

Coroner's Inquests into the London Bombings of 7 July 2005

Hearing transcripts - 9 December 2010 - Morning session

1 Thursday, 9 December 2010

2 (10.00 am)

3 LADY JUSTICE HALLETT: Mr Keith?

4 MR KEITH: Good morning, my Lady. May I invite you to call

5 Peter Taylor?

6 MR PETER TAYLOR (sworn)

7 Questions by MR KEITH

8 MR KEITH: Good morning, Mr Taylor.

9 A. Good morning.

10 Q. Could you give the court your full name, please?

11 A. It's Mr Peter Taylor.

12 Q. Mr Taylor, can I invite to you keep your voice as loud

13 as you can possibly make it? The microphone doesn't

14 amplify; it relays it. So I must rely on you to keep

15 your voice as loud as you can.

16 You are, from your uniform, plainly employed by the

17 London Ambulance Service?

18 A. Yes, I am, yes.

19 Q. In 2005, were you a paramedic as you are now?

20 A. Yes, I'm now a team leader paramedic, but back in 2005,

21 I was a paramedic, yes.

22 Q. You were a full paramedic as, opposed to -- I don't mean

23 this in any derogatory sense -- an emergency medical

24 technician. I know there are differences in the

25 qualifications and what you are permitted to do.

1 A. That's right.

2 Q. That morning, Thursday, 7 July, were you posted on  
3 a rapid response vehicle?

4 A. Yes, I was, yes.

5 Q. What sort of car is that, or was it, if you can recall?

6 A. It was an Astra car. The model is an Astra. It's  
7 a little rapid response car, which is categorised to go  
8 towards category A calls, and to respond to them  
9 quickly.

10 Q. Keep your voice up, if you can, I'm sorry, Mr Taylor.

11 A. Okay, thank you.

12 Q. Is it plainly identifiable as an emergency vehicle?

13 A. Yes, it is, yes.

14 Q. Does it have LAS markings on it --

15 A. It does.

16 Q. -- and sirens and --

17 A. It has sirens and lights, yes, it does.

18 Q. What was the call sign for your vehicle and for  
19 yourself?

20 A. The call sign was -- I believe was Echo Charlie 45.

21 Q. We know from your witness statement that your formal  
22 shift had started at 7.00 that morning and you were due  
23 to work until 7.00 in the evening, but you'd, in fact,  
24 come in a bit earlier that morning.

25 A. Yes, I did.

1 Q. Was that in order to smooth over the transfer from the  
2 night shift and to allow them to be released a little  
3 earlier?

4 A. Yes, it was, yes.

5 Q. I think that morning your first call had involved a call  
6 to a male who had collapsed outside a Tube station, and  
7 you took him to University College Hospital?

8 A. That is correct, yes.

9 Q. Then before or around about 9.00, did you receive  
10 a message concerning King's Cross?

11 A. Yes, I did.

12 Q. Could we have, please, on the screen [LAS565-4]? At  
13 09.04.39, we can see there a message to the London  
14 Ambulance Service, Central Ambulance Control:

15 "King's Cross Underground station, Pancras Road N1,  
16 carbon monox/inhalation hazchem [hazardous chemical].  
17 See screen for critical details. Train stuck in tunnel.  
18 Smoke inhalation. People on board. BTP will come back  
19 to us with further details when obtainable."

20 If you go over the page, 09.09.23, one more page [LAS565-6],  
21 please, you will see there EC45, Echo Charlie 45:

22 "Despatched to CAD [computer-aided dispatch] 740  
23 [which is the message we've just seen] King's Cross  
24 Underground station."

25 What do you actually receive over the mobile data

1 terminal in your vehicle?

2 A. There's a job description that comes up, it's a very  
3 vague job description, in the initial stages. It just  
4 gives the incident, the address, CAD number, and  
5 possibly what type of incident it is.

6 Q. You've just seen there the original call to the Central  
7 Ambulance Control. Was it something along those lines,  
8 or is it a shorter, abbreviated version of that that you  
9 get in the car?

10 A. It was a shorter, abbreviated version.

11 Q. But you knew it concerned King's Cross and you knew it  
12 concerned smoke inhalation and possibly carbon monoxide  
13 poisoning, and so you went to King's Cross?

14 A. Yes, I did.

15 Q. When you were on the way, do you indicate, as we've just  
16 seen there, that you've accepted the message and you're  
17 going to the job?

18 A. I do.

19 Q. Then, when you arrived, you signify that you're red at  
20 scene meaning that you're there?

21 A. Yes.

22 Q. Could we have, please, that page back, [LAS565-6].  
23 09.14.23, it will be over the page, I'm sorry, page 7,  
24 then -- no, one more -- sorry, one more again. I only  
25 have the times. EC45, yes, the actual substance of the

1 text is on the following page [LAS565-8]. 09.14.19, EC45 and then  
2 further over, please:  
3 "Status updated to red at scene ..."  
4 So that was you indicating that you'd arrived --  
5 A. Yes, it was.  
6 Q. -- at 09.14? When you arrived, did you appreciate that  
7 you were the first medic on the scene?  
8 A. Yes.  
9 Q. Did you see any other emergency personnel, police or the  
10 like?  
11 A. I saw some police officers on scene. They seemed to be  
12 just going around their general business. I didn't see  
13 any other ambulance crews or any Fire Brigade.  
14 Q. Could you see passengers coming up from inside  
15 King's Cross and out on to the pavement?  
16 A. When I initially arrived there, there was a lot of  
17 people walking round, but it was -- it just looked like  
18 a routine day to begin with, to be honest, at  
19 King's Cross, people walking round, their own business.  
20 Q. Did you approach one of the police officers and ask him  
21 what he understood to be the position?  
22 A. Yes, I did, yes.  
23 Q. What did you find out, can you remember?  
24 A. I spoke to -- the first police officer initially said  
25 that they didn't know anything about it, about any

1 incidents at King's Cross. The second police officer  
2 I spoke to said that there had been an incident,  
3 I believe it was given at that time as a train crash  
4 possibly.

5 Q. As a result of what you were told, did you call back to  
6 the rapid response desk at your headquarters?

7 A. Yes, I did.

8 Q. What did you tell them?

9 A. Based on the information that I was given at that time,  
10 I declared a major incident.

11 Q. We know -- we'll come back to this a little later --  
12 that you called in at 09.28 with a CHALET report, that's  
13 the mnemonic for certain pieces of information?

14 A. Yes.

15 Q. We were unable to find a record of that call on that  
16 main log. Is that because you called in on your mobile  
17 phone or did so in a way that didn't use your data  
18 terminal?

19 A. I phoned in on the ECA phone, the emergency phone that  
20 I'm allocated for that car. I phoned through and I gave  
21 the initial report of a major incident and then I said  
22 I'd get back to them with more detailed information.

23 Q. Is that why you call back later with more information?

24 A. That's why I call back later, yes.

25 Q. Could you look, please, at [LAS565-9], which is a record

1 at 09.15, at N361, from a gentleman called Mr Bell, who  
2 was in an FRU, a Fast Response Unit. He refers there to  
3 calling him -- he calls himself N361, priority:  
4 "On scene at King's Cross: been approached by police  
5 shutting off Euston Road to get LAS crews here.  
6 Apparently there is walking wounded ... Can we have  
7 a couple of ambulances here?"  
8 That call, timed at 09.15, appears to have gone  
9 through around about the same time as you arrive on the  
10 scene, or shortly after you arrive on the scene. Were  
11 you aware of Mr Bell there or a gentleman in a Fast  
12 Response Unit, or of that call?  
13 A. I was aware of another gentleman there later on, but not  
14 at that time.  
15 Q. But you didn't know that somebody else was calling in to  
16 the Central Ambulance Control with other information?  
17 A. No, I wasn't, no.  
18 Q. Shortly after you arrived, did an ambulance appear?  
19 A. Yes, it did.  
20 Q. Did you recognise the occupants of that ambulance?  
21 A. I did, I recognised them as colleagues from a local  
22 station.  
23 Q. From Islington?  
24 A. From Islington.  
25 Q. Were they Stacey and Paul Rixon?

1 A. Yes, they were.

2 Q. Their ambulance, G101, arrives at 09.19.57. Perhaps we  
3 could have [LAS565-15] on the screen, please? G101 there  
4 is marked with a cross:  
5 "Status updated to red at scene."  
6 So within a few moments of you arriving, there was  
7 yourself, you'd seen Mr Bell, who had arrived at 09.15  
8 in the FRU, and there was an ambulance, the Rixons,  
9 husband and wife, G101?

10 A. That's correct.

11 Q. No doubt you spoke to the Rixons?

12 A. I did, I liaised with them to see if they had any more  
13 information, and they told me that they'd also declared  
14 a major incident.

15 Q. They told you that they had been in touch with the  
16 Central Ambulance Control as well?

17 A. Yes, they did, yes.

18 Q. Between you, did you decide who was going to stay with  
19 the ambulance to be the control, to relay messages  
20 through the ambulance, and who was going to go into the  
21 station?

22 A. Yes, we did.

23 Q. Who was going to do what?

24 A. I mean, I was initially on scene, I initially took the  
25 stages of Silver medic, which is to control the initial



1 stages. When the ambulance crew arrived, they took on  
2 them roles of Silver medic and Silver control because  
3 there are two roles for them in the initial stages in  
4 a major incident and it made sense, at that time, to  
5 have the ambulance as the focal point and the control  
6 point.

7 Q. Because it's more visible?

8 A. More visible.

9 Q. So their attendance at the scene released you, in  
10 effect, from being Command?

11 A. Yes, it did.

12 Q. You could then go in and start getting on with applying  
13 medical attention?

14 A. Yes.

15 Q. Were you wearing your standard uniform?

16 A. I was, yes.

17 Q. I think you had a white helmet. Is that right?

18 A. I had a white helmet, yes.

19 Q. What did you have with you by way of equipment?

20 A. I went back to my vehicle, I got two triage packs, which  
21 is a bag full of priority tags. I had my paramedic bag  
22 with me, which has got all the standard generalised  
23 equipment. I had an oxygen bag with a ventilator in it.  
24 I also had the defibrillator with me. That's the  
25 equipment I took down.

1 Q. Is that all the equipment you would normally take into  
2 an incident, the parameters of which you were unsure  
3 about?

4 A. Yes.

5 Q. So you'd have oxygen and a defibrillator and the  
6 paramedic bag to try to get as much equipment together  
7 as you could?

8 A. Yes, that's correct.

9 Q. Having collected your equipment, you then went into the  
10 station. Did you receive any more information on the  
11 way in from the police who were there?

12 A. I believe one police officer told me -- it was a general  
13 description of the train -- said "It's a mess down  
14 there, there's multiple casualties".

15 Q. There are multiple casualties?

16 A. Yes.

17 Q. We know from your witness statement that your first  
18 attendance upon casualties was to identify, to triage,  
19 three casualties inside the station. Were they in the  
20 booking hall or were they somewhere else?

21 A. They were in the main hall next to the ticket hall of  
22 the old station.

23 Q. What was your job, given that you were first into the  
24 station?

25 A. My job was to assess the scene and then to start

1 triaging the patients.

2 Q. So did you go straight to the first casualties you could  
3 see and start triaging them?

4 A. I had a lot of casualties walking past me. I started to  
5 direct them towards the ticket hall upstairs, which we'd  
6 allocated as the casualty clearing point. The gentleman  
7 that you mentioned earlier on the rapid response car was  
8 Bronze triage in that casualty clearing centre. The  
9 casualties that were coming past me, I was directing  
10 them to that clearing centre.

11 Q. So he was there and you were directing people to him,  
12 and then he would triage them when they arrived in the  
13 place you had designated as the treatment area?

14 A. Yes, and they were all the walking victims of the  
15 incident.

16 Q. The less severely injured?

17 A. Yes, that's correct.

18 Q. In addition to those passengers, there were, of course,  
19 those with more severe injuries, who you didn't allow to  
20 carry on walking up towards Mr Bell's area.

21 Did you give them some attention and triage them  
22 where you found them in the booking hall area?

23 A. Yes, that's correct. I triaged them where I found them.

24 I assessed their injuries. I assessed what conditions  
25 they had, and then I prioritised them based on my

1 findings.

2 Q. How long did the triaging of those first three  
3 casualties take, can you recall?

4 A. A few minutes.

5 Q. A few minutes. Were you helped by anybody?

6 A. I was assisted by Stacey Rixon who was the Silver medic.  
7 There was a confusion in the initial stages to the  
8 extent that the incident and what type of incident it  
9 was, so Stacey came down with me. When she could see  
10 there was severely injured patients, she then relayed  
11 that information back up to the top.

12 Q. What was the confusion? Was it that you didn't know how  
13 serious it was when you'd first arrived?

14 A. Yes, we didn't know how serious it was. We didn't know  
15 what type of incident it was. We were told it could be  
16 possibly a power surge initially, then a train crash.  
17 It was very vague. We didn't know -- because we hadn't  
18 got to the scene itself, we didn't know what type of  
19 incident it was.

20 Q. But as more and more passengers with increasingly severe  
21 injuries arrived in the top of the station, you realised  
22 that it was more serious than that which you'd been led  
23 to believe?

24 A. I did.

25 Q. You referred earlier to making a call and then calling

1 again with more information. Can we have [LAS565-23],  
2 please? At 09.28, EC45, towards the bottom of this  
3 page, calls in with a CHALET report. Was that your  
4 message?

5 A. Yes, it was, yes.

6 Q. We see there that in relation to each of the initials of  
7 the mnemonic, you provide a certain amount of  
8 information, King's Cross/Russell Square,  
9 100 passengers, smoke inhalation. 200 passengers, smoke  
10 inhalation. That indicates somewhere between 100 and  
11 200?

12 A. Yes.

13 Q. "Smoke, as given, Euston Road, emergency services, LAS,  
14 LFB, BTP all on scene."

15 Do we take it from that that, by 9.28, not only were  
16 members of the London Ambulance Service there, as you've  
17 described, but you'd also seen a Fire Brigade  
18 appliance --

19 A. Yes, I had, yes.

20 Q. -- and British Transport Police officers, and the nature  
21 of the incident, at that stage, you believed to be  
22 a train collision?

23 A. That's correct, yes.

24 LADY JUSTICE HALLETT: Did you stay where you were -- where  
25 were you when you made this message or sent this

1 message?

2 A. I was on the concourse of King's Cross when I made that  
3 call.

4 MR KEITH: You mentioned a few moments ago that the Rixons  
5 had called in a major incident as well.

6 A. Yes.

7 Q. You'd called in one on your own radio, or on your own  
8 phone. Could we just have a look at the Rixons' call.

9 It's [LAS565-17] at 09.21. They are G101, so in the  
10 middle of the page, priority call:

11 "Afraid going to have to declare major incident  
12 here. Report to follow. But we have got a lot of  
13 people with smoke inhalation following some sort of  
14 explosion, over."

15 So when they declared the major incident, they  
16 obviously thought it was an explosion rather than  
17 a train collision, but they call in more or less around  
18 the same time that you called in with your CHALET  
19 report.

20 Are you a little surprised now to know that yourself  
21 and the Rixons and Mr Bell had all been calling in with  
22 your own interpretations of what you understood to be  
23 the position? Is that normal, that everybody calls in?

24 A. Yes, the more information, the better, to be honest.

25 Q. Even where it might sometimes differ a little?

1 A. In the initial stages, there was a confusion, there was  
2 a confusion of who was first on scene. I initially  
3 thought I was first on scene. Stacey and Paul were  
4 there more or less about the same time, and they gave  
5 their report. It does surprise me that each call sign  
6 gave their own report, but, to be honest, I think the  
7 more information the Control Centre gets, the better,  
8 really.

9 Q. To be fair, as you've suggested, there might have been  
10 a certain amount of confusion, a healthy confusion, as  
11 to who arrived first. Because you'd all arrived within  
12 a short space of each other, you all felt the obligation  
13 to call in and report what you'd learnt?

14 A. Yes.

15 Q. Having made your CHALET report and carried out that  
16 small amount of triage in the booking hall, you did you  
17 then decide to go down to the train and carry on  
18 triaging below?

19 A. Yes, I did.

20 Q. Did you meet up with another ambulance crew, Drew McRae  
21 and David Tompkins?

22 A. Yes, I did, yes.

23 Q. You call him -- that is to say Dave Tompkins -- "Paul"  
24 from Islington ambulance station. Is that because you  
25 know him as Paul or you subsequently discovered that he

1 was, in fact, called David Tompkins?

2 A. I subsequently found out his name was David. At the  
3 time I thought it was Paul.

4 Q. They arrived at 09.38. Could we have [LAS565-32] on the  
5 screen, please?

6 09.38.12, G109:

7 "Status updated to red at scene."

8 That's McRae and Tompkins. So may we take it,  
9 Mr Taylor, that you started to go down to the tunnel  
10 after that time, after 09.38, on the assumption that you  
11 went down with McRae and Tompkins?

