

**important** (6) 37:20 38:1  
 69:3 73:13 79:14 90:10  
**impossible** (1) 7:1  
**impression** (1) 77:3  
**improvement** (1) 15:24  
**improvised** (1) 83:8  
**incident** (7) 51:17,18 61:24  
 71:8 92:6,9,11  
**includes** (1) 50:24  
**including** (2) 29:17 50:23  
**increased** (1) 86:5  
**incredibly** (2) 90:12,12  
**independent** (1) 2:22  
**indicated** (2) 23:22 93:7  
**indicating** (3) 29:3 100:4,12  
**indication** (1) 43:11  
**individuals** (1) 82:5  
**infarction** (1) 72:5  
**infectious** (1) 3:11  
**information** (10) 28:5,8,10  
 46:4 59:10 60:6 69:4 78:21  
 87:21 88:8  
**informed** (1) 34:17  
**inhouse** (2) 54:16,25  
**initial** (5) 22:14 68:1 73:6  
 79:3 100:18  
**initially** (3) 42:8 43:2 55:3  
**initials** (3) 78:17 100:9,15  
**injured** (4) 6:20 7:4,8 32:7  
**injuries** (34) 17:5 18:15 19:7  
 22:24 23:3,7,11,18,23,24  
 24:3 29:20 30:1,3 37:3  
 42:16 51:6 57:10,17  
 70:7,14,15 73:20 75:22  
 84:8 87:18 100:19,23,25  
 101:3,6,10,15,17  
**injury** (10) 8:9 20:3 22:19,22  
 23:8,9,17,19 30:1 84:7  
**inq0051034** (1) 59:11  
**inq0417565** (2) 48:4,8  
**inquiry** (6) 25:4 40:6 45:6  
 53:20 64:20 102:6  
**inside** (1) 5:3  
**inspector** (8) 5:20 8:2,21  
 14:3 19:12 21:22 99:8  
 100:10  
**inspiring** (1) 101:23  
**instance** (4) 51:14 60:18  
 72:20 81:2  
**instructing** (1) 78:2  
**instruction** (6) 32:3,12  
 59:3,16,23 60:2  
**instructor** (1) 71:1  
**insurance** (1) 3:2  
**intelligent** (1) 2:20  
**intention** (1) 24:17  
**intents** (1) 35:4  
**interaction** (19) 14:16 29:19  
 30:8,9 50:12,14,25 64:21  
 65:1,4,7,17 66:9,22  
 67:22,24 68:17,22 70:3  
**interactions** (3) 49:23  
 65:15,19  
**interest** (1) 76:5  
**interested** (2) 87:23 97:2  
**intermittent** (1) 43:8  
**intermittently** (1) 43:3  
**internal** (1) 11:25  
**international** (3) 75:24  
 82:19,22  
**intervals** (1) 62:18  
**intervention** (1) 24:1  
**into** (17) 4:24 10:23 17:20  
 19:21 20:13 27:17 38:8  
 43:7 56:10 62:17 66:15  
 72:6 89:22,23 90:1,4 98:11  
**intravenous** (4) 69:20  
 74:16,18 75:9  
**introduced** (1) 4:4  
**invariably** (3) 72:17,18 84:3  
**invasive** (1) 69:21  
**invidious** (1) 86:11  
**invoked** (1) 80:24  
**involve** (1) 75:9  
**involved** (1) 92:16  
**involvement** (3) 19:16 25:11

41:6  
**involves** (1) 75:10  
**iraq** (1) 82:25  
**irregular** (1) 17:19  
**irwin** (1) 2:24  
**isnt** (10) 25:12 40:9 41:7  
 54:1 64:24 71:8,21 75:25  
 76:16 82:14  
**issues** (1) 84:7  
**itll** (1) 47:5  
**its** (55) 9:21 17:1 24:13,14  
 25:8,12 37:23 38:20 40:1,9  
 41:6 44:11 45:25 47:25  
 51:13 53:3,22,25 60:25  
 61:7 62:9,25 63:5,5,14,17  
 64:24 67:10 70:11 72:2,7  
 73:13 74:12 75:18 76:4,16  
 78:22 80:22,23  
 82:13,16,24 83:5,6,9  
 84:10,13,20,22 85:21  
 89:15,16,17 90:10 91:5  
**itself** (3) 62:9 78:23 82:13  
**ive** (12) 18:4 25:20 44:23  
 45:25 62:4,4,15 64:4 67:8  
 77:6 85:21 92:13  


---

**J**

---

**jack** (2) 23:14 101:13  
**jane** (1) 56:21  
**january** (1) 55:20  
**jessops** (1) 2:17  
**job** (3) 54:11 75:11,17  
**john** (75) 1:18 4:15  
 24:7,14,21 25:3 28:17,22  
 29:1 32:19 33:3,14,18  
 37:20,25 38:17,20 39:9,19  
 42:2,4 45:22 46:1,13,20  
 47:24 48:5,20 49:6,15  
 51:21 52:2,16,20  
 53:6,12,15 57:24 58:18  
 59:12 61:13,18,22 62:1,7  
 64:13 73:11,21  
 74:1,5,8,14,18,21 75:3,18  
 76:2,4 77:17 81:17,22 82:9  
 84:22 85:14 89:21 90:4,23  
 91:2,5 92:18,23 93:15,19  
 98:19 101:20  
**johnson** (27) 10:21,23  
 11:3,5,7,8,12,18  
 12:14,21,24,25 13:3  
 14:19,20,22  
 15:1,3,4,7,9,12,14,20,21  
 16:2,4  
**joined** (3) 9:12 11:14 12:4  
**journey** (1) 4:19  
**judge** (1) 69:15  
**judgement** (1) 32:5  
**jury** (9) 7:5,12,15 15:10  
 18:10 20:20 47:8 100:6,13  
**juniper** (1) 7:13  
**june** (3) 16:11,18 45:6  


