

Witness Name: RACHEL WAKEFIELD

Statement No: WITN0039001

Dated: 10/11/2025

THE NOTTINGHAM INQUIRY

FIRST WITNESS STATEMENT OF PC RACHEL WAKEFIELD

I, RACHEL WAKEFIELD, will say as follows:-

1. My name is Rachel Wakefield.
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 for incident 0483_03092021 (**URN: NGPF0000023**), the Occurrence Log 21000512528 (**URN: NGPF0000027**), my witness statement dated 3rd September 2021 (**URN: NGPF0000017**) and the Use of Force Forms which I completed (**URN: NGPF0000036** and **URN: NGPF0000038**). I have very limited independent recollection of this incident.

My Background

4. After leaving school in August 2009 I began to study my A levels from the year of 2010. After completing the first year, I begun to study a BTEC in sport and

coaching for 2 years until 2012. In 2012, I began my University education at Nottingham Trent University. Initially I studied Sport and Education between 2012 – 2015 receiving a BA with honours. I then continued my studies completing a Masters at Nottingham Trent University studying Criminology, graduating in 2016 with an MA with honours.

5. In August 2016, I qualified to become a lifeguard at the University of Nottingham. I worked at the University of Nottingham until I became employed by Nottinghamshire Police in September 2017. Throughout my time at both college and university I had numerous part time roles, such as working at Nottingham Forest Football Club as a catering staff member and then working in the retail sector. I began my career in Nottinghamshire Police initially as a civilian investigator between September 2017 and June 2018, and in June 2018 I was then appointed as a constable. I have served as a Response Officer since that time.
6. During my career to date, I have had numerous additional training inputs, including Axon Taser training, which means I have the authorisation to carry an Axon X2 Taser. I am also trained as a Response driver with authorisation to use emergency equipment, namely blue lights and sirens when driving to an incident. I am also trained as a public order support officer and a sexual offence liaison officer.
7. Whilst we attended a session during training regarding the Mental Health Acts and the two sections which we predominantly deal with, namely s.135 MHA warrants and the s.136 removal to a place of safety, I do not recall having any additional training, specifically from someone who works in the profession such as a mental health professional.

8. Prior to the 3rd September 2021 to the best of my recollection I do not believe I had any interaction with Valdo Calocane, by that name or any other.

Events of the 3rd September 2021

9. My role on the 3rd September 2021 was that of a Response officer covering the area of Radford, Nottingham. A Response officer's usual day to day duties are attending live incidents that require an immediate response which have been reported to the police via 999 or 101, as well as attending incidents that do not require an immediate response due to there being no immediate threat to members of the public.
10. On the 3rd of September 2021, I was working a 3.00 pm to 2.00 am shift as a Response officer based at Radford Road Police Station. I was in uniform and using the radio callsign RR335.
11. At approximately 6.00 pm, I was assigned to the incident 0483_03092021. The Nottinghamshire Police Force Control Room informed me that a warrant under s.135 of the Mental Health Act 1983 was to be executed at the Marquis of Lorne apartments.
12. These warrants are obtained by an approved mental health professional (AMHP) who applies for a warrant from the Magistrates' Court which gives them the power to enter a person's address and remove them to a place of safety. There are a number of partner agencies present at the execution of s.135 warrants; these include the approved mental health professional, and a social worker from the local authority. Transport to the relevant mental