12 A. Yes, I did.

13 Q. On the platform, did you find out whether or not the  
14 power was off?

15 A. I asked a member of the Underground staff whether he  
16 knew the power was off. He initially said to me that he  
17 thought it was. I said that wasn't good enough for me.  
18 I asked him to phone his control to double-check. He  
19 told me that there was other emergency service personnel  
20 on to the train. He said that he would phone back and  
21 check. He did that, he came back with a vague answer.  
22 I asked him again to check and at that time he jumped on  
23 the track and put his foot on to the live rail and said,  
24 "Is that good enough for you?", and I said, "Yes, that's  
25 good enough".



1 Q. Your voice is dropping again. Could you, yourself, see  
2 other people on the track when you went down to the  
3 platform?

4 A. I couldn't see anyone else on the track at that time,  
5 because the incident was in the tunnel of the station.

6 Q. We know that a large number of passengers came out of  
7 the tunnel at King's Cross onto the platform and then up  
8 the escalators. But when you were down -- when you  
9 first arrived, there didn't happen to be any passengers  
10 coming out of the tunnel. Is that the position?

11 A. There were no passengers at that time coming out of the  
12 tunnel.

13 Q. So you didn't have the assurance of seeing them on the  
14 track to know that the current was off?

15 A. No, and even if I did, even if I saw passengers on the  
16 tracks, I would still check the power was off because,  
17 for me, that's not a sure enough sign that the power's  
18 off.

19 Q. You went down the tunnel. Did you go down with McRae  
20 and Tompkins?

21 A. Yes, I did.

22 Q. The three of you together?

23 A. Yes, I did, yes.

24 Q. You boarded the train. Do you recall whether you  
25 boarded the train at the end, at the rear, through the

1 last carriage, or through the side of the train?

2 A. I boarded the train at the side, through the side doors,  
3 at the back of the train.

4 Q. At the back of the train, because right at the rear in  
5 the driver's cab there are two doors either side, and  
6 you went in one of those side doors, did you?

7 A. Yes, I did, yes.

8 Q. As you approached the end of the train, were you able to  
9 see, down the side of the train between the tunnel wall  
10 and the side of the carriage, a number of bodies?

11 A. Yes, I could, yes.

12 Q. Could you please have a look at [INQ10283-12]? You  
13 approached from the rear of the train, so right from the  
14 right-hand side of the diagram, behind carriage 6 from  
15 the westbound platform at King's Cross. Did you or your  
16 colleague go down the side of the train between the  
17 train and the tunnel wall?

18 A. We had to climb on into the side of the train to  
19 climb -- walk through the train and then climb down the  
20 other side.

21 Q. So you went into carriage 6, further down the train, and  
22 then climbed back out of the carriage?

23 A. Yes, we did, yes.

24 Q. Right. So in your statement, when you refer to your  
25 colleague, Mr Tompkins, getting out into that gap, he

1 did it by going into the train and then out of the train  
2 again?

3 A. Yes, we both assisted each other on to the train. We  
4 got on to the train, we climbed across the train, and  
5 then we assisted each other down at the side of the  
6 train to assess the casualties.

7 Q. Was that all three of you?

8 A. That was just two of us.

9 Q. That was just you and Mr Tompkins, was it?

10 When you got into that area between the carriage and  
11 the wall, can you recollect anything of the persons that  
12 you saw on the tracks?

13 A. Yes, I can. I believe there was four bodies. Two of  
14 them were triaged as deceased and then there was another  
15 two patients, one of them was a young lady who was lying  
16 supine next to the train and then another patient was  
17 lying underneath the train and that was a male patient.

18 Q. May I ask you about the two deceased passengers first?  
19 They were both checked and, as you've described, tagged  
20 as deceased.

21 Did you tag both of them, or did you tag one of them  
22 and your colleague, Mr Tompkins, tag the other?

23 A. Mr Tompkins tagged the first one. I tagged the second  
24 one.

25 Q. Do you know whether the person he tagged was male or

1 female?

2 A. I believe it was male.

3 Q. But you're not sure?

4 A. I'm not sure, no.

5 Q. The person that you tagged, do you recollect anything of  
6 that person? Firstly, whether they were male or female  
7 and, secondly, anything that you can recall of the  
8 nature of their injuries?

9 A. It was -- the patient was a middle-aged male, appeared  
10 to be Afro-Caribbean in origin. They had a severe,  
11 catastrophic head injury and they were lying face down  
12 when I found them.

13 Q. Could you tell us, please, what the process of tagging  
14 involves by way of checking for signs of life before you  
15 reach the decision that they are deceased?

16 A. Yes. You approach the patient. If they're walking,  
17 they're priority 3, and you ask them to keep walking  
18 towards the casualty clearing centre.

19 Q. Can you keep your voice up a little?

20 A. You then check whether they're breathing. If they are  
21 breathing, you will then sort of assess what respiratory  
22 rate they've got. If they're not breathing, you'll open  
23 their airway, you'll listen to see if they are  
24 breathing. If they're not breathing, and you've opened  
25 their airway, then they are seen as deceased. If they

1 are breathing when you open their airway, they're seen  
2 as priority 1.  
3 If they're breathing, a respiratory rate is between  
4 10 and 29, they then become -- you then assess the pulse  
5 rate, and if the pulse rate is above 120, they're seen  
6 as priority 1. If it's below 120, they're seen as  
7 priority 2.

8 Q. Is this process known as the triage sieve?

9 A. It is known as the triage sieve.

10 Q. We'll look at a diagram in a moment or two that sets it  
11 all out. For present purposes, do we take it, then,  
12 that, for the purposes of reaching the view that the  
13 casualty that you assessed to be dead was so deceased,  
14 you checked to see whether or not he was breathing?

15 A. Yes, I did, yes.

16 Q. Because he wasn't breathing, and there was obviously no  
17 sign of movement, you assessed him as being dead?

18 A. Yes, that's correct.

19 Q. In that triage process, there is, therefore, no  
20 requirement, is there, for you to check for a pulse if  
21 you've already concluded that the person's not  
22 breathing?

23 A. That's correct.

24 LADY JUSTICE HALLETT: Sorry, you did say, I think, that if  
25 they're not breathing initially, you do then open the

1 airway to check again if they're breathing.

2 A. Yes, you do.

3 LADY JUSTICE HALLETT: So it's not just they're not  
4 breathing when you first arrive, you clear the airway,  
5 and then check again?

6 A. Yes, there's different manoeuvres that we can do to open  
7 the airway, to bring the tongue off the back of the  
8 throat, to check for any obstructions.

9 In an unconscious patient, their tongue could fall  
10 back to close their airway off to stop them from  
11 breathing. So we would open their airway to see if they  
12 were breathing. If they were breathing, at that point,  
13 we'd stick an adjunct in their mouth to open their  
14 airway for them.

15 MR KEITH: We might perhaps now look at the triage process.  
16 Could we have [INQ9002-36]?

17 Could you enlarge the bottom half of the page,  
18 please?

19 We can see there in the middle, "Breathing: yes or  
20 no?" If they're not breathing, then you must check  
21 whether or not the airway is open and, if they're still  
22 not breathing, then they are assessed to be dead?

23 A. That's correct.

24 Q. As my Lady has observed, it's therefore vital to open  
25 the airway and, if they are breathing, or they start

1 breathing, having opened the airway, then they become  
2 a priority 1 because they have a respiratory problem  
3 that caused them not to breathe, but now breathing has  
4 recommenced or is there, they are assessed as alive but  
5 priority 1?

6 A. That's correct.

7 Q. There is no process, is there, however, between  
8 breathing and dead, where they're not breathing, to  
9 check again for a pulse?

10 A. That's correct.

11 Q. It's important I emphasise that this is a process which  
12 is in place when you are triaging, that's to say when  
13 you're moving rapidly through a large number of  
14 casualties in order to see who needs immediate medical  
15 attention.

16 If you were treating one person in a stable  
17 condition, in circumstances that were not fast-moving or  
18 fluid, and you were not required to triage a number of  
19 people, you were simply ascertaining what a particular  
20 person needed, is this the process that you would apply  
21 or not?

22 A. Sorry, could you just repeat that question?

23 Q. Yes. If, for example, you came across one person in the  
24 street perhaps following a call-out, and there was  
25 a concern as to whether or not they were breathing, and

1 you were unsure as to what their position was, is this  
2 the process that you would apply, or would there be  
3 other additional steps and checks that you would apply?

4 A. There would be other additional checks that we would do.

5 Q. It is not always the case, is it, Mr Taylor, that you  
6 would assess someone to be dead by virtue of a lack of  
7 breathing alone following an open airway; this is  
8 a process which is confined to triage in this sort of  
9 emergency situation where you have a large number of  
10 casualties?

11 A. That's correct.

12 Q. Because, of course, many of the passengers, the  
13 survivors, as well as many of the emergency personnel,  
14 when checking the casualties in the carriages of all  
15 these sites, check for pulses, because, as I'm sure you  
16 know, most people tend to try to check for a pulse to  
17 ascertain a sign of life. But in the triage process,  
18 it's breathing that is the determinative feature, isn't  
19 it?

20 A. Yes, it is.

21 LADY JUSTICE HALLETT: Is that the triage process in major  
22 incident, should I add?

23 A. This triage process is -- the triage sieve is for major  
24 incident.

25 LADY JUSTICE HALLETT: So we're talking mass casualties as



1 Mr Keith has said?

2 A. Yes, it is.

3 LADY JUSTICE HALLETT: Thank you.

4 MR KEITH: We may hear in due course whether it's a triage  
5 process provoked by declaration of a major incident as  
6 opposed to a mass casualty incident. I don't know  
7 whether there is a difference, but it may be my learned  
8 friend will explore that.

9 Is there a difference?

10 A. If there was a mass casualty situation, it would be  
11 a declared a major incident. If there was not enough  
12 resources there, then it would be declared a major  
13 incident anyway.

14 Q. But if you come across a scene, you may or may not know  
15 that your colleagues have declared it formally to be  
16 a major incident. You are merely confronted practically  
17 by a large number of casualties. So it's the large  
18 number of casualties that determines the application of  
19 the triage process, not the formal declaration of  
20 a major incident?

21 A. Yes.

22 Q. That was the second of the two deceased. Can I now ask  
23 you, please, about the two casualties whom you were able  
24 to treat?

25 The third person of the four was the male lying face

1 down. Was he trapped in any way?

2 A. Yes, he was, yes.

3 Q. In what way?

4 A. He was trapped underneath the train. The train was on  
5 top of him.

6 Q. Which part of his body was trapped?

7 A. Around his waist.

8 Q. He was conscious?

9 A. He was conscious.

10 Q. We know from other evidence that he was able to call  
11 out, in fact, so perhaps you heard him speak as well?

12 A. I heard him shouting, yes.

13 Q. Were you able to ascertain, at the beginning of this  
14 process, anything else about the nature of his injuries  
15 other than the fact that he was severely injured where  
16 he appeared to be trapped?

17 A. In the triage sieve, my job is just to find out what  
18 priority they are and then just to move on.

19 I discovered that he was priority 1, going through the  
20 triage sieve and the extent of his injuries, so

21 I prioritise him as priority 1 and then I moved on to  
22 the next patient.

23 Q. So you had enough information to apply the triage sieve?

24 A. Yes, I did.

25 Q. You needn't have gone further and checked the exact

1 nature of his injuries. Is that right?

2 A. Yes.

3 Q. Then, in relation to the fourth person, what were you  
4 able to ascertain with respect to her?

5 A. She also had very severe injuries, and I could ascertain  
6 that she was priority 1.

7 Q. I'm sorry, I can't hear you.

8 A. I could also attain from her injuries and going through  
9 the triage sieve that she, too, was priority 1.

10 Q. Was there anything about her injuries that you noted  
11 while you were carrying out the triage sieve?

12 A. She had severe multiple injuries. She had an  
13 amputation. She had severe injuries to her limbs, and  
14 that's what I discovered at that time.

15 Q. Do you recall, while you operated the triage sieve,  
16 whether she was able to speak or respond to your speech?

17 A. She couldn't respond to my speech but she was able to  
18 talk, as she just kept on repeating the phrase "I can't  
19 hear you".

20 Q. Which indicated to you perhaps that she had been  
21 deafened by the explosion?

22 A. That's correct.

23 Q. No doubt, although you were operating what is  
24 necessarily a fast process of triage, did you take  
25 a moment or two to try to reassure her and to stroke her

1 shoulder?

2 A. Yes, I did.

3 Q. You then had to move away, did you not?

4 A. Yes, I did.

5 Q. That was in accordance with your training and your  
6 instructions, and would it be fair to say that there is  
7 a strong human impulse to stay and help and to provide  
8 medical attention?

9 A. Yes.

10 Q. But you couldn't allow yourself that luxury?

11 A. No.

12 LADY JUSTICE HALLETT: When you have to take what must be an  
13 extremely difficult decision that you're obliged to move  
14 on to carry out the triage process, presumably that's on  
15 the basis that the triage process is based on the fact  
16 that there are going to be other medics coming up behind  
17 able to treat, because, otherwise, there's no point in  
18 prioritising. Is that right?

19 A. Yes, that's correct.

20 LADY JUSTICE HALLETT: In a sense, you comfort yourself with  
21 the thought, and what you hope is the knowledge, that  
22 there will be people coming up swiftly behind you, but  
23 it's all dependent on that, isn't it?

24 A. Yes.

25 LADY JUSTICE HALLETT: Otherwise, your prioritising is

1 irrelevant.

2 A. Yes, I'm aware that other resources are going to follow  
3 me through the incident and start triaging -- and start  
4 treating, sorry.

5 LADY JUSTICE HALLETT: Thank you.

6 MR KEITH: May I follow my Lady's point? In this case, you  
7 knew that Mr Bell was there.

8 A. Yes, I did.

9 Q. You knew that Paul and Stacey Rixon had arrived at  
10 King's Cross, and Paul had stayed upstairs and Stacey  
11 had come down with you, and you know that McRae and  
12 Tompkins were there as well?

13 A. Yes.

14 Q. They'd both come down with you. So you knew that there  
15 were a number of other paramedics or emergency medical  
16 technicians there.

17 Were those who were there sufficient, in your view,  
18 to be able to do the follow-up job to which my Lady has  
19 referred, or did the triage process require yet more  
20 staff to appear in order to make the process work?

21 A. Due to the number of casualties, we needed a number of  
22 Bronze triage officers. There were hundreds of  
23 casualties, and my belief was that we should triage the  
24 patients as soon as possible, and that's why I made the  
25 decision to have a few more Bronze triage officers and

1 then relay this information back up to the top.

2 Q. Would that process of relaying information back to  
3 Central Ambulance Control, though, not require more time  
4 to pass before they could respond with providing you  
5 with more paramedics in order to provide the medical aid  
6 following your triage process? Wouldn't that process  
7 carry with it an appreciable gap in time while more  
8 resources become available?

9 A. No, we was aware that, once we'd declared the major  
10 incident, that set protocols fall into place and that  
11 further resources will be following, so there was no  
12 delay in --

13 Q. Was that why you deemed it so important to make that  
14 second call, the CHALET report, with the information  
15 that you had before you went down?

16 A. Yes, it was just to update the information. Information  
17 was being given to me all the time and I just wanted to  
18 keep on updating the information to Control, that they  
19 were aware of the incident and aware of the extent of  
20 the incident and the extent of the number of casualties.

21 Q. So it was the declaration of the major incident that  
22 gave you the comfort of knowing that enough resources  
23 would be made available to give effect to your triage  
24 process?

25 A. That's correct.

1 Q. So even though you didn't have with you the number of  
2 ambulance staff and paramedics immediately to hand to  
3 deal with the very large number of casualties whom you  
4 were triaging, the declaration of the major incident  
5 should have ensured, should ensure, that more are  
6 following?

7 A. Yes, once the major incident's declared, there are  
8 a certain number of vehicles that are allocated to the  
9 incident and they're sent immediately with officers to  
10 the incident.

11 Q. Having triaged these four casualties, did you then climb  
12 back on to the train and start moving towards the front  
13 in order to carry on the process?

14 A. Yes, I did.

15 Q. In one of the carriages, did you come across a young  
16 girl with a cut to her abdomen and a leg injury, who  
17 said that she'd been helped away from the front of the  
18 train, and did you triage her and ascertain that she was  
19 a priority 2 because she had a severe leg injury?

20 A. Yes, she wasn't walking, so she wasn't a priority 3.  
21 I went through the triage sieve, assessing her  
22 breathing, her respiratory rate and her pulse at the  
23 time, and I considered her to be a priority 2.