---

**K**

---

**kam** (3) 10:13 13:8 21:12  
**keep** (2) 25:4 60:20  
**kelly** (261) 1:3,6,20  
 2:7,10,14,16,24  
 3:13,17,23,25  
 4:3,6,7,10,12,16,21  
 5:10,16,25  
 6:3,6,9,10,14,16,17,18,22  
 7:3,6,6,10,20,20  
 8:1,3,4,23,24  
 9:2,2,5,9,10,13,14,18,23,24  
 10:1,3,8,11,13,18,25  
 11:3,8,12,15,17,18  
 12:4,7,15,17,18,19,22,25  
 13:4,6,8,11,16,22  
 14:1,4,7,8,9,11,14,21,23,24  
 15:1,3,6,7,8,14,14,16,18,19,20  
 16:1,2,5,8,10,20  
 18:13,14,15,17,20,21,25  
 19:1,3,5,6,10,13,17  
 20:1,4,6,13,23  
 21:1,6,7,10,15,18,19

22:1,14,17,20,25  
 23:6,15,22 24:6 25:11  
 26:14,17,19,22  
 27:9,10,13,18,25  
 28:1,11,14,22 29:14,17  
 30:2,4,7,10,16,16,20  
 31:4,7,21,23 33:12 34:3,6  
 35:9 36:13,18,20 37:13  
 38:12 39:5 40:1  
 41:16,21,22 42:6,12,15,25  
 43:12,16,19,20,25  
 44:5,11,18 45:2,19 46:5,6  
 47:19 49:20,22  
 50:4,6,8,10,14,16,20 51:7  
 56:3,12,15,20,24 57:23  
 58:23 64:22  
 65:1,4,14,15,17,25  
 66:6,19,21  
 67:6,15,17,19,20,21  
 68:14,23 69:5 70:2,4,5,7  
 71:11,14 76:9,20 77:4,10  
 79:4,12 86:10,21 87:15  
 88:2,20 93:4,8,11,18,20  
 94:1 103:3  
**kellys** (40) 1:11,21,22,23,23  
 2:3,3,19 3:9,20 6:19 7:7,22  
 10:10,15 12:1,8,9,13,24  
 18:7,23 20:10,17,25 22:3  
 23:11,24 24:3 27:2 29:24  
 33:10 51:2 57:2,4,7,21  
 58:2 64:16 93:24  
**kept** (2) 35:10,10  
**kevin** (2) 1:22 2:11  
**kicking** (1) 6:21  
**kim** (4) 1:22 2:8,10,10  
**kind** (3) 72:19 75:1 95:22  
**kindness** (1) 3:11  
**kit** (2) 11:5,11  
**knelling** (3) 9:5 11:17 13:11  
**kneels** (1) 100:11  
**knekt** (3) 6:3 8:3 86:24  
**knew** (3) 2:21 34:23 35:1  
**know** (47) 25:6,15 26:1,12  
 27:4 28:17,23 32:21  
 33:6,10 34:18,19,21,24  
 37:3,25 40:19 41:10,19  
 42:2,23 43:23 44:20  
 46:17,18 47:22 51:21  
 52:16 53:23 56:7,17 58:2,3  
 61:3 66:1,8 71:11 74:18  
 79:2 85:8 87:10 88:7 89:1  
 90:8 91:1,13 93:3  
**knowledge** (4) 62:14,14 83:2  
 88:12  
**knowledgeable** (1) 3:3  
**known** (3) 24:11,13 49:21  


---

**L**

---

**label** (7) 22:3 36:5 78:12  
 100:4,8,11,14  
**lack** (3) 80:10,10,10  
**ladenburg** (4) 32:25 39:13  
 48:22 53:10  
**lady** (1) 94:3  
**laid** (1) 60:23  
**las** (1) 3:19  
**last** (12) 5:16,18 26:20 33:3  
 39:14 64:4 80:18 85:15,20  
 87:15 88:13 91:22  
**lasted** (1) 68:22  
**late** (1) 96:2  
**later** (5) 16:5 22:10 34:24  
 79:25 81:10  
**latest** (1) 4:20  
**lawyer** (1) 48:19  
**lay** (1) 26:23  
**lea** (5) 99:25 100:3,8,10,14  
**leading** (2) 87:16,16  
**learned** (6) 14:12,25 18:22  
 86:25 99:14,16  
**learning** (7) 6:12 9:8 11:18  
 14:14 67:5,19,21  
**leant** (1) 8:3  
**leap** (1) 83:1  
**learned** (1) 93:6  
**learning** (1) 78:19

**least** (6) 20:12 22:20 54:17  
 77:25 88:23 89:14  
**leave** (10) 5:17 24:18  
 30:11,22 31:1,11 53:15  
 59:6 60:15 92:25  
**leaving** (4) 2:24 67:15,21  
 68:18  
**lee** (1) 14:24  
**left** (15) 5:18 6:11 12:8 14:7  
 45:16 46:3,7 66:19 67:5,23  
 86:25 93:20 94:9 98:12  
 99:8  
**lefthand** (1) 12:12  
**leg** (8) 10:15 20:4  
 29:18,21,21,24 30:1,3  
**legal** (3) 2:1,9 94:20  
**legs** (4) 6:21 7:14 17:24 20:8  
**less** (3) 5:9 80:20 86:1  
**lessening** (1) 81:25  
**lesser** (1) 37:3  
**lessons** (1) 83:16  
**let** (11) 18:5 33:10 45:10  
 46:17 52:25 61:13 63:23



