

Witness Name: KATIE SPARKS

Statement No: WITN0020001

Dated: 20/10/2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF PS KATIE SPARKS

I, KATIE SPARKS, will say as follows: -

1. My name is Katie Sparks.
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").
3. In making this statement, I have refreshed my memory by reading the Incident Log (0730_24052020) (URN: NGPF0000081) and the Occurrence Log (URN: NGPF0000082).

My Background

4. I joined Nottinghamshire Police in 2000. Prior to joining the police, I completed a BA (Hons) degree in Psychology and Sociology at Manchester University between 1992 and 1995. Two years later I returned to my home town of Nottingham and after short employments in administration roles, I joined Nottinghamshire Police.

5. I was promoted to the rank of Sergeant in 2004 and moved to a frontline Sergeant role early that year. I remained as a Response Sergeant with a couple of station moves, until December 2023.
6. As a Response Sergeant I would manage the workload of my officers, their investigations and their progress, and any necessary paperwork associated. I would be responsible for managing any real time incidents reported during the hours of my shift, their level of risk and ensure attendance when required. I would also review any outstanding incidents reported prior to the shift and attendance where possible. Each missing person is reviewed, current prisoners that needed interviewing and enquiries for outstanding suspects for high risk domestic violence or other incidents that required immediate review and progress. And throughout the shift, give consideration to the welfare and safety of my team.
7. Relevant training courses for a Response Sergeant are supervisor specific annual training days which run several times a year. Each training session contains a variety of topics ranging from investigations, managing case files, mental health and attendance management. This was in addition to the usual training delivered to all officers for officer safety, first aid and any other operational or procedural online training packages covering a vast mixture of topics.
8. My current role is in Learning and Development as a Police Development Officer Sergeant, responsible for student officers' assessment and management.

9. Prior to 24th May 2020, to the best of my recollection, I had no knowledge of, or interactions with, Valdo Calocane, by that or any other name.

Events of 24th May 2020

10. I did not attend the incident itself. My shift on the evening of 24th May 2020 started at 10.00 pm.
11. I was the supervisor of PC Marsden on rota 5 at Radford Road Police Station. On 24th May 2020, he was working an earlier shift. PC Marsden attended incident 0730_24052020 where Calocane had allegedly returned to a property banging on the door. This was the second time that day. As a result of this incident, he was arrested, and PC Marsden became the investigating officer in the case of crime reference 20000262821 Actual Bodily Harm. The progress of the investigation was therefore supervised by myself.
12. The supervisor for the earlier rota was Sergeant Mark Johnson. At 10.00 pm my shift was due to take over from his and all relevant incidents or people in custody were discussed between us. This incident was made known to me and the fact that the male suspect had been detained.
13. I believe I was updated with details of the victim, **Feven** injuries, the investigation steps at that point, and the fact of the male being arrested. I cannot now recall this conversation in detail but I am aware from the Incident Log (URN: NGPF0000081) the dates and times and my hours of work that day. This would be a regular process to discuss the circumstances of any people in custody and passing responsibility to the following shift. I did not make any entries on the incident log. These were made by the attending officers and their supervisor PS Johnson.

14. During the night shift, from 10.00 pm to 7.00 am the male Calocane remained in custody.
15. From my understanding after reading the Occurrence Log 20000262821 (URN: **NGPF0000082**), this continued until I went off duty at 07.00 am on 25th May 2020. The usual process would be to hand over details of people who remain in custody to the morning supervisor. I don't recall this particular conversation or who the supervisor was, but this process is followed every shift.
16. The Incident Log (URN: **NGPF0000081**) states Calocane remained in custody all day on 25th May 2020, until he was deemed unfit for interview after a mental health assessment. At 11.47 pm on 25th May 2020, the log was updated by PS Johnson to say Calocane had been transported to Highbury Hospital.
17. The investigation was allocated to remain with PC Marsden as 'officer in the case.' He was one of the initial attending officers to the incident and because Calocane was now in hospital, this became a 'slower time' investigation. I returned to work on 30th May 2020, to start my five-day working week. As the investigation progressed, PC Marsden discussed the lines of enquiry with me. These were verbal conversations that I do not recall the full details of and were not documented. The usual discussions with an officer regarding an investigation would be to discuss the suspect and any offending history, their health and their interview in custody, the victim and their statement of events, other evidence present such as CCTV, house to house enquiries, body worn video, exhibits or forensics etc. As these discussions take place, I am usually able to gather an oversight of the investigation coupled with my memory of the events and reading the incident log and NICHE occurrence (as previously

referenced to be **URN: NGPF0000081** and **URN: NGPF0000082**). I am aware from reviewing the crime report on **URN: NGPF0000082**, that PC Marsden and initial attending officers updated the crime report with their investigation steps.

