

Coroner's Inquests into the London Bombings of 7 July 2005
Hearing transcripts - 13 December 2010 - Afternoon session

1 (2.00 pm)

2 LADY JUSTICE HALLETT: Mr Keith?

3 MR KEITH: Good afternoon, my Lady. Could I invite you to
4 call Andrew Newton, who was asked last week to attend
5 before my Lady and has kindly made himself available
6 today?

7 MR ANDREW DAVID NEWTON (affirmed)

8 Questions by MR KEITH

9 MR KEITH: My Lady, it might say bundle 2, week 2 among the
10 voluminous files which I know you have.

11 LADY JUSTICE HALLETT: I have it, thank you.

12 MR KEITH: Good afternoon. Could you give the court your
13 full name, please?

14 A. My name is Andrew David Newton.

15 Q. Mr Newton, on Thursday, 7 July, were you crewed from
16 Soho station to appliance Alpha 242?

17 A. Yes.

18 Q. We heard evidence from Firefighter Shaw, and we had
19 statements from Leading Firefighter Roche and

20 Firefighter Wilson read to her Ladyship. You are the
21 fourth firefighter from that appliance.

22 That morning, you were tasked to attend King's Cross
23 and we know from materials made available to us by the
24 London Fire Brigade that you arrived at 9.13.

25 I would like to ask you, please, about why you were

1 unable to go down to the platform and to the tunnel and
2 the train initially at your arrival at King's Cross.
3 You prepared a report for London Fire Brigade on
4 21 July 2005. Perhaps we could just have that on the
5 screen for the moment? [INQ9893-2].

6 Do you recognise that report, Mr Newton?

7 A. Yes, I do.

8 Q. All right. The report records how, after your arrival,
9 you tried to get information from the London Underground
10 who were there, as well as, no doubt, from passengers
11 and the other people coming through the station, as to
12 what had happened.

13 A. Yes.

14 Q. Do you recall how difficult it was to try to find out
15 what had happened?

16 A. Extremely difficult, yes.

17 Q. Did you ask a number of people as to what they thought
18 had occurred?

19 A. Yes, Underground staff -- passengers coming up, copious
20 amounts of people, anyone I could glean the information
21 from, but no one knew anything, really.

22 Q. Was Leading Firefighter Roche trying to get information
23 from people as well?

24 A. He was in the Command centre of the station, and me,
25 myself, and Firefighter Shaw were outside dealing with

1 members of the public.

2 Q. Because of your inability to find out what was
3 happening, what did you and Firefighter Shaw suggest to
4 Leading Firefighter Roche?

5 A. We suggested if we could go and get more information
6 from going down to the platform level, or even on to the
7 train, to see if we can get more information to give to
8 him so he could make a plan of what to do.

9 Q. Did you know that there were passengers coming up from
10 the train at that time?

11 A. Yes.

12 Q. So you could see them at the top of the escalators?

13 A. Yes, as soon as we arrived and we pulled outside the
14 front of the station, there was passengers coming up
15 from the stairs, and then more and more as we got down
16 to the main station level.

17 Q. Could you see on them any evidence of streaming eyes or
18 secondary conditions that might have indicated that
19 there was a dirty bomb or something of that sort in the
20 tunnel?

21 A. No, all I thought about was they had soot and black
22 round their noses that indicates smoke inhalation from
23 a fire.

24 Q. Did any of the passengers expressly indicate to you that
25 they had seen a fire or that there had been a fire?

1 A. No, only one person said there had been a loud bang, the
2 carriages went dark and then they filled with smoke, and
3 that's all the information I got.

4 Q. Did you have BA, breathing apparatus, with you?

5 A. Yes, had it on, yes.

6 Q. Were you permitted to go down to the platform or even to
7 the track itself and the tunnel?

8 A. After about five to ten minutes' trying to get
9 information from people, myself and Firefighter Shaw
10 suggested to Leading Firefighter Roche to go down and,
11 if we can gather some information from platform level,
12 then we'll come back up and tell him, and he agreed.

13 Q. Initially, did you ask him and he indicated to you that
14 you couldn't go down until some sort of backup had
15 arrived?

16 A. Yes, first of all, when we first get there, he said,
17 "No, just wait for information". If we could gather
18 information from up the top, that would be better than
19 putting us down to try to find information from down
20 there in case of the atmosphere, what exactly it was.

21 Q. You knew that passengers were coming from a train or
22 a tunnel?

23 A. Yes.

24 Q. You knew that's where the source of the problem lay?

25 A. Yes.

1 Q. You knew, didn't you, that speaking to passengers at the
2 top wasn't actually disclosing much by way of helpful
3 information?

4 A. No.

5 Q. That's why you asked Leading Firefighter Roche whether
6 you could go down to the bottom?

7 A. Yes.

8 Q. He said you couldn't go down because you needed to wait
9 for backup, because you were the first appliance to
10 arrive. That's right, isn't it?

11 A. Yes, yes.

12 Q. Did he explain to you or did you understand why it was
13 necessary to wait for a second appliance before any of
14 you could go down?

15 A. Yes, we have procedures in place in the Fire Brigade
16 that --

17 Q. What are they?

18 A. -- say, if you're going to a sub-surface incident,
19 you've got to wait for a backup team so they protect
20 your egress, if you get into difficulty down there. So
21 we have to wait for a backup crew to help us out,
22 basically.

23 LADY JUSTICE HALLETT: The sub-surface for these purposes
24 would include a platform, would it?

25 A. Yes, yes.

1 MR KEITH: One of the reasons why my Lady has asked you to
2 come to give evidence is because, reading between the
3 lines, you and Firefighter Shaw expressed some concern
4 or difficulty with the practical application of that
5 understandable policy. Do you follow me?

6 A. Yes.

7 Q. Was that because you could see that there were
8 passengers coming up from whatever the source of the
9 incident was and able to come through the platform areas
10 and up the escalators without further hindrance?

11 A. Yes.

12 Q. You knew you had breathing apparatus?

13 A. Yes.

14 Q. So was your frustration in not being able to go down in
15 part because you realised that there was no real
16 appreciable risk to you or Firefighter Shaw in going
17 down and finding out what happened?

18 A. I felt, at that time, that the information we were
19 getting wasn't getting us anywhere, we weren't getting
20 the right information we needed. So the only way of
21 getting the information we required was by sending
22 a crew down to investigate.

23 Q. Your report states that you then decided to go
24 downstairs because "the backup seemed to be taking ages
25 to arrive". Those are quotes from your report.

1 A. Yes.

2 Q. So having been thwarted by the application of the
3 protocol or the safety policy which says you cannot go
4 down until backup arrives, you tried again with Leading
5 Firefighter Roche to say, "For God's sake, let us get
6 down there", didn't you?

7 A. Yes, yes.

8 Q. He, having already said safety guidelines don't allow
9 you to do it, appreciated that you were desperate to go
10 and get the information, and said you could go to the
11 platform level alone, didn't he?

12 A. Yes.

13 Q. You are an experienced firefighter, are you not?

14 A. Yes.

15 Q. Although this was a terrible and unprecedented incident,
16 you, as a member of the London Fire Brigade, face all
17 manner of difficult and dangerous situations, don't you?

18 A. Yes.

19 Q. You wouldn't have insisted on going down with
20 Firefighter Shaw unless you thought it was safe and
21 sensible to do so?

22 A. No.

23 Q. Therefore, may we take it from that, Mr Newton, that on
24 this occasion the protocols or the guidelines that
25 provided for you to wait until backup arrived were

1 perhaps counter-intuitive, they didn't really meet the
2 sense of the situation?

3 A. There's a lot of procedures that are put in place.
4 We've got our own decision-making model and risk
5 assessment, so if you can risk assess it to change it
6 for you -- to help in a certain way, then that's allowed
7 and that's what we've done.

8 Q. Initially, you weren't permitted to even carry out that
9 further risk assessment and alteration in the guideline
10 that would have allowed you to go down to the platform
11 straightaway?

12 A. Yes, we were trying to do that from the main area first,
13 realised we couldn't, so we had to.

14 Q. Would it have helped you if you had been allowed to make
15 your own judgment, together with Leading
16 Firefighter Roche and Firefighters Shaw and Wilson as to
17 what needed to be done on your arrival?

18 A. Sorry, could you repeat that?

19 Q. Yes. Would you have wished you to have been given the
20 discretion to be able to decide for yourselves who could
21 go down and when?

22 A. As I was only a firefighter at that time, I understand
23 that the officer in charge, that's his call. If
24 anything does go wrong, then it's down to him for what
25 does go wrong, basically.

1 So I understood his decision, even though it did
2 frustrate me somewhat.

3 Q. You were all very frustrated by the decision that had to
4 be made, weren't you?

5 A. Yes.

6 Q. And, no doubt, not a little annoyed?

7 A. Yes.

8 Q. When you went down, in the end, to the platform, and you
9 saw people coming out, you tried to radio Leading
10 Firefighter Roche, didn't you, to tell him what you'd
11 found?

12 A. Yes.

13 Q. Were you able to get through?

14 A. No.

15 Q. So what did you have to do?

16 A. Run back up the escalators.

17 Q. So you had to run up to tell him what you had found when
18 you had finally been allowed down onto the platform?

19 A. Yes.

20 Q. Then, did you have to run back down to the tunnel?

21 A. Yes.

22 Q. When you ran back down to the tunnel, did three police
23 officers pass you and go straight into the tunnel?

24 A. I think the first time I went down to the platform
25 level, myself and Firefighter Shaw had a conversation

1 saying we won't get any more information from where we
2 were, so should we go further down the tunnel to see
3 what we can get, not getting involved in the incident as
4 such, but try to gather more information to give to
5 Leading Firefighter Roche so he could make a plan.
6 But, at that point, a police officer stopped us from
7 going down and said one of his colleagues has already
8 gone down there and he was waiting for him to come back
9 with information and, when we were standing there, then
10 three other police officers jumped onto the track and
11 went down.

12 Q. Did they have breathing apparatus?

13 A. No.

14 Q. Did they have any sort of personal protection equipment
15 that you could see?

16 A. They had nothing, apart from their uniforms on.

17 Q. Why did that annoy you?

18 A. Because it seemed to be that the police officer who
19 stopped us had one rule for his lot and one rule for us.

20 Q. Was it in part also because you could see that the
21 practical reality of the situation did permit someone to
22 walk into the tunnel without personal protection
23 equipment?

24 A. Yes.

25 Q. Because you could see them walk in without them

1 appearing to encounter any particular difficulties?

2 A. Yes.

3 Q. You provided the information that you had been able to
4 glean from the scene and you reported it back to Leading
5 Firefighter Roche and he asked for pumps to be made
6 eight --

7 A. Yes.

8 Q. -- did he not? My Lady's heard evidence about that.

9 LADY JUSTICE HALLETT: Sorry, is the seeing the three police
10 officers go onto the track before or after you've gone
11 up to Leading Firefighter Roche and reported?

