

Witness Name: RICHARD MARSDEN

Statement No: WITN0019001

Dated: 29/10/2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF PC RICHARD MARSDEN

I, RICHARD MARSDEN, will say as follows: -

1. My name is Richard Marsden.
2. This witness statement is made to assist the Nottingham Inquiry (the “**Inquiry**”) with the matters set out in the Rule 9 Request dated 27th June 2025 (the “**Request**”).

My Background

3. I joined Nottinghamshire Police in 2007 as a Police Community Support Officer. Prior to joining as a PCSO, I attended secondary school at Chilwell Comprehensive in Nottingham. Once I finished school I worked in accountancy and completed my AAT qualification in accounting.
4. In 2010 I was appointed as a Constable and I have performed the role of Response Officer since that date. A Response officer is a front line police officer who responds to emergency and non-emergency calls from the public. Response officers respond to a number of incidents such as serious crime, public order situations, road traffic collisions, anti-social behaviour and

suspicious incidents. They will also carry a workload of investigations from the incidents they have attended. I have been a Taser training officer and I am Police Support Unit trained, which means I am trained to be deployed in public order situations.

5. Since 2022, I have been a Professional Development Officer (PDO) with responsibility for supporting a group of probationer officers, reviewing their work to ensure it meets the required standards to enable them to be signed off as competent. I am also an Internal Quality Assessor, reviewing other PDO's work.
6. Prior to 24th May 2020, to the best of my recollection, I had no knowledge of, or any interactions with, Valdo Calocane by that name or any other.

Events of 24th May 2020

7. I have refreshed my memory of this incident from reading the Incident Log 730-2405202 (URN: **NGPF000081**) and Occurrence Log 20*262821(URN: **NGPF000082**) for this incident, as well as the witness statement (URN: **NGPF000086**) which I made at the time. I don't remember the incident particularly well, but what I do remember is dealing with the injured person at the time and the impact on the injured person.
8. On 24th May 2020, I worked a shift starting 7.00pm and due to end at 7.00am the following day.
9. At approximately 8.30 pm on 24 May 2020, I received a radio message from the Force Control Room asking me to attend an incident at Brook Court, Radford, Nottingham. The initial report was that a male was trying to smash down the door of the caller's flat, and that the person inside was in danger. The

incident was updated to say that a female had jumped out of a window and was on the floor screaming.

10. I was single crewed, but I was aware from the radio that other officers were travelling to the scene. Upon my arrival I could see several people stood in the car park flagging me down. At this point one of those people walked me to a female around the back of the building. I walked around and spoke to a female who identified herself as **Feven**. She was sitting on a chair and appeared emotional.
11. There were paramedics present and **Feven** stated that she jumped out of her window through fear as somebody was kicking her flat door down and she had no idea why.
12. At that point, I left her with the paramedics and went to the attacked flat which was 23 Brook Court, Radford. The flat door was unlocked. This was due to the damage caused. The wooden frame was damaged and the back half of the front door lock had become detached and was on the floor along with a few bits of broken wood. The door was in my view unrepairable.
13. At 8.36 pm I took photographs of the scene using my police issued Blackberry device (URN NGPF0000090, NGPF0000091, NGPF0000092, NGPF0000093).
14. After speaking with a neighbour in the complex I travelled to the Queen's Medical Centre to see **Feven** to make sure she was ok and to take a statement.
15. I did not see Calocane at any point; I believe he had been arrested by other officers and taken to Custody.

16. At the hospital **Feven** was not wearing a neck brace and could move all parts of her body, but was complaining to nurses of back pain.
17. At 9.50 pm, I completed a witness statement from **Feven** which she signed after reading through it. I exhibit that statement as **URN: NGPF0000084**.
18. I returned to the Police Station and created an Occurrence on the NICHE Records Management System, which is the system used by Nottinghamshire Police to record and manage crimes.
19. I then took responsibility for entering all relevant information and attaching relevant documents in order to create a handover for the officers of the morning shift to take over conduct of the investigation. At 00.01, I created the Crime occurrence report on NICHE, which is a summary of the crime and all of the people involved. At 1.24 am, I created the Prisoner Handover, which is a summary report of the facts and the evidence gathered at that point.
20. On 30th May 2020, I visited **Feven** at the hospital. She had required surgery to her spine. When I visited her, she appeared to have made a good recovery. I explained to her that Calocane had been admitted to a mental health hospital and it would be necessary to determine whether he had capacity at the time of the offence to assess whether he would be prosecuted. She appeared very understanding and kind about it. I made a note of the meeting on NICHE at 2.35 pm on the same day.
21. On 31st May 2020, I attended Highbury Vale Hospital to get an update on Calocane's status. I was told that he was still being detained there. I followed that up with an e-mail the same day to Dr Seedat, the treating psychiatrist, to ask for an opinion about Calocane's capacity at the time he

tried to enter the flat at Brook Court. I made an entry on NICHE about the visit and including the text of my e-mail.

