

Witness Name: LOUISE ELLIS

Statement No: WITN0038001

Dated: 23/10/2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF PS LOUISE ELLIS

I, LOUISE ELLIS, will say as follows: -

1. My name is Louise Ellis.
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 in respect of incident 0483_03092021 (**URN: NGPF0000023**), the Occurrence Log (**URN: NGPF0000027**), my witness statement dated 3rd September 2021 (**URN: NGPF0000017**) and the Body Worn Video footage recorded by PC Sutton (**URN: NGPF0000107**).

My Background

4. I joined Nottinghamshire Police as a constable in 2004. Prior to joining the Force I worked in retail.
5. On becoming a Constable, I was a Response Officer on Nottingham City Response.

6. Over the years since, I have gained operational experience across different departments including the Canning Circus Police Station Drugs Team, Divisional Support Unit, and the Sexual Exploitation Investigation Unit. From 2008 to 2014, I also worked as an Unarmed Defence Tactic Trainer alongside my full-time role, supporting officer development and safety training across the Force.
7. I have held several supervisory roles, including Temporary Police Sergeant in 2010 and Temporary Detective Sergeant from 2014 onwards. My investigative work has covered domestic violence, prisoner handling, and archive and exhibit management. From November 2019, I served as a Temporary Detective Sergeant in the Bridewell Prisoner Handling Team, continuing my commitment to specialist investigations and frontline policing.
8. Throughout my career, I have actively pursued professional development. I completed the Positive Action Leadership Programme run by the then National Policing Improvement Agency (NPIA) in 2006 and the Springboard Consultancy's Empowering Individuals programme in 2008. I passed both parts of the Objective Structured Performance Related Examination (OSPRES) Sergeants exam in 2010 and undertook further training in file quality and legal assessments. I hold (PIP) Level 2 accreditation through the National Investigators' Examination (NIE) and also the Initial Crime Investigators Development Programme (ICIDP) Detective qualification assessment. I am also an Accredited Specialist Investigator following completion of the Serious Child Abuse Investigators Development Programme (SCAIDP).

9. My specialist training includes courses in understanding and interviewing sex offenders, internet-facilitated exploitation, and risk management of offenders in the community. I've also been nominated as both a Domestic Violence Champion and a Wellbeing Champion, reflecting my commitment to supporting colleagues and vulnerable individuals.
10. In March 2021 I was given the opportunity to act as a Temporary Police Sergeant on the Nottingham City Centre Operation Reacher Team. This is a uniformed enforcement team attached to its relevant neighbourhood policing team. We also provide cover for night time economy policing, and football policing. The team should have consisted of a sergeant and six police officers, however when I first joined the team there were four full time officers with one of those leaving imminently.
11. In June 2021 I was promoted to Sergeant and have remained in the same role and position.
12. Prior to the 3rd September 2021, to the best of my recollection, I had no knowledge of, or interactions with, Valdo Calocane, by that or any other name.

Events of the 3rd September 2021

13. On the 3rd September 2021 I was on duty, but I cannot recollect what time I was on duty or when I was due to finish.
14. From reading the Incident Log (**URN: NGPF0000023**), I believe that at approximately 6.15pm I heard a message over my police personal radio from the Force Control Room to PC Wakefield, who was a single crewed Response officer. The message was that doctors were executing a Section 135 Mental Health Act warrant on a male that lived at an address in the neighbouring

- policing area of Radford. The information passed was that the male, Calocane, had a diagnosis of psychosis but had been refusing medication or to see mental health staff. He had previously been sectioned after he broke into his neighbour's flat after he could hear his mum's voice. He thought she was in the flat and in distress. He was arrested and then released without charge, but then he did it again at another flat in the same building so the doctors were worried that he could pose a risk to himself and others.
15. I was aware that there were no other officers available from the Radford area, but my concerns were what Calocane's potential for harm capabilities could be if he was in a state of mental distress. I was concerned that one police officer would not be able to keep people safe, which included herself and the subject, as well as medical staff and any surrounding public, if Calocane should not just resist but actively start assaulting people.
 16. By reference to my witness statement made on the evening (**URN: NGPF0000017**), I will say that I arrived at Calocane's address, Flat 2, Marquis of Lorne, Salisbury Street, Nottingham, at approximately 6.45 pm. The two other members of my team on duty, PCs Sutton and Wakefield, also attended.
 17. I spoke to the doctors and social worker who were already there. They showed me the warrant which confirmed that Calocane was to be detained for a mental health assessment. I was informed by them that they had already spoken to Calocane and that he had refused to go with them and told them they would have to get the police to make him go with them.
 18. PC Wakefield knocked on the door of the flat several times before Calocane opened the door. He confirmed he was Valdo Calocane. He refused to come