12 A. That was -- it was the first time we went down. So we
13 went down to the platform level --

14 LADY JUSTICE HALLETT: The first time you go down?

15 A. Yes.

16 LADY JUSTICE HALLETT: So when you go back to see Mr Roche,
17 do you tell him about the fact that the police officers
18 are down on the track?

19 A. I can't remember, my Lady.

20 LADY JUSTICE HALLETT: Sorry, I interrupted. Thank you.

21 MR KEITH: No, my Lady, not at all.

22 I suspect my Lady asked the question also because
23 your report seems to indicate that you went down first,
24 then you ran back up to the top and then you went down
25 to the platform and that's when you saw the three police

1 officers. But it may be that's an error on our part.

2 A. Oh, no, yes, sorry. We went down to the level --

3 because the passengers were coming off both sides

4 because of the split tunnel. So we turned left to go to

5 the westbound platform, and someone indicated that it

6 was the -- everyone was coming off the other side, so

7 then we ran back up to say what side it was, then come

8 back down -- ran back down.

9 Q. So my Lady is right --

10 A. Yes. I do apologise.

11 Q. -- it was the second time that the three police officers

12 walked past you. It was on that second time that

13 a police officer pulled you to one side and told you

14 a bit more about what had occurred, that there had been

15 an explosion, and you then relayed that information to

16 Leading Firefighter Roche, who made pumps eight?

17 A. That was at the top of the escalators after we had been

18 helping casualties, who were more severe as it went on,

19 and we helped casualties up the escalators and, when we

20 were going back down, the police officer who had been

21 down to the train already said exactly what had happened

22 and I relayed that to Leading Firefighter Roche and

23 that's when he made them eight.

24 Q. You helped in a substantial number of ways, didn't you,

25 because you went up and down the escalators again and

1 again and again with helping casualties, carrying them,
2 taking aid and equipment down, helping passengers up?

3 A. Yes.

4 Q. But nobody went into the tunnel, did they, until the
5 other appliance, commanded by Sub-Officer Colebrook,
6 arrived?

7 A. Yes.

8 Q. Then you were able to get the cutting equipment and
9 first aid and all the equipment you could carry and you
10 went down into the tunnel?

11 A. Yes. There's another reason why we waited for the pump
12 ladders, because the cutting equipment is only carried
13 on the pump ladder and the police officer reported that
14 he couldn't gain access to the front carriage. So the
15 only way we would be able to get in to help the people
16 on the front carriage is by using the cutting equipment.

17 Q. You had no cutting equipment on your appliance?

18 A. No.

19 Q. Do you know whether or not that position has changed
20 since July 2005?

21 A. Yes, all frontline appliances have now got cutting
22 equipment on them.

23 Q. Your report refers to RIS which is a form of cutting
24 equipment?

25 A. Yes.

1 Q. Is that the same as the Holmatro cutting equipment?

2 A. Yes, it's just a different-sized system, it's Rapid
3 Intervention System it's called.

4 Q. No doubt, that additional frustration that you had no
5 cutting equipment was something that was discussed
6 after July 2005 and you brought that to the attention of
7 your senior officers?

8 A. I'm not sure if that's the reason why they had done
9 that, but --

10 Q. It was changed?

11 A. Yes.

12 Q. You carried casualties from the train up the escalators
13 and there came a time when you decided to try to put
14 cables down and to try to start ventilating the tunnel.
15 Do you recall that?

16 A. Yes, that's after I had been down a couple of times.
17 When I went down, actually, to the first carriage,
18 I think there was a London Underground worker said that
19 it's still quite smoky down there, is it possible, do we
20 carry a ventilation system? So I ran back up to the
21 top, spoke to a senior officer and asked if we could get
22 a ventilation system down to help improve the conditions
23 down there, which I didn't get the response I hoped for.

24 Q. You have very carefully used the phrase, Mr Newton, in
25 your witness statement that you didn't get the response

1 you wanted, but in your report to your employer you
2 record how the assistant divisional officer laughed at
3 your request.

4 A. Yes.

5 Q. Do you know why he laughed?

6 A. No.

7 Q. Could you see any reason why the initiative that you had
8 taken to try to secure some sort of ventilation for the
9 tunnel was not a good idea after all?

10 A. I couldn't think of any reason, no.

11 Q. It may be that there was a good reason, we don't know.
12 Can you assist us as to whether or not --

13 A. I think it could come to, like, that, if it was a dirty
14 bomb as such, obviously you've got to ventilate it and
15 the way the ventilation would work, it would be pushing
16 it down other tunnels. So other stations or other parts
17 of London could become affected from the dirty bomb as
18 such.

19 Q. You had been down to the train, of course, by now --

20 A. Yes.

21 Q. -- repeatedly?

22 A. Yes.

23 Q. Many of your emergency service colleagues had been down
24 repeatedly?

25 A. Yes.

1 Q. Had you seen any indication of a dirty bomb by this
2 stage?

3 A. No.

4 Q. There were two assistant divisional officers present at
5 the scene at various times. Do you happen to know the
6 name of the one that you spoke to?

7 A. I'm afraid not, no.

8 Q. Are you sure?

9 A. Yes, the senior officer at the top of the stairs, yes,
10 I've got no idea who it was.

11 Q. Have you seen him since?

12 A. No.

13 Q. Are you sure?

14 A. I may have seen him, but I wouldn't recognise him.

15 Q. So your request was denied. Did you then go back down
16 to the train?

17 A. Yes, I then thought it would be -- it was dark in the
18 tunnel when I first went down, so I grabbed cable reels
19 and lighting and ran that from the machine down towards
20 the tunnel.

21 Q. Did you have enough cable to be able to make it reach
22 the train?

23 A. Yes.

24 Q. Did you then set it up?

25 A. No, because I was running the cable down a tunnel when

1 another casualty was being brought out, so I prioritised
2 that by helping them get up to the top.

3 Q. Then what did you do?

4 A. Then went up to the top with the casualty, come back
5 down and made my way to the train.

6 Q. And carried on helping?

7 A. Yes.

8 Q. Were you able, in the end, to install the lighting or to
9 install any form of ventilation?

10 A. No, it was too much of a priority to get the people out
11 of the area.

12 Q. All right. Your report indicates that you assisted at
13 least 12 times in carrying people up on stretchers, the
14 walking wounded, and taking equipment down?

15 A. Yes.

16 MR KEITH: Thank you, Officer, I have no further questions
17 for you.

18 LADY JUSTICE HALLETT: Mr Coltart?

19 Questions by MR COLTART

20 MR COLTART: I'm not going to push you any further for the
21 identification of the senior officer at the top of the
22 stairs, but can I ask you this: in due course, we know
23 that a lot of the fire crews went through a formal
24 debriefing process, those who attended at Aldgate, all
25 of the crews who had been at Aldgate. We know that the

1 crews who attended at King's Cross from the Islington
2 fire stations were all debriefed. But for some reason,
3 the Soho crews weren't. Was that something which you
4 ever took up with any of your senior officers, any of
5 your line managers?

6 A. I didn't personally. I know we had a HOT talk at the
7 station straight after, and then we had a watch debrief
8 with Sub-Officer Colebrook-Taylor, but then no further
9 debrief after that.

10 Q. When was the watch debrief? Was that different from the
11 HOT debrief?

12 A. Yes, it's more to see how we were, if we wanted to talk
13 about anything.

14 Q. I see, so welfare issues?

15 A. Yes.

16 Q. Okay, I'm not going to pry into any of that. Did you
17 ever discuss with Mr Colebrook-Taylor the reasons why
18 your crew hadn't had a debrief? Did he ever give you
19 any feedback? We understand he was making enquiries?

20 A. I understand that he emailed to get the debrief done,
21 but then we heard nothing more of it.

22 Q. Was that not taken any further? Was there any
23 discussion amongst the crew or with Mr Colebrook-Taylor
24 as to when or where this debrief might, in due course,
25 take place?

1 A. I can't remember.

2 Q. Can we deal with the events of the day in a little more
3 detail, albeit quite shortly? In relation to the time
4 at which you've been down to the platform once, you've
5 assessed the situation, you've gone back up and spoken
6 to Leading Firefighter Roche, you come back down the
7 stairs again, and this is now shortly before you meet
8 the BTP inspector on the platform.

9 A. Yes.

10 Q. All right? What you say in your report is this:

11 "We ran back down to the platform where people were
12 still coming off the track and were debating whether or
13 not we should go down the tunnel. We decided to walk
14 down the tunnel", but you were held back by someone who
15 said he was a police officer.

16 Now, at this point in time -- please don't
17 misunderstand me, this isn't in any way a criticism --
18 but at that point in time you had received a clear
19 direction, hadn't you, from Leading Firefighter Roche
20 that you were not to go down that tunnel.

21 A. Yes.

22 Q. You and Firefighter Shaw engaged then in a discussion
23 and the result of that was that you agreed that you
24 would walk down the tunnel.

25 A. Yes.

1 Q. You didn't have Leading Firefighter Roche's permission
2 to do so at that stage?

3 A. No.

4 Q. That would have been a significant step, wouldn't it?

5 A. Yes.

6 Q. Does the fact that you were prepared to take that step
7 reflect the depth of your frustration at not being able
8 to get into the tunnel and do more at that time?

9 A. Yes.

10 Q. Did you have reservations about the merits of Leading
11 Firefighter Roche's decision not to permit you to go
12 down the tunnel?

13 A. I understand his decision, even frustrating as it was.

14 Q. Had he, at any stage, been down to the platform to
15 assess the situation for himself?

16 A. No, he was staying -- as procedure says, he stays in the
17 Control Centre and we would do the information
18 gathering.

19 Q. You carry on in your report talking about the people who
20 were coming out with more severe injuries:

21 "We were about to go back down, when the police
22 officer who had been in the tunnel pulled us to one side
23 and told [you] there had been an explosion, there were
24 body parts all over the track and at least 14 people
25 were dead, maybe more. He said he could not get to the

1 front of the train", hence the need for the cutting
2 equipment.

3 "I asked him if there was a fire and he said there
4 was no fire apparent, just smoke."

5 Now, this is the first time, is it, that you've
6 heard it from the horse's mouth, as it were, that
7 there's no fire on that train?

8 A. Yes.

9 Q. You've had discussions with some of the passengers,
10 injured passengers, who had been appearing and coming
11 out, who had given you the same indication?

12 A. Yes.

13 Q. But having heard it from a police officer, you then went
14 upstairs:

15 "We ran up the escalators to find
16 Firefighter Roche."

17 Presumably, this is because you've got the
18 confirmation that you've been looking for?

19 A. Yes.

20 Q. "He was at the pump. We told him what we knew and he
21 said not to go down the tunnel until backup crews had
22 arrived."

23 You had breathing apparatus on at the time. Is that
24 right?

25 A. Yes.

1 Q. If there was no fire, but it was a smoky atmosphere, the
2 breathing apparatus, presumably, would have been
3 sufficient for your purposes at that stage?

4 A. Yes.

5 Q. Did you find it odd at the time that, armed with that
6 information, Leading Firefighter Roche was still not
7 prepared to let you on the train?