- health suite is usually undertaken by the local emergency services, so on this occasion East Midlands Ambulance Service (EMAS).
13. The warrant gives police officers the power to use reasonable force in order to enter premises and remove the person who is the subject of the warrant to a place of safety. However, force is only used as a last resort, with the other partner agencies such as the approved mental health professional and the social worker taking the lead. The police are only there to provide support should it be needed.
 14. By reference to my witness statement (**URN: NGPF0000017**), I can see that at shortly after 6.00pm on the 3rd September 2021, I spoke to the caller Amy Staples. I do not recall what Amy Staples' role was on the day and from looking at the Incident Log (**URN: NGPF0000023**) it does not clarify this; however she would have either been the mental health professional or the social worker. The reason for the phone call was to establish if all of the relevant organisations were present. She informed me all relevant parties were present. She also informed me that she and her colleagues had seen Calocane a short time before and that he informed her that he will not be coming willingly, and the police would need to attend in order to transport him to the secure mental health suite.
 15. Due to staffing levels covering my area that day, another team from Nottinghamshire Police assisted me. This is not the usual procedure with these incidents typically being attended by Response officers.
 16. I do not recall the specific details that were passed from the Force Control Room, but I knew that the incident I was attending was a s.135 mental health warrant. From looking back at the relevant documentation I do not recall what

- information was passed to me from the control room dispatchers, or what information I read on the Incident Log (**URN: NGPF0000023**) prior to attending the incident.
17. I do not recall any additional enquiries made by myself or other attending officers. However, usually in these circumstances I would have asked for the details of the person who the warrant has been issued against, and if they are known on police systems and any relevant warning markers.
 18. By reference to my witness statement (**URN: NGPF0000017**) , my colleagues and I arrived at the scene at about 6.45pm. We were met by ambulance staff, a social worker and a mental health professional. Amy Staples knocked on the door of Calocane's flat. At first, he did not open the door.
 19. After knocking several times, Calocane opened the door and Staples spoke to him, explaining the Magistrates' warrant and that he needed to be taken to a place of safety for a mental health assessment.
 20. By reference to my statement (**URN: NGPF0000017**), Calocane was very calm when speaking to Staples and simply stated he wouldn't be going with the ambulance. He then went to close his front door, preventing the partner agencies and officers from entering his property. I put my foot in between the door and the step to prevent him from doing this.
 21. Again by reference to my statement (**URN: NGPF0000017**), Calocane quickly walked away from the front door into his bedroom which was directly ahead. I followed Calocane into his bedroom and explained to him that he wasn't in any trouble and that we just needed to speak with him about his mental health. Either the trained mental health professional or the social worker, I am unable

to recall which, who had followed behind, again explained that the warrant has a use of force power and that we did not want to use force to remove him and that he just needed to be assessed in a place of safety.

22. According to my statement (**URN: NGPF0000017**), Calocane responded by stating words to the effect of: "I understand you are just doing your job, but I will go with the gentleman". PC 3576 Pritchard, who was the only male officer at the incident, then asked Calocane to come with him. Calocane then said: "I'm not going with you." Initially I believed that Calocane was asking for a male officer to deal with him as opposed to a female officer. However, afterwards, it became clear that he wanted PC Pritchard to engage with him due to him being a male officer and that he was going to have an altercation with him as opposed to myself and the two other attending officers who were both female. I believe other officers captured the incident on body worn video.

23. Calocane then stepped in front of PC Pritchard and punched him around 3-4 times directly to the face with his right-hand closed fist. I tried to apply handcuffs to Calocane's right hand. I cannot recall if I was able to get the first handcuff on. I could not get Calocane to comply and, together with the other attending officers, struggled to get control of Calocane.

24. From reading the Incident Log (**URN: NGPF0000023**) and my witness statement (**URN: NGPF0000017**), I can see that at 6.54pm I pressed my emergency button asking for assistance from other officers. As I was trying to stop Calocane from punching PC Pritchard to the face, by keeping control of his right hand, I witnessed Calocane head-butt PC Pritchard to the face, at least 3 times. I clearly saw Calocane's head moving in a forward motion and making contact

with PC Pritchard's face. I then tried to wrap my arms around Calocane, but he pushed back against me, pinning me against a desk so I was unable to move. At this point I was sitting on the desk, with my back pinned to the wall. I am around 5ft 6 inches in height; I do not recall my weight at the time as I am considerably lighter now, weighing 9 stone. However, at the time of the incident I believe I would have been between 12-13 stone.