- out of the flat. He said he did not need to be assessed because there was nothing wrong with him. PC Wakefield continued to try and encourage him.
19. PC Wakefield continued to encourage him to go with the doctors but he began to close the door on us slowly. Due to his reluctance to open the door and engage with us initially, I put my foot in the doorway to stop it closing. Calocane began walking quickly away toward the rear of the flat, through a hallway and into a bedroom. I followed him, together with PC Wakefield. I was concerned that he would try and barricade himself in the bedroom.
 20. PC Wakefield and I went into the bedroom, still trying to encourage Calocane to go with the doctors. Calocane said he wanted to make a phone call and picked up his mobile phone. We told him he could make the call in the ambulance. Calocane then said he would only go with a male officer and 'Not you', which I took to mean female officers. He looked towards PC Pritchard and PC Pritchard took a step towards him. Calocane swung his clenched fist round in a roundhouse sweep and hit PC Pritchard in the face. I heard PC Pritchard yelp in pain. I then took hold of Calocane's left arm and used all my strength and weight to push him away from PC Pritchard.
 21. As I was holding him, I noticed that he was trapping PC Wakefield against a desk. I felt him begin to tense his shoulder and neck muscles and then he tried to head butt PC Pritchard.
 22. I heard another officer say 'PAVA', so I shouted and repeated 'PAVA, PAVA' in order to warn other officers that it was about to be deployed. PAVA is an incapacitant spray. I then used Calocane as a shield and turned my face well away. I still felt the effects on my breathing and eyes almost straight away. The

- spray did not seem to hinder Calocane in any way and I again felt him tense his shoulder and neck muscles and he tried again to head butt PC Pritchard as hard as he could.
23. PC Wakefield was able to move round and disengage from Calocane. I heard her shout 'Taser, Taser, Taser' and I heard a loud pop, followed by a shout of pain from Calocane. After shouting, however, he continued to struggle and the Taser seemed to have no effect on him. I heard PC Wakefield shout 'Taser, Taser, Taser' again and another loud pop and then I heard the sound of the electric current passing along the taser wires. That time, Calocane went rigid and shouted out in pain.
24. By this time, Calocane was face up on the bed and PC 3998 Sutton was eventually able to handcuff him to the front. I continued to shout at Calocane to stay on the bed. By reference to the Body Worn Video footage of PC Sutton, Calocane said to PC Pritchard: "You did good, yeah," "That was something" and "You didn't go down", which indicated to me that he was intent on assaulting and fighting with PC Pritchard rather than just resisting detention.
25. As this was happening, other officers arrived and were able to help to handcuff Calocane to the rear.
26. Calocane was then taken to the Queens Medical Centre, Nottingham, for treatment as a result of the Taser deployment, as required by the Taser SOP (URN: **NGPF0006106**) in force at the time. By reference to the Incident Log (URN: **NGPF0000023**), I can say that I updated the Log at 7.16pm that I was travelling to the QMC and, at 7.24pm, I updated the Incident Log URN: **NGPF0000017** with a brief account of the incident.