8 A. We still didn't have the resourcing to gain access to
9 the train, so that's why we couldn't go down.

10 Q. So this was now a numbers problem rather than a fire
11 problem?

12 A. A numbers and equipment problem.

13 Q. I just want to ask you finally about two specific
14 casualties that you had dealings with in the tunnel and
15 on the train. The first one is a lady. This is after
16 you've been on to the train and you've decided to go
17 back to get the ventilation equipment.

18 A. Yes.

19 Q. You say this:

20 "On my way back up, I saw a lady at the bottom of
21 the stairs. I had passed her once sitting by the doors
22 on the third carriage. She had lost a foot."

23 Then in your report you clarify that, when you see
24 her, she was trying to get up the stairs. So this is
25 the lady that you then carried to the top.

1 A. Yes.

2 Q. So that we've understood this, you've seen this woman on
3 the train on your first sortie through, is that right?

4 A. Yes.

5 Q. She's lost a foot in the explosion?

6 A. Yes.

7 Q. Was anyone tending to her at the time that you first saw
8 her when you passed through the Tube carriage?

9 A. When I first went down, I asked her is she okay, does
10 she want to move, and she said "No, I want to stay
11 here", that's why I carried on down. Then, when I come
12 back, that's when she moved. But people had asked her
13 did she need any help and she was declining.

14 Q. Again, so we're not at cross-purposes, I don't really
15 think there is any criticism of you, there absolutely
16 isn't, and in the end you carried her all the way up the
17 stairs to the surface.

18 But, by the time you saw her the second time, she'd
19 got herself, had she, from the position on the carriage
20 to the bottom of the stairs?

21 A. It wasn't stairs -- that was my mistake -- it was the
22 platform, she was trying to make her way to the
23 platform. So she was off of the train and she was
24 making her way to the platform.

25 Q. So she's made her way from the train to the platform,

1 she's had her foot blown off in the explosion and, once
2 she's got there, she's -- well, as you say in your
3 report, she was trying to get up the stairs. She was
4 trying to get up onto the platform, was she?

5 A. Yes.

6 Q. Was there anyone there to assist her at that time?

7 A. No, just myself.

8 Q. Another casualty that you had some interaction with on
9 the train, you say this:

10 "Once back on the train ..."

11 So this is after you've been up to the top and
12 you've got the cable reels. You've come back down
13 again:

14 "I saw a man with one arm and no legs just about
15 breathing. I tried to look for his limbs and to help
16 him but was told he was going to die by a paramedic, so
17 I helped to carry a man out on a stretcher, who had no
18 legs, but was breathing, upstairs."

19 Where was this man with no limbs, but who was still
20 breathing, on the train? Can you picture which carriage
21 he was in? Was he in the very first carriage or was he
22 in the second carriage?

23 A. I'm not sure, but I think he was in the first carriage,
24 if I remember. It's a bit blurry. But I think he was
25 in the first carriage.

1 Q. He was still alive at that time, but do we take it that
2 he wasn't being tended to by a paramedic because the
3 paramedic had formed a view on him and was prioritising
4 his treatment on someone else instead?

5 A. Yes, I think he'd been graded as if he couldn't survive
6 and they said he weren't going to so there's no point in
7 not seeing to him because -- yes, he was going to die.

8 Q. But he was still alive at that point?

9 A. I thought he was, but I'm not a medical expert, so
10 I couldn't really tell. I just saw a casualty that
11 could have been helped. I was asking every single
12 person if they could get out, and they were saying "No,
13 no", and telling us which ones to get out, so I couldn't
14 tell you if he was or not.

15 LADY JUSTICE HALLETT: This could have been the major
16 incident triaging system, Mr Coltart.

17 MR COLTART: In terms of applying labels and ...?

18 LADY JUSTICE HALLETT: And as to where you focus your
19 attention.

20 MR COLTART: My Lady, of course. It's a question of
21 prioritising at the time, but I was simply exploring
22 with the witness, if there was a casualty who was
23 obviously seriously injured at that stage, as to what
24 treatment, if any, he was receiving from the paramedics
25 who were on the train.

1 LADY JUSTICE HALLETT: Sorry, I misunderstood the purpose of
2 your question.

3 MR COLTART: It's my fault.

4 Were you conscious, yourself, at that time, of calls
5 for further equipment, further stretchers, further
6 resources needed at the most badly affected areas of the
7 train?

8 A. At that time, I thought there was enough -- there was
9 enough personnel and there didn't seem to be a shortage
10 of stretchers. There always seemed to be one coming
11 out. As soon as one come out, one went back in again.

12 Q. You say yourself in your witness statement:

13 "Once I got back to the train, the priority cases
14 were being carried out and some to the waiting
15 ambulances. I assisted in this and must have done it
16 about 12 times."

17 Is that 12 separate trips up and down to the train
18 from the surface?

19 A. I think that was in total of including the escalators
20 the first time, I carried about -- from the actual
21 train, it was about six, but then I done six before, so
22 I just added them together in my statement.

23 Q. Did you ever think to yourself at the time, when you're
24 making these trips up and down, up and down, "Really we
25 could do with a few more people here"?

1 A. No, well, because of the -- the -- where the area is,
2 the carriage is so small, you couldn't -- it was tight
3 enough already and hard working to get in there, so if
4 there was more people there, it would have made the
5 position more difficult.

6 Q. But not on the carriage?

7 A. No, there was enough people from the carriage on the
8 platform. We had a sort of system going on, so we would
9 be on the train, pass them to the track level, and
10 another person would take them up, but I was just going
11 all the way.

12 Q. You did it up and down to the top?

13 A. Yes.

14 MR COLTART: Perhaps you were fitter than some.

15 All right, thank you very much.

16 MR SAUNDERS: Nothing thank you, my Lady.

17 LADY JUSTICE HALLETT: Mr Patterson?

18 Questions by MR PATTERSON

19 MR PATTERSON: Mr Newton, particularly by the time you'd
20 learnt from the police officer that there was no actual
21 fire and that there was just a danger from the smoke in
22 the tunnel, if your training and protocol had allowed
23 you, yourself, to be trusted to the decision, to the
24 judgment call, as to whether it was safe to proceed into
25 the tunnel, how would you have made that decision?

1 A. As being on platform level and seeing what I could see,
2 or from --

3 Q. From everything that you had gathered, from all the
4 evidence in front of you, from speaking to other people,
5 passengers, police, and what you had seen down on the
6 platform, if you, yourself, had been given the
7 responsibility for making the decision, what decision
8 would you have made?

9 A. Again, probably for getting information purposes,
10 I might have gone that little bit further, but
11 I wouldn't -- once I knew the information I had from the
12 police officer, then my decision would have been the
13 same, because of the resources that we needed required
14 to help we didn't have.

15 Q. For you, even at that late stage, you still regarded it
16 as essential, did you, to wait for backup?

17 A. Yes, we weren't just waiting, we was helping casualties
18 who were finding it hard to get up escalators, so we
19 were helping people as such. We just weren't going down
20 to the carriage because there was no way of getting in.

21 LADY JUSTICE HALLETT: Is the procedure we're talking about
22 here that says you wait for backup general Fire Brigade
23 procedure when you arrive at any potentially dangerous
24 incident, which I understand you're going to do quite
25 a lot, or is it you wait for backup because of the

1 deployment of breathing apparatus, or is it both?
2 A. It's both. Any sub-surface incident, you'd need certain
3 resources put in place before you can admit, and then,
4 as they arrive, then you increase those policies and
5 things that are set out to put in for safety reasons.

6 LADY JUSTICE HALLETT: Is it because sub-surface might
7 require breathing apparatus or is it just because it is
8 sub-surface and, therefore, a much more difficult scene
9 to reach?

10 A. It's much more difficult because of ventilation and
11 because of the chimney effect of heat, there's more
12 implications with it being sub-surface when you actually
13 go down towards it, yes.

14 LADY JUSTICE HALLETT: Even if you learn there's no fire
15 and, therefore, you don't need breathing apparatus from
16 that point of view, still, because it's subsurface, the
17 protocol that says wait for backup, kicks in?

18 A. Yes.

19 MR PATTERSON: Even though you had seen various police
20 officers go in, go as far as the first carriage and come
21 out again, and even though you'd been told of the
22 pressing need for assistance, you still would have made
23 the same decision not to enter the tunnel?

24 A. Yes.

25 MR PATTERSON: Thank you, I've no more questions.

1 LADY JUSTICE HALLETT: Ms Gallagher? Any other questions?

2 Ms Boyd?

3 Questions by MS BOYD

4 MS BOYD: Mr Newton, can I deal, first of all, with the
5 ventilation issue? This response that you had from the
6 ADO, was that to do with the difficulties perhaps
7 associated with providing ventilation?

8 A. Yes.

9 Q. We know that there were a number of ADOs who attended at
10 around 10.00: ADO Munns, ADO Ginty and ADO Vincent.

11 Any of those ADOs, do you know any of them?

12 A. No.

13 Q. Her Ladyship is only able to hear evidence from
14 a limited number of witnesses, for practical reasons,
15 but there are statements from a number of other
16 Fire Brigade personnel, including those three ADOs I've
17 mentioned.

18 ADO Vincent was the Sector Commander on the
19 platform. Does that help you at all?

20 A. No, as I say, it was the first time I saw an ADO at the
21 incident.

22 Q. I'm not putting to you that -- or suggesting it was him.
23 I'm just merely asking if you'd recognise ADO Vincent?

24 A. No, sorry.

25 Q. Because he explains some of the issues involved in

1 providing ventilation in the situation that you all
2 faced, and if we look at [LFB56-49], please, we should see
3 there Mr Vincent's statement. In particular, if you
4 could go to page 50 [LFB56-50], towards the bottom of the page,
5 paragraph 24, where he says:
6 "The conditions during this period were getting
7 worse with no ventilation. Crews were becoming very hot
8 and visibility was also worsening. I therefore tasked
9 Sub-Officer Newing to get some personnel and assist
10 ADO Ware, who was supervising the setting up of
11 lighting, down to the train.
12 "As the heat was becoming worse, I delegated
13 Sub-Officer Newing and Station Officer Chesson with the
14 task of setting up a proposed ventilation system with
15 the help of contractors from CTRL [I think that's
16 Channel Tunnel rail link] and the firefighter from DCT,
17 Firefighter Roast. A request was made if firefighters
18 could take their tunics off to relieve some of the heat.
19 I refused permission for this to take place because of
20 possible contaminations from body fluids, which was very
21 evident.
22 "Before the ventilation equipment was set up, it was
23 agreed with the ventilation expert from CTRL and LUL
24 that the best way to improve conditions was to use the
25 equipment on extraction. It was also agreed that this

1 would not be got to work until agreed by Silver Command
2 and the scientific adviser because of possible
3 contaminants possibly still being involved.
4 "The SA when in attendance stated that he wasn't
5 aware of any contaminants, but this hadn't been [LFB56-51]
6 confirmed by all agencies as there was some thought that
7 asbestos might be present. Therefore, the ventilation
8 system setup never got to work whilst I was in that
9 area."