24 Q. She was in her mid-20s, you recorded in your statement?

25 A. Early 20s.

1 Q. Fairly young. Did you see her again later?  
2 A. No, I didn't.  
3 Q. Then in the next carriage, was there an Afro-Caribbean  
4 male whose name he provided as Paul?  
5 A. That's correct.  
6 Q. He was sitting down, but he had a partially amputated  
7 leg, and you triaged him. Do you recall what priority  
8 you gave him?  
9 A. I believe it was priority 2.  
10 Q. Because of the severity of his leg injury?  
11 A. I went through the triage sieve once more, I considered  
12 his observations, and also considered, at that point as  
13 well, the extent of his injuries.  
14 Q. Then you arrived at the bombed carriage, did you not?  
15 A. Yes, I did.  
16 Q. There were police officers there and firemen. Is that  
17 right?  
18 A. That's correct.  
19 Q. Do you recall whether or not the doors between  
20 carriage 2 and carriage 1 had been taken off by way of  
21 cutting equipment?  
22 A. They were being forced open, as I was --  
23 Q. Manually?  
24 A. By the Fire Brigade officers that were there.  
25 Q. Do you recall, later, any time when those doors were



1 taken off with cutting equipment?

2 A. No, I don't.

3 Q. So when you arrived, the doors were still there,  
4 partially blocking the entrance. Is that right?

5 A. Partially blocking the entrance, yes.

6 Q. But it was possible to get through by squeezing yourself  
7 through and they were trying to push it open?

8 A. Yes.

9 Q. But you were able to get through, and inside that  
10 carriage you were confronted by the scene that we have  
11 had described to us by other witnesses.

12 Were you obliged to go through that carriage and  
13 triage as many of the people in there as you could?

14 A. Yes, I was, yes.

15 Q. We know from your witness statement that you provided  
16 details of all the people whom you triaged by reference  
17 to their seat numbers and perhaps we could have on the  
18 screen [INQ10283-11].

19 You entered the carriage from the right-hand side on  
20 this diagram. The driver's cab is to the left, the  
21 front of the train.

22 In front of seat 21, so almost immediately within  
23 the first carriage, did you come across a male, aged  
24 about 30, wearing a suit, who was trapped by his legs  
25 which were stuck and he was shouting to get out?

1 A. Yes.

2 Q. What did you do?

3 A. I reassured him. I then triaged him and then asked the  
4 fire officers there to move him out the carriage towards  
5 the end of the train.

6 Q. Was that person seriously injured, do you recall?

7 A. They didn't appear to have any serious injuries visibly,  
8 but they weren't able to walk at that point, so I had to  
9 consider their observations again and prioritise them as  
10 a priority 2.

11 Q. Because of the possibility that there was a severe  
12 injury hindering him from walking?

13 A. Yes.

14 Q. I want to ask you, please about, the way in which he was  
15 trapped. Was he trapped because there was a lady lying  
16 across his legs?

17 A. He was trapped by numerous bodies on top of him. He was  
18 also trapped by debris on top of him.

19 Q. Did you assist in moving the debris or the bodies over  
20 him?

21 A. Yes, I did.

22 Q. Was one of the people trapping him a lady of African  
23 appearance, in her 40s, with long black hair?

24 A. Yes.

25 Q. Because she was there in front of you and because she

1 had significant injuries, did you triage her also?

2 A. Yes, I did.

3 Q. What conclusion did you reach in relation to her?

4 A. She was unconscious, she had massive injuries, so  
5 I checked her airway, her airway was clear, I opened her  
6 airway, she wasn't breathing, and I triaged her as dead.

7 Q. As with those two souls whom you had earlier triaged,  
8 when you reached a conclusion under the triage process,  
9 did you tag her by way of marking a label and leaving  
10 that with her?

11 A. Yes, I did.

12 Q. Signifying that she was dead?

13 A. Yes.

14 Q. I must press you just, please, for one or two details  
15 about her, because it's obviously of vital importance  
16 for the families of the deceased and their loved ones to  
17 try to work out who was who.

18 Although you've given us a broad description of the  
19 lady, for which I'm grateful, I need to know something  
20 more about the nature of the injuries, if you can recall  
21 them, so that we can compare your observations against  
22 the post-mortem reports and understand the nature of  
23 what occurred.

24 Do you recall whether or not that lady had severe  
25 injuries, in particular traumatic amputations to her

1 legs?

2 A. Yes, I do. She had traumatic amputations to both her  
3 legs bilaterally and both her arms.

4 Q. In contradistinction, her face, head and scalp were  
5 relatively unscathed. Do you recall that?

6 A. Yes.

7 Q. Did you see where the firemen moved her to, Mr Taylor,  
8 after the triage process was complete in relation to  
9 her?

10 A. I asked them to make a makeshift mortuary in ...

11 LADY JUSTICE HALLETT: Take your time.

12 Would you like me to take a break, or do you think  
13 you'd rather try to get through it. Sometimes it helps  
14 if we can just get through it, but it's entirely up to  
15 you?

16 A. Can I have a five-minute break, please?

17 LADY JUSTICE HALLETT: Of course.

18 (10.48 am)

19 (A short break)

20 (11.00 am)

21 LADY JUSTICE HALLETT: Mr Taylor, don't feel in any way  
22 embarrassed. Everybody understands.

23 MR KEITH: The firemen moved the lady for you, for your  
24 assistance. Do you know whether or not they placed her  
25 on the other side of the walkway in the carriageway, on

1 the bank of seats opposite, or do you not know where  
2 they put her?

3 A. I saw the deceased being taken out into the next  
4 carriage. I asked the fire officers there to make  
5 a makeshift mortuary because of the number of  
6 casualties, and the number of deceased that I could see  
7 at that moment.

8 Q. I'm sorry to press you a little more on this subject, it  
9 is a terrible one. We know from other evidence that two  
10 deceased were taken out and put in the next-door  
11 carriage. But the evidence at the moment before my Lady  
12 tends to suggest that this lady was not one of them but  
13 that she was, in fact, placed on the other side of the  
14 carriage, on the seats opposite.

15 Due to the terrible conditions and the sheer number  
16 of casualties, is it possible that only some of the  
17 casualties, the deceased casualties, were taken out of  
18 the carriage and others, including this lady, remained  
19 in the carriage, albeit moved elsewhere?

20 A. That particular deceased lady that you're talking about,  
21 I did see her being taken out of the carriage and being  
22 placed in the next carriage, like, in a makeshift  
23 mortuary, which I had assigned, and the fire officers  
24 were helping me move the deceased out into the next  
25 carriage, so I definitely saw her body being taken out

1 of that carriage.

2 Q. Did you later go to the temporary mortuary and see the  
3 number of casualties who had been placed there or, in  
4 fact, count them, or did you not, yourself, go there  
5 later?

6 A. I didn't go there, no.

7 Q. So you don't know how many, in fact, were placed in that  
8 temporary mortuary --

9 A. No.

10 Q. -- or whether, indeed, it continued throughout the time  
11 that you were in the carriage?

12 A. I know bodies were being taken out regularly by the fire  
13 officers there, and I know they were being placed in  
14 this makeshift mortuary. I saw numerous bodies being  
15 taken out.

16 Q. When you left the carriage for the final time -- and I'm  
17 afraid we're not at that point yet -- do you recall  
18 a number of casualties being placed in piles either side  
19 of the bombsite inside that first carriage on the left  
20 and the right-hand side? Do you recollect two piles,  
21 two predominant piles, of casualties inside that first  
22 carriage when you left?

23 A. Yes, I do, I remember piles of bodies, but they were in  
24 the second carriage.

25 Q. All right, we'll leave it there. It may be we'll come

1 back to this later. I think it may be that those main  
2 piles were in the first carriage.

3 The next person who you attended to was a young  
4 female in her early 20s, in seat 16, so on the other  
5 side of the walkway. Is it right that she was also  
6 trapped in her seat by the sheer number of bodies around  
7 her, and there was a police officer next to her  
8 comforting her? Do you recall that?

9 A. That's correct, yes.

10 Q. You managed to move one of the bodies around her and  
11 asked the firemen to assist you in that and they moved  
12 that body as well.

13 Did you then discover that the lady had a metal bar  
14 as well, and some debris, trapping her legs, and were  
15 you able to move that debris so as to free her?

16 A. She had a metal bar, which was one of the handrails,  
17 which was across her chest. It was pinning her into the  
18 chair. I pulled the bar and pulled it away from her  
19 allowing her to be freed up, so then she could be -- and  
20 I moved the body as well, so then she could slide along  
21 the chair and then the police officer assisted her out.

22 Q. Could you tell what the nature of her injuries was? She  
23 obviously required assistance from the police officer to  
24 help her walk out, but was she not so severely injured  
25 that she wasn't able to walk out?

1 A. I triaged her as priority 2.

2 Q. So she did have a severe injury of sorts?

3 A. I couldn't see any severe injuries, but because she  
4 couldn't walk and because she was not able to walk out  
5 the carriage, I triaged her as priority 2.

6 Q. Right. Now, returning to the left-hand side as you  
7 stood facing the carriage towards the front, in seat 25,  
8 was there a young man wearing a baseball cap with a band  
9 on his wrist?

10 A. That's correct, yes.

11 Q. Do you recall the nature of the band on his wrist,  
12 Mr Taylor?

13 A. Yes, I do. It was a "Make Poverty History".

14 Q. He had a T-shirt on, did he not, and under the T-shirt,  
15 were you able to see that he had a significant injury  
16 causing his chest to become enlarged and puffed out?

17 A. I could see that his chest was distended right out.  
18 I could see the skin at the top of his neck was sort of  
19 a white and waxy sort of complexion, so it was really  
20 sort of puffed right out.

21 Q. In your experience as a paramedic, were there a number  
22 of causes that could conceivably have caused his chest  
23 to become so massively extended?

24 A. Yes, there are.

25 Q. He could have had massive internal bleeding, could he



1 not?

2 A. He could, yes.

3 Q. Or a punctured lung?

4 A. He could have had a pneumothorax, yes.

5 Q. Or possibly blast lung, which is a condition associated

6 with close proximity to explosive forces, causing blood

7 to be forced under compression into the small air spaces

8 in the lungs?

9 A. Yes.

10 Q. Those are the possibilities, were they not?

11 A. Yes.

12 Q. Were you able to see anything else of his injuries?

13 A. I could see that he had bilateral amputations of his

14 lower legs from the mid-shin, and they are the injuries

15 that I could see.

16 Q. When you first saw him, you weren't able to get right up

17 to him, were you, because of the bodies around him?

18 A. That's correct.

19 Q. So what did you do?

20 A. I was faced with this mound of bodies in front of me.

21 I was triaging the patients as I came across them, by

22 literally just pulling the patients towards me, checking

23 them, triaging them, and then moving on to the next one.

24 I then dealt with the few patients and triaged them

25 before I got to him.

1 Q. Was one of the patients whom you had to literally pull  
2 off him, pull towards you, in order to triage them,  
3 a lady, a white lady, with long, dark hair in  
4 a ponytail?

5 A. Yes, that's correct.

6 Q. When you triaged her and you assessed her, could you see  
7 what the most significant injuries were to her and what  
8 the greatest concern was with her?

9 A. I couldn't see any visible injuries to her body. She  
10 wasn't moving. She was breathing quite rapidly at the  
11 time and, based on that evidence at the time, I triaged  
12 her as priority 1.

13 Q. You say that she was breathing quite rapidly. So that  
14 we can understand the extent of your worry for her, and  
15 your concern, your statement records that she was  
16 actually having trouble breathing. Was that rapidity of  
17 breathing associated in your mind with a difficulty in  
18 breathing?

19 A. She was trying to talk. She wasn't able to get her  
20 words out because she appeared so breathless, almost  
21 like she was winded.

22 Q. Because of her difficulties with breathing, you assessed  
23 her at the most severe priority, priority 1?

24 A. Yes, I did.

25 Q. Was she moved out very quickly thereafter by the

1 firefighters with you --

2 A. Yes, she was.

3 Q. -- in order that she could get treatment?

4 A. Yes.

5 Q. Did you see her being moved out before you then attended

6 to the young man in the seat with the baseball cap to

7 whom I've already made reference?

8 A. Yes.

9 Q. So she was taken out very quickly?

10 A. She was taken out very quickly.

11 Q. She was no doubt taken out by the firefighters. Was she

12 taken out on a stretcher, an orthopaedic stretcher, do

13 you recall?

14 A. Yes, she was placed onto an orthopaedic stretcher and

15 then she was assisted by two of my colleagues and the

16 firefighters that were there in the carriage.

17 Q. When she was moved out on a stretcher, did it become

18 clear to you, because you could see a little more

19 clearly -- and, of course, it was incredibly dark in the

20 carriage as well extraordinarily difficult to get

21 around -- but could you see something more of her

22 injuries, in particular that she was bleeding?

23 A. I couldn't see her bleeding from anywhere. I had gone

24 through my initial triage sieve. I'd prioritised her

25 as 1. Once that triage had taken place, I then moved on

1 to the next patient.

2 Q. The reason that I ask that is that you kindly prepared  
3 a second statement many years later, not until, in fact,  
4 2009, and in that statement you refer to the lady with  
5 the ponytail, the lady you've been describing, and you  
6 describe how you assisted taking her off, she was in her  
7 late 40s, early 50s, wearing a long-sleeved top and  
8 trousers and was bleeding profusely from her lower right  
9 leg.

10 A. That was later on in the incident. Once I had triaged  
11 everybody on the train, she -- after I triaged all the  
12 patients on the train, I went to the platform and was  
13 leaving the incident. She was being resuscitated on the  
14 platform.

15 Q. Was that when you saw --

16 A. I could see that she had an injury to her lower leg.  
17 I believe it was her lower right leg. It looked like an  
18 open fracture. She was bleeding from a site on her leg,  
19 from the fracture site, but a bandage was placed during  
20 the resuscitation.

21 Q. This was all during the resuscitation at the concourse  
22 level?

23 A. Yes.

24 Q. Because, as you go on to describe, and we'll come to  
25 later, she went into cardiac arrest there and was

1 intubated and then given IV fluids and so on?

2 A. Yes.

3 Q. All right. So that lady, who we assess to be

4 Susan Levy, you didn't see the extent of the injuries to

5 her legs when you triaged her --

6 A. No.

7 Q. -- and when she was taken out of the carriage in the

8 orthopaedic stretcher?

9 A. No, I completed my triage sieve, and then, once she was

10 passed on to my colleagues, I then continued triaging.

11 Q. So when she was removed and when the other bodies around

12 the young male were moved, you were then able to get in

13 closer to him?

14 A. Yes.

15 Q. In what condition was he by the time you were able to

16 actually apply the triage process to him?

17 A. He was a Glasgow Coma Scale of 3.

18 Q. Could you tell us, please, something about the

19 significance of that?

20 A. Glasgow Coma Scale 3 basically means that the patient is

21 unconscious. Their eyes are closed. They're not making

22 any verbal effort and they're not showing any signs of

23 movement.

24 Q. When you say they're not making any signs of movement,

25 what about breathing?

1 A. I checked for his breathing. He was slumped back in the  
2 chair. I opened his airway. I listened to see if he  
3 was breathing. There was no breathing taking place.  
4 I checked to see if there was any obstructions in his  
5 mouth, there was no obstructions in his mouth, and  
6 again, working my way through the triage sieve, on that  
7 basis I triaged him as deceased.

8 Q. Did you, therefore, apply the label signifying that he  
9 was dead to him?

10 A. Not initially. I was troubled by another observation  
11 there.

12 Q. Namely?

13 A. I could see a faint pulse in his neck.

14 Q. In his neck or wrist?

15 A. In his neck.

16 Q. So despite the triage sieve mandating that you reach the  
17 conclusion that someone is dead if they have an open  
18 airway but are not breathing, did you, because of the  
19 very faint pulse in the neck, get a second opinion?

20 A. Yes, I did.

21 Q. Whom did you get the second opinion from?

22 A. I got the second opinion from my colleague  
23 Bill Kilminster, who came through --

24 Q. Was he a paramedic?

25 A. He's a team leader paramedic.

1 Q. Had he arrived in another ambulance -- I won't break the  
2 flow of narrative, but, for my Lady's note, he arrived  
3 at Russell Square at 9.30.25 in EC52, page LAS565-26.

4 So he had worked his way up from Russell Square, the  
5 other end of the train, and got into the first carriage?

6 A. Yes.

7 Q. Did you ask him for his view?

8 A. Yes, I asked him for his view, and he, too, checked the  
9 airway of the patient, checked to see whether he was  
10 breathing, and then checked for a pulse, carotid pulse,  
11 and at that time he discovered that there was no carotid  
12 pulse.

13 Q. So lest there be any doubt at all about the application  
14 of the triage sieve in this case -- and the gentleman  
15 was Philip Beer -- you went the extra mile in seeking  
16 and obtaining a second opinion as to whether or not he  
17 could be ascertained to be dead, said to be dead,  
18 because of your finding of a faint pulse. By the time  
19 Mr Kilminster checked him, there was no pulse at all?

20 A. That's correct.

21 Q. So there can be no question, can there, Mr Taylor, but  
22 that, tragically, he had passed away as well?

23 A. That's correct.

24 Q. We move now, please, to seat 26, the end of the bank of  
25 seats at the first part of that carriage. Was there

1 a male lying deceased in that seat, seat 26?