55:2,7,12,21 56:2,7,9,23  
57:1.13,16,20 59:23,25  
60:4,8,13,18,22 61:3 62:22  
63:8,21,24 64:3,24 65:3,11  
66:3.12 67:5.15  
68:12,16,18,21 69:3 70:1  
71:11,24 76:16,20,24 77:1  
79:2,20,25  
80:2,5,8,10,12,18 81:12  
82:22 83:11 84:13 86:9,21  
87:3,8,12,23  
88:2,7,12,17,19,22  
89:1,3,9 91:13,22 92:12  
qualified (1) 61:21  
quality (2) 37:23 38:14  
quantum (1) 2:25  
queens (1) 94:24  
question (14) 28:7 33:3  
38:10,19 39:1,2,3 51:13  
63:10 64:6 65:11 66:10  
84:22 91:22  
questioning (1) 1:16  
questions (47) 25:2,5 28:18  
32:16,18 33:1,2,5,8 34:2  
37:9 39:11,12 40:5 41:19  
46:11,15,16 47:4 48:23,24  
49:2,18 51:10,11 53:5,7,19  
56:13 58:17,17,19,21 64:8  
79:9,10 92:13,20  
103:6,7,10,11,14,15,18,19,22  
quicker (1) 90:6  
quickly (7) 3:25 8:17  
86:12,13 90:10 100:21  
101:2  
quite (5) 29:8 48:6 65:8  
73:13 89:17

**R**

radio (9) 8:5,18  
59:3,19,20,22 60:4,4,7  
raise (2) 7:14 97:14  
raised (1) 80:8  
random (1) 42:9  
rapid (1) 23:20  
rapidity (1) 22:23  
rapidly (2) 22:20 86:16  
rare (2) 90:12,18  
rather (1) 84:7  
rational (1) 32:11  
rc (1) 95:20  
reached (2) 14:6 82:10  
reaching (1) 66:19  
react (2) 51:16 82:23  
reaction (1) 15:22  
read (17) 2:9 22:11 24:6  
25:10 27:8,24 41:5,13  
43:10 59:2 60:13 66:15  
93:8 94:25 95:13 98:4  
100:16  
ready (2) 5:17 97:4  
realise (1) 36:18  
realised (6) 6:15 7:8  
13:13,23 32:6 66:5  
really (6) 5:10 30:12 37:18  
73:24 82:4 91:21  
reason (2) 38:11 72:3  
reassurance (2) 32:19 78:4  
reassured (2) 16:25 17:11  
recall (36) 3:10 15:16,22  
16:5,6 18:18,21 21:17  
28:16 29:5,18 30:8 35:16  
42:12 43:14,19,21,25  
44:5,24 45:18,21 47:20  
50:24 65:4,7,8,17  
66:11,23,25 67:8 68:1  
77:8,16 97:6  
recalled (4) 49:17 64:18  
103:13,21  
recalls (22) 5:8 6:8 7:1,25  
15:12,18 16:19,20  
17:13,15,22 18:14,24  
19:1,3 20:14,25  
21:4,11,15,18 77:4  
receive (2) 60:5 92:10  
received (4) 22:25 25:24  
60:12 95:25

recent (1) 74:12  
recognise (2) 38:7,8  
recollection (15) 20:22 31:23  
44:10,12 49:22 50:9,16  
56:23 12 66:5,7,14 68:12  
77:19 86:22  
recollections (2) 65:19,25  
recollects (1) 15:14  
recommend (1) 83:14  
recommendations (1) 84:24  
reconfirm (1) 68:5  
records (1) 15:25  
recovery (8) 17:10,20  
20:7,13 21:7 27:17 43:2,7  
red (2) 7:13 11:11  
refer (1) 60:22  
reference (4) 27:23 29:3  
48:3 73:5  
referenced (1) 55:15  
regain (1) 21:10  
regular (2) 54:16,24  
regularly (1) 62:24  
reiterate (1) 1:13  
relate (1) 64:25  
related (1) 65:23  
relating (1) 65:13  
relation (5) 23:15 33:22  
47:18 65:9,25  
relationship (1) 101:25  
relevance (1) 88:12  
relevant (10) 24:11 56:3 59:2  
87:18,24,25 88:2,8,14 89:6  
reliable (1) 85:9  
remain (4) 11:7 57:3 64:15  
98:13  
remained (9) 2:23 8:4  
12:22,24 14:20 15:6 20:9  
26:17 41:16  
remains (2) 8:24 9:24  
remarks (1) 38:18  
remember (21) 3:24 4:13  
19:8 43:12 44:3,8,25 47:13  
50:12,13,14,14 51:7,19  
54:25 57:6 59:23 60:11,12  
62:16 68:8  
remembers (2) 15:20 19:5  
remind (1) 90:24  
removed (2) 36:24 37:2  
render (3) 80:15 82:6 84:3  
rendered (4) 22:19 86:19  
100:20,25  
repeat (1) 1:8  
replaced (1) 91:20  
replies (1) 11:25  
report (5) 22:16 23:4,5,6,15  
represent (5) 33:10,23 58:22  
79:11 93:7  
representatives (2) 2:1 94:20  
required (4) 80:17 81:21  
84:10 89:4  
rescuers (4) 81:3 82:4,6  
90:22  
research (1) 83:2  
resilience (1) 82:17  
resources (7) 75:8,19  
80:2,10,20 81:15 90:17  
respect (3) 16:10 64:21  
98:16  
respond (6) 6:22 18:16 31:10  
60:5,8,10  
responded (1) 43:6  
responders (3) 58:9 62:19  
83:22  
responding (1) 44:7  
response (10) 16:22 17:12  
68:25 69:16 76:13 86:5,7  
87:23 99:15,17  
responsibility (1) 97:25  
rest (1) 55:10  
restaurant (1) 99:4  
restored (1) 37:16  
result (9) 70:16 72:4 73:20  
75:22 83:3 87:17 90:14  
96:9 101:14  
results (1) 95:25  
resus (1) 70:25