10 Now, we know from the Silver Command meeting --
11 thank you, I think we can take that off the screen
12 now -- at 10.30, that SDO Adams confirmed that the
13 Fire Brigade would continue to try to improve
14 ventilation, but the atmospheric assessment at that
15 stage still had to be completed, and that was 10.30. We
16 know from other documentation that ventilation was
17 eventually provided subsequently.

18 So does that give some background into the
19 difficulties?

20 A. Yes.

21 Q. It wasn't merely a question of bringing extractors down
22 and planting them on the train?

23 A. Yes, yes.

24 Q. Just going back to your deployment, you were the initial
25 crew of four?

1 A. Yes.

2 Q. The task that you faced, or your officer in command
3 faced, was making an assessment to decide what resources
4 were needed and call for any backup?

5 A. Yes.

6 Q. Is it right that, not only Leading Firefighter Roche's
7 first thoughts were that there was a fire, but also your
8 own --

9 A. Yes.

10 Q. -- because you saw blackened faces?

11 Is it right that Mr Roche wanted you to investigate
12 in breathing apparatus, but you weren't -- he wasn't
13 able to deploy you in breathing apparatus without
14 backup?

15 A. Yes.

16 Q. You went down to the platform. Did he tell you to stay
17 in air that was breathable; in other words, not to go
18 anywhere or to put on your breathing apparatus and start
19 it up?

20 A. Yes.

21 Q. You told us that you, in fact, having gone down to the
22 platform the first time, go back up with the information
23 that you've been given that there was a train crash?

24 A. Yes.

25 Q. At that stage, Mr Roche has asked for additional

1 back-up. So we're talking -- we know that that was six
2 minutes after you arrived he made that request, at
3 09.19.

4 A. Yes.

5 Q. So we're still talking a matter of minutes.

6 A. Yes.

7 Q. You don't have the backup, so you can only go down to
8 the platform and remain in a breathable atmosphere?

9 A. Yes.

10 Q. It's at that stage that you're tempted to go into the
11 tunnel, despite your orders, because of the nature of
12 the situation, but in fact it's an LUL employee -- we
13 know his name is Peter Ball -- and a police officer,
14 a BTP police officer, who tells you you're not allowed
15 to go any further?

16 A. Yes.

17 Q. You then go up again to report that to Leading
18 Firefighter Roche?

19 A. Yes, I've got two fire extinguishers in that time as
20 well, because I still think it's a fire, yes, and then
21 we reported that -- I was helping people up the
22 escalators, yes.

23 Q. So at that stage, you still thought that there might be
24 a fire somewhere in the tunnel?

25 A. Yes.

1 Q. Hence, taking the firefighting equipment out?

2 A. Yes.

3 Q. It's as you're coming down the third time that you then
4 meet the BTP officer who tells you what's in the tunnel?

5 A. Yes.

6 Q. We know that, at that stage, it must be after 9.30,
7 because we know both BTP officers who actually made it
8 on to the train came back, we know their timing from
9 their logs and, by the time they were then coming up
10 into the station, it would have been gone 9.30?

11 A. Yes.

12 Q. At that stage, Leading Firefighter Roche is making pumps
13 eight?

14 A. Yes.

15 Q. You've got further resources on the way, and, as you've
16 explained, now knowing what's in the tunnel and,
17 therefore, what resources you're going to need, there's
18 nothing you can do until those resources arrive?

19 A. No.

20 MS BOYD: Thank you very much.

21 LADY JUSTICE HALLETT: That seems to be all the questions we
22 have for you, Mr Newton. Thank you very much for coming
23 with very short notice, I gather, and thank you for all
24 you tried to do to help people on that day. Once you
25 got the chance to help, you obviously got stuck in.

1 Thank you very much indeed.

2 MR KEITH: My Lady, may I invite you to call

3 Mr Michael Walsh, please?

4 MR MICHAEL STEPHEN WALSH (affirmed)

5 Questions by MR KEITH

6 MR KEITH: Good afternoon, Mr Walsh.

7 A. Good afternoon.

8 Q. Sorry we kept you waiting a little. Could you give the

9 court your full name, please?

10 A. My name is Michael Stephen Walsh.

11 Q. Mr Walsh, in 2005, and now, were you and do you remain

12 a consultant trauma and vascular surgeon at Barts?

13 A. Yes, at Barts and the Royal London, yes.

14 Q. Bart and London NHS Trust. You are, if I may say so,

15 hugely qualified. I won't take you through your

16 qualifications, but they are numerous.

17 The relevancy of those, for our purposes, is that,

18 in 2005, were you, on that morning of 7 July, the

19 surgical lead for the response to the major incidents

20 that were declared?

21 A. Yes, I was.

22 Q. In essence, what were your responsibilities? What were

23 you expected to do in terms of reaction to these

24 incidents?

25 A. My responsibilities were to ensure that there were

1 appropriate numbers of trauma resuscitation teams in the
2 resuscitation room, that surgical decisions and use of
3 resources were appropriate for the situation we were in,
4 and allocating surgical teams to individual patients,
5 and also making decisions about what procedures
6 individual patients should undergo.

7 Q. You've made reference there to a resuscitation room. Is
8 there one resuscitation room or more than one room?

9 A. There's one resuscitation room with five bays in it, and
10 that's where I was based, and then we have a majors bay
11 which has, I think -- off the top of my head, I think
12 it's 12 spaces, which was run by -- that was run by
13 a separate team, because the patients with less severe
14 injuries were directed into that space.

15 Q. In relation to the first resuscitation room, there were
16 a number of teams you've told us?

17 A. Yes.

18 Q. You were in charge of guiding all five of the teams --

19 A. Yes.

20 Q. -- because there's one team for each of the bays in that
21 resuscitation room?

22 A. That's correct, yes.

23 Q. To what extent would you, therefore, have been informed
24 of the nature of the injuries and the medical treatment
25 being given to an individual patient on their arrival?

1 A. What we -- what you would do is you would get relayed
2 messages back about individual patients and be asked to
3 go to an individual patient's bay to agree what was the
4 treatment plan for that particular patient.

5 The idea is so that you can have a kind of
6 standardised approach to all the patients and that you
7 reduce the amount of resources you use so you conserve
8 resources for patients coming later.

9 Q. By their very nature, anybody who is brought into
10 a resuscitation room is in a critical condition. We
11 know from the material made available that you were made
12 aware of the trauma history, the medical history, of
13 a patient who turned out to be called Mr Lee Harris.

14 A. Mm-hmm.

15 Q. As each patient came into the resuscitation room, would
16 you be automatically informed of any of the important
17 events that had occurred immediately prior to their
18 arrival?

19 A. Yes, we were, and I remember being told -- there was
20 a patient who had had an arrest on the way, they'd got
21 his pulse back, so at that point we decided that we
22 should continue to -- continue his resuscitation.

23 A little while into it, I think we got another
24 message back saying they'd lost his pulse again, and
25 we -- I was in a team with two other senior doctors, one

1 an orthopaedic surgeon and one an anaesthetist, and we
2 were just discussing about whether we should actually
3 stop treating him at that point, because he'd had
4 another arrest, and then the message came back saying
5 they had got a pulse back again, so then we thought --
6 then we assessed how many more patients were coming
7 through the door at that moment and there weren't any
8 more, so we thought then we were probably best to
9 continue.

10 Q. Because your colleagues had been able to re-establish
11 a heartbeat, a heart rhythm, and blood pressure, the
12 normal surgical procedure swung into action in order to
13 give him the best possible care --

14 A. Yes, yes.

15 Q. -- to survive?

16 A. Yes.

17 Q. Do you recall how long after his arrival in the
18 resuscitation room he was then treated by way of
19 surgery?

20 A. I couldn't tell you exactly, but most -- when we looked
21 at the times, most patients were dealt with within about
22 30 minutes in the resuscitation room and on to theatre.
23 He was one of the quickest, but I couldn't tell you
24 exactly how long, but it would probably have been a bit
25 less than 30 minutes.

1 Q. What was your role in relation to the -- your colleagues
2 carrying out surgery?

3 A. Because you want to try to minimise the surgery time as
4 well, you try to standardise the procedure. So each
5 patient was selected a pair of surgeons, one general
6 surgeon and one orthopaedic surgeon, and then they were
7 taken to the resuscitation bay, and we'd agree, "This is
8 the findings of the resuscitation team, this is the
9 surgery that we'd like you to -- that is probably best
10 for this particular patient".

11 So, for him, it was initially an amputation on one
12 leg and then a laparotomy was carried out subsequently
13 after the amputation.

14 Q. Is a laparotomy an incision into the --

15 A. Into the abdomen.

16 Q. -- abdominal cavity?

17 What were the problems in terms of his chest and his
18 abdominal cavity that presented themselves to you and
19 your colleagues when he went into surgery?

20 A. Later on, after he had his initial amputation and the
21 laparotomy, he was still very, very sick, and there was
22 obviously bleeding coming from his chest, and I was
23 asked to go and give advice about whether he should
24 have -- then have his chest opened or whether they
25 should carry on.

1 Part of the difficulty is most bleeding from the
2 chest will stop, following trauma, so about 80 or
3 90 per cent of patients can be treated without an
4 operation. But in the circumstances where Mr Harris
5 was, he had had a very large, ongoing blood loss from
6 his chest, his clotting by that stage was very deranged,
7 so bleeding wasn't going to stop on its own, and that's
8 where they wanted my experience to suggest can -- should
9 he have his chest opened or not.

10 Q. So he had had a laparotomy for the purposes of examining
11 his abdominal area, but further, major intrusive surgery
12 was then required by way of a decision as to whether he
13 should have a thoracotomy, which is an incision into the
14 pleural cavity. Is that right?

15 A. Into the chest.

16 Q. Underneath the chest area, to gain access to the heart
17 and lungs and like?

18 A. Yes, yes.

19 Q. So your advice was sought as to whether or not that was
20 appropriate in the circumstances?

21 A. Yes.

22 Q. Did you decide that it was?

23 A. Yes.

24 Q. When that operation was carried out, did it become
25 apparent that he had very significant injuries, in

1 particular, significant loss of blood and bruising
2 inside the pleural cavity?

3 A. Yes, he had significant injuries, mostly to the chest
4 wall, and the soft tissues and his ribs, with -- it's
5 difficult to explain, but with oozing from all the raw
6 surface from the muscles and things on the chest wall,
7 as opposed to one individual point massively bleeding.

8 Q. That decision having been made, was a second decision
9 then required as to whether or not further surgery was
10 required in relation to his right leg?

11 A. Yes.

12 Q. What was decided in relation to that?

13 A. Well, he had quite a severe injury below the knee and
14 his calf, which was still, by that time, still bleeding,
15 despite, I think, one of my orthopaedic colleagues had
16 explored the wounds and attempted to stop the bleeding.
17 So we thought the best thing to do would be to amputate
18 him through the knee to remove the source of that blood
19 loss.