25. From my witness statement (**URN: NGPF0000017**), I can see that PC Sutton used her PAVA incapacitant spray on Calocane. However, it did not appear to have any effect on Calocane and he continued to attempt to assault us all. Calocane managed to pull away and was on the bed. PC Sutton and Sergeant 2950 Ellis were struggling with Calocane next to the bed and were shouting for him to stop resisting and stay on the ground.
26. I drew my X2 Taser device and fired my first Taser cartridge at the left side of Calocane's body. I did not give any warning initially to Calocane to tell him I was going to discharge the Taser, as I was acting on instinct. At this point in the incident, I was in genuine fear for my safety and other attending officers' safety due to the level of violence Calocane was showing and the difficulty 4 trained police officers were having getting him under control and safely detained. However PC Pritchard, who is also a trained X2 Taser officer, was standing behind me and did shout warnings to Calocane. Calocane would have had a clear sight of my Taser when I first arrived, due to it being bright yellow in colour and attached to my body armour to the left of my chest clearly visible to anyone I come into contact with.

27. Calocane fell on to the bed and other officers attempted to get him under control and apply the second handcuff to his other wrist, shouting to Calocane to stay down. However, Calocane again began to resist and got back up from the bed and onto his feet. As he got up so quickly, I believed the first Taser deployment had not been effective due to the short distance between us when I fired (the greater the distance an officer is from a person gives them a better probe spread which offers the best chance of incapacitation). I fired my second Taser cartridge at Calocane, causing him to fall on the bed and remain there. PC Sutton and Sergeant Ellis again tried to get Calocane under control by applying the second handcuff.
28. Calocane still continued to resist, and I could see PC Sutton was struggling to get the second handcuff on him. Due to the Taser cycle being over, I re-energised the Taser for a few seconds in an attempt to subdue him. Re-energising a Taser is a function that Taser trained officers are able to use. Inside the X2 Taser there are two cartridges which means that officers have two rounds. When one round is fired and if the two probes ejected from the Taser both make contact with a person's skin and incapacitation is successful, the person will fall to the floor and usually remain incapacitated until the cycle is over. If, once the cycle has ended, officers have not gained compliance from the person (for example, the subject begins to get back up and again pose a risk to officers), officers then have the opportunity to re-energise. By pressing the button on the side of the Taser, not the trigger itself, you are able to again deploy the same amount of voltage through the two probes that are currently connected to the person.

29. I believed that PC Sutton had applied the second handcuff and so stopped the re-energising process. However, as soon as I did, PC Sutton shouted for help as the second handcuff was not on. Calocane began to resist again and to get back to his feet, so I again re-energised my Taser for a few seconds, during which PC Sutton was able to get Calocane handcuffed.
30. At 6.57 pm, by reference to the Incident Log (**URN: NGPF0000023**), I contacted the Force Control Room to say that a male was 'coming in for Police Assault – punched officer 3-4 times'. On reading that now, I take that to mean that a man had been arrested. Although the Occurrence Log (**URN: NGPF0000027**) subsequently recorded me as the arresting officer, I do not now recall arresting Calocane.
31. I did not document the arrest on my witness statement made that night (**URN: NGPF0000017**). That may be because Calocane was going to be taken to hospital in any event and so would not be detained in police custody. It is my recollection that Calocane was taken to the Queen's Medical Centre as a result of his being tasered and then taken on to a secure mental health facility.
32. After the incident had concluded, I made my witness statement (**URN: NGPF0000017**) and also completed forms recording my use of force (**URN: NGPF0000036** and **URN: NGPF0000038**), which I attached to the Occurrence at just after midnight on the 4th September 2021.
33. I had no further involvement in the matter after that date.
34. I have been asked about my knowledge of any issues concerning Valdo Calocane's mental health. My response is that I had no prior knowledge of Calocane's mental health issues. However, given that a s.135 Mental Health

Act warrant had been issued for him, I knew that he would have had issues with his mental health.

