

Thursday, 26 February 2026

1
2 (2.04 pm)
3 **MR BLAKE:** Thank you, Chair. Our next witness is PC Richard
4 Marsden.
5 PC RICHARD MARSDEN (called)
6 **THE CHAIR:** Yes, thank you.
7 PC RICHARD MARSDEN (affirmed)
8 Questioned by MR BLAKE
9 **MR BLAKE:** Thank you. PC Marsden, you should have in front
10 of you a witness statement dated 29 October 2025. It
11 has a URN of WITN0019001. Can you confirm that that
12 statement is true to the best of your knowledge and
13 belief?
14 **A.** It is.
15 **Q.** Thank you. You are a Police Constable with
16 Nottinghamshire Police; is that correct?
17 **A.** That's correct.
18 **Q.** You have been a response officer since 2010. Can you
19 assist us with what a response officer is?
20 **A.** Attending sort of Grade 1, Grade 2, Grade 3, all types
21 of incidents depending on sort of the level of their
22 grading depends on what sort of response is given, so it
23 could be an immediate response, urgent response and
24 different timeframes to attend those.
25 **Q.** Thank you. Could I ask you to speak louder if possible,

1

1 **A.** That's correct.
2 **Q.** Thank you. Is Brook Court a building that you are
3 familiar with?
4 **A.** Yes, I have worked that area for many years, so I know
5 where the Court is and have been on several occasions to
6 all types of incidents.
7 **Q.** I'm going to play the emergency call. It's about
8 ten minutes in length. Could we please play
9 NGPF0000096.
10 (Audio played)
11 Thank you very much.
12 We know that somebody who we know as Feven jumped
13 out that window. On your arrival at Brook Court, did
14 you see her?
15 **A.** Yes, I believe she was sat on a chair round the back
16 of -- where the window was.
17 **Q.** Who was she with?
18 **A.** Some neighbours but I think there was another colleague
19 there with her as well.
20 **Q.** Thank you. You then went to the flat to see the damage
21 to the door. We have seen some of those photos but
22 let's just quickly bring them on to screen please.
23 NGPF0000090 and then 91 and 92 please. Did you take
24 these photos?
25 **A.** Yes, I did.

3

1 or closer to the microphone.
2 **A.** Sorry.
3 **Q.** Thank you very much. You have raised some concerns in
4 your written evidence about mental health training for
5 officers, that they are provided through e-learning
6 packages. Briefly, can you tell us the kind of training
7 that you have received in relation to, for example,
8 detention under the Mental Health Act.
9 **A.** Again, it's all e-learning, PowerPoint-type stuff but
10 obviously every circumstance is a bit different and it
11 is hard -- I understand it's hard to train for things
12 like that, or produce training for circumstances like
13 that, but it is all sort of e-learning packages for
14 mental health training.
15 **Q.** We saw earlier with PC -- with Inspector Eustace
16 a policy document called "Dealing with persons with
17 mental health". Is that a document that you received
18 any training in?
19 **A.** Not the specific document but we do get some sort of
20 input into mental health.
21 **Q.** Thank you. You are here to give evidence about what we
22 know as the second incident on 24 May --
23 **A.** That's correct.
24 **Q.** -- of 2020. You were called to Brook House (sic) at
25 approximately 8.30 pm; is that correct?

2

1 **Q.** A question that I asked in relation to the prior
2 incident as well: from your experience both as
3 a response officer but also as somebody who actually saw
4 the damage, do you have a view as to how much force
5 would have been necessary to have done that kind of
6 damage?
7 **A.** A fair amount of force.
8 **Q.** Could we please look at NGPF0000093 which is the outside
9 photo. That was also taken by you and the window that's
10 open there is the first floor window, is it?
11 **A.** That is correct.
12 **Q.** Thank you, that can come down. You then visited Feven
13 in hospital and you took a witness statement from her.
14 The witness statement was taken at 9.50 pm, so not that
15 long after you actually attended the address. Where was
16 she when you took the witness statement?
17 **A.** I believe that the IP was in A&E.
18 **Q.** In Accident and Emergency?
19 **A.** Yes.
20 **Q.** So awaiting treatment?
21 **A.** Awaiting treatment, yes.
22 **Q.** Can we please look at the Occurrence Log, that's
23 NGPF0000082. Was she alone at that stage?
24 **A.** In hospital?
25 **Q.** When you took the statement?

4

1 A. Yes, it was me and the IP, yes.
 2 Q. Yes. When you say IP that's --
 3 A. Can I say Feven or --
 4 Q. Feven.
 5 A. Okay.
 6 Q. Can we please start on page 3 of the Occurrence Log and
 7 if we can look at the very bottom of the page please.
 8 It says there:
 9 "Location: dwelling/flat. Victim's relationship to
 10 offender: stranger. Violent acts: other. Victim
 11 injuries sustained: minor."
 12 Do you know what this was based on at this stage?
 13 A. Initially the IP -- there was no diagnosis on scene, so
 14 at that point we did not know the full extent of the
 15 injuries.
 16 Q. So this is an entry essentially taken from the scene?
 17 A. Or later on, but we hadn't got the full diagnosis and
 18 I was able to take a statement and communicate fine, so,
 19 you know, the full diagnosis hadn't come out yet, that
 20 would come out overnight essentially.
 21 Q. It says:
 22 "IP has jumped out of her first floor flat window
 23 after an unknown person was kicking her front door in.
 24 Female has fallen approximately 10-12 feet and has
 25 suffered back pain from the fall. [She] was very scared

5

1 Can you assist us with who Lee Barker was.
 2 A. I don't know who -- I don't know why that name is there
 3 or what --
 4 Q. So that's just an entry from an officer?
 5 A. Yes.
 6 Q. Thank you. If we could look down over the page, please,
 7 it appears that Feven's friend has made an online report
 8 that indicates that she has fractured her vertebrae,
 9 bone and legs and there's a description of the incident
 10 and it's in the friend's words, she says:
 11 "I spoke to my friend around [4 pm] on Sunday
 12 24th evening, she then received a call from her
 13 cousin ..."
 14 It was after speaking with her cousin she came home,
 15 she was taking a shower and we have heard the events
 16 that happened from Feven herself. It says in that
 17 report there from her friend that she jumped and she hit
 18 her head -- sorry, she hit her back, fracturing
 19 vertebrae, bone and legs. That's about three-quarters
 20 of the way down that report.
 21 The final couple of sentences say as follows:
 22 "She is now admitted to the QMC hospital where she
 23 will have an operation. The police said they will come
 24 to talk to her but haven't heard from them yet. She is
 25 scared and after recovering she does not want to go back

7

1 and in shock ... in hospital for precautionary scans."
 2 So at that stage, that was midnight that entry, the
 3 scans were precautionary:
 4 "It appears the offender is suffering from a mental
 5 health episode."
 6 And that they don't know each other.
 7 Could we please turn to page 1 of the Occurrence
 8 Log. We see there a summary and that's essentially the
 9 same information. Can you assist us with how the
 10 summary is entered on an Occurrence Log?
 11 A. I would have updated that in the modus operandi, the MO,
 12 about what's happened, what I know at that stage.
 13 Q. This is a document that has been recently printed for
 14 the Inquiry. Does the summary change over time?
 15 A. No.
 16 Q. When you say "no", in relation to any offence is it
 17 always the first account that appears --
 18 A. Yes, that's the first account and then future OEOs for
 19 anything else that comes up in the investigation.
 20 Q. So if you later find out, for example, that somebody is
 21 more seriously injured, that still wouldn't appear in
 22 the summary?
 23 A. No.
 24 Q. Can we please turn to page 12. We will start at the
 25 bottom of page 12. By now we are on 29 May at 6.01 pm.

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1 to that house never again. She is anxious every time
 2 she sees a big black man. She is unable to sleep. My
 3 friend does not have anybody as she is a 22 years old
 4 student alone in UK."
 5 You then visited Feven the day after on 30 May.
 6 Were you aware of this report when you went to the
 7 hospital to visit her?
 8 A. I believe that some other officers attended the QMC
 9 following this to speak with the IP and get a full
 10 update on injuries and then, when I next came back to
 11 work, I went to see the IP at hospital.
 12 Q. Thank you. We can see that on page 15. The first entry
 13 is from your fellow officer Gareth Houghton?
 14 A. Yes.
 15 Q. The entry there we have read many times already in the
 16 Inquiry, but it states that there was a fracture which
 17 was operated upon, requires some metal work and screws
 18 in the T12 vertebrae.
 19 So significantly more serious than was written in
 20 that first report?
 21 A. Yes, that's correct.
 22 Q. Then if we look down at the entry below that, that is
 23 your entry of the 30th and you say as follows, you say
 24 that you have visited her at QMC on the 30th, she is
 25 currently on ward D8 which is a spinal unit:

8

1 "... however is now walking around, seemed happy and
2 is expected to leave hospital on Monday."

3 You have explained to her that:

4 "... the suspect was sectioned under the mental
5 health act ..."

6 And you will speak with a doctor at Highbury
7 Hospital regarding his mental health in relation to
8 progressing a prosecution. Feven:

9 "... and other flatmates are aware that the
10 investigation will revolve around whether or not the
11 suspect is deemed to have capacity".

12 You then in the entry below have visited Highbury
13 Hospital the next day and it says that you visited
14 Highbury Hospital, VC was still sectioned in hospital
15 and then you sent a letter to the doctor.

16 Can you assist us, when you went to the hospital did
17 you see a doctor there or did you just speak to
18 reception or somebody else?

19 **A.** I can't fully remember but I did try to speak to the
20 doctor. You have to walk through the ward to speak to
21 the staff, if that makes sense. I spoke to some staff
22 members that are like the healthcare workers, tried to
23 speak to the doctor but do not believe they were
24 available so got asked to send an email.

25 **Q.** We can see that email there. You introduce yourself as
9

1 with the response from Dr Seedat, he says:

2 "I can confirm that I am the in-patient consultant
3 currently looking after him and he has been on my ward
4 since admission.

5 "I am happy to support you with your query but
6 I need to know if there is a formal form to fill in or
7 is it just an email?"

8 You respond:

9 "Thank you for getting back to me quickly Doctor.
10 An email will suffice. I can then attach it to our
11 crime system and inform my Sergeant of what you have
12 decided."

13 What was it that in your view Dr Seedat was
14 deciding?

15 **A.** From my experience of response policing, a lot of
16 incidents and jobs, the way they're treated and dealt
17 with is based on the capacity of the suspect, or an IP,
18 or an individual, so to me it was an important factor.

19 **Q.** So in your view Dr Seedat was deciding the issue of
20 capacity.

21 **A.** Yes, and the mental state of the suspect at the time and
22 before the incident as well.

23 **Q.** Do you think it is sufficient to rely on Dr Seedat to
24 address that question of capacity?

25 **A.** That's the normal process.
11

1 the officer in the case and you say that you believe
2 that VC was assessed. He was arrested after colleagues
3 -- "by colleagues after he attended Brook Court". He
4 "kicked the door in to an internal flat, several times
5 causing the young female victim inside the flat to
6 become extremely scared, so much so that she jumped out
7 of the first floor flat window, damaging her back in the
8 process. [She] ... sustained injuries that required an
9 operation..."

10 There is no mention in this email of an earlier
11 incident. Were you aware of the earlier incident?

12 **A.** I was updated on scene about the earlier incident but
13 I was concentrating on mine really.

14 **Q.** Might it have been useful in your email to the doctor to
15 have said that this is in fact the second incident on
16 that day?

17 **A.** Yes, potentially.

18 **Q.** When you were emailing Dr Seedat did you know anything
19 about Dr Seedat?

20 **A.** No.

21 **Q.** About his specific role or qualifications or anything
22 along those lines?

23 **A.** No.

24 **Q.** Could we please turn to WITN0163012. If we could zoom
25 in to those top two, thank you very much. If we start
10

1 **Q.** Do you think that he is, for example, just giving an
2 opinion rather than a determination? You have said --
3 you used the word "decided" there. Do you --

4 **A.** It's the normal process to contact the doctor or the
5 psychiatrist or whoever at the hospital and seek
6 their --

7 **Q.** When you say "normal process", is that set out in
8 a policy somewhere?