20 Q. By and large, was that operation successful, insofar
21 as --

22 A. Yes.

23 Q. -- the blood loss was stemmed?

24 A. Yes.

25 Q. During the course of these initial surgical events and

1 during the course of his initial time at the hospital,
2 were scans carried out by way of CT scans, which we know
3 is a form of X-ray, computerised tomography?

4 A. He didn't have that initially, because, one, he was very
5 sick and, two, we already -- when he was in the
6 resuscitation room, we already had an indication that he
7 needed surgery, so there was no point trying to put him
8 in the CT scan to find out if there was a need for
9 surgery, because we already knew that.

10 So he had his CT scan after he had his surgery and
11 he'd been stabilised for a period. He was then taken
12 down for a CT scan because it was also clear he'd also
13 had a severe head injury, and we wanted to know the
14 extent of that.

15 Q. Were you still concerned, at that stage, with reviewing
16 his surgery and his treatment, or did there come a time
17 when he passed along from resuscitation and initial
18 surgery to the care of other of your colleagues in
19 hospital and then out of your care?

20 A. Well, no, he passed on to intensive care and he was
21 looked after by the intensive care team.

22 As a surgeon, as a trauma surgeon, we kept an
23 oversight on all the patients who had been admitted
24 throughout their length of stay.

25 Q. Did you become aware that, following his transfer to the

1 intensive care unit, the extremely severe head injuries
2 had led to severe neurological damage, in particular
3 damage to the brain?

4 A. Yes, from the information obtained from his CT scan it
5 showed that he'd had quite extensive, severe head
6 injury.

7 Q. Were you aware of whether or not the cause of the damage
8 to his brain was the result of the incident itself, the
9 primary injury caused by the explosion and, no doubt,
10 hitting hard objects extremely hard, smashing against
11 the tunnel wall perhaps, or from subsequent effects of
12 all the other injuries which he had suffered?

13 A. It's very difficult to be sure which is which, because
14 what you see on the CT scan is an evolving picture and
15 what you see happening to the brain itself is an
16 evolving picture.

17 So there's the initial insult which causes some
18 damage and changes in the brain, and then other things
19 that affect that -- we call it the secondary brain
20 injury -- are related to, if you're shocked, if you've
21 had low oxygen at any time, if you have problems with
22 your clotting, can all then subsequently affect the
23 brain and it's called a secondary brain injury.

24 Q. Mr Harris had presented himself as a man who had a very
25 severe primary injury by nature of the actual explosion.

1 Did he also, when admitted to the hospital, show
2 signs of other secondary effects? He'd had a cardiac
3 arrest. Two, in fact. Would that have had an impact
4 upon oxygen supply in his body --

5 A. Yes.

6 Q. -- and would that have given rise to possible hypoxia,
7 lack of oxygen?

8 A. Almost certainly, yes.

9 Q. Did he also have very severe difficulties in relation to
10 his haematology, the way in which his body was able to
11 react to the injuries by way of clotting and keeping
12 itself going?

13 A. Yes, when you have a very severe injury that has an
14 effect on your clotting system and, the more severe
15 injuries you have, the more effect you have on your
16 clotting system. So there are some patients who arrive
17 very early on who have a problem with their clotting,
18 which is then made worse by their ongoing bleeding and
19 the surgery itself has an effect on the clotting.

20 Q. So for all those reasons, did Lee Harris have very
21 significant, very severe, injuries and issues in
22 relation to all the matters that were -- that would have
23 affected his ability to recover from this bomb blast?

24 A. Yes.

25 Q. From his arrival in hospital, was it apparent from the

1 very beginning that there was a very high chance of
2 brain injury?

3 A. Yes, we wouldn't -- we didn't know the extent initially
4 because we didn't have a CT scan until after his
5 surgery, but, yes, when he had arrived, he would have
6 already had features suggestive of brain injury.

7 Q. Did you keep his case under review and were you -- we'll
8 hear in a moment from your colleague, Mr Down, but did
9 you become aware that his condition worsened
10 significantly, particularly in relation to his
11 neurological injuries?

12 A. Yes, yes.

13 Q. Despite full intensive care and further surgical
14 procedures, he continued to deteriorate over a number of
15 days?

16 A. Yes, yes.

17 Q. Do you feel, do you assess, whether, in relation to his
18 resuscitation at the hospital and the initial surgery
19 and the time at which he was under your direct care,
20 there was anything more that could have been done for
21 him?

22 A. No, I don't think so. I think we did everything we
23 would -- if he'd have been a single patient on an
24 ordinary day, it would have been difficult for him to
25 have more than he got on that day.

1 MR KEITH: Mr Walsh, thank you. Those are all the questions
2 I have for you.

3 LADY JUSTICE HALLETT: Mr Saunders?

4 Questions by MR SAUNDERS

5 MR SAUNDERS: Mr Walsh, I think you've covered -- we spoke
6 before with Mr Keith, and I think you've covered most of
7 the matters.

8 Can I just confirm one matter, please? You've been
9 asked about hypoxia. For those that don't necessarily
10 understand the technical definition, hypoxia is ...?

11 A. Is low oxygen level.

12 Q. You were in court, I know, this morning, when Dr Wrigley
13 gave evidence. I was asking her about the fact that, as
14 soon as Lee got into the ambulance, he was intubated and
15 received, as it were, 100 per cent oxygen.

16 Does that not help with how much oxygen he was
17 receiving between, obviously, him being extricated from
18 the tunnel and prior to his arrival with you and your
19 team?

20 A. It does help, but there are -- to get oxygen, say, to
21 the brain, you need to have enough oxygen getting into
22 the blood and then it needs to have enough blood to
23 carry it to the brain. So there are two things: one is
24 low oxygen, because he's maybe not breathing very well
25 or he's inhaled smoke or whatever down in the tunnel;

1 and the other one is, if you lose blood, then you have
2 less delivery of blood to the brain.

3 Q. It's the blood that carries the oxygen?

4 A. It's the blood that carries the oxygen.

5 Q. You may -- I don't think, in fact, you will know that
6 the HEMS paramedic, Phil Nation, who gave evidence
7 before her Ladyship on Thursday explained how it was
8 impossible to have any IV drip because of the
9 surroundings, there was just no space and it was dark
10 and there was nothing they could do. But it appears
11 from what Dr Wrigley has said that, when in the
12 ambulance, so within minutes, he is given that drip and
13 obviously you've seen everything that's been
14 administered.

15 I think the position is this, Mr Walsh, is it not,
16 that there was, therefore, nothing more that could have
17 been done, as it were, at the scene that would have
18 assisted you and your team later?

19 A. No, I don't think so, no.

20 Q. May I ask you this: there was, from the various medical
21 teams and other emergency services, a suggestion that
22 Lee didn't bleed that much. Although there was an
23 amount of blood at the scene, that he didn't appear to
24 be bleeding, notwithstanding the severe nature of his
25 injuries.

1 A. Mm-hmm.

2 Q. You've mentioned now when Mr Keith was asking you about
3 coagulation and the effect of bleeding stopping, as it
4 were.

5 Is that, in your experience, unusual or does that
6 sometimes happen, that somebody, notwithstanding these
7 sort of traumatic injuries, may not continue to bleed?

8 A. They may not but what -- the bleeding you're seeing is
9 the bleeding on the outside, which isn't necessarily the
10 bleeding on the inside. So in the chest or the abdomen,
11 you don't get an idea on the outside.

12 The other thing that happens is you get initial --
13 maybe if you've transected the main artery to the leg,
14 it will initially have a few spurts -- a lot of spurts
15 and then the artery contracts down and closes, which is
16 part of your natural response to limit blood loss from
17 a major vessel.

18 So then, what you get then is the main vessel closes
19 down and quite often has a clot on the end of it and
20 clots off, but the muscles, where the muscles are torn,
21 that continues to very slowly ooze, so the amount of
22 bleeding you get from the muscle may actually be, in the
23 end, much more than you get from the severed artery, but
24 it occurs over a longer timeframe and in a slower way.

25 Q. Finally this. You've heard again, Dr Wrigley's evidence

1 this morning about having administered Ketamine. We've
2 heard evidence, her Ladyship heard evidence last week,
3 that sometimes Ketamine can have an effect if you've got
4 a head injury.

5 Although you've been asked and explained that that
6 was eventually what led to Lee's dying, the fact is that
7 nobody could have known the nature of the head injury
8 suffered at the time?

9 A. No, I don't think so, and then you don't want people to
10 suffer unnecessarily.

11 Q. Exactly. So the administration of the Ketamine has no
12 effect, as far as you're aware?

13 A. No.

14 MR SAUNDERS: Then, Mr Walsh, I know the family have thanked
15 you. May I do so publicly for all the efforts you and
16 your team made on behalf of Lee Harris. Thank you,
17 Mr Walsh.

18 LADY JUSTICE HALLETT: Any other questions for Mr Walsh?
19 Thank you very much indeed, Mr Walsh. It says
20 a huge amount for the team that you led, for their
21 professionalism and the skill, that you can honestly say
22 that a single patient on an ordinary day wouldn't have
23 received better care. So thank you for everything they
24 did.

25 Yes, Mr Keith?

1 MR KEITH: My Lady, may I invite you to call James Wiggett?

2 MR JAMES FRASER DOWN (affirmed)

3 Questions by MR KEITH

4 MR KEITH: Could you give the court your full name, please?

5 A. James Fraser Down.

6 Q. Mr Down, are you a critical care consultant?

7 A. I am, yes.

8 Q. What does that entail?

9 A. So I am consultant in charge -- at the time, I was
10 a locum consultant at the Royal London Hospital, and so,
11 for a week at a time, I would be in charge of the
12 patients on the unit for all their critical care
13 decisions and then liaising with the home teams. They
14 come from all the specialities.

15 Q. When you say on the unit, do you mean the intensive care
16 unit?

17 A. Yes, sorry, on the intensive care unit.

18 Q. Were you, therefore, the consultant with ultimate
19 responsibility for the critical care that Mr Harris
20 received at the Royal London?

21 A. Yes. On 7 July, I wasn't on duty but came in for the
22 day, but then I wasn't on duty again because the next
23 week was to be my week on, so I came back on the Monday,
24 the 11th, and from then until he passed away I was the
25 consultant in charge.

1 Q. He passed away on the 15th and, therefore, were you
2 aware of all the issues concerning his deterioration
3 between your arrival at the hospital on the 11th and his
4 death on the 15th?

5 A. Yes. I mean, we have different people covering the
6 nights, but I was aware, you know, in continuity.

7 Q. I want to ask you, please, some questions about the
8 indirect causes of death and something about the nature
9 of the brain injuries he sustained.

10 A. Yes.

11 Q. Before I do so, could you just explain to us, please, in
12 essence, what the immediate cause of his death was?

13 A. So during his time, because he had a significant brain
14 injury, we had a pressure monitor within the skull
15 which, along with the CT scans and clinical observation,
16 was our guide to the severity of the injury in his
17 brain, and in the last day of his life the pressure rose
18 significantly, despite maximum treatment to try to keep
19 it under control, to the point where it became
20 incompatible with life, to the point where it was as
21 high as his blood pressure and, therefore, there was no
22 delivery of oxygen or other nutrients to the brain and,
23 therefore, it can't survive.