resuscitate (3) 88:11,14,20  
resuscitated (2) 72:23 90:25  
resuscitating (1) 90:16  
resuscitation (6) 69:20  
70:18,21 75:7 82:2,5  
return (3) 44:16 64:12 69:24  
returned (7) 10:5,11 11:3  
16:5 19:13 26:16 68:5  
review (9) 8:11,13 13:20  
15:11 18:11 20:21 23:13  
100:7 101:12  
reviewed (1) 15:23  
revisit (1) 66:11  
revisited (3) 62:23 81:1,1  
81:10  
revive (1) 20:6  
reynolds (1) 22:8  
rhythm (2) 72:6,14  
rhythms (1) 72:7  
richard (2) 11:4 12:22  
rides (1) 97:14  
righthand (1) 6:9  
rightly (1) 34:17  
rob (1) 7:13  
robert (1) 7:14  
roberts (10) 39:10,12  
48:24,25 53:7,9 64:8,10  
92:19,21  
robson (1) 97:13  
rock (1) 97:21  
rocket (1) 3:5  
role (5) 55:4,8,21 92:3 98:1  
room (41) 1:21,25 2:5  
5:23,25 7:3 8:20 9:5 10:23  
11:9 19:17,21 21:24,24  
26:13 28:6,11 41:11,15  
43:16 45:16 46:7 56:11,17  
59:18,19 62:18 64:2,20  
66:16 73:15 75:19 76:21  
79:3,5 81:7 94:16,19  
99:3,9,10  
round (1) 72:20  
royal (1) 22:15  
rules (1) 59:8  
run (1) 6:14  
russell (10) 5:20 8:2,21 14:3  
19:12 21:22 24:18,23 99:8  
100:10  
rutherford (10) 94:13,15,17  
95:7,8,8,14 96:14 98:20  
103:25  
ryan (7) 9:12 10:14 49:13,17  
55:25 59:24 103:13

**S**

sad (1) 97:9  
sably (2) 14:1 97:16  
safe (2) 63:3 99:14  
same (8) 10:13 69:14 70:17  
84:5 91:6,8 95:15 99:19  
sat (1) 96:7  
saunders (75) 1:18 4:15  
24:7,14,21 25:3 28:17,22  
29:1 32:19 33:3,14,18  
37:20,25 38:17,20 39:9,19  
42:2,4 45:22 46:1,13,20  
47:24 48:5,20 49:6,15  
51:21 52:2,16,20  
53:6,12,15 57:24 58:18  
59:12 61:13,18,22 62:1,7  
64:13 73:11,21  
74:1,5,8,14,18,21 75:3,18  
76:2,4 77:17 81:17,22 82:9  
84:22 85:14 89:21 90:4,23  
91:2,5 92:18,23 93:15,19  
98:19 101:20  
save (2) 32:4 93:11  
saved (1) 37:22  
saw (10) 3:20 6:9 7:21,21  
18:14 27:13 36:16 44:22  
51:5 97:11  
saying (7) 18:4 24:14 38:24  
47:13 62:2 63:5 73:14  
scene (14) 35:12,17 36:25  
37:3 55:17 59:14 74:8,9

80:3,20 81:15,16 91:14  
92:15  
scheduled (1) 64:12  
school (7) 2:24 54:14 95:20  
96:5,16,17 97:12  
schools (1) 96:24  
science (3) 54:12 96:6,9  
scissors (1) 17:22  
scott (2) 95:8 96:15  
screaming (2) 7:7,9  
searched (1) 11:11  
seats (3) 5:5,18 99:4  
second (2) 7:6 46:7  
secondary (2) 23:7 54:12  
seconds (8) 6:2 16:24 68:22  
69:13 70:20 87:4,9,13  
see (27) 7:10 19:6 26:25  
27:8,23 29:9,16 30:3,4,19  
36:2,12,20 37:19 43:18  
44:7 45:2 47:9,25 57:1,20  
67:9 68:25 70:5 79:4 84:9  
92:23  
seeing (1) 16:12  
seek (1) 8:18  
seem (4) 31:2 70:6 71:4  
84:19  
seemed (2) 27:3 30:21  
seems (1) 78:12  
seen (19) 5:25 6:5 8:3,22 9:1  
10:8 11:9 13:1 18:4 28:3  
44:21 45:9 49:25 50:7  
56:15 57:2 67:15 77:6  
86:23  
senior (4) 18:2 44:23 45:8  
48:1  
seniority (1) 91:25  
sense (4) 62:21,22 80:24  
94:4  
sensitive (3) 1:10 52:4 77:18  
sent (1) 99:2  
sentences (1) 59:14  
separate (1) 54:18  
separated (1) 102:2  
september (11) 1:1 2:16  
8:13 22:16 23:6 54:4 65:12  
66:3 95:14 98:5 102:7  
sequence (14) 8:12 13:20  
15:11,23,25 18:11 20:21  
66:3 95:14 98:5 102:7  
57:1 65:24 66:18 67:9,16  
86:23 100:7  
sergeant (8) 10:13,19  
13:8,12,21 21:12 29:3,8  
sergeants (1) 46:8  
serious (2) 17:1 36:20  
seriously (1) 7:4  
service (9) 43:24 52:18 61:17  
79:19,20,21,23 85:22 92:4  
serving (2) 25:15 40:10  
sessions (1) 54:23  
set (3) 43:5 50:3 66:12  
sets (1) 17:9  
seven (1) 95:25  
several (1) 3:9  
severe (2) 22:17,18  
severely (1) 22:21  
severity (1) 23:24  
share (1) 98:8  
shared (4) 4:5,6 97:9 98:5  
sharing (1) 4:22  
shed (5) 28:2 29:15 35:13  
78:4 88:1  
sheet (10) 15:2,5,5,8 16:9  
19:13 20:18 21:20,21 22:2  
sheffield (2) 2:17 61:23  
shes (4) 10:6,6 38:16 68:10  
shields (1) 95:10  
shock (1) 72:8  
shocked (1) 32:3  
shopping (3) 3:15,15 99:1  
short (12) 27:20 39:24 42:10  
49:5,10 60:13 71:2,3,5  
87:14 93:9 102:1  
shortly (4) 5:1,25 57:21  
59:25  
should (10) 33:14 36:23  
38:22,22 39:14 55:9 61:4