9 **A.** No, but having done -- maybe, but having done this sort
10 of thing quite a lot then this is stuff that I have done
11 before.

12 **Q.** Do you think an email from the doctor on this occasion
13 is sufficient?

14 **A.** I believe so, yes.

15 **Q.** Did you make any inquiries, for example, how long he had
16 known VC for, how long -- whether he has previously come
17 into contact with him?

18 **A.** No, no.

19 **Q.** When you say that's how things are usually done, does
20 that depend on the seriousness of the offence or is that
21 in relation to any offence?

22 **A.** No, anyone that's sectioned for any offence or --
23 you know, we would get -- I would expect to get some
24 kind of update confirmation from a doctor about their
25 mental state.
12

1 Q. When you subsequently make a charging decision, the
2 determination as to whether somebody has or has not got
3 capacity at the relevant time is determined by that
4 email, is it?
5 A. For this case obviously it went to my sergeant for
6 review and they looked at the crime with me and that was
7 the decision.
8 Q. Yes, but in any -- on any occasion where capacity is an
9 issue, in your view is it sufficient to rely on an email
10 from the consultant who is treating the patient?
11 A. That is -- yes, we have used them before.
12 Q. Pardon?
13 A. We have -- we do use them as part of an email, letter,
14 however it comes, to be fair.
15 Q. Can we go back to the Occurrence Log, that's NGPF0000082
16 please, and look at page 15. Can we start at the bottom
17 of the page please. We are now a week later, 8 June and
18 you say:
19 "Please see below for an email sent by Dr SEEDAT the
20 doctor at Highbury hospital. The suspect [VC] ...is
21 still sectioned at Highbury Hospital and has been deemed
22 to not have capacity at the time of the incident."
23 Similar kind of language: "Determined", "deemed".
24 In your view was Dr Seedat addressing just your
25 incident, the second incident, or more broadly could he

13

1 Q. Perhaps we could scroll down the page and we can have
2 a look at the response. Can you assist us with where in
3 that response there is information that in your view
4 could be used in relation to a separate incident?
5 A. Well, just "had no recollection of the events prior to
6 his admission".
7 Q. Do you know how long a period that lack of recollection
8 may have related to?
9 A. No, but that's why I'm saying it could be used
10 potentially.
11 Q. It could potentially be used for, what, for how long?
12 A. I don't know.
13 Q. An incident a day before?
14 A. Maybe.
15 Q. An incident two days before?
16 A. I'm not saying the specific timeframe, but it could be
17 used as part of that investigation if the officer wanted
18 to.
19 Q. If you were investigating a separate offence would you
20 make further enquiries to assure yourself that --
21 A. I might want a bit more information because obviously
22 I was talking about my incident rather than the other
23 incident.
24 Q. Were the two incidents at this stage formally linked in
25 any way?

15

1 have spoken -- or was he speaking to other incidents?
2 A. I think the wording of it where it said doesn't remember
3 the incident and didn't have capacity at the time, then
4 maybe both incidents could be taken, or could be -- you
5 could use that information for their investigation.
6 Q. Had you spoken to him about the other incident?
7 A. No.
8 Q. So why could you take it that that email could be used
9 for both?
10 A. Just because they're on the same day and because he said
11 that he doesn't remember the incident.
12 Q. (*Overspeaking*) Were you aware of his state of knowledge
13 of the other incident?
14 A. Not fully, no.
15 Q. So again, how could you tell that an email like that
16 could have been used for the second offence -- for the
17 first offence?
18 A. Potentially could be used.
19 Q. Without any further information being provided to the
20 doctor about the other offence?
21 A. I don't -- I don't believe so, no.
22 Q. Sorry?
23 A. I've got the letter from -- you know, that states what
24 they have said. If the other officer wants to use that
25 as part of their investigation then they could do.

14

1 A. No.
2 Q. Can you assist us with why not?
3 A. You do have access to the systems to see the other
4 incidents if you want to see them, so, you know, you can
5 look at other incidents and information on there for
6 policing purpose only, so if me or anyone else wants to
7 see the other incident we could review it and have
8 a look.
9 Q. Two incidents within a relatively short space of time.
10 On reflection do you think they should have been linked?
11 A. Potentially.
12 Q. On reflection do you think they could have been linked?
13 A. Yes, they could have been.
14 Q. Should have been?
15 A. Should, could, it's hard to say.
16 Q. Well, should or could?
17 A. Could have been, because I just know what the processes
18 are and how it works, so it's a different answer.
19 Q. Would it have been of assistance to those investigating
20 the other offence if the two offences had been formally
21 linked?
22 A. Yes, that would have helped, yes.
23 Q. Thank you. Can we please turn to WITN0163014. So we
24 have in the bottom that's the original email from
25 Dr Seedat. That was in fact received on 2 June and your

16

1 response is at the top. Can we please look at your
 2 response. You say:
 3 "Once again Dr Seedat. Thank you for a quick and
 4 detailed response. My victim will be fine with this and
 5 luckily she should make a full recovery. Glad to hear
 6 [VC] ... is a little better."
 7 You hadn't spoken to the victim that day before
 8 sending that email, had you?
 9 **A.** Not spoke to who, sorry?
 10 **Q.** Feven.
 11 **A.** Spoke to her on the 30th, I believe, when I went to
 12 visit her.
 13 **Q.** Yes, so you have received the email from Dr Seedat on
 14 2 June at 8.53.
 15 **A.** Yes.
 16 **Q.** Your response is later that evening and you tell the
 17 doctor that your victim will be fine with that.
 18 **A.** The victim was engaging and seemed, you know, kind and
 19 understanding about everything, so not -- "Fine" is
 20 probably the wrong word but, you know --
 21 **Q.** It wasn't something that you had consulted her on prior
 22 to sending that email, was it?
 23 **A.** No, but she was understanding and -- you know, it was
 24 a difficult situation for the IP as well, so, you know,
 25 it was a hard -- it was hard -- it's hard telling people

17

1 **Q.** Can we go back to the Occurrence Log, it's NGPF0000082
 2 please and it's page 16.
 3 Can we look at the entry halfway down that page
 4 timed on 8 June at 10.44. Thank you very much. It says
 5 there that you have visited Feven who is currently
 6 staying with a friend.
 7 **A.** Yes.
 8 **Q.** She had left QMC on the 1st:
 9 "... and although using a crutch is moving around
 10 albeit slowly. [She] has been told not to go back to
 11 work for 9 weeks and has good support from friends in
 12 Nottingham.
 13 "[She] has been informed that [VC] is still
 14 sectioned ... and has been deemed not to have capacity
 15 at the time of the incident. [She] is aware that OIC
 16 cannot now progress the prosecution any further which
 17 she understands."
 18 That reads very much like you are informing Feven
 19 rather than establishing her views at that stage; is
 20 that right?
 21 **A.** Well, the views would have been established in the
 22 conversation. I'm just summarising the crime, if that
 23 makes sense, for my sergeant to read.
 24 **Q.** Was it a process in any way of consultation, or were you
 25 informing her that a doctor had deemed VC not to have

19

1 the news that maybe they don't want to hear.
 2 **Q.** We heard from her earlier today. English wasn't her
 3 first language, she was a female on her own. Do you
 4 think looking back at this maybe that was an email that
 5 you should have consulted her on before responding?
 6 **A.** Potentially, but I did take the statement at QMC with
 7 Feven and her English is good. I have taken many
 8 statements and if the English -- I have also stopped
 9 statements when they can't understand what questions I'm
 10 asking and -- so my communication both at hospital and
 11 over the phone and the visit to friend were all in
 12 English face-to-face.
 13 **Q.** She is a single, lone female and English is not her
 14 first language, however good or bad it may be, it is not
 15 her first language, she is not from England.
 16 **A.** Okay.
 17 **Q.** Do you think that perhaps some more time should have
 18 been spent with her before responding as quickly as you
 19 did saying that she would be fine?
 20 **A.** Maybe, but I had had a detailed -- I didn't just go to
 21 QMC for five minutes, I was with her for a while
 22 explaining things and talking. So we had had
 23 conversations about what may happen down the line, what
 24 may happen going forwards, you know, was aware of what
 25 might happen.

18

1 capacity and therefore it couldn't be progressed, which
 2 is how this reads.
 3 **A.** Yes, but obviously the -- Feven's views would have still
 4 been taken into account and I would have had
 5 conversations about her views and how she felt, which is
 6 I think why the email said that she was kind and
 7 understanding. She was. She was a nice person and we
 8 did have civilised conversations. Difficult ones.
 9 **Q.** Did you, during this conversation or any other
 10 conversation, say to her that she was lucky, it could
 11 have been much worse?
 12 **A.** No.
 13 **Q.** Can we please look at WITN0019002. This is the Code of
 14 Practice for Victims of Crime in England and Wales. Is
 15 this a Code of Practice that you are familiar with at
 16 all?
 17 **A.** Not the full document, but I know about the Code of
 18 Practice.
 19 **Q.** Are you familiar with the victims' rights?
 20 **A.** Yes, I would say so.
 21 **Q.** Can we please turn to page 5. There are a number of
 22 rights that are set out here and it is right number 4
 23 that I would like to ask you about. This is the right:
 24 "To be referred to services that support victims and
 25 have services and support tailored to your needs."

20

1 Then it informs victims that they have:
 2 "... the Right to be referred to services that
 3 support victims, which includes the Right to contact
 4 them directly, and to have your needs assessed so
 5 services and support can be tailored to meet your
 6 needs."
 7 There is no note on any log that we have seen that
 8 appears to say that Feven was provided with any
 9 referral. Are you aware of that having taken place?
 10 **A.** Not that I did a referral, but I did speak with the
 11 friend, which isn't logged on the incident, but I did
 12 speak with them because they were concerned about her
 13 studies and the delays to Feven's studies and I said if
 14 you need me to email anybody or if you can't seek the
 15 extra time that you need then contact me and I will
 16 speak to who we need to speak to about it.
 17 **Q.** What about Victim Support services?
 18 **A.** Well, once a case has sort of been finalised then that's
 19 when the Victim Support may end as such, but if they
 20 wanted to contact me or ask any more questions or --
 21 you know, they had my phone number and could have --
 22 I had emails as well. They could have contacted me.
 23 **Q.** Could have contacted you, but were you -- did you
 24 provide her with any information about external support
 25 services outside of the Police?