24 Q. Is that because, if a brain swells to such a great
25 extent, it is impossible for blood to circulate around

1 it in order to keep it alive?

2 A. Because, obviously, the skull is a fixed box, when there
3 is swelling inside it, it can only compensate for
4 a certain time by reducing the amount of blood and then
5 it just becomes a point where you can't get blood into
6 it because the pressure is too high.

7 Q. The medical notes kept in respect of Lee Harris show
8 that, as you've just recalled, he had a very high
9 intracranial pressure, despite maximum medical therapy.

10 A. Yes.

11 Q. By those words "maximum medical therapy", do we take it
12 that you did everything properly in your power to try to
13 reduce the pressure, but it was simply not possible to
14 do so?

15 A. Yes. In certain head injuries, you can do surgical
16 procedures. If there's a blood clot, you can sometimes
17 take it out. In certain other types of head injuries,
18 such as he had, where there's a mixture of bruising and
19 patchy bits of blood that you couldn't remove, then
20 there is a series of medical interventions to try and
21 improve the supply of oxygen and reduce the demand of
22 oxygen, and it's that combination we used to try and
23 reduce the swelling and maintain as much oxygen supply
24 to the brain as we can, which is a combination of
25 sedation, positioning, high oxygen and then pushing the

1 blood pressure up to try and improve the supply, and
2 eventually very deep sedation and cooling of the body to
3 try and reduce the demand. So it's basically a supply
4 and demand issue.

5 Q. So you applied a range of different medical
6 interventions, some surgical, some not, in order to try
7 to reduce the blood pressure, but the combination simply
8 did not succeed?

9 A. Yes.

10 Q. I want to explore with you, if I may, briefly, now that
11 you've established the immediate cause of death, the
12 cause of the brain swelling that led to Lee's death.

13 A. Yes.

14 Q. You distinguish in your statement between initial
15 injury -- and we've just heard Mr Walsh do the same --
16 and secondary injury.

17 When Mr Harris arrived in hospital, it was plain,
18 was it not, that he had suffered very severe initial
19 injuries, consistent with explosive propulsion from
20 a carriage with a bomb in it?

21 A. Yes.

22 Q. In terms of the severity of those initial injuries, how
23 would you grade them?

24 A. They were -- I mean, extremely severe injuries. He --
25 and throughout his body he clearly -- I mean, I didn't

1 attend to him at the beginning directly, but he had
2 evidence of injury to his head, to his chest, to his
3 spine and obviously to his legs and, indeed, to his face
4 as well. So he had a huge injury to his whole body.

5 Q. In relation to his brain in particular, my Lady knows
6 from judicial experience that there are a number of ways
7 in which injury can be caused to the head: diffuse
8 axonal injury, shearing of the nerve endings in the
9 brain, contusion, bruising, and subdural haemorrhage,
10 bleeding under the dura?

11 A. Yes.

12 Q. Did Mr Harris present himself as having the whole range
13 of injuries to the brain?

14 A. Yes. On the second scan performed on 8 July, he clearly
15 had multiple contusions. The diffuse axonal injury is
16 more difficult to determine because a CT scan isn't the
17 best modality, but having gone through the scans again,
18 there is evidence that there may well have been some
19 diffuse axonal injury. It's not -- I can't say that
20 100 per cent, but there is a hint that it could have
21 been that and, although there wasn't a subdural blood
22 clot that you could remove, there was some -- also some
23 blood in the subdura --

24 Q. There was some diffuse bleeding under the dura?

25 A. Yes.

1 Q. Would you have expected diffuse axonal injury; in other
2 words, would such injury be consistent with the
3 explosive force with which he would have hit the tunnel
4 wall or the carriage or whatever it was, the hard object
5 that he hit, that you would have expected to have seen
6 from the other injuries that you could visibly assess?

7 A. Yes.

8 Q. After those initial CT scans and after you had assessed
9 that he had suffered significant brain injury from the
10 initial blast, the initial injury, in what way was his
11 brain injury exacerbated by secondary considerations?

12 A. The secondary -- the classic secondary injuries that we
13 talk about or that are in just a head injury are the
14 oxygen, so the hypoxia and the blood pressure, the
15 hypotension, and he certainly had periods of low blood
16 pressure, in fact, cardiac arrest, although, as has been
17 said, they were witnessed, so there was artificial --
18 there was CPR going on, so there was some blood flow but
19 that would certainly be a secondary injury.

20 But he also, due to all the other injuries he had in
21 his body, had clotting problems, which again exacerbate
22 injury, and also a huge inflammatory response, which
23 again makes head injury, brain injury, worse because it
24 puts up the demand for oxygen. So all those four things
25 would exacerbate the initial injury.

1 Q. In lay terms, in relation to the clotting, difficulties
2 with coagulation and his ability to clot, how do they
3 affect the brain injury? In what way do they exacerbate
4 the brain injury?

5 A. Well, areas of the brain where there's some bleeding or
6 some bruising or some disruption of tissues will bleed
7 more. So it's just as simple as that. Because there's
8 an injury there, there will be excessive bleeding
9 because of the clotting.

10 Q. In relation to the last aspect you mentioned, which is
11 the inflammatory effect of his injuries --

12 A. Yes.

13 Q. -- is there a delayed reaction in relation to brain
14 injury? So can one suffer severe brain injury but the
15 full extent of the inflammation of the brain not become
16 apparent for a bit of time thereafter?

17 A. Yes. With a lot of brain injuries there can be
18 a delayed reaction before you see the full extent and
19 the sort of manifestation of the initial injury.

20 Q. So was it your opinion, is it your opinion now, that his
21 death was significantly contributed to, not just by the
22 initial, very severe primary injury, but from the blood
23 pressure instability, the inflammatory response of his
24 damaged bodily systems, and the increased swelling in
25 his brain through the delayed effect?

1 A. Yes, I mean, the increased swelling in the brain can be
2 secondary to everything. So the initial injury, the --
3 if there's a diffuse axonal injury then that can lead to
4 delayed swelling. So any sort of insult can lead to
5 swelling, and it's very difficult to distinguish in his
6 case or in a lot of cases which, you know, which is.
7 But all of them contributed, I think, to the eventual
8 swelling.

9 Q. In light of that contributory effect, how important do
10 you think, in hindsight, the passage of time from his
11 discovery in the tunnel to his admission to hospital was
12 in terms of the ultimate causes of his death?

13 A. I think it's very difficult to answer that. I think,
14 looking at his injuries, and what we can discern of his
15 overall injuries and his initial brain injury, as far as
16 we can assess it, I think his chances of survival were
17 very small, whatever the timescale, but I can't say that
18 100 per cent he wouldn't have survived. I think it's
19 impossible to answer that.

20 Q. That is an unrealistic question to ask you and I've not
21 phrased it in that way.

22 A. No, no, so I think it's unlikely that he would have
23 survived.

24 Q. In any event?

25 A. In any event.

1 Q. Is that because of the cumulative effect of the very
2 severe injuries that he sustained?

3 A. Yes.

4 Q. That time at the beginning becomes consequentially of
5 much less importance as all those severe injuries
6 combine together to produce a brain swelling that is
7 impossible to treat?

8 A. Yes. I mean, although, on the face of it, his other
9 injuries he survived, if you like, because all the
10 controlling surgery gained control of that, I think
11 their secondary effects are still huge on the brain. So
12 the combination of a brain injury with everything else
13 made the brain injury much worse, if you like.

14 Q. Do you assess, in reviewing the treatment that he
15 received in hospital, that there was nothing more that
16 could have been done for him?

17 A. Yes, I do.

18 Q. Ultimately, at 9.55, on 15 July, was treatment withdrawn
19 from him?

20 A. Yes.

21 Q. No doubt -- and the notes record it -- you were in very
22 close communication with Lee Harris' family and they
23 were informed at all stages of the major decisions that
24 you had to take?

25 A. Yes, I don't know if it's appropriate, but his family

1 were extraordinary in their reaction, in their dignity
2 and just goodness, really, and were informed, I think,
3 all the way through of what was going on and, when it
4 became an unsurvivable injury, we talked to them and
5 they agreed with withdrawal of treatment.

6 Q. In essence, it was simply not in his best interests to
7 continue to try to prevent the inevitable?

8 A. Yes.

9 Q. Did you, yourself, in fact, certify Lee Harris as dead
10 at 10.10 on 15 July?

11 A. I did, yes.

12 Q. Is it right also that his family indicated that they
13 wished him to be subject to organ transplant and, as
14 a result of that decision, were Lee Harris' kidneys
15 transplanted to the benefit of others?

16 A. They were.

17 MR KEITH: Thank you very much. I have no further
18 questions.

19 LADY JUSTICE HALLETT: Mr Saunders?

20 Questions by MR SAUNDERS

21 MR SAUNDERS: Her Ladyship, I'm sure, has seen Dr Down's
22 additional statement, for which we are very grateful,
23 having asked in the last few weeks whether Dr Down could
24 answer that principal question that he has just been
25 asked by Mr Keith, which was, if treatment had arrived

1 earlier in the tunnel, would it have made a significant
2 difference, and I don't propose, bearing in mind the
3 answers he's now given to Mr Keith, to go through that
4 with him in any detail.

5 May I just invite your comment, Dr Down? In the
6 course of the treatment Lee Harris received, you've
7 mentioned that he had a monitor --

8 A. Yes.

9 Q. -- which was an intracranial pressure monitor, to see
10 what the pressure was in the brain?

11 A. Yes.

12 Q. At some point, that became disconnected. I think,
13 because of the nature of Lee Harris' injuries, he had to
14 be moved very carefully, a team of five, to turn him
15 every time that was required, and at one point that
16 became disconnected.

17 A. Yes.

18 Q. I've seen the notes. It's quite clear, I think, that
19 that disconnection had absolutely no bearing on what
20 happened to Lee on 15 July.

21 A. I would agree with that.

22 Q. Although it became disconnected, there was a surgeon
23 available almost immediately and it was reapplied and it
24 had no detrimental effect to him?

25 A. No, the -- I mean, it's purely a monitoring device and,

1 when it was reapplied, the pressures were measured and
2 they hadn't changed to an extent that would have
3 warranted a different mode of treatment. So I can't see
4 that that would have influenced his course.

5 Q. Dr Down, from the way in which you've described all of
6 Lee Harris' injuries, it seems that he did remarkably
7 well to survive both the trauma of the injuries he had
8 and to survive as long as he did within the Royal London
9 because, as Mr Keith again has gone through, the
10 difficulty wasn't just the traumatic injuries, but the
11 principal and primary effect on the injury to his brain?