27. Calocane was then transported to a secure mental health ward (Cassidy Suite) at Highbury Hospital, Nottingham for assessment in accordance with the warrant.
28. At 9.28pm I made an entry on the Occurrence created on the NICHE system for this incident (**URN: NGPF0000027**). I noted the incident as meeting the criteria for Operation Hampshire, which is a UK-wide initiative designed to improve the response to assaults on police officers and staff, focusing on both immediate support and long-term wellbeing.
29. At 9.42 pm I made a further entry on the NICHE Occurrence (**URN: NGPF0000027**), summarising the facts of the assault on PC Pritchard by Calocane and the steps taken to manage the officer's welfare.
30. At 10.10 pm, I created a Police National Computer (PNC) Warning Marker to indicate for the benefit of any others who had dealings with Calocane that he had been extremely violent to male officers and will assault without provocation.
31. As this incident involved the execution of a 135 MHA warrant, it was not known at the time if Calocane would be deemed to have capacity. After Calocane was deemed physically fit at hospital, he was then taken to a secure mental hospital for assessment. I made the decision that, once the assessment had been completed and if he was deemed to have capacity, then any investigation could proceed in 'slow time' There was no necessity for Calocane to be arrested at that time as he was detained for his own mental health in the best place possible to help him.
32. I have been asked what my knowledge of any issues concerning Valdo Calocane's mental health was. My answer is I was made aware of his diagnosis

of psychosis and his previous detention under the MHA by the medical staff at the incident. I was told that he was refusing treatment and had shown signs of deterioration.

33. 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 am unaware of any direct communication by the police with family, university, or other third parties. This is not something that the police would ordinarily do.

34. 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 there were subsequently, when the police required information about Calocane's state of mental health and Dr Lomas was reluctant to provide diagnostic details due to patient confidentiality. When the evidential file was submitted to the Crown Prosecution Service (CPS) for consideration of charges, the CPS requested a number of points be addressed, one of which was:

"Could the attending AMHP's provide evidence of his background or his diagnosis and detention. Could specific elements of the proposed offences (intention or recklessness) be impacted by his condition?"

Initially Dr LOMAS stated that he would provide a statement covering the reasons for obtaining the 135 warrant, the incident itself and the post incident diagnosis and treatment. However, when it came time to give a statement he said that, due to patient confidentiality, he could not provide any medical details

- pre or post incident, and it should be an independent psychologist who was asked to assess the mental state of Calocane and act as an expert witness.
35. I have been asked if there were any outstanding criminal matters at the time of my involvement in this matter. My answer is that there were none, to the best of my knowledge.
36. 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 all medical assessments were conducted by medical professionals, at the Queens Medical Centre and then at Highbury Vale Hospital. There was no requirement for drug testing.
37. 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 I consider the following applied:
- (a) **Police Code of Ethics:** my decision-making during the execution of the Section 135 Mental Health Act warrant was guided by the principles of integrity, accountability, and respect. At the time of the incident, it was not yet clear whether Calocane had mental capacity. Once he was deemed physically fit at hospital, he was transferred to the Cassidy Suite at Highbury Hospital for psychiatric assessment by the attending clinicians. I made a considered decision not to arrest him immediately, recognising that his detention under the Mental Health Act was lawful and in his best interests. Should he have been assessed as having capacity, I had planned to pursue a prosecution at a later

stage. This approach reflected a proportionate and ethical response, prioritising his welfare while maintaining the option for accountability. My actions were consistent with the Code's emphasis on doing the right thing, in the right way, and for the right reasons.

(b) **Section 135(1) of the Mental Health Act 1983**, which authorises police officers to assist in the removal of individuals to a place of safety for psychiatric assessment. Once Calocane was deemed medically fit, I ensured his transfer to the Cassidy Suite at Highbury Hospital for evaluation by the attending clinicians. Given the lawful detention under the Act and the clinical nature of the intervention, there was no operational necessity to arrest him at that time. My decision reflected a proportionate and legally compliant approach, prioritising his mental health needs while preserving the option for future prosecution should capacity be established

(c) **My use of force** during the Calocane incident was lawful and proportionate, in accordance with Section 135 of the Mental Health Act 1983. Section 135 authorises police officers to enter premises, using force if necessary, to remove a person believed to be suffering from a mental disorder to a place of safety for assessment. In this case, force was required to prevent serious harm to officers and ensure Mr. Calocane could be safely detained under the warrant. The deployment of PAVA spray and Taser was justified under those same powers, based on the immediate threat posed and the need to protect life and prevent injury.