21

1 name in this log. Can you assist us with at what
 2 time -- at what stage you would have consulted her?
 3 **A.** We would have spoken about the incident throughout
 4 verbally and gone through things, and then we sit down
 5 from time to time and review all the jobs that we have
 6 and get decisions from the sergeant on what to progress
 7 and what to do next.
 8 **Q.** Would you have updated Police Sergeant Sparkes on, for
 9 example, the injuries that occurred that were more
 10 serious than --
 11 **A.** Yes.
 12 **Q.** -- originally logged.
 13 **A.** It's on NICHE, it's on the OELs.
 14 **Q.** If this log is correct it seems as though your decision
 15 was reviewed at 11.54, that is after you had already
 16 informed the victim that the matter could not be
 17 progressed; is that accurate?
 18 **A.** It is.
 19 **Q.** Is that normal?
 20 **A.** It depends when the sergeant puts their updates on about
 21 the job. So you can have conversations and we know
 22 what's happening with them, but the sergeant may not
 23 update the system straight away with their review.
 24 **Q.** But might it be that you had told Feven that the matter
 25 couldn't progress before it had in fact been -- that

23

1 **A.** Not really. However, you know, did have this friend who
 2 was very supportive and again left it as if you need to
 3 speak to me about anything, then please do.
 4 **Q.** Was she told that she could challenge the decision that
 5 we have just read from yourself?
 6 **A.** I don't believe I told her directly that it could be
 7 challenged but, you know, I think people are familiar
 8 with complaints and things like that.
 9 **Q.** A person that's not from this country whose first
 10 language is not English, do you think that she would
 11 have been familiar?
 12 **A.** Maybe not, but, you know, that's the process.
 13 **Q.** Can we return please to the Occurrence Log. It's
 14 NGPF0000082. It is page 16. If we could scroll down
 15 the page please to the entry of 11.54 and the one below.
 16 Thank you. There's an entry there from Katie Sparkes.
 17 Can you assist us who that is?
 18 **A.** That is my sergeant at the time.
 19 **Q.** It says there:
 20 "In light of update from hospital, suspect has been
 21 deemed not to have capacity at time of offence. Crime
 22 will be filed as undetected - IP has been updated.
 23 Unable to proceed with any formal complaint, interview
 24 and conviction."
 25 This is the first time that we have seen PS Sparkes'

22

1 decision had been reviewed by your supervising officer?
 2 **A.** No, no, that's not right.
 3 **Q.** Do you know that for certain?
 4 **A.** I won't have told --
 5 **Q.** If you look at the times --
 6 **A.** I wouldn't have told the victim that the case would
 7 be -- was going the way it was without knowing for sure
 8 that's what's going to happen.
 9 **Q.** Now, Police Sergeant Sparkes has said "Unable to proceed
 10 with any formal complaint, interview and conviction."
 11 In terms of "Unable to interview" did you know how long
 12 VC would be detained for?
 13 **A.** No.
 14 **Q.** Did you ask Dr Seedat how long it was likely that he
 15 would be detained for?
 16 **A.** I didn't speak directly with Dr Seedat, no.
 17 **Q.** Are you aware that a section 2 Mental Health Act
 18 detention for assessment is only for a period of
 19 28 days?
 20 **A.** Yes.
 21 **Q.** Did you establish whether VC could be interviewed while
 22 he was detained?
 23 **A.** Again, it's a difficult topic and it's not something
 24 that's often done in terms of with them being in
 25 hospital and the capacity that they apparently have.

24

- 1 Q. Did you establish how long it would be likely that you
2 would have to wait to interview him before coming to
3 a final decision?
4 A. No.
5 Q. Are the email exchanges that we have just been through
6 the only significant contact between yourself and
7 Dr Seedat?
8 A. Yes.
9 Q. Did you have any phone calls between the two of you?
10 A. I don't believe so, no.
11 Q. Did you personally yourself at any stage see VC?
12 A. No. Well, when I first got there he was with officers,
13 detained.
14 Q. Certainly but once he was in --
15 A. No.
16 Q. -- Dr Seedat's care?
17 A. Yes.
18 Q. It says they are "undetected". Can you assist us -- we
19 are going to in due course see with other officers
20 certain codes. What does "undetected" mean?
21 A. It means that the crime hasn't been detected, it's not
22 been -- nobody has been charged or given an out of court
23 disposal.
24 Q. Is that allocated a particular code?
25 A. By the sergeant on their review, I think so, yes.

25

- 1 Q. "It must however be noted that only the courts can
2 legally find someone 'insane'.
3 "If the clinician determines that the suspect is fit
4 for interview, but not to be arrested and detained at
5 the police station, arrangements should be made to
6 interview/RFS ..."
7 Do you know what RFS means?
8 A. Report for summons.
9 Q. "... the suspect on Trust premises. The preference
10 should always be to interview on Trust premises if
11 possible. The clinician will provide a signed
12 declaration of the suspect's fitness for interview.
13 Please note that an appropriate adult will be required."
14 If we could go back to Dr Seedat's email, that's at
15 WITN0163014, if we could zoom in on that middle email
16 please, slightly further down, thank you. Dr Seedat has
17 said as follows, he said for example that VC "needed
18 rapid tranquilisation at the very beginning of his stay
19 but he has now settled and his mental health was
20 somewhat improved."
21 It says:
22 "He had no recollection of the events prior to his
23 admission and it will be my view that he was not in
24 touch with reality around the time of his admission nor
25 around the time of the incident of causing damage to

27

- 1 Q. Are you aware of what code "undetected" is?
2 A. No.
3 Q. If it were, for example, "Too ill to prosecute" would
4 that be written there or do you not --
5 A. I'm not familiar with the codes the sergeants use.
6 Q. Can we please turn to NGPF0006002. This is a policy
7 that we have already looked at today. Can we please
8 turn to page 20. "Procedures for dealing with Mentally
9 Disordered suspects". I don't think we have dealt with
10 this particular part today. This concerns in-patients
11 who are detained and it says:
12 "Wherever practical the police and Trust
13 representatives should liaise and discuss options for
14 investigation of allegations and the most appropriate
15 means of dealing.
16 "If a Trust clinician advises that the suspect does
17 not and will not be fit to be interviewed it may be
18 appropriate to consider no further action. The
19 clinician may offer their opinion regarding the
20 suspect's ability to know what they were doing at the
21 time."
22 I note there it says "opinion" rather than provide
23 a decision or confirmation. You recognise that the
24 doctor is only providing an opinion, don't you?
25 A. Yes.

26

- 1 someone's door."
2 He refers to "incident" there singular, rather than
3 incidents.
4 Dr Seedat here was not giving an opinion as to
5 whether VC could be interviewed, was he?
6 A. No, but that update would have been taken into
7 consideration by the sergeant.
8 Q. But did you have anything from Dr Seedat that suggested
9 whether VC could or could not be interviewed?
10 A. No, but with that sort of level of information then it's
11 unlikely that we would be told to interview someone.
12 Q. Why?
13 A. That's the processes with capacity and things like that
14 unfortunately.
15 Q. But it's not addressing whether you can ask VC
16 questions, is it?
17 A. No, but I'm just going -- I'm giving you my honest
18 opinion on what happens in terms of the processes and
19 what happens around information around capacity and
20 things like this.
21 Q. Do you think it might be worthwhile interviewing VC in
22 relation to this incident?
23 A. Potentially, but with the doctor saying he doesn't seem
24 to have, you know, recollection of the actions before
25 admission, then saw it as a no.

28

- 1 Q. Does an interview by a doctor replace the need for an
2 interview by the police?
3 A. No, but we -- you know, when you deal with anyone at the
4 hospital if the doctor says they need to do something,
5 then we don't interrupt them or -- you know, we let them
6 do what they need to do, so we take a doctor's word for
7 it.
8 Q. Are you trained to interview people?
9 A. Yes.
10 Q. How many hours training does that involve?
11 A. We get a week's -- week or two training in training
12 school and then you sort of -- as you go along you get
13 better, if that makes sense. People sit in with you and
14 review and things like that.
15 Q. You interview more and more people over time and you get
16 more experienced?
17 A. Yes.
18 Q. You learn certain techniques which might get the truth
19 out of people?
20 A. Yes.
21 Q. The position of a doctor and the position of a police
22 officer are very different things, aren't they?
23 A. Yes.
24 Q. Looking back at this email and the information you have
25 been provided, do you think it might have been worth

29

- 1 believed to be subject of mental ill health or
2 a learning disorder is being considered, the matter must
3 be referred to the CPS. The CPS will require evidence
4 of the suspect's mental state at the time of the alleged
5 offence, at the time of interview, and fitness for
6 prosecution."
7 It doesn't look as though that part of the policy is
8 being followed, does it?
9 A. As I have said, I have spoken with my sergeant and
10 that's the decision that's been made.
11 Q. Looking back at it, is it the right decision or the
12 wrong decision?
13 A. We -- you know, you could say we could have gone to the
14 CPS, but it doesn't necessarily mean that the suspect
15 would have been charged on my --
16 Q. That's not the question though, is it?
17 A. No, but I'm just saying that's what, you know ...
18 Q. Are you not bothering the CPS because you don't think it
19 will result in a charge?
20 A. It's not my decision to make. It's not my decision to
21 make. I present the evidence to my sergeant, my
22 sergeant says "This is what I think we should do".
23 Q. Looking back at it, is it the right decision or the
24 wrong decision?
25 A. It's a hard one to answer.

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- 1 establishing whether you could interview VC?
2 A. Could have, but that's a conversation to have with
3 a sergeant to see what to do and what to do next.
4 Q. We saw the policy and we saw what was set out there
5 about seeking to interview people who had suffered from
6 mental health issues. Whether it's your decision or
7 your supervisor's decision, do you think, looking back,
8 it's the wrong decision?
9 A. I -- from my previous experiences then no because I have
10 seen sort of CPS responses in the past and things about
11 stuff around capacity. So, you know, there's that
12 element as well.
13 Q. Do you think you are sufficiently inquiring,
14 sufficiently pushing matters?
15 A. I have gone to my sergeant with everything that we have
16 obtained and we have made a decision on that, you know.
17 Q. Do you think your experience, for example, the CPS
18 experience that you have just explained, do you think
19 that that's made you take less action in these kinds of
20 cases?
21 A. Not take less action, but take it into consideration.
22 Q. Can we go back to the policy, it's NGPF0006002, page 22.
23 That's the -- sorry, if we could scroll down slightly to
24 CPS liaison. It says there in relation to the CPS:
25 "In any case where the charging of a person known or

30

- 1 Q. Well, you've got the policy in front of you. Is it in
2 accordance with the policy?
3 A. Maybe we could have taken it to the CPS, but, you know,
4 I'm going off what we spoke about and my experiences.
5 Q. Is "maybe" as high as you would like to put it, or is it
6 that it should have gone to the CPS looking at this
7 policy?
8 A. It could have gone to the CPS.
9 Q. If we scroll down to "Public interest issues", the
10 policy says:
11 "When a person experiencing a mental disorder
12 commits an offence, it is sometimes presumed that the
13 offence is linked to the mental disorder. This is often
14 not the case and the mentally disordered offender may
15 then proceed through the Criminal Justice System. It is
16 no more helpful or fair for people with mental ill
17 health or learning difficulties to be 'labelled' as
18 unfit to prosecute than it is to assume that they are
19 not fit or competent to access the criminal
20 justice system as victims or witnesses."
21 Looking back at this policy, looking back at the
22 matters that we have discussed, do you think that
23 the police were a little quick to close this case?
24 A. Maybe we had got, you know, the evidence that we needed
25 if we were to prosecute, so we had got the statement

32

1 from the IP and we had got the exhibits, all that would
 2 have been missing is an interview with the suspect. So
 3 we had got the evidence, apart from that side of things,
 4 and the information from the doctor and I have had the
 5 evidential review and that's the decision.

6 **Q.** Can we please return to the Occurrence Log NGPF0000082,
 7 page 16. The very last entry on that page please, the
 8 entry of 12 June at 1.03 pm:
 9 "Contacted IP to advise of offenders impending
 10 release from Highbury Hospital. Advised that offender
 11 is getting [mental health] ... support to prevent
 12 further incidents and gave [her] ... my contact
 13 details ..."

14 This isn't your entry but --

15 **A.** No.

16 **Q.** -- we can see that by 12 June the police had contacted
 17 the victim to notify her of VC's release. That's only
 18 four days after telling the victim that the matter
 19 couldn't be progressed. Do you see an issue with that?

20 **A.** Potentially, but, you know, I keep referring back to
 21 that letter, you know, it was -- it's -- we have gone
 22 off what the doctor has said about VC at the hospital.

23 **Q.** Did you all think that VC would be in hospital for
 24 longer than he was?

25 **A.** I can never say on that. I have had experiences of one

33

1 Over the page it goes on:
 2 "... assessment in custody today."

3 Can we return back to the Occurrence Log please,
 4 that's NGPF0000082. Page 1. If we just zoom out --
 5 what we can't see here is reference to the incident --
 6 the previous incident on that day.

7 **A.** In terms of the summary or?

8 **Q.** In terms of the summary or in terms of anybody that
 9 picks this up, there's no -- it clearly seems to have
 10 been discussed at the time when officers were responding
 11 to the incident, but what hasn't occurred is that the
 12 two occasions have been formally linked in any way.

13 **A.** No, it's -- I mean, you can link them with a click of
 14 a button as such, but not on that initial updates, then
 15 no, but we were aware of the incident.

16 **Q.** Before closing the case, might it have been sensible to
 17 take a view of both matters together?

18 **A.** Potentially, yes.