35. 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, apart from the partner agencies present at the incident as referred to above, namely a trained mental health professional and a social worker from Nottingham City Council, I do not believe any other agencies were contacted in relation to this incident. I would not view it as a responsibility of the police to inform other agencies such as Nottingham University or others, which I would see as the responsibility of the organisation which applied for the warrant.

36. 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 the only barrier that I believe would be relevant in this situation is the difficulty that police officers sometimes face when trying to obtain a check on a person's mental health. In police terms this is called a RIO check. I do not know what the acronym RIO stands for. Nottinghamshire Police does have a mental health Triage officer, who works with a mental health professional. They are able to complete the above checks which will provide officers with the details of a person's mental health and if they are known to local mental health services. If the Triage team is not on shift as they do not work night shifts the Force Control Room have to contact the NHS Mental Health suites directly. In the past, I have had difficulty obtaining the information due to the Mental Health suite staff not answering the phone.

37. I have been asked if there were any outstanding criminal matters at the time of my involvement in this matter and if so, what was my knowledge of these and what actions did I take, if any. My response is that, to the best of my knowledge, there were no other outstanding criminal matters prior to my involvement with Calocane. At the time of attending this incident, I can see that the Incident Log entry at 4.13pm refers to two previous instances of his breaking into neighbour's flats being mentioned by the caller. I cannot recall if that information was passed to me. I do not recall if I looked on police systems prior to the incident I attended. However, I do know that he was not outstanding on the Police National Computer (PNC) as the Force Control Room would have informed attending officers.
38. 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 and were those procedures followed. My response is that I was not involved in any assessment of Calocane and, as he was not taken to police custody, there was no opportunity for the police to conduct any drug testing.
39. 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 apart from the power to use force under s.135 MHA to safely detain a person and take him to a place of safety, there were no particular policies or procedures which were relevant to this incident. I deployed my Taser in accordance with my training in order to detain him and also to prevent him harming my colleagues

and the medical and other staff who were in the vicinity in accordance with the Nottinghamshire Police Taser SOP.

40. I have been asked to set out any concerns I have in respect of the police's actions in relation to this matter. My response is that I do not have any concerns in relation to the police's actions in relation to this matter.
41. I have been asked to set out any concerns I have in respect of the recording of this matter. My response is that I do not have any concerns in relation to the recording of this matter and believe it was appropriately recorded initially from the Force Control Room with the details of the call from the relevant agency to the recording of the police assault crime reference which was created by officers after the incident. The crime recording will have all attending officer's statements attached and use of force forms and any other relevant evidence.
42. 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 do not believe there are any other actions the police should or could have taken in relation to this incident.
43. 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 I do not believe that there is a structural issue regarding police policies in relation to this incident.
44. I have been asked if there are any recommendations that I consider could help prevent any of the issues that you have identified in respect of this matter. My response is that a large proportion of incidents which police officers now attend involve subject's mental health as a significant factor. Although police officers

have some access to specialist support in this field, whether through Nottinghamshire Police's Street Triage car, or the Crisis team, police officers lack the training and knowledge to deal with the complex needs of a person's mental health. Often, the outcome of dealing with someone with a mental health issue is that police officers have to transport the person to Accident and Emergency for assessment by a mental health professional, which frequently takes officers away from other duties. My recommendation is that consideration needs to be given to putting more mental health professionals into the field, either working alongside police officers, or available to attend an incident and carry out assessments.

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: 10/11/2025

Index to First Witness Statement of RACHEL WAKEFIELD

No.	URN	Document Description
1	NGPF0000023	Incident Log 0483_03092021
2	NGPF0000027	Occurrence Log 21000512528
3	NGPF0000017	File relating to incident dated 03/09/2021 re: Section 135 warrant for Valdo Calocane (including MG11 witness statement from PC Wakefield)
4	NGPF0000036	Use of Force Form PC Wakefield
5	NGPF0000038	Use of Force Taser Deployment Record PC Wakefield