68:3 78:5 83:20  
shoulder (4) 18:1 44:8,25  
45:8  
shout (1) 13:16  
shouted (1) 6:14  
shouting (1) 6:21  
show (1) 9:21  
showed (2) 3:12 21:6  
showing (5) 1:14 34:15 35:3  
88:24 99:12  
shown (2) 64:25 89:6  
shows (3) 3:16 99:11,18  
showsec (3) 9:11 50:6,12  
sic (1) 47:17  
side (13) 6:9,11 7:23 12:8,13  
17:5 18:17 43:7 97:17  
99:10,11,12,12  
sides (1) 78:15  
sieve (3) 52:11 80:16,24  
sightseeing (1) 3:15  
sign (3) 22:9 60:11 89:22  
significance (1) 23:8  
significant (5) 17:4 34:7  
42:19,21 81:23  
significantly (1) 86:1  
signs (21) 12:10 14:9 15:24  
18:17 20:24 21:1,6 27:7  
34:15 35:3 48:14 67:3,16  
69:2 76:15 77:15 86:17  
88:24 89:7 90:15 99:13  
similar (2) 51:6 61:1  
simple (2) 70:10 75:12  
since (2) 12:15 65:23  
singer (1) 96:22  
singing (1) 5:11  
sir (104) 1:4,18 4:15  
24:5,7,14,21 25:3 28:17,22  
29:1 32:18,19  
33:3,9,14,18,20  
37:20,23,25 38:17,19,20  
39:8,9,13,16,19 40:1  
42:2,4 45:22 46:1,11,13,20  
47:24 48:3,5,8,20  
49:4,6,12,15 51:21  
52:2,16,20 53:5,6,12,14,15  
57:24 58:17,18 59:10,12  
61:13,18,22 62:1,7  
64:12,13,15 73:11,21  
74:1,5,8,14,18,21 75:3,18  
76:2,4 77:17 81:17,22 82:9  
84:22 85:14 89:21 90:4,23  
91:1,2,5 92:18,20,23  
93:3,15,19 94:14 97:13  
98:18,19 101:18,20  
22:23 23:6 96:1  
station (4) 22:7 41:8,9 91:18  
stay (2) 12:11 60:20  
stayed (3) 7:21 9:2,14  
stephen (1) 15:2  
steps (1) 97:18  
still (19) 1:15 9:21 10:6  
14:14 18:21 27:3 29:24  
30:13,16 31:25 67:21  
69:14 70:17 72:13 77:3,10  
79:6 80:23 83:5  
stood (4) 8:4 9:8 12:4,5  
stop (33) 16:15 17:16 18:3,4  
19:11 20:16 21:17 27:20  
31:17 32:13 35:23 37:6  
44:1,9 45:1,9,15 46:3,20  
47:12,17 65:21 66:10  
68:3,13 69:12 73:21  
77:6,13 78:2,5 82:9 90:23  
stopped (24) 6:15 12:6  
14:5,17 15:20 17:6,13,25  
18:25 19:6 20:4 21:8,14  
29:15 31:22 32:1 35:14  
43:4 58:11 60:18 66:17  
67:23 76:14 90:20  
stopping (3) 16:7 31:16 59:4  
101:23  
story (5) 95:13,15 98:4,6  
straight (2) 5:3 58:14  
straightaway (2) 3:24 29:15  
strength (1) 97:23  
stressful (1) 85:12

song (2) 5:16,18  
songwriter (1) 96:22  
soon (6) 5:16 17:17 22:21  
37:7 47:11,16  
sort (5) 52:11 54:25 61:8  
62:12 83:12  
sought (1) 46:4  
soulmates (1) 4:2  
sound (1) 19:19  
sounds (1) 59:8  
south (3) 95:5,9,10  
spare (1) 97:2  
speak (2) 21:11 33:23  
speaking (2) 15:12 62:13  
special (1) 101:25  
specific (2) 72:2 84:14  
specifically (5) 51:19 62:17  
65:7 67:8 84:13  
specifics (1) 68:8  
speculate (1) 91:21  
speculating (1) 90:7  
spent (5) 3:14 4:19 56:20  
87:9 97:3  
spirit (1) 3:20  
spoke (4) 9:19 15:15  
99:15,16  
spontaneous (1) 69:24  
spontaneously (1) 74:24  
sports (1) 96:6  
springs (1) 83:20  
st (2) 95:19,20  
staff (5) 3:4 50:6,13 84:6  
92:10  
stage (7) 5:9 38:3,11,24  
39:18 51:3 96:25  
stall (2) 5:3,7  
stand (1) 30:21  
standing (1) 10:12  
stands (1) 55:17  
star (4) 46:18,23 96:1,6  
start (4) 4:12 27:16,21 45:24  
started (7) 5:13 14:22 18:1  
35:18 43:5,8 54:1  
starting (2) 1:8 95:17  
statement (35) 6:7 7:15,17  
8:6,11,12 13:19 15:10,12  
16:11,18 18:9,10,12,13  
19:15 20:19,20  
31:12,13,20 45:5 47:7  
48:2,6 54:4 55:2 57:16  
65:3,12 66:2,3,4 100:6,13  
statements (2) 59:1 65:6  
states (11) 8:13 16:9  
20:1,11,21 21:2,10,13  
22:23 23:6 96:1  
station (4) 22:7 41:8,9 91:18  
stay (2) 12:11 60:20  
stayed (3) 7:21 9:2,14  
stephen (1) 15:2  
steps (1) 97:18  
still (19) 1:15 9:21 10:6  
14:14 18:21 27:3 29:24  
30:13,16 31:25 67:21  
69:14 70:17 72:13 77:3,10  
79:6 80:23 83:5  
stood (4) 8:4 9:8 12:4,5  
stop (33) 16:15 17:16 18:3,4  
19:11 20:16 21:17 27:20  
31:17 32:13 35:23 37:6  
44:1,9 45:1,9,15 46:3,20  
47:12,17 65:21 66:10  
68:3,13 69:12 73:21  
77:6,13 78:2,5 82:9 90:23  
stopped (24) 6:15 12:6  
14:5,17 15:20 17:6,13,25  
18:25 19:6 20:4 21:8,14  
29:15 31:22 32:1 35:14  
43:4 58:11 60:18 66:17  
67:23 76:14 90:20  
stopping (3) 16:7 31:16 59:4  
101:23  
story (5) 95:13,15 98:4,6  
straight (2) 5:3 58:14  
straightaway (2) 3:24 29:15  
strength (1) 97:23  
stressful (1) 85:12