19 **Q.** Looking at the seriousness of the offence, do you think
 20 if, for example, it had been treated as GBH rather than
 21 ABH -- we see there there's reference to "ABH/common" --
 22 that must be common assault. Do you think that might
 23 have made a difference to the way in which you
 24 investigated, or you treated --

25 **A.** ABH is actual bodily harm and, as I have said, I know --

35

1 or two days and many, many months.

2 **Q.** If you had held off for less than a week he could have
 3 been interviewed, couldn't he?

4 **A.** Potentially again, yes, but, you know, with the evidence
 5 that we had it's difficult.

6 **Q.** Could we please turn to NGPF0000081 and this is the
 7 Incident Log. We have there essentially the emergency
 8 call. Can we please turn to page 5. This is the same
 9 day, same occasion. If we scroll down we can see
 10 an entry at 8.42 pm and it says -- it gives VC's surname
 11 and it says that he is the "male causing the issues [he]
 12 was arrested this morning". So that refers to the
 13 earlier incident.

14 If we turn to page 7 and scroll down to 8.45 pm
 15 there's an entry there. Do you know whose entries these
 16 are at all?

17 **A.** Not really, no.

18 **Q.** "What was the previous incident today?"
 19 "MH02 aware and reviewing."
 20 Can you assist us with MH02?

21 **A.** That's the -- I think that's the triage car, that's the
 22 triage -- the mental health car.

23 **Q.** There's a reference there "Previous job today 0011."
 24 "Triage to P2P ... he has had a mental health
 25 in ..."

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1 I heard the witness' account this morning. Once the
 2 initial thing happened we didn't know the severity of
 3 the injuries on scene. It wasn't until later on, once
 4 all the scans had been completed, we had the full
 5 picture of the severity of the injury.

6 **Q.** Do you agree then that it could have been treated as
 7 a GBH?

8 **A.** What, once we've got the information?

9 **Q.** Yes, once we have seen that medical information about
 10 Feven having to have an operation on her back --

11 **A.** Yes.

12 **Q.** And about her --

13 **A.** We were aware that it was a GBH because we have put the
 14 updates on about the severity of the injuries.

15 **Q.** Yes, so it was being treated as a GBH or it wasn't being
 16 treated --

17 **A.** Initially an ABH but we knew the severity of the injury
 18 is more severe than that, if that makes sense.

19 **Q.** Is it written anywhere in the occurrence details that
 20 it's now being treated as a GBH rather than an ABH?

21 **A.** Not on the occurrence -- on the OELs as such but we know
 22 the severity of the injuries are more than potentially
 23 ABH in our conversations, et cetera.

24 **Q.** Apart from conversations --

25 **A.** Yes.

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1 Q. -- is it recorded anywhere that it was being treated as
2 a GBH?
3 A. I don't believe so, no.
4 Q. And would we expect any other process to have taken
5 place prior to closing the case, for example, if it had
6 been treated as a GBH?
7 A. Not always, no, not for this always get changed.
8 Q. (*Overspeaking*) Different resources perhaps?
9 A. Maybe I think -- as response officers we have dealt
10 with -- I have dealt with GBHs, I have dealt with --
11 you know, it's not always dealt with by different
12 people.
13 Q. Higher levels of scrutiny perhaps?
14 A. In terms of ..?
15 Q. Reviews, somebody looking over your shoulder as to the
16 sufficiency of your investigation?
17 A. Yes, maybe, but I did go through with my sergeant.
18 Q. Thank you, Chair. Those are all of my questions. There
19 are some questions from two of the Core Participants.
20 **THE CHAIR:** Yes. Mr Moloney.
21 **MR MOLONEY:** Chair, could I go second. It's just a detail
22 I want to check about the question my learned friend has
23 just asked.
24 **THE CHAIR:** Yes. Ms Cartwright, are you ready to ask some
25 questions?

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1 when it is first initially -- what we think may have
2 happened because we don't always know for sure. Does
3 that make sense? Then later on if things change we
4 don't necessarily change what's on NICHE -- in terms of
5 the official recording but it's all on the OELs and that
6 would -- if we did go to CPS it would have gone to CPS
7 as a GBH.
8 Q. But in terms of the Police National Computer, so for any
9 other forces at any point needing to make checks.
10 A. Ah sorry, it would have stayed as an ABH, yes.
11 Q. Yes. First of all I want to ask you why did you not put
12 a marker on VC's record by reference to these incidents?
13 A. It would have been on PNC about his arrest for an Actual
14 Bodily Harm.
15 Q. I'm going to come to deal with what was on the PNC but
16 that's different to a marker. Why did you not put
17 a marker on VC's record by reference to violence and
18 aggression linked to this incident in the context you
19 say it's a grievous bodily harm?
20 A. It's not what is normally put on. We put markers on
21 when people have been violent to us as police officers.
22 In terms of being violent to other people, there's no
23 marker about being violent to people but you can see
24 what the arrest summons were on PNC for particular
25 incidents, like this one would have been ABH and the one

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1 **MS CARTWRIGHT:** Yes.
2 **THE CHAIR:** Thank you.
3 Questioned by Ms Cartwright.
4 Questioned by MS CARTWRIGHT
5 **MS CARTWRIGHT:** Good afternoon, officer. I ask questions on
6 behalf of the survivors.
7 Can I ask you then first of all, you have given
8 evidence that you knew, and I think certainly if we look
9 at the documents you have been taken to, it's recorded
10 on police systems the extent of the fractures on
11 29 May 2020. You are essentially the next officer that
12 logs on afterwards on the 30th where all of those
13 fractures are recorded, and so you say you were treating
14 this as grievous bodily harm.
15 A. In terms of the severity of the injury?
16 Q. Yes.
17 A. That's the severity of the injury, yes.
18 Q. I think ultimately you and your inspector were the
19 people responsible for closing down this incident and --
20 A. Sergeant.
21 Q. Sergeant, sorry. Can you help me then, because in fact
22 what action did you take in it terms of the recording on
23 the Police National Computer by reference to this
24 incident?
25 A. So the way things are recorded initially we record it

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1 before would have been a criminal damage.
2 Q. Then can I ask you -- have you had an opportunity to
3 review the Police National Computer before giving
4 evidence?
5 A. No.
6 Q. I will put it to you and if anything I'm saying is
7 unfair I'm sure you can be taken to it.
8 A. Yes, I will try.
9 Q. My Lady, for your note, I'm using the Met reference,
10 which is METF0000003, but the Police National Computer
11 at no point recorded the severity of the injuries to
12 Feven. What is recorded in respect of this incident is:
13 "IP has jumped out of her first floor flat window
14 after an unknown person was kicking her front door in.
15 Female has fallen approximately 10-12 feet and has
16 suffered back pain from the fall. IP was very scared
17 and in shock. IP in hospital for precautionary scans.
18 It appears the offender is suffering from a mental
19 health episode. IP and offender do not know each
20 other."
21 So for any other police force looking at the Police
22 National Computer all it would tell them about the
23 incident with Feven, it would suggest back pain?
24 A. The markers don't necessarily go on like that so -- it's
25 hard to explain what the marker is like. On the markers

40

1 it doesn't tell you all that information. A PNC marker
 2 will just give you -- the markers we're -- I think what
 3 you're talking about is it gives us markers about
 4 whether they've got -- they're violent on arrest or
 5 they're violent towards police officers. All it will
 6 tell us is their arrest summons and what the offence was
 7 they were initially arrested for.

8 **Q.** Leaving aside the markers now, I'm dealing with the fact
 9 that what is on the Police National Computer for this
 10 incident is wholly inaccurate as to what was the known
 11 position of Nottingham Police when this case was closed
 12 down. This is a victim who had suffered fractures to
 13 her spine, that had required operations with screws and
 14 there's nothing on the Police National Computer to
 15 record accurately what had happened to this victim?

16 **A.** But that -- I'm trying to say that's what happens
 17 initially and that's what -- what initially we mentioned
 18 what's put on the occurrence earlier in terms of the
 19 summary, it never changes, it doesn't change, that
 20 initial doesn't change.

21 **Q.** So that never changes. So any police force looking at
 22 the Police National Computer would be looking at
 23 information on an incomplete picture?

24 **A.** We don't often get all the information for an incident
 25 for a marker on PNC. PNC markers are really quite short

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1 contact, but did you know that this was a police
 2 contact?

3 **A.** Not initially, like I say. We mobilised to the
 4 incident, got there as quickly as we can, so all the
 5 information that gets fed through it's not something you
 6 always hear straightaway and you don't always get
 7 a chance to look at all the incidents of what's happened
 8 during the day and know what's happened.

9 **Q.** Can I ask you, particularly when you knew from 30 May
 10 that Feven had these fractures, and would you agree now
 11 that completely falls now into the category of serious
 12 injuries as well --

13 **A.** It was -- it is a more serious injury than initially
 14 when we first got there.

15 **Q.** But then can I ask you then, please, additionally to
 16 what extent -- certainly Feven has given clear evidence
 17 today that it was known at the scene when she was in the
 18 back of the ambulance the severity of the injuries?

19 **A.** I don't believe that's the case, I'm sorry.

20 **Q.** So did there come a time at any point when you were
 21 investigating, before you closed this matter down, that
 22 this should have been treated as a police contact?

23 **A.** No.

24 **Q.** No, not at all?

25 **A.** Well, I have not discussed that with my sergeant, no.

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1 and you don't get a lot of detail on those markers apart
 2 from if they're violent to police officers, if they
 3 suffer from mental health issues. There's not a lot of
 4 information that comes to you about those things.

5 **Q.** Now, my learned friend Mr Blake took you to where it is
 6 clearly recorded on the Incident Log that it was known
 7 by the Police Force on 24 May that this had been
 8 a previous incident.

9 My Lady, again the custody record that we have for
 10 the previous incident confirms that Valdo Calocane was
 11 released at 19.18 on 24 May and by 20.29 the police have
 12 the details of this next incident.

13 Why was this not being treated as a police contact?

14 **A.** It's not something that I can authorise, et cetera, so,
 15 you know, I blue-lighted the incident, got there as
 16 quick as I could and those things are usually
 17 facilitated by more senior people.

18 **Q.** So who is the more senior person on 24 May that knows
 19 about this previous incident?

20 **A.** It would have been the sergeant at the time or control
 21 room, you know, it's not always treated that way.

22 **Q.** So who was the sergeant on duty that night?

23 **A.** PS Johnson, I believe. It's on the -- I think it's on
 24 the existing SAFE(?) log.

25 **Q.** So you say it wasn't for you to identify it as a police

42

1 **Q.** Then can I ask you about that because would you agree
 2 that if it's a police contact causing serious injury, as
 3 this did, it required a referral to Nottinghamshire
 4 Professional Standards Department at the very least;
 5 would you agree?

6 **A.** That's not something that I would do.

7 **Q.** You may not do it, but I think your statement tells us
 8 that you now essentially assist with training other
 9 officers. So from the perspective of it being a police
 10 contact, did you become aware of it?

11 **A.** No.

12 **Q.** But from the general principles, would you agree that if
 13 it's a police contact incident at the very least it has
 14 to be investigated by professional standards?

15 **A.** I don't know the full scenario on the police contact
 16 because it's not something that I have come across many
 17 times.

18 **Q.** So even today, in 2026, you don't understand or know the
 19 details of the policy for police contact?

20 **A.** It's not always -- not the full policy, no.

21 **Q.** Also, are you then not aware that that's the minimum
 22 police standards internal, but also it needs to be then
 23 reviewed by the independent office of police complaints?

24 **A.** Okay.

25 **Q.** You don't know that?

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1 A. No.

2 Q. You don't know that in terms of the training that you
3 are providing to current officers either?

4 A. I don't get involved in that side of the training.

5 Q. But do you not need to know that when you are the
6 officer that's dealing with a police contact incident
7 essentially that's occurred just over an hour after VC
8 was released?

9 A. We do rely on people informing us of these things, I'm
10 afraid. It's not always that simple.

11 Q. Can I then please just --

12 **THE CHAIR:** Ms Cartwright, I know that -- you are limited on
13 time and how long are you going to be?

14 **MS CARTWRIGHT:** Perhaps if I'm just allowed to go to one
15 other aspect of the policy and then --

16 **THE CHAIR:** Five minutes, no more.