2 A. Yes, there was.

3 Q. Did you triage him too?

4 A. I did.

5 Q. I don't think you've been able to recall anything of the  
6 details of that gentleman, have you?

7 A. I just made the observation that he was severely burnt.

8 Q. After this amount of time, you would not, I think, be  
9 able to remember anything more of him?

10 A. No, I don't remember any descriptions of him other than  
11 that he was a middle-aged male.

12 Q. In front of him, lying with his head towards the  
13 standing area -- so lying on the floor diagonally across  
14 the passageway -- was there a much older gentleman,  
15 a male in his 70s, who was, by contrast, alive?

16 A. Yes.

17 Q. Did he have difficulties with his breathing?

18 A. I believe at that stage, yes, he did.

19 Q. What did you triage him as?

20 A. A priority 1.

21 Q. Do you recall whether or not, as a result of that  
22 priority 1 description, he was then taken out  
23 straightaway?

24 A. He was quickly taken out of the carriage, yes.

25 Q. Were there difficulties getting the stretcher in to him



1 and then getting the stretcher back out of the first  
2 carriage?

3 A. Sorry, can you just repeat that question?

4 Q. Yes, when you saw him being taken away, did you and your  
5 colleagues and your firefighting colleagues have real  
6 difficulties getting the stretcher out of the carriage  
7 through that open door?

8 You recollect in your statement particularly  
9 a difficulty trying to get his stretcher out.

10 A. It was just an observation that I made at that time.  
11 I triaged him as priority 1. He was loaded on to the  
12 stretcher. I realised there was a bit of difficulty  
13 moving him out of the carriage, but I then carried on  
14 triaging patients so I didn't help sort of move the  
15 stretcher out.

16 Q. By now, you were approaching the location of what you  
17 discovered was a bomb, the bombsite?

18 A. Yes, that's correct.

19 Q. In broad terms, Mr Taylor, had the severity of the bomb  
20 been such that there were piles of body parts scattered  
21 numerously throughout that part of the carriage and you  
22 had to move them away with your hands in order to be  
23 able to get to and identify individual humans?

24 A. Yes, that's correct.

25 Q. Such was the profusion of body parts, that there was

1 a mound of flesh reaching into the middle of the  
2 carriage?

3 A. Yes.

4 Q. Through that mound, you continued your job of triaging  
5 the persons that you found. Did you find therein  
6 a further person or, rather, the torso of a person with  
7 no identifiable face or limbs?

8 A. Yes, I did.

9 Q. Was that person, or the remains of that person, very  
10 close to the crater indeed?

11 A. Yes, it was.

12 Q. As a result, did you, yourself, think, even at that  
13 time, that they must obviously have been at the centre  
14 of the blast?

15 A. Yes, the extent of the damage to the torso of the  
16 deceased led me to believe that they were at the centre  
17 of the blast with the crater around them.

18 Q. Were you able, even in those conditions, to see  
19 something of the skin colour of that person?

20 A. Yes, I was.

21 Q. What was it?

22 A. It was a light brown.

23 Q. At this time, shortly after discovering the remains of  
24 this person, did you come across two medics, two other  
25 medics, from Islington: Tracey Brooke, or

1 Tracey Russell, and Liam Whittaker, who had come again  
2 from the Russell Square end of the train?

3 A. Yes, I did. I met them as they came through from  
4 Russell Square.

5 Q. While you had been involved in this process, what had  
6 Stacey Rixon, the paramedic who went on to the train  
7 with you, been doing? Had she been triaging other  
8 casualties in the same area as you?

9 A. She had been continuing the role of Silver medic until  
10 being relieved, and then she had come back on to the  
11 train and started assisting.

12 Q. Was she herself actually triaging, applying tags, or was  
13 she helping you to do it?

14 A. I didn't see her triage. I was triaging on my own in  
15 the bombed carriage.

16 Q. I ask because, in your statement, you say, "We assessed  
17 other persons as being dead", and I wanted to know who  
18 had helped you in this task. Who was the "we"?

19 A. Bill Kilminster.

20 Q. So it was Mr Kilminster who'd helped you with the  
21 triaging of Philip Beer, then remained with you --

22 A. Yes.

23 Q. -- and you carried on triaging together?

24 A. That's correct.

25 Q. You'd been in the carriage for some considerable time by

1 now, had you not? No doubt, because of the soot and the  
2 terrible conditions, you just had to get out and have  
3 a breath of air. On the way out, did you speak to  
4 a HEMS doctor to whom you relayed something of what you  
5 had seen?

6 A. Yes, I did.

7 Q. Was he with another paramedic, a HEMS paramedic, called  
8 Mr Nation, Phil Nation?

9 A. Yes, he was.

10 Q. Where did you see them both?

11 A. They had come walking through the train towards me and  
12 then I'd liaised with them and discussed the incident,  
13 discussed the extent of the incident, discussed the  
14 number of casualties.

15 Q. You managed to get some air, or what remained of the  
16 air, in the tunnel outside the train, and then you went  
17 back into the first carriage, didn't you?

18 A. Yes, I got a drink of water at that time, tried to sort  
19 of clear my nose from the soot, and then went back in.

20 Q. You went back to the first carriage, and did you carry  
21 on checking through the mound of bodies to see whether  
22 or not there were other casualties still alive?

23 A. Yes, I did.

24 Q. You managed to get past the metal debris and the human  
25 remains in the middle of the carriage to the other side

1 and you came across a police officer coming in from the  
2 other end of the train, didn't you?  
3 A. Yes, I believe so.  
4 Q. I think you injured yourself because, as you went  
5 through the carriage, a bone sticking out punctured your  
6 hand. Is that right?  
7 A. That's correct.  
8 Q. There then came a point when you realised that there  
9 were no more living casualties whom you could triage in  
10 the carriage?  
11 A. Yes, that's correct.  
12 Q. So you returned to Bill Kilminster and Stacey Rixon, who  
13 were dealing with a lady with a pneumothorax. Is that  
14 right?  
15 A. Yes.  
16 Q. Where was that?  
17 A. That was in carriage 2. I saw them treating this lady,  
18 and then I assisted for a while with the treatment.  
19 Q. What is a pneumothorax?  
20 A. It's where the lung collapses and there's air which  
21 escapes into the pleural cavities, which pushes away the  
22 pleural membranes and causes the lung to collapse.  
23 Q. Are you sure that she was in carriage 2 and not in  
24 carriage 1, the main bomb carriage?  
25 A. It was --

1 Q. We know that she was taken out of the end of the train  
2 and placed on the tracks at the front of the train, and  
3 so it would seem a little odd that she was taken to  
4 carriage 2 and then taken to the front, and she may,  
5 therefore, only have gone from carriage 1 to the front  
6 of the train.

7 A. I saw the treatment taking place in carriage 2. I saw  
8 the needle chest decompression taking place in  
9 carriage 2.

10 Q. Where a person suffers from a pneumothorax, what, in  
11 general terms, is the best immediate treatment for such  
12 a condition?

13 A. It is to insert a cannula into the chest, midclavicular.  
14 In the second intercostal space at the top of the third  
15 rib, you insert a cannula into there, you then release  
16 the air, you release the air and then it inflates the  
17 lung again.

18 Q. A cannula is, as we've heard from other evidence before  
19 my Lady, in fact, the plastic container in which  
20 a needle may be found when trying to intubate.

21 Is it, in fact, the insertion of a needle to try to  
22 allow air to escape?

23 A. Yes, that's correct.

24 Q. When you say the intercostal space, is that the space  
25 between a rib?

1 A. Yes, it is.

2 Q. Between two ribs?

3 A. Yes.

4 Q. So were your colleagues, with your assistance,  
5 attempting to insert a needle into her chest to allow  
6 the air, which was expanding inside her chest, to  
7 escape?

8 A. Yes.

9 Q. Was this attempted on a number of occasions, do you  
10 recall?

11 A. I saw one attempt taking place.

12 Q. In that second carriage?

13 A. In that second carriage.

14 Q. Was it successful?

15 A. I don't know. I wasn't performing that treatment at  
16 that time. I couldn't tell that you information.

17 Q. How long were you with that lady, who we know to be  
18 Shelley Mather, for, do you recollect?

19 A. For roughly about five minutes.

20 Q. Was that while they were attempting to insert the first  
21 needing, the first cannula, at the first attempt to try  
22 to depressurise her chest?

23 A. Yes, that was assisting them with their equipment,  
24 fetching them equipment, what they needed, and then,  
25 once I'd given them the equipment, I then sort of moved

1 on.

2 Q. In what condition was she, in terms of consciousness or  
3 ability to call out about her chest?

4 A. I would say on the observations that I made on the day,  
5 she was agitated, Glasgow Coma Scale of 14, where she  
6 was quite agitated with what she was saying, she was  
7 shouting out and she appeared to really be struggling  
8 with her breathing, taking shallow breaths.

9 Q. The colleagues that she was with of yours were  
10 Bill Kilminster and Stacey Rixon. Did it seem to you  
11 that, having assisted them with the setting up of their  
12 equipment, they were properly in a position to help her,  
13 they didn't need your help?

14 A. Once I'd liaised with them, once I'd made sure they had  
15 the equipment, and assisted them to move her a slight  
16 way, then I realised they didn't need my assistance  
17 anymore, so then I moved on to other treatments.

18 Q. You refer in your statement to seeing a resuscitation  
19 attempt going on being conducted by Phil Nation, the  
20 paramedic with HEMS, and the HEMS doctor he was with --  
21 perhaps Dr Mulcahy -- on a lady whom you had originally  
22 seen between seats 13 and 14 in the carriage.

23 A. Yes, that's correct.

24 Q. Do you recall -- and you referred earlier to this  
25 incident -- any more of the attempts to resuscitate her



1 beyond which that which you've already described?

2 A. When I got to the concourse, the resuscitation was  
3 taking place at that time. I then was asked to assist  
4 with setting up a fluids for the patient and then I was  
5 assisting with compressions. My memories of that  
6 resuscitation attempt are quite vague.

7 Q. Can I assist you by reading out, if I may, part of your  
8 statement? You say that you helped by conducting chest  
9 compressions and setting up a fluid bag.

10 So, for the purposes of resuscitation, it comprises,  
11 of course, compression of the chest as well as the  
12 provision of air to the airways, and you also were  
13 setting up a fluid bag in order to assist with  
14 analgesics, pain relief and anaesthetic. Is that right?

15 A. Yes.

16 Q. Your statement records how you were able successfully to  
17 get her heart beating again, from which may we deduce  
18 that her heart had stopped beating, but due to the CPR,  
19 you were able to get her heart going again?

20 A. Yes, that's correct.

21 Q. Your statement appears to indicate that you managed to  
22 succeed in getting her heart going before you carried  
23 her up the escalator. So was the resuscitation  
24 initially taking place at the bottom of the station?

25 A. Yes, the resuscitation attempt was taking place on the

1 platform and, once her heart was beating again and once  
2 she had an output, a subsequent output, we then -- this  
3 made the decision -- well, the decision was made by the  
4 HEMS doctor to move the patient up to the concourse at  
5 King's Cross.

6 Q. Had you brought her out from the train on the stretcher  
7 or accompanied her alongside as she was brought out to  
8 the train, or did you first come across her, having seen  
9 her earlier in the carriage on the platform when you  
10 exited the tunnel yourself?

11 A. I found her when I left the train, I walked out to the  
12 platform, I climbed up on the platform. The  
13 resuscitation attempt was taking place there and that's  
14 when I started to assist with the resuscitation.

15 Q. You all carried her up the escalator. The escalator was  
16 moving.

17 A. Yes -- sorry, I can't remember that, but I remember  
18 carrying her up --

19 Q. Carrying her up on the stretcher. Then, as you reached  
20 ground level, did she arrest again, did her heart stop  
21 again?

22 A. I believe it did, yes.

23 Q. Did you take part in the subsequent attempts to try to  
24 re-resuscitate her?

25 A. No.

1 Q. When you arrived at surface level with her, with  
2 Susan Levy, did you then go somewhere else?

3 A. Yes, I did. I was asked by an officer on scene to take  
4 my vehicle and then to drive around to Russell Square,  
5 as there had been reports of another incident at  
6 Russell Square.

7 Q. Were you required, once you had been there, in fact?

8 A. No, I wasn't.

9 Q. Did you go, thereafter, back to your headquarters at  
10 Waterloo?

11 A. Yes, I was -- I was asked to go back to Waterloo from  
12 that incident.

13 Q. I think you received some attention for the puncture  
14 wound in your hand from the bone that had pierced your  
15 hand, and injections, and then you tended to your  
16 medical equipment and attempted to clean it up and make  
17 yourself ready for further duties?

18 A. I left work after that.

19 MR KEITH: Mr Taylor, those are all the questions that  
20 I have for you, but there may be some more from my  
21 colleagues. Thank you very much indeed.

22 LADY JUSTICE HALLETT: Mr Coltart?

23 Questions by MR COLTART

24 MR COLTART: Good morning, Mr Taylor.

25 A. Good morning.

1 Q. I represent a number of the bereaved families in  
2 relation to King's Cross. Can I put your mind at rest  
3 immediately before I ask you any questions, if I may?  
4 Whatever concerns that the families may have in  
5 relation to the procedures and protocols in place at the  
6 London Ambulance Service at the time, there is no  
7 criticism whatsoever of either you or any of your  
8 paramedic colleagues who attended on that day.  
9 Indeed, on the contrary, I know that they would like  
10 me to thank you for the very considerable courage and  
11 skill which you demonstrated on that day.  
12 I've got a few areas which I must explore with you  
13 but I'll do it as shortly as I can. All right?  
14 Once you had arrived at about 9.15 and carried out  
15 your original assessment, as we know you made  
16 a telephone call back to either your particular  
17 controller or the Central Ambulance Control with  
18 a so-called CHALET report indicating there are 100 or  
19 possibly 200 casualties.  
20 How many ambulances, in your mind's eye, at that  
21 stage, did you expect to be mobilised and sent to  
22 King's Cross?  
23 A. In my report, I asked to send as many ambulances as  
24 possible.  
25 Q. It's an area -- it's a part of London, in fact, which is

1 quite well-served by ambulance stations, isn't it?

2 There's one at Islington, there's another one at  
3 Bloomsbury, and there's another one at Camden, which is  
4 where you were based.

5 A. Yes, that's correct.

6 Q. As we understand it, you were dispatched at 9.09 and  
7 arrived at 9.14. So it was only -- with blues and twos  
8 on, it was only about a five-minute journey, perhaps,  
9 from Camden High Street, where you had been, to  
10 King's Cross?

11 A. Yes.

12 Q. So was it your hope and expectation at the time that you  
13 put in that call, the CHALET report, that within a few  
14 minutes, perhaps, there would be a significant London  
15 Ambulance Service presence at King's Cross ready to  
16 assist you?

17 A. Yes. I am aware that, once you declare a major  
18 incident, there's a set number of resources which would  
19 be sent to you at the incident, and that will be  
20 officers sent to control the incident and in the region  
21 of about ten ambulances plus.

22 Q. It's important, of course, to put matters properly into  
23 their context. You weren't aware, at that stage, of the  
24 other serious incidents occurring around London at that  
25 time, but if there had been spare ambulance crews within

1 the immediate vicinity, you would have hoped, no doubt,  
2 that they would have been dispatched to King's Cross to  
3 assist you with the evacuation process?

4 A. I would -- yes, I would hope so.

5 Q. Did you ever discuss, after the event, with your  
6 colleagues from Camden, why it was that they hadn't been  
7 dispatched to King's Cross following on from your  
8 initial telephone call you?

9 A. Resources are sent from anywhere within London. It's  
10 usually the nearest resource to the incident that's sent  
11 to the incident. So it wouldn't be routinely resources  
12 from Camden ambulance station that would be sent there.  
13 So I believe the nearest resources to the incident were  
14 dispatched to it.

15 I did discuss with my colleagues -- some of my  
16 colleagues. They said that they were on the way to the  
17 incident at King's Cross when they came across the  
18 incident in Tavistock Square, and they came across that  
19 as a running call incident, which basically means that  
20 they weren't expecting that incident, they came across  
21 it, and then they were left dealing with that incident.

22 Q. Of course, we know from the timings that's some while  
23 later, isn't it? That's at about 9.50 that the bomb  
24 goes off in Tavistock Square.

25 But did you ever have any discussions -- do you know

1 Rachel Harris at Camden ambulance station?

2 A. Yes, I do, yes.

3 Q. Did you ever have any discussions with her about her  
4 experiences that morning? Do you recall ever having any  
5 discussions with her about it?

6 A. I don't recall having a discussion with her, no.

7 Q. All right, we'll leave that. We can deal with that  
8 through a different witness in due course.

9 Let's move forward in time to when you were in the  
10 ticket hall area undertaking the initial triage  
11 assessment with Stacey Rixon before you've gone  
12 downstairs.

13 My Lady has touched on this point already this  
14 morning about: a triage process can only serve some  
15 useful purpose, presumably, if there are paramedics  
16 following on behind to undertake either treatment or  
17 evacuation. Is that right?

18 A. That's correct.

19 Q. As you were undertaking that initial triage assessment,  
20 it must have been obvious to you that this wasn't the  
21 source of the incident and that the problem was  
22 downstairs?