18. I am aware PC Marsden had conducted CCTV enquiries, house to house enquiries, obtained a statement from the victim, obtained details of her injuries, contacted witnesses and maintained contact with Highbury Hospital to see if the male was deemed medically fit. These investigation steps were taken with a view to interviewing Calocane when he was released from hospital.
19. From the Occurrence Log, I note that PC Marsden attended Highbury Hospital on 31st May 2020 to obtain the details of the Doctor looking after the suspect.
20. An email was then sent on the same date to the doctor, Dr Seedat, by PC Marsden setting out the circumstances and asking for an update on the mental capacity and health of the suspect Mr Calocane. The e-mail was copied and pasted on to the Occurrence Log **URN: NGPF0000082**.
21. A response was received and pasted on the Occurrence (**URN: NGPF0000082**) on 8th June 2020 by PC Marsden to say that the suspect was showing signs suggestive of an acute psychotic illness and that he had no recollection of the events on 24th May 2020. The doctor, Dr Seedat, felt Calocane's judgement and awareness was impaired, and it was his view that Calocane did not have capacity to be responsible for his actions on 24 May 2020 because he was not in a clear conscious state. PC Marsden wrote a further entry log on the crime report at 10:44 hours on 8th June 2020, which summarised updating the victim

and the mental health of Calocane. This was tasked to me on 8th June 2020 to finalise as his supervisor.

22. On receipt of this task on 9th June 2020, I was able to review the information received from the doctor, Dr Seedat, and PC Marsden. It was then my responsibility to consider the evidence and deem if it was sufficient to proceed with the investigation by sending the file to the Crown Prosecution Service (CPS) for charge review, or finalise it as complete at this stage. As a result of the information on the crime report, namely the details of the incident provided by the victim and the mental health of Calocane, I filed the crime as unable to be detected at 11.54 am on 9th June 2020. The term 'unable to be detected' means that I was not able to attribute this crime to an offender due to the lack of evidence in the case. Detecting a crime names the suspect as the offender and achieves a positive outcome e.g., charge to court, remand into custody or even simpler outcomes such as a recorded caution on the police national computer or community resolution (words of advice, apology, some form of admission). It is stating that the 'named person' is the person responsible for committing that crime and the consequence of their actions has resulted in an outcome that has been actioned. This decision was based primarily on the email dated 8th June 2020 from Dr Seedat stating the suspect did not have capacity for his actions. I deemed that we were unable to proceed with the matter and the suspect was unable to be interviewed and questioned on his actions.
23. I am aware the health service was involved in this case as the suspect was detained under the Mental Health Act 1983. He was taken to Highbury

Hospital on 25th May 2020 and detained there for treatment, so there was no need to alert them to the issues with Calocane.

24. I am unaware if social services, the suspect's family or the university were informed. I don't recall this aspect of the investigation due to the timeframe since it occurred. This would normally be completed by the attending officers or officer in the case if circumstances required it. I have not seen reference to this in any documentation. It is my assumption Calocane attended Nottingham University but again I cannot confirm this.
22. 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. There were no barriers to sharing information with the health services.
23. I am unaware if there were any outstanding criminal matters at the time of the incident on 24th May 2020. I cannot recall if the suspect was outstanding for other criminal matters. This might add to the risk to that individual and the public. It would, however, not make it any less difficult to resolve this crime, due to the apparent mental capacity of Calocane at the time of the offence. The type of crime which was outstanding and the evidence available for it would have a bearing on how it would factor into any risk assessment.
24. I have been asked if I had any involvement in any assessment of Valdo Calocane, what procedures were in place as to assessment of medical and mental health issues and drug testing, and provision of appropriate medical support. My answer is that I was not involved in any assessment of Calocane, nor any drug testing or medical issues. I am aware of his assessment by the

mental health services as he was taken to Highbury Hospital for mental health care on 25th May 2020.