12 A. Yes.

13 MR SAUNDERS: You heard me, I think, Dr Down, say to
14 Mr Walsh, for what he and his team did on Lee's
15 admission, and you know, but I say again publicly, the
16 family have every thanks to you and your team for what
17 you tried to do in the intensive care unit over the six
18 days before the ultimate decision had to be made. Thank
19 you very much, Doctor.

20 A. Thank.

21 LADY JUSTICE HALLETT: Any other questions?

22 Questions by MR FURNISS

23 MR FURNISS: Just one final point of clarification, please,
24 Dr Down. You, of course, are a consultant in critical
25 care, aren't you?

1 A. Yes.

2 Q. Being asked to comment on brain injury, is it right
3 that, in preparation for giving your evidence to
4 my Lady, you've had a discussion with neuroradiologists?

5 A. Yes, because I was being asked about the survivability
6 issue, I wanted to look at the primary scans again with
7 experts in that field.

8 Q. Has that assisted you, when looking at the CT scans, in
9 distinguishing between primary and secondary brain
10 injury?

11 A. It's confirmed that the primary injury was very
12 significant. It doesn't -- you know, it doesn't
13 completely give you all the answers, but it's made that
14 clear to me.

15 MR FURNISS: Thank you very much, my Lady.

16 LADY JUSTICE HALLETT: Mr Down, those are all the questions
17 we have for you. Thank you very much for helping and
18 for going to all the trouble of preparing that very
19 detailed and helpful second statement.

20 Mr Saunders, I think we only have statements to be
21 read now, but I do understand how extraordinarily
22 distressing the last few minutes must have been for
23 Mrs Harris and the rest of her family. Would they
24 prefer it if we broke now and came back to having the
25 statements read or would they prefer it if we had the

1 statements read.

2 MR SAUNDERS: I think your Ladyship can see a nod from
3 Mrs Harris. We are very grateful.

4 LADY JUSTICE HALLETT: Carry on. As long as they are sure.

5 MR SAUNDERS: Thank you very much, my Lady.

6 LADY JUSTICE HALLETT: I think it's just a question of
7 a couple of statements, I think, Mr Keith.

8 MR KEITH: It is, my Lady, there are three.
9 The first, my Lady, is that of Dr Kehoe, dated
10 20 April 2006, in this week's bundle.
11 Statement of DR TONY KEHOE read
12 "I qualified as a doctor in 1994 and have been
13 training in emergency medicine since. In 1997, I became
14 a doctor in the Royal Navy and, in 2003, I became
15 a specialist registrar in emergency medicine.
16 In April 2005, I was seconded to the Royal London
17 Hospital for training in emergency medicine and
18 pre-hospital care.
19 "On 7 July, I arrived at the HEMS helipad
20 Royal London Hospital at 8.00 for a series of meetings
21 and presentation for the monthly clinical governance
22 day. At approximately 9.05, I was in a meeting chaired
23 by Dr Anne Weaver. We received a series of telephone
24 messages via HEMS admin staff that there had been power
25 surges in the Underground system with an incident at

1 Aldgate Underground station resulting in 15 walking
2 wounded.

3 "Over the next few minutes, more details were
4 received which confirmed that a major incident had been
5 declared. We were instructed by Anne Weaver to don
6 flight suits and muster medical equipment in preparation
7 for deployment as medical teams. We gathered in the ops
8 room at HEMS from where we were tasked. I was initially
9 sent by helicopter to Russell Square. I did not know
10 the time we departed, but I estimate it to be around
11 10.00.

12 "Before arrival on the scene, we were recalled to
13 the HEMS helipad. At 10.30, I was dispatched again by
14 helicopter to the King's Cross Underground incident
15 along with Dr Anne Weaver and a paramedic, Mick Pearce.
16 We landed in a square just south of the station and
17 proceeded on foot through the outer cordon to approach
18 the incident, our arrival time being 10.40.

19 "We tried to find a London Fire Brigade officer to
20 report to on-scene but none was immediately visible. My
21 first action was to support two London ambulance staff
22 who were attempting to revive a female casualty on the
23 pavement. Her heart had stopped beating and her ECG
24 showed no electrical activity in the heart. There was
25 no breathing and her pupils were fixed and dilated.

1 Under the circumstances, I decided further resuscitation
2 attempts would be futile and pronounced life extinct at
3 10.43. I never found out her name or got to see her
4 again."

5 My Lady, that person was, of course,
6 Samantha Badham:

7 "There was a second casualty, a male who was unable
8 to give a name clearly. He had a head injury and an
9 injury to the right eye. The tissue around his eye had
10 been blown away. I advised that he be taken to the
11 Royal London Hospital as a P2, priority 2, casualty. We
12 then entered the station as a team accompanied by
13 a member of the station staff who escorted us down an
14 escalator to a platform where there were two casualties.
15 We were informed that they had been evacuated from
16 a train carriage in the tunnel to the left of the
17 platform as you face the rails. One casualty was
18 already being attended to by a HEMS team who had arrived
19 on the scene before us.

20 "At 10.50, Anne Weaver, Mick Pearce and myself
21 treated the other casualty, who was an Afro-Caribbean or
22 Asian male, who identified himself as Garri Hollness,
23 although communication with him was difficult because he
24 was having difficulty breathing. He had an open
25 fracture and partial amputation of his left lower leg at

1 the mid-shaft of the tibia and fibula. An improvised
2 tourniquet had been applied to his left thigh.
3 "I could not palpate a radial pulse. We irrigated
4 his wound, provided oxygen and obtained intravenous
5 access to give him Ketamine for pain control and saline,
6 which restored a radial pulse. Having made him more
7 comfortable, he was evacuated to the loading area on the
8 surface. At 11.00, we were informed that there were no
9 further live casualties on the train and withdrew to the
10 surface."

11 My Lady, he then goes on to deal with the treatment
12 of other casualties and gives an explanation of the
13 priority scheme. I needn't trouble my Lady with that.
14 The second statement is that of Joanne Wiggett,
15 please, 1 March 2006.

16 Statement of MS JOANNE WIGGETT read

17 "I have worked for the London Ambulance Service for
18 18 months and am a paramedic based at Homerton. On
19 7 July 2005, I was on the 7.00 am to 3.00 pm shift with
20 my crew mate, Steve Roberts, driving an ambulance with
21 the call sign G [for Golf] 308. I was wearing a green,
22 service-issue ambulance uniform and a high visibility
23 jacket.

24 "That morning, we took a casualty from a road
25 traffic accident to the Homerton Hospital and I became

1 aware that the accident and emergency staff were
2 obviously preparing for something and there was a lot of
3 activity. Steve got a call on his phone and then told
4 me that there had been a few explosions on the Tube all
5 over London. We went back to our ambulance and Control
6 told us to stand by at the hospital. About 15 minutes
7 later, we were sent to an emergency job at Shoreditch,
8 but when we were in Whiston Road, we were cancelled and
9 directed to King's Cross shortly before 10.30.

10 "When we arrived at King's Cross at 10.35, I parked
11 the ambulance up while Steve went to report in. He came
12 back to the ambulance and told me that a woman in
13 respiratory arrest had just been brought up. I got my
14 paramedic bag and made my way to the forecourt. She was
15 on the floor with my colleagues Gerry O'Riordan and
16 Stuart Thomson treating her. Another paramedic who
17 I did not know was intubating her. The woman was white,
18 in her 30s, with very curly hair and covered in soot.
19 She had one or possibly both of her legs missing and was
20 only partially clothed in scraps of burnt clothing. She
21 was unconscious.

22 "I began performing chest compressions and was
23 looking for intravenous access, but could find no veins
24 or pulse. Gerry and Stuart put the defibrillator on her
25 but she was in an asystolic rhythm. This means the

1 heart is unshockable. Basically, it has shut down.
2 After a few cycles, we agreed there was nothing more
3 that we could do. A male HEMS doctor came over and
4 pronounced her life extinct."
5 That male HEMS doctor was obviously Dr Kehoe:
6 "I asked a nearby fireman to get a body bag or
7 blanket to cover her.
8 "Almost immediately, I saw another guy brought up by
9 HEMS in a chair. He gave his details as Okan Doruk and
10 his date of birth. He had an injury, which was
11 bandaged, and Steve put him in the back of an ambulance.
12 He found a policeman who was going to drive so that
13 I could stay at the scene, but then we were approached
14 by two policemen carrying a male aged about 28 on an
15 orthopaedic board. He was barely conscious but managed
16 to tell me that his name was Lee. My equipment was
17 still there where I had treated the lady who had died,
18 so Steve asked our colleagues Pat Shanahan and
19 Kevin Brown for theirs and I used Kevin's paramedic bag.
20 "We put Lee in the ambulance and decided to
21 transport him to hospital straightaway. Steve had
22 brought a female HEMS doctor over and she intubated him
23 and gave him a muscle relaxant. This was administered
24 in intravenous access that I had put in, in order to get
25 fluid (saline) in.

1 "He was in respiratory arrest but, on the way to
2 hospital, at about 11.00 am, he went into cardiac
3 arrest. I did full cardiopulmonary resuscitation,
4 including drugs protocol; that is to say administering
5 adrenaline and atropine through the intravenous access.
6 He was asystole on the defibrillator - the screen on the
7 shock box showing a flatline. Steve blue-lighted to the
8 Royal London and we still had the guy with the head
9 injury in the back, too. He was rushed in to the
10 resuscitation room where they rechecked his airways,
11 breathing and circulation. He was clearing the
12 equipment away and was told by the HEMS doctor that they
13 had managed to get a faint pulse and his heartbeat back.
14 "We decided to go back, so myself, Steve and the
15 HEMS doctor returned to King's Cross, arriving back at
16 11.45. I only saw a few walking wounded who were being
17 dealt with by other crews, so we hung around and started
18 cleaning up our ambulance. We were then sent to
19 a debrief at Millwall which took place at about 3.30."
20 My Lady, the last statement is that of
21 Samantha Miller, a police community support officer with
22 the British Transport Police, dated 11 August 2005.
23 Statement of MS SAMANTHA MILLER read
24 "On Thursday, 7 July, I was on early turn duty at
25 07.00. At 07.15, I was assigned duties to work at

1 King's Cross station with another police community
2 support officer, Simon Underhill. At 7.30, we commenced
3 our duties on the station.

4 "I cannot recall anything out of the ordinary
5 occurring until about 8.30, when there were radio
6 messages about a situation between Liverpool Street and
7 Aldgate on the Underground. At the time, I recall being
8 near the bagel shop on the right-hand side of the
9 departure board at King's Cross station when facing the
10 platforms. I recall someone on the radio saying there
11 had been an explosion, but the radio then became clogged
12 up with the amount of calls. This was from officers
13 calling up to attend and then giving updates at the
14 scene.

15 "At this point, we made our way to
16 London Underground station entrance on the left side of
17 the departure board. A large crowd had gathered at the
18 top of the stairs and we made our way through to
19 a member of staff who was standing by the cordon tape.
20 I noticed that the London Underground alarm was sounding
21 and the gates at the bottom of the stairs were shut.
22 The member of staff advised us that there had been an
23 explosion at Liverpool Street and the whole
24 London Underground system was being evacuated.
25 "We then assisted him in advising the crowd that the

1 station was closed because of a security alert and that
2 people should make alternative arrangements by walking
3 or using buses.