17 **MS CARTWRIGHT:** Thank you, my Lady, and thank you for the
18 indulgence as well.

19 Can we go back to the policy you were taken to,
20 NGPF0006002 which is the policy you were taken to for
21 mentally disordered offenders. Thank you. Can we go,
22 please, into page 19 which is paragraph 3.5.1.

23 Now, I just want to -- I think you were asked about
24 the subsequent paragraph relating to in-patients, but it
25 is right, isn't it, that VC initially -- he didn't go

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1 public interest. In reality there is a presumption
2 that, unless the suspect is already detained as an
3 involuntary patient in a psychiatric facility, he/she
4 has the mental capacity to be detained, interviewed and
5 prosecuted."

6 Can we go over the page, please:

7 "In some cases prosecution may be in the public
8 interest, even for people already in secure mental
9 health facilities ..."

10 Having heard how you have dealt with the issue of
11 capacity and what's your business as usual approach, did
12 you understand that that is what the policy of
13 Nottingham Police required in respect of offences by --

14 A. Not the full (*overspeaking*) --

15 Q. Not fully?

16 A. Not the full ins and outs of it, but the parameters of
17 it, yes.

18 Q. So officer, you have told us that what you did in VC's
19 case is how you continue to conduct policing in
20 Nottingham since that incident and you don't understand
21 this policy; is that correct?

22 A. No.

23 Q. That's not correct?

24 A. Well, it's not how it has always been, no.

25 Q. What's not how it has always been?

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1 straight to hospital, he went --

2 A. Into custody.

3 Q. -- went into custody. It is right, isn't it, he was
4 only ever arrested for criminal damage on the second
5 occasion?

6 A. I don't know what they arrested him for on the scene, I
7 wasn't --

8 Q. Can I ask you: you have given evidence about what you
9 did in liaison with Dr Seedat, this is detailed:
10 "The fact that a suspect is believed to have mental
11 ill health or learning difficulties must not preclude
12 full investigation of an offence and should only rarely
13 prevent arrest and/or interview of a suspect."
14 Did you know that?

15 A. Not in full, but I know of parts of it, yes.

16 Q. "A healthcare response to such suspects should not be
17 seen as an alternative to criminal investigation or vice
18 versa."
19 Did you know that?

20 A. In some ways, yes.

21 Q. "In many cases there may be a need for both responses to
22 take place alongside each other.
23 "There is a misconception that arrest, interview and
24 prosecution of persons with mental disorder should not
25 be considered due to 'mental capacity' issues and/or the

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1 A. Well, the policy is there. I've got the information,
2 gone to my sergeant and then I've had that from there,
3 so, you know, that's the process.

4 Q. What's the process?

5 A. In terms of obtaining information as much as you can and
6 then you go to the sergeant for a sergeant review and
7 they will tell you -- or advise on what to do next.

8 Q. Can I ask you at any point did you tell Dr Seedat the
9 injuries and fractures that Feven had sustained?

10 A. No.

11 Q. Why not?

12 A. Because I had got the letter and that's how we dealt
13 with it.

14 Q. Madam Chair, thank you for your indulgence.

15 **THE CHAIR:** Thank you. Yes, Mr Moloney, I understand you
16 aren't going to ask any questions now.

17 **MR MOLONEY:** That's right.

18 **THE CHAIR:** Yes, Mr Beggs, is there anything you want to
19 ask?

20 **MR BEGGS:** No thank you.

21 Questioned by THE CHAIR

22 **THE CHAIR:** I just want to ask you, officer, you have
23 referred to the letter or the email from Dr Seedat --

24 A. Yes.

25 **THE CHAIR:** -- which, as we have seen, said he had no

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1 recollection of the events prior to his admission, and
 2 I would just like to ask you to look at one of the
 3 entries. It's on NGPF00000770022. Can we just put that
 4 up. Thank you. 22, I think it is at that. Yes,
 5 there's an entry there which says, on 24 May -- who is
 6 Wilde?
 7 **A.** That's, I believe, the custody sergeant.
 8 **THE CHAIR:** Right. So it says there that he is alleged to
 9 have told officers that he kicked the door in due to
 10 believing his mother was inside and was being raped. So
 11 he had given some explanation. Were you one of the
 12 officers he said that to?
 13 **A.** No.
 14 **THE CHAIR:** Did you know that that explanation had been
 15 given?
 16 **A.** No.
 17 **THE CHAIR:** Thank you. Just in relation to the linking of
 18 the two incidents, you said they could have been linked.
 19 They were the same location, one followed a discharge
 20 from police custody, went straight back to the same
 21 place, same sort of incident where attempt was made to
 22 break into a property. Did you not think they should be
 23 linked?
 24 **A.** They could have been linked.
 25 **THE CHAIR:** No, I'm asking you whether you think they should
 49

1 **Q.** Thank you very much. You joined Nottinghamshire Police
 2 in 2008 after various jobs including in the army; is
 3 that correct?
 4 **A.** Yes, that's correct.
 5 **Q.** In 2020 you were part of the prison handling team.
 6 **A.** Yes.
 7 **Q.** And that team conducts interviews, collates evidence and
 8 similar matters; is that right?
 9 **A.** Sort of.
 10 **Q.** Please do provide a brief description of it.
 11 **A.** So a response team that may bring a prisoner into
 12 custody and we would -- they would do what's called
 13 a handover. That handover would involve potentially
 14 photographs, statements and then that would be passed
 15 over to the sergeant and then the sergeants will
 16 allocate it to officers.
 17 **Q.** In this case you were the officer in the case; is that
 18 correct?
 19 **A.** Yes.
 20 **Q.** Could we please turn to NGPF0000070. This relates to
 21 the first incident.
 22 **A.** Yes.
 23 **Q.** You interviewed VC at 5.53 on 24 May; is that correct?
 24 **A.** That's correct.
 25 **Q.** If we look at that first page, if we scroll -- thank
 51

1 have been linked, now.
 2 **A.** They could, yes.
 3 **THE CHAIR:** Wouldn't it have been much better and right, in
 4 fact, to look at them as the same incident on the same
 5 day?
 6 **A.** Yes.
 7 **THE CHAIR:** Thank you. Yes, thank you. I have no further
 8 questions. I think what we will do is we will take
 9 a ten-minute break now and then we will have the next
 10 witness. Thank you.
 11 **(3.18 pm)**
 12 **(Short Break)**
 13 **(3.29 pm)**
 14 **MR BLAKE:** Chair, our final witness today is PC Gail
 15 Collins.
 16 PC GAIL COLLINS (called)
 17 PC GAIL COLLINS (sworn)
 18 Questioned by MR BLAKE
 19 **MR BLAKE:** Thank you, PC Collins. You should have in front
 20 of you a witness statement dated 5 November 2025 with a
 21 URN WITN0036001.
 22 **A.** Yes, that's correct.
 23 **Q.** Can you confirm that that statement is true to the best
 24 of your knowledge and belief?
 25 **A.** That statement is true to the best of my knowledge.
 50

1 you, if we look at the bottom half you ask VC about his
 2 address. He says his official address is 48
 3 Salisbury Street and he says -- and you say "Okay are
 4 you residing at the moment at 7 Brook Court?" And he
 5 says "Yes".
 6 Can you assist us with that. Did you carry out any
 7 investigations as to why he had two addresses?
 8 **A.** No.
 9 **Q.** If we turn over to page 3, please, you ask as follows,
 10 the second question that you ask, you say:
 11 "Okay so do you want to tell me about what
 12 happened?"
 13 He said:
 14 "I ... I ... I'm not sure I don't remember all
 15 that now to be fair.
 16 "Okay.
 17 "I don't have much recollection.
 18 "Okay and do you know why you don't have much
 19 recollection?"
 20 And he says:
 21 "I could not tell you I ... I'm not sure really."
 22 If we go down the page, you ask if he knows who
 23 lives at flat number 12 and he says "No idea".
 24 If we go over, please, to page 4, the bottom half of
 25 the page you say:
 52

1 "Okay so these are police exhibit photos".
 2 You show the photos.
 3 "I'm just going to bring them over to you so that
 4 you can see the damage to the door. Okay so that's what
 5 you knocked off yesterday."
 6 And he says "Wow".
 7 "Okay and that's the other one, okay so that's the
 8 damage you've done to the door."
 9 And he says "Wow ... wow" and you say:
 10 "Okay so do you remember doing that?"
 11 He says: "Err not really".
 12 Over then to page 5 again there are answers to the
 13 effect of "Not really". If we scroll down, there's
 14 reference to the banging and you say:
 15 "Do you remember any of that?"
 16 And he says "Not really".
 17 Page 6, the bottom half of that page, please, you
 18 ask him about drink and drugs and you say:
 19 "You don't drink?"
 20 And he says "No". "What about drugs, do you take
 21 drugs?" And he again says "Not really" and then "Okay,
 22 not really?" Then he says "No, no not at all".
 23 Just pausing there, a "not really" answer to drugs,
 24 did that not cause you to be a little curious as to
 25 whether drugs were involved?

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1 Over the page, please, you ask if it contributed to
 2 his behaviour. He says he believes so. "... would you
 3 say your behaviour was reckless yesterday?"
 4 "... absolutely if that's right yeah ...
 5 "Yeah, intentional?"
 6 "Certainly not".
 7 If you go down to the bottom:
 8 "... is there anything else you want to say into the
 9 damage that you committed yesterday?"
 10 He apologises and says "Sorry for that". If we go
 11 over the page, please, the interview ends at 6.02 pm, so
 12 it's nine minutes long; is that right?
 13 **A.** That's correct.
 14 **Q.** VC was accompanied by an appropriate adult. Were you
 15 curious as to what his mental health condition was at
 16 that time?
 17 **A.** I was told via custody who contacted our sergeant that
 18 he was fit for interview but required an appropriate
 19 adult.
 20 **Q.** Did you think that as part of that investigation that
 21 you were carrying out you would be investigating his
 22 mental health?
 23 **A.** No.
 24 **Q.** Wouldn't it be a relevant factor?
 25 **A.** I believe while he was in custody he had already been

55

1 **A.** No.
 2 **Q.** A "not really" answer to drugs, might that be cause for
 3 drug testing, for example?
 4 **A.** The drug testing in custody?
 5 **Q.** Yes.
 6 **A.** That had already stopped due to COVID, so we were no
 7 longer doing that.
 8 **Q.** So even if you had a suspicion that somebody was taking
 9 drugs you wouldn't take a drug test during COVID?
 10 **A.** That would be something you would have to ask custody.
 11 I'm aware that it did stop, but I can't say whether they
 12 were still doing it.
 13 **Q.** If we please go over the page to page 7 at the top, you
 14 say:
 15 "... can you tell me how you were feeling
 16 yesterday?" And he says: "I think I was just tired with
 17 the workload ..." You say: "Are you working at the
 18 moment?" He says: "... I'm a student so it's studying
 19 for exams you know ... Trying to keep on top of
 20 things."
 21 If we scroll down he tells you that he had been
 22 studying mechanical engineering. You ask if he is
 23 finding it stressful, that's at the bottom of the page.
 24 He says "... yes ... I'm kind of behind on ... on the
 25 material so you know have to catch up."