22. On 8th June 2020, Dr Seedat replied and stated: “ I can confirm that Mr Valdo Calcocane, DOB: 04/09/1991, who is a university student at Nottingham university was admitted to Rowan One, Highbury hospital on a section 2 of the mental health act on the 25th of May 2020. He currently remains an in-patient.

I can confirm that he presented with clear symptoms and signs suggestive of an acute psychotic illness. He needed rapid tranquilisation at the very beginning of his stay but he has now settled and his mental health was somewhat improved.

He had no recollection of the events prior to his admission and it will be my view that he was not in touch with reality around the time of his admission nor around the time of the incident of causing damage to someone’s door.

It was clear that his judgement and also awareness of his environment and actions was impaired due to experiencing an acute psychotic breakdown which was likely to have been precipitated by a combination of stress, sleep deprivation and social isolation. It will be my view that it was more than likely that he did not have the capacity to be responsible for his actions as this was not done in a clear conscious state”. I made an entry on NICHE to record the content of the e-mail.

23. Having received the communication from Dr Seedat, I spoke with my Sergeant, PS 2100 Katie Sparks, about the case and the decision we came to in light of Dr Seedat’s response was that we would be unable to progress the case. The Sergeant makes a decision based on the evidence available. I did not refer the

matter to the Crown Prosecution Service as that would require the Sergeant's approval. I went to see **Feven** to update her and advise her that because of the doctor's opinion that Calocane lacked capacity that we would be unable to progress the investigation.

24. I subsequently submitted the file to my Supervisor with a request that the crime be filed, meaning that the case is closed but can be re-opened based on further evidence coming to light.
25. I believe that all appropriate investigative steps were taken in this case except for being unable to interview the suspect, because he remained an inpatient and was said to have lacked knowledge of his actions at the time of the incident.
26. On reflection, I believe the training provided by the Force in relation to dealing with mental health could be more comprehensive. A lot of people we deal with suffer from a range of issues including mental health problems but we are not really trained in detail in dealing with this. Much training is delivered through e-learning packages and does not take account of the fact that all people are different when it comes to learning and assimilating information. We have e-learning after e-learning package and although some can be beneficial it is hard to re-enact all the different various mental health episodes, investigations and general day to day interactions we have with mental health. This isn't just about mental health but in all scenarios. Every incident, crime and person is different so the training and guidance doesn't fit all the criteria.
27. I cannot recall when the Street Triage Teams which deal with cases where mental health is an issue were introduced, but they have been a positive step. They can be called on if we require some guidance or support in relation to

mental health issues. We can request the Street Triage Team to attend or try to make contact with them. The Street Triage Team involves a response driving police officer and a mental health worker. If the Street Triage Team attend, they make decisions on what may happen to an individual in terms of being sectioned or being supported in the community. However, it is a limited resource and many incidents still fall to be dealt with by Response Officers without specialist support.

28. On reflection, given the seriousness of **Feven**'s injuries, the matter could have been submitted to the CPS for a charging decision, but if a Sergeant does not believe the case passes the threshold test then we do not go to the CPS.
29. I have been asked if details of the attendance and/or decisions or actions taken were communicated to: (1) Health, social services or multi-agency organisations; (2) Valdo Calocane's family; (3) Nottingham University; (4) others who might be affected by Valdo Calocane's actions. My response is that I did not inform any partner agency. As Calocane and **Feven** were taken to hospitals, the Health Services would have been aware of the incident. I also visited the victim in person and she had a friend present (I do not have those details). I cannot remember if any other partner agency contacted me about the case, but informing the university and the suspects family is not normally something I would do. I have only updated suspects' families if they are acting as an appropriate adult or are present when I update the suspect.
30. I have been asked about attending Highbury Vale Hospital on 31 May 2020, and to set out (1) details of my interactions with medical staff, including

exhibiting any relevant notes, logs and written communications on that day and subsequently; and (2) how, on what basis, and in accordance with what policy, procedure or guideline this fed in to a decision not to charge Valdo Calocane. My response to this is I cannot remember the exact interaction on that day at the hospital but I believe I was asked to email the doctor at Highbury Vale hospital in relation to Calocane and his capacity at the time of the incident. I then pasted those emails onto NICHE and I have exhibited the Log with the relevant entries as **URN: NGPF0000082**.