23 A. That's correct.

24 Q. So did you have it in your mind's eye, at that stage,  
25 that you would be triaging patients in that area with

1 a view, yourself, then to moving on downstairs to  
2 continue the process with a wave of paramedics following  
3 on behind you, to continue with the process?

4 A. Yes, I -- I'm aware that, once you've declared a major  
5 incident, that further resources will be coming down.  
6 I know that Stacey Rixon had relayed the information  
7 back upstairs, so the Control Centre had received the  
8 information that we needed more resources.

9 So I was well aware that other resources were on the  
10 way and I was quite comforted to the fact that I could  
11 see more resources pulling up at King's Cross as I then  
12 descended down to the train.

13 Q. But this is the thing in a way, isn't it, because before  
14 you did, in fact, descend down to the train, you came  
15 back up to surface level, which is where you met with  
16 Mr McRae and Mr Tompkins.

17 A. Yes.

18 Q. Is it that you made that reverse journey in a way --  
19 rather than going on down to the train to triage  
20 patients down there, you went back up to the surface --  
21 was it because you were concerned that the wave of  
22 paramedics which you had anticipated simply hadn't  
23 materialised?

24 A. It was just I wanted the up-to-date information to be  
25 getting to Control, to know the extent of the injuries,



1 to know the extent of the incident. I wanted to make  
2 sure that as many resources as possible were coming to  
3 the incident.

4 I knew that, once I had declared a major incident,  
5 resources were on the way, but the size of major  
6 incidents vary. I wanted resources to know -- I wanted  
7 the Control Centre to know that it was a massive  
8 incident which required as many resources as possible.

9 Q. Just from timings, we know that Mr McRae and  
10 Mr Tompkins, they arrived at King's Cross at 9.38 in  
11 their ambulance. So it was some time after that that  
12 you saw them back up at the surface. But are we right  
13 in understanding -- and please correct us if we're  
14 wrong -- that at this stage, at 9.45, there were still  
15 only a handful of London Ambulance Service staff in  
16 attendance at King's Cross?

17 A. There was more resources pulling up all the time.  
18 I couldn't tell you how many resources there were on the  
19 concourse. I could see more resources turn up, which  
20 was a comfort.

21 Our main priority at that time, there was a lot of  
22 walking injured, a lot of walking wounded, excess of  
23 100. We had to contain them in a casualty clearing  
24 area, which was the ticket office upstairs, so it did  
25 initially take a few minutes to get all them priority 3

1 patients into one area so then they could start being  
2 assessed.

3 LADY JUSTICE HALLETT: You went up to street level to tell  
4 Control the extent of the incident because you couldn't  
5 get through down where you were?

6 A. That's correct. My mobile phone wasn't working.  
7 I didn't have a radio. So I had to relay that  
8 information verbally.

9 LADY JUSTICE HALLETT: Would somebody doing your job now --  
10 the same job you were doing then -- have a radio?

11 A. If the incident was to happen now, yes, they would, they  
12 would have a radio.

13 MR COLTART: You talked about more ambulances arriving  
14 outside the station at this time, which must have been  
15 some time around about 9.45. You said that there might  
16 have been more staff on the concourse. But you were, as  
17 far as we understand it, the first paramedic on to the  
18 train.

19 A. Yes, I was, I was the first paramedic on to the train.

20 Q. Just again, whether it's a matter of minutes or not may  
21 not make a great deal of difference, but so we can be as  
22 accurate as possible in relation to the timings, you  
23 meet with Mr McRae and Mr Tompkins, down you go, the  
24 three of you, to the train, you meet with the  
25 London Underground member of staff on the platform.

1 Now, he makes a phone call to confirm for you that  
2 the power is off. Can you recall where he made that  
3 phone call from, in the sense that, was it a phone that  
4 was on the platform, or did he have to disappear off, in  
5 order to make that call?

6 A. It was a radio that he had. It was a mobile radio that  
7 he had, sorry.

8 Q. So he had a handheld radio that he could use to convey  
9 information upstairs.

10 So doing the best we can, do we anticipate that your  
11 arrival on to the train itself was some time perhaps  
12 shortly before 10.00. Does that sound like a realistic  
13 estimate, by the time you've met with Mr McRae and  
14 Mr Tompkins upstairs, down to the platform, along the  
15 track and on to the train?

16 A. I couldn't tell you the exact time. All I know is that,  
17 once we'd met up on the concourse and we'd discussed the  
18 incident, we were going straight down to the train with  
19 the triage packs to start the triage --

20 LADY JUSTICE HALLETT: If anybody had told you, any  
21 London Underground, police officer, or anybody else had  
22 told you the extent of the problem on the train, do you  
23 think you would have gone down earlier, or do you think  
24 your timing would still have been much the same, given  
25 what you had to do? Do you think it would have made

1 a difference to your timing?

2 A. If I had been told it was a bomb at that time,  
3 I wouldn't have gone on to the train myself. I would  
4 have called a specialist retrieval team in from the  
5 Ambulance Service.

6 LADY JUSTICE HALLETT: Forget about whether you'd been told  
7 it was a bomb. If you had been told the extent of the  
8 severe injuries, people trapped, that kind of  
9 information, do you think it would have made any  
10 difference to your timing?

11 A. With the events that happened on that day, probably not.

12 LADY JUSTICE HALLETT: Because you had to do what you had to  
13 do upstairs before you could go down?

14 A. Yes. I had to make sure all the priority 3s were in  
15 a certain area, I had to take the actions that I did on  
16 the day. So realistically, that information wouldn't  
17 have made a difference at that time.

18 LADY JUSTICE HALLETT: Presumably, you've got to make sure  
19 that the walking wounded aren't going to interfere with  
20 getting out the priority 1s and 2s when they come out?

21 A. Yes.

22 LADY JUSTICE HALLETT: So that's part of the -- not only for  
23 their sake, but for clearing access, I assume?

24 A. Yes, for their own safety. A lot of the victims were  
25 very confused, were very distressed. It was getting

1 them to an area where they could be comforted and be  
2 triaged.

3 LADY JUSTICE HALLETT: Sorry, Mr Coltart.

4 MR COLTART: Not at all, thank you.

5 As we've heard, you're on to the train with Mr McRae  
6 and Mr Tompkins.

7 A. Yes.

8 Q. You carry out between you a triage process in relation  
9 to the people who are the other side of the track.

10 There's a deceased male and the two priority 1 patients.

11 A. Yes.

12 Q. Then you make your way forward up the train until you  
13 reach the bombed carriage. So again, trying to get  
14 a bearing on the times, can we take it this is some time  
15 around about 10.00 by the time you've reached the  
16 affected carriage?

17 A. Again, I couldn't tell you the exact time.

18 Q. Is it within a few minutes of having first arrived on to  
19 the train?

20 A. Yes, it is.

21 Q. I represent the interests of Susan Levy, who was the  
22 woman who was around about the area of seats 13 and 14,  
23 the lady with the ponytail, and I do need to ask you  
24 some questions in relation to her.

25 Before we do that, can I just ask you briefly, you

1 describe in your witness statement and you've told  
2 Mr Keith this morning about the two patients whom you  
3 saw before Mrs Levy, which was the man in seat 21 --  
4 thank you -- the man in seat number 21, and a female  
5 casualty in seat number 16.

6 There's the plan. Do you recall the casualty in  
7 seat 21 as the man with the lady who was draped over him  
8 and 16 is the young lady? Are you able to estimate at  
9 all how long it was you were with those patients before  
10 you were you able to deal with Mrs Levy?

11 A. A matter of minutes. Once that triage had taken place,  
12 I then moved on to the next patient, so it was a matter  
13 of minutes.

14 Q. Mrs Levy, we know from your statement, was around the  
15 area of seats 13 and 14. Was she lying on the floor,  
16 can you recall?

17 A. I can recall that she was lying, at that time, on top of  
18 the mound of bodies in the carriage.

19 Q. Right. Obvious to you very quickly that she is  
20 a priority 1, she is in urgent need of assistance,  
21 that's your triage decision, and you make arrangements  
22 very swiftly for her to be placed on to a stretcher and  
23 removed from the carriage.

24 A. Yes, once I'd done the triage, once I'd performed the  
25 triage, that process was taking place behind me by some

1 of my colleagues which were in the carriage, and then  
2 she was being loaded on to the orthopaedic stretcher and  
3 then I continued triaging.

4 Q. Can I ask you, it might sound like an odd question, but  
5 is an orthopaedic stretcher the same as a scoop  
6 stretcher?

7 A. Yes, it is, yes.

8 Q. Do you know who it was of your colleagues who were  
9 involved in moving her on the stretcher out of the  
10 carriage?

11 A. I can't remember, sorry.

12 Q. From other evidence which we'll hear, it seems likely  
13 that Drew McRae and Stacey Rixon were at the head of  
14 carriage 1, the interconnecting door, carriage 1 and  
15 carriage 2, at the time that you arrived. Might it have  
16 been then? Do you have any recollection?

17 A. If it was them, I would have recognised them. It was --  
18 I believe it was -- I mean, my priority at that point  
19 was just to keep on triaging.

20 Q. Yes.

21 A. So I weren't making a lot of observations of what was  
22 going on behind me.

23 Q. Yes.

24 A. I was -- my main focus was to keep on trying to save  
25 life.

1 Q. After you've dealt with Mrs Levy, you've moved on to the  
2 next casualty, the triage process continues. Did you  
3 assume that, her having left on a stretcher, she would  
4 then be treated further by someone, be it a HEMS doctor,  
5 be it another paramedic, be it someone, on the next  
6 carriage or, alternatively, she would be evacuated  
7 completely from the train and taken up to the surface?

8 A. I would expect subsequent resources to come down to the  
9 train and start treatment. That's what I'd expect, but,  
10 as I say, I just continued triaging and I didn't  
11 really ...

12 Q. In relation to that, as we understand it, you carry on  
13 in carriage number 1 with the other casualties you've  
14 described to Mr Keith, the chap with the pulse in the  
15 neck, Mr Beer, and others, two or three others, that you  
16 treated, before, quite understandably, you needed  
17 a break, you needed a breath of fresh air and to have  
18 a glug of water.

19 Are you able to put any timeframe at all on that  
20 period between her leaving, Mrs Levy, on a stretcher,  
21 and you taking your break?

22 A. No. To be honest, I lost all concept of time.

23 Q. When you left carriage 1 to take this short break, you  
24 describe meeting a HEMS doctor, who I think you said had  
25 a South African or Australian accent. Is that right?



1 A. Yes, that's correct.

2 Q. Who we suspect is Dr Mulcahy, who we'll hear from in due  
3 course. You also say he was with Phil Nation.

4 Might it, in fact, have been the case that he was  
5 with Drew McRae? Does that ring any bells at this  
6 point?

7 A. No, I remember seeing Phil Nation at that time.

8 Q. We know that Phil Nation was involved later in the  
9 resuscitation attempts on the platform with Mrs Levy.

10 A. Yes.

11 Q. It might not matter terribly, but is there any  
12 possibility that you --

13 A. No, I definitely seen Phil Nation on the train,  
14 I definitely liaised with him at that point with the  
15 doctor.

16 Q. Do you recall seeing Mrs Levy -- where were you when you  
17 had this meeting with the HEMS doctor and Phil Nation?  
18 Were you in carriage number 2 or were you off the train?

19 A. It was in carriage number 2. It was just outside the  
20 doors of carriage 1. I had a glug of water, I got some  
21 fresh air, and then I discussed with them what had  
22 happened, and I informed them, at that point, of the  
23 patients at the front of the train.

24 Q. Yes.

25 A. And at that point, I believe they went to assess them

1 patients and then I went back into the bombed carriage  
2 to continue with the triage.

3 Q. The only reason I ask what might sound like a series of  
4 rather pernickety questions is that I anticipate that  
5 what Dr Mulcahy will say is that he arrived into  
6 carriage number 2, having made his way up through the  
7 train, and that he encountered Mrs Levy lying on a scoop  
8 stretcher in carriage number 2, unattended at that point  
9 in time, and that he assessed her as being in need of  
10 immediate treatment. He gave her some, I think, limited  
11 treatment at that point and then arranged for her to be  
12 evacuated immediately back through the train and onto  
13 the platform where the resuscitation attempt that you  
14 later witnessed took place.

15 Do you have any recollection of seeing that same  
16 lady again, when you came through to carriage 2 to have  
17 your break, before you went back in to continue with  
18 your work?

19 A. No. I can remember that she certainly wasn't in  
20 carriage 2 at that time.

21 Q. She wasn't in carriage 2 at that time?

22 A. At that time, when I was having a drink and when I was  
23 getting some fresh air, she definitely was not in  
24 carriage 2.

25 Q. Finally this, if I may, please, Mr Taylor. I think, at

1 the end of that day, you and all the other ambulance  
2 staff were sent to Millwall for a debrief. Did you go  
3 to that debrief?

4 A. Yes, I did.

5 Q. I only ask you this about it, I think that the meeting,  
6 the crew meeting, was addressed, wasn't it, by  
7 Peter Bradley, who was the chief ambulance officer at  
8 the time, do you remember that?

9 A. Yes, that's correct.

10 Q. Do you recall who chaired that meeting, which members of  
11 the management, as it were, chaired that meeting, or how  
12 was it structured?

13 A. I believe it was Peter Bradley who chaired the meeting  
14 himself.

15 Q. Right.

16 A. And he discussed the incidents that had taken place,  
17 gave us as much information that he had, and then we had  
18 a formal debrief about the incident.

19 Q. When you said you had formal debriefs about the  
20 incidents, was that some time later?

21 A. That was -- as I say, I don't have a concept of time,  
22 but it was in that afternoon of that day.

23 Q. Was that done on a sort of crew-by-crew basis, or was it  
24 done on a site-by-site basis, or were you all in a big  
25 room together?

1 A. We was all in a conference room together.

2 Q. Right. That was an opportunity to -- for an exchange of  
3 views as to how things had gone and how people were  
4 and --

5 A. Yes, it was really to find out what had happened, to  
6 discuss the multiple incident sites, to find out --  
7 because we were all very confused as to what had  
8 happened. We kept on hearing of incidents all over  
9 London. There was different rumours that were coming  
10 through about multiple incidents. So it was more really  
11 to explain to us what had happened, what we'd witnessed,  
12 and to explain the processes what would take place  
13 afterwards.

14 Q. That was all dealt with by Peter Bradley, was it?

15 A. Yes, it was.

16 MR COLTART: Thank you very much indeed.

17 LADY JUSTICE HALLETT: Mr Coltart, I don't know whether you  
18 just want to check whether you have any other  
19 instructions? Fine.

20 MR COLTART: Thank you.

21 LADY JUSTICE HALLETT: Mr Saunders?

22 Questions by MR SAUNDERS

23 MR SAUNDERS: Mr Taylor, as you make your way downstairs,  
24 you come across, I think you've told us, Mr Bell, who's  
25 Bronze triage.

1 A. I met him on the platform, on the concourse.

2 Q. Right.

3 A. And from there, he went into the ticket office, as we  
4 discussed us having the ticket office -- I believe it  
5 was a National Rail ticket office -- as the casualty  
6 clearing point and, as all the members of the public  
7 that had been injured were coming out of the entrance to  
8 the Tube station, he then started ushering them all into  
9 the ticket office.

10 Q. So you, Mr Bell and Stacey Rixon together at that point?

11 A. Yes, that's correct.

12 Q. You spend, I think, little time there, although you  
13 triaged two particular casualties?

14 A. We liaised up on the concourse, it was just a quick  
15 conversation about what we were going to do, what roles  
16 we were going to take. Once them roles had been  
17 allocated, we got on with them roles, and that's --  
18 after that, we went down lower into the concourse and  
19 that's when we started formally triaging the patients.  
20 There was just so many walking wounded that it would  
21 have taken unnecessary delays to formally prioritise  
22 them all as a priority 3, so ...

23 Q. So, as it were, there were a large number who were  
24 walking wounded casualties, and it was the most  
25 expedient thing to do to say, "Right, they are obviously

1 priority 3s, let's make sure" -- as her Ladyship has  
2 already asked you -- "Let's put them in the position or  
3 have them in a position where it's not going to cause  
4 difficulties later with others who could be more  
5 seriously affected"?

6 A. Yes, that's correct. It's to get them to the point  
7 where they can receive treatment, can be assessed, can  
8 be comforted at that point.

9 Q. The allocation of roles, as you've mentioned, you've  
10 told us Mr Bell is Bronze triage.

11 A. Yes, that's correct.

12 Q. Stacey Rixon is Silver medic?

13 A. Yes, that's correct.

14 Q. Does Stacey Rixon remain Silver medic?

15 A. In the initial stages, I believe she does.

16 Q. Do you have any actual title or designation?

17 A. Bronze triage.

18 Q. You're also Bronze triage?

19 A. Yes.

20 Q. You then go on towards the Tube and you've described to  
21 us how you get in.

22 I represent the family of Lee Harris. As

23 I understand it, you and Stacey Rixon become separated.

24 A. Yes, I do. We become separated at that point. She

25 relays the information back up to the concourse, to the

1 Silver Control, and then I continue Bronze triage.

2 Q. But you have now met up with David Tompkins?

3 A. Yes, that's correct.

4 Q. You become aware of four people, as I understand it,  
5 because of Lee Harris calling out?

6 A. We were notified by the Underground staff that were on  
7 the train. They notified us that there were patients  
8 along the side of the train. So we were aware, as soon  
9 as we got on the train, that there was patients along  
10 the side.