stretcher (7) 12:16 16:1  
21:23 27:24 28:13 36:13  
43:12  
stretchers (1) 36:12  
strong (2) 65:19 96:5  
stronger (1) 97:22  
student (4) 52:18 54:5,8  
96:18  
studying (2) 61:22 96:20  
subject (2) 76:5 85:17  
subsequent (1) 66:4  
successful (3) 73:8 90:11  
94:4  
successfully (1) 90:15  
suddenly (1) 81:2  
suffered (1) 97:10  
suggested (3) 83:14 84:21  
86:25  
suggesting (1) 48:5  
suggestion (1) 86:2  
suggestions (1) 86:24  
suitable (1) 74:23  
summary (22) 1:3,5,19 2:2,9  
22:11 24:5,15 25:10  
27:8,23 42:11 43:10 44:14  
56:11 94:13,14,25 100:16  
101:18 103:3,24  
summer (2) 1:97:5  
support (5) 5:6 70:25 71:1  
78:4 97:17  
supported (3) 1:25 2:5 94:19  
supportive (1) 97:15  
supports (1) 27:10  
supposed (1) 62:23  
sure (8) 45:23 60:3 65:5,22  
71:17 84:21 87:8 91:17  
surprise (1) 4:9  
surprised (1) 29:8  
survivability (1) 38:12  
survive (1) 32:7  
survived (2) 23:22,25  
sustained (7) 22:17,22  
23:7,23 100:19,25 101:15  
103:5  
sympathetic (1) 86:5  
system (2) 63:14 86:5

**T**

table (1) 12:18  
tachycardia (2) 72:9,15  
taken (12) 21:23,24 22:6  
28:2 32:11 48:16 66:2  
82:16,18 91:16 92:8,14  
takes (1) 71:5  
taking (9) 5:11 15:16 17:19  
30:5 42:9 54:24 67:25  
69:23 86:19  
talented (3) 96:12,22 101:21  
talk (3) 17:11 20:9 97:20  
talked (1) 16:25  
talking (3) 82:1 84:2 88:22  
task (1) 98:3  
tasked (1) 75:16  
taught (2) 60:25 84:3  
teacher (1) 54:13  
teaching (1) 62:3  
teachings (2) 82:18,24  
team (4) 2:9 3:4 55:10 79:25  
teamed (1) 19:22  
tears (1) 21:19  
technician (2) 55:5 92:5  
technology (1) 96:17  
telephone (1) 8:20  
telling (3) 44:9 45:1 77:4  
tension (2) 72:20 73:1  
tentative (1) 97:18  
terms (13) 26:25 31:3 43:1  
51:23 57:13 66:8,8,22  
68:21 70:1 84:9,14 91:24  
texts (1) 99:2  
thank (71) 1:18 4:15  
24:16,21,22,23 25:3,6,9,22  
26:11 29:1 32:24 33:11,13



39:8,9,12,15,19,20 41:4
46:1.10,13,19 48:21,25
49:6,8,15 51:8,12 52:2
53:5,6,9,12,15 55:12,21
56:2,9 58:16,18 59:12
60:22 62:7 64:7,10,14 74:1
76:6 79:8 81:22 82:11
88:12 92:12,18,21,23
93:1,10,13,15,16,19
98:14,18,19 101:20
thanks (1) 39:21
thats (31) 24:6 25:17 27:23
32:15 37:23 40:12 41:18
47:15 48:13 49:24 50:22
52:20,21,22 54:10 55:6
57:15,17,18 58:25
61:11,24 64:2 65:5 70:20
74:11 75:11 83:23 85:19
90:6,16
therefore (2) 1:7 88:11
theres (9) 27:9 50:22
63:2,4,25 69:16 73:1 75:12
77:10
theyd (1) 60:18
theyre (9) 38:21 59:5 60:14
63:18,19 71:9,10 84:6
91:15
theyve (2) 62:10 73:7
thing (15) 36:16 46:17
62:12,23 64:4 69:15 74:12
77:20,21 78:3 80:19,22,23
83:20 84:11
thinking (1) 47:22
thinks (2) 19:4 20:24
thirst (1) 2:21
thomas (1) 95:2
though (5) 20:23 32:2 57:6
82:13 84:9
thought (7) 19:3 31:20 37:1
44:22 64:4 81:12 90:9
thoughtful (1) 95:22
thoughts (1) 93:14
three (8) 20:12 21:5 22:5
31:1,9 35:9 89:14 95:25
threead (2) 54:17 60:25
through (5) 5:2 11:11 55:12
59:21 99:6
throughout (2) 21:11 82:18
thursday (1) 53:14
tickets (1) 98:21
time (121) 2:17 4:18 5:9 7:6
8:20 10:14 11:10 13:11
14:1 15:1 17:17 20:22
25:21 26:15,17 27:1,4,20
28:22 29:2,16,17,23
30:6,15 31:3,21,24
32:11,12 33:24
34:7,10,22,25 35:8 37:12
40:2,14 41:7,13 42:23
43:14,18,23 44:5
45:13,18,23 47:1,11,16
50:5,11,17,20 52:19
54:5,11,21 55:1
56:4,14,17,18,20
57:5,21,23 58:8,12 59:17
63:22 65:8,18,22 66:1,1,17
67:7 69:1,9,18 70:20
71:2,3,4,5,14 74:9 75:7
76:8,12,13
78:11,14,18,22,23 79:4,6
83:12 85:2,15,20,22 86:19
87:9,21 89:1 90:9 94:1,6
95:6,10 97:3,10 100:9,15
102:1
times (5) 3:14 31:1,9 97:9,9
timings (1) 64:25
today (13) 1:7,9,14 41:4
49:7,19 53:11 56:3,11
64:12,20,24 92:22
together (12) 3:14,19
4:3,18,25 5:6 34:4,11
95:12 97:8 98:8 102:1
99:5
told (32) 6:16,24 12:14
17:15 18:3 19:10 20:15
21:16 24:8,12 30:11,22
31:1,8,11,17 35:23 44:1,16