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1 seen by L&D and also by the mental health team.
 2 **Q.** Would it be relevant to your investigation the results
 3 of those?
 4 **A.** That's why he was deemed fit for interview. He wasn't
 5 sectioned at that point.
 6 **Q.** But I think you have said at no point did you look at
 7 the custody record; is that right?
 8 **A.** Who, I didn't?
 9 **Q.** Yes.
 10 **A.** I have read the custody record.
 11 **Q.** But at this time, when you were investigating the
 12 offence, did you read the custody record?
 13 **A.** The initial part I was waiting to hear back from custody
 14 in relation to the mental health assessment.
 15 **Q.** Before you carry out an interview like this that's
 16 nine minutes long do you make any kind of plan,
 17 interview plan, a written document?
 18 **A.** Yes.
 19 **Q.** Do you research the accounts that have been given, for
 20 example?
 21 **A.** I read the statements and look at the photos of the
 22 damage.
 23 **Q.** Is it normal -- for example, you have said -- you have
 24 asked VC if he was reckless. Is it normal in an
 25 interview to ask somebody if they're reckless without

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1 explaining what the concept of recklessness might
2 involve?
3 **A.** Part of the point is to prove, so it's did he do it
4 accidentally or did he do it deliberately and that's where
5 the reckless --
6 **Q.** Reckless is a legal term though, isn't it?
7 **A.** Yes.
8 **Q.** If we look back at page 8 please and you say: were you
9 reckless, were you intentional? I mean that's covering
10 quite a lot of ground those two questions, aren't they?
11 **A.** Yes.
12 **Q.** Do you think that this interview was sufficient?
13 **A.** At the time I believed so.
14 **Q.** Can we please turn to NGPF0000068 and that's the
15 Occurrence Log. Can we please turn to page 14.
16 Could we focus, please, on the bottom half of the
17 page. There is an entry from yourself at 6.37 pm which
18 follows the interview with VC and it sets out there the
19 information that he provided to you during the
20 interview.
21 **A.** Yes.
22 **Q.** At the end of that it says that he has been remanded,
23 "RUI'd pending losers statement", so he has been
24 released after that interview; is that correct?
25 **A.** Yes.

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1 relation to the other officer's investigation.
2 **Q.** But surely it is part of your investigation, isn't it?
3 Doesn't it support the very facts that you are
4 investigating?
5 **A.** I suppose so, yes.
6 **Q.** So one of the reasons you have said in your witness
7 statement that you didn't check the Occurrence Log is
8 data protection reasons.
9 **A.** Mm-hm.
10 **Q.** Was that operating in your mind at the time?
11 **A.** Possibly. I don't go into other officers' occurrences,
12 I don't go into other officers' incidents. I don't go
13 looking through other officers' work.
14 **Q.** Are you an investigator?
15 **A.** Yes.
16 **Q.** Isn't that part of investigating?
17 **A.** Yes.
18 **Q.** On reflection do you think you have been properly
19 trained in investigating?
20 **A.** Yes.
21 **Q.** Was part of your training that you should look and see
22 if people have been involved in similar incidents around
23 a similar time?
24 **A.** Yes.
25 **Q.** Was this here an opportunity to have linked those two

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1 **Q.** We then move on to the entry below, two days later,
2 another entry from yourself and you say that VC:
3 "... was arrested a short time after being released
4 from custody for another incident within the flat
5 complex. He has undergone another mental health
6 assessment and has now been sectioned under section 2
7 and transported to Rowan Ward at Highbury Vale."
8 You said in your witness statement that you didn't
9 open the Occurrence Log for that incident; is that
10 correct?
11 **A.** That's correct.
12 **Q.** Can you assist us with why you didn't?
13 **A.** Because it wasn't in relation to my inquiry.
14 **Q.** Surely it was directly related to your inquiry, wasn't
15 it? He had been arrested a short time after being
16 released for an incident that occurred at precisely the
17 same location? Isn't that relevant to your
18 investigation?
19 **A.** It wasn't at that time.
20 **Q.** Why not?
21 **A.** Because he got sectioned. After the incident had
22 occurred after he had been released from custody he then
23 got arrested and then he was sectioned.
24 **Q.** Does that stop your investigation?
25 **A.** No, but I was dealing with my investigation, not in

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1 cases together?
2 **A.** At the time I didn't link them and I wasn't notified
3 that they were going to be linked or anything else.
4 I was literally concentrating on the job that I had got
5 at the time.
6 **Q.** Was that the opportunity where they could have been
7 linked and should have been linked?
8 **A.** They could have been, yes.
9 **Q.** Can we please turn to page 15 at the bottom of the page.
10 By 3 June 2020 you have the owner's details and you have
11 made contact. If we scroll down we can see there the
12 owner of the address. If we please scroll down to
13 page 16 and we start with the entry of 9.34 on
14 20 January 2021.
15 Now, that is a significant period that has passed,
16 so we're -- the entry that I showed you before was
17 3 June 2020 and we're now on 20 January 2021. You have
18 explained in your witness statement the reasons for that
19 delay, that you have said you had 48 different cases to
20 deal with, various family issues and issues relating to
21 COVID. Seven months have passed over that period.
22 Could it not have been reassigned to somebody else?
23 **A.** I would have expected so.
24 **Q.** Why wasn't it, so far as you are aware?
25 **A.** I have no idea.

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- 1 Q. Who was your supervisor at this stage?
 2 A. Sergeant Palethorpe.
 3 Q. Do you think Sergeant Palethorpe was properly
 4 supervising you?
 5 A. Possibly not.
 6 Q. In relation to the 48 cases that you had at that time,
 7 was this one of the more minor cases that you are
 8 dealing with?
 9 A. I wouldn't say minor, but VC was under section, or so
 10 I believed.
 11 Q. So treated less seriously?
 12 A. I couldn't -- I couldn't take the investigation further
 13 until he had been released from hospital.
 14 Q. If we look at that second entry there, 22 January:
 15 "Have spoken with Highbury and [VC] ... has been
 16 released. I have tried to call his mother to get an
 17 update on his welfare but there was ..."
 18 What is that? No response?
 19 A. No reply to ringing.
 20 Q. Did you ever get to speak to VC's mother?
 21 A. No.
 22 Q. By this stage have you looked at the Occurrence Log from
 23 the original incident, the other incident, sorry, the
 24 second incident?
 25 A. No.

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- 1 damage ..."
 2 The entry below:
 3 "I have not been able to contact the victim."
 4 We are now in April 2021:
 5 "He is aware that we are trying to establish whether
 6 the suspect is well enough to be dealt with regarding
 7 the money that the victim would like back."
 8 If we go over the page please to page 18 we then
 9 have contact from the Community Mental Health Nurse. We
 10 are in May now so this is a year after the incident.
 11 A. Mm-hm.
 12 Q. Is that normal for an incident of this type to be open
 13 for a year?
 14 A. No.
 15 Q. By this stage it still hasn't been linked up on the
 16 Occurrence Log with the other incident.
 17 A. No.
 18 Q. Just to read that please, this is an email from
 19 Claudia Birtles who we will hear from. She says:
 20 "Just to let you know I met [VC] ... and let him
 21 know about the damages. I think it was probably rather
 22 unexpected and took him by surprise, he was ... shocked
 23 by the sum ... believing he had only possibly damaged
 24 one door."
 25 She is mindful that VC:

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- 1 Q. Let's look at the third entry, 22 March now, so we're on
 2 a couple of months, if we scroll down please. What was
 3 the delay between January and March?
 4 A. No idea.
 5 Q. No. 22 March entry:
 6 "Have spoken to [Liaison & Diversion] ... They have
 7 confirmed that [he] ... has been released ... but he is
 8 still receiving treatment ... He had a psychotic break.
 9 He is still in Nottingham ... am waiting to speak to his
 10 doctor before ringing him regarding the damage to the
 11 property."
 12 Moving down, you have spoken to the victim, the
 13 property owner:
 14 "He would still like to get the money back for the
 15 damage that was caused to his flat, he is aware that
 16 [VC] ... has had a psychotic break and is still
 17 receiving treatment under Highbury Hospital."
 18 If we could continue please on page 17, 22 March,
 19 11.48:
 20 "[VC] ... is now residing at ..."
 21 It gives the address. It gives the name of his
 22 community nurse:
 23 "I have spoken to his Doctor and he has advised that
 24 we email [that's Claudia Birtles] ... to get her view on
 25 [VC] ... speaking to the police again regarding the

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- 1 "... finds it difficult to talk about what led up to
 2 the admission, he has never really felt able to discuss
 3 it and I think there is a lot of shame and embarrassment
 4 about his actions ... he has asked if [she] ... can
 5 liaise on his behalf and whether we can have a rationale
 6 for estimated costs ..."
 7 She thinks that he is:
 8 "... trying to move on from the events leading up to
 9 being sectioned ..."
 10 And she is "just a bit worried" that effectively the
 11 discussion about the sum perhaps could "be triggering
 12 for him".
 13 If we go down to the next entry, we're now on
 14 25 July, 14 months after the incident. There's
 15 a message from the supervising instructor, Inspector
 16 Mark Stanley. Sorry, supervising Inspector. He says:
 17 "As a matter of urgency please ensure that an update
 18 is placed on ... the current state of the
 19 investigation ..."
 20 Why did he need to place that message on the system?
 21 A. I think the inspectors have to do a review after so many
 22 days so he would have put that on there.
 23 Q. I mean one thing we haven't seen much of, if we look up,
 24 is supervisor comments throughout that period as well.
 25 Were you being properly supervised at this point?

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1 A. Well, it was with Sergeant Palethorpe and I honestly
2 can't answer that because I would say no but you would
3 have to ask him yourself.

4 Q. Aren't those reviews meant to take place every 28 days?

5 A. Yes.

6 Q. Did they take place every 28 days?

7 A. It doesn't look like it.

8 Q. Can we please turn to NGPF0007678, please. VC had
9 emailed you.

10 A. Mm-hm.

11 Q. He says:

12 "I was involved in an incident where the police were
13 called last year. The case was closed but I'm now in
14 need of information and clarification. I was told you
15 are the officer in charge of the case and I should
16 contact you to arrange a time to come to the ...
17 station."

18 That's 21 July, so that's actually before the
19 inspector had placed that message on the system, and
20 your response, on 26 July, is that:

21 "The incident you were involved in has not been
22 closed or finalised. After [he] ... were sent to
23 Highbury [you] ... Had been in contact with
24 Claudia Birtles ... She was sent an itemised bill for
25 the damage that the owner [wants] ... back. [You] ...

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1 A. No.

2 Q. Why not?

3 A. Well, I didn't know about them for starters, but,
4 secondly, it wasn't relevant to my case.

5 Q. If you are investigating a case of criminal damage where
6 somebody is said to have significantly damaged a door
7 and you know that the same person has been arrested very
8 recently for -- sorry, not been arrested, been involved
9 in an incident that has been raised with the police
10 regarding physical violence, do you not think that those
11 two matters might be looked at together?

12 A. I wasn't aware of the -- that incident you're talking
13 about until recently.

14 Q. If you had checked the logs and had found out about that
15 incident, would you have considered it relevant to your
16 investigation?

17 A. I believe it was at a different address within
18 Nottingham and I believe the first incident he lived in
19 a flat on his own, so I don't know whether there would
20 have been any relevance in relation to that.

21 Q. But surely when you're investigating offences involving
22 anybody, other matters that they are involved in during
23 the course of your investigation are relevant to the
24 investigation, aren't they?

25 A. It doesn't always stay with one officer. Each officer

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1 suggest that [he] ... speak to her regarding the bill
2 ... This crime is still sat with me, with the intention
3 of giving you a conditional caution to pay back the
4 damage."

5 Can you help us with what a conditional caution is,
6 please?

7 A. So a conditional caution at this time was new to the
8 force and it was a pilot they were doing which was
9 Inspector Mark Stanley and I believe Sergeant -- or PC
10 Johnson. So the idea was that they would be given the
11 conditional caution on the proviso that they pay back
12 the money for the damage to the door and in his case he
13 was to work with L&D.

14 Q. And that would require an admission to the offence,
15 wouldn't it?

16 A. Yes.

17 Q. This is now 26 July 2021. Did you check any of the
18 Incident Logs, Occurrence Logs in relation to any other
19 incidents relating to VC prior to sending this email?

20 A. No.

21 Q. We know that there were two incidents involving his
22 flatmate Sebastian in July 2021. He had been forced
23 against a wall on one occasion. VC had tried to enter
24 his room. Would those incidents have been relevant to
25 your decision-making in this case?

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1 goes to a job, they make an occurrence and it's down to
2 those officers to investigate those said crimes.

3 Q. Surely a very basic thing that an officer should be
4 doing is looking up and seeing what other crimes
5 a person has been involved in?