31. I have been asked if there were any barriers to the sharing of information with any of the above, or any other relevant individual, body or organisation? My response is that in terms of updating partner agencies or any person in relation to the investigation this is not a problem. I cannot go into specifics but can inform people of a charging decision if they are involved in any capacity.
32. I have been asked if there were any outstanding criminal matters at the time of my involvement in this matter and, if so, my knowledge of these and any actions I took. My response is that I do not believe Calocane was showing as being wanted for any other crime. By reference to the Incident Log **URN: NGPF0000081**, I can not see any reference to outstanding matters and I cannot remember if Calocane was under investigation for any other crimes at the time of the incident.
33. I have been asked if I had any involvement in any assessment of Valdo Calocane and what procedures were in place as to assessment of medical and mental health issues and drug testing, and provision of appropriate medical support. I have been asked if any procedures were followed. My response is I

did not have any direct dealings with Calocane and was not involved in any assessment or testing.

34. I have been asked to set out the relevant policies, procedures and criteria which I consider governed my role in relation to this incident and set out the ways in which I consider these were or were not met. My response is that I followed the Force's processes for updating the NICHE system and the recording of the crime. I was guided by the Victim Code of Practice (**URN: WITN0019002**) in respect of updating the victim and dealing with the investigation. I believe I correctly followed the procedures for updating the NICHE system by adding regular updates on my enquiries and attaching documents and correspondence. I believe I complied with the Victims Code of Practice by ensuring that the victim was regularly updated.
35. I have been asked to set out any concerns that I have in respect of the police's actions in relation to this matter. My response is that, in this particular case, the decision that the case does not pass the threshold to go to the CPS for a charging decision was required to be taken by my Sergeant. The decision was mainly due to the doctor at Highbury Vale hospital not deeming the suspect to have capacity at the time of the incident. In hindsight, it might be better if it was mandatory for cases such as this to be referred to the CPS to make a decision..
36. I have been asked to set out any concerns that I have in respect of the recording of this matter. My response is that I have no concerns.
37. I have been asked if, looking back, I consider there are additional actions that I or others could have taken in respect of the incident. My response is that I

would not have changed anything we did. Due to Calocane's diagnosis, my experience is that a conviction was very unlikely.

38. I have been asked if I consider there are any structural issues (regarding police policies, procedures, methodology, training etc.) which contributed to any issues I have identified. My response is that there are not.

39. I have been asked if I have any recommendations that I consider could help prevent any of the issues that I have identified in respect of this matter. My response is that I have already commented above about the ineffectiveness of e-learning as a method of delivering police training in terms of mental health. I also consider that formal guidance about how to deal with someone who is deemed to not have capacity would assist the police in dealing with such cases. I also believe that more funding for the Street Triage teams would help make the initiative even more effective in dealing with incidents involving people in mental health crisis.

Statement of Truth

I believe the content of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

GRO-B

Dated: 29/10/2025

Index to First Witness Statement of RICHARD MARSDEN

No.	URN	Document Description
1	NGPF0000081	Incident details, dated 24/05/2020, Nottinghamshire Police
2	NGPF0000082	Occurrence Details, dated 29/08/2023, Nottinghamshire Police
3	NGPF0000086	Witness Statement of Richard Marsden, Nottinghamshire Police, dated 25/05/2020
4	NGPF0000090	Exhibit Ref: RJM1, dated 25/05/2020.
5	NGPF0000091	Exhibit Ref: RJM2, dated 25/05/2020
6	NGPF0000092	Exhibit Ref: RJM3, dated 25/05/2020
7	NGPF0000093	Exhibit Ref: RJM4, dated 25/05/2020
8	NGPF0000084	Witness Statement of Feven dated 24/05/2020
9	WITN00190002	Victim Code of Practice Nov 2020