45:7,8,15 46:2,3 60:14,14,
68:13 70:4 90:8 94:5 95:14
101:23
too (2) 7:9 86:13
took (6) 5:7 13:1,25 19:3
48:10 97:18
topic (2) 63:1 78:7
toptotoe (3) 57:17,18 70:6
total (1) 26:19
touch (2) 36:2 86:21
touched (1) 70:5
tourniquets (1) 83:21
towards (7) 6:12 9:5 10:24
11:12 15:2 18:22 67:6
tracey (1) 3:18
tragic (4) 34:3,18,25 101:22
tragically (1) 90:25
trained (10) 26:3 36:19
40:21 61:18 70:23 71:4
83:25 84:6 87:6 91:25
training (25) 25:23,24 36:19
40:16,17 52:14,15,20
53:25 54:8,15,16,22
55:1,12,19 56:4 61:20
91:24 92:1,2,6,7,9,11
transport (1) 40:11
trauma (10) 42:21 69:19
72:22 75:6 82:2,4,19 83:2
84:1 90:14
traumatic (9) 72:12,16
73:4,20 75:22 84:4,8 85:6
90:11
travel (6) 3:17 4:2 63:3
97:2,3 99:14
travelled (2) 3:19 98:25
traveller (1) 94:3
travelling (1) 3:20
treat (5) 14:13,15 67:20
81:5,18
treating (1) 98:15
treatment (12) 23:12 24:4
36:14,24 37:13 52:9,23
73:3 84:16 88:9 101:8,11
treatments (1) 73:6
triage (13) 51:24 58:25 59:9
60:23 62:15,19,23 63:6,13
79:5 80:16,19,24
tribute (2) 93:23 95:12
tributes (2) 3:9 101:23
tried (6) 16:22 20:8 42:1,19
44:23 93:10
trip (2) 4:7,8
triple (1) 96:5
trips (2) 3:18 4:3
true (2) 4:1 81:20
trust (1) 48:19
try (5) 12:11 41:24 69:17,18
78:3
100:3,8,10,14
vegans (1) 3:19
ventricular (4) 72:8,9,15,15
versus (1) 90:21
video (5) 1:15 8:14 16:8
99:18,22
videos (1) 5:12
viewed (1) 2:2
views (1) 84:16
visible (3) 20:3 30:3 57:11
visualised (1) 86:7
voiced (1) 18:16
volume (1) 69:18

understandably (1) 68:4
understanding (1) 34:2
understood (4) 27:25 39:2
52:22 60:16
undertake (1) 54:17
undertaken (1) 73:7
undertook (1) 52:6
undoubtedly (1) 1:10
unfolded (1) 10:14
unfortunately (22) 50:18
51:1,7 65:16,21 67:3
68:2,10 69:11,14 70:9
73:19 75:23 76:1 77:23,24
78:15 81:9 83:8 85:4,6
87:19
uniform (1) 18:3
universally (1) 62:11
university (2) 61:23 95:21
unlikely (4) 69:25 86:6
89:15,16
unpacked (1) 13:12
unreliable (1) 85:24
unseen (1) 57:8
unsuccessful (1) 65:22
unsurvivable (6) 8:8 23:11
24:3 101:7,10,17
until (7) 9:2 10:9 11:8 69:18
79:25 88:23 102:6
unwell (1) 5:13
update (1) 92:8
upon (6) 12:7 13:8 22:3 58:5
76:20 82:22
upset (5) 18:6 19:11 45:16
47:3 77:19
upstairs (1) 75:4
urgent (1) 36:14
urgently (1) 36:24
usable (1) 38:23
used (19) 6:23 15:5 21:13
26:8 29:14 36:14,16,17
38:3 41:1 45:20 61:7
71:12,16,21,25 73:9,16
91:19
useful (3) 71:22 72:1,13
useless (1) 37:10
using (7) 8:18 15:17 17:22
52:10,11 53:1,3
utilise (2) 61:5 80:7
utilising (1) 88:6

value (4) 73:17,18,25 74:2
valve (2) 75:1,15
van (1) 41:8
variety (1) 83:6
various (2) 62:14,18
vaughan (5) 99:25
100:3,8,10,14
vegans (1) 3:19
ventricular (4) 72:8,9,15,15
versus (1) 90:21
video (5) 1:15 8:14 16:8
99:18,22
videos (1) 5:12
viewed (1) 2:2
views (1) 84:16
visible (3) 20:3 30:3 57:11
visualised (1) 86:7
voiced (1) 18:16
volume (1) 69:18