6 A. Correct.

7 Q. Do you think you failed in that?

8 A. Yes, I did.

9 Q. Could we please go back to NGPF0000068, please. That's
10 the Occurrence Log, page 19. If we look at the bottom
11 half of that page, if we scroll up slightly just to
12 see -- I think you have put this entry in on 26 July:

13 "[VC] was sectioned at Highbury regarding this
14 incident and another. Since he was released from
15 Highbury he has moved address and is no longer studying
16 at university until he is fit again."

17 You have been in contact with a nurse and the
18 receipt has been passed over. She had some concerns.
19 VC has emailed you whilst on rest days:

20 "... so will be making contact with him to ask for
21 an update regarding this matter and if he has the funds
22 to pay ... for the damage."

23 Again, still at this stage it hasn't been linked up
24 with the other incident?

25 A. No.

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1 Q. If we look down at the next entry:
 2 "VC has emailed to say that he is attending the
 3 Bridewell [suite] ... Looking at completing ...
 4 conditional caution"
 5 So these are the emails we have looked at. You have
 6 said that he attended -- in your witness statement you
 7 said he attended but he refused to agree on that
 8 occasion and you said he started to display an
 9 aggressive tone; is that right?
 10 A. He was -- I would say he was argumentative and
 11 confrontational regarding it.
 12 Q. At that stage you knew that he had been sectioned.
 13 A. (Nods)
 14 Q. You presumably thought that it was still appropriate to
 15 issue a conditional caution, despite those mental health
 16 concerns at that stage?
 17 A. It would have been a discussion that I would have had
 18 with my sergeant in relation to it and the discussion
 19 would have been as in how we were going to deal with the
 20 case, whether it was suitable to still go down the route
 21 of doing a conditional caution.
 22 Q. By this stage you are also aware that there was the
 23 other incident because here it says VC was sectioned at
 24 Highbury regarding this incident and another. Are you
 25 likely to have seen the other Occurrence Log by this

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1 incident.
 2 A. I didn't spot it, I was told about it by Sergeant
 3 Palethorpe.
 4 Q. If we look down, please, did you contact Dr Seedat at
 5 all?
 6 A. Several times.
 7 Q. Did you speak to him?
 8 A. Once, which is when he gave me the details for
 9 Claudia Birtles. I also spoke to members of his staff,
 10 gave them my details and my email address asking if he
 11 could make contact with me and he never did.
 12 Q. Once you had read that email did you call him up, meet
 13 with him to discuss whether it concerned your incident
 14 as well as the other incident?
 15 A. I didn't meet up with him because I'm a restricted
 16 officer, so I can't go down to Highbury, I can't carry
 17 full kit. So I did try to call him back in relation to
 18 it and he never got back to me.
 19 Q. Did you try again?
 20 A. No, I don't think I did. I believe I spoke to
 21 Claudia Birtles.
 22 Q. Did she give you the impression that that letter or the
 23 email sent by Dr Seedat in relation to the second
 24 offence concerned your offence as well?
 25 A. She said that at the point she had been -- she had

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1 stage?
 2 A. I was then told by Sergeant Palethorpe, I believe, in
 3 relation to the second incident.
 4 Q. So you still hadn't viewed the Occurrence Log from the
 5 other incident?
 6 A. I didn't view the Occurrence Log. I looked at the OELs
 7 in relation to the email with Dr Seedat.
 8 Q. Where did you see that?
 9 A. It was on the second occurrence.
 10 Q. So you looked at the Occurrence Log --
 11 A. And that was on the -- there was an email in relation
 12 to --
 13 Q. Yes, I will take you to that now, so that's the bottom
 14 of page 19, into page 20. We see an entry from you
 15 there on 29 July and it says:
 16 "This letter and OEL was attached to occurrence ...
 17 which occurred two hours after [VC] was released from
 18 custody in relation to this job."
 19 So the suggestion there is that by this stage you
 20 have viewed that other Occurrence Log; am I right or
 21 wrong about that?
 22 A. I have not gone through the whole Occurrence Log, I have
 23 gone through the OELs in relation to the occurrence.
 24 Q. That's where you have spotted the email sent by
 25 Dr Seedat in relation to what we know as the second

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1 spoken to Dr Seedat and Dr Seedat had said that he had
 2 had some sort of mental breakdown and that was all
 3 I knew.
 4 Q. If we scroll down, please, we can see a further entry.
 5 You may have heard me dealing with the other officer in
 6 relation to this. This is an email from yourself to the
 7 victim where you say:
 8 "In relation to dealing with the offender for this
 9 matter he finally attended ... yesterday to discuss
 10 a conditional caution ...
 11 "Unfortunately he has refused to accept
 12 a conditional caution and has opted to go to court,
 13 which means you would probably need to attend as it was
 14 your property."
 15 Do you accept, as was accepted by the other officer,
 16 that in fact "probably" is not really right, is it?
 17 A. If he went to court and pleaded not guilty then the
 18 victim would need to attend court.
 19 Q. Why would the victim whose --
 20 A. It's his property.
 21 Q. -- only involvement in this matter is that they own the
 22 property where the door has been smashed in, why would
 23 the victim need to attend court?
 24 A. Because it's his property and he has had to pay for the
 25 damages.

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1 Q. But surely that only matters if the ownership of
2 a property is in some way disputed by the defendant.
3 Why would a victim probably have to attend court, if
4 they didn't witness the incident, if their only
5 involvement is that they own the property?
6 A. Okay, so sometimes they are requested to attend court by
7 the courts.
8 Q. Yes, absolutely, sometimes. Yes, so telling the victim
9 that they will probably need to attend, do you think
10 that's accurate or not accurate?
11 A. Probably not accurate.
12 Q. It goes on to say:
13 "I would need to know if you still want to pursue
14 this matter and also make you aware that if charged
15 there is a possibility that CPS may not run the job due
16 to the suspect not being of sound mind at the time ..."
17 Again, the combination of "probably you will need to
18 attend" but in fact the CPS might not run the matter.
19 Is that designed to make the case go away?
20 A. No.
21 Q. Does it give a victim the impression that it's all a bit
22 of a waste of time?
23 A. Possibly.
24 Q. Yes. Could we please go to NGPF0007922. This is the
25 force policy on Recorded Crime Outcomes. This document

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1 defendant's condition provides a defence is a question
2 of law and not medical opinion."
3 Can you assist us, what do you understand that to
4 mean?
5 A. In relation to the Outcome Type 12 or the comments?
6 Q. The reference there to "Whether a defendant's condition
7 provides a defence is a question of law and not medical
8 opinion."
9 Can you assist us with what you understand that to
10 mean?
11 A. Well, he has not given a full admission in relation to
12 the offence at the time when he was interviewed, so then
13 it would have been whether he was of sound mind at the
14 time that he has had the interview. That's what
15 I believe it to be.
16 Q. What about reliance on, for example, Dr Seedat's email?
17 Does that indicate to you whether an email from a mental
18 health professional would be sufficient to get rid of
19 this case?
20 A. No.
21 Q. Please can we go to NGPF0007677. If we look down at the
22 very bottom of the first page, sorry -- actually if we
23 scroll up to 4 October, VC has contacted you again and
24 this time he has asked you in September -- sorry,
25 23 September, the entry below that, he said:

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1 itself is dated April 2024, so it's after the incident.
2 I don't really want to ask you so much about the policy
3 but about the actual outcome which hopefully was the
4 same at the time, but you tell me if you think there's
5 a difference.
6 A. Okay.
7 Q. If we look at page 25 we see there references to
8 "Outcome type 12" and "Outcome type 13".
9 A. Mm-hm.
10 Q. "Outcome type 12":
11 "Prosecution prevented - named suspect identified
12 but is too ill ... to prosecute ..."
13 And it says as follows, it says:
14 "All reports of crime made where the offender lacks
15 the mental capacity to form the necessary criminal
16 incident (the 'mens rea') must be recorded by
17 the police. NCRS ..."
18 I think that's National Crime Recording Standard; is
19 that right?
20 A. Yes.
21 Q. "... and the HOCRs ..."
22 That's Home Office Crime Recording.
23 A. Yes.
24 Q. "... are victim based and where a person is a victim of
25 a crime then a crime should be recorded. Whether the

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1 "You offered me the option of a conditional caution
2 a couple of months ago. I initially refused but would
3 now like to reconsider. Is it still possible to do so?"
4 He then chases on 4 October. Again by this stage
5 had you checked any of the other logs that relate to his
6 other offences during this time?
7 A. No, I had been on leave and rest days.
8 Q. If we look above you say:
9 "... I've been on leave and rest days. I am
10 currently trying to get the job finalised but I need to
11 speak to my [Sergeant] ... If you can wait till
12 tomorrow morning it should be sorted out."
13 A. Mm-hm.
14 Q. That's 4 October 2021. By 3 September he had assaulted
15 PC Pritchard, one of your fellow officers. Were you
16 aware of that?
17 A. No.
18 Q. Again, would that have been a relevant consideration?
19 A. No. Well, I didn't know about the incident, so at the
20 time, no.
21 Q. If you had known about the incident, would it have been
22 a relevant consideration in how you disposed of this
23 case?
24 A. I didn't dispose of it, the sergeant did. It would have
25 been something that would have been discussed, but

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1 I didn't actually dispose of the job.

2 **Q.** If you are considering whether, for example, you should
3 pursue that conditional caution rather than the case
4 going absolutely nowhere, do you think the fact that he
5 had assaulted a fellow officer would have been
6 a relevant consideration?

7 **A.** Possibly.

8 **Q.** Did you make any effort to look up on the Occurrence Log
9 for that incident?

10 **A.** No.

11 **Q.** Can we please go back to NGPF0000068, page 22. This is
12 the Occurrence Log. We have there -- sorry, at the
13 bottom of the page before that, please, slightly up.
14 Sorry, can we go to -- yes, page 21, slightly up,
15 a little further up. That's where we have the outcome
16 code.

17 On page 22, over the page, "Victim contact" and it
18 says there:

19 "Victim was emailed regarding this case he has not
20 replied back to me ...
21 "Victim not responding to emails ...
22 "Victim was made aware of services but has since
23 sold the flat."

24 By this stage the case is closed. We see above
25 there words that have been entered by PS Powar. It has

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1 He hadn't been detained for six months, had he?

2 **A.** No, I wasn't aware of that until I have had to come
3 here.

4 **Q.** Looking back at all of this and the way that it was
5 handled, do you think that it wasn't given sufficient
6 care and attention?

7 **A.** Yes.

8 **Q.** Thank you. Chair, I don't have any further questions.
9 If others would like to go to the policies, they can,
10 but I don't intend to.

11 **THE CHAIR:** Yes, thank you. Yes, Mr Moloney.

12 Questioned by MR MOLONEY

13 **MR MOLONEY:** PC Collins, I only want to ask you about one
14 thing and that's the offer of a conditional caution and
15 the refusal of it by VC and then his asking you if he
16 could take you up on the offer; do you understand.

17 **A.** Sorry, can you --

18 **Q.** He is asking you if he can then take you up on the
19 offer, just that, that's all I want to ask you?

20 **A.** Okay.

21 **Q.** When you offered it on 29 July 2021, he was angry about
22 it. You described him as argumentative and
23 confrontational in your evidence to the Chair and in
24 your statement you also explain that he said he hadn't
25 done anything wrong and wanted to go to court.

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1 been closed as outcome 12 "Main suspect too ill to
2 prosecute" and PS Powar says:

3 "This case is in fact well over the 6-month
4 [statutory time limit]. The suspect has been ill for
5 some time and assessed by Dr Seedat as not being of
6 sound mind when he committed this and another offence."

7 Revisiting that Dr Seedat email, do you think he was
8 talking about two offences or not?

9 **A.** I honestly don't know.

10 **Q.** What about the six months statutory time limit; was that
11 right or wrong?

12 **A.** I'm going to have to say it's wrong.

13 **Q.** Can we please go to your witness statement at
14 WITN0036001, at page 12 at the bottom, please. You say
15 there:

16 "... I made a closing entry on the Occurrence
17 Log ..."

18 As a result of Sergeant Powar's decision:
19 "... on 4th October 2021. The outcome I believe was
20 the only one possible under the circumstances given
21 Calocane's mental state at the time of the commission of
22 the offence. Even though a caution may have involved
23 the Liaison & Diversion team ... he had by then been
24 under mental health services assistance for over a year
25 and an in-patient of Highbury Hospital for 6 months."