(d) **My role after deployment of Taser:** I fulfilled my supervisory responsibilities by ensuring all post-use procedures were completed in

accordance with Nottinghamshire Police Taser SOP and national guidance. This included confirming the recovery of Taser barbs, ensuring Calocane received appropriate medical assessment, and notifying the Force Incident Manager that Taser had been deployed. I oversaw the completion of use-of-force documentation, secured relevant body-worn video footage, and initiated Operation Hampshire protocols to support the assaulted officer. These actions ensured the deployment was properly recorded, reviewed, and compliant with legal and professional standards.

(e) **Criminal Procedure and Investigations Act 1996 (CPIA)**, which sets out the statutory framework for recording, retaining, and disclosing material obtained during a criminal investigation. As the supervising officer, I ensured that all relevant evidence—including body-worn video, witness statements, and use-of-force documentation—was properly secured and submitted. I also oversaw the completion of disclosure schedules and confirmed that unused material was identified and retained in line with CPIA requirements. These steps supported the integrity of the investigation and ensured compliance with the legal obligations and transparency to assist the CPS in consideration of bringing any formal charges.

38. 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 I am concerned that a single crewed response officer was dispatched to assist in the detention of a high risk individual. I am also concerned that, on this occasion, there was a lack of suitable drivers with secure transportation to attend the incident.

39. 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 about the recording of this matter.
40. 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 believe there are some additional actions which the police and medical authorities could have taken:
- (a) I consider there should have been more thought given to the appropriate allocation of policing resource to the incident, as one officer was never going to have been able to deal with this incident;
 - (b) a full pre-briefing with all the professionals may have improved coordination and safety at the incident;
 - (c) after the incident I carried out a de-brief with my team after reviewing the evidence, as it was apparent that there was a breakdown in communication about our different perceptions of what Calocane was presenting, in that I interpreted Calocane to be saying that he would be happy to be walked out to the ambulance by a male officer but not a female, whereas PC Sutton, from her comments on BWV, clearly perceived that Calocane didn't want to hurt the female officers but was happy to fight PC Pritchard. Since then I advocate for honest open dialogue on the team between us all and encourage this by including its importance in 1-2-1's and career conversations.
41. 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:

- (a) the deployment of single-crewed officers to high-risk mental health incidents is a structural issue, as is not having the correct resources such as secure transport or people who are able to drive secure vans;
 - (b) although an issue which arose after the incident, the failure to execute the Magistrates' Court Fail to Attend warrant seems to have arisen because of the practice of allocating them to the policing area where the suspect lives for execution. There did not appear to be any proper review of those warrants in terms of risk or public interest, or any real accountability for executing them. Consequently, large numbers of warrants remained outstanding due to lack of resourcing and leadership in relation to arresting suspects.
42. I have been asked if there are any recommendations that I consider could help prevent any of the issues that I have identified in respect of this matter. My response is, based on my observations throughout this statement, I have a number of recommendations:
- (a) I believe multi-officer deployment to support the execution of section 135 MHA warrants should be mandatory;
 - (b) there needs to be an improved inter-agency briefing network in cases involving subjects who present with mental health concerns; so that all involved agencies have a clear, full picture of the individual;
 - (c) a simple check for outstanding police warrants which can be requested by any agency, such as social care, NHS and others would assist in the identification of individuals wanted on fail to attend warrants. Those checks should not always be initiated by the police. Calocane did not have any criminal convictions, but the mental health agencies were so concerned about his

behaviour they were able to persuade a magistrate to issue a warrant for his detention. While Calocane may not have appeared as a high risk for any one agency alone, combined information may have given a better holistic assessment of the risk he presented.

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: 23/10/2025

Index to First Witness Statement of LOUISE ELLIS

No.	URN	Document Description
1	NGPF0000023	Incident details dated 03/09/2021 by Nottingham Police re: Section 135 warrant for Valdo Calocane
2	NGPF0000027	Occurrence details re: Whilst detaining male under mental health warrant PC punched twice, dated 03/09/2021, NGPF
3	NGPF0000017	File relating to incident dated 03/09/2021 re: Section 135 warrant for Valdo Calocane (including MG11 witness statement from PS Ellis)
4	NGPF0000107	BWV of PC Sutton
5	NGPF0006106	Policy Document. Re: Standard Operating Procedure, NPF