11 Q. That's very helpful.

12 Can I just ask this: is it possible, rather than  
13 Underground, it could have been a police officer,  
14 a British Transport Police officer called PC Johnson, he  
15 was then?

16 A. I remember talking to a police officer, I believe --  
17 I don't think he was in a uniform. I remember  
18 talking -- discussing the incident briefly with the  
19 police officer. But the information that I got about  
20 the patients at the side of the train was definitely  
21 from a member of the Underground.

22 Q. Right. So that's how you get the information. You  
23 then, as it were, board and come off the train on the  
24 walled tunnel side --

25 A. Yes, that's correct.

1 Q. -- and you've described the people that you've seen?

2 A. Yes.

3 Q. Can I just ask you a few -- and please, I don't want to  
4 distress you, or the families, but you've described that  
5 Lee Harris you thought, was trapped at the waist?

6 A. Yes, that's correct.

7 Q. May I simply suggest that he was trapped by the legs,  
8 because that's what the families have always understood.

9 A. He was trapped around by his waist. It was definitely  
10 around by his waist, and that's what I saw. He was  
11 trapped around the waist.

12 Q. You are there with Mr Tompkins. Why do both of you go  
13 to that scene and not one of you carrying on through the  
14 carriage?

15 A. It was -- it was a difficult scene to get into. We had  
16 to climb down the side of the train, we had to assist  
17 each other.

18 Q. Because, of course, there is the long drop from the  
19 normal walkway, we all can imagine, down to trackside?

20 A. Yes.

21 Q. There's nobody else already down there?

22 A. No one else down there.

23 Q. You have obviously been able to speak with Lee Harris.

24 A. I wasn't able to speak to him. He was trapped  
25 underneath the train. I could hear him shouting out



1 and, when I had seen the extent of his injuries,  
2 I triaged him with Dave Tompkins as a priority 1 and  
3 then we moved on.

4 Q. Did you, in fact, ascertain his name?

5 A. I didn't ascertain his name at that time.

6 Q. With Samantha Badham, she's right next to him, within  
7 a foot or so?

8 A. Yes, within a ...

9 Q. She is speaking, but I think in your statement you are  
10 saying that she was saying she couldn't understand.

11 A. She couldn't understand and she couldn't hear what I was  
12 saying to her at that time. I was trying to give her  
13 a few words of comfort and she couldn't hear me.

14 I presume that was because her hearing had been damaged  
15 by the bomb.

16 Q. You've told us of all the equipment you took down with  
17 you. In your bag, would you have had any drugs?

18 A. Yes, I had a standard-issued paramedic drug pack. I had  
19 a technician drug pack.

20 Q. What would that have contained?

21 A. It would have contained resuscitation drugs, adrenaline,  
22 atropine. It would have contained all the paramedic  
23 drugs we are issued with, Narcan, symptometrin,  
24 tramadol.

25 Q. We're going to hear about tramadol later, as far as

1 Samantha Badham is concerned. But also ketamine?  
2 A. Ketamine wouldn't have been in the paramedic drug packs.  
3 Q. Very briefly, can you explain to us why?  
4 A. That's a drug which is used by the HEMS paramedics.  
5 It's not licensed to be used by paramedics in London.  
6 Q. Although tramadol would have offered some pain relief,  
7 your function, as it were, was to be assessing and  
8 prioritising those that needed help?  
9 A. Yes, that's correct.  
10 Q. So you simply didn't have time to administer to either  
11 any drugs?  
12 A. No.  
13 Q. Can I say, Mr Taylor, and endorse what Mr Coltart has  
14 already said, because Mrs Harris is in court and she  
15 very much wants me to express to you that they  
16 understand what the protocol was and they understand the  
17 need for it and why you couldn't stay or remain any  
18 longer with her son and his partner.  
19 Can I just move on, then? You've obviously had to  
20 get back on to the train and move further down. We know  
21 that one of the next people who come to deal with Lee  
22 and Samantha is Phil Nation from the HEMS. How would  
23 you have known, or how would they have known, that there  
24 was somebody in that position?  
25 A. There was members of the Underground staff which were

1 remaining with them patients to let them know, let  
2 subsequent resources know where patients were.

3 Q. You knew that, so when you're getting on, you're aware  
4 that there is going to be somebody to direct and say  
5 "There are casualties who need treatment"?

6 A. Yes, I was well aware of that.

7 Q. Again, you may or may not know this, but we've heard --  
8 her Ladyship has heard evidence from the Officer Johnson  
9 I've mentioned, who clearly is there and at various  
10 times goes off for more medical assistance. So we know  
11 at least him, but you, yourself, were aware, other  
12 Underground staff would have been able to guide those  
13 following to these casualties? That's very helpful,  
14 thank you.

15 Can I then just come on to deal with the scene in  
16 carriage 1. You have mentioned a large African lady.

17 A. Yes, that's correct.

18 Q. I also represent the family of Dr Ikeagwu and we know  
19 that his wife, Ojara, was murdered that day in that  
20 first carriage.

21 Can I just tell you a few things? First of all, she  
22 was a lady who was 56 years of age, I think you thought  
23 in her 40s was this lady.

24 A. Yes, I believe, her -- yes, that's an observation.

25 Q. The difficulty, obviously, we do appreciate that.

1 In your statement, you obviously mention that she  
2 has had traumatic injuries, the amputations of her legs.  
3 The way you describe some of the other injuries are that  
4 she had -- you describe her arms as having significant  
5 injuries. All I want to really deal with is that there  
6 were very serious fractures, but not amputations?

7 A. On that certain lady, there was bilateral amputations of  
8 her arms.

9 Q. This is the lady you say was removed into another  
10 carriage?

11 A. Yes, but I am certain that that person had bilateral  
12 amputations of her legs and her arms.

13 Q. You obviously -- and forgive me for asking, because it's  
14 obviously important, if we can. Did you have any notes  
15 as to the various people that you'd seen?

16 A. Only from my statement. Do you mean in regards to  
17 patients or --

18 Q. Yes.

19 A. Just the -- I didn't make any notes at the time. It's  
20 just from the police statements taken a while later.

21 Q. Please, Mr Taylor, do not in any way take this as  
22 a criticism or any sort of complaint, but that first  
23 statement, I think, was March of 2006.

24 A. I believe that's correct, yes.

25 Q. I think Mr Keith referred to a subsequent statement

1 in September of 2009. That lady, whether she be  
2 Ojara Ikeagwu or not, was somebody that was clearly  
3 dead?

4 A. Yes, that's correct.

5 Q. Your priority was assessing whether somebody was no  
6 longer alive and -- forgive me for putting it in this  
7 way -- moving on to see if there was anybody you could  
8 prioritise to get help to them as soon as possible?

9 A. Yes, it's -- the triage sieve is achieved to try to get  
10 resources to the right patients.

11 Q. The right patients being those that can benefit when the  
12 next support team arrive with the right equipment?

13 A. Yes, that's correct.

14 MR SAUNDERS: My Lady, I'm not going to put any more matters  
15 to Mr Taylor in respect of that.

16 Her Ladyship also asked the question about the  
17 triage sieve. Is one way to consider when triage  
18 becomes applicable, you were asked, when it's a major  
19 incident, but is the real test when the number of  
20 serious casualties outnumber the medical staff  
21 available?

22 A. Yes, that's correct, that's the definition that we use,  
23 when the number of patients outweigh the resources, then  
24 it's declared a major incident.

25 MR SAUNDERS: Thank you very much indeed, Mr Taylor. Again,

1 may I just, on behalf of those families I represent,  
2 thank you for all your efforts on that day which we all  
3 understand is obviously very difficult for you now.

4 Thank you, my Lady.

5 LADY JUSTICE HALLETT: Mr Patterson?

6 Questions by MR PATTERSON

7 MR PATTERSON: Mr Taylor, I ask questions on behalf of four  
8 other families who were bereaved on that day.

9 Likewise, can I express at the outset how conscious  
10 we are of the very difficult position that you were in  
11 that day.

12 You've just been asked about the approach that's to  
13 be adopted when it is a major incident and the  
14 definition in the plan as to the availability of  
15 resources. The plan, I think, makes it clear, does it  
16 not, that the aim is, in fact, to produce the largest  
17 number of survivors?

18 A. Yes, it is, that's correct.

19 Q. Once that major incident has been declared, an entirely  
20 different approach from normal kicks in, and you have to  
21 focus on triaging and, as you've said, on occasions you  
22 have to move on when, in other situations, you wouldn't  
23 move on?

24 A. Yes, that's correct.

25 Q. One of the questions that the families who I act for has

1 is whether there were any avoidable delays before any  
2 member of the London Ambulance Service actually went  
3 down to the tunnel.

4 You were there at 9.14 and, by 9.19, there were four  
5 of you there: yourself, Mr Bell, Stacey Rixon and  
6 Paul Rixon. With the benefit of hindsight, Mr Taylor,  
7 do you think that by the time you went to the tunnel at  
8 about 9.45, about half an hour later, given that there  
9 had been the four of you there for that period of time,  
10 it might have been possible to arrange things so that  
11 some of you at least could have gone to the tunnel  
12 earlier than you did?

13 A. No, I don't believe we could have changed the approach  
14 that we used. As I mentioned earlier, there was  
15 hundreds of priority 3 patients coming towards us. They  
16 had to be triaged and dealt with.

17 If not, the patients that were very distressed  
18 and -- obviously, by the incident -- could have become  
19 further casualties if they'd started walking out into  
20 the road, the main road. So that's why we had to  
21 contain them patients because, if we didn't contain them  
22 patients and get them to a casualty clearing centre, we  
23 would have been faced with other incidents around where,  
24 in their confused state, they would have been involved  
25 in other accidents. So we had to contain the hundreds

1 of patients that were coming towards us as priority 3 in  
2 the triage centre. That's why I -- that's why we had to  
3 have so many Bronze triage officers to contain the  
4 patients.

5 Then, once the visible patients have been contained,  
6 we could then go down.

7 Q. So even though you were aware that the most pressing  
8 need was down in the tunnel and you were aware of the  
9 many casualties down there in need of urgent assistance,  
10 you still think that it took four of you on the surface  
11 about half an hour before you could actually go to the  
12 tunnel?

13 A. I can't remember the timeframe, but if you can just  
14 picture hundreds of patients, all very distressed, all  
15 with injuries, that's a large number of patients to  
16 contain, even with four of us. So we had to contain  
17 these patients in the ticket office.

18 As I say, if we hadn't have contained those  
19 patients, we would have been faced with further problems  
20 around the incident. That was the decision that we had  
21 to make on the day. It was a dynamic situation which  
22 was changing all the time. Decisions were made and,  
23 looking back at it now, I think the right decisions were  
24 made.

25 LADY JUSTICE HALLETT: What if other agencies had been



1 there? Obviously, they're available to help you. Was  
2 it a job that you felt only paramedics could do,  
3 containing the P3s, or was it a job that, had other  
4 agencies, as it were, got together, they could have  
5 helped you do it, so releasing a paramedic or two to go  
6 down to the train?

7 A. Other agencies could have assisted with the priority 3s.

8 LADY JUSTICE HALLETT: Were you conscious of other agencies  
9 being there trying to assist with the P3s?

10 A. No.

11 LADY JUSTICE HALLETT: You felt it was the four of you,  
12 facing this flood?

13 A. It was the four. There were no other resources there  
14 which would understand our triaging system. There was  
15 no other resources there which would have been able to  
16 deal with the amount of casualties. It's training that  
17 we receive, how to deal with a major incident.

18 MR PATTERSON: Can I ask about Philip Beer?

19 A. Yes, you can.

20 Q. It would appear as though you went to the tunnel some  
21 time, perhaps, around 9.45. Would that be about right?

22 A. Yes, that's quite correct.

23 Q. You've described the triaging that you did with the  
24 casualties you found on the track to begin with, and  
25 then several as you moved through the train towards the

1 first carriage. You've described in detail two  
2 casualties that you triaged in the carriage before you  
3 got to Philip Beer, Philip Beer being the young man with  
4 the "Make Poverty History" wristband.

5 So if it was about 9.45 or thereabouts when you went  
6 to the tunnel, by the time you dealt with Philip Beer  
7 roughly what sort of time do you think it was?

8 A. To triage the patients before him, it was probably, I'd  
9 say, roughly about ten minutes to get to the main bombed  
10 carriage. It took about a duration of about ten minutes  
11 to sort of walk through the train, triaging the  
12 patients, to get to that point.

13 Q. So by now we're about 9.55, and then, once you get into  
14 that carriage, you've described several other casualties  
15 you dealt with. So it rather sounds as though it might  
16 be after 10.00 before you dealt with Philip Beer. Would  
17 that be about right?

18 A. As I say, I can't -- I've lost all sort of recollection  
19 of time at that stage. A minute seemed like an hour.  
20 It was -- you know -- so I don't have any concept of  
21 time on the train.

22 Q. But some time after about 9.55?

23 A. Possibly.

24 Q. You said that he was in the seat and you've indicated  
25 seat 25. Perhaps we could have on the screen the --

1 thank you very much. We can see there where he was.

2 You said he was actually in the chair, I think you used  
3 the word "slumped"?

4 A. Yes, that's correct.

5 Q. No longer on the floor. We've had evidence that he was  
6 on the floor for a significant period of time. When you  
7 saw him, he was actually up off the floor?

8 A. Yes. When I got to the bombed carriage, he was  
9 definitely sat in the chair. He was definitely slumped  
10 forward in the chair. That's what I found when I went  
11 into the carriage.

12 Q. Now, one thing that you didn't mention today, when asked  
13 about this by Mr Keith, was that, when you first saw  
14 him, he was still alive and speaking.

15 A. He was making a verbal response. He was making a verbal  
16 response and murmuring certain words.

17 Q. In your statement, Officer, you said "He was crying  
18 'Help me'?"

19 A. I remember him saying "Help me".

20 Q. That's right, is it, he was crying "Help me"?

21 A. Correct.

22 Q. Then you described, when asked earlier about this, how  
23 you dealt with other casualties, but I appreciate the  
24 passage of time, it was five years ago, but in your  
25 statement made much closer to the events, you only

1 indicated that you dealt with one other casualty between  
2 hearing him crying out "Help me" and then triaging him.

3 A. There was numerous casualties between the patient and  
4 himself, numerous bodies, which had to be triaged before  
5 I got to him, before I -- I mean, if you could just  
6 picture, there was a large mound of deceased patients in  
7 the carriage. I had to try and work my way through  
8 triaging before I could get to him. So that's what  
9 I was faced with at the time.

10 Q. I appreciate entirely how horrific it clearly was in  
11 that carriage. In your statement, you only make  
12 reference to one person that you had to move before you  
13 could get to Philip Beer. Do you think your statement  
14 is wrong on that point?

15 A. Yes, I do. There was definitely a few patients in  
16 between him which had to be triaged first.

17 Q. You said that, when you got to him, you checked his  
18 breathing. In your statement, you make no mention of  
19 checking the airway and making sure there was no  
20 obstruction in the airway.

21 Is that something that you remember you did do?

22 A. Yes, I definitely remember doing that, especially with  
23 what I was faced with, as I said before, in my  
24 statement, I could hear him sort of making a verbal  
25 response, so when I got to him I assessed his airway,

1 I sat him back in the chair, I performed the jaw thrust  
2 on him --

3 Q. Sorry?

4 A. I performed the jaw thrust on him, which is a way of  
5 moving the jaw forward to listen for any breathing.

6 I then opened the airway even further and listened for  
7 breathing. I then checked for any obstructions in his  
8 airway. I could not see any obstructions. I was very  
9 troubled by this decision, because --

10 Q. One of the things, doubtless, that was going through  
11 your mind was that, moments earlier, this young man had  
12 been talking.

13 A. Yes.

14 Q. Today, you said that you did a Glasgow coma assessment  
15 of 3. That wasn't in your statement. Is that something  
16 that you are sure that you did?

17 A. Being trained as a paramedic, you make that judgment  
18 instantly. Just by looking at a patient, you can tell  
19 what Glasgow Coma Scale they have. So it's something  
20 that paramedics do initially when they get to a patient.

21 Q. You've mentioned the visible puffing out, as you put it,  
22 of the chest. Did you notice any frothing or evidence  
23 of frothing around this casualty's mouth?

24 A. No.

25 Q. Having heard him speaking just moments earlier and then

1 having been careful to see if there was any evidence of  
2 breathing, are you confident that this wasn't one of  
3 those rare cases where there might still be some very  
4 shallow breathing which can be missed?