4 "There was a bit of a panic in the crowd and a lot
5 of questions that we were unable to answer. We tried to
6 reassure and give directions as best we could.

7 I checked that Simon Underhill was all right because he
8 was being harassed by members of the public wishing to
9 use the London Underground system. About five minutes
10 later, we were joined by another colleague.

11 "That colleague, Police Constable Support
12 Officer Patel and I then left and made our way to the
13 London Underground entrance which was situated outside
14 the front of King's Cross station in the forecourt area.
15 This was to check out the situation. We encountered the
16 same situation at this entrance, with a large crowd
17 waiting at the top of the stairs. There were five
18 London Underground staff who were directing people away.
19 I spoke to one of the staff members who told me that the
20 station had been evacuated and I understood that to mean
21 all staff and public."

22 My Lady, she then goes on to describe the escalators
23 and the general layout of the Underground station, and
24 picking up the narrative between the two hole-punches:
25 "We then called down the escalators inside the

1 London Underground station, but we did not see or hear
2 anyone. The escalators were moving. However, there did
3 not appear to be anyone left in the station. Even the
4 London Underground control room in this area was empty
5 and the door was left open. We then returned the way we
6 had come up the stairs to the forecourt area outside the
7 mainline station.

8 "When we came out of the station, I noticed that
9 there were more police officers. I would estimate there
10 were about 12 constables and a police sergeant called
11 Steve Betts. Steve Betts instructed to us move people
12 back away from the London Underground station entrance.
13 I had not noticed my radio, as I was so focused on
14 dealing with the situation, and I moved people in the
15 direction of the mainline station.

16 "We did not let anyone through. I stopped level
17 with the end of the London Underground booking office
18 because there was a passageway between the booking
19 office and the mainline station building and this
20 allowed people to disperse along the passage or back
21 into the mainline station. Sergeant Betts instructed
22 members of the public to leave the area, and they did
23 so.

24 "I believe it was at about this time I started to
25 realise that activity in and around King's Cross was

1 more than a normal evacuation. Cordon tape was being
2 used and three Met Police carriers arrived with their
3 sirens on."

4 My Lady will recall the three Serials:

5 "They parked up at the front of the station in the
6 bus stop. The Met officers then got out and began to
7 assist us."

8 My Lady, she then goes on to describe on the
9 remainder of that page passengers with black faces and
10 coughing starting to emerge from the stairs in the
11 London Underground station to the main forecourt and she
12 makes her way down the escalator to the corridor at the
13 bottom. At the bottom of the page, my Lady will see:

14 "It was in this area that I recall seeing
15 Inspector Mingay, who said it was the worst thing he had
16 ever seen. We then made our way down the escalator. At
17 the bottom of the escalator is a corridor which leads to
18 the platforms. I remember the air being hazy with smoke
19 and there was a weird, dirty smell. Emergency services
20 staff were all coming in and going to the platform on
21 the left. We then followed the same route which brought
22 us out onto the platform. To the right, there was
23 nothing. The platform and the track were empty. To my
24 left, a few metres away, was the tunnel entrance and
25 there were two PCs and about six firemen. There were

1 various bits of equipment on the platform, which
2 I recognised as breathing devices and some first aid
3 kits.

4 "I could see into the tunnel where there were lights
5 along the walls. There was dirt or soot on the platform
6 and I noticed two firemen on the track near the tunnel
7 entrance. I saw them help people up onto the platform
8 when they came out of the tunnel. The people that were
9 coming out were covered in soot, but also had visible
10 injuries in the form of small cuts and I could clearly
11 make out blood on them. They all appeared shocked, were
12 coughing and some were crying. I had taken up
13 a position at the entrance to the platform and
14 PCSO Patel had gone back to the foot of the escalators
15 in order that we could direct people out."

16 She then describes, my Lady, a male and a female
17 coming out of the tunnel. At the bottom of the page,
18 she then describes two further males coming out and over
19 the page, commencing at the second line:

20 "When we reached the escalators, they were full of
21 people, so we used the stairs. I followed the same
22 route up to the front of the station. Once above
23 ground, I noticed that the casualty area had now moved
24 inside the main station booking office. I took the four
25 casualties that I had into the main station and then

1 into the booking office where I sat them down. Before
2 I left, I informed paramedics that they were there and
3 that they required to be checked.

4 "As I entered the main station concourse, I noticed
5 three people sitting on benches along the back wall near
6 the exit doors. One male had his head in his hands and
7 the other two were dazed and were staring into space.
8 I made my way over to them, and checked that they were
9 all right and they informed me that they were waiting to
10 be checked over."

11 My Lady, she then describes duties being carried out
12 pursuant to a direction from Sergeant Betts, who asked
13 her to check the cordons.

14 The most relevant part, for our purposes, is over
15 the page, on page 6, at the top of the page:

16 "A white van with 'Rescue' on the side arrived at
17 the front of the station. Boxes were being unloaded
18 from the van and I was tasked by Sergeant Betts to take
19 the contents down to the London Underground forecourt at
20 the top of the escalators. I was told not to go down
21 the escalators. Each box contained three plastic bags
22 and each bag contained a blanket, first aid kit, face
23 mask and torch. I was told to remove the torches, as
24 they were in bits and needed to be put together. I then
25 made approximately 20 trips down the stairs carrying 6

1 bags at a time, which included taking down the made-up
2 torches. I was assisted by PCSOs Patel and Hillsden.
3 We then assisted clearing the boxes and rubbish.
4 "We then stood on the forecourt near the
5 London Underground stairs when two paramedics in uniform
6 brought up a female on a stretcher. They set her down
7 when they got to the top of the stairs and I would say
8 that I was standing about two metres away. I would
9 describe her as white, slim build, dark hair and aged in
10 her late 20s. She wore a black top, which was ripped
11 open, and dark trousers, which were ripped up to the top
12 of her thighs. I could see that there were injuries to
13 both her legs.
14 "On the right leg I could see a wound which had
15 exposed the bone from her ankle up her leg some way.
16 Her left leg was cut but did not appear as severe. Her
17 eyes were closed and I could not see her move at all.
18 I then saw a paramedic put a mask on her face and was
19 squeezing a pump to help her breathe. I then saw that
20 the paramedics carried out mouth-to-mouth resuscitation
21 and CPR pressing on her chest. They stopped and
22 discussed something and she appeared to be breathing for
23 about 30 seconds. They then continued with
24 mouth-to-mouth and CPR for a further period. They
25 stopped again and on this occasion they pronounced her

1 dead. They then stood up to discuss something and
2 I remember that she had her mouth open and her face was
3 drawn. I moved to put a cover over her, but one of the
4 paramedics turned and did that before I had reached her.
5 The paramedics then left and went back down the stairs.
6 "At this time, I noticed two air ambulance staff in
7 red uniform standing at the top of the stairs. I then
8 saw two police officers carrying a person up the stairs
9 on a stretcher accompanied by a paramedic. The person
10 on the stretcher I believe was a male, white, with
11 a pale complexion, slim build and approximately 6-feet."
12 (Tannoy interruption)

13 "At this time I noticed two air ambulance staff in
14 red uniforms standing at the top of the stairs. I then
15 saw two police officers carrying a person up the stairs
16 on a stretcher accompanied by a paramedic. The person
17 on the stretcher I believe was male, white, with a pale
18 complexion, slim build and approximately 6 feet. The
19 male was covered with a thin, black material. His chest
20 and thighs were, however, exposed and this is how I knew
21 him to be a male. He was screaming in pain and I could
22 see his arms moving and his hands were clenching the
23 side of the stretcher. I could not see any injury to
24 any of the exposed areas. However, I saw what appeared
25 to be a mass in the knee area of both legs and there did

1 not appear to be anything below that. The mass looked
2 as if all the flesh from below the knees had been
3 gathered up in the knee area.

4 "The officers placed him on a stretcher with wheels
5 and the paramedic and air ambulance staff took him to an
6 ambulance which was parked in the bus stop at the front
7 of the station. Once he was on board, I saw the
8 ambulance drive the wrong way along Euston Road towards
9 Euston.

10 "Two more officers appeared on the stairs carrying
11 a stretcher. The person on this stretcher was covered
12 with a thick, shiny piece of material. I could make out
13 the shape of the person, who I believe was a male.
14 I could see from a leg which was exposed that it was
15 hairy and had a male shape to it. The silhouette was of
16 a person lying face up on the stretcher. However, the
17 part of the left leg that was exposed appeared to be
18 bent abnormally in the opposite direction and was
19 hanging down. This was around the knee area and
20 I believe the ankle and foot were under the cover on the
21 stretcher. The officers took the stretcher and put it
22 on a blue sheet, which had been placed on the floor on
23 the right-hand of the forecourt area as you approach the
24 main station doors."

25 My Lady, she then goes on to describe how she did

1 ten trips down, with equipment, for more boxes of
2 equipment which had arrived in a white rescue van and
3 how she then went to the main booking line office,
4 assembled bags of bandages and went to the double decker
5 buses in the Euston Road for the purposes of giving that
6 equipment to the first aiders and it's apparent that she
7 continued to carry out a number of duties, including
8 body bags and assembling equipment for the purposes of
9 the first aid that was being carried out.

10 LADY JUSTICE HALLETT: She obviously did extremely well.

11 MR KEITH: She did indeed, my Lady.

12 LADY JUSTICE HALLETT: According to her statement, the
13 station would have been evacuated of all members of the
14 public who weren't involved before the passengers
15 started coming up the escalators.

16 MR KEITH: Yes, indeed. Hence the significance, and it's
17 rather curious that she describes how the control room
18 was empty as well before passengers started emerging at
19 the top of the escalators. It doesn't appear, my Lady,
20 to be supported by other evidence we've heard, but it
21 may be that was simply her reflection of the events and
22 perhaps was the impression that she gained from where
23 she was.

24 My Lady, that concludes the evidence for today.

25 LADY JUSTICE HALLETT: Thank you very much.

1 MR KEITH: My Lady, tomorrow, in the afternoon, there is
2 listed before my Lady a closed PII hearing. We're not
3 entirely sure who will be coming tomorrow afternoon, but
4 I do hope that we will finish tomorrow morning's
5 evidence by 1.00, so as to allow the necessary change of
6 stenographers in the afternoon, but my learned friends
7 who are not concerned in the open process will not, on
8 that basis, be required in the afternoon.

9 LADY JUSTICE HALLETT: Essentially, the message I've given
10 to -- or the direction I've given to Mr Smith is that
11 those who have jobs to perform by certain dates must
12 either have performed those jobs or come along and tell
13 me why not tomorrow afternoon.

14 MR KEITH: I'm sure they will look forward to that with
15 a certain degree of trepidation.

16 LADY JUSTICE HALLETT: Thank you all.

17 (3.43 pm)

18 (The inquests adjourned until 10.00 am the following day)

19