25. 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 answer is that when reviewing the crime on 9th June 2020, I was aware of and took account of the National Crime Recording Standards, the evidential 'points to prove' for the offence of Assault Occasioning Actual Bodily Harm (ABH) and my supervisory investigation expectations and standards. Whilst this was recorded as an ABH which requires the authority of the CPS to charge a person, the lack of mental capacity, based on the opinion of Dr Seedat dated 8th June 2020, at time of committing the offence meant I considered that we lacked evidence to prove Calocane was aware of his actions. He had not been interviewed due to his mental state. Consequently, there was no account of, or admission to, the events from Calocane.
26. As a result, I did not consider that we had sufficient evidence to present to the CPS for a charging decision to be made. The evidence obtained by PC Marsden was sufficient to prove the factual elements and I considered there were reasonable grounds to suspect Calocane had committed the offence of causing ABH. However, the state of mind of the suspect was also relevant and, in this case, determined the outcome. As a supervisor reviewing a crime, I consider the level of evidence before me and make a judgement whether there is sufficient evidence to provide a realistic prospect of conviction.

27. On the charge of ABH. I would firstly consider if there were reasonable grounds to suspect Calocane had committed the offence. These grounds were met. Secondly that further evidence can be obtained (such as interview evidence or a version of events from the suspect) to provide a realistic prospect of conviction. These grounds were not met based on the medical evidence from Dr Seedat dated 8th June 2020. Thirdly, that the seriousness or circumstances of the case justifies making an immediate charge decision. This was not met. Calocane had been detained at 9.12 pm on 24th May 2020 hours on suspicion of ABH after banging on the door of the victim. This caused her to fear for her safety and she jumped from the window, landing approximately 8 feet down causing injuries to her feet, leg and spine which amounted to ABH. It was my opinion that in this case it was already difficult to prove any intentional assault. The offence is committed when a person assaults another. This could in some circumstances be psychological harm. But coupled with the lack of capacity of the suspect, this led me to the decision that this did not reach the threshold test and was therefore not referred to the CPS. If any condition of the threshold test is not met, then the threshold test cannot be applied, and a suspect is unable to be charged. On 9th June 2020, I updated the crime report and finalised the crime as 'no further action.
28. At the time of the investigation and the outcome, I did not have any concerns in respect of the police actions. I filed the investigation as undetected based on the mental health diagnosis of the suspect coupled with the fact of the assault being indirectly caused. I made this decision with the information provided to me and I felt this was a proportionate outcome in the circumstances. I was also mindful of whether prosecution would be the right approach in this situation and

believed that Calocane receiving mental health support as a sectioned patient in a secure hospital was the more appropriate outcome.

29. I have been asked to set out any concerns I have in respect of the recording of this matter. My answer is that, on reflection, my discussions with PC Marsden about the steps taken in the investigation were mostly done verbally and therefore not recorded. My written outcome is brief and does not include the detail of my reasoning. The verbal discussions could have been recorded more thoroughly on an entry in the Occurrence Log. However, this would not have altered my decision on outcome. From the point of the offence occurring, the investigation progressed quickly, and all evidence was gained by PC Marsden after a working week. He took all the necessary steps very promptly and therefore the crime was finalised sixteen days after the offence occurring.
30. A supervisor review and investigation plan were not recorded on NICHE by me within the working week but were completed verbally with PC Marsden. This was because of meeting the pressures of demand and, at the same time, managing a large number of staff. In 2024, Nottinghamshire Police introduced additional training and guidance in relation to supervising investigations. From then, supervisor reviews are to be completed within 24 hours of the crime being recorded or as soon as reasonably practical. Subsequent reviews are to be completed at least every 28 days.
31. 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 answer is, having reflected on this case, I consider it may be better practice to refer all case files

where lack of mental capacity has been confirmed by a doctor to the CPS for review thereby allowing a full consideration of the circumstances.

32. 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 answer is that I am not aware of any structural issues in this case. It was investigated by PC Marsden to the standard I expected and I was happy that the information obtained provided me with the ability to make a clear and rational decision on the outcome. It is not a crime I recall fully due to a 'normal' sequence of events that did not stand out in memory to me. It would not be uncommon for a suspect to be arrested and later detained under the Mental Health Act. These crimes prove difficult to investigate with an outcome for charge due to the mental health of the suspect involved. At the time of this offence occurring neither the crime that occurred nor the suspects actions struck me as distinctive.

33. I have been asked if there are any recommendations that I consider could help prevent any of the issues identified in respect of this matter. As I have not identified any particular issues, this is difficult to answer. My suggestion for change would be to consider referring all files to CPS for review where suspects are diagnosed as lacking mental capacity. This would provide a secondary review of the case by CPS in addition to the doctor in charge of the suspect's care.

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: 20/10/2025

Index to First Witness Statement of KATIE SPARKS

No.	URN	Document Description
1	NGPF0000081	Incident Details, dated 24/05/2020, Nottinghamshire Police
2	NGPF0000082	Occurrence Details, dated 29/08/2023, Nottinghamshire Police