55:19 63:22 65:22 68:6
71:17 18 73:19 74:24
76:23 77:15,25 78:10 81:6
87:21 89:2
watched (1) 5:6
watching (1) 94:21
wave (7) 23:4,5,10 24:2
101:4,6,9
way (11) 7:17 17:1 33:21
59:18 77:11,12,18
83:13,13 84:19 91:13
weak (2) 16:23 42:14
wed (9) 27:16,21 30:13,25
31:8,9,9 32:4 54:16
wednesday (1) 102:7
week (1) 53:14
weekends (1) 3:15
went (19) 4:24 5:1,3
6:17,18,23 7:6,9,20 8:23
13:9 16:4 19:21
41:15,22,25 42:6 43:11
56:18
werent (10) 25:12
34:8,18,19 54:24 56:16
62:21 74:9 79:18 102:3
west (1) 43:24
westoe (1) 97:3
weve (11) 25:11 41:20 42:11
43:10 52:6 56:11 59:15
68:11 78:11 80:24 90:17
whatever (4) 34:17 42:1
72:3 74:8
whatsoever (1) 79:21
wheelchair (1) 21:25
whereas (1) 86:6
whilst (2) 28:5 97:25
white (8) 10:14 15:2,5,8
16:9 19:13 20:18 22:2
whole (1) 33:19
whos (3) 75:14,21 78:22
wilfrids (1) 95:20
williams (2) 12:14,17
willing (1) 63:25
window (1) 71:5
winslow (2) 2:3,13
wish (1) 102:2
wished (1) 96:10
withdrew (1) 93:2
witness (24) 6:7 8:6 15:9
18:9 19:15 20:19 24:19
31:12,13,20 40:3 45:5
49:12 54:4 55:2 57:16 61:4
64:16 65:3,12 80:18 93:1,2
100:6
witnesses (3) 1:7,11,16
woman (7) 2:20 16:22
17:2,4,6,13 35:3
womans (3) 17:19,23 38:14
wonderful (2) 4:8 101:23
wont (2) 47:11,16
woodcock (3) 11:14,19 12:3
work (17) 3:1 35:8,20
54:1,14,18 55:13 60:9 62:6
63:8,9 67:14 81:22 85:22
92:17 96:5 97:12
worked (6) 52:16 54:21
61:16 85:21 95:22 96:4
working (9) 2:24 51:16 53:23
54:19 55:21,24 60:20
62:5,8
works (1) 92:4
world (4) 3:6 82:21 83:3
98:11
worse (1) 46:21
worth (1) 63:5
wouldnt (13) 57:10 69:8 74:6
76:3 77:12 80:22 81:1,24
85:18,19 86:14 88:5 91:10
wound (3) 20:3 22:18,18
wounds (3) 17:2,4,23
wrists (1) 22:3
write (1) 78:21
written (5) 23:10 78:16,25
101:5,9
wrong (1) 48:5

X
40:10 45:6 53:24 54:5
55:14,20 95:6,11 96:7
97:5,17 98:25
2018 (4) 8:7 19:16 31:13,20
2019 (4) 23:6 12 101:7,11
2020 (4) 7:18 23:16 95:14
98:5
2021 (14) 1:1 7:5,12,15 8:13
13:19 15:10 18:10 20:20
47:8 65:12 100:6,13 102:7
21 (2) 25:21 95:9
22 (15) 2:18 4:10 7:5,12
15:10 18:10 25:13 40:10
47:8 53:24 55:14,22
95:6,11 98:25
2230 (1) 19:20
223049 (1) 99:9
223053 (1) 5:23
223150 (1) 6:1
223158 (1) 99:12
223309 (1) 6:5
223534 (1) 41:11
223612 (2) 99:14,20
223622 (1) 99:16
223626 (1) 7:16
223739 (1) 26:13
223802 (3) 7:16 8:2,14
223818 (3) 8:4,14,19
2240 (2) 59:15 60:1
224030 (1) 56:18
224259 (1) 99:19
224310 (1) 99:22
224311 (2) 8:23 26:14
2244 (1) 41:16
224406 (1) 9:1
224438 (1) 9:4
224459 (1) 9:6
224508 (1) 9:7
224518 (1) 9:8
224824 (1) 26:16
224827 (1) 8:23
225033 (1) 9:10
225153 (2) 9:11 50:5
225213 (3) 10:9 56:15,24
225224 (1) 9:25
225236 (1) 9:15
225251 (2) 10:10 57:3
225258 (1) 10:6
225318 (1) 9:16
2254 (1) 10:9
2255 (1) 26:16
225538 (1) 10:11
225648 (3) 9:18 10:13 50:21
225654 (1) 18:22
225658 (1) 9:24
225701 (1) 10:16
225733 (1) 10:18
225828 (1) 10:18
225935 (1) 10:19
23 (1) 22:6
230136 (1) 18:23
230327 (1) 10:21
230424 (1) 11:2
230429 (2) 10:25 18:25
230451 (1) 11:3
230504 (1) 11:9
230515 (1) 11:12
230517 (2) 11:15,16
230527 (1) 11:21
230534 (1) 12:3
230539 (1) 12:16
230550 (1) 12:7
230611 (1) 12:14
230634 (1) 12:19
230706 (1) 12:23
230718 (1) 13:3
230942 (1) 13:5
230957 (1) 13:7
231007 (1) 13:13
231014 (4) 14:4 65:16 66:17
68:18
231024 (3) 14:7 66:20 68:18
231042 (4) 14:8 66:21 67:15
68:19
231053 (2) 14:10 67:17
231102 (2) 14:11 67:18

231113 (2) 14:12 67:19
231120 (3) 14:14 65:16
67:20
231123 (2) 14:18 67:22
231124 (1) 14:19
231128 (1) 14:23
231152 (1) 14:24
231202 (1) 15:4
231214 (2) 9:3 15:7
231232 (1) 13:25
231532 (1) 19:12
2320 (1) 26:18
232022 (1) 8:25
232814 (1) 21:22
232815 (1) 21:25
2340 (1) 100:9
234015 (1) 99:25
234049 (1) 100:3
2343 (1) 100:15
234446 (1) 100:10
234504 (1) 22:1
234511 (1) 22:3
25 (4) 16:11 25:20 103:5,6
26 (2) 16:18 45:6
27 (1) 23:6
28 (3) 1:1 22:5 41:17
29 (1) 102:7
3
3 (2) 54:17 82:8
30 (8) 47:9 48:4,8 63:2
68:22 87:15 88:13,23
30minute (1) 88:3
30th (1) 3:27
32 (1) 2:13
33 (1) 103:7
330 (1) 94:12
345 (1) 102:5
37 (1) 26:21
4
40 (2) 103:9,10
46 (1) 103:11
49 (2) 103:13,14
5
5 (1) 22:16
50 (1) 6:2
51 (1) 103:15
53 (2) 103:17,18
58 (1) 103:19
6
6 (1) 8:13
64 (1) 103:21
7
7 (1) 59:11
79 (1) 103:22
8
8 (1) 22:10
9
9 (4) 19:16 31:13,20 40:1
930 (2) 1:2 102:6
94 (1) 103:24