5 You're confident, are you, that there was clearly no  
6 breathing by this stage?

7 A. I was confident, but I was troubled by the decision.  
8 I was troubled by the decision because personal contact  
9 had been made.

10 Q. And doubtless, the pulse that you found, albeit weak,  
11 that also was troubling you?

12 A. It was the verbal response. It's that he looked towards  
13 me and asked for help at that time when I first got into  
14 the carriage. It's that I gave him the words that,  
15 "I'll be with you in a minute", and that really troubled  
16 me on that decision. It's the hardest decision I've had  
17 to make, and I was so troubled by it that I got another  
18 one of my colleagues to double-check.

19 Q. You said that Mr Kilminster -- we'll be hearing from him  
20 in due course -- also assessed him, and you said that he  
21 found no pulse when he checked the carotid artery.

22 In fact, if I suggested that, according to his  
23 statement, he, too, found a pulse, albeit weak. Was  
24 that something that you were aware of at the time? Did  
25 he tell you that he, too, had found a weak pulse?

1 A. He -- we discussed it at the time and he said the  
2 priority is -- the patient is dead and deceased.

3 MR PATTERSON: I think the word he used was "faint",  
4 my Lady.

5 So you were aware that he had found some pulse?

6 A. I was aware that I had found a pulse. I was aware that  
7 there was a faint pulse present, and I was aware he  
8 wasn't breathing, and I was aware that I'd done the  
9 relevant airway checks.

10 Once I had achieved that, I -- as I say, I was very  
11 troubled with the decision, because the triage sieve  
12 is -- it's a very harsh system to sort of work. As  
13 I say, it was one of the most difficult decisions I've  
14 had to make. It was a decision that I had to just stick  
15 to the guidelines of the triage sieve. The patient  
16 wasn't breathing, and it asks that you don't go further  
17 than that, if there's -- checking the airway.

18 Q. We've already seen the flowchart today and, as you  
19 rightly said earlier, if there is no breathing, even  
20 after the airway has been opened and checked, then, as  
21 you rightly say, the incident plan dictates that the  
22 person should be categorised as dead.

23 It doesn't actually deal, does it, though, with the  
24 sort of situation which you found yourself in: namely,  
25 of having also evidence in front of you of speech just

1 moments earlier and of a faint pulse?

2 A. The speech was probably about five minutes before  
3 I could get to him. I could only triage the  
4 observations which I found when I was presented with in  
5 front of me. And really, regrettably, the decision that  
6 I had to make, knowing that there was further patients  
7 past him, was to go off the guidelines.

8 Q. Doubtless, had it not been in that context, you would  
9 have then gone on and perhaps tried to resuscitate or  
10 given him other treatment?

11 A. Not in that scenario. My role at that point is  
12 allocated Bronze triage and it is to triage a patient  
13 and then move on to the next.

14 Q. If it hadn't been a major incident, you could have given  
15 him treatment?

16 A. In routine -- on a routine job, if it was one patient,  
17 then we would have given treatment.

18 Q. That might have included attempts to resuscitate, for  
19 example?

20 A. If it was a routine job and if there was one patient,  
21 then, yes, a resuscitation would have taken place.

22 Q. You had, I think you told us, an oxygen bag with you and  
23 a ventilator, and you also had drugs which assist in  
24 resuscitation as well?

25 A. I didn't have them on me at that time. I had left my



1 equipment bags on the platform for subsequent crews to  
2 use as they came down.

3 Q. Mr Taylor, one final point. You have described already  
4 the specifics that you can remember of your treatment of  
5 the various casualties in that carriage. Can I take it  
6 that you have recorded all that you can remember about  
7 those casualties who were alive or who you dealt with in  
8 that carriage?

9 A. The statement was taken a few months after the incident,  
10 and to -- that's the best, to my knowledge -- the  
11 statement that was taken, that's the best, to my  
12 knowledge, of what I can remember about the incident.

13 MR PATTERSON: Thank you. I cannot take it any further.  
14 Thank you very much, Mr Taylor.

15 LADY JUSTICE HALLETT: Ms Gallagher?

16 Questions by MS GALLAGHER

17 MS GALLAGHER: Mr Taylor, can I echo what's been said by  
18 other barristers for the bereaved families at the  
19 outset, which is to say that the questions I'm going to  
20 ask you, absolutely no criticism whatsoever is meant of  
21 you and, in fact, we recognise the very difficult  
22 position you were in on that day.

23 Can I also reassure you at the outset that we don't  
24 have any questions about particular fatalities on the  
25 train. I do have one brief area of questioning about

1 the train itself. My questions will generally focus on  
2 an earlier stage.

3 Could I first ask you, following on from others'  
4 questions, about that time period between 9.14, when you  
5 arrive at the station, and some time after 9.38, when  
6 you are the first paramedic on the train, that minimum  
7 half-hour period that you've been asked about by others.  
8 You've been pressed in particular by the coroner and  
9 by Mr Patterson on the question of whether, if you had  
10 clearer information, you would have considered  
11 proceeding to the carriage itself immediately, or  
12 sooner, rather than waiting until that later stage.

13 I'm not going to add to what's been asked by others  
14 about that, but can we look at the information that you  
15 did actually have at the time?

16 You've said today, in answer to questions from  
17 Mr Keith, that you had vague information, there was  
18 confusion about whether it was a power surge or a train  
19 crash, and you said -- the reference is page 12 of  
20 today's transcript:

21 "Because we hadn't got to the scene itself, we did  
22 not know what type of incident we were dealing with."  
23 But you did also say today -- and the reference is  
24 page 10 of the transcript -- that on your arrival at the  
25 station in the first place, a police officer told you,

1 "It's a mess down there, there's multiple casualties".

2 A. Yes, that's correct.

3 Q. So just about that statement, "It's a mess down there,  
4 there's multiple casualties", when he said "down there",  
5 did you understand him to be referring to platform level  
6 to the train itself, or to the hall area?

7 A. I understood it to be in the station, at that point.

8 Q. So it wasn't clear to you, when he said "down there", he  
9 meant platform level? So there was somewhere worse than  
10 the hall where you were at the time?

11 A. No, that wasn't clear.

12 Q. Now, you've said today that the reference was to it  
13 being a mess down there, with there being multiple  
14 casualties, and "casualties", of course, would imply  
15 that it's unclear whether you are dealing with injured  
16 people or deceased, or the extent of their injuries.

17 But in your statement, Mr Taylor, which you gave  
18 much closer to the time, albeit eight months after the  
19 incident, in March 2006, you described what that officer  
20 said rather differently. You said:

21 "On the way into the station a policeman told us

22 'It's a mess down there, there's loads of bodies'."

23 So from your statement, it appears that you were  
24 actually told, on arrival at the station, at or about  
25 9.14, that there were actual deaths.

1 So which is correct? Is it that you were told there  
2 were casualties or were you actually told that there  
3 were bodies?

4 A. We was told at that time that there was multiple  
5 casualties.

6 Q. So that reference in your statement's incorrect?

7 A. Yes, it is, yes.

8 Q. The next issue I just want to deal briefly with is the  
9 initial stage when you declared a major incident, and  
10 you've told us that that was very shortly after you  
11 arrived.

12 Now, it was suggested to you earlier that, at the  
13 time of your arrival at the station, you weren't aware  
14 of the other incidents. The reference, my Lady, is at  
15 page 61 of today's transcript. But again, in your  
16 statement from March 2006, you describe, when you call  
17 the rapid response desk of headquarters, speaking to  
18 someone called Andrew. Is that right?

19 A. Yes, that's correct.

20 Q. In fact, you say there that, when you told Andrew that  
21 you were declaring a major incident, he asked you if you  
22 were sure, and the reason he seems to have asked if you  
23 were sure is because he referred to there being other  
24 incidents and resources being dispatched.

25 So, Mr Taylor, is it right to read into that that

1 there was some reluctance to accept the major incident  
2 that you declared, given other resource pressures at the  
3 time, or was it simply that Andrew was clarifying that  
4 it was definitely a major incident, given the  
5 implications and other resource pressures?

6 A. Due to the other incidents, he was aware that there was  
7 other resources going to the other incidents. There was  
8 a lot of confusion on that day about what the incidents  
9 were. There kept on being this rumour of a power surge  
10 which had caused multiple incidents. So when I'd given  
11 him that information report, he asked me to confirm it,  
12 and confirm the details, and try and clarify what had  
13 actually happened.

14 Q. So rather than immediately accepting your declaration of  
15 a major incident, it was explored. How long did that  
16 exploration take? A matter of minutes or --

17 A. A minute.

18 Q. There's just one last thing, Mr Taylor. You've been  
19 asked -- and this does relate to the train itself, but  
20 I'll be very brief -- you've referred in your evidence  
21 today to the mound of bodies that you saw round the  
22 crater and you've described how you were checking  
23 through that mound, particularly after you went outside  
24 to clear your nose of soot and to get a glass of water,  
25 and you've clearly said that no one in that mound was

1 alive.

2 There is a reference in your statement to when you  
3 first saw the mass of bodies on the floor, you could see  
4 some movement of limbs in the mass and it appears from  
5 your statement that that's when you first saw the mound,  
6 before you start triaging people in that bank of seats  
7 that you've been taken to earlier.

8 So could I just clarify, the movement that you saw  
9 was in that mound which you later go through when you  
10 return from having the drink of water. Is that right?

11 A. No. The -- I was triaging patients as I was coming  
12 across them. When I glanced into the carriage to begin  
13 with, I could see the mound, I could see patients  
14 moving. I triaged the patients that I could to the  
15 point -- which I reference in my statement -- to the  
16 point where I felt like I needed a breath of fresh air,  
17 because there was just so much, like, soot in there and  
18 smoke. So I basically kept on triaging.

19 There was a lady on top of the mound which was  
20 moving. There was a body in the mound which was moving  
21 as well, and I worked to free them out.

22 Q. So you checked those prior to going out for the glass of  
23 water?

24 A. Yes, I did.

25 MS GALLAGHER: I've nothing further, Mr Taylor, thank you

1 very much.

2 A. Thank you.

3 LADY JUSTICE HALLETT: Ms Simcock?

4 Questions by MS SIMCOCK

5 MS SIMCOCK: Thank you, my Lady.

6 Two very brief matters, Mr Taylor. In 2005, you  
7 were a qualified paramedic. In fact, you graduated with  
8 an honours degree in paramedic science in 2003, is that  
9 right?

10 A. Yes, that's correct.

11 Q. Is that a relatively recent introduction, a different  
12 qualification from the traditional way, if I can put it  
13 like that, of training to be a paramedic?

14 A. Yes, it is. It's a course which was introduced in about  
15 1999. It's a specialist course to train people up to  
16 become paramedics. It's a three-year degree course  
17 where you take on practical elements and theoretical  
18 elements of paramedic practice for three years' study.

19 Q. Thank you. Now, you've talked about your initial triage  
20 role at King's Cross and expecting resources to arrive  
21 after you, and you were asked some questions by  
22 her Ladyship about that.

23 You may not be aware, but we know from the records  
24 that, at King's Cross, in fact 18 ambulances arrived  
25 together with three Fast Response Units, including

1 yours, five officers, an emergency support vehicle with  
2 equipment, and also one patient transport service,  
3 a minibus effectively, as well as other resources at  
4 Russell Square end.

5 Was that the sort of response you were expecting to  
6 follow you as first on scene?

7 A. Yes.

8 MS SIMCOCK: Thank you. Yes, I have nothing further.

9 LADY JUSTICE HALLETT: Any other questions?

10 MR COLTART: My Lady, I'm sorry to rise, I'm just concerned  
11 about the impression which might have been left by that  
12 last question about the number of vehicles which  
13 arrived.

14 Would my Lady give me a moment to see if I can  
15 locate a document in here which would assist us in  
16 dealing with that issue now?

17 LADY JUSTICE HALLETT: I don't think it's going to affect  
18 this witness's evidence, is it? Because he would have  
19 expected a large number of resources.

20 MR COLTART: Yes.

21 LADY JUSTICE HALLETT: You've put your marker down that you  
22 don't necessarily accept the implications of  
23 Ms Simcock's question. We can work out exactly how many  
24 did arrive, but you were expecting a large number of  
25 resources to arise, Mr Taylor?



1 A. Yes, once you've declared a major incident, the protocol  
2 will send allocated resources to you.

3 MR COLTART: It's not the number; it's the timing of the  
4 arrival. I'm perfectly happy --

5 LADY JUSTICE HALLETT: I haven't got a timing written down.  
6 Ms Simcock's question didn't include a time.

7 MR KEITH: There is a document to which my learned friend  
8 may be -- of which he may be thinking. It's an  
9 attendance sheet of all the resources at King's Cross,  
10 but it doesn't -- my Lady is quite right -- have the  
11 times of the individual ambulance appliances on it.  
12 That must be worked out through the main ambulance  
13 schedule, the incident log. So I am afraid, however  
14 hard my learned friend looks, he will find the overall  
15 sheet, but not the times.

16 MR COLTART: That is helpful and I am grateful to Mr Keith,  
17 but that --

18 LADY JUSTICE HALLETT: I already have Mr Taylor's answer  
19 that there's no point in his carrying out a triage  
20 process unless these extra resources are following up  
21 fairly closely behind.

22 So if that's the point you're getting to,  
23 Mr Coltart -- I just feel that Mr Taylor's been in the  
24 witness-box now since 10.00 this morning.

25 MR COLTART: Yes, I quite understand, I'm sure it can be

1 pursued through a different witness later.

2 LADY JUSTICE HALLETT: Thank you. Any other questions for  
3 Mr Taylor?

4 Mr Taylor, I'm sorry it's taken so long, but as the  
5 first medic on the scene, I'm sure you'll understand  
6 that there are a large number of questions that people  
7 needed to pursue with you.

8 You had, on that day, a dreadfully difficult and  
9 horrid job to do. I'm sorry, somebody had to do it.

10 I am not surprised that you, like others, however  
11 professional you were and are, found it distressing to  
12 relive the events of that day.

13 You're not the only rescuer, I can assure you -- far  
14 from it -- who has felt distress, and I'm sorry that  
15 I've had to ask you to relive the events, but it is, as  
16 you understand, terribly important to the bereaved  
17 families. So thank you very much for everything you  
18 did, and for coming along to tell me.

19 A. Thank you.

20 MR KEITH: Thank you, my Lady. Thank you, Mr Taylor.

21 A. Thank you.

22 MR KEITH: Perhaps, my Lady, Mr O'Connor could commence the  
23 evidence of Mr Tompkins?

24 LADY JUSTICE HALLETT: Thank you.

25

1 MR DAVID THOMAS TOMPKINS (affirmed)  
2 Questions by MR ANDREW O'CONNOR  
3 MR ANDREW O'CONNOR: Could you give your full name, please?  
4 A. David Thomas Tompkins.  
5 Q. Mr Tompkins, in 2005, you'd been working for the London  
6 Ambulance Service for five years, I believe?  
7 A. Just short of five years, yes.  
8 Q. You were an emergency technician?  
9 A. That's correct, yes.  
10 Q. You were working from Islington ambulance station?  
11 A. Yes.  
12 Q. On 7 July 2005, you were working a shift that had  
13 started at 7.00 in the morning?  
14 A. We started at 8.00 that day.  
15 Q. Thank you. You were working with a man called  
16 Drew McRae on that day?  
17 A. That's correct.  
18 Q. In an ambulance with a call sign G109?  
19 A. That's correct.  
20 Q. You say in the statement that you gave to the police  
21 that it was Mr McRae who was driving on that day?  
22 A. That's correct.  
23 Q. Does that mean that it was you that was operating the  
24 radio or were you both using the radio?  
25 A. We can both operate the radio at certain times, but

1 mainly it would have been me having to talk to Control,  
2 as being the attendant on the day.

3 Q. Going back to your witness statement, you describe how,  
4 some time after 9.00, you were at the Whittington  
5 Hospital?

6 A. That's correct.

7 Q. Which is in Highgate, I believe?

8 A. That's correct.

9 Q. Dropping off a patient whom you had taken there on  
10 another call?

11 A. Yes, that's correct.

12 Q. It was while you were there, I think, that you heard the  
13 major incident being declared at King's Cross?

14 A. That's correct, yes.

15 Q. Mr Keith has already taken my Lady and the court to the  
16 reference on the logbook. I think you've been in court  
17 all this morning, haven't you?

18 A. Yes.

19 Q. So you'll have seen the reference on the London  
20 Ambulance Service log to -- I think it was Stacey Rixon,  
21 wasn't it?

22 A. Stacey Rixon, I heard her on the radio declaring a major  
23 incident.

24 Q. The timing we have for that is 21 minutes past 9. So  
25 that gives us an anchor point for when it was that you

1 heard that happen. Now, as I understand your statement,  
2 you say that, at that point, you decided, you and  
3 Mr McRae decided, to make your way to King's Cross, is  
4 that right?

5 A. No, initially, once I'd -- I was doing some paperwork  
6 from the previous call, and I heard Stacey Rixon on the  
7 radio declaring a major incident.