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1 **A.** Yes.

2 **Q.** Yes. He emailed you on 23 September 2021, we have seen
3 the emails, Mr Blake has showed them, at 20.08, it says
4 on the email, 8 minutes past 8 in the evening. Then on
5 4 October he chased a response from you, he said: in
6 relation to my last email could you please respond.

7 **A.** Mm-hm.

8 **Q.** Asking if he could have a conditional caution, which was
9 quite a change of tack from what he was like on
10 29 July 2021, wasn't it?

11 **A.** Yes.

12 **Q.** You told the Chair that on 23 September 2021, when that
13 email came in, you did not know that he had seriously
14 assaulted officers on 3 September 2021.

15 **A.** No, I didn't.

16 **Q.** So you obviously did not know that on 23 September 2021
17 he was in a hospital to deal with his mental health.

18 **A.** No.

19 **Q.** No, and did you know that on the very same day that you
20 received the email, it follows that you don't so forgive
21 me for asking the question --

22 **A.** That's fine.

23 **Q.** -- that you received the email at 20.08 he had a Mental
24 Health Tribunal hearing to decide whether or not he
25 should be released?

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1 **A.** No.

2 **Q.** No. Can I ask for the document CYG0000056 (sic) to go
3 up, please. Essentially that document -- I won't waste
4 time whilst we -- it will take too long to retrieve it,
5 it's 10 past 4. That document is a record of his
6 hearing.

7 **A.** Okay.

8 **Q.** He was refused detention -- he was refused release that
9 day, 23 September. The hearing took place in the
10 morning and, if the Chair will forgive me, I will simply
11 say that one of the reasons was that he minimised his
12 offending, the previous incidents. He said they were
13 errors of judgments or words to that effect. He then
14 emailed you at 8 minutes past 8 that night to ask if you
15 could accept a conditional caution. You didn't know any
16 of that?

17 **A.** No.

18 **Q.** Thank you very much, officer.

19 **MR BLAKE:** Mr Moloney, if it assists there's a N missing in
20 that reference. It's CYGN0000056.

21 **MR MOLONEY:** I'm so sorry. It may be best if I do it. It
22 will only take me 30 seconds.

23 **THE CHAIR:** Yes, I think it would be best if the witness has
24 an opportunity to see it.

25 **MR MOLONEY:** CYGN --

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1 **Q.** Can I just check that you also understood and knew that
2 the occupants of number 11 were concerned that VC "may
3 try and gain entry or cause further issues for them if
4 he is released".

5 **A.** Yes.

6 **Q.** You knew that?

7 **A.** Yes.

8 **Q.** So let's then move forward please to page 14 in this
9 document. Thank you. If we could just scroll down
10 a little bit more please. So this is your "Further
11 investigation report".

12 **A.** Yes.

13 **Q.** Recorded at 6.37, and we know from the custody record
14 that VC was released from custody at 7.18 that evening.
15 Now, we can see that you released him under
16 investigation "pending a losers statement".

17 **A.** Yes.

18 **Q.** Can we just look up -- if we go a little bit further up,
19 in fact the entry before that, thank you. Sorry, just
20 down a little bit more. I do apologise.

21 We can see there, would you agree, that by 11.03 the
22 statement had been obtained from the occupants of
23 number 11 who had witnessed the criminal damage at
24 number 12 and that it was VC.

25 **A.** Mm-hm.

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1 **MR BLAKE:** 00000 --

2 **MR MOLONEY:** Still not got it? No, sorry, Chair, we will
3 come back to it.

4 **THE CHAIR:** If necessary we can dig it out and just check.

5 **MR MOLONEY:** Thank you, Chair.

6 **THE CHAIR:** Yes, Ms Cartwright.

7 Questioned by MS CARTWRIGHT

8 **MS CARTWRIGHT:** Good afternoon, PC Collins. I ask questions
9 on behalf of the survivors.

10 Could I ask please for NGPF0000068 at page 10,
11 please.

12 If we could move forward to page 10, please. Now
13 this is the incident -- your incident, the first
14 incident on 24 May.

15 **A.** Yes.

16 **Q.** So would it be a fair summary that you would have read
17 these entries as part of the time when you were
18 investigating when VC was in custody?

19 **A.** Yes.

20 **Q.** So if we look on page 10 you can see there you knew that
21 VC lived at number 7, yes?

22 **A.** Yes.

23 **Q.** You knew that he had caused criminal damage to
24 number 12.

25 **A.** Yes.

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1 **Q.** Had you read that statement that you had from the
2 observer of number 11?

3 **A.** Yes.

4 **Q.** And had you also considered Katie Eustace's statement
5 that she had completed?

6 **A.** Yes.

7 **Q.** So you had, would you agree, photographs of the damage
8 to the door?

9 **A.** Yes.

10 **Q.** An eye-witness account of the damage to the door?

11 **A.** Yes.

12 **Q.** That eye-witness who also described VC trying to force
13 his way into his property?

14 **A.** Mm-hm.

15 **Q.** There was body-worn footage also of VC at the scene?

16 **A.** No, there was no body-worn.

17 **Q.** Well, there was.

18 **A.** Not on the day that I have looked -- because I actually
19 looked for the body-worn footage. There was no
20 body-worn footage.

21 **Q.** Well, Katie Eustace's statement that you said you
22 reviewed, that appends and exhibits to her statement the
23 body-worn footage?

24 **A.** I don't remember seeing it.

25 **Q.** All right. So what I want to understand is with all

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1 that information and evidence you had why VC was being
 2 released under investigation, why you were not charging
 3 him?
 4 **A.** Okay, so I went -- after the interview I go and speak to
 5 my sergeant, they do what's called an evidential review.
 6 On the evidential review, he has made the decision that
 7 VC was to be released under investigation. I have then
 8 gone and spoken to custody, they have agreed and he has
 9 been released. But he had to be taken home with
 10 officers.
 11 **Q.** Right, so from your perspective though as the
 12 investigator -- I hear what you say about your more
 13 senior officer, but were you satisfied you had more than
 14 sufficient evidence to have charged VC, certainly with
 15 the offence of criminal damage?
 16 **A.** The original witness that rang the job in didn't
 17 actually see VC commit the offence. I'm aware that
 18 there is another statement, but he also didn't admit it
 19 in interview, that he had actually done the damage.
 20 **Q.** But you had a witness statement from the occupant of
 21 flat 11, next door to flat 12, an eye-witness that saw
 22 it and in fact the person that had rung in hadn't
 23 actually seen it, but you had evidence from the
 24 eye-witness to the events.
 25 **A.** Yes.

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1 the risk assessment that released VC back to flat 7?
 2 **A.** I honestly don't know. I don't do the risk assessment.
 3 **Q.** But would you agree that risk assessments before release
 4 from custody should consider prevention of further
 5 offences but also to be -- to safeguard witnesses or
 6 suspects?
 7 **A.** Yes.
 8 **Q.** All right. Now, we know that VC -- in fact it wasn't
 9 two hours, it was one hour and 11 minutes after he was
 10 released from custody, the offence to 7 had already
 11 happened, so certainly within an hour or thereabouts he
 12 has carried out that serious incident, again kicking the
 13 door through to 23, such that she feared and jumped out
 14 of a window.
 15 **A.** Mm-hm.
 16 **Q.** You have already given your explanation as to why you
 17 didn't click on the occurrence for that, giving data
 18 protection reasons for not doing so, but can you assist
 19 me, bearing in mind you were the investigating officer,
 20 of what now is a police contact incident? First of all
 21 as a principle do you know what a police contact
 22 incident is?
 23 **A.** No.
 24 **Q.** No?
 25 **A.** No. I've never heard of one and I've never been

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1 **Q.** Right. So then can you help me with this, because
 2 you've got the risk information, before VC is released
 3 from custody, a risk assessment has to take place, would
 4 you agree, on the question of bail but also condition to
 5 bail?
 6 **A.** With the custody sergeant, yes.
 7 **Q.** Yes. So did you share with the custody sergeant that VC
 8 lived very near to the victims of these offences?
 9 **A.** I don't remember.
 10 **Q.** Because was it not important that on the question of
 11 bail and that risk assessment that he was going to be
 12 bailed back to where he had caused fear and concern to
 13 members of the public?
 14 **A.** I honestly don't remember the conversation I had with
 15 the custody sergeant but I wouldn't have just gone and
 16 said "We're kicking him out", there would have been
 17 a discussion. But it was discussed with my sergeant
 18 first and then I would have gone and spoken to the
 19 custody sergeant and then he was released under
 20 investigation.
 21 **Q.** All right, so in circumstances of not just a criminal
 22 damage can you assist as to how you factored in that
 23 Katie Eustace's entries in the statement also describes
 24 VC trying to force his way into number 11 and had to be
 25 pulled and restrained away? How was that factored into

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1 involved in one.
 2 **Q.** All right. Just to confirm again, how long have you
 3 been a serving officer with Nottingham Police?
 4 **A.** 2008.
 5 **Q.** 2008 so -- and at no point has anyone ever drawn to your
 6 attention the post-incident procedure where injury,
 7 a serious injury has been caused following police
 8 contact?
 9 **A.** No.
 10 **Q.** All right. So it may then follow naturally from that
 11 you have described how Inspector Paythorne (sic) ...
 12 **A.** Palethorpe.
 13 **Q.** I do apology apologise and I apologise to Officer
 14 Palethorpe. You have already told this Inquiry that
 15 Sergeant Palethorpe essentially knew about these two
 16 incidents later on where referenced in the entries. At
 17 any point did Sergeant Palethorpe say "PC Collins I need
 18 to speak to you about your investigation"?
 19 **A.** No.
 20 **Q.** We have heard evidence that an Inspector Watkinson also
 21 knew about these two incidents. At any point has
 22 Inspector Watkinson spoken to you?
 23 **A.** I don't know who that is.
 24 **Q.** Right. So at any point before coming to give evidence
 25 today has at any point Nottinghamshire Police spoken to

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1 you about the fact that there was a police contact and
 2 your involvement in it?
 3 **A.** No.
 4 **Q.** So no one has ever identified that there was an issue of
 5 training, would you agree? You don't know about that as
 6 a principle and a policy.
 7 **A.** Sorry, can you just say that again.
 8 **Q.** So you have already very frankly given evidence that you
 9 don't understand or know about the policy of police
 10 contact incidents; is that right?
 11 **A.** No, I don't.
 12 **Q.** You confirmed that no one up until giving evidence today
 13 has ever assessed or investigated your involvement in
 14 the investigation and the release of VC prior to then
 15 committing further offences just over an hour later?
 16 **A.** Not as far as I'm aware.
 17 **Q.** So you have never received any further training?
 18 **A.** No.
 19 **Q.** Supervision?
 20 **A.** No.
 21 **Q.** Monitoring or investigation?
 22 **A.** No.
 23 **Q.** Thank you for answering my questions.
 24 **A.** Thank you.
 25 **THE CHAIR:** Mr Beggs? No.

1 Questioned by THE CHAIR
 2 **THE CHAIR:** I was just going to ask one question because it
 3 hasn't been covered.
 4 There have been various mentions to the value of the
 5 door, the damage to the door. Can you remember what
 6 that was? I'm going to ask you whether it was more or
 7 less than £5,000.
 8 **A.** It was less than £5,000.
 9 **THE CHAIR:** Right, thank you. The significance of that
 10 being, do you understand?
 11 **A.** It's -- one is whether the offence goes to a higher
 12 court and it's triable either way, or whether it's
 13 a summary only offence.
 14 **THE CHAIR:** Yes, thank you. But you were aware of that,
 15 were you?
 16 **A.** Yes.
 17 **THE CHAIR:** Thank you.
 18 Right, well, we will finish there for today and we
 19 will start again tomorrow (sic) morning at 10 o'clock,
 20 please.
 21 **(4.20 pm)**
 22 (The hearing adjourned until 10.00 am on Monday,
 23 2 March 2026)
 24
 25

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