8 On our radio, we had a priority button, which you  
9 can press to get almost instant access to Control.

10 I pressed that button to say that we were available at  
11 the Whittington, if required, to attend at King's Cross,  
12 which they gave us the call.

13 Q. Could we have, please, [LAS565-23]? Can you see that  
14 there, Mr Tompkins? At 09.28.10, we see G109, that's  
15 you, being dispatched to King's Cross station?

16 A. That's correct, yes.

17 Q. So that would have been a call that came through to you  
18 telling you to go to King's Cross?

19 A. Yes.

20 Q. That was when you left the Whittington and went there.

21 Is that right?

22 A. Yes.

23 Q. Immediately underneath, five seconds later, a call from  
24 you updating to amber to scene. That means you're on  
25 your way?

1 A. Yes.

2 Q. In fact, very shortly after that -- in fact, the next  
3 entry down -- we see Mr Taylor's CHALET call giving some  
4 information, as we've already heard, about what was  
5 happening at King's Cross. For example, reference to  
6 a train collision, something to do with a power surge,  
7 and in your statement you refer to having heard that  
8 information come over the radio.

9 A. Initially, there was conflicting information about what  
10 we was actually going to. We had heard possibly a power  
11 surge, a train stuck in the tunnel, some smoke  
12 inhalation, and also possibly a train detrain collision.  
13 So at that point, we wasn't 100 per cent sure what we  
14 was going to.

15 Q. You were on your way to King's Cross?

16 A. Yes.

17 Q. Blues and twos?

18 A. Yes.

19 Q. Could we turn in the same schedule to page 29 [LAS565-29], please?

20 We see there at 09.35 again, just below where the cursor  
21 is, G109, so some seven minutes after you had left the  
22 Whittington Hospital, a call from G109, your vehicle,  
23 there seems to be a query about where the RVP is for  
24 King's Cross.

25 Can you explain what that call was about?

1 A. Yes, as we was approaching the scene, I wanted to make  
2 sure was there some kind of rendezvous point that we was  
3 to meet other -- other members of the LAS, or was we to  
4 go straight to King's Cross station. So I went on to  
5 the radio to speak to Control to ask them, "Is there an  
6 RVP point?"

7 Q. In the right-hand box on the schedule here we see  
8 there's a record of an exchange between you and the  
9 Control, which ends with them telling to you hang on for  
10 a minute.

11 A. Yes.

12 Q. In fact, take it from me, we don't see in the rest of,  
13 at least, this schedule that we have any substantive  
14 response from them telling you where to go.

15 A. I think by the time -- well, they hadn't come back to us  
16 when we'd arrived on scene.

17 Q. If we can move on to page 32 [LAS565-32], we see an entry at 09.38.  
18 So, Mr Tompkins, as you say, only two or three minutes  
19 later, it's been highlighted for you.

20 A. Yes.

21 Q. The status updated to red, that's you arriving at  
22 King's Cross?

23 A. That's correct.

24 Q. You say in your statement that you managed to make your  
25 way to the front of King's Cross station?

1 A. That's correct, yes.

2 Q. It's 9.38. About three-quarters of an hour after the  
3 blast.

4 A. Mm-hmm.

5 Q. Tell us what you saw when you arrived at King's Cross?

6 A. As we arrived at King's Cross, we saw that there was  
7 already an ambulance there with blue flashing lights, so  
8 we assumed that that's going to be the control point.  
9 We parked as close as we can to that ambulance.

10 Hundreds of people on the concourse entrance to the  
11 station, also on the pavement of Euston Road. We parked  
12 as close as we can, we both left the vehicle.

13 At that point, it was our -- I believe that we was  
14 the second ambulance on the scene.

15 Q. Just pausing there, Mr Tompkins. The other ambulance  
16 that you've referred to, was that the Rixons' ambulance?

17 A. I believe so, yes, because they called the incident and  
18 their blue lights were on, so I assumed that was their  
19 vehicle.

20 Q. Did you meet either Stacey or Paul Rixon after arriving?

21 A. Stacey. I can't recall initially meeting Paul, but  
22 I met Stacey Rixon actually inside the station at the  
23 top of the escalator.

24 Q. Paul Rixon -- we'll read his statement later today --  
25 does say that he met you and he says that he tasked you



1 and Mr McRae to go down and help with the triaging.

2 Is that something you have a memory of or not?

3 A. I know that me and Mr McRae had triage packs with us at  
4 that time. I can't recall Mr Rixon saying that to me.

5 Q. You were saying that you met Stacey Rixon --

6 A. Yes.

7 Q. -- at the top of the escalator?

8 A. Yes.

9 Q. What did you say to her or what did she say to you?

10 A. At that time, she was treating a gentleman, he was  
11 covered in soot, he had a head injury and was  
12 complaining of chest pain, and she was concerned that he  
13 might have been having a heart attack.

14 I can't remember much more of a conversation between  
15 me and Stacey, but me and Mr McRae then continued on  
16 down into the train station -- sorry, down the  
17 escalator, sorry.

18 Q. As you say, Stacey Rixon was, you say, treating someone  
19 whom she suspected of having a heart attack.

20 A. Yes.

21 Q. We've heard in the last hour or so Mr Taylor referring  
22 to the large number of priority 3 casualties.

23 A. Yes.

24 Q. Were the priority 3 casualties something that you and  
25 Mr McRae concerned yourself with --

1 A. No.

2 Q. -- or did you make a very much more speedier journey  
3 down to the train?

4 A. We left the ambulance, with the triage packs, going down  
5 the stairs. Initially, I was asked by a police  
6 officer -- I think he pulled on my jacket, and said to  
7 me he's got a lady over here, or somewhere, having  
8 a panic attack, which, at that point, I deemed not  
9 really an emergency, and said to him that other  
10 resources are coming. Me and Mr McRae made our way down  
11 past Stacey Rixon on to the escalator and carried on  
12 down.

13 Q. How did you know to go down to the train, to go to the  
14 Underground, and that that was to be your priority?

15 A. It may have been that she'd told me. I honestly --  
16 I can't recall. I'm guessing there must have been some  
17 sort of conversation, because we knew to go down, but  
18 I can't recall what that was.

19 Q. Might it, in fact, have been because Paul Rixon told you  
20 to go down there?

21 A. It's possible, it is possible, yes.

22 Q. Do you remember seeing Mr Taylor at this point?

23 A. My first recollection of Mr Taylor isn't until we are in  
24 between the tunnel wall and the train triaging patients.  
25 That's my first recollection of Mr Taylor being there.

1 Q. As you've heard this morning, his recollection is  
2 slightly different.

3 A. Sure.

4 Q. He remembers seeing you at this stage that we're now  
5 describing before you went down, or as you went down to  
6 the train.

7 A. Yes.

8 Q. Is it possible that he was there and --

9 A. Absolutely, absolutely.

10 Q. -- you simply can't remember now?

11 A. It is, yes. Obviously I was very focused at the time  
12 and wasn't paying much attention to people that were  
13 around me. The only person that I was aware of at that  
14 time was Mr McRae. But it's quite possible other people  
15 could have been there as well, yes.

16 Q. You describe making your way swiftly down to the  
17 platform.

18 A. Yes.

19 Q. What did you understand your role to be at that point?

20 A. I assumed that we -- well, I hadn't been, I believed at  
21 the time, been directed as a role, because we was first  
22 there, that we would be triaging.

23 Q. Were you concerned for your own safety?

24 A. At that point, I still wasn't -- it wasn't until I was  
25 in the tunnel that I was aware potentially what we was

1 going to. So at that point, I wasn't, no. It wasn't  
2 until I was in the tunnel that I suddenly -- well, I had  
3 a conversation with a police officer, that he'd told me  
4 that possibly seven bombs had gone off around London,  
5 and at that point, I did wonder what I was doing in that  
6 tunnel at that time, yes.

7 But by that point, it was too late and we continued.

8 Q. You carried on?

9 A. Yes.

10 Q. Do you recall there being any delay while you or anyone  
11 else ascertained whether the power was off on the  
12 tracks?

13 A. No. I remember, as we got onto the platform, I asked  
14 some staff there if the power was off. I think --  
15 I believe we was told "Yes", but also, at the same time,  
16 people were going in and out of the tunnel, so  
17 I believed -- and these weren't passengers, these were  
18 emergency services and Transport for London staff. So  
19 I was happy that, if they was already on the track, then  
20 it was safe for us to proceed.

21 Q. Could we have, please, [INQ10283-12]?

22 Mr Tompkins, this is a plan you've seen before this  
23 morning already.

24 A. Yes.

25 Q. We see the train there, and we see the position in which

1 it stopped was next to what's been described as  
2 a crossover tunnel. Do you see the branch line going  
3 off there?

4 A. Yes, yes.

5 Q. That branch line led back to one of the Piccadilly Line  
6 platforms at King's Cross.

7 A. Uh huh.

8 Q. Obviously the other -- the main tunnel that the train  
9 was in, led back to the other Piccadilly Line tunnel.

10 A. Okay.

11 Q. The coroner has heard evidence that some of the to-ing  
12 and fro-ing from the train went by way of one platform;  
13 some from the other. Many of the witnesses can't, for  
14 obvious reasons, remember whether they went to platform  
15 5 or 6, but what they can remember is whether they got  
16 on to the train through a side door, halfway up the  
17 train, or through the very end of the train.

18 Can you help us with which way you approached the  
19 train?

20 A. I approached the train and it was from the last  
21 carriage. I couldn't tell you exactly what door that  
22 I climbed on to the train through, whether it be  
23 a single door or double door, but I know that we climbed  
24 on through the doors -- I remember it being quite high  
25 and difficult at first to get up on to the carriage.

1 Q. Mr Tompkins, this may not matter very much, but your  
2 statement refers to crossing over a sort of branch line  
3 of the tracks.

4 A. My recollection is that, as I'm going through the  
5 tunnel, the track did branch off and then we went round  
6 the bend and that was the train there. That was my  
7 recollection.

8 Q. Similarly, at the very end of the train, there's been  
9 evidence that there were steps in place to walk down  
10 from the tunnel -- from the carriage, whereas at the  
11 side of the train there wasn't, and so it was quite  
12 difficult to get up and down.

13 Does that assist with your memory as to which route  
14 you might have taken?

15 A. As in, did I use the stairs to get up or ...?

16 Q. Do you remember going up stairs?

17 A. No, no.

18 Q. So it may be that, in fact, you approached on this plan  
19 through carriage 4?

20 A. That's possible.

21 Q. When you got on to the train, what do you remember  
22 seeing or doing?

23 A. The lights were on in that carriage and there didn't  
24 appear to be -- apart from all the windows were  
25 broken -- no obvious structural damage to the train

1     itself. The carriage appeared to be empty, and we was  
2     continuing through the carriages. I'm not quite sure  
3     which carriage it was, but there was somebody that  
4     I believed at the time was from Transport for London  
5     standing by a door on the right-hand side telling us  
6     that there were people on the track between the train  
7     and the tunnel wall.

8     Q. Just pause there for a minute. You said "us". You and  
9     Mr McRae?

10    A. Yes.

11    Q. Still just, as far as you can remember, the two of you  
12    at that time?

13    A. As far as I can recollect, me and Mr McRae, yeah.

14    Q. So what did you do when you were alerted to the presence  
15    of those casualties on the other side of the train?

16    A. I believe I told Mr McRae that I will -- I'll go down  
17    there and have a look and he could continue on further  
18    down the train, which, at that point, I jumped or got  
19    down on to the track.

20    Q. Is it at this point that you remember seeing Mr Taylor?

21    A. At some point while I'm there, I remember seeing  
22    Mr Taylor. Whether it's initially or not, I can't say,  
23    but at some point, while triaging down there, I saw  
24    Mr Taylor.

25    Q. If I can ask you to look at the plan, Mr Tompkins, we

1 see there marked Lee Harris and Samantha Badham.

2 A. Yes.

3 Q. I want to ask you about those two people in a minute.

4 We also see, at least close to them, Arthur Frederick,  
5 who was a black gentleman from the Caribbean, and also  
6 Karolina Gluck.

7 You've heard Mr Taylor's evidence that he triaged  
8 and tagged what he found to be the dead body of  
9 Arthur Frederick. Do you have a memory about tagging  
10 the other body, Karolina Gluck?

11 A. The only people that I remember tagging down there was  
12 Lee Harris, Samantha Badham and a black gentleman that  
13 was laying face down, name I don't know.

14 Q. Do you remember how close that other person, the black  
15 gentleman whom you refer to, was lying to  
16 Samantha Badham and Lee Harris?

17 A. It wasn't very far away. I mean, it wasn't I had to get  
18 up and walk a distance to him, it wasn't that far away.

19 Q. Mr Taylor's statement suggests that you actually sort of  
20 squeezed your way into a rather inaccessible part of  
21 that little space, which just made us wonder whether, in  
22 fact, you had gone further up the tunnel and tagged  
23 Karolina Gluck, but --

24 A. The person that I tagged that was deceased, I believe  
25 was a male, I don't believe it was a female.



1 Q. Thank you, Mr Tompkins. Turning back then to Lee Harris  
2 and Sam Badham, you state in your statement that you  
3 remember them both as being conscious --

4 A. Yes.

5 Q. -- and both speaking?

6 A. Yes.

7 Q. As far as Mr Harris is concerned, you refer to him lying  
8 face down.

9 A. Yes.

10 Q. You heard the questions that Mr Taylor was asked about  
11 how he was trapped or where he was trapped. Can you  
12 help us with that?

13 A. My recollections are that they was in between the tunnel  
14 wall and under the train. He had sustained serious  
15 injuries. He was laying face down. As regards being  
16 trapped, I wasn't aware that he was trapped by anything.

17 Q. Did you speak to him?

18 A. Yes.

19 Q. What did he say?

20 A. I asked him and Samantha at the time, I asked them both  
21 their names, they told me their names. I tried to  
22 reassure them both that help was coming. Lee Harris was  
23 quite agitated, he was laying face down and kept asking  
24 me to roll him over. That's all he kept saying to me,  
25 "Move me over, move me over".

1 Q. Did you try to move him?

2 A. No, no.

3 Q. Why not?

4 A. I was just fearful that, at that time, being on my own  
5 with him, the injuries that he'd sustained while moving  
6 him on my own could have made those injuries worse and  
7 also give him further injuries. The fact that he'd been  
8 blown out of the train, I didn't know about any spinal  
9 injuries that he might have had. Moving him on my own  
10 would have been difficult and could have made injuries  
11 worse.

12 Q. You said a moment ago, I think in respect of both of  
13 them, you asked them their names and they told you what  
14 their names were?

15 A. Yes.

16 Q. You'll remember that Mr Taylor's memory of Sam Badham  
17 was that he couldn't communicate with her because she  
18 wasn't able to hear what he was saying to her. Is that  
19 your memory or do you think that you were able to  
20 establish --

21 A. Quite clearly, she told me her name, so I understand  
22 from that that she could hear me okay.

23 Q. Did you say anything more to her or she to you?

24 A. I just told her to stay calm and that help was coming.  
25 Other than that, I can't remember that we had any

1 further conversation.

2 Q. We've heard about the tagging, the triage tagging.

3 A. Yes.

4 Q. Do you remember whether it was you who actually tagged  
5 Lee Harris and Samantha Badham?

6 A. I did, yes.

7 Q. What priority did you give them?

8 A. Priority 1. They both had, I believe, lower leg, but  
9 partial, amputations of either one or both legs, and it  
10 was quite difficult to see because their legs seemed to  
11 have been entwined with each other, so it was difficult  
12 to see, but they both had serious lower leg injuries.

13 Q. Did you stay with Lee Harris and Samantha Badham after  
14 Mr Taylor had gone?

15 A. I can't say, I don't know, sorry, I don't know.

16 I remember staying with them for some time, I just felt  
17 that it was difficult to leave them, but I knew that  
18 I had to go on to help other people.

19 Also, Lee Harris was so agitated that I thought that  
20 my presence there was making him worse, because, why  
21 wasn't I moving him over? He wasn't really listening to  
22 what I was trying to say, that I couldn't move him. So,  
23 as I say, I stayed for a while and then I left.

24 Q. Can you give us any sort of indication as to how long  
25 you stayed with them?

1 A. It may have been a couple of minutes.  
2 Q. Then you left them?  
3 A. I left them, yes.  
4 Q. Where did you go after that?  
5 A. Back on to the train and walking through towards the  
6 first carriage.  
7 MR ANDREW O'CONNOR: My Lady, I see the time.  
8 LADY JUSTICE HALLETT: I'm sorry, I know it's very difficult  
9 and we're about, I suspect, to get to a -- not  
10 necessarily more difficult, but another difficult  
11 passage, so I think we'll have to break off now,  
12 Mr Tompkins?  
13 A. Sure.  
14 LADY JUSTICE HALLETT: Sorry about that. Please don't talk  
15 to anyone about your evidence during the luncheon  
16 adjournment.  
17 A. Okay.  
18 (1.00 pm)  
19 (The short adjournment)  
20  
21